

South Warwickshire NHS Foundation Trust

Annual Report & Accounts for 2020/21



safe, effective, compassionate, trusted

South Warwickshire NHS Foundation Trust

Annual Report and Accounts for 2020/21

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:

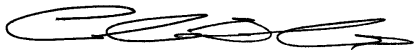
- 'Trust' refers to information regarding South Warwickshire NHS Foundation Trust;
- If information is relevant to both South Warwickshire NHS Foundation Trust and SWFT Clinical Service Ltd, this will be referenced as the 'Group', and
- If content is regarding Foundation Group activities (incorporating 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: 16 June 2021

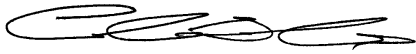
Statement of Going Concern

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.

The anticipated continued provision of the Trust's services in the public sector is normally sufficient evidence of going concern. The Board of Directors have a reasonable expectation that this will continue to be the case.

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: 16 June 2021

Chairman's Message

In my Chairman's Message last year, I said that 2019/20 had "in many ways been the most extraordinary I have experienced in my twelve years as Chair of different NHS organisations." Little did I know that we were just entering the most extraordinary year in the NHS' history since its inception in 1946. In the last 12 months many people have lost their lives or lost loved ones due to the Covid pandemic and as a country we have had to cope with changes to our way of life in order to help control the spread of the disease, in ways we could not have imagined.

My heart goes out to those who have lost loved ones and have not been able to say goodbye in the way that they would understandably want. We have done our best in terribly difficult and demanding circumstances. Our staff have been magnificent. Their commitment to caring for the sick, their willingness to do whatever they could to help, the personal, physical, and emotional cost they paid. At all levels, our staff have shown themselves to be amongst the very best. Thank you, we are blessed to have you.

I would also like to thank the families of our staff. They have had to make enormous sacrifices as well over the last year to support mum or dad, husband or wife, partner or loved one. Our volunteers and members of the community who have helped us help others, also deserve special recognition. I am also grateful to our Governors and my fellow non-executive directors who have had to learn new ways of working to cope with social distancing and the changing priorities caused by the pandemic.

We all hope that good comes out of this terrible year. As a Trust we have continued to perform very well but we must continue the process of working ever more closely with our colleagues elsewhere in the healthcare system to ensure that the citizens of Warwickshire have long, happy, and healthy lives. In Glen's report he describes some of the excellent work we have been driving through the Foundation Group and Integrated Care System. It is critical that this work continues at pace so that we can be what we aspire to be, which is an outstanding Trust for every citizen, every day.



Russell Hardy, Chairman

Date: 16 June 2021

Chief Executive's Message

The past year has been the most extraordinary in my 37 years of working in the NHS. As you will see from the content of this report, we have remained 'open for business' throughout the pandemic and alongside these challenges we have made further significant progress as an organisation.

The pressures and challenges have only been matched in their magnitude by the dedication and spirit of our staff. When many other parts of the economy locked down, our staff stepped up and navigated their way through an unprecedented set of circumstances and risk. It has been truly humbling to work with such amazing, talented people. As I write this report, the numbers of COVID-19 patients occupying hospital beds continues to fall and we can see a route map to a better place. But as ever, the staff of this Trust, like the NHS, have not stood still. We have been working hard in the background to further progress our strategic intentions and to influence national and local policy.

Over the past year I have been invited to work with national and regional colleagues to shape the legislative proposals to create integrated care systems as well as the supporting financial framework. With the legislation now expected to progress to statute from next April, the Trust is very well placed to move quickly into this new future. These changes are founded on the strategy that we have developed over the past few years, one which focuses on population health, prevention, and integration.

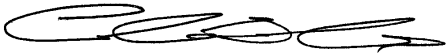
Having a vision for a better future has been an important driving force for all of the leaders, and indeed staff, in the Trust. The fact that we are now frequently asked to shape national strategy is testimony to the success that we have demonstrated locally. This is perhaps best emphasised by the success of the other two Trusts in the Foundation Group, Wye Valley NHS Trust and George Eliot Hospital NHS Trust. So, if you have a spare moment, I would also encourage you to read their Annual Reports too.

The pandemic necessitated a lot of innovation in the local healthcare system. I could cite here very many examples of the changes teams were empowered to make and the resulting benefits to patients. This includes innovative clinical treatments such as non-invasive ventilation, the use of technology to support virtual outpatient activity and, for example, virtual breast-feeding classes. This willingness to try new approaches to make improvements is very much part of the culture of the Trust. We have now trained many staff in the Quality Service Improvement and Redesign (QSIR) methodology and have a culturally permissive attitude to change. Through this we measure the impact of what we do, do it more, if it works, or learn from it and perfect it if it doesn't.

Our relative financial strength has created capital reserves which we have called upon to adapt our facilities to address the challenges of the pandemic. Alongside this the freedoms that we earned, as still the only Foundation Trust in the locality, helped us to move more quickly in response, with good governance to assure us along the way. Many of the measures of success in the past have not been relevant this year, but we have continued to lead the NHS from a performance and efficiency perspective. We are still very proud to be the only Trust of our kind to be rated as outstanding by the Care Quality Commission (CQC) but we also recognise that in the future model we will be judged more on the performance of the whole health and care system in which we operate. So, we want the whole system to be outstanding too.

As I noted earlier, this last year has shone further light on the excellence of our staff. But we have also drawn on the goodwill and support of very many volunteers and also been buoyed by the support of our local communities.

It is impossible to recognise everyone who has contributed to this incredible year in a small section of a report. Recently some of our staff appeared in a special COVID-19 feature on Channel 4 news. The staff who appeared typified very many of our staff in hospital and community settings. Their hopes, fears and personal and family sacrifices were there for all to see but also evident was great pride, commitment and fortitude. To them and to all of our staff, I would like to say a big thank you on behalf of the local communities that we all serve.



Glen Burley, Chief Executive

Date: 16 June 2021

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 5124 (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.
- 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 with an ophthalmology unit, The Rigby Cancer Unit, an outpatient pharmacy and health and wellbeing hub spread across a newly developed 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.

SWFT Charity

The Trust's Charity, SWFT Charity, exists to enhance the care, treatment and facilities of patients, families and visitors to the Trust, as well as investing in staff training. Through charitable giving and fundraising, the Charity aims to provide valuable support above and beyond that provided by NHS core funding.

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, as well as outpatient pharmacy, 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.

Innovate Healthcare Services Ltd

The Trust has established a second subsidiary company called Innovate Healthcare Services Ltd. This is a company that was originally set-up in June 2020 to enable its sister company SWFT Clinical Services Ltd, to be able to tender for work from organisations other than the Trust. It is currently in the process of accepting the transfer of IT services from both the Trust and George Eliot Hospital NHS Trust, in response to a business case considered and approved by both Boards in March 2021.

The Company was initially called Pursue Healthcare Limited but in March 2021 its name was formally changed to Innovate Healthcare Services Ltd, after consultation with the IT and medical records staff involved. It is currently non-operational and is expected to start trading in the summer of 2021.

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

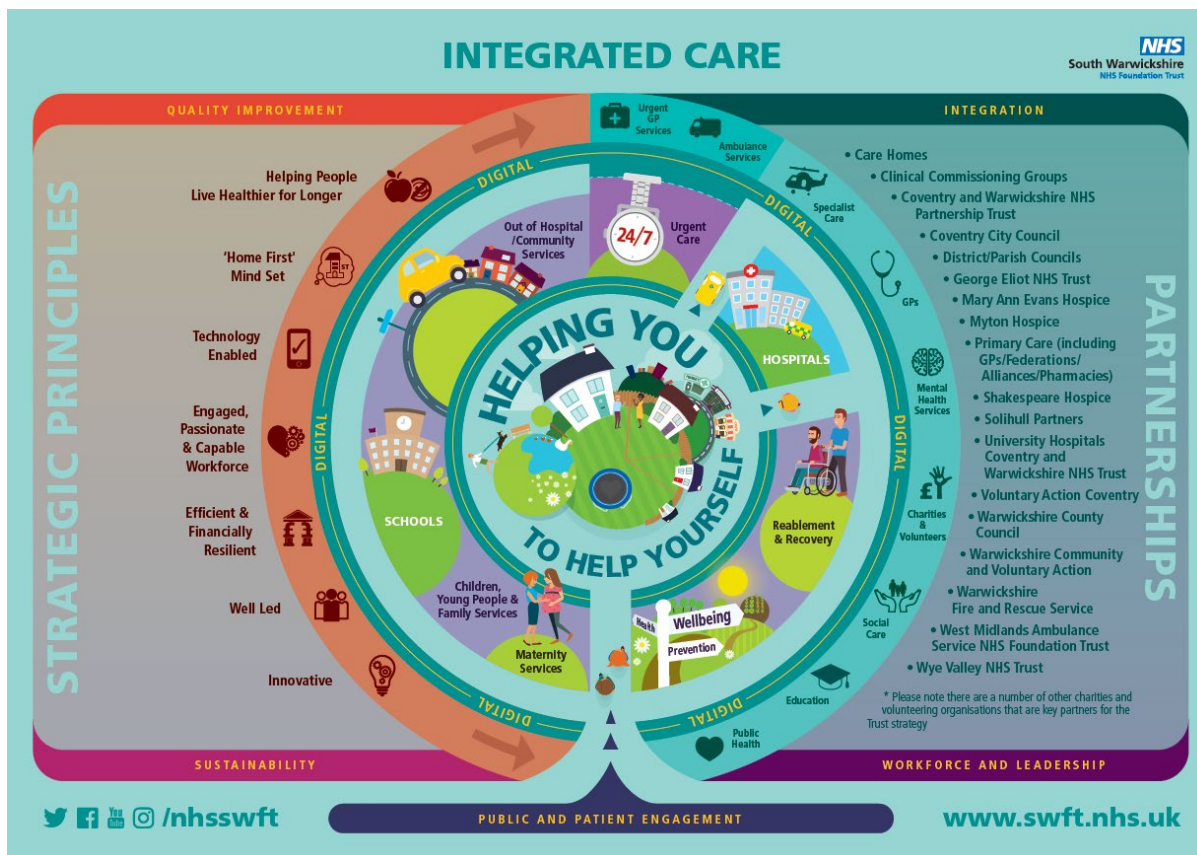
Trusted - We will be open and honest

- 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

The Trust's strategy focuses on health not illness with an emphasis on 'Helping You to Help Yourself' and is delivered through our engaged and passionate workforce, as well as the key partnerships which support our vision of achieving integration.

COVID-19 has had a huge impact on how we deliver services and, in many ways, it has increased the speed of delivery of some areas of our strategy. The Trust's strategy is also aligned to the recently published legislation focusing more delivery at a 'place' level. There are four places in our Coventry and Warwickshire System: South Warwickshire, Warwickshire North, Coventry, and Rugby. The Trust delivers services in all these places and will continue to collaborate to improve health outcomes for our local population.



Update on the Digital Strategy

During 2020/21 the Trust has experienced the most intensive period of digital transformation. In response to the Covid pandemic the Trust has rapidly embedded digital ways of working as well as delivering a number of large-scale initiatives to set the organisation up in the best place for the future, recognising digital tools as a fundamental foundation for future healthcare delivery. Some highlights include:

- Implementing a Patient Portal to allow our patients to interact with the Trust and their own care records electronically;
- Completing the rollout of electronic prescribing across inpatient services and rapidly establishing the process for outpatient electronic prescribing;
- Embedding a large-scale digital foundation for remote and agile working including the rollout of over 1,000 laptops, enhancing remote access to systems and the shift to fully virtual meetings, which we intend to continue beyond the pandemic;
- Implementing the technology to establish virtual/online consultation as a 'first choice' for routine patient appointments where appropriate;
- Through our out of hospital services, we have led a programme of work to implement remote monitoring technology in patients' homes;

- Led a programme of work on behalf of community services, acute services, and primary care to establish data sharing across services, and
- Commencing the procurement of a new Electronic Patient Records system jointly with George Eliot Hospital NHS Trust.

In addition, during 2020 we worked with industry partner SCC Ltd. to establish a Digital Innovation Hub at Stratford Hospital. Through the hub we are working with healthcare, industry and academic partners to investigate, trial and establish new technologies and digital tools.

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, a social enterprise named SWFT Clinical Services Ltd and a company named Innovate Healthcare Services Ltd (currently not trading).

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. NHS England/Improvement 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 two non-voting Executive Directors alongside six voting Non-Executive Directors and one non-voting Associate Non-Executive Director. 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 an independent Non-Executive Chair, three other Non-Executive Directors and three Executive Directors. Since 2017/18, SWFT Clinical Services Ltd accounts have been consolidated into the Trust's financial statements.

In June 2020 Innovate Health Care Services Ltd was established (initially called Pursue Healthcare Limited). It is currently non-operational and expected to start trading in the summer of 2021.

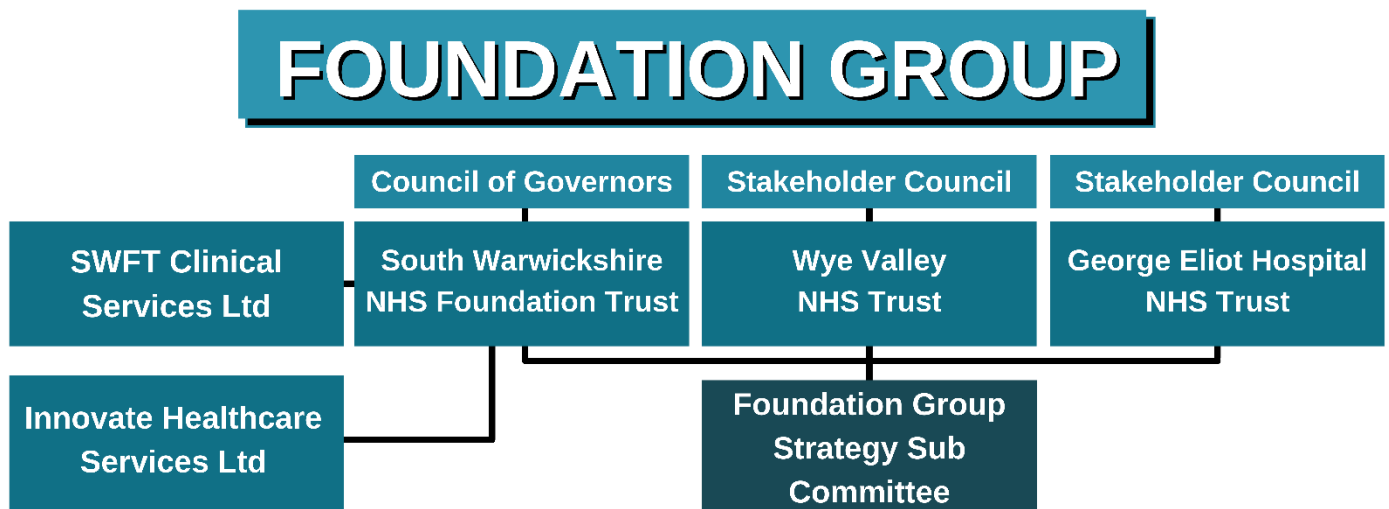
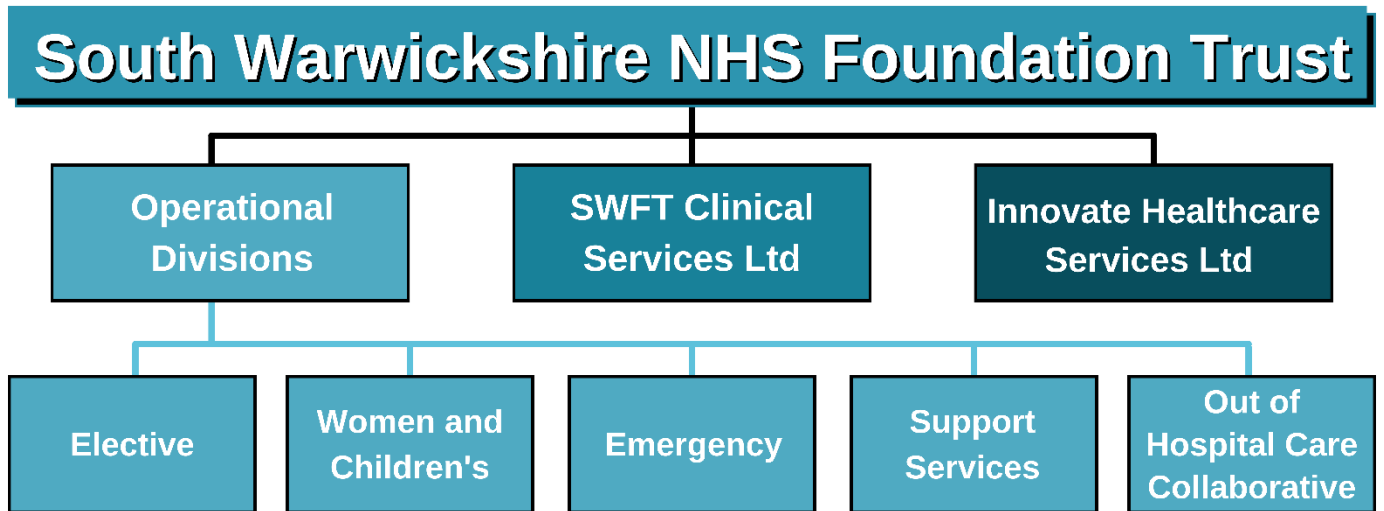
The Foundation Group

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 – Anne Coyle 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, Organisational Development 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



Service Profile/Principal Activities - Trust and SWFT Clinical Services Ltd

Services provided by the Trust are shown below:

<p>Elective Care Division</p>	<ul style="list-style-type: none"> - Acquired Brain Injury Inpatient Services - Acquired Brain Injury Outpatients Clinics - Acute Pain Services - Anaesthetics - Audiology - Breast Surgery - Cancer Services - Colorectal - Community Neuro-Rehabilitation - Complex Outpatient Neurological Team - Critical Care - Day Surgery Unit - Dermatology - Endoscopy - ENT, Oral and Facial - Gastroenterology - General surgery - Haematology - Intensive Care Unit - Neurological Community Neuro Rehabilitation Team - Ophthalmology - Pain Service - Paediatric Surgery - Patient Access Services (inc Booking & Medical Secretariat) - Pre-operative Assessments - Stoma and Internal Pouch services - Theatres - Trauma and Elective Orthopaedics - Urology
<p>Emergency Care Division</p>	<ul style="list-style-type: none"> - A&E - Acute Medicine - Ambulatory Care - Cardiac Investigations - Cardiology - Care of the Elderly - Diabetes - Endocrinology - Frailty - Medical Measurement - Medical Specialities - Minor Injuries Unit* - Radiology - Respiratory - Respiratory Physiology - Resuscitation Service - Rheumatology

Support Services Division	<ul style="list-style-type: none"> - Chronic Pain Management - Chaplains Corner - Clinical Psychology - Dietetic Service - Electro-Biomedical - Estates - Health Records - Hotel Services - Occupational Therapy - Outpatients - Pharmacy - Physiotherapy - Podiatry - Radiology - Scanning Bureau - South Warwickshire Integrated MSK Service - Speech & Language Therapy - Stroke Outreach - Histopathology/Pathology - Wheelchair Services
Out of Hospital Care Collaborative	<ul style="list-style-type: none"> - Community Hospitals and Therapy Led Rehabilitation Unit - Community Tissue Viability - Complex Discharge Team - Continence - Coventry Family Health and Lifestyle Service** - Diabetes Nursing - District Nursing - Family Nurse Partnership - Health Visiting - Heart Failure Nursing - HomeFirst – intermediate care nursing and therapy services including falls - Palliative Care Nurse Specialists - Parkinson Disease Nurse Specialists - Place Based Teams - Referral management centre - single point of access and integrated care coordination - School Nursing - Solihull Healthy Child Programme*** - Street Outreach - Leg Ulcer service - Urgent Response including Rapid Response Overnight Service
Women and Children's Division	<ul style="list-style-type: none"> - Maternity - Paediatrics - Gynaecology and Obstetrics - Community Paediatricians - Safeguarding Adults & Children - Community Children's Nursing - Children in Care - Paediatric Occupational Therapy - Paediatric Physiotherapy - Paediatric Speech and language Therapy

* Due to COVID-19 the Minor Injuries Unit at Stratford Hospital was closed during 2020/21.

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

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

Services provided by SWFT Clinical Services Ltd are shown below:

Property, Estates & 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
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Objectives 2021/22

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 2021/22, there are joint 'Foundation Group' objectives, which have been grouped under the pillars of the Trust's Strategy.

Quality

Trust: Work with local providers to improve access to tertiary services

Trust: Safely and efficiently recover services following impact of COVID-19, maintaining innovative working and a continuous improvement approach

Sustainability

Trust: Deliver a new urgent care model with partners across South Warwickshire

Foundation Group: Contribute to sustainability commitments with partners

- Achieve a 5% year on year reduction in our carbon footprint
- Deliver key development projects with partners identified through place estate planning

Integration

Foundation Group: Improve the use of informatics to support the delivery of services at local and system levels

Foundation Group: Work with partners to implement new national reforms, establishing the infrastructure required to manage a lead provider contract for Place

Foundation Group: Embed a data driven approach to planning that responds and addresses health inequalities

Workforce

Trust: Develop management and leadership capability and capacity to work across whole care pathways

Trust: Continue to develop and implement support for staff health and wellbeing, recognising the impact of COVID-19

Digital

Trust: Transform care using new technology supported by the Digital Innovation Hub

Foundation Group: Continue to implement our Digital Strategy with a focus on mobilising and embedding Electronic Patient Records Systems

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 progressed during 2020/21 include:

- Shared financial services across the whole group;
- Joint IT team across GEH and SWFT, and
- Group approach to prevention of ill health.

Coventry and Warwickshire Health and Care Partnership

(formerly known as the Sustainability and Transformation Partnership - STP)

Like all areas in the country, local NHS organisations across Coventry and Warwickshire, including our Clinical Commissioning Group (CCG), have joined with local councils to form the Coventry and Warwickshire Health and Care Partnership.

The aim of the partnership is to share knowledge and resources in order to improve health and care. We are working closely together to help everyone lead healthier and more fulfilled lives, be part of a strong community and benefit from effective and sustainable health and care services where and when they need them most.

As a system the partnership remains fully committed to delivering the Five-Year Plan, focusing initially on a number of key priorities. Our overarching priority as a system is to enable people across Coventry and Warwickshire to start well, live well and age well, promote independence and put people at the heart of everything we do. We will achieve this through

- Enabling everyone to keep well by making healthy choices and providing services that help prevent illness, promote wellbeing and reduce health inequalities;
- Working together to tackle the underlying causes of illness, build community resilience, and ensure everyone has access to jobs, secure housing and feels connected to people around them;
- Providing the best possible care within available resources as close to home as possible and joined up around the people and communities we serve;
- Using technology to improve health and care including a single electronic care record and providing people with digital access to advice and support, and
- Valuing our staff by enabling them to work flexibly, investing in their development and working to increase diversity in leadership teams.

In 2020/21 the system response to COVID-19 has been transformational and built on our existing work to transition from operating as a Sustainability and Transformation Partnership into an Integrated Care System (ICS). This includes:

- A common vision and agreed principles regarding the way partners will work together;
- Well established ICS leadership and governance arrangements;
- Well developed, distributed Place based arrangements which include all key NHS and local authority partners, primary care networks (PCNs), Voluntary and Community Sector (VCS) and our communities working together to tackle inequalities;
- A history of strong clinical leadership in supporting service transformation, including the Out of Hospital arrangements, integrated discharge teams and more recently, the redesign of Stroke services;
- A strong commitment to support and develop our workforce so that they are able to offer the best care to our patients and communities;
- Growing capability and capacity to deliver a Population Health Management approach at all levels of our architecture, and
- An emerging system approach and governance structure that supports collective management of quality, performance and finance.

We will embed the learning from COVID-19 and continue to develop new ways of collaborative working to drive integration faster and further in 2021/22 and beyond.

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/healthyhappyw or follow on Twitter at twitter.com/healthyhappyw.

Warwickshire County Council and Care Homes

During 2020/21 it was especially important to maintain our close working relationship with the Local Authority and care homes as we all responded to the pressures of COVID-19. The Trust and Warwickshire County Council's joint Public Health Consultant has been an instrumental role during this period, advising the best approach to ensure our response to COVID-19 is aligned and coordinated.

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. Using local data, we work collaboratively with partners to provide the services that meet the unique health and care needs of people and the communities we serve.

In South Warwickshire there is a Place Partnership Board, chaired by the Managing Director of the Trust that seeks to work with partners on joint projects. The place ambitions set for the next 2-years are:

Healthy People:

- Support the long-term wellbeing of our workforces
- Improve the physical health of people with mental ill-health
- Improving uptake of prevention measures among marginalised groups (e.g. screening and immunisations) to support health equality with an immediate focus on vaccinations
- Embed approaches to prevention and health promotion across organisations in South Warwickshire Place.

Making Care Better:

- Improve outcomes for patients with respiratory conditions to reduce the inequalities with other places
- Improve outcomes for families with disabled children and mental health conditions
- Improve outcomes for patients with drug and alcohol related conditions and health needs.

Right Care in the Right Place:

- Improve quality of life for people living with dementia and their carers, through earlier identification and support
- Build on existing integrated-working successes to keep people at home for longer
- Review existing integrated arrangements for Homefirst and Discharge to Assess to improve outcomes for our population
- Focus on Continuing Health Care to increase efficiencies and improve health outcomes
- Redesign urgent care across South Warwickshire to deliver improved outcomes and drive improvements and efficiencies.

Network Arrangements

There are a number of network arrangements that continue to operate across Coventry and Warwickshire including the Pathology Network and Arden Cancer Network. Further work is taking place to establish an elective hub and diagnostics board that aims to support the whole system restore services for local people across Coventry and Warwickshire.

Rigby Foundation

A relationship that has been strengthened during 2020/21 is the one between the Trust and the Rigby Foundation. A new digital hub supported by the Rigby Group was officially opened in 2020 and will enable us to progress our digital strategy. In 2020 the Rigby Foundation also generously funded a unique nursing post to connect cancer patients with access to new and innovative cancer therapies and clinical trials.

Trends, Risks and Uncertainties

The Trust

- COVID-19 (Coronavirus) – the pandemic that started to impact in March 2020 continues to provide risk and uncertainties for 2021/22. In January 2021 we experienced the second wave of the pandemic which saw the Trust treat more patients with Coronavirus than at any other point, resulting in non-urgent treatment to be paused as we managed the significant increase in Covid patients. As a result of national lockdown measures and the vaccination roll out programme by March 2021 the Trust started to see positive improvement and a decline in cases. Learning from and considerations for Covid will be key factors in future planning for the organisation.

During 2021/22 recovery of services is going to be a main focus, however whilst the Trust is keen to restore services, we also recognise how tirelessly our staff have worked for over a year and will take into consideration their wellbeing as part of any restoration plan.

- 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. New projects led by partners in primary care will be reviewed as part of how we mitigate this risk.
- The impact of patients with long term conditions such as diabetes and obesity continues to be a risk for the Trust, this has also been amplified during the pandemic and highlighted people at severe clinical risk from COVID-19. The Trust's 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 however during 2020/21 the NHS was held in high regard with the public and given significant exposure. This combined with the impact the pandemic has had on employment could result in opportunities for the Trust to attract new recruits.
- The three Coventry and Warwickshire Clinical Commissioning Groups (CCGs) (Coventry and Rugby CCG, South Warwickshire CCG and Warwickshire North CCG) merged on 1 April 2021 and were renamed the NHS Coventry and Warwickshire CCG. These are the primary CCGs that the Trust deals with regularly. The Trust has spent time to prepare for these changes in readiness to deliver care differently.

SWFT Clinical Services Ltd

- During 2021/22 the main aim of the Company will be to support its parent in the recovery of services. As the Trust's COVID-19 restoration plan is implemented a key focus for the Company will be considering the ongoing health and wellbeing support needed for staff.
- In line with national trends, financial pressures across the NHS continue 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.

- 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
 - to work with the Trust to maximise benefit across the Foundation Group

Key Developments in 2020/21

New Sustainability Strategy Launched

Since 2011, when the Trust's first carbon management plan was created, there has been a huge drive to integrate sustainable practice into day-to-day operations, involving staff across the organisation as well as reaching out to patients and visitors.

The new strategy, launched in December 2020, builds on this progress, and challenges the Trust to achieve its own ambitious goals as well as to meet targets set out in the NHS Long Term Plan and Net Zero NHS report.

Activities underway include:

- Creating a garden of wellbeing at Stratford Hospital for staff and people in the local community and to provide opportunities to use gardening as means of patient rehabilitation.
- Engaging members of the Patients Forum in developing the "Food for Life" programme which aims to reduce food waste across the Trust.
- Establishing low-carbon travel opportunities for staff, including a car-sharing scheme, a cycle to work scheme and the use of electric vehicles for staff travelling between sites.
- Investing in the continuing development of electronic systems to support clinical record keeping, prescribing and the transfer of test results between hospital departments.

New Technology to Support Stroke and Cardiac Patients

In January 2021, the Trust's Cardiology Team implanted their first patient with a very small wireless implantable cardiac monitor, called LINQ II, to reduce the need for patients to physically visit hospital. The device, which is placed just beneath the skin through a small incision in the upper left side of the chest, is for patients who require long-term monitoring or ongoing management for symptoms including dizziness, palpitations, syncope (fainting), or chest pain to establish if their symptoms are potentially caused by a heart abnormality; or for stroke patients when the cause of their stroke is yet to be determined.

The LINQ II system offers patients a consistent way to be connected with their physician throughout diagnosis and treatment with remote monitoring options which suit the patient's lifestyle (either via smartphone or standalone device) and ability to be remotely programmed by Clinicians, providing reassurance for patients and delivering clinically relevant data and insights to our healthcare teams.

Midwifery Service Acknowledged in Royal College of Midwives (RCM) Annual Awards

In May 2020 the Trust's maternity team were awarded the Midwifery Service of the Year in the RCM annual awards for their work on introducing a new model of care for women across South Warwickshire.

The model focuses on providing continuity of care, which has made services safer and care more personalised to women and their families. Maternity care is now provided by a small team of Midwives and women have a named Midwife for all of their one-to-one appointments. This enables women to build a strong relationship with their Midwives before, during and after the birth of their babies.

Close Partnership Working Between the Trust and Local GPs

With support and funding from the Warwick Charities of Thomas Oken and Nicholas Eyffler, King Henry VIII Endowed Trust, Warwick Relief in Need, Warwick United and Warwick Provident led by the Oken Eyffler Team, the Trust together with NHS South Warwickshire Clinical Commissioning Group and local GP

Practices Priory Medical Centre and Chase Meadow Health Centre have enhanced community and GP services for housebound and care home patients living in Warwick.

The project was developed over three years, after starting as a pilot in May 2017, to provide proactive medical and nursing care to patients who are not mobile or able to easily access GP services to residents in Warwick and Kenilworth. GPs and community nurses are now working in partnership to support these patients to stay well in their own home and reduce the likelihood of needing emergency treatment.

Telehealth System Supports Local Care Home Residents

In North Warwickshire Docobo Telehealth, which is a system that allows remote monitoring of patients in the community, has now been rolled out to care homes, with almost all homes now operational with the system.

Docobo Telehealth allows care homes to monitor their residents more closely, where there are concerns about their health, and supports the Trust's Out of Hospital services to provide a timely response to these concerns.

Frailty Unit Celebrated for Supporting Frail and Older People Through COVID-19

In February 2021 the Trust's Frailty Unit was declared winner of the "best team" category in local MP Matt Western's new annual Community Awards Scheme. The multi-disciplinary team were recognised for their work to provide compassionate care to frail and older patients to enable them to reach their full potential and where possible to continue leading active, sociable lives as well as providing support to their family members throughout the pandemic. This included caring for COVID-positive patients at times and with restrictions on visiting devising other means of communication for families to get messages to their loved ones.

Family Health and Lifestyles Services Recognised in Coventry Awards

The Trust's Family Health and Lifestyles Services were shortlisted a staggering 8 times for the Coventry Health and Wellbeing Awards, with their School Nursing Team scooping the prize for Innovator of the Year and their Infant Feeding and Stop Smoking in Pregnancy teams being highly commended in Digital Innovation.

The Coventry School Nursing Team won the award for their innovative approach to supporting the wellbeing of year 6 students through relaxation sessions. The relaxation sessions were put together following an increase in demand for support with emotional wellbeing and an increase in anxiety.

New Paediatric Assessment Unit Treated its First Patient

Warwick Hospital's new Paediatric Assessment Unit became fully operational with the department welcoming their first patient in January 2021.

The purpose designed building ensures speedy provision of care for children requiring urgent medical attention in South Warwickshire. GP and A&E referrals are accepted to the Unit, ensuring children are seen by an appropriate clinician in a timely manner.

Working with West Midlands Ambulance Service University NHS Foundation Trust (WMAS)

To support frail elderly adults a direct line was established exclusively for the use of paramedics into the Trust's Integrated Single Point of Access (iSPA) care coordination service, where they can speak direct to an Out of Hospital clinician to discuss and agree alternative treatment options to hospital conveyance for suitable cases.

A pilot for the service went live in May 2020. In the first 10 weeks, 50 patients were referred by WMAS via the dedicated phone line and 37 (74%) were diverted from conveyance to A&E to treatment by Out of Hospital services; a further six were directed to the Frailty Assessment Area and three treated in the community by other services; only four were assessed to need conveying to A&E.

Current and Future Developments

Ellen Badger Hospital Development Plans

In 2020, the Trust continued working closely with Shipston Medical Centre to identify the best option for progressing the Ellen Badger redevelopment and achieving an integrated healthcare hub for Shipston and the surrounding villages. Business Cases detailing the costs and project plans were approved by the Trust's Board and the Primary Care Committee.

Phase 1 will include the G.P surgery and Health and Wellbeing Centre, with clinic facilities, integrating shared spaces for community nursing teams and Shipston Home Nursing and construction of a new car park and landscaping.

The Health and Wellbeing Centre will support the health and wellbeing needs of the community in Shipston and the surrounding villages, by delivering conventional healthcare alongside activities to address social factors. The centre will be community led, so during 2020/21 the Trust worked with Healthwatch Warwickshire to gather public feedback on what services this facility could benefit from. This local input will support the development and planning of the centre in 2021/22.

New Multi-Storey Car Park (MSCP) to Improve Car Parking for Staff and Patients

After being granted planning permission in January 2021, work started in April 2021 to build a MSCP on the site of the former Pickerings staff car park on Miller's Road. The four-storey building will provide 469 parking spaces for staff based at Warwick Hospital. The car park is intended to increase parking capacity for patients and visitors on the main site by approximately 20%.

The development will also enable the Trust to use the Warwick Hospital site differently by presenting scope for further development opportunities - giving the organisation more flexibility to improve services and increase clinical offerings, which will benefit patients.

Development to Improve the Infrastructure of the Trust's Endoscopy Unit

The Trust was awarded funding from NHS England to provide additional capacity within the Endoscopy Unit at Warwick Hospital. The expansion will create two new endoscopy rooms and refurbish two of the existing endoscopy rooms. This will also allow the organisation to change the use of one of the existing rooms into additional preparation and recovery areas. The first phase of the Endoscopy Project is scheduled to be completed in late April 2021. The Endoscopy Project has multiple phases with the overall completion date being Autumn 2021.

New Electronic Patient Record System

The Trust has been working alongside Foundation Group partner, George Eliot Hospital NHS Trust, to replace the current Lorenzo system with a new Electronic Patient Record (EPR) system. In March 2021, after meeting with several different suppliers and taking on board vital feedback from clinical and operational teams, both organisations decided to move forward with the Cerner system. Cerner come with many years of experience in delivering EPR solutions across the globe. A joint project team is now working through the plans to implement the system during the 2021/22 financial year.

Performance Analysis

Review of 2020/21 Trust and Foundation Group Objectives

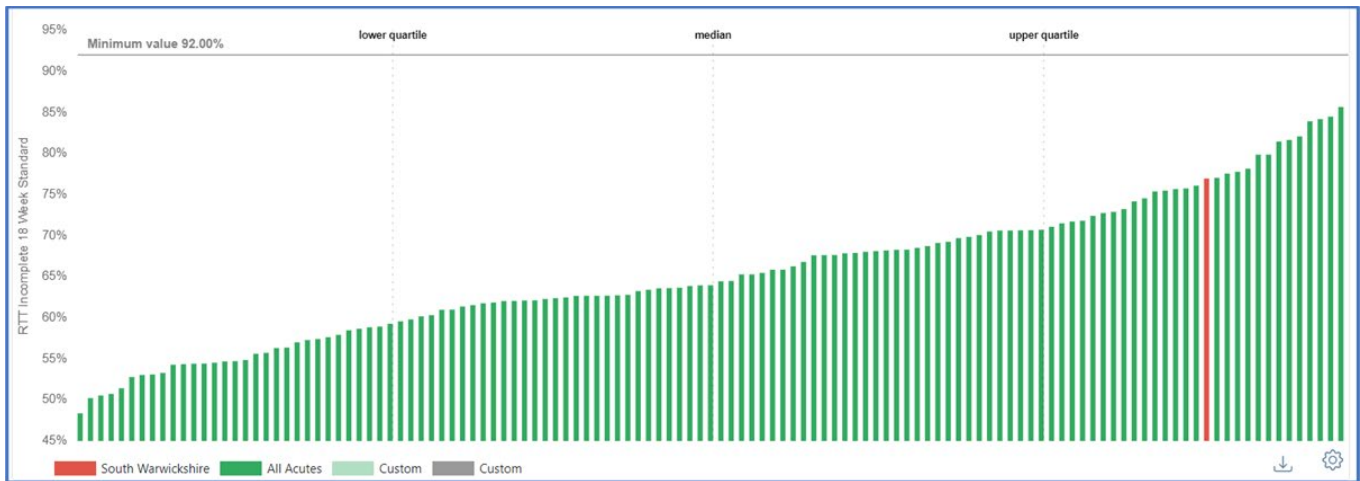
Objectives	Outcomes	Rating (Red Amber Green – RAG)
Quality Improvements		
1.Trust - Develop a public and patient engagement strategy with partners	<p>Transitional Board is well established as a partnership board and have agreed a compact. Workshops have been held to develop the partnership and agreed plans.</p> <p>Anchor alliance commitments have been agreed across Coventry and Warwickshire. Trust is a key partner in this.</p> <p>Warwickshire County Council (WCC) have agreed their approach for engagement across Warwickshire and we are seeing if we can work with them rather than have two separate approaches.</p> <p>Workshop held to gather Governor views moving to Place approach.</p> <p>Sustainability Strategy review presented to November 2020 Board of Directors. Progress made against targets and new ones adopted to reflect new policy. Meeting with Warwick District Council to agree plans to work together.</p>	Green
2.Trust - Deliver additional car parking at Warwick Hospital and implement new strategy to operate parking	Planning permission granted in January 2021. Decant plan agreed. Completion date Autumn 2021. New charging approach proposal to be developed in line with national policy prior to completion.	Amber
3.Foundation Group – Develop a compassionate end of life care strategy and public campaign with partners	Healthwatch commissioned to lead a public engagement piece of work related to compassionate end of life care and how we can support the population to talk about their end-of-life choices. Terms of reference, scoping and methodology agreed.	Amber
Sustainability		
4. Trust - Develop a strategy for the Central England Rehabilitation Unit (CERU) and the Leamington Spa site	Options generated and discussions continue with Specialised Commissioning regarding future bed requirements. Building programme to commission void space including ventilation upgrade commenced and due for completion in the summer.	Green
5. Foundation Group – Review capacity of non-acute beds and explore new models of care	Bed modelling revised during pandemic and revised plan met the needs of wider system. Full review of future community hospital beds requirements expected to be completed in the summer accommodating post-Covid-19 needs assessment.	Amber
6. Foundation Group – Move more care into Out of Hospital/Community Services	South Warwickshire PLACE Clinical strategy concluded. Work continues on the three agreed priority pathways (Frailty, Urgent Care and Outpatients) across GP services, Community and Secondary Care.	Amber

	SWFT CS has commenced work on the development of new financial models with GPs, with focus on addressing health inequalities.	
7. Foundation Group – Work with local commissioners in readiness to operate as a Lead Provider	<p>Population Health system procurement almost finalised. Alignment with Electronic Patient Record procurement achieved. Shared Health and Care record being implemented.</p> <p>South Warwickshire Place Recovery Programme continued with ongoing support and engagement of GPs, Warwickshire County Council, Healthwatch and District Councils. Five workstreams underpin this programme: Changing needs of our population; restoration; staff wellbeing; innovation and transformation and, structures and processes.</p> <p>Trust and Group have contributed significantly to National ICS legislative proposals which promote a strong Place focus.</p> <p>Discussions with CCG/ICS leadership supportive of SWFT as Lead provider in principle. Trajectory and scope to be finalised in 2021/22.</p>	Green
Workforce and Leadership		
8. Trust – Focus on nurse recruitment and retention (recognising that this will include the development of new local workforce plans)	<p>Recruitment and retention of registered nurses improved through the last year due to the impact of an increased focus on staff wellbeing and our CQC rating. Expenditure on Agency Nursing fell.</p> <p>Trust achieved 5th position nationally in the NHS on Staff Survey with further improvements in the 'Recommend as a place to work' score.</p> <p>Divisional teams are being supported to develop specific wellbeing, leadership development and recruitment plans for high-risk areas and disciplines.</p>	Green
9. Foundation Group – Implement plans to improve the wellbeing of our staff	<p>Wellbeing Programme in place which is overseen by the Health and Wellbeing Group.</p> <p>Bids submitted to NHS Charities 'Together' for two additional posts (one to support mental health and one to support physical health)</p> <p>Covid-19 impact has been significant but many of the improvements planned as part of 'Thanks a Million' have been implemented.</p> <p>Staff Survey wellbeing indicators showing year-on-year improvement.</p>	Green
10. Foundation Group – Continue to implement the digital strategy	<p>Preferred solution identified and Business case being finalised. National digital funding secured to assist programme.</p> <p>Digital hub operational and opened by Secretary of State for Health.</p> <p>Outpatient redesign program supported Covid-19 response. Patient Portal implemented with excellent user take-up. GP and acute restoration board established to review outpatients' referrals and agree solutions</p>	Green

Trust Performance Against National Targets

18 weeks referral to treatment target	<p>Target >92% Trust performance 72.9%</p> <p>During the year the impact of COVID-19 has been felt across many parts of the Trust. In the first wave of the pandemic all non-essential activity was stepped down. This is the first instance the waiting list was affected. Activity was restored during the summer months however the second wave impacted again on non-essential work, due to the increase in patients who required critical care support.</p>
A&E patients should be admitted, transferred or discharged within four hours	<p>Target >95% Trust Performance 90.3%</p> <p>The requirement to stream patients through covid or non-covid pathways both in A&E and also within the Trust has caused delays in the flow through the hospital and therefore impacting on this standard.</p>
2-week wait referrals	<p>Target (>93%) Trust Performance 81.7%</p> <p>All the cancer pathways have been affected during the pandemic due to the reduced capacity. The reduction in clinic capacity has been felt within this standard. Significant improvement in performance has been seen towards the end of the year.</p>
31-Day Decision to treat to first definitive treatment for patients with diagnosed cancer	<p>Target (>96%) Trust Performance 93.6% (based on April 2020 – February 2021)</p> <p>Whilst this standard has not been achieved, treatments that have not involved or required major surgical intervention have continued.</p>
62-Day Urgent GP referral for suspected cancer to first treatment	<p>Target (>85%) Trust Performance 62.8% (based on April 2020 – February 2021)</p> <p>The Trust has struggled to achieve this standard before the pandemic and significant work has been undertaken to redesign pathways and reduce waiting times. The COVID-19 impact has been due to a reduction in capacity for access to theatres and ITU. There has also been an element of patient choice preferring to wait until the COVID-19 peak was over.</p>
Diagnostic waiting times	<p>Target (>99%) Trust Performance 87.4%</p> <p>Whilst this has not been achieved the Trust has performed well against the national benchmarking.</p>
Reduction in C.Difficile cases	<p>There have been 28 hospital-attributed cases of toxin-positive C.diff. All the root causes analyses (RCAs) are still ongoing by the Consultant Microbiologist, so we don't yet have the lapses in care results (completion is expected imminently).</p> <p>There has been 1 C.diff associated death identified as occurring in January 2021 on Feldon Ward – the RCA for this is also ongoing.</p>
Reduction in hospital acquired MRSA cases	0 cases – last recorded case 23/3/2016

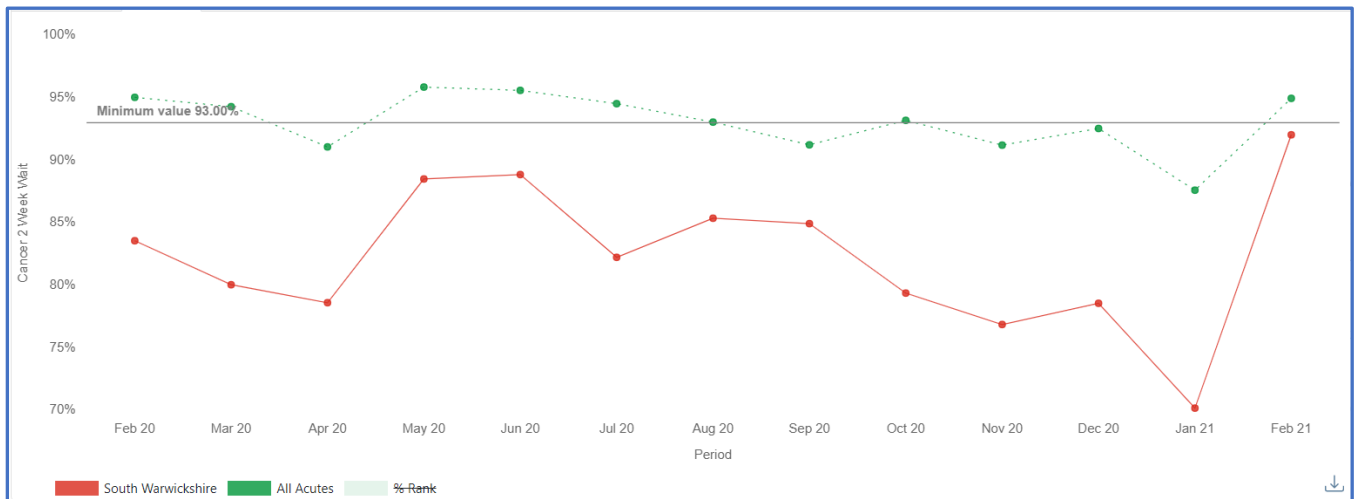
RTT comparative performance and trend



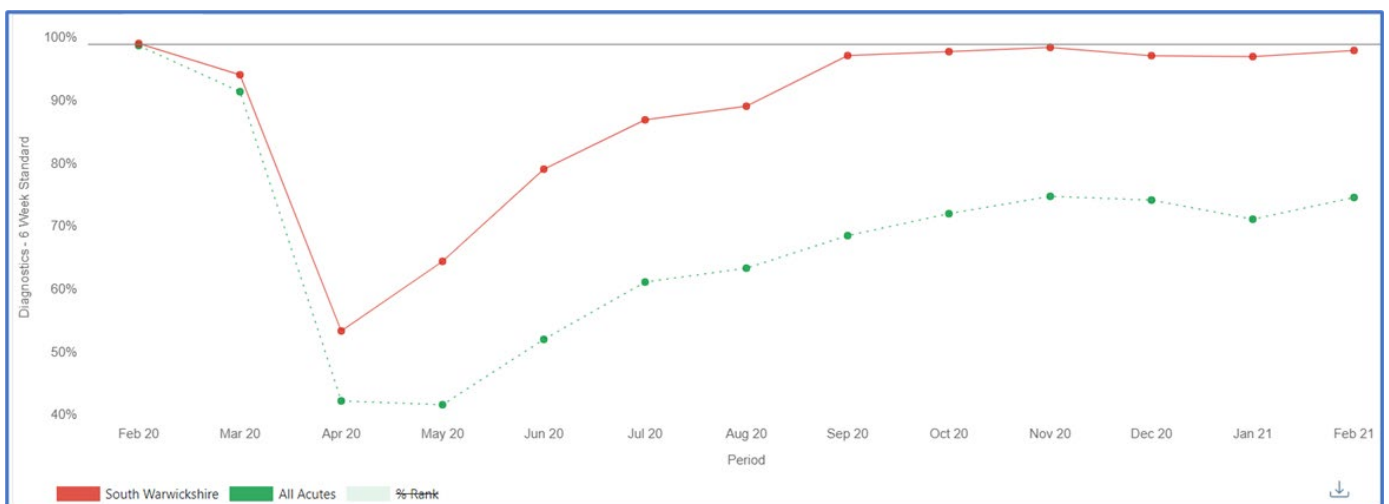
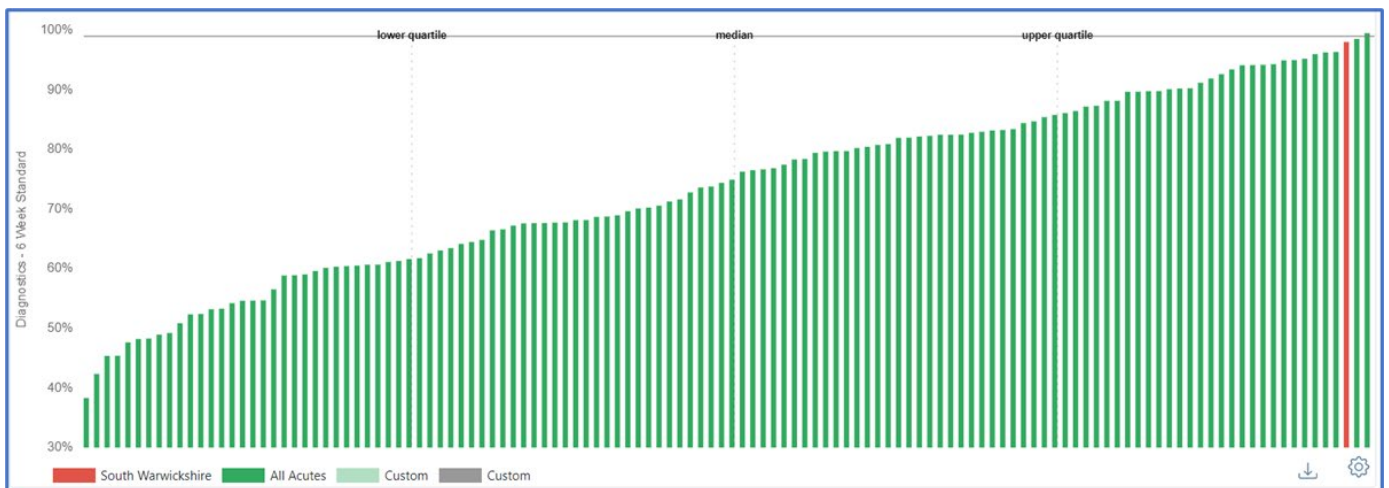
A&E performance trend



Cancer 2 week waits performance trend



Diagnostics comparative performance and trend



Activity for the Trust over the Last Three Years

Activity	2018/19	2019/20	2020/21
A&E Attendances	79,464	81,057	58,017
Ambulatory First Attendances	3,792	4,357	3,858
Ambulatory Follow up Attendances	1,124	1,487	2,177
First Outpatients Attendances	90,018	90,138	69,749
Follow-up Outpatients Attendances	197,957	199,993	165,929
Non-elective (Emergency) Admissions	26,485	25,431	24,439
Elective (Planned) Inpatient Admissions	4,139	3,655	2,066
Elective (Planned) Day Cases	31,537	32,735	23,861
Births	2,866	3,069	2,981
Community Contacts – Adult and Children Services	719,745	875,038	662,819
Community Therapy Contacts - Adult and Children Services	80,278	106,202	76,902

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

Activity (Acute)	2018/2019	2019/20	2020/21
Therapy - First Outpatient Appointment	39,261	33,707	19,826
Therapy – Follow up Outpatient Appointment	105,239	78,879	41,682

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 £0.435m control total surplus for 2020/21. To enable the NHS to respond to the Covid-19 pandemic, the usual Payment by Results tariff was suspended during 2020/21, with all NHS trusts and foundation trusts (providers) moving to a block contract arrangement. For the first 6 months of the year a national top up was paid to providers to reflect the difference between actual costs and block income, allowing all providers to breakeven during these unprecedented times. For the second half of the year there was a national expectation that local NHS systems would deliver at least a 1% efficiency. The Trust claimed a total of £14.635m Top-up funding during the year for Covid and associated divisional spend. The table below reconciles the deficit position reported in the Group's Statement of Comprehensive Income (SOI) to the performance against its Department of Health and Social Care control total surplus:

	£'000
Retained deficit for the year (per SOCI)	(1,882)
<i>Control total adjustments:</i>	
Add back I&E impairments	3,800
Remove donated assets income and depreciation	(1,039)
Remove net impact of inventories received from DHSC group bodies for COVID response	(444)
Control total surplus	435

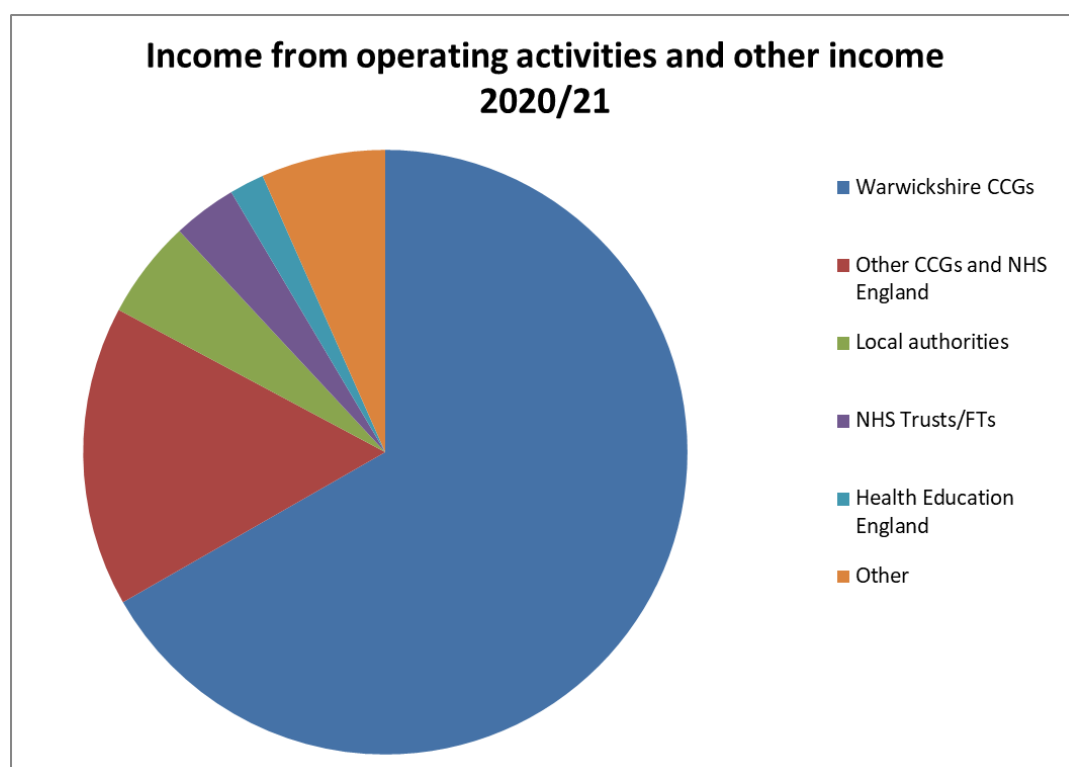
Statement of Financial Position (Balance Sheet)

During the year the Group saw an increase in its net assets of £10.7m (9.0%) from £119.2m to £129.9m. The increase is primarily explained by the following:

- i) £13.8m net increase in intangibles and property, plant and equipment.
- ii) £4.4m increase in the Trust's investment shareholding in Sensyne Health PLC as a result of the increase in the value of these shares on 31st March 2021.
- iii) £1.1m increase in inventories.
- iv) Offset by a £10.7m increase in current liabilities.
- v) A reduction in the Trust's non-current borrowings of £1.5m with the principal repayments on the Trust's capital investment loan.

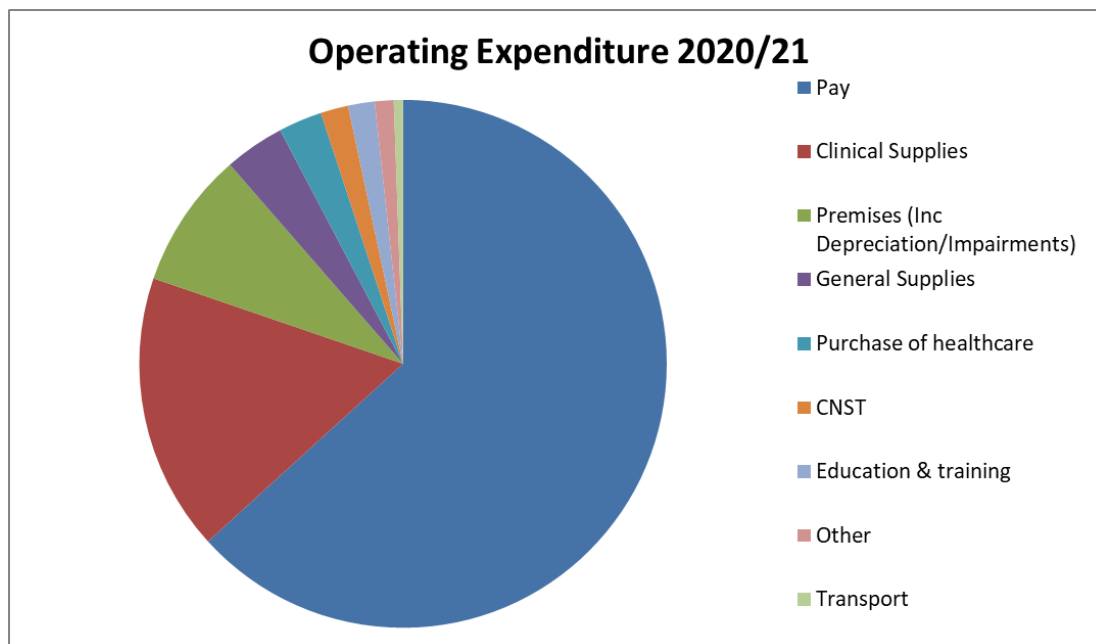
Income

The Group earned income of £362.4m in 2020/21 (which includes £14.6m of Top-up funding), a rise of £25.1m, (or 7.4%) compared to the previous year (2019/20, £337.3m). Of this, £313.5m arose from patient care activities, with the remaining £48.9m generated as other operating income. The majority of the Group's income is sourced from its main commissioner, South Warwickshire Clinical Commissioning Group. The following chart shows the split of income by main source:



Operating Expenditure

The Group incurred operating expenses of £361.1m in 2020/21, a rise of £14.7m (or 4.2%) compared to the previous year (2019/20, £346.4m). Pay costs continue to account for the majority of expenditure, with £228.2m (or 63%) in 2020/21 (2019/20, £209.9m and 61%). Expenditure relating to Covid-19 of £15.6m is included within the numbers above.



Capital Expenditure

The Group incurred £26.7m of capital expenditure for 2020/21. The areas of spend were: £0.8m land purchases; building expenditure £12.4m; IT equipment £3.7m; medical equipment £6.3m; and software £3.5m. The largest of the Trust's capital schemes in year with expenditure exceeding over £1m each being: MRI replacement at Warwick £1.6m, CERU void fit out £1.8m, relocation for A&E minors £3.1m and Integrated Care Record £1.3m.

Productivity and Efficiency and 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. Since 2018/19, this has been at a patient care event level for acute 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 year. An NCI of 100 is the national average.

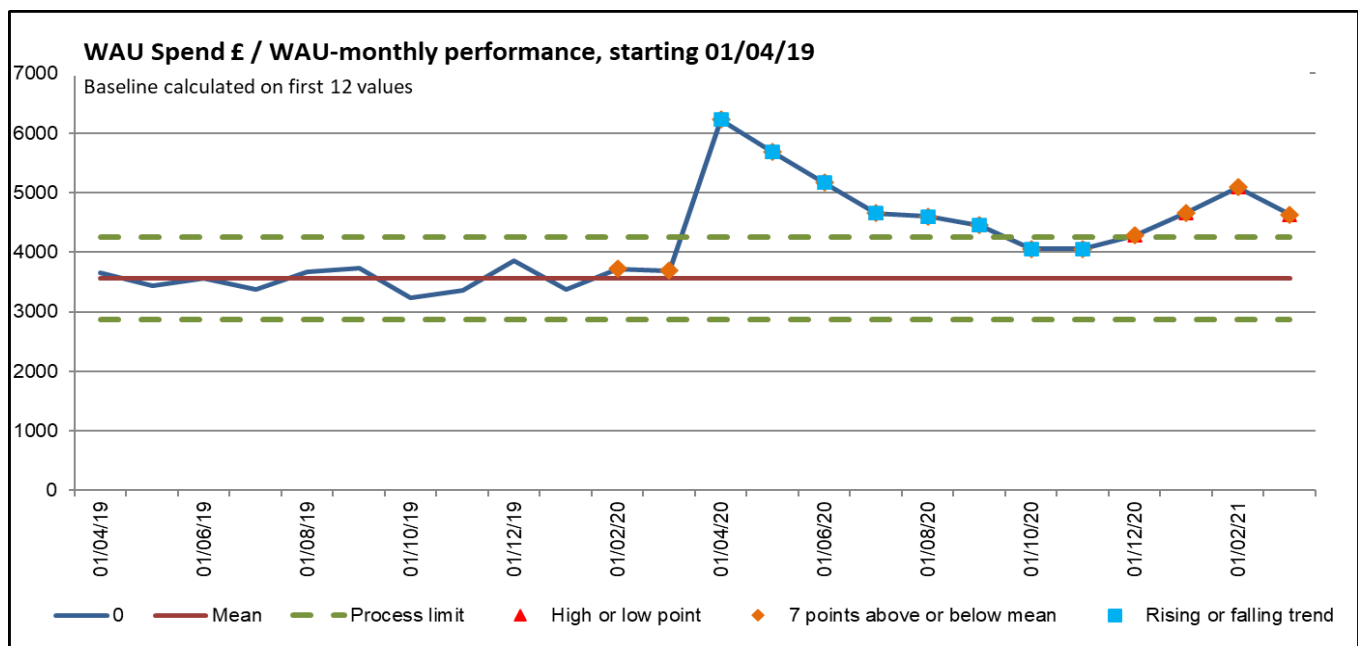
The 2019/20 National Cost Collection was delayed due to COVID and is expected to be published at the end of May/June 2021. However, early indications are that our services remain at lower cost than national average, implying that we continue to be a relatively financially efficient provider. This is 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.



2020/21 has been an exceptional year and whilst the National Cost Collection will not be published until late 2021/ early 2022, the costing team has continued to calculate the cost of patient care activity on a quarterly basis. As expected, unit costs have increased significantly as a result of the exceptional costs of COVID and reduction in activity.

The cost data submitted is used to inform NHS Improvement’s NHS Model Health System (previously 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 Model Health System introduces the concept of a “Weighted Activity Unit”, and a measure of “Cost per Weighted Activity Unit”, designed to allow comparison of a trust’s performance against other trusts despite providing different services and having different case-mixes. However, it is only updated annually when the National Cost Collection is refreshed. The Trust has therefore developed an in-house Cost per Weighted Activity Unit measure, which allows monitoring of the recovery of the Trust on a monthly basis.



Trends have followed the expected pattern, clearly showing a peak in cost per WAW in April 2020 with the first COVID peak, a recovery to a slightly higher baseline during Summer and Autumn 2020, reflecting the increased costs of segregation of patient pathways and the lower levels of activity, a smaller peak in January 2021 with the second COVID peak followed by recovery towards the end of the financial year. The Trust

continues to monitor Cost per WAU, along with other productivity indicators that have been developed during the year.

Cost Improvement Programme

Due to the unprecedented World circumstances of the COVID-19 pandemic, and in line with national guidance the Trust set a CIP target of nil for the first six months of 2020/21 and 1% for the second half of the year. Against the target of £1.65m the Trust delivered £1.29m savings against budgets by year end. However, as in previous years, these savings were non-recurrent. The target for 2019/20 was £8.1m, which the Trust delivered £6.5m either through savings schemes or other gains not formally identified as cost improvement programme schemes.

In order to deliver a planned break-even position in 2021/22, the Group has set a CIP target of £9.0m. Whilst challenging, this target is comparable with previous years (2019/20: £8.1m, 2018/19: £9.3m). The Group has started to review all services as part of its restoration and recovery programme, to identify opportunities for productivity and efficiency gains. It has also reviewed whether ways of working implemented as part of the response to the COVID-19 outbreak should continue and in doing so, 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 2020/21 the Trust received section 106 contributions from Warwick District Council of £0.675m and Stratford District Council of £0.560m. Note the Trust recognises section 106 income on an accruals basis based on when properties are built. Within the 2020/21 income position the Trust has recognised £1m of section 106 income.

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 Five-Year Sustainability Strategy 2019-2024 sets the way forward in our plans to achieve a lower environmental impact until 2024. It utilises the NHS Sustainable Development Unit's Sustainable Development Assessment Tool (SDAT) to measure and weight progress against objectives in 10 key areas of focus for which a section lead has been appointed.

The progress made in each of these sections is described below, aligning the Annual Report descriptions to the targets in our Sustainability Strategy.

Governance

Our Sustainability Strategy is now publicly available on our website <https://www.swft.nhs.uk/about-us/sustainability>. 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. In lieu of this, a video was produced and publicised to all our staff and more widely via social media channels.

To view the video please visit <https://www.youtube.com/watch?v=aR8UZYNsYtk>.

Following the launch of the Strategy, a 2021 Sustainability Pledges campaign was started by our Executive Team inviting staff commitments to actions that would lead to lower carbon footprints. The communications

resulted in 25 responses from staff, the large majority were clinical teams and several suggestions for items the Trust could look into.

As part of our supply chain work, a new procurement policy was ratified which included a sustainable procurement section including whole life cycle analysis considerations. A newly established Clinical Procurement Group has highlighted areas where reductions in plastic consumption could be made and a number of initiatives are being investigated.

Greenhouse Gas Emissions

The 2019/24 Five Year Sustainability Strategy set a commitment to reduce carbon emissions by 5% year on year, which would amount to a 30% reduction by 2024 from a 2013 baseline year

As of March 2021, a 10% reduction from the 2013/14 baseline year has been achieved. The figures in the emissions report provide further detail of our journey towards achieving this objective.

Asset Management and Utilities

We are continuing to replace lights with LEDs and recent upgrades include the Medical Records building, Leamington Hospital canteen, Histopathology and various corridors.

Government funding was secured as part of the Public Sector Decarbonisation Scheme managed by SALIX to significantly expand on our Building Management System, increasing the remote control on our heating and ventilation equipment. Additional funding has also allowed us to develop a strategy and tender specification for sub metering and in the coming year we aim to develop a plan to map out our steps to reaching net zero carbon.

A survey of our staff ('Hot? Be bothered!') received 27 responses from staff members and highlighted areas where quick gains could be made as regards gas savings. These included installing thermostatic valves, adding insulation and programming time clocks to reduce heating hours.

In November 2020, the Board of Directors made a commitment to purchase 100% renewable standard electricity from the Trust's energy supplier for all hospital sites from 1 April 2021.

Travel and Logistics

As a result of the COVID-19 pandemic and the increase in staff working from home, business travel in Q1 and Q2 reduced by 69%. The Trust wishes to embed this behaviour and hence the new Agile Working Procedure (approved July 2020) has a target to achieve a 50% reduction in business mileage. Regular data collection by the Sustainability and Human Resources teams will monitor progress against the target and highlight changes in behaviour as the pandemic eases.

The Workplace Transport Policy has been ratified and publicised to staff. This policy includes a travel hierarchy staff should follow when arranging travel for business purposes.

A cyclist survey conducted in autumn 2020 highlighted improvements that could be made to current cycling facilities and funding is currently being sought for these.

Sustainable Healthcare Models

Funding was sought from The Health Foundation Q Exchange for a joint project between the Out of Hospitals team, the Emergency Care Improvement Team (ECIST) at NHS England & NHS Improvement and the Centre for Sustainable Healthcare (CSH), to measure changes accelerated due to the COVID-19 pandemic. The application was successful and in April 2021, they will start to analyse positive health, environmental and social impacts, from a new system approach being piloted in Warwickshire North place, supporting residential and nursing homes / our most vulnerable patients. This will include evaluation of:

- Greater use of technology – virtual assessments, virtual ward rounds and remote support for high risk / shielded patients.
- New ways of working with out of hospital services and primary care and other system partners.

Sustainability Projects 2021/22

Project	Description
Green Spaces	Development of four new outdoor spaces for staff, visitors, and patients. Green spaces strategy prioritising areas for development.
Asset Management and Utilities	Heat decarbonisation and net zero plan. LED lighting installation works. Heating hot spots audit.
Travel	Ratify Travel Plan for Warwick Hospital. Improvement plan for cycling facilities for Warwick and RLS hospital. Green fleet audit exercise.
Sustainable Healthcare Models	Centre for Sustainable Healthcare (CSH) Out of Hospitals project with residential and nursing homes.
Communications	One –year communications plan to ensure regular sustainability campaigns and messages are transmitted to staff.

Emissions Report

The table below reports on the Trust's annual position with regard to its carbon footprint. The table is sectioned into areas of emission sources (greenhouse gas, GHG, emissions scope), type of utility used/generated, and the resulting carbon footprint, measured in tonnes.

The largest impact in 2020/21 has been the reduction of business travel as the result of embedding digital working.

		Reporting Year (Tonnes of CO ₂ e)			
		2013/14 (baseline)	2018/19	2019/20	2020.21
Scope 1 (Direct) GHG Emissions.	Gas	2,765	4,585	4,860	4,854
	Oil	4	90	55	59
Scope 2 (Electricity Indirect) Emissions	Electricity	3,663	1,328	1,184	1,185
	Electricity T&D	320	113	102	102
Scope 3 (Other Indirect) Emissions.	Waste	17	22	25	21
	Water	92	91	62	89
	Travel	830	726	981	617
TOTAL		7,691	6,955	7,269	6,926

Notes:

1. Emissions does not contain data for community sites and relates to emissions arising from activities in Warwick, Royal Leamington Spa, Ellen Badger and Stratford Hospitals.
2. The Combined Heat and Power (CHP) Unit was commissioned in July 2017.

Access to Information

Freedom of Information (FOI) Requests

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

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 2020/21 financial year saw a decrease in FOI's compared to the previous year of 2019/20

- The Trust received 325 requests in 2020/21 compared to 452 requests in 2019/20 reflecting a decrease of 127, and
- During 2020/21, 310 requests (95%) were responded to in the 20 working days timeframe set out by the Freedom of Information Act 2000.

Subject Access Requests (SAR)

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.

Although year on year there has been an increase in the number of requests received, 2020/21 financial year saw a decrease in requests due to the COVID-19 pandemic. All these requests are comprehensively checked to ensure their compliance with GDPR and the Data Protection Act (DPA) 2018.

The 2020/21 financial year saw a decrease in SARs requests from the previous year 2019/20.

- The Trust received 1,185 requests in 2020/21 compared to 1,493 requests in 2019/20 reflecting a decrease of 308, and
- During 2020/21 1,168 (98%) of requests were responded to in the 30 calendar days set out by the Subject Access Request code of practice.

The figures for both FOIs and SAR requests show that despite the pressures on staff during the pandemic, Trust employees have been able to provide the information required to meet the timeframes.

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:

Categories	2020/21		2019/20	
	Number	£'000	Number	£'000
Total Non-NHS trade invoices paid in the year	55,130	172,361	57,952	149,757
Total Non-NHS trade invoices paid within target	46,552	154,004	39,328	105,123
Percentage of Non-NHS trade invoices paid within target	84.4%	89.3%	68%	70%
Total NHS trade invoices paid in the year	1,882	26,778	1,903	21,358
Total NHS trade invoices paid within target	955	10,791	1,371	9,402
Percentage of NHS trade invoices paid within target	50.7%	40.3%	72%	44%

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.

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

Off-Payroll Engagements

Table 1: Shows highly-paid off-payroll worker engagements as at 31 March 2021, earning £245 per day or greater:

Number of existing engagements as of 31 March 2021	50
Of which, the number that have existed:	
for less than one year at the time of reporting	41
for between one and two years at the time of reporting	3
for between 2 and 3 years at the time of reporting	2
for between 3 and 4 years at the time of reporting	3
for 4 or more years at the time of reporting	1

Table 2: Shows all highly-paid off-payroll workers engaged at any point during the year ended 31 March 2021 earning £245 per day or greater

No. of off-payroll workers engaged during the year ended 31 March 2021	157
Of which...	
Not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in-scope of IR35 *	148
Subject to off-payroll legislation and determined as out-of-scope of IR35 *	9
No. of engagements reassessed for compliance or assurance purposes during the year	3
Of Which: number of engagements that saw a change to IR35 status following review	0

* - A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is in-scope of intermediary's legislation (IR35) or out-of-scope for tax purposes.

Table 3: Shows any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021

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 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	18

Emergency Planning

NHS Core Standards for Emergency Preparedness, Resilience & Response (EPRR)

Due to the current COVID-19 pandemic, emergency planning services within the Trust have been very different this year. An Incident Control Room was set up in March 2020, when the NHS declared a Level 4 incident. This is defined in the EPRR Framework as:

'An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.'

The Incident Control Room was established to collate all the information coming into the Trust from NHS England, Public Health England, and other agencies, to provide a central single point of communication. A designated email address receives all emails, documents and correspondence and the staff ensure that this is filed, ensuring there is a record of information received and the action taken in response.

Initially, staffing was provided by redeployed staff who were unable to work in their normal environment, due to cancellation of their service. When their service was reinstated, it was quickly established that extra staff would be required. A paper was presented at Management Board to increase the Emergency Planning staffing allocation:

- as part of succession planning for the current post-holder, and
- to enable the team to deliver cover on a long-term basis in the Incident Control Room.

Each year, NHS England require Trusts to complete a self-assessment against a number of Core Standards for Emergency Preparedness, Resilience and Response (EPRR). This year, the Trust was required to submit

evidence that they had undertaken a debrief exercise to reflect on the lessons learned at the end of the first phase of the pandemic.

This was done in three phases:

1. staff questionnaire – to enable staff to comment on their experiences throughout the first phase;
2. a debrief exercise conducted by an external facilitator was held with the Executive Team, the findings were summarised and presented to the Board of Directors by the Emergency Planning Lead;
3. a training and debrief session was held with a solicitor advocate who reviewed the summary of the debrief exercise and advised on the current legal situation nationally in relation to COVID-19 activity.

The solicitor advocate has a further session planned where the Executive Team can participate in a tabletop exercise related to the pandemic and will then have to simulate giving evidence at a Public Enquiry. This is currently postponed due to social distancing measures and will be arranged when meetings are allowed.

Business continuity plans were amended to reflect some of the changes required to services during the pandemic, but a bigger piece of work will be needed to capture some of the changes that have been made.

In December 2020, there was renewed focus on the implications of Brexit, but a deal was reached at the last minute. The Brexit team was led by the Director of Finance and members of the team updated regularly on their position relating to key workstreams e.g. workforce, supplies and procurement, and pharmacy issues.

The completion of the action plan from last year's core standards submission has been delayed and will be addressed when the Incident Control Room is stepped down.

Tactical (Silver) Command Meetings

These meetings have been held daily, led by either the Director of Operations (Accountable Emergency Officer) or the Director of Nursing, and have involved clinicians, managers and personnel from all levels of the Trust, who have discussed the progress of the pandemic and actions required by the Trust to manage it. Each meeting has been recorded and a decision log has been kept which records key decisions made. It has provided a forum to discuss any aspect of practice which includes publication of new guidance, development of new policies, guidelines or operating procedures and information relating to the pandemic. The decisions made are then taken to the Strategic command meetings (Gold) for final approval. Comprehensive records of meetings and decisions made are recorded for future reference.

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 processes 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. This year the team have changed the way they work and ensured the services were available for patients and their relatives at all times by communicating with them over the phone and by email.

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 the 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 2020/21 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 18 years ago. The Forum currently has 15 members and is always open to new members. The Forum monitors all aspects of the patient experience with the exception of medical matters across all hospital sites. When a vacancy arises, this is advertised via the Trust magazine 'Pulse' and on Forum noticeboards in all hospitals and applications are also invited from Trust members.

The Forum meets every month, except August, to consider information on matters relating to patients. Since the COVID-19 pandemic all meetings have been held virtually via Teams. Although on-site face-to-face work has not been possible during the pandemic, the Forum has continued to contribute in the following ways:

- responding to requests from the Trust to obtain patients' views
- calling discharged patients by phone to check if they need anything
- reviewing of patient information leaflets
- keeping in touch with some wards either by phone or email

In addition, Forum members have attended the following meetings:

- Patient Care Committee
- Car Parking Working Group
- Maternity Partnership
- Patient Experience Group
- ISS Quarterly Review Meetings
- Equality and Diversity Meetings

- End of Life Care Group
- Patient Portal Group
- Patient Engagement Routine Pathway
- Safer Discharge Group
- Stakeholder Panels for Senior Staff Interviews
- Meetings with the Trust Chair, Managing Director and other Directors
- Board of Directors (public section)
- Medication Safety and Medicines Optimisation Group

Volunteers

Volunteers continue to make a vital contribution to the Trust, supporting our patients and staff. We adapted our services quickly in response to the COVID-19 pandemic. Despite volunteers being unable to perform their normal duties on wards and other areas, over 100 volunteers have supported us in other ways, contributing over 11,000 hours so far, over the last 12 months. We had an overwhelming response from people offering their time to support the Trust.

Our volunteers have delivered groceries to vulnerable people in the community and delivered patients' belongings to bereaved families. We have a Meet & Greet role at our hospitals to support the safe foot flow at our main entrances, to remind people to adhere to COVID-19 regulations. Since January 2021, volunteers support the Vaccination Hubs at Warwick and Stratford over 7 days including evening and weekends.

Volunteers assembled 9,000 visors for clinical staff use, distributed donated gifts to both staff and the local community and helped to coordinate over 400 letters sent to patients from loved ones as part of the 'post4patients' initiative. We have a dedicated team of Pharmacy Volunteers delivering prescriptions to the wards, which supports discharge.

The Forest of Hearts have planted trees at Stratford Hospital and Kissing it Better the healthcare charity, have provided singers and a violinist to play safely distanced outside. They have delivered cards and gifts to the patients and staff over Christmas and Valentine's Day and numerous activity packs, poems, word searches and quizzes for the patients, working closely with Volunteer Services, since March 2020 to the present.

In the community volunteers have made a huge difference. Volunteers have been trained to carry out basic welfare calls to patients discharged from hospital, since November 2020 over 280 welfare calls have been made.

We are working with the Palliative Care Team and our Chaplains to provide trained, expert volunteers to support patients and their families at end of life.

4x4 Drivers support in adverse weather conditions and during the pandemic have delivered equipment and made urgent deliveries for the Trust and throughout the Community.

The Trust's Home Support Volunteer programme launched in January 2016, currently have 24 volunteers. Our Children's Community Nursing Team volunteers support families who have a child with a complex healthcare need and/or life limiting condition. Volunteers carry out a range of assignments such as sibling support, transport, shopping, helping around the home with tasks such as gardening or decorating. Following social distancing during the lockdowns, vital support has been provided with transport to appointments, help with grants and funding, telephone welfare calls to families, clearance of rubbish and tip runs. A small group of volunteers have also undergone additional training to provide support to a parents' group and to families whose child is reaching the end-of-life stage of their illness.

We are extremely grateful to all our volunteers who have supported us during the pandemic. We look forward to welcoming volunteers back into our hospitals and other areas. Volunteers are a vital part of our plans moving forward, to enhance patient experience and deliver an impactful service as we recover from COVID-19 and moving forward. Plans are in place for the safe return of our Volunteers from pre-covid to resume our services within the hospital sites.

Community and Hospital Information Exchange Forum (CHIEF)

CHIEF provides members of the local community and Trust members with the opportunity to hear about the Trust's activities, providing advice and feedback to help shape services while finding out about developments. During most of 2020/21 these meetings were cancelled due to the COVID-19 restrictions. However, in April 2021 the first virtual CHIEF meeting was successfully held using Microsoft Teams, where attendees heard about the work of social prescribing. It is intended that these meetings now continue in virtual form for the time being.

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 our leagues of friends. 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.

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.

Due to the global pandemic, 2020/21 presented a number of challenges for SWFT Charity. The impact of the virus made it necessary to review and adapt ways of working and fundraising whilst operating safely within the government guidelines. Throughout the year, despite the hardship and difficulties endured by so many, we have received wonderful support for our staff from the people of South Warwickshire. This support has been demonstrated in many ways including monetary donations, food parcels as well as treats and toiletry packages. This heartfelt generosity has helped raised spirits and boost morale.

In April 2020, SWFT Charity launched the COVID-19 SWFT Support Appeal. The purpose of the appeal was to raise funds to support the health and wellbeing of the staff throughout this difficult time. Thanks to the generosity of the local community, over £55,000 has been raised to date.

With the more conventional and traditional ways of fundraising being put on hold, many of our supporters found new and innovative ways to raise funds for their chosen wards and departments. The broad and alternative range of fundraising undertaken was truly inspirational. In cases where mass participation events were postponed, many of our supporters still pressed ahead to fulfil their fundraising commitments by completing solo virtual sponsored runs and cycles, demonstrating great resolve and endless determination.

Since the start of the pandemic, there has been a huge national outpouring of love for the NHS. Through the amazing fundraising efforts of the late Sir Captain Tom Moore along with others, SWFT Charity has benefited so far by receiving, £174,000 from NHS Charities Together.

Thanks to the afore-mentioned financial support, this has made it possible for us to help our staff and patients during these trying times in many ways including:

- The provision of care packages to help keep staff nourished and hydrated during shifts
- Equipping staff wellbeing rooms with snacks and drinks
- Improving and refurbishing a number of staff areas, helping to create more comfortable environments
- The funding of a Psychologist and a Physiotherapist post to help support the mental and physical health of staff
- The purchase of iPads to enable patients to stay in touch with their loved ones
- The provision of activity packs to help keep patients entertained during visiting restrictions
- The purchase of Christmas gifts for patients, restricted by Covid, making family visits not possible over the festive season

Through donations, there have been many other opportunities in which SWFT Charity has been able to help “sprinkle some magic” across the Trust during 2020/21, these include:

- A surgical Ophthalmology Microscope for the Machen Eye Unit (£63,000)
- 3 Alarmed Falls Beds for the Frailty Unit (£14,900)
- A Mammography Chair for the Ellen Clarke Suite (£5,700)
- The Mobile Magic Carpet Sensory Projector for CERU patients (£7,995)
- Sensory Trunk for young patients on MacGregor Ward (£1,100)

Over the course of the year, SWFT Charity received a total of over £416,000 legacies and are extremely grateful to the 14 individuals for remembering South Warwickshire NHS Foundation Trust in their wills. These legacies will help greatly in our care of future patients.



SWFT Falls Prevention Lead, Jo Copeland, demonstrating one of the new Falls Prevention Beds recently purchased



Local mum Liz Roberts and baby Theo who raised funds for a Sensory Trunk for MacGregor Ward



Leamington and County Golf Club presented a cheque for £1,200 to our Covid-19 Support Appeal



SWFT employee Georgi Curtis shaved her head and raised £1,970 for the Breast Care Fund

For additional information on donating, fundraising or volunteering or any other enquiries, please visit:

SWFT Charity Hub, Main Entrance, Warwick Hospital, Lakin Road, Warwick, CV34 6BW

Email: charity@swft.nhs.uk

Tel: 01926 495321 Ext 8049

Accountability Report

Directors' Report

Board Composition

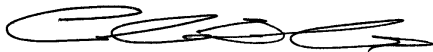
The Board of Directors comprises a Non-Executive Chairman, six other Non-Executive Directors, an Associate Non-Executive Director (from 1 March 2021) and six Executive Directors all with voting rights, one of whom is the Chief Executive.

In attendance at Board meetings, were two non-voting Executive Directors; the Director of Human Resources and the Director of Development, and also the Acting Trust Secretary.

Appointment and Roles

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

- Chairman – Russell Hardy (term of appointment to 31 May 2024)
- Vice-Chairman – Bruce Paxton (term of appointment to 31 January 2022)
- Senior Independent Director – Simon Page (term of appointment to 8 February 2022)
- Audit Committee Chair – Rosemary Hyde (to 31 December 2021)



Glen Burley, Chief Executive

Date: 16 June 2021

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 retired in May 2020. Russell 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 majority 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 31 May 2024

Declared Interests: 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, and Spouse is a 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. Confirmation received that Charles does not undertake any private medical practice.



Geoff Benn
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: Non-Executive Director of ECL, Non-Executive Director of the Harwich Haven Authority, and Director and Trustee of Cotswolds Friends.



Anne Coyle
Managing Director (from 18 May 2020)

Anne joined South Warwickshire NHS Foundation Trust in September 2013, as Associate Director for Integrated Care and Community. In June 2016 Anne was made Managing Director of the Out of Hospital Care Collaborative and was appointed to an Executive role in October 2017. In May 2020 Anne was seconded to her role as the Trust's Managing Director. Anne trained as a Physiotherapist in Ireland and has worked in a variety of clinical roles across NHS and private sector. Since 2002 Anne has worked in operational management roles in Community and Integrated Care settings.

Declared Interests: Spouse is Managing Director of Mini Digital Limited.



Fiona Burton
Director of Nursing

Fiona commenced a 2-year secondment as Director of Nursing for the Trust on 1 October 2017 and was appointed on a substantive basis on 1 October 2019. 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 2021

Declared Interests: Director and Shareholder of RPR Consultants Ltd. Spouse is Director and Shareholder of Brian Hyde Ltd, and 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 and was appointed on a substantive basis on 1 October 2019. 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, Specialist Adviser for the Care Quality Commission and Spouse and son both work within the Trust.



Christine Lewington
Non-Executive Director

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, Parish Councillor for Coughton, Advisor for Fosse Healthcare Limited, sister is a Clinical Tutor at the Trust, and sister and niece are employed by Wye Valley NHS Trust.



Kim Li
Director of Finance

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

Declared Interests: Director of SWFT Clinical Services Ltd (a wholly owned subsidiary of South Warwickshire NHS Foundation Trust), 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 2022

Declared Interests: Lay Member of the Admissions Steering Group at Warwick Medical School, Director of Molins UK Pension Fund Trustee Ltd and Director of Moreton Morrell Tennis Court Club Ltd.



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 United Kingdom, 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/Company Director of ExtraCare Charitable Trust and Lay Member of the Nursing and Midwifery Council.

The Register of Interests is available on the Trust's website or by writing to the Trust Secretary. The Register also includes declared interests from non-voting Board members Ann Pope, Director of Human Resources, Sophie Gilkes, Director of Development and Yasmin Becker Associate Non-Executive Director.

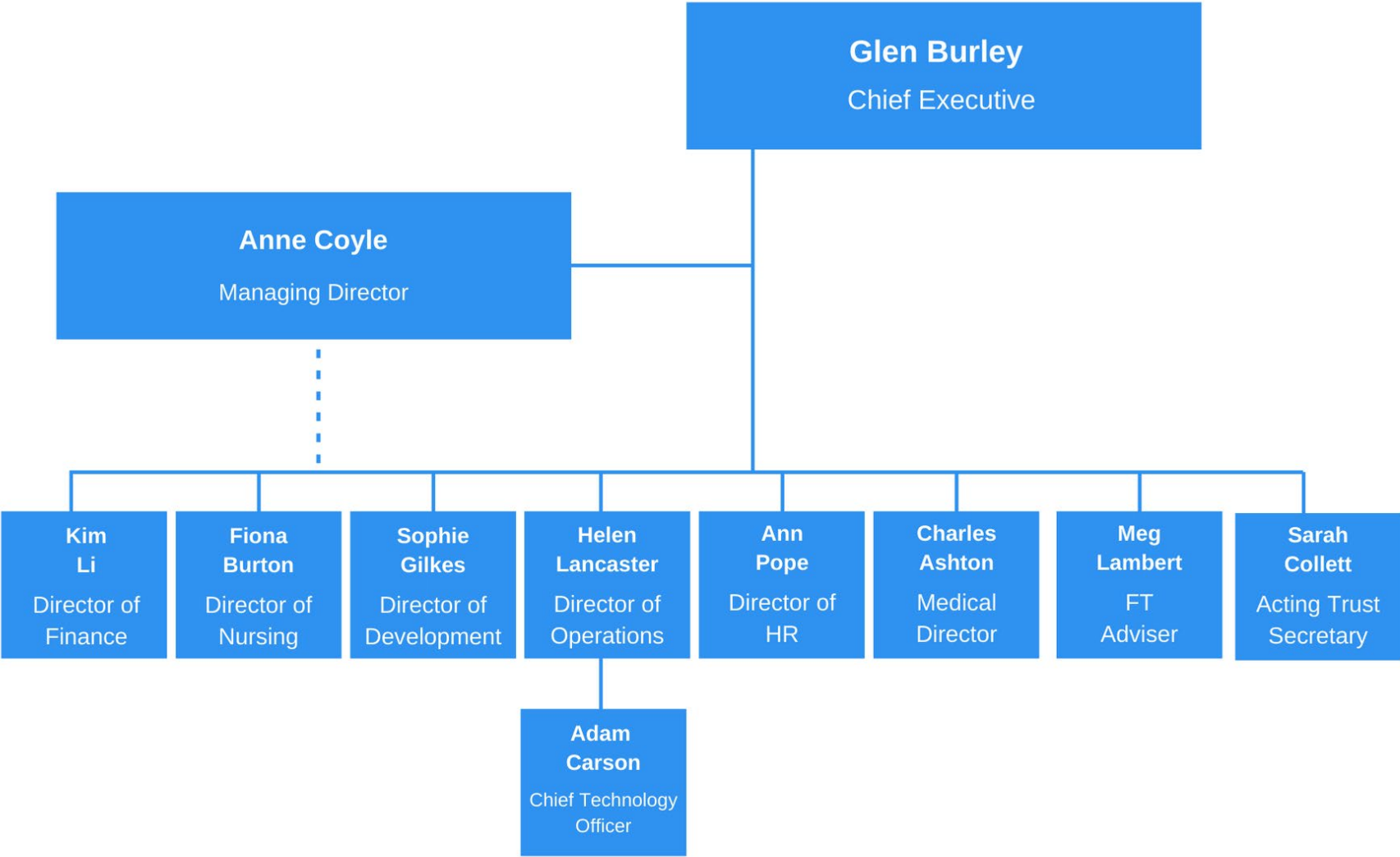
Please note that:

- Jayne Blacklay retired as Managing Director of the Trust on 24 May 2020.
- Anne Coyle was seconded as Managing Director of the Trust from 18 May 2020.
- Yasmin Becker was appointed as an Associate Non-Executive Director (non-voting) on 1 March 2021.

SWFT Clinical Services Ltd Board Member Profiles and Register of Interests

<p>Tony Boorman Chairman Date of First Appointment: 2 March 2011 (3-year term) Declared Interests: Managing Director of Promontory Financial (a subsidiary company of IBM plc.), Director/Chair Innovate Healthcare Services Ltd</p>
<p>Dr Charles George Anderson Phalp (Andy Phalp) Non-Executive Director Date of First Appointment: 5 July 2017 (3-year term) Declared Interests: Vaccinator (self-employed) for South Warwickshire GP Federation, Trustee of South Warwickshire Welfare Trust, Member of the British Medical Association (BMA), Life Member of the Royal Society of Medicine, Non-Executive Director of Innovate Healthcare Services Ltd, investment portfolio managed by Investec Wealth & Investments and retired partner of Rother House Medical Centre (no financial interest).</p>
<p>Kim Li Non-Executive Director Date of First Appointment: 27 July 2011 (3-year term) Declared Interests: Director of Finance at South Warwickshire NHS Foundation Trust, Member of HFMA, Member of CIPFA, and Trustee of HFMA.</p>
<p>Ann Pope Non-Executive Director Date of First Appointment: 27 July 2011 (3-year term) Declared Interests: Director of Human Resources (non-voting) at South Warwickshire NHS Foundation Trust, Fellow of the Chartered Institute of Personnel and Development and Non-Executive Director of Innovate Healthcare Services Ltd.</p>
<p>Jayne Blacklay Chief Executive Date of Appointment: 25 May 2021 Declared Interests: Director/Chief Executive of Innovate Healthcare Services, Non-Executive Director of HelpForce (a charity that supports the development of volunteers within NHS), Strategic Adviser to the Foundation Group.</p>
<p>David Moon Director of Finance Date of Appointment: 1 February 2018 Declared Interests: Trustee of Shipston Home Nursing (Treasurer) and Advisor to Medicor Ltd (until 31 January 2021), Director of Innovate Healthcare Services Ltd, Fellow of CIPFA, Member of HFMA and Board Member of the HFMA West Midlands Branch.</p>
<p>Andy Laverick Director of IT Date of Appointment: 1 May 2019 Declared Interests: Director of Pure Space IT Ltd and Director of Innovate Healthcare Services Ltd.</p>

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 who 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. In addition, an Associate Non-Executive Director was appointed in March 2021 with regulatory and voluntary sector experience. 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 (Trust Secretary and FT Adviser) 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 7 April 2021 and took the view that five out of the six Non-Executive Directors (excluding the Chairman) could be deemed independent. Christine Lewington was 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 2020 to 31 March 2021, the Board of Directors met in both private and public sessions on a monthly basis (except in January 2021). Due to the Coronavirus pandemic, the Board meetings were held virtually using Microsoft Teams from April 2020 for the remainder of the financial year. Governors and members of the public were invited to join the virtual public sessions which were also recorded and published on the Trust's website.

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 2020/21, 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 Governance. Meg commenced in the FT Adviser role from 15 October 2019 to 31 March 2021, 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/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. Due to the Coronavirus pandemic, the Board development programme for 2020/21 was postponed, however a Board development programme on Building Leadership for Inclusion has been scheduled during 2021/22.

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 the 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, the Corporate Risk Group's 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 Non-Executive Director (NED) Finance and Performance Committee meetings which is a Board Sub-Committee, and also at the monthly Finance and Performance Executive 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. Due to the acute pressures of the pandemic the Executive Directors have not attended every Council meeting, as agreed with the Chairman and General Purposes Committee.

During 2020/21 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:

- One round table meeting between the Board of Directors and the Council of Governors (there are usually two round table meetings during a financial year but one was cancelled due to the Coronavirus pandemic);
- 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 NED 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. Due to the Coronavirus pandemic these meetings were cancelled during the financial year, however the Chair and NEDs held monthly virtual meetings with the Governors;
- Regular informal meetings between the Lead Governor and the Chair;
- Informal meetings between individual Governors and the Chair, and
- Regular informal meetings between the Non-Executive Directors and the Governors.

Accounts 2020/21

The accounts for the accounting period 1 April 2020 to 31 March 2021 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 included 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 7 April 2021 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 7 April 2021, the Board reviewed the independence status of the Non-Executive Directors (NEDs) and agreed that of the six (excluding the Chairman), five were independent and one was not, as follows:

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 2020/21 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, NED 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 Governance – Covid 19 – Significant Assurance
- Budget Setting (Covid 19 focus) – Significant Assurance
- Financial Ledger – Significant Assurance
- Contracted Out Payroll – Significant Assurance
- Charitable Funds – Significant Assurance
- Treasury Management – Significant Assurance
- Accounts Receivable and Debt Recovery – Moderate Assurance
- Accounts Payable – Moderate Assurance
- Asset Management – Moderate Assurance
- Pharmacy Wholesale Dealers Agreement – Self Assessment – Moderate Assurance
- Local Safety Standards for Invasive Procedures (LocSSIPS) - Moderate Assurance
- Board Assurance Framework (Level A)
- Endoscopy Follow Up – action ongoing
- South Warwickshire Place – Advisory Governance Review (draft)

In order to help issue the Head of Internal Audit Opinion without extensive limitations in this extraordinary year, an additional high-level review of the governance around some of the key controls was undertaken. The review concluded that the Trust has responded well to the challenge of achieving governance during the pandemic. Internal Audit were pleased to note that there were no issues that require reporting following their high-level review.

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 final overall audit opinion to the Audit Committee on 19 May 2021 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 on 18 May 2017, following a full competitive tender exercise

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.

During the year, a procurement exercise was undertaken to appoint External Auditors for both the Trust and George Eliot Hospital NHS Trust (GEH). This work was led by a Working Group comprising finance staff, and Audit Committee Chairs from both organisations, plus a number of Governors. For the Trust, the recommendation from the Working Group has been considered by the Audit Committee and the final decision was made by the Council of Governors on 13 May 2021.

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 2020/21 is indicated in the following table.

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

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 2020/21 of the Committee is indicated in the table.

Member	No. of meetings	No. of attendances
Bruce Paxton (Chair)	11	9
Geoff Benn	10	9
Christine Lewington	11	8
Sue Whelan Tracy	11	11

Appointments and Remuneration Committee

Remit - This Committee advises the Board on the remuneration and terms of service of the Chief Executive and Executive Directors and monitors and evaluates their performance. It is also responsible for the appointment of the Chief Executive in conjunction with the Council of Governors. The Trust Secretary provides advice in relation to governance and administrative support to the Committee. The Director of Human Resources provides professional HR support and advice, and the Chief Executive also attends this

Committee. Information to support discussion and decisions around Senior Managers' (i.e. Executives) pay is taken from benchmarking exercises undertaken by NHS Providers. This data looks at roles in relation to headcount and turnover of Foundation Trusts. The Committee uses data from Trusts of a similar size as a benchmark for these discussions.

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

During 2020/21 there have been no significant awards made to past senior managers. There are no plans for Director's remuneration policy changes in 2021/22.

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	4	3
Bruce Paxton	4	3
Rosemary Hyde	4	3
Geoff Benn	4	4
Simon Page	4	4
Sue Whelan Tracy	4	4
Chris Lewington	4	3

Finance and Performance Committee / NED 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 oversight of the regulatory Key Performance Indicators (KPIs) covered by the Single Oversight Framework.

The Finance and Performance Committee was disbanded by the Board of Directors at its meeting on 2 September 2020 and established the NED Finance and Performance Committee.

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

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

Foundation Group Strategy Sub-Committee

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

Members (for SWFT)	No. of meetings	No. of attendances
Russell Hardy (Chair)	6	6
Chris Lewington	6	6

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 / NED Finance and Performance Committee	Clinical Governance Committee	Foundation Group Strategy Sub- Committee	Appointments and Remuneration Committee	No. of Board of Directors Meetings	No. of Board of Directors Meetings Attended
Russell Hardy Chairman				✓Chair	✓Chair	11	11
Geoff Benn Non- Executive Director	✓	✓	✓		✓	11	11
Bruce Paxton Non- Executive Director	✓		✓ Chair		✓	11	11
Rosemary Hyde Non- Executive Director	✓ Chair	✓			✓	11	11
Glen Burley Chief Executive				✓	✓	11	11
Jayne Blacklay Managing Director (until 24 May 2020)		✓		✓		2	2
Anne Coyle Managing Director (from 18 May 2020)		✓	✓	✓		9	9
Helen Lancaster Director of Operations		✓	✓			11	10
Fiona Burton Director of Nursing		✓	✓			11	10
Christine Lewington Non- Executive Director			✓	✓	✓	11	11
Dr Charles Ashton Medical Director		✓	✓	✓		11	11
Kim Li Director of Finance	✓	✓				11	11

Simon Page Non-Executive Director	✓	✓ Chair			✓	11	11
Sue Whelan Tracy Non-Executive Director		✓ (until October 2020)	✓		✓	11	10

Key: ✓ - Committee member, ✓ - Committee attendee

Please note: No Board of Directors was held during January 2021. Also in attendance at the Board meetings during 2020/21 were Ann Pope, Director of Human Resources, Sophie Gilkes, Director of Development and Sarah Collett, Acting Trust Secretary. Due to the Coronavirus pandemic, the Board of Directors and Board Sub-Committee meetings were held virtually using Microsoft Teams from April 2020. Public Board meetings were recorded and published on the Trust’s website from the meeting on 6 May 2020 and Governor and public attendance was included from the Board meeting on 7 October 2020.

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	6	6
Jayne Blacklay Chief Executive/Man aging Director		5	5
Andy Phalp Non-Executive Director	✓	6	6
Kim Li Non-Executive Director		6	5
Ann Pope Non-Executive Director	✓	6	6
Andy Laverick Director of IT		6	5
David Moon Director of Finance		6	6

Please note:

As the Company's audit business is considered by the Trust's Audit Committee, the Company's Director of Finance 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 Chief Executive/Managing Director and Director of Finance are 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, and Remuneration Committee.

NHS England and NHS Improvement's Oversight Framework

NHS England and NHS Improvement's NHS 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 2021, the Trust was in segment 1.

Finance and Use of Resources

Due to the Coronavirus pandemic, Use of Resources reporting has been postponed this year with no requirement to report on it during the year.

Remuneration Report

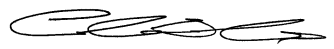
Directors' Remuneration

		2020/21					
		Salary & fees (in bands of £5k)	All taxable benefits (total 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)
Name	Job title (and period of office if relevant)	£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)	135-140	4,800	-	-	-	140-145
Mrs K Li	Director of Finance	130-135	8,000	-	-	-	135-140
Mrs J Blacklay	Managing Director (until 24 May 2020)	20-25	1,300	-	-	-	20-25
Miss Sophie Gilkes	Director of Development	105-110	8,000	-	-	7.5-10.0	120-125
Dr C Ashton	Medical Director	185-190	0	-	-	-	185-190
Mrs H Lancaster	Director of Operations	120-125	8,000	-	-	76.0-78.5	205-210
Mrs F Burton	Director of Nursing	115-120	8,000	-	-	27.5-30.0	150-155
Mrs A Pope	Director of Human Resources	120-125	8,000	-	-	105.0-107.5	230-235
Mrs A Coyle	Managing Director	120-125	8,000	-	-	25.0-27.5	155-160
Mr R Hardy *	Chairman (excludes WVT and George Eliot)	30-35	0	-	-	-	30-35
Mr G Benn	Non-Executive Director	10-15	0	-	-	-	10-15
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 £90 -£95k for Mr G Burley and £35 to £40k for Mr R Hardy.

		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)
Name	Job title (and period of office if relevant)	£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).



Glen Burley, Chief Executive

Date: 16 June 2021

The banded remuneration of the highest paid director in South Warwickshire NHS Foundation Trust in the financial year 2020/21 was £185k to £190k (2019/20, £180k to £185k). This was 5.94 times (2019/20, 6.03 times) the median remuneration of the workforce, which was £31,769 (2019/20, £30,261). In 2020/21, 4 employees (2019/20, 6) received remuneration in excess of the highest paid director.

Remuneration ranged from £13k to £251k (2019/20, £12k to £230k). 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 2020/21 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 2020/21 £
Mr G Burley, Chief Executive	0
Mr R Hardy, Chairman	107
Mrs K Li, Director of Finance	0
Mrs J Blacklay, Managing Director (up to 24 May 2021)	0
Miss Sophie Gilkes, Director of Development	0
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 (from 25 May 2021)	0
Mr G Benn, Non-Executive Director	0
Mrs R Hyde, Non-Executive Director	0
Ms C Lewington, Non-Executive Director	0
Mr S Page, Non-Executive Director	0
Mr B Paxton, Non-Executive Director	0
Mrs S Whelan Tracy, Non-Executive Director	0

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

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

Mr G Burley, Chief Executive
 Mrs K Li, Director of Finance
 Mrs J Blacklay, Managing Director (up to 24 May 2021)
 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 (from 25 May 2021)

Directors' Pension Benefits

Name and Title	a Real increase in pension at pension age (bands of £2.5k) £000	b Real increase in lump sum at pension age (bands of £2.5k) £000	c Total accrued pension at pension age at 31 March 2021 (bands of £5k) £000	d Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5k) £000	e Cash equivalent transfer value (CETV) at 1 April 2020 £000	f Real increase in cash equivalent transfer value (CETV) £000	g Cash equivalent transfer value (CETV) at 31 March 2021 £000	h Employer's contribution to stakeholder pension £000
Mrs J Blacklay Managing Director (until 24/5/20)	0	0	50-55	155-160	1193	7	1221	3
Mrs H Lancaster, Director of Operations	2.5-5.0	10.0-12.5	50-55	155-160	1051	116	1186	17
Mrs A Pope, Director of Human Resources	5.0-7.5	15.0-17.5	40-45	125-130	893	153	1062	17
Mrs K Li, Director of Finance	0	0	35-40	105-110	910	-142	784	18
Mrs F Burton, Director of Nursing	0-2.5	5.0-7.5	30-35	100-105	618	52	681	17
Mrs A Coyle, Managing (from 25/5/20)	0-2.5	5.0-7.5	25-30	75-80	450	46	504	17
Miss Sophie Gilkes, Director of Development	0-2.5	0	10-15	0	105	15	121	15

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. In 2020/21 these sessions have largely been virtual due to the restrictions of the pandemic but allowed far more people from the Trust to engage with the staff engagement programme. 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 2020

The latest NHS Staff Survey results, taken from a sample of staff across the Trust in Autumn 2020 have, in spite of what has been the most difficult year for the NHS, 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 similar NHS health providers in England.

Response Rate – The Trust's response rate was 48.3%, compared to 40.2% in 2019.

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. In 2020 the Trust moved to a new comparator group as per changes in the way the national survey was categorised. The Trust is now compared against all Acute NHS providers as well as those that deliver Acute and Community Services. All scores are an average across the questions that make up the theme and are out of a maximum of 10. In 2020 the theme 'quality of appraisals' was removed, and the questions merged into the other themes reducing the number of themes to 10.

Themes	2020/21		2019/20		2018/19	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, Diversity and Inclusion	9.3	9.1	9.4	9.2	9.4	9.2
Health and Wellbeing	6.9	6.2	6.2	6.0	6.4	5.9
Immediate Managers	6.9	6.8	7.1	6.9	6.9	6.8
Morale	6.6	6.2	6.7	6.2	6.5	6.2
Quality of Appraisals	n/a	n/a	5.5	5.5	5.3	5.4
Quality of Care	7.6	7.5	7.7	7.5	7.6	7.4
Safe Environment – Bullying and Harassment	8.2	8.1	8.6	8.2	8.3	8.1
Safe Environment – Violence	9.6	9.5	9.7	9.5	9.6	9.5
Safety Culture	6.9	6.8	7.1	6.8	6.8	6.7

Staff Engagement	7.3	7.0	7.5	7.1	7.4	7.0
Team Working	6.8	6.5	6.8	6.7	6.8	6.6

The Trust was pleased to see that despite the hardest year for the NHS the survey demonstrated the high levels of professionalism, engagement and advocacy Trust staff have. 9 out of the 10 themes held their position from 2019 with only one theme showing a statistically significant variation on the 2019 scores. These scores continue to place the Trust among the best NHS organisations in the country which we have been proud to celebrate with staff.

The Trust scores observed gains in several specific areas. This includes 78.8% of staff reporting that they would recommend the Trust as a place to work and 83.5% saying they would be happy with the standard of care provided by the organisation if a friend or relative needed treatment.

More members of staff are recognising the extent to which the Trust and their line manager (71.1%) takes positive action on Health and Wellbeing and the extent to which their work is valued (75.5% of respondents responded positively). Staff were asked if they felt their role makes a difference to patients and 91.9% of respondents felt that they did.

The Trust continues to score highly in respect of several key themes including Equality and Diversity (9.3/10), Safe Environment – Violence (9.6/10) and Staff Engagement (7.3/10).

Staff Survey – Action Plan

There were some areas for improvement and the Trust will be working with staff to co-design and deliver our action plan to address these areas.

Plans for improvement in 2021 include:

- Work closely with partners across Health and Social to focus on the health and wellbeing of our staff
- Deliver a campaign to individuals and teams to adjust to new ways of working and communication
- Ensure we focus on working with Leaders across the Trust in supporting the recovery plan and move to working collaboratively at Place

Education Learning and Development

Education and Development

During 2020/21 the Education, Learning and Workforce Development Team have seen and felt the impact of the COVID-19 pandemic. Throughout the year they have sought to continue to support the workforce and undergraduate students, as well as other health and care partners via their key roles, including the co-ordination and provision of statutory, mandatory, essential training, pre graduate development support, and post graduate professional development, simulation, and clinical skills.

The members of the team have also utilised their skills and knowledge in various additional roles over the past 12 months to support the Trust's response, including: working clinically, providing FFP3 fit mask testing, working in the staff bank, co-ordinating the redeployment hub, helping to set up the swabbing team, establishment of the antibody testing team, and most recently supporting the establishment and management of the Vaccination Hub.

Working together as a wider service the education and training teams increased the offer of statutory and mandatory training, essential training, clinical skills and simulation to upskill, refresh skills and develop skills of substantive staff who were to be redeployed to care for covid patients. The teams also continued to deliver training to an increasing number of new staff and those returning to practice following the call to action.

As more of the Trust started to use digital solutions, the team sought to develop Technology Enhanced Learning (TEL) via e-Learning, simulation and virtual learning, moving at pace to enable large numbers of staff to access the specific learning they required to deliver care and services to patients. This also enabled the Team to address the challenges of social distancing in a learning environment. In order to maintain the momentum in TEL the education team have appointed their first Digital Educators to promote the development of TEL, this will enable educators to gain skills and staff to use these solutions to access training.

This year the pre-graduate team had additional responsibility to risk assess, deploy and support 150 undergraduate students that wished to opt in as part of the response to Covid. They worked with managers to place students across the Trust on paid placements, ensuring that any learning opportunities were captured. At the same time, the Trust's Nursing Associate apprentices continued on their programme of learning while also working in practice, supporting many areas, with two cohorts qualifying in September 2020 and January 2021.

By September 2020 undergraduate students started to return to study and during the 2nd Wave of the pandemic, undergraduate nursing and AHP students have been kept on their programmes with support and supervision, to enable planned completion dates to be achieved

Appraisal

Appraisal compliance has declined this year as there was a national agreement to suspend appraisals during the COVID-19 pandemic. However, a communications campaign is being launched to ensure that appraisals take place, particularly as pay step progression for all non-medical staff is now dependent upon appraisal and mandatory training compliance, in line with the Agenda for Change 2018 Contract Refresh. Appraisal documentation has been reviewed and updated, with a focus on talent management, development and staff well-being which has received very positive feedback across the organisation. Training for appraisers and appraisees is available via interactive online training.

Apprenticeships and Work Experience

The Trust's ongoing commitment to support apprenticeships has enabled a breadth of apprenticeships to be available to staff and these continue to increase both for clinical roles and non-clinical roles. The apprenticeship team have also taken the opportunity to engage with our local community via virtual forums and platforms showcasing NHS Careers and work experience opportunities - this is an exciting venture that the team hope to expand in the coming year.

The ongoing partnerships across Coventry and Warwickshire continue to strengthen with the Coventry and Warwickshire Apprenticeship and Careers Hub supporting joint commission of apprenticeships. Most recently this has included the new Registered Nurse Degree Apprenticeship, and work is underway for Podiatry and other AHP apprenticeships.

Postgraduate Medical Education

The impact of the pandemic has meant that there have been significant changes in postgraduate medical education. Education and training were paused from April to August 2020 and the April 2020 junior doctor rotation was cancelled nationally. When training recommenced in August 2020, there was a move to virtual and simulated training which is still in place and will be reviewed once national guidance allows more face-to-face educational delivery. It is expected however that future training is likely to be a blend of both of these.

The Trust continues to expand the placements offered to trainee junior doctors. This now includes trainees in public health which is reflective of the Trust's wider integration with primary and community care. The Postgraduate Clinical Tutor engages regularly with trainees to remind them of what support mechanisms are in place to maintain their health and wellbeing whilst on placement, as well as providing an open-door policy to alert the Tutor to any concerns trainees may have.

Undergraduate Medical Education

Undergraduate medical educational placements were withdrawn in April 2020. Many students took the opportunity to work alongside colleagues in clinical settings to provide additional cover during the first wave of the pandemic. The course gradually resumed during July 2020 where once again educational learning was delivered on both a virtual and simulated basis. Clinical placements were carefully managed to limit the number of students in each ward or department.

Feedback from students at both the University of Warwick and the University Buckingham has been positive with everyone mindful of the constraints the Trust is working to.

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 and attend virtual meetings. During 2020/21 this proved to be a vital tool for connecting the workforce with each other and partner organisations when social distancing was necessary. During the last year, 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.

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 all 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, the public 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.

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, award winners are presented to the Trust's Board of Directors meetings.

A selection of the GEM Award winners in 2020/21 were:

The COVID-19 Swabbing Team during the first wave of the pandemic, were awarded the Team GEM for the efficient and reassuring service they provided. The Swabbing Team between April 2020 and August 2020 were made up of re-deployed Trust Speech and Language Therapists. These members of staff continued to provide their high level and professional speech and language service across the county, as well as delivering a smooth-running swabbing service to staff first and then to patients. Their nominator stated the team were a credit to their profession and to the Trust, they were always supportive, willing, enthusiastic, and committed to their patients.

Marina Cleverley, Oncology Coordinator won the Non-Clinical GEM Award, following two nominations. One nominator commented that Marina, who has been working for the organisations for 10 years, is a credit to the Trust. She goes above and beyond to make the Aylesford and Rigby units lovely places to work and for patients to visit. Marina always makes it her mission to ensure staff and patients are well looked after and happy. Another nominator stated Marina is very supportive to all staff and is a positive, approachable and

understanding individual. They also noted that due to Marina's support and guidance they have developed within their role and grown as a person.

Michelle Harding, Clinical Support Worker on Victoria Ward won the Clinical GEM Award for being welcoming and supportive to staff deployed to her ward during the COVID-19 pandemic. Many of these staff were anxious but Michelle was kind, approachable and willing to support them in their new role. The nominator also stated that Michelle shows great leadership skills, is an excellent team player, extremely hardworking, reliable, approachable and has always gone above and beyond in her role to maintain staff morale and ensure patient needs are met to provide a safe and effective service.

Social Community and Human Rights

Staff Well-Being

Staff health and wellbeing has been a significant area of focus for the Trust in 2020 and into 2021. The impact of the global pandemic on our staff has been substantial and every effort has been made to ensure staff across the Trust have been able to access additional resources and support for their wellbeing. During the initial stages of the pandemic in early to mid-2020, the Trust supported the receipt and distribution of a number of offers to Trust staff from the public and organised groups such as businesses and charities. These gifts and offers of time and services were gratefully received and helped to support staff with immediate needs to support their wellbeing.

The Trust has also accessed additional charitable funds including the money raised by Captain Sir Tom Moore. These funds have, in part, been used to recruit additional staff members to support the mental and physical health of our staff both now and going forward. Knowing that the effects of the pandemic on our longer-term health, particularly for health and social care staff, are not yet fully known, we will continue to invest in offers and programmes of work to ensure the Trust is well placed to respond effectively as health needs arise. This includes work to support individuals to practice self-care, getting alongside line managers in having supportive and signposting conversations with their team, and investing in Trust wide campaigns such as the 'Civility Saves Lives' campaign.

The Trust continues to promote the national, local and regional offers of well-being support, such as those made available through NHSE/I and ensures staff are regularly reminded of how they can be supported.

We have developed a range of 'Wellbeing Live' sessions which include twice weekly working from home support network check-ins and weekly virtual mindfulness. These will continue to be provided as long as they are needed.

This is all being supported by some collaborative work the Trust is involved with across the Health and Social Care system in Coventry and Warwickshire. This group is supporting a number of areas of work to fully understand the needs of staff and to jointly develop, procure and access resources and programmes that will positively support health and wellbeing of our collective staff groups. These areas of work include:

- Develop an inclusive and supportive leadership culture;
- Deliver a system wide healthy needs assessment and strategy;
- Communicate health and wellbeing offers to all staff across the system;
- Improve collective access to psychological support, and
- Develop a wellness culture, building on existing peer support networks

This work will ensure a minimum standard of offers for health and social care staff and will also ensure the effective distribution of best practice across our partner organisations.

The Trust continues to support 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. This group also ensures that the Trust takes full advantage of local, regional and national offers which the NHS procures and ensures the right staff groups are aware of what they can access.

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
- 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.

Promoting Equality and Equity is at the Heart of the Trust's Values

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

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

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.

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 continue to work to identify local priorities that will improve service users' experience.

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, and
- To provide excellent, accessible services that meet the needs of all our patients and visitors.

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 jointly held 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 four staff networks, which are the Workforce Disability Network, Black and Minority Ethnic Network (BAME), Lesbian, Gay, Bi-Sexual or Transgender (LGBT+) and the Speak Up and Wellbeing Ambassadors Network. The Workforce Disability Network has been in place for nearly three 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 2 years and formed as a result of a national Stepping Up Programme for BAME Staff to attend which was launched locally 3 years ago. The Training programme was so successful that several cohorts have 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.

The LGBT+ Network has been in place for 12 months now and has recently agreed its terms of reference. The group has already engaged with service users to improve their experience of the Trust's services. The group have provided advice around policy development and in particular the appropriate use of language when engaging service users.

NHS Rainbow Badge Joint Pilot Scheme

The Trust has moved from the Rainbow Badge pilot scheme across Maternity and Children's services into the scheme being rolled out across the whole Trust. In order to support a successful roll out of the scheme the Trust and Warwickshire County Council have designed an inactive on-line training programme for staff to access. The uptake of the training has exceeded expectation and each day staff continue to join the NHS Rainbow Badge scheme. There are three modules of training for staff to undertake which also includes awareness raising around hate crime in Warwickshire.

Service users played a key part in the way the scheme was developed and implemented, and patient experiences are 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.

Recruitment to the Trust - 2020/21

Recruitment Data for the Year (Including Bank Staff)

Number of Applications	22,825
Number of Interviews	5,084
Number of New Starters	1,862

Review of the Year

Overall Trust vacancies reduced in 2020/21. In addition to this turnover also reduced in 2020/21. It is taken into account that the Covid 19 pandemic will have affected turnover as less people were leaving the Trust. This is due to staff wanting to remain in post to help in the response to the pandemic. In addition to this the private sector employment market was devastated and less roles were available outside of the NHS. It is also acknowledged that less people retired from the Trust during the last year due to the pandemic.

More people also wanted to join the NHS to help in the response to the Pandemic which helped the recruitment position. The Trust also saw a huge increase in the number of people joining the staff bank.

The trust introduced several new recruitment initiatives this included:

- International Recruitment of Nurses from India in line with the NHS People Plan
- Recruitment to Degree Nurse Apprenticeship Roles
- Recruitment of more Nursing Associates, Student Nursing Associates and Assistant Practitioners to support teams across the Trust
- Expansion of the Trust Apprenticeship Programme for all roles within the Careers Hub

The Health and Wellbeing programme for staff continued to expand with the Employee Assistance Programme as well as other initiatives to help staff during the past year which has been incredibly challenging and demanding.

Challenges

The Trust had to alter the recruitment process at the start of the pandemic and move our activities away from face-to-face meetings. This meant conducting all interviews virtually as well as undertaking all pre-employment checks remotely. The recruitment team embraced this challenge, and this is evidenced by the number of interviews undertaken as well as the number of new starters processed.

Attraction to the Trust

Overall recruitment to the Trust remains very positive and our attraction strategy continues to evolve to ensure our Employer Brand remains positive and we continue to be the employer of choice in this region. We use social media to attract passive job seekers as well as using more traditional job boards to attract active job seekers. We have continued to use our 'Outstanding' CQC rating as a tool to attract new staff.

In addition to the above we have engaged with local universities and colleges to promote careers with the Trust. Again, this has moved away from face-to-face events and these have recently been held virtually.

International Nurse Recruitment

International Nurse Recruitment is continuing at pace as part of the NHS People Plan.

In 2020/21 we have recruited a number of new nurses from India. 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 offer a wide range of support to new staff coming from overseas. This includes but not is limited to:

- Cost of all Visas required to work in the UK
- Flights to the UK
- Paid for accommodation for a minimum of three months
- Pastoral Support
- Assistance in setting up Bank Accounts, registering with a GP, Setting up Utility bills etc.
- Objective Structured Clinical Examination (OSCE) Training to gain NMC Registration
- Full Induction programme into the Trust
- Support from Recruitment, Learning & Development and Nursing Teams

We are also planning to recruit an additional 40-50 International Nurses throughout 2021/22.

CSW Recruitment

The Trust received funding in January 2021 to increase recruitment to Clinical Support Worker roles to support in the pandemic response. We had a target of recruiting an additional 40 CSWs between January and March 2021. We have achieved this target and more staff are now in post.

Equality and Diversity Data – Summary

Please note this table measures the average whole time equivalent (WTE) between 1 April 2020 and 31 March 2021 including bank, agency and SWFT Clinical Services Ltd staff.

Reporting staff group	2020/21	2020/21	2020/21	2019/20	2019/20	2019/20
	Total	Permanent	Other	Total	Permanent	Other
Medical and dental	399	205	194	378	206	172
Administration and Estates	1,136	1,019	117	1074	968	106
Healthcare Assistants and other Support Staff	992	867	125	959	807	152
Nursing, Midwifery and Health Visiting Learners	10	3	7	11	9	2
Nursing, Midwifery and Health Visiting Staff	1,571	1,372	199	1509	1319	190
Scientific, Therapeutic and Technical Staff	591	564	26	574	538	35
Healthcare Science Staff	23	20	3	20	19	1
Total Average Numbers (WTE)	4,721	4,050	671	4524	3866	658
Number of employees (WTE) engaged on capital projects	28	26	2	25	22	3

The equality and diversity information in the tables below show a breakdown of the total headcount of Trust and SWFT Clinical Services Ltd staff at the yearend (31 March 2021). It excludes agency staff, for which this information is not available.

Staff by Type

Type	Male	Female
Trust Executive Director	2	7
Trust Senior Manager *	26	70
SWFT CS Director	2	1
SWFT CS Senior Manager	3	1
Other	734	4302

*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	2020/21	%	2019/20	%
16-24	257	5%	339	7%
25-44	2419	47%	2405	47%
45-64	2368	46%	2326	45%
65+	104	2%	74	1%

Staff by Ethnic Group

Ethnicity	2020/21	%	2019/20	%
White	4237	82%	4211	82%
Mixed	97	2%	94	2%
Asian or Asian British	516	10%	539	10%
Black or Black British	142	3%	145	3%
Chinese or other Ethnic Group	59	1%	58	1%
Not Disclosed	97	2%	97	2%

Staff by Disability Declaration

Disabled	2020/21	%	2019/20	%
No	4449	86%	4357	85%
Yes	202	4%	254	5%
Not declared	494	10%	532	10%
Prefer not to Answer	3	0%	1	0%

Staff by Gender

Gender	2020/21	%	2019/20	%
Female	4381	85%	4369	85%
Male	767	15%	775	15%

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. Recruiting Managers are required to attend the Advanced Recruitment,

Selection and Retention Training to ensure equality and objectiveness when conducting recruitment processes.

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). Candidates can also declare if they are a serving or veteran member of the armed forces to ensure they are treated fairly in the recruitment process in line with the armed forces Covenant.

Current data shows that 4% of people who apply for positions in the Trust declared a disability on their application form, 4.3% 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.

Staff Costs

	2020/21			2019/20
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	157,378	21,970	179,348	151,702
Social security costs	16,965	-	16,695	25,987
Apprenticeship levy	840	-	840	775
Employer's contributions to NHS pension scheme	29,775	-	29,775	27,601
Pension cost - other	121	-	121	72
Temporary staff	-	6,692	6,692	8,632
Total gross staff costs	205,079	28,662	233,741	214,768
Recoveries in respect of seconded staff	(288)	-	(288)	(85)
Total staff costs	204,791	28,662	233,453	214,683
Of which				
Costs capitalised as part of assets	1,271	114	1,385	1,191

The above table shows the staff costs for the Trust and SWFT Clinical Services Ltd.

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
5	1.9
Percentage of Time Spent on Facility Time	
Percentage of Time	Number of Employees
0%	0
1-50%	3
51-99%	1
100%	1
Percentage of Pay Bill Spent on Facility Time	
The total cost of facility time	£75,895
The total pay bill	£226,209,000
Percentage of the total pay bill spent on facility time	0.03%
Paid Trade Union Activities	
Time spent on paid trade union activities as a percentage of total paid facility time hours	30%

The Trust and SWFT Clinical Services Ltd spent £659k on consultancy costs in 2020/21 (£1,001k in 2019/20)

General Information

Ill Health Early Retirement

In 2020/21 there were five early ill health retirements.

Human Resources Policies

All Human Resources (HR) policies are developed and reviewed in partnership with our staff side colleagues. This is done through the Policy Subgroup with final policies being agreed at the Joint Negotiation and Consultation Committee (JNCC) before ratification by the Policy Review Group. All HR policies contain a section on monitoring compliance and a quarterly report is produced for Board and shared at JNCC outlining the number of formal cases with a breakdown by age, gender and ethnicity.

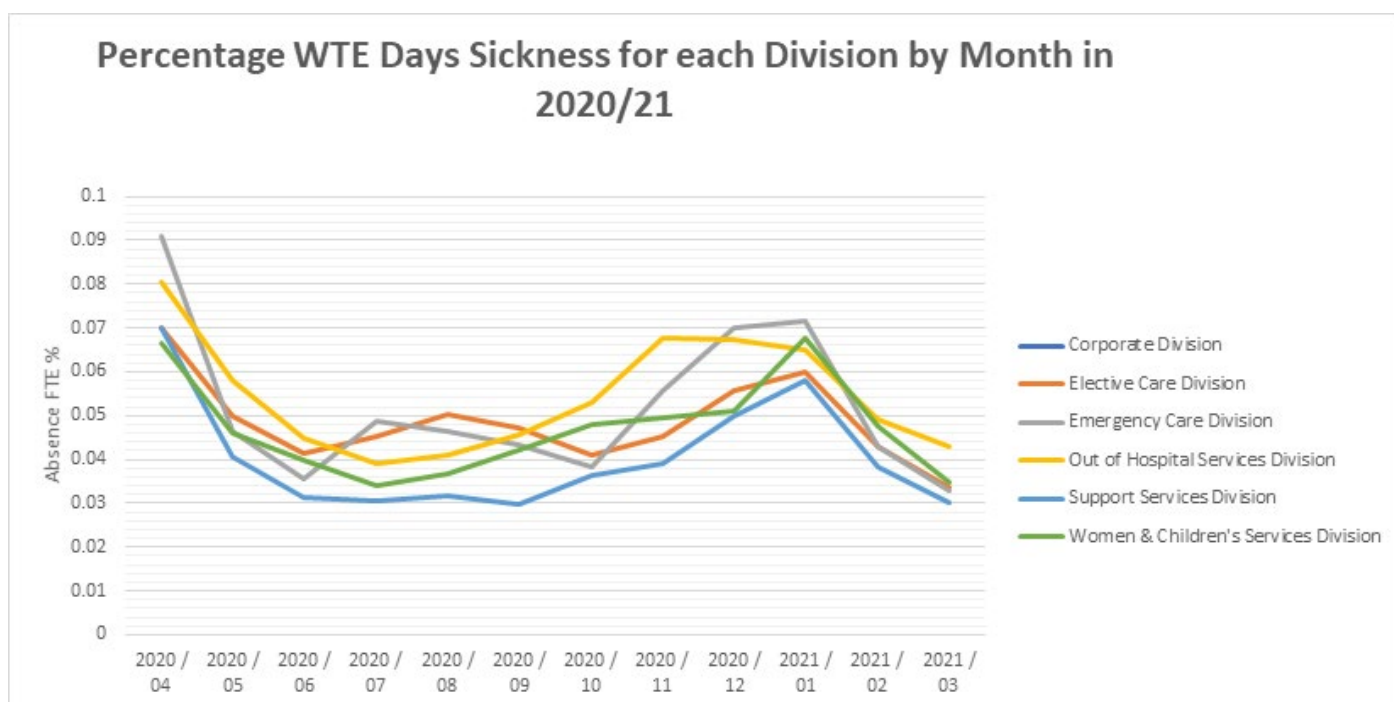
In line with the best practice guidance received from NHSE/I, the Trust's Disciplinary Policy is going through a process of review with additional suspension risk assessment and decision-making tools included.

Sickness Data

Percentage WTE Days Sickness for the Trust by Month in 2020/21

2020 / 04	2020 / 05	2020 / 06	2020 / 07	2020 / 08	2020 / 09	2020 / 10	2020 / 11	2020 / 12	2021 / 01	2021 / 02	2021 / 03
7.19%	4.64%	3.74%	3.87%	4.04%	4.03%	4.15%	4.94%	5.58%	6.01%	4.08%	3.34%

Percentage WTE Days Sickness for each Division by Month in 2020/21



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.

During 2020/21 the Trust has undertaken a significant amount of work in response to the Coronavirus Pandemic. The Trust has promoted and supported agile working, by enabling staff to work from home where possible. Wards, clinical and non-clinical areas, departments, including break rooms, lifts etc. have been assessed to ensure social distancing can be achieved. Perspex screens have been erected in

reception areas. Guidelines have been issued to staff who need to travel together in vehicles. This work will continue into 2021/22, and guidelines will be amended in line with the national position. Throughout the pandemic the Trust has continued to follow National guidance on Personal Protective Equipment (PPE). Early on in surge 1, when we saw local incidence increase, we did deviate, from the National guidance, by implementing PPE for all healthcare interventions before it became a national directive. The Trust has monitored supplies daily and although, there was a suggestion nationally that PPE may have to be re-used if stocks ran low, however there were sufficient stocks, so were not required to do this. As an additional response, the Trust supports any staff member, who prefer to wear a higher level of PPE.

The Trust set-up a COVID-19 Vaccination hub in January 2021 and has offered both doses of the vaccination to Trust staff and our social care colleagues.

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 has been an unprecedented year with the pressures of the national pandemic; however we have continued to provide a strong programme of proactive work to the Trust, to continue to raise staff awareness on fraud, bribery and corruption. The CFS early on in the pandemic presented to the Corporate Risk group and all divisional health and safety groups on the risks of fraud and security during COVID-19. This year the Trust's monthly staff induction sessions have had to be altered, as such fraud material has been sent to all new starters to inform new staff about fraud issues, and reporting routes for concerns and deliver departmental face to face fraud awareness sessions. The CFS has also circulated local and national alerts, scams and Fraud Newsletters through Epulse, highlighting both current and national fraud issues and successful convictions.

The CFS continues to work closely with the Finance and HR departments, and also alongside the Trust's Freedom to Speak Up Guardian.

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. This year the CFS has worked closely with the National Crime Agency, and also undertaken an interview under caution (IUC) which was conducted in line with the National Occupational Standards (CJ201.2) and the Police and Criminal Evidence Act 1984, resulting in an admittance, recovery of losses and costs and a referral to the General Medical Council.

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 one Appointed Governor was replaced by their organisation and the new Governor is 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
- Hold the Non-Executive Directors to account, and
- Contributing thoughts, views and opinions at the Council of Governors meetings

Council of Governors as at 31 March 2021

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
Dr Sukhi Dhesi	GP rep South Warwickshire Clinical Commissioning Group	Appointed
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 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
Appointed – South Warwickshire Clinical Commissioning Group (GP Rep)	Dr Adrian Parsons	Dr Sukhi Dhesi

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	3	2	0
Warwick and Leamington Towns	Chris Baker	3	3	0
Warwick and Leamington Towns	Rachel Barnes	3	3	0
Northern Warwickshire and Rugby	Karen Callender	3	0	0
Warwick District and Borders	Michael Coker	3	3	0
Warwick and Leamington Towns	Ruth Cowan	3	3	0
East Stratford and Borders	David Gee	3	3	0
Warwick District and Borders	Dr Richard Grimes	3	3	0
Northern Warwickshire and Rugby	Dr Cally Harrison	3	1	0
Warwick and Leamington Towns	Jane Knight	3	3	0
West Stratford and Borders	Roger Lloyd	3	3	0
East Stratford and Borders	Alexandra Mann	3	1	0
West Stratford and Borders (and Lead Governor)	Mary Malloy	3	3	0
Warwick District and Borders	Patricia Scott	3	3	0
East Stratford and Borders	Mike Wells	3	3	0
West Stratford and Borders	John Wright	3	2	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	3	2	0
Clinical Support	Jane Mason	3	2	0
Medical and Dental	Dr Najmi Qureshi	3	0	0
Nursing and Midwifery Acute	Kathy Wagstaff	3	3	0
Non-Clinical Support	Carl Walker	3	3	0
Nursing and Midwifery Community	Sue Warner	3	3	0

Appointed Governors

Constituency	Name	No. of CoG Meeting required to attend	No. of CoG Meetings attended	Expenses £
Stratford District Council	Cllr Jo Barker	3	3	0
University of Warwick	Sophie Black	3	3	0
Warwick District Council	Cllr Alan Boad	3	3	0
Warwickshire County Council	Cllr Les Caborn	3	0	0
GP rep. South Warwickshire Clinical Commissioning Group	Dr Adrian Parsons (up to February 2021)	3	3	0
GP rep. South Warwickshire Clinical Commissioning Group	Dr Suki Dhesi (from February 2021)	0	0	0

Governors' Register of Interests and Contact Details

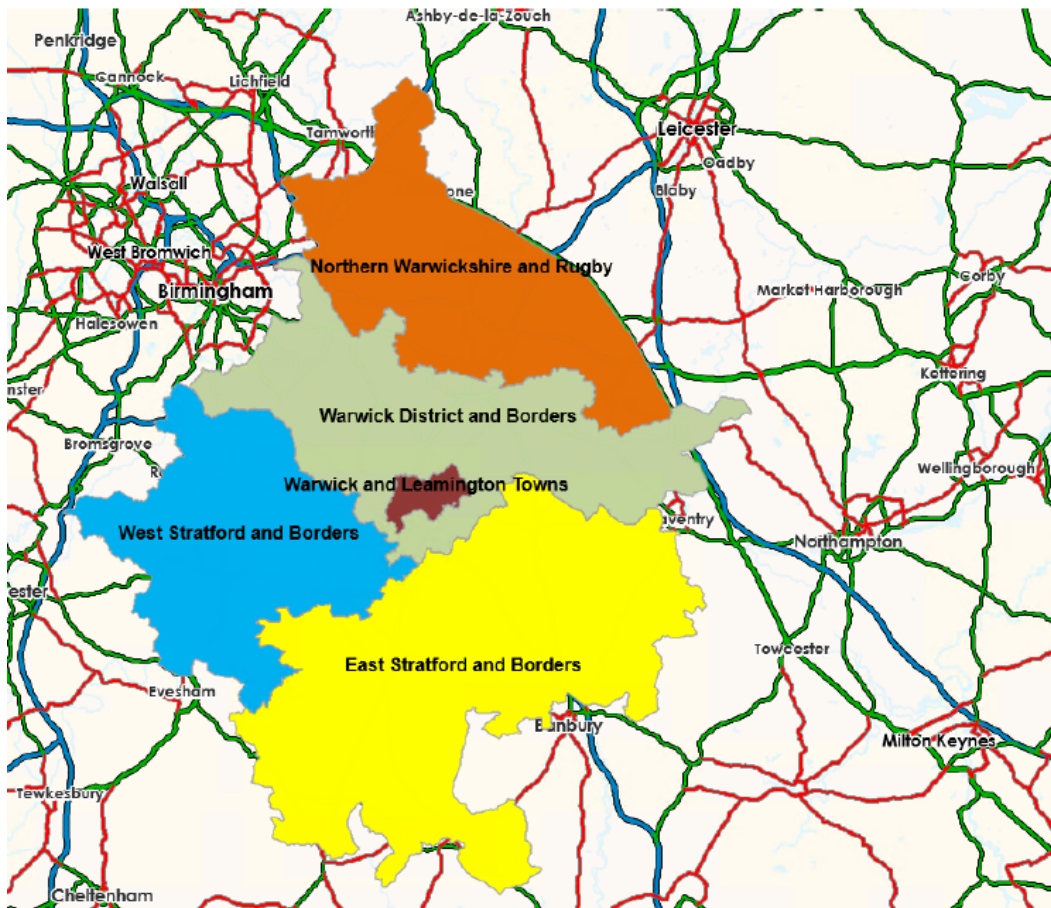
To access the Governors' Register of Interests please visit www.swft.nhs.uk or alternatively contact the FT Adviser at Warwick Hospital on 01926 495321 ext. 8040.

Governors can be contacted in the following ways:

Post: Freepost RRUR-BBAH-CAJA

Email: governors@swft.nhs.uk

Constituency Map



Meetings of the Council of Governors

During the period 1 April 2020 to 31 March 2021, the Council of Governors has met on four occasions including the Annual Members' Meeting. Due to the COVID-19 pandemic, and following national guidance received from NHSE/I, the Council meeting scheduled for 14 May 2020 was cancelled. All other meetings, including the Annual Members' Meeting, have been held virtually. Where meetings coincided with particular periods of acute pressure in the pandemic, agendas were tailored accordingly and Executive Directors were not required to attend Council meetings.

A summary of the Council's business is outlined below:

10 September 2020

At this meeting the Council received:

- Governor requested assurance on the Trust's response to the COVID-19 pandemic
- A report from the Trust's external auditor on the outcome of their work for 2019/20
- Patient experience, finance and operational assurance reports
- A report on the re-appointment of the Trust Chair. The Council duly approved the Chair's re-appointment
- Lead Governor Annual Report
- The Registers of Governors and Governors' Interests
- Its schedule of business to review
- Reports from representatives on projects
- Reports from other Committees

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

10 September 2020 (Annual Members' Meeting)

The Council of Governors met virtually for the 2020 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 2019/20.

The Chairman presented the Annual Report of the Council of Governors 2019/20. The Council and the public received a presentation on prevention and public health from Duncan Vernon, Consultant in Public Health, saw a short video on the Trust's journey through Covid-19 and the Going the Extra (GEM) Awards.

12 November 2020

At this meeting the Council received:

- Governor requested assurance on winter planning in the context of COVID-19 and flu, restoration, recovery and maintenance of services and a Brexit update
- The revised Constitution, which was duly approved
- Re-appointment of Non- Executive Directors, who were duly re-appointed
- Self-assessment of the Council of Governors
- Audit Committee Annual Report
- Calendar of Meetings 2021/22, which was duly approved
- 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, Managing Director, Director of Finance, Foundation Trust Adviser and six Non-Executive Directors.

11 February 2021

At this meeting the Council received:

- A status update from the Chair
- Its Sub-Committee terms of reference to review
- A report on the appointment of Non-Executive Directors
- A report on the nomination of an Appointed Governor
- Reports from representatives on projects
- Patient experience, finance and operational assurance reports
- Reports from other Committees

The meeting was also attended by the Chairman, Foundation Trust Adviser and six 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.

Due to the COVID-19 pandemic and following national guidance received from NHSE/I, Committee meetings scheduled for Spring 2020 were cancelled. All other meetings have been held virtually. Where meetings coincided with particular periods of acute pressure in the pandemic, agendas were tailored accordingly, and Executive Directors were not required to attend Committee meetings.

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 Head of Communications and Fundraising 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 (or deputy) - Director of Nursing
- Helen Lancaster (or deputy) - Director of Operations

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

Business Oversight Committee

The Business Oversight Committee has been established by the Council of Governors to receive assurance from the Trust in relation to finance and 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:

- Chris Baker – Public Governor, Warwick and Leamington Towns
- 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 the Non-Executive Chairs of the Audit Committee and NED Finance and Performance Committee support these meetings but are not Members of the Committee.

Membership and Engagement

Trust Membership

Despite the challenges during 2020/21 the Trust has continued to engage with the wider community and partner organisations.

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 analysis as at 31 March 2021 is as follows:

Age Group	Total Membership (public) as at 31 March 2021
Not specified	45
16-21	57
22-29	345
30-39	430
40-49	613
50-59	841
60-74	1574
75+	1962
Total	5873

Gender	Total Membership (public) as at 31 March 2021
Male	2244
Female	3587
Transgender	0
Unspecified	42
Total	5873

Ethnicity	Total Membership (public) as at 31 March 2021
White (incl British White and Other)	5023
Mixed (including Other)	59
Asian or Asian British	376
Black or Black British	61
Chinese or Other Ethnic Group	0
Any other Ethnic Group	19
Not supplied	335
Total	5873

Constituency	Total Membership (public) as at 31 March 2021
East Stratford and Borders	955
Northern Warwickshire and Rugby	490
Warwick and Leamington Towns	1788
Warwick District and Borders	1375
West Stratford and Borders	1179
Out of Trust Area	86
Total	5873

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.

During 2020/21 we have had to adapt our approach to engagement due to social distancing measures in response to COVID-19 and therefore have been unable to organise face to face events. As a result, we explored new ways to engage and therefore have been keeping in touch with our Members via email, sharing important news and information about the pandemic, as well as other developments at the Trust.

We have also continued 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.

In June 2020 the Trust published a special edition Members magazine, which gave thanks for all the support we received during COVID-19. As well as some tips on how to stay well during the pandemic.

Membership Recruitment

During 2020/21 the majority of our pro-active recruitment initiatives were put on hold due to social distancing measures. However, as the NHS was at the forefront of most media reports there was an increase in volunteers and general interest in how the Trust was coping, therefore recruitment remained steady. New Members joined via the online form. This is linked to all membership posts created via social media and as a result of the information sent to current Members.

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.

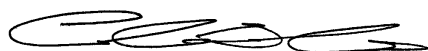
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- 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: 16 June 2021

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 2021 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. However, during the pandemic face to face training was put on hold, if staff members required Risk management training this was provided on a one-to-one basis via MS Teams.

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 3 February 2021 Mills and Reeve LLP provided a session on Investigations which covered the following: Duty of Candour; Healthcare Safety Investigation Branch; Inquests and Maughan; Patient Safety Incident Response Framework; Independent Investigations and COVID-19.

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. There is 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 (due for review by January 2022) was approved by Risk Management Board and ratified by Board of Directors in January 2017. A minor amendment has been made to the Appendix A: Organisational Structure – High Level Committees chart within the Risk Management Strategy, this amendment was 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.

The Board 'Round Table' event scheduled for April 2020 was cancelled, due to COVID-19. The October 2020 'Round Table' event was held virtually with the Council of Governors this 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 2020/21 are outlined below:

- Delay in receiving results from COVID-19 swab testing due to equipment failure (analyser) in Pathology laboratory resulting in delays in patients having surgery; inability to move patients around the hospital or into care homes; staff shortages due to staff having to self-isolate until testing results known. End of year score 20;
- Failure to achieve cancer targets due to insufficient capacity to meet demand resulting in potential delay in diagnosis; compromised patient outcomes and treatment options and financial penalties. All patients referred on a cancer pathway should have their first appointment within 14 days of referral, confirmed diagnosis within 28 days of referral and treatment within 62 days of referral. End of year score 16;

- Unavailability of lifts at Warwick Hospital (maternity/theatres) 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 16;
- The lack of routine and urgent capacity for new Urology patients has created a backlog of nearly 600 new patients, this will impact on the RTT position for the specialty as well as potential risks for patients due to wait times. End of year score 16;
- Lack of formally agreed process for Outpatient Hysteroscopy (OPH)/Colposcopy booking, resulting in patient follow ups not being arranged in a timely manner or at all, leading to an inefficient service and potential patient harm if patients are not followed up appropriately or at all. End of year score 16;
- Inadequate environment for the type and number of patients attending Medical Measurement/Cardiac Investigations due to lack of space resulting in unsatisfactory patient experience. End of year score 15;
- Business continuity disruption, loss of electrical supply to large sections of the hospital due to failure of equipment controlling the “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 long-term loss of core systems and I.T infrastructure causing Trust wide disruption with significant ‘knock-on’ effect across local health economy which may lead to extended service closure. End of year score 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 “Dale” back-up generator supplying electrical power, 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 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 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 15; and
- Loss of electrical supply in the event of a power and generator failure to electrical sockets due to inadequate Uninterruptible Power Supplies (UPS) and Isolated Power Supply (IPS) systems, leading to failure of critical medical equipment in ITU, Day Surgery, Resus, SCBU, Labour and Endoscopy. End of year score 15.

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 and continues to develop and enhance Place Based Teams within the community, which means care can be 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 2020/21 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 2020/21, 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 identified some areas for improvement including some recurring themes previously highlighted regarding controls cited without corresponding assurances or gaps in assurance being recorded and ensuring that results of real assurances are included. The recommendations will be implemented in the 2021/22 BAF.

The Trust has in place, an Improvement Board to oversee programmes/projects and manage associated risks. The Improvement Board is a monthly meeting, administered by the Improvement Team and chaired by the Chief Executive. Five meetings were cancelled due to overriding importance of operational meetings over winter months. All Improvement Board meetings since COVID-19 have been and will continue to be virtual. Attendance is comparable to pre-COVID-19 meetings. The improvement focus, oversight of projects and management of risks has remained on executive and management agendas throughout.

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 in the top 25% when compared with other NHS 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 7 April 2021. 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 2020/21 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 2020. A Foundation Group led procurement process was in place for an external Well-Led review to take place in 2020 but due to the Coronavirus pandemic, this was put on hold and should recommence for the review to take place in 2021.

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. 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 last formal inspection carried out by the CQC took place 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 recognised the intense pressure on health and care providers during the Coronavirus pandemic and as such developed an emergency support framework to follow during the pandemic rather than formal inspections; although routine inspections paused, the CQC's role as a regulator and responsibility for keeping people safe did not change.

In July 2020 the CQC undertook an 'engagement call' with the Director of Nursing to discuss Infection Prevention and Control (IPC) arrangements where questions from the new emergency support framework were used; different areas of the Board Assurance Framework were discussed in relation to IPC. The Trust was assessed as having undertaken a thorough assessment of IPC, across all services, since the pandemic was declared and the CQC found the Board to be assured that the Trust has effective IPC measures in place.

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 Trust's Managing Conflicts of Interest Policy, and Gifts, Hospitality and Sponsorship Policy have continued to be adhered to throughout the Coronavirus pandemic.

The Trust has received a significant number of donated gifts for distribution amongst the staff during the Coronavirus Pandemic. Hotel Services and the Fundraising Department have kept a central Gifts in Kind Register of these gifts which is attached to the Trust's Gifts, Hospitality and Sponsorship

Register and reported to Audit Committee on a 6-monthly basis prior to publishing on the Trust's website. It is recognised that it would not be possible for each member of staff to complete and submit a declaration form for the individual items they received, due to the number of donations received and the monetary value could be under the limit for making a declaration. However due to the significant number of gifts in kind received as appreciation to the staff for their hard work, it is important that this information is registered and submitted to the Audit Committee for openness and transparency.

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:

- Routine and ongoing auditing and validation of open pathways particularly long waits to ensure accuracy of reporting while supporting clinical risk management with the operational teams
- Weekly performance management via Patient Access Monitoring meeting with a different focus each week
- Routine review of all patients waiting over 18 weeks
- Use of routine Data Quality (DQ) reports to focus attention on possible issues requiring review, for example:
 - Maternity – Relating to Incorrect admission method
 - Ward Attendances where departure and outcome incomplete
 - Inpatients on short stay wards overnight
 - Incorrect admission method to Stroke and RLSRH Wards i.e. Elective instead of transfer
 - Incorrect Admission Source by reviewing diagnoses that may indicate emergency admission when elective has been recorded

- Patients discharged from Trust wards instead of transfer
- Patients transferred from Trust wards instead of discharge
- Patients admitted to wrong wards e.g. Adult on Children's Ward
- Incorrect and missing demographics including ethnicity
- Access Plans without procedure recorded
- Elective admissions with no procedure undertaken and no code to indicate a cancellation
- RTT on line training package
- Embedding RTT training into doctors induction
- Training and support for all booking staff

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. The financial regime for 2020/21 has been very dynamic but despite this, the Trust has delivered a surplus for the year against a deficit plan.

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 2020/21 has not been received; it is expected in June 2021; however, Equiniti has confirmed that the controls described in the 2019/20 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 responsible for ensuring that the Trust achieves its strategic objectives to monitor and measure the performance against the Information Governance agenda. The group implements the regulatory requirements of IT Security, Confidentiality, Data Protection, Data Quality, Records Management and Controls Assurance.

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 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 IG framework covers all staff that create, store, share and dispose of information by incorporating all related documentation, this improves and protects information security, quality, processing and the handling of data, by providing a consistent and common-sense approach that 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 and Protection
- Compliance
- General Data Protection Regulation 2018 (GDPR)
- The Data Protection Act 2018 (DPA)
- Records Management

The 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 legal framework.

As part of the developing framework, the seven Caldicott Principles have been revised and an 8th Principle has been introduced, this new principle focuses on ensuring that expectations of patients and service users are considered and met when decisions about data sharing are made. Principle 8: Inform patients and service users about how their confidential information is used.

The Data Security and Protection Standards for health and care were introduced on 1 April 2018 by NHS Digital under the National Data Guardians (NDG) review, clustered under three leadership obligations these Standards address people, process, and technology compliance. 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 comply with the 10 NDG Security Standards. The assessment tool evidence requirements are updated yearly by NHS Digital and are subject to ongoing development and changes; this is in line with Legislation, Policy, and developments to the Digital landscape.

The 2020/21 Toolkit contains 111 mandatory evidence items, the evidence is divided into the categories listed below.

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

Due to the current COVID-19 pandemic, NHS Digital made the decision to move the final submission deadline for the 2019/20 to September 2020, because of this deferred decision the 2020/21 Toolkit will be submitted in June 2021. Currently the Trust has completed 70% of the required evidence items.

Despite the enormous pressures that ICT mobilisation for COVID-19 has presented, the Trust ICT Service has continued to improve both the strength and depth of our Cyber defences. This is through redesigned processes to streamline the deployment of routine and urgent security patching; we continue to meet the 14-day deadline for the mitigation of high severity or critical security vulnerabilities as defined by NHS Digital CareCert. Central funding has also provided for new perimeter defence appliances and the implementation of a Security Information and Event Management system.

The Trust is using the IG National package for training, proving to be a more user-friendly version, this is helping raise awareness of the laws and guidelines within Information Governance, Information Security and Cyber Security.

The Trust has achieved 87% IG training compliance up to the 31 March 2021 and will continue to improve the training compliance despite the current pressure on employees.

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

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 2020/21 financial year saw a decrease in FOI's from the previous year of 2019/2020

- The Trust received 325 requests in 2020/21 compared to 452 requests in 2019/20 reflecting a decrease of 127
- During 2020/21, 310 requests (95%) were responded to in the 20 days 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.

All requests are comprehensively checked to ensure their compliance with GDPR and the Data Protection Act (DPA) 2018.

The 2020/21 financial year saw a decrease in SARs requests from the previous year 2019/20.

- The Trust received 1185 requests in 2020/21 compared to 1,493 requests in 2019/20 reflecting a decrease of 308; and
- During 2020/21 1168 (98%) of requests were responded to in the 30 calendar days set out by the Subject Access Request code of practice.

The figures for both FOI's and SAR requests show that despite the pressures on staff during the pandemic, Trust employees have been able to provide the information required to achieve the timeframes.

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 monthly, 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. Data quality (DQ) meetings during 2020/21 were suspended due to the COVID-19 pressures, but changes in service provision have highlighted additional DQ checks that need to be addressed with the introduction of telephone and virtual clinics that have impacted on the completeness of demographic detail. We are now working alongside operational teams to report and address the issues going in to 2021/22.

At the start of 2020/21 we embarked on a full review of DQ standards and began the development of the DQ strategy. Due to COVID-19, this work was suspended but will recommence during 2021/22 with progress being monitored at Finance and Performance Committee.

The combined DQ and service line reporting (SLR) meetings were suspended during the COVID-19 period, but as we work through restoration and move to a new commissioning landscape the importance of understanding costs becomes more pressing. We have developed a new set of reporting tools and will begin working alongside clinical divisions to embed SLR/PLICS (patient level information and costing system) as "business as usual" going forward. This will help identify opportunities for reducing variation in clinical service provision while generating productivity and efficiency savings. We will continue to use these meetings to report cost improvement opportunities identified through external benchmarking and the Model System, which replaced the Model Hospital tool.

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 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 Trust received an overall significant assurance opinion from the Head of Internal Audit based on reviews undertaken. This also gave significant assurance on reviews for Budget setting, COVID-19 focus, and financial governance – (COVID – 19). However, the Trust did receive moderate assurance for LocSSIPs, wholesale dealers' licence, Asset Management, accounts receivable and debt recovery and accounts payable.

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. Internal Audit also undertook a COVID-19 governance review, where no exceptions were reported.

A separate report provided assurance regarding the work of the internal audit function regarding Counter Fraud Activities. The Counter Fraud Specialist presented to the Corporate Risk Group, and all divisional Risk, Health and Safety Groups, on the risks of fraud and security during COVID – 19 and issued three local alerts.

COVID-19 has created many challenges and our health and social care teams have faced unpredictable scenarios forcing them to work differently. Despite this we have seen great commitment, innovation and flexibility from our entire workforce.

Plans put into place by IT Departments, meant that we were able to swiftly and effectively respond to the Government's social distancing guidelines. Microsoft Teams has enabled staff across organisations to carry out virtual patient consultations, work successfully from home and hold meetings remotely.

Using this new way of communicating some departments used Microsoft Teams to deliver virtual training and it has been especially effective in our Out of Hospital teams, where there has been a significant reduction in travel and streamlined the patient handover process.

The use of Attend Anywhere and AccuRx are being piloted within some specialties. This software enables prearranged appointments to be provided virtually. The use of the term 'virtual' clinics includes mainly phone contacts and the use of Facetime, with WhatsApp calls to engage with patients.

One of the positive things that has come out of the COVID-19 pandemic, is the changes individual teams have put in place to support their services through the challenging period. For example:

- A 7-day Respiratory Outreach Service was quickly established, which included a CPAP service on Mary ward at Warwick Hospital. To support this, 500 members of staff were trained to use CPAP and a CPAP care pathway was devised. This was an incredible achievement over a short space of time especially as the ITU outreach service was not possible due to staffing resources.
- The establishment of a Paediatric Assessment Unit (PAU) at Warwick Hospital was an early initiative to reduce the risk of children attending A&E. It resulted in a massive reduction in admissions to the children's ward, 88% of attendances to the PAU didn't require admission. This new pathway highlighted the benefits of having an assessment area instead of admitting to the ward area.
- ITU staff at Warwick Hospital were able to effectively triple their capacity and join forces with the theatres team. The team managed to provide essential training and support to staff very quickly.
- To support women and their families, South Warwickshire's maternity services created online "classes" via YouTube for women to prepare for life after childbirth. They also set up dedicated and secure Facebook groups for pregnant women to help reduce pregnancy related anxieties by being able to provide regular and timely updates, as well as offering a platform for peer-support.
- Speech and Language Therapists adapted the way they assess patients swallowing and communication, where possible doing it virtually via Microsoft Teams. This has included swallowing assessments done remotely with patients in their own home or care homes. They have also produced YouTube clips providing advice on topics such as taking care of your voice.

In response to National directives and guidance Elective activity was stood down twice, firstly in March 2020 and secondly January 2021, however, urgent and lifesaving treatments continued to be carried out. During the second COVID-19 surge, ITUs were asked to provide increased surge capacity of 200% of the usual capacity. 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.

The Trust restarted elective work in March 2021 and has a plan to restore services following the second wave as it was deemed safe to do so. Recovery of activity levels will be carried out in partnership with the local system to enable efficient and effective management of an urgent elective care patient back log, reduce routine back log and eliminate long waiters. To provide assurance to the Board in relation to SWFTs restoration plans in line with the Phase 4 request, SWFT have established a Performance Board to oversee remedial plans. The outputs of this Board will include a high-level summary of performance as a Trust and at specialty level year to date and a robust forecast.

The last 12 months has stretched an already challenged cancer services further than we could have anticipated this time last year. In many respects we have seen positive changes but we also know we still have a mountain to climb to restore our cancer services to the national levels.

There was a dramatic drop in the number of suspected cancer referrals received in April 2020, those that were referred were reluctant to attend the hospital site for their diagnostics or treatment. Our clinical teams and booking staff provided a safety net system to ensure no patient came to harm out of fear or misinformation. The number of patients who refused to come into the hospital has reduced over the 12 months and for those who still have concerns we work closely with primary care to maintain contact.

During the year we have continued to provide cancer care, sometimes not in our normal facilities, but we have provided diagnostics, surgery and chemotherapy despite all the constraints. We have worked closely with the Coventry and Warwickshire Health Care Partnership and the West Midlands Cancer Alliance to adopt new ways of working and adapt our services to meet the challenge. We have supported our colleagues across Coventry and Warwickshire, specifically in the provision of endoscopic diagnostics. We brought innovation to our pathways to ensure patients are safe and receive their diagnosis in a timely manner. A good example has been the colorectal team who have implemented testing by GP's and patients going direct to diagnostic test. Unlike most colorectal teams here at SWFT we have continued to see our patients within 14 days of receiving the initial referral. Changes like these will support our delivery of the 28 day faster diagnostic standard in the future.

Performance against the national cancer waiting standards had improved during the year but saw a drop between November and February across 2 week wait (2ww) and 62 days, however, after a very difficult 3 months we will end the year in a more positive position as our 2ww performance will be close to the 93% national standard and our 62 day performance will be back on the upward trend we had seen before November 2020.

Delivery of cancer services in line with national performance levels will remain a challenge over the next 12 months but we will use the lessons learnt during 2020/21 to help us achieve a consistent service.

Winter management, this year, saw different challenges due to the COVID-19 pandemic. This led to pathways for patients being identified at the front door and restrictions were made due to this on the wards they were able to be placed onto.

Innovation continued, and the use of Think 111 was opened for pre booking into Same Day Emergency Care (SDEC) and the Emergency Department (ED), as the National campaign suggested, along with the opening up of the advice lines for paramedics to contact consultants in specialities for advice whether to convey, the patient, or not from scene directly to specialities, thus avoiding ED. The use of a GP Referral phone was relaunched, in Acute Medicine and ED, with the local GPs resulting in patients being streamed to the right area in a timely fashion.

In order to nurse people in their home setting virtual wards were set up for continuation of care monitoring and these were used in Respiratory and Frailty. The perfect week was run as a concept to help maintain flow and safe discharges throughout the organisation. Improvements were seen in the take out medications and phlebotomy processes and embedding of criteria to reside.

The Trust started to roll out the COVID-19 vaccination programme at the beginning of January 2021. The table below details the number of SWFT substantive and bank staff who have received the COVID-19 vaccination, as of 6 April 2021.

	First Dose	Second Dose
SWFT Substantive Staff	4215	2955
SWFT Bank Staff	495	27
Total	4710	2982

The compliance percentage target for front line staff to be vaccinated was increased by NHS England to 90%. Flu vaccination compliance for all staff within the Trust for 2020/21 was 82% compared with 81.53% in 2019/20.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal control is summarised below:

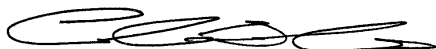
- The Board oversees risk and governance assessments regularly;
- The Audit Committee ensures that systems and processes are in place;
- The Risk Management Board and assuring committees review and manage risk on a routine basis;
- Directors/Managers lead on defined areas of risk; and
- Internal Audit 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 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: 16 June 2021

Appendix

Quality Report 2020/21

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

Part 1: Statement of Quality

I am delighted to introduce South Warwickshire NHS Foundation Trust's (SWFT) Quality Report for 2020/21. 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.

As one of a very small number of Outstanding rated Trusts nationally we are determined to not 'rest on our laurels' and continue to maintain very high standards of quality and patient focus. In 2020/21 the Trust continued in our ambition to deliver this in all of our hospital and community settings. It is reassuring to see this demonstrated in our achievements in performance against quality markers.

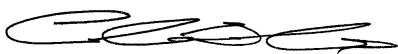
This report is presented following the most challenging year that the NHS has faced in recent times due to the ongoing Coronavirus Pandemic. This has had significant impact on us and the wider NHS as a whole but our staff responded in a truly remarkable fashion.

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.

A highlight of the year 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.

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



Glen Burley, Chief Executive

Date: 16 June 2021

Part 2: Priorities for improvement and statements of assurance from the board

Our Quality Priorities for 2021/22

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 (2021/22).

Patient Safety Quality Priorities

- a. Agree Place Clinical Strategy and liaise with University Hospitals Coventry and Warwickshire (UHCW) to review and deliver tertiary services specification
- b. Manage Clinical safety risks alongside treatment prioritisation
- c. Oversee the Electronic Patient Records (EPR) mobilisation strategy

Patient Experience Quality Priorities

- a. Continue to roll out A&E111 First, maximising non-conveyance opportunities
- b. Improve the quality and patient experience of hospital discharge processes
- c. Facilitate the delivery of productivity gains through training more staff in continuous improvement and facilitating Group-wide sharing

Patient Outcomes Quality Priorities

- a. Review Trust clinical policies to ensure inclusivity and a narrowing of health inequalities
- b. Reduce the incidence of delayed or missed diagnosis
- c. Ensure clinical engagement and ideas generation

How these priorities were decided and why they are our priorities

In 2020/21 a virtual Round Table event was held between the Board of Directors and Council of Governors. During this session 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 types of events via our Governors, who represent their members. Other sources of information that are used to help us identify and agree our quality priorities include 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.

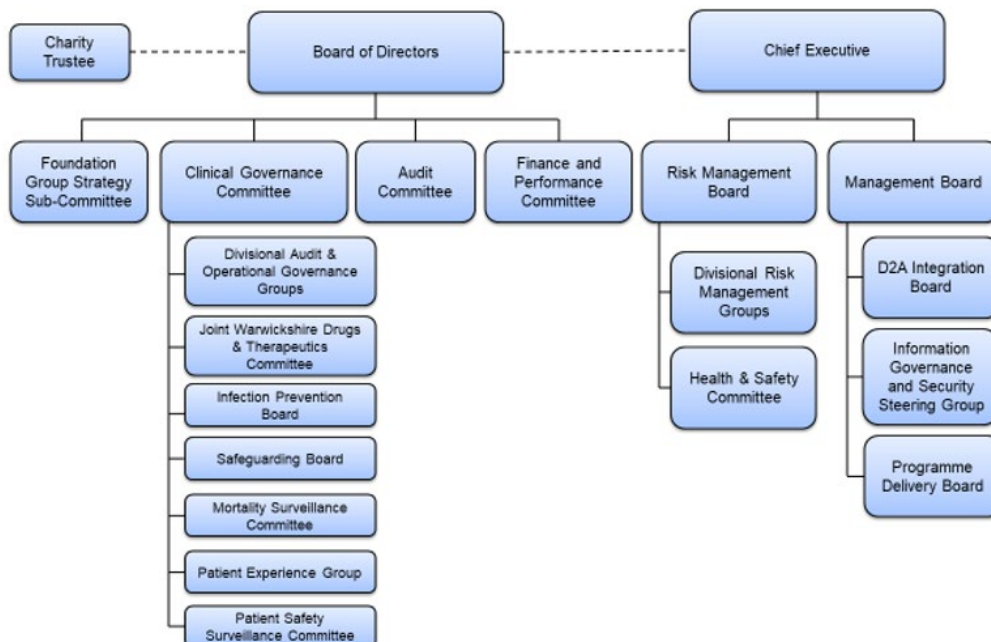
As part of strengthening quality and visibility of the board at team, ward and department level, the 'Board to Ward' initiatives have continued throughout the year. The Board of Directors visit wards and departments across hospital and community settings on a regular basis to improve communication. Members 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

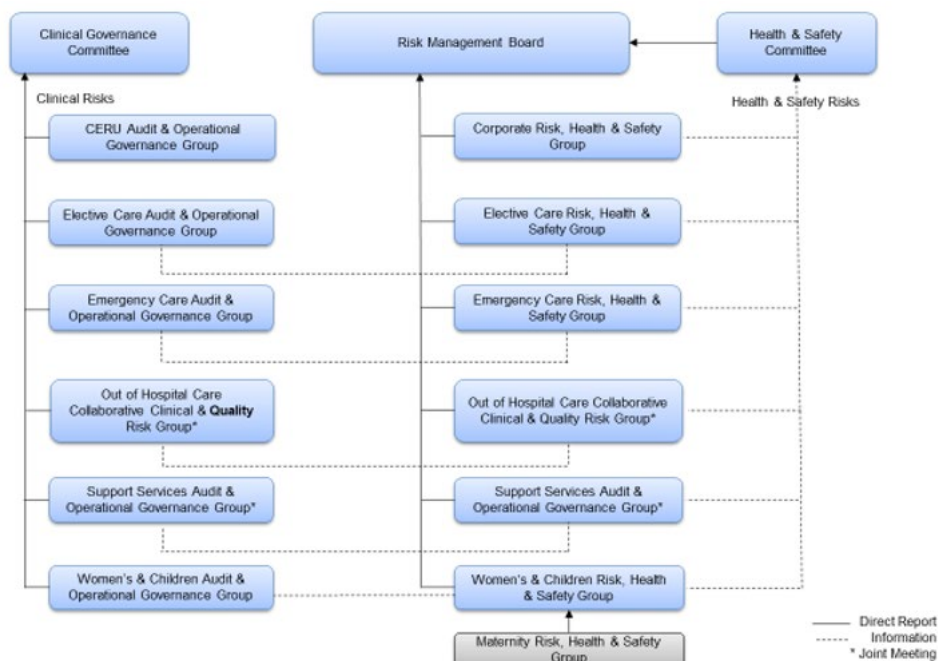
department managers to ensure the high quality of care. Where applicable performance against these priority indicators will be discussed with system wide partners and commissioners.

High Level Committees

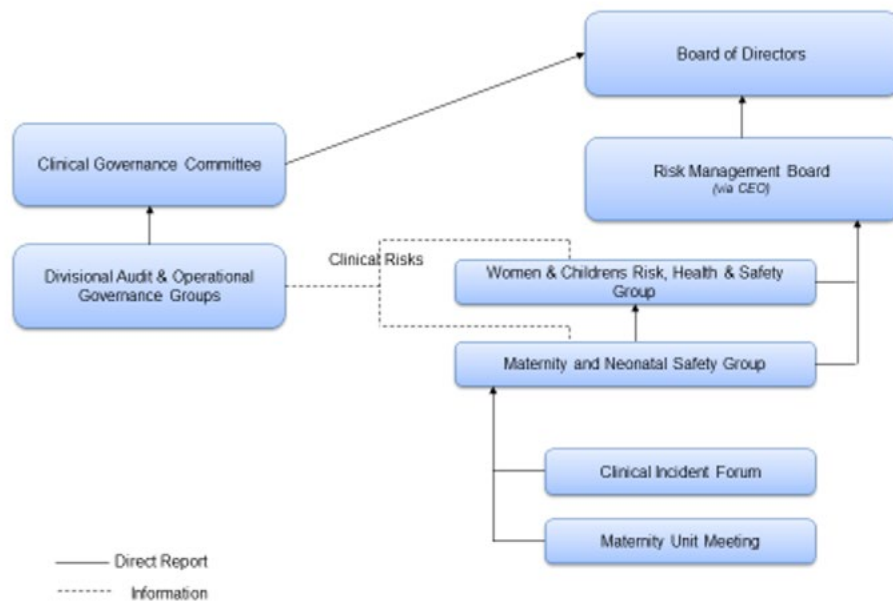
Organisational Structure High Level Committees



Organisational Structure Divisional Risk Groups



Maternity Structure Risk Management Reporting



Our 2020/21 Priorities

Patient safety

- 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

- 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

- Review the community hospital and Discharge to Assess (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

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 2020/21 the Trust continued to provide and/or subcontracted the services offered in 2019/20

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

Income provided to the Trust during 2020/21 was in line with the funding the Trust received in 2019/20 and as such the services delivered will continue to account for 91% of the income generated.

Our Participation in Clinical Audits

During 2020/21, 31 national clinical audits (this figure does not include audits that were suspended due to Covid) and 3 national confidential enquiries covered services that South Warwickshire NHS Foundation Trust provides.

During that period South Warwickshire NHS Foundation Trust participated in 31 (100%) national clinical audits and 2 (67%) national confidential enquiries of the national clinical audits and 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 2020/21, 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.

National Clinical Audits that South Warwickshire Foundation Trust is eligible to participate in 2020/21	National Clinical Audits that South Warwickshire Foundation Trust were eligible for and participated in 2020/21	National Clinical Audits that SWFT participated in and for which data collection completed, % completion*
Acute Care		
Cardiac Arrest (National Cardiac Arrest Audit)	✓	100%
Case Mix Programme (CMP)	✓	100%
Society for Acute Medicine Benchmarking Audit (SAMBA)	x	National audit data collection suspended due to Covid
National Emergency Laparotomy Audit (NELA)	✓	100%
Anaesthetics		
Perioperative Quality Improvement Programme	x	National audit data collection suspended due to Covid.
Blood Transfusion		

National Clinical Audits that South Warwickshire Foundation Trust is eligible to participate in 2020/21	National Clinical Audits that South Warwickshire Foundation Trust were eligible for and participated in 2020/21	National Clinical Audits that SWFT participated in and for which data collection completed, % completion*
National Comparative Audit of Blood Transfusion programme – 2020 Audit of the management of perioperative paediatric anaemia	x	National audit data collection suspended due to Covid.
Cancer		
Lung cancer (National Lung cancer Audit)	✓	100%
National Gastro-Intestinal Cancer Programme: Bowel cancer (National Bowel Cancer Audit) Oesophago-gastric cancer (National O-G Cancer Audit)	✓ ✓ ✓	100% 100% (Initial diagnosis and referral to 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 Acute Coronary Syndrome (ACS) (MINAP) Heart Failure (Heart Failure Audit) Cardiac arrhythmia (Cardiac Rhythm Management Audit)	✓ ✓ ✓	100% 100% 100%
National Audit of Cardiac Rehabilitation	✓	100%
Elective Procedures		
Elective surgery (National Patient Reported Outcome Measures (PROM's) Programme)	✓	100%
National Joint Registry	✓	100%
Emergency Department (ED)		

National Clinical Audits that South Warwickshire Foundation Trust is eligible to participate in 2020/21	National Clinical Audits that South Warwickshire Foundation Trust were eligible for and participated in 2020/21	National Clinical Audits that SWFT participated in and for which data collection completed, % completion*
Emergency medicine QIP's: Royal College of Emergency Medicine Infection Control Royal College of Emergency Medicine Pain in Children Royal College of Emergency Medicine Fracture Neck of Femur	 ✓ ✓ ✓	 Data collection in progress Data collection in progress Data collection in progress
Endocrine		
Endocrine and Thyroid National Audit	✓	100%
End of Life		
National Audit of Care at the End of Life (NACEL)	x	National audit data collection suspended due to Covid. Due to recommence 1 st April 2021.
Infection Prevention		
Mandatory Surveillance of HCAI	✓	100%
NHS provider interventions with suspected / confirmed carbapenemase producing Gram negative colonisations / infections.	x	National audit data collection suspended due to Covid.
Surgical Site Infection Surveillance Service	✓	100%
Learning Disabilities		
LeDeR - Learning from the deaths of people with a learning disability	✓	100%
Long Term Conditions		
National Diabetes Audit Programme: National Diabetes Core Audit Insulin Pump Therapy in Adults National Inpatient Audit Diabetes in Pregnancy Audit Diabetes Foot Care Audit	 ✓ ✓ ✓ ✓ ✓	 100% 100% 100% 100% 100%

National Clinical Audits that South Warwickshire Foundation Trust is eligible to participate in 2020/21	National Clinical Audits that South Warwickshire Foundation Trust were eligible for and participated in 2020/21	National Clinical Audits that SWFT participated in and for which data collection completed, % completion*
National Audit of Dementia	x	National audit data collection suspended due to Covid. A Carer questionnaire has been planned by the National body. A start date is yet to be announced.
Inflammatory Bowel Disease (National IBD Registry Audit)	✓	100%
Maternity and Paediatrics		
Neonatal Intensive and Special Care (NNAP)	✓	100%
National Audit of Seizures and Epilepsies in Children and Young People	✓	100%
Diabetes (RCPH National Paediatric Diabetes Audit)	✓	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRACE-UK)	✓	100%
National Maternity and Perinatal Audit (NMPA)	✓	100%
Antenatal and newborn national audit protocol 2019-2022	✓	100%
Older People		
Falls and Fragility Fractures Programme: National Hip Fracture Database National Inpatient Falls audit	✓ ✓	100% 100%
Sentinel Stroke National Audit Programme (SSNAP)	✓	100%
Ophthalmology		
National Ophthalmology Database Audit	✓	100%
Rheumatology		

National Clinical Audits that South Warwickshire Foundation Trust is eligible to participate in 2020/21	National Clinical Audits that South Warwickshire Foundation Trust were eligible for and participated in 2020/21	National Clinical Audits that SWFT participated in and for which data collection completed, % completion*
National Early Inflammatory Arthritis Audit (NEIAA)	✓	100%
Respiratory		
National Asthma and COPD Audit Programme: COPD Adult Asthma Paediatric Asthma Pulmonary Rehabilitation	 ✓ ✓ ✓ ✓	 COPD data collection resumed in July 2020 100% 100% 100%
Serious Hazards of Transfusion (SHOT)		
Serious Hazards of Transfusion (SHOT); UK national haemovigilance scheme	✓	All required data submitted directly
Urology		
British Association of Urologists – Bladder Outlet Obstruction Audit (BOO)	✓	100%

*During the COVID pandemic National Audit Organisations/bodies were requested that Trusts submit what data they could and organisations are not penalised if they didn't submit what would previously have been classed as a minimum permissible number; where SWFT submitted data this has been recorded as 100% complete.

National Confidential Enquiries that South Warwickshire Foundation Trust is eligible to participate in 2020/21	National Confidential Enquiries that South Warwickshire Foundation Trust were eligible for and participated in 2020/21	National Confidential Enquiries that SWFT participated in and for which data collection completed, % completion
Dysphagia in Parkinson's patients	x	No organisational questionnaire submitted; 0/4 clinical questionnaires returned
Out of Hospital Cardiac Arrest	✓	Organisational questionnaire submitted; 1/2 clinical questionnaires returned
Physical Health in Mental Health Hospitals	✓	Questionnaires not yet circulated

The reports of 22 National Clinical Audits were reviewed by the provider in 2020/21 and South Warwickshire NHS Foundation Trust is taking a number of actions to improve the quality of healthcare provided, some of the key ones are listed below:

National Audit of Dementia (NAD) Round 4

- Junior doctor education relating to dementia and the use of the cognitive assessment and delirium screening tool on admission

National Audit of Seizures in Hospital (NASH) 3

- Development of a discharge care bundle
- Continuing the clear referral pathway between SWFT and UHCW for management of patients presenting with first seizure

Royal College of Emergency Medicine Feverish Child

- Using the Sepsis triage tool to stratify risk of sepsis for feverish children so that they receive appropriate escalation and senior review

National Paediatric Diabetes Audit

- Contacting regional eye screening centre and agree on a pathway to send results electronically or by post to the team

National BTS Adult Non-Invasive Ventilation (NIV)

- Reviewing and piloting of new NIV chart

National Parkinson's Audit Speech and Language Therapy (SALT)

- Developing an informal observation checklist of drooling in individuals with Parkinson's
- Revisiting Lee Silverman voice treatment (LSVT) as a treatment option

National Breast Cancer in Older People Audit

- Clinical Frailty Scale and Abbreviated Mental Test Score for patients over 70 to be included at initial clinic appointment and completed by the medical professional assessing the patient.

LeDeR - Learning from the deaths of people with a learning disability

- The results of the audit are being forwarded to the learning disability team for any local learning and knowledge and sending to the Trust Mortality Surveillance Committee

National Cardiac Arrest Audit 2020 (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.
- For the Resuscitation department to review NCAA reports quarterly to identify any concerning trends.

National Diabetes Core Audit (NDA) (2018/2019 Data)

- Increase recording of BMI especially height for new patients

National Insulin Pump Therapy Audit (2018/2019 Data)

- More people with Type 1 diabetes should be considered for pump treatment in line with NICE guidance.

National Diabetes in Pregnancy Audit (NDPA) 2018 data

- Relaunch pre-conception education campaign to all diabetes clinic at SWFT, General Practitioners (GPs) Maternity Hubs, breast feeding clinics
- Targeted and improved patient education and support around contraception and pregnancy preparation with a focus on identifying and supporting those at highest risk
- Increased use of continuous glucose monitoring for women with Type 1 diabetes

National Neonatal Audit Programme (NNAP) 2018 data

- Sharing data with maternity team to improve use of steroids and MgSO₄
- Taking part in PReCePT programme to increase use of MgSO₄

Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE) 2019

- Carrying out a risk assessment to determine where twins should be delivered.
- Review cord prolapse guideline.
- Increase the profile of Twins monitoring into annual CTG training.

The Trust has undertaken over 100 local clinical audits during 2020/21, as well as the mandated national audits listed above. A selection of actions from the local audits that will have a beneficial outcome on patient care are described below:

- Continued monitoring of the contents of the cardiac arrest trolley to ensure they correlate with the standardised check list.
- Radiologists to be made aware / educated about SEMAR software during Departmental meetings.
- Reviewing bookings protocol for Elective Caesarean section, consider flexible booking strategy (e.g. give mothers a date range rather than specific day)
- Raising awareness of trust IV to oral switch guidelines e.g. screensaver, training cascade via email, formal teaching on antimicrobial stewardship.
- Creating section in surgical pathway for recording STOPBANG scores
- Prescribing PR diclofenac on Electronic Prescribing and Medicines Administration (EPMA) for all patients undergoing papillotomy.
- Reviewing the local sepsis guideline and the badger sepsis pathway so that they are synchronous
- Revising the Bulkamid patient information leaflet
- Updating paediatric guideline on Urinary tract infections management.
- Advising healthcare professionals on the different types of errors that can deem the allergy status as being recorded incorrectly

Our Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2020/2021 that were recruited during that period to participate in research approved by a research ethics committee as part of the Health Research Authority was 1498.

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 Rigby Research Nurse who commenced in May 2020, has helped to increase the participation in clinical trials within cancer services.

The Trust was involved in conducting 72 clinical research studies during 2020/2021, 32 of the studies are open to recruitment, the others are now in the follow up phase. Of these, 69 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
COVID 19	12	1407
Cancers inc. Haematology	24	7
Musculoskeletal	6	18
Paediatrics	4	5
Gastroenterology & Hepatology	3	6
Reproduction	3	40
Diabetes	3	0
Anaesthetics /Pre-Op & Pain Management	2	1
Surgery	2	6
Cardiology & Respiratory	2	0
Ageing	1	0
Critical Care	1	4
Genetics & Congenital Disease	1	0
Eyes & Ear, Nose & Throat (ENT)	1	3
Health Services & Delivery Research	1	0
Infection	1	0
Neurological	1	0
Skin	1	1
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)

Throughout 2020/21 the operation of CQUIN was suspended for all providers until 31 March 2021 due to the Covid-19 Pandemic. Providers are not required to implement CQUIN requirements, carry out audits or submit CQUIN performance data. An allowance for CQUIN has been included in the nationally set block payments.

Further details are available below:

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-20-21/>

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 2020/21.

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	99.9%	99.5%
Outpatient care	100%	99.7%
Accident and Emergency care	99.7%	98.6%

The percentage of records in the published data which included the patient's valid General Practitioner Registration Code was:		
	Trust Performance	National Average
Admitted patient care	100%	99.8%
Outpatient care	100%	99.7%
Accident and emergency care	100%	99.6%

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 2020/2021 by NHS Improvement. We did however undertake an annual coding audit in support of information governance requirements during February 2021. There were 200 episodes of care audited which covered five specialties: General Surgery, General Medicine, Cardiology, Respiratory and Paediatrics.

Audit Findings

There were fifteen Consultant Episodes where the Healthcare Resource Groups would have changed.

The overall financial value of the errors identified would have led to an increase in income to the Trust of £6,569 from the sample size of £215,204.

Provider episodes tested in sample	200
% episodes changing HRG	7.5%
Pre audit commissioner payment	£215,204
Post audit commissioner payment	£221,773
Net change in payment – undercharge	£6,569
Net change in payment %	3.05%

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

Key Metrics		
	% correct 2020/2021	% correct 2019/2020
Primary Diagnosis	91.0%	94.0%
Secondary Diagnosis	95.17	95.55%
Primary Procedure	91.30	93.0%
Secondary Procedure	97.56	92.24%

Report Conclusions

The audit report was very positive considering the impact of the pandemic and the challenges arising from this, including working from home and social distancing and the Trust was congratulated on a good overall clinical coding result.

The coding of general surgery was excellent and achieved the 'standards exceeded' level.

The accuracy of Primary diagnosis was slightly lower than 2019/20; this was due mainly to one recurring error on seven episodes within two spells. Had these episodes been coded correctly primary diagnosis accuracy would have increased to 94.50%.

The following were identified where improvement could be made:

- Feedback error episodes to the coding department in the form of internal training sessions. Coders should be reminded to look for documented evidence of lower lobe consolidation for patients with lower respiratory tract infections or pneumonia where the organism causing the infection has not been identified.
- The coding department should ensure COVID-19 testing is coded consistently. The auditors recommend that tests performed in A&E should be recorded within the first episode of care of a patient's hospital spell. Subsequent COVID-19 tests should be coded on the episode the test was performed. The department should also liaise with clinical staff when doubt persists over whether testing was routine or for suspected COVID-19.
- The clinical coding management team should seek clinical clarification on urethral catheterisation procedures. National coding standards states that urethral catheterisation should not be coded when the procedures are routinely performed for comfort. The Trust is permitted to capture these procedures when they are performed as part of the patient's treatment (although not mandatory to capture unless for urinary retention). However, clear documentation and clinical clarification will help the coding team capture the procedures consistently and in compliance with national coding standards.

During this challenging year the coding department have continued to produce good quality coding. In May 2020 three new trainees started and their training commenced via Microsoft Teams which was a new experience for all concerned, but this has been found to be extremely successful.

Out of Hospital Care Collaborative (OHCC)

Work continues with the OHCC to ensure that their data quality standards are met.

Regular data quality meetings are taking place and data quality issues continue to be identified and these are being picked up with the appropriate teams.

Elective Division

Previously an Elective Costing and Data Assurance Group had been established within the division. Due to the pandemic this has not progressed as we would have hoped and further work is required to re-establish an appropriate group to ensure data quality across the division is monitored, covering all aspects that could impact on income, quality of patient care and patient experience and therefore 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 or as appropriate within the division using the same model as the Elective Division.

Women's and Children's Division

There continues to be 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.

Data Quality and Assurance Framework

We established a Data Quality Assurance Programme for 2020/2021 which we continue to work on. This included:

- Further develop the engagement of data quality assurance across the Divisions and Groups
- Monitor outcomes from the Divisional Costing and Data Assurance Groups
- Data Quality Strategy and Policy to be aligned across the Foundation Group
- Datix reporting. Liaise with Information Governance to ensure Data Quality (DQ) issues are captured and reported on
- Increase awareness of the importance of data quality to all staff
- Widen the scope of DQ Assurance to other clinical systems
- Formal assurance mark such as STAR covering key performance indicators (KPIs) within the Trust

As with other departments this has been an extremely challenging year with various changes taking place to accommodate the new processes and ways of working throughout the trust during the pandemic to ensure the data is recorded to the highest standard.

Information Governance (IG)

Information Governance (IG) is a legal framework for information that governs the use of personal confidential data in a health and social care setting. The laws within the legal framework allows personal data to be shared between those offering care directly to patients.

IG outlines the overarching 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 to deliver organisational information.

The IG framework covers all staff that create, store, share and dispose of information by incorporating all related documentation, this improves and protects information security, quality, processing and the handling of data, by providing a consistent and common-sense approach that 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 and Protection
- Compliance
- General Data Protection Regulation 2018 (GDPR)
- The Data Protection Act 2018 (DPA)18
- Records Management

The 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 legal framework.

The Data Security and Protection Standards for health and care were introduced on the 1st April 2018 by NHS Digital under the National Data Guardians (NDG) review, clustered under three leadership obligations; these Standards address people, process, and technology compliance.

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 comply with the 10 NDG security standards. The assessment tool evidence requirements are updated yearly by NHS Digital and are subject to ongoing development and changes; this is in line with Legislation, Policy and developments to the Digital landscape.

The 2020/2021 Toolkit contains 111 mandatory evidence items; the evidence is divided into the categories listed below:

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

Due to the current COVID-19 pandemic, NHS Digital made the decision to move the final submission deadline for the 2019/20 to September 2020; because of this deferred decision the 2020/21 Toolkit will be submitted in June 2021.

Currently the Trust has completed 87% of the required evidence items.

As part of the developing framework, the 7 Caldicott Principles have been revised and an 8th Principle has been introduced; this new principle focuses on ensuring that expectation of patients and service users are considered and met when decisions about data sharing are made. Principle 8: Inform patients and service users about how their confidential information is used.

Despite the enormous pressures that ICT mobilisation for Covid 19 has presented, the Trust ICT Service has continued to improve both the strength and depth of our Cyber defences. This is through redesigned processes to streamline the deployment of routine and urgent security patching; we continue to meet the 14-day deadline for the mitigation of high severity or critical security vulnerabilities as defined by NHS Digital CareCert. Central funding has also provided for new perimeter defence appliances and the implementation of a Security Information and Event Management system.

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 into 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 2020 – March 21, 941 of the Trust’s patients died in hospital (as opposed to community patients dying outside of hospital) of which 2 were people with learning disabilities and nil had a severe mental illness. During this period there were no neonatal deaths and 5 still births.

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

- 231 in the first quarter (of which 1 was a person with learning disabilities). During this period there were nil neonatal deaths and 2 still births.
- 159 in the second quarter (of which none were people with learning disabilities and nil had a severe mental illness). During this period there were no neonatal deaths and 1 still birth.
- 255 in the third quarter (of which none were people with learning disabilities and nil had a severe mental illness) During this period there were nil neonatal deaths and 1 still birth.
- 297 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 1 still birth.

Before issuing a death certificate, deaths in hospital have a screening mortality review by the Medical Examiners supported by the Medical Examiner Officer. Deaths for further in depth 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>

By 31 March 2021, 190 case record reviews (mortality reviews) and 62 investigations (follow-up incidents, discussed at Weekly Potential Significant Event Meeting and Serious Incident) had been carried out in relation to the 941 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

The number of deaths in each quarter for which a mortality review was carried out was:

- 89 in quarter 1
- 41 in quarter 2
- 44 in quarter 3 (so far – there is always a time lag between the date of death and date of review)
- 16 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 in line with the trusts Incident Management Policy including management of Serious Incidents (SI).

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

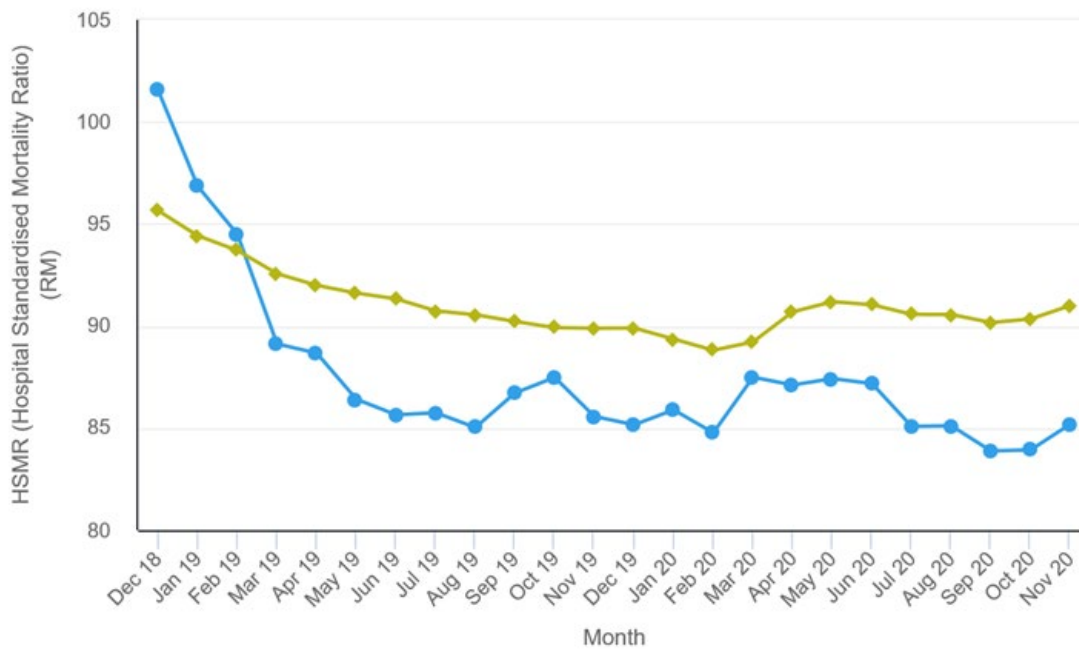
The DHSC has said that, "A high HSMR is a trigger to ask hard questions. Good hospitals monitor their HSMR data actively and seek to understand where performance may be falling short and action should not stop until the clinical leaders and the Board at the hospital are satisfied that the issues have 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. Of further positive note, the RAMI excluding COVID-19 deaths and the HSMR (which partially excludes COVID-19 deaths) did not show the same increase as the peer in April 2020 during the first wave of the pandemic.

HSMR: SWFT vs Peer Group

12 Monthly rolling values:

HSMR (Hospital Standardised Mortality Ratio)

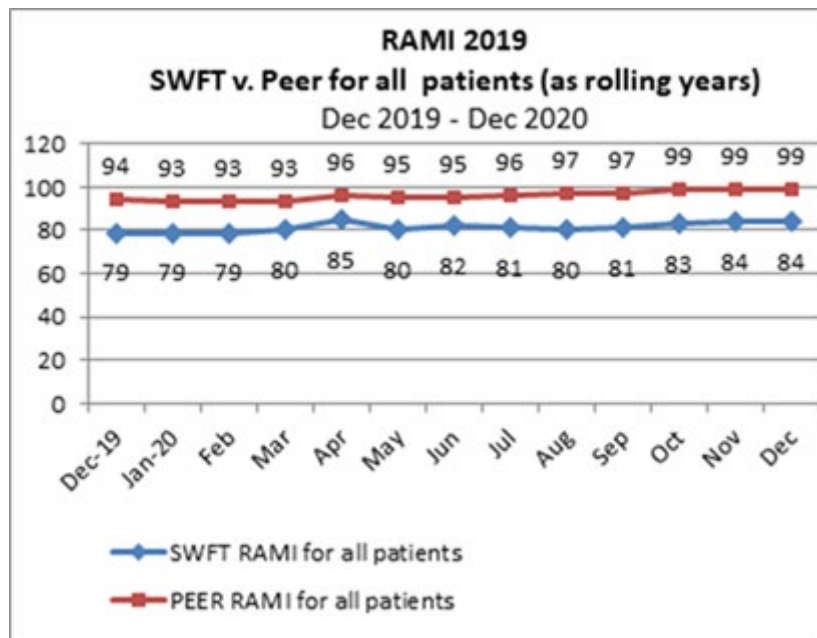


KEY

SWFT = Blue

Peer = Green

RAMI: SWFT vs Peer Group



- 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 appropriate Advanced Care Planning, and the earlier identification of patients who are End of Life;
- The Trust complies with the National Guidance on Learning from Deaths, and has worked to further improve the mortality review process by developing the Medical Examiner Office;
- Learning from Deaths (Focus on Medical Examiner function) has been audited by CW Audit (Internal Audit) and the report presented to the Audit Committee in September 2020; significant progress has been made with the Medical Examiner system and the recommendations from the audit report have been progressed to near completion.

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 has further improved the mortality review process by developing the Medical Examiner Office. 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.

Learning from Mortality Reviews

Root cause analyses (RCAs) 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 during the period of this report, identified opportunities to improve communication between primary and secondary care, and between hospital specialities, and learning around the presentation of adults with a particular symptom.

The learning from mortality reviews has informed work to further improve the mortality review process by developing the local Medical Examiner Office with the establishment of a stable team of Medical Examiners, the appointment of a Medical Examiner Officer, and the development of remote working where possible during the COVID-19 pandemic.

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.

At the most recent meeting of the Coventry and Warwickshire System Wide Mortality Oversight Group, the second LeDeR Annual Report for Coventry and Warwickshire was circulated with learning and an action plan which was reviewed at the CGC meeting in February 2021.

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 Initial Management Review (IMRs) and SI Root Cause Analysis (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.

Learning from the deaths of patients with a learning disability (LeDeR):

A review of the LeDeR process within the Trust has been undertaken with the CCG, to ensure this is being implemented in a proportionate way in Trusts across the district. A member of the Trust's Patient Safety Team is now working with the CCG and is completing local LeDeR reviews.

At the meeting of the Coventry and Warwickshire System Wide Mortality Oversight Group on 30 September 2020, the second LeDeR Annual Report for Coventry and Warwickshire was circulated with learning. This was presented by the CCG to the November 2020 meeting of the Clinical Governance Committee and was discussed at the November 2020 meeting of the MSC. The Annual Report presented information about the 67 deaths of people with a learning disability aged 4 years and over notified to the programme from 1 April 2019 to 31 March 2020. The reviews identified that, on the whole, care for people with learning disabilities was generally good. There was a variety of learning elicited from the reviews, but most commonly this was in relation to:

- Access to multidisciplinary services such as speech and language therapy (SALT), physiotherapy and dietetics;
- Communication with and involvement of family/relatives in care and/or treatment decisions;
- Training for staff supporting people with learning disabilities in all areas;
- End-of-life care;
- Annual GP reviews required with referrals to specialist services;
- Age appropriate health screening."

Actions Proposed following the Reporting Period

- To include themes identified from mortality learning in the Executive Safety Campaign (Board to Ward) for the coming year e.g. End of life care/ Care of the deteriorating patient/ use of ReSPECT forms;
- To work closely with the Primary Care Network (PCN) and at "Place" to highlight any recurring themes from LeDeR;
- To implement an overarching mortality IT database to be imported from Wye Valley NHS Trust, a member of the Foundation Group. This will encompass the work of the Medical Examiner Office and mortality review system.

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
<p>(a) The value and banding of the summary hospital-level mortality indicator ('SHMI') for the trust for the reporting period; and</p> <p>(b) The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the trust for the reporting period.</p>	<p>October 16 – September 17 – 1.03 October 17 – September 18 – 0.99 October 18 – September 19 – 1.0 October 19 – September 20 – 0.94</p> <p>October 16 – September 17 – 20.5% October 17 – September 18 – 16.55% October 18 – September 19 – 27.79% October 19 – September 20 – 29.4%</p> <p>*This is the most recent data</p>	<p>1.0 1.0 1.0 1.0</p> <p>Not traceable on NHSI or NHSD</p>	<p>Not traceable on NHSI or NHSD</p> <p>Not traceable on NHSI or NHSD</p>
<p>The Trust considers that this data is as described for the following reasons:</p> <p>The Trust acknowledges that these percentages are within the expected range.</p> <p>The Trust has taken the following actions to improve these percentages, and so the quality of its services by:</p> <p>Before issuing a death certificate, deaths in hospital now have a screening mortality review by the Medical Examiners supported by the Medical Examiner Officer. Deaths for further in-depth mortality reviews are selected in line with the criteria specified in the National Guidance on Learning from Deaths. 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 percentage of patients with palliative care being coded following referral and interaction by the palliative care team has increased over the last 3 years; work is taking place to review nursing roles within the Specialist Palliative Care team to ensure equitable access for patients in the last hours to days of life.</p>			

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	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
	19/20*	EQ-5D	0.459	0.460
		EQ VAS	13.862	14.074
		Oxford Hip	21.256	22.449
Knee Replacement	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	17.124	No data
	19/20*	EQ-5D	0.324	0.341
		EQ VAS	8.417	7.916
		Oxford Knee	16.78	17.340
Groin Hernia	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	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 data for Hip Replacement and Knee Replacement 19-20 is still provisional

	<p>The Trust considers that this data is as described for the following reasons: Patients are asked to complete a feedback form post-operatively following a nationally agreed protocol. Patient Reported Outcome Measures (PROMs) measure health gain in patients undergoing hip replacement, knee replacement and up to September 2017, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery.</p> <p>The Trust has taken the following actions to improve these scores, and so the quality of its services by: sharing feedback and liaising with the relevant clinical area to ensure information about the questionnaire is given to patients and patients are encouraged to participate.</p>		
<p>The percentage of patients aged:</p> <p>(i) 0 to 15 and</p> <p>(ii) 16 or over</p> <p>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.</p>	<p>2017/18:</p> <p>(i) 0-15 years 4.5%</p> <p>(ii) 16 years and over 3.2%</p> <p>2018/19:</p> <p>(i) 0-15 years 1.4%</p> <p>(ii) 16 years and over 3.6%</p> <p>2019/20:</p> <p>(i) 0-15 years 2.2%</p> <p>(ii) 16 years and over 3.1%</p> <p>2020/21:</p> <p>(i) 0-15 years 1.2%</p> <p>(ii) 16 years and over 3.6%</p>	Not traceable on NHSI or NHSD	Not traceable on NHSI or NHSD
	<p>The Trust considers that this data is as described for the following reasons:</p> <p>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.</p> <p>The Trust has taken the following actions to improve these scores, and so the quality of its services by:</p> <p>The Trust will continue to reduce readmissions by extending services to support the frail and elderly, while further developing the integration of our acute teams with Community and third sector partners as we develop the requirements of Place and Population Health Management.</p>		
<p>The Trust's responsiveness to the personal needs of its patients during the reporting period.</p>	<p>2016 – 6.1</p> <p>2017 – 8.1 (not directly comparable to previous years as question was amended in 2017)</p> <p>2018 – 8.1</p> <p>2019 – 8.0</p> <p>The latest published in-patient survey CQC data relates to 2019</p>	Not traceable on NHSI or NHSD	Not traceable on NHSI or NHSD

	<p>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.</p> <p>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.</p>		
<p>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.</p>	<p>2017: 80.7%</p> <p>2018: 80.6%</p> <p>2019: 85.8%</p> <p>2020: 83.5%</p>	<p>70.7%</p> <p>71.0%</p> <p>70.5%</p> <p>74.3%</p>	<p>Best 89.4%, Worst 46.4%</p> <p>Best 90.4%, Worst 39.7%</p> <p>Best 90.5%, Worst 39.8%</p> <p>Best 91.7%, Worst 49.7%</p>
	<p>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.</p> <p>The Trust has taken the following actions to improve these scores, and so the quality of its services by: The staff survey report for 2020 contains a detailed breakdown of each of the key findings, 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 staff wellbeing, equality, diversity and inclusion, behaviour development and ensuring we focus on developing leaders, teams and individuals to all contribute to the delivery of great care in a Place based environment. These plans also have a clear focus on supporting the recovery of our staff and subsequently our services following the pandemic and working with our partners in the wider health and social care system. Clearly the Trust will be focusing on its lower ranking scores, but also will be focusing on improving the scores which relate to staff wellbeing which in turn impacts on quality of care.</p>		
<p>The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.</p>	<p>2017/18 – 86.4%</p> <p>2018/19 - 95.62%</p> <p>2019/20 – 95.9%</p> <p>2020/21 – 95.2%</p>	<p>Not traceable on NHSI or NHSD</p>	<p>Not traceable on NHSI or NHSD</p>
	<p>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.</p> <p>The Trust has taken the following actions to improve these scores, and so the quality of its services by:</p> <ul style="list-style-type: none"> • Continuing the educational sessions with each junior doctor intake • Continuing with a variety of promotional activities to staff and patients 		

<p>The rate per 100,000 bed days of cases of C. Difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.</p>	<p>2017/18 – 9.69 2018/19 – 6.07 2019/20 – 12.73 (19 cases) 2020/21 – 24.01 (28 cases)</p>	<p>Not traceable on NHSI or NHSD</p>	<p>Not traceable on NHSI or NHSD</p>
<p>The Trust considers that this data is as described for the following reasons: Nationally, NHS organisations were not set targets in relation to Clostridium Difficile (C.Diff) in 20/21, therefore, we set an ambition, to not exceed last year’s position of 24 cases and 2 lapses in care. At the time of writing this report we had had 28 cases but due to the pressures on the infection prevention and control team during the pandemic, there has been a delay in investigating all of these so we have not identified how many of these cases have been linked to lapses in care. We will do this retrospectively as we come out of the second wave of the COVID pandemic.</p> <p>The Trust has taken the following actions to improve these scores, and so the quality of its services by: Continued to identify all cases of C.Diff and continue to investigate each case collaboratively, taking an multidisciplinary approach. These investigations were paused during the first and second wave of the COVID pandemic but are now being completed in retrospect, so that root causes and organisational learning can be identified and changes in practice implemented.</p>			
<p>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.</p>	<p>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 2020/21 - A total of 11828 patient safety incidents, of which 0.25% resulted in either severe harm or death</p>	<p>According to NHS Improvement (NHSI) recent reporting we have higher reporting than previous years, and our reporting is well above 50%</p>	<p>Not traceable on NHSI or NHSD</p>
<p>The Trust considers that this data is as described for the following reasons:</p> <ul style="list-style-type: none"> • 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. <p>The Trust has taken the following actions to improve these scores, and so the quality of its services by:</p> <ul style="list-style-type: none"> • Continual raising of awareness of what constitutes 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 2020/21 performance and performance against the relevant indicators and performance thresholds.

The Trust agreed 9 priorities for quality improvement for 2020/21 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

- 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

- 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

- 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

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. Staff are supported to raise concerns through having ready access to the "Freedom to Speak Up" Guardian and are able to raise questions anonymously through the Trust Rumour Mill bulletin board.

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 by 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 policies are 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 has successfully implemented the most recent changes in junior doctors' working arrangements. This has resulted in reduction in the clinical cover at the junior level. The general managers were proactive to recruit for the trust grade post to reduce the rota gaps, improve patient safety and reduce locum spend.

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 continues to experience high levels of vacancies in its junior doctor allocations from Health Education England (West Midlands) due to training posts remaining unfilled. The effects of these vacancies has been more keenly felt during the COVID 19 pandemic due to the consequential increase in COVID 19 related absence.

The Trust continued to recruit increased numbers of Clinical Fellows which has proven instrumental in maintaining the medical on-call rota and supporting the Trust during winter pressures and the first wave of COVID 19. Unfortunately, for the August 2020 intake we had great difficulty in recruiting sufficient numbers of medical registrars which had an impact on that on-call rota.

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

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 2020/21. 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, 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 (PSSC) and Clinical Governance Committee (CGC).

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 2020/21 there have been 26 serious incidents (SIs) reported; the table below shows 27 because it covers 13 months rolling period. Following investigation, 3 incidents were downgraded.

The table below illustrates the categories of reported incidents:

Serious Incidents		Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
Serious Incidents	Delayed Diagnosis		1				1		2	1		1			6
	Slip, Trip and Fall			1		1			1						3
	Surgical Error						1		1			1			3
	Absconson	1			1										2
	Sub-Optimal Care of a deteriorating patient										1				1
	Accident whilst in hospital									1					1
	Child Death													1	1
	Confidential information leak			1											1
	Drug Incident (General)													1	1
	Grade 4 Pressure Ulcer										1				1
	Hospital Equipment failure										1				1
	Maternity Services - Intrauterine Death											1			1
	Maternity Services - Maternal Death												1		1
	Maternity Services - Unexpected admission to NICU				1										1
	Screening Issues														1
	Transfusion Incident						1								1
	Ward Closure										1				1
Section Total		1	1	2	2	1	3		4	3	3	3	1	3	27
Downgraded	Delayed Diagnosis						1				1				2
	Sub-Optimal Care of a deteriorating patient								1						1
	Section Total						1		1		1				3

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 RCAs 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 *incidents where a patient suffered moderate actual harm or worse as a result of care* 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	2020/21
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 2020/21, the Trust reported two (2) Never Events, 1 wrong site surgery in anaesthetics and 1 Wrong route medication error on Mary Ward. The Never Event incidents were reported and investigated as Serious Incidents, with Duty of Candour principles being followed. Learning was identified and embedded in practice.

Infection Prevention

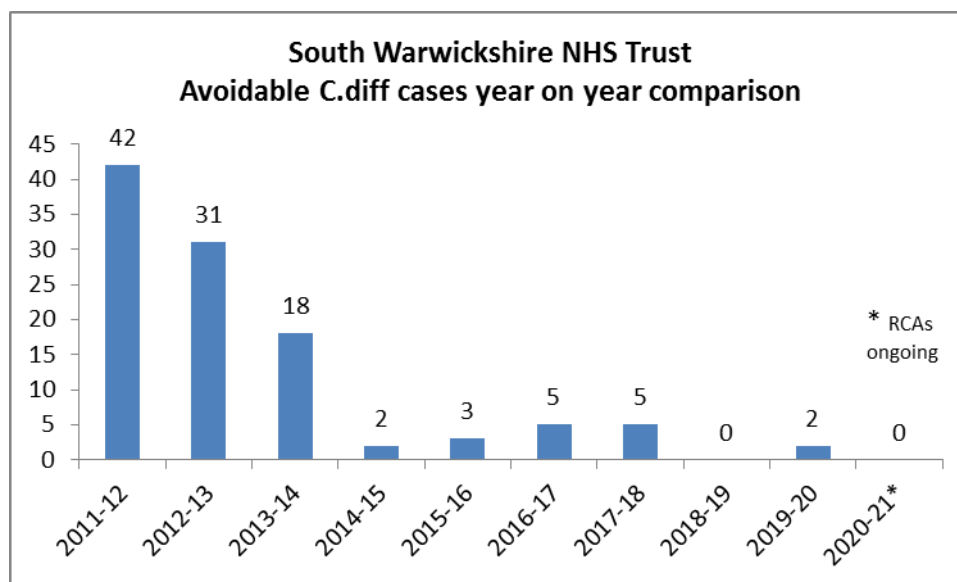
2020/21 has been one of the most challenging years in the history of the NHS. The COVID-19 Pandemic has led to unprecedented pressures on all Trusts and their staff. The types of patients we admitted were not comparable to those admitted in previous years, for example, the majority of elective procedures were cancelled, there was a marked reduction in non-COVID related emergency admissions and paediatric admissions for infections reduced. In addition, the widespread use of Personal Protective Equipment (PPE) by staff, social distancing by staff and patients, and a cessation in visiting are likely to have been responsible for a reduction in some healthcare associated infections. However, we had a large influx of COVID admissions, many of whom required antibiotics. This means that data from this year cannot be directly compared to data from previous years, so this report should be interpreted with caution.

Due to the demands on all Trust staff, who were responding to the ever-changing pandemic situation, we were unable to fully implement the Root Cause Analysis (RCA) processes used so robustly in previous years. At the time of writing this report, the Consultant Microbiologist is continuing to undertake a table-top RCA in all Trust-apportioned cases of Clostridium difficile.

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.

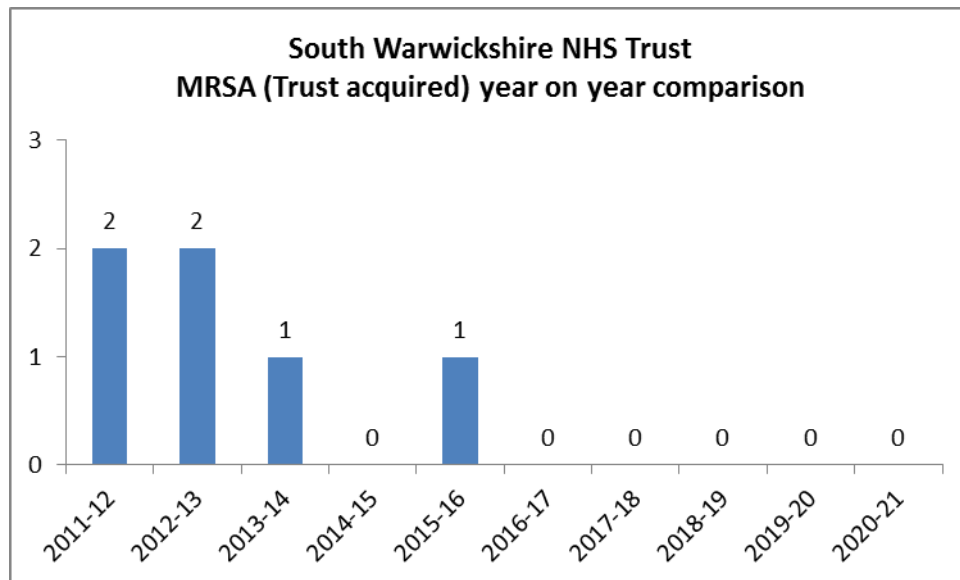
Due to the pandemic, no infection-related objectives were set for Trusts this year, however, we set an ambition, to not exceed last year’s position of 2 lapses in care. As stated above, this work remains in progress at the time of writing this report, however it is worth noting that the total cases of C.diff identified as trust-apportioned has increased this year, both here and in other Trusts.



MRSA bacteraemia

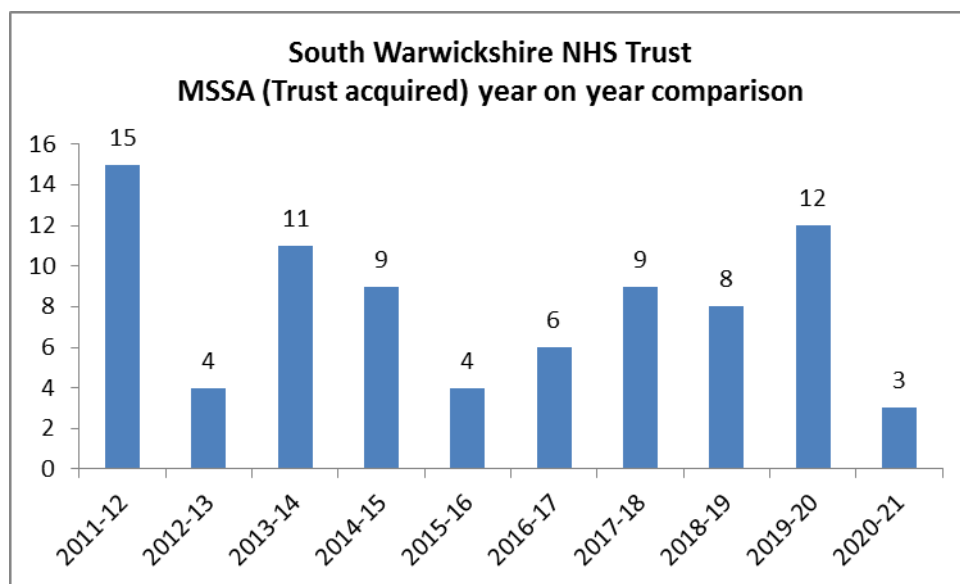
MRSA is a bacterium responsible for several difficult to treat infections in humans. The DHSC continues to drive a Zero-tolerance approach to MRSA bacteraemia. This means that any *avoidable* MRSA bacteraemias are deemed unacceptable.

We are pleased to report that there were no Trust attributed MRSA bacteraemias identified in 2020/21.



Methicillin-Sensitive Staphylococcus Aureus (MSSA)

Surveillance and monitoring of MSSA bacteraemias shows that rates of these remain low when compared nationally. A total of 3 Trust attributed MSSA bacteraemias were identified in 2020/21 compared to 12 in 2019/20. This marked reduction is likely related to the change in our patient population and additional Infection Prevention measures referred to above.

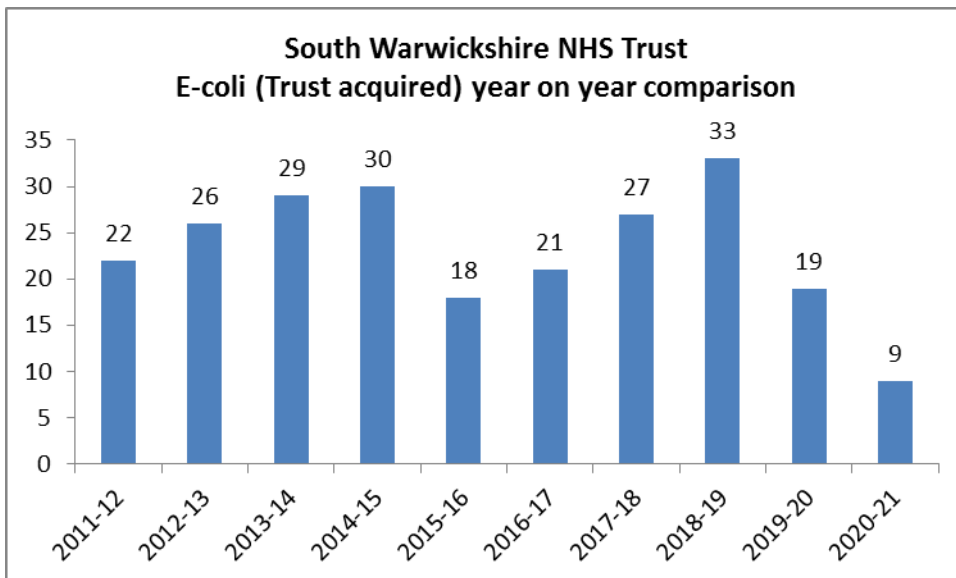


E.coli bacteraemia

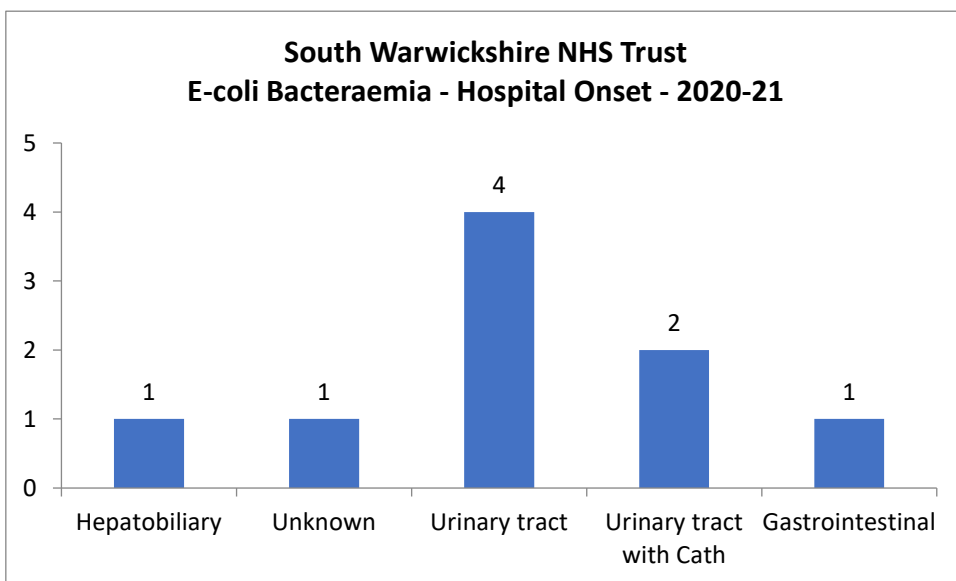
Unfortunately, E.coli bacteraemias are quite common, especially in the elderly, and usually associated with infections of the urinary tract. Community acquired cases with no previous healthcare interventions represent the largest percentage nationwide. 2017/18 marked the launch of the DHSC's ambition 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 since 2017. Only 9 Trust-attributed E.coli bacteraemias were identified in 2020/21, compared to 19 cases in 2019/20. Again, this marked reduction is likely related to the change in our patient population and additional Infection Prevention measures referred to above.



Sources of Healthcare associated E.coli bacteraemias 2020/21



Pressure Ulcers

A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear). The damage can be present as intact skin or an open ulcer and may be painful”. (NHS Improvement 2020)

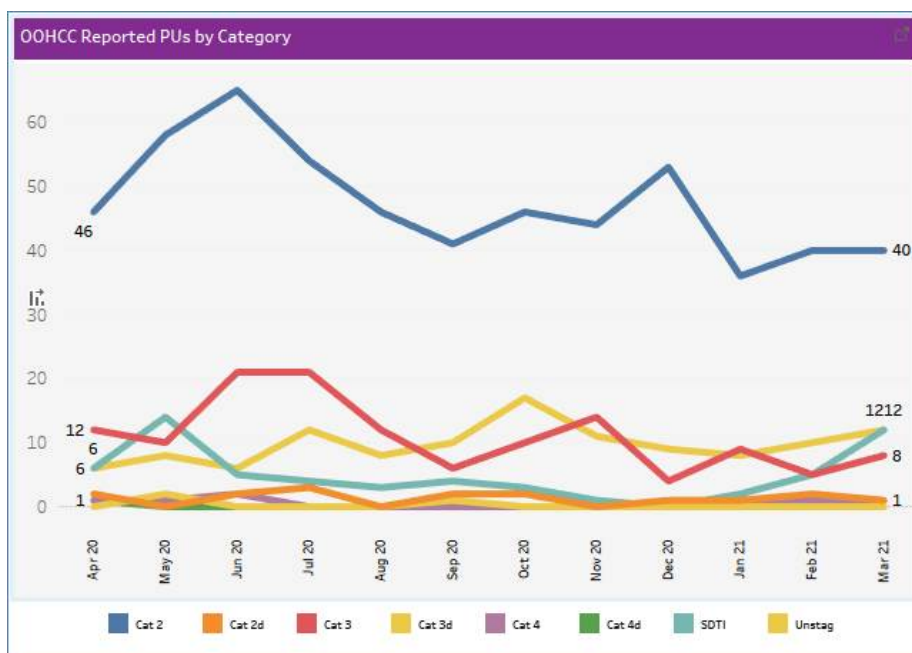
Pressure ulcers are also known as bed sores or decubitus ulcers and occur when the skin and underlying tissue is damaged by being put under pressure, usually from lying in bed or sitting in chairs for long periods of time without moving. They can range in severity from areas of discoloured skin to very 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 an RCA completed and are presented at the Pressure Ulcer Review Group (PURG) monthly. Decisions are made jointly with commissioners following the NHSI guidance on definition and measurement of pressure ulcers and reporting harm to patients that was published in 2019. The guidance encompasses 30 recommendations and guidance around when to apply the SI framework regarding PU's; if harm is attributed to the Trust a duty of candour letter is sent to the patient.

Out of Hospital Care Collaborative (OHCC)

The following chart shows the total number of reported pressure ulcers by grade for the community division over the last year (April 2020 - March 2021); these numbers should be considered alongside the Covid pandemic which has seen fluctuations in caseloads over the year. Following a peak in figures in June 2020 (at the peak of the first pandemic wave) there has been a general trend downwards in reported pressure ulcers which are now below pre pandemic levels. There have been no SI reportable pressure ulcers this year.

The graph below shows the OHCC categories of pressure ulcer with both omissions of care and non-omissions of care whereas the data below the graph only relates to omissions of care.



Category 2 with omissions=1

Category 3 with omissions=6

Category 3d with omissions =1

Category 4 with omissions=0

Unstageable with omissions=1

SDTI with omissions=2

There are 0 pressure ulcers from OHCC awaiting review at the Pressure Ulcer Review Group.

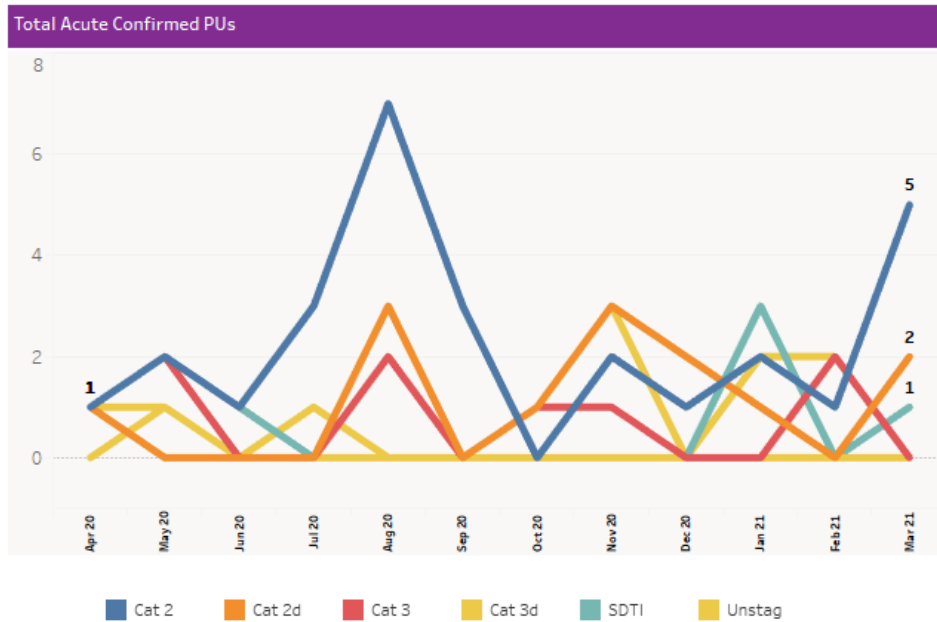
Actions identified following RCAs in OHCC:

- Revisit Decision Against Advice (DAA) and ensure patients understand the implications of not following advice or using equipment
- Ensure RCA's are fully completed, and all relevant information is included so that a complete and informed decision can be made at PURG
- Ensure Waterlow is updated and equipment is matched to risk when patients condition changes
- Ensure all visits (including where double up are required) are scheduled correctly which would ensure patient's skin is checked appropriately

Acute

For year April 2020-March 2021

The graph below shows the Acute categories of pressure ulcer with both omissions of care and non-omissions of care whereas the data below the graph only relates to omissions of care.



Category 2 with omissions= 10

Category 3 with omissions=5

Category 4 with omissions=0

Unstageable with omissions=5

SDTI with omissions=5

There are 4 pressure ulcers awaiting review at the PURG

Actions identified following RCAs in Acute

- Ensure correct repositioning including side lying- many patients spend long periods either sitting in the chair or in bed
- Care plans must be completed
- Offload heels that are at risk of pressure ulcers
- Implement alternative plan of care if the equipment required is not available
- Accurately document the type of mattress used
- Patient education regarding pressure ulcer prevention must be given and documented
- If a patient declining skin checks or to be repositioned, this must be documented
- Ensure Waterlow risk assessment is correct

Trends

ITU have seen a significant increase in device related facial pressure ulcers, which is directly linked to the length of time a patient is nursed in a prone position and the number of patients that have been critically ill. The Tissue Viability (TV) team have collaborated with national TVN's to improve understanding and the care and equipment used in this group of patients.

Other challenges have been in recognising COVID skin changes, a new phenomenon and how it presents as opposed to pressure damage.

Victoria ward had a significant increase in the number of pressure ulcers with omissions. They were initially a COVID ward and had redeployed staff allocated to them and high levels of sickness. This trend continued past COVID period, so the tissue viability team have undertaken intensive training with the trained staff. A series of training videos are being developed for staff and as tissue viability training is not mandatory, ward managers are encouraged to ensure all their staff are aware of these.

Overview of achievements and initiatives by the Acute and OOHCC TV team 2020/21

- Community wound care dressing evaluations helped to inform a rapid review of the community wound care formulary in March 2020 prior to a new formulary being launched in April 2020 alongside a new online prescribing ordering system (ONPOS). This helped to address concerns with supply and demand and shortages of prescribers during the Covid-19 pandemic and released capacity for the teams of approximately 5hrs per prescriber per week. Online triaging of wounds was carried out by the TV team using a comprehensive referral form, EMIS notes, photographs and video calls.
- Prophylactic antimicrobial pathway commenced for all leg wounds to increase healing rates and reduce visits and referrals to clinics.
- Joint working with podiatrists regarding foot wounds.
- Roll out of skin tear boxes and training for residential homes continued remotely to the 79 residential homes in Warwickshire; 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. Carers report 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 stronger links have been established between the residential homes and DN teams; designated nurses have been attached to each of the homes to support them with the residents. The patients receive the correct first aid and the correct wound dressing in the correct time frame. This has reduced capacity for the Integrated Healthcare Teams (IHT) during the pandemic as prior to this project nurses would have had to admit patients onto the caseload for wound care. Based on the pilot figures a projected 11,100 district nurse hours or 1,480 district nurse days will have been saved as well as paramedic call out time and any impact on A&E there might have been.

- Article on Skin tear project to be published in Journal of Wound Care June 2021.
- Guidance for staff wearing PPE developed to protect and care for staff skin integrity.
- Embedded pressure ulcer prevention guidelines in response to the pandemic.
- Staff redeployed into Infection prevention, leg ulcer and ward teams during pandemic.
- Self-care wound care pathways and care plans for patients have been developed and a process for staff to step down nonessential wound care for use during the pandemic based on National guidance.
- RCA document and flowchart for staff has been reviewed.
- Professional leads/ward managers 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.
- Introduction of new turning mattress in the community to address difficulties of repositioning for high risk patients especially overnight.
- Nursing homes in the North and Rugby now have access to TV. Patients are first assessed by IHT and if further advise required referred on to TV team.
- A further 25 Topical Negative Pressure (TNP) machines purchased to meet the increased demand from hospitals for this advanced wound care therapy.
- SWFT wound care management guidelines reviewed.
- The TV team normally run two pressure ulcer awareness weeks in April and November each year. These include educational study events, posters, and information in various formats. Each pressure ulcer awareness week focuses on a different topic. In 2020/21 the team explored different ways of raising awareness and sharing good practice as the pandemic meant large study events could not take place. We supported World Stop the Pressure Day with social media coverage of the #TVN together educational videos on various topics of wound care and a twitter campaign. Pressure ulcer free 'no omissions' clocks were distributed, and pressure ulcer prevention boards were updated, photographed and shared.
- Regular TV newsletters and emails continue to share good practice and highlight concerns, new initiatives, training and raise awareness of wound care.
- TV team explored new ways to deliver pressure ulcer prevention training to staff and extended health care community including residential and nursing homes. This included socially distanced face to face training for small numbers, Microsoft teams, Kahoot, online e-learning programmes and remote equipment training.
- All residential homes now have their own dedicated team of nurses that support the care staff in pressure ulcer prevention and know when to contact the nurse teams.
- Dedicated link nurse training for TV link nurses has continued remotely and a new leg ulcer link nurse network has been set up by the leg ulcer team.
- TV team attended the regional group remotely: West Midlands Tissue Viability Nurses Association.
- All OHCC wound care documentation is now on the electronic EMIS system and is currently being reviewed.
- Joint working between vascular consultant, TV teams and leg ulcer clinics continues in an attempt to address the inequalities of leg ulcer care across Warwickshire.
- OHCC Wound Care Formulary and prophylactic antimicrobial pathway approved by Area Prescribing Committee (APC) and now in use across community teams, GP practices and nursing homes.

Work planned for the year ahead:

- Complete the roll out of skin tear project across 75 residential homes in Warwickshire.
- Further development of leg ulcer care across Warwickshire.
- Training for staff will continue once pressures from Covid-19 have eased. This will include: Essential, wound and pressure ulcer prevention training for Band 4/5/6 staff; training days for 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 as well as bespoke training sessions as required by wards/teams.

- TV team attend regional TV group for support and supervision.
- Evaluation of new products and devices in partnership with industry to continue to advance wound healing for patients.
- Develop Haematoma pathway in collaboration with orthopaedic team to prevent delays to treatment, reduce bed days and improve healing outcomes.
- Multi-Disciplinary Team (MDT) working to develop footwear and heel casting to reduce inpatient stay and facilitate safe discharge and improved healing outcomes.
- Fungating wound pathway to be developed.

Medicine Optimisation and Safety

The Trust Medicine Safety work plan continues to be supported by the Medication Safety Officer (MSO) and Controlled Drugs Accountable Officer (CDAO) along with wider MDT.

Despite the challenges faced due to the pandemic, the medicine safety and optimisation continued to be well driven and many of the planned strategic objectives for medicine safety remained on track and were delivered.

Some of the key areas of review and improvements are noted below for 2020/21.

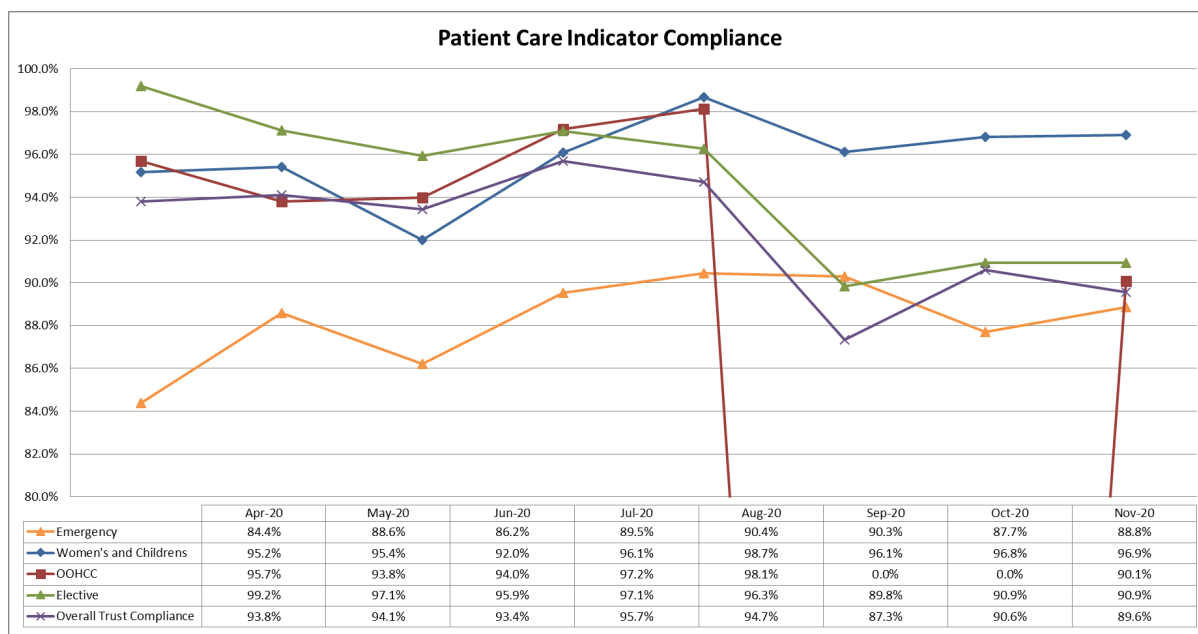
- **Controlled Drugs (CD) Audit.** During to the “first wave” of the Covid 19 Pandemic Quarter 1 CD audits were not performed to allow staff to be deployed to front line. The audit programme was re-established as a priority in Quarter 2 and any themes identified were actioned as per usual processes and support mechanisms.
- **Storage of medicines and safety Audits also continued through the pandemic** and trends and action plans were closely monitored as usual.
- **Electronic Prescribing and Medicines Administration (EPMA) rolled out** to Theatres and Surgical wards in December 2020. This means the Trust achieved its ambition to have Electronic Prescribing in place this year. The Trust now has EPMA in most areas and the last few areas are planned to be complete in 2021/22. This has reduced the number of errors caused by having a dual economy of paper and electronic prescription charts within the Trust.
- **Stock shortages** have been the main focus Nationally as well as at Trust level due to uncertainties of Brexit as well as the issues created due to the pandemic for high usage drugs. There was however a minimal impact on stock shortages at SWFT due to the diligence of the Pharmacy Medicine Procurement team, Medication Safety officer and lead specialist pharmacists working closely with the wider MDT.
- **Medication Safety ratio of harm/no harm** has stayed below the Trust internal target of 6%, which should be acknowledged as being well below the average 10% reported nationally.
- **The Electronic Temperature Monitoring System was rolled out** across the Trust in January 2021 which has added extra assurance and safety to monitoring of all drug storage across the Trust and released staffing time from undertaking manual processes and time released back to care.
- **New Digilock Patient Medication Safety Lockers** have started to be introduced with the plan to have them by each patient’s bed on all wards. This will support the patients who are considered suitable and would like to self-administer medication.
- **The focus on “do once” and system wide working has been key objective for Pharmacy in 20/21. Examples of these initiatives include:**
 - SWFT MSO has actively led on **development of a Warwickshire Wide Medication Safety Network** with pharmacy representatives from George Eliot Hospital NHS Trust (GEH), SWFT, University Hospitals Coventry & Warwickshire (UHCW), Partnership Trust, Local Commissioning Groups and the Local Pharmaceutical Committee with links into the PCN pharmacy teams. The aim of the group will be to look at medication safety challenges as a system and to reduce silos. The Group has been received positively so far and will be a key workstream for upcoming Pharmacy Integrated Care System (ICS) plans.
 - Merger of SWFT and GEH **Drugs and Therapeutic Committee (DTC)** to create one Warwickshire DTC under do-once approach. Medication Safety discussions for SWFT are now under the remit of Medication Safety and Optimisation Committee (MSOC).
 - Shared Senior leadership across the group.
 - Rationalisation of aseptic service provision across the ICS and Group.
 - Joint workforce development by setting cross-sector training posts.
 - Supporting our local PCN’s by providing clinical Pharmacy service - as the only Trust in the ICS providing this service.
 - Supporting development of ICS Pharmacy cell that will in the coming year focus on system medicine optimisation and safety projects.

Some of the other noteworthy work included:

- Audit around **documentation of patient's allergy status**, which has raised issues of compliance. Work is currently being done alongside the EPMA team to alter training programmes and Standard Operating Procedures (SOPs) around recording allergy status on EPMA to help to improve compliance.
- **To Take Out (TTO) service improvement project** is on-going as a Multi-Disciplinary Team service improvement project with Pharmacy, SWFT Clinical Services and the service improvement team. As a result of this pharmacists and medicines management technicians have increased access to laptops which has improved the efficiency of the team and TTO flow.
- Transfer of Care and Medication (TCAM) project launched as a first in Sustainability and Transformation Partnerships (STP). This financial year the Trust has so far sent 180 TCAM referrals to patient's nominated community pharmacies. The referrals have provided community pharmacies with the discharge letters and an opportunity for them to intervene and improve the treatment management of patients who have been identified as being at risk of avoidably being readmitted to hospital. The improvements to patient safety have been estimated to be worth nearly £250,000 to our local health economy.
- Out of-hour access to palliative care medication was established in conjunction with our outpatient partners (SWFT-CS) and GEH.

Patient Care Indicators (PCI's)

Monthly Patient Care Indicators remain an integral part of measuring the quality of patient care documentation throughout all ward areas and teams within the trust. The last 12 months have been a challenge across many fronts and as such compliance with documentation has not been as high as required. Over the past 12 months trust overall performance has averaged at 92.1% for the year ranging from 87.3% to 95.7%. National and Trust targets for compliance currently sit at 95%. This average is over the 8 months April to November 2020, as a decision was made to pause collection of data for December 2020 to March 2021 due to clinical pressures brought about by the COVID pandemic. The graph below shows the levels of compliance for each of the individual divisions as well as the overall trust compliance.



It is to be noted that Community Hospitals data is not included in August, September or October as there were not enough patient records available to audit to make the data viable and further to this Ellen Badger Day Hospital was closed during that period.

During the second wave of the COVID pandemic the trust took a risk-based approach to completing documentation in order to release time to care; this followed a general principal proposed by NHSE to all NHS organisations. The staffing levels and skill mix were difficult to maintain at the normal desired pre COVID levels, so a level of professional judgement was encouraged in order to prioritise care and reduce the amount of paperwork to complete.

The Compliance team, 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 were being invited to attend the Patient Safety Surveillance Committee to provide assurance to the committee on the actions being taken to improve; in some areas a table top review of data was undertaken to establish where the short falls are and what action was required to facilitate improvement. 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.

Now that the levels of COVID inpatients are reducing and staffing levels are beginning to stabilise the wards and teams will resume their normal risk assessments and documentation; data collection will recommence in April 2021. Moving forward into 2021/22 the aim will be to use the PCIs as part of a more rounded overview of quality and safety alongside an integrated dashboard and ward accreditation system.

Seven Day Service

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 Advanced Clinical Practitioner (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.
- All advice and guidance Consultant Connect lines are open to paramedics to call from scene to help stream the patient to the right place and admission avoid.
- Booked slots are available in Same Day Emergency Care (SDEC) and ED via the 111 service as the national initiative.
- In the community we have changed the way we work and utilise volunteers to bring in blood samples to the lab as soon as they are taken by the clinical practitioners in order to speed up a decision as well as using the volunteers for collection of medications in order to bring forward the start of treatment time and avoid admission .

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 length of stay (LOS). This model is now mirrored in the Community sites to ensure flow throughout the organisation. This process has changed to use the criteria to reside methodology.
- 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.
- We have undertaken a Perfect Week process over the Winter period, and this has shown a reduction in LOS at 7, 14 and 21 days. It has also improved TTO turnaround time by 2 hours.
- We run a yearly Point Prevalence Audit to understand what our capacity should look like.
- Biannual audits are carried out to help understand alternate pathways to be explored to support admission prevention and early discharge. This year this has been backed up by a missed opportunities audit.
- 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 on a central board for awareness and action at patient level information.
- In some Medical wards a progress chaser role is utilised to chase 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, 12.30 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 9pm 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. This now has a dedicated manager to liaise with all the stakeholders.
- 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.

Quality Priorities Achievements – Patient Safety

Patient Safety Quality Priority

Implement staff retention and recruitment plans to improve the Trust vacancy and turnover.

Fully Achieved

Achievements at a glance:

Voluntary turnover reduced from an average of 12.48% in 2019/20 to 8.49% in 2020/21. It is taken into account that the Covid 19 pandemic will have affected turnover as less people were leaving.

Overall Trust vacancies (all roles) reduced from 10.79% in 2019/20 to 8.85% in 2020/21. Please note this percentage includes all staff on Parental Leave and Long-Term Sick Leave as vacancies therefore not all roles could be recruited into.

What we have achieved:

As stated above the overall vacancy and turnover position has improved. It is acknowledged that the Covid 19 pandemic did have an impact on this. Less people were leaving the Trust due to wanting to remain in post to help in the response to the pandemic. In addition to this the private sector employment market was devastated and less roles were available outside of the NHS. It is also acknowledged that less people retired from the Trust during the last year.

More people also wanted to join the NHS to help in the response to the pandemic which helped the recruitment position. The Trust also saw a huge increase in the number of people joining the staff bank which is not reflected in the above data as it only concerns permanent roles.

The Trust introduced several new recruitment initiatives including:

- International Recruitment of Nurses from India in line with the NHS People Plan
- Recruitment to Degree Nurse Apprenticeship Roles
- Recruitment of more Nursing Associates, Student Nursing Associates and Assistant Practitioners to support teams across the Trust
- Expansion of the Trust Apprenticeship Programme for all roles within the Careers Hub

The Health and Wellbeing programme for staff continued to expand with the Employee Assistance Programme as well as other initiatives to support staff during the past year which has been incredibly challenging and demanding.

Work planned for the year ahead:

The Trust will continue to monitor the Recruitment and Turnover data to ensure we are improving the position and working to reduce voluntary turnover and vacancies.

The Trust is employing a Matron on a part time basis to help support Recruitment and Retention of nursing roles. This post will work closely with the Employment Services Team.

The Trust Retention Strategy Group will re-commence to ensure retention strategies are maintained and new initiatives are implemented.

Patient Safety Quality Priority

Deliver a digital hub to test technology solutions.

Fully Achieved

Achievements at a glance:

- The Digital Hub was designed and built in partnership with SCC at Stratford Hospital
- The Digital Hub was publicly launched in October 2020
- The Digital Hub has a work list of initiatives currently being developed
- The Digital Hub has successfully delivered a pilot of the MySense system
- A plan for the Hub for 2021/2 has been agreed by Digital Health Board

What we have achieved:

During 2020 we partnered with SCC to design, build and implement a Digital Hub in a void space on the top floor of Stratford Hospital. The room is fully kitted out with advanced audio-visual equipment, provided by SCC. It is intended as an environment to bring together Healthcare, Industry and Academic partners to explore new uses of technology and digital tools. The room was launched across the Trusts and publicly in October 2020.

Through the hub the Trust has begun to explore a number of initiatives to enhance our use of technology. The most advanced of these is the pilot of MySense sensor technology in the community. The pilot has shown numerous benefits, including a reduction in ED admissions. The project is also a finalist for 3 Health Services Journal (HSJ) Awards.

Several other initiatives are also currently being explored through the hub partnership and are at various stages of development. These include:

- The use of technology to reduce falls in inpatient side-rooms
- The use of artificial intelligence and machine learning to support triage and diagnostics
- Augmented reality devices for learning and in theatres
- Wireless patient monitoring

Digital Health Board have approved a plan for use of the Hub in 2021/22 which includes continuing to explore individual ideas as they arise, as well as hosting a number of events for staff members to pitch their ideas and explore the use of technology across whole clinical pathways.

Work planned for the year ahead:

- Implement the Digital Hub Plan for 2021/22
- Develop and enhance relationships with academic institutions including Warwick Business School and ensure that academic and research input is fundamental to the work of the hub.

Patient Safety Quality Priority

Establish timely and safe cancer pathways.

Partially Achieved

Achievements at a glance:

This year cancer performance has been similar to the previous year. The numbers of patients waiting over 62 days has significantly fallen. Improvements have been seen in delivering the 28 day Faster Diagnosis Standard

What we have achieved:

Performance

Cancer Waiting Time Measure	National Standard	Performance 2019/2020	Performance 2020/2021
14 Day all Cancers	93%	87.6%	81.7%
28 Day FDS Two Week Wait	75%	57.4%	54.9%
28 Day FDS Screening	75%	39.5%	50.7%
62 Day all Cancers	85%	72.2%	62.8%
62 Day Screening	90%	66.2%	38.6%
31 Day First Treatment	96%	93.8%	93.6%
31 Day Subsequent all Cancer	96%	95.6%	96.6%
31 Day Subsequent Drugs	98%	97.4%	100%
31 Day Subsequent Surgery	94%	92.0%	91.8%
62 Consultant Upgrade	85%	82.7%	81.6%

Number of patients on the cancer waiting list for more than 62 days (not all confirmed cancers)

Days on waiting list	31.03.2020	31.03.2021
63 to 103 days	108	67
+104 days	44	27

Governance and Performance Management

- Well established monthly Cancer Board which is attended by all clinical and operational leads from each tumour site. The attendees also include representatives from the CCG and the Coventry and Warwickshire Health Care Partnership. Chaired by the Director of Operations or the Deputy Director of Operations (ADO Elective)
- Weekly detailed waiting list meetings takes place for each tumour site (Chaired by the General Manager for Cancer Services or the Deputy Cancer Services Manager)
- Implementation of weekly cancer performance meetings. Chaired by the General Manager Cancer Services.
- Appointment of clinical lead for Cancer
- Review and revised Trust Cancer Strategy

Redesign / Improvement

- Pathway analysis against the 28 day faster diagnostic standard underway to identify areas of improvement including diagnostic pathways for radiology, endoscopy and pathology.
- Introduction of straight to test pathways for urology, lower and upper GI
- Use of virtual dermatology consultations
- Virtual MDT's and the implementation of System based single Gynae MDT
- Implementation of remote monitoring in line with the Living with and beyond cancer requirements.

- Introduction of care navigators to support patients throughout their cancer care.
- Redesign of MDT administrative functions to support improvements in the collection and reporting of cancer quality data.

Digital Transformation

- Implementation of remote monitoring systems
- Upgrade of Somerset Cancer Registry System
- Implementation of virtual MDT

Work planned for the year ahead:

Governance and Performance Management

- Develop harm review process further to include those incidents that do not result in a cancer waiting time breach. To ensure process is compatible with the Trust governance and lessons are learnt across the Organisation.
- To invite patient representation to Cancer Board and to be part of change process
- To continue to improve cancer quality data compliance to become lead in the region
- To improve the performance delivery against the 28 day faster diagnosis standard and the 62 day all cancer standard
- To have robust sustainability plans for all tumour sites

Redesign / Improvement

- To continue with the pathway analysis workstream and to support tumour sites develop robust delivery plans against the 28 faster diagnosis standard and the 62 days all cancer standard.
- Develop a Trust wide intranet site for cancer to include transparency of data and performance within the Trust.
- Review service delivery for oncology to support patient care outside the acute setting

Digital Transformation

- Development and implementation of M-model dictation system to support the MDT process. Allowing clinicians to dictate outcomes directly input the Somerset Cancer Registry
- Continue to develop the patient portal to support self-management and Living with and Beyond Cancer agenda.
- Work with the West Midlands Cancer Alliance in the development and implementation of E-MDT which will allow sharing of cancer information and movement of patients across the region. This will support the national cancer recovery plan

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.

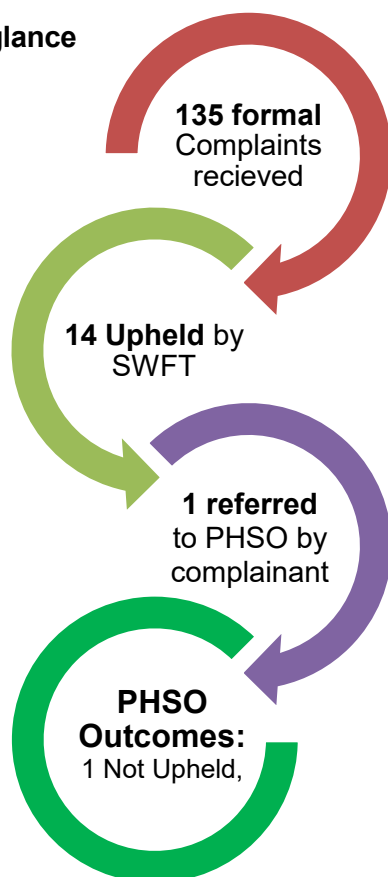
This year during the pandemic the team successfully maintained the services at all time, ensuring patients and bereaved relatives were able to contact the team by telephone and email.

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.

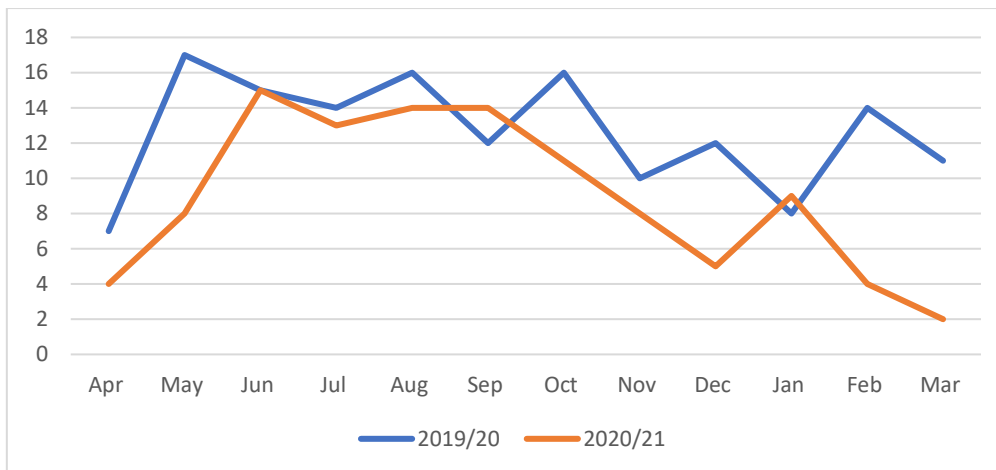
Complaints – 2020/21 year at a glance



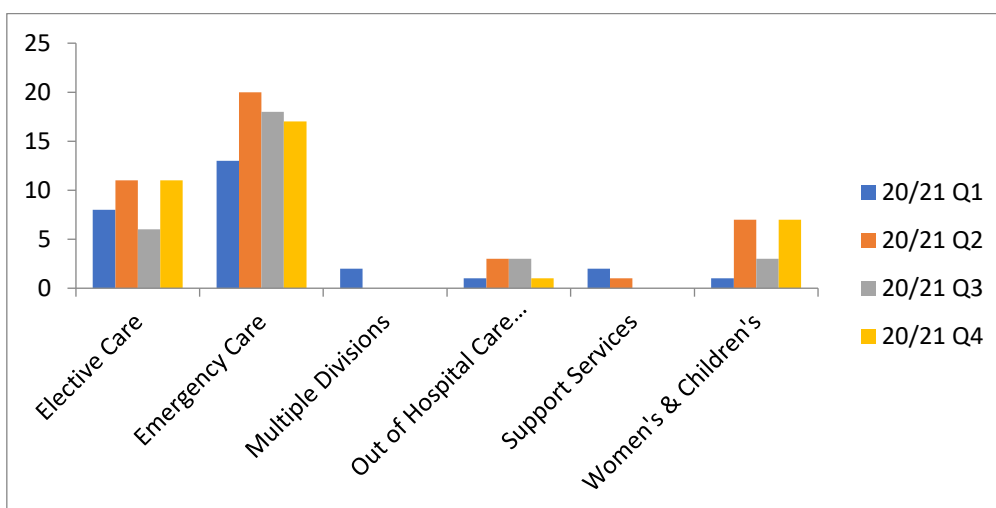
There were 135 formal complaints received in 2020/21, this compares to 151 received in 2019/20.

Complaints data overview:

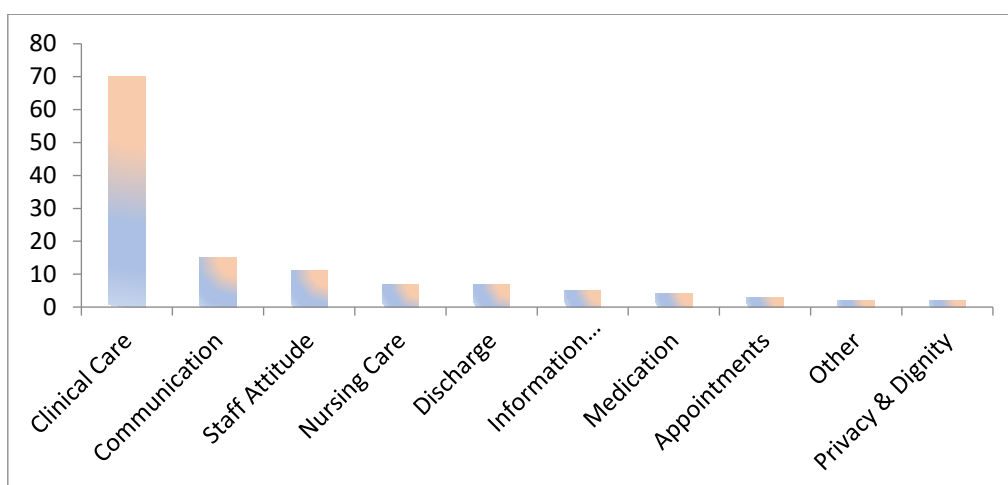
Number of Formal Complaints received



Complaints received by Division



Subjects of complaints received



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 2020/21. Following a review of the complaint the PHSO decided no further action was required.

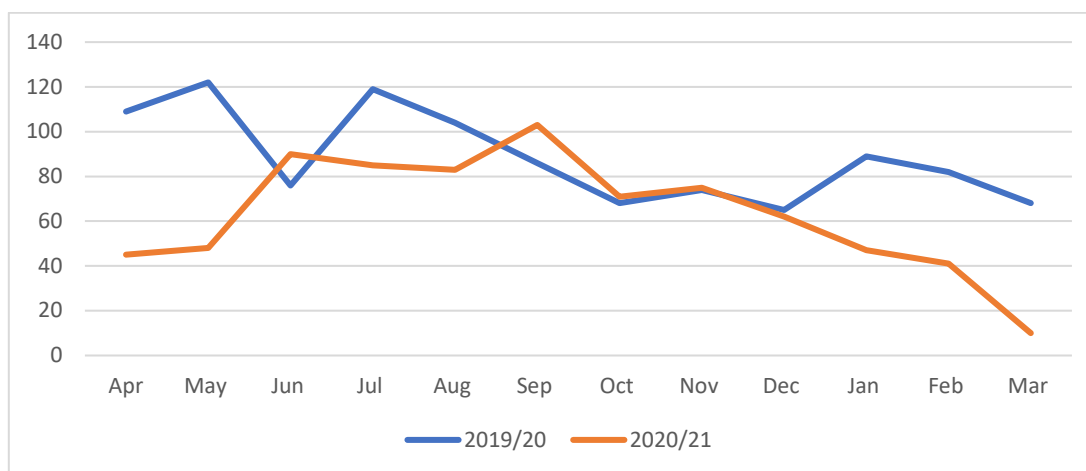
Patient Advice Liaison Service (PALS)

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.

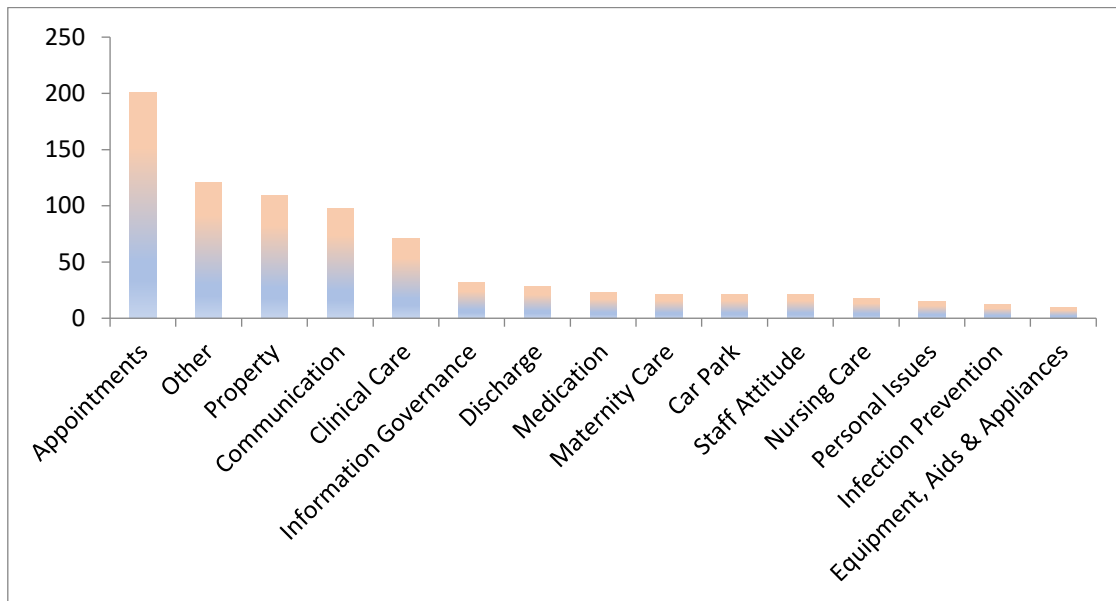
PALS received enquiries regarding a range of issues which are logged on the 'Datix' Risk Management System in order to identify the subject, specialties and themes of enquiries received. PALS dealt with 848 recorded contacts for the year 2020/21, compared with 1132 for the previous year.

PALS data overview:

Number of PALS Contacts



Top Subjects for PALS enquiries 2020-21



Bereavement

The Trust's Bereavement Service co-ordinates matters following the death of an inpatient and liaises with the doctors to ensure the medical certificate of cause of death is completed within the designated timeframe. The PALS/Bereavement Officers ensure the paperwork is available for the family and provide them with practical support and information.

During 2020/21 the PALS/Bereavement Officers dealt with 989 Bereaved families. This was higher than normal with a concentrated number of deaths at the peak times of the pandemic.

Response to the pandemic saw a change to guidance around the certification criteria and the Trust adhered to this and implemented electronic transfer of documents to the Registration and Cremation Services. The team changed their way of working and were able to adhere to the new guidance without any delay being caused.

After a pause to help meet clinical commitments the Medical Examiners resumed work in July 2020. All deaths at Warwick Hospital are now reviewed by a Medical Examiner before the Medical Certificate of Cause of Death is released. This review provides greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths

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.

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.

In April 2020 there was a pause in the survey reporting, however in September the Trust implemented the new style questions set by NHS England and have encouraged our patients to complete the survey online. From 1 April 2020 to 31 March 2021, 5,987 patients completed the survey and provided feedback on their experience. 95.8% of those patients would recommend the Trust with 2.07% patients stating they would be unlikely to recommend.

Comments

5

Cleanliness	5
Dignity	5
Information	5
Involved	5
Staff	5

Every member of staff was polite, engaging & compassionate.
Improvements
I was admitted very late at night, since I was feeling relatively well it might have been better to complete the paperwork etc outside of the ward to not wake the other patients

5

Cleanliness	5
Dignity	5
Information	5
Involved	5
Staff	5

Midwives and support staff are all very friendly, attentive and explained tests and procedures well. Support with breastfeeding has been great, especially by Vamrie who held me at night./n'Chris' has been fantastic, explaining things well and consulting as in decisions!
Improvements
- The food was very salty at lunch (rough potato, chicken and look pie) male toilet used for dads correctly no toilet seat and delopated./n- Discharge process too long.

5

Dignity	5
Information	5
Involved	5
Staff	5

Gentle and understand how painful my leg can be.
Improvements

4

Cleanliness	5
Dignity	5
Information	5
Involved	5
Staff	5

I feel there is more I could learn about the condition. But I have yet to see my G.P. I understand covid 19 has got in the way though.
Improvements
I hope to get more explanations when I see my GP.

5

Appointment	5
Dignity	5
Information	5
Involved	5
Next Steps	5
Parent Dignity	5
Staff	5
Suitable	5
Location	
Support	5

I am really grateful for the support and advice received from the school nurse.
Improvements
None

Patient Surveys

The Trust took part in the National Surveys programme in 2020/21. Following receipt of reports these were shared, reviewed and action plans created based on the results of the patient responses to the surveys.

The Trust also took part in the NHS Benchmarking exercise again in 2020/2021 against the national learning disability improvement standards for NHS Trusts; results yet to be published.

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 2020/2021 there was 1 incident where a single sex accommodation breach occurred affecting 4 patients in total (compared to 4 incidences affecting 4 patients in 2019/2021) The breach occurred in the Coronary Care Unit when a patient was deemed ready to move out of the enhanced care unit, but no appropriate bed could be identified for them within the agreed timeframe.

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

Date of Breach	Recommendations / Actions	Status
September 2020	<ul style="list-style-type: none">Remind the cardiology team of the actions required if a same sex policy breach occurs.	Complete
4 Patients	<ul style="list-style-type: none">Update Same Sex Breach Standard Operating Policy to reflect boarding a patient awaiting discharge, if they are able to be fully dressed and can sit on a chair in a bay and are distanced 2 meters or more from the patient in the next bed space.	Complete
Emergency Care Division		Complete
Coronary Care Unit	<ul style="list-style-type: none">Recirculate Same Sex Breach Standard Operating Policy to the cardiology team	Complete

Quality Priorities Achievements – Patient Experience

Patient Experience Quality Priority

Develop a compassionate end of life care strategy and public campaign with partners

Partially Achieved

Achievements at a glance:

- End of Life Care strategy in place
- Development of public campaign started with Healthwatch

What we have achieved:

The 5 year strategy for End of Life Care was written in 2019 and continues until 2024. The strategy was written using the national documents 'Ambitions for Palliative and End of Life Care' and 'One chance to get it right'. The main priorities identified are:

1. The provision of professional, compassionate, and holistic care
2. Education and training
3. Clear information about the options available
4. 24/7 access
5. Communication between services

There has been an expansion of the specialist Palliative Care Clinical Nurse Specialist (CNS) workforce in both the community and acute teams. In November 2020, two Palliative Medicine Consultants were recruited to provide more support in the acute sector and to provide support for the South Warwickshire and Rugby community teams. The removal of the Macmillan badge for the CNS team should allow a refocus on non-malignant diagnoses over the coming years.

Education remains a focus for the team despite the challenges of COVID-19. A virtual programme has been continuing and the SWFT team are part of a system-wide group providing education across Coventry and Warwickshire. In August 2020, two clinical education fellows in Palliative Medicine joined the team and allowed the return of Buckingham University medical students and development of their teaching programme. One consultant provides educational supervisor support to a Buckingham University medical student and another has taken on a role to develop Palliative Medicine education in Warwick University. Over the last year we have had a specialty trainee in Rugby community team and in February 2021, we took on our first GP Vocational Training Scheme trainees in each of the community teams.

Access to virtual consultations have been developed in response to COVID-19. We were an early adopter of AccuRx (a digital system of securely having a virtual consultation). The daily conference call has also developed further communication between teams and is now used to communicate the capacity of relevant teams as well as to co-ordinate care for patients in North and South Warwickshire. COVID-19 has also increased integration between the specialist palliative care teams and district nurses, with regular meetings to provide support and co-ordinate care. The roll out of EMIS (digital system to access notes) has also improved communication as all community notes and GP notes are available to healthcare professionals involved in a patients' care.

As response to the COVID-19 pandemic, FastTrack discharges from the acute sector were co-ordinated by Palliative care. In particular the acute CNS team liaised with a single point of access run by a local hospice to organise care for patients being discharged home for end of life care.

Work has started with Healthwatch on a public campaign. This was planned to have a focus on advance care planning. Initial research into other campaigns had been carried out and it was planned to start discussions with stakeholders. With the 3rd lockdown and increase in COVID-19 cases in the Trust this has currently been put on hold.

Work planned for the year ahead:

- Engage in National Audit of Care at the End of Life (NACEL) audit round 3

- Embed Outcome Assessment and Complexity Collaborative (OACC) outcomes in the specialist palliative care teams to enable measurement of quality
- Project of integration of Specialist Palliative Care services with George Elliot Hospital
- Review of end of life care guidance
- Review of holistic plan for the care of the dying person
- End of Life Champions to be re-launched in Warwick Hospital
- Heart failure MDT to be created with cardiology team

Patient Experience Quality Priority

Deliver additional car parking at Warwick hospital site

Partially Achieved

Achievements at a glance:

- Planning permission has been granted to build a Multi Storey Car Park on the site of the former Pickerings staff car park on Miller's Road

What we have achieved:

- Planning permission was granted in January 2021, to build a Multi Storey Car Park (MSCP) on the site of the former Pickerings staff car park on Miller's Road.
- Contractor have been selected, and programme of works agreed with materials ordered.
- The four-storey building planned will provide 469 parking spaces including 22 electric vehicle charging spaces for staff who work at Warwick Hospital. The car park is intended to increase parking capacity for patients and visitors on the main Hospital site by approximately 20%. The development will also enable the Trust to use the site differently by presenting scope for further development opportunities - giving the organisation more flexibility to improve services and increase clinical offerings, which will benefit patients. The building is expected to take around seven months to construct with the MSCP anticipated to be operational in late 2021.
- To prepare the site for the building work to commence, the Pickerings car park was closed on Friday 19 March and will remain closed until the development work is finished. To mitigate the number of staff car parking spaces being lost during this time, the Trust has created 99 car parking spaces on Millers Road. In conjunction with the Trust's continued commitment to agile and home working, these measures will ensure the staff members who need to be on-site at Warwick Hospital to carry out their role will be able to easily park their cars.
- During the Pandemic, staff and patient car parking charges were suspended, and with many staff working from home and less patients attending the hospital during this period car parking was less of an issue in the short term.

Work planned for the year ahead:

- Work to start on the new car park will commence in April 2021 with completion expected in November 2021.
- Decant plan in place.

Patient Experience Quality Priority

Develop a public and patient engagement strategy with partners

Fully Achieved

Achievements at a glance:

- Collaboration and relationships with partners have been developed and built on to enable combined approaches to public engagement.
- Engagement approaches been compared with partners and best practice shared.
- Sustainability targets and strategy progressed and reviewed.

What we have achieved:

- Transitional Board is well established as a partnership board and have agreed a compact. Workshops have been held to develop the partnership and agreed plans.
- Anchor alliance commitments have been agreed across Coventry and Warwickshire. SWFT is a key partner in this.
- Warwickshire County Council (WCC) have agreed their approach for engagement across Warwickshire and we are seeing if we can work with them rather than have two separate approaches.
- Workshop held to gather Governor views moving to Place approach.
- Sustainability Strategy review presented to November 2020 Board of Directors. Progress made against targets and new ones adopted to reflect new policy.
- Meeting with Warwick District Council to agree plans to work together.

Work planned for the year ahead:

We will develop a public involvement framework with partners to support ongoing involvement to be coordinated and consistent across all partner at PLACE.

Quality Priorities Achievements – Patient Outcomes

Patient Outcomes Quality Priority

Review the community hospital and Discharge to Assess pathways and capacity.

Partially Achieved

Achievements at a glance:

Agreed winter readiness plan across the county for Discharge to Assess pathways, and system isolation beds for patients who have finished their treatment in a community or acute bed but are unable to go home due to family members shielding or care home unable to accept.

National recommendations have been reviewed and the pathway has been remodelled taking these into consideration.'

New Task and Finish Groups have been established to Community Hospital review, the workstreams include criteria and infrastructure, data, finance, estates and communication.

What we have achieved:

Discharge to Assess Commissioning Review including review of Community Hospitals

A strategic review of all Discharge to Assess (D2A) pathways across Warwickshire is taking place. The review is being led by Warwickshire County Council and South Warwickshire Foundation Trust and is supported by all system partners. The main aim of the review is to understand the current delivery and future requirements of all D2A pathways across the county and community hospital bedded provision within South place.

The system wide D2A review is split into 2 phases:

- Phase 1:** Winter readiness plan 2020/21 and agreement on required commissioned solutions to support winter and COVID demand. ***This is complete and winter resilience recommendations are being mobilised.***
- Phase 2:** Wider review of all pathways including Pathway 1 and identification of the longer-term commissioning model, commissioning intentions and system wide recommendations. **Community Hospital Options appraisal and review of other D2A pathways available by May 2021.**

Current position and priorities:

Phase 1: Winter planning and second wave of COVID – as a system we have agreed a number of priorities to ensure market capacity and resilience within D2A pathways, these are being delivered as follows:

- D2A home based pilot in Warwickshire North; a collaboration of CERT therapy, social care and domiciliary care providing up to 6 weeks support at home as an alternative to bedded pathway 2 facilities. This pilot is for 6 months and will cease in June 2021.
- Commissioning of Pathway 2 bedded facilities in Rugby. A bedded offer is now mobilised at a care home in Rugby with good outcomes being reported so far.
- System wide blue and exposed bedded pathways – ensuring that those patients who are medically optimised but have COVID and 24 hour care needs are discharged to a safe isolation facility. Current offer is at Ellen Badger Hospital (EBH) and a Warwickshire care home. We anticipate requiring this model until at least the end of Quarter 1 2021.
- Commissioning of additional Pathway 2 services to support impact of EBH offering blue bed capacity for the system.
- Review and make recommendations with regards to a South Pathway 3 offer.
- Extension and re-definition of Restricted Limb pathway – pilot currently extended until July 2021.
- Community Hospital bedded review project structure is set up and needs assessment is being undertaken which will inform the options appraisal.

Work planned for the year ahead:

Phase 2: Strategic review of all D2A pathways and review of community hospital bedded facilities:

Using a commissioning cycle approach (analyse, plan, do and review) to understand current utilisation of community hospital bedded provision and D2A provision to make recommendations for future system requirements as follows:

- Community Hospital needs assessment and Options Appraisal by end of May 2021.
- Review and future recommendations (including funding arrangements) for D2A home based and Restricted Limb pathways by July 2021 (both pilot schemes are component parts of Warwickshire's Pathway 1 offer).
- Review of Pathway 2 offer and Moving on beds countywide and recommended future model.
- Deep dive of Pathway 1 immediate flows and volumes from each acute to each individual part of pathway 1 offer and recommendations for future work.
- Delivery of a D2A system wide dashboard containing intelligence around utilisation of each pathway, average length of stay, place-based variances and onward destination following D2A usage across the county.
- In the event that a Winter surge of Covid 19 patients which impacts on care homes ability to allow admissions. We have agreed a forward plan for system wide provision and requirement for beds where Covid positive patients who no longer require a community or acute bed can be discharged to for their isolation period.
- D2A services are re-commissioned or re-designed in line with revised commissioning intentions.

Patient Outcomes Quality Priority

Continue to reduce face to face follow up outpatient appointments by using technology

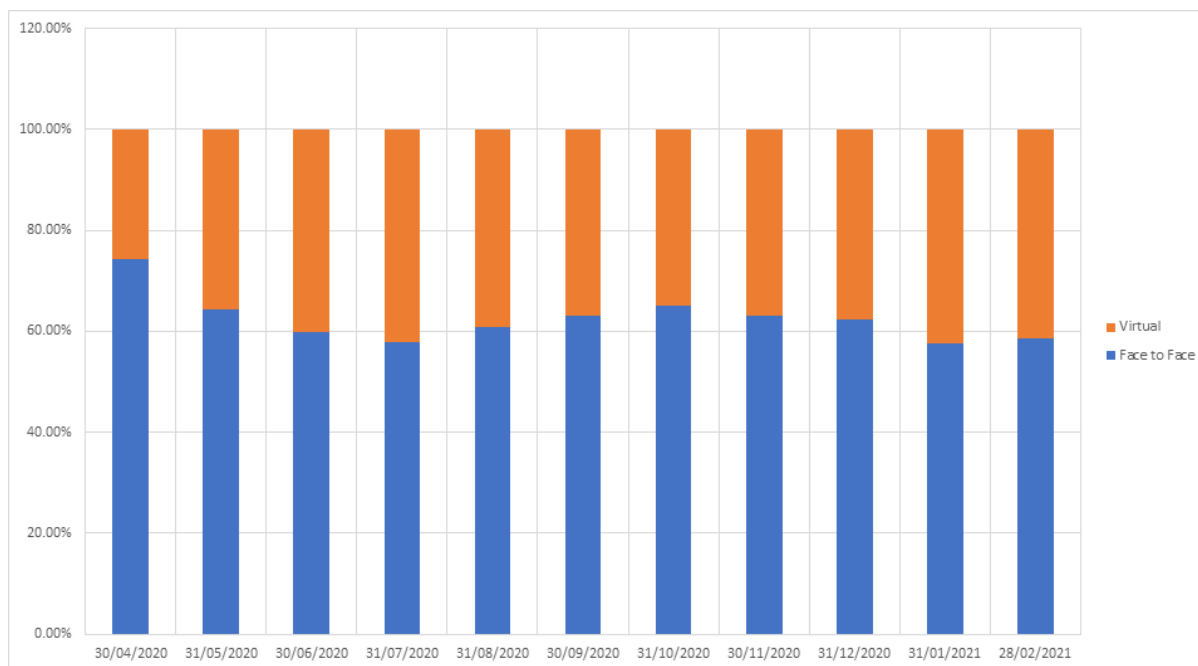
Fully Achieved

Achievements at a glance:

- 38% of patients seen virtually in 2020/21
- Increase of 12% for patients seen virtually in comparison from April 2020 to March 2021
- Implementation of a digital in-house room booking system.
- Introduction of Virtual Consultations (telephone and video)

What we have achieved:

1. The Trust have agreed on AccuRx as their video consultation software and this is being used currently by a number of specialties within the Trust.
2. Dermatology have introduced a system where patients send photos ahead of their virtual appointments to negate the need for them to attend on site.
3. Triage systems are in place for specialties to decide on whether patients should be seen virtually or face to face (F2F).
4. Work is underway on functionality in Lorenzo that allows a patient's preference for virtual vs F2F vs Video appointment to be entered and this will be visible in the patient's Electronic Patient Record .
5. New functionality in ERS has been rolled out that will support the opening of bookable slots for patients/GPs allowing them in theory to select virtual slots
6. F2F and virtual trend data is shown below and evidences a decrease in face to face appointments over the course of the year:



7. Warwick Out Patient Department (OPD) Clinic rooms are managed by a digital room booking system called ROMAN which has been developed by the Trust. ROMAN is a transparent, auditable and accessible way of maximising clinic room capacity. This means that rooms are available to support virtual clinics where office space is not available or working from home is not practical. In addition to accommodating capacity for face-to-face patient appointments OPD are utilising clinical room capacity for the following:
 - 100% face-to-face Clinics.
 - Mixed face-to-face & virtual Clinics.
 - 100% Virtual Clinics.
 - Short notice requests for urgent face to face (F2F) clinics.

8. Webcams and headsets for all Virtual Clinics have been set up in all clinical rooms. This supports a mixed model of outpatients, whereby templates can have a mix of face to face and virtual slots if required. In addition, if consultants do not have their own office space, they can book a room in outpatients that supports virtual clinics.
9. Telephones have been replaced by hands free handsets that have speaker units built in, to enable students to participate in virtual consultations carried out in outpatient rooms.

Work planned for the year ahead:

- Continue to drive virtual consultations where possible
- Look to roll out more video consultations
- Explore patient preference to virtual consultation to help drive the virtual agenda
- Develop improved integration with primary care
- ROMAN will be developed to provide functionality for reporting purposes to maximise clinic room capacity and highlight inefficiencies across both sites and all specialities.
- The Fracture Clinic to be relocated

Patient Outcomes Quality Priority

Implement a population health approach at primary care /place-based team level.

Fully Achieved

Achievements at a glance:

- Pilot of a temporary Population Health Management (PHM) risk stratification tool to learn implementation lessons.
- Product specifications developed for the procurement of a PHM system.
- Market engagement to identify potential suppliers of a PHM system
- Procurement process ongoing.

What we have achieved:

In Warwickshire North there are high levels of respiratory illness, as identified in local Joint Strategic Needs Assessment (JSNA) reports. As a result, we are implementing a respiratory specialist nurse post to provide specialist support and advice to Place Based Teams in the management of respiratory conditions, including Chronic Obstructive Pulmonary Disease (COPD).

Warwickshire North has also identified their care home population as high priority. Place based teams have been commissioned to lead on virtual ward rounds for care homes and offer direct access to an urgent response service. This is now being supported by the implementation of Docobo telehealth system in all care homes, where alerts to a deteriorating resident can prompt an intervention from their local Place Based Team.

In South Warwickshire a key area of concern from the JSNA place profiles is heart related illness. We have recently implemented an expanded Heart Failure Nurse service, which works across Out of Hospital and acute in reach services to better support this patient group with seamless care. Place based teams are able to access advice and guidance via a telephone service and are also supported with the development of care plans.

In Rugby loneliness is a major concern for both patients and carers, and the local Place Based Teams are working closely with ConnectWell, a social prescribing service to respond to this need. The ConnectWell team join regular MDT meetings, led by the Place Based Team, to help ensure social as well as health needs are responded to.

Across Warwickshire there are high levels of hospital admissions due to falls. Working in partnership with Warwickshire County Council, a falls prevention project has been established, with Out of Hospital teams providing a therapy led offer for those at medium to high risk of falling. This has been embedded into existing Out of Hospital services, providing the opportunity to spread knowledge of falls prevention activity more widely.

In 2021/22 we will be redeveloping three key community sites as locality hubs. JSNA data has been used to support the planning for this development. For example, a theme around mental health has led to the development of requirements for mental health friendly spaces within the buildings and dementia friendly signage.

All this work is supported by an ongoing focus within all teams on healthy lifestyle promotion, with staff trained in Making Every Contact Count and engaging in training on key areas relevant to their local population.

In 2018 £120k was spent to support a temporary risk segmentation tool called IQVIA. This used a standard Trust dataset to categorise patients based on the main reason for treatment during their care. A small number of patients consume disproportionately high levels of resource and these patients are categorised as 'Complex'.

IQVIA was implemented in 2019 and the pilot ran until March 2020 when the pandemic interrupted the pilot. Lessons learnt include:

- Importance of timely data
- Outputs generated in a way usable by clinical teams
- Understanding of what an operational preventative response might look like.

Funding from NHSE was used to begin the process for procurement of a PHM system that could be used across the Integrated Care System. A specification for a Population Health Management system was developed based on existing NHSE standards and further refinement and input from the Consultant in Public Health. The health and care system were engaged about the specification through the Proactive and Preventative Group as well as the Population Health Management subgroup that reports to Proactive and Prevention for more detailed discussion.

The market engaged based on that specification to identify potential providers, and that procurement is complete.

Further engagement with the rest of the health and social care system has taken place to ensure that the procurement of the system is aligned with other Population Health Management activities.

Work planned for the year ahead:

- Implement the PHM system at pace by identifying a suitable use case and Primary Care Network to trial the approach.
- Enhance the impact of the use through the South Intelligence Cell.

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.

2020/21 was a year that required us as an Organisation to support the collective National and Local response to COVID-19 pandemic. Our response to COVID-19 impacted on our compliance with National standards, targets and locally derived targets particularly during times of increased prevalence of COVID-19 in our Community. As Covid-19 numbers have reduced, our capacity to recover and restore services has improved so too has our performance, which is monitored by the Board of Directors.

Please note that the Cancer figures are based on April – February data, which is the latest data available.

All other waiting time figures are based on the aggregate Apr-March position & the out-patient booking position is based on the position as at the end of March 2021.

Indicator	Threshold	Actual 2019/20	Actual 2020/21
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	92%	92.1%	72.9%
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	89.1%	90.3%
All cancers: 62-day wait for first treatment from:			
- urgent GP referral for suspected cancer	85%	72.2%	62.8%
- NHS Cancer Screening Service referral	90%	69.5%	38.6%
Maximum 6-week wait for diagnostic procedures	99%	98.0%	87.4%
Cancer: two-week wait from referral to date first seen, comprising:			
- all urgent referrals (cancer suspected)	93%	88.2%	81.7%
- for symptomatic breast patients (cancer not initially suspected)	93%	76.3%	40.4%
C. difficile – meeting the C. difficile objective – avoidable cases	6	2	0
Outpatients appointments booked 3 weeks in advance	80%	68.7%	66.2%

List of Abbreviations

ACP	Advanced Clinical Practitioner
ACS	Acute Coronary Syndrome
AOGG	Audit and Operational Governance Groups
BoD	Board of Directors
BOO	Bladder Outlet Obstruction
C.diff	Clostridium Difficile
CCG	Clinical Commissioning Group
CDAO	Controlled Drugs Accountable Officer
CGC	Clinical Governance Committee
CMP	Case Mix Programme
CNS	Clinical Nurse Specialist
COPD	Chronic obstructive pulmonary disease
CQC	Care Quality Commission
CQUINs	Commissioning for Quality and Innovation
CRNWM	Clinical Research Network West Midlands
D2A	Discharge to Assess
DHSC previously DoH	Department of Health and Social Care previously; Department of Health
DPA	Data Protection Act
DQ	Data Quality
DSPT	Data Security and Protection Toolkit
DTC	Drugs and Therapeutic Committee
EBH	Ellen Badger Hospital
E.Coli	Escheria Coli
ED	Emergency Department
EMIS	A digital clinical system to access patient notes
ENT	Ear, Nose, Throat
EPMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Records
FAA	Frailty Assessment Area
FTSUG	Freedom to Speak Up Guardian
GEH	George Eliot Hospital

GP	General Practitioner
GDPR	General Data Protection Regulation
HCAI	Healthcare associated infections
HR	Human Resources
HSMR	Hospital Standardised Mortality Ratio
IBD	Inflammatory Bowel Disease
ICO	Information Commissioners Office
ICS	Integrated Care System
IMR	Initial Management Review
ITU	Intensive Treatment Unit
KPI	Key Performance Indicator
MDT	Multi-Disciplinary Team
MINAP	Myocardial Infarction National Audit Project
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSc	Master of Science
MSC	Mortality Surveillance Committee
MSCP	Multi Storey Car Park
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MSO	Medication Safety Officer
NABCOP	National Audit of Breast Cancer in Older Patients
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
NDG	National Data Guardians
NELA	National Emergency Laparotomy Audit
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
NIV	None invasive ventilation
NDPA	National Diabetes in Pregnancy Audit

NMPA	National Maternity and Perinatal Audit
NNAP	National Neonatal Audit Programme
NPSA	National Patient Safety Agency
OHCC	Out of Hospital Care Collaborative (Community services)
PALS	Patient Advice Liaison Service
PCN	Primary Care Network
PHSO	Parliamentary Healthy Service Ombudsman
PPE	Personal protective equipment
PROM	Patient Reported Outcome Measures
PURG	Pressure Ulcer Review Group
QIP	Quality Improvement Project
RAMI	Risk Adjusted Mortality Indicator
RCA	Root Cause Analysis
RCPH	Royal College of Paediatrics and Child Health
RTT	Referral to Treatment Targets
SAMBA	Society for Acute Medicine Benchmarking Audit
SALT	Speech and Language Therapy
SDTI	Suspected Deep Tissue Injury
SHMI	Summary Hospital-Level Mortality Indicator
SHOT	Serious Hazards of Transfusion
SI	Serious Incident
SOP	Standard Operating Procedure
SSNAP	Sentinel Stroke National Audit Programme
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
TV	Tissue Viability
UHCW	University Hospitals Coventry and Warwickshire
WCC	Warwickshire County Council

Annex 1: Statements from NHS England or relevant clinical commissioning groups, local Healthwatch organisations, and overview and scrutiny committees

Statement from NHS South Warwickshire Clinical Commissioning Group (mandatory)

Following our review of the draft version of the South Warwickshire NHS Foundation Trust Quality Account we are pleased to state that this is representative of the work the Trust has undertaken to further develop the quality of its services during 2020/21.

NHS South Warwickshire Clinical Commissioning Group (CCG) (as lead commissioner for the South Warwickshire NHS Foundation Trust contract) continued 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.

2020/21 was a challenging year for the NHS due to the ongoing Coronavirus pandemic, and the CCG commend the Trust and their staff for the ongoing commitment to safe and quality care.

The Trust has not participated in any Quality Commission (CQC) reviews or inspections during the year. In 2019, the Trust was awarded an overall rating of “outstanding” with no enforcement actions stipulated.

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 towards an integrated care system the CCG attends 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.

Patient Safety is always a joint priority and the CCG is pleased to be an active member of the Trust’s Serious Incident Review Group, supporting its role in assuring the quality of serious incident investigations and dissemination of learning within the Trust. There were two ‘Never Events’ reported during 202/21, and implementation of recommendations are monitored by the CCG until closed.

The Trust complies with the national guidance on Learning from Deaths, improved the mortality review process by developing the Medical Examiner Office and added mortality reviews as part of Consultant job plans. The local Learning Disability Mortality Review (LeDeR) programme is supported with a Trust reviewer and attendance at governance groups. A CCG Governing Body GP attends the Trust’s Mortality Surveillance Committee to both seek assurance and support partnership working.

2020/21 saw a large number of Covid-related admissions and the widespread use of Personal Protective Equipment (PPE), social distancing and cessation of visiting are likely to be linked to the reduction of some healthcare associated infections. The trajectory tolerance target of 24 CDI cases was 27 (3 over trajectory). Root Cause Analysis to identify lapses in care are behind schedule due to Covid-19 pressures, however there are plans to complete these in the first quarter of 2021/22. There was no Trust-attributed MRSA bacteraemia identified, and there was a marked reduction in both MSSA and E-coli bacteraemia.

The overall staff vacancy and turnover position improved during the reporting period, with less staff leaving the Trust and more people wanting to join the NHS due to the pandemic response.

The Health and Wellbeing programme for staff continued to expand to support staff during the demanding Covid-19 response. The scores across a range of indicators in the National Staff Survey were very positive and the Trust Workforce Action Plan has a continued focus on wellbeing, equality and diversity and leadership development.

The revised Friends and Family Test (FFT) guidance was implemented from 1 April 2020, however submission of data was suspended early in the Covid-19 pandemic and resumed from December 2020. Due to the increase in virtual appointments, teams have encouraged patients to complete the online survey seeing increased submissions over time. The majority of patients report having a good service experience and 95.8% would recommend the Trust.

The Patient Advice Liaison Service (PALS)/Bereavement team work closely with wards and teams across the Trust to ensure early intervention to resolve patient concerns regarding their treatment. The Bereavement Service has supported a higher number of inpatient deaths during the year, assisting with electronic transfer of related certificates and providing support and information for relatives.

The CCG is pleased to note that Mixed Sex Accommodation Breaches have continued to reduce and have remained at zero for the last quarter. There was one breach, affecting four patients, in the Coronary Care Unit in September. The CCG staff are invited to review meetings in respect of breaches and the CCG receives copies of relevant RCA reports.

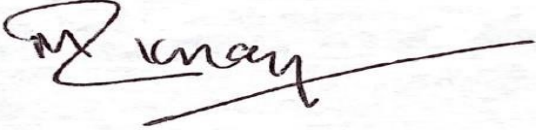

Cancer waiting time performance was impacted during the Covid-19 pandemic, however the Trust has waiting list management processes in place to restore services. Many cancer waiting time performance measures were improving, however performance for the 62-day cancer wait target has been more variable. This is a key cause for concern for the CCG and we have been working collaboratively with the Trust to help rectify this. The number of patients on the cancer waiting list for more than 62 days at year-end has significantly improved compared to 2019/20. The CCG acknowledges there has been an improvement in timely completion of robust root cause analyses (RCAs) with independent reviewer input providing added assurance at the Clinical Harm Reviews. Learning is disseminated internally and within both primary and secondary care in order to support improvement in delivery.

The Trust has continued to develop a compassionate end-of-life strategy with system partners. There has been an expansion of the specialist palliative care nurse workforce, and recruitment of two Palliative Medicine Consultants to support both the acute sector and community teams. The Covid-19 response has seen increased integration between the specialist palliative care teams and district nurses to provide support and coordinate care.

SWFT's maternity lead has provided assurance on the continuity of care model. The primary named Midwife is contacting expectant mothers before and after birth via telephone and text. Social media has been utilised successfully to offer support and advice for expectant mothers. The CCG congratulates the SWFT maternity service as the winner of the Royal College of Midwives *Midwifery Service of the Year Award* in May 2020.

To conclude, there is 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 2021/22 in the areas of patient outcomes, patient experience and patient safety are welcomed and endorsed 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.

	
Zubair Khan	Jo Galloway
Chair - Clinical Quality and Governance Committee	Interim Chief Nursing Officer
Coventry & Warwickshire CCG	Coventry & Warwickshire CCG
Date: 27/5/2021	Date: 27/5/2021

Healthwatch Warwickshire's Response –

Thank you for your Quality Accounts Report.

The Report indicates a year of solid progress in terms of Patient Experience, Patient Safety, and Quality of Services. It is also indicative of an open and inclusive approach to engaging with Patients and the Public.

The Priorities for 2021 are welcome in terms of being focussed on the experiences of, and outcomes for, the Patient. One issue that might usefully be incorporated into the priorities is the experiences of Patients with Mental Illness, Autism or LD in the ED. Healthwatch Warwickshire have had a few incidences reported by Patients with those conditions that they have found the ED environment exacerbates existing stresses. Some thought could be given to further raising the awareness of staff about those conditions? Perhaps Estates could look at whether small sanctuaries could be developed within a very busy Department. A tall order, but one that is worth exploring.

Overall a year of good progress and we look forward to working with the Trust going forwards.

Chris Bain
Chief Executive & Company Secretary
Healthwatch Warwickshire CIC
Chair, Healthwatch in the West Midlands

Warwickshire County Council Overview and Scrutiny Committee's Response:

The Overview and Scrutiny Committee were unable to comment on the report this year due to the limited timeframe there was to fully consider its content.

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:

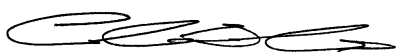
- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20 (no annual reporting manual or supporting guidance was provided for 2020/21)*
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2020 to March 2021
 - papers relating to quality reported to the board over the period April 2020 to March 2021
 - feedback from commissioners dated 27.05.2021
 - feedback from governors dated 13.05.2021
 - feedback from local Healthwatch organisations dated 24.05.2021
 - feedback from overview and scrutiny committee dated no feedback received for 2020/21
 - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 05.05.2021
 - the 2019 national patient survey
 - the 2020 national staff survey
 - the Head of Internal Audit's annual opinion of the trust's control environment dated- *not required for 2020/21*
 - 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: - 16 June 2021



Glen Burley, Chief Executive

Date: - 16 June 2021

South Warwickshire NHS Foundation Trust

Financial Statements for the Year Ended 31
March 2021
and Auditor's Statement

South Warwickshire NHS Foundation Trust

Annual accounts for the year ended 31 March 2021

Foreword to the accounts

South Warwickshire NHS Foundation Trust

These accounts, for the year ended 31 March 2021, 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

Job title

Date **16 June 2021**

Consolidated Statement of Comprehensive Income

		Group	
		2020/21	2019/20
	Note	£000	£000
Operating income from patient care activities	3	313,561	305,438
Other operating income	4	48,856	31,890
Operating expenses	6, 8	<u>(361,124)</u>	<u>(346,446)</u>
Operating surplus/(deficit) from continuing operations		<u>1,293</u>	<u>(9,118)</u>
Finance income	11	-	215
Finance expenses	12	(923)	(1,017)
PDC dividends payable		<u>(2,198)</u>	<u>(2,967)</u>
Net finance costs		<u>(3,121)</u>	<u>(3,769)</u>
Corporation tax expense		<u>(54)</u>	<u>(98)</u>
Deficit for the year		<u>(1,882)</u>	<u>(12,985)</u>
Other comprehensive income / (expense)			
Will not be reclassified to income and expenditure:			
Impairments	7	(245)	(3,395)
Revaluations	18	347	4,780
Fair value gains / (losses) on equity instruments designated at fair value through OCI	20	4,427	(4,548)
Other reserve movements		<u>(53)</u>	<u>30</u>
Total comprehensive income / (expense) for the period		<u>2,594</u>	<u>(16,118)</u>
Adjusted financial performance (control total basis):			
Deficit for the year		(1,882)	(12,985)
Remove net impairments not scoring to the Departmental expenditure limit		3,800	23,108
Remove I&E impact of capital grants and donations		(1,039)	(37)
Remove 2018/19 post audit PSF reallocation (2019/20 only)		-	(315)
Remove net impact of inventories received from DHSC group bodies for COVID response		<u>(444)</u>	<u>-</u>
Adjusted financial performance surplus		<u>435</u>	<u>9,771</u>

The notes on pages 9 to 62 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 £1.88m (2019/20 £12.99m deficit) and total comprehensive income for the year of £2.59m (2019/20 £16.12m comprehensive expense) 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 £1.987 million (2019/20: £13.005 million deficit). The Trust's total comprehensive income for the period was £2.219 million (2019/20: expense £15.741 million).

Statements of Financial Position

As at 31 March 2021	Note	Group		Trust	
		31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Non-current assets					
Intangible assets	14	5,515	3,331	5,458	3,254
Property, plant and equipment	16	133,427	121,824	110,200	99,822
Investment in subsidiaries	19	100	-	7,341	7,241
Loan to subsidiary	20	-	-	14,754	15,139
Other investments / financial assets	20	5,977	1,550	5,977	1,550
Receivables	22	1,270	989	1,270	989
Total non-current assets		146,289	127,694	145,000	127,995
Current assets					
Inventories	21	5,346	4,284	4,482	3,556
Receivables	22	15,271	34,772	17,789	37,018
Other investments / financial assets	20	-	-	386	374
Cash and cash equivalents	23	44,207	24,288	42,060	23,358
Total current assets		64,824	63,344	64,717	64,306
Current liabilities					
Trade and other payables	24	(44,727)	(39,470)	(43,230)	(39,912)
Borrowings	26	(1,503)	(1,515)	(1,677)	(1,684)
Provisions	28	(1,907)	(481)	(1,809)	(481)
Other liabilities	25	(6,570)	(3,496)	(6,570)	(3,496)
Total current liabilities		(54,707)	(44,962)	(53,286)	(45,573)
Total assets less current liabilities		156,406	146,076	156,431	146,728
Non-current liabilities					
Trade and other payables	24	(289)	(280)	(289)	(280)
Borrowings	26	(22,940)	(24,414)	(23,557)	(25,206)
Provisions	28	(2,276)	(2,157)	(1,852)	(1,889)
Other liabilities	25	(970)	-	(970)	-
Total non-current liabilities		(26,475)	(26,851)	(26,668)	(27,375)
Total assets employed		129,931	119,225	129,763	119,353
Financed by					
Public dividend capital		78,558	70,447	78,558	70,446
Revaluation reserve		8,279	8,323	7,490	7,699
Financial assets reserve		(473)	(4,900)	(473)	(4,900)
Income and expenditure reserve		43,567	45,355	44,188	46,108
Total taxpayers' equity		129,931	119,225	129,763	119,353

The notes on pages 9 to 62 form part of these accounts.



Name
Position
Date

Glen Burley
Chief Executive
16 June 2021

Consolidated Statement of Changes in Equity for the year ended 31 March 2021

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 2020 - brought forward	70,447	8,323	(4,900)	45,355	119,225
Deficit for the year	-	-	-	(1,882)	(1,882)
Impairments	-	(245)	-	-	(245)
Revaluations	-	347	-	-	347
Fair value gains on equity instruments designated at fair value through OCI	-	-	4,427	-	4,427
Public dividend capital received	8,112	-	-	-	8,112
Other reserve movements	(1)	(146)	-	94	(53)
Taxpayers' and others' equity at 31 March 2021	78,558	8,279	(473)	43,567	129,931

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

Statement of Changes in Equity for the year ended 31 March 2021

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 2020 - brought forward	70,446	7,699	(4,900)	46,108	119,353
Deficit for the year	-	-	-	(1,908)	(1,908)
Impairments	-	(557)	-	-	(557)
Revaluations	-	348	-	-	348
Fair value gains on equity instruments designated at fair value through OCI	-	-	4,427	-	4,427
Public dividend capital received	8,112	-	-	-	8,112
Other reserve movements	-	-	-	(12)	(12)
Taxpayers' and others' equity at 31 March 2021	78,558	7,490	(473)	44,188	129,763

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

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		Trust	
		2020/21 £000	2019/20 £000	2020/21 £000	2019/20 £000
Cash flows from operating activities					
Operating surplus / (deficit)		1,293	(9,118)	603	(5,107)
Non-cash income and expense:					
Depreciation and amortisation	6.1	9,216	7,856	8,799	7,504
Net impairments	7	3,800	23,108	3,584	18,193
Income recognised in respect of capital donations	4	(1,404)	(360)	(1,325)	(307)
Increase in receivables and other assets		19,442	3,618	19,249	4,679
(Increase) / decrease in inventories		(1,062)	289	(926)	269
Increase / (decrease) in payables and other liabilities		2,874	(392)	5,815	(2,352)
Increase in provisions		1,429	158	1,175	90
Other movements in operating cash flows		(107)	(68)	972	29
Net cash flows from operating activities		35,481	25,091	37,946	22,998
Cash flows used in investing activities					
Interest received		19	213	553	761
Loan investment from SWFT CS Ltd		-	-	373	359
Purchase of intangible assets		(3,213)	(1,611)	(3,526)	(1,547)
Purchase of Property, Plant and Equipment		(16,091)	(20,309)	(20,091)	(19,457)
Receipt of cash donations to purchase assets		343	-	264	-
Net cash flows used in investing activities		(18,942)	(21,707)	(22,427)	(19,884)
Cash flows from / (used in) financing activities					
Public dividend capital received		8,112	4,849	8,112	4,848
Movement on loans from DHSC		(1,428)	(1,428)	(1,428)	(1,428)
Movement on other loans		(55)	68	(55)	68
Capital element of finance lease rental payments		-	-	(169)	(164)
Interest on loans		(810)	(859)	(810)	(859)
Interest paid on finance lease liabilities		-	-	(28)	(33)
PDC dividend paid		(2,439)	(2,994)	(2,439)	(2,994)
Net cash flows from / (used in) financing activities		3,380	(364)	3,183	(562)
Increase / (decrease) in cash and cash equivalents		19,919	3,020	18,702	2,552
Cash and cash equivalents at 1 April - brought forward		24,288	21,268	23,358	20,806
Cash and cash equivalents at 31 March	23	44,207	24,288	42,060	23,358

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 2020/21 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, inventories and certain financial assets.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

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.

Other entities

In 2020/21 a new wholly owned subsidiary of the Trust, Innovate Healthcare Services Ltd (incorporated in England and Wales), was established with a £0.1m parent share holding. Innovate Healthcare Services Ltd was yet to commence trading at 31 March 2021. The £0.1m shareholding is shown as an investment in the Trust and Group accounts.

The Trust is the corporate trustee to South Warwickshire NHS Charitable Fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

Neither the new subsidiary nor the Charitable Fund are not material to the Trust's accounts, and therefore have not been consolidated in the Trust's financial statements.

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 (e.g. revaluation gains on the entity's property, plant and equipment) following acquisition. It is also reduced when any distribution, e.g., 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

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).

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 accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Sustainability and Transformation Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

For 2020/21 and 2019/20

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.

Note 1.4 Revenue from contracts with customers (cont.)

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 are 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.

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 grants 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, e.g., 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 (i.e. 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; and
- 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.

Note 1.9 Property, plant and equipment (cont.)

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.

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 the criteria in IFRS 5 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 and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

Note 1.9 Property, plant and equipment (cont.)

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.

In 2020/21 this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

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	21	25
Plant & machinery	2	15
Transport equipment	-	-
Information technology	4	10
Furniture & fittings	3	15

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

Note 1.10 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, e.g. 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, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised 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.

Amortisation

Intangible assets are amortised over their expected useful lives on a straight line basis.

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.

In 2020/21, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Investment properties

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

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

Note 1.13 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 1.14 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, i.e., 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.

Note 1.14 Financial assets and financial liabilities (cont.)

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.

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 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.

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.

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 1.15 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 1.16 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 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
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 2021:

	Inflation rate
Year 1	1.20%
Year 2	1.60%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% 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 1.17 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 1.18 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, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

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 1.19 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 1.20 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 1.21 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 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 1.23 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 1.24 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 1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.26 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 2022. 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 2022, 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 0.91% 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 2022 for existing finance leases.

For leases commencing in 2022/23, 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.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable.

Note 1.27 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 has 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.
- contractual arrangements moved to block to ensure trusts were not financially impacted by Covid 19, with top-up arrangements between months 1 and 6 to ensure trusts broke even (see note 1.4).

Note 1.28 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 28.1) £4.2m, 2019/20 £2.6m.

- Provision is made for the impairment of receivables based on the information available when the accounts are approved (see note 22.1), £6.2m, 2019/20 £5.6m, is estimated on a risk based assessment of the likelihood of non-payment which by its nature includes an element of subjectivity.

-The annual leave accrual is calculated on annual leave balances as at the time of the production of the accounts, £0.503m, 2019/20 £0.199m.

-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 2021, £5.977m (2019/20 £1.55m). 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:

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.

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 group trading with the Trust, which is eliminated upon the consolidation of these group accounts.

Information about retained surplus or deficit, assets and liabilities of the segments of Healthcare Services and Commercial Trading are detailed in the tables below:

Year ended 31 March 2021	Healthcare Services £000	Commercial Trading £000	Inter group eliminations £000	Total £000
Revenues from external customers	362,048	369	-	362,417
Revenues from transactions inter group	319	15,092	(15,411)	-
Depreciation and amortisation	(8,786)	(430)	-	(9,216)
Impairments	(3,584)	(216)	-	(3,800)
Other expenditure	(349,406)	(14,229)	15,411	(348,224)
Interest revenue	535	28	(563)	-
Interest expense	(835)	(535)	563	(807)
PDC Dividend	(2,198)	-	-	(2,198)
Taxation	-	(54)	-	(54)
Retained surplus/(deficit)	<u>1,907</u>	<u>25</u>	<u>-</u>	<u>1,882</u>

As at 31 March 2021

Assets	209,726	27,808	- 26,421	211,113
Liabilities	- 79,955	- 20,400	19,173	- 81,182
Net assets	<u>129,771</u>	<u>7,408</u>	<u>- 7,248</u>	<u>129,931</u>

Year ended 31 March 2020	Healthcare Services £000	Commercial Trading £000	Inter group eliminations £000	Total £000
Revenues from external customers	336,286	1,042	-	337,328
Revenues from transactions inter group	286	11,101	(11,387)	-
Depreciation and amortisation	(7,435)	(421)	-	(7,856)
Impairments	(22,923)	(185)	-	(23,108)
Other expenditure	(316,135)	(10,892)	11,387	(315,640)
Interest revenue	763	33	(581)	215
Interest expense	(892)	(548)	581	(859)
PDC Dividend	(2,967)	-	-	(2,967)
Taxation	-	(98)	-	(98)
Retained surplus/(deficit)	<u>13,017</u>	<u>32</u>	<u>-</u>	<u>12,985</u>

As at 31 March 2021

Assets	191,647	26,820	- 27,429	191,038
Liabilities	- 72,073	- 19,666	19,926	- 71,813
Net assets	<u>119,574</u>	<u>7,154</u>	<u>- 7,503</u>	<u>119,225</u>

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)	2020/21	2019/20
	£000	£000
Acute services		
Block contract / system envelope income*	197,756	153,616
High cost drugs income from commissioners (excluding pass-through costs)	25,141	25,747
Other NHS clinical income	3,065	33,859
Community services		
Block contract / system envelope income*	59,543	62,191
Income from other sources (e.g. local authorities)	17,256	17,682
All services		
Private patient income	888	773
Additional pension contribution central funding**	9,012	8,397
Other clinical income	900	3,173
Total income from activities	313,561	305,438

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have 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)	2020/21	Restated
	£000	2019/20
	£000	£000
Income from patient care activities received from:		
NHS England	37,168	38,831
Clinical commissioning groups	255,578	245,659
Department of Health and Social Care	-	420
Other NHS providers	1,771	1,887
NHS other	-	76
Local authorities	17,256	16,794
Non-NHS: private patients	846	638
Non-NHS: overseas patients (chargeable to patient)	13	135
Injury cost recovery scheme	343	776
Non NHS: other	586	222
Total income from activities	313,561	305,438
Of which:		
Related to continuing operations	313,561	305,438
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)

	2020/21	2019/20
	£000	£000
Income recognised this year	13	135
Cash payments received in-year	6	75
Amounts written off in-year	26	37

Note 4 Other operating income (Group)

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	288	-	288	340	-	340
Education and training	11,325	305	11,630	10,452	374	10,826
Non-patient care services to other bodies	13,169	-	13,169	10,086	-	10,086
Provider sustainability fund (2019/20 only)	-	-	-	4,055	-	4,055
Marginal rate emergency tariff funding (2019/20 only)	-	-	-	2,320	-	2,320
Reimbursement and top up funding	14,635	-	14,635	-	-	-
Income in respect of employee benefits accounted on a gross basis	145	-	145	171	-	171
Receipt of capital grants and donations	-	1,404	1,404	-	360	360
Charitable and other contributions to expenditure	-	5,742	5,742	-	-	-
Other income	843	1,000	1,843	2,668	1,064	3,732
Total other operating income	40,405	8,451	48,856	30,092	1,798	31,890
Of which:						
Related to continuing operations			48,856			31,890
Related to discontinued operations			-			-

The other contract income total above of £0.843m (2019/20 £2.668m) consists of staff and patient car parking income £0.403m (2019/20 £1.617), accommodation rentals £0.240m (2019/20 £0.238m) and other smaller items.

The other non-contract income total above of £1.000m is for Section 106 income from Warwick District Council and Stratford District Council (2019/20 £1.064m).

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	1,806	1,811
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March	31 March
	2021	2020
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	323	-
after one year, not later than five years	969	-
after five years	-	-
Total revenue allocated to remaining performance obligations	<u>1,292</u>	<u>-</u>

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:

	2020/21	2019/20
	£000	£000
Income from services designated as commissioner requested services	218,214	212,561
Income from services not designated as commissioner requested services	95,347	92,877
Total	<u>313,561</u>	<u>305,438</u>

Note 6.1 Operating expenses (Group)

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	6,822	10,034
Purchase of healthcare from non-NHS and non-DHSC bodies	2,812	268
Staff and executive directors costs	228,040	209,781
Remuneration of non-executive directors	166	151
Supplies and services - clinical (excluding drugs costs)	30,864	25,264
Supplies and services - general	13,577	10,493
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	30,460	28,568
Inventories written down	252	181
Consultancy costs	659	1,001
Establishment	2,652	2,242
Premises	14,186	10,236
Transport (including patient travel)	2,028	2,648
Depreciation of property, plant and equipment	8,066	6,578
Amortisation of intangible assets	1,150	1,278
Net impairments	3,800	23,108
Movement in credit loss allowance: contract receivables / contract assets	1,234	2,572
Decrease in other provisions	(27)	(38)
Change in provisions discount rate(s)	64	104
Audit fees payable to the external auditor		
audit services- statutory audit	101	99
other auditor remuneration (external auditor only)	11	11
Internal audit costs	109	97
Clinical negligence	6,123	5,177
Legal fees	346	231
Insurance	153	133
Education and training	5,873	5,015
Rentals under operating leases	300	170
Redundancy	27	-
Car parking & security	12	310
Hospitality	9	51
Losses, ex gratia & special payments	24	191
Other services, e.g. external payroll	268	174
Other	963	318
Total	361,124	346,446
Of which:		
Related to continuing operations	361,124	346,446
Related to discontinued operations	-	-

Note 6.2 Other auditor remuneration (Group)

	2020/21	2019/20
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	11	11
Total	<u>11</u>	<u>11</u>

Note 6.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1 million (2019/20: £1 million).

Note 7 Impairment of assets (Group)

	2020/21	2019/20
	£000	£000
Net impairments charged to operating surplus / (deficit) resulting from:		
Unforeseen obsolescence	27	-
Changes in market price	3,773	23,108
Total net impairments charged to operating surplus / (deficit)	<u>3,800</u>	<u>23,108</u>
Impairments charged to the revaluation reserve	245	3,395
Total net impairments	<u>4,045</u>	<u>26,503</u>

The changes in market price impairments 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, Avison Young. In 2020/21 Avison Young undertook a desktop valuation of the Trust's estate. Property owned by SWFT Clinical Services Ltd was valued by DVS Property Services in 2020/21 on a desktop basis, with a full quinquennial valuation undertaken by DVS Property Services in 2017/18.

Note 8 Employee benefits (Group)

	2020/21	2019/20
	Total	Total
	£000	£000
Salaries and wages	179,348	162,215
Social security costs	16,965	15,474
Apprenticeship levy	840	775
Employer's contributions to NHS pensions	29,775	27,601
Pension cost - other	121	72
Temporary staff (including agency)	6,692	8,631
Total gross staff costs	233,741	214,768
Recoveries in respect of seconded staff	(288)	(85)
Total staff costs	233,453	214,683
Of which		
Costs capitalised as part of assets	1,385	1,191

Note 8.1 Retirements due to ill-health (Group)

During 2020/21 there were 5 early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £183k (0k in 2019/20).

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 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 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 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Note 10 Operating leases

Note 10.1 South Warwickshire NHS Foundation Trust as a lessee (Group)

This note discloses costs and commitments incurred in operating lease arrangements where South Warwickshire NHS Foundation Trust is the lessee.

	2020/21 £000	2019/20 £000				
Operating lease expense						
Minimum lease payments	300	170				
Total	<u>300</u>	<u>170</u>				
	Buildings	Other	Total	Buildings	Other	Total
	2021	2021	2021	2020	2020	2020
	£000	£000	£000	£000	£000	£000
Future minimum lease payments due:						
- not later than one year;	180	48	228	87	25	112
- later than one year and not later than five years; and	270	33	303	174	13	187
- later than five years.	58	-	58	73	-	73
Total	<u>508</u>	<u>81</u>	<u>589</u>	<u>334</u>	<u>38</u>	<u>372</u>
Future minimum sublease payments to be received	-	-				

Note 10.2 South Warwickshire NHS Foundation Trust as a lessee (Trust)

This note discloses costs and commitments incurred in operating lease arrangements where South Warwickshire NHS Foundation Trust is the lessee.

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.

	2020/21 £000	2019/20 £000				
Operating lease expense						
Minimum lease payments	1,238	1,121				
Total	<u>1,238</u>	<u>1,121</u>				
	Buildings	Other	Total	Buildings	Other	Total
	2021	2021	2021	2020	2020	2020
	£000	£000	£000	£000	£000	£000
Future minimum lease payments due:						
- not later than one year;	1,148	48	1,196	1,025	25	1,050
- later than one year and not later than five years; and	4,140	33	4,173	3,951	13	3,964
- later than five years.	15,861	-	15,861	16,401	-	16,401
Total	<u>21,149</u>	<u>81</u>	<u>21,230</u>	<u>21,377</u>	<u>38</u>	<u>21,415</u>
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.

	2020/21	2019/20
	£000	£000
Interest on bank accounts	-	215
Total finance income	-	215

Note 12.1 Finance expenditure (Group)

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2020/21	2019/20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	807	859
Total interest expense	807	859
Unwinding of discount on provisions	116	158
Total finance costs	923	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 - 2020/21

Group	Software	Intangible	Total
	licences	assets under construction	
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	8,465	-	8,465
Additions	1,525	1,998	3,523
Reclassifications	(246)	-	(246)
Disposals / derecognition	(581)	-	(581)
Valuation / gross cost at 31 March 2021	9,163	1,998	11,161
Amortisation at 1 April 2020 - brought forward	5,134	-	5,134
Provided during the year	1,150	-	1,150
Impairments	13	-	13
Reclassifications	(70)	-	(70)
Disposals / derecognition	(581)	-	(581)
Amortisation at 31 March 2021	5,646	-	5,646
Net book value at 31 March 2021	3,517	1,998	5,515
Net book value at 1 April 2020	3,331	-	3,331

Note 13.2 Intangible assets - 2019/20

Group	Software	Intangible	Total
	licences	assets under construction	
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	7,012	-	7,012
Prior period adjustments	-	-	-
Valuation / gross cost at 1 April 2019 - restated	7,012	-	7,012
Transfers by absorption	-	-	-
Additions	1,453	-	1,453
Valuation / gross cost at 31 March 2020	8,465	-	8,465
Amortisation at 1 April 2019 - as previously stated	3,856	-	3,856
Prior period adjustments	-	-	-
Amortisation at 1 April 2019 - restated	3,856	-	3,856
Transfers by absorption	-	-	-
Provided during the year	1,278	-	1,278
Amortisation at 31 March 2020	5,134	-	5,134
Net book value at 31 March 2020	3,331	-	3,331
Net book value at 1 April 2019	3,156	-	3,156

Note 14.1 Intangible assets - 2020/21

Trust	Software	Intangible	Total
	licences	assets under construction	
	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	8,377	-	8,377
Additions	1,528	1,998	3,526
Reclassifications	(246)	-	(246)
Disposals / derecognition	(581)	-	(581)
Valuation / gross cost at 31 March 2021	9,078	1,998	11,076
Amortisation at 1 April 2020 - brought forward	5,123	-	5,123
Provided during the year	1,133	-	1,133
Impairments	13	-	13
Reclassifications	(70)	-	(70)
Disposals / derecognition	(581)	-	(581)
Amortisation at 31 March 2021	5,618	-	5,618
Net book value at 31 March 2021	3,460	1,998	5,458
Net book value at 1 April 2020	3,254	-	3,254

Note 14.2 Intangible assets - 2019/20

Trust	Software	Intangible	Total
	licences	assets under construction	
	£000	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	6,988	-	6,988
Additions	1,389	-	1,389
Valuation / gross cost at 31 March 2020	8,377	-	8,377
Amortisation at 1 April 2019 - brought forward	3,850	-	3,850
Provided during the year	1,273	-	1,273
Amortisation at 31 March 2020	5,123	-	5,123
Net book value at 31 March 2020	3,254	-	3,254
Net book value at 1 April 2019	3,138	-	3,138

Note 15.1 Property, plant and equipment - 2020/21

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 2020 - brought forward	10,034	91,288	2,497	1,058	28,775	11,181	1,287	146,120
Additions	798	8,350	-	4,606	5,640	3,658	126	23,178
Impairments	(123)	(4,768)	-	-	-	-	-	(4,891)
Reversals of impairments	19	843	11	-	-	-	-	873
Revaluations	30	(3,542)	202	-	-	-	-	(3,310)
Reclassifications	-	487	(1)	(539)	62	194	43	246
Disposals / derecognition	-	-	-	-	(1,353)	(3,045)	-	(4,398)
Valuation/gross cost at 31 March 2021	10,758	92,658	2,709	5,125	33,124	11,988	1,456	157,818
Accumulated depreciation at 1 April 2020 - brought forward	-	-	-	-	18,366	5,517	413	24,296
Provided during the year	-	3,551	106	-	2,181	2,058	170	8,066
Impairments	-	-	-	-	5	9	-	14
Revaluations	-	(3,551)	(106)	-	-	-	-	(3,657)
Reclassifications	-	-	-	-	34	28	8	70
Disposals / derecognition	-	-	-	-	(1,353)	(3,045)	-	(4,398)
Accumulated depreciation at 31 March 2021	-	-	-	-	19,233	4,567	591	24,391
Net book value at 31 March 2021	10,758	92,658	2,709	5,125	13,891	7,421	865	133,427
Net book value at 1 April 2020	10,034	91,288	2,497	1,058	10,409	5,664	874	121,824

Note 15.2 Property, plant and equipment - 2019/20

Group	Buildings excluding		Dwellings	Assets under		Plant & machinery	Information technology	Furniture & fittings	Total
	Land	dwellings		construction					
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	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 - as previously stated	-	-	-	-	16,513	4,295	280	21,088	
Transfers by absorption	-	-	-	-	-	-	-	-	
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	

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 2020/21 the valuation of the Group's estate resulted in a total net reduction in value of £3.671m (2019/20 £21.723m 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.

The effective date of the revaluations undertaken by Avison Young and DVS Property Services was as at 31st March 2021

Note 15.3 Property, plant and equipment financing - 2020/21

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Charitable fund PPE assets £000	Total £000
Net book value at 31 March 2021									
Owned - purchased	9,976	90,122	2,427	5,125	12,161	7,413	760	-	127,984
Owned - donated/granted	782	2,536	282	-	1,730	8	105	-	5,443
NBV total at 31 March 2021	10,758	92,658	2,709	5,125	13,891	7,421	865	-	133,427

Note 15.4 Property, plant and equipment financing - 2019/20

Group	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Charitable fund PPE assets £000	Total £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/granted	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 16.1 Property, plant and equipment - 2020/21

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 2020 - brought forward	7,044	72,469	2,497	966	28,596	11,178	1,287	124,037
Additions	-	7,588	-	4,606	5,675	3,652	126	21,647
Impairments	-	(4,508)	-	-	-	-	-	(4,508)
Reversals of impairments	19	365	11	-	-	-	-	395
Revaluations	30	(3,163)	202	-	-	-	-	(2,931)
Reclassifications	-	395	(1)	(447)	62	194	43	246
Disposals / derecognition	-	-	-	-	(1,286)	(3,045)	-	(4,331)
Valuation/gross cost at 31 March 2021	7,093	73,146	2,709	5,125	33,047	11,979	1,456	134,555
Accumulated depreciation at 1 April 2020 - brought forward	-	-	-	-	18,285	5,517	413	24,215
Provided during the year	-	3,172	106	-	2,160	2,057	170	7,665
Impairments	-	-	-	-	5	9	-	14
Revaluations	-	(3,172)	(106)	-	-	-	-	(3,278)
Reclassifications	-	-	-	-	34	28	8	70
Disposals / derecognition	-	-	-	-	(1,286)	(3,045)	-	(4,331)
Accumulated depreciation at 31 March 2021	-	-	-	-	19,198	4,566	591	24,355
Net book value at 31 March 2021	7,093	73,146	2,709	5,125	13,849	7,413	865	110,200
Net book value at 1 April 2020	7,044	72,469	2,497	966	10,311	5,661	874	99,822

Note 16.2 Property, plant and equipment - 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
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 16.3 Property, plant and equipment financing - 2020/21

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 2021								
Owned - purchased	6,311	71,886	2,427	5,125	11,473	7,405	614	105,241
Finance leased	-	-	-	-	646	-	146	792
Owned - donated / granted	782	1,260	282	-	1,730	8	105	4,167
NBV total at 31 March 2021	7,093	73,146	2,709	5,125	13,849	7,413	865	110,200

Note 16.4 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	7,767	79,917	2,096	863	7,753	3,647	458	102,501
Finance leased	-	-	-	-	693	-	149	842
Owned - donated / granted	724	2,027	256	-	1,040	14	146	4,207
NBV total at 31 March 2020	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 £1.158m of donated assets (2019/20: £0.360m), £1.061m in the form of physical assets (non cash) (2019/20: nil) and £0.097m from cash donations for the purchase of assets (2019/20: £0.360m). These donations were made by South Warwickshire NHS Foundation Trust Charitable Fund £0.144m (2019/20 £0.390m); £0.935m from DHSC as part of the coronavirus pandemic response (2019/20 £nil); and The Rigby Foundation £0.079m (2019/20 £nil).

Note 18 Revaluations of property, plant and equipment

All of the Group's land and building assets have been revalued as at 31 March 2021. 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.

Note 19 Investments in subsidiary

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	-	-	7,241	7,241
Acquisitions in year	100	-	100	-
Carrying value at 31 March	100	-	7,341	7,241

In 2020/21 a new wholly owned subsidiary of the Trust, Innovate Healthcare Services Ltd (incorporated in England and Wales), was established with a £0.1m parent share holding. Innovate Healthcare Services Ltd was yet to commence trading at 31 March 2021. The £0.1m shareholding is shown as an investment in the Trust and Group accounts.

Note 20 Other investments / financial assets (non-current)

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	1,550	6,098	16,689	21,595
Movement in fair value through OCI	4,427	(4,548)	4,427	(4,548)
Loan to SWFT CS Ltd - Repayments	-	-	(373)	(358)
Current portion of loans receivable transferred to current financial assets	-	-	(12)	-
Carrying value at 31 March	5,977	1,550	20,731	16,689

Note 20.1 Other investments / financial assets (current)

	Group		Trust	
	31 March 2021	31 March 2020	31 March 2021	31 March 2020
	£000	£000	£000	£000
Loan to SWFT CS Ltd	-	-	386	374
Total current investments / financial assets	-	-	386	374

Note 21 Inventories

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Drugs	2,916	2,283	2,059	1,564
Consumables	2,385	1,962	2,378	1,953
Energy	45	39	45	39
Total inventories	5,346	4,284	4,482	3,556

Inventories recognised in expenses for the year were £50,902k (2019/20: £38,999k). Write-down of inventories recognised as expenses for the year were £252k (2019/20: £181k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2020/21 the Trust received £5,427k of items purchased by DHSC.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 22.1 Receivables

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Contract receivables	14,569	35,743	14,714	35,787
Allowance for impaired contract receivables / assets	(6,695)	(5,621)	(6,682)	(5,583)
Prepayments (non-PFI)	4,855	3,323	7,411	5,115
Interest receivable	-	19	-	19
PDC dividend receivable	644	403	644	389
VAT receivable	1,508	638	1,312	1,024
Other receivables	390	267	390	267
Total current receivables	15,271	34,772	17,789	37,018
Non-current				
Contract assets	1,270	989	1,270	989
Total non-current receivables	1,270	989	1,270	989
Of which receivable from NHS and DHSC group bodies:				
Current	7,360	27,974	7,360	27,974
Non-current	-	-	-	-

Note 22.2 Allowances for credit losses - 2020/21

	Group	Trust
	Contract receivables and contract assets £000	Contract receivables and contract assets £000
Allowances as at 1 Apr 2020 - brought forward	5,621	5,583
New allowances arising	1,234	1,259
Utilisation of allowances (write offs)	(160)	(160)
Allowances as at 31 Mar 2021	<u>6,695</u>	<u>6,682</u>

Note 22.3 Allowances for credit losses - 2019/20

	Group	Trust
	Contract receivables and contract assets £000	Contract receivables and contract assets £000
Allowances as at 1 Apr 2019 - as previously stated	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	<u>5,621</u>	<u>5,583</u>

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	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
At 1 April	24,288	21,268	23,358	20,806
Net change in year	19,919	3,020	18,702	2,552
At 31 March	44,207	24,288	42,060	23,358
Broken down into:				
Cash at commercial banks and in hand	2,252	1,340	1,879	410
Cash with the Government Banking Service	41,955	22,948	40,181	22,948
Total cash and cash equivalents as in SoCF	44,207	24,288	42,060	23,358

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 2021	31 March 2020
	£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 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Current				
Trade payables	7,034	15,585	6,193	16,511
Capital payables	6,673	337	6,637	322
Accruals	23,273	16,684	22,694	16,251
Social security costs	2,674	1,969	2,654	2,277
Other taxes payable	2,013	2,238	1,992	1,894
Other payables	3,060	2,657	3,060	2,657
Total current trade and other payables	44,727	39,470	43,230	39,912
Non-current				
Other payables	289	280	289	280
Total non-current trade and other payables	289	280	289	280
Of which payables from NHS and DHSC group bodies:				
Current	5,888	10,847	5,888	10,847
Non-current	-	-	-	-

Note 25 Other liabilities

	Group		Trust	
	31 March	31 March	31 March	31 March
	2021	2020	2021	2020
	£000	£000	£000	£000
Current				
Deferred income: contract liabilities	5,055	2,339	5,055	2,339
Other deferred income	1,515	1,157	1,515	1,157
Total other current liabilities	6,570	3,496	6,570	3,496
Non-current				
Deferred income: contract liabilities	970	-	970	-
Total other non-current liabilities	970	-	970	-

Note 26 Borrowings

	Group		Trust	
	31 March	31 March	31 March	31 March
	2021	2020	2021	2020
	£000	£000	£000	£000
Current				
Loans from DHSC	1,456	1,459	1,456	1,457
Other loans	47	56	47	58
Obligations under finance leases	-	-	174	169
Total current borrowings	1,503	1,515	1,677	1,684
Non-current				
Loans from DHSC	22,860	24,288	22,860	24,288
Other loans	80	126	80	127
Obligations under finance leases	-	-	617	791
Total non-current borrowings	22,940	24,414	23,557	25,206

Note 26.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2020/21	Loans from DHSC £000	Other loans £000	Total £000
Carrying value at 1 April 2020	25,747	182	25,929
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,428)	(55)	(1,483)
Financing cash flows - payments of interest	(810)	-	(810)
Non-cash movements:			
Application of effective interest rate	807	-	807
Carrying value at 31 March 2021	24,316	127	24,443

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

Note 26.2 Reconciliation of liabilities arising from financing activities

Trust - 2020/21	Loans from DHSC £000	Other loans £000	Finance leases £000	Total £000
Carrying value at 1 April 2020	25,747	182	961	26,890
Cash movements:				
Financing cash flows - payments and receipts of principal	(1,428)	(55)	(169)	(1,652)
Financing cash flows - payments of interest	(810)	-	(28)	(838)
Non-cash movements:				
Application of effective interest rate	807	-	28	835
Carrying value at 31 March 2021	24,316	127	792	25,235

Trust - 2019/20	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	-	35	894
Carrying value at 31 March 2020	25,747	182	961	26,890

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 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Gross lease liabilities	-	-	846	1,059
of which liabilities are due:				
- not later than one year;	-	-	196	145
- later than one year and not later than five years; and	-	-	650	580
- later than five years.	-	-	-	334
Finance charges allocated to future periods	-	-	(55)	(126)
Net lease liabilities	-	-	791	933
of which payable:				
- not later than one year;	-	-	174	114
- later than one year and not later than five years; and	-	-	617	499
- later than five years.	-	-	-	320

All lease payments are stated as future minimum lease payments.

The lease relates to Medical Equipment leased from SWFT Clinical Services Ltd over a 7 year period as part of the Managed Service for Stratford Hospital Building One.

The Trust 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 2020	1,191	887	70	490	2,638
Change in the discount rate	32	32	-	-	64
Arising during the year	-	-	-	1,589	1,589
Utilised during the year	(141)	(56)	-	-	(197)
Reversed unused	(19)	-	(8)	-	(27)
Unwinding of discount	91	25	-	-	116
At 31 March 2021	1,154	888	62	2,079	4,183
Expected timing of cash flows:					
- not later than one year;	134	56	62	1,655	1,907
- later than one year and not later than five years;	536	224	-	-	760
- later than five years.	484	608	-	424	1,516
Total	1,154	888	62	2,079	4,183

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 £0.424m (£0.268m at 31 March 2020) (see note 12.2 Corporation Tax), HMRC provisions relating to potential VAT £0.283m (£0.221m at 31 March 2020) and PAYE liabilities £0.412m (£nil at 31 March 2020) and staff cost provisions £0.960m (£nil at 31 March 2020).

In addition to the above, the NHS Resolution holds provisions to the value of £0.711m in relation to the Employer's Liability Scheme for Trusts at 31 March 2021 (£0.758m at 31 March 2020).

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 2020	1,191	887	70	220	2,368
Change in the discount rate	32	32	-	-	64
Arising during the year	-	-	-	1,337	1,337
Utilised during the year	(141)	(56)	-	-	(197)
Reversed unused	(19)	-	(8)	-	(27)
Unwinding of discount	91	25	-	-	116
At 31 March 2021	1,154	888	62	1,557	3,661
Expected timing of cash flows:					
- not later than one year;	134	56	62	1,557	1,809
- later than one year and not later than five years; and	536	224	-	-	760
- later than five years.	484	608	-	-	1,092
Total	1,154	888	62	1,557	3,661

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 £0.711m in relation to the Employer's Liability Scheme for Trusts at 31 March 2021 (£0.758m at 31 March 2020).

Other relates to HMRC provisions relating to potential VAT £0.283m (£0.221m at 31 March 2020) and PAYE liabilities £0.412m (£nil at 31 March 2020) and staff cost provisions £0.960m (£nil at 31 March 2020).

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 2021, £80,085k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of South Warwickshire NHS Foundation Trust (31 March 2020: £72,246k).

Note 29 Contingent assets and liabilities

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Value of contingent liabilities				
NHS Resolution legal claims	(17)	(22)	(17)	(22)
Gross value of contingent liabilities	(17)	(22)	(17)	(22)
Amounts recoverable against liabilities	-	-	-	-
Net value of contingent liabilities	(17)	(22)	(17)	(22)
Net value of contingent assets	-	-	-	-

Note 30 Contractual capital commitments

	Group		Trust	
	31 March 2021 £000	31 March 2020 £000	31 March 2021 £000	31 March 2020 £000
Property, plant and equipment	3,427	1,495	3,427	1,495
Intangible assets	-	-	-	-
Total	3,427	1,495	3,427	1,495

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	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Revenue from Patient Care Activities	17,269	2,273	3,473	457
Other Operating Revenue	34,371	44,077	6,912	8,864
Operating Expenses	(51,640)	(46,351)	(10,385)	(9,321)
Operating Surplus / (Deficit)	0	(1)	0	0
	Total Value Reported		Foundation Trust's Share	
	31 March	31 March	31 March	31 March
	2021	2020	2021	2020
	£000	£000	£000	£000
Non current assets	1,095	982	220	198
Current assets				
Stocks and work in progress	970	970	195	195
Debtors-due within 1 year	1,719	5,373	346	1,080
	2,689	6,343	541	1,275
Current liabilities	(6,260)	(9,801)	(1,259)	(1,799)
Net-current liabilities	(3,571)	(3,458)	(718)	(524)
Total assets less current liabilities	(2,476)	(2,476)	(498)	(326)
Non-current liabilities	-	-	-	-
Total assets employed	(2,476)	(2,476)	(498)	(326)
Financed by:				
Tax payers' equity				
Public dividend capital	434	434	87	259
Retained earnings	(2,910)	(2,910)	(585)	(585)
Total tax payer's equity	(2,476)	(2,476)	(498)	(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 2021	Held at	Held at fair	Total book
	amortised	value	
	cost	through	value
	£000	OCI	£000
Trade and other receivables excluding non financial assets	9,534	-	9,534
Other investments / financial assets	-	6,077	6,077
Cash and cash equivalents	44,207	-	44,207
Total at 31 March 2021	53,741	6,077	59,818

Carrying values of financial assets as at 31 March 2020	Held at	Held at fair	Total book
	amortised	value	
	cost	through	value
	£000	OCI	£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
Total at 31 March 2020	55,685	1,550	57,235

Note 32.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2021	Held at	Held at fair	Total book
	amortised	value	
	cost	through	value
	£000	OCI	£000
Trade and other receivables excluding non financial assets	9,692	-	9,692
Other investments / financial assets	15,140	5,977	21,117
Cash and cash equivalents	42,060	-	42,060
Total at 31 March 2021	66,892	5,977	72,869

Carrying values of financial assets as at 31 March 2020	Held at	Held at fair	Total book
	amortised	value	
	cost	through	value
	£000	OCI	£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

Note 32.4 Carrying values of financial liabilities (Group)

	Held at amortised cost £000
Carrying values of financial liabilities as at 31 March 2021	
Loans from the Department of Health and Social Care	24,316
Other borrowings	127
Trade and other payables excluding non financial liabilities	36,980
Provisions under contract	2,042
Total at 31 March 2021	<u>63,465</u>

	Held at amortised cost £000
Carrying values of financial liabilities as at 31 March 2020	
Loans from the Department of Health and Social Care	25,747
Other borrowings	182
Trade and other payables excluding non financial liabilities	32,606
Provisions under contract	2,078
Total at 31 March 2020	<u>60,613</u>

Note 32.5 Carrying values of financial liabilities (Trust)

	Held at amortised cost £000
Carrying values of financial liabilities as at 31 March 2021	
Loans from the Department of Health and Social Care	24,316
Obligations under finance leases	791
Other borrowings	127
Trade and other payables excluding non financial liabilities	33,862
Provisions under contract	2,042
Total at 31 March 2021	<u>61,138</u>

	Held at amortised cost £000
Carrying values of financial liabilities as at 31 March 2020	
Loans from the Department of Health and Social Care	25,747
Obligations under finance leases	960
Other borrowings	182
Trade and other payables excluding non financial liabilities	33,084
Provisions under contract	2,078
Total at 31 March 2020	<u>62,051</u>

Note 32.7 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2021 £000	31 March 2020 restated* £000	31 March 2021 £000	31 March 2020 restated* £000
In one year or less	39,409	35,568	38,127	35,737
In more than one year but not more than five years	9,152	9,382	9,769	10,342
In more than five years	21,665	23,010	21,665	22,583
Total	70,226	67,960	69,561	68,662

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

Note 33 Losses and special payments

Group and trust	2020/21		2019/20	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Fruitless payments and constructive losses	-	-	1	1
Bad debts and claims abandoned	129	232	136	124
Stores losses and damage to property	3	130	7	186
Total losses	132	362	144	311
Special payments				
Ex-gratia payments	18	4	4	2
Total special payments	18	4	4	2
Total losses and special payments	150	366	148	313
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	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
Other Bodies				
Castel Froma Ltd	116	227	-	-
Medicines & Healthcare Products Regulatory Agency	-	-	-	5
Ministry of Defence	-	-	70	41
SWFT Charity	424	390	-	-
	540	617	70	46

	Receivables		Payables	
	2021	2020	2021	2020
	£000	£000	£000	£000
Other Bodies				
Castel Froma Ltd	10	29	-	-
Medicines & Healthcare Products Regulatory Agency	-	-	-	2
Ministry of Defence	-	-	-	-
SWFT Charity	416	291	-	-
Total	426	320	-	2

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. The transactions are at arms length.

Independent auditor's report to the board of governors and board of directors of South Warwickshire NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of South Warwickshire NHS Foundation Trust (the 'foundation trust') and its subsidiaries (the 'group'):

- give a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2021 and of its 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 and foundation trust statements 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.

We have also audited the information in the Remuneration Report and Staff Report that is subject to audit, being:

- the table of salaries and allowances of senior managers on pages 69-70;
- the table of pension benefits of senior managers on page 72; and
- the disclosure of pay multiples on page 71.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice 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.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the foundation trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the group and the foundation trust is adopted in consideration of the requirements set out in the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. 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.

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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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 this regard.

Responsibilities of accounting officer

As explained more fully in the statement of accounting officer's responsibilities, 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 they have been informed by the relevant national body of the intention to dissolve the foundation trust without the transfer of the foundation trust's services to another public sector entity.

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.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the group and its control environment, and reviewed the group's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management, internal audit and local counter fraud about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the group operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the group's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018, relevant employment legislation and clinical standards.

We discussed among the audit engagement team including relevant internal specialists such as valuations, IT and industry specialists regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud or non-compliance with laws and regulations in the following area, and our specific procedures performed to address it are described below

- the recognition of NHS clinical revenue and recoverability of debtors. We evaluated the recognition of income through the period, including year-end cut-off, and evaluated the results of the agreement of balances exercise. In doing so, we assessed the appropriateness of judgements made and the nature of provisions for disputes, the basis for the position adopted, and evidence of the historical accuracy of provisions made for disputes with commissioners.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management, internal audit and external legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

Report on other legal and regulatory requirements

Opinions on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Use of resources

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Our work in respect of the foundation trust's arrangements is not complete at the date of our report on the financial statements. We will report the outcome of our work on the foundation trust's arrangements and include any additional exception reporting in respect of significant weaknesses in our audit completion certificate and our separate Auditor's Annual Report. We are satisfied that the remaining work is unlikely to have a material impact on the financial statements.

Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General in April 2021, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

Annual Governance Statement 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; 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.

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.

We cannot formally conclude the audit and issue an audit certificate until we have completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (as reported in the Matters on which we are required to report by exception – Use of resources section of our report) and the work necessary to issue our statement on consolidation schedules. We are satisfied that our remaining work in this area is unlikely to have a material impact on the financial statements.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of South Warwickshire NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



Ian Howse CPFA, CA (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Birmingham, United Kingdom
16 June 2021

Audit certificate issued subsequent to opinion on financial statements

Independent auditor's certificate of completion of the audit

Issue of opinion on the audit of the financial statements

In our audit report for the year ended 31 March 2021 issued on 16 June 2021, we reported that, in our opinion, the financial statements:

- gave a true and fair view of the state of the foundation trust's affairs as at 31 March 2021 and of its income and expenditure for the year then ended;
- had been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- had been prepared in accordance with the requirements of the National Health Service Act 2006.

Foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

As part of our audit, we are required to report to you if we are not able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

As at the date of issue of our audit report for the year ended 31 March 2021 on 16 June 2021, we had not completed our work on the foundation trust's arrangements, and had nothing to report in respect of this matter as at that date.

Certificate of completion of the audit

In our audit report for the year ended 31 March 2021 issued on 16 June 2021, we explained that we could not formally conclude the audit on that date until we had completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources and the work necessary to issue our statement on consolidation schedules. We have now completed our work in these areas.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave our opinion.

We have nothing to report in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We certify that we have completed the audit of South Warwickshire NHS Foundation Trust in accordance with requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.



Ian Howse, CPFA, CA (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Birmingham, United Kingdom
9 September 2021

