NHS
Great Western Hospitals
NHS Foundation Trust

Great Western Hospitals NHS Foundation Trust
Annual Report and Accounts
2022/23

Great Western Hospitals NHS Foundation Trust

Annual Report and Accounts

2022/23

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

Contents

STATEMENT FROM OUR CHAIR AND CHIEF EXECUTIVE

Welcome to our Annual Report and Accounts for 2022/23.

It's been a busy year across the health and social care system, during which we were faced with a number of challenges.

The pressure upon the system has highlighted issues affecting many Trusts with high attendances in urgent and emergency care, high numbers of patients with no criteria to reside in hospital – i.e. they are medically fit but unable to be discharged for a number of reasons and delays caused to ambulance crews waiting to hand over their patients.

This year the Swindon Integrated Care Alliance Coordination Centre based at Great Western Hospital was launched and supported our busiest ever winter.

Along with being our busiest, it has also been one of our most complex winters, with increased demand for our services, challenges with infection prevention and control including the continued prevalence of Covid-19, and ongoing industrial action impacting upon our services.

At the time of writing the threat of further strikes, which directly affect patient care, remains a real possibility.

Despite the many challenges, we have achieved a huge amount.

In particular, the opening of the new Radiotherapy Centre on the Great Western Hospital site in June 2022 marked a long-awaited step forward in the provision of care in Swindon and Wiltshire. Radiotherapy treatment finally became available for local people thanks to our partnership with Oxford University Hospitals NHS Foundation Trust and the incredible fund-raising of our Trust charity, Brighter Futures.

Our hospital site is in the process of changing almost beyond recognition with a new Urgent Treatment Centre opened in July 2022, along with a new Energy Centre to power it, and work starting at pace to bring our urgent and emergency services together as part of our £31.8m Integrated Front Door programme after we successfully unlocked national funding.

This year we published our new Quality Strategy, which outlined our ambition to improve the care we provide. It set out our aims to deliver Great Care, improve the experience of our staff and volunteers, improve the health of our population, and ensure value for money through improvement and efficiency.

Improvement has been a cornerstone of our work this year, with the launch of Improving Together helping to embed a new way of working focussed on empowering our staff to make positive change.

This year we have seen PERIPrem, our ground-breaking bundle of care for neo-natal babies – and a great example of a quality improvement project in action – go from strength to strength with learning being spread right across the world.

We had positive scores in the Care Quality Commission's national maternity survey, including being placed in the top five for experiences in labour and birth and post-natal care at home, and highest in the country for feeding your baby and support with breastfeeding.

We managed the transition of our two primary care practices to a new provider. Having been asked to take on these practices back in 2019 we stabilised and improved them. This improvement was reflected in the Care Quality Commission's June 2022 inspection report. This year felt the right time for the practices to move to a bigger primary care network to allow them to continue their improvement journey outside of our Trust.

There is of course still much more we need to do and we have clear challenges ahead. In particular in 2023/24 we know we need to significantly increase our elective and outpatient activity and work hard to reduce our waiting list which has grown to over 35,000 compared to 19,900 before the pandemic, while also making considerable financial savings.

Although the financial situation is challenging we are continuing to invest, including in safer staffing and robotic surgery both of which will improve the care we can provide.

We hope the improvements we have made will be recognised by the Care Quality Commission (CQC) and our current Requires Improvement rating will move up to Good. The CQC is taking a risk-based approach to inspections, and we have not had an inspection at Great Western Hospital since 2020.

Quality remains the golden thread running through everything we do and our Quality Account provides further details on how we will:

- Reduce the incidents of hospital and community acquired pressure ulcers
- Reduce the number of patients in the hospital who are ready to be discharged to care elsewhere in the community
- Reduce the amount of time patients spend in the Emergency Department before they are ready to go home or move into a hospital bed.

How our staff feel is really important to us and we were pleased that this year more than 3,100 colleagues gave us their views in the annual NHS staff survey – our best response rate ever. We saw an improvement in responses for 33 of the questions compared to the 2021 survey, when we did not see a significant improvement on any questions.

The survey shows some clear areas of success, with staff recognising compassion between one another, the opportunities for flexible working and being able to make real improvements in the areas in which they work. This reflects the success we have had with embedding our Improving Together way of working in to the organisation. Staff also told us they were concerned about work pressure with only 53 per cent saying they would recommend the Trust as a place to work. These areas are the focus of our staff survey action plan for 2022/23.

This year marked the first year of the new Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board and system working continues to go from strength to strength. We work increasingly closely with the Royal United Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust as part of the BSW Acute Hospital Alliance.

We are delighted that our Alliance was selected as part of the first wave of NHS England's new Provider Collaborative Innovators Scheme. This is a significant achievement and a big step forward for our three Trusts working more closely together – we were the only bid chosen from the South West, with nearly 50 bids submitted across the country.

As part of the new scheme, NHS England has chosen nine collaboratives – one from each region – to help accelerate their development, so being part of the first cohort is recognition of the work we've done so far, and our potential to do much more in the future.

One of the Alliance's key strategic priorities is the implementation of a shared Electronic Patient Record across our three Trusts. A shared Electronic Patient Record will be a step change in the way clinicians deliver care in our

system and will see many aspects of care standardised with reduced variation in clinical pathways. This will have the benefit of improving patient care, increasing efficiency, and providing a better staff experience. We will be taking the full business case through our Boards in early 2023/24.

At Board level, we have not had any personnel changes in the Executive Team. Towards the end of 2022/23 we recruited four Non-Executive Directors and a further two Associate Non-Executive Directors, with the new appointees starting their tenure at the Trust in 2023/24. This represents a significant strengthening of our Board, particularly in the areas of higher education, workforce, public health, general practice, and digital. We would like to put on record our thanks to our Non-Executive colleagues whose terms have come to an end. Their service and support to the Trust over the past years has been vital.

During this year, we marked a special birthday with the 20th anniversary of the Great Western Hospital in December 2022. On 5 July 2023 we will mark the 75th anniversary of the NHS. Both of these milestones are opportunities to look back and reflect on an incredible period of history, in particular the very close historic links Swindon itself has with the railways and how this contributed to the birth of the NHS.

As we look to the future of the NHS, we can do so with a sense of hope and renewed commitment to provide the very best care we possibly can for the people of Swindon and Wiltshire.

On behalf of the whole Board, we would like to say a big thank you to all our staff and volunteers for the incredible efforts they continue to make.

Liam Coleman
Chair
29 June 2023

Kevin McNamara
Chief Executive
29 June 2023

PERFORMANCE REPORT

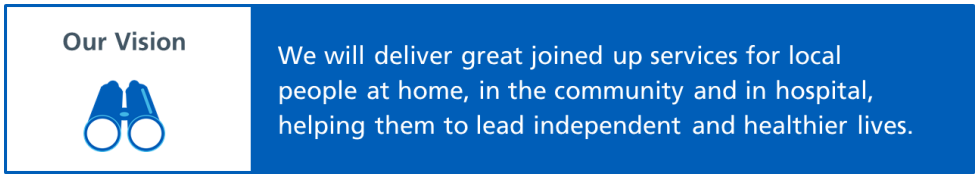
Performance Overview

The purpose of the overview is to provide a short summary of the organisation, its purpose, key risks and how it has performed during the year.

Great Western Hospitals NHS Foundation Trust provides a full range of acute hospital and community services for people in Swindon and surrounding areas. These services include urgent and emergency care, medical care, including older people's care, surgery, critical care, maternity, gynecology, outpatients and diagnostics, care of children and young people and end of life care. The trust also runs community services in Swindon, which include inpatient rehabilitation services, district nursing and therapy services. Up until January 2023, the trust had provided primary care services at two main practices in Swindon – Moredon and Abbey Meads, which together serve around 30,000 people.

The Trust is registered with the Care Quality Commission to provide safe care that is responsive and effective. Information on all registered sites/locations and activities can be obtained by contacting the Trust or visiting the CQC website.

Our vision is:-



Brief History

- On 1 December 2008 Great Western Hospitals NHS Foundation Trust was authorised as a Foundation Trust and was established as a public benefit corporation under the NHS Act 2006. On becoming a Foundation Trust the name of the organisation was changed from Swindon and Marlborough NHS Trust to the name we have now.
- On 1 June 2011 the Trust won the contract to provide a range of community health services and community maternity services across Wiltshire and the surrounding areas. However, during 2014/15 the Trust ceased to provide community maternity services which transferred to the Royal United Hospitals, Bath NHS FT following competitor tender.
- During 2015/16 the Trust established a Joint venture, Wiltshire Health & Care LLP (a limited liability partnership) with Royal United Hospitals NHS FT and Salisbury NHS FT to deliver Wiltshire Adult Community Services.
- On 2017 the Trust was awarded the contract for providing Adult Community Care for Swindon.
- In the summer of 2018 the Trust successfully secured £30m of national funding for our Way Forward Programme to expand urgent and emergency care and purchases expansion land to help us expand future services for our communities.
- In November 2019 the Trust took on the provision of services for two GP Practices, Abbey Meads Medical Group and Moredon Medical Centre. However, on 9 January 2023 the two surgeries joined a new provider within the Brunel Health Group.
- In June 2022, after many years of planning, fundraising and construction, the new Oxford University Hospitals Radiotherapy Centre opened on the Great Western site.

- February 2023 marked the start of the urgent and emergency care development, our new Integrated Front Door, which will right-size the organization for the growing population of Swindon and Wiltshire. The construction is expected to be completed by Summer 2024.

The changes in the national direction of the NHS and new legislation, coupled with the establishment of Integrated Care Systems - has aligned with the Trust's ambition. This will be further strengthened as the Trust reviews its 5 year strategy in 2023/24.

We have developed our partnerships in the Bath and North East Somerset, Swindon & Wiltshire (BSW) Integrated Care System (ICS) and these will evolve and strengthen to drive our strategy and new care models forward over the coming years.

Our values, which were developed with our staff, guide everything that we do as we move towards achieving our vision:

Our Values

Service Teamwork Ambition Respect

1.1.1	**Service**	**:**	**We will put our customers first**
2.1.1	**Teamwork**	**:**	**We will work together**
3.1.1	**Ambition**	**:**	**We will aspire to provide the best service**
4.1.1	**Respect**	**:**	**We will act with integrity**

What we Do - Great Western Hospital by numbers

5,400 staff across acute and community services.

Over 400 volunteers who offer 3,500 hours of support every month.

13,000 operations carried out in our Theatres in a typical year.

3,412 babies born in the last year.

1.2million patient contacts every year.

We have treated 5,682 patients with confirmed or suspected Covid-19 since March 2020.

We supported 30,000 patients across primary care services during 2022/23

How we are performing

The following tables highlight activity levels by point of delivery for the Great Western Hospital (GWH) Acute and Community and Maternity contracts.

GWH Acute Activity

Point of Delivery	2018/19	2019/20	2020/21	2021/22	2022/23
New Outpatients	157,950	156,797	145,603	168,597	147,574
Follow Up Outpatients	282,599	276,855	223,045	246,124	250,786
Day Cases	37,017	39,841	28,008	36,593	39,063
Emergency Inpatients (Non-Elective)	47,734	46,197	37,918	45,046	42,111
Elective Inpatients	6,172	5,698	3,967	5,585	5,693
Emergency Department Attendances	82,340	75,783	50,935	65,198	63,239
UTC	26,455	34,277	34,916	52,239	59,733
Total	**640,267**	**635,448**	**524,392**	**619,382**	**608,199**

Overall Emergency Department and Urgent Care attendances have continued the year on year increase and continue to exceed pre-COVID 2019/20 levels. This also reflects the increasing shift of attendances from the Emergency Department to the Urgent Treatment Centre as part of the Integrated Front Door programme.

Outpatient activity was overall behind previous year. However, January to March activity exceeded that of activity delivered in these months in 2022 as a result of the ongoing programme of work to improve outpatients.

Elective inpatient and day case activity was higher than that delivered in the previous year. Although below 2019/20 for the overall year, activity in the last 5 months of the year was at or above the same months in 2019/20. This reflects the progress made in year in recruitment of key posts, increasing theatre productivity and maximising activity opportunities.

GWH Swindon Community

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Admitted Patients	817	944	899	1292	1716	1543
Community Contacts	186,767	190,129	218,561	237,652	267,902	279,950

Swindon is home to approximately 222,881 residents and its population is projected to increase by 5% between 2020 and 2030 and by a further 4% by 2040. This is as a result of the growing number of homes that are being built and because people are living longer. Since the pandemic, we have seen an increase in the number of patients in our caseload, as well as an increase in patient complexity and comorbidities. Rising numbers of people in Swindon, are being diagnosed with diabetes and numbers are further expected to increase by 2,711 by 2025. This, together with Swindon's population demographic showing greatest proliferation in the over 65 and over 85-year-old age groups combines to further increase community nursing caseloads. Depression is also a significant issue in Swindon and there has been sizeable increase since the pandemic. This condition is linked to greater ill health and there is greater need for support particularly in the elderly population.

The services provided by the Trust include:-

- Treatment of disease, disorder or injury;
- Assessment of medical treatment for persons detained under the Mental Health Act 1983;
- Surgical procedures;
- Diagnostic and screening procedures;
- Management of the supply of blood and blood derived products;
- Maternity and midwifery services;
- Termination of pregnancy;
- Family planning.

The Trust operates its acute clinical services through three clinical divisions: Unscheduled Care, Surgical, Women & Children and Integrated Care & Community, with the Estates and Facilities and Corporate Services Divisions providing support to all areas.

Our Key Risks and Issues

The Trust's principal risks are aligned with our strategic objectives. Causes and consequences for each risk underpin the inherent risk scores with relevant controls identified. Assurance on these controls and action plans is monitored through the Trust's governance structure with key drivers of change identified to support the successful delivery of our objectives. The Annual Governance Statement contained within this report (pages 113 to 129) outlines the Trust's approach to risk, detail of significant risks and how it manages these through its Risk Management Framework, which has been refreshed during the year. The Trust has a clear risk management process in place and will continue to engage with partners in the development of those mitigation plans that cannot be implemented without collaboration. Details of the strategic risks identified in 2022/23 and the refreshed risks for 2023/34 are included within the Annual Governance Statement.

Financial Position - Summary

The Trust's financial position is detailed in the Annual Statutory Accounts, which are part of this Annual Report. The Audit, Risk & Assurance Committee on behalf of the Trust Board approved the full Audited Accounts on 23 June 2023 and the Auditor's opinion on the Financial Statements was an unmodified audit opinion.

The outturn for the Trust for 2022/23, was a surplus of £0.028m, which was £19.4m better than plan and was due to the risk share with the ICB that cash-backed our planned deficit.

A summary of our financial performance by significant category is below:

- Income was £58.5m above plan. The main drivers of this variance were:
  - £19.4m additional system income from the Integrated Care Board (ICB) to fund our original planned deficit
  - £11.2m notional pension income from DHSC to fund notional pension costs
  - £15.5m additional pay award funding
  - £7.2m Elective Services Recovery Fund (activity-related) income
  - £3.4m high cost drugs and devices
  - £2.1m Other, including Education & Training income
- Pay expenditure was £26.2m above plan. This was predominantly driven by:
  - £17.5m pay award costs above plan
  - £11.2m notional pension costs covered by notional pension income
  - £1.4m Elective Services Recovery Fund (activity-related pay costs)
  - £3.9m of net underspend
- Non Pay expenditure was £27.5m above plan. This relates to:
  - £12.7m of asset impairments
  - £6.2m related to Elective Services Recovery Fund (activity-related) cost
  - £3.4m on drugs and devices

- £2.5m on accelerated depreciation
- £2.7m of net overspend

- Savings delivered totalled £8.8m against a target of £11.1m, an under-achievement of £2.3m. Of the savings delivered, £4.3m were achieved recurrently and £4.5m were delivered non-recurrently.
- The cash balance at year end was £41.9m (Trust only). Cash is lower (£11.0m) than 2021/22 due to capital investment and an increase in accrued income and in debtors.

Summary of the year End Position for Great Western Hospital

	Plan £'000	Actual £'000	Variance £'000
(Deficit) Reported in Statement of Comprehensive Income	**(19,519)**	**(12,459)**	**7,061**
Add back all I&E impairments / (reversals)	0	12,679	12,679
Remove capital donations / grants I&E impact	168	184	16
Surplus / (deficit) before impairments and transfers	**(19,351)**	**36**	**19,387**
Remove net impact of DHSC centrally procured inventories	0	(8)	(8)
Adjusted financial performance surplus / (deficit)	**(19,351)**	**28**	**19,379**

Prior Year

	Plan	Actual	Variance
(Deficit) Reported in Statement of Comprehensive Income	**(84)**	**(1,617)**	**(1,533)**
Revaluation	0	(6,575)	(6,575)
Share of Wiltshire Health & Care Joint Venture	0	(56)	(56)
NHS Charity	0	2,226	2,226
Position prior to technical adjustments	**(84)**	**(6,022)**	**(5,938)**
PPE Donated Assets	84	933	849
Transfer by Absorption	0	5,146	5,146
Total Income & Expenditure Position	**0**	**58**	**58**

Joint Venture

The Trust has a one third controlling interest in Wiltshire Health & Care LLP. The other equal partners are Salisbury NHS Foundation Trust and Royal United Hospitals NHS Foundation Trust. Wiltshire Health and Care LLP is focused solely on delivering improved community services in Wiltshire and enabling people to live independent and fulfilling lives for as long as possible. Wiltshire Health and Care LLP has reported an in-year surplus of £3k (2021/22 £169k) resulting in an increase in net asset value of £487k. GWH's share of the profits is £37k (2021/22 £56k) and is reported as a share of profit / (loss) from associates and joint ventures in the Trust's Group Accounts Statement of Comprehensive Income (SOCI) (ref note 17.1).

Further detailed analysis on the financial position can be found in the Annual Accounts at the end of the report.

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.

International Accounting Standard 1 requires the Board to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In the context of non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity within the public sector.

In preparing the financial statements, the Board of Directors have considered the Trust's overall financial position against the requirements of IAS1.

PERFORMANCE ANALYSIS

The Trust's operational performance is measured against national standards with performance against these standards reported to NHS England. These standards are set out in the NHS's Single Oversight Framework. The Trust is also regulated by the Care Quality Commission (CQC) which assesses the Trust against a set of national access, safety, and quality outcomes.

On a monthly basis the Board considers performance against these measures; each Care Group's performance is monitored via the Trust's Executive Review meetings. Trust performance is regularly reported to NHS England. More detailed discussions take place in the Trust Board's Sub Committees which meet monthly. Details of the Trust's performance during the year can be seen in the following table.

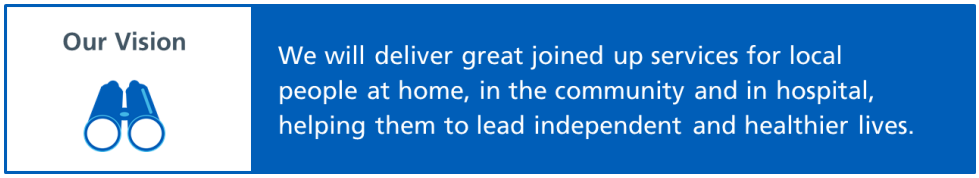
Monitoring Performance

The Trust Board oversees delivery against our key performance measures and achievement of strategic objectives. This ensures that the financial and governance requirements of our provider licence are met, and that the quality and safety of care we provide meets the requirements of the Care Quality Commission.

The Trust takes an integrated approach to performance, measuring itself against targets and benchmarks in clinical care, quality, and finance. Within each are a wide variety of measures, but all are monitored and reported using established and robust systems.

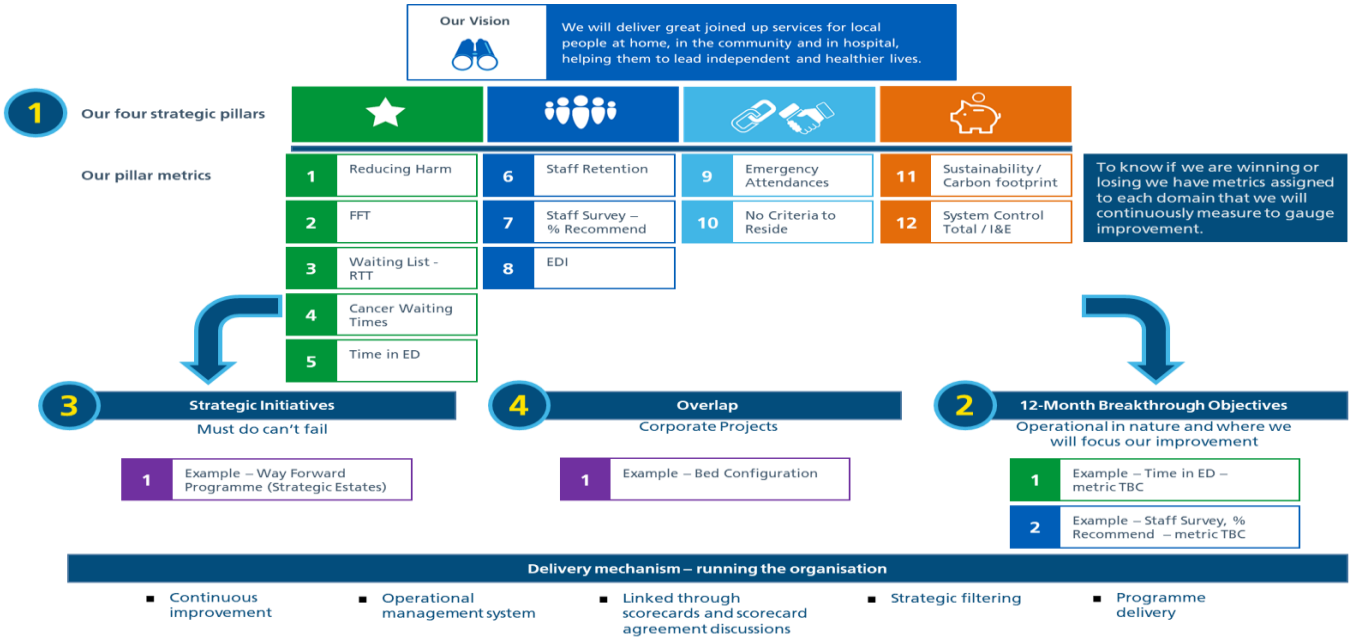
Our Performance Assurance Framework is built on the principles of our Trust Quality Improvement programme. In 2022/23 we introduced Improving Together, our Trust-wide approach to change, innovation and continuous improvement, introducing a consistent methodology across the organisation. Improving Together provides an operational management system that places a clear focus on supporting frontline teams to deliver improvements in their own areas of work.

Improving Together is how we go about delivering our vision and four strategic pillars becoming the golden thread that runs through all that we do to make this a safer place to receive care and a better place to work.



Our four strategic pillars

All Trusts across the Acute Hospital Alliance are taking an Improving Together approach and we are linking closely with the ICB Academy Improvement Pillar.



The Breakthrough Objectives were set in summer 2022 with the aim for rapid improvement over a 12-18 month period. The level of improvement can be seen below up to February 2023.

Breakthrough Objectives

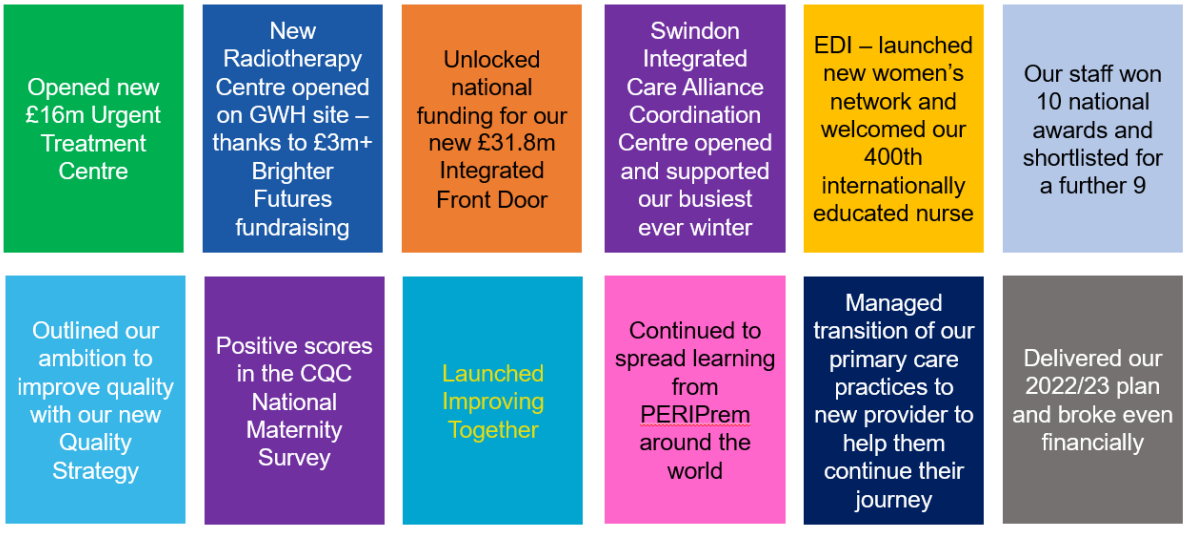
		Aim	Progress	
BTO	Time in ED / % > 12 hours	Patients > 12 hours is no more than 2% of ED attendances	Position worsened	Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 14.7% 15.8% 13.5% 12.2% 12.1% 15.4% 16.6% 16.9% 16.3% 18.7% 18.1% 16.0%
BTO	Pressure Harms	30% reduction in harms	No significant change	Total Pressure Harms Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 55 51 57 64 42 57 47 56 37 74 78 57
BTO	Staff Survey = % improvements	Achieve 55% in staff survey (5.7% improvement)	2.6% improvement	2017 2018 2019 2020 2021 Pulse 2022 Q1 Pulse 2022 Q2 2022 Pulse 2022 Q4 52.40% 49.40% 56.70% 54.50% 49.30% 50.31% 51.10% 51.90% 52.72%
BTO	NCTR – Comm Single Point of Access	30% improvement in top cause	58% improvement Exceeded expectation	Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 993 1185 1053 1060 795 760 968 1309 723 703 635 406

Our Performance Management System

In addition to our 'driver' Metrics (a metric that team chooses to help achieve an improvement), we report on a number of 'tracker' metrics and follow a strict set of business rules which manage the reporting and escalation when performance is off target. Performance against both our 'driver' and 'watch' metrics are available for the public to view as part of our published Trust Board papers and can be accessed via the Trust's website.

We also use benchmark information to inform our assessment of the efficiency and effectiveness of our services in comparison to other providers. We undertake regular data quality audits and information is also triangulated with data from other sources, such as Trust Board and Board visits, complaints and patient feedback to provide additional assurance on performance quality.

Our Achievements in 2022/23



In a challenging year for the health and social care system, it is easy to lose track of the many achievements and positive developments that have taken place, however there are a number of things that we are really proud of in 2022/23.

Working in partnership with Oxford University Hospitals NHS Foundation Trust (OUH) and our Trust charity Brighter Futures we saw the first Radiotherapy Centre for Swindon open on the Great Western site in June 2022.

Clinicians, patients and supporters from OUH and our Trust joined together to open the building, which had long been anticipated by thousands of local people undergoing treatment for cancer. Prior to this Swindon was one of the very few parts of the country without a radiotherapy service. The development of a local radiotherapy service for cancer patients diagnosed at Great Western Hospital means over 13,000 patient journeys for radiotherapy treatment are now significantly shorter every year.

Previously, the 70-mile round trip added extra stress and anxiety to patients who were already facing an extremely difficult time, and our goal is to ensure many cancer patients diagnosed locally receive the best possible care and can have their radiotherapy appointments and treatments closer to home, and closer to their support networks.

The opening was quickly followed by the opening of our new Urgent Treatment Centre (UTC) in July 2022. Built at a cost of £16m, this was one of the biggest milestones for the Trust in recent years. The new UTC building has additional clinic rooms and more space in both the adult and paediatric waiting areas. It also homes new plaster and ophthalmology rooms.

Designed with input from patients and staff, the UTC is inclusive and accessible for all; with the Trust's first ever changing places facility for children and adults with disabilities, block colour palettes for patients with dementia, lowered reception desk access for wheelchair users and a sky ceiling to bring the outside in.

As part of our Way Forward Programme, we successfully unlocked national funding in January 2023 to proceed with work on our new £31.8m Integrated Front Door.

The Trust secured £26.3million of Government funding to progress the urgent and emergency care expansion, which was in addition to £5.5million of internal funds that the organisation has available.

This funding was initially ring-fenced in 2018, when the Trust launched its Way Forward Programme which looked to develop the hospital site over the coming years. Over the last four years, planning has been underway to design the new development and in January 2022 the Trust had its business case approved by the Department of Health and Social Care which allowed the funds to be released to the organisation so that construction work could get started.

We are proud of the success of the Swindon Integrated Care Alliance Coordination Centre, opened in September 2022 at Great Western Hospital, and the blueprint for a system-wide coordination centre.

Our work to build a better culture within our own organisation continued, and among the work on equality, diversity and inclusion we marked a significant milestone with the recruitment of our 400th internationally educated nurse. Other work in this area included the launch of our new Women's Network in March.

We recognise the work of our staff every month with our STAR of the Month award and an annual internal awards event, and we also celebrate the success of our staff nationally. We are proud to have 10 staff/teams win national awards in 2022/23 and to be shortlisted for a further nine awards.

We outlined our ambition to become a beacon for improving care, always raising the bar and being more ambitious and innovative in how we deliver improvements in quality to improve quality with the publication of our new Quality Strategy in May 2022.

The quality of our care in maternity was recognised with really positive scores in the Care Quality Commission National Maternity Survey, published in January 2023. In particular, our Trust scored within the top five Trusts for experiences in labour and birth and postnatal care at home. The Trust also scored highest in the country for feeding your baby and support with breastfeeding.

We launched Improving Together, an innovative programme which teaches a fresh approach to improvement this year and have rolled this out across the organisation. Many staff have come up with great ideas which they've

been supported to embed in their workplace. We have seen good results in terms of staff feeling empowered to make positive change themselves – the score in our staff survey for our Improving Together focus question “I am able to make improvements happen in my area of work” increased from 49.2% to 52.0%.

PERIPrem is a great example of a quality improvement project – taking a great idea developed by our staff, embedding it, and rolling it out literally around the world. PERIPrem (Perinatal Excellence to Reduce Injury in Premature Birth) is an evidence-based bundle of healthcare interventions, delivered by a multidisciplinary team of healthcare professionals joining forces to consistently provide the very best care, before, during and after birth.
More babies born prematurely are receiving life-changing care thanks to the award-winning improvements being led by doctors, nurses and midwives working together. Already well-embedded in Swindon, where it has elevated the South West as a region of excellence in perinatal care, PERIPrem has been rolled out internationally throughout the year.

In November 2019 we were asked to take over two Swindon primary care practices - Moredon and Abbey Meads. We are incredibly proud of the progress we made working with our staff at the practices and to have achieved an improved rating with the Care Quality Commission in 2021 which was retained in 2022, particularly amid the challenges of the pandemic. In the last few years, we have focused on the things we know matter most to patients, including reduced call waiting times, increased appointment availability, and the recruitment of more GPs.

Finally, we ended 2022/23 having delivered our plan for the year and, thanks to non-recurrent funding, were able to break-even financially. This puts us in a good position at the start of 2023/24, while acknowledging that we need to perform more operational activity while also saving more than £16m.

These are just some of our many achievements thanks to the incredible work of our staff right across the Trust. In December we published our second Book of Great detailing more of our success – this can be found on our website.

Operational Performance 2022/23

This year has been another year of continued high pressure right across the health and social care system.

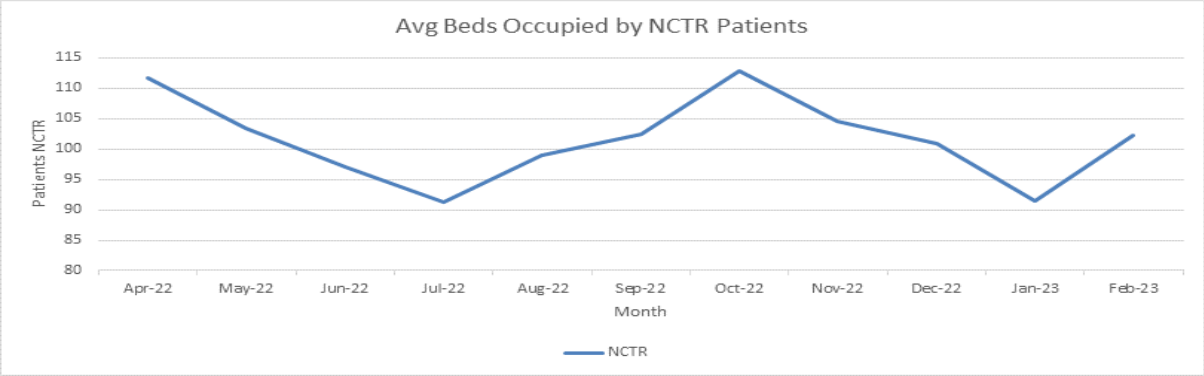
At times the system has been under extremely high demand, particularly at the beginning of January 2023 when a system-wide critical incident was declared.

A robust winter plan was put in place to help us to manage the demand upon us, and we have worked much more closely with our partners this year in recognition that the whole health and social care system is stretched, and that the pressures we face generally impact upon us all.

The winter period – with very high seasonal demand, waves of Covid, and industrial action – meant this time of year was one of the most complex winters we have ever faced.

When the hospital has been very busy, we have seen very high attendances in the Emergency Department and Urgent Treatment Centre, and large numbers of patients with no criteria to reside – i.e. they are medically fit but unable to be discharged for a number of reasons.

Reducing the number of patients with no criteria to reside in hospital is key to maintaining good flow of patients through the hospital – freeing up beds for patients who need to be admitted via the Emergency Department more quickly.



The number of patients with no criteria to reside in hospital inevitably impacts upon the ambulance service, by increasing the time it takes for crews to hand over their patient to us and then make themselves available for other 999 calls. We continue to work closely with the ambulance service to reduce the time crews spend at the hospital waiting with their patients as we know this presents a real risk to patient safety and experience.

We have improved our performance on the number of patients with no criteria to reside, the number of patients occupying a bed for 21 days or more, and our four hour Emergency Department performance. However, bed occupancy remains a significant challenge for us.

Along with the more typical challenges, this year we have also seen a unique set of operational pressures upon us. Following the death of Her Majesty The Queen, the Government announced that the day of her funeral, 19 September, would be a Bank Holiday. We took the decision to continue with as much of our activity on this day as possible and were able to carry on with the majority of appointments for those patients already booked in for Bank Holiday Monday. Teams involved worked very hard to plan and prepare for the day, calling every one of the 1,400+ patients originally booked in to check they were still able to attend. Just over 10% made the personal decision not to attend. We saw around 1,250 patients and were able to run 76% of our activity on the day – ensuring these patients were treated as planned and minimising future operational disruption. Given the short notice of the Bank Holiday it was not an easy decision to take to run services on this day, but it was the right choice to put patients first as many needed urgent care or have been waiting a very long time. The feedback we received from the public was overwhelmingly positive, reflecting the desire from people to be treated as quickly as possible.

Waves of industrial action from December 2022 through to March 2023 have been challenging and, although we have been able to manage these incidents relatively well thanks to the incredible support of staff in a number of different roles, there has been a considerable impact on patient care with many appointments needing to be cancelled at short notice as we were unable to provide safe levels of patient care in some areas.

At the time of writing, more industrial action involving junior doctors and nursing staff was planned and we continue to hope for a swift resolution to the dispute between the Government and the unions.

The global Covid-19 pandemic has continued to present us with challenges although we have begun to move towards treating Covid-19 as business as usual as much as we can while continuing to keep patients, visitors and staff safe. When the virus has been particularly prevalent in the community we have seen much higher cases in the hospital, but with less patients very sick and needing intensive care than in the early part of the pandemic. We introduced a Covid escalation framework, ranging from Green to Black, with various infection prevention and control measures in place for visiting, testing and mask-wearing depending on a series of triggers.

Vaccinations remain key to fighting these infections both for patients and our own staff. We ranked highest among all NHS Trusts in the South West in delivering both flu and Covid-19 vaccinations to staff. We were fifth in the

country for Covid vaccine take-up, and eighth nationally for flu vaccinations. 86 per cent of staff had the flu vaccine, 65 per cent had the Covid vaccine.

To help us manage the range of pressures upon us, we embedded the new Swindon Integrated Care Alliance Coordination Centre at the hospital. This initiative has brought our staff in to the same room alongside staff from Swindon Borough Council, Wiltshire Council, South West Ambulance Service Foundation Trust (SWASFT and others together as a single team to support patients in accessing the care they needed and reducing pressure on the ambulance service and our Emergency Department. The centre is fully staffed and has been an important part of our response to the increased operational demand we have seen.

The unprecedented pressures upon the health and social care system in recent years has impacted upon the care and experience of patients with waiting lists at record levels across the NHS. We ended 2022/23 with 35,740 patients on the waiting list, compared to around 19,900 just before the pandemic, and 30,000 at the end of March 2022. Of these 2,159 had been waiting more than a year, and 2 had been waiting 78 weeks or more. No patients had been waiting 104 weeks.

Our 2023/24 plan has a commitment to increasing our activity to deliver the highest quality care for patients and, in doing so, reduce the time they spend waiting for treatment. However, this is a complex challenge and it will take a significant amount of time for our waiting lists to reduce.

The table below illustrates our performance for 2022/23 against the NHS Oversight Framework.

Measure	National Target	Local Target 2021/2022	Performance 2021/2022	Performance 2022/2023
ED 4 hours Q1	95%	95%	80%	69%
ED 4 hours Q2	95%	95%	76%	66%
ED 4 hours Q3	95%	95%	75%	63%
ED 4 hours Q4	95%	95%	76%	68%
Stroke	n/a	C	B	C (Q3 2022)
RTT Waiting List	WL at Mar 22	-	30,034	35917
RTT 52 Weeks	0	-	664	2228
DM01 performance Q1	99%	99%	82%	48%
DM01 performance Q2	99%	99%	68%	46%
DM01 performance Q3	99%	99%	57%	48%
DM01 performance Q4	99%	99%	54%	55%
Cancer Performance (62 days) Q1	85%	85%	86%	77%
Cancer Performance (62 days) Q2	85%	85%	85%	64%
Cancer Performance (62 days) Q3	85%	85%	77%	65%
Cancer Performance (62 days) Q4	85%	85%	81%	67%
Cancer performance (2WW) Q1	93%	85%	74%	91%
Cancer performance (2WW) Q2	93%	93%	80%	72%
Cancer performance (2WW) Q3	93%	93%	90%	76%
Cancer performance (2WW) Q4	93%	93%	90%	90%
Cancer performance (28 day) Q1	75%	75%	72%	79%
Cancer performance (28 day) Q2	75%	75%	76%	72%
Cancer performance (28 day) Q3	75%	75%	77%	72%
Cancer performance (28 day) Q4	75%	75%	76%	76%

System-wide - Integrated Care System (ICS)

Following the passage of the 2022 Health and Care Act, ICSs were formalised as legal entities with statutory powers and responsibilities. Statutory ICSs comprise two key components:

- Integrated Care Boards (ICBs): statutory bodies that are responsible for planning and funding most NHS services in the area
- Integrated Care Partnerships (ICPs): statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.

The Trust is part of the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care System (ICS). Bath & North East Somerset, Swindon and Wiltshire (BSW) ICS has a combined registered population of approximately 940,000 people and covers an area of approximately 1500 square miles. There are three local authorities, 94 GP practices, three acute hospital trusts, a mental health provider, and an ambulance trust, as well as community services providers and many voluntary and charitable organisations. Within BSW, under the ICP and ICB, partners come together as an Integrated Care Alliance (ICA) at 'place' level. BSW has three places, defined as the local authorities of Bath & NE Somerset; Swindon; and Wiltshire.

Whilst the functions and duties of our Trust will remain largely unchanged under this legislative reform, we are actively engaged in leading work in the ICA and with our acute trust partners at the Royal United Hospital Bath and Salisbury Foundation Trust through a provider collaborative (BSW Acute Hospital Alliance). 'Team Swindon', our local name for the ICA, has really developed over the last 18 months with a far closer relationship with Swindon Borough Council.

In addition, our senior leaders have taken on leadership roles within the system, for example our Chief Executive leads the BSW ICS System Capability and People Group and is the Executive Sponsor for the BSW Academy, which launched in 2022; our Chief Financial Officer is the provider lead on the ICB finance committee; and our Chief Officer of Improvement and Partnership leads on improvement within the BSW Academy and community diagnostic provision as part of the BSW elective care board.

The BSW ICB has taken on the functions and broader strategic responsibility for overseeing healthcare strategies for the system from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group, which has now been dissolved.

As an ICS, BSW has four key purposes to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes
- experience and access, enhance productivity and value for money
- support broader social and economic development

As part of the ICS we are also bound by the new Triple Aim for NHS bodies. The triple aim is a legal duty on NHS bodies which requires them to consider the effects of their decisions on:

- the health and wellbeing of the people of England (including inequalities in that health and wellbeing)
- the quality of services provided or arranged by both them and other relevant bodies (including inequalities in benefits from those services)
- the sustainable and efficient use of resources by both them and other relevant bodies.

The BSW ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

The Trust has been working with the Integrated Care Board to produce an Integrated Care Strategy. This strategy will describe how the assessed health, care and wellbeing needs of the local population are to be met by the ICB partners including Trusts, Local Authorities and NHSE and must address integration of health, social care and health related services.

An Integrated Care Implementation Plan will also be produced which will be submitted as the Joint Forward Plan for BSW and both were completed in June 2023. The Joint Forward Plan will describe how the ICB and NHS partners intend to meet the physical and mental health needs of our population through arranging and providing NHS services. This will include:-

- Delivery of universal NHS commitments: the Long Term Plan and annual NHS Priorities and Operational Planning Guidance; and
- Address the four purposes of the ICS:
    - Improving population health and healthcare
    - Tackling unequal outcomes and access
    - Enhancing productivity and value for money
    - Helping the NHS to support broader social and economic development.

Placed-based Partnerships – Acute Hospital Alliance

As part of the Acute Hospital Alliance, we now work increasingly closely with Salisbury NHS Foundation Trust and the Royal United Hospitals Bath NHS Foundation Trust. In particular, we have worked closely with these Trusts to ensure the best use of procurement resources, skills, and best value for money by aggregating spend to increase our purchasing power. We are now beginning to see direct benefits for patients, with joint working on tackling our combined waiting lists proving successful, particularly with regard to reducing waiting times for paediatric patients needing oral surgery and other examples of mutual aid between providers to ensure equitable access to services.

In March 2022 it was announced that our BSW Acute Hospital Alliance had been selected as part of the first wave of NHS England's new Provider Collaboratives Innovators Scheme.

This is a significant achievement and a big step forward for our three Trusts working more closely together – we are the only bid chosen from the South West, with nearly 50 bids submitted across the country.

As part of the new scheme, NHS England has chosen nine collaboratives – one from each region – to help accelerate their development, so being part of the first cohort is recognition of the work we've done so far, and our potential to do much more in the future.

This announcement will allow us to build upon, and speed up our achievements so far and will ultimately help us to improve the care our patients receive.

As part of the scheme, we will now work closely with NHS England to co-design the support and expertise we feel would provide most value to deliver our locally-agreed priorities for benefitting patients.

This will enable us to increase equity for our population, through clinically and financially sustainable services, and continuing to improve what we do for the future.

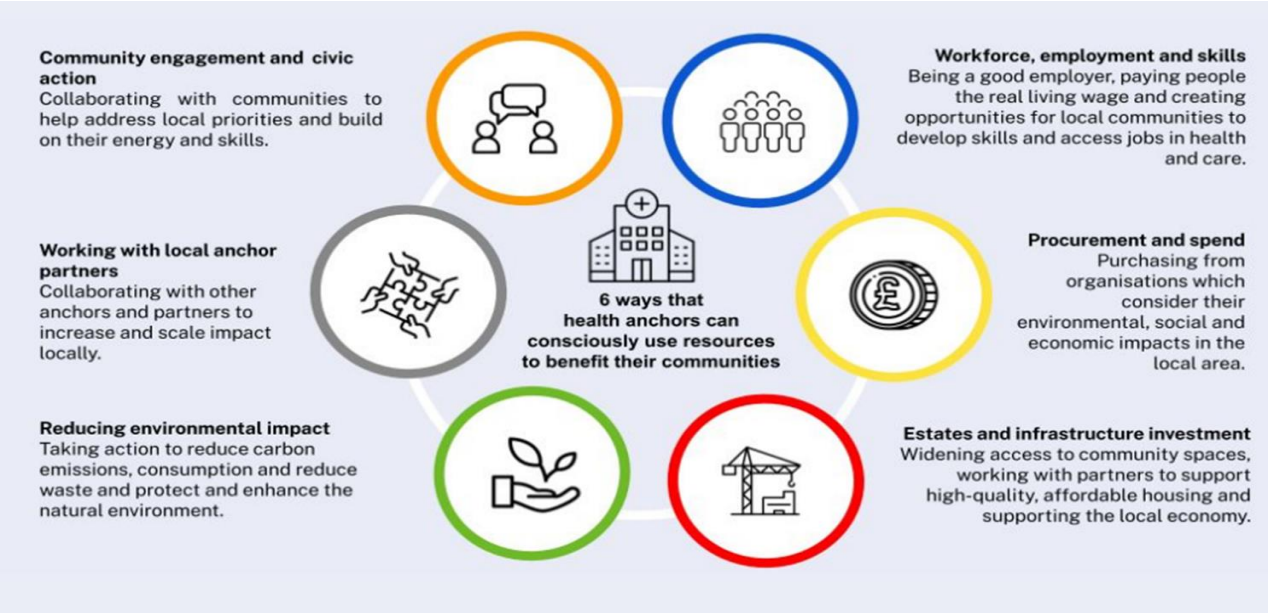
Our role as an Anchor Organisation

The concept of anchor institutions has been understood within the NHS for a number of years, and pre-dates the Covid-19 pandemic, but the imperative to address health inequality triggered by the differential impacts of Covid has given this new impetus.

Anchor institutions are large, typically public sector organisations, rooted in place (hence the term 'anchor') and by the nature of their role and scale are uniquely placed to positively influence the social, economic and environmental conditions of local communities. The long term sustainability of these organisations is inextricably linked to the health and wellbeing of their populations and so there is a 'virtuous circle' in the role of these organisations leveraging their ability to impact on the wider determinants of health locally.

Given the role of our Integrated Care Partnership (ICP) in improving the health and well-being of individuals, we want our constituent organisations and partnerships to play this crucial role in supporting wider social and economic development, acting as anchor institutions that contribute to the economic and social development of local communities.

As noted in the infographic below, our partners have the potential to stimulate economic growth by creating jobs, investing in local infrastructure, and supporting local businesses. They provide a range of services, such as health care, social care, and community support, which contribute to the social and economic well-being of our local communities.



Our ICP also supports wider social and economic development by seeking to reduce health inequalities. Health inequalities are a significant issue in many communities, with people from disadvantaged backgrounds often experiencing poorer health outcomes. We can help to address these issues by delivering integrated health and social care services that are tailored to the specific needs of our communities. This can include providing culturally sensitive services, addressing social determinants of health, and working with community groups to promote healthy lifestyles.

There is a combined population of 940,000 living across BSW. Our population is served by hundreds of third sector organisations, 94 GP practices, three community providers, three acute hospital trusts, a mental health trust, an ambulance trust, and three local authorities.

In general, the population of BSW enjoy relatively good health and wellbeing when compared with the rest of England. This average measure however hides significant variation within the population. There are inequalities across BSW, which Covid-19 has exacerbated, which contribute to poor health and wellbeing for many. The challenge of responding to these inequalities and improving health and wellbeing for everyone is at the centre of anchor collaboration as an ICP.

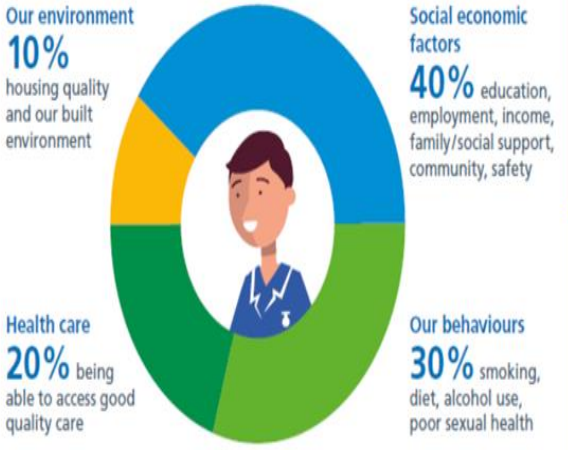
Our Anchor Institution delivery plan

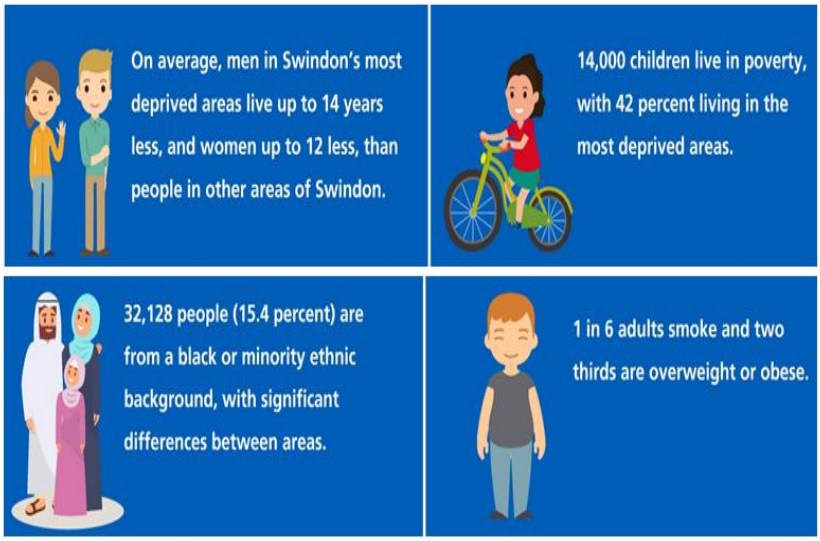
As noted in the infographic above, there are a range of measures organisations and collaborations can take to act as anchors. Our aim is to share best practice through the BSW Academy, ICAs and provider collaboration, to ensure that individually and collectively our partners are using their inherent capacity to support improved conditions for healthy lives.

There is a clear link between deprivation and life outcomes, in Swindon for example those that live in deprived wards have lower life expectancy for both men and women, 42% of children living in poverty located in the most deprived wards and poor educational attainment. The most deprived 20% of areas within Wiltshire have repeatedly poorer outcomes than the least deprived 20% and similar patterns are seen in Bath and North East Somerset. Smoking rates (Swindon already has a significantly higher rate than the national average) and substance misuse are higher in deprived areas as are higher levels of severe mental illness. Rates of hospital stays for instances of self-harm are significantly higher across all parts of BSW compared to the England average.

As a provider proud to be rooted in our local community, we have considered all the ways in which we can use our anchor position to improve health outcomes for our local population. As an integrated provider, we identified five key areas where they were able to make a positive difference. The diagram below outline some of the initiatives that have been taken forward over the last twelve months. Given that the majority of our spend is on staff costs, it was determined that our role as an employer would be the most significant contribution we could make initially, and so we have focussed a programme of work around widening access to employment and development opportunities, and working with our partners at New College, the main further and higher education institution in Swindon, to target training and recruitment opportunities at those most in need of a foothold to a stable career.

Factors affecting health outcomes:



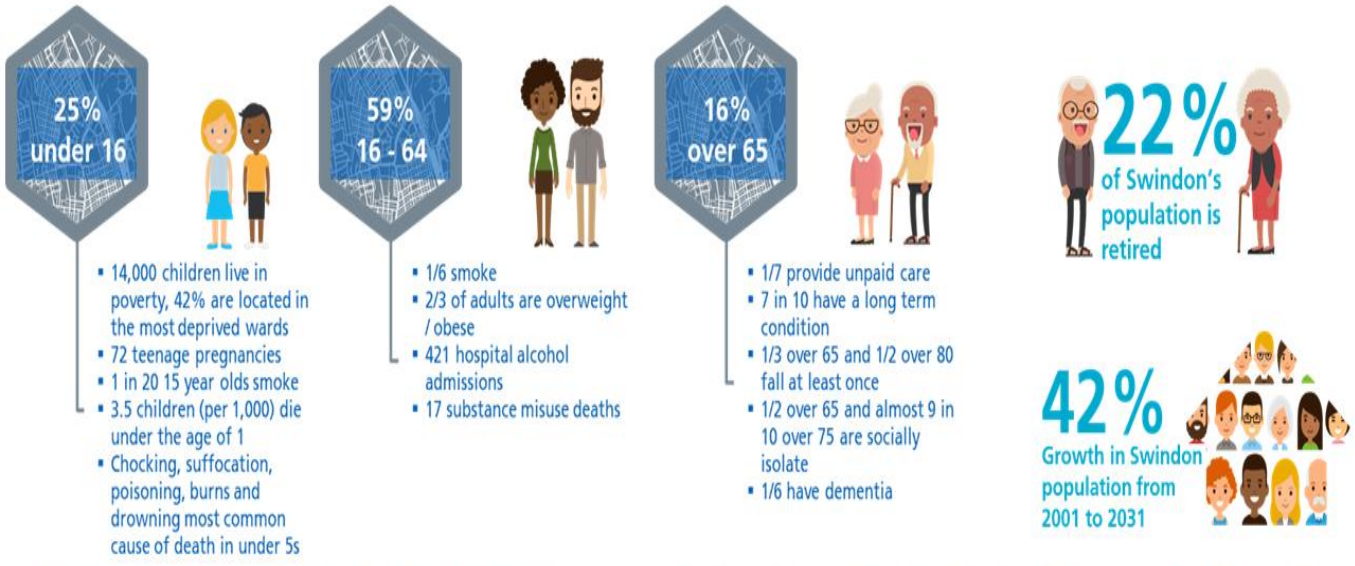


Key focus from Joint Strategic Needs Assessment (JSNA):

- Obesity/diabetes
- Frailty
- CVD
- Cancer
- Alcohol-related harm

Agreed Integrated Care Alliance workstreams:

- Building Capacity & Resilience
- Developing New Models of Care / Left Shift of Care
- Tackling Health Inequalities
- Strength Based Approach

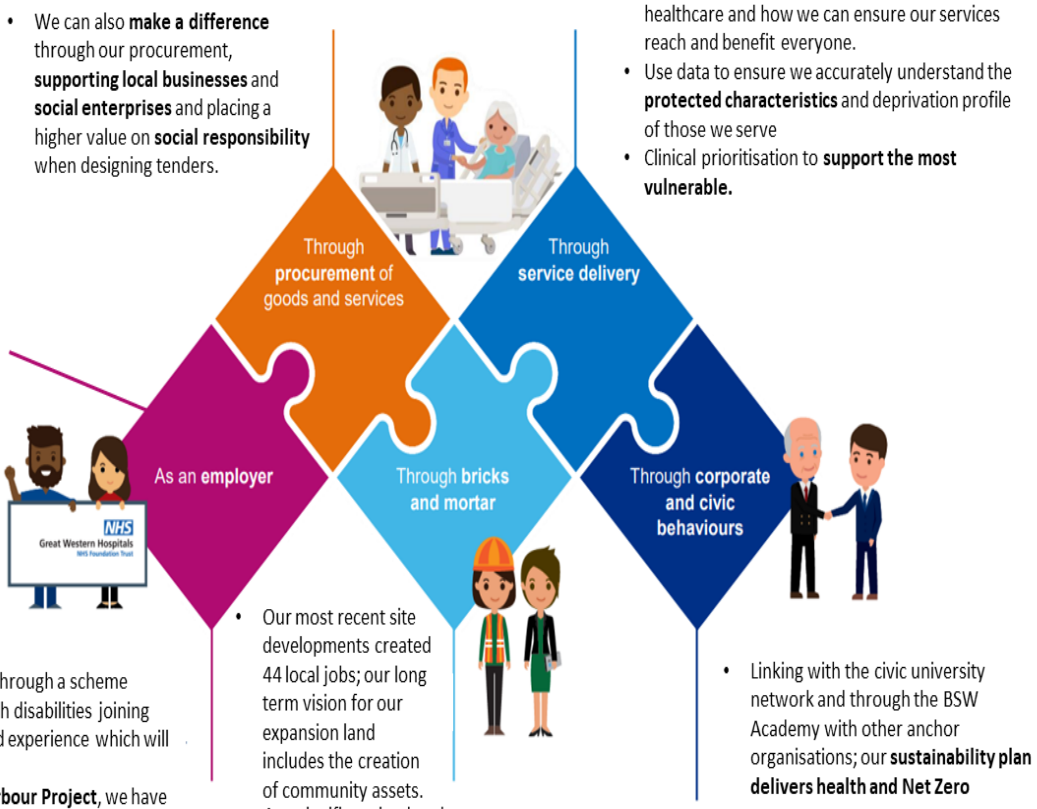


- Deprivation is most severe in the education, skills and training measure where Swindon is the 47th most deprived out of 152 local authorities – the driver appears to be children and young people's indicators
- 1 in 8 people born outside of the UK and 2,296 report that they cannot speak English well or at all
- 860 have a moderate to severe learning disability

Our position in the community gives us an opportunity to work to reduce health inequalities and improve life chances

As an employer of choice, we're developing a strategic partnership with New College Swindon to support entry routes in to the Trust. One of our first events was attended by health and social care students to discuss opportunities to work for us.

The five areas where we can make a difference as an anchor institution



- We can also **make a difference** through our procurement, **supporting local businesses** and **social enterprises** and placing a higher value on **social responsibility** when designing tenders.

- We are **working with different community groups** to better understand the barriers to accessing healthcare and how we can ensure our services reach and benefit everyone.
- Use data to ensure we accurately understand the **protected characteristics** and deprivation profile of those we serve
- Clinical prioritisation to **support the most vulnerable.**

- Expanded **volunteer workforce**.
- Use **apprenticeships** to maximise training opportunities.
- Provide the SEND community with **inclusive opportunities**.
- We attend disability confident job fairs and through a scheme called **Project Search** we have 9 students with disabilities joining the Trust this year, gaining valuable skills and experience which will help prepare them for employment.
- Working with local charities, such as **The Harbour Project**, we have recently welcomed 15 people seeking asylum or who have recently been granted refugee status, to our diverse team of volunteers.

- Our most recent site developments created 44 local jobs; our long term vision for our expansion land includes the creation of community assets.
- As a significant land and property owner, we are looking at how we can share our spaces with community groups.

- Linking with the civic university network and through the BSW Academy with other anchor organisations; our **sustainability plan delivers health and Net Zero**

Opportunities for the year ahead

Our Operational Plan 2023/24 details the overall plan for the next year. However, listed below are our current key priorities: -

- Continue our Improving Together and quality improvement journey, delivering CQC recommendations and achieving a "good" rating for our services on our journey to an "outstanding" rating, and supporting our Great Care Campaign.
- Integrating care pathways to help improve patient care, manage demand and improve flow, working closely with place and system partners.
- Develop the Team Swindon Integrated Care Model, learning from best practice and delivering a joined up health system for Swindon, this includes being actively involved in the procurement process for Community Services across BSW.
- Deliver improved performance, focussing on Elective Recovery and the reduction of our wait lists, our ED wait time and Cancer performance.
- Ensure safe staffing levels through improved recruitment and retention and reducing our reliance on agency staff.
- Living within our means, delivering on improvement and efficiency plans, leading on transformation schemes to build a more sustainable future and working positively with our ICS partners in Bath & North East Somerset, Swindon and Wiltshire. This includes working collaboratively within our Acute Hospital Alliance (AHA) to drive opportunities for improved care, reduce variation across the footprint and realise efficiency benefits.
- Deliver on our Way Forward Programme to co-locate urgent and emergency services to help begin the right-sizing process for our acute hospital.

- Recognise our place in the system and as an anchor institution. Thinking beyond what the health sector can do in isolation, our collective power not only within our ICS but also with local industry will help start deliver the best possible life opportunities for our communities and begin to address the inequalities experienced by the people we care for.

Looking to the future – Infrastructure development

Future of community services

By April 2024

ICB is seeking to simplify a number of different community services contracts across BSW and align them to neighbourhoods and primary care networks and drive an expanded and transformed out of hospital system from April 2024.

Integrated Front Door

By Summer 2024

Shared Electronic Patient Record

By Q2, 2026

Full Business Case approval process: April to September 2023. Go live plans for each Trust will be determined during contract negotiations with suppliers.

In BSW, the 3 Trusts are committed to the procurement and deployment of a single Shared Electronic Patient Record platform.

Equality of Service Delivery

As an NHS organisation, we aim to provide our services to all groups equally. We are subject to the public sector equality duty, which was introduced as part of the Equality Act 2010 and requires NHS organisations to eliminate unlawful discrimination, advance equality of opportunity and to foster good relations. We do this in different ways:

- Our patient information leaflets are available online, in hard copy and can be provided in different formats such as large print, braille and in various languages
- We provide access to face-to-face British Sign Language interpreters which is available in our ED on a video remote access basis
- Our online appointment booking webpage and telephone operators seek information about communication or other information needs.
- We have also implemented the Equality Delivery System (EDS2) set out by the Department of Health and Social Care. Every year we are required to assess our performance against EDS2 and we review a number of outcomes each year to ensure that we look at all outcomes over a period of time.

Reduction of health inequalities within the Trust's local population is a been a key driver within Bath, Swindon & Wiltshire Integrated Care System Partnership's transformation plan for 2022/23, with Great Western Hospitals playing a key role in the delivery of these initiatives.

The Trust has established a health inequality steering group to address health inequality and every quarter this group merge with the Swindon Integrated Care Alliance (ICA) group and has developed an overarching action plan. A number of initiatives have taken place over the year which include:-

- GWH has targeted lung health checks at our most deprived population to increase early diagnosis of lung cancer; providing cancer test videos and culturally competent information to drive uptake; a MacMillan cancer hub with links to community cancer champions who have a role to engage seldom heard communities or vulnerable individuals.

- A GWH representative has been identified to attend the 'Insight to Foresight' subgroup of the ICA Inequalities group, which has been set up to coordinate engagement activities with seldom heard groups. This will ensure that our patient and public engagement activities take particular account of the lived experience of those particularly at risk of health inequalities, and better enable us to plan and deliver services in response.
- An investigation has been undertaken to identify why there is a gap between the number of interpreters used and document translation – the PALS team are proactively asking about translation needs for each interpreting request

The Trust will consider in 2023/24 what further interventions can be made to help reduce health inequalities. An intervention that is currently being explored is how to identify patients on waiting lists differently and against certain protected characteristics that may enable the organisation to manage waiting lists differently in future in the ongoing pursuit to reduce health inequalities.

Further information on Equality, Diversity & Inclusion can be found on page 65.

Quality Performance 2022/23

The Trust's Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The accuracy of the Trust's Quality Account and an assessment of whether this presents a balanced view of controls in place is provided through internal review; stakeholder engagement and consultation; and data checking processes as part of the Trust's data quality arrangements (refer page 121). The report for 2022/23 will be published on the Trust's website in June 2023.

Quality is embedded in the Trust's overall strategy. Quality targets are linked to directorates and included in local clinical speciality dashboards and pathway compliance monitoring. The Trust's performance against the quality priorities is included in the Trust-wide Integrated Performance Report (IPR) report which is reviewed monthly by various committees and ultimately by the Board. During 2022/23 the Board continued to receive regular performance information on key quality indicators including patient safety, patient experience and clinical effectiveness.

Quality Indicators Performance 2022/23

We successfully delivered our quality priorities in 2022/23, which included implementing a systematic approach orientated towards embedding learning from serious incidents, planning for patients discharge from hospital to reduce unnecessary delays and to ensure that our patients receive optimal nutrition and hydration. One aim was only partially delivered, this was an objective under the priority to reduce unnecessary delays and improve communication to support the discharge experience of our patients Although on-going actions have continued, we have not implemented enough change to achieve a significant reduction in the number of bed moves patients incur, this will continue to be an ongoing objective.

Quality Priorities 2023/24

The following priorities have been agreed by the Trust for 2023-24

Priority 1
Reducing the incidents of hospital & community acquired pressure ulcers

Why is this a priority - Whilst this has been a priority over the last few years we know we have more to do in this area because pressure damage is one of the highest causes of patient harm across the Trust. It can cause physical harm, pain and can lead to poor patient outcomes. At Great Western Hospitals Trust, we do not want any of our patients to come to harm whilst they are in our care, we believe that by the implementation of effective

systems and processes supported by education and training we will be able to reduce the incidence of pressure ulcers developing whilst patients are in our care.

Priority 2
Reducing the number of patients in the hospital who are ready to be discharged to care elsewhere in the community

Why is this a priority - We know that we have patients in hospital who are ready to be discharged to care outside of the hospital. It is really important that these patients are able to be discharged quickly and to their own home whenever possible. Everyone should have the opportunity to recover and rehabilitate at home wherever possible. Staying in hospital for longer than is needed can increase exposure to risks such as infections, falls and loss of physical and cognitive function, if we can reduce time it hospital it enables people to regain or achieve maximum independence as soon as possible. It also supports hospital flow, maximising the availability of hospital beds for people requiring this level of care including urgent emergency admissions, elective surgery, and the public waiting for ambulance response.

Priority 3
Reducing the amount of time patients spend in the emergency department before they are ready to go home or move on into a hospital bed

Why is this a priority We know that since the Covid-19 pandemic increased pressures on our hospital capacity has meant that patients spend longer waiting in the Emergency Department than they used to. National evidence shows that longer waiting times in Emergency Departments can lead to worse clinical outcomes and increased mortality *(ref 2019, Paling et al, Emergency Medicine Journal vol 37, Issue 12)*. Long waits in the Emergency Department can hamper our ability to handover with ambulance crews. Long waits are often caused by lack of capacity in the wider hospital, so they are indicative of when we are coping well with caring for our population and this is why we see reducing the amount of time patients spend in our emergency department as a key priority for our clinical effectiveness

These will be reported in full in the 2023-24 Quality Account which is published on the Trust's website in June 2023.

Care Quality Commission Ratings

The CQC performed an Inspection between 11 February 2020 and 12 May 2020, which was part of their planned programme of inspections of healthcare providers.

The inspection report includes the findings from the completed service level inspection, but the well-led component of the inspection was not completed and therefore the report does not include findings on well-led at the overall trust level, this element of the inspection remains incomplete. As a result, the ratings published by the CQC for the overall Trust are from the previous inspection in 2018. All other ratings related to specialities for the Great Western Hospital represent the findings and judgements from the inspection undertaken in 2020.

Our overall rating remains as "requires improvement", however, there was significant improvement across several services area from "requires improvement" to "good", and this is reflected in the table below.

This inspection followed on from previous inspections in September 2018 and the improvement reflected the hard work the Trust has undertaken in responding to previous inspections recommendations and a concentrated drive for improvement in relation to all key lines of enquiry as stipulated by the CQC.

Preparedness for inspection and ensuring progress against previously identified areas for improvement continues via Divisional governance structures, Divisional and corporate reporting to the Patient Quality Sub Committee, assurance to the Quality and Safety Board Committee and regular engagement meetings with CQC.

Full Inspection Outcomes received June 2020

In June 2020 the Trust received the report from the CQC following its inspection of Trust services The ratings for both Acute and Community locations are summarised as follows, which shows an improvement on the Trust's rating from September 2018, albeit the Trust remains overall as "requires improvement":

CQC Ratings for The Great Western Hospitals Foundation NHS Trust

Overall Rating Requires improvement

Core Service	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Medical Care (including older people's care)	Good ⇧	Good ⇧	Good	Requires Improvement	Good ⇧	Good ⇧
Surgery	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Critical Care	Requires Improvement	Good	Good	Good	Good	Good
Maternity and gynaecology	Good ⇧	Good	Good	Good	Good	Good
Services for children and young people	Good ⇧	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good ⇧	Not Rated	Good	Good ⇧	Good	Good ⇧
Community Health Services for Adults	Good ⇧	Good ⇧	Good ⇧	Good ⇧	Good ⇧	Good ⇧
Community Health Inpatient Services	Good ⇧	Good ⇧	Good ⇧	Good ⇧	Good ⇧	Good ⇧
Overall	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement

During 2021/2022 the Trust has provided assurance to CQC in relation to two core services assessed as part of their transitional regulatory approach. emergency care and maternity care, the reviews were positive and whilst they did not result in a report or a change to ratings, assurance provided to the CQC informs future monitoring and regulatory activity.

The Trust has not participated in any special reviews or investigations by CQC during the reporting period. We have had regular engagement meetings with CQC through 2022/23 to ensure we keep them informed of our service delivery and of any changes.

Copies of the full reports for the Trust and each individual location inspected by the CQC are available publicly at the following website link http://www.cqc.org.uk/provider/RN3/reports.

Additional Activity undertaken by CQC in 2022/23

During 2022/23 we continued engagement meetings and visits with the CQC

- The CQC visited a number of departments, including, the Emergency Department, Urgent Treatment Centre, Radiology Department, Sunflower lodge, Discharge Co-ordination Hub and the Osprey unit, these visits are opportunities for staff to meet with CQC and showcase their improvement journey
- Quarterly meetings with executive team to present developments, progress or specific focus on CQC domains
- Monthly meetings led by the Chief Nurse team, to discuss, initiatives, challenges, quality matters
- Monthly insight calls to discuss, review and update CQC on their current enquiries

Further information on the Quality Governance Framework can be found on page 122.

Consultations

There were no formal public or stakeholder consultations during 2022/23.

Research and Innovation 2022/23

As the UK has emerged from the Covid-19 pandemic, clinical research delivery has faced unprecedented challenges, resulting in a substantial reduction in the number of studies able to recruit effectively and on time. This is due to continued pressure in the NHS from workload/workforce issues, elective backlogs, and the need to complete existing Covid-19 urgent public health research. These challenges are reflected in research performance at Great Western Hospital, where we have seen a reduction in clinical research activity in 2022/23 (see below).

There has been national focus on clinical research recovery, and growth. Work is also underway nationally to revitalise the NHS research portfolio and to free up capacity in the research system by reducing the number of non-viable studies. It is hoped that this will help to ensure clinical research delivery is achievable and sustainable as we move forward in recovering from the pandemic.

In 2022/23, GWH was awarded over £87,000 of funding aimed specifically at supporting and developing research capabilities at the Trust, which was invested in pump-priming our research portfolio as we emerge from the pandemic and raising awareness of research across the organisation. Further such funding is also due to be awarded in 2023/24 to enable pump-priming across a number of specialties.

Patient Recruitment

During 2022/23 we recruited a total of 613 participants, a significant reduction on last year's total (see Table 1), which reflects the national post-pandemic situation as outlined above. In 2022/23 recruitment to commercial trials reached its highest total for 5 years.

Table 1: Recruitment numbers to commercial and non-commercial trials

Year	Commercial Recruits	Non-commercial Recruits	Total Recruitment
2022-2023	30	583	613
2021-2022	22	1,082	1,104
2020-2021	16	1,813	1,829
2019-2020	13	1,082	1,095
2018-2019	25	1,602	1,627

The number of recruiting studies remained stable at 50 and we recruited to studies across 22 clinical specialities during 2022/2023, a drop on last year (see Table 2).

Table 2: Number of clinical specialties

Year	Clinical Specialties*	Number of Studies
2022-2023	22	52
2021-2022	25	52
2020-2021	25	42
2019-2020	23	45
2018-2019	24	60

**Clinical specialty is defined as the NIHR clinical speciality area within which a study is categorised*

Research Impact

The examples below highlight the impact this research which has taken place in GWH during 2022/23. This demonstrates the valuable role our hospital, staff and patients play in helping to improve health and social care.

GenOMICC: This research study aims to engage and unite clinicians and scientists from all over the world to understand the genetic factors that determine susceptibility to and outcome from critical illness. The study, which is still ongoing at GWH, has already had significant impact in the care of critically ill patients, for example:

- discovered the TYK2 association with critical Covid-19 that led directly to a new effective drug treatment, baricitinib. This is the first time that host genetics has led to a new drug treatment for infectious disease or critical illness
- discovered a total of 49 genetic variants associated with Covid19, some of which may have broad implications for ARDS and other types of viral pneumonitis
- recruited over 20,000 critically ill patients, with many ICUs consistently recruiting >50% of eligible cases

GenOMICC has been open to recruitment at GWH since April 2020 and has recruited 74 participants at time of writing.

EMPA-KIDNEY: This research study recruited 6,609 participants in eight countries, half of whom were assigned a 10mg daily dose of empagliflozin and half who were assigned a placebo. The study was open to recruitment at GWH between March 2020 and April 2021 and is now in follow-up. We recruited our full allocated cohort and also participated in an MRI sub-study.

Results already available from the trial show that that empagliflozin reduced the risk of the primary outcome of kidney disease progression or cardiovascular death by 28%. These results are important because slowing down loss of kidney function in those with chronic kidney disease progression and avoiding the need for dialysis or a kidney transplant is highly desirable due to the adverse effects on quality of life, and the increased risk of cardiovascular disease. Those involved in the care of kidney disease, heart disease and diabetes now look forward to the changes to clinical practice that are expected from this important research finding.

IRONMAN: In 2022, GWH successfully completed follow-up of all patients taking part in this trial, which was looking at heart failure, reduced left ventricular ejection fraction and iron deficiency anaemia. As one of the top UK recruiting sites, GWH made a significant contribution to this research, which has recently published results.

The study has found that for a broad range of patients with heart failure, reduced left ventricular ejection fraction and iron deficiency, intravenous ferric derisomaltose administration was associated with a lower risk of hospital admissions for heart failure and cardiovascular death, further supporting the benefit of iron repletion in this population. European Society of Cardiology guidelines suggest consideration of intravenous ferric carboxymaltose for symptomatic patients with recent hospital admission for heart failure to reduce further heart failure admissions, with data from IRONMAN providing further evidence to support the use of intravenous iron in these patients.

STAMPEDE: Prostate cancer accounts for around one fifth of all male cancers. In the UK there are about 7,000 new cases each year and approximately 11,000 deaths. The STAMPEDE study, which ran at GWH and completed this year, aimed to provide evidence as to what is the best way of treating men with newly diagnosed advanced prostate cancer.

Results of the study show that adding a drug called abiraterone to the standard therapy improves survival of people with metastatic disease. Previous results from STAMPEDE also confirmed that adding abiraterone to the standard therapy also helps people with prostate cancer that has not spread, to live longer. Together, these findings strongly recommend the use of abiraterone in combination with standard therapy, to treat prostate cancer that has or has not spread to other parts of the body.

Environment Sustainability Performance

Great Western Hospitals NHS Foundation Trust's Green Plan (which can be found on the Trust's website) outlines the actions and initiatives we aim to deliver to address our sustainability and net zero targets. Sustainability is fundamental to maintaining high quality care; to help us meet the needs of today without compromising the needs for future generations.

The Trust's vision is to deliver great joined up services for local people at home, in the community and in hospital, helping them to lead independent and healthier lives. A sustainable health and care system is achieved by delivering high quality care and improved public health without exhausting natural resources or causing severe ecological damage.

The Trust's Green Plan is committed to reducing the carbon footprint to reach Net Zero by 2040 for direct emissions and by 2045 for indirect emissions also.

In line with the NHS Constitution the Trust has included sustainability within the definition of quality included in pillar 4 of the Trust's five-year strategy. This showcases how the Trust is continually improving the patient experience whilst using resources efficiently and working towards carbon reductions.

Targets

1. To measure our annual Carbon Footprint and set future interim targets for reduction.
2. To be Net Zero Carbon by 2040 for our NHS Carbon Footprint, with an ambition to reach an 80% reduction by 2028 to 2032.
3. To understand and further reduce our indirect scope 3 emissions within the NHS Carbon Footprint Plus.

Progress to Date

As part of the governance of the Trust's Board approved Green Plan annual reporting is required. An updated Green Plan action tracker is monitored at the Finance, Infrastructure & Digital Committee and provides the current status and next steps required for all targets across the 8 chapters. Highlights of this progress includes:

- All utility contracts are on a renewable tariff backed renewable energy guarantees of origin certificates and SWICC and Commonhead now also have LED lighting along with the hospital.
- The Urgent Treatment Centre has been accredited under BREEAM to an 'Excellent' standard and we are awaiting the post construction certificate. The Integrated Front Door (IFD) is also aiming for this accreditation.
- New Energy Centre utilizes air source heat pumps, a low carbon heating solution that will also supply the IFD.
- To tackle emissions from entonox within maternity the Central Destruction Unit (CDU) project is underway as the largest sustainability capital project this year (£200K).
- A new Standard Operating Procedure for nitrous oxide has been approved with both manifolds due to be decommissioned early next year. GWH won funding (£15K) for this project under the Healthier Futures Action Fund by Greener NHS. 14 applications were successful out of 109.
- Virtual outpatient appointments for GWH score higher than the median at over 20%
- For sustainable travel planning on site GWH has been awarded the Silver level under Modeshift STARS, the first business to do so in Swindon.
- Salary sacrifice for cars for zero emission and ultra-low emission vehicles.
- Sustainable travel information provided to new starters to encourage a more sustainable commute.
- 10% social value weighting is included in all new tenders that includes a net zero carbon focus.
- Food waste trial underway for patient and kitchen food waste with the aim of sending this to an off-site anaerobic digestor in Wiltshire.

- Behaviour change platform ‘Act’ is being rolled out in January.

Financial Performance

The financial figures reported in the accounts represent the consolidated accounts of the Trust and the NHS Charity in accordance with DHSC Group Accounting Manual.

In the financial year 2022/23 we had a predominantly block contract for income. We started with a £19.5m deficit plan, with an offsetting surplus sitting with the Integrated Care Board (ICB). Our plan was later improved to breakeven when the ICB provided a risk share that was cash-backed, reducing their planned surplus and increasing ours. We received additional funding to support in-year pay awards, as well as elective activity recovery, and Covid vaccination and testing programmes.

The Trust ended the year with a £12.8m deficit (£6.0m deficit 2021/22) including donated items and the impact of asset disposals, with a surplus of £0.027m after technical adjustments. This compares to our position in 2021/22 of £0.058m surplus. The Trust’s financial performance is monitored on the financial position excluding impairments and equipment donated from the Department of Health and Social Care in response to Covid-19. The statutory performance measure for 2022/23 was a surplus of £0.027m (£0.058m surplus 2021/22).

In its plan for breakeven, the Trust had an efficiency target of £11.1m in 2022/23. £8.8m was achieved, of which 49% was recurrent. The gap of £2.3m was offset by non-recurrent underspends. The Trust continues to seek and deliver transformational change to manage financial challenges, whilst maintaining and improving quality.

Agency spend was £16.4m, which is an increase of £1.1m compared to 2021/22 (£15.3m) and £7.8m higher than NHS agency cap. Of this £0.03m related to agency costs to cover Covid testing, Vaccination programme and other staffing costs associated with Covid.

The Trust charity, Brighter Futures, ended the year with £0.9m in funds, of which £0.8m is classed as restricted and £0.1m unrestricted. Income for the year was £0.6m compared with expenditure of £1m, meaning the charity saw a reduction in funds of £0.4m.

Analysis using financial and key performance indicators (Trust only)

The earnings before interest, taxes, depreciation, and amortization (EBITDA) at year end were £35.1m (£29.2m 2021/22) which was £20.2m better than plan. The EBITDA income percentage was 7.3% (6.5% 2021/22) against a plan of 3.5%. Creditors at year end amounted to £58.5m (£62.6m 31 March 2022) and Creditor days at 31 March 2023 were 148 days (156 days 31 March 2022). Debtors were £28.8m (£23.5m 31 March 2022) and Debtor days were 22 at 3t March 2023 (19 days 31 March 2022).

Long Term Financial Viability

The previous two financial years saw a change in financial regime in reaction to the Covid pandemic that enabled the Trust, and system, to break even. From 2022/23 the pandemic funding regime ceased but non-recurrent funding for Elective recovery continued. This enabled the Trust to deliver a small surplus after technical adjustments.

The Trust and system have continued to work on understanding the underlying deficit and to identify plans to transform services to work towards developing financial sustainability. A significant element of the Trust’s underlying financial position is the structural deficit linked to the Trust’s PFI contract (currently accounting for 3% of Trust income each year).

Financial implications of any significant changes in Trust objectives and activities, including investment strategy or long-term liabilities

There have been no significant changes during 2022/23.

Events since year end

Any important events since the end of the financial year affecting the Trust will be recorded as a post balance sheet event and noted in the accounts. There have been no events to report in this financial year.

Details of overseas operations

None during 2022/23.

Charitable Donations

Total income through the Charitable Funds for 2022/23 was £0.56m of which £0.43m related to donations and legacies.

No Trust branches outside UK

The Trust does not have branches outside the UK.

Notes to the Accounts

In relation to the use of financial instruments, an indication of the financial risk management objectives and policies of the Trust and the exposure of the entity to price risk, credit risk, liquidity risk and cash flow risk, unless such information is not material for the assessment of the assets, liabilities, financial position and results of the entity, are included in Note 27 to the accounts.

Explanation of amounts included in the annual accounts

Explanations of amounts included in the annual accounts are provided in the supporting notes to the accounts.

Preparation of the Accounts

The Accounts for the period ended 31st March 2023 have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form that NHS Improvement (the Independent Regulator of NHS Foundation Trusts) with the approval of the Treasury, has directed.

Preparation of the Annual Report and Accounts

The Directors consider 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.

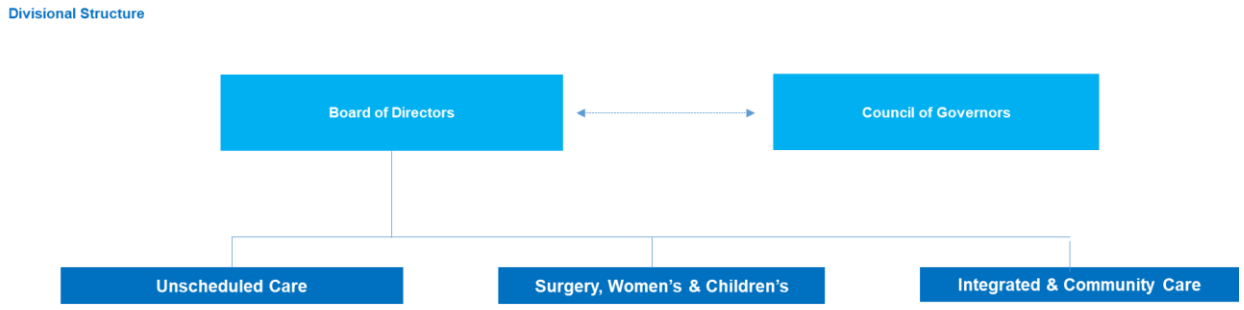
Kevin McNamara
Chief Executive
29 June 2023

ACCOUNTABILITY REPORT

Directors' Report

Board of Directors

The management of the Trust is overseen by the Board of Directors which, in line with the NHS Foundation Trust governance requirements, is held to account by the Council of Governors to discharge the Trust's accountability to the local population. The Trust's clinical services are delivered through three clinical divisions with a range of corporate functions supporting the operational activity.



The Board of Directors comprises eight Non-Executive Directors, including the Chair and seven Executive Directors, including the Chief Executive.

The Board of Directors has overall responsibility for setting the strategic direction of the Trust, taking into account the Council of Governors' views; ensuring delivery of safe, high quality care which results in a positive patient experience; continuous improvement and innovation whilst ensuring adequate systems and processes are in place to deliver the Trust's Annual Plan; measuring and monitoring effectiveness and efficiency of services; ensuring that the Trust is compliant with its licence (an important element of which is its review of the risk management framework and the effectiveness of internal controls); ensuring the delivery of effective financial stewardship, high standards of clinical and corporate governance and promoting effective relationships with the local community. Board members take a significant role in supporting developments at PLACE and Integrated Care System (ICS) level.

Composition of the Board of Directors

The Board membership as at 31 March 2023 is as follows:-

Executive Directors – Voting			
Name	**Role**	**From**	**To**
Kevin McNamara	Chief Executive	27 March 2020*	Present
Lisa Cheek	Chief Nurse	29 March 2021	Present
Jude Gray	Chief People Officer	1 July 2019	Present
Claire Thompson	Chief Officer of Improvement & Partnerships	19 April 2021	Present
Simon Wade	Chief Financial Officer	1 November 2020	Present
Jon Westbrook	Chief Medical Officer	1 September 2021	Present
Felicity Taylor-Drewe	Chief Operating Director	25 August 2021	Present
Executive Directors - Non-Voting			
Naginder Dhanoa	Chief Digital Officer - *Joint role with Salisbury NHS Foundation Trust.*	1 December 2021	Present

*joined Trust in 2009

Non-Executive Directors - Voting			
Name	**Role**	**From**	**To**

Liam Coleman	Trust Chair	1 February 2019 1 February 2022	31 January 2022 Present
Lizzie Abderrahim	Non-Executive Director	1 May 2019 1 May 2022	30 April 2022 Present
Nick Bishop	Non-Executive Director & Senior Independent Director (SID)	1 August 2016 1 August 2019 1 August 2022	31 July 2019 31July 2022 Present
Andy Copestake	Non-Executive Director	1 July 2016 1 July 2019 1 July 2022	30 June 2019 30 June 2022 31 March 2023
Peter Hill	Non-Executive Director & Deputy Chair	1 April 2017 1 April 2020 1 April 2023	31 March 2020 31 March 2023 Present
Paul Lewis	Non-Executive Director	1 April 2018 1 April 2021	31 March 2021 Present
Helen Spice	Non-Executive Director	1 April 2021	Present
Faried Chopdat	Non-Executive Director	1 April 2021	Present
Associate Non-Executive Directors – Non-Voting			
Claudia Paoloni	Associate Non-Executive Director	1 April 2021	31 March 2023
Sanjeen Payne-Kumar	Associate Non-Executive Director	1 April 2021	1 October 2022

All NEDs are considered to be independent, meeting the criteria for independence as laid out in NHS Foundation Trust Code of Governance.

The following changes occurred in the Board membership during the year:

- Andy Copestake, Non-Executive Director was re-appointed in July 2022 for up to 12 months to facilitate succession planning and left in March 2023.
- Nick Bishop, Non-Executive Director was re-appointed in August 2022 for up to 12 months to facilitate succession planning.
- Peter Hill, Non-Executive Director was re-appointed in April 2023 for up to 12 months to facilitate succession planning

There were no substantial changes to commitments during the year and the Chair, Liam Coleman was able to devote the appropriate time commitment to this role.

Register of Director's Interests

The Register of Directors' Interests is available for inspection normal office hours from the Company Secretary and is published on the Trust's website.

Fit and Proper Persons Test

The Trust has put in place processes to ensure appointments to the Board meet the regulatory standards for the Fit and Proper Person Requirements of Directors which came into force for all NHS providers on 1 April 2015. Compliance with these regulations is integrated into the Care Quality Commission's (CQC) registration requirements, and within the remit of their regulatory inspection approach. Appointments are made subject to acceptance of the Code of Conduct for NHS Managers.

Performance Evaluation of the Board

The annual appraisal of the Chair is undertaken by the Senior Independent Director and includes consideration of the views of Governors, Non-Executive and Executive Directors, and key external stakeholders. The performance of Non-Executive Directors is evaluated annually by the Chair and includes consideration of the views of Governors, Non-Executive and Executive Directors. The Nominations & Remuneration Committee receives

assurance annually that the performance evaluation process for Non-Executive Directors and the Chair has been completed appropriately.

The Chief Executive and Non-Executive Directors' performance is evaluated by the Chair taking account of Governors' and other Directors' input. The Executive Directors' appraisals are led by the Chief Executive in April/May each year and are reported through the Remuneration Committee following a formal appraisal process.

The Board considered its effectiveness in terms of decision making, refreshing its reserved powers, the Scheme of Delegation and the Terms of Reference of the Board Committees. The Board Committee structure has been designed to ensure lines of assurance on all areas of Trust business via Board Committees to the Board.

Annual objectives are set for all members of the Board, taking into account the Trust's values and its strategic and annual corporate objectives. Annual performance appraisal takes account of the extent to which each of these objectives has been met.

Performance appraisals are used as the basis for determining individual and collective professional development programmes for all Directors relevant to their duties as Board members.

Details of how the effectiveness of the Board's governance processes is assessed can be found within the Annual Governance Statement.

Well Led Framework

The Trust has had regard to NHS England's well-led framework in arriving at its overall evaluation of the organisation's performance and in developing its approach to internal control, Board Assurance Framework and the governance of quality. Further details are provided below and in the Annual Governance Statement. No material inconsistencies have been identified between the Annual Governance Statement, Corporate Governance Statement, Annual Report and reports arising from CQC planned and responsive reviews of the Trust and any subsequent action plans.

Quality Governance

Service quality is governed through the Board's Quality & Safety Committee. The Council of Governors has established a People's Experience & Quality Working Group to enable the Council of Governors to fulfil its responsibilities representing the interests of stakeholders and for holding the Non-Executive Directors to account for the performance of the Board.

Stakeholder Relationships

Oxford University Hospitals NHS Foundation Trust

Our partnership with Oxford University Hospitals NHS Foundation Trust (OUH) has been successful and work was completed in 2022 on the Swindon Radiotherapy Centre, an OUH-run service on the Great Western Hospital site. This partnership delivers real benefits for patients who would otherwise have had to travel from Swindon to Oxford to receive radiotherapy.

Increasingly we are also looking to develop and strengthen relationships with other organisations outside of the health and care sector who we recognise we can work with to improve both health outcomes and life chances for people within our community.

Health and Overview Scrutiny Committees (HOSCs)

HOSCs (known as the Adults' Health, Adults' Care and Housing in Swindon and the Health Select Committee in Wiltshire) are a statutory function of Local Authorities comprising elected representatives whose role it is to scrutinise decisions and changes that impact on health services in the area. In 2022/23 the Chief Executive, or a deputy, attended each of the Swindon meetings to present the key issues relating to the Trust together with updates on Covid response and recovery, operational pressures and the Way Forward Programme.

Local Healthwatch organisations

We continue to engage with the local Healthwatch organisations in the Trust's geographical area and in particular for Swindon and Wiltshire.

Public and patient involvement activities

Details of engagement events with the public and patients are included in the Disclosures set out in the NHS Foundation Trust Code of Governance Report (page 90).

Other stakeholders

The Trust also joined the nascent Thames Valley provider collaborative (acute hospitals feeding into OUH) and signed an MOU as part of the SW2 (NHSE SW North) imaging network in early part of 2022.

Declarations

Accounting policies for pensions and other retirement benefits

Accounting policies for pensions and other retirement benefits are set out in Notes 1.6 to the accounts and details of senior employees' remuneration can be found in the remuneration report.

Cost allocation and charging requirements

The Trust has complied with the cost allocation and charging requirement set out in HM Treasury and Office of Public Sector Information Guidance.

Political donations

There were no political donations during 2022/23 (nil in 2021/22).

Better Payment Practice Code

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or valid invoice, whichever is the latter.

There has been a continued improvement in the Better Payment Practice Code measures over the year as we have continued to work on improving processes for timely approval of invoices. Cash has been tightly managed to ensure sufficient funds are available to pay creditors as they fall due and to ensure continuation of services.

Better Payment Practice Code	Year ended 31 March 2023		Year ended 31 March 2022	
	Number	£'000	Number	£'000
Total non-NHS paid in year	65,275	285,008	61,704	247,868
Total non-NHS paid within target	59,907	261,624	58,427	241,395
Percentage of non-NHS bills paid within target	**91.78%**	**91.80%**	**94.69%**	**97.39%**
Total NHS paid in year	1,599	17,676	1,668	11,949
Total NHS paid within target	1,108	12,519	1,379	8,838
Percentage of NHS bills paid within target	**69.29%**	**70.82%**	**82.67%**	**73.96%**

Working with suppliers

The Great Western Hospitals NHS Foundation Trust's procurement service is managed by Salisbury NHS Foundation Trust offering a cross functional service based across both sites, as well as working collaboratively with Royal United Hospitals Bath (RUH), resulting in strategic approach across the Bath and North East Somerset, Swindon and Wiltshire (BSW) footprint.

Procurement demonstrates compliance to Public Contract Regulations and the Trusts local Standing Financial Instructions (SFIs) when sourcing and managing suppliers. This ensures a consistent and transparent process is followed and all suppliers are treated fairly.

The Trust uses the Jagger e-procurement system which enhances transparency of our contracting processes, giving visibility and an audit trail of sourcing processes and contract management. This also makes it accessible for all suppliers (including small and medium sized enterprises SME's)) to engage with us, reducing the paperwork suppliers have to complete during formal tendering processes.

Our aim is to work in partnership with our suppliers, building strong relationships that enable us to obtain best value for money, whilst ensuring quality of all goods and services is of the expected standard to support patient care.

Statement as to disclosures to auditors

For each individual Director, so far as the Director is aware, there is no relevant information of which the Great Western Hospitals NHS Foundation Trust's auditor is unaware and that each Director has taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the Great Western Hospitals NHS Foundation Trust's auditor is aware of that information.

Relevant audit information means information needed by the auditor in connection with preparing their report. In taking all steps the Directors have made such enquiries of their fellow Directors and of the Trust's auditors for that purpose and they have taken such other steps for that purpose as are required by their duty as a Director of the Trust to exercise reasonable care, skill and diligence.

Income disclosures

The income the Trust receives from the provision of goods and services for the purposes other than health care does not exceed the income it receives from the provision of goods and services for the provision of health.

Other income

Other income totals £28m (2021/22, £27m) and includes income received for non-patient related activities. It includes income received for education and training for clinical staff (£16.9m, 2022/22 £13.5m), research and development (£0.8m, 2021/22 £1m), Charitable contributions (£1.4m, 2021/22 £1.7m) and income to cover costs incurred in provision of Covid testing and vaccination services (£0.3m, 2021/22 £2m). Remaining other income totals £8.2m (2021/22, £8.9m) and is derived from services provided in support of health care.

Kevin McNamara
Chief Executive
29 June 2023

Remuneration Report

The narrative elements of the Remuneration Report are not subject to audit; the salary and pension information has been audited along with details on the median salary as a ratio of the highest paid Director's remuneration. The Remuneration Report includes details of the remuneration paid to the Chair and voting Directors of the Trust Board (the 'senior managers' who influence decisions of the Trust as a whole).

Remuneration Committee

The Remuneration Report summarises our remuneration policy and, particularly, its application in connection with the Executive Directors. The report also describes how the Trust applies the principles of good corporate governance in relation to Directors' remuneration.

The Remuneration Committee considers and acts with delegated authority from the Board of Directors on all matters concerning the remuneration, allowances and other terms of service of the Executive Directors. The Committee comprises the Trust Chair and all Non-Executive Directors. The Committee is attended by the Chief Executive and others at the request of the Chair in an advisory capacity where appropriate.

Non-Executive Directors' remuneration and terms and conditions of service are developed and reviewed periodically by the Council of Governors Nominations and Remuneration Committee and ratified by the Council of Governors.

All Directors of the Trust are subject to individual performance review. This involves the setting and agreeing of objectives for a 12-month period running from 1 April to 31 March.

The full remuneration report of salary, allowances and benefits of senior managers are set out in the Salaries and Pension Entitlements of Senior Managers section of the Annual Report on Remuneration.

Remuneration for Non-Executive Directors is also set out within that section and within the Full Statutory Accounts.

The Remuneration Committee of the Board sets the remuneration for the Chief Executive and Executive Directors.

Membership

The Committee is:

- Chaired by the Senior Independent Director and attended by all Non-Executive Directors and Associate Non-Executive Directors
- The Chief Executive attends all meetings except those at which their salary and terms and conditions are being discussed
- The Chief People Officer attends the Committee in an advisory capacity
- The Company Secretary attends the Committee to take minutes.

The Committee's role is to decide the appropriate remuneration and terms of service for the Chief Executive and the other Executive Directors to ensure they are rewarded fairly for their individual contribution to the Trust – having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements. This includes:-

- All aspects of salary (including any performance related elements and/or bonuses).
- Provision for other benefits including pensions
- Arrangements for termination of employment and other contractual terms, including assessment of associated risks.

Policy and guidance

In exercising its responsibilities, the Committee: -

- has regard for each individual's performance and contribution to the Trust and the performance of the Trust itself;
- takes into account benchmark information relating to the remuneration of Executive Directors;
- seeks professional advice from the Chief People Officer; and
- complies with the Public Sector Equality Duty under the Equality Act 2010 with equality and diversity requirements of the NHS Constitution and Care Quality Commission and the standards set within the Trust Equality, Diversity and Inclusion Policy

Attendance at Remuneration Committee meetings

During 2022/23 the Remuneration Committee met on two occasions.
Record of attendance at each meeting
(✓ = attended × = did not attend n/a = was not a member)

	26 Aug-22	9-Nov-22
Nick Bishop, Non-Executive Director and SID (Chair)	✓	✓
Lizzie Abderrahim, Non-Executive Director	✓	✓
Liam Coleman, Non-Executive Director (Trust Chair)	✓	✓
Andy Copestake, Non-Executive Director	x	✓
Faried Chopdat, Non-Executive Director	✓	✓
Peter Hill, Non-Executive Director	✓	✓
Paul Lewis, Non-Executive Director	✓	✓
Kevin McNamara, Chief Executive	✓	✓
Claudia Paoloni, Associate Non-Executive Director	x	✓
Sanjeen Payne-Kumar, Associate Non-Executive Director	✓	
Helen Spice, Non-Executive Director	✓	**x**

Remuneration of very senior managers (Executive and Non-Voting Board Directors)

The definition of 'very senior managers (VSM)' is "those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS foundation trust". At the Trust this includes the Chair, the Executive and Non-Executive Directors.

The Trust does not have a variable pay scheme for Executive Directors. Instead, each is paid a basic salary.

In 2022/23 the Remuneration Committee undertook its annual review of remuneration of Executive and Non-Voting Board Directors. The Remuneration Committee wishes to ensure that Directors' remuneration reflects current market levels, thus enabling the Trust to continue to recruit and retain high calibre Directors. Benchmarking information relating to other Trusts was considered and basic pay was reviewed in line with benchmarking rates and NHSE/I recommendations.

Pension - The pension and other benefits for Executive and Non-Voting Board Directors is payable according to the NHS Pension Scheme and the Trust's Expenses Policy.

Claw back - Provisions for the recovery of sums paid to Directors, i.e. claw back provisions, are included in Executive and Non-Voting Board Directors contracts.

Earn back – Provision has been introduced to VSM contracts whereby 10% of the salary will be placed at risk, pending an annual review of individual performance against objectives.

Policy - The difference between the Trust's policy on very senior manager's remuneration and its general policy on employee's remuneration is that the Executive and Non-Voting Board Directors are on spot salaries whereas the rest of the organisation is on a pay scale with increments.

In considering Executive and Non-Voting Board Directors pay, relativities of senior manager pay were also taken into account. There was no consultation with employees when preparing the Executive and Non-Voting Board Directors remuneration policy.

Service contract obligations

There are no service contract obligations.

Performance of very senior managers

The appraisal process for the Chief Executive and Executive and Non-Voting Board Directors involves an annual review of the objectives set and performance against those objectives. These are agreed by the Trust Chair and Chief Executive respectively and reported through the Remuneration Committee. The Committee receives a summary report from the Chief Executive into the performance of each Executive and non-Voting Board Director.

Board of Directors' employment / engagement terms

Executive and non-voting Board Directors, but not the Chief Executive, are appointed by the Remuneration Committee. The Chief Executive and the Non-Executive Directors are nominated for appointment by a Nominations & Remuneration Committee consisting of Governors and Non-Executive Directors. The Council of Governors approves the Chief Executive and Non-Executive Director appointments.

The Chief Executive and Executive and Non-Voting Board Directors have a contract with no time limit and the contract can be terminated by either party with six months' notice as per NHS Employers standard Director contract. These contracts are subject to usual employment legislation. Executive Director contracts include claw back clauses for any variable payment and fit and proper person disqualification provisions.

The Trust's Constitution sets out the circumstances under which any Board Director may be disqualified from office. The policy for loss of office payment is that the Trust would normally pay not more than contractual notice period. Any exceptions would be considered at the Remuneration Committee on a case by case basis.

The Non-Executive Directors, which includes the Trust Chair, are appointed for terms of office not exceeding three years, with the option of re-appointment for a further 3 year period. They do not have contracts of employment, but letters of appointment with terms agreed by the Council of Governors. The Council of Governors may remove Non-Executive Directors at a general meeting with the approval of three quarters of the members present of the Council of Governors.

The Trust is mindful of a broad range of factors in setting their approach to recruitment including the equality, diversity and inclusion agenda.

Very senior managers with additional duties

Set out below is a table disclosing the single total figure of remuneration for each person occupying a director post. This includes all remuneration paid by the Trust to the individual in respect of their service for the Trust, including remuneration for duties that are not part of their management role.

Note that the element of remuneration from the Trust which relates to any clinical role is included. Where any individual received part of their remuneration from another body, the Trust's share of the individual's remuneration is listed only.

Remuneration of Non-Executive Directors

The Non-Executive Directors are paid an annual allowance, together with responsibility allowances for specific roles as set out in the table below: -

	2022/23
Chair	£45,000 pa (from 1-Dec-22)
Non-Executive Director (basic which all receive except chair)	£13,000 pa
Senior Independent Director	£1,000 pa
Audit, Risk & Assurance Committee Chair	£1,000 pa
Performance, People and Place Committee Chair	£1,000 pa
Quality & Governance Committee Chair	£1,000 pa
Finance & Investment Committee Chair	£1,000 pa
People & Culture Committee	£1,000 pa (from 1-Aug-22)
Mental Health Governance Committee Chair	£500 pa
Mileage	In accordance with Trust scheme
Expenses	All reasonable and documented expenses in accordance with Trust's policy.

Note that a Nominations and Remuneration Committee, consisting of Governors makes recommendations on allowances to the Council of Governors which sets the allowances for the Non-Executive Directors. In 2022/23 there continued to be additional allowances for the Chairs of the Board committees which was expanded in 2022 to include the Mental Health Governance Committee and the newly established People & Culture Committee. The additional allowances reflect the continued complexities and challenges of the Trust, particularly around the financial position and the creation of an integrated healthcare system. These were in recognition of the role and not as individuals and would be reviewed at the end of the appointed period.

Annual Statement from the Chair of the Remuneration Committee summarising the financial year

During the year the Committee reviewed the Chief Executive and Executive and Non-Voting Board Directors performance against objectives for 2021/22 and set objectives for 2022/23.

The Committee considered the Chief Executive and Executive and Non-Voting Board Directors remuneration and agreed an across-the-board increase of 3.0% for all Directors in 2022/23 in line with NHSE recommendations, together with an addition 0.5% awarded to 4 Directors whose salaries were close to the Agenda for Change band 9 upper spine point to ameliorate the erosion of differentials (between current Agenda for Change (AfC) and Very Senior Managers (VSM) pay frameworks). This was aimed at facilitating the introduction of the new VSM pay framework over the course of the coming year.

The Committee also considered the local alternative pension remuneration scheme and agreed to continue the scheme and not change the percentage contribution at 12.3%.

Information subject to audit

The information subject to audit, which includes Governors' expenses, Senior Manager's salaries, compensations, non-cash benefits, pension, compensations and retention of earnings for Non-Executive Directors, is set out in the tables below.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.
This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide.
The pension benefit table provides further information on the pension benefits accruing to the individual.

Remuneration 2022/23

Name	Title	Salary (bands of £5,000)	All taxable benefits (total to nearest £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
Lizzie Abderrahim	Non Executive Director	10-15	0	0	0	0	10-15
Nicholas Bishop	Non Executive Director	10-15	0	0	0	0	10-15
Faried Chopdat	Non Executive Director	10-15	0	0	0	0	10-15
Liam Coleman	Chairman	40-45	0	0	0	0	40-45
Andrew Copestake	Non Executive Director	10-15	0	0	0	0	10-15
Peter Hill	Non Executive Director	10-15	0	0	0	0	10-15
Paul Lewis	Non Executive Director	10-15	0	0	0	0	10-15
Claudia Paoloni	Associate Non-Executive Director	5-10	0	0	0	0	5-10
Sanjeen Payne-Kumar	Associate Non-Executive Director	0-5	0	0	0	0	0-5
Helen Spice	Non Executive Director	10-15	0	0	0	0	10-15
Kevin McNamara	Chief Executive	180-185	0	0	0	65-67.5	245-250
Lisa Cheek	Chief Nurse	130-135	0	0	0	67.5-70	200-205
Felicity Taylor-Drewe	Chief Operating Officer	120-125	0	0	0	32.5-35	155-160
Simon Wade	Director of Finance	130-135	0	0	0	37.5-40	170-175
Judith Gray	Director of Human Resources	120-125	0	0	0	32.5-35	155-160
Claire Thompson	Director of Improvement and Partnership	115-120	0	0	0	57.5-60	170-175
Jon Westbrook	Medical Director	165-170	0	0	0	0	165-170
Naginder Dhanoa	Chief Digital Officer	80-85	0	0	0	57.5-60	140-145

*50% of Naginder Dhanoa's costs are recharged to Salisbury NHS Foundation Trust. Total salary in 2022/23 £165k-£170k.

**NEST Pension scheme. Jon Westbrook has opted out.

*** Sanjeer Payne-Kumar left the Trust 31st Oct 2022.

Remuneration 2021/22

Name	Title	Salary (bands of £5,000)	All taxable benefits (total to nearest £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	TOTAL (bands of £5,000)
Lizzie Abderrahim	Non Executive Director	10-15	100	0	0	0	10-15
Nick Bishop	Non Executive Director	10-15	100	0	0	0	15-20
Faried Chopdat	Non Executive Director	10-15	0	0	0	0	10-15
Liam Coleman	Chairman	40-45	0	0	0	0	40-45
Andy Copestake	Non Executive Director	10-15	0	0	0	0	10-15
Peter Hill	Non Executive Director	10-15	100	0	0	0	10-15
Paul Lewis	Non Executive Director	10-15	0	0	0	0	10-15
Jemima Milton	Non Executive Director	0	0	0	0	0	0
Claudia Paoloni	Associate Non-Executive Director	5-10	100	0	0	0	5-10
Sanjeen Payne-Kumar	Associate Non-Executive Director	5-10	0	0	0	0	5-10
Julie Soutter	Non Executive Director	10-15	0	0	0	0	10-15
Helen Spice	Non Executive Director	10-15	0	0	0	0	10-15
Kevin McNamara	Chief Executive	175-180	0	0	0	17.5-20	190-195
Lisa Cheek	Chief Nurse	125-130	0	0	0	172.5-175	300-305
Felicity Taylor-Drewe	Chief Operating Officer	70-75	0	0	0	15-17.5	85-90
Simon Wade	Director of Finance	130-135	0	0	0	82.5-85	215-220
Judith Gray	Director of Human Resources	120-125	0	0	0	27.5-30	150-155
Claire Thompson	Director of Improvement and Partnersh	105-110	0	0	0	110-112.5	215-220
Jon Westbrook ***	Medical Director	90-95	0	0	0	0	90-95
Charlotte Forsyth *	Medical Director	65-70	0	0	0	32.5-35	100-105
Tracey Cotterill	Interim Director of Improvement & Part	15-20	0	0	0	0	15-20
Jim O'Connell ***	Chief Operating Officer	60-65	0	0	0	0	60-65
Naginder Dhanoa **	Chief Digital Officer	25-30	200	0	0	15-17.5	40-45

*Charlotte Forsyth includes remuneration for Consultant role (£8206.41) in addition to Medical Director.

**50% of Naginder Dhanoa's costs are recharged to Salisbury NHS Foundation Trust. Total salary in 21-22 £55,000.

***NEST Pension scheme. Jon Westbrook has opted out and Jim O'Connell has left the trust.

Pension Benefits and Remuneration

Pension Benefits 2022/23

Name	Title	Real Increase in Pension at Pension Age (Bands of £2,500)	Real Increase in Pension Lump Sum at Pension Age (Bands of £2,500)	Total Accrued Pension at Pension Age at 31 March 2023 (Bands of £5,000)	Lump Sum at Pension Age related to Accrued Pension at 31 March 2023 (Bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employer's Contribution to Stakeholder Pension
		£000	£000	£000	£000	£000	£000	£000	£000
Kevin McNamara	Chief Executive	2.5-5	0-2,5	35-40	45-50	436	56	491	0
Lisa Cheek	Chief Nurse	2.5-5	5-7.5	60-65	175-180	1,325	109	1,434	0
Felicity Taylor-Drewe	Chief Operating Officer	2.5-5	0	25-30	0	267	30	297	0
Simon Wade	Director of Finance	2.5-5	0	40-45	80-85	686	48	734	0
Judith Gray	Director of Human Resources	2.5-5	0	5-10	0	88	39	127	0
Claire Thompson	Director of Improvement and Partnership	2.5-5	2.5-5	40-45	75-80	607	61	668	0
Jon Westbrook	Medical Director	0	0	0	0	0	0	0	0
Naginder Dhanoa	Chief Digital Officer	0-2.5	0	45,204	0	0	0	0	0

Pension Benefits 2021/22

Name	Title	Real Increase in Pension at Pension Age (Bands of £2,500)	Real Increase in Pension Lump Sum at Pension Age (Bands of £2,500)	Total Accrued Pension at Pension Age at 31 March 2022 (Bands of £5,000)	Lump Sum at Pension Age related to Accrued Pension at 31 March 2022 (Bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's Contribution to Stakeholder Pension
		£000	£000	£000	£000	£000	£000	£000	£000
Kevin McNamara	Chief Executive	0-2.5	0	30-35	45-50	409	27	436	0
Lisa Cheek	Chief Nurse	7.5-10	25-27.5	55-60	165-170	1,102	222	1,325	0
Felicity Taylor-Drewe	Chief Operating Officer	25-27.5	0	25-30	0	0	267	267	0
Simon Wade	Director of Finance	2.5-5	5-7.5	40-45	80-85	602	84	686	0
Judith Gray	Director of Human Resources	0-2.5	0	5-10	0	54	34	88	0
Claire Thompson	Director of Improvement and Partnership	5-7.5	10-12.5	35-40	70-75	505	102	607	0
Jon Westbrook	Medical Director	0	0	0	0	0	0	0	0
Charlotte Forsyth	Medical Director	0-2.5	0-2.5	40-45	80-85	699	53	752	0
Tracey Cotterill	Interim Director of Improvement & Partnerships	0	0	0	0	0	0	0	0
Jim O'Connell	Chief Operating Officer	0	0	0	0	0	0	0	0
Naginder Dhanoa	Chief Digital Officer	0-2.5	0	0-5	0	0	0	0	0

Expenses of Directors and Governors

Expenses 2021/22 – 2022/23

Aggregated sum £00

Expense Disclosure	Total number in Office 2021/22	Total number in Office 2022/23	Total Receiving Expenses 2021/22	Total Receiving Expenses 2022/23	Aggregate sum of expenses paid 2021/22	Aggregate sum of expenses paid 2022/23
Directors	9	8	2	3	7	10
Governors	12	10	5	5	4	11

Notes to Pension, Remuneration and Expenses Tables

- Non-Executive Directors do not receive pensionable remuneration.
- There are no Executive Directors who serve elsewhere as Non-Executive Directors and, therefore, there is no statement on retention of associated earnings.
- Salary includes employer NI and pension contributions. The above figures do not include any final bonus/performance related pay increase which is subject to agreement by Remuneration Committee.
- The accounting policies for pensions and other retirement benefits and key management compensation are set out in the Note 8 to the accounts.
- The Remuneration Committee considered that the level of remuneration paid to Executive Directors needed to be sufficient to attract and retain Directors of the calibre and value required to run a foundation trust successfully. The Committee had previously decided to increase the remuneration of Executive Directors so that there were in line with current market levels.

Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at any one time. The benefits valued are the members' accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangements when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures show the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of the scheme at their own cost. CETV's are calculated within the guidelines and frameworks prescribed by the Institute and Faculty of Actuaries. The CETV is based on actual contributions to 31 March 2023.

Real Increase in CETV

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

Fair Pay Multiple (subject to audit)

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2022/23 was £182,500 (2021-22, £177,500). This is a change between years of 3%. This is paid on payments made to the director during the year, and does not include national pay awards agreed retrospectively for 2022/23.

Executive Name and Title	Total Remuneration	
	2021/22	2022/23
Kevin McNamara, Chief Executive	**£177,500**	**£182,500**

The above remuneration is on an annualised basis and is that of the highest paid Director. This includes salary, performance related pay, severance payments and benefits in kind where applicable, but excludes employer pension contributions.

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

The following steps were taken to ensure that the Committee satisfied itself that it was reasonable to pay one or more senior managers more than £150,000: -

- Comparison made of salaries of similar roles in similar organisations
- Consideration of vacancies across the NHS for similar roles
- Consideration of the likelihood of recruiting and retaining individuals in the current market

The Committee was satisfied that the salaries were reasonable for these roles in this organisation.

For employees of the Trust as a whole, the range of remuneration in 2022/23 was from £7,315 to £182,500. The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is -0.5%. No employees received remuneration in excess of the highest-paid director in 2022/23.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce

2022/23	25th percentile £	Median £	75th percentile £
Salary component of pay	23,795	29,490	42,928
Total pay and benefits excluding pension benefits	26,449	34,401	42,991
Pay and benefits excluding pension:pay ratio for highest paid director	6.89	5.29	4.24

2021/22	25th percentile £	Median £	75th percentile £
Salary component of pay	21,777	31,534	36,188
Total pay and benefits excluding pension benefits	21,777	31,534	42,287
Pay and benefits excluding pension:pay ratio for highest paid director	8.12	5.61	4.18

Payments for Loss of Office

There were no payments made for loss of office during 2022/23.

Payments to past senior managers

There were no payments made to past senior managers during 2022/23.

Kevin McNamara
Chief Executive
29 June 2023

Staff Report

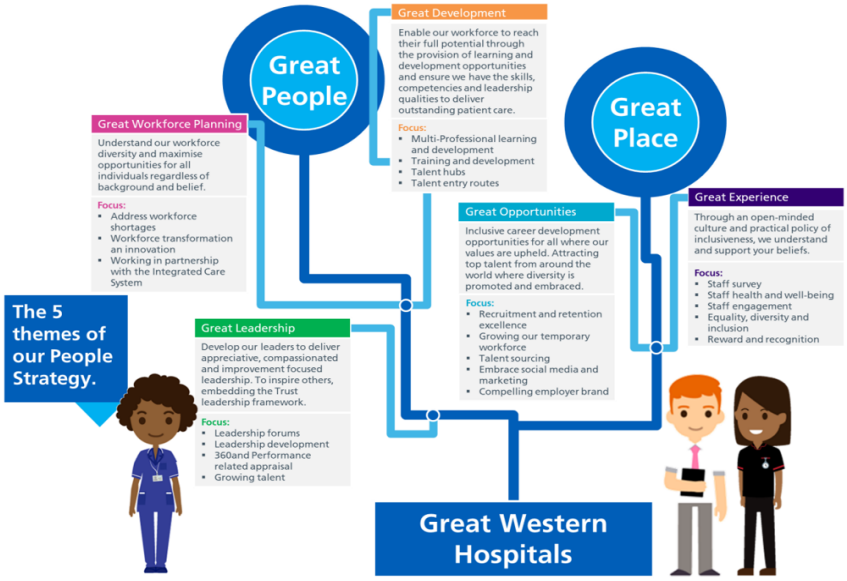
Introduction

This section of the annual plan reviews the progress made in the 12-month period, March 2022 to March 2023 with workforce development at the Trust and in line with the strategic ambitions of the Trust People Strategy.

In 2019/2020, the NHS launched its first National People Strategy which acknowledges the scale of workforce challenges that the NHS is facing.

The Trust developed the 5-year People Strategy 2019 to 2024, translating the national vision into local ambitions and priorities supported by detailed delivery plans, which measure workforce performance around the People Strategy Pillars.

Meeting the NHS People Plan – The Trust People Strategy, 2019 – 2024



The Trust 'People Strategy' aims to create a working environment known for outstanding patient care made possible by a dedicated workforce. Our ambition is to develop a diverse and inclusive workforce attracting talent from across the country and around the world, where everyone feels valued and supported to be their best and proud to be part of the Great Western Hospitals team.

In 2022, the Trust has invested further to evolve the cultural journey of continuous improvement, with the introduction of the 'Improving Together Methodology'.

The focus of Improving Together is to ensure that we are all aligned and working towards the same vision, in the same way and is a way of working which strongly supports the journey of cultural change enshrined in the People Strategy. In this way, this new way of working is proving an effective enabler to achieving wider engagement and support from across the Trust, for involvement in and delivery of the ambitions of the People Strategy.

In summary, the Improving Together Methodology has at the core of its approach:

- Practical alignment to achieving the same vision for all staff groups / teams regardless of their role or seniority.

- Empower all staff to make improvements in their own area, making a real difference to the experience of patients and the working lives of staff.
- Encourage openness, honesty and transparency which makes it easier for everyone to take risks, experiment and challenge the status quo without fear of reprisal.
- Provide structure to share problems, explore solutions and plan action, giving all staff a voice.
- Create an environment where staff feel they are providing the best possible care and feel valued for what they do at work.

Improving Together training is being rolled out across the Trust and it is recognised that with over 5,000 staff, it will take a long time to embed this new way of working across the whole organisation. The methodology provides a framework for problem understanding and analysis before reaching a solution with 'A3 thinking'. This format provides a complete picture of the problem, contributions, and solution, on one A3 page.

Adopting this approach, the objectives of the People Strategy continue to develop through a range of initiatives including continuous Key Performance Indicators (KPI) workforce measurement, recruitment and retention and health and wellbeing support. This annual Staff Report 2022/23 presents our progress over the last 12 months in these areas, and outlines how our clarity of strategic vision and ambition helps us to meet our workforce challenges with confidence and focus.

Staff Numbers

The Trust has circa 6,000 (Headcount) staff and volunteers working across a broad range of clinical and non-clinical roles, to deliver healthcare to the people of Swindon and Wiltshire. Over the last 12-months we have increased our funded staff numbers to improve services, deliver skill mix change programmes to improve care delivery and always targeting roles that are nationally recognised as hard to fill professions.

A breakdown of The Trust's average staff numbers for 2022/23 is outlined in the table below based on nationally submitted Provider Workforce Returns:

Employee Group (Average WTE)	2022/23	2021/22	2020/21	2019/20
Medical and Dental	650	632	625	582
Ambulance staff	17	18	17	17
Administration and estates	511	515	533	515
Healthcare assistants and other support staff	1582	1,496	1,481	1,338
Nursing, midwifery and health visiting staff	1563	1,540	1,414	1,329
Scientific, therapeutic and technical staff	513	506	470	448
Substantive Total	**4,837**	**4,707**	**4,540**	**4,238**
Agency and contract staff	119	109	104	113
Bank staff	333	329	344	270
Other	0	0	0	0
Total average Numbers	**5,289**	**5,145**	**4,988**	**4,621**

Staff Costs

Staff costs are included in Note 7 of the Accounts Section.

Workforce Profile

Table 2 - Breakdown of the Trust workforce profile as at March 2023

	Female	Male	Grand Total
Directors (senior managers)	8	9	**17**
Staff - Substantive Contract & Bank Agreement	2364	320	**2684**
Substantive Contract only	2267	657	**2924**
Bank Worker Agreement only	859	240	**1099**
Total	**5498**	**1226**	**6724**

Workforce Policy

The Trust has agreed key workforce policies with the recognised Trade Unions on behalf of employees and in line with upholding the values at the core of the People Strategy.

Each policy has a defined 3-year review cycle, and the HR department is responsible for governance and update to ensure timely renewal in line with the annual update plan. This process of governance includes discussion and approval with Trade Union representatives at the monthly Policy Governance Committee followed by Corporate Governance sign-off.

There was a significant level of policy renewal, update and introduction in 2022. Workforce policies introduced, renewed, or amended in 2022, covered the following categories and were aligned where practicable to apply to both professional groups:

Professional Area	Policy	
People Management Policies (All Staff)	• Absence Management (Sickness) • Bullying and Harassment • Change Management • Conduct Management • Employee Recognition • Flexible Working • Grievance Resolution • GWH Staff Peri-Menopausal • Improving Performance • Job Matching and Evaluation	• Leave • New Parents • Redundancy • Relocation Expenses • Retirement • Secondment • Smoke Free • Staff Carers • Uniform and Dress Code • Equality, Diversity & Inclusion (EDI)
Recruitment & Temporary Staffing	• Armed Forces and Reservist and Veteran • Employment Checks Policy and Procedure • Engagement of Temporary Staff • Fixed Term Contracts • Non-Medical Agency Worker	• Probationary Review • Recruitment and Retention Premium Payments • Recruitment and Selection • Fit and Proper Persons Policy
Learning and Development	• Continuing Professional Development • Induction	• Mandatory training • Professional Registration
Medical Workforce (only)	• Ad Hoc Locum Doctors and Dentists • GWH Senior Doctor Job Planning	• Managing High Performance (MHPS) • Medical Leave

People Services (HR operations)

The operational-HR service is Divisionally aligned, delivered by a team of HR professionals, led by the business-facing HR Business Partner and comprising - Senior Assistant HR Business Partner, and Assistant HR Business Partner and HR Advisor(s). Since January 2022, HR service has aligned to providing support and guidance to medical as well as non-medical workforce across the Divisions. This has required extended training and understanding of the following skillset:

- Agenda for Change terms and conditions (non-medical staff)
- Doctors in Training terms and conditions (Medical)
- Clinical Fellows terms and conditions (Medical Trust policy)
- Speciality Doctor terms and conditions (Medical)
- Consultant terms and conditions (Medical)
- Non-medical and medical workforce policies and procedures.

The operational HR service has at its core the delivery of the business objectives of the Divisional business plans under-pinned by the strategic ambitions and priorities of the People Strategy. The HR service has contributed significantly to the following objectives during the last 12 months:

- Workforce planning in line with the annual business planning process. This has included review of Whole Time Equivalent (WTE) requirements based on current and predicted activity; identifying different ways of working and potential savings from non-payroll and payroll areas where appropriate; and supporting the Divisional leadership team with the presentation of the annual business plan to the Executive Committee for Trust approval and subsequent submission to the BSW regional system.

- Workforce policy implementation – the HR team provide advice and guidance to managers and senior leads with range of case management issues relating to all the workforce management polices (outlined above) and often including attainment of complex resolution and case mitigation. The case management portfolio extends across core policies absence, conduct and performance management and supports policies to improve staff experience such as flexible working, and grievance resolution.

- Change Management / workforce transformation – the HR service team support managers and leaders with service development and introduction of change. In 2022, this included the transfer of the primary care network of medical practices (Moredon, Abbey meads, Penhill and Crossroads) under the TUPE legislation to new providers in the Brunel federation group. This change aligned with the Integrated Care Board (ICB) and Trust strategic plan, the HR team designed and led the formal process of change and consultation with effect from 24 November 2022 and the implementation date successfully secured on 9 January 2023.

In addition to the Divisional, operational remit of business as usual, the Human Resources (HR) service is also organised around the delivery of the following key workstream areas which are aligned to and focus on continued delivery of the People Strategy objectives:

- Recruitment Standards
- Retention & Turnover
- Improving Absence Management (Sickness)
- National guidance and policy update and intranet communication / FAQs;
- Employee Partnership Forum (EPF) engagement
- Job Evaluation and National Profiling process
- Armed Forces Liaison
- Flexible Working Initiatives – Carer Passport.
- Equality, Diversity and Inclusion (EDI) Networks

- Recognition and Reward
- Staff Engagement (Staff Survey)

Integration system thinking and best practice continues through developing collaboration with BSW regional partners and examples over the last 12 months have included:

- Retention – Recruitment of Legacy Nursing Mentors and review of the Career Navigator position
- Recruitment – Regional 'Employer Branded' Health Care Support (HCA) recruitment event held in Bristol
- Flu/COVID vaccination – fortnightly meetings throughout the vaccination campaign to share good practice and updates. The Trust achieved top 10 performance at a national level for both Flu and COVID rates.
- Mediation – system-wide training in mediation and processes in place for managing referrals between reginal partners as appropriate

Sickness Absence

Sickness absence rates across the Trust have continued to exceed the Trust target of 3.5% over the last 12 months, reaching 5.77% in December 2022 (compared to 5.79% in December 2021). The increased levels of sickness absence have included Covid related periods of absence and are in line with South West partners and National Trends.

The HR team maintains continued support staff and managers with absence and sickness management, which includes the following service provision:

- Policy advice and guidance, including preparation of summary reports and access to guidance toolkits and wellbeing services.
- Providing monthly KPI compliance reports to managers and department leads for review and discussion at monthly workforce review meetings, with supported aim of restoring the department to meet the Trust compliance target.
- Driving a sustained focus on long term sickness management and implementation of the post-Covid sickness national guidance with effect from September 2022.
- Conducting internal sickness absence improvement audits on request and providing policy education and training through the HR 'Bite Size' module programme.
- Establishing a Trust-wide sickness absence working group with clinical and operational representatives, with agreed terms of reference to review and implement the learning and recommendations from the completion of the NHS national absence toolkits. This working group meets monthly, with remit scoped with the use of the Improving Together A3 methodology and the driver metric of reducing sickness absence rates across the Trust. It is anticipated that evaluation of impact and improvement can be initially conducted mid-2023.
- Enabling staff to access the comprehensive occupational health and wellbeing support available at the Trust, supporting them to stay well and to manage their attendance at work with the full support of accurate policy guidance and the compassionate and informed intervention of their manager.

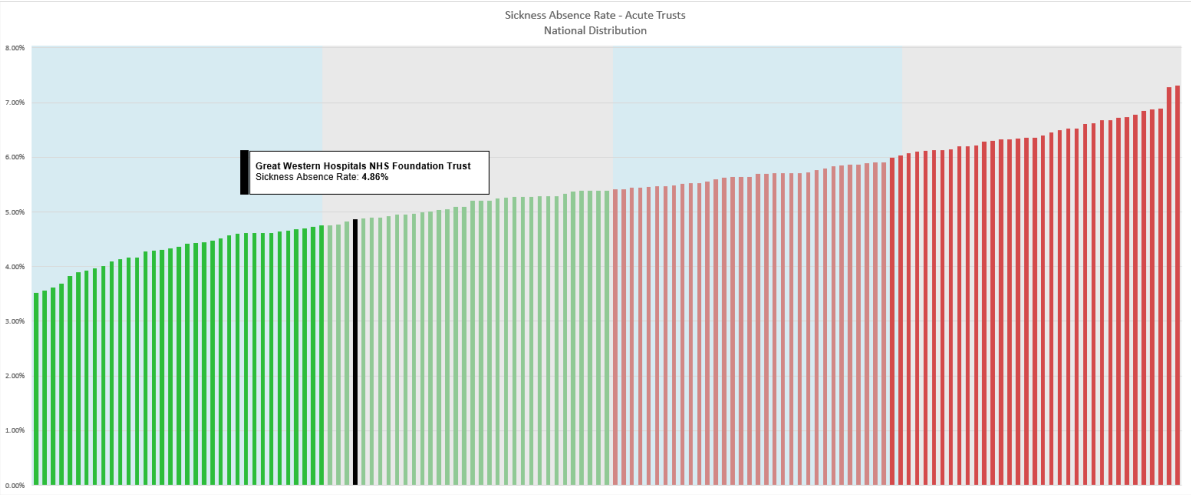
The key themes for sickness absence continue to report as anxiety / stress / depression, long-Covid related and chest and respiratory conditions.

National Sickness Absence Rates can be found publicly online: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/november-2020-provisional-statistics/

Staff Sickness Absence	2022/23	2021/22	2020/21	2019/20
Total FTE days lost	86,784	89,006	65,612	62,072

Benchmarking

The chart below presents the most recent benchmarking data available to the Trust as at March 2023 (data representative of November 2022). Trust sickness absence is at 4.7% which is within the second lowest quartile across all trusts. (Data Source: NHS Digital Workforce Statistics).



The Trust recognises the importance of the physical and mental health and wellbeing of our people and that it has a direct impact on many aspects of individual and organisational health and safety, including patient care, staff satisfaction, and retention and staff sickness absence rates. The Trust introduced a Health and Wellbeing plan in 2021/22. This plan outlines how we will continue to develop our health and wellbeing interventions, reflecting on what we have been doing well, where we can improve, and how we can measure this.

Trust Health and Wellbeing plan:

Our workforce is our greatest asset, and we continue to support their health and wellbeing. Our workforce has several routes to access health and wellbeing support, staff can receive external support from the Employee Assistance Programme (EAP) across a range of health issues, the Trust has trained and deployed Mental Health First Aiders and Health & Wellbeing champions to provide support and signposting

During 2022/23, the Trust's Staff Health and Wellbeing Service has continued to evolve and develop, and the occupational health and counselling/psychology functions now very much working together under one umbrella, with a greater encouragement this year for individuals to access our Employee Assistance Programme as an initial port of contact for 1:1 support where clinically appropriate.

Employee Assistance Programme (EAP)

- Our EAP provision is externally provided by Care First. It offers 24/7 free and confidential practical advice on a range of issues (e.g., financial, housing, childcare, legal) as well as counselling support, via the telephone or virtually. This year, a total of 286 contacts were made to the service, comprising of 126 new cases.

Occupational Health (OH)

- Our in-house OH team is comprised of physicians, nurses, mental health practitioners and physiotherapists providing specialist occupational health advice and support to individuals and their managers. This year, 1,784 Management Referrals were made to the department, which is an increase from last year (1,532). Management Referral assessment appointments attended were as follows: 317

(physician), 456 (nurse), 381 (mental health practitioner), 358 (physiotherapist). Review appointments attended comprised of 285 (physician), 13 (nurse), 239 (mental health practitioner), 479 (physiotherapist).

- In addition to the function of Management Referrals, staff can self-refer for mental health or physiotherapy input. During the year, 190 self-referral appointments were attended for physiotherapy and 41 for mental health.
- OH clinic nurses offer a range of services within the department including post-induction checks, immunisations, hands surveillance and sharps injuries; 1,591 such appointments were attended during the year. In addition, 2,963 pre-employment questionnaires were processed by the team for new starters within the Trust and for local organisations that the service has contracts with.
- The department led again this year on the Trust's annual flu vaccination campaign and achieved 86% compliance (this figure includes those vaccinated and those who declined / opted out). For 2022/23, we were the top performers in the South-West and 8th nationally for flu vaccination compliance, building on our previous and consistent success as top performers. We were the only Trust in the ICS to offer the combined COVID and flu vaccines and administered these both on site. Community visits, drop-ins and walkabouts were also provided on a regular basis to help uptake. Again, this year, we used the online booking system "Vaccination Track", which enabled staff to easily book appointments to fit around their work schedule. Several incentives were used, including drinks vouchers, pin badges and a trust wide competition that provided hampers as prizes for departments with the highest compliance. The use of social media platforms also helped to promote and increase uptake.

Counselling/psychology

- Our in-house counselling/psychology provision has continued to grow in terms of provision and access. The service offers free, confidential individual 1:1 support to staff via self-referral, with the option of this being face-to-face, over the telephone or MS Teams.
- Staff receive 6 sessions, with the ability to extend based on clinical need and with agreement from the service's clinical lead. Individual therapies include those based on Cognitive Behaviour Therapy, Acceptance and Commitment Therapy, and Eye Movement Desensitisation Therapy.
- This year, the service received 304 referrals for individual support, which is in-keeping with last year (309). In total, 761 individual appointments were attended (a reduction from last year (878). This is likely a reflection of the service's greater development of in-house group-based wellbeing support as well as the continued focus on developing the broader systemic developments (e.g., Schwartz Rounds, Mental Health First Aider (MHFA) training), resulting in individuals' needing less 1:1 counselling/psychology support to meet their needs.
- During the year, there has been a significant push to improve the uptake of our group-based wellbeing support. This includes sessions on areas such as reflective practice, stress management, mindfulness, and compassionate communication, which is also offered to individual staff teams and departments, tailored to their unique needs.
- In total, 1,328 clinical contacts have been made during the year via group-based wellbeing sessions. Within this development, a new 3-session course on psychological wellbeing based on Acceptance and Commitment Therapy was developed and launched in October, which has since been attended by 81 members of staff.
- Our menopause wellbeing course session was attended by 38, and our art therapy classes that were launched across the Autumn and Winter were attended by 47 staff. Our bitesize wellbeing sessions, which were launched in April 2021 covering a range of wellbeing topics, have been recorded and uploaded onto the intranet this year, following feedback from staff so that these can be more widely and freely accessible.

Systemic developments

- Staff discounts and resources regarding financial, physical and psychological wellbeing have been refreshed on the Staff Health and Wellbeing intranet pages during the year. This includes the 'accessing

financial incentives and support' document which we developed in Autumn 2022. In addition to this, the Trust has held a series of virtual seminars on NHS Pensions for staff during the year, facilitated by MAPS (Money and Pensions Service).

- The service has continued to make great strides in training staff in Mental Health First Aid (MHFA) and Suicide First Aid (SFA) training. This year, 115 have been trained in MHFA and 51 in SFA. In addition to this, 10 have accessed the refresher training to maintain their MHFA accreditation. Also, 73 members of staff have been trained in Having a Health and Wellbeing (HWB) Conversation. As of March 2023, current workforce trained in MHFA, SFA and HWB Conversations is 294, 81 and 71 respectively.
- Schwartz Rounds were re-launched in October 2022, and we have since held 4 Rounds in-person in the Academy. These have been well evaluated and attended by staff (an average of 25 / Round) and topics have included 'It's nice to be important, but more important to be nice' and 'Why I come to work'.
- This year, the Staff Health and Wellbeing Service have supported 15 incidents following TRiM (trauma risk management), of which 7 were incidents that happened within the workplace and 8 outside the work setting (e.g., being the first medical person on the scene of an accident and providing CPR).
- The Trust's cohort of 60 Health and Wellbeing (HWB) Champions have continued to support the promotion and development of the service, one of whom won the Wellbeing at Work award in June's Staff Excellence Awards in recognition of their dedication and achievements.
- Physical health checks were paused at the start of the pandemic and re-commenced in June 2022. These in-reach departmental sessions offer staff the opportunity to have measurements of their blood pressure, cholesterol, blood glucose, and body mass index, and given lifestyle advice and guidance. Since June, 41 sessions were conducted, during which a total of 416 staff accessed these. This year, members of the Staff Health and Wellbeing team joined the Stop Smoking Working Group to support with the trust wide smoking cessation work and led on updating the Trust's policy.
- The final places on the yoga referral programme (funded by charitable funding) were filled at the start of 2023. Across the year, 36 members of staff attended a one-month virtual yoga class and 37 attended an in-person yoga retreat day.
- Reflexology sessions for staff were launched at the end of March, provided by one of the Trust's volunteers. 11 staff attended for 1:1 reflexology during the initial session, which was held in the Orbital. Future dates into 23/24 have been scheduled so that more staff can benefit from this holistic therapy.
- Phase 2 of our Staff Room Refurbishment Programme commenced in April 2022, shifting the focus to non-clinical areas. New furniture and items, chosen by individual teams, were provided to make staff areas a more comfortable space to recharge and refuel – this included kettles, microwaves, fridges, coffee machines, coffee tables and sofas. The Trust has one massage chair that is permanently located in the Orbital and one in Commonhead; the other four massage chairs have continued to rota across departments into different staff areas throughout the year.
- The staff tea trolley has continued to support various trust-wide awareness campaigns throughout the year. A rota that is predominantly staffed by our volunteers has enabled visits to hospital staff areas regularly on each weekday, providing free drinks and snacks to staff in their areas of work. During Industrial Action days across the Winter, the tea trolley visited each clinical area. Additionally, since February 2023, the tea trolley has visited high pressure clinical areas (e.g. the Emergency Department) on a weekday evening. During December, more than 5,000 drinks and mince pies were given to staff, supported by members of the Executive Team. For our colleagues in the community, refreshment deliveries were provided monthly to their areas of work
- Trustwide wellbeing events re-launched this year, and were held in September, January and February (the latter of which was help in the Orbital). These days enabled staff to drop-in for massage, reflexology, arts and crafts, refreshments, and time with a therapy dog. In total, more than 500 staff attended these events.
- To support during the pressures of Winter, from the beginning of December until the end of March, 50% discount off food and drinks in the hospital restaurant and cafes was given to all staff, and free sandwiches, snacks and drinks were provided to our community-based colleagues on a fortnightly basis.

Staff Survey Report 2022/23

The NHS England mandated annual Staff Survey 2022/23 was open from September to November 2022 and the Trust participated across all professional staff groups and bank workers were also surveyed for the first time.

In 2021, the framework of questions was developed around the 7 promises of the NHS 'People Promise' including the staff engagement and morale themes. In 2022, one new question was added, four questions were reintroduced from 2020 and two questions from 2021 were modified for 2022.

The Trust benchmarks in the group 'Acute and Combined Acute and Community' and this table outlines the comparative scores which demonstrates an improvement position from last year (17th) to 11th this year.

Staff Survey South West Benchmarking:

Rank	Acute Trusts	Response Rate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Morale	Total Score	Total Score inc. Response Rate
1	Yeovil District Hospital Foundation Trust	50%	7.6	6.4	7.1	6.3	5.9	6.6	7.1	7.2	6.2	60.4	65.4
2	Somerset NHS Foundation Trust	46%	7.5	6.2	7.0	6.2	5.5	6.4	6.9	7.1	6.1	58.9	63.5
3	Royal Berkshire NHS Foundation Trust	57%	7.4	6.0	7.0	6.2	5.7	6.3	6.9	7.2	6.0	58.7	64.4
4	University Hospital Southampton NHS Foundation Trust	55%	7.5	6.0	6.9	6.1	5.8	6.4	6.9	7.1	6.0	58.7	64.2
5	Oxford University Hospital NHS Foundation Trust	51%	7.3	5.9	6.8	6.1	5.6	6.2	6.8	7.0	5.8	57.5	62.6
6	Dorset County Hospital NHS Foundation Trust	43%	7.3	5.9	6.8	5.9	5.5	6.2	6.8	6.9	5.8	57.1	61.4
7	Royal United Hospitals Bath NHS Foundation Trust	53%	7.4	5.9	6.7	5.7	5.4	6.1	6.7	6.9	5.7	56.5	61.8
8	University Hospitals Bristol and Weston NHS Foundation Trust	45%	7.4	5.9	6.8	5.9	5.2	5.9	6.8	6.9	5.7	56.5	61.0
9	Royal Devon University Healthcare NHS Foundation Trust	37%	7.4	5.9	6.7	6.0	4.8	6.1	6.7	6.8	5.8	56.2	59.9
10	University Hospitals Dorset NHS Trust	46%	7.3	5.7	6.7	5.8	5.3	6.0	6.7	6.8	5.6	55.9	60.5
11	**Great Western Hospitals NHS Foundation Trust**	59%	7.2	5.6	6.6	5.8	5.4	6.2	6.6	6.7	5.6	55.7	61.6
12	North Bristol NHS Trust	51%	7.2	5.7	6.6	5.8	5.3	6.0	6.6	6.8	5.7	55.7	60.8
13	Torbay and South Devon NHS Foundation Trust	38%	7.2	5.8	6.6	5.8	5.2	6.1	6.7	6.7	5.6	55.7	59.5
14	Portsmouth Hospitals NHS Foundation Trust	39%	7.1	5.7	6.6	5.7	5.5	5.8	6.6	6.7	5.5	55.2	59.1
15	Royal Cornwall Hospitals NHS Trust	46%	7.1	5.7	6.5	5.8	5.1	6.0	6.6	6.5	5.6	54.9	59.5
16	University Hospitals Plymouth NHS Trust	38%	7.1	5.7	6.5	5.7	5.3	5.8	6.5	6.6	5.5	54.7	58.5
17	Salisbury NHS Foundation Trust	48%	7.1	5.6	6.6	5.8	4.7	5.9	6.5	6.7	5.4	54.3	59.1
18	Gloucestershire Hospitals NHS Foundation Trust	50%	6.8	5.4	6.2	5.6	5.0	5.6	6.3	6.3	5.3	52.5	57.5
	Average	44%	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7	55.9	60.3

Response rate comparison

The Trust achieved a substantive response rate of 58.7% compared to the 'IQVIA' sample median response rate of 44.7%. The Trust achieved the highest response rate in the southwest and 8th nationally. Positive increases in response rates reflect the efforts made in a targeted communications plan and incentives offered.

Theme Results & Areas of Improvement from 2022

The Trust is benchmarked for the survey in the group 'Acute and Combined Acute and Community' and achieved the following comparative results:

- 15% of the questions scored significantly better than the sector.
- 14% of the questions scored significantly worse than the sector.
- 70% of the questions showed no significant difference in relation to the sector average (or comparison could not be drawn)

In terms of comparison with Trust performance in the 2022/23 survey, the Trust achieved the following comparative results:

- 33% of the questions scored significantly better than 2021.
- 3% of the questions showed significant decline since 2021.
- 64% of the questions showed no significant movement since 2021.

The Trust scored above the national benchmark for "We work flexibly" and all four questions have improved and are ahead of the benchmark. 71.4% of staff said they were comfortable to approach their manager about flexible working. There have been increases in the four scores in Compassionate Leadership: 68.5% said that line managers care about their concerns.

This year the Trust ranked 11 out of 18 Trusts when benchmarked against the National Staff Survey themes for all organisations across the southwest (17th in 2021).

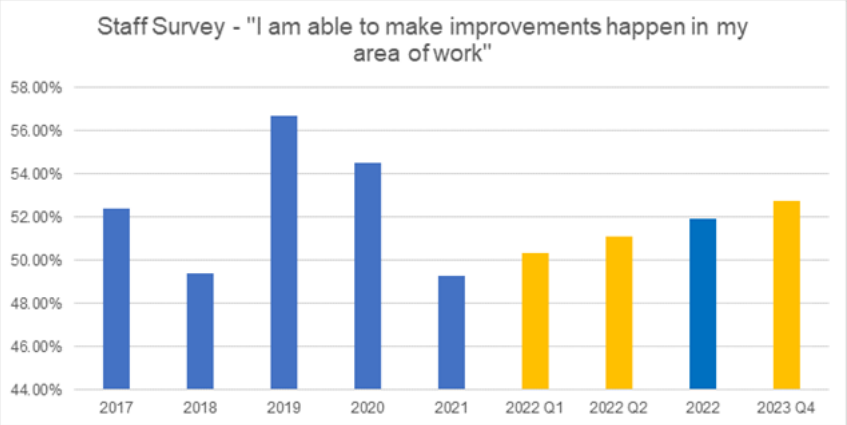
Future Priorities and Areas of focus

The score for the subtheme Advocacy (6.4) is behind the national average (6.6), and 56.4% would be happy with the standard of care if a friend or family member needed treatment (61% in 2021, 70% in 2020).

The score of 4.8 for the subtheme Work Pressure is behind the national average (5.0). Although improving, only 48.8% agree they have adequate materials and supplies to do their job (49.3% in 2021, 54.6% in 2020).

As these are the worst performing areas against national average, they are highlighted as being priority focus areas for the Trust. In line with Improving Together methodology, the Trust needs to understand the root causes behind these results.

The score for the Improving Together focus question 3f “I am able to make improvements happen in my area of work” increased from 49.2% in 2021 to 52.0% in 2022.



The Trust will continue to track progress via the Quarterly Pulse Surveys and adopt the continuous quality improvement approach and Improving Together methodology, which empowers staff to make improvements themselves by providing them with the training, tools, and freedom to work out where opportunities are.

Within the Trust wide Staff Survey Working Group, group members will understand why high-performing teams worked well and identify transferable learning. Several activities are planned or underway to support organic Improving Together momentum across the organisation, acting as enablers for Question 3f.

Staffing related issues during the year

International Recruitment

The national shortage of nurses continues to have an impact on the Trust and the nurse vacancy position remains a key focus. In the financial year 2022/23 the Trust recruited 122 non-EU international nurses of which 57 are working as registered nurses and 65 are working as a band 4 pre-registered nurses whilst undertaking their Objective Structured Clinical Examination (OSCE) training. This recruitment was supported by a successful bid of additional funding to NHS England.

The Trust also successfully bid and received and additional funding from NHS England to support international recruitment of Midwives and Allied Health Professionals (AHPs) in 2022/23. International Midwifery received a successful bid of five international midwives, four of which have already started with one joining imminently. AHP recruitment was successful in bidding for funding towards five roles, two Occupational Therapists (OT), two Mammographers and one Podiatrist. One OT has joined, and the others are currently in progress to join soon. The Trust has also put a bid in for five midwives for 2023/24 which has also been approved with these midwives due to join by the end of the summer.

The Trust is involved in the International Recruitment Stay and Thrive initiative, this is a retention programme working collaboratively with the National team and Trusts to help our internationally recruited nurses to thrive, build their careers in the NHS and remain within the NHS. We are also in the final stages of completing the Pastoral Care Award for International recruitment and this should be complete at the beginning of 2022/23.

Postgraduate Recruitment

In 2022 the Trust continued with the recruitment of the final year medical students from Charles University in Prague into Clinical Fellow F1 posts. This recruitment included a bespoke recruitment campaign with short videos from representatives from the Trust and times for students to be able to ask questions. We received a high number of applications, and six individuals were successful in joining us in July. The Trust has plans to continue the relationship with Charles University for 2022/23 where we hope to have more medical students joining us in the summer.

The team continue to work on filling hard to fill senior vacancies in, Geriatric Medicine, Acute Medicine, Anaesthetics and Stroke/Neurology.

Agency Spend

Trust agency spend for 2022/23 was £16.4M, a reduction on the £16.9M spend from the previous year (2021/22).

Professional Group	2022/23	2021/22
Medical & Dental	£7.9M	£10.3M
Nursing	£7.2M	£5.8M
Senior Managers & Admin	£0.7M	£0.1M
Scientific, Therapeutic & Technical	£0.4M	£0.4M
Allied Health Professionals	£0.2M	£0.2M
Grand Total	**£16.4M**	**£16.9M**

There are several challenges the Trust is facing which is driving a sustained level of agency which includes:

- Increased requirement for patient close support (including mental health support)
- Cover for hard to fill vacancies
- Cover for escalation areas
- Cover during high level of COVID
- Cover during strike

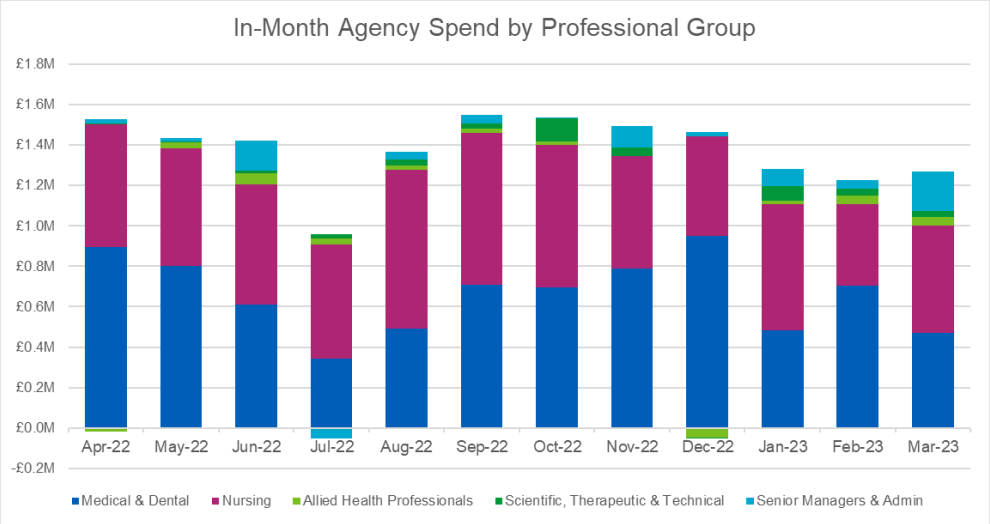
The Trust continues to address agency spend through:

- Regular staffing meetings (usually 3 times daily) to review Nursing levels against acuity
- Improved controls for agency approval including senior level sign off for premium nursing agency usage
- Improved monitoring of agency spends
- Improved oversight via Electronic Rostering Systems
- Reduction in Administration and Clerical usage
- Moving Medical Agency to bank and substantive roles.

And the introduction of:

- Locums Nest in October 2022, which has seen a reduction if agency spend for the departments that have already gone live with all other departments going live prior to 1 April 2023.

- Tightened agency spend controls through the Medical Approval Panel – Temporary Staffing (MAPTS) and the Senior Manager & Admin Agency Approval Process (SMAAAP).
- Divisional Nursing teams using Improving Together methodology to look at reducing agency spend.



Pay Banding Review Healthcare Support Workers

In August 2021 NHS Employers issued guidance to clarify the difference between a Band 2 and Band 3 Health Care Support Worker (HCSW) roles as detailed in the NHS Job Evaluation National Profiles. This defined that Band 2 HCSWs principally undertake personal care duties, while clinical care should be the remit of a Band 3 HSCW upwards. In the summer of 2022, the Trust was formally asked by UNISON to review what duties staff were undertaking against the new national profiles.

The review incorporated a review of existing job descriptions and auditing departments with HCSW's within their staffing model to understand the actual tasks being carried out. The Trust also carried out bench marking activity with other local Trusts.

The review identified that existing Health Care Support Workers employed as Band 2 should be given the opportunity to be re-graded to a Band 3 if desired by the individual, in line with the NHS Job Evaluation guidance. Approval was sought via the Trust board, collaborative working with union colleagues and other local Trusts to ensure a consistent approach.

Revised job descriptions were populated in accordance with the national profiles and the two roles were identified as Senior Health Care Support Worker (Band 3) and Assistant Health Care Support Worker (Band 2). Staff side approved and supported this approach.

All staff in scope as detailed above received the relevant payments and increases in February and March 2023 pay back dated to the 1 January 2023. The financial impact to the Trust was £1.1m with a recurrent cost of £0.9m on-going.

The impact of the review and implementation has allowed clear development pathways for employees in the nursing profession. All employees who opted to move to the band 3 role are required to complete the Care Certificate and relevant clinical competencies ensuring the Trust has a skilled workforce to support the service needs and the best patient care.

Real Living Wage

The Trust has undertaken a salary review recognising the recent increases in the cost of living and the increases to the Real Living Wage. The Real Living Wage is a UK wage voluntarily paid by employers who believe their staff deserve a wage which meets every day needs and is an increase on the national minimum wage instructed by the Government.

Although the Trust is not deemed a Real Living Wage employer, acknowledging the cost of living increases the Trust is dedicated to supporting its employees and therefore increased all existing band 2 employees who were on the bottom of the pay scale (£20,270) to the top of the pay scale (£21,318) with effect from 1 April 2023.

The change is effective to all staffing groups being paid at a Band 2 inclusive of Admin and Clerical, Allied Health Professionals, Non-Clinical Support, Scientific, Therapeutic and Technical, Unregistered Nursing and Midwifery.

Gender Pay Gap

Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the Trust is required to publish gender pay gap data on the Government and Trust websites.

Gender pay-gap reporting uses six different standard measures and must be published by 31 March 2023 (Public Sector Organisations), with a data snapshot from 31 March 2022. Staff employed by the Trust on this date and included in this annual data capture are part of GWH Acute Services and Swindon Community Health Services. The total number of staff included is 5445, with a gender split of 959 male (17.61%) and 4486 female (82.39%) staff.

The results show that from the total headcount there is a gender pay gap, with female staff being paid less on average than male staff. The 2021/22 Pay Gap Report indicates that the mean hourly rate of pay for female staff is 30.32% lower than male staff. This represents a slight worsening position from 2020/21 when the gap was 29.10% (0% is a figure of parity - meaning that males and females are being paid the same amount for work assessed as of equal value – and is therefore a desired outcome). If medical staff are removed from the figures, the gap reduces significantly to a mean hourly pay gap of 7.07% (a slightly increase on the previous year's figure of 6.45%) and a median pay gap at 6.26% (the median pay gap has increased since last year's gap of 3.08%).

The gender pay gap for medical staff reflects the national picture across the NHS and is anticipated to reduce over time. Surgery continues to be over-represented by male doctors, and despite narrowing the gap female doctors are still a minority in senior roles, however, the proportion of female doctors has increased across every other speciality group and there are currently more female than male junior doctors in training. This would indicate that over time there should be an increase in the number of female consultants, which should further reduce the gender pay gap.

The Trust's gender pay gap position is mixed; we have moved closer to parity for some bands, but the gender pay gap is maintained by over-representation of male staff in senior positions including medical roles; the impact of national drivers, most notably the harmonising of pay scales in the NHS; and wider historical contractual factors that will resolve gradually over time.

The Trust has taken steps in year to attract diverse candidates by improving its recruitment processes and will undertake a review of additional elements of its recruitment policy and processes in 2023/24 to ensure that best practice is adopted.

Equality, Diversity, and Inclusion (EDI) Strategy

The Trust is committed to advancing diversity, equality and inclusion (EDI) for its workforce and the population we serve. Over last three years we have developed a more strategic approach to managing EDI, this work is informed by our ambitious EDI strategy which sets out our four objectives:

- Inclusive and compassionate leadership.
- Represented and supported workforce.
- Support our patients and communities to achieve better life outcomes.
- Let every voice be heard.

We have continued the extensive work detailed in previous reports, key areas in 2022/23 to highlight include:

Workforce inclusion:

- In response to our commitment to provide equal opportunities in employment and development, we have launched a number of initiatives including bespoke leadership training for Internationally Educated Nurses, Black, Asian and Minority Ethnic staff alongside leadership training for the wider workforce to support career progression and inclusive leadership behaviours. We have also successfully piloted a reciprocal mentoring programme, and this opportunity will be embedded in the organisation in the future; and reviewed our recruitment practices to ensure that we can attract diverse talent.

- The Trust's three existing staff networks continue to support the EDI agenda through raising awareness, delivering training, reviewing key policy and documentation and representing minoritized staff at key strategic meetings, a fourth network, the Women's Network was launched in March 2023.

- We produce a quarterly EDI newsletter which has helped us to raise awareness, promote inclusive behaviours and champion the good work happening across the Trust. The newsletter acts as a vehicle to publicise the annual EDI calendar and notable events and celebrations.

- Our greatest success is seeing divisions and business functions including Engagement, Communications, Training & Development and OD set their own EDI actions and are accountable for delivery. As a Trust we still have a long way to go to embed this approach across the organisation and to help staff to develop the necessary skills and cultural intelligence to drive transformative change, but we are committed to pursue this ambition. We are in the process of implementing a transformation and change management methodology 'Improving Together' across the Trust which will help to drive progress in this area over time.

Measuring and monitoring Performance (EDI)

Measuring and monitoring the Trust's performance in relation to Equality, Diversity and Inclusion (EDI) is an imperative. Collecting data and analysing the results helps the Trust to identify and address the areas of our business that could benefit from greater diversity and inclusion. We also recognise the link between workforce health and wellbeing and inclusion and that making improvements in these areas will lead to better outcomes for our patients.

We use several sources of data including the NHS Staff Survey, Staff Pulse Surveys and Patient Safety Surveys and the Equality Delivery System and this data helps us to annually evaluate our progress against the implementation of our EDI Strategy which then informs our action plans.

In February and March 2023, the Trust adopted the revised Equality Delivery System (EDS 2022). EDS is the foundation of equality improvement within the NHS. It is an accountable improvement tool for NHS organisations in England - in active conversations with patients, public, staff, staff networks and trade unions - to review and develop their services, workforces, and leadership and it is driven by evidence and insight. Undertaking an Equality Delivery System Review enables the Trust to demonstrate how it meets the Public Sector Equality Duty (set out in the Equality Act 2010) – to eliminate discrimination, advance inclusion and foster relationships between communities. There are four potential scores Underdeveloped, Developing, Achieving and Excelling. The Trust achieved a score of Developing, the Reviewers commended the breath of work being undertaken by the Trust and identified specific actions relating to the new scoring criteria that would improve the score; their recommendations will be considered as part of the development of a 2023/24 Action Plan.

Last year we established a mentoring scheme comprised of senior leaders being mentored by a more junior colleague who comes from a different background to that of the senior leader, both individuals involved have the opportunity to learn from each other's experiences, improve cultural intelligence and the junior member of staff can receive career development support and coaching.

We provided an educational audio-visual resource with practical suggestions for tackling forms of institutional discrimination faced by staff and deliver face-to-face equality diversity and inclusion related workshops to raise awareness and support cultural change.

We published our Gender Pay Gap report and Workforce Reports on disability and 'race', alongside action plans to reduce the pay gap between males and females, and disparities along disability and 'race' lines

Recruitment

TRAC is now fully operational for all recruitment both non-medical and medical across the Trust, and for the first time in 2021/23 it was used for the February 2022 Doctor rotations and will be continued to use for all rotations going forward.

The Trust commits to interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities. The Trust makes every effort when employees become disabled to make sure they stay in employment through reasonable adjustment and redeployment support if appropriate. HR staff work with Occupational Health Specialist Advisers and line managers to seek appropriate roles for staff following a change in circumstances.

The Trust continues to be identified as a Level 2 Disability Confident Employer and has been working to increase to Level 3 Disability Confident Leader which is currently being reviewed by our external verifier which we hope to have the successful result by May 2023.

The Trust is currently Armed Forces Covenant accredited, where we pledged to uphold the key principles of the Armed Forces Covenant which includes supporting the Armed Forces community as an employer, looking after members of the Armed Forces community in the workplace and attending/ promoting opportunities at Armed Forces events.

The Trust has been piloting a new interview style of values-based competency interview questions during the last quarter of 22/23 across all bands and departments. These questions focus on the Trust values of Service, Teamwork, Ambition and Respect which encompass the below leadership behaviours:

- Patient First
- Ownership & Accountability
- Equality, Diversity & Inclusion
- Active Listening & Coaching
- Collaboration
- Developing other & myself
- Humility
- Curiosity
- Willingness
- Compassion & Civility
- Self-discipline & Reflection
- Perseverance & Patience

The Trust wanted to improve the quality of the interview process for all staff through the creation of an interview questions database appropriate to the different levels in the Trust linked to the above values and leadership behaviours. The aim is to build a build a positive brand image that represents the Trust, its people, and its values.. This pilot has been successful, and a full roll out is planned for 2023/24.

Over the last 12 months the Recruitment team has had a busy year with the Trust having 1,718 new starters which came from over 25,800 applicants to join us. The Trust has also worked hard over the last year to bring down its time to hire which now stands at just over 50 days from advert approval to contract for new starter being sent.

Workforce Projects and Innovations -

Locum's Nest

Within quarter three of 2022/23 the Trust successfully completed a pilot utilising a temporary staffing source and booking system (Locum's Nest) for Medical and Dental staff. Following learning from a Trust within the system (RUH), the Trust picked a few key areas to fully understand the implications and potential benefits realisation. After a period of three months a cost avoidance of £159K per annum was evident based on self-booking and department control alongside workforce planning. In addition, the app-based platform allowed the Trust access to Bank workers contracted through Trusts within a South West Collaborative. During the pilot 11% of applications to bank work in just three departments across the Trust were from collaborative workers, an integral development to avoid costly agency resource and further strengthen a high-quality bank workforce. Furthermore over 200 Medical and Dental Staff engaged with the Trust within our short pilot with projections forecasting 450 bank workers in total available to the Trust by January 2024. Locally this has also released resource within corporate and clinical functions by streamlining the process to source and book Bank Medical and Dental Workforce allowing resource to redirected to clinical care and project work focussing on agency reduction as a priority.

SARD Revalidation & Job Planning Project

Deployment of electronic workforce systems for medical staff for Revalidation, Appraisal, and Electronic Job Planning commenced in July 2022 across the Trust in line with the National Levels of Attainment for Workforce Management Systems. A newly formed Medical Job Planning and Revalidation function was integrated into the Trust's Workforce Intelligence team, comprising of a specialist and administrator to manage and administrate the system and to support the Medics, Clinical Leads, Divisional Managers, and Associate Medical Directors (AMD's) with revalidation, their appraisals, and the job planning process.

Appraisal and revalidation on SARD is fully embedded across all specialties, and the new platform has helped drive a marked improvement to Medical appraisal compliance rates, increasing from 66% in July 2022 to 98% in March 2023.

Following rapid data entry of historic job plans, system implementation of the Job Planning module in SARD concluded in November 2022, with all Medical specialties live and inputting future plans for sign off from this date.

Medical Rostering

The Trust continued with its implementation of rostering software (Allocate Healthroster) for its medical workforce in 2022/23, aiming to embed full rostering including on-call and leave management across 54 departments.

Training has been provided throughout the Divisions, engagement events have also taken place to support with the implementation and roll out of Medic Online (the booking process for all types of leave). Training guides and training videos have also been circulated.

Implementation summary:

- 8 Rosters have been built and dual running as part of quality checking before moving to business-as-usual stage.
- 2 Rosters have moved to running live as business as usual and embedded within the department.
- 48 one to one training sessions for Healthroster/Medic Online has taken place. Additional group training sessions have been arranged.
- 3 engagement events have been held to promote Medic Online and Healthroster.

- The Medical Rostering team are an active member of the Allocate forum for Medical Rostering to support with sharing of practice with other NHS Trust's rostering teams.
- Links are in place between the Medical Rostering team and Medical Job Planning and Revalidation team (SARD), triangulation of shift/activity patterns and allowing for Job Plans to be part of roster builds.
- There is a Structured Medical Rostering Oversight Group with engagement from areas of implementation to ensure accountability and ownership of roster management.

The medical roster build rollout plan continues, with an expected full implementation date of completion by March 2024.

Employee Partnership Forum (EPF) and Consultation

The purpose of consultation is for the organisation to actively seek and consider the views of the workforce to inform organisational and strategic decision making. The Trust remains committed to two-way communication and engagement with Trade Unions through its adherence to a formal recognition agreement. The Trust 'Employee Partnership Agreement' provides the framework for positive employee relations across the organisation encouraging the workforce to 'have their voice' through active engagement, involvement, and representation.

Consultation through the 'Employee Partnership Agreement' has the following advantages for both organisation and workforce:

- Regular forums for positive communication at the monthly Employee Partnership Forum (EPF)
- Involvement in policy and procedure development and ratification
- Opportunity to identify and monitor trends, challenges and perceptions over time with consistent group of stakeholders and discuss improvement ideas
- Encouraging a culture of civility and respect with collaborative decision making
- Shared commitment and responsibility for delivery of organisational improvement – such as the restorative just and learning programme
- Access to constructive representation in challenging circumstances
- Improved staff morale.

The Trust remains committed to an established relationship with its trade union colleagues and also the Employee Partnership Forum (EPF) which formally consults and where appropriate negotiates on changes to policies, pay, terms and conditions of employment.

As outlined above, the Employee Partnership Agreement is formally recognised under a Trade Union Recognition Agreement which is under review with both the Trust and trade union colleagues.

EPF provides an important platform for Trust Board members and service leads to meet with the workforce representatives and share their strategic and operational plans and progress. In 2022, this has included regular updates on the following key areas of Trust performance:

Board Reports

- Financial spend and forecast for financial year. This has included sharing the financial position with savings to be identified and the regional position.
- Operational performance (service provision to patients relating to activity and quality)
- Workforce investment related to activity and performance
- Workforce investment related to recruitment, retention, reasons for sickness absence and wellbeing support available

- Infrastructure (changes to on site facilities, temporary adaptations, and regular updates on the implementation of the Way Forward Programme investment scheme)

Change Management

Service leads present change management proposals to the EPF forum for courtesy update and where there is anticipated impact on their team members. In this way assurance is provided regarding any consultation process and the right to representation and contribution of those work colleagues affected. In 2022, this included engagement and support from EPF with the transfer under the TUPE legislation of the primary care network medical practices from the IC&C Division across to new providers in the private sector. Staff side were involved in attending the communication briefings, provided with all staff information updates, engaged to support at the group and individual consultation sessions and advised of the health and wellbeing support available.

Improving Together

The Trust commitment to this improvement framework extends to including staff side in regular updates, education and training relating to the implementation of the programme and how it is improving the workforce experience of their members.

The Trust also attends the regional Social Partnership Forum which meets every other month and shares regional change management initiatives and provides updates to the progress of the wider system integrated health and social care agenda.

The Trust upholds the STAR organisational values, which are Service, Teamwork, Ambition and Respect (STAR). These values are embedded in the Trust's Strategy, our refreshed People Strategy 2019-2024, and the workforce policy framework.

Communicating with staff

The Trust's Communications and Engagement Team works to tell the story of the organisation to key stakeholders including staff, patients, partner organisations and the general public across a range of channels.

Achievement in 2022:

- This year the team's efforts have been recognised internally and externally. At the national NHS Communicate Awards, the team was highly commended for its use of digital communications and was also a finalist in the health and wellbeing communications category.
- The team's journey as a digital communications exemplar was shared at a meeting of the NHS South West Digital Network in December 2022.
- The Trust has the highest number of social media followers in the Bath and North East Somerset, Swindon and Wiltshire Integrated Care System, and the fourth highest in the South West.
- This year the Trust launched its own TikTok channel and now has more than 3,600 followers – a video posted on this channel about a Ukrainian doctor joining the Trust has been seen more than 635,000 times.
- Across Facebook, Twitter, YouTube, LinkedIn, and TikTok the Trust has more than 41,000 followers, and regularly reaches more than a quarter of a million people a month.
- The team places emphasis on visual communications and produced more than 170 videos in 2023/24 which were shared internally and on social media.
- Interactive Open Staff Forums and Senior Staff Briefings are now embedded as core communications channels.

- To help share the Trust's successes, nominations are written and submitted to a variety of local, national and industry awards and last year 14 staff won or were shortlisted for awards.

The Trust continues to develop and maintain good relationships with local media and this year has seen very positive coverage on regional TV and radio with features on the Integrated Care Coordination Centre and also how we marked the 20th anniversary of the Great Western Hospital.

This year the Trust appointed its first marketing officer working solely on recruitment activity, and this helped support with recruitment to key roles and in the Trust's most successful recruitment campaign for non-executive directors to date.

The Trust communications team also leads on communications for the Acute Hospital Alliance and plays a leading role in system-wide communications about winter pressures.

In 2022 the Trust carried out market research to better understand:

- Current perceptions of the Trust as an employer and levels of staff engagement within the Trust
- Awareness, understanding and opinions on Trust vision/values, being an integrated provider and new initiatives (e.g., Improving Together, Health and Wellbeing package)
- The key drivers for staff joining the Trust
- What keeps staff with the Trust
- The factors that might lead staff to leave the Trust
- Awareness, usage, and opinions on the current internal communication channels
- Current perceptions of the Trust, both generally and as a potential employer

The results showed that internal communication channels have higher awareness/usage levels than many other NHS Trusts and receive relatively positive feedback when compared with many other surveys of a similar nature.

In 2023/24 the team will focus on celebrating success; recruitment and retention; operational challenges; the Way Forward Programme; development of our internal culture; improving together, equality, diversity, and inclusion; and stories about staff.

Governance – Fraud, corruption, and bribery

The Trust has a Fraud and Corruption Policy which includes a response plan for detected or suspected fraud, corruption, or bribery. In addition, the Board endorses the NHS Counter Fraud Authority Strategy and guidance. One of the basic principles of public sector organisations is the proper use of public funds. The National Health Service (NHS) is a publicly funded organisation and consequently it is important that every employee and associated person acting for, or on behalf of, the Great Western Hospitals NHS Foundation Trust (the Trust) is aware of:

- The risk of fraud, corruption and bribery.
- The rules relating to fraud, corruption and bribery and,
- The process for reporting their suspicions and the enforcement of these rules.

The Fraud and Corruption policy has the endorsement of the Trust's Board and Executives.

The Trust does not tolerate any form of fraud or bribery by its employees or bribery of its employees, associates or any person or body acting on its behalf. The Trust is keen to ensure that the number of offences of fraud and bribery is kept to a minimum, that all allegations are investigated thoroughly and that the strongest sanctions,

including criminal sanctions, are taken against any employee or any external party found to be committing, or having committed, an offence of fraud or bribery.

This policy reflects the Board's wish to embed a culture of best practice in anti-fraud, anti-corruption and anti-bribery measures, and enforcement of this policy will reduce the risk that the Trust or any employees, contractors, volunteers, students, governors, or persons working for the Trust will incur any criminal liability or reputational damage. Procedures are in place to reduce the likelihood of fraud, corruption and/or bribery occurring. These include the Standing Financial Instructions, other documented procedures, a system of internal control, and a system of risk assessment.

The Board seeks to ensure that a risk awareness culture exists in the Trust (which includes fraud, corruption and bribery awareness), and has complied with the Secretary of State's Directions in nominating a Local Counter Fraud Specialist (LCFS). The local counter fraud specialist undertakes an annual work plan to support the Trust in ensuring compliance with the national Functional Standards for Counter Fraud and, where necessary, conducts investigations as directed by the NHS Counter Fraud and Corruption Manual.

Freedom to Speak Up

The Trust has mechanisms in place to promote an open and supportive culture that encourages staff to speak up about issues of patient care, quality, or safety. The Trust has a Freedom to Speak Up Policy which is based on support from the National Guardian's Office.

Trust has appointed a Lead Guardian and 6 volunteer Guardians who are points of contact should anyone wish to raise a concern. The guardians offer advice and support and signpost individuals raising concerns to the most appropriate route to ensure concerns are handled professionally and result in a clear outcome.

The Guardians operate independently, impartially, and objectively, whilst working in partnership with individuals and groups throughout the organisation, including the senior leadership team.

All concerns raised to the Guardians are logged internally to ensure they are responded to appropriately and in a timely manner.

The Guardians meet quarterly to discuss best practice, case reviews and the learning and actions resulting from FTSU are considered and shared. To enable this evaluation, feedback is sought from those who have raised concerns to ensure the process is effective.

The Guardians are supported and contribute to the national and local Freedom to Speak Up Guardian network, comply with National Guardian Office guidance, and support each other by providing peer-to-peer support and shared learning

Information on Freedom to Speak Up cases is reported to the Trust Board, Patient Safety and Trust Management Committee. In addition, information is reported to the Executive Directors by way of a quarterly report to their weekly management meeting. Furthermore, quarterly returns are made to the National Guardian's Office.

In 2022/23 there were 11 Freedom to Speak Up concerns raised:

6 relating to Policies Procedures & Processes
3 relating to Attitudes & Behaviours
1 relating to Quality & Safety
1 relating to Patient Experience

Workforce Key Performance Indicators (KPI's)

Trust workforce performance is measured across a range of Key Performance Indicators (KPI) based on progress in month and reported from data input to the (Electronic Staff Record) ESR system. Regulatory governance of workforce performance is assured through presentation of the monthly Trust workforce IPR to the Executive Committee and public Board members. Divisional workforce performance is also monitored and reported through the monthly IPR reporting process for the Division and drives a culture of data informed workforce monitoring, management and support.

Each Division has adopted the Improving Together methodology to determine the key workforce driver metrics relevant to their improvement journey and monitor and report monthly progress as part of their performance board.

The Workforce Intelligence Team has developed an extensive dashboard of data metrics measuring the monthly performance across the workforce and providing Trust, Division and departmental scrutiny. This monthly dashboard is provided to department leads and HR Business Partners for review at the monthly Divisional Board meeting and to provide information and insight for their workforce priorities.

The core workforce KPIs are outlined below with the Trust compliance target and performance for the most recently available data period:

Core Workforce KPI	Trust Target	Performance	Data Period
Sickness Absence	3.5%	4.6%	Mar-23
Turnover (Voluntary)	11%	11.2%	Mar-23
Vacancy Factor	8%	5.3%	Mar-23
Mandatory Training	80%	87.7%	Mar-23
Appraisal	85%	82.3%	Mar-23

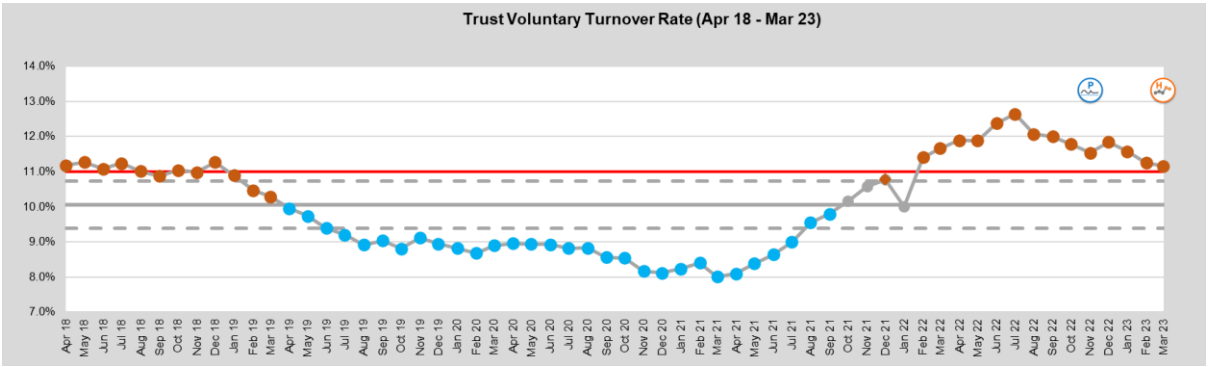
Recruitment and Retention

In 2022, the Trust engaged in a significant level of diagnostic activity to review and understand the profile of retention and turnover across the organisation. This included:

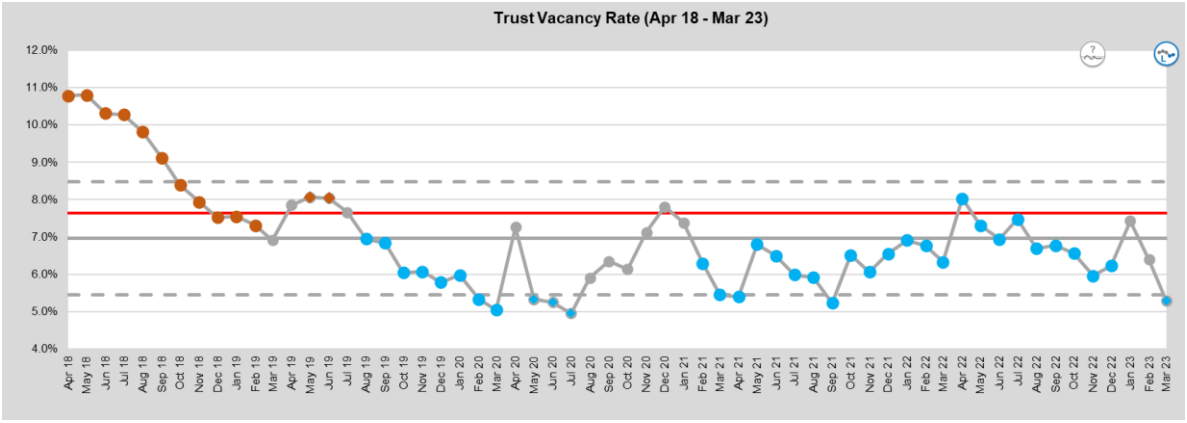
- Contribution to the system-wide 'Jungle Green' survey of patients, service-users, community representatives and members of staff.
- Completion of the NHS England Nursing and Midwifery Retention dashboard.
- Review of the annual Staff Survey 2021/22 results
- Development of the Allied Health Care Professional workforce dashboard

This feedback was collated to inform and update the Trust Retention Plan and presented to and ratified by Trust Board in October 2022 and 6 monthly progress reports are provided to demonstrate progress against actions.

Using the Improving Together A3 methodology, a cross-Divisional retention working group is being set up with operational and corporate stakeholders, to monitor and oversee the progress of these actions throughout 2023.



Vacancy levels – As at March 2023 there were 276.66 WTE vacancies, equating to a vacancy rate of 5.30% against the current KPI of 7.63% (Model Hospital defined target). For the same period last year there were 321.55 WTE vacancies (6.33%).



Appraisal rates

The overall compliance rate for the Trust is 83.66% in March 2023 (compared to 69% in March 2022) against the Trust stretch target of 85%. The appraisal process has been strengthened this year by taking a more active look on objective setting, career development discussions, personal development plans and the offer of support with workplace health and wellbeing. This has meant an increase of 21.2% compliance.

Previous feedback from Staff Surveys, senior meetings and focus groups had been sought in 2022 and staff have indicated that the current process is too lengthy and time consuming and that appraisals are viewed as an annual event -not a constant feedback loop. The danger is that the current approach focuses on completing a required process- rather than a genuinely honest and helpful conversation about performance and potential.

A proposal will be submitted in the summer which will give potential options, including a way in which feedback could be recorded in real time as the year progresses, so that the actual 'annual' appraisal is a summation of all that feedback which has already been shared. This should support a shorter annual conversation. This will ensure a further increase to compliance rates but also generate more positive feedback from future staff surveys.

Workforce Learning and Development

The Trust Academy is the dedicated Learning and Development Centre that delivers training and development support across the organisation introducing and planning a range of improvements to education and development opportunities available for staff.

Apprentices

Apprentices at GWH include both existing GWH staff and new recruits and the percentage of apprenticeship 'starters' includes both. The total number of Apprenticeships on 31 March 2023 is 153 (3.2%). Of those, 61 are new starters within the Trust from 1 April 2022 to 31 March 2023, which means the percentage of new apprenticeship starters for the period was 1.22%, this is measured against the total Trust headcount. The current apprentices are undertaking over twenty different apprenticeship standards from a variety of apprenticeship providers, this ranges from Level 2 to Level 7 Apprenticeships in both clinical and non-clinical roles.

The Trust continues to work towards the enterprise target for the year as per the March 2021 Department of Education (DoE) publication - Meeting the Public Sector Apprenticeship Targets. This DoE document outlines the requirement for public organisations to have an average of 2.3% of the whole workforce as new apprenticeship starts, therefore the Trust needed to have approx. 115 new starters in 2022/23 to have achieved the enterprise target.

To improve this, action has been taken to increase the exposure to apprenticeships within the Trust, which has included collaborative work with higher education institutions (HEI's) to increase cohort sizes to allow for more apprenticeship intakes. All Health Care Support Workers (HCSW) are provided with apprenticeship information at induction, which illustrates the career pathway from band 2 – band 5 and this same opportunity is offered to substantive staff working within this role. In addition, the Apprenticeship team will now form part of the CPD panel to review applications to cross reference and benchmark against apprenticeship standards as an appropriate alternative, which should see a rise in apprenticeship uptakes and a reduction in CPD funds required. Collaborative working has been established with the Organisational Development (OD) Team to recognise the Leadership and Management pathways that can be accessed via the apprenticeship route, which has supported the target demand and utilising the Trust's apprenticeship levy.

Mandatory training

The Academy learning and technology team has continued to work hard to update and migrate all on-line training packages across into Electronic Staff Record (ESR) and ESR's full capability is continually being explored to promote ease of access.

A Mandatory Training Compliance Report has been made available on the T-drive for all managers to have access to reports; this is updated monthly and has full instructions to enable staff to use and understand the monthly report. A full review of the report is planned for the end April 2023 to ensure it remains fit for purpose.

All face-to-face training has continued throughout the past year and with the agreement of the Acting Resuscitation Manager, a shortened version of adult basic life support has been recently trialled, and evaluation is on-going. This will be reviewed versus the traditional version of the training once the substantive Resuscitation manager comes into post in May and there will be a few weeks' worth of evaluation data to analyse. Up to 15 sessions (5 sessions on Tuesday, Wednesday and Thursday) of each are offered per week to ensure adequate places are available in line with our training needs analysis. Place numbers for each session are between 30 and 50 per day, depending on room size.

The shortened version has been particularly positive for practitioners who have regularly undertaken training on an annual basis, enabling high quality updating of their skills.
Medical staff have previously reported difficulty in finding time to undertake their Adult Basic Life Support (ABLS) training, and report that a more succinct session is far more accessible and suitable.
Dedicated sessions for doctors have also been offered at 4pm as a trial; these have been well received and will also be evaluated once the new substantive Resuscitation Manager comes into post (8 May 2023).

Paediatric Basic Life Support (PBLS) remains approximately an hour's duration. This can remain at 1 hour going forward.

All other elements of Clinical Mandatory Training (fire safety and manual handling) remain on-line.

Face to face Advanced Conflict Resolution training is offered to staff who are working in higher risk, front-door areas, including Site Management, Emergency and Urgent Care Departments, Sexual Health and patients' own homes in the community. This is now also offered to the Children's Ward as a result of a recent serious incident.
Emergency Department were also provided with an enhanced offering which was delivered by Maybo, an external organisation specialising in supporting organisations to reduce the risk of behaviours of concern and workplace violence (www.maybo.com)

This evaluated well and staff felt it was very applicable to their work setting and the risks that they face, focussing on de-escalation and escape. This training increased both skill and confidence in this area.

The Academy has also been working closely with Safeguarding leads to examine the future provision of conflict resolution training considering rising incidents of violence and aggression plus the need for therapeutic restraint to

be employed at times. This entire offering is being considered as a level of restraint is also being considered in line with recommendations of the Mental Health Units (Use of Force) Legislation (2018) and the Restraint Reduction Network Training Standards (2021). A paper written by the Adult Safeguarding Lead has been presented to the Deputy Chief Nurse for further consideration. The Academy will respond and support once a decision has been reached

Due to the notable number of DNAs (Did Not Attend), a large waiting list has been created for high priority courses such as Conflict Resolution. This has been escalated to senior managers via the Nursing, Midwifery and AHP Forum where we have requested support with a “top down” message, highlighting the concerns of maintaining compliance figures if this continues.
As a result, Senior Leaders have requested monthly figures of DNAs which will be followed up in each Division for Managers, as well as weekly compliance figures of Mandatory Training. These figures are sent by the Academy Training Systems and Compliance Manager

We are actively working on keeping our compliance figures up and have recently noted a higher DNA rate in all face-to-face training sessions.

A new system has been developed by the Academy to remind attendees pre-attendance that they have an existing booking, plus a Did Not Attend (DNA) process to follow up DNAs for both welfare and discipline, with action taken accordingly to signpost or to report to their line manager in certain cases.

A variety of reasons have been cited for DNA including sickness, not being released from clinical areas due to acuity; childcare issues; failing to remember to attend; arriving late.

Clinical Skills training
The team continues to offer a suite of clinical skills courses, such as cannulation, venepuncture, intravenous drug administration and catheterisation, that support key skills required at the bedside and/or point of care.

A proposal paper for the future offering was written and presented in October 2022 and was approved at the Nursing Midwifery and AHP forum.

Accredited Masters level course - Northampton University
The Advanced Adult Assessment and Examination (AAAE) module has run two cohorts in 2022 and have enrolled 29 students in total. There was no attrition although 1 student in Cohort 1 took a study break on health grounds and it is uncertain whether she will be able to re-commence due to long lasting effects of this; 2 students took study breaks in Cohort 2 (due to workload pressure) and are due to re-commence in August 2023, in line with the University of Northampton’s processes. Study breaks are 1 year in duration.

Pass rate in Cohort 1 is 73% (1st submission and up to 100% (after re-sit); cohort 2 is 62% (1st submission) and up to 85% (after re-sit).

The January 2023 cohort has commenced with 13 students, most of which are Allied Healthcare Professionals including 4 candidates from external organisations including UBHT, Salisbury and Wiltshire Health and Care.

Open University Registered Nursing Degree programme

Open University Registered Nursing Degree Apprenticeship top up programme
HEE have provided £8,300 per year plus fees paid for existing Nurse Associates (NA) or Assistant Practitioners (AP) to top up to become registered nurses. There are 5 AP/NA in GWH. The community Division has supported 2 AP places on the 2-year top up programme and Children’s services have supported 1 NA (17-month top up).

Return to Practice (Nursing)
GWH supported 2 students of which both completed and secured posts in their placement areas.

Return to the Acute Care (RAC)
The RAC course has been re-instated by basing all candidates on Teal Ward where they will be employed and managed as per any other Band 5 nurse in terms of accessing competency-based skills training.

Once competent, the nurse is offered the opportunity to be transferred via the internal process to a suitable vacancy or a post on Teal if there is a vacancy.

International Nurses
The Academy continues to deliver the in-house OSCE (objective structured clinical examination) programme. Pass rates remain above average at 100% and cohort sizes are now 10 following additional award of national funding until February 2023 – this has now been extended till Nov 23 in line with the government's support. The Nursing and Midwifery council revised the OSCE process to include an increased number of assessments and the OSCE training team is now delivering a programme to meet these changes.

Preceptorship
The purpose of preceptorship is to provide support, guidance and development for all newly registered practitioners to build confidence and develop further competence as they transition from student to autonomous professional. Preceptorship may also be provided for nurses transitioning from one role or setting to another.

This is currently paused within the GWH. The preceptorship programme is being revised throughout the BSW group and will be relaunched in late spring. This will work alongside a core framework that each trust within the BSW will follow to ensure continuity and will incorporate a multi-professional approach. This will then be running face to face and delivered by the CPEs and AHPs.

A survey will be undertaken within the trust to ascertain what was happening historically to help create a fundamental programme that will enhance any newly registered practitioners' journey throughout GWH.

All newly registered professionals within Nursing, AHPs, will be invited to participate and complete the programme.

NHS England and NHS Improvement's National preceptorship project, established in November 2021, has been working with a wide range of stakeholders in the design and development of a national preceptorship framework and associated quality standards for nursing. Through partnership working, the project has brought people together to learn from best practice across England to develop a collectively agreed set of standards and framework for good practice.

Nursing Placements
GWH provided 526 placement modules for pre-reg adult, child and midwifery nursing students.

Trainee Nurse Associate (TNA) Apprenticeship Programme
The Nursing Associate (NA) programme bridges the gap between Healthcare Support Workers (HCSW) and Registered Nurses (RN), to deliver hands-on, person-centred care as part of a multidisciplinary team in a range of different settings. Upon successful completion TNAs are entered onto the Nursing and Midwifery Council Register. 30 TNA's have qualified with GWH as of March 31 2023 and there 28 TNA's live (+1 on a break in learning) on programme with further planning in place to maintain this pipeline with a cohort of 20 planned for September 2023. The TNA and Apprenticeship Team will be holding a live webinar in March, which will be recorded and made

available thereafter on the Trust intranet for all Trust HCSW's as a taster session to inform about the role of the Nursing Associate and allow for Q&A's prior to application/interview.

Trainee Nurse Associate (TNA) Direct Entry Programme

There is an opportunity for employees to apply for the TNA programme as a direct entry for the September 2023 cohort where they will be self-funding but remain employed part time. HCSW's will be invited to attend an information session with the BSW who are working on a national initiative with local employers and schools/colleges. This gives opportunities to entrants to work less hours than the minimum 30 required for the apprenticeship route, which allows for those staff who are working on a more part time basis and unable to meet the minimum 30 hours needed to meet the ESFA (Education and Skills Funding Agency) funding rules for Apprenticeships.

Trainee Assistant Practitioner Programme

The Assistant Practitioner course is a recognised university/college training course to prepare staff to competently deliver elements of health and social care and undertake clinical work in areas that have previously been within the remit of registered professionals. Assistant practitioners, once qualified, are not registered with the Nursing and Midwifery Council (NMC). The Trust currently has 8 apprentices on the programme, who are due to complete and qualify as an Assistant Practitioner in Summer 2023. The Trust's workforce planning/pipeline does not recognise the TAP (Teaching Apprenticeship Programme) apprenticeship for nursing (the preferred choice being Nursing Associate) and therefore the numbers for TAP apprentices is forecasted to reduce significantly and only be available to AHP Support Workers. There were 3 x taster sessions (live webinars) with the local college in March 2023, that AHP Managers were invited to attend, and results of the attendance numbers will be shared once collated at the end of April 2023.

Training

Resuscitation training, (basic to advanced)

This training is delivered to multidisciplinary clinical teams across the Trust for all patient age groups. The focus remains on identifying the deteriorating patient early and prompting early escalation to secure expert help to protect the most vulnerable patients, across acute, community and primary care. This has become especially important with the advent of Covid and the unique challenges delivering resuscitation in various levels of PPE and in new, temporary locations.

As Covid-19 threat level changes the team has adapted both in its clinically and training capacity. The trust, as a whole, has seen a marked increase in numbers and acuity of emergency calls.

The requirement for social distancing has made the delivery of this training challenging and reduced capacity. However, the Trust remains a recognised provider in line with the Resuscitation Council requirements and continues to deliver high quality training in this area. Although the number of candidates allowed in a room has been raised since covid restrictions, due to the capacity of the team, instructor to candidate ratio and room availability. The number of candidates per course has not been increased (For most courses).

The resuscitation officers continue to respond to adult, paediatric and new-born emergency calls that occur during their work hours; providing expert clinical guidance and interventions to support the various emergency teams in delivering the best care to the Trust's most clinically vulnerable patients. Our clinical responsibilities have been 'on hold' since January due to reduced staffing levels on the team. When recruitment and training take the team to a level that can support this, it will resume. This has been entered on the trust risk register.

The Resuscitation Services Team were heavily involved in supporting the Trust's transition from using the Treatment Escalation Plan (TEP) to the new Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) alongside the rest of the BSW system in October 2021. They also successfully rolled out the newest Resuscitation Council (UK) 2021 life support guidelines, including updating every anaphylaxis box across the Trust.

A new competency for Insertion of an igel in cardiac arrest was produced and is now in use for non-medical professionals. The team is part of the working group to implement ligature release kits on all emergency trollies and bags ensuring a smooth roll out, awareness and training takes place before its implementation.

The trust wide emergency equipment audit was put on hold this year, due to decreased staffing and no meaningful data being collected from the very small sample base.

Careers Hub
The Virtual work experience programme has remained popular and due to face-to-face work experience not being re-introduced in 2022/23, has enabled local students to attend a structured programme and accrue work experience hours. Since April 2021 we have hosted 2 virtual work experience events with 550 students+ in attendance in collaboration with Springpod and BSW. We also hosted 1x Special Education Needs and Disabilities (SEND) and Not in Employment, Education or Training (NEET) virtual work experience programme in the spring of 2022, which proved to be very successful, and the plan is to roll out a SEND/NEET virtual WEX (Virtual Work Experience) every year.

This has been funded by the Trust and one of the Local Councils and designed by the Trust`s Early Careers Adviser and Springpod (host/provider) This on-line 2-week experience includes 10-12 hours of virtual sessions and recorded talks for the student to attend virtually with a focus on nursing, medicine, midwifery, AHP's, Clinical Psychology and non-clinical roles.

School Presentations with Q&A sessions
We have attended 32 local secondary schools and Post 16 providers in the academic year of 2022/23, highlighting the careers available in the NHS and have adapted our presentations according to the age groups, incorporating interactive activities where students are able to ask questions at the end. In addition to this we have supported mock interviews, provided career clinics and presented virtual webinars to help local students identify all of the available routes into employment at the GWH. We have an Enterprise Advisor (GWH employee) for one of our local Anchor Institute (underprivileged) schools who will act as an ambassador (link) between the Trust and the school. The strategy is to increase the Health Ambassadors across the organisation and assign an EA assigned to each of the 5 identified schools as part of the health equalities work.

SEND/NEET support
We have attended assemblies to support our SEND and NEET students in our local area and have collaborated with students educated other than at school (EOTAS). The aim was to highlight entry level job roles / to dispel any gender stereotype myths and to raise aspirations for young people within our community. We have now created a good foundation for future opportunities. In addition, we have an Enterprise Advisor assigned to one of the main SEN schools in Swindon who will act as an ambassador for the Trust and school.

A project was launched in Autumn 2022, to launch an internship programme in collaboration with Project Search and the local authority to provide work placement with Serco for young people (school leavers) who have an Education, Health and Care (EHC) plan. This will start in Sept 2023.

Children in Care
We offered the LAC (Looked after children) in our local college the opportunity to have work experience at GWH, but of the 37 identified LAC, none of which were completing a vocational subject assigned to working within a hospital or healthcare setting (beauty or trades).

The Apprenticeship and Early Careers Team have created a working group in October 2022 with the local authority to establish a collaborative working; including progression pipeline planning and recognising how GWH can support schools and education providers with LAC.

Mock Interview support
Our networking has enabled us to support our local schools with mock interviews for students in KS4 and KS5. To date we have supported 6 sets of interviews. This also enables us to promote our apprenticeship opportunities.

NHS Cadets
This is a new scheme created in partnership with the NHS providing opportunities to explore roles in healthcare. It is aimed at young people between the ages of 14 and 18 who are from communities currently under-represented within the NHS and St Johns Ambulance. We have reached out to our local community for applications for the new NHS Cadet programme. Applications closed in February 2023 with the aim for the programme to commence in March/April 2023 with a blended approach of both virtual and classroom-based learning.

T-Level Students
The trust has secured 27 T-Level student placements for the Spring and Summer terms. Students are from our feeder colleges, and they have successfully completed their corporate and clinical inductions, having started their 315 hours of work placements. Of the 27 students, 7 are second year Healthcare students with a maternity focused pathway and the remaining 20 students are first year health and social care students.

The strategic plan for T Levels will be that the Trust will offer 100 hours of placement in Year 1, which will be facilitated and managed by the Early Careers Team. With the remaining 215 hours being achieved in Year 2 as a bank HCSW (on the previous placement ward/area). This will initiate the band 2-5 pathway and provide the T Level student, the opportunity to apply for the Trust TNA vacancies with the support of the Apprenticeship and TNA teams.

Prince's Trust
We participated in the "Get into" programme in October 2022 and were able to identify apprenticeship vacancies within the Trust at the end of the programme. Of the 4 applicants that applied for the role, 2 of which were shortlisted for interview, but unfortunately were not successful for appointment. The Prince's Trust will continue to support them and we have extended an open door policy for further assistance for their career plan in health.

Postgraduate Medical Education (PGME)

Introduction
The PGME department partially funds 2 Chief Registrars, and 6 Clinical Innovation Fellows, who provide additional educational support and opportunities for Doctors in training (DIT). The team continues to review quality panel outcomes and the GMC national trainee survey (NTS) and instigates action plans with departments if any improvement required.

Core Education Services
This year PGME continue to deliver core education services such as Grand Round and the foundation teaching programme, these are now face-to-face which has improved attendance. We continue to record the teaching sessions to maximise access for those that are unable to attend.

The Practical Procedures and Ultrasound skills along with the Emergencies and Critical Care regional teaching continues to be held locally as opposed to regional level by Health Education England (HEE).

Network and Navigate leadership development programme was well attended again with some interesting and useful projects presented in July 2022. The subsequent Network and Navigate runs from 2022 into 2023. A shorter one-day Leadership workshops was also offered. This year we re-commenced the Senior Staff Study Days which is held twice a year.

Trust Induction (PGME)

This continues to be delivered virtually with over 150 staff in attendance. The Foundation year 1 induction was extended by 1 week to offer extra unpaid voluntary shadowing this was well represented.

The PGME team worked with the workforce transformation and planning lead to review DIT (Doctors in Training) onboarding by streamline communications and processes with all stakeholders in the process.

Trainee Support
The PGME Support team continues to maintain a network of pastoral care amongst trainees & trainers alike. With links to the Health and Wellbeing Oversight committee medical trainee support networks align with the Trust's overall pastoral strategy as well as linking into HESW Professional Support Unit.

International Medical Graduates (IMG)
Increasing numbers of international medical graduates (IMG) arriving in the Trust as trainees and locally appointed, we have appointed a PGME lead consultant for these doctors The PGME IMG lead has been very successful in gathering IMG trainees into a group to welcome support and train incoming IMGs at GWH. In collaborating with the EDI team at HESW this project is flourishing.

Educational Supervisors
There are 206 accredited educational supervisors (ES) at GWH. PGME keep a database of ES which is regularly updated in compliance with the GMC 'Recognition of Trainers' policy.

Undergraduate Education

Workforce Planning
A significant piece of work in under way to review all the honorary faculty teaching post across all 3 universities, these faculty members make up the Undergraduate Medical Education Committee (UMEC). As part of the process, we are reviewing all PA allocations and job descriptions to bring uniformity to the appointments going forwards. Since April 2022 we have welcomed 9 new members and recruited 30 Clinical Teaching Fellows (CTF) who joined the team August 2022. The recruitment for August 2023 CTF's is underway and we are hoping to recruit to 32 posts which include a new Senior CTF role which we hope will bring continuity and stability to the CTF team. The UG department is currently in a strong position for the year ahead.

Attendance/Engagement
This year we have invested in a new web-based software called Piota. The app is a versatile platform which the UG admin team can use to communicate essential information to the students via their mobile phones, such as timetables, teaching changes, urgent notifications, absence reporting, Academy, and unit specific handbooks etc, which will help reduce the number of emails, the students should benefit from having all the information at their fingertips. One of the benefits of this app is that the CTF's can complete attendance registers in real time which is proving beneficial is picking up absentees and helping to identify students that might be in difficulty, whether from a pastoral or academic perspective. Following the pilot feedback, the app will be gradually rolled out across all three universities. We have also introduced a monthly ward audit to carry out spot checks to record engagement/absences, following concerns from all three universities.

Student Health and Wellbeing Programme
We now receiving more students than ever before with Student Support Plans (SSP). As a team we have been working closely with all the universities to streamline their Student Welfare reporting processes and it has proved to be beneficial as we are now receiving prior notification of the most complex cases before the students arrive. It has become evident that there is an ongoing need to provide the students with outside stimulus to encourage them to relax and interact away from the academic/clinic environment. To achieve this, we have rolled out an organised programme of social events such as, Ten-pin bowling, Football, Badminton, Quiz Night which are

advertised in DVH and on our Wellbeing notice boards down in the Academy. Funding has been ring fenced to protect the delivery of this programme. Incidents of micro-aggression have been bought to our attention this year and as a result we now have 3 UG Speak-Up Guardian who have all completed SWAY training which was delivered by the University of Bristol. All CTF's will receive Bystander training as part of their induction programme.

Choice Programme
159 year 3 students chose Swindon in 2022 for their Choice projects and 32 year 2's, which generated approximately £840,000 which was reinvested back into the programme. For the coming year we have offered over 280 projects and we should know student numbers for June/July 2023 by end March 2023.

Utilisation of teaching space
Inadequate teaching space continues to be problem in the Academy. The new room booking procedure put in place by Head of Learning and Development has gone some way to addressing the problems, but we are still having to fund external teaching space on a regular basis. Once the building has been completed on the expansion land and departments relocated, the utilisation group will put some thought into expanding teaching space across the Trust. If the Academy is striving to be a centre of excellence, this is not going to be possible unless investment is made in up-to-date teaching space. Over the past 12 years the Academy has lost 14 teaching rooms which have been reclaimed as clinical/office space whilst at the same time the need for teaching have increase. The team currently hire clinical skills space and teaching room from Oxford Brookes, and are looking into hiring the new clinical skills labs at New College Swindon. For 2022/23 the external room expenditure will be approximately £64,575.

Financial transparency
Over the past few years, the UG budgets have frequently come in underspent which has resulted in MUT funding be accrued into the next financial year. Following a recent letter from the HEE which clearly states that funding must not be accrued and that any underspend will be withdrawn from the Trust has highlighted the need to revisit the way in which we calculate the UG budgets. A proposal was put to the UMEC at a meeting in February 2023 to top slice the gross MUT funding as follows to try and circumvent an underspend.

- Allocate 8% of gross MUT funding to divisions/departments to compensate them for the time they spend teaching the students. Allocation will be based around number of student weeks taught and distributed to the divisions/departments monthly clearly identified on their income line 4558. 2023/23 allocation £197,867 will increase to £400,619 in 2023/34 financial year.

- Allocate 8% to the Academy to contribute towards teaching space and running costs which is in line with Postgraduate contribution. For 2022/23 Academy income £391,524 and will increase to £400,619 for 2023/24 financial year.

The above proposals were both agreed by the UMEC. **Note:** Funding will fluctuate on a yearly basis depending on gross MUT income.

Library Services

It's important that GWH staff, learners, patients, and the public use the right knowledge and evidence, at the right time, in the right place, enabling high quality decision-making, learning, research and innovation to achieve excellent healthcare and health improvement outcomes.

The vision of the Academy library is 'Providing information and evidence, saving you time', which is supported by our mission to provide a well-resourced, evidence-based, and professional service keeping the information needs all staff and students at its heart. Ongoing improvement of the Library & Knowledge Service in line with HEEs Knowledge for Healthcare priorities will enable us to support the Trust's values, aims and objectives and positively impact patient care.

Strategic collaboration
The Academy library is actively working with the libraries in Salisbury Foundation Trust and the Royal United Hospital - Bath, to develop confederated knowledge and library services across the BSW-ICS footprint, this work will also take in the new Acute Hospital Alliance. Preliminary work below has taken place, with more developments to come in 2023/24:

- Library service mapping
- Journals review
- Bulletins and current awareness services
- BMJ Case Reports. A group subscription which worked out cheaper than each site getting an individual subscription so collectively we have saved £773 by doing this.
- BSW Academy meeting
- Manager meetings and site visits

Training and Resources
We continue to promote training in information resources to our users. In 2022/23, in addition to individual and ad-hoc searching tuition, we provided the following courses with teaching sessions: Advanced Adult Assessment and Examination, Excellence in Care at End of Life, Fundamentals of Acute Stroke and Treatment, Specialist Care of the Older Person's Essentials. Additionally, we provided learning sessions for new intakes of trainee nurse associates and trainee advanced practitioners, and for overseas nurses joining the Trust. We also started giving training to groups of GPs on training days in the Academy. Further afield we have provided training for groups of Wiltshire Health and Care staff (teams and individuals).

The service provides healthcare professional staff with timesaving accelerated access to better quality evidence, through resources purchased nationally (by HEE) and enhanced by locally purchased resources (by the Trust), these are boosted by the expertise of the library team, providing access to:

- Evidence searches and evidence summaries
- Horizon and innovation scanning / current awareness
- New evidence alerts /current awareness
- Training in evidence searching
- Journals and books
- Specialist digital content and decision support tools
- Listing of GWH staff authored research

Development

Following the NHS Knowledge and Library Services Quality and Improvement Outcomes Framework conducted in 2021 we have begun working towards and in some cases achieved the following outcomes (priorities identified by HEE):

- Ensure that a Board member promotes the role and value of the knowledge and library service across the organisation.
- Ensure that a knowledge and library services strategy is developed and approved by the organisation. This should address both the priorities of the organisation and the Knowledge for Healthcare strategy (achieved).
- Encourage the knowledge and library services manager/lead to review the skills of the team as part of their service planning. Consider using the CILIP Professional Knowledge Skills Base (PKSB) to inform the review (ongoing).
- Review capacity requirements with the knowledge and library services team as part of service planning. Consider using the HEE Staff Ratio Policy to inform the review (ongoing).

Voluntary Services

Volunteers have never been so critical to the future of our NHS. They are making a huge contribution to the health and wellbeing of the nation, giving their time, skills, and expertise freely to support people most in need. They are crucial to the NHS's vision for the future of health and social care, as partners with, not substitutes for, skilled staff.

Great Western Hospitals NHS Foundation Trust currently has a total of 400 active volunteers and a further 129 currently in the recruitment process. The Trust is fortunate to retain this team of volunteers who commit to giving their time to help support staff, patients, and visitors across the hospital. 75% are women and 25% men. The longest serving volunteer has been with us 19 years. Our oldest consistent volunteer is 86 years old with the youngest being 16. (Age Breakdown: Age 16 – 25 is 36%, Age 26-65 is 37%, Age 66 – 79 is 25% and Age 80+ is 2%. 28% of our volunteers are students.)

Volunteers are asked to commit to a minimum of 3 hours a week for a minimum of 6 months; however, over 21% of our volunteers give more than this.

The most common reported reason why people choose to volunteer is because they or a family member have received great care at the Trust, and they would like to give something back to the staff and patients by utilising their spare time doing something worthwhile.

Our volunteers provide an extremely valuable service to patients as well as providing support to staff. Volunteer roles include:

- **The OWLS service** – Outpatient Welcome and Liaison Service is a volunteer 'buddy' programme for patients with mobility issues, disabilities, dementia or who are just anxious about coming into hospital. OWLS Volunteers meet the patient from transport and accompany them during their whole journey in the hospital and ensure they get back to their transport home. Since April 2022 with have completed 182 OWLS appointments, providing 151 hours of patient support.
- **Family liaison** - supporting patients with virtual family visiting using tablets and smart phone technology
- **Patient befriending support** – companionship and wellbeing support, assisting with feeding, doing a tea round, replenishing stock for staff, and making beds up.
- **Hospital Radio** –providing 24 hour, 7 days a week, 365 days a year programming for patients at the Great Western Hospital using live presenters and recorded shows.
- **Wayfinding Service** – Giving patients a warm welcome to the hospital and sign-posting patients in the hospital atrium to areas for treatment.
- **Staff Tea Trolley** –volunteers are currently taking a tea trolley round to staff to give them a hot drink and a few treats during the day and evenings.
- **Garden Volunteers** – A small but perfectly formed team of two are looking after the hospital's green spaces. The team weed, plant out and water our gardens to keep them looking beautiful for our patients.
- **Pet Therapy Volunteers** - We were delighted to bring back PAT dogs to the Trust following COVID-19 restrictions easing. We have recruited 8 dogs who have visited 36 departments across the Trust including Sunflower Ward and Orbital offices, giving around 30 'Woof' hours a month.
- **Brighter Futures Hib Volunteers** – In partnership with our Trust charity Brighter Futures a new charity hub has opened in the main reception of the hospital. A team of 5 volunteers meet and greet visitors and share news of charity events and activities.

New programmes of support currently in pilot:

- **Active Responder Volunteers** - Since the 18 April 2022 we have recruited 129 people as Active Responder volunteers who respond where the need is greatest across the hospital helping out with pharmacy runs and urgent additional ward needs. Over the first 6 months they have given over 4,300

hours to 30 wards and departments. Since the end of November 2022, they have completed 66 Pharmacy Runs and 43 occasions of mobility support to patients. In addition, 26 gave 78 hours of support across 4 nursing strike days. The pilot continues to the end of March 2023 and we hope its success will mean the service continues in the longer term working alongside our ward placed volunteers.

- **Cancer Buddy Volunteers** - In May 2022 we launched a new pilot scheme at the Trust to pair patients receiving cancer treatment with a specialist Volunteer who could help support them through their cancer journey. Our Cancer Buddies are individuals who have had a personal diagnosis themselves or experienced caring for someone suffering from the disease within the last five years. We currently have 9 Cancer Buddies (CB) who have supported 34 patients - having either face to face appointment or telephone appointments. In February 2023 the team received charitable funding approval to recruit a coordinator for this scheme to continue the pilot for a further 12 months. We hope that following the extended pilot a full business case to the Trust will see this service continue in the longer term.
- **Meaningful Activity Volunteers** - We have been working with our falls and elderly care leads to help encourage patients to get up and dressed as part of the NHS PJ Paralysis programme. The service leads have trained cohorts of volunteers from local colleges studying Level Two Health and Social Care to undertake meaningful activities with patients primarily in the Swindon Intermediate Care Centre using the meaningful activity trollies we purchased from a grant received from the Volunteer Futures Fund. We are planning to role this programme of support out to the hospital's elderly care wards over the coming months.

Volunteer demographics: There are consistently high levels of interest in applying to become a volunteer. On average 30 volunteers are recruited each month and they provide over 2,000 hours each month of additional support to our wards and departments across the Trust. 224 volunteers have been recruited since April 2022.

Volunteer opportunities: For many, volunteering is a step on the ladder to employment; an opportunity to experience the hospital environment before going to university or to gain a familiarity with the NHS before applying for a role. In 2022/23 10 volunteers became paid staff.

Recruitment Process: There is a robust recruitment process, including referencing, Occupational Health, and criminal records checks. Volunteers attend a special Volunteer Trust induction and complete mandatory training as required and are then ready to start volunteering. On their first shift they have a Departmental Induction with our Volunteer Mentor and 2 shadowing shifts with existing volunteers.

Partnership working: The Trust is also working closely with local colleges and organisations such as New College Swindon, The Harbour Project, Go Train, Swindon Advocacy Movement, the Job Centre & SEETEC. The Trust is committed to supporting the local community it serves and volunteering is one way of enabling engagement with local towns and communities.

Trade Union Facility Time 2022/23

In 2017 the government passed the Trade Union (Facility Time Publication Requirements) Regulations 2017 requiring public bodies to report annually on the amount of time that Trade Union Representatives, employed by the Trust, have taken to carry out their trade union role and activities.

Table 1 - Relevant Union Officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
30	19.28

Table 2 - Percentage of time spent on facility time

Percentage of time	Number of Employees
0%	19
1-50%	9
51-99%	2
100%	0

Table 3 - Percentage of pay bill spent on facility time

Total cost of facility time	£24970.30
Total pay bill	£234,511,000
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	1.06%

Table 4 - Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (Total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	5.34%

The data is published by 31 July each year on the government website

Expenditure on consultancy

Expenditure on consultancy in 2022/23 was £0.3m (2021/22 £2.7m). Consultancy advice provided to the Trust covered Transformation.

Off Payroll Engagements

An off payroll engagement is where the Trust employs a worker via an agency or third party rather than via the payroll and where they are in post for 6 months or more and earn more than £245 per day.

The Trust only uses off-payroll arrangements in exceptional circumstances. The Trust does not use off-payroll arrangements for members of the Board of Directors and/ or senior officials with significant financial responsibility. In exceptional circumstances where off-payroll arrangements are used the Trust follows its own policy, Standing Financial Instructions and all relevant HM Treasury guidance.

There has been no off-payroll engagements in respect of Board members or senior officials with significant financial responsibility in the year ended 31 March 2023. The number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year is 18. These individuals are set out in the Remuneration Report .

TABLE 1: Highly paid off-payroll engagements as at 31 March 2023, earning £245 per day or greater

	Number
No. of existing engagements as of 31 March 2023	2
Of which:	0
No. that have existed for less than one year at time of reporting	2
No. that have existed for between one and two years at time of reporting	0
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three and four years at time of reporting	0
No. that have existed for four or more years at time of reporting.	0

TABLE 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2022 earning £245 per day or greater

	Number
No. of existing engagements as of 31 March 2022	1
Of which:	0
No. that have existed for less than one year at time of reporting	0
No. that have existed for between one and two years at time of reporting	0
No. that have existed for between two and three years at time of reporting	0
No. that have existed for between three and four years at time of reporting	0
No. that have existed for four or more years at time of reporting.	0

TABLE 3: For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility between 1 April 2022 and 31 March 2023

	Number
No. of off payroll engagements of Board members, and/or senior officials with significant financial responsibility during the financial year	**0**
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 off-payroll and on-payroll engagements	**18**

Reporting on Compensation Scheme and Exit Packages

TABLE 1 Foundation trusts are required to disclose summary information of their use of exit packages agreed in the year 2022/23

	Number of compulsory redundancies 2022/23	Cost of compulsory redundancies 2022/23	Number of other departures agreed 2022/23	Cost of other departures agreed 2022/23	Total number of exit packages 2022/23	Total cost of exit packages 2022/23	Number of departures where special payments have been made 2022/23	Cost of special payment element included in exit packages 2022/23
Exit package cost band	Number	£000s	Number	£000s	Number	£000s	Number	£000s
<£10,000	-	-	-	-	-	-	-	-
£10,00 – £25,000	-	-	-	-	-	-	-	-
£25,001 – £50,000	-	-	-	-	-	-	-	-
£50,001 – £100,000	-	-	-	-	-	-	-	-
£100,000 – £150,000	-	-	-	-	-	-	-	-
£150,001 – £200,000	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-

TABLE 2 This table discloses the number of non-compulsory departures which attracted an exit package in the year, and the values of the associated payment(s) by individual type

	2022/23	2022/23
	Payments agreed	Total value of agreements
	Number	£000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval *	0	0
Total	0	0
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

IR35 Update

IR35 is also known as ‘intermediaries’ legislation’. It’s a set of rules that affects a worker’s Tax and National Insurance contributions if a worker is contracted to work for a client through an intermediary.

The intermediary can be:

- a limited company
- a service or personal service company

- a partnership

After a consultation process the following changes came into force on 6 April 2017:

- Responsibility for determining IR35 status will sit with the end user (the Trust).
- In instances where it is determined that IR35 applies, the entity paying the intermediary will be required to deduct the appropriate amount of income tax and National Insurance Contributions (NIC's) before paying the worker.
- The liability for any unpaid tax and NI contributions sits with the body that pays the intermediary.

The Trust is required to use the facts of each contract or engagement to decide if IR35 applies and decided the employment status for each contract by considering what that relationship would be if there was not an intermediary involved. The Trust completes a check via the gov.uk website on a case by case basis.

This process is carried out by Human Resources as part of the recruitment process for temporary workers and where appropriate Status Determination letters are completed and sent to contractors.

Corporate Governance

Corporate governance is the system of rules, practices and processes by which an organisation is directed or controlled. It provides the infrastructure to improve the quality of the decisions made by those who manage the organisation. Good governance carries a specific responsibility to maximise the chance of the organisation's aims being achieved while, at the same time, having duties towards all of that organisation's stakeholders. This section details the organisational arrangements in place to deliver good corporate governance.

NHS Trust Code of Governance

The NHS Foundation Trust Code of Governance (the Code of Governance) was first published in 2006 and was most recently updated in July 2014. The new Code of Governance for NHS provider trusts is applicable from 1 April 2023.

The purpose of the Code of Governance is to assist NHS foundation trust boards in improving their governance practices by bringing together the best practice of public and private sector corporate governance. The code is issued as best practice advice but imposes some disclosure requirements.

Great Western Hospitals 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.

There are no provisions within the NHS Foundation Trust Code of Governance that we did not comply with during 2022/23. The NHS Foundation Trust Code of Governance also sets out a number of disclosure requirements and these are provided below.

NHS System Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

For 2022/23, the Trust was placed in Segment 2 by NHSE, which was unchanged from 2021/22. This segmentation information is the trust's position as at 31 March 2023.

The Trust is not subject to any formal interventions.

Council of Governors

As an NHS Foundation Trust, we have established a Council of Governors, which consists of up to 21 elected and nominated Governors who provide an important link between the Trust, local people and key stakeholders by sharing information and views that can be used to develop and improve health services. The Council of Governors is a valued part of the Trust's decision-making processes to ensure that the Trust reflects the needs and wishes of local people. The Council of Governors has the following roles and responsibilities: -

To:

- appoint and remove the Trust Chair and Non-Executive Directors.
- decide on the remuneration, allowances and terms and conditions of office of the Non-Executive Directors.
- approve the appointment of the Chief Executive.
- appoint and remove the External Auditor.
- hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors.
- represent the members' interests and bring these to bear on strategy decisions.
- approve significant transactions.
- approve the Trust's Constitution.
- input into the development of the annual plan.
- receive the Annual Report and Accounts and the Auditor's opinion on them.

The Council of Governors has a duty to represent the views of foundation trust members and stakeholders to the Board of Directors and the management of the Trust. The Trust keeps the Council of Governors fully informed on all aspects of the Trust's performance. This is done through formal Council meetings, and through working groups set up by the Council of Governors. These are explained below in this section.

During 2022/23 the Council of Governors carried out or was involved in the following: -

- Annual reviews of the Trust Chair and Non-Executive Directors performance
- Re-appointment of 3 Non-Executive Directors (Nick Bishop, Andy Copestake and Peter Hill) for up to a 12 month period
- Approved the appointment of Claudia Paoloni, Bernie Morley, Will Smart and Julian Duxfield as Non-Executive Directors on a phased basis in line with our Constitution
- Approved the appointment of Rommel Ravanan and Claire Lehman as Associate Non-Executive Directors
- Holding the Non-Executive Directors to account on a number of issues such as recovery plans, financial management, site development.
- Considered and approved the Quality Accounts local quality indictors
- Input views and observations into the developments of the GWH, the Integrated Care System, equality, diversity and inclusion, and health inequalities
- Lead and Deputy Governor attended the Strategic Exchange meeting between Chairs, CEOs and NEDs and stakeholders of the Integrated Care Board
- Hosting of public lectures
- Received GWHFT Annual Report and Accounts at the Annual Members Meeting on 26 September 2022.
- Attended a number events during the year which included Brighter Futures (fundraising), Procurement of External Auditors. Project Management Network. GWH Open Day, Hospital Radio and school career events.

In 2022/23 the Council of Governors did not exercise its power to require one or more of the Directors to attend a Governors' meeting for the purpose of obtaining information about the Foundations Trust's performance of its function or the Directors' performance of their duties.

Board of Director's relationship with the Council of Governors and Members

The Board works closely with the Trust's Council of Governors and Governors regularly observe Board meetings held in public. Non-Executive Directors attend each Council of Governors meeting and their working groups and proactively provide assurance to Governors on how they have sought to hold the Executive to account and their review of performance. Although the Executive is not required to attend every Council of Governors' meeting, the Chief Executive and other Executive Directors strive to attend all meetings to provide information to Governors to continue to develop good relationships and engagement. The Chair works closely with the Lead Governor to review all relevant matters.

At each Board meeting there is a standing item that enables the Chair to report on Governor issues and formally report on the workings of the Council of Governors.

If any dispute should arise between the Council of Governors and the Board of Directors, a disputes resolution process as described in the Trust Constitution would be followed. This process has never been required. Concerns can also be raised at any time through any Director of the Trust or through the Company Secretary who maintains a log of Governor enquiries into the Trust.

There are regular opportunities for Governors to meet with Directors, formally through Non-Executive Director and Governor meetings and informally on a collective or individual basis with either the Chair or the Senior Independent Director. Governors also meet informally as a body four times a year.

Governor Elections

During 2022/23, the Council of Governors consisted of 21 members representing the following

Stakeholders (appointed)
1 x Swindon Borough Council.
1 x Wiltshire Council
1 x New College
1 x Voluntary Action Swindon
Sub Total = 4

Public (elected)
7 x Swindon
2 x Northern Wiltshire
2 x Central Wiltshire, Southern Wiltshire (vacancy)
1 x West Berkshire and Oxfordshire, Gloucestershire and Bath and North East Somerset
1x Rest of UK & Wales
Sub Total = 13

Staff (elected)
1 x Allied Health Professional
1 x Administrators, Maintenance, Auxiliary and Volunteers
1 x Doctors and Dentists
1 x Nursing and Therapy
Sub Total = 4

TOTAL 21

The number of public Governor positions must be more than half of the total membership of the Council of Governors.

The constituencies are periodically reviewed to ensure they reflect the Trust's geographical area and populations. Due to the changing NHS landscape and to remain fit for purpose the appointed external stakeholders was

reviewed in 2022/23. Invitations for governor representation was sought from New College and Voluntary Action Swindon. New College is now represented and we are awaiting a nomination from Voluntary Action Swindon.

Governors are elected by members of those constituencies in accordance with the election rules stated in the Trust's Constitution using the "first past the post" voting system. Elections were carried out on behalf of the Trust in 2022/23 by the independent Civica Electoral Reform Services Ltd. In the event of an elected governor's seat falling vacant for any reason before the end of a term of office, it shall be filled by the second (or third) place candidate in the last held election for that seat provided they achieved at least five percent of the vote and they will be known as reserve governors.

All elected Governors have a three-year term of office. The last elections for appointment as an elected Governor was completed in November 2022 with seven Governors elected and in line with the model election rules in the Trust Constitution. An election process is planned for summer 2023.

Governor Development

All new Governors took part in an induction programme during the first six months of their office. This explained the duties and responsibilities of the Trust and provided an introduction to the Trust, which included attending an NHS Providers 'Governwell' induction event and an opportunity to connect with senior leaders and the governance team who support Governors on a day-to-day basis.

Council of Governor's Composition and Attendance

Governor	Constituency	Number of Terms	Current Term of Office (date ending)	Attendance Council of Governor meetings
Public Constituencies – Elected Governors				
Ashish Channawar	Swindon	2	3 years (re-elected term ends Nov-25)	2/5
Judith Furse	Swindon	2	3 years 2025 (re-elected term ends Nov-25)	5/5
Pauline Cooke	Northern Wiltshire	3	3 years *(term ends Nov-24)*	5/5
Chris Callow	Central Wiltshire	2	3 years *(term ends Nov-24)*	5/5
Mufid Sukkar	Northern Wiltshire	1	Remainer of 3 years *(term ends Nov-24)*	2/2
Raana Bodman	Swindon	1	3 years 2025 (re-elected term ends Nov-25)	2/5
Cecelia Olley	Swindon	1	3 years *(term ends Nov-25)*	1/1
Lesley Hemingway	Swindon	1	3 years *(term ends Nov-25)*	2/2
Natalie Titcombe	Swindon	1	3 years *(term ends Nov-25)*	2/2
Vivien Coppen	Swindon	1	3 years *(term ends Nov-25)*	1/1
Michelle Howard *(resigned)*	Swindon	1	3 years (term ended Nov-22)	2/4
Maggie Jordan	Swindon	1	3 years (term ended Nov-22)	3/4
Eric Shaw	Swindon	1	Remainder of 3 years (term ended Nov-22)	0/4
Robert Hammond	Swindon	1	Remainder of 3 years (term ended Nov-22)	3/4
Maurice Alston *(resigned)*	Central Wiltshire	1	3 years *(resigned Sep-22 pre-term ending Nov-24)*	0/4
Pamela Kemp *(resigned)*	Northern Wiltshire	1	3 years *(resigned Sep-22 pre-term ending Nov-24)*	1/2

Staff Constituency – Elected Governors				
Chris Shepherd	Administrators, Maintenance, Auxiliary & Volunteers	2	3 years *(re-elected term ends Nov-25)*	5/5
Jade Dobson	Allied Health Professionals	1	3 year term *(ending Nov-25)*	1/1
Emma Wiltshire	Hospital Nursing and Therapy Staff	1	3 year term *(ending Nov-25)*	2/2
Tony Pickworth	Doctors & Dentists	1	3 year term *(ending Nov-25)*	1/2
External Stakeholders - Appointed Governors				
Leah Palmer	New College, Swindon	1	3 year term *(ending Jan-25)*	1/1
Caryl Sydney-Smith	Local Authority – Swindon Borough Council	1	Term ends May 2023	2/2
Jane Davies	Local Authority – Wiltshire Council	1	3 year term *(ending Jan-25)*	1/1
Amanda Webb *(resigned)*	BSW CCG	1	3 year term *(ended July-22) due to the formal closure of BSW CCG*	1/2
Nick Ware *(resigned)*	BSW CCG	1	3 year term *(ended July-22) due to the formal closure of BSW CCG*	1/2
Jennifer Seavor *(resigned)*	Other Partnerships – Prospect Hospice	1	Remainder of 3 year term *(ended term early in Jul 22)*	1/4
Kevin Howard *(resigned)*	Other Partnerships – Prospect Hospice	1	Remainder of 3 year term *(term ended Sept-22)*	1/1
Jennifer Jefferies	Local Authority – Swindon Borough Council	1	3 years ended term early *(term ends Feb-25)*	1/4
Nick Holder *(resigned)*	Local Authority – Swindon Borough Council	1	Remainder of 3 year term *(ended term early Aug-22)*	0/2

As at 31 March 2023 vacancies remained as follows:-
West Berkshire, Oxfordshire, Gloucestershire, Bath & North East Somerset Constituency – 1 seat
Rest of England & Wales – 1 seat
Wiltshire Central & Southern – 1 seat
Voluntary Action Swindon – 1 seat

Council of Governors meetings during 2022/23

There were 4 meetings of the Council of Governors in 2022/23:-

- 3 May 2022 Council of Governors
- 26 September 2022 Council of Governors and Annual Members Meeting
- 8 November 2022 Council of Governors
- 8 February 2023 Council of Governors

In addition, the Council met with the Trust Board for a joint workshop on 13 June 2022.

The Board of Directors and Council of Governors seek to work together effectively. During the year the Non-Executive Directors and Chief Executive attend meetings of the Council of Governors and the table below shows the attendance at those meetings. The Executive Directors are invited to attend as observers and take part when further information is required. The Company Secretary is also in attendance.

Attendees at Council of Governors (Non-Executive Directors)	Attendance from 5 Council of Governor meetings
Liam Coleman (Chair)	5/5
Lizzie Abderrahim	4/5
Nick Bishop	2/5
Andy Copestake	4/5
Faried Chopdat	2/5
Peter Hill	2/5
Paul Lewis	4/5
Claudia Paoloni	2/5
Sanjeen Payne-Kumar (to Oct 22)	3/3
Helen Spice	4/5
Attendees at Council of Governors (other)	
Kevin McNamara (Chief Executive)	5/5
Caroline Coles (Company Secretary)	5/5

Lead and Deputy Lead Governors

The Lead Governor and Deputy Lead Governor in place during 2022/23 were:

April 2022 – November 2022
Lead Governor : Pauline Cooke
Deputy Lead Governor : Chris Callow

November 2022 – March 2023
Lead Governor : Chris Callow
Deputy Lead Governor : Pauline Cooke

The Lead Governor is responsible for receiving from Governors and communicating to the Chair any comments, observations and concerns expressed by Governors regarding the performance of the Trust or any other serious or material matter relating to the Trust or its business. The Deputy Lead Governor is responsible for supporting the Lead Governor in their role and for performing the responsibilities of the Lead Governor if they are unavailable. The Lead Governors regularly meet with the Chair of the Trust both formally and informally. In addition, the Lead Governor communicates with other Governors by way of regular email correspondence and Governor only sessions.

Council of Governors meeting structure

The Council of Governors has established working groups which each have focussed attention for specific areas of work. The working groups in place in 2022/23 were:

- Business & Planning Working Group
- People's Experience & Quality Working Group
- Engagement & Membership Working Group
- Nominations & Remuneration Committee

Nominations and Remuneration Committee - Non-Executive Director Allowances and Annual Reviews

The Nominations and Remuneration Committee considers the performance of the Chair and the Non-Executive Directors and determines their level of remuneration. The Committee consists of five governors, the Trust Chair and 2 Non-Executive Directors.

The Committee has established the process for review of the Chair and the Non-Executive Directors and it considers reports from the Chair and the Senior Independent Director on performance during the year.

The Committee met four times in 2022/23 to undertake the annual performance review of the Chair and Non-Executive Directors, review of Non-Executive Director remuneration, re-appointment and appointment of Non-Executive Directors and appointment of Associate Non-Executive Directors.

The pay arrangements for Non-Executive Directors are set to reflect foundation trust responsibilities. The rates were reviewed in 2022/23 and there was a change to the Trust Chair's remuneration to reflect the move into the large size trust range, and an introduction of a new allowance for the Chairs of the People & Culture Committee (a newly established committee as a result of a Board governance review) and Mental Health Governance Committee at a rate to reflect the complexity and remit of each committee.

Further information about the remuneration of the Non-Executive Directors can be found elsewhere in this report (page 46 refers).

When the Chair or a Non-Executive Director reaches the end of their current term, and being eligible, wishes to be reappointed, the Nominations and Remuneration Committee may nominate the individual for such reappointment without competition, subject to the Committee taking into account the result of any review of the individual's performance during their term of office and the balance of skills required on the Board of Directors.

Expressions of interest for new Non-Executive Directors are invited by way of formal applications in response to open advertising. Candidates are shortlisted and interviewed by a panel consisting of Governors and Non-Executive Directors. The outcome of the panel interview is considered by the Nominations and Remuneration Committee which recommends candidates for appointment to the Council of Governors.

In 2022/23 the Nominations and Remuneration Committee considered the following:-

May 2022

- the re-appointment of Nick Bishop and Andy Copestake as Non-Executive Directors and recommended the re-appointment of both Nick and Andy to the Council of Governors for up to a further 12 month period. This was on the basis that this period would cover the transition of filling the two posts as both Non-Executive Directors had completed two-three year terms of office.

August 2022

- the annual appraisal review of the Trust Chair and Non-Executive Directors together with considering feedback from interviews and recommend candidates for appointment to the Council of Governors

October 2022

- to review Non-Executive Directors allowance and the proposed timeline for recruitment of Non-Executive Directors and Associate Non-Executive Directors

February 2023

- the re-appointment of Peter Hill as Non-Executive Director and recommended the re- appointment of Peter for up to a further 12 month period to the Council of Governors. This was on the basis that this period would cover the transition of filling this post of Non-Executive Directors as Peter had completed two-three year terms of office.
- the appointment of 4 Non-Executive Directors and 2 Associate Non-Executive Directors who will start their appointments in 2023/24.

Attendance at the Nominations & Remunerations Committee Meetings during 2022/23

Committee Membership Attendance 2022/23				
Record of attendance at each meeting ✓ = Attended × = Did not attend **n/a** = not applicable as not attended due to conflict of interest				
	2022			2023
Date	25 May	24 Aug	11 Oct	24 Feb
Non-Executive Members				
Liam Coleman – Chair	✓	✓ (part)	n/a	✓
Paul Lewis – Non-Executive Director	✓	n/a	n/a	n/a
Peter Hill - Non-Executive Director	✓	n/a	n/a	n/a
Helen Spice - - Non-Executive Director	✓	n/a	n/a	✓
Governor Members				
Pauline Cooke – Elected Governor	✓	x	✓	✓
Chris Callow – Elected Governor	✓	✓	✓	✓
Karen Hawkins – Staff Governor	✓	✓		
Maggie Jordan – Elected Governor	✓	✓	✓	
Maurice Alston – Elected Governor	x	deputy		
Mufit Sukka – Elected Governor				✓
Emma Wiltshire - – Staff Governor				✓
Natalie Titcombe - Elected Governor				x

Note: Non-Executive Directors are appointed to the Committee by the Board and Governors are appointed by the Council of Governors.

The Committee is chaired by a Governor when considering Chair and Non-Executive Director appointments.

Note that in addition to the Nominations & Remuneration Committee, there is a Remuneration Committee authorised by the Trust Board to oversee a formal, rigorous and transparent procedure for the appointment of the Executive Directors and to keep under review the composition size and structure of the Executive, leading on succession planning, appointing candidates to Board level positions. The Remuneration Committee reviews very senior manager (Executive and non-voting Board Directors) remuneration and has delegated authority for agreeing any annual pay review for these staff only (page 43 refers).

Biography of individual Governors

A biography of each Governor is included on the Trust's website.

Register of Governor's Interests

Governors are required to declare any interests which are relevant and material to the business of the Trust; pecuniary interests in any contract, proposed contract or other matter concerning the Trust; and family interests of which the Governor is aware, irrespective of whether the interests are actual and potential, direct or indirect.

A register of those interests is maintained, a copy of which can be obtained from the Company Secretary.

Membership

The Trust is accountable to local people who can become members of the Trust. Members share their views and influence the way in which the Trust is run.

The Trust's membership is made up of local people, patients and staff who have an interest in healthcare and their local health care services and these are broken down into two groups with different criteria.

Members can only be a member of one constituency, therefore local people and patients can only be a member of one public constituency. Staff can only be members of one sub-class in the staff constituency. Members are able to vote and stand in elections for the Council of Governors provided they are 18 years old and over.

In September 2022, all Members were invited to the virtual Annual Members' Meeting to hear about the Trust's performance during the year and receive the Annual Report and Accounts. We communicate and engage with members, patients, carers and the public regularly and use a variety of channels to do that. These include:

- Great Western Hospitals NHS Foundation Trust website
- E-communications
- Social Media – Twitter, Facebook
- Local newspapers
- 'Meet your Governor' events – Public Health Talks
- Recruitment Fairs
- Market stalls at stakeholder events
- Careers Fairs
- Annual Members' Meetings

Membership Figures

Being a member of our Foundation Trust gives local people opportunities to become involved and have their say in how our services are developed.

Engagement with members remains restricted due to Covi during 2022/23. As at 31 March 2023 a shift in membership is demonstrated between North Wiltshire and Central & Southern Wiltshire. Staff numbers are refreshed quarterly, the last refresh took place on 9 March 2023.

Total Number of Members across all Constituencies	2021/22	2022/23
Swindon	2,779	2771
North Wiltshire	983	1088
Central & Southern Wiltshire	778	642
West Berkshire and Oxfordshire, Gloucestershire and Bath and North East Somerset	637	625
Out of Trust Area	-	3
Rest of England and Wales	-	12
Staff	6,722	6,725
TOTAL	**11,940**	**11,866**

Public Constituency	2021/22	2022/23
At year start (1 April)	5,247	5,218
New Members	3	69
Members leaving	29	146
At year end (31 March)	5,218	5,141

This shows a decrease in public members of 77, many of which are members who are now deceased.

Staff Constituency	2021/22	2022/23
At year start (1 April)	8,249	9,541
New Members	1,291	1,526
Members leaving	1	4,342
At year end (31 March)	9,541	**6,725**

There was a significant decrease in staff numbers due to a staff refresh exercise that took place in July 2022. A data cleanse also took place prior to the elections taking place in November 2022.

Numbers of members by age ethnicity and gender

The groupings of the members in the public constituency are as follows:

Age	Public 2021/22	Public 2022/23	Staff 2022/23	Total 2022/23
0-16	0	0	2	0
17-21	11	7	158	165
22+	5,158	5,086	6,565	11,651
Unknown	50	48	0	48
Total	**5,219**	**5,141**	**6,725**	**11,866**

Ethnicity	Public 2021/22	Public 2022/23	Staff 2022/23	Total 2022/23
White	3,039	2,992	25	3,022
Mixed	24	26	0	26
Asian or Asian British	158	181	3	186
Black or Black British	50	50	1	42
Other	28	28	0	28
Unknown	1,919	1,864	6,696	8,214
Total	**5,218**	**5,141**	**6,725**	**11,866**

Gender	2021/22	Public 2022/23	Staff 2022/23	Total 2022/23
Male	1,734	1,723	176	1,899
Female	2,959	2,899	1,217	4,116
Unspecified	525	518	5,332	5,850
Transgender	1	1	0	1
Total	**5,218**	**5,141**	**6,725**	**11,866**

The Trust uses information from the Office of National Statistics (Census 2012) to build up a picture of the population size and ethnicity for each constituency. This helps the Trust in its aims to make the membership reflective of its population. The Trust has also determined the socio-economic breakdown of its membership and the population from its catchment area.

Membership Strategy

To encourage membership, the Trust has in place a Membership Strategy to ensure that it reflects the needs of the members. The Membership Strategy's next review is in 2025; however, in-year action plans are revised annually.

The Council of Governors has established a sub-group, known as the Engagement & Membership Working Group, which aims to increase and promote membership. The group meets quarterly and deliberates mechanisms to

increase membership, as well as how to market membership, including tangible benefits that can be offered, and monitor the action plans to deliver the Membership Strategy.

Membership recruitment proposed for 2023/24

We are confident we will maintain member numbers and we will continue to communicate key information to all our members when required. We will review and agree our membership strategic goals and activity for the 2023/24 period as soon as we are in a position to move towards a more 'business as usual' approach.

Contacting the Governors and Directors

If any constituency member or member of the public generally wishes to communicate with a Governor or a Director they can do so by emailing the Foundation Trust email address: foundation.trust@gwh.nhs.uk. This email address is checked daily by the Membership & Governance Administrator who will forward the email to the correct Governor and/or Director. Alternatively, a message can be left for a Governor by ringing the Membership & Governance Administrator on 01793 604185 or for a Director by ringing the Company Secretary on 01793 605171 or by sending a letter to: Company Secretary, the Great Western Hospital, FREEPOST (RRKZ-KAYR-YRRU), Swindon, SN3 6BB.

Board of Directors

The general duty of the Board of Directors is to promote the success of Great Western Hospitals NHS Foundation Trust to maximise the benefits for the public. To make sure the care that the Trust provides is safe, effective, caring and responsive for patients, Trust Boards must be founded on and supported by a strong governance structure. The Board of Directors is a unitary Board with collective responsibility for all areas of performance of the Trust such as clinical and operational performance, financial performance, governance and management. The Board is legally accountable for the services it provides at the Trust and operates to the highest of corporate governance standards.

The Board comprises eight Non-Executive Directors, including the Chairman, and seven Executive Directors, including the Chief Executive. The Board has overall responsibility for strategic development, approving policy and monitoring performance. This includes ensuring the delivery of effective financial stewardship, high standards of clinical and corporate governance and promoting effective relations with the local community served by the Trust. The Board has a formal schedule of matters reserved for Board decisions but delegates some of its powers to its committees of Directors and these matters are clearly set out within the Trust's Scheme of Delegation, and in the Committees' terms of reference which are reviewed regularly by the Board.

In April 2022/23 the Board reviewed its committee structure and made changes to reflect the changing NHS landscape and to focus more attention on the Trust's strategic risks and national priorities. As a result, the Board has the following committees in place:

- Audit, Risk & Assurance
- Remuneration
- Quality & Safety
- People & Culture
- Finance, Infrastructure & Digital
- Performance, Population & Place
- Mental Health Governance
- Corporate Trustees

Further details on the workings of the Remuneration Committee can be found within the Remuneration Report (page 43). Details of the Audit, Risk & Assurance Committee are provided on page 108 in this section.

The collective performance of the Board is assessed through annual Board evaluation, a Board Development Programme and the Board of Directors' meetings. Also, in line with the Code of Governance, in that trusts should be subject to an external governance review every three years, the Board commissioned an externally facilitated Well-Led Governance Review in 2020/21 and the Trust has commissioned the next external well-led review for October 2023.

All Directors have full and timely access to relevant information to enable them to discharge their responsibilities. The Board of Directors meets monthly and at each formal meeting reviews the Trust's key performance information which includes quality and safety, patient care and experience, operational activity, workforce and the financial position; it also reviews and discusses strategic matters.

The Board of Directors monitors compliance with the Trust's objectives and is responsible for approving major capital investment and borrowing. It meets with the Trust's Council of Governors, senior clinicians and managers, and uses external advisors to facilitate strategic discussion.

In 2022/23 the Board approved the refresh of its Quality Strategy 2022-2026 and had a development workshop to inform the Digital Strategy. Other developmental workshops during the year included financial sustainability, workforce culture and behaviours, Improving Together our new quality improvement methodology and well-led.

The Board of Directors considers that its composition is appropriate with a balanced spread of expertise to fulfil its function and terms of authorisation, with the Chair and Non-Executive Directors meeting the independence criteria laid down in the NHS Foundation Trust Code of Governance. The Trust continued to ensure that all Board Directors met the criteria of the Fit & Proper Persons Test. The Board has not agreed to any full-time Executive Director taking on more than one Non-Executive directorship of an NHS foundation trust or another organisation of comparable size and complexity during the year.

The Trust's Executive Team provides organisational leadership and takes appropriate action to ensure that the Trust delivers its strategic and operational objectives. It maintains arrangements for effective governance and risk management throughout the organisation, monitors performance in the delivery of planned results and ensures that corrective action is taken where necessary. The Trust Management Committee chaired by the Chief Executive and with a membership of senior managers and clinicians, supports the provision of assurance to both the Board Committees and the Board on the direction and operational management of the Trust, including the mitigation of risks to delivery of its strategic objectives through a focus on clinical quality, performance and delivery.

Appointments and Remuneration Reviews

All Board members undergo annual performance appraisals. The Chair carries out the appraisals for the Non-Executive Directors, liaising with Governors to seek their views; the Senior Independent Director carries out the appraisal for the Chair by meeting collectively with Non-Executive Directors and then separately with the Lead Governor and Chief Executive before reaching a conclusion. The outcomes of both the Chair's and the Non-Executive Directors' appraisals are reviewed at the Governors' Nominations and Remuneration Committee which makes a recommendation to the Council of Governors. The Chief Executive carries out the annual performance appraisal for the Executive Directors. Summary outcomes are submitted to the Remuneration Committee.

The Trust has a formal, rigorous and transparent process for appointment of directors, both Non-Executive and Executive. Appointments are made on merit, based on objective criteria. Assurances are sought from Non-Executive Director candidates that they have sufficient time to fulfil their duties. Appointments among Non-Executive Directors are reviewed annually and their terms of office are staggered over three years to ensure an orderly succession to the Board. Non-Executive Director appointments may be terminated on performance grounds or for contravention of the qualification criteria set out in the Trust Constitution, with the approval of three-quarters of the members of the Council of Governors, or by mutual consent for other reasons. The appointment or removal of the

Company Secretary is a matter for the Board as a whole. The Trust did not use an external recruitment agency in relation to Board appointments in 2022/23.

Board Leadership and Development

The performance of the Board Committees was kept under review throughout the year through the submission of the Chair's Board Assurance Reports to each formal Board meeting. An annual review of the Committees' effectiveness was undertaken, with both the process and outcome of the review monitored by the Board.

During the course of the year, the Board held a number of development sessions on financial sustainability, workforce culture and behaviours, Improving Together our new quality improvement methodology and feedback on a external desk-to exercise on well-led. In 202/21, the Board committed to a programme of development with KPMG to align with the Trust's aim to introduce a robust continuous improvement methodology into the organisation called Improving Together.

The Board's engagement programme, which included Board Walk Rounds, continued in 2022/23, and are considered in depth at the Quality & Safety Committee and a summary at Board every quarter.

Directors may seek individual professional advice or training at the Trust's expense in the furtherance of their duties. The Board has direct access to the Company Secretary who advises on compliance with relevant regulations and ensures that Board and Committee procedures are followed appropriately. The proceedings at all Board and Committee meetings, including any concerns, are fully recorded via formal minutes.

There is a clear division of responsibilities between the Chair and Chief Executive. The Chair is responsible for the leadership of the Board of Directors and the Council of Governors, ensuring their effectiveness individually, collectively and mutually.

The Chair is also responsible for ensuring that members of the Board of Directors and the Council of Governors receive accurate, timely and clear information appropriate for their respective duties and for effective communication with patients, members, clients, staff and other stakeholders. It is the Chair's role to facilitate the effective communication of all Directors, ensuring that constructive relationships exist between them and Governors. The Chief Executive is responsible for the performance of the Executive Directors, the day-to-day operational running of the Trust and implementing approved strategy and policy.

Director Biographies

Executive Directors

Chief Executive - Kevin McNamara

Kevin was appointed Chief Executive at the end of March 2020, having acted up into this role since June 2019.

He has worked for the NHS since 2003, joined the Trust in 2009, and was appointed as Director of Strategy and Community Services in 2013. During this time, Kevin has overseen the Trust move from being a stand-alone secondary care provider to an integrated secondary, community and primary care organisation.

As Chief Executive, Kevin led the Trust's response to the coronavirus pandemic.

He is committed to increasing the quality of care provided to patients, integrating services where possible to provide a better patient experience, and ensuring staff are well-supported and recognised for their efforts.

Chief People Officer - Jude Gray

Jude became the Trust's Director of Human Resources and Organisational Development in July 2019.

Jude joined us from the Ministry of Justice where she was a Senior Civil Servant, working as Divisional HR Director in Her Majesty's Prison and Probation Service. Previously Jude worked in a number of Senior Management roles at the BBC. Jude has a breadth of Board experience delivering innovative HR Strategies and large scale transformation change.

Chief Nurse - Lisa Cheek

Lisa joined the Trust on 29 March 2021 as Chief Nurse.

Lisa has a range of skills and experience from her previous roles. She has focussed on continuous improvement, further engaging with colleagues across the NHS and other partner organisations to roll-out the Trust's improvement plans at a system level. Quality care should be best practice all the time, so Lisa will support with streamlining and integrating processes and supporting staff to recognise and implement areas for positive change.

Chief Operating Officer - Felicity Taylor-Drewe

Felicity joined the Trust as Chief Operating Officer in August 2021.

She has a strong track record of strategically leading the delivery of the clinical services and standards, including Referral to Treatment, Cancer, Diagnostics, Outpatients and Theatres optimisation.

Felicity is passionate about improving pathways of care for patients and will take forward our work to integrate services more closely across, community, primary and secondary care, with a real focus on health inequalities.

Chief Officer of Improvement and Partnerships - Claire Thompson

Claire joined the Trust as Director of Improvement and Partnerships in April 2021 with over 15 years of experience in acute hospital management, as Divisional Director and Deputy Chief Operating Officer. She also spent time as a commissioner leading on patient flow and working with partners on system wide performance.

She looks to remove organisational boundaries to create an environment in which teams and individuals can flourish to deliver compassionate, safe and effective care in to people in the most efficient way possible.

She works with teams across the Trust and the wider health and care system to reduce health inequalities and to improve the wellbeing of our local communities.

Chief Financial Officer - Simon Wade

Simon joined the Trust as Director of Finance and Strategy in November 2020. He has over 20 years' experience operating at a senior level in the NHS and joined the Trust from the Royal United Hospitals Bath NHS Foundation Trust, where he was Deputy Director of Finance.

Simon is responsible for developing a strategy that ensures that the Trust's financial resources are used in the most efficient and effective way, to ensure a high quality patient service. He works closely with clinical teams to ensure that the Trust's financial viability is maintained, and that productivity opportunities are identified, and improvement plans implemented.

He is also responsible for the Trust's capital investment programme and for ensuring that the estate is fit for purpose and meets the needs of the Trust's strategy.

Chief Medical Officer - Jon Westbrook

Jon joined the Trust as Medical Director in September 2021

His consultant medical career was at Oxford University Hospitals, where he was a specialist in Neuro-anaesthesia and Neuro-intensive care for over 25 years. He was also one of the Oxford Divisional Directors for eight years leading many services including core and specialist clinical teams.

Jon's focus is on the delivery of high quality and safe patient care both in the Trust and across the wider health system.

To enable this he will support the multi-disciplinary clinical teams as they develop their services in finding new and effective ways of providing compassionate care. This will include working to support and strengthen clinical leadership across the Trust.

He will also help to achieve our ambition to expand digital programs including an enhanced electronic patient record.

Non-Executive Directors

Trust Chair - Liam Coleman

Liam took over as Chair of the Trust on 1 February 2019.

He has significant previous experience in the NHS, having been one of our Non-Executive Directors from 2009 to 2016.

He was also previously the Chief Executive of the Co-Operative Bank plc and a senior executive at Nationwide Building Society, headquartered in Swindon.

He has a particular interest in the links between the Trust and the local community it serves, and he will be working to ensure that those links continue to strengthen.

In November 2019, Liam was appointed for a three-year term as a Non-Executive Director on the Board of the Financial Conduct Authority

Non-Executive Director – Lizzie Abderrahim

A Gloucestershire resident, Lizzie qualified as a social worker, is a non-practising barrister and has a doctorate in linguistics.

She has board level experience as a Non-Executive Director in large complex organisations in the health, criminal justice and regulatory sectors where, alongside Board colleagues, she has led significant cultural change, overseen the management of major projects, and has worked with partners in the public, private and not-for-profit sectors.

Non- Executive Director & Senior Independent Director - Dr Nick Bishop

Nick was a general and interventional radiologist, and Board Medical Director in two acute hospitals. After being Assistant Medical Director for Commission for Health Improvement (CHI), he became senior medical advisor to the Healthcare Commission and the Care Quality Commission (CQC).

Nick became a Non-Executive Director on 1 August 2016. On 8 February 2019, Nick was appointed as the Senior Independent Director of the Trust.

Non- Executive Director - Andy Copestake

Andy joined the Board as a Non-Executive Director on 1 July 2016 having previously held a number of senior finance positions in the private, public and charity sectors.

From the late 1990s until May 2016, Andy was the Director of Finance at the National Trust in Swindon. Prior to that, he was the Finance Director at St Mary's NHS Trust in Paddington. Andy is a certified accountant.

Non- Executive Director - Faried Chopdat

Faried joined the Board of Directors on 1 April 2021. Faried is an experienced and dynamic global leader with proven capability business transformation, risk management, and audit.

He has a track record of delivering results through people-centric leadership that provides sustainable value to all stakeholders and working with diverse teams across 40+ countries. His career includes significant international experience in multi-national organizations such as SABMiller plc, Travelex, Finablr plc and Deloitte. His passion for coaching and mentoring others to reach their full potential led him into the world of professional and executive coaching.

Non- Executive Director & Deputy Chair – Peter Hill

Peter became a Non-Executive Director on 1 April 2017 following a 38-year career in the NHS. Peter brings a wealth of NHS experience to the Board, having fulfilled numerous clinical and non-clinical roles over the years. Peter began his NHS career as a nurse, with a variety of posts in London, Essex, Newcastle and Wiltshire. Peter's management and leadership roles have extended from Charge Nurse to Chief Executive, with his most recent position being Chief Executive for Salisbury NHS Foundation Trust.

Peter was appointed Deputy Chair of the Trust on 1 June 2018.

Non- Executive Director - Paul Lewis

Paul joined the Trust Board on 1 April 2018.

Paul was a Regional Director for Lloyds Bank, and has held a number of senior positions in the private sector, including Regional Director for the Halifax, Customer Services Director for Zurich Financial Services, Capita (Life & Pensions) and Eagle Star Life, Hambro Life and Allied Dunbar.

Paul has also been a Vice President for the Institute of Customer Service and has a breadth of experience in leading transformational change programmes, customer experience improvement, staff engagement, cultural change and risk & regulatory compliance.

Non- Executive Director - Helen Spice

Helen joined the Trust Board on 1 April 2021. Helen is an experienced finance professional with a 35-year career in the corporate, health and social care and not for profit sectors.

She has held a number of senior positions; most recently Helen was Chief Financial Officer of Turning Point, a social enterprise working with people to support their mental health, drug and alcohol use and people with a learning disability.

Helen is also a Non-Executive Director of the Make-a-Wish Foundation and Barts Health NHS Trust.

Attendance at meetings of the Board of Directors during 2022/23

Listed below are the Board Directors and their attendance record at the meetings of the Trust Board held during the past year.

Record of attendance at each meeting
✓ = Attended
× = Did not attend

	Date of Board Meeting											
	7 April 2022	5 May 2022	2 June 2022 – Workshop only	7 July 2022	4 August 2022	1 September 2022 – Workshop only	5 October 2022	3 November 2022	1 December 2022 – Private meeting only	13 January 2023	2 February 2023	2 March 2023
Executive Directors												
Lisa Cheek	✓	✓		✓	✓		✓	×	×	✓	✓	✓
Naginda Dhanoa*[1]	✓	✓		✓	✓		✓	×	✓	✓	✓	✓
Jude Gray	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
Kevin McNamara (CEO)	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
Felicity Taylor-Drewe	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
Claire Thompson	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
Simon Wade	✓	✓		✓	×		✓	✓	✓	✓	✓	✓
Jon Westbrook	✓	✓		×	×		×	✓	✓	✓	✓	✓
Non-Executive Directors												
Lizzie Abderrahim	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
Nick Bishop	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
Liam Coleman (Chair)	✓	×		✓	✓		✓	✓	✓	✓	✓	✓
Andy Copestake	×	×		✓	✓		✓	✓	✓	✓	✓	✓
Faried Chopdat	✓	✓		✓	✓		✓	✓	✓	✓	×	✓
Peter Hill	✓	✓		✓	✓		✓	×	✓	✓	✓	×
Paul Lewis	✓	✓		✓	✓		×	✓	×	✓	✓	✓
Claudia Paoloni*	×	✓		✓	✓		✓	✓	✓	✓	✓	✓
Sanjeen Payne-Kumar*[2]	×	✓		✓	×		✓					
Helen Spice	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓

* Non-voting
[2]Resigned 31 October 2022
[1]Joint role with Salisbury NHS FT therefore attendance is when required.

Decisions reserved for the Board of Directors

There are certain matters which are reserved for the Board of Directors to decide relating to regulation and control; appointments; strategic and business planning and policy determinations; direct operational decisions; financial and performance reporting arrangements; audit arrangements and investment policy. A full copy can be obtained from the Company Secretary.

Audit Committee Annual Report 2022/23

On behalf of the Audit, Risk & Assurance Committee (ARAC), I am pleased to present the Committee's Annual Report

Purpose

The primary purpose of the Committee is to provide oversight and scrutiny of the Trust's risk management and assurance activity, internal financial and other control processes, including those related to service quality and performance. These controls underpin the Trust's Assurance Framework so as to ensure its overall adequacy, robustness and effectiveness. This approach should, therefore, address risks and controls that affect all aspects of the Trust's activity and reporting.

Composition of the Audit Committee

The Audit Committee operates in accordance with the terms of reference agreed by the Board Committees. It has met on seven occasions during the last financial year and details of each member's attendance at meetings are provided below.

The Committee membership comprises at least three Non-Executive Directors, including one with "recent and relevant financial experience". The Chair of Audit, Risk & Assurance Committee is a qualified accountant.

Member (Name & Designation)	Attendance Rate
Helen Spice, Non-Executive Director (Chair)	7/7
Nick Bishop, Non-Executive Director	5/7
Andy Copestake, Non-Executive Director	6/7
Faried Chopdat, Non-Executive Director	7/7
Claudia Paoloni, Associate Non-Executive Director	3/7

In addition to the above members, standing invitations are extended to the Chief Financial Officer, Company Secretary, the Chief Executive (for specific items), Internal Auditors, External Auditors, Local Counter Fraud Specialist and Deputy Chief Financial Officer, Financial Services. Other officers of the Trust may be invited to the Committee to answer any points which may arise. An Assurance Report from the Chair of the Committee is considered at the Board of Directors' meetings following each Audit, Risk & Assurance Committee meeting with the Committee Chair bringing any significant matters to the attention of the Board.

Audit Committee Activities during 2022/23

In discharging its duties, the Committee meets its responsibilities through utilising the work of Internal Audit, External Audit and other assurance functions, along with assurances from Trust officers (where required) and directing and receiving reports from the auditors and fraud specialists. The Committee members also meet with the internal and external auditors, without Executive Directors or managers of the Trust regularly.

The Committee has an agreed rolling programme of agenda items which the Committee Chair keeps under regular review to ensure that all key financial reporting and risk matters are properly considered. The list below summarises the key items considered by the Committee during the year.

- reviewing and assuring the basis for the Trust's statements of going concern and viability;
- reviewing the Annual Report and Accounts for 2021/22 together with the External Auditor management representation letter, their audit opinion on the Trust's Financial Accounts and their Annual ISA260 report;

- developing our on-going relationship with our internal and external auditors, including approving their audit plans, taking an update at every meeting on progress with their work, and approving the Trust's responses to actions arising from Internal Audit and Counter Fraud reviews.
- The internal audit reviews and outcomes are listed in the table below:-

Name of Review	Opinion	
	Design	Operational Effectiveness
Waiting List Management	Moderate	Moderate
Digital Security & Protection Toolkit Follow Up	n/a	n/a
Divisional Governance Structures	Substantial	Moderate
Workforce & Finance Management	Moderate	Moderate
HFMA Financial Sustainability	n/a	n/a
Access Policy	Moderate	Limited
Discharge Processes	Moderate	Moderate
End of Life	Moderate	Moderate
Key Financial Systems	Moderate	Moderate
Cultural Maturity	n/a	n/a
CIP Schemes	Moderate	Moderate
Consultant Job Planning	Moderate	Limited
Digital Security & Protection Toolkit	Moderate	High Confidence

- monitoring the systems of risk management through regular review of the corporate risk register and Board Assurance Framework to support the delivery of the Trust's 4 strategic objectives together with Divisional presentations to the Committee on their risk management arrangements, shared learning, action management and the consistency of risk scoring.
- approval of the internal audit plan that sets out the work of internal audit to assess the effectiveness of a range of governance and internal control systems
- consideration of the findings from all internal audit reports including management's responses
- consideration of the head of internal audit opinion
- review of the local counter fraud specialist's annual report and in-year reports
- maintaining oversight of the effectiveness of the arrangements by which staff may raise, in confidence, concerns about possible inappropriateness in matters of financial reporting and control, clinical quality, patient safety or other matters, ensuring that there is proportionate and independent investigation and follow-up actions.

The Committee also reviewed a variety of reports which are outlined in the table below showing:-

Main Activities of the Audit Committee during 2022/23

16 June 2022	14 July 2022	22 August 2022	15 September 2022
Assurance • DBS Renewal **External Auditor (EA)** • Annual Accounts 2021/22 **Internal Auditor** • Annual Report & Annual Statement of Assurance • Counter Fraud Annual Report • Counter Fraud Annual Plan and Strategy • Counter Fraud Annual	**Assurance** • Surgery, Women & Children's Risk Review • 15+ Risk Register • IT Cyber Security Update **External Auditor (EA)** • Progress Report **Internal Auditor** • Progress Report • Counter Fraud Progress Report	• External Auditors Year End Report	**Assurance** • Integrate Care & Community Risk Review • 15+ Risk Register **External Auditor (EA)** • Annual Accounts 2021/22 – Lessons Learnt • Progress Report **Internal Auditor** • HFMA Financial Sustainability Audit Self-Assessment Checklist

Risk Review 2022/23 **Internal Audit Reports** • Safeguarding Adults • Data Security & Protection Tookit **Financial Processes** • Losses & Compensations Q4 **Compliance** • Draft Annual Report & Accounts 2021/22	**Internal Audit Reports** • Waiting List Management **Financial Processes** • National Cost Collection 2021/22 • Single Tender Actions • Losses & Compensation Q1 **Compliance** • Conflicts of Interest in the 2021/22 • Committee Effectiveness - AR&IC Terms of Reference review • Documents signed under Trust Seal		• Internal Audit Progress Report • Counter Fraud Progress Report **Internal Audit Reports** • Divisional Governance Structure • Workforce & Finance Management **Financial Processes** • Waivers Benchmarking • Global Risk Landscape **Compliance** • Security Management Annual Report
15 November 2022	**17 January 2023**	**16 March 2023**	
Assurance • Unscheduled Care Risk Review • Board Assurance Framework • 15+ Risk Register **External Auditor (EA)** • Progress Report • Use of External Auditors for Non-Audit Services Policy **Internal Auditor** • Progress Report • Counter Fraud Annual Report • Counter Fraud Annual Plan and Strategy • Counter Fraud Annual Risk Review 2022/23 **Internal Audit Reports** • HFMA Financial Sustainability Report • Key Financial Systems terms of reference **Financial Processes** • Trust Specific NHSCFA Procurement Report • Losses and compliance Q2 **Compliance** • Documents signed under Trust Seal	**Assurance** • Surgery, Women & Children's Risk Review • 15+ Risk Register **External Auditor (EA)** • 2022/23 Audit Plan **Internal Auditor** • Progress Report • Counter Fraud Progress Report **Internal Audit Reports** • Access Policy • Discharge Processes • End of Life Care Report **Financial Processes** • Single Tender Actions • Losses and compliance Q3	**Assurance** • Integrated Care & Community Risk Review • 15+ Risk Register **External Auditor (EA)** • Lessons Learnt from 2021/22 – Progress Report • 2022/23 Interim Audit Report **Internal Auditor** • Progress Report • Counter Fraud Progress Report • Draft Counter Fraud Functional Standard responses **Internal Audit Reports** • Key Financial Systems • Cultural Maturity Report • HFMA Financial Sustainability benchmarking **Financial Processes** • Fixed Asset Write Off • National Cost Collection 2022/23 **Compliance** • Declarations of Interest Annual Report • Committee Effectiveness Review & Terms of Reference • Annual Self-Certifications 2022/23 • Documents signed under Trust Seal	

External Audit

Deloitte are the Trust's External Audit Services and were represented at all meetings of the Committee and submitted reports as needed.

The External Auditors are required to certify that they have completed the audit of the Trust financial statements in accordance with the requirements of the Code of Governance. If there are any circumstances under which they cannot issue a certificate, then they must report this to those charged with governance. There are no issues that would cause the External Auditors to delay the issue of their certificate of completion of the audit. The Independent Auditor's Report can be found on page 131.

The 2022/23 year-end audit plan was reviewed and agreed. All significant points raised by Deloitte as a result of their audit work, including any issues carried forward, have been discussed with the Committee, were considered by management and, if needed, appropriate responses have been made and control processes identified for strengthening. Of particular note was a significant weakness reported on financial sustainability however this has now been resolved and is not a significant weakness for 2022/23.

Out of 6 high priority recommendations in 2021/22 audit, one remained a significant risk which was around the fixed asset register. Whilst some progress had been made with this, there remained a number of issues that needed to be resolved during the audit.

The Committee also reviewed the fees charged by Deloitte and the scope of work undertaken.

There were no material non-audit services provided by Deloitte during the year which might impact their professional independence.

Internal auditor

The Trust's internal auditor, BDO, works closely with the Audit, Risk & Assurance Committee during the year. A lead auditor attends all Audit Committee meetings to present findings from specific audit reports undertaken in a given year. The internal audit plan is reviewed by the Audit, Risk & Assurance Committee before formal acceptance and a briefing paper is prepared by internal audit for review by the Committee.

Conclusion

I am satisfied that the Committee has good access to and support from the Executive Directors and senior managers and note their readiness to co-operate with and support the work of the Audit, Risk & Assurance Committee and take action where it is indicated. The Committee is grateful for the detailed work and application of both Internal and External Auditors.

The effectiveness of the Committee was assessed this year in March 2023 and the consensus was that the structure, format and behaviours within these committee meetings were effective and 'fit for purpose'.

The coming year will continue to present some new and unique challenges as we continue to assess and address the developments within the Integrated Care Systems (ICS). We will work as a Committee to help the Trust review and understand the risks arising from these and to ensure that processes and controls are in place to deal with them.

Helen Spice
Chair, Audit Risk and Assurance Committee
June 2023

Statement of the Chief Executive's responsibilities as the Accounting Officer of Great Western Hospitals 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 England.

NHS England has given Accounts Directions which require Great Western Hospitals 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 Great Western Hospitals 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 England, 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.*

Kevin McNamara
Chief Executive
29 June 2023

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Great Western Hospitals 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 Great Western Hospitals NHS Foundation Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust's Risk Management Framework incorporates key strategic aspects of risk management and sets out the role and responsibilities of the Chief Executive, Executive Directors and managerial roles key to the co-ordination of risk management throughout the Trust. In addition, it also clearly states that all staff have a responsibility for risk management. Its key elements include a description of individual and collective responsibilities of the Board of Directors, its committees and other groups within the Trust that are concerned with risk management. The Policy is approved by the Board of Directors, following review by the Audit, Risk & Assurance Committee. It is reinforced by the Assurance & Escalation Framework which provides further assurance of the risk management processes in place in the Trust.

We strengthen the process of risk escalation and management throughout the Trust's governance structure with progress monitored for assurance purposes through the following Board Committees – Audit, Risk & Assurance, Quality & Safety, Performance, Population & Place, People & Culture & Finance, Investment and Digital. Further assurance is provided through taking a risk-based approach to performance management and monitoring risk, performance and improvement actions at the Executive-led Groups with subsequent scrutiny of risk at the Risk Group, and Executive Review meetings. Staff are trained to identify and manage risk in a way that is appropriate to their authority. This focuses on ensuring they have the awareness, knowledge and guidance to carry out their duties safely and effectively and adhere to relevant standard operating procedures. Key aspects relating to the application of controls are included in the risk training programme.

Executive and Non-Executive Directors are trained on risk management and on their roles and responsibilities for leadership in risk management. Reminders of roles and responsibilities are included in risk reports, including prompt questions to aid discussion.

Risk Management is introduced into employee culture immediately upon employment. Employee education and training on risk management is carried out commensurate with employee roles. All new employees receive corporate induction, which includes risk management and incident reporting, alongside health and safety, manual handling and infection control training appropriate to their duties. Employees with applicable roles are provided with a one to one training session on how to use the risk register and manage risks before access to the electronic

register is provided. Refresher training if required is offered on the same one to one basis to existing employees, or group drop in clinics if preferred.

Divisions are provided with a monthly risk register report detailing comparison and movement to the previous month. A Risk Escalation Framework aims to ensure consistent systems and processes for the management of risk across the Trust.

Particular emphasis is given to the identification and management of risk at a local level. Discussions at clinical divisional meetings and corporate department meetings are required and departmental/speciality level meetings to consider risk are encouraged as part of the culture to agree upon the identified score of the risk, the appropriate mitigating actions, risks scoring 15 plus are required to be approved by the appropriate accountable Executive Director prior to accepted to the Corporate risk register. Discussions at this level and frequency reduce the duplication of risks, encourage active discussion on what are tangible risks, what can be tolerated at a local level and that the description of the risk demonstrates the consequences should the risk materialise.

During 2022/23 a number of initiatives have been introduced to strengthen the management of risks within the Trust. This included strengthening the review of 15+ risks through the Risk Group which continued to meet monthly, including a risk workshop section at every risk group meeting, and the introduction of Datix Cloud IQ (DCIQ) has enabled the development of risk management and oversight to be strengthened within divisions, with a risk register being introduced at service level in every division.

Also, during 2022/23 Divisional presentations continued at the Audit, Risk and Assurance Committee with the intention that the Committee could support Divisions in their management of risk and gain assurance that controls and systems for the effective management of risk remain in place and are consistent. The Risk Group have established a deep dive review of risk themes and topics. This approach supports wider organisational learning where risks are impacting in several areas across the Trust but not easily visible for cross Divisional oversight.

The risk and control framework

Risk Management Strategy

To ensure that risk is identified, evaluated, escalated and controlled there are formal structures within the Trust. The Trust has a Risk Management Policy which was reviewed in March 2023. This sets out how risk is managed within the organisation and the formal reporting processes. Regular reporting at all key committees is in place which includes new and closed risks; risks changes in score from the previous month; overdue actions and overdue risk reviews. Furthermore, the reporting includes an overview of risk themes and risk types which supports the early identification of issues for focus. This encourages management of risks to systems and controls as well as specific risks that emerge.

Whilst the Board has overall responsibility for risk management, it has delegated responsibility to the Trust Management Committee, which scrutinises and challenges risk management, and the Audit, Risk and Assurance Committee which provides assurance that processes for risk management are effective.

The three main elements of our risk management strategy are:

- Risk assessment
- Risk register (referred to within the organisation as the risk management tool)
- Board Assurance Framework

A risk tolerance statement aimed at supporting managers in decision making is in place. The statement sets out the Trust's appetite for risk and it is refreshed each year. The Risk Tolerance Statement is explained below.

Risk assessment

All Trust employees are responsible for identifying and managing risk. The Trust uses the National Patient Safety Agency (NPSA) Risk Matrix for Risk Managers to ensure risks are collectively scored objectively against the likelihood and the consequence of the risk materialising.

In addition, a robust Incident Management Policy is in place and at corporate induction employees are actively encouraged to utilise the web-based incident reporting system. Incident reporting levels are comparable with other Trusts providing assurance that employees feel able to report incidents and risks.

Risk register (risk management tool)

The risk register is a risk management tool whereby identified risks are described, scored, controls identified, mitigating actions planned and a narrative review is recorded. Data in the risk register is extractable into report format to provide an overall picture of risks to the Trust as well as thematic overviews. In 2022/23 the Trust implemented a new system, DCIQ to strengthen risk reporting further.

The Trust has agreed that the most significant risks to the Trust, being those that score 15 and above (15+) should be reviewed quarterly at the Trust Management Committee and relevant Board committees, with other risks reviewed through the Divisions. A register containing 15 plus risks is scrutinised and challenged by the Trust Management Committee (to ensure risks are being managed) and three times a year at the Audit, Risk and Assurance Committee (to ensure processes in place to manage risk are effective). This high-level register is informed both by those risks which score 15 and above in the Board Assurance Framework (top down) and risks identified from within the Divisions (bottom up).

There is a continual focus on maintaining effective management of risk with on-going actions to support this including: -

- Ad hoc individual training sessions provided as well as group sessions
- Guides refreshed and widely circulated
- Monthly reporting of Divisional Risks Registers to Divisional Managers
- Review and update of Divisional governance arrangements for risk management
- Divisional risk leads refreshed
- Focussed meetings with Divisional and Departmental managers to scrutinise and challenge risks, controls, actions and reviews
- Electronic risk system reconfiguration to again update mandatory fields / change action reporting
- Electronic system reconfigured to continually remind handlers of risk actions
- Key performance indicators (KPIs) in place to monitor risk management
- Divisional and Corporate department presentations to the Audit, Risk and Assurance Committee
- A Risk Committee to enable deep dive into risks and scrutinise and challenge
- 15+ Risk Map produced monthly (aligned to the CQC key lines of enquiry),
- Risk management internal effectiveness reviews reported to both Audit Committee and the Board
- A standardised approach to risk management and escalation through an agreed template for sharing at each governance meeting

Risks are scrutinised locally at divisional and corporate department meetings and there is a strong emphasis from Executive Directors that managing all risks at Divisional and corporate department level using the risk management system is essential.

Board Assurance Framework

The Board has established a robust Board Assurance Framework (BAF) which deals with statements of internal control and assurances. A BAF was in place during the reporting period and is part of the wider 'Assurance and Escalation Framework' to ensure the Trust's performance across the range of its activities is monitored and managed; resulting in targets being met, objectives achieved, and good outcomes for service users.

The BAF provides a mechanism for the Board to be assured that the systems, policies, and procedures in place are operating in a way that is effective and focussed on the key strategic risks which might prevent the Trust's strategic objectives being achieved. It identifies our principal objectives and their associated principal risks. The control systems, which are used to manage these risks, are identified together with the evidence for assurance that these are effective. Lead Directors are identified to deal with gaps in control and assurance and are responsible for developing action plans to address the gaps and monitored through the Board committee structure. It is reviewed and updated quarterly.

The BAF includes a description of risk appetite for each risk to the achievement of Trust objectives and additional background information including links to associated risks on the risk register and tracking the score of the risk over time.

Risks to strategic objectives are aligned to Board Committees as follows: -

	Strategic Objectives 2022/23	Board Committee
1.	Outstanding patient care and a focus on quality improvement in all that we do.	Quality & Safety Committee
2.	Staff and volunteers feeling valued and involved in helping improve quality of care for patients.	People & Culture Committee
3.	Improving the quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers.	Performance, Population & Place Committee
4.	Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care.	Finance, Infrastructure & Digital Committee

Risk appetite

The Board has a risk tolerance statement aimed at supporting managers in decision making. The statement sets out the Trust's appetite for risk and is refreshed annually. A framework was developed which the Board uses to inform its view of risk tolerance.

Risk Tolerance Statement

The management of risk underpins the achievement of the Trust's objectives. Effective risk management is imperative to provide a safe environment and improve quality of care for patients. Risk management is also significant in the financial and business planning process where robust, sustainable financial health and public accountability in delivering health services is required. Risk management is the responsibility of all staff.

Risk Tolerance Statement 2022/23

The risk tolerance and appetite for 2022/23 is depicted in the charts below which assists managers and staff in decisions which may involve or facilitate exposure to risk. The Trust Board has set out below its current attitude to risk.

This may change over time as internal and external circumstances change, but it provides an approved approach to support decision making by managers and staff. Decisions taken which would be contrary to this statement must be referred to the Executive Directors before implementation.

Risk Domain	2022/23 Risk Tolerance	2022/23 Risk Appetite
Quality - Safety	Minimal	Low
Quality - Effectiveness	Open	High
Experience	Cautious	Moderate
Finance	Open	High
Opportunistic - New Approaches & Innovation & Partnership Working	Seek	Significant
Statutory	Cautious	Moderate
Reputational	Open	High
People	Open	High
System	Seek	Significant

However, any consideration of risk needs to be in a broad context. Risk taking and decision making based on risk should not be considered in isolation or in "silos". There is often the potential for a greater impact of risks with wider organisational context or in relation to other decisions made.

Strategic Risks 2022/23

Risks to the Trust's strategic objectives are identified each year when the Trust formulates its annual plan and risks are identified locally through directorates and teams.

The following table summarises the strategic risks (SR) that were assigned to achievement of the Trust's strategic objectives. These were identified and originally approved by the Board of Directors in September 2021, and during 2022/23 the risks remained relevant with some minor amendment to wording during the year to ensure they were up to date.

Strategic Objective	Risk Description	Mitigation
Strategic Pillar 1 - Outstanding patient care and a focus on quality improvement in all that we do	SR1. There is a risk of severe and long term damage to the reputation of the Trust because of failures in delivering healthcare services leading to severe harm to patients.	▪ Routine use of Continuous Quality Improvement processes to identify and implement opportunities for improvement
Pillar 2 - Staff and volunteers feeling valued and involved in helping improve quality of care for patients	SR2. There is a risk that the recruitment pipeline and staff retention fails to meet service requirements and may lead to deterioration in wellbeing and morale leading to staff burnout in hospital and/or associated services within the Health & Social Care system	▪ Detailed recruitment planning with focused recruitment drives ▪ Recruitment incentives ▪ Developed new roles and ways of working. ▪ Developed our leadership framework to ensure we have capable leaders and sufficient capacity to deliver our aspirations ▪ Enhanced the wellbeing offer to staff
Pillar 3 - Improving the quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers	SR3. There is a risk to the quality of patient care due to the unsustainability of the current model of health and care services unless we work with partners to fundamentally re-focus services on anticipatory care and early intervention for our population.	▪ Developing new approaches to demand management working closely with partners ▪ Improving processes and systems within our Single Point of Access ▪ Transformation programmes.
	SR4. There is a risk that post Covid, funding and demand severely impacts on the Trust's ability to deliver services	▪ Established control structure to plan for and optimise organisational reset and

	to a high standard resulting in poor patient care and regulatory challenges.	recovery, following the Covid-19 pandemic, incorporating learning and innovation from crisis response.
	SR5. There is a risk of lack of influence across the wider system through loss of profile and voice for Swindon and the Trust as we begin to work in an ICS.	▪ Developed the governance arrangements required to move the partnership forward. ▪ Strong leadership roles for GWH staff within local ICS. ▪ Development of Acute Alliance Collaborative.
Pillar 4 - Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care	SR6. There is a risk of a detrimental impact on the quality of patient services if costs are not effectively controlled and productivity/ efficiency targets delivered.	▪ Ensured effective financial management and delivery of planned efficiencies to enable provision of sustainable services. ▪ Collaborated to deliver system-wide efficiencies.
	SR7. There is a risk of a severe infrastructure failure (cyber attack, fire, flood, building collapse).	▪ Put in place significant safety work whilst, at the same time, working with partners to identify and deliver a long-term, sustainable solution.

Assurances to strategic risks have been identified during 2022/23. Assurances are sought from a variety of sources including audits, external reviews or peer challenge as well as consideration of a number of key performance indicators (KPIs) and data metrics. When there are gaps in controls, actions are put in place to address these. If there are gaps in assurances, these are considered and efforts made to find assurances either through additional audits or reviews.

The Trust's principal risks are scheduled for review by the Board of Directors during 2023/24 and although it is anticipated that the strategic risk themes will continue to focus on safe & effective services, staff, performance and delivery, partnership working, financial sustainability and estates & digital infrastructure the wording will be amended to reflect the nature of the changing NHS landscape, and a new risk added to focus on digital transformation. There are clinical risks inherent in the delivery of healthcare which continue year on year and are managed through rigorous controls to prevent the risks from materialising into events that cause harm to patients.

Operational Risks

The major operational risks that were identified during the reporting year were:

- Patient Care: Access to care and elective waiting lists
- Covid: Infection control and reduced capacity in imaging
- People: Impact of Covid on equality and diversity and staff health and wellbeing
- Workforce: Nursing and medical capacity in relation to recruitment and retention
- Finance: change in financial regime and financial implications of Covid
- Estates and Infrastructure: Maintenance of estate and risk to aging IT infrastructure
- Cyber Security: Risk of cyber or ransomware attack on Trust IT systems, putting at risk patient care and/or income.

Organisation culture

Listening to patients - The Trust promotes a culture of putting the patient at the forefront of everything it does. Listening to patients is important and patient comments and complaints are considered and investigated to ensure the Trust learns from the feedback received. The Trust also learns from the Staff Survey Feedback, Family and Friends Test, and through a number of forums such as our staff side committee.

Freedom to speak up - The Trust has mechanisms in place to promote an open and supportive culture that encourages staff to speak up about any issues of patient care, quality or safety. The Trust has a Freedom to Speak

Up Policy which is based on support from National Guidance and feedback from both staff and patients which sets out a framework for responding to issues raised (section 2.3 refers)

Staff survey - The Trust takes part in an annual staff survey (section 2.3 refers). For 2022/23 areas for improvement around staff were identified and an action plan is being developed to address these.

Incident reporting - The Trust has an Incident Management Policy whereby employees are required to report incidents and near misses. This helps the Trust to learn and form plans for improvements when things go wrong.

Quality impact considered - Quality as well as Equality impact assessments are in place for policies and Trust wide procedural documents, thus ensuring that equality and quality considerations are core to the Trust's overall policy framework and business. In addition, the Board has agreed refreshed milestone actions for objectives around equality and diversity to ensure everyone is treated fairly and equally.

Information risk

Risks to information, including data confidentiality, integrity and availability, are being managed and controlled. A system of monitoring and reporting on data security risks is established under delegated authority of the Trust Board through the Information Governance Steering Group, which reports into the Board's Finance, Infrastructure and Digital Committee. The Trust has appointed an Executive Director as the Senior Information Risk Owner (SIRO) with responsibility and accountability to the Board for information risk policy.

The Information Asset Risk Management Policy defines an overall structured approach to the management of information risk, in line with the Risk Management Strategy. A register of Information Assets is maintained. The business ownership of those assets is the responsibility of senior managers within the Trust, supported by staff with responsibility for operational management of the assets. These 'owners' and 'administrators' ensure that the principal risks are identified, assessed and regularly reviewed, and that annual assurance reports are provided on the satisfactory operation and security of the key information assets.

Where assessed as appropriate, risk treatment plans are actioned, additional controls are implemented, and prioritised risks are escalated to the appropriate Risk Register. As Accounting Officer I am committed to ensuring that immediate actions are taken where significant risks have been highlighted.

A range of measures is used to manage and mitigate information risks including: staff training, data protection impact assessments, physical security, data encryption, access controls, penetration testing, audit trail monitoring, departmental checklists and spot checks. In addition, a comprehensive assessment of information security is undertaken annually as part of the NHS Digital Data Security and Protection Toolkit (DSPT) and further assurance is provided from Internal Audit and other reviews.

The effectiveness of these measures is reported to the Information Governance Steering Group. This includes details of any serious Data Security and Protection Security Incidents, confirmation that the Trust meets the National Data Guardian Standards as set out and assessed via the DSPT, and reports of other information governance incidents, audit reviews and spot checks.

Counter Fraud

The Trust's counter fraud service complete an annual plan of proactive work to minimise the risk of fraud within the Trust, and to support compliance with the NHS Counter Fraud Authority's counter fraud standards. Preventative measures include reviewing Trust policies to ensure they are fraud-proof, utilising intelligence, best practice and guidance from the NHS Counter Fraud Authority. Detection exercises are undertaken where a known area is at high risk of fraud, and the National Fraud Initiative (NFI) data matching exercise is conducted bi-annually. Fraud is deterred by publicising proven cases of NHS fraud and staff are encouraged to report suspicions of fraud through utilising communications, presentations and fraud awareness literature across the Trust's sites. Counter fraud reports are presented to the Audit, Risk & Assurance committee.

Data Security

The fundamental controls for cyber security are IT managed and include:-

- Access rights linked to user names and passwords and physical access
- Clear segregation of systems and firewalls
- Anti-malware software usage and closing of software weakness with up to date patches
- Data backup

There are some secondary supportive elements within the ambit of Information Governance which include: -

- IG training on data confidentiality and security covering secure passwords, changing them and not disclosing them
  - Annual refresher training on the above
  - Spot checks of practice around the Trust including screens being left on and unattended.

The Trust has a Data Quality Policy and Data Quality Strategy that refers to wider aspects of data safety.

At GWH, maintaining the security of our data is of primary importance to us. To safeguard our data, information and cyber security all of which we treat as interlinked, we take both technical and non-technical measures across 10 critical areas, including:-

1. Information Risk Management Regime
2. Network Security
3. User Education and Awareness
4. Malware Prevention
5. Removable Media Controls
6. Secure Configuration
7. Managing User Privileges
8. Incident Management
9. Monitoring
10. Home and Mobile Working

Our data security approach - a 10-Step Approach - is guided by a framework promoted by the UK National Cyber Security Centre (NCSC).

At a practical level, access to our data systems is controlled. We set up firewalls, install anti-virus programs, undertake backups, apply file filter, run intrusion detection and regularly update software and implement patches to improve the levels of our data, network and systems security.

In addition, we administer access rights, including user names and passwords and physical access to our data systems and networks, linked to job roles. We have in place mandatory information governance training, including annual refresher training, on data confidentiality and security covering secure passwords, changing them and not disclosing them and the handling of data in general. We undertake spot checks of practice around the organisation, and we encourage an information risk culture that promotes staff speaking out on data security-related matters and reporting incidents and risks so measures can be taken to continuously improve our data security.

Information Governance

NHS Digital has published assessment criteria and reporting guidelines for personal data breaches which are defined as any breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to personal data transmitted, stored or otherwise processed. This can include incidents that prevent access to, destruction of, or modification to the Trust's data. Such events are termed Data Security and Protection Incidents.

Trusts are required to take a risk-based approach which will determine the likelihood that adverse effect has occurred and the potential severity of the adverse effect that the incident has had on individuals. Any comparison with figures published in earlier years is therefore to be treated with considerable care.

There are three types of breaches:

(a) **Confidentiality** – unauthorised or accidental disclosure of or access to personal data;
(b) **Availability** - unauthorised access to or destruction of personal data, or data is unavailable or cannot be accessed;
(c) **Integrity** - unauthorised or accidental alteration of personal data.

During 2022/23 there were a total of 33 such incidents, which were classified as follows:

Summary of data security and protection incidents in 2022/23		
	Breach type	
A	Confidentiality	27
B	Availability	4
C	Integrity	2
	Total	**33**

Notifiable breaches are those that are likely to result in a high risk to the rights and freedoms of the individual (data subject). During 2022/23 the Trust reported one high risk incident via the Data Security and Protection Toolkit incident reporting tool which required notification to the Information Commissioner's Office.

The incident involved the unauthorised installation of CCTV equipment in a staff-only area. The recording system did not go through the normal approval route and no Data Protection Impact Assessment (DPIA) had been completed to determine whether the system was necessary, proportionate and reasonable. The system was removed as soon as our security team were made aware. The ICO did not take any action and were content for the Trust to follow our own local investigation and disciplinary procedures.

In February 2023, the Trust underwent an Internal Audit of our current DSPT compliance. The overall confidence level in the DSPT submission was graded as 'high'. There were 2 recommendations made as part of the audit and progress is underway to review the learning and implement improvements ahead of the final DSPT submission, which is in June 2023.

Data quality and governance

To provide focused ownership of data quality at GWH, a new Head of Elective Access, RTT and Data Quality was recruited in February 2023 and has assumed responsibility for the improvement programme around data quality at the Trust.

While the critical importance of good Data Quality to the organisation has been fully recognised at a Trust Board level, an independent audit undertaken in 2021 identified that the newly revised Data Quality Policy was unknown to many members of staff across the Trust and that they had not received training relating to it. Furthermore, staff felt that data within their departments could be used more effectively, or that they did not have the skills to understand it or the capacity to complete their data quality responsibilities.

Priority has therefore been given in 2022/23 to the development of an online Data Quality training module, developed in partnership with the Trust's Academy and will be deployed to all members of the Trust's staff at the throughout 2023/24.

To promote this training, and to raise the wider profile of good Data Quality, an awareness campaign is being developed with the help of the Trust's Communication Team. The awareness campaign will run for several months during 2023 over which time various aspects of the Trust's Data Quality Policy will be communicated and reinforced.

Regular meetings of the Trust's Data Quality Steering Group (DQSG) will be reinstated throughout 2023/24, and through the DQSG and the Information Governance Steering Group (IGSG) the Trust will be taking actions to continue to improve data quality. Monitoring reports will be reviewed regularly by the DQSG and the IGSG. These reports will include data items which have been identified as causing concern; the reports will also be used to enable management to improve processes, training, documentation, and computer systems, in turn improving patient records and hence patient care.

Quality Governance Framework

The Trust has regard to the Quality Governance Framework through a combination of structures and processes at and below Board level to lead on Trust-wide quality performance including:

- ensuring required standards are achieved
- investigating and taking action on sub-standard performance
- planning and driving continuous improvement
- identifying, sharing, and ensuring delivery of best practice and
- identifying and managing risks to quality of care

The Trust operates a process of 'distributed leadership' through clinical divisions. Each division has structures for governing quality from its services and clinical teams, which report into corporate structures and processes. Each division has processes for monitoring performance, managing risk, receiving assurance and escalating concerns. These processes commence at team level, with assurance and escalation of risk managed as appropriate through to Board level.

The 'Assurance and Escalation Pyramid' illustrates the route assurance and escalation takes

Trust People Strategy

The Trust's People Strategy was refreshed in 2019 and sets out our approach to developing, strengthening and retaining our workforce over the next five years. There are 5 key themes:-

- Great Employee Development
- Great Experience
- Great Opportunities
- Great Leadership

- Great Workforce Planning

The Trust Board receives a 6 monthly progress report to review improvements on the commitments outlined in the Strategy.

Workforce Planning

The Trust establishment setting is completed annually and aligned to the Trust Business Planning Cycle. The establishment information is detailed in the monthly workforce report and any changes throughout the year are monitored via this report. A 6 monthly review is undertaken to identify any changes within service needs. The workforce planning cycle is led by clinical and operational leads, using available data and evidence to ensure capacity and demand is sufficient to provide safe and effective care.

Safer Staffing

The Trust has a systematic approach to safer staffing which determines the number of staff and skills required to meet the needs of service users and ensure safe patient care. The Trust ensures compliance with the National Quality Board (NQB) via bi monthly "Safer Staffing" reports which are presented to Quality and Safety Committee and Trust Board. Each report includes a dashboard of key nursing quality indicators (acuity and dependency data, Care hours per Patient, Model Hospital Data comparison, staffing fill rates). The Trust undertakes a 6 monthly skill mix review which is approved by Trust Management Committee.

This process supports the Trust in its efforts to deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively. The report includes national clinical guidance to inform decision making.

Well Led Framework

NHS England strongly encourage all providers to carry out externally facilitated development reviews of their leadership and governance using the Well Led framework (re-issued by NHSE in June 2017) every three to five years, according to their circumstances. The framework retains a strong focus on integrated quality, operational and financial performance and is now aligned to the CQC well-led assessment.

In December 2019 the Trust commissioned PricewaterhouseCoopers (PwC) to undertake an independent review of the leadership and governance arrangements at the Trust. The Board reviewed the report and developed actions with regard to the recommendations made at a Board workshop in July 2020, previously arranged in April 2020 but delayed due to Covid. The next review will take place in October 2023, and the Trust commissioned a joint procurement with the other two acute hospitals within the BSW and although each review with be individual it will include a shared learning report across the three hospitals.

The Trust commissioned a well-led mapping exercise by Aqua in 2022 as a focus for continuous improvement and to identify any gaps in our well-framework and the report was structured around the eight Well-Lead Key Lines of Enquiry (KLOE). The report was considered at a Board workshop in June 2022 with an action devised to address any gaps.

The Trust refreshed its Accountability & Responsibility Framework in July 2022. This framework set out our strategic priorities together with the approach to build a culture of high performance, accountability, support and development. Divisional Performance Review meetings monitored performance of this framework. Furthermore, the Trust also introduced an Integrated Performance Report (IPR) which provided a summary of performance against the CQC domains.

CQC registration

Compliance with CQC registration is on a rolling program of review. This work is on-going with updates to registration made as required. Processes are in place to ensure on-going monitoring of registration requirements.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

Register of Interest

In accordance with the 'Managing Conflicts of Interest in the NHS policy' and NHS England's guidance decision making staff are required to declare any interests which are relevant and material to the business of the Trust, this includes financial interest, outside employment, shareholdings, family interests, gifts and hospitality interests of which the staff member is aware, irrespective of whether the interests are actual and potential, direct or indirect.

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. Copies of the declaration of interest register can be found on the following website link Lists and registers | Great Western Hospital (gwh.nhs.uk).

Employer Obligations

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 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.

Sustainability

The foundation trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act the Adaptation Reporting requirements are complied with (further information is on page 34)

Equality, diversity and inclusion

Control measures are in place to ensure that all obligations under equality, diversity and human rights legislation are complied with in line with the requirements of the Public Sector Equality Duties under the Equality Act 2010. We recognise that we need to do more to address equality, diversity and inclusion issues and we have agreed an extensive work plan. All relevant Trust policies are subject to an equality impact assessment. The Trust publishes data from the Workforce Race Equality Standard (WRES) annually and analysis is undertaken to inform local and Trust wide improvement plans in collaboration with our BAME staff network and staff side colleagues. The Trust uses disclosures on protected characteristics to improve staff engagement and experience, while ensuring opportunities are equitable, including in relation to gender pay (page 65). The Equality, Diversity & Inclusion Group ensures that the Trust is meeting the information and physical accessibility needs of patients and carers who are vulnerable or have physical and sensory disabilities, and that we are compliant with the Accessible Information Standard. Equality impact assessments are an integral part of the Trust's patient and public engagement toolkit and inform the engagement strategy during any transformation or service change. They are required for all new Trust business cases and during all policy development, including those related to employment.

Compliance with NHS Foundation Trust Condition 4 of Provider Licence

The Board has not identified any principal risks to compliance with provider licence condition FT4. This condition covers the effectiveness of governance structures, the responsibilities of directors and committees, the reporting lines and accountabilities between the board, its committees and the executive team. The board is satisfied with the

timeliness and accuracy of information to assess risks to compliance with the foundation trust's licence and the degree of rigour of oversight it has over performance.

The Trust has processes in place to record and monitor compliance with NHSI's Provider Licence conditions and for 2022/23 was compliant in all areas which was reported to the Audit, Risk & Assurance Committee in March 2023.

The Board has complied with the relevant aspects of the HM Treasury/Cabinet Office Corporate Governance Code. The Trust is not required to comply with the UK Code of Corporate Governance. With reference to the requirements of the Trust's Standing Orders and Standing Financial Instructions, the Chief Financial Officer and the Company Secretary retain oversight of the arrangements for the discharge of statutory functions and no gaps in legal compliance have been identified.

Corporate governance statement

The board acknowledges that it is essential that the correct combination of structures and processes is in place at and below board level to enable the board to assure the quality of care that the organisation provides. We are committed to the continuous improvement of these structures and processes. The review of leadership and governance undertaken in 2019/20 using NHS England well-led framework identified no areas of concern and numerous areas of good practice. Progress against our action plan was reported through the Board and has now been closed. This contributes to the board's ability to assure itself of the validity of the corporate governance statement we submit to NHS Improvement in accordance with our provider licence condition. The next external well-led review has been commissioned for October 2023 within the national timescales.

Review of economy, efficiency and effectiveness of the use of resources

The Trust's Financial Plan is approved by the Board of Directors and submitted to NHS England. The plan, including forward projections, is monitored in detail by the Finance, Infrastructure & Digital Committee on a monthly basis, with key performance indicators and metrics reviewed by the Board of Directors through the Integrated Performance Report. The Trust's resources are managed within the governance framework which includes the scheme of delegation and standing financial instructions. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources. Divisional and Corporate departments are responsible for the delivery of financial and other performance targets via a Performance and Resposnibility Framework. This framework includes service reviews with the Executive Team.

The processes outlined below are well established and ensure the effectiveness of the systems of internal control through:

- Board Committees seeking assurance on behalf of the Board that controls are in place for the management of strategic risks, with relevant extracts of the Board Assurance Framework considered by the respective Committees on a quarterly basis;
- Board of Directors reviewing the Board Assurance Framework at least twice a year, including the 15+ risk register and Internal Audit reports on its effectiveness;
- Audit, Risk and Assurance Committee, working with the Board Committees to review the effectiveness of the Trust's systems and processes of internal control;
- review of on-going compliance in meeting the Care Quality Commission's (CQC) essential standards by the Quality & Safety Committee informed by the CQC Inspection Report December 2018 and monthly quality reports;
- Clinical Audits;
- National Patient and Staff Surveys;
- Internal audits of effectiveness of systems of internal control;
- Trust Investment Group – check and challenge panel to understand the implications of any investment from a financial, use of resources and impact on patient experience/safety prior to submission to Trust Management Committee;

- Improvement Board – weekly review of the Cost Improvement Programmes and the Quality Impact Assessments;
- regular reporting to the Board on key performance indicators including finance, operational performance, quality indicators and workforce targets;
- monthly scrutiny and challenge of financial, operational and quality targets by the Finance, Infrastructure & Digital Committee, the Performance, Population & Place Committee and the Quality & Safety Committee;
- monthly reporting to the Trust Management Committee on directorate and Trust performance;
- monthly monitoring and reporting within Directorates which feeds into Executive Review Meetings, to the Trust Management Committee and up to the Board;
- quarterly meetings with CQC relationship managers; and
- regular reporting to NHS England through performance review meetings and regular dialogue with relationship managers.

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 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 and the Audit, Risk and Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The processes that have been applied in maintaining and reviewing the effectiveness of the system of internal control include the following: -

Process		**Role and Conclusions**
Board	-	The Board leads the organisation throughout the year with regular reporting on finance, operational and quality performance and workforce. It receives minutes of Committees, with concerns and issues escalated by the Committee Chairs through the Chair's reports to the Board in public. The Board has a forward plan which supports ensuring that the Board considers progress on Trust business in a planned way, such as bi-annual updates on strategies which underpin the Trust's Vision and quarterly updates on other matters such as workforce.
Audit, Risk and Assurance Committee	-	The Committee provides scrutiny of internal controls, including the review and challenge of the Board Assurance Framework and Risk.
External Audits	-	External auditors are required to satisfy themselves that the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Trust's External Audit Services submitted reports as needed including their 2022/23 audit opinion on the Trust's Financial Accounts and their Annual ISA260 report. During the year, the Audit Committee considered the following significant audit risks identified by external audit: • Recognition of NHS revenue • Property valuations • Capital expenditure • Validity of accruals

- Management override of controls.

The 2022/23 year-end audit plan was reviewed and agreed. All significant points raised by Deloitte as a result of their audit work, including any issues carried forward, have been discussed with the Committee, were considered by management and, if needed, appropriate responses have been made and control processes identified for strengthening. Of particular note was a significant weakness reported on financial sustainability however this has now been resolved and is not a significant weakness for 2022/23.

Out of 6 high priority recommendations in 2021/22 audit, one remained a significant risk which was around the risk asset register. Whilst some progress had been made with this, there remained a number of issues that needed to be resolved during the audit.

Internal audits - Internal audits are carried out which look at the effectiveness of systems of internal control. Audit findings are presented to the Audit, Risk and Assurance Committee and the Board through the Audit, Risk and Assurance Committee minutes.
A programme of internal audits is agreed each year having regard to the key risks to achieving the Trust's strategic objectives. The Board Assurance Framework informs the Audit Plan. The outcome of the internal audits can be found on page 109.

Clinical audits - Clinical Audit is a key component of clinical governance, and it aims to promote patient safety, patient experience and to improve effectiveness of care provided to patients. The Trust is compliant with the Trust Clinical Audit plan. The NICE lead is responsible for actively disseminating and monitoring NICE compliance. Progress with the clinical audit programme is reported to the Quality & Safety Committee and assurances are included in the Board Assurance Report considered by the Board.

Other Committees - A number of Board Committees have been established with a clear timetable of meetings and forward plans in place to ensure that the Committees seeks assurance on behalf of the Board that all areas of business within their remit are being managed effectively.

Terms of reference for each Board Committee are refreshed each year to ensure on-going effectiveness and to ensure that an appropriate level of delegation and reference back to the Board is in place. There are five main Committees to scrutinise and challenge Trust performance as well as an Audit, Risk & Assurance committee looking at systems, controls and processes.

During 2022/23 Chairs of the Committees reported to the Board on the work of the Committees in the public part of the agenda with a focus on providing a Non-Executive Director perspective of the issues discussed, including key areas for focus, challenges and risks. These reports are in addition to any other reports which would normally be reported to the Board (such as the Finance Report or the Quality Report) and in addition to the minutes of the Committee meetings. Furthermore, reports to Committees and the Board include Executive Director summaries of areas for attention.

Board Assurance Framework / Risk Management - The Board Assurance Framework (BAF) provides a structure and process that enables the Trust to focus on those risks which might compromise the achievement of the Trust strategic objectives and to identify and record the controls in place to

mitigate any risk identified. The Audit, Risk and Assurance Committee scrutinises the BAF at least two times per year to confirm to the Board that the systems and processes in place for the management of risks are effective.

Strategic risks are aligned to strategic objectives. A formal programme of reporting is established whereby the Board Committees seek assurance on behalf of the Board on a quarterly basis that processes and systems are in place to mitigate risks. The Committees consider the sources of assurance and risks within their remit and provide a risk rating on the strategic risks. The BAF informs the Committees' forward plan and the audit plan.

Care Quality Commission (CQC) standards / CQC Inspection Report

- The CQC performed an Inspection between 11 February 2020 and 12 May 2020, which was part of their planned programme of inspections of healthcare providers. However, the CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce pressure on health and social care services during the Covid pandemic. This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way.

The inspection report includes the findings from the completed service level inspection, but the well-led component of the inspection was not completed and therefore the report does not include findings on well-led at the overall trust level, this element of the inspection remains incomplete. As a result, the ratings published by the CQC for the overall Trust are from the previous inspection in 2018. All other ratings related to specialities for the Great Western Hospital represent the findings and judgements from the inspection undertaken in 2020.

Our overall rating remains as "requires improvement", however, there was significant improvement across several services area from "requires improvement" to "good".

During 2021/2022 the Trust has provided assurance to CQC in relation to two core services assessed as part of their transitional regulatory approach. emergency care and maternity care, the reviews were positive and whilst they did not result in a report or a change to ratings, assurance provided to the CQC informs future monitoring and regulatory activity.

The Trust has not participated in any special reviews or investigations by CQC during the reporting period. We have had regular engagement meetings with CQC through 2022/23 to ensure we keep them informed of our service delivery and of any changes.

Well Led Governance Review

The NHS Well-led Framework sets out how care providers should carry out developmental reviews of their leadership and governance using the well-led framework. Well-Led reviews assess the multiple components of how the leadership, management and governance of an organisation assure the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

The guidance is that the reviews should be carried out every 3 - 5 years. The next external well led review for the Trust will take place in October 2023. In the meantime the Trust regularly evaluates and assesses its governance structure which included an external desk-top exercise during 2022 by Aqua.

The Trust will continue to review all risks and where necessary will take appropriate actions to either reduce or eliminate these. Actions taken will be monitored through the appropriate Committees of the Board, and where necessary the Chair of the Committee will escalate concerns to Board.

Conclusion

No significant internal control issues have been identified in the body of the Annual Governance Statement.
My review confirms that Great Western Hospitals NHS Foundation Trust has generally sound systems on internal control that supports the achievement of its policies, aims and objectives.

Kevin McNamara
Chief Executive
29 June 2023

2.8 Voluntary Disclosures

Modern Slavery Act 2022/23 Statement

At the Trust we are committed to ensuring that no modern slavery or human trafficking takes place in any part of our business or our supply chain. We are fully aware of the responsibilities we hold towards our service users, employees and local communities. We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers (i.e. all companies that we do business with) to adhere to these same principles. We have zero tolerance for slavery and human trafficking.

Policies

The Trust has a number of policies relevant to exploitation and human trafficking and exploitation and has joint guidance for services run in partnership with other providers, such as Swindon Community Services. Our Safeguarding Adults at Risk and Child Protection policy have sections and guidance on trafficking and our HR processes mandate recruitment checks to ensure pre-employment suitability and Disclosure and Barring compliance where appropriate.

The majority of our healthcare provision is through direct contact with clinical staff. Our HR processes and professional registration requirements provide the checks to ensure that our workforce is compliant. Areas of greater risk would include supply chains of certain products and equipment. When procuring suppliers the Trust procurement process requires evidence of measures taken in line with the prohibition of human trafficking and exploitation.

Training

All clinical staff receive safeguarding training appropriate to their role, which includes training about human trafficking and exploitation and complies with the Adult Safeguarding competency requirements as outlined by the Nursing and Midwifery Council. Our safeguarding team receive specialist training and act as a resource to the workforce on any human trafficking and exploitation concerns.

The effectiveness of approach

The Trust monitor each clinical area against the requirement to train staff in all aspects of safeguarding training appropriate to the clinical environment, and compliance is monitored through Divisional Boards.

Auditor’s opinion and certificate

Independent auditor’s report to the Board of Governors and Board of Directors of Great Western Hospitals NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

In our opinion the financial statements of Great Western Hospitals NHS Foundation Trust (the ‘foundation trust’) and its subsidiary (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 2023 and of the group’s and foundation trust’s income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England; 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 income statement;
- the group statement of comprehensive income;
- the group and foundation trust statements of financial position;
- the group and foundation trust statements of changes in equity;
- the group and foundation trust statements of cash flows; and
- the related notes 1 to 29.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice issued by the Comptroller & Auditor General 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 Department of Health and Social Care Group Accounting Manual 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 and relevant employment legislation.

We discussed among the audit engagement team including relevant internal specialists such as valuations 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 areas, and our specific procedures performed to address them are described below:

- determination of whether an expenditure is capital in nature is subjective: we tested the expenditure on a sample basis to assess whether they meet the relevant accounting requirements to be recognised as capital in nature; we agreed a sample of year-end capital accruals to supporting documentation and assessed whether the capitalised expenditure is recognised in the correcting accounting period.
- the judgemental nature of key assumptions used in property valuations: we engaged our property specialists to assess the assumptions and methodology used to value the estate.
- accruals recorded at 31 March 2023 and the timing of their recognition at year-end is subject to potential management bias: we tested a sample of accruals to supporting documentation to assess whether the liability had been incurred as at 31 March 2023.

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 in-house 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 in all material respects; 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 Auditor Guidance Notes issued by the Comptroller & Auditor General, 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 2023 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.

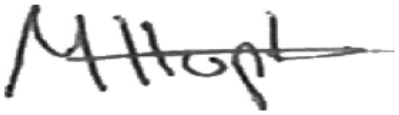
We have nothing to report in respect of these matters.

Delay in certification of completion of the audit

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). We are satisfied that our remaining work in this area is unlikely to have a material impact on the financial statements or on our value for money conclusion.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Great Western Hospitals 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.



Michelle Hopton (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Bristol, United Kingdom
Date: 30 June 2023

Great Western Hospitals NHS Foundation Trust – 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 2023 issued on 30 June 2023 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2023 and of the group's and foundation trust's income and expenditure for the year then ended;
- had been properly prepared in accordance with the accounting policies directed by NHS England; 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 2023 on 30 June 2023, 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.

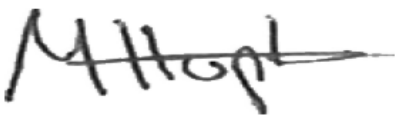
Certificate of completion of the audit

In our audit report for the year ended 31 March 2023 issued on 30 June 2023, 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. We have now completed our work in this area.

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 on the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

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 Great Western Hospitals 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 issued by the Comptroller & Auditor General.



Michelle Hopton (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Bristol, United Kingdom
25 July 2023

Foreword to the Accounts

Great Western Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2023, have been prepared by Great Western Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Kevin McNamara
Chief Executive
29 June 2023

Consolidated Statement of Comprehensive Income

		Group	
		2022/23	2021/22
	Note	£000	£000
Operating income from patient care activities	3	451,680	417,703
Other operating income	4	28,424	27,474
Operating expenses	5, 7	(475,039)	(428,613)
Operating surplus/(deficit) from continuing operations		**5,065**	**16,565**
Finance income	9	812	21
Finance expenses	10.1	(14,137)	(14,969)
PDC dividends payable		(4,716)	(4,126)
Net finance costs		**(18,041)**	**(19,074)**
Other gains / (losses)	11	(23)	(645)
Share of profit / (losses) of associates / joint arrangements	17.1	37	-
Gains / (losses) arising from transfers by absorption	2	-	(5,146)
Surplus / (deficit) for the year from continuing operations		**(12,962)**	**(8,300)**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	12	-	-
Surplus / (deficit) for the year		**(12,962)**	**(8,300)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Revaluations	15	12,476	6,575
Share of comprehensive income from associates and joint ventures	17.1	-	56
Other reserve movements		(13)	52
Total comprehensive income / (expense) for the period		**(499)**	**(1,617)**
Surplus/ (deficit) for the period attributable to:			
Great Western Hospitals NHS Foundation Trust		(12,962)	(8,300)
TOTAL		**(12,962)**	**(8,300)**
Total comprehensive income/ (expense) for the period attributable to:			
Great Western Hospitals NHS Foundation Trust		(499)	(1,617)
TOTAL		**(499)**	**(1,617)**

Statements of Financial Position

		Group		Trust	
		31 March 2023	31 March 2022	31 March 2023	31 March 2022
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	12	6,503	6,033	6,503	6,033
Property, plant and equipment	13.3	252,324	248,653	252,324	248,653
Right of use assets	16.1	13,714	-	13,714	-
Investments in associates and joint ventures	17.1	163	126	163	126
Receivables	20.1	588	843	588	843
Total non-current assets		**273,290**	**255,655**	**273,290**	**255,655**
Current assets					
Inventories	19	5,419	5,104	5,419	5,104
Receivables	20.1	28,270	19,945	28,213	19,869
Cash and cash equivalents	21	43,307	54,229	41,899	52,909
Total current assets		**76,996**	**79,278**	**75,531**	**77,882**
Current liabilities					
Trade and other payables	22	(59,890)	(59,712)	(59,277)	(59,670)
Borrowings	24	(10,301)	(7,829)	(10,301)	(7,829)
Provisions	25.1	(1,045)	(2,929)	(1,045)	(2,929)
Other liabilities	23	(7,702)	(8,043)	(7,702)	(8,043)
Total current liabilities		**(78,938)**	**(78,513)**	**(78,325)**	**(78,471)**
Total assets less current liabilities		**271,348**	**256,421**	**270,496**	**255,067**
Non-current liabilities					
Borrowings	24	(79,727)	(77,284)	(79,727)	(77,284)
Provisions	25	(3,005)	(6,330)	(3,005)	(6,330)
Other liabilities	23	(562)	(676)	(562)	(676)
Total non-current liabilities		**(83,294)**	**(84,290)**	**(83,294)**	**(84,290)**
Total assets employed		**188,056**	**172,131**	**187,204**	**170,777**
Financed by					
Public dividend capital		176,440	160,016	176,440	160,016
Revaluation reserve		54,484	42,008	54,484	42,008
Income and expenditure reserve		(43,720)	(31,247)	(43,720)	(31,247)
Charitable fund reserves	18	852	1,354	-	-
Total taxpayers' equity		**188,056**	**172,131**	**187,204**	**170,777**

The accompanying notes on pages 145 to 185 form part of these accounts.

Kevin McNamara
Chief Executive
29 June 2023

Consolidated Statement of Changes in Equity for the year ended 31 March 2023

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**160,016**	**42,008**	**(31,247)**	**1,354**	**172,131**
Impact of implementing IFRS 16 on 1 April 2022	**-**	**-**	**-**	**-**	**-**
Surplus/(deficit) for the year	-	-	(12,459)	(503)	**(12,962)**
Revaluations	-	12,476	-	-	**12,476**
Public dividend capital received	16,424	-	-	-	**16,424**
Other reserve movements	-	-	(14)	1	**(13)**
Taxpayers' and others' equity at 31 March 2023	**176,440**	**54,484**	**(43,720)**	**852**	**188,056**

Consolidated Statement of Changes in Equity for the year ended 31 March 2022

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**137,337**	**38,784**	**(28,632)**	**3,580**	**151,069**
Surplus/(deficit) for the year	-	-	(6,022)	(2,278)	**(8,300)**
Transfers by absorption: transfers between reserves	-	(3,351)	3,351	-	**-**
Revaluations	-	6,575	-	-	**6,575**
Share of comprehensive income from associates and joint ventures	-	-	56	-	**56**
Public dividend capital received	22,679	-	-	-	**22,679**
Other reserve movements	-	-	-	52	**52**
Taxpayers' and others' equity at 31 March 2022	**160,016**	**42,008**	**(31,247)**	**1,354**	**172,131**

Statement of Changes in Equity for the year ended 31 March 2023

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**160,016**	**42,008**	**(31,247)**	**170,777**
Impact of implementing IFRS 16 on 1 April 2022	-	-	-	-
Surplus/(deficit) for the year	-	-	(12,459)	**(12,459)**
Revaluations	-	12,476	-	**12,476**
Public dividend capital repaid	16,424	-	-	**16,424**
Other reserve movements	-	-	(14)	**(14)**
Taxpayers' and others' equity at 31 March 2023	**176,440**	**54,484**	**(43,720)**	**187,204**

Statement of Changes in Equity for the year ended 31 March 2022

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**137,337**	**38,784**	**(28,632)**	**147,489**
Surplus/(deficit) for the year	-	-	(6,022)	**(6,022)**
Transfers by absorption: transfers between reserves	-	(3,351)	3,351	**-**
Revaluations	-	6,575	-	**6,575**
Share of comprehensive income from associates and joint ventures	-	-	56	**56**
Public dividend capital repaid	22,679	-	-	**22,679**
Taxpayers' and others' equity at 31 March 2022	**160,016**	**42,008**	**(31,247)**	**170,777**

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.

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

Charitable funds reserve
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 18.

Statements of Cash Flows

		Group		Trust	
		2022/23	2021/22	2022/23	2021/22
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus		5,065	16,565	5,596	18,843
Non-cash income and expense:					
Depreciation and amortisation	5	17,172	10,313	17,172	10,313
Net impairments	6	12,679	-	12,679	-
Income recognised in respect of capital donations	4	(369)	(125)	(369)	(125)
(Increase) / decrease in receivables and other assets		(6,308)	16,865	(6,308)	16,865
(Increase) / decrease in inventories		(315)	(317)	(315)	(317)
Increase / (decrease) in payables and other liabilities		4,278	10,542	4,278	10,542
Increase / (decrease) in provisions		(5,245)	6,931	(5,245)	6,931
Movements in charitable fund working capital		591	42	-	-
Net cash flows from / (used in) operating activities		**27,548**	**60,816**	**27,488**	**63,050**
Cash flows from investing activities					
Interest received		784	21	784	21
Purchase of intangible assets		(705)	(1,188)	(705)	(1,188)
Purchase of PPE and investment property		(27,667)	(25,748)	(27,667)	(25,748)
Sales of PPE and investment property		141	-	141	-
Receipt of cash donations to purchase assets		355	-	355	
Net cash flows from charitable fund investing activities		28	-	-	-
Net cash flows from / (used in) investing activities		**(27,064)**	**(26,915)**	**(27,092)**	**(26,915)**
Cash flows from financing activities					
Public dividend capital received		16,424	22,679	16,424	22,679
Movement on loans from DHSC		(110)	(110)	(110)	(110)
Capital element of lease liability repayments		(1,579)	(237)	(1,579)	(237)
Capital element of PFI, LIFT and other service concession payments		(7,490)	(8,073)	(7,490)	(8,073)
Interest on loans		(2)	(7)	(2)	(8)
Other interest		-	(1)	-	-
Interest paid on lease liability repayments		(126)	(27)	(126)	(27)
Interest paid on PFI, LIFT and other service concession obligations		(13,973)	(14,939)	(13,973)	(14,939)
PDC dividend (paid) / refunded		(4,549)	(4,079)	(4,549)	(4,079)
Net cash flows from / (used in) financing activities		**(11,405)**	**(4,794)**	**(11,405)**	**(4,793)**
Increase / (decrease) in cash and cash equivalents		**(10,921)**	**29,107**	**(11,009)**	**31,343**
Cash and cash equivalents at 1 April - brought forward		**54,229**	**25,122**	**52,909**	**21,566**
Cash and cash equivalents at 31 March	21	**43,307**	**54,229**	**41,899**	**52,909**

Note 1.1 Basis of preparation
NHS England 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 2022/23 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 and certain financial assets and financial liabilities.

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

NHS Charitable Funds
The Foundation Trust is the corporate trustee to Great Western Hospitals NHS Foundation Trust NHS charitable fund. The Foundation Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Foundation 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.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

• recognise and measure them in accordance with the trust's accounting policies and
• eliminate intra-group transactions, balances, gains and losses.

The key accounting policy for the Charity is in relation to investments. The corporate trustee has determined the investment policy to, in so far is reasonable, avoid undue risk to the real value of the capital and income of the portfolio, after allowing for inflation so the investments are held at fair value. The investment policy, also requires that all monies not required to fund working capital should be invested to maximise income and growth.

Joint ventures
Joint ventures are arrangements in which the Foundation 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. The Foundation Trust entered a Joint Venture Arrangement, Wiltshire Health & Care LLP, with Royal United Hospital Bath NHS FT and Salisbury NHS FT on 1st July 2016. All profits or losses are shared equally between the three Trusts. No initial consideration was paid for the share of this investment.

Note 1.4 Revenue from contracts with customers
Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

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

Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

In 2022/23 fixed payments are set at a level assuming the achievement of elective activity targets. These are termed 'aligned payment and incentive' contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differs from the agreed level set in the fixed payments, the variable element either increases or reduces the income earned by the Trust at a rate of 75% of the tariff price.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria. Adjustments for actual performance are made through the variable element of the contract payments.

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- The Foundation Trust is not required to disclose information regarding performance obligations that are part of a contract that has an original expected duration of one year or less,
- The Foundation Trust is not required to disclose information where revenue is recognised in line with the practical expedient offered in the Standard, where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in the Standard that requires the Foundation Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme
The Foundation 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.

Director Benefits
Directors received no other benefits such as advances, credits or guarantees.

National Employment Savings Trust (NEST)
As part of the Government's pension reform the Foundation Trust commenced auto-enrolment in July 2013. Staff not eligible to join the NHS pension scheme are automatically enrolled in NEST.

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 cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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

Subsequent expenditure

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

Measurement

Valuation

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

Land and property assets are valued every 5 years with a 3 yearly interim valuation also carried out. Annual impairment reviews are carried out in other years. The 3 and 5 yearly interim revaluations are carried out by a professionally qualified valuer in accordance with the Royal Chartered Institute of Surveyors (RICS) Appraisal and Valuation Manual. The valuations are carried out on the basis of a Modern Equivalent Asset as required by HM Treasury. The annual reviews are carried out using the most appropriate information available at the date of the review.

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

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

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

An interim valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023.

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.

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 trust’s Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have 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 and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

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

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.

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.

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.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

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

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

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

PFI assets, liabilities and finance costs

The PFI assets are recognised as property, plant and equipment when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'finance costs' within the Statement of Comprehensive Income'.
The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Foundation Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and measured initially at cost.

The element of the annual unitary payment allocated to the lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

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 Years	Max life Years
Land	-	-
Buildings, excluding dwellings	6	48
Dwellings	35	35
Plant & machinery	5	15
Transport equipment	-	-
Information technology	5	12
Furniture & fittings	2	10

Note 1.10 Intangible assets

Recognition

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

Internally generated intangible assets

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

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

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

Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	Max life Years
Software licences	5	10
Licences & trademarks	5	10

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. Pharmacy stocks are valued at average cost, other inventories are valued on a first-in first-out basis. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods and services in intermediate stages of production.

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 Cash and cash equivalents

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

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

Note 1.13 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

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

Financial assets are classified as subsequently measured at fair value through income and expenditure.

Financial liabilities classified as subsequently measured at fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost

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

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

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

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

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

The Foundation 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).

The Foundation Trust has identified three main classes of receivables: Overseas, Non-NHS and NHS. The Foundation Trust has recognised an impairment allowance for overseas and Non-NHS receivables based on past experience of what is likely to be collectable. There are no credit losses expected in relation to NHS bodies.

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 1.14 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Foundation Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Foundation Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Foundation Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Foundation Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Foundation Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement
As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Foundation Trust as a lessor
The Foundation Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. 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.

Where the Foundation Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Foundation 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
Income from operating leases is recognised on a straight-line basis or another systematic 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.

Initial application of IFRS 16
IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Foundation Trust as lessee
For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Foundation Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Foundation Trust as lessor
Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

2021/22 comparatives
Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Foundation Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line or other systematic basis.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
	Exceeding 40 years	0.66%	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 from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

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 Foundation Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Foundation Trust is disclosed at note 26 but is not recognised in the Foundation Trust's accounts.

Non-clinical risk pooling

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

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in the notes to the accounts where an inflow of economic benefits is probable. The Foundation Trust has no contingent assets to disclose at 31st March 2023.

Contingent liabilities are not recognised, but are disclosed in the notes to the accounts, 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.

The Foundation Trust has no contingent liabilities to disclose at 31st March 2023.

Note 1.17 Public dividend capital

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, 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 1.18 Value added tax

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

Note 1.19 Corporation tax

The Foundation Trust does not have a corporation tax liability for the year 2022/23 (2021/22 £nil). Tax may be payable on activities as described below:

- the activity is not related to the provision of core healthcare as defined under Section 14(1) of the HSCA. Private healthcare falls under this legislation and is therefore not taxable.
- the activity is commercial in nature and competes with the private sector. In house trading activities are normally ancillary to the core healthcare objectives and are therefore not subject to tax.
- the activity must have annual profits of over £50,000.

Note 1.20 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 1.21 Third party assets

Assets belonging to third parties in which the Foundation 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 1.22 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 1.23 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 1.24 Transfers of functions [to / from] [other NHS bodies / local government bodies]
For functions that the trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss corresponding to the net assets/ liabilities transferred is recognised within expenses / , but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

Note 1.25 Pooled Budgets
The Foundation Trust has entered into a pooled budget arrangement with NHS Swindon and Swindon Borough Council (in accordance with section 75 of the NHS Act 2006). Under the arrangement, funds are pooled for providing equipment to members of the community to assist with discharge from hospital. Note 29 provides details of the income and expenditure. The pool is hosted by Swindon Borough Council.

The Foundation Trust accounts for its share of the assets, liabilities, income and expenditure arising from the pooled budget, identified in accordance with the pooled budget agreement.

Note 1.26 Operating Segments
Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the Foundation Trust.

Note 1.28 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.29 Standards, amendments and interpretations in issue but not yet effective or adopted
IFRS 16 Leases - application of liability measurement principles to PFI and other service concession arrangements
From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Foundation Trust's PFI liabilities where future payments are linked to the RPI. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the statement of financial position. The effect of this has not yet been quantified.

Note 1.30 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 accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the application of Foundation Trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

International accounting standard IAS1 requires estimates, assumptions and judgements to be continually evaluated and to be based on historical experience and other factors including expectation of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The purpose of the evaluation is to consider whether there may be a significant risk of causing a material adjustment to the carrying value of assets and liabilities within the next financial year, compared to the carrying value in these accounts. The following significant assumptions and areas of estimation and judgement have been considered in preparing these financial statements.

Property Valuation
The value of land, buildings and dwellings is £195m. This is the most significant estimate in the accounts and is based on the professional judgement of the Foundation Trust's independent valuer with extensive knowledge of the physical estate and market factors. The value does not take into account potential future changes in market value which cannot be predicted with any certainty. The last valuation exercise was as at 31 March 2023. The Valuation Office Agency have reviewed the indices for 2022/23 and have reported a location factor of 101% (21/22 102%) and Building Cost Information Service (BCIS) of 368 (21/22 350).

For each specialised property, the Gross Replacement Cost (GRC) of providing a new modern equivalent asset has been assessed. This GRC has then been adjusted to reflect obsolescence to arrive at a Net Replacement Cost (also known as Depreciated Replacement Cost – DRC) which reflects the remaining service potential of the actual asset.

Of the £195m net book value of land and buildings subject to valuation, £154m relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Foundation Trust of replacing the service potential of the assets.

Note 1.31 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:

Valuation of property

When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates. Estimates include the remaining life of each asset, and BCIS estimates published in March 2023 for Tender Price Index and Location Factors which are subject to change.

PFI Lifecycle Prepayment

The PFI Lifecycle Prepayment is £10.7m. The Foundation Trust has reviewed the appropriateness of this treatment and following a review of the large value lifecycle works in the original contract, the undertaking of a condition survey to inform investment required over the coming years and plans to provide decant space in the near to medium term to facilitate the completion of major maintenance and replacement works, the management team is of the view that the treatment of lifecycle payments not yet expended by THC as a prepayment is appropriate.

Note 2 Operating Segments

The Foundation Trust's Board has determined that the Foundation Trust operates in four material segments which is Great Western Hospitals (GWH), Swindon Community Services, the NHS Charity and Swindon Primary Care Network. The Primary Care Network transferred to another provider from 9th January 2023.

2022-23	GWH	Swindon Community Services	Charity	Primary Care	Total
	£'000	£'000	£'000	£'000	£'000
Operating Income	416,243	29,572	0	5,865	451,680
Non-Operating Income	27,454	289	562	96	28,401
Total Income	**443,697**	**29,861**	**562**	**5,961**	**480,081**
Pay	(264,495)	(29,954)	0	(4,828)	(299,277)
Other Operating Expenditure	(167,934)	(5,412)	(1,093)	(1,323)	(175,762)
Total Operating Expenditure	**(432,429)**	**(35,366)**	**(1,093)**	**(6,151)**	**(475,039)**
EBITDA	**11,268**	**(5,505)**	**(531)**	**(190)**	**5,042**
Non-Operating Expenditure	(18,013)	(28)	0	0	(18,041)
Share of profit/(loss) of associates/ joint ventures	37				37
Loss from Transfer by Absorption	0	0	0	0	0
(Deficit)	**(6,708)**	**(5,533)**	**(531)**	**(190)**	**(12,962)**

The Trust's Balance Sheet is not reported at segmental level.

2021-22	GWH	Swindon Community Services	Charity	Primary Care	Total
	£'000	£'000	£'000	£'000	£'000
Operating Income	378,864	31,692	0	7,147	417,703
Non-Operating Income	25,708	419	631	72	26,830
Total Income	**404,572**	**32,110**	**631**	**7,219**	**444,533**
Pay	(237,642)	(26,321)	0	(6,180)	(270,143)
Other Operating Expenditure	(148,733)	(5,789)	(2,909)	(1,039)	(158,470)
Total Operating Expenditure	**(386,374)**	**(32,110)**	**(2,909)**	**(7,219)**	**(428,613)**
EBITDA	**18,198**	**(0)**	**(2,278)**	**0**	**15,920**
Non-Operating Expenditure	(19,074)	0	0	0	(19,074)
Loss from Transfer by Absorption	(5,146)	0	0	0	(5,146)
(Deficit)	**(6,022)**	**(0)**	**(2,278)**	**0**	**(8,300)**

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)	**2022/23**	**2021/22**
	£000	**£000**
Acute services		
Income from commissioners under API contracts*	338,884	318,443
High cost drugs income from commissioners (excluding pass-through costs)	37,341	32,238
Other NHS clinical income	5,972	4,572
Community services		
Income from commissioners under API contracts*	30,772	24,034
Income from other sources (e.g. local authorities)	2,710	7,417
All services		
Private patient income	2,229	1,915
Elective recovery fund	9,521	8,173
Agenda for change pay award central funding*	9,235	-
Additional pension contribution central funding*	11,205	10,392
Other clinical income	3,811	10,519
Total income from activities	**451,680**	**417,703**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National tariff payments system documentation.
https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

* NHS Providers are to receive additional funding for pay awards agreed retrospectively in relation to 2022/23 An accrual has been made for the anticipated income, as well as an estimate for the costs of the award in operating expenditure.

*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)

	2022/23	**2021/22**
Income from patient care activities received from:	**£000**	**£000**
NHS England	74,768	59,714
Clinical commissioning groups	81,652	343,782
Integrated care boards	285,082	-
Department of Health and Social Care	-	-
Other NHS providers	1,454	1,433
NHS other	103	79
Local authorities	5,476	9,794
Non-NHS: private patients	2,228	1,915
Non-NHS: overseas patients (chargeable to patient)	280	265
Injury cost recovery scheme	(820)	464
Non NHS: other	1,457	257
Total income from activities	**451,680**	**417,703**
Of which:		
Related to continuing operations	451,680	417,703
Related to discontinued operations	-	-

Clinical commissioning groups were superseded by Integrated Care Boards effective from 1st April 2023.

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2022/23	2021/22
	£000	£000
Income recognised this year	280	265
Cash payments received in-year	144	117
Amounts added to provision for impairment of receivables	359	314
Amounts written off in-year	104	105

Note 4 Other operating income (Group)

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	827	-	**827**	1,009	-	**1,009**
Education and training	16,877	381	**17,258**	13,037	457	**13,494**
Non-patient care services to other bodies	3,676		**3,676**	3,524		**3,524**
Reimbursement and top up funding	336		**336**	2,024		**2,024**
Receipt of capital grants and donations and peppercorn leases		369	**369**		125	**125**
Charitable and other contributions to expenditure		826	**826**		1,058	**1,058**
Charitable fund incoming resources		562	**562**		631	**631**
Other income	4,570	-	**4,570**	5,609	-	**5,609**
Total other operating income	**26,286**	**2,138**	**28,424**	**25,203**	**2,271**	**27,474**
Of which:						
Related to continuing operations			28,424			27,474
Related to discontinued operations			-			-

Note 5 Operating expenses (Group)

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,401	3,288
Purchase of healthcare from non-NHS and non-DHSC bodies	2,162	2,137
Purchase of social care	-	-
Staff and executive directors costs	299,113	267,595
Remuneration of non-executive directors	164	174
Supplies and services - clinical (excluding drugs costs)	36,855	33,151
Supplies and services - general	2,512	2,517
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	42,588	38,761
Inventories written down	-	-
Consultancy costs	337	2,680
Establishment	15,713	13,090
Premises	10,084	11,987
Transport (including patient travel)	1,970	876
Depreciation on property, plant and equipment	15,056	9,559
Amortisation on intangible assets	2,116	754
Net impairments	12,679	-
Movement in credit loss allowance: contract receivables / contract assets	223	246
audit services- statutory audit	154	121
Internal audit costs	139	106
Clinical negligence	12,509	13,429
Legal fees	735	451
Insurance	210	203
Education and training	2,193	597
Expenditure on short term leases (current year only)	370	
Operating leases expenditure (comparative only)		823
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	14,257	13,500
Losses, ex gratia & special payments	17	9
Other NHS charitable fund resources expended	1,086	2,906
Other	(1,604)	9,654
Total	**475,039**	**428,613**
Of which:		
Related to continuing operations	475,039	428,613
Related to discontinued operations	-	-

Note 5.1 Other auditor remuneration (Group)

	2022/23	2021/22
	£000	£000
Other auditor remuneration paid to the external auditor:		
Total	**-**	**-**

Note 5.2 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1 million (2021/22: £1 million).

Note 6 Impairment of assets (Group)

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Other	12,679	-
Total net impairments charged to operating surplus / deficit	**12,679**	**-**
Impairments charged to the revaluation reserve	-	-
Total net impairments	**12,679**	**-**

The impairment of £12.679m arose following the valuation of property as at 31 March 2023. The valuation was conducted by an independent valuer in accordance with Note 1.9.

Note 7 Employee benefits (Group)

	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages	215,242	179,442
Social security costs	23,463	19,901
Apprenticeship levy	1,023	922
Employer's contributions to NHS pensions	36,876	34,164
Pension cost - other	1,011	82
Temporary staff (including agency)	21,498	33,084
Total staff costs	**299,113**	**267,595**

Note 7.1 Retirements due to ill-health (Group)

During 2022/23 there were 2 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £64k (£333k in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care 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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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 actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

As set out in the accounting policy 1.6, the Foundation Trust also hase employees who are members National Employment Savings Trust (NEST). Membership of this scheme is not material to the Foundation Trust's accounts.

Note 9 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	784	21
NHS charitable fund investment income	28	-
Total finance income	**812**	**21**

Note 10.1 Finance expenditure (Group)

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

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	2	7
Interest on lease obligations	126	27
Interest on late payment of commercial debt	-	1
Main finance costs on PFI and LIFT schemes obligations	7,256	8,146
Contingent finance costs on PFI and LIFT scheme obligations	6,717	6,793
Total interest expense	**14,101**	**14,974**
Unwinding of discount on provisions	36	(5)
Total finance costs	**14,137**	**14,969**

Note 10.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

	2022/23	2021/22
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	1

Note 11 Other gains / (losses) (Group)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	141	-
Losses on disposal of assets	(164)	(645)
Total gains / (losses) on disposal of assets	**(23)**	**(645)**

Note 12 Intangible assets - 2022/23

Group and Trust	Software licences	Licences & trademarks	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**6,319**	**989**	**1,141**	**8,448**
Additions	83	-	789	**872**
Reclassifications	2,475	90	(828)	**1,737**
Disposals / derecognition	(96)	-	-	**(96)**
Valuation / gross cost at 31 March 2023	**8,781**	**1,079**	**1,102**	**10,962**
Amortisation at 1 April 2022 - brought forward	**1,725**	**690**	**-**	**2,415**
Provided during the year	2,009	107	-	**2,116**
Reclassifications	25	-	-	**25**
Disposals / derecognition	(96)	-	-	**(96)**
Amortisation at 31 March 2023	**3,663**	**797**	**-**	**4,460**
Net book value at 31 March 2023	**5,118**	**282**	**1,102**	**6,503**
Net book value at 1 April 2022	**4,594**	**299**	**1,141**	**6,033**

Note 12.1 Intangible assets - 2021/22

Group and Trust	Software licences	Licences & trademarks	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**5,553**	**989**	**519**	**7,060**
Additions	754	-	634	**1,388**
Reclassifications	12	-	(12)	**-**
Valuation / gross cost at 31 March 2022	**6,319**	**989**	**1,141**	**8,448**
Amortisation at 1 April 2021 - as previously stated	**1,078**	**583**	**-**	**1,661**
Provided during the year	647	107	-	**754**
Amortisation at 31 March 2022	**1,725**	**690**	**-**	**2,415**
Net book value at 31 March 2022	**4,594**	**298**	**1,141**	**6,033**
Net book value at 1 April 2021	**4,475**	**406**	**519**	**5,399**

Note 13.1 Property, plant and equipment - 2022/23

Group and Trust	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
Valuation/gross cost at 1 April 2022 - brought forward	**26,955**	**171,216**	**3,500**	**26,819**	**28,920**	**20,780**	**446**	**-**	**278,637**
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(1,972)	-	-	-	**(1,972)**
Additions	-	3,826	-	10,552	2,357	2,667	1,207	-	**20,609**
Impairments	-	(12,881)	-	-	-	-	-	-	**(12,881)**
Revaluations	(3,045)	193	750	-	-	-	-	-	**(2,102)**
Reclassifications	-	11,785	0	(17,049)	1,839	953	98	-	**(2,374)**
Disposals / derecognition	-	(962)	-	-	(771)	-	(25)	-	**(1,757)**
Valuation/gross cost at 31 March 2023	**23,910**	**173,177**	**4,250**	**20,322**	**30,373**	**24,400**	**1,727**	**-**	**278,161**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**10,696**	**187**	**-**	**10,585**	**8,339**	**178**	**-**	**29,984**
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(551)	-	-	-	**(551)**
Depreciation at start of period as FT	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	5,282	93	-	4,502	3,479	82	-	**13,438**
Impairments	-	(202)	-	-	-	-	-	-	**(202)**
Revaluations	-	(14,298)	(280)	-	-	-	-	-	**(14,578)**
Reclassifications	-	(574)	-	-	(45)	(42)	(1)	-	**(662)**
Disposals / derecognition	-	(837)	-	-	(745)	-	(11)	-	**(1,593)**
Accumulated depreciation at 31 March 2023	**-**	**67**	**0**	**-**	**13,746**	**11,776**	**248**	**-**	**25,836**
Net book value at 31 March 2023	**23,910**	**173,111**	**4,250**	**20,322**	**16,628**	**12,625**	**1,479**	**-**	**252,324**
Net book value at 1 April 2022	**26,955**	**160,521**	**3,313**	**26,819**	**18,335**	**12,441**	**269**	**-**	**248,654**

Note 13.2 Property, plant and equipment - 2021/22

Group and Trust	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
Valuation / gross cost at 1 April 2021 - as previously stated	**25,050**	**167,883**	**3,500**	**13,507**	**26,048**	**14,011**	**371**	**-**	**250,370**
Transfers by absorption	(2,350)	(6,404)	-	-	-	-	-	-	**(8,754)**
Additions	-	2,956	-	21,528	2,146	4,005	70	-	**30,705**
Revaluations	1,037	5,924	-	-	-	-	-	-	**6,961**
Reclassifications	3,218	857	-	(8,216)	1,372	2,764	5	-	**0**
Disposals / derecognition	-	-	-	-	(645)	-	-	-	**(645)**
Valuation/gross cost at 31 March 2022	**26,955**	**171,216**	**3,500**	**26,819**	**28,920**	**20,780**	**446**	**-**	**278,637**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**4,827**	**93**	**-**	**8,179**	**6,813**	**127**	**-**	**20,039**
Provided during the year	-	5,483	93	-	2,406	1,525	51	-	**9,559**
Revaluations	-	386	-	-	-	-	-	-	**386**
Accumulated depreciation at 31 March 2022	**-**	**10,696**	**187**	**-**	**10,585**	**8,339**	**178**	**-**	**29,984**
Net book value at 31 March 2022	**26,955**	**160,521**	**3,313**	**26,819**	**18,335**	**12,442**	**269**	**-**	**248,653**
Net book value at 1 April 2021	**25,050**	**163,056**	**3,407**	**13,507**	**17,869**	**7,198**	**245**	**-**	**230,331**

Note 13.3 Property, plant and equipment financing - 31 March 2023

Group and Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Charitable fund PPE assets £000	Total £000
Owned - purchased	23,910	12,326	(0)	20,322	15,513	-	12,625	1,479	-	**86,174**
On-SoFP PFI contracts and other service concession arrangements	-	160,785	4,250	-	-	-	-	-	-	**165,035**
Owned - donated/granted	-	-	-	-	1,115	-	-	-	-	**1,115**
NBV total at 31 March 2023	**23,910**	**173,111**	**4,250**	**20,322**	**16,628**	**-**	**12,625**	**1,479**	**-**	**252,324**

Note 13.4 Property, plant and equipment financing - 31 March 2022

Group and Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Charitable fund PPE assets £000	Total £000
Owned - purchased	26,955	11,151	(0)	26,819	15,758	-	12,442	269	-	**93,394**
Finance leased	-	-	-	-	1,277	-	-	-	-	**1,277**
On-SoFP PFI contracts and other service concession arrangements	-	149,369	3,313	-	-	-	-	-	-	**152,682**
Owned - donated/granted	-	-	-	-	1,300	-	-	-	-	**1,300**
NBV total at 31 March 2022	**26,955**	**160,520**	**3,313**	**26,819**	**18,335**	**-**	**12,442**	**269**	**-**	**248,653**

Note 14 Donations of property, plant and equipment

The Foundation Trust has received donated asset equipment in year in response to the Coronavirus pandemic. The value of these items (2022/23 £0.808m; 2021/22 £1.058m) has been provided by the Department of Health and Social Care and are included within the accounts.

Note 15 Revaluations of property, plant and equipment

The Trust carried out an interim revaluation of building assets as at 31 March 2023. The revaluation identified an impairment on £12.6m which is recorded in the Statement of Comprehensive Income. Some assets increased in value and overall the asset base of land, buildings and dwellings reduced by £0.3m (a net increase of £6.6m was recognised in 2021/22).

For each asset occupied and used by GWH in the delivery of services for which we have a responsibility, the basis of valuation required since 1st April 2015 is Current Value in existing use, as defined in DoHSC GAM and reflecting the adaptation approved by FRAB to IAS 16. Current Value has regard to the service potential that an asset provides in support of the entity's service delivery. The measurement approaches used to arrive at the Current Value of in use assets are for non-specialised operational assets Existing Use Value (EUV) as defined at UK VPGA 6, and for specialised operational assets Depreciated Replacement Cost (DRC) in accordance with UK VPGA 1.5 and the RICS UK GN on DRC.

Note 16 Leases - Great Western Hospitals NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Foundation Trust leases some property (not including the main hospital site) from NHS Property Services, as well as some equipment and transport vehicles.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 16.1 Right of use assets - 2022/23

Group and Trust	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	1,972	-	**1,972**	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	10,610	3,137	27	**13,774**	10,610
Transfers by absorption	-	-	-	**-**	-
Additions	-	-	137	**137**	-
Valuation/gross cost at 31 March 2023	**10,610**	**5,109**	**164**	**15,883**	**10,610**
IFRS 16 implementation - reclassification of existing leased assets from PPE or intangible assets	-	551	-	**551**	-
Provided during the year	797	766	55	**1,618**	797
Accumulated depreciation at 31 March 2023	**797**	**1,317**	**55**	**2,169**	**797**
Net book value at 31 March 2023	**9,813**	**3,792**	**109**	**13,714**	**9,813**
Net book value of right of use assets leased from other NHS providers					-
Net book value of right of use assets leased from other DHSC group bodies					9,813

Note 16.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note .

	Group and Trust
	2022/23
	£000
Carrying value at 31 March 2022	**847**
IFRS 16 implementation - adjustments for existing operating leases	13,957
Lease additions	137
Interest charge arising in year	126
Lease payments (cash outflows)	(1,705)
Carrying value at 31 March 2023	**13,362**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 5. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 16.3 Maturity analysis of future lease payments at 31 March 2023

	Group and Trust	
	Total 31 March 2023	Of which leased from DHSC group bodies: **31 March 2023**
	£000	**£000**
Undiscounted future lease payments payable in:		
- not later than one year;	2,002	1,116
- later than one year and not later than five years;	6,286	4,457
- later than five years.	5,672	4,738
Total gross future lease payments	**13,960**	**10,311**
Finance charges allocated to future periods	(598)	(459)
Net lease liabilities at 31 March 2023	**13,362**	**9,852**
Of which:		
- Current	1,999	1,113
- Non-Current	11,363	8,739

Note 16.4 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The following table details the maturity of obligations under leases the trust previously determined to be finance leases under IAS 17 at 31 March 2022.

	Group and Trust
	31 March 2022
	£000
Undiscounted future lease payments payable in:	
- not later than one year;	254
- later than one year and not later than five years;	553
- later than five years.	119
Total gross future lease payments	**926**
Finance charges allocated to future periods	(79)
Net finance lease liabilities at 31 March 2022	**847**
of which payable:	
- not later than one year;	227
- later than one year and not later than five years;	505
- later than five years.	115

Note 16.5 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	Group and Trust
	2021/22
	£000
Operating lease expense	
Minimum lease payments	823
Total	**823**

	31 March 2022
	£000
Future minimum lease payments due:	
- not later than one year;	715
- later than one year and not later than five years;	1,118
- later than five years.	-
Total	**1,833**
Future minimum sublease payments to be received	-

Note 16.6 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 14.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	Group and Trust 1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	**1,833**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**1,500**
Adjustments:	
Public sector leases without full documentation previously excluded from operating lease commitments	10,610
Finance lease liabilities under IAS 17 as at 31 March 2022	847
Other adjustments	1,847
Total lease liabilities under IFRS 16 as at 1 April 2022	**14,804**

Note 17.1 Investments in associates and joint ventures

Wiltshire Health and Care LLP

During 2016-17 the Trust became a one third partner in Wiltshire Health and Care LLP. The other equal partners being Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust. Wiltshire Health and Care is focused solely on delivering improved community services in Wiltshire, which GWH had previously been contracted to deliver, and enabling people to live independent and fulfilling lives for as long as possible. From 1 July 2016, Wiltshire Health and Care has contracted with GWH for the provision of these services.

GWH has not invested any capital sum in this partnership.

In 2021/22, Wiltshire Health and Care LLP reported a profit of £0.168m (2019/20 £0.176m). One third of this has been recognised in the Trust accounts.

	Group and Trust	
	2022/23	2021/22
	£000	£000
Carrying value at 1 April - brought forward	**126**	**70**
Share of profit / (loss)	37	-
Share of Other Comprehensive Income	-	56
Carrying value at 31 March	**163**	**126**

Note 18 Analysis of charitable fund reserves

	31 March 2023	31 March 2022
	£000	£000
Unrestricted funds:		
Unrestricted income funds	63	158
Restricted funds:		
Other restricted income funds	789	1,196
	852	**1,354**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

Note 19 Inventories

	Group and Trust	
	31 March 2023	31 March 2022
	£000	£000
Drugs	1,626	1,245
Work In progress	-	-
Consumables	3,632	3,686
Energy	157	171
Other	5	2
Charitable fund inventory	-	-
Total inventories	**5,419**	**5,104**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were -£80,382k (2021/22: £72,811k). Write-down of inventories recognised as expenses for the year were £0k (2021/22: £0k).

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 2022/23 the Trust received £808k of items purchased by DHSC (2021/22: £1,058k).

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 20.1 Receivables

	Group	
	31 March 2023	31 March 2022
	£000	£000
Current		
Contract receivables	15,190	9,386
Allowance for impaired contract receivables / assets	(2,055)	(1,950)
Prepayments (non-PFI)	2,305	2,093
PFI lifecycle prepayments	10,772	8,859
PDC dividend receivable	-	132
VAT receivable	1,320	905
Other receivables	681	444
NHS charitable funds receivables	57	76
Total current receivables	**28,270**	**19,945**
Non-current		
Other receivables	588	843
Total non-current receivables	**588**	**843**
Of which receivable from NHS and DHSC group bodies:		
Current	15,368	4,252
Non-current	588	843

Note 20.2 Allowances for credit losses - 2022/23

	Group Contract receivables and contract assets
	£000
Allowances as at 1 Apr 2022 - brought forward	**1,950**
Changes in existing allowances	32
Reversals of allowances	191
Changes arising following modification of contractual cash flows	(118)
Allowances as at 31 Mar 2023	**2,055**

Note 20.3 Allowances for credit losses - 2021/22

	Group Contract receivables and contract assets
	£000
Allowances as at 1 Apr 2021 - as previously stated	**1,814**
Changes in existing allowances	246
Changes arising following modification of contractual cash flows	(110)
Allowances as at 31 Mar 2022	**1,950**

Note 21 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	
	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000
At 1 April	**54,229**	**25,122**	**52,909**	**21,566**
Prior period adjustments		-		
At 1 April (restated)	**54,229**	**25,122**	**52,909**	**21,566**
Transfers by absorption	-	-		
Net change in year	(10,922)	29,107	(11,010)	31,343
At 31 March	**43,307**	**54,229**	**41,899**	**52,909**
Broken down into:				
Cash at commercial banks and in hand	1,419	1,331	11	11
Cash with the Government Banking Service	41,888	52,898	41,888	52,898
Total cash and cash equivalents as in SoFP	**43,307**	**54,229**	**41,899**	**52,909**
Bank overdrafts (GBS and commercial banks)	-	-	-	-
Drawdown in committed facility	-	-	-	-
Total cash and cash equivalents as in SoCF	**43,307**	**54,229**	**41,899**	**52,909**

Note 22 Trade and other payables

	Group	
	31 March 2023	31 March 2022
	£000	£000
Current		
Trade payables	6,412	8,033
Capital payables	8,851	13,829
Accruals	34,440	29,645
Social security costs	6,071	5,174
PDC dividend payable	140	-
Pension contributions payable	3,376	3,123
Other payables	(13)	(134)
NHS charitable funds: trade and other payables	613	42
Total current trade and other payables	**59,890**	**59,712**
Of which payables from NHS and DHSC group bodies:		
Current	3,447	1,432
Non-current	-	-

Note 23 Other liabilities

	Group and Trust	
	31 March 2023	31 March 2022
	£000	£000
Current		
Deferred income: contract liabilities	7,702	8,043
Total other current liabilities	**7,702**	**8,043**
Non-current		
Deferred income: contract liabilities	562	676
Total other non-current liabilities	**562**	**676**

Note 24 Borrowings

	Group	
	31 March 2023	31 March 2022
	£000	£000
Current		
Loans from DHSC	112	112
Lease liabilities*	1,999	227
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	8,190	7,490
Total current borrowings	**10,301**	**7,829**
Non-current		
Loans from DHSC	165	275
Lease liabilities*	11,363	620
Obligations under PFI, LIFT or other service concession contracts	68,199	76,389
Total non-current borrowings	**79,727**	**77,284**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 16.

Note 24.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2022/23	Loans from DHSC	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2022	**387**	**847**	**83,879**	**85,113**
Cash movements:				
Financing cash flows - payments and receipts of principal	(110)	(1,579)	(7,490)	**(9,179)**
Financing cash flows - payments of interest	(2)	(126)	(7,256)	**(7,384)**
Non-cash movements:				
IFRS 16 implementation - adjustments for existing operating leases / subleases	-	13,957	-	**13,957**
Additions	-	137	-	**137**
Application of effective interest rate	2	126	7,256	**7,384**
Carrying value at 31 March 2023	**277**	**13,362**	**76,389**	**90,028**

Group - 2021/22	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2021	**498**	**995**	**95,446**	**96,939**
Prior period adjustment	-	-	-	**-**
Carrying value at 1 April 2021 - restated	**498**	**995**	**95,446**	**96,939**
Cash movements:				
Financing cash flows - payments and receipts of principal	(110)	(236)	(8,073)	**(8,419)**
Financing cash flows - payments of interest	(7)	(27)	(8,146)	**(8,180)**
Non-cash movements:				
Transfers by absorption	-	-	(3,608)	**(3,608)**
Additions	-	88	114	**202**
Application of effective interest rate	6	27	8,146	**8,179**
Carrying value at 31 March 2022	**387**	**847**	**83,879**	**85,113**

Note 25.1 Provisions for liabilities and charges analysis (Group and Trust) - 2022/23

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2022	**945**	**764**	**627**	**6,923**	**9,259**
Arising during the year	-	-	150	435	**585**
Utilised during the year	(136)	(36)	(336)	-	**(508)**
Reversed unused	-	-	-	(5,322)	**(5,322)**
Unwinding of discount	14	22	-	-	**36**
At 31 March 2023	**823**	**750**	**441**	**2,036**	**4,050**
Expected timing of cash flows:					
- not later than one year;	124	59	-	862	**1,045**
- later than one year and not later than five years;	452	301	441	1,174	**2,368**
- later than five years.	247	390	(0)	(0)	**637**
Total	**823**	**750**	**441**	**2,036**	**4,050**

Pension provisions arise from early retirements which do not result from ill health. These liabilities are not funded by the NHS Pension Scheme.

Legal claims relate to the Trust's provision for personal injury and employee claims. These are based on valuation reports provided by the Trust's legal advisers

Other includes provisions for Clinicians Pensions Tax Reimbursement Scheme (£0.6m), PFI lifecycle provision (£0.4m) and additional pension provision not relating to early departure or injury benefits.

Note 25.2 Provisions for liabilities and charges analysis (Group and Trust) - 2021/22

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2021	**358**	**328**	**457**	**1,191**	**2,334**
Arising during the year	708	471	170	6,032	**7,381**
Utilised during the year	(116)	(35)	-	(300)	**(451)**
Unwinding of discount	(5)	-	-	-	**(5)**
At 31 March 2022	**945**	**764**	**627**	**6,923**	**9,259**
Expected timing of cash flows:					
- not later than one year;	118	36	-	2,775	**2,929**
- later than one year and not later than five years;	490	174	627	4,148	**5,439**
- later than five years.	337	554	(0)	(0)	**891**
Total	**945**	**764**	**627**	**6,923**	**9,259**

Other includes provisions for Primary Care Network (PCN) onerous contract (£3.2m), Clinicians Pension Tax Reimbursement Scheme (£0.8m), Combined Heat & Power (CHP £0.6m) and Wiltshire Estate Lifecycle (£0.4m)

Note 26 Clinical negligence liabilities

At 31 March 2023, £276,945k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Great Western Hospitals NHS Foundation Trust (31 March 2022: £288,668k).

Note 27 Private Finance Initiative Contracts

Group and Trust

PFI schemes on-Statement of Financial Position

The Trust has 2 PFI schemes which are deemed to be on-Statement of Financial Position at the period end. These are the Main Hospital and Brunel Treatment Centre and Downsview Residences (treated as one agreement) and the agreement in place with Systems C.

Great Western Hospital

The contract commenced on 5 October 1999 for a period of 30 years until 4 October 2029. In terms of the contract the operator company was obliged to build the Great Western Hospital, which was completed in November 2002, for subsequent occupation and use by the Trust. The Trust pays the operator company a quarterly availability fee for the occupation of the hospital and a quarterly service fee for the services provided by the operator such as portering and catering. In October 2003 the Trust entered into a variation of the original agreement for the construction of the Brunel Treatment Centre which is an extension to the original hospital. The construction of the Treatment Centre has resulted in increased availability and service charges, however the main terms of the contract including the termination date remain unchanged. Subsequently, in September 2006, the Trust entered into a refinancing agreement which resulted in a reduction in the annual availability payment again with no change to the contract term. The amount of the availability payment is determined annually and increased based on a combination of the annual increase in the Retail Price Index (RPI) and a fixed percentage increase of 2.5%. The operator is obliged to maintain the buildings and replace lifecycle elements of the buildings where necessary. At the end of the contract term the hospital buildings revert back to the Trust for Nil consideration. The nature of the contract meets the criteria for treatment as a service concession under IFRIC 12. Accordingly the hospital buildings are treated as an asset under property, plant and equipment with the resultant liability being treated as a finance lease under IAS 17.

Downsview Residences

The contract commenced on 5 October 1999 for a period of 30 years until 4 October 2029. In terms of the contract the operator company was obliged to build the Downsview staff residences on the Hospital site for the provision of housing to hospital staff. At commencement of the contract the Trust made a capital contribution of £649k towards the construction cost of the building. The residences are managed by the operator company who rent the accommodation units to, primarily, Trust staff. The Trust does not pay the operator company an availability fee. Instead a monthly service fee is paid for the servicing of the units which is based on usage. The operator is responsible for maintaining the buildings over the contract term. At the end of the contract term the accommodation buildings revert back to the Trust for Nil consideration. The nature of the contract meets the criteria for treatment as a service concession under IFRIC 12. Accordingly the residences are recognised as an asset under property, plant and equipment. The cost of the building less the capital contribution has been accounted for as deferred income and is released to income equally over the entire contract term.

System C

The Trust has a PFI contract in respect of the Integrated Clinical Information System which meets the criteria for recognition as a service concession agreement as envisaged under IFRIC 12 and has, accordingly, been treated as on statement of financial position. The contract was dated 27 May 2002 with an effective date of 13 November 2001. The contract was for 12 years and was due to expire on 12 November 2013. The contract was initially extended to November 2020, this has now been further and a project is in place to replace the system. The contract is for the supply of computer hardware and software together with the provision of ongoing support and system management services. The revised contract commenced in May 2014.

Note 26 On-SoFP PFI, LIFT or other service concession arrangements

Note 26.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	Group and Trust	
	31 March 2023	31 March 2022
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**102,334**	**117,080**
Of which liabilities are due		
- not later than one year;	14,701	14,746
- later than one year and not later than five years;	62,415	60,526
- later than five years.	25,218	41,808
Finance charges allocated to future periods	(25,945)	(33,201)
Net PFI, LIFT or other service concession arrangement obligation	**76,389**	**83,879**
- not later than one year;	8,190	7,490
- later than one year and not later than five years;	44,992	39,472
- later than five years.	23,207	36,917

Note 26.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	Group	
	31 March 2023	31 March 2022
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**282,534**	**322,732**
Of which payments are due:		
- not later than one year;	41,203	40,198
- later than one year and not later than five years;	172,398	169,137
- later than five years.	68,933	113,397

Note 26.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	Group	
	2022/23	2021/22
	£000	£000
Unitary payment payable to service concession operator	**40,202**	**38,231**
Consisting of:		
- Interest charge	7,256	8,146
- Repayment of balance sheet obligation	7,490	8,159
- Service element and other charges to operating expenditure	14,257	13,500
- Capital lifecycle maintenance	4,482	1,633
- Contingent rent	6,717	6,793
Total amount paid to service concession operator	**40,202**	**38,231**

Note 27 Financial instruments

Note 27.1 Financial risk management

Group and Trust

The key risks that the Trust has identified relating to its financial instruments are as follows:-

Financial Risk

The continuing service provider relationship that the Trust has with Integrated Care Boards (ICBs), and the way they are financed has not exposed the Trust to the degree of financial risk faced by business entities. The transition of Clinical Commissioning Groups (CCGs) to ICBs and changes to NHS England has not increased the risk to the Trust. 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 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 Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Finance, Infrastructure & Digital Committee.

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.

Credit Risk

The majority of the Trust's income comes from contracts with other public sector bodies, resulting in a low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in note 20 to the accounts. The Trust mitigates its exposure to credit risk through regular review of debtor balances and by calculating a bad debt provision at the period end.

The following shows the age of such financial assets that are past due and for which no provision for bad or doubtful debts has been raised:

	31 March 2023 £000	31 March 2022 £000
By up to three months	899	879
By three to six months	174	26
By more than six months	501	74
	1,574	979

The Trust has not raised bad or doubtful debt provisions against these amounts as they are considered to be recoverable based on previous trading history.

Liquidity Risk

The NHS Trust's net operating costs are incurred under annual service agreements with local ICBs, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 27.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2023	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	12,099
Cash and cash equivalents	41,899
Consolidated NHS Charitable fund financial assets	1,408
Total at 31 March 2023	**55,406**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	8,723
Cash and cash equivalents	52,909
Consolidated NHS Charitable fund financial assets	1,320
Total at 31 March 2022	**62,952**

Note 27.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2023	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	12,099
Cash and cash equivalents	41,899
Total at 31 March 2023	**53,998**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	8,723
Cash and cash equivalents	52,909
Total at 31 March 2022	**61,632**

Book value balances on the Statement of Financial Position are at fair value.

Note 27.3 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	277
Obligations under leases	13,362
Obligations under PFI, LIFT and other service concessions	76,389
Trade and other payables excluding non financial liabilities	52,897
Provisions under contract	4,050
Consolidated NHS charitable fund financial liabilities	613
Total at 31 March 2023	**147,588**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	387
Obligations under finance leases	847
Obligations under PFI, LIFT and other service concessions	83,879
Trade and other payables excluding non financial liabilities	54,496
Provisions under contract	9,259
Consolidated NHS charitable fund financial liabilities	42
Total at 31 March 2022	**148,910**

Note 27.4 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	277
Obligations under leases	13,362
Obligations under PFI, LIFT and other service concessions	76,389
Trade and other payables excluding non financial liabilities	52,897
Provisions under contract	4,050
Total at 31 March 2023	**146,975**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	387
Obligations under finance leases	847
Obligations under PFI, LIFT and other service concessions	83,879
Trade and other payables excluding non financial liabilities	54,496
Provisions under contract	9,259
Total at 31 March 2022	**148,868**

Book value balances on the Statement of Financial Position are at fair value.

Note 27.5 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 and Trust

	31 March 2023	31 March 2022
	£000	£000
In one year or less	71,371	72,580
In more than one year but not more than five years	71,235	68,163
In more than five years	31,526	42,818
Total	**174,132**	**183,561**

Note 28 Losses and special payments

	2022/23		2021/22	
Group and trust	**Total number of cases**	**Total value of cases**	**Total number of cases**	**Total value of cases**
	Number	**£000**	**Number**	**£000**
Losses				
Cash losses	-	-	3	2
Bad debts and claims abandoned	64	120	57	118
Total losses	**64**	**120**	**60**	**120**
Special payments				
Ex-gratia payments	21	13	16	650
Total special payments	**21**	**13**	**16**	**650**
Total losses and special payments	**85**	**133**	**76**	**770**

Compensation payments received

There were no clinical negligence, fraud, personal injury, compensation under legal obligation or fruitless payment cases where the net payment or loss for the individual case exceeded £300,000. (2021/22 - nil cases).

Losses and special payments are compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

Note 29 Pooled Budget - Integrated Community Equipment Service

Great Western Hospitals NHS Foundation Trust and NHS Swindon (BSW CCG) have entered into a pooled budget arrangement, hosted by Swindon Borough Council. Payments are made to the Council by the Swindon Community Equipment Service.

	31 March 2023 £000	31 March 2022 £000
Pooled Budget Income:		
Swindon Borough Council	1,053	1,040
NHS Swindon (BANES, Swindon and Wiltshire ICB)	654	637
Great Western Hospitals NHS Foundation Trust	127	126
Total Income	1,834	1,803
Pooled Budget Expenditure		
Total equipment services expenditure	2,410	2,531
Less children services contract recharge	(39)	(39)
Less adult social care discharge fund	(109)	
Less Department of Health covid claim	(427)	(640)
Toal Expenditure	1,834	1,853
Total (Deficit)	**0**	**(50)**

The above disclosure is based on Swindon Borough Council Pooled Budget Memorandum account.
It should be noted that these figures are un-audited.

Share of Pooled Budget Surplus (Deficit)		
Swindon Borough Council	0	(28)
NHS Swindon (BANES, Swindon and Wiltshire ICB)	0	(18)
Great Western Hospitals NHS Foundation Trust	0	(4)
Total Deficit	**0**	**(50)**

Note 29 Related parties

Group and Trust

Great Western Hospitals NHS Foundation Trust is a body incorporated by the issue of a licence of authorisation from NHS Improvement.

The Trust is under the common control of the Board of Directors. 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 the Great Western Hospitals NHS Foundation Trust.

The Department of Health and Social Care is regarded as the parent party and thus a related party.

Related parties may include but are not limited to:

- Department of Health and Social Care ministers
- Board members of the trust
- The Department of Health and Social Care
- Other NHS providers
- ICBs and NHS England
- Other health bodies
- Other Government departments
- Local authorities
- NHS charitable funds (where not consolidated)
- Wiltshire Health and Care LLP

Great Western Hospitals
NHS Foundation Trust

Annual Report and Accounts 2022/23