NHS
Great Western Hospitals
NHS Foundation Trust

Great Western Hospitals NHS Foundation Trust Annual Report and Accounts 2023/24

Great Western Hospitals NHS Foundation Trust

Annual Report and Accounts 2023/24

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 2023/24, a year in which we celebrated the 75th anniversary of the NHS and reflected on Swindon's unique role in the creation of the NHS through the town's strong links to the railways.

Once again, we have seen another busy year with a range of challenges which we have risen to thanks to the hard work and commitment of our staff.

We continue to work ever more closely with our partners on some of the issues which, whilst felt at the hospital, are actually indicative of wider issues within the health and social care system. These include high attendances in urgent and emergency care, delays caused to ambulance crews waiting to hand over their patients to our clinicians, and challenges discharging some patients who are medically fit to leave the hospital.

Significantly, this year we have managed several periods of strikes involving our staff and, at the time of writing, industrial action has affected us for almost 18 months.

This has had a significant impact upon patient care, with many people seeing their care delayed which we know has a negative impact on outcomes. We continue to hope for a resolution between the Government and the unions but are prepared for future industrial action.

Disruption due to strikes has made our ongoing recovery from the pandemic much more complex and difficult and at the end of March 2024 our waiting list exceeded 39,000 patients (35,000 in 2022/23), more than double our position before the pandemic.

Unfortunately, a number of patients on our waiting list have been waiting a very long time for treatment – more than 65 weeks in some cases – and our ongoing focus is on seeing patients as quickly as we can, while being conscious of the current financial situation within our system, which in 2024/25 has an ambitious efficiency plan of £142m.

We finished the 2023/24 year with a £0.23m surplus, and delivered savings of £14.3m against a target of £16.8m. As we move in to 2024/25, we know we will need to deliver a further 50% increase in savings, a target of £21.9m in 2024/25, which will be difficult and will require us to do things differently. To date we have identified £20.59m of cash-releasing schemes, including benchmarked opportunities through national programmes such as Get It Right First Time (GIRFT) and Model Hospital. However, this plan includes a significant level of risk.

Despite the financial challenges, we continue to invest in programmes of work which will benefit our patients and a considerable amount of work has taken place on the building of our Integrated Front Door this year, the development to help right-size the organisation for the growing population of Swindon & Wiltshire. This £33.5million urgent and emergency care expansion will be the biggest ever investment in Swindon's healthcare infrastructure and so will be a real milestone, not just for our Trust but for the whole town.

We will be making significant changes to the way we provide care in this new urgent and emergency care department, and are already looking at how we can better streamline services to make them more efficient, and to ensure that patients are treated in the right place, first time.

We've also been working with local people, to ensure that the interiors of the building and the care we provide meets all care needs, including with representatives from the dementia, learning disability and autism communities, children and young person's mental health, carers, wheelchair users and people with neurodiversities.

In terms of the quality of care we provide, in 2023 surgeons carried out the first ever procedure using our new surgical robot, which will have a number of benefits for both staff and patients. Our new robot was part of a system-wide investment in robotic surgery.

Our maternity services were inspected by the Care Quality Commission (CQC) in September 2023, with the report published in March 2024. The CQC changed its rating of maternity from Good to Requires Improvement, which was disappointing for staff who work hard to deliver a safe level of care. Areas of improvement identified included mandatory training completion, triage processing and audit & incident reviews. Following the inspection, staff working across maternity services took immediate steps to begin to address some of the areas that were raised with us by the CQC, including relocation of triage services to a dedicated area with a revised staffing model alongside a number of improvements that had already been implemented prior to the inspection.

Thanks to the hard work of all staff, there were also a number of areas highlighted by the CQC as really positive steps forward in the delivery of care, including good morale, well controlled infection risks and a positive sense of teamwork. They also identified the service working in collaboration with a local university to train staff in 'Black Maternity Matters' as outstanding practice.

We were pleased that in a recent CQC survey conducted with women and people who had used our maternity services, the Trust scored third highest in the country for questions relating to ante-natal check-ups and care on the ward after birth, and in the top five Trusts for questions relating to care at home after birth.

Our Quality Accounts provides more detail on our aspirations for 2024/25 and we will focus on:

1. Reducing falls and falls with harm
2. Improving the experience of carers by delivering responsive support and information
3. Improving initial assessment of patients on front door services

We have continued to strengthen our collaborative working arrangements with both our Acute Hospital Alliance partners, and also the Integrated Care Board, as we work towards delivering our system's Integrated Care Strategy.

This year NHS England launched its Provider Collaborative Innovators scheme, which aims to accelerate providers working together for the benefit of patients. Our Acute Hospital Alliance, involving our Trust working alongside the Royal United Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust, was the only collaborative from the South West in the first wave of innovators.

Our work with partners has enabled us to gain approval for our joint plans to introduce a shared Electronic Patient Record at our three Trusts, and this work will be one of our main priorities in 2024/25.

We continue to focus on delivering the NHS England priorities of recovering from the pandemic while continuing to make improvements to the quality and safety of care we provide.

Listening to, and acting upon, what staff tell us is also really important and this year we came second in the country for our overall response rate for the Staff Survey which was an improvement from 2022 when we were eighth nationally.

The 69 per cent response rate gives us a large amount of data to help better understand how staff feel about working for us, and the areas we need to focus more on in order to continue to improve.

The results showed an increase in staff recommending the Trust as a great place to work, with more staff saying they felt they could make improvements in their area.

This reflects the impact of the roll-out of our Improving Together methodology of working, helping to embed a new way of working focussed on empowering staff to make positive change at work.

We need to continue to build on this, while also addressing areas that staff told us need to be improved in our staff survey, with an increase in staff reporting having experienced discrimination and a reduced satisfaction around team working.

At Board level, Chief Executive Kevin McNamara left the Trust at the end of 2023 ahead of taking up his new role at Gloucestershire Hospitals NHS Foundation Trust, and Naginder Dhanoa resigned as Chief Digital Officer, a joint role with Salisbury NHS Foundation Trust. Acting up arrangements are as follows:

- Acting Chief Executive – Jon Westbrook
- Acting Deputy Chief Executive – Simon Wade
- Acting Chief Medical Officer – Steve Haig
- Acting Chief Digital Officer – Jon Burwell

The four Non-Executive Directors and a further two Associate Non-Executive Directors we appointed in 2022/23 took up their roles in 2023/24, strengthening our Board in areas such as higher education, workforce, public health, general practice and digital.

Our thanks go to those Non-Executive Directors whose terms came to an end in 2023/24.

On behalf of the whole Board, we would like to say thank you to all of our staff and volunteers for their hard work, commitment, and dedication to delivering great care to the people of Swindon and Wiltshire.

Liam Coleman
Chair
Date : 27 June 2024

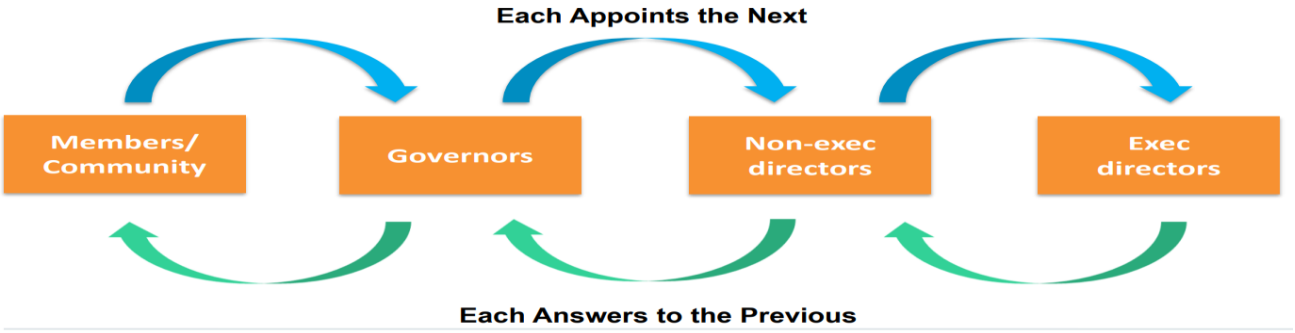
Jon Westbrook
Acting Chief Executive
Date : 27 June 2024

PERFORMANCE REPORT
Overview of Performance

About the Great Western Hospitals NHS Foundation Trust

NHS foundation trusts are public benefit corporations and their Board of Directors have a framework of local accountability through members and council of governors.

The Council of Governors holds the Non-Executive Directors (NEDs), individually and collectively, to account for the performance of the Board of Directors. Governors are accountable to a membership body that elects the Governors of the trust from its members. Members of foundation trusts include patients and service users, staff, carers and anyone with an interest in healthcare.



We are an integrated Trust, providing both acute and community services.

Our geographical area covers Swindon and parts of Wiltshire, Bath and North East Somerset, Hampshire, Dorset, Oxfordshire, West Berkshire and Gloucestershire, serving a population of more than 1.3m people. Our Trust runs the Great Western Hospital, which opened in 2002 and provides emergency care, elective (planned) surgery, paediatrics, maternity (both midwife and consultant led), and outpatient and diagnostics, care of children and young people and end of life care. These are run under divisions as shown below.

Medicine

- Acute Medicine
- Cardiology
- Department of Older Persons
- Dermatology
- Diabetes & Endocrine
- Emergency Department
- Gastroenterology & Endoscopy
- Neurology & Stroke
- Neurophysiology
- Pathology (Microbiology Lab, Blood Sciences Lab, Blood Transfusion, Cellular Pathology Lab, Mortuary & Bereavement Services)
- Pharmacy & Medicines Optimisation
- Respiratory
- Rheumatology
- Radiology Imaging (Medical Photography)
- SDEC
- Urgent Treatment Centre

Surgery, Women's and Children's

- Anaesthetics
- Audiology
- Breast
- Community Dental
- ENT
- General Surgery
- Gynaecology
- HSDU
- ITU
- Max Fax
- Obstetrics & Maternity
- Ophthalmology
- Oral Surgery
- Orthopaedics
- Paediatrics
- Private Patients
- SAU
- Theatres
- Urology

Integrated and Community Care

- Acute Therapies
- Cancer Services
- CIVT and OPAT
- Community respiratory
- Community Services
- Community Stroke
- Dietetics
- Equipment
- Haematology
- Health Records
- Home First
- MSK Physiotherapy
- Oncology
- Outpatients
- Podiatry
- Rehabilitation
- Sexual Health
- SWICC
- Urgent Care Response
- Virtual Ward

At the Great Western Hospital, there is a purpose-built centre for elective surgery called the Brunel Treatment Centre, which enables us to separate emergency from elective surgery. The Swindon Intermediate Care Centre

(SwICC) is located in a separate building on the Great Western Hospital site. Patients receive therapy and further care here before being discharged to their own homes or to another community healthcare setting. Along with running acute services we are also a provider of adult community health services across Swindon. These services are provided by community nurses and therapists, working at various GP practices, health centres and in patients' homes.

The Trust is registered with the CQC 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.

History and Background

- 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 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.

- In 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 December 2020 the Trust received funding to rebuild its Urgent Care Centre

- In June 2022, after many years of planning, fundraising and construction, the new Oxford University Hospitals Radiotherapy Centre opened on the Great Western site.

- In July 2022 the doors to the new Urgent Treatment Centre opened to the first patient.

- 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.

- 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 Vision

Our Vision

We will deliver great joined up services for local people at home, in the community and in hospital, helping them to lead independent and healthier lives.

Our Values

Service Teamwork Ambition Respect

Service	We will put our customers first
Teamwork	We will work together
Ambition	We will aspire to provide the best service
Respect	We will act with integrity

Our Strategy 2019 – 2024

The Trust is in the final year of delivering its 5-year strategy 2019-2024 and in 2023 we launched 'Trust Strategy 2024+' to undertake a significant engagement activity over the course of the year to ensure the refreshed strategy is co-created with staff, local communities, partners and our stakeholders, and to also consider strategies and priorities developed across the BSW system and within the Acute Hospital Alliance (AHA).

Our priorities in 2023/24 were:

Outstanding patient care and a focus on quality improvement in all that we do	Staff & volunteers feeling valued and involved in helping improve quality of care for patients	Improving quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers	Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care
We aim to be rated as outstanding by the CQC. We will take a big step towards this by achieving a Good rating overall at our next inspection in 2019/20.	Achieve top 20% in the National NHS Staff Survey and achieve upper quartile in staff retention rate	We will see single pathways of care operating between acute and community and a shared care record in place. With our partners we will have a reduced growth in demand for urgent and emergency care through joining up services, prevention and reducing hospital bed days.	Services should be operating within the top quartile of Model Hospital, offering best value for money.

Performance during the year against these priorities is outlined on page 21.

Who we are

We are the only integrated provider in the Bath and North East Somerset, Swindon, and Wiltshire Integrated Care System, running the Great Western Hospital, and also adult community services in Swindon.

127,814 emergency and urgent attendances in 2023/24 (90,000 pre-Covid)

15,849 operations carried out in Theatres in 2023/24

3,810 babies born in the last year

277,678 community contacts in 2023/24

426 Volunteers providing 3,886 hours of support per month

We have **5,632** staff (4,925 WTE) which equates to:

1,112	Admin and Clerical
494	Allied Health Professionals
705	Medical and dental
142	Non-clinical support
359	Scientific, therapeutic and technical
1,774	Registered nursing and midwifery
1,046	Unregistered nursing and midwifery

62% of our staff identify as White British. Of the 25% who identify as BME, there are multiple ethnic identities.

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 and Neonatal services.

GWH Acute Activity

Point of Delivery	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
New Outpatients	157,950	156,797	145,603	168,597	147,574	154,009
Follow Up Outpatients	282,599	276,855	223,045	246,124	250,786	265,950
Day Cases	37,017	39,841	28,008	36,593	39,063	41,763
Emergency Inpatients (Non-Elective)	47,734	46,197	37,918	45,046	42,111	45,164
Elective Inpatients	6,172	5,698	3,967	5,585	5,693	4,956
Emergency Department Attendances	82,340	75,783	50,935	65,198	63,239	63,188
Urgent Treatment Centre	26,455	34,277	34,916	52,239	59,733	64,626
Total	**640,267**	**635,448**	**524,392**	**619,382**	**608,199**	**639,656**

Overall Emergency Department and Urgent Care attendances have continued the year-on-year increase and exceeded pre-Covid 2019/20 levels in the last three years. The Urgent Treatment Centre's attendances have continued to grow since 2019/20 and for 2023/24 exceeded the total ED attendances by 1,438.

Outpatient activity was overall higher than the previous financial year (2022/23) and there is also a visible rise in follow up appointments.

Elective inpatient and day case activity was overall higher than that delivered in the previous year, and was above the 2019/20 activity levels.

GWH Swindon Community

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Admitted Patients	817	944	899	1,292	1,716	1,543	1,252
Community Contacts	186,767	190,129	218,561	237,652	267,902	279,950	277,678

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 expected to increase further 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 more 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: Medicine Division, Surgical, Women & Children Division and Integrated Care & Community Division, with Estates, IT and Facilities and Corporate Services Divisions providing support to all areas.

Working in Partnership

Working in partnership across the health and social care sector is fundamental to achieving our objectives and helping our community to live healthy and happy lives. We are proud to play an active role in the Bath & North East Somerset, Swindon and Wiltshire (BSW) Integrated Care System (ICS).

The three acutes in the ICS, Great Western Hospitals NHS FT, Salisbury NHS FT and Royal United Hospitals NHS FT have established an Acute Hospital Alliance (AHA). Our joint work programmes during the year have focused on:

Acute Clinical Services Transformation : The creation of a joined-up acute clinical services strategy to support realisation of the BSW care model. This project aims to support transformational change across our health and care system, so that as three acute hospitals we deliver excellent care and focus on the work that only we can do.

Single Capital Priorities Plan : This project aims for AHA Trusts to work together to maximise available capital resources flowing into BSW/ AHA by having a coherent, strategic plan for capital investment within the AHA; to advocate consistently for each-other's schemes and the collective capital development priorities; to establish clear principles guiding how we will collectively respond to national requests to bid for funding. The plan we create will be driven by BSW ICS strategy and population need, using common demand and capacity assumptions.

EPR Alignment Programme : The procurement and deployment of a single EPR platform.

Corporate Services Collaboration Programme Development : Against the background of latest national policy, available benchmarking, and best practice guidance, Executive Teams have begun developing plans for corporate service collaboration over the next five years, identifying opportunities to work at scale to enhance service quality, user experience, career pathways and resilience, and improve efficiency and productivity. Further information on system working can be found on page 28.

Summary of Principal Risks

The strategic risks that threaten achievement of our strategic objectives are identified within the Board Assurance Framework, which is reviewed regularly by the Board of Directors. The Trust's risk management processes are designed to assess the impact of all operational and strategic risks, and to ensure that they are appropriately mitigated and managed. The principal risks that we faced in 2023/24 are described in the Annual Governance Statement on page 121.

Financial Position - Summary

The Trust's group consolidation 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 19 June 2024 and the Auditor's opinion on the Financial Statements was an unmodified audit opinion.

Summary of the year End Position for Great Western Hospital 2023/24
Trust Only

	Plan £'000	Actual £'000	Variance £'000
(Deficit) Reported in Statement of Comprehensive Income	**(168)**	**(9,852)**	**(9,684)**
Add back all I&E impairments / (reversals)	0	1,083	1,083
Remove capital donations / grants / IFRS16 PFI I&E impact	168	9,040	8,872
Surplus / (deficit) before impairments and transfers	**0**	**271**	**271**
Remove net impact of DHSC centrally procured inventories	0	(41)	(41)
Adjusted financial performance surplus / (deficit)	**0**	**230**	**230**

Prior Year 2022/23 – As restated

	Plan £'000	Actual £'000	Variance £'000
(Deficit) Reported in Statement of Comprehensive Income	**(19,519)**	**(23,936)**	**(4,417)**
Add back all I&E impairments / (reversals)	0	24,156	24,156
Remove capital donations / grants I&E impact	168	(184)	(352)
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**

In the table above the main change for the financial year 2023/24 between the deficit reported in Statement of Comprehensive Income and Adjusted financial performance is the PFI change in accounting standards from IAS17 to IFRS16. This was not anticipated at plan stage.

The adjusted outturn for the Trust for 2023/24, was a surplus of £0.23m, which was £0.23m better than plan. This was due to a small net benefit from various non-recurrent items of cost and income.

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

- Income was £52.8m above plan. The main drivers of this variance were:
    - £14.3m additional income for Agenda for Change (AfC) & medical pay award, Sunflower ward and other contracts
    - £12.4m notional pension income from DHSC to fund notional pension costs
    - £8.0m other patient care income including Swindon Borough Council and others
    - £5.7m other operating income, including education & training and SLA income
    - £5.7m funding to cover industrial action costs incurred
    - £3.4m Community Diagnostic Centre (CDC) income
    - £3.3m NHSE contract over-performance and BSW vaccination programme income

- Pay expenditure was £29.3m above plan. This was predominantly driven by:
    - £12.4m notional pension costs covered by notional pension income
    - £7.7m industrial action related costs
    - £5m of temporary staffing costs backfilling vacant posts and sickness etc
    - £2.5m of posts offset by income funding
    - £0.9m of additional medical pay award costs
    - £0.8m Elective Services Recovery Fund (activity-related pay costs)

- Non Pay expenditure was £32.2m above plan. This relates to:
    - £9.0m of IFRS16 PFI impact of accounting standards change. Which is then removed for the adjusted financial position
    - £5.4m on clinical supplies and outsourcing linked to CDC and Elective Recovery Fund (ERF) activity
    - £5.2m on additional expenses including PFI operating costs, furniture & fittings and minor works
    - £3.8m on drugs and devices
    - £3.3m on depreciation
    - £2.5m of undelivered efficiencies
    - £1.1m of energy & utility costs, driven by inflationary pressures
    - £1.0m on IT hardware/software costs
    - £0.9m on professional fees (legal, audit, recruitment agent)

- Savings delivered totalled £14.3m against a target of £16.8m, an under-achievement of £2.5m. Of the savings delivered, £5.9m were achieved recurrently and £8.4m were delivered non-recurrently.

The cash balance at year end was £43.2m (Trust only £42.0m) compared to a plan of £21.0m. The improvement was driven by £12.5m payables and £8.5m receivables. Cash is on a par with 2022/23, when it was £43.3m (Trust only £41.9m).

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 breakeven position (2022/23 £111k). GWH's share of any profit is one third 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 18). For 2022/23 this was £37k.

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 REPORT

PERFORMANCE ANALYSIS

Our Achievements in 2023/24

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 2023/24.

This was a special year, as nationally the NHS celebrated its 75th anniversary. Locally we marked this important milestone with a range of activities including a tea party for staff, an exhibition showcasing the different staff roles at our Trust, and a video marking Swindon's role in the creation of the NHS in 1948.

The construction work of our new Integrated Front Door was a real area of focus with our new Emergency Department starting to take shape ahead of the planned opening in July 2024.

We will be making significant changes to the way we provide care in the new department, and are already looking at how we can better streamline services to make them more efficient, and to ensure that patients are treated in the right place, first time.

We've also been working with local people, to ensure that the interiors of the building and the care we provide, best meet all care needs, including with representatives from the dementia, learning disability and autism communities, children and young person's mental health, carers, wheelchair users and people with neurodiversities.

We continue to develop the care we provide for our patients, using new technology where possible to help improve outcomes.

In May 2024 surgeons at Great Western Hospital carried out our first procedure using our new surgical robot. The purchase of the new robot means that people in our local area are less likely to have to travel long distances for important robotic surgery, and their surgery will be less invasive which will allow them to leave hospital sooner.

We received national recognition for our pioneering work with Clinical Teaching Fellows working with a company called Goggleminds to use virtual reality headsets and immersive simulation technology to help train medical students and junior doctors on spotting the signs and symptoms of sepsis, and other conditions, such as anaphylaxis.

The headsets have been loaned by Goggleminds and allow students to simulate treating patients – this is supporting work at the University of Bath who are researching how virtual reality can be used in medical education.

Many of our individual staff members and teams have been recognised for their work this year:

- Our Coordination Centre was highly commended in the Excellence in Urgent and Emergency Care category of the national Parliamentary Awards. Three of the nine finalists from the South West were from our Trust.

- We had two winners at the South West Maternity & Perinatal Awards: Dr Sarah Bates in the Leadership Category and the PERIPrem / Perinatal Team in the Multidisciplinary Team Working Category.
- Healthcare Support Workers Amanda Pretlove and Colette Goodenough who were presented with national awards on behalf of the Chief Nursing Officer for NHS England, Dame Ruth May. They were recognised for their commitments to quality care, with feedback from relatives stating that they always feel listened to and are grateful to both members of staff for their clinical and holistic care of loved ones.
- HomeFirst and SHarED programme were both finalists at the HSJ Awards. HomeFirst, which involved a multi-disciplinary team assessing a patient in their own home during the first 72 hours after discharge, was recognised in the 'Best use of integrated care and partnership working' category. The SHarED programme, which supports high impact users and involves several trusts, was a finalist in the 'Urgent and Emergency Care Safety Initiative of the Year' category.
- WAY Beacons, a collaborative project between Swindon Borough Council and staff in the Emergency Department and Children's Unit, won the 'Connecting People' award at the South West Personalised Care Awards. The project seeks to match vulnerable young people who present to ED with a mentor to support them, with a particular focus on individuals who are involved in petty crime, substance misuse or other social issues, but who aren't necessarily known already to social services.
- Our own Staff Excellence Awards in June celebrated the amazing achievements of individuals and teams across the Trust.

We were pleased to welcome NHS Chief Executive Amanda Pritchard to the Trust in August, showing her our Integrated Front Door development, our Coordination Centre and our pharmacy department. This was a significant milestone for our Trust and a great opportunity to showcase some of our great work at the highest level.

Our work to build a better culture continued, and we were pleased to be awarded the NHS Pastoral Care Quality Award in recognition of work in international recruitment and our commitment to providing high-quality pastoral care to internationally educated nurses and midwives. We passed the milestone of recruiting our 500th internationally educated nurse this year.

We held our first ever Leadership Conference, with more than 150 staff attending to discuss how we can put great behaviours at the heart of our leadership.

We also held our first ever Nursing and Midwifery Conference on 7 July 2023, with the event at Oxford Brookes University which was opened by NHSE Regional Chief Nurse Sue Doheny, who spoke about the future of nursing and midwifery.

Project Search, a programme which aims to support young adults with learning disabilities to develop their employability skills, obtain hands-on experience in the workplace, and receive support with securing paid employment after the programme, began at the Trust this year.

We were awarded the Gold Award in the Ministry of Defence's Employer Recognition Scheme. This is the highest standard in the scheme and was given in recognition of our commitment and work to support staff and patients who are reservists and veterans, forces families and other local people who have links to the Armed Forces. The award reflects our commitment to being a forces-friendly organisation.

We won the Inclusive and Safe Workplace Award in NHS England's Equality Diversity and Inclusion Improvement Awards. This award means we will become an exemplar workplace, with our work shared nationally to inspire and inform best practice. The award also comes with a small amount of funding to train a team of Equality Diversity & Inclusion (EDI) champions across the Trust who will become ambassadors for equality, diversity and inclusion. EDI Champions will take a lead on promoting equality, diversity and inclusion in their area and support colleagues to address unprofessional behaviours such as bullying, discrimination, incivility and micro-aggressions. The EDI Champions Project will work in partnership with our Differently Abled Staff Network and will also form part of our Allyship initiative.

We are already members of an Acute Hospitals Alliance (AHA), which was established in 2018 with partner acute hospitals within our Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care System (ICS), the Royal United Hospitals NHS Foundation Trust in Bath and Salisbury District Hospital NHS Foundation Trust (BSW AHA) which has seen us working closely together to deliver the BSW Integrated Care Strategy (2023-8) focussing on prevention and early interventions, fairer health and wellbeing and excellent health and care services. In March 2023 NHS England launched its Provider Collaborative Innovators scheme, which aims to accelerate providers working together for benefit of patients. Our Acute Hospital Alliance was the only collaborative from the South West in the first wave of innovators.

Our work with partners has enabled us to gain approval for our joint plans to introduce a shared Electronic Patient Record at our three Trusts, and this work will be one of our main priorities in 2024/25.

Recognising our staff is really important to us and this year we held our third Great West Fest to thank staff and their families, with around 3,500 people attending this free event in Swindon.

Listening to, and acting upon, what staff tell us is also important and this year we came second in the country for our response rate for the Staff Survey. The 69 per cent response rate gives us a large amount of data to help better understand how staff feel about working for us, and the areas we need to focus more on in order to continue to improve. The results showed an increase in staff recommending the Trust as a great place to work, with more staff saying they felt they could make improvements in their area.

You can read more about our achievements in our 'What makes us Great' book, which is available on our website at https://www.gwh.nhs.uk/about-us/who-we-are-and-what-we-do/what-makes-us-great/

How we Monitor 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.

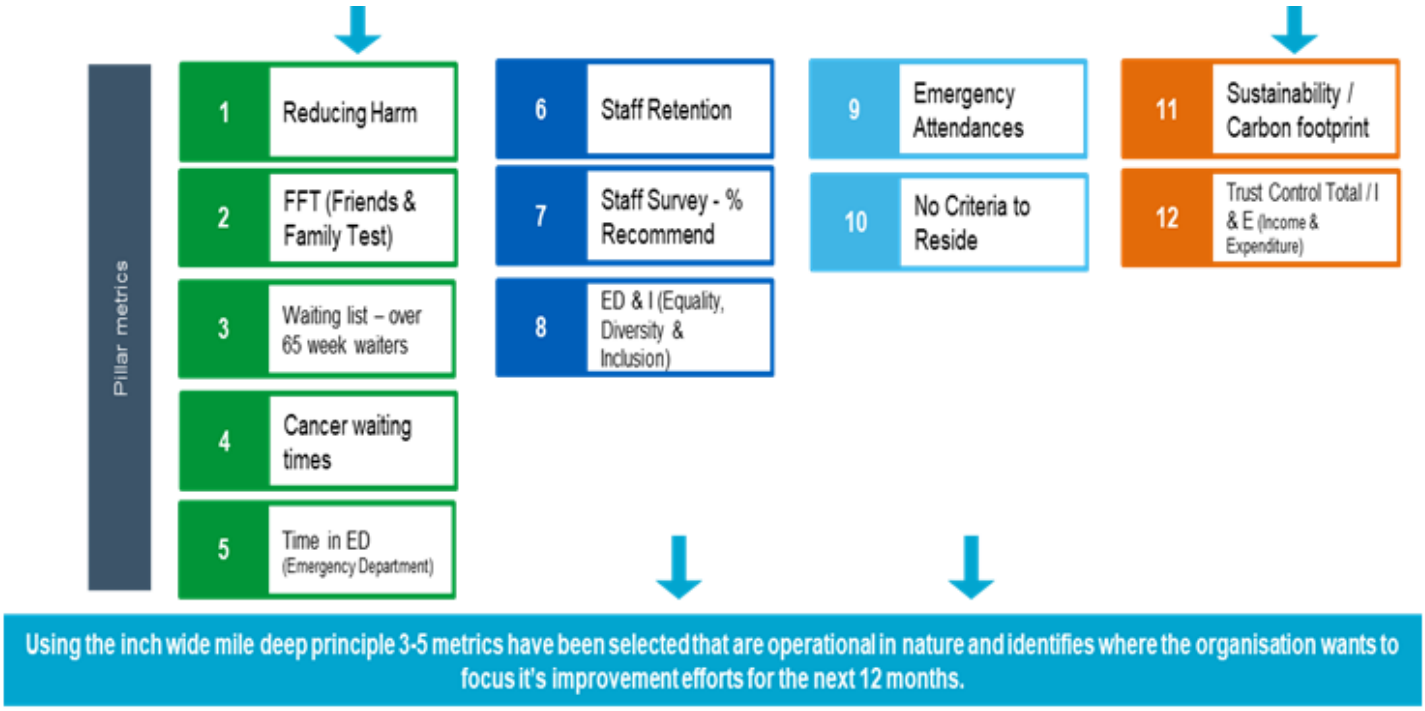
Our Performance Assurance Framework is built on the principles of our Trust Quality Improvement programme. Since 2019 the Trust has created a strategic framework across the organisation driven by Improving Together approach. This not only provides the organisation with clear direction but also empowers our clinical and corporate teams to plan for the future and align with our Trust level priorities.

Principles of Improving Together

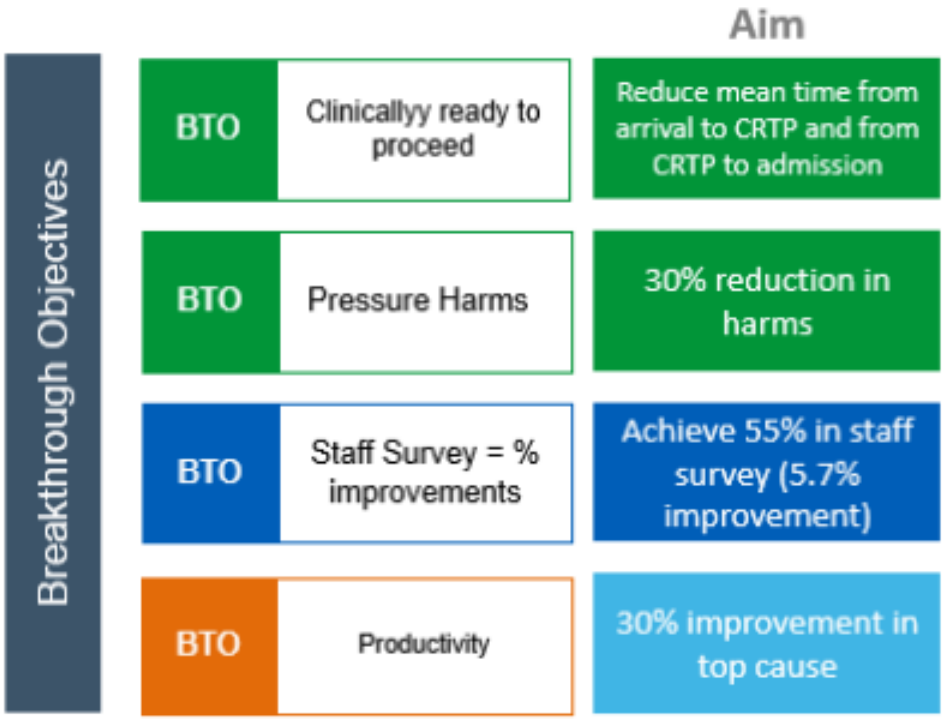
Improving Together is how we go about delivering our vision and four strategic pillars becoming the golden thread that runs through all that we do to make this a safer place to receive care and a better place to work. This year we added Improving Together to our corporate induction and a further 360 staff received in-depth training in teams; this means a total of 720 staff have received in-depth Improving Together training (around 12% of staff).

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

There are twelve Improving Together pillar metrics which are aligned to the strategic pillars to show how we are measuring success; they remain in place throughout the lifetime of the strategy. Our progress is shown monthly in the Integrated Performance Report at Trust Board.



There are four Break Through Objectives which are set in areas where we want to make the most rapid progress in a top contributing area of one of the pillar metrics. We expect to see progress over a 12 – 18 month period. The Breakthrough Objectives shown below have been in place for the last 18 months and our focus on them has shown improvement. We are now reviewing what is contributing most to areas of lower performance of our pillar metrics and expect to change our Breakthrough Objectives for 2024/25.



GWH 2023/24 Breakthrough Objectives

Our Performance Management System

Our performance management system has created routines across the organisation to help teams at all levels drive improvement that is aligned to the Trust pillar metrics; each team selects "driver" metrics they are focusing on. In addition to driver metrics (a metric that team chooses to help achieve an improvement), we report on a number of "watch" metrics and follow a strict set of business rules which manage the reporting and escalation when performance is off target

We also use benchmarking 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.

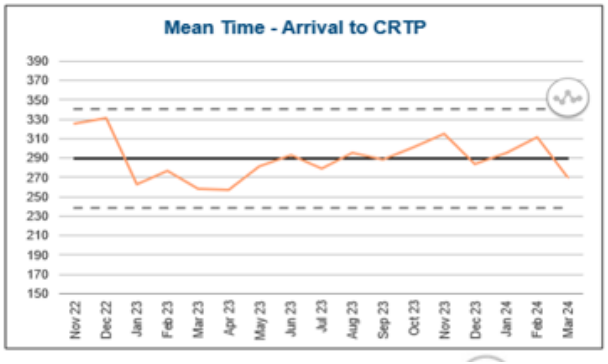
Improving Together Performance 2023/24

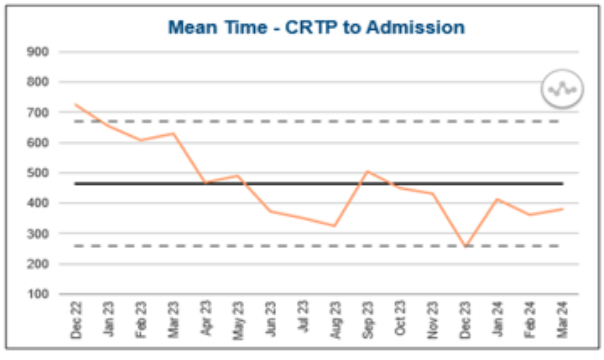
The level of improvement against the Breakthrough Objectives (BTO) can be seen below up to March 2024.

BTO 1 : Clinically Ready to Proceed

Good progress made in reducing the time between clinically ready to proceed and admission, which has been driven by a substantive recruitment drive, a 4-hr improvement plan focussing on breach chasing and two EPIC trial giving greater senior decision-making cover across Chairs (patients who need advanced investigations but do not require a bed space). However time in ED remains challenging. We will continue to have a focus on Emergency Department waiting times in 2024/25.

Breakthrough Objective	**Aim for 2023/24:** Overall reduction goal for monthly measure to be confirmed in A3 refresh	Mar-24

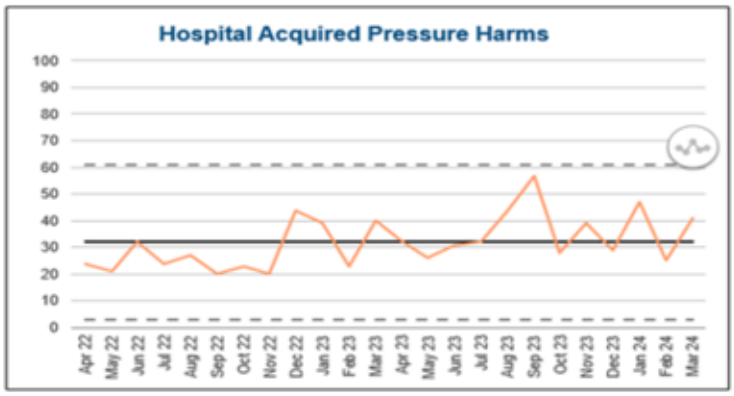


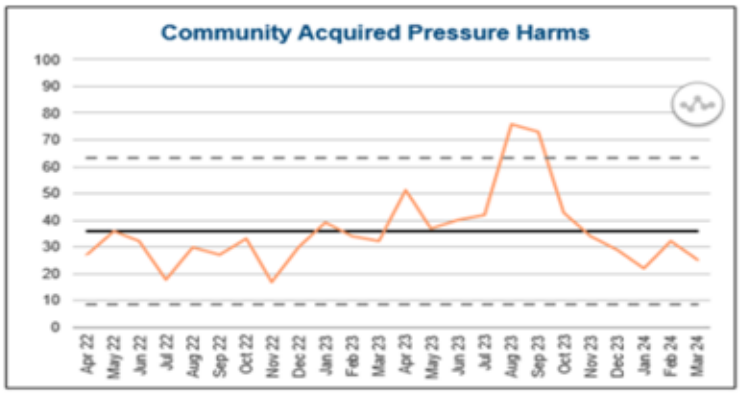


BTO 2 : Tissue Viability

Major focus of improvement work across ward and community areas. Although the number of hospital acquired pressure harms has fluctuated, severity of harms being reported has shown a positive trend with a reduction in category 3 and 4 pressure harms and an increase in early identification. However the number of pressure harms has not improved to the level expected. This is an ongoing high priority workstream and needs to be considered alongside level of harm caused by patient falls.

Breakthrough Objective	**Aim for 2023/24:** • **Reduction in the number of pressure harms by 20% across the organisation in 2023/24 compared to 2022/23 (would mean approximately 150 less pressure harms across community and acute settings)** • **Zero category 4 pressure ulcers across the organisation** • **Zero category 3 pressure ulcers in the acute setting**	**Mar-24**

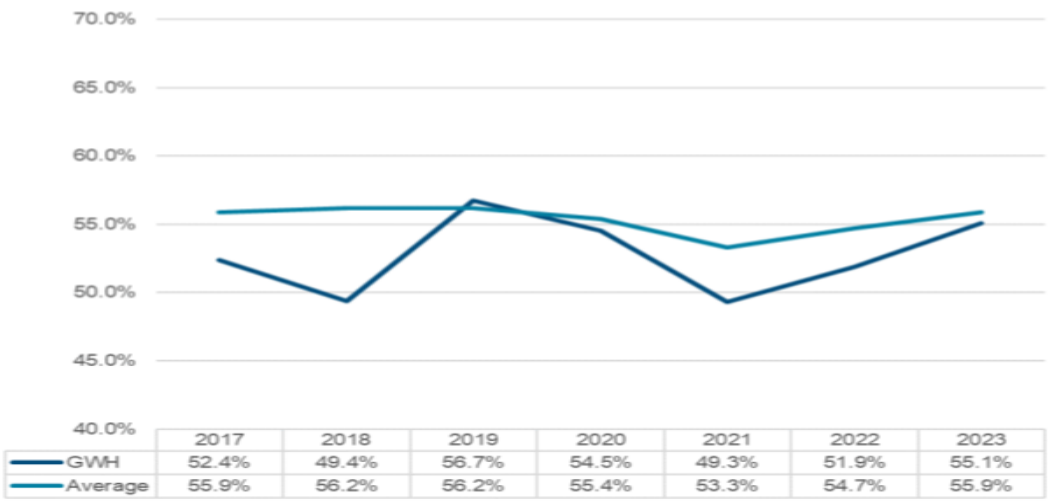




BTO 3 : Staff Survey

Our breakthrough objective for the staff survey has been improving the response in the “I am able to make improvements happen in my area”; this is seen as a top contributor to our pillar metric of staff recommending the Trust as a place to work. There have been a wide range of actions led by divisional teams and supported by Improving Together training and coaching. The aim was to reach 55% (to meet national average) in the staff survey. In the 2023 staff survey we saw a 5.8% increase in response to 55.1% reflecting improvements across all divisions. We have now reached the improvement aim so will continue to monitor this metric closely whilst moving the breakthrough objective on to another area of focus within our staff experience.

Breakthrough Objective	To reach a target score of 55% in the national staff survey question: I am able to make improvements happen in my area	Mar-24



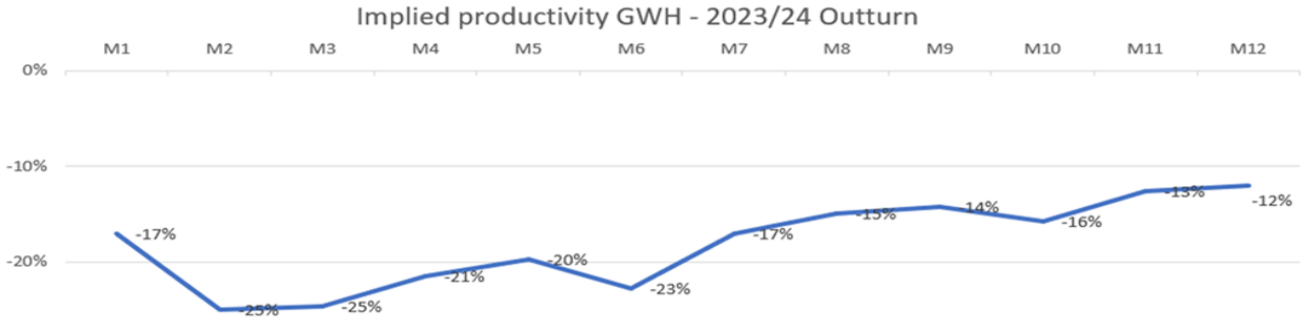
	2017	2018	2019	2020	2021	2022	2023
GWH	52.4%	49.4%	56.7%	54.5%	49.3%	51.9%	55.1%
Average	55.9%	56.2%	56.2%	55.4%	53.3%	54.7%	55.9%

BTO 4 : Productivity

During 2023/24 we added improving productivity as a breakthrough objective. The measure looks at how the Trust's costs and activity have changed since 2019/20, a negative figure suggests we are spending more or doing less activity than in 2019/20. There are some known reasons why productivity has reduced including our investment in increased staffing in our ward areas to support improved quality of care along with the impact of industrial action. Our aim was to return to a productivity no more than 12% lower than 2019/20. The graph below shows that the -12% aim was achieved in March 2024. We are now reviewing the best breakthrough objective to support financial sustainability in 2024/25.

Breakthrough Objective	Improve Productivity to -12% of 2019/20 levels (starting position -18%*)	Mar-24

*Feb-23 when BTO set



Alongside seeing improvements in our strategic priorities, we also hear from staff how much they value time and focus on Improving Together. Below is some of the feedback from our frontline teams who have undertaken the training and have started to implement improvement routines in their areas. We have seen a number of teams focus on

- Reducing harms – Trauma Ward have reduced the number of pressure harms related to medical devices.
- Patient experience – our Emergency Department has focused on improving patient's pain whilst waiting.
- Reducing waiting times and simplifying processes – our Wheelchair service has made pathway changes to support quicker turnaround times, our Early Pregnancy Unit updated standard processes to improve care.

- Improving staff morale – we have seen teams share 'thank you' with each other through postcards, whiteboards and "rate your day" initiatives.

The prioritisation board came from requests from the team to have our own visual management board so that we could see our improvement work laid out.

Improving Together has helped us acknowledge some barriers to good communication and has helped us take steps to address them.

We are improving patient experience through improved communication and care. We are more proactive as a team now

The training was really inclusive of everyone from across the team giving all roles a voice.

Regular improvement huddles really cemented our understanding

All staff feel empowered to put ideas forward.

Improving Together hasn't just taught us how to make improvements, it has meant we understand each other better and changed how we talk to each other across the team

Operational Performance 2023/24

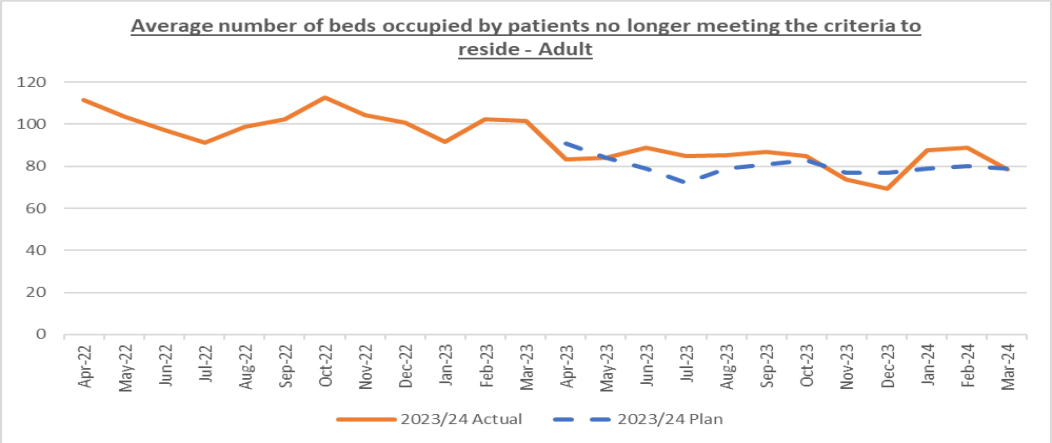
This year has been another year of continued high pressure right across the health and social care system.

At times the system has been under extremely high demand, particularly at the beginning of January 2024 due to high bed occupancy affecting the flow of patients out of the Emergency Department, and therefore ambulance offload and response times to patients requiring urgent care in the community.

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

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.

In comparison to March 2023, 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 continues to recover towards national constitutional standards. However, bed occupancy remains a significant challenge for us, often operating at greater than 98% which means there is a gap in headroom required to facilitate flow of patients into the bed base.

Our high bed occupancy has also resulted in the Trust having to use escalation capacity which is normally reserved for the Winter throughout most of the year. Discharges have also occurred too late in the day on some occasions, and between July 2023 and September 2023 data suggested that there was approximately 30% of our patients being moved overnight (11pm to 6am). To improve this, the Trust has made information available to teams in real time to capture overnight moves, and work on discharging earlier our patients through senior decision-making. This includes the intelligence forward staff to be able to document duty of candour and to gain permission for moving our patients out of hours, should it be unavoidable.

We have also improved medication information for discharged patients through referring patients through the discharge medicines service. Patients who are supported by this referral are less likely to be readmitted (5.8% vs 16% at 30 days), and, where they are readmitted, spend fewer days in hospital (7.2 days on average compared to 13.1 days for patients who did not have access to the service).

Consultant and junior doctor industrial action throughout 2023 and 2024 have been very challenging and disruptive, especially for those patients who have experienced delays to scheduled treatment. We have been able to manage these incidents relatively well thanks to the incredible support of staff in a number of different roles, but 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.

Vaccinations remain key to fighting Covid and strains of Flu both for patients and our own staff. We ranked ninth nationally among all NHS Trusts, having delivered more than 4,700 vaccines to staff, students, volunteers, and other partners who operate in the Trust. In total, 83 per cent of our staff either had the vaccine at work, in the community or chose to opt out. The Trust also ranked ninth for Covid-19 vaccine (64% coverage), with more than half of our staff taking up the offer of the vaccine.

The Swindon Integrated Care Alliance Coordination Centre at the hospital continues to evolve as part of a whole system care coordination function for patients. This initiative has brought our staff in to the same room alongside staff from Swindon Borough Council, Wiltshire County Council, South Western Ambulance Service NHS

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 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 2023/24 with 39,330 patients on the waiting list, compared to around 19,900 just before the pandemic, and 35,917 at the end of 2022/23. At the end of 2023/24 of these 1,900 had been waiting more than a year, and 4 had been waiting 78 weeks or more. We have made considerable progress in reducing the longest waiting patients for elective care and no patients had been waiting 104 weeks.

Our 2024/25 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 shows the Trust's performance against the Key Operating Performance Framework for 2023/24.

Measure	National Target[1]	Local Target 2023/2024[2]	Performance 2022/2023	Performance 2023/2024
Emergency Department 4 hours Q1	95%	76%	75%	75%
Emergency Department 4 hours Q2	95%	76%	74%	75%
Emergency Department 4 hours Q3	95%	76%	73%	73%
Emergency Department 4 hours Q4	95%	76%	76%	73%
Referral to Treatment Waiting List	-	-	35917	39,330
Referral to Treatment 52 Weeks	0	-	2228	1,900
Diagnostics performance Q1	99%	99%	48%	52%
Diagnostics performance Q2	99%	99%	46%	46%
Diagnostics performance Q3	99%	99%	48%	47%
Diagnostics performance Q4	99%	99%	55%	66%
Cancer Performance (62 days) Q1	85%	85%	77%	66%
Cancer Performance (62 days) Q2	85%	85%	64%	66%
Cancer Performance (62 days) Q3	85%	85%	65%	65%
Cancer Performance (62 days) Q4	85%	85%	67%	65.6%
Cancer performance (2WW) Q1	93%	85%	91%	70%
Cancer performance (2WW) Q2	93%	93%	72%	56%
Cancer performance (2WW) Q3	93%	93%	76%	44%
Cancer performance (2WW) Q4	93%	93%	90%	56.1%
Cancer performance (28 day) Q1	75%	75%	79%	70%
Cancer performance (28 day) Q2	75%	75%	72%	63%
Cancer performance (28 day) Q3	75%	75%	72%	59%
Cancer performance (28 day) Q4	75%	75%	76%	67%

[1] National targets refer to the NHS constitutional standards.
[2] Local targets refer to the annual operating plan requirements outlined by NHS England

Opportunities for the year ahead

Our Operational Plan 2024/25 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.
- Integrating care pathways to help improve patient care, manage demand and improve flow, working closely with place and system partners.
- Commence the project to implement a new Electronic Patient Record.
- Reduce long waits for elective care and deliver on commitments for improving cancer diagnosis and treatment.
- Reducing ambulance handover delays.
- Reducing harm from falls.
- Improving the response to staff reporting that they receive respect they deserve at work.
- Delivering on our financial recovery commitments.
- 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

Some of the key challenges and opportunities over the next year are:-

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 the legislative reform in 2022, we are actively engaged in leading work in the Integrated Care Alliance (ICA) and with our acute trust partners at the Royal United Hospitals NHS Foundation Trust in Bath and Salisbury NHS Foundation Trust as a provider collaborative (BSW Acute Hospital Alliance).

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.

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.

In 2023 an Integrated Care Strategy was developed which sets out BSW Together's ambition as partners working across the health, social care, voluntary and other sectors to support the people of BSW to live happier and healthier for longer. The strategy has been informed by existing strategies, such as local authorities' Joint Local Health and Wellbeing Strategies, as well as conversations with partners and the public on many different topics and in many different forums across BSW.

It provides a vision for the next five years, uniting partners behind three clear objectives. These are:

- Focus on prevention and early intervention
- Fairer health and wellbeing outcomes
- Excellent health and care services.

Placed-based Partnerships

The Trust delivers a strong place-based and system leadership and 'Team Swindon' has really developed over the last few years – far closer relationship with Swindon Borough Council and Integrated Care Board Swindon locality team. Place-based working has enabled us to have more focus on health inequalities – particularly important locally with Swindon being the fifth most deprived local authority out of 14 in the South West – and our role as anchor in the community.

We are working closer with our partners across the Bath and North East Somerset, Swindon and Wiltshire region, under one collaborative Integrated Care System, with a joint committee at place.

Community services across the BSW are currently provided by several organisations, including our Trust for adults in Swindon. These contracts come to an end in March 2025 and the ICB commenced in 2023 the procurement process for community services to standardise care across the whole system. We are working with partners to help shape how community services are provided within the procurement process with formal award decision due in September 2024.

Acute Hospital Alliance (AHA) Provider Collaborative

We are part of the BSW Acute Hospital Alliance, working collaboratively alongside colleagues in Royal United Hospitals NHS Foundation Trust in Bath and Salisbury NHS Foundation Trust to deliver the priorities set out in the Integrated Care Strategy.

NHS England now requires all NHS trusts to be working in at least one provider collaborative, with a focus on fully realising the benefits of working at scale, reducing unwarranted variation, and transforming services for the future.

Our collaborative (set up in 2018) pre-dates this requirement meaning we have had time to make some good progress with our collaborative working, relationship-building and governance arrangements.

Our three Trusts have long recognised there is much more we can do by working together to help and empower people, than by acting as individual organisations.

In 2023/24 we were selected as the only South West collaborative to join the first wave of innovators in NHS England's new Provider Collaborative Innovators Scheme. This scheme recognises the role that providers play working with partners in systems to deliver better care.

Being part of the scheme is recognition of what we've done so far along with our potential to do much more in the future – it will help accelerate our development.

Other achievements in 2023/24 include the following:

- Developing our joint clinical strategy, which considers how we can maximise the collective opportunities to strengthen clinical services, reduce variation, and scale up best practice.
- A focus on priority specialties – orthopaedics, dermatology, gastroenterology, and urology. As an example of some of the work we have done, we have created an improvement plan to tackle the rise in waiting lists for dermatology and are looking at ways to provide a more resilient and sustainable service for our population, including the expansion of tele-dermatology. The plan involves short-term measures to increase capacity, and longer terms plans to manage the demand upon this service.
- Introducing robotic surgery to BSW – our first robotic procedure took place at Great Western Hospital in May 2023 and since then surgical robots have been rolled out in Bath and Salisbury, helping surgeons to deliver operations with higher levels of precision and helping to improve recovery times and outcomes for patients. Robots are being used for general surgery, urology, and gynaecology and over time will be used for more specialities and more patients.
- Continuing to roll out Improving Together, our collective approach to empowering our teams to embed continuous improvement. This acts as the golden thread running through all that we do to make our three Trusts safer places to receive care and better places to work.
- Securing permission to build two additional modular theatres for elective operations at Sulis Hospital Bath, which will at as an NHS elective surgery hub for patients across the South West. The new facility will deliver 3,750 non-emergency, orthopaedic operations for NHS patients each year.

Placing digital at the heart of what we do will enable us to maximise the benefits of new technology, meeting higher expectations on digital ways of working.

Our focus on digital saw our plans to deliver a shared Electronic Patient Record in BSW approved by NHS England in March 2024. This will be a real shift in the way we work which will allow us to deliver real benefits including increased efficiency, better staff experience and improved patient care.

We have carried out analysis of our staffing models in nursing, midwifery, Associated Healthcare Professionals, Healthcare Scientists and our medical workforce, to help us better understand what the right model for staffing is in the future.

A significant part of our work is also focused on collaboration between our corporate teams, and we launched a programme looking at how we can empower these teams to identify opportunities to work at scale where benefits can be realised. Teams currently involved in this work are: People, Digital, Finance, Estates, Communications, Legal, Governance, and Research and Innovation.

We have formalised our relationships with a Committee-in-Common (made up of CEOs and Chairs of our Trusts), an Electronic Patient Record Joint Committee of Boards, and our Executive teams also meet regularly through the year. But while these formal arrangements give us a structure to work within, the key to our success lies in how we collaborate and work together, and we have explored how we can realise our collective potential with joint coaching and development time for our executive directors and investing in our clinical leadership capacity.

More recently we have begun to work even more closely with the Integrated Care Board ensuring close strategic alignment in how work together to deliver the BSW Integrated Care Strategy.

Our role as an Anchor Organisation

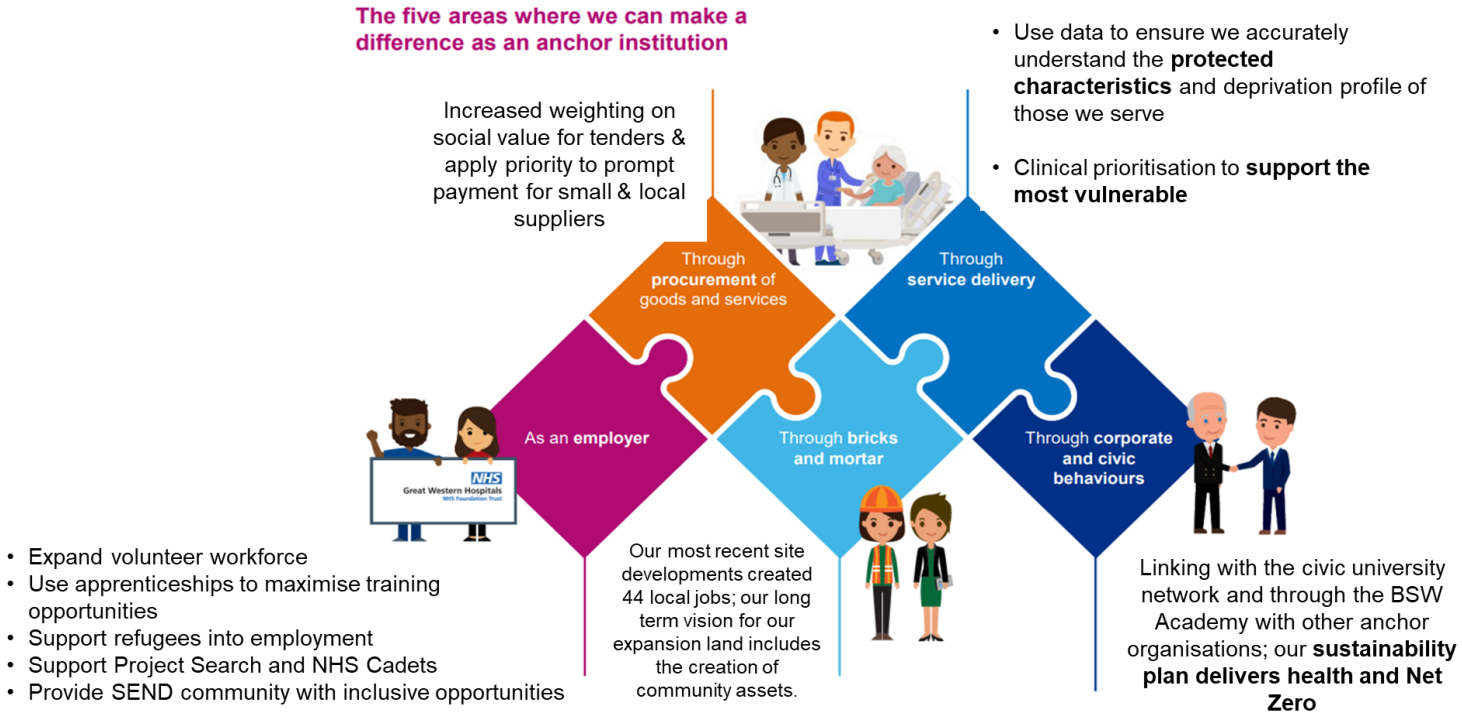
The concept of anchor institutions has been understood within the NHS for a number of years, and pre-dates the Covid-19 pandemic, but the imperative to address health inequality triggered by the differential impacts of Covid has given this new impetus.

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.

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've developed a strategic partnership with New College Swindon to support entry routes in to our Trust. One of our first events was attended by health and social care students to discuss opportunities to work for us.



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 key driver within Bath and North East Somerset, Swindon & Wiltshire Integrated Care System Partnership's transformation plan for 2023/24, with Great Western Hospital playing a key role in the delivery of these initiatives.

The Trust has established an Inclusion and Health Inequalities Sub-Committee (IHISC) to address both equality, diversity and inclusivity and health inequality. This group links back to the Integrated Care System's Population Health Board and Health Inequalities Steering Group, which are overseeing activity at a system level to address under-representation and structural determinants of ill health.

Although the Trust does not yet routinely report performance information split by deprivation and ethnicity, the relevant committee has received information relating to variation in access to elective services by age, gender, deprivation and ethnicity; as well as exploring other segmentation relevant to health inequality, such as a diagnosis of learning disability. The IHISC is working on developing insights from this data that will result in targeted action.

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 2024/25 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 94.

Quality Performance 2023/24

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 131). The report for 2023/24 can be found on the Trust's website.

Quality is embedded in the Trust's overall strategy. Quality targets are linked to divisions and included in local clinical speciality dashboards and pathway compliance monitoring. The Trust's performance against the quality priorities are included in the Trust-wide Integrated Performance Report (IPR) report which is reviewed monthly by various committees and ultimately by the Board. During 2023/24 the Board continued to receive regular performance information on key quality indicators including patient safety, patient experience and clinical effectiveness.

Our annual quality priorities are chosen following a process of review of current services, consultation with our key stakeholders and most importantly through listening to the feedback from our service users and carers. These also aligned with our Improving Together Breakthrough Objectives (ref page 20).

2022/23 Quality Indicators - Results and achievements

1. ***Reducing the incidents of hospital and community acquired pressure ulcers***

   Whilst this has been a priority over the last few years, we know we continue to have more to do in this area because pressure damage is one of the highest causes of patient harm across the Trust. Pressure ulcers can cause physical harm, pain and can lead to poor patient outcomes.

   At our Trust, we do not want any of our patients to come to harm whilst they are in our care, to support this we have invested in increasing our nursing staff to improve our nurse-to-patient ratios.

   We believe this coupled with the implementation of effective systems and processes supported by education and training we are reducing the incidence of pressure ulcers developing whilst patients are in our care.

   What we did

   - The established Ward Manager's skills training day was used as a platform to discuss the Leadership and oversight element, focusing on key roles and responsibility of all staff around pressure harm prevention.
   - A weekly cross divisional pressure ulcer panel meeting was set up to review harms and share learning.
   - Monthly Divisional Quality meetings with a focus on reducing pressure harms meeting to share learning and celebrate successes.
   - Fortnightly review of Break Through objective's A3 on pressure harm reduction.
   - Additional training sessions for Health Care Support Workers including projects to support Tissue Viability Team such as continence care.
   - Combined work with the ambulance service to support the awareness and use of pressure relieving mattresses on patients in ambulances.
   - Development of a Community Pressure Ulcer Improvement Group (PUIG) with the aim to create a Multidisciplinary approach to improving the prevention and management of Pressure harms. Reviews of screening panel cases are held, and themes discussed with appropriate work streams and improvements actioned to sustain change.
   - Successful Implementation (Nov 2023) of new Pressure Ulcer Risk assessment tool 'Purpose T' throughout Community Nursing services to improve and standardise risk assessment and interventions to reduce harm levels.
   - Implementation of End-of-Life Equipment Pathway – Clinical decision-making tool and Patient Information Leaflet (Dec 23) to provide safety netting with appropriate equipment prior to discharge.
   - Implementation of a Contractures Workstream: a multidisciplinary team approach to managing this patient cohort to prevent contractures and harm.

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

We know that we have patients in hospital who are ready to be discharged to care outside of the hospital. It is 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 in 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 an ambulance response.

What we did

- The Coordination Centre developments have helped partnership working with primary care/community services.
- Improved coordination to ensure that patients are directed to the most appropriate service for their condition straight away.
- Since January 2024, the Care Home advice line service has been providing support to care homes in partnership with Swindon Borough Council, Medivo and the ICA.
- Through better coordination there has been an overall reduction of patient stays over 21 days correct services leading up to their discharge/transfer out of the acute setting.
- Increasing the number of patients able to access the 'Home First' pathway which provides support for early discharge.
- Improvements in the number of patients being discharged over the weekend to reduce the amount of time patients are waiting in hospital.

3. Reducing the amount of time patients spend in the Emergency Department before they are ready to go home or move on to a hospital bed.

The Trust has continued to see an increase in attendances and admissions to our hospital, this has resulted in patients spending longer in the Emergency Department than we would want. 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. Reducing the amount of time patients spend in our Emergency Department is a key priority and indicator for clinical effectiveness.

What we did

- The Trust has the amount of time patients stay in the Emergency Department as one of the Trust priorities ('Pillar metric'), this highlights its importance to the Trust.
- 2023/24 saw an improvement in the length of time patients spent in the department with an average of 437 mins compared to 481 mins in 2022/23. The difference was especially marked when comparing winter months where the Trust saw patients waiting 391 minutes in December 2023 compared to 550 minutes in December 2022.
- Improving Together training with was delivered to the Emergency Department and Assessment units.
- There have been improvements to the triage process for patients who arrive by ambulance.
- 2023/24 saw the start of the exciting Integrated Front Door programme start and is still on course for delivery for July 2024.

2024/25 Quality Priorities

The following priorities have been agreed by the Trust for 2024/25

- **Priority 1: Reducing falls and falls with harm**

What are our aims for the coming year?

- To reduce the number of patients who have more than 1 fall in hospital

- To improve compliance with falls prevention actions such as identifying patients with postural hypotension and supporting those patients that require enhanced care.

- **Priority 2: Improving the experience of carers by delivering responsive support and information**

  What are our aims for the coming year?
  - Improve compliance with Carers passport
  - Implementation of the NHSE Care Partners plan including open visiting
  - Undertake a one year review of the Carers Support Passport
  - Increase links with community organisations to promote the carers support available at GWH
  - Begin implementation the Carer Support Wiltshire, Carer Friendly Hospital Ward Accreditation
  - Evaluate the impact of the introduction of 'open visiting' and 'Care Partners'

- **Priority 3: Improving initial assessment of patients in front door services**

  What are our aims for the coming year?
  - Ensure all relevant staff have completed triage training and competency assessment
  - Increase compliance with initial assessment by 20% across all direct admitting specialities

Care Quality Commission (CQC) Ratings

The Great Western Hospitals NHS Foundation Trust is required to register with the Care Quality Commission (CQC). Our current registration status is "Requires Improvement". The Trust does not have any conditions on registration. The Care Quality Commission has not taken any enforcement action against the Trust.

Current CQC rating 2024

Overall rating	Safe	Effective	Caring	Responsive	Well-led
Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

CQC ratings 2022/23

Overall rating	Safe	Effective	Caring	Responsive	Well-led
Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good

Maternity Services were inspected in September 2023 as part of the national Maternity Inspection programme. The Maternity Service rating was downgraded to Requires Improvement with some improvement actions in relation to compliance. The service is making good progress on these actions which includes improved compliance with safeguarding level 3 training and an increase in women/birthing people being triaged within 15 minutes of arrival to the unit and is on trajectory to achieve full compliance in Quarter 1 of 2024/25.

The Trust's overall rating remained at Requires Improvement, however due to the results of the maternity inspection the Well Led domain moved to Requires Improvement from Good.

Our last Trust-wide CQC inspection was between 11 and 13 February 2020, when the CQC inspected urgent and emergency care, medical care, surgery and maternity services. The Trust has delivered a comprehensive action plan in response to the feedback received from the CQC. There has been work undertaken to ensure all 'should do' and 'must do' actions were focused on and 'closed' when sufficient evidence was in place. However, given the time since the last full inspection there was a further review in 2023 to learn from lessons from the Maternity inspection and to ensure sustainability of improvement actions put in place. As a result there were two actions that required further action, primarily due to change in context or there has been a need to build on the

original7improvements to strengthen the evidence and these were around the achievement of the 4 hr access standard and safeguard training. The 4 hr access standard continues to be an area of considerable focus and improvement work, significant governance and oversight has been put in place since the 2020 inspection with demonstratable workstreams in place. However, given the current operational pressure and external oversight further discussion is on-going about the next steps for this improvement action. The Trust level and divisional level 3 children safeguarding training compliance has significantly improved, and is expected to hit trajectory by end quarter 1 2024.

The Trust has had regular engagement meetings with CQC throughout 2023/24 to ensure we keep them informed of our service delivery and of any changes, these include:

- Quarterly engagement meetings with Executive team
- Monthly oversight meetings with Chief Nurse team
- Monthly Insight meetings

With the implementation of the new CQC single assessment framework the engagement framework for 2024/25 will change to quarterly with CQC operational manager for our area and a deputy director of the CQC attending at least yearly. The majority of information updates will be submitted through a portal.

Further information on the Quality Governance Framework on page 127 and data quality on page 131.

There were no formal public or stakeholder consultations during 2023/24.

Research and Innovation 2023/24

On emerging from the Covid-19 pandemic, the DHSC and NHS England initiated programmes to build back a thriving and sustainable research portfolio, which saw the country enter 2023/24 with encouraging signs of post-pandemic research recovery. This is reflected in research activity levels at Great Western Hospitals NHS Foundation Trust, where we are continuing to build back our own local research portfolio, having recruited an average of 81 participants per month during 2023/24 (up from 51 in 2022/23).

In 2023/24, GWH was awarded over £104,000 of development funding from the National Institute for Health and Care Research (NIHR) aimed specifically at investing in continuous improvement of local research capabilities. This included funding for support services, as well as funding to work collaboratively with regional community and primary care providers to increase diversity and inclusiveness in research participation. A further £230,000 was also awarded by the NIHR in 2023/24 to fund the purchase of hospital equipment that will facilitate local research capacity and capabilities.

2023/24 also saw the organisation's first Clinical Research Practitioner receiving their accreditation, and the opening of the Research & Innovation clinical hub within the footprint of the main hospital. Research & Innovation (R&I) launched a new Research Enablement Scheme at GWH supported by the Brighter Futures charity, and received several awards at the NIHR Clinical Research Network Regional Research Annual Awards.

Patient Recruitment

During the Covid-19 pandemic, a halt was placed on non-urgent public health research so that focus could be placed on responding to the pandemic. GWH contributed to large urgent public health research during the pandemic, including vaccine trials and other Covid-19 treatment trials, which accounts for successful recruitment numbers for example in 2020 to 2022. However, as the country emerged from the pandemic, these UPH studies began to close, and an NIHR-led national recovery programme was introduced to gradually re-start the non-UPH research portfolio. This, together with extreme pressures on clinical services, meant that there has been a gradual recovery of the research portfolio at GWH. At GWH, we set ourselves a stepwise annual target, with the aim of

returning to pre-pandemic activity levels. We met the local target that we set at GWH for 2023/24, and the target we have set for 2024/25 is in line with pre-pandemic activity levels.

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

Year	Commercial Recruits	Non-commercial Recruits	Total Recruitment
2023-2024	24	952	976
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

Table 2: Number of clinical specialties

Year	Clinical Specialties*	Number of Studies
2023-2024	22	42
2022-2023	22	52
2021-2022	25	52
2020-2021	25	42
2019-2020	23	45

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

Research Impact

During the Covid-19 Pandemic, Great Western Hospital contributed to numerous clinical trials looking at treatment options and vaccines. The findings of several of these trials were published in 2023/24, demonstrating the positive contribution that research taking place at the Trust has for patients and healthcare services.

- ***REMAP-CAP****:* The REMAP-CAP study is the world's largest trial of multiple interventions for critically ill adults with Covid-19. It is led by Imperial College London and the Intensive Care National Audit & Research Centre (ICNARC) in the UK. REMAP-CAP opened at GWH in April 2020 and has recruited 74 participants to date. It is still open to recruitment. Results were published by the study in October 2023 showing that a common cholesterol-lowering drug may improve outcomes for critically ill patients with Covid-19.

- ***VROOM:*** In 2023, the VROOM study closed at GWH, having recruited 32 participants locally. Results were published by the study in The Lancet in December 2023 showing that pausing methotrexate for two weeks following Covid-19 vaccination booster enhanced immune response, providing clinicians with new evidence to support treatment pathways for their patients.

A notable achievement at GWH was our performance to the ***CSPOT*** trial, which aimed to determine whether a new form of Cardiac Resynchronisation Therapy can assist the heart to beat in a more co-ordinated fashion in a cohort of patients experiencing heart failure. When this trial opened in 2021, GWH were first in the world to recruit a patient into the trial. We continued to exceed throughout this trial, which completed at GWH in 2023/24 having been a top recruiting global site, achieving 71% above our original local target.

Sustainability

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

An updated Green Plan action tracker, containing 45 actions, is monitored at the Finance, Infrastructure & Digital Committee and provides the current status and next steps required for all targets across the 8 chapters; Estates and Facilities, Travel and Transport, Supply Chain and Procurement, Food & Nutrition, Medicines, Sustainable Models of Care, Digital Transformation and Workforce, Networks & System Leadership.

There are various working groups at both local and system level for new initiatives generated by staff or partner organisations. The Trust has started to work more collaboratively within the Acute Hospital Alliance to help share knowledge and will be a focus for 202/25.

The delivery of the Green Plan is through the Estates Management Board and the designated Board level net zero lead is the Chief Financial Officer, who has overall accountability for the implementation of the Green Plan. The plan has also been informed by the existing sustainability groups and networks as shown within the below figure.

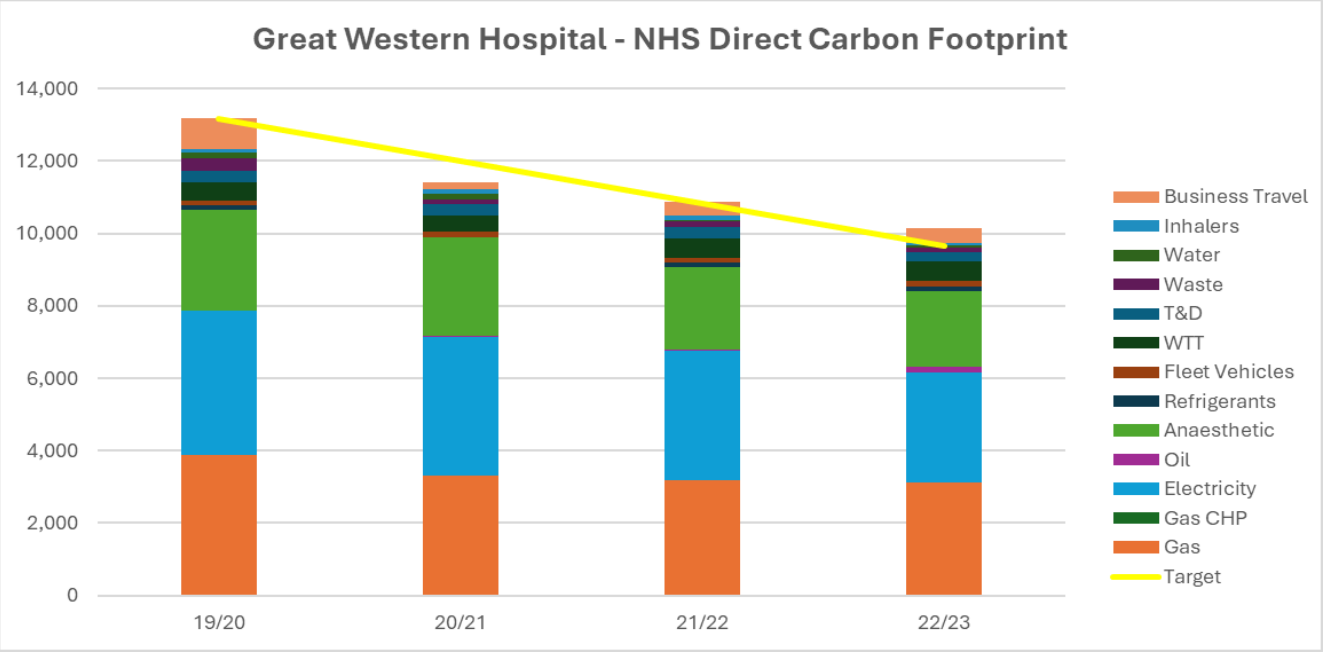
Progress against the Green Plan is formally reported annually to the Trust EFM Board and considers:

- The progress made and the ability to increase or accelerate agreed actions.
- New initiatives generated by staff or partner organisations.
- Advancements in technology and other enablers.

- The likely increase in ambition and breadth of national carbon reduction initiatives and targets.

The Trust Board is updated on progress on an annual basis.

The current carbon footprint for the Trust has been provided below.



N.B. 2023/24 figures currently unavailable as usage not yet finalised with electricity suppliers.

Task Force on Climate-Related Financial Disclosures (TCFD)

NHS England has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

There is currently no task force on climate-related financial disclosures for this reporting year, however the Trust is aware of the requirements and have met phase 1 as outlined below.

	Phase 1 – Governance focus	**Phase 2 – Risk Management & Metrics and Targets**	**Phase 3 – Strategy**
Target Period	2023-24 (for annual reports ending 31 March 2024)	2024-25 (for annual reports ending 31 March 2025)	2025-26 (for annual reports ending 31 March 2026)
Focus	High level overview	Qualitative disclosures with exiting qualitative disclosures	Qualitative disclosures with technical requirements. TCFD aligned disclosure is fully implemented.
Requirements	Reporting entities shall provide a TCFD Compliance Statement and the recommended disclosures for - Governance - Metrics and Targets (b), only where available from existing reporting processes. Comply or explain basis	Reporting entities shall provide a TCFD Compliance Statement and the recommended disclosures for - Governance - Risk Management - Metrics and Targets. Comply or explain basis	Reporting entities shall provide a TCFD Compliance Statement and the recommended disclosures for - Governance - Risk Management - Metrics and Targets, considering wider reporting - Strategy. Comply or explain basis
Interaction with GGC framework	Continue to apply GGC21-25 for emissions for metrics and targets, in line with SRG.	Continue to apply GGC21-25 for emissions for metrics and targets, in line with SRG.	Continue to apply GGC25-30 (GGC21-25 runs until 31 March 2025 with the next commitment period for GGC25-30 starting on 1 April 2025)

Financial Performance 2023/24

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 2023/24 the Trust income operated under an aligned payment and incentive contracting model, which consisted of a part fixed and part variable basis for payment. The majority of activity was covered by a fixed block with variable payment for elective activity, and some diagnostics and high cost drugs dependant on performance.

Our plan for 2023/24 was improved using £21.3m of non-recurrent income from BSW in the form of an agreed system risk share allocation. In year additional income was also received to cover Agenda for Change & medical pay awards, the cost of industrial action, community diagnostic centre developments, pension contributions and contract over performance.

The Trust ended the year with a £9.9m deficit (£23.9m deficit 2022/23 as restated due to a movement in I&E impairments) including donated items and the impact of asset impairments. 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 adjusted financial performance measure for 2023/24 was a surplus of £0.23m (£0.028m surplus 2022/23).

	Trust 23/24 £'000	**Trust 22/23 £'000**
(Deficit) Reported in Statement of Comprehensive Income	**(9,852)**	**(23,936)**
Add back all I&E impairments / (reversals)	1,083	24,156
Remove capital donations / grants / IFRS16 PFI I&E impact	9,040	(184)
Surplus / (deficit) before impairments and transfers	**271**	**36**
Remove net impact of DHSC centrally procured inventories	(41)	(8)
Adjusted financial performance surplus / (deficit)	**230**	**28**

In the table above the main change for the financial year 2023/24 between the deficit reported in Statement of Comprehensive Income and Adjusted financial performance is the PFI change in accounting standards from IAS17 to IFRS16. For the financial year 2022/23 there was an impairment for the energy and urgent treatment centre.

The Trust had an efficiency target of £16.8m in 2023/24. £14.3m of this was achieved, of which 42% was recurrent. The Trust continues to seek and deliver transformational change to manage financial challenges, whilst maintaining and improving quality.

Agency spend was £9.8m, which is a decrease of £6.6m compared to 2022/23 (£16.4m) and £5m lower than the NHSE agency cap. Bank and locum spend totalled £25.4m, which was an increase of £5m on 2022/23 and therefore offsets most of the agency reduction. The Trust will continue to focus on reducing temporary staffing spend in 2024/25 by continuing with the actions put in place in 2023/24 which is through a robust approach to workforce grip and control, removal of administration and clerical usage, moving medical agency to bank and substantive rates and system approach to management of a rate card. .

The Trust charity, Brighter Futures, ended the year with £1.1m in funds, of which £1m is classed as restricted and £0.1m unrestricted. Income for the year was £0.7m compared with expenditure of £0.6m, meaning the charity saw an increase in funds of £0.1m.

Long Term Financial Viability

The Trust has continued to benefit from non-recurrent funding streams during 2023/24 which has enabled it to achieve a small surplus adjusted financial performance position of £0.23m. This follows on from two years of increased funding to support the Trust through the covid pandemic, which also saw an increase in the number of staff employed. On an underlying recurrent basis, the Trust is in a deficit position of c£34.9m. One of the key priorities for the Trust in 2024/25 is to identify plans to transform services to work towards developing financial sustainability, focussing on maximising productivity while reducing workforce wherever possible. 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

There have been no significant changes during 2023/24.

Events since last 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 2023/24.

Number of Trust branches outside the UK

The Trust does not have branches outside the UK.

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 2024 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 England (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.

Jon Westbrook
Acting Chief Executive
Date 27 June 2024

ACCOUNTABILITY REPORT
Directors' Report

Board of Directors

The Trust is a unitary Board of Directors that makes corporate decisions and consists of a balance of Executive Directors with defined portfolios and Non-Executive Directors drawn from a range of backgrounds who bring rigorous and constructive challenge to the Trust. The Executive posts are occupied by appropriately qualified professionals able to discharge functions expected from those professions and as defined in the Trust's Constitution and have equal voting rights on all Board matters. Only those directors listed in the terms of reference for a Committee can vote on matters dealt with by that Committee. The only exception to this is when a vote is being cast by a substitute director, agreed prior to the meeting.

The Board continues to focus on the Trust's key priorities (ref page 11). Strategic deep dives into all areas of the business continued throughout the year with an Integrated Performance Report (IPR) showing progress against our strategic drivers being presented at each meeting, which the Boad debates and challenges. This provides great insight and highlights the challenges the Trust face.

The Board recognises the need to create conditions that foster staff health and wellbeing which included leadership developments, ED&I (equality, diversity and inclusion) and the provision of a first class health and safety and staff health and wellbeing service. In advancing its commitment to inclusion, equality and diversity for its workforce and population we serve, during the year, the Board committed to a 12-18 month work plan, as well as collective and individual objectives for 2024.

In 2023 the Trust launched 'Trust Strategy 2024+' to undertake a significant engagement activity over the course of the year to ensure the strategy is co-created with staff, local communities, partners and our stakeholders, and to also consider strategies and priorities developed across the BSW system and within the Acute Hospital Alliance (AHA).

Board Roles & Responsibilities

The Board of Directors has comprehensive role descriptions for each of the key roles of Chair, Chief Executive, Non-Executive Director and Senior Independent Director.

The Board of Directors has overall responsibility for setting the strategic direction of the Trust, and is held to account by the Council of Governors to discharge the Trust's accountability to the local population; 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.

The Board of Directors forward plan ensures that formal scrutiny and assurance of business is appropriately scheduled and also that sufficient time is set aside to focus on quality and appropriate strategic development. Each Board meeting includes a care reflection story, which welcomes service users and/or carers, and staff to share their experiences, to help determine improvements to services and ensure the highest possible standard is provided in all areas.

In terms of performance management, the Board of Directors collectively agrees and sets the performance monitoring regime, on the recommendation of the Chief Executive. Non-Executive Directors have a duty to exercise appropriate constructive challenge against the performance of the Executives in meeting agreed objectives and receive regular assurance reports including risk, strategic, financial, operational and clinical performance and compliance reports, to allow them to discharge that duty.

In order to discharge its specific responsibilities, the decisions reserved for the Board and the delegation of duties are set out within the suite of governance documentation comprising of the scheme of delegation, matters reserved for the Board and the standing financial instructions, all of which were refreshed in 2023. This forms part of our governance arrangements and ensures adequate controls are in place for the authorisation of transactions, defines financial (and other) approval limits and safeguards the assets of the Trust against loss, fraud and improper use.

Board meetings held in public, and private sessions, take place 9 times a year with 3 meetings per year dedicated to a seminar/developmental session. The minutes and papers are made freely available, and this includes publishing them on our website.

During 2023/24 the key themes at the Board workshop included equality, diversity and inclusion, patient voice and Trust Strategy.

The Trust Chair also meets monthly with Non-Executive Directors outside of the Board setting.

The Board of Directors gives clear direction in relation to its information requirements necessary to facilitate proper and robust discussions to reach informed and strategic decisions. The Board of Directors also agrees and tracks actions to ensure completion and records an appropriate audit trail.

The Board of Directors report to a range of regulatory bodies, as required, on relevant performance and compliance matters and in the prescribed form, including NHSE's Oversight Framework. The Board of Directors is responsible for ensuring compliance with the Trust's Provider Licence, Constitution, mandatory guidance issued by NHSE and other relevant statutory requirements. The Board of Directors has overall responsibility for providing leadership of the Trust and ensures it represents a balanced and understandable view of the Trust's position and prospects in all its communications and publications to regulators and stakeholders.

The Trust has in place director and officers' liability insurance as part of the NHS Resolution membership scheme.

Composition of the Board of Directors

The Board is comprised of seven voting Executive Directors, and eight Non-Executive Directors, including the Chair. This model complies with the Trust's Constitution in ensuring an effective and diverse board that is innovative and flexible, and whose role it is to promote the long-term sustainability of the Trust.

There are two additional Associate Non-Executive Directors and one additional Executive Director who are non-voting (up to December 2023). Voting rights apply should the Board be unable to reach a consensus on a specific issue.

The Board membership in 2023/24:-

Executive Directors			
Name	**Job Title**	**Start Date**	**To**
Voting			
Kevin McNamara	Chief Executive	27-03-2020*	31.12.23
Jon Westbrook	Acting Chief Executive	01.01.2024	Present

Name	Job Title	Start Date	To
Lisa Cheek	Chief Nurse	29-03-2021	Present
Jude Gray	Chief People Officer	01-07-2019	Present
Claire Thompson	Chief Officer of Improvement & Partnerships	19-04-2021	Present
Simon Wade	Chief Financial Officer	01-11-2020	Present
Jon Westbrook	Chief Medical Officer	01.09.2021	31.12.2023
Steve Haig	Acting Chief Medical Officer	01-01-2024	Present
Felicity Taylor-Drewe	Chief Operating Officer	25-08-2021	Present
Non-voting			
Naginda Dhanoa	Chief Digital Officer - *Joint role with Salisbury NHS Foundation Trust.*	01-12-2021	23.12-23
Jon Burwell	Acting Chief Digital Officer - *Joint role with Salisbury NHS Foundation Trust.*	24.12.23	Present
**start date in role (start date with GWH 2009)*			

Non-Executive Directors			
Name	First Term	Second Term	Third Term
Liam Coleman (Chair)	01.02.19 – 31.01.22	01.02.22 – 31.01.25	
Lizzie Abderrahim	01.05.19 – 30.04.22	01.05.22 – 30.04.25	
Nick Bishop	01.08.16 – 31.07.19	01.08.19 – 31.07.22	01.08.22 – 31.07.23
Faried Chopdat	01.04.21 – 31.03.24	01.04.24 – 31.03.27	
Andy Copestake	01.07.16 – 30.06.19	01.07.19 – 30.06.22	01.07.22 – 30-06.23
Peter Hill (Deputy Chair)	01.04.17 – 31.03.20	01.04.20– 31.03.23	01.04.23 – 31.03.24
Paul Lewis (SID)	01.04.18 – 31.03.21	01.04.21 – 31.03.24	
Bernie Morley	01.07.23 – 30.06.26		
Claudia Paoloni	01.04.23 – 31.03.26		
Will Smart	01.04.23 – 31.03.26		
Helen Spice	01.04.21 – 31.03.24	01.04.24 – 31.03.27	
Non-voting (designate)			
Julian Duxfield*	01.05.23 – 31.03.24		
Bernie Morley	10.04.23 – 30.06.23		
Associate Non-Executive Directors (non-voting)			
Claire Lehman	01.04.23 – 31.03.25		
Rommel Ravanan	01.04.23 – 31.03.25		
Claudia Paoloni	01-04-21 –31-03-23		

**Julian Duxfield moved to a voting NED role on 1 April 2024*

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

Trust Chair

The Chair of the Trust in 2023/24 was Liam Coleman. There were no substantial changes to commitments during the year and the Chair was able to devote the appropriate time commitment to this role.

Paul Lewis was Deputy Chair during the year.

Members of the Board as at 31 March 2024

Executive Directors - Biographies

The executive directors are all full time employees of the Trust. Details of their remuneration can be found in the Remuneration Report section of this report.

Acting Chief Executive – Jon Westbrook – from 1 January 2024

Jon joined the Trust as Medical Director in September 2021 and was appointed the Acting Chief Executive Officer in January 2024.

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.

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 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.

Acting Chief Medical Director – Steve Haig from 1 January 2024

Stephen joined the trust as a Consultant Emergency Physician in 2011, and was appointed as Acting Chief Medical Officer in January 2024.

He has had a variety of leadership roles including clinical lead of the Emergency Department, Associate Medical Director for the Unscheduled Care division, and Deputy Chief Medical Officer.

He believes in high quality, safe, patient centred services that are driven by the principles of the NHS.

Chief Officer of Improvement and Partnerships - Claire Thompson

Claire joined the Trust in April 2021 with extensive NHS experience as a Divisional Director, Chief Operating Officer and Deputy Director of Commissioning including leading on patient flow and working with partners on system-wide performance. Claire also led the system Covid-19 vaccination programme in Bristol.

Claire leads our Trust improvement approach – Improving Together – and is key to building productive relationships with our partners.

Chief Financial Officer - Simon Wade

Simon was appointed as the Trust's Chief Financial Officer in November 2020.

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

Non-Executive Directors - Biographies

Non-executive directors have a wide variety of experience in the voluntary, public and private sectors. They are all part-time.

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.

Liam is the Board Wellbeing guardian.

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.

Lizzie is the Maternity board safety champion

Non- Executive Director and Deputy Trust Chair - 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 – Julian Duxfield

Julian joined the Trust board in May 2023.

Julian has been Human Resource Director in a number of organisations including Unilever, the civil service, the security industry and latterly for the University of Oxford. He has also been an external member of the CQC remuneration committee.

Julian is keen to see the Trust continue to be a great place to work and ensure its staff are well supported and managed.

Julian is the Doctors disciplinary NED champion/independent member.

Non- Executive Director – Bernie Morley

Bernie joined the Trust Board in April 2023.

A molecular geneticist by training, Bernie has worked at a number of Universities over the years, before moving to Bath in 2010 as Pro-Vice-Chancellor (Learning and Teaching). He became Deputy Vice-Chancellor (DVC) and Provost 5 years later and remained at the University until 2021 including a spell as acting Vice-Chancellor.

While at Bath, Bernie was co-chair of the highly successful £40M Institute of Coding, a collaboration between Universities and Industry partners delivering skills training at all levels and with a target of widening participation.

Non-Executive Director & Senior Independent Director (SID) – Claudia Paoloni

Claudia has held positions of leadership and influence in her senior medical career.

Having led and delivered major transformational service delivery and workforce projects at University Hospital Bristol and Weston Foundation Trust, she held a clinical director tenure for three years, a Divisional Board position, and currently remains Chair of the Hospital Medical Committee.

She has also held an executive member position for Hospital Consultants and Specialists Association (HCSA), and held the elected role of President - the first female president since its inception in 1948.

Passionate about the NHS, Claudia actively works towards influencing the recruitment and retention of our NHS staff for the future.

Claudia is the Freedom to Speak Up NED champion.

Non- Executive Director – Will Smart

Will joined the board as a Non-Executive Director in April 2023.

His career has been spent in digital and analytics across healthcare and the wider public sector. He is currently a Global Director for Dedalus, one of the world's largest healthcare technology companies.

Prior to joining Dedalus, he was Chief Information Officer for Health and Social Care in England, where he led the development and delivery of national strategies on information, technology and informatics.

Will has also served as CIO at the Royal Free London Hospitals Group, and has extensive experience in healthcare technology, as well as consulting widely across the UK Public sector in the areas of digital strategy and transformation, service management and outsourcing.

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 the security management NED champion.

Non-Voting Board members

The following were non-voting Board members during 2023/24:-

Name	Title	Date
Naginder Dhanoa	Chief Digital Officer*	31/03/23 to 23/12/24
Claire Lehman	Associate Non-Executive Director	04/04/23 - present
Rommel Ravanan	Associate Non-Executive Director	04/04/23 – present
John Burwell	Acting Chief Digital Officer	24/12/23 - present

*Joint role with Salisbury NHS FT

Key Board Membership Changes during 2023/24

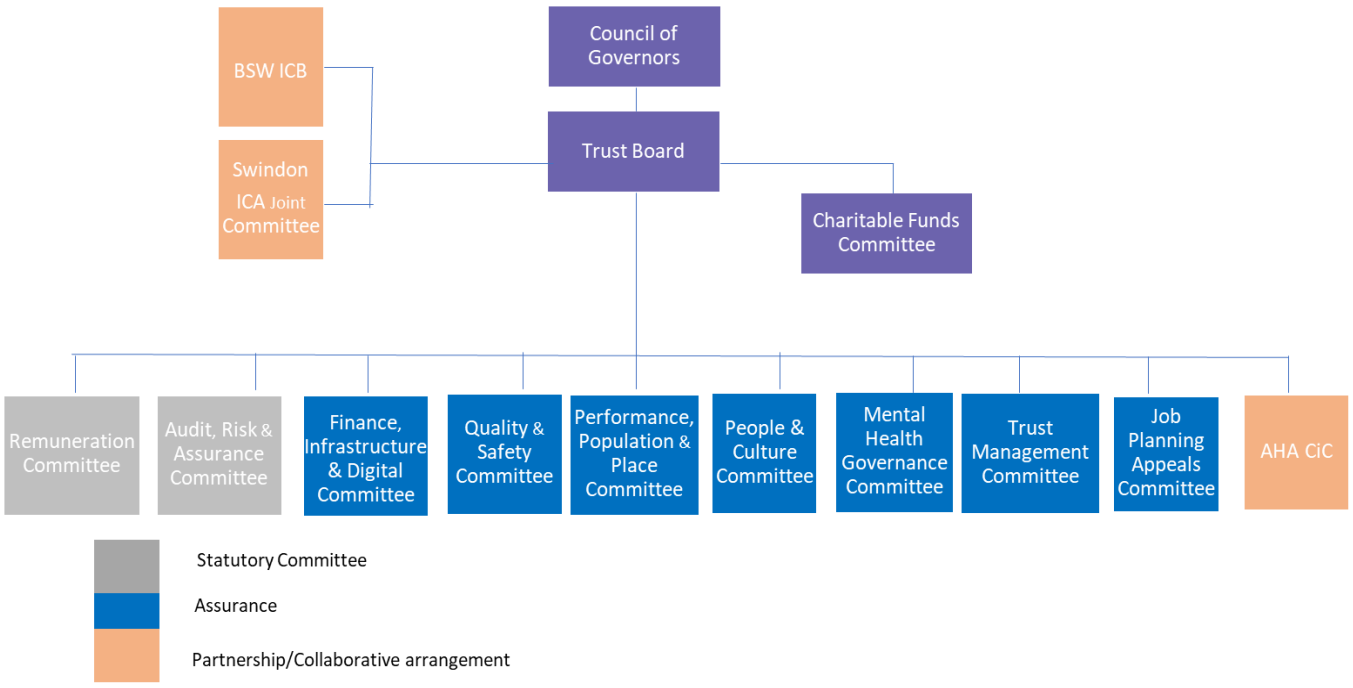
The following key changes occurred during 2023/24:-

- Kevin McNamara, Chief Executive Officer left the Trust in December 2023 to take up a new position as Chief Executive Officer at Gloucestershire Hospitals NHS FT. Interim arrangements have been put in place until substantive arrangements are made. These arrangements include John Westbrook to act as Acting Chief Executive; Simon Wade, Chief Financial Officer to act as Deputy Chief Executive; and Steve Haig as Acting Chief Medical Officer.
- Three Non-Executive Directors terms of office came to an end during 2023/24; Andy Copestake (30 June 2023) and Nick Bishop (31 July 2023) and Peter Hill (21 March 2024).
- Four new Non-Executive Directors commenced during 2023: Claudia Paoloni, Will Smart, Bernie Morley and Julian Duxfield. As part of our succession planning Bernie and Julian commenced as NED designate and moved into substantive voting positions as appropriate and in alignment with the Trust's Constitution.
- Two new Associate Non-Executive Directors, Claire Lehman and Rommel Panavan, commenced in April 2023.

Committees of the Board of Directors

The Board of Directors has authorised a number of committees to scrutinise aspects of the work of the Trust. Each committee is chaired by a Non-Executive Director. The terms of reference of each committee sets out the remit of responsibility delegated by the Board of Directors and sets out the information requirements of the committee, how it should interact with the information it receives and use this to reach a conclusion about assurance. Where assurance cannot be robustly established, the chair of the committee reports this to the Board of Directors. The Board of Directors receives a report from each chair at every public Board meeting. On receiving a report that identifies a lack of assurance in relation to an aspect of the business, the Board of Directors can either hold the Chief Executive to account (managerial aspects) or seek independent assurance by referring the matter to its Audit, Risk and Assurance Committee.

Trust Board of Directors and Assurance Committee Structure



As at 31 March 2024

The key functions of the Board sub-committees are:

Audit, Risk and Assurance Committee (statutory committee): Meets a minimum of four times a year to conclude upon the adequacy and effective operation of the Trust's overall internal control system which includes financial and clinical assurance. It is the role of the executive to implement a sound system of internal control agreed by the Board of Directors. The Audit, Risk and Assurance Committee also provides independent monitoring and scrutiny of the processes implemented in relation to governance, risk and internal control and reviews and considers the work of internal and external audit. The Annual Audit, Risk & Assurance Committee Report can be found on page 53.

Remuneration Committee (statutory committee): To appoint and, if necessary, dismiss Executive Directors, establish and monitor the level and structure of the total reward for Executive Directors (VSMs), ensuring transparency, fairness, consistency and succession planning. The Committee shall receive reports from the Chair of the Board of Directors on the annual appraisal of the Chief Executive; and from the Chief Executive on the annual appraisals of Executive Directors, as part of determining their remuneration. The committee meets at least twice per year. Further information can be found on page 71.

Quality and Safety Committee: Meets monthly and has delegated authority to support the Trust in achieving all its strategic objectives with particular reference to outstanding patient care. The duties of the committee shall ensure the implementation, delivery and monitoring of the Trust's quality and clinical strategies. The committee shall also be responsible for managing the safety of patients through ensuring compliance and the implementation of effective internal controls.

Finance, Infrastructure & Digital Committee: Meets monthly and has delegated authority to support the Trust in achieving all its strategic objectives with particular reference to use of resources. The following areas are the constituent parts of the use of resource objective within the remit of the committee: finance; estates; IT; productivity and procurement. The committee reviews; finance strategy & business planning for both local and system, income & contract management, improvement and efficiency, implementation & investment decisions, and infrastructure both estates, digital and procurement.

Performance, Population & Place Committee: Meets monthly and has delegated authority to support the Trust in achieving all its strategic objectives with particular reference to performance and partnership working. The duties of the committee are to monitor and review performance management, healthcare needs of the population, and partnership working across the system.

People & Culture Committee: Meets quarterly and has delegated authority to support the Trust in achieving all its strategic objectives with particular reference to the workforce. The duties of the committee are to monitor and review on the people, cultural and organisational development of the Trust.

Mental Health Governance Committee: Meets quarterly and has delegated authority to support the Trust in ensuring that it discharges its range of responsibility under the Mental Health Act and the Mental Capacity Act.

Charitable Funds Committee: Meets at least four times a year to oversee the generation, management, investment and disbursement of charitable funds (Brighter Future) within the regulations required by the Charities Commission.

Trust Management Committee: Meets monthly and has delegated authority to support the Trust in achieving all its strategic objectives. The purpose of the committee is to provide a mechanism for the Executive Directors to provide assurance to the Board concerning all aspects of delivering the Trust's strategy and supporting strategic plans, including the day to day operational management of the Trust.

Acute Hospital Alliance (AHA) committee-in-common: Meets six times per year and its role is to set strategic direction and provide oversight of AHA programme.

In the beginning of 2024, the Board established a Joint Committee within the AHA for the joint Electronic Patient Records programme with its first meeting to be held in Q1 2024/25.

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.

Membership Attendance at meetings of the Board of Directors and Committees

1 April 2023 – 31 March 2024

Committee Meeting	Trust Board	Audit, Risk & Assurance Committee	Quality & Safety Committee	Finance, Infrastructure & Digital Committee	People & Culture Committee	Performance, Population & Place Committee	Mental Health Governance Committee	Charitable Funds Committee	Remuneration Committee
Chair	**Liam Coleman**	**Helen Spice**	**Claudie Paoloni**	**Faried Chopdat**	**Julian Duxfield**	**Bernie Morley**	**Lizzie Abderrahim**	**Julian Duxfield**	**Liam Coleman**
Attendance (actual/maximum)									
Non-Executive Directors									
Liam Coleman (Chair)	10/11	n/a	n/a	n/a	n/a	n/a	4/4	n/a	5/6
Lizzie Abderrahim	10/11	n/a	9/11	n/a	1/1	12/12	4/4	n/a	6/6
Nick Bishop	3/3	n/a	3/3	n/a	n/a	3/3	n/a	n/a	1/1
Faried Chopdat	9/11	6/6	n/a	12/13	5/6	n/a	n/a	n/a	5/6
Julian Duxfield	9/11	n/a	n/a	n/a	3/4	1/1	n/a	2/2	5/6
Peter Hill	9/11	n/a	n/a	n/a	5/6	9/12	n/a	3/4	2/6
Paul Lewis	8/11	n/a	n/a	n/a	6/6	11/12	n/a	4/4	6/6
Bernie Morley	10/11	n/a	8/9	n/a	n/a	10/10	n/a	n/a	3/6
Claudia Paoloni	10/11	4/6	10/11	n/a	n/a	n/a	1/2	n/a	4/6
Will Smart	9/11	5/6	n/a	10/11	n/a	n/a	n/a	n/a	4/6
Helen Spice	11/11	6/6	10/11	13/13	n/a	n/a	n/a	n/a	4/6
Executive Directors									
Lisa Cheek	10/11	n/a	11/11	n/a	n/a	n/a	4/4	n/a	n/a
Naginda Dhanoa	7/8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Jude Gray	8/11	n/a		n/a	4/6	n/a	n/a	n/a	n/a
Steve Haig	3/3	n/a	3/3	n/a	n/a	n/a	n/a	n/a	n/a
Kevin McNamara	6/8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Felicity Taylor-Drewe	10/11	n/a	n/a	10/13	n/a	9/12	n/a	n/a	n/a
Claire Thompson	11/11	n/a	n/a	11/13	n/a	11/12	n/a	4/4	n/a
Simon Wade	11/11	n/a	2/2	11/13	n/a	n/a	1/3	4/4	n/a
Jon Westbrook	11/11	n/a	5/8	n/a	n/a	n/a	n/a	n/a	n/a

Audit, Risk & Assurance Committee Annual Report 2023/24

The Audit, Risk & Assurance Committee is responsible on behalf of the Board of Directors for:

- reviewing the Trust's systems of governance, control, risk management and assurance;
- monitoring the integrity of the annual financial statements and related reports, and considering significant
- financial reporting issues and areas where the Trust has applied judgements in the preparation of its financial statements;
- approving and reviewing the work of the internal audit function; and
- overseeing the Trust's relations with its external auditor.

Throughout 2023/24, the Committee reported on the nature and outcomes of its work to the Board, highlighting any issues for its attention through a Chair's Board Assurance Report, which is prepared after each committee meeting. There was one item rated limited assurance in 2023/24 which was around cyber security. Although the Trust had not seen any cyber-attacks and that an external review had placed the Trust as medium rated for security, the Committee requested further assurance on the response framework in place to respond to an incident if it arose. A system-wide cyber gap analysis will also be undertaken and the results received in July 2024.

The Audit, Risk & Assurance Committee encourages frank, open and regular dialogue with the Trust's internal and external auditors. The Committee Chair meets with both the internal and external auditors before each Committee meeting.

Throughout the year, the Committee received reports from the internal and external auditors, and the anti-fraud service on their plans, findings, and management's implementation of the actions arising from audit work.

Internal Audit

Throughout the course of the year, the Audit, Risk & Assurance Committee was assisted in its work by the internal audit function, which undertook detailed scrutiny of the Trust's assurance framework. The Trust's internal audit contract changed in April 2023 to be provided by KPMG LLP. Previously this was held by BDO.

The internal auditors' key findings were reported to the Committee, including their assessment of the adequacy and effectiveness of key controls and the additional action required to mitigate any risk they identified as being beyond the Trust's risk appetite.

The Audit, Risk & Assurance Committee scrutinised the outcomes of all internal audit reviews, with relevant senior management in attendance where appropriate to support its discussions. The Audit, Risk & Assurance Committee devotes particular scrutiny to those internal audit reports where only limited assurance is given and requests a response from the appropriate Executive in those circumstances.

The Committee approves the annual internal audit programme, with a quarterly progress report at each meeting.

The Head of Internal Audit's Annual Opinion for 2023/24 was 'significant assurance with improvement opportunities' for the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. The table below outlines the internal audit undertaken in 2023/24.

Name of Review	Opinion Overall Rating
Risk Management	Significant assurance with Improvement opportunities
Theatres Management (data quality)	Significant assurance with Improvement opportunities

CQC Actions	Partial assurance with Improvements required
Agency & Bank Staff (joint LCFS review)	Significant assurance with Improvement opportunities
HFMA follow up	Significant assurance with Improvement opportunities
Capital Planning (joint LCFS review)	Significant assurance with Improvement opportunities
DSP Toolkit	Significant assurance with Improvement opportunities
Consultant Job Planning	Significant assurance with Improvement opportunities

The Trust have taken on board the improvement opportunities recommended within the reports in order to strengthen our systems and processes. With regard to the CQC Actions Report there was one high risk area reported which was one of the CQC 'must-do' actions around bed moves was omitted from the Trust's action plans. This has been rectified and a report was presented to the Quality & Safety Committee in March 2024.

Anti-fraud service

The Trust has an anti-fraud, bribery and corruption policy to provide direction and help to individuals who may identify suspected fraud. It includes contact details of the national NHS Counter Fraud Agency and the Trust's local Anti-Fraud service, which is provided by KPMG LLP. The role of the Anti-Fraud service is to ensure that fraud within the NHS is clearly seen as unacceptable. By raising awareness of fraud, and undertaking proactive counter fraud work, it assists the Trust to create a culture which protects public funds and resources and ensures they are used as the taxpayer intended.

The Audit, Risk & Assurance Committee is required to satisfy itself that the organisation has adequate arrangements in place to counter fraud, corruption and bribery, to review the outcomes of the anti-fraud work and the performance and effectiveness of the Trust's anti-fraud service. It receives regular progress reports from the anti-fraud service during the course of the year and also receives an annual report.

In 2023 LCFS conducted a Conflict of Interest audit. The report was primarily positive with improvement opportunities identified to strengthen the Trust's processes in terms of ensuring declaration information is used effectively and that gifts and hospitality declarations contain sufficient detail. Key controls were identified to be effective with the Trust having a very high declaration rate, with it reaching 100% in November 2023.

External audit

Deloitte are the Trust's External Audit Service and was represented at all meetings of the Committee and submitted reports as required.

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.

The 2023/24 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.

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 141.

Out of 8 high priority recommendations in 2022/23 audit none remained a high priority in 2023/24.

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.

Composition of the Audit, Risk & Assurance Committee

The Audit, Risk & Assurance Committee operates in accordance with the terms of reference agreed by the Board. It has met on six occasions, one being an extraordinary meeting, during the last financial year and details of each member's attendance at meetings are provided below.

The Committee membership comprises of only 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)	6/6
Faried Chopdat, Non-Executive Director	6/6
Claudia Paoloni, Non-Executive Director	4/6*
Will Smart, Non-Executive Director	5/6

*absence was due to clinical commitments and personal reasons

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. Other officers of the Trust may be invited to the Committee to answer any points which may arise.

Audit, Risk & Assurance Committee Activities during 2023/24

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.

23 June 2023	6 July 2023 Extraordinary meeting	14 September 2023	16 November 2023
Assurance • SFIs & SofD **External Auditor (EA)** • Annual Accounts 2022/23 • ISA260 Report **Internal Auditor** • Annual Report & Annual Statement of Assurance • Counter Fraud Annual Report • Counter Fraud Annual Return 2022/23	**Internal Auditor** • Internal Audit Plan 2023/24	**Assurance & Risk** • Medicine Division Risk Review • Risk Register • Board Assurance Framework • Cyber Security Annual Report **External Auditor (EA)** • Progress Report **Internal Auditor** • Internal Audit Progress	**Assurance & Risk** • Surgery, Women & Children Division Risk Review • Risk Register **External Auditor (EA)** • Progress Report **Internal Auditor** • Internal Audit Progress Report • LCFS Progress Report

23 June 2023	6 July 2023 Extraordinary meeting	14 September 2023	16 November 2023
Internal Audit Reports • Consultant Job Planning • Data Security & Protection Toolkit • CIP **Financial Processes** • Losses & Compensations Q4 **Compliance** • Draft Annual Report & Accounts 2022/23		Report • Internal Audit Plan 23/24 • LCFS Progress Report • LCFS Plan 23/24 **Internal Audit Reports** • Date Warehouse & Data Quality IA Update **Financial Processes** • National Cost Collection 22/23 • Single Tender Actions • NHSCFA Procurement Report • Losses & Compensations Q1 **Compliance** • NHS Code of Governance for NHS Providers • Documents signed under seal	**Internal Audit Reports** • Risk Management IA **Financial Processes** • Losses & Compensations Q2 **Compliance** • Data Security & Protection Toolkit Compliance 22/23

16 January 2024	14 March 2024
Assurance • Cyber Security Continuity Exercise • IT data reconciliation & Cleansing • Corporate Risk Review • Annual Security Report **External Auditor (EA)** • Progress Report • Use of External Auditors for Non-Audit Services Policy • External audit plan 24/25 **Internal Auditor** • Progress Report • LCFS Progress Report **Internal Audit Reports** • Theatres Management • LCFS Conflicts of Interest **Financial Processes** • Single Tender Actions • Losses and compliance Q3	**Assurance** • Integrated & Community Care Risk Review • Board Assurance Framework • Risk Register **External Auditor (EA)** • Progress Report • Annual reporting timetable 23/24 • Interim Audit Report **Internal Auditor** • Progress Report • Counter Fraud Progress Report • Strategic & Operational Plan 24/25 • LCFS progress report • LCFS Plan24/25 **Internal Audit Reports** • Bank & Agency Staff • CQC actions **Financial Processes** • National cost collection 23/24 **Compliance** • Declaration of Interests • NHSE Code of Governance for NHS Providers • Documents signed under seal

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 is assessed on an annual basis.

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.

Register of Director's Interests

The Register of Directors' Interests is available for inspection in 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, with a new framework published 2 August 2023. Key changes are outlined below:-

- The Framework sets out more detail, beyond that set out in CQC's guidance on the FPPT, about checks NHS organisations should carry out when appointing Board members;
- These include a new template Board Member Reference which appointing organisations should request and consider, and former employers should provide, when an individual is appointed as a Board member;
- There is more detailed guidance as to annual refresh checks which are required for existing Board members; and
- The Framework applies not just to NHS trusts and foundation trusts which are registered with CQC, but also to ICBs.
- An annual submission to NHSE is required.

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.

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.

In Quarter 4, 2022/23 a successful system wide procurement process was undertaken across the 3 BSW Acute Trusts to secure an external company to undertake a well-led developmental review. The successful bidder was Aqua. Further details are provided 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.

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.

Clinical Networks

We work in partnership at place (Swindon Integrated Care Alliance) and at system (BSW Integrated Care System and our provider collaborative, the Acute Hospital Alliance), we are also part of regional or sub-regional partnerships. These nationally mandated clinical networks are of growing importance, as NHS England seeks to promote equity, drive out unwarranted clinical variation and ensure sustainability of more specialist services through operation at scale. The following table outlines the clinical networks GWH are part of:-

Collaboration	Footprint
Major Trauma Network (Adult)	Severn Region
South West Critical Care Network	Peninsular and Severn
South West Paediatric Critical Care Network	Peninsular and Severn
South West neonatal network	South West England
South West & South Wales Congenital Heart Disease Network	South West England & South Wales
Severn Spinal Network	Severn Region
Surgery in Children ODN	Peninsular and Severn
Radiotherapy	Oxford/Swindon
South paediatric neurosciences ODN	Southwest, Thames Valley & Wessex
Pathology network	South 4
Imaging Network	West of England
Thames Valley Cancer Alliance	Thames Valley

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 2023/24 the Chief Executive, or a deputy, attended each of the Swindon meetings to present the key issues relating to the Trust.

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

There were no formal public or stakeholder consultations in 2023/24.

Council of Governors

Our Council of Governors (CoG) comprises of elected and appointed Governors who represent the interests of members and the wider public. They also have an important role in holding the Board to account, through the Non-Executive Directors.

The Council of Governors is a statutory part of the NHS Foundation Trust governance structure, and has an essential function in influencing how we develop our services to meet the needs of patients, members and the wider community in the best way possible.

At the end of 2023/24, the Council consisted of 21 governor seats, of which 13 are elected Governors who represent a public constituency, 4 are elected Governors who represent the staff constituencies, 2 are appointed by our partnership organisations, which are New College in Swindon and Voluntary Action Swindon, and 2 Local Authority representatives (Swindon and Wiltshire).

The Trust Chair also chairs the Council of Governors and the Chief Executive usually attends formal meetings. Other directors and senior managers attend meetings as appropriate, depending on the business being considered. Many Governors commit a significant amount of time outside of formal meetings, including involvement in governor working groups and other ways to fulfil their role of representing the views of their constituents.

In recognition of the important responsibilities the Governor role holds, the Trust has developed an induction programme designed to assist them in incrementally developing their understanding of the duties and mechanisms in place to ensure they are discharged appropriately. The Trust also delivers an annual Governor development and training programme, consisting of development sessions, with both internally led training and external development opportunities, complemented by a comprehensive Governor Handbook.

Role of the Council of Governors

The Council of Governors holds the Board to account for the performance of the Trust and represents the interests of the members of the Trust and members of the public. The Council supports the Board in its commitment to improve the quality of services for the benefit of all our patients.

The Council of Governors also has a role in influencing the strategic direction of the Trust so that it takes account of the needs and views of the members, the local community and key stakeholders.

The Council has a number of statutory responsibilities which include:

- Holding the non-executive directors to account for the performance of the Board
- Appointing or removing the Chair and Non-Executive Directors

- Appointing or removing the Trust's external auditors
- Approving significant transactions
- Approving changes to the Trust's Constitution

Elections
The Governor election process takes place between August and October each year, with each Governor serving a three-year term of office.

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.

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 are carried out on behalf of the Trust by an independent organisation, 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. There were no elections in 2023.

Committees and working groups
The Council of Governors has one formal Committee, Nominations & Remuneration Committee and three working groups. Each Council Committee is made up of public, nominated and staff Governors, with Governor Chairs being formally agreed at a formal council meeting. As part of continued development, Governors periodically rotate their membership of committees. The Trust Chair chairs the Nomination and Remuneration Committee.

Nominations and Remuneration Committee : The Committee is responsible for advising and / or making recommendations to the Council of Governors relating to:

- the evaluation of the performance of the Chair and Non-Executives Directors;
- the remuneration, allowances and other terms and conditions of the Chair and Non- Executives Directors; and to
- determine and direct the process for recruitment, re-appointment, or removal of the office of Chair and other Non-Executive Directors.

Engagement and Membership Working Group : The remit of the Engagement & Membership Working Group is to concentrate on supporting the Council of Governors in fulfilling its duty to engage with and represent Trust members, including staff and the public. There has been a significant amount of work undertaken to enhance the Trust's membership agenda, which has included the implementation of a dedicated database to manage member's information, a focused branded recruitment campaign to attract new members and increased support for Governors to engage more effectively with their membership. The Trust's Membership Development Strategy 2022 – 2025 sets out four key objectives which are aligned to the Trust's four strategic goals as described on page 11. The actions that sit under the strategy are review regularly by the group.

People's Experience & Quality Working Group : The primary remit of the People's Experience & Quality Working Group is to gain assurance that feedback gained by the Trust from quality visits, complaints and PALS support improvements across the Trust and that Non-Executive Directors address areas of concern relating to quality of patient care and staff experience. It will highlight any issues to the Council of Governors which require further information or are of concern which should be drawn to the attention of the Board.

Business & Planning Working Group : The primary remit of the Business & Planning Working Group is to identify key issues to address in relation to Trust finances and business planning and to highlight any issues to the Council of Governors which require further information or are of concern which should be drawn to the attention of the Board. To lead on behalf of the Council of Governors on the examination of significant transactions, the appointment of Trust external auditors and to scrutinise the strategic planning of the Trust.

Board and Council Engagement

The Trust Chair is the chair of both the Board of Directors and the Council of Governors and is an important link between the two bodies. To strengthen the relationship, both Executive and Non-Executive Directors are invited to formal meetings of Council, with members of the Board and Council attending an annual joint development session.

To help Governors fulfil their important role of holding the Board to account, they receive regular updates on progress against our Trust Strategy and Business Plan, along with key communications from our system partners, at quarterly Council of Governors meetings. In addition, they are encouraged to attend the monthly meetings of the Board to observe Non-Executive Directors providing challenge and scrutiny to the Executive Team.

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.

Effective information flow between the Board of Directors, the Council of Governors and its sub-committees is an essential part of good governance and clear cycles of business and forward plans, approved by the Council, allows this.

Declaration of interests

All Governors have a responsibility to declare relevant interest as defined in our Constitution. These declarations are made to the Company Secretary and are subsequently entered into a register. The register is available on request from the Company Secretary.

Council of Governor meetings

There were 3 meetings of the Council of Governors in 2023/24:-

- 10 May 2023 Council of Governors
- 8 November 2023 Council of Governors
- 6 February 2024 Council of Governors

In addition, the Council met with the Trust Board for a joint workshop on 17 July 2023.

The Annual Members meeting took place on 25 September 2023.

A forward plan, detailing the cycle of business for the Council, is prepared in line with the Board of Director's business and development programme to ensure consistency of reporting and to enable Governors to input into the development of Trust strategies. Decisions and matters undertaken by the Council include the appointment of the external auditors, the appointment of Non-Executive Directors and formal receipt of the Trust's Annual Report and Accounts. The Trust also maintains a formal policy for the resolution of disagreements between the Council of Governors and Board of Directors.

Training and Development

The S151(5)of the Health and Social Care Act Health 2012 requires training of governors to ensure they are equipped with the skills and knowledge they need to undertake their role. The following table summarises the training and learning outcomes in 2023/24.

Learning outcomes
1 – Knowledge of our Trust / 2 – Learning about specific services / 3 – Knowledge and skills for the Governor Role / 4 – Networking Opportunities / Benchmarking / other organisations / 5 – Corporate Induction / 6 – Specific skills

Training & Development	Date Provided	Learning Outcome
Public Lectures		
Research and Activity at GWH	24 May 2023	1 & 2
Psychology & Wellbeing	19 September 2023	
Cardiac Causes / what to do in a crisis	12 March 2024	
Governor Visits – virtual		
Forest & Orchard Ward Urgent Treatment Centre	26 May 2023	1 & 2 & 3 & 4
Opening of Children's Ward Bathroom	26 July 2023	
Tiktok filming	14 August 2023	
Sleep apnoea clinic	22 March 2024	
Children's Ward	12 April 2024	
Council of Governor Meeting Presentations		
Business Planning & Staff Survey	10 May 2023	1 & 2
System and Place Overview – Our Integrated Care System	17 July 2023	
EDI Annual Report	08 November 2023	
Improving Together / Quality Priorities	06 February 2024	
People's Experience & Quality Working Group		
Quality Accounts – Improvement Priorities 23.34 and Improving Together	11 April 2023	1 & 2
Organisation Learning and Sharing	11 April 2023	
Mandatory Tissue Viability Training Discussion	11 April 2023	

Brighter Futures	11 July 2023	
Staff Well Being Report	14 November 2023	
Staff Survey 2023 Update	14 November 2023	
Implementation and Challenges of Integrated Front Door	24 April 2024	
Pressure Ulcer Update	24 April 2024	
Informal Governor Meeting Presentations		
NED engagement	18 April 2023 13 June 2023 16 October 2023 22 January 2024 18 March 2024	5
Others		
NHS Provider Annual Conference	23 May 2023	1 & 2 &3 & 4
ED&I Workshop	27 June 2023	
Finance Training	22 September 2023	
Governor / Member Trust Strategy Update	24 October 2023	
Governor Support: Staff Governor Discussion Group	2 November 2023	
Hospital Radio	4 September 2023	
Equality Delivery System Evaluation	27 February 2024	

The Governors were also involved in:-

- Annual reviews of the Trust Chair and Non-Executive Directors performance
- 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 Account's local quality indictors.
- Input views and observations into the developments of 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
- In the summer of 2023 Deputy Governor elections were held and Natalie Titcombe was voted to replace Pauline Cooke.
- Received the Trust's Annual Report and Accounts at the Annual Members Meeting on 25 September 2023.
- Attended a number of events during the year which included Community Cafes, WI presentations, Procurement of External Auditors, Hospital Radio and school career events.
- The establishment of a new role of Associate Member for Young People.

In 2023/24 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.

Council of Governor's Composition and Attendance 2023/24

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)	3/5
Judith Furse	Swindon	2	3 years (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-25)*	5/5
Mufid Sukkar (resigned Sept 2023)	Northern Wiltshire	1	Remainer of 3 years *(term ends Nov-24)*	2/3
Raana Bodman	Swindon	1	3 years 2025 (re-elected term ends Nov-25)	3/5
Cecelia Olley	Swindon	1	3 years *(term ends Nov-25)*	4/5
Lesley Hemingway	Swindon	1	3 years *(term ends Nov-25)*	4/5
Natalie Titcombe	Swindon	1	3 years *(term ends Nov-25)*	5/5
Vivien Coppen	Swindon	1	3 years *(term ends Nov-25)*	4/5
Staff Constituency – Elected Governors				
Chris Shepherd	Administrators, Maintenance, Auxiliary & Volunteers	2	3 years *(re-elected term ends Nov-25)*	5/5
Jade Dobson (resigned February 24)	Allied Health Professionals	1	3 year term *(ending Nov-25)*	2/5
Emma Wiltshire	Hospital Nursing and Therapy Staff	1	3 year term *(ending Nov-25)*	5/5
Tony Pickworth	Doctors & Dentists	1	3 year term *(ending Nov-25)*	4/5
External Stakeholders - Appointed Governors				
Leah Palmer	New College, Swindon	1	3 year term *(ending Jan-25)*	3/5
Caryl Sydney-Smity (to Aug 23)	Local Authority – Swindon Borough Council	1	Term ended Sep 2023	1/3
Ray Ballman (from Dec 2023)	Local Authority – Swindon Borough Council	1	Term ends May 2025	1/1
Jane Davies	Local Authority – Wiltshire Council	1	3 year term *(ending Jan-25)*	1/1

As at 31 March 2024 vacancies remained as follows:-
West Berkshire, Oxfordshire – 1 seat
Gloucestershire, Bath & North East Somerset Constituency – 1 seat
Wiltshire Northern – 1 seat
Wiltshire Central & Southern – 1 seat
Staff Allied Health professionals – 1 seat

Director attendance at Council of Governor Meetings 2023/24

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 3 Council of Governor meetings
Liam Coleman (Chair)	2/3*
Lizzie Abderrahim	2/3
Nick Bishop	1/1
Faried Chopdat	3/3
Peter Hill	1/3
Paul Lewis	1/3
Claudia Paoloni	1/3
Helen Spice	3/3
Will Smart	3/3
Julian Duxfield	1/3
Bernie Morley	3/3
Attendees at Council of Governors (other)	
Kevin McNamara (Chief Executive) to 31-Dec-23	1/2
Jon Westbrook (Acting Chief Executive) from 1-Jan-24	0/1**
Caroline Coles (Company Secretary)	3/3

**Chair – Peter Hill, Deputy Chair at May-23 meeting*
***Pre-committed annual leave before being appointed as Acting Chief Executive*

Lead and Deputy Lead Governors

The Lead Governor and Deputy Lead Governor in place during 2023/24 were:

Lead Governor : Chris Callow
Deputy Lead Governor : Pauline Cooke/ Natalie Titcome (from June 2023)

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.

Biography of individual Governors

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

Membership

The Trust's membership comprises public and staff members, as well as affiliates or stakeholder groups. To become a public member and/ or a governor, you must be at least 16 years of age. Colleagues employed by the Trust are automatically opted into membership when they join. Governors also play a role in engaging with Trust members to discharge their responsibility to represent the views and interests of members.

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 2023, 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
- 'Meet your Governor' events – Public Health Talks
- Recruitment Fairs
- Market stalls at stakeholder events
- Careers Fairs
- Community Café Events
- WI Talks
- 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.

Staff numbers are refreshed quarterly, the last refresh took place on 17 January 2024.

Total Number of Members across all Constituencies	2022/23	2023/24
Swindon	2771	2731
North Wiltshire	1088	1061
Central & Southern Wiltshire	642	626
West Berkshire and Oxfordshire, Gloucestershire and Bath and North East Somerset	625	617
Out of Trust Area	3	6
Rest of England and Wales	12	13
Staff	6,725	6,840
TOTAL	**11,866**	**11,894**

Public Constituency	2022/23	2023/24
At year start (1 April)	5,218	5,141
New Members	69	51
Members leaving	146	98
At year end (31 March)	5,141	5,054

This shows a decrease in public members of 87, many of which are members who are now deceased.

Staff Constituency	2022/23	2023/24
At year start (1 April)	9,541	6,725
At year end (31 March)	**6,725**	**6,840**

Staff membership continues to steadily rise.

Numbers of members by age ethnicity and gender

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

Age	Public 2022/23	Public 2023/24	Staff 2023/24	Total 2023/24
0-16	0	0	0	0
17-21	7	6	122	128
22+	5,086	5000	6,718	11,718
Unknown	48	48	0	48
Total	**5,141**	**5,054**	**6,840**	**11,894**

Ethnicity	Public 2022/23	Public 2023/24	Staff 2023/24	Total 2023/24
White	2,992	2,907	1	2,908
Mixed	26	29	0	29
Asian or Asian British	181	199	0	199
Black or Black British	50	51	0	51
Other	28	28	0	28
Unknown	1,864	1,839	6,839	8,678
Total	**5,141**	**5,054**	**6,840**	**11,894**

Gender	Public 2022/23	Public 2023/24	Staff 2023/24	Total 2023/24
Male	1,695		164	1,899
Female	2,899	2,843	1,102	3,945
Unspecified	518	515	5,574	6,089
Transgender	1		0	1
Total	**5,141**		**6,840**	**11,894**

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 2024/25

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 2024/25

A particular area of focus in 2024 will be the recruitment of the newly established role of an Associate Member for Young People.

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.

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 2023/24 (nil in 2022/23).

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 Practise Code	Year ended 31 March 2024		Year ended 31 March 2023	
	Number	£'000	Number	£'000
Total non-NHS paid in year	61,454	285,697	62,275	285,008
Total non-NHS paid in year within Target	57,378	275,260	59,907	261,624
percentage of non-NHS bills paid within target	93.37%	96.35%	91.78%	91.80%
Total NHS paid in year	2,080	17,275	1,599	17,676
Total NHS paid in year within Target	1,706	13,664	1,108	12,519
percentage of NHS bills paid within target	82.02%	79.10%	69.29%	70.82%

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 £31.3m (2022/23, £27.8m) and includes income received for non-patient related activities. It includes income received for education and training for clinical staff £16.9m (2022/23, £16.9m), research and development £0.7m (2022/23, £0.8m), car parking income, pharmacy sales and accommodation, £2.6m (2022/23, £2.8m), income from services provided to other organisations £4.1m (2022/23, £3.7m) and £7.0m other is derived from services provided in support of health care (2022/23, £3.6m).

Jon Westbrook
Acting Chief Executive
Date : 27 June 2024

ACCOUNTABILITY REPORT
Remuneration Report

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 recruitment, remuneration, allowances and other terms of service for the Chief Executive and Executive Directors.

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 very 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.

Membership of Remuneration Committee
In 2023/24 Committee membership was:

- 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.

In attendance:-

- 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 identify suitable candidates for the appointment of Executive Directors, including the Chief Executive, and setting 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 2023/24 the Remuneration Committee met on six occasions.

Record of attendance at each meeting
(✓ = attended × = did not attend n/a = was not a member)

	2023					2024
Members Name	**24-May***	**31-Jul****	**13-Sept****	**18-Sept****	**5-Oct**	**19-Feb****
Non-Executive Director						
Nick Bishop (Senior Independent Director (SID)/Chair)	✓					
Paul Lewis (SID/Chair from Jul-23)	✓	✓	✓	✓	✓	✓
Lizzie Abderrahim	✓	✓	✓	✓	✓	✓
Faried Chopdat	✓	✓	✓	×	✓	✓
Liam Coleman	✓	✓	✓	×	✓	✓
Julian Duxfield	✓	×	✓	✓	✓	✓
Claudia Paoloni	✓	×	✓	×	✓	✓
Helen Spice	✓	✓	×	×	✓	✓
Peter Hill	×	✓	×	✓	×	×
Bernie Morley	✓	×	✓	✓	×	×
Will Smart	✓	✓	✓	✓	×	×
Associate Non-Executive Directors						
Claire Lehman	×	✓	×	✓	✓	✓
Rommel Ravanan	✓	×	×	×	×	×
Executive Director – CEO						
Kevin McNamara	×	✓	✓	✓	✓	
Jon Westbrook						✓
In attendance						
Chief People Officer	×	✓	✓	×	✓	✓
Company Secretary	✓	✓	✓	×	✓	✓

*Pensions Manager/Deputy Chief Financial Officer/Deputy Chief People Officer in attendance to give expert advice on Local Alternative Pension Scheme Review
**Declarations of interest – CEO and CPO

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 Executive Directors (voting and non-voting).

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

In 2023/24 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. The review was conducted over 3 meetings as several executive directors' remuneration were below the national benchmark for VSMs. To assist in decision making for this annual review, and future considerations, the Committee considered and approved a local set of "Guiding Principles for Executive Remuneration", which reflected the Trust's Recruitment & Retention policy, NHSE guidelines and 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. Also, during 2023/24 the Committee reviewed the Local Alternative Pension Scheme against changes to the NHS Pension Scheme implemented from April 2023 and to pension taxation in Spring 2023 budget.

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 (VSM) pay, the margins in pay between senior manager and VSM 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 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 Director. This review was conducted at its meeting on 31 July 2023.

Board of Directors' employment / engagement terms

The Chief Executive and the other Executive Directors are appointed by the Non-Executive Directors, this is undertaken by the Remuneration Committee, and that the appointment of the Chief Executive requires the approval of the Council of Governors,

The Non-Executive Directors, including the Trust Chair, are nominated for appointment by a Nominations & Remuneration Committee consisting of Governors. The Council of Governors approves the Chief Executive and Non-Executive Director appointments, including the Trust Chair.

The Chief Executive and Executive 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 no 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. To avoid impairing independence NHS chairs

and Non-Executive Directors normally serve a maximum of 6 years in post and any term beyond 6 years must be subject to a particularly rigorous review, and should not exceed 9 years in the same organisation. 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

The following Remuneration table disclose 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: -

Chair	£45,000 pa
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. 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. In 2023/24 there was no change to the remuneration, or allowances, of NEDs

Annual Statement from the Chair of the Remuneration Committee summarising the financial year 2023/24

During the year the Committee agreed the following:-

24 May 2023 - Due to changes in the NHS Pension Scheme and pension tax taxation that came into effect in 2023 the Committee considered the Alternative Local Pension Scheme in light of these changes. It was agreed that an annual eligibility review would take place with staff giving evidence that they would continue to be affected by the annual allowance tax relief.

31 July 2023 - The outcomes of the Executive Director appraisals 2022/23 and objectives for 2023/24 were considered in the July meeting.

Following the resignation of the Chief Executive, the Committee also reviewed and considered the Chief Executive recruitment process together with interim arrangements until substantive arrangements had been made. It was agreed that Jon Westbrook, Chief Medical Officer would step into the role as Acting Chief Executive from 1 January 2024, together with Simon Wade as Acting Deputy Chief Executive.

The Executives Directors remuneration was also considered. Discussions spanned over three meetings as alongside the national NHS guidelines recommendations of a pay increase across the board of 5%, consideration was also given to those Executive Directors' remuneration which were below the national benchmark for VSMs. In reaching its decisions the Committee considered the responsibilities and requirements of the role, time in the role, benchmarking data from within the NHS or other relevant sectors, the external economic environment, NHS guidance and the performance of the Trust. It also agreed to produce a set of "Guiding Principles for Executive Remuneration" which would give greater clarity, consistency, and fairness for future consideration of VSM remuneration reviews.

13 & 18 September 2023 – Continuation of discussions around Executive Directors remuneration with conclusions as outlined above

30 October 2023 – The recruitment process of the Interim Chief Medical Officer was discussed and agreed, and consequently approved the appointment of Steve Haig into the role from 1 January 2024.

19 February 2024 – The Committee in February 2024 considered succession planning which included both developing future leaders and senior managers as well as individuals who could fill other business-critical positions, either in the short or long term.

Remuneration Tables – 2023/24

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.

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	0-5	0	0	0	0	0-5
Faried Chopdat	Non Executive Director	10-15	0	0	0	0	10-15
Liam Coleman	Chairman	40-45	0	0	0	0	40-45
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	Non Executive Director	10-15	0	0	0	0	10-15
Bernie Morley	Non Executive Director	10-15	0	0	0	0	10-15
William Smart	Non Executive Director	10-15	0	0	0	0	10-15
Julian Duxfield	Non Executive Director	10-15	0	0	0	0	10-15
Claire Lehman	Associate Non-Executive Director	5-10	0	0	0	0	5-10
Rommel Ravanan	Associate Non-Executive Director	5-10	0	0	0	0	5-10
Helen Spice	Non Executive Director	10-15	0	0	0	0	10-15
Kevin McNamara	Chief Executive	140-145	0	0	0	5-7.5	150-155
Lisa Cheek	Chief Nurse	135-140	0	0	0	0	135-140
Felicity Taylor-Drewe	Chief Operating Officer	130-135	0	0	0	30-32.5	165-170
Simon Wade	Chief Financial Officer	145-150	0	0	0	0	145-150
Judith Gray	Director of Human Resources	140-145	0	0	0	35-37.5	175-180
Claire Thompson	Director of Improvement and Partnership	120-125	0	0	0	0	120-125
Jon Westbrook	Medical Director & Acting Chief Executive (from 1st January 2024)	180-185	0	0	0	0	180-185
Stephen Haig	Acting Medical Director	45-50	0	0	0	7.5-10.0	50-55
Naginder Dhanoa	Chief Digital Officer	110-115	0	0	0	140-142.5	250-255

1) 50% of Naginder Dhanoa's costs were recharged to Salisbury NHS Foundation Trust up to 31st Dec 2023. Total salary in 2023/24 £225k which included lieu of notice.
2) NEST Pension scheme. Jon Westbrook has opted out.
3) Kevin McNamara left the Trust 31st December 2023.
4) Naginder Dhanoa left the Trust on 23rd December 2023
5) Bernie Morley started on 10th April 2023, William Smart started 1st April 2023, Julie Duxfield started 1st May 2023
6) Rommel Ravanan joined on 1st April 2023 and Claire Lehman on 1st April 2023.
7) Stephen Haig became a Senior Manager 1st Jan 2024

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.

Pension Benefits

Pension Benefits 2023/24

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 2024 (Bands of £5,000)	Lump Sum at Pension Age related to Accrued Pension at 31 March 2024 (Bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employer's Contribution to Stakeholder Pension
		£000	£000	£000	£000	£000	£000	£000	£000
Kevin McNamara	Chief Executive	0	32.5-35	40-45	95-100	541	159	770	0
Lisa Cheek	Chief Nurse	0	0	65-70	180-185	1,579	82	1,680	0
Felicity Taylor-Drewe	Chief Operating Officer	0-2.5	0	30-35	0	327	121	466	0
Simon Wade*	Chief Financial Officer	0	35-37.5	45-50	125-130	808	201	1,028	0
Judith Gray	Director of Human Resources	0	0	5-10	0	140	42	200	0
Claire Thompson*	Director of Improvement and Partnership	0	27.5-30	45-50	110-115	736	144	896	0
Jon Westbrook	Medical Director & Acting Chief Executive (from 1st January 2024)	0	0	0	0	0	0	0	0
Stephen Haig	Acting Medical Director	0	40-45	50-55	135-140	987	121	1,108	0
Naginder Dhanoa	Chief Digital Officer	7.5-10	0	10-15	0	0	0	0	0

* for some members there has been rollback for the 1995 pension scheme benefit wef 1st October 2023 which is resulting in no increase in pension benefit in year being shown

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

Expenses of Directors and Governors

Expenses 2022/23 – 2023/24

Aggregated sum £00

Expense Disclosure	Total number in Office 2022/23	Total number in Office 2023/24	Total Receiving Expenses 2022/23	Total Receiving Expenses 2023/24	Aggregate sum of expenses paid 2022/23 (£00)	Aggregate sum of expenses paid 2023/24 (£00)
Directors	8	9	2	5	7	15
Governors	10	13	5	9	4	71

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 9 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 2024.

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 2023/24 was £183,292 (2022-23, £182,500). This is a change between years of 0.4%. 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	
	2022/23	**2023/24**
Jon Westbrook, Acting Chief Executive *	**£165,600**	**£183,292**

*Moved from Chief Medical Officer to Acting Chief Executive on 1 January 2024

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 2023/24 was from £7,174 to £248,849. 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 -5%. Two employees received remuneration in excess of the highest-paid director in 2023/24 (in 2022/23 there were no employees).

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.

2023/24	25th percentile £	Median £	75th percentile £
Salary component of pay	23,306	29,709	42,618
Total pay and benefits excluding pension benefits	23,306	29,709	42,618
Pay and benefits excluding pension:pay ratio for highest paid director	7.72	6.06	4.22

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

Payments for Loss of Office
There were no payments made for loss of office during 2023/24.

Payments to past senior managers
There were no payments made to past senior managers during 2023/24.

Jon Westbrook
Acting Chief Executive
Date : 27 June 2024

ACCOUNTABILITY REPORT
Staff Report

Introduction

This section of the Annual Report reviews the progress made in the 12-month period April 2023 to March 2024 with workforce development at the Trust and in line with the strategic ambitions of the Trust People Strategy.

In line with the requirements of the NHS FT annual report guidance (February 2024) the purpose of this section of the report is to present achievements and plans in place to encourage the involvement of employees in the Trust performance through delivery of the following core objectives:

- Improving inclusion and diversity through Trust policies, workforce demographics, understanding trends and progress against targets outlined in our EDI strategy;
- Providing assurance of our approach to staff engagement to include a summary of the annual Staff Survey results, improvement plans and mechanisms to monitor performance. Progress in staff engagement is also demonstrated through outlining our approach to communication and consultation to ensure that staff are informed, included and have a voice which is heard;
- Monitoring sickness-absence in the workplace through provision of data, understanding trends, clarity of policy training and application and provision of a first class health and safety and staff health and wellbeing service;
- Providing assurance that governance is in place for identifying fraud and corruption and monitoring additional workforce expenditure including Trade Union facility time and consultancy.

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

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

The Trust 'People Strategy' has at its core the ambition to create a working environment known for outstanding patient care made possible by a dedicated and diverse workforce, where everyone feels valued and supported to be their best and proud to be part of the Great Western Hospitals team.

Delivery highlights of the People Strategy, during the 12-month period include:

- Embedding of the Trust Equality, Diversity and Inclusion Strategy.
- Producing a workforce plan evidencing oversight of investment, growth and targeted productivity improvement.
- Introduction of the Trust Resourcing Plan to improve talent acquisition, strengthen our market brand, and collaborate with system partners.
- Improved staff engagement evidenced through positive Staff Survey results and supported by the deliverables of the Trust Retention and Recognition plans.
- Promotion of the Trust 'Leadership Behaviours' through monthly communication plan and supported by a 'masterclass' education programme.
- Extending the comprehensive health and wellbeing service for staff, to include launch of a new Employee Assistance Programme.
- Increasing the offer of career pathways through the 'Scope for Growth' programme.

The Trust has embraced the 'Improving Together' approach which provides a framework for improvement through problem understanding and analysis before reaching a solution with 'A3 thinking'. This format provides a complete picture of the problem, contributions, and identifies 'counter measures' to deliver improvements.

This annual Staff Report 2023/24 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.

A breakdown of The Trust's average staff numbers for 2023/24 is outlined in the table below based on nationally submitted Provider Workforce Returns:

Employee Group (Average WTE)	2023/24	2022/23	2021/22	2020/21	2019/20
Medical and Dental	681	650	632	625	582
Ambulance staff	18	17	18	17	17
Administration and estates	1,062	511	515	533	515
Healthcare assistants and other support staff	1,170	1,582	1,496	1,481	1,338
Nursing, midwifery and health visiting staff	1,658	1,563	1,540	1,414	1,329
Scientific, therapeutic and technical staff	507	513	506	470	448
Substantive Total	**5,094**	**4,837**	**4,707**	**4,540**	**4,238**
Agency and contract staff	78	119	109	104	113
Bank staff	351	333	329	344	270
Other	0	0	0	0	0
Total Average Numbers	**5,523**	**5,289**	**5,145**	**4,988**	**4,621**

Staff Costs

Staff costs are included in Note 8 of the Accounts Section.

Workforce Profile

Table 2 - Breakdown of the Trust workforce profile as at March 2024

	Female	Male	Grand Total
Directors (senior managers)	8	10	**18**
Staff - Substantive Contract & Bank Agreement	2,692	456	**3,148**
Substantive Contract only	2,173	638	**2,811**
Bank Worker Agreement only	676	228	**904**
Total	**5,549**	**1,332**	**6,881**

Workforce Policy

The Trust agrees workforce policies with the recognised Trade Unions on behalf of employees and to keep abreast of employment law changes. Each policy has a defined 3-year review cycle, and the HR department is responsible for governance to ensure timely renewal in line with the annual update plan. The process of governance includes review and approval with Trade Union representatives at the monthly Employee Partnership Forum (EPF) Policy Sub-Group followed by final sign-off at monthly Employee Partnership Forum (EPF) meeting.

Workforce policies introduced, renewed, or amended in 2023, covered the following categories for Agenda for Change and Medical staff groups:

Professional Area	Policy
People Management Policies (All Staff)	Equality and Diversity Policy Conduct Management Policy Improving Performance Policy Change Management Policy Grievance Resolution Policy Health & Well-being (Including Stress) Policy Overtime Policy Home Working Policy Absence Management (Sickness) Policy New Parents' Policy (Maternity, Adoption, Shared Parental and Paternity Leave) Retirement (Including Flexible Retirement) Policy and Procedure Redeployment Policy Carers Policy New Parents' Policy (Maternity, Adoption, Shared Parental and Paternity Leave)
Recruitment & Temporary Staffing	Fit and Proper Person Test Policy Temporary Staffing Policy Recruitment and Retention Premium Policy
Learning and Development	Management of Sharps/Contamination Incidents Policy Medical Device Training Appraisal Policy Medical Student Elective at GWH Policy Continuing Professional Development Policy
Medical Workforce (only)	Medical and Dental Revalidation Policy

People Services (HR operations)

The operational People Operations (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 Divisional objectives during the last 12 months:

- Producing a workforce plan evidencing oversight of investment, growth and targeted productivity improvement.
- Improving inclusion and diversity through Trust policies, workforce demographics, understanding trends and progress against targets outlined in our EDI strategy; ensuring that policies allow inclusivity through reasonable adjustment and OH support; policies reflect the principles of a just and learning culture and restorative learning.
- Change Management / workforce transformation – the HR service team support managers and leaders with service development and introduction of change in line with policy, consultation and representation entitlement.
- Monitoring sickness-absence in the workplace through provision of data, understanding trends, clarity of policy training and application and provision of a first class health and safety and staff health and wellbeing service;

- 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)
    - Carers support

Integrated system thinking and best practice continues through collaboration with Bath and North East Somerset, Swindon and Wiltshire (BSW) and regional partners.

Sickness Absence

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.
- 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 approach and the metric of reducing sickness absence rates across the Trust. It is anticipated that evaluation of impact and improvement can be initially conducted mid-2024.
- 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.

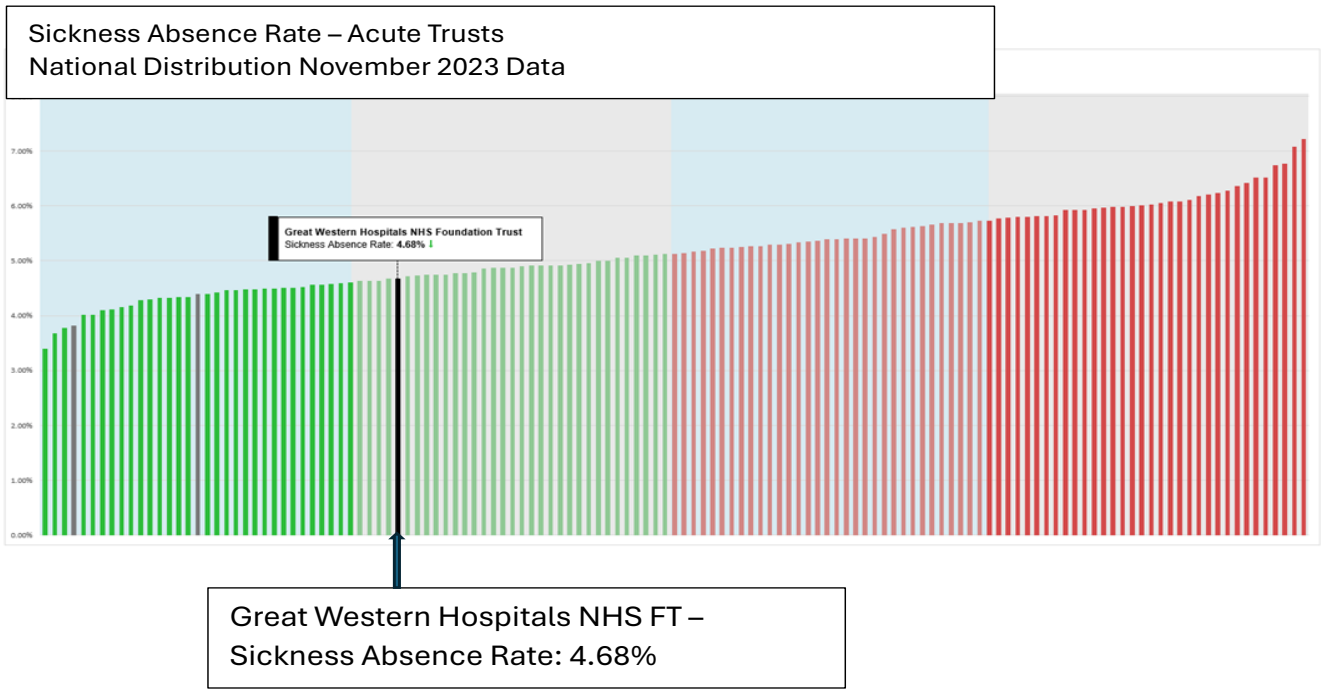
The key themes for sickness absence continue to report as anxiety / stress / depression and musculoskeletal problems.

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	2023/24	2022/23	2021/22	2020/21
Total FTE days lost	90,047	86,784	89,006	65,612

Benchmarking

The chart below presents the most recent benchmarking data available to the Trust as at March 2024 (data representative of November 2023). Trust sickness absence is at 4.7% (5.77% 2022/23) 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.

Trust Health and Wellbeing plan

During 2023/24, the Trust's Occupational Health and Wellbeing (OHWB) Service has continued to develop especially in terms of its focus on preventative and systemic strategies. There are several routes available to staff accessing health and wellbeing support, including externally through the Employee Assistance Programme (EAP), as well as internally through the Occupational Health and Wellbeing Service, Mental Health First Aiders and Health and Wellbeing Champions.

Employee Assistance Programme (EAP)

Our EAP provision continued to be provided externally by Care First during the past year. 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 online. This year, a total of 519 contacts were made to the service, which a significant increase from last year (286), reflecting how well embedded the EAP has become within the support structure of the Trust.

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, 1,835 Management Referrals were made to the department, which is a year on year increase (last year 1,784, previous year 1,532).
- Management Referral assessment appointments attended were as follows: 299 (physician), 454 (nurse), 385 (mental health practitioner), 443 (physiotherapist).
- Review appointments attended comprised of 207 (physician), 15 (nurse), 136 (mental health practitioner), 565 (physiotherapist).
- In addition to the function of Management Referrals, staff can self-refer to OH for mental health or physiotherapy input. During the year, 280 self-referral appointments were attended for physiotherapy and 32 for mental health.
- OH clinic nurses offer a range of services within the department including post-induction checks, immunisations, hands surveillance and sharps injuries; 1,450 such appointments were attended during the year. In addition, 2,452 pre-employment questionnaires were processed by the team for new starters within the Trust and for local organisations that the service has contracts with (e.g., Wiltshire Health & Care, Wiltshire Police, BSW Integrated Care Board (BSW ICB)).

The department led again his year on the Trust's annual flu vaccination campaign and achieved 83% overall compliance (this figure includes those vaccinated and those who declined or opted out) - last year 86%. For 2023/24, we were the top performers in the Southwest again and 9th nationally for frontline healthcare workers in NHS Trusts and flu vaccination compliance (UKSHA, February 2024), building on our previous and consistent success as top performers. We were the only Trust in the BSW ICB to offer the combined COVID and flu vaccinations in house, administering both on site. Community visits, pop-up sessions, 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.

Counselling/psychology

- Our in-house counselling/psychology provision 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 virtually. Routinely, this is for up to 6 sessions, with the ability to extend if clinically indicated. Individual therapies are based on evidence-based models including Cognitive Behaviour Therapy, Acceptance and Commitment Therapy, Compassion, and Eye Movement Desensitisation Therapy.
- This year, the service received 394 self-referrals from individuals requesting 1:1 support, which is a significant increase from last year (304). Of these, 204 (52%) were for personal issues, 70 (18%) work-related issues, and 100 (25%) both - 20 (5%) reason unknown. Of these self-referrals, 47% were offered in-house support and 27% were referred to the EAP – the remaining were signposted to various other services or forms of support, including their GP and TRiM (trauma risk management).
- In total, 662 in-house 1:1 appointments were attended during the year (last year 761, previous year 878). This reduction in trend reflects the service's triage process implemented in the previous year, ensuring individuals are signposted or referred on to the most appropriate treatment pathway rather than straight into in-house counselling, as well as a reflection of the Trust's progress in embedding the broader systemic developments into the health and wellbeing structure (e.g. TRiM, Schwartz Rounds, Mental Health First Aid training, Psychological Skills courses), resulting in individuals' needing less 1:1 counselling/psychology support.
- A standardised psychological outcome measure (CORE-10) is used to measure clinical effectiveness of our in-house 1:1 support. During the year, both pre and post therapy outcome measures have been completed by 84 individuals, of which improvements were made by 70 (83%).

- 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, skills in compassion, and acceptance and commitment therapy, which is also offered to individual staff teams and departments, tailored to their unique needs. In total, 1,106 clinical contacts have been made during the year via these group-based sessions. Within this development, a new 3-session psychology course based on Compassionate Mind Training was developed and launched in August, which has since been attended by 63 individual members of staff. Art for wellbeing classes also started in July, which have since had a total of 29 contacts.

Systemic developments

- Staff discounts and resources regarding financial, physical and psychological wellbeing have been regularly refreshed on the intranet pages and promoted via Trust wide communication throughout the year. In October, the Trust partnered with Wagestream to offer staff access to this free wellbeing app, following which 4% of the workforce have registered to date.
- The service has continued to make great strides in training staff in Mental Health First Aid (MHFA) and Suicide First Aid (SFA) training. In November, we also launched a new accredited mental health skills course for line managers taught over half a day to support more managers to access this training (Mental Health Skills for Line Managers - MHSLM).
- This year, 124 staff (and 3 volunteers) have been trained in MHFA, and 44 staff (and 2 volunteers) in SFA. In addition to this, 26 have accessed the MHFA Refresher training to maintain their accreditation. Since November, 37 managers have completed the new MHSLM training. Furthermore, a training module in Having a Health and Wellbeing Conversation was developed and uploaded onto Electronic Staff Record in the Summer to make this more accessible for staff.
- As of March 2024, current workforce trained in MHFA, SFA, MHSLM and HWB Conversations is 382, 121, 40 and 69 respectively.
- We have run four Schwartz Rounds over the past year. These have been well evaluated and attended by 141 staff in total. The topics have included ‘’Things that go bump in the night’, ‘Our team vs the chaos’ and ‘In at the deep end’.
- This year, the Occupational Health and Wellbeing Service have supported 24 incidents following TRiM (trauma risk management), of which 18 were workplace incidents and 6 were incidents that staff were involved in outside of work (e.g. needing to perform CPR to a member of the public). This compares favourably to last year, where we were notified of fewer incidents (15, of which 7 were workplace incidents) showing that this pathway is becoming well established within the structure of the organisation, enabling more staff to access this proactive and preventative form of support.
- The cohort of 64 health and wellbeing champions have continued to help promote and embed the Trust’s health and wellbeing messages and culture within their departments and are located across all Divisions. Champions meetings are held bi-monthly, with a mix of education/teaching and information giving.
- The department has supported with the Trust’s wider work with local education establishments this year, in particular facilitating educational sessions to New College students and work experience to NHS Cadets.
- In-reach departmental sessions offering 1:1 physical health checks for staff ran from April 2023 until February 2024. These gave individuals the opportunity to have measurements of their blood pressure, cholesterol, blood glucose, and body mass index, and given lifestyle advice and guidance. Across this timeframe, 68 sessions were run, during which a total of 703 staff accessed these.
- Occupational health physiotherapy also started providing in-reach sessions in March, the first of which was attended by 3 members of staff.
- Furthermore, from the beginning of 2024, staff have also been able to access in-house smoking cessation clinics provided by the Trust’s newly established Smoking Cessation Service, following which 10 individuals have accessed this specialist service.

- Reflexology sessions for staff have continued to be provided by one of the Trust's volunteers. Over the past year, 3 sessions were provided, attended by a total of 26 staff for 1:1 reflexology.
- Our Staff Room Refurbishment Programme has continued throughout the year, with new furniture and items, chosen by individual teams, provided to their staff areas to provide a more comfortable space to recharge and refuel – this included kettles, toasters, microwaves, fridges, coffee machines, tables, sofas and chairs. The Trust has one massage chair that is permanently located in the Orbital and another one in Commonhead; the other four massage chairs have continued to rotate across departments into different staff areas throughout the year, supported by our HWB champions.
- The staff tea trolley has continued to support various trust-wide awareness campaigns throughout the year. A rota that is staffed by our volunteers has enabled visits to hospital staff areas regularly throughout the week (including some evenings and weekends), providing drinks and snacks to staff in their areas of work.
- Trust wide wellbeing events across the year were held 5 times (3 in the hospital and 2 in the community). These days enabled staff to drop-in for massage, reflexology, arts and crafts, refreshments, and time with a therapy dog. In total, more than 600 staff attended these events.
- To support during the pressures of Winter, from the beginning of December until the end of January, 50% discount off food and drinks in the hospital cafes and restaurants (Swindon, Savernake and Chippenham sites) was given to all staff, and pizza deliveries were made to our community-based colleagues on a weekly basis.

Staff Survey Report 2023/24

The NHS England mandated annual Staff Survey 2023/24 was open from September to November 2023 and the Trust participated across all professional staff groups and bank workers also completed a tailored survey relevant to their experience.

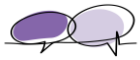
In 2021, the framework of questions was developed around the 7 promises of the NHS 'People Promise' including the staff engagement and morale themes.

The 2023 questionnaire underwent minimal change compared to 2022. In 2023, four new questions were added and three questions which were around working patterns in relation to the Covid-19 pandemic were removed.

The four new questions that were introduced for 2023 include:

- Q17a: "In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users, their relatives or other members of the public."
- Q17b: "In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues."
- Q22: "I can eat nutritious and affordable food while I am working."
- Q33 "Thinking about your current role, how often, if at all, do you work at/from home?"

Staff Survey Southwest Benchmarking:
This year the Trust ranked 9th out of 14 in the group 'Acute and Combined Acute and Community' trusts when benchmarked against the National Staff Survey themes for all organisations across the southwest.

	People Promise Element / Theme	2021	2022	2023	2023 Benchmark group median result
	We are compassionate and inclusive	7.09	7.16	7.25	7.24
	We are recognised and rewarded	5.64	5.65	5.91	5.94
	We each have a voice that counts	6.59	6.64	6.71	6.70
	We are safe and healthy	5.73	5.84	6.12	6.06
	We are always learning	5.12	5.37	5.69	5.61
	We work flexibly	6.02	6.25	6.41	6.20
	We are a team	6.49	6.64	6.79	6.75
	Staff engagement	6.67	6.70	6.85	6.91
	Morale	5.54	5.65	5.91	5.91

Response rate comparison

The Trust achieved a substantive response rate of 69% compared to the 'IQVIA' sample median response rate of 45%. The Trust achieved the highest response rate in the southwest and 2nd out of 122 Acute & Community Trusts nationally. This was a considerable increase both to the median and to our 2022 response rate of 59% and reflective of a successful targeted communications plan and engagement programme.

Theme Results & Areas of Improvement from 2023

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

- 24% of the questions scored significantly better than the sector.
- 13% of the questions scored significantly worse than the sector.
- 63% 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:

- 50% of the questions scored significantly better than 2022.
- 3% of the questions showed significant decline since 2022.
- 47% of the questions showed no significant movement since 2022.

The People Promise 'We work flexibly' is significantly better than sector scores, including its sub-scores of 'support for work-life balance' and 'flexible working'. Compared with 2022 scores, the theme 'Morale' is significantly better.

Future Priorities and Areas of Focus

As part of results analysis, we have:

- Identified scores that had declined both against last year and against the comparator values (Trust level)
- Excluded questions that difficult to influence – pay and condition due to Agenda for Change

- Consider questions which are specific and could be delivered by front line staff
- Consider how this aligns with existing projects

From the Staff Survey analysis, the Trust has identified a common theme of reduced satisfaction in Teamworking. A focus on Teamworking will therefore further improve the Trust's pillar metric 'I recommend my organisation as a place to work'.

Analysis on the 2023 scores has identified within the theme of Teamworking that question 7c (I receive the respect I deserve from colleagues) has declined both against last year (-1.2%) and against the comparator values in 2023 (-1.8) and is therefore proposed as the Trust's next breakthrough objective for 2024/25.

Existing Trust-wide actions that support improvement include:

- The role of the Line Manager
- Just and Learning Culture
- Leadership Behaviours
- Culture of Speaking Up

These existing projects are aligned with and will support improvement of the Trust's breakthrough objective alongside Divisional plans.

The Trust will continue to track progress via the Quarterly Pulse Surveys and use the Improving Together approach, which empowers staff to make improvements themselves by providing them with the training, tools, and freedom to work out where there are opportunities for improvement. Within the Trust wide Staff Survey Working Group, group members will understand the drivers behind high-performing teams working well and identify transferable learning.

Recruitment

International Recruitment

Nurses continue to be a national shortage that impacts the Trust and ensuring we lower the nursing vacancy was a focus for 2023/24. The Trust recruited 116 non-EU international nurses and as of March 2024, 91 are working as registered nurses and 25 are working as band 4 pre-registered nurses whilst undertaking their Objective Structured Clinical Examination (OCSE) training. This recruitment was supported by a successful bid for additional funding from NHS England. The Trust was also successful in receiving funding bids to support international midwives of which 10 were recruited. The Trust was regionally recognised for the local success with recruiting international midwives and supporting other Trusts with their recruitment.

The Trust participates in the International Recruitment Stay and Thrive initiative, this is a retention programme collaborating with the National team and Trusts to help our internationally recruited nurses and midwives to thrive, build their careers in the NHS and remain within the NHS. The Trust was successful in achieving the Pastoral Care Quality Award for International recruitment in April 2023. The Pastoral Care Quality Award recognises the incredible work being carried out across the organisation to ensure internationally educated nurses and midwives receive high quality, enhanced, and tailored pastoral care as they start their NHS careers within the Trust.

The Trust has also recently launched an internal progression scheme called OSCE via Supporting Information from Employer (SIFE). This supports the internal workforce of senior Health Care Support Workers who were previously nurses in their home country upskill and within 3 – 6 months return to practice as a Registered Nurse. There is currently 6 in the first cohort of the programme with a further 13 successful candidates due to start at the beginning of 2024/25. There will be further cohorts throughout the next 12 months. The Trust is looking to recruit a total of 42 international nurses throughout 2024/25.

Postgraduate Recruitment

In 2023 the Trust continued with the recruitment of final year medical students from Charles University in Prague into Clinical Fellow F1 posts. As with previous years the Trust received a high number of applications, and 7 individuals were successful in joining us in August 2023 to undertake a one-year placement with the Trust.

During 2023/24 the Medical Recruitment Team have dedicated themselves to filling hard to recruit consultant roles and have been successful in some key areas including Stroke and Neurology. A number of areas remain hard to fill and mirror the national picture, these include Acute Medicine, Dermatology and Anaesthetics.

Agency Spend

Trust agency spend for 2023/24 was £9.9m a reduction on the £15m spend from the previous year (2022/23).

Professional Group	YTD Actual	YTD Last Year	Variance to Last Year
Medical & Dental	**£5.5M**	£6.6M	**-£1.2M**
Allied Health Professionals	**£0.3M**	£0.2M	**£0.1M**
Scientific, Therapeutic & Technical	**£0.4M**	£0.4M	**£0.0M**
Senior Managers & Admin	**£0.2M**	£.7M	**-£.5M**
Nursing	**£3.6M**	£7.1M	**-£3.5M**
Total	**£9.9M**	**£15.0M**	**-£5.0M**

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 industrial action

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 and medical agency usage.
- Improved monitoring of agency spend.
- Improved oversight via Electronic Rostering Systems.
- Removal of Administration and Clerical usage.
- Moving Medical Agency to bank and substantive roles.
- System approach to management of a rate card.

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 2022/23 reporting uses six different standards, with a data snapshot of 31 March 2023. 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 5427, with a gender split of 980 male (18.06%) and 4447 female (81.94%) 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 2022/23 Pay Gap Report indicates that the mean hourly rate of pay for female staff is 27.26% lower than male staff. This represents an improved position from 2021/22 when the gap was 30.32% (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 4.18% (an improvement on the previous year's figure of 7.07%) and a median pay gap at 1.25% (the median pay gap has significantly reduced since last year's gap of 6.26%).

The Trust continues to take steps in year to attract diverse candidates by improving its recruitment processes and this has resulted in increased diversity in our workforce and an increase in women in senior roles (Band 8a and above) which has contributed to the reduction in the gender pay gap; in addition the re-banding of some Band 2 staff to Band 3 and increased pay for specialist nurses has also led to marked improvements. In 2024/25 the Trust will undertake an end-to-end review of its recruitment cycle to identify opportunities for further improvements. The Trust has recently initiated a programme to host a network of Inclusion Recruitment Champions, who sit on interviews for Band 8B and above roles, the champions support the interview panel with the aim of reducing bias in the process.

The Trust's Gender Pay Gap report can be found on our website.

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 the last four 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.

Our Equality. Diversity and Inclusion Annual report for 2023/24 highlights some of the work undertaken to address inequalities in our workforce and patient populations, including:

- The launch of our allyship programme – in addition to promoting 'everyday allyship' where we encourage all staff to be allies; there is a formal element to this programme including recruiting, training and deploying volunteers from across the workforce including Inclusion Recruitment Champions who support interview panels, Cultural Ambassadors who will support disciplinary and grievance processes and EDI Champions who will support staff in their area of work who might experience unprofessional behaviours.
- The Trust launched a new staff network in 2023, the Women's Network, who have joined our five existing networks (Race Equality Matters, LGBTQ+, Differently Abled Network, Veterans Network and Carers Network). Our networks play a vital role in supporting staff who share the same lived experience, raising awareness about issues that affect the group they represent and providing advice and guidance across the Trust and to key strategic groups.
- 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.
- There was an extensive programme over the year to improve accessibility for our patients including physical access to some spaces, improving signage and upgrading hearing loops. The Trust also launched a trans awareness guide to support staff to deliver inclusive care for trans patients and has produced other documentation including a Carer's passport which will help staff to recognise carers. We have increased and diversified our engagement with local communities and groups to better understand their needs and identify any barriers to access.

In the coming year we will refresh our EDI strategic plan and review the objectives, highlighted above, to ensure our plans align with the Trust's soon-to-be published new Strategy.

The EDI annual report 2023-24 can be found on the Trust's website in the annual reports section.

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 (EDS) and this data helps us to annually evaluate our progress against the implementation of our EDI Strategy which then informs our action plans.

The EDS report and associated action plan will be published on the Trust's website in due course.

Recruitment

The Trust commits to interview all disabled applicants who meet the minimum criteria for a job vacancy and appointment is on merit. 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 was successful in achieving Disability Confident Leader status is May 2023. As a Disability Confident Leader, our organisation is now recognised for ensuring that disabled people have opportunities to fulfil their potential and realise their aspirations.

The Trust is currently Armed Forces Covenant Gold accredited having achieved this in July 2023 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 attended a number of dedicated recruitment events across the region last year and already have dates planned for 2024/25.

Last year the Trust piloted a new interview style of values-based competency interview questions which focus on the Trusts four values and twelve leadership behaviours. The pilot was a success, and these questions sets are now live across the Trust at all grades and staffing groups. This has significantly improved the consistency of interviews at GWH.

Over the last 12 months the Recruitment team has had a busy year, there were 1,004 new starters which came from 31,379 applicants to join us. This is up significantly from 25,800 applicants last year. A key objective for the Recruitment Team was to decrease the time to hire KPIs that the Trust aims for. The target for time to hire is 46 days from advert approval to the contract for a new starter being sent, and this is being consistently achieved with the KPIs of 38.4 days for Agenda for Change staff, 32.6 days for medical staff and 39.3 days for Bank staff.

Workforce Projects and Innovations

SARD Revalidation, Job Planning and Medical Rostering Project

Deployment of electronic workforce systems for medical staff for revalidation, appraisal, Electronic Job Planning and medical rostering commenced in 2022 across the Trust in line with the National Levels of Attainment for Workforce Management Systems.

Revalidation, Appraisal, and Job Planning are both now implemented and operating as business as usual with a full cycle of job planning covering 2022/23 complete with 2023/24 well underway. This is evidenced by consistent appraisal compliance and much-improved compliance of job plans.

A programme of work is underway with Medical Rostering and senior managers, with an emphasis on reconciliation of contractual vs delivered Programmed Activities, validation of planned vs delivered sessions, which will inform service need, improve productivity and support planning. A greater level of information is available now a fully embedded cycle is complete, along with a more structured process providing greater transparency. Business-as-usual resource continues to be provided by the Medical Revalidation & Job Planning Team within Workforce Intelligence providing system support, advice, and reporting outputs to measure appraisal compliance and the effectiveness of electronic job planning moving forward.

Employee Partnership Forum (EPF) and Consultation

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, and terms and conditions of employment.

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 2023 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 onsite facilities, temporary adaptations, and regular updates on the implementation of the Way Forward Programme investment scheme).

- Update on Trust improvement initiatives for staff, including introduction of new parking arrangements and health and wellbeing services.
- Change Management proposals where there is impact on staff, and providing assurance that consultation will be conducted in line with Trust policy.

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.

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.

Achievements in 2023/24:

- This year the team's efforts have been recognised internally by winning the 2023 Trust Team of the Year award at the Staff Excellence Awards. This award reflects the team's journey and renewed focus on using social media as a means of communicating.
- A team member has been shortlisted as a finalist in the Rising Star category of the 2024 Staff Excellence Awards, having also been a finalist in the Unsung Hero Awards, a national celebration of those working in non-clinical roles within the NHS.
- 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.
- Across Facebook, Twitter, YouTube, LinkedIn, and TikTok the Trust has more than 50,400 followers, and in 2023/24 reached almost 5.2m people on social media, an increase of 1.6m compared to the previous year.
- The team places emphasis on visual communications and produced 228 videos in 2023/24 which were shared internally and on social media. The best-performing video, about international staff working in our Emergency Department, was seen more than 312,000 times.
- Our campaign encouraging staff to complete the national NHS staff survey saw the response rate increase to 69 per cent, which was the second highest in the country.
- Our campaign to encourage staff to have the flu and covid vaccines placed us ninth in the country for take up.
- We launched a Great Place to Work campaign, which saw the Trust's score in the staff survey for employees recommending the Trust as an employer increase by 6.3 per cent to 59.6 per cent.
- Our staff Facebook group, interactive virtual 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 27 staff won or were finalists 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 urgent and emergency care development, our surgical robot, and the NHS 75th anniversary. A story about the use of virtual reality headsets for medical training was featured on regional TV and radio and also national BBC radio.
- In 2024/25 the team will continue to focus on celebrating success; recruitment and retention; operational challenges; the Way Forward Programme; the shared Electronic Patient Record; community services; development of our internal culture; improving together; equality, diversity, and inclusion; and positive stories about the work of staff.
- The Trust communications team also leads on communications for the Acute Hospital Alliance and plays a leading role in system-wide communications.

Governance – Fraud, corruption, and bribery

The Trust has an accredited counter fraud team contracted to undertake proactive counter fraud reviews; investigations and awareness activities in line with the NHS Counter Fraud Authority (NHSCFA) Strategy for 2023-2026. 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.

The LCFS team undertakes an annual assessment against its compliance with the standards and NHS requirements for counter fraud by submitting a Counter Fraud Functional Standard Return to the NHSCFA at the end of the year. The Trust's rating for the 2023/24 return is green overall.

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 guidance from the National Guardian's Office.

Trust has appointed a Lead Guardian and 4 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 Freedom to Speak Up are considered and shared. To enable this evaluation, feedback is sought from those who have raised concerns to ensure the process is effective.

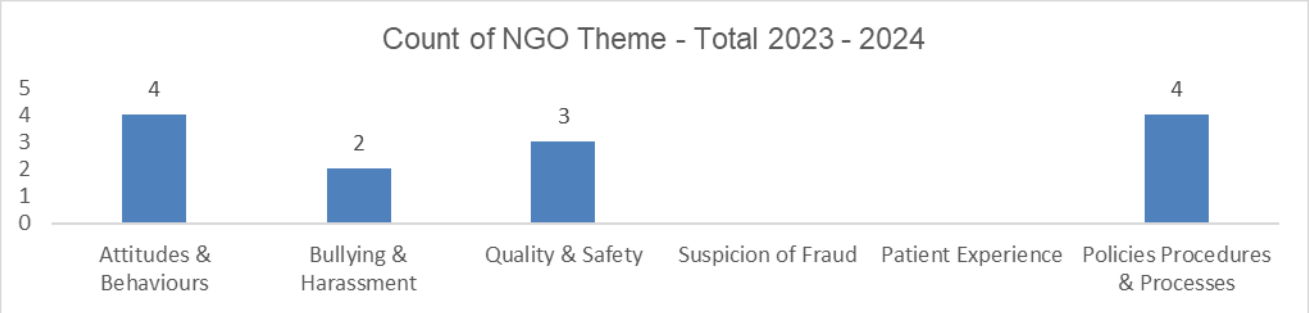
The Guardians are supported and contribute to the national and local Freedom to Speak Up Guardian network, comply with National Guardian Office guidance, and support each other by providing peer-to-peer support and shared learning.

Information on Freedom to Speak Up cases is reported to the Trust Board, Patient Quality Sub Committee and Trust Management Committee. In addition, information is reported to the Executive Directors and Non-Executive Directors by way of a quarterly oversight meeting. Furthermore, quarterly returns are made to the National Guardian's Office.

In 2023/24 there were 14 (one not categorised) Freedom to Speak Up concerns raised. These are reported to the National Guardians office using the prescribed themes. A review of the themes has identified that policies, procedures and processes and attitudes and behaviours are the top two themes. There have been no concerns raised relating to patient experience or suspicion of fraud.

The graph below shows the themes and comparative numbers. One of the 14 concerns raised has such limited information that categorisation is not possible. This is being picked up by the Lead Guardian with the individual to facilitate the concern being taken forward.

Count of NGO theme based on the national categorisations.



The service/department is responsible for reviewing and taking forward any specific actions as addressed within the concern.

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 Integrated Performance Report (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.

The Workforce Intelligence Team provides the dashboard of data metrics measuring the monthly performance across the workforce, providing Trust, Division and departmental scrutiny. These have been further developed in the last year to include oversight of agency and temporary resourcing spend. Monthly dashboards are provided to senior leads for review at the monthly Divisional Board meeting, 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%	4.38%	Mar-24
Turnover (Voluntary)	11%	11.49%	Mar-24
Vacancy Factor	7%	3.9%	Mar-24
Mandatory Training	85%	92.3%	Mar-24
Appraisal	85%	85.26%	Mar-24
Agency Spend as % Total Spend	4.5%	2.04%	Mar-24

In line with the national picture the sickness absence rate remains above the target. This will continue to a focus for the Trust in 2024/25 with an improvement plan that includes conducting absence audits and incorporate learnings from long-term sickness case management to improve performance.

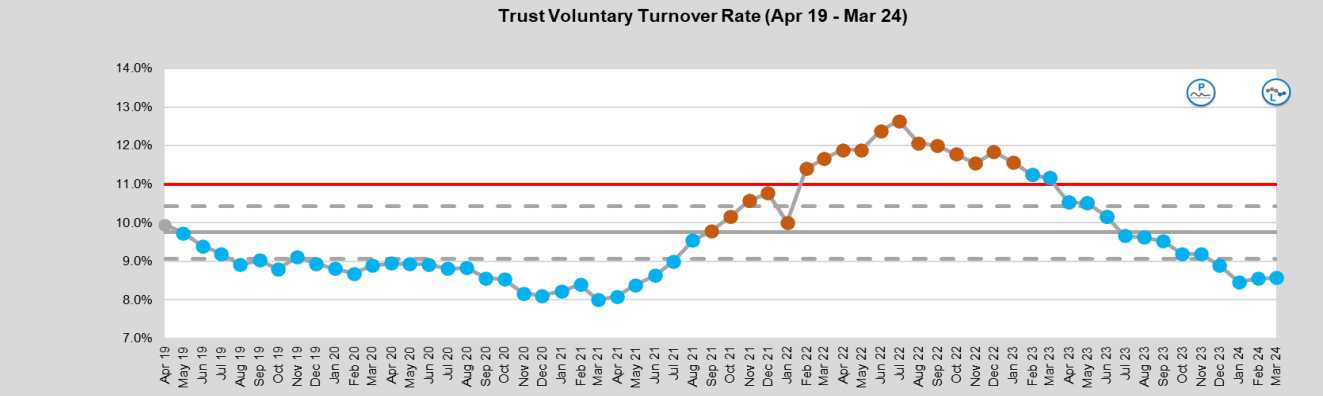
Recruitment and Retention

The Trust Retention Plan was developed to deliver the ambitions of the NHS People Promise in October 2022, and delivery has continued with twice yearly governance through the Trust People and Culture Committee.

Data records that:

- Retention continues to improve across the Trust with all turnover reducing from 15.99% in March 2022 to 10.97% in March 2024 (All turnover)
- Unregistered nursing & scientific and technical demonstrate higher levels of turnover. Admin and clerical and medical have stabilised since last report.
- Analysis of reasons for leaving data shows key themes of staff leaving for a better Work/Life balance, Relocating, and seeking external Promotions.

Table – Trust Turnover Rate, April 2019 to March 2024.

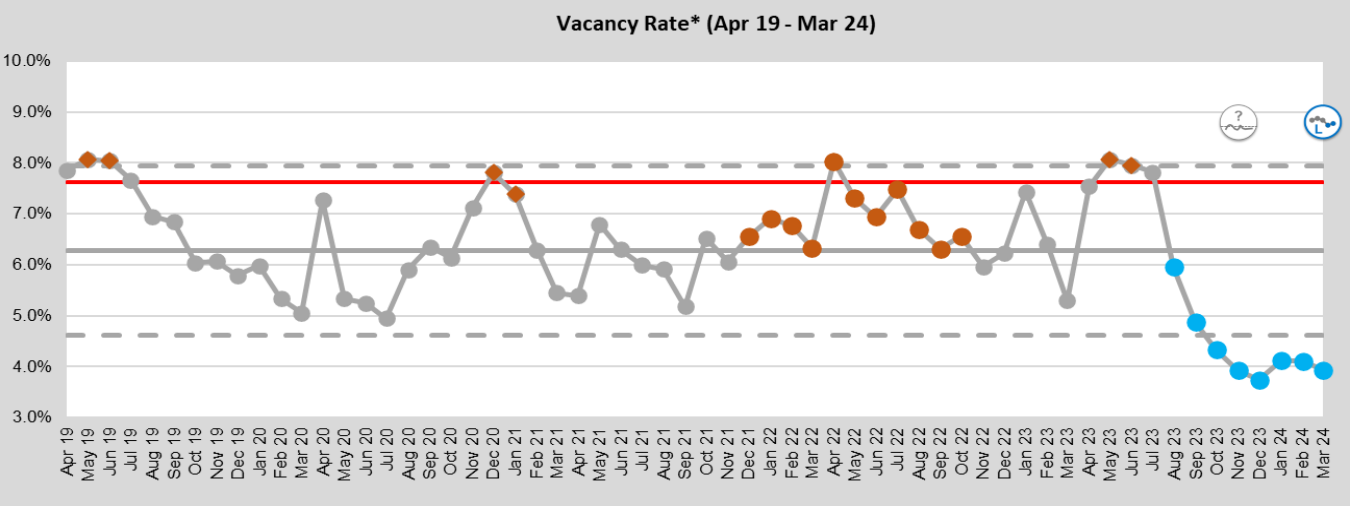


National Retention Programme - People Promise Manager

- The Trust successfully secured a place on Cohort 2 of NHS National Programme
- The programme is about effectively communicating, implementing, embedding and measuring interventions across the People Promise.
- Dedicated, fixed term resource to drive the retention requirements of the NHS long-term workforce plan.

The People Promise Manager will work with a selection of internal stakeholders, representing core staff groups to conduct the Trust 'diagnostic assessment' using national tools, to identify future improvement areas and appropriate national intervention tools. The findings of the diagnostic assessment will inform the development of a new Retention Plan 2025.

Vacancy levels – As at March 2024 there were 213.76 WTE vacancies, equating to a vacancy rate of 3.93%. For the same period last year there were 256.66 WTE vacancies (5.30%).



Appraisal rates

The overall compliance rate for the Trust is 85.26% in March 2024 (compared to 84% in March 2023) against the Trust stretch target of 85%.

Employee appraisal is a key component of good management practice and regular appraisal has a direct and positive impact on both organisational performance and patient care. The appraisal process aims to strike a balance between reviewing competence and performance, agreeing objectives, and identifying any support,

training and development needed to help the employee to perform to the best of their ability in undertaking their role and achieve their objectives.

The Trust has reviewed the effectiveness of appraisal process and impact during the last 12 month period and has prepared a new online appraisal form with a focus on improvement of both the process and the staff experience.

Taking account of relevant organisational and departmental goals and objectives, the focus of this new online appraisal form will enable objectives to evolve throughout the 12-month period.

In addition to the conversation around objectives and achievements, the appraisal should also include discussions around Personal Development. The Personal Development Plan (PDP) is the key output of appraisal and an important factor in staff retention.

Workforce Learning and Development

The Workforce Learning & Development team have continued to develop the Trust training portfolio and footprint during the period as well as expanding the support provided to local students considering health as a career choice.

Apprentices

Apprentices at GWH include both existing GWH staff and new recruits and the percentage of apprenticeship 'starters' includes both. The total number of live Apprenticeships on 3rd April 2024 is 163 (153 in 2022/23). 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 apprenticeship team continues to support pastoral care for apprentices with 1-1 support as well as promoting opportunities through holding webinars for Ward Managers, answer Q&A during sweet trolley rounds as part of National Apprenticeship Week in February which culminated in an Apprenticeships Award ceremony.

The apprenticeship team also created a short film that was shared with local schools to promote the future pipeline and have attended employability events both internally such as the Black, Asian and Minority Ethnic (BAME) Career Progression Day in January 2024 to reach out to existing staff and externally including large events at Swindon Academy, Bradon Forest and New College Swindon.

The Trust works collaboratively with Swindon Borough Council to develop further apprenticeship opportunities. We are an active member of the BSW Network and have accepted apprenticeship transfers in the past year. The team continues to promote numeracy across the Trust, and we have been awarded a Swindon Borough Council (SBC) Multiply Grant to support staff with building confidence with numeracy to meet the needs of their role and to support those who need to work towards achieving their Level 2 Functional Skills in numeracy.

Mandatory training

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

All face-to-face training has continued throughout the past year. Adult basic life support (ABLS) has been reviewed and approved by the Resuscitation Manger in 2023.

To enable improved compliance with ABLS, this year the Resuscitation Service has launched a link trainer system that allows those that are Advanced Life Support Instructors and those that have received the link training to deliver ABLS in their workplace to their teams.

Violence and aggression towards our staff remains a concern and face to face Advanced Conflict Resolution training is offered to staff who are working in higher risk areas.

Four trainers within the organisation have undertaken Maybo™ training and are now licensed to deliver this training across the organisation. Specifically, this training covers positive approaches to behaviour, safer de-escalation, personal safety and disengagement, and redirection and guiding. This applies to general healthcare as well as to the specific areas of children and young people, patients with Dementia, and people with learning/ intellectual disability and people on the autistic spectrum.

Clinical Skills training

The team 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.

In addition, subject matter experts continue to offer training within specialist skills such as assessment of a safe swallow, interpretation of ECG, tracheostomy management and central line management.

International Nurses

The Academy continues to deliver in-house OSCE (objective structured clinical examination) programme. The training programme has been condensed into 17 consecutive teaching days delivered in weeks 6-9 of Internationally Educated Nurses (IENs) arrival in the UK. The first time pass rate has increased to 66% and work continues to improve this further.

It is anticipated that 50 nurses will be supported through OSCE route in 2024/25.

Preceptorship

In September 2023 the Academy launched a multidisciplinary nurse, midwife and Allied Health Professional (AHP) preceptorship and was awarded the Quality Interim Mark by NHS England in February 2024.

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 is also be provided for clinicians transitioning from one role or setting to another including individuals returning from parental leave or Internationally Educated Nurses who have now gained their pin.

Focus for 2024/25 is to build preceptor support and champion networks within the Trust.

Student placement Team

The student placement team (SPT) predominantly delivered a service for pre-registration student nurses/midwifery students with some provision for AHP.

Student support sessions:

- In the last twelve months the team has set up student nurse/midwifery support sessions. They are well attended by the student nurses and have been very well evaluated and the team utilise the feedback to include guest speakers, opportunities to practice clinical skills and offer blood glucose training opportunities etc. These sessions also offer opportunities for recruitment to keep in touch with 3rd years who have been offered posts within GWH and the team are keen to include restorative clinical supervision in the future. Clinical leads are also invited regularly to attend to hear about student experiences and Approved Education Institute (AEI) representation is also supported to strengthen our collaborative working.

- Our Open University (OU) students find these sessions supportive as they are learning online so value the opportunity to meet and share experiences and support with other students.

- Training Nursing Associates (TNA's) are invited to monthly future sessions to create better working relationships between these staff groups and promote professional behaviours.

- This has now been mirrored successfully for AHPs. The team are exploring other innovative ways to provide support sessions to AHP students who are not able to attend due to working patterns or placement location (such as community based).

- The team undertake weekly walk abouts to visit placements, with the aim of giving educators time to discuss concerns and to catch up with students in practice.

- Data collected by the team demonstrates that informal department visits to students provide a safe space for learners to disclose worries or raise concerns.

Return to practice:

- The student placement team support the return to practice pathway for those nurses and midwives who wish to return to practice after a break in their career. 2 nurses completed return to practice in May 2023.

- The AHP team collaborate with teams who are supporting those returning to the HCPC register as there is no formal return to practice programme for this important element of the workforce.

Placement capacity:

- In keeping with the NHSE Long Term Workforce Plan, the team take their role in recruitment and retention seriously and regularly evaluate placement capacity for nursing, midwifery and AHPs.

- The AHP SPT will be implementing a "Fair Share" Model from September 2024, this will increase placement capacity in several AHP disciplines, including Speech and Language Therapy, Podiatry, Occupational Therapy and Dietetics. They have also created new higher education institute links with University of Reading and Southampton University.

- An elective placement process has been introduced in January 2024 to support external placements at GWH. Supporting these external placements will support the NHS long term workforce plan and recruitment of students who have moved away for their training but want to work at GWH upon graduation.

Registered Nurse Degree Apprenticeships (RNDA)

- The team lead in the recruitment process for our Registered Nurse Degree Apprenticeships that allows our Registered Nursing Associates (RNA) and our Assistant Practitioners to become registered nurses.

- The Trust is aiming for 10 per cohort (2 cohorts per year) commencing October 23, there are 5 who started in October 2023 cohort and 6 who started in February 2024 cohorts.

- The RNDA team provide information sessions for potential students and managers and ongoing support throughout the programme along with mapping the placements to meet the NMC standards (2018).

Student council

- A student council has been set up in conjunction with Oxford Brookes University with GWH as the sponsor. The SPT form part of this council along with GWH Chief and Deputy Nurses. It has been a big success for the team, OBU is our main provider for student nurses, but we do also work with other universities. There is a commitment to replicate this with the AHP students to increase the AHP profile and voice.

- BSW has now implemented a student council and SPT are also part of this student council and are actively supporting BSW to identify AHP student representation, but this is more of a challenge than student nursing/midwifery as AHP students may only attend GWH for 1 placement.

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. Whilst completing their training at the Trust, TNAs complete on the job learning as part of an apprenticeship programme in partnership with local universities. Upon successful completion TNAs are entered onto the Nursing and Midwifery Council Register and practice as band 4s. Numbers are as follows:

TNA Numbers as at Mar 24	
Total complete from Sep 2018 up to Mar 24	43
Total Active	30
Break in Learning	3
Did not complete programme	10
Complete Sep 24	10
Complete Sep 25	23

Recruitment for the September 2024 intake is in progress, interest has been high, it is planned to onboard 30 students. The September 2024 intake are due to qualify in September 2026 and on completion of their studies will be offered a contract with the Trust.

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 and community settings. The resuscitation team in 2023 have worked collaboratively with the deteriorating patient team to deliver the REACT course. In 2024 there will be further changes as we phase out REACT and replace it with an accredited course, acute life-threatening events recognition and treatment (ALERT) for registered professionals and bedside emergency assessment course for healthcare support workers (BEACH).

Careers Hub

We have standardised our work experience process to ensure all applicants have a fair and consistent approach and equality of opportunity. The face-to-face work experience offer for those over 16 years old and with a home address within a 19-mile radius remains popular with a current interest of over 100 requests,

For students under the age of 16, we accept applications for our virtual work experience Springpod programme. The Springpod programme gives an introduction to the Healthcare sector and some of the 350 different jobs within the NHS, with industry expert talks and activities.

A termly newsletter has been sent to all secondary schools /providers and 6th form providers to update careers leads with current GWH Early Years Careers (EYC) initiatives with a spotlight focus each term to support schools in reaching their Gatsby Benchmarks and includes local labour market information. School outreach events, including careers fayres, insight talks and mock interviews, have enabled young people to consider this Trust as a potential employer. We have continued to facilitate the NHS Cadets scheme created by St John Ambulance in partnership with the NHS which is designed to provide young people with the opportunity to explore roles in healthcare. As well as facilitating placements for the Royal College of Midwifery (RCM) Nursing Cadet Scheme.

We continue to work closely with the Placement team and both New College Swindon and Cirencester College to support T Level Health placements from selection to arranging hosting wards/teams and providing pastoral support during the 315 hours of placement.

We have led on a Primary School Book Bag initiative where 320 books in total have been recorded by practitioners and shared with local Primary Schools to develop their interest in working in the Health Care sector as part of National Careers Week in March.

We are currently working in partnership with the Swindon and Wiltshire Careers Hub, Careers Enterprise Company, to run the Medical Mavericks Primary Event in June 2024 which includes two 90 minute sessions with 60 Primary age students in each.

We are now planning the Dare 2 Programmes, a two-day summer school for Year 12 students considering a career in Nursing, AHP, Midwifery and Care which will run in the summer, with future plans to run the Dare 2 Health Care Scientist in October 2024.

Postgraduate Medical Education (PGME)

The team continues to support the education, training and wellbeing of 266 doctors on an NHSE training programme. Every medical trainee has a named educational supervisor (ES) who is selected and appropriately trained to be responsible for the overall supervision and management of a trainee's trajectory of learning and educational progress during a placement and/or series of placements There are 236 accredited educational supervisors at GWH who also work as clinical supervisors.

PGME continue to deliver core education services such as grand round and the foundation teaching programme, these continue as face-to-face with the occasional online event. These events are recorded to maximise access for those that are unable to attend. The weekly simulation programme is supported by the clinical innovation fellow and is offered to doctors in training.

GWH hosts regional teaching events such as Practical Procedures and Ultrasound, Emergencies and Critical Care, Radiology, and International Medical Trainee regional teaching.

Undergraduate Education

During 2023/24 the Trust have taught a total of 745 (692 in 2022/23) medical students across three universities: 349 (296 in 2022/23) Bristol University, 236 (223 in 2022/23) Oxford University and 160 (173 in 2022/23) King's College London, which totals 5530 (4714 in 2022/23) student weeks.

Library Services

The Academy library's vision is providing information and evidence, saving you time. Our mission is to provide well resourced, evidence-based, and professional services for all staff and learners at the Trust and to support the Trust's values, aims, and objectives.

In 2023 the Library team conducted 399 evidence searches, a 52% increase on the previous year. We increased the number of education sessions by 32% to 158 and provided more opportunities for one-to-one and group training. We trained outside the Trust training colleagues at Savernake Hospital, Devizes, and Eldene medical centre.

The Academy Library maintain strong links and cooperation with the academic institutions whose students we provide an off-campus service to, and the practice educators and clinical fellows we support. We continue to support students from Kings University, University of Bristol, University of Oxford, Oxford Brookes University, University of the West of England, and University of Gloucester.

Leadership & Organisational Development

Leadership behaviours - Our 12 leadership behaviours underpin our leadership offer and have been developed to identify the expectations of leaders at all levels. They put our people at the centre of all our behaviours and are encapsulated by Equality, Diversity, Inclusion, Compassionate Leadership, and a Just and Learning Culture. The leadership behaviours were initially launched for our senior leaders at the leadership conference in June 2023 followed by a Trust-wide launch in October 2023. Since the launch we have showcased one behaviour per month.

These leadership behaviours are to be embedded into the employee journey and aim to improve our staff experience.

Internal Leadership training - Our aim is to provide appropriate leadership development support to all staff across the Trust. We are working towards a suite of internal programmes that will meet the needs of Bands 2-8a. This includes:

- Bands 2-3 Learn to Lead
- Bands 4-6 Aspiring Leaders
- Bands 7-8a Developing Leaders
- New Consultants programme
- Clinical Leads (in planning phase)
- Masterclasses which are an immersive experience created to improve leadership talents, providing a focused learning setting where staff may obtain knowledge, hone their abilities, and associate with others who share similar interests.

Internal management training - The Trust offers a suite of management training which should be undertaken in conjunction with leadership training. There will be a Trust-wide introduction of the NHSE 'expectations of line managers in relation to people management' which predominantly focuses on harnessing management ability and incorporates some of those vital leadership skills including being self-aware and developing yourself.

External Leadership Opportunities – There are a range of different resources available for all staff to access, primarily provided through the Trust's subscription to NHS Elect. All staff within the Trust have access to the NHS Elect virtual training offer.

In addition, there are Leadership & Management Apprenticeships, that can either be standalone apprenticeships or combined apprenticeship with a Leadership Academy qualification and Institute of Leadership and Management (ILM) accredited training.

Coaching - The Trust continues to build its internal coaching register by training and developing internal coaches, in total 39 individuals have been supported with internal coaching since January 2022. The Trust now has 7 accredited level 5 coaches and 2 accredited level 7 coaches with a further 12 level 5 trainee coaches and 2 level 7 trainee coaches.

Graduate Management Trainee Scheme – We are currently hosting 2 management trainees from the Southwest Leadership Academy Graduate Scheme. 1 is currently within the Integrated Community Care Division and 1 will be joining the Surgical, Woman's and Children Division later in the year. We have been successful in our application to host trainees from September 2024.

Promoting a Just and Learning Culture - A working group to promote and embed a Just and Learning Culture has been established with representation from across the Trust. This programme of work continues in 2024/25 with an emphasis on compassion leadership and addressing unprofessional behaviours.

Voluntary Services

Volunteers 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 410 Volunteers and a further 109 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. 72% are women and 28% men. The longest serving volunteer has been with us 20 years. Our oldest consistent volunteer is 87 years old with the youngest being 16. (Age Breakdown: Age 16 – 25 is 35%, Age 26-65 is 36%, Age 66 – 79 is 26% and Age 80+ is 3%. 33% 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 26% 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.

There are consistently high levels of interest in applying to become a volunteer and around 60 people apply each month. On average 30 – 40 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. 247 volunteers have been recruited in 2024/25.

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. 257 OWLS appointments and 288 hours of patient support have been provided in 2024/25.
- Active Responder Service - Active Responder Volunteers – Launched in April 2022 we have now have 109 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 12,400 hours to 28 wards and departments, 535 Pharmacy Runs and 206 occasions of mobility support to patient have been provided in 2024/25.

- 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.

- Patient befriending support – Companionship and wellbeing support, assisting with feeding, doing a tea round, replenishing stock for staff, and making beds up. We currently have 114 Patient Befriender Volunteers

- 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. Hospital Radio will shortly be broadcast over Wi-Fi to patients and staff.

- 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.

- Mobile Book Trolley – In 2023 we brought back our Mobile book trolley and now have a regular cohort of Volunteers taking the Book Trolley out to patients on the wards.

- 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 now have 15 dogs who visit around 65 areas across the Trust. Over 560 'Woof' Hours have been provided in 2024/25. Sunflower Ward, ED, UTC, Discharge Lounge, Children's Unit, SwiCC, Falcon Ward, Neptune Ward, Osprey Unit, Coate Water Unit, Teal Ward and Saturn Ward have been visited by 6 miniature ponies expanding out PAT family in 2023/24.

- Brighter Futures Hub 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 7 volunteers meet and greet visitors and share news of charity events and activities along with running the table top sales.

- 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 14 Cancer Buddies (CB) who are supporting patients - having either face to face appointment or telephone appointments.

- 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 2023/24 14 volunteers became paid staff.

- 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 2023/24

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
18	15.32

Table 2 - Percentage of time spent on facility time

Percentage of time	Number of Employees
0%	0
1-50%	18
51-99%	0
100%	0

Table 3 - Percentage of pay bill spent on facility time

Total cost of facility time	£30,097.36
Total pay bill	£299,113000
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.01%

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	0.41%

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

Expenditure on consultancy

Expenditure on consultancy in 2023/24 was nil (2022/23 £0.3m).

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 have been no off-payroll engagements in respect of Board members or senior officials with significant financial responsibility in the year ended 31 March 2024. The number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year is 20. These individuals are set out in the Remuneration Report.

TABLE 1: Highly paid off-payroll engagements as at 31 March 2024, earning £245 per day or greater

	Number
No. of existing engagements as of 31 March 2024	0
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
	Number
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: 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 3: For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility between 1 April 2023 and 31 March 2024

	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	**20**

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 2023/24

	Number of compulsory redundancies 2023/24	Cost of compulsory redundancies 2023/24	Number of other departures agreed 2023/24	Cost of other departures agreed 2023/24	Total number of exit packages 2023/24	Total cost of exit packages 2023/24	Number of departures where special payments have been made 2023/24	Cost of special payment element included in exit packages 2023/24
Exit package cost band	Number	£000s	Number	£000s	Number	£000s	Number	£000s
<£10,000	-	-	-	-	-	-	-	-
£10,000 – £25,000	-	-	1	12	-	-	-	-
£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.

The Trust do not engage with workers outside IR35 and where there is a need the Procurement complete the appropriate Status Determination letters which are held on file via and sent to contractors.

ACCOUNTABILITY REPORT
Code of Governance for NHS Provider Trusts

The Code of Governance for NHS Provider Trusts (the Code of Governance) was published in October 2022 and has been applicable since 1 April 2023. It replaces the previous NHS Foundation Trust Code of Governance issued by Monitor.

The Code of Governance sets out a common overarching framework for the corporate governance of NHS providers reflecting developments in UK corporate governance and the development of Integrated Care Systems.

Providers must comply with each of the provisions of the Code of Governance or, where appropriate, explain in each case why the provider has departed from the Code.

Statement of compliance with the Code of Governance for NHS Provider Trusts provisions

Great Western Hospitals NHS Foundation Trust has applied the principles of the Code of Governance for NHS Provider Trusts on a comply or explain basis and there are no provisions within the Code that we did not comply with during 2023/24. The following pages of this report form our Corporate Governance Statement.

Monitoring compliance with the Code is the responsibility of the Audit, Risk & Assurance Committee, which receives regular updates and reports its findings to the Board .

The Trust's Constitution sets out the requirements of governance and in 2023/24 it was compliant with the NHS Code of Governance. The Trust's Constitution is supported by standing orders for the Board of Directors, standing orders for the Council of Governors and codes of conduct and responsibility documents for each. All the documents were refreshed in 2023 to reflect the changes to the Code.

The Trust is not subject to any formal interventions.

Throughout this Annual Report the Trust describes how it has met the Code's requirements. NHS foundation trusts are required to provide some disclosures in their annual report to meet the requirements of the Code of governance. These disclosures are summarised in the table below (it also includes some requirements not listed in schedule A to the Code of governance but are required by the FT Annual Reporting Manual) and records where information can be found in relation to the Trust's disclosures.

Code Reference	Summary of Requirement	Trust Position	Compliance
A2.1	The trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships.	The Trust Board receives a monthly Improving Together Performance Scorecard Report (IPR). Board committee structure in place to oversee and monitor financial (both local and system), quality, activity performance and joint partnerships. Divisional performance review meetings in place. External well led review undertaken in 2023. The Trust is an active system member and is a member of the ICS Board. The Trust is an active member of the BSW Acute Hospital Alliance provider collaboration.	Yes
A2.3	The board of directors should assess and monitor culture.	The Board through its committees review data on the national staff survey, quarterly pulse surveys and Freedom To Speak Up concerns. The Trust has a Non-Executive Director (NED) wellbeing lead who works closely with Chief People Officer to ensure we support staff wellbeing.	Yes
A2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered.	Of particular note in 2023/24 the Trust undertook a significant amount of engagement work with stakeholders, partners, services users, carers and community groups to inform the development of new five year strategy, to be launch in Autumn 2024.	Yes
B 2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent.	The Board considers all Non-Executive Directors to be independent. An up to date register of interests is maintained and published. Each Board and Committee meeting seeks to identify and where appropriate record any conflicts.	Yes
B2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	This can be found on page 52.	Yes

Code Reference	Summary of Requirement	Trust Position	Compliance
B2.17	A clear statement detailing the roles and responsibilities of the council of governors.	This can be found on page 59.	Yes
C2.5	If an external consultancy is engaged for Board recruitment.	The Board and Council Governors access expertise from NHSE and recruitment specialists when recruiting to Board posts., however in 2023 no external consultancy was used.	Yes
C2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors.	This can be found on page 59.	Yes
C4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience	This can be found on page 45.	Yes
C4.7	Description of any externally facilitated developmental reviews of their leadership and governance using the Well-led framework.	In Quarter 4, 2022/23 a successful system wide procurement process was undertaken across the 3 BSW Acute Trusts to secure an external company to undertake a well-led developmental review. The successful bidder was Aqua. The Trust's review commenced in August 2023 for a period of 3 months, and the Board reviewed the final report at its meeting in December 2023. Further information can be found on page 133.	Yes
C4.13	Describe the work of the nominations committee(s),	The Trust has two committees for the responsibility for the appointment of Executive Directors, including the Chief Executive (Nominations Committee) and Non-Executive Directors, including the Trust Chair (Nominations &Remuneration Committee) . Further information can be found on page 60 & 71.	Yes
C5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent and the annual report should contain a statement as to how this requirement has been undertaken and satisfied.	This can be found on page 62.	Yes
D2.4	Annual Audit Committee Report	This can be found on page 53.	Yes
D2.6	Directors state that they consider the annual report and accounts,	Reflected in the Statement of Accounting Officer's	Yes

Code Reference	Summary of Requirement	Trust Position	Compliance
	taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	Responsibilities. This can be found on page 119.	
D2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks.	The Board regularly considers the Board Assurance Framework which sets out the key risks to delivery of Trust's Strategic objectives. This can be found on page 122.	Yes
D2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annual.	The Board are supported in this by the Audit Committee and outlined in the Annual Governance statement. This can be found on page 121.	Yes
D2.9	The board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern.	This can be found on page 16.	Yes
E2.3	An executive director, eg to serve as a non-executive director elsewhere, state whether or not the director will retain such earnings	Not applicable for this year.	Yes
Appendix B, para 2.3 (not in Schedule A)	Identify the members of the council of governors	This can be found on page 64.	Yes
Appendix B, para 2.14 (not in Schedule A)	Contact procedures for members who wish to communicate with governors and/or directors.	This can be found on page 68.	Yes
Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.	Not applicable for this year.	Yes

ACCOUNTABILITY REPORT
NHS 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 2023/24, the Trust was placed in Segment 2 by NHSE, which was unchanged from 2022/23. This segmentation information is the trust's position as at 31 March 2024. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: https://www.england.nhs.uk/publication/nhs-systemoversight-framework-segmentation.

ACCOUNTABILITY REPORT
Statement of Accounting Officer's Responsibilities

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.*

Jon Westbrook
Acting Chief Executive
Date 27 June 2024

ACCOUNTABILITY REPORT
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 2024 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As Accountable Officer, I am directly accountable to the Board of Directors and have overall responsibility and accountability for all aspects of risk management and assurance. I delegate the lead executive role to the Chief Nurse, and all executive directors and senior managers have a responsibility for effective management of risk within their own area of direct management responsibility, as well as corporate and joint responsibility for the management of risk across the organisation.

Leadership

The Board of Directors has overall responsibility for ensuring that the organisation has appropriate risk management systems and processes in place. On behalf of the Board, the Audit, Risk & Assurance Committee reviews the adequacy of the design and effectiveness in operation of the Trust's risk management systems and processes. The Chief Nurse has taken Executive leadership regarding the risk management framework which included a refreshed Risk Management Policy in 2023.

During the year, the Board has seen some changes, including the appointment of a new Acting Chief Executive, Jon Westbrook. The Trust has also reappointed Non-Executive Directors and more about those appointments can be seen in the Trust's Annual Report.

Structures and systems are in place to support the delivery of risk management across the organisation and the Trust continues its improvement journey with regard to risk management, via implementation of the Risk Management Framework. The Risk Management Framework and Policy set out the effective governance arrangements for the strategic, corporate and operational risk processes and systems. The Risk Group meets monthly and considers regular reports on the Trust's risk registers, in addition to reviewing the systems and processes in place for Trust-wide risk management. The CEO chairs a monthly Trust Management Board meeting, which reviews and scrutinises all 15+ risks scored. Each Committee of the Board meets at least quarterly to review risks held on the Board Assurance Framework (BAF), relating to its specific areas of focus. In addition,

each Committee considers the effectiveness and completeness of assurances within the BAF, ensuring that documented controls are in place and are functioning effectively. The BAF is presented to the Board on a quarterly basis.

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+ are required to be approved by the appropriate accountable Executive Director prior to being 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.

The Audit, Risk & Assurance Committee meets five times per year and provides the Board with an independent and objective review of risk management systems and practice and an overview of the Trust's internal control framework. The BAF helps inform the work of the Audit, Risk & Assurance Committee, informing the internal audit plan, which evaluates and supports the improvement of the internal control processes.

During the year the Audit, Risk & Assurance Committee has particularly focused on the improvements made with regards to risk management against the recommendations made by an internal audit review, which rated the Trust's risk management "significant assurance with improvement opportunities". This was positive affirmation of our improvement in relation to governance and risk management.

The 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 Risk Management 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. Risks to strategic objectives are aligned to Board Committees and are reviewed on a quarterly basis.

The BAF records that the Trust has been managing 10 significant risks during the year. In Q1 there were 3 strategic risks within tolerance which moved to 6 in Q4, this demonstrates active management of strategic risks throughout the year. The table below describes the risk and the risk scores throughout the year.

BAF Ref	Risk Summary	Risk Scores 2023/24			
		Q1	Q2	Q3	Q4
SR1	There is a risk that our patients do not receive safe and effective care that meets their needs due to a failure to build and embed a culture of quality improvement and learning across the organisation	16	16	16	16
SR2	There is a risk that if the conditions for shaping leadership and organisational culture are suboptimal, we will not develop the culture which improves patient care.	9	9	9	9
SR3	There is a risk that if we do not continue to prioritise the wellbeing and engagement of our workforce, we will compromise our ability to deliver safe quality care	9	9	9	9
SR4	There is a risk that without a clear 5-year workforce plan, we continue to respond to urgent, immediate workforce gaps and do not plan for our future workforce models. This results in significant pressures on recruitment	16	16	16	16
SR5	There is a risk if we do not work across the Trust and the Integrated Care System to recover services then patient care will be delayed that may result in both physical and psychological harm.	12	12	16	16
SR6	There is a risk that if we do not develop and maintain collaborative relationships with partner organisations across health & social care based on shared aims, objectives, and timescales then we will be unable to improve healthcare outcomes and address health inequalities.	16	16	12	12
SR7	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.	20	20	20	12
SR8	There is a risk of a severe infrastructure failure (fire, flood, building collapse) if sufficient investment is not carried out.	8	8	8	8
SR9	There is a risk that our ability to deliver improved quality, safety and productivity will be impeded if the Trust fails to deliver digital transformation and establish shared BI/digital solutions across the ICS	12	12	12	12
SR10	There is a risk of a shutdown of the IT network due to a cyber-attack or system failure which could lead to IT systems access or data loss. This could have a wide range of detrimental impact such as on the delivery of patient care, the security of data and Trust reputation.	10	20	20	20

The Board Assurance Framework was reported to the Board on a quarterly basis in 2023/24 and also reported to its aligned assurance Committees, which have the authority to commission additional assurance measures where these are felt necessary in improving the effectiveness of the Trust's overall control environment. Chairs of Committees formally report at each meeting of the Board from a risk escalation and assurance perspective, via a Chair's Board Assurance Report.

The Trust established controls or implemented actions to manage these risks as summarised below:

- Delivery of a joint Acute Hospital Alliance (AHA) Clinical Strategy and reconfiguration of services across BSW.
- New urgent care transformation programme.
- A comprehensive improvement programme against all elements of the People Promise.
- Increased focus on financial controls, emphasising best value decisions.
- Implementation of the digital strategy and continued focus on development of the infrastructure and controls.
- Robust capital prioritisation processes to ensure resources are deployed effectively.

Major risks 2024/25

As we enter 2024/25, the Trust remains focussed on enacting recovery plans whilst dealing with significant operational challenges and staffing availability, compounded by on-going strike action. The focus will be on the delivery of NHS England Operational Planning Priorities 2024/25.

- Supporting the health and wellbeing of staff.
- Accelerate the restoration of elective and cancer care and reduce waiting times.
- Working with partners to transform community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on the system priorities.
- Ability to achieve financial sustainability at pace.

Key risks include:

- Scale of the transformation required to achieve both urgent and planned care requirements.
- No control over external factors such as on-going industrial action and/or infection control outbreaks.
- Financial constraints to deliver the transformation required.
- A sustainable workforce to deliver the Trust priorities.
- Reliance on whole system change to enact plans.

Within this context, we acknowledge the great opportunity in our closer integration with local partners and will continue to prioritise this and the benefits it provides in the delivery of our wider strategic objectives. We will review these to ensure the Trust is best placed to deliver the NHS and Bath and North East Somerset, Swindon, and Wiltshire Integrated Care System (BSW ICS) Long Term Plans and we will embrace the priorities of the NHS People Plan with the vision to make the Trust a 'Great Place to Work.'

Our underlying financial position remains a significant challenge. The financial context for the NHS as a whole in 2024/25 is as challenging as has been seen in recent years. As a healthcare system, financial sustainability is also a priority; BSW ICS is developing plans to address the system deficit where the Trust will play a significant role. We have a great opportunity in 2024/25 especially with the opening of our new Integrated Front Door.

Training & Support

Key to the Risk Management Policy is the enhancement of the staff's capability to manage risk and the development of a positive risk culture, which is being achieved through a risk training programme. A structured

programme of risk learning, covering all levels of staff across the Trust, has continued to be implemented during the year and will continue to be delivered in 2024/25.

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. A risk management Board workshop was held in March 2024 provided by NHS providers and the Trust will continue to build on its risk management framework in 2024/25.

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 management framework aims to ensure consistent systems and processes for the management of risk across the Trust.

The risk and control framework

The Board has approved the Risk Management Policy. The aim of the policy is to ensure that the Trust has robust arrangements in place to support informed decision-making through a good understanding and awareness of risk. The five key strategic objectives have been outlined below:

- Integration of risk management into activities throughout the Trust.
- Chances of adverse incidents, risks and complaints are minimised by effective risk identification, treatment and management.
- A risk management framework is maintained, which provides assurance to the Board that strategic and operational risks are being managed.
- Risk management is an integral part of GWH culture and encourages learning from incidents.
- Informs prioritisation of investment and is aligned to business planning.

The policy outlines the systematic approach to the identification, assessment and management of the risks facing the Trust, with a major focus on preventing harm to service users and staff and providing a safe environment and improved quality of care. Risk management is an important part of the Trust's overall quality, governance and performance management processes. All staff have a role in assessing risk and helping to ensure it does not prevent the delivery of high-quality care. A substantial amount of work has been undertaken with regard to delivering the Risk Management Policy within the Trust. A summary of the key achievements to maintain a robust risk management framework is outlined below:-

- Risk Management Strategy developed and approved by the Board;
- Establishment of the Risk Group and locality risk meetings;
- Increased education and awareness around risk management including Board development sessions on risk management;
- Risk management module of Datix implemented and rolled out across the Trust;
- Tools and guidance on the system on the risk management intranet site;
- Development of risk reports to aid with risk decision making;
- The development and approval of a Board Assurance Framework (BAF);
- The review and establishment of a Corporate Risk Register;
- Increased engagement and visibility across the Trust particularly in localities;
- Risk training to all staff;

- Monthly locality risk profile reporting to Risk Group and Trust Management Committee;
- Standardised risk reporting including deep dives into strategic risks at Audit, Ris & Assurance Committee;

Risk Management

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 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, Datix 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.

Risk Appetite & Tolerance

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 Appetite Tolerance Statement 2023/24

The risk appetite and tolerance statement for 2023/24 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	2023/24 Risk Appetite	2023/24 Risk Tolerance Score
Quality – Outcomes	Minimal	6
Finance*	Open	12
Opportunistic, Innovation and System Working	Open	12
Legal, Regulatory, Compliance	Minimal	6
Reputational	Open	12
Workforce	Open	12
Operational	Open	12
Commercial	Open	12
Estates	Cautious	9
Digital Technology/ Data Information *	Cautious	9

*In all circumstances, the Trust has no appetite for breach of personal data and sensitive data as defined under GDPR and Data Protection Act 2018 and has no appetite for fraud and/or other financial crime risk.

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.

Quality Governance

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 Chief Executive is the Accountable Officer for quality governance. Each Director is a lead for a number of Board objectives. The responsible officers for quality are the Chief Medical Officer who leads on clinical effectiveness and the Chief Nursing Officer who leads on patient safety and patient experience.

Improving Together is the operational management system we share across the Acute Hospital Alliance in BSW. It aligns with the five components of NHS Impact and links improvement tools and routines with the behaviours needed for a culture of continuous improvement. It is founded on the development of a coaching approach, which enables every member of staff to improve the services they work in and contribute to achieving our strategy.

Evidence shows that trusts that have a continuous improvement approach like this provide better patient care, and colleagues working in these trusts have greater job satisfaction.

Ultimately Improving Together is about improving the quality-of-care provision. By focusing our efforts where they will have the most positive impact on our services, we will improve the way we work and our quality of care. It covers the following main areas:

- Alignment of priorities – using the strategic planning framework from board to ward we focus on linked priorities, helping us achieve our goals more effectively.
- Empowerment – colleagues will know they are empowered to make changes in their team. Every member of GWH will be supported to develop and improve their skills to be able to identify and adopt improved ways of working.
- Developing our culture – by empowering each and every member of staff to have a voice and supporting our leaders to adopt compassionate and enabling leadership approaches.
- Improving quality – by adopting an evidenced based continuous improvement approach to better understand and continually improve the services we offer.
- Stopping doing things that do not add value to our people, population and partners.

Work has continued throughout the year to enhance integrated governance systems, so that clinical governance, performance and risk management systems work seamlessly across the Trust, ensuring visibility of risks and concerns from ward/team to Board, as well as recognising best practice and improvement. In addition, work has commenced to refresh the Trust's Quality Governance Framework to better align risk management to performance data and the annual planning cycle. This work will be concluded in 2024/25.

The Trust has a robust approach to the assessment of the potential impact of cost reduction programmes on the quality of services. The quality impact assessment (QIA) process involves a structured risk assessment using a standard template which requires Divisional Management Team sign off. The Chief Medical Officer and Chief Nurse are responsible for assuring themselves and the Board that Cost Improvement Programmes will not have an adverse impact on quality. This process will be reviewed and strengthened in 2024/25.

The Quality & Safety Committee oversees the effectiveness of the quality governance arrangements within the Trust, by receiving planned assurance reports and having a programme of quality deep dives across the Trust networks and services. The Trust has in place a Performance & Accountability Framework setting out roles and responsibilities and how we manage and escalate performance and providing greater alignment in the management of risks across the organisation. Executive performance reviews are undertaken with Divisions each month.

Delivery of the Trust's strategic objectives is underpinned by the publication of the Annual Quality Account which sets out the progress made against our quality priorities in 2023/24 and the quality priorities selected for 2024/25. Progress of the priorities is monitored via the Patient Quality Sub-Committee and the Quality & Safety Committee; reviewing a suite of quality metrics that track performance against key quality indicators.

The Trust launched the new National Patient Safety Incident Response Framework (PSIRF) in the beginning of 2024. The framework sets out a new approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. This is a significant change to how staff work and respond to patient safety incidents and the Trust is still learning and adapting documentation and training to support effective implementation.

Patient Stories continue to be a highly valued part of our commitment to ensuring the voices of our patients and services users are heard. In 2023/24 the themes were:-

- Services to support and facilitate improved pathways of care for patients
- Supporting patient with complex needs to receive dental treatment
- Support for patients with hearing impairment
- Care for spinal injury patient

Organisation culture – Raising Concerns

The Trust is committed to supporting staff to speak out about safety concerns.

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 (refer page 97). The Trust has four Freedom to Speak Up Guardians in place and has developed a system to securely record all concerns raised and to enable this data to be triangulated with other quality and safety data.

Staff survey - The Trust takes part in an annual staff survey (Staff Report refers). For 2023/24 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 are 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 2023/24 there were a total of 38 such incidents, which were classified as follows:

Summary of data security and protection incidents in 2023/24		
	Breach type	
A	Confidentiality	29
B	Availability	7
C	Integrity	2
	Total	**38**

Notifiable breaches are those that are likely to result in a high risk to the rights and freedoms of the individual (data subject). During 2023/24 the Trust reported three high risk incidents via the Data Security and Protection Toolkit incident reporting tool which required notification to the Information Commissioner's Office (ICO).

- July 2023: A person employed by GWH at the time of the incident made inappropriate recordings. The investigation found that this was not on Trust premises and therefore any direct risk to patients, relatives or staff was low. The case was referred to the police and the Trust cooperated by providing Trust-owned equipment for investigation. The ICO took no action against the Trust. The member of staff was dismissed.
- August 2023: A letter was sent to a patient's former address in error. The letter envelope was marked private and confidential. The intended recipient contacted the actual recipient and asked them to read the letter over the phone. The intended recipient did not realise the confidential nature of the letter and sensitive medical information was seen. The ICO have acknowledged the incident but have not yet contacted the Trust as part of their investigation.
- January 2024: A person employed by GWH at the time of the incident shared an inappropriate image online. Further investigation found this was not connected to the Trust or any patients, relatives or staff. The case was referred to the police and the ICO have been kept updated. The ICO have acknowledged the incident.

In March 2024, 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 2024.

Data quality and governance

There is corporate leadership for data quality with the Chief Digital Officer (SIRO) holding responsibility for the quality of performance data which is reported monthly at the Trust Board and assurance committees.

The Trust has an up-to-date Data Quality Policy that was last refreshed in January 2024. The policy outlines a comprehensive approach to data quality, focussing on the following key areas:

- Raising awareness of the importance of high-quality data.
- Assisting all staff in understanding their role and responsibility in maintaining high quality data.
- Assisting staff in getting data quality 'Right First Time' through supporting staff to implement and maintain working practices and processes that enable high data quality at the first time of input.
- Minimising risks arising from poor data quality.

- Monitoring the quality of data used by the Trust via various dashboards and reports, and where needed, to highlight where data is inaccurate and needs to be checked and improved.
- Establishing a framework within which data quality issues can be raised and actioned.

The Trust is an active participant in system wide Business Intelligence analytical Forums (one focusing on Elective Care and one on Urgent Care) which seek to standardise the approach to regular reporting, ensuring best practice methodologies are followed and building a shared pool of expert resource across the system in the use of tools such as Power BI and demand and capacity. The system wide Business Intelligence strategy developed in 2021/22 sets a clear direction towards convergence on cloud-based technology for our underpinning business intelligence infrastructure in the coming years. This will enable improved collaborative working, reduced duplication of reporting and increased ability to support detailed interpretation and predictive analysis on areas such as population health management.

Waiting list data is updated daily and this feeds into a suite of reports that allow various operational teams to monitor the size and performance of the waiting list. There is a dedicated team that review and validate the waiting list, ensuring that records are accurate and up to date as far as possible. There is close review of the longest waiting patients by the divisional teams via a weekly Access Meeting, providing the Trust with the greatest possible opportunity to meet waiting list targets and be assured of data accuracy. All external performance reporting returns are reviewed and signed off at Executive level before being submitted. Waiting list size data is included as part of the Integrated Performance Report which is reviewed monthly at Trust Board. This is supported by the use of Statistical Process Control (SPC) charts to allow close monitoring of specialty level performance over time, highlighting any deteriorating or improving trends or outliers.

All data used for quality reporting is derived from operational clinical systems which are well known and reviewed by the staff using them. The weekly division-led Delivery Performance Group regularly reviews performance data, including patient level information, especially on elective waiting times.

An online Data Quality training module was developed in 2022/23 in partnership with the Trust's Academy and was deployed to all members of the Trust's staff throughout 2023/24. To promote this training, and to raise the wider profile of good Data Quality, an awareness campaign was developed with the help of the Trust's Communication Team and ran 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) took place 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.

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.

External Well Led Development Review

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 Quarter 4, 2022/23 a successful system wide procurement process was undertaken across the 3 BSW Acute Trusts to secure an external company to undertake a well-led developmental review. The successful bidder was Aqua.

The Trust's review commenced in August 2023 for a period of 3 months, and the Board reviewed the final report at its meeting in December 2023. An improvement programme has been developed in response to the recommendations with delivery monitored by the Trust Management Committee and assurance provided onward to the Board. As the Trust commissioned this procurement with the other two acute hospitals within the BSW a shared learning report across the three hospitals will be available in the autumn of 2024.

The review reflected on the significant change in the culture of the organisation demonstrated through transparent and authentic leadership, which is passionate about the provision of patient centred services. It is a strong organisation, with clear strategic ambition and commitment to lead for the benefit of the wider system.

Throughout the review it was clear that Improving Together is a pivotal focus in defining the organisational approach to improvement and development.

Priorities in the next phase of the Trust's well-led development are:

- Financial recovery focusing upon grip and control, transformation and reducing variation in capacity, skills and experience will be key.
- The form of future community service provision.
- Introduction of an EPR
- Strengthening the Trust Freedom to Speak Up process and resourcing required development, particularly in the context of increased regulatory focus.

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.

Further information on CQC reporting can be found on page 34.

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.

In 2023 counter fraud conducted an internal audit on the Trust's conflict of interest process and noted the Trust's significantly high compliance (100%) for the submission of declarations by decision makers. The main area identified for improvement was around building on this high compliance rate to use the data available to better inform decision making. The Procurement team will be strengthening this further in 2024/25.

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 Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with (further information is on page 36).

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 92). The Inclusion & Health Equalities Sub-Committee 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 Provider Licence

The Trust has assessed compliance with the NHS provider licence section 4 (governance). The Board has not identified any principal risks to compliance with its provider licence. 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 NHSE's Provider Licence conditions and for 2023/24 was compliant in all areas which was reported to the Audit, Risk & Assurance Committee (ARAC). The Provider Licence was modified in 2023 along with the Code of Governance for NHS Providers which will continue to be monitored through ARAC in 2025/24.

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 are 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 2023 using NHS England well-led framework identified no areas of concern and numerous areas of good practice. A development programme has been developed against the recommendations and will be monitored through the Trust Management Committee and assurance provided onward to Board. .

Review of economy, efficiency and effectiveness of the use of resources

The Trust has a range of processes to ensure that resources are used economically, efficiently and effectively. This includes regular reporting to Board on quality, operational performance, finance and safety, with further review and scrutiny at Committees of the Board and management levels throughout the Trust.

The Board has agreed an annual audit programme with the Trust's internal auditors through delegated authority to the Audit, Risk & Assurance Committee. The Audit, Risk & Assurance Committee receives internal audit reports in accordance with an agreed work plan that aims to test the economy, efficiency and effectiveness of Trust systems and processes, including financial management and control. Any report which offers limited assurance results in the development of a management action plan with an agreed timescale for improvement, and progress is monitored by the Audit, Risk & Assurance Committee. Serious issues are escalated to the Board.

The Board has delegated responsibility for monitoring the achievement of economic, efficient and effective use of resources to the Audit, Risk & Assurance Committee and the Finance, Infrastructure & Digital Committee. Financial governance arrangements are reviewed by internal and external audit. Divisions and corporate teams are responsible for the delivery of financial and other performance targets, via a performance management framework, incorporating service reviews with the Executive Team for key areas and compliance with the Trust's

Financial Accountability Framework. Divisions and corporate teams play an active role in ongoing reviews of financial performance including Cost Improvement Programme/Quality Innovation, productivity delivery. Assurance is provided by the Trust's internal and external auditors.

The Trust continues to develop systems and processes to help deliver an improvement in the financial performance which includes the following:

- Approval of the operational plan by the Board
- Approval of the annual budgets by the Board
- Monthly reporting to the Board on key performance indicators covering finance and activity, quality and safety, and human resource targets
- Regular meetings of the Finance, Infrastructure & Digital Committee and the Performance, Population & Place Committee whose purpose is to test the robustness of analysis and assurance provided by feeder groups and sub-committees to support effective and efficient decision-making at Board meetings relating to the financial and operational performance of the Trust respectively.
- The Divisions and Corporate teams play an active part in the ongoing review of financial performance including efficiency improvement requirements and quality and productivity delivery monthly monitoring and reporting within Directorates which feeds into Executive Review Meetings, to the Trust Management Committee and up to the Board.

The Trust also relies on the value for money element of our internal audit programme, the outcomes of which provide assurance against the strategic financial risks that the organisation manages. No significant issues have been identified as a result of this work.

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 Board Assurance 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 2023/24 audit opinion on the Trust's Financial Accounts and their Annual ISA260 report.

The 2023/24 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.

Out of 8 high priority recommendations in 2022/23 audit none remained a high priority in 2023/24.

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 and the Head of Internal Audit's Annual Opinion for 2023/24 can be found on page 52 (Annual Audit Committee Report) .

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. In 2023/24 there were 214 registered National Audits of which 209 were relevant to the Trust and the Trust's participation rate was 98%.

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 2023/24 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 reports or the quality reports) 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 Great Western Hospitals NHS Foundation Trust is required to register with the Care Quality Commission (CQC). Our current registration status is "Requires Improvement". The Trust does not have any conditions on registration. The Care Quality Commission has not taken any enforcement action against the Trust. Maternity Services were inspected in September 2023 as part of the national Maternity Inspection programme. The Maternity Service rating was downgraded to Requires Improvement with some improvement actions in relation to compliance. The service is making good progress on these actions which includes improved compliance with safeguarding level 3 training and an increase in women/birthing people being triaged within 15 minutes of arrival to the unit and is hoping to achieve full compliance in Quarter 1 of 2024/25. The Trust's overall rating remained at Requires Improvement, however due to the results of the maternity inspection the Well Led domain moved to Requires Improvement from Good. The other domains, responsive, safe, caring and responsive remained the same. Our last Trust wide CQC inspection was between 11 and 13 February 2020, when the CQC inspected urgent and emergency care, medical care, surgery and maternity services. The Trust has delivered a comprehensive action plan in response to the feedback received from the CQC. The CQC will assess how well improvements have been sustained as part of future inspection activity. For further information see Quality Performance on page 31.
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. In 2023 Aqua completed an external well led review for the Trust. More information can be found on pg 131.

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.

Jon Westbrook
Acting Chief Executive
Date : 27 June 2024

Voluntary Disclosures

Modern Slavery Act 2023/24 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 REPORT
Auditors 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 subsidiaries (the 'group'):

- give a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2024 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 consolidated statement of comprehensive income;
- the group and foundation trust statements of financial position;
- the group and foundation trust statements of changes in equity;
- the group and foundation trust statements of cash flows; and
- the related notes 1 to 34.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting 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 IT 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 fraudin the following areas, and our specific procedures performed to address them are described below:

- determination of whether an expenditure is capital in nature, and for major projects the value of work completed at 31 March 2024, are subjective: we tested a sample of expenditure 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.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management, internal audit and external legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and

reading minutes of meetings of those charged with governance and reviewing internal audit reports.

- 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.

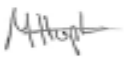
We have nothing to report in respect of these matters.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to issue our statement on consolidation schedules. We are satisfied that our remaining work in this area is unlikely to have a material impact on the financial statements.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of 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
28 June 2024

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 2024 issued on 28 June 2024 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 2024 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 requirements of the Department of Health and Social Care Group Accounting Manual, as 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

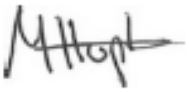
In our audit report for the year ended 31 March 2024 issued on 28 June 2024, we were required to report to you if we had not been able to satisfy ourselves that the foundation trust had made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We had nothing to report in respect of this matter.

Certificate of completion of the audit

In our audit report for the year ended 31 March 2024 issued on 28 June 2024, we explained that we could not formally conclude the audit on that date until we had completed the work necessary to issue our statement on consolidation schedules. We have now completed our work in this areas.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave our opinion.

We 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
18 July 2024

ANNUAL ACCOUNTS
Foreword to the Accounts

Foreword to the accounts

Great Western Hospital NHS Foundation Trust

These accounts, for the year ended 31 March 2024, 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.

Jon Westbrook
Interim Chief Executive
Date : 27 June 2024

Consolidated Statement of Comprehensive Income

		Group	
		2023/24	2022/23 As restated
	Note	£000	£000
Operating income from patient care activities	3	479,827	451,680
Other operating income	4	32,040	28,424
Operating expenses	6, 8	(492,287)	(486,516)
Operating surplus from continuing operations		**19,580**	**(6,412)**
Finance income	10	1,883	812
Finance expenses	11	(25,980)	(14,137)
PDC dividends payable		(4,542)	(4,716)
Net finance costs		**(28,639)**	**(18,041)**
Other (losses)	12	(652)	(23)
Share of profit of joint ventures	19	-	37
(Deficit) for the year		**(9,711)**	**(24,439)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	2,195	941
Revaluations	16	308	23,012
Other reserve movements		107	(13)
Total comprehensive income / (expense) for the period		**(7,101)**	**(499)**

Statements of Financial Position

	Note	Group 31 March 2024 £000	Group 31 March 2023 As restated £000	Trust 31 March 2024 £000	Trust 31 March 2023 As restated £000
Non-current assets					
Intangible assets	13	7,046	6,503	7,046	6,503
Property, plant and equipment	14	271,547	252,324	271,547	252,324
Right of use assets	17	10,452	13,714	10,452	13,714
Investment property	18	9,159	-	9,159	-
Investments in joint ventures	19	163	163	163	163
Receivables	22	446	588	446	588
Total non-current assets		**298,813**	**273,292**	**298,813**	**273,292**
Current assets					
Inventories	21	5,474	5,419	5,474	5,419
Receivables	22	28,007	28,270	28,003	28,213
Cash and cash equivalents	23	43,201	43,307	41,983	41,899
Total current assets		**76,682**	**76,996**	**75,460**	**75,531**
Current liabilities					
Trade and other payables	24	(51,305)	(59,890)	(51,172)	(59,277)
Borrowings	26	(17,292)	(10,301)	(17,292)	(10,301)
Provisions	27	(192)	(1,045)	(192)	(1,045)
Other liabilities	25	(6,505)	(7,702)	(6,505)	(7,702)
Total current liabilities		**(75,294)**	**(78,938)**	**(75,161)**	**(78,325)**
Total assets less current liabilities		**300,201**	**271,350**	**299,112**	**270,498**
Non-current liabilities					
Borrowings	26	(112,434)	(79,727)	(112,434)	(79,727)
Provisions	27	(3,728)	(3,005)	(3,728)	(3,005)
Other liabilities	25	(448)	(562)	(448)	(562)
Total non-current liabilities		**(116,610)**	**(83,294)**	**(116,610)**	**(83,294)**
Total assets employed		**183,591**	**188,056**	**182,502**	**187,204**
Financed by					
Public dividend capital		206,369	176,440	206,369	176,440
Revaluation reserve		68,464	65,961	68,464	65,961
Income and expenditure reserve		(92,331)	(55,197)	(92,331)	(55,197)
Charitable fund reserves	20	1,089	852	-	-
Total taxpayers' equity		**183,591**	**188,056**	**182,502**	**187,204**

The notes on pages 151 - 193 form part of these accounts.

Jon Westbrook
Acting Chief Executive
Date : 27 June 2024

Consolidated Statement of Changes in Equity for the year ended 31 March 2024

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 2023 - brought forward	**176,440**	**65,961**	**(55,197)**	**852**	**188,056**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(27,293)	-	**(27,293)**
Surplus/(deficit) for the year	-	-	(9,852)	141	**(9,711)**
Impairments	-	2,195	-	-	**2,195**
Revaluations	-	308	-	-	**308**
Public dividend capital received	29,929	-	-	-	**29,929**
Other reserve movements	-	-	11	96	**107**
Taxpayers' and others' equity at 31 March 2024	**206,369**	**68,464**	**(92,331)**	**1,089**	**183,591**

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
		As restated	As restated		As restated
	£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**
(Deficit) for the year	-	-	(23,936)	(503)	**(24,439)**
Impairments	-	941	-	-	**941**
Revaluations	-	23,012	-	-	**23,012**
Public dividend capital received	16,424	-	-	-	**16,424**
Other reserve movements	-	-	(14)	1	**(13)**
Taxpayers' and others' equity at 31 March 2023	**176,440**	**65,961**	**(55,197)**	**852**	**188,056**

Statement of Changes in Equity for the year ended 31 March 2024

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**176,440**	**65,961**	**(55,197)**	**187,204**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(27,293)	**(27,293)**
(Deficit) for the year	-	-	(9,852)	**(9,852)**
Impairments	-	2,195	-	**2,195**
Revaluations	-	308	-	**308**
Public dividend capital received	29,929	-	-	**29,929**
Other reserve movements	-	-	11	**11**
Taxpayers' and others' equity at 31 March 2024	**206,369**	**68,464**	**(92,331)**	**182,502**

Statement of Changes in Equity for the year ended 31 March 2023

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
		As restated	As restated	As restated
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**160,016**	**42,008**	**(31,247)**	**170,777**
(Deficit) for the year	-	-	(23,936)	**(23,936)**
Impairments	-	941	-	**941**
Revaluations	-	23,012	-	**23,012**
Public dividend capital received	16,424	-	-	**16,424**
Other reserve movements	-	-	(14)	**(14)**
Taxpayers' and others' equity at 31 March 2023	**176,440**	**65,961**	**(55,197)**	**187,204**

Statements of Cash Flows

		Group		Trust	
		2023/24	2022/23 As restated	2023/24	2022/23 As restated
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus		19,580	(6,412)	19,499	(5,881)
Non-cash income and expense:					
Depreciation and amortisation	6.1	17,145	17,172	17,145	17,172
Net impairments	7	1,083	24,156	1,083	24,156
Income recognised in respect of capital donations	4	(219)	(369)	(219)	(369)
(Increase) / decrease in receivables and other assets		4,899	(6,308)	4,899	(6,308)
(Increase) in inventories		(55)	(315)	(55)	(315)
Increase / (decrease) in payables and other liabilities		(9,945)	4,278	(9,945)	4,278
(Decrease) in provisions		(173)	(5,245)	(173)	(5,245)
Movements in charitable fund working capital		(331)	591	-	-
Net cash flows from operating activities		**31,984**	**27,548**	**32,234**	**27,488**
Cash flows from investing activities					
Interest received	10	1,823	784	1,823	784
Purchase of intangible assets		(2,354)	(705)	(2,354)	(705)
Purchase of PPE and investment property		(34,561)	(27,667)	(34,561)	(27,667)
Sales of PPE and investment property		1,431	141	1,431	141
Receipt of cash donations to purchase assets		219	355	219	355
Net cash flows from charitable fund investing activities	10	60	28	-	-
Net cash flows (used in) investing activities		**(33,382)**	**(27,064)**	**(33,442)**	**(27,092)**
Cash flows from financing activities					
Public dividend capital received		29,929	16,424	29,929	16,424
Movement on loans from DHSC		(110)	(110)	(110)	(110)
Movement on other loans		4,311	-	4,311	-
Capital element of lease liability repayments		(2,489)	(1,579)	(2,489)	(1,579)
Capital element of PFI, LIFT and other service concession payments		(12,882)	(7,490)	(12,882)	(7,490)
Interest on loans		(4)	(2)	(4)	(2)
Interest paid on lease liability repayments		(394)	(126)	(394)	(126)
Interest paid on PFI, LIFT and other service concession obligations		(10,454)	(13,973)	(10,454)	(13,973)
PDC dividend (paid)		(6,615)	(4,549)	(6,615)	(4,549)
Net cash flows (used in) financing activities		**1,292**	**(11,405)**	**1,292**	**(11,405)**
Increase / (decrease) in cash and cash equivalents		**(106)**	**(10,921)**	**84**	**(11,009)**
Cash and cash equivalents at 1 April - brought forward		**43,307**	**54,229**	**41,899**	**52,909**
Cash and cash equivalents at 31 March	23	**43,201**	**43,307**	**41,983**	**41,899**

Information on reserves

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

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

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

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the 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 20.

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Note 1 Accounting policies and other information

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 2023/24 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 Trust is the corporate trustee to Great Western Hospitals NHS Foundation Trust charitable fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

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 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 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 enable 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.

The Trust recognises income earned for patient care delivered during the financial year 2023/24 following the NHS contract and NHS Payment system rules. Payment is expected to be made in line with standard NHS payment terms for patient care delivered in the period covered.

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 NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within 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 differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 100% of the tariff price.

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 and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations 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 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.

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 into 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 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 an annual desktop valuation and impairment reviews in other years. The valuations 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 desktop valuation exercise was carried out in March 2024 with a valuation date of 31 March 2024.

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 and LIFT 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.

Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability.

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the 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.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Comparatives for PFI, LIFT and other service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

Useful lives of property, plant and equipment

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

	Min life	Max life
	Years	Years
Buildings, excluding dwellings	7	55
Dwellings	35	35
Plant & machinery	5	15
Information technology	5	12
Furniture & fittings	2	10

Note 1.9 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	8

Note 1.10 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.

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 1.11 Cash and cash equivalents

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

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

Note 1.12 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

Financial assets 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 are 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). 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 or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

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

The Trust has identified three main classes of receivables: Overseas, Non-NHS and NHS. The 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 1.13 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 trust does not apply lease accounting to new contracts for the use of intangible assets.

The 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 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 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 Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

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. 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 Trust as a lessor

The 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 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 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 in 2022/23
IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was 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 were only 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 were not revisited.

The 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 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 was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were 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 had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor
Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was been reassessed with reference to the right of use asset.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount.

The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
	Exceeding 40 years	4.40%	3.00%

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 2023:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: minus 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 27.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 28 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 28, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

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

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 1.17 Value added tax

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

Note 1.18 Corporation tax
The Trust has accessed that it has no liabilities for Corporation tax under the activities for which tax may be payable as described below for the year 2023/24 (2022/23 £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 1.19 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 1.20 Third party assets
Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.21 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

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

Note 1.22 Gifts
Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.23 Early adoption of standards, amendments and interpretations
Subsequent to year end IFRS18 presentation and disclosure in financial statements was issued in April 2024 and is not yet effective, therefore not applied. IFRS17 insurance contracts - Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM which is expected to be from April 2025: early adoption is therefore not permitted. The standard is not expected to have a material impact on the accounts.

Note 1.24 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:

An assessment of the Trust's Private Finance Initiative (PFI) scheme has been made and it has been determined that the PFI scheme in respect of the main hospital building and the downsview residence buildings should be accounted for as an on Statement of Financial Position asset under IFRIC 12. This is on the grounds that the Trust controls, or regulates through contract and key performance indicators, what services the PFI operator must provide with the property, to whom it must provide them and at what price. The Trust will control the residual interest in the building at the end of the contract term. The impact on the accounts is that the PFI buildings are included in the accounts as property, plant and equipment, and a financial liability is recognised relating to the remaining term of the PFI contract. The PFI assets are valued at £157.7m as at 31 March 2024, as per note 14.3.

The value of the PFI liability as at 31 March 2024 is £105.9m as per note 28.1

Note 1.25 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. During the year the District Valuer provided the Foundation Trust with a valuation of its land and building assets. Estimates include the remaining life of each asset, and BCIS estimates published in March 2024 for Tender Price Index and Location Factors which are subject to change. Based on sensitivity analysis for the change in buildings of the BCIS by 5% this could be £9m effect.

PFI Lifecycle Prepayment
The PFI Lifecycle Prepayment is £13.4m. The Foundation Trust maintains an estimate of the value of outstanding lifecycle works by comparing the amount paid over to the THC for lifecycle with an estimate of the work done in the last year. The starting point of this estimation was 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. Based on sensitivity analysis this could vary between £1m - £2m.

Note 1.26 Prior Period Adjustment

In the prior year, revaluation gains on land and property assets of £11,477k was incorrectly netted off against impairment losses on land and property assets. This resulted in an understatement of revaluation gains recognised in OCI and impairment losses recognised in the net deficit for the year by £11,477k. The accounts have been restated to correct the classification error between revaluation gains and impairment losses as follows:

Impact of the correction of the prior year error.

	Previous	Change	Restated 22/23
Statement of Comprehensive Income	**£000**	**£000**	**£000**
Operating expenses	(475,039)	(11,477)	(486,516)
Surplus/(deficit) for the year	(12,962)	(11,477)	(24,439)
Other Comprehensive Income			
Revaluations	12,476	11,477	23,953
Total Comprehensive income / (expense) for the period	(499)	-	(499)
Statement of Financial Position			
Revaluation reserve	54,484	11,477	65,961
Income and expenditure reserve	(43,720)	(11,477)	(55,197)
Operating expenses note (Note 6)			
Net Impairments	(12,679)	(11,477)	(24,156)

This restatement has also been reflected within the reconciliation of net cash flows from operating activities.

Note 2 Operating Segments

For 2023/24 the Trust's Board has determined that the Foundation Trust operates as the Trust, and the NHS Charity.

The Chief Operating Decision Maker for these operating segments is the Trust Board.

2023/24	**GWH**	**Charity**	**Total**
	£000	**£'000**	**£'000**
Operating Income	479,827	0	479,827
Other operating income	31,296	744	32,040
Total Income	**511,123**	**744**	**511,867**
Pay	(316,130)	-	(316,130)
Other Operating Expenditure	(175,494)	(663)	(176,157)
Total Operating Expenditure	**(491,624)**	**(663)**	**(492,287)**
EBITDA	**19,499**	**81**	**19,580**
Non-Operating Expenditure	(29,351)	60	(29,291)
Surplus / (Deficit)	**(9,852)**	**141**	**(9,711)**

The Trust's Balance Sheet is not reported at segmental level.

2022/23	**GWH**	**Charity**	**Total**
	£'000	**£'000**	**£'000**
Operating Income	451,680	-	451,680
Other operating income	27,862	562	28,424
Total Income	**479,542**	**562**	**480,104**
Pay	(299,277)	-	(299,277)
Other Operating Expenditure	(186,146)	(1,093)	(187,239)
Total Operating Expenditure	**(485,423)**	**(1,093)**	**(486,516)**
EBITDA	**(5,881)**	**(531)**	**(6,412)**
Non-Operating Expenditure	(18,041)	-	(18,041)
Other (Losses)	(23)	-	(23)
Share of profit joint venture	37	-	37
(Deficit)	**(23,908)**	**(531)**	**(24,439)**

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)	**2023/24**	**2022/23**
	£000	**£000**
Income from commissioners under API contracts - fixed element*	355,056	338,884
High cost drugs income from commissioners	34,594	37,341
Other NHS clinical income	20,986	5,972
Community services		
Income from commissioners under API contracts*	32,167	30,772
Income from other sources (e.g. local authorities)	4,516	2,710
All services		
Private patient income	2,773	2,229
Elective recovery fund	7,177	9,521
National pay award central funding***	203	9,235
Additional pension contribution central funding*	12,382	11,205
Other clinical income	9,973	3,811
Total income from activities	**479,827**	**451,680**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation. https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**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.

***In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

Note 3.2 Income from patient care activities (by source)

	2023/24	**2022/23**
Income from patient care activities received from:	**£000**	**£000**
NHS England	67,061	74,768
Clinical commissioning groups	-	81,652
Integrated care boards	398,246	285,082
Other NHS providers	400	1,454
NHS other	39	103
Local authorities	5,558	5,476
Non-NHS: private patients	2,773	2,228
Non-NHS: overseas patients (chargeable to patient)	431	280
Injury cost recovery scheme	763	(820)
Non NHS: other	4,556	1,457
Total income from activities	**479,827**	**451,680**
Of which:		
Related to continuing operations	479,827	451,680
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2023/24	2022/23
	£000	£000
Income recognised this year	431	280
Cash payments received in-year	574	144
Amounts added to provision for impairment of receivables	37	359
Amounts written off in-year	58	104

Note 4 Other operating income (Group)

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	703	-	**703**	827	-	**827**
Education and training	16,918	466	**17,384**	16,877	381	**17,258**
Non-patient care services to other bodies	4,141	-	**4,141**	3,676	-	**3,676**
Reimbursement and top up funding	-	-	**-**	336	-	**336**
Receipt of capital grants and donations and peppercorn leases	-	219	**219**	-	369	**369**
Charitable and other contributions to expenditure	-	147	**147**	-	826	**826**
Charitable fund incoming resources	-	744	**744**	-	562	**562**
Other income	8,702	-	**8,702**	4,570	-	**4,570**
Total other operating income	**30,464**	**1,576**	**32,040**	**26,286**	**2,138**	**28,424**
Of which:						
Related to continuing operations			32,040			28,424
Related to discontinued operations			-			-

Note 4.1 Other income (Group)

	2023/24	2022/23
	£000	£000
Car Parking income	1,257	1,128
Catering	59	4
Pharmacy sales	795	881
Staff accommodation rental	543	875
Non-clinical services recharged to other bodies	-	(11)
Other income not already covered (recognised under IFRS 15)*	6,048	1,693
	8,702	**4,570**

* This is made up of EPR income, PCN income, SLA income, Domestic services income, apprenticeship income, mortuary, staff secondments and property rentals

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

	2023/24	2022/23
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	4,554	3,284

Note 5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2024 £000	31 March 2023 £000
within one year	6,505	7,702
after one year, not later than five years	448	562
after five years	-	-
Total revenue allocated to remaining performance obligations	**6,953**	**8,264**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2023/24	2022/23
	£000	£000
Income from services designated as commissioner requested services	470,324	447,642
Income from services not designated as commissioner requested services	9,503	4,038
Total	**479,827**	**451,680**

Note 6.1 Operating expenses (Group)

	2023/24	2022/23 As restated
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,049	3,401
Purchase of healthcare from non-NHS and non-DHSC bodies	1,315	2,162
Staff and executive directors costs	315,047	299,113
Remuneration of non-executive directors	246	164
Supplies and services - clinical (excluding drugs costs)	43,932	36,855
Supplies and services - general	2,804	2,512
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	44,683	42,588
Consultancy costs	13	337
Establishment	16,169	15,713
Premises	8,543	10,084
Transport (including patient travel)	1,941	1,970
Depreciation on property, plant and equipment	15,193	15,056
Amortisation on intangible assets	1,952	2,116
Net impairments	1,083	24,156
Movement in credit loss allowance: contract receivables / contract assets	23	223
audit services- statutory audit	223	154
Internal audit costs	139	139
Clinical negligence	12,448	12,509
Legal fees	814	735
Insurance	64	210
Education and training	2,670	2,193
Expenditure on short term leases	153	370
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	16,442	14,257
Losses, ex gratia & special payments	13	17
Other NHS charitable fund resources expended	656	1,086
Other	1,672	(1,604)
Total	**492,287**	**486,516**
Of which:		
Related to continuing operations	492,287	486,516
Related to discontinued operations	-	-

Note 6.2 Other auditor remuneration (Group)

External auditors have not carried out any non-audit services in the period 2023/24, hence no non-audit fee is paid to external auditors in 2023/24 or 2022/23.

Note 6.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1 million (2022/23: £1 million).

Note 7 Impairment of assets (Group)

	2023/24	2022/23 As restated
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	1,083	24,156
Total net impairments charged to operating surplus / deficit	**1,083**	**24,156**
Impairments charged to the revaluation reserve	(2,195)	(941)
Total net impairments	**(1,112)**	**23,215**

Note 8 Employee benefits (Group)

	2023/24 Total	2022/23 Total
	£000	£000
Salaries and wages	236,648	215,242
Social security costs	25,193	23,463
Apprenticeship levy	1,201	1,023
Employer's contributions to NHS pensions	40,543	36,876
Pension cost - other	585	1,011
Other employment benefits	228	-
Temporary staff (including agency)	10,649	21,498
Total staff costs	**315,047**	**299,113**
Of which		

Note 8.1 Retirements due to ill-health (Group)

During 2023/24 there were no early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is nil (£64k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% from 1 April 2024 (previously 20.6%).

As set out in the accounting policy 1.6, the Trust also has employees who are members of the National Employment Savings Trust (NEST). Membership of this scheme is not material to the Foundation Trust's accounts.

Note 10 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	1,823	784
NHS charitable fund investment income	60	28
Total finance income	**1,883**	**812**

Note 11 Finance expenditure (Group)

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

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	4	2
Interest on lease obligations	431	126
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	10,454	7,256
Contingent finance costs*	-	6,717
Remeasurement of the liability resulting from change in index or rate*	15,048	-
Total interest expense	**25,937**	**14,101**
Unwinding of discount on provisions	43	36
Total finance costs	**25,980**	**14,137**

* From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI, LIFT and other service concession liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. More information is provided in Note 30.

Note 12 Other gains / (losses) (Group and Trust)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	-	141
Losses on disposal of assets	-	(164)
Total gains / (losses) on disposal of assets	**-**	**(23)**
Fair value gains / (losses) on investment properties	(652)	-
Total other gains / (losses)	**(652)**	**(23)**

Note 13.1 Intangible assets - 2023/24

Group and Trust	Software licences	Licences & trademarks	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**8,780**	**1,079**	**1,102**	**10,962**
Additions	59	-	2,128	**2,187**
Reclassifications	1,000	148	(838)	**310**
Valuation / gross cost at 31 March 2024	**9,839**	**1,227**	**2,392**	**13,459**
Amortisation at 1 April 2023 - brought forward	**3,663**	**798**	**-**	**4,461**
Provided during the year	1,810	142	-	**1,952**
Amortisation at 31 March 2024	**5,473**	**940**	**-**	**6,413**
Net book value at 31 March 2024	**4,367**	**287**	**2,392**	**7,046**
Net book value at 1 April 2023	**5,118**	**281**	**1,102**	**6,501**

Note 13.2 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 - as previously stated	**6,318**	**989**	**1,141**	**8,449**
Additions	83	-	789	**872**
Reclassifications	2,475	90	(828)	**1,737**
Disposals / derecognition	(96)	-	-	**(96)**
Valuation / gross cost at 31 March 2023	**8,780**	**1,079**	**1,102**	**10,962**
Amortisation at 1 April 2022 - as previously stated	**1,725**	**691**	**-**	**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**	**798**	**-**	**4,461**
Net book value at 31 March 2023	**5,118**	**281**	**1,102**	**6,501**
Net book value at 1 April 2022	**4,594**	**298**	**1,141**	**6,033**

Note 14.1 Property, plant and equipment - 2023/24

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2023 - brought forward	**23,910**	**173,178**	**4,250**	**20,322**	**30,373**	**24,401**	**1,727**	**278,161**
Additions	-	1,587	-	29,036	743	1,293	135	**32,794**
Reversals of impairments	-	2,195	-	-	-	-	-	**2,195**
Revaluations	40	(6,535)	100	-	-	-	-	**(6,395)**
Reclassifications	-	1,646	-	(6,650)	3,068	1,483	143	**(310)**
Disposals / derecognition	-	-	-	(1,431)	-	-	-	**(1,431)**
Valuation/gross cost at 31 March 2024	**23,950**	**172,071**	**4,350**	**41,277**	**34,184**	**27,177**	**2,005**	**305,014**
Accumulated depreciation at 1 April 2023 - brought forward	**-**	**67**	**-**	**-**	**13,746**	**11,776**	**248**	**25,836**
Provided during the year	-	5,635	120	-	3,333	3,839	324	**13,251**
Impairments	-	1,397	-	-	-	-	-	**1,397**
Reversals of impairments	-	(314)	-	-	-	-	-	**(314)**
Revaluations	-	(6,583)	(120)	-	-	-	-	**(6,703)**
Accumulated depreciation at 31 March 2024	**-**	**202**	**-**	**-**	**17,079**	**15,615**	**572**	**33,467**
Net book value at 31 March 2024	**23,950**	**171,869**	**4,350**	**41,277**	**17,106**	**11,562**	**1,433**	**271,547**
Net book value at 1 April 2023	**23,910**	**173,111**	**4,250**	**20,322**	**16,628**	**12,625**	**1,479**	**252,324**

Note 14.2 Property, plant and equipment - 2022/23

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	As restated £000	£000	£000	£000	£000	£000	As restated £000
Valuation / gross cost at 1 April 2022 - as previously stated	**26,955**	**171,217**	**3,500**	**26,819**	**28,920**	**20,781**	**446**	**278,638**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2022 - restated	**26,955**	**171,217**	**3,500**	**26,819**	**28,920**	**20,781**	**446**	**278,638**
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)**
Reversals of impairments	-	941	-	-	-	-	-	**941**
Revaluations	(3,045)	(748)	750	-	-	-	-	**(3,043)**
Reclassifications	-	11,785	-	(17,049)	1,839	953	98	**(2,374)**
Disposals / derecognition	-	(962)	-	-	(771)	-	(25)	**(1,757)**
Valuation/gross cost at 31 March 2023	**23,910**	**173,178**	**4,250**	**20,322**	**30,373**	**24,401**	**1,727**	**278,161**
Accumulated depreciation at 1 April 2022 - as previously stated	**-**	**10,696**	**187**	**-**	**10,585**	**8,339**	**178**	**29,984**
IFRS 16 implementation - reclassification to right of use assets	-	-	-	-	(551)	-	-	**(551)**
Provided during the year	-	5,282	93	-	4,502	3,479	82	**13,438**
Impairments	-	11,275	-	-	-	-	-	**11,275**
Revaluations	-	(25,775)	(280)	-	-	-	-	**(26,055)**
Reclassifications	-	(574)	-	-	(45)	(42)	(1)	**(662)**
Disposals / derecognition	-	(837)	-	-	(745)	-	(11)	**(1,593)**
Accumulated depreciation at 31 March 2023	**-**	**67**	**-**	**-**	**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**	**12,442**	**269**	**248,653**

Note 14.3 Property, plant and equipment financing - 31 March 2024

Group	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	23,950	14,181	-	41,277	16,176	11,562	1,433	**108,579**
On-SoFP PFI contracts and other service concession arrangements	-	157,688	4,350	-	-	-	-	**162,038**
Owned - donated/granted	-	-	-	-	930	-	-	**930**
NBV total at 31 March 2024	**23,950**	**171,869**	**4,350**	**41,277**	**17,106**	**11,562**	**1,433**	**271,547**

Note 14.4 Property, plant and equipment financing - 31 March 2023

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
		As restated						As restated
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	23,910	12,326	-	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 15 Donations of property, plant and equipment

The Foundation Trust has received donated assets during the year. The value of these items 2023/24 £0.2m (2022/23 £0.8m) has been provided by Bath, North East Somerset, Swindon and Wiltshare Integrated Care Board , National Institute for Health And Care Research, Swindon Borough Council and Salix Finance Ltd and are included within the accounts

Note 16 Revaluations of property, plant and equipment

The District Valuer, who is a member of the RICS and is independent of the Trust, undertook a valuation of the Trust's land and buildings as at 31 March 2024. This recognised £2,503k as an upwards revaluation against the revaluation reserve and £1,083k as an impairment against the operating deficit. For the comparison based on the prior period adjustment for 2022/23, £23,953 was recognised as an upwards revaluation against the revaluation reserve and £24,156k as an impairment against the operating deficit.

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 17 Leases - Great Western Hospitals NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust leases property (not including the main hospital site) from NHS Property Services, which is predominantly for space or buildings. The Trust also leases plant and equipment which comprises predominantly of medical equipment, office equipment or motor vehicles through leasing commercial arrangements.

The Trust has applied IFRS16 to account for lease arrangements from 1 April 2022.

Note 17.1 Right of use assets - 2023/24

Group and Trust	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**10,610**	**5,109**	**164**	**15,883**	**10,610**
Transfers by absorption	-	-	-	**-**	-
Additions	-	319	107	**426**	-
Remeasurements of the lease liability	(127)	(1,584)	(35)	**(1,746)**	(127)
Valuation/gross cost at 31 March 2024	**10,483**	**3,844**	**236**	**14,563**	**10,483**
Accumulated depreciation at 1 April 2023 - brought forward	**797**	**1,317**	**55**	**2,169**	**797**
Provided during the year	1,074	814	54	**1,942**	1,074
Accumulated depreciation at 31 March 2024	**1,871**	**2,131**	**109**	**4,111**	**1,871**
Net book value at 31 March 2024	**8,612**	**1,713**	**127**	**10,452**	**8,612**
Net book value at 1 April 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	8,612

Note 17.2 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
Valuation / gross cost at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**	**-**
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
Additions	-	-	137	**137**	-
Valuation/gross cost at 31 March 2023	**10,610**	**5,109**	**164**	**15,883**	**10,610**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**	**-**
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 at 1 April 2022	**-**	**-**	**-**	**-**	**-**

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 17.3 Revaluations of right of use assets

The RoU assets were reviewed to identify any revaluations, lease liability remeasurements or impairments such as change in lease contract and agreements. As a result of this there is £1,746 lease liability remeasurement.

Note 17.4 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 26.

	Group and Trust	
	2023/24	**2022/23**
	£000	**£000**
Carrying value at 1 April	**13,362**	**847**
IFRS 16 implementation - adjustments for existing operating leases	-	13,957
Lease additions	10,237	137
Lease liability remeasurements	(1,746)	-
Interest charge arising in year	431	126
Lease payments (cash outflows)	(2,883)	(1,705)
Carrying value at 31 March	**19,401**	**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 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

No income generated from subleasing right of use assets was recognised in revenue from operating leases.

Note 17.5 Maturity analysis of future lease payments at 31 March 2024

	Group and Trust	
	Total	Of which leased from DHSC group bodies:
	31 March 2024	**31 March 2024**
	£000	**£000**
Undiscounted future lease payments payable in:		
- not later than one year;	2,235	1,183
- later than one year and not later than five years;	7,180	4,553
- later than five years.	12,450	4,220
Total gross future lease payments	**21,865**	**9,956**
Finance charges allocated to future periods	(2,464)	(1,214)
Net lease liabilities at 31 March 2024	**19,401**	**8,742**
Of which:		
Leased from other NHS providers		-
Leased from other DHSC group bodies		8,742

Note 17.6 Maturity analysis of future lease payments at 31 March 2023

	Group and Trust	
	Total	Of which leased from DHSC group bodies:
	31 March 2023	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 finance lease liabilities at 31 March 2023	**13,362**	**9,852**
Of which:		
Leased from other NHS providers		-
Leased from other DHSC group bodies		9,852

Note 18 Investment Property

The Investment Property comprises of IFRS16 leases which relate to buildings for primary care network. The Trust no longer provides this service for primary care network and are now recovering the IFRS16 lease cost from the relevant GP Practice.

	Group		Trust	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
Carrying value at 1 April - brought forward	**-**	**-**	**-**	**-**
Acquisitions in year	9,811	-	9,811	-
Movement in fair value	(652)	-	(652)	-
Carrying value at 31 March	**9,159**	**-**	**9,159**	**-**

Note 18.1 Investment property income and expenses (Group and Trust)

	2023/24	2022/23
	£000	£000
Direct operating expense arising from investment property which generated rental income in the period	418	-
Direct operating expense arising from investment property which did not generate rental income in the period	-	-
Total investment property expenses	**418**	**-**
Investment property income	418	-

Note 19 Investments in joint ventures

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.

The joint venture of 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 2023/24, Wiltshire Health and Care LLP reported a breakeven position (2022/23 £0.1m), of which one third has been recognised in the Trust accounts.

	Group and Trust	
	2023/24	**2022/23**
	£000	**£000**
Carrying value at 1 April - brought forward	**163**	**126**
Share of profit / (loss)	-	37
Carrying value at 31 March	**163**	**163**

Note 20 Analysis of charitable fund reserves

The GWH Trust Charitable Funds have been consolidated within this set of accounts

	31 March 2024	**31 March 2023**
	£000	**£000**
Unrestricted funds:		
Unrestricted income funds	127	63
Restricted funds:		
Other restricted income funds	962	789
	1,089	**852**

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 21 Inventories

	Group and Trust	
	31 March 2024	31 March 2023
	£000	£000
Drugs	1,708	1,626
Consumables	3,508	3,632
Energy	146	157
Other	112	5
Total inventories	**5,474**	**5,419**

Inventories recognised in expenses for the year were £89,387k (2022/23: £80,382k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £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 2023/24 the Trust received £127k of items purchased by DHSC (2022/23: £808k).

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.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 22.1 Receivables

	Group	
	31 March 2024	31 March 2023
	£000	£000
Current		
Contract receivables	11,534	15,190
Allowance for impaired contract receivables / assets	(1,603)	(2,055)
Prepayments (non-PFI)	1,840	2,305
PFI lifecycle prepayments	13,387	10,772
PDC dividend receivable	1,932	-
VAT receivable	232	1,320
Corporation and other taxes receivable	24	-
Other receivables	657	681
NHS charitable funds receivables	4	57
Total current receivables	**28,007**	**28,270**
Non-current		
Other receivables	446	588
Total non-current receivables	**446**	**588**
Of which receivable from NHS and DHSC group bodies:		
Current	9,983	15,368
Non-current	446	588

Note 22.2 Allowances for credit losses - 2023/24

	Group Contract receivables and contract assets
	£000
Allowances as at 1 Apr 2023 - brought forward	**2,055**
New allowances arising	55
Reversals of allowances	(32)
Utilisation of allowances (write offs)	(475)
Allowances as at 31 Mar 2024	**1,603**

Note 22.3 Allowances for credit losses - 2022/23

	Group Contract receivables and contract assets
	£000
Allowances as at 1 Apr 2022 - as previously stated	**1,950**
New allowances arising	32
Changes in existing allowances	191
Utilisation of allowances (write offs)	(118)
Allowances as at 31 Mar 2023	**2,055**

Note 23 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	
	2023/24	2022/23	2023/24	2022/23
	£000	£000	£000	£000
At 1 April	**43,307**	**54,229**	**41,899**	**52,909**
Net change in year	(106)	(10,922)	84	(11,010)
At 31 March	**43,201**	**43,307**	**41,983**	**41,899**
Broken down into:				
Cash at commercial banks and in hand	1,232	1,419	14	11
Cash with the Government Banking Service	41,969	41,888	41,968	41,888
Total cash and cash equivalents as in SoFP	**43,201**	**43,307**	**41,983**	**41,899**

Note 24 Trade and other payables

	Group	
	31 March 2024	31 March 2023
	£000	£000
Current		
Trade payables	8,788	6,412
Capital payables	9,520	8,851
Accruals	21,890	34,440
Social security costs	6,793	6,071
PDC dividend payable	-	140
Pension contributions payable	4,181	3,376
Other payables	-	(13)
NHS charitable funds: trade and other payables	133	613
Total current trade and other payables	**51,305**	**59,890**
Of which payables from NHS and DHSC group bodies:		
Current	4,795	3,447
Non-current	-	-

Note 25 Other liabilities

	Group and Trust	
	31 March 2024	31 March 2023
	£000	£000
Current		
Deferred income: contract liabilities	6,505	7,702
Total other current liabilities	**6,505**	**7,702**
Non-current		
Deferred income: contract liabilities	448	562
Total other non-current liabilities	**448**	**562**

Note 26 Borrowings

	Group and Trust	
	31 March 2024	31 March 2023
	£000	£000
Current		
Loans from DHSC	111	112
Other loans	4,311	-
Lease liabilities	1,872	1,999
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	10,998	8,190
Total current borrowings	**17,292**	**10,301**
Non-current		
Loans from DHSC	55	165
Lease liabilities	17,530	11,363
Obligations under PFI, LIFT or other service concession contracts	94,850	68,199
Total non-current borrowings	**112,434**	**79,727**

Note 26.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2023/24	Loans from DHSC	Other loans	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2023	**277**	**-**	**13,362**	**76,389**	**90,028**
Cash movements:					
Financing cash flows - payments and receipts of principal	(110)	4,311	(2,489)	(12,882)	**(11,170)**
Financing cash flows - payments of interest	(4)	-	(394)	(10,454)	**(10,852)**
Non-cash movements:					
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	27,293	**27,293**
Additions	-	-	10,237	-	**10,237**
Lease liability remeasurements	-	-	(1,746)	-	**(1,746)**
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	-	15,048	**15,048**
Application of effective interest rate	3	-	431	10,454	**10,888**
Carrying value at 31 March 2024	**166**	**4,311**	**19,401**	**105,848**	**129,727**

Group - 2022/23	Loans from DHSC	Other loans	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2022	**387**	**-**	**847**	**83,879**	**85,113**
Prior period adjustment	-	-	-	-	**-**
Carrying value at 1 April 2022 - restated	**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**

Note 27 Provisions for liabilities and charges analysis (Group and Trust) - 2023/24

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	**823**	**750**	**441**	**2,036**	**4,050**
Arising during the year	40	14	203	118	**375**
Utilised during the year	(128)	(38)	(264)	-	**(430)**
Reversed unused	-	-	-	(118)	**(118)**
Unwinding of discount	17	26	-	-	**43**
At 31 March 2024	**752**	**752**	**380**	**2,036**	**3,920**
Expected timing of cash flows:					
- not later than one year;	129	39	-	24	**192**
- later than one year and not later than five years;	623	713	380	2,012	**3,728**
- later than five years.	-	-	-	-	**-**
Total	**752**	**752**	**380**	**2,036**	**3,920**

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 (£0.4m), PFI lifecycle provision (£0.5m), VAT Review ris k £0.8m)and additional pension provision not relating to early departure or injury benefits.

Note 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 2023	**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 2024	**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	-	-	**637**
Total	**823**	**750**	**441**	**2,036**	**4,050**

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 27.1 Clinical negligence liabilities

At 31 March 2024, £137,959k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Great Western Hospitals NHS Foundation Trust (31 March 2023: £276,945k).

Note 28 Private Finance Initiative Contracts

Group and Trust
PFI schemes on-Statement of Financial Position

The Trust has 1 PFI scheme which is deemed to be on-Statement of Financial Position at the period end. This is for the Main Hospital and Brunel Treatment Centre and Downsview Residences (treated as one agreement).

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.

Note 29 On-SoFP PFI, LIFT or other service concession arrangements

Note 29.1 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 2024	31 March 2023
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**150,424**	**102,334**
Of which liabilities are due		
- not later than one year;	23,157	14,701
- later than one year and not later than five years;	112,379	62,415
- later than five years.	14,888	25,218
Finance charges allocated to future periods	(44,576)	(25,945)
Net PFI, LIFT or other service concession arrangement obligation	**105,848**	**76,389**
- not later than one year;	10,998	8,190
- later than one year and not later than five years;	81,108	44,992
- later than five years.	13,742	23,207

Note 29.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	Group and Trust	
	31 March 2024	31 March 2023
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**299,917**	**282,534**
Of which payments are due:		
- not later than one year;	46,952	41,203
- later than one year and not later than five years;	199,843	172,398
- later than five years.	53,122	68,933

Note 29.3 Analysis of amounts payable to service concession operator
This note provides an analysis of the unitary payments made to the service concession operator:

	Group and Trust	
	2023/24	2022/23
	£000	£000
Unitary payment payable to service concession operator	**45,260**	**40,202**
Consisting of:		
- Interest charge	10,454	7,256
- Repayment of balance sheet obligation	12,882	7,490
- Service element and other charges to operating expenditure	16,442	14,257
- Capital lifecycle maintenance	5,482	4,482
- Contingent rent	-	6,717
Total amount paid to service concession operator	**45,260**	**40,202**

Note 30 Impact of change in accounting policy for on-SoFP PFI, LIFT and other service concession liabilities

IFRS 16 liability measurement principles have been applied to PFI, LIFT and other service concession arrangement liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred.

The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

Note 30.1 Impact of change in accounting policy on the allocation of unitary payment

	IFRS 16 basis (new basis)	IAS 17 basis (old basis)	Impact of change
	2023/24	2023/24	2023/24
	£000	£000	£000
Unitary payment payable to service concession operator	**45,260**	**45,260**	**-**
Consisting of:			
- Interest charge	10,454	6,615	**3,839**
- Repayment of balance sheet obligation	12,882	8,085	**4,797**
- Service element	16,442	16,442	**-**
- Lifecycle maintenance	5,482	5,482	**-**
- Contingent rent	-	8,636	**(8,636)**

Note 30.2 Impact of change in accounting policy on primary statements

Impact of change in PFI accounting policy on 31 March 2024 Statement of Financial Position:	**£000**
Increase in PFI / LIFT and other service concession liabilities	(37,544)
Decrease in PDC dividend payable / increase in PDC dividend receivable	1,136
Increase in cash and cash equivalents (impact of PDC dividend only)	-
Impact on net assets as at 31 March 2024	**(36,408)**

Impact of change in PFI accounting policy on 2023/24 Statement of Comprehensive Income:	**£000**
PFI liability remeasurement charged to finance costs	(15,048)
Increase in interest arising on PFI liability	(3,839)
Reduction in contingent rent	8,636
Reduction in PDC dividend charge	1,136
Net impact on (deficit)	**(9,115)**

Impact of change in PFI accounting policy on 2023/24 Statement of Changes in Equity:	**£000**
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	(27,293)
Net impact on 2023/24 (deficit)	(9,115)
Impact on equity as at 31 March 2024	**(36,408)**

Impact of change in PFI accounting policy on 2023/24 Statement of Cash Flows:	**£000**
Increase in cash outflows for capital element of PFI / LIFT	(4,797)
Decrease in cash outflows for financing element of PFI / LIFT	4,797
Net impact on cash flows from financing activities	**-**

Note 31 Financial instruments

Note 31.1 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. 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 2024 are in receivables from The Hospital Company for PFI Lifecycle, and customers, as disclosed in note 21 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 2024 £000	31 March 2023 £000
By up to three months	679	899
By three to six months	109	174
By more than six months	223	501
	1,011	1,574

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 31.2 Carrying values of financial assets (Group and Trust)

Carrying values of financial assets as at 31 March 2024	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	9,460
Other investments / financial assets	-
Cash and cash equivalents	41,983
Consolidated NHS Charitable fund financial assets	1,222
Total at 31 March 2024	**52,665**

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
Other investments / financial assets	-
Cash and cash equivalents	41,899
Consolidated NHS Charitable fund financial assets	1,465
Total at 31 March 2023	**55,463**

Note 31.3 Carrying values of financial liabilities (Group and Trust)

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	166
Obligations under leases	19,401
Obligations under PFI, LIFT and other service concessions	105,848
Other borrowings	4,311
Trade and other payables excluding non financial liabilities	38,223
Provisions under contract	3,920
Consolidated NHS charitable fund financial liabilities	133
Total at 31 March 2024	**172,002**

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**

Book value balances on the Statement of Financial Position are at fair value.

Note 31.4 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 2024	31 March 2023
	£000	£000
In one year or less	68,363	71,371
In more than one year but not more than five years	123,343	71,235
In more than five years	27,338	31,526
Total	**219,044**	**174,132**

Note 32 Losses and special payments

	2023/24		2022/23	
Group and Trust	**Total number of cases**	**Total value of cases**	**Total number of cases**	**Total value of cases**
	Number	**£000**	**Number**	**£000**
Losses				
Bad debts and claims abandoned	54	63	64	120
Total losses	**54**	**63**	**64**	**120**
Special payments				
Compensation under court order or legally binding arbitration award	2	27	-	-
Ex-gratia payments	25	13	21	13
Special severance payments	1	12	-	-
Total special payments	**28**	**52**	**21**	**13**
Total losses and special payments	**82**	**115**	**85**	**133**

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. (2022/23 - 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 33 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 2024 £000	31 March 2023 £000
Pooled Budget Income:		
Swindon Borough Council	1,104	1,053
NHS Swindon (BANES, Swindon and Wiltshire ICB)	134	654
Great Western Hospitals NHS Foundation Trust	676	127
Total Income	1,914	1,834
Pooled Budget Expenditure		
Total equipment services expenditure	2,666	2,410
Less children services contract recharge	(39)	(39)
Less Dept HDP Claim	(240)	-
Less adult social care discharge fund	-	(109)
Less Department of Health covid claim	-	(427)
Toal Expenditure	2,387	1,834
Total (Deficit)	**(473)**	-

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	(273)	-
NHS Swindon (BANES, Swindon and Wiltshire ICB)	(33)	-
Great Western Hospitals NHS Foundation Trust	(167)	-
Total Deficit	**(473)**	-

Note 34 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

Note 35 Events after the reporting date

There are no events after the reporting period which would affect the figures in these accounts, nor which require disclosure.

Great Western Hospitals
NHS Foundation Trust

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