

Great Western Hospitals NHS Foundation Trust Annual Report and Accounts 2024/25

Great Western Hospitals NHS Foundation Trust

Annual Report and Accounts 2024/25

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

6Contents

Statement from our Chair and Chief Executive	6
 Performance Report	
- Overview of Performance	9
- Performance Analysis	18
 Accountability Report	
- Directors' Report	48
- Remuneration Report	77
- Staff Report	90
- Code of Governance for NHS Provider Trusts	106
- NHS Oversight Framework	110
- Statement of Accounting Officer's Responsibilities	111
- Annual Governance Statement	113
 Auditor's Report	133
 Annual Accounts 2024/25	
- Foreword	139
- Notes to Accounts	146

STATEMENT FROM OUR CHAIR AND CHIEF EXECUTIVE

Welcome to our Annual Report and Accounts for 2024/25.

This was a particularly challenging year for frontline teams and our staff have worked extremely hard to continue to provide high quality care to our patients.

The challenges we have faced, with high attendances in urgent and emergency care, delays caused to ambulance crews waiting to hand over their patients to our clinicians, and difficulties discharging some medically fit patients from hospital, are not unique to our organisation.

We are pleased that our overall waiting list has fallen but we are aware that many of our patients are still waiting much longer than we would ever wish them to.

The NHS is operating in a financially challenged environment however we were able to make an adjusted surplus of £1.4m this year (£0.2m 2023/24). Our unadjusted position was a deficit of £13.8m. Adjustments included impairments (£18.6m), Capital donations (£0.2m), centrally-procured stock (£0.1m) and technical PFI accounting adjustments (-£3.7m). In year we delivered savings of £18.4m against a plan of £21.9m (2023/24 £14.4m against a plan of £16.7m). However, we face a bigger requirement to make savings in 2025/26, totalling £32.4m, and are actively looking for ideas for how we can do this.

Despite the challenges, we have been able to invest in our infrastructure, and this year we were delighted to welcome Her Majesty The Queen to officially open our £33.5m urgent and emergency care development, the biggest ever investment in Swindon's healthcare infrastructure. This day was a real milestone in the history of our Trust, and Swindon, and we were pleased that Her Majesty The Queen was able to meet so many of our staff, volunteers, and patients on the day.

The new facility will improve the experience of patients and help our staff to be able to deliver great care every day.

In 2024/25 the Care Quality Commission (CQC) has inspected some of our services on two occasions.

We have made a number of improvements in patient care and we were pleased that the CQC gave us a Good rating in unscheduled medical care services following an inspection in May and June 2024.

In March 2025, the CQC carried out an unannounced inspection of our surgical wards. At the time of writing the final report had not been published, but we were pleased that inspectors felt they had received a positive reception from both staff and patients.

Our Quality Accounts provides more detail on our aspirations for 2025/26 and we will focus on:

1. Measuring and improving compliance with the Sepsis 6 Bundle - a set of six evidence-based actions that should be initiated within one hour of identifying sepsis.
2. Putting the hospital to bed – ensuring that patients get a good night's sleep and receive consistent levels of care throughout the day and night.
3. Supporting patients to self-administer their own medications

We have strengthened our collaborative working arrangements in recent years and this year our Trust Board, along with the Boards of Salisbury NHS Foundation Trust and Royal United Hospitals Bath NHS Foundation Trust decided to form a joint group partnership. The joint group partnership model means that the three organisations

remain separate so they can represent their communities, but it has the flexibility to enable the trusts to work at scale to take strategic decisions which benefit the group as a whole and the patients we serve.

The joint group partnership will be known as BSW Hospitals Group and Cara Charles-Barks took up her role as our first Group Chief Executive in November 2024.

Cara will be supported by Managing Directors at each of the three hospitals, who will provide day-to-day leadership.

The decision to form a Group represents an opportunity to tackle the challenges we once faced individually, together.

It also gives us the opportunity to do much more for our patients and help to meet the ambition and opportunity of the forthcoming 10 Year Plan.

This plan will focus on three shifts: from analogue to digital, from hospital to community, and from treatment to prevention.

We continue to work hard to integrate care following the Integrated Care Board awarding the contract for the provision of adult community services in Swindon and Wiltshire to HCRG Care Group which came into effect from 1 April 2025.

Our thanks go to the many of our community staff who were transferred over to HCRG and continue to provide great care in their new roles.

This change gave us the opportunity to re-shape the structure of our three clinical divisions, which had served us well for several years and our new clinical divisions as of 1 April 2025 will be as follows:

- Surgery and Planned Care
- Family and Specialist Services
- Medicine

These divisions are supported by a range of corporate teams which include HR, Finance, Estates & Facilities and Information Technology.

As a Group we are working to deliver our shared Electronic Patient Record, as we work towards the 2026 go live of our new system, which will improve both patient care and staff experience.

We were pleased to have the best response rate in the country to the national NHS staff survey. The views of 71 per cent of our staff, or 4,200 individuals, were published and will be used to shape our improvement work over the next 12 months. We were pleased to improve in several areas compared to last year, including in continuous learning, safety and wellbeing and recognition. The areas where we did not perform as well will be used to form our action plan for 2025/26.

More than 1,000 staff have now been trained in our Improving Together methodology and way of working and we are pleased that this approach received national recognition this year.

As we look to the future, we engaged with a number of staff, patients, and stakeholders to help shape our new local strategic direction which was published in April 2025 and puts collaboration and partnership at the heart of what we do. Themes of integration, co-creation, prevention and patient-centred care are central to everything. Further detail about our strategic direction can be found on our website at www.gwh.nhs.uk/about-us/how-we-are-performing/strategies-and-plans

At Board level, we have appointed Benny Goodman as our Chief Operating Officer, with Felicity Taylor-Drewe moving to another Trust.

Following Lisa Cheek's retirement, we appointed Luisa Goddard as our Chief Nurse.

In early April 2025 we interviewed for the substantive Managing Director positions at each of our three Trusts. Our current interim Managing Director Jon Westbrook will retire in June 2025.

As a Board we continue to work to develop both individually and collectively and our thanks go to those Non-Executive Directors and associate Non-Executive Directors whose terms came to an end in 2024/25.

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.

Finally, 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/>



Liam Coleman
Chair
Date : 26 June 2025



Cara Charles-Barks
Chief Executive
Date : 26 June 2025

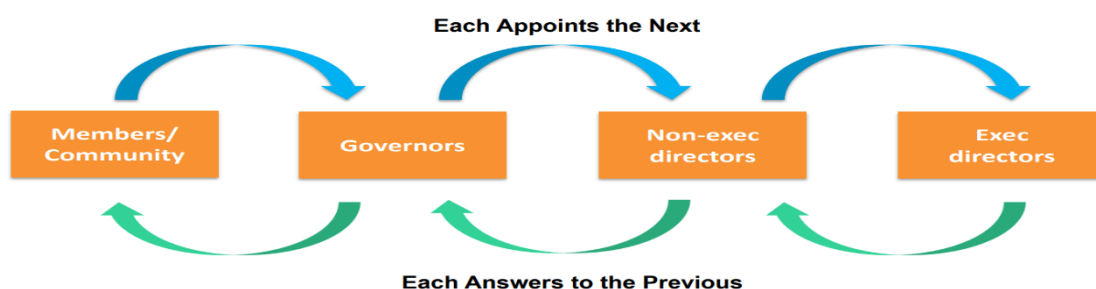
PERFORMANCE REPORT

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. However in 2024 BSW ICB carried out a competitive procurement process which invited organisations to submit their vision for the provision of community-based services across the provider landscape to develop a consistency and equity of service, that was deemed to be required, as the current service model consists of 3 providers (Wiltshire Health and Care, HCRG in Banes, and GWH) who have all developed their own services and models of care. HCRG Care Group won the bid starting with a new contract from the 1 April 2025.

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 Board 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. Due to the transfer of community services to HRCG Care Group on 1 April 2025 the Trust took the opportunity to re-shape the structure and our new clinical divisions and in 2025/26 the new structure includes three clinical divisions, supported by corporate teams, but these have been rebalanced to ensure equity in terms of size, clinical risk and challenge from regulators.

The three divisions are:

- Surgery and Planned Care Division
- Family and Specialist Services Division
- Medicine Division

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 for Wiltshire patients which transferred to the Royal United Hospitals Bath NHS FT following competitor tender.
- During 2015/16 the Trust established a Joint venture, Wiltshire Health & Care LLP (a limited liability partnership) with Royal United Hospitals NHS FT and Salisbury NHS FT to deliver Wiltshire Adult Community Services.
- 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 new Emergency Department opened in September 2024.
- In Summer of 2024 the three Boards of the acute trusts within BSW; Great Western Hospitals Foundation Trust (GWH); Royal United Hospitals Bath NHS Foundation Trust (RUH) and Salisbury NHS Foundation Trust (SFT) approved the development of a joint group partnership to enable closer working across the three organisations to be known as the BSW Hospitals Group.

- The Integrated Care Board also awarded the contract for the provision of adult community services in Swindon and Wiltshire to HCRG Care Group.

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

Updating our strategy

Throughout 2024/25 the Trust continued delivering its 5-year strategy 2019-2024 and we completed the work on our 'Trust Strategy 2024+'. Throughout the summer of 2024 significant engagement activity took place to ensure the refreshed strategy was co-created with staff, local communities, partners and our stakeholders, and to also consider strategies and priorities developed across the newly formed joint group partnership. Over 2,000 people helped to shape the new strategic direction through face-to-face engagement events, surveys and meetings, with staff, volunteers, patients, public and partner organisations. This invaluable feedback has given us a better understanding of what is important to our patients, staff and local people. This engagement will continue throughout the next three years as we develop services in partnership with the people who use them and know them best.

Our priorities in 2024/25 are shown below, these have been refreshed for 2025/26.

 <p>Outstanding patient care and a focus on quality improvement in all that we do</p>	 <p>Staff & volunteers feeling valued and involved in helping improve quality of care for patients</p>	 <p>Improving quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers</p>	 <p>Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care</p>
<p>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.</p>	<p>Achieve top 20% in the National NHS Staff Survey and achieve upper quartile in staff retention rate</p>	<p>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.</p>	<p>Services should be operating within the top quartile of Model Hospital, offering best value for money.</p>

Who we are

Our Trust runs the Great Western Hospital, and is part of the BSW Hospitals Group.

130,453 emergency and urgent attendances in 2024/25 (compared to 127,814 the previous year)

4,000 babies delivered each year

283,984 community contacts in 2024/25

584 Volunteers providing support to our staff and patients per month

We have **5,389** staff (4,721 WTE) which equates to:

1,074 Admin and Clerical

417 Allied Health Professionals

761 Medical and dental

127 Non-clinical support

403 Scientific, therapeutic and technical

1,756 Registered nursing and midwifery

851 Unregistered nursing and midwifery

57% of our staff identify as White British. Of the 30% 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	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
New Outpatients	156,797	145,603	168,597	147,574	154,009	185,913
Follow Up Outpatients	276,855	223,045	246,124	250,786	265,950	290,439
Day Cases	39,841	28,008	36,593	39,063	41,763	46,492
Emergency Inpatients (Non-Elective)	46,197	37,918	45,046	42,111	45,164	46,787
Elective Inpatients	5,698	3,967	5,585	5,693	4,956	4,945
Emergency Department Attendances	75,783	50,935	65,198	63,239	63,188	65,185
Urgent Treatment Centre	34,277	34,916	52,239	59,733	64,626	65,268
Total	635,448	524,392	619,382	608,199	639,656	705,029

Overall Emergency Department and Urgent Care attendances have continued the year-on-year increase and exceeded pre-Covid 2019/20 levels in the last four years. The Urgent Treatment Centre's attendances have continued to grow since 2019/20 and in 2024/25 have again exceeded the total ED attendance volumes.

Outpatient activity has also continued year-on-year increases, with a significant rise in both first and follow up appointments taking volumes above pre-covid 2019/20 levels.

Total Elective inpatient and day case activity was once again higher than that delivered in the previous year, particularly driven by a large increase in the volume of Day Cases, exceeding 2019/20 activity levels for the second successive year.

GWH Swindon Community	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Admitted Patients	899	1,292	1,716	1,543	1,252	976
Community Contacts	218,561	237,652	267,902	279,950	277,678	283,984

Working in Partnership

The Boards of Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust, and Salisbury NHS Foundation Trust agreed to form a group in 2024.

This decision followed years of increasingly close working as part of a provider collaborative called the Acute Hospital Alliance, which in 2023 was selected as the only South West representative to join the first wave of NHS England's new Provider Collaborative Innovators Scheme.

We decided to work together as a group because we want to deliver high quality care for our population. Through working as a group, we increase our ability to improve patient care and how we use our resources.

Becoming a group gives us an opportunity to build on the successes we had as an Acute Hospital Alliance, including introducing robotic surgery to our system, developing the Sulis orthopaedic hub and community diagnostics centres, a successful joint business case to purchase a shared Electronic Patient Record, and creating a joint procurement function.

In November 2024 Cara Charles-Barks began her role as Chief Executive of each of the three Trusts, and of the BSW Hospitals Group. Cara has worked in the BSW system for eight years, having been Chief Executive of both Salisbury and the RUH.

The Chief Executive role is the golden thread between the three Trusts, working to ensure we realise our shared ambition and potential to make the care we provide truly exceptional.

The appointment provides an opportunity to take a more strategic approach, plan further into the future, and ensure we make the best decisions for our population.

The Chief Executive is supported at each Trust by a managing director who will be involved in co-creating and designing the vision and strategy, and leading teams to implement it. The managing directors are responsible for the day-to-day leadership at the Trusts. Interviews for these substantive posts took place in April 2025.

Our leadership team will be values-based, and they will role model the behaviours we expect everyone to demonstrate – how we do things is just as important as what we do.

To realise the opportunities and make large-scale transformation we need to get the basics right, with our organisational performance being critical. Getting this right will enable us to build the confidence that we can be truly transformative.

In 2025/26 we plan to appoint a Joint Chair and establish a Joint Committee to help oversee our work together. We held our first Board to Board meeting in January, giving Board members from the three Trusts the opportunity to reflect on our collective challenges and opportunities, and agreed to hold further joint development sessions in 2025-26.

We are now focussing on establishing our group operating model and our shared Strategic Planning Framework, which provides clarity on our priorities and is an enabler to transform clinical and corporate services. Our shared strategic priorities have been agreed under the vision 'Working Together, Learning Together, Improving Together' as:

1. Shared Strategy and Planning
2. Transforming our Model of Care for the population we serve
3. Financial Recovery and Sustainability
4. Group Mobilisation and Development
5. Achieving Digital Maturity

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 2024/25 are described in the Annual Governance Statement.

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 23 June 2025 and the Auditor's opinion on the Financial Statements was an unmodified audit opinion.

Summary of the year End Position for Great Western Hospital 2024/25 Trust Only

	Plan £'m	Actual £'m	Variance £'m
Surplus / (Deficit) Reported in Statement of Comprehensive Income	6.1	(13.8)	(19.9)
Add back all I&E impairments / (reversals)	0	18.6	18.6
Remove capital donations / grants / IFRS16 PFI I&E impact	(6.1)	(3.5)	2.6
Surplus before impairments and transfers	0	1.3	1.3
Remove net impact of DHSC centrally procured inventories	0	0.1	0.1
Adjusted financial performance surplus	0	1.4	1.4

Prior Year 2023/24

	Plan £'m	Actual £'m	Variance £'m
(Deficit) Reported in Statement of Comprehensive Income	(0.2)	(9.9)	(9.7)
Add back all I&E impairments / (reversals)	0	1.1	1.1
Remove capital donations / grants I&E impact	0.2	9.0	8.8
Surplus / (before impairments and transfers	0	0.2	0.2
Remove net impact of DHSC centrally procured inventories	0	0	0
Adjusted financial performance surplus	0	0.2	0.2

The adjusted outturn for the Trust for 2024/25, was a surplus of £1.4m, which was £1.4m better than the breakeven plan. The original plan was a £10.2m deficit. In year, the full £10.2m was funded with cash to become

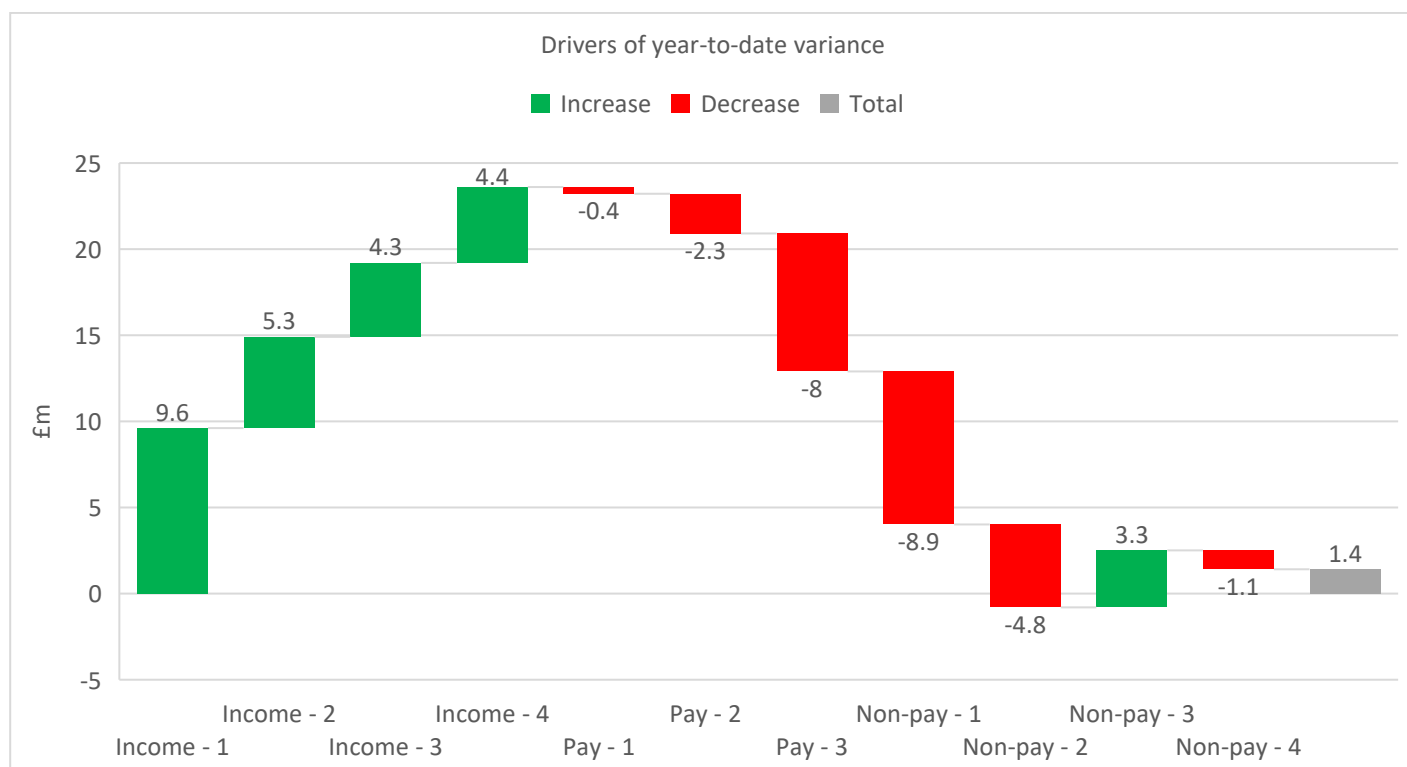
a breakeven plan. The final position was a £1.4m surplus for the Trust, which contributed to the final system break even position.

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

- Income was £44.3m above plan (note that the plan has not been adjusted for central additional pension contribution). The main drivers of the variance were:
 - £20.3m - Additional pension contribution
 - £9.6m - Elective activity
 - £5.3m - NHSE high-cost drug over performance
 - £4.4m - Additional peripheral contract income and backdated 23/24 pay award
 - £4.7m - Other operating income, including £2.9m Education & Training
- Pay expenditure was £31.0m above plan. This was predominantly driven by:
 - £20.3m notional pension costs covered by notional pension income
 - £0.4m industrial action related costs offset by income
 - £8.0m of temporary staffing costs relating to vacancies, escalation and mental health provision
 - £2.3m of under-delivery of pay efficiencies
- Non Pay expenditure was £11.5m above plan. This related to:
 - £8.9m of overspends in clinical supplies and outsourcing, particularly within Medicine and Surgery, Women's and Children's. A proportion of these costs relate to delivering additional ERF activity and will, therefore, be partially offset by income.
 - £4.8m on drugs and devices, £3.1m of which is passthrough related and offset by income.
 - £1.1m of undelivered efficiencies
 - (£3.3m) of underspends on finance related costs (depreciation, interest and PDC dividend)
- Savings delivered totalled £18.4m against a target of £21.9m, an under-achievement of £3.5m. Of the savings delivered, £9.0m were achieved recurrently and £9.4m were delivered non-recurrently.

The cash balance at year end was £43.6m (Trust only £42.5m), compared to a plan of £29.6m. The improvement was driven by the deficit plan being funded and cash backed during the year. Cash is on a par with 2023/24, when it was £43.2m (Trust only £41.9m).

Drivers of the in-year variance are shown in the waterfall below:



Key:

Income 1 - ERF overperformance

Income 2 - NHSE drugs overperformance

Income 3 - Additional peripheral contract income/backdated pay award

Income 4 - Other operating income, including E&T income

Pay 1 - Industrial action costs, offset by income

Pay 2 - Undelivered efficiency savings

Pay 3 - Temporary staffing costs

Non-pay 1 - Clinical supplies/outsourcing

Non-pay 2 - Drug costs

Non-pay 3 - Underspends on finance related costs

Non-pay 4 - Undelivered efficiencies

Joint Venture

In July 2016, Wiltshire Health and Care (a limited liability partnership (LLP) and joint venture created between Great Western Hospitals Foundation Trust, Salisbury Foundation Trust and the Royal United Hospitals NHS Foundation Trust commenced its £40 million a year contract to deliver seamless and improved community services across Wiltshire.

The Trust along with Royal United Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust, are working with local third sector, end of life, primary care, community services and mental health services to consider how we can work together to support transformation of community services in future.

The Wiltshire Health and Care contract was moved and ceased trading on the 1st April 2025.

Wiltshire Health & Care LLP has reported an in-year breakeven position (2023/24 Breakeven). 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 (SOCl) (ref note 19).

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 account's 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.

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future (for at least 12 months from approval of this report). For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

PERFORMANCE REPORT

PERFORMANCE ANALYSIS

Our Achievements in 2024/25

We are proud of many of the things we achieved in 2024/25.

We held a ribbon-cutting ceremony to mark the progress made on our £33.5m Integrated Front Door with a patient whose experience as a wheelchair user helped shape the design of the building.

This was followed in January 2025 with the official opening of the new urgent and emergency service by Her Majesty The Queen. This was an historic day for both the Trust and Swindon and we were pleased that Queen Camilla was able to meet more than 100 staff, volunteers and patients on the day.

We also opened a new Children's Emergency Unit, marking the first time we have had a dedicated paediatrics emergency space, with treatment rooms, high dependency bays and a resuscitation area.

We also marked the completion of the refurbishment work on our old Emergency Department, which reopened as a new Medical Assessment Unit.

This year we also opened the first stage of our Community Diagnostic Centre at West Swindon Health Centre. This investment in community-based services is part of the NHS Community Diagnostic Centre Programme which is bringing a wide range of diagnostic tests closer to home for hundreds of patients, reducing the need for hospital visits and potentially expediting treatment. A mobile radiology unit opened to patients in April this year providing CT and MRI scanning, and the expanded health centre provides new cardiac, respiratory and ultrasound tests and investigations. The next phase will see an endoscopy unit open on the site in 2025, which will help to tackle the backlog for tests and checks patients are waiting for, while reducing hospital visits and offering a more convenient option for patients.

We received two CQC inspections in 2024 on to our surgical wards and one to Medical Care. In March 2025, the CQC carried out an unannounced inspection of our surgical wards. At the time of writing the final report had not been published, but we were pleased that inspectors felt they had received a positive reception from both staff and patients. Between 16 May to 28 June 2024 CQC visited Medical Care, and looked at the quality statements across all 5 key questions: Safe, Effective, Caring, Responsive and Well-Led, and following the assessment the CQC rated as Good.

We marked World Patient Safety Day with a number of guest speakers joining an online seminar, including a focus on HIV testing with a powerful patient story.

Our work to implement a shared electronic patient record across our Trust and the RUH and SFT continued, as we work towards the 2026 go live of our new system, which will improve both patient care and staff experience.

As part of our ward accreditation programme we presented staff from a number of wards with certificates to recognise their commitment to reaching a good rating this year. This programme drives forward patient safety work by focusing on engaging and empowering staff at every level to improve quality on adult inpatient wards.

We launched a new rehabilitation concept, the open Gym, which is helping to improve the recovery of patients who have had a stroke by increasing access to this facility.

Our Cardiology team was rated as the best team in the UK for teaching by specialist registrars in district general hospitals.

Our Anaesthetic Department was awarded the prestigious Anaesthesia Clinical Services Accreditation, following significant improvements being made to their service leading to enhanced safety, streamlined processes, and better outcomes for patients.

We invested £1m in our equipment for our theatre services in order to improve the stability of our services and the care we are able to provide for our patients.

We introduced a new manikin in our Children's Emergency Unit to improve staff knowledge and understanding of patients with Down's Syndrome.

Our outpatient hypertension pathway was selected by Health Innovation West of England to be rolled out across the west. This service empowers women at high risk of hypertension during pregnancy to keep healthy and well at home.

We held the first ever research event in Swindon for patients living with Motor Neurone Disease, in partnership with Prospect Hospice and the Motor Neurone Disease Association.

We continue to work to improve the quality of the care we provide every day and more than 1,000 staff have now been trained in our Improving Together methodology and way of working. This approach was recognised at the HSJ Partnership Awards for its contribution to NHS services.

Work to develop an inclusive culture continued and this year we:

- Celebrated the graduation of our first cohort of EDI Champions, who work right across the Trust to advocate for equality, diversity and inclusion.
- Held an EDI Champion Celebration Event with staff able to find out more about becoming a champion and also learning about other ways to be an ally.
- Held our first ever Equality, Diversity and Inclusion Conference which focused on Allyship: Unlocking Inclusive Leadership.
- Marked Pride Month with a range of events including a bake off competition and encouraging staff to demonstrate their commitment to LGBTQ+ colleagues by becoming an ally or champion.

Our response rate to the NHS Staff Survey was the highest in the country compared to other acute and community organisations.

The views of 71 per cent of our staff, or 4,200 individuals, were published and will be used to shape our improvement work over the next 12 months. We were pleased to improve in several areas compared to last year, including in continuous learning, safety and wellbeing and recognition. The areas where we did not perform as well will be used to form our action plan for 2025/26.

We had a total uptake of 58 per cent in our flu vaccination campaign, placing us first in the South West and 10th nationally.

We recognised that our staff do amazing work day in and day out and celebrate some of their achievements regularly through our STAR of the Month award, and our annual Staff Excellence Awards.

Our Great West Fest for staff, volunteers and their families was held for the fourth year, helping us to thank those who give so much each year to our organisation. More than 4,500 people attended this year's event.

We are committed to becoming a greener organisation and this year we marked Great Big Green Week for the first time. There is a lot of work underway to support our organisation to be Net Zero Carbon by 2040:

- Green NHS awarded us a Chief Sustainability Officer's Clinical Fellowship, providing funding to take forward our work.
- Our sustainability team was recognised in the BBC Make a Difference Awards, which celebrates local individuals and groups around Swindon and Wiltshire.
- We were selected as the first NHS England exemplar organisation for sustainable practices within infection prevention and control. This was great national recognition for the work done to reduce our carbon footprint through projects such as Green ED, the gloves off campaign, reuseable tourniquets and infectious waste.
- Our Emergency Department team became one of the first in the country to be given Silver Green ED Accreditation, recognising their hard work to reduce the carbon footprint in this part of the hospital.

Our Trust Board, along with the Boards of the Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust decided to establish a shared leadership model which will deliver better outcomes for the population we serve.

The BSW Hospitals Group was formed, and Cara Charles-Barks was appointed as our Group Chief Executive Officer. As we look to the future, we engaged with a number of staff, patients, and stakeholders to help shape our new local strategic direction which was published in April 2025 and puts collaboration and partnership at the heart of what we do. Themes of integration, co-creation, prevention and patient-centred care are central to everything. Further detail about our strategic direction can be found on our website at www.gwh.nhs.uk/about-us/how-we-are-performing/strategies-and-plans

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 CQC.

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 a further 279 staff received in-depth training in teams; this means we trained our 1000th staff member recently and 1100 staff have received Improving Together training (approximately 20% of staff). This year we have focused on inclusion of A3 thinking in resident doctor training and support alongside expansion of our Fast Track training and re-engaging ward areas who have previously been through training.

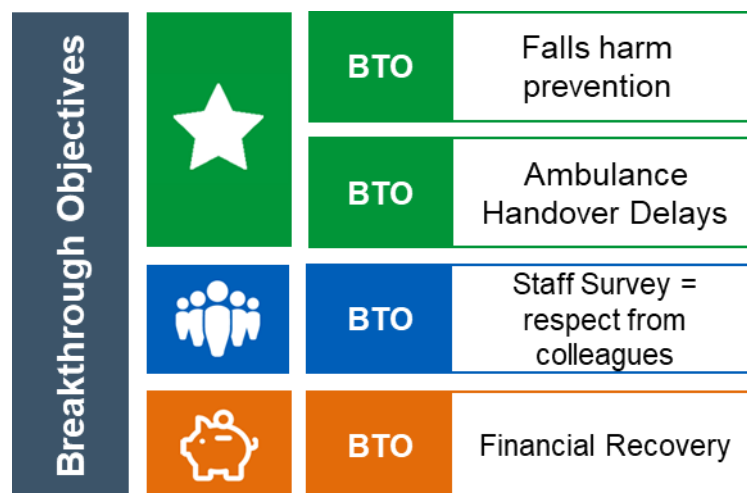
All Trusts across the BSW Hospital Group are taking an Improving Together approach, and we have more closely aligned our approach this year.

The Trust has twelve Improving Together pillar metrics, as shown in the diagram below, which are aligned to the strategic pillars (ref page 11) 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.

Pillar Metrics

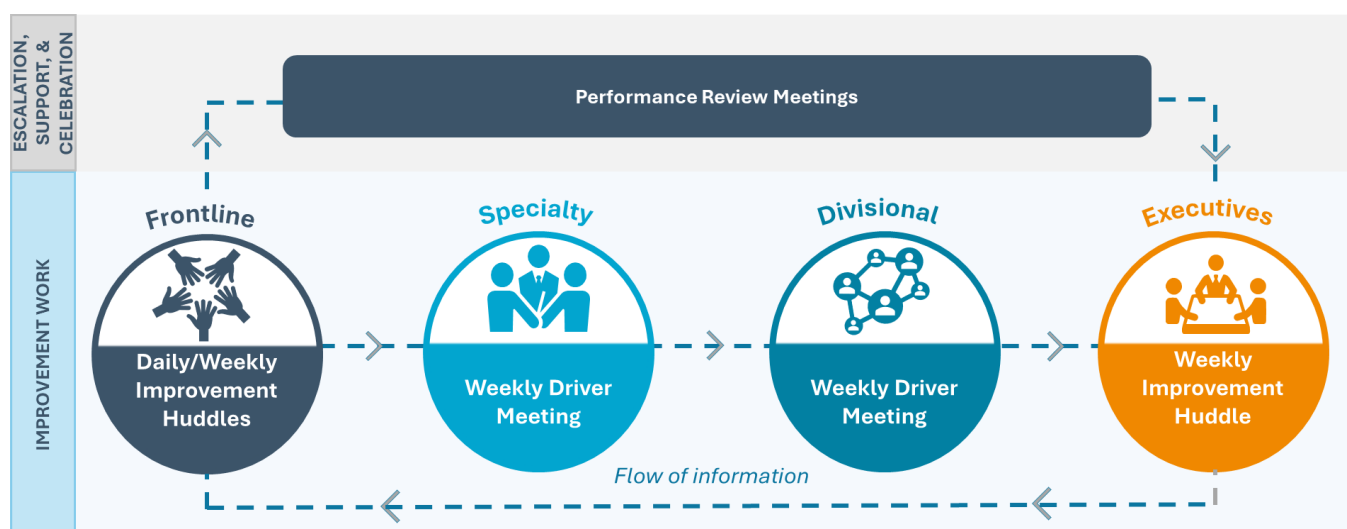
Pillar metrics	1	Reducing Harm	6	Staff Retention	9	Emergency Attendances	11	Sustainability / Carbon footprint
	2	FFT (Friends & Family Test)	7	Staff Survey - % Recommend	10	No Criteria to Reside	12	Trust Control Total / I & E (Improvement & Efficiency)
	3	Waiting list – over 52 week waiters	8	ED & I (Equality, Diversity, and Inclusion)				
	4	Cancer waiting times						
	5	Time in ED (Emergency Department)						

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. During 2024/25 we refreshed our breakthrough objectives so many have now been in place for 12 months.



GWH 2024/25 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.

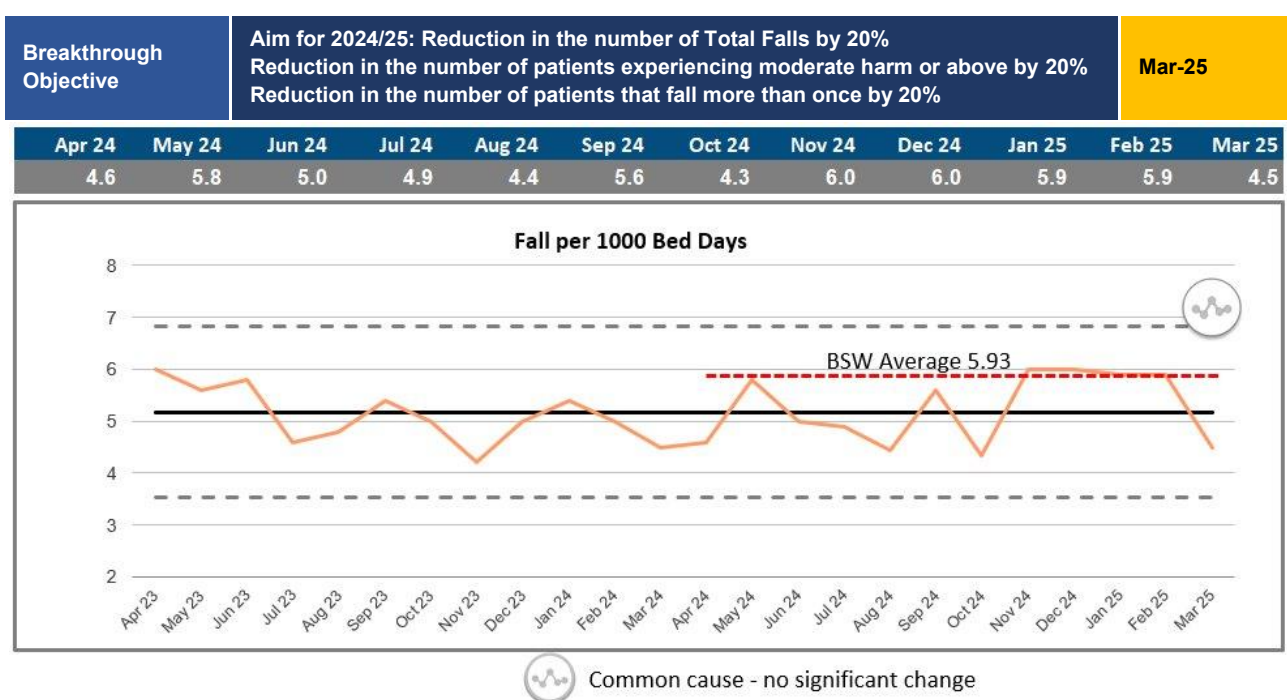
We also use benchmarking information to inform our assessment of the efficiency and effectiveness of our services in comparison to other providers. We undertake regular data quality audits and information is also triangulated with data from other sources, such as Trust Board and Board visits, complaints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

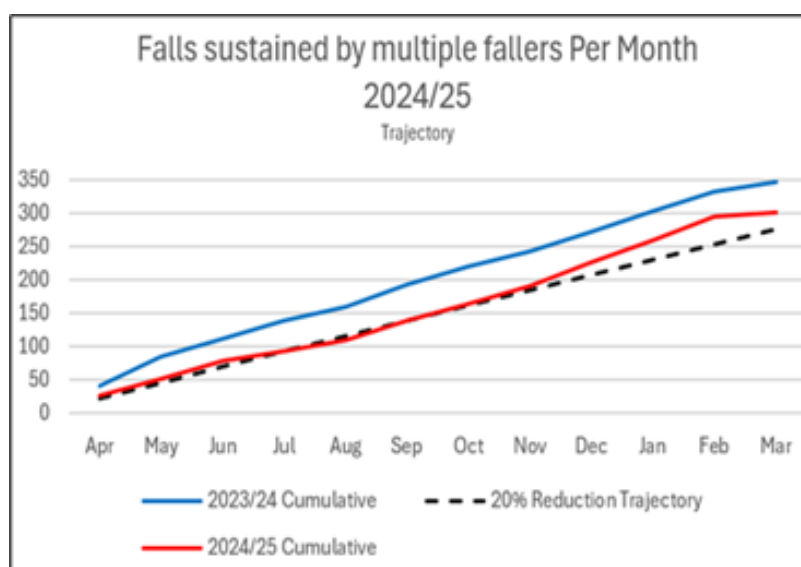
The level of improvement against the Breakthrough Objectives (BTO) can be seen below up to March 2025.

BTO 1 : Reducing Falls & Falls with Harm

Our information shows that inpatient falls are a top cause of moderate and above harm in the Trust. We know that patients falling in hospital contributes to harm and distress for patients and their families; the length of time patients stay in hospital and the treatment they need can be extended if they fall because we know that reducing inpatient falls will help the Trust to reduce harm, improve experience and reduce the financial burden of increased length of stay and costs of additional surgery/treatment. We are working hard to reduce the number of falls in hospital by 20% but we know the reasons people fall are complex and will take time to make a difference to, Reducing falls will remain a breakthrough objective in 2025/26.

We have improved our processes for falls assessment and updated assessment documentation alongside working on the main reasons people fall. New recliner chairs have been purchased for inpatient wards and we are changing the way we train and support staff to help prevent patients deconditioning in hospital. We have seen improvements in our data particularly with a reduction in patients who fall more than once, however, we need to keep working in this area.





BTO 2 : Ambulance Handover Delays

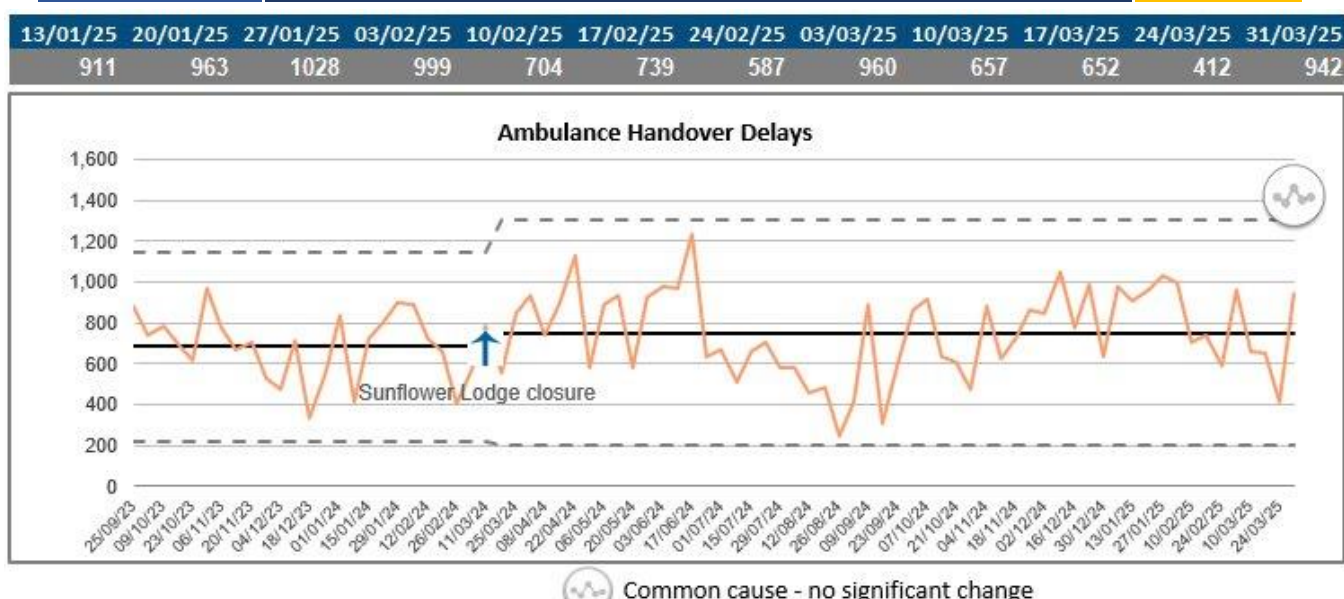
Ambulance handover delays impact the provision of outstanding care for our patients because patients are more likely to come to harm as a result of delays in diagnosis and access to ongoing care in hospital. There is also increased risk of harm to patients in the community if there are reduced ambulance resources to respond due to time spent at the hospital. We are working hard to reduce the number of hours ambulances spend waiting to handover patients. An average of 83 hours were lost per day in March 25, this was down from 92 hours in February 25. The Trust has been receiving support from the Emergency Care Intensive Support Team since October, we have made changes to our Same Day Emergency Care pathway to improve how many patients are treated on the day and have focused on patients being discharged earlier in the day. Whilst good progress is being made we will continue to focus on urgent and emergency care transformation in 2025/26 ensuring we create the greatest benefit possible from the new Emergency Department facilities.

Breakthrough Objective

Aim for 2024/25:

- Aim for 2024/25: To achieve and sustain a 30% reduction in weekly hours lost from ambulance handover delays, with no more than 500 hours lost per week, or 70 hours per day.

Mar-25



BTO 3: Staff Survey

Our breakthrough objective for the staff survey has been improving the agree/strongly agree response in the “I receive the respect I deserve from my colleagues at work” question. 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. The aim was to reach 75% in the staff survey. In the 2024 staff survey we saw a 0.3% increase in response from 2023 to 69.8% with some differences at divisional level. Work is ongoing and includes greater understanding of what respect looks like across our staff including in the areas and groups that give this question a lower score. Increasing senior leadership presence across the organisation with focused “go and see” visits. Review of the staff survey highlighted that unregistered nursing and midwifery staff are an area for focus and support is being developed for this group of staff. The Emergency Department have highlighted the violence at work policy for review and this is being led by the Health & Safety team.

The receive respect theme will remain a breakthrough objective for 2025/26

Breakthrough Objective	Aim for 2024/25: <ul style="list-style-type: none">To reach a Target Score of 75% in the National Staff Survey question: I receive the respect I deserve from my colleagues at work	Mar-25
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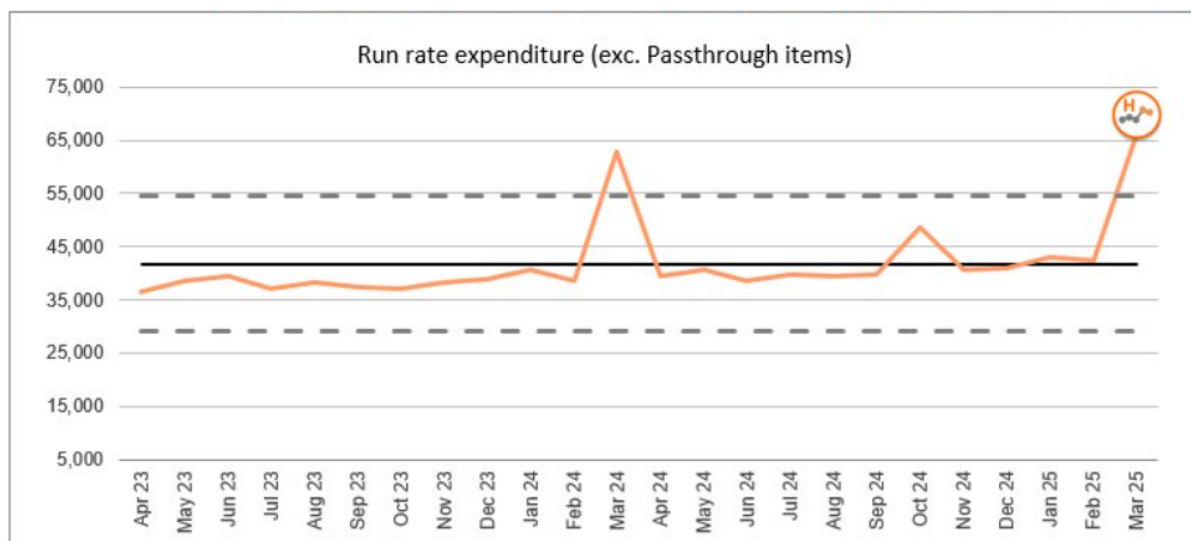


BTO 4: Financial Recovery

Financial recovery is essential to the organisational health of the Trust; making the most of the funding we have ensuring every pound is spent wisely. The financial recovery breakthrough objective has focused on understanding reasons for increases in run rate expenditure. Our efficiency plan delivered £18.4 million of savings against a plan of £21.2 million with the Trust increasing it's productivity, undertaking activity in ways that cost less than in the past. This supported us in delivering our agreed financial plan. The actions we took include focus on theatres efficiency reducing downtime between cases, increasing financial training for staff who control budgets, supporting teams to understand the cost of equipment they use to reduce waste, increase our environmental sustainability through reducing unnecessary use of items, review of all recruitment to prioritise clinical and patient supporting roles.

The financial position remains challenging and during 2025/26 the breakthrough objective will focus specifically on non-pay expenditure (spend linked to supplies and services).

Breakthrough Objective	<p>Aim for 2024/25:</p> <ul style="list-style-type: none"> Aim for 2024/25: To remain within our overall deficit plan by month for 24/25, having improved the underlying financial deficit position by the financial year end through delivery of recurrent Cost Improvement Plans. 	Mar-25
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At each year end, the spikes in expenditure are the costs for additional centrally-funded pension contributions that Trusts are asked to include in their financial statements. These are fully funded. For 2024/25 the value was £20.3m (2023/24 £12.4m).

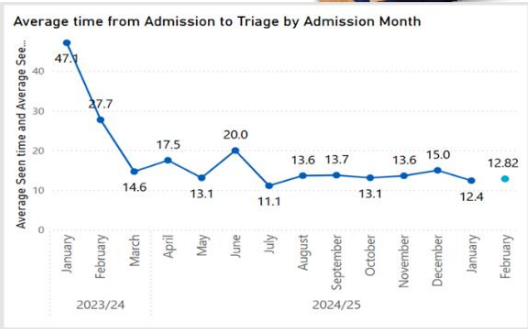
Alongside seeing improvements in our strategic priorities, we also hear from staff how much they value time and focus on Improving Together. Below is some of the feedback from our frontline teams who have undertaken the training and have started to implement improvement routines in their areas. We have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

- Reducing harms – Medicine division have seen a sustained reduction in pressure harms following changes to processes, ACU have had a period of 7 months without any pressure harms from September 2024
- Outstanding care – work on the Neonatal Ward on maintaining babies' temperatures when undertaking observations
- Outstanding care – Delivery Suite are in the early stages of making improvements to the theatre journey for women from a global majority background.
- Outstanding care – maternity have dramatically reduced the wait time from attendance to maternity triage – this improvement has been sustained throughout 2024/25
- Valued teams – the Academy team attended fast track training and have developed new ways of co-ordinating student placements reducing duplication between teams
- Improving staff morale – we have seen teams share 'thank you' with each other through postcards, whiteboards and "rate your day" initiatives.

"As a team accessing 'fast track' allowed us to put the 'theory into practice' with the experts from coach house supporting our implementation within our teams"



"Improvement huddles will empower every-one in the team to make suggestions for improvements and be fully involved in the changes"



"I wasn't expecting how well it would go, don't underestimate how positive people are to change"

Operational Performance 2024/25

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 2025 due to high bed occupancy and prevalence of flu and norovirus that affected the flow of patients out of the hospital. This in turn affected access times within the Emergency Department and 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.

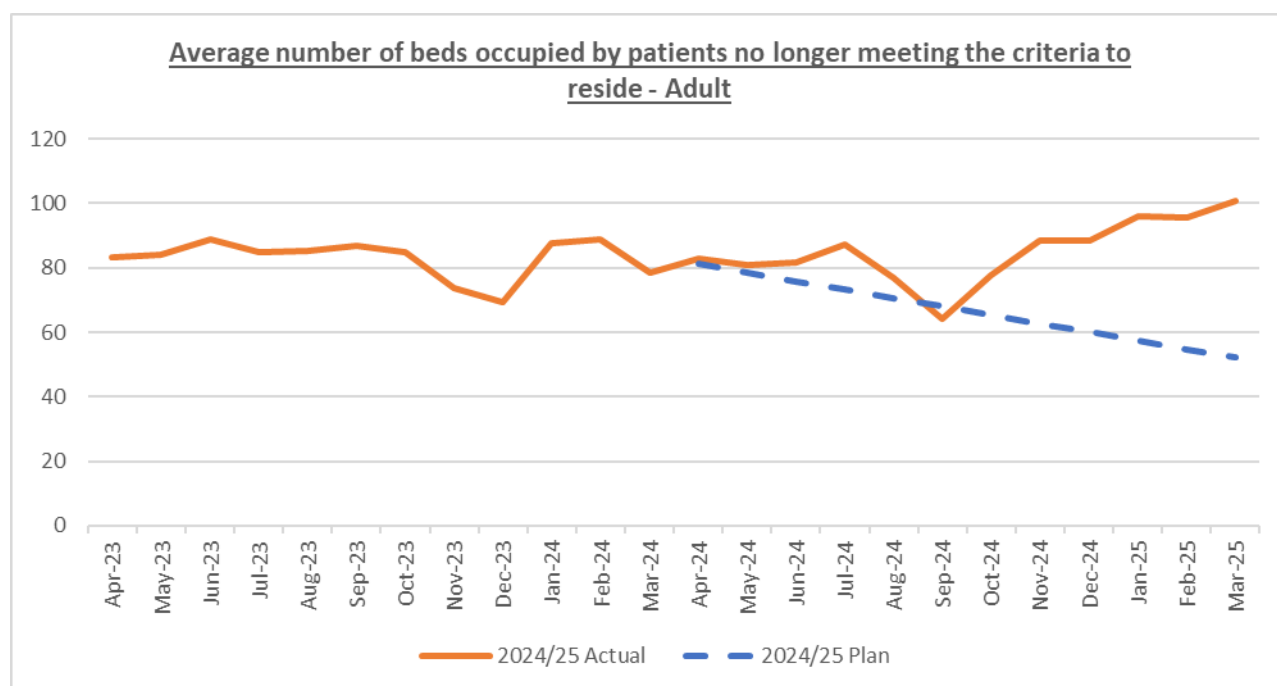
Our hospital typically runs at a high bed occupancy above 95% and bed capacity this year has been especially challenging as we have reconfigured our bed base to accommodate the building work and opening of the new Integrated Front door. The new Emergency Department opened in September 2024 and has a 60% bigger footprint with four more majors cubicles, four more resuscitation bays, two relative's rooms and a new patient health and wellbeing space.

However, this year we have experienced a 1.6% growth in overall attendances at the hospital compared to last year, which 2,000 more people receiving care. In addition to this, we have seen most growth concentrated within the majors part of the new department, with 3% more patients attending the "Type 1" majors part of the new Emergency Department, and with 4% more patients being admitted into the hospital.

This increase in demand continues to put additional pressure on the availability of space to accommodate this demand for patients, especially in relation to inpatient beds. We continue to work closely with our partners to improve demand management interventions to stream patients to alternative pathways and we have ambitious plans to improve our same day emergency care capability in the year ahead. We also continue to improve our ward processes and quality of our discharge planning, and whilst length of stay for our unscheduled care patients is one of the best in the South West region and in the top quartile nationally, we know we can do more.

A key area of focus remains in reducing the number of patients with no criteria to reside in hospital, which 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, and in turn improving access to care for patients, including those waiting for an ambulance in the community.

We set ambitious plans with our partners to reduce the proportion of beds occupied with patients not meeting the criteria to reside to under 10%, but at the end of the year this was reported at 19%.



The number of patients with no criteria to reside in hospital inevitably impacts flow throughout our front door areas and ultimately 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 2024, our performance on the number of patients with no criteria to reside and the number of patients occupying a bed for 21 days or more has deteriorated, and our four-hour Emergency Department performance ended the year at 70.1% compared to 78.1% in March the previous year. 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.

Our urgent and emergency care flow improvement and transformation work has focused on optimising pathways at the front door and we have introduced new pathways for consultant led rapid assessment and triage within the Emergency Department and extended our same day emergency hours for medical patients. The Trust has also reconfigured the bed base on specialty wards to co-locate assessment areas with the front door and improve the flow for patients to receive the right care at the right time. Our discharge planning work has focused on improving the proportion of patients that have been discharged on home first pathways and in March 2025 we achieved the highest ever volume of patients on Home first pathways with over 120 patients supported with bespoke packages of care. Data from April 2024 to January 2025 also shows that we are discharging 300 more patients a month using criteria led discharge.

The Trust recognises that there continues to be much more work to do to improve patient experience and timely access to care in our urgent and emergency care pathways. The Swindon Integrated Care Alliance Coordination Centre at the hospital continues to evolve and effective interfaces with partners including Swindon Borough Council, Wiltshire County Council, South Western Ambulance Service NHS Foundation Trust (SWASFT) and community services will remain pivotal to supporting patients in accessing the care they need 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 2024/25 with 38,190 patients on the waiting list, compared to around 19,900 just before the pandemic, although this does represent an improvement on the 39,330 at the end of 2023/24. At the end of 2024/25 950 patients had been waiting more than a year, down from 1,900 at the end of 2023/24 and 21 had been waiting 65 weeks or more, down from 82 at the end of 2023/24. These metrics demonstrate the considerable progress being made in reducing the longest waiting patients for elective care.

We have also made significant improvements in our access times for patients waiting for a diagnostic test and for patients waiting for a cancer diagnosis. Our diagnostic waiting list has reduced by almost 3,500 patients over the course of the year with over 90% of patients now waiting less than 6 weeks, compared to only 66% a year ago. Our turnaround times for cancer diagnosis has also improved to over 80% in the most recent validated quarter, having been below 60% in the same period a year before.

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. Recovery of elective access times continues to remain a top priority and we are developing new ways of working across the wider BSW Hospitals Group to see and treat patients as quickly as possible.

The table below shows the Trust's performance against the Key Operating Performance Framework for 2024/25.

Measure	National Target ¹	Local Target 2024/2025 ²	Performance 2023/2024	Performance 2024/2025
Emergency Department 4 hours Q1	95%	78%	75%	75%
Emergency Department 4 hours Q2	95%	78%	75%	77%
Emergency Department 4 hours Q3	95%	78%	73%	75%
Emergency Department 4 hours Q4	95%	78%	73%	72%
Referral to Treatment Waiting List	-	-	39,330	38,190
Referral to Treatment 52 Weeks	-	-	1,900	950
Diagnostics performance Q1	99%	99%	52%	71%
Diagnostics performance Q2	99%	99%	46%	80%
Diagnostics performance Q3	99%	99%	47%	85%
Diagnostics performance Q4	99%	99%	66%	91%
Cancer Performance (62 days) Q1	85%	85%	66%	65.2%
Cancer Performance (62 days) Q2	85%	85%	66%	69.7%
Cancer Performance (62 days) Q3	85%	85%	65%	74%
Cancer Performance (62 days) Q4	85%	85%	65.6%	73.1% ³
Cancer performance (2WW) Q1	93%	85%	70%	41.1%
Cancer performance (2WW) Q2	93%	93%	56%	65.7%
Cancer performance (2WW) Q3	93%	93%	44%	83.1%

Measure	National Target ¹	Local Target 2024/2025 ²	Performance 2023/2024	Performance 2024/2025
Cancer performance (2WW) Q4	93%	93%	56.1%	67.5% ³
Cancer performance (28 day) Q1	75%	75%	70%	65.2%
Cancer performance (28 day) Q2	75%	75%	63%	78.4%
Cancer performance (28 day) Q3	75%	75%	59%	79.3%
Cancer performance (28 day) Q4	75%	75%	67%	86.2% ³
¹ National targets refer to the NHS constitutional standards. ² Local targets refer to the annual operating plan requirements outlined by NHS England ³ Latest Validated position for Q4 Cancer Metrics is February 2025				

Opportunities for the year ahead

We have ambitious plans for the year ahead, building on the progress made in 2024/25. As part of our refreshed Trust strategy we have 4 strategic pillars:

- Outstanding care
- Valued teams
- Better together
- Sustainable future

These priorities guide the work we do and through our Improving Together strategic deployment framework we have selected a series of measurable areas to focus on:

- Reducing harms
- Reducing the number of patients and length of wait for elective, cancer and emergency treatment
- Improving our patient experience
- Ensuring staff feel valued and that we recognise and celebrate the diversity of our workforce
- Ensuring those communities particularly at risk of poorer health outcomes receive equitable access to our services
- Showing excellent stewardship of public resources by managing our financial position and continuing our progress to carbon neutrality.

We are particularly focussed on 'breakthrough objectives' - those areas where we seek to make a step change improvement in year, namely:

- Reducing harm from falls
- Reducing peoples' waiting time from referral to outpatient appointment
- Reducing how long patients who have been admitted as an emergency spend in hospital
- Increasing the proportion of staff who feel they receive the respect they deserve at work
- Reducing how much we spend on supplies for our services

To enable us to do this we will continue to:

- Roll out our Improving Together methodology to our entire workforce to drive efficiencies, improved working and better care for our patients.
- Work closely with Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust in the BSW Hospitals Group.
- Support the national drive against the three shifts of change, placing focus on prevention rather than treatment, hospital delivered care towards community and services closer to home and ensuring we continue our journey to move from analogue to digital.

- Work closely and collaboratively with local partners to deliver health and care services across Swindon, shining a light on health inequalities to ensure that they are prioritised in delivery plans and help shift focus towards tackling root causes.
- Develop our new Electronic Patient Record.
- Improve our performance, this will include reducing long waits for elective care, improving our diagnostics capability and reducing ambulance handover delays.
- Reduce our reliance on agency and bank staff.
- Develop our next phase of our Way Forward Programme which will focus on three key areas on our expansion land including, staff and student accommodation, sterile services and private patients (which supports us by generating significant income that can be reinvested into NHS services).
- Drive forward our plans to become carbon net zero by 2040.

System-wide - Integrated Care System (ICS)

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 Integrated Care Partnership (ICP) and Integrated Care Board (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.

We are actively engaged in leading work in the Integrated Care Alliance (ICA) and increasingly in 2024/25 our work has centred on our provider collaborative and the formation of an acute trust Group with the Royal United Hospitals NHS Foundation Trust in Bath and Salisbury NHS Foundation Trust, as outlined elsewhere in this report.

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 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.

Place-based Partnerships

We pride ourselves on having strong place-based relationships and 'Team Swindon' has really developed over the last few years. We now work much more closely with Swindon Borough Council and our Integrated Care Board colleagues. 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.

BSW ICB began a process to unify community services across the geography in 2023/24 and in October 2024 the contract for these services was awarded to another provider, so the Trust has worked positively with colleagues across the system to plan the transfer of services from GWH and from Wiltshire Health & Care LLP (a joint venture with our BSW Hospital Group partners) ahead of the go live date of 1st April 2025.

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.

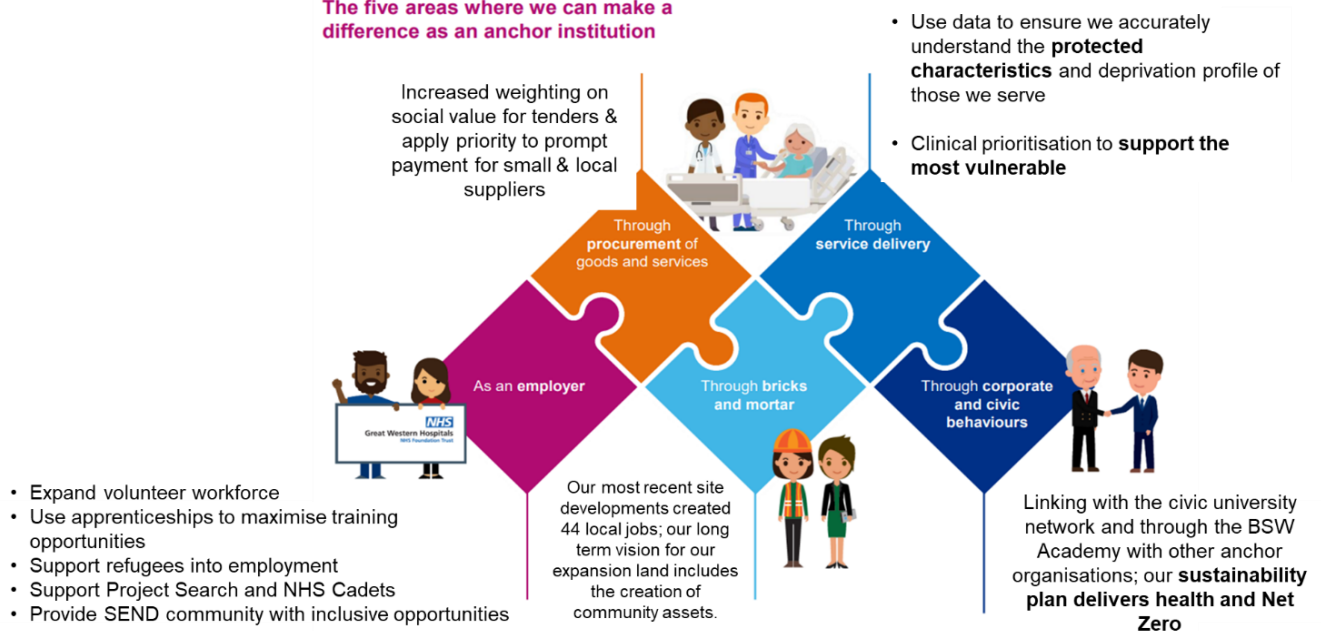
Anchor institutions are large, typically public sector organisations, rooted in place (hence the term 'anchor') and by the nature of their role and scale are uniquely placed to positively influence the social, economic and environmental conditions of local communities. The long term sustainability of 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.

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



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 2025/26, 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.

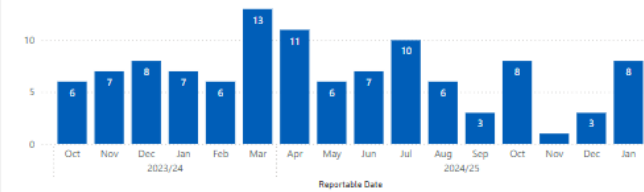
In 2024/25 significant progress has been made around the routine reporting of performance information split by key indicators such as ethnicity, deprivation, age and gender. As shown in the examples below, a number of key dashboards have been developed with specific stratification and segmentation by these demographic areas, providing enhanced visibility of these patients for staff and enabling targeted action as necessary.

Safeguarding Children's Dashboard

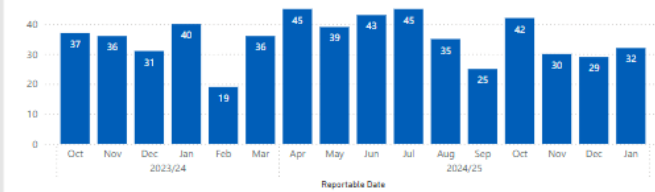
Swindon Safeguarding Partnership - Dental Caries

01/04/2023 31/01/2025

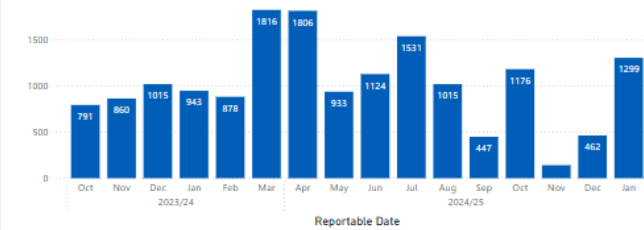
Number of Admissions, with Dental Caries Diagnosis (0-5 years)



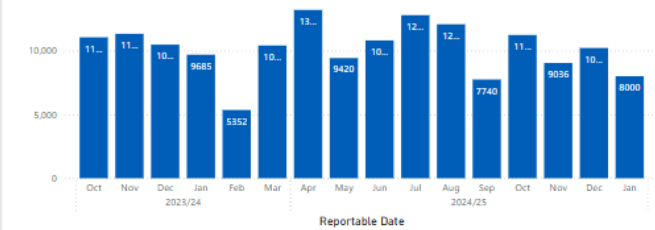
Number of Elective Admissions, with Dental Caries Diagnosis (5-16 years)



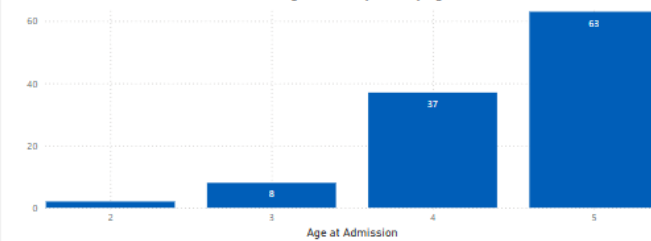
Rate of Admissions, with Dental Caries Diagnosis (0-5 years) per 100,000



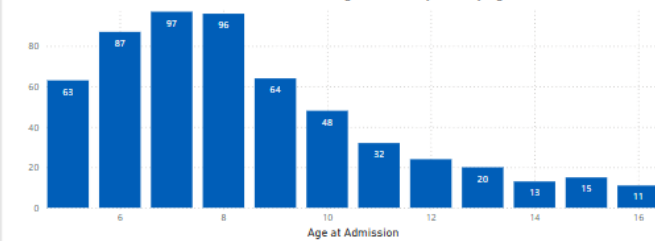
Rate of Elective Admissions, with Dental Caries Diagnosis (5-16 years) per 100,000



Number of Admissions, with Dental Caries Diagnosis (0-5 years), by Age at Admission



Number of Elective Admissions, with Dental Caries Diagnosis (5-16 years), by Age at Admission



Treating Tobacco Dependence Inpatient Dashboard

Inpatient Service, Selected Date Range - 01/01/2024 between 27/04/2025

Inpatients identified as Smoker

144

2025 Apr

Inpatients identified as User of Vaping Product

47

2025 Apr

% Inpatients Smoker or Users of Vaping Product

12.27%

2025 Apr

% Referrals Seen by TTD Service Advisers

42.9%

2025 Apr

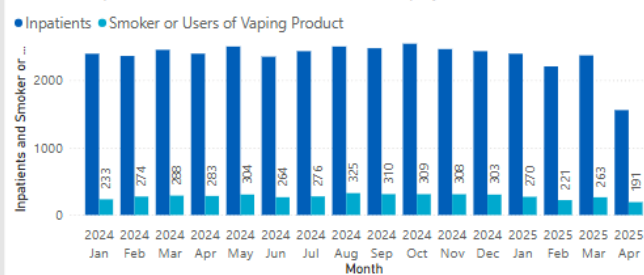
Admission Date

01/01/2024 27/04/2025

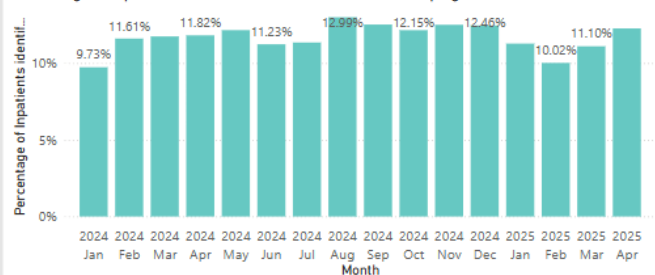
View Period By

Year Quarter Month Week

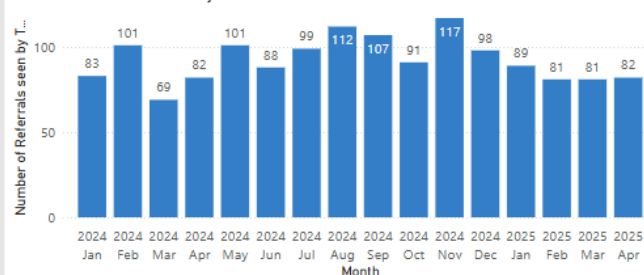
Number of Inpatients identified as Smoker or Users of Vaping Product



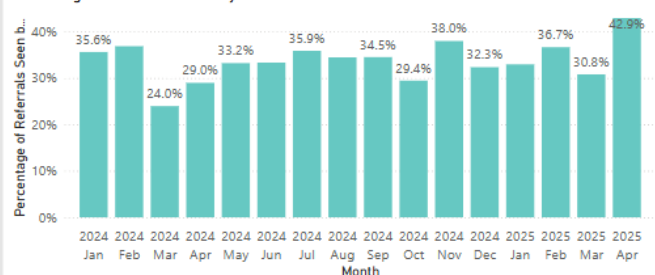
Percentage of Inpatients identified as Smoker or Users of Vaping Product



Number of Referrals seen by TTD service Advisers



Percentage of Referrals Seen by TTD Service Advisers



In addition, under the NHSE Statement on Information on Health Inequalities published in November 2023, the Trust along with BSW ICB is required to record and report on a variety of key metrics related to Health Inequalities, with specific focus on the following as an Acute trust:

- Elective activity vs pre pandemic levels split <18 and >18, split by ethnicity and deprivation
- Emergency admissions for <18 split by ethnicity and deprivation
- Adult inpatient services offering smoking cessation
- Maternity inpatient settings offering smoking cessation
- Tooth extraction admissions for decay for children admitted as inpatients aged 10 and under

Each of these metrics is being actively reported on within the Trust, enabling cross demographic comparisons in these key areas, the ability to identify time-based trends and the impact of any specific interventions that are undertaken. In 2025/26, further work will be undertaken to ensure alignment with the associated work being done in this area at an ICB level and also how we can better share learning and best practice across the wider Hospital Group.

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 2025/26 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.

Quality Performance 2024/25

The Trust's Directors are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce 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. The report for 2024/25 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 2024/25 the Board continued to receive regular performance information on key quality indicators including patient safety, patient experience and clinical effectiveness.

Each year the Trust select quality improvement priorities which are then subjected to increased focus and governance throughout the financial year, with a review of progress on these priorities. The aim for these Quality

Priorities is to continue to improve, Patient Experience, Safety and Clinical Effectiveness for our service users. The quality priorities are informed by the quality and safety information that has been gathered over the last year, this includes

- Results from national In-patient surveys
- Local and national audit
- Reporting against National priorities e.g., Learning disabilities
- Analysis of Patient Safety Reviews
- Analysis of complaints and concerns

2024/25 Quality Indicators - Results and achievements

1. Reducing falls and falls with harm

What we did:

Reduce the number of patients who have more than one fall in hospital

Improve compliance with falls prevention actions such as identifying patients with postural hypotension and supporting those patients that require enhanced care

Progress

- Updated falls training module to include the national Fallsafe/Carefall e-learning.
- Mandatory training - Achieved 90.87% compliance across clinical staff.
- Introduced a Trust-wide project to improve compliance with postural hypotension assessment.
- Delivered training resources and monthly audit feedback to wards.
- Developed and piloted a new Level of Supervision assessment tool (Oct 2023). Rolled out electronically in April 2024 to assess all adult inpatients every day.
- Launched Prevention Campaign: Get up, Get Dressed, Keep Moving
- Tour de Swindon' event engaged patients in a virtual walk/cycle challenge (94.4 miles completed).

2. Improving the experience of carers by delivering responsive support and information

What we did:

Monitor compliance with the carers passport by producing monthly data to show how many passports are being handed out.

Roll out the new visiting guidance and associated support and conduct an evaluation after six months.

Reach out to community organisations to promote the carers support available across the Trust and measure the impact through carers surveys

Progress

- Carers survey conducted in August 2024, included questions on Carers Passport awareness, action plan developed, follow-up survey by August 2025.
- Criteria developed to support staff in issuing passports consistently
- Promotion via weekly carers café, updated ward boards, and new information packs.
- Launched: Open visiting policy (8am–8pm) across most wards
- Participation in a minimum 10 community events annually
- Monthly communications sent to community orgs & GP practices.
- Launched awareness campaigns including, Ward trolley dashes, “stop the pressure day”

3. Improving initial assessment of patients on front door services

What we did:

- Develop a triage working group ahead of the Integrated Front Door (IFD) to ensure a robust process for triage, which will be standardised across the Emergency Department and Urgent Treatment Centre.

- Embed triage courses to improve compliance and ensure staff are aware of expectations and what the process involves.
- Children's Emergency Department will ensure all staff have completed a training and competency framework.
- Ensure all maternity patients that need urgent review are seen in a timely manner in a dedicated triage service.
- Ensure patients that attend the Acute Medical Unit and Surgical Assessment Unit are seen and assessed in a timely manner in line with national guidance.

Progress

- Rapid Assessment group meet regularly to develop process for assessment of arriving ambulances.
- An emergency physician in charge is based in the Rapid Assessment whose role is to rapidly assess patients to ensure early intervention of shared decision making.
- Additional triage capacity & training within Urgent Treatment Centre
- Navigator role maintained and ongoing
- Band 7 Nurse Manager recruited for Children's Emergency Unit, giving oversight to all training & development.
- Clinical Practice Educator role in Paediatrics (new).
- All staff working in Children's Emergency Unit have undertaken extended Paediatric competencies.
- Specific Triage Training package in place

2025/26 Quality Priorities

The following priorities have been agreed by the Trust for 2025/26

Priority 1: Measuring and Improving Compliance with the Sepsis 6 Bundle

What is our aim for the coming year?

To participate in the national audit program to monitor compliance against the Sepsis 6 bundle, the outcome of the audit will support development of an improvement plan in relation to the management of sepsis.

What will we do

- We will complete the Sepsis 6 Bundle audit by participating in the National programme
- We will measure compliance against actions undertaken in the critical "Golden Hour" for high-risk sepsis patients.
- We will develop an improvement plan once the audit is complete

Priority 2: "Putting the Hospital to Bed"

What is our aim for the coming year?

We will improve the nighttime environment for patients by increasing awareness of the impact of noise levels and night time patient transfers have in disrupting sleep for patients .

What will we do

- We will ensure senior oversight of improvement actions including a number of "go and see's" across the year.
- We will review and improve the level of senior cover across the acute wards.
- We will work to reducing the number of non-urgent bed moves at night and reduce the number of non-urgent medical interventions after the hours of 23:00hr
- We will ensure teams who are working overnight are supported to provide consistent high levels of care
- We will provide support to allow open visiting for patients and to ensure carer support is provided at the same levels as day light hours

Priority 3: Supporting Patients to Self-administer their own Medications

What is our aim for the coming year?

We will develop a programme that will support competent adult patients to safely self-administer their medications

What will we do?

- We will develop a standard operating procedure (SOP) for patient self-administration of medication
- We will pilot the SOP on wards
- We will train Pharmacy, Nursing, and Medical staff, on patient self-administration

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.

Medical Care at the Great Western Hospital NHS Foundation Trust was assessed on the 16 May to 28 June 2024, the CQC looked at the quality statements across all 5 key questions: Safe, Effective, Caring, Responsive and Well-Led, following the assessment the CQC rated as 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 full compliance had been achieved by 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.

CQC ratings 2024/25

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

CQC rating 2023/24

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

The Trust has had regular engagement meetings with CQC throughout 2024/25 to ensure we keep them informed of our service delivery and of any changes. With the implementation of the new CQC single assessment framework the engagement framework for 2024/25 changed to quarterly meetings with CQC operational manager for our area and a deputy director of the CQC attending at least yearly. The majority of information updates are submitted through a portal.

There were no formal public or stakeholder consultations during 2024/25.

Research and Innovation 2024/25

Health research is vital to generate knowledge and evidence to improve the health and care of patients, service users, carers, and the public as well as improving our health and social care systems.

Our Research & Innovation (R&I) team is comprised of nurses, practitioners, support workers, administrators, and governance staff who work to deliver safe and effective health research. The department is also supported by research posts in both Pharmacy and Pathology, enabling us to offer our patients access to new and cutting-edge treatment options.

Table 1 displays our activity during 2024/25. Over 100 research studies have been active in the organization across 25 of our clinical specialties, with 601 participants taking part in those studies. By opening over 33 new studies this year, we continue to offer new treatment options and to support the development of evidence-based healthcare.

A focus for 2024/25 has been support for the life-science industry, reflecting the National Institute for Health and Care Research (NIHR) ambition to enhance the commercial clinical trial delivery. Therefore, while activity levels on non-commercial research have reduced compared to last year, the number of patients recruited into commercial trials has risen. An aim for 2025/26 is to build sustainability, where we continue to grow our commercial trials, while maintaining capacity for our non-commercial portfolio.

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

Year	Commercial Recruits	Non-commercial Recruits	Total Recruitment
2024-2025	61	540	601
2023-2024	24	952	976
2023-2024	30	583	613
2022-2023	22	1,082	1,104
2021-2022	16	1,813	1,829
2020-2021	13	1,082	1,095

In 2024/25, GWH was awarded £105,000 of development funding from the National Institute for Health and Care Research (NIHR) to invest in local strategic initiatives such as building our research portfolio in upcoming specialties, and regional collaborative working. 2024/25 has also seen the purchase of NIHR-funded equipment that will facilitate future research, including equipment for pharmacy, pathology, and cardiology.

In 2024/25, the Trust invested in supporting our own staff to develop research ideas that directly address the needs of our patients and services. We have funded clinical time to create capacity to design new research, and to submit applications for competitive research funding. Also in 2024/25, we saw the award of the organisation's first externally funded research grant from the Motor Neurone Disease Association. The grant, which amounts to £270,000, funds a 3-year project aimed at improving the lives of patients living with Motor Neurone's Disease, in collaboration with academia and local social care providers.

In 2024/25, GWH's contribution to a commercially sponsored trial investigating treatment of heart failure was recognized, with two Cardiology consultants from the Trust being named authors on the published paper. The C-SPOT study aimed to study whether combining conduction system pacing and cardiac resynchronisation improved cardiac function. It was found that all patients showed improvement in function and electrical activation. It was shown that some patients would benefit from this combined approach. Perhaps the most interesting, and intriguing finding, was that the improvement in heart function was much greater than would normally be seen with conventional pacing. Patients also reported much reduced symptoms compared with conventional pacing. The cardiology team have also been recognised for their contribution to a trial investigating pacing techniques in patients receiving a pacemaker. This year, GWH has been one of the highest recruiting sites in the country to this trial.

In 2024/25, GWH was the first out of a planned 160 global sites to open to recruitment to a commercial trial investigating treatments for patients with Sjögren's syndrome, a long-term autoimmune disease.

The year also saw GWH open as a site for the NHS Cancer Vaccine Launchpad (NHS CVLP). NHS CVLP is looking to find people who may be able to take part in research trials for personalised vaccines to treat cancer. By supporting these trials, we hope to be able to speed up the development of personalised treatments for cancer patients.

The Research & Innovation team are passionate about the work that they do. In recognition of their dedication and hard work, one of our research support staff won the Trust's "star of the month" award this year. Furthermore, a Research Nurse won an Equality and Diversity award at the Trust's staff awards, in recognition of the contribution they have made to make research available to local populations who are currently under-served by research, and where the burden of need is the greatest. This work has involved the research team developing collaborative relationships across Swindon and promoting research across the region by attending local community events to talk about the benefits of taking part in research. Another major success has been the launch of the Improving Together methodology within the research department, where all staff are given a voice in finding ways to enhance our service.

Sustainability – Environmental Matters

At Great Western Hospitals sustainability is fundamental to maintaining high quality care; to help us meet the needs of today without compromising the needs for future generations. To achieve this, we need to provide a sustainable health and care system that delivers high quality care and improved public health without exhausting natural resources causing ecological damage. In 2025 the Trust set out its vision for local strategic direction for 2025-2028. The strategy has been set up in response to the challenges we face and the opportunities we must adapt and embrace the new ways of working to help us provide better outcomes for patients and better staff experience. There are 4 pillars in the Trust's strategy and the 4th pillar is a sustainable future where the trust is committed to maximise research, maximise innovation and digital opportunities, spend wisely, and deliver on carbon net zero.

In 2021 the trust published its first Green Plan. The Green Plan focuses on 8 areas for carbon reduction which are:

- Estates and Facilities
- Travel and Transport
- Supply Chain and Procurement
- Food, Catering and Nutrition
- Medicines
- Sustainable Models of Care
- Digital Transformation
- Workforce, Networks and System Leadership

The Green Plan also covers governance and the reporting process. However, following the guidance from NHS England and Greener NHS all NHS Trust must refresh their Green Plans to cover 2025- 2028. This future Green Plan will change some of the focused areas and expanded areas for sustainability within healthcare. Below are the new 10 areas of focus in the Green Plan for achieving Net Zero:

- Estates and Facilities
- Adaptation
- Biodiversity
- Travel and Transport
- Supply Chain and Procurement
- Food, Catering and Nutrition
- Medicines
- Net Zero Clinical Transformation
- Digital Transformation
- Workforce, Networks and System Leadership

Targets

The Trust has a significant Carbon Footprint. This encompasses the main site but also community sites that the Trust operates out of. The Trust's Carbon Footprint has been measured for all scope 1 and 2 emissions and some

specific scope 3 emissions (including business travel, waste, water and inhalers). The Trust is working towards measuring the Carbon Footprint plus which includes all scope 3 emissions. These scopes are defined as:

- Scope 1 - activities owned or controlled by an organisation that directly release emissions straight into the atmosphere.
- Scope 2 - emissions being released into the atmosphere associated with the consumption of purchased electricity, heat, steam and cooling.
- Scope 3 - emissions that are a consequence of operational actions, which occur at sources which an organisation does not own or control.

Within the current Green Plan the Trust have set targets for reducing GWH's Carbon footprint that comply with Greener NHS 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 and 80% reduction by 2028- 2032.
3. To be Net Zero Carbon by 2045 for out NHS Carbon Footprint Plus, with an ambition to reach an 80% by 2036 to 2039.

Progress over 2024-2025

Below are highlights of progress made against our targets in the last financial year 2024-2025.

Estates and Facilities

- The Trust has jointly been working with the Acute Hospital Alliance on a Climate Change Risk Assessment and Adaptation Plan. This assessment and plan will allow GWH to develop a plan to increase resilience from climate change related impacts such as overheating and flooding on the estate, supply chain, medicines, patients and staffing.
- A capital project has been completed for recycling bins, this means all departments should have at least one recycling hub area. This also includes the community sites SwICC, Eldene, WHSC and Orbital.
- BREEAM Excellent rating has been achieved in our new building the Integrated Front Door. The new IFD building is also solely powered by renewable energy, a heat pump and solar PV.
- Reviews have been completed on departments to see if they ^{would} benefit from motion sensor lights. Motion sensor lights have been added to waste holds and Endoscopy.
- Our first Turn off Equipment, Lights off and Close Door (TLC) campaign was launched in early winter 2024 this encourages staff to save energy during cold winter months where our energy use is the highest.

Travel and Transport

- The GWH participates in the NHS Fleet Solution Salary Sacrifice Scheme where staff can only lease EV's on the scheme.
- A Bus User Group has been established for staff members to be able to share their concerns and comments of the bus service around Swindon and surrounding Wiltshire areas. The group has representation from Swindon Bus Company, Stagecoach, Swindon Borough Council and GWH Transport team.
- A Bike User Group has been set up to help support staff bike users share comments on the cycling facilities and connect with other cyclists.

Supply Chain and Procurement

- Trails of re-usable tourniquets in Phlebotomy, Occupational Health, Women's Day Unit Assessment, Endoscopy, Hazel Ward. Endoscopy and Occupational Health have fully moved over the re-usable tourniquets.
- GWH has joined the prestigious Circular Economy Healthcare Alliance. The members of the Alliance are University College London Hospitals, Cambridge University Hospitals, Imperial College Healthcare, University Hospitals Sussex and Chelsea and Westminster Hospital. The Alliance's focus is to reduce

unnecessary use of items and switching to reusable items over single use items and ensuring end of life items are manufactured or recycled into something else.

- ED have trialled pre-filled syringes which will cut down the amount of plastic and waste in the current practice.
- Gloves off Campaigns have been launched in many departments this year including Critical Care, ED and Endoscopy. Since the campaign was launched last year 27.4 tonnes of CO₂e has been saved.

Food, Catering and Nutrition

- Patient food waste is now being collected by Hills and is being sent to a local anaerobic bio-digester that fuels a CHP for renewable energy.
- Sustainable patient menu changes came into effect in June 2024. All 14 menus were re-designed to list the vegan dishes first then followed by vegetarian, chicken, fish, pork and red meat and the launch of a vegan only menu. Change language to make plant-based dishes appeal to a wider audience e.g. limited the words 'vegetarian' and swapped to 'vegetable'. Dishes with higher CO₂ emission were reviewed and swapped for dishes with lower CO₂ emissions e.g. roast beef swapped to roast pork. There will now be reviews to make the menus more seasonal to reduce food waste.
- Eco-Takeaway containers launched in bookends for staff. Eco Takeaway containers come back to bookends where they will be washed and then re-used. Staff pay £5 to sign up the scheme and they get a stamp each time they use an eco-takeaway container and then after 5 stamps are collected, they are entitled to a free meal.

Digital Transformation

- Endoscopy and the Emergency Department have moved their leaflets over to digital QR codes.

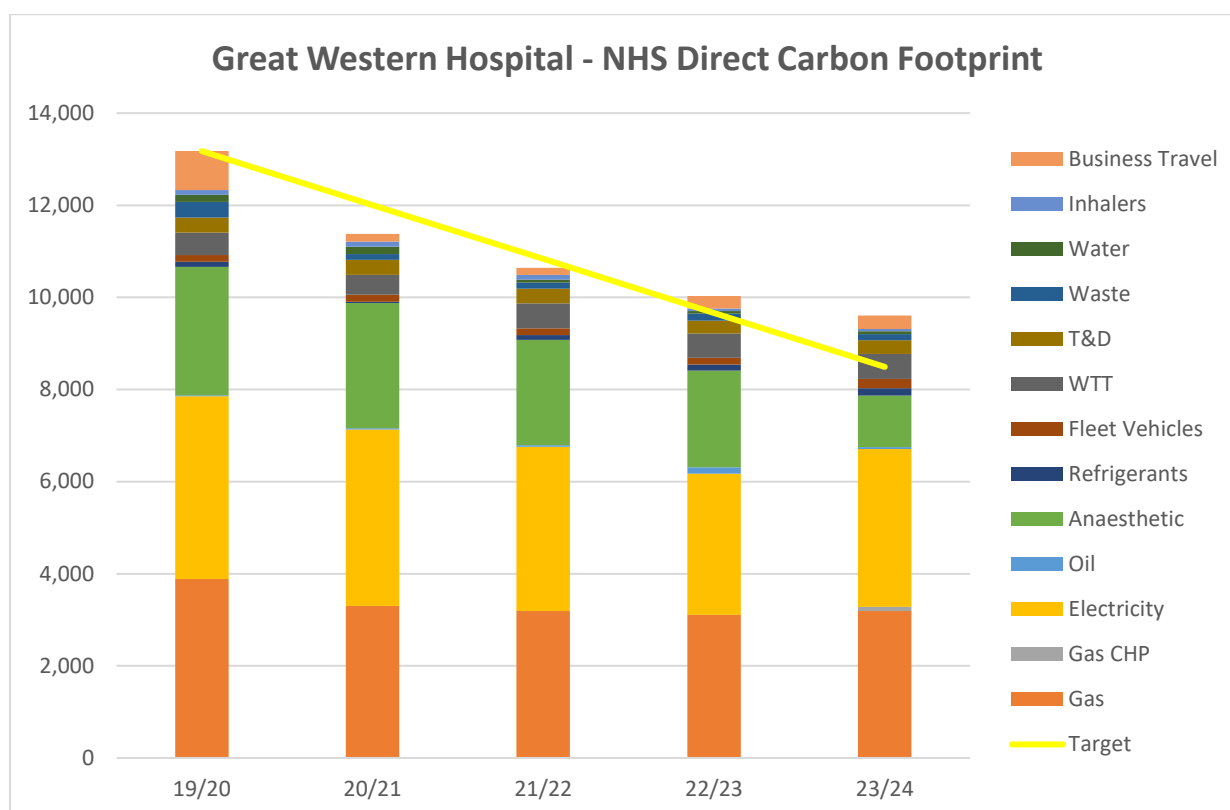
Workforce, Networks and System Leadership

- Launch on Sustainability Champions, we currently have 110 members of staff signed up.
- Launch of the Clinical Sustainability Group which brings Infection Control and Sustainability together to help support clinical sustainability projects and working groups.
- Endoscopy Working Group established July 2024. Since establishing the group have achieved the below actions:
 - Switched to re-usable tourniquets instead of disposable
 - Reduce syringe pre-filling to stop the waste from the unused syringes
 - Changed patients' letters to tell them to bring in their own water bottles, slippers and dressing gowns
 - Introduced QR codes for all patient leaflets and encourage patients to download the digital versions instead of handing out paper copies
 - Installed motion sensor lights into the department to reduce unnecessary energy consumption
 - Embedded sustainability in clinical governance days
 - Shared their work and achievements to wider NHS Trusts via the national Nursing and Midwifery Network.
- Theatres Working Group:
 - Trailed Eco-lavage system which will save the trust 1000s of batteries from being binned after 1 use, currently with procurement to move the trust over to these as standard
 - Progress made on moving to re-usable theatre scrub hats, within the final stages of sign off and then roll out predicted to start in late Q1 of 2025
 - Changes to patient letters to tell them to bring in their own bags for personal belongings and water bottles
 - Updated posters for recycling in theatres
 - Gloves off campaign joint with Bristol and Gloucester NHS Trust
- Emergency Department Working Group
Our Emergency Department was Accredited Bronze and Silver in Green ED by the Royal College of Emergency Medicine. We are 1 out of only 2 Hospitals to be accredited Silver. Below are actions achieved by the Green ED Team:

- Introduced Dry-Powdered Inhalers into ED due to their lower carbon footprint compared to the standard meter dosed inhalers.
- Reduce cannulation by 29%
- Moved from plastic single use cutlery to metal cutlery
- Removed plastic cups and use re-usable where appropriate and bio-degradable if a re-usable is not appropriate.
- Improved waste segregation and reduced non-conformities in clinical waste
- A campaign to reduce energy consumption and staff were encouraged to turn off computers, lights and equipment when they were not in use.
- Use Pentrox as pain relief over Nitrous Oxide/ Entonox as Pentrox has a smaller carbon footprint.
- Academy Working Group
 - Assigned Sustainability Champions to smaller projects to work on within the department such as turning lights off when not in use.
 - Added wording into all training invitation to remind staff and students to bring their own water bottles and mugs to training.
 - Approval to start re packaging training equipment to save the number of items being disposed of in the clinical waste bins.
 - Sustainability now included in the Academy Steering Group.
- First Green Week held in June. Green Week was held to engage and promote sustainability within healthcare and how everyone can make changes to improve the impact they have on the environment. We held a clothes swap where we asked staff to donate items of clothing in and then staff could come back to next day and pick new clothes that had been donated any left-over clothes were donated to a local charity. We also held our first Sustainability Champion sign up event. We had representatives from Biffa showing staff how to recycle correctly, Fleet Solutions to show staff the EV salary sacrifice scheme, a site litter pick, tours of the Central Destruction Unit for Entonox and sharing sustainability projects that have happened over the year.
- Launching OnHand and Sustainability and Volunteering App for staff to report their sustainable actions. We have so far had 50 members of staff sign up to the app and 36 trees have been planted with GWH staff's reported actions saving 335 tones of CO₂e.
- Trained on Saturn Ward reducing bed linen changes. Originally the ward was changing bedding daily and this bedding didn't need changing. So, in Saturn they have trialled only routinely changing bed linen twice a week (Sunday and Wednesdays). Since the launch of this trial on the 16th of December to the end of the 2024-2025 financial year the department have saved £1,244.12 and have used 2,817 less items of linen. The trial has been successful this practice has now been fully implemented with the department where they are averaging a saving of approximately £700 a month. This trial has now been rolled out to Kingfisher Ward.

GWH NHS Direct Carbon Footprint

N.B. Data for 2024/25 not yet available.



Task Force on Climate-Related Financial Disclosures (TCFD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis 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.

The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024/25. The governance and metrics and targets disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and accounts and in other external publications. The disclosure requirements for risk management have not been provided as we are currently focussing on finalising our Climate Change Risk Assessment and Adaptation Plan. Disclosure requirements will be developed following publication in April 2025.

Management's role in assessing and managing climate-related issues

The delivery of the Green Plan is through the Estates Management Board and the designated board level net zero lead is the Director of Finance, 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.

Risk management, metrics and targets

A Climate Change Risk Assessment and Adaptation Plan is currently being developed and is due to be published at the end of April 2025. These two documents will help the Trust manage climate related risk and identify the areas of higher risk from climate related incidents. The assessment will help the Trust develop governance structures for awareness and response to climate change risk and assessment following the publication.

The Trust currently have Emergency Preparedness, Resilience & Response (EPRR) policies in place for a wide range of incidents, including those which are related to climate change such as hot weather policy.

Once the Climate Change Risk Assessment and Adaptation Plan has been published there will be further work to align the current EPRR policies to the Climate Change Adaptation Plan and the Trust will develop further on Climate Related Risk.

Financial Performance 2024/25

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 2024/25 the Trust income operated under an aligned payment and incentive contracting model, which consisted of part-fixed and part-variable payment terms. The majority of activity was covered by a fixed block with variable payment for elective activity, as well as some diagnostics and high-cost drugs payment dependant on performance.

In order to submit our original 2024/25 plan of £10.2m deficit, BSW allocated us non-recurrent income transitional funding of £25.2m. In quarter 4, the remainder of the deficit plan was cash-backed via the ICB from NHSE. In-year additional income was also received to cover Elective Recovery fund over-performance, contract over-performance in the form of high-cost drug reimbursement, pay award income as well as additional centrally funded pension contributions.

The Trust ended the year with a £13.8m deficit (£9.9m deficit 2023/24) 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. The adjusted financial performance for 2024/25 was a surplus of £1.4m (£0.2m surplus 2023/24).

	Trust 24/25 £'m	Trust 23/24 £'m
(Deficit) Reported in Statement of Comprehensive Income	(13.8)	(9.9)
Add back all I&E impairments / (reversals)	18.6	1.1
Remove capital donations / grants / IFRS16 PFI I&E impact	(3.5)	9.0
Surplus before impairments and transfers	1.3	0.2
Remove net impact of DHSC centrally procured inventories	0.1	0
Adjusted financial performance surplus	1.4	0.2

In the table above the main change for the financial year 2024/25 was an impairment of £19.8m for the Integrated Front Door building being opened. For the financial year 2023/24 there was the PFI change in accounting standards from IAS17 to IFRS16.

The Trust had an efficiency target of £21.9m in 2024/25. £18.4m of this was achieved, of which 49% was recurrent. The Trust continues to seek and deliver transformational change to manage financial challenges, whilst maintaining and improving quality.

The Trust set stretching reductions on agency spend in 2024/25, aiming to reduce the overall spend to £5.4m. At year end, a total of £5.6m had been spent on agency workers, which whilst above the target was a significant reduction on spend in 2023/24 (£9.8m). Bank and locum spend totalled £26.1m, compared to a plan of £21.2m, which was an increase of £0.7m on 2023/24 and therefore offsets a little of the agency reduction. The Trust will continue to focus on reducing temporary staffing spend in 2025/26 by continuing with the actions put in place in 2024/25 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 £0.9m in funds, of which £0.7m is classed as restricted and £0.2m unrestricted. Income for the year was £0.7m compared with expenditure of £0.9m, meaning the charity saw a decrease in funds of £0.2m.

Long Term Financial Viability

The Trust has continued to include non-recurrent transitional funding from BSW ICB in the make-up of its plan for 2024/25, which has enabled it to achieve its surplus adjusted financial performance position of £1.4m. On an underlying recurrent basis exiting 2024/25, the Trust is in a deficit position of c£50.2m. One of the key priorities for the Trust in 2025/26 is to enact plans to transform services to work towards developing financial sustainability, focussing on maximising productivity while reducing workforce. 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 2024/25.

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 relevant events to report in this financial year.

Details of overseas operations

None during 2024/25.

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 2025 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.



Cara Charles-Barks
Chief Executive
Date 26 June 2025

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 Board 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, 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 equality, diversity & inclusion for its workforce and population we serve, during the year the Board committed to a 12 month work plan which will continue in 2025/26 to focus on the three strategic themes: Staff & Patient Listening Events, Staff Networks Engagement & Support, and Board Meetings (EDI Data & Reporting). Key actions include Go & See visits, piloting hybrid listening sessions, deepening Board participation in staff networks, and improving EDI data integration in Board reporting. These actions will ensure sustained progress and accountability at Board level.

The Board approved the new Trust Strategy in February 2025 'our local strategic direction 2025-28' which subsequently launched in March 2025.

The Board also approved the move to a joint group partnership with Royal United Hospitals Bath NHS Foundation Trust & Salisbury NHS Foundation Trust: which will be developed and progressed in 2025/26.

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. 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 12 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 2024/25 the key themes at the Board workshop included risk management, the Way Forward Programme (expansion land), the Trust Strategy, risk appetite & tolerance, cyber security and speaking up and listening.

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. Voting rights apply should the Board be unable to reach a consensus on a specific issue.

In July 2024 the Trust Board approved the move into a Group model with the appointment of a Group Chief Executive in November 2024. The role of Managing Director was created as a key leadership role with the responsibility for the day-to-day operational management of the Trust. An Interim Managing Directors has been in post since November 2024 whilst the recruitment of a substantive position was undertaken. The Trust will continue to transition into a Group model during 2025/26.

The Board membership in 2024/25

Executive Directors			
Name	Job Title	Start Date	End Date
Voting			
Cara Charles- Barks	Chief Executive Officer / Accountable Officer	01-11-24	
Jon Westbrook	Chief Medical Officer	01-09-21	01-01-24
	Acting Chief Executive / Accounting Officer	01-01-24	31-10-24
	Interim Managing Director	01-11-24	
Steve Haig	Acting Chief Medical Director	01-01-24	
Lisa Cheek	Chief Nurse	29-03-21	30-11-24
Luisa Goddard	Chief Nurse	01-12-24	
Jude Gray	Chief People Officer	01-07-19	
Claire Thompson	Chief Officer of Improvement & Partnerships	19-04-21	
Simon Wade	Chief Financial Officer & Acting Deputy CEO	01-11-20	
Felicity Taylor-Drewe	Chief Operating Officer	25-08-21	25-10-24
Rob Presland*	Chief Operating Officer	26-10-24	24-11-24
Benny Goodman	Chief Operating Officer	25-11-24	

*The Deputy Chief Operating Officer stepped up between 26-10-24 to 24-11-24

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	01.02.25 – 31.01.28
Helen Spice	01.04.21 – 31.03.24	01.04.24 – 31.03.27	
Faried Chopdat	01.04.21 – 31.03.24	01.04.24 – 31.03.27	
Lizzie Abderrahim	01.05.19 – 30.04.22	01.05.22 – 30.04.25	n/a
Claudia Paoloni	01.04.23 – 31.03.26		
Bernie Morley	01.07.23 – 30.06.26		
Will Smart	01.04.23 – 31.03.26		
Julian Duxfield	01.04.24 – 31.03.27		
Associate Non-Executive Directors			
Claire Lehman	01.04.23 – 31.03.25	n/a	n/a
Rommel Panavan	01.04.23 – 31.03.25	n/a	n/a

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 2024/25 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 was. The Council of Governors re-appointed Liam as Trust Chair for a 3rd term. This re-appointment was considered earlier than normal due to significant changes to the Board composition over the past 18 months and in order to facilitate stability on the Board, retain corporate memory and provide support for the new Chief Executive, as well as the Interim Chief Executive whilst the Board considered and reviewed the options in terms of future "CEO level" leadership structures.


Faried Chopdat was Deputy Chair during the year.

Members of the Board (voting) as at 31 March 2025


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.


Cara Charles-Barks - Chief Executive Officer/Accountable Officer – from 1 November 2024

	<p>Cara was appointed Chief Executive and Accountable Officer on 1 November 2024. This is a joint role with the Royal United Hospitals NHS FT and Salisbury Hospital NHS FT.</p> <p>Cara qualified as a Registered Nurse in 1990 in Australia. She has 30 years' experience in the public and private health care sector and has been named as one of the NHS's top 50 Chief Executives.</p> <p>Cara has been the Chief Executive Officer of the RUH since September 2020. Before that, she was CEO at Salisbury NHS Foundation Trust, during which time she received an MBE as part of the Queen's Birthday Honours for her leadership during the Novichok incident.</p> <p>In June 2019, she was appointed Honorary Colonel of 243 Multi-role Medical Regiment, part of the Army Medical Services.</p>
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Interim Managing Director – Jon Westbrook – from 1 November 2024

	<p>Jon joined the Trust as Medical Director in September 2021 and was appointed the Acting Chief Executive Officer in January 2024 until 31 October 2024 when he moved to the position of Interim Managing Director.</p> <p>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.</p> <p>He was also one of the Oxford Divisional Directors for eight years leading many services including core and specialist clinical teams.</p>
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Chief Operating Officer – Benny Goodman – from 25 November 2024

	<p>Benny was appointed Chief Operating Officer in November 2024 having worked in operational roles at both the Royal Berkshire NHS FT and Oxford University Hospitals NHS FT.</p> <p>He joined the NHS in 2018, having first trained as an accountant in a professional services firm, then helping to start, and rapidly grow, a social enterprise, during which he developed his understanding of leadership-based clear vision and strong values born out through day-to-day interactions.</p>
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Chief Nurse – Luisa Goddard – from 1 January 2024

	<p>Luisa was appointed Chief Nurse in December 2024 after being Deputy Chief Nurse at the Trust for over three years. Having trained at Guy's Hospital, Luisa brings senior nursing experience from Oxford University Hospitals NHS FT and North Bristol NHS Trust.</p> <p>Luisa's focus is on delivering high quality safe care, encompassing quality, risk, safeguarding and infection prevention and control.</p> <p>As professional lead for Nursing, Midwifery and Allied Health Professionals, Luisa ensures the Trust has a dynamic, forward-thinking workforce that can deliver great care.</p>
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Chief People Officer - Jude Gray

	<p>Jude became the Trust's Director of Human Resources and Organisational Development in July 2019.</p> <p>In this role she is responsible for all aspects of workforce planning, sustainability and health and wellbeing.</p> <p>She oversees the recruitment of staff and managing strategic staffing planning and will serve as a link between the Trust and its employees. Jude previously worked for the BBC and Her Majesty's Prison and Probation Service.</p>
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Acting Chief Medical Officer – Steve Haig from 1 January 2024

	<p>Stephen joined the trust as a Consultant Emergency Physician in 2011, and was appointed as Acting Chief Medical Officer in January 2024.</p> <p>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.</p>
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Chief Officer of Improvement and Partnerships - Claire Thompson

	<p>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.</p> <p>Claire leads our Trust improvement approach – Improving Together – and is key to building productive relationships with our partners.</p>
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Chief Financial Officer - Simon Wade

	<p>Simon was appointed as the Trust's Chief Financial Officer in November 2020.</p> <p>He joined the Trust from Royal United Hospitals Bath NHS Foundation Trust, where he was Deputy Director of Finance.</p> <p>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.</p> <p>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.</p>
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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

	<p>Liam took over as Chair of the Trust on 1 February 2019.</p> <p>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.</p> <p>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.</p> <p>Liam is the Board Wellbeing guardian.</p>
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Non-Executive Director – Lizzie Abderrahim

	<p>Lizzie is a qualified social worker, a non-practicing barrister and has a doctorate in linguistics.</p> <p>Alongside Board colleagues, Lizzie 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.</p> <p>She is a strong advocate for the NHS and takes pride in being part of an organisation that strives to improve health and well-being, that puts the patient at the heart of things, that maximises its resources ensuring that the whole community can benefit, and that strives to get the basics of quality of care right every time.</p> <p>Lizzie is the Maternity board safety champion.</p>
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Non- Executive Director and Deputy Trust Chair - Faried Chopdat

	<p>Faried is an experienced and dynamic global leader with proven capability business transformation, risk management, and audit.</p> <p>He has experience of delivering results through people-centric leadership that delivers sustainable value to all stakeholders.</p> <p>His passion for coaching and mentoring others to reach their full potential led him into the world of executive coaching.</p> <p>Faried is a director of his own boutique advisory and coaching business helping leaders and professionals with their transformation journeys.</p>
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Non- Executive Director – Julian Duxfield

	<p>Julian joined the Trust board in May 2023.</p> <p>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.</p> <p>In addition to his Non-Executive role at the Trust, Julian also provides executive coaching and actively pursues his passion for climbing and mountaineering.</p> <p>Julian is keen to see the Trust continue to be a great place to work and ensure its staff are well supported and managed.</p> <p>Julian is the Doctors disciplinary NED champion/independent member.</p>
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Non- Executive Director – Bernie Morley

	<p>Bernie joined the Trust Board in April 2023.</p> <p>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.</p> <p>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.</p> <p>He is now retired but is working with a number of Universities as a consultant on a wide range of education, building and planning projects, and has a passion for education and enabling students from different backgrounds to achieve their potential.</p>
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Non-Executive Director & Senior Independent Director (SID) – Claudia Paoloni

	<p>Claudia has held positions of leadership and influence in her senior medical career.</p> <p>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.</p> <p>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.</p> <p>Passionate about the NHS, Claudia actively works towards influencing the recruitment and retention of our NHS staff for the future.</p> <p>Claudia is the Freedom to Speak Up NED champion.</p>
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Non- Executive Director – Will Smart

	<p>Will joined the board as a Non-Executive Director in April 2023.</p> <p>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.</p> <p>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.</p> <p>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.</p>
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Non- Executive Director - Helen Spice

	<p>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.</p> <p>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.</p> <p>Helen is the security management NED champion and Chair of Audit, Risk & Assurance Committee.</p>
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Non-Voting Board members

The following were non-voting Board members during 2024/25:-

Name	Title	Date
Claire Lehman	Associate Non-Executive Director	04/04/23 – 31/03/25
Rommel Ravanani	Associate Non-Executive Director	04/04/23 – 31/03/25
John Burwell	Acting Chief Digital Officer*	24/12/23 - present

*Joint role with Salisbury NHS FT

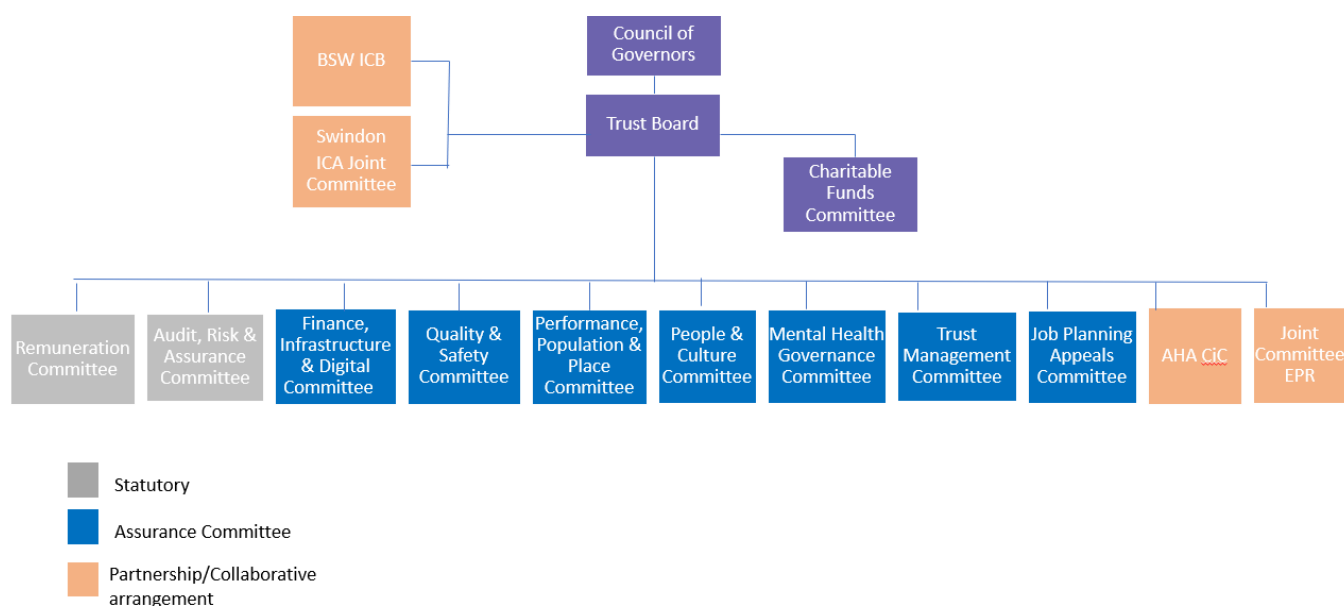
Key Board Membership Changes during 2024/25

The following key changes occurred during 2024/25:-

- Cara Charles-Barks was appointed Chief Executive and Accountable Officer on 1 November 2024. This is a joint role with the Royal United Hospitals NHS FT and Salisbury Hospital NHS FT.
- Jon Westbrook moved from Interim Chief Executive Officer to Interim Managing Director on 1 November 2024.
- Lisa Cheek, Chief Nurse retired on 31 December 2024 and Luisa Goddard moved into the role as Chief Nurse on 1 January 2025.
- Felicity Taylor-Drewe, Chief Operating Officer left the Trust on 25 October 2024 to take up a new position as Chief Operating Officer at Oxford University Hospitals NHS FT and Benny Goodman was recruited to the role on 25 November 2024. To cover the interim period Rob Presland stepped up as Acting Chief Operating Officer from the period 26 October to 24 November 2024.

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.



As at 31 March 2025

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.

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.

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.

There are two partnership committees with Royal United Hospitals Bath NHS Foundation Trust & Salisbury NHS Foundation Trust as follows:-

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.

Joint Committee EPR. 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 held in Q1 2024/25. The Committee provides overall strategic oversight and direction for the EPR Programme.

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 Trust Committees

1 April 2024 – 31 March 2025

Committee Meeting	Trust Board	Audit, Risk & Assurance Committee	Quality & Safety Committee	Finance, Infrastructure & Digital Committee (FIDC)	People & Culture Committee	Performance, Population & Place Committee (PPPC)	Mental Health Governance Committee	Charitable Funds Committee	Remuneration Committee
Chair	Liam Coleman	Helen Spice	Claudia Paoloni	Faried Chopdat	Julian Duxfield	Bernie Morley	Lizzie Abderrahim	Julian Duxfield	Liam Coleman
Membership Attendance (actual/maximum)									
Non-Executive Directors									
Liam Coleman (Chair)	9/10	n/a	n/a	n/a	n/a	n/a	3/4	n/a	8/8
Lizzie Abderrahim	10/10	n/a	8/11	n/a	4/5	10/11	4/4	n/a	4/8
Faried Chopdat	10/10	4/5	n/a	11/12	5/5	n/a	n/a	n/a	5/8
Julian Duxfield	10/10	n/a	n/a	n/a	5/5	8/11	n/a	4/4	3/8
Bernie Morley	10/10	n/a	9/11	n/a	n/a	11/11	n/a	4/4	6/8
Claudia Paoloni	8/10	3/5	11/11	n/a	n/a	n/a	2/4	n/a	6/8
Will Smart	10/10	5/5	n/a	11/12	n/a	n/a	n/a	4/4	8/8
Helen Spice	10/10	5/5	9/11	11/12	n/a	n/a	n/a	n/a	7/8
Executive Directors									
Jon Burwell	5/10*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cara Charles-Barks	2/3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2/2
Lisa Cheek	6/7	n/a	7/8	n/a -	4/5	n/a	2/2	n/a	n/a
Luisa Goddard	3/3	n/a	3/3	n/a	n/a	n/a	2/2	n/a	n/a
Jude Gray	9/10	n/a	n/a	n/a	5/5	n/a	n/a	n/a	n/a
Steve Haig	9/10	n/a	10/11	n/a	n/a	n/a	1/4	n/a	n/a
Felicity Taylor-Drewe	6/6	n/a	n/a	4/6	n/a	6/7	n/a	n/a	n/a
Benny Goodman	4/4	n/a	n/a	5/5	n/a	4/4	n/a	n/a	n/a
Claire Thompson	9/10	n/a	n/a	9/12	n/a	8/11	n/a	4/4	n/a
Simon Wade	10/10	n/a	8/11	11/12	n/a	10/11	n/a	3/4	n/a
Jon Westbrook	9/10	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5/5

*Joint Chief Digital Officer with Salisbury Hospital NHSFT (split times between trust Boards as on same day)

Audit, Risk & Assurance Committee Annual Report 2024/25

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 2024/25, 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 were no items rated limited assurance in 2024/25

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 in 2024/25 was provided by KPMG LLP.

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 2024/25 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 2024/25.

Internal audit		Assurance rating
01/24	Cyber Security	Significant assurance with minor improvement opportunities
02/24	Procurement	Partial assurance with improvements required
03/24	Admissions	Partial assurance with improvements required
04/24	Divisional Risk Management	Significant assurance with minor improvement opportunities
05/24	Workforce Controls (Core Financial Controls)	N/A
06/24	Data Quality – No Criteria to Reside	Partial assurance with improvements required
07/24	Medical Rostering	Partial assurance with improvements required
08/24	EPR Implementation	Significant assurance with minor 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 Procurement Report there were two high risk areas reported which was around completion of a declaration of interest forms, and two high risk areas report within the data quality report around responsibility and oversight. The procurement high risk areas has been rectified and a report was presented to the Committee in November 2024. The risk areas within the data quality report will be progressed in 2025.

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 2024 LCFS conducted Reporting Culture and Secondary Employment audits, and reported no high risk areas of concern.

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 2024/25 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 133.

All prior year recommendations were implemented and closed during 2024/25.

The Committee also reviewed the fees charged by Deloitte and the scope of work undertaken.

The Audit Committee is also responsible for monitoring the external auditor's independence and objectivity, including the effectiveness of the audit process. The committee reviews the effectiveness of the audit process including verifying compliance with statutory requirements and deadlines, communication with key senior management personnel, satisfactory planning processes, and confirmation that the provision of staff to carry out work for the Trust are those named and qualified

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 five occasions in 2024/25.

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)	5/5
Fariad Chopdat, Non-Executive Director	4/5
Claudia Paoloni, Non-Executive Director	3/5
Will Smart, Non-Executive Director	5/5

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 2024/25

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.

19 June 2024	12 September 2024	14 November 2024
External Auditor <ul style="list-style-type: none"> ISA260 Report 23/24 Internal Auditor <ul style="list-style-type: none"> Annual Report & Head of Internal Audit Opinion 23/24 Progress Report and Action Tracker Counter Fraud Annual Report 23/24 Counter Fraud Progress Report Internal Audit Reports <ul style="list-style-type: none"> HFMA Follow Up Final Report Consultant Job Planning Report Data Security & Protection Toolkit Report Capital Planning Report Financial Processes <ul style="list-style-type: none"> Losses & Compensations 23/24 National Cost Collection 23/24 Pre-submission Compliance <ul style="list-style-type: none"> Draft Annual Report & Accounts 2024/25 Annual Committee Effective Report 	Assurance <ul style="list-style-type: none"> Procurement - Update on implementation of No PO, No Pay Policy Cyber Security Annual Report SAFE Annual Report Single Tender Actions Assurance & Risk <ul style="list-style-type: none"> Surgery, Women's & Children Division Risk Review Electrical Incident Risk Review External Auditor <ul style="list-style-type: none"> Progress Report Annual Report 223/24 Internal Auditor <ul style="list-style-type: none"> Progress Report and Action Tracker Cyber Security Report LCFS Progress Report Financial Processes <ul style="list-style-type: none"> National Cost Collection 2023/24 – post-submission assurance report Losses & Compensation Report Q1 24/25 	Assurance & Risk <ul style="list-style-type: none"> Procurement Declarations of Interest Review Medicine Division Risk Review Board Assurance Framework Risk Report External Auditor <ul style="list-style-type: none"> Progress Report Internal Auditor <ul style="list-style-type: none"> Internal Audit Progress Report LCFS Progress Report Internal Audit Reports <ul style="list-style-type: none"> Procurement Report Admissions Report Financial Processes <ul style="list-style-type: none"> Losses & Compensations Q1

	Compliance <ul style="list-style-type: none"> Document signed under Trust Seal 	
16 January 2025	6 March 2025	
Assurance <ul style="list-style-type: none"> Procurement – Final Internal Audit Report – Declarations of Interests documented Single Tender Actions Assurance & Risk <ul style="list-style-type: none"> Corporate Dept Risk Review July Electrical Incident Risk Management Clinical Coding Update External Auditor <ul style="list-style-type: none"> External Audit Plan 24/25 Internal Auditor <ul style="list-style-type: none"> Progress Report LCFS Progress Report Internal Audit Reports <ul style="list-style-type: none"> Divisional Risk Management Report Financial Processes <ul style="list-style-type: none"> Losses and compliance Q3 Compliance <ul style="list-style-type: none"> NHSE Code of Governance for NHS Providers Compliance Schedule 	Assurance& Risk <ul style="list-style-type: none"> Integrated & Community Care Division Risk Review External Auditor <ul style="list-style-type: none"> External Audit Interim Report 24/25 Annual Reporting Timetable Internal Auditor <ul style="list-style-type: none"> Progress Report Draft IA Plan 25/26 LCFS progress report LCFS Plan 25/26 Internal Audit Reports <ul style="list-style-type: none"> Workforce Controls Report Data Quality Report Secondary Employment Review (LCFS) Reporting Culture (LCFS) Financial Processes <ul style="list-style-type: none"> National cost collection 23/24 Compliance <ul style="list-style-type: none"> 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 BSW Hospitals Group. 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 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 (now BSW Hospitals Group), 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 2024/25 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 2024/25.

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 2024/25, 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, when required, 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 2024.

The 2024 governor election process commenced in August 2024 with scheduled pre-election workshops to support those wishing to nominate themselves by providing more information about the role of a Governor, the

commitment and opportunities available, and an overview of the election process. The 2024 Election saw five public governor vacancies and one staff governor vacancies.

Public governors elected:

- Wiltshire Northern – Sarah Marshall
- Wiltshire Central – Chris Callow (re-elected)
- West Berkshire & Oxfordshire – Stephen Baldwin

Staff governor elected

- Allied Health Professionals – Caroline Olukemi

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. 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.

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 6 meetings of the Council of Governors in 2024/25, which included 3 extraordinary meetings:-

Date	Meeting
29 April 2024	Council of Governors
8 July 204	Council of Governors – this was an extraordinary meeting to consider the Case for Change : Collaborative opportunities and future leadership & governance arrangements
4 September 2024	Annual Members Meeting
4 October 2024	Council of Governors – this was an extraordinary meeting to consider and approve the appointment of a Group Chief Executive Officer
27 November 2024	Council of Governors
18 March 2024	Council of Governors – this was an extraordinary meeting to consider and approve the recruitment process for the Joint Chair and the establishment of a Joint Nominations Committee within the BSW Hospitals Group

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 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 2024/25.

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

Development & Insight	Date Provided	Learning Outcome
Activities that assist in the development, understanding and knowledge of the Trust		
Public Lectures		
Prostate Cancer	07 May 2024	1 & 2
Dementia	10 June 2024	
HRT & Menopause	13 November 2024	
ADHD	22 January 2025	
Breast Cancer	26 February 2025	
Governor Visits – virtual		
Children’s Ward	12 April 2024	1 & 2 & 3
Huddle – Neonatal Ward	16 August 2024	
Council of Governor Meeting Presentations		
Virtual Ward Progress Update Community Services Contract	29 April 2024	1 & 2
Case for Change – moving to a Group Model	08 July 2024	
Strategic Strategy / Trust Strategy Community Services Contract / Group Model Staff Survey	27 November 2024	
Business & Planning Working Group – discussion topics at meetings		
Finance Board Report and FDIC Risk reports	All meetings	1 & 2
People’s Experience & Quality Working Group - discussion topics at meetings		
CQC – New Approach	07 August 2024	1 & 2
AHP Recruitment and Retention	30 October 2024	
Update on Progress of Mandatory Safeguarding Training in Maternity	30 October 2024	
Update on Loop Implantation	05 March 2025	
CQC – New Approach	07 August 2024	

Informal Governor Meeting Presentations		
NED engagement	24 June 2024 16 September 2024 24 March 2025	5
Others		
Improving Together Session	24 June 2024	1 & 2 & 3 & 4
Governor Focus Conference – zoom	9 July 2024	
Integrated Front Door Opening	19 July 2024	
Digital Patient Communication Engagement Event	25 July 2024	
Governwell Induction	29 January 2025	
Accountability and Holding to Account (RUH)	05 February 2025	
Invitation to Share Future BSW Community Services	18 February 2025	
Learning from Deaths Quarterly Meeting	10 March 2025	
Hospital Radio	24 October 2024 28 February 2025	

The Governors were also involved in:-

- Annual reviews of the Trust Chair and Non-Executive Directors performance
- Approval of the decision by the Remuneration Committee to appoint the Group CEO
- Considered and approved the approach in the recruitment of the Group Joint Chair role
- Holding the Non-Executive Directors to account on a number of issues such as recovery plans, financial management, site development.
- Considered the Quality Account's quality indicators
- Input views and observations into the developments of the new GWH Trust Strategy 'local strategic direction 2025 – 2028 and planning 2024/25
- Governors attended the NHS Provider Conference 2024
- The Lead Governor & Deputy Lead Governor met with the Lead Governors of the other two acute trusts in the BSW Hospitals Group to develop relationships and share best practice
- The Lead Governor attended the opening of the new Integrated Front Door
- Received the Trust's Annual Report and Accounts at the Annual Members Meeting on 25 September 2024.
- Attended a number of events during the year which included Governor/Member coffee morning, Digital Patient Communication event, numerous health talks, and Hospital Radio.

In 2024/25 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 2024/25

Governor	Constituency	Number of Terms	Current Term of Office (date ending)	Attendance Council of Governor meetings
Public Constituencies – Elected Governors				
Ashish Channawar	Swindon	2	3 years (re-elected term ends Nov-25)	2/4
Judith Furse	Swindon	2	3 years (re-elected term ends Nov-25)	4/4
Pauline Cooke	Northern Wiltshire	3	3 years (term ended Nov-24)	1/1
Chris Callow	Central Wiltshire	2	3 years (term ends Nov-25)	3/4
Sarah Marshall	Northern Wiltshire	1	3 years (term ends Nov-27)	1/1
Raana Bodman	Swindon	1	3 years (re-elected term ends Nov-25)	2/4
Cecelia Olley	Swindon	1	3 years (term ends Nov-25)	2/4
Lesley Hemingway	Swindon	1	3 years (term ends Nov-25)	4/4
Natalie Titcombe	Swindon	1	3 years (term ends Nov-25)	4/4
Vivien Coppen	Swindon	1	3 years (term ends Nov-25)	4/4
Stephen Baldwin	West Berks & Oxford	1	3 years (term ends Nov-27)	1/1
Staff Constituency – Elected Governors				
Chris Shepherd	Administrators, Maintenance, Auxiliary & Volunteers	2	3 years (re-elected term ends Nov-25)	4/4
Caroline Borishade	Allied Health Professionals	1	3 year term (ending Nov-27)	1/1
Emma Wiltshire	Hospital Nursing and Therapy Staff	1	3 year term (ending Nov-25)	4/4
Tony Pickworth	Doctors & Dentists	1	3 year term (ending Nov-25)	4/4
External Stakeholders - Appointed Governors				
Leah Palmer	New College, Swindon	1	3 year term (ending Jan-26)	3/4
Ray Ballman	Local Authority – Swindon Borough Council	1	Term ends May 2025	3/4
Sam Pearce-Kearney	Local Authority – Wiltshire Council	1	3 year term (ending Jul 27)	1/2

As at 31 March 2025 vacancies remained as follows:-

Wiltshire Northern – 1 seat

Wiltshire Central & Southern – 1 seat

Rest of England & Wales – 1 seat

Director attendance at Council of Governor Meetings 2024/25

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)	3/4
Lizzie Abderrahim	3/4
Faried Chopdat	0/4

Attendees at Council of Governors (Non-Executive Directors)	Attendance from 3 Council of Governor meetings
Claudia Paoloni	1/4
Helen Spice	1/4
Will Smart	3/4
Julian Duxfield	2/4
Bernie Morley	2/4
Attendees at Council of Governors (other)	
Jon Westbrook (Acting Chief Executive) from 1-Jan-24	1/4
Caroline Coles (Company Secretary)	4/4

Lead and Deputy Lead Governors

The Lead Governor and Deputy Lead Governor in place during 2024/25 were:

Lead Governor : Chris Callow/ Natalie Titcombe(from November 2024)

Deputy Lead Governor : Natalie Titcombe/Chris Callow (from November 2024)

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 meets 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 2024, 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, Member coffee morning
- Recruitment Fairs
- Careers Fairs
- 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 24 January 2025.

Total Number of Members across all Constituencies	2023/24	2024/25
Swindon	2731	2731
North Wiltshire	1061	1023
Central & Southern Wiltshire	626	614
West Berkshire and Oxfordshire,	617	612
Out of Trust Area	6	5
Rest of England and Wales	13	625
Staff	6,840	6,992
TOTAL	11,894	11,990

Public Constituency	2023/24	2024/25
At year start (1 April)	5,141	5,054
New Members	51	90
Members leaving	98	146
At year end (31 March)	5,054	4,998

This shows a decrease in public members of 146, a combination of deceased and database refresh.

Staff Constituency	2023/24	2024/25
At year start (1 April)	6,725	6,840
At year end (31 March)	6,840	6,992

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 2024/25	Staff 2024/25	Total 2024/25
0-16	0	1	1
17-21	10	106	116
22+	4941	6885	11826
Unknown	47	0	47
Total	4,998	6,992	11,990

Ethnicity	Public 2024/25	Staff 2024/25	Total 2023/24
White	2,811	7	2,818
Mixed	30	0	30
Asian or Asian British	241	2	243
Black or Black British	51	2	53
Other	26	0	26
Unknown	,1838	6979	8,817
Total	4,998	6,992	11,990

Gender	Public 2024/25	Staff 2024/25	Total 2024/25
Male	1,692	159	1,851
Female	2,790	1,020	3,810
Unspecified	515	5,813	6,328
Transgender	1	0	1
Total	4,998	6,992	11,990

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 2025/26; 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 2025/26

We are confident we will maintain member numbers and we will continue to communicate key information to all our members when required.

Our first face to face member/governor coffee morning was successful and there are plans to run further themed sessions

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 Note 9 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 2024/25 (nil in 2023/24).

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 slight deterioration in the Better Payment Practice Code deliverables in relation to NHS Payables over the year, arising from workflow issues. Cash has been tightly managed to ensure sufficient funds are available and to improve the payment of creditors as they fall due and to ensure continuation of services.

	2024/25	2024/25	2023/24	2023/24
Non-NHS Payables	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	66,127	318,499	61,454	285,697
Total non-NHS trade invoices paid within target	<u>62,171</u>	<u>304,915</u>	<u>57,378</u>	<u>275,260</u>
Percentage of non-NHS trade invoices paid within target	<u>94.0%</u>	<u>95.7%</u>	<u>93.4%</u>	<u>96.3%</u>
NHS Payables				
Total NHS trade invoices paid in the year	1,594	15,709	2,080	17,275
Total NHS trade invoices paid within target	<u>1,183</u>	<u>10,662</u>	<u>1,706</u>	<u>13,664</u>
Percentage of NHS trade invoices paid within target	<u>74.2%</u>	<u>67.9%</u>	<u>82.0%</u>	<u>79.1%</u>

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. This confirmation is given and should be interpreted in accordance with the provisions of [s418 of the Companies Act 2006](#).

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 £34.3m (2023/24, £32.0m) and includes income received for non-patient related activities. It includes income received for education and training for clinical staff £19.6m (2023/24, £17.4m), research and development £0.9m (2023/24, £0.7m), car parking income, pharmacy sales and accommodation, £2.7m (2023/24, £2.7m), income from charitable fund incoming resources £0.6m (2023/24 £0.7m), income from services provided to other organisations £4.1m (2023/24, £4.1m) and £6.4m other is derived from services provided in support of health care (2022/23, £6.4m).



Cara Charles-Barks
Chief Executive
Date 26 June 2025

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 benefits of senior managers provided in the tables within this section of the report.

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

Membership of Remuneration Committee

In 2024/25 Committee membership was:

- Trust Chair (chair)
- All Non-Executive Directors and Associate Non-Executive Directors
- Chief Executive (except those at which their salary and terms and conditions are being discussed).

In attendance:-

- The Chief People Officer (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 2024/25 the Remuneration Committee met on eight occasions.

Record of attendance at each meeting

(✓ = attended ✕ = did not attend n/a = was not a member)

	2024							2025
Members Name	22 May	22 July	8 Aug	16 Sept	10 Oct	29 Oct	18 Nov	10 Jan
<i>Non-Executive Director</i>								
Liam Coleman (Chair)	✓	✓	✓	✓	✓	✓	✓	✓
Lizzie Abderrahim	✕	✓	✕	✓	✓	✓	✕	✕
Faried Chopdat	✓	✕	✓	✕	✓	✓	✕	✓
Julian Duxfield	✕	✕	✓	✕	✕	✓	✓	✕
Claudia Paoloni	✓	✓	✕	✓	✓	✕	✓	✓
Helen Spice	✓	✓	✓	✓	✕	✓	✓	✓
Bernie Morley	✓	✕	✓	✕	✓	✓	✓	✓
Will Smart	✓	✓	✓	✓	✓	✓	✓	✓
<i>Executive Directors</i>								
Jon Westbrook	✓	✓	✓	✓	✕	n/a**	n/a**	n/a**
Cara Charles-Barks							✓	✓
<i>In attendance</i>								
Chief People Officer	✓	✕	✓	✕	✓	✓	✓	✕*
Company Secretary	✓	✓	✓	✓	✓	✓	✓	✓

*Deputy Chief People Office attended in absence of Chief People Officer

**No longer member of Remuneration Committee

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 2024/25 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 annual remuneration review was conducted in August and the Committee approved the recommended pay award of 5% to VSM in line with the recommendation from NHS England.

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

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

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

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

In considering Executive and Non-Voting Board Directors (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 8 August 2024.

Board of Directors' employment / engagement terms

Executive Directors

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 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.

Non-Executive Directors

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 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'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 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, Population and Place Committee Chair	£1,000 pa
Quality & Safety Committee Chair	£1,000 pa
Finance, Infrastructure & Digital Committee Chair	£1,000 pa
People & Culture Committee	£1,000 pa
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 : 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 2024/25 there was no change to the remuneration, or allowances, of NEDs

The Trust's remuneration policy in respect of salary, pension and benefits is outlined in the following table.

Salary		Pension and benefits
Purpose and link to strategy	To provide a core reward for the role. Salary is set at a level appropriate to secure and retain the high calibre individuals needed to deliver the Trust's strategic priorities, without paying more than is necessary.	NHS Pension Scheme arrangements provide a competitive level of retirement income. Life assurance/death in service benefits may be provided as part of an individual's pension arrangements.

Operation	<p>When determining salary levels, an individual's role, experience and performance, and independently sourced data for relevant comparator groups are considered.</p> <p>Executive director salaries are inclusive of a high cost area supplement.</p> <p>Salary increases typically take effect from 1 April each year.</p>	<p>Executive directors are eligible to receive pension and benefits in line with the policy for other employees.</p> <p>Pension arrangements are in accordance with the NHS Pension Scheme. There is no cash alternative.</p> <p>The NHS Pension Scheme is made up of the 1995/2008 Section legacy membership and the 2015 Section for all from 01/04/2022. New executive directors are entitled to join the 2015 Section, which is a career average revalued earnings scheme.</p>
Opportunity	<p>There is no formal maximum limit, however salary increases will ordinarily be in line with increases for the wider NHS workforce (not including incremental progression increases) as recommended by the NHS Pay Review Body.</p> <p>Increases may be higher to reflect a change in the scope of an individual's role, responsibilities or experience.</p>	<p>Existing executive directors are covered by the provisions of the NHS Pension Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Details of the 2024/25 pension benefits of individual executive directors are available in the single total figure table in the annual report on remuneration. Total pension entitlement for each executive director is available in the total pension entitlement table.</p>
	<p>Where a new executive director has been appointed to the Board on a salary lower than the typical Trust level for such a role, the salary may be reviewed as the executive director becomes established in the role.</p> <p>Salary adjustments may also reflect wider external market conditions.</p> <p>Salary levels for 2023/24 are set out in the single total figure table in the annual report on remuneration.</p>	<p>A new external recruit will be eligible to join the NHS Pension Scheme. The main features of the 2015 Scheme include:</p> <ul style="list-style-type: none"> • a career average revalued earnings (CARE) scheme with benefits based on a proportion of pensionable earnings each year during the individual's career • a build-up rate of 1/54th of each year's pensionable earnings with no limit on the number of years that can be taken into account. This is a higher build-up rate than the 1995/2008 Scheme • revaluation of active members' benefits in line with inflation, currently the Consumer Price Index (CPI) plus 1.5% per annum • a normal pension age at which benefits can be claimed without reduction for early payment linked to the state pension age. <p>In accordance with NHS Pension Scheme rules, the employer contribution rate is 23.7%.</p>

Salary

Pension and benefits

Performance Measures	The overall performance of the individual is a consideration when reviewing salaries.	None.
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Annual Statement of the Remuneration Committee summarising the financial year 2024/25

During the year the Committee agreed the following:

22 May 2024 - Due to the resignation of the Chief Nurse and Chief Operating Officer the Committee approved the recruitment process and associated terms of condition.

7 June 2024 - Via circular the Committee approved the extension of the interim roles of Acting Chief Executive Officer, Acting Chief Medical Officer and Acting Deputy Chief Executive Officer until the Group CEO and subsequent Managing Director appointments were made

22 July 2024 – The Committee approved the appointment of the Chief Nurse.

8 August 2024 – The Committee considered the Executive Directors appraisal for 2023/24 and objectives for 2024/25. The Committee also reviewed the VSM annual remuneration review and approved the uplift recommended by NHS England.

16 September 2024 – The Committee considered and approved the process for the appointment of a Group Chief Executive and ratified the appointment of the Chief Operating Officer following approval via circular on 12 August 2024.

10 October 2024 – The Committee approved the appointment of the Group Chief Executive Officer and a pay award for the Acting Chief Medical Officer.

29 October 2024 – The Committee considered and approved the Group Chief Executive Officer agreement for Joint Senior Appointment and supported the Chief Operating Officer (COO) cover arrangements until the new substantive COO commenced in post.

18 November 2024 – The Committee approved the recruitment process for the Managing Director post and the interim cover arrangements during the recruitment process for the substantive post.

10 January 2025 – The Committee approved the creation of two group roles: Group Transformation & Technology Officer and Group Strategy Officer.

Remuneration Tables – 2024/25

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
Faried Chopdat	Non Executive Director	10-15	0	0	0	0	10-15
Liam Coleman	Chairman	40-45	0	0	0	0	40-45
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
Cara Charles-Barks	Joint Chief Executive Officer / Accountable Officer	40-45	0	0	0	142.5-145	180-185
Lisa Cheek	Chief Nurse	95-100	0	0	0	0	95-100
Luisa Goddard	Chief Nurse	40-45	0	0	0	50-52.5	95-100
Felicity Taylor-Drewe	Chief Operating Officer	80-85	0	0	0	17.5-20	100-105
Rob Presland	Acting Chief Operating Officer	10-15	0	0	0	2.5-5	10-15
Benny Goodman	Chief Operating Officer	45-50	0	0	0	10-12.5	55-60
Simon Wade	Chief Finance Officer & Acting Deputy CEO	155-160	0	0	0	47.5-50	205-210
Judith Gray	Chief People Officer	145-150	0	0	0	37.5-40	185-190
Claire Thompson	Chief Officer of Improvement and Partnerships	130-135	0	0	0	17.5-20	145-150
Jon Westbrook	Chief medical Officer, Acting Chief Executive and Interim Managing Director	195-200	0	0	0	0	195-200
Stephen Haig	Acting Chief Medical Officer	180-185	0	0	0	162.5-165	345-350

1) NEST Pension scheme. Jon Westbrook has opted out.

2) Jon Westbrook ceased as the Chief Executive and started as the Interim Managing director on 1st November 2024

3) Cara Charles-Barks started on 1st November 2024, Luisa Goddard started 1st December 2024, Benny Goodman started 25th November 2024

4) Lisa Cheek left the Trust on 30th November 2024

5) Felicity Taylor-Drewe left the Trust on 25th October 2024

6) Rob Presland started on 26th October 2024 and left on 24th November 2024

7) Cara Charles-Barks salary is split across RUH, SFT and GWH at 35%, 35% and 30% of her full salary costs (£275-280k) starting from 1 November 2024, however all her pension costs are being reported through each organisation for completeness.

8) Lisa Cheek pension related benefits are zero as benefits have been claimed early

Remuneration 2023/24

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 Ravan	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 Ravan joined on 1st April 2023 and Claire Lehman on 1st April 2023.

7) Stephen Haig became a Senior Manager 1st Jan 2024

Pension Benefits

Pension Benefits 2024/25

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 2025 (Bands of £5,000)	Lump Sum at Pension Age related to Accrued Pension at 31 March 2025 (Bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2024	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025	Employer's Contribution to Stakeholder Pension
		£000	£000	£000	£000	£000	£000	£000	£000
Cara Charles-Barks	Joint Chief Executive Officer / Accountantable Officer	7.5-10	10-12.5	55-60	125-130	1,048	140	1,219	0
Lisa Cheek	Chief Nurse	0	0	65-70	170-175	1,680	0	0	0
Luisa Goddard	Chief Nurse	2.5-5	15-17.5	50-55	140-145	1,018	62	1,274	0
Felicity Taylor-Drewe	Chief Operating Officer	0-2.5	0	35-40	0	466	22	535	0
Rob Presland	Acting Chief Operating Officer	0-2.5	0	30-35	0	390	4	469	0
Benny Goodman	Chief Operating Officer	0-2.5	0	10-15	0	140	10	180	0
Simon Wade	Chief Finance Officer & Acting Deputy CEO	2.5-5	0-2.5	50-55	135-140	1,028	68	1,165	0
Judith Gray	Chief People Officer	2.5-5	0	15-20	0	200	48	262	0
Claire Thompson	Chief Officer of Improvement and Partnerships	0-2.5	0	45-50	115-120	896	37	994	0
Jon Westbrook	Chief medical Officer, Acting Chief Executive and Interim Managing Director	0	0	0	0	0	0	0	0
Stephen Haig	Acting Chief Medical Officer	7.5-10	15-17.5	60-65	155-160	1,108	186	1,369	0

The pension figures shown relate to 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 that the individual has transferred to the NHS Pension scheme. They also include any additional years of pension service in the scheme at their own cost.

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

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

Expenses of Directors and Governors

Expenses 2023/24 – 2024/25

Aggregated sum £00

Expense Disclosure	Total number in Office 2023/24	Total number in Office 2024/25	Total Receiving Expenses 2023/24	Total Receiving Expenses 2024/25	Aggregated sum of expenses paid 2023/24 (£00)	Aggregated sum of expenses paid 2024/25 (£00)
Directors	9	11	5	5	15	17
Governors	13	11	9	9	71	86

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.

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 2025.

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 2024/25 was £195,000 - £200,000 (2023-24, £180,000 - £185,000). This is a change between years of 6.6%. This is paid on payments made to the director during the year and does not include national pay awards agreed retrospectively for 2023/24.

Executive Name and Title	Total Remuneration	
	2024/25 £'000	2023/24 £'000
Jon Westbrook, Managing Director *	195-200	180-185

*Moved from Acting Chief Executive to Managing Director 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 2024/25 was from £7,315 to £363,557. 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%. There were 15 Clinical staff that have received payments for additional activity/WLI's that took their annual pay over the Top Directors Pay. Their basic salary however, remained below the highest paid Director).

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.

2024/25	25th percentile £	Median £	75th percentile £
Salary component of pay	25,674	36,483	51,873
Total pay and benefits excluding pension benefits	29,048	39,514	53,614
Pay and benefits excluding pension: pay ratio for highest paid director	6.7	4.95	3.65

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

Payments for Loss of Office

There were no payments made for loss of office during 2024/25.

Payments to past senior managers

There were no payments made to past senior managers during 2024/25.



Cara Charles-Barks
Chief Executive
Date 26 June 2025

ACCOUNTABILITY REPORT

Staff Report

Introduction

This section of the annual report presents a summary of workforce development activity at Great Western Hospitals NHS Foundation Trust for the 12-month period from April 2024 to March 2025. It demonstrates how the Trust has engaged and involved staff in shaping, delivering, and improving services, in alignment with our People Strategy and the core principles of the NHS People Promise.

In line with the NHS Foundation Trust Annual Reporting Manual (2024–25), this report fulfils the requirement to provide a clear and transparent overview of:

- Staff involvement in Trust performance and decision-making, including a summary of results from the 2024 NHS Staff Survey, feedback mechanisms, consultation processes, and action planning.
- Progress against our Equality, Diversity and Inclusion (EDI) ambitions, with detail on workforce demographics, policy development, training activity, and inclusive practice improvements aligned with the EDI Strategy.
- Monitoring of staff wellbeing and attendance, including sickness absence trends, the Trust's approach to health, safety and wellbeing, and our commitment to creating a restorative, learning culture.
- Governance and oversight of workforce-related risk, including processes to identify and mitigate fraud and corruption, manage additional workforce expenditure, and report on Trade Union facility time and consultancy use.

This year marked the final phase of delivery of our 5-year People Strategy (2019–2024), which translated the NHS People Plan into a local vision centred around creating an inclusive, engaged, and high-performing workforce. This period of reflection also acts as a springboard for the development of a refreshed Trust Strategy and People Plan in 2025, aligned with group ambitions and the evolving needs of a modern, transformational healthcare service.

What follows is a summary of key achievements, learning, and areas for further development. It offers assurance of our progress and sets the direction for the next stage of workforce transformation at the Trust.

Governance – Fraud, Corruption, and Bribery

The Trust has an accredited counter fraud team provided through KPMG, and 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. 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. In 2024/25 the LCFS team's proactive focus was on secondary employment, reporting culture and procurement.

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 2024/25 return is green overall.

A new offence relevant to NHS fraud, the failure to prevent fraud, was introduced under the Economic Crime and Corporate Transparency Act 2023. In 2025/26 the NHS Counter Fraud Authority will issue guidance to the Trust and counter fraud team as to how NHS Trusts are potentially impacted and how fraud prevention measures can be developed in line with the new offence. Further information on implementation of the new legislation will be provided in the Annual Report 2026/2027.

Freedom to Speak Up

The Trust remains committed to fostering a culture of openness, safety, and accountability through its Freedom to Speak Up (FTSU) service, aligned with guidance from the National Guardian's Office. In 2024/25, the Trust strengthened its service by expanding the Lead Guardian role from two to four days per week and increasing the number of FTSU Guardians to nine, with plans to grow the network and introduce FTSU Ambassadors in 2025/26.

Throughout the year, 58 FTSU concerns were raised, most commonly relating to bullying and harassment (18 cases) and inappropriate attitudes or behaviours (20 cases). All concerns were overseen independently and professionally by Guardians, who offer impartial support and work closely with senior leaders to ensure resolution and learning. Data on FTSU cases is routinely reported to the Trust Board, executive management, and the National Guardian's Office.

Simultaneously, there has been engagement with an external organisation, Clever Together. This is to support us to look into the channels for speaking up, and to help us strengthen our ambition to be a vision and values led organisation, enabling clarity on how people speak up and how the organisation listens up.

Looking ahead, the Trust will develop key performance indicators, a post-concern review process, and an FTSU user feedback survey. These initiatives will strengthen the service's transparency, accessibility, and impact, ensuring it continues to meet the needs of staff and supports a psychologically safe workplace for all.

Trade Union (Facility Time Publication Requirements)

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.

The Trust enjoys positive collaborative working relationships with Staff Side representatives from professional categories across the Trust, and time spent on Trade Union facility time is outlined in Section 5 of the Trust and Staff Side 'Employee Partnership Agreement 2024'

Employee Partnership Agreement, 2024 – Section 5

Paid time off - Where time with pay has been approved, the payment due will equate to the earnings the member of staff would otherwise have received had s/he been at work (this includes travel expenses in accordance with the Trust's expenses policy).

Facilities Duties (paid time off) - examples include attendance at planned meetings between staff and management sides, and staff side meetings agreed with management, meetings with members, consultation with members on proposed changes, Union Representative Training and Job Evaluation.

Trade Union Activities (unpaid time off) - attending workplace meeting to discuss and vote on the outcome of negotiation with an employer, voting on union elections, branch, area or regional meetings of union where business of the union is under discussion, meeting of official policy making bodies such as annual conference.

Table 1 - Relevant Union Officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
22	18.82

Table 2 - Percentage of time spent on facility time

Percentage of time	Number of Employees
0%	0
1-50%	21
51-99%	1
100%	0

Table 3 - Percentage of pay bill spent on facility time

Total cost of facility time	£27,686.41
Total pay bill	£346,498,293
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	0.86%
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The data is published by 31 July each year on the government website - facility.time.reporting@notifications.service.gov.uk

Expenditure on consultancy

Expenditure on consultancy in 2024/25 was £72,000 (2023/24 was nil).

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 2025. The number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year is 21. 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 2025	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 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
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 : off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025

	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	21

Delivering our People Strategy: April 2024 - March 2025

In 2024/25, the Trust continued to deliver against the ambitions of the People Strategy 2019–2024, which set out to build an inclusive, supportive, and high-performing environment where staff feel proud to work and are empowered to deliver outstanding patient care. As the final year of the five-year strategy, efforts were focused on embedding a sustainable and values-led workforce model while preparing for the development of the next iteration of the Trust People Plan.

Key achievements included the successful embedding of the Equality, Diversity and Inclusion Strategy, development of a workforce recovery plan, and implementation of a refreshed Resourcing Plan to enhance recruitment, improve our market presence, and support collaboration across our group of Trusts. A People Promise Manager was appointed through NHS England funding to lead targeted work on retention, while flexible working options and integrated recruitment approaches supported a more adaptable workforce. The Trust strengthened its position as an Employer of Choice through targeted outreach and inclusive communications and invested in leadership development through national-aligned programmes and an annual Leadership Conference on Allyship. Central to all improvements was the use of the ‘Improving Together’ methodology, supporting staff-led problem solving and continuous improvement.

Workforce Overview: Staff Numbers, Costs and Composition

Workforce Key Performance Indicators (KPI's)

Trust workforce performance is measured across core Key Performance Indicators (KPI), as presented in Table 1. Dashboard data sets are compiled by the Workforce & Insights department, recording 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 at Divisional performance meetings. The provision of KPI data for our workforce drives a culture of data informed monitoring, management and performance improvement and is inclusive of all medical and non-medical professional groups.

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

Table 1 – Trust Core Workforce KPI Range

Core Workforce KPI	Trust Target	Performance	Data
Sickness Absence	3.5%	4.7%	Mar-25
Turnover (Voluntary)	11%	11%	Mar-25
Vacancy Factor	7%	3%	Mar-25
Mandatory Training	85%	92.3%	Mar-25

Core Workforce KPI	Trust Target	Performance	Data
Appraisal	85%	84%	Mar-25
Agency Spend as % Total Spend	4.5%	1.7%	2024/25

Further information can be found at [NHS workforce statistics](#)

Sickness Absence

In 2024, the Trust strengthened its approach to sickness absence management to better balance staff wellbeing with service continuity. Recognising the need for additional support, the People Operations team launched a series of targeted initiatives aimed at improving both policy and practice.

A new monthly Improving Attendance working group was established to gather insight from clinical and non-clinical teams, share best practice, and identify barriers to effective sickness management. A revised Absence Management Policy, approved with Staff Side in March 2025, placed greater emphasis on short-term absence, clearer expectations for return-to-work, and included practical guidance on secondary employment, working from home when unwell, and use of ESR. Toolkits and updated guidance will support its launch in April 2025.

To support policy implementation, regular KPI reports and targeted sickness audits are underway to drive consistent practice and reduce long-term sickness, aiming to avoid any cases exceeding 12 months without exceptional justification. The Trust continues to promote its occupational health and wellbeing services throughout every stage of sickness absence management. Persistent themes include anxiety, stress, depression and musculoskeletal issues.

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

Staff Costs

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

Agency Spend

The Trust set stretching reductions on agency spend in 2024/25, aiming to reduce the overall spend to £5.4m. At year end, a total of £5.65m was spent on agency workers, which whilst above the target was a significant reduction on spend in 2023/24 (£9.9m).

Staff Exit Packages

No disclosable staff exit packages requiring treasury approval were paid in 2024/25.

This table discloses the number of non-compulsory departures which attracted an exit package in 2024/25 and the values of associated payments made in year:

	Agreements Number	Total Value of Agreements £000
Voluntary redundancies including early retirement contractual costs	0	0.0
Mutually agreed resignations (MARS) contractual costs	0	0.0
Early retirements in the efficiency of the service contractual costs	0	0.0
Contractual payments in lieu of notice	23	103.4

Exit payments following Employment Tribunals or court orders	1	23.8
Non-contractual payments requiring HMT approval *	0	0.0
Total	24	127.2
Of non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0.0

Workforce Profile

Table 2 - Breakdown of the Trust workforce profile as at March 2025

Employee Group (Average WTE)	2024/25	2023/24	2022/23	2021/20	2020/21
Medical and Dental	689	681	650	632	625
Ambulance staff	17	18	17	18	17
Administration and estates	1,093	1,062	511	515	533
Healthcare assistants and other support staff	1,132	1,170	1,582	1,496	1,481
Nursing, midwifery and health visiting staff	1,770	1,658	1,563	1,540	1,414
Scientific, therapeutic and technical staff	564	507	513	506	470
Substantive Total	5,265	5,094	4,837	4,707	4,540
Agency and contract staff	46	78	119	109	104
Bank staff	331	351	333	329	344
Other	0	0	0	0	0
Total Average Numbers	5,643	5,523	5,289	5,145	4,988

Workforce Demographic Profile

The Trust employs 6,056 staff, 3,489 (58%) full-time and 2,567 (42%) part-time. A profile of the workforce demographics is provided below:

	Female	Male	Total
Directors (Executive)	2	5	7
Directors (NED)	4	6	10
Other senior managers (8A+)	220	85	305
Employees	4,958	1,212	6,170

41%
Female

The Trust Board includes seven executives and ten non-executives. Seven (41%) are female and ten (59%) male, two (12%) are from an ethnic minority background and two (12%) are disabled or living with a long-term health condition.

12%
BME

Board appointments

The Trust actively takes steps to diversity the Board, including EDI representation during the recruitment process, succession planning process that consider skills and demographic mix.

12%
Disabled

All Board appointments are approved by Remuneration Committee and NED appointment of approved by the Council of Governors. The Board complete annual appraisal in accordance with guidance for NHS Leadership Competency Framework for board level leaders.

There is a clear succession plan for Board Members using scope for growth approach to identify future talent.

Workforce Profile

Year	Female	Male	BME	White	Disabled	Not Disabled	LGB	Hetero-sexual	Religion / Belief (all)
2022	82%	18%	24%	68%	3%	76%	2%	65%	
2023	82%	18%	27%	65%	4%	77%	2%	67%	54%
2024	82%	18%	30%	63%	5%	78%	2%	70%	57%

The Trust profile for male and female staff remains the same since 2023, there is notable improvements on the grounds of ethnicity (+3%), and steady year-on-year improvements for disability (+1%), however sexual orientation remains relatively the same. The data is impacted by non-disclosure rates – 16% have not shared whether they have a disability or not and 27% have not shared their sexual orientation.

Over time, disclosure rates are improving for all groups because of ESR updates including annual reminders and the profile of Equality, Diversity and Inclusion has increased including regular awareness events. Starters and Leavers data indicate that the Trust is making progress in attracting and retaining staff from diverse ethnic backgrounds, particularly Asian and Black staff. However, incomplete or unspecified data across all groups limits accurate analysis and may mask patterns of inequity. We will continue to enhance data quality by encouraging staff to update their information, promoting the use of exit interviews and exit surveys, which have been built into ESR and continuing to support and promote development initiatives to retain staff.

The Trust continues to advertise its roles via diverse channels including LinkedIn and there is an ongoing improvement plan to ensure job advertisements and job descriptions appeal to a wide audience. In 2025-26, KPIs will be reviewed and revised and review Service Level Agreements with recruitment agencies.

The Recruitment section of this report highlights initiatives we have undertaken to increase diversity and representation in the Trust, including in leadership roles.

Workforce Policy

The Trust maintains a comprehensive suite of workforce policies that underpin fair, consistent, and values-led people management across all staff groups. These policies provide a structured framework to guide decision-making, support effective workforce governance, and ensure compliance with employment legislation and NHS terms and conditions.

All workforce policies operate on a defined three-year review cycle, managed by the Human Resources department. In addition to the scheduled renewal process, policies are also reviewed and updated in response to changes in national legislation, NHS frameworks, and evolving good practice.

A core element of the Trust's policy governance is collaboration with Trade Union representatives. Draft and revised policies are reviewed by the Employee Partnership Forum (EPF) Policy Sub-Group and formally ratified at the full monthly EPF meeting. This collaborative approach supports open dialogue, transparency, and co-production with staff representatives to ensure policies are workable and reflect staff needs and concerns.

During the 2024 reporting period, a range of new and revised workforce policies were introduced, spanning areas such as people management, flexible working, safeguarding, and medical staffing. These included:

- **People Management and Wellbeing:** Updated policies on leave, carers, flexible working, redundancy, secondments, and baby loss support.
- **Safe and Inclusive Working:** Introduction of the Trust's Sexual Misconduct Policy and updates to the Drugs, Alcohol and Substance Misuse Policy.
- **Workforce Planning and Deployment:** New or revised guidance on electronic rostering, on-call duties, fixed-term contracts, and temporary staffing.
- **Learning and Development:** A refreshed Preceptorship Policy to support early-career staff.
- **Medical Workforce:** Specialist policies including Medical Leave, Consultant Acting Down, and Medical and Dental Revalidation.

These policies reflect the Trust's commitment to delivering a supportive, inclusive, and high-performing working environment, while ensuring strong governance and meaningful staff involvement in shaping the people practices that affect them.

Staff Turnover

Information on staff turnover can be found via NHS workforce figures published by NHS Digital and can be accessed via this link: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

National Retention Programme – People Promise Manager

In 2024, the Trust secured 12 months of national funding (Cohort 2) to appoint a People Promise Manager (PPM), focused on improving staff experience and retention across the seven NHS People Promise commitments. Using the national diagnostic tool, the PPM worked with key staff groups to assess priority areas through self-assessment, staff survey feedback, and turnover data. This informed a Trust-wide action plan, with targeted projects now underway or completed. Key highlights include:

- **Safe and Healthy:** Developed and launched a comprehensive Sexual Misconduct Policy, supported by ESR eLearning and a Trust-wide communications campaign.
- **Always Learning:** Co-developed and delivered the Expectations of Line Managers workshop and led the redesign of Trust Induction materials, including booklets and guides for new starters, buddies, and managers.
- **Voice that Counts:** Introduced a digital Exit Conversation process with ESR integration and a quarterly dashboard; also relaunched the Stay Conversations framework with updated guidance and communications.
- **Working Flexibly:** Digitalised the Flexible Working application process via ESR, with toolkits and guidance for staff and managers, and established a dashboard to monitor uptake and progress.
- **Recognised and Rewarded:** Partnered with external providers to deliver pension and financial wellbeing workshops, supporting staff to plan confidently for the future.

The PPM role has brought structure, pace and staff-centred insight to the Trust's retention efforts, aligning local action with national and system-level priorities.

Recruiting, Developing, Supporting and Including Our Workforce Staff Survey Report 2024/25

The NHS England mandated annual Staff Survey 2024/25 was open from September to November 2024 and the Trust participated across all professional staff groups and bank workers also completed a tailored survey relevant to their experience.

The Trust response rate was 71 percent of staff, equating to over 4,200 employees responding to the survey. We are proud that this response rate was the highest in the Southwest and in the top 10 nationally.

Key highlights include:

- 20 questions scored significantly better (19%) compared to sector
- 47 questions (43.52%) showed an improvement, and 3 questions (2.78%) showed a significant improvement to the score when compared to 2023 results
- The People Promise "We work flexibly is significantly better than sector score

People Promise Scores

Indicators	2024/25		2023/24		2022/23	
('People Promise' elements and themes)	Trust Score	Bench-marking group score	Trust Score	Bench-marking group score	Trust Score	Bench-marking group score
People Promise:						
We are compassionate and inclusive	7.23	7.21	7.25	7.24	7.16	7.18
We are recognised and rewarded	5.92	5.92	5.91	5.94	5.64	5.72
We each have a voice that counts	6.69	6.67	6.71	6.70	6.64	6.65
We are safe and healthy	6.14	6.09	6.11	6.08	5.83	5.88
We are always learning	5.71	5.64	5.69	5.62	5.38	5.35
We work flexibly	6.42	6.24	6.41	6.20	6.24	6.00
We are a team	6.77	6.74	6.78	6.75	6.64	6.64
Staff engagement	6.82	6.84	6.85	6.91	6.70	6.80
Morale	5.93	5.93	5.91	5.90	5.65	5.68

The Trust People Promise scores are aligned to the national benchmarking score other all areas other than "we work flexibly" which is significantly better than benchmarking score. The Trust is proud of the work to support flexible working and has introduced a new digital process for flexible working requests, which will also improve the data captured.

The Trust set up a Staff Survey Working Group who plays a pivotal role in ensuring that feedback from the annual NHS Staff Survey is translated into meaningful action. Meeting monthly, the group brings together HR and People professionals, divisional representatives, and the Equality, Diversity and Inclusion (EDI) Lead to review results, identify trends, and co-develop targeted initiatives. It serves as a key engine for driving cultural improvement, ensuring divisional ownership of actions and supporting alignment with the Trust's wider People and Culture priorities. The group reports directly to the People & Culture Subcommittee, providing assurance and governance over staff experience improvement work, and ensuring that actions taken are evidence-based, inclusive, and measurable. The group oversaw the following improvement plan.

Staff Survey Improvement Plans

The Trust strategic pillar relating to staff is “Staff and Volunteers feeling valued and involved in helping improve quality of care for patients”. The Trust pillar metric to ensure performance against this strategic pillar is the staff survey question “I would recommend my organisation as a place to work”. In the 2024 Staff Survey a result of 59% of staff responding they agree/strongly agree with this question was achieved against a stretch target of 63%.

Following a review of staff survey performance in the 2023 Survey, the Trust has utilised its continuous improvement methodology ‘Improving Together’ to identified ‘Teamwork’ as an area of opportunity to drive performance against our Pillar Metric of ‘Recommending as a place to work’ and therefore the breakthrough objective was identified as staff survey question 7C (“I receive the respect I deserve from my colleagues at work”) to drive further improvement in the 2024 Staff Survey.

The national average for this question is 70% in the 2024 Staff Survey, and the Trust achieved a result of 69% of staff agreeing/strongly agreeing with this question (2024 Staff Survey results). The Trust has set itself a 73% stretch target for 2025 staff survey.

The Trust continues to include additional questions in the quarterly pulse survey to better understand what staff voice as drivers to respect at work. The qualitative data received through the pulse surveys can be summarised as staff defining respect as “Belonging to a team and culture where staff are valued, heard, and all voices matter.”

Initiatives have been introduced during 2024 which we anticipate will support improvement in staff experience of receiving respect. These include:

- **Recognition:** Celebrating and valuing staff through introduction of face-to-face long service awards and the Great Place to Work campaign. The Hidden Hero recognition scheme also saw a 30% uptake. Stay Conversations were built into routine 1:1 conversations. The Trust continued the staff recognition initiatives which include birthday day off, annual staff awards and the annual Staff Great West Fest. GWH is the only Trust that runs an annual festival for friends and family to thank staff and families for their contributions.
- **Teams:** Roll-out of Expectations of a Line Manager training to embed leadership behaviours, promote support resources for people management, and upskill line managers. Introduction of Team Education Development tool to provide teams with local diagnostics and support action planning.
- **Inclusion and equality:** Recruitment and EDI Champion numbers have grown, these staff promote equality and inclusivity in the workplace and in recruitment processes. EDI conference in November 2024 and a programme of allyship and addressing unprofessional behaviours training.
- **Culture:** Clever Together diagnostic and streamlining of speaking up channels and behaviour frameworks across the Trust. Leadership behaviours introduced. Standard weekly promotion of health and wellbeing opportunities.

The Trust uses the Improving Together methodology with divisional engagement responding to stratified data to identify focus teams, support a ground-up feedback conversation through team and ward huddles, and senior leads undertaking go& see visits to better understand root causes and inform countermeasures.

Recruitment

Over the last 12 months the Recruitment team has had a busy year, there were 968 new starters which came from 34,258 applicants to join us this is up from 31,379 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 and the Recruitment Team managed to come in below 46 days every month in the 24/25 financial year which is a significant achievement.

Inclusive Recruitment

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

Member our organisation is recognised for ensuring that disabled people have opportunities to fulfil their potential and realise their aspirations.

Postgraduate Recruitment

In 2024 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 6 individuals were successful in joining us in August 2024 to undertake a one-year placement with the Trust.

During 24/25 the Medical Recruitment Team have dedicated themselves to filling hard to recruit consultant roles and have been successful in some key areas including Acute Medicine, Radiology and Paediatrics. A number of areas remain hard to fill and mirror the national picture, these include Urology, Dermatology and Anaesthetics.

Undergraduate recruitment

During 2024/25 we strengthened our teaching resource by recruiting 33 Clinical Teaching Fellows and appointed a Senior Clinical Teaching Fellow at 0.4 WTE. The posts are funded through the Medical Undergraduate Tariff (MUT) which we earn based on the number of students we teach.

Developing our Workforce

We are committed to creating an inclusive, healthy, and high-performing workplace, where all staff have access to development and feel valued. In 2024/25, significant progress was made in developing our workforce, through targeted leadership, clinical and non-clinical training, wellbeing support, and equality initiatives.

Staff accessed a broad range of learning opportunities, including clinical skills training, preceptorship programmes, and bespoke leadership development at all levels. The Expectations of Line Managers workshop was co-created and aimed at building confidence and consistency in people management, with a goal of 100% completion for all Band 6 and above managers by the end of 2025. Leadership capabilities were further strengthened through the Line Manager Education Programme, integration of inclusive leadership training, and promotion of the Trust's Leadership Behaviours via monthly communications and masterclasses. The Trust introduced new training routes such as the Registered Nurse Degree Apprenticeship and expanded our induction programme and Scope for Growth career conversations.

To promote a more inclusive culture, we delivered a range of EDI training including Inclusion Recruitment Champions, Cultural Competence, and Addressing Unprofessional Behaviours. We also held our first EDI Conference on Allyship, reinforcing the importance of inclusive leadership.

Health and wellbeing remained central to our offer. Through our Occupational Health and in-house psychological services, over 100 staff were trained in Mental Health First Aid, and Schwartz Rounds, TRiM support, and wellbeing events helped foster a compassionate and resilient workplace. Together, these initiatives reflect our commitment to empowering staff to deliver outstanding care.

Workforce and Leadership Development

Education, Training & Development

In 2024/25, the Trust expanded access to high-quality training through a strengthened clinical education programme, enhanced resuscitation capacity, and improved tools for tracking mandatory training via ESR. Compliance remained consistently above target despite the addition of new training subjects. Healthcare Support Workers benefited from streamlined training pathways, including the transition of the Care Certificate to an online format, and access to new training venues to meet growing demand.

The Apprenticeship Service continued to grow, with a rise in participation, levy utilisation, and visibility across the Trust. Initiatives like Think Wider and local apprenticeship networks helped connect more staff to career development routes, while short courses were added to support entry-level roles. Leadership and development programmes were delivered across all staff bands, supported by the launch of Scope for Growth career conversations, mentoring, and the new TED tool to support team development.

Medical and clinical education remained a core strength, with structured support for 266 doctors in training and 825 undergraduate students. The Trust maintained its reputation for excellence in pastoral care and reinvested a significant portion of education funding into service-wide improvements. Meanwhile, the Careers Hub and AHP teams broadened early career access through placements, outreach and work experience programmes, while also improving support for international recruits and diverse learners.

Culture and organisational development were also prioritised, with investment in civility, inclusion and compassionate leadership training. Tools like the eCards, TED tool and Expectations of Line Managers programme supported a wider drive to embed values-led leadership and better staff experience. Insights from an independent cultural assessment are now shaping future actions to improve clarity around speaking up, values alignment, and inclusive leadership.

Appraisals

The Trust has introduced an updated digital appraisal process designed to streamline the experience while enhancing the quality of conversations around wellbeing, performance, and development. This replaces the previous paper-based system and offers a more efficient, user-friendly approach.

The new process is fully integrated with ESR and structured around the Trust's STAR values and Leadership Behaviours. All appraisal documentation is now completed and submitted digitally through ESR, eliminating the need to email forms. Once submitted, records are automatically updated within the system.

This digital approach supports more meaningful, two-way conversations between appraisers and appraisees, encouraging both parties to reflect on the past year and set clear goals for the future. To support the transition, drop-in information sessions were held, giving staff the opportunity to ask questions and receive guidance on using the new process.

Trust Health and Wellbeing

In 2024/25, the Trust's Occupational Health and Wellbeing Service continued to evolve with a strong focus on prevention, early intervention, and accessible support. The service has taken a multi-layered approach to improving staff wellbeing, combining clinical care, psychological support, systemic improvements, and a proactive wellbeing culture.

Key achievements include:

- **Improved access to support:** Transitioned to Vivup as the Employee Assistance Programme provider, offering 24/7 counselling, financial advice, and salary sacrifice schemes for home, tech, and cycle purchases.
- **Expanded Occupational Health services:** Delivered 1,957 management referrals, 2,210 pre-employment checks, and over 1,400 OH nurse appointments, with expanded access to self-referral for mental health and physiotherapy support.
- **Outstanding flu vaccination performance:** Achieved 58% uptake, ranking top in the Southwest and 10th nationally for flu vaccine delivery among NHS Trusts.
- **In-house psychological support:** Delivered 925 individual therapy sessions, with 92% of those completing therapy showing clinical improvement. Group-based wellbeing sessions reached nearly 1,000 staff.
- **Workforce training:** Over 300 staff trained in Mental Health First Aid, Suicide First Aid, and Mental Health Skills for Line Managers. Schwartz Rounds and TRiM support continued to address psychological safety and trauma recovery.
- **Practical and environmental enhancements:** Continued staff room refurbishments, wellbeing room transformation, tea trolley rounds, seasonal hampers, and wellbeing events attended by over 400 staff.
- **Financial and lifestyle support:** Rolled out Wagestream access to 10% of the workforce and launched in-house smoking cessation clinics. Delivered discounted food, pizza deliveries for community teams, and pension/financial planning workshops.

This comprehensive and compassionate approach to staff wellbeing reinforces the Trust's commitment to creating a healthy, supportive working environment that enables staff to thrive.

Equality, Diversity & Inclusion (EDI)

In 2024–25, the Trust made progress across all equality standards and its objectives set out in the [EDI Strategy 2020-24](#). We achieved an improved EDS rating, narrowed the gender pay gap for non-medical staff, and saw a reduction in discrimination and harassment for BME and disabled staff. While challenges remain, especially in career progression and peer-related behaviours, our targeted action, through inclusive recruitment, leadership development, developing local support who can respond as issues arise and empowered staff networks is leading to measurable change.

Measuring EDI Performance

Equality Delivery System – 2024-25

In 2024–25, the Trust improved its Equality Delivery System (EDS) rating from 'Developing', minimal activities taking place, to 'Achieving', required level of activity taking place, in both Domain 2: Workforce Health and Wellbeing and Domain 3: Inclusive Leadership. In 2023–24, Domain 2 was rated at a score of 5 and Domain 3 at 3.

Key areas of improvement this year included:

- Expanded demographic monitoring by adding fields to Occupational Health forms (e.g. disability, ethnicity, sex, sexual orientation), enabling analysis of equitable access to services.
- Review of Speaking Up processes and culture-building initiatives to foster openness and psychological safety across the organisation.
- Development of an in-house workshop 'Addressing Unprofessional Behaviours' which was co-produced with staff and launched in March 2025.
- Formation of a Joint Staff Network, promoting peer support, shared learning and collaboration. New Chairs were also appointed for the Race Equality and Women's Networks.
- Increased investment in inclusion, including a ring-fenced EDI budget to support Trust-wide and local inclusion initiatives, and the expansion of our staff network activity.
- Strengthened inclusive recruitment, with 24 Inclusion Recruitment Champions available to support interviews for senior appointments.
- Board-level engagement, including Slice of Life events to hear directly from staff about their lived experiences.

Gender Pay Gap

The Trust remains committed to transparency in gender pay reporting and published its annual Gender Pay Gap Report based on the snapshot date of 31 March 2024. The mean gender pay gap across all staff was £7.80 (28.02%), a slight increase from the previous year, primarily driven by the distribution of male staff in senior and medical roles. The median pay gap improved to £2.62 (12.76%). When excluding medical and dental staff, the pay gap narrowed considerably, with a mean gap of £0.56 (2.91%) and a median gap now in favour of women at -£0.52 (-3.03%).

The most significant disparities continue to be within the medical and dental staff group, where the mean pay gap was £6.61 (13.85%) and the median gap was £12.15 (26.79%). Bonus pay gaps also persist, with an overall mean gap of 35.84%, although this has improved by nearly 35% since last year. Bonus gaps for non-medical staff were higher (47.38%), largely due to Waiting List Initiative payments and other incentives being received more frequently, and at higher rates, by male staff.

The Trust is taking active steps to address these disparities. This includes inclusive recruitment practices supported by trained Inclusion Recruitment Champions for senior roles, access to CPD funding and leadership

and progression support for female and internationally educated staff, mentoring including legacy mentors for newly qualified and internationally educated nurses and targeted outreach on bonus award schemes to encourage female consultant participation. Progress will continue to be monitored, and future reports will include pay gap data across wider workforce characteristics to ensure ongoing improvement and engagement with Carers in 2025/26.

The Gender Pay Gap report can be found on the [Trust website](#).

Workforce Disability Equality and Race Standard 2024-25

In 2024/25, the Trust made progress across several key indicators of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), reflecting our commitment to building a more inclusive and equitable workplace.

For race equality, we saw a continued improvement in the experience of BME staff, with a reduction of 1.69% in reported bullying, harassment or abuse from colleagues, now 1.23% better than the Trust benchmark. BME staff experiencing discrimination has also improved (-0.98%). However, concerns remain around equal opportunities for career progression, with a 0.85% decline for BME staff compared to last year, and a gap of 5% below the Trust benchmark. Inclusion Recruitment Champions were introduced for Band 8B+ roles, and tailored leadership skills training was delivered for ethnic minority and internationally educated staff. The disparity in staff reporting discrimination from managers reduced slightly, and disaggregated data is used to drive local actions by divisional working groups supported by EDI Champions and targeted training.

For disability equality, the percentage of staff with a long-term condition (LTC) or illness experiencing harassment from patients has reduced for the third consecutive year, down -0.81%. Yet, experiences of bullying and harassment from colleagues and managers have increased by 3.54%. Notably, more disabled staff who experienced abuse chose to report it—an increase of nearly 6%, showing greater confidence in speaking up. Leadership and civility and EDI training is underway to address these issues and Differently Abled Staff Network chairs represent the voice of disabled staff at key strategic meetings. Listening events with disabled staff informed a 'You Said, We Did' action plan, to be launched in the next financial year.

Addressing discrimination* will remain the Trust-wide continuous improvement driver metric, as this will improve the working life experience for all minoritised groups of staff.

While there is clear progress, particularly in awareness and engagement and in the WRES metrics, continued effort is needed to close the gap in staff experience and career opportunity. This will be reflected in the Action Plan for 2025-26.

(*Q16B - In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues)

EDI Roadmap for success

This progress in our improved EDS rating and WRES and WDES metrics supports the Trust's long-term ambition to embed equity and inclusion in everything we do. In 2025–26, the Board will renew its EDI commitments, Divisional Boards will continue to support local EDI Groups, further staff engagement and EDI-related and leadership education will take place, FTSU services are being strengthened, an OD programme will take place to support a values-led culture. The Trust has six staff networks who represent and support staff including:

- Armed Forces Network
- Carers Network
- Differently Abled Network
- LGBTQ+ Network
- Race Equality Network
- Women's Network

And we will expand the reach of EDI champions and allies. We will also pilot the new Cultural Ambassadors role in conduct cases.

The Trust will publish its new EDI 3-Year Strategic Plan in May 2025, which will be accompanied by a framework which has been developed to enable us to demonstrate the impact of EDI work, including KPIs. This approach will embed the Trust's Improving Together continuous improvement methodology, which fosters a culture of staff-led change.

Our annual reports and strategic plans can be found on the [Trust's website](#).

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 2024/25. 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 2024/25 it was compliant with the Code of Governance for NHS Provider Trusts. 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 2024 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.	<p>The Trust Board receives a monthly Improving Together Performance Scorecard Report (IPR).</p> <p>Board committee structure in place to oversee and monitor financial (both local and system), quality, activity performance and joint partnerships.</p> <p>Divisional performance review meetings in place.</p> <p>External well led review undertaken in 2023.</p> <p>The Trust is an active system member and is a member of the ICS Board.</p> <p>The Trust is an active member of the BSW Acute Hospital Alliance provider collaboration.</p>	Yes
A2.3	The board of directors should assess and monitor culture.	<p>The Board through its committees review data on the national staff survey, quarterly pulse surveys and Freedom to Speak Up concerns.</p> <p>The Trust has a Non-Executive Director (NED) wellbeing lead who works closely with Chief People Officer to ensure we support staff wellbeing.</p>	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.	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, which was launched in March 2025.	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 59.	Yes

Code Reference	Summary of Requirement	Trust Position	Compliance
4B2.17	A clear statement detailing the roles and responsibilities of the council of governors.	This can be found on page 66.	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 2025 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 66.	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 51.	Yes
C4.7	Description of any externally facilitated developmental reviews of their leadership and governance using the Well-led framework.	The NHS encourages provider trusts to conduct externally facilitated, developmental reviews of their leadership and governance using the Well-led framework every three to five years. An external facilitated developmental review was completed in 2023/24. The developmental plan was closed down by the Trust in January 2025. The next review is in 2028/29.	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 (Remuneration Committee) and Non-Executive Directors, including the Trust Chair (Nominations & Remuneration Committee). Further information can be found on page 67 & 78.	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 72.	Yes
D2.4	Annual Audit Committee Report	This can be found on page 60.	Yes
D2.6	Directors state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's	Reflected in the Statement of Accounting Officer's Responsibilities. This can be found on page 111.	Yes

Code Reference	Summary of Requirement	Trust Position	Compliance
	performance, business model and strategy.		
9D2.7	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.	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, Risk & Assurance Committee and outlined in the Annual Governance statement.	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 17.	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
Other Disclosures			
Identify the members of the council of governors		This can be found on page 71.	Yes
Contact procedures for members who wish to communicate with governors and/or directors.		This can be found on page 74.	Yes
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 2024/25, the Trust was placed in Segment 2 by NHSE, which was unchanged from 2023/24.

This segmentation information is the trust's position as at 5 March 2025. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website:

<https://www.england.nhs.uk/publication/nhs-system-oversight-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*.

A handwritten signature in blue ink, appearing to read 'C.C.B.', followed by a period.

Cara Charles-Barks
Chief Executive
Date 26 June 2025

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 2025 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Trust Board

The Trust has a Risk Management Policy, endorsed by the Board of Directors. The Board recognise that risk management is an integral part of good management practice and to be most effective should be embedded within the Trust's culture. This is embodied within the Policy as this documents the Board's risk appetite and the processes applied across the Trust which see the oversight of the Trust's corporate and strategic risks assigned to a Board Committee and each risk has a named Executive Lead. The Board is committed to ensuring that risk management is embedded across all functions and is not seen or practiced as a separate programme and that responsibility for implementation is accepted at all levels of the organisation. The Board brings together the corporate, financial, workforce, clinical and operational risk agendas. The Board Assurance Framework (BAF) ensures that there is clarity about the risks that may impact on the Trust's ability to deliver its strategic objectives together with any gaps in control or assurance.

Board Committees

The Audit, Risk & Assurance Committee has overall responsibility for ensuring there is effective risk management process employed across the Trust. The Audit, Risk & Assurance Committee receive information annually from the Trust's internal auditors through their work which supports the Board Assurance Framework and through this work the Committee supports the Board to be assured over the robustness of the Trust's application of sound internal control processes. The other key Board Committees of Quality & Safety, Finance, Infrastructure & Digital, Performance, Populations & Place and People & Culture receive and consider the strength of assurance of actions being taken to manage key corporate and strategic risks outside of the Board's stated risk appetite and request further assurance in the form of deep dives or specific reports where necessary.

Executive Directors

The Chief Executive has overall responsibility for risk management within the Trust. The day-to-day oversight has been delegated to the Chief Nursing Officer who is responsible for the strategic development and implementation of organisational risk management systems and processes and for ensuring there is a robust system in place for

monitoring compliance with standards and the Care Quality Commission (CQC) registration and legal requirements. The Chief Nursing Officer is also responsible for patient safety, patient experience and medical legal matters. The Chief Finance Officer oversees the adoption and operation of the Trust's Standing Financial Instructions including the rules relating to budgetary control, procurement, banking, losses and controls over income and expenditure transactions, and is the lead for counter fraud. The Chief Finance Officer attends the Trust's Audit, Risk & Assurance Committee and liaises with internal audit, external audit and counter fraud services, who undertake programmes of audit with a risk-based approach.

The Managing Director chairs the Trust Management Committee which has the remit to ensure oversight of the adequacy of the management of key risks facing the organisation. The day-to-day management of risks is undertaken by Divisions and corporate managers, who are charged with ensuring that risk assessments are undertaken proactively throughout their area of responsibility and remedial action is carried out where issues are identified.

There is a process of escalation to Executive Directors through Executive Performance Reviews, relevant committees and governance groups as required where there are challenges in implementing mitigations. Divisional Governance committees introduced to further strengthen the governance arrangements are now embedded in the risk management structure and have responsibility for the oversight of divisional governance and risk processes.

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 2025/26.

Executive and Non-Executive Directors are trained on risk management and on their roles and responsibilities for leadership in risk management. Reminders of roles and responsibilities are included in risk reports, including prompt questions to aid discussion.

Risk management is introduced into employee culture immediately upon employment. Employee education and training on risk management is carried out commensurate with employee roles. All new employees have access to risk management training via their electronic staff record (ESR). 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:-

- Establishment of the Risk Group that provides oversight and opportunity for peer review of all risks
- Increased education and awareness around risk management including a new ESR training module available to all staff
- Constant improvement to the risk management module of Datix, with feedback via a Datix oversight group to the developers
- Development of a mid-month oversight report to all Associate Medical Directors Tools and Deputy Chief Nurse

Risk Management

To ensure that risk is identified, evaluated, transferred 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 its Board committees including the Trust Management Committee which scrutinise and challenge 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 Patient Safety Incident Review Framework 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.

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
- Access to risk training through ESR for all staff
- 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
- Electronic system reconfigured to continually remind handlers of risk actions
- Key performance indicators (KPIs) in place to monitor risk management, including refinement as required to provide good oversight
- 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, Risk and Assurance Committee and the Board
- A standardised approach to risk management and escalation through an agreed template for sharing at each governance meeting

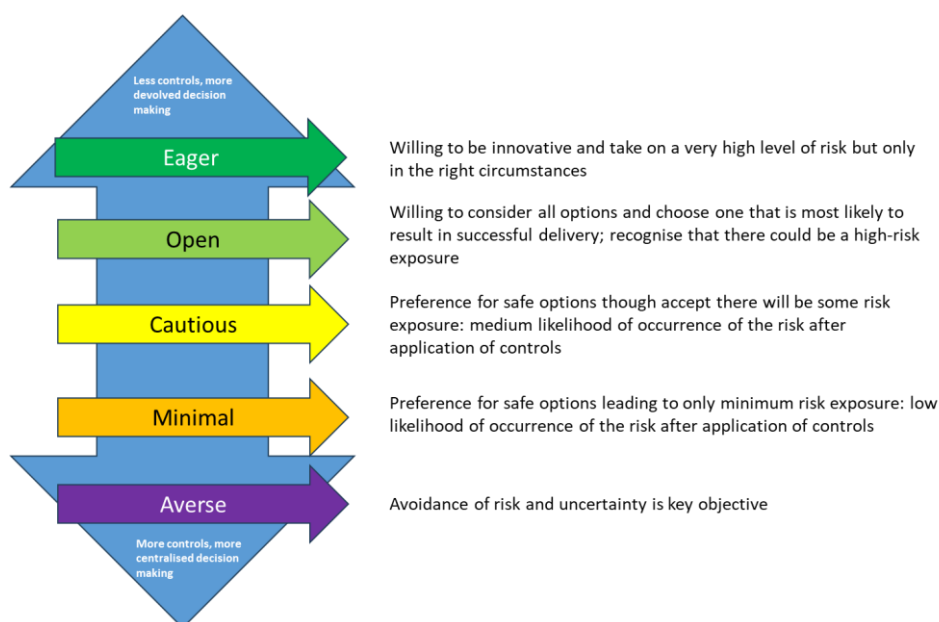
Risks are scrutinised locally at divisional and corporate department meetings and there is a strong emphasis from Executive Directors that managing all risks at Divisional and Corporate department level using the risk management system is essential.

Risk Appetite & Tolerance

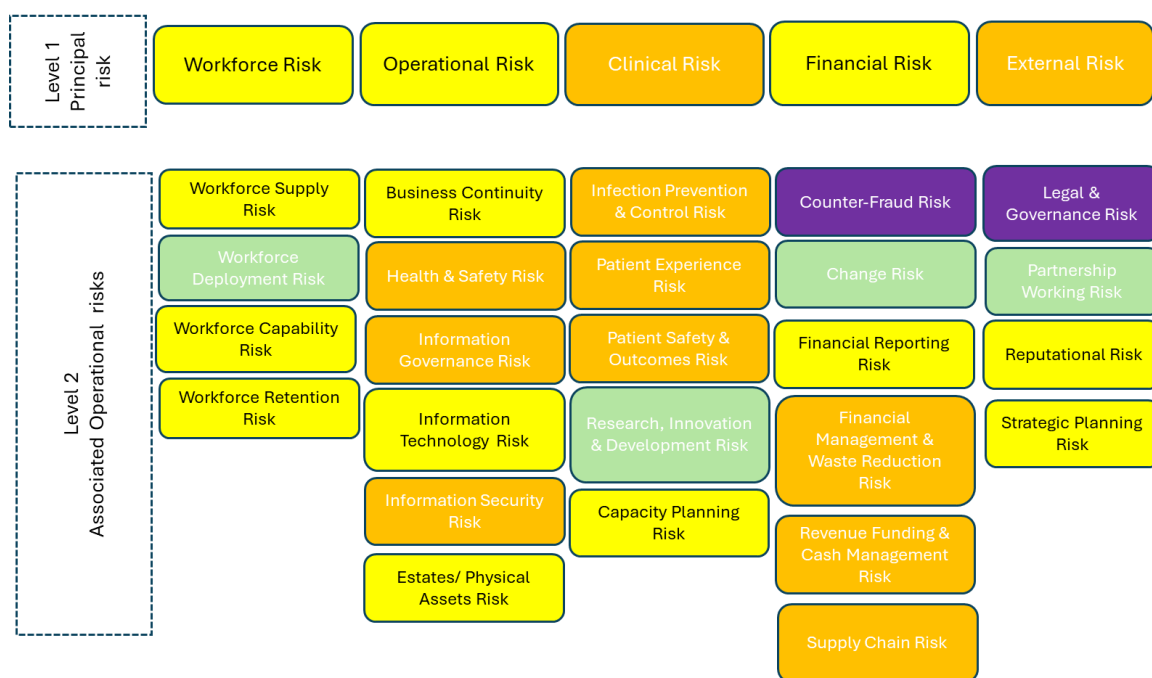
The Board has a risk tolerance statement aimed at supporting managers in decision making. The statement sets out the Trust's appetite for risk and is refreshed annually. A framework was developed which the Board uses to inform its view of risk tolerance.

Risk Appetite Tolerance Statement 2024/25

In 2024/25 a new approach to risk appetite & tolerance was approved by the Trust Board. The Trust has adapted definitions for Risk Appetite and Risk Tolerance from the '*Orange Book – Risk Appetite guidance note*', Government Finance Function (October 2020) and to utilise the following Risk Appetite scales that broadly show the different appetites an organisation could have to meet its strategic objectives.



The Trust has developed risk categories which is a useful scheme of classification for organising risks and provide illustrative descriptions of underlying causes. Using this methodology the Trust Board developed its Risk Appetite & Tolerance statement as follows:-



Key

Risk Appetite Levels:

Risk Appetite	Tolerance Range
Eager	16 – 25
Open	12 – 20
Cautious	9 – 15
Minimal	6 – 10
Averse	4 – 6

This risk appetite and tolerance statement for 2024/25 depicted in the chart above assists managers and staff in decisions which may involve or facilitate exposure to risk.

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 9 significant risks during the year. In Q1 there were 5 strategic risks within tolerance which moved to 4 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	Assurance Rating				Change	Risk Score (Consequence x Likelihood)				Change	Risk Appetite	Tolerance Range	Target date
		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4				
SR1	If we do not meet internally and externally set standards of quality and safety then this may result in harm to patients and impact negatively on patient experience	G	G	G	G	↔	16	16	16	16	↔	Minimal	6-10	Review Q4 24/25
SR2	If we are unable to develop and sustain an inclusive, diverse and accountable workplace culture, then this may result in poor behaviours, low employee engagement, poor learning environment and increased turnover which will have a negative impact on the quality of patient care, safety and organisational performance	P	G	G	G	↔	9	9	9	9	↔	Cautious	9-15	Within tolerance
SR3	If we do not have effective workforce planning, we will have poor recruitment, retention and representation, then this may result in high agency usage and compromised patient safety and suboptimal service delivery.	P	P	P	P	↔	16	16	16	16	↔	Cautious	9-15	Q4 25/26
SR4	If we do not work across the Trust, the Integrated Care System & Group to recover services then patient care may be delayed that could result in both physical and psychological harm.	P	P	G	G	↔	16	12	16	16	↔	Cautious	9-15	Q4 25/26
SR5	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 may not be able to improve healthcare outcomes and address health inequalities.	G	G	G	G	↔	12	16	16	16	↔	Open	12-20	Within tolerance
SR6	If we do not adequately control, report and manage the Trust's financial position then this may hinder the achievement of longer-term financial sustainability of the Trust and the wider system	G	G	G	G	↔	16	16	16	12	↓	Cautious	9-15	Within tolerance
SR7	If we do not provide an estate that is fit and resilient for the future this may lead to unsafe environment for both our patients and our workforce.	G	G	G	G	↔	8	15	15	12	↓	Cautious	9-15	Within tolerance
SR8	If we do not deliver an appropriate digital environment that is stable, resilient and responsive then delivery of safe and effective services, our ability to beneficially impact population health, patient care and colleague experience may be adversely compromised.	G	G	G	G	↔	12	12	12	12	↔	Cautious	9-15	Within tolerance
SR9	If we do not prevent a cyber-attack or data breach this may have a detrimental impact on the organisation's ability to delivery operational services and maintain patient safety.	P	P	G	G	↔	20	20	20	20	↔	Minimal	6-10	Q4 24/25

The Board Assurance Framework was reported to the Board on a quarterly basis in 2024/25 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.
- External review around speaking up and listening following the Lucy Letby case.
- Independent review on the IT infrastructure
- A comprehensive improvement programme against waiting lists.
- Increased focus on financial controls, emphasising best value decisions.

- Implemented robust governance structure around the Electronic Patients Record (EPR) System programme
- Robust capital prioritisation processes to ensure resources are deployed effectively.

Major risks 2025/26

As we enter 2025/26, the Trust remains focussed on enacting recovery plans whilst dealing with significant operational and financial challenges in the context of significant changes within the health sector. The focus will be on

- (i) the delivery of NHS England Operational Planning Priorities 2025/26:-
 - Reduce the time people wait for elective care
 - Improve A&E waiting times and ambulance response times
 - Improve patient access to general practice and increasing access to urgent dental care
 - Improve patient flow in mental health crisis and acute pathways and improve access to mental health services for children and young people.
- (ii) moving to a group model and its strategic initiatives:-
 - becoming an effective group
 - delivering digital maturity
 - increasing sustainability
 - transforming model of care.

Key risks include:

- Reliance on whole system change to enact plans. Mitigation: Implement a strong communication and engagement strategy with regular updates and feedback opportunities for all stakeholders.
- Financial constraints to deliver the transformation required. Mitigation: Establish an agile and effective governance structure to support resource alignment improving health inequalities across the Group.
- Operational decisions may conflict with the long-term strategic vision. Mitigation: Regularly review and align operational plans with the "our local strategic direction" strategy and include checkpoints for alignment assessments.
- Poor data quality can lead to flawed decision-making. Mitigation: Develop a comprehensive data management framework with quality standards, regular audits, and staff training on best practices for data handling.

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 continue to 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 2025/26 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 2025/26 especially moving into a Group model.

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 identifying learning to improve on sub-standard care
- 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 2024/2025 the Trust's Quality Governance Framework was refreshed to better align risk management to performance data and the annual planning cycle.

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.

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 2024/25 and the quality priorities selected for 2025/26. 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. Since the launch the Trust has utilised every opportunity to embed the Framework. This includes recruitment of a dedicated incident investigation manager, training for staff at all levels, including setting the expectation that the level 1 and level 2 training is mandatory.

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 2024/25 the themes were:-

- Spinal injury rehabilitation
- Support received by Parkinson's Disease Team
- Neonatal Unit
- Negative impact of deconditioning on frail patients
- Dementia Care

Further information on data quality on page 119.

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. The Trust has eleven 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. The Trust has increased the Lead Guardian role to four days per week from March 2025, providing a opportunity to increase the service, improve oversight and increase support to the guardians.

Staff survey - The Trust takes part in an annual staff survey (Staff Report refers). For 2024/25 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 Accountable 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

Our approval approach to cyber security is outlined in an annual cyber security framework signed off by Trust Board. This includes assurance around our compliance against the Cyber Assessment Framework (CAF) aligned Data Security and Protection Toolkit.

The Trust has a Data Quality Policy and Data Quality Strategy that refers to wider aspects of data safety.

The fundamental controls for cyber security are managed by the IT department 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 and data backup. 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

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 England 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 2024/25 there were a total of 48 such incidents, which were classified as follows:

Summary of data security and protection incidents in 2024/25		
	Breach type	
A	Confidentiality	37
B	Availability	8
C	Integrity	3
	Total	48

Notifiable breaches are those that are likely to result in a high risk to the rights and freedoms of the individual (data subject). During 2024/25 the Trust reported four high risk incidents via the Data Security and Protection Toolkit incident reporting tool which required notification to the Information Commissioner's Office (ICO).

- September 2024: A request was made to the Trust for copies of medical records in relation to a legal case. The firm dealing with this checked the records and stated that part of the record was missing from the medical history we provided. An extensive search has been made, but this part of the record cannot be found either digitally or in paper format. The ICO acknowledged this incident as part of the March 2025 reported incident below.
- October 2024: A member of bank staff made contact with a patient's sister outside of work. The bank staff member admitted to getting the number from the hospital records. The bank member of staff was investigated through the disciplinary process under gross misconduct. The ICO have not made any enquiries to date. The bank member has been removed from the bank register.
- November 2024: Support group invitation emails are sent to patients via BCC with the invitation flyer attached. On one occasion the wrong attachment was used which contained patient information. The ICO closed the incident.
- March 2025: A request was made for medical records and the information held was provided. One episode of care was not in the patient's physical notes. The patient's solicitor had requested this information. A comprehensive search had been made for the records. The ICO have closed the case.

In quarter 4 of 2024/25 and into quarter 1 of 2025/26, the Trust is subject to an Internal Audit of our current DSPT compliance. The Trust will be given a confidence level and recommendations that will need to be implemented ahead of the final DSPT submission, which is in June 2025.

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 is reviewed annually. 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 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 Integrated Care System is working towards a convergence onto cloud-hosted business intelligence tools 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 is available online which all staff have access to and are encouraged to undertake. In addition, some of the key principles of Data Quality are also included in the mandatory Information Governance training, to ensure visibility of this key area across the Trust. To promote data quality training, and to raise the wider profile of good Data Quality, a rolling data quality awareness plan has been developed, supported by the Trust's Communication Team. This covers various aspects of the Trust's Data Quality Policy and any responses needed to help improve areas of poor data quality across the Trust.

The Trust's Data Quality Steering Group (DQSG) and Information Governance Steering Group (IGSG) collectively oversee 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 was 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 which has been received and will be considered in the new joint group partnership arrangements.

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.

The Board in March 2025 approved the closure of the action plan as the implications of moving to a Group Model in 2025/26 will require further consideration in relation to the Well-Led Framework, together with reference to the shared learning report produced by Aqua across the BSW Hospitals Group.

CQC registration

Compliance with CQC registration is on a rolling program of review. This work is on-going with updates to registration made as required. Processes are in place to ensure on-going monitoring of registration requirements.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

Register of Interest

In accordance with the 'Managing Conflicts of Interest in the NHS policy' and NHS England's guidance decision making staff are required to declare any interests which are relevant and material to the business of the Trust, this includes financial interest, outside employment, shareholdings, family interests, gifts and hospitality interests of which the staff member is aware, irrespective of whether the interests are actual and potential, direct or indirect.

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance. Copies of the declaration of interest register can be found on the following website link [Lists and registers | Great Western Hospital \(gwh.nhs.uk\)](https://www.gwh.nhs.uk/lists-and-registers).

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.

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. 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. The Board has not identified any principal risks to compliance with its provider licence.

The conditions cover 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 2024/25 was compliant in all areas.

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 The Care Quality Commission and NHS England well-led framework identified no areas of concern and numerous areas of good practice. A development programme was developed against the recommendations and monitored through the Trust Management Committee and assurance provided onward to Board. The Board approved the closure of the action plan in March 2025 as the implications of moving to a Group Model will require further consideration in relation to the Well-Led Framework in 2025/26.

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

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board 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	<p>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.</p> <p>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.</p>
Audit, Risk and Assurance Committee	<p>The Committee provides scrutiny of internal controls, including the review and challenge of the Board Assurance Framework and Risk.</p>
External Audits	<p>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 2024/25 audit opinion on the Trust's Financial Accounts and their Annual ISA260 report.</p> <p>The 2024/25 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 131.</p> <p>All prior year recommendations were implemented and closed during 2024/25.</p>
Internal audits	<p>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.</p> <p>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 2024/25 can be found on page 60 (Annual Audit Committee Report) .</p>

Clinical audits	<p>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</p>
Other Committees	<p>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.</p> <p>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.</p> <p>During 2024/25 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.</p>
Board Assurance Framework / Risk Management	<p>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.</p> <p>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.</p>
Care Quality Commission (CQC) standards / CQC Inspection Report	<p>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.</p> <p>Medical Care at the Great Western Hospital NHS Foundation Trust was assessed on the 16 May to 28 June 2024, and the CQC looked at the quality statements across all 5 key questions: Safe, Effective, Caring, Responsive and Well-Led, following the assessment the CQC rated as Good.</p> <p>Maternity Services were inspected in September 2023 as part of the national Maternity Inspection programme. The Maternity Service rating was downgraded to</p>

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.

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.

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.



Cara Charles-Barks
Chief Executive
Date 26 June 2025

Modern Slavery Act 2024/25 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

Auditor's Opinion and certificate

Independent auditor's report to the board of governors and board of directors of Great Western Hospitals NHS Foundation Trust

Report on the audit of the financial statements Opinion

In our opinion the financial statements of Great Western Hospitals NHS Foundation Trust (the 'foundation trust') and its subsidiary (the 'group'):

- give a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2025 and of the group's and foundation trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the group and foundation trust Statements of Financial Position;
- the Consolidated Statement of Comprehensive income;
- the Consolidated Statement of Changes in Equity ;
- the group and foundation trust statements of cash flows; and
- the related notes 1 to 35.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, 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, local counter fraud and Those Charged with Governance about their own identification and assessment of the risks of irregularities, including those that are specific to the National Health Service and public sector.

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 IT specialists regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud in the following area, and our specific procedures performed to address it are described below:

- determination of whether an expenditure is capital in nature is 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.

Report on other legal and regulatory requirements

Opinions on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006 in all material respects; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Use of resources

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in respect of this matter.

Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the Auditor Guidance Notes issued by the Comptroller & Auditor General, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

Annual Governance Statement and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

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 this matter.

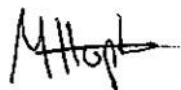
Delay in certification of completion of the audit

As at the date of this audit report, we have not yet completed our work in respect of the Trust's consolidation returns for the year ended 31 March 2025 and have not received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete.

In accordance with Auditor Guidance Note 07, we are therefore unable to certify that we have completed our audit of Great Western Hospitals NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of the National Health Service Act 2006 and the National Audit Office Code of Audit Practice. 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.



Michell Hopton
For and on behalf of Deloitte LLP Appointed Auditor
Bristol, UK
27 June 2025

ANNUAL ACCOUNTS

Foreword to the Accounts

Foreword to the accounts

Great Western Hospital NHS Foundation Trust

These accounts, for the year ended 31 March 2025, 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.



Cara Charles-Barks
Chief Executive
Date 26 June 2025

Statements of Financial Position

	Note	Group		Trust	
		31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Non-current assets					
Intangible assets	13.1	8,688	7,046	8,688	7,046
Property, plant and equipment	14.1	268,907	271,526	268,907	271,526
Right of use assets	17	10,387	10,131	10,387	10,131
Investment property	18	8,831	9,159	8,831	9,159
Investments in associates and joint ventures	19	163	163	163	163
Receivables	22.1	474	446	474	446
Total non-current assets		297,450	298,471	297,450	298,471
Current assets					
Inventories	21	5,529	5,474	5,529	5,474
Receivables	22.1	28,308	28,028	28,307	28,024
Cash and cash equivalents	23	43,561	43,201	42,493	41,983
Total current assets		77,398	76,703	76,329	75,481
Current liabilities					
Trade and other payables	24	(50,923)	(50,984)	(50,809)	(50,851)
Borrowings	26	(14,930)	(17,292)	(14,930)	(17,292)
Provisions for liabilities and charges	27	(173)	(192)	(173)	(192)
Other liabilities	25	(3,902)	(6,505)	(3,902)	(6,505)
Total current liabilities		(69,928)	(74,973)	(69,814)	(74,840)
Total assets less current liabilities		304,920	300,201	303,965	299,112
Non-current liabilities					
Borrowings	26	(101,896)	(112,434)	(101,896)	(112,434)
Provisions for liabilities and charges	27	(3,239)	(3,728)	(3,239)	(3,728)
Other liabilities	25	(448)	(448)	(448)	(448)
Total non-current liabilities		(105,583)	(116,610)	(105,583)	(116,610)
Total assets employed		199,337	183,591	198,382	182,502
Financed by					
Public dividend capital		236,486	206,369	236,486	206,369
Revaluation reserve		68,074	68,464	68,074	68,464
Income and expenditure reserve		(106,178)	(92,331)	(106,178)	(92,331)
Charitable fund reserves	20	955	1,089	-	-
Total taxpayers' equity		199,337	183,591	198,382	182,502

The notes on pages 146 to 187 form part of these accounts.



Cara Charles-Barks
Chief Executive
Date 26 June 2025

Consolidated Statement of Comprehensive Income

		Group	
		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	3	530,705	479,827
Other operating income	4	34,292	32,040
Operating expenses	6.1,8	(561,673)	(492,287)
Operating surplus from continuing operations		3,324	19,580
Finance income	10	3,204	1,883
Finance expenditure	11.1	(15,445)	(25,980)
PDC dividends payable		(4,643)	(4,542)
Net finance costs		(16,884)	(28,639)
Other (losses)	12	(421)	(652)
(Deficit) for the year		(13,981)	(9,711)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments of assets	7	(614)	2,195
Revaluations of property, plant and equipment	16	224	308
Other reserve movements		(1)	107
Total comprehensive (expense) for the year		(14,372)	(7,101)

Consolidated Statement of Changes in Equity for the year ended 31 March 2025

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2024 - brought forward	206,369	68,464	(92,331)	1,089	183,591
(Deficit) for the year	-	-	(13,847)	(134)	(13,981)
Impairments	-	(614)	-	-	(614)
Revaluations	-	224	-	-	224
Public dividend capital received	30,118	-	-	-	30,118
Other reserve movements	(1)	-	-	-	(1)
Taxpayers' and others' equity at 31 March 2025	236,486	68,074	(106,178)	955	199,337

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

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £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)
(Deficit)/surplus 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

Statement of Changes in Equity for the year ended 31 March 2025

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2024 - brought forward	206,369	68,464	(92,331)	182,502
(Deficit) for the year	-	-	(13,847)	(13,847)
Impairments	-	(614)	-	(614)
Revaluations	-	224	-	224
Public dividend capital received	30,118	-	-	30,118
Other reserve movements	(1)	-	-	(1)
Taxpayers' and others' equity at 31 March 2025	236,486	68,074	(106,178)	198,382

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

Trust	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £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

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 20.

Statements of Cash Flows

	Note	Group		Trust	
		2024/25 £000	2023/24 £000	2024/25 £000	2023/24 £000
Cash flows from operating activities					
Operating surplus		3,324	19,580	3,528	19,499
Non-cash income and expense:					
Depreciation and amortisation	6.1	17,626	17,145	17,626	17,145
Net impairments	7	18,627	1,083	18,627	1,083
Income recognised in respect of capital donations	4	(7)	(219)	(7)	(219)
decrease in receivables and other assets		349	4,899	349	4,899
(Increase) in inventories		(55)	(55)	(55)	(55)
(decrease) in payables and other liabilities		(628)	(9,945)	(628)	(9,945)
(decrease) in provisions		(547)	(173)	(547)	(173)
Movements in charitable fund working capital		(16)	(331)	-	-
Net cash flows from operating activities		38,673	31,984	38,893	32,234
Cash flows from investing activities					
Interest received		3,134	1,823	3,134	1,823
Purchase of intangible assets		(3,339)	(2,354)	(3,339)	(2,354)
Purchase of PPE and investment property		(35,179)	(34,561)	(35,179)	(34,561)
Sales of PPE and investment property		34	1,431	34	1,431
Receipt of cash donations to purchase assets		7	219	7	219
Net cash flows from charitable fund investing activities		70	60	-	-
Net cash flows (used in) investing activities		(35,273)	(33,382)	(35,343)	(33,442)
Cash flows from financing activities					
Public dividend capital received		30,118	29,929	30,118	29,929
Movement on loans from DHSC		(110)	(110)	(110)	(110)
Movement on other loans		(4,311)	4,311	(4,311)	4,311
Capital element of lease liability repayments		(1,945)	(2,489)	(1,945)	(2,489)
Capital element of PFI, LIFT and other service concession payments		(14,178)	(12,882)	(14,178)	(12,882)
Interest on loans		(1)	(4)	(1)	(4)
Interest paid on lease liability repayments		(388)	(394)	(388)	(394)
Interest paid on PFI, LIFT and other service concession obligations		(9,436)	(10,454)	(9,436)	(10,454)
PDC dividend (paid)		(2,789)	(6,615)	(2,789)	(6,615)
Net cash flows (used in) / from financing activities		(3,040)	1,292	(3,040)	1,292
Increase / (decrease) in cash and cash equivalents		360	(106)	510	84
Cash and cash equivalents at 1 April - brought forward		43,201	43,307	41,983	41,899
Prior period adjustments			-		
Cash and cash equivalents at 31 March	23	43,561	43,201	42,493	41,983

Notes to the Accounts

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 2024/25 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 as 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.

In accordance with Section 408 of the Companies Act 2006, the trust is exempt from the requirement to present its own income statement and statement of comprehensive income. The trust's (deficit) for the period was £13.8 m (2023/24 £8.8 m deficit). The trust's total comprehensive income for the period was £564 m (2023/24 £511m).

Joint ventures

In July 2016, Wiltshire Health and Care (a limited liability partnership (LLP) and joint venture created between Great Western Hospitals Foundation Trust, Salisbury Foundation Trust and the RUH) commenced its £40 million a year contract to deliver seamless and improved community services across Wiltshire.

The RUH, along with Great Western Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust, are working with local third sector, end of life, primary care, community services and mental health services to consider how we can work together to support transformation of community services in future.

The Wiltshire Health and Care contract was moved and ceased trading on the 1st April 2025.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The Trust recognises income earned for patient care delivered during the financial year 2024/25 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). 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. 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.

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 are accounted for as variable consideration under IFRS 15. Payment for CQUIN is included in the fixed element of API contracts with no mandated performance requirements as the national CQUIN scheme was paused for 2024/25. Payment for BPT is split between fixed and variable – payment for fixed BPT is included within the fixed element of the contract with no adjustments for actual achievement being made at the end of the year. Where BPT relates to elective activity BPT is paid in line with actual activity performed at BPT rates.

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. 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.

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 apprenticeship service 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, a defined contribution workplace pension scheme

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.

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 2025 with a valuation date of 31 March 2025.

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. Other non-PFI property valuations are inclusive of vat.

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. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

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 in 2023/24

IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was 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.

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings	9	71
Dwellings	39	39
Plant & machinery	5	15
Information technology	5	12
Furniture & fittings	5	5

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets 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 where it meets recognition criteria.

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 to requirements 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	8
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. Work-in-progress comprises goods and services in intermediate stages of production.

Between 2020/21 and 2023/24 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. Distribution of inventories by the Department ceased in March 2024.

Note 1.11 Investment properties

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

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

Note 1.12 Cash and cash equivalents

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

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

Note 1.13 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

Financial assets 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.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The 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 1.14 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The 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 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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.

Note 1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

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 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
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 2.40% in real terms (prior year: 2.45%).

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 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 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 1.17 Public dividend capital

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

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

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

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.18 Value added tax

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

Note 1.19 Corporation tax

The Trust does not have a corporation tax liability for the year 2024/25 (2023/24 £nil).

Tax may be payable on activities as described below:

- the activity is not related to the provision of core healthcare as defined under Section 14(1) of the HSCA. Private healthcare falls under this legislation and is therefore not taxable.
- the activity is commercial in nature and competes with the private sector. In house trading activities are normally ancillary to the core healthcare objectives and are therefore not subject to tax.
- the activity must have annual profits of over £50,000.

Note 1.20 Climate change levy

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

Note 1.21 Third party assets

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

Note 1.22 Losses and special payments

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

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

Note 1.23 Gifts

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

Note 1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

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

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:• Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.• Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity. These changes did not have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:• A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.• Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £279,294m as at 31 March 2025. Assets valued on an alternative site basis have a total book value of Nil at 31 March 2025.

Note 1.25 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the application of Foundation Trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

International accounting standard IAS1 requires estimates, assumptions and judgements to be continually evaluated and to be based on historical experience and other factors including expectation of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The purpose of the evaluation is to consider whether there may be a significant risk of causing a material adjustment to the carrying value of assets and liabilities within the next financial year, compared to the carrying value in these accounts. The following significant assumptions and areas of estimation and judgement have been considered in preparing these financial statements.

Property Valuation

The value of land, buildings and dwellings is £213m (23/24 £200m). This is the most significant estimate in the accounts and is based on the professional judgement of the Trust's independent valuer with extensive knowledge of the physical estate and market factors. The value does not take into account potential future changes in market value which cannot be predicted with any certainty. The last valuation exercise was as at 31 March 2025. The Valuation Office Agency have reviewed the indices for 2024/25 and have reported a location factor of 100% (23/24 101%) and Building Cost Information Service (BCIS) of 399 (23/24 390).

For each specialised property, the Gross Replacement Cost (GRC) of providing a new modern equivalent asset has been assessed. This GRC has then been adjusted to reflect obsolescence to arrive at a Net Replacement Cost (also known as Depreciated Replacement Cost – DRC) which reflects the remaining service potential of the actual asset.

Of the £213m net book value of land and buildings subject to valuation, £165m relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets.

Note 1.26 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Valuation of property

When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates. Estimates include the remaining life of each asset, and BCIS estimates published in March 2025 for Tender Price Index and Location Factors which are subject to change.

PFI Lifecycle Prepayment

The PFI Lifecycle Prepayment is £15.9m (23/24 £13.4m). The Foundation Trust has reviewed the appropriateness of this treatment and, following a review of the large value lifecycle works in the original contract, the undertaking of a condition survey to inform investment required over the coming years and plans to provide decant space in the near to medium term to facilitate the completion of major maintenance and replacement works, the management team is of the view that the treatment of lifecycle payments not yet expended by The Hospital Company (THC) as a prepayment is appropriate.

Note 2 Operating Segments

For 2024/25 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

2024/25	GWH	Charity	Total
	£000	£'000	£'000
Operating Income	530,705	-	530,705
Other operating income	33,635	657	34,292
Total Income	564,340	657	564,997
Pay	(346,392)	-	(346,392)
Other Operating Expenditure	(214,420)	(861)	(215,281)
Total Operating Expenditure	(560,812)	(861)	(561,673)
EBITDA	3,528	(204)	3,324
Non-Operating Expenditure	(17,375)	70	(17,305)
(Deficit)	(13,847)	(134)	(13,981)

The Trust's Statement of Financial Position is not reported at segmental level.

2023/24	GWH	Charity	Total
	£000	£'000	£'000
Operating Income	479,827	-	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)

Note 3 Operating income from patient care activities

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)	2024/25	2023/24
	£000	£000
Acute services		
Income from commissioners under API contracts - variable element*	118,131	99,834
Income from commissioners under API contracts - fixed element*	273,648	262,399
High cost drugs income from commissioners	39,261	34,594
Other NHS clinical income	23,682	20,986
Community services		
Income from commissioners under API contracts*	33,450	32,167
Income from other sources (e.g. local authorities)	4,161	4,516
All services		
Private patient income	3,092	2,773
National pay award central funding***	1,072	203
Additional pension contribution central funding**	20,349	12,382
Other clinical income	13,859	9,973
Total income from activities	530,705	479,827

*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/>

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

**** Other Clinical Income includes £10.2m deficit funding

Note 3.2 Income from patient care activities (by source)

	2024/25	2023/24
Income from patient care activities received from:	£000	£000
NHS England	84,377	67,061
Integrated care boards	437,678	398,246
Other NHS providers	311	400
NHS other	60	39
Local authorities	4,270	5,558
Non-NHS: private patients	3,092	2,773
Non-NHS: overseas patients (chargeable to patient)	311	431
Injury cost recovery scheme	416	763
Non NHS: other	190	4,556
Total income from activities	530,705	479,827
Of which:		
Related to continuing operations	530,705	479,827

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

	2024/25	2023/24
	£000	£000
Income recognised this year	311	431
Cash payments received in-year	250	574
Amounts added to provision for impairment of receivables	272	37
Amounts written off in-year	90	58

Note 4 Other operating income (Group)

	2024/25			2023/24		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	929	-	929	703	-	703
Education and training	18,979	614	19,593	16,918	466	17,384
Non-patient care services to other bodies	4,060	-	4,060	4,141	-	4,141
Receipt of capital grants and donations and peppercorn leases	-	7	7	-	219	219
Charitable and other contributions to expenditure	-	1	1	-	147	147
Charitable fund incoming resources	-	657	657	-	744	744
Other income	9,045	-	9,045	8,702	-	8,702
Total other operating income	33,013	1,279	34,292	30,464	1,576	32,040

Of which:

Related to continuing operations	34,292	32,040
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Other Income further breakdown: -

Car parking income	1,902	1,257
Catering	69	59
Pharmacy sales	46	795
Staff accommodation rental	657	543
* Other income not already covered (recognised under IFRS 15)	6,371	6,048
	9,045	8,702

* Other income includes Electronic Patient Record income, PCN income, Income from domestic services provided, Bowel Screening income, funding from Thames Valley Cancer Alliance, Mortuary service income as well as various smaller provider to provider and other agreements

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

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	1,983	4,554

Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2025	31 March 2024
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:		
within one year	3,902	6,505
after one year, not later than five years	448	448
after five years	-	-
Total revenue allocated to remaining performance obligations	4,350	6,953

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:

	2024/25	2023/24
	£000	£000
Income from services designated as commissioner requested services	523,452	470,324
Income from services not designated as commissioner requested services	7,253	9,503
Total	530,705	479,827

Note 6.1 Operating expenses (Group)

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	5,357	4,049
Purchase of healthcare from non-NHS and non-DHSC bodies	1,712	1,315
Staff and executive directors costs	346,381	315,047
Remuneration of non-executive directors	169	246
Supplies and services - clinical (excluding drugs costs)	46,298	43,932
Supplies and services - general	2,807	2,804
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	51,570	44,683
Consultancy costs	76	13
Establishment	20,455	16,169
Premises	10,723	8,543
Transport (including patient travel)	1,672	1,941
Depreciation on property, plant and equipment	15,929	15,193
Amortisation on intangible assets	1,697	1,952
Net impairments	18,627	1,083
Movement in credit loss allowance: contract receivables / contract assets	266	23
Fees payable to the external auditor		
audit services- statutory audit	338	223
Internal audit costs	111	139
Clinical negligence	14,564	12,448
Legal fees	440	814
Insurance	216	64
Education and training	3,459	2,670
Expenditure on short term leases	137	153
Redundancy	11	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	17,286	16,442
Losses, ex gratia & special payments	20	13
Other NHS charitable fund resources expended	854	656
Other	498	1,672
Total	561,673	492,287
Of which:		
Related to continuing operations	561,673	492,287

Note 6.2 Other auditor remuneration (Group)

External auditors have not carried out any non-audit services in the period 2024/25 or 2023/24, hence no non-audit fee is paid to external auditors in 2024/25 or 2023/24.

Note 6.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1,000k (2023/24: £1,000k).

Note 7 Impairment of assets (Group)

	2024/25	2023/24
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	18,627	1,083
Total net impairments charged to operating surplus / deficit	18,627	1,083
Impairments charged to the revaluation reserve	614	(2,195)
Total net impairments	19,241	(1,112)

Note 8 Employee benefits (Group)

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	263,262	236,648
Social security costs	26,292	25,193
Apprenticeship levy	1,295	1,201
Employer's contributions to NHS pensions	51,586	40,543
Pension cost - other	64	585
Other employment benefits	-	228
Temporary staff (including agency)	5,599	10,649
Total staff costs	348,098	315,047
Of which		
Costs capitalised as part of assets	1,706	1,586

Note 8.1 Retirements due to ill-health (Group)

During 2024/25 there were 7 early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £214k (0k in 2023/24).

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 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 (considering recent demographic experience), and to recommend the contribution rate payable by 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 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

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.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	3,134	1,823
NHS charitable fund investment income	70	60
Total finance income	3,204	1,883

Note 11.1 Finance expenditure (Group)

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

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	1	4
Interest on lease obligations	388	431
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	9,436	10,454
Remeasurement of the liability resulting from change in index or rate	5,581	15,048
Total interest expense	15,406	25,937
Unwinding of discount on provisions	39	43
Total finance costs	15,445	25,980

Note 12 Other gains / (losses) (Group)

	2024/25	2023/24
	£000	£000
Losses on disposal of assets	(93)	-
Total (losses) on disposal of assets	(93)	-
Fair value (losses) on investment properties	(328)	(652)
Total other (losses)	(421)	(652)

Note 13.1 Intangible assets - 2024/25

Group and Trust	Software licences £000	Licences & trademarks £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2024 - brought forward	9,839	1,227	2,392	13,458
Additions	120	-	3,219	3,339
Reclassifications	160	41	(201)	-
Valuation / gross cost at 31 March 2025	10,119	1,268	5,410	16,797
Amortisation at 1 April 2024 - brought forward	5,473	940	-	6,413
Provided during the year	1,559	138	-	1,697
Amortisation at 31 March 2025	7,032	1,078	-	8,110
Net book value at 31 March 2025	3,087	190	5,410	8,687
Net book value at 1 April 2024	4,366	287	2,392	7,045

Note 13.2 Intangible assets - 2023/24

Group and Trust	Software licences £000	Licences & trademarks £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	8,780	1,079	1,102	10,961
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	13,458
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	4,366	287	2,392	7,045
Net book value at 1 April 2023	5,117	281	1,102	6,500

Note 14.1 Property, plant and equipment - 2024/25

Group and Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2024 - brought forward	23,950	172,071	4,350	41,256	34,184	27,177	2,005	304,993
Additions	-	9,622	-	16,824	3,149	799	253	30,647
Impairments	-	(26,001)	-	-	-	-	-	(26,001)
Reversals of impairments	-	936	-	-	-	-	-	936
Revaluations	-	-	100	-	-	-	-	100
Reclassifications	-	28,760	-	(33,261)	3,760	529	212	-
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(699)	-	-	(699)
Valuation/gross cost at 31 March 2025	23,950	185,388	4,450	24,819	40,394	28,505	2,470	309,976
Accumulated depreciation at 1 April 2024 - brought forward	-	202	0	-	17,079	15,615	572	33,468
Provided during the year	-	5,960	124	-	3,571	3,988	479	14,122
Impairments	-	(5,623)	-	-	-	-	-	(5,623)
Reversals of impairments	-	(201)	-	-	-	-	-	(201)
Revaluations	-	-	(124)	-	-	-	-	(124)
Disposals / derecognition	-	-	-	-	(572)	-	-	(572)
Accumulated depreciation at 31 March 2025	-	338	0	-	20,078	19,603	1,051	41,070
Net book value at 31 March 2025	23,950	185,050	4,450	24,819	20,316	8,902	1,419	268,906
Net book value at 1 April 2024	23,950	171,869	4,350	41,256	17,105	11,562	1,433	271,525

Note 14.2 Property, plant and equipment - 2023/24

Group and Trust	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	23,910	173,178	4,250	20,322	30,373	24,401	1,727	278,161
Prior period adjustments	-	-	-	(21)	-	-	-	(21)
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	41,256	34,184	27,177	2,005	304,993
Accumulated depreciation at 1 April 2023 - brought forward	-	67	0	-	13,746	11,776	248	25,837
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	0	-	17,079	15,615	572	33,468
Net book value at 31 March 2024	23,950	171,869	4,350	41,256	17,105	11,562	1,433	271,525
Net book value at 1 April 2023	23,910	173,111	4,250	20,301	16,627	12,625	1,479	252,303

Note 14.3 Property, plant and equipment financing - 31 March 2025

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
Owned - purchased	23,950	30,746	(0)	24,492	19,430	8,902	1,419	108,939
On-SoFP PFI contracts and other service concession arrangements	-	154,304	4,450	-	-	-	-	158,754
Owned - donated/granted	-	-	-	327	887	-	-	1,214
NBV total at 31 March 2025	23,950	185,050	4,450	24,819	20,317	8,902	1,419	268,907

Note 14.4 Property, plant and equipment financing - 31 March 2024

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
Owned - purchased	23,950	14,181	(0)	41,256	16,176	11,562	1,433	108,558
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	41,256	17,106	11,562	1,433	271,526

Note 15 Donations of property, plant and equipment

The Foundation Trust has received donated assets during the year. The value of these items 2024/25 £0.2m (2023/24 £0.2m) has been provided by Bath, North East Somerset, Swindon and Wiltshire Integrated Care Board , Uni Hosp Bristol & Weston NHS FT , GWH Charity 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 2025. Indices were applied of BCIS 399 and Location Factor 100%. This recognised £389k as an downwards revaluation against the revaluation reserve and £18,627k as an impairment against the operating deficit. For the comparison based on the prior period adjustment for 2023/24, £2,503k was recognised as an upwards revaluation against the revaluation reserve and £1,083k 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 - 2024/25

Group and Trust	Property (land and building s) £000	Plant & machiner y £000	Transpor t equipme nt £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2024 - brought forward	10,483	3,146	236	13,865	10,483
Additions	-	1,882	30	1,912	-
Remeasurements of the lease liability	-	223	-	223	-
Disposals / derecognition	-	(69)	(3)	(72)	-
Valuation/gross cost at 31 March 2025	10,483	5,182	263	15,928	10,483
Accumulated depreciation at 1 April 2024 - brought forward	1,871	1,754	109	3,734	1,871
Provided during the year	1,041	679	87	1,807	1,041
Accumulated depreciation at 31 March 2025	2,912	2,433	196	5,541	2,912
Net book value at 31 March 2025	7,571	2,749	67	10,387	7,571
Net book value at 1 April 2024	8,612	1,392	127	10,131	8,612
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					7,571

Note 17.2 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
Prior period adjustments	-	(698)	-	(698)	-
Valuation / gross cost at 1 April 2023 - restated	10,610	4,411	164	15,185	10,610
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	3,146	236	13,865	10,483
Accumulated depreciation at 1 April 2023 - brought forward	797	1,317	55	2,169	797
Prior period adjustments	-	(377)	-	(377)	-
Accumulated depreciation at 1 April 2023 - restated	797	940	55	1,792	797
Provided during the year	1,074	814	54	1,942	1,074
Accumulated depreciation at 31 March 2024	1,871	1,754	109	3,734	1,871
Net book value at 31 March 2024	8,612	1,392	127	10,131	8,612
Net book value at 1 April 2023	9,813	3,471	109	13,393	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 17.3 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 £223k 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	
	2024/25 £000	2023/24 £000
Carrying value at 1 April	19,401	13,362
Lease additions	1,912	10,237
Lease liability remeasurements	223	(1,746)
Interest charge arising in year	388	431
Early terminations	(72)	-
Lease payments (cash outflows)	(2,333)	(2,883)
Carrying value at 31 March	19,519	19,401

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.

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 2025

	Group and Trust	
		Of which leased from DHSC group bodies:
	Total	
	31 March 2025	31 March 2025
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	2,416	1,183
- later than one year and not later than five years;	8,086	4,551
- later than five years.	11,469	3,082
Total gross future lease payments	21,971	8,816
Finance charges allocated to future periods	(2,452)	(973)
Net lease liabilities at 31 March 2025	19,519	7,843
Of which:		
Leased from other NHS providers		-
Leased from other DHSC group bodies	7,843	7,843

Note 17.6 Maturity analysis of future lease payments at 31 March 2024

	Group and Trust	
		Of which leased from DHSC group bodies:
	Total	
	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 finance 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	8,742

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 and Trust	
	2024/25	2023/24
	£000	£000
Carrying value at 1 April - brought forward	9,159	-
Prior period adjustments	-	9,811
Movement in fair value	(328)	(652)
Carrying value at 31 March	8,831	9,159

Note 18.1 Investment property income and expenses (Group)

	2024/25	2023/24
	£000	£000
Direct operating expense arising from investment property which generated rental income in the period	418	418
Direct operating expense arising from investment property which did not generate rental income in the period	-	-
Total investment property expenses	418	418
Investment property income	418	418

Note 19 Investments in associates and joint ventures

In July 2016, Wiltshire Health and Care (a limited liability partnership (LLP) and joint venture created between Great Western Hospitals Foundation Trust, Salisbury Foundation Trust and the RUH) commenced its £40 million a year contract to deliver seamless and improved community services across Wiltshire. The RUH, along with Great Western Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust, are working with local third sector, end of life, primary care, community services and mental health services to consider how we can work together to support transformation of community services in future. The Wiltshire Health and Care contract was moved and ceased trading on the 1st April 2025.

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 joint venture.

In 2024/25, Wiltshire Health and Care LLP reported a breakeven position (2023/24 breakeven).

	Group	
	2024/25	2023/24
	£000	£000
Carrying value at 1 April - brought forward	163	163
Share of profit / (loss)	-	-

Carrying value at 31 March	<u>163</u>	<u>163</u>
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Note 20 Analysis of charitable fund reserves

The GWH Trust Charitable Funds have been consolidated within this set of accounts

	31 March 2025 £000	31 March 2024 £000
Unrestricted funds:		
Unrestricted income funds	232	127
Restricted funds:		
Other restricted income funds	<u>723</u>	<u>962</u>
	<u>955</u>	<u>1,089</u>

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 2025 £000	31 March 2024 £000
Drugs	1,752	1,708
Consumables	3,616	3,508
Energy	161	147
Other	<u>-</u>	<u>112</u>
Total inventories	<u>5,529</u>	<u>5,475</u>
of which:		

Inventories recognised in expenses for the year were £56,164k (2023/24: £89,387k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £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. Distribution of inventory by the Department ceased in March 2024.

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 2025 £000	31 March 2024 £000
Current		
Contract receivables	10,422	11,555
Allowance for impaired contract receivables / assets	(1,716)	(1,603)
Prepayments (non-PFI)	2,231	1,840
PFI lifecycle prepayments	15,901	13,387
PDC dividend receivable	78	1,932
VAT receivable	1,106	232
Other receivables	285	681
NHS charitable funds receivables	1	4
Total current receivables	28,308	28,028
Non-current		
Other receivables	474	446
Total non-current receivables	474	446
Of which receivable from NHS and DHSC group bodies:		
Current	6,902	9,983
Non-current	474	446

Note 22.2 Allowances for credit losses - 2024/25

	Group Contract receivables and contract assets £000
Allowances as at 1 Apr 2024 - brought forward	1,603
New allowances arising	266
Utilisation of allowances (write offs)	(153)
Allowances as at 31 Mar 2025	1,716

Note 22.3 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 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	
	2024/25	2023/24	2024/25	2023/24
	£000	£000	£000	£000
At 1 April	43,201	43,307	41,983	41,899
Net change in year	360	(106)	510	84
At 31 March	43,561	43,201	42,493	41,983
Broken down into:				
Cash at commercial banks and in hand	1,083	1,232	15	14
Cash with the Government Banking Service	42,478	41,969	42,478	41,969
Total cash and cash equivalents as in SoFP	43,561	43,201	42,493	41,983

Note 24 Trade and other payables

	Group	
	31 March 2025	31 March 2024
		£000
Current		
Trade payables	11,588	8,467
Capital payables	7,502	9,520
Accruals	19,953	21,890
Social security costs	7,107	6,793
Pension contributions payable	4,659	4,181
NHS charitable funds: trade and other payables	114	133
Total current trade and other payables	50,923	50,984

Of which payables from NHS and DHSC group bodies:

Current	4,116	4,795
Non-current	-	-

Note 25 Other liabilities

	Group	
	31 March 2025	31 March 2024
	£000	£000
Current		
Deferred income: contract liabilities	3,902	6,505
Total other current liabilities	3,902	6,505
Non-current		
Deferred income: contract liabilities	448	448
Total other non-current liabilities	448	448

Note 26 Borrowings

	Group	
	31 March 2025	31 March 2024
	£000	£000
Current		
Loans from DHSC	56	111
Other loans	-	4,311
Lease liabilities	2,416	1,872
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	12,458	10,998
Total current borrowings	14,930	17,292
Non-current		
Loans from DHSC	-	55
Lease liabilities	17,103	17,530
Obligations under PFI, LIFT or other service concession contracts	84,793	94,849
Total non-current borrowings	101,896	112,434

Note 26.1 Reconciliation of liabilities arising from financing activities (Group)

Group - 2024/25	Loans from DHSC	Other loans	Lease liabilities	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2024	166	4,311	19,401	105,848	129,726
Cash movements:					
Financing cash flows - payments and receipts of principal	(110)	(4,311)	(1,945)	(14,178)	(20,544)
Financing cash flows - payments of interest	(1)	-	(388)	(9,436)	(9,825)
Non-cash movements:					
Additions	-	-	1,912	-	1,912
Lease liability remeasurements	-	-	223	-	223
Remeasurement of PFI / other service concession liability resulting from change in index or rate				5,581	5,581
Application of effective interest rate	1	-	388	9,436	9,825
Early terminations	-	-	(72)	-	(72)
Carrying value at 31 March 2025	56	-	19,519	97,251	116,826

Group - 2023/24	Loans from DHSC £000	Other loans £000	Lease liabilities £000	PFI and LIFT schemes £000	Total £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	129,726

Note 27 Provisions for liabilities and charges analysis (Group)

Group	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2024	752	752	380	2,036	3,920
Arising during the year	23	-	50	329	402
Utilised during the year	(130)	-	(50)	-	(180)
Reversed unused	-	(307)	-	(462)	(769)
Unwinding of discount	15	24	-	-	39
At 31 March 2025	660	469	380	1,903	3,412
Expected timing of cash flows:					
- not later than one year;	120	35	-	18	173
- later than one year and not later than five years;	540	434	380	1,885	3,239
- later than five years.	0	0	0	0	0
Total	660	469	380	1,903	3,412

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), VAT Review risk £1.1m) and additional pension provision not relating to early departure or injury benefits.

Group	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other £000	Total £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.	0	0	0	0	0
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 risk (£0.8m) and additional pension provision not relating to early departure or injury benefits.

Note 27.1 Clinical negligence liabilities

At 31 March 2025, £208,827k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Great Western Hospitals NHS Foundation Trust (31 March 2024: £137,959k).

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 Downsvew 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.

Downsvew 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 Downsvew 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 2025	31 March 2024
	£000	£000
Gross PFI, LIFT or other service concession liabilities	130,625	150,424
Of which liabilities are due		
- not later than one year;	24,962	23,157
- later than one year and not later than five years;	105,664	112,379
- later than five years.	-	14,888
Finance charges allocated to future periods	(33,374)	(44,576)
Net PFI, LIFT or other service concession arrangement obligation	97,251	105,848
- not later than one year;	12,458	10,998
- later than one year and not later than five years;	84,793	81,108
- later than five years.	-	13,742

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	31
	March	March
	2025	2024
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	227,987	299,917
Of which payments are due:		
- not later than one year;	48,462	46,952
- later than one year and not later than five years;	179,525	199,843
later than five years.	-	53,122

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	
	2024/25	2023/24
	£000	£000
Unitary payment payable to service concession operator	47,014	45,260
Consisting of:		
- Interest charge	9,436	10,454
- Repayment of balance sheet obligation	14,178	12,882
- Service element and other charges to operating expenditure	17,286	16,442
- Capital lifecycle maintenance	3,596	5,482
- Addition to lifecycle prepayment	2,518	-
Total amount paid to service concession operator	47,014	45,260

Note 30 Financial instruments

Note 30.1 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 22.1 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 2025 £000	31 March 2024 £000
By up to three months	5,101	679
By three to six months	152	109
By more than six months	157	223
	<u>5,410</u>	<u>1,011</u>

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 30.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2025	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	8,861
Cash and cash equivalents	42,493
Consolidated NHS Charitable fund financial assets	1,069
Total at 31 March 2025	52,423

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
Cash and cash equivalents	41,983
Consolidated NHS Charitable fund financial assets	1,222
Total at 31 March 2024	52,665

Note 30.3 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	56
Obligations under leases	19,519
Obligations under PFI, LIFT and other service concessions	97,251
Trade and other payables excluding non financial liabilities	38,620
Provisions under contract	3,412
Consolidated NHS charitable fund financial liabilities	114
Total at 31 March 2025	158,972

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

Book value balances on the Statement of Financial Position are at a reasonable approximation of fair value.

Note 30.4 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 2025	31 March 2024
	£000	£000
In one year or less	65,863	68,363
In more than one year but not more than five years	116,989	123,343
In more than five years	11,469	27,338
Total	194,321	219,044

Note 31 Losses and special payments

Group and trust	2024/25		2023/24	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	8	-	-
Bad debts and claims abandoned	51	145	54	63
Stores losses and damage to property	18	33	-	-
Total losses	69	186	54	63
Special payments				
Compensation under court order or legally binding arbitration award	3	3	2	27
Ex-gratia payments	23	26	25	13
Special severance payments	-	-	1	12
Total special payments	26	29	28	52
Total losses and special payments	95	215	82	115
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. (2023/24 - 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 32 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 2025 £000	31 March 2024 £000
Pooled Budget Income:		
Swindon Borough Council	1,463	1,104
NHS Swindon (BANES, Swindon and Wiltshire ICB)	896	134
Great Western Hospitals NHS Foundation Trust	177	676
Total Income	2,536	1,914
Pooled Budget Expenditure		
Total equipment services expenditure	2,573	2,666
Less children services contract recharge	(40)	(39)
Less Dept HDP Claim	-	(240)
Less adult social care discharge fund		-
Less Department of Health covid claim		-
Total Expenditure	2,533	2,387
Total (Deficit)	3	(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	2	(273)
NHS Swindon (BANES, Swindon and Wiltshire ICB)	1	(33)
Great Western Hospitals NHS Foundation Trust	0	(167)
Total Deficit	3	(473)

Note 33 Related parties

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
- Wiltshire Health and Care LLP

Note 34 Prior period adjustments

A prior period adjustment has been made in order to reflect a correction in the treatment of IFRS16 of £342k

Note 35 Events after the reporting date

The Wiltshire Health and Care contract was moved and ceased trading on the 1st April 2025. The Community Services provided by Great Western Hospitals NHS Foundation Trust transferred to the HCRG provider at this point.



Annual Report and Accounts 2024/25