NHS
Great Western Hospitals
NHS Foundation Trust

Great Western Hospitals NHS Foundation Trust
Annual Report and Accounts
2020/21

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CHAIR AND CHIEF EXECUTIVE'S STATEMENT

Welcome to our Annual Report and Accounts for 2020/21.

This year has been a year like no other for each and every one of us and the pandemic has brought about change across the world like nothing else.

As a Board, we are extremely proud of how our staff have responded to the biggest challenge in the NHS' history.

The fact we were able to provide care to all patients with Covid-19 -who needed it – more than 1,500 patients – is a significant achievement, but it only tells part of the story.

The changes we introduced to prepare and respond to the pandemic – and the pace at which we brought about those changes – was unprecedented.

Our staff have gone above and beyond the call of duty for a prolonged period of time and our thanks go to each and every one of them for their remarkable achievements this year.

We couldn't be any prouder of our team, and we know the communities we serve are proud too.

When others quite rightly stepped back, our staff stepped forward, and we will always remember the contribution they made under the most difficult of circumstances. Early on in the pandemic we lost two frontline members of staff, Dr Edmond Adedeji and Dr Thaung Htaik, who made the ultimate sacrifice to care for their patients. We remembered Edmond and Thaung, and other members of the GWH family we lost over the last year, at a memorial service in March.

While we don't know what the future holds, we do know that even without any further surges or waves of the virus, the pandemic will impact upon us for many years to come.

Covid-19 has accelerated the pace of change within our organisation of course, and we are working to ensure we capitalise on the positive improvements, such as virtual appointments and flexible working.

Our response to Covid-19 is detailed elsewhere in this report.

Although this year will always be remembered for Covid-19, we're also proud of our many other achievements. These include:

- Becoming one of the first places in the world to administer a Covid-19 vaccine in December 2020 having been selected as one of the first 50 hospital vaccination hubs. Since then we have administered over 62,000 first and second doses as we lead a roll-out of the programme.
- Enhancing our health and wellbeing package for staff which won a national award. This package is being further enhanced in 2021-22.
- Strong performance in areas including our Emergency Department, cancer, and stroke. Data shows that in terms of our combined performance we moved from 87th out of 123 Trust in March 2020 to 42nd by May 2021.
- We achieved the best flu vaccine uptake in the region at 90.7%
- We became a top 15 site nationally for patient recruitment to clinical trials and the best in the South West.
- Our staff survey results showed four of the scores were below average, compared to 20 scores below average in 2019. Although we acknowledge there is still work to do in several areas, this is good progress.
- We developed a more ambitious approach to capital, with some significant investment in our estate, including:

- The Radiotherapy Centre
- The development of the new Urgent Care Centre
- Purchase of the land to enable us to expand next to the GWH site
- Upgrade of our utilities and oxygen and aseptic suite
-

- Improvements in our primary care services, with Abbey Meads and Moredon both moved from inadequate and in special measures to Requires Improvement by the Care Quality Commission.
- Our first EDI strategy, our first EDI lead appointed, and a more diverse Board.

As we move into the future we face a significant task ahead to recover from the pandemic, in the context of the toughest economic backdrop since the war.

There will be direct implications for our Trust as a significant NHS re-organisation takes place. This includes Integrated Care Systems becoming statutory bodies in April 2022 and shadow governance arrangements expected to be in place by the end of the Summer 2021 including provider collaboratives and Integrated Care Alliances at Place level.

It's never been more important that we retain our focus on our priorities.

- Refresh on quality – we will introduce a Great Care campaign and a new clinical strategy to bring about everyday improvement while ensuring we are focused on what's really important to improve the health of our population and reduce inequalities. Our Care Quality Commission rating remains at Requires Improvement and we are determined to reach an overall rating of Good, with Outstanding for care.
- Restore our elective activity - unfortunately patients now have to wait much longer than we would like and for that we are sorry. While we are absolutely committed to working to restore our activity as quickly as we can, we need to do so as safely as possible and must accept our capacity is now less than it was before the pandemic. The reality is that patients will continue to have to wait longer for treatment for a significant period of time. We are working with other Trusts to explore new ways of providing care to make best use of the capacity available to care for our communities across the system.
- Regroup and recharge our wellbeing – our staff have been through a huge amount and we must continue to recognise this and do whatever we can to support them.
- Recover our finances – although we delivered a surplus against our budget in 2021/22, our underlying position is a large deficit and this is set against the backdrop of a challenging economic situation. Delivering our cost improvement programmes and finding more ways to significantly improve our efficiency have never been more important.

We have seen a number of changes at Board level, and our Board is now beginning to be more reflective of the communities we serve but we know this is an area where we need to make more progress and we are committed to doing so.

We have made a number of appointments to the Executive Team this year. Simon Wade joined us as Director of Finance and Strategy, along with Lisa Cheek as Chief Nurse and Claire Thompson as our first substantive Director of Improvement and Partnership. We expect to appoint a new Chief Operating Officer and new Medical Director in early 2021-22.

We speak for the entire Board when we say it is an honour for us to lead this Trust, and to be supported by staff, volunteers and partners to do the best we can for our local population.

Liam Coleman
Chairman
14 June 2021

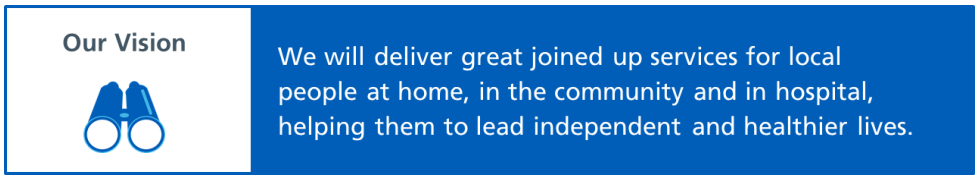
Kevin McNamara
Chief Executive
14 June 2021

1. PERFORMANCE REPORT

1.1 Overview of Performance

This section provides information about the Trust's main objectives and strategies and principal risks. A brief overview and analysis of performance is included.

Trust Strategy



Our vision is deliberately ambitious and to deliver it we will need to move further and faster to adopt new and innovative ways of delivering care. Providing the best service and great care, by great people will be at the forefront of our approach but we will do so in a safe and sustainable way to ensure the long term viability of the Trust.

Our overall approach is centred on quality in patient care, which provides an overarching direction and context for all Trust strategies. It is part of a dynamic process and has been informed by our organisation and operational plans as well as discussions with key partners including staff, patients, their carers, commissioners, members and our local community.

Our strategic pillars – what we will be known for

We will continue to provide high quality care for patients and service users in the right place and at the right time by making the most efficient use of resources. Our strategy is designed with the patient as the absolute focus, with quality and safety as the foundation of how we develop and deliver services in a sustainable way.

We have set ourselves four strategic pillars that drive the broad outcomes we aim to achieve over the next five years.

We aim to be rated as outstanding by the CQC. We will take a big step towards this by achieving a Good rating overall at our next inspection in 2019/20.

Achieve top 20% in the National NHS Staff Survey and achieve upper quartile in staff retention rate

We will see single pathways of care operating between acute and community and a shared care record in place. With our partners we will have a reduced growth in demand for urgent and emergency care through joining up services, prevention and reducing hospital bed days.

Services should be operating within the top quartile of Model Hospital, offering best value for money.

History of the Trust

Our Timeline

- 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, which were previously provided by Wiltshire Community Health Services. However during 2014/15 the Trust ceased to provide community maternity services which transferred to the Royal United Hospital, Bath NHS Foundation Trust following competitive tender.
- During 2015/16 the Trust established a Joint Venture, Wiltshire Health & Care LLP (a limited liability partnership), with Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust to competitively bid in partnership for Wiltshire Adult Community Services. In January 2016 the Joint Venture was notified that it had been successful in its bid and was awarded the contract from 1 July 2016. Although this was a joint venture the staff were employed by this Trust. However on 31 March 2018, the staff concerned TUPE transferred to the Wiltshire Health and Care Partnership.
- In 2016 the Trust placed an expression of interest to Swindon Clinical Commissioning Group for the provision of Swindon Integrated Adult Community Services. The Trust was agreed as the preferred provider, but prior to formal contract, the Trust was asked to 'caretake' the services due to the existing provider 'SEQOL' ceasing to operate. Therefore, from 1 October 2016, the Trust provided adult community health services in Swindon under a caretaker agreement. A formal contract for these services began in August 2017.
- In the summer of 2018 the Trust bid for £30m of national funding for our Way Forward Programme to expand urgent and emergency care and purchase 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. These practices provide GP services from four locations across Swindon, including Moredon Medical Centre, Abbey Meads Medical Practice, Crossroads Surgery and Penhill Surgery, providing care to over 30,000 people.
- In August 2020 work for a new Radiotherpay Centre on the Great Western Hospital site began. The centre will be an expansion of Oxford University Hospitals NHS Foundation Trust's raditherapy service and will mean that Swindon patients will no longer need to travel to Oxford for treatment.
- In early 2021, as part of our Way Forward Programme, work has commenced to open a temporary Urgent Treatment Centre (UTC) while the existing Urgent Care Centre is demolished and replaced with a new UTC (work planned to be complete by the end of 2021).
- In April 2021 the Trust complete the purchase of the expansion land, 5.5 hectares of land adjacent to the Great Western Hospital which paves the way for future expansion.

Brighter Futures

Brighter Futures is the charity established by Great Western Hospitals NHS Foundation Trust. Its aim is to raise money in order to provide an extra special level of care in order to make a real difference to patients, their families and our staff who treat them. It improves the hospital environment, funds ground breaking research, supports the development and training of hospital staff and provides state-of-the-art equipment.

Structure

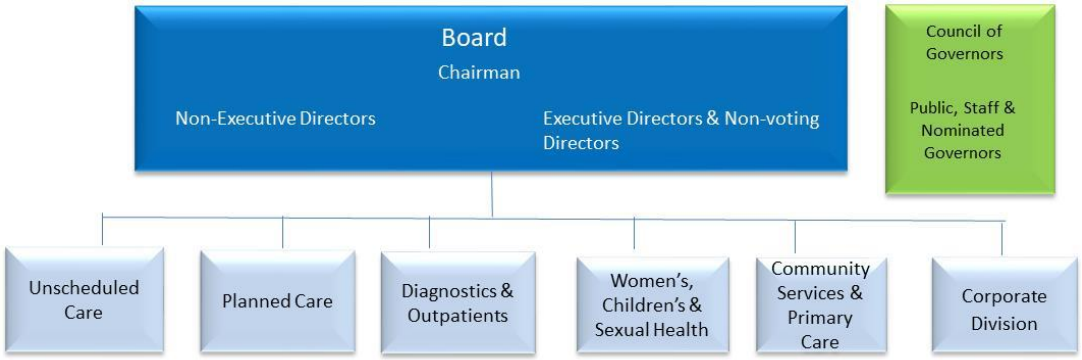
Our Trust is managed by the Board of Directors, which is responsible for setting the vision and strategy for the Trust and ensuring their effective implementation. As a Foundation Trust we have a Council of Governors, which represents the interests of both public and staff members, and which holds the Board of Directors to account.

NHS Improvement and NHS England's role as the sector regulator of health services in England is to protect and promote the interests of patients by promoting the provision of services which are effective, efficient and economical and which maintains or improves their quality. Further information on the structure can be found below.

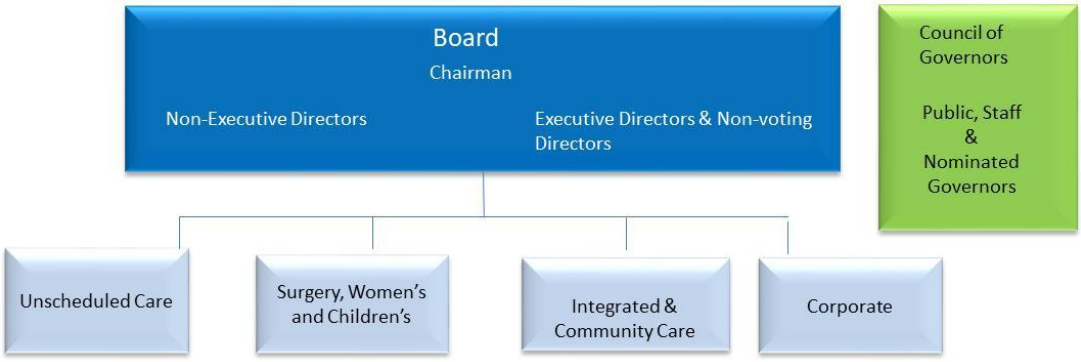
Organisational structure 2020/21

In 2020/21 the Trust's structure changed following a review of Executive portfolios and accountabilities, and with greater expectations of delivery within the system context the structure was refined to enable the Trust to meet the new challenges and opportunities. The Trust continued with the concept of a 'triumvirate' of three inter-professional medical, clinical and managerial leaders, however the number of clinical divisions reduced from 5 to 3 as follows:-

Organisational Structure 2019/20

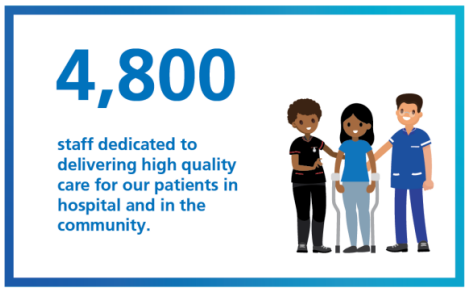


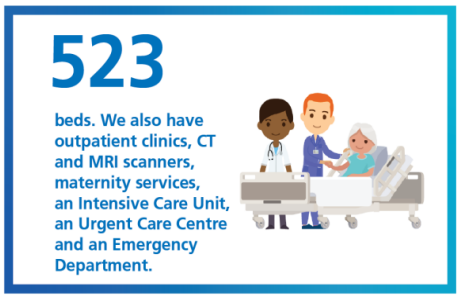
Organisational Structure 2020/21



Who we are

We are one of the biggest healthcare providers and employers in the South West. We have:



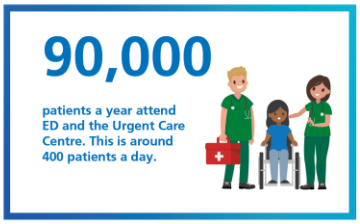


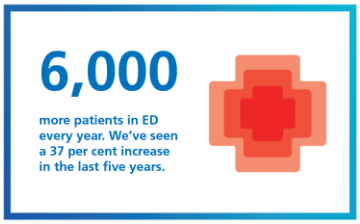
Our ageing population and the increased prevalence of chronic diseases such as hypertension, diabetes, coronary heart disease, COPD and respiratory conditions requires a reorientation away from an emphasis on acute care towards prevention, self-care and care that is integrated and provided in the community.

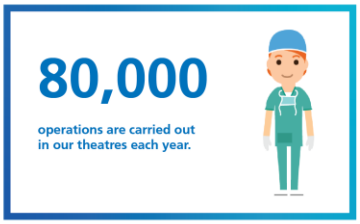
To support people with long term conditions, we will need to provide better coordination of care to prevent avoidable ill health and hospital admissions resulting in better value for money. With improved primary care and community integration there is the opportunity to manage the demand reaching the acute sector, and by managing more care in the community, there is opportunity to provide timely, quality care, with better value for money.

As new technologies are introduced, patients expect care and treatment to be available seven days a week, and provided in the most convenient manner to suit their busy lifestyles. As we all become used to seven day services like online retail and call centres, so too patients expect us to offer similar access and service. This becomes more challenging at a time when money is getting much tighter.

What we do







The regulated activities that the Trust is currently registered to provide include: -

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

Information on all registered sites/locations and activities can be obtained by contacting the Trust or visiting the CQC website.

Our Integrated Care System (ICS) - Working together to empower people to lead their best life.

Bath & North East Somerset, Swindon and Wiltshire (BSW) has a combined registered population of approximately 940,000 people. There are three local authorities, 94 GP practices, one Clinical Commissioning Group (CCG) which has (during 2020) merged from three into a single organisation for BSW, three acute hospital trusts, a mental health provider, and an ambulance trust, as well as community services providers and many voluntary and charitable organisations.

Our ICS covers an area of approximately 1500 square miles with pockets of urban and rural population, extremes of variation in affluence and deprivation, a range of estates in various states of purpose and accessibility, and different specialist tertiary providers for each locality

Our vision for the future working together as an ICS has been drawn from a robust evidence base and also thoughts and views secured from both the public we serve and our clinicians across our providers.

Location of services

Great Western Hospitals NHS Foundation Trust has its main headquarters at the Great Western Hospital (GWH) in Swindon. The Trust's geographical area covers Wiltshire, parts of Bath and North East Somerset, parts of Hampshire, Dorset, Oxfordshire, West Berkshire and Gloucestershire.

Great Western Hospital
The Great Western Hospital (GWH) is a purpose built District General Hospital providing emergency care, elective (planned) surgery, diagnostics, paediatrics, maternity (both midwife and consultant), and outpatient and day case services.

The Brunel Treatment Centre
On the GWH site there is a purpose built centre for elective (planned) surgery called the Brunel Treatment Centre. The centre has enabled the Trust to separate emergency from elective (planned) surgery. The Centre includes the Shalbourne Suite, which is a private patient unit.

Within the Community

The Trust is a provider of Community Health Services across Swindon, these Services are provided by Community Nurses and Therapist, located at various GP practices, Health Centres and in patient's homes. The Trust also manages the provision of services for two GP practices, Abbey Meads Medical Group and Moredon Medical Centre. These practices provide GP services from four locations across Swindon, including Moredon Medical Centre, Abbey Meads Medical Practice, Crossroads Surgery and Penhill Surgery, providing care to over 30,000 people.

Joint Venture
The Trust has a one third controlling interest in Wiltshire Health and Care LLP. The other equal partners are Salisbury NHS Foundation Trust and Royal United Hospitals NHS Foundation Trust. Wiltshire Health and Care is focused solely on delivering improved community services in Wiltshire and enabling people to live independent and fulfilling lives for as long as possible. Wiltshire Health and Care LLP has reported an in year surplus of £166k (2019/20 £29k) resulting in an increase in net asset value of £166k. GWH's share of the profits is £60k (2019/20 £10k) and is reported as a share of comprehensive income from associates and joint ventures in the Trust's Group Accounts Statement of Comprehensive Income (SOCI) (ref note 16).

Risks and issues

The following Trust-wide risks remain key to the delivery of our organisational objectives:

- **Workforce supply**. National shortages of key staffing groups have and continue to impact on the Trust's ability to recruit to some groups, in particular nursing, midwifery and Allied Health Profession (AHP) staff and certain medical specialists. Our staff are central to our strategy to provide quality services and care. We see an on-going focus on staff engagement and wellbeing as a key factor to support retention and we continue to monitor levels of satisfaction and actively seek new ways to support our employees. As in 2020-21 we will continue to invest in recruitment and retention including new roles, training, flexible working, and alternative sources of supply including overseas recruitment.

- **System sustainability.** The national picture of financial challenge for public services is well publicised. There is on-going growth in demand and expectations and strong inter-dependencies between systems, e.g. NHS and Social Care. Our local catchment population is rising faster than the national average, the financial sustainability of the local health and care system remains under significant strain and we are working together with our local integrated care system partners to identify solutions. The focus of work currently is around frail elderly pathways, mental health conditions, prevention and review of any unwarranted variation against local and national benchmarks.

- **Performance.** The Great Western Hospital lacks capacity both in "front door" and inpatient services. The Emergency Department (ED) was designed to support 48,000 attendances per annum and in 2020/21 there were 90,000 in ED with similar figures predicted for 2021/22. The impact of this shortfall in capacity at the front door impacts on patient experiences as well as contributing to challenges with meeting the 4 hour standard. With population growth in Swindon and the surrounding areas rising at a faster rate than the national average and a significant house building programme underway, the top priority for the Trust is to right-size capacity for the next ten years, and work with partner agencies to ensure that patients can move on from the hospital to more appropriate care settings without delay. Our Way Forward Programme is currently working on a number of major development schemes at the Great Western Hospital site which will mitigate this risk.

Further detail with regard to our risk management approach is included in the Annual Governance Statement, later in this report.

Principle Opportunities for the Trust

We know that we will need to further change and adapt, finding innovative ways to save money, and investing our resources wisely to support sustainable improvements in the quality of care we provide for local people.

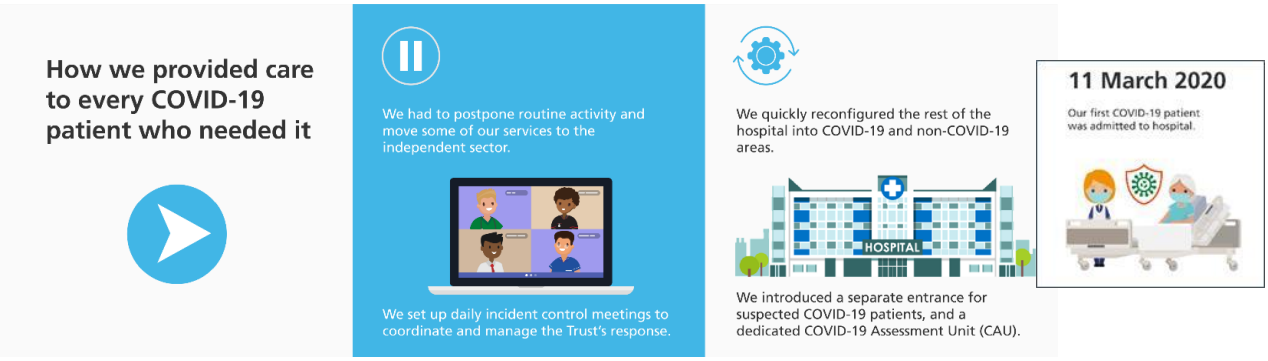
During 2020/21 the Trust developed an Improvement and Efficiency Plan which will be implemented over the next few years. Priority is being given to programmes that have the greatest positive impact on care quality and that will bring substantial and sustainable savings through effective transformation, both locally within the Trust and more widely with system partners.

Our Way Forward Programme is currently working on a number of major development schemes at the Great Western Hospital site including; a new Urgent Treatment Centre (due to open by the end of 2021). Work continues to design new urgent and emergency care services and planning is now underway to understand how to make best use of the expansion land that the Trust has purchased.

Way Forward Programme

Reflecting on 2020/21

2020/21 has been an exceptionally challenging year. We have pulled together a snapshot of how we provided care to every Covid-19 patients, how we continued care for non-Covid-19 patients and the work we did to keep everyone as safe as possible.



What we did to continue providing care to non-COVID-19 patients

We continued urgent treatment such as cancer care and changed many of our outpatient clinics to virtual ones. This includes telephone and video appointments, which meant we could reduce footfall on site.

Over 73,469 virtual appointments were offered

(from March to October)

400 of our incredible staff stepped forward to support other areas

Keeping our staff safe

Whilst big changes were taking place, it was more important than ever to keep our staff safe and to look after their physical and mental wellbeing. This was also made possible by the overwhelming support we received from local people, businesses and charities. Have a look at the faces of those who have supported us, further down this timeline.

Over 31 million PPE items were delivered to the Trust - thousands were kindly donated to us.

31 million PPE items for our staff.

We tested over 900 staff,

ensuring those who tested positive were self-isolating and received the care they needed. In November 2020 we were able to roll out routine testing for asymptomatic staff.

We set up both hospital and community (drive-through) testing for COVID-19.

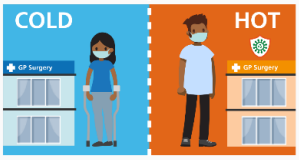
We provided training to up-skill around 200 staff to treat over 45 ICU patients.

We temporarily increased ICU beds from **12 to 32 ICU beds**

We helped to set up and support NHS Nightingale Hospital Bristol with medical, nursing, Allied Health Professionals and senior management roles to provide 300 beds regionally, should they be needed.

Our primary and community care teams have worked really well together to provide ongoing care to COVID-19 patients.

Our GP practices were among the first to establish 'hot and cold' sites, allowing us to safely care for both COVID and non-COVID patients.



Community staff including therapists, podiatrists and dietitians have worked more flexibly to support vulnerable people in their own homes.

They see around 300 patients a day.

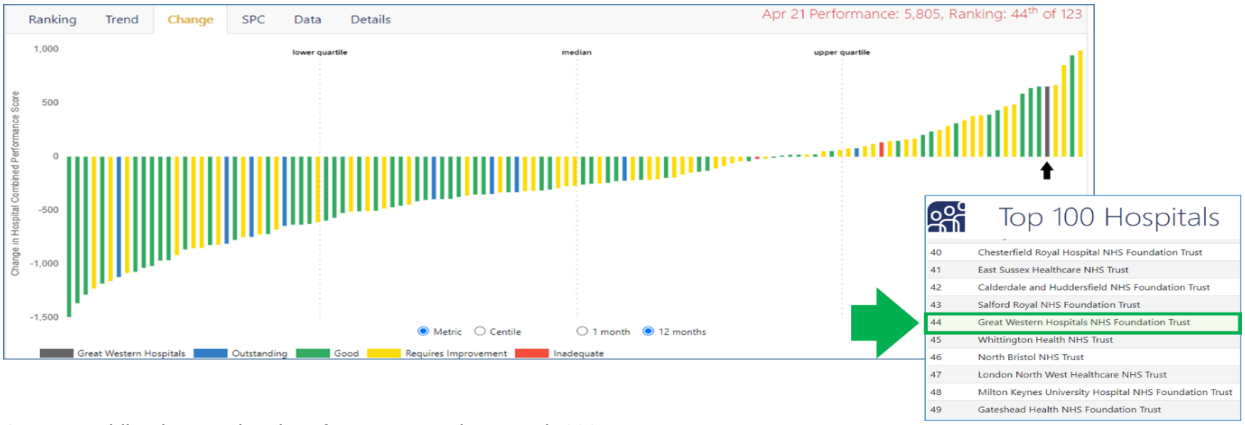
We personalised and delivered 685 letters to patients, from their loved ones who were unable to visit them in hospital.

685 letters from home

Improvements in 2020/21

Despite the challenges surrounding Covid-19 the Trust has made improvements.

We have moved in to the Top 50 Trusts in the country for our performance and are the 5th most improved Trust. Our performance now puts us higher than the average 'Good' rated Trust.



Source: Public View, National Performance Metrics, March 2021.

Research and innovation 2020-21

During the 2020/21 financial year Research & Innovation and the wider research community at Great Western Hospital NHS Foundation Trust worked on 77 clinical studies.

46 Principal Investigators recruited over 1,700 participants to 40 open studies.

Nearly 1,000 individual participants attended over 5,000 'follow up' appointments, either in person or by telephone.

During the year, Research & Innovation helped to deliver 13 Urgent Public Health studies designed to better understand and tackle Covid-19, including research into vaccines, treatments and diagnostic tests. Over 1,400 of this year's participants were recruited to these studies.

One of the many impacts of Covid-19 on NHS research has been the development of new ways of working, with increased collaboration and teamwork being seen across the West of England region. We have witnessed everyone coming together as never before to work towards a common goal.

Trusts with a research-active culture have been shown to deliver better care, have better CQC ratings and better patient outcomes, with these benefits not just limited to patients who participate in research. Research & Innovation has delivered notable successes in the past year to the benefit of the whole Trust, and looks forward to being able to continue this excellent work in 2021/22.

Operational Performance 2020/21

Measure	National Target	Local Target 2020/2021	Performance 2020/2021
ED 4 hours Q1	95%	95%	98%
ED 4 hours Q2	95%	95%	94%
ED 4 hours Q3	95%	95&	86%
ED 4 hours Q4	95%	95%	88%
Stroke	n/a	C	B
RTT Waiting List	WL at Jan 2021	23,247	24,929
RTT 52 Weeks	0	2,269	1,949
DM01 performance Q1	99%	99%	33%
DM01 performance Q2	99%	99%	47%
DM01 performance Q3	99%	99%	60%
DM01 performance Q4	99%	99%	73%
Cancer Performance (62 days) Q1	85%	85%	82.0%
Cancer Performance (62 days) Q2	85%	85%	79.3%
Cancer Performance (62 days) Q3	85%	85%	86.3%
Cancer Performance (62 days) Q4	85%	85%	86.9%
Cancer performance (2WW) Q1	93%	85%	83.6%
Cancer performance (2WW) Q2	93%	93%	93.8%
Cancer performance (2WW) Q3	93%	93%	93.8%
Cancer performance (2WW) Q4	93%	93%	83.7%

One of the areas that has been challenging across the country during the Covid-19 pandemic has been delivering the 4 hour performance standard with heightened increases in attendances. Capacity constraints in the department and flow into the hospital remain the greatest barriers. Performance in Q4 improved to 98% as a direct result in a drop in demand due to Covid-19.

The Emergency Department continued to maintain progressive changes to support flow including realigning walk in patients away from the main department to the Urgent Care Centre which has now been granted the designation of Urgent Treatment Centre. They have changed flow within the main department and introduced new working models, all with an aim of improving the patient experience and flow.

Stroke services have been on a positive journey to improve the Sentinel Stroke National Audit Programme (SSNAP) performance reaching a C within the year and actively working towards and hitting a B rating in recent months.

The Trust has had a challenging year with regards to Referral to Treatment Times (RTT) performance. The Covid-19 pandemic and subsequent impact on the organisation has meant that we have been running

reduced operating Theatres for 10 out of 12 months within the year, and the main area of focus has been on maintaining Cancer & Urgent operating as well as staffing an expanded ICU bed base to accommodate the demands placed on the organisation by Covid-19. In addition, routine Outpatient and Theatre activity needed to be stopped for large parts of the year which has unfortunately led to the number of patients waiting longer than 52 weeks for treatment seeing a dramatic increase over the course of 2020/21 in line with the national picture across the NHS. Whilst the Trust ended the year below its local target for 52 long waiting patients, it is acknowledged that a considerable challenge lays ahead to return us to an improved pre-Covid-19 position and the organisation is actively pursuing and delivering efficiencies through new ways of working to help expedite recovery efforts.

Diagnostics (DM01) performance has been greatly impacted by Covid-19, because of the need for the services to follow Infection prevention control guidelines and the cessation of routine diagnostics during the first wave of the pandemic (February 2020 – May 2020) of the pandemic. However gradual progress throughout the year has been achieved since the services recommenced.

Cancer performance has been well maintained through a challenging year coping with the pandemic. Endoscopy services were restricted during first wave of the pandemic as it is an aerosol generating procedure resulting in many long waiting patients. With appropriate infection control and prevention measures services recommenced and with clinical nurse specialist support many of the long waiting patients attended diagnostic investigations with quarter two seeing these patients treated. Through the second wave (September 2020 – March 2021), there has been close management of the patient tracking list working closely with services and clinicians to ensure pathways have continued and patients felt confident in attending. Whilst we have seen some monthly variation in performance overall we have achieved quarter three and four performance for 62 day performance and for the year overall 62 day performance of 83.6%.

Two week wait (2ww) performance has been challenging, initially due to diagnostic capacity and latterly due to pressures within breast services due to an increased number of referrals following breast cancer awareness month and social distancing requirements within the unit. Staff have been undertaking additional waiting list initiatives to maintain baseline activity, however this has not reduced the backlog. The team have a trajectory to support recovery this financial year which is dependent on delivering weekly wait list initiative clinics and appropriate staffing. Despite not achieving 2ww performance we have maintained 62 day performance not compromising patient care and outcomes.

Equality and Diversity – Service Delivery

Our experience of Covid-19 brought inequality into sharp focus, with a disproportionate impact on those from Black, Asian and Minority Ethnic (BAME) backgrounds, and those living in areas of social deprivation.

Our staff come from a wide range of backgrounds, and we serve equally diverse areas. More so than ever before, we need to celebrate the differences which make us unique and work together to overcome the challenges we face.

These are some of the highlights of our year:

- In 2020/21 our Equality, Diversity and Inclusion (EDI) Strategy was developed and published. The strategy identified areas of priority to work on over a four year period, to improve equality, diversity and inclusion at the Trust
- We held our 2nd Diversity Day in October 2020.
- To support this work the Trust created two new roles, an Equality, Diversity and Inclusion Lead and a Patient Experience and Engagement Lead.
- We strengthened our staff network groups, such as our BAME Champions Group and LGBTQ+ Network, who do so much to support staff. These groups were involved in developing our strategy.
- We have created a new Differently Abled Network as a space for staff to connect, share experiences and information, and support each other. It will also raise awareness and visibility of disability issues, to help promote a culture that improves the work experience for staff with visible and hidden disabilities.
- We began to speak in a more meaningful way with patients and carers, holding an engagement event to begin shaping our new patient and carer involvement strategy.
- We began to develop strong links with community groups and services to reduce any inequalities identified through their feedback.

- Our Learning Disability Forum continued its good work to create a true collaborative working model with multi-professional engagement from the acute site, community, service users, carers, community care providers and advocacy groups.
- Our chaplaincy led the spiritual and religious care for patients, visitors, staff and volunteers, and found new ways to continue to offer this service during Covid-19 when personal visits were restricted.
- We strengthened our leadership development programme and began to advertise our roles in a wider way to attract a broader and more diverse mix of candidates.
- We further embedded EDI by reviving the Trust EDI newsletter as a source of information and guidance, along with the publication of an annual calendar of notable EDI events and celebrations;
- We produced audio-visual content about the Covid-19 vaccine to dispel myths and misinformation, and thereby encourage take-up.
- We developed the first Trust transgender policy, to ensure that transgender staff receive equal treatment, and partnered with a national organisation to advance this agenda.
- We established a mentoring scheme comprised of senior leaders being mentored by a more junior colleague who comes from a different background to that of the senior leader, and therefore experiences their career differently.
- We provided an educational audio-visual resource with practical suggestions for tackling forms of institutional discrimination as faced by staff.
- We published our Gender Pay Gap report alongside an action plan to reduce the pay gap between males and females.

The implementation of our Equality and Diversity Strategy will enable us to really build on what we have achieved so far in order to work collectively to make a real difference to people's lives.

Position of the Trust at the year-end

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.

The financial year 2020/21 has been significantly impacted by the Covid-19 pandemic. Planning and the usual contracting and funding arrangements were suspended and replaced by block contract arrangements. Trusts were funded to achieve a break-even position in the first half of 2020/21 and received additional funding towards the costs of Covid-19 and the mass vaccination programme.

Some costs associated with Covid-19 were managed centrally by Department of Health & Social Care (DHSC) including Personal Protection Equipment (PPE) stock and imaging and ventilation equipment and have been accounted in the Trust's accounts as donated items.

The Trust ended the year with a £2.2m surplus including donated items, with a surplus of £0.028m after technical adjustments. This is a significant improvement compared to the position in 2019/20 of £15.7m deficit and reflects the additional income the Trust has received to support the Covid-19 response.

During 2020/21 Cost Improvement Programmes (CIPs) delivery continued to be monitored although delivery was severely impacted by Covid-19 with £1.6m savings/efficiencies achieved. The Trust continues to seek transformational change to manage financial challenges, whilst maintaining and improving quality, and is working on the implementation of a 3 year Improvement & Efficiency Plan

In 2020/21 activity was severely affected by Covid-19, with all areas of activity significantly below 2019/20 levels. The impact on Non-Elective (NEL) and Emergency Department (ED) activity was less marked compared to that in Elective day-cases and inpatients. Outpatient activity rapidly transitioned to a new way of working resulting in a increase in non-face to face consultant activity through the use of virtual clinics.

Agency spend was £14.4m, which is an increase of £1.8m compared to 2020/21 (£12.6m) and £6.5m higher than NHS agency cap. Of this £2.5m related to agency costs to support staffing during the Covid-19 response and Mass Vaccination programme

The Trust charity, Brighter Futures, ended the year with £3.6m in funds, of which £3.4m is classed as restricted and £0.2m unrestricted. Income for the year was £0.8m compared with expenditure of £0.6m meaning the charity realised an increase in funds of £0.2m.

Summary of the year End Position for Great Western Hospital

	Plan	Actual	Variance
Surplus/(Deficit) Reported in Statement of Comprehensive Income	**(£3,829)**	**£2,687**	**£6,516**
Revaluation	£0	(£87)	(£87)
Share of Wiltshire Health Care Joint Venture	£0	(£60)	(£60)
NHS Charity	£0	(£215)	(£215)
Normalised Position including national support	**(£3,829)**	**£2,325**	**£6,154**
PPE Donated Assets	£0	(£2,297)	(£2,297)
Total Income & Expenditure Position	**(£3,829)**	**£28**	**£3,857**
Negative is Deficit/Positive is Surplus			

Going concern

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

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

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

The Trust recorded an operating surplus of £2.3 million for the year ended 31 March 2021, with a cash balance of £21.6 million. The Trust has operated throughout the entire 2020/21 year under a fixed income financial regime. It has been confirmed that this arrangement will operate until at least 30 September 2021. The Trust is awaiting further guidance on planning for the remainder of the financial year, however, the current cash position, future funding and potential borrowing is expected to be sufficient to cover cash requirements for the remainder of the going concern period.

It is also noted that the cash regime within the NHS for new financial revenue support will be in the form of non-repayable Public Dividend Capital, rather than interest bearing loans. Therefore, should the Trust be in need of cash support it will not be in the form of repayable debt.

Based on the factors outlined above, the Board of Directors has a reasonable expectation that the Trust will have access to adequate resources to continue to deliver the full range of mandatory services for the 12 months from the date of approval of the financial statements and fulfil any liabilities as they fall due. The Directors consider that this provides sufficient evidence that the Trust will continue as a going concern for the 12 months from the date of approval of the financial statements. On this basis, the Trust has adopted the going concern basis for preparing the accounts.

Signed:

Kevin McNamara
Chief Executive
14 June 2021

2. ACCOUNTABILITY REPORT

2.1 Directors' Report

General Companies Act Disclosures

Directors of Great Western Hospitals NHS Foundation Trust

Directors of Great Western Hospital NHS Foundation Trust during 2020/21:-

Lizzie Abderrahim	Non-Executive Director
Dr Nick Bishop	Non-Executive Director Senior Independent Director
Lisa Cheek	Chief Nurse *(from 29 March 2021)*
Liam Coleman	Chair
Andy Copestake	Non-Executive Director
Tracey Cotterill	Interim Director of Finance *(to 31 October 2020)* and Interim Director of Improvement and Partnership *(from 1 November 2020)*
Charlotte Forsyth	Medical Director
Jude Gray	Director of Human Resources
Peter Hill	Non-Executive Director Deputy Chair
Paul Lewis	Non-Executive Director
Julie Marshman	Chief Nurse *(to 26 March 2021)*
Kevin McNamara	Chief Executive
Jemima Milton	Non-Executive Director
Carole Nicholl	Director of Governance & Assurance (& Company Secretary) (non-voting Board Director *(to 31 December 2020)*
Jim O'Connell	Chief Operating Officer Deputy Chief Executive
Julie Soutter	Non-Executive Director
Simon Wade	Director of Finance & Strategy *(from 1 November 2020)*

Board of Directors

The Board of Directors or Trust Board consisting of Executive, Non-Executive Directors and Non-Voting Directors has overall responsibility for the performance of the Trust. The Board determines strategy and agrees the overall allocation of resources and ensures that adequate systems and processes are maintained to measure and monitor the Trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery. The Board takes decisions consistent with the approved strategy. The Executive Directors are responsible for operational management of the Trust. Non-voting Board Directors do not have executive powers. Brief biographies for Board Directors in 2020/21 are set out below.

Biography of individual Directors

Lizzie Abderrahim, Non-Executive Director

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

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

She is a strong advocate for the NHS and, with her appointment to the Trust's Board, takes pride in joining 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, and which responds with humanity and kindness affording respect and dignity to all. During 2020/21 Lizzie's membership of Board Committees was as follows: -

- Member of the Quality & Governance Committee
- Member of the Performance, People and Place Committee
- Member of the Audit, Risk & Assurance Committee
- Member of the Mental Health Governance Committee (*Chair from October 2021)*
- Member of the Remuneration Committee
- Member of the Way Forward Committee

Dr Nick Bishop, Non-Executive Director
Senior Independent Director

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

Nick became a Non-Executive Director on 1 August 2016. On 8 February 2019, Nick was appointed as the Senior Independent Director of the Trust. In 2019/20 Nick was re-appointed to the Board for a further 3 year term ending 31 July 2022. During 2020/21 his membership of Board Committees was as follows: -

- Chair of the Quality & Governance Committee
- Chair of the Remuneration Committee
- Member of the Performance, People and Place Committee
- Member of and the Audit, Risk & Assurance Committee
- Member of the Way Forward Committee.
- Member of the Clinical Ethics Advisory Group

Lisa Cheek, Chief Nurse *(from 29 March 2021)*

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

Liam Coleman, Chair

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

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

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

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

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

Andy Copestake, Non-Executive Director

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

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

In 2019/20 Andy was re-appointed to the Board for a further 3 year term ending 30 June 2022. During 2020/21 Andy's membership on Board Committees was as follows: -

- Chair of the Finance & Investment Committee
- Member of the Audit, Risk & Assurance Committee
- Member of the Performance, People & Place Committee
- Member of the Charitable Funds Committee
- Member of the Remuneration Committee
- Member of the Way Forward Committee

Tracey Cotterill, Interim Director of Finance *(to 31 October 2020)* **and Director of Improvement & Partnership** *(from 1 November 2020)*

Tracey joined the trust in January 2020. She has held Board level roles in the NHS for 7 years and, prior to that, many senior finance roles in Acute, Community and Mental Health providers.

At Great Western Hospital, Tracey was responsible for the finance function until a substantive Director of Finance was appointed and then moved to the position of Interim Director of Improvement and Partnership.

Charlotte Forsyth, Medical Director

Charlotte joined the Trust in 2003, became a consultant in 2011 and was appointed Medical Director in 2019.

She oversees the delivery of high quality care for patients in hospital and out in the community. Charlotte promotes a strong quality improvement programme that will ensure all patients receive the best level of care.

She is also responsible for Information Governance as the Caldicott Guardian. Charlotte continues to work in a clinical capacity.

Jude Gray, Director of Human Resources

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

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

Peter Hill, Non-Executive Director
Deputy Chair

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

Peter was appointed Deputy Chair of the Trust on 1 June 2018. In 2020/21 Peter was re-appointed to the Board for a further 3 year term ending 31 March 2023.

During 2020/21Peter's membership on Board Committees was as follows: -

- Chair of the Performance, People & Place Committee
- Member of the Finance & Investment Committee
- Member of the Quality & Governance Committee
- Member of the Remuneration Committee
- Member of the Joint Nominations Committee.
- Member of the Way Forward Committee

Paul Lewis, Non-Executive Director

Paul joined the Trust Board on 1 April 2018.

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

Paul has also been a Vice President for the Institute of Customer Service, and has a breadth of experience in leading transformational change programmes, customer experience improvement, staff/colleague engagement, cultural change and risk & regulatory compliance. During 2020/21 Paul's membership on Board Committees was as follows: -

- Member of the Performance, People & Place Committee
- Member of the Finance & Investment Committee
- Member of the Mental Health Governance Committee
- Member of the Joint Nominations Committee
- Member of the Remuneration Committee
- Member of the Way Forward Committee

Julie Marshman, Chief Nurse *(to 28 March 2021)*

Julie is responsible for the clinical leadership for all nursing, midwifery, allied health professionals and healthcare science staff, and oversees quality governance and leads on the mental health and safeguarding agendas.
Julie is passionate about high quality care, excellent patient experience and staff well-being.
Julie has worked in a variety of nursing roles across acute and community in Swindon and Wiltshire, including Clinical Nurse Specialist, Matron, Divisional Director of Nursing and Deputy Chief Nurse.

Julie is the Trust's Director of Infection Prevention and Control (DIPC).

Kevin McNamara, Chief Executive

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

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

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

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

Jemima Milton, Non-Executive Director

Jemima was involved in Local Government for many years, first as a Councillor in Swindon holding a number of cabinet positions and then as a Councillor in Wiltshire where she took a key interest in Health and Social Care. Jemima was an active partner in the family farm with her late husband and during this time ran a catering company and then a Bed and Breakfast business. Jemima joined the Board on 1 January 2014, having previously been a governor of the Trust. In 2019/20 Jemima was re-appointed to the Board for a further 1 year term ending 31 December 2020.

In 2020/2021 Jemima's membership of Committees was as follows: -

- Chair of the Charitable Funds Committee
- Member of the Performance, People & place Committee
- Member of the Quality & Governance Committee
- Member of the Mental Health Governance Committee
- Member of the Remuneration Committee
- Member of the Way Forward Committee.

Carole Nicholl, Director of Governance & Assurance (& Company Secretary) – Non-Voting Board Director *(to December 2020)*

Carole has over 35 years' experience as a governance professional in the public sector. Carole first joined the Trust in 2011 as Head of Corporate Governance & Company Secretary having previously worked in local government managing a wide range of governance portfolios including elections, democratic services, licensing and various corporate functions. Carole was appointed as Director of Governance & Assurance (and Company Secretary) in November 2016 and is responsible for the Trust's assurance framework, corporate risk, corporate governance, including the company secretarial function, compliance and regulation as well as legal services.

Carole's focus is to ensure that the Board receives assurance on all matters relating to Trust business and that there is an effective Council of Governors to represent the views of members and local people.

Carole originates from Worcestershire where she qualified as a Chartered Company Secretary / Governance Professional. Thereafter Carole studied in Oxford where she gained further qualifications including a Diploma in Management Studies.

Jim O'Connell – Chief Operating Officer and Deputy Chief Executive

Jim joined the Board on 12 October 2017. He has over 25 years' NHS experience with over 20 at executive level. Previous Chief Operating Officer posts have included University Hospitals Bristol NHS Foundation Trust, Salisbury Hospital NHS Foundation Trust and University Hospitals South Manchester NHS Foundation Trust.

Prior to working as Chief Operating Officer, Jim worked as a Workforce Director both at hospital and regional level and was National Programme Director for the implementation of the Electronic Staff Record (ESR) - the world's largest HR and payroll system. Jim's focus is on ensuring operational performance whilst maintaining high quality patient care and experience.

Jim became Deputy Chief Executive in January 2020.

Julie Soutter, Non-Executive Director

Julie is a finance and management professional, with qualifications in finance (FCA) and change management, including managing programmes and projects and process improvement. She has worked across the professional, charitable, private and public sectors, with roles in large accountancy practices, senior positions in the NHS and not for profit organisations. Her experience covers finance, operations, performance management, strategy and business planning, project management, governance and service improvement. Recent roles include Director of Finance and Operations at The Ernest Cook Trust and prior to that Interim Chief Operating and Finance Officer for the Energy Systems Catapult, a government and commercially funded technology and innovation centre based in Birmingham. Prior to that she was Director of Finance for the Chartered Institute of Housing, and Head of Operations at Innovate UK, which supports innovation in the commercial and academic sectors. Julie has held a number of non-executive roles in the NHS, public and charitable sectors. She has been a Non-Executive Director since 1 January 2015. Julie was Deputy Chairman from 1 July 2016 until 31 May 2018.

In 2020/21 Julie was re-appointed for a further one year term ending 31 December 2021.

During 2020/21 Julie's membership of Board Committees was as follows: -

- Chair of Audit, Risk and Assurance Committee
- Member of Finance & Investment Committee
- Member of the Performance, People & Place Committee
- Member of the Remuneration Committee
- Member of the Way Forward Committee.

Simon Wade, Director of Finance & Strategy *(from 01-Nov-20)*

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

Simon is responsible for developing a strategy that ensures that the Trust's financial resources are used in the most efficient and effective way, to ensure a high quality patient service.

He works closely with clinical teams to ensure that the Trust's financial viability is maintained, and that productivity opportunities are identified, and improvement plans implemented.

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

Length of appointments of Non-Executive Directors

Listed below are details of the length of appointments of those Non-Executive Directors who held office during 2020/21.

Non-Executive Directors are appointed by the Council of Governors. A Non-Executive Director or Chair may be removed from office with approval of three-quarters of the members of the Council of Governors. The circumstances under which this might happen are included in the Trust's Constitution.

Name	First Term	Second Term	Third Term
Lizzie Abderrahim	01.05.19 – 30.04.22		
Liam Coleman (Chair)	01.02.19 – 31.01.22		
Nick Bishop	01.08.16 – 31.07.19	01.08.19 – 31.07.22	
Andy Copestake	01.07.16 – 30.06.19	01.07.19 – 30.06.22	
Peter Hill	01.04.17 – 31.03.20	01.04.20– 31.03.23	
Jemima Milton	01.01.14 – 31.12.16	01.01.17 – 31.12.20	01.01.21 – 01.04.21
Paul Lewis	01.04.18 – 31.03.21	01.04.21 – 31.03.24	
Julie Soutter	01.01.15 – 31.12.18	01.01.18– 31.12.20	01.01.21-31.12.21

Jemima Milton was re-appointed as a Non-Executive Director for a further 1 year term of office or until the appointment of a new Non-Executive Director. Jemima's term of office ended on 1 April 2021 when a replacement Non-Executive Director was appointed.

There were two other re-appointments as Non-Executive Directors in 2020/21, Julie Soutter for a further 1 year term of office and Paul Lewis for a further 3 years.

The Trust recruited two Non-Executive Directors in 2020/21 as part of its succession planning, as well as two Associate Non-Executive Directors which are new roles for the Trust. These posts will commence from 1 April 2021.

As recommended by the Local Counter Fraud Service (LCFS), the names of all Trust Directors (Executive and Non-Executive) are cross-referenced with the Disqualified Directors Register on the Companies House website on an annual basis. No Trust Directors appeared on the Disqualified Directors Register (as at 29 March 2021).

Statement about the balance, completeness and appropriateness of the Board of Directors

The Non-Executive Directors are all considered to be independent of the Foundation Trust and the Trust Board believes it has the correct balance, completeness and appropriateness in its composition to meet the requirements of an NHS Foundation Trust. This is reviewed each time a Non-Executive Director is appointed or re-appointed.

Our Board of Directors operates according to the highest corporate governance standards. It is a unitary Board and has a wide range of skills and experience. In 2020/21 the balance and completeness of the Board has been considered on recruitment to the positions of Director of Finance & Strategy, Chief Nurse and Director of Improvement and Partnership (commencing April 2021) and also in the appointments and re-appointments of Non-Executive Directors. As outlined within the above biographies of Board members, the Executive Directors and Non-Executive Directors of the Board provide a balance and breadth of knowledge. The Board comprises individuals with senior level experience in the public and private sectors, across a range of disciplines including clinical and patient care, finance, strategic and operational planning, corporate and clinical governance, risk management, human resources and change management. The Board is satisfied that its current membership enables it to function effectively.

Statement setting out that the Board of Directors undertakes a formal and rigorous evaluation of its own performance and that of its collective and individual directors

The Board considered its effectiveness in terms of decision making, refreshing its reserved powers, the Scheme of Delegation and the Terms of Reference of the Board Committees. The Board Committee structure has been designed to ensure lines of assurance on all areas of Trust business via Board Committee to the Board. The Board considered its structure in April 2020.

For individual Non-Executive Directors, the Trust has in place a framework for their annual review. The evaluation of the Chair's performance is led by the Senior Independent Director with input from the Lead Governors and the Chief Executive on behalf of the Executive Directors and having regard to the views of the other Non-Executive Directors. The Chief Executive and Non-Executive Directors' performance is evaluated by the Chair taking account of Governors' and other Directors' input. The Executive Directors' appraisals are led by the Chief Executive in April/May each year and are reported through the Remuneration Committee following a formal appraisal process.

In addition, the Board holds workshops to reflect on areas of Trust business and to consider more action planning and how individual matters link into the Trust's overall strategy.

Attendance at meetings of the Board of Directors during 2020/21

Listed below are the Board Directors and their attendance record at the meetings of the Trust Board held during the past year.

Record of attendance at each meeting
✓ = Attended
× = Did not attend

	Date of Board Meeting												
	2 April 2020	7 May 2020	4 June 2020	Joint Board & Council of Governors 11 June 2020	2 July 2020	6 August 2020	3 September 2020	1 October 2020	5 November 2020	3 December 2020	7 January 2021	4 February 2021	4 March 2021
Executive Directors													
Tracey Cotterill	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lisa Cheek *(from 29- Mar-21)*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte Forsyth	×	×	×	✓	×	✓	✓	✓	✓	✓	✓	✓	✓
Jude Gray	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Julie Marshman	✓	✓	✓	n/a	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kevin McNamara	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓
Carole Nicholl (non-voting Director)	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	n/a	n/a	n/a
Jim O'Connell	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓	×
Simon Wade *(from 1-Nov-20)*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	✓	✓	✓
Non-Executive Directors													
Lizzie Abderrahim	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nick Bishop	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Liam Coleman (Chair)	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓
Andy Copestake	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peter Hill	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓
Paul Lewis	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	×	✓	✓
Jemima Milton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Julie Soutter	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Decisions reserved for the Board of Directors

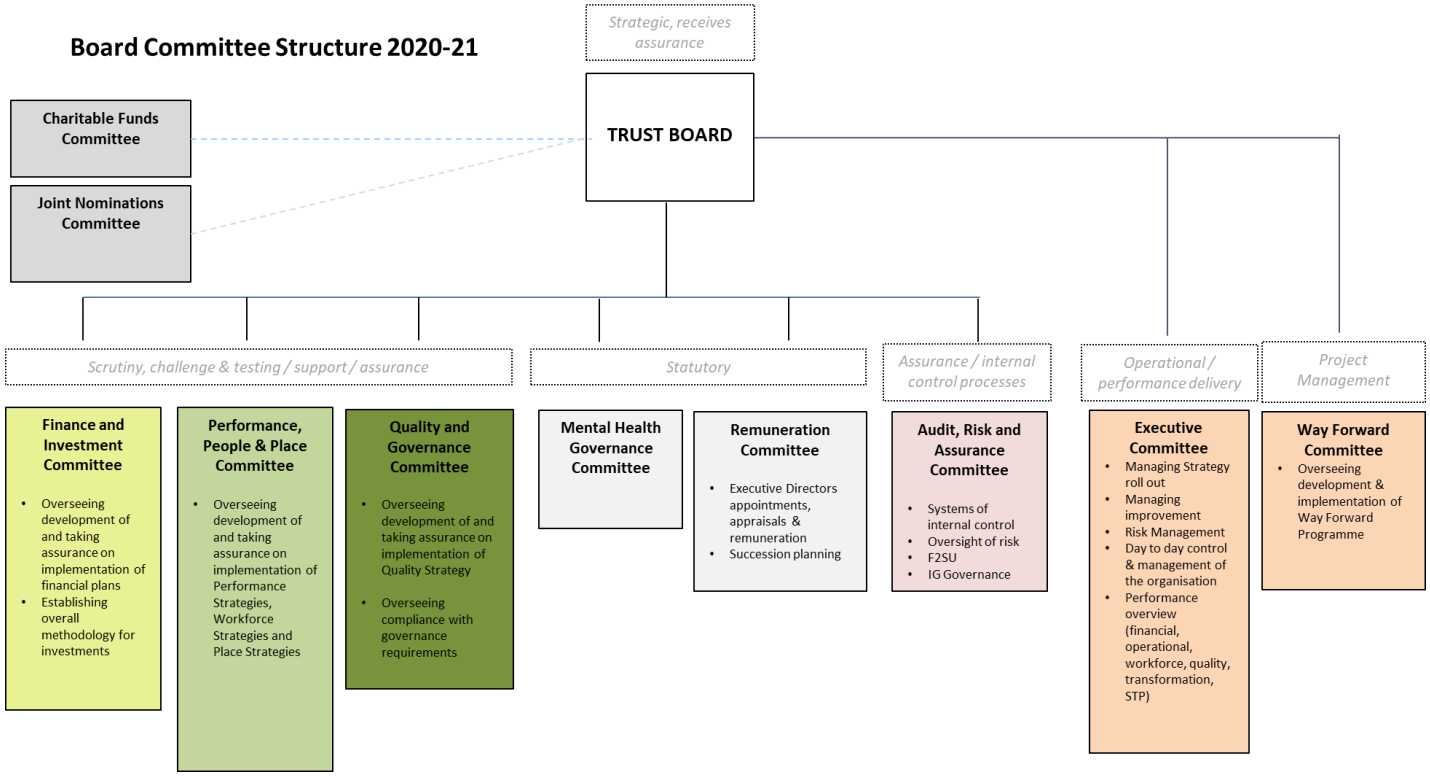
There are certain matters which are reserved for the Board of Directors to decide relating to regulation and control; appointments; strategic and business planning and policy determinations; direct operational decisions; financial and performance reporting arrangements; audit arrangements and investment policy. The Reservation of Powers to the Board was refreshed in March 2020 and will be refreshed again during 2021/22. A full copy can be obtained from the Company Secretary.

Significant commitments of the Chair

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

Committee structure

The structure of the Board committees during 2020/21 was as follows: -



Sitting below this top level structure are a number of working groups and other meetings. The Terms of Reference for the Board Committees are refreshed each year with the latest refresh in March 2020 and will be refreshed again during 2021/22.

Accounting policies for pensions and other retirement benefits

Accounting policies for pensions and other retirement benefits are set out in Notes 1.6 & 7 to the accounts and details of senior employees' remuneration can be found in the remuneration report (Section 2.2 refers).

Well Led

Trust Boards are responsible for all aspects of leadership in their organisations with a duty to conduct their affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that high quality, sustainable care is being provided. Boards operate in challenging environments characterised by the increasingly complex needs of an ageing population, new leadership and governance arrangements in the form of Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICS) to create innovative solutions to long-standing sustainability problems, workforce shortages and the slowing growth in the NHS budget.

These challenges require changes in how leaders equip and encourage people at all levels in the NHS to deliver continuous improvement in local health and care systems and gain pride and joy from their work. Robust governance processes should give the leaders of organisations, those who work in them, and those who regulate them, confidence about their capability to maintain and continuously improve services.

In-depth, regular and externally facilitated developmental reviews of leadership and governance are good practice. Rather than assessing current performance, these reviews should identify the areas of leadership and governance of organisations that would benefit from further targeted development work to secure and sustain future performance.

NHS Improvement expects foundation trusts to carry out an external review of their governance arrangements every three years (licence conditions). In December 2019 the Trust commissioned PricewaterhouseCoopers (PwC) to undertake an independent review of the leadership and governance arrangements at the Trust. The Board reviewed the report and developed actions with regard to the recommendations made at a Board workshop in July 2020, previously arranged in April 2020 but delayed due to Covid-19. Objectives were defined and actions agreed, most of which have been implemented during the year, for example recruitment of substantive positions at Executive level, the introduction of a strategic leadership development and talent identification plan and embarked on further developing Trust culture.

The Trust seeks to assure itself that aspects of being well led are regularly considered and reviewed to ensure steps are taken to address any areas for improvement. The Trust has sought to understand exactly what is required under the eight key lines of enquiry (KLOEs) in the well led guidance, mapping the requirements into a framework. The purpose of the Well Led Framework is to put in place a mechanism whereby we routinely ask ourselves the detailed questions under the KLOE in a systematic and methodical way to gain confidence that we are well led in the way that our regulators would expect and on the basis of how we will be assessed.

In 2018/19, the Trust was assessed by the Care Quality Commission under NHS Improvements well led framework and was rated as "Good" overall for being well led. A further well led review was planned as part of a CQC inspection in March 2020; however this was postponed due to the Coronavirus Pandemic.

Interests held by Directors and Governors

Details of company directorships and other significant interests held by Directors or Governors which may conflict with their management responsibilities are registered. The Trust maintains a register of interests which is open to the public and can be obtained by writing to the Company Secretary at Great Western Hospitals NHS FT, Marlborough Road, Swindon, SN3 6BB, or email gwh.foundation.trust@nhs.net. The register of interests can also be viewed on the Trust website.

Each Director and Non-Executive Director is required to declare their interests on an on-going basis and to ensure that their registered interests are up to date. The Directors are reminded at the beginning of each Trust Board meeting that they must declare any interest which may conflict with the business of the Trust and excuse themselves from any discussion where such conflict may arise. The Trust is satisfied with the independence of the Board for the entire year.

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 2020/21.

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 an improvement in the Better Payment Practice Code measures over the year as we have improved processes for timely approval of invoices and focused on the procurement process being driven by purchase orders and supply chain. Cash has been tightly managed to ensure sufficient funds to pay creditors as they fell due and DHSC has provided revenue support to assist with the cash flow. The creditor position is carefully managed to ensure continuation of services, and a number of agreements are in place with key suppliers allowing for longer credit terms.

Better Payment Practice Code

	Year ended 31 March 2021		Year ended 31 March 2020	
	Number	£000	Number	£000
Total non-NHS paid in year	56,319	251,293	62,334	215,366
Total non-NHS paid within Target	50,576	237,650	29,846	164,003
Percentage of non-NHS bills paid within target	89.80%	94.57%	47.88%	76.15%
Total NHS bills paid in year	1637	12,989	1,852	14,597
Total NHS bills paid within target	1,163	7,094	667	3,988
Percentage of NHS bills paid within taget	71.04%	54.62%	36.02%	27.32%

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) Sustainability and Transformation Partnership (STP) 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 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.

Quality Governance Reporting

Quality Governance is a combination of structures and processes at and below Board level to lead on Trust-wide quality performance including:

- ensuring required standards are achieved;
- investigating and taking action on sub-standard performance;
- planning and driving continuous improvement;
- identifying, sharing and ensuring delivery of best-practice; and
- identifying and managing risks to quality of care.

Arrangements are in place to ensure quality governance and quality is discussed in more detail within the Annual Governance Statement (Section 2.7 refers).

Quality Governance Framework

The Trust has had regard to NHS Improvement's Quality Governance Framework in arriving at its overall evaluation of its performance, internal control and Board Assurance Framework. The Trust seeks to ensure that the Trust strategy; capabilities and culture; processes and structure and measurements are mapped against the Quality Governance Framework. Quality Governance is discussed in more detail in the Annual Governance Statement (section 2.7 refers).

During 2020/21 the Trust had in place a number of plans and processes which contributed to ensuring Quality Governance. Examples of this include: -

- Sitting under the Trust Strategy, is a Quality Strategy. Key Performance Indicators are in place that focus on patient care, positive patient experiences and good clinical outcomes.

- An enhanced Quality Governance Framework has been implemented with a focus on bottom up Self-Assessments, Peer Assessments and Quality Reviews, which provide multiple layers of assurance.

- Divisional quality dashboards continue to be enhanced, to support departments and divisions in their monitoring and reporting of quality performance indicators.

- On-going refreshment of the Board to ensure that the Board has the necessary skills and qualities to manage the Trust and deliver the quality agenda. A clinical Non-Executive Director is appointed to the Board who chairs the Quality and Governance Committee.

- Promotion of a quality focused culture throughout the Trust is evidenced by the role of staff values and communication and feedback mechanisms. Quality is considered in developing policies and procedures for the Trust with consideration given to the impact on clinical effectiveness, patient experience and the quality of care.

- There are clear processes for escalating quality performance issues to the Board. These are documented within policies and procedures and determine which issues should be escalated. These amongst other issues include escalation of serious untoward incidents and complaints. Robust improvement plans are put in place to address quality performance issues.

- Quality information is analysed and challenged in a number of areas. The Board reviews a monthly Quality Report, which includes metrics and analysis of essential quality indicators, such as Infection Prevention and Control, Incident Reporting and Clinical Audit.

A robust and effective Board Assurance Framework and Risk Management process, which provides a valuable tool for identifying risks, managing them, ensuring controls are in place and addressing any gaps in those controls. The Board Assurance Framework focuses on oversight of metrics to indicate mitigation of strategic risks including quality. Reporting through the Board Committees is now embedded.

Multiple actions to support the development of a robust patient safety culture have been undertaken during the year, with a key focus on increased engagement with staff through the incident investigation process and increased focus on the NHS Just Culture Guide, this has been supported by the development and implementation of training and education focused on Duty of Candour, Patient Safety Culture and Incident Reporting.

Improved governance and mechanisms for sharing learning have been implemented including the establishment of Divisional Quality Governance Meetings, Divisional and Trust wide Patient Safety Huddles and increased use of Trust wide, Divisional and Speciality Patient Safety Briefings and development of Task and Finish groups focused on themes from incidents.

The Great Western Hospitals NHS Foundation Trust strives to provide the highest quality patient centred care for our service users across our Acute, Community and Primary Care settings. Patient and family experience is at the heart of everything that we do. As part of our monthly Integrated Performance Report we provide detail to the Trust Board with regard to patient feedback including complaints, concerns and compliments. In addition, we report on the response rates, themes and trends from our Family and Friends Test and other bespoke patient and family surveys. Together this feedback assists us in understanding areas of concern in order to assure the Board and the public that actions are being taken to make the necessary improvements. We have a diverse series of patient stories that are shared in various formats with our Trust Board and also across the organisation for learning and reflection.

Through the later part of 2020 we reviewed our internal processes in order to focus on early resolution of concerns for our patients and their families. From various elements of feedback we highlighted key areas for improvement and launched various quality improvement projects to better understand and improve on these issues. In several areas we have engaged with patients and service users to better understand their needs and to truly hear their voice in our improvement work. We have also implemented improved mechanisms for obtaining feedback from our patients including Family & Friends Test (F&FT) text messaging, real time care conversations and on line options. We have developed close links with community and partner organisations in order to share best practice, gauge opinion and feedback and commence the process of co-design. A focus has also been on supporting staff to understand feedback received, the impact on our patients and their role in making tangible improvements.

Moving forward our focus will be on articulating the improvements made in order to ensure that these are fully visible, understood and celebrated by our staff, patients and the wider public.

During the course of the year, the internal audit activity was restricted due to the impact of the pandemic; therefore a limited number of audits were performed in areas associated with quality governance. Those audits undertaken in 2020/21 included Risk Management, Divisional Governance, and Mortality reviews.

Arrangements for monitoring improvements in the quality of healthcare

Due to the pandemic formal reporting mechanism against the Quality contract were paused and in order to ensure appropriate and effective oversight the Clinical Commissioning Group (CCG) quality requirements were aligned with the Patient Quality Committee reporting schedule.

Compliance Monitoring of the Care Quality Commission (CQC) regulations was undertaken through the Patient Quality Committee, Quality and Governance Committee and Executive Committee up to Trust Board. Exceptions in compliance or risks to compliance are identified and included in the Trust's Risk Register.

To support this focus and commitment we have identified four central priorities that will run through and underpin everything we do on our journey to being rated as CQC Good or Outstanding.

The four priorities are:

- Staff engagement programme
- Patient and carer involvement
- Quality improvement
- Quality and safety in escalation

Following the CQC inspection and to prepare for the next CQC inspection, the Quality Governance Framework (QGF) commenced 2020. This is a tool to manage Key Lines of Enquiry (KLOE) self – assessments and peer to peers reviews and this was an opportunity for wards and departments to assess themselves against the CQC KLOE, complementing the focus on improvement priorities and themes. The aim of the QGF is to demonstrate good practice against the CQC KLOEs and promote a culture of continuous quality improvement.

Delivery against the Must Do actions/Should do actions are held within in the divisional teams who are working with wards and departments to make sure that improvements and new ways of working are being consistently adhered to and this is monitored via Patient Quality Committee and Divisional Performance reviews.

New or significantly revised services

Details of principal activities are included in the Overview of Performance Report (section 1.1 refers).

Stakeholder Relations

Partnerships and alliances

The Trust has continued to place significant emphasis on building strong relationships with local providers and commissioners, and we have really seen the benefit from closer working as we collectively responded to the pandemic. Looking forward, we are actively working to build on the progress already established with partnerships and strengthen close working relationships with a network of organisations across Bath and North East Somerset, Swindon, and Wiltshire Sustainability and Transformation Partnership (STP) which will assist in the development of an Integrated Care System. Work continues across our STP footprint to look at how best to work together as a system to deliver real service improvements to patients, efficiencies and savings. As part of the Acute Hospital Alliance, we continue to work closely with Salisbury NHS Foundation Trust and the Royal United Hospitals Bath NHS Foundation Trust. In particular, we have worked closely with these Trusts to ensure the best use of procurement resources, skills, and best value for money by aggregating spend to increase our purchasing power. We are now beginning to see direct benefits for patients, with joint working on tackling our combined waiting lists.

Work has continued with our partners at the Oxford University Hospitals NHS Foundation Trust (OUH) with construction work beginning on the new Radiotherapy Centre on the Great Western Hospital site. The Trust successfully reached its fundraising target of £2.9m at the end of 2018. Further work with OUH continues to develop a Pathology Network along with Milton Keynes University Hospital NHS Foundation Trust and Buckinghamshire Healthcare NHS Trust. This network approach will look to develop the service, identifying efficiencies from joint working and measures to enhance the service.

Health and Overview Scrutiny Committees (HOSCs)

HOSCs (known as the Adult Social Care 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 2020/21 the Chief Executive attended meetings to present key issues relating to the Trust together with updates on Covid-19 response and recovery and winter planning.

Local Healthwatch organisations

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

Public and patient involvement activities

Details of engagement events with the public and patients are included in the Disclosures set out in the NHS Foundation Trust Code of Governance Report (section 2.4 refers).

Additional disclosures

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 Foundation Trust's auditor is aware of that information.

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

Income disclosures

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

Other income

Other income totals £57m and includes income received from Commissioners in support of Covid-19 (£27m). It also includes income received for education and training for clinical staff (£13m) and donations for Personal Protective Equipment (PPE) and Diagnostic equipment received from Department of Health and Social Care (DHSC) during the Covid-19 pandemic (£6.8m). Remaining other income totals £10.2m and is derived from services provided in support of health care.

Signed:

Kevin McNamara
Chief Executive
14 June 2021

2.2 Remuneration Report

Information not subject to audit

Including disclosures required by section 156 (1) of the Health and Social Care Act 2012, which amended paragraph 26 of Schedule 7 to the NHS Act 2006

Remuneration Committee

The Trust has a Remuneration Committee which has responsibility for ensuring formal, rigorous and transparent procedures are in place for the appointment of Executive and non-voting Board Directors and to develop, maintain and implement a remuneration policy that will enable the Trust to attract and retain the best candidates for Executive and non-voting Director Board positions. The Committee reviews the structure, size and composition (including the skills, knowledge and experience) required of the Board and gives consideration to succession planning at senior level. The responsibility for carrying out these duties rests with the Remuneration Committee whilst the accountability for the actions of the Committee remains with the full Board. Executive and non-voting Board Directors are in senior positions that influence the decisions of the Trust as a whole.

Membership of the Remuneration Committee

The Remuneration Committee comprises the Trust Chair, Non-Executive Directors and the Chief Executive and is chaired by the Senior Independent Director. The Chief Executive does not take part in the consideration of Executive and non-voting Board Directors appointments or salaries which are agreed by Non-Executive Directors only.

There were 7 meetings of the Remuneration Committee during 2020/21. Membership and attendance is set out below:-

	Record of attendance at each meeting **(✓ = attended × = did not attend n/a = was not a member)** *All meeting were conducted virtually during 2020/21 due to Covid-19*						
	29 April	**28 May**	**30 June**	**22 July**	**5 Nov**	**20 Jan**	**10 Feb**
Lizzie Abderrahim	✓	✓	✓	✓	✓	✓	✓
Nick Bishop (Chair)	✓	×	✓	×	✓	✓	✓
Liam Coleman	✓	✓	✓	✓	✓	✓	✓
Andy Copestake	✓	✓	✓	✓	✓	✓	✓
Peter Hill	✓	✓ **(Chair)**	✓	×	✓	✓	✓
Paul Lewis	✓	✓	✓	✓	✓	✓	✓
Jemima Milton	✓	✓	✓	✓	✓	✓	✓
Julie Soutter	✓	✓	✓	✓ **(Chair)**	✓	✓	✓

The committee also invited the assistance of the Chief Executive (Kevin McNamara) and Director of Human Resources (Jude Gray).

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 Director of Human Resources; 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

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

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

In 2020/21 the Remuneration Committee undertook its annual review of remuneration of Executive and non-voting Board Directors. The Remuneration Committee wishes to ensure that Directors' remuneration reflects current market levels, thus enabling the Trust to continue to recruit and retain high calibre Directors. Benchmarking information relating to other Trusts was considered and basic pay was reviewed in line with benchmarking rates. A cost of living award for Executive and Non-Voting Board Directors was made in 2020/21 in line with NHSE/I recommendations.

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

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

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

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

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

Service contract obligations

There are no service contract obligations.

Performance of senior managers

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

Board of Directors' employment / engagement terms

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

The Chief Executive and Executive and non-voting Board Directors have a contract with no time limit (with the exception of the Medical Director position which is for a fixed term of three years with an option to extend) and the contract can be terminated by either party with six months' notice as per NHS Employers standard Director contract. These contracts are subject to usual employment legislation. Executive Director contracts include claw back clauses for any variable payment and fit and proper person disqualification provisions.

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

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

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

Senior managers with additional duties

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

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

Remuneration of Non-Executive Directors

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

	2020/21
Chair	£43,465
Non-Executive Director (basic which all receive except chairman)	£13,000
Senior Independent Director	£1,000
Audit, Risk & Assurance Committee Chair	£3,000*
Performance, People and Place Committee Chair	£1,000
Quality & Governance Committee Chair	£1,000
Finance & Investment Committee Chair	£1,000
Mileage	In accordance with Trust scheme
Expenses	All reasonable and documented expenses in accordance with Trust's policy.

*A voluntary request from Julie Soutter was received in 2020 to reduce her committee remuneration from £3,000 to £1,000. The adjustment was processed to take effect from 1 April 2021 in line with the decision of the Council of Governors to transition to a remuneration framework as outlined in guidance by NHSI/E.

Note that a Nominations and Remuneration Working Group consisting of Governors makes recommendations on allowances to the Council of Governors which sets the allowances for the Non-Executive Directors. In 2020/21 there continued to be additional allowances for the Chairs of the 3 additional committees. This was due to the continued complexities and challenges of the Trust, particularly around the

financial position and moving further into 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. Once these terms of appointments expired the Trust would transition to a remuneration framework for local discretionary allowances in line with guidance published by NHS England/Improvement in 2019 which outlined a new remuneration structure for provider Chairs and Non-Executive Directors. There was no uplift to any of the other allowances.

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

During the year the Committee reviewed the Chief Executive, Executive and non-voting Board Directors performance against objectives for 2019/20 and objectives for 2020/21.

The Committee considered the Chief Executive, Executive and non-voting Board Directors remuneration and agreed a cost of living award for Executive and Non-Voting Board Directors in 2020/21 in line with NHSE/I recommendations.

The Committee considered the Executive and non-voting Board Director composition of the Board and agreed plans around recruitment to the posts of the Director of Finance & Strategy and Chief Nurse, together with new posts for Director of Improvement & Partnerships and Joint Chief Digital Officer. Due to the retirement of Carole Nicholl the position of Director of Governance & Assurance was disestablished in December 2020 and a restructure of her portfolio was implemented.

The Committee appointed Simon Wade as the Director of Finance & Strategy in November 2020. He took up the post from Tracey Cotterill, Interim Director of Finance & Strategy who moved to the post of Interim Director of Improvement & Partnerships until the substantive position was recruited to.

The Committee appointed Lisa Cheek as the Chief Nurse in March 2021 replacing Julie Marshman who retired in March 2021.

Furthermore, in February 2021 the recruitment plans for the posts of Medical Director and Chief Operating Officer were agreed.

This report contains a summary of the work of the Remuneration Committee during 2020/21

Disclosures required by Health and Social Care Act

Information subject to audit

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

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

Remuneration 2020-21

2020-21								
Name	**Title**	**Salary & Fees (Bands of £5,000)**	**All Taxable Benefits**	**Annual Performance Related Bonuses (Bands of £5,000)**	**Long Term Performance Related Bonuses (Bands of £5,000)**	**Other Remuneration (Bands of £5,000)**	**Pension Related Benefits (Bands of £2,500)**	**Total**
Lizzie Abderrahim	Non-Executive Director	10-15	-	-	-	-	-	10-15
Nick Bishop	Non-Executive Director	15-20	-	-	-	-	-	15-20
Liam Coleman	Chairman	40-45	-	-	-	-	-	40-45
Andy Copestake	Non-Executive Director	10-15	-	-	-	-	-	10-15
Peter Hill	Non-Executive Director	15-20	-	-	-	-	-	15-20
Paul Lewis	Non-Executive Director	10-15	-	-	-	-	-	10-15
Jemima Milton	Non-Executive Director	10-15	-	-	-	-	-	10-15
Julie Soutter	Non-Executive Director	15-20	-	-	-	-	-	15-20
Tracey Cotterill	Interim Director of Improvement & Partnerships	45-50	-	-	-	-	62.5-65	110-115
Tracey Cotterill	Interim Director of Finance	95-100	-	-	-	-	-	95-100
Charlotte Forsyth	Medical Director	140-145	-	-	-	20-25	90-92.5	255-260
Jude Gray	Director of Human Resources	120-125	-	-	-	-	25-27.5	145-150
Simon Wade	Director of Finance	50-55	-	-	-	-	130-132.5	180-185
Julie Marshman	Chief Nurse	105-110	-	-	-	-	7.5-10	115-120
Kevin McNamara	Chief Executive	175-180	-	-	-	-	115-117.5	295-300
Carole Nicholl	Director of Governance & Assurance	50-55	-	-	-	-	-	50-55
Lisa Cheek	Chief Nurse	0-5	-	-	-	-	190-192.5	190-195
Jim O'Connell	Chief Operating Officer	145-150	-	-	-	-	-	145-150

Remuneration 2019-20

2019-20								
Name	**Title**	**Salary & Fees (Bands of £5,000)**	**All Taxable Benefits**	**Annual Performance Related Bonuses (Bands of £5,000)**	**Long Term Performance Related Bonuses (Bands of £5,000)**	**Other Remuneration (Bands of £5,000)**	**Pension Related Benefits (Bands of £2,500)**	**Total**
Lizzie Abderrahim	Non-Executive Director	10-15	-	-	-	-	-	10-15
Nick Bishop	Non-Executive Director	15-20	-	-	-	-	-	15-20
Liam Coleman	Chairman	40-45	-	-	-	-	-	40-45
Andy Copestake	Non-Executive Director	10-15	-	-	-	-	-	10-15
Peter Hill	Non-Executive Director	15-20	-	-	-	-	-	15-20
Paul Lewis	Non-Executive Director	10-15	-	-	-	-	-	10-15
Jemima Milton	Non-Executive Director	10-15	-	-	-	-	-	10-15
Julie Soutter	Non-Executive Director	15-20	-	-	-	-	-	15-20
Tracey Cotterill	Interim Director of Finance**	35-40	-	-	-	-	0	35-40
Sheridan Flavin	Director of Human Resources**	65-70	-	-	-	-	52.5-55	120-125
Charlotte Forsyth	Medical Director	95-100	-	-	-	20-25	240-242.5	360-365
Jude Gray	Director of Human Resources**	85-90	-	-	-	-	20-22.5	105-110
Karen Johnson	Director of Finance**	100-105	-	-	-	-	37.5-40	135-140
Julie Marshman	Chief Nurse	110-115	-	-	-	-	57.5-60	170-175
Kevin McNamara	Director of Strategy**	110-115	-	-	-	-	67.5-70	180-185
Kevin McNamara	Acting Chief Executive**	20-25	-	-	-	-	0	20-25
Kevin McNamara	Chief Executive**	0-5	-	-	-	-	0	0-5
Carole Nicholl	Director of Governance & Assurance**	75-80	-	-	-	-	0	75-80
Jim O'Connell	Chief Operating Officer	140-145	-	-	-	-	0	140-145
Guy Rooney	Medical Director**	15-20	-	-	-	0-5	0	20-25
Nerissa Vaughan	Chief Executive**	170-175	-	-	-	-	0	170-175

Note* - In respect of Guy Rooney and Charlotte Forsyth, other remuneration relates to clinical roles

Note ** - Remuneration and expenses are part year

Pension Benefits and Remuneration

Pensions Benefits 2020-21

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 2021 (Bands of £5,000)	Lump Sum at Pension Age related to Accrued Pension at 31 March 2021 (Bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2020	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employer's Contribution to Stakeholder Pension
		£000	£000	£000	£000	£000	£000	£000	£000
Kevin McNamara	Chief Executive	5-7.5	7.5-10	30-35	45-50	318	89	407	-
Jim O'Connell	Chief Operating Officer	0	0	0	0	0	0	0	1
Charlotte Forsyth	Medical Director	5-7.5	5-7.5	35-40	80-85	599	96	696	-
Lisa Cheek	Chief Nurse	0	0	0	0	0	0	0	-
Julie Marshman	Chief Nurse	0-2.5	2.5-5	40-45	125-130	912	(912)	0	-
Carole Nicholl	Director of Governance & Assurance	0	0	0	0	0	0	0	-
Simon Wade	Director of Finance	5-7.5	10-12.5	35-40	75-80	487	112	599	-
Jude Gray	Director of Human Resources	2-2.5	0	0-5	0	23	31	54	-
Tracey Cotterill	Interim Director of Improvement & Partnerships	25-27.5	57.5-60	25-30	55-60	0	549	549	-

Pensions Benefits 2019-20

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 2020 (Bands of £5,000)	Lump Sum at Pension Age related to Accrued Pension at 31 March 2020 (Bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2019	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2020	Employer's Contribution to Stakeholder Pension
		£000	£000	£000	£000	£000	£000	£000	£000
Sheridan Flavin	Director of Human Resources	2.5-5	0	10-15	0	146	39	185	-
Charlotte Forsyth	Medical Director	10-12.5	25-27.5	30-35	70-75	581	4	585	-
Jude Gray	Director of Human Resources	0-2.5	0	0-5	0	0	22	22	-
Karen Johnson	Director of Finance	2.5-5	0	20-25	0	252	35	287	-
Julie Marshman	Chief Nurse	2.5-5	7.5-10	35-40	115-120	799	92	891	-
Kevin McNamara	Director of Strategy/Acting Chief Executive/Chief Executive	2.5-5	4.5-4.75	20-25	35-40	255	55	310	-
Carole Nicholl	Director of Governance & Assurance	0	0	60-65	0	959	1	960	-
Jim O'Connell	Chief Operating Officer	0	0	0	0	0	0	0	1
Nerissa Vaughan	Chief Executive	0	42.5-45	45-50	195-200	1,224	(1,015)	209	-

Expenses of Directors and Governors

Expenses 2019/20 – 2020/21

Expense Disclosure	Total number in Office 2019/20	Total number in Office 2020/21	Total Receiving Expenses 2019/20	Total Receiving Expenses 2020/21	Aggregate sum of expenses paid 2019/20 (£00)	Aggregate sum of expenses paid 2020/21 (£00)
Directors	13	10	6	2	16	0
Governors	8	8	8	4	8	2

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 7 to the accounts.
- The Remuneration Committee considered that the level of remuneration paid to Executive Directors needed to be sufficient to attract and retain Directors of the calibre and value required to run a foundation trust successfully. The Committee had previously decided to increase the remuneration of Executive Directors so that there were in line with current market levels.

Cash Equivalent Transfer Value

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

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangements when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures show the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of the scheme at their own cost. CETV's are calculated within the guidelines and frameworks prescribed by the Institute and Faculty of Actuaries. The CETV is based on actual contributions to 31 March 2021.

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.

Additional disclosures

Fair Pay Multiple

All NHS Foundation Trusts are required to disclose the relationship between the remuneration of the highest paid Director in their organisation and the median remuneration of the organisation's workforce. The median total remuneration above is the total remuneration of the staff member lying in the middle of the linear distribution of staff employed in the Trust, excluding the highest paid Director. This is based on an annualised full time total staff equivalent remuneration as at the reporting period date. There are no Executive Directors who have been released, for example to serve as Non-Executive Directors elsewhere and, therefore, there are no remuneration disclosures on whether or not the Director will retain such earnings.

Executive Name and Title	Total Remuneration	
	2019/20	**2020/21**
Kevin McNamara, Chief Executive	**£175,000**	**£176,803**

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

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.

Multiple Statement	2019/20 (middle of band)	2020/21 (middle of band)	% change
Highest paid Directors' total remuneration	**£175,000**	**£176,803**	1.03%
Median total remuneration	**£30,097**	**£25,100**	-16.60%
Ratio	**5.90**	**7.15**	21.19%

The decrease in the median salary can be largely explained by the increase in clinical nursing staff this year in response to the Covid-19 Pandemic. These will mostly be below the median, which will have resulted in a downwards move. Excluding the agency the median has reduced 11%. The further drop in overall reflects the movement from agency to substantive staff.

Payments for Loss of Office

There were no payments made for loss of office during 2020/21

Payments to past senior managers

There were no payments made to past senior managers during 2020/21

Signed

Kevin McNamara
Chief Executive
14 June 2021

2.3 Staff Report

Staff Numbers

The Trust measures workforce performance against the pillars of our 'People Strategy, 2019 - 2024' – Great workforce planning, opportunities, experience, employee development and leadership. These pillars set out our journey of cultural change, ensuring that compassion, care and continuous improvement are at the heart of our organisation, both for patients and our staff.

The Trust is committed to our organisation being both a place that people want to work and one that they would recommend to their family and friends for care and employment.

As a Trust we are committed to developing our staff and strive to ensure that all our employees reach their full potential at work, are happy and motivated to do their job and contribute to our success as an organisation. We also continue to work towards improving how we recognise the hard work, loyalty, commitment and successes of our workforce, raising the profile of achievement through monthly and annual award schemes and by putting staff forward for national awards. This report also outlines the importance we are placing on supporting the physical and emotional wellbeing of our staff and our programme of wellbeing interventions.

An analysis of average staff numbers across the Trust for 2020/21 is outlined in the table below based on nationally submitted Provider Workforce Returns:

Employee Group (Average WTE)	2020/21	2019/20	2018/19
Medical and Dental	625	582	555
Ambulance staff	17	17	20
Administration and estates	533	515	510
Healthcare assistants and other support staff	1481	1,338	1,277
Nursing, midwifery and health visiting staff	1414	1,329	1,233
Scientific, therapeutic and technical staff	470	448	431
Substantive Total	4540	4,238	4,033
Agency and contract staff	104	113	121
Bank staff	344	270	247
Other	0	0	0
Total average Numbers	4988	4,621	4,401

Staff Costs

Staff costs are included in Note 6 of the Accounts Section.

Workforce Profile

Table 2 - **Breakdown of the Trust workforce profile as at March 2021**

	Female	Male	Total
Directors (senior managers)	5	8	**13**
Staff - Substantive Contract & Bank Agreement	1,969	153	**2,122**
Substantive Contract only	2,517	797	**3,314**
Bank Worker Agreement only	601	102	**703**
TOTAL	**5,092**	**1,060**	**6,152**
	Female	**Male**	**Total**

The Trust has agreed key workforce policies with the recognised Trade Unions on behalf of our employees in line with our People Strategy, 2019 - 2024. These policies include, amongst others, recruitment and selection, conduct, capability, grievance, sickness absence and health and safety and all policies are reviewed regularly for effectiveness, equality impact assessment and outcomes. The HR team provides a divisionally aligned service providing advice and guidance to all key stakeholders with policy implementation and to support achievement of business plan objectives.

Providing advice and guidance with the management of sickness absence is a core requirement of the HR service to managers in order that productivity and performance is maintained and the health and wellbeing of the workforce is understood and supported.

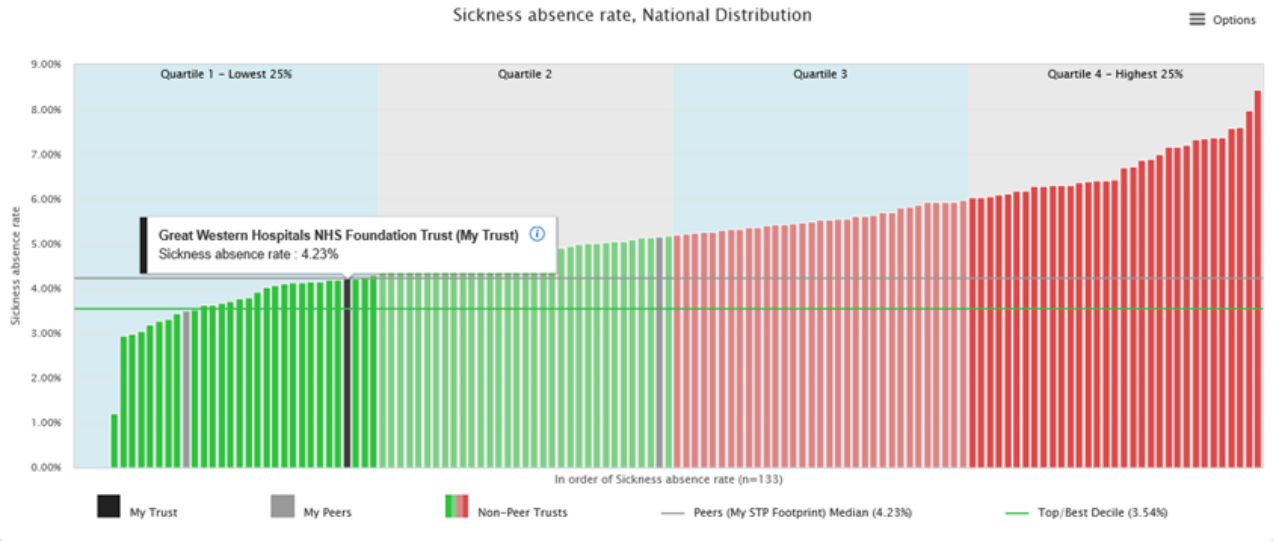
Table 3 - Sickness Absence

National Sickness Absence Rates can be found publicly online: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/november-2020-provisional-statistics/. At the time of draft the latest publication was updated on 25 March 2021. Local reported rates in addition to data provided for previous iterations of this annual report are included below.

Staff Sickness Absence	2020/21* (*Apr20-Feb21)	2019/20	2018/19	2017/18
Total days lost	60,663	62,072	54,110	66,431

Benchmarking

The chart below presents the most recent bench-marking data available to the Trust as at March 2021 (data representative of December 2020). Trust sickness absence is within the lowest quartile across all trusts and in line with the STP, the two grey highlighted bars (Data Source: Model Hospital).



At the Great Western Hospitals NHS Foundation Trust we recognise that the health and wellbeing of our staff has an impact on the quality of care and services provided to patients. The last year has seen unprecedented levels of pressure and demand placed upon our workforce and the impact of Covid-19 is widely recognised within the Trust, highlighting the need for a comprehensive health and wellbeing programme to support staff during this pandemic. We recognise the disproportionate impact of Covid-19 on BAME colleagues, older colleagues and those with underlying health conditions or disabilities and the emerging evidence to suggest that staff with sensory loss and certain mental health conditions may also be adversely impacted by PPE requirements, specifically the wearing of face-masks.

We support staff to stay well and manage their sickness absence with the following interventions:

- Implementation of a comprehensive Health & Wellbeing programme that supports the physical, mental and emotional health & wellbeing of staff and includes: access to a 24/7 Employee Assistance Programme (EAP) signposting access to a range of support services including financial, legal, social, emotional and personal advice and guidance through a confidential third party provision; staff support and counselling, access to clinical psychologists; and a range of resources (mindfulness apps, webinars, self-help books);
- The Trust supports equality of opportunity for all staff and has taken a number of steps to ensure the wellbeing of all staff through regular communication, risk assessments and where appropriate, reasonable adjustments, redeployment and individual management plans to mitigate identified risk;
- Introduction of a new Trust-wide sickness absence management policy supported by a management and staff training programme to ensure reasonable application of Trust policy and fair outcomes. In cases of persistent short term sickness or longer term episodes the Trust continues to implement a supportive and structured process to improve employee's attendance and enable return to work;
- HR continue to provide support with sickness absence audits to ensure continuous improvement through consistent management approach, reasonable adjustments and consideration of supportive measures to improve attendance;

Staffing related issues during the year

International recruitment

The national shortage for nurses continues to have an impact on the Trust and the nurse vacancy position remains a key focus. At the start of the year Covid-19 significantly impacted the Trust ability to recruit overseas nurses as they were unable to arrive in the UK and when restrictions were lifted our first cohort of overseas nurses entered the UK in September 2020. In 2020/21 the Trust recruited 71 Non-EU international nurses of which 33 are working as registered nurses and 38 are working as band 4 pre-registered nurses whilst undertaking their Objective Structured Clinical Examination [1](OSCE) training.

During 2020/21 the Trust has successfully bid and received additional funding from NHS England and NHS Improvement to support international recruitment. This additional funding has enabled us to increase our international cohort sizes, reduce the OSCE course length from a 12 week to a 6 week programme and improve the level of pastoral care we provide.

Postgraduate Recruitment

In 2020, as a result of the pandemic, medical recruitment found imaginative ways to recruit to vacancies across the Trust. In addition to working virtually to conduct interviews and pre-employment checks, teams worked hard to create virtual inductions for the intake of junior Doctors in August 2020.

As a direct result of the pandemic, the Trust supported the clinical effort through on-boarding of additional clinical staff. The Trust recruited 23 interim F1 Doctors - medical students that were able to graduate and achieve early licenses to practice through the GMC. These additional junior Doctors were key to helping existing workforce maintain safe coverage of the wards during the first phase. A number of external staff were also hired on fixed term or locum contracts and deployed to key areas, this included Dentists and a number of retired ex-employees that returned to help in roles including Medical Examiner and Senior support on Medical wards.

Following the first virtual appointment in late May 2020, we have successfully appointed to a number of hard to fill vacancies including, senior appointments in; Gastroenterology, Stroke Medicine, Surgery, Acute Medicine, Obstetrics and Gynaecology, Anaesthetics, Emergency Medicine, Paediatric Emergency Medicine, ENT, Dermatology, Haematology, Neurophysiology and the Medical Oncology.

Agency spend

Trust agency spend for 2020/21 was £14.5M (£12.6M in 2019/20), this was against a target of £9.6M. The increase in agency throughout year has been impacted by:

- Covid-19 expenditure to cover short and long term absence of staff, self-isolation, additional workload and acuity of patients
- Increased requirement for patient close support (including mental health support);
- Cover for hard to fill vacancies.

The Trust continues to address agency spend through introduction of:

- Regular staffing meetings (usually 3 times daily) to review Nursing levels against acuity
- Improved controls for agency approval including senior level sign off for premium agency usage
- Improved monitoring of agency spend
- Reduced turnover
- Improved oversight via Electronic Rostering Systems
- Reduction in Administration and Clerical usage

[1] Objective Structured Clinical Examination (OSCE) is an assessment method based on a student's performance that measure their clinical competence

- Moving Medical Agency to bank and substantive role.

Agenda for Change National Pay Rise

1st April 2020 marked the start of the third year of the 3-year deal agreed by the NHS Staff Council in 2018, covering staff employed on the NHS Agenda for Change Terms and Conditions of Service.

From 1st April 2020, the minimum basic pay rate in the pay structure increased to £18,005. This figure excludes the apprenticeship programme which falls outside of Agenda for Change terms and conditions. This meant that the lowest paid staff saw their hourly rate rise to £9.21 which was higher than the Living Wage Foundation rate for 2020 of £8.72.

During 2020 additional pay points were removed as a further step towards the move to increase starting salaries and reduce the length of time it takes to reach the top of most pay bands.

Agenda for Change pay negotiations have commenced with recognised national Trade Unions and subject to outcome will be effective from April 1 2021 or backdated as appropriate and subject to agreement reached.

Pay progression

Existing Staff

Existing staff, for the purposes of pay progression, are those staff who were in post before the 1st April 2019. Staff who changed roles but still worked in the same band are considered as existing staff as they have not been promoted. For these staff, their current organisational pay progression procedures will continue to apply until March 31 2021. From 1 April 2021 the new arrangements will apply. The effect of this is that, during transition, staff not yet at the top of their pay band will receive a combination of pay uplifts / pay progression as per current arrangements.

New staff or promotions on or after April 1st 2019

With effect from 1st April 2019, all staff commencing NHS employment and those staff who are promoted on or after that date will be subject to the new pay progression arrangements. During the Covid-19 pandemic the formal process for authorising pay progression introduced as part of the 3 year pay deal, was put on hold and all staff automatically progressed through pay scales. (Promotion is considered moving to a higher banded role)

Gender Pay Gap

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

The gender pay gap reporting uses six different standard measures and must be published by the 31 March 2021 (Public Sector Organisations) using a data snap shot from the 30 March 2020 (due to the continuing impact of Covid-19, employers have an additional six months after the current reporting deadline to report their gender pay gap information). Staff employed by the Trust on this date are included in this annual data capture are the GWH Acute Services, Primary Care Services and Swindon Community Health Services. The total number of staff included is 5160 with a split of 882 (17.09%) male and 4278 (82.91%) female.

The results show that from the total staff headcount, there is a pay gap, with female staff being paid less on average than male staff. The 2019/20 Gender Pay Gap Report indicates that the mean hourly rate for female staff is 29.66% lower than male staff. This represents an improvement from 2019/20 when the gap was 31.99%. If medical staff are taken out of the figures, the gap reduces significantly with the mean hourly pay gap 7.3% and the median hourly pay gap 2.35%. The gender pay gap for medical staff reflects the national picture across the NHS and is anticipated to reduce over time based on the rationale that there are currently more female than male junior Doctors in training. This would indicate that over time there should be an increase in the number of female consultants, which should further reduce the gender pay gap.

Bonus Pay Gender Pay Gap

There is also a large difference between male and female for median bonus pay (84.48%), which includes incentives, recruitment premia, Clinical Excellence Awards, Discretionary Points and Distinction Awards for Doctors. If medical staff are not included in the calculation, this figure changes to -154.55%. A negative measure indicates the extent to which females earn more per hour, on average, than their male counterparts, showing that the bonus pay gap is now significantly higher for females. Trust incentive payments were reviewed c18 months ago. Following the review, ad hoc sessional payments were stopped and the incentives were more focused on nursing which is a large and majority female workforce.

The Trust action plan mainly focuses on the reduction of the gender pay gap present across medical staff. All information can be viewed on the Trust website https://www.gwh.nhs.uk/about-us/equality-and-diversity/gender-pay-gap/ and the government website.

Apprentices

Apprentices comprise internal and new recruits and the percentage of apprenticeship starts (both new hires and existing employees) during the period 1s April 2019 to 31^{s} March 2020 (last reporting period) was **1.81%** as a proportion of the total Trust headcount. The Trust has not achieved to-date the enterprise target, which requires public bodies to employ an average of **2.3%** of their new to role headcount as apprenticeship placements.

Apprenticeships at the Trust decreased in the last 12 months to 160 apprentices working over 24 different apprenticeship standards ranging from level 2 to level 7 (equivalent to Master's Degree level) which also includes the leadership and management apprenticeships.

During the Covid-19 pandemic some healthcare apprenticeships were paused in training but have since restarted. Therefore plans are now in place to address the shortfall in achievement of the 2.3% target and reasons for reduction. The Academy team is working with Divisional leads to challenge and identify potential career pathways with suitable roles in new and existing areas and in this way increase apprenticeship cohorts across the Trust. Results evaluation will continue as part of the apprenticeship programme.

Equality, Diversity and Inclusion (EDI) Strategy

The Trust's new EDI Strategy 2020-24, outlines our commitment to equality, diversity and inclusion. We are taking steps to ensure that we are a great employer that values the ideas, skills, talents and experiences of our workforce and volunteers. We provide high quality accessible care by working with and involving our patients, partners and stakeholders to improve health inequality and life choices for the people of our local community.

The strategy, developed through using a range of resources, sets out a clear local approach that everyone will take to ensure that we embed effective equality, diversity and inclusion practices, policies and behaviours. This will include how we deliver our services, the experience of our patients, carers and staff, how we engage and how we ensure fairness in all we do. The strategy will guide us in the delivery of our vision and goals over the next four years.

We have taken the time to listen and understand what we need to do and how as an organisation we need to change. We recognise that we need to make positive changes and that we need to act now but at the same time we recognise that we need to continually reflect and improve.

We will focus our efforts over the next four years in four key areas –

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

We will evaluate our progress with the successful delivery of the EDI Strategy and listen closely to staff and patient stories that highlight the impact of discrimination and discuss them at Board and in senior leadership discussions to help learning and more inclusive decision making. Feedback will also be collated through the annual Staff Survey and acted on through our Trust improvement action plans.

Recruitment

In October 2020 the Trust implemented a recruitment system called TRAC; this system is built specifically to meet the needs of healthcare Trusts and used widely across the NHS. TRAC is a fully electronic system which enabled us to streamline and speed up recruitment processes, improve communications for applicants/ managers and obtain detailed reporting.

The Trust continues to develop its Equality and Diversity Policy to assure and monitor the fair treatment of staff with protected characteristics. The Trust is now identified as a Level 2 Disability Confident Employer, in order to achieve this the Trust has demonstrated that we meet the standards in the ways we recruit, retain and develop candidates/employees with disabilities. To achieve this we show commitment to the key areas and partnership working with Job Centre Plus as well as regional stakeholders in voluntary sector agencies, training providers and colleges.

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

Consultation

Regular communication and engagement with our staff is crucially important to keep them informed about what is going on across the Trust, the latest updates to how we run our services as well as the support that is available to staff. Reaching out to staff on every level in every setting is made possible by a range of communication channels which are outlined below in the 'Communicating with Staff' section of this paper.

Actions taken in the financial year to consult staff or their representatives to ensure their views are taken into account when making decisions likely to affect their interests are evaluated through the annual Staff Survey feedback which is included in the Staff Survey section of this report.

To enable consultation with employees, the Trust has in place an Employee Partnership Agreement. There is an Employee Partnership Forum made up of representatives from trade unions and management. The agenda covers Trust developments and financial information, listening to key issues as well as consultation on policies and change programmes. Further detail is contained below in the Staff Consultation and Engagement section of this report.

Governance – Fraud, corruption and bribery

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

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

The Fraud and Corruption policy has the endorsement of the Trust's Board and Executives and in addition the Board endorses the NHS Counter Fraud Strategy and guidance.

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 an external party found to be 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). Where required, the LCFS conducts investigations as directed by the NHS Counter Fraud and Corruption Manual, as required by the Secretary of State's Directions.

Staff consultation and engagement / other consultations

The Trust has a strong relationship with its trade union colleagues and also the Employee Partnership Forum (EPF) which formally consults and where appropriate negotiates on changes to policies, pay, terms and conditions of employment. EPF is formally recognised under a Trade Union Recognition Agreement which is due for renewal during 2020. In a joint agreement staff side representatives and management agreed to extend the current agreement for 6 months (to September 2020) and to engage with ACAS regarding the renewal of the agreement. Further to the Covid-19 pandemic, this activity is still to be completed and the current agreement has been extended in the interim.

The Employee Partnership Forum (EPF) meets on a monthly basis providing the opportunity for Trade Union representatives and Trust Board members to discuss and share ideas on:

- Current issues in the Trust that may be affecting staff members – for example, change management papers;
- Trust Policies and Procedures – to validate fair, clear and accessible;
- How to promote, establish and maintain mutual trust and co-operation through joint working;
- Board Reports:
    - Finance (how's the money being spent)
    - Operations (service provision to patients)
    - Workforce (understanding recruitment, retention, reasons for sickness absence and wellbeing support available)

The Forum welcomes staff involvement that will lead to and support improved patient care through:

- Enhanced communication between staff, management and trade unions;
- Highly motivated staff;
- Improved collaborative decision making and implementation;
- Efficient and fair change management
- Increased knowledge of the wider agenda and issues relating to the staff experience

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

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

Further to the “Engage to Change” session held in 2019 with EPF exploring the relationships between staff side representatives and management, improvements actions were successfully implemented to include joint agenda planning, Union representation at Trust Induction and working together to agree policies and ways of working. These improvements under-pinned positive joint working throughout the Covid-19 pandemic when EPF meetings continued every month with some additional meetings scheduled to respond to the severity of the pandemic and the impact on Trust staff. The Trust anticipates continued positive working with the EPF in 2021/22.

Communicating with staff

The Trust communication team regularly review communication and engagement channels to strengthen communication between senior management and Trust staff:

- The Trust has an intranet for staff, providing an accurate and timely source of information across the various departments and services. Each service page is owned by a relevant sub-editor which empowers staff to take charge of departmental pages and ensures that information is kept up-to-date. All news items are also posted on the intranet.

- The Trust has a website for public viewing, including members and Governors, which provides information about services within the Trust, health care information and information about working for the Trust. The ‘Working for us’ section provides an insight to potential career paths.

- In recent years, the Trust has increased its use of social media. The Trust Twitter account has almost 8,000 followers, and Facebook page has almost 9,000 people following it. Our social media posts enable us to reach a wider audience, to track trend statistics and provides insight about the successful performance of each post.

Email

- ‘Important News’ (Important announcements about new developments or programmes of work);
- ‘Critical News’ (Critical incident updates);
- ‘Team Brief’ (Weekly news round-up and reminders)
- ‘Primary Care Team Brief’ (weekly news round-up aimed at primary care staff);
- ‘Features’ (Feature articles for team spotlights, awareness campaigns, celebrating staff)

Intranet – reflects email communications, and holds a breadth of information including IT apps, individual services and the latest Covid-19 updates

Social Media –LinkedIn, YouTube, Facebook, Twitter

Staff Room Magazine – This has been put on hold since Covid-19 due to infection prevention control considerations and as the team’s priorities have shifted. The Trust communication team will conduct a review later 2021 to assess if this communication channel is sustainable.

Freedom to Speak Up

The Trust has seven appointed Guardians who are points of contact should anyone wish to raise a matter within the organisation. The Guardians operate independently, impartially and objectively, whilst working in partnership with individuals and groups throughout the organisation, including their senior leadership team:-

- To seek guidance and support from and, where appropriate, escalate matters to appropriate internal and/or external parties

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

- Be supported with the resources they need, including ring-fenced time, to ensure that they meet the needs of workers in their organisation. Their views on the impact of activities and decisions on Freedom to Speak Up should be actively sought.

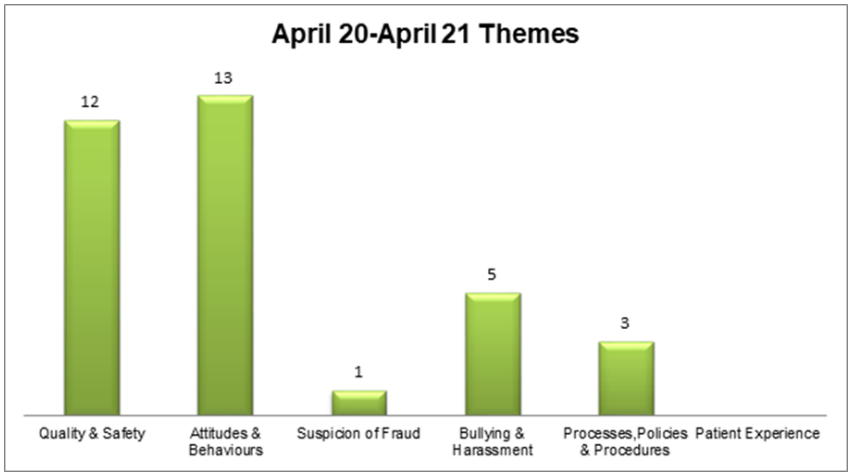
Guardians can also offer advice and support to ensure concerns raised are handled professionally and result in a clear outcome. All of the concerns that have been received are logged internally and responses given to the appropriate persons i.e. CQC or the employee directly, except for cases raised anonymously.

During 2020/21 the Trust introduced a new lead Freedom to Speak Up Guardian and also recruited a new FTSU guardian. The Guardians meet quarterly to discuss best practice, case reviews and the learning/actions are considered and shared. To enable this evaluation, feedback is sought from staff members who have raised concerns to ensure processes remain effective.

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

In 2020/21 there were 34 Freedom to Speak Up concerns raised. This is positive as it is indicative that the Trust wishes to ensure individuals feel able to speak up about a range of concerns across the Trust. The graph details the categories of concerns raised through Freedom to Speak Up.

Themes of Freedom to Speak Up Cases



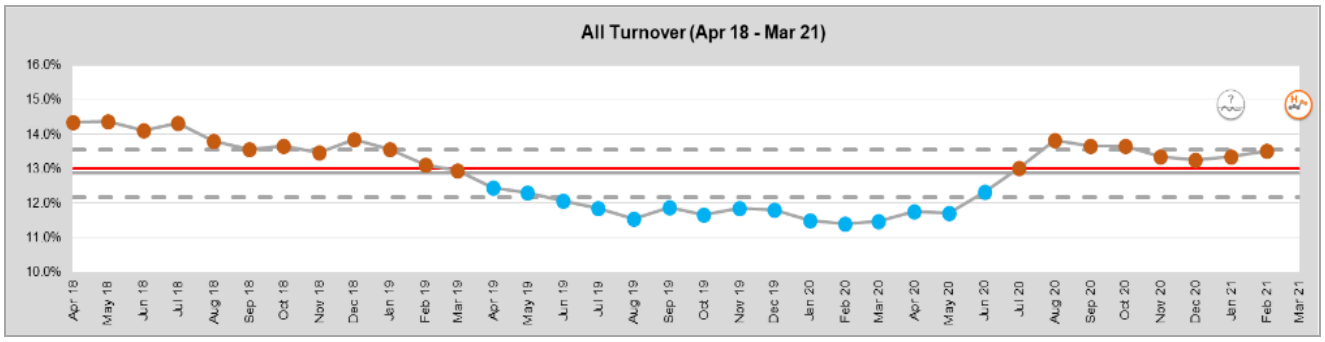
Workforce Key Performance Indicators (KPI's)

The Trust has a range of workforce KPI's which are reported in the Trust 'Integrated Performance Report' to understand and measure the organisational performance across the management of the workforce and progress under the five identified areas: Great Workforce Planning, Great Opportunities, Great Employee Experience, Great Employee Development and Great Leadership.

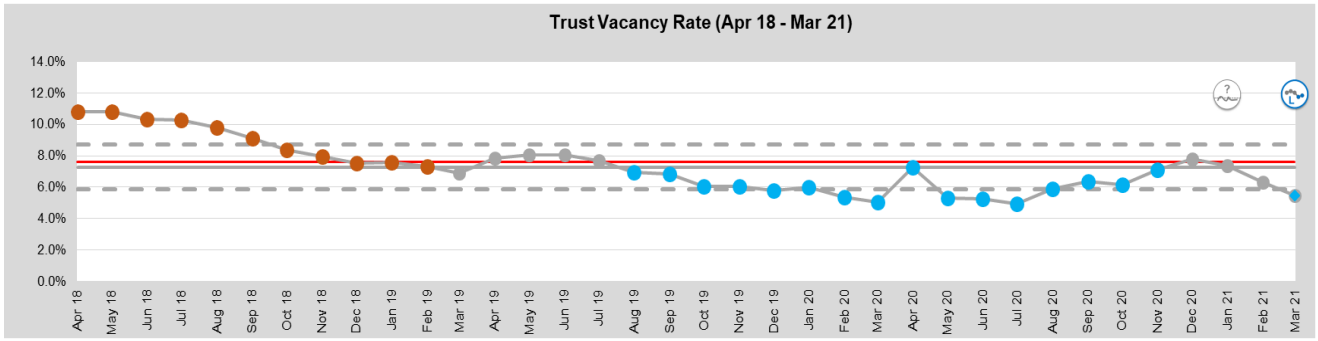
Sickness absence – Sickness absence levels were 4.14% for the 12 month period March 2020- February 2021, an increase on the same period for the previous year which was 3.90%. A significant part of this increase is due to Covid-19 sickness which to date has affected most services. The HR AdvisoryTeam consistently work with managers across Divisions to review absence data for long and short term absences and provide support and guidance to reduce absence across the Trust. In addition, the HR Advisors regularly undertake absence audits to ensure there is a consistent approach to absence management across the Trust.

Turnover – All Turnover (Voluntary, end of contract, dismissals) as at February 2021 was 13.51% (February 2020 was 11.39%) against a Trust target of 13%. Voluntary turnover was 8.40% as at February 2021 (February 2020 was 8.68%) against a Trust target of 11%. The Trust continues to target departments with high levels of

turnover to understand the reasons for turnover and ensure recruitment and retention plans are in place. At present the highest reason for staff turnover is end of fixed term contract and the Unregistered Nursing professional group average over the 12 months had the highest voluntary turnover. Both the reason and the staffing group are due to the Covid-19 support efforts arising from student nurses temporarily employed to support Covid-19 efforts during 2020/21.



Vacancy levels – As at March 2021 there were 270.62 WTE vacancies, equating to a vacancy rate of 5.45% against the current KPI of 7.63% (Model Hospital defined target). For the same period last year there were 233.53 WTE vacancies (5.50%) against a Trust target of 8%.



Appraisal rates –The overall compliance rate for the Trust is **81%** in March 2021 (compared to 78.05% in March 2019) against a new Trust stretch target of 85%. We took an active decision during the peak of the Covid-19 pandemic to put appraisals on hold which slowed compliance rates during the period; however plans are now in place to achieve compliance. It is anticipated that compliance rates will be further supported by the streamlined appraisal process and revised documentation.

Workforce Development

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

Mandatory Training – the Academy learning and technology team has continued to work hard in response to staff feedback to improve eLearning and the reporting of Mandatory Training compliance. Work has been undertaken to ensure staff understand the monthly mandatory training report The move from the Trust's existing Learning Management System 'Training Tracker' to the electronic staff record (ESR) was delayed due to the pandemic, but recommenced in January 2021 with a transfer date of 31 May 2021.

All face to face training was suspended in March 2020 as a result of the pandemic and the priority became the up-skilling of staff and the induction of many new starters. The up-skilling programme enabled staff deployment to support the response to Covid-19. Throughout this challenging time the Academy has remained proactive in delivering training and supporting staff and managers to engage with mandatory elements of training. Mandatory training compliance now stands at 83.85% against a Trust target of 85%.

Covid-19 led to the reduction in training in room capacity and the repurposing of Lecture Halls 1 & 2 for training, induction and some Mandatory training was conducted at offsite venues.

The Pre-registration team continue to support the placements of non-medical students. In addition to university students, the Trust supports the following additional programmes to encourage staff to progress to undertaking professional qualifications in Nursing.

Open University Nursing programme - Currently the Open University's (OU) Registered Nurse Degree Apprenticeship supports employers to develop their healthcare support workers (HCSWs) towards registration with the Nursing and Midwifery Council (NMC) as adult nurses. The Trust is currently supporting 20 students on this programme who are self - funding and completing their practice placements and study hours. The GWH OU programme started in 2014 and has supported 27 students in total.

Return to Practice (Nursing) - 5 students were on the programme in 2020/21 - 1 has successfully completed training and is working at the Trust and 4 remain on programme. Interest remains high in this programme and the Trust is involved across the regional system in recruiting students to the appropriate areas, including interest from nurses wishing to return to midwifery and children's areas as well as adult nurses.

Return to the Acute Care - The RAC course has been in suspension since March of last year, due to the Covid-19 pandemic. The Academy is currently reviewing the course content.

Accredited Masters level course - Northampton University: The Advanced Adult Assessment and Examination (AAAE) module was suspended in March 2020. The module will recommence in June 2021.

International Nurses - The Academy continues to deliver the in-house OSCE programme which was on hold from March – August 2020 due to the pandemic. Training recommenced in September 2020 with a revised programme which reduced training and supernumerary time from 12 weeks to 6 weeks. Pass rates remain above average at 100% and cohort sizes increased to 16 following the award of national funding. The Nursing and Midwifery council will be revising the OSCE process to include an increased number of assessments and the OSCE training team is preparing for these changes.

Preceptorship – This recommenced in September 2020 via online learning and has slowly introduced some elements of face to face training to ensure clinical and pastoral training needs are met during this challenging period. The programme is under review in line with the Nursing Midwifery Council training standards and competencies for student Nurses and due to be implemented in September 2021.

Nursing Placements - March 2020 saw the introduction of paid placements for 2nd and 3rd year students, in response to the pandemic, and this resulted in a total of 147 student placements between April and July 2020 and 46 students supporting the registered workforce in February 2021. Students spanned nursing, midwifery, Child and AHP training.

Trainee Nurse Associate (TNA) Programme - The nursing associate programme bridges the gap between healthcare support workers and registered nurses, to deliver hands-on, person-centred care as part of a multidisciplinary team in a range of different settings. Upon successful completion TNAs are entered onto the Nursing and Midwifery Council Register. Due to the pandemic further cohorts did not commence in September 2020 and January 2021 and work is currently underway to review the financial impact of further cohorts to start in September 2021. The Trust currently has 37 students over 5 cohorts on the Trainee Nursing Associates (TNAs) Programme. Cohort 1 is due to complete spring 2021.

Trainee Assistant Practitioner Programme –The Assistant Practitioner course is a recognised university/ college training course to prepare staff to competently deliver elements of health and social care and undertake clinical work in areas that have previously been within the remit of registered professionals. Assistant practitioners once qualified are not registered with the Nursing and Midwifery Council (NMC). The Trust currently has 10 students on programme.

Training:

Resuscitation training, (basic to advanced)

This training is delivered for all patient age groups with engagement from the multidisciplinary team and non-clinical staff. The focus remains on identifying the deteriorating patient early and prompting early escalation to secure expert help to protect the most vulnerable patients, across acute, community and primary care. This has become especially important with the advent of Covid-19 and the unique challenges delivering resuscitation in various levels of PPE and in new, temporary locations.

During April and May 2020 all the Resuscitation Officers were redeployed to ICU or ED to support the teams in those locations. Our administration team, alongside the training teams that remained within the Academy, supported the redeployment by undertaking the daily tasks required to ensure that emergency resuscitation equipment remained available to our clinical teams as well as collecting data on emergency calls.

The team has embraced new ways of working due to the Covid-19. Following the training hiatus over the first wave of the pandemic (February 2020– May 2020) escalation period the Resuscitation team has worked alongside the Mandatory training team to plan, create and deliver adult and paediatric basic life support training in a new blended learning format to maximise available places in light of greatly reduced room capacities. Our adult intermediate level courses have also been delivered using the new e-format from the Resuscitation Council to maximise available room and trainer capacity.

The advanced level courses have been delivered since November 2020; the number of candidates on each course is reduced due to social distancing, but we have been able to put more courses on than would normally be delivered, due to the continued support of our volunteer faculty of Resuscitation Council accredited Consultants across the Trust.

The Resuscitation Services team have been heavily involved in ensuring that employees from across the Trust remain safe as they deliver emergency care to deteriorating patients as well as those in full cardiac arrest by liaising with Infection Prevention & Control (IPC) to provide Trust-wide guidance for expected levels of PPE, as well as ensuring access to stores of PPE for the emergency response teams on the Acute and SwICC site. We have also responded to various requests for emergency resuscitation equipment to cover new clinical areas that have opened in response to patient demands created by the pandemic response. We have supported the GP surgeries in our primary care network bringing their resuscitation equipment up to Resuscitation Council (UK) standards and instigating the same rigorous checking procedures expected of all our other areas

The resuscitation officers continue to respond to adult, paediatric and new-born emergency calls that occur during their work hours; providing expert clinical guidance and interventions to support the various emergency teams in delivering the best care to the Trust's most clinically vulnerable patients.

Career Hub - In the context of the pandemic, the focus within the careers hub has been offering virtual work experience. Since April 2020 we have hosted:

Q&A sessions - 3 Q&A sessions via Teams. These were each aimed at specific professions and designed for secondary school students with an interest in nursing/ AHP's and entry level roles. The attendance for these was 60-80 students. The sessions were 45 minutes in the evenings, after school.

Learn Live Event - A 3 hour session held in October, focused on Not in Education, Employment, or Training (NEET) students within the South West. It was hosted with other employers and focused on entry level roles. 1000 students logged in live. 8500 students watched the sessions. 4500 watched our specific GWH video.

Live Nursing Taster - In February we took part in a 1 day nursing taster live event for Yrs. 10-13, with 3 other Trusts taking part. There were 84 attendees.

Springpod Work Experience - 2 Week Virtual Work Experience programme. This has been funded by the Trust and designed by the Trust`s Early Careers Adviser and Springpod, the provider. We have also now secured funding from the Swindon & Wiltshire Careers Hub to run more webinars and a further funding from

Study Higher, which aims to increase participation. This on-line 2 week experience is 10-12 hours of virtual sessions and recorded talks for the student to attend virtually with a focus on nursing, medicine, midwifery, AHP's, Clinical Psychology and non-clinical roles. We funded 150 spaces and had **1470** applications within our 2 week application period. 407 students took part in the programme. This programme is due to be evaluated shortly, but early signs are good with 200 students joining us each evening for a live webinar (6 webinars were run in total in the evening 5-6pm). As there is an appetite for many students to take part in this we plan to run this again starting June 28 2021.

Prince's Trust - One week's work experience in conjunction with The Prince's Trust offered to 18-30 year olds with barriers to employment and focused on the role of a HCA alongside general employability skills training. 19 people entered the programme with 18 continuing on to interview stage for role as an HCA. 18 people have been accepted for employment at the Trust.

Postgraduate Medical Education (PME) - continues to oversee quality control of postgraduate training led by the Director of Medical Education (DME), Foundation Programme Directors (FPD) and a consultant faculty, managed by the Medical Education Manager, Deputy MEM and administrative team. The PGME department partially funds and includes 2 Chief Registrars, and 3 Clinical Innovation Fellows, who provide additional educational support and opportunities for junior Doctors.

This year PGME has used MS Teams to deliver core education services such as; Grand Round and the foundation teaching programme due to the pandemic. The sessions are recorded to maximise access for those that are unable to attend. Simulation sessions were written and delivered to all Trust and trainee Doctors of all grades to either up-skill or support with Covid-19 pandemic related clinical care; with particular importance placed on colleagues who have not worked directly in Acute, Respiratory or associated care.

The junior Doctor changeover was delivered virtually this year with over 150 staff in attendance. The PGME team arranged videos from subject matter experts along with live sessions.

Clinical Skills training is usually held at a regional level. This year it was held on a local basis in line with Covid-19 national guidelines. PGME was able to deliver this in strict adherence to the curriculum and pandemic restrictions within the Academy and received outstanding feedback from foundation doctors.

Quality Improvement projects and audit have continued with an overwhelming response in applications for the QI Audit Prize.

Undergraduate Education

The Undergraduate department has continued to grow during the pandemic and a Service Level Agreement (SLA) has been signed with King' College London (KCL) for the Trust to teach their Year 4 & Year 5 MBBS students. Feedback to date has been outstanding, as a result KCL have asked us to consider taking additional year 4 students in 2021/22.

Teaching during the pandemic has proved a challenge; however, the department has continued teaching all the students from University of Bristol, Oxford and KCL from September 2020. Creative and innovative virtual teaching techniques have been developed and deployed to help overcome the lack of face to face teaching.

2020/21 has seen the introduction of Virtual Reality (VR) teaching through the use of the Hololens. Whilst this VR teaching method has been approved for simulation teaching, it has not yet been approved for teaching in the clinical environment. The aim is to link VR teaching with simulation to bring a whole new dimension of teaching possibilities to the Trust. Plans are underway to purchase a new simulation manikin with VR capabilities which will help future proof simulation training.

August 2020 saw the recruitment of 30 Clinical Teaching Fellows (CTF) into pressurised clinical areas to help alleviate staffing pressures as well as teaching posts in the Academy. CTF's were also redeployed to help on Covid-19 areas. The undergraduate administration team was also redeployed between March and June to support the vaccination hub and pandemic control centre. Interviews have taken place for the new cohort of CTF's for August 2021.

Student wellbeing has been reviewed as a priority to ensure that welfare/pastoral/educational support documentation and procedures are in place for all students and with each of the three universities. A working group has been formed to oversee this piece of work. Two Clinical Teaching Fellows have been appointed as Welfare Leads who will be working on introducing new wellbeing events for both students and undergraduate staff.

On 9 March 2021 the University of Bristol conducted a virtual annual inspection with positive initial feedback to be confirmed with the written report.

The External Student Study Component (eSSC) has been rebranded as the Choice Programme by the University of Bristol. Choice will now run in Year 2 & Year 3. We have expanded our portfolio of courses this year with the addition of 5 new programme titles, and converted all of our overseas field trips to be UK based to ensure compliance with any future pandemic requirements.

Additional support teaching for students from both Bristol and Oxford universities during June and July 2020 with further sessions planned for March and May 2021.

In September 2020, the new MB21 programme was introduced into the Bristol year 4 curriculum and teaching has been well received and evaluation feedback was positive during the period of pandemic restrictions.

The Covid-19 restrictions impacted accommodation arrangements - the students who did not have their own accommodation were offered accommodation at Downsview House (DVH) but had to agree to stay on site for the duration of their placement; the remaining students were asked to opt for daily commute by car or coach travel. The arrangements are still in place until restrictions are lifted.

Phase II of the refurbishment of DVH was completed early February 2021. This included the installation of a new Wi-Fi system for the start of the new academic year in September 2020.

Library Services

The Academy Library supports Trust research, training, teaching, and patient care. During the pandemic, the library was used as the welfare packages distribution hub in the first wave and in subsequent waves the department was able to continue providing a professional information service.

The Library Team has reviewed and updated the library's internet pages to promote accessibility of information to users in the community.

In autumn 2020 the department signed a Service Level Agreement (SLA) with Wiltshire Health and Care (WH&C) to provide library services to WH&C staff. We have obtained funding from Health Education England (HEE) to support the establishment of this service in the 2021/22 financial year.

The Library plans to complete the new HEE Library Quality and Improvement Outcomes Framework, in 2021, which provides an excellent opportunity for developing the service in 2021/22 and over the next few years. (This was postponed by HEE in 2020 due to the pressures of the Covid-19 pandemic.)

Supporting our volunteers

Context of being a Volunteer: Volunteers have never been so critical to the future of our NHS. They are making a huge contribution to the health and wellbeing of the nation, giving their time, skills and expertise freely to support people most in need. The Trust has 430 active volunteers.

Volunteers have been essential to ensuring that vulnerable people get the help they need during the Covid-19 pandemic at the Trust. Many have volunteered for the first time, coming together to look out for their neighbours and support vulnerable people in our community. Over the first wave response, 117 volunteers gave a total of 4,742 hours of work (March – July 2020). 34 new volunteers were recruited as well as 43 Wingman volunteers from the airline industry representing British Airways, Virgin Atlantic, United, Easy Jet and Jet2 who organised a first class wellbeing lounge in our café. We continued to be supported by 30 existing volunteers who have helped push trolleys around the hospital handing out sandwiches, ready meals and snack bags, supported

patients with way finding, accompanied our most vulnerable patients when their relatives were not allowed to enter the hospital, looked after staff on wards in a new role as welfare volunteers and have handed out thousands of facemasks at entrances as mask monitors. Our team of shielding homeworking volunteers undertook vital administration activities from home, such as the making up of maternity packs and sending out bereavement letters.

Our volunteers provide an extremely valuable service to patients as well as providing support to staff and can be found across the Trust supporting a number of areas, including:

- The OWLS service – Outpatient Welcome and Liaison Service is a volunteer 'buddy' programme for patients with mobility issues, disabilities, dementia or who are just anxious about coming into hospital. OWLS Volunteers meet the patient from transport and accompany them during their whole journey in the hospital, ensure they get back to their transport home.
- Family liaison - supporting patients with virtual visiting using tablets and smart phone technology
- Patient befriending support – companionship and wellbeing support, assisting with feeding, doing a tea round, replenishing stock for staff and making beds up.
- Hospital Radio –providing 24 hour, 7 days a week, 365 days a year programming for patients at the Great Western Hospital using live presenters and recorded shows.
- Way Finding Service – Giving patients a warm welcome to the hospital and sign-posting patients in the hospital atrium to areas for treatment.
- Covid-19vaccine clinic volunteers – welcoming patients and supporting them with completing their vaccination forms.
- Staff Tea Trolley – Wingmen volunteers are currently taking a tea trolley round to staff to give them a hot drink and a few treats.

In the last year we have created 30 new volunteering opportunities across the Trust in our acute and community locations.

The Trust is fortunate to retain a team of volunteers who commit to giving their time to help support staff, patients and visitors across the hospital. The volunteers are representative of 20 different nations, 73% are women and 27% men. The longest serving volunteer has been with us 36 years. Our oldest volunteer is 95 years old with the youngest being 16. Collectively our volunteers have amassed an incredible 1,428 years' worth of service.

Volunteers are asked to commit to a minimum of 3 hours a week for a minimum of 6 months; however, 43% of volunteers give more than the standard 3 hours and the average time commitment of a volunteer is 5.8 hours per week.

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

Demographics: There are consistently high levels of interest in applying to become a volunteer. From April 2020, 320 people applied to volunteer for the Trust and over 250 were successful. On average there are always approximately 45 people in the recruitment process at any one time. The Voluntary Services team interview on average 20 new applicants per month, but massively increased this during the Covid-19 pandemic, doing over 70 interviews in January 2021, specifically for the Covid-19 Vaccination Clinic.

Opportunities: For many, volunteering is a step on the ladder to employment; an opportunity to experience the hospital environment before going to university or to gain a familiarity with the NHS before applying for a role. In the 2020/21 financial year 8 Volunteers became paid members of staff with the Trust.

Recruitment Process: There is a robust recruitment process, including referencing and criminal records checks. Volunteers attend Trust induction and complete mandatory training as required and are then ready to start volunteering. All volunteers attend at least one half day training session in a 12 month period.

Partnership working: Additionally, there is the opportunity to volunteer at the hospital via other organisations, such as Royal Voluntary Service and Swindon & Wiltshire Carers Support Services. The Trust is also working closely with local colleges and organisations such as the Harbour Project and Route 66 in Swindon.

The Trust is committed to supporting the local community it serves and volunteering is one way of enabling engagement with local towns and communities.

Staff Health & Wellbeing

During the last year the Trust has continued its commitment to supporting staff with a comprehensive health and wellbeing programme which was quickly adapted to meet the increased and changing needs required in an unprecedented and enormously challenging year. Following a successful charitable funds bid, a wide ranging package of support and wellbeing initiatives were planned and the delivery of this project was overseen by the Health and Wellbeing Project Manager.

At the end of March 2020, the Trust launched its Employee Assistance Programme, called Life and Progress, providing confidential advice and counselling to all staff. Access to this free support is provided via its website and 24/7 telephone number, providing advice on a range of both personal and work-related issues (such as housing, financial, legal, childcare, being a manager), as well as up to 6 telephone or counselling appointments with one of their counsellors. During the year, the Trust has provided regular communications to increase awareness and uptake of this service.

Due to the constraints of the pandemic many of the previous Health and Wellbeing initiatives were paused and alternatives found:

Wellbeing Wednesdays - care package deliveries took place from March to July with staff in all areas across all settings receiving refreshments, snacks and toiletry items each Wednesday. Alongside this daily meal deliveries were taking place to all Covid-19 areas with additional adhoc deliveries across remaining wards and departments

Staff Tea Trolley - the extremely popular tea trolley was paused during the pandemic for safety reasons, however to allow for this initiative to continue in the future a Trust branded beverage trolley was purchased using charitable funds. As restrictions started to ease within wards the tea trolley was re-launched in March 2021 with daily deliveries to wards and departments. We were pleased to welcome back our Project Wingman volunteers who have been running the trolley service, and over 2000 drinks and snacks were given out in the first 3 weeks of its return

DIY Tea Trolley in a Bag - during August over 100 wards and areas across all Trust settings were visited with a DIY version of the tea trolley with a selection of drinks and snacks for staff to enjoy whilst the staff tea trolley service was paused

Hamper Delivery - 150 hampers full of snacks and treats were delivered across all Trust settings to signal a final 'thank you' as the Wellbeing Wednesday Care Package deliveries came to an end in July 2020

Massage Chair Rotation – due to the pausing of the previously successful in department massage therapy sessions, 6 massage chairs were purchased and are now available on a rotation loan to departments

Care packages for Shielding Staff - 150 care packages were sent out throughout spring 2020 to staff who were shielding at home and contained a selection of treats, staff support leaflets and a 'thank you' card from the Chief Executive

Staff free prize draw – during 2020 the Trust received a large number of donated items including hampers, vouchers, edible gifts and toiletry items. These were all included in a free Christmas prize draw with 600 staff winning these items in a random draw

Staff Exercise Step Challenge – Fall into Fitness was an initiative launched in October by Brighter Futures to promote the importance of increasing activity levels and encourage teams of staff to compete against each

other to clock up the most miles stepped or cycled. This raised £3k for Brighter Futures and Unscheduled Care Division were crowned the winners. It is planned that this will become an annual event.

'**Quit Smoking'** – to continue to support the Trust being a smoke free site, Stoptober 2020 provided staff with the opportunity to access a selection of free support apps. Due to the pandemic this was a virtual event with site communications and advertisement on social media. Attention was drawn to the support that is available for staff for smoking cessation from the Health and Wellbeing Team with onward referral to local pharmacy based services.

Enhanced counselling and psychological support has been made available to support the health and wellbeing of staff. Individuals can self-refer to this free and confidential service, which is provided by a dedicated team of experienced therapists, including qualified counselling and clinical psychology staff.

Both individual and group-based interventions are available, covering a range of topics (e.g. stress management, mindfulness, supporting me and my team, sleep, hygiene) in addition to reflective practice group sessions tailored to the needs of the team (e.g. decompression groups).

The service also provides drop-in sessions in departments to help raise awareness and improve access that is timely and preventative.

All forms of support are available face-to-face, virtually or over the telephone, depending on the needs of the individual or team.

The service has developed various self-care leaflets, all of which are freely available via the intranet and also in staff areas throughout the Trust. In addition, 26 nationally recommended self-help books have been purchased adding to the existing self-care section in the staff library.

The service has been involved in facilitating various systemic developments geared towards improving the health and wellbeing of the workforce, including:

Schwartz Rounds – these provide a facilitated reflective space for staff from all disciplines and roles to discuss the emotional aspects of their work. These are being held virtually every 4-6 weeks and promoted via communications.

Trauma Risk Management (TRiM) – this is a NICE recommended intervention to proactively normalise reactions to potentially traumatic incidents and to actively monitor symptoms of trauma in staff. This year, 32 members of staff have been trained as TRiM practitioners and 4 as TRiM managers. Furthermore, one of the service's counsellors has been trained in an evidenced psychological intervention for Post Traumatic Stress Disorder (Eye Movement Desensitisation Reprogramming, EMDR) and a 'light bar' has been bought to assist in conducting this intervention with staff experiencing PTSD.

Mental Health First Aid (MHFA) - the team has run Mental Health First Aid courses (2 day courses) on a regular basis during the year, and there are now 94 current MHFAs working across various roles and departments throughout the Trust. On-going training is being provided on a monthly basis, to continue to increase the numbers of MHFAs trained. Funding has been approved for one of the staff health and wellbeing counsellors to complete an extensive Suicide First Aid training in April 2021, enabling training in this area to be rolled out for all staff.

The Trust has an Occupational Health and Physiotherapy Service which also provides a range of management and staff support packages. Staff can self-refer into these services to receive advice and treatment

Seasonal flu vaccinations

For the annual 2020 flu vaccination campaign the Trust achieved 90% KPI (including opt outs/had elsewhere) and 75% of frontline staff were vaccinated (excluding opt outs/had elsewhere). The Trust has therefore achieved the CQUIN target for 2020/21. We are developing a plan for next season's flu campaign to further increase our uptake figures to exceed the required 90% vaccination rate

Expenditure on consultancy

Expenditure on consultancy in 2020/21 was £1.7m (2019/20 £1.2m). Consultancy advice provided to the Trust covered a number of different areas including:-

- Ophthalmology
- Governance
- Estates Management
- Business Intelligence
- Gastroenterology
- General Surgery

Off Payroll Engagements

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

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

There has been no off-payroll engagements in respect of Board members or senior officials with significant financial responsibility in the year ended 31 March 2021. The number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year is 17. These individuals are set out in the Remuneration Report (section 2.2 refers).

TABLE 1: Highly paid off-payroll engagements as at 31 March 2021, earning £245 per day or greater

	Number
No. of existing engagements as of 31 March 2021	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 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2021 earning £245 per day or greater

	Number
Number of off-payroll workers engaged during the year ended 31 March 2021	3
Of which:	
Not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in scope of IR35	3
Subject to off-payroll legislation and determined as out of scope of IR35	0
Number of engagements reassessed for consistency/assurance purpose during the year	0
Of which number of engagements that saw a change to IR35 status following a review	0

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

	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	**17**

Reporting on Compensation Scheme and Exit Packages

TABLE 1 Foundation trusts are required to disclose summary information of their use of exit packages agreed in the year 2020/21

	Number of compulsory redundancies 2020/21	Cost of compulsory redundancies 2020/21	Number of other departures agreed 2020/21	Cost of other departures agreed 2020/21	Total number of exit packages 2020/21	Total cost of exit packages 2020/21	Number of departures where special payments have been made 2020/21	Cost of special payment element included in exit packages 2020/21
Exit package cost band	Number	£000s	Number	£000s	Number	£000s	Number	£000s
<£10,000	-	-	-	-	-	-	-	-
£10,00 – £25,000	-	-	-	-	-	-	-	-
£25,001 – £50,000	-	-	-	-	-	-	-	-
£50,001 – £100,000	-	-	-	-	-	-	-	-
£100,000 – £150,000	-	-	-	-	-	-	-	-
£150,001 – £200,000	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-

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

	2020/21 Payments agreed Number	2020/21 Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval *	0	0
Total	0	0
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

IR35 Update

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

The intermediary can be:

- a limited company
- a service or personal service company
- a partnership

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

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

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

An internal audit was launched in March 2021, to review the Trusts processes and give assurance to the Board of wider compliance of the regulations. The audit focussed on 8 specific roles, mainly undertaken by Doctors within the organisation. Finance and Human Resources are working together to provide data required by the audit and will ensure that any proposed actions are undertaken to protect the Trust from inappropriate engagement and the unlimited fines that may be incurred as a direct result.

Staff Survey Report 2020/21

The NHS Staff Survey is one of the largest workforce surveys in the world and has been conducted annually since 2003. The survey seeks NHS staff feedback about their working experience and participation in the survey is mandatory for Trusts. The National Staff Survey questions are pre-determined and results were published on the 11 March 2021.

The results are grouped to give scores usually in 11 themes, this year in 10 themes and scores are based out of 10 with an indicator score being the average of those.

Scores for each theme together with that of the survey benchmarking group 'Acute and Combined Acute and Community' are presented below.

	2020/21		2019/20		2018/2019		2017/2018	
	GWH	Benchmarking Group	GWH	Benchmarking Group	GWH	Benchmarking Group	GWH	Benchmarking Group
Equality, diversity and inclusion	**9.1**	**9.1**	**9.2**	**9.2**	**9.1**	9.2	**9.2**	9.2
Health and wellbeing	**6.2**	**6.1**	**5.8**	**6.0**	**5.8**	5.9	**6.0**	6.0
Immediate managers	**6.9**	**6.8**	**7.1**	**6.9**	**6.8**	6.8	**6.8**	6.8
Morale	**6.2**	**6.2**	**6.1**	**6.2**	**6.1**	6.2	**-**	-
Quality of appraisals	**Not measured in 2020 due to Covid-19**		**5.2**	**5.5**	**5.2**	5.4	**5.3**	5.3
Quality of care	**7.3**	**7.5**	**7.0**	**7.5**	**7.2**	7.4	**7.1**	7.5
Safe environment – bullying and harassment	**8.1**	**8.1**	**8.2**	**8.2**	**8.1**	8.1	**7.9**	8.1
Safe environment – violence	**9.5**	**9.5**	**9.6**	**9.5**	**9.5**	9.5	**9.4**	9.5
Safety culture	**6.8**	**6.8**	**6.8**	**6.8**	**6.7**	6.7	**6.7**	6.7
Staff engagement	**7.0**	**7.0**	**7.0**	**7.1**	**6.9**	7.0	**6.9**	7.0
Team Working	**6.5**	**6.5**	**6.7**	**6.7**	**-**	-	**-**	-

Response rate comparison

The Trust currently use provider Quality Health to extrapolate data and produce reports. The Trust was one of the 280 participating NHS organisations, and one of 128 Combined Acute and Community Trusts that participated in the National Staff Survey in September 2020.

1,250 members of staff (25% of the workforce) were randomly selected and given the opportunity to participate in an online staff survey during the period September to December 2020 through their NHS email. A total of 660 employees returned a completed questionnaire giving the Trust a response rate of **53.4%** and the survey comprised of 78 questions plus 4 questions relating specifically to the Covid-19 pandemic.

The Trust response rate of 53.4% in 2020 was an increase from 40% in 2019 and above the annual average response rate of 45% for the Acute and Combined Acute and Community sector. The Trust ranked 15th when benchmarked against other acute NHS Trusts across the South West region representing (15th in 2019). Appendix 1 – Regional Results

Theme Results & Areas of improvement from 2019

The Trust moved from being below the national average for 20 indicators to being below the national average in 4 indicators in 2020. The Trust improved significantly in two themes for Health and Well-being and Quality of Care during a difficult year with Covid-19.

Future Priorities and Areas of focus:

The Trust Wide Staff Survey action plan for 2021/22, supported by Divisional action plans will focus on the following themes:

- Immediate Manager/ Team working
- Safe Environment (Harassment and Bullying)
- Equality, Diversity and Inclusion
- Quality of Care
- Morale
- Health and Wellbeing

Trade Union Facility Time 2020/21

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

Table 1
Relevant Union Officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
32	21.37

Table 2
Percentage of time spent on facility time

Percentage of time	Number of Employees
0%	9
1-50%	23
51-99%	0
100%	0

Table 3
Percentage of pay bill spent on facility time

Total cost of facility time	£22,698.51
Total pay bill	£186,650,763
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.012%

Table 4
Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	5.67%

The data is published by 31 July each year on the government website www.Gov.UK.

Regional Results – Appendix 1

Acute Trusts (* Denotes Combined Acute & Community)	Latest CQC Rating	Response Rate	Equality, Diversity & Inclusion	Health & Wellbeing	Immediate Managers	Morale	Quality of Care	Safe Environment - Bullying & Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working	Total Score
Yeovil District Hospital NHS Foundation Trust	Requires Improvement	65%	9.1	6.9	7.2	6.6	7.7	8.4	9.4	7.0	7.4	6.7	76.4
Northern Devon Healthcare NHS Trust*	Requires Improvement	55%	9.3	6.4	7.3	6.6	7.6	8.3	9.5	6.9	7.3	6.9	76.1
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Tru	Good	37%	9.1	6.3	7.1	6.6	7.7	8.3	9.5	7.0	7.4	6.9	75.9
Somerset NHS Foundation Trust	Good	49%	9.3	6.5	7.1	6.6	7.5	8.2	9.5	7.0	7.3	6.8	75.8
Royal Berkshire NHS Foundation Trust	Good	50%	9.0	6.4	6.9	6.4	7.7	8.0	9.3	7.1	7.4	6.7	74.9
University Hospital Southampton NHS Foundation Trust	Good	50%	9.1	6.4	6.9	6.4	7.5	8.2	9.4	7.0	7.3	6.6	74.8
Oxford University Hospitals NHS Foundation Trust	Requires Improvement	53%	9.1	6.3	7.0	6.3	7.5	8.1	9.5	6.9	7.2	6.6	74.5
Dorset County Hospital NHS Foundation Trust	Good	46%	9.2	6.2	7.0	6.4	7.5	8.1	9.5	6.8	7.2	6.6	74.5
University Hospitals Bristol and Weston NHS Foundation Trust	Outstanding	53%	9.2	6.3	6.8	6.3	7.4	8.3	9.5	6.9	7.1	6.4	74.2
Poole Hospital NHS Foundation Trust	Good	35%	9.1	6.2	6.9	6.4	7.5	8.1	9.5	6.7	7.2	6.6	74.2
Portsmouth Hospitals University NHS Trust	Good	54%	9.1	6.2	7.0	6.3	7.5	8.1	9.4	6.9	7.1	6.5	74.1
Royal United Hospitals Bath NHS Foundation Trust	Good	44%	9.2	6.3	6.9	6.4	7.3	8.1	9.5	6.7	7.1	6.5	74.0
Salisbury NHS Foundation Trust	Good	54%	9.1	6.2	6.9	6.3	7.4	8.2	9.4	6.7	7.2	6.4	73.8
Royal Devon and Exeter NHS Foundation Trust*	Good	44%	9.2	6.2	6.7	6.3	7.2	8.3	9.5	6.7	7.1	6.4	73.6
Great Western Hospitals NHS Foundation Trust*	Requires Improvement	53%	9.1	6.2	6.9	6.2	7.3	8.1	9.5	6.8	7.0	6.5	73.6
Torbay and South Devon NHS Foundation Trust*	Good	42%	9.2	6.1	6.9	6.4	7.3	8.1	9.5	6.6	7.0	6.5	73.6
Cornwall Partnership NHS Foundation Trust	Good	38%	9.2	5.9	7.0	6.3	7.3	8.1	9.5	6.7	7.0	6.6	73.6
North Bristol NHS Trust	Good	51%	9.1	6.1	6.7	6.4	7.3	8.2	9.4	6.8	7.1	6.4	73.5
Royal Cornwall Hospitals NHS Trust	Requires Improvement	59%	9.2	6.1	6.9	6.3	7.3	8.0	9.4	6.7	6.9	6.6	73.4
University Hospitals Plymouth NHS Trust	Requires Improvement	42%	9.1	6.1	6.7	6.2	7.2	8.2	9.3	6.8	6.9	6.4	72.9
Gloucestershire Hospitals NHS Foundation Trust	Good	48%	9.0	6.1	6.8	6.2	7.3	8.0	9.5	6.5	6.9	6.4	72.7
Average		49%	**9.1**	**6.3**	**6.9**	**6.4**	**7.4**	**8.2**	**9.5**	**6.8**	**7.1**	**6.6**	**74.3**
National Average Trend 2020 vs 2019			→	↑	↓	↑	→	↑	↑	↑	→	↓	↑
National Average 2020			9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5	67.1
National Average 2019			9.1	5.9	6.9	6.1	7.5	8.0	9.4	6.7	7.0	6.6	66.6

KEY

Above Average Score for this Group of Trusts

Average Score for this Group of Trusts

Below Average Score for this Group of Trusts

2.4 NHS Foundation Trust Code of Governance

Council of Governors and Members Engagement – Covid-19 Impact

For 2020/21 it is important to recognise that this year has proved particularly challenging for us all as a result of the on-going Covid-19 pandemic. This has necessitated some of our usual membership and governor engagement practices to be put on hold, in keeping with our regulator's (NHS Improvement/England) associated guidance (released in March 2020 and subsequently updated in July 2020). In order to keep our members and governors safe throughout these unprecedented times, we closely followed Government guidance to ensure we adhered to social distancing and other safety measures on our site. This required governors to suspend all face-to-face meetings alongside recruitment and engagement practices for the foreseeable future and/or until it is deemed safe by Government and health officials to resume normal interactions.

The guidance also specified that the Trust's engagement with members (including the general public) was limited to 'Covid-19 purposes', with regular briefings being issued to staff and governors (via e-mail from the Trust's Communications Team) alongside key information being posted on the Trust's website. However, in order to keep governors apprised of key developments, alongside regular Covid-19 briefings issued to governors, the Trust regularly held 'virtual' governor meetings, both formal and informal throughout the year. These new 'virtual' meeting arrangements enabled governors to actively engage, have open and transparent discussions and seek appropriate assurances from both the Chair and participating Non-Executive Directors, alongside providing support to each other during these challenging times.

Some of the key areas that governors have sought assurance around, on behalf of members, during the pandemic included:

- The number of dedicated Covid-19 patient beds in community services and care homes
- Information about staff PPE usage and other safety measures included in outpatient letters
- Staff support measures during Covid-19
- BAME staff support in connection with the Covid-19 vaccination programme.

All the meetings mentioned in the following sections were held virtually.

Council of Governors

As an NHS Foundation Trust we have established a Council of Governors, which consists of up to 24 elected and nominated Governors who provide an important link between the Trust, local people and key stakeholders by sharing information and views that can be used to develop and improve health services. The Council of Governors is a valued part of the Trust's decision making processes to ensure that the Trust reflects the needs and wishes of local people. The Council of Governors has the following roles and responsibilities: -

To:

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

- receive the Annual Report and Accounts and the Auditor's opinion on them.

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

During 2020/21 the Council of Governors carried out or was involved in the following: -

- Annual reviews of the Trust Chair and Non-Executive Directors performance;
- Re-appointment of 3 Non-Executive Directors (Peter Hill, Julie Soutter and Jemima Milton);
- Appointment of 2 Non-Executive Directors (Helen Spice and Faried Chapdat);
- Appointment of 2 Associate Non-Executive Directors (Claudia Paoloni and Sanjeen Payne-Kumar)
- Holding the Non-Executive Directors to account on a number of issues such as Covid-19 recovery plans, agency staff, community services, financial management;
- Appointed the External Auditors;
- Input views and observations into the developing the Way Forward Plans;
- Hosting of public lectures and support for member recruitment;
- Received GWHFT Annual Report and Accounts at the Annual Members Meeting on 29 September 2020.

In 2020/21 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.

Any disagreements between the Council of Governors and the Board of Directors would be resolved following the provisions in the Trust's Constitution.

Members of the Council of Governors, Constituencies and Elections

Seven public constituencies exist to cover the Trust's catchment area namely: -

- Swindon
- Northern Wiltshire
- Central Wiltshire
- Southern Wiltshire;
- West Berkshire and Oxfordshire
- Gloucestershire and Bath and North East Somerset
- Rest of England & Wales *(newly established Dec 2020)*

The constituencies are periodically reviewed to ensure they reflect the Trust's geographical area and populations, in 2020/21 a new constituency was added 'Rest of England & Wales'.

There are 15 public governor seats:-

Seat	No of Governors
Swindon	7
Northern Wiltshire	2
Central Wiltshire	2
Southern Wiltshire	1
West Berkshire and Oxfordshire -	1
Gloucestershire and Bath and North East Somerset	1
Rest of UK & Wales *(as of Dec 2020*)).	1

In addition there are 4 elected staff governor seats and 6 governor seats nominated by organisations that have an interest in how the Trust is run. The number of public Governors positions must be more than half of the total membership of the Council of Governors.

Governors are elected by members of those constituencies in accordance with the election rules stated in the Trust's Constitution using the "first past the post" voting system. Elections were carried out on behalf of the Trust in 2020/21 by the independent 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.

The names of governors during the year, including where governors were elected or appointed and their length of appointments are set out in the following tables. The Trust held elections in 1 staff group as outlined below and utilised the 'reserved governor' option for 2 governor vacancies in 2020/21.

Elected Governors in 2020/21 – Public Constituencies

	Name	Constituency	Date first elected	Current Term of Office (date ending)	Attendance from 5 Council of Governor meetings
1	Roger Stroud	Swindon	Nov-16	3 years (term ends Nov-22)	5
2	Rosemarie Phillips	Swindon	Nov-16	Term ended Apr-20	-
3	Ashish Channawar	Swindon	July-20	Remainder of 3 years (term ends Nov-22)	3
4	Arthur Beltrami	Swindon	Nov-19	3 years (term ends Nov-22)	5
5	George Cahill	Swindon	Nov-19	3 years (term ends Nov-22)	4
6	Michelle Howard	Swindon	Nov-19	3 years (term ends Nov-22)	5
7	Maggie Jordan	Swindon	Nov-19	3 years (term ends Nov-22)	5
8	Judith Furse	Swindon	Mar-20	Remainder of 3 years (term ends Nov-22)	3
12	Pauline Cooke	Northern Wiltshire	Nov-15	3 years *(term ends Nov-21)*	5
9	Enam Chowdhury	Northern Wiltshire	Nov-18	Term ended Mar-21	3/3
10	Janet Jarmin	Central Wiltshire	Dec-08	3 years *(term ends Nov-21)*	5
11	Chris Callow	Central Wiltshire	Nov-19	Remainder of 3 year term *(term ends Nov-21)*	5
12	Jane Turner	West Berkshire & Oxfordshire	Nov-18	3 years *(term ends Nov-21)*	2

At 31 March 2020 vacancies remained for the following public governor seats: -

- Gloucestershire, Bath & North East Somerset Constituency – 1 seat
- Wiltshire Southern Constituency – 1 seat
- Wiltshire Central Constituency – 1 seat
- Wiltshire Northern Constituency – 1 seat
- Rest of England & Wales – 1 seat (since December 2020)

Elected Governors in 2020/21 – Staff Constituency

	Name	Staff Constituency – sub class	Date first elected	Current Term of Office (date ending)	Attendance from 5 Council of Governor meetings
1	Chris Shepherd	Administrators, Maintenance, Auxiliary and Volunteers	Nov-19	3 years *(term ends Nov-22)*	5
2	Oliver Harness	Allied Health Professionals	Nov-19	3 years *(term ends Nov-22)*	5
3	Karen Hawkins	Hospital Nursing and Therapy Staff	Nov-17	3 year term *(ending Nov-22)*	3
4	Dr Badri Chandrasekan	Doctors & Dentists	Sept-20	3 year term *(ending Nov-23)*	4/4

There are 4 staff governor seats split into sub-classes.

During 2020/21 staff elections were held for:-

- Doctors & Dentists

At 31 March 2021 there were no vacancies for a staff governor seat.

Nominated Governors in 2020/21

	Name	Nominating Partner Organisation	Date first nominated	Current Term of Office (ending date)	Attendance from 5 Council of Governor meetings
1	Brian Ford	Local Authority – Swindon Borough Council	Aug-16	3 years *(term ends Sep-22)*	2
2	David Halik	Local Authority – Wiltshire Council	Aug-19	3 years *(term ends Aug-22)*	4
3	Amanda Webb	BSW CCG**	July-20	3 year term *(term ends July-24)*	3
4	Nick Ware	BSW CCG**	July-20	3 year term *(term ends July-24)*	3
5	Jennifer Seavor	Other Partnerships – Prospect Hospice	Dec-20	Remainder of 3 year term *(term ends Sept-22)*	2/2
6	Rachel Skittral	Other Partnerships – Oxford Brookes University	Nov-19	Term ended Mar-21 *(resigned)*	2

**Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CGC)

There are 6 appointed governor seats.

Appointments / re-appointment changes in 2020/21 as follows:-

- In 2020/21 the Trust requested 2 representatives from the newly established Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) as Governor representatives. As a result Amanda Webb and Nick Ware were appointed in July 2020.
- Rachel Skittral, governor representing Oxford Brookes University resigned in March 2021. The Trust has requested a governor replacement.

As at 31 March 2020 there was one vacancy for appointed governor seats.

Council of Governors meetings during 2020/21

There were 5 meetings of the Council of Governors in 2020/21

- 11 June 2020 – Joint Board and Council of Governors
- 29 September 2020 - Council of Governors and Annual Members Meeting
- 12 November 2020
- 18 February 2021
- 18 March 2021

The Board of Directors and Council of Governors seek to work together effectively. During the year the Non-Executives 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.

	Attendee	Attendance from 5 Council of Governor meetings
1	Lizzie Abderrahim	4
2	Nick Bishop	3
3	Liam Coleman (Chair)	5
4	Andy Copestake	5
5	Peter Hill	3
6	Paul Lewis	5
7	Jemima Milton	3
8	Julie Soutter	4
9	Kevin McNamara (Chief Executive)	4
10	Carole Nicholl (Company Secretary)	3/3

Lead and Deputy Lead Governors

Lead Governor and Deputy Lead Governor in place during 2020/21 were:

Apr-20 – Oct-20
Lead Governor : Roger Stroud
Deputy Lead Governor : Pauline Cooke

Nov-20 – Apri-21
Lead Governor : Pauline Cooke
Deputy Lead Governor : Roger Stroud

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

Council of Governors meetings structure

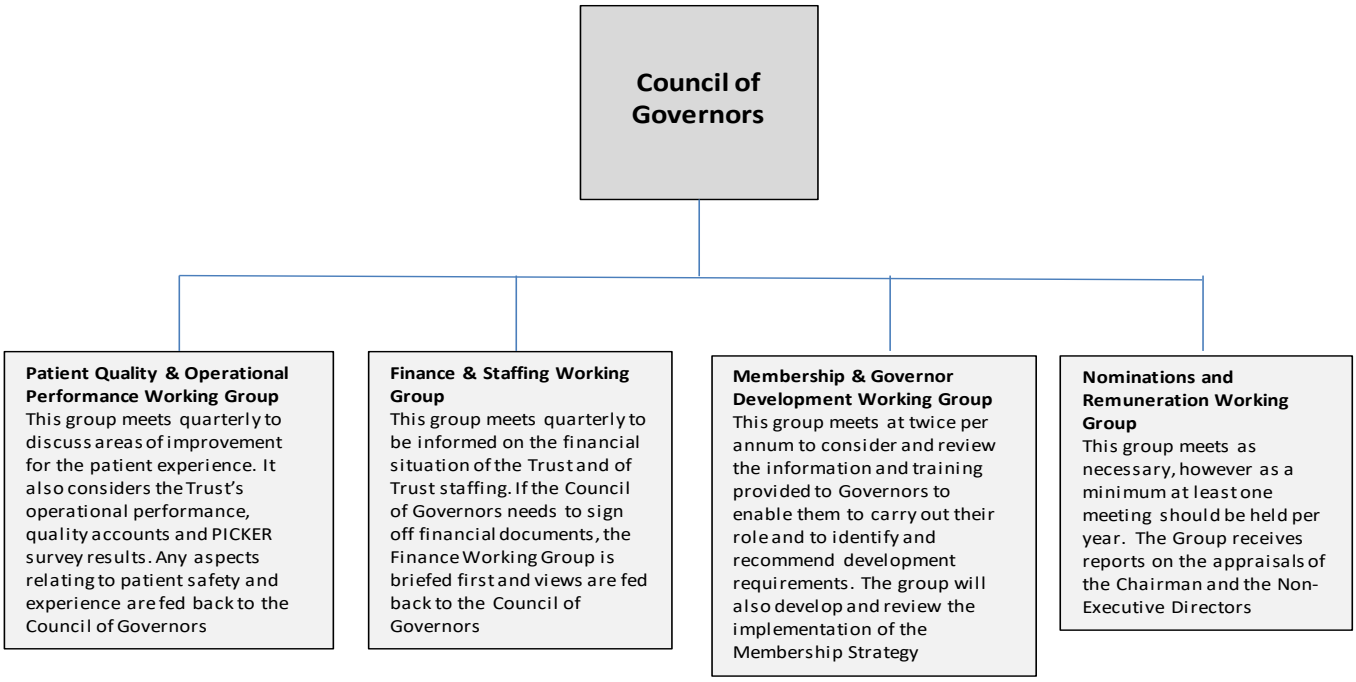
The Council of Governors has established a number of working groups which each have focussed attention for specific areas of work. During 2020/21 the following working groups were in place: -

- Patient Quality and Operational Performance Working Group
- Finance and Staffing Working Group
- Membership and Governor Development Working Group
- Nominations and Remuneration Working Group

Working groups inform Governors about activities and issues relevant to each area, thereby assuring Governors about the performance of the Board. Governors can feed in their views to inform decision making.

In addition there is a Joint Nominations Committee, established by the Council of Governors with the Board of Directors, which considers nominations for Non-Executive Director appointments. The meetings structure of the Council of Governors is shown below.

STRUCTURE – Council of Governors Meeting structure



Biography of individual Governors

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

Statement setting out how the Council of Governors and the Board of Directors operate

The overall responsibility for running the Trust lies with the Board of Directors. The Council of Governors is the collective body through which the Non-Executive Directors explain how they have sought to gain assurance about Trust performance from the Executive Directors. The Board has a scheme setting out which decisions it will make itself, known as the Reservation of Powers to the Board and there is a Scheme of Delegation which sets out powers delegated to staff.

It is the responsibility of the Council of Governors to represent the views and interests of the members, to hold the Non-Executive Directors to account for the performance of the Board and to ensure the Trust acts within the terms of its Provider Licence. The Council of Governors also works with the Board of Directors to shape the future strategy of the organisation.

The Council of Governors has specific statutory powers and duties as set out above in this report.

The Chair of the Council of Governors is also the Chair of the Board of Directors and, supported by the Company Secretary, he provides a link between the two.

Statement setting out the steps that members of the Board of Directors, in particular the Non-Executive Directors, have taken to understand the views of Governors and members

The Board of Directors has taken the following steps to understand the views of Governors and members: -

Non-Executive Director attendance at Council of Governors meetings – During 2020/21 Non-Executive Directors attended Council of Governor meetings which enabled them to listen to Governors' concerns or comments and to respond to any questions raised.

Presentations to the Council of Governors by Non-Executive Directors - Non-Executive Directors in their capacity as Chairs of Board Committees made presentations to the Council of Governors on the role and work of those Committees which provided an opportunity for Governors to express their views and question the Non-Executive Directors on the performance of the Board. Specifically, presentations were made regarding the work of the Finance and Investment Committee, the Audit, Risk and Assurance Committee and the Quality and Governance Committee.

Joint Board of Directors and Council of Governors Workshop – In 2020/21 the Trust Board and Council of Governors met to consider Phase 2 of the Pandemic – Reset and Recovery. The joint workshop provides an opportunity for the Non-Executive Directors to engage with the Governors and to better understand their views and concerns.

Public health talks – To provide forums for members to meet Governors, public health talks were introduced some years ago and are continuing. Members and the public are invited to attend public presentations and talks on a specific health topic and thereafter meet Governors and share thoughts and views on healthcare generally or on their experience in the Trust. However due to Covid-19 there were only 3 virtual public health lectures held in 2020/21 as follows: -

- Vaginal Prolapse (16 January 2020)
- Dying Matters (End of Life) (5 November 2020)
- Menopause/PeriMenopause (11 February 2021)

Questions from governors and members of the public – Questions from governors and members of the public and responses are reported through the Board and Council of Governors. This provides an opportunity to consider if further focus or action is needed to any issues raised. Questions relate to any Trust business.

Council of Governors effectiveness review – An effectiveness review of the Council of Governors was held during the year. The review resulted in a refresh of the work of the Council of Governors in terms of their working groups which will be more aligned to the Board sub committees during 2021/22, together with the introduction of a maximum number of terms a governor can sit on the Council of Governors in line with best practice to ensure a degree of distance, objectivity and independence and will come into effect in 2021/22.

Governor Working Groups / Non-Executive Directors aligned – As referred to elsewhere in this section; there are a number of working groups of the Council of Governors, the work of which is supported by staff and Directors. The joint working results in effective communication between the staff, Directors and Governors. Governors have an opportunity to input directly into the workings of the Trust either through working groups or through Non-Executive Directors. Non-Executive Directors are invited to attend meetings of working groups to provide information and receive feedback from Governors directly. Non-Executive Directors are aligned to Working Groups providing a clear link for Governors to hold Non-Executive Directors to account individually and collectively for the performance of the Board.

Additional briefing sessions – The Council of Governors has received additional presentations and briefings on specific topics, such as the role of the Non-Executive Director and understanding data.

Governor walkabouts and visits – The Governors undertake regular visits around the hospital to help them understand how different areas work and what their issues and successes might be. This provides Governors with the necessary knowledge to understand information presented to them and to see work in practice. Governors also have the opportunity to talk to staff, patients and family which enables them to capture feedback to forward to the Board or to inform questions they might ask about Trust services. Unfortunately due to Covid-19 governors have not been permitted into the hospital and therefore only one visit, which was conducted virtually, has been undertaken in 2020/21.

Annual Members Meeting – In September 2020 an Annual Members Meeting was held virtually. The Annual Report and Accounts were presented and a briefing given on the overall performance of the Trust in the previous year. This meeting allowed an opportunity for Governors to address members, seek questions on Trust business and provide feedback to the Board of Directors.

Chair – The Chair of the Trust and the Company Secretary meet monthly with the Lead and Deputy Lead Governors to discuss their views on any matters currently being considered. The Lead and Deputy Lead Governors are representatives of the Council of Governors. Their advice and input is incorporated into the decision making process via the Chair. The Lead and Deputy Lead Governor are able to feedback additional information on the workings of the Trust to other governors. The Lead and Deputy Lead Governors have continued to hold pre-meetings with Governors prior to the Council of Governor meetings to enable additional time to think about information and questions and discuss any areas of concern.

South West Governor Exchange Network - In 2020/21 Governor representatives attended the South West Governor Exchange Network events. These provide useful information to Governors and enable them to network with Governors from other trusts.

The Lead and Deputy Lead Governors also met virtually with their respective counterparts at the other acute trusts within the BSW STP; Salisbury NHS FT and Royal United Hospitals NHS FT, to share best practice.

Governor involvement in events / activities – Governors are invited to attend a number of events throughout the year which allows them to be directly involved in the work of the Trust and to influence the decisions being made. A few examples in 2020/21 were: -

- Governor representative on the End of Life Committee
- Governor representative on the Mortality Committee
- Governor involvement in fundraising for Brighter Futures
- Governor representative on the Organ Donation Committee
- Governor representation at the Medical Revalidation Committee

Non-Executive Director Allowances and Annual Reviews – Nominations and Remuneration Working Group

The Nominations and Remuneration Working Group considers the performance of the Chair and the Non-Executive Directors and determines their level of remuneration. The Working Group consists of five governors. The Chair with the Senior Independent Director attend meetings as requested, namely to present their reports on the review of the Non-Executive Directors and the Chair respectively.

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

The Working Group met once in 2020/21 to undertake the annual performance review of the Chair and Non-Executive Directors. The pay arrangements for Non-Executive Directors are set to reflect foundation trust responsibilities. The rates were reviewed in 2020/21 and there were no changes made to the Non-Executive Directors allowances; however, the additional allowances for the Chairs of 3 additional committees were continued. This was due to the continued complexities and challenges of the Trust, particularly around the financial position and moving further into an integrated healthcare system. Further information about the remuneration of the Non-Executive Directors can be found elsewhere in this report (section 2.2 refers).

Interests of Governors

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

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

The work of the Joint Nominations Committee in discharging its responsibilities

In 2020/21 the Committee met twice to consider feedback from interviews and recommend candidates for appointment to the Council of Governors.

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

The Joint Nominations Committee consists of the Chair, two Non-Executive Directors and four Governors, hence a majority of Governors as required by the Code of Governance when nominating individuals for appointment

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

In September 2021 the Joint Nominations Committee considered the re-appointment of Jemima Milton as a Non-Executive Director of the Trust. In doing so, the Committee recognised that Jemima had served 7 years (6 plus 1) as a Non-Executive Director and therefore, as is best practice, the Trust would seek to recruit a new Non-Executive Director. Whilst the recruitment was being undertaken it was considered appropriate that, in order to support the Trust during this transition period, Jemima would seek re-appointment for a period of up to 12 months, terminable upon appointment and induction of a new Non-Executive Director.

Also in September 2020 the Joint Nominations Committee considered the re-appointment of Julie Soutter as Non-Executive Director. The Committee recognised that Julie had served two three-year terms of office it was recommended that re-appointment would be for a period of 12 months. It was considered that this would provide continuity for the Board, particularly around Julie's financial skill set.

Furthermore in September 2020 the Joint Nominations Committee considered the process to recruit a new role of Associate Non-Executive Director to support Board succession strategy and achieve a balance of Board level skills, together with a new Non-Executive Director role. Subsequently in February 2021, the Committee recommended the appointment of Helen Spice and Faried Chopdat as Non-Executive Directors, and Claudia Paoloni and Sanjeen Payne-Kumar as Associate Non-Executive Directors.

In February 2021 the Joint Nominations Committee recommended the re- appointment of Paul Lewis as a Non-Executive Director for a further 3 year period.

Attendance at the Joint Nominations Committee Meetings during 2020/21

Joint Nominations Committee Members
Record of attendance at each meeting ✓ = Attended × = Did not attend **n/a** = not applicable as was not a member

	21/09/20	11/02/21
Non-Executive Members		
Liam Coleman – Chair	✓	✓
Paul Lewis – Non-Executive Director	✓	✓
Peter Hill - Non-Executive Director	×	✓
Governor Members		
Arthur Beltrami - Governor	✓	✓
Pauline Cooke – Governor	✓	✓
Maggie Jordan - Governor	×	✓
Roger Stroud – Governor	×	✓
Chris Callow – Governor	n/a	✓

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

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

Note that in addition to the Joint Nominations Committee, there is a Remuneration Committee authorised by the Trust Board to oversee a formal, rigorous and transparent procedure for the appointment of the Executive Directors and to keep under review the composition size and structure of the Executive, leading on succession planning, appointing candidates to Board level positions. The Remuneration Committee reviews senior manager (Executive and non-voting Board Director) remuneration and has delegated authority for agreeing any annual pay review for these staff only (section 2.2 refers).

Membership

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

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

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

Public Members

Public members include patients, carers and interested members of the public. Public members are aged 12 and over who live in the geographical area of the Trust.

Public members fall into constituencies based on where they live. The constituencies are periodically reviewed to ensure they reflect the Trust's geographical area and populations, which the Trust carried out in 2020/21 to ensure it is fit for future purpose as the healthcare system changes as a result a new constituency was added 'Rest of England & Wales'.

- Swindon
- North Wiltshire
- Central Wiltshire
- Southern Wiltshire
- West Berkshire and Oxfordshire
- Gloucestershire and Bath and North East Somerset
- Rest of England & Wales

Staff Members

Staff members include Trust employees, SERCO (our facilities management company) employees and volunteers. Staff automatically become members when:

- they are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
- they have been continuously employed by the Trust under a contract of employment for at least 12 months; or
- they are employed by a designated subcontractor who otherwise exercise functions for the purpose of the Trust provided they have exercised these functions continuously for a period of 12 months; or
- they are designated volunteers who assist the Trust on a voluntary basis and have been doing so for at least 12 months.

Trust staff may opt out of membership if they wish.

The Trust has a wide range of staff undertaking a variety of roles and in a variety of professions. The staff constituency is split into the following sub classes to reflect occupational areas: -

- Hospital Nursing and Therapy Staff
- Allied Health Professional
- Doctors and Dentists
- Administrators, Maintenance, Auxiliary and Volunteers

Membership analysis

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

During the year, even though engagement with members was restricted due to Covid-19, as at 31 March 2021, there was only slight decline in membership as follows:

Total Number of Members across all Constituencies	2019/20	2020/21
Swindon	2,858	2,824
North Wiltshire	1,129	1,112
Central Wiltshire	508	504
Southern Wiltshire	162	162
West Berkshire and Oxfordshire	310	304
Gloucestershire and Bath and North East Somerset	341	339
Staff	6,667	6722
TOTAL	**11,975**	**11,969**

This shows a decrease in overall membership of 6 which is a 0.05% decrease from last year.

Public Constituency	2019/20	2020/21	Estimate for 2021/22
At year start (1 April)	5,331	5,309	5,509
New Members	46	13	
Members leaving	68	75	
At year end (31 March)	5,309	5,247	

This shows a decrease in public members of 75 (1.4%) many of which are members who are now deceased. The estimate for 2021/22 public members is based on an aim to ensure that the public membership is maintained and improved.

Staff Constituency	2019/20	2020/21
At year start (1 April)	**6,984**	**6,667**
New Members	**209**	**352**
Members leaving	**526**	**297**
At year end (31 March)	**6,667**	**6,722**

This shows a decrease in staff members of 297 (4.4% decrease).

Numbers of members by age ethnicity and gender

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

Age	2019/20	2020/21
0-16	1	0
17-21	33	16
22+	5,224	5,180
Unknown	51	51
Total	**5,309**	**5,247**

Ethnicity	2019/20	2020/21
White	3,118	3,073
Mixed	25	25
Asian or Asian British	154	156
Black or Black British	50	50
Other	27	27
Unknown	1,935	1,931
Total	**5,309**	**5,247**

Gender	2019/20	2020/21
Male	1,801	1,771
Female	2,986	2,952
Unspecified	522	524
Total	**5,309**	**5,247**

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 2022; however, in-year action plans are revised annually.

The Council of Governors has established a sub-group, known as the Membership & Governor Development 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.

Engagement with our Members in 2020/21

Due to recent events, we have focussed on managing the Covid-19 pandemic, and as such all membership activity has temporarily paused. We have continued to monitor and update the database regularly and ensure figures are up to date. During this time, we used our social media channels and e-newsletters to maintain some levels of engagement. Members were also invited to attend our Annual Members Meeting and public health talks.

Membership recruitment proposed for 2021/22

We are confident we will maintain member numbers and we will continue to communicate key information to all our members when required. We will review and agree our membership strategic goals and activity for the 2021/22 period as soon as we are in a position to move towards a more 'business as usual' approach.

Contacting the Governors and Directors

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

Code of Governance Disclosure Statement

The Trust Board has overall responsibility for the administration of sound corporate governance throughout the Trust and recognises the importance of a strong reputation. The Great Western Hospitals NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Trust has been compliant with the Code with the exception of the following: -

D.2.3 The Code states that the Council of Governors should consult external professional advisers to market-test the remuneration levels of the chair and other Non-Executives at least once every three years and when they intend to make a material change to the remuneration of a Non-Executives. However, in view of the costs associated with this, the Council of Governors resolved that instead the Director of Human Resource should undertake a benchmarking exercise. During 2020/21 consideration was given to the remuneration levels of the non-executive directors using benchmarking data.

E.1.1 The Board of Directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on. However, the Trust has a Communications Strategy which includes consultation and engagement and the Patient Liaison Service (PALs) has a Patient Experience and Engagement Strategy 2017-2022 Listen and Learn, which is on the Trust Website. PALS invite people to provide their views and experiences. There is also information on our website about making a complaint and we receive views from the public via social media channels. Furthermore, the Trust has a Membership Strategy which sets out engagement with members.

Compliance with the Code of Governance is monitored through the Trust's Quality and Governance Committee. Other disclosures required under the Code of Governance are included in the Director's Report and the Remuneration Report.

Audit Committee Annual Report 2020/21

On behalf of the Audit, Risk & Assurance Committee (ARAC), I am pleased to present the Committee's Annual Report.

The primary purpose of the Committee is to provide oversight and scrutiny of the Trust's risk management and assurance activity, internal financial and other control processes, including those related to service quality and performance. These controls underpin the Trust's Assurance Framework so as to ensure its overall adequacy, robustness and effectiveness. This approach should, therefore, address risks and controls that affect all aspects of the Trust's activity and reporting.

We received good, independent and impartial advice from the Trust's auditors, both BDO as internal and KMPG as external auditors. I am satisfied, as a result, that the Committee has the necessary skills and support in place to discharge its duties properly. Throughout the year the Committee has focussed on its remit to scrutinise the Trust's management of key risk areas, review further development of the Board Assurance Framework and to oversee the processes for the production and audit of the Trust's Accounts, including any issues that have a material impact on them. The coronavirus pandemic has had an on-going impact on many of the issues within the Committee's remit and we have considered these throughout the year.

The Committee has had four Non-Executive Directors acting as members during the financial year as follows: -

Julie Soutter	Julie has been Chair of the Audit, Risk and Assurance Committee since 1 January 2016. Prior to that she was a member of the Committee from the time she joined the Trust in January 2015.
Andy Copestake	Andy has been a member of the Committee since joining the Trust on 1 July 2016.
Nick Bishop	Nick has been a member of the Committee since 1 January 2017. Nick is also been the Senior Independent Director since 8 February 2019.
Lizzie Abderrahim	Lizzie has been a member of the Committee since she joined the Trust on 1 May 2019.

Attendances **Non-Exec Members**	**21 May 2020**	**11 June 2020**	**16 July 2020**	**10 Sept 2020**	**12 Nov 2020**	**14 Jan 2021**	**11 Mar 2021**
Julie Soutter *(Chair)*	✓	✓	✓	✓	✓	✓	✓
Lizzie Abderrahim	✓	✓	✓	✓	✓	✓	✓
Nick Bishop	✓	✓	✓	✓	✓	✓	✓
Andy Copestake	✓	✓	✓	✓	✓	✓	✓

n/a Not applicable, x not attended, ✓attended

The Director of Finance, Medical Director and Director of Governance & Assurance & Company Secretary or their representatives also attended. Additional attendees included representatives from Internal Audit and Counter Fraud (BDO) and External Audit (KPMG) who provide updates on activities, planning and reporting. KPMG also provide updates on technical or regulatory matters which the Committee should be made aware of.

Other senior managers or representatives from Internal and External Audit are invited to attend meetings to assist on matters of specific interest or relevance to the Committee's responsibilities as required. Other Non-Executive Directors may attend as observers.

Work Plan in 2020/21

Our work plan for this year included:

- reviewing and assuring the basis for the Trust's statements of going concern and viability;

- reviewing of the Annual Report and Accounts for 2020/21 together with the External Auditor management representation letter, their audit opinion on the Trust's Financial Accounts and their Annual ISA260 report;

- procurement to award a contract for The Provision of External Audit Services at Great Western Hospital. The Committee received a recommendation paper in September 2020 for consideration before recommending to the Council of Governors for approval that KMPG were appointed;

- developing our on-going relationship with our internal and external auditors, including approving their audit plans, taking an update at every meeting on progress with their work, and approving the Trust's responses to actions arising from Internal Audit and Counter Fraud reviews.

  The internal audit reviews and outcomes are listed in the table below:-

Name of Review	Opinion	
	Design	Operational Effectiveness
Medical Devices	Moderate	Moderate
Data Warehouse	N/A	N/A
IT Systems Management	Moderate	Moderate
Budgetary Controls	Substantial	Moderate
Divisional Governance	Substantial	Moderate
Key Financial Systems	Substantial	Moderate
Mortality Reviews	Moderate	Limited
Data Quality	Moderate	Moderate
Risk Management	N/A	N/A
Digital Security and Protection Toolkit	N/A	N/A

  All reports have agreed action plans and were subject to detailed review by the Committee. It should be noted that due to Covid-19 there was some delay with the delivery of the internal audit plan for 2020/21 due to necessary restrictions on physical access to premises and, therefore, there are areas of the internal audit plan work that were completed towards the end of the current financial year but reported to the ARAC in the following financial year. The Mortality Review internal audit was referred to the Quality & Governance Committee due to the subject matter.

- reviewing the Trust's financial transactions, including any significant issues, and how these were presented in the Accounts;

- a review of all debts that are deemed uncollectable by the Trust's External Debt Advisors was carried out on a quarterly basis, and a summary produced of those that were not collectable and were, therefore, proposed for write off;

- the Committee also reviewed the work of Counter Fraud during the year. This included consideration of a counter fraud risk assessment, which noted that recommendations for the previous year had been implemented. For 2020/21 the Trust has made significant progress towards implementing the new Counter Fraud Functional Standards before the initial return in May 2021. In addition to regular reports, the Committee received advice on national fraud cases, review of high supplier expenditure and Covid-19 expenditure, and pre-employment checks undertaken for long term employees;

- oversight of risks and improvements to the processes of risk management and reporting in the Trust. The Committee continued with divisional presentations to the Committee on their risk management arrangements, shared learning, action management and the consistency of risk scoring. The Committee also welcomed the measures to strengthen processes including the re-focus of the Risk Committee and of a new risk management system which will be implemented during 2021/22

- the Board Assurance Framework (BAF) was considered to ensure that it remained "fit for purpose", reflected risks that impact on strategic objectives and the assurance and mitigation provided, or, if none existed, prompted a suitable course of action to minimise the impact. The Committee reviewed the effectiveness of the Board Assurance Framework and in March 2021 supported a new format of the BAF which will be rolled out and developed during 2021/22.

- maintaining oversight of the effectiveness of the arrangements by which staff may raise, in confidence, concerns about possible inappropriateness in matters of financial reporting and control, clinical quality, patient safety or other matters, ensuring that there is proportionate and independent investigation and follow-up actions; and

- The following reports were also considered at the meeting during 2020/21:

    - National cost collection 2019/20
    - NHSCFA National Exercise on the prevention of procurement fraud
    - Data security and protection toolkit (DSPT) submission
    - External Audit Benchmarking Report (key indicators across acute trusts audited by KPMG)
    - Internal Audit Benchmarking Report
    - Information Governance minutes
    - Getting it Right First Time Reviews
    - IT Risks and business continuity
    - Cyber Security
    - Process of starters and leavers
    - Utilisation of the Trust Seal
    - Details of Covid-19 waivers

External Audit

In 2020/21, after a robust procurement exercise, the Audit, Risk and Assurance Committee recommended to the Council of Governors to approve the appointment of KPMG for a period of 12 months, with the optional 2 x 12 month extension periods. After careful consideration the Council of Governors approved the recommendation and the contract commenced from 1 October 2020.

KPMG were represented at all meetings of the Committee and submitted reports as needed, including their 2020-21 audit opinion on the Trust's Financial Accounts and their Annual ISA260 report. During the year, the Audit Committee considered the following significant audit risks identified by external audit:

- Management override of controls – valuation of Land and Buildings
- Fraudulent recognition of revenue
- Fraudulent recognition of non-pay expenditure

The Audit Committee also considered the Value for Money - Financial Sustainability risk identified by external audit through risk assessment processes. The Independent Auditor's Report can be found on page 121.

The External Auditors are required to certify that they have completed the audit of the Trust financial statements in accordance with the requirements of the Code of Governance. If there are any circumstances under which they cannot issue a certificate, then they must report this to those charged with governance. There are no issues that would cause the External Auditors to delay the issue of their certificate of completion of the audit.

The 2020/21 year-end audit plan was reviewed and agreed. All significant points raised by KPMG 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. The Committee also reviewed the fees charged by KPMG and the scope of work undertaken.

There were no material non-audit services provided by KPMG during the year which might impact KPMG's professional independence.

Conclusion

I am satisfied that the Committee has good access to and support from the Executive Directors and senior managers and note their readiness to co-operate with and support the work of the Audit Committee and take action where it is indicated. The Committee is grateful for the detailed work and application of both Internal and External Auditors.

The effectiveness of the Committee was assessed this year in January 2021 and the consensus was that the structure, format and behaviours within these committee meetings were effective and 'fit for purpose'.

The coming year will continue to present some new and unique challenges as we continue to assess and address the impacts of the coronavirus pandemic together with the introduction of Integrated Care Systems (ICS). We will work as a Committee to help the Trust review and understand the risks arising from these and to ensure that processes and controls are in place to deal with them.

Julie Soutter
Chair, Audit Risk and Assurance Committee
June 2021

2.5 Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needed. The framework looks at five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability (well led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of licence.

Segmentation

This segmentation information is the trust's position as at 31 March 2020. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

All Foundation Trusts and NHS Trusts are allocated a Support Segment. The segment in which a provider is placed is determined by the level of support NHS Improvement decides is appropriate (universal, targeted or mandated). A segmentation decision is not a performance rating, and it does not determine the specifics of the support package in each case. The Trust is in Segment 2 (Targeted Support) which is defined as support required in one or more areas to enable the Trust to move into the top Segment 1 where a Trust has maximum autonomy and lowest level of oversight appropriate. As at 31 March 2020, support has been identified as required in quality of care, finance & use of resources and operational performance. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

The Trust is not subject to any formal interventions.

Care Quality Commission Ratings

The Care Quality Commission (CQC) monitors, inspects, and regulates health and social care services. The CQC publishes its findings, including ratings to help people choose care. The way the CQC regulates care services involves:

- Registering people that apply to the CQC to provide services.
- Using data, evidence and information throughout their work.
- Using feedback to help reach judgments.
- Inspections carried out by experts.
- Publishing information on judgments. In most cases the CQC also publish a rating to help patients choose care.
- Taking action when the CQC judges that services need to improve or to make sure those responsible for poor care are held accountable for it.

Care Quality Commission (CQC) Inspection February - March 2020

The CQC performed an Inspection between 11 February 2020 and 12 May 2020, which was part of their planned programme of inspections of healthcare providers. However, the CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce pressure on health and social care services during the Covid-19 pandemic. This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way. The inspection report includes the findings from the completed service level inspection, but the well-led component of the inspection was not completed and therefore the report does

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

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

This inspection followed on from previous inspections in September 2018 and the improvement reflected the hard work the Trust has undertaken in responding to previous inspections recommendations and a concentrated drive for improvement in relation to all key lines of enquiry as stipulated by the CQC. During 2019/20 the Trust implemented strengthened self-assessments through an electronic tool developed by the Trust. Peer reviews are planned to support on-going monitoring.

Progress is monitored through Divisional governance arrangements reporting into an Assurance Committee with regular reporting to the CQC on milestone actions and sustainability of improvement.

Full Inspection Outcomes received June 2020

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

CQC Ratings for The Great Western Hospitals Foundation NHS Trust

Overall Rating Requires improvement

Core Service	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Medical Care (including older people's care)	Good ⇧	Good ⇧	Good	Requires Improvement	Good ⇧	Good ⇧
Surgery	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Critical Care	Requires Improvement	Good	Good	Good	Good	Good
Maternity and gynaecology	Good ⇧	Good	Good	Good	Good	Good
Services for children and young people	Good ⇧	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good

Outpatients and diagnostic imaging	Good ⇧	Not Rated	Good	Good ⇧	Good	Good ⇧
Community Health Services for Adults	Good ⇧	Good ⇧	Good ⇧	Good ⇧	Good ⇧	Good ⇧
Community Health Inpatient Services	Good ⇧	Good ⇧	Good ⇧	Good ⇧	Good ⇧	Good ⇧

Overall	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement

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

Additional Activity undertaken by CQC in 2020-21

Following the changes to the CQC inspection framework, the Trust has participated in a number of CQC provider collaborative reviews, these reviews explore how health and care systems have worked together as a system, the reviews included Cancer Services, Urgent and Emergency care and Infection Prevention and Control, there is also a planned Core service review of Surgery in April 2021, full reports will be published shortly.

Since November 2019, the trust has provided primary care services at two main practices in Swindon – Moredon Medical Centre and Abbey Meads Surgery, which together serve around 30,000 people.

In March 2021 Abbeymeads Surgery and Moredon Medical Centre received a follow up CQC inspection; final report will be received in 2021.

2.6 Statement of Accounting Officer's responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Great Western Hospitals NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on NHSI by the NHS Act 2006, 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 Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and *the Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum.*

Signed

Kevin McNamara
Chief Executive
14 June 2021

2.7 Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an 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 2021 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Part of my role as Accounting Officer and Senior Risk Owner for Great Western Hospital (GWH) is to ensure we have an effective risk management approach that is used across the organisation and that where needed, continuous improvement activity exists to reach our desired level of maturity. This year, we have continued to strengthen the maturity of risk management across the organisation and in parallel have maintained a strong focus on assuring our approach to managing our corporate risks.

Through this year, with my Executive Management Committee, I have focussed on:

- maintaining alignment of our corporate risks to our strategic objectives, ensuring that we understand both the threats and opportunities to delivering our strategy and how we will manage these;
- proactively seeking independent assurance of our approach to managing our corporate risks; inviting challenge from our Board, and Audit and Risk Assurance Committee, as to whether we are doing the right things and in the right timeframe, and where gaps are identified seeking to address them to control our risks better.

In the coming financial year, we will:

- refresh our corporate risk register and introduce a new risk reporting system to strengthen the risk management process;
- look to understand our levels of risk appetite based on our strategic levels of intent and ensure our plans we have to address our corporate risks align with these;
- continue to mature the risk culture of our organisation.

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

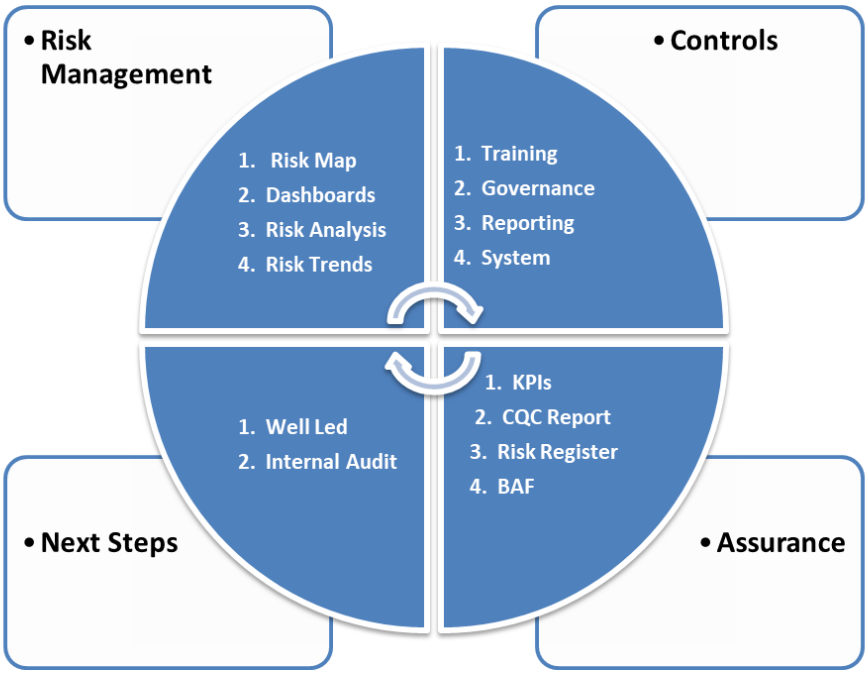
Risk Management is introduced into employee culture immediately upon employment. Employee education and training on risk management is carried out commensurate with employee roles. All new employees receive corporate induction, which includes risk management and incident reporting, alongside health and safety, manual handling and infection control training appropriate to their duties. Employees with applicable roles are

provided with a one to one training session on how to use the risk register and manage risks before access to the electronic register is provided. Refresher training if required is offered on the same one to one basis to existing employees, or group drop in clinics if preferred.

Divisions are provided with a monthly risk register report detailing comparison and movement to the previous month. A Risk Escalation Framework aims to ensure consistent systems and processes for the management of risk across the Trust.

Particular emphasis is given to the identification and management of risk at a local level. Discussions at Divisional meetings are required and at Departmental level meetings to consider risk are encouraged as part of the culture to agree upon the identified score of the risk, the appropriate mitigating actions and whether the risk is valid, or “accepted/tolerated “as business as usual (risks scoring 15 plus are to be accepted by the Board only) or can be closed as appropriate. Discussions at this level and frequency reduce the duplication of risks, encourage active discussion on what are tangible risks, what can be tolerated at a local level and that the description of the risk demonstrates the consequences should the risk materialise.

Overview of risk management in the Trust



During 2020/21 a number of initiatives have been introduced to strengthen the management of risks within the Trust. These included all risks allocated to account leads and risk managers, refreshed the Risk Committee and reviewed the Board Assurance Framework.

Also during 2020/21 Divisional presentations continued at the Audit, Risk and Assurance Committee with the intention that the Committee could support Divisions in their management of risk and gain assurance that controls and systems for the effective management of risk remain in place and are consistent. The Risk Committee also continued to discuss top risks within Divisions with Executives supporting greater learning around risk management, and has been useful to the Divisional Managers in terms of improved mapping of information and stronger actions.

Coronavirus Pandemic

In March 2020 the Trust's emergency resilience planning arrangements were put in place and worked effectively in connection with the Coronavirus Pandemic. These continued throughout 2020/21. Governance arrangements were set up with daily Incident Control meetings to coordinate our organisation's response, which were linked in to national briefings for Chief Executives and Medical Directors, and working at operational level with local provider colleagues. There were a range of national directives and operational decisions made to ensure we provided safe care to our service users and staff and worked collaboratively across our local health economy and wider region.

Guidance was developed for Committee meetings on discussions with Board members. Guidance from NHS England on 28 March 2020 and updated in January 2021 reinforced this approach by confirming that trusts should continue to hold board meetings but streamline papers, focus agendas and hold meetings virtually not face-to-face. There would be no sanctions for technical quorum breaches (eg because of self-isolation). While under normal circumstances the public can attend at least part of provider board meetings, Government social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation. The Trust continued to hold Board meetings to the existing schedule and make papers for the public session of the Board available on the Trust's website. We worked with NED Chairs and Executive Leads to streamline Committee meetings and develop ways of working to ensure virtual meetings were as effective as possible. All non-essential meetings within the Trust ceased and virtual attendance is the default for those meetings that are required.

Arrangements for emergency decision arrangements were put in place, as outlined in the Trust's Constitution 4.2 state: "Emergency Powers – The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Executive Committee and the Board for ratification". Temporary adjustments to the Trust's Standing Financial Instructions were made in March 2020 to September 2020 to accommodate rapid procurement decisions. The Audit, Risk & Assurance Committee in September 2020 reviewed those single tender action/waivers actioned during the emergency period which included information on value, supplier and who authorised.

The Trust has an established risk management system which was aligned with our emergency planning infrastructure. Risks have been developed at both Board Assurance Framework and Corporate Risk register level to help identify key areas of focus, to ensure we are working to mitigate high risk areas, help us prioritise our activities and drive our on-going emergency response.

The risk and control framework

Risk Management Strategy

The Risk Strategy was reviewed in March 2020 to ensure that there continued to be robust risk management processes in place which provide assurance to the Board that the Trust is discharging its responsibilities in ensuring good business and financial decision making leading to improvements in services and the quality of care provided.

To ensure that risk is identified, evaluated and controlled there are formal structures within the Trust. The Trust has a Risk Management Strategy which is continually reviewed and improved. This sets out how risk is managed within the organisation and the formal reporting processes. A Risk Escalation Framework is in place which includes refreshed reporting that identifies new 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. During 2020/21 there has been a focus on ensuring that there is adequate understanding and discussion of risks to ensure actions to mitigate are progressed. The Risk Committee continued to deep dive into risks with a view to enforcing the need for effective challenge and scrutiny of risks, scores, controls and actions.

Whilst the Board has overall responsibility for risk management, it has delegated responsibility to the Executive Committee, which scrutinises and challenges risk management, and the Audit, Risk and Assurance Committee which provides assurance that processes for risk management are effective.

The three main elements of our risk management strategy are:

- Risk assessment
- Risk register (referred to within the organisation as the risk management tool)
- Board Assurance Framework

A risk tolerance statement aimed at supporting managers in decision making is in place. The statement sets out the Trust's appetite for risk and it is refreshed each year. The Risk Tolerance Statement is explained below.

Risk assessment

All Trust employees are responsible for identifying and managing risk. The Trust uses the National Patient Safety Agency (NPSA) Risk Matrix for Risk Managers to ensure risks are collectively scored objectively against the likelihood and the consequence of the risk materialising.

In addition, a robust Incident Management Policy is in place and at corporate induction employees are actively encouraged to utilise the web-based incident reporting system. Incident reporting levels are comparable with other Trusts providing assurance that employees feel able to report incidents and risks.

Risk register (risk management tool)

The risk register is a risk management tool whereby identified risks are described, scored, controls identified, mitigating actions planned and a narrative review is recorded. Data in the risk register is extractable into report format to provide an overall picture of risks to the Trust as well as thematic overviews.

The Trust has agreed that the most significant risks to the Trust, being those that score 15 and above (15+) should be reviewed monthly at the Executive Committee, with other risks reviewed through the Divisions. A register containing 15 plus risks is scrutinised and challenged by the Executive 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: -

- Monthly risk register training sessions for any members of staff
- Ad hoc individual training sessions provided as well as group sessions
- Guides refreshed and widely circulated
- Monthly reporting of Divisional Risks Registers to Divisional Managers
- Review and update of Divisional governance arrangements for risk management
- Divisional risk leads refreshed
- Focussed meetings with Divisional and Departmental managers to scrutinise and challenge risks, controls, actions and reviews
- Electronic risk system reconfiguration to again update mandatory fields / change action reporting
- Electronic system reconfigured to continually remind handlers of risk actions
- Key performance indicators (KPIs) in place to monitor risk management
- Divisional presentations to the Audit, Risk and Assurance Committee
- A Risk Committee to enable Executive Director to deep dive into risks and scrutinise and challenge Divisional Managers on their mitigating actions
- 15+ Risk Map produced monthly (aligned to the CQC key lines of enquiry), circulated to Board Directors and reported to Executive Committee
- Risk management internal effectiveness reviews reported to both Audit Committee and the Board.

Risks are scrutinised locally at Divisional meetings and there is a strong emphasis from Executive Directors that managing all risks at Divisional level using the risk management system is essential. A Risk Escalation Framework is in place as well as KPIs which support oversight of risk management. Work is on-going to ensure risk management continues to remain embedded. The Trust has in place a log of on-going actions and training which is reported through the Audit, Risk and Assurance Committee. During 2020/21 there was a continued focus on the Trust's top risks which involved a deep dive of those risks scoring 15+ at an Executive Committee workshop in September 2020 where there was peer to peer challenge and review of all 15+ risks. This focus will continue into 2021/22 but through the Risk Committee.

Board Assurance Framework

The Trust has in place a Board Assurance Framework which is set by the Executive Committee and approved by the Trust Board annually. The assurance framework sets out: -

- The principal objectives to achieving the Trust's overall goals,
- The principal risks to achieving those objectives,
- The key controls to mitigate against those risks,
- Gaps in controls;
- The assurances on those controls;
- Any gaps in assurances;
- Risks on the register scoring 20+ aligned to the strategic pillar, and
- An Executive summary pulling out areas for focus.

Risks to strategic objectives are aligned to Board Committees as follows: -

	Strategic Objectives 2020/21	**Board Committee**
1.	Outstanding patient care and a focus on quality improvement in all that we do.	Quality & Governance Committee
2.	Staff and volunteers feeling valued and involved in helping improve quality of care for patients.	Performance, People & Place Committee
3.	Improving the quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers.	Performance, People & Place Committee
4.	Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care.	Finance & Investment Committee

At the beginning of 2021 with the introduction of the Integrated Performance Report (IPR) and the new Committee Assurance Reports there was a requirement to review and refresh the current structure of the BAF to simplify and triangulate data in one place. As a result the Audit, Risk & Assurance Committee supported a new format for the BAF which will be rolled and developed further in 2021/22.

Risk appetite

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

Risk Tolerance Statement

The management of risk underpins the achievement of the Trust's objectives. Effective risk management is imperative to provide a safe environment and improve quality of care for patients. Risk management is also significant in the financial and business planning process where robust, sustainable financial health and public accountability in delivering health services is required. Risk management is the responsibility of all staff.

Risk Tolerance Statement 2020/21

The risk tolerance and appetite for 2020/21 is depicted in the charts below which assists managers and staff in decisions which may involve or facilitate exposure to risk, the Trust Board has set out below its current attitude to risk.

This may change over time as internal and external circumstances change, but it provides an approved approach to support decision making by managers and staff. Decisions taken which would be contrary to this statement must be referred to the Executive Directors before implementation.

Risk Domain	2020/21 Risk Tolerance	2020/21 Risk Appetite
Quality		
Safety	Minimal	Low
Effectiveness	Minimal	Low
Experience	Cautious	Moderate
Finance	Cautious	Moderate
Opportunistic - New Approaches & Innovation & Partnership Working	Open	High
Statutory	Cautious	Moderate
Reputational	Open	High

However, any consideration of risk needs to be in a broad context. Risk taking and decision making based on risk should not be considered in isolation or in “silos”. There is often the potential for a greater impact of risks with wider organisational context or in relation to other decisions made.

Significant Risks 2020/21

Risks to the Trust’s strategic objectives are identified each year when the Trust formulates its annual plan and risks are identified locally through directorates and teams.

A summary of the principal risks and uncertainties facing the Trust during 2020/21 against our strategic objectives are set out below: -

Strategic Objective 1 Outstanding patient care and a focus on quality improvement in all that we do	There is a risk that the Trust will fail to meet regulators minimum fundamental quality standards resulting in enforcement action, intervention, suspension of services.
	There is a risk that the Trust is unable to meet the demand requirements as a result of the population growth in Swindon and the surrounding areas.
Strategic objective 2 Staff and volunteers feeling valued and involved in helping improve quality of care for patients	There is a risk that the Trust does not appropriately develop culture that empowers and enables staff to be innovative, learn and drive sustainable improvements in patient care
	There is a risk that the Trust fails to develop leadership capability and capacity within the workforce leading to an inability to improve quality of care for patients.
	There is a risk that the Trust fails to meet demand due to difficulties with recruitment and retention of appropriately trained staff which will impact on the improvement in quality of care for patients.
Strategic Objective 3 Improving the quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers	There is a risk that the BSW STP (and wider partnerships) fails to work together to deliver the NHS Long Term Plan resulting in missed opportunities for improvements in care (including operational efficiencies).
Strategic Objective 4 Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care	There is a risk that the Trust is unable to achieve and maintain financial sustainability, which will lead to widespread loss of public and stakeholder confidence with potential for regulatory action such as financial special measures.

Assurances to strategic risks have been identified during 2020/21. Assurances are sought from a variety of sources including audits, external reviews or peer challenge as well as consideration of a number of key performance indicators (KPIs) and data metrics. When there are gaps in controls, actions are put in place to address these. If there are gaps in assurances, these are considered and efforts made to find assurances either through additional audits or reviews

Key Future risks

Many of the risks described in 2020/21 will continue to be risks in 2021/22, in particular, delivery of the financial plan, recruitment and retention, integrated partnerships as the Trust moves into the ICS model to meet statutory targets, together with the continued impact of the Coronavirus pandemic. There are clinical risks inherent in the delivery of healthcare which continue year on year and are managed through rigorous controls to prevent the risks from materialising into events that cause harm to patients.

Organisation culture

Our Star Values - "Service, Teamwork, Ambition, and Respect" are at the heart of all we do:

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 safe. The Trust has a Freedom to Speak Up Policy which is based on support from National Guidance and feedback from both staff and patients which sets out a framework for responding to issues raised (section 2.3 refers)

Staff survey - The Trust takes part in an annual staff survey (section 2.3 refers). For 2020/21 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 is 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 Audit, Risk and Assurance Committee. The Trust has appointed an Executive Director as the Senior Information Risk Owner (SIRO) with responsibility and accountability to the Board for information risk policy.

The Information Asset Risk Management Policy defines an overall structured approach to the management of information risk, in line with the Risk Management Strategy. A register of Information Assets is maintained. The business ownership of those assets is the responsibility of senior managers within the Trust, supported by staff with responsibility for operational management of the assets. These 'owners' and 'administrators' ensure that the principal risks are identified, assessed and regularly reviewed, and that annual assurance reports are provided on the satisfactory operation and security of the key information assets.

Where assessed as appropriate, risk treatment plans are actioned, additional controls are implemented, and prioritised risks are escalated to the appropriate Risk Register. As Accounting Officer I am committed to ensuring that immediate actions are taken where significant risks have been highlighted.

A range of measures is used to manage and mitigate information risks including: staff training, data protection impact assessments, physical security, data encryption, access controls, penetration testing, audit trail monitoring, departmental checklists and spot checks. In addition, a comprehensive assessment of information security is undertaken annually as part of the NHS Digital Data Security and Protection Toolkit (DSPT) and further assurance is provided from Internal Audit and other reviews.

The effectiveness of these measures is reported to the Information Governance Steering Group. This includes details of any serious Data Security and Protection Security Incidents, confirmation that the Trust meets the National Data Guardian Standards as set out and assessed via the DSPT, and reports of other information governance incidents, audit reviews and spot checks.

In January 2020, the Trust underwent an Internal Audit of our current DSPT compliance. The Trust was awarded substantial assurance with 3 recommendations for improvement. All of these were implemented by February 2020 ahead of the final submission.

General Data Protection Regulations (GDPR)

Following the introduction of the GDPR in May 2018, the Trust has implemented actions on our GDPR workplan, which included the publication of an updated Data Protection Policy and an Information Governance

Policy. The plan consisted of 66 actions divided into 12 work streams to ensure that 'data protection by design and default' was embedded into the organisation. In April 2020, the Trust underwent an Internal Audit of our GDPR Compliance with substantial assurance being awarded for both Design and Operational Effectiveness. The level of assurance resulted in no findings or recommendations being made by the auditors.

Data Security

The fundamental controls for cyber security are IT managed and include:-

- Access rights linked to user names and passwords and physical access
- Clear segregation of systems and firewalls
- Anti-malware software usage and closing of software weakness with up to date patches
- Data backup

There are some secondary supportive elements within the ambit of Information Governance which include: -

- IG training on data confidentiality and security covering secure passwords, changing them and not disclosing them
- Annual refresher training on the above
- Spot checks of practice around the Trust including screens being left on and unmanned

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

At GWH, maintaining the security of our data is of primary importance to us. To safeguard our data, information and cyber security all of which we treat as interlinked, we take both technical and non-technical measures across 10 critical areas, including:-

1. Information Risk Management Regime
2. Network Security
3. User Education and Awareness
4. Malware Prevention
5. Removable Media Controls
6. Secure Configuration
7. Managing User Privileges
8. Incident Management
9. Monitoring
10. Home and Mobile Working

Our data security approach - a 10-Step Approach - is guided by a framework promoted by the UK National Cyber Security Centre (NCSC).

At a practical level, access to our data systems is controlled. We set up firewalls, install anti-virus programs, undertake backups, apply file filter, run intrusion detection and regularly update software and implement patches to improve the levels of our data, network and systems security.

In addition, we administer access rights, including user names and passwords and physical access to our data systems and networks, linked to job roles. We have in place mandatory information governance training, including annual refresher training, on data confidentiality and security covering secure passwords, changing them and not disclosing them and the handling of data in general. We undertake spot checks of practice around the organisation, and we encourage an information risk culture that promotes staff speaking out on data security-related matters and reporting incidents and risks so measures can be taken to continuously improve our data security.

Data quality and governance

Following the successful recruitment to responsible senior leadership roles of the Head of Access and Associate Director of Business Intelligence the Trust have implemented a Data Quality Group to oversee key drivers in improving the accuracy and timeliness of data quality. The quorum for this group includes key

stakeholders from across the organisation. The Trust implemented a Data Assurance Framework in 2020/21 to underpin a deep dive review of all datasets across the Trust and systematically identify challenges driving poor data quality.

To support the effectiveness of the Data Assurance Framework (DAF) the Trust has reviewed its Data Quality Policy and has ensured that this will facilitate the Trust in driving improved understanding and ownership of Data Quality across all stakeholder levels of the organisation. As part of the recruitment process in 2019/20 the Data Quality and Access Team appointed a new trainer / auditor post which will deliver training across the organisation and embed best practices of data entry upon clinical systems. The DAF will deliver a review of the effectiveness of existing systems, data entry and accuracy of reporting and entail an end to end review.

In addition to the above the Trust has begun an Improvement Programme focused upon the Informatics function reviewing training needs of the teams and the vision to be achieved. This will identify any areas of development and a gap analysis of skillsets within the Data Quality and Access Teams to ensure that the function is able to keep pace with the Trust's longer term strategic objectives of utilising data to drive insights and decision making.

In 2020/21 the Trust commenced a priority review of the 18 weeks Referral To Treatment (RTT) reporting. As part of the review the Access Team systematically reviewed cohorts of pathways to ascertain accuracy and timeliness of data entry. These cohorts were identified following an external expert review of reporting and based upon recommendations to understand drivers for the capture of live pathways.

Stakeholder involvement

As a foundation trust our membership is a resource for supporting risk management in the Trust. The membership is represented by Governors. Governors observe formal meetings of the Board of Directors to have an overview of Trust performance and Governors influence decision making by representing the view of members. In particular the Governors hold the Non-Executive Directors to account for the performance of the Board. This is done through a series of working groups, such as the Patient Quality & Operational Performance Working Group and the Finance & Staffing Working Group (section 2.4 refers). During 2020/21 the Council of Governors again agreed priority areas for focus and a series of presentations about how the Board manages these is being rolled out. The Non-Executive Directors are engaged in this process.

The Governors contributed to the development of the Trust's strategy via informal discussions with the Chairman and through formal Council of Governors meetings where quality was discussed in particular.

Key stakeholders, including patients, our public and staff membership and local partner organisations are engaged on service developments and changes, and actively include the governors and membership.

In November 2020 NHSE/I published Integrating Care, which set out their vision of the future of ICSs.
The latest proposals, published in February 2020, build on those put forward in November and a previous iteration in Sept 2019.

ICSs will become a statutory entity:

- a statutory health and care partnership, bringing together a wider group of partners to confirm their shared ambition for the health of their population and develop overarching plans across health, social care and public health;
- a statutory ICS NHS body, which will lead and oversee planning and delivery of NHS services across the whole system.

We expect an ICS NHS Board at BSW level, with a place based health and care partnership, and this will be further developed in 2021/22.

Quality governance arrangements

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 receive 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 Governance 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 Executive Committee.

This process supports the Trust in its efforts to deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively. The report includes national clinical guidance to inform decision making.

Well Led Framework

NHS Improvement (NHSI) strongly encourage all providers to carry out externally facilitated development reviews of their leadership and governance using the Well Led framework (re-issued by NHSI 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 November 2019 the Trust commissioned PricewaterhouseCoopers (PwC) to undertake an independent review of the leadership and governance arrangements at the Trust.

In December 2019 the Trust commissioned PricewaterhouseCoopers (PwC) to undertake an independent review of the leadership and governance arrangements at the Trust. The Board reviewed the report and developed actions with regard to the recommendations made at a Board workshop in July 2020, previously arranged in April 2020 but delayed due to Covid-19. Objectives were defined and actions agreed, most of which have been implemented during the year, for example recruitment of substantive positions at Executive level, the introduction of a strategic leadership development and talent identification plan and embarked on further developing Trust culture.

In 2020 the Trust introduced an Accountability & Responsibility Framework. This framework set out our strategic priorities together with the approach to build a culture of high performance, accountability, support and

development. Divisional Performance Review meetings monitored performance of this framework. Furthermore the Trust also introduced an Integrated Performance Report (IPR) which provided a summary of performance against the CQC domains.

CQC registration

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

The Trust is fully compliant with the registration requirements.

Up to date Register of Interest for decision making staff

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 Trust has achieved 68% compliance of decision making staff completing their declarations of interest. This was partly due to the process adopted to capture consultants' declarations of interest at their annual revalidation however annual appraisal, revalidation and associated activities were suspended in 2020/21 to allow doctors, appraisers and the associated administrative teams to focus on clinical work and use their skills in the best way to support the Coronavirus emergency. However the Trust's compliance for Board completion of declarations of interest in 2020/21 was 100%. As business goes back to normal full compliance will be resumed in during 2021/22.

In accordance with the 'Managing Conflicts of Interest in the NHS policy' and NHS England's guidance decision making staff (band 8c and above and all medical consultants) 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.

Other control measures

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.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

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 (section 2). The Equality, Diversity & Inclusion Group ensures that the Trust is meeting the information and physical accessibility needs of patients and carers who are vulnerable or have physical and sensory disabilities, and that we are compliant with the Accessible Information Standard. Equality impact assessments are an integral part of the Trust's patient and public engagement toolkit and inform the engagement strategy during any transformation or service change. They are required for all new Trust business cases and during all policy development, including those related to employment.

Principal risks to compliance with NHS Foundation Trust Condition 4 of Provider Licence

The Trust has a provider licence and condition 4 relates to the Trust's governance arrangements.

The Trust has processes in place to record and monitor compliance with NHSI's Provider Licence conditions. The main risks to non-compliance with the provider licence are around governance and use of resources. See details in the following table.

Condition requirement	Controls & risks
To have regard to guidance issued by NHSI	The Trust has in place system to ensure it meets the requirement of licence condition G5 (1) in that a register of guidance is maintained with dedicated leads for each and assurance sought that regard is had to the guidance. A register of statutory and compulsory guidance is maintained and regularly refreshed with leads identified and assurances sought on compliance with the guidance. No issues of concern have been flagged. A compendium of guidance has been developed in response to Covid-19. This is reviewed through the I Respond Team to ensure all guidance has a lead and is being considered and implemented as necessary RISK - No specific risks have been identified to this condition.
Procedures in place to comply with the licence	The Trust has a schedule which documents each of the licence conditions, the controls in place, the assurances that the controls are robust and if there are any gaps or risks to being able to meet the conditions of the Licence. Where appropriate, risks of being able to comply with the Licence are managed via the Risk Register. Exceptions are reported to the Quality & Governance Committee Risk - The Trust is at risk of being in breach of FT4 (7) relating to the ability to ensure the existence and effective operation of systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of the licence. This is because the Trust is currently carrying a high number of vacancies and there is a national shortage of nursing and medical staff. This risk is mitigated through roll out of a recruitment and retention plan and use of bank and agency staff.
Set out, apply and publish a transparent eligibility and selection criteria	The Trust complies with the Prior Approval Policies (only treat patients if prior approval is received) and the Criteria Based Policies (only treat patients who meet the criteria) established by Wiltshire and Swindon Clinical Commissioning Groups. RISK - No specific risks have been identified to this condition. The Trust has regular contract meetings with the commissioners to ensure that the Trust is adhering to their requirements.
At the point where a patient has a choice of providers, the patient should be notified of this and told where information can be found about the options	The Trust will refer a patient back to the care of the GP for onward referral to a different speciality. At this point the patient will have a choice of provider from Choose and Book. RISK - No specific risks have been identified to this condition.

Condition requirement	Controls & risks
The Trust shall not cease to provide or materially alter the specification or provision of any Commissioner Requested Service	No services provided are Commissioner Requested Services. However, controls to ensure continuation of services include a Chief Operating Officer and Divisional Management Teams who oversee operational performance. Regular contract meetings are held with Clinical Commissioning Groups to discuss performance with areas of concern highlighted and discussed. Performance Review meetings are held monthly with Divisions where changes to services are considered. RISK - No specific risks have been identified to this condition.
Good systems of governance	During 2021/21 the Trust had in place a Board of Directors consisting of Non-Executive (including the Chairman) and Executive Directors, plus a Non-Voting Board Director (until December 2020). The Chief Executive leads on executive arrangements and the Chairman leads the Non-Executive Directors in holding the Executive Directors to account for their performance. The Trust has in place a Council of Governors with 24 Governor positions who hold the Non-Executive Directors to account for the performance of the Trust. A programme of areas for focus by the Governors is developed and refreshed each year having regard to key risks, performance areas and finance. An annual review of effectiveness is held and areas for focus for the year ahead are agreed which included a further alignment of governor working groups with Board sub committees and together with a the introduction of a maximum number of terms a governor can sit on the Council of Governors in line with best practice to ensure a degree of distance, objectivity and independence. The Trust has an internal audit function and an external audit function that both provide assurance to the Trust on an on-going basis about the systems of internal control. An Internal Audit Programme is agreed each year having regard to the Trust's Board Assurance Framework and advice from Executive Directors on areas for focus. In Sep-18 the Trust underwent a Care Quality Commission (CQC) inspection which resulted in a "good" rating overall for the "well Led" domain. A CQC well led review was due to take place in March 2020 however was postponed due to the Coronavirus Pandemic. RISK - No specific risks have been identified to this condition.
Shall at all times act in a manner calculated to secure that the Trust has access to the Required Resource.	Financial resource - The Trust has in place robust financial governance arrangements following the implementation of recommendations from an independent assessment. During 2019/20 the Trust revisited the recommendations to ensure that arrangements put in place remain fit for purpose. The Trust had received an external audit opinion arising from on-going deficits and an on-going requirement for distressed financing. However the Trust is deemed to be a going concern and plans to receive on-going cash support from the Department of Health and Social Care, together with recompense for incurred Covid-19 expenditure. The Trust ended the year with a £2.2m surplus including donated items, with an underlying surplus of £0.028m. This is a significant improvement compared to the position in 2019/20 of £15.7m deficit and reflects the additional income the Trust has received to support the Covid-19 response.

Condition requirement	Controls & risks
	Notwithstanding this the financial position of the Trust remains challenged and the financial position is not sustainable due in part to an underlying structural deficit. The Trust has in place a Finance Team with robust monitoring and reporting processes. In addition, the Trust has in place a Project Management Office that focuses on driving the Cost Improvement Programme. Processes are now embedded and continue with a weekly Transformation Board consisting of Executive Directors who challenge the Divisional leads on progress to deliver financial savings and drive efficiencies. The Trust has in place a Finance and Investment Committee which meets monthly to scrutinise and challenge financial governance and sustainability with monthly reporting to the Board. A report from the Chair of that Committee is presented to the Board in public each month outlining the key points to discuss. Workforce resource - The Trust carries vacancies and as such is reliant on agency and locum staff. There is a national shortage of nurses, doctors and clinical specialists and it is increasing difficult to attract staff to the Trust. The Trust has established a Retention and Recruitment Plan which continues to be rolled out. RISK - There is a risk to compliance with this licence condition in terms of both financial and workforce resources, notably the ability to deliver further Cost Improvement Programmes going forward as it is becoming increasingly challenging to identify and implement schemes without investment. Furthermore there are risks to achieving the conditions attached to the Sustainability & Transformational Funding going forward which will continue to be reported through the Trust's Finance and Investment Committee. There are risks associated with staffing levels and capacity to meet demand (see below).
Establishment and implementation of: - (a) effective Board and committee structures; (b) clear responsibilities for the Board, for committees and for staff reporting to the Board and those committees; (c) clear reporting lines and accountabilities throughout the organisation	(a) The Board has agreed a schedule of powers it reserves for itself *"Powers Reserved to the Board"* and this is refreshed annually. (b) Sitting under the Board are a number of committees, each with areas of responsibility. These committees are composed of Non-Executive and Executive Directors and they oversee performance by scrutinising and challenging planned action and progress, but also offer support. For example, there is a Performance, People & Place Committee to ensure Board Committee oversight of operational, workforce, communications, estates and IT business of the Trust. The Audit, Risk and Assurance Committee scrutinise and challenges processes in place for management of services and has a strong focus on risk management. There is an Executive Committee which oversees operational management of the Trust. The membership of this Committee consists of Executive Directors only, with the most senior managers in the organisation in attendance. Key operational management decisions are made and there is oversight of directorate issues through receipt of Directorate Board minutes and exception reporting. The minutes of the Board Committees are submitted to the Board at each meeting and the Chairs of those committees

Condition requirement	Controls & risks
	draw to the attention of the Board any issue of concern. In addition the Chairs of the Board Committees submit separate reports, through their Board Assurance Reports, to the Board in public, highlighting significant points. The Terms of Reference of the Board Committees are refreshed annually to ensure they are fit for purpose and that all areas of Trust business are reflected. The latest refresh was in March/April 2021. (c) Sitting under the Board Committees are a number of sub-committees and working groups. These have been mapped to ensure reporting lines and accountabilities are in place and that there are mechanisms to ensure issues are escalated to the Board. Minutes / reports of these meetings are presented to the respective Board Committees and any areas of concern are highlighted for discussion. The Trust has in place a high level "*Scheme of Delegation"*, supported by a detailed appendix which sets out the authority delegated to individuals and the remit within which that delegated authority can be exercised. Each year the Scheme is refreshed to ensure it is up to date and fit for purpose and that all areas of Trust business are reflected. The latest refresh was in April 2020. The Trust has in place a trust wide policy and procedural documents framework. Policies and procedures give staff direction on how to manage services and functions. The documents are stored and archived electronically and are accessible to all staff. A robust approval system is in place with a two stage approach whereby documents are approved from a governance perspective via a Policy Governance Group and thereafter ratified by a specialist group, which ensures that the policy framework under which we expect staff to operate is clear, accessible and up to date. In terms of accountability, the senior managers in the organisation (Executive and Non-Voting Board Directors) have agreed threshold targets and specific measurable objectives linked to their areas of responsibility and aimed at delivering the Trust's Strategy. The appraisal of the senior managers is overseen by the Remuneration Committee each year. Sitting under this is a robust appraisal process for all staff, which is monitored and reported through a monthly workforce report. Performance is scrutinised and challenged through monthly performance review meetings, overseen by Executive Directors. Risk - No specific risks have been identified to this condition.
Systems must ensure a capable Board; decision making which takes account of quality of care; there is up to date data on quality of care; the Board considers data on quality of care and there is	The Trust has a capable Board. The Non-Executive Directors are appointed by the Council of Governors and they are accountable to Governors for the performance of the Trust. When a vacancy arises consideration is given to the skills needed and also to the balance and composition on the Board in terms of knowledge and experience. The composition is mapped to ensure there is a sufficient spread of expertise to cover all Board areas of responsibility. Executive Director summaries are produced for the main reports (finance, operational performance and quality). Furthermore

Condition requirement	Controls & risks
accountability for quality of care.	the Chairs of all Board Committee submit written reports to the Board in public on the issues to highlight from a Non-Executive Director perspective. Each month the Board considers up to date information and data about the quality of care in the form of performance indicators and achievement against targets. The Board recognises that it is accountable for the quality of care. A Quality and Governance Committee is in place to seek assurance on behalf of the Board that quality care is delivered. The Committee obtains assurance that the necessary governance structures and processes (relating to quality not internal control) are in place for the effective direction and control of the organisation so that it can meet all its objectives including specifically the provision of safe high quality patient care and comply with all relevant legislation, regulations and guidance that may from time to time be in place. Sitting under the Quality & Governance Committee is a Patient Quality Committee (PQC). Risk - No specific risks have been identified to this condition.
Must ensure that there are enough sufficient qualified people to comply with this licence	The Trust has a capable Board. Please see above. There are difficulties in sustaining sufficient numbers of trained clinical staff. The Trust has a number of controls in place including recruitment plans, training, retention measures and staff support. A monthly workforce report is produced which is overseen by the Performance, People and Place Committee. RISK - There is a risk that the Trust may not meet the requirements of this condition. The Trust continues to have a number of nursing and doctor vacancies and is unable to recruit to the desired levels. This shortage is national. The Trust has a Recruitment and Retention Plan which is being rolled out.
Submission of statement of compliance with provider licence	The Board assures itself of the validity of its corporate governance statement required under its licence condition in that it has in place a compliance schedule which is reviewed and scrutinised by the Quality & Governance Committee (latest review Dec-20). The Trust has identified the controls in place to ensure the licence conditions are met; the reporting mechanisms of those controls and has gathered assurances against each as evidence of compliance. Gaps in controls or assurances are identified and action planned to address any gaps is highlighted and monitored through the Quality & Governance Committee. Leads for each licence condition have been identified. This informs the Board which approves the corporate governance statement confirming compliance with the governance condition and anticipated compliance with this condition going forward, specifying any risks to compliance and any action proposed to take to manage risks as part of NHS Improvement's annual governance submissions.

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

The Trust has in place clear governance and accountability frameworks to enable the right level of assurance to be provided to the Board, focusing on the use of resources and the importance of the scale of medium-term cost savings required in the current economic and operating environment.

The processes outlined below are well established and ensure the effectiveness of the systems of internal control through:

- Board Committees seeking assurance on behalf of the Board that controls are in place for the management of strategic risks, with relevant extracts of the Board Assurance Framework considered by the respective Committees on a quarterly basis;
- Board of Directors reviewing the Board Assurance Framework at least twice a year, including the 15+ risk register and Internal Audit reports on its effectiveness;
- Audit, Risk and Assurance Committee, working with the Board Committees to review the effectiveness of the Trust's systems and processes of internal control;
- review of on-going compliance in meeting the Care Quality Commission's (CQC) essential standards by the Quality & Governance Committee informed by the CQC Inspection Report Dec-18 and monthly quality reports;
- Clinical Audits;
- National Patient and Staff Surveys;
- Internal audits of effectiveness of systems of internal control;
- Business Investment Group – check and challenge panel to understand the implications of any investment from a financial, use of resources and impact on patient experience/safety prior to submission to Executive Committee;
- Transformation Board – weekly review of the Cost Improvement Programmes and the Quality Impact Assessments;
- regular reporting to the Board on key performance indicators including finance, operational performance, quality indicators and workforce targets;
- monthly scrutiny and challenge of financial, operational and quality targets by the Finance &, Investment Committee, the Performance, People & Place Committee and the Quality & Governance Committee;
- monthly reporting to the Executive Committee on directorate and Trust performance;
- monthly monitoring and reporting within Directorates which feeds into Divisional Performance Meetings, to the Executive Committee and up to the Board;
- quarterly meetings with CQC relationship managers; and
- regular reporting to NHS Improvement through performance review meetings and regular dialogue with relationship managers.

Information Governance

NHS Digital has published assessment criteria and reporting guidelines for personal data breaches which are defined as any breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to personal data transmitted, stored or otherwise processed. This can include incidents that prevent access to, destruction of, or modification to the Trust's data. Such events are termed Data Security and Protection Incidents.

Trusts are required to take a risk-based approach which will determine the likelihood that adverse effect has occurred and the potential severity of the adverse effect that the incident has had on individuals. Any comparison with figures published in earlier years is therefore to be treated with considerable care.

There are three types of breaches:

(a) **Confidentiality** – unauthorised or accidental disclosure of or access to personal data;
(b) **Availability** - unauthorised access to or destruction of personal data, or data is unavailable or cannot be accessed;
(c) **Integrity** - unauthorised or accidental alteration of personal data.

During 2020/21 there were a total of **67** such incidents, which were classified as follows:

Summary of data security and protection incidents in 2020/21		
	Breach type	
A	Confidentiality	62
B	Availability	4
C	Integrity	1
	Total	**67**

Notifiable breaches are those that are likely to result in a high risk to the rights and freedoms of the individual (data subject). During 2020/21 the Trust has reported three incidents via the Data Security and Protection Toolkit incident reporting tool which have been notified to the Information Commissioner's Office, these are as follows:

Month of Incident	Nature of Incident	Number affected	How data subjects were informed	Lessons learned
Aug 2020	Doctor took a photo on their personal mobile. The doctor then sent the image to a colleague for advice using secure NHS mail.	1	Not informed. Further investigation found no harm caused	The incident was reported as there was a risk that the image had been sent using an app that was not approved, and the image may have also been backed up to the doctor's personal account. Neither of these occurred and the ICO were informed that the incident was no longer considered a serious breach. The doctor was reminded not to use personal devices and only use approved equipment and software.
Dec 2020	Patient letter sent to a previous address and was opened by a family member. The patient had made the Trust aware they did not want post going to the previous address.	1	Patient complaint	Any changes of addresses must be completed as soon as possible, in line with Trust policy, and accuracy of letters must be checked before they are sent.
Mar 2021	A patient requested a medical report to be sent from one of our primary care sites to the patient's employer. The report was not sent to the patient to be checked, as they had requested, and it contained excessive information which was not relevant.	1	Patient complaint	Data must not be excessive, data must be relevant, and data must be kept on a strict need-to-know basis. Where a patient provides specific instructions for processing their data, this must be followed

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the Internal Auditors, clinical audit and the executive managers within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the External Auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness

of the system of internal control by the Board and the Audit, Risk and Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The processes that have been applied in maintaining and reviewing the effectiveness of the system of internal control include the following: -

Process	**Role and Conclusions**
Board	- The Board leads the organisation throughout the year with regular reporting on finance, operational and quality performance and workforce. It receives minutes of Committees, with concerns and issues escalated by the Committee Chairs either verbally when the minutes are presented or through the Chair's reports to the Board in public. The Board has a forward plan which supports ensuring that the Board considers progress on Trust business in a planned way, such as bi-annual updates on strategies which underpin the Trust's Vision and quarterly updates on other matters such as workforce.
Audit, Risk and Assurance Committee	- The Committee provides scrutiny of internal controls, including the review and challenge of the Board Assurance Framework and Risk.
Internal audits	- Internal audits are carried out which look at the effectiveness of systems of internal control. Audit findings are presented to the Audit, Risk and Assurance Committee and the Board through the Audit, Risk and Assurance Committee minutes. A programme of internal audits is agreed each year having regard to the key risks to achieving the Trust's strategic objectives. The Board Assurance Framework informs the Audit Plan.
Clinical audits	- Clinical Audit is a key component of clinical governance and it aims to promote patient safety, patient experience and to improve effectiveness of care provided to patients. The Trust is compliant with the Trust Clinical Audit plan. The NICE lead is responsible for actively disseminating and monitoring NICE compliance. Progress with the clinical audit programme is reported to a Patient Quality Committee each month and highlights are included in the Quality Report considered by the Board.
Other Committees	- A number of Board Committees have been established with a clear timetable of meetings and forward plans in place to ensure that the Committees seeks assurance on behalf of the Board that all areas of business within their remit are being managed effectively. Terms of reference for each Board Committee are refreshed each year to ensure on-going effectiveness and to ensure that an appropriate level of delegation and reference back to the Board is in place. There are three main Committees to scrutinise and challenge Trust performance as well as an audit committee looking at systems, controls and processes. During 2020/21 Chairs of the Committees reported to the Board on the work of the Committees in the public part of the agenda with a focus on providing a Non-Executive Director perspective of the issues discussed, including key areas for focus, challenges and risks. These reports are in addition to any other reports which would normally be reported to the Board (such as the Finance Report or the Quality Report) and in addition to the minutes of the Committee meetings. Furthermore, reports to Committees and the Board include Executive Director summaries of areas for attention.
Board Assurance Framework / Risk Management	- The Board Assurance Framework (BAF) provides a structure and process that enables the Trust to focus on those risks which might compromise the achievement of the Trust strategic objectives and to identify and record the controls in place to mitigate any risk identified. The Audit, Risk and Assurance Committee scrutinises the BAF at least three times per year to confirm to the Board that the systems and processes in place for the management of risks are effective.

Strategic risks are aligned to priorities and strategic objectives are mapped against the Care Quality Commission's (CQC) Key Lines of Enquiry and NHS Improvements quality domains under their Well Led Framework. Sources of assurance have been identified, with metrics added which reflect the Single Oversight Framework, the latest NHS Improvement guidance on Use of Resources and the latest CQC Well Led guidance. 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. The BAF enables oversight of trends, showing whether metrics are improving or deteriorating on a quarterly basis. The BAF has been instrumental in "predicting" future risks, notably around stroke and cancer performance.

At the beginning of the year, due to the introduction of an Integrated Performance Report and the new Committee Assurance Reports, the BAF has been through a development process the structure has been refreshed to simplify and triangulate data in one place. This will be rolled and developed further in 2021/22.

Care Quality Commission (CQC) standards / CQC Inspection Report - The Trust monitors compliance with Care Quality Commission (CQC) standards through mini visits across the Trust. Areas for improvement are identified and led by the areas inspected. The Trust's Compliance Manager works with leads to help them better understand the requirements of the Regulations and the key lines of enquiry which form part of the CQC assessment framework.

The CQC undertook a formal inspection in Sep-18. The outcome was that the Trust's overall rating remains "requires improvement" but improvement across a number of areas was recognised, notably in Children's and Young People Services and Outpatient Services. A number of must and should do actions were highlighted in the CQC report and these are being progressed by core service leads.

In 2020/21 CQC adapted their regulatory approach in response to the coronavirus outbreak which included stopping routine inspections with a shift towards other remote methods to give assurance of safety and quality of care, although there were some inspection activity in a small number of cases, for example where there were allegations of abuse. GWH was not one of these hospitals.

Reporting to NHS Improvement - Although in 2020/21 the Trust's performance review meetings with NHS Improvement were suspended the Trust were in continued contact with the NHS Improvement team.

Well Led Governance Review - During 2020/21 the Trust completed the recommendations from the commissioned PricewaterhouseCoopers (PwC) independent review of the leadership and governance arrangements at the Trust in 2019/20. The Trust was inspected by the CQC in September 2018 and the overall finding was that the Trust is "Good" under the well led domain.

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.

Signed

Kevin McNamara
Chief Executive
14 June 2021

2.8 Voluntary Disclosures

Equality reporting

Section 54 of the Modern Slavery Act 2015 requires commercial organisations carrying out business in the UK, with a turnover of at least £36 million, to prepare and publish a slavery and human trafficking statement for each and every financial year

The Trust adheres to this Slavery and Human Trafficking Statement 2020/21 for the prohibition of any human trafficking and exploitation.

The **most common** forms of human trafficking. The use of violence, threats or coercion to transport, recruit or harbour people in order to exploit them for purposes such as forced prostitution, labour, criminality, marriage or organ removal.

Slavery and Human Trafficking Statement 2020/21

This statement is made pursuant to Section 54, Part 6 of the Modern Slavery Act 2015 and sets out the steps the Trust has taken to ensure that human trafficking and exploitation is not taking place in our supply chains or in any part of our business.

Supply chain overview

The Trust is committed to supporting NHS Supply Chain and NHS Category Towers where possible. This ensures the Trust is ordering from vetted suppliers for the majority of it's spend.

Supply chain due diligence processes

All suppliers working with NHS Supply Chain sign up to the NHS Supplier Code of Conduct. The supplier should support the principles of the United Nations Global Compact, the UN Universal Declaration of Human Rights as well as the 1998 International Labour Organisation Declaration on Fundamental Principles and Rights at Work, in accordance with national law and practice.

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. .

3.Auditor's opinion and certificate - Auditors

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Great Western Hospitals NHS Foundation Trust ("the Trust") for the year ended 31 March 2021 which comprise the Group and Trust Consolidated Statement of Comprehensive Income, Statements of Financial Position, Group and Trust Consolidated Statement of Changes in Taxpayers Equity and Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Group and Trust's affairs as at 31 March 2021 and of the Group and Trusts income and expenditure for the year then ended; and
- have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and the Department of Health and Social Care Group Accounting Manual 2020/21.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of, the Group and Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Group and Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Directors' conclusions, we considered the inherent risks to the Group and Trust's business model and analysed how those risks might affect the Group and Trust's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the Directors' assessment that there is not a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Group and Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Group and Trust will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit, Risk and Assurance Committee and internal audit and inspection of policy documentation as to the Group and Trust's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Group and Trust's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit, Risk and Assurance Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the Group and Trust's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account the current financial regime, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk of incentive for revenue to be manipulated into the wrong period around the year end.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals. We consider this risk to be applicable to non-payroll and non-depreciation expenditure.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected account pairings, unexpected users and seldom used accounts.
- Evaluating the business purpose of significant unusual transactions.
- Assessing significant estimates for bias.
- Inspecting transactions in the period prior to and following 31 March 2021 to verify revenue had been recognised in the correct accounting period.
- Inspecting transactions in the period prior to and following 31 March 2021 to verify expenditure had been recognised in the correct accounting period.
- Evaluating accruals posted as at 31 March 2021 and verifying accruals are appropriate and accurately recorded.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and from inspection of the Group and Trust's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Group and Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Group and Trust is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the Group and Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020/21.

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 95, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and 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 Group and Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

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 our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

Under Section 62(1) and paragraph 1(d) of Schedule 10 of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

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

We have undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- any reports to the Regulator have been made under paragraph 6 of Schedule 10 of the National Health Service Act 2006.
- any matters have been reported in the public interest under paragraph 3 of Schedule 10 of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Great Western Hospitals NHS Foundation Trust for the year ended 31 March 2021 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Rees Batley
for and on behalf of KPMG LLP
Chartered Accountants
66 Queen Square
Bristol
BS1 4BE

14 June 2021

4. Other

Glossary of Terms

Abbreviation	Definition
A&E	Accident & Emergency
AHSN	Academic Health Science Network
AKI	Acute Kidney Injury
ANTT	Aseptic non-touch technique
ACO	Accountable Care Organisation
AO	Accounting Officer
BARS	Blood Audit and Release System
BSW	Bath and North East Somerset, Swindon and Wiltshire
C.diff	Clostridium Difficile - Bacteria naturally present in the gut
CAUTIs	Catheter Associated Urinary Tract Infections
CCG	Clinical Commissioning Groups
CETV	Cash Equivalent Transfer Value
CLRN	Comprehensive Local Research Network
CNST	Clinical Negligence Scheme for Trusts
CO^2e	Carbon Dioxide Equivalent (standard unit for measuring carbon footprint)
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation Payment
Crescendo	An NHS IT system
CUSUM	Cumulative Sum Control Chart
D&O	Diagnostics & Outpatients
DNA – CPR	Do Not Attempt – Cardiopulmonary Resuscitation
DNAR	Do Not Attempt Resuscitation
DTOC	Delayed Transfer of Care
DOC	Duty of Candour
DVT	Deep Vein Thrombosis
E&D	Equality & Diversity
ED	Emergency Department
EDD	Estimated Date of Discharge
EDS	Equality Delivery System
EPF	Employee Partnership Forum
EPMA	Electronic Prescribing and Medicines Administration
FFT	Friends and Family Test

Abbreviation	Definition
GWH	Great Western Hospitals NHS Foundation Trust
HAT	Hospital Acquired Thrombosis
HCAI	Healthcare Associated Infections
HDU	High Dependency Unit
HMIP	Her Majesty's Inspector of Prisons
HPA	Health Protection Agency – now NHS England
HSCA	Health & Social Care Act
HSCIC	Health & Social Care Information Centre
HSMR	Hospital Standardised Mortality Rates
ICHD	Integrated Community Health Division
ICS	Integrated Care System
IP&C	Infection, Prevention & Control
JACIE	Joint Accreditation Committee
KLOE	Key Lines of Enquiry
LAMU	Linnet Acute Medical Unit
LCRN	Local Clinical Research Network
LQAF	Library Quality Assurance Framework
LSCB	Local Safeguarding Children's Board
MCQOC	Matrons Care Quality Operational Group
MFF	Market Factor Forces
MHRA	Medicines and Healthcare products Regulatory Agency (MHRA)
MIU	Minor Injuries Unit
MRSA or MRSAB	Methicillin-Resistant Staphylococcus Aureus Bacteraemia - a common skin bacterium that is resistant to a range of antibiotics
MUST	Malnutrition Universal Screening Tool
NEWS	National Early Warning System
NHS	National Health Service
NPSA	National Patient Safety Agency
NBM	Nil by mouth
NED	Non-Executive Director
NEWS	National Early Warning System
NHS	National Health Service
NHSG	Nutrition & Hydration Steering Group
NHSI	NHS Improvement
NHSLA	National Health Service Litigation Authority
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency
NRLSA	National Reporting & Learning System Agency
PALS	Patient Advice & Liaison Service (Now Customer Services)

Abbreviation	Definition
PAW	Princess Anne Wing (Maternity Department in the Royal United Hospital)
PbR	Payment by Results
PCR	Polymerase chain reaction (a method of analysing a short sequence of DNA or RNA)
PDSA	Plan, Do, Study, Act
PE	Pulmonary Embolism
PEAT	Patient Environment Action Teams
PLACE	Patient Led Assessment of the Care Environment
POPPI	Projecting Older People Population Information
PROMS	Patient Recorded Outcome Measures
PSF	Provider Sustainability Fund
PSQC/PSC	Patient Safety & Quality Committee – now the Patient Safety Committee
PUs	Pressure Ulcers
PURAT	Pressure Ulcer Risk Assessment Tool
QI	Quality Improvement
RAP	Remedial Action Plan
R&D	Research & Development
RCA	Root Cause Analysis
RCM	Regulatory Control Manager
RCOG	Royal College of Gynaecologists
REACT	Rapid Effective Assistance for Children
RR	Relative Risk
RTT	Referral to Treatment
SAFE	Stratification and Avoidance of Falls in the Environment
SAFER	Patient Flow Bundle
SBAR	Situation, Background, Assessment, Recommendation
SFIs	Standing Financial Instructions
SHMI	Summary Hospital Level Mortality Indicator
SHOUT	Sepsis, Hypovolemia, Obstruction, Urine Analysis, Toxins
SMART	Smart, Measureable, Attainable,, Realistic, Timely
SOPs	Standard Operating Procedures
SOS	Swindon Outreach Scoring System
SSKIN	Surface Skin Keep Moving Incontinence Nutrition
SSNAP	Sentinel Stroke National Audit Programme
STEIS	Strategic Executive Information System
SWICC	South West Intermediate Care Centre
STP	Sustainability & Transformation Partnership
TEP	Treatment Escalation Plan
TV	Tissue Viability
TVNC	Tissue Viability Nurse Consultant

Abbreviation	Definition
TVSNs	Tissue Viability Specialist Nurses
UTI	Urinary Tract Infection
VAP	Ventilated Acquired Pneumonia
VTE	Venous Thromboembolism
WCH	Wiltshire Community Health (New joint venture 2016 to provide community services)
WCHS	Wiltshire Community Health Service
WHO	World Health Authority
WRES	Workforce Race Equality Standard

5. Foreword to the Accounts

Great Western Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2021, have been prepared by Great Western Hospitals NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 to the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Signed:

Kevin McNamara
Chief Executive
14 June 2021

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2020/21	2019/20	2020/21	2019/20
	Note	£000	£000	£000	£000
Operating income from patient care activities	3	361,882	317,580	361,882	317,580
Other operating income	4	56,973	32,449	56,206	31,984
Operating expenses	5, 6	(398,691)	(350,018)	(398,104)	(349,397)
Operating surplus from continuing operations		**20,164**	**11**	**19,984**	**167**
Finance income	9	34	136	2	128
Finance expenses	10	(14,622)	(15,206)	(14,622)	(15,206)
PDC dividends payable		(3,039)	(789)	(3,039)	(789)
Net finance costs		**(17,627)**	**(15,859)**	**(17,659)**	**(15,867)**
Other gains	11	-	14	-	14
Surplus / (deficit) for the year		**2,537**	**(15,834)**	**2,325**	**(15,686)**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Revaluations	15	87	1,761	87	1,761
Share of comprehensive income from associates and joint ventures	16	60	10	-	-
Other reserve movements		3	12	3	-
Total comprehensive income / (expense) for the period		**2,687**	**(14,051)**	**2,415**	**(13,925)**
Surplus/ (deficit) for the period attributable to:					
Great Western Hospitals NHS Foundation Trust		2,537	(15,834)	2,325	(15,686)
TOTAL		**2,537**	**(15,834)**	**2,325**	**(15,686)**
Total comprehensive income/ (expense) for the period attributable to:					
Great Western Hospitals NHS Foundation Trust		2,687	(14,051)	2,415	(13,925)
TOTAL		**2,687**	**(14,051)**	**2,415**	**(13,925)**

All activities are from continuing operations.

The accompanying notes on pages 135 to 178 form part of these accounts.

Statements of Financial Position

	Note	Group 31 March 2021 £000	Group 31 March 2020 £000	Trust 31 March 2021 £000	Trust 31 March 2020 £000
Non-current assets					
Intangible assets	12	5,399	3,447	5,399	3,447
Property, plant and equipment	13	230,331	206,058	230,331	206,058
Investments in associates and joint ventures	16	70	10	70	10
Receivables	19	655	612	655	612
Total non-current assets		**236,455**	**210,127**	**236,455**	**210,127**
Current assets					
Inventories	18	4,787	5,554	4,787	5,554
Receivables	19	38,256	32,015	38,179	31,990
Cash and cash equivalents	20	25,122	12,610	21,566	9,140
Total current assets		**68,165**	**50,179**	**64,532**	**46,684**
Current liabilities					
Trade and other payables	21	(49,186)	(38,435)	(49,133)	(38,305)
Borrowings	23	(8,765)	(69,944)	(8,765)	(69,944)
Provisions	25	(156)	(155)	(156)	(155)
Other liabilities	22	(4,303)	(2,710)	(4,303)	(2,710)
Total current liabilities		**(62,410)**	**(111,244)**	**(62,357)**	**(111,114)**
Total assets less current liabilities		**242,210**	**149,062**	**238,630**	**145,697**
Non-current liabilities					
Borrowings	23	(88,174)	(101,126)	(88,174)	(101,126)
Provisions	25	(2,177)	(1,431)	(2,177)	(1,431)
Other liabilities	22	(790)	(904)	(790)	(904)
Total non-current liabilities		**(91,141)**	**(103,461)**	**(91,141)**	**(103,461)**
Total assets employed		**151,069**	**45,601**	**147,489**	**42,236**
Financed by					
Public dividend capital		137,337	34,556	137,337	34,556
Revaluation reserve		38,784	38,697	38,784	38,697
Income and expenditure reserve		(28,632)	(31,017)	(28,632)	(31,017)
Charitable fund reserves	17	3,580	3,365	-	-
Total taxpayers' equity		**151,069**	**45,601**	**147,489**	**42,236**

The accompanying notes on pages 135 to 178 form part of these accounts.

Signed :

Kevin McNamara
Chief Executive
14 June 2021

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

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**34,556**	**38,697**	**(31,017)**	**3,365**	**45,601**
Surplus/(deficit) for the year	-	-	2,325	212	**2,537**
Revaluations	-	87	-	-	**87**
Share of comprehensive income from associates and joint ventures	-	-	60	-	**60**
Public dividend capital received	102,781	-	-	-	**102,781**
Other reserve movements	-	-	-	3	**3**
Taxpayers' and others' equity at 31 March 2021	**137,337**	**38,784**	**(28,632)**	**3,580**	**151,069**

The accompanying notes on pages 135 to 178 form part of these accounts.

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

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**32,765**	**36,936**	**(15,341)**	**3,501**	**57,861**
Surplus/(deficit) for the year	-	-	(15,686)	(148)	**(15,834)**
Revaluations	-	1,761	-	-	**1,761**
Share of comprehensive income from associates and joint ventures	-	-	10	-	**10**
Public dividend capital received	1,791	-	-	-	**1,791**
Other reserve movements	-	-	-	12	**12**
Taxpayers' and others' equity at 31 March 2020	**34,556**	**38,697**	**(31,017)**	**3,365**	**45,601**

The accompanying notes on pages 135 to 178 form part of these accounts.

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 17.

Statements of Cash Flows

		Group		Trust	
		2020/21	2019/20	2020/21	2019/20
	Note	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus		20,164	11	19,984	167
Non-cash income and expense:					
Depreciation and amortisation	5.1	8,143	7,648	8,143	7,648
Income recognised in respect of capital donations	4	(1,972)	-	(1,972)	-
(Increase) / decrease in receivables and other assets		(6,572)	2,211	(6,572)	2,211
Decrease in inventories		767	77	767	77
Increase in payables and other liabilities		7,148	1,904	7,148	1,904
Increase in provisions		751	124	751	124
Movements in charitable fund working capital		(126)	37	-	-
Other movements in operating cash flows		32	8	-	-
Net cash flows from operating activities		**28,335**	**12,020**	**28,249**	**12,131**
Cash flows from investing activities					
Interest received		2	128	2	128
Purchase of intangible assets		(2,440)	(1,251)	(2,440)	(1,251)
Purchase of PPE and investment property		(24,600)	(9,875)	(24,600)	(9,875)
Sales of PPE and investment property		-	13	-	13
Net cash flows from charitable fund investing activities		-	20	-	-
Net cash flows used in investing activities		**(27,038)**	**(10,965)**	**(27,038)**	**(10,985)**
Cash flows from financing activities					
Public dividend capital received		102,781	1,791	102,781	1,791
Movement on loans from DHSC		(67,242)	23,057	(67,242)	23,057
Capital element of finance lease rental payments		(335)	(90)	(335)	(90)
Capital element of PFI, LIFT and other service concession payments		(6,554)	(5,370)	(6,554)	(5,370)
Interest on loans		(8)	(781)	(8)	(781)
Other interest		-	(31)	-	(31)
Interest paid on finance lease liabilities		(22)	(35)	(22)	(35)
Interest paid on PFI, LIFT and other service concession obligations		(14,582)	(14,278)	(14,582)	(14,278)
PDC dividend paid		(2,823)	(1,476)	(2,823)	(1,476)
Net cash flows from financing activities		**11,215**	**2,787**	**11,215**	**2,787**
Increase in cash and cash equivalents		**12,512**	**3,842**	**12,426**	**3,933**
Cash and cash equivalents at 1 April - brought forward		**12,610**	**8,768**	**9,140**	**5,207**
Cash and cash equivalents at 31 March	20.1	**25,122**	**12,610**	**21,566**	**9,140**

The accompanying notes on pages 135 to 178 form part of these accounts.

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Foundation Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.
International Accounting Standard 1 requires the board to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In the context of non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity within the public sector.

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

The Trust recorded an operating surplus of £2.3 million for the year ended 31 March 2021, with a cash balance of £21.6 million. The Trust has operated throughout the entire 2020/21 year under a fixed income financial regime. It was been confirmed that this arrangement will operate until at least 30th September 2021. The Trust is awaiting further guidance on planning for the remainder of the financial year, however, the current cash position, future funding and potential borrowing is expected to be sufficient to cover cash requirements for the remainder of the going concern period.

It is also noted that the cash regime within the NHS for new financial revenue support will be in the form of non-repayable Public Dividend Capital, rather than interest bearing loans. Therefore, should the Trust be in need of cash support it will not be in the form of repayable debt.

Based on the factors outlined above, the Board of Directors has a reasonable expectation that the Trust will have access to adequate resources to continue to deliver the full range of mandatory services for the 12 months from the date of approval of the financial statements and fulfil any liabilities as they fall due. The

Note 1.3 Consolidation

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

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

• recognise and measure them in accordance with the trust's accounting policies and
• eliminate intra-group transactions, balances, gains and losses.

The key accounting policy for the Charity is in relation to investments. The corporate trustee has determined the investment policy to, in so far is reasonable, avoid undue risk to the real value of the capital and income of the portfolio, after allowing for inflation so the investments are held at fair value. The investment policy, also requires that all monies not required to fund working capital should be invested to maximise income and growth.

Joint ventures

Joint ventures are arrangements in which the Foundation Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method. The Foundation Trust entered a Joint Venture Arrangement, Wiltshire Health & Care LLP, with Royal United Hospital Bath NHS FT and Salisbury NHS FT on 1st July 2016. All profits or losses are shared equally between the three Trusts. No initial consideration was paid for the share of this investment.

Note 1.4 Revenue from contracts with customers

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

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

Revenue from NHS contracts

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

2020/21

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

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

Comparative period (2019/20)

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

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 Foundation Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Foundation Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Foundation Trust recognises the income when performance obligations have been satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Foundation Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Foundation 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 Foundation Trust commits itself to the retirement, regardless of the method of payment.

Director Benefits
Directors received no other benefits such as advances, credits or guarantees.

National Employment Savings Trust (NEST)
As part of the Government's pension reform the Foundation Trust commenced auto-enrolment in July 2013. Staff not eligible to join the NHS pension scheme are automatically enrolled in NEST.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

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

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and property assets are valued every 5 years with a 3 yearly interim valuation also carried out. Annual impairment reviews are carried out in other years. The 3 and 5 yearly interim revaluations are carried out by a professionally qualified valuer in accordance with the Royal Chartered Institute of Surveyors (RICS) Appraisal and Valuation Manual. The valuations are carried out on the basis of a Modern Equivalent Asset as required by HM Treasury. The annual reviews are carried out using the most appropriate information available at the date of the review.

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

A full valuation exercise was last carried out in March 2020 with a valuation date of 31 March 2020. In the current year the Valuation Office Agency have reviewed the indices, the overall increase of 1.037% is not considered material and therefore an adjustment has not been made in the accounts for 2020/21.

A separate valuation has been carried out for Savernake Hospital, as the transfer of this asset is expected to be concluded early in 2021/22.

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 Foundation Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

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

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

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.
Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.
Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.
Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

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

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

PFI assets, liabilities and finance costs

The PFI assets are recognised as property, plant and equipment when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'finance costs' within the Statement of Comprehensive Income'.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Foundation Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and measured initially at cost.

The element of the annual unitary payment allocated to the lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings	5	60
Dwellings	54	54
Plant & machinery	5	15
Information technology	5	12
Furniture & fittings	5	10

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

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Foundation Trust's business or which arise from contractual or other legal rights. They are recognised only where the following exist: the cost is at least £5,000; the technical feasibility of completing the intangible asset so that it will be available for use; the intention to complete the intangible asset and use it; the ability to sell or use the intangible asset; how the intangible asset will generate probable economic benefits or service potential; the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	**Max life Years**
Software licences	5	10
Licences & trademarks	5	10

Note 1.11 Inventories
Inventories are valued at the lower of cost and net realisable value. Pharmacy stocks are valued at average cost, other inventories are valued on a first-in first-out basis. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods and services in intermediate stages of production.

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

Note 1.12 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 Foundation Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial assets and financial liabilities

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

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

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

Financial assets are classified as subsequently measured at fair value through income and expenditure.

Financial liabilities are classified as subsequently measured at fair value through income and expenditure.

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets and financial liabilities at fair value through income and expenditure
Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Impairment of financial assets

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

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

The Foundation Trust has identified three main classes of receivables: Overseas, Non-NHS and NHS. The Foundation Trust has recognised an impairment allowance for overseas and Non-NHS receivables based on past experience of what is likely to be collectable. There are no credit losses expected in relation to NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Foundation Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Foundation Trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Foundation Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive

Operating leases

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

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The Foundation Trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Foundation Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Foundation Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.15 Provisions

The Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.18%
Long-term	Exceeding 10 years	1.99%

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

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

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Foundation Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Foundation Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Foundation Trust is disclosed at note 26 but is not recognised in the Foundation Trust's accounts.

Non-clinical risk pooling

The Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Foundation 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

events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

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

The Foundation Trust has no contingent assets or liabilities.

Note 1.17 Public dividend capital

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

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

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

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

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

Note 1.18 Value added tax

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

Note 1.19 Corporation tax

The Foundation Trust does not have a corporation tax liability for the year 2020/21 (2019/20 £nil). Tax may be payable on activities as described below:
• the activity is not related to the provision of core healthcare as defined under Section 14(1) of the HSCA. Private healthcare falls under this legislation and is therefore not taxable.
• the activity is commercial in nature and competes with the private sector. In house trading activities are normally ancillary to the core healthcare objectives and are therefore not subject to tax.
• the activity must have annual profits of over £50,000.

Note 1.20 Climate change levy

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

Note 1.21 Third party assets

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

Note 1.22 Losses and special payments

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

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

Note 1.23 Gifts

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

Note 1.24 Pooled Budgets

The Foundation Trust has entered into a pooled budget arrangement with NHS Swindon and Swindon Borough Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for providing equipment to members of the community to assist with discharge from hospital. Note 33 provides details of the income and expenditure. The pool is hosted by Swindon Borough Council.
The Foundation Trust accounts for its share of the assets, liabilities, income and expenditure arising from the pooled budget, identified in accordance with the pooled budget agreement.

Note 1.25 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the Foundation Trust.

Note 1.26 Early adoption of standards, amendments and interpretations

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

Note 1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

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

On transition to IFRS 16 on 1 April 2022, the Foundation Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Foundation Trust's incremental borrowing rate. The Foundation Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Foundation Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Note 1.28 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 Foundation Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Note 1.29 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:

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.

The value of land, buildings and dwellings is £192m. This is the most significant estimate in the accounts and is based on the professional judgement of the Foundation Trust's independent valuer with extensive knowledge of the physical estate and market factors. The value does not take into account potential future changes in market value which cannot be predicted with any certainty. The last full valuation exercise was as at 31 March 2020. The Valuation Office Agency have reviewed the indices for 2020/21 and have reported a location factor of 104% (19/20 102%) and Building Cost Information Service (BCIS) of 328 (19/20 331). This results in an overall increase of 1.037% which is not considered material and therefore no adjustment has been made in the accounts for 2020/21.

Of the £192m net book value of land and buildings subject to valuation, £163m relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Foundation Trust of replacing the service potential of the assets.

A 3.5% change in the valuation would have a £6.72m impact on the statement of financial position with a £0.2m impact on the PDC dividend due to be paid next year and accrued in these financial statements

The Foundation Trust has considered the implications of IFRS 15 in relation to the determination of transaction price and the satisfaction of performance obligations over time. There are no material elements of Foundation Trust income that involve assumptions beyond existing transactional estimates.

The PFI Lifecycle Prepayment is £10m. The Foundation Trust has reviewed the appropriateness of this treatment and following a review of the large value lifecycle works in the original contract, the undertaking of a condition survey to inform investment required over the coming years and plans to provide decant space in the near to medium term to facilitate the completion of major maintenance and replacement works, the management team is of the view that the treatment of lifecycle payments not yet expended by THC as a prepayment is appropriate.

Note 2 Operating Segments

The Trust's Board has determined that the Trust operates in four material segments which is Great Western Hospitals (GWH), Swindon Community Services, the NHS Charity and as of this financial year the Swindon Primary Care Network. During 2019/20 GWH took over management of two GP practices across five sites in Swindon.

2020-21	GWH	Swindon Community Services	Charity	Primary Care	Total
	£'000	£'000	£'000	£'000	£'000
Operating Income	335,575	26,307	0	7,898	361,882
Non-Operating Income	55,749	457	767	211	56,973
Total Income	**391,325**	**26,764**	**767**	**8,109**	**418,855**
Pay	(235,756)	(21,332)	0	(6,372)	(257,088)
Other Operating Expenditure	(135,585)	(5,432)	(587)	(1,737)	(141,604)
Total Operating Expenditure	**(371,341)**	**(26,764)**	**(587)**	**(8,109)**	**(398,691)**
EBITDA	**19,984**	**0**	**180**	**0**	**20,164**
Non-Operating Expenditure	(17,659)	0	32	0	(17,627)
Surplus/(Deficit)	**2,325**	**0**	**212**	**0**	**2,537**

2019-20	GWH	Swindon Community Services	Charity	Primary Care	Total
	£'000	£'000	£'000	£'000	£'000
Operating Income	295,889	21,691	0	2,350	317,580
Non-Operating Income	31,579	405	465	0	32,449
Total Income	**327,468**	**22,095**	**465**	**2,350**	**350,029**
Pay	(204,015)	(17,809)	0	(1,982)	(221,824)
Other Operating Expenditure	(123,286)	(4,286)	(621)	(369)	(128,193)
Total Operating Expenditure	**(327,301)**	**(22,095)**	**(621)**	**(2,350)**	**(350,017)**
EBITDA	**167**	**0**	**(156)**	**0**	**11**
Non-Operating Expenditure	(15,853)	0	8	0	(15,845)
Surplus/(Deficit)	**(15,686)**	**0**	**(148)**	**0**	**(15,834)**

Note 3 Operating income from patient care activities (Group)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2020/21	2019/20
	£000	£000
Acute services		
Block contract / system envelope income*	279,718	242,144
costs)	29,917	29,949
Other NHS clinical income	8,384	4,552
Community services		
Block contract / system envelope income*	23,766	23,616
Income from other sources (e.g. local authorities)	3,254	987
All services		
Private patient income	937	4,221
Additional pension contribution central funding**	9,572	8,528
Other clinical income	6,334	3,583
Total income from activities	**361,882**	**317,580**

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

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2020/21	2019/20
Income from patient care activities received from:	**£000**	**£000**
NHS England	56,684	52,450
Clinical commissioning groups	296,930	254,968
Other NHS providers	1,033	921
NHS other	-	122
Local authorities	5,564	3,324
Non-NHS: private patients	937	4,221
Non-NHS: overseas patients (chargeable to patient)	117	326
Injury cost recovery scheme	541	741
Non NHS: other	76	507
Total income from activities	**361,882**	**317,580**
Of which:		
Related to continuing operations	361,882	317,580
Related to discontinued operations	-	-

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

	2020/21	2019/20
	£000	£000
Income recognised this year	117	326
Cash payments received in-year	66	168
Amounts added to provision for impairment of receivables	337	319
Amounts written off in-year	87	123

Note 4 Other operating income (Group)

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	791	-	**791**	648	-	**648**
Education and training	12,531	455	**12,986**	10,604	509	**11,113**
Non-patient care services to other bodies	3,577	-	**3,577**	7,033	-	**7,033**
Provider sustainability fund (2019/20 only)	-	-	**-**	327	-	**327**
Marginal rate emergency tariff funding (2019/20 only)	-	-	**-**	4,712	-	**4,712**
Reimbursement and top up funding	26,932	-	**26,932**	-	-	**-**
Receipt of capital grants and donations	-	1,972	**1,972**	-	-	**-**
Charitable and other contributions to expenditure	-	4,873	**4,873**	-	-	**-**
Charitable fund incoming resources	-	767	**767**	-	465	**465**
Other income	5,073	2	**5,075**	8,133	18	**8,151**
Total other operating income	**48,904**	**8,069**	**56,973**	**31,457**	**992**	**32,449**
Of which:						
Related to continuing operations			56,973			32,449
Related to discontinued operations			-			-

Note 5.1 Operating expenses (Group)

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,511	2,074
Purchase of healthcare from non-NHS and non-DHSC bodies	271	1,407
Staff and executive directors costs	253,731	223,651
Remuneration of non-executive directors	157	155
Supplies and services - clinical (excluding drugs costs)	33,347	29,072
Supplies and services - general	2,690	2,637
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	33,120	34,102
Inventories written down	131	-
Consultancy costs	1,670	1,224
Establishment	12,828	10,209
Premises	13,830	7,332
Transport (including patient travel)	922	912
Depreciation on property, plant and equipment	7,655	7,236
Amortisation on intangible assets	488	412
Movement in credit loss allowance: contract receivables / contract assets	983	559
Increase in other provisions	871	-
Audit fees payable to the external auditor		
audit services- statutory audit	87	74
other auditor remuneration (external auditor only)	-	3
Internal audit costs	75	106
Clinical negligence	12,604	10,447
Legal fees	575	395
Insurance	230	33
Research and development	-	-
Education and training	2,878	1,937
Rentals under operating leases	1,095	1,193
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	13,578	13,261
Hospitality	28	32
Losses, ex gratia & special payments	8	15
Other NHS charitable fund resources expended	584	618
Other	1,744	922
Total	**398,691**	**350,018**
Of which:		
Related to continuing operations	398,691	350,018
Related to discontinued operations	-	-

Note 5.2 Other auditor remuneration (Group)

	2020/21	2019/20
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	3
Total	**-**	**3**

Note 5.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is 125% of the annual fee (2019/20: £2 million).

Note 6 Employee benefits (Group)

	2020/21 Total £000	2019/20 Total £000
Salaries and wages	169,198	152,852
Social security costs	17,918	16,265
Apprenticeship levy	824	792
Employer's contributions to NHS pensions	31,344	28,132
Pension cost - other	77	89
Temporary staff (including agency)	34,370	25,521
NHS charitable funds staff	-	-
Total staff costs	**253,731**	**223,651**

Note 6.1 Retirements due to ill-health (Group and Trust)

During 2020/21 there were 4 early retirements from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £200k (£106k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 7 Pension costs (Group and Trust)

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.
The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 8 Operating leases (Group and Trust)

Note 8.1 Great Western Hospitals NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Great Western Hospitals NHS Foundation Trust is the lessee.

	2020/21	2019/20
	£000	£000
Operating lease expense		
Minimum lease payments	1,094	1,193
Total	**1,094**	**1,193**

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease payments due:		
- not later than one year;	752	977
- later than one year and not later than five years;	1,484	1,689
- later than five years.	-	15
Total	**2,236**	**2,681**
Future minimum sublease payments to be received	-	-

Note 9 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2020/21	2019/20
	£000	£000
Interest on bank accounts	2	128
NHS charitable fund investment income	32	8
Total finance income	**34**	**136**

Note 10.1 Finance expenditure (Group and Trust)

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

	2020/21	2019/20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	8	811
Finance leases	35	42
Interest on late payment of commercial debt	-	31
Main finance costs on PFI and LIFT schemes obligations	8,605	9,096
Contingent finance costs on PFI and LIFT scheme obligations	5,976	5,229
Total interest expense	**14,624**	**15,209**
Unwinding of discount on provisions	(4)	(3)
Other finance costs	2	-
Total finance costs	**14,622**	**15,206**

Note 10.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

	2020/21	2019/20
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	-	31

Note 11 Other gains (Group and Trust)

	2020/21	2019/20
	£000	£000
Gains on disposal of assets	-	14
Total gains on disposal of assets	**-**	**14**

Note 12.1 Intangible assets - 2020/21

Group and Trust	Software licences	Licences & trademarks	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought	**2,144**	**989**	**1,488**	**4,621**
Additions	2,265	-	174	**2,439**
Reclassifications	1,143	-	(1,143)	**-**
Valuation / gross cost at 31 March 2021	**5,552**	**989**	**519**	**7,060**
Amortisation at 1 April 2020 - brought forward	**679**	**495**	**-**	**1,174**
Provided during the year	399	88	-	**487**
Amortisation at 31 March 2021	**1,078**	**583**	**-**	**1,661**
Net book value at 31 March 2021	**4,474**	**406**	**519**	**5,399**
Net book value at 1 April 2020	**1,465**	**494**	**1,488**	**3,447**

Note 12.2 Intangible assets - 2019/20

Group and Trust	Software licences	Licences & trademarks	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**3,715**	**2,818**	**319**	**6,852**
Additions	336	-	915	**1,251**
Reclassifications	(426)	185	254	**13**
Disposals / derecognition	(1,481)	(2,014)	-	**(3,495)**
Valuation / gross cost at 31 March 2020	**2,144**	**989**	**1,488**	**4,621**
Amortisation at 1 April 2019 - as previously stated	**2,243**	**2,014**	**-**	**4,257**
Provided during the year	288	124	-	**412**
Reclassifications	(371)	371	-	**-**
Disposals / derecognition	(1,481)	(2,014)	-	**(3,495)**
Amortisation at 31 March 2020	**679**	**495**	**-**	**1,174**
Net book value at 31 March 2020	**1,465**	**494**	**1,488**	**3,447**
Net book value at 1 April 2019	**1,472**	**804**	**319**	**2,595**

Note 13.1 Property, plant and equipment - 2020/21

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2020 - brought forward	**25,050**	**155,583**	**3,500**	**6,798**	**15,217**	**-**	**11,951**	**164**	**218,263**
Additions	-	11,723	-	10,190	8,822	-	979	127	**31,841**
Revaluations	-	87	-	-	-	-	-	-	**87**
Reclassifications	-	311	-	(3,481)	2,009	-	1,081	80	**-**
Valuation/gross cost at 31 March 2021	**25,050**	**167,704**	**3,500**	**13,507**	**26,048**	**-**	**14,011**	**371**	**250,191**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	-	**-**	**-**	**6,606**	**-**	**5,488**	**111**	**12,205**
Provided during the year	-	4,648	93	-	1,573	-	1,325	16	**7,655**
Accumulated depreciation at 31 March 2021	**-**	**4,648**	**93**	**-**	**8,179**	**-**	**6,813**	**127**	**19,860**
Net book value at 31 March 2021	**25,050**	**163,056**	**3,407**	**13,507**	**17,869**	**-**	**7,198**	**244**	**230,331**
Net book value at 1 April 2020	**25,050**	**155,583**	**3,500**	**6,798**	**8,611**	**-**	**6,463**	**53**	**206,058**

Note 13.2 Property, plant and equipment - 2019/20

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**24,900**	**166,171**	**3,200**	**2,402**	**42,954**	**58**	**22,235**	**3,413**	**265,333**
Additions	-	4,657	-	4,977	1,401	-	1,361	-	**12,396**
Revaluations	150	(15,693)	300	-	-	-	-	-	**(15,243)**
Reclassifications	-	448	-	(581)	65	-	55	-	**(13)**
Disposals / derecognition	-	-	-	-	(29,203)	(58)	(11,700)	(3,249)	**(44,210)**
Valuation/gross cost at 31 March 2020	**25,050**	**155,583**	**3,500**	**6,798**	**15,217**	**-**	**11,951**	**164**	**218,263**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**12,231**	**240**	**-**	**34,509**	**58**	**15,766**	**3,365**	**66,169**
Provided during the year	-	4,453	80	-	1,286	-	1,422	(5)	**7,236**
Revaluations	-	(16,684)	(320)	-	-	-	-	-	**(17,004)**
Disposals / derecognition	-	-	-	-	(29,189)	(58)	(11,700)	(3,249)	**(44,196)**
Accumulated depreciation at 31 March 2020	**-**	**-**	**-**	**-**	**6,606**	**-**	**5,488**	**111**	**12,205**
Net book value at 31 March 2020	**25,050**	**155,583**	**3,500**	**6,798**	**8,611**	**-**	**6,463**	**53**	**206,058**
Net book value at 1 April 2019	**24,900**	**153,940**	**2,960**	**2,402**	**8,445**	**-**	**6,469**	**48**	**199,164**

Note 13.3 Property, plant and equipment financing - 2020/21

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
Net book value at 31 March 2021								
Owned - purchased	25,050	16,665	-	13,507	14,902	7,198	245	**77,567**
Finance leased	-	-	-	-	995	-	-	**995**
On-SoFP PFI contracts and other service concession arrangements	-	146,391	3,406	-	-	-	-	**149,797**
Owned - donated/granted	-	-	-	-	1,972	-	-	**1,972**
NBV total at 31 March 2021	**25,050**	**163,056**	**3,406**	**13,507**	**17,869**	**7,198**	**245**	**230,331**

Note 13.4 Property, plant and equipment financing - 2019/20

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
Net book value at 31 March 2020								
Owned - purchased	25,050	5,056	-	6,798	7,411	6,463	53	**50,831**
Finance leased	-	-	-	-	1,200	-	-	**1,200**
On-SoFP PFI contracts and other service concession arrangements	-	150,527	3,500	-	-	-	-	**154,027**
NBV total at 31 March 2020	**25,050**	**155,583**	**3,500**	**6,798**	**8,611**	**6,463**	**53**	**206,058**

Note 14 Donations of property, plant and equipment

The Trust has received donated asset equipment in year in response to the Coronavirus pandemic. The value of these items (£1.973m) has been provided by the Department of Health and are included within the accounts.

Note 15 Revaluations of property, plant and equipment

The Trust carried out a full revaluation of Savernake PFI assets as at 31 March 2021 as the asset is expected to transer on 1 July 2021 (see Note 31). This has increased the asset base of land, buildings and dwellings by £0.09m. The remainder of the Trusts estate has not been revalued following an indices review which identified that the increase was not material.

Note 16 Investments in associates and joint ventures
Wiltshire Health & Care

During 2016-17 the Trust became a one third partner in Wiltshire Health and Care LLP. The other equal partners being Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust. Wiltshire Health and Care is focused solely on delivering improved community services in Wiltshire, which GWH had previously been contracted to deliver, and enabling people to live independent and fulfilling lives for as long as possible. From 1 July 2016, Wiltshire Health and Care has contracted with GWH for the provision of these services.

GWH has not invested any capital sum in this partnership.

In 2020/21, Wiltshire Health and Care LLP reported a profit of £0.176m (2019/20 £0.029m). One third of this has been recognised in the Trust accounts.

	Group and Trust	
	2020/21	**2019/20**
	£000	**£000**
Carrying value at 1 April - brought forward	**10**	**-**
Share of Other Comprehensive Income	60	10
Carrying value at 31 March	**70**	**10**

Note 17 Analysis of charitable fund reserves

	31 March 2021	31 March 2020
	£000	£000
Unrestricted funds:		
Unrestricted income funds	150	148
Other restricted income funds	3,430	3,217
	3,580	**3,365**

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 18 Inventories

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Drugs	1,021	1,011
Consumables	3,593	4,259
Energy	120	137
Other	53	147
Total inventories	**4,787**	**5,554**

Inventories recognised in expenses for the year were £70,154k (2019/20: £66,567k). Write-down of inventories recognised as expenses for the year were £131k (2019/20: £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 2020/21 the Trust received £4,872k of items purchased by DHSC. At year end the Trust was holding £326k of this stock.

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 write down of inventories disclosed above all relates to centrally procured consumables.

Note 19.1 Receivables

	Group	
	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables	14,038	19,927
Capital receivables	-	13
Allowance for impaired contract receivables / assets	(1,814)	(1,441)
Prepayments	14,728	2,270
PFI lifecycle prepayments	10,069	10,180
PDC dividend receivable	179	395
VAT receivable	977	80
Other receivables	2	566
NHS charitable funds receivables	77	25
Total current receivables	**38,256**	**32,015**
Non-current		
Other receivables	655	612
Total non-current receivables	**655**	**612**
Of which receivable from NHS and DHSC group bodies:		
Current	4,494	11,252
Non-current	655	612

Note 19.2 Allowances for credit losses - 2020/21

	Group and Trust
	Contract receivables and contract assets £000
Allowances as at 1 Apr 2020 - brought forward	**1,441**
New allowances arising	983
Utilisation of allowances (write offs)	(610)
Allowances as at 31 Mar 2021	**1,814**

Note 19.3 Allowances for credit losses - 2019/20

	Group and Trust
	Contract receivables and contract assets £000
Allowances as at 1 Apr 2019 - as previously stated	**1,489**
Changes in existing allowances	559
Utilisation of allowances (write offs)	(607)
Allowances as at 31 Mar 2020	**1,441**

Note 20.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2020/21	2019/20	2020/21	2019/20
	£000	£000	£000	£000
At 1 April	**12,610**	**8,768**	**9,140**	**5,207**
Net change in year	12,512	3,842	12,426	3,933
At 31 March	**25,122**	**12,610**	**21,566**	**9,140**
Broken down into:				
Cash at commercial banks and in hand	3,564	3,470	8	-
Cash with the Government Banking Service	21,558	9,140	21,558	9,140
Total cash and cash equivalents as in SoFP	**25,122**	**12,610**	**21,566**	**9,140**
Total cash and cash equivalents as in SoCF	**25,122**	**12,610**	**21,566**	**9,140**

Note 21.1 Trade and other payables

	Group	
	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables	5,465	10,926
Capital payables	10,207	5,049
Accruals	26,695	15,259
Receipts in advance and payments on account	-	23
PFI lifecycle replacement received in advance	-	-
Social security costs	4,282	3,842
VAT payables	-	-
Other taxes payable	-	-
PDC dividend payable	-	-
Other payables	2,484	3,206
NHS charitable funds: trade and other payables	53	130
Total current trade and other payables	**49,186**	**38,435**
Of which payables from NHS and DHSC group bodies:		
Current	4,841	7,482
Non-current	-	-

Note 22 Other liabilities

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Current		
Deferred income: contract liabilities	4,303	2,710
Total other current liabilities	**4,303**	**2,710**
Non-current		
Deferred income: contract liabilities	790	904
Total other non-current liabilities	**790**	**904**

Note 23 Borrowings

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Current		
Loans from DHSC	113	63,185
Obligations under finance leases	207	206
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	8,445	6,553
Total current borrowings	**8,765**	**69,944**
Non-current		
Loans from DHSC	385	4,685
Obligations under finance leases	788	994
Obligations under PFI, LIFT or other service concession contracts	87,001	95,447
Total non-current borrowings	**88,174**	**101,126**

Note: Loans from DHSC
On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 1 April 2020 were converted to Public Dividend Capital (PDC) to allow repayment. Outstanding interim loans totalling £62m as at 1 April 2020 were classified as current as they were repayable within 12 months.

Note 23.1 Reconciliation of liabilities arising from financing activities (Group and Trust)

Group - 2020/21	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2020	**67,870**	**1,200**	**102,000**	**171,070**
Cash movements:				
Financing cash flows - payments and receipts of principal	(67,242)	(335)	(6,554)	**(74,131)**
Financing cash flows - payments of interest	(8)	(34)	(8,607)	**(8,649)**
Non-cash movements:				
Application of effective interest rate	(122)	164	8,605	**8,647**
Other changes	-	-	2	**2**
Carrying value at 31 March 2021	**498**	**995**	**95,446**	**96,939**

Group - 2019/20	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2019	**44,783**	**1,236**	**107,372**	**153,391**
Cash movements:				
Financing cash flows - payments and receipts of principal	23,057	(90)	(5,370)	**17,597**
Financing cash flows - payments of interest	(781)	(35)	(9,098)	**(9,914)**
Non-cash movements:				
Additions	-	47	-	**47**
Application of effective interest rate	811	42	9,096	**9,949**
Carrying value at 31 March 2020	**67,870**	**1,200**	**102,000**	**171,070**

Note 24 Finance leases

Obligations under finance leases where the trust is the lessee.

	Group and Trust	
	31 March 2021	31 March 2020
	£000	£000
Gross lease liabilities	**1,096**	**1,336**
of which liabilities are due:		
- not later than one year;	235	249
- later than one year and not later than five years;	629	750
- later than five years.	232	337
Finance charges allocated to future periods	(101)	(136)
Net lease liabilities	**995**	**1,200**
of which payable:		
- not later than one year;	207	206
- later than one year and not later than five years;	566	669
- later than five years.	222	325

Note 25 Provisions for liabilities and charges analysis (Group and Trust)

Group	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2020	**479**	**364**	**117**	**627**	**1,587**
Arising during the year	-	-	350	563	**913**
Utilised during the year	(117)	(36)	(10)	-	**(163)**
Unwinding of discount	(4)	-	-	-	**(4)**
At 31 March 2021	**358**	**328**	**457**	**1,190**	**2,333**
Expected timing of cash flows:					
- not later than one year;	132	24	-	-	**156**
- later than one year and not later than five years	225	126	457	1,184	**1,992**
- later than five years.	1	178	-	6	**185**
Total	**358**	**328**	**457**	**1,190**	**2,333**

Note 26 Clinical Negligence Liabilities

At 31 March 2021, £187,822k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Great Western Hospitals NHS Foundation Trust (31 March 2020: £171,315k).

Note 27 Private Finance Initiative contracts
Group and Trust
PFI schemes on-Statement of Financial Position

The Trust has 3 PFI schemes which are deemed to be on-Statement of Financial Position at the period end. These are the Main Hospital and Brunel Treatment Centre and Downsview Residences (treated as one agreement), Savernake Hospital and the agreement in place with Systems C.

Great Western Hospital

The contract commenced on 5 October 1999 for a period of 30 years until 4 October 2029. In terms of the contract the operator company was obliged to build the Great Western Hospital, which was completed in November 2002, for subsequent occupation and use by the Trust. The Trust pays the operator company a quarterly availability fee for the occupation of the hospital and a quarterly service fee for the services provided by the operator such as portering and catering. In October 2003 the Trust entered into a variation of the original agreement for the construction of the Brunel Treatment Centre which is an extension to the original hospital. The construction of the Treatment Centre has resulted in increased availability and service charges, however the main terms of the contract including the termination date remain unchanged. Subsequently, in September 2006, the Trust entered into a refinancing agreement which resulted in a reduction in the annual availability payment again with no change to the contract term. The amount of the availability payment is determined annually and increased based on a combination of the annual increase in the Retail Price Index (RPI) and a fixed percentage increase of 2.5%. The operator is obliged to maintain the buildings and replace lifecycle elements of the buildings where necessary. At the end of the contract term the hospital buildings revert back to the Trust for Nil consideration. The nature of the contract meets the criteria for treatment as a service concession under IFRIC 12. Accordingly the hospital buildings are treated as an asset under property, plant and equipment with the resultant liability being treated as a finance lease under IAS 17.

Downsview Residences

The contract commenced on 5 October 1999 for a period of 30 years until 4 October 2029. In terms of the contract the operator company was obliged to build the Downsview staff residences on the Hospital site for the provision of housing to hospital staff. At commencement of the contract the Trust made a capital contribution of £649k towards the construction cost of the building. The residences are managed by the operator company who rent the accommodation units to, primarily, Trust staff. The Trust does not pay the operator company an availability fee. Instead a monthly service fee is paid for the servicing of the units which is based on usage. The operator is responsible for maintaining the buildings over the contract term. At the end of the contract term the accommodation buildings revert back to the Trust for Nil consideration. The nature of the contract meets the criteria for treatment as a service concession under IFRIC 12. Accordingly the residences are recognised as an asset under property, plant and equipment. The cost of the building less the capital contribution has been accounted for as deferred income and is released to income equally over the entire contract term.

System C

The Trust has a PFI contract in respect of the Integrated Clinical Information System which meets the criteria for recognition as a service concession agreement as envisaged under IFRIC 12 and has, accordingly, been treated as on statement of financial position. The contract was dated 27 May 2002 with an effective date of 13 November 2001. The contract was for 12 years and was due to expire on 12 November 2013. The contract was initially extended to November 2020, this has now been further extended by two years and has been varied to include a system refresh and removal of network and telephony elements. The contract is for the supply of computer hardware and software together with the provision of ongoing support and system management services. The revised contract commenced in May 2014.

Savernake Hospital

Savernake Hospital was transferred to the Trust from 1st April 2013 as part of the transfer of Community assets following the closure of PCTs. As part of the transfer the Trust took over the PFI contract that was entered into by Wiltshire PCT. The contract commenced on 21 November 2003 for a period of 30 years until 2034. The Trust pays the operator company a monthly fee that covers both the availability for the occupation of the hospital and a service fee that covers the services provided by the operator such as portering and catering.

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 33 Events after the Reporting Period gives further detail on the expected transfer of Savernake Hospital on 1st June 2021.

Note 28 On-SoFP PFI, LIFT or other service concession arrangements

Note 28.1 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 2021 £000	31 March 2020 £000
Gross PFI, LIFT or other service concession liabilities	**142,428**	**157,620**
Of which liabilities are due		
- not later than one year;	16,515	15,192
- later than one year and not later than five years;	68,677	61,122
- later than five years.	57,236	81,306
Finance charges allocated to future periods	(46,982)	(55,620)
Net PFI, LIFT or other service concession arrangement obligation	**95,446**	**102,000**
- not later than one year;	8,445	6,553
- later than one year and not later than five years;	41,208	39,048
- later than five years.	45,793	56,399

Note 28.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	Group and Trust	
	31 March 2021 £000	31 March 2020 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**364,456**	**405,505**
Of which payments are due:		
- not later than one year;	38,872	38,219
- later than one year and not later than five years;	161,396	159,670
- later than five years.	164,188	207,616

Note 28.3 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	
	2020/21 £000	2019/20 £000
Unitary payment payable to service concession operator	**38,257**	**37,293**
Consisting of:		
- Interest charge	8,605	9,096
- Repayment of balance sheet obligation	6,554	5,370
- Service element and other charges to operating expenditure	13,578	13,261
- Capital lifecycle maintenance	3,544	4,337
- Contingent rent	5,976	5,229
Total amount paid to service concession operator	**38,257**	**37,293**

Note 29 Financial instruments

Note 29.1 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 Clinical Commissioning Groups (CCGs), and the way they are financed has not exposed the Trust to the degree of financial risk faced by business entities. The change to CCGs and NHS England has not increased the risk to the Trust. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Finance & Investment 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 2021 are in receivables from customers, as disclosed in note 18 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 2021	31 March 2020
	£000	£000
By up to three months	**1,101**	5,462
By three to six months	**155**	1,441
By more than six months	**307**	4,419
	1,563	11,322

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 CCGs, 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 29.2 Carrying values of financial assets (Group)

Carrying values of financial assets as at 31 March 2021	Total book value
	£000
Trade and other receivables excluding non financial assets	12,880
Cash and cash equivalents	21,566
Consolidated NHS Charitable fund financial assets	3,633
Total at 31 March 2021	38,079

Carrying values of financial assets as at 31 March 2020	Total book value
	£000
Trade and other receivables excluding non financial assets	18,157
Cash and cash equivalents	9,140
Consolidated NHS Charitable fund financial assets	3,495
Total at 31 March 2020	30,792

Note 29.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2021	Total book value
	£000
Trade and other receivables excluding non financial assets	12,880
Cash and cash equivalents	21,566
Total at 31 March 2021	34,446

Carrying values of financial assets as at 31 March 2020	Total book value
	£000
Trade and other receivables excluding non financial assets	18,157
Cash and cash equivalents	9,140
Total at 31 March 2020	27,297

Note 29.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2021	Total book value
	£000
Loans from the Department of Health and Social Care	498
Obligations under finance leases	995
Obligations under PFI, LIFT and other service concessions	95,446
Trade and other payables excluding non financial liabilities	44,523
Total at 31 March 2021	141,462

Carrying values of financial liabilities as at 31 March 2020	Total book value
	£000
Loans from the Department of Health and Social Care	67,870
Obligations under finance leases	1,200
Obligations under PFI, LIFT and other service concessions	102,000
Trade and other payables excluding non financial liabilities	33,813
Consolidated NHS charitable fund financial liabilities	130
Total at 31 March 2020	205,013

Note 29.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2021	Total book value
	£000
Loans from the Department of Health and Social Care	498
Obligations under finance leases	995
Obligations under PFI, LIFT and other service concessions	95,446
Trade and other payables excluding non financial liabilities	44,523
Total at 31 March 2021	141,462

Carrying values of financial liabilities as at 31 March 2020	Total book value
	£000
Loans from the Department of Health and Social Care	67,870
Obligations under finance leases	1,200
Obligations under PFI, LIFT and other service concessions	102,000
Trade and other payables excluding non financial liabilities	33,813
Total at 31 March 2020	204,883

Note 29.6 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 2021 £000	31 March 2020 restated* £000
In one year or less	63,755	117,254
years	69,701	129,742
In more than five years	57,468	81,643
Total	**190,924**	**328,639**

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

Note 30 Losses and special payments

	2020/21		2019/20	
Group and trust	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	27	4	39	7
Bad debts and claims abandoned	67	510	156	202
Total losses	**94**	**514**	**195**	**209**
Special payments				
Ex-gratia payments	9	5	28	8
Total special payments	**9**	**5**	**28**	**8**
Total losses and special payments	**103**	**519**	**223**	**217**
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. (2019/20 - 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 31 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 2021 £000	31 March 2020 £000
Pooled Budget Income:		
Swindon Borough Council	885	667
NHS Swindon	542	531
Great Western Hospitals NHS Foundation Trust	107	105
Total Income	**1,534**	**1,303**
Pooled Budget Expenditure		
Total equipment services expenditure	2,631	1,585
Less children services contract recharge	(39)	(38)
Less Department of Health covid claim	(1,058)	
Toal Expenditure	**1,534**	**1,547**
Total (Deficit)	**0**	**(244)**

The above disclosure is based on Swindon Borough Council Pooled Budget Memorandum account. It should be noted that these figures are un-audited.

Share of Pooled Budget Surplus (Deficit)

Swindon Borough Council	0	(130)
NHS Swindon	0	(96)
Great Western Hospitals NHS Foundation Trust	0	(18)
Total Deficit	**0**	**(244)**

Note 32 Related parties

Group and Trust

Great Western Hospitals NHS Foundation Trust is a body incorporated by the issue of a licence of authorisation from NHS I.

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
- CCGs and NHS England
- Other health bodies
- Other Government departments
- Local authorities
- NHS charitable funds (where not consolidated)
- Wiltshire Health and Care LLP

Note 33 Events after the reporting period

Following the transfer of Wiltshire Community Services to Wiltshire Health & Care LLP, the Trust transferred the majority of the Wiltshire Community Assets to NHS Property Services on 1st July 2017. The remaining asset, Savernake Hospital which is a PFI asset, is expected to transfer on 1st July 2021.

The Assets are as follows	**Net Book Value at 31/3/21**	**Revaluation Reserve at 31/3/21**
Category	**£'000**	**£'000**
Land	2,350	211
Buildings (incl dwellings)	6,535	3,140
Total	**8,885**	**3,351**

Effect on Financial Statements	**£'000**
Statement of Financial Position	
Non Current Assets	8,885
Current Lease Liability	(176)
Non Current Lease Liability	(3,520)
Increase in Total Assets Employed	**5,189**
Revaluation Reserve	3,351
Income & Expenditure Reserve	1,838
Increase in Total Taxpayers Equity	**5,189**

In the 2021-22 financial statements the transaction will be accounted for using the absorption accounting requirements outlined in the DH GAM.

Great Western Hospitals
NHS Foundation Trust

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