Great Western Hospitals
NHS Foundation Trust

Great Western Hospitals NHS Foundation Trust
Annual Report and Accounts
2021/22

Great Western Hospitals NHS Foundation Trust
Annual Report and Accounts
2021/22

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

Contents

CHAIR AND CHIEF EXECUTIVE'S STATEMENT

Welcome to our Annual Report and Accounts for 2021/22.

This year we have continued to face significant challenges brought about by the pandemic but the year ended with the Trust looking at how we, like the rest of the country, can learn to live with Covid.
This clearly presents many challenges, particularly with regard to infection prevention and control, but it is in many ways a more positive position with regard to Covid than we faced 12 months ago.

The threat of Covid was ever present. Once again this year we suffered the loss of a frontline member of staff who died from Covid. We joined hundreds of staff in remembering Dr Irfan Halim, who died in November 2021, at our annual memorial service on 11 March, which marked the second anniversary of our very first Covid patient back in 2020.

Irfan's death followed the deaths of Dr Edmond Adedeji and Dr Thaung Htaik from Covid in the first wave of the pandemic in 2020 and we continue to remember them all.

Although we were treating very high numbers of patients with Covid in the final quarter of 2021/22, we have since begun to see a decline in the number of patients with Covid as their primary diagnosis.

As a Board we are extremely grateful for how our staff have continued to respond to the personal and professional challenges brought about by Covid and other operational pressures and their dedication to always strive to do the very best for their patients. We know that for many it has taken a toll and this year we redoubled our efforts to support the wellbeing of our teams. We are proud of our response to the pandemic and know our community is too.

We have worked closely with partners to manage the very high non-Covid demand we have experienced, with record numbers of patients needing urgent and emergency care. These high numbers, combined with a high Covid case rate and staff shortages, prompted us to declare an internal critical incident in January 2022, which was followed by a system-wide critical incident.

Managing high numbers of patients is a significant challenge for the whole system and we work with partners to try to reduce the numbers of patients in hospital who do not meet the criteria to be staying there and should be discharged home or to onward care outside of an acute setting. This is a really important issue as good flow of patients through the hospital is essential to being able to manage the high number of attendees and ultimately provide safe, high quality care.

The level of demand upon us has contributed to delays in patients being transferred from an ambulance to the Emergency Department which has real potential to cause harm to patients in the community who are having to wait longer for treatment. While we have worked closely with the ambulance service and other partners to address this, we need to do more as a system to minimise delays.

It has been well-documented that the NHS has record numbers of patients on its waiting list and at Great Western Hospital our waiting list now exceeds 30,000 with patients having to wait much longer than we would ever like. We have worked hard to reduce the number of patients waiting a very long time but have been challenged by the necessary pandemic restrictions in place. The number of patients waiting more than a year for treatment has reduced from a high of 1,996 in February 2021 to 664 at the end of this year.

Although we delivered a small surplus against our plan for the 2021/22 year our financial position remains extremely challenged, and we begin 2022/23 with a significant deficit, and needing to deliver around £10m in

cost improvement programmes to allow us to make the investments we have planned to improve patient care.

Vacancies and high staff sickness have presented us with significant operational difficulties during the year, and the results of the staff survey indicated that safer staffing was the most important thing to staff. In 2022/23 we will invest £2.2m to improve staffing, alongside other investments to drive forward improvements.

Our Great Care campaign launched this year with an aim to bring together every initiative, scheme and quality improvement project under one umbrella to improve the patient experience. The workstreams focused upon personalised care, harm-free care, expert care, and improving the environment within which we deliver care. We need to embed Great Care as business as usual and work to deliver the priorities contained within our new Quality Strategy, which was published in May 2022.

We hope the improvements we have made will be recognised by the Care Quality Commission and our current Requires Improvement rating will move up to Good.

We know that to continue to deliver better care we must embed quality improvement as an everyday occurrence at all levels within our Trust and to help us do this we have launched Improving Together. This is the name we have given to the way of working we are using to give staff the skills, knowledge, tools and support to be able to deliver real change in their areas. This will be a key area of focus this year and we will work to empower all staff to make change in their workplace.

In primary care we have continued to make improvements as part of our long-term plan to transform the practices we took on in November 2019. Both Abbey Meads and Moredon moved from being rated Inadequate and in special measures to Requires Improvement following their CQC inspection in February 2021 and inspectors re-visited the practices in May 2022. Although we have increased the availability of appointments and the number of phone lines for callers we know that demand continues to increase and is an issue not just for the population served by our primary care network, but across Swindon and beyond.

Our work on equality, diversity and inclusion has continued and this year we received Armed Forces Accreditation in recognition of our progress to become veteran aware and our commitment to improving NHS care for veterans, reservists, members of the armed forces and their families.

Our Trust's achievements are of course the achievements of our staff and we have placed real focus on ensuring that our staff have all the support they need and are also recognised for the job they do.

We held our first ever family fun day – the Great West Fest – which aimed to thank not just staff but their families who have supported them. With rising Covid numbers ruling out a face-to-face ceremony we ran a virtual awards ceremony for our staff. This year we will hold a face-to-face awards ceremony along with our second Great West Fest.

The results of the 2021 staff survey highlighted the impact of some improvements such as positive action on health and wellbeing, providing opportunities for flexible working and respecting individual differences in terms of culture and working styles. But at the same time the survey shows that the pandemic has had an impact on how colleagues feel about their work and the Trust and this is something we will need to focus our efforts on in the weeks and months ahead.

We have played an increasing role within our local health and care system in recent years and look forward to the establishment of the BSW Integrated Care Board as a statutory body on 1 July 2022.

Our work as part of the Acute Hospital Alliance has developed at pace and we work very closely with acute partners in Bath and Salisbury. This has enabled us to add real value within our system – for example by

bringing back-office functions such as procurement together to deliver economies of scale, and closer working within clinical teams. We have had some success in this area, notably with a shared pediatric list reducing the time children were waiting for oral surgery. Looking forward we are also developing plans for a single electronic patient record system connecting the acute trusts in BSW.

Working with partners, we supported the launch of the BSW Academy, an exciting initiative which aims to bring together organisations to provide inclusive and rewarding opportunities and career progression.

As we look forward to 2022-23 we have a real sense of hope in seeing some long-standing programmes of work come to fruition and begin to start delivering improvements for patients. This year alongside Oxford University Hospitals NHS Foundation Trust we will see the opening of the Swindon Radiotherapy Centre on our site, made possible by the fund-raising efforts of our community and our hospital charity Brighter Futures. Our new Urgent Treatment Centre will open as part of our Way Forward Programme and presents the opportunity to deliver high quality urgent care in a purpose-built setting.

We are ambitious for the Trust in what we can achieve with significant investment in our digital infrastructure and capability and quality improvement methodology as well as major site developments.

Along with the very large building projects, we have also invested in upgrading our oxygen supply, improving our electrical resilience, a new Energy Centre, improving our diagnostic capacity and capability with three new mobile diagnostic platforms, and a significant £4.8m investment in improving our IT infrastructure.

We are also ambitious for our population and capitalising our role in playing a leading part in tackling health inequalities so we can affect not just health outcomes but life changes too.

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.

Felicity Taylor-Drewe joined us as our new Chief Operating Officer and Dr Jon Westbrook was appointed as Medical Director. Naginder Dhanoa became our first ever Chief Digital Officer, in a joint appointment with Salisbury NHS Foundation Trust. We have also welcomed Faried Chopdat and Helen Spice as our two new Non-Executive Directors, along with Claudia Paoloni and Sanjeen Payne-Kumar as associate Non-Executive Directors.

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

Liam Coleman
Chair
7 July 2022

Kevin McNamara
Chief Executive
7 July 2022

PERFORMANCE REPORT

1.1 Overview of Performance

This section summarises our organisation's purpose, history, objectives, performance and key risks to the delivery of the agreed strategic objectives that have been identified by the Board.

Our History and Structure

Great Western Hospital is run by Great Western Hospitals NHS Foundation Trust. The hospital is a modern district general hospital, providing a range of acute services to people living in Swindon and surrounding areas.

There are 21 inpatient wards, providing care and treatment in general and specialist medicine, surgery, critical care, maternity and children's services. There is an emergency department and urgent care centre, and 14 operating theatres.

We are the only integrated provider in Bath and North East Somerset, Swindon & Wiltshire (BSW) Integrated Care System (ICS), running the Great Western Hospital, a primary care network with 2 practices caring for 30,000 patients, and adult community services in Swindon.

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.

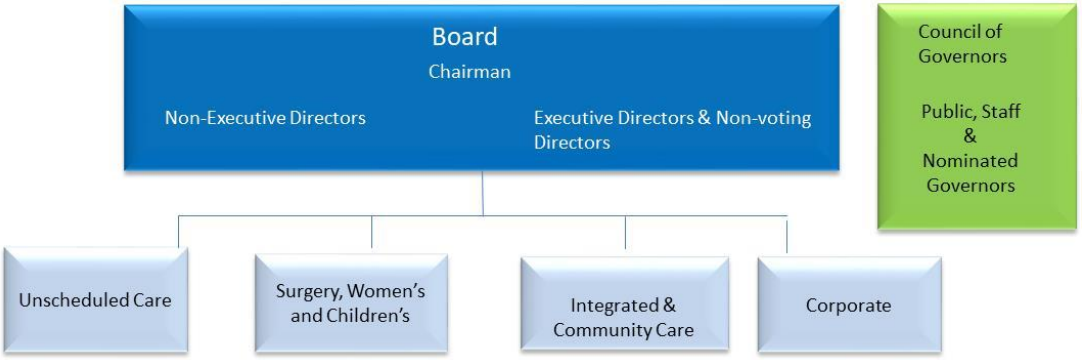
Our Structure 2021/22

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.

Organisational structure 2021/22

The chart below sets out the organisational structure as at 31 March 2022.



Further information on the Directors and how we are run can be found on pages 46.

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

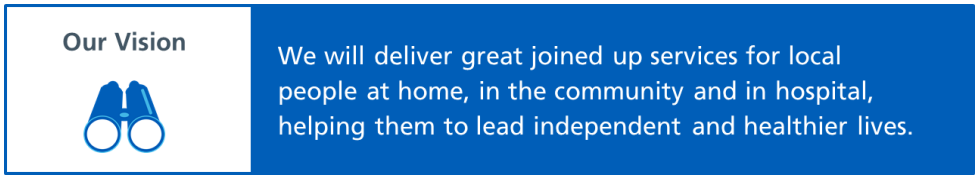
The Trust is a provider of Community Health Services across Swindon, these Services are provided by Community Nurses and Therapists, located at various GP practices, Health Centres and in patient's homes. The Trust also manages the provision of services for two GP practices, Abbey Meads Medical Group 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 & Care LLP. The other equal partners are Salisbury NHS Foundation Trust and Royal United Hospitals NHS Foundation Trust. Wiltshire Health and Care LLP is focused solely on delivering improved community services in Wiltshire and enabling people to live independent and fulfilling lives for as long as possible. Wiltshire Health and Care LLP has reported an in-year surplus of £169k (2020/21 £176k) resulting in an increase in net asset value of £484k. GWH's share of the profits is £56k (2019/20 £60k) 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).

Our Purpose and Activities

Our Vision



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 centered 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 Strategy

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.

In 2019 we set ourselves four strategic pillars that drive the broad outcomes we aim to achieve over the next five years.

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

Who we are

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

523

beds. We also have outpatient clinics, CT and MRI scanners, maternity services, an Intensive Care Unit, an Urgent Care Centre and an Emergency Department.

1.2 million

patient contacts across our hospital and community health services every year.

4,800

staff dedicated to delivering high quality care for our patients in hospital and in the community.

400

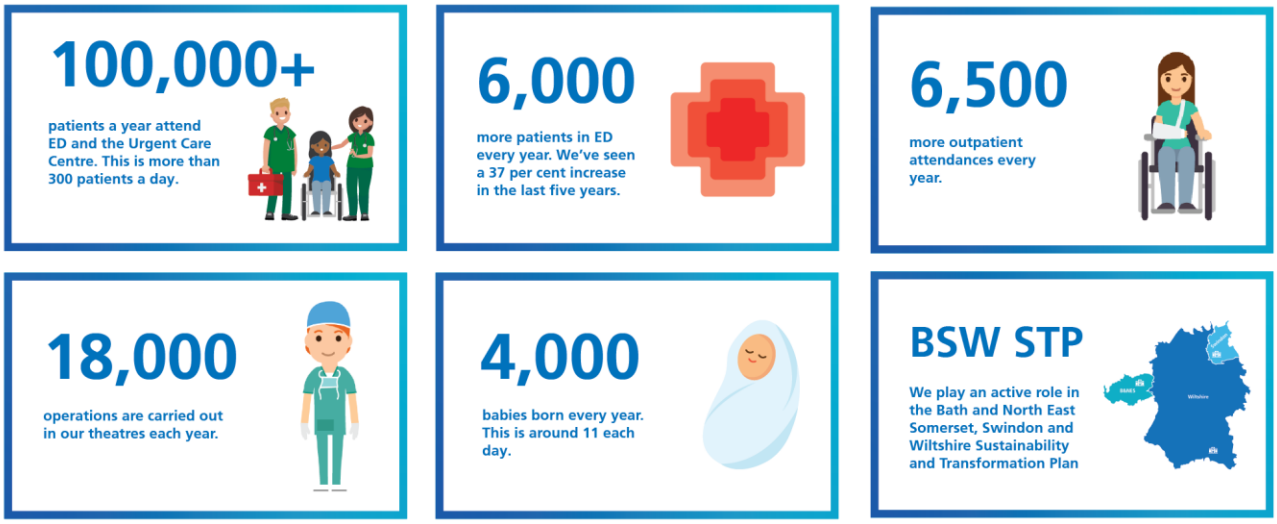
volunteers provide 3,500 invaluable hours of support each month.

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 co-ordination 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) ICS has a combined registered population of approximately 940,000 people. There are three local authorities, 94 GP practices, one Clinical Commissioning Group (CCG), 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 condition 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 thoughts and views secured from both the public we serve and our clinicians across our providers.

Place-based and system working is a real priority ahead of our ICS becoming a statutory body in July 2022. Whilst the functions and duties of our Trust will remain largely unchanged under this legislative reform, we will be expected to participate in multiple collaborative forums, including membership of the ICS NHS body and forming collaboratives with other providers at system and at place. 'Team Swindon' has really developed over the last 18 months with far closer relationship with Swindon Borough Council and CCG's Swindon locality team. We have played a leading role in the Cancer Provider Collaboration in BSW to ensure people with cancer have been seen safely in the right place, at the right time, by the right person during Covid-19, and our Chief Executive leads the BSW ICS System Capability and People Group and is also the Executive Sponsor for the BSW Academy, which launched in 2022.

Key Risks and issues

Our Board Assurance Framework (BAF) details the principal risks to the achievement of our operational and strategic plans. It is informed by internal intelligence from incidents, performance, complaints, and internal and clinical audit, as well as the changing external environment in which we operate. In 2021/22 the Board reviewed the Trust's strategic risks, and the following were identified as the principle risks to the delivery of the agreed strategic objectives:

Strategic Objective	Strategic Risk
Pillar 1 - Outstanding patient care and a focus on quality improvement in all that we do	S1 . There is a risk of severe and long term damage to the reputation of the Trust because of failures in delivering healthcare services leading to severe harm to patients.
Pillar 2 - Staff and volunteers feeling valued and involved in helping improve quality of care for patients	S2. There is a risk that the recruitment pipeline and staff retention fails to meet service requirements and may lead to deterioration in wellbeing and morale leading to staff burnout in hospital and/or associated services within the Health & Social Care system.
Pillar 3 - Improving the quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers	S3. There is a risk that the current model of health & care services is unsustainable unless we work with partners to fundamentally re-focus services on anticipatory care and early intervention for our population.
	S4. There is a risk that post Covid, funding and demand severely impacts on the Trust's ability to deliver services to a high standard resulting in poor patient care and regulatory challenges.
	S5. There is a risk that Swindon and the Trust does not secure influence across the wider system with a loss of voice and profile as we move towards an ICS
Pillar 4 - Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care	S6. There is a risk of a detrimental impact on the quality of patient services if costs are not effectively controlled and productivity/ efficiency targets delivered.
	S7. There is a risk of a catastrophic infrastructure failure (cyber attack, fire, flood, building collapse).

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.

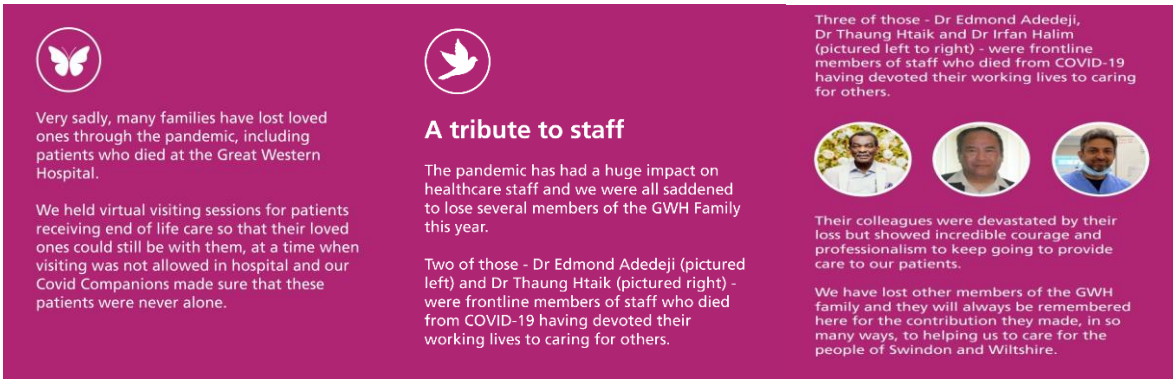
During 2020/21 the Trust developed an Improvement and Efficiency Plan which will be implemented over the next few years. The pandemic has impacted on the deliverability of this through 2021/22 but it will become the focus of renewed plans as the Trust enters 2022/23. Priority is being given to programmes 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 and a new Energy Centre (due to open in July 2022). Work continues to redesign our emergency care services and scoping work is now underway to understand how to make best use of the expansion land that the Trust has purchased.

Way Forward Programme

Reflecting on 2021/22

2021/22 has been an exceptionally challenging year. We have pulled together a snapshot of how we provided care to every Covid patient, how we continued care for non-Covid patients and the work we did to keep everyone as safe as possible.



Improvements in 2021/22

Our top achievements in 2021/22 were:-

- Our response to Covid.
- We regrouped and recharged our wellbeing for our staff.
- Our performance – we out-performed many Trusts and became 5th most improved Trust in the country (source : Public View April 2021).
- We launched the Great Care Campaign which looks to bring together every initiative, scheme and quality improvement project under one umbrella to improve patient experience.
- We produced our first Equality, Diversity and Inclusion Strategy and challenged our diversity at Board level.
- We invested £72.5m in our estate.
- 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.
- In primary care, both Abbey Meads and Moredon were taken out of being Inadequate and in special measures to Requires Improvement.
- Improvements in our staff survey results.

Equality of Service Delivery

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

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

Further information on Equality, Diversity & Inclusion can be found on page 76.

Operational Performance 2021/22

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

During the course of the 2021/22 we have experienced on-going Covid impacts following continued community transmission and resulting admissions. Attendances to the urgent treatment centre have increased significantly over this period, an average of 402 patients per week above previous winters. 4 hour performance comparatively is within the top 50 across England. During the winter period we have maintained our focus on our urgent patients, including cancer and our longest waiting patients.

Stroke services have maintained their positive journey with the Sentinel Stroke National Audit Programme (SSNAP) performance reaching and maintaining a B rating.

The recovery challenge in relation to elective care, both outpatients and operations is summarised in our Referral to Treatment Times (RTT) performance. We have maintained cancer services as a priority during this time, however we have been unable to meet the demand with the current capacity. Capacity has also been impacted as a result of the waves of Covid in October 2021 and January 2022 which compounded our waiting list size. Whilst our position is not what we would like to provide for our patients, we are prioritising all the patients waiting on our lists, working hard to communicate to them all and we have treated all patients waiting over 104 weeks in advance of the National target. This recovery challenge will span across the next 2 to 3 years in line with the National plans.

Diagnostics (DM01) performance has been greatly impacted by Covid, 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, this alongside significant workforce challenges in MR and CT have impacted this performance metric. We have a recovery plan in place but anticipate this will not be significantly improved until the next financial year.

Two week wait (2ww) performance has improved, the pressures within the breast services has been recovered through additional sessions. The team have achieved and maintained a 90% performance in the latter two quarters of the financial year. 62 day performance has fluctuated throughout the year, with one quarter below 80%. We have also focused on the 28 day Faster Diagnosis standard which has been a key tenant of our improvement journey within sustaining cancer performance.

High Level Summary Financial Position of the Trust at the year-end

- Income was £32.5m above plan. The main drivers were £10.4m notional pension income, £15.6m Elective Recovery Fund (ERF), Targeted Investment Fund (TIF) income, £2m to cover costs of covid testing and vaccination and £4.5m of other Income (including R&D and Education & Training).
- Expenditure was £32.7m above plan. This was driven by expenditure costs associated with activity, especially linked to activity recovery, the winter period and escalation. Purchase of healthcare was £1.8m overspent, Premises costs were £2.8m over plan, Drugs were overspent by £1.2m, and other costs by £10.3m including an increase in provisions. Pay expenditure was £14.4m above plan of which £10.4m related to notional pension expense (offset by income). The remaining variance related to costs of elective activity recovery, winter services and the premium cost of covering vacancies.
- Savings delivered totalled £4.5m against a target of £3.9m, an over-achievement of £0.6m. Of the savings delivered £1.9m were achieved recurrently and £2.6m were delivered non-recurrently.
- The cash balance at year end was £52.9m (Trust only). Cash is higher (£21.6m) than 2020/21 due to timing of payments on capital schemes and reduction in accrued income.

The outturn for the Trust for 2021/22, was a surplus of £0.058m, which was £0.058m better than plan and due to achievement of non-recurrent savings.

Summary of the year End Position for Great Western Hospital

	Plan £'000	Actual £'000	Variance £'000
(Deficit) Reported in Statement of Comprehensive Income	**(£84)**	**(£1,617)**	**(£1,533)**
Revaluation	£0	(£6,575)	(£6,575)
Share of Wiltshire Health & Care Joint Venture	£0	(£56)	(£56)
NHS Charity	£0	£2,226	£2,226
Position prior to technical adjustments	**(£84)**	**(£6,022)**	**(£5,938)**
PPE Donated Assets	£84	£933	£849
Transfer by Absorption	£0	£5,146	£5,146
Total Income & Expenditure Position	**£0**	**£58**	**£58**
Negative is Deficit/Positive is Surplus			

Prior Year

	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			

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

Going concern

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

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

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

The Trust recorded an operating deficit of £6.03 million for the year ended 31 March 2022 (before transfers and donated assets), with a cash balance of £52.9 million. The Trust has operated throughout the entire 2021/22 year under a fixed income financial regime. From 2022/23 the planning regime will revert back to a contracting process, albeit as part of Bath, Swindon & Wiltshire Integrated Care System (BSW ICS), 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. As in 2020-21, 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.

1.2 PERFORMANCE ANALYSIS

On a monthly basis the Trust Board receives the Integrated Performance Report (IPR) which provides overview and detail of the key measures of performance and supporting indicators to ensure that a balanced performance position is understood. It sets out over 100 measures and is posted to the Trust's website to allow for public scrutiny. This information is provided for the last month, trending over time, and, where available or relevant, against a benchmark.

These key measures are then monitored through the Performance and Accountability Framework in both static and operational reports provided through the Trust's Business Intelligence Unit (BIU). These are monitored through a series of daily, weekly and monthly performance reviews that provide a view of the current and past position as well as a forecast. Other details of quality and performance measures are provided by the BIU and are considered by the Executives at weekly meetings.

The Quality and Governance Committee, Finance and Investment Committee and Performance, People & Place Committee and other specialist groups also review their specific appropriate elements from the IPR. These sub-committees, through a Board Committee Assurance Report provide the Board with assurance that it is receiving correct data and that the right processes are in place to ensure patient safety and performance standards are not only being maintained, but also improved.

Executive Directors view information on recent performance on admissions, outpatient attendances, bed occupancy, ED four-hour standard, identification of savings and agency usage. The IPR is formatted to be based around the Care Quality Commission's (CQC) domains of safety, caring, responsiveness, effectiveness, and well-led. Responsiveness covers a number of national access standards for urgent, elective and cancer treatments, length of stay, cancelled operations and ED performance. Safety and effectiveness covers issues such as never events, screening standards, infection control, safety triggers, serious incidents, medicines management and mortality. Measures for caring include friends and family test results, complaints and concerns, whilst well-led includes, staff turnover, sickness absence, agency usage and mandatory training. The IPR also covers the latest financial information.

PROGRESS AGAINST 2021/22 OBJECTIVES

Review of the Trust's business, development and performance during the financial year

The Trust's Annual Plan submitted to NHS Improvement (the regulator of Foundation Trusts) sets out the organisation's priorities for delivery during the year. Set out below is an overview of the Trust's business during 2021/22 which includes key developments, mapped against our strategic priorities which guide the direction of the Trust.

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

at the overall trust level, this element of the inspection remains incomplete. As a result, the ratings published by the CQC for the overall Trust are from the previous inspection in 2018. All other ratings related to specialities for the Great Western Hospital represent the findings and judgements from the inspection undertaken in 2020.

Our overall rating remains as 'requires improvement', however, there was significant improvement across several services area from 'requires improvement' to 'good'.

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.

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

The Trust is now in a great position to continue the work already underway to achieve a 'Good' overall rating on our journey to 'Outstanding'.

We will ensure that everything we do supports the long-term viability of the Trust, working smarter not harder making the best use of limited resources

The Trust has made good strides to achieve significant savings and stabilise the overall financial position. However, as pressure to the system continues this becomes difficult to maintain. The underlying issue contributing to the deterioration is the structural deficit linked to the Trust's PFI contract (currently accounting for 6.4% of Trust income each year and will continue to grow). The Trust has continued to drive value out of this contract via all of the routes available to it and continues to discuss potential options with NHS England / Improvement.

The Trust's ability to improve the financial position with the current level of structural deficit, and the associated pressure this creates as regards being able to flex the estate, creates a situation in which the maintenance of financial balance is becoming increasingly challenging. The Trust is therefore prioritising opportunities to further develop the Integrated Care Alliance (ICA) in Swindon, exploiting opportunities that Model Hospital and Getting It Right First Time (GIRFT) afford the Trust and continuing to work collaboratively with the Integrated Care System (ICS) across Bath and North East Somerset, Swindon and Wiltshire (BSW).

Transformation programmes continue, now with an increasing focus on quality improvement to ensure that the Trust does not look at costs savings in isolation but also actively investigates pathway redesign and improved ways of working.

The Trust has repositioned its annual planning to a year-round approach, ensuring that investments are considered in the prior year and schemes are prioritised against our strategic priorities and available funding at a Trust and system level. Appropriate proposals will go before the Executive Committee and Finance and Investment Committee for formal approval.

We will innovate and identify new ways of working

We have continued with work to further integrate our secondary care services so that they are more joined-up with community and social care, putting in place processes to support patients to live healthily at home for as long as possible, and when care is needed for it to be provided in the most suitable setting. Good progress

has been made on this, particularly with the Trust taking on a Primary Care Network (PCN) in November 2019. This PCN consists of two practises running from four locations in Swindon and providing care for over 30,000 people. When taking on these practises both were rated as inadequate with special measures applied by the Care Quality Commission. All special measures have since been removed and both are now rated as requires improvement, there is still work to be done here but the progress is testament to the hard work and commitment shown by our staff, particularly given that this has coincided with the Covid pandemic. The addition of primary care places us as an Integrated Provider and allows us to strengthen our community provision as a whole and trial new ways of working, moving services closer to home.

The Trust is a joint venture partner in Wiltshire Health & Care LLP, which provides community services to Wiltshire patients, and we have been providing Swindon Community Health Services fully since August 2017. Securing both services allows us to develop our integrated, planned and preventative pathways with local partners, including the voluntary sector, commissioners and clinical networks, which are vital in delivering quality services to NHS Constitutional standards.

Maintaining patient flow when patients are admitted to hospital is key to quality, performance and financial sustainability. This relies on a whole system approach to support people outside of hospital in the community. As a Trust we focus on the things we are in control of whilst working with the system to address systemic constraints through the development of an Integrated Care Model.

We will develop integrated, planned, and prevention-based pathways working with local partners, including the voluntary sector, commissioners and clinical networks to share best practice, learning, and resource to deliver more robust demand management.

The BSW Health and Care Model was developed by bringing together strategies, analysis and plans from our three places and the views of more than 1,400 people through a six-week public engagement.
It represents our shared vision for what we want health and care to be like for people in BSW in the future.

1. Personalised care

   We want everyone who lives in BSW to experience a personalised approach, however they interact with health and care

2. Healthier communities

   We want every community in BSW to be a healthier community with reduced health inequality so that everyone has a better chance to live a healthy life

3. Joined-up local teams

   Multi-disciplinary teams, designed for and based in healthier communities, will be able to work together seamlessly to serve local people

4. Local specialist services

   We will make more specialist services available at home and closer to where people live

5. Specialist centres

   Our network of specialist centres will develop to focus more on the most specialist care and less on routine services which we can provide elsewhere

NHS Wave 4 Capital Funding

In December 2018, we successfully secured £30million of central Government funding to improve the services we provide for our patients at Great Western Hospital.

The funding will focus on key programmes of work to create a hospital environment suitable for Swindon's growing and ageing population, now and well into the future.

The programme is focused on key projects that, instead of creating a bigger version of what we have today, will help to develop a more integrated, streamlined and efficient health care system that will provide an effective balance of urgent and longer-term care for patients' best interests.

Our current facilities for providing urgent and emergency care are inadequate – they are too small and pressure on space will only increase.

This investment gives us the opportunity to provide urgent and emergency care services which are fit for purpose both now and well into the future, ensuring we can give patients the best possible care when they need it the most.

Our plans will enable us to expand the space available to see patients needing urgent or emergency care and some of our existing emergency medicine services, currently on the third floor of the hospital, on to the ground floor.

This move will also create one entrance for all urgent and emergency care services.

Patients will be assessed at the door and directed to the most appropriate areas for the treatment they require.

This will ensure that staff in our Emergency Department are seeing those patients who really do need emergency treatment whilst ensuring that those who require urgent care are not left waiting for their treatment.

All this means that we will be able to provide an improved level of care and a much better experience of accessing urgent and emergency care at our hospital.

In March 2021 the Trust purchased a 5.5 hectare plot of land next to Great Western Hospital which will allow us to further develop our services by moving some of them out of the main building.

The expansion land, located on the south side of the hospital site, will also allow space for a future health campus which could include a hotel for visitors and staff, a mental health unit, a stand-alone cancer centre and an education suite for staff to learn and develop professionally.

This development work is in addition to the building work already underway for a new Radiotherapy Centre on our Great Western Hospital site, in partnership with Oxford University Hospitals NHS Foundation Trust, which will bring treatment for cancer closer to home for thousands of patients.

- New Urgent Treatment Centre due to open in early summer 2022
- New Energy Centre due to open in early summer 2022
- New Mobile Diagnostic Hub due to open in early summer 2022
- New Radiotherapy Centre, operated by Oxford University Hospitals NHS Foundation Trust, due to open in early summer 2022
- New Emergency Department, with co-located and expanded urgent and emergency services due to open late 2024

Consultations

There were no formal public or stakeholder consultations during 2021/22.

Main trends, developments or matters likely to impact on the Trust business in 2022/23

The operational impact from Covid has been significant. Working to a different operating model, with significant numbers of planned appointments and theatre sessions delayed resulting in equally significant waiting lists for elective care.

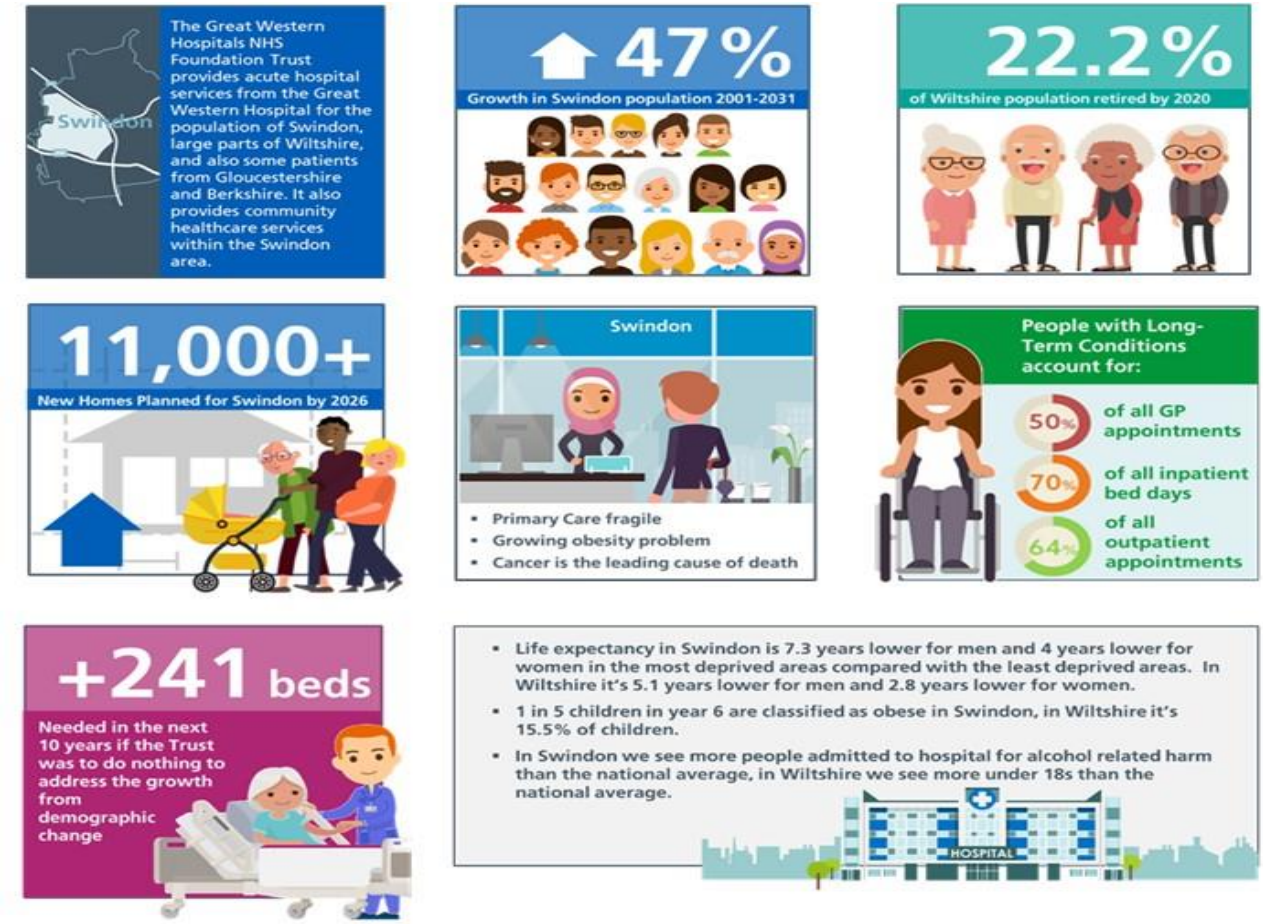
It has, however, provided opportunities for the Trust to work differently with system partners through the temporary relocation of services, improved integration of care across community services, social care and primary care as well as coordinated planning across the whole regional footprint.

The contribution of our staff and volunteers has been extraordinary. They have worked above and beyond in a very challenging time, maintaining their efforts as we slowly begin to emerge from the pandemic. Their commitment, together with the support of our local communities, has demonstrated what we can be achieved when we work together. It leaves us stronger and better prepared for the future.

The impacts of Covid will be with us long into the future.

> "If any good can come out of Covid, it's shining the light on inequalities and that they are really, really important, the causes of the causes. And that's really good… if you talk about inequalities, it also brings in the economic impact, the issues around skills in our young people, employability, social mobility, as well as the mental and physical impacts of the pandemic as a whole."
> *The Kings Fund, Deborah Fenney, 30th September 2021*

Research shows that many of the challenges that people in our communities in Swindon and across the UK were facing before the pandemic have worsened. Those with pre-existing mental health issues have experienced worsening mental health, the impact of unemployment has been more deeply felt in areas already experiencing significant economic deprivation and children already living in poverty have fallen further behind. Patients with complex health needs and long-term conditions are now more likely to hold multiple complex health problems that will require greater intervention and care.



Data sourced from Swindon Borough Council, Swindon CCG, the local JNSA [Joint Strategic Needs Assessment] & GWH NHS FT

Looking at the future demographic profile of Swindon, which includes the impact of major new housing developments leading to an expected population growth of in excess of 2% per year, (faster than the national average), the Trust is working with our Commissioners on demand management schemes and pathway developments to ensure the appropriateness of patients seen and admitted.

Unhealthy living with people smoking, drinking too heavily, eating too much of the wrong types of food and not doing enough exercise is creating increased demand for healthcare. Nationally we are seeing an increase in obesity - the latest findings from the King's Fund highlights that the majority of adults in England are now overweight or obese. In 2019, 64 per cent of adults in England were overweight, with 28 per cent being obese and 3 per cent morbidly obese. Rising rates of obesity translate to increasing costs for the NHS. In 2014/15 the NHS spent £6.1 billion on treating obesity-related ill health, such as diabetes, heart disease and stroke. This is forecast to rise to £9.7 billion per year by 2050.

Locally projections indicate a continued growth of 3% year on year in the numbers of patients being diagnosed with cancer and we have seen chemotherapy episodes increase by 10.1% year on year for the last five financial years.

We know that over the next five years our local population is expected to increase by 3.6% (Ordnance National Survey results) in Wiltshire and faster than the national average, annual 2% increase in Swindon (based on Local Authority projections). People over 65 currently make up 20% of the Wiltshire population and 15% of Swindon's, and this group will see the largest growth in the next 20 years with the number of people over 75 and 85 years old growing fastest.

Older people are more likely to need health and care services and we know that a large proportion of healthcare resources are consumed by people aged over 65. Much of this resource is needed for frail and vulnerable older people. Our local population reflects trends in national population changes and in 2013 the King's Fund predicted that the number of people over 85 years old is expected to increase nationally by 106% over the next 20 years, and this will be reflected in increasing numbers of people with long term conditions.

Older people are more likely to suffer from complex and long-term conditions (for example Chronic Obstructive Pulmonary Disease (COPD) and dementia) and this will put increased demand on the Trust to provide services. Nationally, people with long term conditions account for 70% of all hospital bed days, with the number of people with long term conditions expected to double over the next 10 years. With the impact of Covid this position is likely to deteriorate further.

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. We continue to see an increase in people needing one-to-one nursing due to mental health issues or dementia which reflects the increasing acuity and frailty of patients. Nationally, the number of people expected to be living with dementia is expected to double over the next 40 years.

To support people with long term conditions, we will need to provide better coordination of care to prevent avoidable ill health and hospital admissions. With improved 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 shopping and call centres, so too patients expect us to offer similar access and service. In addition, patients increasingly expect care and services to be 'linked' no matter where they enter into the system. This becomes more challenging at a time when money is getting much tighter and with the large complex nature of health and social care.

The health indicators for people in Swindon are generally better than the England average but there are significant inequalities between the health of people living in the most affluent and most deprived areas. People living in deprived areas of Swindon have a life expectancy that is 8.9 years lower for men and 6.5 years lower for women than the least deprived areas.

Over the past ten years, all-cause mortality rates have fallen and the early death rate from heart disease and stroke is now similar to the England average. Swindon has higher than average obesity in adults and children, and this presents greater challenges for us as obese patients have a greater number of associated health issues such as diabetes, cardiac and vascular problems as well as more complex needs when accessing maternity services and surgery. Swindon has higher than average numbers of people with diabetes and ranks poorly against peers for effective management of these patients.

The health of people in Wiltshire is generally better than the England average and deprivation is lower than average. However, the rural nature of Wiltshire and poor public transport provision has implications for us in providing health services and moving services currently based in the acute hospital into the community. Compared to Swindon, Wiltshire has an older population with significantly fewer people in the 20–40-year-old bracket. Wiltshire's large retirement age population, which we expect to increase by 15.8% by 2020 (ONS), has implications for the provision of healthcare both at Great Western Hospital (where we receive approximately 22% of Wiltshire's non-elective and elective activity) but more significantly within the community. This will result in an increased demand for services to support older people with long term

conditions and complex needs. This group of people may have issues accessing care and will need services to be provided close to their homes.

There will still be growth amongst the younger sections of the population and this will be supported and encouraged by planned housing developments in areas such as Trowbridge. Military personnel account for 3.3% of Wiltshire's population and every year 60% of people leaving the armed forces who are based in the South West settle here. Between 2014 and 2019, an estimated additional 4,300 military personnel (and 13,000 dependents) relocated from Germany to the Salisbury plain area. Analysis shows that between 50-75% of the service population will seek healthcare outside the 'wire'. Military personnel and ex-service people often have specific health needs and we will work with our partners in mental health trusts and social care to ensure we support the health needs of these individuals.

We also provide healthcare to people in the borders of the counties around Great Western Hospital - Gloucestershire, Oxfordshire and West Berkshire. In general, the health of these areas is better than the England average, and over the last ten years early death rates from heart disease and stroke have fallen. In line with the national trend, the retirement age population is increasing in these areas with associated implications for the Trust as a provider of health care services. Priorities for commissioners in these counties include reducing early deaths from heart disease and stroke, supporting people with long term conditions and reducing childhood obesity. We have seen an increase in the number of GP referrals from neighbouring counties as changes in other trusts drive patient flow, and patient choice and traditional geographical boundaries become blurred.

The challenges we are facing at national and trust level are unprecedented, and we are taking a proactive approach to planning for the future to deliver transformational change across our services, which will enable us to deliver high standards of healthcare and positive patient experience. We do this with a whole system approach to ensure that we consider the entire patient pathway and act on opportunities regardless of operational boundaries.

Looking to the future

We set out our five-year strategic plan in the summer of 2019, setting our vision and our four strategic pillars, these are detailed below.

The Covid pandemic has resulted in progress against these priorities being slowed, we have been working hard over the second half of 2021/22 to reset this and place a bigger focus on this going forward to ensure we achieve our vision and objectives.

To make sure we get the impact we need we've been working with partners to create our 'Improving Together' initiative, which launched in March 2022.

Improving Together is an ambitious transformation of the way we do things which will empower staff to drive continuous improvements in services, which will lead to higher standards of patient care and patient experience.

We're committed to continuous improvement to help us deliver our vision to provide the highest quality of care. We work together on our shared goals, with every improvement bringing us closer to achieving them.

Often it can feel like we have too many priorities and too little focus.

Working in a busy environment and trying to emerge from a pandemic highlights the fact that improvement needs to be part of everything we do.

We want to empower every single one of our staff and volunteers to become problem solvers, to continually improve together for our colleagues, our patients and our local communities. We'll be investing to make this happen, with training, coaching and new tools.

Everyone has a part to play. We know where we want to go as an organisation and how we are doing on our journey to get there.

As an organisation of over 5,500 problem solvers, we really will be making a difference big and small each and every day, continually improving together.

A Whole System Approach

We plan to continue working towards a remodel of our secondary care services so that they are integrated with community, primary care and social care, putting in place processes to support patients to live healthily at home for as long as possible, and when care is needed, for it to be provided in the most suitable setting. Good progress has been made on this.

Maintaining patient flow where patients are admitted to hospital is key to quality, performance and financial sustainability. This relies on a whole system approach to support people outside of hospital in the community. As a Trust, therefore, we need to focus on the things we are in control of whilst working across the wider system to address systemic constraints. Where patients are admitted to hospital, processes are being re-designed to improve flow. We will develop integrated, planned, and prevention-based pathways working with local partners, including the voluntary sector, commissioners and clinical networks to share best practice, learning, and resource to deliver more robust demand management for Swindon.

Emergency Department (ED) & Non-Elective Demand

Management of ED and Non-Elective activity remains the most significant operational challenge as demand for these services continues to exceed plan. The ED trajectory was calculated on the basis of continuing growth and seasonal trends.

Swindon is a challenged health system that has experienced significant and ongoing year on year increases in acute admissions. The context to this rise is as follows:-

- The population of Swindon is expected to increase by 2% per year, which is higher than the national average.
- Within that population, the elderly (i.e. over 65) element is set to increase more significantly, estimated to already be around 18.5%, with the over 75s within that group growing the fastest.
- The elderly population is most likely to present with severe medical conditions such as COPD and Diabetes crises, stroke and heart conditions, and will tend to generate longer lengths of stay and experience delayed discharges, thus reducing the hospital's operative bed stock.
- Delayed Transfers of Care have been a consistent feature of the Swindon health and social care economy for several years.
- Swindon's Primary Care services continue to be fragile with a high percentage of GP posts in the borough vacant or temporarily filled by locum support, which leads to patients defaulting to ED attendance, and compromises out of hospital alternatives to admission.
- Even outside of the Covid pandemic, the above factors have led to the Trust consistently incurring bed occupancy of over 100% (including regular commissioning of escalation facilities).
- The population in Swindon and the surrounding areas continues to grow at pace, and above the national average, and we have been constrained by capacity, size and flexibility. Secured £30million of central government funding will go towards improving services for our growing and ageing population by rightsizing our urgent and emergency services for the current demand that we are seeing, through the development of an Integrated Front Door and the development of alternative models of care such as intensive rehabilitation.

Cancer

We are committed to delivering the NHS Standards for Cancer and we are actively working with our partners in the Thames Valley Cancer Alliance to deliver a number of key transformational schemes in the coming years covering early diagnostics, living with cancer and beyond cancer care.

Referral to Treatment (RTT)

There are considerable challenges in meeting referral to treatment times in most specialities. Reporting structures have been put in place with each specialty having a monthly trajectory and exception reporting process. For 2021/22 our waiting list size trajectory was forecast to grow based on returning demand post the start of Covid.

Workforce

As a trust, our challenge is to keep recruiting the right people as demand grows and models of care change. Nationally and locally, there are shortages of key groups of health professionals and as a trust we are competing with other healthcare providers to fill vacancies and avoid using expensive agency staff. Over the last year the Trust has been working hard to address these issues across our Integrated System, working together with our partner providers to seek solutions.

The main risks and uncertainties facing the Trust are included in the Annual Governance Statement (Section 2.7 refers).

Future Improvements

As part of the current business planning process the Trust now undertakes a bottom up activity planning methodology to inform divisional business plans. This task is owned by the clinical delivery leads to ensure that there is full understanding of the data that is being used to develop the overall model and informs the basis of our activity planning. We continue to invest heavily here to improve our data quality. The Covid

pandemic has presented a number challenges and an uncertain future, however, we continue to plan based on the best information and emerging trends.

Our Improving Together initiative will drive our future improvement programme, ensuring that we undertake work that is within our capacity to do, that it is focused against our breakthrough objectives that will ultimately deliver against our four strategic pillars. This is a transformation approach that will be supported right across our organisations. We will harness our 5,500 problem solving members of staff to deliver positive change and high-quality care.

Opportunities for the year ahead

Our Operational Plan 2022/23 details the overall plan for the next year. However, listed below are our current key priorities: -

- Continue our quality improvement journey, delivering CQC recommendations and achieving a “good” rating for our services on our journey to an “outstanding” rating, and supporting our Great Care Campaign.
- Integrating acute, community and primary care pathways to help improve patient care, manage demand and improve flow.
- Develop the Team Swindon Integrated Care Model, learning from best practice and delivering a joined up health system for Swindon.
- Deliver improved performance, focussing on Elective Recovery and the reduction of our wait lists, our ED wait time and Cancer performance.
- Ensure safe staffing levels through improved recruitment and retention and reducing our reliance on agency staff.
- Living within our means, delivering on improvement and efficiency plans, leading on transformation schemes to build a more sustainable future and working positively with our ICS partners in Bath & North East Somerset, Swindon and Wiltshire.
- Deliver on our Way Forward Programme to open a new Urgent Treatment Centre and co-locate urgent and emergency services to help begin the right-sizing process for our acute hospital.
- Recognise our place in the system and as an anchor institution. Thinking beyond what the health sector can do in isolation, our collective power not only within our ICS but also with local industry will help start deliver the best possible life opportunities for our communities and begin to address the inequalities experienced by the people we care for.

Impact of the Trust’s business on the environment

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

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

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

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

Targets

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

Progress to Date – Sustainable Development Assessment Tool

Within the preceding Sustainable Development Management Plan (SDMP), the Sustainable Development Assessment Tool (SDAT) was used to help Trusts measure their sustainable development progress towards the UN Sustainable Development Goals. Although these have been replaced with the Green Plan these documents form the foundations of this Green Plan and they have previously been used as a benchmarking tool to compare progress between different healthcare organisations.

Within the previous financial year 2020/2021 the Trust scored 34% with the breakdown of scores within each sub-category shown within the below figure.

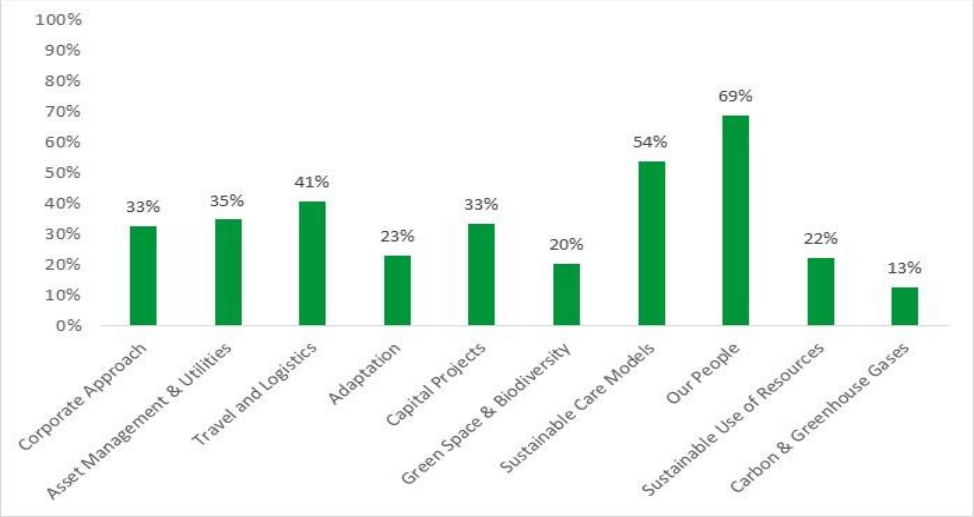


Figure 1. The Trust's scores in each sub-category of the SDAT

The main outcomes of the SDMP and SDAT have included:

- Uptake of virtual clinics.
- New build capital projects targeting BREEAM Excellent certification.
- Increase in agile working and staff working from home.
- The installation of LED Lighting across the Trust.
- The establishment of a Sustainability Steering Group and a Theatre and Maternity Sustainability Working Group.

Carbon Footprint

The Trust has a significant Carbon Footprint. This encompasses the main site but also community sites in which the Trust operates. It is important to note that there are some sites that the Trust is unable to obtain information for, therefore data for these sites has not been included in the footprint. These sites would add inconsequential emissions to the footprint and all substantial areas have been included.

The Trust's Carbon Footprint has been measured for scope 1 and 2 emissions and the Trust is working towards measuring the Carbon Footprint Plus which includes all scope 3 emissions. These scopes are defined as:

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

The Trust's NHS Carbon Footprint encompasses specific scope 3 emissions including energy generation, business travel, waste, water and metered dose inhalers. The Trust is working towards measuring these scope 3 emissions and will set interim targets for reduction to track progress towards the target of Net Zero by 2040 for the NHS Carbon Footprint.

Work is underway to further understand full scope 3 emissions for the Trust's Carbon Footprint Plus. The nature of scope 3 emissions means it is challenging to accurately measure, nevertheless these emissions are likely to be far larger than scope 1 and 2 emissions combined which is why it has been included as a key target.

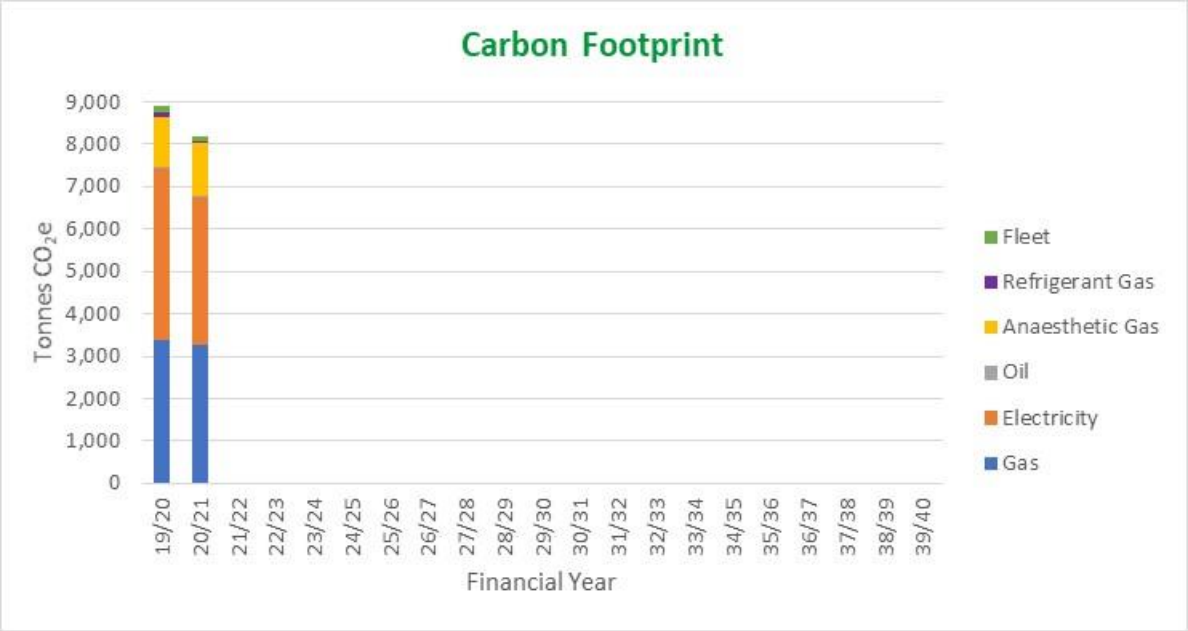


FIGURE 2. CARBON FOOTPRINT.

Research and innovation 2021/22

Covid Trials

The successful performance of the trust in the covid studies added renewed focus for this process to accelerate. During 2021/2022 we recruited 445 participants to 8 different covid research studies. One of these trials, the RECOVERY Trial, meant that GWH patients had access to life saving treatments (including dexamethasone, baricitinib, and tocilizumab) before they were available to the rest of the UK. None of this would have been possible without new ways of collaborative working seen across all parts of the Trust, and regionally with our NHS partners.

Patient Recruitment

During 2021/2022 we recruited a total of 1,104 participants (see Table 1). This was a reduction on the 2020/2021 total and was largely due to the closure of some of the higher recruiting covid studies.

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

Year	Commercial Recruits	Non-commercial Recruits	Total Recruitment
2021-2022	22	1,082	1,104
2020-2021	16	1,813	1,829
2019-2020	13	1,082	1,095
2018-2019	25	1,602	1,627
2017-2018	65	1,227	1,292

Whilst the total number of recruits reduced, the number of recruiting studies rose to 50, the highest figure since 2018/2019. This demonstrates progress in restarting non- covid studies, and in diversifying the portfolio. We recruited to studies across 25 clinical specialities during 2021/2022 (see Table 2).

Table 2: Number of clinical specialties

Year	Clinical Specialties*
2021-2022	25
2020-2021	24
2019-2020	23
2018-2019	24
2017-2018	23

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

Notable Successes

A global first

In December 2021, the Research and Innovation team at Great Western Hospital became the first in the world to trial a new method of pacemakers. In a bid to improve the lives of patients following a heart condition, the GWH team recruited the world's first participant to the Conduction System Pacing Optimized Therapy (CSPOT) Study.

West of England Research Awards 2022

The NIHR West of England Research Awards are designed to recognise teamwork, innovation, excellence in practice and leadership, and we received 3 awards in the categories rising star, collaboration in research and collaboration in covid research award.

Parliamentary Award
The R&I department has been nominated by a Swindon MP and the Trust for a local Parliamentary Award in recognition of supporting thousands of patients through a number of clinical trials offered across the organisation. The shortlist and winners will be announced in 2022/23.

Quality Performance

The Trust's Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The accuracy of the Trust's Quality Account and an assessment of whether this presents a balanced view of controls in place is provided through internal review; stakeholder engagement and consultation; and data checking processes as part of the Trust's data quality arrangements (refer page 146). The report for 2021/22 will be published on the Trust's website in June 2022.

Quality is embedded in the Trust's overall strategy. Quality targets are linked to directorates and included in local clinical speciality dashboards and pathway compliance monitoring. The Trust's performance against the quality priorities is included in the Trust-wide Quality and Performance report which is reviewed monthly by various committees and ultimately by the Board. During 2021/22. the Board continued to receive regular performance information on key quality indicators including patient safety, patient experience and clinical effectiveness. Further information on the Quality governance framework can be found on page 62.

Quality Performance 2021/22

Priority 1 - Listening and Engaging with our Patients, their Families and Carers

We are committed to ensuring that our patients their families and the wider public have opportunities to understand, get involved and influence the care that we provide. By involving patients and their families and ensuring that their voice is heard, we believe that this can have a positive impact on the outcome of their care and treatment. Patient, Carer and family representation will bring important views, perspective and challenge into the work that we do and is essential in championing a service user viewpoint.

Achieved: Aim 1 – Develop and implement a Patient Experience and Engagement plan

- A Patient Experience and Engagement framework has been developed in collaboration with our staff, patients, public members and governors
- The Framework articulates how we are providing more opportunities to hear more from our patients in order to improve our care and services and understand what is really important to them.

Not achieved: Aim 2 - Embed "care conversations" across the organisation

- This work could not be undertaken as anticipated due to covid response, however a new Volunteers patient experience forum has now been set up to drive the process of care conversations.
- Care conversations have been introduced as part of the introduction of Ward Buddies to support during winter pressures

Partially achieved: Aim 3 - Develop quality and feedback boards

- New quality and feedback boards are on order along with additional media screens which will display information about what patients are telling us and the improvements that we have made as a result
- Several engagement and involvement opportunities have been advertised to our trust members

- We have multiple patient participation groups in place across the trust, including: Cancer Partnership, Dementia/Admiral Nurses, Audiology, Podiatry, Learning disability, Chaplaincy volunteers, Paediatrics Family voices group, Maternity Partners, SWIFT Neonates, Primary Care Public Participation Meeting, Swindon Eye patients
- We are working with Voluntary Action Swindon, Swindon Equality Coalition and Healthwatch, Swindon Borough Council. We are joining work with Travelling and Gypsy communities, Asylum seekers and young mums
- We have also achieved Armed Forces Covenant Veteran Aware Accreditation

Partially achieved: Aim 4 - Implement clear, visible signposting across the organisation

- As part of the Great Care Campaign a refresh of all ward information boards is underway to ensure that signposting is clear for patients and families of who to contact with a concern

Next steps

- We are developing 'Care Reflections' which will provide real patient stories for staff to use in training, meetings and in their reflective work in order to bring the patients true experience to life
- We are developing closer links with community partners and system colleagues to triangulate our work and ensure we are engaging more with seldom heard groups
- We are helping our staff to understand the importance of hearing the patient voice in the work that they do and providing them with documentation and tools to ensure that they feel confident in involving patients
- We are providing new patient involvement, partnership working and co-design opportunities that are advertised widely to our trust members and local communities.
- We continue to embed learning and provide visibility across the organisation to celebrate and advertise the improvement work taking place.

Priority 2 - Reduce the incidence of Hospital Acquired Pressure Ulcers

At Great Western Hospitals Trust we do not want any of our patients to come to harm whilst they are in our care, we believe that by the implementation of effective systems and processes supported by education and training we will be able to reduce the incidence of pressure ulcers developing while patients are in our care.

Partially achieved: Aim 1 - Develop a bed and mattress replacement programme

- We undertook mattress audit which was completed in May 2022.
- Introducing a bi-annual mattress audit across the Trust

Achieved: Aim 2 - Implement a rapid learning process to support early identification of learning

- Information is now shared across teams for leaning and improvement
- System now in place to share data across the organisation. As a result action plans are developed to mitigate any improvement actions identified.

Achieved: Aim 3 - Undertake a data quality exercise to ensure accurate reporting

- Data quality review undertaken by Tissue Viability Team

Partially Achieved: Aim 4 - Continue to develop and embed education and training

- Introduction of a Training Tracker Module for Pressure Ulcer Training.
- Ongoing monitoring of compliance by the Tissue Viability Team

Achieved: Aim 5 - Continue to develop Safer Skin Champions for all areas

- Safer Skin Champions in place across all areas within the organisation

Partially achieved: Aim 6 - Identify equipment required and develop plans for implementation across departments including training

- Mattress trials are currently taking place in areas with future plans to roll out more widely once trial completed.

Next Steps

- Introduce to staff a Video of training to include
    - Skin Assessment
    - Surface
    - Keep Moving
    - Incontinence & Moisture
    - Nutrition and hydration
    - Giving information

Priority 3 - Achieving smooth and effective flow across the hospital and community

The Flow programme is a whole system approach to ensure that patients are seen in the most appropriate or safe location by the right person in a timely way, flow is key to preventing bottlenecks, which can result in patients not receiving the right care at the right time or in the right place. When we do not have the right conditions for patients to flow through our Hospital and Community, patients experience unnecessary admissions to hospital resulting in physical deconditioning requiring additional interventions, prolonged lengths of stay and clinicians being unable to deliver effective, responsive, and safe care and treatment. Flow is crucial to ensure the safety of patients arriving at the emergency department to ensure the swift transfer from ambulance care to hospital care and where possible back to their community.

Partially achieved: Aim 1 – Monitor compliance with hospital discharge policy and operating model

- Hospital Discharge Policy gap analysis completed to enable focused improvement work
- The testing of Safety Netting calls underway (Safety netting provides good aftercare and is best practise to ensure patients feel supported, especially for end-of-life patients / families)
- Established a non-criteria to reside pathway
- Built in multidisciplinary escalation processes

Partially achieved: Aim 2 – Ensure patients are only admitted to the hospital when all avenues have been exhausted

- Successful testing and implementation of the Navigation Hub which streamlines patients to other pathways within the Community or for planned admission reviews
- Success of re-routing through SAFER trials which were completed in January 2022
- Improvement strategy plans have been initiated to ensure patients are being seen by the correct services

Not achieved: Aim 3 – Support patients to move to the most suitable location as soon as possible

- Strategy in development to ensure bed moves are at a minimum for all patients

- Working towards a ‘Putting the Hospital to Bed’ program to achieve aim of vacating the Ambulatory Care Area capacity before 9pm to reduce the risk of multiple moves at night
- Review of night patient pathway
- Streamline work through front door hub

Achieved: Aim 4 – Work with partners to deliver care in the community

- Home first standard operating procedure in place and decision model commenced in November
- New discharge strategies in place including the Care Hotel
- Commissioning of live in Carers within the Community
- GWH continue to explore options to bridge the gap to care with family / relatives to support patients discharge from hospital

Not achieved: Aim 5 – Keep bed moves to a minimum especially after 10pm

- Strategy creation in progress to ensure bed moves are not made after 10pm.

Partially achieved: Aim 6 – Make sure our services operate 24/7 to prevent unnecessary admissions

- Work to be done throughout the Trust to fully understand the need for 7-day services
- A SAFER weekend was undertaken in March 2022 to gain further understanding of the services needed
- Work being completed in April to understand what stops patients from being discharged at the weekends to understand the next steps needed to be taken

Partially achieved: Aim 7 – Ensure ambulances are effectively streamed to the correct patient pathway

- 15 internal pathways have been identified to direct patients to receive the correct care
- Continue to improve the Single Point of Access (SPOA) services for patients with minor injuries
- Ongoing work to develop the gateway between the Trust and Nursing / Care Homes

Achieved: Aim 8 – Implement safer bundle, SAFER is suite of actions designed to help reduce delays for patients

- SAFER care weeks introduced and ongoing with great feedback from local partners (BSW)
- Stranded patient reviews undertaken

Partially achieved: Aim 9 – Develop further admission avoidance pathways

- Ongoing Divisional work to streamline all referrals away from ED via the Navigation Hub
- Community looking to implement virtual ward to ensure patients are on the correct pathway
- Rapid response pathways being created
- Continue to look at Falls / Chest Pain pathways to re-direct these from ED.
- Internally look for ‘hot slots’ for outpatients
- Work to be completed to improve the Mental Health pathways

Next steps

- We are looking to develop and establish a pathway around ‘Putting the Hospital to Bed’ to reduce the amount of patient moves after 9pm.

- Ongoing work to improve the Navigation Hub to ensure patients are redirected from ED through the correct pathways to receive timely care
- Work collaboratively with the Community to identify gaps in the Hospital Discharge Policy to ensure the standards are being met

Transformation - 2021/22

The Trust's transformation programme is aimed at delivering significant benefits to patient care and treatment whilst also realising efficiency savings. The Trust has also invested in a sustainable quality improvement approach, called Improving Together, with an external partner and in collaboration with our acute partners in BSW which will continue to be rolled-out into 2022. This is aligned to the organisation's strategic initiatives and breakthrough objectives enabling a Board to Ward view. Improving Together is a consistent approach to change, innovation and continuous improvement whereby staff are trained, coached and supported to implement improvements in their own areas of work. In conjunction with our health system partners the Trust is working toward Integrated Care focussed on more coordinated and combined forms of care provision with a shared commitment to improve patient care and experience through better coordination of services.

A number of clinical improvements have been implemented in 2021/22 including the implementation of a new theatre system which has acted as an enabler for enhanced scheduling and booking. A paperless system has also been implemented within ICU to streamline processes and to capture time efficiencies. There are also examples of collaborative working with the NSTEMI pathway within Cardiology acting as an example of best practice of which the Trust has been asked to present their improvements externally.

Using the award of STP Wave 4 Capital Funding (£30m) the Trust will be investing in an Integrated Front Door with enlarged Emergency Department capacity. This will transform the way we work and allow for an improvement in how flow through the hospital is managed. In addition, the Trust purchased a 5.5 hectare plot of land next to Great Western Hospital which will allow us to further develop our services by moving some of them out of the main building.

The expansion land, located on the south side of the hospital site, will also allow space for a future health campus which could include a hotel for visitors and staff, a mental health unit, a stand-alone cancer centre and an education suite for staff to learn and develop professionally.

Financial Position of the business 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 2021/22 has continued to be impacted by the Covid pandemic. Although the Trust has continued to treat patients with Covid and has still been required to meet Infection, Prevention & Control guidelines, the focus has been on activity recovery. Planning and the usual contracting and funding arrangements continued to be suspended and replaced by block contract arrangements. Trusts were funded to achieve a break-even position and additional funding was provided to support Elective activity recovery. The Covid vaccination and testing programmes were also supported through central funding.

In 2021/22 the Trust continued to receive Personal Protection Equipment (PPE) stock and imaging and ventilation equipment associated with Covid managed and managed centrally by Department of Health & Social Care (DHSC). Some items of equipment received in 2020/21, that the Trust were unable to use, were returned to DHSC. These have been accounted in the Trust's accounts as donated items.

The Trust ended the year with a £6m deficit including donated items and impact of asset transfer, with a surplus of £0.050m after technical adjustments. This is a slight improvement compared to the position in

2020/21 of £0.028m surplus. As in 2020/21 this reflects the additional income the Trust has received to support the Covid response.

During 2021/22 Cost Improvement Programmes (CIPs) delivery continued to be monitored and the Trust set an efficiency target of £3.9m (1% of income). A total of £4.5m was achieved, 42% recurrently and 58% non-recurrently. The Trust continues to seek transformational change to manage financial challenges, whilst maintaining and improving quality.

The focus of activity in 2021/22 was to recover elective activity to within a prescribed percentage of 19/20 levels. This was managed in a phased approach with the target moving from 70% in April 2021 to 95% for the period July 2021 to March 2022. The Trust was successful in delivering this target for April to July 2021, but this was harder to achieve during the second half of the year due to the impact of Non-Elective activity pressures and an increase in Covid patients. Non- Elective (NEL) and A&E department activity have continued to increase in 2021/22 and are broadly in line with 19/20 activity levels. Elective (EL), Day Case (DC) and outpatient activity have continued to recover and are slightly below 19/20 levels.

Agency spend was £15.3m, which is an increase of £0.9m compared to 2020/21 (£14.4m) and £7.3m higher than NHS agency cap. Of this £0.5m related to agency costs to cover Covid testing, Vaccination programme and other staffing costs associated with Covid.

The Trust charity, Brighter Futures, ended the year with £1.4m in funds, of which £1.2m is classed as restricted and £0.2m unrestricted. Income for the year was £0.6m compared with expenditure of £3m, meaning the charity saw a reduction in funds of £2.4m. This was mainly due to transfer of funds raised for Swindon Radiotherapy Centre, to Oxford University Hospitals NHSFT.

Analysis using financial and key performance indicators (Trust only)

The earnings before interest, taxes, depreciation, and amortization (EBITDA) at year end were £29.2m (£28.1m 2020/21) which was £0.7m worse than plan. The EBITDA income percentage was 6.5% (6.3% 2020/21) against a plan of 7.2%. Creditors at year end amounted to £62.6m (£49.1m 31/3/21) and Creditor days at 31/3/22 were 156 days (133 days 31/3/21). Debtors were £23.5m (£38.8m 31/3/21) and Debtor days were 19 at 31/3/22 (34 days 31/3/21).

Additional activity creating pressure on finances

The following tables highlight activity levels by point of delivery for the GWH Acute and Community and Maternity contracts.

TABLE – GWH Acute Activity

Point of Delivery	2018/19	2019/20	2020/21	2021/22
New Outpatients	174,617	177,379	159,493	184,822
Follow Up Outpatients	317,579	312,782	251,111	274,295
Day Cases	37,065	39,822	28,154	36,414
Emergency Inpatients (Non-Elective)	52,303	50,923	41,872	49,139
Elective Inpatients	5,601	5,132	3,014	4,640
Emergency Department Attendances	82,340	75,783	50,935	65,198
Total	669,505	661,821	534,579	614,508

Note Emergency Department Admissions does not include Urgent care activity

Our community data (for Swindon Community) is as follows:

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

Contractual arrangements

The Trust does not have any contractual arrangements with persons which are essential to the business of the Trust.

Continued investment in improved services for patients

The Trust has continued to invest in improved services as follows: -

- Maternity Services (to meet requirements of Ockenden review)
- Safer Neonatal staffing
- Urgent Treatment Centre
- Same Day Emergency Services
- Therapy Support in Intensive Care Unit (ICU)
- Urology Template Biopsies
- Magseed Breast Cancer Care

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

As at 31 March 2022 the Trust has two PFI schemes, Great Western Hospital and System C Medway Integrated Clinical Information System.

Events since year end

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

Details of overseas operations

None during 2021/22.

Charitable Donations

Total income through the Charitable Funds for 2021/22 was £0.63m of which £0.54m related to donations and legacies.

Long Term Financial Viability

The last two financial years have seen a change in financial regime in reaction to the Covid pandemic that has enabled the Trust, and system, to break even. From 2022/23 the pandemic funding regime will cease and non-recurrent funding for Covid and Elective recovery have been reduced. This has created additional pressures for the system as services will take time to adjust to post-pandemic service delivery models.

Prior to and during the pandemic, the Trust and system have continued to work on understanding the underlying deficit and to identify plans to transform services to work towards developing financial

sustainability. A significant element of the Trust's underlying financial position is the structural deficit linked to the Trust's PFI contract (currently accounting for 3% of Trust income each year). The Trust continues to work to drive value out of this contract via all of the routes available to it.

No Trust branches outside UK

The Trust does not have branches outside the UK.

Notes to the Accounts

In relation to the use of financial instruments, an indication of the financial risk management objectives and policies of the Trust and the exposure of the entity to price risk, credit risk, liquidity risk and cash flow risk, unless such information is not material for the assessment of the assets, liabilities, financial position and results of the entity, are included in Note 29 to the accounts.

Explanation of amounts included in the annual accounts

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

Preparation of the Accounts

The Accounts for the period ended 31st March 2022 have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form that NHS Improvement (the Independent Regulator of NHS Foundation Trusts) with the approval of the Treasury, has directed.

Preparation of the Annual Report and Accounts

The Directors consider the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.

Please note that the Trust has disclosed information on the above as required under the Companies Act 2006 that is relevant to its operations.

Signed:
Kevin McNamara
Chief Executive
7 July 2022

1. ACCOUNTABILITY REPORT

2.1 Directors' Report

How we are run

The Trust Board is a unitary board accountable for setting the trust's strategic direction, vision and values, monitoring performance against objectives, ensuring high standards of corporate governance and helping to promote links between the trust and the local community. It is responsible for coordinating and prioritising all aspects of risk management issues that may affect the delivery of services. Our Executive Committee, comprising members of the senior clinical and corporate leadership teams provides a regular forum for discussing and making decisions on a range of issues relevant to day-to-day operational management, including quality, efficiency and effectiveness.

Key duties are set out in the Trust's standing orders and standing financial instructions and board terms of reference, which are reviewed on an annual basis. The Trust Board meet regularly in public to discharge its duties (the Board met 12 times in public during 2021/22, excluding the annual general meeting).

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

The Non-Executive Directors (NEDs) 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.

In 2021/22 the balance and completeness of the Board has been considered on recruitment to the positions of Director of Improvement and Partnership, Medical Director and Chief Operating Officer and also in the appointments and re-appointments of Non-Executive Directors. As outlined within the 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.

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.

The Trust Board

The following individuals were also Directors of Great Western Hospitals NHS Foundation Trust in 2021/22:-

- Julie Soutter was Non-Executive Director and Chair of Audit, Risk & Assurance Committee until 31 December 2021
- Charlotte Forsyth was Medical Director until 31 August 2021
- Jim O'Connell was Chief Operating Officer until 31 August 2021

Board members 2021/22

Non-Executive Directors

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.

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

Dr Nick Bishop,
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.

During 2021/22 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 Clinical Ethics Advisory Group

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.

During 2021/22 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

Faried Chopdat
Non-Executive Director

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

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

Since April 2021 Faried's membership on Board committees has been:-

- Member of the Audit, Risk & Assurance Committee
- Member of the Finance & Investment Committee
- Member of the Remuneration Committee
- Member of the Quality & Governance Committee (Apr – Sept)
- Member of the Way Forward Committee
- Member of the Remuneration Committee

Peter Hill
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.

During 2021/22 Peter'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 2021/22 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

Claudia Paoloni
Associate Non-Executive Director

Claudia joined the Trust Board on 1 April 2021. Following medical and specialist qualification, Claudia has held positions of leadership and influence in her senior medical career.

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

She has also held an executive member position for Hospital Consultants and Specialists Association (HCSA), and since April 2019 holds the elected role of President - the first female president since its inception in 1948. This is a stakeholder role within NHS England and Improvement, NHS Employers, Parliamentary committee reviews and campaigns, the Treasury and the Department of Health, having recently worked on the NHS Medical Workforce

	Female Gender Pay Gap review, the Treasury and DOH Pensions and Taxation review and the Review Body on Doctors' and Dentists' Remuneration (DDRB) and response to Covid. Passionate about the NHS, Claudia actively works towards influencing the recruitment and retention of our NHS staff for the future. During 2021/22 Claudia's membership on Board Committees was as follows: - ▪ Member of the Performance, People & Place Committee (Oct – Mar) ▪ Member of the Quality & Governance Committee (Apr – Sept) ▪ Member of the Way Forward Committee ▪ Member of the Remuneration Committee
 **Sanjeen Payne-Kumar** *Associate Non-Executive Director*	Sanjeen joined the Trust Board on 1 April 2021. He brings over 30 years' of global experience in the design and execution of major transformation programmes in the retail, energy, professional services and charity sectors. Previous positions include senior finance and transformation roles in BP, Castrol, KPMG and ADNOC Distribution. Trustee roles include the Wiltshire Air Ambulance, Afrikaya, and the Hayfran Trust. Sanjeen's primary expertise is in finance, digital transformation, and commercial management. During 2021/22 Sanjeen's membership on Board Committees was as follows: - ▪ Member of the Finance & Investment Committee ▪ Member of the Performance, People & Place Committee (Apr - Sept) ▪ Member of the Quality & Governance Committee (Oct - Mar) ▪ Member of the Way Forward Committee ▪ Member of the Remuneration Committee
 **Helen Spice** *Non-Executive Director*	Helen joined the Trust Board on 1 April 2021. Helen is an experienced finance professional with a 35-year career in the corporate, health and social care and not for profit sectors. She has held a number of senior positions; most recently Helen was Chief Financial Officer of Turning Point, a social enterprise working with people to support their mental health, drug and alcohol use and people with a learning disability. Helen is also a Non-Executive Director of the Make-a-Wish Foundation, providing life-changing wishes for children with critical illnesses and the Mental Health and Employment Partnership Limited supporting individuals with severe mental illness, substance misuse and learning disability, to obtain employment. She has a strong motivation to support people across the community to ensure that everyone has equal access to the health and social care services they require. During 2021/22 Helen's membership on Board Committees was as follows: - ▪ Chair of Audit, Risk & Assurance Committee (since 1 January 2022) ▪ Member of the Audit, Risk & Assurance Committee ▪ Member of the Finance & Investment Committee ▪ Member of the Performance, People & Place Committee (Apr – Sept)

	▪ Member of the Quality & Governance Committee (Oct – Mar) ▪ Member of the Way Forward Committee ▪ Member of the Remuneration Committee

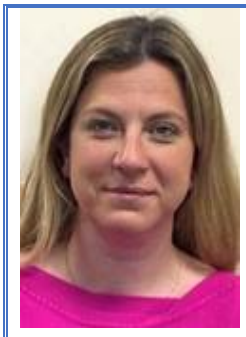
 **Julie Soutter** *Non-Executive Director (to 31 December 2021)*	Julie is a finance and management professional, with qualifications in finance (FCA) and change management, including managing programmes and projects and process improvement. She has worked across the professional, charitable, private 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. During 202/22 Julie's membership of Board Committees was as follows: - ▪ Chair of Audit, Risk and Assurance Committee (to 31 December 2021) ▪ Member of Finance & Investment Committee ▪ Member of the Performance, People & Place Committee ▪ Member of the Remuneration Committee ▪ Member of the Way Forward Committee ▪ Julie's term of office ended on 31 December 2021.

Executive Directors

 **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.

 **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.

 **Lisa Cheek** *Chief Nurse*	Lisa joined the Trust on 29 March 2021 as Chief Nurse. Lisa has a range of skills and experience from her previous roles. She has focussed on continuous improvement, further engaging with colleagues across the NHS and other partner organisations to roll-out the Trust's improvement plans at a system level. Quality care should be best practice all the time, so Lisa will support with streamlining and integrating processes and supporting staff to recognise and implement areas for positive change.

 **Felicity Taylor-Drewe** *Chief Operating Officer* **(***from 25 August 2021)*	Felicity joined the Trust as Chief Operating Officer in August 2021 from Gloucestershire Hospitals NHS Foundation Trust, where she was Deputy Chief Operating Officer and Divisional Director for Surgery. She has a strong track record of strategically leading the delivery of the clinical services and standards, including Referral to Treatment, Cancer, Diagnostics, Outpatients and Theatres optimisation. Felicity is passionate about improving pathways of care for patients and will take forward our work to integrate services more closely across, community, primary and secondary care, with a real focus on health inequalities.

 **Claire Thompson,** *Director of Improvement and Partnerships* **(***from 19 April 2021)*	Claire joined the Trust as Director of Improvement and Partnerships in April 2021 with over 15 years of experience in acute hospital management, as Divisional Director and Deputy Chief Operating Officer. She also spent time as a commissioner leading on patient flow and working with partners on system wide performance. She looks to remove organisational boundaries to create an environment in which teams and individuals can flourish to deliver compassionate, safe and effective care in to people in the most efficient way possible. She works with teams across the Trust and the wider health and care system to reduce health inequalities and to improve the wellbeing of our local communities.

 **Simon Wade,** *Director of Finance & Strategy*	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.

 **Jon Westbrook** *Medical Director* **(***from 1 September 2021)*	Jon joined the Trust as Medical Director in September 2021 His consultant medical career was at Oxford University Hospitals, where he was a specialist in Neuro-anaesthesia and Neuro-intensive care for over 25 years. He was also one of the Oxford Divisional Directors for eight years leading many services including core and specialist clinical teams. Jon's focus is on the delivery of high quality and safe patient care both in the Trust and across the wider health system. To enable this he will support the multi-disciplinary clinical teams as they develop their services in finding new and effective ways of providing compassionate care. This will include working to support and strengthen clinical leadership across the Trust. He will also help to achieve our ambition to expand digital programs including an enhanced electronic patient record.

Non-Voting Executive Director

- Naginder Dhanoa was appointed Chief Digital Officer on 1 December 2021 which is a joint role with Salisbury NHS Foundation Trust.

Additional Executive Directors in 2021/22

The following individuals were also Executive Directors of Great Western Hospitals NHS Foundation Trust in 2021/22:-

- Charlotte Forsyth was Medical Director until 31 August 2021.
- Jim O'Connell was Chief Operating Officer and Deputy Chief Executive until 31 August 2021.

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 2021/22.

All 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.

Non-Executive Directors – as at June 2022			
Name	**First Term**	**Second Term**	**Third Term**
Lizzie Abderrahim	01.05.19 – 30.04.22	01.05.22 – 30.04.25	
Liam Coleman (Chairman)	01.02.19 – 31.01.22	0102.22 – 31.01.25	
Nick Bishop	01.08.16 – 31.07.19	01.08.19 – 31.07.22	01.08.22 – 31.07.23
Andy Copestake	01.07.16 – 30.06.19	01.07.19 – 30.06.22	01.07.22 – 30-06.23
Peter Hill	01.04.17 – 31.03.20	01.04.20– 31.03.23	
Paul Lewis	01.04.18 – 31.03.21	01.04.21 – 31.03.24	
Helen Spice	01-04-21 – 31-03-24		
Faried Chopdat	01-04-21 – 31-03-24		
Associate Non-Executive Directors			
Claudia Paoloni	01-04-21 –31-03-23	n/a	n/a
Sanjeen Payne-Kumar	01-04-21 –31-03-23	n/a	n/a

Liam Coleman, Trust Chair was re-appointed for a further 3 year term of office at a Council of Governors meeting held on 18 November 2021.

The Trust recruited its first two Associate Non-Executive Directors, Claudia Paoloni and Sanjeen Payne-Kumar who started on 1 April 2021.

There was one re-appointment as Non-Executive Director in 2021/22 Lizzie Abderrahim for a second 3 year term of office.

Attendance at meetings of the Board of Directors during 2021/22

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											
	1 April 2021	6 May 2021	3 June 2021	1 July 2021	5 August 2021	2 September 2021	7 October 2021	4 November 2021	2 December 2021	6 January 2022	3 February 2022	3 March 2022
Executive Directors												
Lisa Cheek	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Naginda Dhanoa*[1] *(from 1 December 2021)*	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	×	×	✓	×
Charlotte Forsyth *(to 31 August 2021)*	✓	✓	✓	✓	✓	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Jude Gray	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kevin McNamara	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jim O'Connell *(to 31 August 2021)*	✓	✓	✓	✓	×	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Felicity Taylor-Drewe *(from 25 August 2021)*	n/a	n/a	n/a	n/a	n/a	✓	✓	✓	✓	✓	✓	✓
Claire Thompson *(from 19 April 2021)*	n/a	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simon Wade	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jon Westbrook *(from 1 September 2021)*	n/a	n/a	n/a	n/a	n/a	✓	✓	✓	✓	✓	✓	✓
Non-Executive Directors												
Lizzie Abderrahim	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nick Bishop	✓	✓	✓	×	×	✓	✓	✓	✓	✓	✓	✓
Liam Coleman (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andy Copestake	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Faried Chopdat	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peter Hill	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Lewis	✓	✓	×	✓	×	✓	✓	✓	✓	✓	×	✓
Claudia Paoloni*	✓	✓	×	✓	✓	×	✓	✓	✓	✓	×	✓
Sanjeen Payne-Kumar*	✓	✓	✓	✓	×	×	✓	✓	×	✓	✓	×
Helen Spice	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓
Julie Soutter (to 31 December 2021)	✓	×	✓	✓	✓	✓	✓	✓	✓	n/a	n/a	n/a

*Non-voting
[1]Joint role with Salisbury NHS FT therefore attendance is when required.

Decisions reserved for the Board of Directors

There are certain matters which are reserved for the Board of Directors to decide relating to regulation and control; appointments; strategic and business planning and policy determinations; direct operational

decisions; financial and performance reporting arrangements; audit arrangements and investment policy. The Reservation of Powers to the Board and Scheme of Delegation financial limits were refreshed in February 2022. A full copy can be obtained from the Company Secretary.

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

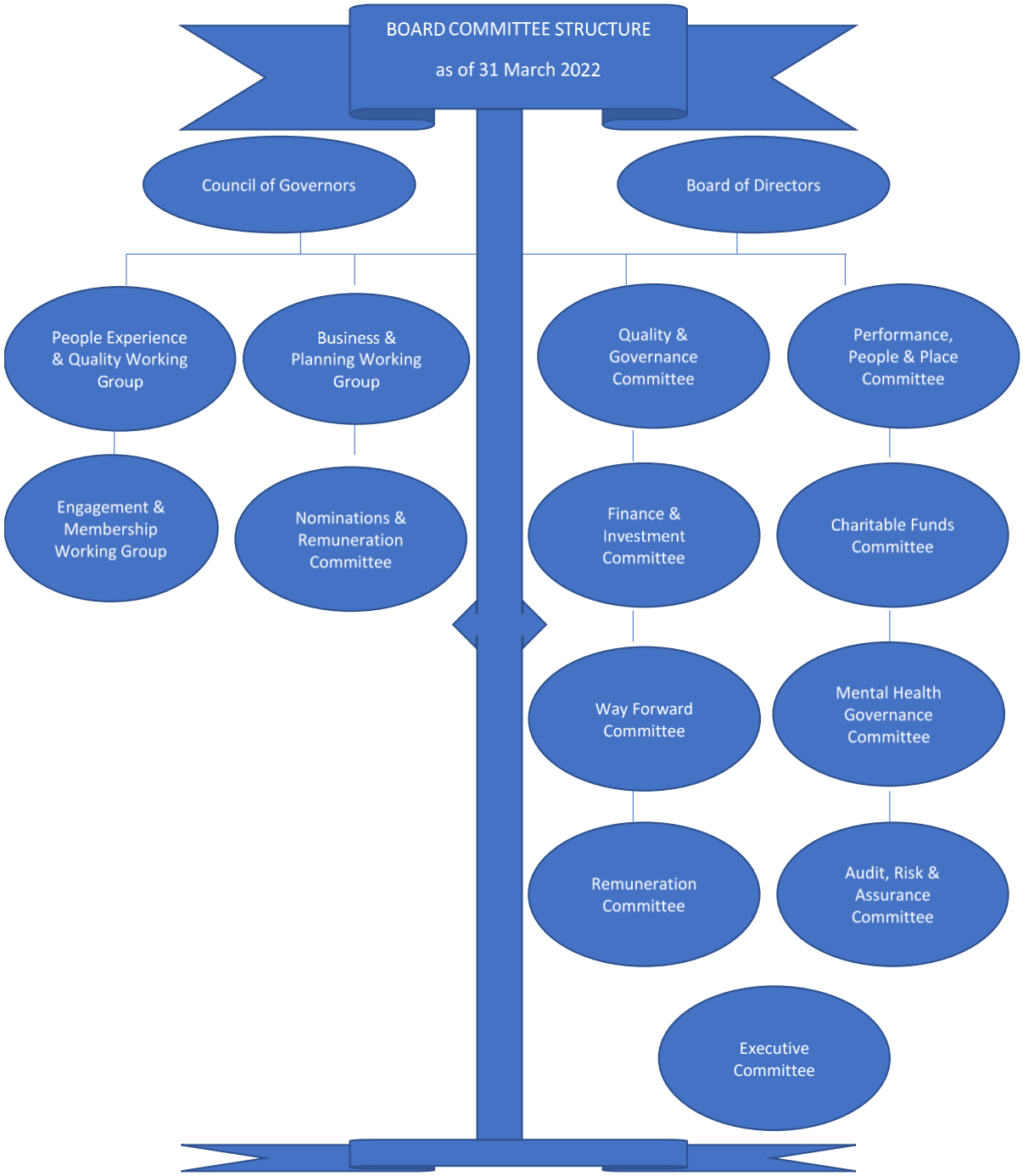
The Board considered its effectiveness in terms of decision making, refreshing its reserved powers, the Scheme of Delegation and the Terms of Reference of the Board Committees. The Board Committee structure has been designed to ensure lines of assurance on all areas of Trust business via Board Committee to the Board. The Board considered its structure in April 2021.

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.

Committee structure

The structure of the Board committees is shown below: -



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 April 2021 and will be refreshed again during 2022/23 following a review of the Board committee structure to reflect the changes in the NHS landscape and to focus more attention on the Trust's strategic risks and national priorities.

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 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 next review will take place in 2022/23.

Also during 2021/22 the Board of Directors embarked on a structured, externally facilitated Board Development Programme which linked with the development of Trust wide quality improvement programme, Improving Together, leadership development initiatives and equalities and inclusion plans. These plans reflect the organisation's wider system leadership role and incorporate a collaborative working approach.

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.

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).

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 2021/22 (nil in 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 a continued improvement in the Better Payment Practice Code measures over the year as we have continued to work on improving processes for timely approval of invoices. Cash has been tightly managed to ensure sufficient funds are available to pay creditors as they fall due and to ensure continuation of services.

Better Payment Practice Code	Year ended 31 March 2022		Year ended 31 March 2021	
	Number	£'000	Number	£'000
Total non-NHS paid in year	61,704	247,868	56,319	251,293
Total non-NHS paid within target	58,427	241,395	50,576	237,650
Percentage of non-NHS bills paid within target	**94.69%**	**97.39%**	**89.80%**	**94.57%**
Total NHS paid in year	1,668	11,949	1,637	12,989
Total NHS paid within target	1,379	8,838	1,163	7,094
Percentage of NHS bills paid within target	**82.67%**	**73.96%**	**71.04%**	**54.62%**

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 an audit trail of sourcing processes and contract management. This also makes it accessible for all suppliers (including small and medium sized enterprises SME's)) to engage with us, reducing the paperwork suppliers have to complete during formal tendering processes.

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

Quality Governance

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
- 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).

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.

During 2021/22 the Trust had in place a number of plans and processes which contributed to ensuring Quality Governance. Examples of this include: -

- A Quality Strategy has been developed and will be launched in May 2022 that describes the Trust's approach to Quality. The strategy includes key performance indicators that are in place to focus on patient care, positive patient experiences and good clinical outcomes.

- Divisional quality dashboards continue to be enhanced, to support departments and divisions in their monitoring and reporting of quality performance indicators. As the Datix Database is implemented through 2022/23, this will provide further surveillance tools for key staff to monitor incidents and issues within their service areas.

- Quality information is analysed and challenged in many areas. The Board reviews a monthly Integrated Performance Report which include an "Our Care "section, which includes metrics and analysis of essential quality indicators, such as Infection Prevention and Control, incidents of patient harms and improvement work underway.

- 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.

- 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. During 2022 Clinical Risk overview was added to the Health Care Assistant inductions, ensuring a standard level of understanding across this staff group, supporting in the identification and escalation of incidents and issues that could impact on quality outcomes

- 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 include escalation of serious untoward incidents and complaints. Robust improvement plans are put in place to address quality performance issues. Through the remainder of 2022 these documents will be refreshed and reviewed in relevant meetings to ensure that new themes and mitigating actions are recorded to improve patient safety.

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.

We continue to monitor and optimise 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 online options. We have developed close links with community and partner organisations 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.

We continue to focus 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.

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 via the newly implemented Learning Zone 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.

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 2021/22 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 schedule remained paused for the year. In order to ensure appropriate and effective oversight the Clinical Commissioning Group (CCG) quality requirements were aligned with the reporting to the Patient Quality Committee. We have also established close relationship and regular engagement meetings with the Quality leads from the CCG.

Monitoring of the Care Quality Commission (CQC) regulations is undertaken through the Patient Quality Committee, Quality and Governance Committee and Executive Committee ensuring visibility at Trust Board.

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 places significant emphasis on building strong relationships with local providers and commissioners, and we are confident that the closer way of working developed during the pandemic will continue, particularly as arrangements become formalised with the establishment of the Integrated Care System.

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

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

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

Health and Overview Scrutiny Committees (HOSCs)

HOSCs (known as the Adults' Health, Adults' Care and Housing in Swindon and the Health Select Committee in Wiltshire) are a statutory function of Local Authorities comprising elected representatives whose role it is to scrutinise decisions and changes that impact on health services in the area. In 2021/22 the Chief Executive, or a deputy, attended each of the Swindon meetings to present the key issues relating to the Trust together with updates on Covid response and recovery. During the year the Trust's report to the committee was merged with the Clinical Commissioning Group's submission to form a joint health and care report.

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 NHS Foundation Trust's auditor is aware of that information.

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

Income disclosures

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

Other income

Other income totals £27m (2020/21, £57m) and includes income received for non-patient related activities. It includes income received for education and training for clinical staff (£13.5m, 2020/21 £13m), research and development (£1m, 2020/21 £0.8m), Charitable contributions (£1.7m, 2020/21 £5.6m) and income to cover costs incurred in provision of Covid testing and vaccination services (£2m, 2020/21 £27m). Remaining other income totals £8.9m (2020/21, £10.6m) and is derived from services provided in support of health care.

Signed:

Kevin McNamara
Chief Executive
7 July 2022

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 4 meetings of the Remuneration Committee during 2021/22. 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 2021/22 due to Covid*			
	26 May	**19 July**	**18 October**	**16 December**
Lizzie Abderrahim	✓	✓	✓	✓
Nick Bishop (Chair)	✓	✓	✓	✓
Liam Coleman	✓	✓	✓	✓
Andy Copestake	×	✓	✓	✓
Faried Chopdat	✓	×	✓	✓
Peter Hill	✓	×	✓	✓
Paul Lewis	✓	✓	×	✓
Kevin McNamara	✓	✓ *(part)*	✓	×
Claudia Paoloni	✓	✓	×	×
Sanjeen Payne-Kumar	×	×	✓	✓
Helen Spice	✓	✓	✓	✓
Julie Soutter *(to 31 December 2021)*	✓	✓	✓	✓

The committee also invited the assistance of the Director of Human Resources (Jude Gray) and the Company Secretary was in attendance.

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 2021/22 the Remuneration Committee undertook its annual review of remuneration of Executive and non-voting Board Directors. The Remuneration Committee wishes to ensure that Directors' remuneration reflects current market levels, thus enabling the Trust to continue to recruit and retain high calibre Directors. Benchmarking information relating to other Trusts was considered and basic pay was reviewed in line with benchmarking rates and NHSE/I recommendations.

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

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

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

Policy - The difference between the Trust's policy on 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 Nominations & Remuneration Committee (formerly known as 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 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: -

	2021/22
Chair	£43,465
Non-Executive Director (basic which all receive except chair)	£13,000
Senior Independent Director	£1,000
Audit, Risk & Assurance Committee Chair	£1,000
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.

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 2021/22 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 Chair of the Remuneration Committee summarising the financial year

During the year the Committee reviewed the Chief Executive and Executive Board Directors performance against objectives for 2020/21 and objectives for 2021/22.

The Committee considered the Chief Executive and Executive Board Directors remuneration and agreed an award for 4 Executive Directors in 2021/22 in line with NHSE/I recommendations. The remaining VSM had been appointed within year and therefore no further increase was appropriate.

The Committee considered the Executive and non-voting Board Director composition of the Board and agreed plans around recruitment to the posts of the Medical Director, Chief Operating Officer and a joint Chief Digital Officer with Salisbury NHS FT.

The Committee appointed Jon Westbrook as the Medical Director in May 2021. He took up the post from Charlotte Forsyth.

The Committee appointed Felicity Taylor-Drewe in May 2021 replacing Jim O'Connell who left in August 2021.

Furthermore, in October 2021 the Committee appointed Naginda Dhanoa as Chief Digital Officer. This is a non-voting Executive Director role and a joint post with Salisbury NHS FT.

The Committee also reviewed and agreed the Directors Code of Conduct 2022-2024.

This report contains a summary of the work of the Remuneration Committee during 2021/22.

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 2021/22

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

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

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

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

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

Pension Benefits and Remuneration

Pension Benefits 2021/22

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

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	315	92	407	
James O'Connell	Chief Operating Officer	0	0	0	0	0	0	0	
Charlotte Forsyth	Medical Director	5-7.5	7.5-10	35-40	80-85	595	100	696	
Lisa Cheek	Chief Nurse	47.5-50	142.5-145	45-50	140-145	0	1,097	1,097	
Julie-Anne Marshman	Chief Nurse	0-2.5	2.5-5	40-45	125-130	906	(906)	0	
Carole Nicholl	Director of Governance & Assurance	0	0	0	0	0	0	0	
Simon Wade	Director of Finance	5-7.5	12.5-15	35-40	75-80	483	115	599	
Judith 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	

Expenses of Directors and Governors

Expenses 2020/21 – 2021/22

Expense Disclosure	Total number in Office 2020/21	Total number in Office 2021/22	Total Receiving Expenses 2020/21	Total Receiving Expenses 2021/22	Aggregate sum of expenses paid 2020/21 (£00)	Aggregate sum of expenses paid 2021/22 (£00)
Directors	10	9	2	2	2	7
Governors	8	12	4	5	17	4

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 2022.

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

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

The banded remuneration of the highest-paid director in the organisation in the financial year 2021/22 was £177,500 (2020-21, £177,500). This is a change between years of 0%.

Executive Name and Title	Total Remuneration	
	2020/21	**2021/22**
Kevin McNamara, Chief Executive	**£177,500**	**£177,500**

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

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

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

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

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

For employees of the Trust as a whole, the range of remuneration in 2021/22 was from £7,232 to £169,231. The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5.61%. No employees received remuneration in excess of the highest-paid director in 2021/22.

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

2021/22	25th percentile £	Median £	75th percentile £
Salary component of pay	21,548	29,652	39,056
Total pay and benefits excluding pension benefits	21,777	31,534	42,287
Pay and benefits excluding pension:pay ratio for highest paid director	8.15	5.63	4.20

Note. As this is the first year for this disclosure, there are no prior year comparators.

Payments for Loss of Office

There were no payments made for loss of office during 2021/22.

Payments to past senior managers

There were no payments made to past senior managers during 2021/22.

Signed

Kevin McNamara
Chief Executive
7 July 2022

2.3 Staff Report

Introduction

The Trust continues to engage all workforce and volunteers on our journey of cultural change through the delivery and shared ethos of our 'People Strategy 2019-2024'.

The 'People Strategy' sets out our approach to developing, strengthening and retaining our workforce over a 5-year period and has been developed through listening to our staff, exploring national best practice and sustaining focus on the priorities of the NHS Long Term Plan, the NHS 'People Promise' and our regional BSW system direction.

The ambition of the 'People Strategy' is to create a workplace known for outstanding patient care and outstanding employment experience and to achieve this, the Trust measures workforce performance against the following People Strategy pillars:

- **Great workforce planning –** Develop a diverse and inclusive workforce maximising opportunities for everyone and developing a richer skills mix where new ways of working enable our people to work at full potential rather than just capacity.
- **Great Employee Development** – Provide extensive learning and development opportunities to enable skills and leadership development to improve both workplace and patient care experience.
- **Great Leadership** – Develop our leaders to deliver appreciative, compassionate and improvement focussed leadership, inspiring themselves and others to use the leadership framework.
- **Great Opportunities** – Inclusive career development and values-based recruitment, attracting talent from across the country and around the world where everyone feels valued and supported to be their best and proud to be part of the team.
- **Great Experience** – Sustaining an open minded and practical policy of inclusion, allowing all our people to develop their voice and providing a comprehensive health and wellbeing programme, as we recognise that our people are at their best when they feel healthy and supported.

This annual Staff Report 2021/22 presents our progress over the last 12 months and outlines how our clarity of strategic vision and ambition helps us to meet our workforce challenges with confidence and focus.

Staff Numbers

The Trust has circa 6,000 (Headcount) staff and volunteers working across a broad range of clinical and non-clinical roles, to deliver healthcare to the people of Swindon and Wiltshire. Over the last 12-months we have increased our funded staff numbers to improve services, deliver skill mix change programmes to improve care delivery and always targeting roles that are nationally recognised as hard to fill professions. The following highlights from 2021/22 are reported in further detail in the relevant sections of the report:

- **Midwives:** Successful engagement in shared regional BSW bid to recruit national and international midwives.
- **Nursing:** In addition to domestic recruitment, successful recruitment of 109 Non-EU international nurses.
- **Medical Staffing:** Successful engagement in the annual Junior Doctor rotation programmes in August 2021 and February 2022; attendance at the Charles University in Prague careers event recruiting final year medics into Clinical Fellow F1 posts; successful recruitment of GPs to support primary care

services. Continued development of innovative recruitment campaigns for medical hard-to-fill vacancies including - Stroke Medicine, Palliative Care, Geriatric Medicine and Acute Medicine.

A breakdown of The Trust's average staff numbers for 2021/22 is outlined in the table below based on nationally submitted Provider Workforce Returns.

Employee Group (Average WTE)	2021/22	2020/21	2019/20	2018/19
Medical and Dental	632	625	582	555
Ambulance staff	18	17	17	20
Administration and estates	515	533	515	510
Healthcare assistants and other support staff	1,496	1,481	1,338	1,277
Nursing, midwifery and health visiting staff	1,540	1,414	1,329	1,233
Scientific, therapeutic and technical staff	506	470	448	431
Substantive Total	**4,707**	**4,540**	**4,238**	**4,033**
Agency and contract staff	109	104	113	121
Bank staff	329	344	270	247
Other	0	0	0	0
Total average Numbers	**5,145**	**4,988**	**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 2022**

	Female	Male	Grand Total
Directors (senior managers)	8	11	**19**
Staff - Substantive Contract & Bank Agreement	2151	163	**2314**
Substantive Contract only	2376	779	**3155**
Bank Worker Agreement only	641	119	**760**
Total	**5176**	**1072**	**6248**

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 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 service is Divisionally aligned, delivered by a team of HR professionals, led by the business-facing HR Business Partner. The HR service has at its core the objectives of the Divisional business plan to be delivered in line with the objectives and priorities of the People Strategy. In this way, policy guidance, best-practice and BSW system thinking is incorporated into the frontline delivery of HR support. Examples of this over the last 12

months have included the adherence to Covid national guidance and the implementation of a system wide approach.

Table 3 - Sickness Absence

Sickness absence rates across the Trust have continued to increase during the last 12 months, reaching 6.6% in March 2022 (compared to 3.5% in March 2021) and exceeding the Trust target of 3.5%. These unprecedented levels of sickness absence includes Covid related periods of absence and are in line with South West partners who are also reporting high sickness. In March Covid sickness accounted for 2.0% of the overall sickness absence.

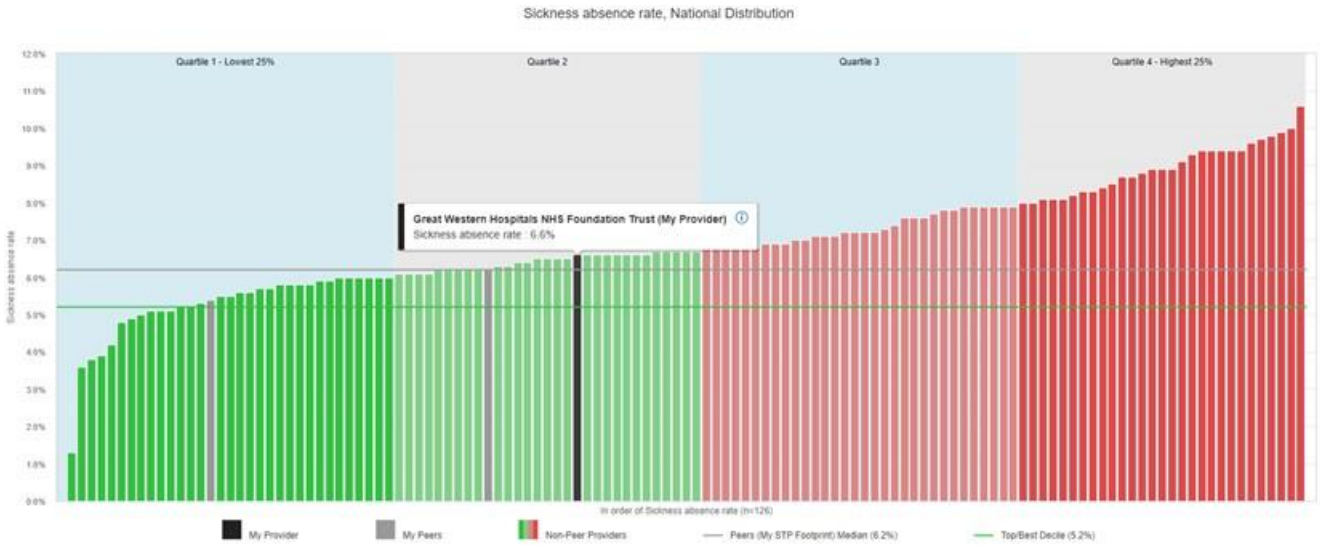
The key themes for sickness absence are reporting as anxiety / stress / depression and chest and respiratory conditions.

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

Staff Sickness Absence	2021/22	2020/21	2019/20	2018/19
Total FTE days lost	47,994	65,612	62,072	54,110

Benchmarking

The chart below presents the most recent bench-marking data available to the Trust as at March 2022 (data representative of January 2022). Trust sickness absence is at 6.6% which is within the second lowest quartile across all trusts, but slightly above the STP median of 6.2%. (Data Source: Model Hospital).



The Trust recognises the importance of the physical and mental health and wellbeing of our people and that it has a direct impact on many aspects of individual and organisational health and safety, including patient care, staff satisfaction, and retention and staff sickness absence rates.

It is essential therefore that the HR support service is focussed on supporting staff to stay well and to manage their attendance at work with the full support of accurate policy guidance and the compassionate and informed intervention of their manager.

The Trust sickness absence support provision to staff and managers has developed over the last 12 months to include:

- **Health and Wellbeing**: The Trust has continued to develop the comprehensive Health & Wellbeing programme 'Circle of Support' to support physical, mental and emotional health & wellbeing with a range of individual, team and organisational interventions. (Outlined in more detail in later section of this report)
- **Environmental Health and Wellbeing:** The Trust has recently launched the creation of the 'Memorial Garden - in memory of anyone who lost their life to Covid and/or other causes. The purpose of the 'Memorial Garden' is to create a green space for staff to relax and take breaks in, located in the peaceful pond area on the hospital site, and landscaped with modern perennial planting, colourful borders and new trees. It is anticipated that staff will take time to enjoy this space and find rest and recuperation during their busy day and in doing so reduce the levels of stress which can lead to prolonged periods of sickness absence.
- **HR Service:** The Divisional HR team works within each Division providing frontline support and training to managers and their staff to support attendance at work. The HR team collate the workforce KPI data for the Divisional teams, identify areas of non-compliance and, post-pandemic, has resumed the practice of regular Ward Reviews with line managers to support with policy guidance and action plan development.

The HR service has also organised and led the Covid response advisory service, coordinating:

- National guidance update and intranet communication / FAQs;
- Isolation and absence monitoring and reporting;
- Advising staff on isolation rules and collating individual evidence of status;
- Advising on risk assessment return and submission;
- Working with individuals, managers and the OH department to keep people at work safely and in alternative work
- Ensuring that affected individuals are supported and sign-posting appropriate source of support example; Long-Covid support network set up by the Trust in 2021.

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. In financial year 2021/22 the Trust recruited 109 Non-EU international nurses of which 96 are working as registered nurses and 13 are working as band 4 pre-registered nurses whilst undertaking their Objective Structured Clinical Examination [1](OSCE) training.

During 2021/22 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, move our OSCE training to an off-site venue which has supported reducing the OSCE course length from a 12 week to a 6 week programme and improve the level of pastoral care we provide.

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

The Trust is involved in the International Recruitment Stay and Thrive initiative, this is a retention programme working collaboratively with the National team and Trusts to help our internationally recruited nurses to thrive, build their careers in the NHS and remain within the NHS.

Postgraduate Recruitment

In the last year virtual recruitment has continued due to the uncertainty of the pandemic. This has been successful as candidates do not need to travel or take extended time away from their jobs/normal commitments. The Aug ’21 and Feb ’22 junior doctor inductions were held virtually due to the size of the intakes and Covid social distancing restrictions.

In May ’21 we continued with the recruitment of the final year medical students from Charles University in Prague into Clinical Fellow F1 posts. This recruitment round included a virtual job fair with GWH hosting a stand. There were short videos from consultant and current clinical fellow F1’s for interested students to view and access via an MS teams meeting which was a live all day event enabling students to ask questions throughout the day. The presentation on the weekend was very well attended. The event was a success and we received over 50 applications for the roles.

The team continue to work on filling hard to fill senior vacancies in Stroke Medicine, Microbiology, Palliative Care, Geriatric Medicine, Acute Medicine and General Practitioners. The new role of Specialist grade; introduced in April 2021 is now being considered across the Trust, with Anaesthetics being the first department to start recruiting into this role.

Agency Spend

Trust agency spend for 2021/22 was £16.9M (£14.5M in 2020/21), this was against a target of £9.6M.

Professional Group	Total
Medical & Dental	£10.3M
Nursing	£5.8M
Senior Managers & Admin	£0.1M
Scientific, Therapeutic & Technical	£0.4M
Allied Health Professionals	£0.2M
Grand Total	**£16.9M**

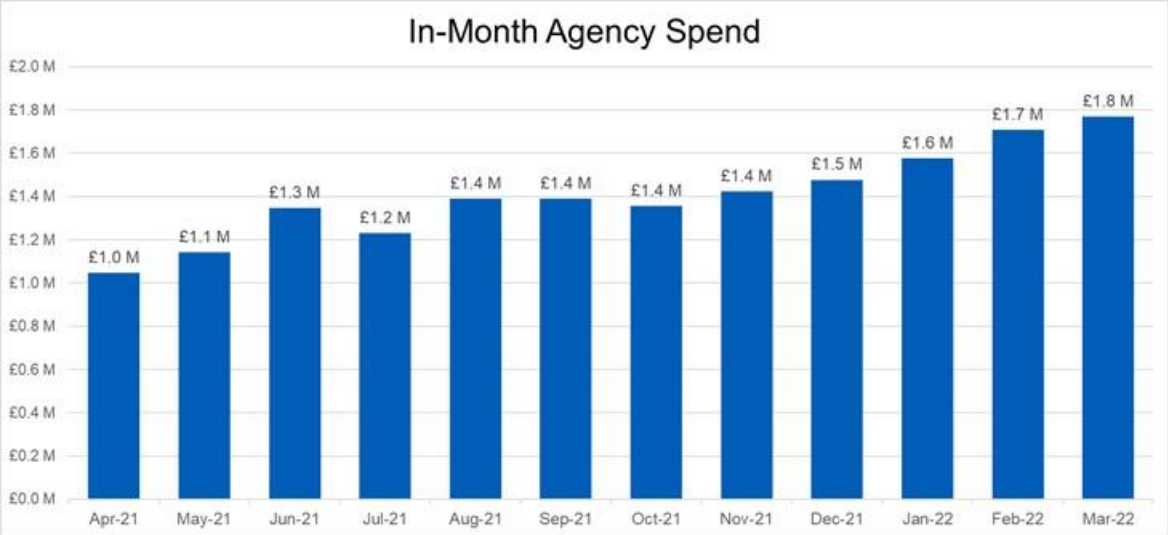
The increase in agency throughout the year has been impacted by:

- Covid 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
- Cover for escalation areas

The Trust continues to address agency spend through introduction of:

- Regular staffing meetings (usually 3 times daily) to review Nursing levels against acuity
- Daily staffing meeting to review Medical levels against acuity
- Improved controls for agency approval including senior level sign off for premium nursing agency usage
- Improved monitoring of agency spend
- Reduced turnover of staff.

- Improved oversight via Electronic Rostering Systems
- Reduction in Administration and Clerical usage
- Moving Medical Agency to bank and substantive roles.



Agenda for Change National Pay Rise

In July 2021, the government announced a 3% pay increase for all NHS Staff for 2021 - 2022, back dated to 1st April 2021, following the end of a 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.

This meant for staff on the lowest entry point at band 2, from 1st April 2021, pay increased to £18,546 with an hourly rate of £9.48 which compares favourably with the National Living Wage for 2021/22 of £8.91. This figure excludes the apprenticeship programme which falls outside of Agenda for Change terms and conditions.

During 2020/21 additional pay points were removed, with pay scales from the 1st April 2021 having either 2 or 3 pay points depending on the band and completing the changes to the pay scales agreed in 2018.

National Agenda for Change pay negotiations have commenced with recognised national Trade Unions and subject to outcome will be effective from 1st April 2022 or backdated as appropriate and subject to agreement reached.

Pay progression

The 3 year pay deal agreed in 2018, introduced pay progression procedures for new and promoted staff extending to all staff from 1st April 2021. To move to the next pay step an employee must;

- Have had an annual appraisal within the last 12 months with outcomes are in line with the Trust's standards
- There are no formal conduct or performance processes in place or pending formal meetings
- There is no live formal disciplinary sanction on file (excluding sickness) - there is no entitlement to back payment however a review meeting will be scheduled following expiry of the sanction
- Mandatory training compliance is 100%
- For line managers only – appraisals have been completed for all their staff as required

Due to the Covid pandemic, it was agreed that these procedures would be put on hold and all staff automatically progress through the pay points. When this is reintroduced, this will be discussed and agreed at an Executive level and discussed with the Employee Partnership Forum.

Gender Pay Gap

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

Gender pay gap reporting uses six different standard measures and must be published by 31 March 2022 (Public Sector Organisations), with a data snapshot from 31 March 2021. Staff employed by the Trust on this date and included in this annual data capture are part of GWH Acute Services, Primary Care Services and Swindon Community Health Services. The total number of staff included is 5442, with a gender split of 1003 male (16.78%) and 4976 female (83.22%).

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 2021-2022 Gender Pay Gap Report indicates that the mean hourly rate for female staff is 29.10% lower than male staff. This represents a slight improvement from 2020/21, when the gap was 29.66% (0% is a figure of parity - meaning that males and females are being paid the same amount for work assessed as of equal value – and is therefore a desired outcome). If medical staff are taken out of the figures, the gap reduces significantly, with the mean hourly pay gap at 6.47% (an improvement on the previous year's figure of 7.30%) and the median hourly pay gap at 3.05% (around the same as the previous year's figure).

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.

On the whole, the gender pay gap position is mixed, with any overall improvements in part reflecting the gradual resolving of wider historical factors, and the impact of national drivers, most notably the harmonising of pay scales in the NHS. Over the last three years this has accounted for the gradual, slight reduction in the overall pay gap, amounting to 2.89%. As stated above, removing medical and dental staff from the calculations significantly lowers the gender pay gap. For this reason, the gender pay gap action plans will continue to focus on Medical grades that most affect the pay gap, and any barriers to progression.

Gender Pay Gap - Bonus Pay

There is also a large gender gap in favour of males, with regards to median bonus pay (79.76%, although this has improved from the previous year's figure, which was 84.48%). Bonus payments include 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 in favour of females. It is currently at -20.00% (a negative measure indicates the extent to which females earn more per hour, on average, than their male counterparts. The previous year's figure was -154.55%). Trust incentive payments were reviewed in 2018. 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. In addition, in 2021/22, following national guidance local Clinical Excellence Awards were evenly distributed to all eligible consultants.

All gender pay gap 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 at GWH include both permanent GWH staff and new recruits and the percentage of apprenticeship 'starts' includes both. The total number of New Apprenticeship Starts at the Trust from 1 April 2021 to 31 March 2022 was 74, which means the percentage of new apprenticeship starts for the period was 1.36%, this is measured against the total Trust headcount. The current apprentices are undertaking over twenty different apprenticeship standards from a variety of apprenticeship providers, this ranges from Level 2 to Level 7 Apprenticeships in both clinical and non-clinical roles.

The Trust has not achieved the enterprise target for the year as per the March 2021 Department of Education publication - Meeting the Public Sector Apprenticeship Targets. This was mainly due to Covid and the pressure on managers and staffing and the commitment a new apprentice would require. This document outlines the requirement for public organisations to have an average of 2.3% of the whole workforce as new apprenticeship starts.

During the Covid pandemic, some clinical and non-clinical apprenticeships were paused in training, but have since restarted. Strategic plans are in place to address the apprenticeship shortfall across the Trust to achieve the 2.3% target. The Academy team is working with all Divisions within the Trust to identify potential New to Role recruitment or current staff development opportunities, aiming to increase apprenticeship cohorts across the Trust. The new apprenticeship 'starts' figures are evaluated every quarter and reported to Health Education England.

Equality, Diversity and Inclusion (EDI) Strategy

The Trust's Equality, Diversity and Inclusion (EDI) Strategy (2020-24) continues to highlight and outline our commitment to the EDI agenda. The l focus of our efforts continues 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 annually evaluate our progress against the implementation of the EDI Strategy and use feedback from the Staff Survey and Patient Safety Survey to shape our action plans.

Key areas in 2021/22 to highlight.

From a staff perspective:

- We contributed financial support and facilitation of the South West Black History Month conference event;
- 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 and embedding 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.
- Our staff network chairs meet monthly to share good practice and report progress
- We began to develop strong links with community groups and services to reduce any inequalities identified through their feedback.

- 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 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 have developed a system-wide approach to EDI, sharing good practice and resources, with a focus on priorities across the patch, and a joined up approach to addressing health inequalities. For example, we contributed examples of good practice to the Bath, Swindon and Wiltshire EDI Pillar, and contributed to a regional workshop on reducing health inequalities.
- We produced a series of EDI Podcasts that provided a platform for more intimate and authentic, deep dive discussions on topics relevant to health and social care staff. There were four episodes in the series, focusing on Neurodivergence, the effects of the menopause, becoming a good Ally, and the importance of Role Models.
- We developed the Trust's first transgender policy, to ensure that trans 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 and Workforce Reports on disability and 'race', alongside action plans to reduce the pay gap between males and females, and disparities along disability and 'race' lines.
- We have partnered with an organisation that provides creative industry career training for disadvantaged members of the local community. We are piloting with 15 students, on a course for learners aged 18-25. If the pilot is a success, there are unlimited places available. There are also courses targeted at women aged 45+, and people who are neurodivergent.

From a patient experience and engagement perspective, there have been several highlights over the last year. These have included:

- Launching our co-produced Patient Experience and Engagement Framework to articulate our priorities and ambitions for public engagement
- Developing close links with community groups and partners to support gaining feedback from seldom heard groups
- Advertising opportunities for public members to become involved in the work that we do including: The way Forward Programme, Quality Improvement, Patient Safety Partners and Recruitment
- Patients, Families and Carers became involved in various projects and in telling their stories as 'Care Reflections' that are shared at Trust Board, Governance meetings and training
- Our Learning Disability and Dementia Forums continued to collaborate with service users and system partners to drive improvements
- We joined Swindon Participation Network linking with Wiltshire and Swindon Youth Commission to work collaboratively to engage with vulnerable children and families
- We launched and embedded the National Accessible Information Standards and implemented new digital technology to support patients receiving their information in the appropriate format
- We launched a Volunteers Patient Experience Forum with a focus on loneliness and isolation
- We successfully procured a new Interpreting and Translations contract across BSW and continue to promote and grow this service to our patients including Signlive.

Recruitment

In 2020 the Trust implemented TRAC for non-medical recruitment which has seen many benefits such as enabling us to streamline and speed up recruitment processes, improve communications for applicants/managers and produce detailed reporting. Following this successful implementation, in May 2021 TRAC was implemented for all medical recruitment activity with marked improvements being made to date.

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

The Trust continues to be identified as a Level 2 Disability Confident Employer and has been working to increase to Level 3 Disability Confident Leader in 2022.

In July 2021 the Trust achieved Armed Forces Covenant accredditation, where we pledged to uphold the key principles of the Armed Forces Covenant which inlcudes supporting the Armed Forces community as an employer, looking after members of the Armed Forces community in the workplace and attending/ promoting opportunites at Armed Forces events.

Workforce Projects and Innovations

In March 2021 the Trust began implementation of an Electronic Rostering system for its Medical and Dental staff, with the aim of facilitating better use of Medical resource, allowing more valuable oversight and assurance around worked activity, and realising the NHSE/I Levels of Attainment for Electronic Rostering.

Following a successful bid for funding in November 2021, work is now beginning on implementing a new Electronic Job Planning and Revalidation solution for the Trust's Medical and Dental staff. The system will replace current manual processes and allow for standardisation along with greater oversight and analysis of Job Planning information.

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' (EPF). 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 Authority Strategy and guidance. One of the basic principles of public sector organisations is the proper use of public funds. The National Health Service (NHS) is a 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.

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). The local counter fraud specialist undertakes an annual work plan to support the Trust in ensuring compliance with the national Functional Standards for Counter Fraud and, where necessary, conducts investigations as directed by the NHS Counter Fraud and Corruption Manual.

Staff consultation and engagement / other consultations

The Trust has an established relationship with its trade union colleagues and also the Employee Partnership Forum (EPF) which formally consults and where appropriate negotiates on changes to policies, pay, terms and conditions of employment. EPF is formally recognised under a Trade Union Recognition Agreement which is being reviewed in conjunction with both the Trust and trade union colleagues. The review is incorporating bench marking against other NHS Trusts within the region and hearing the feedback from our trade union colleagues. The Covid pandemic has delayed the timescales for the review but remains a focus for completion in 2022.

During 2021/2022, to support with the review of the Trade Union Recognition Agreement in addition to the annual submission via the Government Portal a new system to record and monitor facility and activity hours of trade union representatives has been introduced.

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, recent employment law updates, changes to Agenda for Change (Covid etc.)
- Trust Policies and Procedures – to provide input, validate fair, clear and accessible policies and procedures

- How to promote, establish and maintain mutual trust and co-operation through joint working
- Board Reports:

    - Finance (how's the money being spent, cost savings, targets)
    - Operations (service provision to patients)
    - Workforce (understanding recruitment, retention, reasons for sickness absence and wellbeing support available)
    - Infrastructure (changes to on site facilities, temporary adaptations)

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.

Communicating with staff

The Trust Communications and Engagement Team continue to embed robust communications channels both internally and externally, to ensure consistent and strengthened communication between key stakeholders, including Trust staff, patients, the wider public and other partner organisations.

- 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 launched a new public website on 8 November 2021, which has a much fresher and more engaging feel. It is more modern and has improved usability for users to efficiently navigate the site. It is designed to be accessed primarily on mobile devices, making it easily accessible. The content has also been stripped back, so it now presents key messages and information only. All public news items, good news stories and press releases are uploaded to the website and displayed on the home page.

- The Trust launched two new public microsites in November 2021; one for recruitment and one for the Way Forward Programme. Both are used to display important, detailed information about each topic with regular updates and messaging cascaded through various mediums including video and audio.

- The team continue to invest time heavily in growing their social media following, and now have 33,000 followers across *Facebook, Twitter, YouTube* and *LinkedIn*. They regular reach over 1 million people a month through organic social media posts. They also invest in paid advertising, for campaigns such as

HCA recruitment. Social media posts vary in tone, from operational updates to good news stories. They also often include video – which achieves the best engagement analytically. One video can reach as many as 50,000 people.

- A new closed staff *Facebook* group has been set up, with an onus on staff to share their own good news. So far, there are over 800 staff members and volunteers in the group, with an average of two posts a day. The communications and engagement team regularly direct staff to this new channel when receiving requests, to maintain its growth.

- *Email* communications continue, through templates for 'Important News', 'Critical News' and 'Features'. Team Brief is no longer in use, and smaller messages are now shared on the intranet and through the staff *Facebook* group. They also periodically share video messages from Executives, updating on news for the week commencing and reflecting on the week previous.

- The use of video is much more prominent, with Executives and other senior managers regularly featuring on camera to share their own messages. There are also more video elements for campaigns such as recruitment, health and EDI awareness events, improvements to patient experience (e.g. Great Care) and site development work. Videos are shared internally and externally, dependant on audience.

- The Trust runs monthly open forums, senior staff briefings and leadership forums as a virtual platform for staff to come together to receive important Trust updates from Executives. These are facilitated, scripted and run by the communications team, and all sessions are recorded and shared for more staff to watch. One-off events are also organised by the team, such as the annual Memorial Service or a virtual Diversity Day.

- Relationships have been built with partner stakeholders to improve the cascading of Trust messages. This includes regular copy in Swindon Borough Council materials, including the Swindon resident newsletter, briefing documents to local councillors and MPs, regular interaction in system-level BSW network meetings and close working relationships with the media. The team break their own news, and work with the press to ensure the correct tone and angle is published.

- An average of 10 nominations a month are identified, written and submitted by the communications and engagement team to a variety of local, national and industry awards.

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 provide guidance and support and, where appropriate, escalate matters to appropriate internal and/or external parties. The Guardians operate independently, impartially, and objectively, whilst working in partnership with individuals and groups throughout the organisation, including the senior leadership team:

Guardians offer advice and support to ensure concerns raised are handled professionally and result in a clear outcome. All the concerns that have been received are logged internally and responded to appropriately.

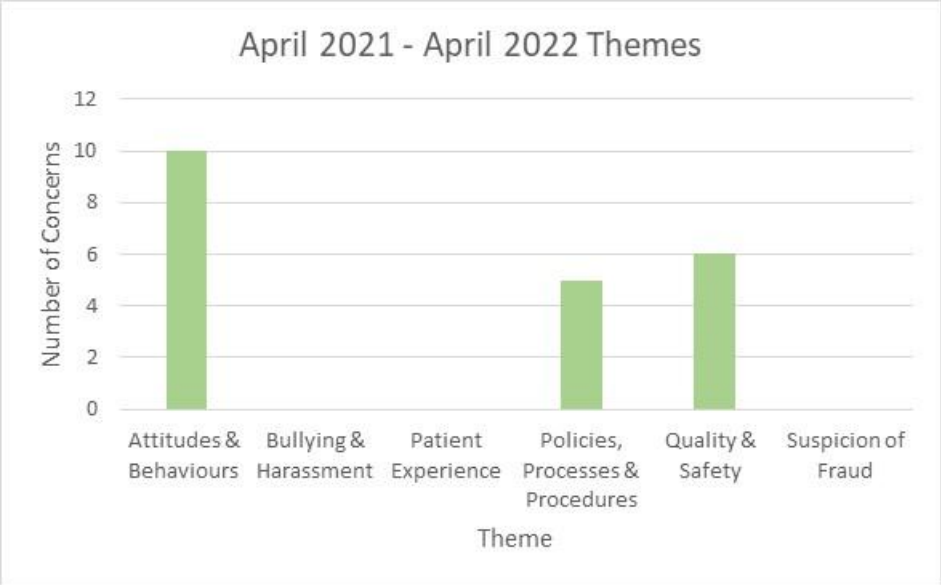
The Guardians meet quarterly to discuss best practice, case reviews and the learning and actions resulting from FTSU are considered and shared. To enable this evaluation, feedback is sought from staff members who have raised concerns to ensure the process is effective.

The Guardians are supported and encouraged to 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

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

In 2021/22 there were 21 Freedom to Speak Up concerns raised. 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)

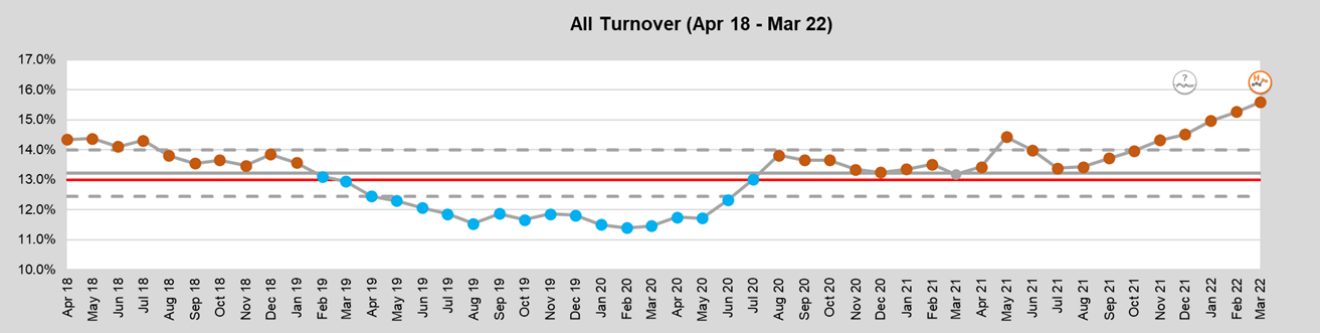
Workforce performance is measured against the pillars of the 'People Strategy' – Great workforce planning, opportunities, experience, employee development and leadership - performance is measured with a Key Performance Indicator (KPI) achievement score and self-assessment score based on progress in month. Regulatory governance of workforce performance is assured through presentation of the Trust workforce IPR to the Executive Committee and public Board members. Divisional workforce performance is also monitored and reported through the monthly IPR reporting process for the Division and drives a culture of data informed workforce monitoring, management and support. The core workforce KPIs are outlined below with a summary of attainment and service.

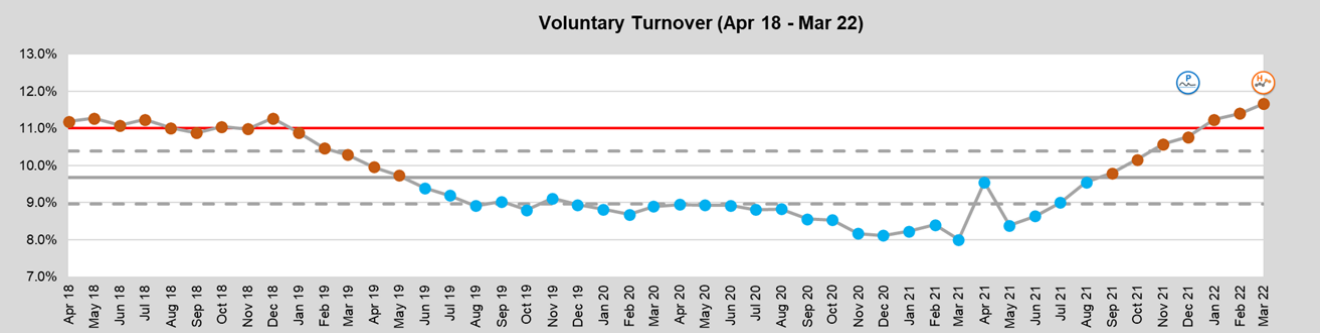
Sickness absence – Average sickness absence levels for the period March 2021- March 2022, were 6.6% and an increase on the same period for the previous year which was 4.14%. The Trust has continued to experience throughout the period 2021/22 high levels of pressure and demand being placed upon our workforce linked with the impact of the Covid pandemic as departments work to recover timely service provision to meet patient need whilst attendance at work continues to fluctuate due to sickness and isolation.

As outlined in this report, the HR teamwork with managers and staff across the Trust to provide a data informed absence management service to keep staff safe and supported back to work.

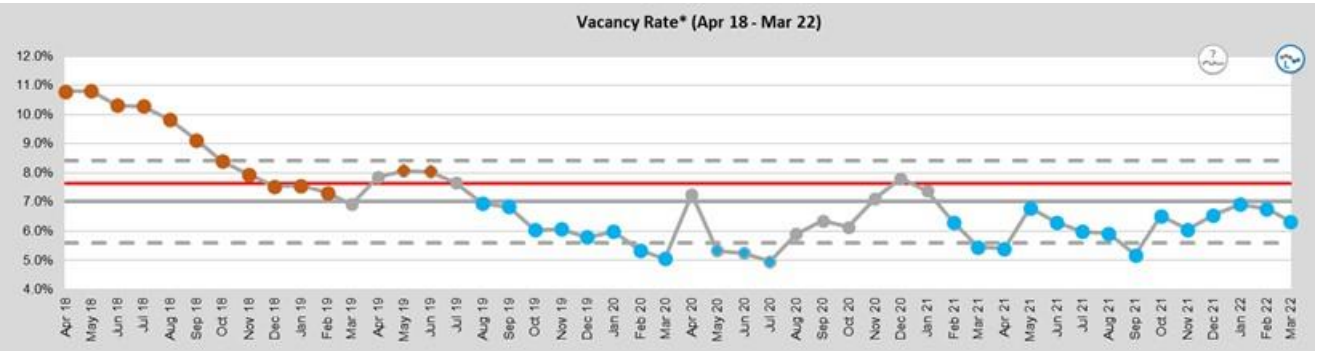
Turnover – All Turnover (Voluntary, end of contract, dismissals) as at March 2022 was 15.59% (March 2021 was 13.18%) against a Trust target of 13%. Voluntary turnover was 11.66% as at March 2022 (March 2021 was 8.00%) against a Trust target of 11%.

The HR team provides a data informed service to departmental leads to identify high levels of turnover and to understand the reasons for turnover and ensure recruitment and retention plans are in place. Over the last 12 months this service has included support with refreshing and evaluating Exit Interview process and using this feedback to inform the content and implementation of the retention improvement plans. Particular success with improved turnover has been seen in departments where focus has been maintained on improved regularity of team and individual communication, sharing improvement ideas and developing innovative ways to promote the department service to attract applicants and colleagues.





Vacancy levels – As at March 2022 there were 321.55 WTE vacancies, equating to a vacancy rate of 6.33% against the current KPI of 7.63% (Model Hospital defined target). For the same period last year there were 270.62 WTE vacancies (5.45%).



Appraisal rates –The overall compliance rate for the Trust is **69%** in March 2022 (compared to 81% in March 2021) against the Trust stretch target of 85%. Further to the decision during the Covid pandemic to put appraisals on hold, the process of appraisal has resumed using a refreshed process and with a focus on creating an opportunity for clear objective setting, career development discussion and the offer of support with workplace health and wellbeing. It is anticipated that the return to regular appraisals will improve compliance rates for the period 2022/23 and also address the feedback from the annual staff survey feedback 2020/21 that staff need the appraisal experience to be a valuable and confidential forum for individual recognition and development.

Workforce Development

The Trust Academy is the dedicated Learning and Development Centre and delivers training and development 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 e-Learning 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 previous learning management system 'Training Tracker' to the electronic staff record (ESR) was completed in June 2021 and this has resulted in improved compliance. All face to face training has continued throughout the past year and Mandatory Training compliance has remained strong against a Trust target of 85%. The Trust has consistently met its overall target of 85% since the move to ESR.
The shortened version has made the training more accessible and has been well received.
All other elements of Clinical Mandatory Training (Fire safety and manual handling) remain on-line.

Open University Registered Nursing Degree programme Currently the Open University's (OU) Registered Nurse Nursing Degree programme 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 11 students on this programme who are self - funding and completing their practice placements and study hours in their own time.

We had 3 students graduate last year who have all taken up posts within the Trust and all our previous OU graduates are still at GWH, although they have moved from their original posts as part of their development and career progression, but this demonstrates the success of the programme with the ongoing retention of these staff.

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

Return to Practice (Nursing) Due to the pandemic – many nurses with lapsed registration were able to join the temporary register so this has led to a reduction in requirements for 21/22. GWH supported 5 students of which 4 completed and secured posts in their placement areas and 1 remains on the course.

Indeed Recruitment Agency have been promoting return to practice by running career events and signposting those individuals interested to the relevant Trust within the BSW system.

Return to the Acute Care (RAC) - The RAC course has been in suspension since March of 2020 due to the Covid pandemic. The Academy is currently reviewing the course content and changing the model to ensure greater speed at getting these nurses to the organisation and fully supported in the clinical setting.

Accredited Masters level course - Northampton University: The Advanced Adult Assessment and Examination (AAAE) module was suspended in March 2020 and recommenced in June 2021. Two cohorts are planned for 2022 which will enable us to train 32+ staff members as they either embark on the Advanced Clinical Practice route or are simply up skilling to enhance service provision and better patient care outcomes.

International Nurses The Academy continues to deliver the in-house OSCE programme. Pass rates remain above average at 100% and cohort sizes are now 6-8 following additional award of national funding until February 2023. The Nursing and Midwifery council revised the OSCE process to include an increased number of assessments and the OSCE training team is now delivering a programme to meet these changes.

Preceptorship This has returned to face-to-face delivery for nursing within the Acute Trust and Community to ensure clinical and pastoral training needs are met. The programme was reviewed in line with the Nursing Midwifery Council training standards and competencies for student Nurses and implemented in September 2021.

NHS England and NHS Improvement's National preceptorship project, established in November 2021, has been working with a wide range of stakeholders in the design and development of a national preceptorship framework and associated quality standards for nursing. Through partnership working, the project has brought people together to learn from best practice across England to develop a collectively agreed set of standards and framework for good practice. For more information, please see NHSEI National Preceptorship Programme 2022 (tavistockandportman.nhs.uk). The initial outline of the framework and standards and feedback was sought at a stakeholder engagement event on 21st March. The GWH Academy has been working as part of the BSW system to prepare for the implementation and delivery of these new standards.

Nursing Placements – GWH provided 396 placements for Adult nursing students from Oxford Brookes University, we are also providing placements for 9 Gloucester University students who live locally as part of the plan to recruit local students to posts at GWH.

Trainee Nurse Associate (TNA) Apprenticeship 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. 3 cohorts have now qualified and there 20 TNA's on programme with further planning in place to maintain this pipeline.

Trainee Nurse Associate (TNA) Direct Entry Programme There is an opportunity for employees to apply for the TNA programme as a direct entry for the September 2022 cohort where they will be self-funding, but remain employed part time. HCSW were invited to attend an open evening in March 2022 and submit expressions of interest. This gives opportunities to entrants to work less hours than the minimum 30 required for the apprenticeship route.

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 20 students on this programme.

Training

Resuscitation training, (basic to advanced)

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

The requirement for social distancing has made the delivery of this training challenging and reduced capacity. However, the Trust remains a recognised provider in line with the Resuscitation Council requirements and continues to deliver high quality training in this area.

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.

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

Careers Hub - In the context of the pandemic, the focus within the career's hub has been offering virtual work experience. Since April 2021 we have hosted 2 virtual work experience events with 550 students as detailed below. We are also in the process of securing a SEND / NEET virtual work experience programme in the summer term.

School Presentations with Q&A sessions - We have attended 4 online assemblies with our local secondary schools and Post 16 providers highlighting the careers available in the NHS and have adapted our presentations according to the age groups, incorporating interactive activities where students are able to ask questions at the end. Students are made aware of all the available routes into employment at the GWH.

SEND / NEET support - We have attended assemblies to support our SEND and NEET students in our local area and have collaborated with students educated other than at school (EOTAS). The aim was to highlight entry level job roles / to dispel any gender stereotype myths and to raise aspirations for young people within our community. We have now created a good foundation for future opportunities.

Children in Care - We have outreached to Barnardo's and have attended their online youth club meetings for KS3 pupils. We created an interactive NHS Lingo Bingo activity which gives the young people an insight into a variety of NHS careers through a fun and competitive activity.

Mock Interview support - Our networking has enabled us to support our local schools with mock interviews for students in KS4 and KS5. To date we have supported 9 sets of interviews. This also enables us to promote our apprenticeship opportunities.

Careers Fairs - With Covid restrictions easing we are pleased to have attended 10 physical careers fairs this year along with the support of our Clinical Teaching Fellows. This is a great opportunity for us to showcase job roles not only to students but to their parents / carers.

NHS Cadets – This is a new scheme created in partnership with the NHS providing opportunities to explore roles in healthcare. It is aimed at young people between the ages of 14 and 18 who are from communities currently under-represented within the NHS and St Johns Ambulance. We have reached out to our local community for applications for the new NHS Cadet programme. Applications closed in March 2022 with the aim for the programme to commence in the Spring Term.

T-Level Students - The trust has secured 15 T-Level student placements for the Spring and Summer terms. Students are from our feeder colleges, and they have successfully completed their corporate and clinical inductions, having started their 315 hours of work placements.

Springpod Work Experience - 2 Week Virtual Work Experience programmes. This has been funded by the Trust and designed by the Trust`s Early Careers Adviser and Springpod, the provider. We hosted one of our sessions with funding from the Swindon & Wiltshire Careers Hub and Study Higher, to increase participation. This on-line 2-week experience includes 10-12 hours of virtual sessions and recorded talks for the student to attend virtually with a focus on nursing, medicine, midwifery, AHP's, Clinical Psychology and non-clinical roles. We funded 150 spaces and our sponsors supported 400 spaces. We received over 3600 applications in total for both cohorts within our 2-week application period. 550 students took part in the programme. We are now in the process securing funding from the BSW system and running the next 2 cohorts planned for later in the year jointly with the BSW NHS trusts. We are constantly benchmarking with other trusts to see when physical work experience can commence, although we hope to compliment this with a continued virtual work experience programme as we can outreach to many more students.

Kickstart - 6 job vacancies were advertised for the Kickstart programme which started in January 2022. At present we have offered contracts for 3 of the vacancies. The Kickstart Scheme provides funding to create new jobs for 16 - 24-year-olds on Universal Credit who are at risk of long-term unemployment and runs for 6 months.

Prince's Trust
25 individuals expressed an interest in the Princes Trust programme (which is aimed at those aged 18-30) and specifically targets those who are unemployed or struggling to access employment. 19 individuals completed the programme.

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 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 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

Despite the challenges imposed upon us by Covid, the Undergraduate Department continues to flourish under new leadership. Mr Angus Waddell was formerly appointed as the Undergraduate Director of Medical Education at the beginning of October 2021. We also welcomed Mrs Sharon McDonald as Undergraduate Deputy Manager.

This academic year the King's Year 5 students join us in June, increasing our overall student numbers to 782 for 21/22 with projected numbers of 868 for 22/23. Overall student teaching weeks increased to 4789 with projected weeks of 5859 for 22/23. The increase in student numbers was positively reflected in the Medical Student Undergraduate Tariff (MUT) which increased significantly from £3,278,876 to £4,612,962 for 21/22.

21 Clinical Teaching Fellows (CTF) took up their posts in September 21 following an intensive month of Induction and training which for the first time included putting them all through the Mental Health First Aid Course and a bespoke Leadership & Management course delivered by Richard Canter, Professor of Surgical Education at the University of Oxford, he also holds a PhD in Management.

Following the Mental Health First Aid Course (MHFAC) we identified that the CTF's and Admin team needed regular access to Health and Wellbeing Services giving them an opportunity to talk through some of the difficult pastoral/wellbeing/safeguarding issues they were dealing with in a safe and appropriate environment. As a result, a monthly Wellbeing session was introduced run by a member of the Health & Wellbeing services and later extended to include student appointments. 31 CTF posts have been identified for the academic year 22/23, with interviews taking place shortly.

Student wellbeing is always a priority, and we recognise the need for them to be able to socialise on a regular basis. With Covid restrictions lifting we've been able to reinstate our wellbeing programme which includes events such as Ten-Pin Bowling nights, Quiz Nights, Enchanted Christmas light walk in December, Football, Badminton, Netball etc. Unite have also introduced a programme of activities that range from virtual Yoga to Cocktail making classes, baking competitions and pumpkin carving competition. These have all been well received by the students, helping integration between the 3 universities.

With the increase in student numbers, the demand for Clinical Teaching Associates (CTA) teaching is on the rise resulting in a new advertising campaign to recruit additional CTA's. CTA's are lay men and women who have a passion for education, they are trained to use their own bodies to demonstrate breast and genital examinations providing a safe and unique learning experience for the students who are taking Women's Health units.

June and July were busy months in the department with the arrival of the Bristol year 3 Choice students. This year we have offered 244 projects and anticipate at 70% take up rate with projects being offered in Pre-Hospital Emergency Medicine (with field trip), Dive Medicine (with field trip), Child Health, Forensic Medicine, Social Medicine which includes a 2 day conference which will be opened up to the wider Trust, Sports Medicine, Military Medicine, Medical Science, Surgical Science & Medical Education which includes our successful Dare to Doctor Programme for local 6th formers and our Community Simulation Day which we hold at Oxford Brookes campus in Swindon for local year 9 students who are interested in pursuing a career in Medicine.

As the Trust continues to grow the demand for accommodation and teaching space is an ongoing concern. As a department we are delighted to have been able to gain additional access to the Simulation Suite and have further enhanced its functionality by investing in a new stand-alone manikin as part of our commitment to

ensuring our teaching materials reflect the patients we serve and our education offer is inclusive. With the increase in availability, we will be able to substantially reduce the amount of money we spend on delivering out of hours simulation and we will continue to deliver MDT simulation in collaboration with Oxford Brookes, Swindon.

In 2021/22 we started our collaboration with King's College London (KCL) taking their Year 4 students for Women's Health, Child Health and Emergency Medicine & Critical Care. In March 2022 we welcomed members of the faculty for the first informal visit/inspection. The faculty were very impressed with the way in which we look after and teach their students and are keen to take away some of our ideas to share across their other partner sites. Feedback has been overwhelming good and there is an ongoing desire to continue and expand the collaboration in the future.

Library Services

The library continues to provide essential knowledge and library services for the Trust: this includes information discovery and retrieval, supplying documents for research, study, and clinical work, supporting systematic reviews for Trust staff, and answering enquiries. The pandemic continues to have an impact on the library as social distancing continues to be a requirement. Library staff volunteered to work on Mercury Ward to support our clinical colleagues during the winter pressures.

In September 2021 we completed our baseline Library Quality and Improvement Outcomes Framework (LQIOF) assessment for Health Education England (HEE). All NHS knowledge and library services completed a baseline assessment in autumn 2021. The exercise will, over the next 3-5 years (from April 2022), drive progress in knowledge and library services improvement across NHS England, leading to increased satisfaction for users of information services. It will provide a tool for NHS organisations and library managers to ensure that services deliver a quality, high performing service; one that is continually developing and improving to meet the changing evidence and knowledge needs of organisations and individuals. We look forward to developing this further in 2022/23.

In October 2021 the Knowledge and Library hub was launched. This is a national resource across all of NHS England, tailored by local Trust library teams to reflect the needs and resources available to staff in NHS Trusts.

The library team is playing a central role in supporting the work of the BSW system through the BSW Academy. In particular we are working with the Royal United Hospitals, Bath and Salisbury Foundation Trust to explore the development of a confederated library service across the three trusts. It's currently early days of the project but we are mapping the similarities/differences across the three library services, looking for commonalities and expertise which can be shared in the three trusts. The long term aim is to solidify this into a cohesive service for the three Trusts and Wiltshire Health and Care.

The library has increased its training outreach activities in 2021/22, specifically focussing on the needs of students from University of the West of England (UWE), Oxford Brookes University (OBU), who are on nursing degrees or are embarking on Trainee Nurse Associate (TNAs) or Trainee Assistant Practitioner courses (TAPs). This has also enabled us to make closer links with our colleagues in healthcare libraries in higher education settings

Finally, the library has also increased production of Current Awareness Bulletin services (CABs) in 2021. CABs augment the ability of NHS staff to keep up-to-date with areas of specialism or interest. This is not restricted to medical topics: we have supported the Trust Black, Asian, and Minority Ethnic (BAME) group in developing a monthly bulletin, plus developed bulletins for Equality, Diversity & Inclusion, Integrated Care Systems, and ones to support the Academy's enhanced courses. We also provide a Well-Being collection for Trust staff.

Supporting our volunteers

Context of being a Volunteer: Our NHS service has been under increasing pressure since the response to Covid began, and there will be further challenges ahead. Workload remains a pressing concern and we have all been reminded how critical it is to look after our people – and that we need to do more.

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

During the first wave of Covid 117 volunteers supported the hospital, as restrictions started to ease this number increased to 248 volunteers actively supporting the hospital and community services during the pandemic in Covid responder roles. Our volunteers have shown energy, creativity, and drive in aiding solutions to support our staff. We have recruited younger volunteers, trained, and deployed them faster than ever before and created new roles quickly and effectively.

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

- The OWLS service – Outpatient Welcome and Liaison Service is a volunteer 'buddy' programme for patients with mobility issues, disabilities, dementia or who are just anxious about coming into hospital. OWLS Volunteers meet the patient from transport and accompany them during their whole journey in the hospital and ensure they get back to their transport home.
- 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 responder volunteers – reporting and supporting areas of greatest need identified by the hospital at the Trust Wide morning and evening responder meetings and the Covid Control meetings
- Staff Tea Trolley –volunteers are currently taking a tea trolley round to staff to give them a hot drink and a few treats.

The team currently has a total of 369 active volunteers and a further 95 currently in the recruitment process. The Trust is fortunate to retain this team of volunteers who commit to giving their time to help support staff, patients and visitors across the hospital. The volunteers are representative of 20 different nations; 72% are women and 27% men. The longest serving volunteer has been with us 37 years. Our oldest volunteer is 96 years old with the youngest being 16.

Volunteers are asked to commit to a minimum of 3 hours a week for a minimum of 6 months; however, over 40% of our volunteers give in excess of 5 hours per week.

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

Demographics: There are consistently high levels of interest in applying to become a volunteer. On average 30 volunteers are recruited each month and they provide over 2,000 hours each month of additional support to our wards and departments across the Trust. 222 volunteers have been recruited since April 2021.

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 2021/2022 2 volunteers became paid staff.

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 New College Swindon, Horizons, 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's staff health and wellbeing provision has grown greatly, both in terms of breath of support mechanisms and also number of staff engaging in these.

Numbers accessing our Employee Assistance Programme have continued to increase, since it was launched in March 2020. This free and confidential service offers practical advice on a range of issues (e.g. financial, housing, childcare, legal) as well as counselling support (up to 6 telephone/virtual sessions). 398 contacts were made with the service this year, which reflects a considerable increase compared to last year (252).

Our in-house staff counselling and clinical psychology provision has expanded tremendously over the past year, and has become a well-known and embedded service within the Trust which is reflected by the increased access over time. The service offers individual counselling and psychological support to staff via self-referral, in addition to group-based wellbeing support to teams tailored to their unique needs. These interventions are provided by the team of clinical psychologists and counsellors, and are provided either virtually or face-to-face depending on individual/team need. Individual therapies offered include Cognitive Behaviour Therapy, Solution Focused Therapy and Eye Movement Desensitisation Therapy. Group-based psychological interventions include Mindfulness, Reflective Practice, and Compassion.

This year, the service received 309 referrals for individual support (up from 135 last year) and in total 878 contacts were made (up from 427 from last year).

A standardised psychological outcome measure (CORE-10) was introduced in April 2021 to enhance the evaluation of the 1:1 counselling / psychological support conducted within the service. Since then, pre and post therapy outcome measures have been completed by 119 individuals, of which improvements were made by 107 (90%).

In addition to this, the client feedback form was also refreshed at this time. This was completed by 52 individuals during the year, all of which stated that they would recommend the service to a colleague. The impact of the support on their overall health and wellbeing, as self-rated on a 0-10 scale, ranged from 5 to 10,

with a mode of 8 and a mean of 8.2. The self-rated overall experience of the service ranged from 7 to 10, with a mode of 10 and a mean of 9.2.

Regarding psychological in-reach group-based sessions for departments across the Trust, 90 were provided this year, some of which are on a regular ongoing basis tailored to departmental need.

Bitesize wellbeing sessions were launched in April 2021 covering a range of topics (e.g. bereavement, fatigue, anxiety, sleep). These 20-minute live talks are open to all staff, and held virtually at various times and days to enhance access. In addition to this, a resource document has been developed by the team signposting staff to helpful online wellbeing resources, apps and ted talks. A total of 372 individuals attended our bitesize sessions this year.

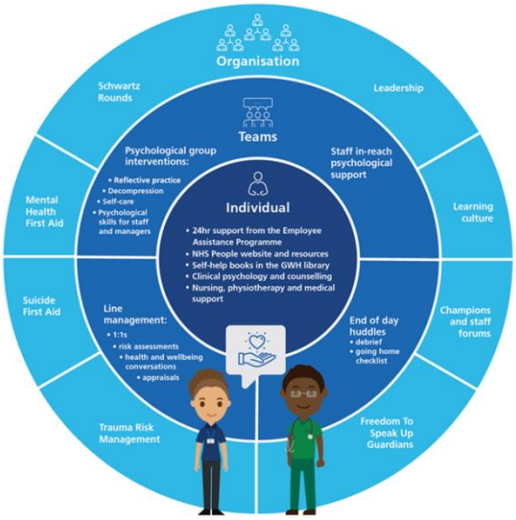
The service has made great strides in offering Mental Health First Aid training to staff. During the past year, 137 staff from a range of backgrounds, professions and departments have been trained as a Mental Health First Aider, and 15 accessed the refresher training to maintain their accreditation.

Towards the end of 2021, the service was able to start offering training in Suicide First Aid. So far, 47 staff have been trained in this life-saving mental health intervention.

An additional 15 members of staff were trained this year to become a TRiM (Trauma Risk Management) Practitioner, and also 4 as TRiM Managers to help coordinate and oversee TRiM responses to traumatic incidents. These were all staff members working outside of ED, to complement the existing pool of ED staff previously trained in TRiM. Staff trained this year were from a variety of departments working in various roles (clinical and non-clinical), to enable as flexible and timely a response to traumatic incidents as possible. This year, outside of ED, the TRiM process has been followed on three separate occasions with staff following traumatic incidents (two of which occurred outside the work setting).

Schwartz Rounds have continued to be held virtually across the year. Following the launch and success of this pilot 2 years ago within Unscheduled Care, this initiative will now be funded by and housed within the Health and Wellbeing Service.

In April 2021, the Occupational Health and Staff Support departments aligned and came under the umbrella Staff Health and Wellbeing, overseen by one clinical lead. The Occupational Health team is multi-disciplinary, comprised of doctors, nurses, mental health practitioners and physiotherapists providing specialist occupational health advice and support to individuals and their managers. This year, a total of 1,532 Management Referrals were made into the department (up from 1,228 last year).



In-house systemic wellbeing initiatives provided during the year include:

Staff Tea Trolley – this had been paused during the start of the pandemic for safety reasons, however we were able to re-launch this in the Spring. Initially the trolley supported awareness events/days, such as Nurses day in May, Hydration week in June, ED Great Care Campaign in July, World Sepsis Day in September, Patient Safety Awareness month in October. During December, the trolley resumed its normal service with a festive theme, delivering over 5000 drinks and mince pies to staff in all areas with visits also across evenings and weekends. Community teams were included with tea trolley rounds at the Orbital and mince pies deliveries to community sites and GP Surgeries. Across the entire year, over 10,000 free drinks and snacks were delivered.

Cold Refreshments in July – during the exceptionally hot week, hospital staff were treated to a visit from the ice cream van, and free deliveries of ice creams and cold drinks were made to the Orbital.

Wellbeing box deliveries in August – as a thank you to GWH staff based in Wiltshire community sites, staff received wellbeing boxes with drinks and snacks to share with their teams. A DIY version of the tea trolley ('tea trolley in a box') was delivered to all community and primary care sites during the month.

Divisional Wellbeing Activities - to celebrate Friendly February the HWB team joined forces with Brighter Futures on 1st February to deliver mini pamper packages to wards and departments, with items donated from local companies and members of the public through Brighter Futures.

Massage Chair Rotation – during the past year, the massage chair rotation has continued with 5 of the massage chairs being loaned to 25 wards and departments, and the Orbital now has one chair in their wobble room on a permanent basis.

Staff Room Refurbishment Programme – using charitable funds awarded from NHS Charities Together and Brighter Futures Covid Support Appeal, Phase I of the Staff Refurbishment Programme was completed, which comprised of 23 wards and clinical areas. Staff rooms and rest areas were decorated and woodland scene artwork added to walls, and provided with new furniture (e.g. sofas and coffee tables) and items (e.g. microwaves and kettles). Phase 2 has started, focusing on the non-clinical areas.

Breastfeeding Room – in February, we created a new breastfeeding room for staff, located on the first floor providing a quiet and private space for staff to breastfeed or express. The room is equipped with a lockable fridge, refreshments and health and wellbeing leaflets.

Yoga Referral Programme – charitable funding has provided 80 places for staff to attend a one-month virtual yoga class. This initially ran as referrals through Staff Health and Wellbeing, but was then made available to all staff on a self-referral basis. The programme has been completed by 36 staff so far.

Physical Health Promotion – in the Autumn, the physical health packages within the health and wellbeing offer were refreshed. This included highlighting staff discounts in 20 gym / leisure facilities and bike shops, promoting discounted / free weight management interventions, facilitating bitesize wellbeing sessions on physical activity, and re-launching the couch to 5k running club

Menopause Talk –a virtual talk on the menopause was arranged by the service, led by one of the Trust's consultant gynaecologists, attended by 47 staff members. The wellbeing team also running a monthly session on managing the menopause. The support organisations available, including the Trust's menopause champions, are collated on our intranet page.

Trust Thank You's - at the end of 2021, funds were provided to Divisions as a Christmas 'Thank you' enabling teams to choose items for their own staff areas to enjoy throughout the year (e.g. coffee machine, music system). The health and wellbeing team liaised with teams regarding what to buy, placing the orders, and distributing.

'**Quit Smoking'** –staff were provided with a selection of free support apps during Stoptober. This event was held virtually, and the staff tea trolley was used to help promote and provide information. The health and wellbeing team are also supporting the Trust's Stop Smoking Working Group, which was re-established in 2021.

Seasonal flu vaccinations

The annual Trust flu vaccination campaign 2021/22 achieved 90.17% (compliance reporting includes those vaccinated and those who have declined). The Trust met the national target for this year of 90%, and the Occupational Health department still continue to offer staff drop-in access to the vaccine.

The Trust annual vaccination campaign had the following highlights:

- Investment in a new online booking system 'Vaccination Track' received positive feedback, and enabled staff to easily book appointments directly onto the system into a convenient clinic and will be adopted for future campaigns.
- Flexibility of vaccine service aligned with the Covid programme - From the 16th Dec to the 3rd January the Occupational Health nursing team moved over to the Academy as part of the Mass Vaccination National Programme and flu vaccines were offered to staff as walk-ins or as booked appts if they had not already received via the NIVS system.
- When the Mass Vaccination Programme stopped, the OH team returned to their department area and continue to offer a staff a walk-in service for flu vaccines on a Mon - Fri (08:30 – 16:00) in parallel to the Covid boosters and Covid Vaccine's 1 + 2

The final compliance rate of 90.17% is encouraging, and evidences a successful combined vaccination offering alongside the Covid vaccine programme.

The on-site flu vaccination programme offer was also supported by community visits and drop-ins to mitigate low attendance and enable accessibility to staff based at alternative sites.

Staff Survey Report 2020/21

The NHS England mandated annual Staff Survey 2020/21 was open from September to December 2021 and the Trust participated across all professional staff groups. A new framework of questions has been developed around the 7 promises of the NHS 'People Promise' including the staff engagement and morale themes and includes 33 new questions, 5 reintroduced questions, 8 modified questions and the removal of 24 questions

The Trust benchmarks in the group 'Acute and Combined Acute and Community' and this table outlines the comparative scores.

	2021/22		2020/21		2019/20	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Promise 1: We are compassionate and inclusive	7.1	7.2				
Promise 2: We are recognised and rewarded	5.6	5.8				
Promise 3: We each have a voice that counts	6.6	6.7				
Promise 4: We are safe and healthy	5.7	5.9				
Promise 5: We are always learning	5.1	5.2				
Promise 6: We work flexibly	6.0	5.9				
Promise 7: We are a team	6.5	6.6				
Staff engagement	6.7	6.8	7.0	7.0	7.0	7.1
Morale	5.5	5.7	6.2	6.2	6.1	6.2

Response rate comparison

A full sample of staff were surveyed with a positive response rate of **47.1%** compared to the external provider Quality Health sample median response rate of 45.3%.

Theme Results & Areas of improvement from 2021

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

- 5% of the questions scored significantly better than the sector;
- 35% of the questions scored significantly worse than the sector;
- 60% of the questions showed no significant difference in relation to the sector average (or comparison could not be drawn)

In terms of comparison with Trust performance in the 2019/20 survey, the Trust achieved the following comparative results:

- 0% of the questions scored significantly better than 2020;
- 52% of the questions showed significant decline since 2020;
- 48% of the questions showed no significant movement since 2020.

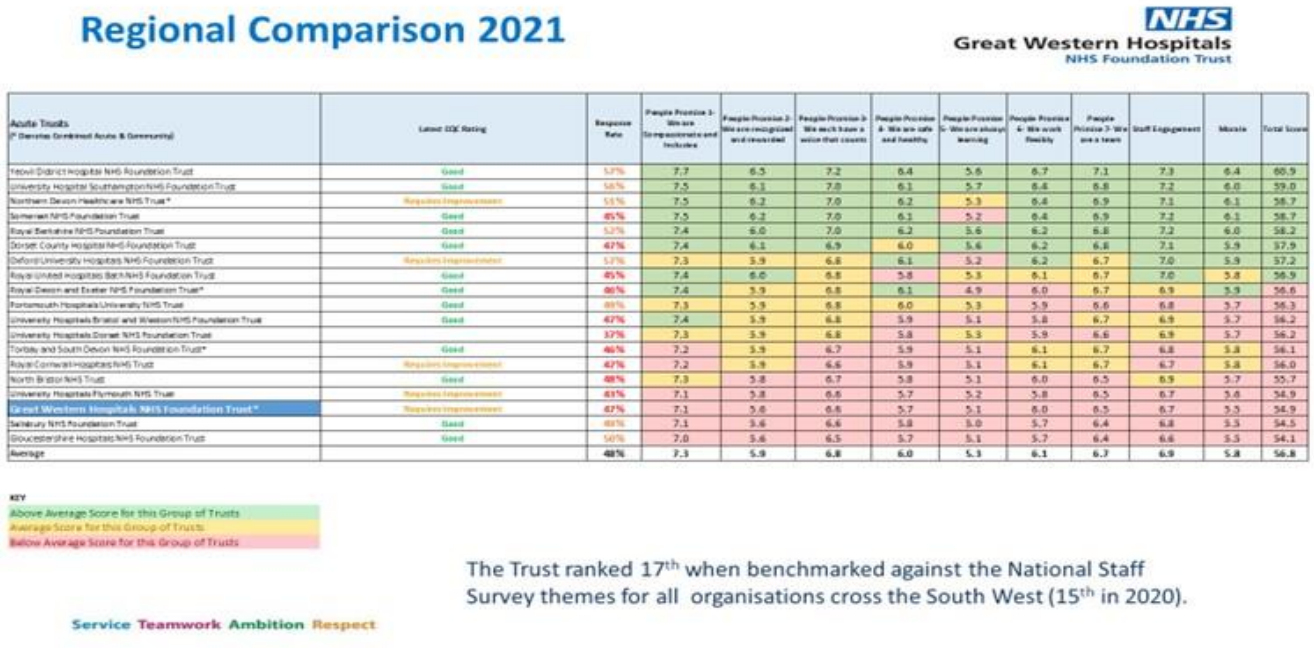
There is encouraging feedback which exceeds the national average in the areas of EDI and Health and Wellbeing:

Positive staff agreement for – *'I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.)"* although this has to be balanced with an increase in BME staff reporting that they are experiencing higher levels of bullying and harassment from patients, service user, colleague and managers.

Positive staff agreement for – *'My organisation takes positive action on health and well-being*" to be balanced with an increase in staff reporting high levels of burnout.

Future Priorities and Areas of focus:

Whilst the overall results demonstrate no significant change in the 'People Promise' themes of Staff Engagement and Staff Morale, there has however been a decline in the overall Trust results which is reflective of the national trend and outlined in further detail below.



The Trust has adopted a continuous quality improvement approach, Improving Together, which has an increased emphasis upon root cause analysis and using data to support change. The approach involves empowering staff to make improvements themselves by providing them with the training, the tools and the freedom to work out where the opportunities are, and the skills and support to make change happen and to make it sustainable. This methodology will be adopted to implement changes following the 2021 Staff Survey feedback.

Trade Union Facility Time 2021/22

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
29	22.08

Table 2
Percentage of time spent on facility time

Percentage of time	Number of Employees
0%	17
1-50%	12
51-99%	0
100%	0

Table 3
Percentage of pay bill spent on facility time

Total cost of facility time	£16851.22
Total pay bill	£25,373.10
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.66%

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	22.89%

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

Expenditure on consultancy

Expenditure on consultancy in 2021/22 was £2.7m (2021/22 £1.7m). Consultancy advice provided to the Trust covered a number of different areas including:-

- Transformation
- 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 2022. The number of individuals that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year is 18. These individuals are set out in the Remuneration Report (section 2.2 refers).

TABLE 1: Highly paid off-payroll engagements as at 31 March 2022, earning £245 per day or greater

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

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

	Number
Number of off-payroll workers engaged during the year ended 31 March 2021	2
Of which:	
Not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in scope of IR35	2
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 2021 and 31 March 2022

	Number
No. of off payroll engagements of Board members, and/or senior officials with significant financial responsibility during the financial year	**0**
No. of individuals that have been deemed "Board members, and/or senior officials with significant financial responsibility" during the financial year. This figure must include both off-payroll and on-payroll engagements	**18**

Reporting on Compensation Scheme and Exit Packages

TABLE 1 Foundation trusts are required to disclose summary information of their use of exit packages agreed in the year 2021/22

	Number of compulsory redundancies 2021/22	Cost of compulsory redundancies 2021/22	Number of other departures agreed 2021/22	Cost of other departures agreed 2021/22	Total number of exit packages 2021/22	Total cost of exit packages 2021/22	Number of departures where special payments have been made 2021/22	Cost of special payment element included in exit packages 2021/22
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.

	2021/22	2021/22
	Payments agreed	Total value of agreements
	Number	£000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval *	0	0
Total	0	0
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

IR35 Update

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

The intermediary can be:

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

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

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

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

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

2.4 NHS Foundation Trust Code of Governance

We have 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. Whilst the Financial Reporting Council issued a new UK Corporate Governance Code in 2018, the changes which were introduced have not yet been replicated within the NHS Foundation Trust Code of Governance.

The NHS Foundation Trust Code of Governance contains guidance on good corporate governance. NHS Improvement recognises that departure from the specific provisions of the code may be justified in particular circumstances, and reasons for any non-compliance with the code should be explained. This "comply or explain" approach has been in successful operation for many years in the private sector and within the NHS foundation trust sector.

There are no provisions within the NHS Foundation Trust Code of Governance that we did not comply with during 2021/22. The NHS Foundation Trust Code of Governance also sets out a number of disclosure requirements and these are provided below.

Council of Governors and Members Engagement – Covid Impact

For a second year running it is important to recognise that 2021/22 has proved particularly challenging for us all as a result of the on-going Covid 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 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 appraised of key developments, alongside regular Covid briefings issued to governors, the Trust regularly held 'virtual' governor meetings, both formal and informal throughout the year. These '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.

Council of Governors

As an NHS Foundation Trust we have established a Council of Governors, which consists of up to 23 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 2021/22 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 the Trust Chair
- Re-appointment of 1 Non-Executive Directors (Lizzie Abderrahim)
- Holding the Non-Executive Directors to account on a number of issues such as Covid recovery plans, financial management, site development;
- Appointed the External Auditors;
- Considered and approved the Quality Accounts local quality indictors;
- Input views and observations into the developments of the GWH site development, the Integrated Care System, equality, diversity and inclusion, and health inequalities;
- Hosting of public lectures;
- Received GWHFT Annual Report and Accounts at the Annual Members Meeting on 21 September 2021.

In 2021/22 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

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

- Swindon
- Northern Wiltshire
- Central & Southern Wiltshire *(combined in 2021/22);*
- West Berkshire and Oxfordshire / Gloucestershire and Bath and North East Somerset *(combined in 2021/22);*
- Rest of England & Wales

The constituencies are periodically reviewed to ensure they reflect the Trust's geographical area and populations.

There are 14 public governor seats:-

Seat	No of Governors
Swindon	7
Northern Wiltshire	2
Central & Southern Wiltshire	2
West Berkshire and Oxfordshire / Gloucestershire and Bath and North East Somerset	2
Rest of UK & Wales	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 2021/22 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 3 elected groups as outlined below and utilised the 'reserved governor' option for 3 governor vacancies in 2021/22.

Elected Governors in 2021/22 – Public Constituencies

Name	Constituency	Date first elected	Current Term of Office (date ending)	Attendance from 7 Council of Governor meetings
Roger Stroud	Swindon	Nov-16	Term ended Dec-21	5/6
Ashish Channawar	Swindon	July-20	Remainder of 3 years (term ends Nov-22)	6/7
Arthur Beltrami	Swindon	Nov-19	Term ended Nov-21	4/5
George Cahill	Swindon	Nov-19	Term ended Jan-22	5/5
Michelle Howard	Swindon	Nov-19	3 years (term ends Nov-22)	6/7
Maggie Jordan	Swindon	Nov-19	3 years (term ends Nov-22)	7/7
Judith Furse	Swindon	Mar-20	Remainder of 3 years (term ends Nov-22)	6/7
Eric Shaw	Swindon	Mar-22	Remainder of 3 years (term ends Nov-22)	n/a
Robert Hammond	Swindon	Mar-22	Remainder of 3 years (term ends Nov-22)	n/a
Raana Bodman	Swindon	Mar-22	Remainder of 3 years (term ends Nov-22)	n/a
Pauline Cooke	Northern Wiltshire	Nov-15	3 years *(term ends Nov-24)*	7/7
Pauline Kempe	Northern Wiltshire	Nov-21	3 years *(term ends Nov-24)*	1/2
Janet Jarmin	Central Wiltshire	Dec-08	Term ended Nov-21	5/5
Chris Callow	Central Wiltshire	Nov-19	3 years *(term ends Nov-24)*	7/7
Maurice Alston	Central Wiltshire	Nov-21	3 years *(term ends Nov-24)*	2/2
Jane Turner	West Berkshire & Oxfordshire	Nov-18	Term ended Nov-21	0/5

At 31 March 2022 vacancies remained for the following public governor seats: -

- West Berkshire, Oxfordshire, Gloucestershire, Bath & North East Somerset Constituency – 1 seat
- Rest of England & Wales – 1 seat

Elected Governors in 2021/22 – Staff Constituency

Name	Staff Constituency – sub class	Date first elected	Current Term of Office (date ending)	Attendance from 6 Council of Governor meetings
Chris Shepherd	Administrators, Maintenance, Auxiliary and Volunteers	Nov-19	3 years *(term ends Nov-22)*	7/7
Oliver Harness	Allied Health Professionals	Nov-19	Term ended Mar-22	5/6
Karen Hawkins	Hospital Nursing and Therapy Staff	Nov-17	3 year term *(ending Nov-22)*	6/7
Dr Badri Chandrasekan	Doctors & Dentists	Sept-20	3 year term *(ending Nov-23)*	4/7

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

As at 31 March 2022 there was 1 vacancy for a staff governor seat.

Nominated Governors in 2021/22

Name	Nominating Partner Organisation	Date first nominated	Current Term of Office (ending date)	Attendance from 6 Council of Governor meetings
Brian Ford	Local Authority – Swindon Borough Council	Aug-16	Term ended Feb-22	1/5
Jennifer Jefferies	Local Authority – Swindon Borough Council	Feb-22	3 years *(term ends Fb-25)*	n/a
David Halik	Local Authority – Wiltshire Council	Aug-19	Term ended May-21	1/1
Amanda Webb	BSW CCG**	July-20	3 year term *(term ends July-24)*	5/7
Nick Ware	BSW CCG**	July-20	3 year term *(term ends July-24)*	3/7
Jennifer Seavor	Other Partnerships – Prospect Hospice	Dec-20	Remainder of 3 year term *(term ends Sept-22)*	5/7

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

There are 6 appointed governor seats.

Appointments / re-appointment changes in 2021/22 as follows:-

- Brian Ford, governor representing the Swindon Borough Council resigned in February 2022 and was replaced by Jennifer Jefferies.
- David Halik, governor representing the Wiltshire County Council resigned in May 2021. The Trust has requested a governor replacement.

As at 31 March 2022 there were two vacancies for appointed governor seats.

Council of Governors meetings during 2021/22

There were 7 meetings of the Council of Governors in 2021/22:-

- 20 May 2021
- 14 June 2021 – Joint Board and Council of Governors
- 13 July 2021 - Extraordinary Meeting (to appoint External Auditors)
- 21 September 2021 - Council of Governors and Annual Members Meeting
- 18 November 2021
- 8 February 2022
- 22 March 2022

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 7 Council of Governor meetings
Lizzie Abderrahim	5/7
Nick Bishop	5/7
Liam Coleman (Chair)	6/7
Andy Copestake	6/7
Faried Chopdat	7/7
Peter Hill	5/7
Paul Lewis	6/7
Claudia Paoloni	6/7
Sanjeen Payne-Kumar	6/7
Helen Spice	7/7
Julie Soutter (to 31 December 2021)	3/4
Kevin McNamara (Chief Executive)	6/7
Caroline Coles (Company Secretary)	7/7

Lead and Deputy Lead Governors

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

Apr-21 – Oct-21
Lead Governor : Roger Stroud
Deputy Lead Governor : Pauline Cooke

Nov-21 – April-22
Lead Governor : Pauline Cooke
Deputy Lead Governor : Chris Callow

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

Council of Governors meeting structure

The Council of Governors has established a number of working groups which each have focussed attention for specific areas of work. The working groups in place in 2021/22 were:

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

In addition, there was a Joint Nominations Committee, established by the Council of Governors with the Board of Directors, which considers nominations for Non-Executive Director appointments.
However, during 2021/22 the governors refreshed the governor working group structure to ensure that it provided a more inclusive framework to assist Governors carry out their roles and responsibilities as effectively as possible and to re-align more with the Board Committee structure. This new structure came into effect in March 2022 and consists of:-

- Business & Planning Working Group
- People's Experience & Quality Working Group
- Engagement & Membership Working Group
- Nominations & Remuneration Committee (an amalgamation of the Nominations and Remuneration Working Group and Joint Nominations Committee).

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, 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 2021/22 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 Performance, People & Place Committee, the Quality & Governance Committee and the Audit, Risk and Assurance Committee.

Joint Board of Directors and Council of Governors Workshop – In 2021/22 the Trust Board and Council of Governors met to consider GWH site development. The joint workshop provided 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. Once again due to Covid the health talks were held virtually and the table below outlines the topics discussed in 2021/22:-

Topic	Date
Diabetes	25-Mar-21
Dying Matters	31-May-21
Organ Donation	23-Sep-22
Urinary Incontinence	09-Dec-21
Mental Health	31-Jan-22
GP Surgeries: The impact of the pandemic and looking ahead to the future	28-Feb-22
'diabetic heart disease' and new NICE guidelines	28-March-22

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 identification of additional training requirements for the governors.

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, assurance 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 Directors 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.

Although due to Covid governors have not been permitted into the hospital these 'ward visits' have continued throughout 2021/22 but taken place virtually.

Annual Members Meeting – In September 2021 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. This includes a presentation from the Lead Governor describing how the governors have discharged their duties during the course of the year together with membership information.

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.

BSW Network - The Lead and Deputy Lead Governors met virtually with their respective counterparts at the other acute trusts within the BSW 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:-

- Brighter Futures (fundraising)
- Medical Revalidation Committee
- Nutrition Steering group
- BAME Champion meetings

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 2021/22 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 2021/22 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 (page 62 refers). During 2021/22 the governors reviewed their working groups and as a result in 2022/23 this working group will be combined with the Joint Nominations Committee to form the Nominations & Remuneration Committee.

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 Nominations & Remuneration Committee (formerly Joint Nominations Committee) in discharging its responsibilities

In 2021/22 the governors reviewed their working groups and as a result combined the Joint Nominations Committee (responsible for appointment of Non-Executive Directors) and the Nomination & Remuneration Working Group (responsible for the annual appraisal of Non-Executive Directors to remuneration of Non-Executive Directors) into one meeting, the Nominations & Remuneration Committee. This would provide a more streamlined and simpler mechanism and process to evaluate and appoint Non-Executive Directors. The first meeting of the combined meetings took place in March 2022. The process for the appointment/re-appointment of Non-Executive Directors remains the same.

In 2021/22 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.

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 which recommends candidates for appointment to the Council of Governors.

In October 2021 the Joint Nominations Committee considered the re-appointment of Liam Coleman as Trust Chair and recommended the re- appointment of Liam for a further 3 year period.

In March 2022 the Nominations & Remunerations Committee recommended the re- appointment of Lizzie Abderrahim as a Non-Executive Director for a further 3 year period.

Attendance at the Joint Nominations Committee Meetings during 2021/22

Committee Membership Attendance 2021/22	
Joint Nominations Committee (to Mar-22) Record of attendance at each meeting ✓ = Attended × = Did not attend **n/a** = not applicable as was not a member	
Date	14/10/21
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	✓
Nominations & Remuneration Committee Members (from Mar-22) Record of attendance at each meeting ✓ = Attended × = Did not attend **n/a** = not applicable as was not a member	
Date	08/03/22
Non-Executive Members	
Liam Coleman – Chair	✓
Paul Lewis – Non-Executive Director	✓
Peter Hill - Non-Executive Director	✓
Governor Members	
Pauline Cooke – Elected Governor	✓
Chris Callow – Elected Governor	✓
Karen Hawkins – Staff Governor	✓
Maggie Jordan – Elected Governor	✓
Maurice Alston – Elected Governor	✓

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 (page 58 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 constituencies were combined which came into effect in November 2021 to align with governor terms of office ending.

- Swindon
- North Wiltshire

- Central & 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, as at 31 March 2022, there was only slight decline in membership as follows:

Total Number of Members across all Constituencies	**2020/21**	**2021/22**
Swindon	2,824	2,779
North Wiltshire	1,112	983
Central & Southern Wiltshire	666	778
West Berkshire and Oxfordshire, Gloucestershire and Bath and North East Somerset	643	637
Staff	6722	6,722
TOTAL	**11,969**	**11,940**

This shows a decrease in overall decrease in membership of 29 from last year.

Public Constituency	2020/21	2021/22
At year start (1 April)	5,309	5,247
New Members	13	3
Members leaving	75	29
At year end (31 March)	5,247	5,218

This shows a decrease in public members of 29 many of which are members who are now deceased.

Staff Constituency	2020/21	2021/22
At year start (1 April)	6,667	6,723
New Members	352	1109
Members leaving	297	1043
At year end (31 March)	**6,722**	**5508**

There was a decrease in staff numbers of 208.

Numbers of members by age ethnicity and gender

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

Age	2020/21	2021/22
0-16	0	0
17-21	16	11
22+	5,180	5,158
Unknown	51	50
Total	**5,247**	**5,219**

Ethnicity	2020/21	2021/22
White	3,073	3,039
Mixed	25	24
Asian or Asian British	156	158
Black or Black British	50	50
Other	27	28
Unknown	1,931	1,919
Total	**5,247**	**5,218**

Gender	2020/21	2021/22
Male	1,771	1,734
Female	2,952	2,959
Unspecified	524	525
Transgender	0	1
Total	**5,247**	**5,219**

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 2021/22

Due to recent events, we have focussed on managing the Covid 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 2022/23 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.

Audit Committee Annual Report 2021/22

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

Purpose

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

Membership

The Committee has had six Non-Executive Directors acting as members during the financial year as outlined in the table below:-

Helen Spice	Helen has been a member of the Committee since joining the Trust on 1 April 2021 and became Chair of the Audit, Risk and Assurance Committee from 1 January 2022.
Julie Soutter	Julie was Chair of the Audit, Risk and Assurance Committee from 1 January 2016 to 31 December 2021.
Lizzie Abderrahim	Lizzie has been a member of the Committee since she joined the Trust on 1 May 2019.
Nick Bishop	Nick has been a member of the Committee since 1 January 2017. Nick has also been the Senior Independent Director since 8 February 2019.
Faried Chopdat	Faried has been a member since joining the Trust on 1 April 2021.
Andy Copestake	Andy has been a member of the Committee since joining the Trust on 1 July 2016.

Attendances **Non-Exec Members**	**2 Jun-21**	**15 Jul-21**	**11 Nov-21**	**13 Jan-22**	**10 Mar-22**
Julie Soutter *(Chair - until Dec-21)*	✓	✓	✓	n/a	n/a
Helen Spice *(Chair - since Jan-22)*	✓	✓	✓	✓	✓
Lizzie Abderrahim	✓	✓	✓	✓	✓
Nick Bishop	✓	✓	✓	✓	✓
Faried Chopdat	✓	✓	x	✓	✓
Andy Copestake	✓	✓	✓	✓	✓

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

Each member of the Committee has a wealth of business experience across a range of sectors making them well placed to undertake the work of the Committee. The Committee's training takes place on an ongoing basis through updates provided by the Company's external auditor internal auditors and the internal finance team, on developments in corporate reporting and legislation and regulatory guidance.

Only members of the Committee are entitled to attend meetings. Other individuals, such as the Chair, Chief Executive, Director of Finance & Strategy, Company Secretary and other senior managers are regularly invited to attend meetings as required. The Committee can invite others to attend as appropriate. The Board annually assesses the competence of those sitting on the Committee, and in 2021 the Board appointed a new Chair who

has the relevant financial experience required by the Code. Andy Copestake and Faried Chopdat also have relevant financial and accounting experience. Other Non-Executive Directors may attend as observers.

Main Activities of the Audit Committee during 2021/22

The Committee has an agreed rolling programme of agenda items which the Committee Chair keeps under regular review to ensure that all key financial reporting and risk matters are properly considered. The list below summarises the key items considered by the Committee during the year.

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

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

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

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

Name of Review	Opinion	
	Design	Operational Effectiveness
Staff Engagement	n/a	n/a
Integrated Learning	Moderate	Moderate
Mandatory Training	Substantial	Substantial
Health & Wellbeing	Substantial	Moderate
Medical Records	Substantial	Moderate
Primary Care	Moderate	Moderate
WHO Checklist	Moderate	Limited
Equality, Diversity & Inclusion	n/a	n/a
Key Financial Systems	Substantial	Substantial
Safer Staffing Planning	Substantial	Moderate
Safeguarding Adults	Substantial	Moderate
Waiting List Management	Moderate	Moderate
Digital Security & Protection Toolkit	n/a	n/a

- monitoring the systems of risk management through regular review of the corporate risk register and board assurance framework to support the delivery of the Trust's 5 strategic objectives together with Divisional presentations to the Committee on their risk management arrangements, shared learning, action management and the consistency of risk scoring.
- approval of the internal audit plan that sets out the work of internal audit to assess the effectiveness of a range of governance and internal control systems
- consideration of the findings from all internal audit reports including management's responses
- consideration of the head of internal audit opinion
- review of the local counter fraud specialist's annual report and in-year reports
- maintaining oversight of the effectiveness of the arrangements by which staff may raise, in confidence, concerns about possible inappropriateness in matters of financial reporting and control, clinical quality, patient safety or other matters, ensuring that there is proportionate and independent investigation and follow-up actions.
- The Committee also reviewed a variety of reports which are outlined in the table below showing a list of the items discussed at the Audit, Risk & Assurance Committee in 2021/22.

Main Activities of the Audit Committee during 2021/22

June 2021	September 2021	November 2021
Assurance • Risk Tolerance & appetite Statement 2021/22 • DBS Renewal **External Auditor (EA)** • End of Year Reports • Audit Opinion • Management Representation Letter **Internal Auditor** • Annual Report & Annual Statement of Assurance • Counter Fraud Annual Report • Counter Fraud Annual Plan and Strategy **Internal Audit Reports** • Data Quality • Risk Management • Data Security & Protection Tookit **Financial Processes** • Losses & Compensations • National Cost Collection 2020/21 • External Auditor Contract (private session) **Compliance** • Annual Report & Accounts 2019/20	Meeting cancelled due to site pressures and all agenda items were incorporated in the November 2021 meeting.	**Assurance** • Surgery, Women & Children's Risk Review • 15+ Risk Register • Board Assurance Framework Review • Theatre Stocks • Policy Management Framework **External Auditor (EA)** • Technical Update and Progress Report **Internal Auditor** • Internal Audit Progress Report • Counter Fraud Progress Report **Internal Audit Reports** • Health & Wellbeing • Mandatory Training • Medical Records • Primary Care **Financial Processes** • Aged Debt with NHS Property Services • Losses & Compensation Payments **Compliance** • Conflicts of Interest Register 2020/21 • Trust Seal Register

ain Activities of the Audit Committee during 2021/22 (continued)

January 2022	March 2022
Assurance • Integrated Care & Community Services Risk Review • Cyber Security • Theatre Programme **External Auditor (EA)** • Technical Update and Progress Report **Internal Auditor** • Internal Audit Progress Report • Counter Fraud Progress Report • Security Management Specialist Annual Report 2020/21 **Internal Audit Reports** • Key Financial Systems • WHO Checklist **Financial Processes** • Single Tender Actions • Losses & Compensations Payments **Compliance** • Trust Seal Register	**Assurance** • Unscheduled Care Services Risk Review • Board Assurance Framework • Risk Report • Cyber Security **External Auditor (EA)** • Technical Update and Progress Report **Internal Auditor** • Internal Audit Progress Report • Counter Fraud Progress Report and Functional Standards Return • Counter Fraud Annual Plan 2022/23 • Internal Audit Plan 2022/23 **Internal Audit Reports** • Medical Records – Follow Up report • WHO Checklist Follow up • Equality, Diversity & Inclusion Maturity Assessment • Data Quality **Financial Processes** • Oversees Visitors Annual Report • Stock Taking Process & Balance Sheet Value Assurance for Theatres **Compliance** • Trust Seal Register

External Audit

In 2021/22 the Trust changed auditors from KPMG to Deloitte. KPMG were appointed to provide External Audit Services to the Trust in late 2020 however through mutual agreement, KPMG terminated the service in June 2021. Deloitte were part of the original competitive market tender and as the existing auditor had resigned within 6 months of the tender conclusion the Trust were able to appoint Deloitte without going out to re-tender

KPMG (to July 2021) and Deloitte (from August 2021) were represented at all meetings of the Committee and submitted reports as needed.

The External Auditors are required to certify that they have completed the audit of the Trust financial statements in accordance with the requirements of the Code of Governance. If there are any circumstances under which they cannot issue a certificate, then they must report this to those charged with governance. There are no issues that would cause the External Auditors to delay the issue of their certificate of completion of the audit. The Independent Auditor's Report can be found on page 145.

The 2021/22 year-end audit plan was reviewed and agreed. All significant points raised by Deloitte as a result of their audit work, including any issues carried forward, have been discussed with the Committee, were considered by management and, if needed, appropriate responses have been made and control processes identified for strengthening. The Committee also reviewed the fees charged by Deloitte and the scope of work undertaken.

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

Internal auditor

The Trust's internal auditor, BDO, works closely with the Audit, Risk & Assurance Committee during the year. A lead auditor attends all Audit Committee meetings to present findings from specific audit reports undertaken in a given year. The internal audit plan is reviewed by the Audit, Risk & Assurance Committee before formal acceptance and a briefing paper is prepared by internal audit for review by the Committee.

Conclusion

I am satisfied that the Committee has good access to and support from the Executive Directors and senior managers and note their readiness to co-operate with and support the work of the Audit 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 2022 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 continued 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.

Helen Spice
Chair, Audit Risk and Assurance Committee
June 2022

2.5 NHS System Oversight Framework

NHS England and NHS Improvement's NHS System Framework provides the framework for overseeing systems including national providers and identifying potential support needed. The framework looks at five themes:

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- finance and use of resources
- people
- leadership and capability

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

For 2021/22, the Trust was placed in Segment two by NHSE/I. Current segmentation information for NHS trusts and foundation trusts is published on the NHSI website. This segmentation information is the Trust's position as at 31 March 2021. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website: https://www.england.nhs.uk/publication/nhs-system-oversight-framework segmentation/.

The Trust is not subject to any formal interventions.

Care Quality Commission Ratings

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

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

Our overall rating remains as "requires improvement", however, there was significant improvement across several services area from "requires improvement" to "good", 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.

Progress is monitored through Divisional governance arrangements reporting into an Assurance Committee with engagement meetings with 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 2021/22

Following the changes to the CQC inspection framework, the Trust has participated in a number of CQC Core Service reviews, these reviews explore how the services meet the CQC Key Line of Enquiry standards, the reviews included Maternity, Urgent and Emergency care.

During 2021/22 a comprehensive engagement plan was implemented which includes:

- Quarterly meetings with executive team to present developments, progress or specific focus on CQC domains
- Monthly meetings led by the Chief Nurse team, to discuss, initiatives, challenges, quality matters
- Fortnightly calls to discuss, review and update CQC on their current enquiries.

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
7 July 2022

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 2022 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, Risk and 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 embed our 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 increase the maturity of the risk culture of our organisation.

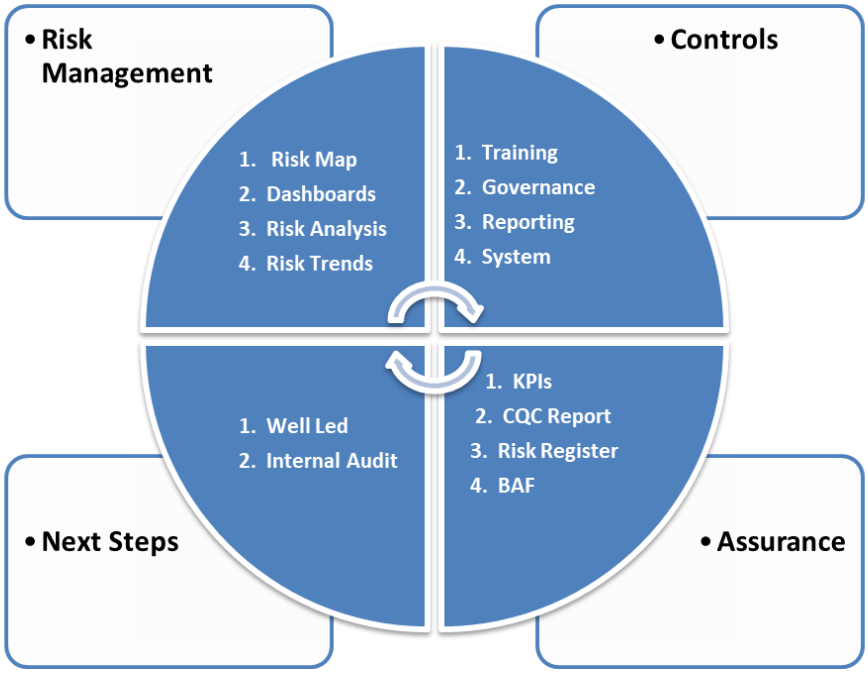
Executive and Non-Executive Directors are trained on risk management and on their roles and responsibilities for leadership in risk management. Reminders of roles and responsibilities are included in risk reports, including prompt questions to aid discussion.

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 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 2021/22 a number of initiatives have been introduced to strengthen the management of risks within the Trust. These included a review of the Board Assurance Framework and strengthening the review of 15+ risks through the Risk Committee which continued to meet bi-monthly.

Also during 2021/22 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 this has been useful to the Divisional Managers in terms of improved mapping of information and stronger actions.

The Trust also had in place an established risk management system which was aligned with our emergency planning infrastructure particularly in connection with covid. 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 2021/22 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. In 2021/22 the Trust implemented a new system, Datix to strengthen risk reporting further.

The Trust has agreed that the most significant risks to the Trust, being those that score 15 and above (15+) should be reviewed quarterly at the 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 Directors 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.

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 2021/22	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 rolled out and was developed further during 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 is refreshed annually. A framework was developed which the Board uses to inform its view of risk tolerance.

Risk Tolerance Statement

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

Both the risk appetite and tolerance were reviewed and refreshed during a Board workshop on Risk Management in September 2021.

Risk Tolerance Statement 2021/22

The risk tolerance and appetite for 2021/22 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	Open	High
Experience	Cautious	Moderate
Finance	Open	High
Opportunistic - New Approaches & Innovation & Partnership Working	Seek	Significant
Statutory	Cautious	Moderate
Reputational	Open	High
People	Open	High
System	Seek	Significant

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

Significant Risks 2021/22

Strategic Risks

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 2021/22 against our strategic objectives are set out in Section 1.1.

Assurances to strategic risks have been identified during 2021/22. 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.

Operational Risks

The major operational risks that were identified during the reporting year were:

- Patient Care: Access to care and elective waiting lists
- Covid: Infection control and reduced capacity in imaging

- People: Impact of Covid on equality and diversity and staff health and wellbeing
- Workforce: Nursing and medical capacity in relation to recruitment and retention
- Finance: change in financial regime and financial implications of Covid
- Estates and Infrastructure: Maintenance of estate and risk to aging IT infrastructure
- Cyber Security: Risk of cyber or ransomware attack on Trust IT systems, putting at risk patient care and/or income.

Key Future risks

Many of the risks described in 2021/22 will continue to be risks in 2022/23, 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 recovery from 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 safety. The Trust has a Freedom to Speak Up Policy which is based on support from National Guidance and feedback from both staff and patients which sets out a framework for responding to issues raised (section 2.3 refers)

Staff survey - The Trust takes part in an annual staff survey (section 2.3 refers). For 2021/22 areas for improvement around staff were identified and an action plan is being developed to address these.

Incident reporting - The Trust has an Incident Management Policy whereby employees are required to report incidents and near misses. This helps the Trust to learn and form plans for improvements when things go wrong.

Quality impact considered - Quality as well as Equality impact assessments are in place for policies and Trust wide procedural documents, thus ensuring that equality and quality considerations are core to the Trust's overall policy framework and business. In addition, the Board has agreed refreshed milestone actions for objectives around equality and diversity to ensure everyone is treated fairly and equally.

Information risk

Risks to information, including data confidentiality, integrity and availability, are being managed and controlled. A system of monitoring and reporting on data security risks is established under delegated authority of the Trust Board through the Information Governance Steering Group, which reports into the Board's 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.

Counter Fraud

The Trust's counter fraud service complete an annual plan of proactive work to minimise the risk of fraud within the Trust, and to support compliance with the NHS Counter Fraud Authority's counter fraud standards. Preventative measures include reviewing Trust policies to ensure they are fraud-proof, utilising intelligence, best practice and guidance from the NHS Counter Fraud Authority. Detection exercises are undertaken where a known area is at high risk of fraud, and the National Fraud Initiative (NFI) data matching exercise is conducted bi-annually. Fraud is deterred by publicising proven cases of NHS fraud and staff are encouraged to report suspicions of fraud through utilising communications, presentations and fraud awareness literature across the Trust's sites. Counter fraud reports are presented to the Audit, Risk & Assurance committee.

In February 2022, the Trust underwent an Internal Audit of our current DSPT compliance. The overall confidence level in the DSPT submission was graded as 'high'. There were 7 recommendations made as part of the audit and progress is underway to review the learning and implement improvements ahead of the final DSPT submission, which is in June 2022.

Data Security

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

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

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

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

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

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

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

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

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

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

Information Governance

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

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

There are three types of breaches:

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

During 2021/22 there were a total of **59** such incidents, which were classified as follows:

Summary of data security and protection incidents in 2020/21		
	Breach type	
A	Confidentiality	50
B	Availability	9
C	Integrity	0
	Total	**59**

Notifiable breaches are those that are likely to result in a high risk to the rights and freedoms of the individual (data subject). During 2021/22 the Trust did not report any high risk incidents via the Data Security and Protection Toolkit incident reporting tool which required notification to the Information Commissioner's Office.

Data quality and governance

A new Head of RTT Performance and Data Quality (Head – RTT & DQ, formerly Head of Access) was recruited in August 2021 and was fully in post in January 2022. The Improvement Programme referred to in the 2020/21 Annual Report has now been adopted by the Head – RTT & DQ.

While the critical importance of good Data Quality to the organisation has been fully recognised at a Trust Board level, an independent audit undertaken in 2021 identified that the newly revised Data Quality Policy was unknown to many members of staff across the Trust and that they had not received training relating to it. Furthermore, staff felt that data within their departments could be used more effectively, or that they did not have the skills to understand it or the capacity to complete their data quality responsibilities.

Priority has therefore been given in 2022 to the development of an online Data Quality training module. This has been developed in partnership with the Trust's Academy and will be deployed to all members of the Trust's staff at the beginning of 2022/23.

To promote this training, and to raise the wider profile of good Data Quality, an awareness campaign has been created with the help of the Trust's Communication Team. The awareness campaign will run for several months during 2022 over which time various aspects of the Trust's Data Quality Policy will be communicated and reinforced.

Regular meetings of the Trust's Data Quality Steering Group (DQSG) were reinstated in February 2022.Through the DQSG and the Information Governance Steering Group (IGSG) the Trust will be taking actions to continue to improve data quality. Monitoring reports will be reviewed regularly by the DQSG and the IGSG. These reports will include data items which have been identified as causing concern; the reports will also be used to enable management to improve processes, training, documentation, and computer systems, in turn improving patient records and hence patient care.

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).

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.

ICSs will become a statutory entities in July 2022:

- 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.

Whilst the functions and duties of our Trust will remain largely unchanged under this legislative reform, we will be expected to participate in multiple collaborative forums, including membership of the ICS NHS body and forming collaboratives with other providers at system and at place.

Although the ICS creation on a statutory footing has been delayed as outlined in the National Planning Guidance 2022/23, work continued during 2021/22 to place Integrated Care Alliance (ICA) and Integrated Care System (ICS) in a good position for statutory launch in July 2022 with shadow arrangements in place from early 2022 onwards. The ICA would form in shadow with the Swindon Borough LA Chief Executive as Chair and would focus on 2022/23 planning and aligning priorities of health and social care partners. The Acute Hospital Alliance (AHA) Committee in Common has agreed its 5 core priorities: transparent financial baseline, modelling workforce, a Clinical Strategy, a Capital Strategy and a single Electronic Patient Record system.

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

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 receives a 6 monthly progress report to review improvements on the commitments outlined in the Strategy.

Workforce Planning

The Trust establishment setting is completed annually and aligned to the Trust Business Planning Cycle. The establishment information is detailed in the monthly workforce report and any changes throughout the year are monitored via this report. A 6 monthly review is undertaken to identify any changes within service needs. The workforce planning cycle is led by clinical and operational leads, using available data and evidence to ensure capacity and demand is sufficient to provide safe and effective care.

Safer Staffing

The Trust has a systematic approach to safer staffing which determines the number of staff and skills required to meet the needs of service users and ensure safe patient care. The Trust ensures compliance with the National Quality Board (NQB) via bi monthly "Safer Staffing" reports which are presented to Quality and

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 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. 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 next review will take place in 2023.

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

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.

Compliance with NHS Foundation Trust Condition 4 of Provider Licence

The Board has not identified any principal risks to compliance with provider licence condition FT4. This condition covers the effectiveness of governance structures, the responsibilities of directors and committees, the reporting lines and accountabilities between the board, its committees and the executive team. The board is satisfied with the timeliness and accuracy of information to assess risks to compliance with the foundation trust's licence and the degree of rigour of oversight it has over performance.

The Trust has processes in place to record and monitor compliance with NHSI's Provider Licence conditions and for 2021/22 was compliant in all areas which was reported to the Quality & Governance Committee in January 2022.

The Board has complied with the relevant aspects of the HM Treasury/Cabinet Office Corporate Governance Code. The Trust is not required to comply with the UK Code of Corporate Governance. With reference to the requirements of the Trust's Standing Orders and Standing Financial Instructions, the Director of Finance & Strategy and the Company Secretary retain oversight of the arrangements for the discharge of statutory functions and no gaps in legal compliance have been identified.

Corporate governance statement

The board acknowledges that it is essential that the correct combination of structures and processes is in place at and below board level to enable the board to assure the quality of care that the organisation provides. We are committed to the continuous improvement of these structures and processes. The review of leadership and governance undertaken in 2019/20 using NHS England and Improvement's well-led framework identified no areas of concern and numerous areas of good practice. Progress against our action plan was reported through the board and has now been closed. This contributes to the board's ability to assure itself of the validity of the

corporate governance statement we submit to NHS Improvement in accordance with our provider licence condition.

The foundation trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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 December 2018 and monthly quality reports;
- Clinical Audits;
- National Patient and Staff Surveys;
- Internal audits of effectiveness of systems of internal control;
- 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.

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, Risk & Assurance committee looking at systems, controls and processes. During 2021/22 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.

The Board Assurance Framework was refreshed in 2020/21 and embedded in 2021/22 to ensure it continued to be fit for purpose.

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

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

Our overall rating remains as "requires improvement", however, there was significant improvement across several services area from "requires improvement" to "good", 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. In 2021/22 CQC continued to adapt 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 2021/22 the Trust's performance review meetings with NHS Improvement were suspended the Trust was 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
7 July 2022

2.8 Voluntary Disclosures

Modern Slavery Act 2021/22 Statement

At the Trust we are committed to ensuring that no modern slavery or human trafficking takes place in any part of our business or our supply chain. We are fully aware of the responsibilities we hold towards our service users, employees and local communities. We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers (i.e. all companies that we do business with) to adhere to these same principles. We have zero tolerance for slavery and human trafficking.

Policies

The Trust has a number of policies relevant to exploitation and human trafficking and exploitation and has joint guidance for services run in partnership with other providers, such as Swindon Community Services. Our Safeguarding Adults at Risk and Child Protection policy have sections and guidance on trafficking and our HR processes mandate recruitment checks to ensure pre-employment suitability and Disclosure and Barring compliance where appropriate.

The majority of our healthcare provision is through direct contact with clinical staff. Our HR processes and professional registration requirements provide the checks to ensure that our workforce is compliant. Areas of greater risk would include supply chains of certain products and equipment. When procuring suppliers the Trust procurement process requires evidence of measures taken in line with the prohibition of human trafficking and exploitation.

Training

All clinical staff receive safeguarding training appropriate to their role, which includes training about human trafficking and exploitation and complies with the Adult Safeguarding competency requirements as outlined by the Nursing and Midwifery Council. Our safeguarding team receive specialist training and act as a resource to the workforce on any human trafficking and exploitation concerns.

The effectiveness of approach

The Trust monitor each clinical area against the requirement to train staff in all aspects of safeguarding training appropriate to the clinical environment, and compliance is monitored through Divisional Boards.

3.Auditor’s opinion and certificate

Independent auditor’s report to the Board of Governors and Board of Directors of Great Western Hospitals NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

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

- give a true and fair view of the state of the group’s and the foundation trust’s affairs as at 31 March 2022 and of the group’s and foundation trust’s income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the group income statement;
- the group statement of comprehensive income;
- the group and foundation trust statements of financial position;
- the group and foundation trust statements of changes in taxpayers’ equity;
- the group and foundation trust statements of cash flows; and
- the related notes 1 to 33.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council’s (the ‘FRC’s’) Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the accounting officer’s use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group’s and the foundation trust’s ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the group and the foundation trust is adopted in consideration of the requirements set out in the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of accounting officer

As explained more fully in the statement of accounting officer's responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the group's and the foundation trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the foundation trust without the transfer of the foundation trust's services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the group and its control environment, and reviewed the group's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management, internal audit, local counter fraud about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the group operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the group's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018, Health and Safety Act and relevant employment legislation.

We discussed among the audit engagement team including relevant internal specialists such as valuations and industry specialists regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud or non-compliance with laws and regulations in the following areas, and our specific procedures performed to address them are described below:

- determination of whether an expenditure is capital in nature and was recognised in the correct financial period: we tested the expenditure on a sample basis to assess whether they meet the relevant accounting requirements to be recognised as capital in nature; we agreed a sample of year-end capital accruals to supporting documentation and assessed whether the capitalised expenditure is recognised in the correcting accounting period.
- accruals recorded at 31 March 2022 and the timing of their recognition at year-end is subject to potential management bias: we tested a sample of accruals to supporting documentation to assess whether the liability had been incurred as at 31 March 2022.

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

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

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

- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance, and reviewing internal audit reports, and reviewing correspondence with CQC.

Report on other legal and regulatory requirements

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

In our opinion:

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

Matters on which we are required to report by exception

Use of resources

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

During the audit we have identified the following significant weakness:

- weakness in the Foundation Trust's arrangements to secure financial sustainability in how the Trust plans to bridge its funding gaps and identify achievable savings in order to achieve breakeven position over the medium term. The Foundation Trust is forecasting a deficit of £19m for the year ended 31 March 2023 which includes £17m of additional funding which is uncommitted. If the additional £17m is not received this will have an impact on the Foundation Trusts liquidity within the next 12 months.

We recommend that the Trust prepares a medium term financial plan and identifies savings in order to achieve a breakeven position.

Our work in respect of the Foundation Trust's arrangements is not complete at the date of our report on the financial statements. We will report the outcome of our work on the Foundation Trust's arrangements and include any additional exception reporting in respect of significant weaknesses in our audit completion certificate and our separate Auditor's Annual Report. We are satisfied that the remaining work is unlikely to have a material impact on the financial statements.

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

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

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

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

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General in December 2021, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

Annual Governance Statement and compilation of financial statements

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

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

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

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

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

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

We have nothing to report in respect of these matters.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (as reported in the Matters on which we are required to report by exception – Use of resources section of our report) and the work necessary to issue our statement on consolidation schedules. We are satisfied that our remaining work in these areas is unlikely to have a material impact on the financial statements or on our value for money conclusion.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Great Western Hospitals NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Michelle Hopton (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Bristol, United Kingdom

Date : 8 July 2022

Great Western Hospitals NHS Foundation Trust – Audit certificate issued subsequent to opinion on financial statements

Independent auditor's certificate of completion of the audit

Issue of opinion on the audit of the financial statements

In our audit report for the year ended 31 March 2022 issued on 8 July 2022 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2022 and of the group's and foundation trust's income and expenditure for the year then ended;
- had been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- had been prepared in accordance with the requirements of the National Health Service Act 2006.

Foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

As part of our audit, we are required to report to you if we are not able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

As at the date of issue of our audit report for the year ended 31 March 2022 on 8 July 2022, we had not completed our work on the foundation trust's arrangements.

In our audit report for the year ended 31 March 2022 issued on 8 July 2022, we reported a significant weakness in the foundation trust's arrangements to secure financial sustainability.

Certificate of completion of the audit

In our audit report for the year ended 31 March 2022 issued on 8 July 2022, we explained that we could not formally conclude the audit on that date until we had completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources and the work necessary to issue our statement on consolidation schedules. We have now completed our work in this area.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave our opinion or on our exception reporting on the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We certify that we have completed the audit of Great Western Hospitals NHS Foundation Trust in accordance with requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Michelle Hopton (Key Audit Partner)
For and on behalf of Deloitte LLP
Appointed Auditor
Bristol, United Kingdom
Date : 17 August 2022

5. Foreword to the Accounts

Great Western Hospitals NHS Foundation Trust

These accounts, for the year ended 31 March 2022, 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
7 July 2022

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2021/22	2020/21	2021/22	2020/21
	Note	£000	£000	£000	£000
Operating income from patient care activities	3.1	417,703	361,882	417,703	361,882
Other operating income	4	27,474	56,973	26,843	56,206
Operating expenses	5.1	(428,613)	(398,691)	(425,704)	(398,104)
Operating surplus/(deficit) from continuing operations		**16,565**	**20,164**	**18,843**	**19,984**
Finance income	9	21	34	21	2
Finance expenses	10.1	(14,969)	(14,622)	(14,969)	(14,622)
PDC dividends payable		(4,126)	(3,039)	(4,126)	(3,039)
Net finance costs		**(19,074)**	**(17,627)**	**(19,074)**	**(17,659)**
Other (losses)	11	(645)	-	(645)	-
Share of profit / (losses) of associates / joint arrangements	16	-	-		
(Losses) arising from transfers by absorption	33	(5,146)	-	(5,146)	-
Corporation tax expense		-	-		
(Deficit)/surplus for the year from continuing operations		**(8,300)**	**2,537**	**(6,022)**	**2,325**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	11	-	-		
(Deficit)/surplus for the year		**(8,300)**	**2,537**	**(6,022)**	**2,325**
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Revaluations	15	6,575	87	6,575	87
Share of comprehensive income from associates and joint ventures	16	56	60		-
Other reserve movements		52	3		3
Total comprehensive (expenditure)/ income for the period		**(1,617)**	**2,687**	**553**	**2,415**
(Deficit)/surplus for the period attributable to:					
Great Western Hospitals NHS Foundation Trust		(8,300)	2,537	(6,022)	2,325
TOTAL		**(8,300)**	**2,537**	**(6,022)**	**2,325**
Total comprehensive income for the period attributable to:					
Great Western Hospitals NHS Foundation Trust		(1,617)	2,687	553	2,415
TOTAL		**(1,617)**	**2,687**	**553**	**2,415**

Statements of Financial Position

		Group		Trust	
		31 March 2022	31 March 2021	31 March 2022	31 March 2021
	Note	£000	£000	£000	£000
Non-current assets					
Intangible assets	12.1	6,033	5,399	6,033	5,399
Property, plant and equipment	13.1	248,653	230,331	248,653	230,331
Investments in associates and joint ventures	16	126	70	126	70
Receivables	19.1	843	655	843	655
Total non-current assets		**255,655**	**236,455**	**255,655**	**236,455**
Current assets					
Inventories	18	5,104	4,787	5,104	4,787
Receivables	19.1	19,945	38,256	19,869	38,179
Cash and cash equivalents	20.1	54,229	25,122	52,909	21,566
Total current assets		**79,278**	**68,165**	**77,882**	**64,532**
Current liabilities					
Trade and other payables	21.1	(59,712)	(49,186)	(59,670)	(49,133)
Borrowings	23	(7,829)	(8,765)	(7,829)	(8,765)
Provisions	25.1	(2,929)	(156)	(2,929)	(156)
Other liabilities	22	(8,043)	(4,303)	(8,043)	(4,303)
Total current liabilities		**(78,513)**	**(62,410)**	**(78,471)**	**(62,357)**
Total assets less current liabilities		**256,421**	**242,210**	**255,067**	**238,630**
Non-current liabilities					
Borrowings	23	(77,284)	(88,174)	(77,284)	(88,174)
Provisions	25.1	(6,330)	(2,177)	(6,330)	(2,177)
Other liabilities	22	(676)	(790)	(676)	(790)
Total non-current liabilities		**(84,290)**	**(91,141)**	**(84,290)**	**(91,141)**
Total assets employed		**172,131**	**151,069**	**170,777**	**147,489**
Financed by					
Public dividend capital		160,016	137,337	160,016	137,337
Revaluation reserve		42,008	38,784	42,008	38,784
Income and expenditure reserve		(31,247)	(28,632)	(31,247)	(28,632)
Charitable fund reserves	17	1,354	3,580	-	
Total taxpayers' equity		**172,131**	**151,069**	**170,777**	**147,489**

he accompanying notes on pages 157 to 202 form part of these accounts.

Signed :

Kevin McNamara
Chief Executive
7 July 2022

Consolidated Statement of Changes in Equity for the year ended 31 March 2022

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**137,337**	**38,784**	**(28,632)**	**3,580**	**151,069**
Surplus/(deficit) for the year	-	-	(6,022)	(2,278)	**(8,300)**
Transfers by absorption: transfers between reserves	-	(3,351)	3,351	-	**-**
Revaluations	-	6,575	-	-	**6,575**
Share of comprehensive income from associates and joint ventures	-	-	56	-	**56**
Public dividend capital received	22,679	-	-	-	**22,679**
Other reserve movements	-	-	-	52	**52**
Taxpayers' and others' equity at 31 March 2022	**160,016**	**42,008**	**(31,247)**	**1,354**	**172,131**

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

Group	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Charitable fund reserves £000	Total £000
Taxpayers' and others' equity at 1 April 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**

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

	Note	Group 2021/22 £000	Group 2020/21 £000	Trust 2021/22 £000	Trust 2020/21 £000
Cash flows from operating activities					
Operating surplus / (deficit)		16,565	20,164	18,843	19,984
Non-cash income and expense:					
Depreciation and amortisation	5.1	10,313	8,143	10,313	8,143
Income recognised in respect of capital donations	4	(125)	(1,972)	(125)	(1,972)
Decrease/(increase) in receivables and other assets		16,865	(6,572)	16,865	(6,572)
(Increase) / decrease in inventories		(317)	767	(317)	767
Increase in payables and other liabilities		10,542	7,148	10,542	7,148
Increase in provisions		6,931	751	6,931	751
Movements in charitable fund working capital		42	(126)	-	
Other movements in operating cash flows		-	32	-	
Net cash flows from / (used in) operating activities		**60,816**	**28,334**	**63,050**	**28,249**
Cash flows from investing activities					
Interest received		21	2	21	2
Purchase of intangible assets		(1,188)	(2,440)	(1,188)	(2,440)
Purchase of PPE and investment property		(25,748)	(24,600)	(25,748)	(24,600)
Receipt of cash donations to purchase assets		-	-		
Net cash flows from / (used in) investing activities		**(26,915)**	**(27,037)**	**(26,915)**	**(27,038)**
Cash flows from financing activities					
Public dividend capital received		22,679	102,781	22,679	102,781
Movement on loans from DHSC		(110)	(67,242)	(110)	(67,242)
Capital element of finance lease rental payments		(237)	(335)	(237)	(335)
Capital element of PFI, LIFT and other service concession payments		(8,073)	(6,554)	(8,073)	(6,554)
Interest on loans		(7)	(8)	(8)	(8)
Other interest		(1)	-		
Interest paid on finance lease liabilities		(27)	(22)	(27)	(22)
Interest paid on PFI, LIFT and other service concession obligations		(14,939)	(14,583)	(14,939)	(14,582)
PDC dividend (paid)		(4,079)	(2,823)	(4,079)	(2,823)
Net cash flows (used in)/from financing activities		**(4,794)**	**11,215**	**(4,793)**	**11,215**
Increase in cash and cash equivalents		**29,107**	**12,512**	**31,343**	**12,426**
Cash and cash equivalents at 1 April - brought forward		**25,122**	**12,610**	**21,566**	**9,140**
Cash and cash equivalents at 31 March	20	**54,229**	**25,122**	**52,909**	**21,566**

The accompanying notes on pages 157 to 202 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 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 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment and certain financial assets and financial liabilities.

Note 1.2 Going concern

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

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 deficit of £6.03 million for the year ended 31 March 2022 (before transfers and donated assets), with a cash balance of £52.9 million. The Trust has operated throughout the entire 2021/22 year under a fixed income financial regime. From 2022/23 the planning regime will revert back to a contracting process, albeit as part of Bath, Swindon & Wiltshire Integrated Care System (BSW ICS), 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.

As in 2020-21, 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.

Note 1.3 Consolidation

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

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

• recognise and measure them in accordance with the trust's accounting policies and
• eliminate intra-group transactions, balances, gains and losses.

The key accounting policy for the Charity is in relation to investments. The corporate trustee has determined the investment policy to, in so far is reasonable, avoid undue risk to the real value of the capital and income of the portfolio, after allowing for inflation so the investments are held at fair value. The investment policy, also requires that all monies not required to fund working capital should be invested to maximise income and growth.

Joint ventures
Joint ventures are arrangements in which the Foundation Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method. The Foundation Trust entered a Joint Venture Arrangement, Wiltshire Health & Care LLP, with Royal United Hospital Bath NHS FT and Salisbury NHS FT on 1st July 2016. All profits or losses are shared equally between the three Trusts. No initial consideration was paid for the share of this investment.

Note 1.4 Revenue from contracts with customers

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

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

Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. 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 also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

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

NHS injury cost recovery scheme
The Foundation Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the 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 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 5.74% is considered material and therefore an adjustment has been made in the accounts for 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 trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.
Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.
This includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as 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 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 it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

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

	Min life Years	**Max life Years**
Software licences	5	10
Licences & trademarks	5	10

Note 1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. Pharmacy stocks are valued at average cost, other inventories are valued on a first-in first-out basis. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods and services in intermediate stages of production.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Cash and cash equivalents

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

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

Note 1.13 Financial assets and financial liabilities

Recognition

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

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the 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 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 measured at fair value through other comprehensive income

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 Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The 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 from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the 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

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets.

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 2021/22 (2020/21 £nil). Tax may be payable on activities as described below:
• the activity is not related to the provision of core healthcare as defined under Section 14(1) of the HSCA. Private healthcare falls under this legislation and is therefore not taxable.
• the activity is commercial in nature and competes with the private sector. In house trading activities are normally ancillary to the core healthcare objectives and are therefore not subject to tax.
• the activity must have annual profits of over £50,000.

Note 1.20 Climate change levy

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

Note 1.21 Third party assets

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

Note 1.22 Losses and special payments

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

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

Note 1.23 Gifts

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

Note 1.24 Transfers of functions to other NHS bodies

For functions that the trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss corresponding to the net assets/ liabilities transferred is recognised within expenses / , but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

Note 1.25 Pooled Budgets

The Foundation Trust has entered into a pooled budget arrangement with NHS Swindon and Swindon Borough Council (in accordance with section 75 of the NHS Act 2006). Under the arrangement, funds are pooled for providing equipment to members of the community to assist with discharge from hospital. Note 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 1.26 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the Foundation Trust.

Note 1.27 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Foundation Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	28,190
Net impact on net assets on 1 April 2022	**28,190**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(2,983)
Additional finance costs on lease liabilities	(256)
Lease rentals no longer charged to operating expenditure	3,017
Estimated impact on surplus / deficit in 2022/23	**(222)**
Estimated increase in capital additions for new leases commencing in 2022/23	**141**

From 1 April 2022, the principles of IFRS 16 will also be applied to the Foundation Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred. This is expected to increase the PFI liability on the statement of financial position upon transition to IFRS 16. The effect of this has not yet been quantified.

Note 1.29 Critical judgements in applying accounting policies

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

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

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

Property Valuation

The value of land, buildings and dwellings is £191m. 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 2021/22 and have reported a location factor of 102% (20/21 104%) and Building Cost Information Service (BCIS) of 350 (20/21 328). This results in an overall increase of 5.74% from the last full valuation which is considered material and therefore an adjustment has been made in the accounts for 2021/22.

An obsolescence factor has been applied to the buildings valuation reducing the increase by 2% to 3.74%. Land values have also been reviewed an increased by 4%.

Of the £191m net book value of land and buildings subject to valuation, £149m relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Foundation Trust of replacing the service potential of the assets.

Note 1.30 Sources of estimation uncertainty

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

Valuation of property

When arriving at the valuation for property, Trust management engages a qualified surveyor to assist them in forming estimates.

PFI Lifecycle Prepayment

The PFI Lifecycle Prepayment is £8.9m. 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 Swindon Primary Care Network.

2021/22	GWH	Swindon Community Services	Charity	Primary Care	Total
	£'000	£'000	£'000	£'000	£'000
Operating Income	378,864	7,147	0	31,692	417,703
Non-Operating Income	25,708	72	631	419	26,830
Total Income	**404,572**	**7,219**	**631**	**32,110**	**444,533**
Pay	(237,642)	(6,180)	0	(26,321)	(270,143)
Other Operating Expenditure	(148,733)	(1,039)	(2,909)	(5,789)	(158,470)
Total Operating Expenditure	**(386,374)**	**(7,219)**	**(2,909)**	**(32,110)**	**(428,613)**
EBITDA	**18,198**	**(0)**	**(2,278)**	**0**	**15,920**
Non-Operating Expenditure	(19,074)	0	0	0	(19,074)
Loss from Transfer by Absorption	(5,146)	0	0	0	(5,146)
(Deficit)	**(6,022)**	**(0)**	**(2,278)**	**0**	**(8,300)**

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

2020-21	GWH	Swindon Community Services	Charity	Primary Care	Total
	£'000	£'000	£'000	£'000	£'000
Operating Income	335,575	26,307	0	7,898	369,780
Non-Operating Income	55,749	457	767	211	57,184
Total Income	**391,324**	**26,764**	**767**	**8,109**	**426,964**
Pay	(235,756)	(21,332)	0	(6,372)	(263,460)
Other Operating Expenditure	(135,585)	(5,432)	(587)	(1,737)	(143,341)
Total Operating Expenditure	**(371,341)**	**(26,764)**	**(587)**	**(8,109)**	**(406,801)**
EBITDA	**19,983**	**0**	**180**	**(0)**	**20,163**
Non-Operating Expenditure	(17,659)	0	32	0	(17,626)
(Deficit)	**2,325**	**0**	**212**	**(0)**	**2,537**

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)	2021/22	2020/21
	£000	£000
Acute services		
Block contract / system envelope income	318,443	279,718
High cost drugs income from commissioners (excluding pass-through costs)	32,238	29,917
Other NHS clinical income	4,572	8,384
Community services		
Block contract / system envelope income	24,034	23,766
Income from other sources (e.g. local authorities)	7,417	3,254
All services		
Private patient income	1,915	937
Elective recovery fund	8,173	-
Additional pension contribution central funding*	10,392	9,572
Other clinical income	10,519	6,334
Total income from activities	**417,703**	**361,882**

*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)

	2021/22	2020/21
Income from patient care activities received from:	**£000**	**£000**
NHS England	59,714	56,684
Clinical commissioning groups	343,782	296,930
Other NHS providers	1,433	1,033
NHS other	79	-
Local authorities	9,794	5,564
Non-NHS: private patients	1,915	937
Non-NHS: overseas patients (chargeable to patient)	265	117
Injury cost recovery scheme	464	541
Non NHS: other	257	76
Total income from activities	**417,703**	**361,882**
Of which:		
Related to continuing operations	417,703	361,882
Related to discontinued operations	-	-

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

	2021/22	2020/21
	£000	£000
Income recognised this year	265	117
Cash payments received in-year	117	66
Amounts added to provision for impairment of receivables	314	337
Amounts written off in-year	105	87

Note 4 Other operating income (Group)

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	1,009	-	**1,009**	791	-	**791**
Education and training	13,037	457	**13,494**	12,531	455	**12,986**
Non-patient care services to other bodies	3,524		**3,524**	3,577		**3,577**
Reimbursement and top up funding	2,024		**2,024**	26,932		**26,932**
Receipt of capital grants and donations		125	**125**		1,972	**1,972**
Charitable and other contributions to expenditure		1,058	**1,058**		4,873	**4,873**
Charitable fund incoming resources		631	**631**		767	**767**
Other income	5,609	-	**5,609**	5,073	2	**5,075**
Total other operating income	**25,203**	**2,271**	**27,474**	**48,904**	**8,069**	**56,973**
Of which:						
Related to continuing operations			27,474			56,973
Related to discontinued operations			-			-

Note 5.1 Operating expenses (Group)

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,288	2,511
Purchase of healthcare from non-NHS and non-DHSC bodies	2,137	271
Staff and executive directors costs	267,595	253,731
Remuneration of non-executive directors	174	157
Supplies and services - clinical (excluding drugs costs)	33,151	33,347
Supplies and services - general	2,517	2,690
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	38,761	33,120
Inventories written down	-	131
Consultancy costs	2,680	1,670
Establishment	13,090	12,804
Premises	11,987	13,845
Transport (including patient travel)	876	922
Depreciation on property, plant and equipment	9,559	7,655
Amortisation on intangible assets	754	488
Movement in credit loss allowance: contract receivables / contract assets	246	983
Increase in other provisions	-	871
Fees payable to the external auditor		
audit services- statutory audit	121	90
Internal audit costs	106	75
Clinical negligence	13,429	12,604
Legal fees	451	575
Insurance	203	230
Education and training	597	2,878
Rentals under operating leases	823	1,094
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	13,500	13,587
Hospitality	-	28
Losses, ex gratia & special payments	9	8
Other NHS charitable fund resources expended	2,906	584
Other	9,654	1,743
Total	**428,613**	**398,691**
Of which:		
Related to continuing operations	428,613	398,691
Related to discontinued operations	-	-

Other costs includes provisions for Primary Care Network (PCN) onerous contract (£3.2m), increase in provision for injury benefit and Wiltshire Health Authority legacy pensions (£1.179m) and an increase in other provisions.

Note 5.2 Other auditor remuneration (Group)

	2021/22	2020/21
	£000	£000
Other auditor remuneration paid to the external auditor:		
Total	-	-

Note 5.3 Limitation on auditor's liability (Group)

The limitation on auditor's liability for external audit work is £1 million (2020/21 125% of the annual fee).

Note 6 Employee benefits (Group)

	2021/22 Total £000	2020/21 Total £000
Salaries and wages	179,442	169,198
Social security costs	19,901	17,918
Apprenticeship levy	922	824
Employer's contributions to NHS pensions	34,164	31,344
Pension cost - other	82	77
Temporary staff (including agency)	33,084	34,370
NHS charitable funds staff	-	-
Total gross staff costs	**267,595**	**253,731**
Total staff costs	**267,595**	**253,731**
Of which		

Note 6.1 Retirements due to ill-health (Group)

During 2021/22 there were 3 early retirements from the trust agreed on the grounds of ill-health (4 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £333k (£200k in 2020/21).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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.

	2021/22	2020/21
	£000	£000
Operating lease expense		
Minimum lease payments	823	1,094
Total	**823**	**1,094**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease payments due:		
- not later than one year;	715	752
- later than one year and not later than five years;	1,118	1,484
- later than five years.	-	-
Total	**1,833**	**2,236**
Future minimum sublease payments to be received	-	-

Note 9 Finance income (Group)

Finance income represents interest received on assets and investments in the period.

	2021/22	2020/21
	£000	£000
Interest on bank accounts	21	2
NHS charitable fund investment income	-	32
Total finance income	**21**	**34**

Note 10.1 Finance expenditure (Group and Trust)

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

	2021/22	2020/21
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	7	8
Finance leases	27	34
Interest on late payment of commercial debt	1	-
Main finance costs on PFI and LIFT schemes obligations	8,146	8,605
Contingent finance costs on PFI and LIFT scheme obligations	6,793	5,976
Total interest expense	**14,974**	**14,624**
Unwinding of discount on provisions	(5)	(4)
Other finance costs	-	2
Total finance costs	**14,969**	**14,622**

Note 10.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015 (Group)

	2021/22	2020/21
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	1	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 11 Other (losses) (Group and Trust)

	2021/22	2020/21
	£000	£000
Losses on disposal of assets	(645)	-
Total gains / (losses) on disposal of assets	**(645)**	**-**

Note 12.1 Intangible assets - 2021/22

Group and Trust	Software licences	Licences & trademarks	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	**5,553**	**989**	**519**	**7,060**
Additions	554	-	634	**1,188**
Additions Leased	200	-	-	**200**
Reclassifications	12	-	(12)	**-**
Valuation / gross cost at 31 March 2022	**6,319**	**989**	**1,141**	**8,448**
Amortisation at 1 April 2021 - brought forward	**1,078**	**583**	**-**	**1,661**
Provided during the year	647	107	-	**754**
Amortisation at 31 March 2022	**1,725**	**690**	**-**	**2,415**
Net book value at 31 March 2022	**4,594**	**299**	**1,141**	**6,033**
Net book value at 1 April 2021	**4,475**	**406**	**519**	**5,399**

Note 12.2 Intangible assets - 2020/21

Group	Software licences	Licences & trademarks	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**2,144**	**989**	**1,488**	**4,621**
Transfers by absorption	-	-	-	**-**
Additions	2,265	-	174	**2,439**
Reclassifications	1,143	-	(1,143)	**(0)**
Valuation / gross cost at 31 March 2021	**5,553**	**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	**4,475**	**406**	**519**	**5,399**
Net book value at 1 April 2020	**1,465**	**494**	**1,488**	**3,447**

Note 13.1 Property, plant and equipment - 2021/22

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	**25,050**	**167,883**	**3,500**	**13,507**	**26,048**	**-**	**14,011**	**371**	**-**	**250,370**
Transfers by absorption	(2,350)	(6,404)	-	-	-	-	-	-	-	**(8,754)**
Additions	-	2,956	-	21,528	2,146	-	4,005	70	-	**30,705**
Revaluations	1,037	5,924	-	-	-	-	-	-	-	**6,961**
Reclassifications	3,218	857	-	(8,216)	1,372	-	2,764	5	-	**(0)**
Disposals / derecognition	-	-	-	-	(645)	-	-	-	-	**(645)**
Valuation/gross cost at 31 March 2022	**26,955**	**171,216**	**3,500**	**26,819**	**28,920**	**-**	**20,780**	**446**	**-**	**278,637**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**4,827**	**93**	**-**	**8,179**	**-**	**6,813**	**127**	**-**	**20,039**
Provided during the year	-	5,483	93	-	2,406	-	1,525	51	-	**9,559**
Revaluations	-	386	-	-	-	-	-	-	-	**386**
Accumulated depreciation at 31 March 2022	**-**	**10,696**	**187**	**-**	**10,585**	**-**	**8,339**	**178**	**-**	**29,984**
Net book value at 31 March 2022	**26,955**	**160,521**	**3,313**	**26,819**	**18,335**	**-**	**12,442**	**269**	**-**	**248,653**
Net book value at 1 April 2021	**25,050**	**163,056**	**3,407**	**13,507**	**17,869**	**-**	**7,198**	**245**	**-**	**230,331**

Note 13.2 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	Charitable fund PPE assets	Total
	£000	£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	-	266	-	-	-	-	-	-	-	**266**
Reclassifications	-	311	-	(3,481)	2,009	-	1,081	80	-	**(0)**
Valuation/gross cost at 31 March 2021	**25,050**	**167,883**	**3,500**	**13,507**	**26,048**	**-**	**14,011**	**371**	**-**	**250,370**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**(0)**	**-**	**-**	**6,606**	**-**	**5,488**	**111**	**-**	**12,205**
Provided during the year	-	4,648	93	-	1,573	-	1,325	16	-	**7,655**
Revaluations	-	179	-	-	-	-	-	-	-	**179**
Accumulated depreciation at 31 March 2021	**-**	**4,827**	**93**	**-**	**8,179**	**-**	**6,813**	**127**	**-**	**20,039**
Net book value at 31 March 2021	**25,050**	**163,056**	**3,407**	**13,507**	**17,869**	**-**	**7,198**	**245**	**-**	**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 13.3 Property, plant and equipment financing - 2021/22

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022										
Owned - purchased	26,955	11,151	0	26,819	15,758	-	12,442	269	-	**93,394**
Finance leased	-	-	-	-	1,277	-	-	-	-	**1,277**
On-SoFP PFI contracts and other service concession arrangements	-	149,369	3,313	-	-	-	-	-	-	**152,682**
Owned - donated/granted	-	-	-	-	1,300	-	-	-	-	**1,300**
NBV total at 31 March 2022	**26,955**	**160,520**	**3,313**	**26,819**	**18,335**	**-**	**12,442**	**269**	**-**	**248,653**

Note 13.4 Property, plant and equipment financing - 2020/21

Group and Trust	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021										
Owned - purchased	25,050	16,665	(0)	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 14 Donations of property, plant and equipment

The Foundation Trust has received donated asset equipment in 2021/22 in response to the Coronavirus pandemic. The value of these items (£0.125m) has been provided by the Department of Health and Social Care and are included within the accounts.

The Foundation Trust has returned some items of donated asset equipment that were received in 2020/21 in response to the Coronavirus pandemic. The value of these items (£0.645m) has been returned to the Department of Health and Social Care and are included within the accounts.

Note 15 Revaluations of property, plant and equipment

The Foundation Trust has not carried out a full revaluation of its Estates. An indices review has been carried out using building indices provided by District Valuer. This review identified that the increase was material (5.74% and £8.5m). An obsolescence adjustment of 2% was applied to this value (£3m reduction in value). A review of land values has also been carried out. and an uplift of 4% (£1m) has been applied reflecting the average increase in land values since March 2020. The net impact of these adjustments is £6.6m and is reflected in the Accounts.

Note 16 Investments in associates and joint ventures

Wiltshire Health and Care LLP

During 2016-17 the Trust became a one third partner in Wiltshire Health and Care LLP. The other equal partners being Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust. Wiltshire Health and Care is focused solely on delivering improved community services in Wiltshire, which GWH had previously been contracted to deliver, and enabling people to live independent and fulfilling lives for as long as possible. From 1 July 2016, Wiltshire Health and Care has contracted with GWH for the provision of these services.

GWH has not invested any capital sum in this partnership.

In 2021/22, Wiltshire Health and Care LLP reported a profit of £0.168m (2020/21 £0.176m). One third of this has been recognised in the Trust accounts.

	Group	
	2021/22	**2020/21**
	£000	**£000**
Carrying value at 1 April - brought forward	**70**	**10**
Share of Other Comprehensive Income	56	60
Carrying value at 31 March	**126**	**70**

Note 17 Analysis of charitable fund reserves

	31 March 2022	31 March 2021
	£000	£000
Unrestricted funds:		
Unrestricted income funds	158	150
Revaluation reserve	-	-
Other reserves	-	-
Restricted funds:		
Endowment funds	-	-
Other restricted income funds	1,196	3,430
	1,354	**3,580**

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 2022	31 March 2021
	£000	£000
Drugs	1,245	1,021
Work In progress	-	-
Consumables	3,686	3,593
Energy	171	120
Other	2	53
Charitable fund inventory	-	-
Total inventories	**5,104**	**4,787**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £72,211k (2020/21: £70,154k). Write-down of inventories recognised as expenses for the year were £0k (2020/21: £131k).

In response to the Covid pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £1,058k of items purchased by DHSC. At year end the Trust was holding £64k 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 2022	**31 March 2021**
	£000	**£000**
Current		
Contract receivables	9,386	14,038
Allowance for impaired contract receivables / assets	(1,950)	(1,814)
Prepayments (non-PFI)	2,093	14,728
PFI lifecycle prepayments	8,859	10,069
PDC dividend receivable	132	179
VAT receivable	905	977
Other receivables	444	2
NHS charitable funds receivables	76	77
Total current receivables	**19,945**	**38,256**
Non-current		
Other receivables	843	655
Total non-current receivables	**843**	**655**
Of which receivable from NHS and DHSC group bodies:		
Current	4,252	4,494
Non-current	843	655

Note 19.2 Allowances for credit losses - 2021/22

	Group and Trust
	Contract receivables and contract assets
	£000
Allowances as at 1 Apr 2021 - brought forward	**1,814**
New allowances arising	246
Utilisation of allowances (write offs)	(110)
Allowances as at 31 Mar 2022	**1,950**

Note 19.3 Allowances for credit losses - 2020/21

	Group and Trust
	Contract receivables and contract assets
	£000
Allowances as at 1 Apr 2020 - as previously stated	**1,441**
New allowances arising	983
Utilisation of allowances (write offs)	(610)
Allowances as at 31 Mar 2021	**1,814**

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	
	2021/22	2020/21	2021/22	2020/21
	£000	£000	£000	£000
At 1 April	**25,122**	**12,610**	**21,566**	**9,140**
Net change in year	29,107	12,513	31,343	12,426
At 31 March	**54,229**	**25,122**	**52,909**	**21,566**
Broken down into:				
Cash at commercial banks and in hand	1,331	3,564	11	8
Cash with the Government Banking Service	52,898	21,558	52,898	21,558
Total cash and cash equivalents as in SoFP	**54,229**	**25,122**	**52,909**	**21,566**
Total cash and cash equivalents as in SoCF	**54,229**	**25,122**	**52,909**	**21,566**

Note 21.1 Trade and other payables

	Group	
	31 March 2022	**31 March 2021**
	£000	**£000**
Current		
Trade payables	8,033	5,465
Capital payables	13,829	10,207
Accruals	29,645	26,695
Social security costs	5,174	4,282
PDC dividend payable	-	-
Other payables	2,989	2,484
NHS charitable funds: trade and other payables	42	53
Total current trade and other payables	**59,712**	**49,186**
Of which payables from NHS and DHSC group bodies:		
Current	1,432	2,841
Non-current	-	-

Note 22 Other liabilities

	Group and Trust	
	31 March 2022	31 March 2021
	£000	£000
Current		
Deferred income: contract liabilities	8,043	4,303
Total other current liabilities	**8,043**	**4,303**
Non-current		
Deferred income: contract liabilities	676	790
Total other non-current liabilities	**676**	**790**

Note 23 Borrowings

	Group and Trust	
	31 March 2022	31 March 2021
	£000	£000
Current		
Loans from DHSC	112	113
Obligations under finance leases	227	207
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	7,490	8,445
Total current borrowings	**7,829**	**8,765**
Non-current		
Loans from DHSC	275	385
Obligations under finance leases	620	788
Obligations under PFI, LIFT or other service concession contracts	76,389	87,001
Total non-current borrowings	**77,284**	**88,174**

Note 23.1 Reconciliation of liabilities arising from financing activities (Group and Trust)

Group - 2021/22	Loans from DHSC	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000
Carrying value at 1 April 2021	**498**	**995**	**95,446**	**96,939**
Cash movements:				
Financing cash flows - payments and receipts of principal	(110)	(237)	(8,073)	**(8,420)**
Financing cash flows - payments of interest	(7)	(27)	(8,146)	**(8,180)**
Non-cash movements:				
Transfers by absorption	-	-	(3,608)	**(3,608)**
Additions	-	88	114	**202**
Application of effective interest rate	6	27	8,146	**8,179**
Carrying value at 31 March 2022	**387**	**846**	**83,879**	**85,112**

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**

Note 24 Finance leases

Note 24.1 Great Western Hospitals NHS Foundation Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	Group and Trust	
	31 March 2022	**31 March 2021**
	£000	**£000**
Gross lease liabilities	**926**	**1,096**
of which liabilities are due:		
- not later than one year;	254	235
- later than one year and not later than five years;	553	629
- later than five years.	119	232
Finance charges allocated to future periods	(79)	(101)
Net lease liabilities	**847**	**995**
of which payable:		
- not later than one year;	227	207
- later than one year and not later than five years;	505	566
- later than five years.	115	222

Note 25.1 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 2021	**358**	**328**	**457**	**1,191**	**2,334**
Arising during the year	708	471	170	6,032	**7,381**
Utilised during the year	(116)	(35)	-	(300)	**(451)**
Unwinding of discount	(5)	-	-	-	**(5)**
At 31 March 2022	**945**	**764**	**627**	**6,923**	**9,259**
Expected timing of cash flows:					
- not later than one year;	118	36	-	2,775	**2,929**
- later than one year and not later than five years;	490	174	627	4,148	**5,439**
- later than five years.	337	554	(0)	(0)	**891**
Total	**945**	**764**	**627**	**6,923**	**9,259**

Other includes provisions for Primary Care Network (PCN) onerous contract (£3.2m), Clinicians Pension Tax Reimbursement Scheme (£0.8m), Combined Heat & Power (CHP £0.6m) and Wiltshire Estate Lifecycle (£0.4m)

Note 26 Clinical Negligence Liabilities

At 31 March 2022, £288,688k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Great Western Hospitals NHS Foundation Trust (31 March 2021: £187,822k).

Note 27 Private Finance Initiative contracts

Group and Trust

PFI schemes on-Statement of Financial Position

The Trust has 2 PFI schemes which are deemed to be on-Statement of Financial Position at the period end. These are the Main Hospital and Brunel Treatment Centre and Downsview Residences (treated as one agreement) and the agreement in place with Systems C.

Great Western Hospital

The contract commenced on 5 October 1999 for a period of 30 years until 4 October 2029. In terms of the contract the operator company was obliged to build the Great Western Hospital, which was completed in November 2002, for subsequent occupation and use by the Trust. The Trust pays the operator company a quarterly availability fee for the occupation of the hospital and a quarterly service fee for the services provided by the operator such as portering and catering. In October 2003 the Trust entered into a variation of the original agreement for the construction of the Brunel Treatment Centre which is an extension to the original hospital. The construction of the Treatment Centre has resulted in increased availability and service charges, however the main terms of the contract including the termination date remain unchanged. Subsequently, in September 2006, the Trust entered into a refinancing agreement which resulted in a reduction in the annual availability payment again with no change to the contract term. The amount of the availability payment is determined annually and increased based on a combination of the annual increase in the Retail Price Index (RPI) and a fixed percentage increase of 2.5%. The operator is obliged to maintain the buildings and replace lifecycle elements of the buildings where necessary. At the end of the contract term the hospital buildings revert back to the Trust for Nil consideration. The nature of the contract meets the criteria for treatment as a service concession under IFRIC 12. Accordingly the hospital buildings are treated as an asset under property, plant and equipment with the resultant liability being treated as a finance lease under IAS 17.

Downsview Residences

The contract commenced on 5 October 1999 for a period of 30 years until 4 October 2029. In terms of the contract the operator company was obliged to build the Downsview staff residences on the Hospital site for the provision of housing to hospital staff. At commencement of the contract the Trust made a capital contribution of £649k towards the construction cost of the building. The residences are managed by the operator company who rent the accommodation units to, primarily, Trust staff. The Trust does not pay the operator company an availability fee. Instead a monthly service fee is paid for the servicing of the units which is based on usage. The operator is responsible for maintaining the buildings over the contract term. At the end of the contract term the accommodation buildings revert back to the Trust for Nil consideration. The nature of the contract meets the criteria for treatment as a service concession under IFRIC 12. Accordingly the residences are recognised as an asset under property, plant and equipment. The cost of the building less the capital contribution has been accounted for as deferred income and is released to income equally over the entire contract term.

System C

The Trust has a PFI contract in respect of the Integrated Clinical Information System which meets the criteria for recognition as a service concession agreement as envisaged under IFRIC 12 and has, accordingly, been treated as on statement of financial position. The contract was dated 27 May 2002 with an effective date of 13 November 2001. The contract was for 12 years and was due to expire on 12 November 2013. The contract was initially extended to November 2020, this has now been further 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.

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 2022	31 March 2021
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**117,080**	**142,428**
Of which liabilities are due		
- not later than one year;	14,746	16,515
- later than one year and not later than five years;	60,526	68,677
- later than five years.	41,808	57,236
Finance charges allocated to future periods	(33,201)	(46,982)
Net PFI, LIFT or other service concession arrangement obligation	**83,879**	**95,446**
- not later than one year;	7,490	8,445
- later than one year and not later than five years;	39,472	41,208
- later than five years.	36,917	45,793

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 2022	31 March 2021
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**322,732**	**364,456**
Of which payments are due:		
- not later than one year;	40,198	38,872
- later than one year and not later than five years;	169,137	161,396
- later than five years.	113,397	164,188

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	
	2021/22	2020/21
	£000	£000
Unitary payment payable to service concession operator	**38,231**	**38,257**
Consisting of:		
- Interest charge	8,146	8,605
- Repayment of balance sheet obligation	8,159	6,554
- Service element and other charges to operating expenditure	13,500	13,578
- Capital lifecycle maintenance	1,633	3,544
- Contingent rent	6,793	5,976
Total amount paid to service concession operator	**38,231**	**38,257**

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 19.1 to the accounts. The Trust mitigates its exposure to credit risk through regular review of debtor balances and by calculating a bad debt provision at the period end.

The following shows the age of such financial assets that are past due and for which no provision for bad or doubtful debts has been raised:

	31 March 2022	31 March 2021
	£000	£000
By up to three months	**879**	1,101
By three to six months	**26**	155
By more than six months	**74**	307
	979	1,563

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 2022	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	8,723
Other investments / financial assets	-
Cash and cash equivalents	52,909
Consolidated NHS Charitable fund financial assets	1,320
Total at 31 March 2022	62,952

Carrying values of financial assets as at 31 March 2021	Held at amortised cost
	£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

Note 29.3 Carrying values of financial assets (Trust)

Carrying values of financial assets as at 31 March 2022	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	8,723
Cash and cash equivalents	52,909
Total at 31 March 2022	61,632

Carrying values of financial assets as at 31 March 2021	Held at amortised cost
	£000
Trade and other receivables excluding non financial assets	12,880
Cash and cash equivalents	21,566
Total at 31 March 2021	34,446

Book Value balances on the Balance Sheet are at Fair Value

Note 29.4 Carrying values of financial liabilities (Group)

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	387
Obligations under finance leases	847
Obligations under PFI, LIFT and other service concessions	83,879
Trade and other payables excluding non financial liabilities	54,496
Provisions under contract	9,259
Consolidated NHS charitable fund financial liabilities	42
Total at 31 March 2022	148,910

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost
	£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

Note 29.5 Carrying values of financial liabilities (Trust)

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost
	£000
Loans from the Department of Health and Social Care	387
Obligations under finance leases	847
Obligations under PFI, LIFT and other service concessions	83,879
Trade and other payables excluding non financial liabilities	54,496
Provisions under contract	9,259
Total at 31 March 2022	148,868

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost
	£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
Other borrowings	44,523
Total at 31 March 2021	141,462

Book Value balances on the Balance Sheet are at Fair Value

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 2022	**31 March 2021**
	£000	**£000**
In one year or less	72,580	63,755
In more than one year but not more than five years	68,163	69,701
In more than five years	42,818	57,468
Total	**183,561**	**190,924**

Note 30 Losses and special payments

	2021/22		2020/21	
Group and trust	**Total number of cases**	**Total value of cases**	**Total number of cases**	**Total value of cases**
	Number	**£000**	**Number**	**£000**
Losses				
Cash losses	3	2	27	4
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	57	118	67	510
Stores losses and damage to property	-	-	-	-
Total losses	**60**	**120**	**94**	**514**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	16	650	9	5
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**16**	**650**	**9**	**5**
Total losses and special payments	**76**	**770**	**103**	**519**
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. (2020/21 - 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 2022 £000	31 March 2021 £000
Pooled Budget Income:		
Swindon Borough Council	1,040	885
NHS Swindon	637	542
Great Western Hospitals NHS Foundation Trust	126	107
Total Income	**1,803**	**1,534**
Pooled Budget Expenditure		
Total equipment services expenditure	2,531	2,631
Less children services contract recharge	(39)	(39)
Less Department of Health covid claim	(640)	(1,058)
Toal Expenditure	**1,853**	**1,534**
Total (Deficit)	**(50)**	**0**

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	(28)	0
NHS Swindon	(18)	0
Great Western Hospitals NHS Foundation Trust	(4)	0
Total Deficit	**(50)**	**0**

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 Transfer by Absorption

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, transfered to NHS PS on 1st October 2021.

	Net Book Value at 1/10/21	**Revaluation Reserve at 1/10/21**
The Assets are as follows		
Category	**£'000**	**£'000**
Land	2,350	211
Buildings (incl dwellings)	6,404	3,140
Total	**8,754**	**3,351**

Effect on Financial Statements	**£'000**
Statement of Financial Position	
Non Current Assets	8,754
Current Lease Liability	(88)
Non Current Lease Liability	(3,520)
Increase in Total Assets Employed	**5,146**
Revaluation Reserve	3,351
Income & Expenditure Reserve	1,795
Increase in Total Taxpayers Equity	**5,146**

In the 2021/22 financial statements this transaction has been accounted for using the absorption accounting requirements outlined in the DH GAM.

Great Western Hospitals
NHS Foundation Trust

Annual Report and Accounts 2021/22