

Agenda Board of Directors

Date	07/10/2021
Time	9:30 – 12:00
Location	Doubletree Hotel by Hilton, Swindon, SN5 8UZ
Chair	Liam Coleman

Agenda

1 Apologies for Absence and Chairman's Welcome

9:30

2 Declarations of Interest

Members are reminded of their obligation to declare any interest they may have in any issue arising at the meeting, which might conflict with the business of the Trust.

3 Minutes (pages 1 – 10)

Liam Coleman, Chairman

- 2 September 2021 (public minutes)

4 Outstanding actions of the Board (public) (page 11)

5 Questions for the Board

6 Chairman's Report, Feedback from the Annual Members' Meeting

9:45

Liam Coleman, Chairman

7 Chief Executive's Report (pages 12 – 19)

9:55

Kevin McNamara, Chief Executive

8 Staff Story

10:15

Enya-May Marsh will share her story. She is an example of how the Trust is developing routes into employment via volunteering to inspire the next generation.

9 Integrated Performance Report (pages 20 – 90)

10:35

- Performance, People & Place Committee Board Assurance Report - Peter Hill, Non-Executive Director & Committee Chair
Part 1: Operational Performance - Felicity Taylor-Drewe, Chief Operating Officer
- Quality & Governance Committee Board Assurance Report - Nick Bishop, Non-Executive Director & Committee Chair
Part 2: Our Care - Lisa Cheek, Chief Nurse & Jon Westbrook, Medical Director

Part 3: Our People - Jude Gray, Director of Human Resources

- Finance & Investment Committee Board Assurance Report - Andy Copestake, Non-Executive Director & Committee Chair
Part 4: Use of Resources - Simon Wade, Director of Finance & Strategy

10 Freedom to Speak Up Bi-Annual Review (pages 91 – 96)

11:35 Lisa Cheek, Chief Nurse

Consent Items Note – these items are provided for consideration by the Board. Members are asked to read the papers prior to the meeting and, unless the Chair / Company Secretary receives notification before the meeting that a member wishes to debate the item or seek clarification on an issue, the items and recommendations will be approved without debate at the meeting in line with the process for Consent Items. The recommendations will then be recorded in the minutes of the meeting.

11 Ratification of Decisions made via Board Circular/Board Workshop

11:50 Caroline Coles, Company Secretary

12 Urgent Public Business (if any)

13 Date and Time of next meeting

Thursday 4 November 2021 at 9.30am (MS Teams)

14 Exclusion of the Public and Press

The Board is asked to resolve:-

"that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest"

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS HELD IN PUBLIC
AT THE DOUBLE TREE HILTON, SWINDON AND VIA MS TEAMS
ON 2 SEPTEMBER 2021 AT 9.30 AM**

Present:

Voting Directors

Liam Coleman (LC) (Chair)
Lizzie Abderrahim (EKA)
Nick Bishop (NB)*
Paul Lewis (PL)
Lisa Cheek (LCh)
Faried Chopdat (FC)*
Andy Copestake (AC)
Charlotte Forsyth (CF)
Jude Gray (JG)
Peter Hill (PH)*
Kevin McNamara (KM)
Julie Soutter (JS)
Helen Spice (HS)
Felicity Taylor-Drewe (FT-D)
Claire Thompson (CT)
Simon Wade (SW)
Jon Westbrook (JW)

Trust Chair
Non-Executive Director
Non-Executive Director
Non-Executive Director
Chief Nurse
Non-Executive Director
Non-Executive Director
Medical Director
Director of HR
Non-Executive Director
Chief Executive
Non-Executive Director
Non-Executive Director
Chief Operating Officer
Director of Improvement & Partnerships
Director of Finance & Strategy
Medical Director

In attendance

Caroline Coles
Maria Cuzon*
Tim Edmonds*
Hayley Moore*
Jim O'Connell*

Company Secretary
LD Liaison Nurse (observing)
Head of Communications
Ward Manager Beech Ward (*agenda item 161/21 only*)
Former Chief Operating Officer (*agenda item 154/21 only*)

Apologies

Sanjeen Payne-Kumar
Claudia Paoloni

Associate Non-Executive Director
Associate Non-Executive Director

Number of members of the Public*: 4 members of public (including Governors; Pauline Cooke, Chris Shepherd, Arthur Beltrami and Janet Jarmin).

*Indicates those members attending virtually by MS Teams.

Matters Open to the Public and Press

Minute	Description	Action
154/21	<p>Apologies for Absence and Chairman's Welcome <i>Jim O'Connell, former Chief Operating Officer attended for this part of the meeting.</i></p> <p>The Chair welcomed all to the hybrid Great Western Hospitals NHS Foundation Trust Board meeting held in public, particularly Jim O'Connell who had been invited to the meeting in order for the Board to express their thanks for his contribution to the Trust over the years in his role as Chief Operating Office. Jim had seen the Trust go through enormous periods of change and volatility particularly in the last year during the</p>	

Minute	Description	Action
	<p>pandemic. The Chair, on behalf of the Board, governors and all patients, thanked Jim for all his hard work and effort and wished him every success for the future.</p> <p>The Chairman wished to also pay tribute to Charlotte Forsyth, who was unable to attend the meeting, in her role as Medical Director. Although Charlotte had been hit by the pandemic in the early days she had worked tirelessly and incredibly hard remotely. The Chair, on behalf of the Board, governors and all patients, thanked Charlotte for her valuable contribution to the work of the Trust.</p> <p>It was noted that this was the first Board to be held both virtually and face to face, known as a hybrid meetings, in order for the Trust to try to move forward in this still uncertain environment in terms of covid. This was intended to provide choice to join in a particular format however guidance and circumstances would be carefully monitored for any future format.</p> <p>Apologies were received as above.</p>	
155/21	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	
156/21	<p>Minutes</p> <p>The minutes of the meeting of the Board held on 5 August 2021 were adopted and signed as a correct record.</p>	
157/21	<p>Outstanding actions of the Board (public)</p> <p>The Board received and considered the outstanding action list and the following noted:-</p> <p><u>138/21 : Audit, Risk & Assurance Committee Board Assurance Report : Freedom to Speak Up</u> - It was confirmed that individuals were advised of the outcome of any freedom to speak up case but in a sensitive and confidential way.</p>	
158/21	<p>Questions from the public to the Board relating to the work of the Trust</p> <p>There was one question from the public to the Board with regard to the Radiology service. There followed a question around sharing patients records and system sharing policies. It was noted that both were under review.</p>	
159/21	<p>Chair's Report, Feedback from the Council of Governors</p> <p>The Board received a verbal update which included:-</p> <p><u>Governor Elections</u> - Governor elections for the following constituencies would take place during September 2021 for Central and Southern Wiltshire, Northern Wiltshire and West Berkshire, Oxford, Gloucestershire, Bath and NE Somerset.</p> <p><u>Annual Members Meeting</u> – The Trust's Annual Members Meeting would take on Tuesday 21 September 2021 and this meeting was open to the public.</p> <p><u>Board Workshop</u> – The Board held a workshop on 5 August 2021 on Health Inequalities which included a presentation from Swindon Public Health. Kevin McNamara, Chief Executive added that Claire Thompson, Director of Improvement & Partnerships was the lead on health inequalities and any formal actions would come to Board following discussions from the Board Development that was currently taking place and off the back</p>	

Minute	Description	Action
	<p>of this workshop. It was noted that the anchor concept within the Integrated Care System was the overarching strategy and that the Trust would have more clarity on this approach by the end of the year.</p> <p>Lizzie Abderrahim, Non-Executive Director asked which Board committee would this discussion occur. Kevin McNamara, Chief Executive replied that currently this would be Performance, People & Place however the Board Committee structure was under review.</p> <p>The Board noted the report.</p>	
160/21	<p>Chief Executive's Report</p> <p>The Board received and considered the Chief Executive's Report and the following was highlighted:-</p> <p><u>Current Pressures</u> - The whole health system, including the hospital, were still experiencing very high non-elective demand. The pressure on the Emergency Department had led to increased delays for ambulance handovers and measures had been put in place to mitigate this. The Trust held its second 'SAFER week' to focus efforts on safe and timely discharge to help ensure a good flow of patients through the hospital in the run up to the Bank Holiday weekend. It was noted that there had also been an increased number of admissions of children with respiratory syncytial virus (RSV), and the Trust were closely monitoring this trend.</p> <p>The Urgent Care Centre remained closed overnight which would continue until September 2021 due to difficulties in staffing.</p> <p><u>Covid-19</u> - The Trust had seen an increase in the number of patients in the hospital with confirmed or suspected Covid-19 in recent weeks. An increasing number of these patients needed treatment in our Intensive Care Unit (ICU).</p> <p>Jon Westbrook, Medical Director noted that half of the patients in ICU were pregnant women and the Trust would endeavour to do all it would to get pregnant women access to the vaccination. Liam Coleman, Chair asked for clarification on the guidelines. Jon Westbrook, Medical Director replied that the guidelines were clear that pregnant women should get vaccinated however recognised this was still a difficult decision.</p> <p><u>Staff Recognition</u> - A number of events were planned to recognise staff and families for their great work and support over such a challenging period.</p> <p><u>Senior Appointments</u> - A warm welcome was extended to two new members of the Executive Team, Felicity Taylor-Drewe had joined as Chief Operating Officer from Gloucestershire Hospitals NHS Foundation Trust and Jon Westbrook had joined as Medical Director from Oxford University Hospitals NHS Foundation Trust.</p> <p>Also congratulations to Rayna McDonald and Luisa Goddard who had been appointed to two substantive Deputy Chief Nurse roles.</p> <p>The Board noted the report.</p>	

Minute	Description	Action
161/21	<p>Patient Story <i>Hayley Moore, Ward Manager Beech Ward joined the meeting for this agenda item.</i></p> <p>The Board received a patient story which highlighted the experience a patient had on Beech Ward whilst dealing with a complex gynaecological condition. This story was a good example of a specialist nurse led ward. Although the majority of the experience was positive there were certain aspects of care that could be improved, namely on administering pain relief. As a result a different way of working was implemented so that there was no gap in prescribing.</p> <p>There followed a discussion which included shared learning, sharing medical records and embedding a learning culture.</p> <p>The Chair thanked Hayley for sharing the story.</p> <p>The Board noted the patient story.</p>	
162/21	<p>Integrated Performance Report The Board received and considered the Integrated Performance Report (IPR) which provided commentary and progress on activity associated with key safety and quality indicators in June/July 2021.</p> <p>Part 1 : Our Performance</p> <p>Performance, People and Place Committee Chair Overview The Board received an overview of the detailed discussions held at the Performance, People and Place Committee (PPPC) around the IPR at its meeting on 25 August 2021.</p> <p>It was recognised that in the evolving assurance and rating discussions within the board committee meetings the narrative was an important part of the process when determining an assurance rating. It was also acknowledged that this was a point in time.</p> <p>Peter Hill, Chair of the Performance, People & Place Committee (PPPC) wished to recognise that Felicity Taylor-Drewe, Chief Operating Officer (COO) had attended the last 3 meetings before taking up the appointment of COO which had been quite a commitment and helpful to get up to speed before starting.</p> <p>The following was highlighted:-</p> <p><u>Recovery Plans</u> - The Committee acknowledged that the Trust had failed to meet the revised national target and the target that GWH set itself, but work had progressed within specialties to improve recovery.</p> <p><u>Board Assurance Framework</u> - The Committee noted that this continued to be work in progress and that a Board workshop on Risk Management followed this meeting.</p> <p><u>Emergency Department (ED)</u> - High demand and lengthy ambulance turnaround continued. The Trust was awaiting further guidance on the new standards that were about to be introduced and a new management plan was in place, however the Trust was still waiting to see improvement and the Committee would monitor closely for the next few months.</p>	

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	<p><u>Referral to Treatment (RTT)</u> - The Trust performance remained static. There were some concerns around anaesthetic staffing and its impact on Elective activity, this was being reviewed and recommendations expected to be made that will form part of a recovery plan for the service.</p> <p><u>Diagnostic Performance (DMO1)</u> - Performance had improved from May to June 2021 and a decrease was seen in the wait list size. Waiting lists and breaches were expected to increase due to reduced CT van capacity, staff vacancies and overdue surveillance lists which would impact on the Trust's performance going forward.</p> <p><u>Cancer Performance</u> - There had been on-going issues around two week wait and recovery would be delayed until October 2021. The Committee acknowledged the pressure on the system. A deep dive was scheduled for the next meeting.</p> <p><u>Stroke Performance</u> - Stroke performance had been discussed in more depth at the July 2021 meeting and since then an increase had been seen in demand with multiple patients arriving on site at the same time which had caused some delays in admittance.</p> <p><u>IT</u> - The team had demonstrated good progress on a number of fronts whilst recognising the challenges ahead. The amber rating reflected the vacancy for a Director of IT.</p> <p><u>Community Performance</u> - Great work had been achieved in this area however there were a number of risks and a lot of pressures within the community and primary care division that the team were working hard to overcome and make improvements.</p> <p><u>Workforce</u> - Whilst acknowledging risks the Committee was assured by management actions. The amber rating reflected the dynamic and challenging environment.</p> <p><u>Equality, Inclusion & Diversity (EDI)</u> - The Committee were pleased to read the work that was being done around EDI as presented in the Annual Report.</p> <p><u>PAM submission</u> - The Committee were assured on behalf of the Trust Board to approve the submission, whilst noting that there were several issues to be addressed going forward (as identified in the submission).</p> <p>Liam Coleman, Chair recognised that there were key areas to keep close observation, namely ED pressures and the recovery programme. For the Board the recovery programme was vital and should not remain static however recognised that the nature of the covid environment, which constantly changed, together with certain factors not in the Trust's control all impacted on the plans for recovery. The Board recognised the in-depth and up to date discussions at the Board Committees and that it was for the Board Committees to determine whether escalation to Board for any decisions on resource realignment was required.</p> <p>The Board received and considered the Operational element of the report with the following highlighted:-</p> <p><u>Stroke Performance</u> - Although as yet to be validated the anticipated GWH Sentinel Stroke National Audit Programme (SSNAP) Audit Score for Q1 was a level B.</p> <p><u>Cancer Performance</u> - It was noted that a number of cancer patients had been contacted due to their current patient choice status as 'awaiting treatment post covid-19 in order to have a clear pathway going forward.</p>	

Minute	Description	Action
	<p><u>RTT Recovery</u> - In H2 the Trust would be introducing modelling and forecasting and more detail would come through the Board committee.</p> <p>There followed a discussion with regard to forecasting and modelling not only for acute local demand but also for system working. The Chief Executive and Chief Operating Officer would pick this up and link within the system conversations linking it to inequalities.</p> <p>Action : Chief Executive</p>	KM
	<p>Part 2 : Our Care</p> <p>Quality & Governance Committee Chair Overview</p> <p>The Board received an overview of the detailed discussions held at the Quality & Governance Committee around the quality element of the IPR at the meeting held on 19 August 2021 and the following highlighted:-</p> <p><u>Electronic Discharge System (EDS)</u> - The Committee was again disappointed at the lack of progress. The trust's failure to meet a contractual requirement constituted a red rating. Whilst accepting that a new computer system would go some way to addressing this matter the Committee believed there were other approaches that could be used meanwhile in order to improve performance.</p> <p><u>Ockenden Report</u> - Although there had been continued improvement, concern was raised at the c£200,000 shortfall in NHS funding to meet the planned investment.</p> <p>Liam Coleman, Chair asked if the £200k funding was not received would the Trust be able to find the shortfall. Paul Lewis replied in his capacity as Non-Executive Director Maternity Champion that discussions and actions were in place to resolve this issue both locally and in the wider system and this would be worked through in the next 4-6 weeks. Andy Copestake, Chair of Finance & Investment Committee (FIC) added that this had also been raised at FIC as there was some concern that the shortfall figure kept moving. Lisa Cheek, Chief Nurse clarified that the confusion resulted from pulling all maternity areas together and that there were other funding streams to include. In undertaking a whole maternity approach this would enable an understanding of all gaps to be addressed in terms of maternity and safety.</p> <p>There followed a discussion that linked back to board assurance and risk appetite. It was acknowledged that as a Board there was no risk appetite to not delivering on the Ockenden recommendations and therefore the Trust would have to find sufficient funds to meet the shortfall. It was agreed that the timescale to revisit this would be at the November 2021 Board meeting, tracked through the Quality & Governance Committee.</p> <p>Action : Chief Nurse</p> <p>It was noted that this decision could impact on the Trust's use of resources CQC rating and therefore a clear audit trail would be required to evidence the factors that contributed to a possibly low rating and clearly demonstrating where the Trust had put its priorities.</p> <p>Julie Soutter, Non-Executive Director commented that the public view data for complaint rates and Friends and Family Test appeared low against a backdrop of patient experience rated green/green in the board committee assurance report. Lisa Cheek, Chief Nurse replied that the public view data for Q4 was expected to improve and more in line nationally and locally. In terms of the board committee assurance report there were</p>	LCh

Minute	Description	Action
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a variety of reports considered on how the Trust was learning which encapsulated the whole patient journey where improvements had been made and hence the green/green rating. Kevin McNamara Chief Executive added that the Board should be mindful in comparatives that the Trust had a higher risk due to the mix of services, including Primary Care, which the other acute hospitals in the BSW system did not have.

The Board received and considered the Quality element of the report with the following highlighted:-

Serious Incidents (SIs) - There had been a real focus not only to reduce the number of SIs, which were now down to 16 from 63 in March 2021, but also to learn from the incidents. The next steps, once the backlog (due to covid) had been completed, was to look at the processes and the more wider themes and the outcome would go through the governance structure.

Part 3 : Our People

The Board received and considered the Workforce performance element of the report. It was noted that October 2021 was Black History month and that the Trust's BME network would lead on a Trust event on 14 October 2021, more detail would be included in next month's report.

Finance & Investment Committee Overview

The Board received an overview of the detailed discussions held at the Finance & Investment Committee around the financial element of the IPR at the meeting held on 23 August 2021 and the following highlighted:-

Month 4 Position - Another good month with all the main indicators green. The only concern this month was Theatre stocks where an accrual of £498k had been made to correct a potential stock discrepancy. This was being investigated.

Expenditure Trends - The Committee welcomed the first report of its kind on expenditure trends in the Trust over recent years, accepting that Covid had a marked effect on expenditure levels over the last 18 months. The red risk rating reflected the significant challenge to reduce expenditure levels post-Covid and the amber rating on management actions reflected that this report was work in progress.

Finance Risk Register - A good discussion on the Finance Risk Register. The amber rating on management actions reflected the need to address a small number of housekeeping and timing issues.

Board Assurance Framework - The Committee discussed the revised BAF and was assured that there was good linkage between the Finance Risk Register and the BAF. The new layout appeared to work well, including an extensive list of flags and associated actions. Whilst this was still work in progress, the Committee was assured that the strategic risk was being managed effectively.

Strategic Planning Framework - A good paper setting out a revised approach to system and organisational planning. The Committee was pleased to see good linkage between Finance, Operations and HR in the planning process. The Committee approved the new approach; however gave an amber/amber rating on the basis of emergent timelines, responsibilities and links to overall system approach.

Minute	Description	Action
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Procurement - The Committee approved a one year extension to the contract for outsourced diagnostic services to University Hospitals Southampton NHS FT.

Andy Copestake, Chair of FIC added that the two main concerns at the Committee were the significant challenge to reduce the deficit which was moving in the wrong direction year on year and the increasing cost index. It was noted that an updated driver report across the BSW system was due which would help with these concerns.

The Board received and considered the Use of Resource performance element of the report and the items highlighted included the Cost Improvement Programme (CIPs), capital spend and the planning process.

RESOLVED

- (a) to review the IPR and the on-going plans to maintain and improve performance; and,**
- (b) that maternity was a priority area in terms of funding and meeting the Ockenden recommendations.**

163/21 Mental Health Governance Committee Board Assurance Report

The Board received an overview of the discussions held at the Mental Health Governance at the meeting held on 2 July 2021.

The risks were discussed and of particular note were those that the Trust were exposed to due to 3rd party organisations which included Deprivation of Liberty Safeguards (DoLs) – a future obligation for the Trust, and, Children and Mental Health Services (CAMHS) – a current state of demand vs capacity and one that was a national issue with the shortage of mental health beds.

Andy Copestake, Non-Executive Director asked why the impact on ED due to lack of mental health beds had only been raised informally with the BSW System. Lisa Cheek, Chief Nurse replied that there was no easy solution however concerns were being raised within the BSW system. Claire Thompson, Director of Improvement and Partnerships added that this would be part of transformation as an ICA and ICS to see how we work together across the organisations.

Faried Chopdat, Non-Executive Director commented that there were clear constraints in resources and finding new ways of working was a significant challenge and required a long term plan, in this context when would the assurance turn green. Lizzie Abderrahim, Chair of Mental Health Governance Committee replied that this would remain red for a considerable long time as there were real long standing structural issues and not ones that the Trust could address on its own. Lisa Cheek, Chief Nurse agreed however emphasised that the Trust were doing what was in its control in terms of right environment and right training for staff in all areas.

Further discussions followed on the issue which included funding, national context, AWP, and learning from other ICS regions.

One particular area of discussion was around priorities. Following a robust discussion the Board agreed that supporting mental health was a priority area.

Minute	Description	Action
	RESOLVED	
	(a) <i>to note the report; and,</i>	
	(b) <i>to support mental health as a priority area both in terms of locally and at a system level.</i>	
164/21	<p>Responsible Officer Annual Report</p> <p>The Board received and considered the Responsible Officer annual report which outlined the issues and actions that had taken place during 2020/21. Due to covid this report was not submitted in 2020. The following was highlighted:-</p> <ul style="list-style-type: none"> • Jon Westbrook the new Medical Director had completed the Responsible Officer training. • Robust pre-employment tests were now in place with regard to locums with a connection to other trusts. • The appraisal process covered all aspects of clinical practice not just at the Trust. • The benefits of linking job planning with the appraisal process. <p>A discussion followed on further considerations for next year which included governance primary care, together with a further follow up through the Audit, Risk and Assurance Committee in terms of internal audit recommendations and register of interests.</p> <p>Action : Medical Director</p>	JW
	RESOLVED	
	(a) to approve the Annual Responsible Officer Report for sign off by the Chair or Chief Executive.	
165/21	<p>Equality, Diversity and Inclusion (EDI) Annual Report</p> <p>The Board received and considered the Equality, Diversity & Inclusion Annual Report which provided evidence of progress and achievements during the period. The following was highlighted:-</p> <ul style="list-style-type: none"> • The Trust focussed on both patient and work force EDI. • Improved working within the BSW system. • Strengthened links with community groups. • Introduced a pilot mentoring programme. • Refreshed the BAME network and launched the Differently Abled Network (formerly named the Disability Equality Network). • Future work included taking the actions from the WRES and WDES. <p>A number of changes were proposed and agreed which included information around religion and belief, and adding primary care before publication.</p> <p>Lizzie Abderrahim, Non-Executive Director commented that there had been a significant improvement in the production of the report and asked for some assurance that the role of ED&I Lead would continue as currently it was an interim post funded by Charitable Funds. Jude Gray, Director of HR replied that the intention was to submit a funding bid into the financial planning round to secure a substantive Lead for the future.</p>	

Minute	Description	Action
	<p>Faried Chopdat, Non-Executive Director asked if there was an overall governance body for all the networks. Jude Gray, Director of HR responded that the EDI Lead co-ordinated the networks and all network chairs attended the quarterly Trust EDI Group with Lizzie Abderrahim as Non-Executive Director representative.</p> <p>Faried Chopdat, Non-Executive Director asked a further two questions around data collection particularly the root cause in why people did not include certain information and whether there was more recent information than that contained in the snapshot of Swindon. Jude Gray, Director of HR replied that this was the latest Swindon data, and as for declaration of information this would be a future piece of work to encourage people to declare.</p> <p>RESOLVED</p> <p><i>to approve the EDI annual report before publication subject to amendments reflected in the meeting.</i></p> <p>Consent Items <i>Consent Items Note – these items are provided for consideration by the Board. Members were asked to read the papers prior to the meeting and, unless the Chair / Company Secretary received notification before the meeting that a member wished to debate the item or seek clarification on an issue, the items and recommendations would be approved without debate at the meeting in line with the process for Consent Items. The recommendations would then be recorded in the minutes of the meeting.</i></p>	
166/21	<p>Ratification of Decisions made via Board Circular/Board Workshop None.</p>	
167/21	<p>Urgent Public Business (if any) None.</p>	
168/21	<p>Date and Time of next meeting It was noted that the next virtual meeting of the Board would be held on 7 October 2021 at 9:30am to be held at the Double Tree, Hilton, Swindon and via MS Teams.</p>	
169/21	<p>Exclusion of the Public and Press</p> <p>RESOLVED</p> <p><i>that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.</i></p>	

The meeting ended at 1527 hrs.

Chair Date.....

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – October 2021

PPPC - Performance, People and Place Committee, Q&GC - Quality & Governance Committee, RemCom - Remuneration Committee, FIC – Finance & Investment Committee, ARAC – Audit, Risk and Assurance Committee

Date Raised	Ref	Action	Lead	Comments/Progress
05-Aug-21	137/21	IPR : Our People : Mental Health Invite relevant BSW colleagues to a Board meeting to review mental health provision system-wide	Chair/Chief Executive	The Chair/CEO of AWP to attend the Board workshop in October 2021.
2-Sept-21	162/21	IPR / Modelling & Forecasting / Health Inequalities System wide discussions on modelling and forecasting with a link to health inequalities.	Chief Executive	To be part of the wider discussions within the ICS.
2-Sept-21	162/21	IPR/ Ockenden Recommendations Whole maternity approach to understand all gaps within maternity and safety to include gap in shortfall in funding for Ockenden recommendations.	Chief Nurse	For Q&GC
2-Sept-21	164/21	Responsible Officer Annual Report Follow up in Audit, Risk & Assurance Committee around internal audit recommendations and register of interests and private practice declaration/appraisals.	Medical Director	For ARAC

Future Actions

None				
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Chief Executive's Report

Meeting	Trust Board	Date	7 October 2021
Summary of Report			
The Chief Executive's report provides a summary of recent activity at the Trust.			
For Information	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
		Discussion & input	<input type="checkbox"/>
		Decision / approval	<input type="checkbox"/>
Executive Lead	Kevin McNamara, Chief Executive Officer		
Author	Kevin McNamara, Chief Executive Officer		
Author contact details			
Risk Implications - Link to Assurance Framework or Trust Risk Register			
Risk(s) Ref	Risk(s) Description		Risk(s) Score
Legal / Regulatory / Reputation Implications	N/A		
Link to relevant CQC Domain			
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
		Caring	<input checked="" type="checkbox"/>
		Responsive	<input checked="" type="checkbox"/>
		Well Led	<input checked="" type="checkbox"/>
Link to relevant Trust Commitment			
Consultations / other committee views			
N/A			

Recommendations / Decision Required

This report is for information only.

1. Current operational pressures

The Trust continues to be extremely busy across primary and community care and the acute hospital.

Our focus remains on discharging patients as quickly as it is safe to do so, and working with the ambulance service to reduce delays with the handover of patients to enable crews to focus on responding to emergency 999 calls.

While the summer period is traditionally a quieter time for the NHS ahead of what is always a busy Winter period, we have seen record attendances this summer and the high level of demand shows no sign of reducing.

The Urgent Treatment Centre remained closed overnight during September, which enabled us to focus on providing care for the sickest patients attending the Emergency Department.

Our preparations to manage the seasonal demand are now more important than ever and we have a Winter plan in place which aims to support our most vulnerable at their most vulnerable time, maintain our elective capacity, reduce demand and increase capacity, along with continuing with our recovery programme and working as part of the Integrated Care Alliance. There is a real challenge this winter compared to a 'pre-Covid' winter whereby we would normally have some additional bed capacity lined up acting as a temporary 'release valve' for some of the pressure we typically face. This year however we have been working within that additional capacity for the entire year and therefore will not have the benefit of that type of additional capacity.

We must continue to support our staff who are exhausted after 18 months of the pandemic and our plan has a real focus on doing all we can look to look after the physical and mental health and wellbeing of our workforce.

This therefore makes this next period perhaps the most challenging of the pandemic yet as we tackle a range of often competing priorities.

The challenges we face



Service | Teamwork | Ambition | Respect

2. Covid-19

Covid remains a challenge for us and the numbers of patients we have seen over the last few weeks has stabilised at around 40-50. This remains a high number which is having a significant operational impact. Across BSW we continue to have the highest Covid bed occupancy which has remained stubborn at around this level for many weeks now.

In recent weeks we have had one of the highest case rates in the South West. Although our rate dropped below the South West and England averages in mid-September, it began to rise again towards the end of the month and we monitor this very closely.

We continue to treat patients for Covid who have had the vaccination, and those who have not. We know that patients who have been vaccinated are generally not as sick, and our advice remains to get vaccinated as soon as you can. It's important to remember of course that while the vaccine offers protection against Covid, we must all continue to follow all advice on keeping ourselves and others safe.

The rate of transmission of the virus led to use re-introducing some visitor restrictions, with only one visitor allowed in a bay at any one time. While we recognise the disruption and inconvenience this can cause, we must continue to take any steps necessary to keep our buildings safe for patients and visitors.

3. Vaccinations

We are now running two vaccination campaigns, which are both essential to keeping our staff and patients safe this Winter.

Our flu campaign began earlier than usual this year and at the time of writing we had vaccinated, or booked in to vaccinate, 2,900 of our staff – around 47 per cent.

This year we have introduced a new online booking system to make it as easy as possible to book an appointment at a convenient time at our Commonhead clinic.

We are using the same system to run our Covid-19 booster vaccination campaign which enabled staff to book a booster vaccine from 1 October provided they had their second vaccine more than six months ago.

The Government is carrying out a national consultation on whether the flu and Covid vaccines should be mandatory for those working in the health and social care sector. We have advertised this to our staff and await the outcome of the consultation and any subsequent recommendations.

4. Digital capacity and capability

I have commissioned a review of our IT provision, which will look not just at IT itself, but all clinical staff along with the leadership and the culture of the organisation with recommendations for where future investment should be prioritised.

This review is being designed with support from a credible Chief Digital Officer from another part of the region and the independent review will include interviews with stakeholders, including clinical staff. This will enable us to gain an expert external view on the relative priorities we need to address along with an assessment of the relative strengths of technical IT and realisation of digital transformation benefits.

This assessment will help inform the work of our new Chief Digital officer, a joint Executive-level post with Salisbury NHS Foundation Trust which is currently being recruited to with interviews due to take place later this month.

4.1. Chief Clinical/Nursing Information Officers

Congratulations to Dr Roger Stedman who joins Dr Mayur Patel as Chief Clinical Information Officer. In this role, Dr Stedman will also work alongside Caroline Tandy as Chief Nursing Information Officer.

The chief officers have key roles to play in driving, directing and advising on the implementation and role of IT and clinical information flow in clinical practice within the Trust.

5. Developments on site

Urgent Treatment Centre: Concrete has been poured for the floor of the new Urgent Treatment Centre and structural building work will start in the coming weeks, with an expected completion date for spring 2022. Internal finishes for the UTC have been approved, following review from staff, patients and members of the public.

Radiotherapy Centre: I was pleased to join representatives from OUH and donors at a traditional topping out ceremony last month, marking another milestone to create the Swindon Radiotherapy Centre. We have also taken delivery of the Linac accelerators, and it feels as if the end will soon be in sight for the delivery of this large scale building project which will deliver so much benefit to Swindon and patients needing radiotherapy.

6. Staff support

As we head in to what we know will be a difficult Winter period following 18 months of the pandemic, and a difficult Winter before that, it is more important than ever that we do everything we possibly can to support our staff.

Our Health and Wellbeing package continues to be developed, and our focus during October will be on supporting our staff to maintain and improve their physical health and wellbeing.

This initiative has been supported by our charity Brighter Futures who worked with our health and wellbeing team to launch our Fall into Fitness for a Brighter Future challenge which encourages all staff to take part in a fitness competition while raising funds for the charity at the same time.

7. Thanking and recognising our staff

7.1. Great West Fest

Our first ever Great West Fest was held in Town Gardens in Swindon last month and was a huge success.

Nearly 2,000 people attended the event throughout the day and it was held as a thank you event for staff, who have worked so hard for such a long period, and the families who have supported them throughout.

A number of local businesses, individuals and companies came together to help support Great West Fest, so that we could offer such a successful – and safe – event.

Thanks go to Coe Capital Wealth Management, who kindly sponsored the event, Paragon Print, who supplied all of the printing free of charge, Nationwide and Commonweal for offering free parking facilities and Swindon PA Hire for the event production.

7.2. Staff Excellence Awards

Last month we announced the finalists for our Staff Excellence Awards.

The judging panel had some difficult decisions to make, having received over 200 nominations for our awards, reflecting the huge amount of great work going on right across the organisation.

Our finalists are:

Team of the Year Award:

- Neptune Ward
- Emergency Department
- Vaccination Team

STAR of the Year 2019/20:

- Trish Hanlon, Nursing Auxiliary
- Maxine Buyanga, Deputy Divisional Director of Nursing
- Beth Port, Physician's Assistant and Claire Bagley, Staff Nurse

STAR of the Year 2020/21:

- Microbiology Team
- Anthony Kerry, Consultant Respiratory Physician
- Intensive Care Unit

Improving Patient Experience Award:

- Primary Care Network team
- GWH Companion Service
- Rose Dicker, Rehabilitation Therapy Practitioner

Improvement and Innovation Award:

- Natalie Whitton, Consultant, and David Inglis, ED Practitioner
- Mel Curtis, Matron for Diabetes and Endocrinology
- Swindon Community Equipment Team

Leading the GWH Way Award:

- Salim Suleman, Head of Audiology Services
- Lisa Penny, Senior Sister for LAMU and Linnet
- Charmaine Durrant, OH Nurse and COVID-19 Vaccine Lead

Excellence in Integration Award:

- Siobhan Heeley, Deputy Recovery Director
- Lorraine Austen, Director of Integrated Care and Community
- Integrated Diabetic Foot team

Wellbeing at Work Award:

- Lorna Nicholas, Team Leader for CICT
- Chris Mattock, Chaplain
- Ryan Jary, Recruitment Consultant

Championing Health Equalities Award:

- Claire Warner, Associate Director of HR
- Kate Myrie, Communications and Engagement Officer
- Alicia Messiah, Community Nursing Team Leader

Patient Choice Award:

- Caroline Critchley, Matron for Children's Oncology
- Denise Selby, Faith Cullis, Chantal Woog, Lucy Edwards, Charlotte Sullivan and Emma Frayne - Maternity Services
- Barbara Parker, Nurse in Ophthalmology

GWH Rising Star Award:

- Hazim Rahbi, Consultant Cardiologist
- Hannah Francis, Speech and Language Therapist
- Enya-May Marsh, Health and Wellbeing Assistant

GWH Lifetime Achievement Award:

- Susan Webb, Dietetic Assistant
- Oonagh Wigley, Specialist Speech and Language Therapist
- Debesh Mukherjee, Consultant Geriatrician

Congratulations go to our finalists and all of our shortlisted staff and teams. This is an excellent endorsement and recognition of the high regard in which they are held. Our awards ceremony will be held on 5 November.

7.3. STAR of the month

Our latest STAR of the month winner is our Covid-19 Vaccination Team. The team have done a fantastic job offering close to 100,000 vaccines, which equates to around 2,500 lives saved – an incredible achievement.

7.4. HSJ/BMJ Awards

We've received national recognition for some of the work our staff are involved in, with two winners at the HSJ Awards, and one at the BMJ Awards, last month.

Dr Sarah Bates is clinical lead for PERIPrem, a perinatal care bundle which aims to improve the outcomes for premature babies across the West and South West regions. The project was Highly Commended in the Patient Safety Pilot Project of the Year category.

PreciSSlon, a West of England Academic Science Network initiative we are part of, won the Infection Prevention and Control Award, having reduced surgical site infection after colorectal surgery by 50%. This collaborative also won in the Quality Improvement category at the BMJ Awards.

7.5. National case study

Our work in primary care and integration in Swindon was featured in a film as a national case study by NHSE/I. Our Director of Integrated Care and Community Lorraine Austen was one of those interviewed, alongside myself and Sue Wald, who has recently retired as Director of Adult Services, Health and Housing at Swindon Borough Council. The film highlighted some of the challenges we faced when we moved in to primary care and will be used to support other systems across the country with integrating services.

8. Listening to our staff

While it's important to recognise the achievements of our staff, it's also really important that we listen to what they tell us about our organisation.

Our annual staff survey launched last month and this year has been sent to every member of staff, rather than just a sample. This will give us a really good evidence base for what our staff think about the Trust.

While last year's results were an improvement on the year before, a number of issues were raised which we have Trust-wide and divisional action plans in place to address, and this year's survey will help us better understand our staff's views on what more we can do.

9. Freedom to Speak Up Month

This month marks Freedom to Speak Up Month and we will be using this as an opportunity to continue to promote how to raise concerns to our staff.

Freedom to Speak Up is an important scheme in helping to create a strong patient safety culture by making it as easy as possible for staff to speak up in a more open environment.

The service, which is supported by Guardians across the organisation, gives staff the opportunity to raise concerns in a safe and confidential way – working with colleagues to address and resolve areas for improvement.

The Guardians are trained to offer support and signposting to the appropriate processes to resolve concerns, including through line managers, HR and other senior staff.

We will continue to encourage all our staff to challenge bad behaviour and practice if they see it, and understand the range of channels they can use to do this.

10. Black History Month

This year one of the ways we are marking Black History Month is a collaboration with Wiltshire Council and other partner organisation to host a South West event with a great range of speakers on Monday 11 October.

The free online conference feature speakers including David Olusoga OBE, June Sarpong OBE, The Rt Hon. Stuart Lawrence and Anton Ferdinand discussing this year's theme: 'Proud to be'. The event is open to everyone with further details at www.blackhistorymonth2021.eventbrite.co.uk

On 14 October our own BAME Network will be presenting a programme of inspiring short films which will be shown in the Academy at Great Western Hospital.

11. World Patient Safety Day

We marked World Patient Safety Day on 17 September with a focus on maternity services in our organisation.

Staff joined a virtual event with guests and staff speakers invited to update on patient safety projects in place across the organisation and the country.

This included updates on our new Learning Zone section on the intranet, the human factors which affect healthcare and an update on the national patient safety strategy.

12. Annual Members' Meeting

Around 50 non-executive directors, governors, members of the public, stakeholders, and staff attended our Annual Members' Meeting last month.

This was a chance to reflect on our many successes over the last year but also consider the challenges we face both now and in to the future.

13. Armed Forces

We welcomed the Lord-Lieutenant of Wiltshire, Mrs Sarah Rose Troughton, to the Great Western Hospital to mark our Trust receiving Veteran Aware accreditation. The Lord-Lieutenant spoke to a number of staff who joined the celebration event in military uniform or wearing their medals.

We will continue to seek the views of staff and patients on how we can continue to make improvements to the support we offer to staff, patients and their families.

14. Colon capsule endoscopy cameras pilot

Last month we began a pilot which enables patients to swallow a miniature camera to get checked for bowel cancer.

We are one of four NHS Trusts in the South West to pilot these cameras on an initial group of 11,000 patients. Known as a colon capsule endoscopy, the cameras are the latest NHS innovation to help patients access non-invasive cancer checks at home.

The imaging technology, in a capsule no bigger than a pill, can provide a diagnosis within hours with minimal inconvenience to the patient.

Traditional colonoscopies involve inviting patients to hospital for an outpatient procedure, where they will have a tube inserted into the large intestine. This can be a rather invasive procedure, whereas the new technology will mean that after swallowing the capsule, people can continue to go about their normal daily activities.

15. Maintaining our resilience

15.1. Fuel

At the time of writing, long queues had formed at petrol stations across the country, including in Swindon, which raised some concerns among staff about getting to work or working across the community.

Our emergency resilience team has been in close contact with partner organisations to provide a coordinated response to this and we issued guidance to staff who were advised to lift share or use public transport.

15.2. Medway

Thanks go to staff who worked through a period of downtime as our Medway patient administration system was upgrade. Due to the complexity of the upgrade to the new Careflow system, staff worked without the system for longer than planned.

15.3. Blood tubes

Staff across the NHS have carefully managed the utilisation of blood bottles during a national shortage.

We have made an important contribution to the reduction of blood bottles required and this, combined with improved supplies, has reduced the immediate risk of shortages but sustained controls are still needed.

BD has announced that its production capacity has recovered, meaning the supply situation is no longer as constrained as it was during August.

16. System-wide appointments

16.1. BSW Academy Director

Dr Sarah Green has been appointed as the first BSW Academy Director following a competitive recruitment process involving representatives from across the system.

Since 2018 Sarah has been the Associate Director of Education at University Hospitals Bristol and Weston NHS Foundation Trust and has been the Senior Responsible Officer for the BNSSG Learning Academy.

In this role Sarah will lead a brand new academy for BSW, creating a place where leadership, learning, innovation, improvement and inclusion are at the heart of the way we work together for the benefit of our local communities and our workforce.

16.2. Chief Executive of BSW Integrated Care System

The national recruitment process for chief executive of all the integrated care systems is underway.

The timescale indicates that the designate chief executive will be appointed by the end of November with the designated Board appointed before the end of the final quarter of the financial year.

Integrated Performance Report (IPR)

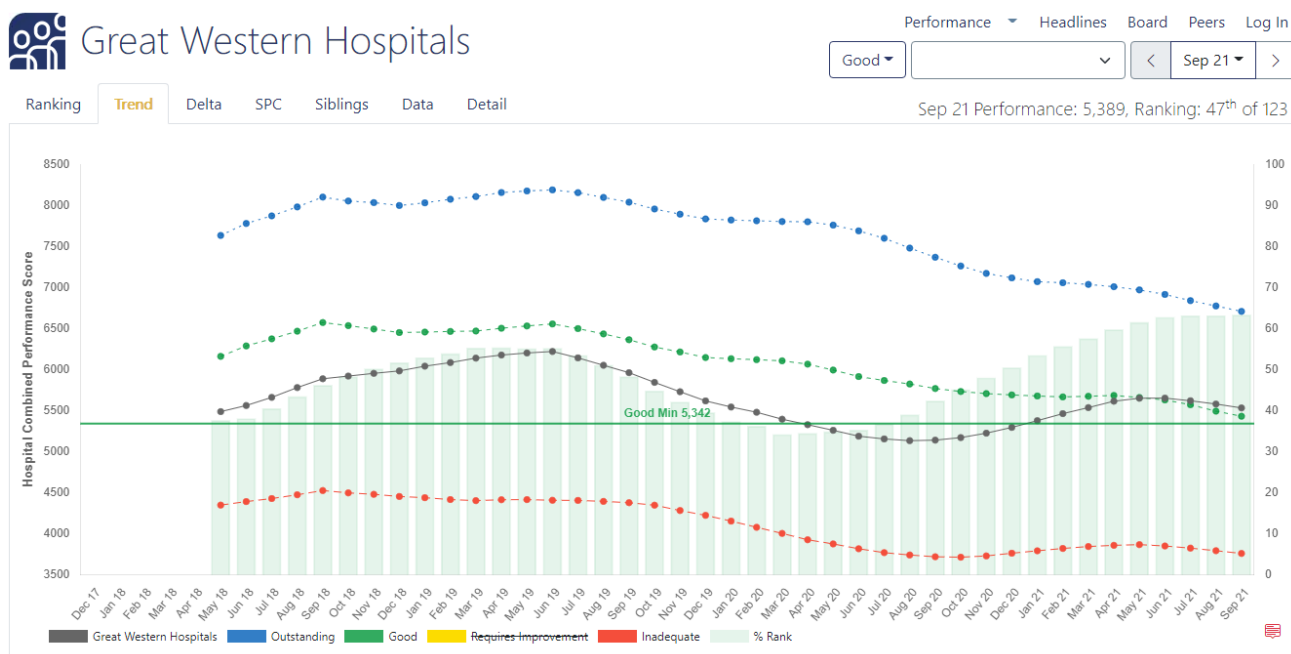
Meeting	Trust Board	Date	7 th October 2021
Summary of Report			

The Integrated Performance Report provides a summary of performance against the CQC domains and the 4 pillars of the Trust Strategy. The summary provides an overview of performance against key performance measures and a comparison to national and peer performance using Public View data. Please note that in most cases, Public View data is at least one month behind the data available in the Trust.

Key highlights from the report this month are:

Our Performance

Our ranking against the Hospital Combined Performance Score on Public view in September 2021 places us 47th out of 123 Trusts (48th August 2021). The trend chart below reflects our aggregate position improving against CQC measures and our performance is tracking at 'Good'.



In August 2021 our performance against the Emergency Care Standard (95%) Improved to 81.38% from the July position of 71.84%. Hospital Handover Delays (HHD) reduced in August to 213 hours lost compared to July where 650 hours were lost. As at 15th September there have been 200 hours of hospital handover delays.

Attendances decreased in August (from July) by 968 due to a reduction in Type 3 attendances (647). Largely driven by the closure of the UTC overnight. There was also a decrease in Type 1 (321). It is envisaged the UTC will remain closed overnight with a review planned towards the end of September 2021.

Bed Occupancy has seen an overall increase with occupancy rates of >95% across a range of acute and community services. The length of stay (LoS) within SwlCC remained within national targets in all three wards. However Forest LoS has increased from 18 to 26 days.

Covid 19 – Covid attendances to the Covid Assessment Unit (CAU) increased in August 2021 with a similar trend of patients who have tested positive. Admission to the Trust with Covid doubled in the month of August with a peak of 39 in-patients. There has been no impact on the Trusts CAU related to the Covid Quarantine Hotel.

The Trust's RTT Incomplete Performance for August 2021 remained static to 68.02% (68.81% in July). The overall number of patients waiting has increased to 26,529 (774 in month). The Trust received 9,423 referrals in August 2021, which is an increase of 312 in month and 97.5% of the Pre-Covid 19 average referral rate. There were 747 patients who are waiting more than 52 weeks in August 2021 (77 fewer patients).

Diagnostic Wait Times (DM01) has deteriorated since June 81.7% to July 79.5%. The overall number of patients awaiting a diagnostic investigation has increased from 6670 in June to 682 in July (+132). Breaches have also increased from 1219 in June to 1396 in July (+177). Following further validation in month the September position for DMO1 ECHO is likely to deteriorate further. A full review of diagnostics is underway.

Cancer 2 week wait performance for July 2021 74.7% an improvement of 72.3% against a target of 93%. YTD, compared to 2019, there has been an **18%** increase in the number of Skin referrals. The expected seasonal increase occurred a number of months before anticipated which put additional pressure on the service. 1322 patients were seen under 2 week referral of which 334 pathways breached the standard in Breast Services, Skin and Colorectal.

Cancer 62 day standard performance for July delivered above the target of 85% at 86.9%. The screening target of 90% was also achieved with July performance of 95.3%.

Cancer 28 day performance for July was 74.1% against a target of 75% with (351 patients breaching the standard). The delays to diagnostic testing and outpatient activity through the COVID pandemic has led to delays with communicating cancer diagnosis with patients. The standard will be informally reported in the Public View domain from June 2021, with formal reporting from October.

Cancer 62 day, including longer waits of >104 days has impacted 6 patients in July 2021. August is likely to see 4 patients breach 104 weeks, and root cause analysis (RCA) will be conducted.

The Stroke Sentinel Stroke National Audit Programme (SSNAP) audit score for Q2 has achieved a provisional Level B result.

Our Care

The Electronic Discharge Summary (EDS) – The EDS compliance and back log data is shared regularly with the Divisions and is then discussed at their Quality meetings. It has been identified that there is an opportunity to improve EDS compliance, therefore work is starting with the Discharge Lounge to ensure those patients discharged via this route have an EDS sent off in a timely manner.

Medicines Safety – The task and finish group set up in response to the serious incident relating to oxygen in July is progressing the response to the incident, with actions and learning. The initial action plan was presented to Medicines Assurance Committee (MAC) in September, with a plan for additional oxygen prescribing audits ongoing.

The Medicines Safety workstream within the Great Care Campaign, has reviewed practices of medicines administration on medical and surgical wards in order to identify areas for improvement in regard to medicines administration. Progress has included shadowing of the ward medicine administration processes and identifying local medicines safety champions. Oversight will be provided through regular updates on activity provided to Patient Quality Committee monthly and Medicines Safety Group quarterly.

Infection Control – The Respiratory Syncytial Virus (RSV) in children remains a risk to the organisation, to date the Trust has seen 4 cases since July 2021 with three identified in August 2021.

To maintain Infection Control with regards to Coronavirus, all Tier three precautions remain in place within the Trust, this includes two metre social distancing and personal protective equipment (PPE) usage.

A robust risk assessment process in line with National Health Service England/Improvement (NHSE/I) guidance is in place to support the return to work of clinical staff who have been alerted via the NHS Test and Trace proximity app. This is a thorough process which is being carefully monitored to ensure staff return to work in a safe manner where appropriate. The impact of the change in regulations expected in August 2021 will be considered and the process adapted if necessary.

Pressure Ulcers – A review of the Huddle reviews has identified that 19 of the 20 patients had a pressure ulcer Huddle completed. This is to ensure immediate review at ward/department level with key staff. The

process highlights areas of good practice, gaps or omissions in care and focusses on actions and improvements required. The initial themes identified have included a lack of timely skin inspections, gaps in documentation, lack of appropriate and timely intervention with pressure relieving equipment.

Following a local action/improvement plan that included a THINK SKIN poster being displayed at the bedside for patients at risk, Jupiter ward have reported two months of harm free care. This will continue to be monitored for ongoing effectiveness.

Falls - There has been an increase in July and August of the falls rate per 1000 bed days to 6.3, however this represents normal variation. The National Falls Safety Week is 20th – 27th September 2021. This will involve activities to raise awareness of falls safety, including quizzes with a prize draw, and pledges to reduce falls in clinical areas.

The trial of the new paper format of the falls assessment (six wards), has been evaluated and now the new falls assessment is in the process of being transferred to Nervecentre for implementation in all inpatient ward areas

Incidents - At the time of reporting there are a total of 30 on-going Serious Incident (SI) investigations, with seven reported in August. Although the number of SI's reported in August has increased compared to the previous month, this remains within the expected control limits and does not represent a statistically significant change. One of the SI's is a never event and relates to a wrong side block, the patient did not experience any harm. The event has been reported and is under investigation.

Maternity – As part of the maternity surveillance one to one care in labour is continues to be reviewed. Since August all cases where one to one care in labour was not achieved has been reviewed with reasons identified.

Our People

This section of the report presents workforce performance measured against the pillars of the 'People Strategy' – Great workforce planning, opportunities, experience, employee development and leadership. Each area is measured with a KPI indicator achievement score and self-assessment score based on progress in month.

Exceptions in August: In-month KPI exceptions to report are overall agency spend as % of total spend is 6.75% marginally above Trust target of 6%; Bank fill rates reporting 48% below the Trust target of 70%; Sickness absence increasing to 4.74% and exceeding target of 3.5% and appraisal compliance achieving 74.17% below Trust target of 85%.

Highlights:

- Significant reduction in Band 5 registered nurse vacancies (excluding Midwives, Corporate and COVID Vaccine) and the Trust has moved into an over-established position of -5.58wte vacancies (this takes into account the arrived international pre-registered nurse recruitment pipeline).
- Continued increase in number of staffing engaging in the 'In-Reach' wellbeing sessions and the wellbeing team have introduced a number of initiatives this month including trauma awareness, menopause counselling and having the health and wellbeing conversation. The staff flu vaccination programme went live on the 13th September.
- Mandatory Training achieving 85.03% (Role Essential)
- E-roster build for the Community Dental team is on-track for go-live on the 27th September 2021 with positive team engagement. The Sexual Health department are scheduled to be the next roster build with commencement of team engagement and a planned go-live end October 2021.
- New Quarterly Pulse Staff Survey presents staff feedback about the value of communication which is summarized in a word cloud in the report. The Trust prepares for the annual NHS national staff survey to go-live on 21st September 2021.
- The Trust is planning to take part in a pilot for a new approach to Talent Management which has been developed by NHSI/E, called 'Scope for Growth' later in the year. This will need to be timetabled to fit with the Trust's decision to undertake Talent Management activity from April-September.
- Trust ran its first Great West Fest as a thank you event for staff. Feedback to date has been extremely positive.

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Use of Resources

The Trust plan is breakeven. The in month position is £7k surplus and year to date position is £40k surplus which is a favourable variance of £40k.

Trust income is above plan by £1,029k in month and £4,102k year to date. Elective Recovery Fund (ERF) income of £2,302k is included in the position. The funding covers the additional costs incurred to deliver activity during M1-5.

Pay is £212k overspent in month and £806k overspent year to date. An increase in new nurses joining the Trust has increased the pay costs this month due them working supernumerary for at least 6 weeks. Pressures continue due to covering vacancies, close support and escalation.

Non -pay expenditure is overspent by £851k in month and £3,326k year to date. The position includes an increase in clinical supplies costs despite a reduction in elective activity. Increases are for respiratory and cardiology supplies linked to non-elective work.

The Trust capital plan for 21/22 is £33,493k. Spend is £6,394k as at the end of Month 5 against a plan of £6,691k.

For Information	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion & input	<input type="checkbox"/>	Decision / approval	<input type="checkbox"/>
Executive Lead							
Author	Felicity Taylor-Drewe, Chief Operating Officer Simon Wade Director of Finance Jude Gray, Director of HR Lisa Cheek, Chief Nurse						
Author contact details	felicitytaylor-drewe@nhs.net jude.gray@nhs.net						

		lisacheek@nhs.net simon.wade5@nhs.net							
Risk Implications - Link to Assurance Framework or Trust Risk Register									
Risk(s) Ref	Risk(s) Description								Risk(s) Score
	1.								
Legal / Regulatory / Reputation Implications	Regulatory Implications for some indicators – NHSi, CQC and Commissioners								
Link to relevant CQC Domain									
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>	Well Led	<input checked="" type="checkbox"/>
Link to relevant Trust Commitment									
Consultations / other committee views									

Recommendations / Decision Required




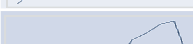




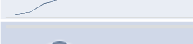

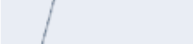


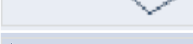

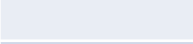


The Trust Board Committee is asked to review and support:

- the continued development of the IPR
- the ongoing plans to maintain and improve performance

Integrated Performance Report

September 2021

Performance Summary

KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking**	Bath Ranking	Salisbury Ranking	Month
Hospital Combined Performance Score	5389 (Sep)		47 (5389)	34 (5770)	20 (6403)	Sep 21
A&E 4 Hour Access Standard (combined ED & UTC)	81.38% (Aug)		73 (71.85)	75 (70.62)	23 (82.58)	Jul 21
A&E Percentage Ambulance Handover over 15 Mins	38.95% (Aug)					
A&E Median Arrival to Departure in Minutes (combined ED & UTC)	166 (Aug)		84 (200)	86 (201)	100 (209)	Jun 21
RTT Incomplete Pathways	68.81% (Jul)		70 (68.9)	58 (70.83)	47 (72.95)	Jun 21
Cancer 62 Day Standard	86.9% (Jul)		13 (86.9)	87 (69.64)	45 (79.87)	Jul 21
6 Weeks Diagnostics (DM01)	79.5% (Jul)		59 (81.72)	94 (68.74)	26 (93.30)	Jun 21
Stroke – Spent>90% of Stay on Stroke Unit	72.3% (Q420/21)		72 (75.7)	72 (75.7)	68 (77.2)	Q4 20/21
Family & Friends (staff) – Percentage recommending GWH as a great place to work	69.89% (Q3)		88 (70.0)	22(82.0)	34(79.0)	Q3 20/21
YTD Surplus/Deficit*	-4.3% (Oct)		82 (-4.3)	8 (1.3)	37 (-1.4)	Q2 19/20
Quarterly Complaint Rates (Written Complaints per 1000 wte)	27.9 (Q4 20/21)		104 (27.9)	50 (16.2)	22 (11.3)	Q4 20/21
Sickness Absence Rate	3.46% (Apr)		31 (3.46)	39 (3.58)	12 (3.15)	Apr 21
MRSA	2 (Jun)		15 (0.61)	91 (2.29)	70 (2.33)	May 21
Elective Patients Average Length of Stay (Days)	3.63 (Aug)					
Non-Elective Patients Average Length of Stay (Days)	4.77 (Aug)					
Community Average Length of Stay (Days)	18.62 (Aug)					
Number of Stranded Patients (over 14 days)	99 (Aug)					
Number of Super Stranded Patients (over 21 days)	52 (Aug) ²⁶					

*The figure is impacted by the current financial regime in place due to Covid-19

**Based on English Acute & Combined Acute/Community Trusts

Board Committee Assurance Report

Performance, People & Place Committee			
Accountable Non-Executive Director	Presented by		Meeting Date
Peter Hill	Peter Hill		29 th September 2021
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

The key headlines / issues and levels of assurance are set out below, and are graded as follows:

Assurance Level	Colour to use in 'Assurance level' column below
Not assured	Red – there are significant gaps in assurance and we are not assured as to the adequacy of current action plans. If red, commentary is needed in “Next Actions” to indicate what will move the matter to “full assurance”
Limited	Amber – there are gaps in assurance but we are assured appropriate action plans are in place to address these
Significant	Green – there are no gaps in assurance / high level of confidence in delivery of existing mechanisms/objectives
Full	Blue – Delivered and fully embedded

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Recovery Programme	Red	Amber	Trust is not hitting the nationally set targets, improvement plans in place including the start of insourcing in October.	Monitor actions	October 2021
Integrated Performance Report – Emergency Department & Ambulance Handovers	Red	Amber	High demand and lengthy ambulance turnaround continue. Performance remains below the 95% standard, however there has been an improvement in 4 hours performance. 81% for August from 71% in July.	Monitor actions	October 2021
Integrated Performance Report – RTT	Amber	Amber	The Trust performance reduced slightly in month with waiting lists and referrals increasing. There had been some concerns around anaesthetic staffing and its impact on Elective activity, recruitment for these posts is now complete with successful candidates in post from October. The number of long waiters (52 week +) reduced by a further 77.	Monitor actions	October 2021

Integrated Performance Report – DM01	Amber	Amber	Performance has plateaued at around 80% of patients waiting less than 6 weeks for diagnostics. Waiting lists and breaches are expected to increase due to reduced CT van capacity, staff vacancies and overdue surveillance lists which will impact on Trust performance going forward. The COO wishes to review CT demand and capacity.	Monitor actions	October 2021
Integrated Performance Report - Stroke	Green	Green	Continues to perform well whilst experiencing significant operational pressures.	Monitor actions	October 2021
Cancer Update	Amber	Green	The Committee received an in depth report from the new Head of Cancer Services which gave a good degree of assurance regarding improved performance with Breast 2WW improving ahead of trajectory. Very positive feedback from the regulators re GWH role as national pilot site for colon capsule endoscopy.	Monitor actions	October 2021
Theatre Transformation	Amber	Amber	Positive progress noted with appointments to some key positions and completion of the Kingsgate Report. The Committee expect to see more sustained progress at the next review (December).	Monitor actions	December 2021
Draft Winter Plan	Red	Amber	The GWH part of the plan is currently in its first iteration with many schemes coming from within the Divisions, but funding remains a challenge. It doesn't currently feel like a system wide plan and GWH's partner organisations are to be encouraged to engage further to ensure the plan is suitably robust.	Monitor actions	October 2021
Cyber Risk	Amber	Amber	The Committee were given positive assurances on a number of fronts. The COO will commission a desktop exercise to test this out.	Feedback from desktop exercise	November 2021
Data Quality and Timeliness	Amber	Amber	Positive progress noted. Further work re the timeliness of information is planned with the COO expressing a keenness to achieve rapid improvements in this area.	Monitor actions	October 2021
Integrated Performance Report - Appraisal	Amber	Amber	This had been a casualty of the operational pressures in July when the decision was made to cancel some non-clinical activity.	Monitor actions	October 2021
Integrated Performance Report – Agency Usage	Amber	Amber	A concerning increase has been seen in agency usage in the last month.	Monitor actions	October 2021
Integrated Performance Report - Flu/COVID	Green	Green	A good start and uptake for both the flu and COVID Booster vaccines from staff and good plans are in place. Although it is early days the Committee were pleased to see the positive message and good uptake although they acknowledge the fluid nature of this work.	Monitor actions	October 2021

booster programme					
IPR – Workforce – Other KPIs	Amber	Green	Positive improvement has been seen in mandatory training and there is positive news on CPD funding and leadership initiatives. Vacancy rate and turnover were both within target.	Monitor actions	October 2021

Issues Referred to another Committee	
Topic	Committee

Part 1: Operational Performance

Our Priorities



Outstanding patient care and a focus on quality improvement in all that we do



Improving quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers



Staff and volunteers feeling valued and involved in helping improve quality of care for patients



Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care

How We Measure

Are We Effective?

Are We Safe?

Are We Well Led?

Are We Responsive?

Are We Caring?

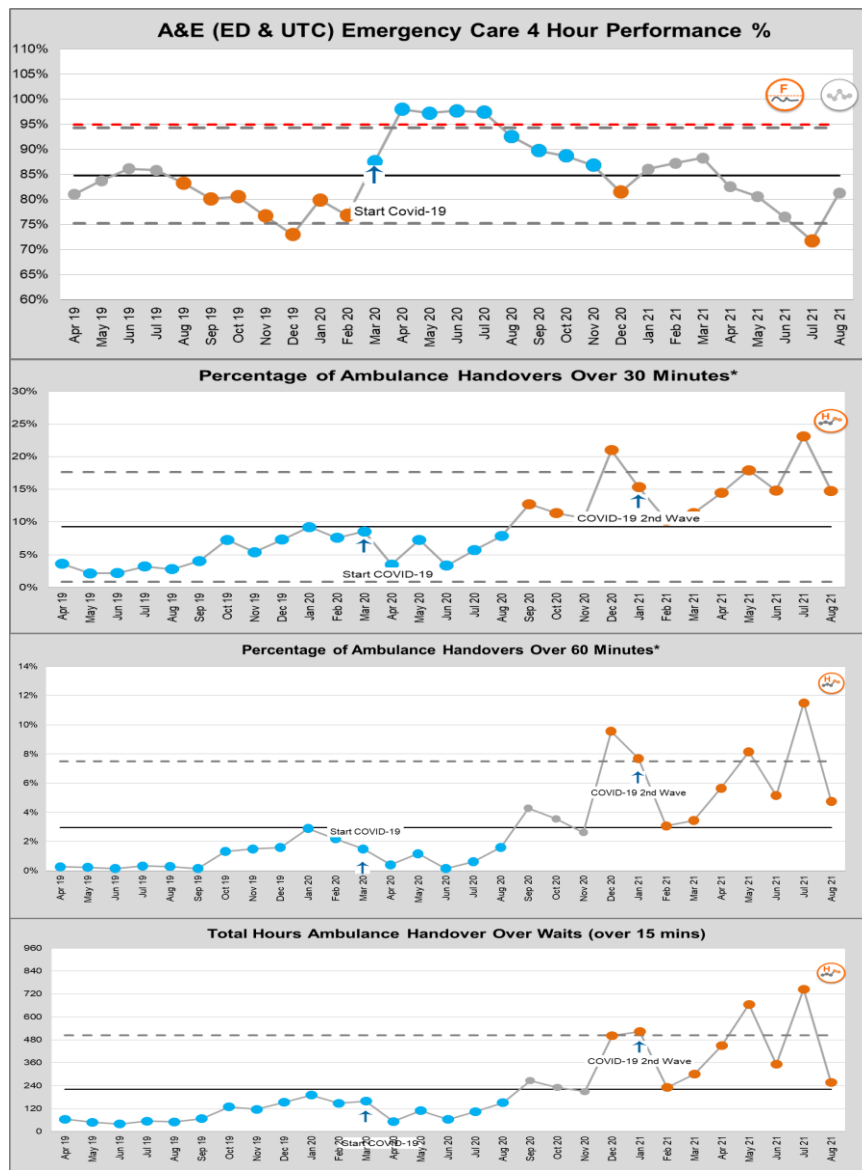
Use of Resources

1. Emergency Access (4hr) Standard Target 95%

Data Quality Rating:

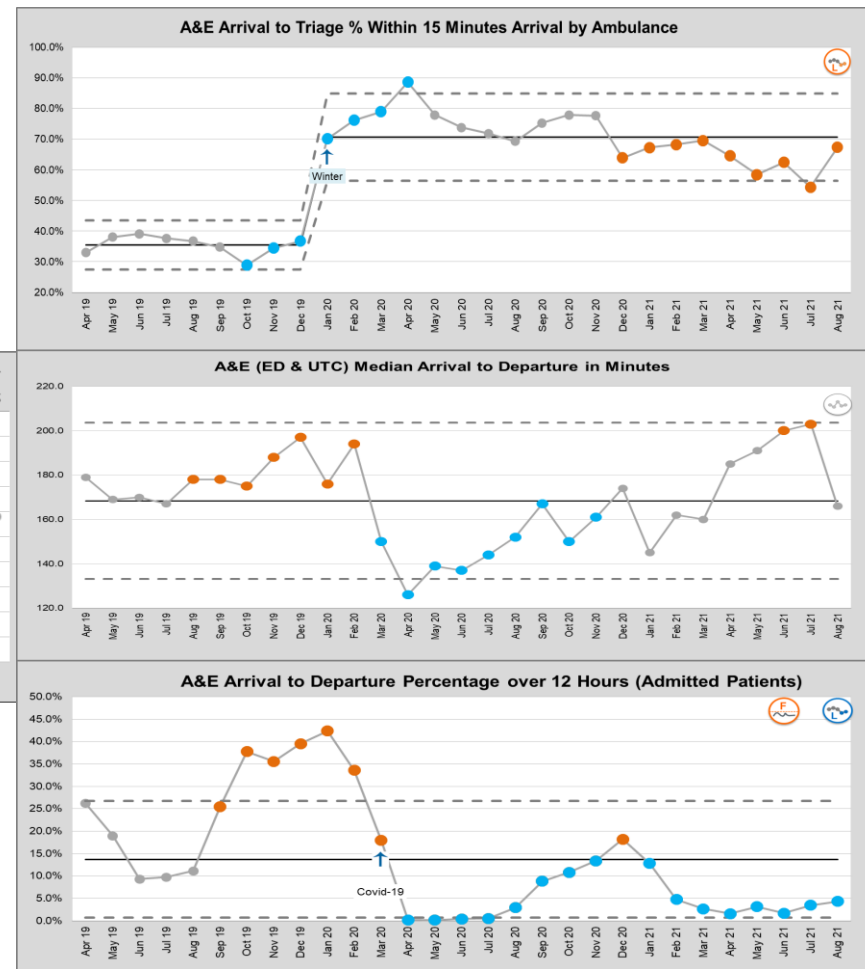


National Key Performance Indicators



Attendances:
 Performance Latest Month: 81.38% (Aug)
 Type 1 ED 68.47%
 Type 3 UTC 98.34%
Total – 81.38%

12 Hour Breaches (from decision to admit) 2



31

* Data from SWAST – 1 month lag

2

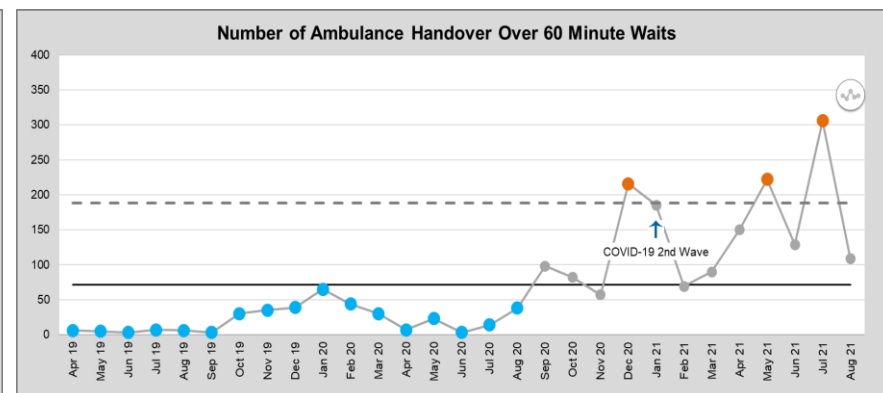
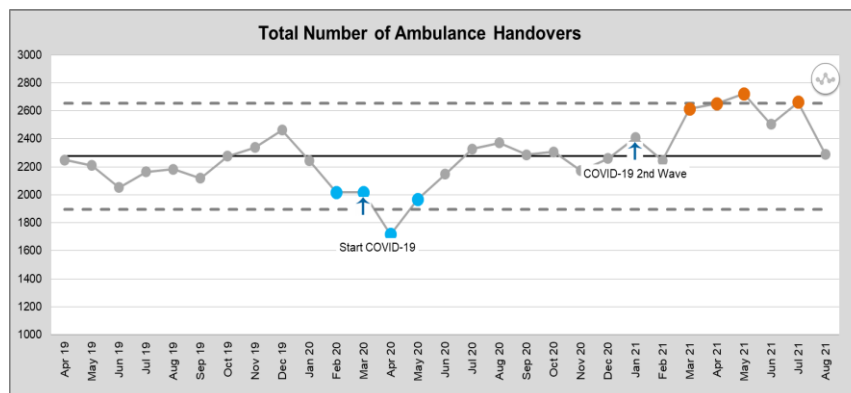
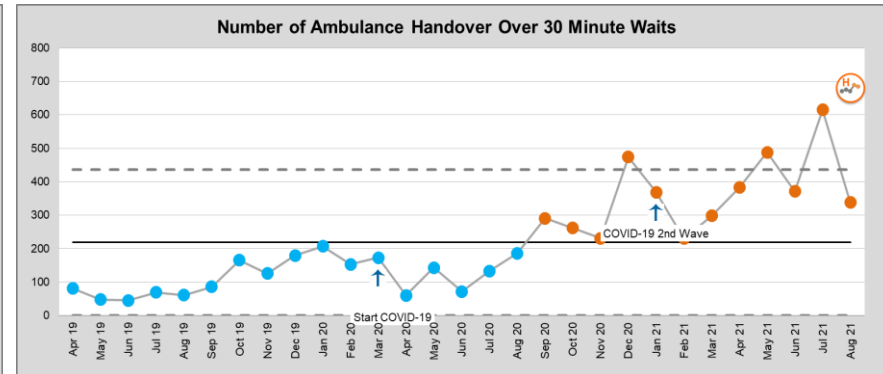
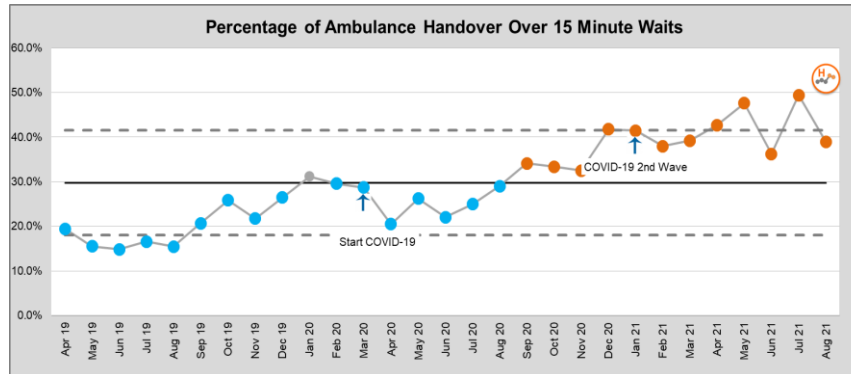
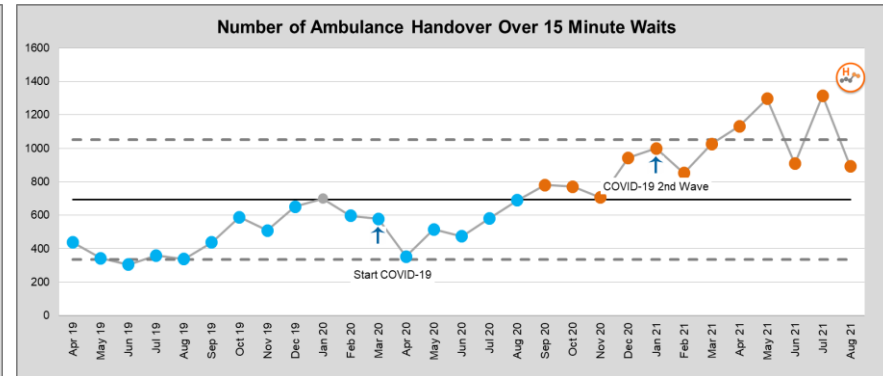
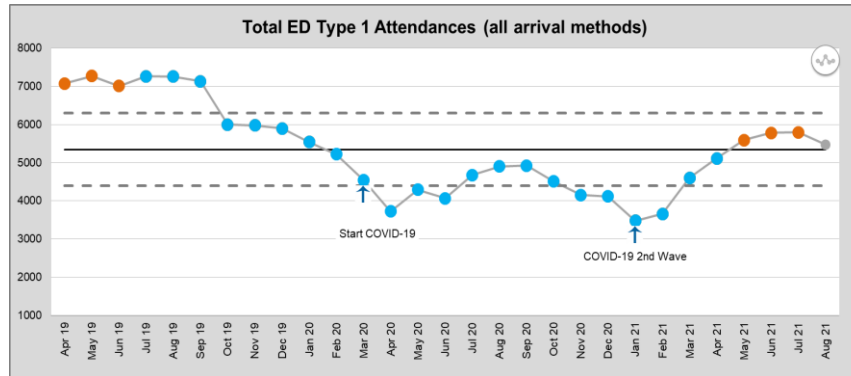
— Mean — 0 — Process limits - 3σ ● Special cause - concern ● Special cause - improvement - - Target

1. Emergency Care Standards

Data Quality Rating:



National Key Performance Indicators



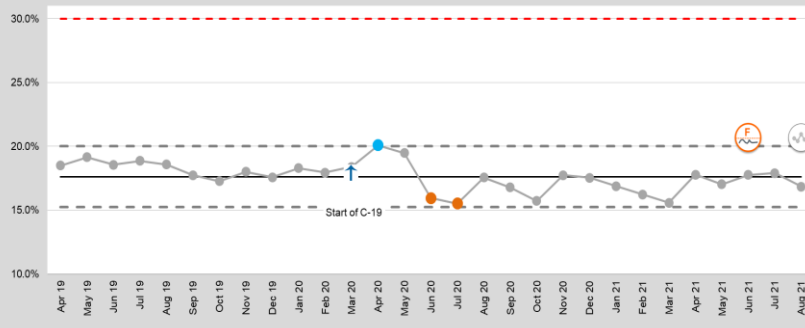
1. Emergency Access (4hr) - Patient Flow and Discharge

Data Quality Rating:

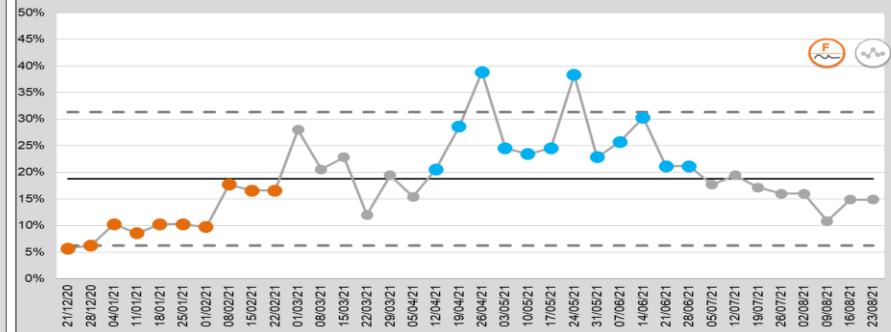


Are We Effective?

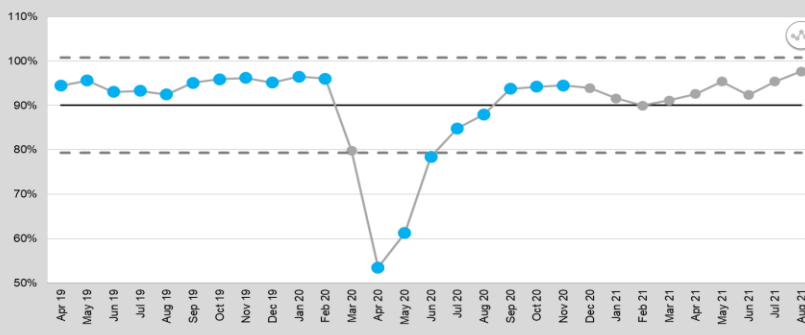
GWH Discharges by Noon (%)



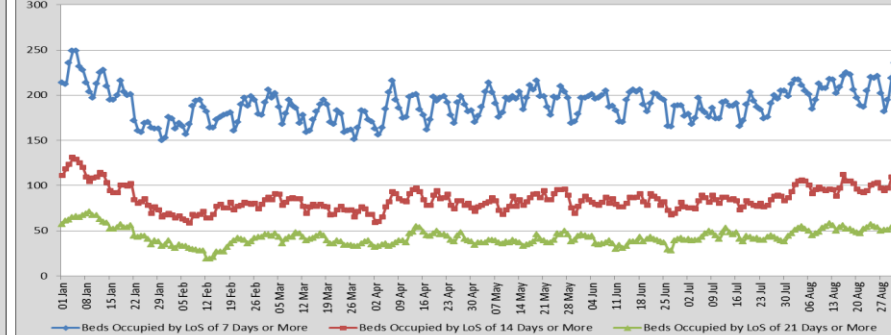
Golden Patients Discharged (Weekly)



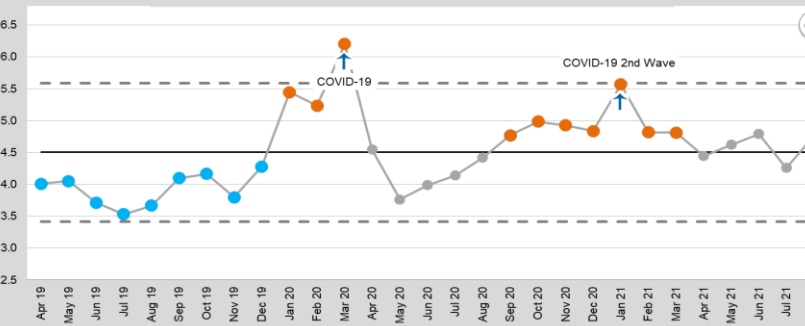
GWH Acute Adult Bed Occupancy (%)



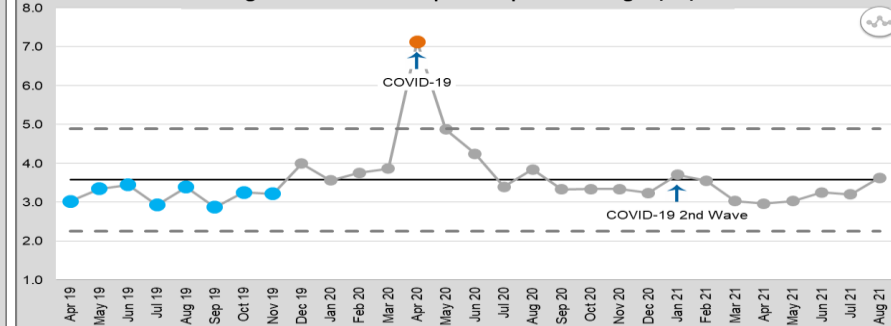
Stranded Patients (daily snapshot)



Average LoS - All Non-Elective Inpatient Spells - starting 01/04/19



Average LoS - All Elective Inpatient Spells - starting 01/04/19



— Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target



Background, what the data is telling us, and underlying issues

The ED 4 Hour Performance chart shows that performance in month continues to remain below the 95% standard, however, there has been an improvement of 9.54% in 4 hour performance to 81.38%. There were 2 x 12 hour reportable decision to admit (DTA) breaches in August.

Attendances have decreased in August (from July) by 968 due to a reduction in Type 3 attendances (647) driven by the closure of the UTC overnight. There was also a decrease in Type 1 attendances (321.). 4 hour breaches within the UTC decreased in August by 445 to 68. Breaches due to 'waits to be seen' in ED have decreased in August to 36% from 66% in July. Non admitted performance accounts for 36% of breaches, a decrease of 19% on last month. Think 111 first booked appointments utilisation sits at 48.8% for August (decrease of 6.6% from July), with 8% patients DNA the appointment slot (reduction of 3% from July) and less than 1% left without being seen (reduction from 7% in the previous month.)

Key Impacts on Performance

Time lost for the ambulance service over 30 minute has improved in month with an increase in performance over 15 and 60 minutes as well. The ability for clinicians to assess patients is compromised due to ED and UTC overcrowding at times (volume of patients attending).

Flow from to ED to base wards is at times compromised and performance here has decreased from 18% in July, to 38% in August. There are a number of patients that are classified as 'late referrals' (31%) that are referred to speciality within 4 hours but the delay to see clinician is over 60 minutes so coded as a 1st assessment breach. This is also a reflection of ambulance handover performance not being within target, resulting in more '1st assessment' delays.

There has been a decrease in performance in July relating to the number of patients waiting over 12 hours in the department, increasing from 4% to 5%. The Clinical Decision Unit also known as Majors Stepdown (CDU) continues to function well and has additional support from community in-reach to facilitate admission avoidance.

At the start of August an additional 'Cohort area' was created to provide additional capacity at the front door to support with offloading ambulances in a timely manner. This area is referred to as the Admission Lounge and is co-located with the Discharge Lounge in the Betjeman centre. Patients are moved there from our CDU to await an inpatient bed, allowing for more patients to be stepped down from main ED to provide capacity for ambulance arrivals.

What will make the Service green?

- Ability to offer SWAST alternatives to front door attendance. Including direct access to all assessment units.
- Improvement in flow into inpatient beds, 24/7, to ensure patients move within an hour of referral.
- Development of the 'Think 111 First' programme to include access to SDEC and the change in culture of the local population's use of Emergency and Urgent care services.
- Review and implementation of interprofessional standards for access to inpatient beds – ED consultants to have 'admission rights' to empty specialty beds in the trust to allow flow straight into empty beds.
- System wide approach to how the public access Urgent and Emergency care
- The 'Way Forward' programme: increasing size and capacity of front door areas.

Improvement actions planned, timescales, and when improvements will be seen

- Commissioned review of the UTC to focus on; staffing profile, attendance profile (whether the current patient attendance is reflective of the current function and ability of the UTC) and opportunities to work with primary care to drive alternative community options. Await formal report from ECIST. **September 2021**
- Business Case (draft) to move SDEC to a seven-day service completed. Case has been reviewed by Divisional Tri and draft will now be discussed with partners at ICA Urgent Care and Flow Delivery Board. **September 2021**
- Focus on reducing 15- and 30-minute ambulance handover delays. Ensure that handover process is embedded so that 'clock stops' at the point ED receive patient. Time in motion study to be completed to ensure process for handover within ED is efficient. **September 2021**
- Identification of a 'holding area' to ensure no ambulances wait more than 15 minutes to handover. Physio Gym co-located with the Discharge Lounge ready to open as an 'Admission Lounge' when ED at capacity to always ensure offload space. **Completed**
- BSW review of minor injury management. Task and finish group to understand system pressures in minor injury management and how increase in presentations can be managed more effectively and reduce overcrowding and surges in attendances. **October 2021**
- Review of UTC workforce and opening hours – UTC will remain closed overnight (22.00 to 07.00) through August. **Completed.**
- Review of medical shift patterns - from August SHO and Registrar rotas changing to bring late and night shifts forward to match demand on the service. ACP recruitment continues to support backfill of the weekend gaps due to DRs contractual changes (interviews in July). Currently high reliance on locum cover which can reduce flow through department due to not being aware of local policies and procedures. Case has been submitted to increase SHO/Registrar support in ED with agreement for 2 week trial, if able to cover with locums.

Risks to delivery and mitigations

There is a risk that ambulance handover delays will continue to be seen due to a high demand and lack of flow out of ED.

Mitigation: Identification of a 'holding area' to ensure no ambulances wait more than 15 minutes to handover. Physio Gym co-located with the Discharge Lounge ready to open as an 'Admission Lounge' when ED at capacity to always ensure offload space.

Urgent review underway of any direct pathways to SDEC or Community services to reduce the pressure at ED.

There is a risk that patient safety and performance will be compromised given the significant increase in ED/UTC attendances.

Mitigation: Work is underway with Primary Care to understand measures they can take to help reduce attendances e.g., minors' task and finish group, (BSW wide).

Commissioned review of the UTC to focus on; staffing profile, attendance profile (whether the current patient attendance is reflective of the current function and ability of the UTC) and opportunities to work with primary care.

Options appraisal to look alternative community options.

Review continues of any direct pathways to SDEC or Community services to reduce the pressure at ED. BSW wide focus.

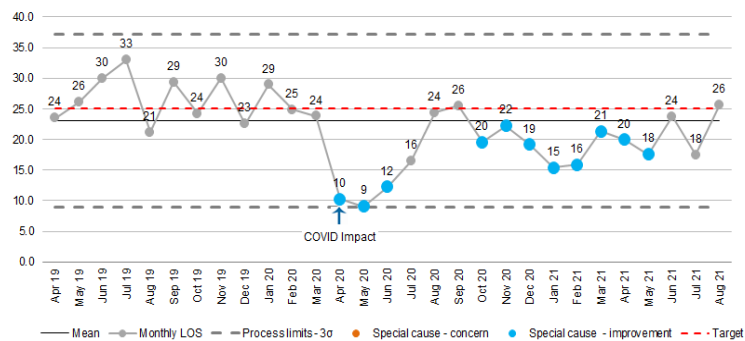
Discussions nationwide to collaborate ideas to manage the demand for urgent care that has a primary care need and pathways for minor injuries.

1. Emergency Access (4hr) - Community (SwICC) Length of Stay

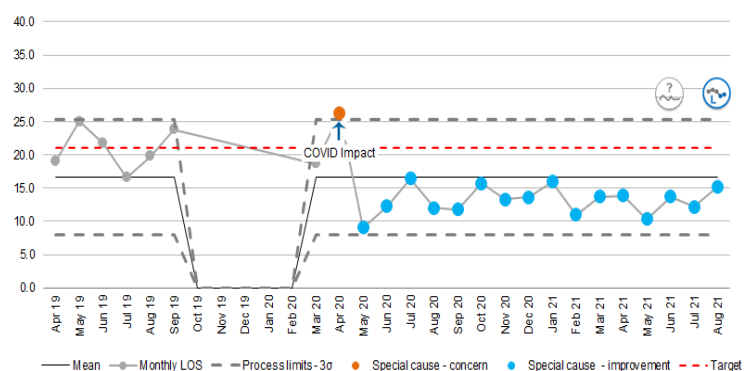
Data Quality Rating:



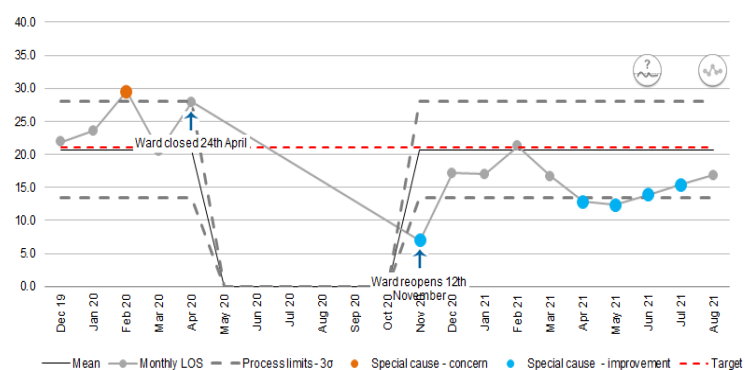
SWICC Forest LOS - Analytics starting 01/04/19



SWICC Orchard LOS - Analytics starting 01/04/19



SWICC Sunflower LOS-Analytics starting 01/12/19



Background, what the data is telling us, and underlying issues

LoS: The length of stay (LoS) within SwICC remained within national targets in all three wards. However Forest LoS has increased from 18 to 26 days. This pattern was repeated in May and June and indicates a longer rehabilitation episode for new patients. The increase in LoS relates to both Swindon and out of area (OoA) residents with challenges and delays in access to packages of care especially in Wiltshire and OoA.

Flow: The increased LoS contributed to a corresponding drop in flow with 138 discharges across all three wards down from 161 in July. Contributing factors include capacity of packages of care, reablement/home first for OoA and the additional pressure of reduced staffing which impacted the whole Trust. 13% of discharges were facilitated over the weekend period which is a decrease of 3% on July. Occupancy levels for August for all wards stood at 98% overall, however there was a period of reduced medical cover on Sunflower which had a small impact on occupancy (96%). The target of 30% of discharges before midday was not achieved with only 22% of patients home for lunch. The reason for this is many discharges are dependent on home care packages and late confirmation of these impacts on discharge times and impacts on transfers from acute wards.

Improvement actions planned, timescales when improvements will be seen

Discharge Management: Daily situation reporting within the Trust has continued with a live feed from Nerve Centre to be trialled during the first two weeks in September. Review planned for week commencing the 13/9/21 to adjust data sets if necessary.

Patients LoS >21 days: Stranded patient review meetings are embedded in practice three times a week and when necessary have increased to daily to respond to pressures across the system. However, the number of stranded patients increased to 44 patients in August due to delays in accessing social care. Community services are working closely with SBC colleagues to release more capacity within the Reablement and domiciliary care services

Risks to delivery and mitigations

Risk: Delayed and failed transfer to SwICC are caused by a range of factors (swab results, transport, late change in medically fit status) which can result in empty beds overnight

Mitigation: More robust management of the process has been implemented with increased communication with the GWH site team. This includes time of planned discharges, confirmation of patient name and ward, confirmation of "bed ready" status and where applicable a waiting list of additional patients suitable to transfer if required. A target of 30% discharges before midday is in place.

Risk: Planned closure of beds from 4th October for 12 weeks to enable bathroom refurbishment

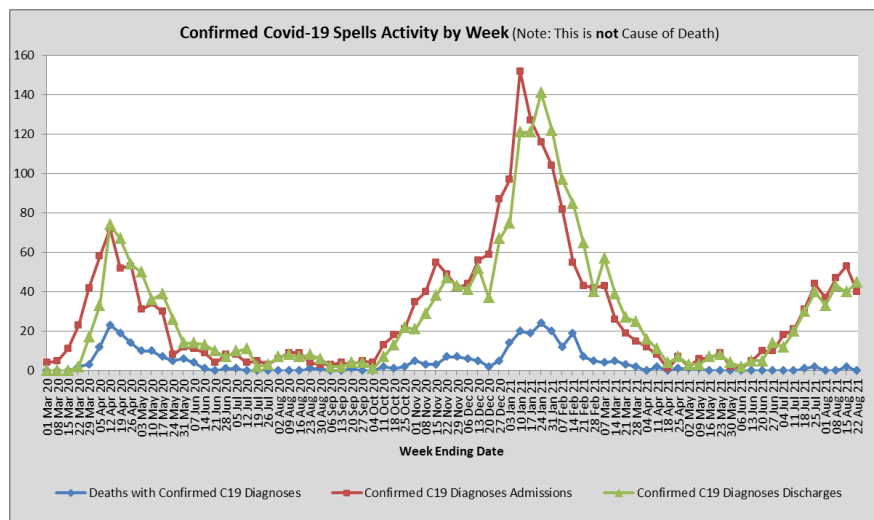
Mitigation: An action plan will be finalised and ratified during September with additional resources and community support to minimise impact on patient flow.

1. Emergency Access (4 Hours) Covid 19 Weekly Admissions

Data Quality Rating:



Are We Effective?



Background, what the data is telling us and underlying issues

The graph above shows that attendances to the Covid Assessment Unit (CAU) increased during August with a corresponding increase in Covid positive patients. As a result, CAU has maintained operation with 11 rooms.

CAU has frequently been at maximum occupancy during August due to competing bed pressures with other Front Door services and overall demand.

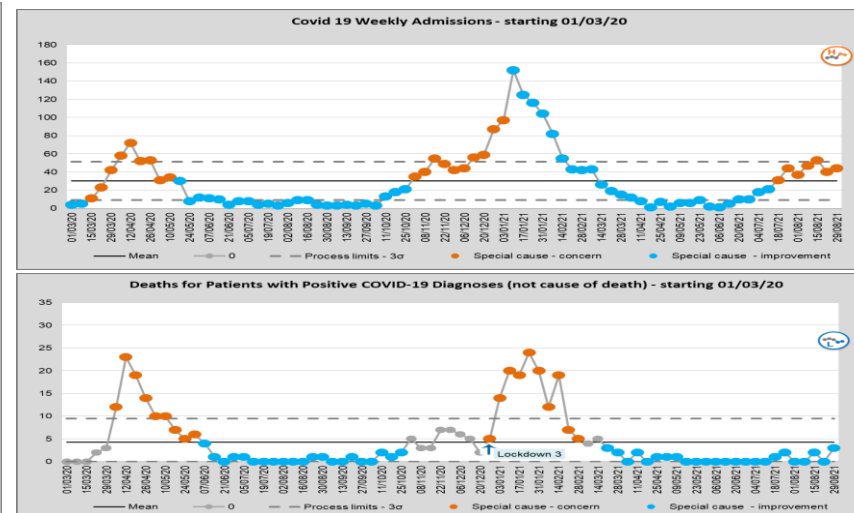
Towards the end of August there has been increasing Covid +ve demand with the need to review Blue bed capacity within the Trust.

During August there were no attendances to CAU from the Swindon Covid Quarantine Hotel.

There have been no Ambulance 1 hour delays at CAU for August.

Improvement actions planned, timescales, and when improvements will be seen

1. Ongoing review of clinical model for CAU to ensure senior decision making to limit admissions. Consultant allocation to CAU daily from 1st September for 6 weeks – **Review 8/10/21**
2. Review of CAU requirement and options for Covid patient management ongoing – **October 21**



Risks to delivery and mitigations

There is a risk of delayed flow and impact to ambulance handovers in CAU due to lack of time target pressure and clinical demands.

Mitigation: Use of POCT/Cepheid swabs and patients with high suspicion of COVID Trolley wait times escalated and CAU given prioritisation of patient movement, if these exceed ED.

There is a risk of increased Covid Blue pathway attendances due to Covid variants, provision of the 'Quarantine Hotel' and relaxation of 'lockdown' measures.

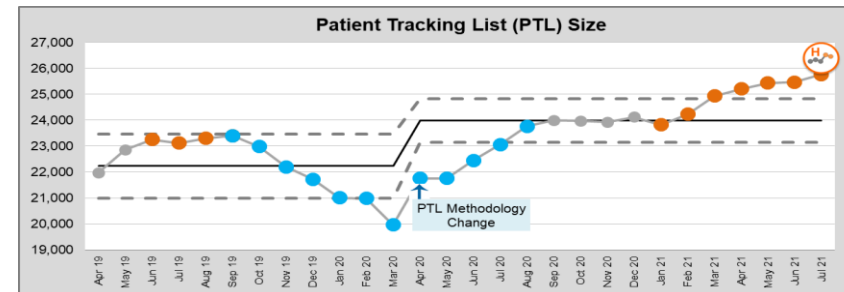
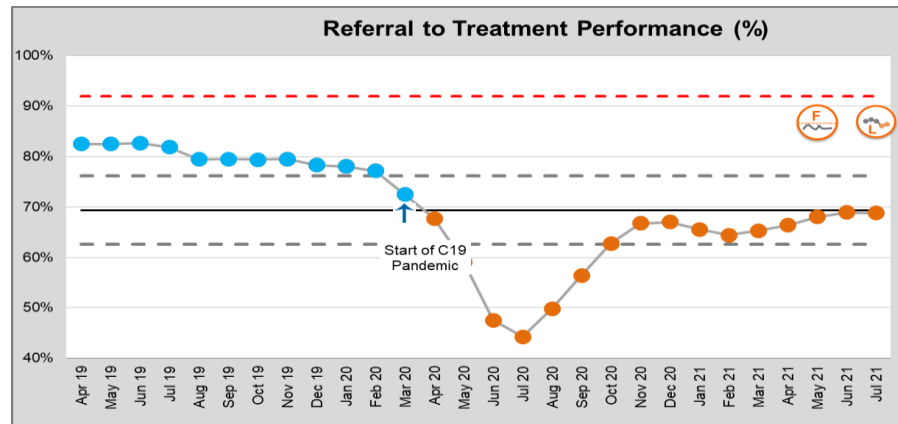
Mitigation: Review attendances and act on trigger levels as per CAU SOP. (+ Review CAU requirement).

2. Referral To Treatment (RTT) (Incomplete Pathways) Target 92%

Data Quality Rating:



National Key Performance Indicators



RTT Performance

PTL Volume

Reportable 52 Week Breaches

In Month 52 Week Breaches

	July	August
RTT Performance	68.81%	68.02%
PTL Volume	25,755	26,529
Reportable 52 Week Breaches	824	747
In Month 52 Week Breaches	324	200

Background, what the data is telling us, and underlying issues

The Trust's RTT Incomplete Performance has been updated to include the most recent complete calendar month. The Trust's RTT Incomplete Performance for August 2021 reduced slightly to 68.02%.

The Trust reported a waiting list increase of 774 in month, resulting in a waiting list size of 26,529 against a BSW Trajectory of 27,047 (518 fewer patients than forecast).

The Trust received 9,423 referrals in August 2021, which is an increase of 312 in month and 97.5% of the Pre-Covid 19 average referral rate.

In August 2021 there were 747 x 52-week reportable breaches. This is a decrease of 77 in month. Of the 747 breaches, 22 (2.9%) of them are P5 and have opted to defer treatment until post-Covid. This reduction continues to be driven by a reduced volume of patients who were due to breach 52 weeks in August, as a direct result of reduced referral levels in 2020. Of the 747 reportable breaches in August; 665 were Admitted, 71 were Non-Admitted and 11 were Diagnostic.

There were 200 in month 52-week breaches cleared in August 2021 which is a reduction over the rolling 3-month average of 310 per month. This reduction was driven by reduced activity levels in August due to; Anaesthetic rota gaps and Covid Impact.

Improvement actions planned, timescales, and when improvements will be seen

- Insourcing mobilisation meeting between 18 Weeks Support and Urology, Gynae, Gen Surg & T&O operational leads planned for Friday 10th September. GWH Contracts and Finance are working with Senior Ops team around contract queries. Mobilisation still expected early H2.
- Elective Recovery Fund clinics have been planned for Ophthalmology & Gynae for September 2021. Urology, T&O and Gynae are planning Saturday Theatre sessions.
- The Trust continues to utilise 3 Independent Sector organisations; Horton Treatment Centre, Circle Reading and BMI Bath Clinic. As at 8th September we have transferred 255 patients care to the IS, and have 123 in our triage pipeline.
- In addition to the 3 IS providers we are already working with, we have started working with Sulis Bath, who are currently triaging Urology patients, and transfers have commenced in September. In addition, ENT and Orthopaedics are in the process of identifying appropriate patients.
- Kingsgate review of Anaesthetic staffing being jointly presented to the Anaesthetists by Kingsgate, AMD, DAMD and Clinical Lead, Thursday 9th September. The intended outcome of this meeting is to agree a way forwards encompassing the recommendations of the report.

Risks to delivery and mitigations

There is a risk that we lose core Elective Theatre capacity, due to supporting the Anaesthetic 3rd On Call Rota gaps. Recruitment has been delayed due to candidates withdrawing.

Mitigation: Recruitment completed, with successful candidates in post from October. Implementing the recommendations within the Kingsgate report will also help to mitigate this risk.

There is a risk that despite identifying surgical provision for Admitted and Non-Admitted Elective Recovery weekend work, we may struggle to find Support staffing who are able/willing to work.

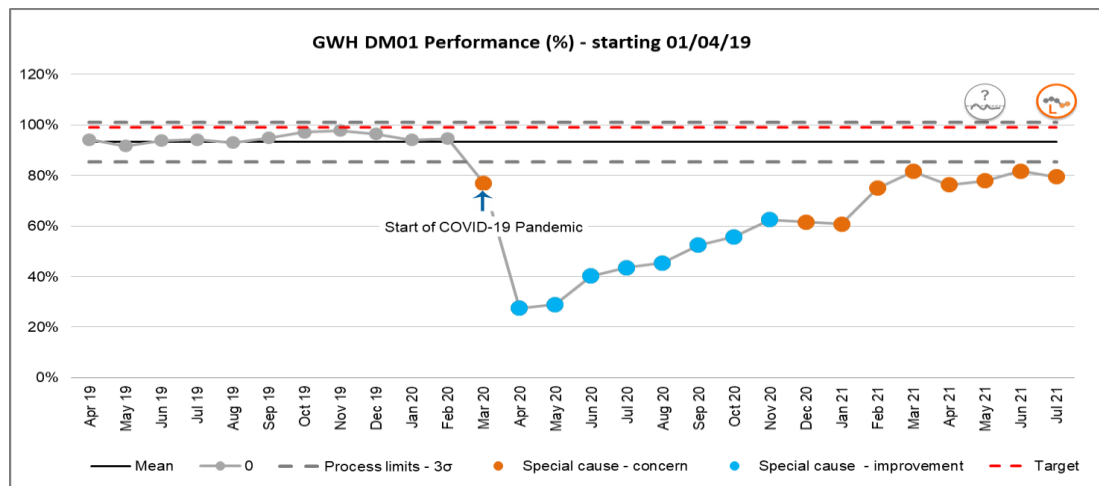
Mitigation: Plan the weekend lists at least 4-6 weeks in advance, and look to utilise Bank and Agency where possible, and safe to do so.

There is a risk that current bed pressures and outliers in the surgical bed base result in on the day cancellations for elective inpatient procedures.

Mitigation: Elective plan reviewed the day before and any risks highlighted to senior management team by Silver and/or Matron of the Day.

3. Diagnostic Wait Times (DM01) (Target 99%)

Data Quality Rating:



DM01 Month End Jul 2021

Waiting	< 6 Weeks	> 6 Weeks	Total WL	Performance %
Magnetic Resonance Imaging	783	398	1181	66.30%
Computed Tomography	744	363	1107	67.21%
Non-obstetric ultrasound	1957	27	1984	98.64%
DEXA Scan	228	86	314	72.61%
Audiology - Audiology Assessments	500	63	563	88.81%
Cardiology - echocardiography	423	79	502	84.26%
Neurophysiology - peripheral neurophysiology	82	6	88	93.18%
Respiratory physiology - sleep studies	60	1	61	98.36%
Urodynamics - pressures & flows	1	2	3	33.33%
Colonoscopy	261	239	500	52.20%
Flexi sigmoidoscopy	126	67	193	65.28%
Cystoscopy	37	11	48	77.08%
Gastroscopy	204	54	258	79.07%
Total	5406	1396	6802	79.5%

July 2021

Performance Latest 79.5%

Waiting List Volume: 6802

6 Week Breaches: 1396

Background

Performance was 79.5% in July a slight decrease from 81.7% in June. Overall, the total waitlist size has increased from 6670 in June to 6802 in July (+132), driven by Audiology, Cardiology and MRI. Breaches have increased from 1219 in June to 1396 in July (+177) primarily driven by MRI and CT. Due to reduced CT van capacity during the month, Radiographer vacancies leading to reduced capacity and the overdue patients on the Cardiology surveillance list, we are predicting an increasing waiting list and breaches which will impact subsequent Trust DM01 performance to <70%.

Improvement Actions

To support the recovery trajectory, the following key actions are in place. (Please see next slide for more detailed actions)

- CT:** NHSE have provided 5 van days per week in August for CT2 replacement.
- MRI:** Additional MRI van capacity sought through extension of Inhealth contract and within forecasted budget. 8 days confirmed for September with additional 4 days during August.
- Echo:** Planned expansion of Wiltshire Cardiac Unit (WCC) into Oral Health to accommodate Echo now authorised, which will provide additional capacity when the work is complete in the Autumn. Review of surveillance lists continues. WLIs continued during August for Follow up breach patients.
- Endoscopy:** Weekends lists are being booked to 12 points (both OGD and Colonoscopy) where case mix allows so that social distancing can be maintained. Fifth room build expected to be completed by the end of August although all five washers need to be in place to run five rooms which is not expected until the end of the calendar year.

Risks There is a risk that DM01 Surveillance clock start categorisations will lead to a substantial increase in breaches for Echo which will substantially reduce Trust performance once full validation is completed.

(Risk1855= 15) Failure to deliver DM01 for Imaging). There is a risk that insufficient capacity to recover the backlogs (including surveillance patients) remains the greatest risk to recovery along CT van availability has been relocated regionally by NHSE. Radiology vacancies will substantially impact recovery and performance. Mitigations remain in place above to support risk, detailed on next slide.

3. Diagnostic Wait Times (DM01) (Target 99%)

Data Quality Rating:



National Key Performance Indicators

Background, actions being taken and issues

Endoscopy: Combined, achieved 62% performance in July which is an increase of 13.51% from June and 6.5% below trajectory (68.5%). The total number of patients over 6 weeks decreased by 152. By the end of July the trajectory showed a wait list of 250 over 6 weeks and the service closed the month on 360 (110 behind.) Endoscopy now have less patients over 6 weeks then under for both Flexi Sigs and OGDs. Lists continue to be booked to 12 points at weekends. DNA's continue to be a concern with 10% of Covid swabs being DNA'd on average a month. DNAs combined with cancellations have seen an average of 15% of slots not being utilised in 3 of the last 5 months. GWH is a confirmed pilot site for Capsule Endoscopy and two Consultants are currently undertaking training. Aim of pilot is to see a reduction in Endoscopy procedures required on the 2ww pathway and the first clinics will hopefully be established in September. The build of the fifth room continues to be on track to see completion at the end of August. HSDU are also completing a replacement of the four washers within Endoscopy as well as installation of the fifth. Timeline for this to be completed is end of the year. Once this work is finished then all five rooms can become operational.

Radiology: Performance has dropped in July to 80.94% due to staffing vacancies and the inability to recruit. (12 WTE). The total number of patients waiting over 6 weeks in July rose to 874 an increase of 259 from June. In Q1 NHSE reallocated CT van capacity across the South West, which has impeded the CT recovery trajectory from June onwards due to the loss of between 230 and 360 slots per month. Further staffing vacancies will impede MRI and DEXA provision as capacity is used to support inpatient flow and cancer and urgent CT provision. Performance will continue to decline in Radiology which will affect the overall Trust DM01 from August Onwards to <70%.

Echo: Performance held its position at 84.26 % in July. There was an increase in the overall wait list from 372 in Jun to 502 in July. Although Aerosol generating procedures Trans Oesophageal Echo (TOE) and Stress Echo (DSE/ESE) comprise the majority of the DM01 breach list of 79 referrals, it now includes TTE (Routine Echo) due to capacity issues. Echo wait list activity decreased slightly from 471 in Jun to 442 in July. Clock start categorisations as per national Guidance will reduce Echo performance from August onwards as the team has completed an initial validation of the active and surveillance waiting lists and identified 554 FU Echo breaches that will need to be added to DM01. This number will reduce due to the authorisation of WLI in Jul and Aug.

What will make the Service Green?

Maintaining Endoscopy activity: by ensuring enough capacity is available. This will be achieved by the end of the year, in line with Option 3 of the approved business case with all five rooms operational. Radiology: Recruitment to further Radiologist (1WTE) commences in September.

Improvement actions planned, timescales and when improvements will be seen.

Endoscopy:

1. Capital funding (300k) received for the build of a fifth procedure room. **September 2021.**
2. Review of whether the service can provide evening weekday sessions with current staff and the cost associated for review. **September 2021.**
3. Project underway with TVCA in relation to Capsule Endoscopy. If successful, would see a reduction in the number of Colonoscopies required. Further discussions re: pilot happening in May with initial training in June. **September 2021**

Radiology:

1. **CT:** Adhoc CT van capacity sought from NHSE (6 in May, 4 in June, and 4 in July). NHSE confirmed 19 days in August due to CT replacement and 19 days in September. 14 days in October, 20 days in Dec, A further 22 days in Jan 22, 20 in Feb and 23 days in March are scheduled. A range of actions are being implemented to mitigate the loss of van days (see risk column). Ad hoc CT cardiac slots have been increased on CT1 (oldest date for cardiac is 29th of December 20). Additional hours have been offered to run extra CT lists. Incentive payments, recruitment and further van days have been booked to the end of the year. **Sept 2021**
2. **MRI:** further van days (4 days in August and 6 days in September) have been secured. Due to loss of MRI capacity extension of the van contract with Inhealth has been undertaken. A further 12 days in November, 8 days each month for Dec- April 22 have already been secured.
3. **Echo:** An Echo flexi list has been introduced to take advantage of ECG/Treadmill Room when not in use. Where Echo takes place in 2 bays in the same room, patients have been staggered to support social distancing measures without reducing output. Phase 1 Redesign Work to divide the TOE room into 2 separate Echo Rooms was completed 27 June. The conversion of the WCC Admin Room into 2 clinical rooms has been approved and funded and once completed will allow the delivery of up to 80 additional Echos per week. **39**

Risks to delivery and mitigations

Endoscopy: There is a risk that if the number of referrals being received continue to be higher than Pre Covid levels, the recovery trajectory will not be met (especially if the increase is seen in 2WWs.) **Mitigation:** Fifth room will provide more capacity M-F and 12-point lists providing more capacity with no additional expenditure.

There is a risk that as lockdown is lifted, patients will become more reluctant to agree to self isolate for 3 days between swab and Endoscopy procedure. **Mitigation:** Raised concern with Endoscopy Adopt and Adapt network who are looking at comms to Patients and Primary Care. Also requesting to treat a swab DNA in line with Access Policy.

There is a risk that with the reduction of CT capacity due to the loss of the mobile, the volume of referrals to Endoscopy will increase. **Mitigation:** weekly report highlighting number of referrals received into Endoscopy in place. Monitored through weekly access and Cancer Oversight.

Radiology: (Risk1855). There is a risk to patient outcomes and inability to deliver cancer waiting times and DM01. Mitigations include:

- Approach IS to discuss/ reduce private patients.- Completed
- Additional Cardiac and CT sessions offered to staff, with incentive payments proposed
- NHSE provided CT van cover during CT replacement 19 van days a week during August, 19 in September.
- Additional US machine delivered. U/S room completed and in use in June 2021.
- Additional sonographer recruited (1 WTE), with 0.6 WTE due to commence in September.
- Additional MRI van slots booked with TVCA funding and further match funding sought.
- Extension of In health contract for CT and MRI van days completed
- **Echo:** There is a risk that the inclusion on DM01 returns of FU patients that have not been seen within 6 weeks of their proposed review date will significantly reduce the reportable DM01 Echo performance for GWH.

Cancer 2 Week Wait Performance Target 93%

Data Quality Rating:



Performance Latest Month: July

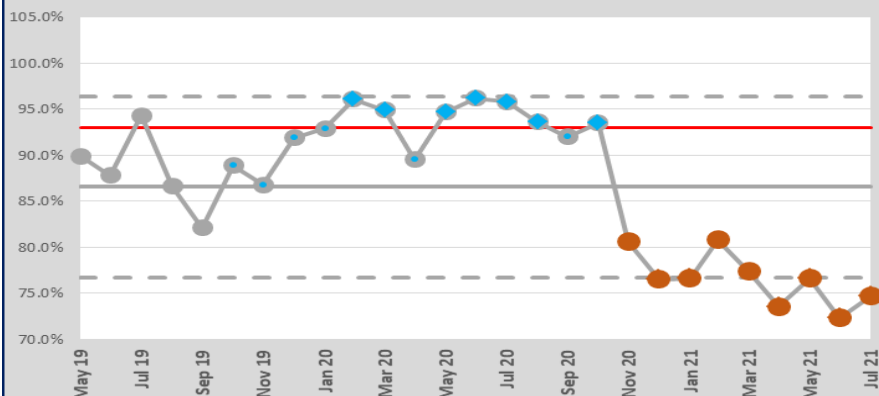
Two Week Wait Standard:

74.7%

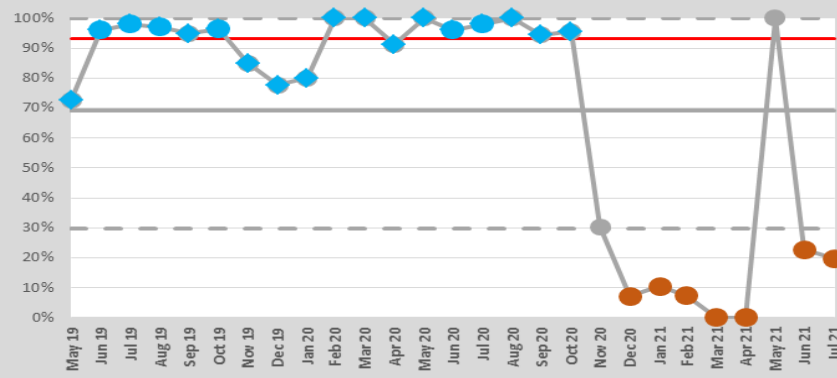
Symptomatic Breast Standard:

19.8%

GWH Cancer 2 Week Wait (%) - May-19 to Jul-21



GWH Breast Symptomatic Cancer 2 Week Wait (%) - May-19 to Jul-21



Background, what the data is telling us, and underlying issues

Since November 20 2ww performance has not been achieved mainly due to Breast & Skin (since June 21).

Referrals into the breast service increased following breast cancer awareness month (October 2020) as anticipated. From this point the breast service have been unable to maintain 2ww performance due to;

- Capacity and physical distancing requirements in the breast unit as a result of COVID restrictions.
- Staffing issues
- The same team also support the breast screening recovery work.

YTD, compared to 2019, we have seen an **18%** increase in the number of Skin referrals. The expected seasonal increase occurred a number of months before anticipated which put pressure on the service.

1322 patients were seen under 2 week referral of which 334 pathways breached the standard, the majority of breaches were seen in;

Breast (26.6% - 204 breaches)

- 199 issues due to outpatient capacity

Skin (78.2% - 68 breaches)

- 49 due to capacity issues due to staffing
- 17 patient choice due to holidays and other commitments

Colorectal (89.2% - 25 breaches)

- 14 patient choice due to holidays & other commitments
- 6 issues with outpatient capacity
- 5 radiology capacity also affecting performance.

Improvement actions planned, timescales, and when improvements will be seen

Breast

- 2ww recovery plan is now in place with WLIs and weekend clinics through August (3). The forecast and trajectories show that the additional WLI clinics are required to recover and maintain 2ww performance.
- Recovery is now expected to occur in October due to consultant absence.
- A locum commenced at the end of August to assist with capacity.
- As at 6 September patients are now being offered first appointments at day 11.

Skin

- Routine clinic appointments converted to 2ww clinics from 27 July.
- Additionally, a locum joins the team in August to provide additional capacity.
- Teledermatology continues to help reduce the number of patients seen on a 2ww pathway with 386 of the 708 patients reviewed being redirected onto a more suitable pathway.
- 13 WLI's were run through August in Dermatology to help manage the seasonal increase in referrals. WLI's are being added to help with September demand too.

Colorectal

- Pathway navigator to speak with patients to encourage attendance and work with GP PCNs.
- Review of full pathway is needed

Risks to delivery and mitigations

Breast

- Unable to deliver WLI activity in Breast service will impact recovery trajectory:
 - Close monitoring of activity and of staff well being.
- National coverage of recent celebrity breast cancer
 - Expected increase in October due to Breast awareness campaign brought forward

Skin

- Continued large number of referrals throughout the year
 - Cancellation of routine clinics to provide additional capacity.

Radiology

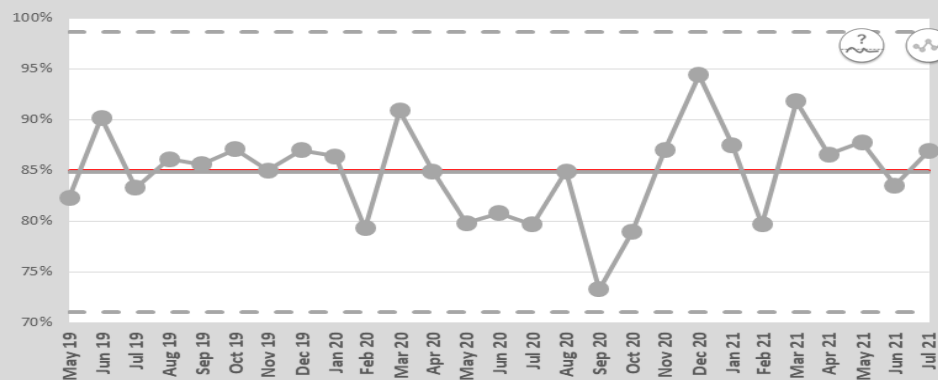
- CT replacement works through summer
 - Additional CT van days are being arranged until March 2022.
- Staff pressures due to vacancies, annual leave and fatigue.
 - CT van from Inhealth till March 22 approved.
 - Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 23 days.

Cancer 62 Day Standards Performance Target 85%

Data Quality Rating:



GWH Cancer 62 Day Performance (%) - May-19 to Jul-21



Performance Latest Month: **July**

62 Day Standard (Target 85%): **86.9%**

62 Day Screening (Target 90%): **95.3%**

62 Day Upgrade (local standard 85%): **100.0%**

Background

July 62 day performance will be 86.9% (84.0 treatments, 15 patients, 11.0 breaches) with the Trust achieving the national 62 day standard.

The performance for July had been predicted to be more challenged, of the 21 predicted breaches for diagnosed patients:

- 8 pathways breached as forecast (**6.0**)
- 4 pathways did not breach as forecast, one due to being treated in June, 1 because the patient died before their planned treatment. 1 being treated within time and a Sarcoma patient being diagnosed with no cancer following repeat tests at Oxford.
- 9 pathways required additional diagnostics and rolled to August.

11 pathways had been tracked as suspicious for cancer with potential treatments in July if diagnosed:

- 5 patients did not have a cancer diagnosis,
- 1 patient was found to have a non reportable cancer (BCC)
- 1 was found to have cancer and was treated in July, (**1.0**)
- 4 patients have yet to be diagnosed and rolled as suspicious pathways into August.

There were 6 unpredicted breaches in July,

- 1 pathway was delayed at Oxford for treatment (colorectal), (**0.0**)
- 1 patient's treatment at Oxford was delayed by capacity issues, (**0.5**)
- 2 skin pathways were delayed by referral to Plastics after first appointments in Dermatology (**2.0**)
- 2 Urology patient pathways were impacted by delays to biopsies (**1.5**)

Urology: (5 patients, 4.5 breaches)

- 3 complex pathways (3.0)
- 2 admin delays to requesting diagnostics (1.5)

Skin: (4 patients, 3.5 breaches)

- 3 delayed referrals to plastics (2.5)
- 1 delay to booking biopsy (1.0)

Colorectal (2 patients, 0.5 breaches)

- 1 delay to treatment (0.0)
- 1 delay to outpatient capacity (0.5)

Gynae (1 patient, 1.0 breach)

- 1 Patient choice

Head & Neck (1 patient, 0.5 breach)

- 1 Complex pathway

Sarcoma (1 patient, 0.0 breach)

- 1 Capacity at OUH

Upper GI (1 patient, 1.0 breach)

- 1 Complex pathway

Improvement actions planned, timescales, and when improvements will be seen

Weekly PTL review meetings continue to be held to help advance pathways and identify outstanding actions.

Thames Valley Cancer Alliance (TVCA) transformation work continues with the following projects;

- Rapid Diagnostic Service (RDS) pathways.
- Colon Capsule Endoscopy
- Funding for CT Van days
- Funding for U/S sonographer

TVCA continue to monitor priority 2 (P2) patients to ensure patients are offered treatment in a timely manner across alliance. Intensive care capacity is improving in Oxford to support complex surgeries particularly for Head and Neck and Upper gastro-intestinal patients.

Current breaches are as a result of diagnostic, pre-assessment, theatre and clinic capacity delays as services recover activity in accordance with social distancing guidelines. This will be monitored at cancer delivery steering group meetings.

Follow up capacity in Colorectal has been challenged. The service has been reviewing the job plans of the registrars to review more of the routine patients, freeing up clinic slots for the consultants to see their 2ww cancer patients.

Template biopsy kit is now with procurement and delivery is expected time within the next 8 weeks.

Risk to Performance Delivery

August performance, based on an average number of treatments, is expected to achieve the standard. There are also three suspicious pathways being tracked and if these were to result in a cancer diagnosis performance would likely be 85.5%. August breaches were delayed for medical reasons (gynae & skin), change in treatment plans (lung). One gynae pathway was delayed by consultant sickness on day of procedure resulting in postponement. A breast pathway was impacted by capacity issues with the first appointment. Other pathways have seen delays due to the need for additional diagnostics.

Risk: CT van sessions are in place to help support radiology during the replacement of the CT scanner this summer. This is impacting on the service being able to offer earlier scans to help bring pathway forward. Radiology are actively managing and prioritising cancer referrals. PET CT van would assist capacity. At the same time reduced staffing in radiology due to vacancy and absence is placing increasing strain on capacity. Additional funding for Inhealth CT van in place until March 2022. Current waiting time for a CT is 23 days.

Mitigation: Weekly meetings are held to escalate PTL concerns and booking times data is shared weekly.

Risk: Outpatient capacity issues in both the upper and lower GI pathways continue to delay follow up activity. Registrar activity in lower GI is being used to free up clinic time for consultants to see their cancer patients.

Risk: Capacity in outpatients to stage WLI activity is restricted by staff issues and space issues

Mitigation: Twice weekly PTL meetings continue to be held and cancer delivery meetings to progress pathways and improvement work.

Risk: Oncology capacity remains challenged due to significant workforce gaps.

Mitigation: Workforce modelling is underway with discussions with Oxford University Hospitals (OUH). OUH have identified a clinical oncologists in Breast & Urology who is able to start in December 2021.

Risk: Capacity in Theatres due to annual leave and the repurposing of HDU beds as a result of site pressures has led to a number of procedures being postponed, resulting in breaches.

Mitigation: Cancellations are reviewed by senior Divisional management before being cancelled

Cancer 28 Day Diagnosis Target 75%

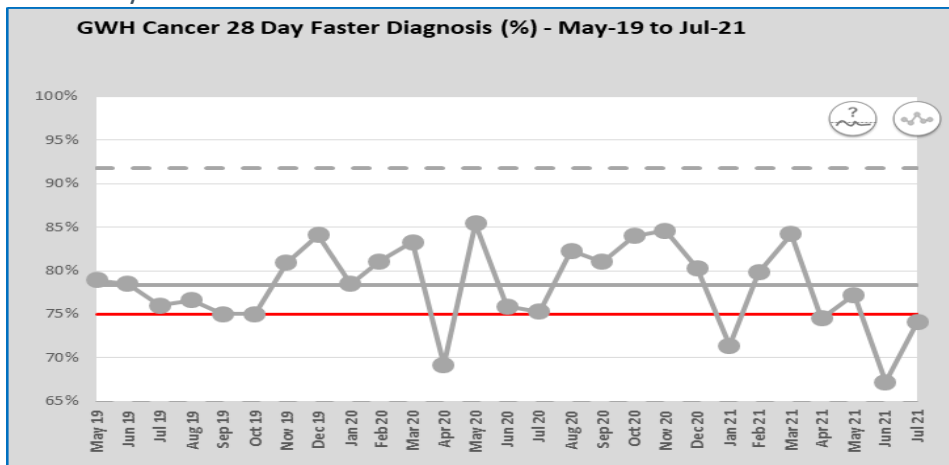
Data Quality Rating:



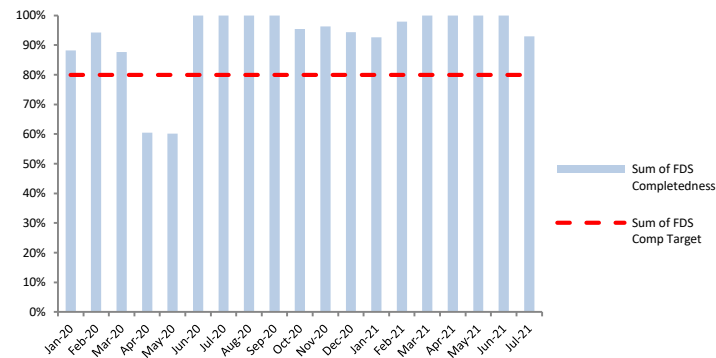
Performance Latest Month: July

28 Day FDS

74.1%



FDS Completeness



Are We Effective?

Background

The delays to diagnostic testing and outpatient activity through the COVID pandemic has led to delays with communicating cancer diagnosis with patients. The standard will be informally reported in the Public View domain from June 2021, with formal reporting from October.

The standard was not met in July with a performance of **74.1%** (351 breaches)

Colorectal (60.5% - 103 breaches)

- 56 clinical admin to review diagnostic tests and any subsequent to follow up tests.
- 28 complex pathways where multiple diagnostics were required

Urology (48.3% - 46 breaches)

- 17 complex pathways with multiple and/or repeat tests
- 14 insufficient capacity for follow up in clinic to discuss diagnosis
- 9 clinical admin delays which included delays to dictating letters and delays to arranging follow ups.

Upper GI (65.6% - 43 breaches)

- 16 clinical admin delays, mainly because of delays to consultant review of diagnostics for next steps due to capacity
- 13 were due to complex pathways
- 9 were as a result of a lack of capacity to book appointments and/or diagnostic tests

Gynaecology (70.3% - 33 breaches)

- 21 complex pathways where multiple diagnostic were needed before a diagnosis could be given.
- 14 were due to delays with the dictating of letters following appointment/review

Both **Breast** (85.9% - 58 breaches) & **Skin** (79.7% - 48 breaches) achieved the standard but saw a large number of breaches due to clinical capacity (46 & 36 respectively).

August performance is expected to meet the standard.

Improvement actions planned, timescales, and when improvements will be seen

Patients will remain on the Cancer PTL until they have had their diagnosis communicated.

From mid September weekly breach data to be sent to HoS for review and comment. Meetings are to be held to discuss pathway delays that lead to late communications

28d FDS PTL being developed to highlight pathways to heads of service, it is anticipated that this will go live at the end of September.

Full review of Colorectal pathway required. Audit of Colorectal STT endoscopy where cancer has been excluded and no cancer found to determine whether new process for keeping patients on pathway until pathology is returned/further tests completed requires review.

Two clinicians in Upper GI have now returned to work following an extended stay in India due to COVID and the necessary isolation on their return to the UK. Additional clinics are being run to assist with demand which will help cancer pathways.

Bi monthly TVCA audit of 28day FDS records commenced in July to ensure there is consistent reporting across the Alliance. Monthly 28 Day FDS data is also shared with TVCA.

Risk to Performance Delivery

Skin

- Typing times for services delays pathway progression for patients on a cancer PTL
- Assistance from other service secretarial teams is being utilised to help manage numbers

OUH pathology

- Delays will impact gynaecology pathways predominantly:
- Escalation with OUH and monitoring of KPI's with clinical lead where deviations noted.

Colorectal

- Lack of consultant capacity, will impact on the delivery of diagnosis.
- Colorectal service has recruited two registrars to support clinics releasing consultant capacity to see cancer patients.

Radiology

- CT replacement works through summer
- Additional CT van days are being arranged until March 2022.
- Staff pressures due to vacancies, annual leave and fatigue.
- CT van from Inhealth till March 22 approved.
- Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 23 days.

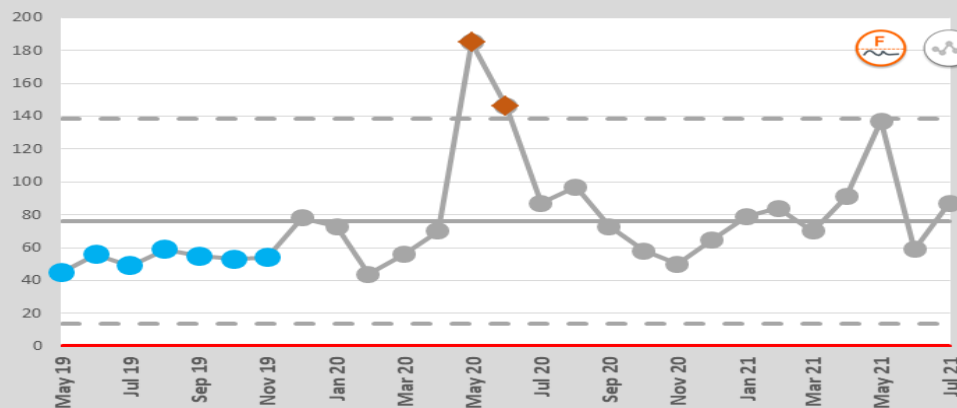
Cancer 62 day + longer waiters including > 104 day

Data Quality Rating:

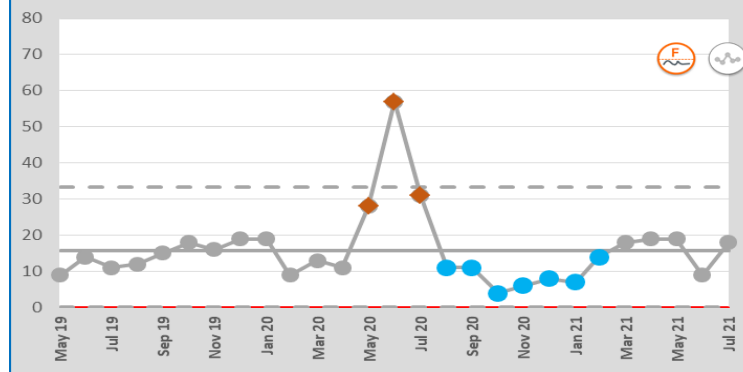


National Key Performance Indicators

Patients Beyond Day 62 on PTL - May-19 to Jul-21



Patients Beyond Day 104 on PTL - May 19 - Jul 21



Background, what the data is telling us, and underlying issues

104 Day Breaches: **July:** 6 Patients; 4.5 breaches (IPT)

Treated at tertiary

Head & Neck: 1 patient-0.5 breach: pathway impacted by need for additional biopsy before transfer to OUH for treatment. There were also surgical capacity issues at OUH .
Skin: 2 patient-1.5 breach: Both cases were impacted by capacity within the plastics service at both GWH and OUH. Both also contained a delay to the referral from Dermatology to the Plastics service.

Urology: 2 patient-1.5: complex high grade patient prostatic cancer patient was offered all options, resulting in late transfer of care and treatment within 24 days at tertiary centre. A second patient was transferred late due to delays to biopsy

Gynaecology: 1 patient- 1.0 breach: patient was ITR'd to Imperial within 38 days, however after discussions further tests were requested rather than treatment being planned at the patient's request..

August is likely to see 3 patients breach 104 days on their pathway resulting in 2.0 breaches.

The number of patient pathways over 104 days has increased through July (18) These delays are due to the plastic capacity at OUH (7) and complex colorectal pathways (5).

This is also true for the number of 62day+ pathways (87). Skin (39), Colorectal (17), Urology (9), Breast (9) Upper GI (7). There are a number reasons, including complex pathways, clinical administrative delays and annual leave in the MDTc team impacted on the removal of non cancer cases.

Improvement actions planned, timescales, and when improvements will be seen

The "Managing Long waiting cancer patients (62 day+)" Standard Operating Procedure (SOP) proactively monitors all patients over 62 days on the Patient Tracking List (PTL) and is business as usual for teams and has resulted in the number of patients over 104 days reduce to pre-Covid levels.

This report continues to be shared with the Medical Director for executive clinical oversight monthly.

62 day breach reports and long waiting patients are now reviewed by MDT coordinators with the CNS team ahead of being shared with the service leads. These are being produced shortly after treatment has been completed.

62day+ report supplied to TVCA on a monthly basis to help inform Alliance on cross trust issues

Risks to delivery and mitigations

Risk: Patient pathway delays are seen when diagnostic, outpatient and theatre capacity is challenged and also in the treatment preparation (COVID management pre-assessment & theatre capacity).

Mitigation: Working with elective booking teams highlighting delays in PTL meetings.

Risk: Tertiary centre theatre capacity challenged during Covid particularly for patients requiring High Dependency Unit (HDU) recovery.

Mitigation: The monitoring of long waiting patients and HDU capacity steadily improving. Weekly update meeting held with OUH Cancer Pathway Manager to discuss and highlight issues with pathways transferred for care.

Risk: Patient reluctance to attend pre-vaccination.

Mitigation: Patient navigators and clinical nurse specialists supporting patients to attend appointments and diagnostics. Trust communications on social media to support attending is regularly provided.

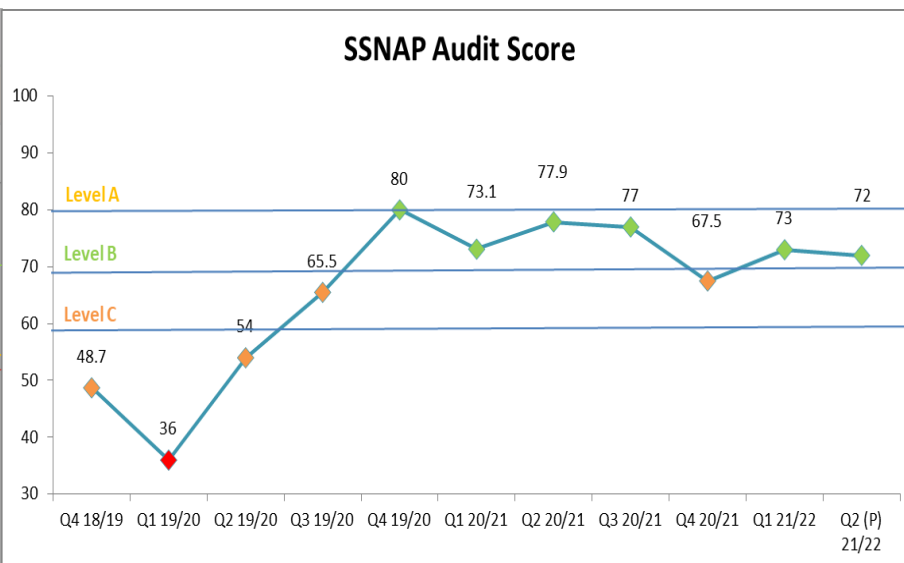
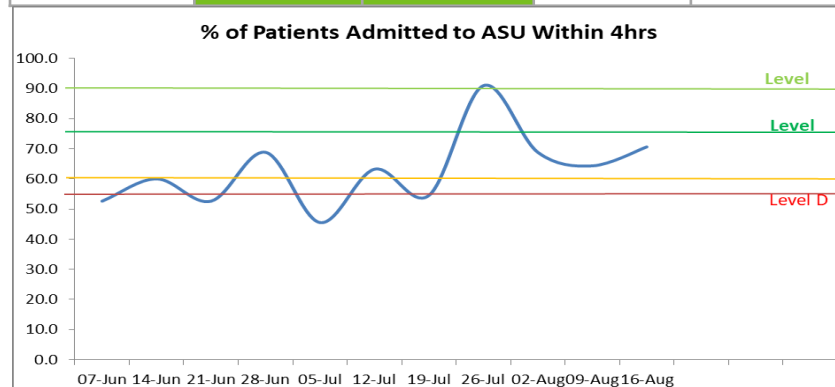
Risk: Delays to pathway communication from tertiary centres resulting in patients being on PTL longer than necessary.

Mitigation: weekly PTL updates from OUH, heads of service regular contact with counterparts where necessary. Weekly meeting with OUH Cancer Pathway Manager now in place to highlight pathway issues.

Mitigation: Pathology delays are being escalated with OUH via the GWH Lab Manager where they are identified during weekly PTL review meeting.

GWH Sentinel Stroke National Audit Programme (SSNAP) Audit Score:

Year	Q1	Q2	Q3	Q4
2020 - 21	B	B	B	C
2021 - 22	B	B (p)		



Background, what the data is telling us, and underlying issue

Q1 21/22 results have been received and confirm a return to Level B performance (73.)

All SSNAP domains have either maintained previous performance levels or improved. The only exception to this was Speech & Language performance which dropped from a B to a C. This is due to less Stroke patients requiring SALT input in Q1.

Current prediction for Q2 (July to September) is a Level B (score of 72.) As the latest prediction report was dated 27th Aug, there will still be some additional records for August and of course September to include. As the PT/OT teams are now fully resourced, we would expect to see the SSNAP score in this domain improve in Sept 21 and positively contributing to the overall SSNAP score for Q2.

Improvement actions planned, timescales, and when improvements will be seen

1. PT/OT Team new starters in post. **Completed**
2. Final revisions are being made to a business case to support increased OOH stroke cover. **Sep 21**
3. ED Nurses to shadow Stroke Specialist Nurses to improve knowledge and confidence with Thrombolysis. **Sep 21**
4. Review and update SWICC Therapy Summary Sheet to streamline data collection allowing for simpler and more efficient recording of SSNAP information. **Oct 21.**
5. Stroke data administrator to carry out data entry for SWICC, improving efficiency and accuracy. **Oct 21**
6. Return of substantive Stroke Consultant from maternity leave. (Dr Bajoriene). **Mid Sep 21**

Risks to delivery and mitigations

Risk No 2756 (score 12): There is a risk that delays to stroke patients being admitted OOH to the ASU outside of the 4-hour timeframe will face reduced quality of care through delayed access to specialist stroke treatments.

Mitigation : Weekly monitoring of admissions to ASU by the Stroke Matron. IR1s are completed for breaches of SOP and learning used to drive improvement performance.

Board Committee Assurance Report

Quality & Governance Committee				
Accountable Non-Executive Director		Presented by		Meeting Date
Dr Nicholas Bishop		Dr Nicholas Bishop		23 September 2021
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?			Y/N	BAF Numbers

The key headlines / issues and levels of assurance are set out below, and are graded as follows:

Assurance Level	Colour to use in 'Assurance level' column below
Not assured	Red – there are significant gaps in assurance and we are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	Amber – there are gaps in assurance but we are assured appropriate action plans are in place to address these
Significant	Green – there are no gaps in assurance / high level of confidence in delivery of existing mechanisms/objectives
Full	Blue – Delivered and fully embedded

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Integrated Performance report: Electronic Discharge Summary (EDS)	RED	RED	The risk rating has been increased to Red/Red as there has been no improvement in the rate of EDS issued on discharge and with <75% issued at 72 hours there may be some that are never done. It was pointed out that at no time has this committee seen a costed business proposal for the improvement of this situation. The MD has given this matter a high priority.	The Committee sees this as a priority for improvement.	
IPR: Friends and Family	Amber	RED	Whilst the overall RAG rating for Complaints and Friends & Family was agreed as being 'Amber', the Committee discussed in detail the high level of risk which still exists with negative feedback and complaints about Staff Attitude & Behaviour. It was agreed that this will be picked up by PPPC going forward, to seek greater assurance about the specific issues and actions planned to address and mitigate this particular issue.	Refer to PPPC (Debs please)	October
IPR: Patient safety Incidents (Falls & PUs)	Amber	Green	There has been an average drop in the numbers of pressure harms but the rate remains high. Work is continuing to reduce this. Falls have minimally increased but remain below the average. Analysis of the causes of falls		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			continues together with efforts to reduce them.		
IPR Remainder	Green	Green	But see Serious incident update.		
Serious Incident Monthly Update	Amber	Amber	Progress is being made in reducing the backlog but a significant number remain outstanding. In particular the investigation into a Never Event on 30/10/20 is still outstanding. The Committee was very disappointed to hear of another Never Event that occurred at the end of August '21. Both these NEs are likely to have been avoided had the WHO checklist been properly conducted. The Committee expressed its concern that this was still not fully practised across the Trust and the resulting risks to safety of patients are not acceptable. This particular aspect of the report is clearly a RED rating requiring urgent and robust action.	Urgent and robust action required to ensure that the WHO checklist is used across the trust for all relevant interventional procedures.	ASAP
Trust Mortality Report	Green	Green	Mortality rates measured by HSMR & SHMI are both within the expected range and show a downward trend. It should be noted that the latest data are for March (HSMR) and February (SHMI). These timings are outside the Trust's control.		
Perfect Ward Audit	Amber	Green	This is the first report of its kind and demonstrated how the process will be carried out. This process was felt to be good and showed where improvements need to be made.		
Guardian of Safe Working	Green	Green	This 6 monthly report into safe working hours and conditions for trainee doctors, shows the trust to be in a relatively good position.		
GIRFT Update	Amber	Green	This report shows some progress but 40 outstanding actions remain spread across 12 of the 16 clinical specialties. The Medical Director is devoting time to addressing this.	Action needed to address open actions especially in Respiratory and Urology	
Freedom to Speak up Biannual Review.	Green	Green	There has been only a minimal change in 2 of the metrics used to calculate the National Index but this has led to a drop from 82% to 79.6%. Concern was raised about the Attitudes and Behaviours of staff being the reason for 75% of referrals. This mirrors the findings in Friends and Family as above.		
CQC Preparedness	Amber	Amber	This is now a high priority matter for the Executive Team. Whilst progress is being made the Committee expressed concern that 6 "must do" actions from the previous CQC report remain outstanding. This is in addition to 27 "Should do" actions not yet complete. Some of these will be excusable in view of the pandemic but many are not. Priority needs to be given to addressing these 'must do' actions. The committee was pleased to hear that there is a close liaison with the current CQC Inspector in order to understand what is required.	Action to address those "Must do" requirements not yet completed.	

Issues Referred to another Committee	
Topic	Committee

Part 2: Our Care

Our Priorities



Outstanding patient care and a focus on quality improvement in all that we do



Improving quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers



Staff and volunteers feeling valued and involved in helping improve quality of care for patients



Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care

How We Measure

Are We Effective?

Are We Safe?







Are We Well Led?

Are We Responsive?

Are We Caring?

Use of Resources

Our Care Summary

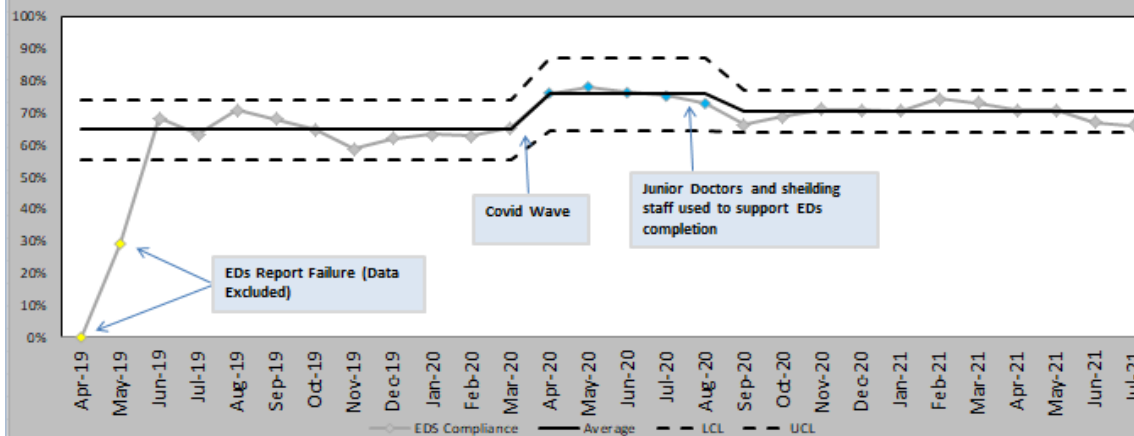
KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking	Bath Ranking	Salisbury Ranking	Month
C. Difficile (Hospital onset) per 1000 bed days	11.3 (Jun 21)		19	52	26	Jun 21
VTE Assessment	99.1% (Jun 21)		18	134	1	Dec 19
Hip Fracture Best Practice Tariff – 12 Month Rolling	66.2% (Jul 21)		43	93	6	Jul 21
Complaints Rates	27.9 (Q4 20/21)		104	50	22	Q4 20/21
Family and Friends Score – Percentage of Positive Responses - Inpatients	86.07% (Aug 21)		114	26	3	May 21
Complaints Response Backlog	0.8 (Q4 20/21)		4	35	43	Q4 20/21
MRSA all cases	2 (Jun 21)		93	102	78	Jun 21
Falls per 1000 bed days	6.3 (Aug 21)					
Pressure Ulcers – Acute	20 (Aug 21)					
Pressure Ulcers – Community	25 (Aug 21)					
Never Events 21/22	1					
Serious Incidents	7 (Aug 21)					
Patient Safety Reporting Culture (Percentage of Incidents Recorded as Severe or Death)	1.1% (June 21)					
Hand Hygiene	99.70% (Jul 21)					

2. Electronic Discharge Summary (EDS)

Data Quality Rating:



Electronic Discharge Summaries (EDs) Completed Within 24Hrs



	24 hours	48 hours	72 hours.
Oct-20	69.05%	73.49%	76.99%
Nov-20	71.14%	75.67%	78.62%
Dec-20	71.08%	75.59%	79.81%
Jan-21	70.81%	75.43%	78.50%
Feb-21	74.36%	74.84%	77.55%
Mar-21	73.22%	77.53%	81.36%
Apr-21	70.95%	75.28%	78.90%
May-21	70.94%	76.03%	79.42%
Jun-21	67.20%	70.88%	72.97%
Jul-21	66.12%	69.79%	73.33%
Aug-21	Awaiting Data		

Are We Safe?

Background, what the data is telling us, and underlying issues

All in-patients discharged from our organisation should receive a copy of their Electronic Discharge Summary (EDS).

There is a contractual agreement between the Trust and the Clinical Commissioning Group (CCG) for discharge summaries to reach the GP within 24 hours.

The data above demonstrates that on average the number of EDS that reach the GP surgery within 24 hours is 64.34% and by 72 hours this figure increases to 72.93%.

Day case patients discharged from our organisation receive a paper version of the discharge summary called a Final Consultant Episode (FCE). A copy of the FCE is sent to the GP via the patient.

Improvement actions planned, timescales, and when improvements will be seen

The Electronic Discharge Summary (EDS) working group was originally set up in 2018 and is led by the Deputy Medical Director (DMD), with quarterly meetings.

The working group has good representation from the Deputy Medical Director (DMD), Quality Matron, clinical leads, Clinical Fellows and Matrons.

In August there was a review of the ward round and EDS process. The findings suggest that there is a need for standard processes to be reinforced and as a consequence information on the EDS process has been recirculated to those staff that have an integral part in the EDS process. The SOP for sending out the EDS has been resent to the ward clerks, Ward managers and junior doctors mid August. Data will be monitored over the next two months to monitor compliance and fed back to the Divisions.

The EDS compliance and back log data is shared regularly with the Divisions and is then discussed at their Quality meetings.

Work is starting with the Discharge Lounge to ensure those patients EDS are sent off in a timely manner.

Risks to delivery and mitigations

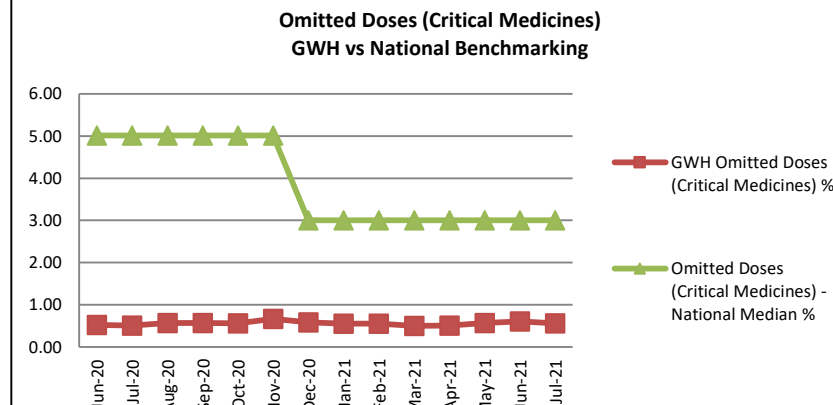
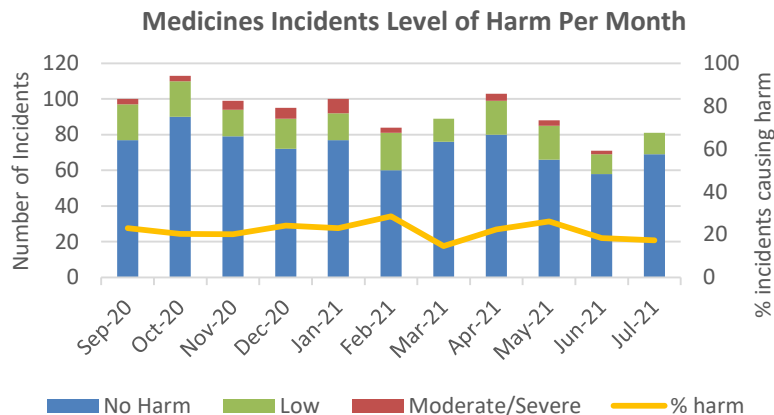
Due to the age of the current EDS system, we are unable to make any further changes to the system.

The current EDS system is a standalone system, there are plans to update the Care Centre (Medway) system. Further work is ongoing to assess the impact of this on the EDS system.

Regular change over of Medical staff affects EDS performance. The Junior Doctor revised training pack on induction will hopefully mitigate this risk. ³

2. Medicines Safety

Data Quality Rating:



Background, what the data is telling us, and underlying issues

Medication Incidents

- The rate of medication incidents and the proportion causing harm remains stable across the year. Numbers of incidents reported increased slightly in July after dip in June.
- Trends remain consistent with previous months. The main theme of medicines incidents continue to involve medicines administration processes.

Omitted Critical Medicines

- Percentage of unintended omitted critical medicines (all administrations of medicines) remains consistently low.
- Great Western Hospital (GWH) continues to have a lower rate of unintended omitted critical medicines in comparison to national benchmarking.

Improvement actions planned, timescales, and when improvements will be seen

Medication Incidents

- Response, actions and learning to serious incident relating to oxygen in July in progress through task and finish group. Action plan presented to Medicines Assurance Committee (MAC) in September, and additional oxygen prescribing audits ongoing.
- The Medicines Safety workstream within the Great Care Campaign, has reviewed practices of medicines administration on medical and surgical wards in order to identify areas for improvement in regards to medicines administration.
- Progress has also included Ward Wednesday visits, with the first of these having a focus on, and identifying themes within medicines safety. This involved matrons shadowing ward medicine administration processes and through the great care campaign identifying local medicines safety champions.
- Regular updates on activity to be provided to Patient Quality Committee monthly and Medicines Safety Group quarterly.

Omitted Critical Medicines

- Work is on-going within the pharmacy team to review stock lists post COVID. This will ensure that all wards keep appropriate stock and keep omitted doses low in a safe, controlled manner.

Risks to delivery and mitigations

Medication Incidents

No specific risks to delivery identified at this stage.

Improvement actions overseen through existing quality and safety governance routes, including Medicines Safety Group and Serious Incident Learning Group.

Omitted Critical Medicines

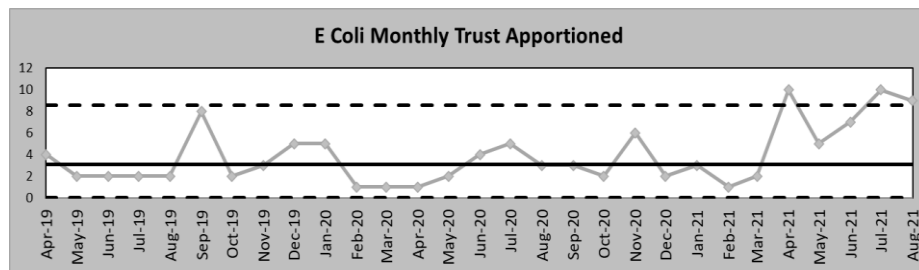
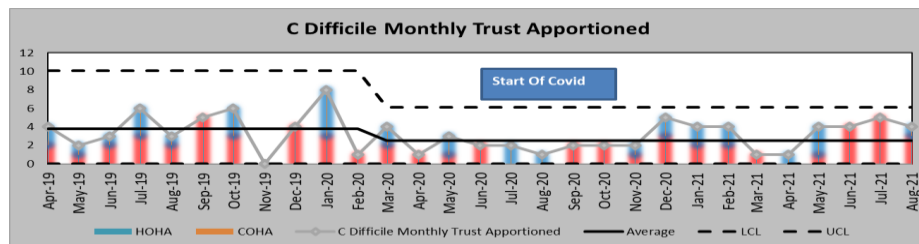
No specific risks to delivery identified at this stage.

2. Patient Safety - Infection Control

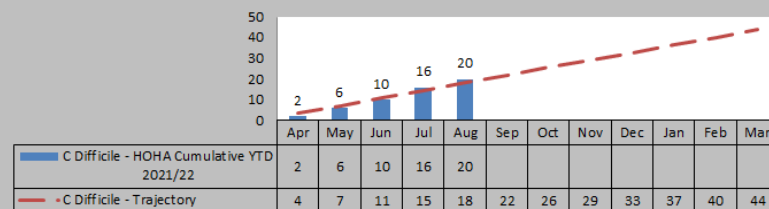
Data Quality Rating:



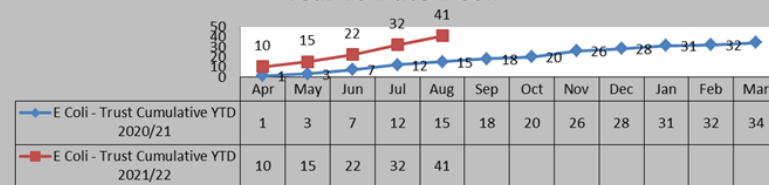
Are We Safe?



Year To Date HOHA & COCA - C Difficile Vs Trajectory



Year To Date E Coli



Background, what the data is telling us, and underlying issues

C. difficile – In August there have been 4 reportable *C.difficile* infections, 3 Healthcare Associated (HOHA) infections were identified on Forest, Sunflower and Woodpecker, and a Community Onset Healthcare Associated (COHA) infection was identified on the Covid Assessment Unit. 20 cases have been reported against a trajectory of 44.

E.Coli Bacteraemia – The trust has been set a trajectory of 81 E.coli bacteraemia (based on 2019 GWH levels minus 5%) which include both HOHA and COHA infections (as opposed to previous years HOHA infections). 41 cases have been reported against a trajectory of 81.

There have been no Influenza cases identified over the last month and there are no current signs of any cases within BSW.

Respiratory Syncytial Virus (RSV) in children remains a risk, to date the Trust has seen 4 cases since July 2021 with three identified in August 2021.

Improvement actions planned, timescales, and when improvements will be seen

C. difficile - Ribotyping has been requested on all cases of *C. difficile* Infection (CDI) within the Trust to give assurance around any cross contamination.

The learning that has been identified during these cases is in relation to prescribing and the longevity of courses of broad spectrum antibiotics. Pharmacy are currently working on a training programme to support new staff.

The new *C. difficile* NICE Guidance has been released promoting the use of Vancomycin as first line treatment for all *C. difficile* cases and Fidaxomicin as second line for severe *C. difficile* cases. This will mean a change in current guidelines from Metronidazole which will be currently being adopted across the Trust. All documentation has been ratified and new guidelines uploaded to Microguide. Pharmacy developing training materials for prescribers.

The Catheter packs have been rolled out to support the *E. coli* improvement plan, this will standardise practice and reduce catheter Associated Urinary Tract Infections (CAUTI). However the Trusts current *E. coli* figures have shown a deviation from the National picture with Urinary Tract Infections (UTI's) that have been due to inappropriate prescribing in both acute and community settings.

MRSA Bacteraemia – The two MRSA post infection reviews for June that have been discussed at the Serious Incident Review Group and with the Clinical Commissioning Group (CCG), some learning identified surrounding prescribing although this may not have prevented the infection due to the underlying health conditions of the patients. All other processes were followed in relation to these cases.

Risks to delivery and mitigations

Maintaining cleanliness of the ward environment consistently, including patient care equipment. Assurance is provided by spot check audits.

SERCO are completing joint ward sign offs with Senior staff to give increased assurance around cleaning standards. Cleaning provision for additional services/clinics is not being agreed with IP&C and Estates, therefore cleaning provision is not being procured for these services and meeting requirements.

Postponement until November of the South West, Health Care Associated CDI Collaborative, this will restrict opportunities for a standardised approach across BSW.

2. Patient Safety – Coronavirus

Data Quality Rating:



Covid 19	Jun -21	Jul-21	Aug -21
Number of detected Inpatients	29	125	176
Number of Deaths in Hospital	0	3	6
Hospital Acquired Covid-19 Cases*	0	0	5

Covid-19 (Apr 21 – Mar 22)		(April 20- Mar 21)
Number of detected Inpatients	376	1458
Number of Deaths	14	324
Hospital Acquired Covid-19 Cases*	6	139

Are We Safe?

Background, what the data is telling us, and underlying issues

Numbers of patients diagnosed with COVID-19 continues to increase in line with the national picture.

There were five hospital acquired cases within three wards, resulting in two wards reporting an outbreak.

Of the 176 patients detected 64 were unvaccinated, 55 of the cases were below the age of 36.

Six deaths were recorded, one patient was a nosocomial infection.

The Swindon case rate has increased to 367 per 100,000 between 24 Aug – 30 Aug, which is above the Wiltshire (299 per 100,000) and England (284 per 100,000) levels.

Improvement actions planned, timescales, and when improvements will be seen

All Tier three precautions remain in place within the Trust including 2 metre social distancing, or use of screens where this is not achievable and use of personal protective equipment (PPE) for staff and visitors.

A robust risk assessment process in line with NHSE/I guidance is in place to support the return to work of clinical staff who have been alerted via the NHS Test and Trace proximity app. This is a thorough process which is being carefully monitored to ensure staff are returned back to work in a safe manner where appropriate. The impact of the change in regulations expected in August 2021 will be considered and the process adapted if necessary.

Visiting hours are being reviewed to increase restrictions in light of the local rates and increased nosocomial infections.

IP&C measures are assessed to deliver quality standards as described in the NHS Board Assurance Framework. Gaps identified in ventilation, patient moves and maintaining social distancing at all times. Strategies including spot checks and monitoring are in place to monitor. Regular ventilation meetings are ongoing.

Risks to delivery and mitigations

Staffing due to self isolation continues to have an impact on all areas due to the easing of lockdown.

Lifting of national restrictions for PPE causing reduced compliance with social distancing and PPE in hospital. Regular messaging of the higher risk of spread in hospital is being addressed through comms.

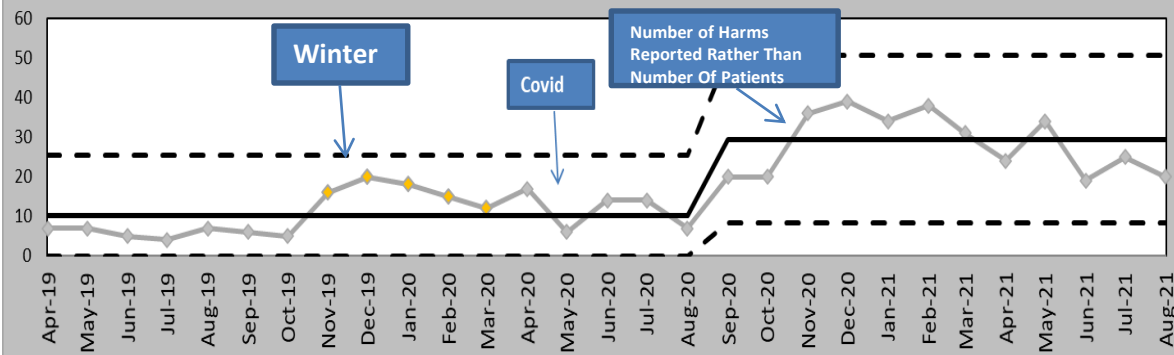
Risk of staff testing positive once risk assessed to return to work during their official 10 day isolation period. This is being closely monitored against the sickness reports.

2. Patient Safety – Pressure Ulcers ACUTE

Data Quality Rating:



Tissue Viability Incidents - Acute



Incidents of harms by Category for August 2021:

Category 2 PU	Category 3 PU	DTI	Unstageable	MASD	Total Incident of Harms
12	0	3	4	1	20

Number of Patients	Harms per Patient
12	1
4	2

Are We Safe?

Background, what the data is telling us, and underlying issues

There were a total number of 20 harms this is a decrease of 5 harms from previous month.

This equates to 16 patients with Hospital acquired harm (4 patients had multiple harms).

1 Device related harm which was due to a Plaster of Paris following application in the Emergency Department (ED) (Unstageable).

Anatomical location of the harm - 9 harms to sacral/buttocks and 9 harms to heels/feet/toes. 1 harm to the chin from proning and 1 to the calf.

Improvement actions planned, timescales, and when improvements will be seen

Huddle reviews - 19 of the 20 patients had a pressure ulcer Huddle completed ensuring immediate review at ward/department level with key staff. The process highlights good practice, gaps/omissions in care and focusses on actions and improvements required. Themes identified include lack of timely skin inspections, gaps in documentation, lack of appropriate and timely intervention with pressure relieving equipment.

Positive improvements include:

Jupiter ward have reported two months of harm free care following a local action/improvement plan that included a THINK SKIN poster displayed at the bedside for patients at risk.

SwICC have reduced harms by half over the last two months by completing their skin and risk assessments on transfer within 15- 20 mins of arrival on the ward to ensure appropriate care planning and interventions.

Implementation of weekly meetings with DDON's and Deputy Chief Nurse reviewing themes from PU Huddles and local improvement plans.

Risks to delivery and mitigations

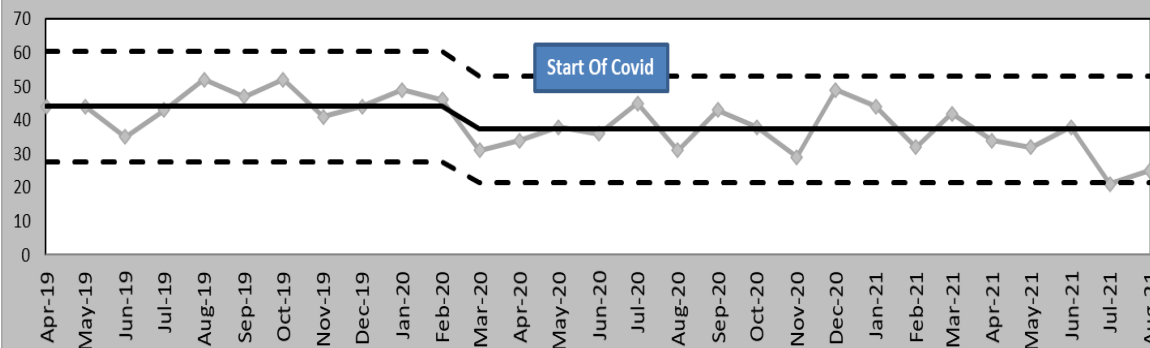
Pressure ulcer rates remain high, and Opel 4 status has impacted on the ability to assess and manage patients skin integrity including image taking, timely reporting, escalation, and completion of huddles.

2. Patient Safety – Community Pressure Ulcers

Data Quality Rating:



Tissue Viability Incidents - Community



Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstable	Total Incident of Harms
12	9	2	0	2	25

Are We Safe?

Background, what the data is telling us, and underlying issues

There has been an increase this month from 20-25 and an increase of level of harm with 2 category 4 being reported.

Within one locality there has been a reduction in reported harms, this is being investigate to ensure understand if this related to improved practice or under reporting.

Improvement actions planned, timescales, and when improvements will be seen

Moisture Associated Skin Damage (MASD) pathway launch for care providers – to improve partnership working and risk awareness and escalation.

Incident reporting training delivered to Community nursing teams – improved clarity and understanding of risk assessment and duty of candour process and responsibilities. - Aug 21

Mucosal membrane harm information added to TV web site and weekly organisational safety briefing to increase all clinicians to increase

Development of educational video for community clinicians to improve awareness and documentation of risk assessment for pressure ulcers.

Newly established three times weekly meeting between Therapy / Rapid response nursing and domiciliary care company to escalate patients at risk of pressure damage for early intervention.

Risks to delivery and mitigations

There are high numbers of temporary staff who are less familiar with the equipment, and resources available to prevent pressure ulcers.

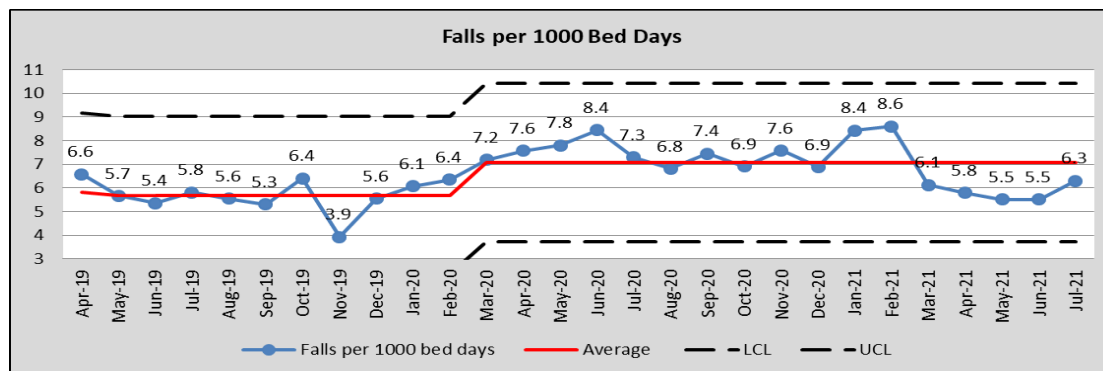
Mitigation -

New Tissue Viability resources to be added to Bank and agency kit bags.

Patient allocation processes reviewed to ensure that substantive staff allocated to complex patients. If harm escalated substantive staff commence immediate review in partnership with rapid response team - ongoing

2. Patient Safety – Safer Mobility (Falls Reduction)

Data Quality Rating:



	April 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
Falls Resulting in No Harm	99	101	97	113	116
Falls Resulting in moderate Harm or above	2	3	2	4	2

Are We Safe?

Background, what the data is telling us, and underlying issues

This has been increases in July and August to falls rate per 1000 days of 6.3, this represents normal variation.

Improvement actions planned, timescales, and when improvements will be seen.

- New falls assessment documentation is in the process of being uploaded to Nervecentre (electronic record keeping system). Anticipated completion by end of October 2021.
- Learning from the Royal College of Physicians post fall 'hot debrief' trialed on SWICC and Sunflower wards from 14th June has been collated. Key findings:- 59% involved problems with level of observation, 28% involved problems with staff establishment, 47% involved use or access to call bell either before or after fall, 34% involved toileting, 87% involved problems with gait/mobility/strength, 19% involved postural hypotension. An action plan is being developed with progress monitored by the SWICC falls group.
- A demonstration video on the MDT falls 'hot debrief' has been filmed ready to be shared across the Trust during Falls Awareness week 20th – 27th September. Roll out of the falls debrief process to next ward (Trauma) will commence from October 2021.
- Safe footwear project to review published evidence and NICE recommendations for non-slip socks and safe footwear has commenced with first project meeting on 8th September 2021. Key actions arising include:- audit of current practice, development of an admissions checklist to contact next of kin to request footwear from home, development of staff and patient information to raise awareness that patients own well fitting footwear is preferable to non-slip socks.
- National Falls Safety Week 20th – 27th September 2021 involving activities to raise awareness of falls safety, including quiz with prize draw, and pledges to reduce falls in clinical areas.

Risks to delivery and mitigations

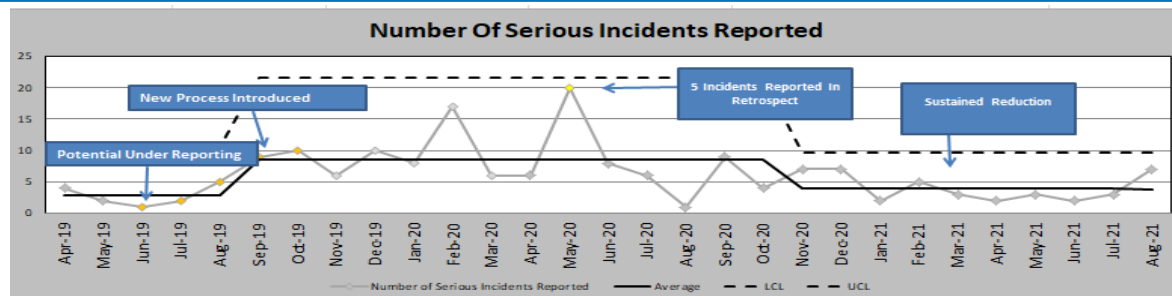
Currently a multi factorial and falls care plan is not in place across the Trust leading to a risk that individual patients falls risk will not be identified and appropriate interventions will not be put in place.

Mitigation

6 wards are trialing a new assessment in paper format. This trial has been evaluated and now the new falls assessment is in the process of being transferred to Nervecentre for implementation in all inpatient ward areas.

2. Patient Safety - Incidents

Data Quality Rating:



Serious Incidents Reported			Comparison
Jun-21	Jul-21	Aug-21	August-20
2	3	7	9

Never Events	
2020-21	2021-22
2	1

Background, what the data is telling us, and underlying issues

At the time of reporting there are a total of 30 on-going Serious Incident (SI) investigations, with 7 reported in August.

1 never event reported in relation to wrong site administration of nerve block.

The number of serious incidents reported in August has increased compared to the previous month. however, remains within our expected control limits and does not represent a statistically significant change.

Improvement actions planned, timescales, and when improvements will be seen.

BiPAP / Non-Invasive Ventilation (NIV) –

Further work underway to explore recording of blood gas results on Medway. An audit of patients who did not receive NIV (November 2020 – February 2021 has been conducted, results due September 2021.

World Health Organisation (WHO)

National Safety Standards for Invasive Procedures (NatSSIPs) annual self-assessment is due to commence this month with an assessment tool circulated to all areas who undertake invasive procedures. The aim is to capture any newly initiated invasive procedures and review current practice to ensure it is aligned with national best practice and where developments are required guidelines (LocSSIPs) are put in place. The WHO cultural survey has been extended due to low responses and a draft report is going to be created week commencing 13/9/21. BDO have been commissioned to undertake a review of the Trusts WHO audit process, a Terms of Reference meeting is booked with key people at the trust who will support the review.

Allergies improvement group –

Planned audit in September 2021 to assess if allergies documented in the Emergency Department are recorded on EPMA.

Referrals –

The Endoscopy group is now testing the electronic referral from that is available through Medway in the test environment, with the next step to go into live patient testing phase. This is an important next step as this was identified as a theme in several serious incidents.

Sharing of Learning –

The Learning Zone will link to the Trust's Strategic Four Pillars and will provide access to learning from incidents, complaints and concerns, for all staff across the organisation. The launch of the Learning Zone is planned for 17th September as part of the World Patient Safety day. The platform will be accessed via the intranet landing page and will have a link on all department pages.

Risks to delivery and mitigations

Despite improvement there are still multiple overdue Serious Incident investigations which pose a risk to breach of contract should the Trust be measured against timeframes. The Trust are committing to complete all overdue Serious Incident investigations by the end of September.

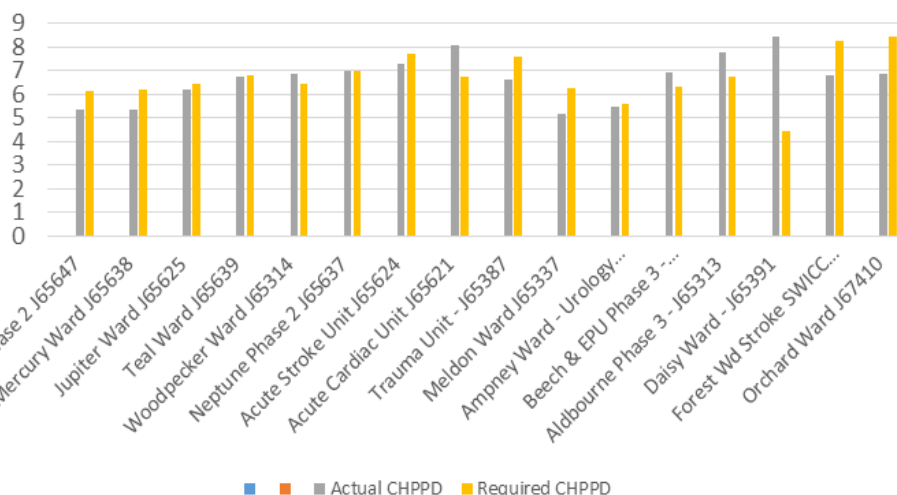
The implementation of the Datix Incident Management System is progressing and is on track for 'go live' on 19th October. Configuration of the module is moving forward however there are concerns related to the medicines section of the incident form. This is under review with Datix and solutions are being sought with input from the Trust Pharmacy team.

2. Patient Experience – Safer Staffing

Data Quality Rating:



**Actual vs Required Care Hours Per Patient Day
August 2021**



It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. This chart demonstrates the Care Hours Per Patient Day (CHPPD). CHPPD metric was developed to provide a consistent way of recording and reporting deployment of nursing staff providing care in inpatient ward settings. The metric produces a single figure that represents both staffing levels and patient requirements, unlike actual hours alone.

August 2021 has continued to see high pressured demand on both Urgent and Emergency services and in-patient areas across the Trust and staffing has been impacted by annual leave, high levels of sickness absence / self isolation and reduction in fill with temporary staff. This is described in the chart that demonstrates 7 wards required hours being greater than the actual hours available.

Safe Staffing has been managed through the 3 X day safe staffing meeting to ensure that all areas are at minimum staffing levels. Clinical areas are encouraged to report staffing incidents to ensure clear visibility. There have been 27 unresolved RED FLAGS this month, mainly due to short fall in Registered Nurse time or missed Intentional Rounding. Each of these incidents are reviewed, investigated and feedback provided by the Divisional Director of Nursing. Wards reporting below required hours have been supported by the Supervisory Ward Sisters and nurses in non clinically facing roles working clinically.

The Emergency Department / Urgent Care Treatment Centre, Midwifery Unit and Neonatal Unit do not report CHPPD but have been under challenge with staffing and close monitoring.

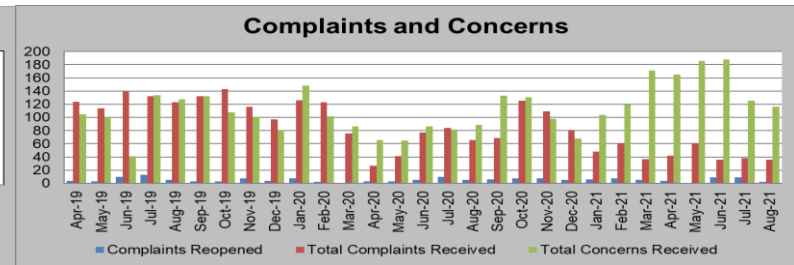
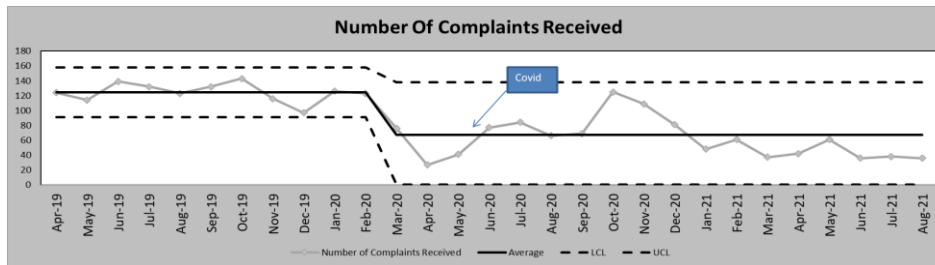
The overall Trust fill rate % is in the table below (this will include RMNS and enhanced care). Of note Hazel / Delivery Suite was 78.1% fill rate for Registered Midwives.

	DAY	NIGHT
RN	94.8	96.2
HCA	87.3	108

Community Nurse staffing is improving and is monitored through the daily staffing calls with the number of patient calls uncovered (and moved to the next day if safe to do so) is recorded.

2. Patient Experience - Complaints and Concerns

Are We Safe?



Background, what the data is telling us, and underlying issues

36 complaints (previous month 38) and **116** concerns (previous month 125) were received in August 2021.

Out of a total of **152** cases received from Complaints and Concerns in August, the overall top three themes were:

- **Behaviour/Attitude of staff: 18 cases** (12%) – 4 complaints, 14 concerns.
- **Clinical Care: 18 cases** (12%) – 8 complaints, 10 concerns.
- **Communication 17 cases** (12%) – 5 complaints, 12 concerns.

Complaints: **36** complaints were received, all were rated as Low – Medium.

Response rates: Overall complaint response rate was **87%**. **45%** of concerns were resolved within 24 hours, **72%** were resolved within 7 working days (Internal KPI 80%).

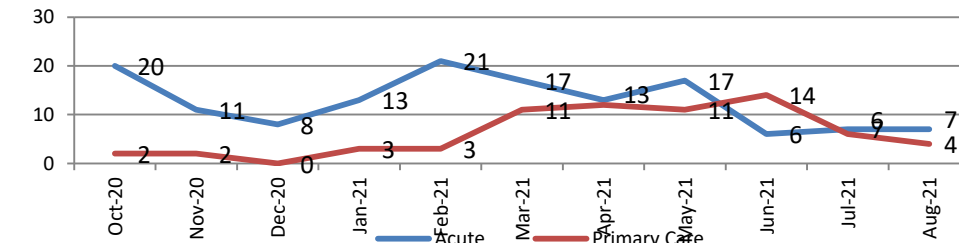
Improvement actions planned, timescales, and when improvements will be seen

Communication

Dedicated patient/family direct phones have now been rolled out across the trust (SWICC awaiting configuration). This will be evaluated after 3 months to ensure that the telephones have been used for the intended purpose, the impact on reduction of calls to switchboard and patient, family and staff feedback.

There has also been significant improvement work carried out within our primary care practices regarding call handing in order for patients to be able to contact the surgeries in a timely manner to obtain information and appointments.

The work detailed above is now resulting in a downward trend in the number of concerns and complaints received related to telecommunications.



Clinical Care

As part of the Great Care Campaign, the personalised care work stream is identifying areas for improvement to support personal hygiene, such as the types of toiletry products purchased, oral and nail care. This includes training for staff on how to cut patient's nails and additional personal care training for our Health Care Assistant's.

Support to staff is in place to promote how to facilitate compassionate conversations with not only patients, also with family members and carers particularly around end of life.

Behaviour/Attitude

There is on-going Organisational Development work to address these concerns including the incivility and Just Culture work streams.

Risks to delivery and mitigations

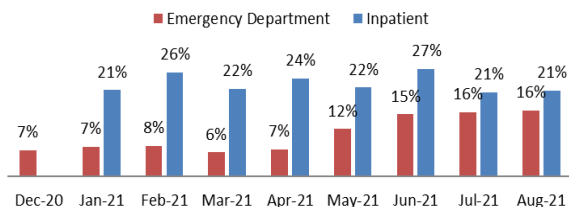
The response rate for concerns resolved within timeframe is below the internal KPI of 80%. To support divisions, the administrators within the PALS section have been allocated their own divisions to work closely with, to support with an earlier resolution.

2. Patient Experience – Friends and Family Test

Data Quality Rating:

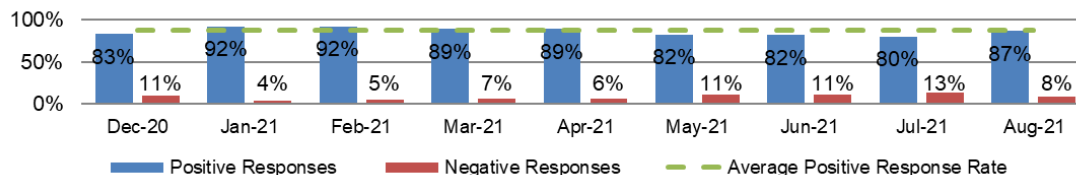


% Response Rate



Trust Percentage Positive or Negative Responses

(Positive includes Very Good & Good, Negative includes Very Poor and Poor and excludes 'Neither Likely nor Unlikely' and 'Don't Know' responses)



Background, what the data is telling us, and underlying issues

For August 86.07% of the Friends and Family Test (FFT) responses were positive, an increase on the previous month 80.18%. This is based on the % of responses rated as 'very good' and 'good'.

This was achieved by:

	Number of Text sent	Number of Responses	Positive Responses
ED	5382	1137	79.24%
Inpatients	2398	708	82.18%
Day Cases	1964	552	94.02%
Maternity	0	15	73.33%

(correct as of 7th September)

- The recommendation score for A&E has increased to 79.16% following a period of stability around 70% (June 69.99% and in July 70.08%).
- Day case recommendation score has dropped slightly, for August 93.97%, July was reported as 95.03%.
- Inpatient recommendation score is 82.28% for August, a slight decrease from July at 83.22%.

Improvement actions planned, timescales, and when improvements will be seen

Overall Positive themes for August:

- Staff Attitude 1547** comments (previous month 1074).
- Implementation of Care 874** comments (previous month 733).
- The Environment 602** comments (previous month 564).

Overall Negative themes for August:

- Staff attitude 198** comments (previous month 262).
- The Environment 170** comments (previous month 226).
- Implementation of care 147** comments (previous month 201).

The following work will be carried out throughout September:

- Business / QR cards and posters to be monitored and additional supplies distributed to all areas, promoting real time feedback. (In conjunction with Accessible Information Standards.)
- Working with wards providing elderly care and maternity services, to increase the FFT uptake. Gathering feedback face to face where appropriate with the support of Trust Volunteers.
- Liaising with maternity staff, informatics team and provider, in preparations for SMS text messaging work due to commence in October.
- Liaison with divisions regarding actions plans following FFT feedback.

Risks to delivery and mitigations

Informatics are recruiting to support with the development of implementation of SMS in Maternity Services. Pending successful recruitment, development will commence in October for introduction in November.

Various options are being reviewed regarding SMS. Increased emphasis on the promotion of cards and QR codes has contributed to an increase in the feedback received in August. 500 cards and 19 online comments have been received (previous month 8 online only). This method of collection will continue to be promoted throughout September.

2. Patient Safety - Perinatal Quality Surveillance Tool August 2021 Data Quality Rating:

The following slides form part of the new quality surveillance model implemented nationally to ensure consistent oversight of Maternity and Neonatal services at Board level on a monthly basis.

Are We Safe?

Measures	Comments				
Minimum safe staffing in maternity to include Obstetric cover on delivery suite	Measure	Aim / Target	June 2021	July 2021	August 2021
	Midwife to birth ratio	1:29	1:27	1:30	1:27
	1:1 Care	100%	95.3%	95.56%	99.34%
	Consultant presence in Delivery suite (Hours per week)	60 (Hrs.)	57 (Hrs.)	57(hrs)	57 hours
	Since August 2021 all cases where one to one care in labour is not achieved are reviewed in order to establish why this has not occurred, so that themes can be identified and quality improvement implemented. Reasons identified include women who have unexpectedly birthed before arrival to hospital or data entry errors, and the impact of the identification of these factors is demonstrated by the August data.				
Service User feedback	<p>The Trust continues to work collaboratively with the Maternity Voices Partnership to review the social media platforms currently available to service users and ensure information is accessible. Information for service users in August has focused on COVID-19 to ensure that all pregnant people are supported to make informed decisions around COVID-19 vaccination.</p> <p>Compliments to the team included 'I felt safe and cared for' and 'You really do go above and beyond'.</p> <p>Complaint themes included communication, particularly around the whole team being aware of changes in guidance. This has been fed back to the education team and ward area managers to ensure that changes in practice are embedded effectively across the Service.</p>				
Caesarean Sections		June	July	August	Comments
	Combined Caesarean Section (C Section) rate (percentage of babies born > 24 weeks via C Section)	32%	41%	32%	
	Elective C Section	12%	19%	12%	5 Caesarean sections were performed for maternal choice, 31 were performed for clinical indications
	Emergency C Section	20%	22%	20%	
	A review is currently being undertaken to establish themes for indication for caesarean section, in order to benchmark against national rates. It is essential that caesarean section rates are considered in conjunction with neonatal outcomes including unexpected term admissions to the neonatal unit, therapeutic hypothermia and neonatal deaths, which the review will include.				

2. Patient Safety - Perinatal Quality Surveillance Tool August 2021 Data Quality Rating:

The following slides form part of the new quality surveillance model implemented nationally to ensure consistent oversight of Maternity and Neonatal services at Board level on a monthly basis.

Are We Safe?

Measures	Comments
Concerns or requests for actions from national bodies	<p>Evidence to support the Trust Ockenden action plan was submitted on the 30th June 2021. Analysis of the data submitted to support the Ockenden Action plan is awaited. There is currently no update on the timescale from the regional or national data teams.</p> <p>Areas for improvement that were identified during evidence submission included provision of a named consultant for each birthing person where consultant lead care is indicated, and documented evidence of informed choice and consent. Both of these actions are being monitored through the maternity audit program.</p>
CNST 10 Maternity standards (NHSR)	<p>CNST Year 4 (2021-2022) standards are now available, with work underway to establish how the Trust can work to achieve the revised 10 safety actions. An initial gap analysis has been completed and is under review.</p> <p>CNST evidence (2020-2021) presented to the Board declared non compliance with 2 of the 10 safety actions on 22nd July 2021. The action plans to support compliance with these 2 actions are monitored via the Maternity Governance meeting. Significant achievements during August include reinstatement of carbon monoxide monitoring for all pregnant people.</p>
Findings of review of all perinatal deaths using the real time data monitoring tool	The recommendation made for minor adjustment to the Trusts 'Bereavement Checklist' that is used to guide personalised care plans for families are now complete. Reviews continue on a monthly basis with no new actions identified in August 2021.
CQC Ratings	Overall Good in the 5 domains (2020)
Maternity Safety Support Programme	Not required as CQC ratings overall 'Good'
Coroner's Regulation 28	Nil

2. Patient Safety – Summary of Incident Investigations

Data Quality Rating:



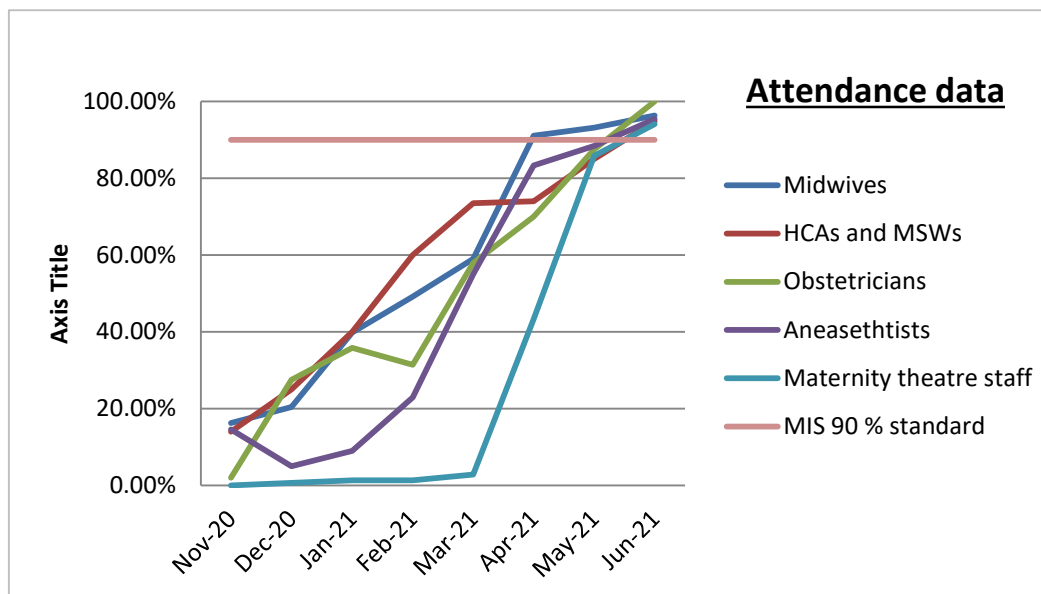
Are We Safe?

Moderate Harm Incidents	
Measure	Comments
Number of incidences graded moderate or above and actions taken	<ul style="list-style-type: none"> 1 incident graded moderate or above in August. The case has been evaluated with immediate learning identified and on-going investigations where appropriate. Learning identified- addition of a minor amendment to SOP to include a definition of 'Recurrent reduced fetal movements'. Whilst earlier availability of this definition would not have impacted the outcome for this case, this was identified as an area for improvement in the clarity of the local guidance.

Following recommendations made in the Ockenden Report all cases referred to HSIB will be reported as SI. This may account for an increase in SI reported by Maternity.

Serious Incidents (SI) Reported In Month			
Case ref	Overview	Date	Case update
160204	Birth injury. Initial review took place prior to clinical imaging which supported escalation as Serious Incident on 31 st August 2021.	01/06/2021	Urgent incident review undertaken with recommendations for a review of the Trust guidance for instrumental birth. In accordance with national guidance external review will be included as part of the SI investigation.

On-going SI investigation update			
Stage of investigation	June 2021	July 2021	August 2021
Referred to HSIB awaiting decision	0	0	0
Under local investigation	5	4	5
Under HSIB investigation	2	2	2
Report complete awaiting Serious Incident Review Learning Group (SIRLG)	0	0	1
Submitted to CCG	3	1 ₆₃	0



Background and underlying issues

Compliance in all staff groups for PROMPT training reached 90% compliance in June 2021. 90% compliance for all staff groups working in maternity has been mandated in the CNST 2021-22 guidance.

90% compliance for all staff groups with fetal monitoring training, including a competency-based assessment has been mandated by CNST 2021-22

Improvement actions planned, timescales, and when improvements will be seen

PROMPT training will revert to face to face from October 2021 with an aim to maintain 90% compliance in all staff groups. Revised compliance and trajectory will be reported from October 2021

A business case model for implementation of the Fetal Monitoring Training will be presented to the Divisional Triumvirate in October 2021, with an aim for provision of 12 hours mandatory fetal monitoring training for all midwives and obstetricians.

An initial fetal monitoring study day will take place in November 2021. This day has been supported by the Trust CPD panel.

Risks to delivery and mitigations

Release of staff from the clinical area.

There is currently a lack of secured funding to provide on-going fetal surveillance training, which creates a risk that CNST safety actions will not be achieved in 2021-22.

Part 3: Our People



Resources

Trust Overview: Summary

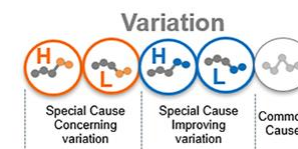
“Great” Scoring

1 – Underperforming / Inadequate | 2 – Requires Improvement | 3 – Good | 4 – Outstanding

	Indicator Score (1-4)	Self Assessment Score
Great Workforce Planning	2	2
Great Opportunities	2	2
Great Employee Experience	2	3
Great Employee Development	2	2
Great Leadership	1	2

Summary Dashboard - Workforce Performance

Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1 Overall Agency Spend as a % of Total Spend			6.75%	6.00%	3.97%	7.41%	5.69%
2 Trust RN Bank Fill Rates			48.02%	70.00%	36.53%	60.37%	48.45%
3 Vacancy Rate*			5.92%	7.63%	5.72%	8.53%	7.12%
4 Recruitment Time To Hire (Days)			47.30	46.00	30.20	57.30	43.75
5 All Turnover			13.38%	13.00%	12.21%	13.76%	12.98%
6 Voluntary Turnover			9.00%	11.00%	8.93%	9.96%	9.44%
7 All Sickness Absence			4.74%	3.50%	2.99%	4.82%	3.91%
8 Statutory Mandatory Training Compliance			85.03%	85.00%	84.18%	88.76%	86.47%
9 Appraisal Compliance			74.17%	85.00%	71.59%	82.25%	76.92%



Trust Overview: Narrative

“Great” Scoring

Indicator Score (1-4)	Self Assessment Score
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Headline

1 – Underperforming / Inadequate | 2 – Requires Improvement | 3 – Good | 4 – Outstanding

Great Workforce Planning	2	2	Great workforce planning indicators struggled in August. Despite the maintenance of a relatively low vacancy level that falls within target (5.92% vs 7.63%), key medical workforce vacancies the need to strengthen community nursing resource and the context of an usually high level of demand for services for this time of year, has resulted in an increase in temporary staffing costs. The Trust used 158WTE staff in excess of budget to deliver its services throughout August, including an in month increase in agency spend of £123k. The proportion of the Trust's pay bill spent on Agency in August was 6.75% (vs. 6% target), with the majority of the in month increase emerging from Nursing where an additional £94k was spent compared to the previous month.
Great Opportunities	2	2	The voluntary turnover is reliably achieving below the 11% target, however it continues to increase slightly month on month. The recruitment Time to Hire (TTH) metric increased slightly to 47.3 days from vacancy advertised to contract of employment which now slightly exceeds the Trust TTH target of 46 days. Maternity Services has submitted a bid for a £50k Pastoral Funding Package to support midwifery retention. In addition to this, the Trust is working with Salisbury NHSFT and Gloucestershire NHSFT to bid for funding to support a collaborative approach to International Recruitment of Midwives with the Trust as lead recruiter. The bid submission deadline was 10 th September 2021.
Great Experience	2	3	Sickness reported in July 2021 was 4.74%, which is above the Trust target of 3.5%. Referrals for both occupational health and counselling/psychology support remain high. Mental health and MSK issues remain the consistent predominant reasons for referral to OH; and a combination of personal and work-related issues (resulting in feeling overloaded & stressed) for referring for counselling/psychology. Additional proactive wellbeing support launched this month included trauma awareness, menopause support, and having HWB conversations at work. Flu vaccination programme commenced 13 th September.
Great Employee Development	2	2	Mandatory training continues to be slightly above the Trust target of 85% following the transfer of training modules to ESR which is encouraging. The new Head of Learning & Development is working on the design and delivery of our training with the aim to make it more engaging and innovative. The task and finish group has produced an action plan to address the levels of compliance in relation to Children's Safeguarding Level 3 in the ED department. Work is planned to assess how CPD is being accessed by different groups and whether this is reflective of the overall workforce profile. The results will inform what action needs to be taken if there is disparity in access.
Great Leadership	1	2	Appraisal rates have dropped to 74.17% in August. This is likely to have been impacted by the cancellation of non essential activities in July due to significant site pressures and annual leave, but remains an area of concern. HRBPs will continue to work with Divisions to increase compliance. There was also an impact on leadership training activity, but this will be rescheduled. The Trust is planning to take part in the piloting of a new approach to Talent Management developed by NHSI/E.

Great Workforce Planning

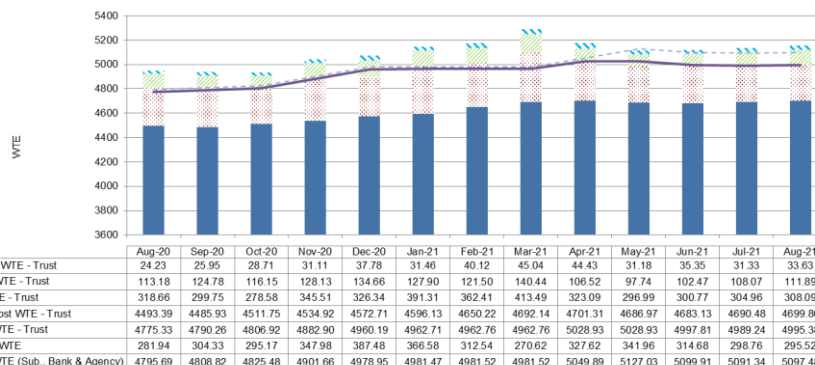
Indicator Score

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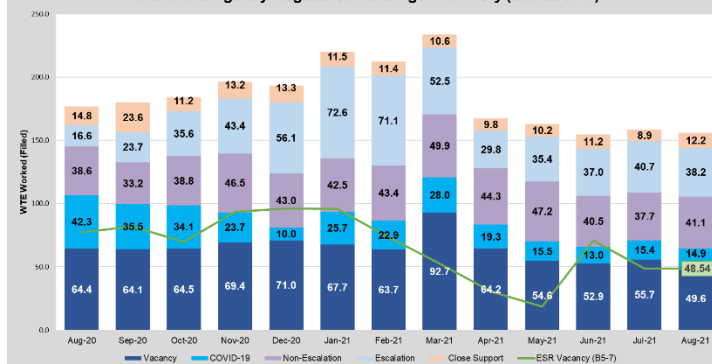
Self Assessment Score

2

Budget, Vacancy and Actual Worked - Trust (WTE)



Reasons for Temporary Staffing
Bank and Agency Registered Nursing / Midwifery (Bands 5 - 7)



Background

The Trust utilised 5153WTE staff to deliver its services in August '21, an increase of 19WTE on the previous month and 158WTE in excess of substantive WTE budget.

August saw an increase in agency use for the third successive month, with bank utilisation also following a similar trend. Bank and agency utilisation in ED, Community Nursing and Acute Medicine remain as the leading contributors with ED usage focused on vacancy/sickness/escalation cover, Community Nursing being due to the on-going need to secure enhanced community capacity and Acute Medicine being a combination of vacancy and extreme escalation.

Meanwhile the requirement for Consultant level cover in Acute Medicine specialties including Diabetes, Respiratory, Cardiology and Geriatrics, remains on-going and is largely due to vacancy cover in hard to recruit specialties.

There has however been a reduced reliance on temporary cover for registered nursing shifts since April '21 and this continued into August, with August in fact achieving a small improvement on the previous month. Where temporary nursing resource has been required, this is largely confined to vacancy cover, escalation and delivery of the C19 vaccination programme.

Improvement actions

1. In ICC the digitisation of patient records is approaching completion in September and is set to deliver a recurrent reduction in requirement for workforce. Similarly, Thoughtonomy based process mapping is underway in Outpatients to identify repetitive tasks that can be delivered through automation and as a result release time to perform value adding activities.
2. A partnership has been established with AWP which is designed to enable GWH access to 30 AWP band 3 enhanced HCA support workers and therefore reduced the likelihood of mental health agency spend. Initial uptake has proved to be poor, however commitment has been given to a monthly quota from September and beyond, which will be monitored regularly.
3. Proactive retirement planning in Maternity services is underway to mitigate the retirement risk associated with forthcoming pension changes and maternity workforce age demographic. Workshops are set to take place in September, with the aim of maximising prospects for flexible retirement.
4. A time and motion study led by PMO is set to commence in ED, aimed at understanding how activities are currently performed and how this could become more efficient. This aligns with the workforce planning process and specifically the forecast of future workforce requirements that is already underway across all IFD services as part of the Way Forward Programme.

Risks to Performance & Mitigations

UTC and ED attendances currently outstretch the workforce model. A Betjemen Centre proposal to alleviate front door queuing has been established, though when enacted requires +2WTE RGN & +2WTE HCA additional capacity.

Increased UTC attendances create demand for support services such as Imaging, who currently face supply and retention challenges. Five long term agency bookings have been authorised pending successful substantive recruitment, whilst incentives and a 5% RRP has been re-established.

The maternity workforce is heavily disrupted at present due to high levels of maternity and sickness, incidentally, occurring alongside the phased implementation of Continuity of Carer. Incentive payments have been introduced as a mitigating action for 3 months, pending a review of roster efficiency.

Great Workforce Planning

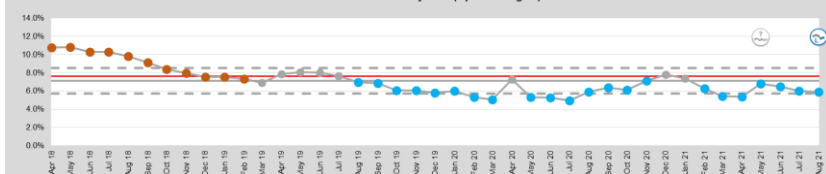
Indicator Score

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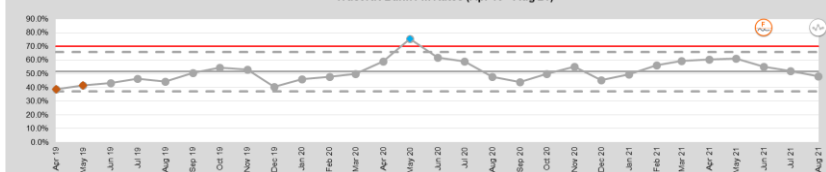
Self Assessment Score

2

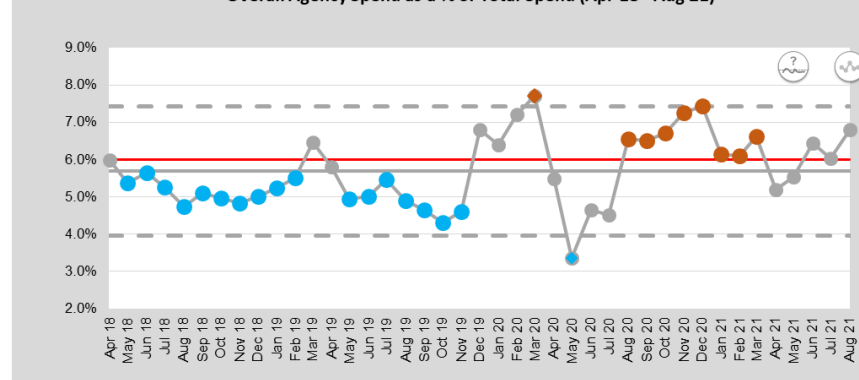
Trust Vacancy Rate (Apr 18 - Aug 21)



Trust RN Bank Fill Rates (Apr 19 - Aug 21)



Overall Agency Spend as a % of Total Spend (Apr 18 - Aug 21)



Background

The Trust vacancy rate remains stable at 5.92% (5.90% in July). The vacancy rate equates to 295 WTE vacant posts, with 115 WTE of these belonging to the Nursing staff group, 45WTE Allied Health Professional & Scientific, 49 WTE Medical & Dental and 86 WTE Senior Manager & Admin.

The Nursing vacancy rate increased very slightly in August to 4.84% compared to 4.69% in July. There are 115WTE vacant all nursing posts - 51WTE vacant posts exist across band 2-4 and 49WTE vacant posts are evident at band 5-7.

Registered Nursing bank fill rates decreased in August to 48% which is a step back from July (52%), with fill rates typically affected during the summer holiday period.

Agency spend as a proportion of total pay in August was 6.75%, which represents a noticeable increase from July (6.03%) and an in month increase of £123k. The vast majority of agency spend was driven by Medical Workforce at £818k (vs £773k last month) and Nursing at £478k (vs. £384k last month).

Improvement actions

1. A strategic medical workforce initiative is underway involving the expansion of foundation trainees, which will result in an additional 30 F1 & F2 trainees by 2025. This is as a result of a national junior doctor expansion programme. GWH supply modelling will take place in the coming weeks to optimise the GWH pipeline over the long term.
2. August changeover for medical workforce will result in a reduction in locum Registrar spend from September and beyond. August changeover resulted in a net gain of 7 Registrars allocated to GWH by the Deanery, meaning that 2 Registrars now provide Trust cover overnight rather than 1 and therefore in the event of sickness, a minimum of 1 registrar will still be on duty and thus avoid the need to defer to locum.
3. The Resourcing Team are undertaking a process mapping exercise spanning core medical resourcing processes. The objective is to standardise all booking and related administrative processes to a point where transactional and financial efficiency is optimised.
4. Community Nurse recruitment has been successful through recent campaigns with the appointment of 14 candidates starting with the Trust between August – October, this will support in the reduction of agency spend.

Risk to performance and mitigations

Successful appointment to the Deputy Divisional Director post in USC has resulted in a vacant Head of Pathology post.

Current emergency and general medicine activity is comparatively high relative to previous years, creating the possibility of an earlier start to the winter period and associated outlier and A&E waits that necessitate additional medical workforce cover.

Great Opportunities

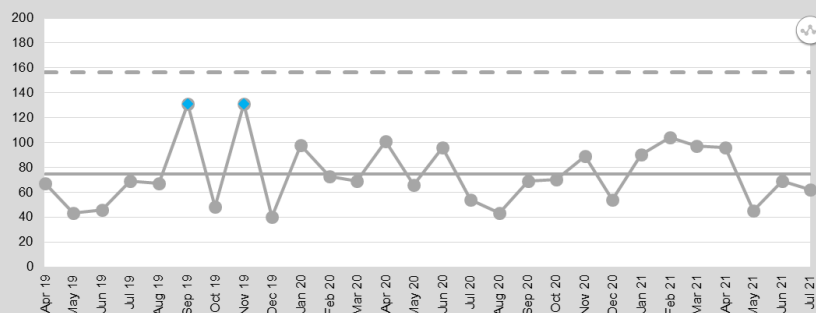
Indicator Score

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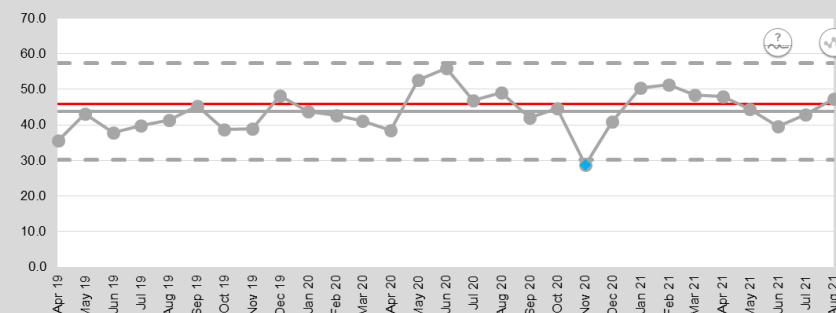
Self Assessment Score

2

Trust Starters (Apr 19 - Jul 21)



Trust Time to Hire (Apr 19 - Aug 21)



Background

The number of Trust new starters for July is confirmed as 62 headcount; this falls below the Trust average of 75 however this continues to follow the annual trend of a decrease in new starters from April to July period.

The Trust has a provisional 110 candidates due to commence employment in September.

The recruitment time to hire in August increased from August's TTH data slightly to 47.3 days. This is comparable to August 2020 TTH.

Improvement actions

1. Unscheduled Care division have reintroduced a Recruitment & Retention Plan (RRP) for Radiology and a focused recruitment plan which includes a social media recruitment campaign, international recruitment, refer a friend scheme and the continuation of an RRP of 5% for all staff bands 5-7. A weekly oversight meeting with leads from the Division, HR and Resourcing has been implemented.
2. Medical recruitment for Unscheduled Care continues to be an area of focus identified for DOME, Respiratory and AMU. Resourcing and HRBP are supporting Clinical Leads with reviewing adverts, job descriptions and working with the Comms team to develop effective advertisements
3. Integrated Community Care division are exploring split roles between services within Physiotherapy with the aim to recruit to shared roles with University partners, this will support career progression opportunities, improved educational links and increase evidence based practice.
4. The Trust is applying for the Kickstart scheme which offers six month additional jobs for young people aged 16-24 years old who are currently claiming Universal Credit and are at risk of long-term unemployment.
5. The Resourcing Team will be attending the following events with clinical representatives from the Trust;
 - Adult Transitions Roadshow, 22nd September 2021
 - Occupational Therapy Roadshow, 24th and 25th November 2021 (This is a face to face event in Birmingham)
 - Student Nurses (OBU Summer 2022 Cohort) Careers Evenings, 18th-21st October 2021 (67 students expected)

Risk to performance and mitigations

We continue our areas of focus for the Time to Hire KPI's outlined below;

- Recruiting manager completing shortlisting within 3 days achieving 58.43%; which is a decline on the previous months data. (59%)
- Recruiting manager confirming interview date and selection criteria within 5 days achieving 67.14%; which is an improvement on the previous months data. (66%)

Areas of non-compliance are discussed monthly with HRBP's and the Resourcing Team continues to support recruiting managers.

Resource in Theatres continues to be a risk with a further withdrawal from the Interim Theatre Head of Service who commenced in August. The Temporary Staffing Team are seeking alternative support from the interim market with the substantive interviews on 13th September 2021.

Great Opportunities

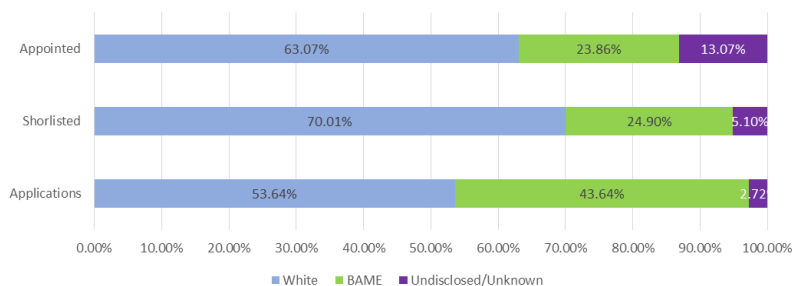
Indicator Score

2

Self Assessment Score

2

Non- Medical - Diversity of Recruitment Oct20-Aug21



Background

For non-medical recruitment within the period October 2020 – August 2021, our EDI data:

- 24.90% of applicants shortlisted were BAME
- 23.86% of staff who were appointed were BAME
- 5.10% of shortlisted applicants were other/undisclosed and this group represented 13.07% of staff that were appointed.

A deep dive into the diversity of recruitment including protected characteristics will occur, this data and actions will be presented as an exceptions slide in November IPR.

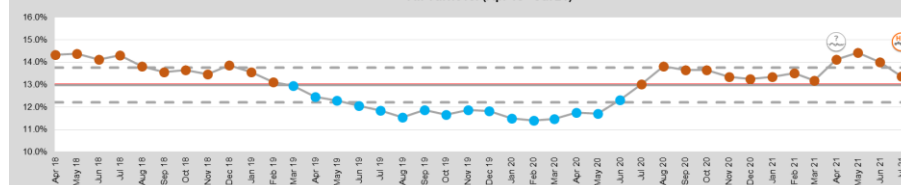
Performance for all turnover improved from previous month but has remained above target at 13.38%.

Voluntary turnover is 9.00% so up again from last month (8.64%) but still below the 11% target.

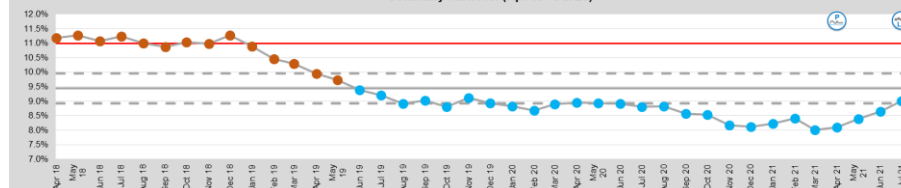
Improvement actions

1. Maternity Services has submitted a bid for a Pastoral Funding Package to support midwifery retention. National funding was available to each maternity unit of £50,000 to focus on retention and pastoral support activities. If the Trust successfully secures the funding the division will appoint a fixed term Band 6 Practice Educator Facilitator (PEF) to support the recruitment and retention of Midwives within the Maternity services. This intervention will help to reduce the training related pressures faced by our experienced Midwives who are currently working at their maximum clinical capacity, the overall aim being to optimise the recruitment and retention of Midwives to GWH.
2. The Trust is working with Salisbury NHSFT and Gloucestershire NHSFT to bid for funding to support a collaborative approach to International Recruitment of Midwives with the Trust as lead recruiter, the bid submission deadline is 10th September 2021.
3. There has been successful recruitment campaign for the Head of Nursing post for ICC with 3 candidates shortlisted and interviews on 16th September 2021, if successfully appointed this new role will improve leadership within the community nursing teams.
4. Deputy Chief Nurse posts have been successfully appointed and Chief Digital Officer interviews are due to take place on 10th October 2021.
5. Recruitment continue to support the redeployment of Health Records staff affected by the digitalisation change management programme, holding and promoting suitable vacancies. The project and redeployment programme is on track for conclusion by September 2021.

All Turnover (Apr 18 - Jul 21)



Voluntary Turnover (Apr 18 - Jul 21)



Risk to performance and mitigations

The Trust B5 nursing vacancy position including pre-registered nurses is -5.58 WTE (excludes Corporate Services and Covid Vaccination), we have reduced our international recruitment from 80 nurses to 33 nurses and successfully deployed any additional candidates in our pipeline to Salisbury NHSFT.

UTC remains closed over night and will continue to remain closed until September 2021 due to resource.

Workforce – Sickness Absence

Great Employee Experience

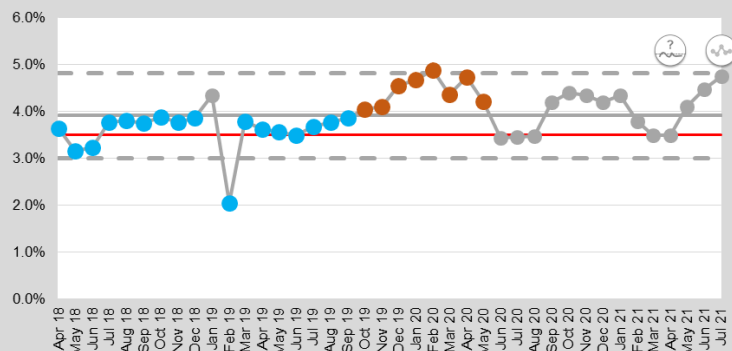
Indicator Score

2

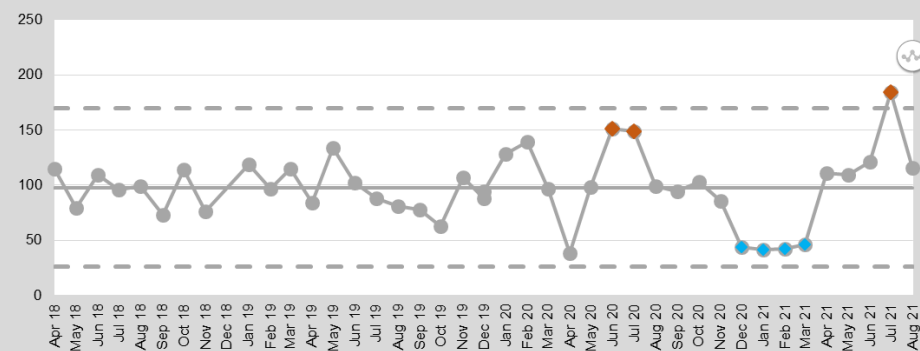
Self Assessment Score

3

Trust Sickness Absence (Apr 18 - Jul 21)



Trust Occupational Health MRs (Apr 18 - Aug 21)



Background

For July 2021, sickness absence is reported at 4.74% which is above the Trust average of 4.0% and above the Trust target of 3.5%.

Across the system, our absence rate is higher than our peers. For June RUH reported a sickness absence rate of 4.10%, and Salisbury reported 3.23%.

OH received 116 management referrals in August and 165 pre-employment questionnaires

Main reasons for referral remain consistent with musculoskeletal issues and mental health difficulties

Improvement actions

1. The rota for face-to-face OH nursing and physiotherapy clinics in Commonhead has been working well. With the end of COVID-19 vaccination programme, this will free up an additional clinic room to operate OH clinics from
2. A new OH manager has been successfully appointed and will start in the department on the 18th October
3. Positive feedback was given this month from the Health and Wellbeing Audit - final conclusion was of substantial assurance for the design of the Trust's health and wellbeing controls and moderate assurance for their effectiveness, with just 3 recommendations which are being progressed by the team.
4. The contract with our EAP provider is due to end 31st October. Work is underway to assess the (cost) effectiveness of this, and ways to continue to fund this beyond then.
5. Design is underway for our HWB wall outside the hub, using comments from staff in a recent survey
6. Feedback from this month's MHFA training demonstrates its benefit to both staff and patient. Thank you so much for giving me this opportunity learn this new skills that is vital for my role and also vital for my own mental wellbeing'
7. An additional physiotherapist joins the service on 6th Sept, which will enable resource to more provide more proactive and preventative work, especially with the increase in musculoskeletal difficulties

Risk to performance and mitigations

Some of the OH clinic waiting times remain longer than desired (4 weeks for mental health practitioner, 6 weeks for physician). Plans are in place to better manage mental health referrals (the benefits of which should be seen over the coming 1-2months) and physician wait is monitored each week and additional clinic time added to ensure wait is reduced.

Flu vaccinations planned to start 13th September, mirroring the successful model used for the COVID-19 vaccination programme. OH are leading with this, which will impact on routine OH nurse activity and waiting time (currently 4 weeks). The option of using an external provider as an interim measure for the OHA Management Referrals is being considered

Workforce – Recognition, EDI and Wellbeing

Great Employee Experience				Indicator Score	Self Assessment Score
				2	3
Employee Recognition					
Long Service Awards	3	Hidden Heroes	23	<div>Wellbeing Initiatives</div> <div>Tea Trolley</div> <div>a total of 60 cold drinks & snacks were delivered to Children's ward and SCBU in August</div> <div>Tea trolley in a box</div> <div>to enable our colleagues in the community to enjoy the benefits of the staff tea trolley, a DIY version (containing cups/tea/coffee/hot chocolate & biscuits) was delivered to the following teams in August: West Swindon Health Centre, Carfax Health Centre, Moredon Health Centre, Abbeymeads GP Surgery, Crossroads GP Surgery, Wheelchair Services & Swindon Community Equipment Store</div> <div>Massage chairs</div> <div>Children's Ward became a new location this month for one of the massage chairs, joining Urgent Care Centre, Woodpecker, The Academy & the Orbital</div>	
Retirement Awards	1	STAR awards	9		
Diversity/Inclusivity					
The Trust EDI agenda continues to progress with pace and a range of developing initiatives. 1. Reciprocal Mentoring pilot: A summary document will be produced in September, with participant feedback and analysis; alongside a video featuring several participants, and their reflections on the pilot. 2. Mentoring and work placements opportunities being discussed with an external agency for disadvantaged members of the community. 3. Learning and Development: audio-visual resource developed for staff to understand more prevalent forms of discrimination in the workplace, will be used as part of the Learning and Development Program for Cohort 1. 4. Reports: The WRES, WDES and EDI Annual Reports have been ratified by Exec Co, PPC & Board and will be published before national deadline (30/9/21) 5. Networks: 1. The Differently Abled Network (DAN) has reviewed a Neurodiversity toolkit, which aims to raise understanding and awareness of range of conditions under this term. The DAN network has proposed a number of initiatives to accompany the toolkit and raise awareness about ND. A DAN member shared her MH story with the Trust Board on 05 August. The NF toolkit and story have been well received. 2. Trust recognised and promoted Swindon Pride in August 3. The BAME Network has collated a series of video clips and is organising events for Black History Month (October) 6. Divisions: ICC and USC divisions have committed to three EDI areas of action. Action plans developed. Discussion of staff survey results for USC delayed due to Trust's OPEL 4 status. Met with SWC division on 16 July, and discussed EDI priority areas. 7. EDI Podcast pilot series: 6 topics with guest speakers identified; The first podcast planned – 'Top tips for being an Ally', EDI lead, September. 8. Career progression: Analysed survey results, to better understand the difficulties facing staff with a BAME background when progressing in their careers, and to seek input into ways we can tackle them. Findings to be presented to EDIG on 22 September. 9. Other: EDI Lead due to speak at Leadership Forum Event – You Cannot Be What You Cannot See. Event originally postponed, now due late September. 10. BSW ICS: Working with system partners to develop a regional EDI web page with organisation links and resources.					

<div>Background</div> <div>This month, 26 individuals self-referred for 1:1 psychology / counselling. Referrals have increased by 50% so far this year compared to last (n=121 since April 2021 compared to 80 during April-Aug 2021)</div> <div>93 individual appts were attended during the month . Additionally, 28 contacts were made with the EAP.</div> <div>25 staff members attended bitesized wellbeing sessions</div> <div>The most common reasons for referral were:</div> <div>- personal: overload/stress, low mood, anxiety (72%)</div> <div>- work-related : overload / stress (60%)</div> <div>In-reach group activity included:</div> <div>- wellbeing teaching to the new CTFs (n=20)</div> <div>- wellbeing talk for the Transformation & Improvement Team (n=10)</div>	<div>Improvement actions</div> <div>1. A further 12 staff members were trained in Mental Health First Aid this month</div> <div>2. CORE-10 pre/post scores improved for all 13 individuals who completed their 1:1 counselling / psychological therapy this month (of which 8 were 'clinically significant')</div> <div>3. Qualitative feedback from one individual stated 'My counsellor supported me to work through an extremely difficult situation, validating my feelings, helping me to create tools & strategies that I could use in any future challenging situations, thereby increasing my confidence & ability to return to work situations. Compared to my HWB at the start of counselling, which was extremely poor, I now feel confident, healthy, & happy. Counselling enabled me to return to work, albeit in a different job. Without counselling I don't believe that I would have been able to return to work & may have been medically retired. Counselling helped me to understand why I react & respond in certain ways and has helped me to be more assertive, bringing stability & calm to some of my relationships. Counselling got me back to my 'old self' but with improved skills to enable me to challenge/navigate any situations that might threaten my HWB in any future situations'</div> <div>4. This month, we developed & launched 3 new wellbeing sessions open to all staff: Managing the Menopause, Trauma Awareness, and Having a HWB Conversation at Work - these will continue to run throughout the year</div> <div>5. Our first The Suicide First Aid training was completed on the 8th September with a cohort of 20. This will continue monthly.</div>	<div>Risk to performance and mitigations</div> <div>We are in the process of recruiting 3 new additional bank counsellors to enable us to continue to provide a timely response to increasing numbers of referrals</div>
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Great Employee Development

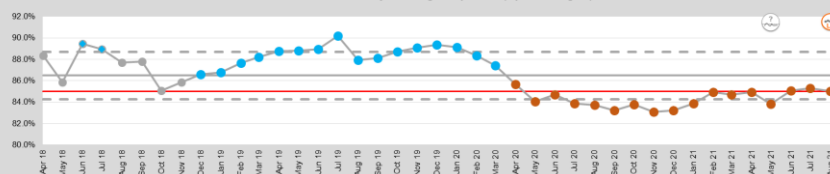
Indicator Score

2

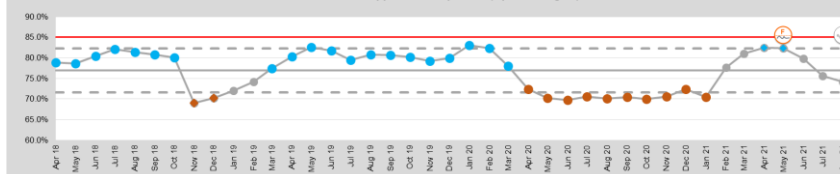
Self Assessment Score

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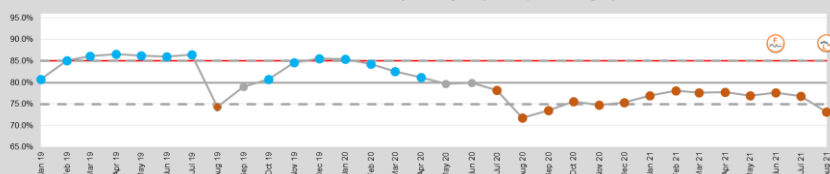
Trust Mandatory Training Compliance (Apr 18 - Aug 21)



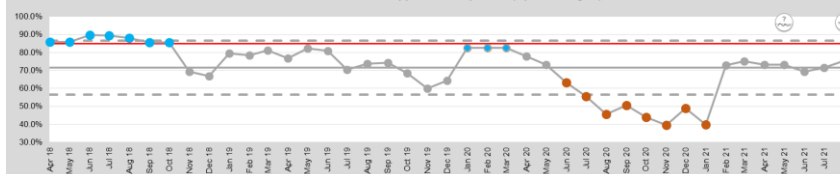
Trust Appraisal Compliance (Apr 18 - Aug 21)



Trust Medical Mandatory Training Compliance (Jan 19 - Aug 21)



Trust Medical Appraisal Compliance (Apr 18 - Aug 21)



Background

Trust mandatory training compliance performance remains above the KPI of 85%-and is 85.03% since the transfer of modules to ESR on the 1 June.

Trust appraisal compliance is reported at 74.17% in August, decreasing by over 1% over the month.(The July figure was 75.67%) The self assessment score reflects this performance.

The site pressures and cancellation of nonessential activities in July is likely to have contributed to this decline in performance. The HRBPs continue to work with Divisions to improve compliance rates.

An external audit around the processes to support mandatory training has been completed and has confirmed that the list of mandatory training is not excessive. Nevertheless ,this will continue to be reviewed by the Mandatory Training Review Group.

Improvement actions

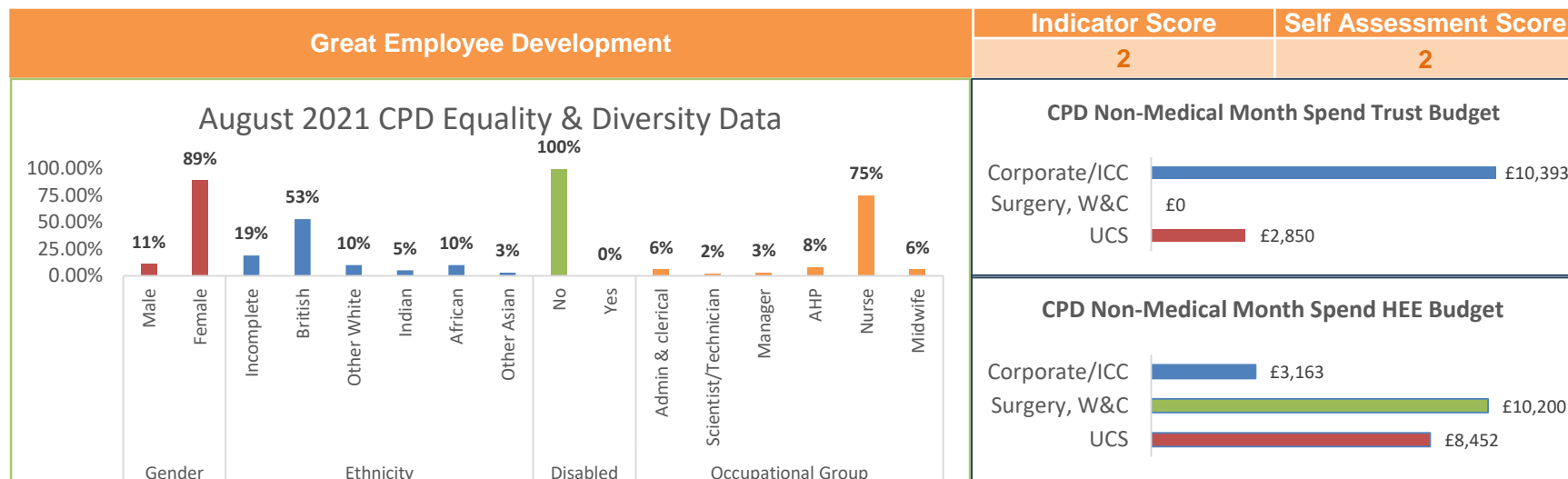
1. The work on improving Level 3 Children's Safeguarding compliance rates within ED continues. Progress has been slower than anticipated due to annual leave of key staff, but an action plan has now been produced to address this long-standing issue. A working group has been formed to look for a completion date for the end of Q3 (Dec 21).
2. RESPECT training (not mandatory) went live week beginning the 6th September, we continue to provide weekly reports on completion to ensure there is a robust process to monitor uptake of training and target areas with lower levels of uptake. Review of weekly reports will enable us to liaise with Head of Communications to ensure compliance rates increase.
3. The Trust has reviewed the Southampton approach to refresher mandatory training and the new Head of L and D will be responsible for assessing how this could be introduced.
4. The Head of Learning and Development is leading a review of learning delivery mechanisms to assess what improvements and innovations could be made to support learning.
5. The capacity constraints on training due to social distancing requirements are restricting numbers significantly. The Academy is exploring the potential of other venues to address this issue and a room audit is underway to assess wasted capacity.

Risk to performance and mitigations

External venues may prove costly . A range of options will be exploring to ensure value for money.

The room audit will identify areas of waste and consideration given to how this can be improved.

In response to the current site pressures non-essential training has been cancelled throughout August. This will have an impact on compliance,
However critical courses, such as NLS,ALS continue to be delivered.



Background

Trust CPD budget

The spend to date is £75,439. The annual budget is £240,000, so at the end of Q2 we would hope to achieve a spend of around £120,000 if the spend is evenly profiled across the year.

The committed /spent money to date against the HEE budget of £632,000 is £333,964. However, the vast majority of the proposed spend (£630k) has been identified.

Both of these budgets are closely monitored and further comms will be sent to remind people of the Trust funded CPD monies.

Improvement actions

1. The recording of data around gender, ethnicity, and disability simply confirms who is accessing training. However, further work is being planned to consider the categories currently used and also whether this data is reflective of the of the workforce as a whole. This will be crucial in developing an understanding of whether there is any disparity between groups, Depending on the outcome of this work a deeper dive may be necessary to understand whether all groups of staff are accessing training and any barriers.
2. The work on developing a new vision and strategy for the Academy has started . Consultation with a number of groups-including Medical Staffing Group, Employee Partnership Forum and Senior Nursing and Midwifery Committee has explored ideas about the Academy's core purpose. The draft vision and strategy will be shared widely for comment in the Autumn and will reflect the Trust's position as an 'anchor' institution.
3. The Associate Director of OD and Learning has established a network with counterparts at the RUH and SFT to facilitate collaboration in learning delivery and procurement. Work is beginning on the joint procurement of mediation training. This work will support the BSW Academy as it develops
4. The new Head of Learning and Development is developing a refreshed application process for CPD to ensure it is more streamlined.

Risk to performance and mitigations

The key risk to performance will be the ability of staff to access CPD during the winter period which may prove to be challenging. This will be kept under close review.

Great Leadership		Indicator Score	Self Assessment Score
		1	2
Leadership Roles at the Trust	4.39% of staff	Equating to 179.16 WTE	
Leadership Development Programme (cohort 1)	22 leaders	Undergoing Training	
Leadership Development Programme (cohort 2)	17 leaders	Undergoing Training	
Aspiring Leaders (cohort 1)	21 aspiring leaders	Undergoing Training	
Leadership Forum Members	300 managers	Members Engaged	
Latest Leadership Forum (27 May)	52 managers	Actively Attending	
Ward Accreditation	24 of 24 departments	using the Perfect Ward App	

Background

The Trust faced significant operational pressure during July and August and non essential training was cancelled to protect frontline service delivery. 4 sessions on the Leadership Development Programme were cancelled and 2 on the Aspiring Leaders Programme. All session will be rescheduled

The Leadership Team have been providing team development activity using Belbin and have received positive.

The Leadership Team have been working with the ED&I lead to ensure that all BAME staff have access to information on leadership training which includes three programmes specifically aimed at BAME individuals.

Cohort 3 of the Leadership Development Programme is due to start in October 2021 There have been 12 applications for the level 5 Coaching & Mentoring training and 6 applications for the level 7 Coaching & Mentoring training, both due to start next month.

Improvement actions

1. The Trust is now working with RUH and SFT on the development of a programme for Clinical Leads. This programme will work across the three Acute Trusts and will complement the Associate Medical Director programme.
2. The Associate Medical Director will continue from October/November on a bi-monthly half day basis. Both these the AMD and Clinical Lead programmes will be developed further with input from the new Medical Director.
3. The Trust is linking with the system level leadership development programme, and continues to work on assessing a common framework approach-at least across the three acute providers who are all using the same KPMG methodology and approach to continuous improvement.
4. There will be a formal review of the career triangles with an option to move towards a less restrictive format that provides the career development information required ,yet allows for greater transition opportunities across roles and services.
5. The Trust is planning to take part in a pilot for a new approach to Talent Management which has been developed by NHSI/E. This approach is called 'Scope for Growth' and there is the opportunity to be part of a pilot later in the year. This will need to be timetabled to fit with the Trust's decision to undertake Talent Management activity from April-September.

Risk to performance and mitigations

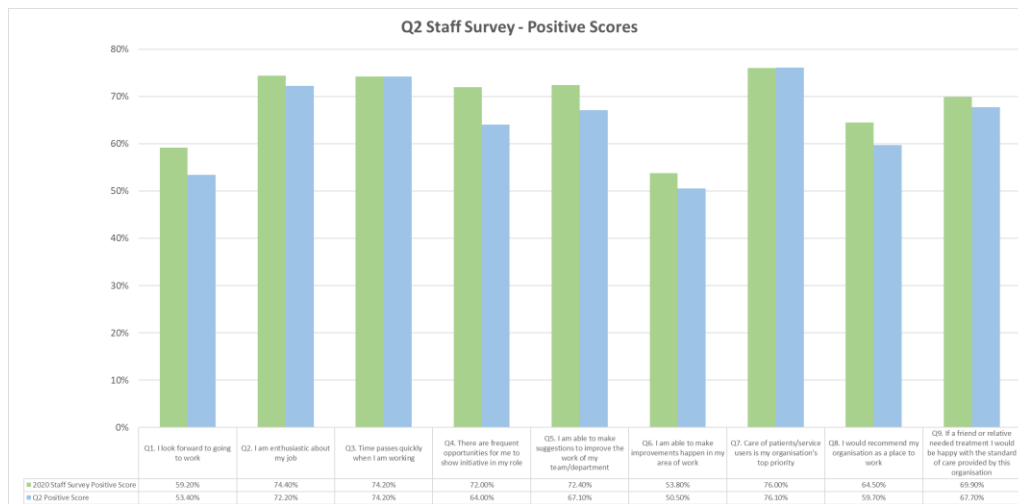
There is a risk that the demand for team development interventions exceeds capacity, but this is being carefully monitored.

The review of the timing of the Leadership Forum has been completed. This data demonstrates a fairly even split in terms of preference for timing.. It is proposed that the time will alternate from 4pm to 6pm in future to ensure that most staff are able to access at least some of sessions.

RUH has not yet confirmed it has the capacity to lead the BSW Acute Alliance Clinical Lead Development programme. If this is not possible SFT may be able to do so.

The July Leadership Forum had to be cancelled due to the significant site pressure on that date. This will be kept under review so there is a clear understanding of the risks around lack of continuity and engagement with leaders in a learning environment.

Exception 1 - Quarterly Staff Survey Results



Q1. What does engagement mean to you?



Q2. How would you like to be engaged in what is happening at the Trust?



Background

NHS England and NHSI have introduced a new Quarterly Pulse Staff Survey which was launched on the 5th July 2021. This is to ensure that every member of staff has a voice as outlined in the NHS People Promise. The Quarterly Pulse Staff Survey will be run each year in Q1, Q2 and Q4 with the National Annual Staff Survey continuing to take place in Q3.

The Trust achieved a 37% response rate for the Q2 Quarterly Pulse Staff Survey which compares favorably with the 21% average response rate that Picker.

There was a drop in the positive score in 7 of the staff engagement questions, compared with the 2020 Annual National Staff Survey. 2 of the questions (Q3 and Q7) remained at the same positive score.

Improvement actions

1. The Trust is working with KPMG to introduce a standard continuous improvement methodology which engages staff in improvements.
2. Our leadership development activity continues to support the development of line managers and their skills in working to engage with and support their teams.
3. The first Great West Fest thank you event was successful and received positive feedback from staff and their families. Over 2000 people attended. Video of the event will be shared via site comms and social media shortly.
4. Staff Excellence award are planned for November, shortlisted staff have been notified. This year is a masqueraded ball theme.
5. Continued focused on wellbeing and in October we will launch our physical wellbeing campaign which will be led by our Health and Wellbeing advisor and support by fundraising team. First event was published this week – fall into fitness.
6. Divisions continue to work on staff survey action plans and progress against these actions will be shared at Exec Co in October.

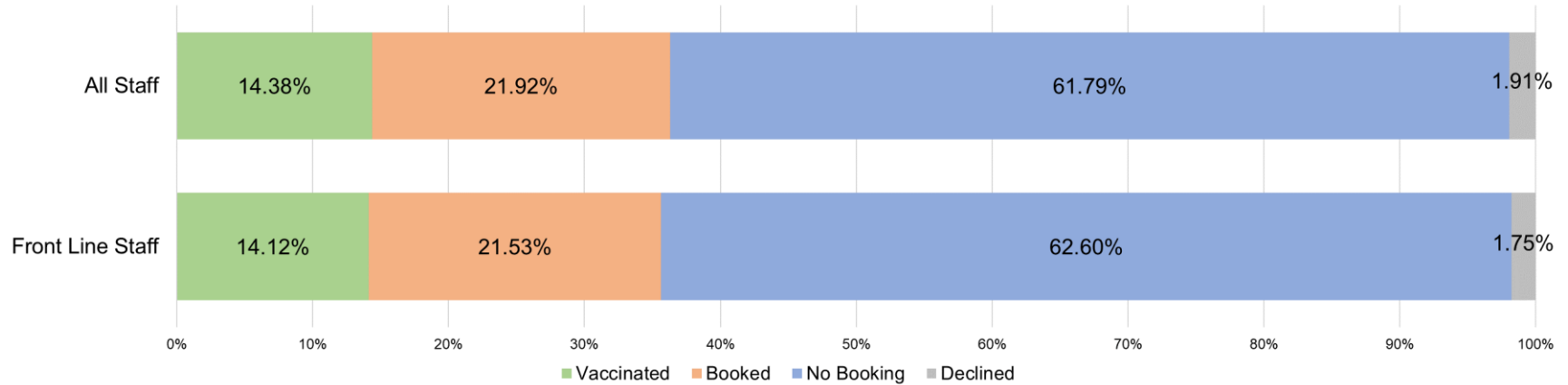
Risk to performance and mitigations

Staff Surveys are in place to ensure that Staff have a voice as detailed in the NHS People Promise which enables them to share positive and negative feedback for improvement and learning.

Actions and improvements will need to be visible and experienced by staff to sustain confidence in the survey and sustain high participation.

Exception 2 – Staff Flu Vaccination

Staff Flu Vaccinations



Background

The annual NHS Flu Vaccination campaign has launched and the staff vaccination programme commenced at the Trust on the 13th September 2021.

Our current compliance is 14.4% and a further 21.9% staff are booked as of the 16th September. (Compliance reporting excludes opt out numbers).

The vaccinations are being coordinated on site from the Commonhead offices at GWH in the vaccination hub of the Occupational Health department. Healthcare workers are offered and strongly encouraged to get the flu vaccine to protect themselves, their patients and their families.

The target for this year compliance is 90% and a local set target of 95% of

Improvement actions

1. The Trust have invested in 'Vaccination Track' an online flu appointment booking system to improve accessibility of the range of appointments and mitigate the inconvenience for off-site staff.
2. Staff are able to select a vaccine appointment from 7.30am until 6.30pm with 3 appointments taking place every 6 minutes. The target number of bookings is 300 daily and a team of dedicated clinicians are resourcing the programme.
3. The vaccination hub is organised with clear separation between the flu and COVID-19 vaccines in compliance with social distancing and to ensure efficient continuity of both programmes.
4. Communication plan in place and a number of messages have been sent via site comms.
5. COVID booster planning for staff is currently underway.

Risks to Performance & Mitigations

Staff are required to come to site for their vaccination in adherence with social distancing and proactive uptake is essential to avoid delay to the anticipated COVID-19 booster campaign. This may impact staff take up and therefore this will be monitored closely.

Exception 3 – Black History Month



Black History Month was originally created to focus attention on the contributions of African Americans to the United States and has evolved into an important day of recognition to honour and respect black people across the world. It provides the opportunity to formally recognise and celebrate the success stories and to spotlight achievement and talent.

It is important that we continue to engage with history to give us context for the present and learn for the future. We would like this to be an inclusive opportunity for all Trust colleagues to join together and celebrate the diversity of our workplace and the special contributions of our BAME colleagues.



Background

GWH NHS Trust is part of a larger regional BHM event.

- We have contributed £2k, which has been used to hire prominent speakers for the event;
- We are one of several local partners, including police, local ambulance service, and local council organisations.

The GWH Trust initiative will take the form of a series of activities which will align with the 'Proud to be...' theme for this year's Black History Month.

These activities will focus on how we can work together to better support our BME staff, improving their daily workplace experiences and advancing racial equity.

It will reflect our NHS People Promise, which challenges us all to make the NHS a better place to work, and the NHS People Plan priority of building an inclusive and compassionate culture in the NHS.

Improvement actions

- Regional event will take place on 11 October.
- Our Trust EDI Lead will introduce a keynote speaker (Stuart Lawrence) and chair debate

Trust is aligning its own BHM celebrations to the NHS People Plan, and 'Race Ahead- NHS Big Conversation on Race', which coincides with BHM.

Trust event will be on 14 October, online and in the hospital

- National Theme is 'Proud to be'.
- Trust events and resources include plans for:
 - Educational videos
 - Information stand erected in the atrium
 - Merchandising
 - Zebra crossing in BAME skin tones
 - External speakers
 - Educational podcast
 - Flags representing diverse nations
 - Food
 - Music

Risks to Performance & Mitigations

Prohibitive cost of food and music – ongoing discussion with network to source competitively priced suppliers;

Staffing capacity for face to face events – growing list of volunteers

Ownership for various parts of project – we have emphasised that success of day relies on this. Further appeals to network members and Staff engagement on the day – promotion through Trust Comms, a staff video emphasising importance of the BHM, and what it means to staff personally.

Board Committee Assurance Report

Finance & Investment Committee			
Accountable Non-Executive Director	Presented by		Meeting Date
Andy Copestake	Andy Copestake		27 September 2021
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	BAF SR7

The key headlines / issues and levels of assurance are set out below, and are graded as follows:

Assurance Level	Colour to use in 'Assurance level' column below
Not assured	Red – there are significant gaps in assurance and we are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	Amber – there are gaps in assurance but we are assured appropriate action plans are in place to address these
Significant	Green – there are no gaps in assurance / high level of confidence in delivery of existing mechanisms/objectives
Full	Blue – Delivered and fully embedded

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Month 5 Finance position	G	A	Again, all the main indicators are green – a favourable I & E variance to date of £40k, cash of £25.1m at the end of August, good progress in spending and controlling the Capital budget and CIP achievement is £139k above plan year to date. The Amber rating for Management Actions reflects the need to understand and address a number of worrying expenditure trends, especially on Non-Pay.	Discuss review of Non-Pay spend against Activity at specialty level.	FIC Oct 21
Finance Risk Register	R	A	The Finance Risk Register process is working well but there is a significant risk in achieving the likely efficiency target for H2 and considerable management effort and focus will be needed, especially at Divisional level.	Monitor through FIC	FIC meetings 2021/22
BSW Consolidated Finance Report	R	A	This paper updated the previous Drivers of the Deficit paper and showed a marked deterioration in the overall underlying deficit for the System as a whole (hence the Red Risk). The Committee was pleased to see that GWH's position had not worsened to the same extent as other parts of the System, but the paper highlighted the need to achieve year on year efficiency targets to arrest the increase in the underlying deficit.	Discussion on long term System financial plan	Jan 22 FIC

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Capital Plan – in depth report	R	G	A good paper showing good focus on delivering and controlling the Capital budget. The Red rating for Risk reflects the fact that there is still a funding gap of £11.5m awaiting approval at DHSC level. Approval is expected in the coming weeks but the Trust is currently operating at risk.	Monitor through FIC	FIC meetings 2021/22
Improvement & Efficiency Plan	R	A	The Committee received an update on efficiency projects in the pipeline. Whilst a considerable number of improvement opportunities have been highlighted, the Committee is not yet assured that there is evidence of turning these into tangible savings. Also, at this stage there is a considerable gap between the forecast value of efficiency opportunities and the £7.3m anticipated efficiency target for H2, hence the Red Risk.	Further discussion at next FIC meeting	25 Oct FIC
Summary of Model Hospital data	A	A	Again, plenty of opportunities have been highlighted where GWH performance is below our peer group but the Committee is keen to see actions being taken to deliver real improvements in these areas.	Monitor through FIC	Dec 21 FIC
EPR Outline Business Case	A	A	The Committee noted a paper from David Kwo, recently appointed BSW EPR Programme Director, which concluded that there should be a 2 month delay in producing the OBC for the EPR programme. The Committee agreed that the extra time was needed to respond to feedback from NHSE and ensure the financial model is robust.	Review OBC when available	Dec 21 or Jan 22 FIC
IT infrastructure Improvements update	A	G	A good paper from the Interim Director of IT showing excellent progress on implementing the IT Infrastructure Improvement Programme.	None	
Update on Proactive Procurement	G	G	A very comprehensive and frank report from the Director of Procurement showing good progress on a range of issues. The Committee was particularly pleased to see the progress on Inventory Management over the last 2 years.	Quarterly Procurement update	Dec 21 FIC
Pharmacy Homecare Services	A	A	The Committee agreed to recommend approval to the Board of a 2 year contract (with optional 2 year extension) for the provision of Pharmacy Homecare Services – total cost of £16.4m over 4 years – to the regional Peninsula Purchasing Supply Alliance (PPSA). The Amber rating reflects a concern from the Committee that the award of the new contract is uncomfortably close to the expiry of the existing contract in October 21.	Board approval	7 Oct 21

Issues Referred to another Committee	
Topic	Committee
None	

Part 4: Use of Resources

Our Priorities		How We Measure	
 <p>Outstanding patient care and a focus on quality improvement in all that we do</p>	 <p>Improving quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers</p>	Are We Effective?	Are We Responsive?
 <p>Staff and volunteers feeling valued and involved in helping improve quality of care for patients</p>	 <p>Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care</p>	Are We Safe?	Are We Caring?
		Are We Well Led?	Use of Resources

Financial Overview

For Period Ended - 31st August 2021							
	In Month Plan £000	In Month Actual £000	In Month Variance £000		YTD Plan £000	YTD Actual £000	YTD Variance £000
Total Operating Income	33,434	34,463	1,029	●	167,893	171,995	4,102
Total Operating Expenditure	(33,434)	(34,456)	(1,022)	●	(167,893)	(171,955)	(4,063)
Total Surplus/(Deficit) <i>excl donated assets</i>	0	7	7	●	0	40	40
Capital					6,691	6,394	297
Cash & Cash Equivalents	22,754	25,122	2,368	●			
Efficiencies	254	269	15	●	1,005	1,144	139

Overview

Income & Expenditure: The Trust in month position is £7k surplus against a plan of breakeven. Operating Income is £1,029k favourable against plan and Operating Expenditure is £1,022k adverse against plan. This includes Pay costs that are £212k adverse against plan and Non-Pay costs that are £817k adverse against plan.

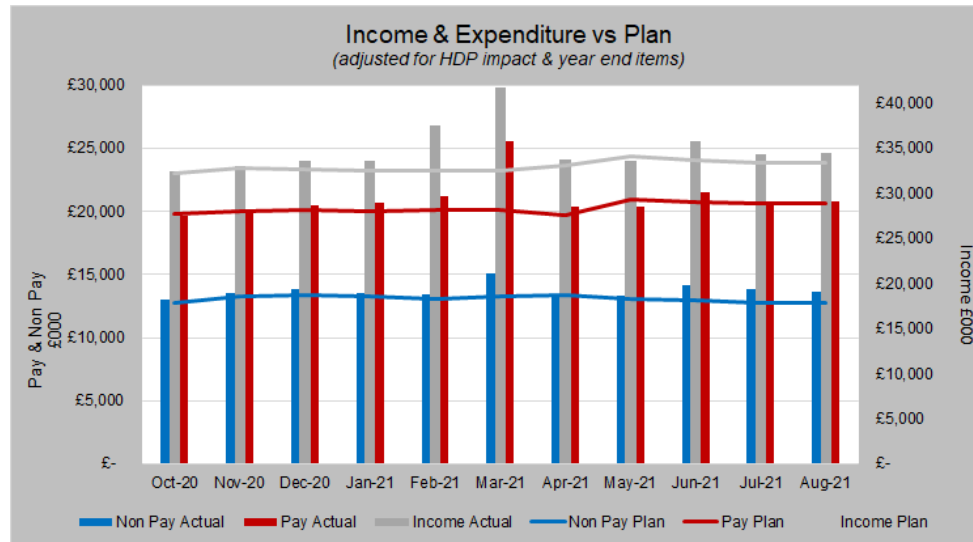
The position in the table above excludes the impact of donated assets. £645k of Covid donated equipment was returned to NHSI in month, reducing Donated Income. This sits below the line when reporting year to date performance.

Cash – the cash balance at the end of August was £25,122k which was above the forecast of £22,754k

Capital – Capital expenditure is £6,394k as at the end of Month 5, £297k below plan.

Efficiencies – £1,144k YTD has been delivered, which is above plan by £139k.

Income and Expenditure - Run Rate

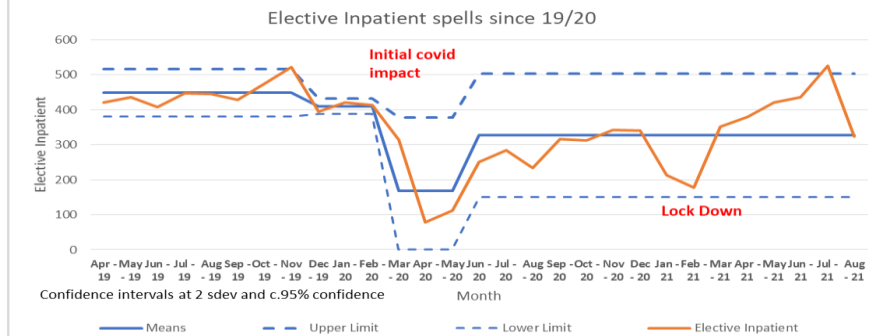
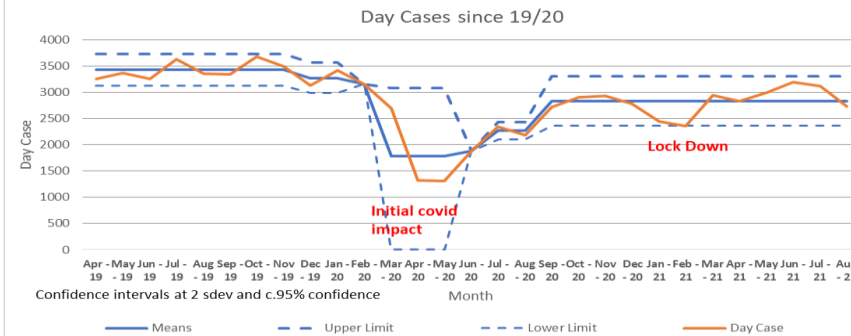
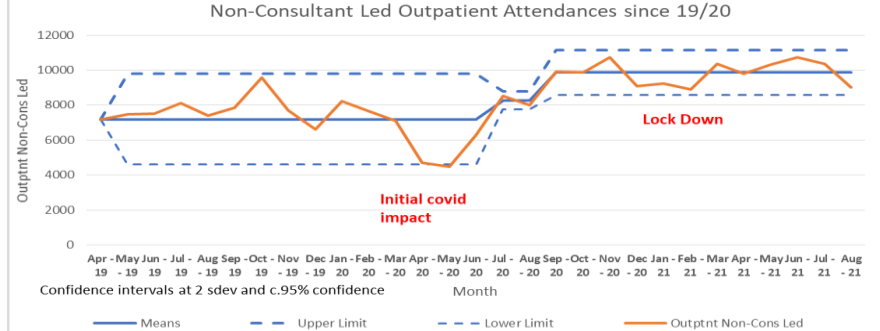
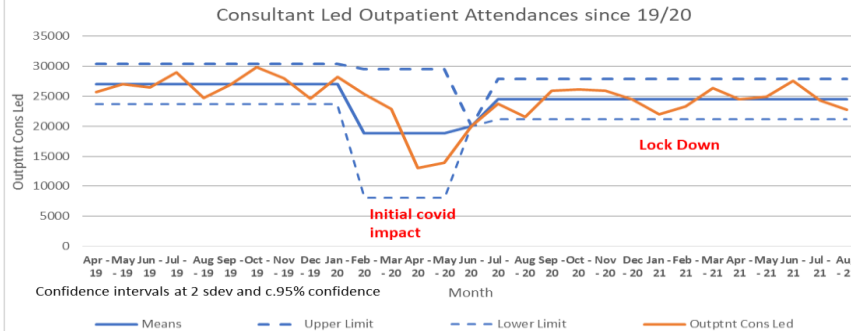
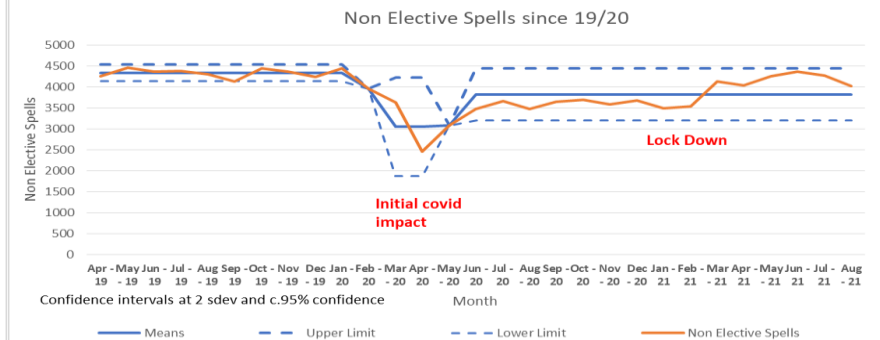
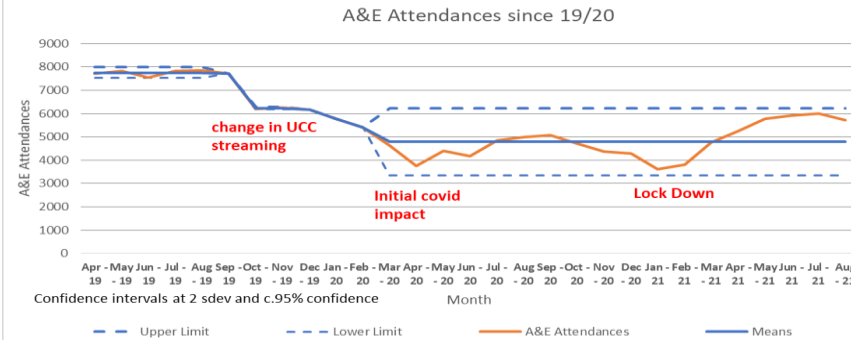


Background

The August position is £7k surplus against a breakeven plan.

- Elective Recovery Fund (ERF) income earned in Q1 is held by BSW CCG and drawn down as costs are incurred. In August the drawdown was £452k (£2,302k YTD).
- Pay run rate has increased by £332k and is overspent in month by £212k.
 - The increase is primarily within nursing which has increased by £280k (3%). Permanent nursing costs have increased by £166k due to 22wte (net) new international and newly qualified nurses who will be supernumerary for at least 6 weeks. During the supernumerary period, new starters work at band 4 which should reduce the need for temporary healthcare assistant shifts. This has not happened in August due to an increase in sickness cover and enhanced care.
 - Medical costs have increased by 11k (0.2%) which includes a central accrual of £225k for anticipated costs of ERF. There continue to be difficulties filling shifts particularly in primary care and ED which exacerbates the pressures seen due to increasing front door attendances.
- Non Pay underlying run rate (excluding stock adjustment, donated assets & utilities benefit in prior month position) has increased by £200k and is overspent in month by £851k. Clinical supplies costs have increased by £110k despite a 47% reduction in elective activity. The cost increases are for respiratory supplies and infection control related services (laundry), plus an increase in stents which is in line with non-elective cardiology activity. PFI costs have increased by £59k due to additional cleaning, catering and variations.

Key Activity Trends to Inform Revenue Impact if National Tariffs Still Applied



Background:

This is the activity trend collected to inform financial view on productivity, expenditure reported and notional income earned. This does not replace divisions' own view on their levels of activity.

Income and Activity Delivered by Point of Delivery

2021/22 Income vs 2019/20 Income - YTD at August

Activity Type	Activity Variance %	19/20 Income	21/22 Income	Income Variance	Income Variance	Comment (comparing income and activity variances)
		£'000	£'000	£'000	%	
A&E	-26.0%	6,228	5,037	-1,191	-19.1%	Minor activity affected more than major + impact of increased streaming since 19/20
NEL	-3.7%	38,300	41,163	2,863	7.5%	Minor activity affected more than major
Outpatient (All)	-2.7%	17,903	15,702	-2,201	-12.3%	Due to switching to Non face to Face
Day Case	-11.1%	9,916	9,011	-906	-9.1%	Minor activity affected more than major
Elective Inpatient	-4.8%	7,386	7,172	-214	-2.9%	Minor activity affected more than major

Context

Due to Covid-19, 21/22 funding is paid on a block contract basis in the first half of the year, with the emphasis on covering reported costs.

The above table show this year's performance by main activity types against the same point in 2019-20, if activity based contracting (PbR) was still applied.

It gives a feel for the impact of Covid-19 and the likely scale of income recovery in future years if PbR becomes relevant again.

Issues:

Income that would have been earned if PbR was in place is reduced from previous years due to Covid-19 reducing throughput. June and July saw activity performance improve but August has dipped particularly in elective inpatients, day cases and outpatient procedures.

Notional PbR income has dropped less than activity, as low complexity work has reduced most. The exception is outpatients where a switch to non face to face delivery attracts a lower tariff.

Risks:

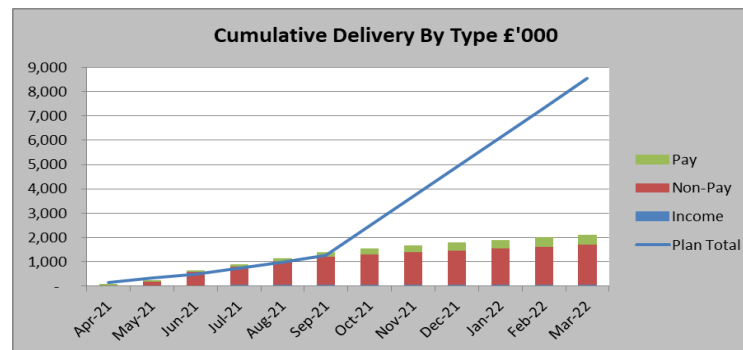
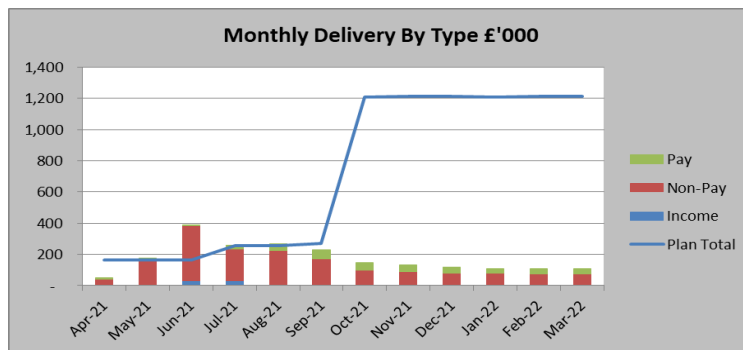
If the previous cost and volume funding approach was reintroduced, activity based income for the year would be c£3.9m lower than 2019/20 income levels due to reduced throughput. This is £2.6m worse than the equivalent projection at M4.

Reduced elective throughput will mean elective recovery is put under increased pressure.

Actions & mitigation:

PbR is not going to be reintroduced in 2021/22 and block funding will remain in place. The Trust is working with the BSW system to maximise income for the Trust by staying up to date with the few income streams that exist and are created outside the blocks such as ERF, Vaccination and other NHSE/I development initiatives.

Cost Reduction – Better Care at Lower Cost



Background

- Cost Reduction identified and delivered in month amounted to £269k (£1,144k YTD) which is £15k above plan.
- The total for H1 of the year is £1,272k, which equates to 0.7% of total budgets.
- Delivery for the year to date is £1,144k, which is over plan by £139k.
- Delivery against divisional targets remains below plan at £474k YTD against plan of £718 YTD (66% delivery rate).
- The values attached to the plan line shown in the charts above for H2 are indicative based on an assumed 4% of budget requirement and are therefore subject to change, depending on the outcome of the H2 settlement.

Improvement actions planned

Divisional surgeries have now commenced with Unscheduled Care first and remaining divisional areas to follow in September.

These are being tailored to each division plus a session specifically around Thoughtonomy opportunities and next steps.

Risks to delivery and mitigations

The anticipated level of efficiency required for H2 is significant and delivery against this will be the key area of risk moving forward.

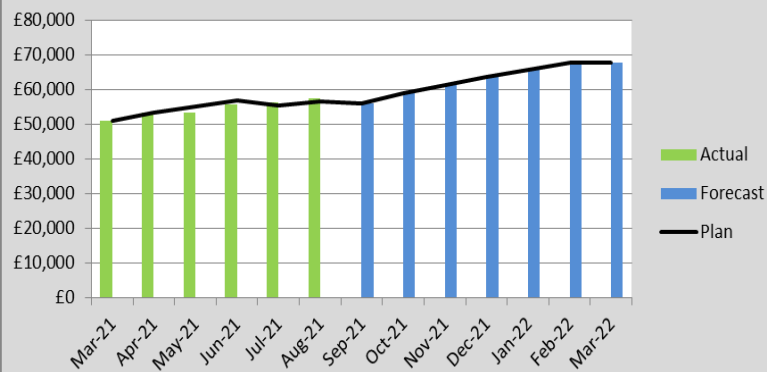
A full review of all ideas, initiatives and projects across the Trust is currently underway supported by T&I colleagues and Finance Business Partners, which will inform review of the potential financial impact of ideas and initiatives not yet progressed to project / delivery stage and enable them to be brought forward on a priority basis. Operational leads are being identified for ideas & projects listed during September, which will ensure leads to take forward each item through development and delivery.

In addition workshop surgeries are being run during September to bring forward key ideas and projects and focus on areas of Trust Wide delivery projects such as Thoughtonomy.

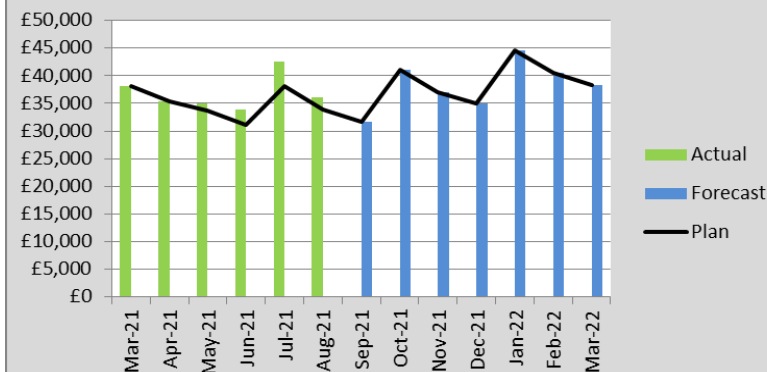
Finance Business Partners are also working with project leads to assess the financial benefit of run-rate reduction across schemes during September.

Statement of Financial Position: Key movements

Payables



Trade Receivables



Background

- In month a number of imaging assets have been returned to NHSI (£645k). These items were received from Covid Donation in 2020/21 but were not compatible or used by the Trust. This has reduced Non Current Assets and reduced Donated Income within the Month 5 position.
- Payables are broadly in line with plan in month, Capital payables have reduced to reflect prior year invoices for building projects being paid as well as IT invoices for Dell hardware being paid in month.
- Receivables have reduced in month and are in line with plan. The reduction primarily relates to Education income being paid in month (£2.4m)
- A full Statement of Financial Position is included in the appendices.

Risks to delivery and mitigations

- The Finance team have been working with SBS to review the debt recovery process. The findings and actions being taken will be presented to FIC in October.

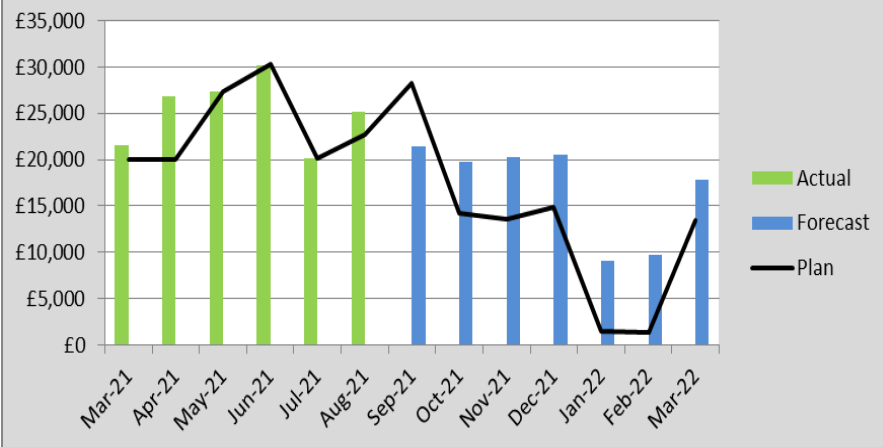
Cash

	Mar-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	21/22 Total	Rolling 12 Mths Sep 21 to Aug 22
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening Balance	41,193	20,111	25,122	21,461	19,791	20,320	20,525	9,138	9,743	17,827	7,414	8,599	9,365	4,004	4,769	21,553	25,122
Income																	
Clinical Income	11,312	30,804	31,086	27,500	27,435	27,435	27,435	27,435	27,435	27,517	27,517	27,517	27,517	27,517	27,517	351,088	333,346
Other Income	3,921	6,728	1,287	1,900	3,568	1,624	1,960	3,563	1,619	1,619	1,619	1,619	1,619	1,619	1,619	37,700	23,613
Revenue Financing Loan / PDC	4,975					1,100	1,600		11,800				5,526			14,500	20,026
Capital Financing Loan / PDC	25,525			12,688	3,814	3,849	4,460	3,671	5,011	5,011	5,011	4,537	4,537	4,537	4,537	33,493	57,126
Total Income	45,733	37,532	32,373	42,088	34,817	34,008	35,455	34,669	45,865	34,147	34,147	33,673	39,199	33,673	33,673	436,781	434,111
Expenditure																	
Pay	21,021	19,468	22,624	20,535	20,510	20,510	20,504	20,503	20,449	20,138	20,138	20,138	20,138	20,138	20,138	242,337	246,325
Revenue Creditors	10,936	11,659	9,387	9,336	10,217	9,853	11,220	10,848	12,622	8,302	8,302	8,302	8,302	8,302	8,302	129,293	114,990
Capital Creditors	19,424	1,395	1,893	2,235	3,505	3,440	3,465	2,713	2,585	4,467	4,467	4,467	4,467	4,467	4,467	29,345	42,172
PFI	11,861			11,653			11,653			11,653			11,653			35,167	46,612
PDC Interest	2,131		2,130						2,125							4,255	4,255
Financing					55						55					110	110
Total Expenditure	65,373	32,521	36,034	43,759	34,287	33,803	46,842	34,064	37,781	44,560	32,962	32,907	44,560	32,907	32,907	440,508	454,464
Closing Balance	21,553	25,122	21,461	19,791	20,320	20,525	9,138	9,743	17,827	7,414	8,599	9,365	4,004	4,769	5,535	17,827	4,769

Background

- Cash at the end of Month 5 was £25,122k which was £2,368k above the forecast level of £22,754k.
- This variance is primarily driven by cash received from Health Education England (£2.4m). This was included in the plan for July but received in August.
- The forecast has been updated for drawdown of the Capital Financing Loan to reflect that NHSI have still not yet approved the request.
- The revised forecast anticipates that revenue support will be required in December 21 (£1.1m) as well as January 22 (£1.6m), March 22 (£11.8m) and July 22 (£5.5m).
- The Trust has met its target for the Better Payment Practice Code to pay 95% invoices within 30 days in month. Detail can be found in Appendix 2.

Monthly Cash Balance



Capital Programme

Capital Scheme	Capital Group	2021/22			
		Full Year Plan £000	Month 5 YTD Plan £000	YTD Actual £000	YTD Variance £000
Aseptic Suite	Estates	1,903	309	170	(139)
Oxygen	Estates	500	379	378	(1)
Estates Replacement Schemes	Estates	750	-	-	-
Utilities (LV & Heating) Project	Estates	2,300	533	480	(53)
Site Reconfigurations Urology/R&D etc	Estates	300	-	-	-
Pathlake (national funds requires matching)	IT	260	53	-	(53)
Pathology LIMS (network procurement)	IT	510	151	-	(151)
IT Emergency Infrastructure	IT	3,000	2,062	2,569	507
IT Replacement Schemes	IT	1,404	312	122	(190)
PACS - environment/replacement solution (Nov21)	IT	800	-	125	125
Equipment Replacement Schemes	Equipment	1,450	322	15	(307)
Contingency	Equipment	541	225	-	(225)
Way Forward Programme		9,690	1,005	370	(635)
Clover UEC		10,085	1,340	2,165	825
Total Capital Plan (Excl PFI)		33,493	6,691	6,394	(297)

Risks to delivery and mitigations

The Emergency Financing application is still awaiting approval from NHSI,

NHSI have been notified that the Trust anticipates slippage on the Way Forward Programme and Utilities project – the financial impact is currently being worked through.

Background

Capital Expenditure as at Month 5 is £297k below plan. This is driven by:

- IT:
 - IT Emergency Infrastructure scheme is £507k above plan due to orders being placed in advance. The remaining funds will be spent by the end of the year.
 - Orders are beginning to be placed for IT replacement schemes and the allocation is on track to spend in full by year end (£190k below plan).
 - No spend has been reported against PathLake or Pathology LIMS year to date (£53k and £151k below plan). Orders are in progress for LIMS (£151k) and the contract for PathLake is in the final stages for signatures.
 - PACs is above plan year to date (£125k) due to work being progressed on decoupling from the existing System C. The full PACs replacement system is not expected to start until 2022/23 therefore £500k of this allocation will be re-directed to fund IT requirements for the Way Forward Programme.
- Equipment
 - Equipment Replacement scheme is £307k below plan, bids have been submitted to the Trust Equipment Group and orders have been placed in month. The full allocation is on track to be spent by year end.
- Estates:
 - Clover UEC is above plan (£825k). Early orders have been placed with IHP and the project is expected to be in line with plan by year end.
 - Slippage on Way Forward (£635k) and Utilities (£53k) schemes is reported year to date. The progress and profile of these schemes is under review by the Way Forward Programme Board.

Freedom to Speak Up Bi-Annual Review			
Meeting	Trust Board	Date	7 th October 2021
Summary of Report			
<p>The purpose of this paper is to provide assurance to the Trust Board that there are ongoing actions to support the mechanisms in place to promote an open and supportive culture that encourages staff to speak up about any issues but particularly those relating to patient care, quality, or safety. A summary is provided of the cases received between January and July 2021.</p> <p>This paper has been presented and discussed at the Quality and Governance Committee, on the 23rd September 2021.</p>			
For Information	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
		Discussion & input	<input type="checkbox"/>
		Decision / approval	<input type="checkbox"/>
Executive Lead	Lisa Cheek Chief Nurse		
Author	Sharon Keene, Regulatory & Compliance Manager		
Author contact details	sharon.keene1@nhs.net		
Risk Implications - Link to Assurance Framework or Trust Risk Register			
Risk(s) Ref	Risk(s) Description		Risk(s) Score
2393	Risk that staff feel unable to speak up and therefore the opportunity for learning and improvement is missed		8
Legal / Regulatory / Reputation Implications	(Enterprise and Regulatory Reform Act 2013)		
Link to relevant CQC Domain			
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>
		Caring	<input type="checkbox"/>
		Responsive	<input type="checkbox"/>
		Well Led	<input checked="" type="checkbox"/>
Link to relevant Trust Commitment	Freedom to Speak Up arrangements form part of the CQC Well domain		
Consultations / other committee views			
Patient Quality Committee 7 th September 2021			
Quality and Governance Committee 27 th September 2021			

Recommendations / Decision Required
<p>that the update report be received, and it be agreed that controls and systems are in place to support Freedom to Speak Up including;</p> <ul style="list-style-type: none"> Note the work of the Freedom to Speak Up Guardians Support the provision of the Trust's Freedom to Speak Up strategy Actively promote and robustly support the Freedom to Speak Up principles

Introduction

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.

This report provides details of activity that has taken place between January and July 2021. Covid has impacted and limited the way the FTSU Guardians approach our programme of activity, however the Guardians continue to raise awareness and to be available to staff.

A joint speaking up model now exists across Acute, Community and Primary care, this shared approach now benchmarks well against the recommendations set out by the NGO, meeting the elements recognised as essential for speaking up. The Lead Guardian has also initiated and introduced a buddy network across BSW.

Embedding our culture

The Freedom to Speak Up Guardian (FTSUG) role aims to support the development of cultures where safety concerns are identified and addressed at an early stage. Freedom to Speak Up (FTSU) has three components:

- Improving and protecting patient safety
- Improving and supporting staff experience
- Visually promoting learning cultures that embrace continual improvement

Several innovative approaches have been undertaken to embed the FTSU culture and to embed the role of the Guardians.

- Lead Guardian working with HR to scope training for mediators to support in facilitated conversations
- Roll out of Freedom to speak up training to all Staff
- Roll out of Freedom to speak up middle managers training
- HR supporting in the development of the Guardians
- Lead Guardian introduced a formal process to ensure cases are independently reviewed to ensure a timely response to our Staff
- Positive Staff response to the Freedom to speak up service received by CQC
- Lead Guardian part of the GP network - embedding practice across PCN
- A communications plan continues to promote FTSU
- Lead Guardian has spoken at a number of forums in the last 6 months
- Staff case study shared with Trust Board
- Chief Executive, Lead Guardian meet monthly
- Lead Guardian set up a buddying network across STP
- Lead Guardian is linked into the Trust's work on the Workforce Race Equality Standard.
- Divisional reports introduced for shared learning
- Recording and monitoring of FTSU cases compliance with National requirements, FTSU Guardian submitting data to National Guardian Office as required each quarter

The Guardians continue to work directly with our Communications and Engagement Team to produce a Communications Plan aimed at encouraging active engagement and to raise awareness of the service. This plan details a whole programme of activity with involvement from staff and Guardians and includes regular communication releases about lessons learnt and changes made. The plan also prompted a number of resources to promote FTSU, such as the implementation of a FTSU desktop background / screen saver for every PC and laptop in the Trust, with Guardian contact details included.

In addition, our robust processes ensure that all cases are both sign posted or investigated in a timely way and governance exists for reporting up to the Board and shared learning.

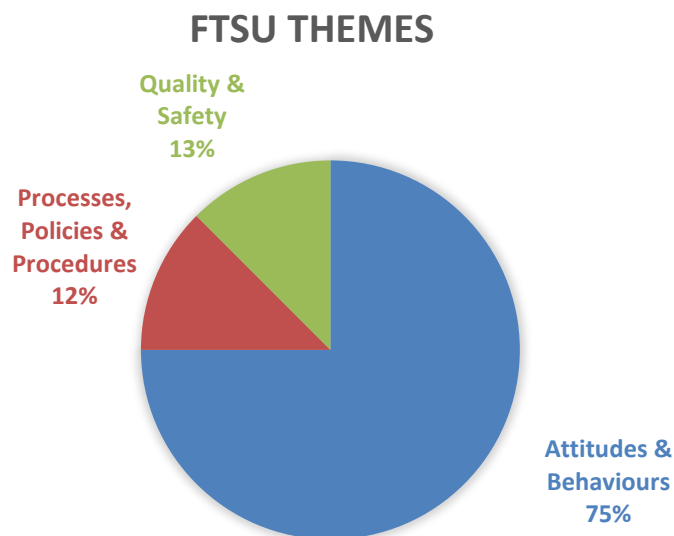
Importantly, because we want to ensure that changes are made, we have a "closing the loop" process where we reflect on closed cases and check that any recommendations have been implemented. The lead guardian will also ensure thematic reviews are undertaken to establish any particular areas or trends that may need further intervention.

Freedom to speak up Cases – January – July 2021

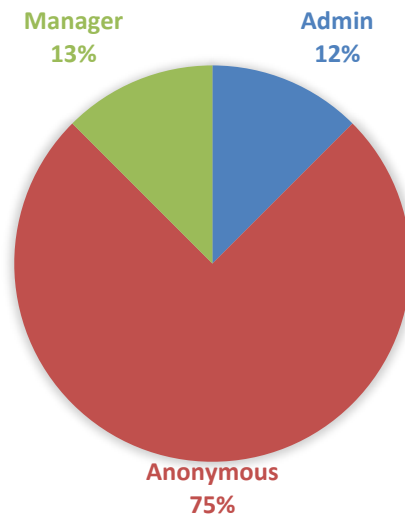
We have seen a theme of FTSU cases relating to Attitudes and Behaviours/Bullying and Harassment, rather than concerns relating to Patient Safety which is why the Freedom to speak up Guardians were introduced, improvement work is underway with the Associate Director of Organisational development. Including

- Further meeting with HR arranged to ensure flowchart on HR related cases so the Guardians have adequate support.
- Refresh the communication plan to promote the roles and responsibility of the FTSU Guardians
- Scope the HR function in terms of the support to Staff in relation to facilitated and mediated conversations
- Review the physiological safety of staff in relation to safe space to raise concerns

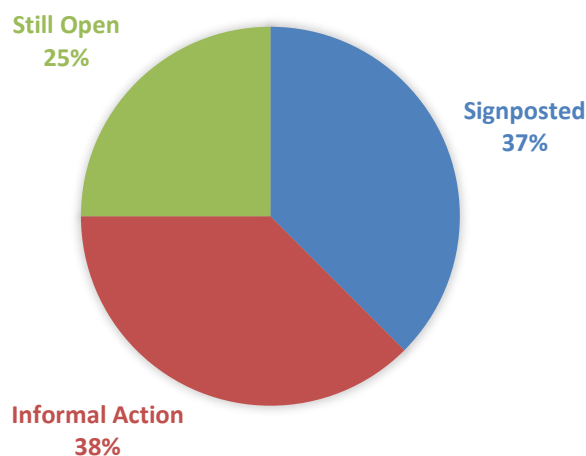
The FTSU Guardians have received 8 cases between January and July this year, the graphs below illustrate the themes, staff group reporting and the outcomes.



FTSU STAFF GROUP REPORTING



OUTCOMES



Freedom to Speak Up Partners

The Lead Guardian has established a buddying up system across our BSW and meet monthly to share good practice; this is also an opportunity to benchmark cases.

Shared learning

There is strengthened learning from FTSU cases via internal communication channels, this is also done through.

- Meetings held between the freedom to Speak Up Guardian, CEO, Executive Lead, Interim Director of Organisational Development, and the Non-Executive Lead
- Noting and acting on recommendations from NGO case reviews, surveys and other publications and guidance
- Responding to themes and significant issues highlighted by speaking up
- Taking account of best practice in speaking up developed in other sectors
- Encouraging workers to be involved in driving improvement at organisational level





Feedback

Feedback is requested from staff who have raised concerns and monitored to assess any inequalities that require addressing and to identify any areas for improvement in the handling of the concerns. The Guardian has seen a slight increase in the amount of feedback being obtained verbally. This is in line with recommendations from the National Guardian's Office. The evaluation process has been widened to enable colleagues to provide feedback verbally instead of only in writing

Freedom to Speak Up Index Score

Measuring the effect of culture change can be difficult, and the acid test is the view of staff. In NHS Trusts we can seek to measure the impact of improvements that have been put into place through the responses to the NHS Annual Staff Survey,

The annual NHS staff survey contains several questions that are helpful indicators of speaking up culture, the questions and response rates are detailed below.

Staff Survey Indicator		2019/20 (benchmark year)	2020/21	National Score	Trust 2020/21 Comparison with National Averages	
16a	% of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an	61.8 %	63.8%	61.4%	Up +ve	
16b	% of staff "agreeing" or "strongly agreeing" that their organisation	92.8%	90.7%	88.2%	Up +ve	
17a	% of staff "agreeing" or "strongly agreeing" that if they were	95.8%	93.6%	94.6%	Similar	
17b	% of staff "agreeing" or "strongly agreeing" that they would feel	74.7%	72%	71%	Similar	

The FTSU index is calculated as the mean average of responses to the four questions above, resulting in a score of 79.6%, this represents a decrease from the 2020 score of 82%, resulting in the Trust being rated as having the greatest overall decrease in the index score. The score demonstrates there is room to improve the culture within the organisation regarding 'speaking up'.

Conclusion

The Freedom to speak up Guardians continue to raise the profile of FTSU service however the FTSU index score that is linked to the Staff survey indicates that there is a dip in staff feeling secure to raise concerns, also the number of anonymous concerns could also be indicative of staff not feeling physiological safe to speak up.

Next Steps

The Lead Guardian will work with the Associate Director of Organisation Development and Learning to establish the following.

- Further meeting with HR arranged to ensure flowchart on HR related cases so the Guardians have adequate support
- Refresh the communication on what the FTSU Guardians can and cannot do
- Scope the HR function in terms of the support to staff in relation to facilitated and mediated conversations.
- Review the psychological safety of staff in relation to safe space to raise concerns.

Further action will be to review the FTSU model following recommendations from the National Guardians Office to ring-fence time for Guardians.