GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Thursday 2 February 2023, 9.30am to 1.00pm
By MS Teams

AGENDA

Purpose			
Approve	**Receive**	**Note**	**Assurance**
To formally receive, discuss and approve any recommendations or a particular course of action	To discuss in depth, noting the implications for the Committee or Trust without formally approving it	To inform the Committee without in-depth discussion required	To assure the Committee that effective systems of control are in place

		PAPER	BY	ACTION	TIME
OPENING BUSINESS					
1.	**Apologies for Absence and Chair's Welcome**	Verbal	LC	-	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	Verbal	LC	-	
3.	**Minutes of the previous meeting (public) (pages 1 – 11)** Liam Coleman, Chair • 13 January 2023	✓	LC	Approve	
4.	**Outstanding actions of the Board (public) (page 12)**	✓	LC	Note	
5.	**Questions from the public to the Board relating to the work of the Trust (pages 13 – 15)**	✓	CC	Note	
6.	**Staff Story – Explore and discuss the T Level journey from a facilitator and student experience** Jackie Fawcett, Early Careers Advisor and Jack Shaw, T Level student from New College Swindon	Presentation	JG/JW	Receive	9.45
7.	**Chair's Report (pages 16 – 17)** Liam Coleman, Chair	✓	LC	Note	10.15
8.	**Chief Executive's Report (pages 18 – 23)** Kevin McNamara, Chief Executive	✓	KM	Note	10.25
9.	**Integrated Performance Report (pages 24 – 99)**			Assurance	10.45
	• Performance, Population & Place Committee Board Assurance Report (January) – Peter Hill, Non-Executive Director & Committee Chair	✓	PH		
	• Quality & Safety Committee Board Assurance Report (January) – Nick Bishop, Non-Executive Director & Committee Chair	✓	NLB		
	• Finance, Infrastructure & Digital Committee Board Assurance Report (January) – Faried Chopdat, Non-Executive Director & Committee Chair	✓	FC		

	• People & Culture Committee Assurance Report (January) – Paul Lewis, Non-Executive Director & Committee Chair	✓	PL		
	• Integrated Performance Report	✓	All		
	• Maternity Performance	✓	LCh		
10.	**Audit, Risk & Assurance Committee Board Assurance Report (pages 100 – 102)** Helen Spice, Non-Executive Director & Committee Chair	✓	HS	Assurance	12.35
11.	**Mental Health Governance Committee Board Assurance Report (pages 103 – 105)** Lizzie Abderrahim, Non-Executive Director & Committee Chair	✓	EKA	Assurance	12.45
	CONSENT ITEMS **These are items that are provided for consideration. Members are asked to read the papers prior to the meeting, and unless the Chair/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 process for consent items. The recommendations will then be recorded in the minutes of the meeting.**				
12.	**Ratification of Decisions made via Board Circular/Board Workshop** Caroline Coles, Company Secretary	Verbal	CC	Note	12.55
13.	**Urgent Public Business (if any)** To consider any business which the Chair has agreed should be considered as an item of urgent business	Verbal	LC	Note	-
14.	**Date and Time of next meeting** Thursday 2nd March 2023 at 9.30am, DoubleTree by Hilton Hotel, Lydiard Fields, Swindon, Wiltshire, SN5 8UZ	Verbal	LC	Note	-
15.	**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"*	-	-	-	13.00

Board Meeting Timetable

2023											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Board	Board	Board	Seminar	Board	Board	Seminar	Board	Board	Seminar	Board	Board
			Workforce, Culture & EDI			Patient Voice/Patient Safety Framework			Strategy		

Great Western Hospitals NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS HELD IN PUBLIC IN LECTURE HALL 1, ACADEMY, GREAT WESTERN HOSPITAL SWINDON AND VIA MS TEAMS 13 JANUARY 2023 AT 9.30 AM

Present:

Voting Directors

Liam Coleman (LC) (Chair)	Trust Chair
Lizzie Abderrahim (EKA)	Non-Executive Director
Nick Bishop (NB)*	Non-Executive Director
Lisa Cheek (LCh)	Chief Nurse
Faried Chopdat (FC)*	Non-Executive Director
Andy Copestake (AC)	Non-Executive Director
Naginder Dhanoa (ND)	Chief Digital Officer
Jude Gray (JG)	Chief People Officer
Peter Hill (PH)	Non-Executive Director
Paul Lewis (PL)	Non-Executive Director
Kevin McNamara (KM)	Chief Executive
Helen Spice (HS)*	Non-Executive Director
Felicity Taylor-Drewe (FTD)	Chief Operating Officer
Claire Thompson (CT)	Chief Officer of Improvement & Partnerships
Simon Wade (SW)	Chief Financial Officer
Jon Westbrook (JW)	Chief Medical Officer

In attendance

Caroline Coles (CC)	Company Secretary
Tania Currie (TC)	Head of Patient Experience & Engagement (agenda item 197/22)
Tim Edmonds (TE)*	Associate Director of Communications
Lisa Marshall (LM)	Director of Midwifery & Neonatal Services (agenda item 200/22)
Claudia Paoloni (CP)	Associate Non-Executive Director
Sister Price (SP)	Junior Sister, Daisy Unit (agenda item 197/22)

Apologies

None

Number of members of the Public: 8 members of public* (included 3 Governors: Pauline Cooke, Chris Shepherd and Mufid Sukkar)

*Indicates those members attending virtually by MS Teams.

Matters Open to the Public and Press

Minute	Description	Action
192/22	**Apologies for Absence and Chair's Welcome** The Chair welcomed all to the Great Western Hospitals NHS Foundation Trust Board meeting held in public Apologies were received as above.	
193/22	**Declarations of Interest** There were no declarations of interest.	

Minute	Description	Action

194/23 **Minutes**

The minutes of the meeting of the Board held on 3 November 2022 were adopted and signed as a correct record with the following amendments:-

167/22 : IPR : Our Performance – In first paragraph on page 6 amend title to Chief *Officer* of Improvement and Partnerships.

167/22 : IPR : Our Care : Maternity : Continuity of Care - Reword paragraph to strengthen the good news story for the Trust. '*Recognising the continued workforce challenges faced in maternity services an NHS England letter received in September 2022 suspended the target for implementation of midwifery continuity of care. However following a risk assessment, the Trust decided to continue with 1 team and were performing well in relation to minority/ethnic population*.'

Matters Arising – Installation of air scrubbers

It was noted that since the minute on page 7 (November 2022) the new air scrubbers to be installed would not require a revenue allocation for the replacement of filters as they used ultra violet light.

195/22 **Outstanding actions of the Board (public)**

The Board received and considered the outstanding action list and the following noted:-

169/22 : Ockenden Reporting to Board - It was noted that the Chief Nurse was confident that the right reporting was in place but would review the mechanisms to ensure appropriate oversight.

166/22 : Chief Executive's Report : Current Pressures – It was noted that since November this action had been superceded by events and subsequent actions.

196/22 **Questions from the public to the Board relating to the work of the Trust**

There were no questions from the public to the Board.

197/22 **Care Reflections – Patient Story**

Tania Currie, Head of Patient Experience & Engagement and Sister Price, Junior Sister Daisy Unit joined the meeting for this agenda item.

The Board received a reflection of care through a film which recounted the experience of one patient, Alan, who was cared for on Daisy Unit. Alan approached the Trust asking to provide feedback and wanted to share his positive story as a thank you to staff. Alan shared his experience and explained why his stay on the unit was so positive. Specific members of staff were mentioned; Sister Alice and Nurse David. Also included in the feedback was one improvement area which was more for the benefit of the staff; better inter-departmental support and communication particularly around discharge delays due to drugs.

The Boad reflected on the story and commented on shared lessons learnt in particular the improvement in delayed discharge. The Chief Nurse confirmed that streamlining discharges had been picked up in a quality improvement workstream.

The Board thanked Tania and Susan for sharing this story and also to the team on Daisy Unit but particularly Alice and David for their caring and compassionate leadership.

Minute	Description	Action

The Board **noted** the care reflection.

198/22 **Chair's Report**

The Board received and considered the Chair's Board Report which highlighted activities and shared information on governance developments within the Trust and externally.

Of particular note was the induction led by NHS Providers for governors which was very well attended by both present and new governors with the focus on the role of the governor vs other roles in the hospital.

The Chair added that a Committee Effectiveness review process would commence over the next month which would be more comprehensive than in 2022 in order to ensure the revised committee structure put in place last year remained fit for purpose.

The Chair reflected on the extremely challenging infrastructure and environment situation currently being experienced across the whole trust due to significant operational pressures and the use of escalation areas, particularly the impact not only on patient experience but also on staff morale/behaviours and one that required careful and compassionate management.

It was noted there was an additional safety visit which was undertaken on 21 November 2022 with Helen Spice, Non-Executive Director and Louisa Goddard, Deputy Chief Nurse to Saturn Ward.

The Board **noted** the report.

199/22 **Chief Executive's Report**

The Board received and considered the Chief Executive's Report and the following was highlighted: -

Operational Pressures - The Trust had seen a positive reduction in patients with flu and covid during the past week however the Trust continued to face significant operational challenges across the whole healthcare system. As a result the Trust declared an internal critical incident on 30 December 2022 and again on 3 January 2023 due to all areas of the hospital being at full capacity and patients waiting for long times in the Emergency Department (ED), Urgent Treatment Centre (UTC) and in queuing amblulances. The staff responded phenomenally well and even came in during their Christmas break.

The Trust had been mentioned in a negative light in recent media coverage with regard to a patient waiting 99 hrs in ED. It was important to note that there were patients waiting an unreasonable amount of time however in this particular incident the reporting was inaccurate and a full Harm Review would be undertaken which would be overseen by the Quality & Safety Committee.

Claudia Paoloni, Associate Non-Executive Director asked how the Trust were managing communications with staff regarding media contact as on occasions the frustration was not with the employer but with NHS as a whole and believed this would help the situation but actually caused the opposite for the Trust. The Chief Executive responded that the Trust had a clear policy on media engagement and that there were other routes to express a concern. It was also recognised that some frustrations were

Minute	Description	Action

directed at the Trust in heightened escalation and that we would be open and acknowledge when it happened. The Chair added that it was right for the Trust to adopt the principle of transparency however this came with risks and that the Executive team had the full support of the Board.

There was currently a level of tension in the organisation given the sustained level of pressure and in order to support staff across the Trust a letter had been sent out to all staff to provide a Trust-wide update from the Chief Executive, Chief Operating Officer, Chief Nurse and Chief Medical Officer to recognise that the challenges existed across all services not just in ambulance handovers and front door services as tends to be the focus of media attention and describing the actions that had been taken.

Faried Chopdate, Non-Executive Director fully appreciated the challenges, recognising this was a widespread issue across the country and asked when it was anticipated stepping out of firefighting mode, and what were the Trust's broader strategies and initiatives in the short and medium term to address these challenges in the future. The Chief Executive replied that in terms of fire fighting there was no clear answer as national short term measures and interventions, together with industrial action, created an environment of severe operational pressures. However the Trust had developed many initiatives which included a Co-ordination Centre and a responsive and agile day 'boarding' process whereby patients were moved to wards to wait for an inpatient bed. In the longer term strategically the focus would be on the 100 Non-Criteria to Reside patients however there were some aspects not in our control. Felicity Taylor-Drewe, Chief Operating Officer added that winter planning for 2023 had already began particularly supporting decisions that were being made now by partner colleagues to support flow in winter 2023.

Claudia Paoloni, Associate Non-Executive Director asked if the Trust had been involved in discussions around using hotel and modular wards to help with discharges. The Chief Executive replied that funding had been available but bidding was within incredibly short turnaround times (a matter of days) and that it was not possible to plan with tactical interventions. The narrative around bed capacity had changed over the last 12-18 months and it was now recognised that the NHS had a shortage of hospital beds with occupancy rates consistently exceeding safe levels and as the health system faced unprecedented pressures due to rising demand and the burden of Covid-19, bed capacity would remain a critical limiting factor in the ability of the NHS to recover. However, when the Trust bid for the Integrated Front Door project this was known and factored into planning.

Andy Copestake, Non-Executive Director asked how acuity was measured. Lisa Cheek, Chief Nurse explained that there were a number of factors which included professional judgement and was done through the safer staffing process. In December 2022 the Trust had a high level of patients in respiratory therefore there was a high level of acuity.

The Chief Nurse highlighted that it was important to recognise the risk the Trust was holding in terms of placing patients in areas for boarding and in non-clinical spaces. These decisions were not taken lightly and there was a robust governance system wrapped around the decision-making to ensure patients were safe. It was agreed that oversight for these systems and controls would be through Quality & Safety Committee. LCh

Action : Chief Nurse

Minute	Description	Action

Industrial Action - The Royal College of Nursing (RCN) held strikes on 15 and 20 December 2022. Considerable planning went in to mitigating the impact of the strikes and all staff involved in the planning were thanked for ensuring minimal disruption to patient services. The next RCN industrial action was planned on 18 & 19 January 2023, although these dates would not affect our service or RUH, Bath it would Salisbury hospital. More industrial action from the RCN and other unions would continue to take place until the dispute was resolved with the Government.

Primary Care Network (PCN) - The transfer of the GP practices to a new provider took place on 9 January 2023. The Chief Executive extended a huge thank you to all the PCN staff working with the trust over the last 3 years.

Internationally Educated Nurses Development Day - This month the Trust were proud to celebrate our 400 international nurses and their development.

In addition the Chief Executive advised of the good news that the Cardiology team had been awarded a quality accredited award, one of three trusts in the country.

The Board **noted** the report.

200/22 **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 October/November 2022.

Our Performance

Performance, Population and Place Committee Chair Overview

The Board received an overview of the detailed discussions held at the Performance, Population and Place Committee (PPPC) around the IPR at its meetings on 23 November and 23 December 2022 and highlighted the following:-

- In the November report it was noted that the number of Non-Criteria to Reside patients were down from 130 to 105 not 1.05 as recorded.
- The ED were performing relatively well under enormous operational pressures.
- The Urgent Care Centre was also performing very well.
- The number of 104 week waiters at zero was a credit to the Trust and it remained on track to have no over 78 waiters by February/March 2023. However 52 week waiters was a known concern and monitored closely.
- Good news in terms of Diagnostic performance. In the first half of the year this had deterioriated but as anticipated had improved significantly in the second half.
- The Cancer service was under enormous pressure particularly in increased referral however despite these pressures the 5 out of the 6 largest turmor sites had remained consistently better than the national average. The skin pathway remained the most challenged area and remained a priority to address, however the Committeed noted the good development work and the good plans in place were starting to come through.
- The Committee received an update on the Winter Plan and the various programmes in place such as Home First and the Co-ordination Hub where the teams were attempting to evidence whether focusing on flow rather than beds had a material difference in operational pressures.

Minute **Description** **Action**

Claire Thompson, Chief Officer of Improvement & Partnerships highlighted the updates from a partnership working perspective which included:-

- In November the Committee were updated on ICA activities which included The Better Care Fund proposals for 2023/24.
- Reports were received in November and December 2022 around Community Service Reprovision and the develoment of a Community Diagnostic Centre.
- In December the Committee were updated on the progress in developing the BSW Integrated Care Strategy and Joint Forward Plan for the next 5 years.

The Board received and considered the Operational element of the report and the Chief Operating Officer highlighted the following:-

- A Clinical Harm Policy had been agreed at Trust Management Committee in December 2022 and that the reporting mechanism would be through Quality & Safety Committee with a quarterly report.
- The Trust were attempting to manage elective performance to ensure that there was minimal impact caused by industrial actions by ensuring cancelling down in advance not on the day and focussing on excelerating day cases to continue with theatre activity.
- Diagnostics continued to improve with particular note on delivery of 110% in MRI and CT scans.

Our Care
Lisa Marshall, Director of Midwifery & Neonatal Services attended for this agenda item.

Quality & Safety Committee Chair Overview
The Board received an overview of the detailed discussions held at the Quality & Safety Committee (Q&SC) around the quality element of the IPR at the meetings held on 17 November and 22 December 2022 and the following highlighted:-

- Pillar Metrics overall had improved slightly.
- The Inpatient Survey,completed in November 2021, results were disappointing however the Committee were assured that a robust improvement plan was in place but recognised that this plan would not be fully implemented in time for next year's report.
- There was one red rag rating which continued to be Electronic Discharge Summary (EDS) performance and realistically there would be little change until an Electronic Patient Records (EPR) system was acquired which was in hand. In the meantime there was the possibility of the EPMA prescribing system which could be used to produce a limited EDS.
- In terms of safe staffing there had been a gradual improvement in the recruitment of midwives which was commendable in the face of national trends and overall the average fill rate for staffing for nurses/midwives and HCAs had improved.

Andy Copestake, Non-Executive Director expressed concern with the Mortality report in December 2022 and asked for an update on the Trust's coding backlog. Jon Westbrook, Medical Director replied that the next report in February 2023 would address this issue in more detail however there had been issues with gaps in resourcing due to vacancies and sickness absence and additional resource to recover the coding backlog was being put in place.

Minute **Description** **Action**

Claudia Paolini, Associate Non-Executive Director asked about the poor engagement with consultants also mentioned in the mortality report and whether progress had been made in this area. Jon Westsbrook, Medical Director responded that progress had been made and the Mortality meeting this week had been well attended with a good and robust discussion. The job planning policy was also being rewritten to strengthen leadership in mortality.

The Board received and considered the Quality element of the report and the Chief Nurse and Chief Medical Officer highlighted that although the quality metrics reflected an improving picture, performance in December 2022 was showing a deteriorating picture due to the significant operational pressures. However Infection, Prevention and Control (IP&C) were performing relatively well despite the challenges in the increased numbers of covid and flu cases.

Nick Bishop, Non-Executive Director asked for an update on the installation of the air scrubbers. Lisa Cheek, Chief Nurse replied that the programme had started and was on track.

Use of Resource
Finance, Infrastructure & Digital Committee Overview
The Board received an overview of the detailed discussions held at the Finance, Infrastructure & Digital Committee (FIDC) around the Use of Resource element of the IPR at the meetings held 21 November and 21 December 2022 and the following was highlighted:-

Management of Risks - The Committee were overall comfortable with the management of risks however identified specific areas with digital and infrastructure for more robust mitigating actions particularly around the digital risks although it was noted that the governance structure had been strengthened.

Month 8 Financial position - The overall position for month 8 had improved due to ICB income that had mitigated some risks.

Capital Plan - The Committee had some concerns in this area as the performance remained below plan. However it noted that additional governance structures had been put in place to expediate reprioritisation of the Capital plan and bring forward other items of spend to use the Capital allocation.

Improvement & Efficiency Plan - A lot of improvement in this area as the Improving Together methodology came to fruition however there remained a concern due to reliance on non-recurrent schemes.

Lizzie Abderrahim, Non-Executive Director asked for a better understanding on why the risk rating was amber and not red when the improvement and efficiency target was only at 74%. Claire Thompson, Chief Officer of Improvement & Partnerships replied that this was rated in the context of the overall financial position and would be mitigated to achieve the overall financial plan.

Financial Planning Round 2023/24 - The Committee noted that the planning methodology was comprehensive and robust however continued to raise concerns about the clarity of the financial planning and governance processes at the ICS level and therefore rated the inherent risk as Red.

Minute	Description	Action

BSW Financial Strategy - The Committee noted the paper which outlined the Financial Strategy for BSW ICB setting up a high-level road map by which the BSW system would seek to achieve long-term financial sustainability over five years. The challenge was significant given that the underlying deficit position across the BSW.

Shared EPR Programme - Good initiatives and progress noted. However, overall the programme's inherent risk was Red due to the lack of benefits to support the Full Business Case (FBC), including estimated increased costs and the challenges around resourcing.

Procurement - The Committee received a good paper which provided an overview of crucial work plan projects, status and service development initiatives, a look forward to high-value contracts coming up for renewal in the next 12 months, and savings performance to date. The Committee was delighted with the proactive actions management had taken to address significant challenges to procurement activities in the current climate.

The Chair noted that the Trust were on track to achieve their year end forecast due to the financial discipline within the organisation, however recognised there remained a risk due to the financial challenges within the System. There followed a discussion on the concerns around the 2023/24 planning process in particular the clarity on the ICB governance structure and the emerging challenges within the System. It was agreed that the Chief Executive, Chair, Chief Financial Officer and the Chair of the Finance, Infrastructure and Digital Committee would meet to discuss the approach to address these concerns.

Action : Chief Executive KM

Our People

People & Culture Committee Chair Overview

The Board received a verbal update on the discussions held at People & Culture Committee around the workforce element of the IPR at the meeting held 9 January 2023 and highlighted that there was one remaining area of concern which was workforce planning due to industrial action, recruitment time to hire slippage and short term absenteeism. One positive was around employee development moving from a rag rating of amber to green in particular the apprenticeship early careers support and broader career development within th Trust.

The Board wished to thank Jude Gray, Chief People Officer and all the staff involved in the planning for the industrial actions in particular maintaining a very responsible and positive relationship with the trade unions.

The Board received and considered the Workforce performance element of the report.

The Chair requested that all Board Committees take time to consider the structure of the IPR which had been evolving over the past few months and report back through the Board Assurance Reports at the next meeting to inform a discussion on the IRP structure at the next meeting which would include the metrics for 2023/24.

Action : Board Committee Chairs Board Committees

The Board **noted** the IPR and the on-going plans to maintain and improve performance.

Minute	Description	Action

201/22 **Audit, Risk & Assurance Committee Board Assurance Report**

The Board received an overview of the detailed discussions held at the Audit, Risk & Assurance Committee at the meeting held 15 November 2022 and the following was highlighted:-

Unschedule Care Risk Register - Good progress had been made since the division last presented to the Committee and their actions were tending to green. However, the Division needed to include reporting on Finance risks for the Division and provide assurance to the Committee that the old risks were being continuously monitored and actions taken to control and mitigate these risks.

Board Assurance Framework (BAF) - The Committee were assured that the BAF remained effective and that the process for review and development of the BAF by the Board Committees was robust.

Risk Register - The Committee was assured that the process for managing risk in the Trust was effective. The KPIs had improved, however concerns were raised that risks existed with no actions and the Committee would like to ensure that all risks had actions against them.

Internal Audit – Work was slightly behind but progressing and on target for completion by the end of the year. Concerns were raised by the Committee on the delays to some of the work and final issuance of reports – with a large number to be completed and reviewed at the final ARAC meetings of the year.

Internal Audit – HFMA Financial Sustainability Report - Internal Audit reviewed the self assessment by the Trust and confirmed that it was appropriate. Action plans were in place to address the weak areas. Further work would be completed by the Trust on action plans and timescales for the next meeting.

Internal Audit – follow up of recommendations - It was noted that the Mortality Review recommended actions would not be completed as required by 31 December 2022. The Committee asked for this to be referred to the Quality and Safety Committee for urgent action.

Trust NHS CFA Procurement Report - The NHS CFA had issued a report to the Trust on the findings from the national exercise on Purchase Order versus non Purchase Order spend. The Trust had a very disappointing ranking and the Committee were concerned about the risks highlighted but were satisfied with the actions being taken to address the shortcomings.

The Board **noted** the report.

202/22 **Charitable Funds Committee Board Assurance Report**

The Board received an overview of the detailed discussions held at the Charitable Funds Committee at the meeting held on 9 November 2022 and the following was highlighted:-

- There was one red risk around fundraising due to the increased risks and uncertainty with cost-of-living implications, which would undoubtably have a detrimental impact on Fundraising plan for this year. Action plans were in place to mitigate this, but the external risk factors had now become very concerning.

Minute	Description	Action

- The Finance position was well controlled; however, the current financial forecast on the general fund showed a potential £55k deficit at the end of the year. To mitigate this, the Committee agreed to make 'agreements in principle' for Cases of Need to ensure that funds were made available only when monies were available to avoid a deficit materialising.
- There remained considerable scope to increase Divisional spending and this would be incorporated within the plans to rationalise the 81 Charitable Funds. As the Divisions had significant sums available (without documented commitments) it was agreed that the Divisions would be asked to present their 2023 Plans at the next meeting to provide greater assurance.

The Board **noted** the report.

203/22 **CNST Year 4 Submission – GWH Compliance Report**

Lisa Marshall, Director of Midwifery & Neonatal Services attended for this agenda item.

The Board received and considered a paper that provided a final compliance position with regard to the Clinical Negligence Scheme for Trusts (CNST) which demonstrated the achievement of all 10 maternity safety actions required by the standards requested by NHS Resolutions (NHSR).

Assurance was given on the governance process from the Director of Midwifery and Neonatal services which was confirmed by both the Chief Nurse and the Non-Executive Director Board Champion, Paul Lewis.

It was noted that there would be cost implications to maintain compliance in year 5 and this would be addressed in the planning round for 2023/24.

The Board thanked Lisa Marshall and the team for their leadership and focus on achieving this compliance. Lisa Cheek and Paul Lewis were both thanked for their scrutiny and oversight and particularly Paul as Non-Executive Director for the time and effort put in to the process.

RESOLVED

to approve the CNST Year 4 submission 2022.

204/22 **Safe Staffing 6 month review for Nursing & Midwifeery**

The Board received and considered a report that provided the Board with assurance that wards and departments had been safely staffed in line with the National Quality Board guidance (2014) and Developing Workforce standards (2018).

This report had been robustly scrutinised by the Quality & Safey Committee.

The following was highlighted:-

- The Trust's investment into safe staffing.
- The Trust's midwifery staffing which had gradually improved over the last 6 months by identifying different staffing models, recruitment locally and internationally, alongside the recruitment of band 5 registered nurses to work within specific areas in Maternity.
- The robust programme to recruit International nurses and HCAs.

Minute	Description	Action

- The good processes in place to monitor safe staffing on a day to day basis.
- The continued work with Oxford Brookes to ensure that students had a good experience at the Trust and any feedback acted on. The Trust and University had jointly recently set up a Student Council, run by the students with the Chief Nurse and Deputy Chief Nurse attending and supporting.
- In terms of challenges, these included sickness management, retention of Health Care Support Workers (HCSW), delay in education of international nurses which was a national issue, and development of international nurses into senior posts.
- A focus in the future would be on student nurses as applications to university nurse training (in all disciplines) had been significantly lower than expected, and locally not all places had been filled. The Universities are also reporting high attrition rates.

The Board **noted** the report.

Consent Items
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.

205/22 **Ratification of Decisions made via Board Circular/Board Workshop**
None.

206/22 **Urgent Public Business (if any)**
None.

207/22 **Date and Time of next meeting**
It was noted that the next meeting of the Board would be held on 13 January 2023 at 9.30 am, at the Double Tree by Hilton, Swindon.

208/22 **Exclusion of the Public and Press**

RESOLVED

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.

NHS
Great Western Hospitals
NHS Foundation Trust

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – February 2023				
PPPC - Performance, Population and Place Committee, P&CC – People & Culture Committee, Q&SC - Quality & Safety Committee, RemCom - Remuneration Committee, FIDC – Finance, Infrastructure & Digital Committee, ARAC – Audit, Risk and Assurance Committee				
Date Raised	**Ref**	**Action**	**Lead**	**Comments/Progress**
13-Jan-23	199/22	**Chief Executive's Report : Operational Pressures** The systems and controls in place to ensure patient safety in periods of significant operational pressures to be monitored and scrutinised by the Quality & Safety Committee.	Chief Nurse	For Q&SC
13-Jan-23	220/22	**IPR : Uses of Resources : System Planning 2023/24** A meeting to be arranged between the Chief Executive, Chair, Chief Financial Officer and the Chair of the Finance, Infrastructure and Digital Committee to discuss the approach to address the challenges around the 2023/24 planning round.	Chief Executive	For FDIC

Future Actions				
None				

Report Title	**Questions for the Board**				
Meeting	**Trust Board**				
Date	**2 February 2023**	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices	n/a				

Purpose

Approve		Receive		Note	X	Assurance	
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Process & outcome

Significant	X	Acceptable		Partial		No Assurance	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Assurance in respect of the process of obtaining and gaining response to questions to the Board from the public.

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

This paper reports the questions and responses asked of the Board by governors and members of the public.

The Board is invited to consider the questions raised, the responses given and agree if any further action is required.

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
					x
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	X			X	
Key Risks – risk number & description (Link to BAF / Risk Register)	n/a				**Risk Score**
	BAF S2 & S4				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	Chief Financial Officer				
Next Steps	To be submitted to next Council of Governors meeting.				

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?			X
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?			X
Explanation of above analysis:			

Recommendation / Action Required The Board/Committee/Group is requested to:	
that the questions and responses be considered with the Board invited to consider if further action is required.	
Accountable Lead Signature	Caroline Coles
Date	25 January 2023

Questions to the Board				
Topic	**Questioner**	**Question**	**Responder**	**Board Response**
Food Options	Harivadan Patel Member of the public	Why is it not possible to supply vegan meal options whilst an outpatient in the Renal Department	Simon Wade, Chief Financial Officer	Currently, Serco offer a standalone vegan menu for any inpatients at GWH who require a vegan diet regardless of the reason. There are soups, hot main dishes, sandwiches and wraps, dairy alternatives and desserts available on this menu depending on what the patient wishes. This menu is being reviewed by the Serco Catering Dietitian and Trust Dietitians as a result of the Soft FM contract extension due to go live from the 1 April 2023. Serco staff do not take patient meal orders and therefore are not involved with this aspect of the meal service. Clinical staff offer patients the relevant menu and take meal orders. Unfortunately, there is no hot meal catering service to outpatient areas at GWH at the present time, however sandwiches and wraps are often requested by departments. Trust clinical staff will provide food and beverages for any day case patients which are ordered via the Serco Helpdesk as needed. As outpatient areas are only supplied with cold sandwich options, the sandwiches and wraps available on the vegan menu would be available to order from Serco for outpatients as needed by clinical staff on request. There are 2 sandwich and 2 wrap options for a vegan patient to choose from on the current vegan menu, all of which are made from wheat flour, as you would get in a standard supermarket vegan sandwich offering.

Report Title	**Chair's Board Report**				
Meeting	**Trust Board**				
Date	**2 February 2023**	Part 1 (Public)	x	Part 2 (Private)]	
Accountable Lead	Liam Coleman, Chair				
Report Author	Caroline Coles, Company Secretary				
Appendices	-				

Purpose							
Approve		**Receive**		**Note**	x	**Assurance**	
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level Assurance in respect of: process/outcome/other (please detail):							
Process							
Significant	x	**Acceptable**		**Partial**		**No Assurance**	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:							

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

This report provides the Board of Directors with a summary of key headlines and shares information on governance developments within the Trust and externally.

The report provides information in respect of:-

- Council of Governors
- Non-Executive Directors
- Strengthening Board Oversight
- Local Update
- Key Meeting Dates.

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
					x
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)	-				**Risk Score**
	-				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	-				
Next Steps	-				

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?			x
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?			x
Explanation of above analysis:			

Recommendation / Action Required The Board/Committee/Group is requested to:	
The Board is requested to note the contents.	
Accountable Lead Signature	Liam Coleman, Chair
Date	24 January 2023

Chair's Board Report

This report provides the Board of Directors with a summary of key headlines and shares information on governance developments within the Trust and externally during January 2022. Due to the short timescales between the January and February 2023 Board meetings the content is shorter this month.

Council of Governors

Public Health Talk - A public health talk hosted by the governors was held on 16 January 2023 on Smoking Cessation.

Non-Executive Directors

Non-Executive Director Recruitment - The recruitment process for 3 NEDs and 1 ANED continued and interviews were taking place.

Strengthening Board Oversight

Safety Visits - There was one Board safety visit during the period covered by this report as follows:-

Date	Area	Board Member
12 January 2023	Forest Ward	Claudia Paoloni, Associate NED and Jon Westbrook, Chief Medical Officer

Key Meetings during January 2023

Meetings	Purpose
Bi-monthly NEDs meeting	Regular meeting to update and discuss any topical issues.
1-2-1 meeting with Chief Executive	Regular meeting.
EPR Update	Monthly update meeting
Acute Hospital Alliance Update Meeting	To meet with CEO RUH Bath and CEO ICB to discuss update and future plans for the AHA
Governor Induction 2023	To engage with new Governors as part of their induction programme to the Trust
Teams calls with NED/ANED candidates	Requested calls with NED/ANED candidates ahead of the interviews in January and February
Finance Summit	To review BSW NHS ICB Forecast Outturn for 2022/23

Report Title	Chief Executive's Report				
Meeting	Trust Board				
Date	2 February 2023	Part 1 (Public)	X	Part 2 (Private)	
Accountable Lead	Chief Executive Officer				
Report Author	Kevin McNamara, Chief Executive Officer				
Appendices	N/A				

Purpose

Approve		Receive		Note	X	Assurance	
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Board members are asked to note the report.

Significant		Acceptable		Partial		No Assurance	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

The Chief Executive's report provides an overview of a broad range of current issues at the Trust themed around operations, quality, systems and strategy, and workforce, wellbeing and recognition.

Report

Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

This report includes updates on:

- Current pressures
- Industrial action
- Care Quality Commission national maternity survey
- Funding for the Integrated Front Door as part of our Way Forward Programme
- Our Shared Electronic Patient Record

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
	X	X	X	X	X
Links to Strategic Pillars & Strategic Risks – select one or more	★				

Key Risks – risk number & description (Link to BAF / Risk Register)	Risk Score

Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	
Next Steps	

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A

Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	X		
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	X		

The report highlights the publication of our Book of Great which covers a number of issues which affect certain protected groups more than others.

This includes our Covid-19 vaccination programme and the work of our Covid Medicine Delivery Unit – we know that Covid disproportionately affects some groups more than others.

The Book of Great also provides an oversight of our work on equality, diversity and inclusion, highlighting our EDI strategy, appointment of our first EDI lead, development of our staff networks and Armed Forces Accreditation, along with our overall EDI commitments

Recommendation / Action Required The Board/Committee/Group is requested to:	
▪ **Note the report**	
Accountable Lead Signature	K. McNamara.
Date	26.1.23

1. Operational updates

1.1. Current pressures

Thanks to the hard work of staff across the organisation, and our partners, we were able to stand down our internal critical incident on 9 January.

The organisation now feels slightly less pressurised than at the beginning of year and we have made some good progress with discharging medically fit patients and seen this number reduce from over 100 a day, to around 80. This number remains high but for comparison we were recently the third best performing Trust in the South West against this measure.

Within the Swindon Integrated Care Alliance Coordination Centre, a new Discharge Hub has been set up to improve, streamline and speed up the process for getting patients home.

The hub is made up of staff working right across the Trust in discharge roles and partners including local authorities, and will make the existing process for ward staff much easier.

During its first phase, the hub will look to centrally coordinate out-of-area discharge referrals for social care and aim to resolve requests in a timely way.

The focus on patient flow remains critical to ensuring the hospital runs as smoothly as possible.

The number of patients with Covid-19 or flu has declined from where we were at the start of the year, and we have been able to reduce our internal Covid escalation level. However, we know that surges in the number of patients with respiratory conditions come in waves so we must prepare for further sudden rises in demand.

Despite higher rates of flu and Covid early in January we had some real success with reducing nosocomial infections, and at one point we were best in the South West for this thanks to a great combined effort between ward teams and our Infection Prevention and Control team to manage risk.

Along with the Chief Medical Officer, Chief Nurse, and Chief Operating Officer, in early January we sent a joint letter to all staff outlining the actions we were taking to improve the operational situation as much as we were able to, and outlining our support for any member of staff having to take very difficult decision at times of heightened pressure.

We also highlighted that our experiences from the early stages of the pandemic showed what we can achieve as a single, united team and the difference we make to our patients and the local community each and every day.

1.2. Industrial Action

Industrial action continues to affect both the health and social care service and in a number of other public sectors which impact upon our staff, such as education.

The Royal College of Nursing took further industrial action in January but this did not directly affect our Trust. The next wave of action on 6 and 7 February will impact upon us, and having two consecutive days of disruption (one of which coincides with some ambulance staff striking) has added an additional level of complexity to our planning.

As with the previous strikes in December, our priority is to minimise the disruption to patient care as much as possible, while at the same time recognising the strength of feeling on this issue, which remains a dispute between the unions and the Government over the national pay settlement.

The British Medical Association is balloting its junior doctor members this month on taking strike action and the results are expected at the end of February.

GMB and Unite members employed by the South Western Ambulance Service have also been on strike on a number of days in December and January and future dates for continued action have been announced.

Teachers who are members of the National Education Union are set to strike on 1 February, along with 2, 15 and 16 March. Clearly this presents significant challenges for members of our staff who have childcare responsibilities, and we have asked all staff with children in school to understand the impact on their school and to consider childcare arrangements in advance of the strike.

2. Quality

2.1. Care Quality Commission National Maternity Survey

Last month the Care Quality Commission published the results of its National Maternity Survey.

The survey asked people to think about their experiences of antenatal care, labour and birth and postnatal care during February 2022.

We scored within the top five Trusts for experiences in labour and birth and postnatal care at home in the survey – and highest in the country for feeding babies and support with breastfeeding.

Results show we're performing above the national average in the following areas:

- Providing enough information on induction before being induced
- Giving appropriate information and advice on the risks associated with an induced labour, before being induced
- Providing support or advice about feeding babies during evenings, nights, or weekends, if this was needed
- Midwives or the doctor appearing to be aware of mothers' medical history during antenatal check-ups
- During pregnancy, women and birthing people receiving the help they needed when they contacted the midwifery team.

The maternity team will use the responses to work on areas for further improvement, including postnatal mental health support and people being more involved in decisions during their labour.

2.2. Breast screening

It was announced last month that Great Western Hospital will receive two new remote access upgrades for breast screening.

The upgrade will enable staff to reduce travelling to regional centres should queries arise with any scans, allowing staff to log and address these issues on site.

Funding will come from £10m awarded to the NHS breast screening programme as part of the Women's Health Strategy.

2.3. Improving Together

We are approaching one year since we introduced Improving Together to the Trust.

More than 130 staff have taken part in specialist training which includes multidisciplinary groups being invited to whole-day training sessions and weekly coaching, over a five-month period.

Staff working in the Emergency Department, Urgent Treatment Centre, Trauma ward, Orthopaedic Theatres, acute medicine and outpatient's administration, will be next to start the training.

A new lighter-touch training programme has recently been introduced making training more accessible to those teams who find releasing staff a challenge. Staff from 27 speciality teams started this bite-sized training in December.

Some staff will also be invited to attend bootcamp training which is taking place this year.

2.4. NHS app

Patients can now view all their appointments at the Great Western Hospital on the NHS app as we became one of the first in the country to be visible through the app. Thanks to a collaboration between our patient portal DrDoctor and NHS Digital, this new addition will allow greater visibility and communication for our patients.

3. Systems and Strategy

3.1. Way Forward Programme – Integrated Front Door

Our Way Forward Programme reached a significant milestone with approval for the £32m Integrated Front Door business case last month.

The Department of Health and Social Care, alongside NHS England, approved the full business case at a meeting of the national Joint Investment Committee.

The decisions means £26.3million of funding has now been released to the Trust, in addition to £5.4million that we had available already.

This is the biggest investment in the hospital site since it was built, and also represents a significant investment in the infrastructure of Swindon.

The funding approval means construction can now begin.

Enabling works have already progressed and the construction phase will start this month.

New urgent and emergency care expansion will bring together Emergency Department majors, resuscitation, observation, Same Day Emergency Care and Joint Initial Assessment in one space. Children's Emergency Department will sit alongside it.

Refurbishment of existing space will take place by 2024 with construction of the expansion area by 2025.

To enable the work to take place the Emergency Department doors closed to the public last week, with patients now entering through the Urgent Treatment Centre.

3.2. Shared Electronic Patient Record

The delivery of a Shared Electronic Patient Record (EPR) is a key strategic priority for the Acute Hospital Alliance.

Following a procurement process, Oracle Cerner has now been chosen as the preferred supplier to provide the shared EPR at our Trust and the RUH and Salisbury.

Contract negotiations have now begun with Cerner. At this point we are not legally committed to the supplier but we are now in a position to progress the Full Business Case to help secure the funding for the programme. This is on track to be approved in the second half of this year.

The implementation of a shared EPR will be a step change in the way clinicians deliver care in BSW and will see many aspects of care standardised across the system with reduced variation in clinical pathways.

A shared record will increase efficiency, provide a better staff experience, and improve patient care.

All clinical and operational staff are encouraged to get involved early in the planning and implementation of this project to ensure we get a system that works for patients and staff to improve the delivery of care.

4. Workforce, wellbeing, and recognition

4.1. STAR of the Month

Our latest STAR of the Month winners are Cherie Brown, Christina McLean and Carla Glanville from the community nursing team.

They responded quickly to a patient who had deteriorated in their home and needed urgent medical assistance. They used skill, confidence and teamwork to provide complex medical care outside of a hospital environment.

4.2. Cardiac physiology

Our Cardiac Physiology Echocardiography team has secured accreditation for quality assurance, making them only the third in the UK to be awarded this level of recognition.

The team offer education alongside practice and have a number of trainees looking to join them.

They regularly seek patient feedback to make continuous improvement to the service and have robust quality assurance in place which ensures a high standard of service delivery.

4.3. Our Book of Great

Our Book of Great, highlighting some of the many successes are teams have had has been published online on our website.

4.4. Happiness Events

As part of our package of health and wellbeing support for staff we have reintroduced Happiness Events at the Trust.

Led by our health and wellbeing team, these give staff and volunteers access for a few hours to massage therapy, relaxing colouring stations, tea and treats at both Great Western Hospital and the Orbital.

Board Committee Assurance Report

Performance, Population & Place Commitee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Peter Hill	Peter Hill		25th January 2023
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF Numbers	BAF 3, 4 & 5

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 - Emergency Access	R	A	Emergency Care saw a significant increase in attendance in December (1,212 increase on November making it the highest ever level of attendance). The mean wait time now exceeds 9 hours. UTC is holding up well but further work required to ensure the maximum number of patients benefit from the service (rather than attending ED). It was also noted that on the 25/01 the new front door to ED was in use and therefore all walk in patients will be received through this route.	Monitor Actions	February 2023
Integrated Performance Report – Elective Access - RTT	R	A	RTT is moving more positively in terms of 78-week waiters despite additional pressures from Covid, strike days etc. The number of 52-week waiters, which had been increasing month on month, has decreased for the first month. This month was also the first month of positive day case activity during the period with more future capacity increases noted.	Monitor Actions	February 2023

Integrated Performance Report – Elective Access – DM01	R	A	DM01 performance has improved as a whole with a waiting list and long waiter reduction. The waiting list size has reduced by 2,000 since June 2022 and access time performance has improved by 8 percentage points since August 2022. Still significant challenges in Endoscopy especially in terms of staffing turnover and sickness. The committee noted the Endoscopy Recovery Plan & JAG accreditation was noted.	Monitor Actions	February 2023
Integrated Performance Report - Cancer	A	A	Cancer remains the same as the previous two months with hot spots still around Dermatology and Plastics, however, there has been an improvement particularly in Dermatology from additional outsourcing. A further update is expected next month.	Monitor Actions	February 2023
Virtual Ward Update	A	A	The committee received an update on the Virtual ward (aka NHS at Home). Members were very impressed with the progress made. The committee noted the renewed national focus on this service model and the recruitment challenges currently being experienced.	Monitor Actions	February 2023
Trust Action Plan for Health Inequalities	A	A	The committee received an update from the Chief Officer for Improvement and Partnerships. Progress had been slower in some areas than had been hoped for with aspects of working on inequalities proving challenging in the current climate. However, the committee recognised the Trust's progress relative to other local NHS Trusts. The committee will continue to monitor.	Monitor Actions	February 2023

Issues Referred to another Committee – None	
Topic:	**Committee:**

Board Committee Assurance Report

Quality & Safety Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Dr Nicholas Bishop	Dr Nicholas Bishop		19 January 2023
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF Numbers	BAF 1

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: **Pillar Metrics**	R	A	Total number of harms have increased from 195 to 267. This is across a range of associated metrics including pressure ulcers, falls resulting in harm and Covid infections.		
IPR: Friends and Family Test (FFT)	R	A	FFT positive responses have dropped to 80% from 83.7% but the inpatient positive response rate has remained the same.		
IPR: Pressure Harms Pressure Ulcer Harms	R	A	There were 44 hospital acquired pressure harms in December, an increase from 20. This was due to increased numbers of patients, higher numbers of patients per nurse due to sickness and in some areas a shortage of suitable mattresses. Increases in pressure harms were also seen in the community.	Mattresses have since been ordered and we heard today that some have arrived in the Emergency Department.	

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
IPR: Hospital Acquired Infections	R	A	Covid acquired in hospital has increased in number leading to an increase in total harms. However, the hospital acquired Covid rate for GWH was one of the lowest in the region through December.	To address E.coli infection further, training in catheter care continues. For MSSA, an IV Forum has been created to improve cannula care.	
IPR: Falls:	R	A	Whilst the overall fall rate remained consistent, there was an increase in serious harm with 5 fractured neck of femurs. There has been further rollout of encouraging appropriate footwear to help address the falls rate, which includes staff education and patient information.		
Perinatal Quality Surveillance Tool	A	G	An increased birth rate last month led to a slight drop in midwife to birth ratio to 1:30. The CNST submission has been made with all 10 rated 'green'. There is continued 90% compliance for all maternity staff in training.		
Ockenden	A	A	There has been further progress in Ockenden. The Maternity Team was congratulated for coming in the top 5 nationally for experiences in labour and birth and postnatal care at home; and also the first place for feeding your baby and support with breastfeeding.		
Quarterly Maternity & Neonatal Quality & Safety Report	A	G	The Committee was assured by the metrics within this report and there were no significant concerns.		
Perinatal Mortality Review Tool Q3	G	B	100% compliance across all measures and the system remains embedded.		
Emergency Department Dashboard	R	A	There have been significant rises in attendances with 1,700 more children in December than September, many as a result of Strep.A concerns rather than infections. 1,000 patients waited more than 12 hours in the Emergency Department. The metrics in the SHINE audit have deteriorated especially in relation to stroke and #NOF. There was evidence of pressure harms beginning in ED due to delays. The decline in stroke figures was largely due to handover delays and delay in initial diagnosis as a result.	New mattresses for trolleys arrived today and more comfortable reclining chairs are expected to relieve sacral pressure.	

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Nursing & Midwifery Audit Programme	Not Rated	Not Rated	There was evidence of good work here with the expected rollout of ward accreditation across the Trust. This links with the Improving Together programme. The audit example of patient experience included a number of patients who felt unsafe during their stay and also those being bothered by noise at night. The Committee was informed that the detailed notes from the audit showed a link between these, in that agitated patients causing noise at night often led to a feeling of being unsafe.		
Board Safety Walk Arounds	Not Rated	Not Rated	It was emphasised that these were Board level safety walk arounds. There was a discussion about how feedback from these visits could be cascaded to Non-Executive Directors and Executive Directors; this will be taken forward at the next NEDs meeting. The Chief Nurse said that she would ensure these reports are discussed at Executive Team meetings.		
Monthly Safe Staffing Report	A	A	Fill rates have declined slightly mainly due to staff sickness absence. Within the community, this has led to an increase in deferred visits and unallocated patients thus an increase in agency spend.	Additional workforce and roster controls have been put in place and there is a recruitment campaign in place to increase community staff numbers.	
Update on CQC Preparedness	Not Rated	Not Rated	There has been further progress. There is a plan in place to address the Safeguarding Children Level 3 Training, all spaces have been filled and therefore an increase in compliance is expected.		

Issues Referred to another Committee	
Topic	**Committee**

Board Committee Assurance Report

Finance, Infrastructure and Digital Committee – 23 January 2023			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Faried Chopdat	**Faried Chopdat**		**23 January 2023**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	BAF SR6 & 7

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			
FINANCE					
Finance Risks & Way Forward Programme Risks	A	G	The Committee noted that Finance's risk management process is adequate and effective. Whilst the scoring of risks for 2022/23 was appropriate, the Committee debated that several Finance related risks are likely to be amplified as critical as we transition into the 2023/24 year. The Committee also received the Way Forward Program Risk report and was assured that risks are appropriately identified, managed, and mitigated.	Monitor monthly through FIDC and significant risks to be reviewed quarterly at Board.	FIDC Meetings 2023
Month 9 Finance position	A	G	The Trust received income from the ICB to fund the planned deficit (£19.4m), of which £14.5m is reported in the Month 9 position. Excluding this income, the Trust is reporting a shortage of £1.5m in the month, of which £0.2m is favourable to the plan. The latest forecast position is breakeven which is an improvement from the previously reported £1m gap due to a review of reserves and contingencies alongside the in-month cost pressures.	Monitor monthly through FIDC	FIDC Meetings 2023
CIP Programme Update	A	A	The Month 9 position is that £0.7m of efficiency is delivered against the plan of £1.05m resulting in an adverse variance of £0.34m. At year to date, 76% of the program has been delivered, with a forecast position of 72% of the plan delivered at year-end. No further opportunities are identified due to the increased focus on 2023/24 planning. As a result, there remains a crucial risk to the complete delivery of the 2022/23 plan with a projected £2.9m shortfall that will form part of the 2023/24 targets. It is anticipated that this risk will be amplified to R/R as we step into the next financial year.	Monitor monthly through FIDC	FIDC Meetings 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Business Planning Update	R	A	An update paper was noted on the business planning for 2023/24, summarising the National Update, Progress to Date, and Anticipated Outcomes. The Committee notes that the planning methodology is comprehensive and robust and looks forward to the outputs of the planning process and future updates. However, it pointed out that an initial view of the proposed deficit and the requirement for difficult decisions and trade-offs will result in a challenging budget for 2023/24.	Monitor at FIDC + proposal to review final plan at an extraordinary FIDC scheduled for the week c/o 20th March 2023	FIDC meetings 2023
Costing Assurance Update	A	A	A paper on the Costing Assurance Programme was received and noted by the Committee. The priorities of the costing team continue to be driven by nationally required developments, whilst the internal focus will move to support services with improved productivity data to inform planning. The Committee noted vital risks to the work performed by the costing team, including coding risks, developing reports in Power BI, and tying governance around cost data with governance around data shared with divisional teams.	Monitor 6 monthly updates at FIDC	FIDC meetings 2023
IT AND DIGITAL					
IT & Digital Risks	A	A	The Committee is assured that the risk management process and reporting risks for IT and Digital are adequate and effective. However, further clarity and detailed action plans were required for the one risk that scored 15, i.e. engagement in using digital solutions to deliver change.	Monitor through FIDC	FIDC meetings 2023
Shared EPR Risks	R	A	The Committee is assured that EPR Programme Risks are identified, managed, and actioned within the Shared EPR Programme Governance structure. Work is still commencing to incorporate key risks into the Trust's corporate risk registers to enable complete visibility at the Trust level. The inherent risk of the overall program remains high notwithstanding the continued efforts by the executive and the project team.	Monitor through FIDC	FIDC meetings 2023
Shared EPR Program update	R	A	An update on the EPR procurement process and key achievements to date was presented to the Committee. Overall, the inherent programme risk is Red due to the lack of benefits to support the FBC including estimated increased costs, availability of central Capital funding to support the programme, resourcing challenges and the risk that the FBC needs to be approved.	Monitor through FIDC and monthly update to the Board	FIDC meetings 2023
PACS business case approval	-	-	The Committee reviewed the Outline Business Case (OBC) for the Trust to invest in a single integrated Picture Archiving & Communication System (PACS) across its core radiology and breast imaging services. The Committee provided approval to commence a tender exercise to enable a Full Business Case to be developed.	FBC to be reviewed and approved by the FIDC, and update to the Board including approval.	FIDC meetings 2023
ESTATES & FACILITIES					
Estates and Facilities Risks	A	G	The Committee was assured that the risk management process and reporting risks for Estates and Facilities, which includes Health, Safety, Fire and Security Risks are adequate and effective. Whilst the overall risk remains amber, we were satisfied that actions are in place to mitigate risks.	Monitor through FIDC	FIDC meetings 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
PFI Report	-	-	An update on the mobilisation of the Soft FM Benchmarking, including other PFI activities, was received by the Committee for noting. No significant issues are noted, although the Committee remains interested in more detailed action plans related to the Trust's preparedness for the expiry of the PFI in 2029.	Monitor through FIDC	FIDC meetings 2023
Site Utility and Resilience	A	A	An update on how the Trust manages ongoing risk in respect of the capacity and resilience within primary utility services across GWH and the Brunel Treatment Centre was received by the Committee. Whilst many actions have been completed to date, several activities and completion dates are yet to be established, resulting in an A/A assurance rating.	Monitor through FIDC	FIDC meetings 2023
Integrated Front Door – Guaranteed Maximum Price and Stage 4 Contract	-	-	The Committee received a comprehensive paper outlining approval for the main construction (stage 4) contract and the related Guaranteed Maximum Price (GMP). It confirmed that the proposed GMP is affordable, and that the agreement will deliver a new IFD by the Trust's requirements, as the clinically led IFD team specifies. The Committee approved the GMP and the Main Construction Contract and recommends approval to the Trust Board.	For approval at the Trust Board	-

Issues Referred to another Committee	
Topic	**Committee**
None	-

Board Committee Assurance Report

People & Culture Committee – January 2023			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Paul Lewis	**Paul Lewis**		**9th January 2023**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y		BAF 2

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			
Workforce Planning	R	A	Recruitment plans are in place to further improve the staffing position and the Committee received further assurance through papers and updates about 'growing our workforce' and 'medical hard to fill' which were well received. Recruitment time to hire is a concern and the new Head of Recruitment is reviewing this in detail with the Recruitment Team to make the imporvements needed. Absenteeism rates have increased slightly and to mitigate this, targeted HR support is in place to support managers. The Trust is also working with the NHS sickeness national team to roll out a toolkit to help improve sickess rates. Plans are in place to respond to industrial action and this remains a key concern over coming weeks and months which is why our risk level remains 'red'.	Review progress at the next meeting.	February 2023
Great Opportunities	A	A	The Committee received encouraging updates about Apprenticeship pathways and T-Level early years careers support. There are plans to further improve opportunities and understanding about career progression which should address remaining gaps in assurance.	Review progress at the next meeting.	February 2023

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Employee Experience	A	A	Safety Visits and 'Walkabouts' continue to take place with no significant issues being raised. The Committee received a very insightful update about the approach and action taken in reposne to concerns being raised by staff in one area of the Trust to the CQC in July. It was agreed to consider how the learning from this can be applied in other areas of the Trust to further improve the Employee Experience (in relation to listening/understanding, being seen & being present and in tresting each team differently in particular). The initial response rates for the latest Staff Survey are encouraging and we will receive and review the next set of results at the next meeting. The Committee received a Communications Updated and noted the progress and achievements being made with our communications, especially with our staff. The findings of the 'Jungle Green' Research in particular provided very encouraging feedback from staff. The RAG rating review of progress with our People Strategy will take place at the next meeting following the presentation of the report at the last meeting which was was well received by the Committee Members.	Review progress at the next meeting.	February 2023
Employee Development	A	G	The Committee received updates about a wider range of initiatives and programmes now being implemented covering the stages of Get Ready>Get In> Get On>Go Further which demonstated significant progress being made. As a result, the RAG rating for our plan was changed from Amber to Green to reflect his. There are plans to improve the appraisals process and documentation (which will include development reviews and discussions) and this will be reviewed in more detail at the next meeting.	Review progress at the next meeting.	February 2023

Great Leadership	A	A	We are still awaiting further clarity and guidance about the Messenger Report before initiating further actions within the key recommendation areas of 'management standards and accredited training'. We will continue to deliver our existing plans and initiatives to further improve Leadership capability and will review the latest staff survey results and comments about our leadership capability at the next meeting.	Review progress at the next meeting.	February 2023

Issues Referred to another Committee	
Topic	**Committee**
None	N/A

Report Title	**Integrated Performance Report (IPR)**				
Meeting	**Trust Board**				
Date	**2nd February 2023**	Part 1 (Public) [Added after submission]	x	Part 2 (Private) [Added after submission]	
Accountable Lead	Felicity Taylor-Drewe, Chief Operating Officer Simon Wade, Chief Financial Officer Jude Gray, Director of HR Lisa Cheek, Chief Nurse				
Report Author	Al Sheward – Deputy Chief Operating Officer Rayna McDonald – Deputy Chief Nurse Claire Warner – Associate Director of HR Operations John Ridler – Associate Director of Finance				
Appendices	Use of Resources: • Statement of Financial Position • Working Capital • Income & Expenditure – Variance Run Rate • SPC Chart – Pay				

Purpose							
Approve		**Receive**		**Note**	x	**Assurance**	x
To formally receive, discuss and approve any recommendations or a particular course of action		To discuss in depth, noting the implications for the Board/Committee or Trust without formally approving it		To inform the Board/Committee without in-depth discussion required		To assure the Board/Committee that effective systems of control are in place	

Assurance Level
Assurance in respect of: process/outcome/other (please detail):

Significant		**Acceptable**	x	**Partial**		**No Assurance**	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Report
Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

1. Our Performance

Key highlights from the report this month are:

PILLAR METRICS
Of the 6 Operational Pillar Metrics, 5 continue to deteriorate in month. Cancer 62 day being the only Pillar Metrics showing an improvement. Emergency Care Urgent Treatment Centre Mean Stay has deteriorated but remains within the control limits.

Cancer 62 day - Cancer waiting times remain below standard. However, saw in improvement in November to 67.6% from 56.9% in October.
RTT 18 Week Compliance – November performance of 52.6% against a target of 92%.
Emergency Care, Emergency Department Mean Stay – December mean time in ED Increased to 550 in December 2022 from 499 mins in November 2022.

Emergency Care, Urgent Treatment Centre Mean Stay – December mean time continues to deliver within the scope of the National standard of 240 mins.

Emergency Care, Emergency Department & Urgent Treatment Centre Emergency Attendances. Attendances have increased in December 2022 to 11,474. This is the highest number of attendances ever seen. This signals an increase of 1212 patients against November attendances.

Inpatient Spells, Number of Non-Criteria to reside (NC2R) days. The number of patients who remain in an Acute Hospital bed without a Criteria to Reside (NC2R) remains stable in December 2022.

BREAKTHROUGH OBJECTIVES

The breakthrough objective related to time in ED over 12 hours has deteriorated. This is closely linked to the mean time in ED. The number of patients awaiting an update from the Community Single point of Access reduced from 1309 in October to 703 in December.

2. Our Care

Pillar Metrics

1. To achieve zero avoidable harm within 5-10 years
2. To achieve consistent positive response rates in excess of 86% from patient friends and family test.

There has been an increase in the total number of harms from 195 to 267. The increase is mainly attributed to an increase in hospital acquired COVID harms, an increase in pressure harms and a significant rise in the number of falls resulting in severe harm, up from one to seven. There has been a small reduction in the medication incidents resulting in severe harms.

For December, the number of Family and Friends positive response rate has dipped slightly to 80% from 83.7% in the previous month. The in-patient positive response rate has remained consistent at 79%, 80% in the previous month.

Breakthrough Objectives

Pressure ulcers/harms acquired in our care (either as an inpatient or in the community), has been identified as the top contributor due to frequency and level of harm, therefore it has been developed as a Breakthrough objective. In December we have seen an increase in the number of harms in both the hospital and community setting, with 44 pressure ulcers acquired in hospital during December, which is a significant increase on the previous month and is contrary to the overall downward trend over the last two years. A review has identified that a variety of factors have contributed.

Alerting Watch Metrics

The drive to address complaints and concerns has continued in month and has seen the concern response rate increase to 93% and the complaint response rate to 75%. The overall number of concerns and complaints are down slightly when compared to the November data. MSSA continues to remain an area of concern with a continued number in month now being 26. The Intravenous Forum will have its first meeting in January (postponed from December

due to industrial action). The roll-out of the new Trust wide licensed skin-preparation product (Hexiprep) has been delayed due to supply-chain issues and is now expected in February.

Non-alerting Watch Metrics

Significant points to note relating to non- alerting watch metrics include

- Complaints, concerns and PALs activity has reduced slightly in month with both the complaints and concerns down from the previous month. The number of re-opened complaints has also dropped in month to three.
- The number of falls has remained consistent, but the number of falls with severe harm has risen significantly.
- The Trust remains below trajectory for C. difficile and Pseudomonas aeruginosa and is in line for Klebsiella.
- E. *coli* rates remain over trajectory however the overall trend over the last few months has been parallel to trajectory.
- FFT overall response rate has reduced to 19.6% compared to 25.7% in the previous month. The percentage of positive responses is also down slightly to 80% in month.
- Staff attitude and the environment continue to remain the top themes in terms of both positive and negative responses, although the response rates have reduced for both. There has been a reduction in negative comments around waiting times.
- ED and UTC continue to maintain their score of 72% despite ongoing significant operational pressures.
- Outpatients have achieved 100% positive response rate in month.

3. 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.

Pillar Metrics

To aim to be in the top 25% of trusts for lowest staff turnover within Model Hospital.
Improve our Staff Survey response rates and increase the number of staff recommending Trust as a place to work.
Having a workforce representative of the population we serve across all roles, with a 16% BAME representation by 2025.

Breakthrough Objectives

"I am able to make improvements happen in my area of work" will also be reported in the Staff Survey full data set in January 2023.
Provisional staff survey data shows an increase of 3.2% in the positive response to this question. Further analysis will be completed once full results are available on 31st January.

Alerting Watch Metrics

Sickness absence continues to alert however has reduced in month from 5.3% to 4.9%, of which 0.51% remains Covid related absence and 4.34% is non-Covid related. In December

the numbers of COVID cases have decreased, however an increased prevalence of other winter/airborne illness is impacting short-term absence rates. HR support is targeted throughout winter to support managers with sickness management and incudes promotion of the Health and Wellbeing seasonal offer. The Trust is working with the SW regional NHS E team to develop a sickness absence toolkit to identify gaps in provision and create action plans to address issues highlighted. This model has been successfully implemented by the North West region to enable regional comparison and improvement and work is underway to implement at the Trust in February.
Recruitment time to hire has reduced slightly in month but continues to alert at 72.3 days (74.3 in November). The recruitment team are investigating the centralised HCA recruitment process which is having an adverse impact on the KPIs due to delay resulting from allocation of department. Initial investigations show a 30 day decrease in recruitment time hire KPI when HCA centralised recruitment is removed from the data. Options to mitigate this are being assessed and will be reported in February.

Non-Alerting Watch Metrics
Voluntary turnover continues to decrease, reporting at 11.54% in November compared to 11.78% in October
The in-month agency spend as a percentage of the total pay bill has decreased again in month from 6.17% to 5.97%, below the Trust target of 6%. Weekly divisional monitoring is set to continue, with a focus on reduction of premium agency.

4. Use of Resources

Income has been received from the ICB to fund the planned deficit (£19.4m), £14.5m (9/12) of this is reported in the Month 9 position. Excluding this income, the Trust is reporting a deficit of £1.5m in month which is £0.2m favourable to plan. Year to date position is £14.8m deficit, £0.5m adverse to plan.
The latest forecast position is now at breakeven, this is an improvement of the previously reported c£1m through use of reserves and other contingencies. A reduction in the depreciation forecast has also offset some other expected pressures in the divisions. Forecast costs for ESRF remain in excess of income (£8.3m costs, £6.9m income).
Efficiency delivery has again not kept pace with plan this month and is £1.7m behind plan year to date. The forecast to year-end remains at £3.1m unidentified. However, in expecting to deliver an overall position close to plan, by proxy we could expect to deliver close to the CIP target, albeit non-recurrently.
The cash balance at the end of Month 09 is £26.4m above plan, This remains largely due to the receipt in Month 7 of £19.4m of deficit funding from the ICB, partially offset by a delay in drawdown of loans.
Capital expenditure is £6.9m below plan to date due to profiling and slippage. The capital team have met with all the divisions, project leads and procurement to monitor progress fortnightly to ensure the funding will be spent by the end of the financial year. There has also been purchase orders raised since November of £4.9m that will increase the level of spend, once goods are on site / services are received, and they are receipted.

Link to CQC Domain	Safe	Caring	Effective	Responsive	Well Led

– select one or more					
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	PPPC & TMC				
Next Steps					

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?			x
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?			x
Explanation of above analysis:			

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Board/Committee/Group is requested to:

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

Accountable Lead Signature	
Date	26th January 2023

NHS
Great Western Hospitals
NHS Foundation Trust

Integrated Performance Report

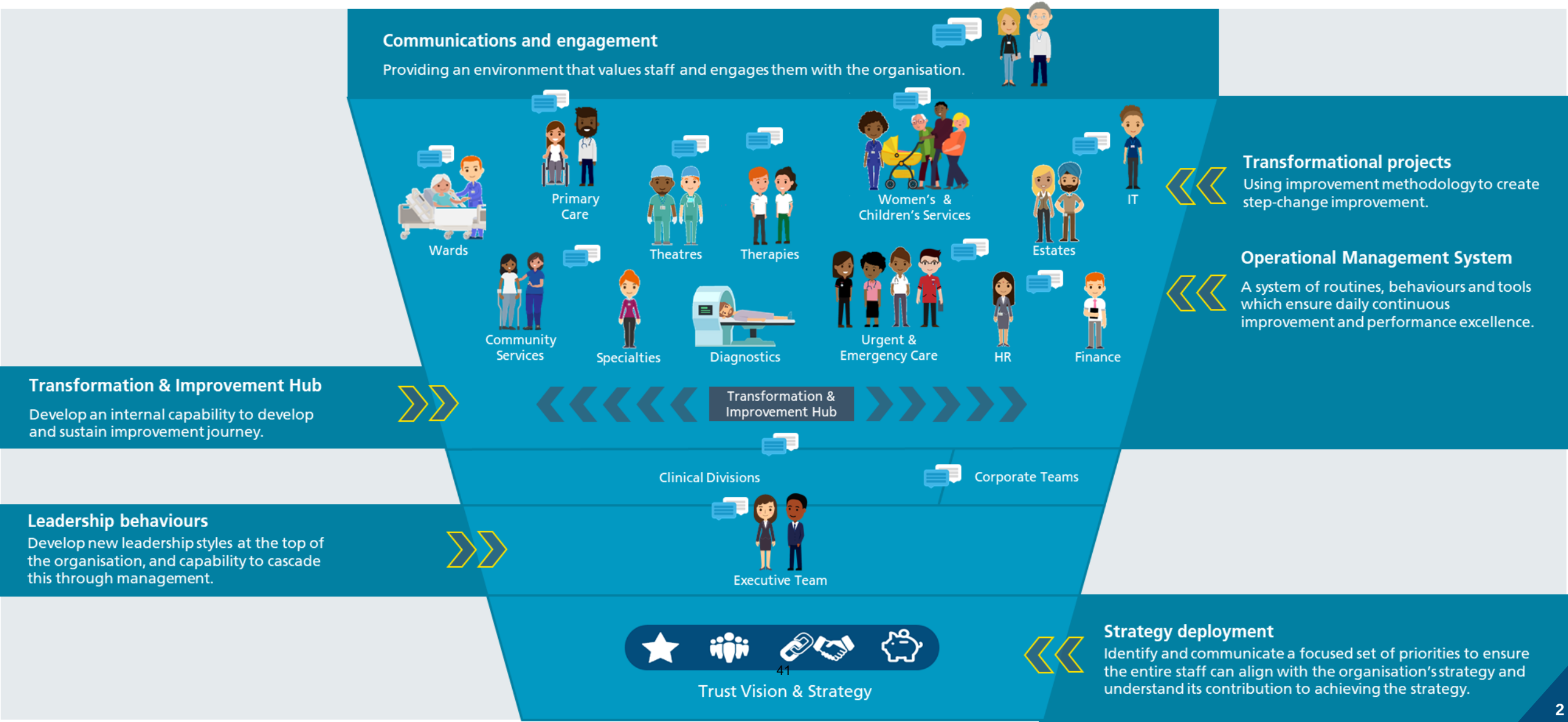
January 2023

November & December 2022 data period

Improving
together

Building a culture of continuous improvement

NHS
Great Western Hospitals
NHS Foundation Trust



Our vision & strategic focus

Great Western Hospitals NHS Foundation Trust

Our Vision

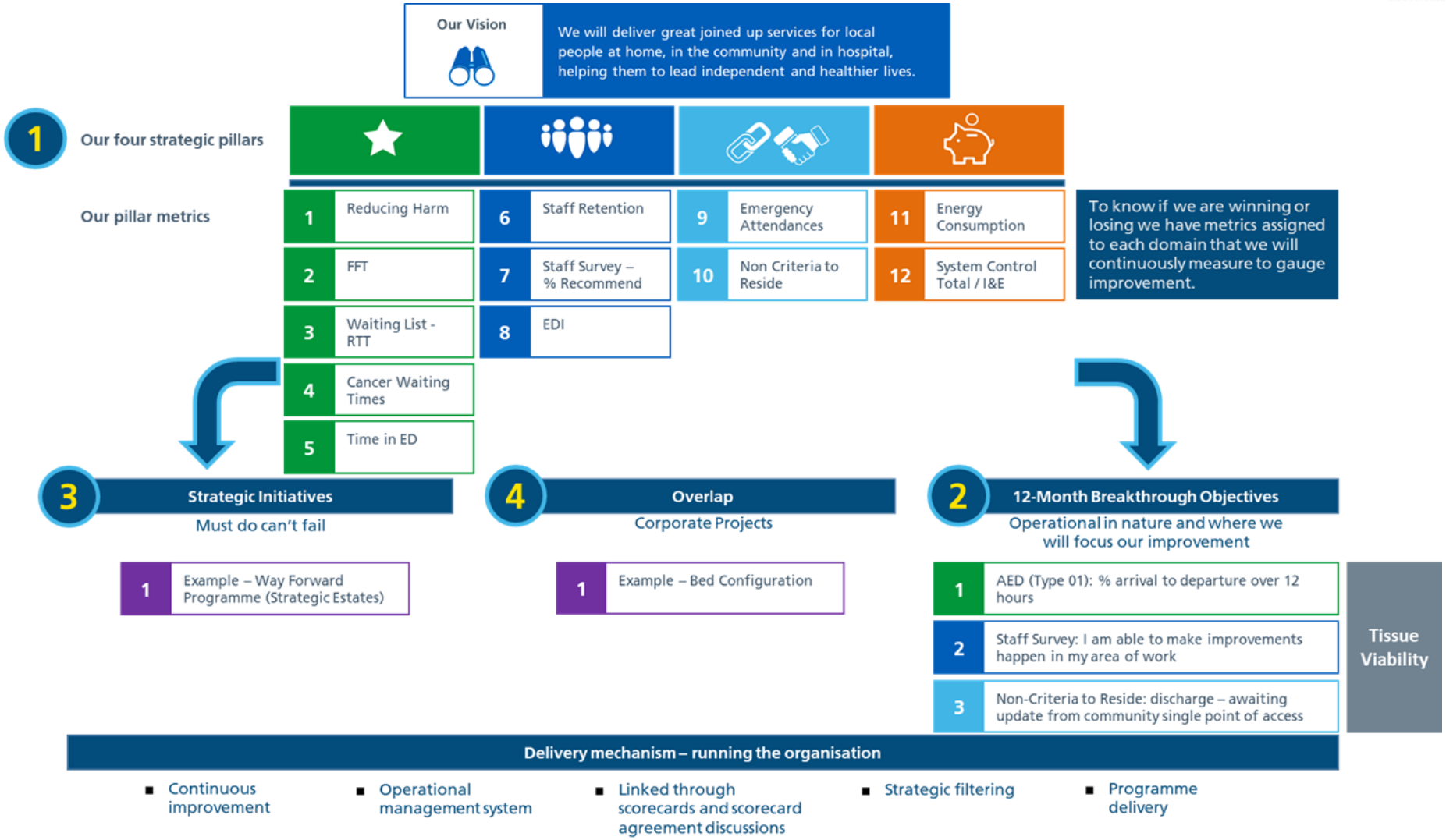
We will deliver great joined up services for local people at home, in the community and in hospital, helping them to lead independent and healthier lives.

Our four strategic pillars

- Outstanding patient care and a focus on quality improvement in all that we do
- Staff and volunteers feeling valued and involved in helping improve quality of care for patients
- Improving the quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers
- Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care

Strategic Planning Framework

Great Western Hospitals NHS Foundation Trust



SPC supporting business rules

Great Western Hospitals NHS Foundation Trust

What is statistical process control (SPC)?

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

The 'We Care' methodology incorporates the use of SPC Charts alongside the use of Business Rules to identify common cause and special cause variations and uses **NHS Improvement** SPC icons to provide an aggregated view of how each KPI is performing with statistical rigor.

The main aims of using statistical process control charts is to understand what is different and what is normal, to be able to determine where work needs to be concentrated to make a change. The charts also allow us to monitor whether metrics are improving.

Key Facts about an SPC Chart

A minimum of 15-20 data points are needed for a statistical process control chart to have meaningful insight. 99% of all data will fall between the lower and upper confidence levels.

If data point falls outside these levels, an investigation would be triggered.

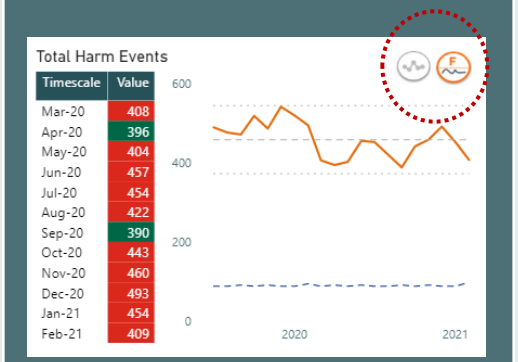
It contains two types of trend variation: Special Cause (**Concerns** or **Improvement**) and **Common Cause** (i.e. no significant change.

NHS Improvement SPC icons:

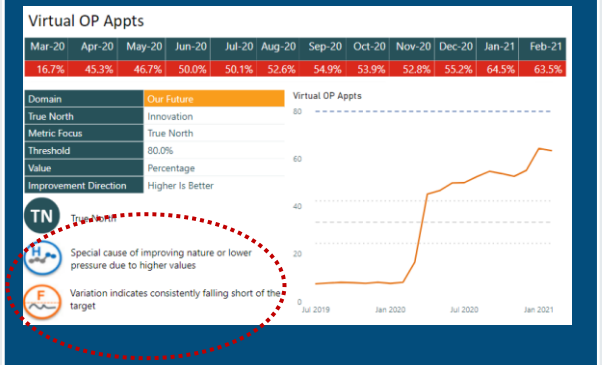
Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Where to find them:

Strategic Pillars



Breakthrough Objectives



Executive Summary

NHS
Great Western Hospitals
NHS Foundation Trust

Total Harms

The Strategic Pillar target is to achieve zero avoidable harm within 5-10 years. Our calculation for total avoidable harms aggregates incidences of the following in each month;

- Pressure ulcers/harms
- Falls
- Hospital acquired infections (including Covid-19)
- Medication incidents
- Serious incidents
- Never Events

Pressure ulcers/harms acquired in our care (either as an inpatient or in the community), has been identified as the top contributor due to frequency and level of harm, therefore it has been developed as a Breakthrough objective. The other harms are all presented as watch metrics later in the report.

Patient Experience (FFT)

The Friends and Family Test is a national scheme which encourages patients to provide feedback about their experience of using our services. Patients are asked the question, Overall, how was your experience of our service? and have six options ranging from very good to very poor and don't know, there is also an area for free text comments, results are collated monthly.

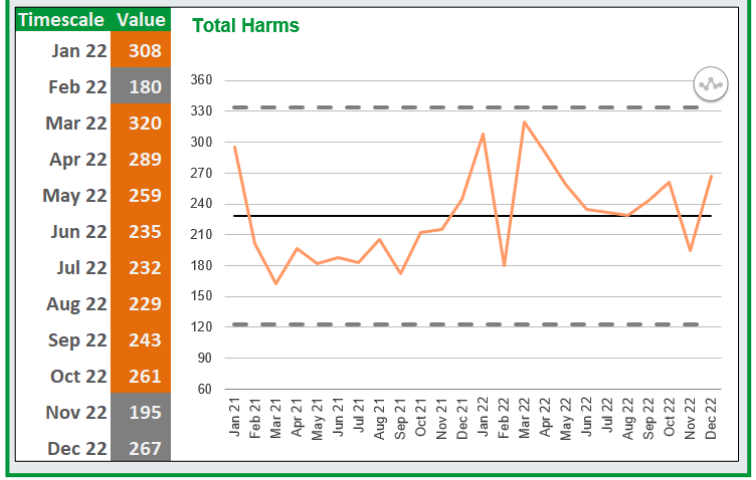
The FFT is mandated across all acute providers and therefore provides an opportunity to benchmark across the country. It is important to consider the proportion of patients completing the test and the overall positive score together, we have therefore added completion rates as watch metrics to our overall scorecard.

We have set ourselves a target for 2022-23 of 86% for the combined positive response rate, this is based on the mean for last year plus 2%.

Total Harms

To achieve and sustain zero avoidable harm.

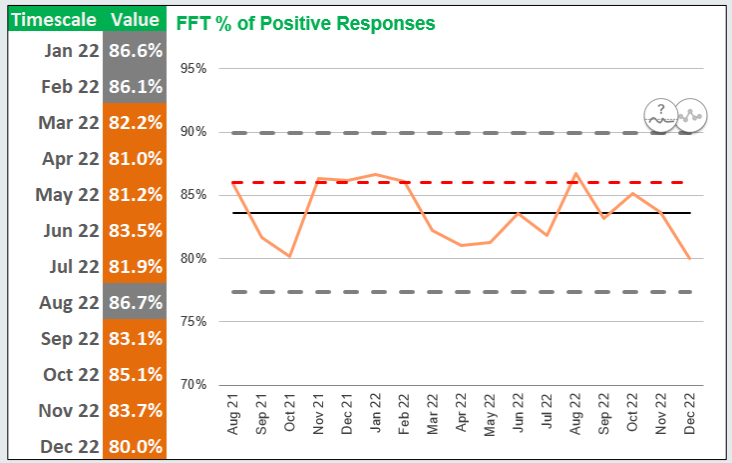
Timescale	Value
Jan 22	308
Feb 22	180
Mar 22	320
Apr 22	289
May 22	259
Jun 22	235
Jul 22	232
Aug 22	229
Sep 22	243
Oct 22	261
Nov 22	195
Dec 22	267



Patient Experience (Friends & Family Test)

To achieve consistent positive response rates in excess of 86% from patient friends and family test.

Timescale	Value
Jan 22	86.6%
Feb 22	86.1%
Mar 22	82.2%
Apr 22	81.0%
May 22	81.2%
Jun 22	83.5%
Jul 22	81.9%
Aug 22	86.7%
Sep 22	83.1%
Oct 22	85.1%
Nov 22	83.7%
Dec 22	80.0%



Counter Measures

The number of avoidable harms has increased in month with a notable rise incidents with severe harms following falls. The number of acquired pressure ulcers in the acute and community settings has increased significantly in comparison to November, in addition there has been an increase in the number of hospital acquired covid infections. A variety of contributory factors, many related to increased patient numbers, have been responsible.

- Hospital-acquired COVID-19 rate was one of the lowest in the region throughout December.
- A deep dive into the factors that have had a detrimental impact on the quality metrics and patient safety incidents in December.
- The Patient Safety Investigation Review Framework roll out continues, now in the Diagnostic & Assessment stage.

For December, the number of Family and Friends positive response has reduced to 80% from 83.7% the previous month

- Funding secured with Defence Medical Welfare Service (DMWS) to support a dedicated hospital welfare officer
- Achievement of re-accreditation following 1 year reassessment of Veteran aware status
- Actions implemented following results from the care of the dying audit - focussing on improving awareness and discussions with patients and families
- Further engagement at community events with minority groups

Executive Summary

NHS
Great Western Hospitals
NHS Foundation Trust

Trust Access Standards - Referral to Treatment (RTT) & Cancer Standards

It is poor patient experience to wait longer than necessary for treatment and failure against these key performance standards is a clinical, reputational, financial and regulatory risk for the Trust.

In common with many other providers, the Trust has not consistently achieved the National Cancer Standards or Access standard for RTT. Nationally expectations are being reset around targets. Countermeasures for the deteriorations seen here are listed below

Cancer 62 Day

In November, there were 35.5 breaches in total, with 19.0 of these attributed to the Skin pathway that we have not historically seen. This is due to the capacity challenges we have seen along with the unprecedented level of demand. We have also seen greater than normal breaches in Urology with 10.5. over half the breaches can be attributed to our capacity for TRUS Biopsies.

Without the Skin breaches we would have achieved 84.4%

RTT: 18 Week Compliance

In December, the RTT 18 Week Compliance deteriorated by 2% in month along with a Patient Tracking List (PTL) decrease of 554 (1.5%). This has been driven by a 20% decrease in referrals into the Trust in month.

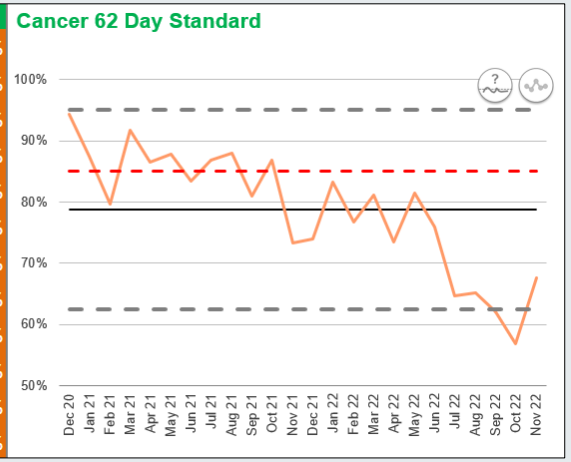
52 week breaches decreased in month by 93 (4.1%). Dermatology, Neurology and T&O had highest reduction in number of 52+ week waiters from last month, whereas General Surgery ,Gastro and Respiratory deteriorated the most in month
There was a deterioration in the 78 week position with an increase of 23 from last month. Respiratory Medicine has highest increase in month (from 1 to 13).

Felicity Taylor-Drewe
Chief Operating Officer

Cancer 62 Day

To achieve and sustain 85% performance for patients on a Cancer pathway.

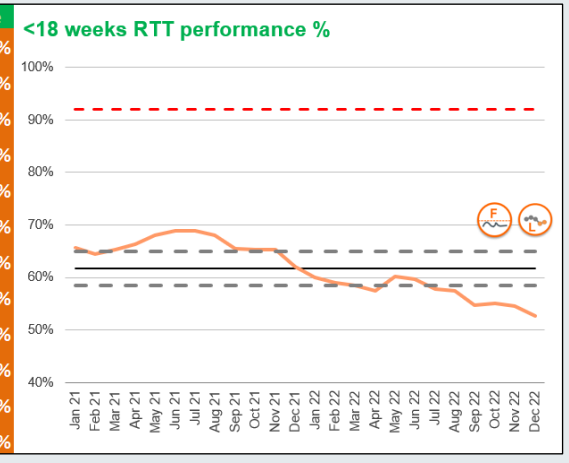
Timescale	Value
Dec 21	74.0%
Jan 22	83.2%
Feb 22	76.8%
Mar 22	81.2%
Apr 22	73.5%
May 22	81.5%
Jun 22	76.0%
Jul 22	64.7%
Aug 22	65.1%
Sep 22	62.0%
Oct 22	56.9%
Nov 22	67.6%



RTT: 18 Week Compliance

To achieve and sustain 92% of all patients waiting less than 18 weeks for first definitive treatment.

Timescale	Value
Jan 22	60.05%
Feb 22	58.98%
Mar 22	58.45%
Apr 22	57.39%
May 22	60.15%
Jun 22	59.65%
Jul 22	57.85%
Aug 22	57.43%
Sep 22	54.74%
Oct 22	55.07%
Nov 22	54.60%
Dec 22	52.60%



Counter Measures

Risk: Capacity in Dermatology & Plastics is insufficient to see and treat patients.

Mitigation:
Plastics - Seeking further Mutual aid from OUH. Plastic Consultants have agreed to see additional patients on a pay per patient basis. The challenge is that this is ad-hoc and we do not always have MOP & Theatre space available when the Consutants are free.
Dermatology – A Locum Consultant stated in October which has created greater capacity. We are using CSP for BCC patients that will reduce the number of patients being referred to the Plastics team.

Dermatology 2ww performance should recover by December 22, however the 62 day performance will not due to a lack of MOP capacity.

Risk: Urology Pathway are often complex requiring multiple diagnostics, with multiple treatment options needing to be discussed at Tertiary centres before treatments can be planned. Patients requiring additional treatment following an incomplete TURBT procedure will breach due to recovery and planning time.

Mitigation: Pathway improvement manager is working with service to implement the best practice timed pathway which includes a Demand/Capacity review of TRUS biopsies. The Surgical team are undertaking LATP biopsy training with a view to reducing the demand on TRUS biopsies.

Risk: Insufficient theatre capacity to meet activity plan due to anaesthetic and theatre staffing.
Mitigation:
•Locum Anaesthetist secured whilst substantive recruitment underway.
•Block booking of Theatre staff whilst substantive recruitment under way.

Risk: Insufficient clinic capacity to meet activity plan.
Mitigation:
•Additional outpatient capacity (including diagnostic) being provided across medicine and surgical specialties throughout Q4.

Risk: Insufficient capacity to recover 78 and 52 week + breach position resulting in poor RTT 18 Week compliance.
Mitigation:
•Additional capacity in Dermatology and Neurology, to address the growing trend. Additional Minor Ops capacity provided by ENT and Oral Surgeons to manage long waiting patients in Plastics.

Risk: Impact on Elective capacity due to the proposed industrial action across multiple staff groups..
Mitigation:
•All elective activity on proposed strike days reviewed. Maximum clinical sessions running where staffing allows.
•Patient impact assessed and alternative sessions to be provided.

Pillar Metrics

Executive Summary

Great Western Hospitals NHS Foundation Trust

Emergency Care – Emergency Department - Mean Stay

Patients are delayed within the Emergency Department (ED). This is a marker of a crowded system resulting in delays in assessment, investigation, treatment and discharge.

The total meantime wait for a patient in December 2022 was 550 minutes against the national standard of 240 minutes a deterioration since last month. Poor flow resulting from increases in length of stay (for both Criteria to Reside and Non criteria to reside patients), COVID & Flu inpatients has contributed to deterioration alongside a significant increase in attendances. Beds occupied by long stay patients is still high with December 23% higher than Dec 21.

Emergency Care – Urgent Treatment Centre - Mean Stay

Patients are not delayed within the Urgent Treatment Centre (UTC). This is a marker of a service that is functioning as expected

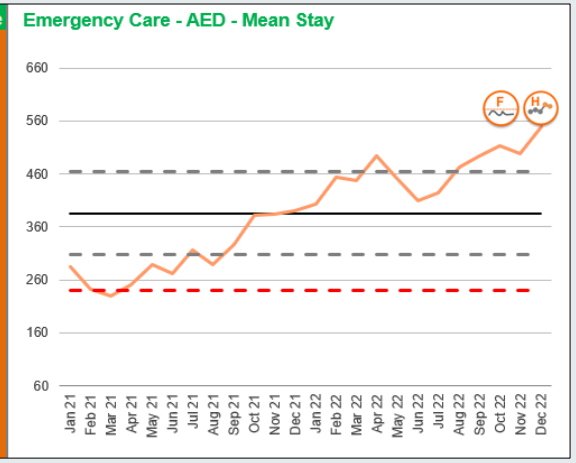
The total meantime wait for a patient in December 2022 was 172 minutes against the national standard of 240 minutes demonstrates good flow through the service despite a continuing rise in attendances with a significant increase of 13.4% in Dec 22 compared to Nov 22

Felicity Taylor-Drewe
Chief Operating Officer

Emergency Care – Emergency Department - Mean Stay

To achieve and sustain a mean time in department for all patients attending the Emergency Department.

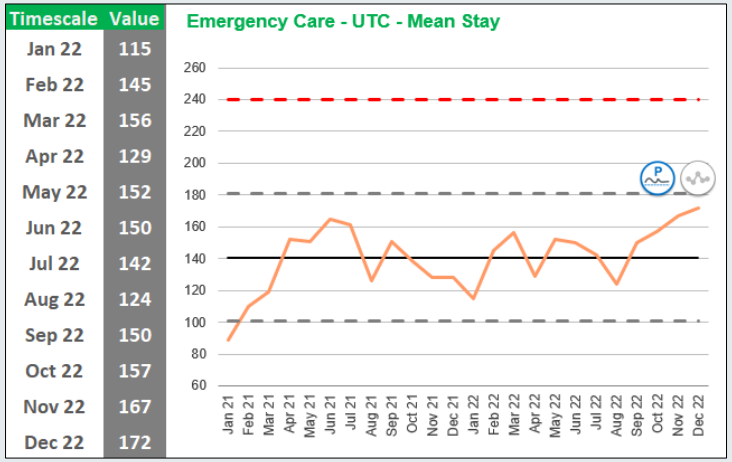
Timescale	Value
Jan 22	403
Feb 22	453
Mar 22	448
Apr 22	493
May 22	450
Jun 22	409
Jul 22	425
Aug 22	473
Sep 22	494
Oct 22	514
Nov 22	499
Dec 22	550



Emergency Care – Urgent Treatment Centre - Mean Stay

To achieve and sustain a mean time in department for all patients attending UTC.

Timescale	Value
Jan 22	115
Feb 22	145
Mar 22	156
Apr 22	129
May 22	152
Jun 22	150
Jul 22	142
Aug 22	124
Sep 22	150
Oct 22	157
Nov 22	167
Dec 22	172



Counter Measures

- Significant improvement in Triage times has been maintained
- Winter slippage monies continue to be spent on Paeds ED Twighlight nurse & weekend Consultant; will reduce impact on staffing numbers overall during peak times and improve quality of care
- Winter slippage monies continue to be spent on Pit-stop nursing; provides clinical oversight of queue, starts assessments early & potential for simple treatments
- Winter monies continue to be spent for dedicated transfer porters; supports reduced nursing time off the ward with prompt transfers and diagnostic moves

- Metric routinely meeting standard
- Roster change trial implemented for staff to increase staffing model mapped to key times of patient arrival – extension continues
- Single front door pathways between the emergency department and the urgent treatment center are now in place alongside front door building work and new patient entrances beginning Jan 25th 23

Executive Summary

Great Western Hospitals NHS Foundation Trust

Emergency Department & Urgent Treatment Centre - Emergency Attendances

Emergency Attendances collects the total number of attendances in the Emergency Department (ED) & the Urgent Treatment Centre (UTC). November saw a continued high level of Emergency attendances to both ED & UTC.

This is a marker of the continued pressure at our front doors which is accelerating with a significant surge in December with an **additional 1212 patients' attendances** compared to November 22 and the highest ever seen, alongside an increasing number of long stay patients >21 days with a levelling of NCTR bed days.
The most notable increase was in paediatric presentations with an extra 900 children attending partly because of the Strep A concerns, alongside increased respiratory presentations for Covid and Flu which partly drove the highest ever number of majors chairs attendances at 2546 patients

Inpatient Spells - GWH - Number Non-Criteria to Reside (NCTR) Days

This metric highlights the total number of bed days lost on inpatient spells for patients who are deemed to be Non-Criteria to Reside.

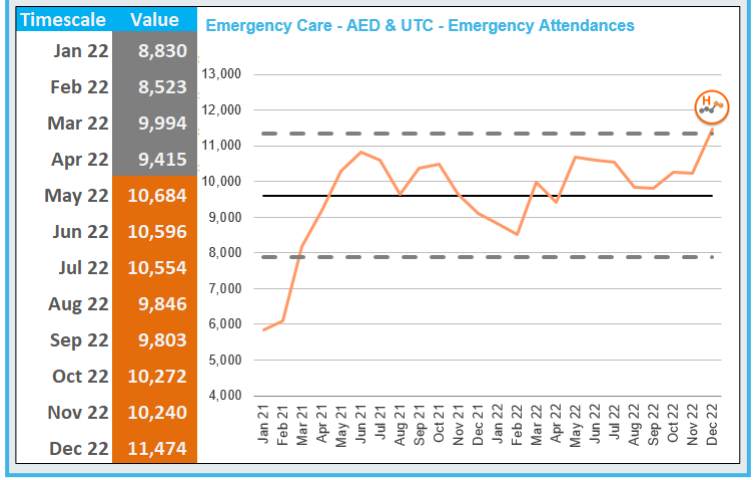
We have sustained significantly lower NCTR numbers for the past month with an average hold of 85-95 compared to >120 in October 2022..
New focus on how to support patients at home to wait for assessments or an uplift in packages of care has been successful.
Christmas day had an NCTR of 70 , 1 above the targeted trajectory of 69.
On the whole great movement on pathway 0 & 1 patients' that have a NCTR on the day, which often means partner associated discharges that are left are complex in nature and this can impact length of stay, and increase harm associated with deconditioning. BSW expert panel with senior leadership supports these difficult cases.

Felicity Taylor-Drewe
Chief Operating Officer

Emergency Care – Emergency Department & Urgent Treatment Centre - Emergency Attendances

To ensure patients are cared for in the appropriate setting

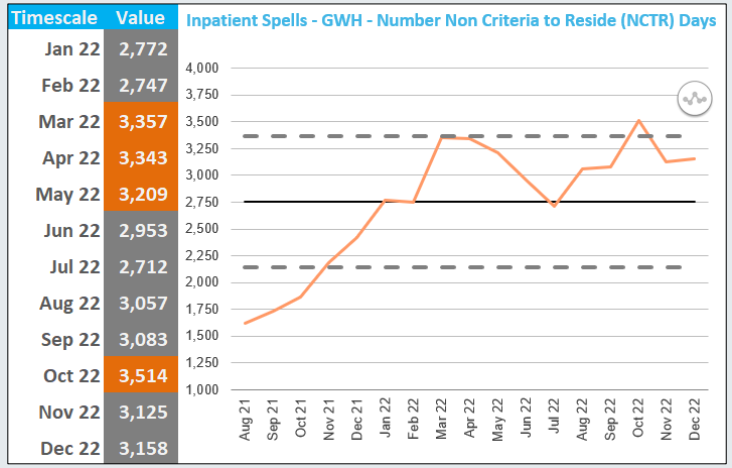
Timescale	Value
Jan 22	8,830
Feb 22	8,523
Mar 22	9,994
Apr 22	9,415
May 22	10,684
Jun 22	10,596
Jul 22	10,554
Aug 22	9,846
Sep 22	9,803
Oct 22	10,272
Nov 22	10,240
Dec 22	11,474



Inpatient Spells - GWH - Number Non-Criteria to Reside (NCTR) Days

To treat the right patients in the right place, to ensure delivery of high quality care.

Timescale	Value
Jan 22	2,772
Feb 22	2,747
Mar 22	3,357
Apr 22	3,343
May 22	3,209
Jun 22	2,953
Jul 22	2,712
Aug 22	3,057
Sep 22	3,083
Oct 22	3,514
Nov 22	3,125
Dec 22	3,158



Counter Measures

Pre- hospital
BSW Care Coordination centre continued to support this month, working with our internal coordination centre to redirect crews to alternative pathways, or community intervention to release ambulances.

Peri hospital
Social worker assessments have moved more to assessments out of hospital.
1.Home First principles more embed with wards and MDT staff.
2. Discharge Support team also supporting patients Home First Review at weekends.
Daily actions

- Complete a review of all P1 patients in acute/community beds, deemed medically fit that are identified for discharge today and the next 1-2 days.
- Ward therapy staff to use the action card to determine the level of care required to safely discharge the patient. and documented should be documented on the referral form.
- Ward staff will talk to the patients and families to inform they are going home with a reduced level of care in place.

Post hospital

24 hrs safety netting services for patients can be offered from acute side in addition to the patient flow hub/locality hub supporting welfare checks.

The above has supported negligible readmission rates.

Executive Summary

NHS
Great Western Hospitals
NHS Foundation Trust

Voluntary Staff Turnover (rate)

The annual turnover rate provides us with a high-level overview of Trust health.

Workforce retention is a top priority across the NHS. High turnover rates are typically associated with increased recruitment and training costs, low morale and reduced performance levels.

Staff turnover has been stable over the last 3 years until Feb/March 2021. Since Feb/March 2021 we have started to see a steady increase in turnover levels.

The last three months have seen an improved position on Turnover.

Staff Recommendation as a Place to Work

The annual national staff survey is used to give an indication of staff engagement. We will be monitoring this at quarterly intervals throughout the year via the staff friends and family test.

In the South West we are no. 17th as an organisation. We want to see an overall improvement in our staff survey results and our position in the South West. Our current performance could have an impact on our reputation as an employer, staff retention and staff morale.

If staff currently felt more positive about their working experience at GWH this will translate positively in improvement in our patient's experience.

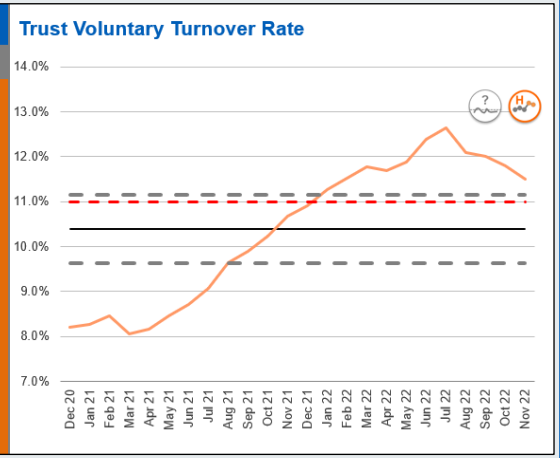
Quarter 2 shows that we remain stable, we await the annual staff survey results to see if there has been an improvement in this question.

Jude Gray
Director of Human Resources (HR)

Trust Voluntary Turnover Rate

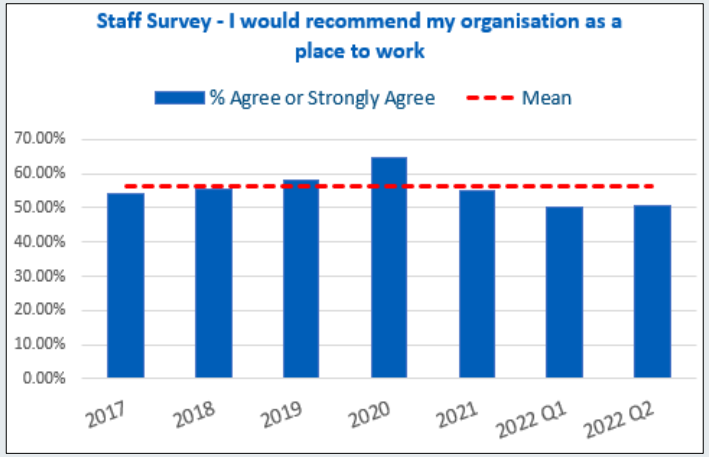
To achieve and maintain a maximum voluntary turnover rate of 11%.

Timescale	Value
Dec 21	10.9%
Jan 22	11.3%
Feb 22	11.5%
Mar 22	11.8%
Apr 22	11.7%
May 22	11.9%
Jun 22	12.4%
Jul 22	12.6%
Aug 22	12.1%
Sep 22	12.0%
Oct 22	11.8%
Nov 22	11.5%



Staff % recommend the organisation as a place to work

To improve our staff engagement score as demonstrated in the annual staff survey.



Counter Measures

- In line with the national HCA role review further to concerns raised by UNISON, the Trust in collaboration with the BSW has evaluated the role for a cohort of our Healthcare Support Workers and is up-banding these to band 3 reflective of the enhanced skills required.
- A key driver of voluntary turnover remains Unregistered Nursing, and to ensure competitive remuneration the Trust is increasing pay for all its band 2 staff to the top of their grade in line with the UK Living Wage.
- System adverts are live until 15th January for Legacy Nurse/AHP Mentors. These new roles will support the development of our registered workforce at all stages of their career, with a particular focus on supporting newly qualified clinical staff in all healthcare settings to 'stay' and 'stay well'. Initial 12-month fixed term contract with one post to be located at the Trust whilst working within the wider system team.

- As a thank you to all Community staff for their hard work over Christmas, and to ensure parity with the on-site 50% restaurant offer, the Health & Wellbeing team delivered sandwiches and refreshments to the Orbital offices during December.
- The Trust saw participation in the RCN strike days on 15th and 20th December. To ensure staff felt supported in either strike participation or sustaining services, the Trust worked closely with RCN and management to derogate essential services and plan staffing on action days to mitigate impact on Trust reputation and staff morale.
- Initial 2022 Staff Survey results show that 53.3% of staff would recommend the organisation as a place to work, compared with 53.2% in 2021. The Trust's position relative to BSW and the SW is not yet known. Once the full set of data is available at the end of January, root cause and countermeasures to drive further improvement will be determined.

Executive Summary

Great Western Hospitals NHS Foundation Trust

Disparity Ratio %

The trust has launched an ED&I strategy having identified this as an essential component to a satisfied and productive workforce and a inclusive workplace.

The trust has a focus on addressing health inequalities within the local population and an effective ED&I strategy and successful implementation of this within the trust can model this approach and more effectively leverage internal expertise in this area, as well as making GWH a strong anchor institution.

We want to measure ED&I across all areas and this is currently a work in progress to identify the right metric—workforce by ethnicity can be used as a proxy measure for now.

At GWH, some staff are unevenly represented through different levels, broadly with over representation at junior levels and under representation in senior leadership positions. The nature of some roles within the trust can be static at certain levels, resulting in under -representation of certain groups.

The complexities of addressing ED&I make it a challenge for the trust, however GWH are keen to have a representative workforce across all levels of the trust.

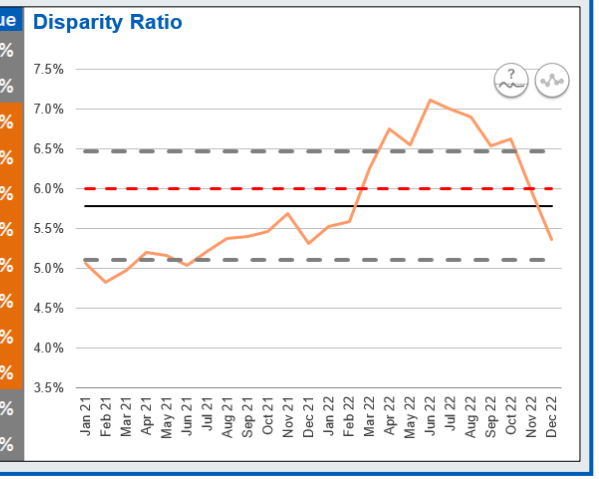
This data measures the difference in the proportion of BAME staff at lower bands (1-5) to higher bands (8a-9) compared to the proportion of White staff at those bands and tells us that our BAME staff are less likely to access progression to higher pay bands. We have seen a reduction in this disparity over the last five months.

Jude Gray
Director of Human Resources (HR)

Disparity Ratio

To ensure a broad and diverse workforce to best represent the community we serve.

Timescale	Value
Jan 22	5.5%
Feb 22	5.6%
Mar 22	6.3%
Apr 22	6.8%
May 22	6.6%
Jun 22	7.1%
Jul 22	7.0%
Aug 22	6.9%
Sep 22	6.5%
Oct 22	6.6%
Nov 22	6.0%
Dec 22	5.4%



Counter Measures

- The Trust has appointed a new EDI Lead who started on 9th January joining us from the Bristol, Somerset & Gloucestershire ICB.

- The Comms team and Staff Network leads are finalising the 2023 EDI calendar, showcasing special days which the Trust will be celebrating throughout the year. This includes awareness days, religious events, and celebrations of inclusivity with our staff and local communities.

- EDI Working group are meeting in January to explore themes of inequality and incivility through the development of an A3, and will be planning the launch of 'Friendly February' to highlight the importance of civility and respect in our culture.

Executive Summary

Great Western Hospitals NHS Foundation Trust

Financial Position (I&E Margin)

There has been a significant and growing financial deficit over the last 3 years at the Trust. Large financial deficits undermine the public trust in the NHS and put the financial viability of the organisation at risk.

Carbon Footprint / Sustainability

Sustainability is fundamental to maintaining high quality care; to help us meet the needs of today without compromising the needs for future generations. Great Western Hospitals NHS Foundation Trust's Green Plan outlines the actions and initiatives we aim to deliver to meet our sustainability targets and for the Trust to be net zero carbon for direct emissions by 2040 and also for indirect emissions by 2045. In line with NHS targets, we are aiming to achieve an 80% reduction in our direct footprint by 2028-2032.

In lieu of our carbon footprint data from Greener NHS (anticipated for early Q3) this report focus is on electricity and gas consumption which forms a significant part of our direct carbon footprint.

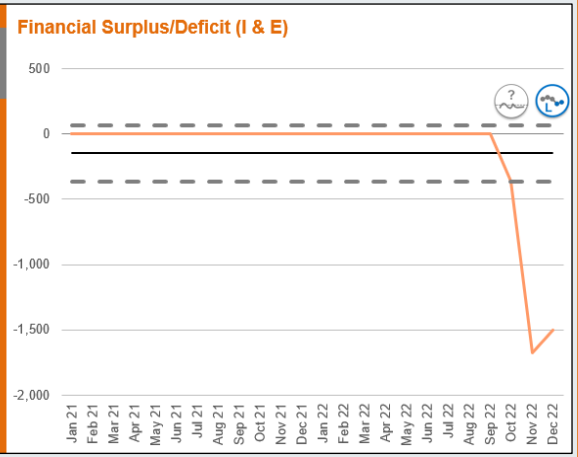
Over the coming years we will be focusing on the delivery of our Green Plan and ICS Green Plan which will be formally reported on annually and refreshed every 3 years.

Simon Wade
Chief Financial Officer

System financial performance - surplus / deficit (I & E)

To achieve and sustain a break even financial position.

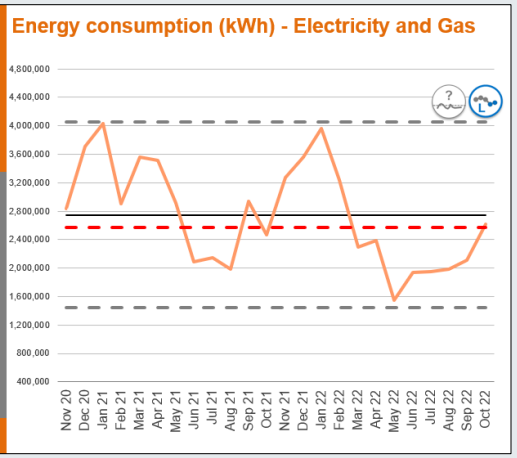
Timescale	Value
Jan 22	0.03
Feb 22	0.14
Mar 22	-0.26
Apr 22	-0.39
May 22	-2.01
Jun 22	-0.89
Jul 22	-2.07
Aug 22	-1.85
Sep 22	-1.94
Oct 22	-363
Nov 22	-1672
Dec 22	-1502



Energy consumption (kWh) – Electricity & Gas

To achieve an organisational carbon neutral footprint.

Timescale	Value
Nov 21	3,269,456
Dec 21	3,561,438
Jan 22	3,962,246
Feb 22	3,237,168
Mar 22	2,293,826
Apr 22	2,388,534
May 22	1,543,874
Jun 22	1,940,413
Jul 22	1,953,493
Aug 22	1,983,344
Sep 22	2,115,111
Oct 22	2,613,274



Counter Measures

- At M9 there is a YTD deficit of £4.25m for the ICB (which is £34m behind plan). The ICB has a deficit YTD as the risk share expense has been recognised as 9/12 of £38.25m whereas the planned surplus YTD was only 6/9 of £51m. The ICB is forecasting to deliver a position where actual income will match actual expenditure but this will ultimately be a deficit vs plan. The ICB risk position has worsened due to national prescribing costs moving out for CATM and NCSO but there may be national funding to mitigate this.
- At Month 9 GWH year-to-date position is a deficit of £14.8m which is £0.5m worse than plan.
- Countermeasures have been put in place:
  - Relevant divisions remaining in enhanced support
  - Focus on actions to reduce run rate
  - Enhanced workforce controls
  - Targeted work on efficiencies including driving out benchmarked opportunities
  - Drive on productivity including theatre rescheduling

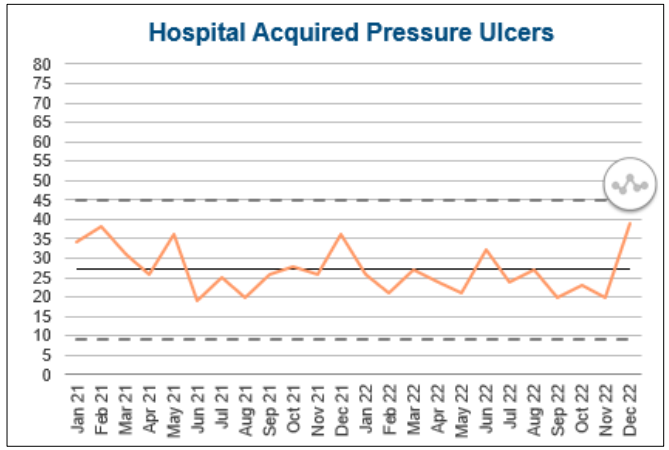
•The board approved Green Plan has been published with targets and action plan agreed.
•Capital funding for sustainability projects has been agreed and work is underway on reducing emissions from nitrous oxide and entonox at GWH.
•GWH is the ICS Green Plan chapter lead for reducing emissions from Medical Gases.

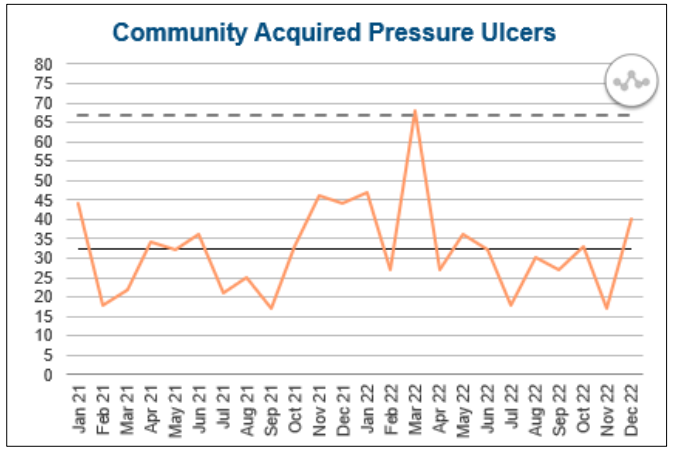
2022/23 Breakthrough Objectives

Reduction of Pressure Ulcer/Harms

Great Western Hospitals NHS Foundation Trust

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
73	48	95	51	57	64	42	57	47	56	37	83





Common cause – no significant change

Understanding the Data

The number in the charts above represents the number of pressure area harms (pressure ulcers) that patients have developed whilst in hospital or under the care of a community nursing team. The number reflects the total number of harms not total number of patients i.e., one patient may have two or more pressure ulcers.

All pressure ulcer related harms are reported and then clinically validated to determine if they were acquired whilst under the care of GWH.

Tissue viability is the overarching term that describes the speciality that primarily considers all aspects of skin and soft tissue wounds.

We are driving this measure because…

We know that pressure damage is an avoidable cause of harm to patients and believe that through using the evidence-based improvement methodology we can make a significant difference to patients.

Regular measurement is required to ensure front line teams and divisions identify themes and those actions required for improvement of pressure related harms. This will help reduce the level of pressure related harm and improve staff knowledge and skills in caring for our patients.

Performance

There were 44 hospital-acquired pressure harms during December.

- This is a significant increase compared to last month (20) and includes some patients with multiple harms.
- Contributory factors include increased patient numbers as well as more and longer waits in ambulances, in escalation spaces and on trolleys. Additionally, the supply of beds and of dynamic mattresses was exhausted at times.
- Higher numbers of patients per nurse, compounded by sickness, is being reviewed to determine if this has contributed to the higher number of harms.
- 50 new dynamic mattresses are due to arrive imminently, as well as 25 replacement trolley mattresses. Evaluation of hybrid mattress options has been completed and a roll-out of more than 300 is planned over the next two months.
- Review of ward and divisional huddles underway to review effectiveness.

In the community setting there were 30 pressure harms acquired during December.

- This is a significant increase compared to last month (17).
- A review of the data to establish contributory factors is underway, although it is known that the number of deferred patients and unallocated visits has also increased in Community Nursing for the month of December, although there is currently no evidence of direct correlation.
- Improving Together programme continues with a focus on reduction in Category 2 pressure ulcers.

Risks

In the Community the continuing high case load and difficulties in recruiting to establishment in the Community Nursing services and Tissue Viability services can impact the ability to provide high quality pressure ulcer prevention management, specialist review and assessment. This is being mitigated by:

- Ongoing recruitment of community staff
- Case load reviews with Tissue Viability and other specialist services.
- Increased use of temporary staffing
- Education for temporary staff

2022/23 Breakthrough Objectives

Great Western Hospitals NHS Foundation Trust

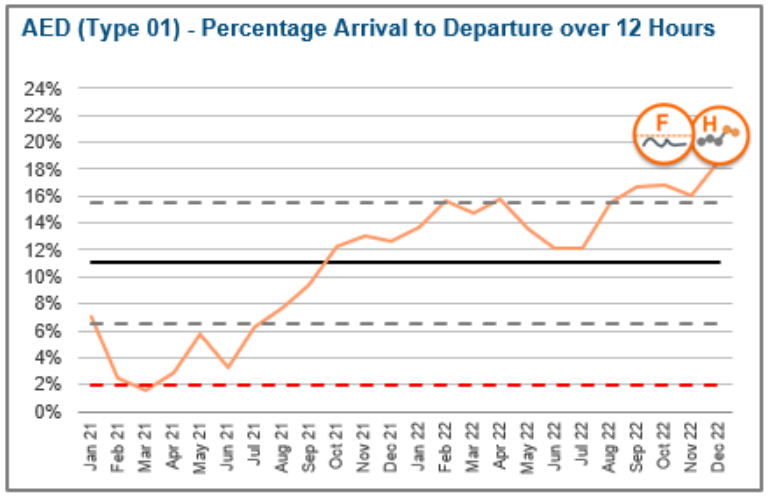
Emergency Department (Type 1) - Percentage Arrival to Departure over 12 Hours

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
13.6%	15.7%	14.7%	15.8%	13.6%	12.2%	12.1%	15.4%	16.6%	16.9%	16.1%	18.6%

Domain	Our Quality & Safety
Metric Focus	Driver
Threshold	2%
Value	Percentage
Improvement Direction	Lower is Better

F — Variation indicates consistently (F)alling short of the target

H — Special cause of concerning nature or higher pressure due to (H)igher values



Understanding the Data

Total number of patients who have a total time in ED (Type 1) over 12 hours from arrival to admission, transfer or discharge.

The clock starts from the time that the patient arrives in ED and it stops when the patient leaves the department on admission, transfer from the hospital or discharge is completed

We are driving this measure because...

To reduce the number of patients who have waited over 12 hours in ED. The target is to not have more than 2% of all patients who attended ED waiting over 12 hours.

Performance

- %>12 hour waits in ED – increase through December associated with reduced mean ED time and surge in attendances
- x170 12-hour reportable Decisions to Admit (DTA) breaches – increase of 74 from last month (previous criteria)
- Clinically ready to proceed option in Careflow is in place, uptake and completion challenging. This is a change from our current recording and referral processes and will make a difference as we know we are an outlier
- An increase in the LOS >7days and bed availability at the right time have contributed to stays beyond 12 hours and % beds occupied by long stayers has increased again in December; 23% > than Dec 21

Risks

Increases in COVID and Flu patients and processes for co-horting may impact on flow out of ED and contribute to increases in 12 hour waits.

LOS and % of longest stayers will impact on bed availability and flow out of ED resulting in increased time in ED and likelihood of 12 hour waits.

Increased surges of ED attendances, particularly out of hours, alongside bed availability could contribute to increases in 12 hours waits in ED.

Paediatric surge in attendances is contributing to a crowded ED & UTC increasing wait times and likely to impact on quality of care

2022/23 Breakthrough Objectives

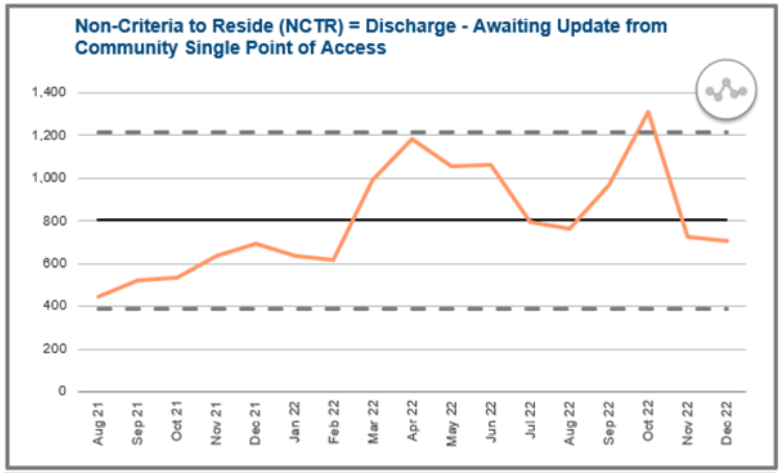
Great Western Hospitals NHS Foundation Trust

Non-Criteria to Reside (NCTR) - Partner Supported Discharge

Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
636	618	993	1185	1053	1060	795	760	968	1309	723	703

Domain	Our Quality & Safety
Metric Focus	Driver
Threshold	
Value	Number
Improvement Direction	Lower is Better

Common cause - no significant change



Understanding the Data

This Breakthrough objective will primarily capture PW1,PW2,PW3 patients as by definition PW0 are simple ward led discharges. A small number of patients on PW0 may require social care support outside of healthcare needs and this group will be inclusive within this modelling.

This is linked closely to the BSW improvement work of reducing NC2R patients by 30% from a Dec 2022 baseline.

The data surrounding updates from Single Point of Access is directly related to lost bed days and therefore the time patients wait to leave the Acute Trust.

We are driving this measure because...

In a 12-month period more than 10,000 bed days were lost within the discharge criteria 'Awaiting update from Community Single Point of Access'.

Internally the aim is to refer patients that require social care support for discharge as soon as this has been identified as a discharge care need. Different referral approaches from localities can be a barrier to being proactive with discharge planning from admission.

One of the aims of this breakthrough objective to use the data to demonstrate the value of being able to refer patients to partners before they a medically safe to leave hospital, building on a collaborative uniform ICA approach.

Further delays to patients' discharges can be increased waiting for social care assessment, outcomes and inventions required to proceed with that discharge. Patients with complex care needs can experience significant lengths of stay which increases further risk of harm to the patient. Improvements through internal professional standards set by time metrics, and implementation of assessments in the community using the D2A model will support reduction in the total bed days lost.

Performance

Continued improvement noted and now currently below target- Total of 30% decrease since September . 606 beds days saved against this discharge criteria.

Counter Measure

Shared learning from the focus group with test ward' Saturn' has helped improve processes from when the patients are medically fit at their PDMS and the required referral is triggered to ensure that this is time-sensitive activity.

Using the safety briefing model on wards identify any patients whose partial referral or outstanding referrals are completed at the very next shift opportunity inclusive overnight staff.

Risks

The ongoing risk unchanged -maintaining good internal professional standards from time patient is fit to referral through constant surveillance. This is required throughout the day and not just from board round decisions.

There is an unknown risk against social worker demand and capacity caseloads when there is a current average of 50 patients on amber hold/watch list. This means several patients are referred to social care who wait more than 3 bed days to be assessed by the social work team.

There is a risk to batching of referrals on the day patients become fit increasing the potential for further bed days lost waiting for social worker allocation. This is in part to the Trusts approach to 5 day working.

Unable to deliver a 7-day service that is truly supported by localities working on patient caseloads over weekends

2022/23 Breakthrough Objectives

Great Western Hospitals NHS Foundation Trust

Staff Survey - I am able to make improvements happen in my area of work

2017	2018	2019	2020	2021	2022 Q1	2022 Q2
54.20%	55.60%	58.00%	64.50%	55.06%	50.31%	51.10%

Domain	Our Quality & Safety
Metric Focus	Driver
Threshold	
Value	Percentage
Improvement Direction	Higher is Better

Understanding the Data

The Staff Survey results are predominantly aimed at service improvement. It is important to know if staff could provide the care and service they aspired to give.

We are driving this measure because...

This staff survey feedback is extremely important. The result of this survey could help how staff feel about making improvements happen in their workplace.

Performance

•Initial overview of the Staff Survey 2022 provisional data indicates an improvement in all of the People Promise theme scores. A briefing pack is being produced to share Staff Survey results at Trust and Divisional level in February 2023.

•Question 3F "I am able to make improvements happen in my area of work" is showing a 3.2% increase in the positive score compared to 2021 evidencing success of the improving together roll out and focus across divisions. Further analysis is underway to understand areas of success or development.

•Quarterly staff pulse survey is live until 31st January and will provide further data to understand staff engagement and motivation at the beginning of the year.

•Trust and Divisional next steps are being agreed at the monthly Staff Survey working group meeting, to include which themes/questions to progress and revise A3s as appropriate.

Risks

•Divisions need to ensure that countermeasures are demonstrating a positive impact prior to rolling out across the whole division and align with the Trust breakthrough objective.

•Divisional teams are going through improving together training in different timescales, therefore the risk is that less improvement actions could be made in areas who are yet to go through training.

Our Performance

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Sep-22	Oct-22	Nov-22	Dec-22
RTT	No. of >=18 weeks waiters		H	15794	16191	16257	16710
	No. of >=52 weeks waiters		H	1926	2164	2281	2188
DM01	No. of patients on DM01 waitlist		H	12229	11725	11313	One month behind
	DM01 performance %	99% (Nat)	H	46.5%	50.4%	52.3%	One month behind
	DM01 6 week wait breaches		H	6544	5818	5394	One month behind
Cancer	% Cancer 62 day performance	85% (Nat)	L	62.9%	56.4%	67.6%	One month behind
	% 28 day faster diagnosis	75% (Nat)		66.0%	64.5%	72.7%	One month behind
	No. of referrals received		H	1872	1762	1843	One month behind

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to higher or lower values.	Special cause of improving nature or lower pressure due to higher or lower values.	Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)assing the target.

Performance & Counter Measure

DM01 performance has again improved in November to 52.32% from 50.38% in October. The number of patients on the waiting list decreased and the overall waiting time has reduced in Radiology. The 2 Pads in Radiology continue to be fully utilised and activity numbers continue to exceed any previous levels. We continue to deliver scans within 2 weeks for cancer referrals and anticipate a continued recovering picture for the routine patients, which at present is in line with trajectory. Progress in activity in Ultra-sound and DEXA has also decreased the waits.

Cancer waiting times remain below standard with an increase in demand and a lack of capacity. The Skin Pathway is having the greatest impact on all of the standards. Skin accounted for 71% of the 2ww breaches and 54% of the 62-day breaches.

28 day previously delivered & will be reviewed as a non-alerting watch metric. In November, 83% (385) of the breaches were for across 5 tumour sites. Work is underway with the TVCA to implement the Best Practice Timed Pathways across 3 of these (Colorectal, Gynae & Urology) by the end of December 22. Skin had been challenged since October due to locum dermatologist availability over the summer, the service has returned to compliance in November (80%)

Counter Measure - A Locum started in the Dermatology team in October which should see the 2ww performance recover by the end of December 22. We continue to work with the OUH Plastics team for extra capacity, however, there is a clear deficit in capacity within Plastics that will impact the cancer pathway is unable to be mitigated further without significant staffing and / or investment. This is subject to a strategic service review.

The weekly Elective Access Meetings continues to support improvement work through monitoring of counter measures, identifying support and mutual aid options and review of individual patients within pathways to move on in pathway if required.

Risks

Our Performance

Great Western Hospitals NHS Foundation Trust

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Sep-22	Oct-22	Nov-22	Dec-22
ED	A&E (ED & UTC) Emergency Care 4 Hour Performance %	95% (Nat)	H	73.9%	72.5%	73.1%	72.3%
	AED (Type 01) - Percentage Arrival to Departure within 4 Hours	95% (Nat)	H	51.5%	51.8%	53.4%	50.8%
	AED (Type 01) - Percentage Arrival to Departure over 12 Hours	2% (Nat)	H	16.6%	16.9%	16.1%	18.6%
	Total ED Type 1 Attendances (all arrival methods)	SPC	H	5164	5409	5393	5409
	A&E (ED & UTC) Median Arrival to Departure in Minutes	240 (Int)	H	197	202	212	214
	A&E Arrival to Departure Percentage over 12 Hours (All Patients)	2% (Nat)	H	8.4%	8.4%	8.2%	9.4%
	A&E Arrival to Departure over 12 Hours (Admitted Patients)	2% (Nat)	H	34.5%	36.8%	34.8%	40.9%
	Total Hours Ambulance Handover Waits (over 15mins)	SPC	H	1829:45	2056:34	2048:59	3384:59
	Percentage of Ambulance Handover Over 15 Minute Waits	SPC	H	64.8%	69.2%	69.4%	78.0%
	Number of Ambulance Handover 30 Minute Waits	SPC	H	819	904	848	913

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Performance & Counter Measure

ED performance has deteriorated across a large number of areas compared to November 22 , apart from triage time which has maintained significant improvement following focused IMT work

Ambulance handover audits now completed by team with data showing prompt handover and ambulance waits linked directly to capacity in department and flow to IP beds. Work underway on Shrewd data which is not accurate confirmed as part of deep dive. Mtg with SWAST & Shrewd in diaries

- Triage times have been maintained; 71% within 15 mins compared to 68% prior month
- Total % over 12 hours has deteriorated; 18.5% compared to 16% prior month
- % over 12 hours Admitted deteriorated; 47% compared to 39.8% prior month
- % over 12 hours Non-Admission reduced a little; 0.06% compared to 0.052% prior month
- % of patients admitted reduced; 30% compared to 31% prior month

Counter measures remain in place within the Breakthrough objective slides 7 and 8

Risks

Pressure to maintain flow and bed availability as we proceed into the winter months ahead, thereby with a potential to impact elective activity. This is mitigated by our Winter plan and work with system partners.

Our Performance

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Sep-22	Oct-22	Nov-22	Dec-22
ED	Percentage of Ambulance Handover s Over 30 Minutes	SPC		46.3%	49.9%	47.2%	60.1%
	Number of Ambulance Handover Over 60 Minutes Waits	SPC		558	648	604	688
	Percentage of Ambulance Handovers Over 60 Minutes	SPC		31.5%	35.8%	33.6%	45.3%
Flow	Admitted - Average Length of Stay in Department (mins)	SPC		868	960	895	1056
	Non - Admitted - Average Length of Stay in Department (mins)	SPC		312	322	319	331
	Non-Elective Patients Average Length of Stay (Days)	SPC		5.4	5.3	5.4	5.7
	Community Average Length of Stay (Days)	SPC		20	22	21	18
	Number of Stranded Patients (over 14 days)	SPC		138	150	142	139
	Number of Super Stranded Patients (over 21 days)	SPC		82	89	86	88
	GWH Acute Adult Bed Occupancy (%)	SPC		95.9%	96.5%	95.9%	95.7%

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Risks

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Our Performance

Non Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Sep-22	Oct-22	Nov-22	Dec-22
RTT	No. of >=78 weeks waiters	SPC		44	40	45	68
Cancer	% Cancer 31 day performance	96% (Nat)		79.6%	85.6%	89.7%	One month behind
	% Cancer 2 week wait	93% (Nat)		72.2%	65.4%	76.0%	One month behind
ED	UTC (Type 03) - Percentage Arrival to Departure within 4 Hours	95% (Nat)		96.8%	93.8%	93.5%	93.7%
	UTC (Type 03) - Percentage Arrival to Departure over 12 Hours	2% (Nat)		0.0%	0.0%	0.0%	0.2%
	A&E Arrival Triage % Within 15 Minutes Arrival by Ambulance	SPC		44.2%	38.1%	67.4%	69.8%
	Type 1 - Triage Performance (% Triaged within 15 Minutes of Arrival)	SPC		41.0%	41.0%	37.7%	39.0%
	Type 3 - Triage Performance (% Triaged within 15 Minutes of Arrival)	SPC		48.5%	48.5%	51.5%	35.2%
	Total Number of Ambulance Handovers	SPC		1769	1810	1797	1518
	Number of Ambulance Handover Over 15 Minute Waits	SPC		1147	1252	1248	1184
Flow	Elective Patients Average Length of Stay (Days)	SPC		3.4	3.5	3.0	3.3
	GWH Discharges by Noon (%)	SPC		15.2%	17.3%	16.8%	17.9%

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to higher or lower values.	Special cause of improving nature or lower pressure due to higher or lower values.	Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)assing the target.

Performance & Counter Measure

ED Type 3 performance continues to meet the threshold values.

31 Day decision to treat to treatment standard is heavily impacted by the capacity issues in the Skin pathway with 85% of the breaches being accounted for by this service. WLI activity in Dermatology is being focused on treatments through December and January. Additional capacity in Plastics is being sourced through private partner (CSP in Wootton Bassett) and through any available mutual aid from OUH

Risks

Our Performance

Great Western Hospitals NHS Foundation Trust

Key Indicators

Measure Name	Mean/Thres.	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Total patients waiting more than 52 weeks	1322	626	612	664	744	852	1028	1215	1568	1926	2,164	2,281	2,188
Total patients waiting more than 78weeks	48	65	52	47	49	50	52	34	35	44	40	45	68
Total patients waiting more than 104 weeks	0.2	0	0	0	0	0	1	0	0	0	0	1	0
Total elective activity undertaken compared with 2019/20 baseline	100.0%	87.1%	98.6%	127.0%	90.5%	95.5%	97.1%	87.3%	100.3%	94.2%	86.1%	97.1%	82.1%
Total diagnostic activity undertaken compared with 2019/20 baseline	100.0%	79.5%	89.0%	83.3%	88.7%	94.6%	92.4%	87.9%	90.5%	101.9%	95.6%	105.2%	Reported one month behind
Total Cancer patients waiting over 62 days	242	169	170	154	181	216	247	310	310	331	306	265	Reported one month behind
Proportion of patients meeting the faster cancer diagnosis standard	75%	68.0%	79.3%	80.8%	81.6%	78.9%	79.4%	75.5%	73.3%	66.0%	64.5%	72.7%	Reported one month behind
Total patients treated for cancer compared with the same point in 2019/20 (first and	100.0%	126.0%	114.2%	100.5%	71.7%	150.5%	85.5%	58.6%	107.1%	106.2%	85.4%	127.1%	Reported one month behind
Outpatient follow-up activity levels compared with 2019/20 baseline	100.0%	81.8%	84.3%	108.5%	85.6%	89.5%	85.9%	73.9%	94.5%	88.8%	79.7%	97.0%	86.9%
Proportion of ambulance arrivals delayed over 30 minutes	42.2%	29.6%	44.9%	39.5%	48.4%	38.9%	26.9%	31.0%	42.9%	46.3%	49.9%	47.2%	60.1%
Proportion of patients spending more than 12 hours in an emergency department	2.0%	7.5%	8.6%	8.0%	8.4%	7.4%	6.4%	6.5%	8.2%	8.4%	8.5%	8.2%	9.4%
Ambulance average response times - Category 1	00:10:11	00:09:32	00:11:12	00:11:14	00:10:14	00:09:21	00:09:52	00:10:02	00:10:13	00:09:54	00:10:16	Waiting for data	Waiting for data
Proportion of patients discharged from hospital to their usual place of residence	94.1%	94.5%	94.4%	94.3%	93.8%	94.1%	93.8%	94.2%	93.9%	94.3%	94.2%	94.0%	93.8%
GWH - Percent Non-Criteria to Reside (NCtR) Bed Days	25.1%	23.5%	23.5%	26.6%	26.4%	24.8%	25.4%	24.5%	24.0%	26.1%	26.7%	25.6%	24.6%
Average hours lost to ambulance handover delays per day	50.2	30.1	62.0	44.1	66.7	48.3	33.8	30.0	51.0	61.0	66.3	59.9	49.0
Adult general and acute bed occupancy	95.8%	94.1%	94.7%	95.4%	95.7%	96.5%	95.8%	95.3%	97.9%	95.9%	96.5%	95.9%	95.7%

Our Care

Alerting Watch Metrics

Plan Area	Measure Name	Target	SPC Improv. Icon	Sep-22	Oct-22	Nov-22	Dec-22
Concerns and Complaints	Trust overall complaint response rate	80% (Int)		61%	64%	73%	75%
	Escherichia coli (E. coli) infections in month	51.75 (Int)		52	54	60	68
IP&C	Methicillin Sensitive Staphylococcus Aureus (MSSA) infections in month	16.50 (Int)		20	22	25	26
FFT	Inpatients Positive Responses	82% (Int)		77%	81%	80%	79%
	Maternity Response Rate	22% (Int)		17%	18%	19%	16%

Performance & Counter Measure

- Complaint response rate has improved marginally in month to 75%
- PALS significantly supporting divisions to achieve above targets and avoid escalation of concerns
- PALs ensuring feedback to individuals, teams and departments
- The Trust is over trajectory for MSSA , however there were only 2 cases in December (down from 3 in November), one of which was unavoidable on investigation. The second is under investigation. Cannula practice has been identified as an area for improvement and the new IV Forum will have its first meeting in January (postponed from December due to industrial action). The roll-out of the new Trust wide licensed skin-preparation product (Hexiprep) has been delayed due to supply-chain issues and is now expected in February.
- The Trust is over trajectory for *E. coli* bloodstream infections, however the overall trend over the last few months has been parallel to trajectory. Further work on catheter care is being driven by the CAUTI Group which is expected to reduce rates further.

Risks

Specific concern around ED ability to meet complaint timescales due to extreme winter pressures.

Common cause - no significant change.

Special cause of concerning nature or higher pressure due to higher or lower values.

Our Care

Great Western Hospitals NHS Foundation Trust

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target	SPC Improv. Icon	Sep-22	Oct-22	Nov-22	Dec-22
Harm	No. of serious incidents reported in month	SPC		4	1	0	3
	Falls rate per 1000 bed days	SPC		5.8	5.5	5.7	5.9
	No. of Falls in month	SPC		113	112	113	121
	No. falls with moderate harm or above	SPC		2	5	1	7
	Medication incidents with moderate harm	SPC		5	3	4	2
	No. of concerns received	SPC		205	206	183	116
	No. of complaints received	SPC		50	50	54	41
	Number of reopened complaints	SPC		6	3	7	3
IP&C	Methicillin-resistant Staphylococcus Aureus (MRSA) infections in mor	0 (Int)		0	1	1	1
	Clostridium difficile (C. diff) infections in month	35.25 (Int)		22	25	32	33
	Pseudomonas infections in month	14.25 (Int)		5	6	9	11
	Klebsiella infections in month	17.25 (Int)		14	15	16	18
	Covid – no. of hospital acquired	SPC		53	78	31	44

Common cause - no significant change.

Special cause of improving nature or lower pressure due to lower values.

Performance & Counter Measure

The numbers of falls remains consistent with previous months, but the number of falls resulting in severe harm has risen and is of significant concern. There were five severe harm falls resulting in a fracture neck of femur. All falls are under investigation for learning.

The Trust has registered for the National Reconditioning Games. A National initiative promoting activity, exercise and movement. The 'Virtual Santa and Reindeer' run in December surpassed expectations with patient completing 12,629 meters.

A thematic review has been completed for falls incidents on two wards for October and November and the key themes identified will feed into the action plans for those wards.

Complaint data shows – A reduction in concerns and complaints received in December vs previous months. However, this figure is still increased compared to December last year, continuing the trend of increased activity vs the last financial year. The PALs team are continuing to work proactively to ensure early resolution and are supporting divisions to meet agreed response times where possible.

New co-ordination hub now embedded supporting discharge improvement plans
Work across BSW to support messaging to patients awaiting surgery
or appointments

Co-production to develop draft of new Carer Passport – now being adopted across BSW. Launch date TBC

The Trust remains below trajectory for *C. diff* and *Pseudomonas aeruginosa* and is in line for *Klebsiella*.

Risks

Falls risk are associated with a lack of a Specialist falls service in the community and a lack of Fracture Liaison Service. This increases the risk of secondary fractures for the cohort of at-risk individuals.

Our Care

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target	SPC Improv. Icon	Sep-22	Oct-22	Nov-22	Dec-22
Safer Staffing	Safer Staffing – average fill rate RN (%)	85% (Nat)	H	99.0%	96.6%	97.3%	95.4%
	Safer Staffing – average fill rate HCA (%)	85% (Nat)	H	103.1%	102.4%	104.2%	104.5%
FFT	Overall response rate (%)	26% (Int)		27.4%	27.2%	25.7%	19.6%
	Positive response (%)	86% (Int)		83%	85%	84%	80.0%
	ED & UTC Response Rate	19% (Int)	H	20%	19%	20%	19%
	ED & UTC Positive Responses	76% (Int)		74%	73%	72%	72.0%
	Inpatients Response Rate	22% (Int)		20%	24%	23%	19.8%
	Daycases Response Rate	23% (Int)		22%	24%	22%	21.3%
	Daycases Positive Responses	96% (Int)		92%	94%	95%	96.2%
	Outpatients Positive Responses	97% (Int)	H	99%	98%	98%	100%
	Maternity Positive Responses	95% (Int)		91%	92%	92%	92.4%

Common cause - no significant change.

Special cause of improving nature or lower pressure due to higher values.

Performance & Counter Measures

FFT Data shows – A reduction in overall positive response rate. Positive responses in most individual areas are keeping a steady average.

Outpatients achieved 100% positive responses.

Improvement actions in place include:

- Further engagement at community events with minority groups
- Funding secured with Defence Medical Welfare Service (DMWS) to support a dedicated hospital welfare officer
- Achievement of re-accreditation following 1 year reassessment of Veteran aware status
- Actions implemented following results from the care of the dying audit focussing on improving awareness and discussions with patients and families
- Co-production work with patient partner around importance of hydration

Risks

Our Care

Great Western Hospitals NHS Foundation Trust

Key Indicators

Measure Name	Mean/Thres.	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
National Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	1	0	0	0	0
Overall CQC rating		Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate (Per 100,000	1	0	0	0	0	0	0	0	0	0	6	0	One month behind
Clostridium difficile infection rate (Per 100,000 bed days)	21.9	18.5	13.7	18.5	36.3	11.7	12.9	11.7	17.3	41.7	17.3	41.3	One month behind
E. coli bloodstream infection rate (Per 100,000 bed days)	41.5	49.3	34.1	18.5	54.4	29.3	60.5	52.7	75.0	35.8	11.5	35.4	One month behind
CQC well-led rating		Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Summary Hospital-level Mortality Indicator	0.92	0.89	0.88	0.88	0.87	0.86	0.88	0.90	0.93	0.95	0.98	1.00	1.02

Use of Resources

Non Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Sep-22	Oct-22	Nov-22	Dec-22
Use of Resources	Capital Expenditure (£'000)	SPC		225	289	597	1118
	Pay (£'000)	SPC		26581	23353	23452	22388
	Non Pay (£'000)	SPC		14274	14218	14816	15878

Performance & Counter Measure

The Trust has capital expenditure of £1,118k in December against the CDEL programme in total for 2022/23 of £12.5m. Total Capital Expenditure at Month 9 year to date is £6.9m below plan. Of this, £5.2m relates to Trust CDEL schemes, with the remaining £1.7m slippage on externally funded schemes.

Through the Year capital expenditure is low, the capital team have been meeting with divisions, project leads, and procurement to monitor progress and ensure the allocated funding is spent. Purchase orders to the value of £4.9m since November have been raised which are leading to an increase in spend.

Pay costs are c£1m lower than the previous months costs where bank and agency costs have both fallen in month (£0.5m combined). Pay overall is however our biggest cost and a key contributor of our variances. The spike in September 2022 £ is due to back pay of the AFC pay award.

Non Pay costs have increased significantly from 2019/20, with the 2022/23 run rate relatively static in year until this month where there has been an increase of £1m. Increased costs this month vs. Previous month are predominantly driven by some increases in drugs, stock impacts and estate utility costs.

Risks

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Common cause - no significant change.

Use of Resources

Great Western Hospitals NHS Foundation Trust

Key Indicators

Measure Name	Mean/Thres.	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Financial efficiency - variance from efficiency plan (£'000)	+/-	-51	6	46	-34	-424	-209	-289	-268	-247	190	-378	-338
Financial stability - variance from break-even (£'000)	+/-	28	141	-386	-2506	-2006	-888	-2068	-1848	-1938	-363	-1672	-1502
Financial stability - variance from PLAN (£'000)	+/-	533	645	3552	-387	-335	-517	-326	-268	-408	1154	389	164

Our People

Great Western Hospitals NHS Foundation Trust

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Sep-22	Oct-22	Nov-22	Dec-22
Workforce	Trust sickness absence rate	3.5% (Int)		4.7%	5.3%	4.9%	One month behind
	% of leavers within 1st year of employment	31.2% (Int)		18.0%	23.8%	29.8%	One month behind

Performance & Counter Measure

Sickness decreased in month to 4.9%, of which 2.8% is short term and 2.1% is long term. Of total sickness absence, 0.59% is Covid-19 related.

The % of leavers within 1st year of employment has increased again in month. Key themes for staff leaving are 'Work/Life Balance' and 'Relocation'.

Staff survey response rates are 59% which is a 12% increase compared to last year .

Risks

Sickness trends during winter months are historically higher and include the continued management of legacy cases of long-Covid related absence.

Common cause - no significant change.

Our People

Great Western Hospitals NHS Foundation Trust

Key Indicators

Measure Name	Mean/Thres.	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Proportion of staff in senior leadership roles who are from BME background	5.3%	5.1%	5.1%	4.7%	4.7%	4.5%	4.5%	4.7%	5.9%	6.0%	6.5%	6.8%	Reported one month behind
Proportion of staff in senior leadership roles who are women	69.0%	71.2%	71.3%	70.9%	70.3%	69.1%	68.9%	69.1%	67.0%	66.3%	67.3%	67.5%	Reported one month behind

Measure Name	Mean	2017	2018	2019	2020	2021	2022
Aggregate score for NHS staff survey questions that measure perception of leadership culture	6.8	6.8	6.8	7.1	6.9	6.5	Reported annually
Staff survey engagement theme score	6.9	6.9	6.9	7	7	6.7	Reported annually
Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	0.6	59.6%	54.1%	60.4%	57.1%	56.1%	Reported annually

Plan Area	Metric	2017	2018	2019	2020	2021	2022 Q1	2022 Q2
Staff Survey	Staff Survey response rates	46.5%	43.6%	40.0%	53.4%	39.5%	21.4%	23.6%
	My immediate manager takes a positive interest in my health and well-being	68.8%	67.5%	74.8%	69.2%	64.4%	Not in Quarterly Survey	Not in Quarterly Survey

Our People

Workforce Scorecard

Great Western Hospitals NHS Foundation Trust

Type	Metric	Unit/Measure	Target	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	Vacancy															
W	Vacancy Rate %	%	7.00%	6.55%	6.91%	6.77%	6.33%	8.03%	7.31%	6.94%	7.48%	6.70%	6.31%	6.56%	5.97%	6.23%
W	Trust Vacancy WTE	WTE	-	332.42	350.82	343.65	321.55	415.32	377.16	358.52	386.57	347.09	328.65	343.04	313.11	329.52
W	Nursing Vacancy %	%	7.00%	5.20%	5.60%	5.31%	4.59%	7.40%	6.44%	5.27%	5.62%	4.88%	5.58%	5.95%	5.27%	5.62%
W	Nursing Vacancy WTE	WTE	-	125.70	135.51	128.45	110.90	184.68	160.51	131.68	140.23	122.71	141.28	151.92	135.61	146.64
W	Medical Vacancy %	%	7.00%	6.93%	7.01%	8.08%	6.89%	9.00%	8.68%	8.94%	9.57%	6.53%	3.64%	5.73%	5.80%	5.43%
W	Medical Vacancy WTE	WTE	-	47.44	47.99	55.32	47.14	63.55	60.96	62.75	67.19	45.84	25.59	40.26	40.74	38.33
W	STT/AHP Vacancy	%	7.00%	7.41%	7.92%	7.45%	7.36%	7.84%	7.11%	7.44%	8.94%	8.25%	7.57%	6.89%	6.09%	6.54%
W	STT/AHP Vacancy	WTE	-	61.53	65.57	61.71	60.99	64.89	58.82	61.57	74.04	68.37	62.72	57.10	50.49	54.28
W	SMA Vacancy	%	7.00%	8.54%	8.88%	8.57%	8.95%	8.97%	8.50%	8.98%	9.21%	9.66%	8.68%	8.21%	7.55%	7.88%
W	SMA Vacancy	WTE	-	97.75	101.75	98.17	102.52	102.20	96.87	102.52	105.11	110.17	99.06	93.76	86.27	90.27
W	Recruitment Time to Hire	Days	46.00	45.40	50.60	52.20	56.90	61.20	67.70	67.90	62.00	61.10	74.70	63.70	74.30	72.30
	Workforce Utilisation															
W	Budgeted vs Worked WTE Variance	WTE	-	129.81	149.44	129.31	240.44	58.44	89.92	91.14	138.16	191.33	121.30	71.71	184.20	87.52
W	Actual Worked vs Budgeted %	%	-	2.56%	2.94%	2.55%	4.74%	1.13%	1.74%	1.76%	2.67%	3.69%	2.33%	1.37%	3.51%	1.65%
W	Total Workforce Cost £	£	-	£21.81M	£22.06M	£22.00M	£19.99M	£23.15M	£22.93M	£23.22M	£21.61M	£22.66M	£26.58M	£23.35M	£23.45M	£23.54M
W	Agency Spend as % of Total Spend	%	6.00%	6.86%	7.13%	7.74%	7.60%	6.88%	6.57%	6.36%	4.18%	6.23%	5.65%	6.53%	6.17%	5.97%
W	Agency Spend £	£	-	£1.48M	£1.58M	£1.71M	£1.77M	£1.51M	£1.44M	£1.42M	£0.91M	£1.37M	£1.55M	£1.53M	£1.48M	£1.41M
W	Agency WTE	WTE	-	124.53	124.18	120.02	139.35	113.88	124.59	117.85	121.32	134.43	137.51	127.69	113.12	109.26
W	Bank WTE	WTE	-	305.88	350.76	320.03	386.55	316.65	311.77	304.96	377.97	375.45	285.71	258.31	354.47	278.67
W	Registered Nursing Bank Fill	%	45.00%	46.74%	46.48%	48.71%	47.78%	45.28%	44.86%	47.09%	44.52%	37.70%	46.57%	48.32%	53.80%	43.64%
W	Unregistered Nursing Bank Fill	%	70.00%	62.64%	62.61%	62.23%	62.47%	63.53%	69.76%	75.59%	72.53%	69.81%	72.94%	66.26%	70.85%	62.98%
	Retention															
W	All Turnover %	%	13.00%	14.51%	13.63%	15.26%	15.59%	14.89%	14.82%	15.46%	15.90%	15.00%	14.87%	14.69%	14.52%	-
W	Voluntary Turnover %	%	11.00%	10.77%	10.01%	11.40%	11.66%	11.89%	11.88%	12.38%	12.64%	12.07%	12.00%	11.78%	11.54%	-
W	Number of RN Leavers	Headcount	-	17.00	17.00	22.00	25.00	21.00	18.00	17.00	16.00	12.00	15.00	8.00	6.00	-
W	Registered Nursing Vol Turnover	%	-	8.84%	9.05%	9.56%	9.86%	10.31%	10.43%	10.41%	10.43%	10.06%	9.90%	9.50%	8.87%	-
W	Number of Unreg Nursing Leavers	Headcount	-	12.00	6.00	11.00	14.00	10.00	12.00	22.00	13.00	15.00	16.00	17.00	16.00	-
W	Unregistered Nursing Vol Turnover	%	-	14.64%	14.30%	14.10%	14.19%	14.24%	14.12%	15.28%	15.58%	14.80%	15.07%	15.50%	15.40%	-
W	Leavers within 1st Year of Employment	%	-	22.58%	22.06%	21.88%	25.71%	25.00%	34.55%	28.75%	29.49%	24.49%	20.00%	26.79%	30.19%	-
W	Number of Trust starters	Headcount	-	27	97	61	85	92	88	70	56	99	103	103	82	-

Our People

Workforce Scorecard

NHS
Great Western Hospitals
NHS Foundation Trust

Type	Metric	Unit/Measure	Target	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	Absence															
D	Sickness Absence %	%	3.50%	5.79%	6.52%	6.10%	6.65%	6.08%	4.68%	5.13%	6.00%	4.72%	4.75%	5.32%	4.85%	-
W	Long Term Sickness %	%	2.00%	2.91%	2.53%	2.74%	2.79%	2.60%	2.59%	2.70%	2.65%	2.70%	2.51%	2.34%	2.09%	-
W	Short Term Sickness %	%	1.50%	2.88%	3.99%	3.37%	3.86%	3.47%	2.09%	2.43%	3.35%	2.02%	2.24%	2.98%	2.75%	-
W	Sickness Absence Cost £	£	-	£794k	£879k	£753k	£936k	£807k	£642k	£678k	£843k	£649k	£639k	£768k	£650k	-
W	WTE Days Lost	WTE	-	8,325.3	9,385.5	8,030.5	9,661.7	8,559.9	6,926.0	7,280.7	8,728.5	6,887.2	6,780.7	7,952.9	7,096.4	-
	Learning & Development															
W	Mandatory Training Compliance %	%	85.00%	88.85%	87.54%	87.60%	87.38%	87.36%	87.75%	87.87%	87.74%	86.70%	87.22%	85.79%	86.39%	86.40%
W	Role Essential MT %	%	85.00%	90.16%	89.22%	89.20%	89.17%	89.05%	89.33%	89.62%	89.64%	88.56%	89.28%	87.99%	88.75%	88.94%
W	CQC Safe MT %	%	85.00%	87.59%	85.91%	86.06%	85.64%	85.73%	86.22%	86.17%	85.91%	84.90%	85.22%	83.65%	84.10%	83.93%
W	Appraisal Compliance %	%	85.00%	74.17%	73.27%	68.61%	68.85%	70.05%	73.03%	74.55%	75.56%	75.75%	75.04%	76.32%	79.31%	81.43%
W	Non Medical Appraisal Compliance %	%	85.00%	77.42%	74.84%	70.16%	69.66%	71.44%	74.99%	77.85%	77.91%	78.12%	78.03%	77.94%	78.88%	81.08%
W	Medical Appraisal Compliance %	%	85.00%	51.18%	62.18%	57.66%	63.13%	60.29%	58.82%	50.37%	58.38%	58.41%	53.44%	64.63%	82.84%	84.13%
	Demographics															
W	Staff in Leadership Roles %	%	-	3.26%	3.39%	3.39%	3.37%	3.37%	3.43%	3.34%	3.32%	3.17%	3.24%	3.32%	3.40%	3.39%
W	Staff in Leadership Roles WTE	WTE	-	190.00	197.00	197.00	197.00	197.00	202.00	197.00	195.00	188.00	194.00	199.00	206.00	206.00
W	% of Leadership Roles who are Female	%	-	67.37%	68.02%	67.51%	67.51%	66.50%	65.84%	65.48%	65.64%	67.02%	66.49%	67.34%	67.48%	67.48%
W	% of Leadership Roles who from BME	%	-	5.26%	5.08%	5.08%	5.08%	5.58%	5.45%	5.58%	5.64%	5.85%	6.19%	6.53%	6.80%	6.80%
W	Male % of Workforce	%	-	19.17%	19.20%	19.23%	19.24%	19.31%	19.37%	19.48%	19.44%	19.23%	19.42%	19.25%	19.12%	19.12%
W	Female % of Workforce	%	-	80.83%	80.80%	80.77%	80.76%	80.69%	80.63%	80.52%	80.56%	80.77%	80.58%	80.75%	80.88%	80.88%
W	BME % of Workforce	%	-	19.36%	19.49%	19.75%	20.03%	20.38%	20.63%	20.85%	20.97%	21.17%	21.41%	21.65%	21.97%	22.05%
W	White % of Workforce	%	-	71.01%	70.62%	70.72%	70.52%	70.17%	69.80%	69.67%	69.70%	69.53%	69.26%	69.18%	68.93%	68.81%

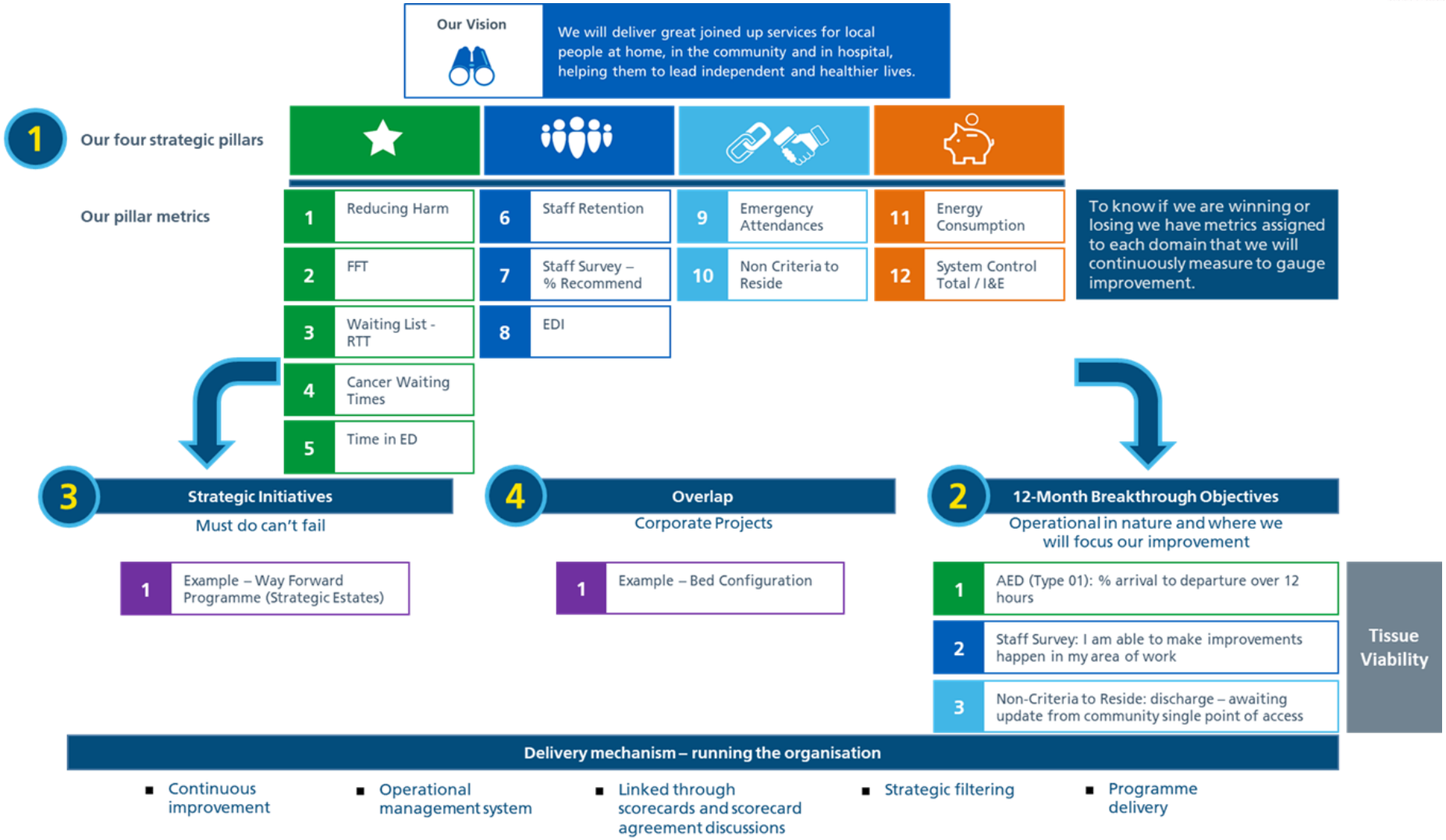
Appendices

Explaining the IPR

Improving together

Strategic Planning Framework

Great Western Hospitals NHS Foundation Trust



Explaining the IPR

Great Western Hospitals NHS Foundation Trust

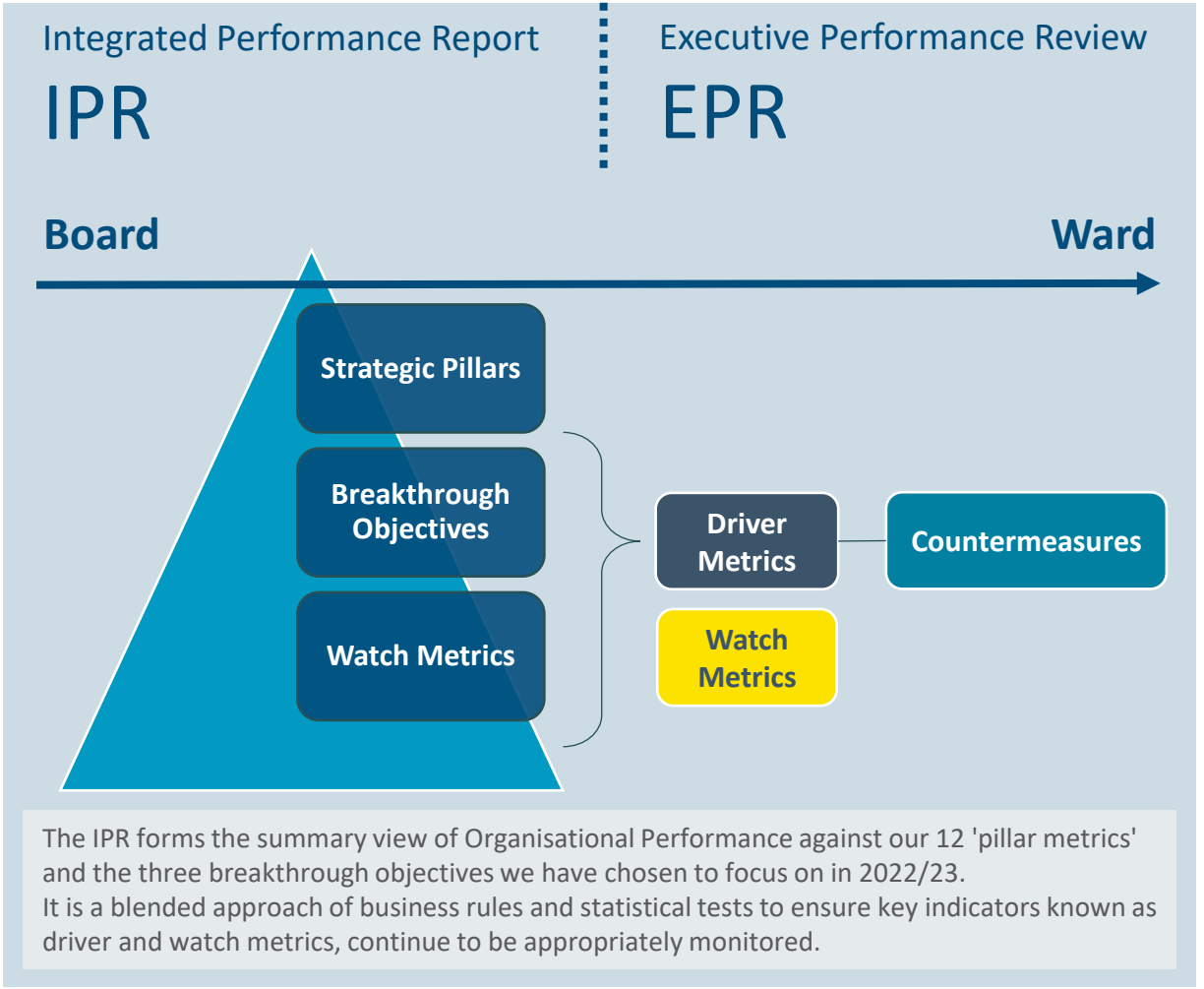
To turn our strategic themes into real improvements, we're focusing on three key objectives that contribute to these themes for the next year.

- Tissue viability – reducing pressure ulcers
- A&E arrival to departure over 12 hours
- Staff survey – I am able to make improvements happen in my area of work
- Non-criteria to reside – reducing patients waiting in hospital

We have chosen these four objectives using data to see where we can make the most significant improvements by focusing our efforts. We'll also use data to measure how much we're making a difference.

Frontline teams will lead improvements in these areas of focus. They will be supported by our Transformation and Improvement Hub, which will help give teams the training and tools they need, and our Executive Directors will set the priorities and coach leaders in how to support change. Our corporate teams will work with frontline teams to tackle organisation-wide improvements.

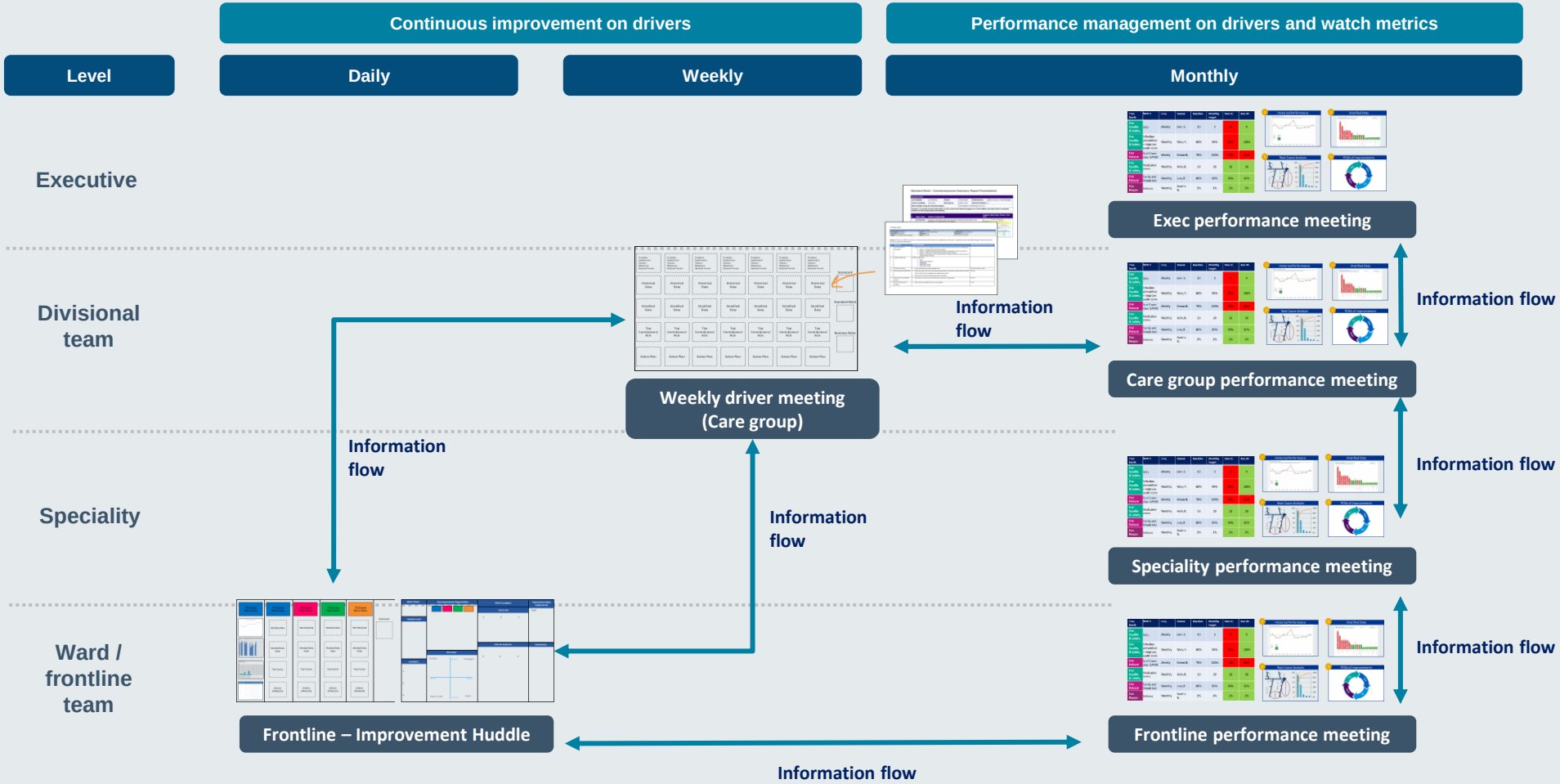
We recognise that this change in the way we work together means changing our behaviour and the way we do things. We will develop all leaders – from executive directors to ward managers - to be coaches, not 'fixers'. We will live our Trust values in the way we work together, and involve patients in our improvement journey.



The IPR forms the summary view of Organisational Performance against our 12 'pillar metrics' and the three breakthrough objectives we have chosen to focus on in 2022/23.
It is a blended approach of business rules and statistical tests to ensure key indicators known as driver and watch metrics, continue to be appropriately monitored.

Ward to Board Meeting Blueprint

Great Western Hospitals NHS Foundation Trust



Performance business rules

		Alignment with Making data count	Rule	Actions
1		N/A	Driver is **Blue** for reporting period	Share success and move on
2	●	Blue dots – showing sustained improvement	Metric is positively outside SPC control limits for seven consecutive reporting periods	Discussion: 1. Switch to watch metric 2. Increase target
3	●	**Orange** dot	Metric is negatively outside SPC control limits for 1 reporting period (e.g. 1 month)	Share top contributing reason, and the amount this contributor impacts the metric
4	●	**Orange** dot	Metric is negatively outside SPC control limits for 2 consecutive reporting periods (e.g. 2 months)	Produce Countermeasure summary performance report
5	●	**Orange** dot	Watch is **Orange** for 3 of the last 4 months (above / below the mean)	Move from Non alerting to Alerting Watch Metric Discussion: 1. Switch to driver metric (replace driver metric into watch metric) 2. Review thresholds
6	●	**Grey** dots	Metric is within control limits	Continue to maintain this performance

SPC supporting business rules

Great Western Hospitals NHS Foundation Trust

What is statistical process control (SPC)?

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

The 'We Care' methodology incorporates the use of SPC Charts alongside the use of Business Rules to identify common cause and special cause variations and uses **NHS Improvement** SPC icons to provide an aggregated view of how each KPI is performing with statistical rigor.

The main aims of using statistical process control charts is to understand what is different and what is normal, to be able to determine where work needs to be concentrated to make a change. The charts also allow us to monitor whether metrics are improving.

Key Facts about an SPC Chart

A minimum of 15-20 data points are needed for a statistical process control chart to have meaningful insight. 99% of all data will fall between the lower and upper confidence levels.

If data point falls outside these levels, an investigation would be triggered.

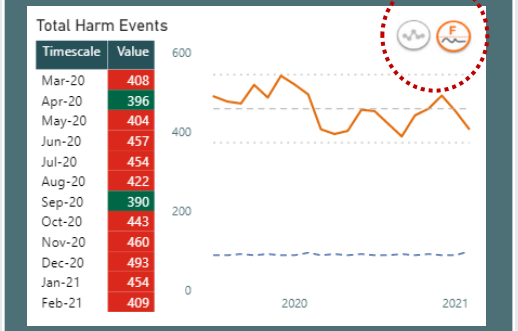
It contains two types of trend variation: Special Cause (**Concerns** or **Improvement**) and **Common Cause** (i.e. no significant change.

NHS Improvement SPC icons:

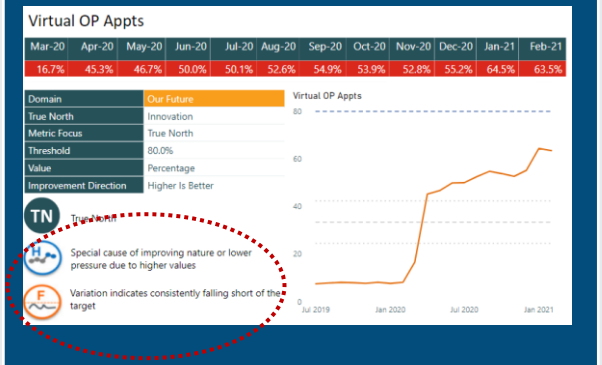
Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Where to find them:

Strategic Pillars



Breakthrough Objectives



Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
A3	A methodology used as part of Improving Together to ensure that problems, ideas, and areas for improvement are all approached in the same way. A3 provides a template for thinking through a problem, so that teams gain a good understanding of the problem and causes, before reaching a solution. Coined 'A3' after the A3 sized paper used to map the process, it consists of eight steps, with questions to work through. This visual tool provides a complete picture of the problem, contributions, and solution, on one page which should be displayed for all involved to see.
Breakthrough Objectives	The few significant changes we need to meet in order to achieve our vision. Objectives should be achieved within a 12-month period and through teamwork across the organisation.
Business Rules	A set of rules used to determine how metrics are discussed in Performance Review Meetings.
Corporate Projects	Large complex projects identified as a priority by the Executive Team which require the involvement of more than one team, and/or significant capital investment.
Countermeasure	An action to prevent a problem from continuing. It's not a solution so further action may be needed in the future if performance does not improve.
Countermeasure Summary	A document that summaries the A3 information used to explore a problem or area for improvement. It is presented at monthly Performance Review Meetings.

Agreed Terms

NHS
Great Western Hospitals
NHS Foundation Trust

Term	Description
Driver Lane	A visual management tool displayed on a team's Performance Board, containing driver metric information taken from A3 workings (e.g., problem statement, data, contributing factors, 3 C's or Action Plan). Driver lane information is discussed every day at Improvement Huddle boards and in more detail at driver meetings and monthly Performance Review Meetings.
Driver Meetings	Weekly meetings that update a team on progress against driver metrics. Having a strong awareness of how driver metrics are progressing is vital for continuous improvement. Driver meetings are also a way of checking progress to plan.
Driver Metrics	Metrics that a team chooses to focus on to help them achieve an improvement which will support one of the four pillars. Examples include, 'to reduce 30-day readmissions by 50%' or 'eliminate all avoidable surgical site infections.
Fishbone	A diagram used in the Root Cause section of the A3 template. It can be used to structure a brainstorming session to identify the potential causes of a problem.
Go and See	A visit to observe a specific problem or area for improvement and gain a better understanding of the process, engage with staff, and explore opportunities for improvement. While observing, visitors should ask open ended questions, lead with curiosity, and try to see the problem from different perspectives.
Important Project	A project that supports the four Pillars but is less of a priority than a Mission Critical Project.
Improvement Board	A visual tool to track daily improvement and operational activities. 1) Improvement activities will be identified when discussing the driver metric on the Performance Board. 2) Daily operational activities can be identified in the morning handovers/ward rounds.

Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
Improvement Huddle Boards	A visual display used by teams to work through areas for improvement, track improvement work and daily operational activities. They should be used during daily improvement huddles, where staff can identify, and explore areas for improvement which align with the four pillars and vision. They aim to encourage conversation, involvement and team working. Improvement Huddle Boards need their own Standard Work document to ensure they are used effectively. Areas for improvement should be identified when discussing the Driver Metric on the Performance Board. Daily operational activities should be identified in morning handovers/ward rounds.
Improving together	Our new approach to improvement which will empower staff to make improvements in their own areas using a consistent approach to problem solving and exploring areas for improvement. This new way of working will help us to achieve our vision and the four pillars we want to be known for. It's important that every member of staff understands what our vision is, what the four pillars are, and how they can make improvements in their area to support these pillars, using the Improving Together approach.
Mission Critical Project	A critical project which may be mandatory, time sensitive, remove patient harm or form part of a wider system priority objective.
Operational Management System – Divisions	A way of working that enables the Improving Together approach to be applied routinely across the Divisions. Key elements of the system are: - To cascade the organisational priorities to Divisions and then frontline teams, ensuring everyone understands their contribution - Embedding a new performance framework - A focus on problem-solving at Divisions and team level, rather than waiting for solutions to be imposed from above - Embedding coaching behaviors to help support and develop colleagues.
Operational Management System - Frontline	A way of working that enables the Improving Together approach to be applied as part of the individual wards or departments daily work and routines. Key elements are: - A focus on problem-solving at a team, ward, or department level, rather than waiting for solutions to be imposed from above - Concentration on the Four Pillars and vision and ensuring everyone understands their contribution - The use of visual management tools that allow us to see and track improvement areas for our key priorities at a glance.
Performance Review Meeting	A monthly meeting where the scorecard is reviewed, and decisions are made to improve performance and resolve issues preventing improvement. The meeting is usually chaired by the manager and has all staff groups represented.
Plan Do Study Act (PDSA)	A four-stage problem solving model used for improving a process or carrying out change. It is particularly useful for small to medium sized ward or departmental problems. The PDSA cycle is a series of steps for gaining learning and knowledge for the improvement of a product or process. A PDSA Ticket is a proposed change which needs to be trialed. They are discussed at Improvement Huddles and can take 3-4 weeks to implement after planning, trying it out, observing the results, and acting on what is learnt.

Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
Process Observation	Observing how a process or procedure is performing compared to the agreed standard. Benefits include creating stability and reducing the risk of deviation from the agreed standard. This process also creates opportunities for coaching, highlights any training or education needs, provides a baseline for improvement and aids problem solving.
Quick Win Ticket	Used to identify simple improvements during an Improvement Huddle (which can be made within 2-5 days). A method of problem solving used to identify the root causes of problems or barriers to improvement.
Root Cause Analysis	A method of problem solving used to identify the root causes of problems or barriers to improvement. A fishbone diagram, pareto charts and 5 why's are some of the tools used to guide a root cause analysis.
Scorecard	A visual management tool that lists the measures and projects a ward or department is focusing on. The purposes of a Scorecard is to: - Make strategy a continual process that involves everyone - Promote key measurements - Make clear the team's goals in relation to the Trust's four pillars - Provide a concise picture of the team's performance.
Scorecard Objectives	A formal conversation between two different levels in the organisation (e.g., Executive Directors and Divisional Leads) held annually to agree the next financial year's objectives, and the resources needed to achieve them. The aim being to: - Understand how each Division contributes to achieving the organisational priorities - Agree what additional local priorities each Division needs to achieve.
Standard Work	A written document with step-by-step instructions for completing a task using 'best practice' methods. Standard Work should be shared to ensure staff are trained in performing the task. The document should be regularly reviewed and updated.
Strategic Filter	A tool used to prioritise the different projects happening across the Trust.
Strategic Initiatives	Programme of work which are our must do, can't fail priorities for the organisation to support the four pillars and achieve our vision. They normally take place over a 3–5-year period.
Strategic Pillars	The Trust has four strategic pillars which we want to be known for and which will help us to achieve our vision. They are the four areas which we should be focusing on when making improvements. It's important that every member of staff understands what our vision is, what the four pillars are, and how they can make improvements in their area to support these pillars.

Agreed Terms

NHS
Great Western Hospitals
NHS Foundation Trust

Term	Description
Strategy Deployment	A planning process which gives long-term direction to a complex organisation. It identifies a small number of strategic priorities for staff to focus on so that we can do these things well, rather than spreading ourselves too thinly on lots of things.
Strategy Deployment Matrix	A resource planning tool which provides an overview of resource commitments across all teams, so no team is overloaded.
Structured 1:1	A regular structured conversation between a leader and team member that lasts between 10 and 30 minutes. Open ended questions are used to guide the conversation linked with the Four Pillars. The questions aim to promote a coaching conversation about planning and mitigating any risks. These conversations form part of a chain of conversations at different levels of the organisation. Examples include, Nurse in Charge and Ward Manager (daily), Ward Manager and Service Manager (weekly), Service Manager and the Divisional Director (fortnightly), Divisional Director and Chief Operating Officer (Monthly).
Structured Verbal Update	A verbal update that follows the Standard Work Structure laid out. It is given at Performance Review Meetings when the relevant business rules apply.
Tolerance Level	This is used if a Watch Metric is not on track, but not far off expected performance. A Tolerance Level can be applied against the metric, meaning as long as performance does not fall below the Tolerance Level, it can remain a Watch Metric.
Transformation and Improvement Hub (T&I Hub)	Our internal team of professionals embedding our new approach to improvement 'Improving together' across the organisation. Through training, coaching and support the T&I Hub are providing teams with the tools, routines and behaviours needed to solve problems and explore areas for improvement using a consistent approach. They can help teams to identify their vision for change, whether it be through problem solving, process mapping or developing plans. They will then support through a mixture of full day training sessions, bite sized coaching and work placed support.
Vision	Vision captures the few selected organisation wide priorities and goals or the strategic aims that guide all improvement work in an organisation. It can be developed by the Trust's executive team in consultation with many stakeholders. The performance of the True North metrics against targets is an indicator of the health of the organisation.
Watch Metrics	Measures that are monitored for adverse trends.

NHS
Great Western Hospitals
NHS Foundation Trust

Finance Board Report M9 2022/23

Telling the story of our financial numbers, linked to our patients, our people and sustainable performance

Trust Board
2nd February 2023

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

Contents

Great Western Hospitals NHS Foundation Trust

Executive Summary

Great Western Hospitals NHS Foundation Trust

For Period Ended - 31st December 2022												
Financial Position	In Month				YTD				Full Year Forecast			
	Plan £000	Actual £000	Variance £000		Plan £000	Actual £000	Variance £000		Plan £000	Actual £000	Variance £000	
Patient Care Income	33,018	37,636	4,618		298,538	319,178	20,640		397,236	426,776	29,540	
Private Patient Income	182	187	5		1,586	1,651	65		2,131	2,203	72	
Other Income	2,341	554	(1,787)		20,941	18,654	(2,287)		27,965	25,623	(2,342)	
Total Income	**35,541**	**38,376**	**2,835**		**321,065**	**339,483**	**18,418**		**427,332**	**454,602**	**27,270**	
Pay - Substantive	(22,025)	(20,000)	2,025		(199,477)	(180,895)	18,582		(267,894)	(244,078)	23,815	
Pay - Bank/Locum	(310)	(1,544)	(1,234)		(2,427)	(14,692)	(12,265)		(2,993)	(19,173)	(16,180)	
Pay - Agency	(547)	(845)	(298)		(4,440)	(12,625)	(8,185)		(5,461)	(15,875)	(10,414)	
Total Pay	(22,882)	(22,388)	493		(206,343)	(208,212)	(1,869)		(276,348)	(279,126)	**(2,778)**	
Non Pay	(14,326)	(15,878)	(1,552)		(128,979)	(131,549)	(2,570)		(170,336)	(175,476)	**(5,140)**	
Total Expenditure	**(37,207)**	**(38,266)**	**(1,059)**		**(335,322)**	**(339,761)**	**(4,439)**		**(446,683)**	**(454,602)**	**(7,918)**	
Surplus/(Deficit)	**(1,666)**	**110**	**1,776**		**(14,257)**	**(278)**	**13,979**		**(19,351)**	**0**	**19,351**	
Less Risk Share Allocation	0	(1,613)	(1,613)		0	(14,513)	(14,513)		0	(19,351)	**(19,351)**	
Surplus/(Deficit) excl Risk Share	**(1,666)**	**(1,502)**	**164**		**(14,257)**	**(14,791)**	**(534)**		**(19,351)**	**(19,351)**	**0**	
Capital	1,570	1,118	(452)		10,383	3,519	(6,864)		17,419	17,419	0	
Cash & Cash Equivalents	18,711	45,126	26,415								0	
Efficiencies	1,043	701	(342)		7,970	6,066	(1,904)		11,109	7,989	(3,120)	
Headcount (worked)	5,320	5,254	66									

Income has been received from the ICB to fund the planned deficit (£19.4m), £14.5m (9/12) of this is reported in the Month 9 position. Excluding this income, the Trust is reporting a deficit of £1.5m in month which is £0.2m favourable to plan. Year to date position is £14.8m deficit, £0.5m adverse to plan.

The latest forecast position is breakeven, this is an improvement of the previously reported c1m gap, due to a review of the reserves and contingency levels alongside the in-month cost pressures. Forecast ESRF costs remain in excess of income (£8.3m costs, £6.9m income); but the Trust still expects to breakeven by the end of the year.

The cash balance at the end of Month 9 is £26.4m above plan, This is predominantly due to the receipt in October of £19.4m of deficit funding from the ICB, as well as a year to date underspend on capital.

Capital expenditure is £6.9m below plan to date due to profiling and slippage. The capital team have met with all the divisions, project leads and procurement to monitor progress fortnightly to ensure the funding will be spent by the end of the financial year. Purchase orders in the last two months total c.£4.9m, and this cost will show in the year to date actuals once goods are on site / services are received, and they are receipted.

Efficiency delivery has not kept pace with plan this month and is £1.9m behind plan year to date. The forecast to year end remains at £3.1m unidentified. However, in expecting to deliver an overall position close to plan, by proxy we could expect to deliver close to the CIP target, albeit non-recurrently.

Income and Expenditure – Trend

Great Western Hospitals NHS Foundation Trust

Trend Analysis	2019/20 M1-8 Average £m	2019/20 Dec-19 Actual £m	2019/20 2019/20 Average £m	2022/23 M1-8 Average £m	2022/23 Dec-22 Actual £m	2022/23 Forecast Average £m	% increase over 2019/20 M1-8 % 19/20 %	% increase over 2019/20 Dec-22 % 19/20 %	% increase over 2019/20 Forecast % 19/20 %
Income	27.9	27.0	28.2	35.7	38.4	37.9	28%	42%	34%
Pay	(17.5)	(18.1)	(17.9)	(23.2)	(22.3)	(23.3)	32%	23%	30%
Non Pay	(11.9)	(11.6)	(12.0)	(14.4)	(15.9)	(14.6)	22%	36%	22%
Surplus/(Deficit)	(1.5)	(2.7)	(1.8)	(1.9)	0.2	0.0			
Agency Pay	(0.9)	(1.2)	(1.0)	(1.5)	(1.3)	(1.3)	71%	6%	26%
Efficiencies	0.5	0.4	0.7	0.7	0.6	0.7	56%	47%	2%
Workforce (WTE worked)	4,530	4,652	4,591	5,180	5,254		14%	13%	

Headlines:

- Income, pay and non pay both average year to date and in month are consistently higher than 2019/20, despite significantly lower activity levels (see slide 15). This indicates a reduced level of productivity which poses a risk to funding levels as well as an opportunity for efficiency gains.
- Agency costs are in excess of 2019/20 levels, both year to date and forecast. Agency use is high to cover vacancies, sickness and enhanced support. It is interesting to note that December 2022 agency is only 6% higher than December 2019, while the average of M1-8 was 71% higher. However, when triangulating workforce (for substantive, bank and agency costs in total) it is evident that as a Trust there is increased staffing levels despite lower activity levels. This is a driver of the year-to-date deficit position.
- Efficiency delivery in month and year to date is above 2019/20 achievement, however a significant proportion of 2022/23 efficiency is being delivered on a non-recurrent basis. Further detail on this is in slide 22.

Productivity – South West (Month 7 data)

Great Western Hospitals NHS Foundation Trust

Implied Productivity is:

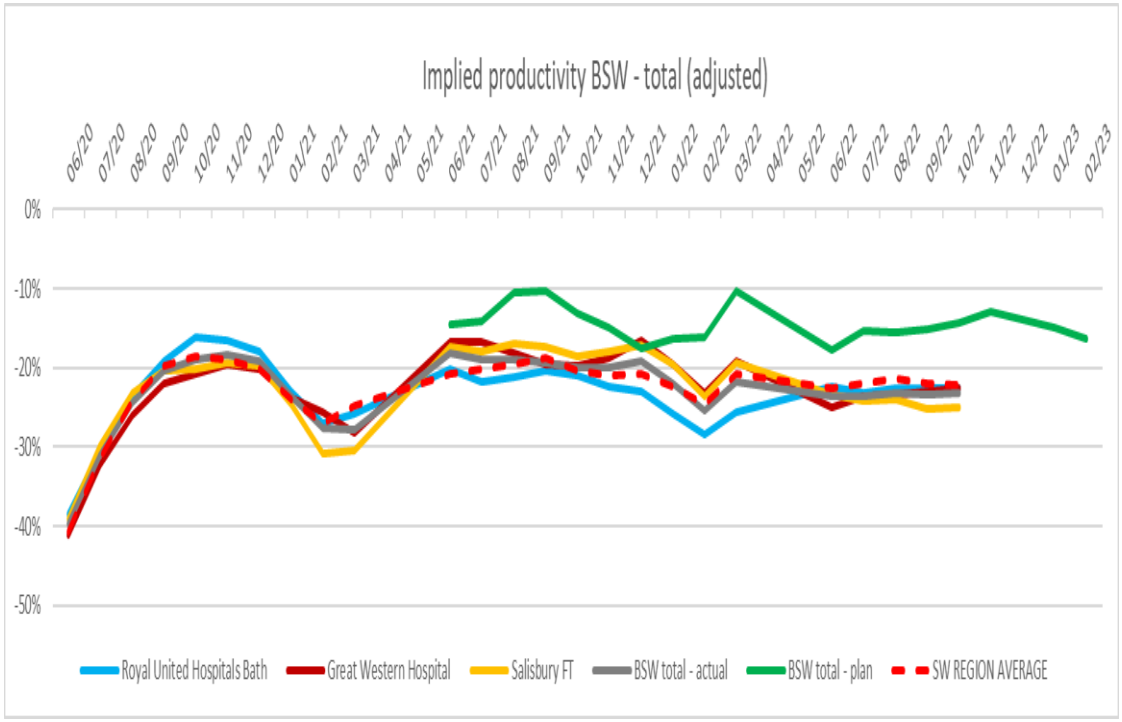
Weighted Activity Growth – Rolling Qtr %

Total Cost Real Terms Change – Rolling Qtr %

GWH is currently in line with SW average of -22%

Month 7	Productivity %
GWH	**-22%**
SFT	-25%
RUH	-23%
BSW Total	-23%
SW Average	*-22%*

Nationally, no systems have reached 19/20 productivity level and only 7 providers out of 137 have reached or surpassed their 19/20 productivity level (based on revised inflationary figures).



Income by Point of Delivery

Great Western Hospitals NHS Foundation Trust

Acute activity type	December 2022 Year to date £'000			22/23 v 19/20	
	19/20	21/22	22/23	Note 1	
Main ED (excl UTC)	10,589	8,987	10,307	91%	Omits shift to UTC since 19/20
Non Elective	71,275	79,927	76,413	100%	
Outpatient	32,782	28,455	32,483	93%	
Day case	17,913	16,271	17,282	90%	
Elective inpatient	13,473	12,493	12,721	88%	
Total	**146,033**	**146,132**	**149,206**	**95%**	

Note 1: Between 19/20 and 22/23 tariffs have been uplifted by 7.12% and this is adjusted for here

Context

Due to Covid-19, funding is still being paid on a block contract basis, with the emphasis on covering reported costs. Although there is an emerging risk of peripheral commissioners wanting to reduce payment through activity performance being lower than previous levels.

The above table show this year's income by main activity types against the same point in 19/20, if activity-based contracting (PbR) with national tariffs was still applied. The final column then shows comparison between current year and 19/20 but taking inflationary impact into account.

Focus on actuals:

For December, actual income on a PbR basis has been shown v prior year and the pre-Covid base of 19/20. Overall 22/23 activity is c£3m ahead of 2019/20 activity levels, however when taking inflation into account, activity is c£7.2m lower than an adjusted 19/20 baseline.

Issues:

Non elective activity is broadly comparable with 19/20 but Elective and outpatient activity is significantly lower. This will negatively impact on wait lists and will put pressure on ESRF performance and contract payment in 2023/24 under proposed payment rules for the coming year.

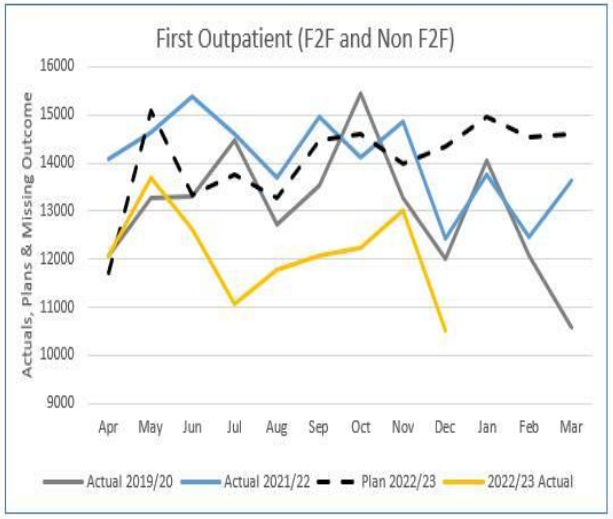
Emerging Risks:

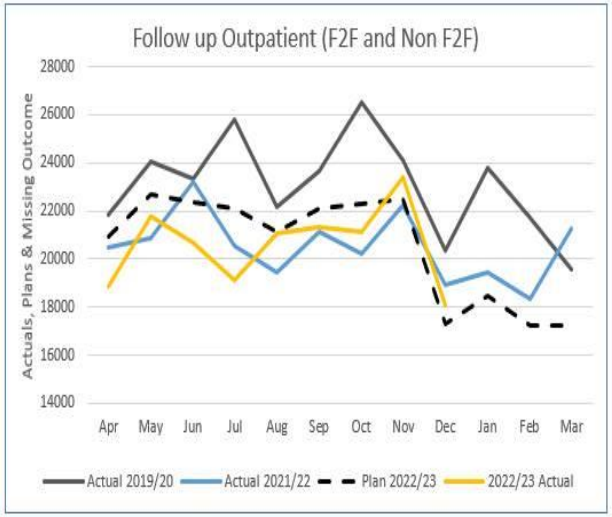
The value of GWH activity needs to return to and exceed 19/20 levels both to support the BSW system earning ESRF funds, and to prepare for the rebasing of provider funding that will occur once the need for 'special' Covid funding blocks no longer exists.

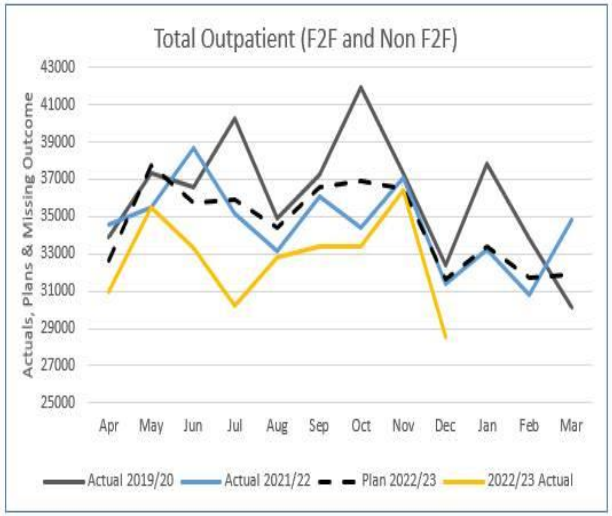
2023/24 guidance proposes that Non Elective and ED activity would be part of a fixed block payment and not fluctuate with activity. Outpatients (excluding follow up), elective and Day Case would be chargeable on a variable rate and this activity is well below 2019/20. Chemotherapy and some imaging diagnostics would also be paid on a variable rate.

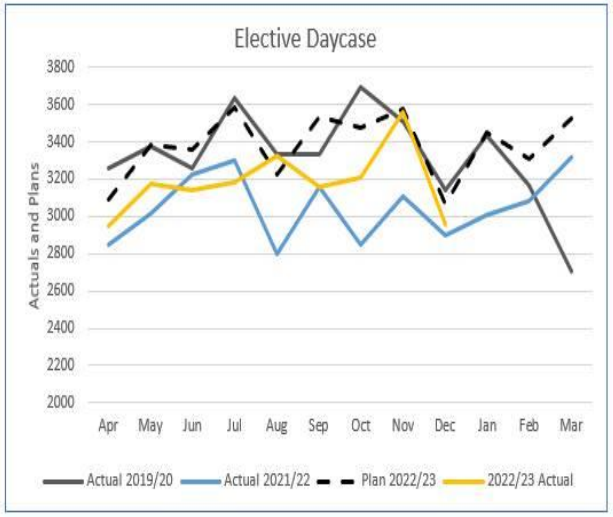
Point of Delivery – Activity Trendline

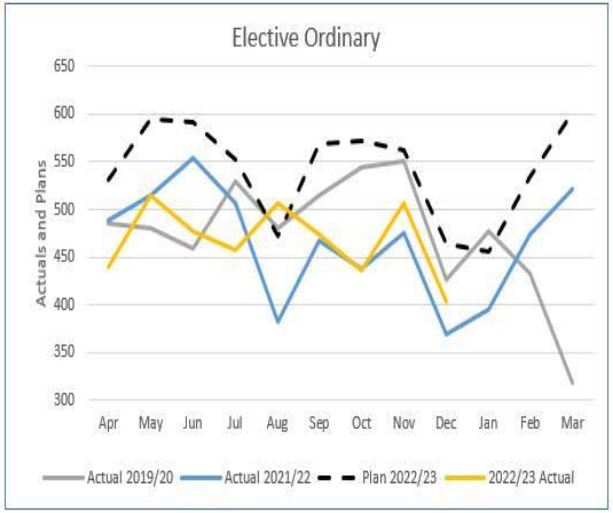
Great Western Hospitals NHS Foundation Trust

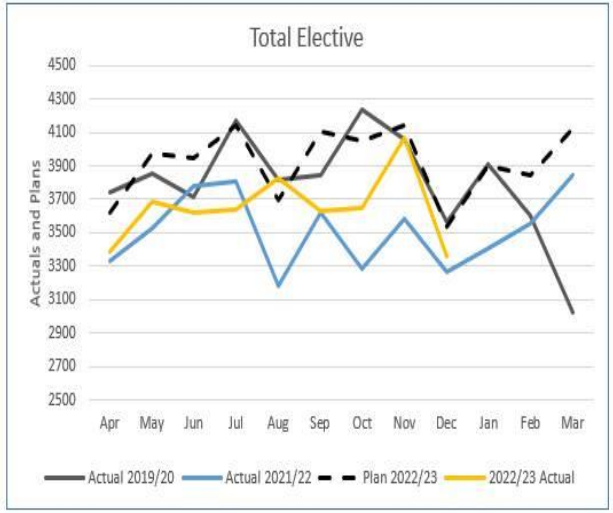












Improvement & Efficiency

Great Western Hospitals NHS Foundation Trust

Cash Releasing - Division M09	In Month Plan £000	In Month Delivery £000	In Month Variance £000	In Month Delivery %	YTD Plan £000	YTD Delivery £000	YTD Variance £000	YTD Delivery %	Full Year Plan £000	Recurrent Forecast £000	Non Recurrent Forecast £000	Forecast Variance £000	Forecast Delivery %
Corporate	(103)	(90)	(13)	88%	(791)	(697)	(94)	88%	(1,100)	(104)	(864)	(132)	88%
Integrated Care & Community	(91)	(87)	(4)	96%	(725)	(548)	(176)	76%	(1,000)	(286)	(530)	(185)	82%
Surgery, Women & Children	(301)	(263)	(38)	87%	(2,306)	(1,752)	(554)	76%	(3,209)	(1,314)	(1,037)	(858)	73%
Unscheduled Care	(328)	(240)	(88)	73%	(2,608)	(2,884)	275	111%	(3,600)	(1,983)	(1,625)	8	100%
Trust Wide	(220)	(21)	(199)	9%	(1,540)	(186)	(1,354)	12%	(2,200)	(247)	0	(1,953)	11%
Total	**(1,043)**	**(701)**	**(342)**	**67%**	**(7,970)**	**(6,066)**	**(1,904)**	**76%**	**(11,109)**	**(3,933)**	**(4,056)**	**(3,120)**	**72%**

- In month £0.7m of efficiency has been reported against a plan of £1.05m – under achievement of £0.34m.
- Year to date 76% of the plan has been delivered, and by year end the forecast remains that only 72% of the plan will be achieved. However, because our plan is net of efficiency, and we are expecting to deliver on plan at Month 9, we can assume 100% proxy delivery, albeit on a non-recurrent basis.
- There is a reliance on Non Recurrent schemes within the reported position, both year to date and forecast, and across all areas as demonstrated by the table below.

- Corporate schemes identified are heavily non recurrent (90% non-recurrent forecast) which reflects the high number of vacancies across Corporate areas. Non pay underspends are also evident and will continue to be reviewed and challenged through the budget setting process as to whether any can become recurrent savings.

- Unscheduled Care efficiency is reporting below plan in month, however this is due to the profile of the plan. USC efficiency is above plan year to date and expected to be on plan by year end. Schemes include Procurement/Better Buying and a reliance on recruitment lag/vacancies, as well as a SPRINT approach across a number of areas.

- Integrated Care & Community has delivered just below plan in month. In year delivery is supported by Digital transformation, EDRMS, Thoughtonomy, Medicines Management and recruitment lag.

- Surgery, Women's and Children's are below plan in month and year to date, and the forecast position is also below plan. A SPRINT approach has been undertaken within the division to identify areas of underspend, other areas of delivery include Procurement/Better Buying, private patient income and Swabbing Team redeployment. There is also a reliance on recruitment lag contributing to non recurrent delivery in year.

- Trust Wide schemes are significantly below plan year to date and forecast. Moving weekly bank payroll back in house has been captured as a scheme and work is ongoing to identify cross-divisional schemes that can mitigate this gap going forwards.

	In Month		Year to Date		Forecast	
Split of delivery	Recurrent	Non Recurrent	Recurrent	Non Recurrent	Recurrent	Non Recurrent
Corporate	10%	90%	11%	89%	11%	89%
Integrated Care & Community	35%	65%	35%	65%	35%	65%
Surgery, Women & Children	52%	48%	51%	49%	56%	44%
Unscheduled Care	42%	58%	58%	42%	55%	45%
Trust Wide	100%	0%	100%	0%	100%	0%
Total	**42%**	**58%**	**50%**	**50%**	**49%**	**51%**

Statement of Financial Position

Great Western Hospitals NHS Foundation Trust

Statement of Financial Position	31st March 2022 Actual £'000	2022-2023 Plan £'000	31st December 2022 Actual £'000	Variance to Plan £'000
Non Current Assets				
Intangible assets	6,033	6,033	6,033	()
Property, plant and equipment	248,653	286,065	259,837	26,228
Investments in associates & joint ventures	126	126	126	-
Trade & Other Receivables - non-current	843	843	843	-
Total Non-Current Assets	**255,655**	**293,067**	**266,839**	**26,228**
Current Assets				
Inventories	5,104	5,104	4,805	299
NHS Trade Receivables	4,138	4,147	5,703	(1,556)
Non NHS Trade Receivables	4,674	5,245	(133)	5,378
Prepayments & Accrued Income	10,952	16,611	24,260	(7,649)
Cash and cash equivalents.	52,909	18,711	45,126	(26,415)
Total Current Assets	77,777	49,818	79,761	(29,943)
Total Assets	**333,432**	**342,885**	**346,600**	**(3,715)**
Current Liabilities				
Trade Payables	45,699	41,990	51,589	(9,599)
Capital Payables	13,865	5,829	3,242	2,587
Accruals & Deferred income	8,043	4,257	10,309	(6,052)
Provisions - current	2,929	2,815	843	1,972
Capital Investment Loans	112	-	-	-
PFI Contract	7,490	1,874	1,872	2
Finance Leases	227	818	551	267
Total Current Liabilities	**78,365**	**57,583**	**68,407**	**(10,824)**
Non Current Liabilities (due after >1 year)				
Provisions	7,006	8,375	7,324	1,051
Capital Investment loans	275	275	275	-
PFI Contract	76,389	76,389	76,389	()
Finance Leases	620	29,248	19,451	9,797
Total Non-Current Liabilities	**84,290**	**114,287**	**103,439**	**10,848**
Total Assets Employed	**170,777**	**171,015**	**174,754**	**(3,739)**
Taxpayer's and Others Equity				
Public dividend capital	160,016	168,898	164,313	4,585
Income and expenditure reserve	(31,247)	(45,917)	(31,566)	(14,351)
Revaluation reserve	42,008	48,034	42,008	6,026
Total Assets Employed	**170,777**	**171,015**	**174,754**	**(3,739)**

Background

Capital

- Property, Plant & Equipment is below plan due to an adjustment to the IFRS 16 Lease additions and slippage on the Capital schemes.

Current Assets

- Invoiced Receivables are below plan due to the high level of un-invoiced income.
- Cash is £26m above plan due to the receipt of £19.4m deficit funding from the ICB and delays in Capital spend offset by delay in drawdown of Capital Loan drawdown.

Current Liabilities

- Trade payables are £10m above plan due to delays in payments relating to payments issues with SBS and an increase in Non-PO Accrued Expenditure
- Finance leases below plan £0.3m due to adjustment to IFRS 16 lease additions

Non-Current Liabilities

- Finance leases below plan £9.7m due to adjustments in IFRS 16 lease additions.

Cash Flow

Great Western Hospitals NHS Foundation Trust

Statement of Cash Flow	Actual Mar-20 £'000	Actual Mar-21 £'000	Actual Mar-22 £'000	Actual Apr-22 £'000	Actual May-22 £'000	Actual Jun-22 £'000	Actual Jul-22 £'000	Actual Aug-22 £'000	Actual Sep-22 £'000	Actual Oct-22 £'000	Actual Nov-22 £'000	Actual Dec-22 £'000	Forecast Jan-23 £'000	Forecast Feb-23 £'000	Forecast Mar-23 £'000	Full year 2022-23
Receipts																
Clinical Income	306,038	381,533	410,662	31,505	32,204	31,387	33,874	32,144	35,594	55,253	33,593	36,716	33,228	33,228	33,225	421,951
Education & Training	10,325	12,194	14,096	3,549	-	-	3,054	1	-	5,035	-	495	3,552	-	-	15,686
Other Income	9,089	8,389	5,714	1,064	263	3,683	1,012	665	579	660	851	-	600	600	600	10,577
HMRC	10,783	11,901	11,944	983	-	-	316	1,897	2,557	18	390	3,208	2,467	352	352	12,540
Other Receipts	25,808	8,526	9,856	756	570	-	1,713	735	1,648	1,463	902	668	800	72	800	10,127
Working Capital Loans	26,352	5,606	10,156	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Loans	1,791	97,176	12,577	-	-	-	-	-	-	1,844	-	2,453	1,906	3,707	6,269	16,179
Total Receipts	**390,186**	**525,325**	**475,005**	**37,857**	**33,037**	**35,070**	**39,969**	**35,442**	**40,378**	**64,273**	**35,736**	**43,540**	**42,553**	**37,959**	**41,246**	**487,060**
Payments																
Pay Costs	202,711	229,217	243,457	20,348	21,307	20,812	20,724	20,858	23,247	24,173	22,607	22,609	22,033	22,033	22,833	263,585
Trade Creditors	117,962	132,343	127,327	33,180	12,252	2,119	10,762	14,767	11,613	12,947	11,173	11,385	12,472	12,187	12,027	156,885
Capital Creditors	3,673	8,918	20,287	-	2,059	9,769	1,616	(278)	735	788	855	711	1,505	1,373	9,823	28,956
NHSLA	10,860	12,765	13,757	1,265	1,265	1,265	1,265	1,265	1,265	1,265	1,265	1,265	1,265	-	-	12,650
PDC Dividend	1,476	2,823	4,079	-	-	-	-	-	2,538	-	-	-	-	-	2,538	5,076
PFI Payments	45,451	58,512	35,598	-	-	-	12,937	-	-	12,959	-	-	12,994	-	-	38,890
Loan Repayments	4,076	67,380	117	-	58	-	-	-	-	-	58	-	-	-	-	116
Total Payments	**386,209**	**511,958**	**444,622**	**54,793**	**36,941**	**33,965**	**47,304**	**36,612**	**39,398**	**52,132**	**35,958**	**35,971**	**50,269**	**35,593**	**47,221**	**506,157**
Net Cash Flow in Period	3,977	13,367	30,383	(16,936)	(3,904)	1,105	(7,335)	(1,170)	980	12,141	(222)	7,569	(7,716)	2,366	(5,975)	(19,097)
Opening Cash Balance	**5,171**	**9,148**	**22,515**	**52,898**	**35,962**	**32,058**	**33,164**	**25,828**	**24,658**	**25,638**	**37,779**	**37,557**	**45,126**	**37,410**	**39,776**	**52,898**
Closing Balance	**9,148**	**22,515**	**52,898**	**35,962**	**32,058**	**33,164**	**25,828**	**24,658**	**25,638**	**37,779**	**37,557**	**45,126**	**37,410**	**39,776**	**33,801**	**33,801**

Due to the receipt of the £19.4m deficit funding from the ICB, the £17m previously in the cashflow to be requested as a Working Capital Loan has been removed from the cashflow and the changes in Capital spend the March closing balance is above plan by £11m.

Emergency Capital PDC Drawdown	Actual Apr-22 £'000	Actual May-22 £'000	Actual Jun-22 £'000	Actual Jul-22 £'000	Actual Aug-22 £'000	Actual Sep-22 £'000	Actual Oct-22 £'000	Actual Nov-22 £'000	Actual Dec-22 £'000	Forecast Jan-23 £'000	Forecast Feb-23 £'000	Forecast Mar-23 £'000	Forecast Total £'000
Planned Drawdown							1,844	547	1,906	1,906	3,707	6,269	16,179
Actual Drawdown							1,844		2,453				1,844
Forecast Drawdown										1,906	3,707	6,269	14,335

Working Capital

Great Western Hospitals NHS Foundation Trust

Debtors, Creditors and BPPC Achievement

	Target	YTD	YTD Var	Three month rolling averates over the last 4 months				2021/22 FY Actual
				Aug-22	Sep-22	Oct-22	Nov-22	
Debtor and Creditor Days								
Debtor days (Target=SBS Metric	30	32	(-2)	30	26	30	29	17
Creditor days (Target =Prior yr closing days)	147	124	23	144	137	124	124	147
BPPC (value %)								
NHS	95.0%	70.5%	24.5%	73.5%	72.3%	70.5%	80.9%	74.0%
Non-NHS	95.0%	93.1%	1.9%	92.7%	93.2%	93.1%	91.2%	97.4%
BPPC (volume %)								
NHS	95.0%	75.9%	19.1%	79.5%	76.9%	75.9%	74.2%	82.7%
Non-NHS	95.0%	92.7%	2.3%	93.1%	93.1%	92.7%	92.7%	94.7%

		Apr-22	Aug-22	Sep-22	Oct-22	Nov-22
No. Faster Payments Made	Salary FP	13	27	18	14	19
	Suppliers FP	24	59	72	61	51
Total Faster payments		37	86	90	75	70
Ratio of Invoice PO/Non-PO	PO	42%	39%	38%	35%	41%
	Non-PO	58%	61%	62%	65%	59%

Invoiced Receivables/Payables	Total	0-30 Days	30-60 Days	61-90 Days	over 90 Days	% over 90 Days
	£'000	£'000	£'000	£'000	£'000	£'000
Receivables						
Non-NHS Receivables	1,437	353	66	53	965	67.2%
NHS Receivables	2,192	1,232	9	0	951	43.4%
Total Receivables	3,629	1,585	75	53	1,916	24.0%
Payables						
Non-NHS Payables	6,857	3,808	675	623	1,751	25.5%
NHS Payables	3,216	1,610	320	114	1,172	36.4%
Total Payables	10,073	5,418	995	737	2,923	29.0%

	Sep-22	Oct-22	Nov-22
Receivables	£'000	£'000	£'000
Receivables: invoiced as per Aged Debt Reports	6,342	5,102	3,629
Receivables: not invoiced	23,460	31,835	31,361
Total Receivables	29,803	36,937	34,990
Payables	£'000	£'000	£'000
Trade & other payables: invoiced as per Aged Creditor Report	9,407	12,401	10,073
Trade & other payables: not invoiced	39,258	38,168	41,438
Total Payables	48,664	50,569	51,511

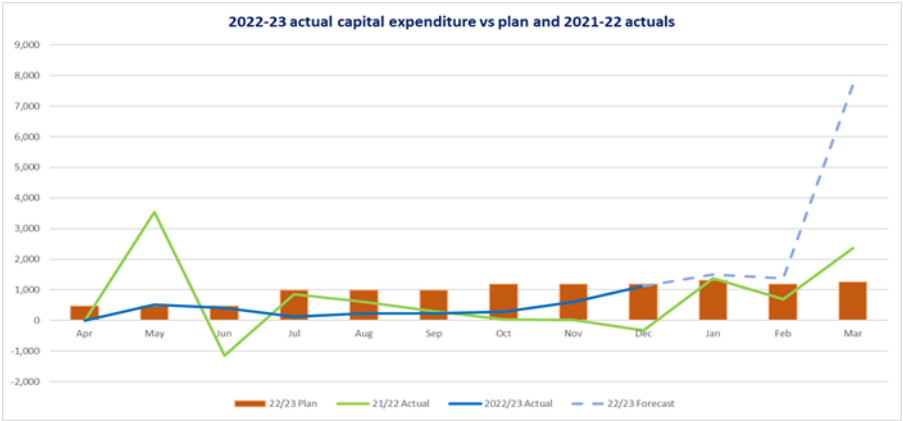
Capital Programme

Great Western Hospitals NHS Foundation Trust

Capital Scheme	Capital Group	2022-23 Original Plan	Revised Plan £000	Month 9 Plan £000	Month 9 Actual £000	Month 9 Accrual £000	Total (Actual & Accruals) £000	Month 9 Variance £000	Month 9 YTD Plan £000	YTD Actual £000	Month 9 Accrual £000	YTD Total (Actual & Accruals) £000	YTD Variance £000	M12 Forecast £000
Estates Replacement Schemes	Estates	1,015	1,073	100	-		-	(100)	648	183	-	183	(465)	1,073
Service Development & Expansion	Estates	4,395	-				-	-						
Service Development & Expansion - Aseptic Unit	Estates		1,940	234	211	307	518	284	911	308	307	615	(296)	1,940
Service Development & Expansion - WFP IFD	Estates		452	38	-		-	(38)	302	21	-	21	(281)	452
Service Development & Expansion - Other works	Estates		2,023	169	20		20	(149)	1,248	391	-	391	(857)	2,023
Service Development & Expansion - EPR	IT		800		-		-	-	400	-	-	-	(400)	800
IT Emergency Infrastructure	IT	1,000	1,000	100	-		-	(100)	648	-	-	-	(648)	1,000
IT Replacement Schemes	IT	2,000	2,000	200	92		92	(108)	1,302	1,098	-	1,098	(204)	2,000
PACS - environment/replacement solution	IT	1,500	160	150	-		-	(150)	975	-	-	-	(975)	160
Equipment Replacement Schemes	Equipment	2,000	2,525	200	221		221	21	1,500	441	-	441	(1,059)	2,865
Contingency	CMG	585	522	-	-		-	-	-	-	-	-	-	522
Transfer to RUH & SFT			(800)											(800)
Total Trust CDEL		**12,495**	**11,695**	**1,190**	**544**	**307**	**851**	**(339)**	**7,933**	**2,442**	**307**	**2,749**	**(5,184)**	**12,035**
Way Forward Programme		4,610	4,610	380		267	267	(113)	2,450	-	770	770	(1,680)	4,610
Mental Health - UEC			70											70
Diagnostics - Digital			687											687
Diagnostics - Imaging			85											85
Diagnostics - Mammography (mobile satalite link)			31											31
DDCP - National (MRI accelaration)			80											80
Critical Cybersecurity Infrastructure Risks			20											20
Finance Leases		141	141	-	-		-	-	-	-	-	-	-	141
Total Capital Plan (Excl PFI)		**17,246**	**17,419**	**1,570**	**544**	**574**	**1,118**	**(452)**	**10,383**	**2,442**	**1,077**	**3,519**	**(6,864)**	**17,759**

Background

- The Trust's CDEL plan for 2022/23 is £11.7m.
- Service Development – Other works includes Co-ordination Hub £0.3m, Ward Configuration £0.2m, SSE Survey & Design £0.2m, Sustainability (£0.2m) and Robotics £1.0m).
- Total Capital Expenditure at Month 8 is £6.9m below plan. Of this, £5.2 m relates to Trust CDEL schemes, with the remaining £1.7m slippage on externally funded schemes.
- Though the Year to Date expenditure is low, the capital team have been meeting with divisions, project leads, and procurement to monitor progress and ensure the allocated funding is spent. Purchase orders to the value of £3.1m (Nov), £1.4m (Dec) and £0.4m (to date in Jan) have been raised, this should lead to an increase in expenditure when receipted. In-month expenditure has increased significantly compared to previous months and this trend is expected to continue till March 2023.



2. Patient Safety – Perinatal Quality Surveillance Tool

Data Quality Rating:

Are we Safe?

Measures	Comments

Minimum safe staffing in maternity to include Obstetric cover on delivery suite

Measure	Aim / Target	Sep 22	Oct 22	Nov 22	Dec 22
Midwife to birth ratio	1:28	1:29	1:29	1:28.9	1:30
1:1 Care	100%	99.1%	100%	99.1%	98.5%
Consultant presence in Delivery suite (Hours per week)	60 hours	74.5hrs	74.5hrs	74.5hrs	74.5hrs

The midwife to birth ratio was not achieved in December 2022 – there was an increase in birth numbers in December (334 births). Acuity impacted by the increase in births reduced the numbers of families receiving 1:1 care in labour.

Service User feedback

- One complaint was received within maternity throughout December, in relation to a birth that occurred in 2011 and questions surrounding the use of a fetal scalp electrode.
- The friends and family data for December shows a overall response rate of 15% which is a reduction from November (20%) and an overall positive response of 92% which is a slight increase from November. Staff attitude was both the highest scoring area in positive feedback and was also mentioned the most in the negative feedback. A response rate target of 25% has been implemented across the unit – the target will be reviewed again in March 2023. On going work in how we engage with service users is in progress with the aim to increase the response rate across all areas.

Core20PLUS5– An approach to reducing health inequalities

Measure	Sep 22		Oct 22		Nov 22		Dec 22	
BAME women on continuity of carer pathway	39.02%	32	28.57%	18	33.78%	25	14.52%	9
Women with high index of multiple deprivation on continuity pathway	74.42%	28	72.50%	32	64.29%	29	71.01%	18

The data above describes the caseload distribution of service users currently being cared for under the continuity of carer model.
With the national targets for the increase in continuity of carer model removed in September 2022, the current team will continue to focus on how they can increase the core20plus 5 targets within their current model of working

Caesarean Sections

Robson Group Descriptor	Robson Group No.	2022 Year Sparkline	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Women/pregnant people in their first pregnancy with a head down, single baby at ≥37 weeks, in spontaneous labour that had a Caesarean birth*	1		7.26%	7.48%	9.17%	9.47%	6.50%	11.90%	10.22%	11.64%	11.02%	6.02%	8.67%	10.00%
Women/pregnant people in their first pregnancy with a head down, single baby at ≥37 weeks, experiencing an induced labour or caesarean birth before labour. *	2		26.61%	33.64%	27.50%	33.68%	30.89%	23.81%	27.01%	30.82%	30.71%	26.32%	27.33%	34.00%
Women/pregnant people that have had a previous Caesarean birth, with a head down, single baby at ≥37 weeks. *	5		31.45%	21.50%	36.67%	27.37%	29.27%	26.19%	35.77%	21.92%	29.92%	30.08%	31.33%	20.00%
Women that had Caesarean births from all other Robson Groups	3,4,6,7,8,9,10		34.68%	37.38%	26.67%	29.47%	33.33%	38.10%	27.01%	35.62%	28.35%	37.59%	32.67%	36.00%

**Robson group data is presented as a % of the total number of Caesarean births and therefore the % of births that each of these criteria represents.*

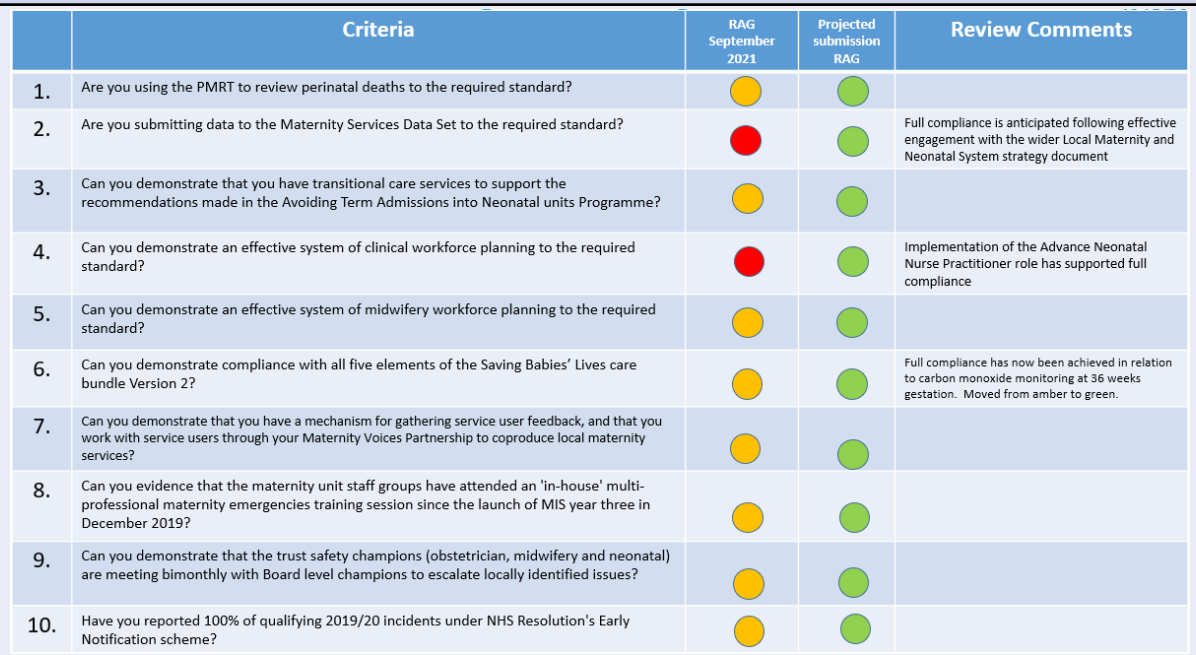
The informatics team have amended the report sent to Maternity to improve data presentation regarding Robson groups; an informatics request has been sent to the team to request presentation in line with the World Health Organisation 'Robson Report table with interpretation'

2. Patient Safety - Perinatal Quality Surveillance Tool

Data Quality Rating:

Are We Safe?

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.

Measures	Comments
Concerns or requests for actions from national bodies	None.
CNST 10 Maternity standards (NHSR)	
Ockenden Report (March 2022)	There has been no change in the overall RAG status in December 2022.
Findings of review of all perinatal deaths using the real time data monitoring tool	One review took place in December 2022. No care or service delivery issues were identified.
CQC Ratings	Nothing to report
Maternity Safety Support Programme	Not required as CQC ratings overall 'Good'
Coroner's Regulation 28	Nil

	Criteria	RAG September 2021	Projected submission RAG	Review Comments
1.	Are you using the PMRT to review perinatal deaths to the required standard?			
2.	Are you submitting data to the Maternity Services Data Set to the required standard?			Full compliance is anticipated following effective engagement with the wider Local Maternity and Neonatal System strategy document
3.	Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?			
4.	Can you demonstrate an effective system of clinical workforce planning to the required standard?			Implementation of the Advance Neonatal Nurse Practitioner role has supported full compliance
5.	Can you demonstrate an effective system of midwifery workforce planning to the required standard?			
6.	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?			Full compliance has now been achieved in relation to carbon monoxide monitoring at 36 weeks gestation. Moved from amber to green.
7.	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?			
8.	Can you evidence that the maternity unit staff groups have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?			
9.	Can you demonstrate that the trust safety champions (obstetrician, midwifery and neonatal) are meeting bimonthly with Board level champions to escalate locally identified issues?			
10.	Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?			

A quality assurance of evidence process was undertaken on 8th December with Board level Maternity Safety Champions and Accountable Officer from the ICB.

2. Patient Safety - Perinatal Quality Surveillance Tool

Are We Safe?

Ockenden progress update

Overview & Summary Review of Criteria RAG Status

November 2022

Current RAG Status /Action No.	Immediate & Essential Action	Number of Actions Under Each Heading Rated			Key action for progression
		RED	AMBER	GREEN	
1	Workforce Planning & Sustainability	2 =	9 =	0 =	Review of maternity workforce to ensure there is funding for safe staffing levels and sufficient headroom provision to support essential training
2	Safe Staffing	2 =	6 ↓	2 ↑	Ensuring that local escalation policies represent the entire workforce, that staff are suitably skilled and developed for their roles and that channels of communication are utilised effectively. This includes a review of the continuity of carer model
3	Escalation & Accountability	0 =	2 ↓	3 ↑	Consideration of maximising consultant obstetrician presence, and review of escalation policy
4	Clinical Governance - Leadership	0 ↓	5 ↑	2 ↑	Presentation of National Maternity Self-Assessment Tool and improvement plan to Trust Board in July. Stregthen multi-disciplinary approach to review of guidance
5	Clinical Governance - Incident Investigation & Complaints	0 =	6 ↓	1 ↑	Ensure effective monitoring of complaints themes and trends. Ensuring timely implementation of actions from Serious Incident Investigations
6	Learning From Maternal Deaths	0 =	2 =	1 =	Ensure timely implementation of learning, locally and from across the region
7	Multidisciplinary Training	0 ↓	4 ↑	3 =	Implementation of mandatory annual human factors training. Review of job plans to ensure release of staff for multi-professional engagement forums
8	Complex Antenatal Care	0 =	4 =	1 =	Strengthen awareness and access to preconceptual care via the primary care network
9	Preterm Birth	0 =	0 =	4 =	Continue to share learning and successes across the region
10	Labour and Birth	1 =	4 =	1 =	Partnership working with the ambulance service to ensure transfer times are regularly audited to facilitate informed choice for women around place of birth
11	Obstetric Anaesthesia	1 =	4 =	3 =	Ensure alignment of local and national guidance and documentation standards. Continue multi-disciplinary simulation teaching. Including anaesthetic emergencies
12	Postnatal Care	0 =	4 =	0 =	Audit of time from admission to review for postnatal readmission to ensure early consultant involvment
13	Bereavement Care	0 =	2 =	2 =	Options appraisal for expansion of Maternity and Paediatric Support Service
14	Neonatal Care	2 =	2 =	4 =	Reinforce collaborative working by exploring rotational posts for nursing staff across the region
15	Supporting Families	0 =	3 =	0 =	Develop faculty for provision of maternal mental health scenario based training across Surgery, Women and Children
	TOTAL	8	57	27	

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	• 6 incidents were graded as moderate harm for the perinatal services in December • 5 were downgraded as the incorrect harm level had been reported • 1 staff related incident has been escalated to Estates for risk assessment of potential trip hazard on Hazel Ward • Following a multi-disciplinary review, no incidents were subject to a 72-hour report

Following recommendations made in the Ockenden Report all cases referred to HSIB will be reported as a Serious Incident (SI).

Serious Incidents (SI)

Case Ref	Overview	Date	Case Update
3969	MRSA positive screen on baby in LNU	16/10/2022	Investigation report sent to CRT for presentation at SIRLG

On-going SI Investigation Update

Stage of investigation	September 2022	October 2022	November 2022	December 2022
Referred to HSIB – awaiting decision	0	0	0	0
Under local investigation (this may include insight from external reviewers)	0	1	1	0
Under HSIB investigation	0	0	0	0
Report complete & awaiting Serious Incident Review learning Group (SIRLG)	0	0	0	1
Submitted to CCG	0	0	0	0

Data correct as of 9th January 2023. The data in the preceding month may have changed due to timing of previous months reporting.

2. Maternity - PROMPT and Fetal Surveillance Training Update including Trajectory

Data Quality Rating:

Are We Responsive?

PROMPT

Background and underlying issues

90% compliance for all staff groups working in Maternity has been mandated in the Clinical Negligence Scheme for Trusts (CNST) 2022-23 guidance.

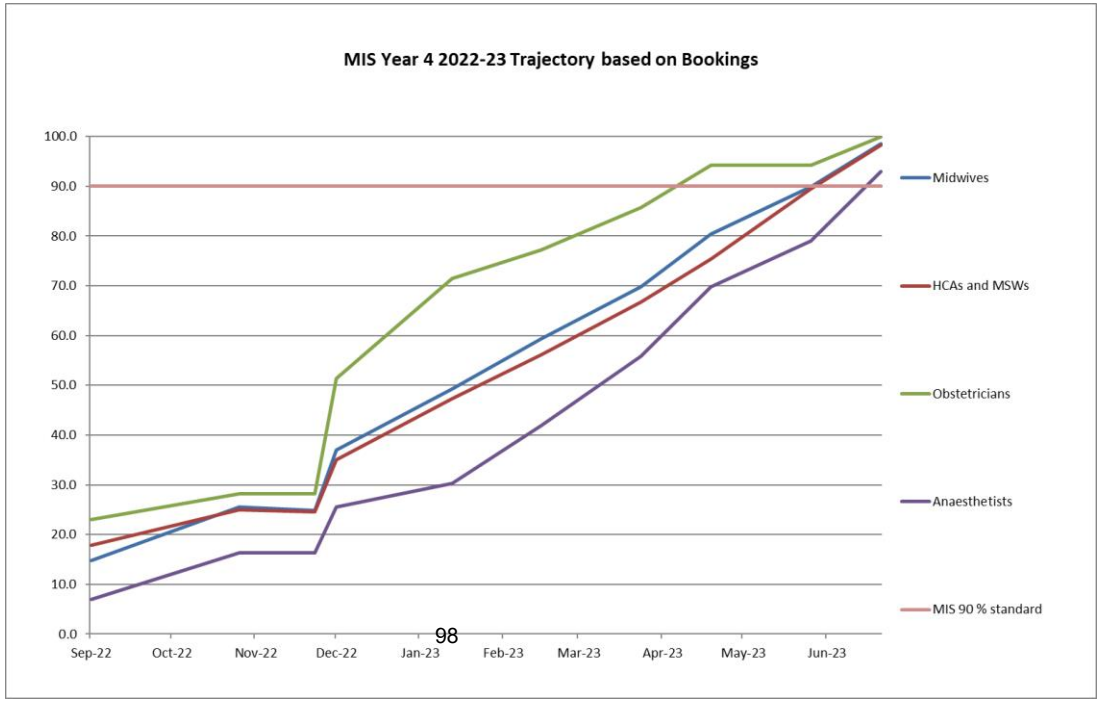
Improvement actions planned, timescales, and when improvements will be seen

Great progress has been made in achieving ≥90% in all disciplines and the team are working to ensure this compliance is maintained.

Face-to-face training for PROMPT began in September 2022. This included human factors training provided by external company 'Wing Factors' which has been well received.

Risks to delivery and mitigations

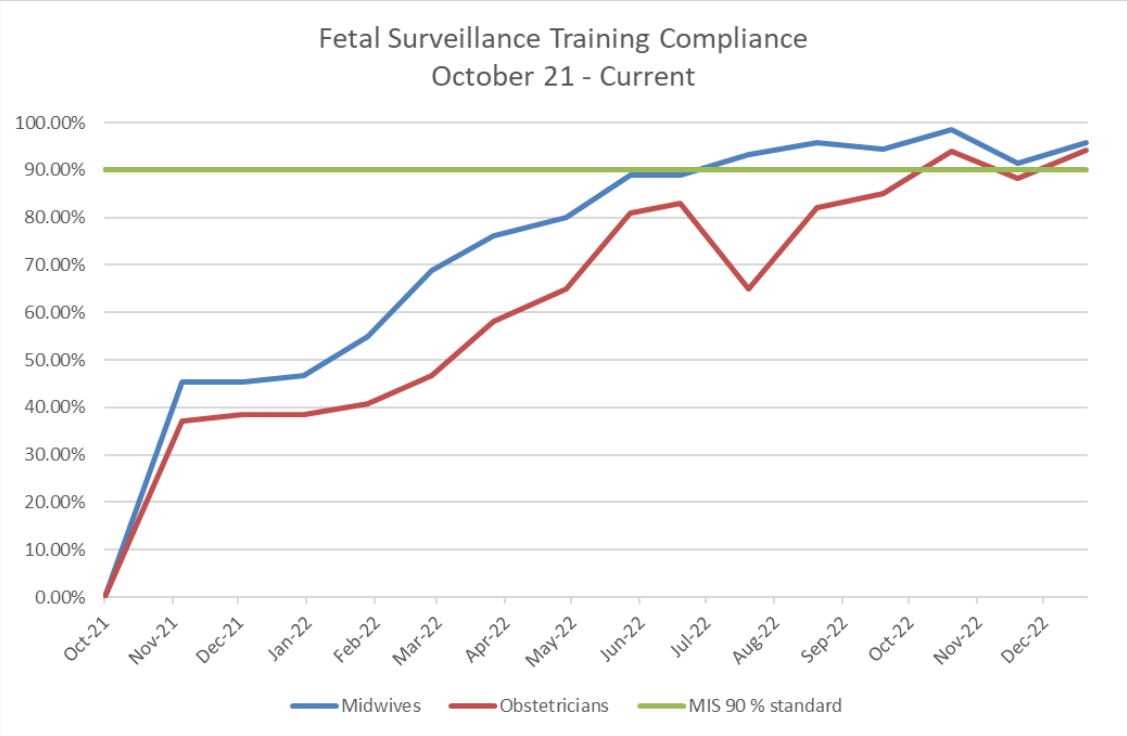
It is essential that there is sufficient headroom (as being reviewed by The Local Maternity and Neonatal System [LMNS]) to support the maternity and obstetric staffing models in releasing staff for fetal surveillance and PROMPT training. This is in relation to the Ockenden Immediate and Essential Actions.



Note:
The graph is from November as there was no PROMPT session in December

Are We Responsive?

Fetal Surveillance Training



Update

- The monthly fetal surveillance training is continuing to receive excellent feedback from attendees, including how it will support the patient safety agenda
- The pass rate following the end of the session assessment also remains high.

Board Committee Assurance Report

Audit, Risk & Assurance Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Helen Spice	Helen Spice		17 January 2023
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			
Divisional Risk Review – Surgery, Women and Childrens	**A**	**A**	Surgery, Women and Childrens Division updated the Committee on their processes to manage risk and their actions to mitigate and control the risks in the division. The Committee agreed that good progress has been made since the division last presented to the Committee – they have reviewed and closed a lot of the old risks. For the remaining older risks, they are mapping against risk appetite so still some more work to do. They are undertaking regular review of all risks and triangulating against incidents to assess the impact of any risks. As for all divisions they need to include reporting on Finance risks for the division, which are considered but not presented in this report. A review will be undertaken with others on the reporting template.	Update report to Committee	September 2023
Risk Register Report	**A**	**A**	The Committee continues to be assured that the processes for managing risk in the trust are effective. On the KPIs it was good to see that the number of risks with no actions had reduced significantly with only a few now outstanding. However, it was disappointing to see that the other KPIs had		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			worsened – although the operational challenges were recognised the focus on risk needs to be maintained.		
2022/23 External Audit Plan	N/A	N/A	Deloitte presented their Audit Plan for the audit for the year ending 31 March 2023. The principal risks that they will focus on in the audit are consistent with prior years – revenue recognition, property valuation, capital expenditure, accruals and override of controls. There will be a report from the interim audit at our next meeting and this will address the action plan from last year's audit to ensure that all actions have been addressed prior to the end of the financial year and the final audit. The timetable for the audit and Committee and Board approvals will be agreed in the next few weeks.	Update on outcome of internal audit	March 2023
BDO Internal Audit Progress Report	**A**	**A**	BDO presented an update on their work on the 2022/23 internal audit plan. All audits are now underway and will be completed in time for an overall assurance rating by the end of the year, although there are still five reports to be finalised and presented to the Committee. Committee members asked for a comparison against the overall ratings from last year as currently the overall picture looks like it has worsened – more detail is covered in the reports below.		
Internal Audit – Access Policy	**A**	**A**	The Access Policy Report was rated moderate assurance for design and limited assurance for operational effectiveness. Although the Access Policy is robust and there are good governance processes, there is a challenge in the awareness of the policy amongst staff and the procedures used to enact the policy, partly due to manual processes. However the Committee was assured that the issues are recognised by the Executive and there are robust actions in place to address the shortcomings.		
Internal Audit – Discharge Processes	**A**	**A**	The Discharge Processes Report was rated moderate assurance for design and limited assurance for operational effectiveness. The Committee were concerned about the issues that had been raised but it was agreed that as the actions that were being taken would address the issues and were already underway to be completed in a short time frame the Committee could be assured that this would improve quickly.		
Internal Audit – End of Life Care	**A**	**A**	The End of Life Care Report was rated moderate for both design and operational effectiveness. There were a number of areas of good practice – but actions to be taken forward related to documenting discussions and oversight of all issues relating to End of Life by the EoL team.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Internal Audit – follow up of recommendations	A	R	The Committee were disappointed on the number of outstanding actions all of which had been deferred a number of times, some since 2021. The Executive were asked to take urgent action to address these outstanding issues.		
Counter Fraud Progress Report	N/A	N/A	The Committee noted the progress on the Counter Fraud Work that has taken place. Three allegations have been received and closed and one is under investigation.		
Single Tender Actions Report	G	G	The Committee received a report on the number of wavers carried out between 1 June 2022 and 30 November 2022. The Committee acknowledge the progress made in reducing the number and value of single tender actions, and the reduction of urgent requirements, and were assured on the controls that are in place to manage this appropriately.		
Losses and Compensations Q3 2022/23	N/A	N/A	The Committee approved the write offs and losses for Quarter 3 2022/23.		

Issues Referred to another Committee	
Topic	Committee

Board Committee Assurance Report

Mental Health Governance Committee

Accountable Non-Executive Director	Presented by	Meeting Date
Lizzie Abderrahim	**Lizzie Abderrahim**	**20 January 2023**

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	1.4a[1]

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			
Use of the Mental Health Act [MHA] Q3			Risk continues to be rated as amber to reflect [1] GWH's ability to fulfil its statutory functions is dependant on the performance of other agencies and [2] there hasn't been enough time to test the process established to ensure adherence to best practice re the re-reading of rights. In relation to actions it was noted that there had been no breaches in the reporting period, compliance with training requirements had been maintained and there was evidence of continuing collaborative work with partners. On this basis it was agreed to maintain a green rating.		
Mental Capacity Act [MCA]: Update and Practice			Ratings remain consistent. The committee received two reports – an update on MCA activity and a report on an audit of MCA practice. In relation to activity, although progress had been made, there continue to be issues with Datix – in particular the ability to collect granular detail regarding the use of restraint. In relation to practice, the audit had identified particular gaps and work was progressing at pace to address these. In particular an MCA competency framework had been developed to support aa robust upskilling programme		

[1] Safeguarding / Mental Health / DOLS

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
			although it was recognised that the capacity of staff to engage in the programme was a limiting factor.		
Report on the use of Deprivation of Liberty Safeguards [DoLS]			Ratings remain consistent. Compliance with the DoLS training requirement was evidenced and the committee noted that mitigations were in place to actively address the risk in relation to patients who are cared for outside the legal framework because the supervisory bodies lack the capacity to complete the assessments. The committee also noted a concern about the application of DoLS in relation to patients subject to long ambulance waits but received an assurance that this was being monitored. A further concern regarding the time lag in relation to the notification to the CQC was noted and the committee received an explanation of the reasons for this and were assured that the delay did not expose the patient or GWH to risk.		
Update on Development of Liberty Protection Safeguards [LPS]			Ratings remained consistent. The committee noted that the delay and uncertainty in relation to the implementation of LPS was creating anxiety amongst clinical staff but was satisfied that appropriate actions were being taken internally and in partnership with system partners to ensure that GWH would be adequately prepared for implementation once the government had identified a date.		
Mental Health Governance Workplan Q3 Report			Ratings remained consistent. The committee was satisfied by the robustness of the workplan and noted that progress during Q3 was as expected.		
Risk Report			A detailed report was provided that included information about the actions being taken to mitigate the risk on the basis of which the committee felt assured that risks were being robustly managed and agreed to change the actions rating from amber to green. It was noted that a standardised template for risk reporting to board committees was in development and that future reporting to this committee would follow that template.		
Audit Reports			All audits were progressing as planned and ratings therefore remained consistent.		
Emergency Department [ED] / Mental Health Liaison Team [MHLT] Update			The ongoing challenge relating to the lack of acute mental health beds meant that the risk rating continues to be red. However, robust measures are in place to mitigate that risk and there was evidence of improvements in the MHLT performance in relation to referral to assessment timeframes. The impact of the escalation process was also becoming evident with a reduction in the numbers of mental health patients experiencing delayed length of stay being seen. However,		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
			emerging issues of concern were noted [the loss of the observation area from April 2023 and the impact that this would have, and the impact of a decision, effective from April, taken by Swindon Borough Council [SBC] to change ways of working across SBC and AWP by segregating of services. For this reason, the committee agreed that the actions rating should remain amber.		
Children's Services / Child and Adolescent Mental Health Service [CAMHS] Update			Ratings remained consistent. The workforce pressures that CAMHS was under continued as did the national shortage of specialist Tier 4 beds. Mitigations, including daily escalation and training and education, were in place to address the risk and further improvements in the working relationship between Children's Service and CAMHS was evident. Funding had also been awarded for the creation of a safe room. However, data regarding the numbers of admissions and length of stay, the occasions when ward capacity was breached and the agency spend associated with RMN cover demonstrated a continuing challenge. It was also noted that discussions regarding the Service Level Agreement were still to be concluded.		
It was agreed that ratings were not appropriate for the following items and that assurance should be provided through a narrative description.					
Legislation and Guidance Update	A detailed report was provided with two matters highlighted in discussion: the Use of Force Act and Who Am I Matters which reports on the experiences of people with LD in acute hospitals [it was agreed that reporting on how this was being implemented at GWH would be through an appropriate route and that this was not necessarily to the MHGC] During discussion it was agreed that there were good mechanisms in place for the communication and dissemination of information included in the report but it was noted that the continuing challenge was to understand how effective those mechanisms were.				
Learning from Incidents	A detailed report was provided which discussed how learning from incidents was being disseminated. Incidents are multifaceted and there are continuing issues with datix that impact on the reliability of the data however, there was confidence in the systems in place and it was evident that good progress was being made with greater coordination being seen.				