Great Western Hospitals
NHS Foundation Trust

Agenda Board of Directors

Date	02/12/2021
Time	9:30 – 12:45
Location	Microsoft Teams
Chair	Liam Coleman

Agenda

1 9:30 **Apologies for Absence and Chairman's Welcome**

2 **Declarations of Interest**

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

3 **Minutes**

Liam Coleman, Chair

- 4 November 2021

4 **Outstanding actions of the Board (public)**

5 **Questions from the public to the Board relating to the work of the Trust**

6 9:45 **Chair's Report, Feedback from the Council of Governors**

Liam Coleman, Chairman

7 9:55 **Chief Executive's Report**

Kevin McNamara, Chief Executive

8 10:10 **Staff Story**

Deborah Phair, Senior Sister, Woodpecker Ward

- Deborah's experience of managing the first ward converted to a COVID ward at the Great Western Hospital

9 10:30 **Integrated Performance Report**

- Performance, People & Place Committee Board Assurance Report - Peter Hill, Non-Executive Director & Committee Chair
  Part 1: Operational Performance - Felicity Taylor-Drewe, Chief Operating Officer

- Quality & Governance Committee Board Assurance Report - Nick Bishop, Non-Executive Director & Committee Chair
  Part 2: Our Care - Lisa Cheek, Chief Nurse & Jon Westbrook, Medical Director

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

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

10 **Mental Health Governance Committee Board Assurance Report**
11:30 Lizzie Abderrahim, Non-Executive Director & Committee Chair

11.1 **Charitable Funds Committee Board Assurance Report**
11:40 Paul Lewis, Non-Executive Director & Committee Chair

11.2 **Audit, Risk & Assurance Committee Board Assurance Report**
11:45 Julie Soutter, Non-Executive Director & Committee Chair

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

12 **Safe Nursing and Midwifery Staffing – 6 month review**
11:50 Lisa Cheek, Chief Nurse

13 **Ratification of Decisions made via Board Circular/Board Workshop**
12:10 Caroline Coles, Company Secretary

14 **Urgent Public Business (if any)**

15 **Date and Time of next meeting**

16 **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"

29 **Urgent Private Business (if any)**

To consider any business which the Chairman has agreed should be considered as an item of urgent business

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS HELD IN PUBLIC VIA MS TEAMS ON 4 NOVEMBER 2021 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
Jude Gray (JG)	Director of HR
Peter Hill (PH)	Non-Executive Director
Paul Lewis (PL)	Non-Executive Director
Kevin McNamara (KM)	Chief Executive
Julie Soutter (JS)	Non-Executive Director
Helen Spice	Non-Executive Director
Felicity Taylor-Drewe (FTD)	Chief Operating Officer
Claire Thompson (CT)	Director of Improvement & Partnerships
Simon Wade (SW)	Director of Finance & Strategy
Jon Westbrook (JW)	Medical Director

In attendance

Caroline Coles	Company Secretary
Tim Edmonds	Head of Communications
Kathryn Owen	Midwifery Matron (agenda item 217/21 only)
Claudia Paoloni	Associate Non-Executive Director
Sanjeen Payne-Kumar	Associate Non-Executive Director

Apologies

None

Number of members of the Public: 3 members of public (Governors; Pauline Cooke, Chris Shepherd, and Janet Jarmin) and 1 member of staff.

Matters Open to the Public and Press

Minute	Description	Action
210/21	**Apologies for Absence and Chairman's Welcome** The Chair welcomed all to the Great Western Hospitals NHS Foundation Trust Board meeting held in public via MS Teams. Apologies were received as above.	
211/21	**Declarations of Interest** There were no declarations of interest.	
212/21	**Minutes** The minutes of the meeting of the Board held on 7 October 2021 were adopted and signed as a correct record.	

Minute	Description	Action

213/21 **Outstanding actions of the Board (public)**
The Board received and considered the outstanding action list.

214/21 **Questions from the public to the Board relating to the work of the Trust**
There were no questions from the public for the Board.

215/21 **Chair's Report, Feedback from the Council of Governors**
The Board received a verbal update and the following highlighted:-

- The Governors continued with their activities albeit still virtually.
- The feedback from both Non-Executive Directors and Executive Directors on the Board Workshop session with AWP in October 2021 was very positive with AWP mentioning this was a first time board to board invite from an acute trust in a considerable length of time and both found it a useful exchange of views. Both parties were keen to take up the offer of a visit to facilities when appropriate and The Chief Executive and Chair would take the action to organise.

  Action : Chief Executive / Chair KM/LC
- The handover in terms of passing over the Chair of Audit, Risk & Assurance Committee from Julie Soutter to Helen Spice had commenced and the Chair extended his thanks to both in engaging supportively.
- The Trust had ben successfully trialling a hybrid meeting structure. However it was noted that this would have to be flexible dependent on the covid situation and the December 2021 meeting would now take place via MS Team. The situation would be kept under review and when possible the meetings would revert back to a hybrid structure.

The Board **noted** the verbal report.

216/21 **Chief Executive's Report**
The Board received and considered the Chief Executive's Report and the following was highlighted: -

Current operational pressures and preparing for Winter - The Trust faced a number of events and issues that were different to previous winters. A robust Winter Plan was in place which sets out actions within our control however this also depended on the wider system and system working would be essential to determine where best to deploy resource and concentrate efforts.

Julie Soutter, Non-Executive Director asked if the Trust was seeing experience from other regions in terms of pressures. Felicity Taylor-Drewe replied that there was a peripheral divert from another region in October 2021 however all trusts were in the same position and supported each other.

Covid - Covid cases continued to rise and Swindon had its highest ever community case rate and this was predicted to rise further. The high infection rate was partly driven by cases in younger people (aged 10 to 19) and the impact of false negative PCR tests, which had been widely publicised.

Minute **Description** **Action**

Vaccinations - Both the flu and covid vaccinations campaigns had made positive progress.

NHS England and Improvement's System Oversight Framework - Under the new NHS England and Improvement System Oversight Framework the BSW system had been assessed as being in support segment '2', with a lower number on the scale of 1 to 4 being better. This reflected that plans were in place supported by system partners to address areas of challenge. No Trusts in the South West had received a '1' rating.

Lizzie Aberrahim, Non-Executive Director asked what focus and assistance support would segment '2' entail. Kevin McNamaram, Chief Executive replied that this was for providers to ask for support and not mandated. It was noted that this was a dynamic risk assessment and could change on a frequent basis.

Recovering from the Pandemic - The waiting list size had made good progress on reducing the numbers however there were still a number of patients waiting over 52 weeks and the challenge would be to constrain the waiting list size over the winter period.

Staff Leadership - As part of the Great Care Campaign the Trust had launched a new 'Leading with Impact' programme which focused on Matrons. Linked to this was behaviour and civility as nationally and locally poor behaviour directed towards NHS staff had been on the increase. The Trust adopts a zero tolerance approach, however recognised that this was a tough, challenging time for the whole of the NHS. The Executive Committee held a recent away day session that focussed on leadership and behaviours to set a framework, which once developed would have visibility through the board governance structure.

Supporting Staff - A survey had been carried out to ask staff what additional health and wellbeing support during winter they would want. The results were currently under review to understand any common themes and what the Trust could do to put further support in place.

Faried Chopdate, Non-Executive Director asked what resilience training was given to staff to manage stress and burn out and also around difficult conversations and behaviours from the public. Kevin McNamara, Chief Executive responded that access to conflicts training was available to staff particularly in key areas. In terms of resilience, in the first part of the pandemic there was support around mental health assistance by employing skilled people to undertake counselling together with several other initiatives. As mentioned, the staff survey had recently been conducted in order to further strengthen this area and to ascertain what would make a difference to staff.

Liam Coleman, Chair enquired whether any information had been received about the incremental new investment as announced recently by the Government.

Minute	Description	Action

Kevin McNamara, Chief Executive replied that detail had only been seen at a high level and appeared to be a significant investment in capital with focus on diagnostics. Once the detail had been received early visibility would be through Finance & Investment Committee. Julie Soutter, Non-Executive Director added that there was a shortage of diagnostic staff. Kevin McNamara, Chief Executive responded that it was recognised that some of the issues faced were not due to only a lack of money and therefore other options would need to be explored.

The Board **noted** the report.

217/21 **Patient Story**

Kathryn Owen, Midwifery Matron attended the meeting for this item.

The Board received a patient story which highlighted the experiences of an individual within the maternity unit and the reasonable adjustments put in place to support a patient's birthing experience. In this case the mother wished to give birth in the birthing centre but due to complications was advised to birth in the Delivery Suite. Following a referral to the Birth Matters Service and subsequent consultations reasonable adjustments were put in place so that the mother started labour in the birthing centre, but was later transferred to the Delivery Suite due to complications with the labour.

There followed a discussion that included decision making, informed choice, birth plans and Board champions which were welcomed by the maternity team.

The Board thanked Kathryn and the mother for sharing their story, and also to the maternity team for their continued efforts.

The Board **noted** the story.

218/21 **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 August/September 2021.

Part 1 : Our Performance

Performance, People and Place Committee Chair Overview

The Board received an overview of the detailed discussions held at the Performance, People and Place Committee (PPPC) around the IPR at its meeting on 27 October 2021. The following was highlighted:-

Recovery Programme - Management were now working to the new guidance for the second half of the year. Some good work was being done across the Trust and the direction of travel was positive, however, insourcing had not yet started due to site pressures. This was now expected to go live from 21st November 2021.

Minute **Description** **Action**

Emergency Department (ED) - Demand was significantly higher than pre-covid levels and work was being undertaken to understand the different pressures and possible actions across ED and Urgent Treatment Centre (UTC). Specific improvement was not expected in the next few months.

Referral to Treatment Time (RTT) - Referrals continued to increase which had led to an increase in waiting list numbers. The Committee were pleased to still see the number of 52 week waiters reducing in month, down to 680 from a high of 2,139. Additional operating lists had been approved internally and by insourcing.

Cancer - Maintaining high standards against most KPIs with particularly positive news regarding cancer 2 week waits which had shown significant improvement this month.

Winter Plan - There were still unknowns particularly regarding funding and partner organisations who the Trust depend on as part of the plan.

Workforce - Relatively high sickness/absenteeism linked with the increased need to open escalation facilities which was challenging the staff issues. Good performance against mandatory training. The target relating to appraisal rates was still being missed, however renewed effort taken place to improve compliance.

People Strategy - Significant progress in many areas while acknowledging the many challenges remain.

Site Utilities - An action plan was in place but yet to be concluded. Further update and assurance required through meetings in November and December 2021.

The Board received and considered the Operational element of the report and the Chief Operating Officer highlighted the actions being taken to sustain cancer targets. In addition wished to thank all staff for their enormous efforts over the last few weeks given the covid numbers, in particular the receptionists and call handlers dealing with stressed patients. The winter plan and ambulance handovers would be discussed later in the meeting however noted that ambulance colleagues had been invited to the November 2021 Performance, People & Place Committee.

Liam Coleman, Chair commented that there had been a lot of focus on improving ambulance handovers and asked if the learning had been embedded in this area. Felicity Taylor-Drewe, Chief Operating Officer replied that there were 3 points to note, firstly the plans presented in August 2021 had been driven by the team to make a difference which had been successful. Secondly, the good relationships developed with the local South West Ambulance Service team and the joint actions being trialled to reduce 15 minute waits, and thirdly, whilst some solutions addressed some delays it was more challenging when under extreme pressure.

Minute	Description	Action

Part 2 : Our Care

Quality & Governance Committee Chair Overview

The Board received an overview of the detailed discussions held at the Quality & Governance Committee (Q&GC) around the quality element of the IPR at the meeting held on 21 October 2021 and the following highlighted:-

Electronic Discharge Summary (EDS) - No significant change in the percentage of completed EDSs, however the Committee were pleased to hear that the Medical Director was to discuss a system wide approach in order to improve this, acknowledging that this issue was not unique to the Trust.

Patient Safety - There had been two further Never Events. These were subject to immediate investigation and already processes had been put in place to minimise recurrence.

Julie Souter, Non-Executive Director commented that there was good reporting on incident investigations in maternity however no similar reporting on serious incidents or patient harm in the main report and asked if this balance could be rectified. Lisa Cheek, Chief Nurse was happy to take this away to look at how to give an oversight of serious incidents whilst still protecting staff and confidentially. This would come through in the new year reporting.

Action : Chief Nurse LCh

National Urgent & Emergency Care Survey Results 2020 - For most of these measures, the Trust appeared within the lower-mid range and not a major outlier in any area. However it highlighted areas for improvement and an action plan had been developed.

Maternity & Neonatal - A review of all stillbirths in the recent past had shown no reason for the increased rate which had historically been low. The rate was reducing and the Committee would continue to monitor this.

Palliative and End of Life Care - A lot of excellent work had been carried out by this small team which had been made more difficult recently as only 6 out of 15 beds in the local hospice were open.

Andy Copestake, Non-Executive Director asked in terms of shortage of hospice beds where was the pressure within GWH, hospital or community. Nick Bishop, Chair of Quality & Governance Committee replied that it was felt more in the acute hospital. Kevin McNamara, Chief Executive added that the hospital had patients that were suited elsewhere and that a Select Service had been set up in the community to fast track patients which worked well however demand was high. The Trust had previously commissioned two beds directly from the hospice for a significant amount of money however had served notice as access to them had not been available. The team was now looking at options to better use the funding for end of life patients.

Minute	Description	Action

Diabetes - Significant areas of improvement in this service due to changes in processes within the department and good clinical leadership. The challenges to sustain these changes were noted and the Committee signposted the service in the direction for further action.

CQC Preparedness - Good progress was being made especially in terms of engagement and the insight by staff with progress in the metrics reported on Public View.

The current CQC visiting model was discussed and noted that currently inspections were being driven by data and were currently targeting maternity, ED and infection control. It was noted that those trusts in 'requires improvement' were inspected every 2 years and that GWH's inspection was due end April 2022.

The Board received and considered the Quality element of the report and the Chief Nurse highlighted that the incident management was successfully moving over to Datix, there were deep dives currently taking place into c-section rates and a full review against the CNST standards and these would be reported through Quality & Governance Committee in December 2021.

Action : Chief Nurse LCh

Part 3 : Our People

The Board received and considered the Workforce performance element of the report and the following highlighted:-

Workforce - There was considerable pressure on the workforce available as despite progress in filling substantive vacancies the Trust were dealing with a considerable number of staff in isolation together with a high rate of sickness absence leading to high reliance on temporary workforce. It was noted that this was a common issue for the system and throughout the southwest. The Trust were putting in a number of measures to reduce the reliance on temporary staff.

Liam Coleman, Chair commented that it was not always just a funding challenge but also people availability and asked in terms of meeting our own demand was there anything else that was needed to be considered in this area. Jude Gray, Director of HR replied that the biggest challenge was developing fully competent skilled professions which was a lead time of years. As for now the Trust were reliant on already trained and competent individuals in a market with limited resource. The system had appointed a Strategic Workforce Planner to bring this all together however this would not be a short term gain. Liam Coleman added that it was important at system level to try and assist in the longer solution and from a Board perspective would like an update over the next few months to get a sense of whether this was ambitious and fast enough.

Action : Director of HR JG

Farid Chopdat, Non-Executive Director asked how the financial risk using agency staff was being managed in terms of what controls were in place. Kevin

Minute **Description** **Action**

McNamara, Chief Executive replied that reducing sickness absence and pipeline of resource were the biggest challenges as there were significant numbers of people leaving the care sector. These would have to be part of our strategic risks looking at system wide solutions.

Appraisals - To improve compliance Divisions had been tasked to significantly reduce the number of appraisals by the end of year.

Claudia Paoloni, Associate Non-Executive Director recognised the importance of training and appraisals but asked for assurance that the appraisal process had been reviewed and pared down to a minimum to enable staff to get rest as well. Jon Westbrook, Medical Director replied that appraisals for medical staff were currently under review in order to take a lean approach and renew focus on staff well being. Jude Gray, Director of HR added that for agenda for change staff the appraisal process had already been reviewed with a focus on staff well being at the top of the appraisal form.

Mandatory Training - A positive improvement overall however there remained areas to focus on.

Staff Survey - Initial response rate was encouraging.

Part 4 : Finance & Investment Committee Overview

The Board received a verbal overview of the detailed discussions held at the Finance & Investment Committee around the financial element of the IPR at the meeting held on 25 October 2021 and the following highlighted:-

Month 6 Position - All the main indicators were green for the 6 months to September 2021.

Finance Risk Register - The Finance Risk Register process was working well, highlighting a number of Finance risks that were being actively managed.

Strategic Risks - A good discussion on the two strategic risks under the pillar "Using our Funding Wisely". Revised wording (and scoring) was proposed for the key Finance strategic risk.

Divisional Presentations H2 Plans - Key themes identified with lots of opportunities to share good practice between divisions. Agency cost controls in key areas to be included in the final plan.

Overview of Key Cost Variance - This was a follow-up report analysing the reasons for differences between GWH costs and National averages in a number of key areas. The Committee welcomed the report but was keen to see more progress on identified actions.

Primary Care Contract - Negotiations continued with the CCG on the need to

Minute **Description** **Action**

extend the financial indemnity and support the Trust's efforts to deliver efficiencies and reduce the deficit. The Committee supported the proposal.

Proposal for Insourcing Elective Recovery - This was a key initiative to provide additional capacity to reduce the waiting list. The Committee approved £920k of additional cost to deliver 419 additional cases which would be funded through the Elective Recovery Fund.

Contracts - Two contracts were supported: Orthotics and Sleep Service contracts.

Review of Laundry and Linen Contract - An excellent report on lessons learnt from the introduction of the new Laundry and Linen contract.

Energy Centre Budget - The Committee approved a £975k increase to the Energy Centre budget, responding to significant inflationary pressure in the construction sector, and supported the proposal to include this in the GMP for the UTC to minimise further cost pressure.

The Board received and considered the Use of Resource performance element of the report and the following highlighted:-

- The in month position was £6k deficit and year to date position was £33k surplus which wass a favourable variance of £26k.
- Trust income was above plan by £8,661k in month and £12,763k year to date. The position included Elective Recovery Fund (ERF) income of £7,420k and pay award arrears funding of £2,914k. The funding covered the additional costs incurred during M1-6.
- Pay (underlying) was £113k overspent in month and £917k overspent year to date. Medical staffing costs had increased in month by £41k due to higher fill rate of shifts requested to cover vacancies. Pressures continued due to covering vacancies, close support and escalation. Nursing costs had reduced in month by £141k following a particularly high cost prior month due to close support and bank holiday enhancements.
- Non -pay (underlying) expenditure was overspent by £1,109k in month and £4,454k year to date. Clinical supplies costs had increased by £88k which was in line with increased elective and non-elective activity. Drugs had increased by £125k primarily in ophthalmology and cancer. These costs would be funded by NHSE in addition to the block funding.
- The Trust capital plan was below plan due to nationally funded schemes and the delay to the energy centre however IT infrastructure and equipment were all on target for delivery.
- Good news that the Better Practice Payment Code achieved 95%.

Minute	Description	Action

- At system level the PFI had been recognized as an issue with regard to the CDEL (capital budget) position.
- H2 plans progressed well both locally and within the system.
  Andy Copestake, Chair of Finance & Investment Committee added that the aim was to get to breakeven in H2 however there was still a challenge in delivering the efficiency targets and the Committee would look at the plans for the actions to mitigate the gap.
- A system wide sustainability (green) plan was being developed which would come to Board in January 2022.
  Action : Director of Finance & Strategy SW

Paul Lewis, Non-Executive Director queried whether the theme from the Finance & Investment Committee of the overall management and oversight of WTE and the overlap of new recruits starting and existing temps still retained required a deep dive at Performance, People & Place Committee. Felicity Taylor-Drewe, Chief Operating Officer agreed that this was a fair point and would check assurance in this space.
Action : Chief Operating Officer FTD

Lizzie Abderrahim, Non-Executive Director asked for clarification around the Improvement governance review that was taking place as described in the cost reduction slide in the pack and was this linked to the significant challenge in expected inefficiency savings in H2. Simon Wade, Director of Finance & Strategy replied that indications from the system financial envelop which had now been issued was that the efficiency requirement had been reduced in H2 and therefore the scale of challenge had been slightly reduced. Improvement work had only been captured at high level and therefore there was a requirement to monitor projects more closely, redirect resources and revise the governance structure.

Lizzie Abderrahim further asked over what period of time would the reduction be noticed if the savings target had been reduced. Simon Wade, Director of Finance & Strategy replied that it should look better next month and up to March 2022 however going into the next financial year a big increase would be seen which would be addressed in the planning round.

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

219/21 **Review of Board Committee Effectiveness 2021/22**
The Board received and considered a paper that outlined the proposed approach for the effectiveness reviews of the Board and its committees for 2021/22.

The proposal was for a maximum of twelve questions (derived from research into good practice) were asked focusing on the Board and Committee's role, composition, organisation and effectiveness. In addition, it was proposed that a free-text box be included on the questionnaire in order that members can offer up their opinions/views on the functioning of the Board/Committee and potential

Minute **Description** **Action**

suggestions for improvement.

The timetable was noted commencing in December 2021 with a final report to Board in March 2022.

Lizzie Abderrahim, Non-Executive Director was supportive of this approach however noted that the Mental Health Governance Committee had external organisations attending the meeting and requested that this external view was included in the process.

Faried Chopdat, Non-Executive Director was also supportive of this approach however requested that also linked in with the Board development that was currently being undertaken.

RESOLVED

(a) to support the proposed approach to adopt a consistent set of questions for all Board Committees, which would include external views and link in with the Board development programme; and,

(b) ***to endorse the proposed timetable.***

220/21 **Constitutional Annual Review**

The Board received and considered a paper that outlined the proposed amendments to the Trust's Constitution. The recommended changes, which were instigated by the governors, were as follows :-

	Description of Change	Current	Change to
(i)	The number of terms of office for elected governors	no limit	3 terms of up to 3 years (total of 9 years)
(ii)	Length of service for Lead Governor and Deputy Lead Governor	1 year – elected annually	2 years (with annual re-appointment by the CofG)
(iii)	Criteria for a Lead and Deputy Lead Governor	Any governor	Elected Governor
(iv)	The amalgamation of the Nominations & Remuneration Working Group and Joint Nominations Committee into one meeting Nominations & Remuneration Committee.	Two meetings: Nominations & Remuneration Working Group Responsible for NEDs annual performance reviews Joint Nominations Committee Responsible for NED appointments and re-appointments.	One meeting: Nominations & Remuneration Committee responsible for advising and/or making recommendations to the Council of Governors for the appointment and reappointment of the NEDS, the remuneration, allowances and other terms and conditions of NEDs, performance of the NEDs; and approval of the appointment of the chief executive by a committee of the NEDs.

There followed questions around the deputy election, the criteria for a lead and deputy lead governor and contingency plans. As the Lead Governor was observing the meeting the Chair asked Pauline Cooke to respond to the questions.

Minute	Description	Action

The next step was to seek approval from the Council of Governors at the next meeting on 18 November 2021.

RESOLVED

(a) to approve the amendments of the Constitution as recommended; and,

(b) that the Company Secretary be delegated authority to finalise the exact wording in the Constitutional documents and thereafter submit to NHS Improvement within 28 days.

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.

221/21 **Ratification of Decisions made via Board Circular/Board Workshop**
None.

222/21 **Urgent Public Business (if any)**
None.

223/21 **Date and Time of next meeting**
It was noted that the next virtual meeting of the Board would be held on 2 December 2021 at 9:30am to be held via MS Teams.

224/21 **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.

The meeting ended at 1521 hrs.

Chair …… Date……

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – December 2021				
PPPC - Performance, People and Place Committee, Q&GC - Quality & Governance Committee, RemCom - Remuneration Committee, FIC – Finance & Investment Committee, ARAC – Audit, Risk and Assurance Committee				
Date Raised	**Ref**	**Action**	**Lead**	**Comments/Progress**
04-Nov-21	215/21	**Chair's Report / AWP** Both parties were keen to take up the offer of a visit to facilities when appropriate and The Chief Executive and Chair would take the action to organise.	Chair/ Chief Executive	Formal offer received from AWP to visit appropriate facilities. This would take place in Spring 2022 after the winter period.
04-Nov-21	218/21	**Integrated Performance Report / Our Care** Further oversight to be added to the IPR around serious incidents.	Chief Nurse	To be included in the IPR from January 2022.
04-Nov-21	218/21	**Integrated Performance Report / Our Care** Reports on deep dives in c-section rates and CNST standards to Q&CG in December 2021	Chief Nurse	For Q&GC
04-Nov-21	218/21	**Integrated Performance Report / Our People** Update on progress within the System on longer term solutions with regard to meeting recruitment demand.	Director of HR	For PPPC
04-Nov-21	218/21	**Integrated Performance Report / Use of Resources** Sustainability (Green) Plan to be presented to Board in January 2021	Director of Finance & Strategy	To be added to work plan of Board.
04-Nov-21	218/21	**Integrated Performance Report / Use of Resources** Overall management and oversight of WTE and the overlap of new recruits starting and existing temps still retained to be explored as a deep dive at Performance, People & Place Committee	Chief Operating Officer	For PPPC

Future Actions				
None				

Great Western Hospitals NHS Foundation Trust

Chief Executive's Report

Meeting	Trust Board	**Date**	2 December 2021

Summary of Report

The Chief Executive's report provides a summary of recent activity at the Trust.

For Information	x	Assurance		Discussion & input		Decision / approval	

Executive Lead	Kevin McNamara, Chief Executive Officer
Author	Kevin McNamara, Chief Executive Officer
Author contact details	

Risk Implications - Link to Assurance Framework or Trust Risk Register

Risk(s) Ref	Risk(s) Description	Risk(s) Score

Legal / Regulatory / Reputation Implications	N/A

Link to relevant CQC Domain

Safe	x	Effective	x	Caring	x	Responsive	x	Well Led	x

Link to relevant Trust Commitment	

Consultations / other committee views

N/A

Recommendations / Decision Required

This report is for information only.

1. Resilience

1.1 System access incident

Last week the Trust declared an Internal Critical Incident following an air conditioning failure in one of the server rooms which caused servers to overheat. The impact meant that many of the Trust's critical IT systems were off line for a significant period of time.

Teams worked swiftly and diligently to bring the systems back on line by Friday evening, and my thanks go to everyone who supported the response. To care for patients safely on Friday a number of last minute cancellations were made, for which I apologise. Patients affected will be rebooked as soon as possible.

This will be treated as a Serious Incident and also reinforces that we consider infrastructure fragility is a strategic risk for us on the BAF. We will also be commissioning an IT single point of failure review with reference to the estate interface.

1.2 Telephone System

Last month we experienced some issues with our phone lines which meant that this service was disrupted both during a period of outage and during subsequent attempts to fix and identify the problem. My thanks go to all the teams who worked incredibly hard to rectify the issue as quickly as possible.

1.3 Oxygen

Earlier in the pandemic, oxygen supply was a significant concern for us and I am pleased to report that our oxygen upgrade work has been completed. We now have significantly improved oxygen capacity and resilience. Whilst necessary limits will remain in place on wards, our overall position is much better and we now have greater capacity to care for more patients needing high acuity oxygen at once.

2 Dr Irfan Halim

Dr Irfan Halim sadly died last month having been ill for several weeks with Covid.

He had worked as a locum Consultant at Great Western Hospital since November 2020 and worked with us in the respiratory team, endoscopy and other areas.

He became ill in September with Covid and was cared for in our ICU before being transferred to The Royal Brompton Hospital, where he very sadly died.

Irfan died at the age of 45 and leaves behind his wife and four young children. I have written to his family to express my condolences on behalf of the Board and the whole Trust and have offered any support the family needed.

Irfan is the third doctor from our Trust to die from Covid following Edmond Adedeji and Thaung Htaik last year.

3 Covid-19 and current operational pressures

At the time of writing, the Covid case rate had significantly reduced from where it was a few weeks ago, but the South West remains the worst affected part of the country and the number of inpatients in GWH remains high with 41 patients in hospital including four in ICU.

We have seen significant demand in recent weeks and months, exceeding where we were before the pandemic, and we are on track to reach 130,000 attendances in ED and UTC this year.

I will provide an update on our latest operational position at the Trust Board meeting.

We're not alone with the pressures we are currently experiencing, and the ambulance service in particular has been under some very intense levels of demand for some time. Last month we supported our ambulance colleagues with their Reset Monday which aimed to provide a coordinated system response to look after patients who are at risk of harm.

With support from community staff we managed to save 10 ambulances from having to come to GWH that day and there is some learning we will take from the day in terms of how we can work better together for the benefit of patients.

Along with managing the day-to-day pressures affecting us, we are also working to access funding from the Elective Recovery Fund and Targeted Investment Fund for schemes which we know will help to improve our operational response. In addition to this, our clinical divisions have been asked to consider what other smaller initiatives could potentially be funded.

My thanks go to all staff working across the health and social care system who continue to work extremely hard in the most testing of circumstances.

4 Covid-19 public inquiry

Recently, the Prime Minister has announced that the Government will be undertaking a public inquiry into the Government and public sector response to COVID-19.

Public inquiries can ask for a broad range of documents and records and, whilst we don't yet know what may be required from individual Trusts, we are starting an internal process of preparing documentation for the inquiry that will be submitted should it be requested.

To support this, we have asked all staff to continue to maintain clear records, whether they have been working as part of the frontline COVID-19 response or as part of business as usual activities.

5 Vaccination programmes

Our Commonhead vaccination centre reached a significant milestone last month when the staff there delivered their 100,000th vaccine. This is a mix of first, second and booster doses, and is a considerable achievement considering the centre was only set up last December and is no longer offering public vaccines.

At the time of writing 80 per cent of our staff eligible for their booster vaccination had been jabbed.

My plea continues to be for everyone to have the vaccine, and the booster, as soon as they possibly can. The Government recently announced that Covid vaccines would be mandatory for healthcare workers from April and we are working through the implications of this for our workforce.

Our flu campaign is going well and at the time of writing around 84 per cent of our staff have had their jab ensuring they have a good level of protection as we head in to the winter months.

6 Staff support and recognition

6.1 Staff Excellence Awards

Our Staff Excellence Awards ceremony was held on 5 November and the team organising the night worked incredibly hard to transform it from a face-to-face celebration to a virtual event at short notice.

Although it was disappointing to have to hold a virtual event, it was a necessary decision given where we were with Covid at that point in time.

The evening was a great success - more than 500 staff watched the virtual event and cheered on their colleagues from wherever they chose to watch it.

Well done to everyone who was nominated for an award, and congratulations go to our winners, who are as follows:

- Team of the Year: Neptune Ward
- Star of the Year 2019/20: Maxine Buyanga, Deputy Director of Nursing
- Star of the Year 2020/21: Intensive Care Unit
- Improving Patient Experience Award: GWH Companion Service
- Innovation and Improvement Award: Natalie Whitton, ED Consultant, and David Inglis, ED Practitioner
- Leading the GWH Way: Lisa Penny, Senior Sister
- Excellence in Integration Award: Integrated Diabetic Foot Team
- Wellbeing at Work Award: Chris Mattock, Chaplain
- Championing Health Equalities Award: Alicia Messiah, Community Nursing Team Leader
- Patient's Choice Award: Denise Selby, Faith Cullis, Chantal Woog, Lucy Edwards, Charlotte Sullivan and Emma Frayne, Maternity Services
- GWH Rising Star Award: Enya-May Marsh, Health and Wellbeing Assistant
- Lifetime Achievement Award: Dr Debesh Mukherjee, Consultant

Planning is now underway for a face-to-face celebration in April and further details of this will be shared in the New Year.

6.2 STAR of the month

Our latest STAR of the Month winner is Community Matron Kim Hogan. Kim's knowledge, commitment, reliability and passion to her day-to-day duties was recognised as going above and beyond. She is dedicated to ensuring work is completed to the highest possible standards and her patients are always at the forefront. Kim was recognised for taking an innovative, person-centred approach which is proportionate to the needs of the public.

6.3 Staff support

We know this winter is going to our most difficult yet, and so it is more important than ever that we do everything possible to support our staff.

We recently asked staff to tell us the one thing that would improve their health and wellbeing this winter.

We've grouped the responses in to 10 areas and an Executive Director has been assigned to each of the areas to ensure that improvement is delivered.

Staffing was the number one issue raised – while we have almost achieved a zero vacancy rate for Band 5 nurses there's more to do in other areas and we are carrying out additional work in ED, maternity, community and among medical staff groups.

Line management was another area raised, along with financial incentives, the environment in which we work, and security.

Staff safety and security is of course paramount – recent events elsewhere in the country have highlighted the need for us all to be vigilant, and I have asked our Estates team to swiftly review security across our sites so we can ensure the Trust is as safe as it can be. Board members will be aware that the UK threat level was increased from substantial to severe last month, meaning that another attack is highly likely.

This decision follows the death of MP Sir David Amess and an explosion outside Liverpool Women's Hospital. Although there is nothing to suggest that there is a threat in the local area, or that healthcare settings are being targeted, we must all remain vigilant and take extra care.

Other suggestions from staff included money off refreshments, ensuring there are healthy options to eat, promoting discounts related to health, wellbeing and exercise and the frequency of the tea trolley.

Pet therapy was another area highlighted and we have committed to looking in to how this can be delivered safely. The final area raised was agile working – this is something we already offer staff but we have set up an agile working group to truly embed this within the organisation.

6.4 Staff survey

The staff survey closed at the end of last week. Our response rate was around 44 per cent, a little bit ahead of the average Trust. This year the survey was sent to all staff meaning that we will have a really good evidence base to understand how our staff feel so that we can take action to make improvements where necessary.

6.5 Leadership Forum

Our bi-monthly Leadership Forum was held in November and focused on Trauma Risk Management training – often referred to as TRiM training. Dr Jon Freeman, a clinical psychologist at the Trust and our clinical lead for staff health and wellbeing, led the session.

TRiM is a trauma-focused peer support system designed to help people who have experienced a traumatic, or a potentially traumatic, event. Across the Trust, we have a number of TRiM Practitioners, who have all received special training.

7 New Trust website

Our new public-facing Trust website went live last month. The new site is primarily designed for mobile phones, as we know this is how most people access the site, but works equally well on desktops and tablets.

It has a more modern look and is more reflective of who we are as an organisation.

It allows us more flexibility in how we communicate with patients and the public and includes dedicated microsites for the Way Forward Programme and recruitment.

8 Senior appointments

8.1 Chief Digital Officer

Early next year we look forward to welcoming Naginder Dhanoa as our first Chief Digital Officer.

This is the first time we have made a joint Board appointment with another Trust (Salisbury NHS FT) and will be first time we have had a dedicated Board level role focused on the digital agenda. In her most recent role Naginder worked as a senior advisor to the Secretary General of the International Civil Aviation Organisation, part of the United Nations. Her career includes very senior roles in the United Nations High Commission for Refugees, Department for Environment, Food and Rural Affairs, and Transport for London amongst others.

Naginder is a high-calibre appointment and this sets out our intention on digital and to drive improvements in digitally enabled care

8.2 Director of Midwifery and Neonatal Services

We've appointed a Director of Midwifery and Neonatal Services – Lisa Marshall will join us from the Healthcare Safety Investigation Branch, where she is currently Head of Maternity Investigations, in February 2022.

Lisa qualified as a nurse in 1988 and as a midwife in 1991 and has had operational management experience in a number of trusts, including GWH (2009-12).

This role is essential to how we respond effectively to the recommendations in the Ockenden Report and will also help us to provide leadership to other areas for development in Maternity.

9 Integrated Care Board Chief Executive Officer

Sue Harriman, CEO of Solent NHS Community and Mental Health Trust in Hampshire, has been appointed designate Chief Executive of the NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board which is due to be established in April 2022.

Sue has held various executive roles within NHS, including as a Director of Nursing and Allied Health Professions, Chief Operating Officer and Managing Director.

Sue will join the BSW Clinical Commissioning Group in February 2022 – Tracey Cox will continue to lead the system until further notice.

Recruitment to other Executive Director posts will follow in January.

COVID-19 Journey on Woodpecker Ward

How the staff have felt

The changing ward speciality

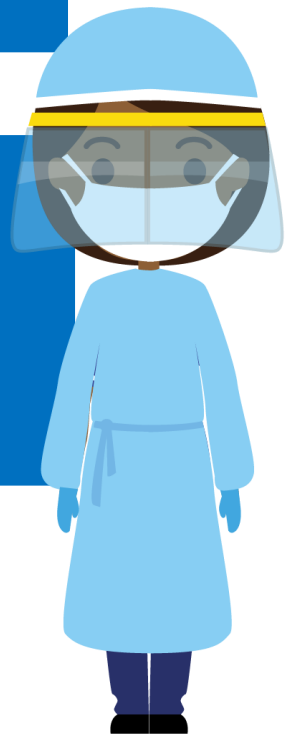
Great Western Hospitals NHS Foundation Trust

- Care of the Older Person ward
- Covid medical ward/assessment unit
- Covid Medical Respiratory-CPAP
- Covid Surgical/Medical
- Split Blue/Green

Reconfiguring the ward

Great Western Hospitals NHS Foundation Trust

- All closed bays
- Fast flow
- Various COVID-19 pathways
- Staffing model
- Managing medication rounds
- Managing mealtimes
- Storage
- Changing area




emotional
fearful
staff
ppe
education
distress
proud
media
anger
rewarding
busy
communication
support
shortages

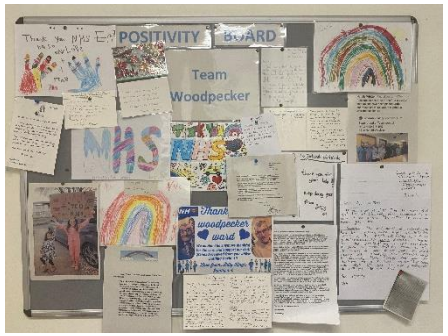
Emotions

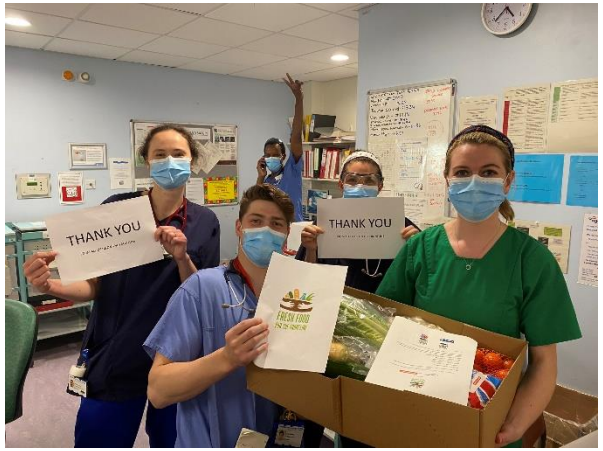
How the staff have felt on the ward

Lonely
Scared
Appreciated
Unprepared
Upset
Proud
Tired
Distressed
Sense of Achievement
Demoralised

Learning

- Media
- Extra phone line
- Open and transparent communication of plans
- Sharing ideas across departments
- Staffing review/7 days working
- Accessing Clinical Psychology earlier
- Redeployment
- Work/life balance
- Training





Integrated Performance Report (IPR)

Meeting	Trust Board	Date	2nd December 2021

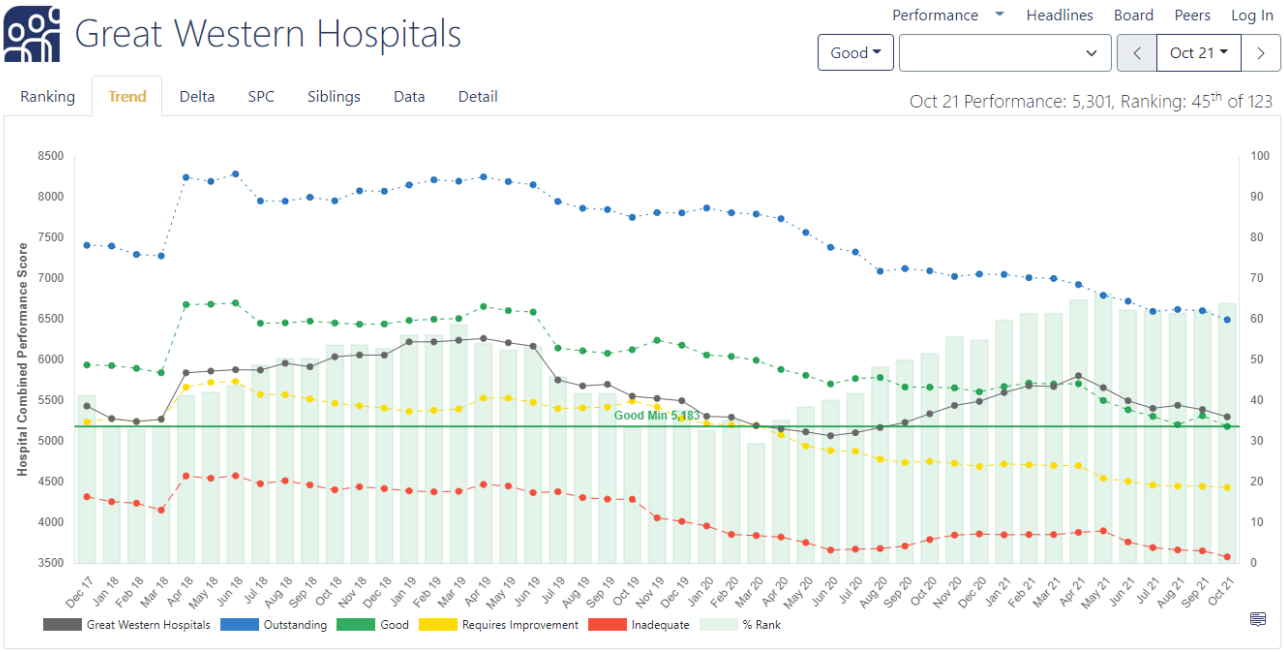
Summary of Report

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

Key highlights from the report this month are:

Our Performance

Our ranking against the Hospital Combined Performance Score on Public view in October 2021 places us 45th out of 123 Trusts (45th September 2021). The trend chart below reflects our aggregate position against CQC measures, and our performance is tracking at 'Good'. It is likely many other Trusts are starting to show a deteriorating position given the current pressures.



In October 2021 our performance against the Emergency Care Standard (95%) decreased to 73.98% from the September position of 74.89%. Hospital Handover Delays (HHD) increased in October to 696.5 hours lost compared to September where 406 hours were lost. As of 10th November 2021, there have been 165.7 hours of hospital handover delays.

ED attendances have increased in October 2021.

- Type 1 5980 (Sept 5957)
- Type 3 3999 (Sept 3995).

The UTC remains closed overnight.

Bed occupancy has remained above 98% for the duration of the reporting period. There has also been a small increase (18%) in the number of patients who are discharged from the trust before noon. The number of patients waiting to leave the Trust who require support from partner organisations increased in October to over 60 patients from a previously steady rate of 30-40 patients per month. This was largely related to some internal delays and access to domiciliary care.

The Trust triggered OPEL 4 on 21 out of 31 days in October with OPEL 2 not having been achieved in month. The remaining time the Trust declared OPEL 3. The trusts escalation and OPEL status has just been reviewed taking into consideration all Divisions including key services such as Maternity and Children.

Covid attendances to the Covid Assessment Unit (CAU) increased in October 2021 to 355 (244 in Sept) a 9.9% increase on 2020 numbers. Length of Stay has decreased by 11.1% with the average LOS of 4.5 days.

The Trust's RTT Incomplete Performance for October 2021 reduced to 65.35% (65.41% in September). The overall number of patients waiting has increased to 27,561 (+539 in month). The Trust received 9,515 referrals in October 2021, which is a decrease of 399 in month and 97.6% of the Pre-Covid 19 average referral rate.

There were 664 patients who are waiting more than 52 weeks at the end of October 2021 (16 fewer patients than August 2021).

DM01 Diagnostic Performance was 68% in September a decrease from 70.5% in August. Overall, the total waiting list size has increased from 7368 in August, to 7706 (338) in September. Breaches have increased from 2173 in August to 2468 In August (+295) primarily driven by MRI and CT. CT remains challenged to see 2ww and urgent patients, with limited routine capacity. Due to reduced CT van capacity during the month, Radiographer vacancies (10.0 wte) and the overdue patients on the Cardiology surveillance list, we are predicting an increasing waiting list and breaches which will impact subsequent Trust DM01 performance to <70%. A task and finish group has been established aimed at supporting recruitment and formulating a more sustainable improvement plan. Weekly validation is planned in November 2021.

Cancer 2 week wait performance for September 2021 93.6%. A significant improvement not only in year but above October 2020 figure. This was largely due to the improvements in the Breast (95.8%) & Skin (94.6%) Services.

62-day performance will be 81.0% (94.5 treatments, 26 patient pathways breached resulting in 18.0 breaches) with the Trust not achieving the national 62 day standard. The performance for September had been predicted to be more challenged.

Cancer 28-day performance was not met in September 2021 with performance of **73.2%** (382 breaches). The delays to diagnostic testing and outpatient activity through the COVID pandemic have led to delays with communicating cancer diagnosis with patients.

The number of cancer patient pathways over 104 days has risen through September (24) These delays are due to the plastic capacity at OUH (7), dermatology capacity (3) and complex pathways in upper Gi, colorectal and urology (3 each).

The Stroke Sentinel Stroke National Audit Programme (SSNAP) audit score for Q2 continues to show a provisional Level B result.

Our Care

The Electronic Discharge Summary (EDS) – It has been identified through a recent survey that there are a number of incomplete EDS on the system which are generated for patients when they are transferred from the acute side to SWICC, this process dates back to when the service was managed by SEQOL. As we are now part of the same organisation there are discussions that these transfers should be classed as ward moves and not discharges to SWICC, thus reducing the need for a duplicate EDS being generated. A review of the contract is now taking place.

A collaborative project has just commenced with the Academic Health Science Network and BANES to review the quality and compliance rates for EDS due to the number of concerns raised by local General Practitioners and community services. Stakeholders have been identified from several Trusts and we are awaiting the date for the first meeting.

Medicines Safety – The Medicines Safety workstream within the Great Care Campaign, has reviewed practices of medicines administration on medical and surgical wards to identify areas for improvement in medicines administration.

Infection Control –There has been one Influenza case in BSW over the last month, but none attributed to GWH. Respiratory Syncytial Virus (RSV) in children remains an increasing risk, to date the Trust has seen 29 cases since July 2021 with 25 of these identified during September 2021.

The numbers of patients diagnosed with COVID-19 continues to increase in line with the national picture. There were seven hospital acquired cases within three wards during September, resulting in three wards reporting an Outbreak.

Pressure Ulcers – There has been an increase in the number of harms in the acute sector this month. The Ward managers and matrons have started to implement the Pressure Ulcer (PU) Huddles process within their own departments and feedback to the Tissue Viability Nursing (TVN) team for review. Strong ward leadership and review of patient's records, and care provisions are demonstrating ownership over patient harm with urgency to reduce patient acquired harm.

Following the audit in March 2021 that identified a 50% mattress failure rate. A mattress replacement programme is planned to commence in November with the distribution of 300 mattresses.

The community setting have seen a further month with reduction in number of harms, improvement projects and education and training continue to ensure the reduction is maintained.

Falls – Over the last 6 months we have seen a decrease in falls per 1000 bed days, reducing from 8.6 in February 2021 to 5.1 in September 2021. The falls assessment documentation is now within the test system on Nervecentre (electronic record keeping system). A demonstration video on the multi-disciplinary team (MDT) falls 'hot debrief' has been launched along with supporting guidance available on the Trust intranet. A post fall debrief template has been incorporated into the new Datix incident reporting system for completion following all falls.

Incidents - At the time of reporting there are a total of 33 on-going Serious Incident (SI) investigations, with four reported in September which includes two Never Events. The Endoscopy Electronic Referrals Improvement Group is now testing the electronic referral form within the Medway test environment. As part of the Allergies Improvement Group a task and finish group has been set-up to process map and write a standard operating procedure (SOP) or guidelines to ensure the Trust meets the requirements of Natasha's law. The Learning Zone was launched on 17th September and is available to all staff across the organisation

Our People

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

Exceptions in October: In-month KPI exceptions to report are recruitment time to hire is at 47 days, above the Trust target of 46 days; Bank fill rates reporting 47.4% below the Trust target of 75%; Sickness absence increasing to 5.13% and exceeding target of 3.5%; appraisal compliance achieving 71.9% below Trust target of 85% and all turnover increasing to 13.72% and above Trust target of 13%. Agency spend as a % of total spend is reporting 6.38% and above Trust target of 6%.

Highlights:

- Nursing Bank fill rate reported at 47% below the 75% target, reducing from 49% last month. On average the Trust requests 3,500 bank and agency shifts for registered nursing shifts each month, to cover vacancy, escalation, and enhanced care demands. The data this month presents an increase in demand for additional 389 shifts above the average, which has impacted on the bank fill rate.
- The top 3 highest users of nursing/midwifery bank and agency are ED (25WTE), Community Nursing (23WTE) and Sunflower Lodge (16WTE). Usage in ED and Sunflower Lodge is being driven largely by vacancy cover, whilst Community Nursing WTE is being used to secure additional capacity.
- Medical vacancy position of 50.68WTE. The Trust utilised 30.23 WTE of bank and 47.27WTE of agency cover, indicating there was an additional usage of 26.82 WTE used to cover short term leave, Covid-19 isolation and extreme pressures on site.
- General Medicine (32WTE) and Emergency Medicine (12WTE) remain the largest users of locum and agency cover.
- In November the block booking of agency at break glass rates was implemented and an increased rate implemented for UTC and ICU to NHS Cap+35%, to be monitored by Deputy Chief Nurse and Deputy Divisional Director of Nursing level.

- Workforce planning as part of the 'Way Forward Programme' has reached a stage where future workforce requirements are being forecast. Data modelling and the schedule of accommodation will inform the next stage of detail and quantification of the opportunity for workforce change.
- As part of the 'Great Care campaign', the Trust has launched a 'Great Co-ordinated Care' initiative in community services to identify opportunities for improvement and efficiency.
- A 'Recruitment Authorisation Process' for Medical Staff has been approved and will be implemented from 8th November providing strengthened approval and governance for the Divisions to manage the medical staff workforce and financial planning.
- The Trust has been successful in their bid to secure funding for International Recruitment of 15 Midwives in joint collaboration with Salisbury NHS Foundation Trust and Gloucestershire NHS Foundation Trust. A total of £135K has been awarded in infrastructure funding to support the arrival of midwifes by 31st July 2022, with a further £7K per midwife on arrival to UK.
- Sickness reported in September 2021 was 5.1%, a further increase from last month and exceeding Trust target of 3.5%. HR teams are reinstating the support of face to face ward review meetings and training with a focus on supporting managers in hotspot areas; the wellbeing team are developing the programme of wellbeing group sessions for teams and the first long Covid-19 support group was held on the 27th October.
- The Employee Assistance Programme (EAP) has been extended until 31st March 2022
- Wellbeing Wednesdays will re-launch from November across the winter months. This will include a weekly tea trolley in the Academy over lunchtime, staffed by members of the HWB Team to help promote awareness & access of support
- The flu vaccination programme launched in September and 4536 vaccinations provided within the initial 7 weeks. Vaccination compliance as at 9th November 2021 is 79%.
- Mandatory training continues to be above the Trust target of 85%, improving this month to 87.18%.
- Appraisal compliance reduced to 71.79 % in October and remains an area of concern requiring delivery of the recovery plans in place.
- The well-established 'Leadership Development Programme' is working with cohort 3 and the 'Aspiring Leaders Programme' continues to be popular with positive staff uptake.

Use of Resources

The Trust plan is breakeven. The in month position is £6k deficit and year to date position is £33k surplus which is a favourable variance of £26k.

Trust income is above plan by £8,661k in month and £12,763k year to date. The position includes Elective Recovery Fund (ERF) income of £7,420k and pay award arrears funding of £2,914k. The funding covers the additional costs incurred during M1-6.

Pay (underlying) is £113k overspent in month and £917k overspent year to date. Medical staffing costs have increased in month by £41k due to higher fill rate of shifts requested to cover vacancies. Pressures continue due to covering vacancies, close support and escalation. Nursing costs have reduced in month by £141k following a particularly high cost prior month due to close support and bank holiday enhancements.

Non -pay (underlying) expenditure is overspent by £1,109k in month and £4,454k year to date. Clinical supplies costs have increased by £88k which is in line with increased elective and non-elective activity. Drugs have increased by £125k primarily in ophthalmology and cancer. These costs are funded by NHSE in addition to the block funding

The Trust capital plan for 21/22 is £33,493k. Spend is £6,789k as at the end of Month 6 against a plan of £8,926k.

For Information	x	Assurance		Discussion & input		Decision / approval	

Executive Lead	
Author	Felicity Taylor-Drewe, Chief Operating Officer Simon Wade Director of Finance Jude Gray, Director of HR Lisa Cheek, Chief Nurse
Author contact details	felicitytaylor-drewe@nhs.net jude.gray@nhs.net

	lisacheek@nhs.net simon.wade5@nhs.net

Risk Implications - Link to Assurance Framework or Trust Risk Register		
Risk(s) Ref	Risk(s) Description	Risk(s) Score
	1.	

Legal / Regulatory / Reputation Implications	Regulatory Implications for some indicators – NHSi, CQC and Commissioners

Link to relevant CQC Domain									
Safe	X	Effective	X	Caring	X	Responsive	X	Well Led	X

Link to relevant Trust Commitment	
Consultations / other committee views	

Recommendations / Decision Required

Trust Board is asked to review and support:

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

NHS
Great Western Hospitals
NHS Foundation Trust

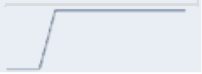
Integrated Performance Report

November 2021

Service Teamwork Ambition Respect

Performance Summary

Great Western Hospitals NHS
NHS Foundation Trust

KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking**	Bath Ranking	Salisbury Ranking	Month
Hospital Combined Performance Score	5194 (Nov)		48 (5194)	33 (5703)	19 (6264)	Nov 21
A&E 4 Hour Access Standard (combined ED & UTC)	73.98% (Oct)		42 (75.81)	86 (65.22)	35 (76.86)	Sep 21
A&E Percentage Ambulance Handover over 15 Mins	51.06% (Oct)					
A&E Median Arrival to Departure in Minutes (combined ED & UTC)	188 (Oct)		29 (166)	88 (213)	81 (208)	Aug 21
RTT Incomplete Pathways	65.35% (Oct)		69 (68.02)	65 (68.68)	38 (74.38)	Aug 21
Cancer 62 Day Standard	81.0% (Sept)		9 (87.98)	112 (55.0)	54 (75.61)	Aug 21
6 Weeks Diagnostics (DM01)	67.97% (Sep)		71 (70.51)	80 (68.06)	2 (98.38)	Aug 21
Stroke – Spent>90% of Stay on Stroke Unit	72.3% (Q420/21)		77 (78.3)	34 (89.1)	52 (85.6)	Q1 21/22
Family & Friends (staff) – Percentage recommending GWH as a great place to work	69.89% (Q3)		88 (70.0)	22(82.0)	34(79.0)	Q3 20/21
YTD Surplus/Deficit*	-4.3% (Oct)		82 (-4.3)	8 (1.3)	37 (-1.4)	Q2 19/20
Quarterly Complaint Rates (Written Complaints per 1000 wte)	27.9 (Q4 20/21)		104 (27.9)	50 (16.2)	22 (11.3)	Q4 20/21
Sickness Absence Rate	4.48% (Jun)		57 (4.48)	39 (4.15)	5 (3.20)	Jun 21
MRSA	2 (Jun)		84 (2.76)	68 (2.16)	65 (2.15)	Aug 21
Elective Patients Average Length of Stay (Days)	3.36 (Oct)					
Non-Elective Patients Average Length of Stay (Days)	4.65 (Oct)					
Community Average Length of Stay (Days)	16.45 (Oct)					
Number of Stranded Patients (over 14 days)	102 (Oct)					
Number of Super Stranded Patients (over 21 days)	51 (Oct)					

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

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

Board Committee Assurance Report

Performance, People & Place Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Peter Hill	Peter Hill		23rd November 2021
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

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

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

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Recovery Programme	Red	Amber	Still awaiting outcome of Trust's Targeted Investment Fund (TIF) bids and clarity regarding the funding mechanism. Insourcing further delayed. Remains on track to meet trajectory targets in quarter 4.	Monitor actions	December 21
Integrated Performance Report - RTT	Amber	Amber	As per October report. Waiting list size increasing whilst number of long waiters (52+ weeks) decreasing.	Monitor actions	December 21
Integrated Performance Report – Emergency Access	Red	Amber	New national targets to be introduced from April 2022. 74% of patients seen within four hours in October. Committee invited SWASFT to the meeting – evidence of good mutual understanding of issues and strong partnership working with regards to ambulance handovers.	Monitor actions	December 21
Integrated Performance Report – DM01	Amber	Amber	The Committee recognised the pressures the service is under, whilst also acknowledging the mitigation in place to deal with this. There were however concerns that increasing demand may outstrip current mitigation plans.	Monitor actions	December 21

Integrated Performance Report – Cancer Services	Amber	Green	Trust is performing well against the 2 week target. Slight deterioration on the 62 and 104 day treatment targets, partly due to onward referrals to the tertiary centre plus patient choice issues.	Monitor actions	December 21
Stroke Update	Green	Green	Committee received a report from the Stroke Service. Continues to perform well despite significant operational pressures.	Monitor actions	December 21
Readmissions	Amber	Amber	Progress made towards identifying the genuine emergency readmission rate, further work and benchmarking required. To be monitored as part of the IPR going forward.	Monitor quarterly in IPR	February 22
Outpatients Update	Green	Green	Excellent progress made on a range of fronts. The Committee agreed to monitor as part of the IPR going forward.	Monitor quarterly in IPR	February 22
Integrated Performance Report - Workforce	Amber	Amber	Vaccine programmes continue to deliver well. Management assessing the implications for services and staff following the Government announcement regarding mandatory COVID vaccinations for front line staff. Sickness rate rose above 5% for the first time in several years. Appraisal rates fell marginally (2%). Executive focus on this issue expected to see solid improvement by the end of quarter 4. Mandatory training rates continue to improve at 87.2%. Vacancy rate increased in October (6.5% from 5.2%) partly as a result of new posts and escalation being budgeted but not yet filled. Bank fill rate deteriorated whilst agency fill rate remained above Trust target (6.38% versus 6%). The Trust has been successful in a bid to recruit 5 additional overseas midwives during the first half of 2022. Leadership programme continue to be well received.	Monitor actions	December 21
Talent Management Strategy	Green	Green	Committee approved the strategy whilst recognising the need for an implementation plan which will be influenced by the outcome of the Trust's bid to be a pilot site for the national 'Scope for Growth' programme. To be revisited once outcome of that bid is known.	Update once outcome of bid known	
Safer Staffing (Nursing & Midwifery)	Green	Green	Committee was assured regarding the process by which safe staffing levels are calculated and the actions resulting from this. Further report in six months.	Further update	May 22

Issues Referred to another Committee	
Topic	**Committee**

Great Western Hospitals NHS Foundation Trust

Part 1: Operational Performance

Our Priorities

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

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

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

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

How We Measure

Are We Effective?

Are We Responsive?

Are We Safe?

Are We Caring?

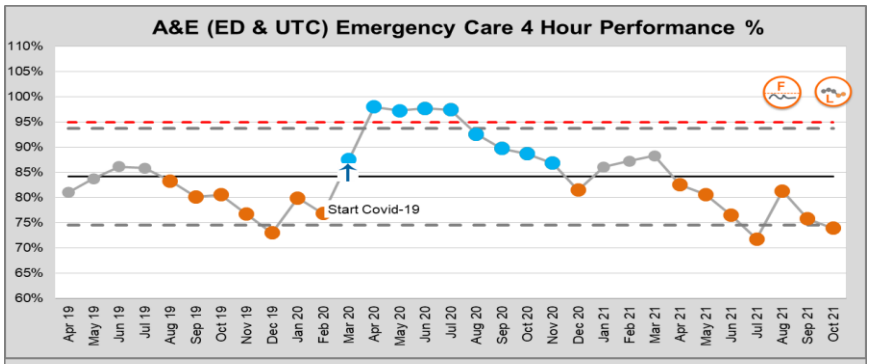
Are We Well Led?

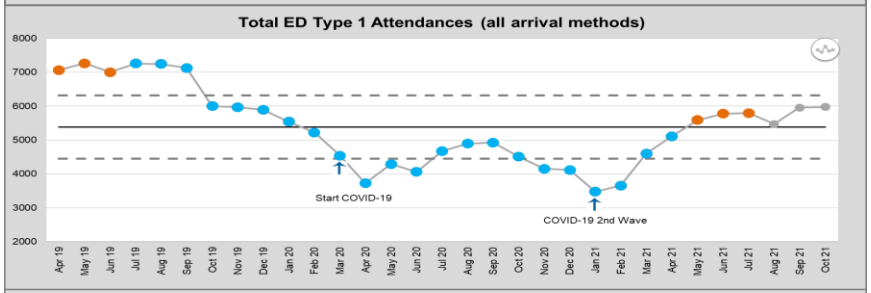
Use of Resources

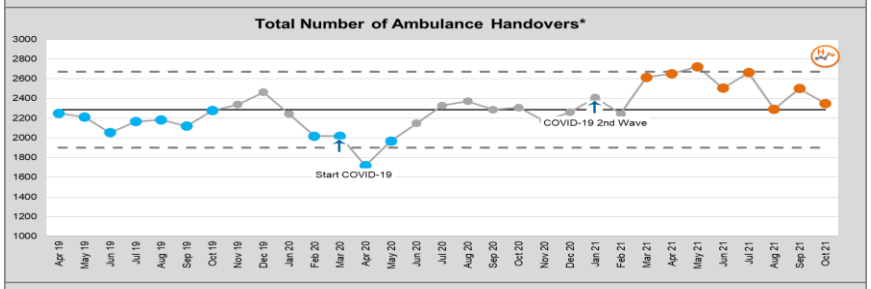
1. Emergency Access (4hr) Standard Target 95%

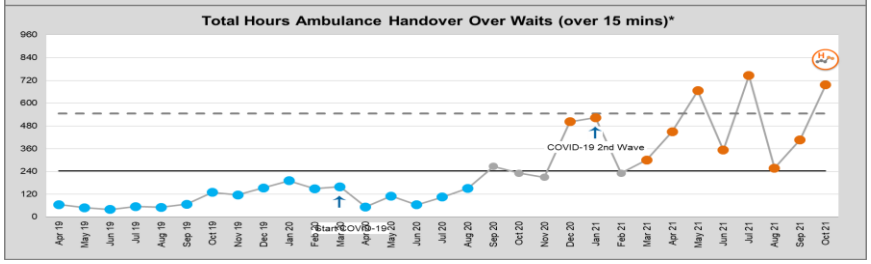
Data Quality Rating:

National Key Performance Indicators





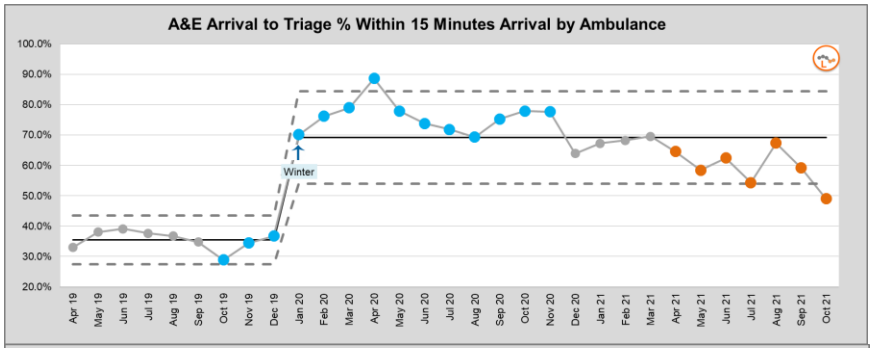


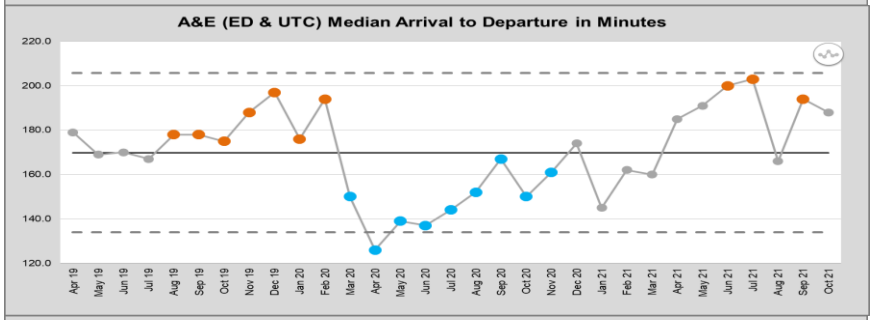


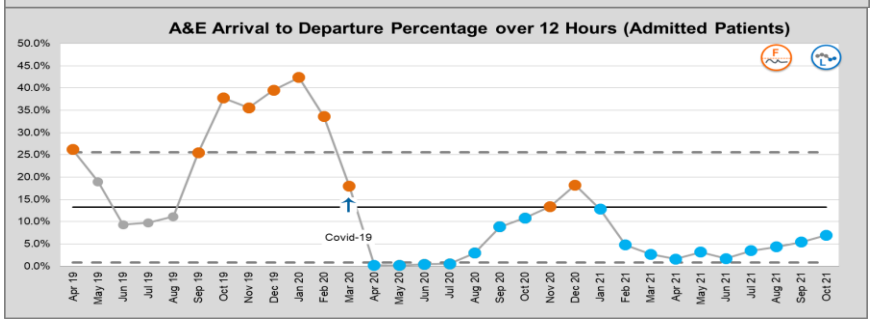
Performance Latest Month: 73.98% (Oct)

Attendances:
Type 1 ED 57.04%
Type 3 UTC 96.41%
Total – 73.98%

12 Hour Breaches (from decision to admit) 36





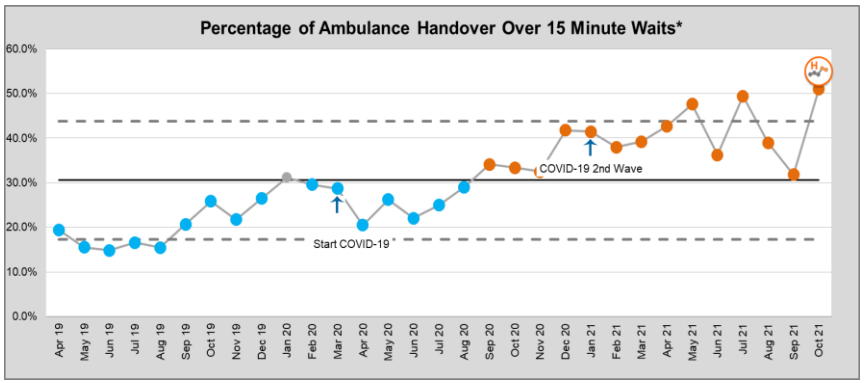


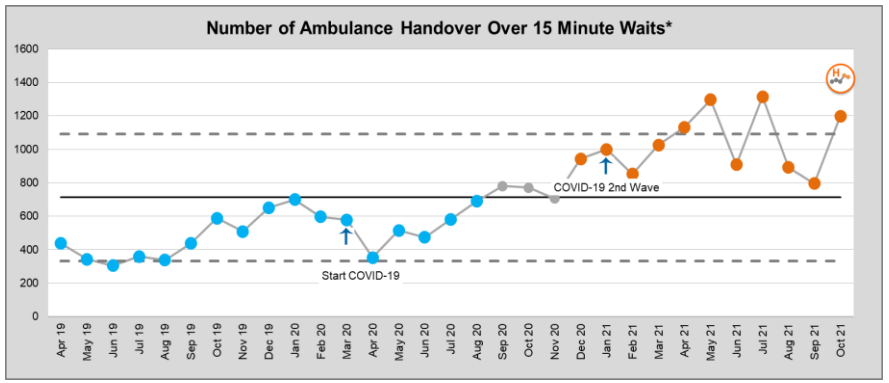
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

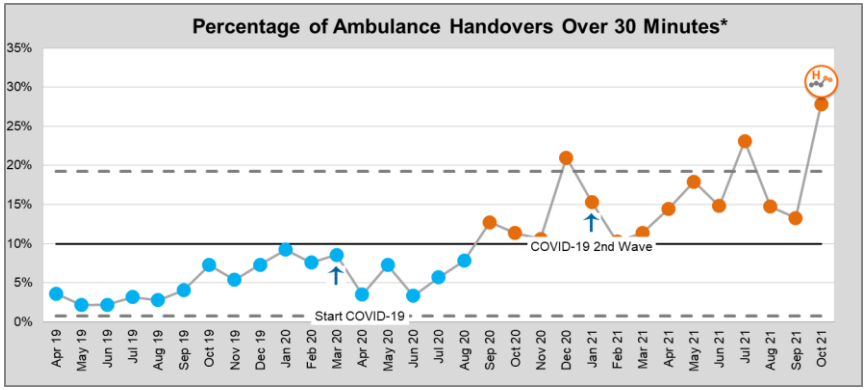
1. Emergency Care Standards – Ambulance Arrivals

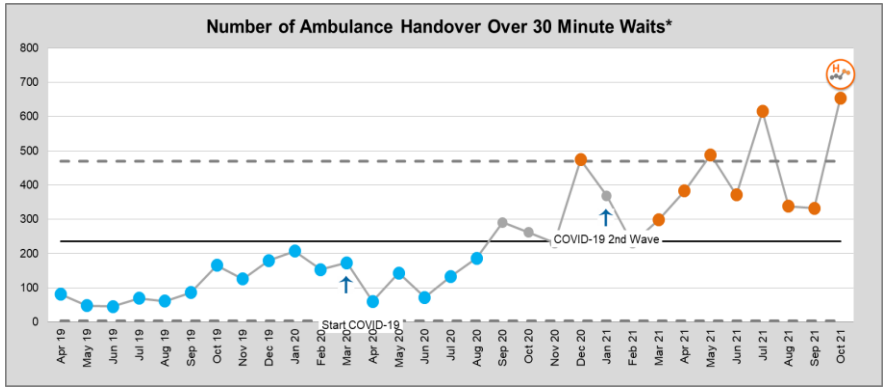
Data Quality Rating:

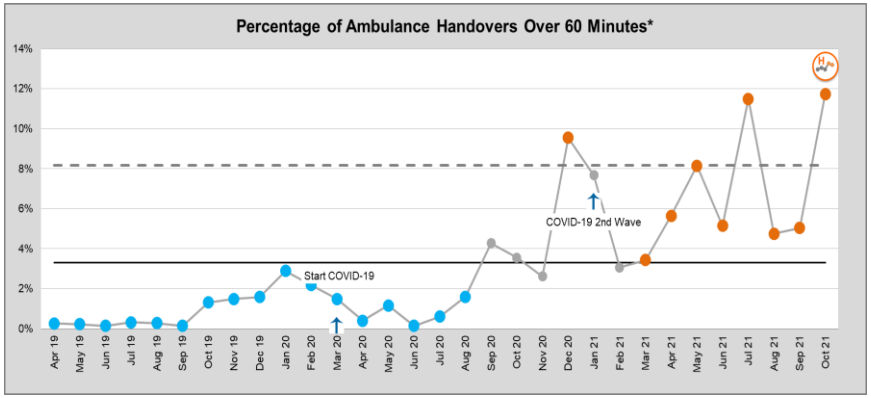
National Key Performance Indicators

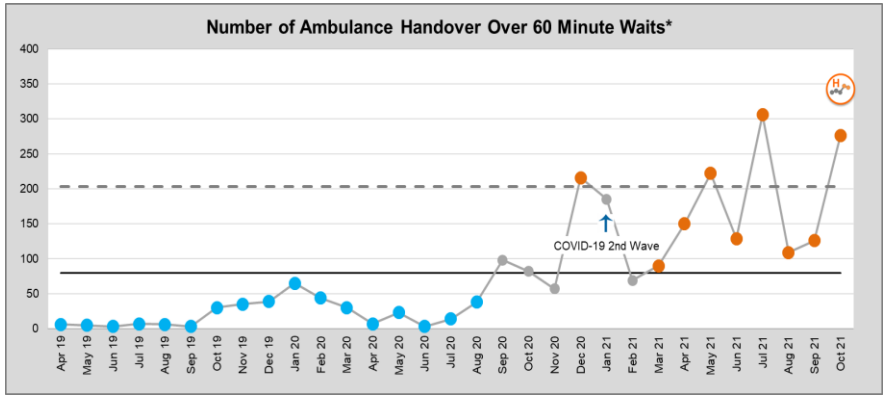












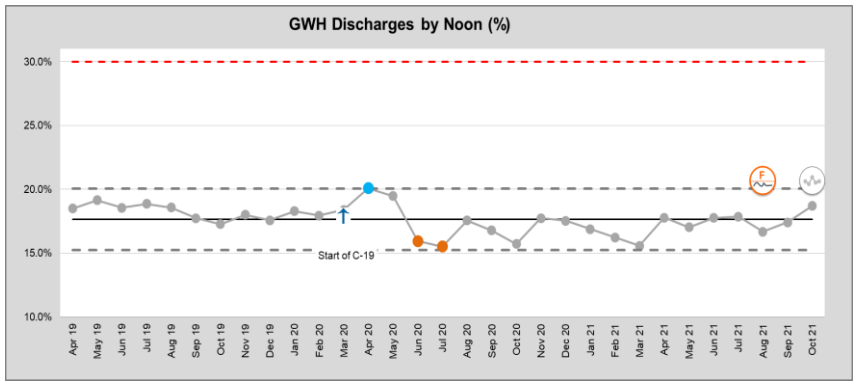
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

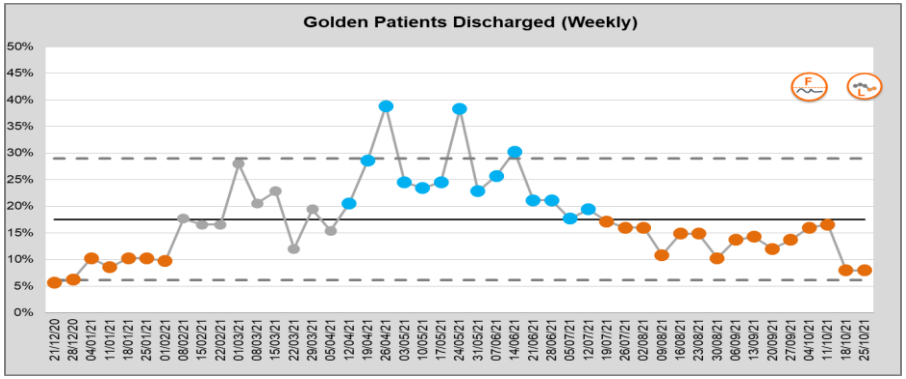
* Data from SWAST – 1 month lag

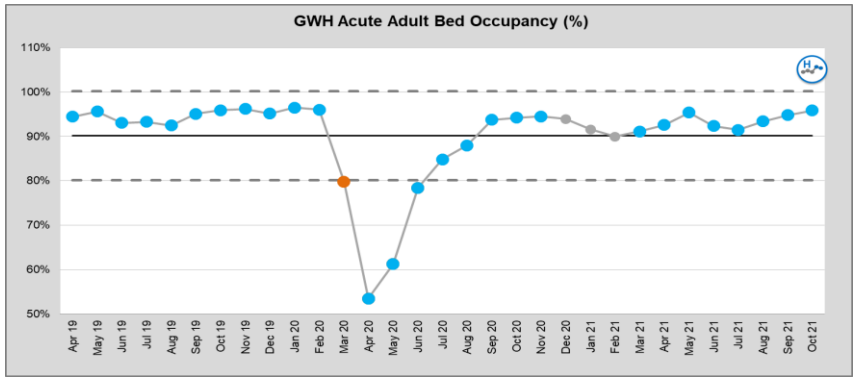
1. Emergency Access (4hr) - Patient Flow and Discharge

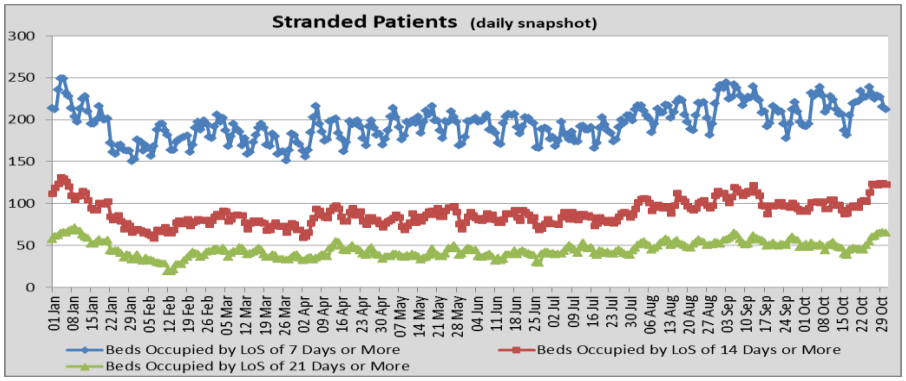
Data Quality Rating:

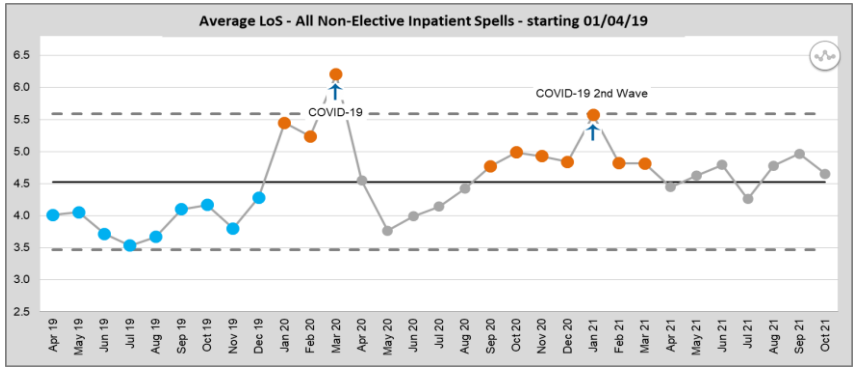
Are We Effective?

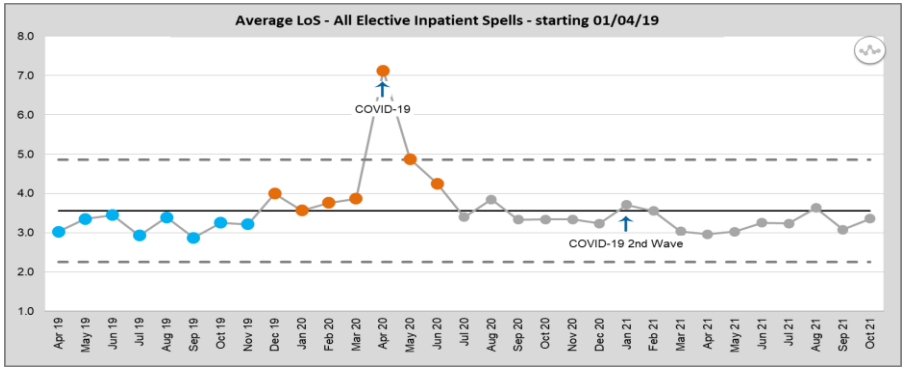












Mean | 0 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

1. Emergency Access (4hr)

Data Quality Rating:

Are We Effective?

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

- The ED 4 Hour Performance chart shows that performance in month continues to remain below the 95% standard. There has been a decrease in 4 hour performance of 6.66% from September.
- There were 32 x 12 hour reportable Decision to Admit (DTA) breaches in September, an increase of 21.
- Attendances have decreased in October (from September) by 171 patients, with 135 decrease in the ED and 42 in the UTC. The UTC remains closed overnight. 4 hour breaches within the UTC decreased by 105 in October, with an increase of 273 in ED.
- Breaches due to 'waits to be seen' in ED and UTC have increased in October from 51% to 63%, driven mainly by increased attendances, sickness in medical and practitioner workforce teams and sustained periods of Opel 4 , with reduced flow out of the department, impacting on the ability to utilise the 'Majors Step down' area for internal flow.
- Non admitted performance accounts for 46% of breaches, a decrease of 3% on last month.
- There has also been a increase in Think 111 first booked appointments utilisation: at 57.49% for October (increase of 5.27% from September), with 10.79% patients who DNA the appointment slot (decrease of 0.1% from September) and 5% who left without being seen (decrease from 7% in the previous month.)

Key Impacts on Performance

- Attendances now back to similar levels seen in October 2019.
- Social Distancing measures remain in place, restricting patient numbers in ED.
- ED mean Length of Stay (LOS) remains higher than pre-pandemic levels.
- Majors Step-down (MSD) usage compromised by increasing patient acuity.
- Inability for MSD to function as true 'Clinical Decision Unit' due to increased LOS.
- Alternate 'escalation' areas utilised such as 'Admissions Area' in Discharge Lounge.
- 'Early' discharges in day reducing, onwards flow often not occurring until much later in day , after peak ED attendances.
- Continued decrease in performance for patients waiting over 12hrs in ED.
- Decreased Ambulance Handover performance in October.
- UTC continues to see high numbers of patients but overnight closure has maintained improved performance (96%).

What will make the Service green?

- SWAST having direct access to all Assessment Units.
- Implementation of 'Inter Professional Standards ' allowing direct referral and admission to specialty beds.
- 'Think 111 First' programme to ensure direction to correct service in condition appropriate timescales.
- System wide approach to how the public access Urgent and Emergency care.
- The 'Way Forward' programme: increasing size and capacity of front door areas.

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

1. Commissioned review of the UTC by ECIST. Initial findings presented to Division pending formal report - **November 2021**
2. Contractual review of UTC and visioning workshops to drive the UTC forward in preparation for new build in the spring - **November 2021**
3. SDEC 7 day opening approved as part of Winter Planning . Currently recruiting with phased expansion as staff join unit – **January/February 2022**
4. Divisional adoption of 'Internal Professional Standards' allowing improved admission processes **– November 2021**
5. Focus on reducing Ambulance Handover delays (15 min & 1hr) with trial change of clinical and admin processes (Reception / Initial Assessment) – **December 2021**
6. Staffing review of nursing in ED to ensure senior leadership, and safe nursing staffing ratios as per national standards. **November 2021**
7. Review activity follow project and action any key points of improvement. - **November 2021**
8. Review admission process and function of MSD to improve patient throughput (including ECDS/data processes) – **November 2021**
9. Review of UTC workforce and opening hours – UTC will remain closed overnight (22.00 to 07.00) through October and November. Informatics and ED team to understand impact of closure - **November 2021**
10. SWAST to agree direct referrals into UTC, agreed by ED consultants and UTC clinical lead - **November 2021**
11. Review 'Directory of Services' (DoS) for all services and gain MiDoS access for GWH teams, allowing improved referral/access – **November 2021**

Risks to delivery and mitigations

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

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

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

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

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

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

Options appraisal to look alternative community options.

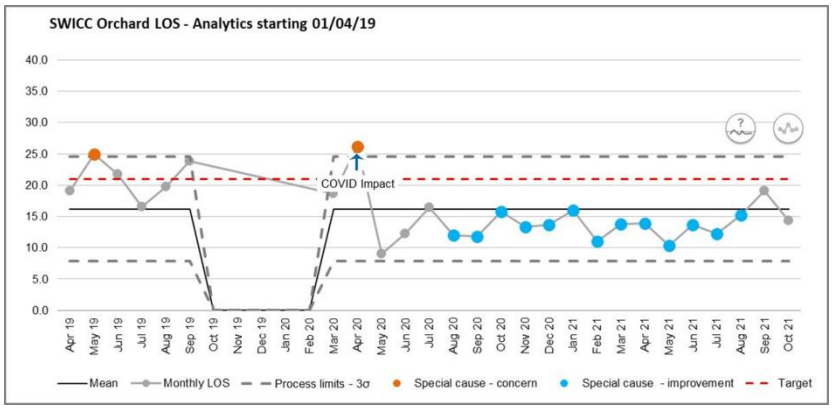
Review continues of any direct pathways to SDEC or Community services to reduce the pressure at ED. BSW wide focus.

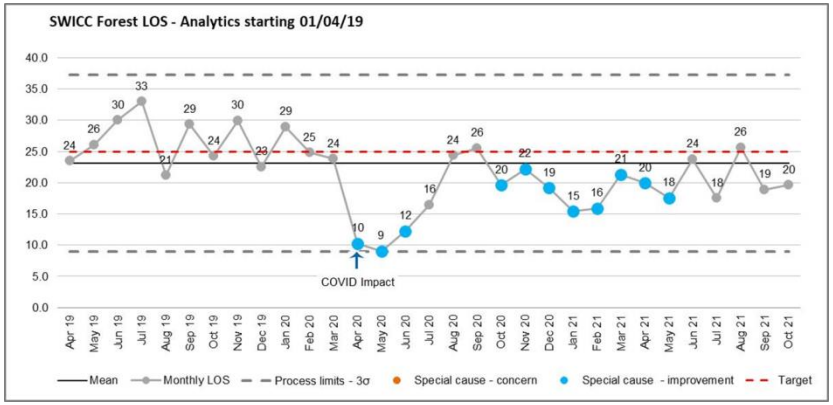
Discussions nationwide to collaborate ideas to manage the demand for urgent care that has a primary care need and pathways for minor injuries.

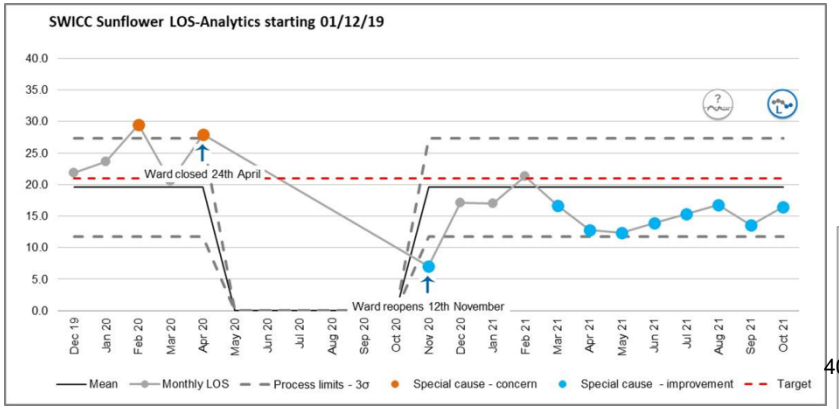
1. Emergency Access (4hr) - Community (SwICC) Length of Stay

Data Quality Rating:

Are We Effective?







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

LoS & Occupancy: The average length of stay (LoS) in October across all three units was 16 days. There was an improvement in length of stay for Orchard by 5 days on the previous months of 19 days average LoS. This reflects increase of patients discharged 0-5 days which accounted for 31% of the overall discharges. This suggests that 31% of patients transferred to Orchard ward were step down awaiting provision of Packages of care, reablement or onward placement. Bed occupancy for Forest 89% and Orchard 88% a reduction due to closure of 4 beds on each of the wards from the 4th October. Sunflower occupancy ha risen to 98%. There has been a notable improvement in OOA LoS reducing to 13 days from the previous month of 22 days.

SWICC Occupancy October 2021

Ward	Forest Ward	Orchard Ward	Sunflower Lodge
Capacity	930	930	744
Occupancy	827	822	732
	88.92%	88.39%	98.39%

Flow: There were a total of 125 discharges across the three wards, which is a decrease of 30 patients compared to September. This relates to the closure of 8 beds within due to bathroom refurbishment. 26% of these were discharged before midday. This is 4% below the 30% target. 16% of discharges were facilitated over the weekend which is a marginal increase on last months 13%.

Improvement actions planned, timescales when improvements will be seen

Discharge Management: Nerve Centre continues to be utilised and golden patient tab being used to notify site of number of patients that are being discharged prior to mid day to assist with early flow.

Action: There is further work planned in November to separate Dove Ward and SwICC on the dashboard to improve data accuracy for the Division.

Patient transfer delays: Data continues to be analysed to understand the themes and numbers of delayed transfers. Three main reasons for delays this month were: 14% delayed due to change in medical fit status , 5% were transport delays and 6% awaiting swabs.

Action: Data relating to patient transfer delays will continue to be collected and analysed to ensure targeted action. Meetings have been established with Ezac (external) and internal vehicle to drie improvements in communication and processes to facilitate timely transfers and discharges.

Patients >21 days LoS: stranded calls continued to happen daily during October and into November. This will maximize flow (whilst beds are temporarily closed in SwICC to building works in shower-rooms) and quickly escalate patients for whom discharge may be avoidably delayed.

Risks to delivery and mitigations

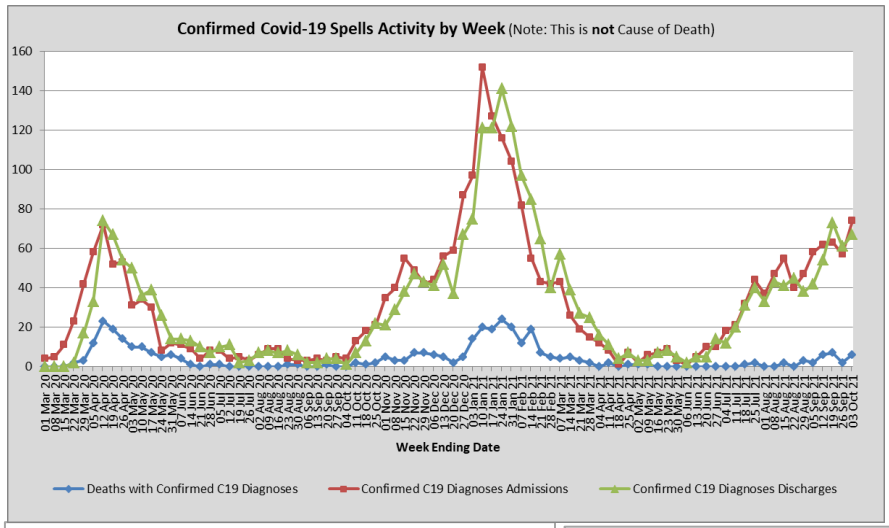
Risk: Temporary reduction in SwICC bed base has the potential to negatively impact flow.

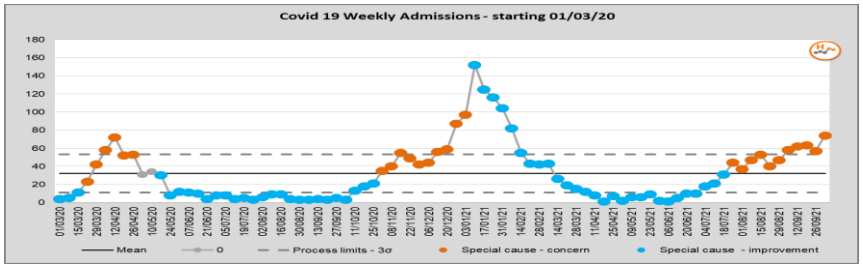
Mitigations: Daily review meetings of complex patients and those at risk of becoming stranded. Identifying opportunities to facilitate discharge before 12noon and to identify transfers 24hours in advance.

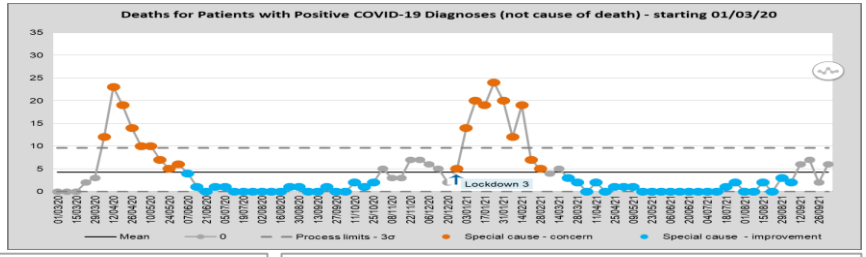
1. Emergency Access (4 Hours) Covid 19 Weekly Admissions

Data Quality Rating:

Are We Effective?







Background, what the data is telling us and underlying issues

Attendances to the Covid Assessment Unit (CAU) have continued to increase during October with a corresponding increase in Covid positive patients and acuity. This remains comparable with Phase 1 of the Pandemic. As a result, CAU has maintained operation with 11 rooms.

CAU has frequently been at maximum occupancy during October due to competing bed pressures with other Front Door services and overall demand. This has impacted on the ability to offload ambulances in a timely manner.

There were 5 Ambulance 1 hour delays at CAU for October. There have been no recorded admissions from the Boarding Hotels.

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

1. Ongoing review of clinical model for AMU to ensure senior decision maker cover with sufficient junior doctor support – **December 2021**

2. Recruitment of Ward Clerk x1 wte for permanent CAU cover – **November 21**

Risks to delivery and mitigations

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

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

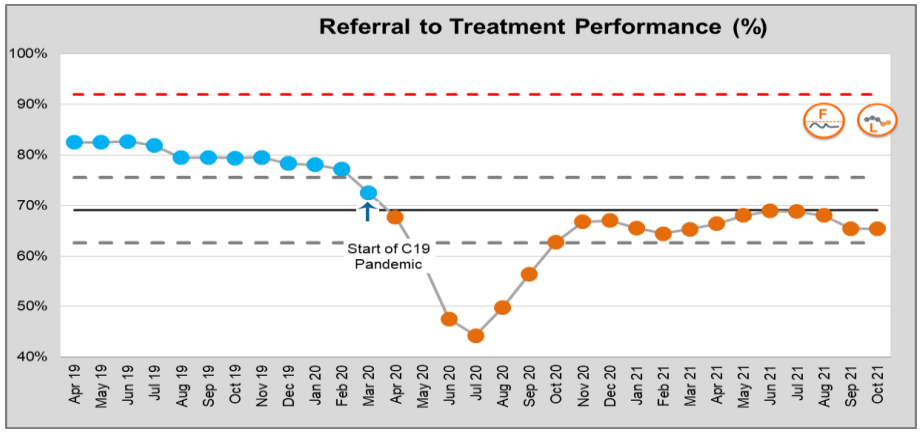
There is a risk of maintaining staffing provision within CAU, as extended area, particularly within the AMU Medical staffing model.

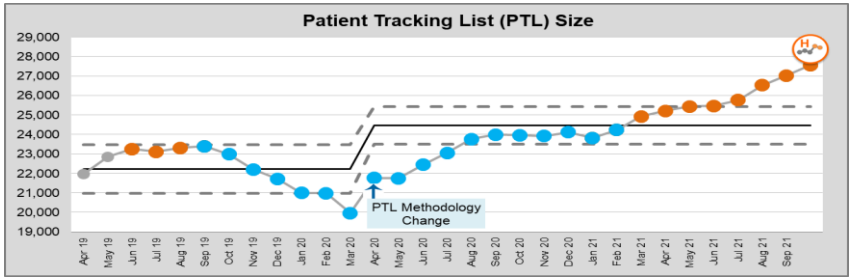
Mitigation: Medical staffing model and Ward Clerk cover reviewed . Discussed with FBP - Locum support and recruitment respectively. Current review by Medical staffing model by Division.

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

Data Quality Rating:

National Key Performance Indicators





	September	October
RTT Performance	65.41%	65.35%
PTL Volume	27,022	27,561
Reportable 52 Week Breaches	680	664
In Month 52 Week Breaches	252	235

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

The Trust's RTT Incomplete Performance has been updated to include the most recent complete calendar month. The Trust's RTT Incomplete Performance for October 2021 remained static at 65.35%.

The Trust reported a waiting list increase of 539 in month, resulting in a waiting list size of 27,561 against a provisional BSW Trajectory (submitted in line with the national draft submission) of 26,966 (595 more patients than forecast).

The Trust received 9,515 referrals in October 2021, which is a decrease of 399 in month and 97.6% of the Pre-Covid 19 average referral rate.

In October 2021 there were 664 x 52-week reportable breaches. This is a decrease of 16 in month. Of the 664 breaches, 9 (1.4%) are P5. Of the 664 reportable breaches in October; 565 are Admitted, 91 are Non-Admitted and 8 are Diagnostic.

There were 235 in month 52-week breaches cleared in October 2021 which is below the rolling 3-month average of 259 per month. This reduction continues to be driven by reduced activity levels due to Anaesthetic rota gaps and Covid Impact.

The number of patients waiting over 78 Weeks at the end of October was 143, a reduction from 214 the previous month.

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

- Insourcing mobilisation is planned to commence 4th December 2021. Urology and Gynaecology will be launched in December with plans to launch T&O from January 2022.
- The Trust continues to utilise 3 Independent Sector organisations; Cherwell, Circle Reading and Sulis Bath.
- Kingsgate recommendations are being operationalised in the Anaesthetic Department with work ongoing to address the resourcing of the service.
- Continued focus on reducing 78 week + waiters, with continued reductions planned throughout November. Currently at 120 for the 12th November Submission.
- Weekly Access meeting now focussed on non-admitted 52 weeks with improvement plans in place.
- Targeted Investment Bids submitted in October 2021 across a number of specialties to support elective capacity (e.g. SDEC; additional OPA activity and diagnostics)

Risks to delivery and mitigations

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

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

There is a risk that the Elective Theatre Programme will be reduced due to the extension of ICU into Recovery 1.

Mitigation: Daily review of ICU acuity and Elective Programme. Phase 1 escalation of 4 additional Recovery beds in use. Recovery 2/Daisy Unit beds ring-fenced.

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

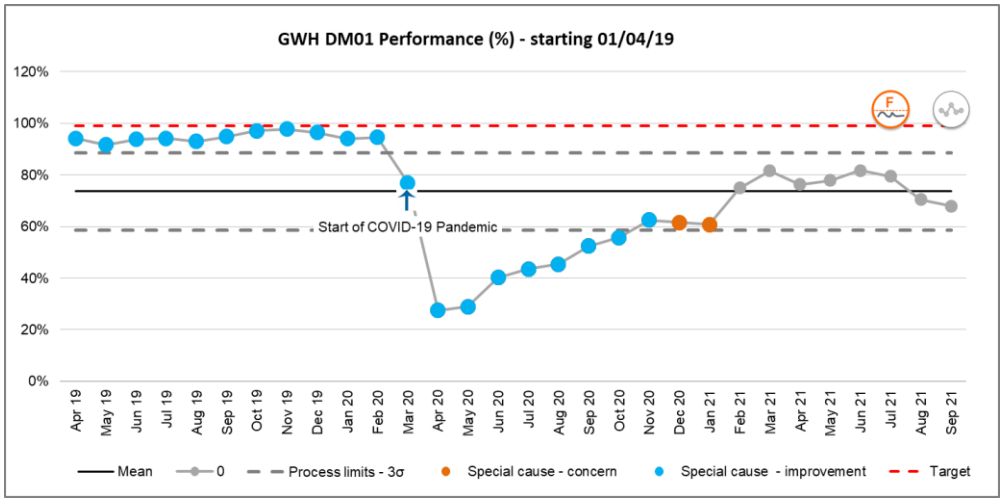
Mitigation: Elective plan reviewed the day before and any risks highlighted to SWC Director of the Day by Silver and/or Matron of the Day.

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

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

Data Quality Rating:

National Key Performance Indicators



September 2021

Performance Latest	68%
Waiting List Volume:	7706
6 Week Breaches:	2468

Waiting	< 6 Weeks	> 6 Weeks	Total WL	Performance %
Magnetic Resonance Imaging	766	760	**1526**	50.20%
Computed Tomography	936	830	**1766**	53.00%
Non-obstetric ultrasound	1808	26	**1834**	98.58%
DEXA Scan	179	252	**431**	41.53%
Audiology - Audiology Assessments	479	24	**503**	95.23%
Cardiology - echocardiography	343	175	**518**	66.22%
Neurophysiology - peripheral neurophysiology	85	0	**85**	100.00%
Respiratory physiology - sleep studies	78	11	**89**	87.64%
Colonoscopy	242	251	**493**	49.09%
Flexi sigmoidoscopy	87	39	**126**	69.05%
Cystoscopy	40	6	**46**	86.96%
Gastroscopy	195	94	**289**	67.47%
Total	**5238**	**2468**	**7706**	**68.0%**

Background

Performance was 68% in September a decrease from 70.5% in August. Overall, the total waitlist size has increased from 7368 in August to 7706 in September (+338). Breaches have increased from 2173 In August to 2468 in September (+295) primarily driven by MRI and CT. CT remains challenged to see 2ww and urgent patients, with no routine capacity. Due to reduced CT van capacity during the month, Radiographer vacancies (10.WTE) and the overdue patients on the Cardiology surveillance list , we are predicting an increasing waiting list and breaches which will impact subsequent Trust DM01 performance to <65%.

Improvement Actions

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

- **CT:** NHSE provided 19 van days in September for CT2 replacement. The service has funded a further 14 days in October, 11 Nov, 20 days in Dec, 22 in Jan, 20 in Feb and 23 days in March. Yielding a total of 3662 slots.
- **MRI:** Additional MRI van capacity has been procured through extension of Inhealth contract and within forecasted budget. 8 days in September, 12 days in Nov with additional 8 days Dec- March 22, yielding 1367 slots.
- **Echo**: Planned expansion of Wiltshire Cardiac Unit (WCC) into Oral Health to accommodate Echo now underway, which will provide additional capacity when work is completed in Q3. Review of surveillance lists continues. WLIs continue, with further planned for follow up breach patients in November and December.
- **Endoscopy**: Weekend lists are booked to 12 points (both OGD and Colonoscopy) where case mix allows. During October 48 WLI lists were delivered against a target of 80 due to limited endoscopy nurse availability. The plan for November WLI lists is to deliver 40 lists from a target of 64.

Risks There is a risk that DM01 Surveillance clock start categorisations will lead to a substantial increase in breaches for Echo. (Risk1855= 15) Failure to deliver DM01 for Imaging). There is a risk that insufficient capacity to recover the backlogs (including surveillance patients) remains the greatest risk to recovery. Radiology vacancies will substantially impact recovery and performance. Mitigations remain in place above to support risk, detailed on next slide.

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

Data Quality Rating:

National Key Performance Indicators

Background, actions being taken and issues

Endoscopy: At the end of September, Endoscopy achieved 66% performance combined. 62 weekend WLI Lists were completed in September 21 against a target of 64. 48 lists were completed in October 21 against a target of 80 . These reductions were attributed to the holiday season and limited endoscopy nurse availability. Limited nurse availability continues with only 42 weekend WLI lists forecast for November 21.

Additionally, the increase in 2ww demand over recent weeks continues to extend waiting list times. Surveillance patients are already being seen 6 months post their scheduled reviews. Swabbing DNAs sit around 12% so further decreasing productivity. This is currently under high level review.

GWH is a confirmed pilot site for Capsule Endoscopy in partnership with TVCA , with the aim of pilot to see a reduction in Endoscopy procedures required on the 2ww pathway.

The build of the fifth room is complete but cannot be supported by the decontamination facility that is being expanded and upgraded, until end March 22.

Radiology: Performance has dropped in September to 66.38% due to staffing vacancies and the inability to recruit. (10 WTE). CT 2 replacement program has further reduced capacity due to lack of cannulation space resulting in lower productivity . The total number of patients waiting over 6 weeks in September reduced slightly to 1460 a decrease of 53 from August. Further staffing vacancies will impede MRI and DEXA provision in October as capacity is used to support inpatient flow, cancer and urgent CT provision. Performance will continue to decline in Radiology which will affect the overall Trust DM01 from October Onwards to <65%, with recovery predicted in Q4

Echo: Performance deteriorated to 66.22% during Sep. There was a decrease in the overall wait list from 583 in Aug to 518 in Sep. This is due to additional routine NP weekday capacity created through the transfer of FU patients onto weekend FU WLI clinics. Echo activity increased from 380 in Aug to 570 in Sep (this includes 132 WLI appointments). DMO 1 FU Clock start categorisations as per national Guidance will reduce Echo performance further when included in this report as at the end of Sep there was a total FU wait list of 414 which includes a breach total of 256.

What will make the Service Improve?

Maintaining Endoscopy activity to meet demand: by ensuring enough capacity is available. This is looking unlikely to be achieved by the end of the financial year as planned, because the 5th room is not available until end Mar 22 due to technical installation requirements for the new washers require phased installation for QA testing. Furthermore, limited availability of endoscopy nurses to support the weekend WLI lists is reducing WLI capacity.

Radiology: Recruitment to further Radiologist (1WTE) commences in September. Recruit to further radiographers (10WTE)

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

Endoscopy:

1. Capital funding (£300k) received for the build of a fifth procedure room. **Now available end March 2022.**
2. The installation/replacement of washers to run 5 rooms. Has been funded and is in progress. **March 2022**
3. Project underway with TVCA in relation to Capsule Endoscopy. If successful, would see a reduction in the number of Colonoscopies required. Further discussions re: pilot happening in May with initial training in June. **October 2021**

Radiology:

1. **CT**: CT van capacity from In Health confirmed 19 days in September,14 days in October, 11 days in November, 20 days in Dec, 22 days in Jan 20 in Feb and 23 days in March 2022 are scheduled. Appointment times for standard CTs have gone back to pre pandemic 15mins. Incentive payments are in place and a weekly recruitment meeting with HR is now undertaken. In October, a dedicated Colon and Cardiac week will be run to reduce breaches before the standard calendar is reverted to.
2. **MRI**: In health van days (6 days in September) will be used to support. However, there are no dates available in October. A further 12 days in November and 8 days in each month for Dec-April 22 have already been secured. Additional Bank staff due to start in October.

Echo:

1. Following completion of Phase 1 activity the WCC now has 3 x Echo Rooms. Phase 2, which will begin on 8 Nov will see the creation of 2 additional echo rooms taking the total to 5 echo rooms on completion on 24 Nov 21. FU WLI was authorised Sep (132 Echos) and Oct (124 Echos). WLI has been authorised for Nov and Dec which will deliver 280 additional appointments. The combination of WLI and 2 x Additional Rooms should see DMO1 Echo recover by early Feb 2022. Locum Imaging Consultant starts 1 Nov 21. This will help reduce TOE and Stress Echo Wait Lists.

Risks to delivery and mitigations

Endoscopy: There is a risk that if the number of referrals being received continue to be higher then Pre Covid levels, the recovery trajectory will not be met (especially if the increase is seen in 2WWs.) **Mitigation:** The fifth room availability is now delayed (due to washer installation) so alternative mitigation is being sought.

There is a risk that patients will become more reluctant to agree to self isolate for 3 days between swab and Endoscopy procedure. **Mitigation:** All patient facing staff have ben asked for their view concerning the proposals to relax IPC. Responses will be shared at the Endoscopy User Group meeting on 15 Nov 21.

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

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

Mitigations include:

- Approach Independent Sector to discuss/ reduce private patients.-Completed (Cobalt able to support with 25 patients per week)
- Additional Cardiac and CT sessions offered to staff, with incentive payments being well supported
- Additional sonographer recruited (0.6 WTE)
- Additional MRI van slots booked with TVCA funding and further match funding Completed.
- Extension of In health contract for CT and MRI van days completed
- Recruitment meeting taking place weekly to promote ideas and drive improvements in strategy.
- Bids for H2 money to support the service. recovery (upgrade of breast pad to facilitate additional mobile slots, mobile vans at additional sites, 3rd party CT scanning, CTCA capital investment case and use of a recruitment agency to reduce vacancies)

Echo: There is a risk that the inclusion on DMO1 returns of the active FU patient list, including referrals not seen within 6 weeks of their proposed review date, will markedly reduce the reportable DMO1 Echo performance for GWH.

Cancer 2 Week Wait Performance Target 93%

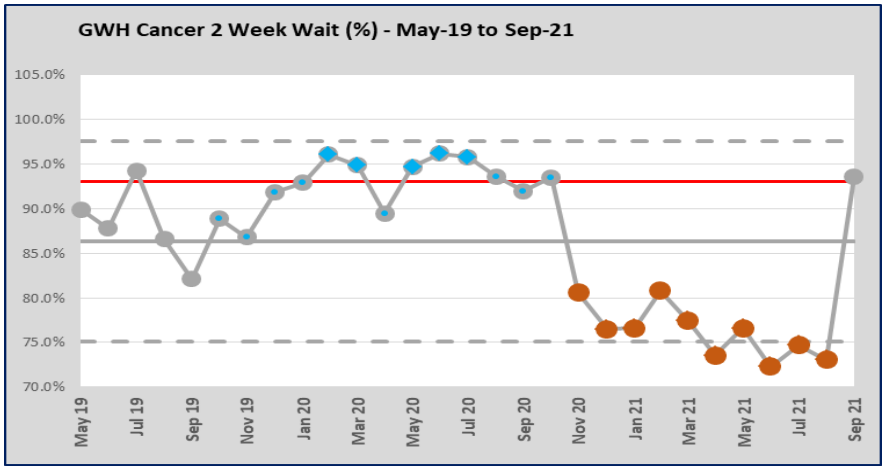
Data Quality Rating:

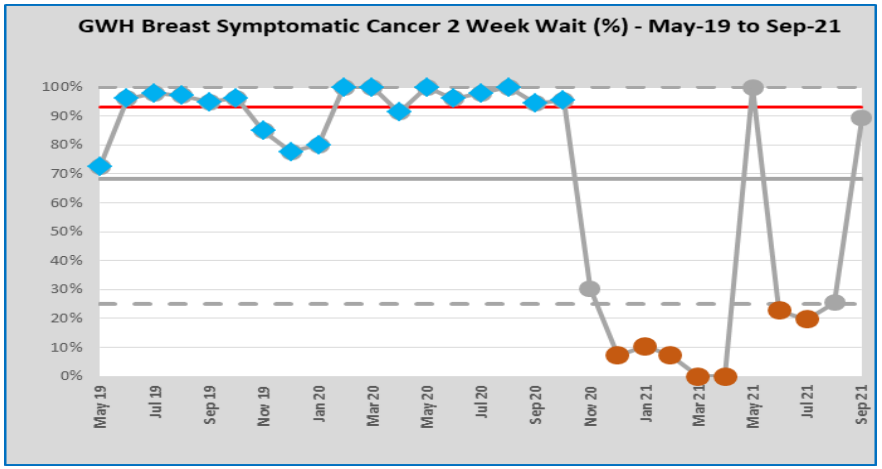
National Key Performance Indicators

Performance Latest Month: **September**

Two Week Wait Standard: 93.6%

Symptomatic Breast Standard: 89.2%





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

We achieved our 2WW standard in September for the first time since October 2020. This was largely due to the improvements in the Breast (95.8%) & Skin (94.6%) Services.

YTD, compared to 2019, we have seen an **20.1%** increase in the number of Skin referrals. The expected seasonal increase occurred a number of months before anticipated which put pressure on the service.

1509 patients were seen under the 2 week wait to first appointment rules, of which 97 pathways breached the standard, the majority of breaches were seen in;

Colorectal (87.7% - 35 breaches)
- 26 patient choice due to holidays & other commitments
- 6 issues with outpatient capacity

Upper GI (90.4% - 11 Breaches)
- 8 patient choice due to holidays and work commitments

Both Breast and Skin achieved the standard, though a number of pathways breached the wait time:

Breast (95.8% - 12 breaches)
- 5 due to capacity and 4 due to patient choice

Skin (94.6% - 23 breaches)
- 19 patient choice due to holidays and other commitments

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

Skin
- Routine clinic appointments converted to 2ww clinics from 27 July.
- Teledermatology continues to help reduce the number of patients seen on a 2ww pathway with 749 of the 1265 patients reviewed being redirected onto a more suitable pathway.
- 10 WLI's were run through September in Dermatology to help manage the seasonal increase in referrals. 22 WLI's are being added to help with October demand.
- Oxford now providing clinical cover in plastics every week, this will allow MOP activity to be undertaken at GWH following notice being served on referrals not being sent to Oxford from 1 November unless they are complex

Colorectal
- Pathway navigator to speak with patients to encourage attendance and work with GP PCNs.
- Introduction of dedicated CT/MRI slots with a 48 hour turnaround due to go live in October

Lung
- The service is working closely with Radiology to identify and maximise the use of CT slots to support the first diagnostic test in the pathway.
- Where necessary a first appointment will be offered as an alternative.

Risks to delivery and mitigations

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

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

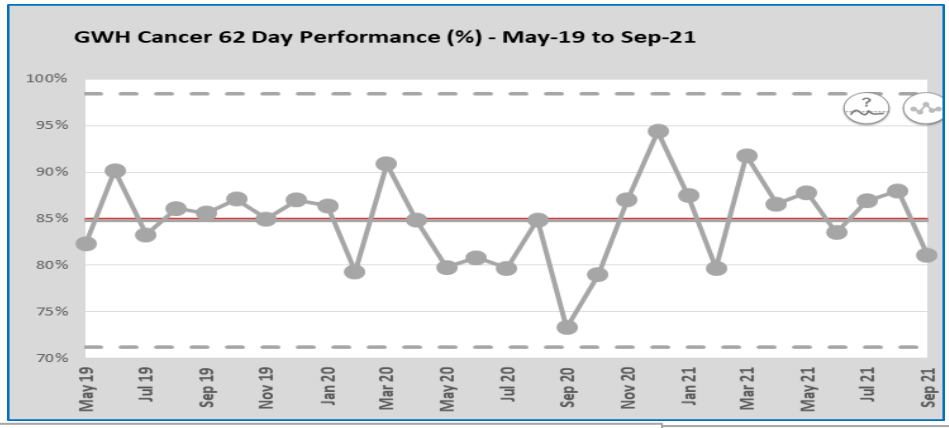
Radiology
- CT replacement works through summer
  - Additional CT van days are being arranged until March 2022.
  - New CT went on line on 11 October
- Staff pressures due to vacancies & annual leave
- CT van from Inhealth till March 22 approved.
  - Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 23 days.

Colorectal
- Risk of bedding Endoscopy through due to site pressure
  - Endoscopy to be protected as much as possible to help maintain cancer pathways

National Key Performance Indicators

Cancer 62 Day Standards Performance Target 85%

Data Quality Rating:



Performance Latest Month: **September**

62 Day Standard (Target 85%):	81.0%
62 Day Screening (Target 90%):	91.1%
62 Day Upgrade (local standard 85%):	92.3%
Quarter 2	**85.2%**

Background

September 62 day performance will be 81.0% (94.5 treatments , 26 patient pathways breached resulting in 18.0 breaches) with the Trust not achieving the national 62 day standard. The performance for September had been predicted to be more challenged, of the 19 predicted breaches for diagnosed patients:

- **14** pathways breached as forecast **(12.0)**
- 4 pathways rolled to October
- 1 pathway resulted in a non reportable cancer.

There were **10** unpredicted breaches in September **(4.5)**

- 2 pathway delays due to chemotherapy due to capacity and clinical admin (breast), (2.0)
- 1 patient's treatment was delayed whilst they underwent discussions about fertility treatment (haematology) (1.0**)**
- 5 patient's treatment in Oxford were delayed due to capacity (head & neck, sarcoma, skin & upper gi) (0.0)
- 3 patients had complex pathways (2 urology, head & neck) (2.5)

17 pathways had been tracked as suspicious for cancer with potential treatments in September if diagnosed:

- **2** suspicious pathways were diagnosed with a cancer and were treated in September **(1.5)**
- 10 patients did not have a cancer diagnosis,
- 2 were found to have cancer and will be treated in October,
- 3 patients remain undiagnosed.

Upper GI (7 patients, 2.5 breach)

- 5 patients returned from OUH for treatment resulting in 0.5 breach
- 1 patient transferred to OUH late and treated within 24 days resulting in 1.0 breach
- 1 Delay to treatment at due to Oncology capacity

Urology: (5 patients, 5.0 breaches)

- 5 complex pathways with additional and repeat diagnostics

Colorectal (5 patients, 5.0 breaches)

- 1 delay to consultant leave
- 1 procedure was cancelled on day due lack of HDU bed as a result of site pressure
- 3 complex pathways

Head & Neck (3 patients, 2.0 breaches)

- 3 Complex pathways with additional and repeat diagnostics, 1 patient pathway included a change in treatment plan.

Skin (3 patients, 1.5 breaches)

- 1 delayed transfer to Oxford resulting in 0.5 breach
- 1 delayed due to capacity in Dermatology
- 1 delayed treatment at Oxford with the transfer of care on time

Breast (2 patient, 2.0 breaches)

- 2 delays to delays to chemotherapy due to capacity and clinical admin

Sarcoma (1 patient, 0.0 breach)

- 1 transfer of care to Oxford on time

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

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

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

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

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

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

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

Template biopsy kit has been delayed by an issue with procurement and delivery is expected time within the next 8 weeks.

Risk to Performance Delivery

October, based on an average number of treatments and diagnosed cancers, is expected not to achieve the standard with a forecast performance of 80.1%. There are also 4 suspicious pathways being tracked and if these were to result in a cancer diagnosis performance would likely be 78.3% (83.0 treatments & 18.0 breaches). October breaches were delayed for medical reasons (upper gi), capacity issues (skin), patient choice (breast & colorectal). Other pathways have seen delays due to the need for additional diagnostics.

Risk: CT van sessions are in place to help support radiology during the replacement of the CT scanner this summer. This is impacting on the service being able to offer earlier scans to help bring pathway forward. Radiology are actively managing and prioritising cancer referrals. PET CT van would assist capacity. At the same time reduced staffing in radiology due to vacancy and absence is placing increasing strain on capacity. Additional funding for Inhealth CT van in place until March 2022. Current waiting time for a CTColon is 16 days.

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

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

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

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

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

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

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

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

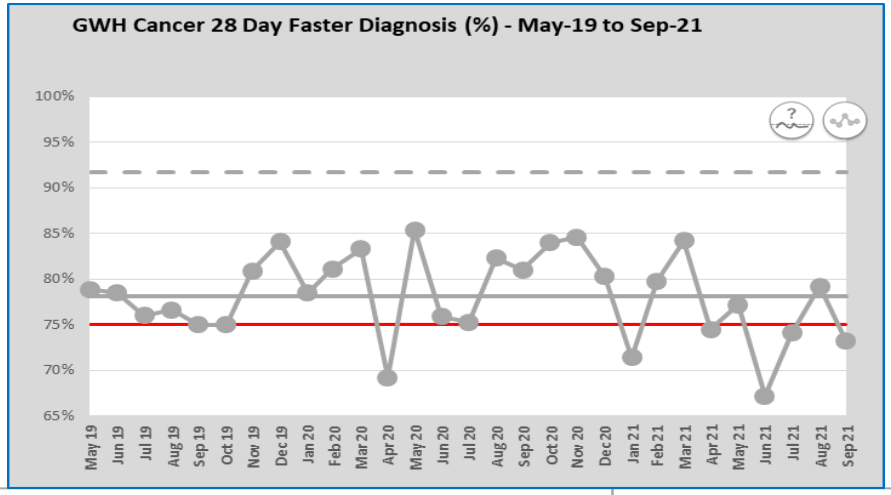
Cancer 28 Day Diagnosis Target 75%

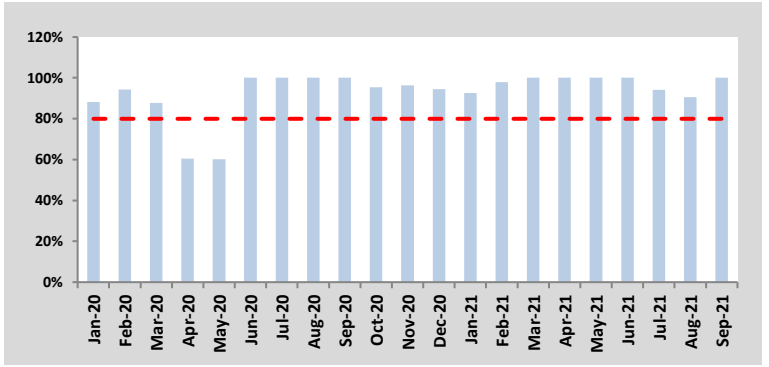
Data Quality Rating:

Are We Effective?

Performance Latest Month: **September**

28 Day FDS 73.2%





Background

The delays to diagnostic testing and outpatient activity through the COVID pandemic has led to delays with communicating cancer diagnosis with patients. The standard will be informally reported in the Public View domain from June 2021, with formal reporting from October. Performance will be split, with Screening, Breast Symptomatic and 2WW being reported separately. GWH Cancer Registry has now been upgraded to allow this split to be monitored, with previous data being a combination of the 3. The combined performance for September would have been 74.4%.

The standard was not met in September with a performance of **73.2%** (382 breaches)

Urology (43.6% - 62 breaches)
- 8 complex pathways with multiple and/or repeat tests
- 22 insufficient capacity for follow up in clinic to discuss diagnosis
- 10 clinical admin delays which included delays to dictating letters and delays to arranging follow ups.

Colorectal (57.3% - 123 breaches)
- 25 clinical admin to review diagnostic tests and any subsequent to follow up tests.
- 28 complex pathways where multiple diagnostics were required
- 22 breached as a result of clinical capacity
- 19 were as a result of patient choice

Upper GI (68.4% - 30 breaches)
- 18 clinical admin delays, mainly because of delays to consultant review of diagnostics for next steps due to capacity
- 4 were due to complex pathways
- 9 were as a result of a lack of capacity to book appointments and/or diagnostic tests

Gynaecology (71.8% - 35 breaches)
- 4 complex pathways where multiple diagnostic were needed before a diagnosis could be given.
- 16 -were due to administrative delays with the dictating of letters following appointment/review
- 12 were as a result of general pathway admin, appointments and tests booked within KPIs

Skin (76.9% - 77 breaches) achieved the standard but saw a large number of breaches due to clinical capacity (56).

October performance is expected to meet the standard.

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

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

Task and finish groups have been set up to review the data and cancer pathways to help identify potential opportunities to improve performance.

Audit of Colorectal STT endoscopy underway to assess effectiveness of cancer excluded on endoscopy reports in respect of keeping patients on pathway until pathology is returned/further tests completed.

Creation of dedicated CT/MRI slots with a 48 hour turnaround is due to go live ion the Colorectal pathway in October

Additional clinics in Upper GI are being run to assist with demand which will help cancer pathways. Review of the administration process post appointments to expedite cancer related letters/follow ups is underway.

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

Risk to Performance Delivery

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

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

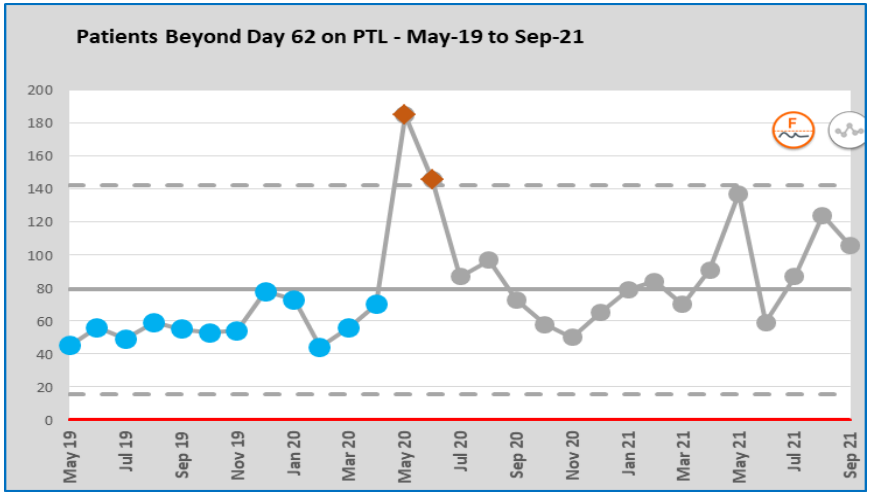
Colorectal
- Lack of consultant capacity, will impact on the delivery of diagnosis.
  - Colorectal service has recruited two registrars to support clinics releasing consultant capacity to see cancer patients.

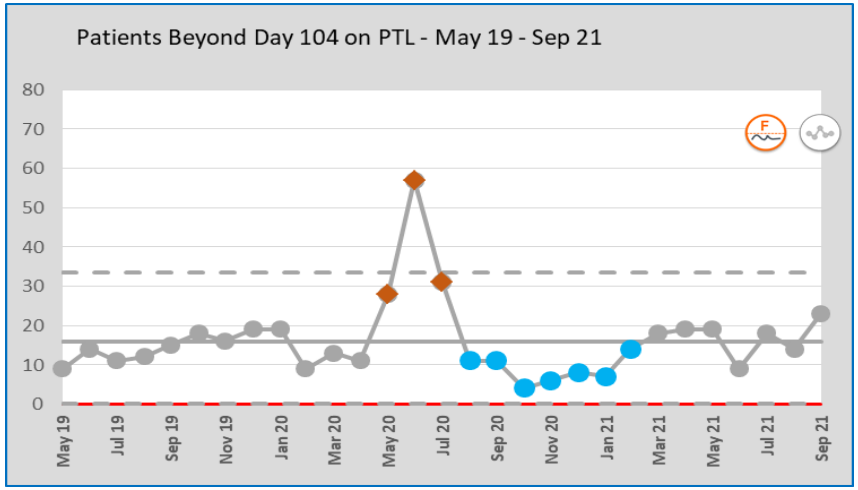
Radiology
- CT replacement works through summer
  - Additional CT van days are being arranged until March 2022.
- Staff pressures due to vacancies, annual leave and fatigue.
  - CT van from Inhealth till March 22 approved.
  - Weekly wait data is supplied to cancer services team to help manage expectations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

Cancer 62+ day & 104+ PTL. Confirmed 104 day breaches

Data Quality Rating:

National Key Performance Indicators





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

The number of 62day+ pathways fell through September (106): Skin (48), Colorectal (23), Urology (13) & Upper GI (12). There are a number reasons for the high number of pathways, including complex pathways, clinical administrative delays, delayed pathway information from Oxford and annual leave in the MDTc team impacted on the removal of non cancer cases.

The number of patient pathways over 104 days has risen through September (24) These delays are due to the plastic capacity at OUH (7), dermatology capacity (3) and complex pathways in upper gi, colorectal and urology (3 each).

104 Day Breaches: **September**: 3 Patients; 2.0 breaches (IPT)

Treated at tertiary

Head & Neck: 1 patient-0.5 breach: a complex pathway involving a repeat FNA biopsy and additional time to identify the primary cancer, with a review in Haem MDT to rule out a lymphoma. Transfer of care sent day 74 and treated in Oxford day 122

Treated at GWH

Colorectal: 1 patient-1.0 breach: Complex pathway requiring repeat scope and multiple scans, there were elements of clinical delays to review pathway following initial investigations due to capacity

Upper GI: 1 patient-0.5 breach: Complex pathway with multiple tests and discussion at OUH. Shared breach as longest element of diagnostic pathway was at Oxford.

October is likely to see 8 patients breach 104 days on their pathway resulting in 6.0 breaches.

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

Although we are the 2nd best performing Trust in the SW for our 62 day PTL, we still are still aiming to reduce the numbers of patients waiting longer than 62 days.

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

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

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

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

Weekly calls with the Cancer Pathway Manager at Oxford is held to review and expedite pathways outside of the usual MDT-coordinator communications.

Risks to delivery and mitigations

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

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

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

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

Risk: Patient reluctance to attend pre-vaccination.

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

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

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

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

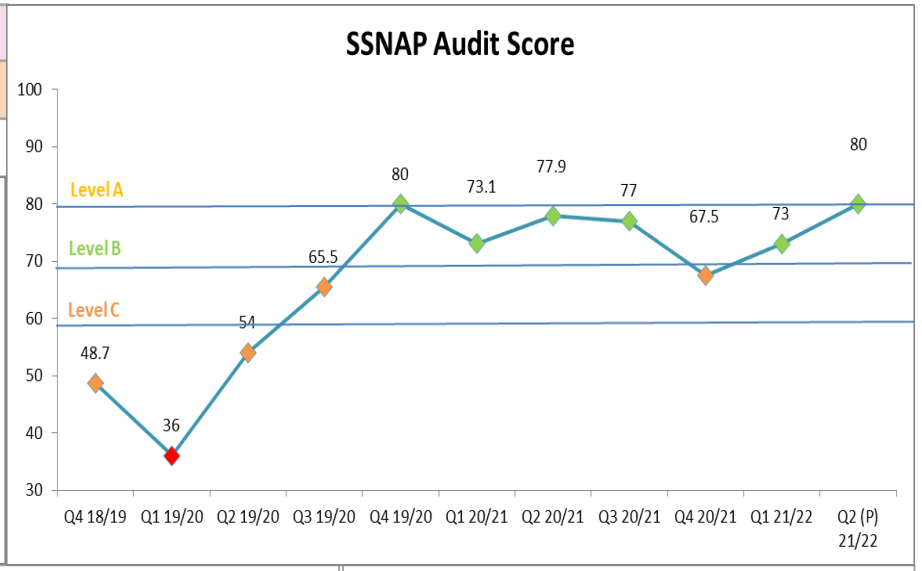
Stroke Pathways

Data Quality Rating:

National Key Performance Indicators

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

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



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

Following the dip in SSNAP performance for Q4 20/21, we have seen a recovery in the position with the Q1 21/22 result confirmed as returning to Level B performance.

Q2 21/22 is predicted to maintain Level B performance, currently scoring 80 points. Gains have been made in Domain 2: Stroke Unit and Domain 4: Specialist Assessment, both improving from Level D to Level C. Additionally, Domain 6: Physiotherapy has improved from Level C to level B, which is reassuring as this has previously been impacted by the vacancies held across the specialty. Now these vacancies have been recruited into, we are confident of continued improvement in this domain.

Direct admissions within 4 hours to the ASU have deteriorated throughout October, with the main contributory factors being reduced bed availability and delays in Front Door reviews out of hours.

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

1. Request made through Targeted Investment fund to bid for additional Stroke Consultant resource (as per drafted Business Case). Awaiting outcome - **November 21**
2. Review and update SWICC Therapy Summary Sheet to streamline data collection allowing for simpler and more efficient recording of SSNAP information, which is aligned with the ASU. Oct 21 - **Complete**
3. Stroke data administrator to carry out data entry for SWICC, improving efficiency and accuracy and allowing for the release of clinical therapy resource. Oct 21 - **Complete**
4. Peer review of recording of SSNAP Physiotherapy data with Dorset to identify potential areas of improvement - **Dec 21**

Risks to delivery and mitigations

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

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

Focus on pathway improvements at front door underway with support from the Associate Director of Associate Director of Emergency & Urgent Care Transformation.

Board Assurance Report

Quality & Governance Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Dr Nicholas Bishop	Dr Nicholas Bishop		18 November 2021
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

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

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

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Integrated Performance report: Electronic Discharge Summary (EDS)	Red	Red	No significant change in the percentage of completed EDSs. The committee was pleased to note that GWH is expected to be allocated additional Foundation Year doctors in the next intake. This will provide more staff able to complete EDSs		
Maternity Oversight	Amber	Green	This reported the work of the Maternity Oversight Group that was created in response to a number of concerns raised by staff. This group focused on 7 themes, developing actions to address them eg. The Chief Nurse and Medical Director wrote to all maternity staff reinforcing the standards of behaviour expected and offering to discuss any concerns. The committee was assured by the good leadership shown in addressing the issues, and the timely and appropriate actions.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
National Inpatient Survey-CQC Report	Amber	Green	The findings of this report placed GWH at around the median level for many measures but also at the lower end for many. Actions have been put in place to raise the level of the Trust in future reports. However the surveys for next year's report are being carried out this month so the effect of the actions may not be seen. Particular actions have been taken to reduce noise levels from staff and other patients, including replacing noisy bins with soft closure ones. Also several actions in relation to discharge.		
Clinical Audit reports	Amber	Green	Further progress has been made in spite of the challenging conditions over the past 18 months. Plans are in place to further reduce delays in signing off reports		
Annual Clinical Audit Report	Green	Green	A good report in the circumstances though some reports have been carried forward because of the pandemic.		
Parliamentary Health Service Ombudsman Complaints Standards and handling procedures.	Amber	Green	GWH was not chosen for the pilot of this implementation model but we have been appointed as an early adopter. The report outlines a model for best practice in handling complaints based on a "Just and Learning" culture.		
CQC Preparedness	Amber	Green	This is being discussed at executive level every 2 weeks. Progress continues to be made especially in terms of engagement and the insight by staff. The committee acknowledged the firmer grasp on this since the programme was placed under the current Chief Nurse. The committee acknowledged some nervousness around the dates for completion of some of the tasks.		

Issues Referred to another Committee	
Topic	**Committee**

Great Western Hospitals NHS Foundation Trust

Part 2: Our Care

Our Priorities

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

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

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

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

How We Measure

Are We Effective?

Are We Responsive?

Are We Safe?

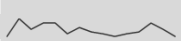
Are We Caring?

Are We Well Led?

Use of Resources

Our Care Summary

Great Western Hospitals NHS Foundation Trust

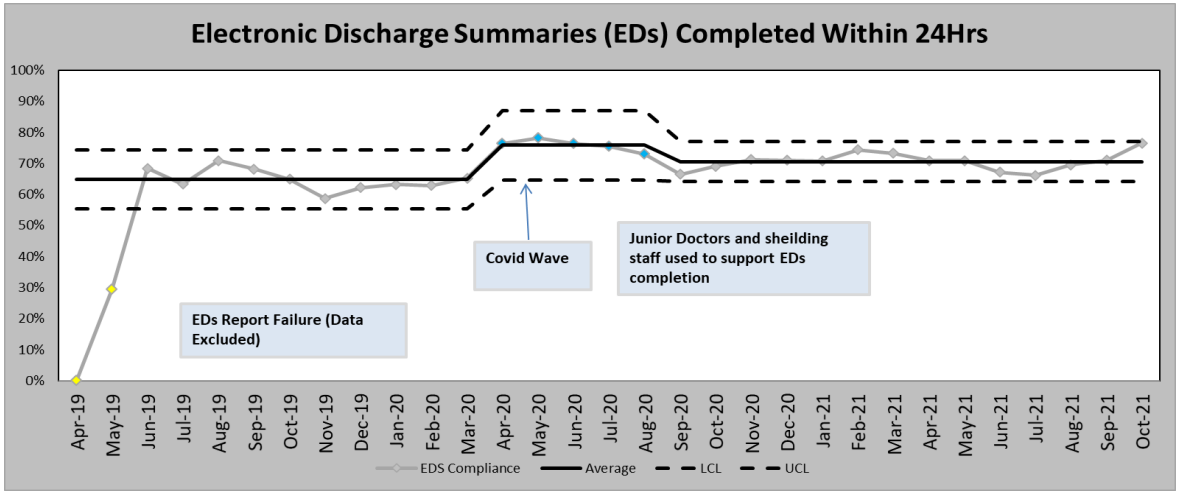
KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking	Bath Ranking	Salisbury Ranking	Month
C. Difficile (Hospital onset) per 1000 bed days	11.3 (Jun 21)		19	52	26	Jun 21
VTE Assessment	94.3% (Oct 21)		22	134	4	Dec 19
Hip Fracture Best Practice Tariff – 12 Month Rolling	56.4% (Sept 21)		56	70	71	Sept 21
Complaints Rates	27.9 (Q4 20/21)		104	50	22	Q4 20/21
Family and Friends Score – Percentage of Positive Responses - Inpatients	79.15% (Oct 21)		125	77	31	Aug 21
Complaints Response Backlog	0.8 (Q4 20/21)		4	35	43	Q4 20/21
MRSA all cases	2 (2021/22)		84	68	77	Aug 21
Falls per 1000 bed days	5.3 (Oct 21)					
Pressure Ulcers – Acute	28 (Oct 21)					
Pressure Ulcers – Community	35 (Oct 21)					
Never Events 21/22	3					
Serious Incidents	1 (Oct 21)					
Patient Safety Reporting Culture (Percentage of Incidents Recorded as Severe or Death)	0.4% (Oct 21)					
Hand Hygiene	98.7% (Oct 21)					

Public View Ranking is out of Acute and Combined Trusts Only (123 Trusts)

2. Electronic Discharge Summary (EDS)

Data Quality Rating:

Are We Safe?



	24 hours	48 hours	72 hours.
Nov-20	71.14%	75.67%	78.62%
Dec-20	71.08%	75.59%	79.81%
Jan-21	70.81%	75.43%	78.50%
Feb-21	74.36%	74.84%	77.55%
Mar-21	73.22%	77.53%	81.36%
Apr-21	70.95%	75.28%	78.90%
May-21	70.94%	76.03%	79.42%
Jun-21	67.20%	70.88%	72.97%
Jul-21	66.12%	69.79%	73.33%
Aug-21	69.54%	74.05%	77.32%
Sept-21	71.00%	75.43%	77.72%
Oct-21	64.58%	68.75%	72.79%

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

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

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

The data above demonstrates that on average the number of EDS that reach the GP surgery within 24 hours is 76.58% and by 72 hours this figure increases to 77.35%.

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

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

The EDS working group was set up in 2018 and is led by the Deputy Medical Director, with quarterly meetings. The working group has good representation from the (DMD), Quality Matron, Clinical Leads, Clinical Fellows and Matrons.

It has been identified through a recent survey that there are a number of incomplete EDS on the system which are generated for patients when they are transferred from the acute side to Swindon Intermediate Care Centre (SWICC). A review of the contract has commenced to classify these transfers as ward moves and not discharges to SWICC, reducing the need for a duplicate EDS.

Following concerns raised by GP's and community services, a collaborative project has commenced with the Acute Hospitals alliance (AHA) to review the quality and compliance rates for EDS. Stakeholders have been identified from several Trusts The Medical Director has met with trainee doctor representatives to identify ways of supporting the process for clinical staff and to improve compliance. MD is in consultation with AHA counterparts to identify opportunities for shared learning and improved performance. The DMD is leading on the EDS induction pack for junior doctors, with the first meeting planned for November with the expectation to have this in place by the next rotation of junior Doctors.

The deanery is offering a significant increase in Foundation 1 (F1) and Foundation 2 (F2) doctor allocations to reflect the high caseload at GWH and if funding is identified this will increase capacity for EDS over the next 1-4 years.

Risks to delivery and mitigations

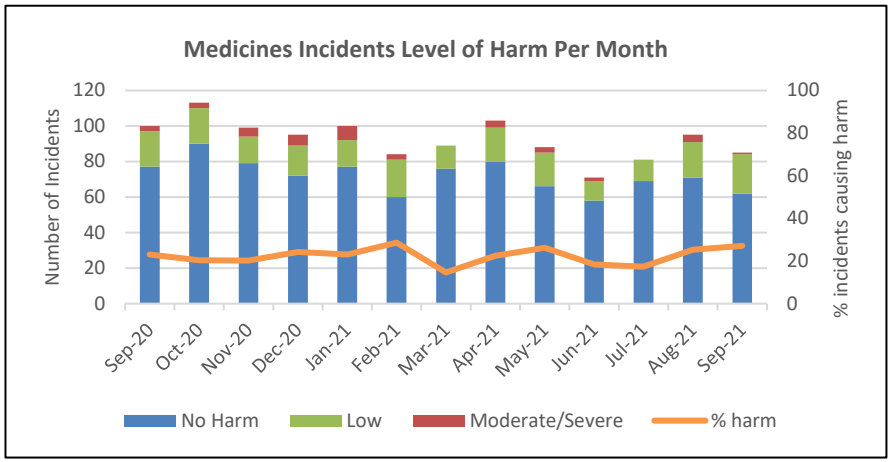
The current EDS system is a standalone system, due to the age of the system we are unable to make any further system changes. However, there are plans to update the Care Centre (CareFlow) system, further work is ongoing to assess the impact of this on the EDS system.

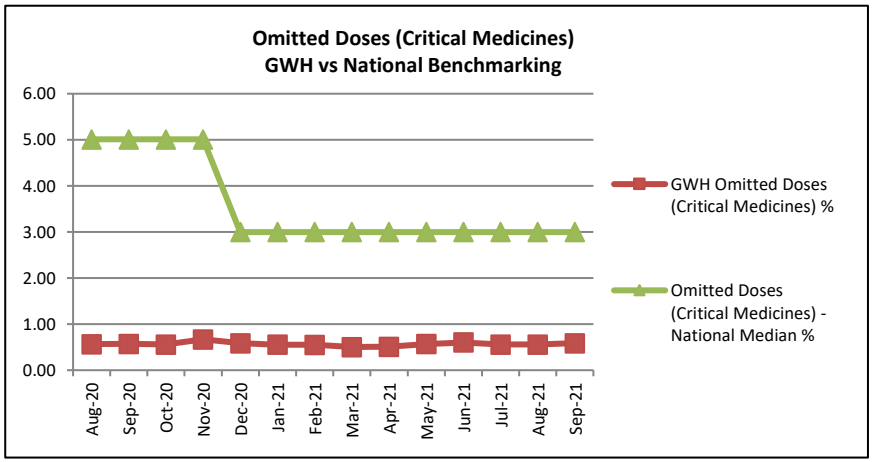
Regular changeover of Medical staff has a direct impact on EDS performance. The Junior Doctor revised training pack on induction will support mitigation of this risk

2. Medicines Safety

Data Quality Rating:

Are We Safe?





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

Medication Incidents

- The rate of medication incidents and proportion leading to harm remain stable across the year.
- The main trends remain consistent with the main themes of incidents around medication administration.

Omitted Critical Medicines

- The percentage of unintended omitted critical medicines remains consistently low throughout the Trust.
- Compared to the national median of acute hospital trusts (2020 national benchmarking*), Great Western Hospital (GWH) has a lower rate of unintended omitted critical medicines. *Benchmarking value updated Dec 2020

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

Medication Incidents

- A Medicines Safety Awareness Day will be held on 25th November 2021 with the aim of raising awareness of the importance of medicines safety within the Trust. The focus of the day will consist of Just Culture guidance when investigating incidents, patient identification with wrist bands and intravenous medication administration. Ward visits and speakers are arranged for the day.
- Nursing training is under review within the Great Care Campaign, focusing on the teaching on induction and the methods used to review competency on a regular basis. Nurse training provided by Pharmacy will be amended to support recent incident trends.
- Medicines Safety Huddles have been introduced to identify immediate learning which will be shared throughout the Trust after a medicines related incident.
- Regular updates on the Great Care Campaign activity and medicines safety actions to be provided to Patient Quality Committee monthly and Medicines Safety Group quarterly.

Omitted Critical Medicines

- In order to reduce the number of omitted medicines, the Pharmacy team are in the process of reviewing stocklists and looking at themes within the omitted medicines to see if there are any drugs causing particular issues on wards.

Risks to delivery and mitigations

Medication Incidents

No specific risks to delivery identified at this stage.

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

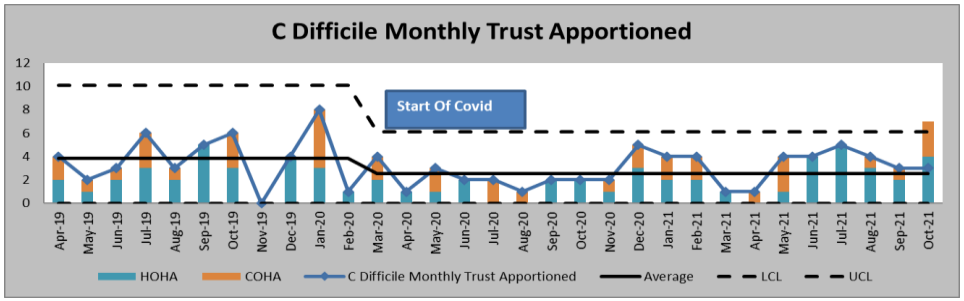
Omitted Critical Medicines

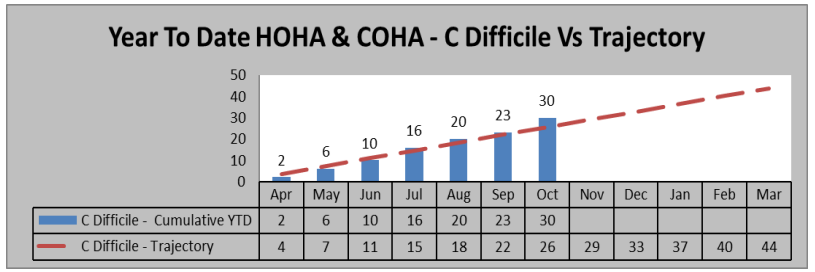
No specific risks to delivery identified at this stage.

2. Patient Safety - Infection Control

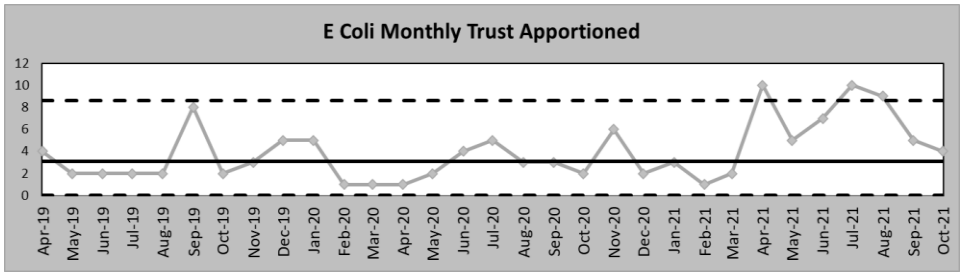
Data Quality Rating:

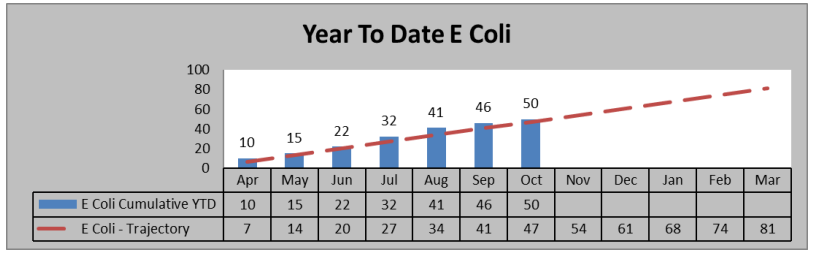
Are We Safe?





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C Difficile - Cumulative YTD	2	6	10	16	20	23	30					
C Difficile - Trajectory	4	7	11	15	18	22	26	29	33	37	40	44





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
E Coli Cumulative YTD	10	15	22	32	41	46	50					
E Coli - Trajectory	7	14	20	27	34	41	47	54	61	68	74	81

MRSA Bacteraemia	2020/21	2021/22
Trust Apportioned	0	2

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

C. *difficile* – In October there has been 7 reportable C. *difficile* infections. 4 Healthcare Associated (HOHA) were identified on AMU, Meldon, Neptune and Teal, and 3 Community Onset Healthcare Associated (COHA) infections were identified on Linnet (2) and Teal.

MRSA Bacteraemia – 0 cases reported for October.

Gram negative Bacteraemias

The trust has been set a trajectory of 81 E.coli bacteraemia (based on 2019 GWH levels minus 5%). At the seven month mark, 50 have been identified including 4 in October 2021. This is higher than the trajectory.

We have identified 11 Klebsiella bacteraemia (on trajectory of 18) and 10 Pseudomonas Aeruginosa bacteraemia (slightly under the trajectory of 19).

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

C. *difficile* - Ribotyping has been requested on all cases of C. *difficile* Infection (CDI) and is able to reassure that there have no cases of cross contamination. All cases are investigated and any learning immediately fed back to ward teams.

The Trust attended the South West Health Care Associated CDI Collaborative which took place in October due to the increase in CDI cases across BSW. Work is in progress to look at standardising documentation to strengthen the current process for preventing and managing CDI across BSW. GWH is now breaching the trajectory for Q3 and is currently performing less comparably than other Trusts within BSW.

The Trust's Antibiotic Working Group (AWG) met in October and reviewed antibiotic prescribing and the concerns raised from the CDI urgent incident reviews. Further work with Pharmacy is in progress to develop new ways to raise awareness of good antimicrobial stewardship including a new pre-recorded videos via the intranet.

There have been no Influenza cases in GWH or across BSW in the last month.

Respiratory Syncytial Virus (RSV) in children remains an increasing risk; to date the Trust has seen 62 cases since July 2021 with 34 of these identified during October 2021.

To support the work to prevent Gram negative bacteraemia, improvement work continues on urinary catheter insertion and catheter care, alongside a focused review of the adherence to the use of aseptic non touch technique and skin products being used for peripheral cannula insertion.

Risks to delivery and mitigations

Maintaining cleanliness of the ward environment consistently, including patient care equipment remains a priority.

A programme of spot check audits occur three times per week with support from the SERCO, Matrons, Estates and Facilities these are in place to monitor and provide assurance.

Supporting engagement of clinicians with alternative training platforms and video guides to highlight changes in Infection Control.

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

2. Patient Safety – Coronavirus

Data Quality Rating:

Are We Safe?

Covid 19	Aug -21	Sep -21	Oct-21
Number of detected Inpatients	176	246	310
Number of Deaths in Hospital	6	19	18
Hospital Acquired Covid-19 Cases*	5	7	6

Covid-19 (Apr 21 – Mar 22)		(April 20- Mar 21)
Number of detected Inpatients	932	1458
Number of Deaths	51	324
Hospital Acquired Covid-19 Cases*	19	139

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

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

As of the 26th October 2021, the Swindon case rate was 1,035.1 per 100,000. The South West rate was 727.2/100,000, with the England average being 481.2/10000.

There were 6 hospital acquired cases (8 days +) on 3 different wards during October. 1 ward reported an outbreak with 2 associated mortalities, this is currently being investigated under the serious incident framework.

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

All enhanced precautions remain in place within the Trust including 2-metre social distancing (or mitigation with the use of screens) and personal protective equipment (PPE) usage.

The Human Resources, Occupational Health and Infection, Prevention and Control (IP&C) teams have been working to ensure staff who are self isolating undergo a robust risk assessment process, this allows staff defined as critical workers to return to work safely where appropriate.

The patient pathway and management of patients on Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BiPAP), especially outside of specialist areas is under review to ensure safe delivery of care and minimising the risk of nosocomial infection.

A trial is in progress within Unscheduled Care (USC) to improve ward ventilation with air purifying units. The trial will monitor the impact on patients of any noise generated and issues with their ease of use. IPC will be observing for any nosocomial infections occurring during the trial period.

Risks to delivery and mitigations

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

Risk of reduced compliance with staff completing lateral flow tests and reporting results to the national portal. This is being addressed through regular reminders and communication to staff.

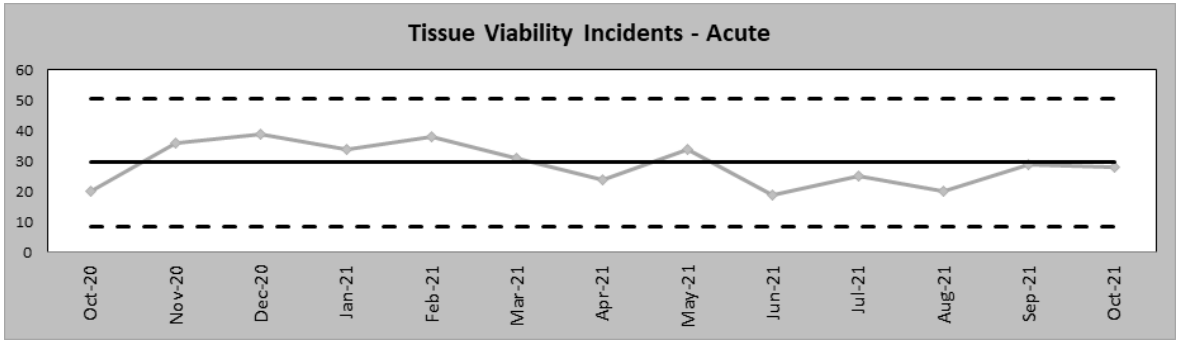
The risk of reduced adherence to PPE from patients and visitors whilst in the Trust is being addressed through regular Public Health and Trust communications.

*Patients in Definite (15+ days post admission) and Probable Categories (8-14 days post admission), plus patients who were previously IP and may have been infected during that earlier admission.

2. Patient Safety – Pressure Ulcers ACUTE

Data Quality Rating:

Are We Safe?



Incidents of harms by Category for October 21:

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstagable	Total Incident of Harms
16	0	0	8	4	28

Number of Patients	Harms per Patient
22	1
3	2

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

The total number of harms related to pressure damage remain high, 28 in total. This is similar to the 2 previous months (25 and 26).

There were no category 3s again this month but numbers of Deep Tissue Injuries (6) and 'unstageable' (4) remain a concern. There is good reporting on Grade 2 damage allowing for earlier intervention.

Hot spots this month are ICU (3) and Neptune (4). Trauma unit remains an area of concern (7).

The location of harms is predominately heels or sacrum.

There are 2 Device related harms this month related to casts; 1 x DTI Plaster of Paris cast and 1x DTI removable cast

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

The Mattress replacement audit and replacement programme has been completed, work is now in progress to ensure regular inspections and replacement of mattresses is ongoing.

A rapid improvement programme for pressure ulcer prevention has been commenced in Surgery, Women's and Children's focusing on SAU and Trauma. The plan has been presented to the Nursing and Midwifery Committee and focuses on training, awareness raising and documentation.

ICU and Neptune are having enhanced supported from the Pressure Ulcer Prevention lead including a deep dive into the pressure ulcer care for patients with Covid 19.

The Emergency Department are having pressure ulcer prevention as a focus of the month in November 21, this is to ensure accurate documentation of skin inspections on admission and prevention of harm associated when patients are waiting for prolonged periods in the Department.

The Pressure Ulcer Prevention lead is focusing on prevention of damage to heels in November with 'off loading' pressure to heels and appropriate use of pressure relieving equipment being prioritised.

The prevention of pressure related harm with casts is being reviewed with the Trauma specialist nurses and training is being provided.

The national STOP the PRESSURE day on the 18th November 21 is being supported by the Trust with a communication campaign and a 'trolley dash'.

Risks to delivery and mitigations

There is a risk of insufficient of education and training for staff to reduce the incidence of hospital acquired pressure damage. This is being mitigated by encouraging the use of electronic learning and sharing learning during the investigations.

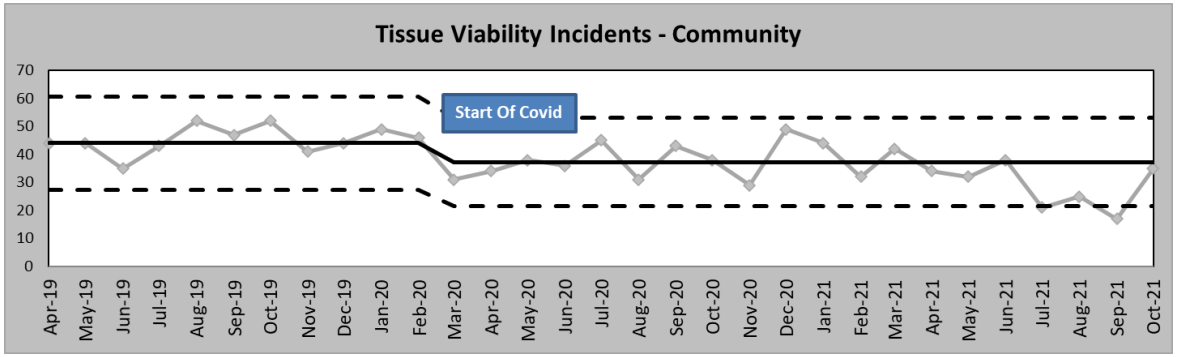
There is a risk that staffing levels are impacting on ability to provide high quality pressure ulcer prevention care, especially in high acuity areas. This is being mitigated by the safe staffing process to redeploy staff appropriately and support from the specialist team.

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

2. Patient Safety – Community Pressure Ulcers

Data Quality Rating:

Are We Safe?



Incidents of harms by Category for October 21:

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Device Related	Unstagable	Total Incident of Harms
11	5	2	6	2	9	35

Number of Patients	Harms per Patient
35	1

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

There has been an overall increase in reported pressure ulcers this month.

Of concern were the 2 Category 4 PU's, which were previously reported at category 3 and deteriorated despite intervention.

There are still high numbers being reported at high levels of harm (Category 3, Deep Tissue Injury or Unstagable). Earlier reporting and intervention may reduce the level of harm caused.

There is I x Mucosal harm caused by urethral catheter, is following additional training and awareness raising which may have resulted in improved reporting.

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

Training on pressure ulcer prevention focusing on early recognition and intervention all community staff is on going.

Moisture Associated Dermatitis Pathway (MASD) pathway delivered and launched for care providers to improve partnership working and risk awareness and escalation. Positive Informal feedback from all delegates regarding the practical session. Agreement that the pathway supported a reduction in unwarranted variation.

Mucosal Harm improvement workstream:

- Quick time learning delivered to all Community Nurse teams
- Catheter care plan to be launched Nov 21 for all patients to assess equipment needs to prevent harm.
- Extension of all catheter education sessions delivered by Community Educational Facilitator to include harm prevention.

The SSKIN bundle on the electronic clinical system is being updated to meet national guidance. Launch will be at 'Stop the Pressure day' in November 21.

Risks to delivery and mitigations

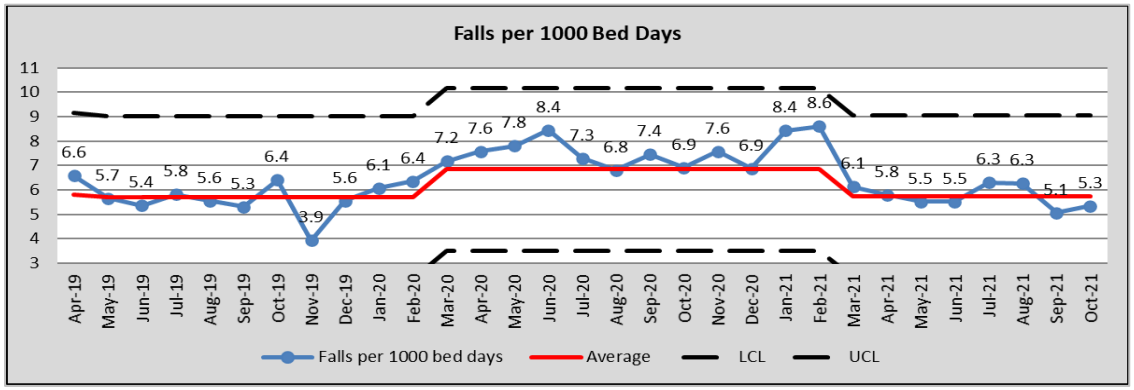
There is a risk that staffing levels will impacting on ability to provide high quality pressure ulcer prevention care. This is being mitigated on going recruitment of community staff and support from the specialist team. Pressure Ulcer prevention pathways and resources are given out to all temporary workers.

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

2. Patient Safety – Safer Mobility (Falls Reduction)

Data Quality Rating:

Are We Safe?



	Total Falls	Falls resulting in moderate harm or above
Apr-21	99	3
May-21	101	3
Jun-21	97	2
Jul-21	113	4
Aug-21	94	2
Sept-21	96	2
Oct-21	105	4

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

Over the last 6 months we have seen a decrease in falls per 1000 bed days, reducing from 8.6 in February 2021 to 5.3 in October 2021.

To take into account activity, falls are presented in the context of 1000 patient bed days. Falls per 1000 bed days is a calculation of total falls reported, divided by number of patient bed days for a month, then multiplied by 1000. This may mean the number of falls within the month are similar but due to activity changes the rate per 1000 bed days can increase / decrease.

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

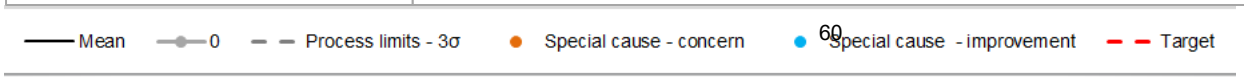
Final amendments are currently being made to the New Falls Assessment documentation within Nervecentre with the expectation that it will be ready to present to Ward Managers in November 2021. A training plan to support the implementation will be delivered during December 2021.

Implementation of falls debriefs on Trauma and Teal commenced in October with roll out to Jupiter planned for November 2021. There has been outstanding engagement from the entire multi-disciplinary team on Teal Ward with the falls reduction programme. Six Junior Doctors are planning to complete audits in two falls topic areas. Two Foundation 1 (F1's) on Mercury are doing an audit into escalation and medical management of postural hypotension. Four F1's across elderly care and trauma are doing an audit into post fall medical assessment and time to imaging.

Risks to delivery and mitigations

There is a risk that individual patients falls risk will not be identified and appropriate interventions will not be put in place due to a lack of a multi factorial falls care plan in the Trust.

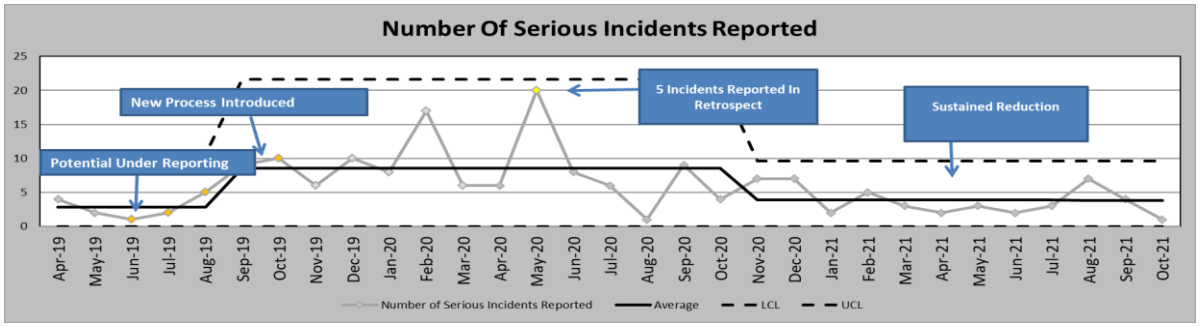
There is ongoing work to add this assessment to Nerve Centre (electronic system). The assessment has now been uploaded onto the Nervecentre test system.



2. Patient Safety - Incidents

Data Quality Rating:

Are We Safe?



Serious Incidents Reported			Comparison
Aug-21	Sep-21	Oct-21	Oct-20
7	4	1	4

Never Events	
2020-21	2021-22
2	3

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

At the time of reporting there are a total of 27 on-going Serious Incident (SI) investigations, with 1 reported in October.

The number of SI's reported has decreased compared to September and remains within our control limits.

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

Improvement Groups continue in the following areas –

BiPAP Working Group – the group continues to meet to improve the safety of patients requiring Non-invasive ventilation. Any incidents or near misses are reviewed for learning and a plan for improvement. The group are planning to trial a Non- Invasive Ventilation (NIV) wristband stating oxygen target levels for the patient. A review of the application on CareFlow to upload Arterial Blood Gasses (ABGs) has identified further work is required to ensure its functionality and this is being discussed with the relevant IT applications group.

Allergies Improvement Group- Process mapping of documentation and management of allergies has been completed. The allergies section of Medicines Management Policy needs to be updated to include plans to address the gaps identified during process mapping. Preferred single source of truth for allergy documentation is Electronic Prescribing Medicines Application (EPMA) . Plans are underway to have EPMA & NerveCentre interface.

Sharing of Learning – The Learning Zone is now in the second month since its launch. To increase awareness staff from the clinical risk team are planning events to visit wards and departments individually over the next 2 months.

Never Events – The 2 recent Never Events are under investigation under the Serious Incident Framework. Duty of Candour has been completed for both cases. A new process is being implemented to prevent re-occurrence in the future.

Risks to delivery and mitigations

Despite improvement there are 17 SI investigations overdue, which pose a risk to breach of contract should the Trust be measured against timeframes. Divisions have provided a predicated closure trajectory for each SI.

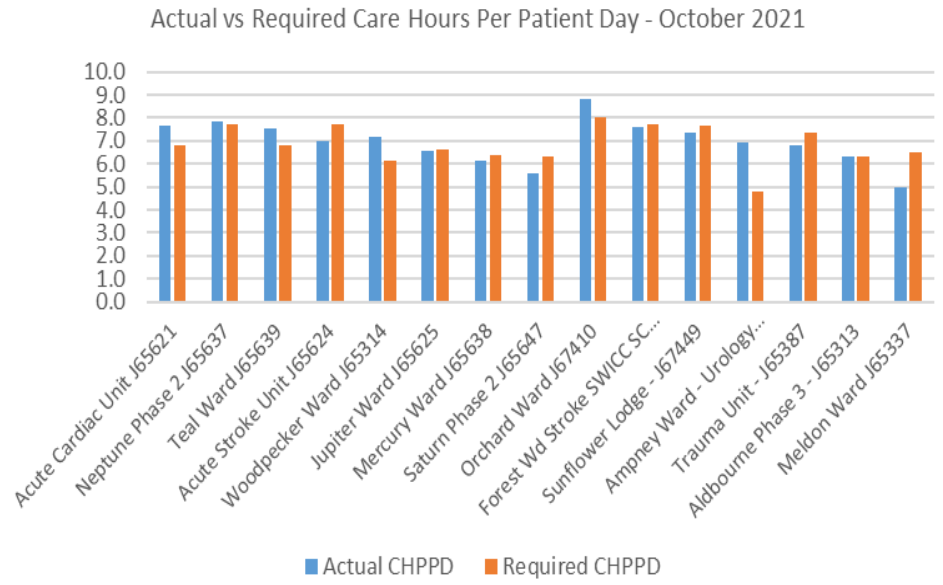
The contract for Datix Incident management system is progressing. Training has been developed and is being delivered across the organisation. Training includes face to face, videos, and crib sheets.

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

2. Patient Experience – Safer Staffing

Data Quality Rating:

Are We Safe?



It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board.
This chart demonstrates the Care Hours Per Patient Day (CHPPD). CHPPD measures patient acuity and dependency and the nurse staffing levels required.

The chart describes 7 wards required hours being greater than the actual hours available, Meldon, Trauma unit and Sunflower have the greatest deficit. Wards reporting below required hours have been supported by the Supervisory Ward Sisters and nurses in non clinically facing roles working clinically.
Areas shown as having more care hours available than required are reviewed daily by the Matron / Monthly by Divisional Director of Nursing.

The Care of Elderly and Children's Wards additional hours relate to Registered Mental Health Nurse or enhanced care usage for providing specialist care to specific patients. The excess hours reported on Ampney is being investigated as staff are moved using the Safe Care Wheel to support wards with a deficit, so this may be a reporting issue.

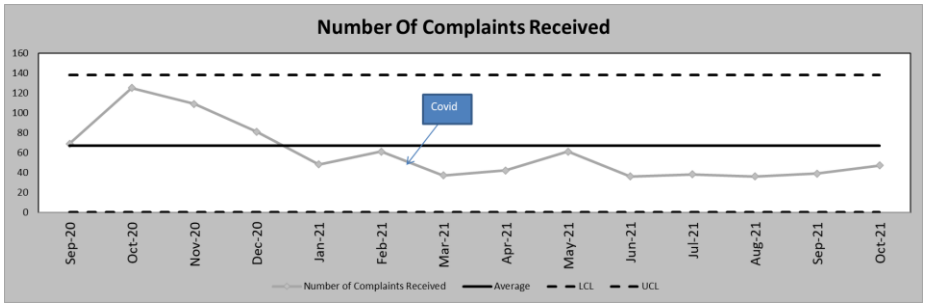
October 2021 has continued to see significant challenges to ensure safe staffing levels throughout nursing and midwifery, the main area of concern is the high sickness absence and absence relating to Covid 19 isolation. This is demonstrated through the average shift fill rate for Registered Nurses is 100.6% (ranging from 81% to 117% as includes RMNs), 80.7% for health care assistants. Of note is the midwifery fill rate at 81.7 for registered midwives and 68.5% for unregistered workers.

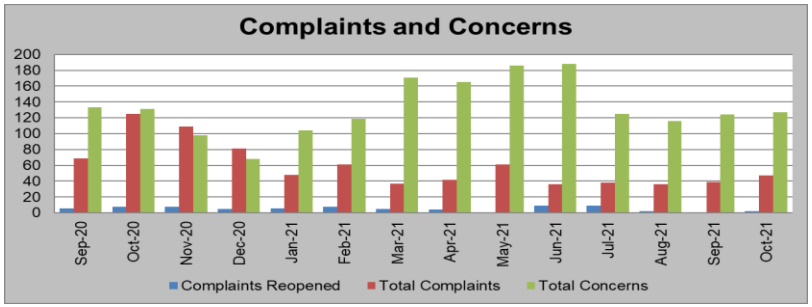
The Trust has welcomed 48 newly qualified nurses in September / October 2021, this with the international nurse recruitment programme welcoming 8 wte nurses a month is seeing a significant improvement in the Registered Nurse vacancies. The specialist areas Emergency Department, Intensive Care Unit and Midwifery remain areas of focus with bespoke recruitment plans in place.
Health care assistant vacancies are an area of concern and have rncreased in the last 3 months. This is in line with the national picture as other sectors are recruiting post lock down. The HCA improvement programme PRIDE has been launched as part of the #GreatCare campaign, this focuses on recruitment and retention as well as HCA development. The Trust is also working with the NHSE/I on the Accelerated and Sustainable Recruitment for Health Care Support Workers to support this.

Midwifery staffing remains an area of concern, there is an enhanced recruitment and retention plan including a refreshed recruitment campaign, a return to practice programme and a successful collaborative bid with BSW for international midwife recruitment. Funding for an additional practice educator has also been secured.
The Neonatal Unit has also been challenged for staffing in October due to high acuity and dependency and increased numbers of babies requiring care. The nursing establishment reviews recognised gaps in meeting the national neonatal staffing standards and this is being worked through.

2. Patient Experience - Complaints and Concerns

Are We Safe?





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

47 complaints (previous month 39) and 127 concerns (previous month 124) were received in October 2021.

Out of a total of 174 cases received from Complaints and Concerns in October, the overall top three themes were:

- **Clinical Care**: 28 cases (16%), 16 complaints, 12 concerns.
- **Communication**: 24 cases (14%) 4 complaints, 20 concerns.
- **Behaviour/Attitude of staff**: 24 cases (14%) 4 complaints, 20 concerns.

44 complaints were rated as Low – Medium. 3 complaints were rated as High. The cases rated as high included decisions related to discharge and complications during and following surgery, the cases remain under investigation.

Response rates: Overall complaint response rate was 71%. 43% of concerns were resolved within 24 hours, 75% were resolved within 7 working days (Internal KPI 80%).

In line with the proposed Parliamentary Health Service Ombudsman NHS Complaint Standards, the trust has reviewed the categories for assessment against GWH policy and procedures. An action plan has been developed to address gaps which have been identified to ensure that the trust meets the “mature stage” of assessment.

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

Clinical Care

Patient feedback highlights issues raised related to delays with discharge and care received whilst an inpatient. The Integrated Community Care team are to commence work with Orchard Ward, Forest Ward and Sunflower Lodge as a result of the “What Matters to you” following a series of meetings recently held with staff. Three groups led by staff members with oversight of Senior Managers will form work streams focusing on personalised care, patient led discharge planning, pathways for patients from Acute to Swindon Intermediate Care Centre and then home.

Communication

Patient feedback has identified issues related to patients having difficulty contacting the Primary Care GP Surgeries and the booking of appointments. The introduction of eConsult for appointment booking has been introduced and has had an impact on the reduction in complaints and concerns received for Primary Care. In addition ,new voice messages and options on initial contact have been put in place together with recruitment to the call handling team and implementation of telephony KPI’s.

Behaviour/attitude

Surgery, Women & Children’s have introduced senior managers personally writing to members of staff who have been mentioned in compliments as a thank you.

In line with the proposed NHS Complaints Standards, a working group is being set up to ensure staff mentioned in complaints receive adequate support, in line with the Trust’s work on the Just Culture.

Risks to delivery and mitigations

Potential risk of delays to the complaints process due to the change over to Datix. This is being mitigated by each division having their own Complaints Facilitator who can support staff when entering risks onto Datix.

Concerns identified that new patient/family dect phones are not being used for intended purpose consistently. Switchboard reporting no reduction in calls and continued frustration from patients unable to contact wards/departments. The Head of Patient Experience is undertaking a ward level review and education session on 17th November. A new Volunteer Patient Experience Forum has been set up and will initially focus on isolation and loneliness including increasing use of the patient/family phones.

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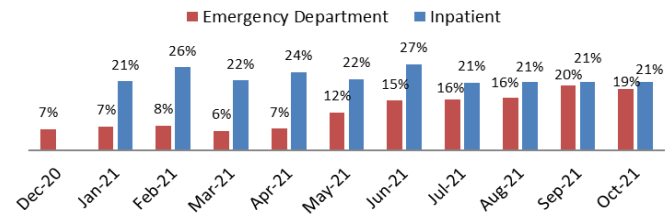
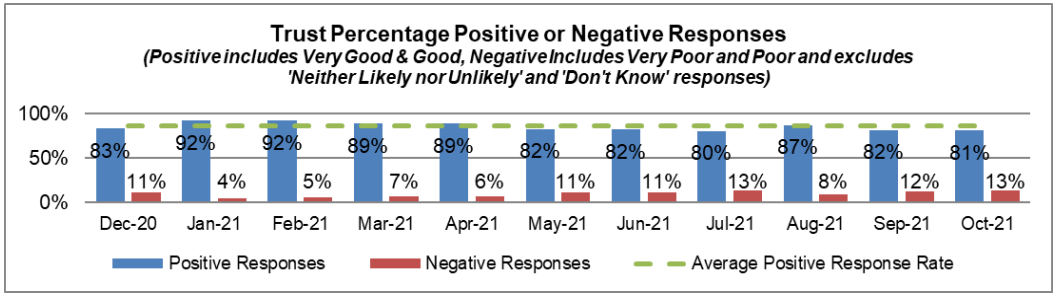
2. Patient Experience – Friends and Family Test

Data Quality Rating:

Are We Caring?





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

For October 81.17% of the Friends and Family Test (FFT) responses were positive, a slight decrease from the previous month 81.51%. This is based on the % of responses rated as 'very good' and 'good'.

This was achieved by:

	No. of Texts sent	No. of Responses	Total response rate (%)	No. Positive Responses
ED	5452	1171	19.16%	71.99%
Inpatients	2559	705	21.32%	79.15%
Day Cases	1987	567	22.83%	93.12%
Maternity	0	46	100%*	88.08%
Outpatients	0	129	100%*	97.73%

(correct as of 3rd November)

- The Emergency Department survey results have increased slightly and remain jointly (ED and Urgent Care) around 70%. (Emergency Department at 67.88% and the Urgent Treatment Centre at 75.66%).
- Inpatients, is consistent within 70-80% positive score.
- Day Case shows a slight increase for October.
- The gathering of feedback by using a volunteer collecting via an iPad for Maternity Services is proving to be successful and increasing the amount of feedback received.
- Outpatients, shows a slight drop in the recommendation score, from 99.11% (previous month) to 97.73%.

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

Overall Positive themes for October:

Staff Attitude 1199 comments (previous month 1558).

Implementation of Care 771 comments (previous month 868).

The Environment 531 comments (previous month 580).

Overall Negative themes for October:

Staff attitude 262 comments (previous month 293).

The Environment 236 comments (previous month 233).

Implementation of Care 212 (previous month 232).

Work is on-going to capture the actions and learning identified and acted on from the Friends and Family Test and other Patient Feedback. The following will be carried out throughout November:

- Scheduled meetings with services to identify and report on actions from FFT and other patient experience feedback.
- Work with Integrated Community Care and Primary Care teams to identify / deliver increasing patient opportunities to provide feedback.
- On-going development for the implementation of Maternity SMS. Technical analysis, development and unit testing to commence once criteria approved, liaising with Leeds Teaching Hospital regarding their experience of implementation.

Risks to delivery and mitigation

Maternity SMS scoping and requirements analysis is to be finalised The expected completion date for sign off mid November. Delays could impact the anticipated go-live date of late December. A designated lead from Maternity has now been appointed to support this.

Limited information has been provided to PALS to demonstrate the actions and learning from Friends and Family Feedback. Additional engagement will be carried out to ensure that outcomes and learning is captured and shared widely.

2. Patient Safety - Perinatal Quality Surveillance Tool November 2021 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.

<table>
<tr><th>Measures</th><th>Comments</th></tr>
<tr><td>Minimum safe staffing in maternity to include Obstetric cover on delivery suite</td><td>
<table>
<tr><th>Measure</th><th>Aim / Target</th><th>August 2021</th><th>Sept 2021</th><th>October 2021</th></tr>
<tr><td>Midwife to birth ratio</td><td>1:29</td><td>1:27</td><td>1:32</td><td>1:34</td></tr>
<tr><td>1:1 Care</td><td>100%</td><td>99.34%</td><td>98.6%</td><td>98.9%</td></tr>
<tr><td>Consultant presence in Delivery suite (Hours per week)</td><td>60 hours</td><td>57 hours</td><td>57 hours</td><td>57 hours</td></tr>
</table>

The birth rate in 2021 has increased month on month in this financial year, which has impacted on the midwife to birth ratio. The maintenance of the one to one care in labour evidences that escalation processes have been effective in supporting clinical prioritisation and safe birth. The Obstetric consultant body have received revised contracts which will ensure that 60 hours of consultant cover is achieved from 3rd January 2022.
</td></tr>
<tr><td>Service User feedback</td><td>National Maternity Patient Experience Survey 2021, a mandatory Care Quality Commission survey has been issued to Trusts.
• Focused on feedback from women who used our maternity service for the month of February 2020.
• Questions related to care during pregnancy, birth and post birth as well as support with infant feeding, 62% response rate
• Overall average set of results in comparison to the Trusts who used the same national team (Patient Perspective) to carry out their survey.
• Majority of results are lower then 2019 however a different methodology to 2019 was applied this time around and therefore difficult to make a direct comparison.
• A detailed action plan has been developed to improve areas for improvement and will be shared with staff. This will be monitored via the maternity governance meetings.
The roll out of text message feedback system in maternity is planned for end of November.</td></tr>
<tr><td>Caesarean Sections</td><td>
<table>
<tr><th></th><th>August</th><th>September</th><th>October</th><th>Comments</th></tr>
<tr><td>Combined Caesarean Section (C Section) rate (percentage of babies born > 24 weeks via C Section)</td><td>32%</td><td>36.3%</td><td>38.5%</td><td></td></tr>
<tr><td>Elective C Section</td><td>12%</td><td>14.8%</td><td>12.8%</td><td>9 Caesarean sections were performed for maternal choice,</td></tr>
<tr><td>Emergency C Section</td><td>20%</td><td>21.5%</td><td>25.7%</td><td></td></tr>
</table>

A review will be submitted to the Chief Nurse in November to review caesarean section births. This will consider both maternal and neonatal outcomes and will include recommendations for service improvements to support safe birth and a positive birth experience.
</td></tr>
</table>

2. Patient Safety - Perinatal Quality Surveillance Tool November 2021

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.

<table>
<tr><th>Measures</th><th>Comments</th></tr>
<tr><td>Concerns or requests for actions from national bodies</td><td>The local Ockenden action plan submitted to the national team has been reviewed with preliminary feedback given. The data has been reviewed by non clinical analysts and a preliminary score of 69.25% compliance for the Trust has been communicated. This review will now be reviewed in collaboration with the Local Maternity and Neonatal System (LMNS) in order to challenge and review the preliminary scoring and further develop the local action plan.</td></tr>
<tr><td>CNST 10 Maternity standards (NHSR)</td><td>Key areas for development to achieve compliance have been communicated to the Chief Nurse.
<table>
<tr><th>Safety Action Detail</th><th>RAG Status (Sept 2021)</th><th>Projected Submission RAG (June 2022)</th></tr>
<tr><td>SA1: Are you using the National PMRT to review perinatal deaths to the required standard?</td><td>AMBER</td><td>GREEN</td></tr>
<tr><td>SA2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?</td><td>AMBER</td><td>AMBER</td></tr>
<tr><td>SA3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?</td><td>AMBER</td><td>GREEN</td></tr>
<tr><td>SA4: Can you demonstrate an effective system of clinical* workforce planning to the required standard?</td><td>AMBER</td><td>AMBER</td></tr>
<tr><td>SA5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?</td><td>AMBER</td><td>GREEN</td></tr>
<tr><td>SA6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?</td><td>AMBER</td><td>AMBER</td></tr>
<tr><td>SA7: 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?</td><td>AMBER</td><td>GREEN</td></tr>
<tr><td>SA8: Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and new-born life support, starting from the launch of MIS year 4?</td><td>AMBER</td><td>AMBER</td></tr>
<tr><td>SA9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?</td><td>AMBER</td><td>AMBER</td></tr>
<tr><td>SA10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN)scheme for 2021/22?</td><td>AMBER</td><td>GREEN</td></tr>
</table></td></tr>
<tr><td>Findings of review of all perinatal deaths using the real time data monitoring tool</td><td>An increase in still births in 2021/22 has been noted, compared to the previous financial year. No themes or trends have been identified through the perinatal mortality reviews to date.</td></tr>
<tr><td>CQC Ratings</td><td>A core engagement meeting with junior staff occurred on 27th October with a further engagement meeting with the Senior Team and Divisional Directors planned for 11th November 2021.</td></tr>
<tr><td>Maternity Safety Support Programme</td><td>Not required as CQC ratings overall 'Good'</td></tr>
<tr><td>Coroner's Regulation 28</td><td>Nil</td></tr>
</table>

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	• 2 incidents were graded as moderate harm. • 1 incident was reviewed in line with Just Culture, and an education program has been developed to support reflective learning • 1 case referred to Health Service Investigation Branch (HSIB). A full review of the care was undertaken by the Trust with no immediate learning identified. Family engagement with the Trust has been established which has raised no concerns or specific questions. The case is currently undergoing HSIB triage.

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

Serious Incidents (SI) Reported in Month - None

Case Ref	Overview	Date	Case Update

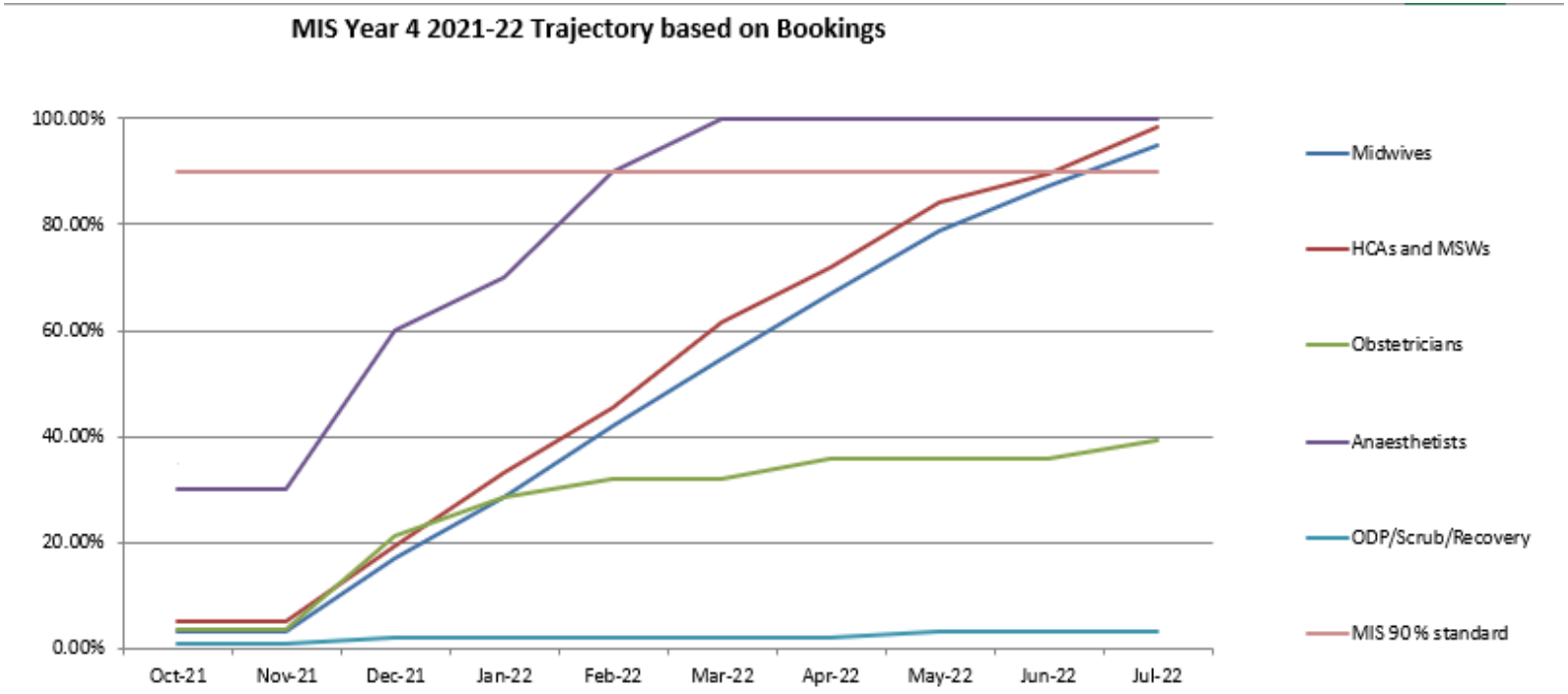
On-going SI Investigation Update

Stage of investigation	August 2021	September 2021	October 2021
Referred to HSIB – awaiting decision	0	0	1
Under local investigation (this may include insight from external reviewers)	5	4	4
Under HSIB investigation	2	2 draft reports received	3 (2 final reports expected Nov 21)
Report complete & awaiting Serious Incident Review learning Group (SIRLG)	1	0	0
Submitted to CCG	0	1	1

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

Data Quality Rating:

Are We Responsive?



Background and underlying issues

90% compliance for all staff groups working in Maternity has been mandated in the Clinical Negligence Scheme for Trusts (CNST) 2021-22 guidance. Virtual training may be included if required, however face to face training will continued to be offered preferentially in order to focus on multi-disciplinary collaboration and effective team working.

The revised CNST standards for year 4 mandate 90% compliance for all staff groups with fetal monitoring training, including a competency-based assessment has been mandated by CNST 2021-22.

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

Face to face Practical Obstetric Multi Professional Training (PROMPT) training now reimplemented

Projected non-compliance for staff groups has been escalated to service leads to ensure timely booking. It is expected that improvement will be seen in the trajectory in the next 3 months.

The final business case model for implementation of the Fetal Monitoring Training will be presented to the Divisional Triumvirate in November 2021.

Risks to delivery and mitigations

Face to face training will continue unless contraindicated by COVID restrictions. A virtual training alternative is immediately available as an alternative.

The projected non-compliance for the relevant staff has been escalated to the team leads in order to facilitate bookings and consider whether adaptations to the proposed dates are required.

Fetal surveillance data for October unchanged therefore graph not provided.

NHS
Great Western Hospitals
NHS Foundation Trust

Part 3: Our People

Our Priorities

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

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

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

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

How We Measure

Are We Effective?

Are We Responsive?

Are We Safe?

Are We Caring?

Are We Well Led?

Use of Resources

Resources

Trust Overview: Summary

Great Western Hospitals NHS Foundation Trust

"Great" Scoring	Indicator Score (1-4)	Self Assessment Score
1 – Underperforming / Inadequate | 2 – Requires Improvement |3 – Good | 4 – Outstanding		
Great Workforce Planning	2	2
Great Opportunities	2	2
Great Employee Experience	2	3
Great Employee Development	2	2
Great Leadership	1	3

Summary Dashboard - Workforce Performance

	Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Overall Agency Spend as a % of Total Spend			6.38%	6.00%	3.98%	7.44%	5.71%
2	Trust RN Bank Fill Rates		F	47.43%	70.00%	36.93%	59.95%	48.44%
3	Vacancy Rate*	L		6.52%	7.63%	5.60%	8.53%	7.07%
4	Recruitment Time To Hire (Days)			47.10	46.00	30.90	57.22	44.06
5	All Turnover	H		13.72%	13.00%	12.25%	13.77%	13.01%
6	Voluntary Turnover	H	P	9.79%	11.00%	8.91%	9.99%	9.45%
7	All Sickness Absence	H		5.13%	3.50%	3.06%	4.86%	3.96%
8	Statutory Mandatory Training Compliance			87.18%	85.00%	84.14%	88.77%	86.45%
9	Appraisal Compliance		F	71.79%	85.00%	71.51%	81.96%	76.73%

Trust Overview: Narrative

Great Western Hospitals NHS Foundation Trust

"Great" Scoring	Indicator Score (1-4)	Self Assessment Score	Headline
1 – Underperforming / Inadequate | 2 – Requires Improvement |3 – Good | 4 – Outstanding			
Great Workforce Planning	2	2	Workforce planning reports the effective utilisation of workforce to meet service demands. In-month nursing bank fill rate reported at 47% below the 75% target, reducing from 49% last month and driven by an increase in demand for additional 357 shifts. Escalation and enhanced care demands have increased. Medical vacancy position of 50.68WTE. The Trust utilised 30.23 WTE of bank and 47.27WTE of agency cover, indicating there was an additional usage of 26.82 WTE used to cover short term leave, Covid-19 isolation and extreme pressures on site. Further to overall increase of workforce demand, the Trust did not deliver within its 6% agency spend target, reporting at 6.38%.
Great Opportunities	2	2	The voluntary turnover is reliably achieving below the 11% target, however it continues to increase slightly month on month. The recruitment Time to Hire (TTH) metric decreased to 47 days from vacancy advertised to contract of employment. The Trust has been successful in their bid to secure funding for International Recruitment of 15 Midwives, this is a joint collaboration with Salisbury NHS Foundation Trust and Gloucestershire NHS Foundation Trust with each Trust recruiting 5 midwives. A total of £135,000 has been awarded in infrastructure funding to support the arrival of midwifes by 31st July 2022, with a further £7,000 per midwife on arrival to UK.
Great Experience	2	3	Sickness reported in September 2021 was 5.1%, a further increase from last month and also above the Trust target of 3.5%. Clinical contacts for counselling / psychology support continue to increase, and momentum is building for more regular and proactive wellbeing group sessions for teams. During October, physical wellbeing support for staff was refreshed and re-launched. Since OH launched the flu vaccination programme mid September, 4536 vaccinations were provided within the initial 7 weeks. OH staffing and clinic room resource has been improving, enabling a reduction in waiting times.
Great Employee Development	2	2	Mandatory training continues to be above the Trust target of 85%, rising this month to 87.18%.which is encouraging. The Trust has consistently achieved its overall mandatory training target since the transfer of MT to ESR.Further work-to redesign all 40 mandatory training modules is underway. Appraisal rates continue to drop and were 71.79 % in October, this is a reduction of 2% on the September figure. This remains a concern and we continue to explore ideas for improvement and best practice in this area.
Great Leadership	1	3	The Trust continues to provide a range of leadership development opportunities with a well-established Leadership Development Programme, now working with cohort 3. The Aspiring Leaders programme continues to be popular. The leadership development offer will be ready to share by the end of November and will cover all the opportunities available to staff in one prospectus. There is a continued focus on clinical leadership-and the work on leadership skills in 'new to role' and aspiring consultants should support the development of a clinical leadership pipeline for key leadership roles.

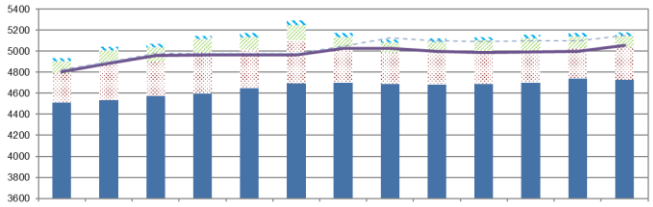
Workforce

Use of Resources

Great Workforce Planning

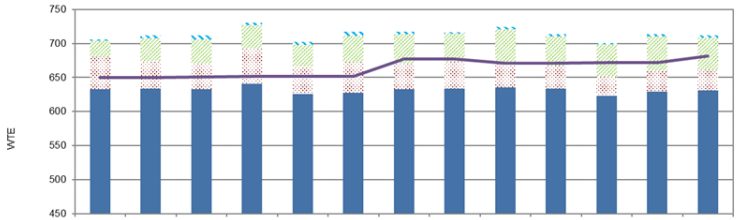
Indicator Score	Self Assessment Score
2	2

Budget, Vacancy and Actual Worked - Trust (WTE)



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Overtime WTE - Trust	28.71	31.11	37.78	31.46	40.12	45.04	44.43	31.18	35.35	31.33	33.63	31.13	30.27
Agency WTE - Trust	116.15	128.13	134.66	127.90	121.50	140.44	106.52	97.74	102.47	108.07	111.89	109.30	110.22
Bank WTE - Trust	278.58	345.51	326.34	391.31	362.41	413.49	323.09	296.99	300.77	304.96	308.09	293.16	308.47
Staff in Post WTE - Trust	4511.75	4534.92	4572.71	4596.13	4650.22	4692.14	4701.31	4686.97	4683.13	4690.48	4699.86	4738.65	4728.61
Budget WTE - Trust	4806.92	4882.90	4960.19	4962.71	4962.76	4962.76	5028.93	5028.93	4997.81	4989.24	4995.38	4997.78	5058.62
Vacancy WTE	295.17	347.98	387.48	366.58	312.54	270.62	327.62	341.96	314.68	298.76	295.52	259.13	330.01
Budget WTE (Sub., Bank & Agency)	4825.48	4901.66	4978.95	4981.47	4981.52	4981.52	5049.89	5127.03	5099.91	5091.34	5097.48	5099.88	5150.78
Trust Paybill £	£19.66M	£19.92M	£20.49M	£20.66M	£21.16M	£24.33M	£20.03M	£20.70M	£21.52M	£20.48M	£20.81M	£25.82M	£21.33M
Trust Pay Budget £	£19.80M	£20.03M	£20.08M	£20.06M	£20.14M	£20.16M	£18.53M	£21.00M	£20.75M	£20.64M	£20.60M	£20.60M	£21.16M

Budget, Vacancy and Actual Worked - Medical (WTE)



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Overtime WTE - Medical	1.89	4.90	6.16	3.29	3.76	6.40	3.93	2.28	3.41	3.18	2.51	3.67	3.69
Agency WTE - Medical	23.94	32.96	35.71	34.56	32.31	38.75	42.95	40.57	46.94	43.26	46.84	50.09	47.24
Bank WTE - Medical	47.19	40.49	37.78	51.85	40.33	44.56	37.45	39.59	38.00	33.73	28.47	30.63	30.23
Staff in post WTE - Medical	632.68	633.93	632.59	640.38	625.70	627.49	632.92	634.07	635.62	633.32	623.12	629.08	630.74
Budget WTE - Medical	649.72	649.70	651.10	651.89	651.89	651.89	677.65	677.65	671.28	670.80	671.80	671.80	681.42
Vacancy WTE	17.04	15.77	18.51	11.51	26.19	24.40	44.73	43.58	35.66	37.48	48.68	42.72	50.68
Medical Paybill £	£5.91M	£6.02M	£6.10M	£6.22M	£6.43M	£7.67M	£6.07M	£6.17M	£6.84M	£6.32M	£6.33M	£8.22M	£6.43M
Medical Pay Budget £	£5.98M	£6.01M	£6.01M	£5.99M	£6.03M	£6.04M	£5.43M	£6.09M	£6.14M	£6.11M	£6.06M	£6.07M	£6.17M

Background

The Trust utilised 5178WTE staff to deliver its services in October '21, which was 119WTE over budgeted WTE and an increase of 5WTE compared to the previous month. There was a decrease in October's paybill due to September's paybill including the back-dated pay award.

The top 3 highest users of nursing/midwifery bank and agency are ED (25WTE), Community Nursing (23WTE) and Sunflower Lodge (16WTE). Usage rates in ED exceed vacancy due to resourcing of the discharge lounge, working to an escalation staffing model, and sickness. Sunflower Lodge exceeds the vacancy WTE due to enhanced care requirements and sickness, whilst Community Nursing WTE is being used to secure additional capacity.

For medical staff, General Medicine (32WTE) and Emergency Medicine (12WTE) remain the largest users of locum and agency cover. Vacancy and additional activity continue as the top reasons for sourcing cover, being driven by a vacancy position for medical staff of 50.68WTE and increasing demand for elective recovery.

Improvement actions

1. Building on the appointment of a Trust Deputy AHP Lead, a combination of HEE and Divisional funding is being used to appoint an AHP Education & Development Lead role, focussed on building AHP capability and sustained future under-graduate and post-graduate workforce supply.

2. Improvement activities are underway to ensure HR Business Partners and workforce planning, are integral to the strategic service review process. This includes development of a diagnostic tool to inform baseline assessment . HRBP's are working with Divisional Triumvirate's to agree priority services.

3. Workforce planning as part of the Way Forward Programme has reached a stage where future workforce requirements are being forecast. Data modelling and the schedule of accommodation will inform the next layer of detail and quantification of the opportunity for workforce change. Meanwhile, gap analysis has identified capacity deficits in PAU and Acute Medical staffing, with clinical leaders engaged in planning to overcome this.

4. Building on the Great Care campaign, a Great Co-ordinated Care initiative has launched in community services, bringing Strategic Service Reviews together to identify opportunities for improvement and efficiency. A well attended away day took place in October and once service change has been mapped, so too will workforce.

Risks to Performance & Mitigations

With the new Urgent Treatment Centre facility set to open in May '22, a decision from the CCG on whether to fund the required 2.5WTE GP roles required to lead the UTC, is still pending.

A scenario for a non-medically led UTC or continuation of locum cover has been developed, however the former will need sufficient lead in time in order to enact.

An exercise to triangulate the nursing vacancy position, planned nursing usage, actual usage, and acuity information from the SafeCare nursing tool is to be undertaken over the period of a week to better understand the drivers of nursing temporary staffing usage, with a view to amend process and controls where required.

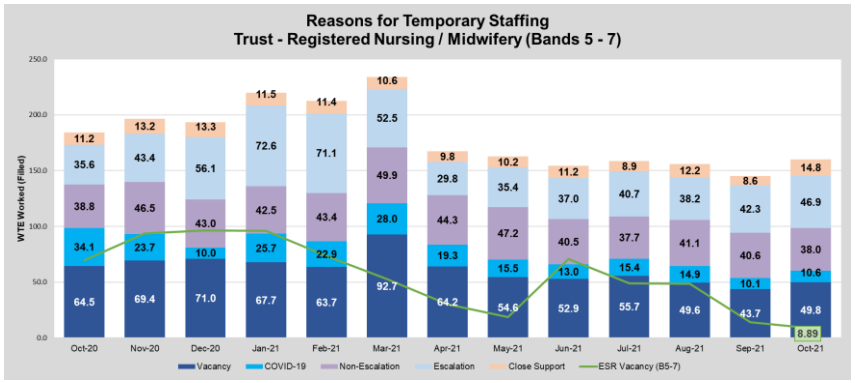
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

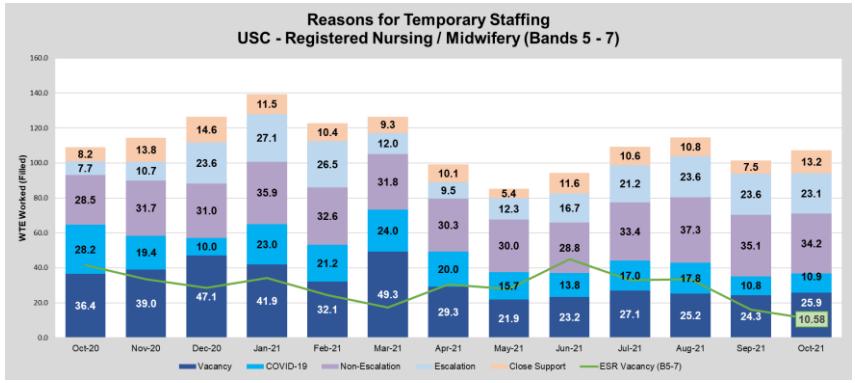
Workforce

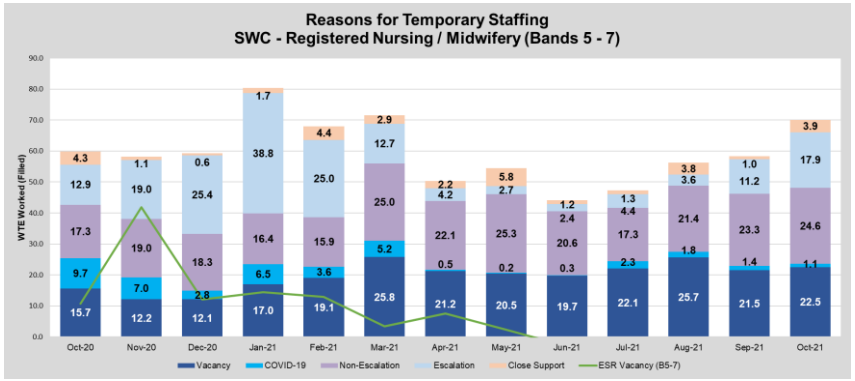
Use of Resources

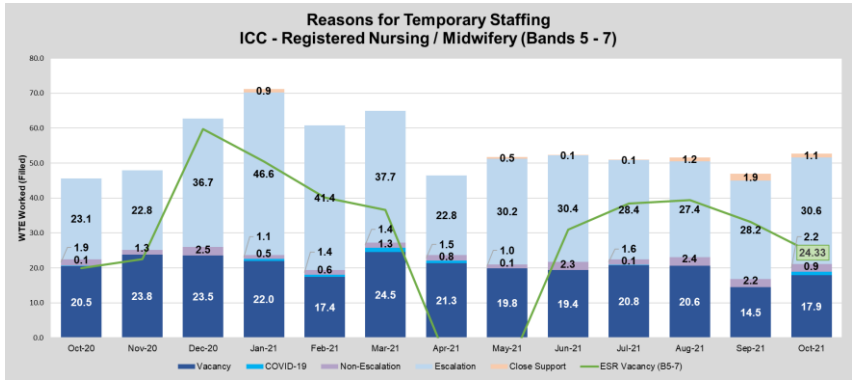
Great Workforce Planning

Indicator Score	Self Assessment Score
2	2









Background

In October 21 there were 160.82WTE temporary staffing registered nursing/midwifery used across the Trust. Of this, 60.22WTE agency and 100.60WTE bank.

The data shows that across all divisions the Temporary Staffing resource utilised is exceeding the vacancy position.

- USC 107.2WTE used against 10.58WTE Vacancy
- SWC 70.0WTE used against 22.91WTE over-establishment
- ICC 52.7WTE used against 24.33WTE Vacancy

For this staffing group cover is provided by both bank and agency staff. We have a pool of 169 bank-only registered nurses, alongside 1,124 substantive staff with a bank assignment who can cover temporary staffing requirements for this staffing group.

Improvement Actions

1. Continue to work with the Divisional Directors of Nursing to monitor agency requests against reason.
2. Liaising with HRBPs, Departments and DDONs on the recruitment position to ensure once fully recruited departments are reviewing agency supply requirements
3. Continue to engage with the PSL to maximise booking at NHSI Cap rate
4. Review utilisation and implement winter escalation long line bookings and rates for high-risk areas

Risks to Performance & Mitigations

RMN's will continue to be required via agency as the Trust does not substantively recruit this role.

Due to winter challenges and staff sickness, it is anticipated that escalation areas will use agency when fully recruited.

The Trust is reporting 8.89WTE vacancy for B5-7 nursing against overall Temporary Workforce usage of 160.1WTE, due to escalation cover, sickness and isolation, and close support demands.

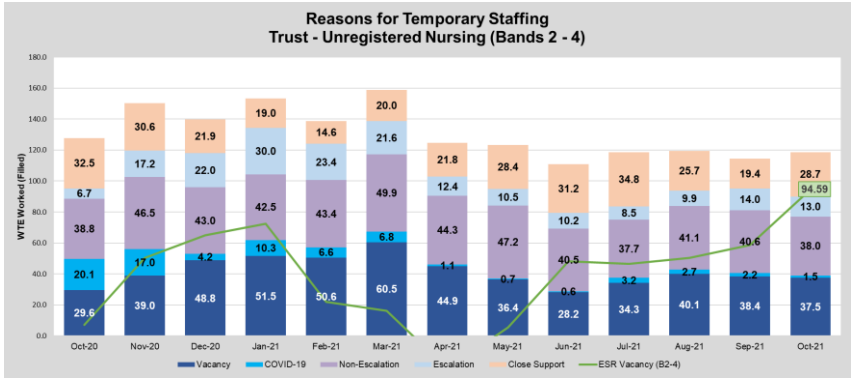
Mean 0 Process limits - 3σ Special cause - concern Special cause - improvement Target

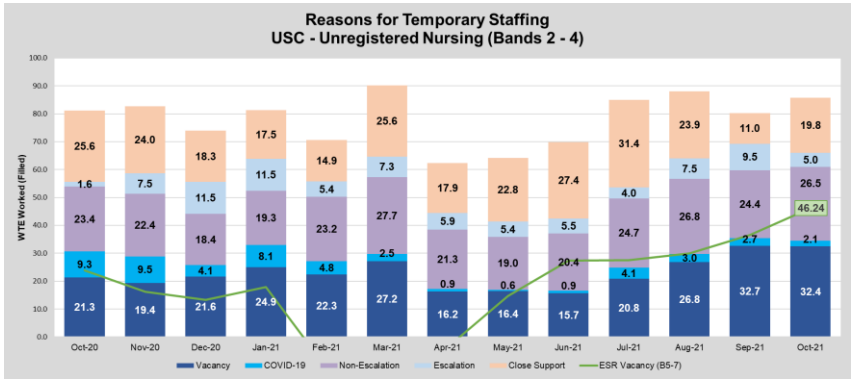
Workforce

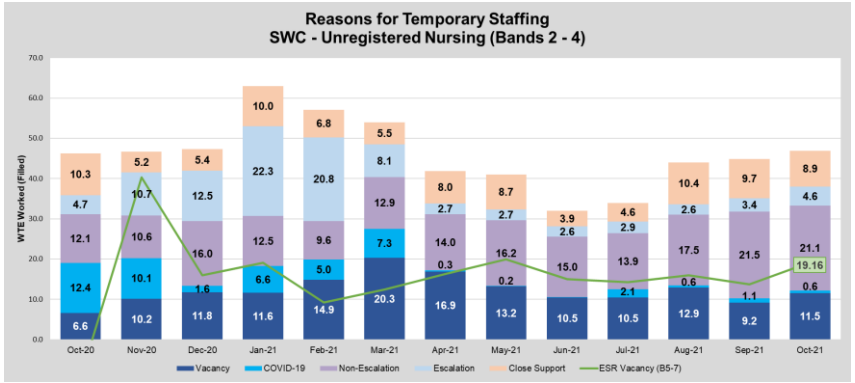
Use of Resources

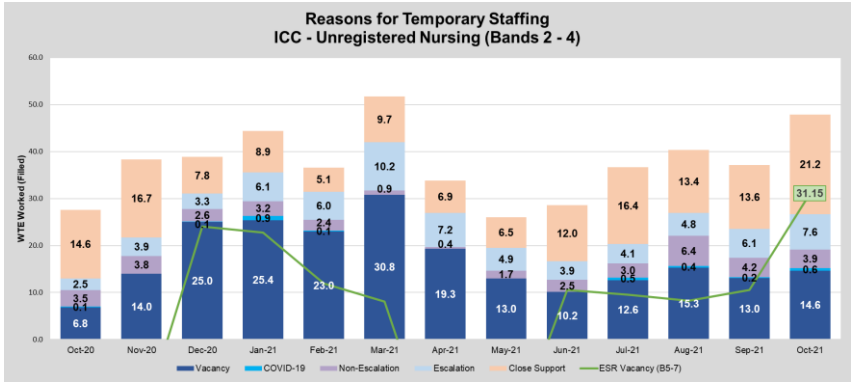
Great Workforce Planning

Indicator Score	Self Assessment Score
2	2









Background

In October 21 there were 109.59WTE temporary staffing unregistered nursing/midwifery band 2-4 used across the Trust.

- USC 85.8WTE used against 46.24WTE Vacancy
- SWC 46.9WTE used against 19.16WTE Vacancy
- ICC 47.9WTE used against 31.15WTE Vacancy

For this staffing group no agency is approved, the only source is through the Trust's internal bank. We have a pool of 238 bank-only workers, alongside 557 substantive staff with a bank assignment who can cover temporary staffing requirements for this staffing group.

Improvement Actions

1. A partnership has been established with AWP which is designed to enable GWH access to band 3 enhanced HCA support workers. In November 7 AWP workers attended a tailored induction programme.
2. Following the Trust HCA webinar on 27th October a recruitment drive for bank HCA will occur in November.
3. As part of the Great Care campaign a working group has been set up to coordinate an improved HCA recruitment and development pathway.

Risks to Performance & Mitigations

The band 2-4 vacancy position is 94.59WTE, it is anticipated with the vacancy gap, winter and Covid-19 there will be an increase in HCA temporary staffing requests.

A bank recruitment campaign is planned for November to grow the number of available bank HCAs to increase bank fill.

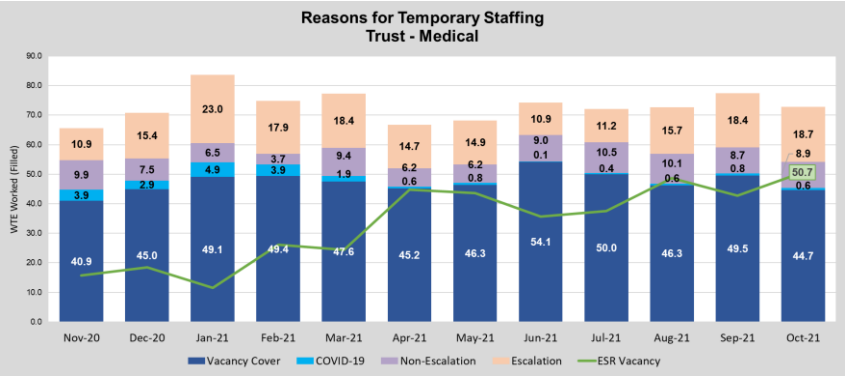
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

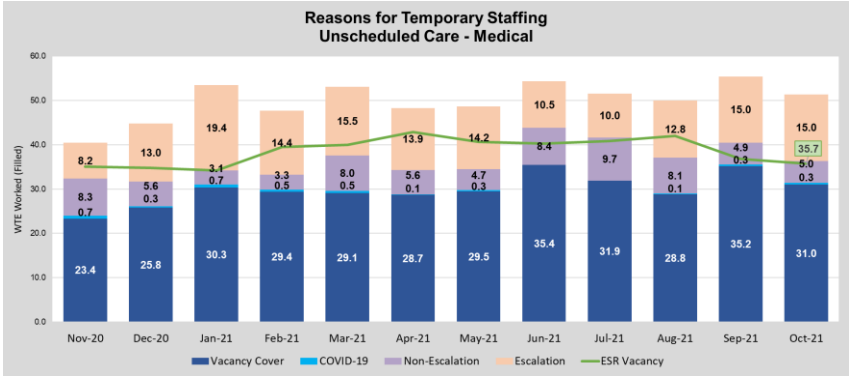
Workforce

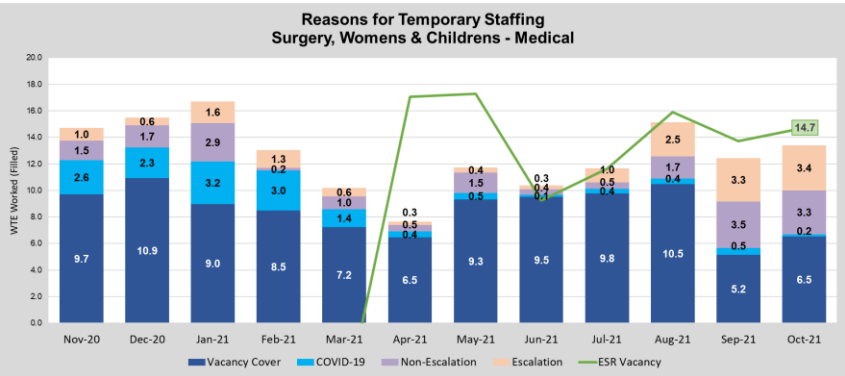
Use of Resources

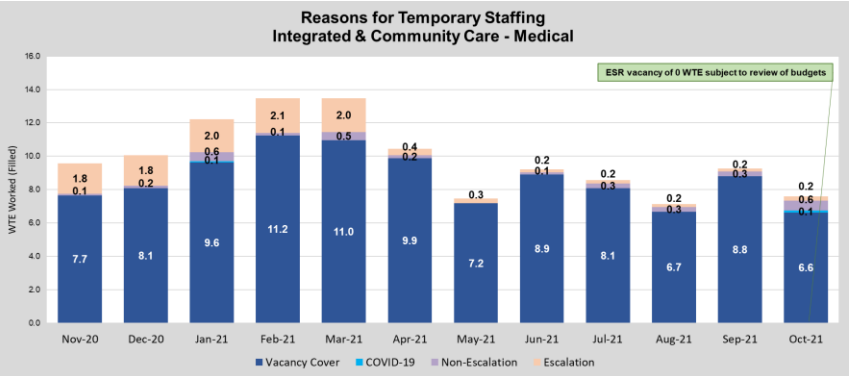
Great Workforce Planning

Indicator Score	Self Assessment Score
2	2









Background

The data represented in this slide comes directly from Liaison who operate the medical temporary staffing system and provides a more granular view of the reasons for cover for those staff booked through the system.

The data highlights we are bringing in more Temporary Medical Workforce than budgeted by 22.1WTE.

- USC 51.4WTE used against 35.71WTE Vacancy
- SWC 13.4WTE used against 14.73WTE Vacancy
- ICC medical budgets are under review

Across the Trust, the primary reason for medical temporary staffing is vacancies and escalation.

Improvement Actions

1. The Resourcing Team are undertaking a process mapping exercise spanning core medical resourcing processes. The objective is to standardise all booking and related administrative processes to a point where transactional and financial efficiency is optimised.
2. The Resourcing Team are working with Liaison and agencies to increase direct engagement savings.
3. HRBPs are reviewing with Divisions agency requests and identify any workers that are not aligned to a vacancy and establishing if the additional resource is required to continue

Risks to Performance & Mitigations

Impact of winter and Covid-19 could cause a potential increase in additional agency usage to manage recovery and increase activity.

Reliance of agency to support hard to recruit roles.

Absence of an E-roster system for Medical Workforce to manage absence and planned activity gives limited oversight of resource. There is an essential requirement for greater transparency and oversight of job planning to understand available and required resource.

A 'Recruitment Authorisation Process' for Medical Staff has been approved and will be implemented from 8th November providing strengthened approval and governance for the Divisions to manage the medical staff workforce and financial planning.

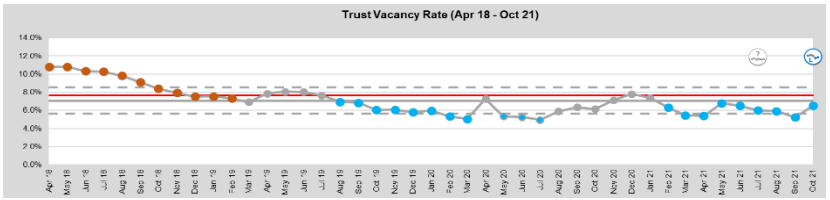
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

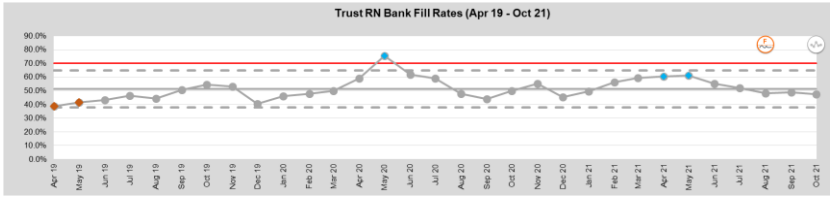
Workforce

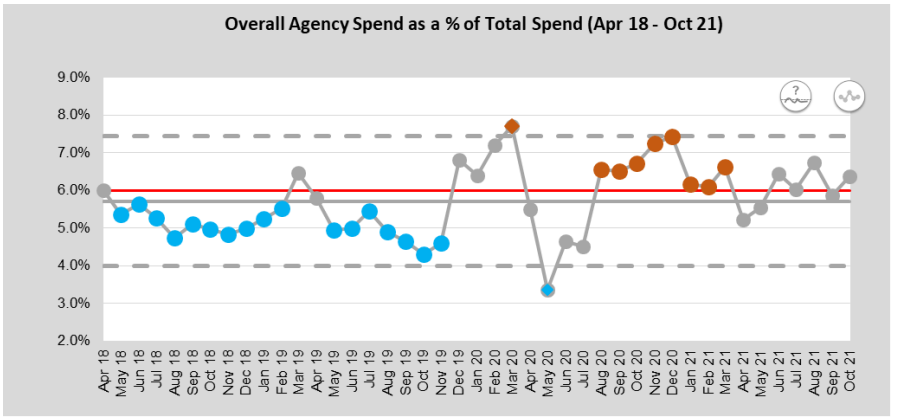
Use of Resources

Great Workforce Planning

Indicator Score	Self Assessment Score
2	2







Background

The Trust vacancy rate declined in October, coming in at 6.52% (5.19% in September). This is due to an increase in budgeted WTE of 60.84WTE, broken down into 49.31WTE Hospital Discharge Programme (HDP) funding across Community Services, 16.74WTE in SWC predominantly for the Trauma Unit and Maternity services, and a 5.21WTE reduction across USC and Corporate.

The vacancy rate equates to 330WTE vacant posts, with 123.31WTE of these belonging to the Nursing staff group, 55WTE Allied Health Professional & Scientific, 50.68WTE Medical & Dental and 100WTE Senior Manager & Admin.

The All Nursing vacancy position increased in October to 5.13% compared to 3.96% (September). This equates to 123.31WTE vacant all nursing posts, of this 94.57WTE Band 2-4 Nursing, 8.89WTE Band 5-7 Nursing and 19.85WTE for all other nursing bands.

The ability to fill Registered Nursing bank shifts remains challenged and October's fill rate has dropped again and is now 47%, this remains low overall and when compared to Spring '21 and against target.

Further to overall increase of workforce demand, the Trust did not deliver within its 6% agency spend target, reporting at 6.38%.

Improvement actions

1. Implementation of the ESRGO interface between ESR and the roster system continues with the aim to improve the availability and quality of information in the roster system. Following a successful data-alignment activity in October, work will continue to make skill and competency information available within the rostering system to allow assurance of skill mix and safety within rostering builds.

2. In November the block booking of agency at break glass rates was implemented. Following benchmarking an increased rate was implemented for UTC and ICU to NHS Cap+35%. This will continue to be monitored weekly at Deputy Chief Nurse and Deputy Divisional Director of Nursing level.

3. An induction programme for AWP enhanced HCAs has been established, with the first cohort being inducted in the first week in November. In order to bolster presently challenged GWH HCA resource, AWP recruits will receive training (beyond the scope originally envisaged) in personal care, effectively creating additional available capacity.

4. A variety of activities are underway in order to improve presently challenged registered Midwife supply. This includes the decision to source international recruits, reinforced by recruitment to a Practice Educator role to support with training and retention, alongside a successful funding bid which creates the ability to recruit an additional 5WTE Midwives in Q3.

Risk to performance and mitigations

With double vaccination of staff now mandated for care homes and needing to be evidenced by mid-November, any variance from this could result in an inability to supply workforce to care home settings (primarily community nursing).

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

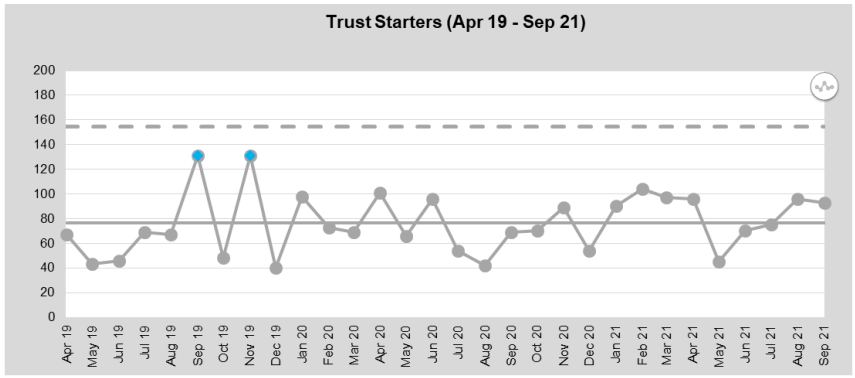
Midwifery local labour supply is yet to be tested and should it be insufficient, vacancies will not be filled. Similarly, international supply is un-tested and potentially delayed in the event of Covid restrictions, VISA or NMC requirements.

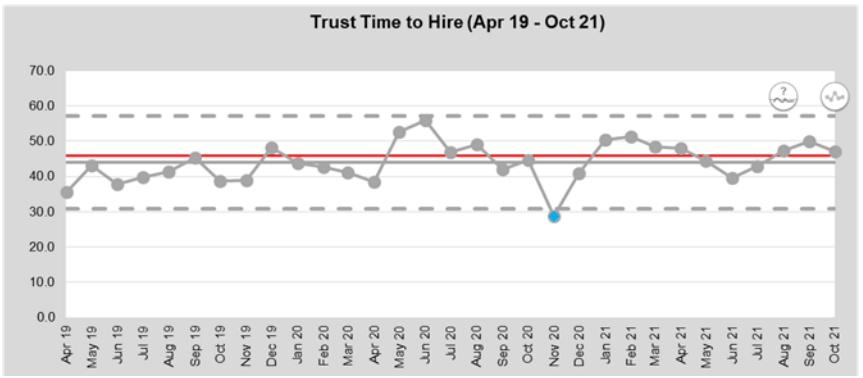
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Workforce

Use of Resources

Great Opportunities	Indicator Score	Self Assessment Score
	2	2





Background

There were 111 headcount of new starters to the Trust in September, this is above the Trust average of 75. This increase has been driven by Medical fixed term contracts.

New starters by staffing group;

- Admin & Clerical – 18
- Allied Health Professionals – 13
- Medical & Dental – 26
- Non-clinical Support – 2
- Registered Nursing & Midwifery – 23
- Scientific, Therapeutic & Technical - 11
- Unregistered Nursing & Midwifery – 18

The Trust has a provisional 85 candidates due to commence employment in November across all staffing groups.

The recruitment time to hire in October slightly decreased from previous months to 47 days from vacancy advertised to contract sent.

Improvement actions

1. New SAS contracts introduced and backdated to April 21. The Expression of interest period has now closed for all candidates. Of the 44 eligible Speciality Doctors, 19 expressed interest (43%), 4 have received formal offers. Of the 6 National Contract Associate Specialists, all have chosen to remain on existing contract. Of the 18 Local Associate Specialists, there were 4 expressions of interest (22%) from candidates within Cardiology, Emergency Medicine, Anaesthetics and Sexual Health.

2. The Resourcing Team will be attending the following events with clinical representatives from the Trust;
   - Radiology Event, 12th November 2021 (face to face event)
   - Occupational Therapy Roadshow, 24th and 25th November 2021 (face to face event in Birmingham)

3. The Recruitment Authorisation Process for Medical Staff has been approved and will be implemented from 8th November. Imbedding this new process will provide a formal approval audit and strengthen the Divisions governance on managing the medical staff workforce and financial planning.

4. Following successful Student Nursing Careers evenings that took place on the 18th,19th and 21st October, 59 students have applied and will be interviewed based on their preference at the end of November.

Risk to performance and mitigations

Due to site pressures recruiting manager KPIs remain below 80% in all areas;

- Recruiting manager completing shortlisting within 3 days achieving 57.63%
- Recruiting manager confirming interview date and selection criteria within 5 days achieving 58.82%
- Recruiting manager providing interview outcome within 3 days achieving 69.49%

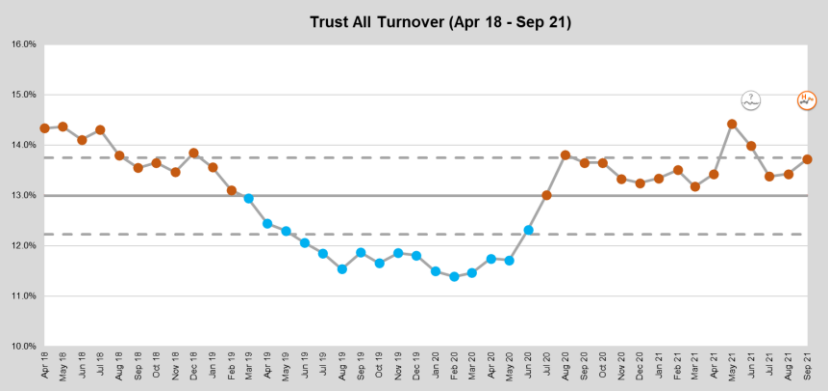
Time to Hire KPI's continue to be monitored and presented by HRBPs through Divisional Board. Additional support where appropriate continues to be provided to recruiting

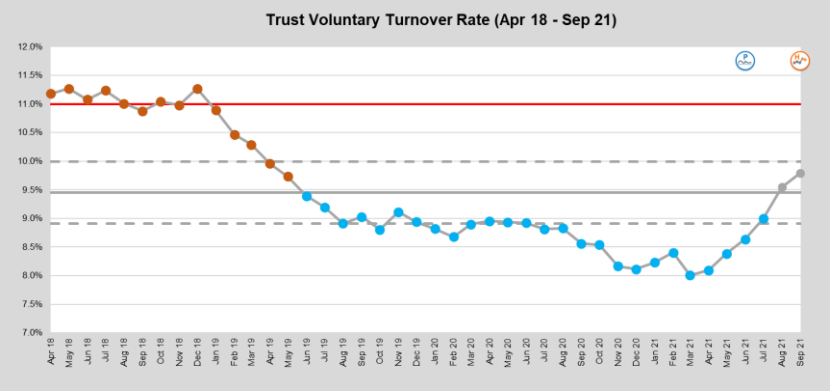
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Workforce

Use of Resources

Great Opportunities	Indicator Score	Self Assessment Score
	2	2





Background

Performance for all turnover increased slightly from last month remaining above target at 13.72%. Voluntary turnover is 9.79%, an increase from last month (9.55%) but below the 11% target.

In September there were 51 voluntary leavers which is above the Trust average of 41.

Leavers headcount by staffing group;

- Admin & Clerical – 10
- Allied Health Professionals – 9
- Registered Nursing & Midwifery – 12
- Scientific, Therapeutic & Technical - 6
- Unregistered Nursing & Midwifery – 14

The top 3 reasons for leaving from October 2020 to September 2021 are;

- Work Life Balance – 13
- Relocation – 10
- Undertaking Further Education/Training - 6

Improvement actions

1. The Trust has been successful in their bid to secure funding for International Recruitment of 15 Midwives, this is a joint collaboration with Salisbury NHS Foundation Trust and Gloucestershire NHS Foundation Trust with each Trust recruiting 5 midwives. A total of £135,000 has been awarded in infrastructure funding to support the arrival of midwifes by 31st July 2022, with a further £7,000 per midwife on arrival to UK.
2. The system wide 'Stay and Thrive' initiative for international nurses has commenced with a focus on supporting their recruitment, retention and development experience. A project group is leading this activity planning to hold focus groups in November with international nurses to review their feedback on employment at the Trust and share ideas on what could make it better.
3. A project group under Executive Nursing sponsorship is reviewing retention and development needs of HCA identifying how to enrich training and career pathways and improve their working experience.
4. ED has developed a department retention plan to address the 8.72% (13 leavers) voluntary turnover rate from Sep 20 to Aug 21. Retention focus on promoting HWB, quality appraisals, improved onboarding for recruits with welcome pack and 'Meet the Matron', support from the Practice Educator, flexible workforce to meet demands, civility and respect at work and making time for Exit Interview to capture valuable feedback.

Risk to performance and mitigations

All turnover is reporting at 13.72% exceeding Trust target of 13%.

Outliers for all turnover (Oct 20 to Sept 21)

- Unregistered Nursing – 21%
- AHP 17%
- Admin & Clerical – 13.5%

The voluntary turnover is reliably achieving below the 11% target, however it continues to increase slightly month on month.

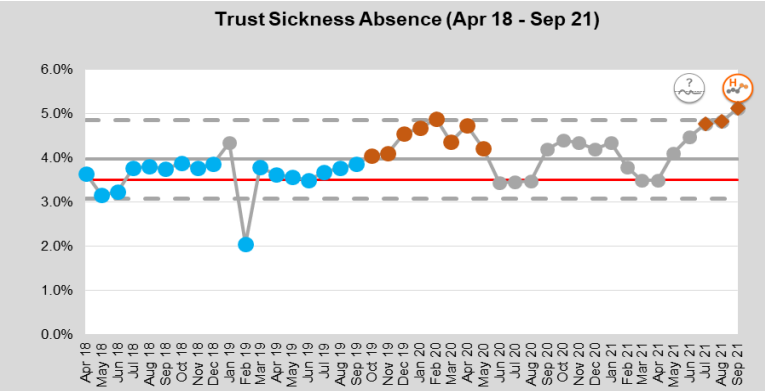
Trust wide initiatives are being introduced to focus on and review the retention data and requirements of specific professional categories.

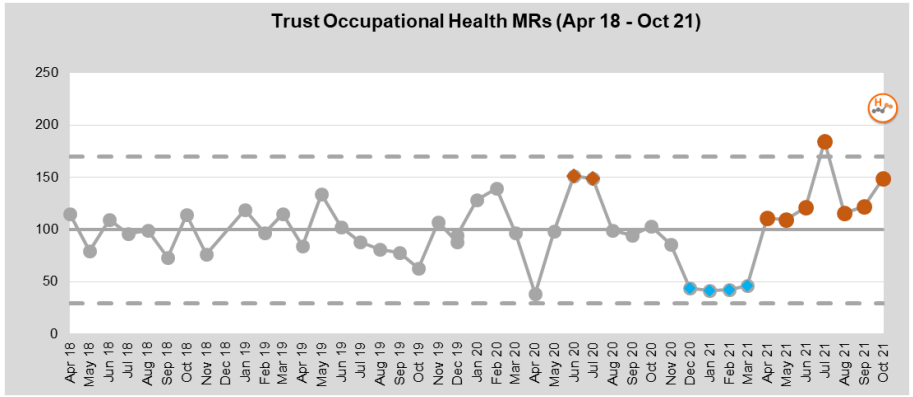
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Workforce – Sickness Absence

Use of Resources

Great Employee Experience	Indicator Score	Self Assessment Score
	2	3





Background

For September 2021, sickness absence is reported at 5.12% which is above the Trust average of 4.0% and above the Trust target of 3.5%

In October, OH received 149 management referrals &182 pre-employment questionnaires

Key themes for referral were:
- stress & anxiety (MHP)
- sickness triggers (OHA)
- redeployment, ill health retirement, Covid-19 & long Covid-19 (OHP)
- MSK, back & hip issues (Physio)

Improvement actions

1. Flu clinics have been provided in community venues, including Wiltshire, to maximise uptake. As of 31st October, a total of 4,536 vaccinations have been given, including to Serco staff & students
2. A meeting with our EAP provider took place on 11th October, during which it was agreed to extend the contract until 31st March 2022
3. 115 individuals completed the 1 question survey – 'What will help their health and wellbeing this winter?'. Responses are being collated into 10 themes (e.g. physical working environment, provision of refreshments, financial benefits, line management support) and the completed analysis will be tabled for discussion at the HWB Oversight Committee Meeting.
4. Wellbeing Wednesdays will re-launch from November across the winter months. This will include a weekly tea trolley in the Academy over lunchtime, staffed by members of the HWB Team to help promote awareness & access of support
5. OH physio are designing a 6-session Pilates class for staff, which is hoped to run from the Academy early in 2022.
6. The first long- Covid-19 support group for staff took place on 27th October. This virtual session was facilitated by staff health and wellbeing and attended by 3 individuals. During this, aims and hopes of this monthly support group were discussed as well as ways to improve promotion of this to increase uptake
7. HR teams are reinstating the support of face to face ward review meetings and training with a focus on supporting managers in hotspot areas.

Risk to performance and mitigations

OH clinic waiting times have improved this month: 4weeks for OHP & MHP; 2 weeks for OHA, Physio, & nurse. An additional weekly MHP clinic will be provided throughout November to help manage waiting time

The new OH Manager has recently started, and will take over the referral triage process, which should improve understanding of process and waiting times.

Invitations to post-induction nurse clinic will be sent beginning of November for all those currently waiting (n=200) - backlog caused by covid & flu vaccination clinic programme. This will have some impact on nurse clinic waiting time, mitigated by the return to work next month of the nurse who has been on long-term sick

There have been some IT difficulties with Team Prevent (the external provider for pre-employment questionnaires and also some OHA management referrals temporarily), which is being rectified to enable a return to a more timely service

We have appointed into the Specialist OH Nurse vacancy – the successful candidate will start in January.

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

Workforce – Recognition, EDI and Wellbeing

Use of Resources

Great Employee Experience	Indicator Score	Self Assessment Score
	2	3

Employee Recognition

Long Service Awards	0	Hidden Heroes	3
Retirement Awards	2	STAR awards	6

Diversity/Inclusivity

The Trust EDI agenda continues to progress with pace and a range of developing initiatives:
• Learning and Development: EDI podcasts series launched, with first two session focused on role models and Allyship. Participants from the Reciprocal Mentoring pilot are taking part in a video for all Trust staff, and will talk about their experience of the process.
• The BAME Network collated a series of video clips and organised events for Black History Month (October). The network event was been well publicised and took place on 14 October, across three Trust locations.
• The Trust participated in the BAME South West BHM event on 11 October. Trust EDI Lead chaired a discussion with Stuart Lawrence, brother of Stephen Lawrence, on institutional cultures and discrimination
• Divisions: ICC and USC divisions have committed to three EDI areas of action. Action plans developed. Discussion of staff survey results has led to focus on actions for improvement.
• Career progression: Analysed survey results, to better understand the difficulties facing staff with a BAME background when progressing in their careers, and to seek input into ways we can tackle them. Findings presented to EDIG on 22 September, and action plan developed.
• Policy: The Trust's draft trans policy has been presented at EDIG. A steering group has been formed to further review and refine the policy. A series of meetings have been held to progress the Trust's status as a Disability Confident Leader, Level 3.
• BSW ICS: Working with system partners to develop a regional EDI web page with organisation links and resources; and review recruitment practices to incorporate EDI more into interview process.

Wellbeing Initiatives

During October, there was focus on promotion of physical HWB package, including discounts for 20 gym/leisure centres & bike shops, slimming club offers and NHS weight management programmes. Couch to 5k running club launched every Wednesday

'Fall into Fitness' staff exercise challenge took place throughout the month, comprising of 26 teams across all divisions. At week 3, 13,000 miles had been covered (the equivalent of a return trip to Tokyo). The winners will be announced during the first week of November & prizes awarded

The tea trolley visited staff areas on Tuesdays, Wednesdays & Thursdays providing welcome drinks & snacks to staff, in addition to supporting with patient safety awareness month

Due to site pressures and an increase in Covid-19 patients at the end of the month, staff working on Covid-19 wards received a lunch bag delivery & visits from the tea trolley

Background

This month, 24 individuals self-referred for 1:1 staff support.
91 individual contacts were made during October (a significant increase on the 39 made in Oct 2020)
Additionally, 25 contacts were made with the EAP

The most common reasons for referral were:
- personal: overload / stress (65%) and anxiety (52%)
- work-related : overload / stress (57%)

29 attended virtual bitesize wellbeing sessions this month
In-reach group activity included:
- wellbeing awareness for Orthapaedic Trauma (n=14)
- compassionate conversations as part of the Great Care Campaign for Theatre staff (n=27) and Podiatry (n=9)
- stress management for Day Surgery (n=11)
- reflective practice for IPC (n=4)
- stress management for Community Stroke Team (n=8)

Improvement actions

1. A further 9 staff members were trained in Mental Health First Aid this month – this is somewhat lower than usual as several individuals cancelled their training attendance due to workload
2. Average scores from the start compared to the end of the course for this MHFA cohort improved from 3.6 to 8.2 regarding knowledge of mental health and from 3.8 to 8 regarding confidence in supporting individuals with mental health difficulties (out of 10)
3. A further 9 members of staff were trained in Suicide First Aid this month, taking the current total to 21
4. CORE-10 pre/post scores reliably improved for all 10 individuals who completed therapy this month (of which 9 were 'clinically significant' improvements)
5. Feedback from an individual who completed therapy this month stated *'I find it so much easier coping at work now; recognising the difference between being busy & being overwhelmed, & when I need to take a step back'*

Risk to performance and mitigations

Counselling resource is improving, which will help maintain a tiimely response to referrals.
The counsellor who is covering maternity leave started this month, as did an additional bank counsellor.

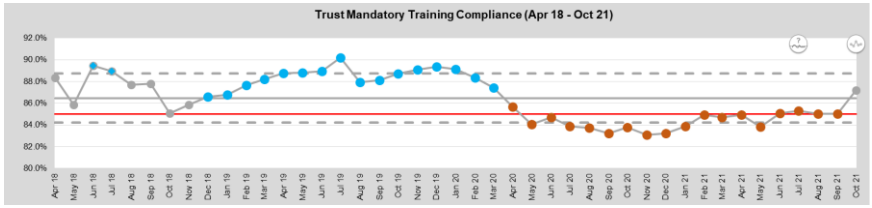
A further bank counsellor will start in November, and also a trainee clinical psychologist for their 6-month placement

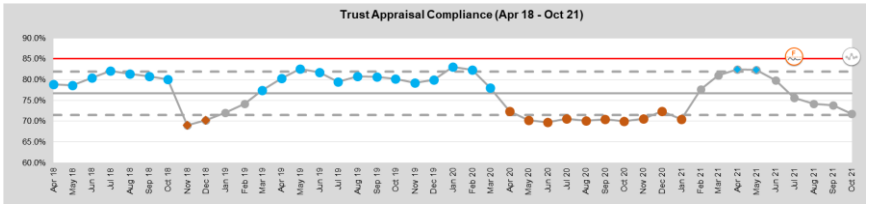
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

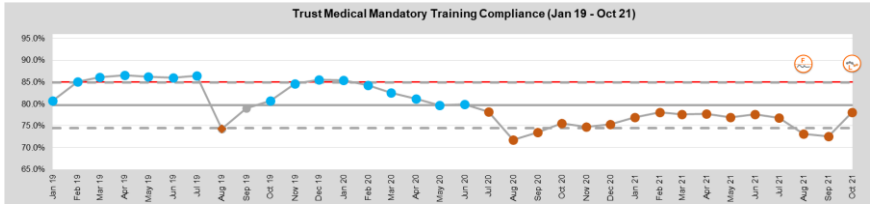
Workforce

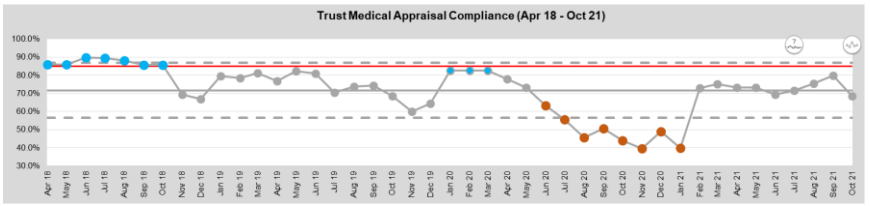
Use of Resources

Great Employee Development	Indicator Score	Self Assessment Score
	2	2









Background

Trust mandatory training compliance performance remains above the KPI of 85%-and is 87.18% since the transfer of modules to ESR on the 1 June. This is also a 2% increase from last month.

Trust appraisal compliance is reported at 71.79% in October, decreasing by just over 2% over the month.(The September figure was 73.85%) The self assessment score reflects this performance in the Leadership section.
The level of operational pressure over recent months and higher sickness absence rates will have had an impact on performance.

Discussion with other Trusts continues to identify best practice in this area and how they achieve higher rates of compliance.

Improvement actions

1. The Head of Learning and Development continues to work with the Deputy Chief Nurse on improving Level 3 Children's Safeguarding compliance rates within ED The approach that RUH and SFT take is being considered. Staffing issues within safeguarding are impacting on progress (due to sickness absence) but this is under weekly review by the Associate Director of OD and Learning.
2. The work on re-designing the mandatory training modules has commenced.. There are 40 modules which require up-dating and this will be an ongoing process. The expert content leads for each module will be engaged in this programme of work.
3. The Conflict Resolution pilot takes place in November/December and we are also working with the Paediatrics team to up-skill and improve their confidence win dealing with young people who have serious learning and social difficulties.
4. The Head of L & D is developing a plan with the Deputy Chief Nurses to start looking at Training Needs across the Trust to ensure a more proactive rather than reactive approach for 2022.

Risk to performance and mitigations

The impact of social distancing continues to have an impact on capacity. The potential to make any changes safely and in accordance with IPC guidance is being explored on the 5 November with the IPC lead.

The ability to improve appraisal rates will prove challenging over the winter period. Associate Director of OD and Learning to discuss options with the COO and Chief Nurse.

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

Workforce

Use of Resources

Great Leadership	Indicator Score	Self Assessment Score
	1	3

Leadership Roles at the Trust	4.34% of staff	Equating to 177.99 WTE
Leadership Development Programme *(Cohort 1)*	22 leaders	Undergoing Training
Leadership Development Programme *(Cohort 2)*	14 Leaders	Undergoing Training
Leadership Development Programme *(Cohort 3)*	20 Leaders	Undergoing Training
Aspiring Leaders *(Cohort 1)*	21 aspiring leaders	19 Completed Training
Aspiring Leaders *(Cohort 2)*	18 aspiring leaders	Undergoing Training
Leadership Forum Members	300 managers	Members Engaged
Latest Leadership Forum *(23 September)*	30 managers	Actively Attending
Ward Accreditation	24 of 24 departments	using the Perfect Ward App

Background

Cohort 1 of the Aspiring Leaders programme have completed their training sessions with a follow up celebration of achievement event on the 17th November.

Cohort 2 of the Aspiring Leaders programme has commenced with 18 new attendees in Bands 4-5 from across the organisation.

Cohort 3 of the Leadership Development programme has commenced with 20 new attendees in Bands 7-8a from across the organisation.

The matrons leading with Impact programme has commenced with 23 matrons undertaking the training.

There has been positive feedback to date from the learners and tutor on the Level 5 Coaching & Mentoring programme.

The Leadership prospectus which includes all leadership development opportunities in one guide will be ready by the end of November.

Improvement actions

1. The review of the Trust's Leadership framework in the light of the KPMG leadership behaviours and the requirements of the Leadership Compact developed by NHSI/E (expected to be adopted by the NHS) will be completed by the end of November.

2. The Trust has not received any expressions of interest from consultant medical staff in clinical leadership to date. The Associate Director of OD and Learning will work with the Medical Director to consider alternative approaches to encouraging medical staff to come forward to undertake these important roles.

3. The Head of Leadership will begin a project to examine the leadership development needs of newly appointed consultant medical staff in December. This work will:

- measure the perceptions of new to role and aspiring medical consultants on their preparedness to undertake a leadership role.
- appraise the current level of leadership skills and behaviours in relation to the organisation's leadership principles and framework.
- identify the interventions required to support the growth of individual new to role and aspiring medical consultants in their development of leadership skills, knowledge, and behaviours.
- To identify what investment is required by the organisation to support the development of new to role consultants as leaders within the organisation. To include financial resources and time commitment relating to any interventions

4. The Trust is working in partnership with BSW colleagues on the joint procurement of a suitable training provider to deliver training in mediation skills. Accredited mediators will become part of the GWH and BSW register of mediators on completion of their training. The objective is to build internal mediation capacity to reduce the need for external mediation.

Risk to performance and mitigations

There is a risk that there is insufficient interest in clinical leadership which will impact our ability to secure Clinical Leads and AMDs of the future.

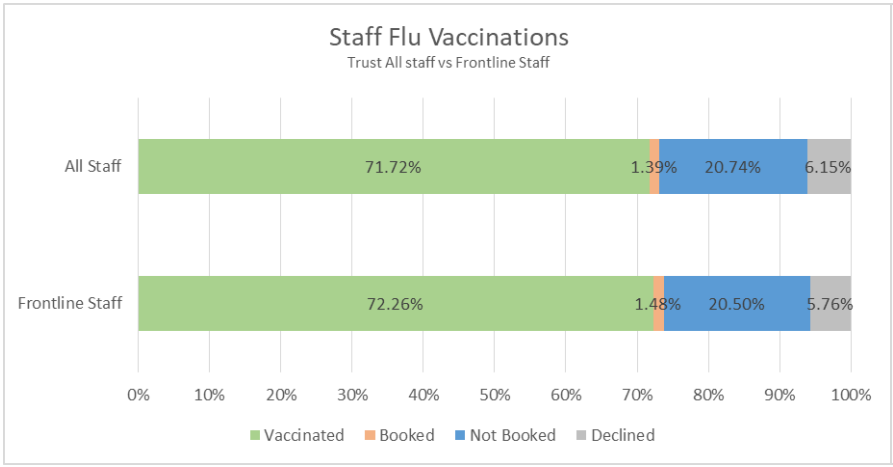
Work is ongoing to improve this position, and the project around developing the leadership skills of consultants is designed to develop the talent pipeline of the future.

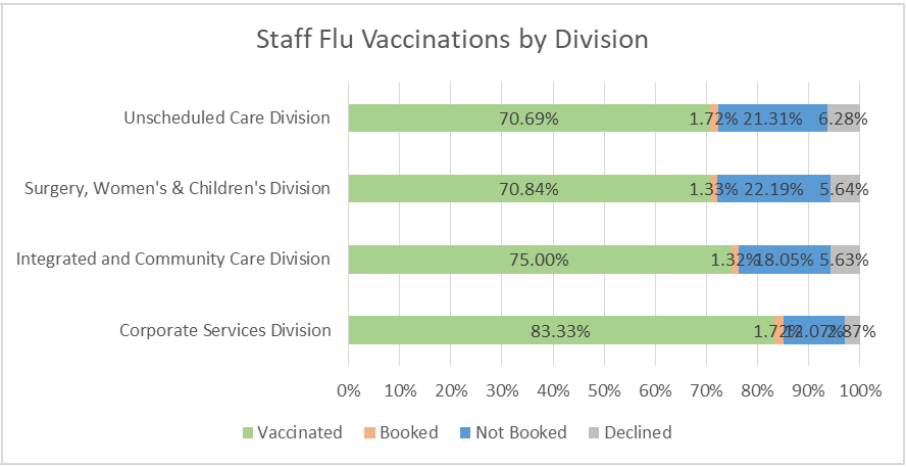
Attendance at leadership development training may become more challenging due to operational pressures. This is being closely monitored.

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

Exception 1 of 1 – Staff Flu Vaccination

Exception Report





Background

Our current compliance rate for all staff is 77.87% and a further 139 staff are booked as of the 31st October. (Compliance reporting includes those vaccinated and those who have declined).

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

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

Improvement actions

1. The Trust have invested in 'Vaccination Track' an online flu appointment booking system to improve accessibility of the range of appointments and mitigate the inconvenience for off-site staff.

2. With effect from Monday 15th November, flu clinics will run on Monday and Friday in the OH department. Staff are still able to select a vaccine appointment from 7.30am until 6.30pm with 3 appointments taking place every 6 minutes.

3. The OH team commenced 'walk about' flu vaccine service to increase availability of service to busy wards. In addition, the flu vaccination service is being offered as part of the routine monthly OH community site visits.

Risks to Performance & Mitigations

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

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

Board Committee Assurance Report

Finance & Investment Committee – 22 November 2021			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Andy Copestake	Andy Copestake		22 November 2021
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	BAF SR7

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

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

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Month 7 Finance Position	G	G	Accepting that the H2 plan is still being developed and that an interim plan has been used for October, all the main indicators are still green for the 7 months. A favourable I & E variance to date of £39k, Cash of £23.2m at the end of October and CIP achievement of £207k above plan year to date.	Monitor through FIC	FIC meetings 2021/22
Finance Risk Register	A	A	A good discussion on the Finance Risk Register, including the introduction of 2 new risks on Capital. The Committee was pleased to see that the Finance risk process was working well but was extremely concerned that the Trust's Emergency Capital Bid had still not been approved, although all the indications were that approval would be forthcoming.	Monitor through FIC	FIC meetings 2021/22
BAF Strategic Risks	A	A	A good discussion on the BAF and, specifically the 2 strategic risks assigned to FIC. After a good discussion, the Committee concluded that the strategic risks are being managed effectively and that the scores were reasonable.	Board	February 2022
Debtors - in depth report	A	A	A good report from the Head of Financial Control setting out progress over the last 6 months. The Committee welcomed the significant reduction in receivables from March 20. The report also covered the need for a better understanding of the process for chasing bad debt and the need for greater clarity at the initiation stage.	Review progress at next 6 monthly review	FIC May 2022

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Improvement & Efficiency Plan - update	A	A	The Committee noted an update on progress with the Improvement & Efficiency Plan, together with the approach for implementing the "Improving Together" programme.	Monthly updates	FIC December 2021
Electronic Patient Record – Outline Business Case	A	A	A good discussion on the OBC for this vital project. The Committee noted the considerable amount of work that had been undertaken over the last year by the Project Team which had resulted in a good paper and a clear recommendation, albeit at significant cost but with significant benefits. The discussion focussed on the need to keep all options open at this stage with regard to specific system solutions and implementation timing. Subject to clarifying a couple of points on key numbers in the report, the Committee agreed to recommend approval of the OBC to the Board and looked forward to reviewing the FBC in due course.	Board	2 December 2021
Internal Ambulance Transport tender	G	G	The Committee supported the recommendation for further work with procurement to achieve the right result for the Trust.	Re-tender	FIC March 2022
Procurement – Annual Review and lessons learnt	G	G	The Committee welcomed the first annual Procurement report which demonstrated progress on a range of issues and welcomed the focus on lessons learnt.	Monitor actions through FIC	FIC meetings 2021/22
Point of Care contract for the provision of Blood Glucose and Blood Ketone testing	G	G	The Committee approved the recommendation to award the contract for a 5 year term to Nova Biomedical via the NHS Supply Chain.	None	

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

Part 4: Use of Resources

Our Priorities

How We Measure

Are We Effective?

Are We Responsive?

Are We Safe?

Are We Caring?

Are We Well Led?

Use of Resources

Financial Overview

Use of Resources

For Period Ended - 31st October 2021	In Month Plan £000	In Month Actual £000	In Month Variance £000		YTD Plan £000	YTD Actual £000	YTD Variance £000	
Total Operating Income	34,082	35,194	1,111		238,278	249,238	10,961	
Total Operating Expenditure	(34,082)	(35,188)	(1,107)		(238,277)	(249,200)	(10,921)	
Total Surplus/(Deficit) *excl donated assets*	0	5	5		0	39	39	
Capital	3,762	1,356	(2,406)		12,688	8,145	(4,543)	
Cash & Cash Equivalents	14,270	23,222	8,952					
Efficiencies	445	441	(4)		1,717	1,924	207	

Overview

Income & Expenditure: The Trust in month position is £5k surplus against a plan of breakeven. Operating Income is £1,111k favourable against plan and Operating Expenditure is £1,107k adverse against plan.

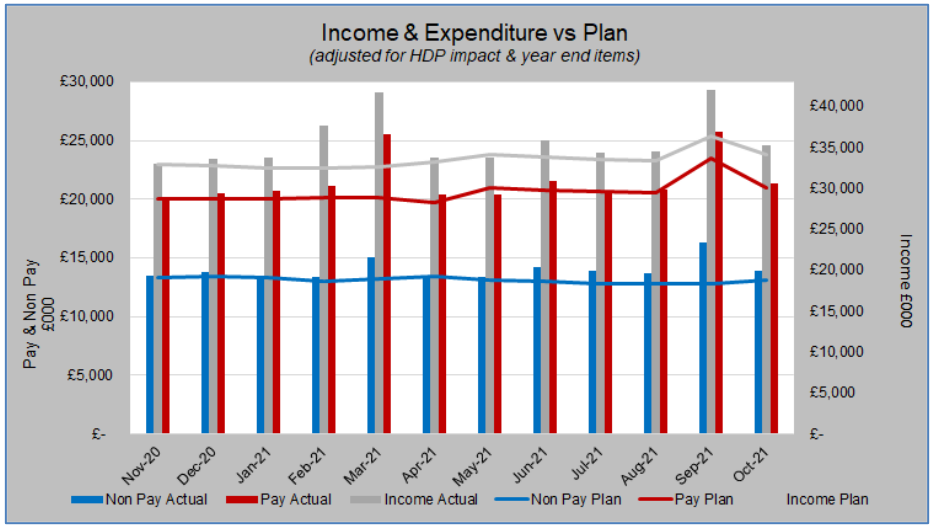
Cash – the cash balance at the end of October was £23,222k which is above plan and above the revised forecast.

Capital – Capital expenditure is £8,145k as at the end of Month 7, £4,543k below plan. An adjustment for the transfer by absorption of Savernake PFI has reduced fixed assets in month (£8,749k)

Efficiencies – £1,924k YTD has been delivered, which is above plan by £207k.

Income and Expenditure - Run Rate

Use of Resources



Background

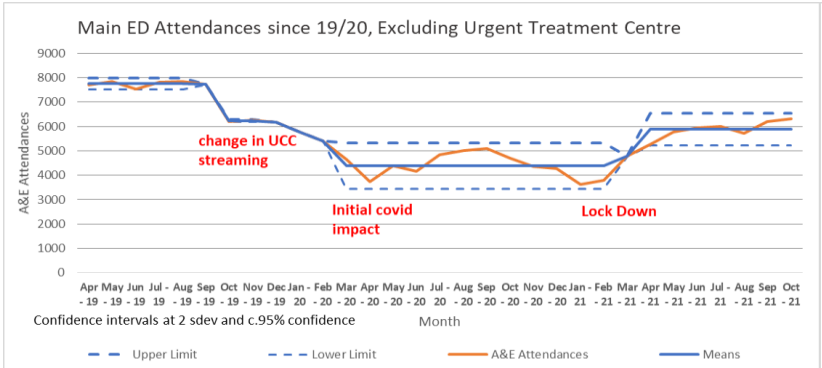
The October position is £5k surplus against a breakeven plan. The position includes Elective Recovery Fund costs of £570k which have been funded by releasing accruals made last month in accordance with BSW system agreements.

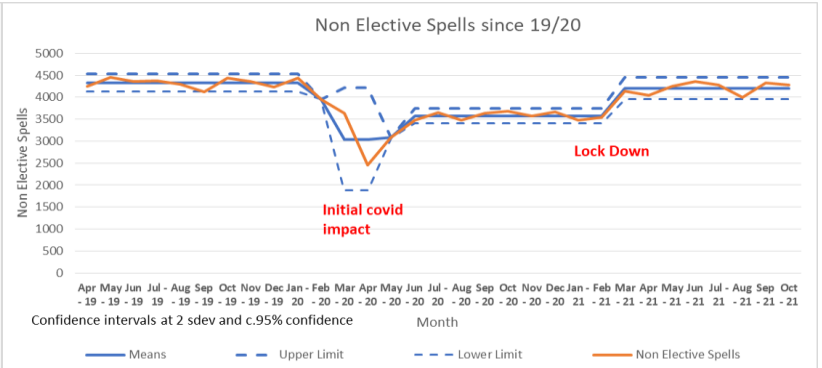
- Education & Training Income from Health Education Income has increased by £677k. This is due to increases in CPD funding and student placements including non-medical, postgraduate and undergraduate. This additional income is matched against costs incurred during the financial year including prior months.
- Monthly Pay underlying run rate has increased by £78k and continues to be overspent in month by £375k.
    - The nursing run rate has increased by £77k, with a £143k increase in temporary staffing spend. Enhanced care costs have increased by £97k across a number of wards. Sickness and vacancy cover have also increased in month.
    - Medical staffing costs have reduced by £22k. Temporary staffing costs have reduced by £27k due to fill rate for vacant posts being lower than last month. Primary Care GP shifts have been difficult to fill during the half-term break which has reduced the in month costs.

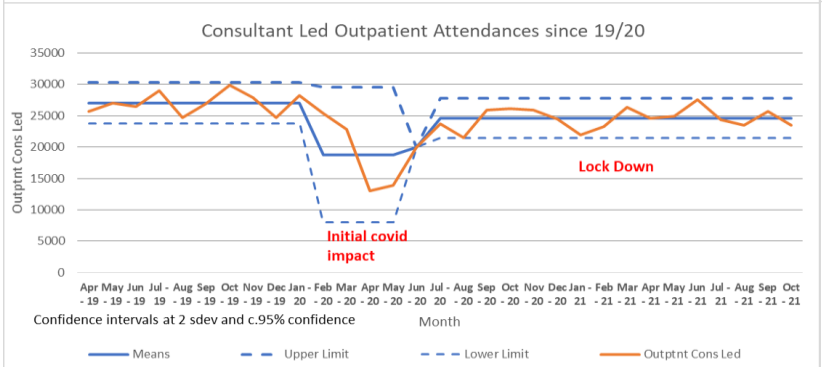
- Non Pay underlying run rate has reduced by £20k and is overspent in month by £731k. Education and Training costs have increased by £574k matched by the additional HEE income received in month. Clinical supplies costs are in line with prior month and includes additional supplies required in ICU for higher dependency, offset by a reduction in prosthesis costs and T&O activity.

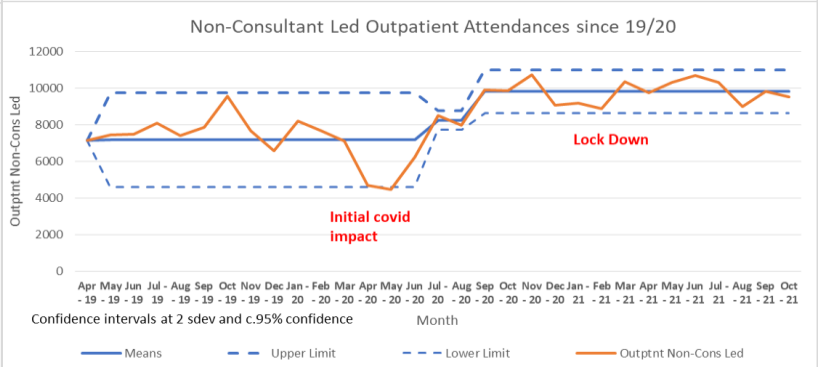
Key Activity Trends to Inform Revenue Impact if National Tariffs Still Applied

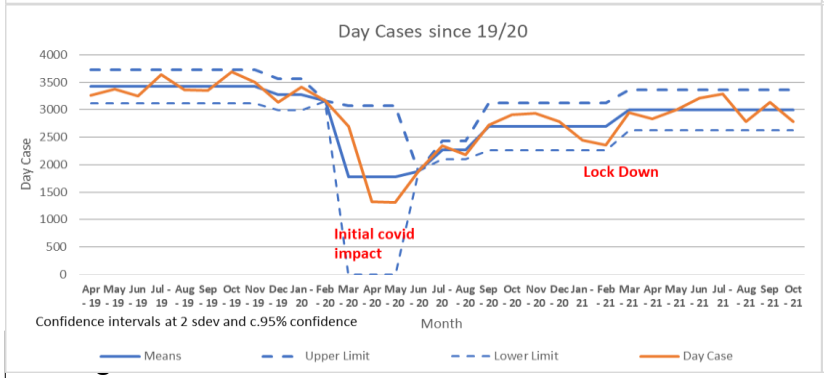
Use of Resources

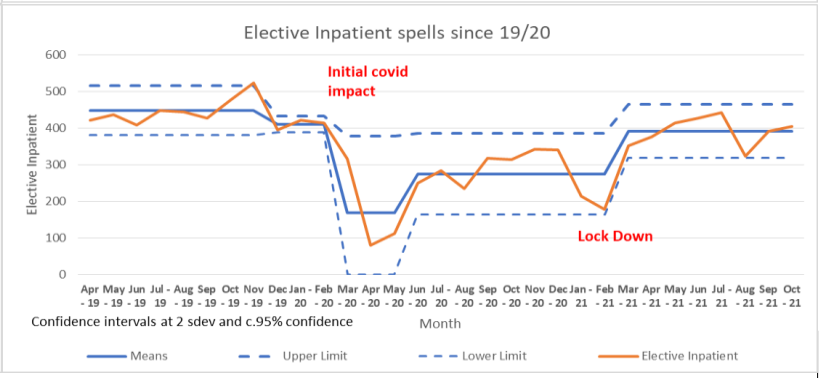












This is the activity trend collected to inform financial view on productivity, expenditure reported and notional income earned. This does not replace divisions' own view on their levels of activity.

Income and Activity Delivered by Point of Delivery

Use of Resources

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

Activity Type	Activity Variance	19/20 Income	21/22 Income	Income Variance	Income Variance	Comment (comparing income and activity variances)
	%	£'000	£'000	£'000	%	
Main ED (Excl UTC)	-25.0%	7,456	6,062	-1,394	-18.7%	Minor activity affected more than major + impact of increased streaming since 19/20
NEL	-2.3%	45,741	50,034	4,293	9.4%	Minor activity affected more than major
Outpatient (All)	-2.5%	21,574	18,934	-2,639	-12.2%	Due to switching to Non face to Face
Day Case	-9.7%	11,954	11,147	-807	-6.7%	Minor activity affected more than major
Elective Inpatient	-8.2%	8,866	8,402	-464	-5.2%	Minor activity affected more than major

Context

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

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

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

Issues:

Income that would have been earned if PbR was in place is reduced from previous years due to Covid-19 reducing throughput. Notional PbR income has dropped less than activity, as low complexity work has reduced most. The exception is outpatients where a switch to non face to face delivery attracts a lower tariff if PbR rates are used.

Main ED attendances are now back to pre-Covid-19 levels of Q3 2019/20, but non-elective spells have not quite returned to their Q3 2019/20 levels though well over 90% of the drop has been reversed.

Neither day case or elective activity is yet back to pre-Covid-2019 levels and October 2021's day case activity is 11% down on Sept (6.8% after adjusting for working days).

Risks:

If the previous cost and volume funding approach was reintroduced, activity based income for the year would be c£1.7m lower than 2019/20 income levels due to reduced throughput. This is comparable with the equivalent projection at M6.

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

Actions & mitigation:

PbR is not going to be reintroduced in 2021/22 and block funding will remain in place. The Trust is working with the BSW system to maximise income for the Trust by staying up to date with the few variable income streams that exist.

Finance is also following national discussions for 2022/23 and will advise when a clear line on the expected basis emerges.

Efficiency – Better Care at Lower Cost

Use of Resources

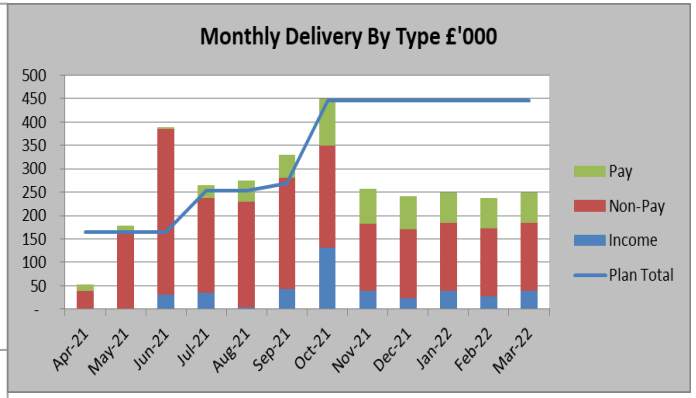
Background

Cost Reduction identified and delivered in month is £441k which is £4k below plan.

The total target for H1 was £1,272k. The indicative target for H2 has been revised to reflect the cash releasing element of the financial savings requirement at £2,670k, giving a total indicative efficiency target of £3,942k.

Delivery for the year to date is £1,924k, which is over plan by £207k.

Future months outline forecast delivery for the period to 31 March 2022.



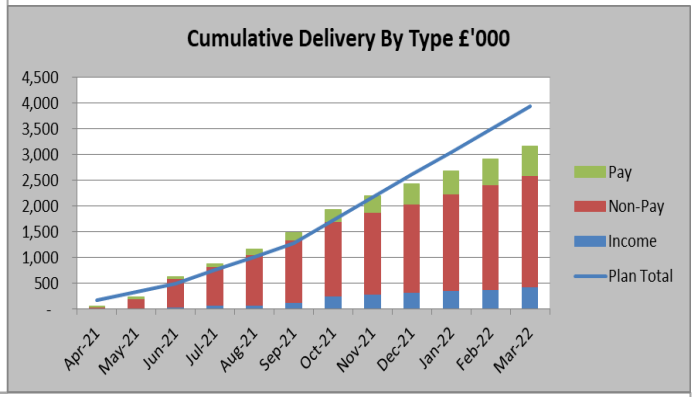
Improvement actions planned

EQIA, PID and Financial Validation of projects continues, and financial achievement recognised where projects are progressing. Indication of potential is being assessed against programme projects currently without financial assessment and projects continue to be brought forward to support the latter part of H2 and in advance of 22/23.

A score-card style report has been developed for Improvement Board to enable improved reporting and accountability.

A clear pathway has been developed for idea generation to enable staff across the Trust to put forward proposals for further opportunities.

Terms of Reference for the Improvement Board are due to be refreshed.



Risks to delivery and mitigations

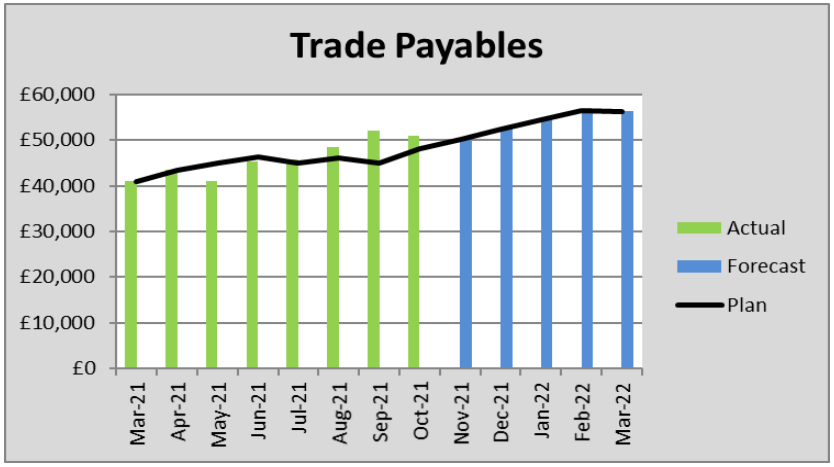
The key risks are around delivery during H2, both in terms of cash releasing efficiency for which current forecasts of efficiencies outline a gap against target by the end of the financial year, and ensuring continuing focus is maintained on cost avoidance opportunities that will enable runrate management.

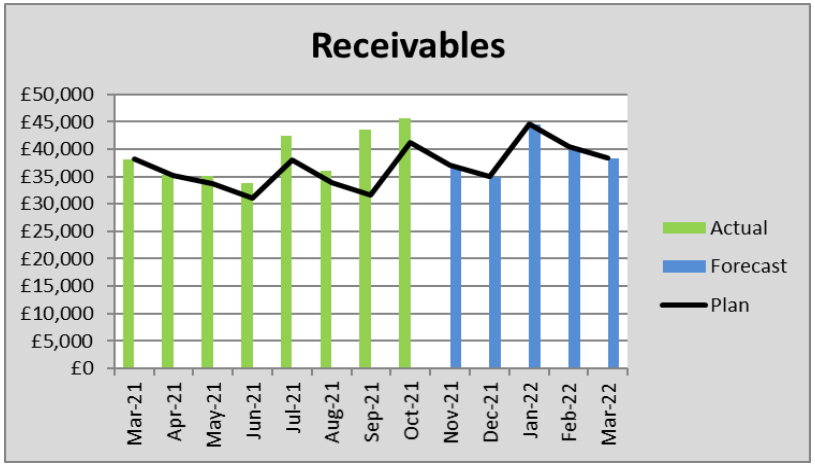
Identification of further opportunities remains a priority to mitigate and to enable the Trust to achieve the efficiency target and financial validation of opportunities identified, currently not captured as achieving, as well as improving achievement levels of those underway, across cash releasing and cost avoidance / productivity opportunities.

Finance continue to support and challenge divisions to outline the £ potential of areas of efficiency and are working to support with financial validation and capture of achievement and T&I are working to support project leads to progress EQIA and PID for each opportunity.

Statement of Financial Position: Key movements

Use of Resources





Background

- Payables and receivables remain above plan. This is driven by accruals for both income and expenditure relating to the Elective Recovery Fund.
- The transfer of Savernake PFI to NHS Property Services (from 1/10/21) has been put through the balance sheet as a transfer by absorption in month. This has resulted in a reduction in Non-Current Assets (£8,749k) offset by movements in PFI obligations (£3,608k), I&E reserve (£1,790k) and Revaluation reserve (£3,351k)
- PDC has increased in month as a result of the early drawdown (£2,001k) to support on-going work on the Way Forward Programme.
- A full Statement of Financial Position is included in the appendices.

Risks to delivery and mitigations

- The Emergency Financing Application has not yet been approved. The Energy Centre has been removed from the original bid and re-submitted on a separate application. Updates on the process and timescales continue to be chased on a weekly basis

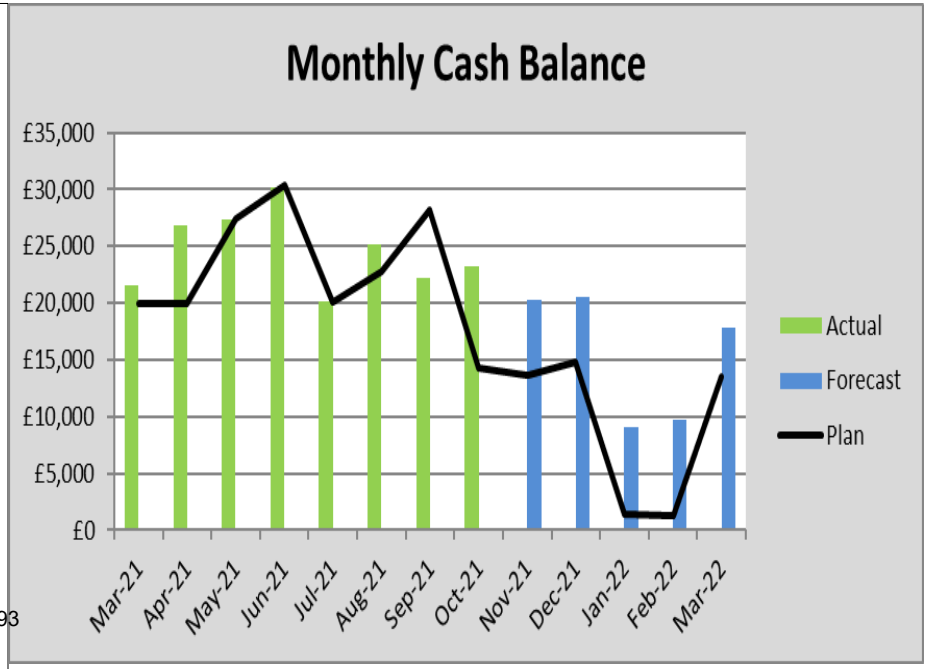
Cash

Use of Resources

	Mar-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Total	Rolling 12 Mths Nov 21 to Oct 22
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening Balance	**41,193**	**22,202**	**23,222**	**20,781**	**36,098**	**25,603**	**28,733**	**27,629**	**16,223**	**16,415**	**17,181**	**6,294**	**7,059**	**7,825**	**1,000**	**21,553**	23,222
Income																	
Clinical Income	11,312	36,636	31,761	31,088	31,088	31,088	31,088	27,517	27,517	27,517	27,517	27,517	27,517	27,517	27,517	379,634	348,732
Other Income	3,921	8,251	1,975	2,227	2,740	4,257	2,403	2,403	2,403	1,619	1,619	1,619	1,619	1,619	1,619	45,877	26,499
Revenue Financing Loan / PDC	4,975													4,062			4,062
Capital Financing Loan / PDC	25,525	2,001		16,573	2,683	1,894	3,234	3,234	3,234	4,537	4,537	4,537	4,537	4,537	4,537	26,385	53,537
Total Income	**45,733**	**46,888**	**33,736**	**49,888**	**36,511**	**37,239**	**36,725**	**33,154**	**33,154**	**33,673**	**33,673**	**33,673**	**33,673**	**37,735**	**33,673**	**451,896**	**432,830**
Expenditure																	
Pay	21,021	21,858	22,501	20,510	20,504	20,503	20,449	20,138	20,138	20,138	20,138	20,138	20,138	20,138	20,138	244,580	245,433
Revenue Creditors	10,936	10,274	10,116	11,987	12,177	12,670	14,447	8,302	8,302	8,302	8,302	8,302	8,302	8,302	8,302	138,888	119,508
Capital Creditors	19,424	1,873	3,505	2,073	2,672	936	808	4,467	4,467	4,467	4,467	4,467	4,467	4,467	4,467	22,791	41,264
PFI	11,861	11,862			11,653			11,653			11,653			11,653	11,653	35,376	46,612
PDC Interest	2,131						2,125									4,076	2,125
Financing			55						55							110	110
Total Expenditure	**65,373**	**45,868**	**36,177**	**34,570**	**47,006**	**34,109**	**37,829**	**44,560**	**32,962**	**32,907**	**44,560**	**32,907**	**32,907**	**44,560**	**44,560**	**445,821**	**455,052**
Closing Balance	**21,553**	**23,222**	**20,781**	**36,098**	**25,603**	**28,733**	**27,629**	**16,223**	**16,415**	**17,181**	**6,294**	**7,059**	**7,825**	**1,000**	**5,535**	**27,629**	**1,000**

Background

- Cash at the end of Month 7 was £23,222k which was £8,952k above the plan level of £14,270k.
- The cash balance is above the forecast for Month 7 (£20.5m). This is driven by additional cash received in month for HEE (£5.3m), ERF (£2.7m) and H2 block agreements being confirmed (£5m), offset by delays to capital funding being drawn down (£10.7m)
- The H2 block payments have now been agreed and are reflected in the revised cash forecast. As a result, revenue support is no longer required until October 2022 (previously £11.8m in March 2022 and £5.5m in July 2022). From April 22/23 clinical income no longer includes additional Covid block funding.
- The Trust has met its target for the Better Payment Practice Code to pay 95% invoices within 30 days in month. Detail can be found in Appendix 2.



Capital Programme

Use of Resources

Capital Scheme	Capital Group	2021/22 Full Year Plan £000	Month 7 plan	Month 7 Actual	Month 7 Variance	Month 7 YTD Plan £000	YTD Actual £000	YTD Variance £000
Aseptic Suite	Estates	1,903	314	-	(314)	853	170	(683)
Oxygen	Estates	500	-	-	-	500	438	(62)
Estates Replacement Schemes	Estates	1,050	125	3	(122)	225	5	(220)
Utilities (LV & Heating) Project	Estates	2,300	511	(41)	(552)	1,278	584	(694)
Pathlake (national funds requires matching)	IT	260	25	-	(25)	105	-	(105)
Pathology LIMS (network procurement)	IT	510	-	-	-	151	-	(151)
IT Emergency Infrastructure	IT	3,000	32	-	(32)	2,126	2,569	443
IT Replacement Schemes	IT	1,404	156	58	(98)	624	206	(418)
PACS - environment/replacement solution (Nov21)	IT	800	133	6	(127)	133	150	17
Equipment Replacement Schemes	Equipment	1,450	161	13	(148)	644	86	(558)
Contingency	Equipment	541	45	-	(45)	315	-	(315)
Way Forward Programme		9,690	914	-	(914)	2,376	370	(2,006)
Clover UEC		10,085	1,346	1,317	(29)	3,358	3,567	209
Total Capital Plan (Excl PFI)		**33,493**	**3,762**	**1,356**	**(2,406)**	**12,688**	**8,145**	**(4,543)**

Risks to delivery and mitigations

Slippage will be monitored through the Capital Management Group to ensure a robust forecast and mitigations are in place.

Background

Capital Expenditure as at Month 7 is £4,543k below plan. Significant slippage has been seen in month and year to date. This is driven by:

- IT:
  - IT Emergency Infrastructure (£443k above plan) and IT replacement schemes (£418k below plan) continue to be monitored and are expected to be on plan by year end.
  - Work continues with the PathLake project team to understand the expected year end position (£105k below plan year to date). Additional funding has been confirmed from the Diagnostics Digital Capability Programme - a full project plan with costs and funding sources is required to understand the impact on internal CDEL.
- Equipment:
  - Equipment Replacement scheme is £558k below plan, recommendation reports are progressing and the full allocation is on track to be spent by year end.
- Estates:
  - Aseptics is below plan (£683k) due to delays in design and start dates on site. A revised start on site date of January is being discussed and the implications of this on funding needs to be worked through with the Estates team.
  - Slippage on Way Forward (£2,006k) and Utilities (£694k) schemes is reported year to date. A revised forecast for Way Forward has been agreed with NHSI and the Trust expects to spend £2,581k in year. The Utilities scheme is expected to spend in excess of budget (£975k) and will complete in 2022/23, with the full allocation for 2021/22 being spent by year end.

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Mental Health Governance Committee

Accountable Non-Executive Director	Presented by	Meeting Date
Lizzie Abderrahim	**Lizzie Abderrahim**	**1 October 2021**

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			
Mental Health Act Administrator's Report Q2			Questions were raised re [1] how the Mental Health Act was being addressed through mandatory training requirements [2] Whether no appeals or managers hearing against detention was because detained patients were not being made fully aware of their rights (because GWH is not following best practice guidance) [3] arrangements for the medical scrutiny of documents once the agreement with Oxford health comes to an end.	[1] review Mental Health Mandatory training [2] benchmark against practice in other trusts [3] discussions with AWP re an SLA	January 2022
Mental Capacity Act: Risk Update			Ratings remained consistent on the basis that no significant change in the number of incidents was reported although it was acknowledged that the number of falls amongst the cohort of MCA patients remained an issue [with measures in place to ensure that learning takes place].		

[1] Safeguarding / Mental Health / DOLS

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
Deprivation of Liberty Safeguards: Risk Update			The Committee remained concerned about the risks associated with patients who were being cared for outside the protection of the DoLs legal framework [because the supervisory bodies had not completed their assessments] and whilst it was satisfied that actions were in place to mitigate the risk clarity was needed on the numbers of patients who were impacted.	Review the number of patients outside the protection of the DoLs Legal Framework.	January 2022
Implementation of Liberty Protection Safeguards			An April 2022 date for the implementation of the LPS appears increasingly unlikely with regional discussions continuing but the committee was satisfied that the Trust was developing an understanding of what the implications would be for GWH		
Divisional Update: Unscheduled Care			The challenges associated with providing mental health care in an acute setting creates a high risk but there were mitigations in place to address this – most recently an agreement with AWP re 30 Band 3 HCAs who will be available across the division to support patients requiring enhanced care. Discussions were also taking place re GWH paying AWP to provide 1-2-1 nurse cover for high-risk mental health patients [rather than use agency RMNs]. Whilst this would improve the quality of care to these patients there was concern that GWH would be incurring these costs as a direct consequence of the lack of acute mental health beds.		
Emergency Department – mental health practice update			The ratings were reduced to amber on the basis that, although the challenge remained significant, mitigations were in place [e.g. provision of training to ED staff and use of RMNs to provide 1-2-1 support] and there was evidence that those mitigations reduced the risk to staff [e.g. no harm to staff had been recorded over the previous 6 months].		
Audit Reports			Operational pressures meant that no audits had been conducted and the item was therefore not rated. Plans were in place to address outstanding audits and a report would be presented to the January 2022 meeting.		
Mental Health Liaison Team			A positive working relationship between the MHLT and ED staff meant that solutions to deal with the challenges arising from external pressures were being identified. However the committee remained concerned about the new PLAN (6th Ed) standards - whether AWP might not be able to implement them and the degree to which they might be differently interpreted by the parties.	Report on PLAN (6th Ed) standards	January 2022

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
CAMHS			Whilst acknowledging the recruitment challenge within the CAMHS service the committee noted that the contingency plans resulted in reduced hours for the GWH liaison role and were concerned about the impact this was having on children and young people being cared for at GWH.	Review the risk to patients being cared for at GWH resulting from the reduced service being provided by CAMHS	January 2022
Children's Services			The availability of Tier 4 beds continued to present challenges and difficulties in arranging discharge into the community were still being experienced. Whilst these challenges were being mitigated the risk scores in relation to GWH staff shortages and the impact of escalation needed clarification.		
MH Services in the Community & GP Practices			The committee was satisfied that whilst there was undoubtedly a challenge in meeting the increasing demand in the community and in primary care it was evident that actions were in place to address this - mental health pathway had been developed and staff had been recruited to offer enhanced services to patients presenting with mental ill health.		
CQC Assessment of Mental Health in Acute Trusts			No rating was attached at this meeting. A review of GWH practice against the standards is to be conducted and the outcome of that review will be the subject of discussion at the committee on 14 January 2022		

Board Committee Assurance Report

Charitable Funds Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Paul Lewis	**Paul Lews**		**3 November 2021**
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

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

Assurance Level	Colour to use in 'Assurance level' column below
Not assured	**Red – there are significant gaps in assurance and we are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"**
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Full	**Blue – Delivered and fully embedded**

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Fundraising	A	A	COVID has continued to impact our fundraising activities and events and, as a result, we still have challenges with our fundraising income for this year. We are confident we will be able to make improvements in the new year and our actions to deliver this will be agreed and documented as part of our 2022 Charitable Funds Plan.	We will agree and document our Fundraising plans as part of our 2022 Charitable Funds Plan.	28 Feb 22
Finance Strategy	A	A	We will review and agree our Finance Strategy to ensure we achieve the right balance between managing our Fund Balances effectively whilst maximising growth potential, where appropriate.	Review and publish our Finance Strategy.	28 Feb 22
Financial Position	G	G	The Finance position is well controlled and no concerns were raised.	None	
Cases of Need	A	A	The current Cases of Need process is well managed, but we need to further simplify and improve the form and approach taken.	Agree and communicate process changes.	28 Feb 22
Charitable Funds	A	A	The Divisional Spending Plans were reviewed and no specific concerns were raised. We agreed to rationalise the 81 Charitable Funds based on the Divisional structure with the caveat that there needs to be a detailed plan (with appropriate staff engagement) before the specific changes are agreed and communicated.	Agree and publish the Fund Rationalisation Plan.	30 Apr 22

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

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Audit, Risk & Assurance Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Julie Soutter	Julie Soutter		11 November 2021
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

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

Assurance Level	Colour to use in 'Assurance level' column below
Not assured	**Red – there are significant gaps in assurance and we are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"**
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Full	**Blue – Delivered and fully embedded**

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
BAF	A	A	Recognition of work done and progress made. BAF to be updated and refined for final Committee and Board approval. Work continues on risk definitions, scoring, links to Committees, Exec summaries and links to risk register. Board agenda being reviewed to link to BAF and mapping to be developed. Committee assured that BAF identifies strategic risks, controls and gaps in assurances, but that work is ongoing to refine and strengthen.	Committee and Board approval BAF ARAC report (KMcN, CC)	Nov/Dec 21 Mar 22
Risk Register Report	A	A	Risk Committee focussed on reviewing key risks, mitigations and consistency across Trust. New Datix system implementation progressing - some delay due to manual processes for loading risks and other actions due to be completed shortly. Work continues on improving risk descriptors and scores. Thoughtonomy being used for transfer of data. Incident management to be migrated over to new system. Support and training identified for users.	Update to ARAC	Jan 22
Divisional Risk Review – Surgery, Women and Children	A	A	Good discussion of risks and mitigations. Improvements in safety procedures and dissemination of learning noted including actions to strengthen WHO checklist processes. Safety huddles conducted daily. Governance improvements include assurance via service and divisional quality meetings. Additional support recruited and further posts identified for quality and governance improvement.	Report to ARAC at next divisional presentation	TBC

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
External Audit Report	G	G	Verbal update. Planning progressing - no issues identified.	Report to ARAC	Jan 22
Internal Audit - Progress Report	G	G	Audit work progressing well with Trust support acknowledged. BDO noted no high-level recommendations in current reports. No issues identified.	Report ARAC	Jan 22
Internal Audit Report – Health & Wellbeing	G	G	Committee noted the good work done in this area to date and positive impact on staff. Very positive report with Substantial rating for design of the plan and Moderate for effectiveness. 1 Medium and 2 Low recommendations on project management documentation (all accepted). Team aware of challenges ahead in developing the scheme and getting widescale feedback.	IA update reports	Jan 22
Internal Audit Report – Mandatory Training	G	G	Positive report with Substantial for design and Substantial for effectiveness. 1 Low recommendation on monitoring approach, with Trust highlighting future improvements. BDO noted good performance against benchmarks and the trajectory achieved so far. Data analysis did not yield any specific areas of concern or consistent themes to be addressed.	IA update reports	Jan 22
Internal Audit Report – Medical Records	A	A	Report noted Substantial for design and Moderate for effectiveness. 2 medium recommendations on improving location tracking and physical security. Noted increasing digitalisation improves some risks but can add new ones. Improvement programme looking to strengthen records database and processes. Update requested on controls and assurance improvements.	Medical Director Update	Jan 22
Internal Audit Report – Primary Care	A	A	Report noted Moderate for design and Moderate for effectiveness. 2 medium recommendations on management/monitoring of improvement projects and using SMART KPIs. Committee recognised huge distance travelled in development of controls and processes since becoming part of GWH, and the continuing scrutiny and challenge. Practices fully aware of governance framework, and work to do still on improving project management and processes. CCG and Trust to commission review of operating model.	IA update reports	Jan 22
Internal Audit - Follow up	G	G	Progress as planned. No issues highlighted	IA update reports	Jan 22
BDO - Counter Fraud Report	G	G	Low level of incidents reported, consistent with national figures. One recent incident (no loss suffered by Trust) to be followed up for potential action.	ARAC - Update on incident (SW,KMcN)	Jan 22
Counter Fraud – NFI Summary	G	G	Recent national matching exercise (potential duplicate payments, suppliers and payroll). No significant findings/control issues.	C Fraud updates	Jan 22

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Information Governance 2020/21	G	G	Comprehensive report. Committee acknowledged good performance of IG team for the year. Digital improvements and spot checks/audits continue.	N/A	
Theatre Stock	A	G	Thorough report on issue identified after year end during transfer of stock management to procurement team. FIC reviewed financial aspects. New processes now in place, training delivered and sign off strengthened. Risk will reduce once periodic counts embedded with revised year end controls.	ARAC update	Mar 22
National Cost Collection 2020/21	G	G	Some data quality problems (new costing software) and technical issues (national issue) resulted in extension of submission deadline. Trust to resubmit by end Nov following changes identified in checking process.	ARAC update	Jan 22
Aged Debt NHS Property Services	A	A	Report noted improvements in aged debt position and specific actions taken to reach agreement with NHS Prop Services. Committee challenged equity of processes and effectiveness of controls over NHS debt compared to individual/personal debt collection (Losses & Compensations Report).	FIC Aged Debtors analysis	Dec 21
Losses and Compensations Q2 21/22	A	A	Minimal write off for Q2. Procedures for collection of debts to be reviewed to ensure all parts of process working to policy and that it is equitable.	Update to ARAC (SW/EH)	TBC
Policy Management Framework	G	G	Noted	N/A	
Conflicts of Interest 2020/21	G	G	Noted. Process being reviewed to increase compliance and detail required.	N/A	

Issues Referred to another Committee	
Topic	**Committee**
Aged Debt – review of collectability	FIC

Safe Nursing and Midwifery Staffing – 6 month review

Meeting	Board of Directors	Date	2nd December 2021

Summary of Report

The purpose of this paper is to provide assurance to the Board of Directors that Nursing and Midwifery clinical areas have been safely staffed over the last 6 months. The paper describes how staffing is assessed, monitored and reported and gives assurance of safe practices.

The report also provide a summary of the Establishment Reviews led by the Chief Nurse that have taken place over September and October 2021 and reports on the key themes found:

- *Registered Nurse to Patient ratio;* Further work is under way to review the registered nurse to patient ratios actually worked on the ward, this will take into account the impact of the escalation beds and the role of the shift coordinator. However the reviews highlighted that some areas were currently working to a ratio higher than the 1 registered nurse to 8 patients that is recommended.

- *Health Care Support Worker to patient ratio;* The wards were generally working to a 1 HCA to 10 patients ratio. This is compounded by the role of the HCA also encompassing activities such as delivering drinks and meals / washing up / cleaning tables, emptying clinical waste bins that are carried out by catering / facilities staff in other Trusts.

- *The Emergency Department establishment review* included an assessment against the standards set out in the Nursing Workforce Standards for Type 1 Emergency Departments (October 2020 Royal College of Nursing, Royal College of Emergency Medicine). This highlighted that the skill mix should be a minimum of 80% registered nurses with 30% of that establishment at band 6 or 7. Separate areas of the ED should have a band or 7 in charge of the area each shift. The ED establishment for band 6 and 7 is currently 18% and therefore not meeting this standard.

- *Neonatal Unit* The Neonatal unit establishment review included assessment against the Safe Staffing guidance in the British Association of Perinatal Medicine Framework for Practice 2019. The establishment is currently below what is recommended and the staffing challenges are compounded by the Neonatal Unit Coordinator being required to support the babies in the Transitional Care unit (in maternity). The neonatal unit has minimal practice educator hours. Further work is in progress to review this gap in more detail and once this work has been complete key recommendations will be drawn out and presented.

The report also highlights the good work that has been achieved with reducing registered nurse vacancies and the successful international nurse recruitment programme. A bid for International Recruitment for 2022 is currently being worked up to recruit 5 wte international nurses a month. This is based on our current turnover rates, there is a risk that turnover will increase post pandemic but this will be mitigated by national recruitment and a focus on retention.

Retention will be a significant focus for the next 6 months and work is going on develop innovative plans to support and develop staff to grow their careers at GWH. The Trust has signed up to the NHSE/I 'Stay and Thrive' programme and developing a bespoke pathway for band 5-7 BAME nurses.

The Trust achieved 0 health care support worker vacancies in May 2021, however has seen an increase in vacancies since then. This is in line with the national picture as other employment sectors open up and actively recruit. There is active recruitment 'to turnover' now in place with the

aim of achieving 0 vacancies by February 2022. The Trust is also working with the NHSE/I on the Accelerated and Sustainable Recruitment for Health Care Support Workers to support this.

As part of the Great Care campaign, a HCA improvement programme known as PRIDE has been launched, this focuses on recruitment and retention as well as HCA development and celebrating their important contribution to our patient's experience.

The report then describes the Midwifery staffing position, current challenges and plans going forward. This encompasses the findings from the Establishment Review of Midwifery service, including community midwifery and continuity of carer teams. Midwifery remains an area of concern, although there are 12wte Midwives in the recruitment pipeline due to start and a successful collaborative bid across BSW for internationally recruited midwives.

The current staffing risks are included in appendix 1, in light of the Establishment Reviews these risks are currently being reviewed. Risks associated with Nursing, Midwifery and AHP staffing will be reported through the Nursing, Midwifery and AHP workforce group going forward.

For Information	x	Assurance	x	Discussion & input		Decision / approval	

Executive Lead	Lisa Cheek Chief Nurse
Author	Luisa Goddard Deputy Chief Nurse
Author contact details	Luisa.goddard@nhs.net

Risk Implications - Link to Assurance Framework or Trust Risk Register		
Risk(s) Ref	Risk(s) Description	Risk(s) Score
	The risks are described in appendix 2	

Legal / Regulatory / Reputation Implications	CQC regulations NHSE/I Workforce standards NICE guidance

Link to relevant CQC Domain									
Safe	X	Effective		Caring		Responsive		Well Led	X

Link to relevant Trust Commitment	Nursing, Midwifery and AHP Workforce group

Consultations / other committee views

Recommendations / Decision Required

The Board is asked to note the 6 monthly review of Nursing and Midwifery staffing and the key findings from the Establishment reviews.

1. Introduction

Following publication of the Francis Report (2013) and the subsequent "Hard Truths" (2014) document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels.

These include:

- Report and publish a monthly return to NHS England indicating planned and actual nurse staffing by ward. This is published on the NHS Choices website.
- Publish information with the planned and actual registered and unregistered nurse staffing for each shift
- Provide a 6 monthly report on nurse and midwifery staffing to the Board of Directors.

This report serves as the six monthly safe staffing review at Great Western NHS Foundation Trust.

This report covers the nursing and midwifery staffing across the three divisions. The purpose is to give the Board assurance that the Trust is compliant with the National Quality Board (NQB) guidelines and recommendations (2016), which are highlighted in table 1.

Table 1- NQB: Safe, Sustainable and Productive Staffing

Right Staff	Right Skills	Right Place and Time
Evidence based workforce planning	Mandatory training, development and education	Productive working and eliminating waste
Professional Judgement	Working as a multiprofessional team	Efficient deployment and flexibility
Benchmarking speciality at a national level	Recruitment and Retention	Efficient employment and minimising agency

The NHS Improvement "Developing Workforce Safeguards" (October 2018) made further recommendations to ensure that Trust report on safe staffing information including all areas, departments and clinical services.

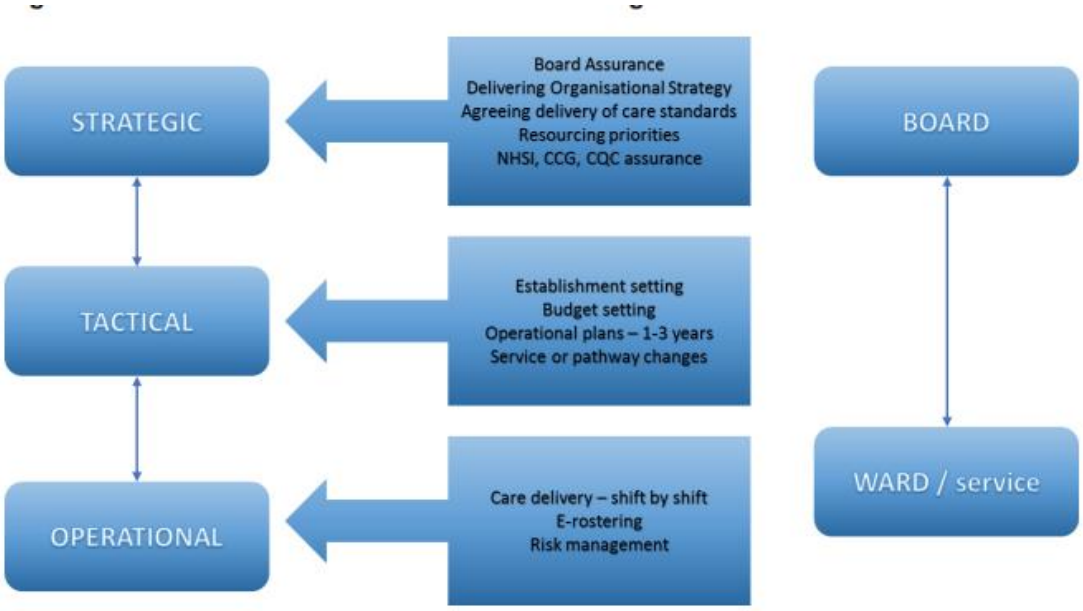
The Guidance highlights that Trusts must ensure the three components (see Figure 1 below) are used in their safe staffing processes:

- evidence-based tools
- professional judgement
- outcomes

Developing Workforce Safeguards (October 2018) goes on to state it is critical that Trust boards oversee workforce issues and grasp the detail of any risk to safe and high quality care.

This also reflects CQC's 'Well-Led' requirements where Trusts must have a clear focus and process from the front line to the board, making sure their tactical and operational systems address strategic needs. Trusts must have a clear focus and process from the front line to the board, making sure their tactical and operational systems address strategic needs.

Figure 2 Ward-to-board model for workforce safeguards



Demonstrating sufficient staffing is one of the essential quality and safety standards required to comply with the Care Quality Commission (CQC) regulation under the Safe Domain.

CQC Keys Lines of Enquiry in regard to Safe Staffing

S2. How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

S2.1 How are staffing levels and skill mix planned and reviewed so that people receive safe care and treatment at all times and staff do not work excessive hours?

S2.2 How do actual staffing levels and skill mix compare with the planned levels? Is cover provided for staff absence?

S2.3 Do arrangements for using bank, agency and locum staff keep people safe at all times?
The Board of Directors last received a Safe Staffing Paper in July 2021, prior to this the Board had not received a paper for some time and agreed the schedule going forward of six monthly in November and May to fit with the business planning cycles.

The ambition is to include Allied Health Professionals (AHP) Safe Staffing in future reports. The Deputy Chief Nurse is working with the newly appointed Lead AHP to develop a reporting system and safe system of working.

2. National Context

The NHS and the political landscape within the UK continues to go through an unprecedented period of change. There continues to be a number of factors which may affect our ability to recruit and retain our Nursing and Midwifery workforce at Great Western NHS Foundation Trust.

The main factors are outlined below:

- The COVID pandemic has resulted in the nursing, midwifery and AHP workforce working in new ways and in unfamiliar settings. These changes have often happened rapidly to meet increased demand whilst ensuring the care provided continues to be of high quality.
- Nursing and midwifery workforce supply continues to be a challenge nationally with the shortfall in registered nurses well-documented across all NHS organisations. According to NHS workforce statistics, the current shortage of staff across the NHS in England is nearly 94,000, with 39,000 within the registered nursing and midwifery workforce (NHSE 2021).
- In September 2021 the National University and Colleges Admission Services (UCAS) received unprecedented interest in healthcare programmes commencing in September 2021. This has translated into an increase in students commencing on Nursing, Midwifery and AHP programme during the summer.
- The NHSE/I International Recruitment programme has supported Trusts with international recruitment funding with the expectation that Registered Nurse vacancies are significantly reduced.
- The NHSE/I programme 'Accelerated and Sustainable Recruitment for Health Care Support Workers' set the expectation for Trusts to have 0 health care support worker vacancies.
- Changes in other parts of the NHS clinical workforce also continue to impact the profession; predominantly the reduction in junior doctors, requiring a greater number of nurses to work at an advanced and specialist level.
- The ambition in the NHS People Plan to eliminate off framework agency use by 2022
- The NHS People Plan highlights the need for an inclusive culture and strong evidence that where the workforce is representative of the community it serves patient experience is improved. Staff from ethnic minority backgrounds remain underrepresented at senior level.
- Within the children's population respiratory infections have begun to rise significantly, the surge witnessed in the summer saw children presenting with these symptoms out with the normal seasonal patterns. Nationally, children's services are preparing for a further rise in children needing treatment during this autumn and winter. Surge planning is underway to increase both inpatient and children's critical care capacity and workforce plans are being developed to respond to the potential emergency.

The NHS People Plan (2020), has specific commitments

- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- New ways of working and delivering care – making effective use of the full range of our people's skills and experience
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return

3. Nursing, Midwifery and AHP Workforce Group

This group was set up by the Chief Nurse as part of the new Nursing, Midwifery and AHP communication / meeting structure. It provides governance and forward planning to the workforce challenges and is well attended by the Divisional Directors of Nursing and senior representatives from the Academy, HR, Finance and Workforce Intelligence.

4. Evidence based workforce planning

Safe Nurse staffing ratios for general acute areas in the Trust are assessed:

- On a daily basis using the electronic ALLOCATE SafeCare tool

- On a monthly basis using the CHPPD safe staffing returns
- On a yearly basis through the establishment reviews with the Chief Nurse
- Regularly assessed against the nationally recognised safe nurse to patient ratios.
- Benchmarked by national comparators from Model Hospital.

4.1 Daily Safe Staffing process

The Trust has a staffing meeting chaired by a senior nurse three times a day Monday to Friday. The staffing meeting refers to the Safe Care Live 'wheel' in Health Roster. This provides an accurate staffing and acuity / dependency position for all inpatient areas across the Trust, allowing for areas at risk to be easily identified and staff to be moved appropriately. The morning meeting also encompasses Medical staffing gaps and plans. This multi disciplinary approach has proved to be invaluable especially in times of pandemic surge or escalation as it allows staffing resources to be prioritised and ensure no area is left short of nursing and medical workforce. There are two supervisory Ward Managers (Band 7) on site at the weekend to support nurse staffing who are supported by the on call teams.

4.2 Care Hours Per Patient Day

CHPPD was developed, tested and adopted by the NHS to provide a single consistent way of recording and reporting deployment of staff on inpatient wards/units.

The metric produces a single figure that represents both staffing levels and patient requirements, unlike actual hours alone. The data gives a picture of how staff are deployed and how productively they are used. It is possible to compare a ward's CHPPD figure with that of other wards in the hospital, or with similar wards in other hospitals. If a wide variation between similar wards is found it is possible to drill down and explore this in more detail. Every month the hours worked during day shifts and night shifts by registered nurses and by health care assistants are added together. Each day the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate the average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day.

The care hours per patient day required to deliver safer care can vary in response to local conditions, for example the layout of wards or the dependency and care needs of the patient group it serves. Therefore, higher levels of CHPPD may be completely justifiable and reflect the assessed level of acuity and dependency. Lower levels of CHPPD may also reflect organisational efficiencies or innovative staffing deployment models or patient pathways.

4.3 Monthly Safe Staffing returns

The Safe Staffing initiative is part of the NHS response to the Francis Report (2013) which called for greater openness and transparency in the health service. From April 2014, it became a national requirement for all hospitals to publish information regarding staffing levels on each ward each month. The published information lists the number of nurses, midwifes and care staff (planned and actual) working on each ward, together with the percentage of shifts meeting safe staffing guidelines.

The results are available through the NHS Choices website, and daily on boards for patients and visitors at every ward and a summary is included in the monthly safe staffing slide as part of the integrated performance report. Reporting was suspended during the height of the COVID-19 pandemic and when the reporting resumed, work was completed by the Deputy Chief Nurse and Divisional Directors of Nursing to improve accuracy and provide a more robust governance around the 'sign off' of the data.

An example from October 2021 is given below.

Graph 1 CHPPD by Ward for October 2021

	F	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
1	Org: RN3 Great Western Hospitals											
2												
3	Oct 2021	Care Hours Per Patient Day (CHPPD)			Day		Night		Actual Ratio of RN to Care Staff			
4	Ward name	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Overall	Average Fill Rate - Registered Nurses/Midwives (%)	Average Fill Rate - Non-registered Nurses/Midwives (%)	Average Fill Rate - Registered Nurses/Midwives (%)	Average Fill Rate - Non-registered Nurses/Midwives (%)	Day		Night	
5									RN	Care Staff	RN	Care Staff
6	Dove	9.7	0.9	11.0	100.0%	78.5%	99.8%	-	86.5%	13.5%	100.0%	0.0%
7	Aldbourne	5.4	1.7	7.0	127.8%	47.7%	115.5%	58.1%	72.8%	27.2%	79.9%	20.1%
8	Ampney	3.5	2.7	6.2	103.0%	67.6%	105.4%	190.3%	51.8%	48.2%	62.4%	37.6%
9	ITU	24.9	2.9	27.8	102.7%	70.5%	101.8%	124.2%	88.9%	11.1%	90.0%	10.0%
10	Meldon	2.9	2.1	5.0	97.9%	92.8%	97.8%	93.3%	56.9%	43.1%	58.3%	41.7%
11	Kingfisher SAU/SAW	4.5	3.0	7.8	93.9%	53.9%	95.8%	91.1%	63.5%	36.5%	56.8%	43.2%
12	Trauma Unit	3.2	2.8	6.2	116.9%	79.6%	110.6%	121.8%	59.5%	40.5%	47.6%	52.4%
13	ACU	6.0	1.6	7.6	95.6%	92.3%	98.0%	90.9%	80.5%	19.5%	76.4%	23.6%
14	Falcon	4.5	1.9	6.7	99.0%	78.9%	100.0%	96.8%	65.3%	34.7%	75.6%	24.4%
15	Jupiter	3.2	2.8	6.0	106.4%	90.7%	109.5%	100.0%	54.0%	46.0%	52.3%	47.7%
16	LAMU & SHAL MAU/SSU	6.0	3.6	9.7	100.9%	89.1%	104.5%	97.0%	60.2%	39.8%	65.3%	34.7%
17	Mercury	3.0	2.7	5.7	96.8%	101.4%	99.2%	126.9%	54.4%	45.6%	51.0%	49.0%
18	Neptune	4.5	2.7	7.3	96.0%	61.6%	108.0%	84.3%	64.5%	35.5%	60.6%	39.4%
19	Saturn	3.3	2.2	5.5	136.6%	117.7%	155.7%	103.7%	60.8%	39.2%	60.0%	40.0%
20	Teal Wards	2.9	2.9	5.8	94.3%	79.5%	102.5%	160.7%	54.3%	45.7%	46.2%	53.8%
21	Woodpecker	3.8	2.7	6.5	117.4%	74.4%	125.0%	103.7%	61.2%	38.8%	54.7%	45.3%
22	Beech & EPU	3.5	2.5	6.3	97.8%	78.1%	100.0%	99.7%	65.3%	34.7%	50.1%	49.9%
23	Childrens	8.2	1.1	9.4	92.5%	146.3%	114.2%	-	85.8%	14.2%	90.8%	9.2%
24	Hazel, Delivery & WHBC	7.0	2.5	9.4	81.7%	68.5%	77.0%	78.4%	72.4%	27.6%	75.9%	24.1%
25	SCBU	7.3	0.8	8.0	102.4%	109.3%	90.6%	86.9%	92.1%	7.9%	88.6%	11.4%
26	Forest Ward SWICC	2.6	4.1	7.2	94.8%	86.9%	90.4%	144.0%	39.9%	60.1%	38.6%	61.4%
27	Orchard Ward SWICC	3.3	3.8	7.7	95.2%	104.0%	107.5%	142.2%	49.8%	50.2%	43.1%	56.9%
28	Sunflower	2.4	4.5	6.9	89.2%	80.3%	100.5%	135.5%	35.7%	64.3%	33.1%	66.9%
35												
36	Overall Total	4.7	2.7	7.5	100.6%	80.7%	101.3%	109.3%	63.6%	36.4%	62.6%	37.4%
37												

CHPPD single figure that represents both staffing levels and patient requirements. The total hours worked by registered nurses and by health care assistants are added together. The number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate the average. Then the figure for total hours worked is divided by the daily average number of patients to produce the rate of care hours per patient day.

Fill rates are comparing the planned staffing numbers (funded establishment) and actual the actual hours worked)

The ratio of registered nurses to unregistered nurses, national recommendations are around 60/40

This data gives assurance that are CHPPD are being closely monitored on a monthly basis and used to benchmark internally and externally.

The fill rates also highlight the areas of concern, Maternity Services (Hazel, Delivery and White Horse Birthing centre) flag as having a low fill rate (81.7% registered Midwives) in October 2021. This triangulates with the feedback from other routes and there is a robust recruitment and retention plan in place for Maternity Services.

There has also been a drop in health care assistant fill rate compared to previous months (80.7% during the day shift); this is related to an increased vacancy rate and high sickness absence / self-isolation relating to Covid 19. The registered nurse figures will include supernumerary staff, for example the newly recruited international nurses and the Registered Mental Health Nurses who are used above the establishment to support patients requiring mental health support and supervision.

4.4 Model Hospital

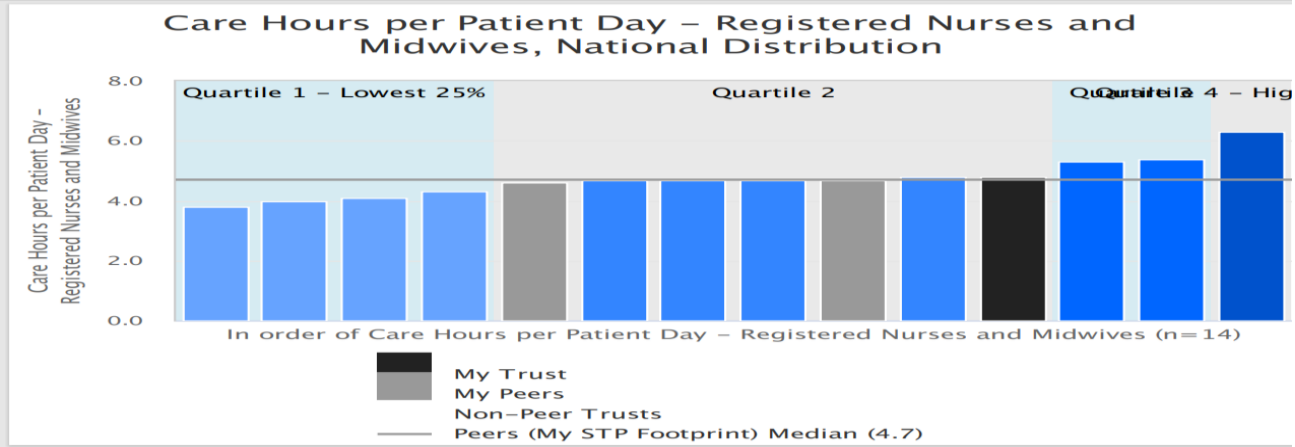
The Model Health System is a digital tool provided by NHSE/I to support the NHS improve productivity, quality and efficiency. It provides national benchmarking on productivity and quality.

CHPPD is available as a benchmark against other Trusts, it is produced from actual whole time equivalents worked ie not funded establishments. This is reviewed monthly by the Deputy Chief Nurse as part of the safe staffing report.

The Trust has a value of 7.8 for Registered nurses and Midwives; compared with the national median of 8.3.

Previous months have demonstrated that the Trust benchmarks below Royal United Hospitals Bath and Salisbury Foundation Trust. However the data for August shows the Trust is a more favourable position, this it testament to the success of our recruitment programme and the different rates of self isolation and sickness absence in other Trusts.

Chart 1 August 2021 CHPPD national comparator for Registered Nurses



4.5 Nurse to Patient ratios

NICE (2014) states that there is no single nursing staff-to-patient ratio that can be applied across all acute adult inpatient wards. However, it should be taken into account that there is evidence of increased risk of harm associated with a registered nurse caring for more than 8 patients. There is a good evidence base in the literature that has higher ratios of nurses to patients lead to fewer deaths and readmissions, as well as shorter hospital stays and cost savings for providers (McHugh, 2021).

5. Establishment Reviews

To comply with the 'Developing Workforce Safeguards' (October 2018) and in line with good practice the Chief Nurse has reviewed every ward / unit establishment in September / October 2021. Attending each meeting was the Ward Manager, Matron, Financial and Human Resources Business Partner and the deputy Chief Nurse.
The process including:

- Reviewing establishment with discussing about any concerns
- Nurse to patient ratio
- Unregistered nurse to patient ratio
- Additional support staff available such as housekeepers
- E roster metrics (annual leave / sickness absence management etc)
- Concerns about staffing levels

The key early themes have been identified below, further work is underway to gain greater insights and information to ensure accuracy of these themes.

Registered Nurse to Patient ratios

Further work is under way to review the registered nurse to patient ratios actually worked on the ward, this will take into account the impact of the escalation beds and the role of the shift coordinator. However the reviews highlighted that some areas were currently working to a ratio higher than the 1 registered nurse to 8 patients that is recommended. NICE guidance recommends a 1 Registered nurse to 8 patients ratio throughout the 24 hour period.

Wards / Units have a Supervisory Ward Sister to ensure patients care is coordinated, monitor quality and supervise staff and problem solve.

In addition, most day shifts have a senior nurse who is the shift coordinator, the coordinators role is to attend board rounds, facilitate admissions and discharges and support more junior staff. This is in line with national good practice.

If these roles are included in the Nurse to Patient ratio, the Trust would meet the 1 to 8 ratio requirements, however not in the actual delivery of care. Further work is taking place to benchmark against local Trusts, however preliminary enquiries suggests that these roles are not generally counted in the ratio.

Health Care Assistant ratios

Similarly, the wards were generally working to a 1 HCA to 10 patient's ratio. This is compounded by the role of the HCA also encompassing activities such as delivering drinks and meals / washing up / cleaning tables, emptying clinical waste bins that are carried out by catering / facilities staff in other Trusts.

Key recommendation

To explore further the HCA to patient ratios especially in those areas that are under CHPPD and flagging due to patient dependency metrics.

To support the work of the HCA Improvement Group (PRIDE) under the Great Care Campaign on recruitment, retention and development of HCAs in the Trust.

To review the amount of close support HCAs being used and if this money is better invested within funded establishments.

Quality metrics

Nurse sensitive indictors (changes in a patient's status that nursing care can directly affect) such as falls, pressure ulcers, nutrition and hydration concerns were reviewed prior to the reviews and recognised that most metrics have room for improvement. Work is underway to understand the impact of nursing and health care support worker staffing levels on these metrics.

Emergency Department

The Emergency Department review also included an assessment against the standards set out in the Nursing Workforce Standards for Type 1 Emergency Departments (October 2020 Royal College of Nursing, Royal College of Emergency Medicine). Appendix 1 has the gap analysis in detail.

The overall number of registered nurses on shift was broadly in line with the guidance, however the following gaps were identified (GWH position in italics):

- The skill mix should be a minimum of 80% registered nurses with 30% of that establishment at band 6 or 7. Separate areas of the ED should have a band or 7 in charge of the area each shift. *The ED establishment for band 6 and 7 is currently 18% and therefore not meeting this standard.*
- Each ED will have at least one Emergency Nurse Consultant (Band 8b / 8c) – *there is no Nurse Consultant post*
- Each ED will have a WTE dedicated Practice Development Lead and in EDs with > 75 individuals in the nursing workforce, Practice Educators (Band 6 / 7) will be required to support the Practice Development Lead. *There is 0.63wte practice educator in total.*
- When calculating the nursing workforce WTE a minimum uplift of 27% will be applied to cover planned leave, unplanned leave, mandatory training and specialty specific training, without compromising patient safety. *The Trust uplift is 20%.*
- There will be a nominated Emergency Charge Nurse / Emergency Nurse lead for clinical domains such as safeguarding, frailty, adults requiring resuscitation etc. *There is no supervisory / managerial time for the clinical band 7s. Safeguarding resource is particularly challenged although this is currently being reviewed.*
- Where EDs receive children there will be at least two Registered Children's Emergency Nurses on shift. *This is on the Trust risk register and work is ongoing to increase the number of children's nurses in the ED establishment.The risk is mitigated by adult nurses having the A2C course and a trajectory of 60% has been set.*

Key recommendation

Review the skill mix to increase the number of more senior staff at band 6 level in the ED, this will help with safety and quality of patient care but also with retention of staff.

There is a need to ensure all staff in the ED have a career development pathway, to ensure they are up skilled and to help with retention, this would be supported by increasing the number of practice educator hours available.

There needs to be consideration of additional ED safeguarding resource to meet the increasing demand.

Neonatal Unit

The safe staffing guidance for Neonatal Units is based on the British Association of Perinatal Medicine Framework for Practice 2019 and Safe, Sustainable and Productive staffing; An Improvement Resource for Neonatal Care (National Quality Board 2018).

The establishment review noted the current shift establishment of 6 registered nurses (3 of whom should be qualified in the speciality) and 1 band 4 role (nursery nurse or nursing associate). Whilst there is some flexibility / variation depending on the acuity and number of babies to fully meet BAPM standards would require 9 on a shift.

Neonatal staff are required to support the babies in the Transitional Care unit (in maternity), for example in the administration of intravenous antibiotics. This workload is currently being delivered by the Neonatal Unit Coordinator which is a considerable additional caseload.

The neonatal unit has no dedicated practice educator hours. Further work is in progress to review this gap in more detail and once this work has been complete key recommendations will be drawn out and presented. The fourth year of the Maternity Safety Standards laid out in the Clinical Negligence Scheme for Trusts requires the Trust to be complaint with Neonatal staffing.

6. Nursing Vacancies

6.1 Registered Nurse vacancies

The international recruitment programme and successful recruitment of newly qualified nurses has significantly reduced the number of registered nurse vacancies in the Trust. The overall position in October 2021 is approximately 10 wte registered nurse vacancies. This is nearly at our ambition to have 0 nursing vacancies by December 2021.

Emergency Department, Urgent Treatment Centre, Intensive Care Unit are the main areas of concern with vacancies and these specialist areas have bespoke recruitment plans are in place to support.

Community Nursing remains a focus for concern, although successful recruitment has improved the position, increasing demand and new services means there are still significant gaps in the service.

A bid for International Recruitment for 2022 is currently being worked up to recruit 5 wte international nurses a month. This is based on our current turnover rates, there is a risk that turnover will increase post pandemic but this will be mitigated by national recruitment and a focus on retention.

Retention will be a significant focus for the next 6 months and work is going on develop innovative plans to support and develop staff to grow their careers at GWH. The Trust has signed up to the NHSE/I ‘Stay and Thrive’ programme and developing a bespoke pathway for band 5-7 BAME nurses.

6.2 Health Care Support Worker Vacancy

The Trust achieved 0 health care support worker vacancies in May 2021, however has seen an increase in vacancies since then. This is in line with the national picture as other employment sectors open up and actively recruit.

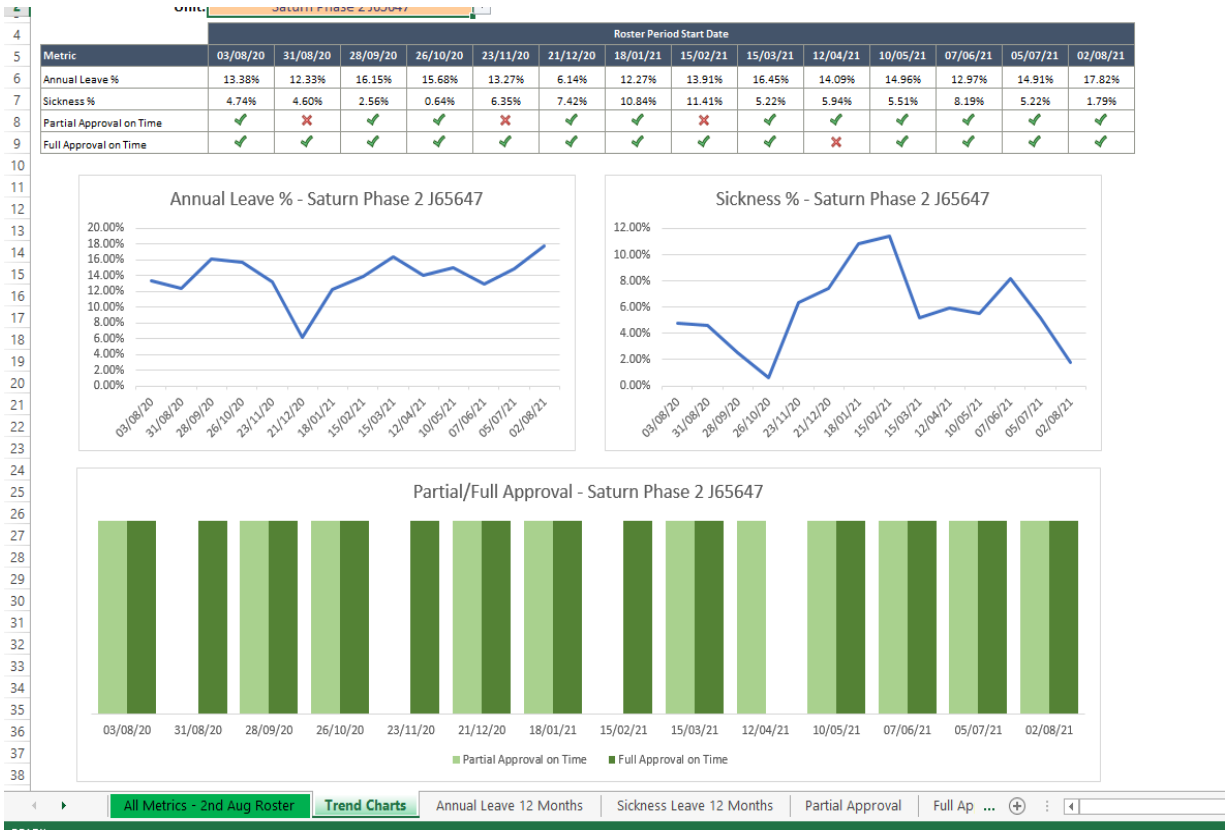
There is active recruitment 'to turnover' now in place with the aim of achieving 0 vacancies by February 2022. The Trust is also working with the NHSE/I on the Accelerated and Sustainable Recruitment for Health Care Support Workers to support this.

As part of the GreatCare campaign, a HCA improvement programme known as PRIDE has been launched, this focuses on recruitment and retention as well as HCA development and celebrating their important contribution to our patient's experience.

7. Roster Metrics

An example of the roster metric report by area is given below. Roster metrics are reviewed at the monthly Nursing, Midwifery and AHP Workforce Committee and were discussed at the Establishment Reviews with the Chief Nurse. There is continual focus on ensuring compliance with key performance metrics associated with good roster management such as annual leave and roster approval. It is reassuring that the majority of rosters are being managed within these parameters. An area for current focus is to ensure there are no unused hours carried forward month to month.

Example of Roster Metrics report by ward



Metric	Roster Period Start Date													
	03/08/20	31/08/20	28/09/20	26/10/20	23/11/20	21/12/20	18/01/21	15/02/21	15/03/21	12/04/21	10/05/21	07/06/21	05/07/21	02/08/21
Annual Leave %	13.38%	12.33%	16.15%	15.68%	13.27%	6.14%	12.27%	13.91%	16.45%	14.09%	14.96%	12.97%	14.91%	17.82%
Sickness %	4.74%	4.60%	2.56%	0.64%	6.35%	7.42%	10.84%	11.41%	5.22%	5.94%	5.51%	8.19%	5.22%	1.79%
Partial Approval on Time	✓	✗	✓	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓
Full Approval on Time	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓

8. Maternity staffing

Birthrate Plus is a nationally recognised tool to calculate Midwifery staffing levels. The methodology underpinning the tool is: the total Midwifery Time required to care for women on a one to one basis, throughout established labour. The principles underpinning BR+ methodology are consistent with the recommendations in the NICE Safe staffing guidelines for Maternity settings and have been endorsed by the Royal College of Midwives and the Royal College of Obstetrics and Gynaecologists.

This paper covers the requirement set out in the Maternity Incentive Scheme to submit a midwifery staffing oversight report that covers staffing/safety issues to the Board at least once a year.

Trusts are expected to commission a BR+ report every 2-3 years, GHW's last report was 2019, which highlighted a registered midwife gap of 9.8wte. Funding has been received from NHSE/I in response to the Ockenden Report (2020) for 5.81wte of this gap.

It is recognised that Midwifery staffing is challenged nationally with high numbers of vacancies. The Trust's midwifery staffing has been under significant pressure due to increasing demand, rising vacancies, high maternity leave and high numbers of self isolating or sickness absence.

An improved escalation process has been put in place to ensure that the Trust and Local Maternity and Neonatal System (LMNS) are aware. The Trust is monitoring the impact of actions taken when in escalation such as redirecting staff from the community teams to the labour ward for short periods. Other actions such as ceasing home birth for short periods are only done in consultation with the LMNS and Trust Executive approval.

8.1 Current midwifery staffing position

Midwifery vacancy position is 12.48wte at October 2021, this includes the additional 5.81wte posts funded through Ockenden to help meet the Birth rate + requirement.

Recent recruitment has been successful and 12wte posts have been interviewed and going through the recruitment process.

There is a robust recruitment and retention plan in place including:

- Recruitment campaign
- Working with Universities to increase student midwife places
- Return to practice programme
- Successful International recruitment of Midwives bid (collaborative bid across BSW)
- Health and well being programme
- Blended learning programme with University of West England

The availability of 24 hour scrub nurses from mid November 2021 will also support the midwifery staffing levels.

8.2 Continuity of carer

These new models require a different approach to staffing in order to ensure availability of staff to continue the care for a caseload of women and families. The Maternity Service is supporting 12% of women in 2 Continuity of Carer teams, focusing of areas of deprivation. The introduction of Continuity of Carer teams has impacted on the current establishment and work is ongoing to address this and mitigate whilst the teams are being developed.

8.3 Midwifery to Birth ratio

The Trust reports monthly on the Midwife to Birth ratio and given the rise in demand the ratio has moved from 1:28 to 1:36 in October 2021. However it is noted that the 1 to 1 labour metric has not been impacted and has remained consistent.

The ratios are reviewed against the recommended mean national ratio of one whole time equivalent (WTE) midwife per 29.5 births. The midwife to birth ratio is calculated using the planned establishment rather than the actual staffing numbers.

8.4 Midwifery safeguarding

Safeguarding concerns have significantly increased during the pandemic and this has not been accounted for in the BR+ model. This has been added to the risk register and plans are in progress to mitigate this risk.

9. Trust Risk Register

As per NQB guidance, the Nursing and Midwifery Risks on the Trust Risk Register is included as appendix 2. These risks will be reviewed monthly at the Nursing, Midwifery and AHP Workforce Group going forward. There are 19 risks in total with three red risks.

Great Western Hospitals NHS

NHS Foundation Trust

All Trust risks

Report date	01/11/2021
Prepared by	Megan Fernandes
Prepared for	

Rating
15 to 25 Extreme
8 to 12 - High
4 to 6 - Moderate
1 to 3 - Low

ID	Date Of Entry	Division	Department	Risk Description	Risk Group	Risk Type	Status	Responsible Manager	Initial Risk Rating	Action Plan Lead (Owner)	Action Number	Latest Action Completed	Action Progress	Current Risk Rating	Target date	Risks with no current
1784	27/02/2017	Integrated & Community Care	Community Services Mgt SCHS	Community Staff visit pts in their homes alone & have no means of alerting anyone if they are in danger other than phoning for help which is not always possible. Staff feel vulnerable during the hours of darkness when there are 3 staff on the road & a co-ordinator at base allocating the visits. The night nurses also work alone so we need to ensure they are safe whilst working their night shift.	Safe	Staff Safety (Sharps, MSD Etc)	1. Action Required	Nicola Barnett	12	Caroline Davies	5	To work towards increasing the night nursing establishment with the recruitment of B2 health care assistants to ensure the night nurses are able to work in pairs, which will address lone worker issues.	Most evenings staff are now able to work in pairs . The same is not yet true of the night service which is the next issue to address. Date Entered : 03/12/2018 08:25 Entered By : Caroline Davies Date Entered : 03/12/2018 08:26 Entered By : Caroline Davies ---------- Most evenings staff are now able to work in pairs . Date Entered : 03/12/2018 08:25 Entered By : Caroline Davies	6	04/04/2022	
2164	30/07/2018	Integrated & Community Care	Community Services Mgt SCHS	The night community nursing service needs to be more resilient to unexpected staff sickness as this is a difficult service to source experienced staff with community nursing skills and experience especially working alone during the hours of 10pm and 8am	Safe	Sickness Rates	1. Action Required	Nicola Barnett	9	Nicola Barnett	1	to ensure resilience of the service in order to continue service delivery to patients in their own homes during the out of hours period	will need to be a period of induction. We have also been able to source agency staff to cover on an adhoc basis, this improves the resilience of the night service. Date Entered : 01/09/2021 09:29 Entered By : Nicola Barnett ---------- 0.8 WTE has been appointed, however this post will not be filled until September. Advert has been re-advertised. A trial is currenlty underway with band 2 bank workers working during OOH, to identify the benefits to staff and patient care delivery, this will be reviewed and if successful the current band 2 JD will require review and to go out to advert. When benchmarking OOH nursing services surronding Swindon, staff are not loneworking, using band 2's is hoped to attract staff to work OOH. Date Entered : 08/03/2021 09:35 Entered By : Nicola Barnett ---------- The OOH advert has been out 4 times with little interest, it is proposed to advertise for band 2 to support the team at night, this may attract more applicants to apply. Date Entered : 31/12/2020 10:42 Entered By : Nicola Barnett ---------- An advert is out for 2.68 nurses to support the twilight and night service.	12	22/12/2021	
2475	10/02/2020	Planned Care	ITU/HDU	RISK: no standard operating procedure for staff to facilitate time critical inter-hospital transfers. CAUSE: lack of competent, available staff to facilitate. CONSEQUENCE: delay in time critical escalation of care / inter-hospital transfer,	Effective	Competent Staff	1. Action Required	Emma Burgess	0	Ella Martin	2	Disseminate information about the new transfer service Retrieve.	Information disseminated by RP and RT Date Entered : 07/01/2021 09:49 Entered By : Rachel Prout	12	15/08/2021	
2378	04/09/2019	Integrated & Community Care	Sexual Health - NHS Walk In Ce	We have a risk of not sharing information relating to safeguarding risks in a timely fashion due the increase in complex patients that self refer to the sexual health service. There is also a risk of harm to vulnerable patients due to a delay in the access of support from other services due to not meeting the service threshold.	Safe	Staffing Levels	1. Action Required	Marina Hopkins	12	Jessica Daniel	3	To review our referral processes for under 18yrs and vulnerable adults in relation to our move to SHC from GWH	Dr Forsyth has produced a micro guide on the intranet for guidance for Drs based on the paeds ward. She is also working with the paeds consultants to ensure that there is regular communication and staff receive regular updates and training. This is continually under review and continues to evolve. Date Entered : 26/08/2021 11:36 Entered By : Claire Watts ---------- Dr Daniel is reveiwing our unbder 18yrs non acute referral SOP in relation to peadiatric patients as they will no longer be able to come staright up to the sexual ehalth clinic and staff will not be able to pop down to peadiatrics when there is a safeguardinbg / CSE concern with a peadiatric in patient Date Entered : 22/02/2021 14:13 Entered By : Marina Hopkins	9	19/01/2022	

														WIC. Staff are currently undertaking the required training to increase their skill set and competency. Date Entered : 26/06/2020 10:18 Entered By : Laura Gorman ---------- Risk reviewed. Due to the current covid-19 outbreak the target date for this action has been extended. Date Entered : 31/03/2020 08:41 Entered By : Laura Gorman ---------- this competency framework is now in progress all staff are being encouraged to complete. Date Entered : 06/02/2020 15:06 Entered By : Annette Baskerville ---------- competency framework are being completed on paper and it practitioners files, data base in progress Date Entered : 31/10/2019 09:39 Entered By : Annette Baskerville ----------		
1940	25/07/2017	Unscheduled Care	Urgent Treatment Centre	There is a risk to patient safety that there may be potential harm due to the requirement of consistent supervision of educational knowledge and qualifications to support clinical decision making within UCC of See, Treat and discharge process	Safe	Staff Training	1. Action Required	Annette Baskerville	16	Annette Baskerville	2	To monitor development of Band 6 and 7 cohort in alignment with Competency Framework and in view of development towards a UTC	Competency framework being uploaded onto an easy to read data base Date Entered : 07/10/2019 14:07 Action closed as business as usual Date Entered : 26/06/2020 10:53 Entered By : Laura Gorman ---------- Due to the current covid-19 outbreak the target date for this action has been extended. Date Entered : 31/03/2020 08:26 Entered By : Laura Gorman ---------- Staff recruitment remains timely and conformation of WIC relocation on 1st April will increase staff numbers Date Entered : 30/01/2020 17:02 Entered By : Annette Baskerville ---------- Monthly meetings have commenced for senior Band 7 practitioners due to amalgamation of Minors and UCC patients which has increased throughput. Agenda and minutes sent to ensure that all staff are aware of any changes in a timely manner.	6	11/11/2021
1637	10/05/2016	Unscheduled Care	Urgent Treatment Centre	Due to the complexity of the patients arriving in the department, staff are at increased risk of experiencing work related stress which has a knock on effect for low morale and sickness absence.	Well-Led	Staff Wellbeing	3. Accepted Risk	Satinder Mann	12	Annette Baskerville	3	To ensure recruitment is undertaken in a timely manner to minimise disruption.	Date Entered : 06/12/2019 12:15 Entered By : Annette Baskerville	6	06/03/2022
2648	03/07/2020	Unscheduled Care	Acute Cardiac Unit	There is a risk to the care provided to the acuity level 2 patients due to the current staffing model.	Safe	Staffing Levels	1. Action Required	Patricia O'connell	0	Patricia O'connell	1	To submit skill mix review for approval	Establishment review done 24th September, awaiting outcome. Request made for an additional RN on nights to care for level 2 patients. Action target date extended. Date Entered : 11/10/2021 12:13 Entered By : Patricia O'connell ---------- Skill mix review submitted. Request made for an additional RN at night to cope with high acuity level 2 patients Date Entered : 17/05/2021 08:48 Entered By : Patricia O'connell ---------- Skill mix to now be submitted end of April, action target date extended. Date Entered : 24/02/2021 12:37 Entered By : Laura Gorman ---------- Next six monthly skill mix review will be due January 2021. Previous review requesting equal skill mix 24/7 was rejected. Target date extended. Date Entered : 29/09/2020 12:07 Entered By : Laura Gorman	9	22/11/2021

2661	16/07/2020	Unscheduled Care	A & E/ED	There is a risk that the nursing staff in the ED do not have sufficient time and support to carry out additional responsibilities associated with their role, including the children's safeguarding lead and the practice educator. The trust should consider the workload of nursing staff in the emergency department to ensure they have (CQC Urgent & Emergency Should Do Action 5).	Safe	Staff Training	1. Action Required	Natalie Lawrence	1	Natalie Lawrence	1	Benchmarking across regional Trust for comparisson of hours given to additional roles.	Conduct made with the Safeguarding Department to highlight that additional unfunded resource has been given to support Safeguarding by the ED. Request made for central funding/ support to continue this level of safeguarding commitment Date Entered : 23/12/2020 12:10 Entered By : Laura Gorman ---------- Action completed, evidence uploaded. Date Entered : 11/12/2020 09:53 Entered By : Laura Gorman ---------- Technical issue with saving review Date Entered : 26/11/2020 14:12 Entered By : Laura Gorman ---------- Benchamarking completed. Target date extended to allow NL to wirte up review. Date Entered : 18/09/2020 09:24 Entered By : Laura Gorman ---------- Aciton target date extended as data not yet obtained Date Entered : 13/08/2020 15:00 Entered By : Laura Gorman	9	13/11/2021
2692	03/09/2020	Unscheduled Care	Gastroenterology	There is a risk to patient safety due to a lack of resilience within the Hepatology Nurse Specialist role. Following increased numbers of referrals into hepatology the CNS role has expanded rapidly. At present the CNS is managing 4 clinics, all fibroscans, the liver nurse helpline as well as supporting patients with SDEC and the wards. During periods of leave or unexpected illness there is no cover for the hepatology CNS service, there is no other fibroscan operator and patients receiving treatment for hepatitis c will have their delayed.	Safe	Staffing Levels	1. Action Required	Kevin Jenner	0	Kevin Jenner	1	Review service to ascertain whether Hepatology business case is required to develop the service	work on the competency specialist continues	9	28/10/2021
2082	17/03/2018	Integrated & Community Care	Community Services Mgt SCHS	Community nursing has a lot of newly qualified or inexperienced Community Nurses and therefore not all staff have the full compliment of clinical skills and competencies. This has resulted in those staff who are more experienced having to provide additional support to other teams.	Effective	Competent Staff	1. Action Required	Nicola Barnett	6	Nicola Barnett	0	A review of staffs competencies is under review to include those staff who still require training in bowel care, syringe drivers, compression bandaging as these are our priorities. A review of those staff who require updates in the use of patient group directives.	Date Entered : 05/10/2021 09:18 Entered By : Nicola Barnett ---------- Band 3 and 4 staff have attended medicine management workshops and are completeing competencies for medicince administration. A spreadsheet will need to be produced early next year. Date Entered : 31/12/2020 10:26 Entered By : Nicola Barnett ---------- The preceptorship programme has completed for the first time, it is now under evaluation. 8 places have been secured for the SPQ The academy have been supporting upskilling staff during the covid period Date Entered : 01/07/2020 07:29 Entered By : Nicola Barnett ---------- preceptorship/stepping up programme has commenced, with regular clinical supervision and action learning sets every month. meeting has been planned with HR to review the current job advertisments and possibly change the adverts. Plan for utilizing AWP's bank of band 3 MH trained HCA's to support with enhanced care patients. Risk to remain accepted risk however to continue with quality improvement / patient experience	9	22/12/2021
1911	21/06/2017	Unscheduled Care	DOME	On DOME Wards (Teal, Jupiter & Woodpecker) there is a risk to patient and staff safety nursing patients with challenging behaviour.	Safe	Staffing Levels	3. Accepted Risk	Marie Mowbray	12	Marie Mowbray	19	Review risk to ensure it is still appropriate to be accepted.	Date Entered : 21/09/2021 13:50 Entered By : Marie Mowbray	9	20/12/2021
2771	23/12/2020	Planned Care	Community Midwifery (GWH)	Risk: Women will not have a named midwife resposible for their care. Cause: The community midwifery team has 4.47 vacancies despite having an ongoing job advert since August 2020. This has resulted in a number of midwifery caseloads not haing a midwife allocated to them. Consequence: Staff are under extreme pressure and feeling exceptionally stressed. Staff are working extra hours to meet demand which may lead to fatige and sickness. Staff are unable to forfill staff training and appraisals. Vital clinical administration is being delayed.	Safe	Staffing Levels	1. Action Required	Alison Marsh	0	Alison Marsh	4	To continue to place an advert in external and internal NHS Jobs publications.		12	23/01/2022
1956	30/08/2017	Planned Care	Local Neonatal Unit (LNU)	Risk:shortfall in nurse staffing compared to NHSE Service Specification for Neonatal Critical Care Cause:Nursing staff model not previously benchmarked against national standards in BAPM 2010 framework Consequence:could contribute to any patient care & safety issues	Safe	Staffing Levels	3. Accepted Risk	Valerie Mortimer	15	Valerie Mortimer	6	Recruitment for maternity leave cover to be converted to substantive posts.		8	11/10/2021

2807	19/04/2021	Unscheduled Care	A & E/ED	There is a risk that the paediatric Emergency Department does not have 2 RSCN's on duty each shift (in line with the national standard)	Safe	Staffing Levels	1. Action Required	Natalie Lawrence	0	Natalie Lawrence	1	Refocus provision of A2C course through Clinical Educator and Paed consultant to initially meet target of 60% with view to increase.	Department are reviewing allocation for the last 6 months to ensure evidence and oversight that safe allocation processes are in place. Date Entered : 14/10/2021 10:46 Entered By : Laura Gorman ---------- A2C is now running although has been disturbed by site pressures and staffing. Need to obtain figure of how many staff have been trained. Additional RCN recruited. Action target date extended. Date Entered : 16/09/2021 14:23 Entered By : Laura Gorman ---------- Virtual programme set-up and a rolling programme. Date Entered : 19/04/2021 13:56 Entered By : Laura Gorman	8	15/12/2021
2847	13/07/2021	Integrated & Community Care	Oncology/cancer	Risk to delivering Systemic Anti-Cancer treatment activity in a timely way due to staff vacancies and insufficient skill mix across Dove/DTC/MDU/CWU for the next 6 months.	Safe	Staff Training	1. Action Required	Sarah Firth	0	Sharon Northwood	1	Re roster staff working Sundays to new opening hours for DTC 08:00-20:00 Mon-Saturday.		12	23/10/2021
2698	15/09/2020	Planned Care	Delivery (GWH)	Risk: Patient safety will be compromised Cause: Due to insufficient midwifery staff to fill roster requirements. Consequence: There is an increase in clinical risks which can be associated with staff shortage. On average there is a shortfall of 1 to 2 midwives on 4 to 5 shifts per week.	Safe	Staffing Levels	1. Action Required	Christina Rattigan	12	Christopher Bull	14	Aim to introduce 24/7 scrub nurse for emergency operating maternity theatre	Plan in place to fully implment with effect 1st November. Date Entered : 26/10/2021 10:25 Entered By : Hayley Aplin ---------- deadline extended. This is a total change in workforce. Finer details need to be worked upon. Date Entered : 27/07/2021 12:18 Entered By : Hayley Aplin	15	25/11/2021
2854	09/08/2021	Integrated & Community Care	Palliative Care/End Of Life	The Issue is that there is not a robust night sitting provision in the community. Due to this despite have a package of care for the day, where a family require night support this will delay patients discharge when we cannot provide night sits.	Safe	Staff Capacity	1. Action Required	Helen Lesley Brown	0	Helen Lesley Browr	1	To record delays in discharges due to there being no night sits. To report to CGM		8	21/12/2021
2845	04/07/2021	Unscheduled Care	Urgent Treatment Centre	There is a risk to the training and development of UTC Practitioners and Registered Nurses due high vacancy/sickness resulting in supervision of staff being compromised due to lack of 7 day medical presence/lead ACP	Effective	Staff Competencies	1. Action Required	Annette Baskerville	6	Annette Baskerville	2	CQC - to agree to funding for 2.52 WTE GP as requested for past 18 month to support the UTC recommendations	Action target date extended as further work required Date Entered : 13/08/2021 11:31 Entered By : Laura Gorman	9	11/11/2021
2178	16/08/2018	Planned Care	Preoperative Assesment Unit	RISK: to patient safety and coordinating surgical pre-assessment pathways re lack of trained and competent staff. CAUSE: adequacy of staffing model to meet demand CONSEQUENCE: lack of fitness assessment for surgical pathway. Limits pool of elective patients ready for surgery, thus impacting theatre utilisation CIP target.	Safe	Staff Training	1. Action Required	Emma Richardson	15		0			6	27/01/2022