

Agenda Board of Directors

Date 04/11/2021
Time 9:30 – 12:00
Location Microsoft Teams
Chair Liam Coleman

Agenda

- 1** **Apologies for Absence and Chairman's Welcome**
9:30
- 2** **Declarations of Interest**
Members are reminded of their obligation to declare any interest they may have in any issue arising at the meeting, which might conflict with the business of the Trust.
- 3** **Minutes (pages 1 – 9)**
Liam Coleman, Chairman
 - 7 October 2021 (public minutes)
- 4** **Outstanding actions of the Board (public) (page 10)**
- 5** **Questions from the public to the Board relating to the work of the Trust**
- 6** **Chairman's Report**
9:45 Liam Coleman, Chairman
- 7** **Chief Executive's Report (pages 11 – 16)**
9:55 Kevin McNamara, Chief Executive
- 8** **Patient Story (pages 17 – 23)**
10:10 To be presented by Kathryn Owen, Midwifery Matron
 - Reasonable adjustments put into place to support a patient's birthing experience
- 9** **Integrated Performance Report (pages 24 – 90)**
10:30
 - 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 *(to follow)*
Part 4: Use of Resources - Simon Wade, Director of Finance & Strategy

10 Review of Board Committee Effectiveness 2021/22 (pages 91 – 93)

11:30 Caroline Coles, Company Secretary

11 Constitution Annual Review - for approval (pages 94 – 97)

11:40 Caroline Coles, Company Secretary

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 Ratification of Decisions made via Board Circular/Board Workshop

11:50 Caroline Coles, Company Secretary

13 Urgent Public Business (if any)

14 Date and Time of next meeting

Thursday 2 December 2021 at 9.30am at DoubleTree by Hilton Hotel (hybrid meeting)

15 Exclusion of the Public and Press

The Board is asked to resolve:-

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

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS HELD IN PUBLIC
AT THE DOUBLE TREE HILTON, SWINDON AND VIA MS TEAMS
ON 7 OCTOBER 2021 AT 9.30 AM**

Present:

Voting Directors

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

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

In attendance

Caroline Coles
Tim Edmonds*
Enya-May Marsh*

Company Secretary
Head of Communications
Theatre Support Worker (agenda item 189/21 only)

Apologies

Helen Spice

Non-Executive Director

Number of members of the Public*: 5 members of public (including Governors; Arthur Beltrami, Nick Ware, Judith Furse and Janet Jarmin).

*Indicates those members attending virtually by MS Teams.

Matters Open to the Public and Press

Minute	Description	Action
182/21	<p>Apologies for Absence and Chairman's Welcome The Chair welcomed all to the hybrid Great Western Hospitals NHS Foundation Trust Board meeting held in public.</p> <p>Apologies were received as above.</p>	
183/21	<p>Declarations of Interest There were no declarations of interest.</p>	
184/21	<p>Minutes The minutes of the meeting of the Board held on 2 September 2021 were adopted and</p>	

Minute	Description	Action
	signed as a correct record subject to one minor amendment to the attendance list in which Charlotte Forsyth's name be removed.	
185/21	<p>Outstanding actions of the Board (public) The Board received and considered the outstanding action list and the following noted:-</p> <p><u>137/21 : System Discussion</u> - It was noted that any system-wide discussion updates would be contained in future Chief Executive Board reports.</p> <p><u>Matters Arising</u> It was noted that the main Board sub-committee for maternity reporting, including reports from the Board Maternity Safety Champion role, would be to the Quality & Governance Committee (Q&GC) with any items requiring oversight by another committee referred by Q&GC.</p>	
186/21	<p>Questions from the public to the Board relating to the work of the Trust There were no questions from the public for the Board.</p>	
187/21	<p>Chair's Report, Feedback from the Council of Governors The Board received a verbal update which included:-</p> <p><u>Annual Members Meeting</u> - The Trust held its Annual Members Meeting on Tuesday 21 September 2021 when the Annual Report and Accounts for 2020/21 were presented together with a review from the Executive Team that covered covid, quality improvements, performance, health and wellbeing, equality & diversity and planning for the future. A number of questions were asked from members of the public. Overall it was a successful meeting and the Chair thanked all the presenters.</p> <p><u>Health Talk</u> : A Virtual Health Talk on Organ Donation with Dr Mark Yeates was held on 23 September 2021 and was once again well attended. The Chair thanked Dr Yeates for taking the time to do the presentation and to all those who attended.</p> <p><u>Non-Executive Director (NED) Roles</u> - It was noted that work continued at national level in reviewing NED's roles with a view to refining them over time and broadening the role of the Board sub-committees. No formal notification had been received as yet but was anticipated in the near future.</p> <p>The Board noted the report.</p>	
188/21	<p>Chief Executive's Report The Board received and considered the Chief Executive's Report and the following was highlighted:-</p> <p><u>Operational Pressures</u> - The Trust continued to be extremely busy across primary and community care and the acute hospital. The Urgent Treatment Centre remained closed overnight during September 2021, which enabled the Trust to focus on providing care for the sickest patients attending the Emergency Department.</p> <p><u>Covid-19</u> - Covid remained a challenge and the numbers of patients seen over the last few weeks had stabilised at around 40-50. This remained a high number which was having a significant operational impact.</p>	

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Vaccinations - The Trust were running two vaccination campaigns for flu and the covid booster. The Government were carrying out a national consultation on whether both vaccines should be mandatory for those working in the health and social care sector. This had been advertised to staff and the Trust awaits the outcome of the consultation and any subsequent recommendations.

Digital Capacity & Capability : A review had been commissioned of the Trust's IT provision, which would look not just at IT itself, but the leadership and the culture of the organisation with recommendations for where future investment should be prioritised. This assessment would help inform the work of our new Chief Digital Officer, a joint Executive-level post with Salisbury NHS Foundation Trust, which was currently being recruited to with interviews due to take place later this month.

Liam Coleman, Chair asked if this assessment was not just on IT hardware and software but also on how it was managed and input captured. Kevin McNamara, Chief Executive confirmed that this was the case and also linked to frustrations held by individuals within the organisation around IT. Tangible benefits should be seen in new year/Spring 2022.

Site Development - A traditional topping out ceremony for the radiotherapy centre took place last month which was another milestone for the Swindon Radiotherapy Centre.

Great West Fest - The Trust's first ever Great West Fest was held in Town Gardens in Swindon last month and was a huge success with thanks to Jude Gray, Director of HR and Claire Warner, Associate Director of HR for organising the event.

Freedom to Speak Up - This month marked Freedom to Speak Up Month and the Trust would be using this as an opportunity to continue to promote how to raise concerns to staff.

Black History Month - The Trust marked Black History Month by collaborating with Wiltshire Council and other partner organisation to host a South West event which took place on Monday 11 October 2021 with a great range of speakers.

Armed Forces - The Trust welcomed the Lord-Lieutenant of Wiltshire, Mrs Sarah Rose Troughton, to the Great Western Hospital to mark the Trust receiving Veteran Aware accreditation.

Colon capsule endoscopy cameras pilot - Last month the Trust began a pilot which enabled patients to swallow a miniature camera to get checked for bowel cancer known as a colon capsule endoscopy, the cameras were the latest NHS innovation to help patients access non-invasive cancer checks at home.

The Board **noted** the report.

189/21

Staff Story

Enya-May Marsh, Theatre Support Staff joined the meeting for this agenda item.

The Board received a staff story which highlighted how the Trust was developing routes into employment via volunteering to inspire the next generation. Enya-May was a young person who started as a volunteer at the start of the Pandemic and as a result had secured a job in theatre support work before going to University with the goal of becoming a paramedic.

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There followed a discussion that included improvements to accessibility, support from staff and the Trust in terms of helping with career paths.

The Board were impressed with Enya-May's commitment and support that she had so far invested in the NHS family and thanked her for sharing her experience with the Board who offered any support possible to help her achieve her aspirations.

The Board noted the staff story.

190/21 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 July/August 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 29 September 2021. The following was highlighted:-

Recovery Programme - The Trust were not hitting the nationally set targets, improvement plans were in place including the start of insourcing in October 2021.

Emergency Department and Ambulance Handovers - High demand and lengthy ambulance turnaround continued. Performance remained below the 95% standard; however there had been an improvement in 4 hours performance.

Cancer Performance - The Committee received an in depth report from the new Head of Cancer Services which gave a good degree of assurance regarding improved performance with Breast 2 Week Wait (2WW) improving ahead of trajectory. Very positive feedback from the regulators regarding GWH's role as national pilot site for colon capsule endoscopy.

Cyber Risk - The Committee were given positive assurances on a number of fronts. The Chief Operating Officer would commission a desktop exercise to test this out.

Flu & Covid Vaccinations - A good start and uptake for both the flu and covid booster vaccines from staff and good plans were in place.

The Board received and considered the Operational element of the report with items highlighted as the cancer performance success, together with ambulance handovers and operational pressures. Areas of focus were diagnostics particularly CT but also in relation to forecasting and recovery. It was noted that the Urgent Treatment Centre (UTC) remained closed and would be reviewed on a weekly basis.

Lizzie Abderrahim, Non-Executive Director asked for more of an update on length of stay and flow. Felicity Taylor-Drewe, Chief Operating Officer replied that the Trust had seen increased pressure with regard to flow with Trust at OPEL 4 status since the weekend – the highest alert level. One of the next steps to improve flow was to look at length of stay and to work with partners which would come through the winter plan summary. Kevin McNamara, Chief Executive added that from a wider system perspective flow was significantly under pressure in all parts. Of note was the real crisis within domiciliary care

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both locally and nationally which represented a significant risk to the NHS.

Liam Coleman, Chair clarified that in relation to the term criteria to reside this was centred on the best care in the most appropriate place for patients to recovery in, either at home or in the community, not the Trust forcibly moving patients out of our situ into another.

Liam Coleman, Chair asked about the UTC and whether this was still a challenge in terms of staffing and closure. Felicity Taylor-Drewe, Chief Operating Officer replied that as a result of closing the UTC at night changes had been made during the day to equalise staffing levels. Different options were being explored in how the Trust see patients in the most appropriate way. Lisa Cheek, Chief Nurse added that as this was a small team this had had a positive impact on staff who felt better supported and that the number of vacancies plus sickness absence were being well managed.

Liam Coleman, Chair asked if the Trust was getting the right connectivity at system level in terms of managing waiting lists. Felicity Taylor-Drewe, Chief Operating Officer responded that meetings and workshops at a system level were taking place for both short and medium gains and that there was great support and alignment across the acute trusts.

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 23 September 2021 and the following highlighted:-

Electronic Discharge Summary (EDS) - The assurance rating had been increased as there had been no real improvement in the rate of EDS issued on discharge. It was noted that the Committee had not seen a costed business proposal for the options to improve this situation, and had requested this report.

Andy Copestake, Non-Executive Director asked for clarification on what the outcome and expectation of a costed proposal was in relation to EDS. Nick Bishop, Chair of Q&GC replied that the first port of call to explore had been replacing the IT system which was not possible and therefore there may be other actions that involved small amounts of money to help the issue. Andy Copestake added that he believed there could be more done without financial resource.

Kevin McNamara, Chief Executive confirmed that EDS was a priority for Jon Westbrook, the new Medical Director and this would come back through the Q&GC route once a plan had been worked through. Liam Coleman, Chair commented that the risk had been moving in the wrong direction however the Board felt assured that this was well sighted at Q&GC and was a high priority for the Medical Director.

Serious Incidents - Progress was being made in reducing the backlog but a significant number remained outstanding. The Committee discussed in detail the two Never Events that had occurred which could have been avoided had the WHO checklist been properly conducted. The Committee expressed its concern that this was still not fully practised across the Trust and the resulting risks to the safety of patients were not acceptable.

Lisa Cheek, Chief Nurse added that the backlog was not unusual in terms of the position

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	<p>in other organisations due to the pandemic. Good progress had been made which meant moving forward to truly learning from the right actions and themes and to really making a difference within the Trust.</p> <p>Jon Westbrook, Medical Director confirmed that both EDS and the WHO checklist were of equal priority and work had already started by undertaking a review around the policy, sending out surveys to identify any gaps in the process and communication to make clear to the workforce that there was no tolerance in this area. Other local procedures would also be included in the review.</p> <p>Julie Soutter, Non-Executive Director asked if there was any cross reference to the Audit, Assurance & Risk Committee (ARAC) in terms of effectiveness of controls and gaps in assurance with regard to the never events. Nick Bishop, Chair of Q&GC replied that the main concern was the actions required to make it happen. It was agreed that the two Chairs would agree outside the meeting whether there was any further investigative work for ARAC to undertake.</p>	
	<p>Action : Chairs of ARAC and Q&GC</p> <p><u>Friends & Family Test</u> - Whilst the overall RAG rating for Complaints and Friends & Family was agreed as being 'Amber', the Committee discussed in detail the high level of risk which still existed with negative feedback and complaints about staff attitude & behaviours. This was referred to the Performance, People & Place Committee to seek greater assurance about the specific issues and actions planned to address and mitigate this particular issue.</p> <p>Action : Director of HR</p> <p><u>CQC Preparedness</u> - The Committee expressed concern that 6 "must do" actions from the previous CQC report remained outstanding, this was in addition to 27 "Should do" actions not yet completed. Priority needed to be given to addressing these 'must do' actions. The Committee were pleased to hear that there was a close liaison with the current CQC Inspector in order to understand what was required.</p> <p>Lisa Cheek, Chief Nurse added that there was a new and refreshed focus around this preparedness however this was not badged so much around CQC but ensuring the organisation was compliant based on the 5 Key Lines Of Enquiries (KLOEs) and to keep patients well cared for which was centred around best practice and would be a continuing process.</p> <p>The Board received and considered the Quality element of the report with the following highlighted:-</p> <p><u>Safer Staffing</u> - An establishment review was underway to better understand the Care Hours Per Patient Day (CHPPD) figures that in some areas were not meeting the predicated level. Safer staffing was being managed through 3 per day safe staffing meetings to ensure that all areas were at minimum staffing levels.</p> <p><u>Audits</u> - New initiatives had been introduced to strengthen oversight on audits these included Perfect Ward Audit Report and Ward Wednesday visits which had focussed on medicine administration and well-being.</p>	<p>JS/NB</p> <p>JG</p>

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Part 3 : Our People

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

Workforce - The Trust's reliance on temporary staff continued to be high and was an area of focus together with sickness absence levels.

Flu Campaign - The annual NHS flu vaccination campaign had been launched. Overall numbers compared to last year were slightly behind however a new process had been put in place. Also the covid booster campaign had started with 515 vaccinated to date.

Annual Staff Survey - The NHS National Staff Survey was launched on 21 September 2021 and was open to all staff.

Health & Wellbeing - Brighter Futures had teamed up with the health and wellbeing team to challenge all staff to a fitness competition between divisions, 'Fall into Fitness' which commenced on 1 October 2021.

Part 4 : Finance & Investment Committee Overview

The Board received an overview of the detailed discussions held at the Finance & Investment Committee around the financial element of the IPR at the meeting held on 27 September 2021 and the following highlighted:-

Month 5 Position - All the main indicators were good across the board. The amber rating reflected the concern around non-pay costs in month with lower activity levels and this would be discussed in more depth at next month's meeting.

Risk Register - The Finance Risk Register process worked well but there was a significant risk in achieving the likely efficiency target for H2 and considerable management effort and focus would be required, especially at Divisional level.

BSW Consolidated Finance Report - This paper updated the previous Drivers of the Deficit paper and showed a marked deterioration in the overall underlying deficit for the System as a whole. The Committee were pleased to see that GWH's position had not worsened to the same extent as other parts of the System, but the paper highlighted the need to achieve year on year efficiency targets to arrest the increase in the underlying deficit.

Capital Plan - The Committee were very assured about the controls around capital. A good paper showing good focus on delivering and controlling the Capital budget. The red rating for risk reflected the fact that there was still a funding gap of £11.5m awaiting approval at DHSC level.

Improvement & Efficiency Position - The Committee received an update on efficiency projects in the pipeline. Whilst a considerable number of improvement opportunities had been highlighted, the Committee was not yet assured that there was evidence of turning these into tangible savings. Also, at this stage there was a considerable gap between the forecast value of efficiency opportunities and the £7.3m anticipated efficiency target for H2, hence the red risk.

Electronic Patient Records (EPR) Business Case - This had been delayed until January/February 2021 to give the extra time to respond to feedback from NHSE and

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ensure the financial model was robust.

Kevin McNamara, Chief Executive added that the Trust had registered concern within the Acute Hospital Alliance (AHA) as GWH had already extended their contract and this was a potential risk to the Trust should further delays be encountered.

Infrastructure Improvement Programme - Excellent progress on implementing the IT Infrastructure Improvement Programme had been made.

Proactive Procurement - A very comprehensive report which showed good progress on a range of issues. The Committee was particularly pleased to see the progress on Inventory Management over the last 2 years.

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

Utilities - It was noted that in terms of the national media coverage of rising utilities cost it was confirmed that the Trust was tied in to a contract for the rest of the year and therefore any price rise impact would impact in the next financial year.

Capital - Although capital spending was on track the emergency financing application was still waiting approval. NHSE had been notified that the Trust anticipated slippage on the Way Forward Programme and utilities projects.

H2 Guidance - It was confirmed that the H2 guidance which detailed the finance and contracting arrangements for the six-month period from 1 October 2021 to 31 March 2022 had been published. The internal planning process continued with Divisional plans being presented to Finance & Investment Committee at the end of October 2021.

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

191/21	Freedom to Speak Up Bi-Annual Review
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The Board received and considered the Freedom to Speak Up (FTSU) bi-annual report which provided assurance that there were ongoing actions to support the mechanisms in place to promote an open and supportive culture that encouraged staff to speak up about any issues but particularly those relating to patient care, quality, or safety. A summary was provided of the cases received between January and July 2021.

The following was noted:-

- The Trust had seen a theme of FTSU cases relating to staff attitudes rather than concerns relating to patient safety which was the reason why FTSU Guardians were introduced. For reassurance this was a trend across neighbouring trusts who were equally seeing the same concern.
- It was noted that the numbers reported were relatively low and that was not necessarily a flag as there were a number of avenues within the Trust where concerns could be raised. However a review of the FTSU service was being undertaken to ensure this was the right methodology being employed.

There followed a discussion on the Trust's national index score which had declined from last year, although still above the national average. It was noted that there had been a referral to Performance, People & Place Committee to explore staff attitudes and behaviours with regard to complaints and that there was more work required to analyse

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what is behind this possible trend.

The Board **noted** the report.

Consent Items

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

192/21	Ratification of Decisions made via Board Circular/Board Workshop	
	None.	

193/21	Urgent Public Business (if any)	
	None.	

194/21	Date and Time of next meeting	
	It was noted that the next virtual meeting of the Board would be held on 4 November 2021 at 9:30am to be held via MS Teams.	

195/21	Exclusion of the Public and Press	
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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 1503 hrs.

Chair Date.....

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – November 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
7-Oct-21	190/21	Our Care : Friends & Family / Complaints Referral to PPPC to seek greater assurance about the specific issues and actions planned to address and mitigate the trend for complaints around staff attitudes and behaviours.	Director of HR	For PPPC
7-Oct-21	190/21	Our Care : Serious Incidents The two Chairs of Audit, Risk & Assurance Committee and Quality & Governance Committee to determine whether a referral was required to ARAC to investigate the effectiveness of controls and gaps in assurance with regard to the never events	Chairs of ARAC & Q&GC	For ARAC

Future Actions

None				
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Chief Executive's Report

Meeting	Trust Board	Date	4 November 2021
Summary of Report			
The Chief Executive's report provides a summary of recent activity at the Trust.			
For Information	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
		Discussion & input	<input type="checkbox"/>
		Decision / approval	<input type="checkbox"/>
Executive Lead	Kevin McNamara, Chief Executive Officer		
Author	Kevin McNamara, Chief Executive Officer		
Author contact details			
Risk Implications - Link to Assurance Framework or Trust Risk Register			
Risk(s) Ref	Risk(s) Description		Risk(s) Score
Legal / Regulatory / Reputation Implications	N/A		
Link to relevant CQC Domain			
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>
Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>
Well Led	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Link to relevant Trust Commitment			
Consultations / other committee views			
N/A			

Recommendations / Decision Required

This report is for information only.

1. System

1.1 Current operational pressures and preparing for Winter

We continue to see very high numbers of attendances for urgent and emergency care, along with an increase in Covid patients, and the whole health and social care system remains extremely busy.

This is a particular concern as we head in to the Winter months when we know demand will only increase.

While I'm reassured that we have a robust Winter plan in place, we have to accept that the next few months will be extremely challenging for our staff, the whole Trust, and the wider health and social care system locally and nationally, particularly as we enter the next phase of the pandemic and as we continue to experience workforce constraints across the whole system.

Our bed capacity also remains a challenge. In previous years, we have had some additional bed capacity within our system but we have already been using this much needed capacity for some time now, due to unprecedented pressures.

Our Winter plan has five principles:

1. It must be an Integrated Care Alliance (ICA) plan with bespoke pieces of work per organisation overseen by the ICA leadership team
2. We must support our most vulnerable at their most vulnerable time
3. We must maintain elective capacity
4. Our focus must be on reducing demand and increasing capacity
5. We will continue to embed our recovery from the earlier stages of the pandemic in to all elements of operational and clinical care.

The plan also has a very strong focus on supporting our staff this Winter. We are asking an exhausted workforce to continue to work under a level of sustained pressure never seen before in the NHS and it is only right that we do absolutely everything possible to ensure they have whatever support they need.

As I have said before, our staff have gone above and beyond to care for the people of Swindon and surrounding areas for an extremely protracted amount of time and we must never forget the commitment they have shown.

1.2 Covid-19

At the time of writing Swindon has its highest ever community case rate and this is predicted to rise further.

We know that the high infection rate is being partly driven by cases in younger people (aged 10 to 19) and the impact of false negative PCR tests, which have been widely publicised.

The number of inpatients with Covid has in turn rapidly risen – having been relatively static at 45-50 patients for some weeks, this increased to more than 70 patients, putting significant pressure on the beds we have available for both Covid and non-Covid patients. For context, this exceeded where we were during the lockdown in November 2020.

Our Covid management control meetings have been reinstated to daily once again and we continue to monitor very closely the impact on our Intensive Care Unit, in the knowledge that increases of patients with Covid needing this very high level of care will require us to cancel other activity. The number of patients in ICU increased to nine, requiring us to implement the first stage of our escalation plan.

In preparation for a further surge, we have begun the process of identifying those staff with the skills to be redeployed to support Covid areas should this step be needed, as it was earlier in the pandemic.

Workforce is a significant challenge at the moment – staff sickness is very high, with several staff off due to having Covid or having to isolate, and we have closed our Urgent Treatment Centre overnight since August due to staffing pressures. This closure remains under review.

We are strengthening our daily oversight of staffing to enable us to better understand where there are challenges so we can take action to protect patient safety at the earliest opportunity.

1.3 Recovering from the pandemic

There is understandably increased focus on the size of NHS waiting lists, with many patients having to wait much longer for treatment than we would ever like.

We have made good progress on reducing the number of patients having to wait 52 weeks or more for treatment.

In February this figure stood at 1,996 and I'm pleased to say that this has reduced to 680 at the end of September with our forecasting indicating this will go down to around 450 at the end of March.

Unfortunately, the size of our overall waiting list increased to just over 27,000 in September and is forecast to continue to rise to around 28,500 by March.

We know this is very high and we will retain our focus on seeing these patients as quickly as we can, however we must remember that significant increases in demand, particularly from patients with Covid, will impact upon our recovery programme.

1.4 NHS England and Improvement's System Oversight Framework

NHS England and Improvement have been using a new System Oversight Framework to rate each provider Trust and integrated care system according to the level of focused assistance they may need.

This framework aims to identify where both ICSs and providers may benefit from, or require, support to meet the standards required of them in a sustainable way. It is also used to provide an objective basis for decisions about how and when NHSE/I may intervene where there are serious problems or risks to the quality of care.

I'm pleased to say that we have been assessed as being in support segment '2', with a lower number on the scale of 1 to 4 being better. This reflects that generally we have plans which have the support of system partners in place to address areas of challenge.

No Trusts in the South West have received a '1' rating and we feel this assessment is a good reflection of the hard work taking place within the organisation. We will continue to work closely with the regional team to access flexible support, as needed, in a range of ways.

2. Leadership

2.1 Great Care: Developing our nursing leaders

Our Great Care campaign was launched five months ago and continues to be embedded within the organisation.

As part of this programme of work we are committed to developing the future leaders of the nursing profession and launched a new 'Leading with Impact' programme which Lisa and I had the privilege to launch in October. This is focused on Matrons and will help support this group of staff to develop and fulfil their potential.

The programme has been designed around what matrons have told us themselves – that they want to be more strategic in the way they work, be more proactive than reactive, to develop and lead, and to be proud and happy in their role.

2.2 Senior appointment

I'm delighted that following a robust interview process we have been able to make an appointment to the position of Chief Digital Officer – a joint, Board-level appointment with Salisbury NHS Foundation Trust.

This is a critical role at a critical time, which will help us to not just significantly strengthen our digital capability and capacity, but transform how technology can help us join up and improve patient care, while also working to reduce the frustrations with technology we know staff experience.

Details of the successful candidate will be announced shortly.

3. Staff wellbeing, engagement and recognition

3.1 Vaccinations

It is more important than ever that we all do whatever we can to protect ourselves from both flu and Covid this Winter.

Our staff flu vaccination campaign is well underway and around 74% of our workforce have now been vaccinated. We have begun offering Covid boosters to eligible staff and at the time of writing 47% of those eligible to have the vaccine (those who had their second jab six or more months ago) have had their third jab.

This will help our staff to stay well during winter and care for others, but I would strongly urge everybody to get vaccinated as soon as possible to protect themselves, and their families.

3.2 Staff Excellence Awards

At the time of writing, our Staff Excellence Awards will take place virtually on Friday 5 November and will provide a great opportunity to say thank you to many of those who have worked extraordinarily hard.

Full details of the winners will be shared as soon as possible after they are announced.

3.3 STAR of the month

Our latest STAR of the Month winner is Jasmine Hebden, Hematology Cancer Clinical Nurse, whose dedication and service to ensure blood cancer patients are supported through such a difficult time in their lives has been highlighted as astounding.

Jasmine's dedication and service to ensure blood cancer patients are supported through such a difficult time in their lives is amazing. She always puts the patients at the centre of everything she does and always goes that extra mile to ensure the patient and their families feel that they have all the time and support they need.

Nothing is ever too much trouble and her advanced communication skills within cancer care are second to none. She has worked supporting this patient group for over 20 years within the Trust and has been the best role model of what a good cancer nurse should be.

3.4 Allied Health Professionals Day

Last month we marked Allied Health Professionals Day. AHPs are the third largest workforce within the NHS, working in roles such as physiotherapists, occupational therapists, speech and language therapists, dietitians, podiatrists, radiographers, paramedics, operating department practitioners and orthoptists.

We have seen such an incredible effort from our AHP colleagues during the pandemic and this continues now, as we continue to face significant pressures across the organisation.

We have also appointed to a new role, Deputy AHP Lead, to help us develop and deliver a workforce strategy for our AHPs. Our Head of Physiotherapy Simon Lovett has been appointed to this role on a one-year secondment.

3.5 Supporting our teams

We have an award-winning package of health and wellbeing support in place. This includes Schwartz Rounds, 24/7 access to our Employee Assistance Programme, onsite counselling and occupational health, and mental health first aider trainers.

Whilst this package of support is comprehensive, we know there is always more we can do. We therefore asked staff to tell us what the one thing we could do which would improve their health and wellbeing this winter. We received more than 100 suggestions from staff and are working through these to understand any common themes and what more we can put in place to support them.

Throughout October, we focused on physical health and wellbeing support for staff, including the launch of a new Long Covid support group, a new staff-led Couch to 5k running group, and support for smoking cessation and healthy eating.

3.6 Engaging with staff

Last month we launched a new staff-only Facebook group to enable us to improve the way we engage with staff, and provide a safe, online forum for colleagues to engage with each other.

The group allows staff to post news and comments and now has around 550 members. This will be an important way for us to share developments within the Trust who may not regularly access news through the intranet or internal news emails.

4. Culture and Organisational Development

4.1 Behaviour and civility

Nationally and locally, we have seen an increase in poor behaviour directed towards NHS staff.

While this may well be a reflection of the frustrations many people are feeling from increased waiting times for elective and non-elective treatment, it is unacceptable and will not be tolerated.

We expect leaders at all levels to role model behaviours throughout our organisation, and we also expect all staff to behave in accordance with our values. We know this is a tough, challenging time for the whole of the NHS but we must all do what we can to treat others as we would wish to be treated, even while working under pressure.

I have spoken at a number of internal forums recently about civility and how the way we behave to each other and to our patients is really important. We will not tolerate behaviour which is not in line with our values.

5. Openness and Inclusion

5.1 Great to Talk podcast

Last month we released the first episode of our new podcast series, Great to Talk.

The podcasts will offer a new platform to have authentic and in-depth conversations about healthcare here in Swindon, offering staff, the local community and anyone interested in health and social care an insight into what we do and who we are as an organisation.

The podcast will run in seasons and the first season, which has a focus on Equality, Diversity and Inclusion, is hosted by Patrick Ismond, EDI Lead for the Trust.

Season one began with a discussion on the themes 'you can't be what you can't see' and the 'importance of representation and role models', with Dr Tobenna Onyirioha, Deputy Medical Director and formed part of our Black History Month celebrations.

5.2 Black History Month

Along with the EDI-themed podcast, our celebrations for Black History Month included an event in the Academy with a series of inspiring films shown to staff.

We also supported a free online conference led by Wiltshire Council which featured speakers including David Olusoga OBE, June Sarpong OBE, The Rt Hon. Stuart Lawrence and Anton Ferdinand discussing this year's theme: 'Proud to be'.

Patient Story

November 2021

Kathryn Owen

- Miss BD is a 28 year old and this was her 4th pregnancy having had 3 previous miscarriages.
- Miss BD was booked for Consultant Led Care due to her medical history.
 - Functional Neurological Disorder (FND)
 - Mobility Issues/Chronic fatigue Syndrome
 - Non epileptic seizures
 - Mental Health- Anxiety/Low mood
- Miss BD's partner is her Registered Carer.
- Miss BD remained well during her pregnancy and there were no reported seizures.
- Place of birth was discussed and due to her history Miss BD was advised to Birth in the Delivery Suite.

- Miss BD and her partner raised concerns to her Community Midwife that she wanted to Birth in a low risk setting and if this wasn't possible she would birth at home against medical advice.
- Senior Midwife contacted Miss BD to discuss her birth plan and again, advised that Miss BD would be unable to give birth in our birth centre.
- Miss BD was referred to our Birth Matters Service by her Midwife.
- Birth Matters Midwife met with Miss BD and emailed Inpatient Matron and Lead Consultant Obstetrician to raise Miss BD's concerns.
- Miss BD had contacted Birth Rights as felt that she wasn't listened to.
- At 37/40 Consultant and Matron met with Miss BD and her Partner.

- We listened to Miss BD and her Partner and made reasonable adjustments so that she could give birth in the Birth Centre as long as her pregnancy remained low risk.
- We collaborated with Miss BD and her Partner to devise a safe but mutually agreeable birth.
- Miss BD started her labour in the Birth Centre but was transferred to Delivery Suite due to complications with her labour.
- Miss BD gave birth to a healthy baby girl in the Delivery Suite.

Patient Story

Feedback

"I just wanted to say thank you for giving me the opportunity to start my birth the way I wished. As my labour well and truly proved you can't predict what will happen. But having the initial choice made a huge difference to the overall experience so thank you."



Evie-Grace is now 6 months old



**Thank you for
listening
Any Questions?**

Integrated Performance Report (IPR)

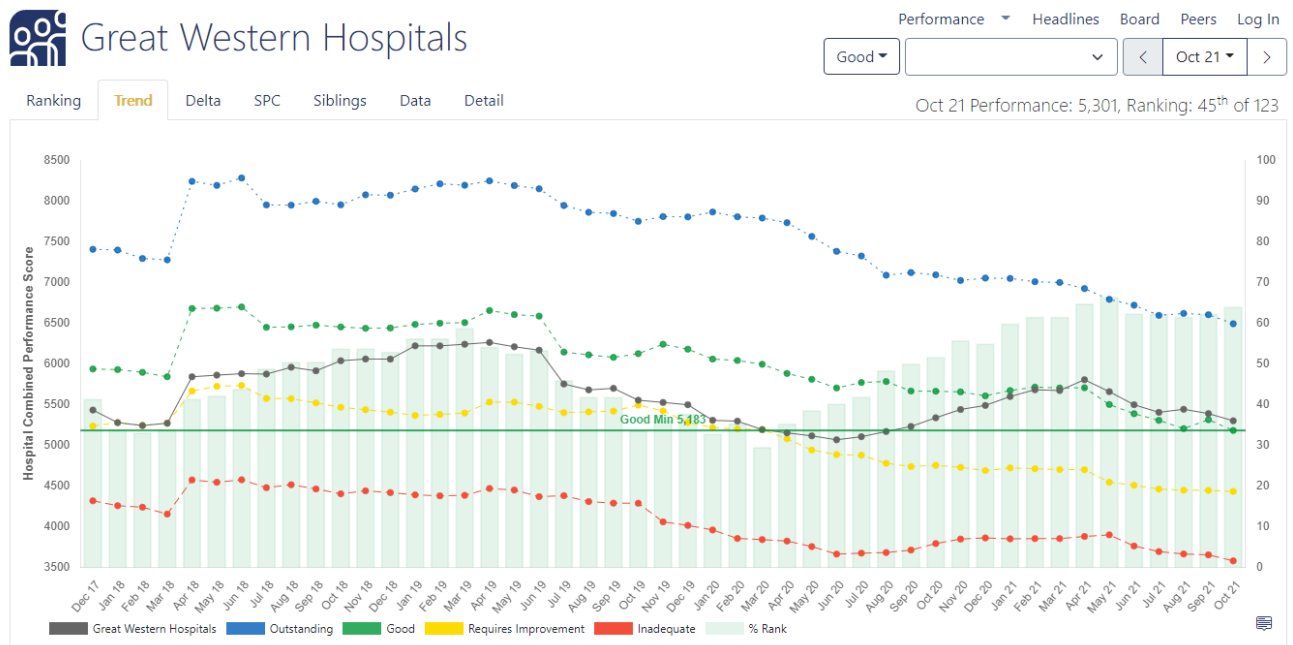
Meeting	Trust Board	Date	4 th November 2021
Summary of Report			

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 (47th August 2021). The trend chart below reflects our aggregate position improving against CQC measures and our performance is tracking at 'Good'.



In October 2021 our performance against the Emergency Care Standard (95%) decreased to 74.89% from the August position of 81.38%. Hospital Handover Delays (HHD) increased in October to 312 hours lost compared to August where 213 hours were lost. As at 13th October 2021 there have been 221.6 hours of hospital handover delays.

Attendances have increased in September (from August) by 730 patients, with 482 increase in the ED and 248 in the UTC. The UTC remains closed overnight.

The number of patients waiting to leave the Trust who required support from partner organisations doubled in September for patient waiting for Swindon borough council. This was largely related to reduced access to domiciliary care. Data on Trust bed occupancy is awaited. However, it is worth noting the Trust triggered OPEL 4 on 15 out of 30 days in September with OPEL 2 being achieved on 2 days. 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's.

Covid 19 – Covid attendances to the Covid Assessment Unit (CAU) increased in September 2021 with a similar trend of patients who tested positive. This is comparable with Phase 1 of the Pandemic. Patient admissions to the Trust, Covid +ve, in the month of September peaked at 52 in-patients. The Swindon Covid Quarantine Hotel has closed.

The Trust's RTT Incomplete Performance for September 2021 reduced to 65.41% (68.02% in August). The overall number of patients waiting has increased to 27,022 (+493 in month). The Trust received 9,914 referrals in September 2021, which is an increase of 177 in month and 99.1% of the Pre-Covid 19 average referral rate. There were 680 patients who are waiting more than 52 weeks at the end of September 2021 (67 fewer patients than August).

DM01 Diagnostic Performance was 70.5% in August a decrease from 79.5% in July. Overall, the total waitlist size has increased from 6802 in July (+566), to 7368 in August. Breaches have increased from 1396 in July to 2173 In August (+777) 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 <70%. A task and finish group has been established aimed at supporting recruitment and formulating a more sustainable improvement plan.

Cancer 2 week wait performance for August 2021 73.1%, a slight deterioration on the July position of 74.7% against a target of 93%. YTD, compared to 2019, there has been an **18.5%** increase in the number of Skin referrals. The expected seasonal increase occurred a number of months before anticipated which put additional pressure on the service. August saw the highest number of referrals received into the unit and the highest number of patients seen.

62 day performance in August will be 88.0% (91.5 treatments, 16 patients, 11.0 breaches) with the Trust achieving the national 62-day standard.

Cancer 28 day performance - The standard was met in August with a performance of **79.2%** (265 breaches)

In August there were 3 patients with confirmed cancer who breached 104 days, resulting in 2 breaches. September is likely to see 3 patients breaching 104 days, resulting in 2.5 breaches, and root cause analysis (RCA) will be conducted.

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

Our Care

The Electronic Discharge Summary (EDS) – 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 August: In-month KPI exceptions to report are recruitment time to hire is at 50 days, below the Trust target of 46 days; Bank fill rates reporting 49% below the Trust target of 70%; Sickness absence increasing to 4.84% and exceeding target of 3.5% and appraisal compliance achieving 73.85% below Trust target of 85%.

Highlights:

- Workforce planning indicators have improved in September, achieving delivery KPI target with the exception of registered nursing bank fill rates;
- Workforce planning in the Imaging department has resulted in an initiative to improve long term supply of Radiographers, including the development of an apprentice Radiographer pathway
- Maternity Services were successful in securing the £50k Pastoral Funding Package to support midwifery retention. The funding will be used to recruit a fixed term Practice Educator to support the current workforce including newly qualified midwives.
- Occupational Health has been leading the flu vaccination programme since 13th September vaccinating 3,370 colleagues during the month.
- The wellbeing team are refreshing and re-launching the physical wellbeing support to staff in October, with a focus on preventative wellbeing interventions.
- Mandatory training continues to be above the Trust target of 85% following the transfer of training modules to ESR which is encouraging.
- Work has started on refreshing the design of mandatory training following a review of how other Trust's deliver MT with the objective to launch early 2022.
- The Head of L & D is working with the Deputy Chief Nurses to roll out a number of new projects over the coming weeks, including the Matron Leadership Programme, Conflict Resolution and working with the Paediatrics team to up-skill and improve their confidence with supporting young people with serious learning and social difficulties.
- The Trust is reviewing the Leadership framework in the light of the KPMG leadership behaviours and a leadership work stream within the KPMG programme of work is to be led by the Director of HR and supported by the Associate Director of OD and Learning and the Head of Leadership.

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	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion & input	<input type="checkbox"/>	Decision / approval	<input type="checkbox"/>
Executive Lead							
Author	Felicity Taylor-Drewe, Chief Operating Officer Simon Wade Director of Finance Jude Gray, Director of HR Lisa Cheek, Chief Nurse						
Author contact details	felicitytaylor-drewe@nhs.net jude.gray@nhs.net lisacheek@nhs.net simon.wade5@nhs.net						
Risk Implications - Link to Assurance Framework or Trust Risk Register							
Risk(s) Ref	Risk(s) Description					Risk(s) Score	
	1.						
Legal / Regulatory / Reputation Implications	Regulatory Implications for some indicators – NHSi, CQC and Commissioners						
Link to relevant CQC Domain							
Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Caring	<input checked="" type="checkbox"/>	Responsive	<input checked="" type="checkbox"/>
Well Led	<input checked="" type="checkbox"/>						
Link to relevant Trust Commitment							
Consultations / other committee views							

Recommendations / Decision Required






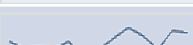


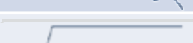
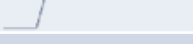



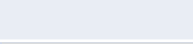




The Trust Board is asked to review and support:

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

Integrated Performance Report

October 2021

Performance Summary

KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking**	Bath Ranking	Salisbury Ranking	Month
Hospital Combined Performance Score	5301 (Oct)		45 (5301)	31 (5812)	19 (6315)	Oct 21
A&E 4 Hour Access Standard (combined ED & UTC)	74.89% (Sep)		23 (81.38)	77 (71.09)	36 (79.67)	Aug 21
A&E Percentage Ambulance Handover over 15 Mins	31.84% (Sep)					
A&E Median Arrival to Departure in Minutes (combined ED & UTC)	194 (Sep)		87 (203)	92 (215)	65 (198)	Jul 21
RTT Incomplete Pathways	68.02% (Aug)		70 (68.82)	62 (70.00)	41 (74.11)	Jul 21
Cancer 62 Day Standard	88.0% (Aug)		13 (86.9)	87 (69.64)	45 (79.87)	Jul 21
6 Weeks Diagnostics (DM01)	70.51% (Aug)		60 (79.48)	92 (69.36)	15 (95.77)	Jul 21
Stroke – Spent>90% of Stay on Stroke Unit	72.3% (Q420/21)		72 (75.7)	72 (75.7)	68 (77.2)	Q4 20/21
Family & Friends (staff) – Percentage recommending GWH as a great place to work	69.89% (Q3)		88 (70.0)	22(82.0)	34(79.0)	Q3 20/21
YTD Surplus/Deficit*	-4.3% (Oct)		82 (-4.3)	8 (1.3)	37 (-1.4)	Q2 19/20
Quarterly Complaint Rates (Written Complaints per 1000 wte)	27.9 (Q4 20/21)		104 (27.9)	50 (16.2)	22 (11.3)	Q4 20/21
Sickness Absence Rate	4.09% (May)		52 (4.09)	39 (3.80)	5 (3.14)	May 21
MRSA	2 (Jun)		93 (3.06)	90 (2.92)	67 (2.33)	Jun 21
Elective Patients Average Length of Stay (Days)	3.81 (Sep)					
Non-Elective Patients Average Length of Stay (Days)	4.97 (Sep)					
Community Average Length of Stay (Days)	17.10 (Sep)					
Number of Stranded Patients (over 14 days)	105 (Sep)					
Number of Super Stranded Patients (over 21 days)	56 (Sep) ²⁹					

*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

PPPC Meeting			
Accountable Non-Executive Director	Presented by		Meeting Date
Peter Hill	Peter Hill		27 th October 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	Management are now working to the new guidance for the second half of the year. Some good work is being done across the Trust and the direction of travel is positive, however, insourcing has not as yet been started due to site pressures. This is now expected to go live from 21 st November.	Monitor actions	November 21
Integrated Performance Report – Emergency Department	Red	Amber	Demand significantly higher than pre COVID levels. Challenges and management actions as stated in previous reports.	Monitor actions	November 21
Integrated Performance Report – RTT	Amber	Amber	Referrals continue to increase which has led to an increase in waiting list numbers. Good to still see number of 52 week waiters reducing in month, down to 680 from a high of 2,139. Additional operating lists have been approved internally and by insourcing.	Monitor actions	November 21

Integrated Performance Report – DM01	Amber	Amber	Remains challenging with increasing referrals and staff challenges. COO is leading on a Task and Finishing Group looking at capacity utilisation for CT and MRI. Additional visits by mobile CT and MRI scanners agreed for next few months.	Monitor actions	November 21
Integrated Performance Report - Stroke	Green	Green	Continues to perform well despite significant operational pressures.	Deep dive	November 21
Cancer Update	Green	Green	Maintaining high standards against most KPIs with particularly positive news regarding cancer 2 week waits which have shown significant improvement this month.	Monitor actions	November 21
Winter Plan	Red	Amber	There are still unknowns particular regarding funding and partner organisations who the Trust depend on as part of the plan.	Monitor actions	November 21
Integrated Performance Report - Workforce	Amber	Amber	Relatively high sickness/absenteeism linked with the increased need for us to open escalation facilities which is challenging the staff issues. Good performance against mandatory training. The target relating appraisal rates is still being missed. Executives working with Divisions to improve compliance.	Monitor actions	November 21
People Strategy	Green	Green	Significant progress in many areas while acknowledging the many challenges remain. Excellent work from the team.	Monitor actions	
Staff Survey Update	Amber	Green	The Committee has assurance based on the quality of work the Trust is doing, oversight of the issues and actions being taken.	Monitor actions	March 22
Site Utilities & Resilience Update	Red	Amber	There is an action plan and actions are being taken but are yet to conclude. RT to provide update to the Committee in November and further assurance in December 2021. A meeting with THC and Serco on Friday 29 th October to agree responsibilities.	Update to next meeting	November 21

Issues Referred to another Committee	
Topic	Committee

Part 1: Operational Performance

Our Priorities



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



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



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



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

How We Measure

Are We Effective?

Are We Safe?

Are We Well Led?

Are We Responsive?

Are We Caring?

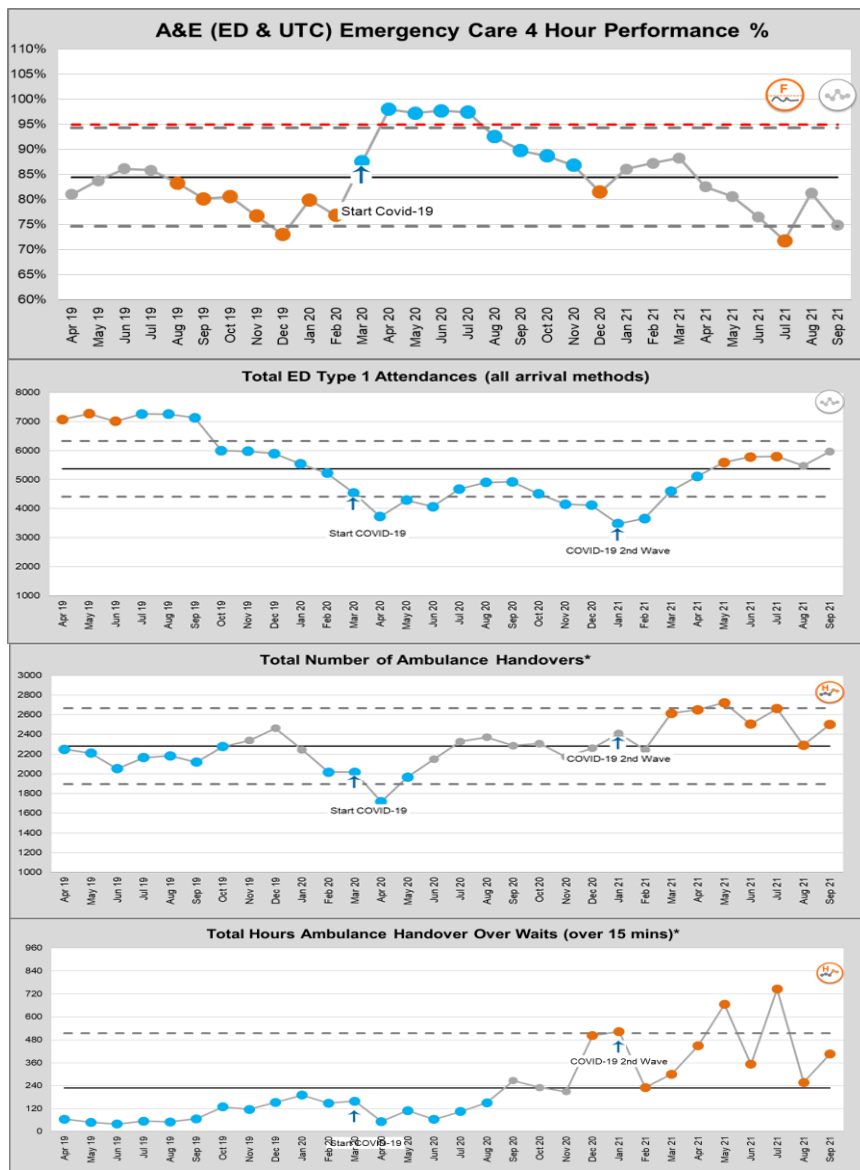
Use of Resources

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

Data Quality Rating:

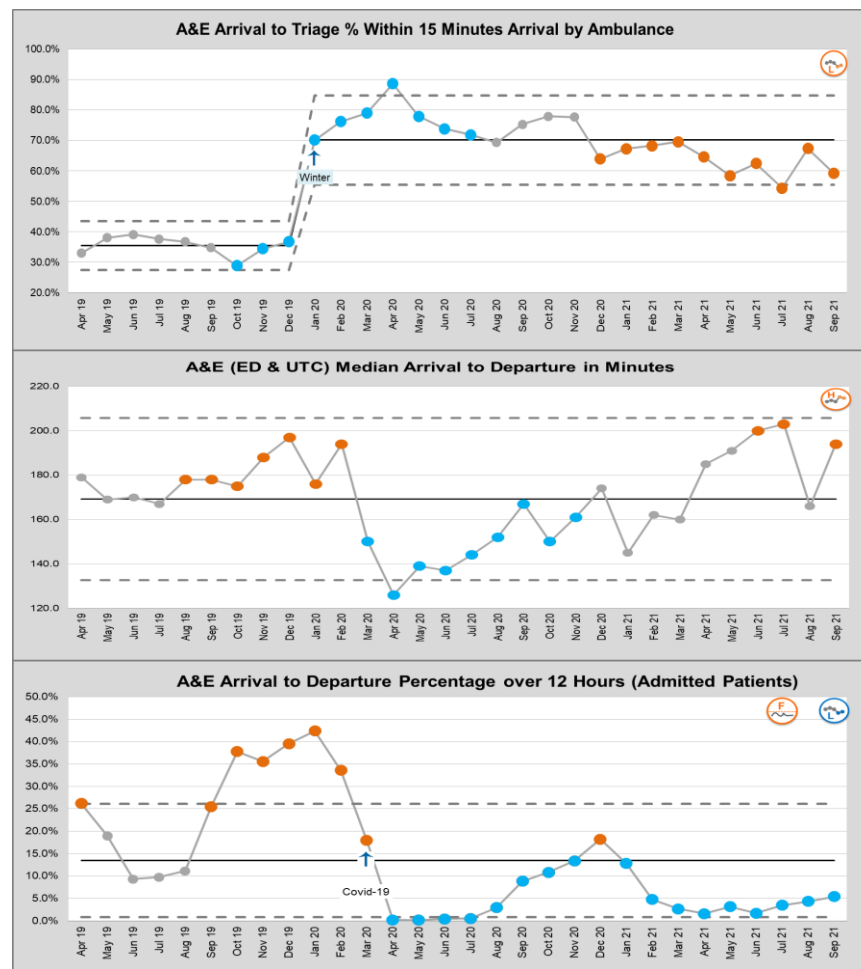


National Key Performance Indicators



Attendances:
Performance Latest Month: 81.38% (Aug)
Type 1 ED 62.41%
Type 3 UTC 93.49%
Total – 74.89%

12 Hour Breaches (from decision to admit) 11

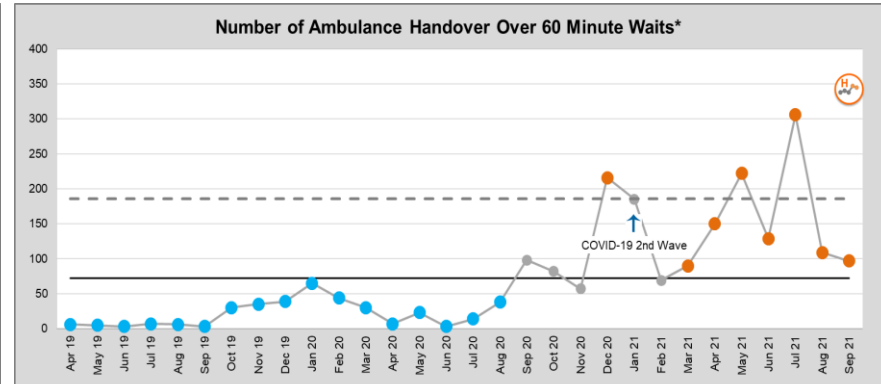
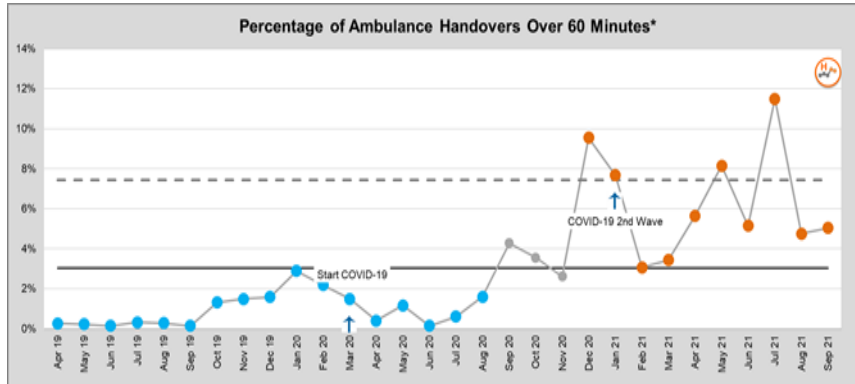
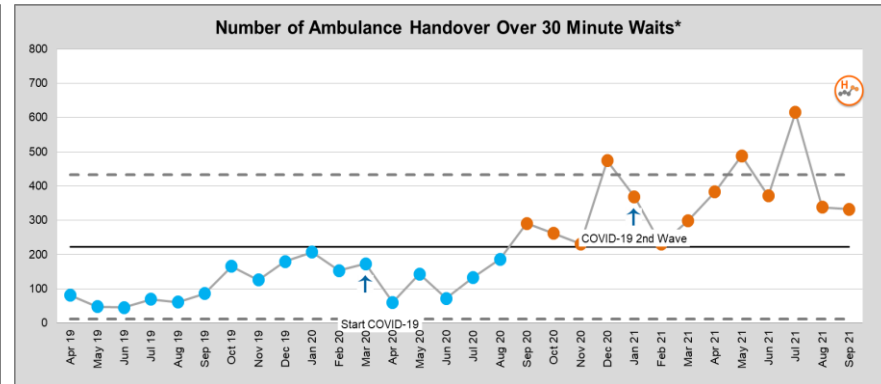
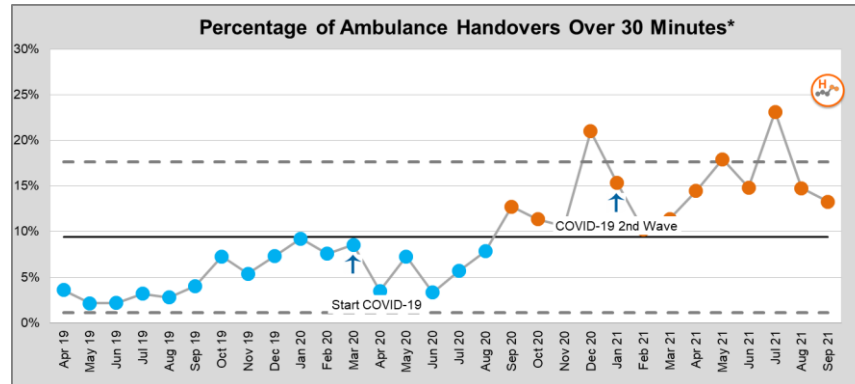
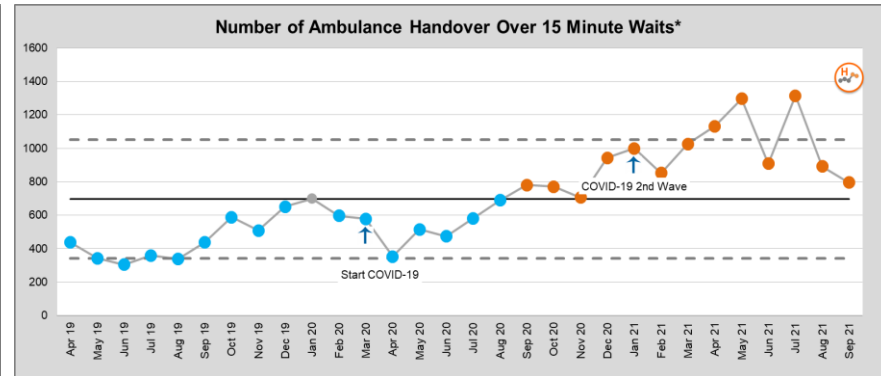
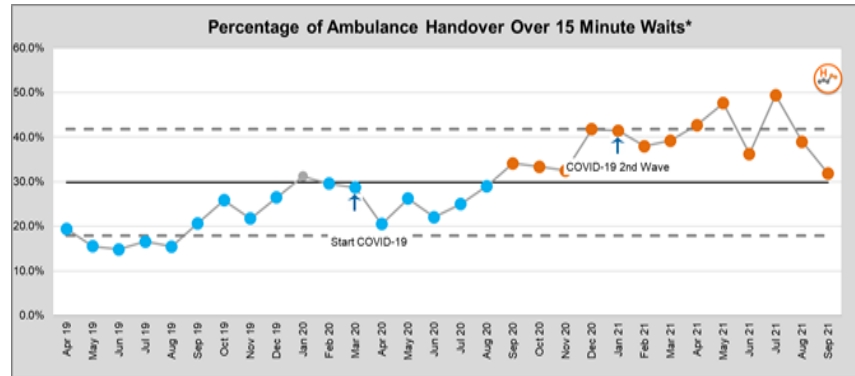


1. Emergency Care Standards – Ambulance Arrivals

Data Quality Rating:



National Key Performance Indicators



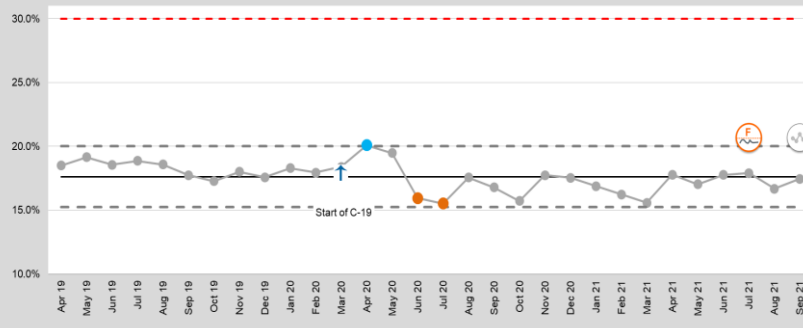
1. Emergency Access (4hr) - Patient Flow and Discharge

Data Quality Rating:

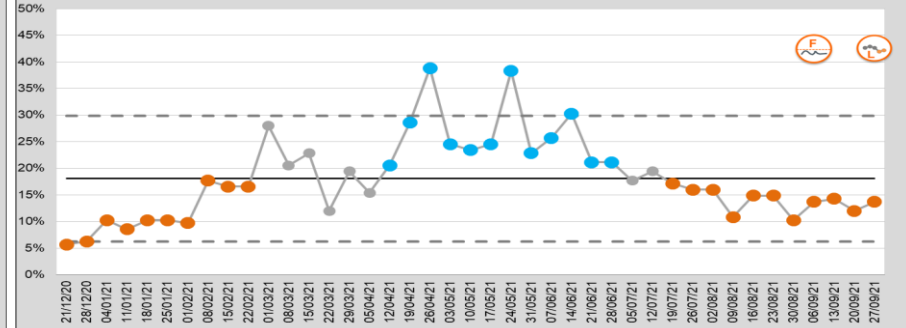


Are We Effective?

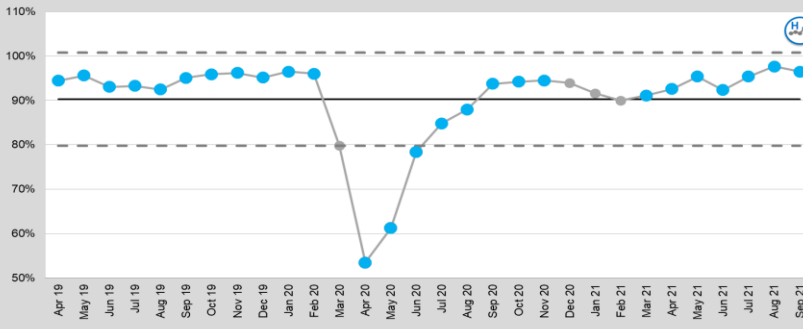
GWH Discharges by Noon (%)



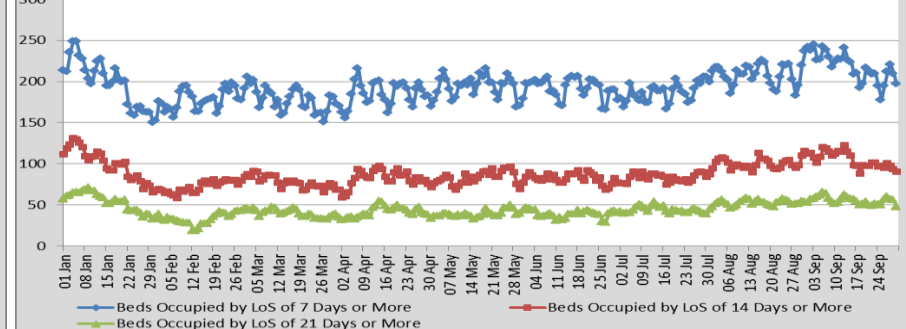
Golden Patients Discharged (Weekly)



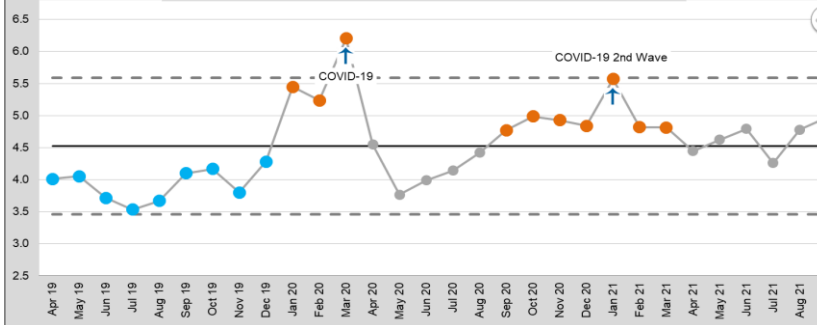
GWH Acute Adult Bed Occupancy (%)



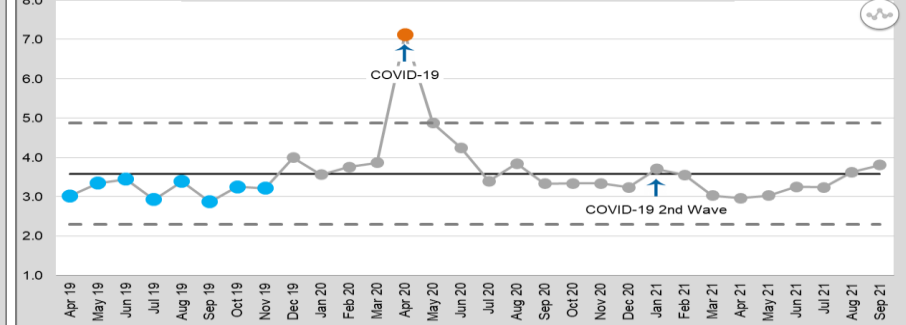
Stranded Patients (daily snapshot)



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



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



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



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

The ED 4 Hour Performance chart shows that performance in month continues to remain below the 95% standard. There has been a decrease in 4 hour performance of 5.57% from August. There were 11 x 12 hour reportable decision to admit (DTA) breaches in September, a increase of 9. Attendances have increased in September (from August) by 730 patients, with 482 increase in the ED and 248 in the UTC. The UTC remains closed overnight. 4 hour breaches within the UTC increased by 200 in September, and a increase of 513 in ED. Breaches due to 'waits to be seen' in ED and UTC have increased in September to from 36% to 51% driven mainly by increased attendances, sickness in medical and practitioner teams and sustained periods of Opel 4 and reduced flow out of the department, impacting on the ability to utilise majors step down for internal flow. Non admitted performance accounts for 49% of breaches, a increase of 36% on last month.

Key Impacts on Performance

Total time lost to Hospital Handover Delays is 312 There are a number of patients that are classified as 'late referrals' (51%) that are referred to speciality within 4 hours but the delay to see clinician is over 60 minutes so coded as a 1st assessment breach. This is also a reflection of ambulance handover performance not being within target, resulting in more '1st assessment' delays. There is an increase in 'undergoing treatment' reflecting the acuity of patients. There has been a decrease in performance in September relating to the number of patients waiting over 12 hours in the department, increasing from 5% to 6% (from 1% in July). The Clinical Decision Unit (CDU) also known as A&E Majors Stepdown continues to function well and has additional support from community in-reach to facilitate admission avoidance. However there is now much longer waits for beds, reducing the ability to use the area to turn around patients and prevent admission.

What will make the Service green?

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

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

- Commissioned review of the UTC to focus on; staffing profile, attendance profile (whether the current patient attendance is reflective of the current function and ability of the UTC) and opportunities to work with primary care to drive alternative community options. Await formal report from ECIST. **October 2021**
- Contractual review of UTC and visioning workshops to drive the UTC forward in preparation for new build in the spring. **October 2021.**
- Business Case (draft) to move SDEC to a seven-day service completed. Case has been reviewed by Divisional Tri and draft will now be discussed with partners at ICA Urgent Care and Flow Delivery Board (*and as part of recent NHSI bids). **October 2021**
- Focus on reducing 15- and 30-minute ambulance handover delays. Ensure that handover process is embedded so that 'clock stops' at the point ED receive patient. Change in process and admin roles being undertaken- however reliant on good flow out of department. **October 2021**
- Staffing review of nursing in ED to ensure senior leadership, and safe nursing staffing ratios as per national standards. **November 2021**
- Review activity follow project and action any key points of improvement. **October 2021**
- 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**
- Continued work with SWAST to agree direct referrals into UTC, agreed by ED consultants and UTC clinical lead, for SWAST to comment and agree implementation. **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 admissions area' to ensure no ambulances wait more than 15 minutes to handover. Physio Gym co-located with the Discharge Lounge ready to open as an 'Admission Lounge' when ED at capacity to always ensure offload space.

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

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

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

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

Options appraisal to look alternative community options.

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

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

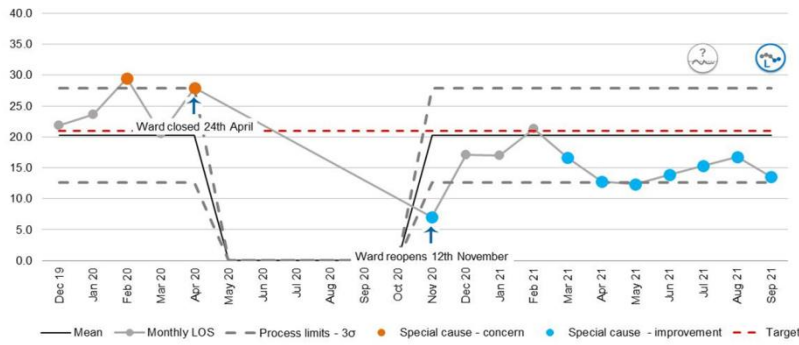
1. Emergency Access (4hr) - Community (SwICC) Length of Stay

Data Quality Rating:

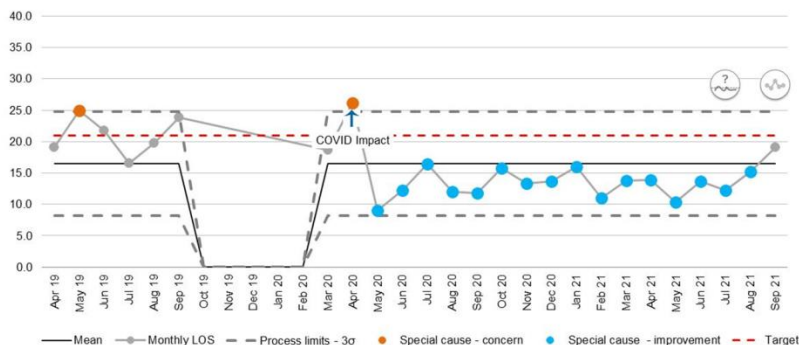


Are We Effective?

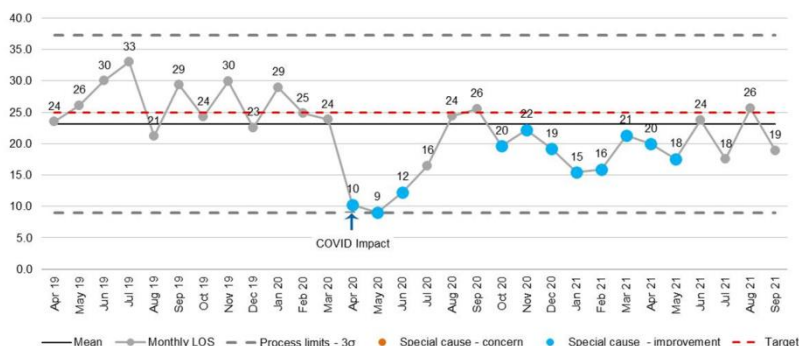
SWICC Sunflower LOS-Analytics starting 01/12/19



SWICC Orchard LOS - Analytics starting 01/04/19



SWICC Forest LOS - Analytics starting 01/04/19



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

LoS & Occupancy: The average length of stay (LoS) in September across all three units was 17 days with reductions in length of stay in both Sunflower and Forest ward. Bed occupancy of Sunflower was 92% and experienced bed closures during 4 days of September due to Covid and reduced medical cover. Forest ward occupancy was 97%, with a reduction in stroke patient transfers from ASU which has been the trend since the end of Q2. This is understood to be because of a notable change in the dependency levels of stroke patients, for example; medically unstable or high level functioning with underlying cardio vascular investigations required (this is being seen across the region). Orchard ward has remained at 98% occupancy with a modest increase in LoS. Challenges remain for discharges dependent on packages of care especially for OOA patients with the average LoS rising to 22 days from 13 days in August.

Flow: there were a total of 155 discharges across the three wards, an increase of 17 compared to August. 26% of these were before midday an increase of 4% which is 4% below the 30% target. 12% of discharges were facilitated over the weekend which has been consistent during the last two months.

Improvement actions planned, timescales when improvements will be seen

Discharge Management: Nerve Centre trial was successful with data being inputted and an automatic feed set up.

Action: There is further work planned in November to separate IC&C Dove and SwICC on the dashboard to improve data accuracy.

Patient transfer delays: in September data was analysed to understand the themes and numbers of delayed transfers. Three main reasons for delays were: 36% were due to Sunflower Covid bed closures and lack of medical cover, 10% were transport delays and 7% awaiting swabs.

Action: during November and beyond, data relating to patient transfer delays will continue to be collected and analysed to provide additional insight, themes and where to target action.

Patients >21 days LoS: the frequency of review meetings has been increased to daily during October and November, including complex patients. This will maximize flow (whilst beds are temporarily closed in SwICC due to building works in shower-rooms) and quickly escalate patients that have potential to become stranded.

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.

Risk: improvements made in relation to delayed transfers from Acute carries a risk that occupancy levels increase to unsafe levels, based on the medical workforce challenges and acuity of patients.

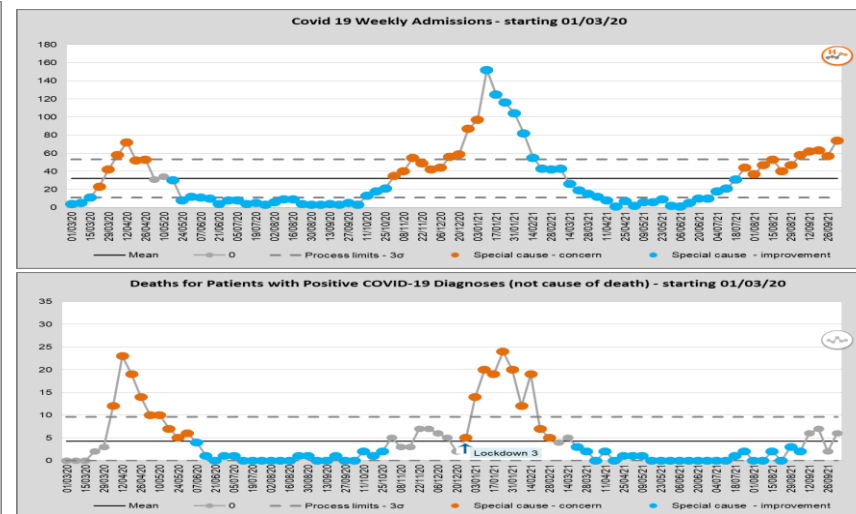
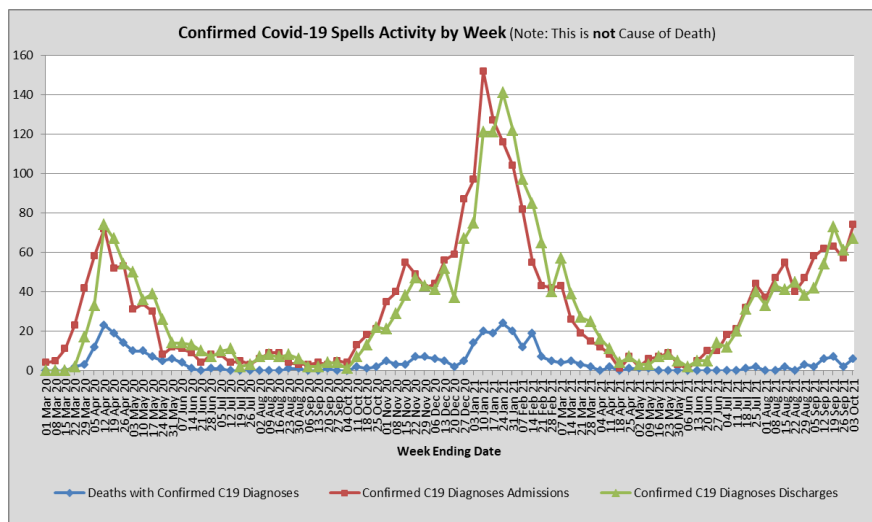
Mitigation: seek to reduce delayed transfers in tandem with securing more robust medical staffing cover.

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 September with a corresponding increase in Covid positive patients. This is 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 September due to competing bed pressures with other Front Door services and overall demand.

Boarding Hotel Admissions

Jury's Inn (Covid) – 4

Hilton (Afgan) - 1

Ibis (Asylum Seekers) – 1

There were 2 Ambulance 1 hour delays at CAU for September.

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

1. Ongoing review of clinical model for CAU to ensure senior decision making to limit admissions. Consultant allocation to CAU daily from 1st September for 6 weeks - **Review 8/10/21**
2. CAU SOP reviewed + amended to account for process change & demand increase - **October 21**
3. 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 clinical demands.

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

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

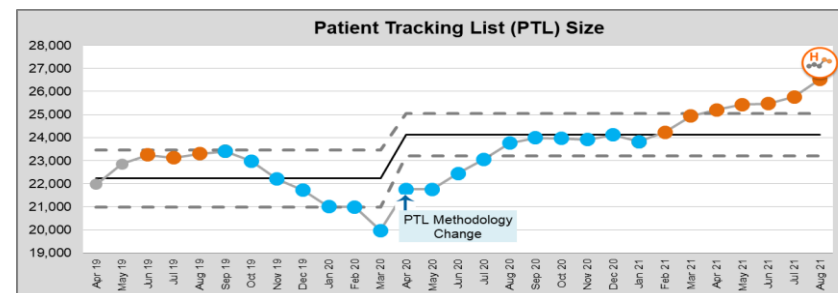
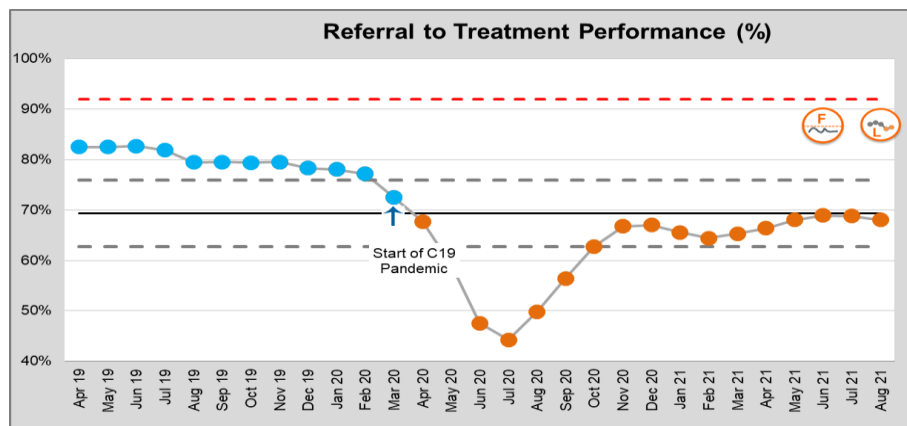
Mitigation: Review attendances and act on trigger levels as per CAU SOP.

There is a risk of maintaining staffing provision within CAU, as extended area.

Mitigation: Medical staffing model and Ward Clerk cover reviewed and discussed with finance business partner. Locum support and recruitment respectively.

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

Data Quality Rating:



RTT Performance

PTL Volume

Reportable 52 Week Breaches

In Month 52 Week Breaches

	August	September
RTT Performance	68.02%	65.41%
PTL Volume	26,529	27,022
Reportable 52 Week Breaches	747	680
In Month 52 Week Breaches	200	252

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 September 2021 reduced to 65.41%.

The Trust reported a waiting list increase of 493 in month, resulting in a waiting list size of 27,022 against a BSW Trajectory of 26,971 (51 more patients than forecast).

The Trust received 9,914 referrals in September 2021, which is an increase of 177 in month and 99.1% of the Pre-Covid 19 average referral rate.

In September 2021 there were 680 x 52-week reportable breaches. This is a decrease of 67 in month. Of the 680 breaches, 10 (1.40%) of them are P5. Of the 680 reportable breaches in September; 596 were Admitted, 69 were Non-Admitted and 15 were Diagnostic.

There were 252 in month 52-week breaches cleared in September 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 September was 214, down from 261 the previous month.

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

- Insourcing mobilisation is continuing with proposal to be presented to Exec Committee 19th Oct 21.
- Elective Recovery Fund Saturday Theatre lists have been planned for Urology, Orthopaedics and Gynae throughout October 21.
- The Trust continues to utilise 3 Independent Sector organisations; Cherwell, Circle Reading and Sulis Bath. As at 6th October we have transferred 334 patients care to the IS, and have 157 in our triage pipeline.
- Kingsgate review presented to Anaesthetic Dept with work ongoing to address the resourcing of the service.
- Continued focus on reducing 78 week + waiters, with continued reductions planned throughout October. Currently at 198 as at 8th October Submission.
- Submission through the NHS I elective bids across a number of specialties to support elective capacity (e.g. SDEC; additional OPA activity and diagnostics)
- System workshop held with COOs and Clinical Leads for system approach to elective care held in October.

Risks to delivery and mitigations

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

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

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

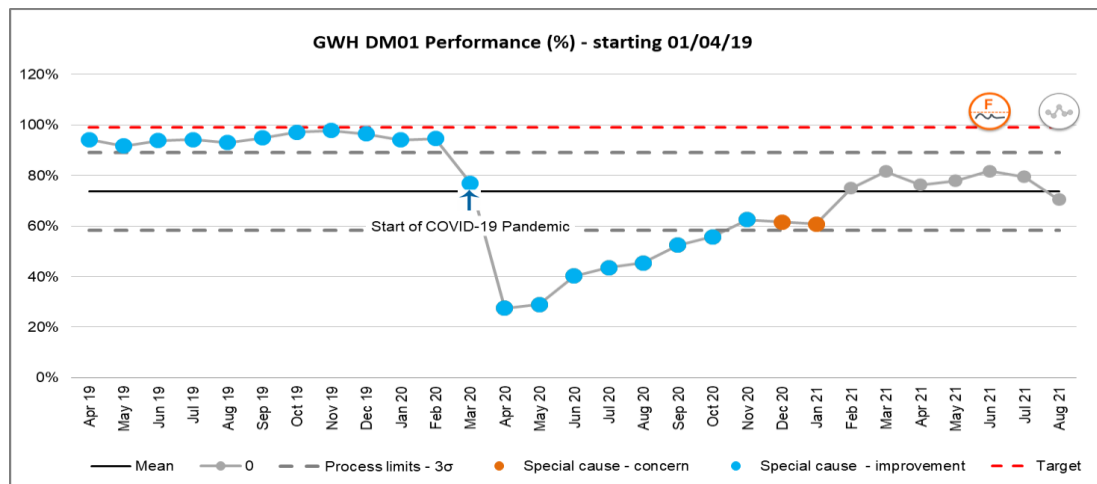
Mitigation: Plan the weekend lists at least 4-6 weeks in advance, and look to utilise Bank and Agency where possible, and safe to do so.

There is a risk that 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.

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

Data Quality Rating:



Waiting	< 6 Weeks	> 6 Weeks	Total WL	Performance %
Magnetic Resonance Imaging	684	741	1425	48.00%
Computed Tomography	824	601	1425	57.82%
Non-obstetric ultrasound	1800	0	1800	100.00%
Barium Enema	0	0	0	N/A
DEXA Scan	211	171	382	55.24%
Audiology - Audiology Assessments	470	42	512	91.80%
Cardiology - echocardiography	409	174	583	70.15%
Cardiology - electrophysiology	0	0	0	N/A
Neurophysiology - peripheral neurophysiology	72	0	72	100.00%
Respiratory physiology - sleep studies	81	2	83	97.59%
Urodynamics - pressures & flows	1	0	1	100.00%
Colonoscopy	252	278	530	47.55%
Flexi sigmoidoscopy	93	81	174	53.45%
Cystoscopy	32	6	38	84.21%
Gastroscopy	266	77	40 343	77.55%
Total	5195	2173	7368	70.5%

August 2021

Performance Latest 70.5%

Waiting List Volume: 7368

6 Week Breaches: 2173

Background

Performance was 70.5% in August a decrease from 79.5% in July. Overall, the total waitlist size has increased from 6802 in July (+566), to 7368 in August. Breaches have increased from 1396 in July to 2173 In August (+777) primarily driven by MRI and CT. CT remains challenged to see 2ww and urgent patients, with no resulting routine capacity.

Improvement Actions

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

A Task & Finish – 6 week group has been set up which will review improvements in CT and MR.

- CT:** NHSE have provided 19 van days in September for CT2 replacement. 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. A review of IPC procedures is taking place. With revised IPC guidance it is likely an additional 7 scans per day will become available.
- MRI:** Additional MRI van capacity has been procured through extension of Inhealth contract and within forecasted budget. 8 days confirmed for 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 the work is complete in Q3. Review of surveillance lists continues. WLs continued during September and October for follow up breach patients.
- Endoscopy:** Weekends lists are being booked to 12 points (both OGD and Colonoscopy) where case mix allows, so that social distancing can be maintained. For October 21 on 8 lists per weekend are being provided as a result of limited availability for endoscopist nurses.

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

(Risk185=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:



Background, actions being taken and issues

Endoscopy: At the end of August, Endoscopy achieved 70% performance combined. 44 weekend WLI Lists were completed in August 21 against a target of 72. 62 lists were completed in September 21 against a target of 64. These reductions were attributed to the holiday season and limited endoscopy nurse availability. Limited nurse availability continues with only 39 weekend WLI lists forecast for October 21.

Additionally, the increase in 2ww demand over recent weeks is pushing routine patients to the right, extending 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 until end March 22.

Radiology: Performance has dropped in August to 69.39% due to staffing vacancies and the inability to recruit. (10 WTE). CT 2 replacement program has further reduced capacity due to lower productivity. The total number of patients waiting over 6 weeks in July rose to 1513 an increase of 639 from July. Further staffing vacancies will impede MRI and DEXA provision in September as capacity is used to support inpatient flow and cancer and urgent CT provision. Performance will continue to decline in Radiology which will affect the overall Trust DM01 from September Onwards to <65%.

Echo: Performance deteriorated to 70.15 % during Aug. There was an increase in the overall wait list from 502 in July to 583 in Aug. This is due to a combination of summer AL among Cardiac Physiologists and a re-focusing of clinics to recover the longest waiting FU patients. Echo wait list activity decreased slightly from 442 in July to 380 in Aug due to AL. DMO 1 FU Clock start categorisations as per national Guidance will reduce Echo performance from September onwards as the team has completed an initial validation of the FU active and surveillance waiting lists and identified 571 FU Echo breaches This number will reduce due to the authorisation of WLI in Sep and Oct and clinical validation being completed.

What will make the Service Green?

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

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

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

Endoscopy:

1. Capital funding (£300k) received for the build of a fifth procedure room. **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 NHSE confirmed as 19 days in August and 19 days in September. 14 days in October, 20 days in Dec, A further 22 days in Jan 22, 20 in Feb and 23 days in March are scheduled. A range of actions are being implemented to mitigate the loss of van days (see risk column). Ad hoc CT cardiac slots have been increased on CT1 (oldest date for cardiac is 29th of December 20). Additional hours have been offered to run extra CT lists. Incentive payments, recruitment and further van days have been booked to the end of the year. In October, a dedicated Colon and Cardiac week will be run to reduce breaches before the standard calendar is reverted to.
2. **MRI:** Inhealth 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: An Echo flexi list has been introduced to take advantage of ECG/Treadmill Room when not in use. Phase 1 Redesign Work to divide the TOE room into 2 separate Echo Rooms was completed 27 June. The conversion of the WCC Admin Room into 2 clinical rooms has been approved and funded and once completed will allow the delivery of up to 80 additional Echos per week (late Autumn). FU WLI was authorised for Aug (68 Echos) and Sep (132 Echos). The combination of WLI and 2 x Additional Rooms will see Echo DMO1 recover by early April 2022.

Risks to delivery and mitigations

Endoscopy: There is a risk that if the number of referrals being received continue to be higher than Pre Covid levels, the recovery trajectory will not be met (especially if the increase is seen in 2WWs.) **Mitigation:** 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:** Raised concern with Endoscopy Adopt and Adapt network who are looking at comms to Patients and Primary Care. Also requesting to treat a swab DNA in line with Access Policy.

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

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

Mitigations include:

- Approach IS to discuss/ reduce private patients.- Completed
- Additional Cardiac and CT sessions offered to staff, with incentive payments proposed
- NHSE provided CT van cover during CT replacement, 19 in September and 14 in October.
- Additional sonographer recruited (1 WTE), with 0.6 WTE due to commence in September.
- Additional MRI van slots booked with TVCA funding and further match funding sought.
- Extension of In health contract for CT and MRI van days completed
- Recruitment meeting taking place weekly to promote ideas and drive improvements in strategy.

Echo: There is a risk that the inclusion on DMO1 returns of FU patients that have not been seen within 6 weeks of their proposed review date will significantly reduce the reportable DMO1 Echo performance for GWH.

Cancer 2 Week Wait Performance Target 93%

Data Quality Rating:



Performance Latest Month: **August**

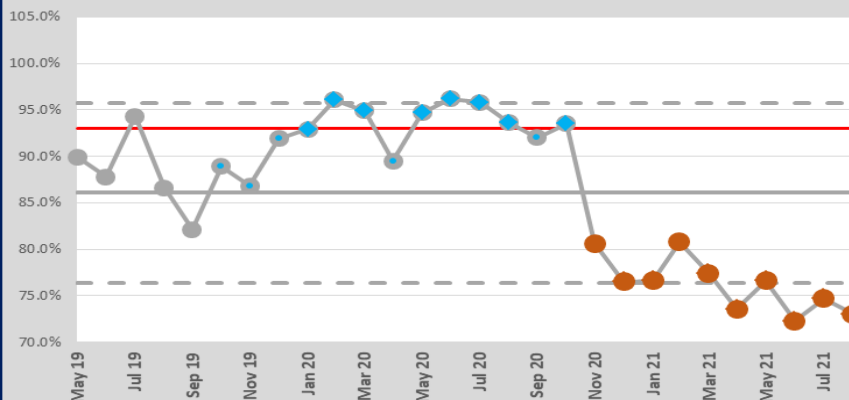
Two Week Wait Standard:

73.1%

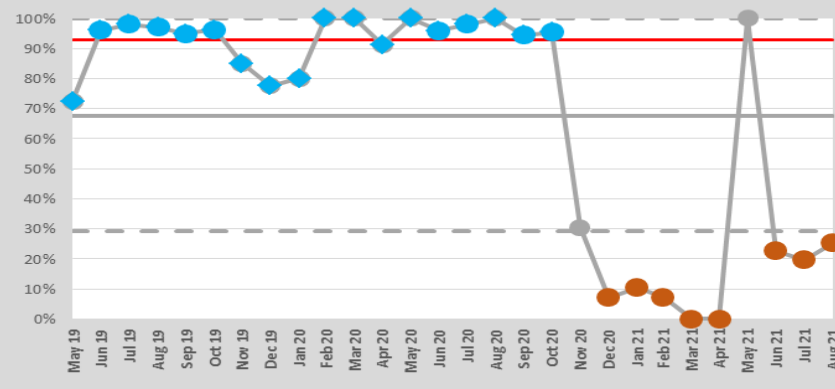
Symptomatic Breast Standard:

25.4%

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



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



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

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

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

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

YTD, compared to 2019, we have seen an **18.5%** increase in the number of Skin referrals. The expected seasonal increase occurred a number of months before anticipated which put pressure on the service. August saw the highest number of referrals received into the unit and the highest number of patients seen. Seasonality D&C will be reviewed further to ensure we can

1388 patients were seen under 2 week referral of which 374 pathways breached the standard, the majority of breaches were seen in;

Breast (42.5% - 134 breaches)

- 123 issues due to outpatient capacity

Skin (57.8% - 181 breaches)

- 161 due to capacity issues due to staffing

Colorectal (86.7% - 31 breaches)

- 18 patient choice due to holidays & other commitments
- 5 issues with outpatient capacity

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

Breast

- 2ww recovery plan is now in place with additional locum support providing sufficient core capacity to meet the referral levels being received. Approval of local enhancements for WLI activity that may be necessary is awaited.
- Recovery is now expected to occur in October due to consultant absence.
- As at 30 September patients were being offered first appointments at or before day 13.

Skin

- Routine clinic appointments converted to 2ww clinics from 27 July.
- Additionally, a locum and an associate specialist joins the team on 11 October, providing additional clinic and MOP capacity.
- Teledermatology continues to help reduce the number of patients seen on a 2ww pathway with patients reviewed being redirected onto a more suitable pathway.
- 8 WLI's were run through September in Dermatology to help manage the seasonal increase in referrals. WLI's are being added to help with October demand too.
- Oxford now providing clinical cover 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

Colorectal

- Pathway navigator to speak with patients to encourage attendance and work with GP 42s.
- Review of full pathway is needed

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
 - Cancellation of routine clinics to provide additional capacity.

Radiology

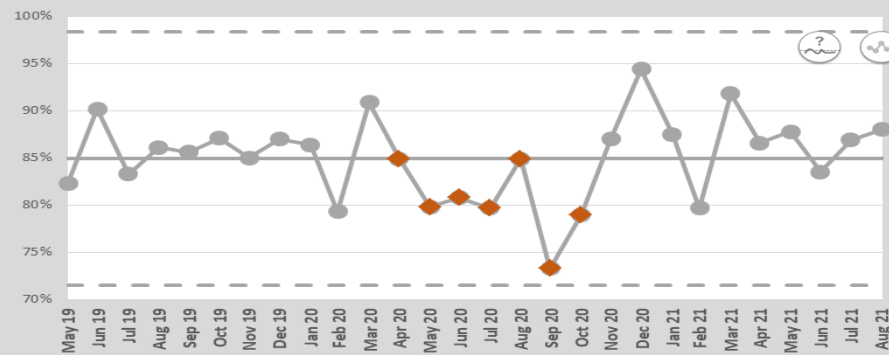
- CT replacement works through summer
 - Additional CT van days are being arranged until March 2022. New CT goes on line on 11 October
- Staff pressures due to vacancies, annual leave and fatigue.
 - CT van from Inhealth till March 22 dates approved.
 - Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 28 days.
 - Demand & Capacity work being carried out in Radiology. This will look at all Cancer 2ww and Surveillance patients to understand what the backlog is and how long it will take to recover.

Cancer 62 Day Standards Performance Target 85%

Data Quality Rating:



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



Performance Latest Month: **August**

62 Day Standard (Target 85%): **88.0%**

62 Day Screening (Target 90%): **93.8%**

62 Day Upgrade (local standard 85%): **96.2%**

Background

August 62 day performance will be 88.0% (91.5 treatments, 16 patients, 11.0 breaches) with the Trust achieving the national 62-day standard. The performance for August has been, as predicted, very challenging. Of the 20 predicted breaches for diagnosed patients:

- 9 pathways breached as forecast (7.0)
- 3 pathways did not breach as forecast, one due to being treated in July, 1 because a patient choice adjustment meant they were treated in time, 1 patient decided to be treated privately.
- 7 pathways required additional diagnostics and rolled to September.
- 1 pathway rolled to September due last of HDU bed leading to the cancellation of a surgery that would have otherwise been in time

There were 6 unpredicted breaches in August (4.0) 1 pathway was delayed due to consultant sickness on day of surgery (gynaecology).

- 1 patient's treatment was delayed whilst they underwent discussions about fertility treatment (haematology)
- 2 patient's treatment in Oxford were delayed due to capacity after their care had been transferred in time, resulting in no breaches to GWH (head & neck + upper gi)
- 1 patient cancelled an initial appointment meaning the ITR for treatment was late (skin)
- 1 patient (gynaecology) was a complex pathway requiring lung MDT input

12 pathways had been tracked as suspicious for cancer with potential treatments in August if diagnosed:

- 9 patients did not have a cancer diagnosis,
- 1 patient was found to have a non reportable cancer (BCC)
- 1 was found to have cancer and will be treated in September,
- 1 patient remains undiagnosed but does not wish to undergo any treatment.

Urology: (2 patients, 2.0 breaches)

- 2 complex pathways

Colorectal (2 patients, 1.0 breaches)

- 1 delay to treatment in Oxford (0.0)
- 1 complex pathway (1.0)

Gynae (3 patient, 3.0 breach)

- 1 Consultant sick on day of treatment that would have been in time (1.0)
- 2 Complex pathway (2.0)

Head & Neck (1 patient, 0.0 breach)

- 1 Complex pathway

Lung (1 patient, 0.5 breach)

- 1 complex case involving changes to treatment plans

Upper GI (2 patients, 1.0 breach)

- 1 Complex pathway (1.0)
- 1 Delay to treatment at Oxford (0.0)

Breast (1 patient, 1.0 breach)

- 1 delay to first appointment due to capacity

Haematology (1 patient, 1.0 breach)

- 1 complex pathway

Skin (3 patients, 1.5 breach)

- 2 complex pathways
- 1 delay to treatment at tertiary centre following transfer of care in time

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

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

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

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

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

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

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

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

2 MOP WLI clinics were run in Dermatology through September to help maintain performance, more are expected through October.

Risk to Performance Delivery

September performance, based on currently forecasted 91.5 treatments, is expected not to achieve the standard. 21.0 breaches are currently forecast giving a predicted performance of 77.0%, there are also 4 suspicious pathways being tracked and if these were to result in a cancer diagnosis performance would likely be 75.4% (93.5 treatments & 23.0 breaches). September breaches were delayed for medical reasons (colorectal & upper gi), changes in treatment plans (breast). 1 colorectal pathway was delayed by lack of HDU bed on day of procedure. Other pathways have seen delays due to the need for additional and/or repeat diagnostics.

Risk: CT van sessions are in place to help support radiology during the replacement of the CT scanner this summer. This is impacting on the service being able to offer earlier scans to help bring pathway forward. Radiology are actively managing and prioritising cancer referrals. PET CT van would assist capacity. At the same time reduced staffing in radiology due to vacancy and absence is placing increasing strain on capacity. Additional funding for Inhealth CT van in place until March 2022. Current waiting time for a CT Colon is 28 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 February 2022.

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

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

Cancer 28 Day Diagnosis Target 75%

Data Quality Rating:

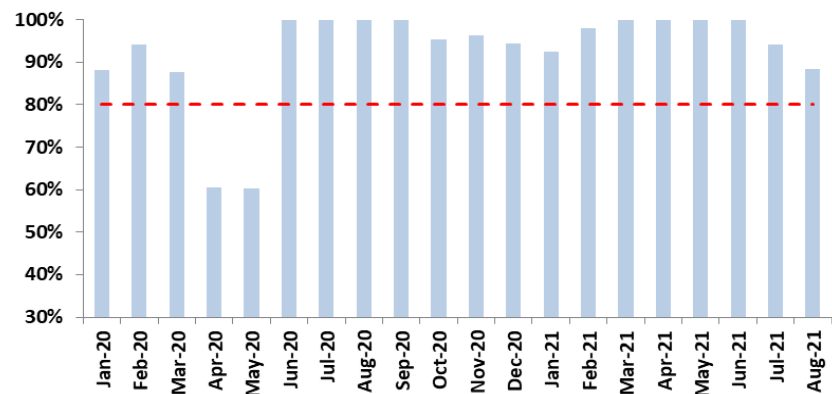
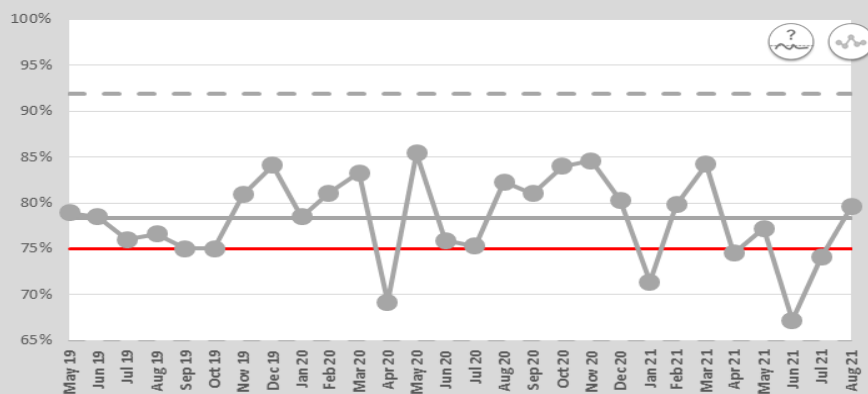


Performance Latest Month: **August**

28 Day FDS

79.2%

GWH Cancer 28 Day Faster Diagnosis (%) - May-19 to Aug-21



Background

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

The standard was met in August with a performance of **79.2%** (265 breaches)

Urology (50.0% - 40 breaches)

- 14 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.
- 8 complex pathways with multiple and/or repeat tests

Colorectal (63.8% - 72 breaches)

- 23 pathways delayed by capacity issues
- 21 clinical admin to review diagnostic tests and any subsequent to follow up tests.
- 11 complex pathways where multiple diagnostics were required
- 10 pathways delayed by patient choice

Upper GI (67.5% - 27 breaches)

- 6 pathways delayed by patient choice
- 5 were due to complex pathways
- 12 were as a result of a lack of capacity to book appointments and/or diagnostic tests

Gynaecology (68.3% - 32 breaches)

- 11 complex pathways where multiple diagnostic were needed before a diagnosis could be given.
- 6 were due to delays with the dictating of letters following appointment/review
- 9 were as a result of other pathway delays including 7 pathology reporting time delays

September performance is expected to meet the standard too.

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

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

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

28d FDS PTL being developed to highlight pathways to heads of service, it is anticipated that this will go live in October.

Audit of Colorectal STT endoscopy outcomes to assess use of cancer excluded to determine whether new process for keeping patients on pathway until pathology is returned/further tests completed. Additional data is being collected before conclusions about the process can be made.

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.

Task and Finish group set up to review, assess and explore cancer pathway improvements in Lower GI, Gynaecology, Upper GI & Urology. Audit and clarification of Colorectal breach reasons discussed along with need for Upper GI pathway mapping agreed and Gynae breach audit. Imaging and pathology impact on pathways is also being factored into pathway discussions.

Risk to Performance Delivery

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.
- Routine patients are moved from consultant clinics onto registrar streams
- Additional sessions in endoscopy provided if required

Radiology

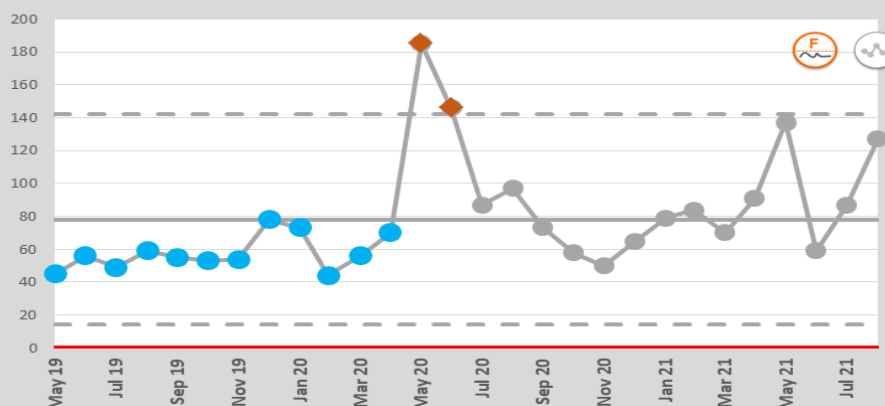
- CT replacement works through summer
 - Additional CT van days are being arranged until March 2022. New CT goes on line on 11 October
- Staff pressures due to vacancies and annual leave.
 - CT van from Inhealth till March 22 dates approved.
 - Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 28days.
 - Demand & Capacity work being carried out in Radiology. This will look at all Cancer 2ww and Surveillance patients to understand what the backlog is and how long it will take to recover.

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

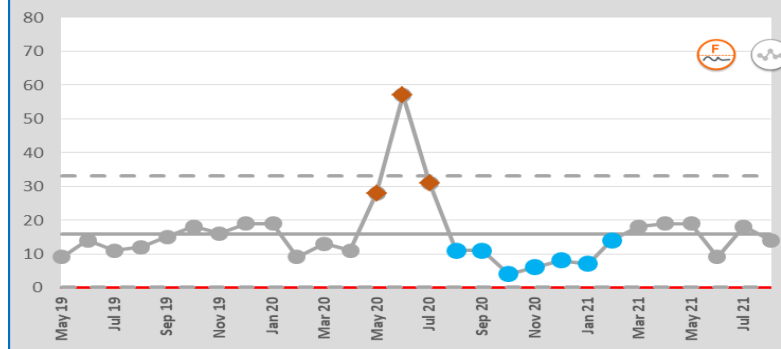
Data Quality Rating:



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



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



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

August Confirmed 104 Day Breaches: 3 Patients; 2.0 breaches (IPT)

Treated at tertiary

- Lung: 1 patient-0.5 breach:** complex pathway requiring discussion at multiple tertiary centres before treatment could be agreed
- Skin: 1 patient- 0.5 breach:** complex case that required Oncology input before treatment could be attempted.

Treated at GWH

- Colorectal: 1 patient-1.0 breach:** patient choice of dates of appointment and the DNA of a COVID swab heavily impacted the pathway

September is likely to see 3 patients breach 104 days on their pathway resulting in 2.5 breaches.

The number of patient pathways over 104 days has fallen through August (14) These delays are due to the plastic capacity at OUH (4) and complex colorectal pathways (5).

This is also true for the number of 62day+ pathways (124): Skin (57), Colorectal (20), Urology (13) & Upper GI (13). There are a number reasons, 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.

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

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

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

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

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

Risks to delivery and mitigations

Risk: Patient pathway delays are seen when diagnostic, outpatient and theatre capacity is challenged and also in the treatment preparation (COVID management pre-assessment & theatre capacity).
Mitigation: Working with elective booking teams highlighting delays in PTL meetings.

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

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

Risk: Patient reluctance to attend pre-vaccination.

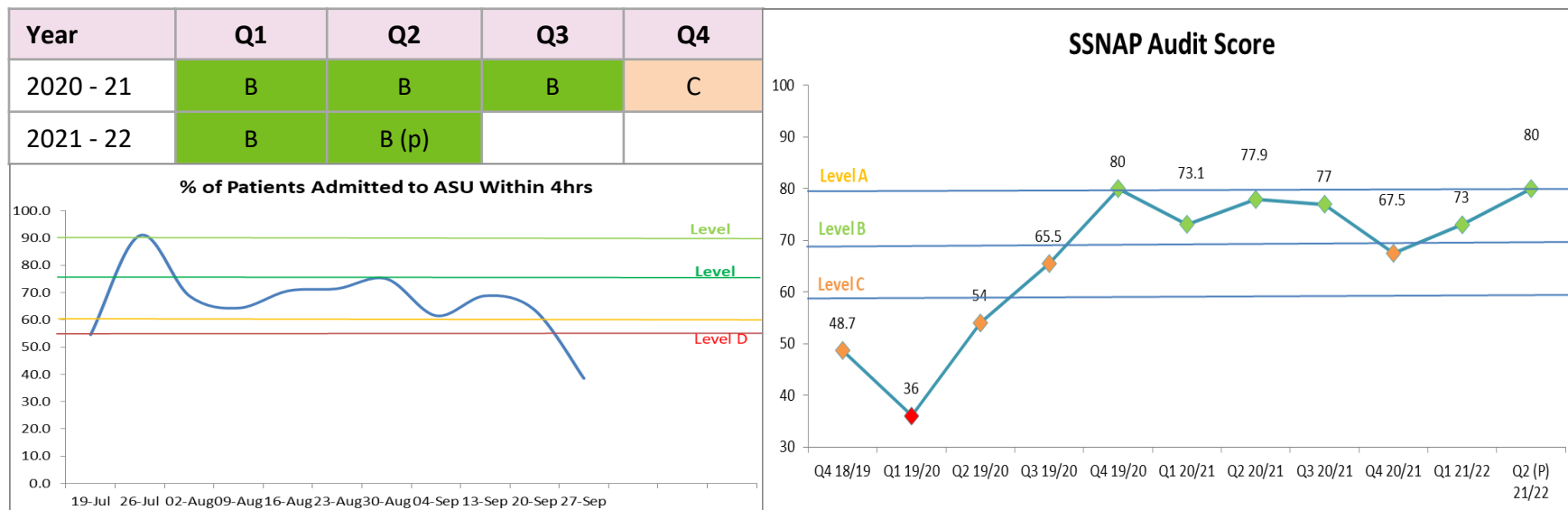
Mitigation: Patient navigators and clinical nurse specialists supporting patients to attend appointments and diagnostics. Trust communications on social media to support attending is regularly provided.

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

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

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

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



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 currently 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. With these vacancies now filled, there is more assurance of continued improvement in this domain.

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

1. Request made through Targeted Investment fund to bid for additional Stroke Consultant resource. **Dec 21**
2. Final revisions are being made to a business case to support increased OOH stroke cover. **Oct 21**
3. 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**
4. 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**
5. 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. This is shared weekly with DD/DDD to monitor performance.

Board Committee Assurance Report

Quality & Governance Committee – 21 October 2021			
Accountable Non-Executive Director	Presented by		Meeting Date
Dr Nicholas Bishop	Dr Nicholas Bishop		21 October 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	<p>No significant change in the percentage of completed EDSs.</p> <p>The committee was pleased to hear that the MD is to discuss a system wide approach with Salisbury and Bath in order to improve this, acknowledging that this issue is not unique to GWH.</p>		
IPR: Patient Safety	Amber	Amber	<p>The rate of falls appears to have reduced although there was an apparent mismatch in the way the figures were presented and this requires confirmation.</p> <p>Pressure Ulcer Harms remain higher than expected in the acute sector but continue to fall within the community. Following an audit of mattresses 300 new ones have been acquired and a system put in place for subsequent replacement when necessary.</p>		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			There have been two further Never Events. These are subject to immediate investigation and already processes have been put in place to minimise recurrence.	The MD has implemented plans to move to 100% compliance with the WHO checklist together with LocSSIPs. (Local Safety Standards for Invasive Procedures)	
ED Dashboard	Amber	Green	Attendance remains higher than pre-Covid levels and this, together with increased lengths of stay in ED, has affected the SHINE Checklist metrics. There have been mixed sex breaches. The lack of data on #NOF since March (due to the way the cases are randomly generated) led to the suggestion that some patients with this condition be deliberately included in the next SHINE report.	#NOF metrics to be included in next report.	
National Urgent & Emergency Care Survey Results 2020.	Amber	Amber	For most of these measures, GWH appeared within the lower-mid range. It was agreed that this left much room for improvement. An action plan has been drawn up with a particular focus on communication with patients about their expected length of stay and their treatment plan.		
Maternity & Neonatal Q&S report	Amber	Green	A review of all stillbirths in the recent past has shown no reason for the increased rate which has historically been low. The Committee was pleased to hear that the target of 60 hours consultant cover in delivery suite should be met by January as new job plans have been negotiated. This is one of the CNST Targets which we have missed as currently cover is 57 hours per week.		
Palliative and End of Life Care	Amber	Amber	A lot of excellent work has been carried out by this small team of 1 consultant and 3.5 nurses. This has been made more difficult recently as only 6 out of 15 beds in the local hospice are open.	A business case is to be drawn up to make the case for increased staffing in GWH.	
Diabetes and Endocrinology Service update.	Amber	Green	Auditi Naziat updated the committee on all the improvements that had resulted from changes in processes within the department. These were welcomed and Dr N was congratulated for leading on this work. She	A business case is to be drawn up to make the case for increased	

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			reported that without further staff it will be difficult to sustain these changes.	staffing in Diabetes and Endocrinology.	
Infection Prevention and Control	Green	Green	This lengthy report covers all the Board Assurance Framework for IP&C. Most of the measures are rated Green. The Amber ones focus on air quality within the buildings due to less-than-recommended rates of air exchange. Air-scrubbing units are being scoped as an alternative. Many windows do not open and anyway this is not a solution in cold weather.		
CQC Preparedness	Amber	Green	This is being discussed at executive level every 2 weeks. Good progress is being made especially in terms of engagement and the insight by staff. There has been progress in the metrics reported on Public View.		

Issues Referred to another Committee	
Topic	Committee

Part 2: Our Care

Our Priorities



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



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



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



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

How We Measure

Are We Effective?

Are We Safe?








Are We Well Led?

Are We Responsive?

Are We Caring?

Use of Resources

Our Care Summary

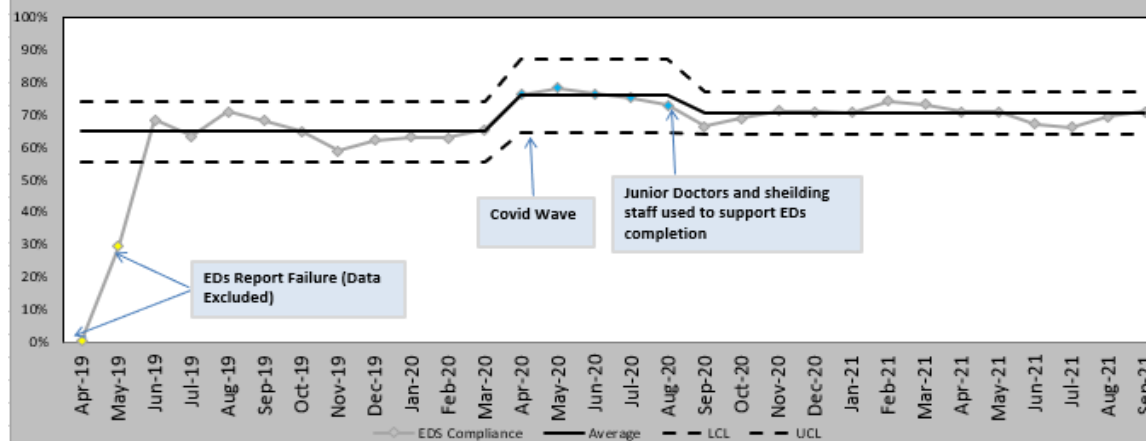
KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking	Bath Ranking	Salisbury Ranking	Month
C. Difficile (Hospital onset) per 1000 bed days	11.3 (Jun 21)		19	52	26	Jun 21
VTE Assessment	99.1% (Jun 21)		22	134	4	Dec 19
Hip Fracture Best Practice Tariff – 12 Month Rolling	64.4% (Aug 21)		50	91	8	Aug 21
Complaints Rates	27.9 (Q4 20/21)		104	50	22	Q4 20/21
Family and Friends Score – Percentage of Positive Responses - Inpatients	88.85% (Aug 21)		107	41	27	Jul 21
Complaints Response Backlog	0.8 (Q4 20/21)		4	35	43	Q4 20/21
MRSA all cases	2 (2021/22)		93	102	78	Jun 21
Falls per 1000 bed days	5.1 (Aug 21)					
Pressure Ulcers – Acute	29 (Sept 21)					
Pressure Ulcers – Community	17 (Sept 21)					
Never Events 21/22	3					
Serious Incidents	4 (Sept 21)					
Patient Safety Reporting Culture (Percentage of Incidents Recorded as Severe or Death)	1.1% (June 21)					
Hand Hygiene	98.8% (Sept 21)					

2. Electronic Discharge Summary (EDS)

Data Quality Rating:



Electronic Discharge Summaries (EDs) Completed Within 24Hrs



	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%

Are We Safe?

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

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

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

The data above demonstrates that on average the number of EDS that reach the GP surgery within 24 hours is 68.8% and by 72 hours this figure increases to 76.1%.

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

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

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

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

Following the recent review in August of the ward round and EDS process the EDS SOP has been circulated to the Ward Mangers, Junior Doctors and Ward clerks, following a review of September's data there appears to be a reduction in the number of wards that have completed EDS sat on the system by approximately 20%.

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. Discussions have commenced to classify these transfers 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 by the DMD

A collaborative project has just commenced with the AHSN and BANES to review the quality and compliance rates for EDS due to the number of concerns raised by local GP's and community services. Stakeholders have been identified from a number of Trusts and we are awaiting the date for the first meeting.

The Medical Director is meeting with trainee doctor representatives to identify ways of supporting the process for clinical staff and to improve compliance. The deanery is offering a significant increase in F1 and 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

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

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

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

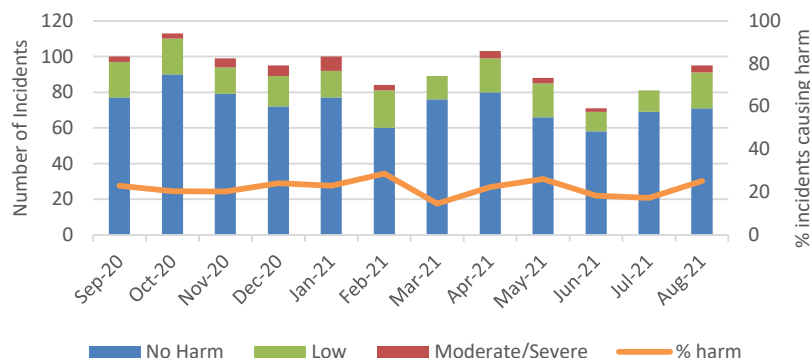
2. Medicines Safety

Data Quality Rating:

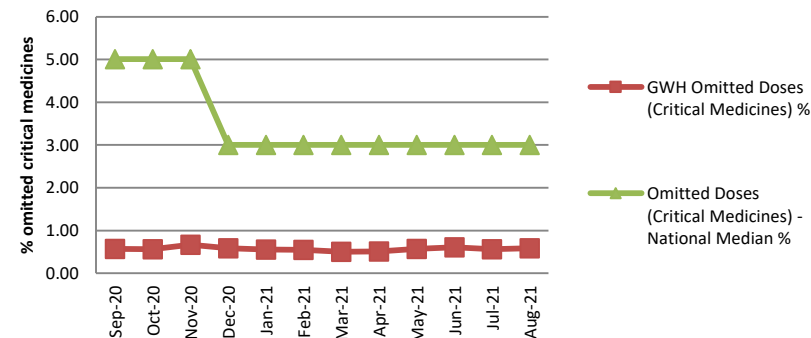


Are We Safe?

Medicines Incidents Level of Harm Per Month



Omitted Doses (Critical Medicines)
GWH vs National Benchmarking



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

Medication Incidents

- The numbers of medication incidents reported increased slightly in August from previous months. The proportion of medication incidents causing harm remains stable across the year.
- Incidents involving administration of medicines continue to be main cause of medicines related incidents.
- In August, a small increase was seen in the proportion of prescribing related incidents linked to new Junior Doctor intake.

Omitted Critical Medicines

National benchmarking for omitted critical medicines is reviewed annually. Reassuringly, the percentage of unintended omitted critical medicines remains low at GWH at less than 1%.

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

Medication Incidents

- The Medicines Safety workstream within the Great Care Campaign, has reviewed practices of medicines administration on medical and surgical wards in order to identify areas for improvement medicines administration. This includes the replacement of the current medicines trolleys to support IT and safe medication practice. Nurse training and reflection on incidents are also being developed with support from academy.
- As part of the Great Care Campaign Multi-disciplinary team (MDT) Medicines Safety Huddle have been introduced when there has been incidents with potential to cause harm, with learning to be captured and shared Trust-wide.
- As reported in the May Quality Report, work has been underway to focus on penicillin allergy incidents. No incidents were reported in September providing assurance that measures in place are effective.
- In order to support new prescribers at GWH, the pharmacy department will increase the number of teaching sessions provided in the academy to junior doctors to support medicines safety and awareness.
- Actions in response to a serious incident involving oxygen in progress with aim for full completion by December 2021.

Omitted Critical Medicines

- Work is on-going within the pharmacy team to identify any medicines which are omitted. In the previous month, a number of ward stock lists and controlled drug holdings have been reviewed and amended.

Risks to delivery and mitigations

Medication Incidents

No specific risks to delivery identified at this stage.

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

Omitted Critical Medicines

No specific risks to delivery identified at this stage.

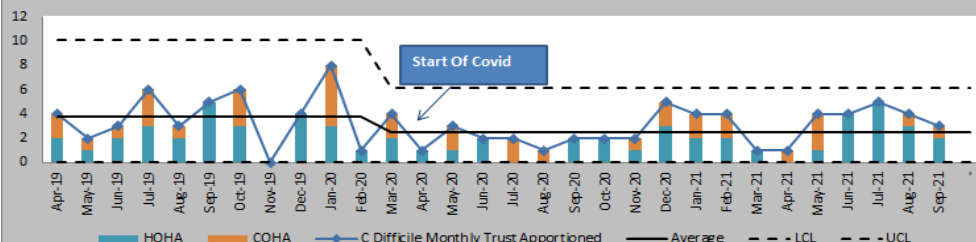
2. Patient Safety - Infection Control

Data Quality Rating:

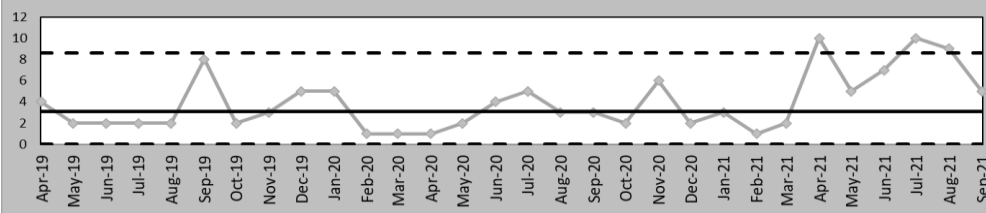


Are We Safe?

C Difficile Monthly Trust Apportioned



E Coli Monthly Trust Apportioned



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

C. difficile – In September there have been 3 reportable *C. difficile* infections. 2 Healthcare Associated (HOHA) were identified on Trauma and Woodpecker, and a Community Onset – Healthcare Associated (COHA) infection was identified on Shalbourne.

MRSA Bacteraemia – 0 cases reported for August.

Gram negative Bacteraemia's

The trust has been set a trajectory of 81 E.coli bacteraemia (based on 2019 GWH levels minus 5%). At the six months mark, 46 have been identified including 5 in September 2021. Currently, the rate is slightly higher than the trajectory we have been set. Catheter insertion and catheter care is being focused on, alongside reviewing aseptic non touch technique and skin products being used for cannula insertion.

We have identified 9 Klebsiella bacteraemia (on trajectory of 18) and 9 Pseudomonas Aeruginosa bacteraemia (slightly under the trajectory of 19).

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

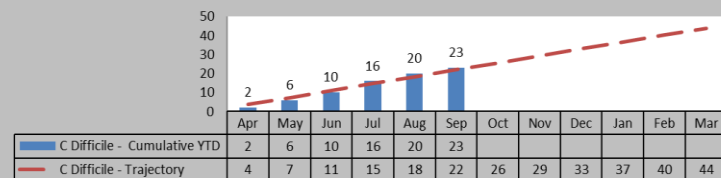
C. difficile - Ribotyping has been requested on all cases of *C. difficile* Infection (CDI) within the Trust to give assurance around any cross contamination. The a South West Health Care Associated CDI Collaborative, have set a date for November to look at opportunities for a standardised approach to managing *C.difficile* prevention across BSW.

Antibiotic Stewardship is on the agenda to review at Antibiotic Working Group (AWG) in October to review the current antibiotic prescribing and to address the concerns raised from the CDI urgent incident reviews.

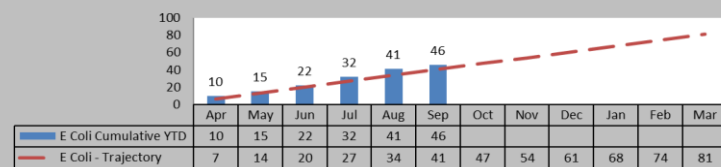
There has been one Influenza case in BSW over the last month, but none attributed to GWH.

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.

Year To Date HOHA & COHA - C Difficile Vs Trajectory



Year To Date E Coli



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

Risks to delivery and mitigations

Maintaining cleanliness of the ward environment consistently, including patient care equipment. A programme of spot check audits 3 times per week is in place to monitor and provide assurance.

2. Patient Safety – Coronavirus

Data Quality Rating:



Covid 19	Jul-21	Aug-21	Sep-21
Number of detected Inpatients	125	176	246
Number of Deaths in Hospital	3	6	19
Hospital Acquired Covid-19 Cases*	0	5	7

Covid-19 (Apr 21 – Mar 22)		(April 20- Mar 21)
Number of detected Inpatients	622	1458
Number of Deaths	33	324
Hospital Acquired Covid-19 Cases*	13	139

Are We Safe?

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.

There were seven hospital acquired cases (8 days +), with 3 associated mortalities on three different wards during September. This resulted in three wards reporting outbreaks during September.

The Swindon case rate has increased to 477 per 100,000 between 21 Sep– 27 Sep, which is above the Wiltshire (369 per 100,00) and England (339 per 100,000) levels.

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.

Due to the NHS being unable to return staff to work when they live with a household COVID positive person; a robust risk assessment has been put in place in line with NHSE/I guidance to support critical workers back to work, if they are double vaccinated. This is a process which is being carefully monitored to ensure only critical staff are returned to work in a safe manner and patient's are not put at any increased risk of COVID infection.

The Board Assurance Framework has been updated during August and has highlighted the importance of ongoing work to improve the ventilation within our clinical environments. Alongside upgrading the air handling units, the Trust is scoping the use of air purifying units (known as air scrubbers) as a medium term measure. The first filtered unit will be trialed in a clinical area during October. The Trust will also investigate ultra violet light units which also appear to work in a similar way.

Risks to delivery and mitigations

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

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

Public health messaging continues to support patients needing to wear surgical masks when safe to do so, to help prevent nosocomial spread of COVID-19. The ability to adhere to this ask can be variable with some groups of inpatients on our wards.

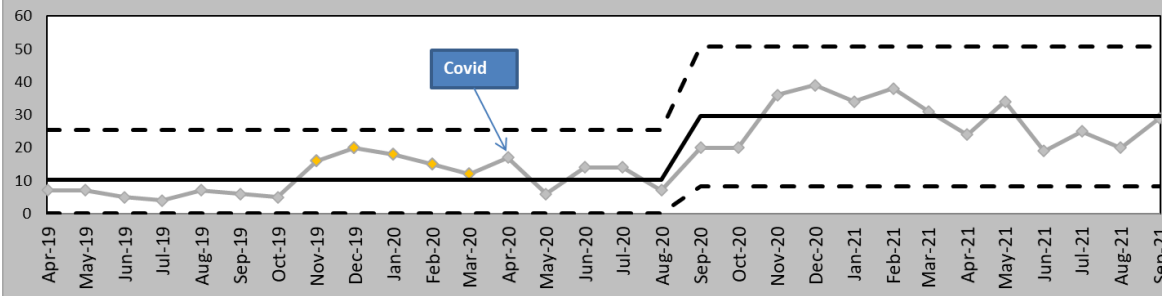
2. Patient Safety – Pressure Ulcers ACUTE

Data Quality Rating:



Are We Safe?

Tissue Viability Incidents - Acute



Incidents of harms by Category for September 21:

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstable	Total Incident of Harms
15	0	0	9	2	26

Number of Patients	Harms per Patient
22	1
2	2

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

There were a total number of 26 harms this month which is an increase of 9, two patients had multiple harms.

Pressure ulcer huddle reviews were completed in 23 of the 24 patients.

1 device related harm - due to pregnancy monitor strap.

Anatomical location of the harm - 15 harms to sacral/buttocks, 13 harms to heels/feet/toes. 1 harm to sternum/chest. 6 harms were attributed to the Emergency Department (ED) due to poor documentation. This is being addressed through the enhanced quality rounds and further training of staff.

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

The Pressure Ulcer (PU) Huddles process is continuing to be strengthened to ensure the learning is embedded with all the ward staff and results are shared across the organisation.

Successful implementation of a THINK SKIN poster displayed at the bedside for patients at increased risk. This has been piloted on Jupiter ward as a result of high levels of harm reported in June 21. This has successfully demonstrated three months of PU harm free care on the ward. This is now being rolled out across all wards/departments.

This month has been focused on the work stream looking at the ensuring the right equipment is available for wards. On the 2nd, 3rd and 4th November the mattress company will distribute 300 new mattresses across the Trust. An opportunity to educate ward staff on mattress checking and pressure ulcer prevention will be done at the same time.

Audit and local benchmarking has identified that the Trust also requires further investment in dynamic (pressure relieving mattresses) and a case of need is being worked up. A review of Repose pressure relieving equipment has occurred and an improved process for reordering is now in place.

Training and awareness raising is being delivered in different forms such as Trolley dash's/videos/leaflets/ posters and Trust social media and intranet pages. Areas reporting high or frequent harms are having additional support and training from the team.

Risks to delivery and mitigations

Lack of Image taking and uploading of wounds for referral and assessment remains an issue, although training is ongoing, there is potential for an App that will support this process to be more streamlined and straight forward for the ward teams to use which would help compliance.

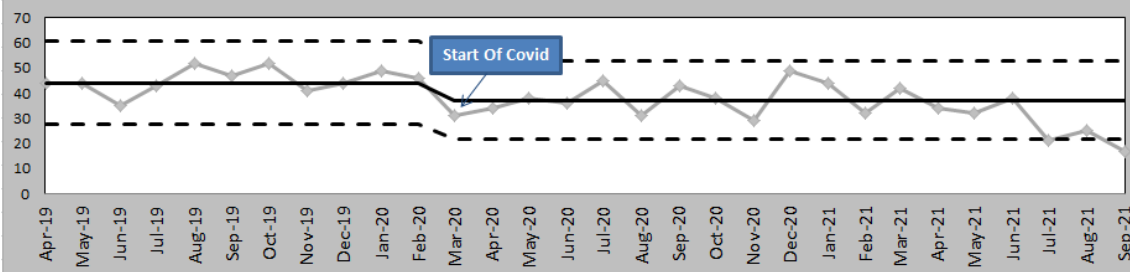
Pressure ulcer rates remain high with high demands on the specialist team, a review of how to support the team is under way as well as exploring alternative ways of training.

2. Patient Safety – Community Pressure Ulcers

Data Quality Rating:



Tissue Viability Incidents - Community



Incidents of harms by Category for September 21:

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstageable	Total Incident of Harms
5	6	2	1	3	17

Number of Patients	Harms per Patient
17	1

Are We Safe?

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

A total of 17 harms in month which is a reduction of nine from August 21.

Quality improvement projects and education sessions are on-going to maintain this continued reduction in harm.

2 device related harms both relating to the use of socks and hosiery. 1 resulting in a Category 4 PU to the toe. A further Category 4 PU to the sacrum to a patient admitted following concerns raised due to consistency and quality of care in the home. Full investigations being undertaken.

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

Moisture Associated Skin Damage (MASD) pathway launch for residential / nursing homes to improve partnership working and ensure clinicians have an increased awareness of risk and escalation processes with the aim to reduce pressure ulceration.

In September, a Pressure Ulcer education session was held with a focus on documentation, reporting and mucosal harm.

The SSKIN bundle Assessment for Systm One is in the process of being updated to include incontinence and catheter management mucosal harm work stream. Following completion of the update, a SSKIN assessment video for Systm One will be developed.

Multi-disciplinary Team (MDT) meetings have been established three times per week between Therapy / Rapid response and First City (Master Vendor) to highlight patients at risk of pressure damage and implement appropriate intervention.

Risks to delivery and mitigations

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

This is mitigated by:

Pathways resources and guidance to be added to Bank and agency kit bags.

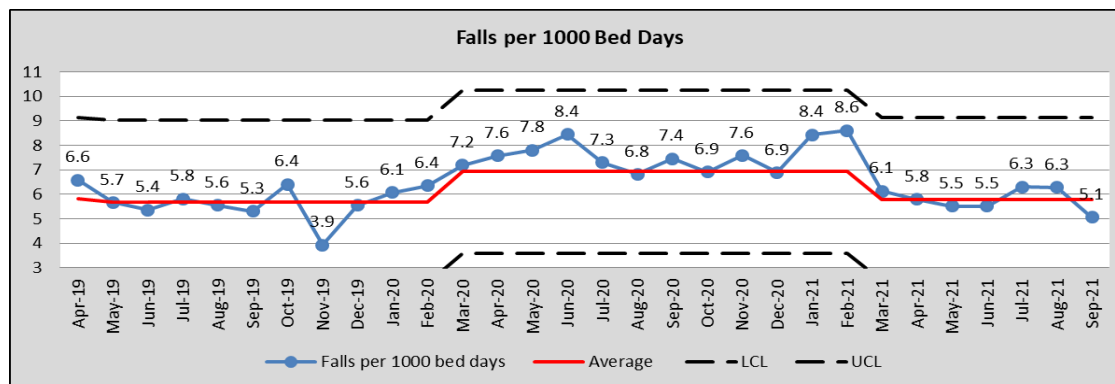
Risk of delayed improvement actions due to continued high demand for Tissue Viability Service.

This is mitigated by:

- MS Teams training where appropriate
- CNS Industry support with education
- Education videos

2. Patient Safety – Safer Mobility (Falls Reduction)

Data Quality Rating:



	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

Are We Safe?

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 5.1 in September 2021.

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

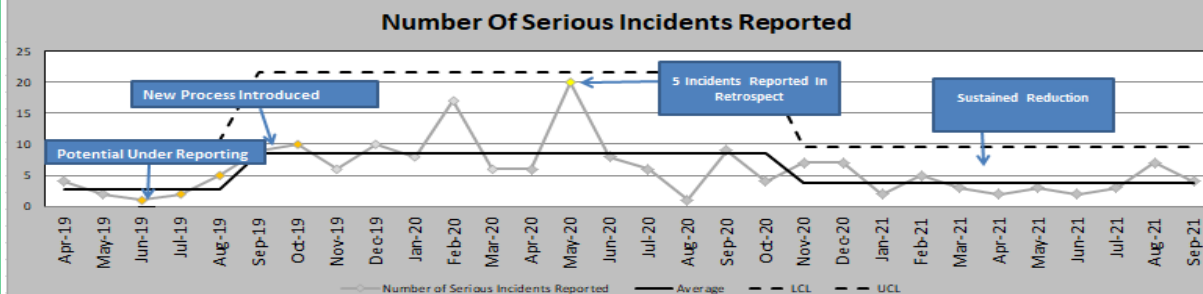
- New falls assessment documentation is now within the test system on Nervecentre (electronic record keeping system).
- A demonstration video on the multi-disciplinary team (MDT) falls 'hot debrief' has been launched along with supporting guidance available on the Trust intranet. Roll out of the falls debriefs to next ward (Trauma & Teal Ward) will commence in October 2021.
- A post fall debrief template has been incorporated into the new Datix incident reporting system for completion following all falls.
- A demonstration video for using scoop stretcher equipment following a fall when hip or spinal injury is suspected has been filmed and launched. This video is now available on the falls Intranet pages alongside the post fall protocol and face to face scoop training information.
- The Falls Education Programme has been launched and is now open for registration. The face-to-face training commences in December 2021 and aims to provide staff with the knowledge they need to reduce the risk of falls and harm resulting from falls, and to promote independence, health, well-being, quality of life for people who are at risk of falling.
- Safe Footwear Project – a repeat audit has been conducted on SWICC during the week of 27th September 2021. Results to be analysed and presented during October 2021.

Risks to delivery and mitigations

Currently a multi factorial and falls care plan is not in place across the Trust leading to a risk that individual patients falls risk will not be identified and appropriate interventions will not be put in place. To mitigate this a plan is in place to implement within Nervecentre. Currently the template has been uploaded into the test system.

2. Patient Safety - Incidents

Data Quality Rating:



Serious Incidents Reported			Comparison
July-21	Aug-21	Sep-21	Sept-20
3	7	4	9

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 33 on-going Serious Incident (SI) investigations, with 4 reported in September which includes 2 Never Events.

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

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

Improvement Groups continue in the following areas – World Health Organisation (WHO) surgical safety checklist, Bilevel Positive Airway Pressure, (BiPAP), NerveCentre and Safe discharge. Although not all groups have met over the last month, work is still ongoing.

Endoscopy Referrals - The Endoscopy Electronic Referrals Improvement Group now testing the electronic referral form within the Medway test environment. The Group now preparing a process mapping exercise of the existing referral process.

BiPAP Working Group – Discussions underway to discuss possibility of having a High Care bed available. The lack of high care beds available has been raised as a risk on the risk register. There is a request to mandate Oxygen (O2) delivery options within Nerve Centre.

Allergies Improvement Group A task and finish group has been set-up to process map and write a standard operating procedures (SOP) or guidelines to ensure the Trust meets the requirements of Natasha's law. The EPMA allergy training video is being updated. There is no interface between EPMA and NerveCentre that would streamline one source of entry. This is being costed prior to next steps.

Patient Safety Rounds & CQC Preparedness – Patient safety ward rounds have commenced, with a look back at the actions identified in the last CQC report. Staff will be supported with what to expect during a CQC visit, with useful information and generalised support.

Sharing of Learning – The Learning Zone was launched on 17th September and is available to all staff across the organisation. A dedicated email inbox is available for all learning material to be sent directly to.

WHO checklist - An observational audit has been conducted in ophthalmology and the results have been shared with the service, with amendments to the WHO checklist documentation as a result. In-situ simulation training has been organised and will commence January 2022.

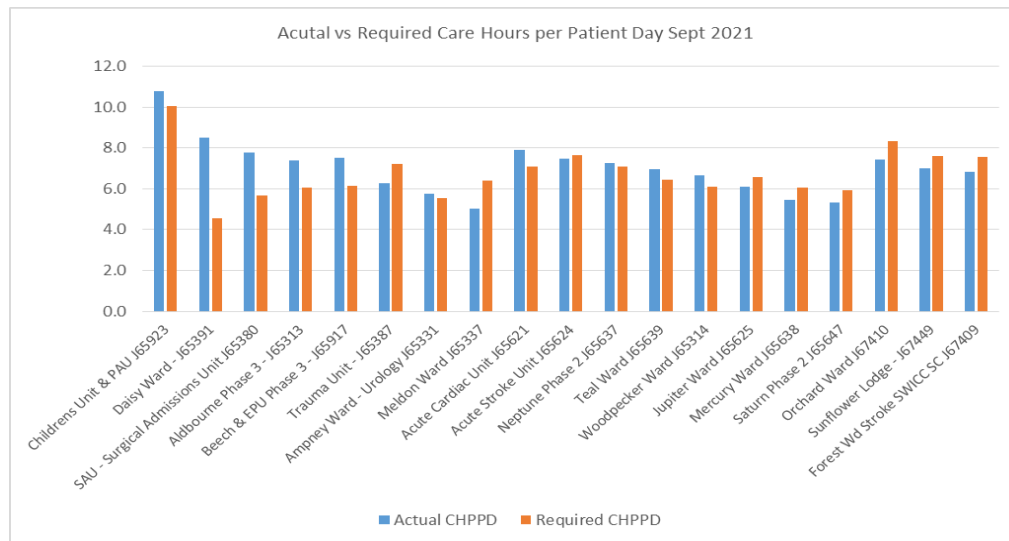
Risks to delivery and mitigations

There has been improvement in the number of overdue Serious Incident investigations that are overdue, now 16 outstanding. The Trust are committing to complete all overdue Serious Incident investigations by the end of October.

The contract for Datix Incident management system is progressing. Configuration of the module is moving forward however there are concerns related to the medicines section of the incident form. This is under review with Datix and potential solutions have been identified with input from the Trust Pharmacy team.

2. Patient Experience – Safer Staffing

Data Quality Rating:



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 8 wards required hours being greater than the actual hours available, Trauma unit and the wards in SWICC having 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. Children's Ward relates to Registered Mental Health Nurse usage for providing specialist care to specific patients. SAU, Daisy and Beech are related to the additional staff in post due to the admission / assessment function which isn't accurately captured in the acuity tool currently (nationally).

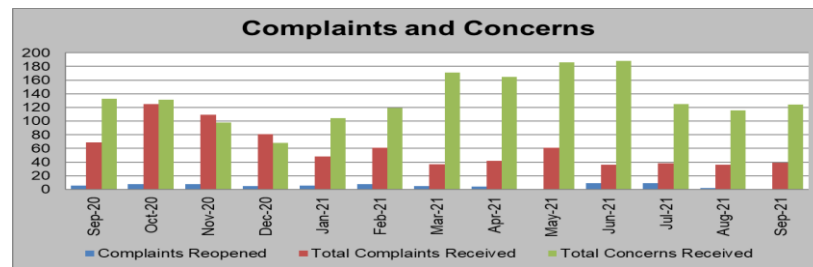
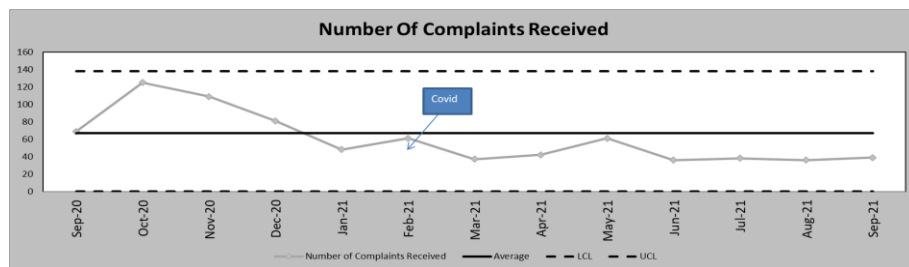
September 2021 has continued to see high pressured demand on both Urgent and Emergency services and In-Patient areas across the Trust and staffing has been impacted by high levels of sickness absence / self isolation and reduction in fill with temporary staff.

Band 2 Health care assistant (HCA) average fill rate (required vs actual) has dropped to 80.7% on the day shift, this is related to HCA vacancies increasing to 34wte. A robust recruitment plan is in place with a plan to recruit to turnover in future. A HCA Improvement Meeting has been set up as a sub group of the Nursing and Midwifery Workforce Group which will look at recruitment and retention, ongoing training and development and support.

The Midwifery Unit staffing has been challenging with an average fill rate of 80.2% for registered Midwives, this is being closely monitored through the division and a recruitment plan in place.

The Chief Nurse is completing establishment reviews with all the wards / clinical units in September and October, the results will be shared in November 2021.

2. Patient Experience - Complaints and Concerns



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

39 complaints (previous month 36) and 124 concerns (previous month 116) were received in September 2021.

Out of a total of 163 cases received from Complaints and Concerns in September, the overall top three themes were:

- **Behaviour/Attitude of staff: 24 cases** (15%) – 7 complaints, 17 concerns.
- **Communication: 23 cases** (14%) – 4 complaints, 19 concerns.
- **Telecommunications 22 cases** (13%) – 0 complaints, 22 concerns.

Complaints: 38 complaints were rated as Low – Medium.
1 complaint was rated as High.

- This case relates to a failed discharge and care and attitude on the ward. This has been investigated and responded to. Staff training, supervision and support has been put in place, an apology has also been provided.

Response rates: Overall complaint response rate was 73%. 57% of concerns were resolved within 24 hours, 86% were resolved within 7 working days (Internal KPI 80%).

Datix (Feedback module for PALS and Complaint cases) went live on the 1st October 2021. 107 Investigation Managers registered for training, additional 1:1 training has taken place at GWH, SWICC and Orbital. Dates have been arranged for 1:1 training at Moredon.

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

Behaviour/Attitude, Communication

The Great Care Campaign are leading on work related to compassionate conversations including training, awareness and overall improved practice. Focusing on being mindful of the language used and the use of body language when having difficult conversations with patients and families.

Falcon Ward have recently recruited a ward based Clinical Practice Facilitator who is an experienced nurse who will act as a role model for junior staff, particularly focusing on Behaviour and Attitude of ward staff.

Telecommunications

Throughout October an evaluation of the ward dedicated patient/family telephone lines will be undertaken.

Following feedback from patients, a review has been carried out in Trauma and Orthopaedics outpatient areas. Patients raised that they were having difficulty speaking to a member of staff particularly with telephones not being answered.

The outcome was:

- The telephone system and all extensions were checked and confirmed they are in working order.
- IT have extended the ring time for each call received. This allows enough time for each call to be answered, after assisting patients at the front desk.
- Communication to staff on call handling procedures and expectations have been circulated.

Risks to delivery and mitigations

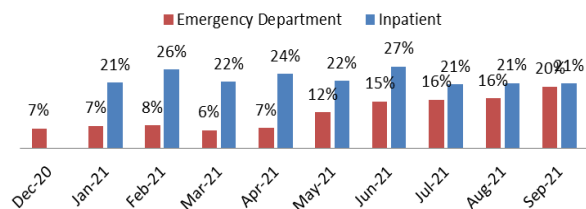
Delays with entering updates regarding case progress on Datix is expected, whilst Investigation Managers familiarise themselves with using the system

2. Patient Experience – Friends and Family Test

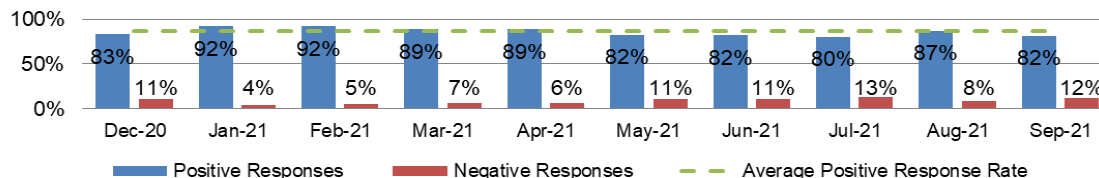
Data Quality Rating:



% Response Rate



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



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

For September **81.51%** of the Friends and Family Test (FFT) responses were positive, a decrease from the previous month 86.07%. This is based on the % of responses rated as 'very good' and 'good'.

This was achieved by:

	No. of Texts sent	No. of Responses	No. Positive Responses
ED	5494	1212	68.32%
Inpatients	2555	711	79.75%
Day Cases	2220	626	94.89%
Maternity	0	60	90.00%
Outpatients	0	450	99.11%

correct as of 6th October)

- The recommendation score for A&E has reduced to 68.32% following a period of stability around 70%. (Emergency Department 69.30% and Urgent Treatment Centre 67.09%)
- Day case recommendation score has remained steady at 94.89% for September.
- Inpatient recommendation score for September is 79.97%, A slight decrease from August at 82.28%.
- The Outpatient recommendation score of 99.11% reflects a consistently high positive rating.
- The Maternity FFT feedback remains low, however, the team do a monthly social media post on Facebook and collate the responses for review and action. Comments and compliments are collated by the PALS team to share with the maternity team for recognition and action as appropriate. The team also receive a huge number of compliments and thanks directly to the areas ie: thank you cards/chocolates etc .

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

Overall Positive themes for September:

- Staff Attitude 1558** comments (previous month 1547).
- Implementation of Care 868** comments (previous month 874).
- The Environment 580** comments (previous month 602).

Overall Negative themes for September:

- Staff attitude 293** comments (previous month 198).
- The Environment 233** comments (previous month 170).
- Implementation of care 232** comments (previous month 147).

The following work will be carried out throughout October:

- Developing SMS for Maternity Services: working with maternity staff, informatics team and provider for an anticipated delivery at the end of November. Development to include running in parallel / dry running, to ensure robust scrutiny of pathways / appropriate extraction of data.
- Working with outpatients to explore FFT SMS using other sources.
- Engage with divisions regarding awareness and understanding of actions in response to FFT and other feedback.
- Continue to build on the increasing FFT uptake in Maternity Services: support of a volunteer visiting the wards. Developing a QR card for the use for Community Midwives and other promotion touch points.
- To work with wards providing Elderly Care to increase face to face feedback, where appropriate with the support of Trust Volunteers.
- Other methods of feedback collection via Maternity voices, social media, national surveys will be reported and triangulated linking to themes from complaints, concerns, compliments and FFT.

Risks to delivery and mitigation

Various options are being reviewed regarding the introduction of SMS in outpatient areas. Increased emphasis on the promotion of cards and QR codes is contributing to an increase in the monthly feedback received.

SMS for Maternity Services is currently being worked on and aiming for an implementation date of the end of November 2021.

2. Patient Safety - Perinatal Quality Surveillance Tool October 2021

Data Quality Rating:



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

Measures	Comments				
Minimum safe staffing in maternity to include Obstetric cover on delivery suite	Measure	Aim / Target	July 2021	August 2021	September 2021
	Midwife to birth ratio	1:29	1:30	1:27	1:32
	1:1 Care	100%	95.56%	99.34%	98.6%
	Consultant presence in Delivery suite (Hours per week)	60 hours	57 hours	57 hours	57 hours
	September has seen an exceptionally high birth rate with the midwifery workforce impacted by sickness and COVID isolation. There is an ongoing recruitment drive within the Trust, alongside a Recruitment and Retention action plan developed by the Senior team in Maternity Services and Human Resources.				
Service User feedback	<p>No complaints or concerns were received in September.</p> <p>The introduction of key prompts to improve user feedback continue to be promoted within the Maternity setting.</p> <ul style="list-style-type: none"> • Specific ward posters have been displayed with QR codes directing to the online survey • Use of volunteers with iPads to gain real time feedback • Business cards with QR codes and online links are given to pregnant women /mothers. • Close working with the Maternity Voices Patient group to promote the importance of women's feedback on their experience in Maternity. <p>The roll out of text message feedback system in maternity is planned for end of November.</p> <p>Results of the national patient experience survey is due to be shared with staff in November with actions identified to improve any areas of weakness.</p>				
Caesarean Sections		July	August	September	Comments
	Combined Caesarean Section (C Section) rate (percentage of babies born > 24 weeks via C Section)	41%	32%	36.3%	
	Elective C Section	19%	12%	14.8%	8 Caesarean sections were performed for maternal choice, which is an increase on previous months
	Emergency C Section	22%	20%	21.5%	
	A review is currently being undertaken to establish themes for indication for caesarean section, in order to benchmark against national rates. It is essential that caesarean section rates are considered in conjunction with neonatal outcomes including unexpected term admissions to the neonatal unit, therapeutic hypothermia and neonatal deaths, which the review will include.				

Are We Safe?

2. Patient Safety - Perinatal Quality Surveillance Tool October 2021

Data Quality Rating:



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

Measures	Comments
Concerns or requests for actions from national bodies	The local Ockenden action plan continues to be embedded with the service pending formal feedback. A comprehensive RAG update analysing how the Immediate and Essential Safety actions are becoming embedded in the organisation will be provided next month.
CNST 10 Maternity standards (NHSR)	<div>CNST Year 4 (2021-2022) standards are now available, with work underway to establish how the Trust can work to achieve the revised 10 safety actions.</div> <div><div><div><div>2021-22 CNST Maternity 10 Safety Criteria</div><div>Overview & Summary Review of Criteria RAG Status</div></div><div><div><div><div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div><div><div></div><div></div></div><div><div></div><div></div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> 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2. Patient Safety – Summary of Incident Investigations

Data Quality Rating:



Moderate Harm Incidents

Measure	Comments
Number of incidences graded moderate or above and actions taken	<ul style="list-style-type: none"> 5 incidents were graded as moderate harm. 2 remain under review to identify care and service delivery problems, which may be downgraded. 1 case raised as a Serious Incident which is described below.

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

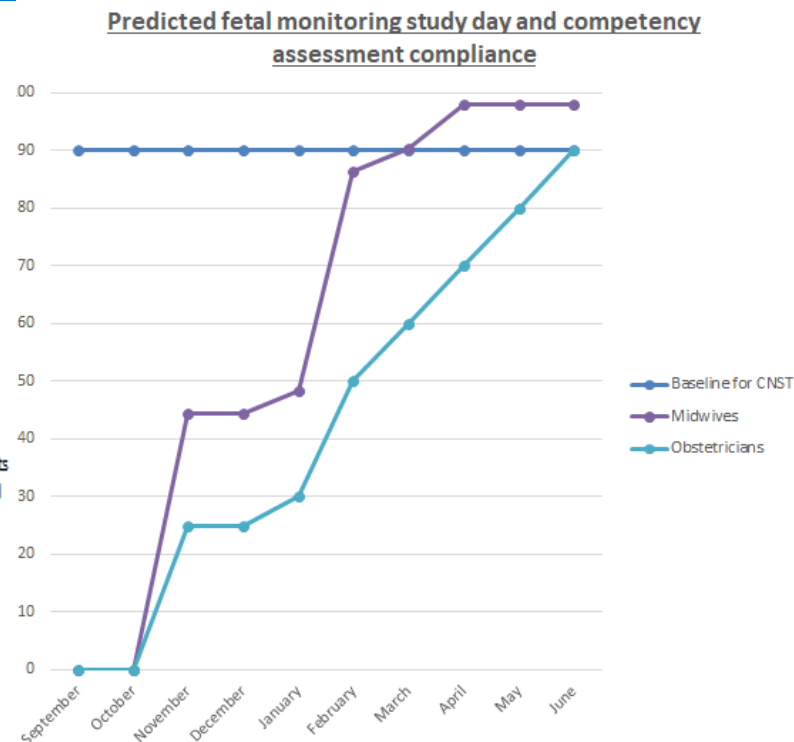
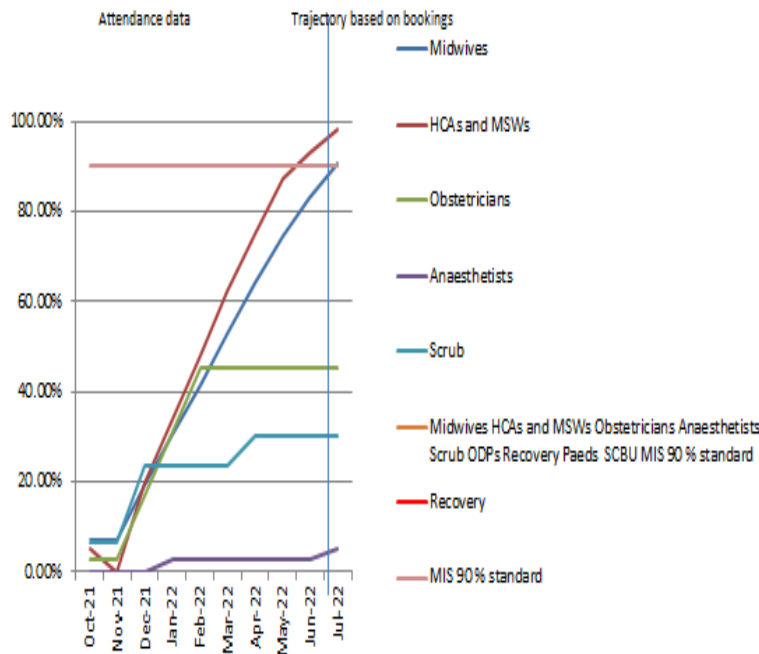
Serious Incidents (SI) Reported In Month

Case ref	Overview	Date	Case update
161555	Woman with twin pregnancy, one twin was stillborn, and one twin died at 8 hours of age following intensive care which was redirected to comfort care.	02/09/21	Urgent incident review undertaken with recommendations for a review of the Trust guidance for twin birth. An external reviewer has been appointed.

On-going SI investigation update

Stage of investigation	July 2021	August 2021	September 2021
Referred to HSIB awaiting decision	0	0	0
Under local investigation	4	5	4
Under HSIB investigation	2	2	2 draft reports received
Report complete awaiting Serious Incident Review Learning Group (SIRLG)	0	1	0
Submitted to CCG	1	0	1

2. Maternity - PROMPT and Fetal Surveillance Training Update including Trajectory Data Quality Rating:



Background and underlying issues

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

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

PROMPT training commences face to face 13th October 2021 with an aim to maintain 90% compliance in all staff groups. Revised compliance and trajectory will be reported from October 2021.

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

Implementation of the training proposed by the business case model is reflected in the graph above.

Risks to delivery and mitigations

Release of staff from the clinical area, both for training and as facilitators.

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.

Part 3: Our People



Resources

Trust Overview: Summary

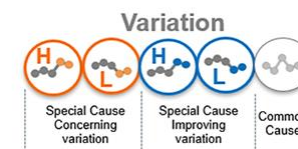
“Great” Scoring

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			5.86%	6.00%	3.96%	7.43%	5.69%
2 Trust RN Bank Fill Rates			48.98%	70.00%	36.77%	60.15%	48.46%
3 Vacancy Rate*			5.18%	7.63%	5.66%	8.49%	7.08%
4 Recruitment Time To Hire (Days)			50.10	46.00	30.62	57.30	43.96
5 All Turnover			13.43%	13.00%	12.23%	13.75%	12.99%
6 Voluntary Turnover			9.55%	11.00%	8.91%	9.98%	9.44%
7 All Sickness Absence			4.84%	3.50%	3.03%	4.83%	3.93%
8 Statutory Mandatory Training Compliance			85.04%	85.00%	84.20%	88.67%	86.44%
9 Appraisal Compliance			73.85%	85.00%	71.63%	82.07%	76.85%



Trust Overview: Narrative

“Great” Scoring

Indicator Score (1-4)	Self Assessment Score
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Headline

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

Great Workforce Planning	2	2	Great workforce planning indicators has improved, however we continue to utilise more WTE when compared to budget and despite progress with substantive staffing (increase of 37wte) our reliance on agency and bank broadly remains unchanged with a small improvement in a bank usage. The Trust delivered within its 6% agency spend target as a percentage total pay bill.
Great Opportunities	2	2	The voluntary turnover is reliably achieving below the 11% target, however it continues to increase slightly month on month. The recruitment Time to Hire (TTH) metric increased again this month, to 50.1 days from vacancy advertised to contract of employment and therefore exceeds the Trust TTH target of 46 days. Maternity Services were successful in securing the £50k Pastoral Funding Package to support midwifery retention. The funding will be used to recruit a fixed term Practice Educator to support the current workforce including newly qualified midwives.
Great Experience	2	3	Sickness reported in August 2021 was 4.84%, which is a marginal increase on last month (4.74%) and above the Trust target of 3.5%. Referrals for health and wellbeing support (within both occupational health and counselling/psychology functions) remain high. OH has been leading the flu vaccination programme since 13 th September, having vaccinated 3,370 colleagues during the remainder of the month. Plans are in place to refresh and re-launch the physical wellbeing support to staff in October. Preventative wellbeing support remains a priority development. Head of HR presented absence management workshop to DDONs on 6 th October to outline policy and wellbeing support available from the HR and wellbeing service. Presentation being cascaded to Divisional matron meetings to ensure clarity of service and support to the ward managers and clinical leads.
Great Employee Development	2	2	Mandatory training continues to be above the Trust target of 85% following the transfer of training modules to ESR which is encouraging. Work has started on refreshing the design of mandatory training following a review of how other Trust's deliver MT. The aim is to launch this new look training in the New Year. Head of L & D is working with the Deputy Chief Nurses to roll out a number of new projects over the coming weeks, such as, the new Matron Leadership Programme, Conflict Resolution and working with the Paediatrics team to up-skill and improve their confidence with dealing with our young people who have serious learning and social difficulties.
Great Leadership	1	3	Appraisal rates have dropped to 73.85% in September. This issue will be explored further at Executive Committee to identify how we can improve performance. Discussion with other Trusts is also ongoing to identify best practice and ways to achieve higher compliance. The Trust reviewing the Leadership framework in the light of the KPMG leadership behaviours and the requirements of the Leadership Compact to produce an aligned approach. This will inform any redesign of internal leadership programmes. There will be a leadership work stream within the KPMG programme of work led by the Director of HR and supported by the Associate Director of OD and Learning and the Head of Leadership.

Great Workforce Planning

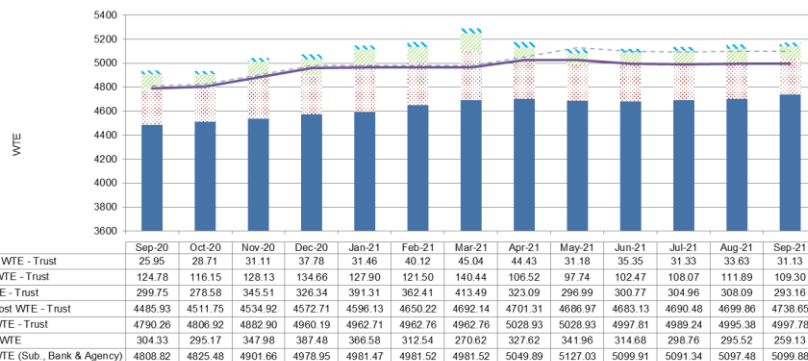
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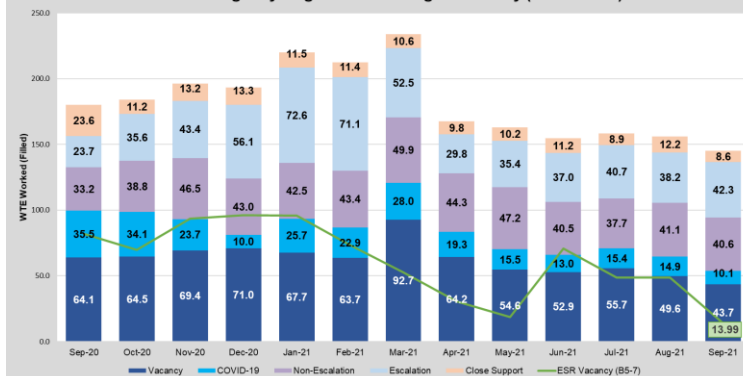
Self Assessment Score

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Budget, Vacancy and Actual Worked - Trust (WTE)



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



Background

The Trust utilised 5169WTE staff to deliver its services in September '21. This was an increase of 16WTE on the previous month and 174WTE in excess of budgeted WTE. The impact of successful recruitment resulted in a small reduction in usage of agency, bank and overtime.

The top 3 highest exponents of nursing/midwifery bank and agency are ED (21WTE), Community Nursing (21WTE) and Acute Medicine Nursing (14WTE). In the case of ED and Acute Medicine temporary staffing need is driven by vacancy and escalation, whilst Community Nursing remains due to the need to secure enhanced community capacity.

Meanwhile medical vacancy and activity remains the key driver for locum and agency use, particularly in emergency medicine, general medicine and general practice. In Nursing, although the reliance on temporary staffing remains, the level of demand for bank and agency cover, continues to show a reduction, month on month, for virtually each of the last six months.

Improvement actions

1. A HEE funding opportunity has been capitalised upon to appoint a Trust Deputy AHP Lead role, tasked with developing a strategic workforce plan for AHPs, driving clinical innovation and contributing to an AHP community at system level.
2. In ICC the digitisation of patient records is verging on completion and is set to deliver a recurrent reduction in requirement for workforce. There are, however, 4 individuals whom redeployment is actively being sought on a supernumerary basis until March '22.
3. Workforce planning in Imaging has resulted in an initiative to encourage long term supply of Radiographers. This includes the development of an apprentice Radiographer pathway, enabling progression through to qualified Radiographer. Recruitment for the department's first apprentice is underway, combined with promotion activity including school visits, social media activity and radio coverage for a variety of roles within Imaging.
4. The PMO led time and motion study led in ED has to date identified various opportunities to overcome inefficiency related to environment and ergonomics. Task analysis also continues, aimed at identifying how clinical and non-clinical tasks are currently performed and establishing the opportunity to improve efficiency by working differently.

Risks to Performance & Mitigations

The re-deployment of staff in medical records could, and in some cases has, caused a backlog due to insufficient capacity. Mitigating substantive and bank recruitment is underway, alongside prioritisation of ED and assessment areas.

Increased UTC attendances create demand for support services such as Imaging, who currently face supply and retention challenges. Registered radiographer supply is challenged nationally, even through agency, creating a likelihood of unfilled agency shifts.

Maternity workforce availability is disrupted at present due to high levels of maternity and sickness, whilst ICU and the Neonatal Unit currently experience increases in demand and acuity. Incentive payments have been introduced as a mitigating action for 3 months.

Great Workforce Planning

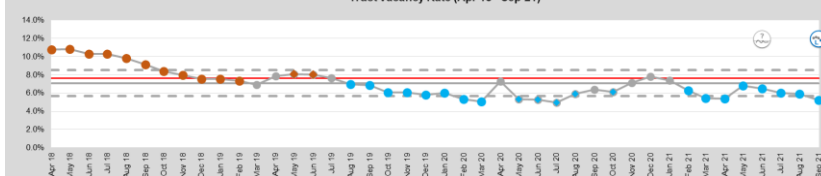
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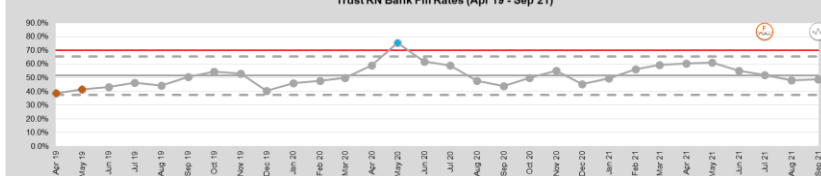
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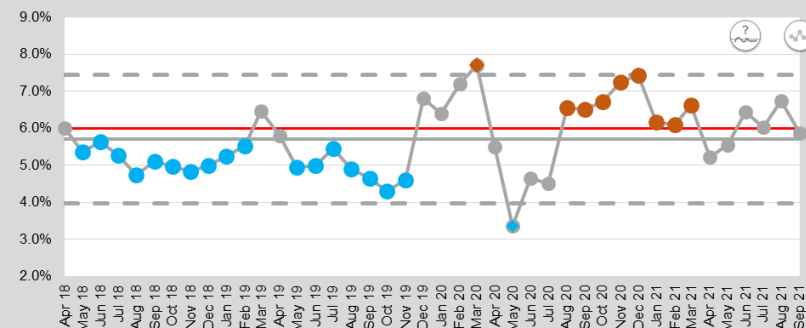
Trust Vacancy Rate (Apr 18 - Sep 21)



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



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



Background

The Trust vacancy rate saw an improvement in September, 5.18% (5.92% in August). The vacancy rate equates to 259WTE vacant posts, with 94WTE of these belonging to the Nursing staff group, 38WTE Allied Health Professional & Scientific, 43WTE Medical & Dental and 84WTE Senior Manager & Admin.

The All Nursing vacancy rate improved significantly in September to 3.96% compared to 4.84% in August, which equates to 94WTE vacant all nursing posts (including midwifery and Corporate Services) as follows;

- Band 2-4, 35.37WTE
- Band 5-7, 32.60WTE
- Other (Band 1, 8+ & adhoc), 26.16WTE

In M6 the Trust B5 Nurse vacancy position including pre-registered nurses is -36.93 WTE (excludes corporate Services and COVID Vaccination). We continue to work towards our reduced international recruitment intake of 8 overseas nurses per month to support turnover. Further detail in exception slide1.

Agency spend % did achieve an improvement and a return to target however this was largely as a result of total pay increasing as a result of the AfC pay award arrears.

Improvement actions

1. An ESRGO initiative is underway, enhancing the interface between ESR and the roster. Alongside improved roster team efficiencies, this interface will improve data quality and capture of employee competency information to provide assurance of safer future roster builds, aligned to skill mix requirements.
2. To enable continuity of agency supply throughout Winter, a block booking quota at break glass rates has been approved Nov-Mar. This will be monitored weekly at Deputy Chief Nurse and Deputy Divisional Director of Nursing level.
3. A partnership has been established with AWP which is designed to enable GWH access to band 3 enhanced HCA support workers. To date no shifts have been booked through this route, to address early challenges with uptake a tailored induction programme has been established. To mitigate the risk of induction attrition, telephone contact and a warm welcome has been extended to every prospective AWP bank member.
4. SWC have embedded the use of the safer nursing care tool and twice daily huddle, enabling pressures to be understood and workforce mobilised to areas of greatest need. A maternity roster review is also underway to ensure available staffing resource is optimised.

Risk to performance and 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.

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.

Great Opportunities

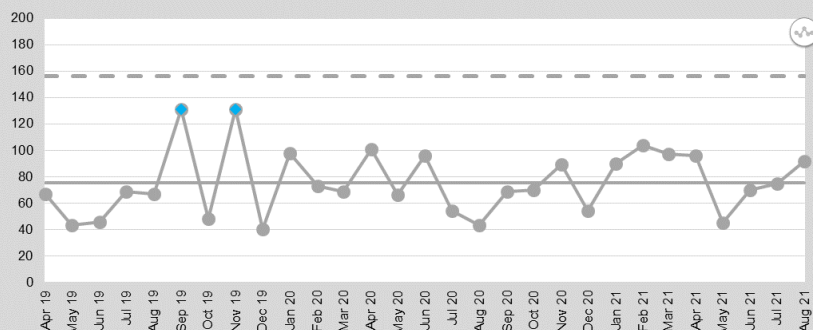
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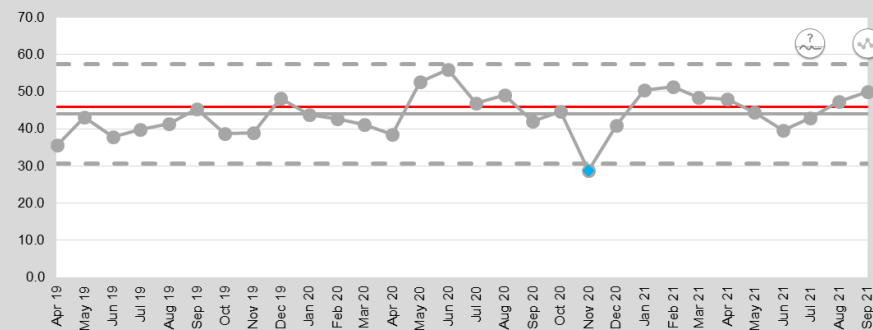
Self Assessment Score

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Trust Starters (Apr 19 - Aug 21)



Trust Time to Hire (Apr 19 - Sep 21)



Background

The number of Trust new starters for August is confirmed as 92 headcount; this is above the Trust average of 75. This increase has been driven by newly qualified nurses.

The Trust has a provisional 68 candidates due to commence employment in October.

The recruitment time to hire in September increased from August's TTH data to 50 days.

Improvement actions

1. Unscheduled Care continue to progress against their recruitment and retention plans for Radiology, the 5% RRP which was due to cease in Oct 21 has been extended to October 22 with a 6 month review, incentive payments have been introduced for bands 5, 6 and 7 Radiographers in the Imaging Department for up to 3 months and in addition to this the department will be launching a bespoke version of the refer a friend scheme for employees. The weekly oversight meeting continues to occur ensuring traction on actions.
2. Urgent Treatment Centre continues to remain closed at night until 30th November 2021. The closure is as a result of staff shortages and therefore leaving the department unsafe. Recruitment activity has taken place with candidates in pre-employment checks and start dates pending. Staff who were predominantly working nights have altered their shift pattern to day shifts or are temporarily redeployed to the Emergency Department.
3. Ward Establishment reviews are taking place across the Trust to review the existing nursing ratio.
4. The Resourcing Team is currently drafting a SOP for a Recruitment Authorisation Process for Medical Staff. This will further strengthen the governance and utilise the existing recruitment system TRAC for medical posts.
5. The Resourcing Team will be attending the following events with clinical representatives from the Trust;
 - Armed Forces Recruitment Fair, 7th Octobers (face to face event)
 - Student Nurses (OBU Summer 2022 Cohort) Careers Evenings, 18th-21st October 2021 (67 students expected, face to face event)
 - Radiology Event, 12th November 2021 (face to face event)
 - Occupational Therapy Roadshow, 24th and 25th November 2021 (face to face event in Birmingham)

Risk to performance and mitigations

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

- Recruiting manager completing shortlisting within 3 days achieving 48.60%; which is a decline on the previous months data (58.43%)
- Recruiting manager confirming interview date and selection criteria within 5 days achieving 44.71%; which is a decline on the previous months data (67.14%)
- Advert duration for 2 weeks achieving 68.94%; which is a decline on the previous month data (73.64%)

HRBPs are escalating KPI performance in Divisional Board and the Recruitment Manager is working with HRBPs to establish if bespoke additional training is required to support with recruiting managers KPI delivery.

Surgery, Women's and Children's is over recruited with Band 5 Registered Nurses by 13.79WTE, with an additional 39WTE in the pipeline due to start. The DDON is working closely with Finance, HRBP and the Resourcing Team.

Great Opportunities

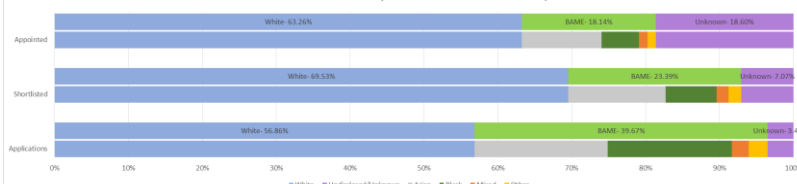
Indicator Score

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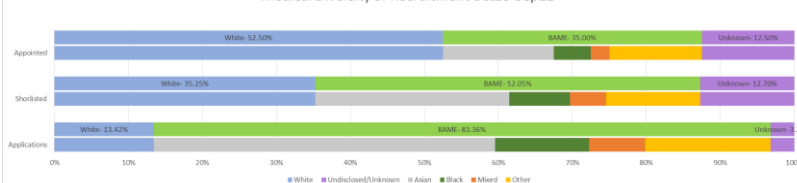
Self Assessment Score

2

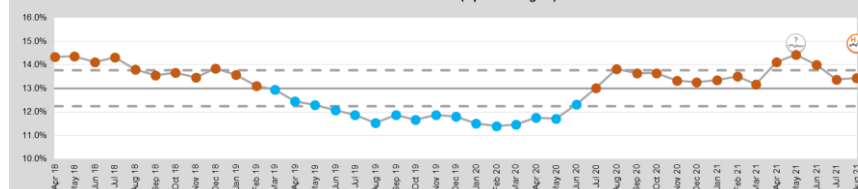
Non-Medical Diversity of Recruitment Oct20-Sep21



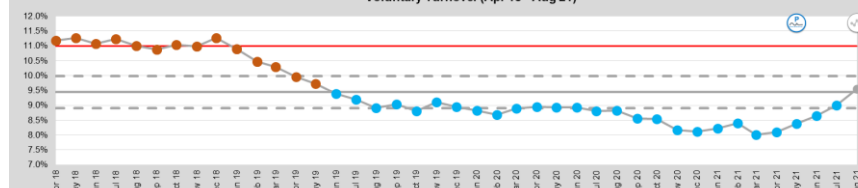
Medical Diversity of Recruitment Oct20-Sep21



All Turnover (Apr 18 - Aug 21)



Voluntary Turnover (Apr 18 - Aug 21)



Background

For non-medical recruitment within the period Oct 20 – Sept 21, our EDI data highlights:

- 23% of applicants shortlisted were BAME (13.18% Asian, 6.90% Black, 1.61% mixed and 1.70% other)
- 18% of staff who were appointed were BAME (10.79% Asian, 5.05% Black, 1.15% mixed and 1.15% other)
- 7% of shortlisted applicants were other/undisclosed and this group represented 18% of staff that were appointed.

For medical recruitment within the period Oct 20 – Sept 21, our EDI data highlights:

- 52% of applicants shortlisted were BAME (26.23% Asian, 8.20% Black, 4.92% mixed and 12.70% other)
- 35% of staff who were appointed were BAME (15.00% Asian, 5.00% Black, 2.50% mixed and 12.50% other)
- 12% of shortlisted applicants were other/undisclosed and this group represented an equal percentage for staff that were appointed.

Performance for all turnover remained consistent with the previous month remaining above target at 13.43%.

Voluntary turnover is 9.55%, an increase from last month (9.00%) but below the 11% target.

Improvement actions

1. Maternity Services was successful in securing the £50k bid for Staff Retention. The funding will be used to recruit a fixed term Practice Educator to support the current workforce including newly qualified midwives.
2. Integrated Community Care continues to undertake a monthly analysis with managers to understand the context behind the reasons for staff leaving and has supported identifying patterns and trends. Current reasons include; relocation, promotions and shift work not suited. It has identified a number of staff after leaving are returning back to the Trust.
3. Head of Physiotherapy has been offering optional exit interviews for all leavers to support with development and retention across the department, this has highlighted a recognition of the lack of paediatric opportunities within the team. Following this feedback the department has introduced a Band 7 Paediatric Specialist Physiotherapist post which has been successfully recruited into to enhance the paediatric therapy offer.
4. Chief Digital Officer interviews are due to take place on 12th October 2021.
5. The Differently Aabled Network (DAN), is looking at ways to encourage sharing when staff complete monitoring forms. The DAN group are proposing several initiatives to increase sharing rates, including producing a more personal, well-worded statement that goes beyond standard text, and outlines how we use data and why we collect it; and developing a DAN library of awareness-raising resources and toolkits for ND conditions (dyslexia, dyspraxia, ADHD).

Risk to performance and mitigations

Voluntary turnover has consistently increased since March 2021 and is now in line with pre-pandemic figures.

Data presents following categories of high turnover:

- AHP turnover – 14.75%
- Unregistered Nursing – 12.57%
- Admin & Clerical – 8.91%
- Registered Nursing – 8.04%

Mitigation is in place for HCSW under the 'Great Care' programme and a working group established with identified leads focusing on the following areas:

- Education & training
- Care Certificates & Induction
- Praise, Value & Recognition
- B4 NA
- Workforce planning & retention
- Recruitment

Governance of outcomes to be reported to the Nursing Midwifery workforce group.

Workforce – Sickness Absence

Great Employee Experience

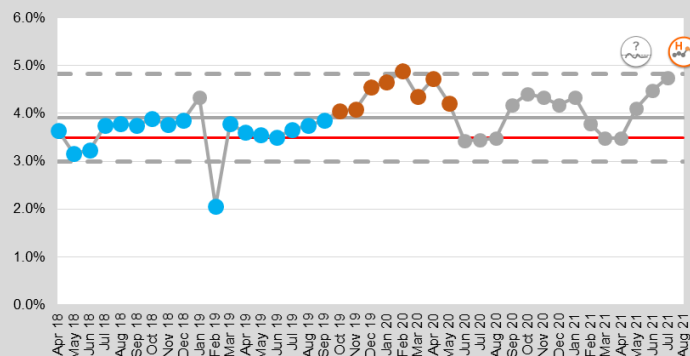
Indicator Score

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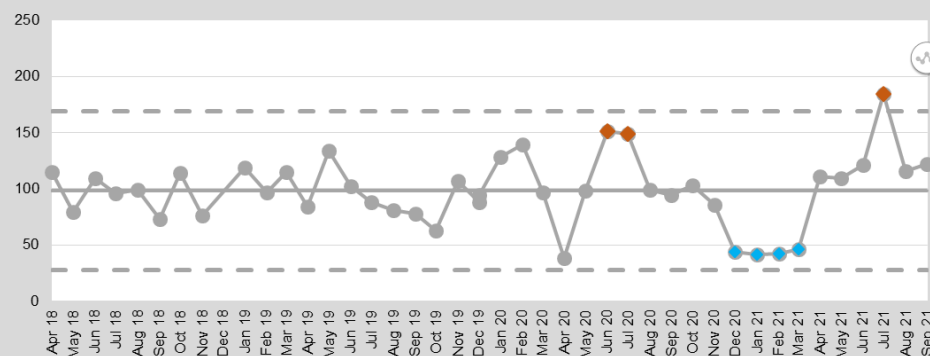
Self Assessment Score

3

Trust Sickness Absence (Apr 18 - Aug 21)



Trust Occupational Health MRs (Apr 18 - Sep 21)



Background

For August 2021, sickness absence is reported at 4.84% which is above the Trust average of 4.0% and above the Trust target of 3.5%

In September, OH received 122 management referrals & 142 pre-employment questionnaires

Musculoskeletal issues & mental health difficulties remain the most common reasons for referral

Improvement actions

1. OH commenced flu vaccinations on 13th September – a total of 3,370 vaccinations have since been provided to colleagues in-month (including to students, volunteers, Serco)
2. The new OH manager will start on the 18th October, which will enable in-depth assessment of service demand/capacity as well as develop preventative interventions
3. Meeting with 'Care First' EAP provider scheduled for 11th October with plan to extend contract until 31st March 2022
4. October is physical wellbeing month, with the re-launch of the Fall into Fitness Challenge amongst other interventions (including wellbeing talks on - Top Tips for Increasing Activity Levels; Mindful Eating and Balancing Lifestyle)
5. A 1 question survey planned for October inviting staff to advise what they believe can help their health and wellbeing over the coming months, to inform team winter planning
6. A free webinar on 'Leisure Activity' available to staff on 6th October provided by our EAP
7. The new physiotherapist (0.5wte) joined OH on 6th September, enabling a return to prevention focus. Plans underway to produce a video on workplace stretches & exercises, which will be disseminated & uploaded on the intranet
8. A Long-Covid staff support group is being developed to launch end of October. Initially to be facilitated by staff health & wellbeing psychologist, with the longer term plan of becoming peer-led.
9. Head of HR presented to DDONs on 6th October outlining current implementation of the absence management (sickness) policy evidenced with data compliance and policy training. Divisional workshops in place with recalibration of HR support to enable Ward Manager timely and effective implementation of policy.

Risk to performance and mitigations

OH clinic waiting times are currently elevated for Physician, MHP, & Nurse - all approx 6 weeks (wait for Physiotherapy remains consistent at 2 weeks)

An additional weekly MHP clinic has been added throughout October, & additional nurse clinics will be available from the middle of October following the end of the flu vaccination programme

Processes have been finalised this month for external provider Team Prevent to temporarily take on OHA Management Referrals. The 6 month agreement enables existing OH resource to lead on the flu & Covid booster vaccinations.

Continuation of high sickness absence rate is prompting DDONs and clinical leads to seek assurance about the operational efficiency of the absence management (sickness) policy. Training workshops with HR in place.

Workforce – Recognition, EDI and Wellbeing

Use of Resources

Great Employee Experience				Indicator Score	Self Assessment Score
				2	3
Employee Recognition				Wellbeing Initiatives	
Long Service Awards	5	Hidden Heroes	13	Fall into Fitness Challenge This annual fitness challenge launched on 16th September. The HWB service is working with Brighter Futures to encourage teams to take part in the walking/running/cycling challenge to raise money for charitable funds and to compete against colleagues in other divisions. The challenge will run from 1st to 31st October. There will be a weekly leader board update. a trophy for the winning division, and prizes for the top teams	
Retirement Awards	0	STAR awards	4		
Diversity/Inclusivity				Tea Trolley Support Over 500 drinks & snacks were given out during September across various wards & departments, and delivered to promote various important events including World Sepsis & Veterans Days	
The Trust EDI agenda continues to progress with pace and a range of developing initiatives: <ul style="list-style-type: none">Learning and Development audio-visual resource developed for staff to understand more prevalent forms of discrimination in the workplace, used as part of the Learning and Development Program for Cohort 1, on 29 September to positive feedback.The BAME Network has collated a series of video clips and is organising events for Black History Month (October). The network event has been well publicised and takes place on 14 October, across three locations.The Trust is participating in the BAME South West BHM event on 11 October. Trust EDI Lead will be chairing a discussion with Stuart Lawrence, brother of Stephen Lawrence.Divisions: ICC and USC divisions have committed to three EDI areas of action. Action plans developed. Discussion of staff survey results for USC delayed due to Trust's OPEL 4 status. Met with SWC division on 16 July, and discussed EDI priority areas.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.EDI Lead spoke at Leadership Forum Event – You Cannot Be What You Cannot See, in September.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.					
				Message chairs Current locations Urgent Care Centre, Woodpecker, The Academy, Orbital, & Children's ward	

Background

This month, 38 individuals self-referred for 1:1 psychology / counselling. This is a significant increase from this time last year (n=15)

74 individual appts were attended during the month. Additionally, 42 contacts were made with the EAP

The most common reasons for referral were:
 - personal: anxiety (91%) and low mood (77%)
 - work-related : overload / stress (59%)

17 attended virtual bitesize wellbeing sessions
 In-reach group activity included:
 - monthly wellbeing group session for Transformation & Improvement Team (n=7)
 - new manager training (n=6)
 - compassionate conversations as part of the Great Care Campaign for Community Rehab Tem (n=29)

Improvement actions

- A further 23 staff members were trained in Mental Health First Aid this month, 11 of which were the Trust's recently recruited Clinical Teaching Fellows to aid the support provided to our students
- Feedback from MHFA training this month included: 'Excellent course with really engaging & informative instructors. Good balance of presentation, discussion & small group work' & 'I really loved this course, the tutors were amazing, they explained everything & went through all the work and our questions wonderfully. The course itself was an eye opener, I have done some mental health information courses previously, but this one was excellent. Everything was presented in a way we can use realistically with friends, family & colleagues'
- CORE-10 pre/post scores reliably improved for all 8 individuals who completed therapy this month (of which 7 were 'clinically significant' improvements – i.e. ended therapy below the clinical cut-off for psychological distress)
- The first cohort of staff trained in Suicide First Aid took place on 8th September – attended by 12 members of staff
- Supervision groups provided to wider networks this month included for our MHFAs (n=14) & FTSU Guardians (n=2)
- Drop-in clinics were requested by ICU and Neptune this month due to reported stress. These were though poorly attended (2 and 0 respectively). Further consideration is being given about how best to respond to such future requests, as providing drop-in time does not seem to be a helpful way of meeting need – the push to encourage uptake of in-reach preventative work continues, which was reinforced in this month's HWB Champions meeting

Risk to performance and mitigations

The waiting time for individual appointments has increased to 3 weeks this month, as numbers of referrals have increased. Three additional bank counsellors will join the service shortly, which should help bring the wait down to within 2 weeks

Workforce

Use of Resources

Great Leadership		Indicator Score	Self Assessment Score
		1	3
Leadership Roles at the Trust	4.38% of staff	Equating to 180.27 WTE	
Leadership Development Programme (cohort 1)	22 leaders	Undergoing Training	
Leadership Development Programme (cohort 2)	15 Leaders	Undergoing Training	
Aspiring Leaders (cohort 1)	21 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

Leadership recommenced in September after some sessions were cancelled in August due to site pressures. These missed sessions have been rescheduled.

Attendance rates (excluding cancelled sessions) for leadership programmes are closely monitored.

There has been a great response for the next Leadership Development Programme course with 21 people offered a place on cohort 3 starting in October 2021 and a further 31 people have joined the waiting list for future cohorts.

Both the Level 5 and level 7 Coaching & Mentoring courses began in September, with 12 participants on the level 5 and 7 on the level 7, undertaking a 12-month programme with the University of South Wales. Coachees for these participants will be generated from the aspiring leaders and leadership development programmes as research suggest that the impact of training is increased if coaching is provided simultaneously.

Improvement actions

1. The Trust is now reviewing the 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) to produce an aligned approach. This will inform any redesign of internal leadership programmes.
2. There will be a leadership work stream within the KPMG programme of work led by the Director of HR and supported by the Associate Director of OD and Learning and the Head of Leadership.
3. The Trust is about to invite expressions of interest from consultant medical staff in clinical leadership. The initial aim is to gauge interest and co-design a development package to encourage and support those who have an interest in undertaking clinical leadership roles and improve understanding of our talent pipeline.
4. The Head of Leadership will be attending Equality, Diversity and Inclusion, BAME and LGBTQ Networks to improve inclusivity on Leadership Programmes.
5. Leadership Team will be undertaking training in facilitated conversations to increase access and accessibility to action learning sets and facilitated conversations.
6. There will be a formal review of the Leadership Development Programme once cohort 1 complete next month following Kirkpatrick's Training Evaluation model, to objectively analyse the impact of training, to work out how well the participants learned, and to improve learning in the future.

Risk to performance and mitigations

This is a risk that the demand for the Leadership Development Programme training exceeds capacity based on 2 cohorts of twenty participants per year. Additional cohorts would require additional external funding to support NHS Elect sessions. However, there is CPD funding available to support any additional costs.

The Matrons Leading for Impact programme dates have been set with some clashes with cohort 2 of the Leadership Development Programme. There is a plan to record the sessions on the LDP to ensure matrons do not miss these sessions.

Attendance of the scheduled Leadership Development Programme has declined recently due to operational pressures.. All participants will be contacted to gain a deeper understanding of the reasons for non-attendance and where attendance is a concern managers will be notified.

Great Employee Development

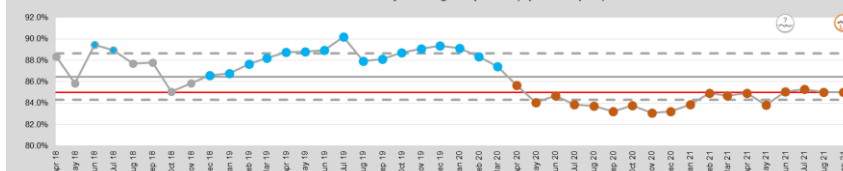
Indicator Score

2

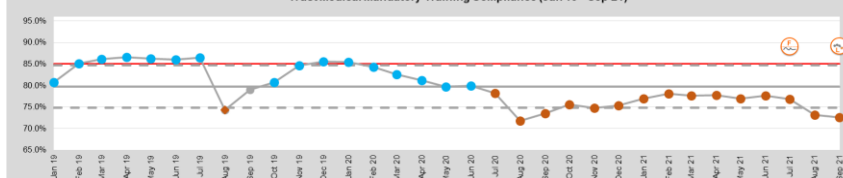
Self Assessment Score

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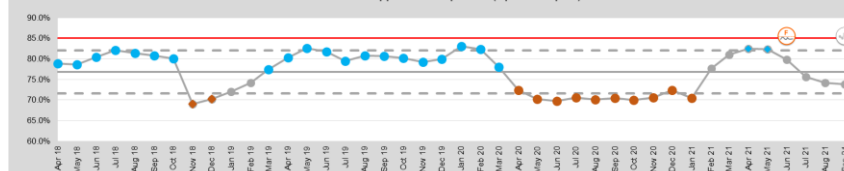
Trust Mandatory Training Compliance (Apr 18 - Sep 21)



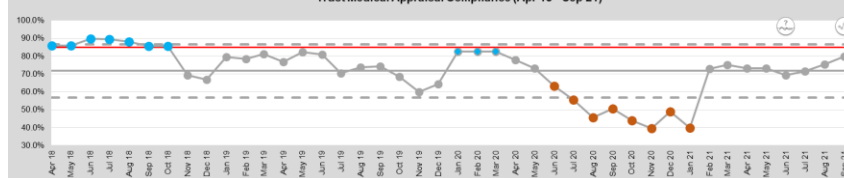
Trust Medical Mandatory Training Compliance (Jan 19 - Sep 21)



Trust Appraisal Compliance (Apr 18 - Sep 21)



Trust Medical Appraisal Compliance (Apr 18 - Sep 21)



Background

Trust mandatory training compliance performance remains above the KPI of 85%-and is 85.04% since the transfer of modules to ESR on the 1 June.

Trust appraisal compliance is reported at 73.85% in September, decreasing by less than 1% over the month.(The August figure was 74.17%) The self assessment score reflects this performance.

The issue of appraisal compliance will be explored further at Executive Committee to identify how we can improve our performance.

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

Improvement actions

1. The work on improving Level 3 Children's Safeguarding compliance rates within ED continues. There is a plan in place to address this but it continues to prove challenging. The Deputy Chief Nurse is also supporting this work.
2. Work has started on refreshing the design of mandatory training following a review of how other Trust's deliver MT. This work will aim to modernise the modules and make them more user friendly. The aim is to launch this new look training in the New Year.
3. The Head of Learning and Development is leading a review of learning delivery mechanisms to assess what improvements and innovations could be made to support learning.
4. Head of L & D is working with the Deputy Chief Nurses to roll out a number of new projects over the coming weeks. Examples of these are the new Matron Leadership Programme, Conflict Resolution and working with the Paediatrics team to up-skill and improve their confidence with dealing with our young people who have serious learning and social difficulties
5. To improve turnover of HCA's within the Trust, a working group has been created with the overall goal of better retention and a happier workforce - resulting in better patient care. The current training offer is being explored as part of this work.

Risk to performance and mitigations

Capacity for face to face training remains limited due to the requirements for social distancing. There has been a request to NHSE/I for clarification on the potential relaxation of these rules following the consultation on changing the requirements in some clinical areas. If it is appropriate and safe to make changes, this will improve capacity.

External venues can be used to provide larger spaces and increased numbers, but this can prove costly. A range of options is being explored to ensure value for money.

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

Great Employee Development

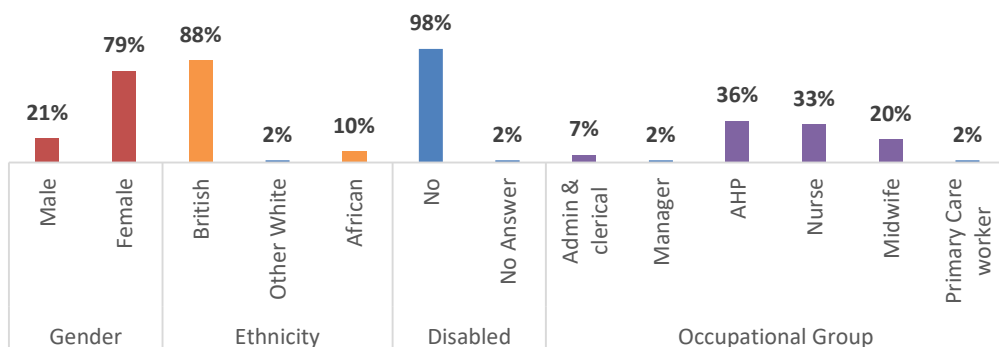
Indicator Score

2

Self Assessment Score

2

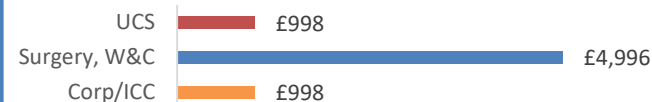
September 2021 CPD Equality & Diversity Data



CPD Non-Medical Month Spend Trust Budget



CPD Non-Medical Month Spend HEE Budget



Background

Trust CPD budget

The spend to date is £86,750. The annual budget is £240,000, so at the end of Q2 we would hope to achieve a spend of around £120,000 if the spend is evenly profiled across the year.

The committed /spent money to date against the HEE budget of £632,000 is £347,917. However, the vast majority of the proposed spend (£630k) has been identified.

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

Improvement actions

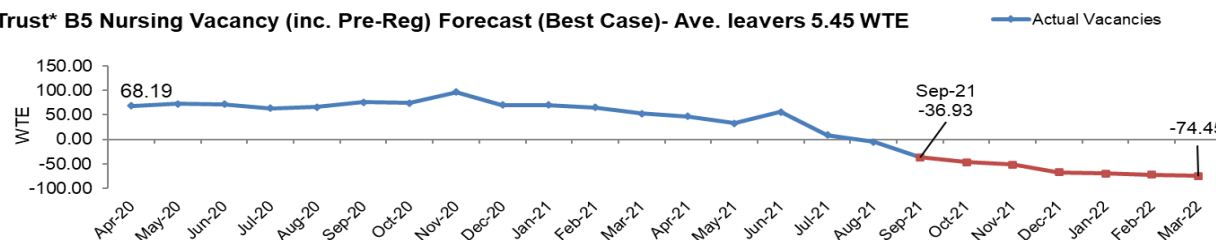
1. The EDI data project will use the same categories as NHS Jobs in the first instance to record a consistent data set. We are also exploring how we might access data about social disadvantage for those in apprenticeship positions, work experience placements etc to ensure we are offering opportunities to people experiencing social /economic disadvantage.
2. Head of L & D working with Deputy Chief Nurses and EDI Lead to roll out a pilot course on supporting some of our nurses in improving their communication skills. Leading on from this will be a rolling programme of support for induction and beyond.
3. BSW has developed the first joint programme for Clinical Leads-and the pilot is due to begin in January. The Trust will have access to 6 places. This will be led by the RUH.
4. The Trust is exploring a number of initiatives to encourage those with a socially deprived background to consider volunteering/a career in health care. The Trust has submitted an expression of interest in the NHS Cadets scheme which is funded by NHS England and St John's ambulance. This targets 14-18 year olds from disadvantaged backgrounds specifically, and offers training and volunteering opportunities.
5. The new Head of Learning and Development is developing a refreshed application process for CPD to ensure it is more streamlined. We are preparing a consultation paper for November for discussion at Executive Committee.

Risk to performance and mitigations

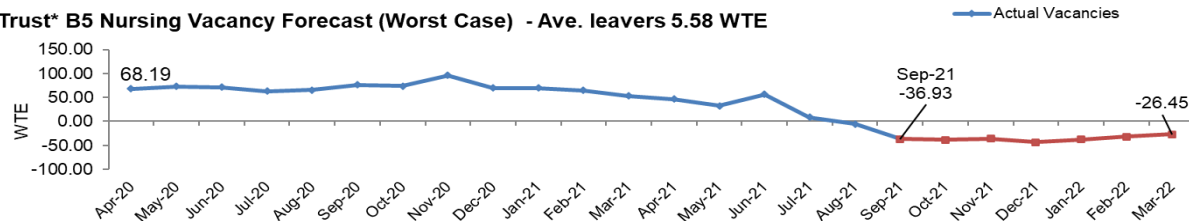
The key risk to performance will be the ability of staff to access CPD during the winter period which may prove to be challenging. This will be kept under close review.

Exception 1 of 3: Recruitment Trajectory

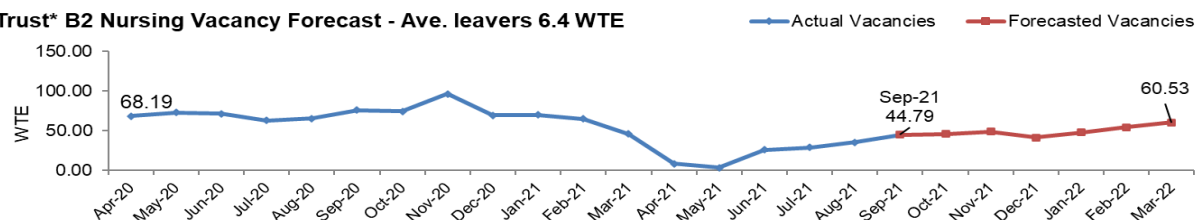
Trust* B5 Nursing Vacancy (inc. Pre-Reg) Forecast (Best Case)- Ave. leavers 5.45 WTE



Trust* B5 Nursing Vacancy Forecast (Worst Case) - Ave. leavers 5.58 WTE



Trust* B2 Nursing Vacancy Forecast - Ave. leavers 6.4 WTE



Background

In M6 the Trust B5 Nurse vacancy position including pre-registered nurses is -36.93 WTE (excludes corporate Services and COVID Vaccination).

In M6 the Trust B2 Nurse vacancy position is 44.79 WTE.

Improvement actions

1. A steady increase in HCSW vacancies resulting in a vacancy position of 44.79 WTE in September 2021. A Unregistered Nursing Working Group has been formed with the first meeting on 15th October 2021.
2. A review of the starter, leaver and turnover data is underway, these finding will support identifying any trends and establishing appropriate actions to support recruitment and retention. Recruitment actions underway to support achieving zero vacancy position are:
 - Refresh HCSW Advert to be aligned to each Division with focus on departments with current vacancies
 - Review of current standard interview questions to check they are reflective of the role and fit for purpose
 - Review if literacy and numeracy tests should be reintroduced as part of the recruitment process
3. Based on the B5 vacancy position the Trust continues to work towards our reduced international recruitment intake of 8 overseas nurses per month to support turnover.

Assumptions:

- 100% conversion of Internationally Recruited Nurses (Best Case Scenario)
- 0% start rate for Internationally recruited nurses (Worst Case Scenario) (95 nurses)
- Similar dispersion of internationally recruited nurses across the divisions until year end (25% to IC, remainder evenly across SC and UC)
- Current Budget WTE unchanging until year end
- Recruitment to Subjective Code 5269 (Nurse Band 5) and 5272 (Nurse Band 2) only
- Turnover (Leavers) will be the same/similar as the previous 12 months.

Risk to performance and mitigations

There is a financial risk that we will be in an over recruitment position and still continue to utilise the same levels of temporary Staffing across the Division. DDONs are reviewing the data for their areas to identify the cause for the continued usage of bank / agency against the vacancy position.

Exception 2 of 3: Health and Wellbeing

KPI 1 – initial appt. offered within 10 working days from referral	Jul-21		Aug-21		Sept-21	
	Total Referrals	% at KPI	Total Referrals	% at KPI	Total Referrals	% at KPI
Psychology/Counselling	24	100%	26	100%	30	60%
Occupational Health	88	4.5%	116	8.6%	122	7.3%

KPI 2 - on a scale of 0 (not at all) – 10 (completely), how has the support from the service improved your overall health & wellbeing	KPI 3 - would you recommend this service to a colleague?	KPI 4 - reports provided within 48 hours
Mean score = 8.8 Median score = 8 Mode score = 10	Yes (n=19) No (n=1)	Yes (n=91 / 24.3%) No (n=284 / 75.7%)

Background

Occupational Health resource has remained a challenge this quarter, as reflected within KPI#1 and KPI#4 data. Nursing capacity has been reduced since early 2021, with one clinic nurse on long-term sick, a specialist nurse (OHA) vacancy and nurse manager vacancies. This has required more MRs to be triaged to the OH physicians, impacting on the waiting list. Whilst OHP and OHA waiting times have been higher than ideal, initial appointments have been offered within 6 weeks. Steady waiting times achieved for physiotherapy (2 weeks) and mental health support (4-6weeks). Additional mental health clinics are provided and improvement anticipated over the coming months, with phased return late October and improved recruitment position by January 2022.

Examples from feedback across this quarter include:

- 'My Counsellor supported me to work through an extremely difficult situation, validating my feelings, helping me to create tools & strategies that I could use in any future challenging situations, thereby increasing my confidence & ability to return to work situations. Compared to my health and wellbeing at the start of counselling, which was extremely poor, I now feel confident, healthy, & happy. Counselling enabled me to return to work, albeit in a different job. Without counselling I don't believe that I would have been able to return to work & may have been medically retired' (Counselling feedback)
- 'I would highly recommend (the OH practitioner). They really listened to me & acknowledged how I was feeling & my issues. They were so reassuring & helpful. The support I was given has given me the confidence to return to work' (OH feedback)

Model Health Hospital 2020 HWB data:

'My organisation takes positive action on HWB' (Trust: 30.50%, Peer median: 32.75%, National median: 34.13%)
 'I have experienced MSK problems in the last 12-months as a result of work' (Trust: 26.21%, Peer median: 27.19%, NM 28.63%)
 'I have felt unwell in the last 12 months as a result of work-related stress' (Trust: 45.01%, Peer median 43.20%, NM 43.77%)

Improvement actions

1. The case where it was stated the individual would not recommend the service to a colleague was investigated fully and no further action was determined necessary
2. From October, there will be time-limited outsourcing to Team Prevent for MRs requiring specialist nurse / OHA clinic, which will enable a more timely response to MRs before specialist nurse capacity improves in the new year
3. The process of report-writing is being amended to enable more timely report-writing (short-term plan: bank admin, long-term plan: move into existing OH admin role)

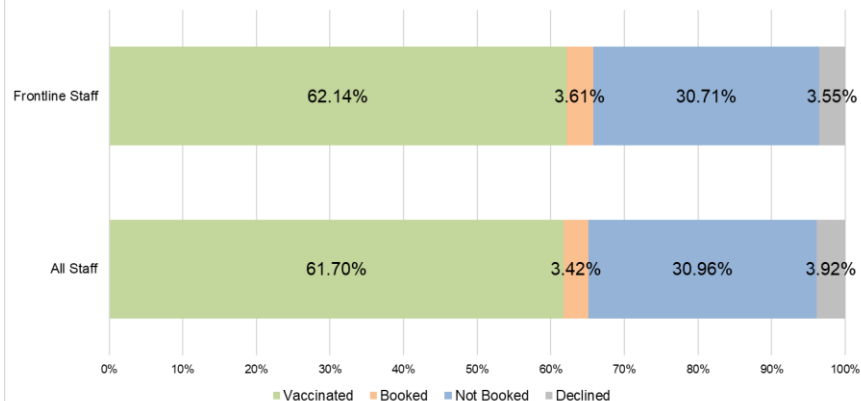
Risk to performance and mitigations

The number of referrals to Staff Health & Wellbeing continue to increase, especially for 1:1 counselling / psychology support

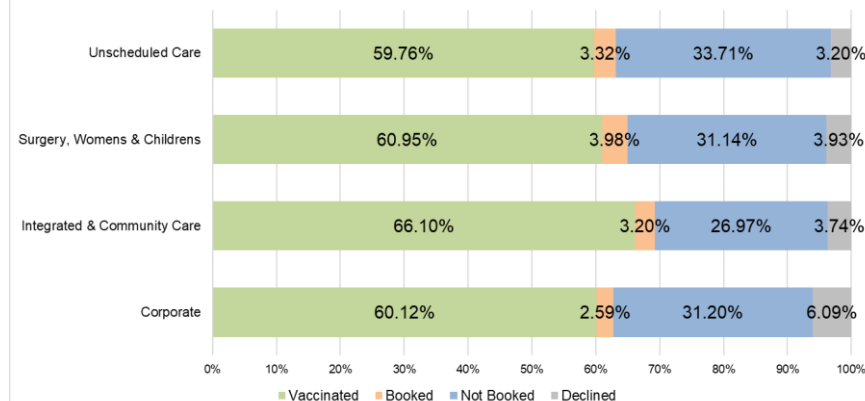
An additional 3 bank health & wellbeing counsellors are in the process of being recruited to help maintain a timely response to need

Exception 3 of 3: Staff Flu Vaccination

Staff Flu Vaccinations
Trust - All Staff vs Frontline Staff



Staff Flu Vaccinations
All Staff by Division



Background

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

Our current compliance rate for all staff is 61.7% and a further 3.4% staff are booked as of the 12th October. (Compliance reporting excludes opt out numbers).

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

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

Improvement actions

1. Positive feedback from staff relating to the 'Vaccination Track' an online flu appointment booking system regarding both improved access to booking an appointment as well as user management of the system.
2. Staff can select a vaccine appointment from 7.30am until 6.30pm with 3 appointments taking place every 6 minutes..
3. The vaccination hub is organised with clear separation between the flu and COVID-19 vaccines in compliance with social distancing and to ensure efficient continuity of both programmes. Clear signage is in place.
4. Weekly Trust communication promoting the flu vaccination campaign supported with photos of staff member flu champions.
5. COVID booster vaccination programme launched on 1st October with appointment and system management through the 'Vaccination Track' online system.

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.

Feedback received that this is impacting on off site staff unable to easily travel to GWH for the vaccination. This issue is with the Flu group for review of alternative options.

Part 4: Use of Resources



Financial Overview

For Period Ended - 30th September 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	36,303	42,049	5,747	●	204,195	214,045	9,849 ●
Total Operating Expenditure	(36,303)	(42,056)	(5,753)	●	(204,195)	(214,011)	(9,817) ●
Total Surplus/(Deficit) <i>excl donated assets</i>	0	(6)	(6)	●	0	33	33 ●
Capital	2,235	395	(1,840)	●	8,926	6,789	2,137 ●
Cash & Cash Equivalents	28,242	22,202	(6,040)	●			
Efficiencies	267	311	44	●	1,272	1,455	183 ●

Overview

Income & Expenditure: The Trust in month position is £6k deficit against a plan of breakeven. Operating Income is £5,747k favourable against plan and Operating Expenditure is £5,753k adverse against plan.

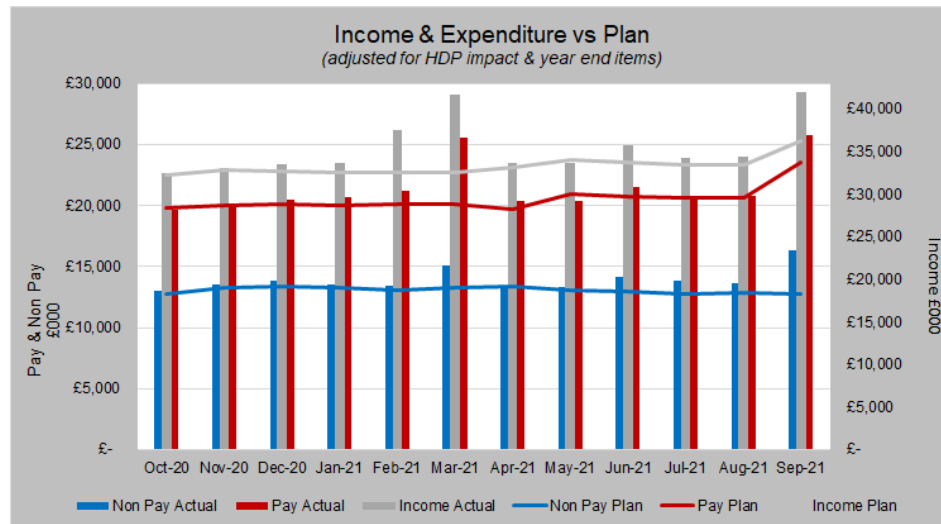
The position includes £7,420k Elective Recovery Funding which is not in the plan. This is matched with income and expenditure.

Cash – the cash balance at the end of September was £22,202k which is below plan. The plan was set at the start of the year and the forecast has been updated for drawdown of the Capital Financing Loan to reflect that NHSI have no yet given approval. The cash balance is in line with forecast.

Capital – Capital expenditure is £6,789k as at the end of Month 6, £2,137k below plan. An adjustment has been made to Fixed Assets in month to reflect additional Covid Donated Equipment from NHSI (£125k).

Efficiencies – £1,455k YTD has been delivered, which is above plan by £183k.

Income and Expenditure - Run Rate

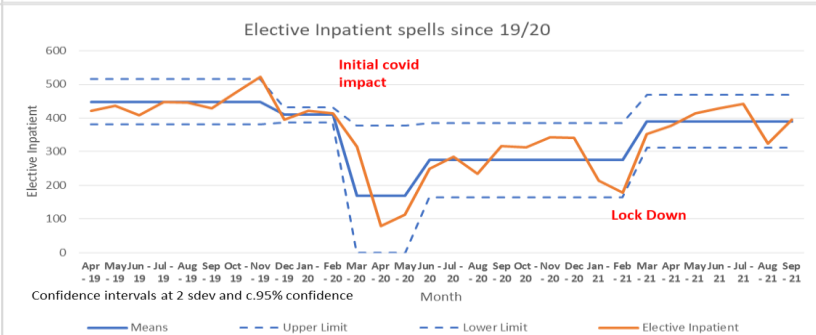
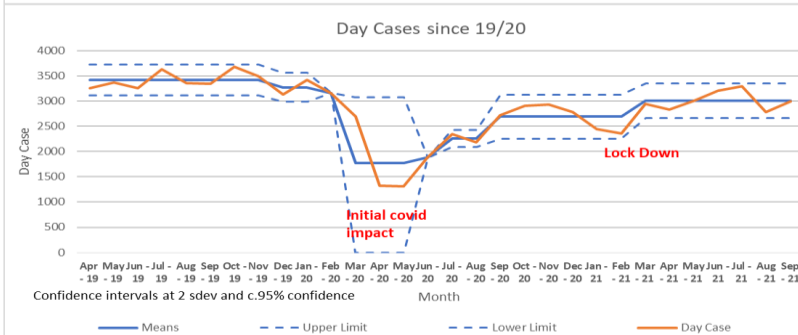
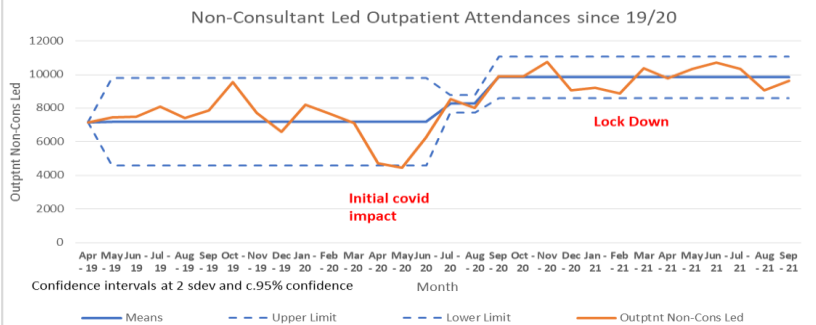
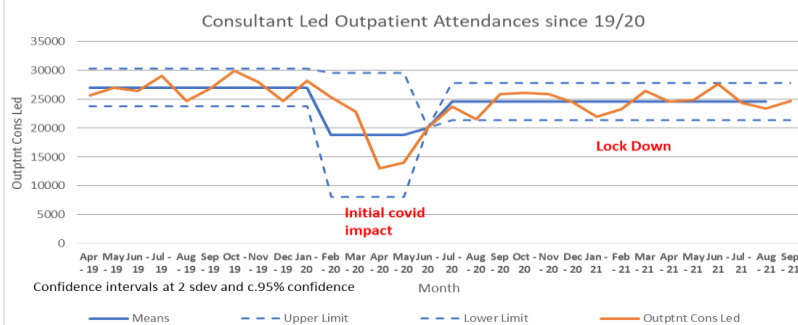
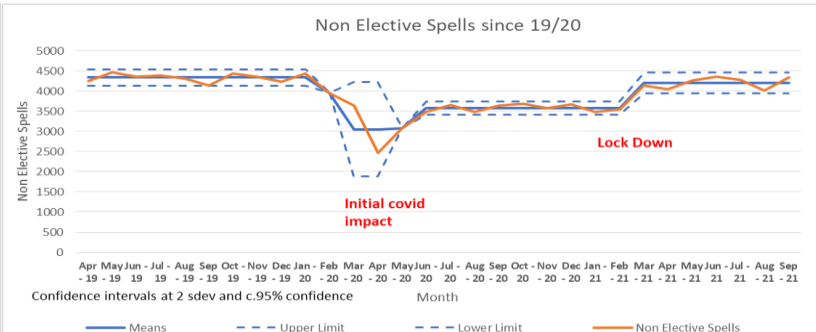
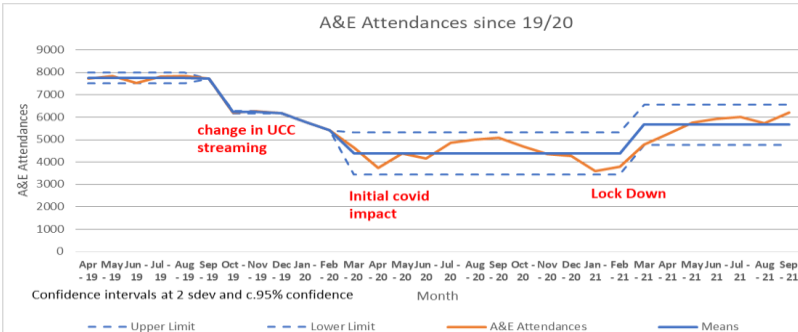


Background

The September position is £6k deficit against a breakeven plan. The plan has been adjusted in month to include the pay award arrears of £2,914k matched by additional funding. The position includes Elective Recovery Fund costs which are above plan. These costs are funded by ERF income earned.

- ERF income of £7,420k is included in the year to date position, matched by costs.
- Monthly Pay underlying run rate has reduced by £94k but continues to be overspent in month by £113k.
 - Medical staffing costs have increased by £41k. The shift fill rate for vacant posts has improved due to greater availability of temporary staff, but the cover is at a premium rate which continues to cause an overspend in Unscheduled Care.
 - The nursing run rate has reduced by £141k. Last month was particularly high due to CCG-funded agency HCAs (£90k) and bank holiday enhancements (£70k). This month has seen an increase in qualified nurses joining the Trust (29wte) although costs have not increased significantly because they have joined late in the month. Temporary nursing costs have reduced in month by £27k.
- Non Pay underlying run rate has increased by £207k and is overspent in month by £1,109k. 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.

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



Background:

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

Income and Activity Delivered by Point of Delivery

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

Activity Type	Activity Variance %	19/20 Income	21/22 Income	Income Variance	Income Variance	Comment (comparing income and activity variances)
		£'000	£'000	£'000	%	
A&E	-25.0%	7,456	6,062	-1,394	-18.7%	Minor activity affected more than major + impact of increased streaming since 19/20
NEL	-2.4%	45,741	49,981	4,240	9.3%	Minor activity affected more than major
Outpatient (All)	-2.5%	21,574	19,005	-2,569	-11.9%	Due to switching to Non face to Face
Day Case	-9.8%	11,954	11,136	-818	-6.8%	Minor activity affected more than major
Elective Inpatient	-12.7%	8,866	8,484	-382	-4.3%	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. August activity was particularly low and September has improved but is still lagging behind pre Covid-19 levels particularly in elective overnight stays.

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

Risks:

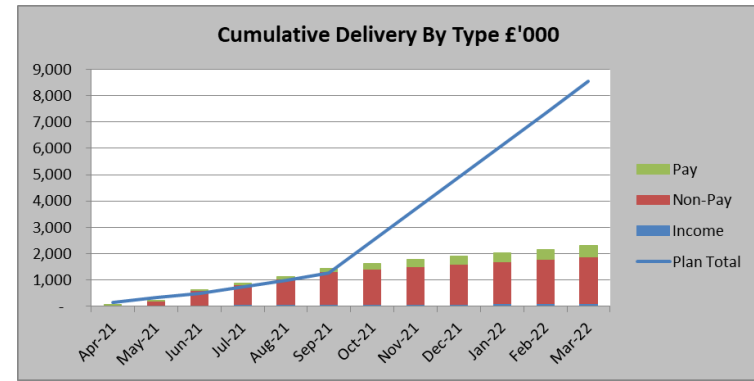
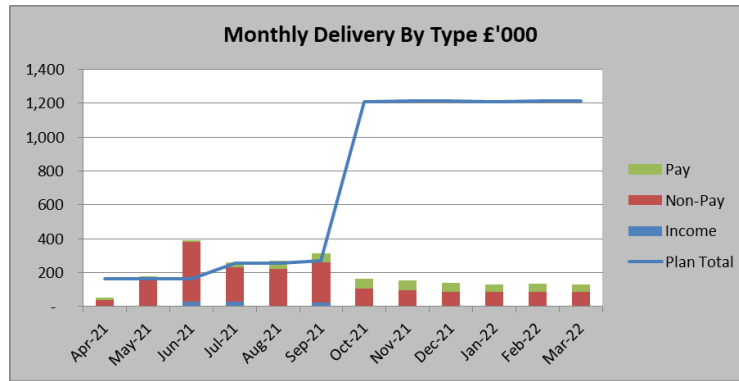
If the previous cost and volume funding approach was reintroduced, activity based income for the year would be c£1.8m lower than 2019/20 income levels due to reduced throughput. This is £2.1m better than the equivalent projection at M5, driven by non elective activity.

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

Actions & mitigation:

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

Cost Reduction – Better Care at Lower Cost



Background

- Cost Reduction identified and delivered in month is £311k which is £44k above plan.
- The total target for H1 is £1,272k, which is 0.7% of the 21/22 total budgets.
- Delivery for the year to date is £1,455k, which is over plan by £183k.
- The values attached to the plan line shown in the charts above for H2 are based on 4% of budget requirement.

Improvement actions planned

A long-list of opportunities and projects has been developed by Finance & T&I colleagues to capture a full view of opportunities outlined to date, which is the pillar of the improvement actions being undertaken.

Divisions have regular improvement board meetings scheduled to bring forward improvement and efficiencies to add to the long-list and to enable a divisional focus on delivery.

Improvement programme governance is under review to ensure robust control is in place moving forward covering idea generation through to project delivery.

Benchmarking variation has highlighted through LoS & Model Hospital a number of areas where further investigations are required by specialty leads.

Risks to delivery and mitigations

The anticipated level of efficiency required for H2 is significant, with identification of opportunities and delivery against them remaining the key area of risk moving forward.

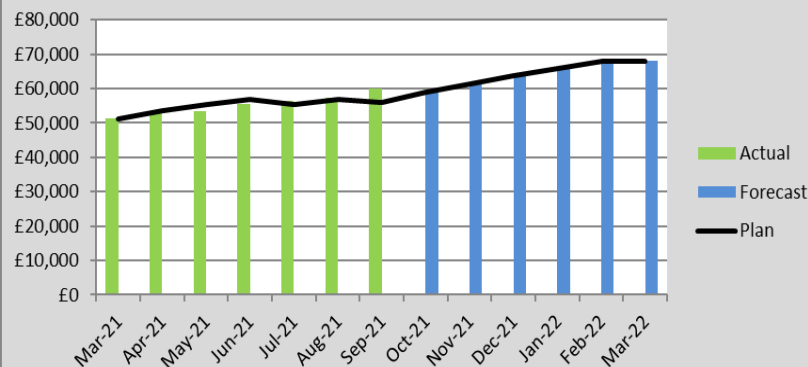
Finance have been driving forward work with divisional leads to outline the financial potential that opportunities highlighted could deliver and have been heavily engaged with divisions to further develop the opportunities identified to date. There has been significant progress in the last few weeks in terms of the potential for H2 as a result, which is being incorporated into the H2 planning.

Next steps to ensure delivery during H2 will include:

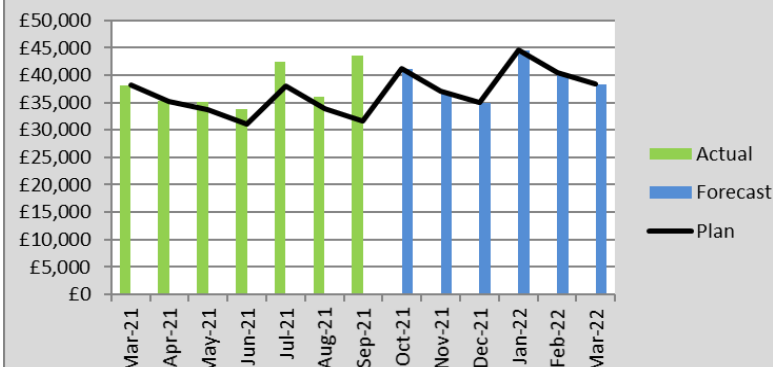
- Continuing opportunity identification / value indication to outline full achievement of the H2 target
- Progression of all projects through EDQIA and project initiation documentation
- Full financial validation of projects
- Progression of project delivery and monitoring of achievement

Statement of Financial Position: Key movements

Payables



Receivables



Background

- Payables are above plan in month due to an increase in accruals for expenditure relating to the Elective Recovery Fund (£4,525k). Capital payables have reduced to reflect prior year invoices for building projects being paid.
- Receivables are above plan in month, mainly driven by income accruals for ERF and the National pay award.
- Fixed Assets have increased to reflect the additional equipment received in year from NHSI in response to the Covid pandemic (£125k).
- A full Statement of Financial Position is included in the appendices.

Risks to delivery and mitigations

- The Capital programme continues to spend at risk as the Emergency Financing Application has not yet been approved. This risk has been escalated to Regional Capital Colleagues.

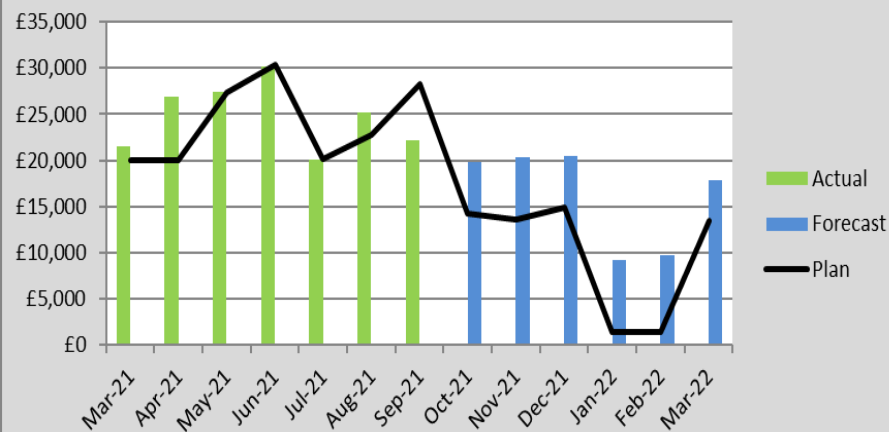
Cash

	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	21/22 Total	Rolling 12 Mths Oct 21 to Sept 22
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening Balance	25,122	22,202	7,844	21,061	20,166	7,179	7,784	15,868	5,455	6,640	7,405	2,044	2,810	3,576	21,553	22,202
Income																
Clinical Income	31,558	27,500	27,435	27,435	27,435	27,435	27,435	27,517	27,517	27,517	27,517	27,517	27,517	27,517	351,561	329,777
Other Income	1,845	1,900	3,568	1,624	1,960	3,563	1,619	1,619	1,619	1,619	1,619	1,619	1,619	1,619	38,258	23,945
Revenue Financing Loan / PDC							11,800				5,526				11,800	17,326
Capital Financing Loan / PDC			16,502	3,849	4,460	3,671	5,011	5,011	5,011	4,537	4,537	4,537	4,537	4,537	33,493	61,663
Total Income	33,404	29,400	47,505	32,908	33,855	34,669	45,865	34,147	34,147	33,673	39,199	33,673	33,673	33,673	435,112	432,711
Expenditure																
Pay	21,552	20,535	20,510	20,510	20,504	20,503	20,449	20,138	20,138	20,138	20,138	20,138	20,138	20,138	241,266	243,839
Revenue Creditors	11,406	9,336	10,217	9,853	11,220	10,848	12,622	8,302	8,302	8,302	8,302	8,302	8,302	8,302	131,312	113,905
Capital Creditors	1,414	2,235	3,505	3,440	3,465	2,713	2,585	4,467	4,467	4,467	4,467	4,467	4,467	4,467	28,866	44,746
PFI		11,653			11,653			11,653			11,653			11,653	35,167	46,612
PDC Interest	1,951						2,125								4,076	2,125
Financing			55						55						110	110
Total Expenditure	36,324	43,759	34,287	33,803	46,842	34,064	37,781	44,560	32,962	32,907	44,560	32,907	32,907	32,907	440,797	451,337
Closing Balance	22,202	7,844	21,061	20,166	7,179	7,784	15,868	5,455	6,640	7,405	2,044	2,810	3,576	5,535	15,868	3,576

Background

- Cash at the end of Month 6 was £22,202k which was £6,040k below the plan level of £28,242k.
- The cash balance is in line with forecast at Month 5 which was updated for the revised capital expenditure and borrowing profile.
- The forecast has been updated for drawdown of the Capital Financing Loan to reflect that NHSI have still not yet approved the request.
- The revised forecast anticipates that revenue support will be required in March 22 (£11.8m) and July 22 (£5.5m).
- The Trust has met its target for the Better Payment Practice Code to pay 95% invoices within 30 days in month. Detail can be found in Appendix 2.

Monthly Cash Balance



Capital Programme

Capital Scheme	Capital Group	2021/22			
		Full Year Plan £000	Month 6 YTD Plan £000	YTD Actual £000	YTD Variance £000
Aseptic Suite	Estates	1,903	539	170	(369)
Oxygen	Estates	500	500	438	(62)
Estates Replacement Schemes	Estates	1,050	100	2	(98)
Utilities (LV & Heating) Project	Estates	2,300	767	625	(142)
Pathlake (national funds requires matching)	IT	260	80	-	(80)
Pathology LIMS (network procurement)	IT	510	151	-	(151)
IT Emergency Infrastructure	IT	3,000	2,094	2,569	475
IT Replacement Schemes	IT	1,404	468	148	(320)
PACS - environment/replacement solution (Nov21)	IT	800	-	144	144
Equipment Replacement Schemes	Equipment	1,450	483	73	(410)
Contingency	Equipment	541	270	-	(270)
Way Forward Programme		9,690	1,462	370	(1,092)
Clover UEC		10,085	2,012	2,250	238
Total Capital Plan (Excl PFI)		33,493	8,926	6,789	(2,137)

Risks to delivery and mitigations

The Emergency Financing application is still awaiting approval from NHSI. A separate application has now been placed for the Energy Centre (Utilities project).

Background

Capital Expenditure as at Month 6 is £2,137k below plan. This is driven by:

- IT:
 - IT Emergency Infrastructure scheme is £475k above plan as in previous months due to phasing. This will be on plan by year end.
 - Orders are beginning to be placed for IT replacement schemes and the allocation is on track to spend in full by year end (£320k below plan).
 - No spend has been reported against PathLake or Pathology LIMs year to date (£80k and £151k below plan)
 - PACs is above plan year to date (£144k) due to work being progressed on decoupling from the existing System C.
- Equipment:
 - Equipment Replacement scheme is £410k below plan, recommendation reports are progressing and the full allocation is on track to be spent by year end.
- Estates:
 - Aseptics is below plan (£369k) due to delays in design and start dates on site.
 - Clover UEC is £238k above plan year to date however the project is expected to be in line with plan by year end.
 - Slippage on Way Forward (£1,092k) and Utilities (£142k) 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.

Review of Board and Committee Effectiveness 2021/22

Meeting	Trust Board	Date	4 November 2021
Summary of Report			
<p>It is good practice for the Board and its Committees to review both their own effectiveness and terms of reference on an annual basis to identify opportunities for improvement and to provide information for the Annual Governance Statement/Annual Report and Accounts.</p> <p>This report sets out the proposed approach for the effectiveness reviews for 2021/22 for the Board and its sub-committees.</p>			
For Information	<input type="checkbox"/>	Assurance	<input type="checkbox"/>
		Discussion & input	<input type="checkbox"/>
		Decision / approval	<input checked="" type="checkbox"/>
Executive Lead	Kevin McNamara, Chief Executive		
Author	Caroline Coles, Company Secretary		
Author contact details	Caroline.coles3@nhs.net		
Risk Implications - Link to Assurance Framework or Trust Risk Register			
Risk(s) Ref	Risk(s) Description	Risk(s) Score	
n/a	n/a	n/a	
Legal / Regulatory / Reputation Implications	n/a		
Link to relevant CQC Domain			
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>
		Caring	<input type="checkbox"/>
		Responsive	<input type="checkbox"/>
		Well Led	<input checked="" type="checkbox"/>
Link to relevant Trust Commitment	n/a		
Consultations / other committee views			
Executive Directors			

Recommendations / Decision Required

The Board is asked to:

- (a) **support the proposed approach to adopt a consistent set of questions for all Board Committees;**
- (b) **consider the questions suggested, suggesting amendments as appropriate; and**
- (c) **endorse the proposed timetable.**

Review of Board and Committee Effectiveness 2021/22

1. Introduction

It is good practice for the Board and its Committees to review both their own effectiveness and terms of reference on an annual basis to identify opportunities for improvement and to provide information for the Annual Governance Statement/Annual Report and Accounts.

This report sets out the proposed approach for the effectiveness reviews for 2021/22 for the Board and its sub-committees.

2. Background

2.1 Why should we regularly review our effectiveness?

As an NHS Foundation Trust regulated by the Care Quality Commission (CQC) and NHS England /Improvement (NHSE/I), the Trust is assessed against the well-led framework and is required to prepare, in conjunction with its Annual Report, an Annual Governance Statement that complies with NHSE/I guidance contained within the NHS Foundation Trust Annual Reporting Manual. Within the well-led framework, the first Key Line of Enquiry (KLOE) tests whether there is the leadership capacity and capability to deliver high quality, sustainable care. In making this assessment, organisations are expected to demonstrate that:

The board regularly reviews its effectiveness (performance, governance, working relationships, skills) and impact on the organisation, and acts on the findings, sharing them openly with staff, patients and the public. All board subcommittees (such as the audit committee) and subgroups carry out and act on annual self-assessments of their effectiveness.

To maintain a good rating from the CQC, the Trust needs to ensure that its:

...leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

In its Annual Governance Statement (AGS), the Trust needs to demonstrate that it has maintained a sound system of internal control and that resources have been applied efficiently and effectively. Effectiveness reviews form part of the information required for the AGS and the Head of Internal Audit opinion. Aside from regulatory requirements, the Trust's culture is one of continuous improvement – a learning organisation. Board and Committee effectiveness reviews help the organisation to identify where to focus in driving the next stage of its development.

2.2 How should we conduct effectiveness reviews?

Feedback on the approach taken to effectiveness reviews has indicated that a 'lighter touch' approach would be more effective. Using a consistent set of questions across Committees will enable us to elicit information about individual Committees and also give us some comparative data to drive improvement.

3. Proposal

For 2021/22 it is proposed that a maximum of twelve questions (derived from research into good practice) are asked focusing on the Board and Committee's role, composition, organisation and effectiveness. In addition, it is 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 suggestions for improvement.

Proposed questions for inclusion in the effectiveness review are as follows:

Role	
1	Does the Terms of Reference for the [Board/Committee] adequately and realistically reflect its role?
2	Is the [Board/Committee]'s annual work/forward plan updated and reviewed sufficiently regularly?
3	Are any changes required to the Terms of Reference or workplan for 2022/23 ?
Composition	
4	Is membership of and attendance at the meeting appropriate to enable the Committee to discharge its duties?
Organisation	
5	Are meetings appropriately scheduled throughout the year (i.e. do they have the correct frequency to meet the business needs of the organisation)?
6	Do you have any concerns with the organisation of the meeting? <i>E.g. are the number of agenda items appropriate, is sufficient time allocated for agenda items, is the timeliness and quality of papers appropriate, etc.</i>

Effectiveness

7 Is the Committee's approach to risk management and assurance working effectively?

It is proposed that fieldwork is conducted in December 2021. The results will be discussed with the Trust Chair, Committee Chairs and Executive Director lead(s) and a report to Board on performance on 2021/22 will be compiled and presented to the Board in March 2022.

Once the outcome of the review has concluded, Board and Committee Terms of Reference will be reviewed and updated accordingly. To support the evaluation of the Board and each Committee's work during the year, the Company Secretary will provide a summary of all the reports received.

A summary timetable is shown below:

Date	Action
December 2021	Questionnaires issued
January 2022	Questionnaire responses reviewed and collated (and used to inform the final AGS and Head of Internal Audit Opinion)
January/February 2022	Responses shared with Committee Chairs and Executive Director lead(s) and discussion at Board sub committees
March 2022	Report prepared for Board

The Committees to be reviewed:-

Trust Board
Audit, Risk & Assurance Committee
Quality & Governance Committee
Performance, People & Place Committee
Finance & Investment Committee
Remuneration Committee
Mental Health Governance Committee
Charitable Funds Committee
Way Forward Programme Committee
Executive Committee
Joint Nominations Committee
Clinical Ethics Advisory Group

4. Decision required

The Board is asked to:

- Support the proposed approach to adopt a consistent set of questions for all Board Committees;
- Consider the questions suggested, suggesting amendments as appropriate; and
- Endorse the proposed timetable.

Constitution Annual Review

Meeting	Trust Board	Date	4 November 2021
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Summary of Report

This report invites the Board to approve amendments to the Constitution.

The proposed changes are 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.

For Information	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Discussion & input	<input type="checkbox"/>	Decision / approval	<input checked="" type="checkbox"/>	x		
Executive Lead	Kevin McNamara, Chief Executive									
Author	Caroline Coles, Company Secretary									
Author contact details	Caroline.coles3@nhs.net									
Risk Implications - Link to Assurance Framework or Trust Risk Register										
Risk(s) Ref	Risk(s) Description						Risk(s) Score			
n/a	n/a						n/a			
Legal / Regulatory / Reputation Implications	n/a									
Link to relevant CQC Domain										
Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>	Caring	<input type="checkbox"/>	Responsive	<input type="checkbox"/>	Well Led	<input checked="" type="checkbox"/>	x
Link to relevant Trust Commitment	n/a									

Consultations / other committee views

Governors
Trust Chair
Chief Executive
Quality & Governance Committee - 21 October 2021

Recommendations / Decision Required

- (a) to approve the amendments of the Constitution as set out in section 4; 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.**

1. Introduction

This report invites the Board to approve amendments to the Constitution.

The proposed changes are:

	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-appointed 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.

2. Changes proposed and rationale

- (i) **Length of Service for Elected Governors.** By statute, an elected governor's term of office is limited to 3 years, and under current provision in the GWH Constitution does not specify how long an elected governor can sit on the Council of Governors. An effective Council of Governors is likely to be one in which the length of tenure allowed strikes an appropriate balance between the benefits of experience and the need to preserve objectivity and independence, taking into account also the need to ensure that Council will be progressively refreshed. NHS Providers suggests that given "the vast majority of people need to learn the governor role from scratch", 3 consecutive terms of up to 3 years each would generally represent a sensible limit. Therefore the governors propose that an elected governor's tenure will be limited to no more than 3 terms of up to 3 years each, subject to re-election, and subject to no elected governor serving more than 9 years in aggregate.
- (ii) **The term of office for the Lead Governor & Deputy Lead Governor roles:** The Lead Governor and Deputy Lead Governor are appointed on an annual basis. The Council of Governors have expressed concerns that on the current basis of appointment there was no continuity of experience or retention of knowledge, particularly when there were significant numbers of new Governors, following an election. The Constitution currently states the term of office is for one year and the governors felt this needed to be for a minimum of two years. However continuation in the role will not be automatic and an annual reappointment process will take place by the Council of Governors.
- (iii) **Criteria for a Lead Governor and Deputy Lead Governor :** The governors propose that a public governor should undertake the role of Lead Governor of the GWH NHS Foundation Trust. This will ensure greater independence, that adequate time is committed to this role (which may potentially be an issue for both Staff and Stakeholder Governors) and also avoid potential conflicts of interest which may arise for Staff Governors.
- (iv) **Create a Nominations & Remuneration Committee :** Currently there are two meetings to fulfil the governor's duties in appointments and annual review of NEDs. In order to simplify the process the proposal is to join these two meetings into one called the Nominations & Remunerations Committee.

3. Other considerations

It is proposed that the above changes come into effect from November 2021 once the Board and Council of Governors have approved the changes.

4. Recommended changes to the Constitution

The recommended changes to the Constitution are (the change is highlighted in yellow): -

	Proposed Change
<i>Annex 6 – Standing Orders for the Practice and Procedure of the Council of Governors (pg 100)</i>	
5.1	The Governors may (in their absolute discretion) appoint a lead Governor and/or a deputy lead Governor at each annual meeting of the Council of Governors. The Lead Governor and/or a Deputy Lead Governor shall be elected/re-appointed by their peers at the last general meeting of the Council of Governors held prior to the expiry of the incumbent Lead Governor's term of office in their capacity as Lead Governor.

	Proposed Change
5.2	The Lead Governor and the Deputy Lead Governor must be elected governors.
5.6	The lead Governor and the deputy lead Governor so appointed shall hold office until the next annual meeting of the Council of Governors but shall be eligible for re-appointment at that time. The appointment as Lead Governor shall be effective for two years or (if earlier): <ul style="list-style-type: none"> until that person resigns the position of Lead Governor by giving notice to the Chairperson in writing; or until that person is removed from the position of Lead Governor by a resolution passed by three quarters of the remaining governors at a general meeting of the Council of Governors.
Preamble(pg 8) 12.1.12	No governor shall serve as a governor for more than three terms of office of up to 3 years each and no governor shall serve for more than nine years in total (whether by consecutive or non-consecutive terms).
Appendix 3 (pg 135)	Joint Nominations Committee terms of reference is deleted (as no longer a Board sub committee). New terms of reference to be agreed by the Council of Governors.
38. Interpretation and Definition 38.6 (Page 25)	"Joint Nominations Committee" means the committee established under paragraphs 1 and 2 of Appendix 3 of Annex 8 of this Constitution; - delete
Annex 5 / Appendix 4 4.2 (pg 89)	The Council of Governors shall appoint a Joint Nominations Committee pursuant to paragraphs 1 and 2 of Appendix 3 of Annex 8 below. Delete

5. Approval Process

Any changes to the Constitution must be approved by the Board of Directors with approval from the Council of Governors and thereafter within 28 days NHSE/I is to be informed of those changes, which it publishes.

6. Recommendation

That the changes to the Constitution and the reasons for them as set out above are approved by the Board and authority for formal drafting be delegated to the Company Secretary and thereafter submission to NHS Improvement.

7. Next Steps

To seek approval from the Council of Governors.