

Quality Account 2021-22



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Part 1: Introduction

Statement on quality from Chief Executive

| Kevin McNamara



I am pleased to present our Quality Accounts for 2021/22.

This report reviews the quality of patient care we have provided over the past 12 months and shares our priorities for the year ahead for improving the safety, outcomes and experience of our patients.

Throughout the year we have faced a number of significant challenges, with the continuation of the COVID -19 pandemic and very high number of patients needing urgent and emergency care, twinned with high numbers of patients who are in a hospital bed but who are medically fit and could be cared for elsewhere in our community – all of which present both quality and operational challenges. At busy times, this has created delays for ambulance crews handing over patients to us which has created real pressure for our ambulance colleagues and impacted on the response times to those who need an ambulance.

Although we have been able to reduce the number of patients waiting more than a year for treatment to 664, our overall waiting list now exceeds 30,000 people.

Our staff have continued to go above and beyond for a sustained period of time to do their best for our patients. On behalf of the Board, I would like to say how proud we are of how staff have responded to the pandemic and other pressures and their commitment to

delivering the care our patients need.

In 2022/23 we will be investing £2.2m in Safer Staffing, which was the number one issue raised by staff in our staff survey, and I hope that this will enable us to provide consistently safe care.

As society learns to live with COVID -19, we must flex and adapt to the challenges the pandemic continues to present, while retaining a real focus on infection prevention and control measures.

This is of course needed not just because of COVID -19, the increases in cases of infections such as *c.Difficile* and Methicillin-resistant *Staphylococcus aureus* (MRSA) highlight the need for a renewed focus on Infection Prevention & Control best practice.

As Bath Salisbury Wiltshire's only integrated provider, we continue to do all we can to improve the pathways of care across primary, secondary and community care.

Our GP practices have been on a long-term programme of improvement since they joined us in November 2019 and have made some significant steps forward, notably in improving access to primary care. These practices were due to be inspected in May 2022.

In May 2021 we launched Great Care across the Trust, a co-ordinated focus on providing harm-free care, expert care, and personalised care, in an improved environment for delivering this care. This has been well-received by staff, and there is a continued programme of work to embed the improvements needed.

In 2022/23 we will publish our new Quality Strategy which will take us up to 2026 and sets out what we are doing to improve quality and how this will be given greater impetus through Improving Together which will embed continuous improvement every day.

Improving Together is a new way of working, which will give staff the skills and training they need to bring about positive change in their areas themselves.

Quality remains the golden thread running through everything we do and this year we have put forward three priorities to focus our efforts:

Priority 1: Explore a systematic approach oriented towards embedding learning from serious incidents in line with expectations within National Patient Safety Strategy.

Priority 2: Planning for a patient's discharge from hospital is a key aspect of effective care. We will reduce unnecessary delays and improve communication to support the discharge experience of our patients.

Priority 3: We will ensure that our patients receive optimal nutrition and hydration.

You can read more about why we've chosen these priorities, which I hope will resonate with our patients, elsewhere in this report.

As we look forward to 2022-23 we have a real sense of hope in seeing some long-standing programmes of work come to fruition and begin to start delivering improvements for patients.

This year alongside Oxford University Hospitals NHS Foundation Trust we will see the opening of the Swindon Radiotherapy Centre on our site, made possible by the fundraising efforts of our community and our hospital charity Brighter Futures.

Our new Urgent Treatment Centre will open as part of our Way Forward Programme and presents the opportunity to deliver high quality urgent care in a purpose-built setting.

Finally, we are more aware than ever before of the potential that we, as a large organisation in Swindon, can play in increasing life chances, reducing health inequalities and improving population health. We have established a Health Inequalities Steering Group and are beginning to embed a greater understanding and awareness of our role in addressing inequality in our organisation.

I hope you enjoy reading about our progress and plans for the year ahead.



Kevin McNamara
Chief Executive

About us and the service we provide



The Trust's geographical area covers Wiltshire, parts of Bath and North East Somerset, parts of Hampshire, Dorset, Oxfordshire, West Berkshire and Gloucestershire, covering a population of approximately 1,300,000 people.

Great Western Hospital

The Great Western Hospital is a purpose built District General Hospital providing emergency care, elective (planned) surgery, diagnostics, paediatrics, maternity (both midwife and consultant led), and outpatient and day case services.

The Brunel Treatment Centre

At the Great Western Hospital, there is a purpose built centre for elective surgery called the Brunel Treatment Centre.

The centre has enabled the Trust to separate emergency from elective (planned) surgery.

Swindon Intermediate Care Centre (SwiCC)

SwiCC is located in a separate building on the Great Western Hospital site. Patients receive therapy and further care here before being discharged to their own homes or to another community healthcare setting.

Community and GP services

The Trust is a provider of community health services across Swindon. These services are provided by community nurses and therapists, located at various GP practices, Health Centres and patients' homes.

The Trust also manages the provision of services for two GP practices, Abbey Meads Medical Group and Moredon Medical Centre. These practices provide GP services from four locations across Swindon, including Moredon Medical Centre, Abbey Meads Medical Practice, Crossroads Surgery and Penhill Surgery, providing care to over 30,000 people.

Our key achievements

April 2021- April 2022



April 2021

Care Quality Committee recognise improvements in primary care and we became the 5th most improved Trust in the country.



May 2021

Great Care campaign launched.



June and July 2021

Represented at National Parliamentary Awards.



August 2021

- Our first SAFER week was held.
- Marked Pride celebrations with new rainbow crossing.
- Roll-out of dedicated patient phones.
- First Nursing, Midwifery and Allied Health Professional Forum held.



September 2021

- Staff Facebook Group launched.
- Trust receives Veteran Aware Bronze accreditation.
- Pilot for new colon capsule endoscopy cameras to test for bowel cancer.



October 2021

- Our Oxygen capability was upgraded.
- Long COVID -19 support group launched.
- Launched the Matrons Leading with Impact programme.
- First podcast, Great to Talk, with a focus on Equality Diversity and Inclusion.
- Celebrated Black History Month.



November 2021

Staff Excellence Awards.



December 2021

Research and Innovation Team are first in the world to trial new pacemaker method.

Our key achievements

April 2021- April 2022



January and February 2022

New academy for health and care staff in Bath Salisbury Wiltshire.

March 2022

Trust introduces new escalation policy to manage pressure and demand on services.



April 2022

- Introduced patient-initiated follow-up (PIFU) appointments for patients to book in their own follow-ups to reduce the need for unnecessary routine review appointments.
- Improving Together training launches for staff.

Improving together



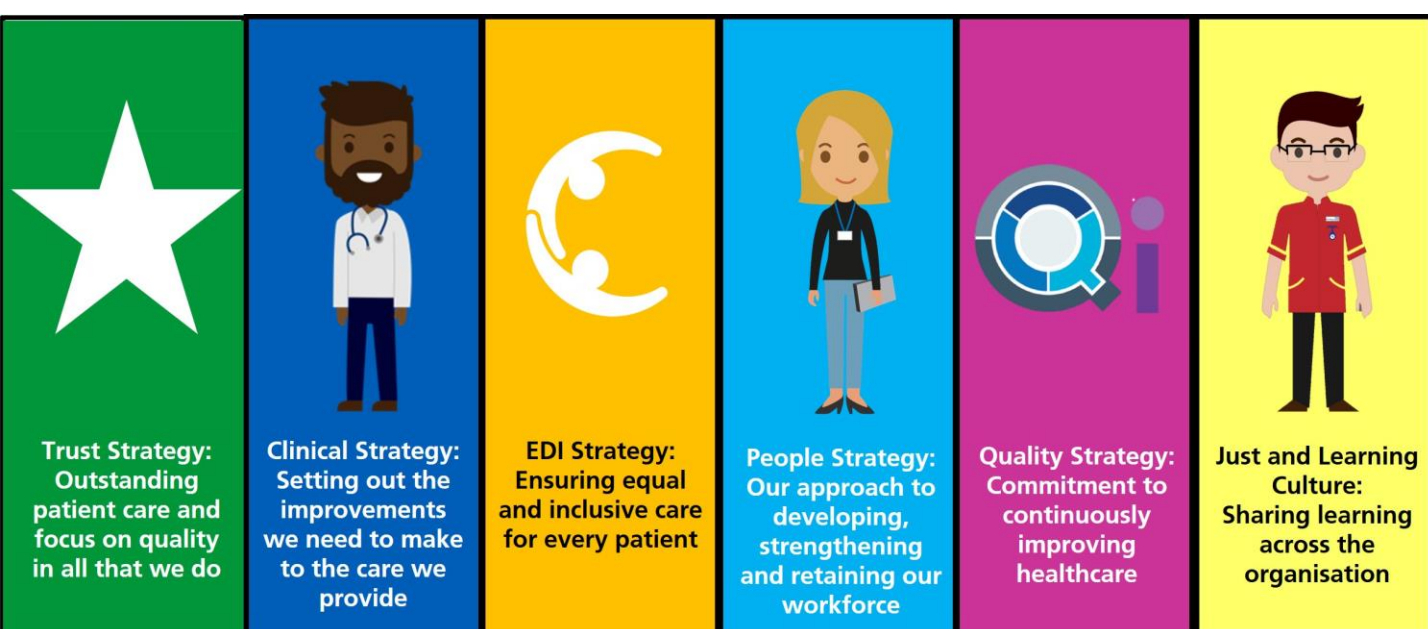
Patient experience and engagement

Great Western Hospitals NHS Foundation Trust strives to provide the highest quality patient-centred care for our patients and their families across our acute, community and primary care settings. We are ambitious, and are working hard to improve our CQC rating and achieve an outstanding review.

Over the last year, we have developed our Patient Experience and Engagement Framework. Key to its development has been the collaboration with our staff, patients, public members and governors. The Framework closely aligns to the new CQC Strategy and their approach to regulation is being driven by peoples' needs and experiences of health care services. The aim of this Patient Experience and Engagement Framework is to help us to understand what is important to our patients and their families, in order for us to make improvements to the care that we deliver.

We want to expand the opportunities for patients, families and carers to provide us with feedback and develop new patient involvement, partnership working and co-design processes in order to truly hear their voice in everything that we do.

This framework aligns closely to our Trust Strategy pillars, our Trust Vision and other evolving strategies and work streams, as outlined in the graphic below.



Our Quality Strategy

The Quality Strategy sets out our aims and objectives for 2022-26. It follows our overarching Trust strategy and describes the elements that drive our approach to quality. The strategy includes ‘Improving Together’ - an ambitious transformation programme to embed a culture of continuous improvement across the Trust.

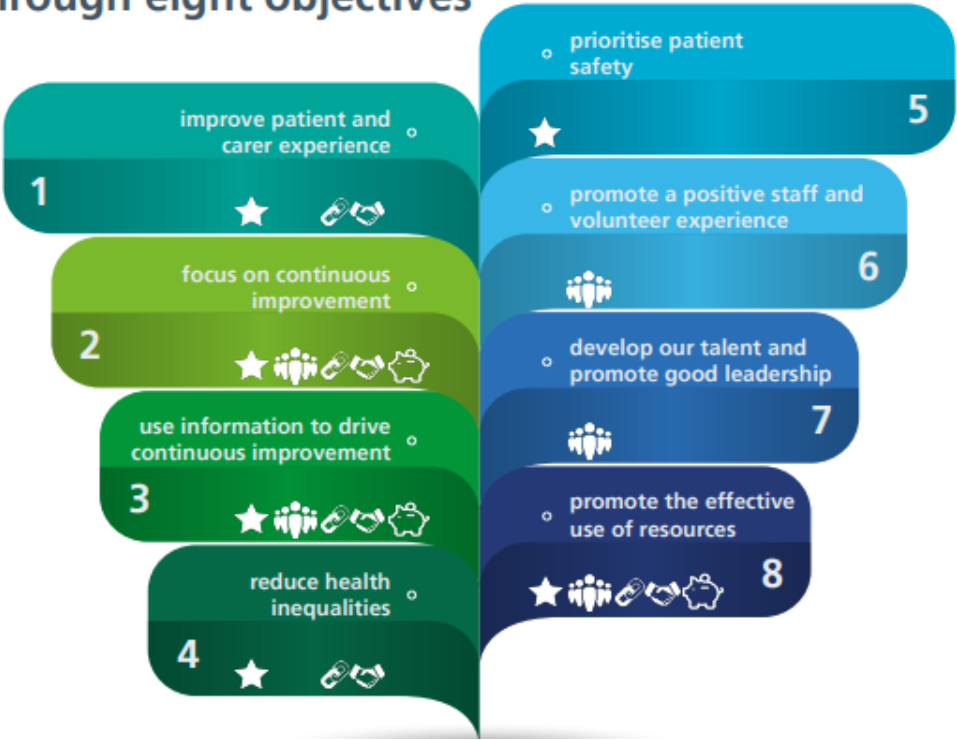
Our strategic pillars



Our quality aims

| | | | |
|--------------------|--|--|---|
| Deliver Great Care | Improve staff and volunteer experience | Improve population health through better patient outcomes, safety and clinical effectiveness and reducing health inequalities and harm | Ensure value for money through improvement and efficiency |
|--------------------|--|--|---|

We'll deliver this through eight objectives



Great Care Campaign

Care with compassion, getting the fundamentals right and keeping the patient front and centre is our start point, we want every patient to have the best possible experience when using our services. Our ambition is for all our patients to receive Great Care and we recognise that every staff member plays a vital part in that.



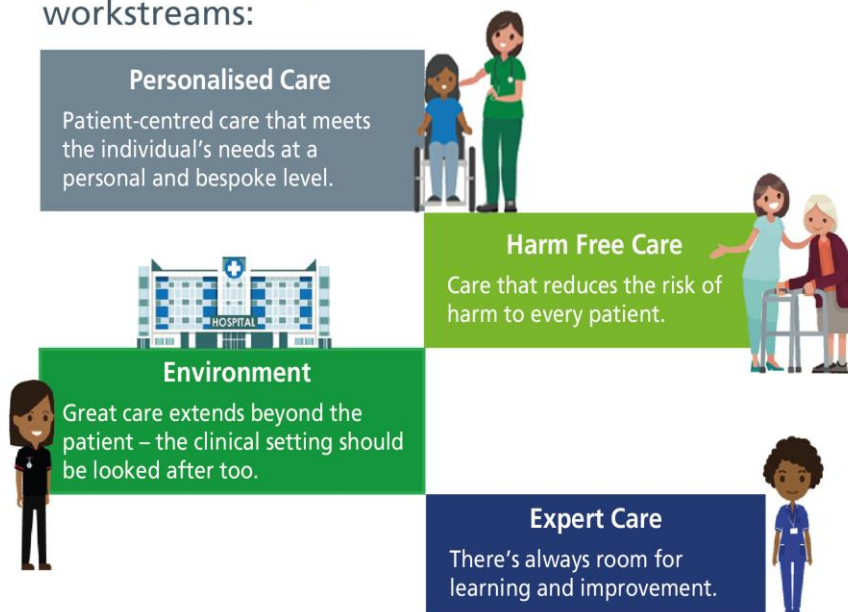
We launched the 'Great Care' campaign, to support existing and new improvement projects or ideas, our aims are to

- Deliver great care to every patient all of the time and seek to continually improve the care we provide to patients
- Receive regular feedback from patients, their families and carers
- Engage and empower staff to deliver great care

The key to this campaign is keeping the patient at the very centre of all that we are trying to do. This means proactively collecting feedback and listening intently to our patients and their families and carers, and ensure we respond in a timely and effective way so as to ensure a positive and sustainable impact on their care experience.

Our ambition is to develop a culture and a shared language across the Trust that is synonymous with Great Care.

Our four campaign workstreams:



Improving Together

Improving Together is our new Trust-wide approach to change, innovation and continuous improvement, introducing a consistent methodology across the organisation so that 'improving' becomes something we all do in the same way.

For this approach to work effectively, it is important that all staff are clear about how they can personally contribute towards, or lead, improvements.

Staff across the organisation will receive training, coaching and support, so that we all have the same tools, routines, and behaviours needed to make change happen and lead improvements in our areas.

Improving Together will help us to embrace the changes that are already happening in every corner of the organisation, on our hospital wards, in our GP surgeries and in patients' homes.

Improving together

It's how we are going to deliver our vision and the four pillars that we want to be known for, and will become the golden thread that runs through all that we do to make this a safer place to receive care and a better place to work.



Healthwatch Enter and View Visit

It was a great pleasure to welcome Healthwatch to the organisation as part of the Enter and View visits. The purpose of the visit was to identify good practice which can be celebrated and shared, as well as to identify any concerns service users have, Healthwatch developed the summary below to reflect their findings.

You said

We did

Great Western Hospital

In July 2021, Healthwatch Swindon, Wiltshire and West Berkshire heard the experiences of patients that had used the Emergency Department (ED), Urgent Care, and four inpatient wards at Great Western Hospital (GWH) in Swindon. The following changes have since been made by Great Western Hospitals NHS Foundation Trust, based on the feedback we heard.

You said
Help us find the right service

What's changed?

- Social media campaigns to highlight other services available
- Navigation Hub to help patients find the right service quickly
- Navigator in ED reception to direct patients on arrival

You said
We need a better night's sleep

What's changed?

- Eye masks and ear plugs given to patients
- Noisy waste bins replaced
- Sleep Champions to promote the importance of a restful environment

You said
We want to talk more with our loved ones

What's changed?
Dedicated Patient and Family phones on all wards, and virtual visiting options

You said
We need more information when we're discharged

What's changed?
Safety Netting process calls patients once they've been discharged to ensure services are in place

You said
We would like a better choice of food

What's changed?
Working with hospitality services provider Serco to increase food options and cater more for specific diets

You said
Carers need to feel more involved

What's changed?

- Carers' Café relaunching
- More recliner chairs on wards so carers can stay overnight
- Admiral Nurses hold weekly dementia advice sessions on Teal Ward

You said
Tell us what's happening while we're waiting

What's changed?
New signage and information boards in ED

Visit our websites for more information



Part 2: Priorities for improvement and statements of assurance from the Board

About the Quality Account

Our Quality Account is our annual report to the public about the quality of the services we deliver as a health care provider. The Quality Account describes the Trust's approach to quality, and provides an opportunity for scrutiny, debate and reflection by the public.

The Quality Account publication this year reflects the impact of the pandemic on our Trust in terms of how this impacted our capacity to deliver services at a normal pace.

Whilst there were elements of our priorities that were impacted, the Trust continued to deliver improvements in many areas.

Each year, our Quality Account is both retrospective and forward looking. We look back at the year just passed and present a summary of our key quality improvement achievements and challenges.

We look forward and set out our quality priorities for the year ahead, ensuring that we maintain a balanced focus on the three key domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Our quality priorities are chosen following a process of review of current services, consultation with our key stakeholders and most importantly through listening to the feedback from our service users and carers.

Some of the content of the Quality Account is mandated by NHS Improvement and /or by The NHS (Quality Account) Amendment Regulations 2012, however other parts are determined locally and shaped by the feedback we receive.



“Quality runs through everything we do”

2.1 Priorities for improvement

Results and achievements for the 2021-22 Quality Account Priorities

In this section we outline the progress that we have made during 2021/22 in delivering the priorities.

2021-22 Priority 1: Listening and engaging with our patients, their families and carers

Why was this a priority?

We are committed to ensuring that our patients their families and the wider public have opportunities to understand, get involved and influence the care that we provide.

By involving patients and their families and ensuring that their voice is heard, we believe that this will have a positive impact on the outcome of their care and treatment. Patient, carer and family representation will bring important views, perspective and challenge into the work that we do and is essential in championing a service user viewpoint.

Aims and progress made in 2021-22



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

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



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

- Not all action could not be undertaken as anticipated due to the COVID -19 response, however a new Volunteers patient experience forum has now been set up to drive the process of care conversations. Care conversations have been introduced as part of the introduction of Ward Buddies to support during winter pressures.



Partially achieved: Aim 3 - Develop quality and feedback boards

- Not all action could not be undertaken as anticipated due to the COVID -19 response, however, new quality and feedback boards are on order along with additional media screens which will display information about what patients are telling us and the improvements that we have made as a result
- Several engagement and involvement opportunities have been advertised to our trust members
- We have multiple patient participation groups in place across the trust including: Cancer Partnership, Dementia/Admiral Nurses, Audiology, Podiatry, Learning Disability, Chaplaincy volunteers, Paediatrics Family voices group, Maternity Partners, SWIFT Neonates, Primary Care Public Participation Meeting, Swindon Eye patients
- We are working with local authorities including Voluntary Action Swindon, Swindon Equality Coalition and Healthwatch, Swindon Borough Council, Travelling and Gypsy communities, Asylum seekers and young mums
- We have also achieved Armed Forces Covenant Veteran Aware Bronze Accreditation



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

- Not all action could not be undertaken as anticipated due to the COVID -19 response, however as part of the Great Care Campaign a refresh of all ward information boards is underway to ensure that signposting is clear for patients and families of who to contact with a concern

We are developing 'Care Reflections' which will provide real patient stories for staff to use in training, meetings and in their reflective work in order to bring the patients true experience to life

We are developing closer links with community partners and system colleagues to triangulate our work and ensure we are engaging more with seldom heard groups

We are helping our staff to understand the importance of hearing the patient voice in the work that they do and providing them with documentation and tools to ensure that they feel confident in involving patients

We are providing new patient involvement, partnership working and co-design opportunities that are advertised widely to our trust members and local communities

We continue to embed learning and providing visibility across the organisation to celebrate and advertise the improvement work taking place

2021-22 Priority 2: Reduce the incidence of hospital acquired pressure ulcers

Why was this a priority?

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

Aims and progress made in 2021-22



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

- Due to the COVID -19 restriction we were unable to undertake the planned mattress audit, however the focus now is to re audit in May 2022 for the remaining mattresses.
- We are introducing a bi-annual mattress audit across the Trust in partnership with equipment library



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

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



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

- Data quality review undertaken by Tissue Viability Team



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

- Not all action could not be undertaken as anticipated due to the COVID -19 response, however a revised Pressure Ulcer education module now live
- Ongoing monitoring of compliance by the Tissue Viability Team



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

- Safer Skin Champions in place across areas within the organisation



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

- Due to restrictions during COVID -19 there were delays with implantation however Mattress trials are currently taking place in areas with future plans to roll out more widely once trial completed.
- The intensive Care Unit successfully evaluated bespoke pressure relieving equipment , these of these mattresses now in place

Next steps

Undertake the remaining 25% outstanding Mattress audit in May 2022

Introduce bi-annual audit across the Trust

Establish annual cycle of mattress review across the Trust to determine replacement programme .



Partially achieved: Aim 7 - Implementation of a digital pressure ulcer assessment tool

- The assessment tool is planned to be added to the digital platform, Nervecentre to encourage compliance, this will be supported by a programme of workshops and education.
- Introduce to staff a video of training to include:
 - Skin Assessment
 - Surface
 - Keep Moving
 - Incontinence & Moisture
 - Nutrition and hydration
 - Giving information



2021-22 Priority 3: Achieving smooth and effective flow across the hospital and community

Why was this a priority?

The Flow programme is a whole system approach to ensure that patients are seen in the most appropriate or safe location by the right person in a timely way. Flow is key to preventing bottlenecks, which can result in patients not receiving the right care at the right time or in the right place.

When we do not have the right conditions for patients to flow through our Hospital and Community, patients experience unnecessary admissions to hospital resulting in physical deconditioning requiring additional interventions, prolonged lengths of stay and clinicians being unable to deliver effective, responsive, and safe care and treatment.

Flow is crucial to ensure the safety of patients arriving at the emergency department to ensure the swift transfer from ambulance care to hospital care and where possible back to their community.

Aims and progress made in 2021-22



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

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



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

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



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

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



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

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



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

- Work ongoing to ensure we are time sensitive around moving patients and aim to do this by 10pm.



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

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



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

- 15 internal pathways have been identified to direct patients to receive the correct care
- Continue to improve the Single Point of Access (SPOA) services for patients with minor injuries



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

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



Partially achieved: Aim 9 – Develop further admission avoidance pathways

- Ongoing Divisional work to streamline all referrals away from Emergency Department via the Navigation Hub
- Community have implemented a virtual ward to ensure patients are on the correct pathway, work continuing to develop the service
- Rapid response pathways being created
- Continue to look at Falls/Chest Pain pathways to re-direct these from Emergency Department.
- Work to be completed to improve the Mental Health pathways

Next steps

We are looking to develop and establish a pathway around 'Putting the Hospital to Bed' to reduce the amount of patient moves after 10pm

Ongoing work to improve the Navigation Hub to direct patients to the correct pathway and avoid unnecessary admission to the emergency department.

Work collaboratively with the Community to identify gaps in the Hospital Discharge Policy to ensure the standards are being met



Choosing our priorities for 2022-23

The following priorities have been agreed by the Trust for 2022-23. These will be reported in full in the 2022-23 Quality Account with quarterly reporting to the Patient Quality Committee and Executive Committee

The following sources were used to identify potential Improvement priorities

- Stakeholder and regulator reports and recommendations
- Clinical audit data
- Results from national In-patient surveys
- Local and national audit
- Feedback from Healthwatch through partnership working
- CQC inspection report and CQC insight reports
- Feedback from our Trust board
- Emergent themes and trends arising from complaints, serious incidents and inquests
- Complaints, concerns and FFT responses

The Trust Board, Senior leaders, Council of Governors, Clinical Commissioning Group and Healthwatch, were presented with various options to consider as Improvement priorities and invited to vote, this process established our Improvement Priorities for 2022/23.

Each priority has been aligned to a quality domain; patient safety, patient experience, and clinical effectiveness.

The progress against 'what will success look like' outlined against our quality priorities above will be reported and monitored by a quarterly report presented to the Patient Quality Committee

Our four pillars – what we want to be known for



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



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



Improving quality of patient care by joining up acute, community and GP services in Swindon, and through our partnerships



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

2022-23 Priority 1: Explore a systematic approach oriented towards embedding learning from serious incidents in line with expectations within Patient Safety Strategy

Why is this a priority?

The Patient Safety Team recognises the importance of developing and embedding a system and culture that is committed to improving patient safety.

This culture will include enabling our patients and staff to feel empowered to discuss their concerns openly through supportive reporting and feedback methods, supported by clear and compassionate leadership. Leading to embedding robust learning through review and sharing from incidents and complaints.

The Trust has five patient safety priorities that each have a programme developed collaboratively by subject matter experts setting out improvement actions and monitoring their impact:

- Medicine management
- Fall
- Pressure damage
- Deteriorating patient
- Nutrition and Hydration

What are our aims for the coming year?

We will establish continuous improvement programmes to support ongoing learning associated with our patient safety priorities and other learning identified through patient safety incidents or complaints.

To do this we will:

1. Develop a platform for shared learning that is available to all staff across the organisation.
2. Develop a series of learning media for each scenario. Engage with leads for each action to use the learning scenarios for each action.
3. Develop a 'look back from learning' each year. A process of review for each serious incident, looking at the learning identified and explore where the learning was shared.
4. Establish a learning from patient safety group that has Trust wide representation.
5. Develop a newsletter for wider learning and sharing.

How will we monitor and measure our progress?

Monitor key performance indicators on the Learning Zone. (e.g. number of video views)

Review action plans for each SI and work with the identified lead to identify the shared learning media to be used.

Complete a 'look back from learning' report that can be shared across the organisation.

Build a Divisional sharing section into the Patient Safety and Learning group.

Review the quality improvement plans for each improvement group through the Patient Safety and Learning group.

Develop an annual programme of Patient Safety Summits to share learning.



2022-23 Priority 2: Planning for a patient’s discharge from hospital is a key aspect of effective care. We will reduce unnecessary delays and improve communication to support the discharge experience of our patients.

Why is this a priority?

Our patients and their families are frequently telling us that they experience poor communication, a lack of information and feel unprepared for their discharge. We also know we have many patients in hospital who do not require hospital care, we want to work closely with our system partners to ensure patients get home as soon as they are medically fit.

What are our aims for the coming year?

- 1. Reduce the overall the number of complaints and concerns associated with discharge
- 2. By working with system partners reduce the number of patients who experience delayed discharge
- 3. Embed the process for implementing a safety netting call for patients (> 60years and LOS >72 hours) on the day after their discharge

How will we monitor and measure our progress?



2022-23 Priority 3: We will ensure that our patients receive optimal nutrition and hydration

Why is this a priority?

Adequate nutrition and hydration is a fundamental part of patient care. Optimising nutrition and hydration can lead to improved recovery & reduce length of stay in hospital, avoidance of hospital admission and improvements in quality of life.

What are our aims for the coming year?

1. That 95% of appropriate patients will have an accurate MUST score completed within 24 hours of admission
2. Embed correct use of coloured tray system red need assistance/monitoring, green/allergies, brown/everyone else
3. Embed the practice of protected meal time compliance with all wards
4. Ensure that Nutrition and hydration needs are met for all Infant, Children and Young people admitted to GWH though compliance with the Nutrition Clinical guidelines.

How will we monitor and measure our progress?

Reports from informatics quarterly, to measure compliance.

Audit use of correct trays,

Nutrition Champion's to audit their area.

Improvement in appropriate questions in the National In-patient Survey.

Pre and post training questionnaires. Dietetic referral data. Prescribed supplement usage.

2.2 Statements of assurance from the Board

Information on the Review of Services

During 2021/22 the Great Western Hospitals NHS Foundation Trust provided and/or subcontracted 8 relevant health services.

The Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2021/22 represents 100% of the total income generated from the provision of relevant health services by the Great Western Hospitals NHS Foundation Trust for 2021/22.

Clinical audit and national confidential enquiries

During 2021/22, 56 national clinical audits and four national confidential enquiries covered relevant health services that Great Western Hospitals NHS Foundation Trust provides.

During that period Great Western Hospitals NHS Foundation Trust participated in 92% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Great Western Hospitals NHS Foundation Trust was eligible to participate in during 2021/2022 are as follows alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 1: Participation in national clinical audits and confidential enquiries

| Clinical Audit / National Confidential Enquiries | Participation? | % Cases Submitted |
|--|----------------|-----------------------------------|
| National COPD Audit Programme - Secondary Care: 2021 | Yes | 100% |
| National Adult Asthma Audit Programme - Secondary Care 2021/22 | No* | 0% |
| National Paediatric Asthma - Secondary Care 2021/22 | No* | 0% |
| National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehabilitation 2021/22 | Yes | Data Collection Still in Progress |
| National Sentinel Stroke National Audit Programme (SSNAP)* 2021/22 | Yes | Data Collection Still in Progress |
| National Sentinel Stroke National Audit Programme (SSNAP)* 2021/22 | Yes | Data Collection Still in Progress |
| MBRRACE-UK 2021 : Perinatal Confidential Enquiries | Yes | Data Collection Still in Progress |
| MBRRACE-UK 2021 : Perinatal Mortality Surveillance | Yes | Data Collection Still in Progress |
| MBRRACE-UK 2021 : Maternal Mortality Surveillance and Confidential Enquiries | Yes | Data Collection Still in Progress |
| MBRRACE-UK 2021 : Perinatal Mortality Review Tool | Yes | Data Collection Still in Progress |
| National Neonatal Intensive & Special Care Audit (2021 Data) | Yes | Data Collection Still in Progress |
| National Paediatric Diabetes Audit 2021/22 | Yes | Data Collection Still in Progress |
| National Pregnancy in Diabetes 2021 | Yes | 100% |
| NCEPOD - Child Health Programme - Transition from child to adult health services | Yes | Data Collection Still in Progress |
| NCEPOD - Community Acquired Pneumonia | Yes | Data Collection Still in Progress |
| NCEPOD - Crohns Disease | Yes | Data Collection Still in Progress |
| NCEPOD - Epilepsy Study | Yes | 100% |
| National Severe Trauma Audit - TARN (21/22) | Yes | Data Collection Still in Progress |
| National Elective Surgery Audit - National PROMs Programme (2021-22) | Yes | Data Collection Still in Progress |
| National Case Mix Programme 2021/22 | Yes | Data Collection Still in Progress |
| National Emergency Laparotomy Audit - Yr 9 NELA 2021/22 | Yes | Data Collection Still in Progress |
| National Joint Registry - NJR (2021/2022) | Yes | 100% |
| National Cardiac Arrest Audit NCAA 21/22 | Yes | Data Collection Still in Progress |
| National Acute coronary syndrome or Acute myocardial infarction (MINAP)2021/22 | Yes | Data Collection Still in Progress |
| National Cardiac Rhythm Management (CRM) 2021/22 | Yes | Data Collection Still in Progress |
| National Falls and Fragility Fractures Audit Programme (FFFAP) 2021/22 - Hip Fracture Database | Yes | 100% |

Table 1: Participation in national clinical audits and confidential enquiries cont

| Clinical Audit / National Confidential Enquiries | Participation? | % Cases Submitted |
|--|----------------|-----------------------------------|
| National Falls and Fragility Fractures Audit Programme (FFFAP) 2021 - Inpatient Falls | Yes | Data Collection Still in Progress |
| National Heart Failure Audit 2021/22 | Yes | Data Collection Still in Progress |
| National Inflammatory bowel disease (IBD) Biological Therapies 2021/22 | Yes | Data Collection Still in Progress |
| National Audit of Percutaneous Coronary Intervention (PCI) 2021/22 | Yes | Data Collection Still in Progress |
| National Lung cancer Audit (NLCA) 2021/22 (2021 data) | Yes | Data Collection Still in Progress |
| National Rheumatoid and Early Inflammatory Arthritis 2021/22 | Yes | Data Collection Still in Progress |
| National Oesophago-Gastric Cancer Audit (NOGCA) 2021/22 | Yes | Data Collection Still in Progress |
| National Bowel Cancer Audit Programme (NBCA) 2021/22 | Yes | Data Collection Still in Progress |
| National Prostate Cancer Audit (NPCA) 2021/22 (2020/2021 data) | Yes | Data Collection Still in Progress |
| National Diabetes Foot Care Audit 2021/22 | Yes | Data Collection Still in Progress |
| Audit of Blood Transfusion against NICE Guidelines 2021 | Yes | 100% |
| National End of Life Audit 2021/22 (NACEL) | Yes | 100% |
| Society for Acute Medicine Benchmarking Audit (SAMBA) 2021/22 | Yes | 100% |
| National Audit of Dementia: Carer questionnaire 2021/22 | NA | Audit Withdrawn |
| National Diabetes Audit Core 2021/22 | No* | 0% |
| National Diabetes Audit Core 2021/22 | Yes | Data Collection Still in Progress |
| National Diabetes Transition Audit (linkage with NPDA) 2021/22 | No* | 0% |
| National Diabetes Transition Audit (linkage with NPDA) 2021/22 | Yes | Data Collection Still in Progress |
| LeDeR Programme 2021/22 | Yes | Data Collection Still in Progress |
| National Maternity and Perinatal Audit (NMPA) 2021 | Yes | 100% |
| National Audit of Breast Cancer in Older Patients 2021/22 | Yes | Data Collection Still in Progress |
| Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme 2021 | Yes | 100% |
| National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) - 2020/21 - Cohort 3 | Yes | 100% |
| National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) - 2021/22 - Cohort 4 | Yes | 100% |
| Pain in Children 2021/22 (RCEM) | Yes | Data Collection Still in Progress |
| National Audit of Cardiac Rehabilitation 2021 | Yes | Data Collection Still in Progress |
| National Diabetes Audit – NaDIA-Harms - 2021/22 | Yes | Data Collection Still in Progress |
| National Child Mortality Database 2021/22 | Yes | Data Collection Still in Progress |
| "RESECT - transurethral REsection and Single instillation mitomycin C Evaluation in bladder 19/20 Cancer Treatment " | Yes | Data Collection Still in Progress |
| BAUS Cytoreductive Radical Nephrectomy Audit | Yes | Data Collection Still in Progress |
| National Outpatient Management of Pulmonary Embolisms Audit 2021/22 | No* | 0% |
| National Audit of Cardiovascular Disease Prevention (Primary Care) | Planned | Data Collection not started |
| Management of the Lower Ureter in Nephroureterectomy Audit | Yes | 100% |
| RCEM - Severe sepsis and septic shock (Care in Emergency Departments) | NA | Audit Withdrawn |

*Not participated

Improvement actions taken as a result of national clinical audits reviewed

National Sentinel Stroke National Audit Programme (SSNAP) 2019/22

A Business Case is to be built to ensure the core determinants of the stroke unit with “dedicated beds and dedicated staff” is achieved and to also include -

- Improvements around the time stroke patients spend in a stroke unit
- Reduce the number of outliers in the stroke unit, to ensure this is limited as much as possible
- For the stroke team, to focus delivery of care to stroke patients only

National Falls and Fragility Fractures Audit Programme (FFFAP) 2019/20 - Hip Fracture Database

Outcomes from the national audit results demonstrate the Trust’s performance to be above national average in multiple areas. Actions going forward include –

- Developing a formal rota of surgeons to be able to perform total hip replacement (THR) to cover weekends whilst maintaining THR during weekday trauma lists

Mental Health Care in Emergency Departments 2019/20

- Implement a Nurse Led Mental Health Triage system which identifies mental health patients within 15 minutes of arrival to ED and escalates patients for further review by a Doctor.
- Review the process for risk assessments to ensure information is entered on the system, which means it is completed each time when a patient is seen.
- Ensure learning identified following incident investigations . Is implemented and evaluated
- Ensure deaths following suicide are reviewed at Mortality & Morbidity meetings to ensure appropriate peer review.
- Undertake a local clinical audit to ascertain current practices and compliance.

Improvement actions taken as a result of national clinical audits reviewed

Society for Acute Medicine Benchmarking Audit (SAMBA) – January 2020 & 2021/2022

- Develop local key performance indicators which are in line with the national audit for internal monitoring and assurance, rather than relying on waiting for the national audit
- Undertake a review of patient flow to identify and improve inefficiencies to –
 - Improve Ambulatory Emergency Care (AEC) admissions and determine which patient pathways can be redirected to a more appropriate service
 - Review patients with a high number of readmissions to identify causes for ‘failed discharges’
 - Review patient readmissions, identify preventable factors and ensure pathways are put in place to support patients in the community and access to community services before readmission to the acute trust.
- Audit Implementation of services in the community

National Audit of Dementia: Prescription of ‘Psychotropic Medication’ to people with dementia 2019/20

- Introduce systems to document ‘target symptoms’ when prescribing psychotropic medications and at the point of discharge by –
 - Working with Electronic Prescribing and Medicines Administration (EPMA) and IT team to incorporate prompts into Electronic Prescribing and Medicines Administration
 - Include guidance in existing clinical guidelines & pathways
 - Include relevant staff education programmes and courses in relation to prescribing psychotropic medications
 - communicate review plans for psychotropic medications to GPs
- Provide on-going education to all staff regarding non-pharmacological methods of managing Behavioural and Psychological Symptoms of Dementia (BPSD)

LeDeR Programme 2019/20

- Undertake LeDeR reviews through a lens of greater racial awareness by working with the head of Allied Healthcare Professionals (AHPs) to discuss integrated care physio practice and options for clinical staff training.
- Work with the Informatics Team to review and improve data capture to support adjustments to policy, guidance, systems, and processes by updating system fields
- Undertake an internal review of current patient positioning practice, staff guidance and education and working with the head of AHPs to discuss integrated care, physio practice and options for clinical staff training.

Improvement actions taken as a result of national clinical audits reviewed

Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme 2020

- Prevention of transfusion delays and anticoagulant reversal delays in patients with severe bleeding.
- A process to allow the storage of an emergency dose of Prothrombin Complex Concentrate (PCC) in ED as well as guidance on when a haematologist needs to be contacted for advice should be in place. This will allow the patient to be given the treatment rapidly in the emergency department.
- IT systems for blood tracking and administration must be maintained and improved to ensure they are effective and reliable. The testing and development of the electronic blood tracking and labelling system to Blood360 and 'Samplelite' will need to be implemented Trust wide as soon as possible to make use of new patient safety features.
- Whilst effective investigations of incidents and recommendations are made, there needs to be a system whereby practice can be followed up to ensure that the changes have been made and are embedded. Collaboration with clinical areas will need to be sought for auditing purposes.

National Diabetes Audit – NaDIA-Harms - 2019/20

- Regular communication to trust inpatient areas of requirement to report the 4 identified diabetes harms that occur in clinical areas -
 - Resend Trust wide comms to remind teams of HARMS audit and need to report all 4 harms to diabetes team.
 - Weekly communication to ward managers asking for identification of HARMS within their area.
- Support implementation of connected blood glucose meters to identify 3 of the 4 severe HARMS within the trust automatically.
- Requirement to improve reporting of HARMS within the trust to enable accurate data submission- requirement of all areas to be involved in diabetes HARMS awareness and requirement to report.
- Continued identification of the 4th HARM by podiatry and vascular nurse specialist team.

CQC registration and statement on CQC reviews or investigation

The Great Western Hospital NHS Foundation Trust is required to register with the Care Quality Commission (CQC), its current registration status is “Requires Improvement”. The Great Western Hospital Foundation Trust does not have any conditions on registration. The Care Quality Commission has not taken any enforcement action against The Great Western Hospital Foundation Trust during 2021.

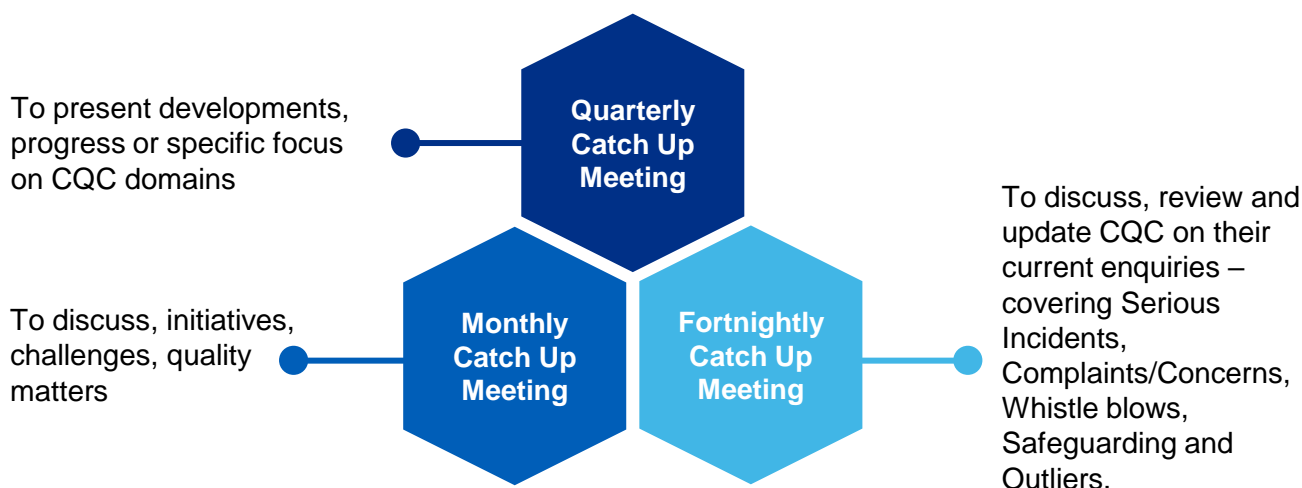
Our last CQC inspection was between 11 and 13 February 2020, the CQC inspected urgent and emergency care, medical care, surgery and maternity services, The Trust has delivered a comprehensive action plan in response to the feedback received from the CQC. The CQC will assess how well improvements have been sustained as part of future inspection activity.

| Overall rating | Safe | Effective | Caring | Responsive | Well-led |
|----------------------|----------------------|-----------|--------|----------------------|----------|
| Requires Improvement | Requires Improvement | Good | Good | Requires Improvement | Good |

During 2020/2021 the Trust has provided assurance to CQC in relation to two core services assessed as part of their transitional regulatory approach. Emergency Care & Maternity Care, the reviews were positive and whilst they did not result in a report or a change to ratings, assurance provided to the CQC informs future monitoring and regulatory activity.

Great Western Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by CQC during the reporting period.

We have had regular engagement meetings with CQC through 2020/21 to ensure we keep them informed of our service delivery and of any changes, these include:





Research and development

Health Research is vital in generating knowledge and evidence to improve the health and wellbeing of patients, service users, carers, and the public and improving our health and social care systems. The Research & Innovation (R&I) team at Great Western Hospital is a growing, multidisciplinary team dedicated to delivering safe, effective health research at GWH.

COVID-19 is one the biggest public health challenges we have faced, and in 2021/22, Great Western Hospital NHS Foundation Trust has continued to support research in this area. The Trust has worked collaboratively with other NHS Trusts across the West of England to deliver clinical trials aimed at developing vaccines against the virus, as well as delivering several other studies aimed at finding treatments for the virus. The Trust has also restarted research in other clinical areas that had been put on hold due to the pandemic. 2021/22 has also seen Allied Health Professionals being supported to get involved in research.

In December 2021, the R&I team became the first in the world to trial a new method of pacemakers. In a bid to improve the lives of patients following a heart condition, the team recruited the world's first participant to the Conduction System Pacing Optimized Therapy (CSPOT) Trial. The Trust has also been one of the highest recruiting sites regionally to the RECOVERY trial, which is a trial exploring treatments to COVID-19. In recognition of the R&I team's achievements, we received nominations for four Research Awards from the National Institute of Health Research's West of England Clinical Research Network.

In 2021/22, the R&I department has generated income of approximately £520,000 for the Trust. In 2022/23, we aim to continue to support the growth of research within the organisation by developing a Research Champion Initiative to raise awareness of research taking place, and will be looking at ways that research can reach out into primary care and the community.

Research and development

The number of patients receiving relevant health services provided or subcontracted by Great Western Hospitals NHS Foundation Trust in 2021/22 that were recruited during that period to participate in research approved by a research ethics committee is 1153.

During the 2021/22 financial year Research & Innovation and the wider research community at Great Western Hospital NHS Foundation Trust worked on 71 clinical studies of which (of which 11 were urgent public health studies).

Summary of COVID-19 related studies

1. Recovery trial

A range of potential treatments have been suggested for COVID-19 but nobody knows if any of them will turn out to be more effective in helping people recover than the usual standard of hospital care which all patients will receive. The RECOVERY Trial is currently testing some of these suggested treatments. At Great Western Hospital, we have recruited 438 patients to this trial.

REMAP – CAP study 2.

All patients who are treated in an Intensive Care Unit will receive therapy that consists of multiple different treatments, as many as 20 or 30. These treatments act together to treat both the infection and its effects on the body. When treating a patient, doctors choose from many different treatments, most of which are known or believed to be safe and effective. However, doctors don't always know which treatment option is the better one, as individuals or groups of individuals may respond differently. This study aims to help doctors understand which treatments work best. At Great Western Hospital, we have recruited 74 patients to this trial.

The Trust worked on 71 clinical studies (of which 11 were urgent public health studies).

There were 38 active Principal Investigators.

1,059 participants were recruited into research studies.

1,153 individual participants attended over 4,200 follow up appointments, either in person or by telephone.

4 new research studies were developed that are led by GWH staff.

Learning from deaths

During 2021/22 1377 of Great Western Hospitals NHS Foundation Trust patients died, 483 case record reviews and 26 investigations have been carried out in relation to the 1377 deaths in 2021/22. Seven of the patient deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient.

The data for Q1-4 2021-22 is presented below

| | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 | Total 21/22 |
|--|-------------|-------------|-------------|----------|----------------|
| No. of deaths | 293 | 307 | 386 | 391 | 1377 |
| Case record reviews* | 91 | 74 | 162 | 156 | 482 |
| Investigations* | 1 | 8 | 12 | 5 | 25 |
| No. of deaths with problems identified in care | 1 | 2 | 0 | 4 | 7 |
| No. of deaths >50% avoidable | 1 | 2 | 0 | 4 | 7 |

* Numbers relate to reviews carried out for deaths that occur in 2021/22 only

What did we learn?

This year, we have learnt from the reviews and investigations that on average 83% of reviews recorded good or excellent care during admission, with evidence of swift diagnosis, well managed route to urgent surgery, good assessments and treatment plans, Sepsis and AKI tools completed.

Although we found a small number of isolated cases where care delivered during admission was felt could have been better; these cases were channelled through a secondary review lead by the Trust Mortality Lead and whilst the majority of cases did not identify any omissions in care, it was found Treatment Escalation Plans (TEP) forms were sometimes not in place and/or were not countersigned by a senior signatory. Other emerging areas for improvements were around documentation and the completeness of fluid balance charts and overuse of medical abbreviations.

End of life care overall was found to be consistently good or excellent throughout the year. Although a small number of isolated cases were found where it was felt end of life care should have commenced sooner, a secondary review of these cases identified an emerging theme of elderly patients presenting to the Emergency Department with rapid deterioration, and therefore providing little opportunity to initiate end of life care.

Learning from deaths

What actions did we take?

Specialities were invited to Trust Mortality Group Meetings to present key findings and shared learning from their local Mortality and Morbidity meetings, providing opportunities for rich discussions and shared learning, constructive challenge, and recommendations to take forward.

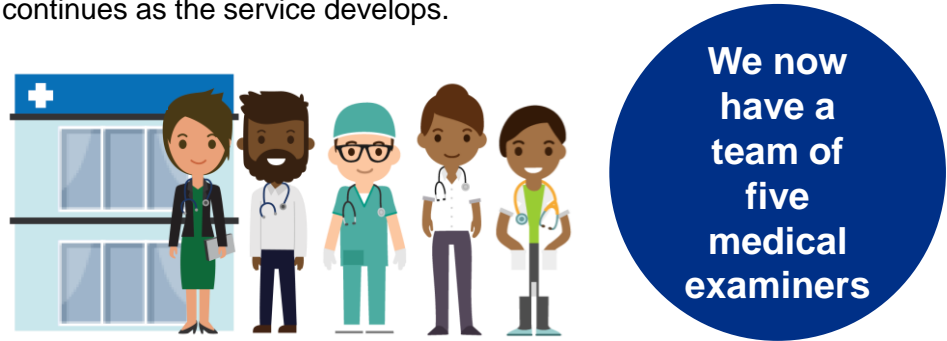
This year, the Trust Mortality Group also invited guest speakers to provide key messages and learning in response to issues or concerns identified from Structure Judgement Reviews (SJR);

The Trust Mortality Group have established a Trustwide newsletter, to inform staff across the organisation about relevant mortality and morbidity updates, themes, and shared learning from monthly meetings. This is with the aim of raising awareness of mortality and morbidity and to inform staff of the improvements they can make to deliver good care.

Medical Examiner

The Medical Examiner Service in Swindon was introduced in September 2020 and have been scrutinising all hospital deaths since August 2021. The aim of this service is to improve the accuracy of completion of the Medical Certificate of Cause of Death, advise on deaths that need coroner referral and establish pathways to alert Trust Mortality and Clinical Governance of any potential learning or need for structured judgement review. The Medical Examiners support families following a bereavement by discussing and explaining the death of their loved ones.

During 2021/2022, Trust Mortality Team working in partnership with the new Medical Examiners service also focussed on building and embedding practices into the existing trust mortality processes; this included establishing robust governance and processes for deaths referred for SJR, the facilitation of reviews and the dissemination of the learning outcomes they provide. This work continues as the service develops.



Seven day service programme

Great Western Hospital NHS Foundation Trust continues to participate in the 7 Day Hospital Services Self-Assessments and is focussed on the four priority clinical standards for 7 Day Services. These have been actively monitored through the national audits.

The Trust meets three of these standards and therefore our focus continues to be on the following key standard: All emergency admissions must be seen and have thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital. Previous audits have shown the Trust is not consistently meeting this standard. A number of actions were commenced to include compliance including

- Review of Job Planning Policy and strengthened job planning documentation
- Medical workforce program to review trainee and consultant out of hours rotas.

The COVID -19 pandemic has introduced additional pressures of work on the teams and on many occasions reduced available staff numbers due to sickness. The work will be continued in 2022/23 as the rota review and job planning program is rolled out. This will be subject to re-audit in the coming year.

Commissioning for Quality and Innovation (CQUIN) framework

A block payment approach for arrangements between NHS commissioners and NHS providers has been in place for 2021/22 in England. Block payments to NHS providers are deemed to include CQUIN. In 2022/23 CQUIN schemes will be operational (both CCG & specialised) and the Trust is working with commissioners to confirm which schemes apply to the GWH.

Records submission

The percentage of records in the published data:

- Which included the patient's valid NHS number was: 99.7% for admitted patient care 99.9% for outpatient care and 98.8% for accident and emergency care
- Which included the patient's valid General Medical Practice Code was: 99.8% for admitted patient care; 99.8% for outpatient care; and 99.7% for accident and emergency care

Payments by results

Great Western Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Data quality

Great Western Hospitals NHS Foundation Trust will be taking action to continue to improve data quality. Monitoring reports will be reviewed monthly by the Trust's Data Quality Steering Group (DQSG) and quarterly by the Trust's Information Governance Steering Group (IGSG).

These reports include data items which have been identified as causing concern. For example, coding completeness and validity, coverage of NHS numbers and ethnic groups, outpatient outcomes, review of external audit reports etc. The reports are used to allow management to improve processes, training, documentation, and computer systems.

The importance of good Data Quality has been recognised at Trust Board level. To this end, an awareness campaign is being finalised which will update all members of staff as to what good Data Quality is and how everyone is responsible for achieving it; the campaign will be launched late March / early April 2022.

Information Governance

Each year the Trust completes a comprehensive self-assessment of its information governance arrangements by means of the NHS Digital Data Security & Protection (DSP) Toolkit. To maintain integrity, the Trust's DSP Toolkit is subject to an independent internal audit against the standards set by NHS Digital, on an annual basis.

In 2020/21, the DSP Toolkit submission deadline was pushed back to 30th June due to the pandemic. So information not available.

In 2021/22, NHS Digital confirmed that 30th June would be the permanent deadline each year.

Great Western Hospitals NHS Foundation Trust DSP Toolkit Assessment for 2020/21 was graded as 'Standards Met', with 110 out of 110 mandatory evidence items provided

2.3 Reporting against Core Indicators

The following set of national performance core indicators are required to be reported in the Quality Account using data made available to the trust by NHS Digital.

Summary Hospital-Level Mortality Indicator (SHMI)

The Summary Hospital-Level Mortality Indicator (SHMI) is the NHS' standard measure of the proportion of patients who die while under hospital care and within 30 days of discharge. It takes the basic number of deaths, and then adjusts the figure to account for variations in factors such as the age of patients and complexity of their conditions, so the final rates can be compared. The resulting SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the expected number based on average England figures, given the characteristics of patients treated at the Trust. The expected SHMI is one, though there is a margin for error to account for statistical issues. Summary Hospital-Level Mortality Indicator (SHMI) – deaths associated with hospitalisation, England (NHS Digital national benchmarking):

Table 1: Summary Hospital Level Mortality Indicator

| Period | Value | SHMI banding |
|---------|----------------|-------------------------|
| 2021/22 | Not available* | Not available* |
| 2020/21 | 0.89 | 3 (lower than expected) |
| 2019/20 | 0.99 | 2 (as expected) |

The number of patients who died after being coded as under palliative care – relief of symptoms only – is collated nationally. This can affect mortality ratios, as palliative care is applied for patients when there is no cure for their condition and they are expected to die.(NHS Digital national benchmarking):

Table 2: Palliative Care

| Period | Value |
|---------|----------------|
| 2021/22 | Not available* |
| 2020/21 | 0.89 |
| 2019/20 | 0.99 |

* Data unavailable from the national portal

Patient Reported Outcome Measures (PROMS)

Patient-reported outcome measures (PROMs) are based on patients' own experiences. People are asked about their health status and quality of life both before and after four types of surgery – hip replacement, knee replacement, varicose vein and groin hernia. The scale runs from zero (poor health) to one (full health). The 'health gain' as a result of surgery can then be worked out by adjusting for case-mix issues, such as complexity and age, and subtracting the pre-operative score from the post-operative score.

Table 1: Description

| Period | Procedure | Adjusted average health gain - EQ-5D index TRUST | Adjusted average health gain - EQ-5D index ENGLAND | Adjusted average health gain - EQ-VAS index TRUST | Adjusted average health gain - EQ-VAS index ENGLAND | Adjusted average health gain - Oxford Knee Score index TRUST | Adjusted average health gain - Oxford Knee Score index ENGLAND |
|---------|---------------------------|--|--|---|---|--|--|
| 2020/21 | Knee Replacement Revision | Not available* | 0.29 | Not available* | 4.20 | Not available* | 13.50 |
| | Knee Replacement Primary | | 0.32 | | 7.40 | | 16.90 |
| | Knee Replacement | | 0.32 | | 7.30 | | 16.70 |
| 2019/20 | Knee Replacement Revision | 0.29 | 0.29 | 4.70 | 5.50 | 17.10 | 13.80 |
| | Knee Replacement Primary | | 0.33 | | 3.00 | | 17.50 |
| | Knee Replacement | | 0.30 | | 7.80 | | 17.40 |

| Period | Procedure | Adjusted average health gain - EQ-5D index TRUST | Adjusted average health gain - EQ-5D index ENGLAND | Adjusted average health gain - EQ-VAS index TRUST | Adjusted average health gain - EQ-VAS index ENGLAND | Adjusted average health gain - Oxford Knee Score index TRUST | Adjusted average health gain - Oxford Knee Score index ENGLAND |
|---------|--------------------------|--|--|---|---|--|--|
| 2020/21 | Hip Replacement Revision | Not available* | 0.34 | Not available* | 7.80 | Not available* | 15.40 |
| | Hip Replacement Primary | | 0.47 | | 15.10 | | 23.00 |
| | Hip Replacement | | 0.47 | | 14.80 | | 22.60 |
| 2019/20 | Hip Replacement Revision | 0.48 | 0.30 | 15.60 | 8.00 | 22.80 | 14.10 |
| | Hip Replacement Primary | | 0.45 | | 14.70 | | 22.70 |
| | Hip Replacement | | 0.46 | | 14.30 | | 22.30 |

* Data unavailable from the national portal

Re-admissions

Large numbers of readmissions to hospital after treatment might suggest patients had been discharged too early. Rates are therefore monitored nationally. The published 28 day readmission rate for the Trust is:

Table 1: Description

| Period | Patients aged 0 - 15 (GWH) | Patients aged 0 – 15 (England) | Patients aged 16+ (GWH) | Patients aged 16+ (England) |
|---------|----------------------------|--------------------------------|-------------------------|-----------------------------|
| 2021/22 | Not available * | | | |
| 2020/21 | 12.9 | 11.9 | 16.1 | 15.9 |
| 2019/20 | 11.7 | 12.5 | 14.9 | 14.7 |
| 2018/19 | 11.4 | 12.5 | 15.4 | 14.6 |

2020/21 data shows that the patients aged 0-15 lies within the expected variation of the national average (95% confidence interval).

2020/21 data shows that patients aged 16+ lies within the expected variation of the national average (95% confidence interval).



* Data unavailable from the national portal

Responsiveness to the personal needs of patients

The Trust collects information on its responsiveness to patients' personal needs, augmenting the feedback collected as part of the national inpatient survey and Friends and Family Test. Patients are asked five questions in order to compile an overview:

1. Were you as involved as you wanted to be?
2. Did you find someone to talk to about worries and fears?
3. Were you given enough privacy?
4. Were you told about medication side-effects to watch for?
5. Were you told who to contact if you were worried?

Table 1: Description

| Period | Indicator value (GWH) | Indicator value (England) |
|---------|-----------------------|---------------------------|
| 2021/22 | Not available* | |
| 2020/21 | Not available* | |
| 2019/20 | 63.40% | 67.10% |
| 2018/19 | 65.60% | 67.20% |

Staff who would recommend the Trust to their family or friends

The "Care" question from the staff survey asks how likely staff are to recommended the NHS services they work in to friends and family who need similar treatment or care.

| Period | Agree (GWH) | Strongly agree (GWH) | Agree- Combined acute & Community (GWH) | Strongly Agree - Combined acute & Community (GWH) |
|--------|-------------|----------------------|---|---|
| 2020 | 48% | 12% | 48% | 12% |
| 2019 | 55% | 15% | 54% | 16% |
| 2018 | 49% | 12% | 49% | 14% |

We have launched the 'Great Care' campaign, which will support existing and new improvement projects targeted to address areas of concern identified in the Staff and Inpatient survey

* Data unavailable from the national portal

Patients admitted to hospital who were risk assessed for venous thromboembolism

Venous thromboembolism (VTE) is a clot in the deep veins of the leg, which can break off and clog the main artery to the lungs. Known as a pulmonary embolism, this can be serious, or even fatal. It is therefore particularly important to make sure patients do not develop VTE in hospital, where the risk is often greater because people tend not to move around as much, making blood in the veins of the legs more vulnerable to clotting. Patients therefore need to have their VTE assessed, so drugs or stockings can be used to reduce the risks. The target is for at least 95% of patients to be assessed.

Table 1: Description

| Period | VTE risk assessment (GWH) | VTE risk assessment (England) |
|------------|---------------------------|-------------------------------|
| Q4 2020/21 | Not available* | Not available* |
| Q3 2020/21 | | |
| Q2 2020-21 | | |
| Q1 2020-21 | | |
| Q4 2019/20 | | |
| Q3 2019/20 | 98.95% | 95.33% |
| Q2 2019/20 | 99.66% | 95.72% |
| Q1 2019/20 | 99.59% | 95.65% |
| Q4 2018/19 | 99.63% | |
| Q3 2018/19 | 99.59% | |
| Q2 2018/19 | 99.50% | |
| Q1 2018/19 | 99.42% | |

Clostridium difficile infection

Clostridium difficile (C.difficile) is a dangerous infection, which can cause serious symptoms and even death. Although naturally present in some people, it can spread quickly in a confined environment like a hospital, where people are already unwell. The Trust has been working hard to combat this infection using different infection control techniques to keep patients safe.

Table 1: Description

| Period | Rate - Total cases per 1000 bed days (GWH) | Rate - Total cases per 1000 bed days (England) |
|---------|--|--|
| 2021/22 | Not available* | |
| 2020/21 | 10.40 | 17.70 |
| 2019/20 | 13.57 | 15.46 |
| 2018/19 | 13.49 | 14.09 |

* Data unavailable from the national portal

Patient Safety Incidents

An incident may be defined as an event that has given rise to actual or possible harm such as injury, patient dissatisfaction, property loss or damage.

The Trust actively encourages staff to report all such incidents, so lessons can be learned and shared. Only a very small minority of incidents are at the top end of the scale, causing severe harm or death. These trigger the most rigorous of investigations.

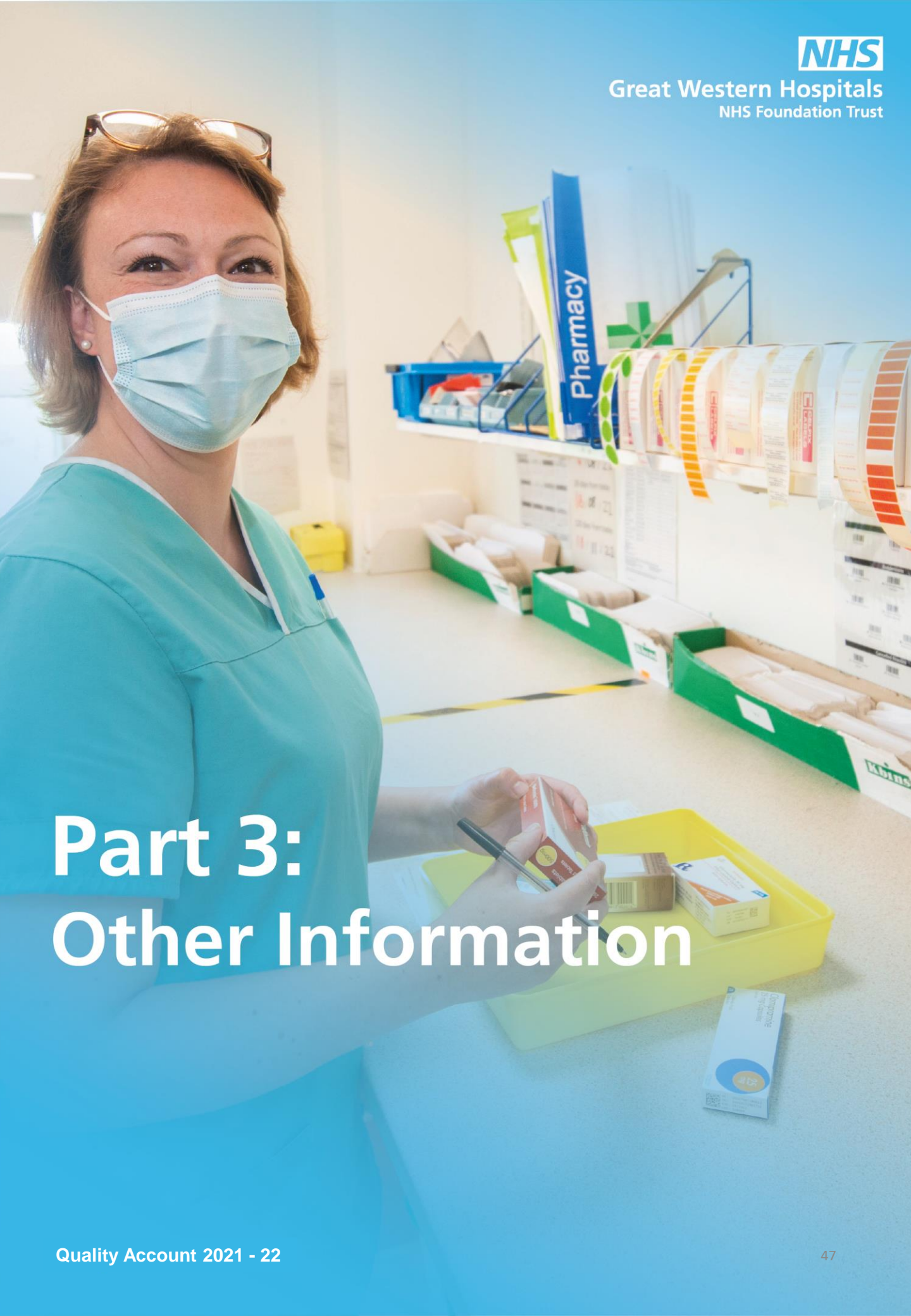
The Great Western Hospitals NHS Trust is committed to delivering quality patient care, ensuring high standards of health and safety, by providing a system of incident reporting which allows all staff to record any incident which causes harm, damage or loss or has the potential to do so. Incident reporting presents an important opportunity to learn from past events and ensure steps are taken to minimise recurrences. There is overwhelming evidence that NHS organisations with a high level of incident reporting are more likely to learn and subsequently increase safety for patients, staff and visitors.

The Trust ensures the right level of investigation is implemented whenever an incident is reported. The report into the investigation will ensure that local and organisational learning is taken and fed back to the relevant staff to ensure mitigation actions are put in place to prevent any recurrence.

Table 1: Description

| Period | Number of Patient Safety Incidents | Rate of patient safety incidents per 1000 bed days | Number resulting in severe harm or death | Rate of incidents resulting in severe harm or death (per 1000 bed days) |
|-----------------|------------------------------------|--|--|---|
| Oct 20 - Mar 21 | Not available* | | | |
| Apr 20 - Sep 20 | Not available* | | | |
| Oct 19 - Mar 20 | 3479 | 32 | 34 | 0.3 |
| Apr 19 - Sep 19 | 2860 | 27.2 | 23 | 0.8 |
| Oct 18 - Mar 19 | 4232 | 40.6 | 19 | 0.18 |

* Data unavailable from the national portal



Part 3: Other Information

3.1 Patient safety

The safety of our patients is at the heart of our approach and culture at the Trust. Patient safety incidents that are reported by our staff provide us with key insights into the safety of our patients

Freedom to Speak Up

Freedom to Speak Up (FTSU) is an initiative resulting from the Francis Report recommendations (Mid Staffordshire NHS Foundation Trust public enquiry) to give staff the opportunity to raise issues or concerns in a supportive forum. Effective speaking up arrangements help to protect patients and improve the experience of NHS staff. Staff who speak out have a number of channels available to them to speak up about issues or concerns they have, particularly those relating to quality of care, patient safety, and bullying or harassment. The trust actively invites staff to speak up and contribute to discussions and activities to improve both patient and staff experience.

The Trust has seven Freedom to Speak Up Guardians who work with individuals, teams and groups to promote speaking up including, for example, attending events such as: staff inductions; staff training and development events; local staff conferences and diversity and inclusion events.

In addition to this the Freedom to Speak Up Guardians work collaboratively with staff from Patient Safety and Human Resources and reports twice yearly to the Trust Board.

As part of embedding speaking up as 'business as usual' throughout the trust, for most situations, staff are encouraged to approach their line manager/supervisor/team leader. Because of the importance manager's play at this stage and the value of good communication, training has been put in place to support these key staff members to have quality conversations with staff with further training currently is being embedded within the trust. Staff can also access support from a number of parties including directly from the Freedom to Speak Up Guardian; Human Resources, Health and Wellbeing Team, staff networks and the Diversity and Inclusion Team.



Staff are also advised of external reporting routes if they are unhappy with using any of the internal reporting routes or if they indicate that after raising a concern they do not feel the concern was investigated in line with Trust procedures, for example Care Quality Commission, and recognised professional or union body.

- We have strengthened intranet information about FTSU, including Guardian contact details and biographies; Guardian business cards were issued
- FTSU lanyards and badges for Guardians were provided;
- We strengthened reference to FTSU at Trust induction;
- Guardians attended various team meetings to talk about speaking up;
- We circulated an array of visual reminders such as large notices and posters.
- Development of a standard operating procedure to support Guardians with signposting appropriately.
- Development of a template to support managers in structuring their response to colleagues speaking up through the guardian route
- Nine awareness sessions have been held with staff including Theatres, Senior Managers and various at staff meetings, forums or group



Focus for 2022-2023

- Alignment with other work-streams in the Trust, e.g. 'just culture' and psychological safety;
- Revise our communications and awareness raising strategy
- Engagement with the Trust's BAME Networks via the network chairs
- Guardian engagement walkabouts
- Create a short report that helps managers reflect on the learning from a case and how they assure themselves that the learning prompts sustainable improvement.
- Ask the person that has spoken up to give their view on whether they can see improvement
- Add this information to case management systems so that we can collate information on learning themes and track which changes lead to sustained improvement.
- We are seeking permission from the person that spoke up and the manager involved to tell their stories about the learning from their case.

Guardian of safe working hours

We have a Guardian of Safe Working Hours who ensures our doctors are always working a safe number of hours and comply with the Terms and Conditions for Doctors and Dentists in Training (NHS England, update 2019). The Guardian acts as the champion of safe working hours and receives reports and monitors compliance. Where necessary the Guardian escalates issues to the relevant Medical Director for decision and action to reduce any risk to our patients' safety. Gaps in the rota for medical staff are monitored and managed at service level.

Safeguarding Adults

Great Western NHS Foundation Trust has a duty and responsibility to protect adults at risk of abuse or neglect due to their needs for care and support. Living a life that is free from abuse and harm is a fundamental human right of every person and an essential requirement for health and well-being. Healthcare staff are often working with patients who for a range of reasons who may be less able to protect themselves from neglect, harm, or abuse. Despite the challenges of safeguarding in the context of the COVID -19 pandemic adult Safeguarding advice, guidance and support to clinicians and practitioners has continued to be provided across the Trust system and wider safeguarding partnerships within the BSW.



Key Achievements

- Full delivery for 'cohort 1' of the Level 3 Adult Safeguarding training programme.
- Successful delivery of a collaborative project with Swindon Borough Council (SBC) to develop, trial and implement a new adult safeguarding e-referral for safeguarding adults in Swindon.
- Liberty Protection Safeguards (LPS): The national LPS code of practice and regulations has been delayed, however preparations have begun, scoping the assumed extent of the responsibilities to be transferred to the Trust from Local Authorities under the current Deprivation of Liberty Safeguards (DoLS) along with Trust representation at local LPS planning meetings.

- Domestic abuse related presentations increased across the system during the COVID-19 pandemic period. The introduction of a second Health Independent Domestic Violence Advisor (IDVA) has ensured full-service availability and delivery for both staff and Trust patients.
- System working: The Safeguarding Team participates in the Swindon Safeguarding Partnership (SSP) and the Safeguarding Vulnerable people Partnership (SVPP/Wiltshire). The service have been active partners in the domestic abuse, safeguarding adult/domestic homicide review and quality assurance sub-groups and within the partnership in identifying and contributing to learning for both the Trust and the wider safeguarding system.
- Mental Capacity Act (MCA) and Best Interests: Improvements have continued to be embedded, with continued provision of robust safeguarding advice and guidance, as well as direction and hands-on support with more complex challenging scenarios



Focus for 2022-2023

- Continue to develop positive partnership working within the BSW safeguarding system as the Trust works towards becoming an Integrated Care System (ICS).
- Work with divisional leads to ensure identified 'cohort 2' staff can access and receive Level 3 of training as per the safeguarding intercollegiate document.
- Supporting the Trust to prepare for the LPS and continue to embed and support best practice in the MCA and Best Interest process.
- Continue to share with the Divisions lessons and outcomes from safeguarding adult alerts raised by and against the Trust, Safeguarding Adult Reviews (SAR's), Domestic Homicide Reviews (DHR's) and safeguarding related clinical incidents and support staff to identify learning.

Safeguarding children

Working Together, 2018 states that ‘Nothing is more important than children’s welfare and that children who need help and protection deserve high quality and effective support as soon as a need is identified’. We continually seek to safeguard and promote the wellbeing of children and families with the aim of improving outcomes and supporting their safety.

Many children and families have been adversely affected by the pandemic and this continues to impact on the health and development of children and specifically the anxiety and mental health of children and young people. Social isolation, loneliness, lack of physical exercise, and family stress has contributed to this. Ofsted’s second report into the impact of the pandemic found that children who were hardest hit by school closures and restrictions have regressed in some basic skills and learning. Older children have lost strength in their reading and writing, some have lost physical fitness, others show signs of mental distress, including an increase in eating disorders and self-harm. The pandemic has heightened the vulnerability of children and young people to certain types of abuse, for example online abuse, abuse within the home, criminal exploitation and child sexual exploitation and parental stress, substance misuse and mental health problems has put children at an increased risk for maltreatment. The first 1,001 days of life are critical and unique period for a baby that sets the foundations for lifelong emotional and physical wellbeing.

In addition to an increase in activity, COVID-19 led to less oversight of vulnerable children and families particularly for those who are not formally known to the social care system, because day-to-day contacts with allied professionals (for example Teachers, Health Visitors, Family Support Workers) were reduced and many support services were withdrawn. This in turn put significant pressure on acute health services who were continuing to work ‘business as usual’ such as Maternity Services, Emergency Department, Urgent Care and Paediatrics. Each contact was vital to potentially identify vulnerability factors/ safeguarding concerns as well as provide support to those children and families in need. Face to face support, Safeguarding Supervision and Safeguarding Training were key to increasing staff awareness, confidence and competence in safeguarding practice as well as ensuring staff felt supported over this period.



Key Achievements 2021-2022

- Training has been developed to reflect the changing landscape of safeguarding and to include learning from audits/reviews for example 'Professional curiosity' training and bespoke training to the new Maternity Continuity of Carer Teams.
- The Maternity Safeguarding Team has developed interagency and multi-agency partnership to better support families we are working with e.g. New Beginnings providing support in the antenatal and immediate postpartum period to mothers who are likely to have children removed from their care and creating memory boxes for parents and babies prior to this.
- Introduction of the 'Safeguarding Theme of the Week,' which provided weekly updates to staff.
- To help staff achieve their safeguarding children's training, drop-in session arranged to discuss training requirements and how to fulfil this as well as signing off Safeguarding passports.
- Monthly community midwives' drop-in sessions for Q&A & safeguarding discussions



Focus for 2022-2023

- Further development of Virtual training provision to make training more accessible.
- Revision of the maternity risk notification pathway
- To support the 'Hidden Fathers' Agenda by including fathers in both assessing risk and inclusion of care of their children. Men play a very important role in children's lives and have a great influence on the children they care for. Despite this, research shows that there is a real lack of attention to fathers and father-figures, both in the data and research underpinning our understandings of the risks posed to babies, and in the design, delivery and evaluation of services that might better protect against harm.
- Improving safeguarding supervision rates across in line with the Safeguarding Children's Supervision Policy
- Support learning from local Children's safeguarding Practice Reviews and supporting Safeguarding Partnership Agendas.
- Building on the recommendations of Better Births and the commitments of the NHS Long Term

Learning disability practice

For a long time, people with learning disabilities and their advocates have been fighting for equality with the rest of the population. While progress has been made, there is still some way to go. People with learning disabilities still suffer inequality of treatment in healthcare settings and can face barriers to accessing healthcare that people without do not. The COVID -19 pandemic has accentuated these difficulties.

The Learning Disability (LD) Forum at the Great Western Hospital continues to work to reduce inequality in relation to both accessing and receiving healthcare through the delivery of an annual work plan. Due to the COVID -19 pandemic the established patient feedback programme was paused however people with Learning Disabilities and patient carers have continued to remain core members of the LD forum and assist the forum to better understand the service user perspective in relation to identifying areas of practice for focus and improvement. The Trust has developed an internal LeDeR Methodology mortality review programme to ensure any learnable lessons are understood and relevant internal actions taken.



Key Achievements 2021-2022

- Development of a LD register in Primary Care in relation to the provision of annual health checks and the launch of a bi-monthly MCA masterclass training opportunity open to all staff interested in developing this area of practice.
- Development of the Learning Disability (LD) Liaison Nurse role at the Trust to ensure staff are supported to provide reasonably adjusted, high quality care to patients with LD
- Undertaking an 'LD patient pathway' (in-patient experience audit) the findings of which will inform the 2022 LD forum workplan.
- Development of an 'easy read' patient feedback form for use on the Trust intranet
- Design, development, creation, and Implementation of a new 'Enhanced Care' process (including documentation) to support appropriate delegation of 1-1 care provision. This documentation ensures the person with LD who has care and support needs is looked after by the most appropriate person to meet their specific needs whilst an in-patient at the Trust.
- Development of a Complex care admissions care pathway for day case admissions
- Training: LD Awareness sessions were delivered by the Learning Disability Liaison Nurse to Foundation Doctors and a number of key staff from the Emergency Department (ED) and Theatres.



Focus for 2022-2023

- For LD Liaison to develop practice protocols in relation to areas of practice identified as requiring focus through the learning from National reports, clinical risk outcomes and internal LeDER methodology reviews
- Undertake a review of the available easy read leaflets with a view to refresh and expand the scope of leaflets available
- Expand the LD training programme to include autism considering the mandate to introduce the 'Oliver McGowan' autism training programmes into acute trusts.

NHSE & NHSI - Learning Disability (LD) and Autistic Spectrum (AS) Improvement Standards Review

The Trust continues to take part in the annual National NHSi LD and AS Improvement standards audit programme and receives annual outcome reports. The most recent report for the Trust was received in March 2021. The three standards applicable to the Trust are; respecting and protecting rights, inclusion and engagement and workforce.

In 2018 from the 14 measures, the number of actions identified to fully meet the standard was 35. As of March 2022, the number of actions from original benchmarking audit remaining open was five.

Four of the five of the original outstanding actions are partially delivered against the standard. Over the reporting period the Trust has continued to demonstrate improvement activity against the majority of the standards.



Consolidated annual report on rota gap for medical staffing including internal factors

The Trust currently has a total of 47.99 WTE vacancies across all grades and specialties of medical staff, this figure also includes doctors appointed pending start dates and candidates that are filling roles on a fixed term basis.

Internal factors:

In May 2021 a restructure occurred in Medical Workforce with a proportion of the team joining the wider Recruitment team, this new way of working has enabled a specific focus on Medical recruitment with a dedicated team supporting delivery.

We continue to hold a British Medical Journal subscription and have a lead account manager supporting the advertisement of our roles. Through using the BMJ we can advertise all our medical vacancies through their online portal, ensuring a high number of views nationally and internationally by doctors looking for work. We also have access to use their printed journal for advertising, but this is reserved for Consultant recruitment campaigns since usage is limited.

Vacancies are reviewed regularly at monthly Medical Staffing Group meetings. We also take the opportunity to work with the Junior Doctors forum to promote roles that might interest their members and gain feedback on improvements that could be made to make roles more attractive.

Currently Job Planning is being undertaken on a mixture of manual and bespoke systems across the Trust, which cannot be collated and reported on centrally. There is a requirement

from NHSE/I for Trusts to establish electronic Job Planning systems, and there is an opportunity for the Trust to procure a joint Job Planning and Revalidation system to fulfil this requirement whilst delivering a user-friendly system which will facilitate increased engagement with the job planning and revalidation processes. There are also potential improvements to productivity which could be realised through efficient job planning through a dedicated system.

Currently the Trust does not have a single accessible system for rostering its Medical Workforce, and does not have clear oversight of absence, worked time, and activity. There is no clear way of identifying gaps in resource, meaning that tight controls on temporary staffing cannot be delivered. Work is underway to deliver E Rostering for Medical staff, whilst also delivering a robust BAU model for divisions to ensure rosters are maintained to facilitate clear oversight, enable staff movements, and highlight opportunities for efficiency in resource utilisation.

External factors:

All remaining vacancies are covered by internal bank locums or agency locums, recent benchmarking was undertaken across the BSW with new locum rates created. Fill rate for bank locums at Junior Doctor level continues to remain high

3.2 Performance against key national priorities

An overview of performance in 2021 - 22 against the key national priorities. Performance against the relevant indicators and performance thresholds are provided.

| Measure | National Target | Local Target 2021/22 | Performance 2021/22 |
|---------------------------------|-----------------|----------------------|---------------------|
| ED 4 hours Q1 | 95% | 95% | 77% |
| ED 4 hours Q2 | 95% | 95% | 75% |
| ED 4 hours Q3 | 95% | 95% | 74% |
| ED 4 hours Q4 | 95% | 95% | Not yet avail |
| Stroke | n/a | C | Not yet avail |
| RTT Waiting List | WL at Jan 2021 | 23,247 | Not yet avail |
| RTT 52 Weeks | 0 | 2,269 | Not yet avail |
| DM01 performance Q1 | 99% | 99% | 78% |
| DM01 performance Q2 | 99% | 99% | 68% |
| DM01 performance Q3 | 99% | 99% | 57% |
| DM01 performance Q4 | 99% | 99% | |
| Cancer Performance (62 days) Q1 | 85% | 85% | 84% |
| Cancer Performance (62 days) Q2 | 85% | 85% | 81% |
| Cancer Performance (62 days) Q3 | 85% | 85% | 74% |
| Cancer Performance (62 days) Q4 | 85% | 85% | Not yet avail |
| Cancer performance (2WW) Q1 | 93% | 85% | 72% |
| Cancer performance (2WW) Q2 | 93% | 93% | 94% |
| Cancer performance (2WW) Q3 | 93% | 93% | 90% |
| Cancer performance (2WW) Q4 | 93% | 93% | Not yet avail |

3.3 Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

Statement from the Council of Governors

The Governors are of the opinion that the Quality Account presented are a realistic representation of the Trust's performance in 2021/2022. We would like to take this opportunity to acknowledge that it's been another challenging year for the Trust with the aftermath of the Covid pandemic and exceptional high numbers of people seeking treatment. The Governing body would like to formally acknowledge the outstanding level of devotion and resilience that every member of staff has shown throughout the Trust.

Again, during this period, we were still not allowed to attend the hospital however, we have maintained virtual meetings on a monthly basis. These meetings covered talking to the staff as well as seeking assurances on the priority topics to ensure that the quality agenda and other monitoring was still carried out.

The GWH Trust covers such a wide geographical area and where possible we have Governors representing as many areas as we can therefore representing the needs of all our patients, carers and families.

The Trusts Priorities for Quality Improvement for last year: include listening and engaging with patients, their families and carers; reducing the

incidence of hospital acquired pressure ulcers; achieving smooth and effective flow across the hospital and community. The Governing body throughout the year has continued to seek assurances from the Non-Executive Directors (NED's) that the quality agenda was being addressed and monitored the outcomes. It is fair to say that the Trust has tried to continue with as much of its quality agenda but due to the Covid pressures some of the targets were not fully achieved.

The report talks about its main priorities for the coming year and the Governing body will be monitoring these and challenging to ensure we see real change.

These areas are: Embedding learning regarding serious incidents, Improving the patient experience when being discharged from hospital, ensuring the optimal nutrition and hydration is given to our patients during their stay in hospital. The Governing body were consulted about these priorities and are fully supportive of these as the lead quality markers for the coming year.

Pauline Cooke
Lead Governor on behalf of the Council of Governors

Statement from Healthwatch Swindon, Healthwatch Wiltshire and Healthwatch West Berkshire

Healthwatch recognises the exceptional work undertaken by colleagues at Great Western Hospital during challenging times with the continuation of the covid 19 pandemic during 2021/22

- We welcome the Great Care Campaign keeping the patient at the very centre of all that the hospital do. And proactively collecting feedback and listening to your patients and their families and carers, and responding back effectively ensuring a positive impact on people's experience of care.
- We are pleased to see changes that have been made by the great western hospital directed by the Enter and View visits carried out by Healthwatch Swindon in collaboration with Healthwatch Wiltshire and Healthwatch Berkshire based on the feedback we heard. We welcomed specific changes made in reference to Carers being more involved and information given to patients when discharged - Safety Netting process calls patients once they've been discharged to ensure services are in place. We welcome the recognition and inclusion of small simple changes that can potentially make a big difference to the patient experience.
- We welcome priority 2 – Planning for a patient's Discharge from the hospital. This is an area in which we have received feedback and welcome the hospital improving communication to support the discharge experience of

patients.

- We welcome the continuation of work carried out by the Learning Disability (LD) Forum at the great western in tackling to reduce inequalities in relation to both accessing and receiving healthcare through the delivery of an annual work plan. We commend the development of the Learning Disabilities Liaison Nurse's role at the Trust ensuring staff are supported to provide high-quality care to patients with Learning Disabilities.

"We look forward to seeing the completion of the work to meet the 2021-22 Priority 1: Listening and engaging with our patients, their families and carers - which it is noted were only partially completed.

The collection of patient, friends and family feedback is central to the success of the Trust's Great Care campaign and we look forward to this data being fully reported and the overall area of work of listening and engaging with patients, their families and carers being taken forward successfully.

We continue to work with the trust to ensure the patient voice is taken into account throughout the patients journey from admissions to discharge.

Statement from Bath and Northeast Somerset, Swindon, and Wiltshire Clinical Commissioning Group

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Great Western Hospital Quality Account for 2021/2022. In so far as the CCG has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the CCG via quality reporting routes and is presented in the format required by NHSE/I presentation guidance.

The CCG recognises that 2021/2022 continued to be a challenging year due to the COVID-19 Pandemic which impacted on services provided by GWH. The CCG would like to thank GWH for their sustained contribution to supporting the wider health and social care system during the pandemic and the transition into COVID-19 recovery phase.

It is the view of the CCG that the Quality Account reflects GWH on-going commitment to quality improvement and addressing key issues in a focused and innovative way. It is recognised that the achievement of several priorities during 2020/21 have continued to be affected by COVID-19, however, GWH has still been able to make achievements against many of their priorities for 2021/22, these include:

- Listening and engaging with patients, families, and carers through the introduction

of a Patient Experience and Engagement Framework, giving patients the opportunity to share feedback on what is important to them in the services they receive to inform service improvement. Development of quality and feedback boards and implementation of clear visible signposting across the organisation were partially achieved. Embedding of care conversations was not achieved, however the CCG acknowledges the introduction of ward buddies and a volunteers' patient experience forum to take this forward.

- Reducing the incidence of hospital acquired pressure ulcers through the introduction of Safer Skin Champions and implementing learning to support early identification. The CCG notes the progress regarding implementation of a digital pressure ulcer assessment tool, staff education and training and a bed and mattress replacement programme. The CCG welcomes the continued focus on this important area of improvement.

- Achieving smooth and effective flow across the hospital and community to reduce delays for patients by implementing the SAFER suite of actions and greater working with partners to deliver care in the community. The CCG also notes progress in the development of a strategy to reduce patient moves.

Statement from Bath and Northeast Somerset, Swindon, and Wiltshire Clinical Commissioning Group cont.

The CCG supports GWH's identified quality priorities for 2022/23.

It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The CCG welcomes continued engagement in the agreed service improvement plan and focus on:

- Exploring a systematic approach oriented towards embedding learning from serious incidents in accordance with the NHS Patient Safety Strategy, enabling patients and staff to discuss concerns openly through supportive reporting and feedback methods.
- Reducing unnecessary delays and improved communication when planning discharges to support patients' discharge experience, including implementing 'safety netting' calls for patients the day after discharge.
- Ensuring patients receive optimal nutrition and hydration assessment and support to improve the patient's recovery and reduce their length of stay in hospital.

The CCG is pleased to note the continued

programme of work to embed Great Care, that ensures a coordinated focus on providing harm free, expert and personalised care in an improved environment across the organisation, and the establishment of a Health Inequality Steering Group and would welcome the opportunity to work collaboratively and learn from this important work including a focus on this with the Elective recovery work. BSW CCG also looks forward to seeing the embedding of the new quality strategy that sets out how quality of care will continually improve and how this will compliment and enhance the 'Improving Together' continuous improvement programme.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG, together with associated co-commissioners, are committed to sustaining strong working relationships with GWH and together with wider stakeholders, will continue to build on our collaborative approach to achieve shared priorities as the Integrated Care System develops in 2022/23.

Yours sincerely



Statement from Swindon Health Overview & Scrutiny Committee

The chair of Adult, Health and Housing Overview and Scrutiny Committee welcomes the Great Hospital Foundation Trust Quality Account.

The Council has worked closely with the Trust in delivering health and social care services through the most challenging time in history for health and care services. The partnership will now focus on the backlog of patients waiting for a health intervention and continue to support timely and supported discharge for some of our most vulnerable residents. It is a credit to the health and care system that even through this challenging time many residents

comment on the excellent care they have received. We recognise the significant sacrifices staff have made to maintain services during the pandemic and we want to thank them for their extraordinary commitment. We also value the contribution Great Western Hospital Foundation Trust has made to the work of the Committee and the openness and transparency of the contributions

Statement of directors responsibilities for quality

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation Trust annual reporting manual 2019/20 and supporting guidance detailed requirements for quality reports 2019/20
- the content of the quality report is consistent with internal and external sources of information including:
 - board minutes and papers for the period April 2021 to March 2022
 - papers relating to quality reported to the board over the period April 2021 to June 2022
 - feedback from commissioners dated 21/06/2022
 - feedback from governors dated 21/06/22
 - feedback from local Healthwatch organisations dated 14/06/22
 - feedback from overview and scrutiny committee dated 14/06/2022
 - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, reported monthly
 - the national patient survey June 2021
 - the national staff survey April 2021
 - CQC inspection report dated June 2020
- the quality report presents a balanced picture of the NHS foundation Trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

Glossary of terms

AKI – Acute Kidney Injury
AWP - Avon and Wiltshire Mental Health Partnership
CCG – Clinical Commissioning Group
CQC - Care Quality Commission
CQUIN - Clinical Quality & Innovation
Criteria to reside - Term to describe eligibility for a patient to receive hospital treatment that can only be delivered in an acute hospital setting
DM01 - Diagnostic waiting times
DoLS - Deprivation of Liberty Safeguards
DSP - Digital Data Security & protection
Duty of Candour - The process of being open and honest with patients, service users or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future.
EDI - Equality Diversity and Inclusion
EPMA - Electronic Prescribing and Medicine Administration
FFFAP - Falls and Fragility Fractures Audit Programme
FTSU - Freedom to Speak Up
GP - General Practitioner
GWH - Great Western Hospitals NHS Foundation Trust
HCA - Health Care Assistant
HEE - Health Education England
Hospital Discharge Policy - Policy supporting the safe and timely discharge of people who no longer need to stay in hospital.
IGSG - Information Governance Steering Group
Integrated Front Door - The co-location of Urgent and Emergency care services on the ground floor of GWH
IT - Information Technology
LD - Learning Disabilities
Level 3 Adult Safeguarding - Level of training required for health and care staff who engage in assessing, planning intervening and evaluating the needs of adults where there are safeguarding concerns
LSAB -
MBRRACE - Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries
MCA - Mental Capacity Act
MDT - Multidisciplinary Team
NCEPOD - National Confidentiality Enquiry into Patient Outcome and Death
Nerve Centre - Software supporting electronic patient observations
NEWS2 - National Early Warning Score
NHS - National Health Service
NHSE - National Health Service England
NMPA - National Maternity and Perinatal Audit
Quality Account 2021-22

Glossary of terms

OT - Occupational Therapy

PCN - Primary Care Network

PCP - Personal Contact Plan

Perfect Ward Mobile - App supporting ward quality inspections

PROMS - Patient Reported Outcome Measures

RCEM - Royal College of Emergency Medicine

RTT - Referral to treatment

SAFER - Senior review, all patients, flow of patients, early discharge, review

SFFT - Staff Friends and Family Test

SHMI - Summary Hospital Level Mortality Indicator

SI - Serious Incident

SJR - Structured Judgement Review

SSNAP - Sentinel Stroke National Audit Programme

SSP - Swindon Safeguarding Partnership

SWICC – Swindon intermediate Centre

SVPP/Wiltshire - Safeguarding Vulnerable people Partnership

TEP - Treatment Escalation Plan

U&EC - Urgent and Emergency Care

VTE - Venous Thromboembolism