



Great Western Hospitals  
NHS Foundation Trust

# Quality Accounts

2020-2021

Service Teamwork Ambition Respect

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## Part 1: Chief Executive Statement and Introduction to the Quality Accounts

I am pleased to present our Quality Accounts for 2020/21.



Kevin McNamara,  
Chief Executive

This year has been a year like no other for each and every one of us and the pandemic has brought about changes across the world like nothing else in modern times.

On behalf of the Board, I would like to say how proud we are of our collective response to Covid-19. The fact we were able to provide care to every patient with Covid-19 who needed it – more than 1,500 people and counting – is a hugely significant achievement.

Our response to Covid-19 is detailed elsewhere in this report.

As we look back and reflect on this remarkable year, it's really important to remember that despite personal and professional upheaval for all of us, we made many other achievements which would have really stood out in any other year.

Combined with our response to Covid-19, these achievements tell a remarkable story of how our Trust, and the wider health and social care system, came together at the toughest of times, to do what we do best – delivering great care for the population we serve in a range of different ways.

Some of our many achievements in 2020/21 include:

- Becoming one of the first places in the world to administer a Covid-19 vaccine in December 2020 having been selected as one of the first 50 hospital vaccination hubs. Since then we have administered over 62,000 first and second doses as we lead a roll-out of the programme.
- Strong performance in areas including our Emergency Department, cancer, and stroke. Data shows that in terms of our combined performance we moved from 87<sup>th</sup> out of 123 Trusts nationally in March 2020 to 42<sup>nd</sup> by May 2021.
- We achieved one of the best staff flu vaccine uptake in the region at 90.7%.
- We became a top 15 site nationally for patient recruitment to clinical trials and the best in the South West.
- There has been significant investment in our estate to help improve quality of care, including the Radiotherapy Centre (led by Oxford University Hospitals NHS FT), the development of the new Urgent Treatment Centre, and the purchase of land next to the GWH site which will enable us to deliver quality care for years to come.
- Improvements in our primary care services, with Abbey Meads and Moredon both moved from inadequate and in special measures to Requires Improvement by the Care Quality Commission.
- Our first Equality, Diversity & Inclusion strategy, our first EDI lead appointed, along with improvements in rolling out Freedom to Speak Up, will all enable us to develop a more open and inclusive culture, and a place where colleagues can be the best of themselves all of which contributes to improvements in patient safety.

Following the Care Quality Commission's last inspection of our acute services, I'm pleased that more than 80 per cent of our services are rated as good, although our overall rating remains at Requires Improvement. We want to continue to build on this progress so that when inspectors visit us next, they will recognise us as a good Trust, delivering outstanding care.

As an integrated provider, our journey to join up the acute, community and primary care services we now operate continues. The CQC's recognition of both our primary care practices as being Requires Improvement is a significant step forward from when we took them over in November 2019. However, we know there is still a considerable amount of work to be done to improve these services further for the people they serve. We have developed an ambitious primary care improvement programme focused on patient experience, accessibility, integration, efficiency and quality of care, and now have a Patient Participation Group in place which will help strengthen the patient voice in improving services.

As we look ahead to 2021/22, we know we will continue to live with Covid for some time and its legacy will be felt for many years after the pandemic has ended.

We know that many patients are now waiting much longer than we would like, or have ever anticipated, and we face challenges restoring our activity, but we must do everything possible to care for patients as quickly and safely as we can. We will build on what we have learned during the pandemic to find new ways to deliver the best possible care.

Given the challenges we face, it's never been more important to retain a focus on the quality of care we are providing so I'm really pleased that in May 2021 we introduced a Great Care campaign which is focused on delivering harm free, expert, and personalised care, along with improving the environment in which this is delivered.

Although we've called it a campaign, in reality it might be better called a movement in the sense there isn't a fixed end point – it will continue to grow and develop and become embedded in what we do.

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.

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

- Priority 1: Listening and engaging with our patients, their families and carers.
- Priority 2: Reducing the incidence of hospital acquired pressure ulcers.
- Priority 3: Achieving smooth and effective flow across the hospital and community.

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

I believe that our focus on delivering Great Care, our priorities, and our emerging clinical strategy will enable us to bring about everyday improvement while ensuring we remain committed to delivering what's really important to improve the health of our population and reduce inequalities.

It goes without saying that we couldn't do any of what we have done, and will continue to do, without the incredible efforts of the Great Western family – working at the GWH, out in the community and in our primary care practices - and we will continue to support and look after all of our staff.

Throughout the pandemic we have reviewed, updated and renewed our health and wellbeing offer for staff and I'm pleased that this was recognised with a national award from the Nursing Times.

We have worked hard to ensure that this comprehensive wellbeing programme covers both physical and mental health and this will continue to be a priority for the year ahead.

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

**Kevin McNamara, Chief Executive**

Date: 09/06/2021

## Part 2: Priorities for Improvement and Statements of Assurance from the Board of Directors

### 2.1 About the Great Western Hospitals NHS Foundation Trust

Great Western Hospitals NHS Foundation Trust has its main headquarters at the Great Western Hospital (GWH) in Swindon. 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 (GWH) is a purpose-built District General Hospital providing emergency care, elective (planned) surgery, diagnostics, paediatrics, maternity (both midwife and consultant), and outpatient and day case services.

#### The Brunel Treatment Centre

On the GWH site there is a purpose-built centre for elective (planned) surgery called the Brunel Treatment Centre. The centre has enabled the Trust to separate emergency from elective (planned) surgery. The Centre includes the Shalbourne Suite, which is a private patient unit.

#### Within the Community

The Trust is a provider of Community health services across Swindon, these Services are provided by Community Nurses and Therapist, 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.

#### 2.1.1 Why are we producing a Quality Account?

A Quality Account is a report about the quality of services offered by an NHS healthcare provider. All NHS Trusts are required to produce a Quality Account annually and provide information on the quality of services to service users, the public and stakeholders, as part of the drive across the NHS to be open and honest.

The Trust welcomes this opportunity to demonstrate how well we are performing and compare our progress against the previous year. We proactively use this opportunity to compare our performance against national performance where possible and use this information to make informed decisions about our services and identify areas for improvement.

In this year's Quality Account we have set out how we have performed against The Trust's 2020/21 priorities for improvement and explains why we chose to set new priorities for 2021/22.

##### 2.1.1.1 The Impact of Coronavirus

This year was dominated by the coronavirus pandemic.

We began preparing for an influx of Covid-19 patients in February 2020 and saw our first patient the following month.

Since that time, we have cared for more than 1,500 patients with confirmed coronavirus. Sadly, more than 335 of these patients died.

Responding to the pandemic required a whole Trust approach and we reorganised our hospital in just a matter of days, reconfiguring our operational set up to allow for a separate Covid-19 entrance and a dedicated Covid-19 Assessment Unit. A series of associated ward and department changes were introduced to divide the building into Covid and non-Covid areas.

An incident control room function was set up to coordinate and manage the Trust's response and remained in place for the remainder of 2020/21.

We cancelled almost all routine activity, moved some services to an independent sector facility, and switched to virtual appointments where we could.

This enabled us to expand our capacity to care for the most critically ill patients, and we redeployed and retained many staff to increase our ability to provide care.

Our ICU bed capacity was increased from 12 to 32, and we established surge capacity through helping to set up and support the NHS Nightingale Hospital Bristol where 300 beds were available regionally, but fortunately did not need to be used.

The first wave really impacted in March and April 2020 with a further peak in October/November.

We provided a 24/7 staff support and wellbeing programme and were pleased that this was nationally recognised with a Nursing Times Award in November. We offered staff a wide range of support to ensure they were well looked after. 'Wellbeing Wednesdays' were launched, with care packages made up with drinks and snacks. A small shop to enable staff to buy a small range of essential supplies without having to visit large supermarkets was created. In addition, we put in place other measures such as providing staff with accommodation where needed to enable them to continue to come to work, free parking, free Wi-Fi, a 24 hour staff support line, 24/7 mental health support along with a range of drop in sessions for staff to access whatever support they need.

The second wave of the pandemic began in January 2021 and hit us much harder, with the number of patients in our hospital with coronavirus reaching over 160 at one point – compared to 97 during the first peak.

In December we became one of the first places in the world to administer the coronavirus vaccine as we began vaccinating those in the first cohorts identified by the Joint Committee on Vaccination and Immunisation at our Commonhead building, which was turned from offices into a vaccination centre in a matter of days.

At the time of writing, we have administered more than 62,000 doses of the vaccine.

Our hope is that the vaccination programme will provide a route out of the pandemic and a return to normal times, but we know that we will need to continue to operate alongside Covid-19 for the foreseeable future.

While our focus in 2020/21 will be on improving quality and recovering our activity, enabling us to treat patients who have had to wait much longer than we would ever have liked, we will remain prepared for further surges in numbers of coronavirus patients.

### **2.1.2 Priorities for Improvement 2021/2022**

This section sets out our priorities for improvement during 2021/2022. Our priorities for the forthcoming year have been influenced by national and local agenda's, our internal learning from experience and feedback from our staff and stakeholders.

These priorities have been presented to the Council of Governors as patient/public representatives, they supported the priorities and agreed that they were key objectives for the organisation. Due to reduced timescales to produce this report it was not possible to have the usual consultation process with the Council of Governors and key external stakeholders.

### **Our Priorities for Quality Improvement – Our Focus for 2021/22**

1. Listening and engaging with our patients, their families and carers
2. Reducing the incidence of hospital acquired pressure ulcers
3. Achieving smooth and effective flow across the hospital and community

### **Priority 1: Listening and Engaging with our Patients, their Families and Carers**

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 can 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.

In order to achieve this we plan to implement the following;

- Develop and implement a Patient Experience and Engagement Plan that outlines how we create opportunities to improve and increase engagement, involvement and co-design
- Embed 'Care Conversations' across the organisation to ensure patients feel listened to and gather real time qualitative feedback
- Develop Quality and feedback boards to ensure the feedback we have received and actions we have taken are clearly visible for both staff and patients
- Implement clear, visible signposting across the whole organisation to direct patients and families of both how to provide feedback and how to raise a concern

We will know if we have been successful if we meet the targets we have set ourselves which include;

- ✓ Achieve a score of 90% of patients responding positively via Friends and Family Test
- ✓ Achieve a Friends and Family Test response rates that benchmarks in the top 20% of NHS Trusts
- ✓ Through the Great Care campaign demonstrate tangible improvements to patient care Ensure evidence of the improvements we have implemented are clearly visible across the organisation



## **Priority 2: Reduce the Incidence of Hospital Acquired Pressure Ulcers**

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.

In order to achieve this, our comprehensive Improvement plan includes the following;

- Develop a bed and mattress replacement programme.
- Identification and investigation of hospital acquired harm, ensure teams are aware of and understand their data.
- Implement a rapid learning process to support early identification of learning and gaps in care.
- Undertake a data quality exercise to ensure accurate reporting of harms.
- Continue to develop and embed education and training using a variety of formats.
- Continue to develop Safer Skin Champions for all areas.
- Identify equipment required and develop plans for provision and training.
- Implementation of Pressure ulcer assessment tool on to Nervecentre.

We will know we are making an improvement by meeting the following targets.

- ✓ Achieve a reduction in reported hospital acquired pressure ulcers by 25%
- ✓ Achieve 90% of staff to have completed pressure ulcer training.
- ✓ Wards to achieve consistently 90% and above on the Perfect Ward pressure ulcer audit.
- ✓ 90% of all hospital acquired pressure ulcers to have a rapid learning review within 3 days of occurrence.
- ✓ Achieve 100% compliance with skin inspections taking place within 2 hours of admission based on monthly snapshot audit.

## **Priority 3: Achieving Smooth and Effective Flow across the Hospital and Community**

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.

In order to achieve this ambition, we plan to deliver the following;

- Embed pathways to facilitate smooth and effective flow to deliver effective responsive safe care and treatment in our communities and in the Hospital.
- Monitor compliance with the Department of Health and Social Care, Hospital Discharge service: policy and operating model.
- Ensure staff are supported to provide 'Great Care' and ensure patients are only admitted to the Hospital when all other avenues have been exhausted.
- We want to support patients to move to the most suitable location as soon as possible.
- Work with partners to deliver care in the community.
- Keep bed moves to a minimum especially after 10pm at night unless clinically indicated.
- Make sure our services operate 24/7 to prevent unnecessary admissions.
- Ensure ambulance services are effectively streamed to the correct patient pathway on arrival.
- Implement the SAFER Bundle, SAFER is a suite of actions designed to help reduce delays for patients in adult inpatient wards.

- Develop further admission avoidance pathways.

We will evidence our progress against the following performance indicators;

- ✓ Reduce admissions to patients that are already receiving community-based care.
- ✓ Achieve 100% of patients identified as criteria to reside or not having criteria to reside. Criteria to reside is the term used to describe a patient who requires on-going acute hospital care.
- ✓ 90% Compliance with SAFER bundle
- ✓ To have no more than 26 patients with a length of stay of over 21-days at any one time.
- ✓ 30% of all patients that are discharged should leave the hospital before noon.
- ✓ To never have more than 30 in-patients in the trust who are ready to be discharged but are waiting for partner services to facilitate their discharge.

### 2.1.3 Review of 2020/21 Priorities

This section provides a review of progress against the priorities identified for 2020/21 included within our 2019/20 Quality Accounts.

#### **Priority 1: No preventable deaths**

The 2019/20 Quality Accounts outlined the Trusts commitment to learning from mortality and agreed to work on the already established process of structured judgements reviews and focus on the implementation of the Medical Examiner role. The process of monitoring structure judgement reviews is well established and supported through the Mortality and Morbidity (M&M) meetings. Medical Examiners are senior medical doctors that are trained to provide an independent review of deaths and scrutiny over the medical certification process. The role supports a process of safeguards for public assurance, learning from deaths, and improving patient safety and monitoring. Their independent oversight will strengthen the already established M&M process.

The role will be a point of contact for families to raise concerns. They will provide a professional caring and compassionate service to bereaved families. The role is now established at Great Western Hospital and facilitates the expectations set out, working collaboratively with key staff across the organisation.

#### **Priority 2: Continuously seek out and reduce patient harm**

The 2019/20 Quality Accounts set out the Trusts plans to develop the safety culture within the organisation, supporting our staff to have the skills to identify, learn from and prevent harm and risk of harm.

There has been good progress of the actions against implementation of the Patient Safety Culture Strategy including; a Training Needs Analysis (TNA) assessment and development and delivery of training and education focusing on Duty of Candour, Patient Safety Culture, and Incident Reporting.

Training is being delivered with five in-house two-hour management training days and three training video's covering:

- Just and Learning Culture
- Incident Reporting
- Duty of Candour

There is increased Divisional oversight with Divisional representation at the Serious Incident Review & Learning Group (SIRLG), with learning identified through the 48-hour reports and Serious Incident reviews, which is then shared through the Divisions.

To strengthen the reporting and monitoring process the Trust has procured the Datix Incident Management System. The system will enable a more streamlined process for the management of all

patient safety incidents and enable robust oversight. The implementation process has commenced with an expected full roll out over the next six – twelve months.

The use of IT systems and services has grown considerably, so much so that they are now an integral part of the day-to-day service that the Trust delivers. The need for instant and constant access to information to make and record clinical decisions and business needs is now demanded by users along with a high expectation of service availability and ease of access. The right technology can assist with increased efficiency, improved quality, and reduced costs. Some of the many advantages' technology can provide include the facilitation of communication between clinicians, improving medication safety, reducing potential medical errors, increasing access to medical information, and encouraging patient-centred care. The following are just a few ways technology is helping to improve patient safety at Great Western Hospital

- Electronic prescribing and medicine administration supports accurate and safer prescribing, making both prescribing and administering medicines quick and easy, minimising errors, and improving patient safety
- Electronic requesting for radiology, pathology and microbiology will ensure communication of patient information, reduces loss of paper requests and duplication tests. It improves safety and efficiency by helping ensure that all the necessary patient and clinical information is included. Clinicians can be confident that the order has gone to the right place and that no transcription errors have occurred. The order can be tracked, and results are fed back immediately and accurately
- Nervecentre software ensures accurate recording of patient National Early Warning Score (NEWS) and the automatic escalation to the appropriate clinician. Every set of observations taken are screened for sepsis and will send escalations if required. There is a link to pathology and all Acute Kidney Injury (AKI) results are recorded immediately into Nervecentre, sending automatic escalations to appropriate medical team. The handover functionality allows for live documentation of all clinical information and sharing to all members of the multidisciplinary team (MDT). Clinical assessments within Nervecentre, although in its infancy already impacts patient safety and outcomes by ensuring essential risk assessments are completed on admission and repeated as the policy requires. The bed management functionality along with live flows aids identifying discharges and blocks to flow, sharing information with partners outside the trust to work in collaboration to allow better process for discharge planning

Through the Deteriorating Patient Improvement Group, we have expanded use of NEWS2 within primary care and associated local care homes. This work is on-going and is in collaboration with the West of England Academic Health Science Network and the Clinical Commissioning Groups (CCG), in order to support the early recognition and response to deterioration before an acute admission is required. Our community and primary care clinical colleagues have all had access to refresher training on NEWS2 and sepsis. At the start of the pandemic, we increased acute Health Care Assistants capacity to safely monitor NEWS2, with daily training sessions run by the Academy. We have also updated our Nerve Centre interface to improve usability around NEWS2.

There is a new Consultant Clinical Lead for Sepsis who has been in post since August 2020, and who has launched a trust-wide sepsis improvement plan reflecting National Institute for Clinical Excellence guidance. The ASK (Acute Sepsis & Kidney) Clinical Nurse Specialist team is back in post following a period of redeployment to support the pandemic, providing a comprehensive clinical review of every acute patient admitted with suspicion of sepsis. The team also continue to support trust-wide training and sepsis promotion initiatives, in collaboration with a network of champions.

### **Priority 3: Working with patients, carers and families to personalise care and improve health**

The 2019/20 Quality Accounts set out the Trusts aims to improve the experience of our patients by always considering individual needs, to ensure they receive the right care, at the right time in the right way for them.

The trust has appointed a new Head of Patient Experience and Engagement whose role is to focus on listening and receiving feedback from our patients and their families; understanding the feedback and identifying good practice and learning and then involving patients and their families in implementing any improvements or shared good practice. We want to ensure that the patients' voice is heard and that we use opportunities to learn from their experience and actively seek engagement of patients and carers in service development and patient experience work streams, ensuring diverse groups, vulnerable groups, children and young people are included. We have developed close links with community partners and third sector organisations in order to share learning. A suite of varied and diverse Patient Stories is in place to provide opportunities for sharing of excellence and learning from across the organisation and with our trust board.

We have undertaken a review of our complaints and concerns process so that we can strengthen this in order to provide early resolution for our patients and their families. We have made changes to our webpage and patient information in order to facilitate clearer sign posting and support should someone wish to provide feedback. We are also working closely with Healthwatch as independent arbitrators to support people who may wish to raise a concern or provide feedback. We have begun the roll out of the Friends and Family Test via text messaging across the whole organisation and are also implemented multiple opportunities and formats for gathering feedback across the whole patient journey.

As part of our various feedback mechanisms we have identified some key areas for focus and have launched some quality improvement work streams to address. These include improving telephone access and communication, reducing noise at night, ensuring all of our patients personal hygiene needs are met to a high standard, improving information on discharge, creating 'Changing Places' facilities and reducing concerns raised in relation to staff attitude and behaviour. We are involving patient representatives in many of these work streams.

We are developing a Patient and Public Engagement plan with our local partner organisations and are linking with colleagues across the country to share best practice and ensure standardisation of approach. We have undertaken engagement work in order to hear directly from patients in relation to our major project to expand our front door services; this involves feedback in order to understand any specific needs or adjustments in relation to the design phase and engagement with the public to input into the service clinical pathways.

All dementia champion training days and quality improvement work was suspended during the Covid-19 pandemic, information and updates were given to champions using social media sites, which were well received.

There is a new patient passport, initially developed for use with patients with dementia but can be used with any patient with cognitive impairment or delirium, that provides an easy to use visual tool that provides information on 'what is important to the patient', it is now live and available for use across the organisation.

One of the biggest achievements in 2020/21 has been the substantive appointment of two Admiral Nurses, these are dementia specialist nurses, one based in the community and one in the acute hospital, the roles provide a source of expertise and are essential for in supporting people with dementia and their families as they transition between healthcare settings.

The Dementia Operational Group has been working closely with Palliative Care Committee to facilitate the inclusion of the Abbey Pain Scale (a visual scoring system to detect pain in those who are unable to communicate their pain adequately) into the new end of life Personalised Care Plans and Symptom Observation Charts. This is a non-verbal pain assessment tool which has been added to the electronic observations section on Nerve Centre. This is a significant achievement and the benefit to patient care is immense. Patients who are unable to verbalise their pain adequately will be assessed for pain by ward staff using an appropriate tool, so pain will be better managed for this this vulnerable population. This will be all people unable to vocalise their pain including people with learning difficulties, speech disorders, stroke and those at the end of life.

A new dementia specific 'flag' on Nerve Centre has recently been introduced in 2021, making it easier and quicker for staff, to identify those with a diagnosis of dementia on the electronic observation system hence allowing them to deliver personalised care and make reasonable adjustments as needed.

'Think RITA' – this is the digital interactive reminiscence device that Teal ward and the Emergency Department have purchased to support patients with dementia in hospital. This was included in the Dementia Action Week to raise awareness of the benefits of using RITA with patients with cognitive impairments.

Trust staff have worked with service users and partner agencies on projects for people with learning disabilities that supports their experience of coming in for tests and enables them to provide feedback in an easy read form of their care experiences with us. Patients also took part in the patient survey section of the NHSi Learning Disability and Autism Improvement standards National Audit data collection for 2020 – 2021. This year the Trust also employed a Learning Disabilities Specialist Nurse who is able to work with patients and their carers on the wards to ensure that all physical health, mental health and spiritual needs are met.

The Trust has worked this year to build on the work already undertaken to support patients with mental health illness or who may have a learning disability or dementia. Our focus this year was to build on the strong multi-disciplinary ethos within the hospital with particular focus on the need to ensure the right expertise is available at the right time to support Mental Capacity Assessments (MCA), and Best Interest's Decision making when required. To this end new MCA and Best Interest Decision-making documentation has been produced to support a wider cohort of Multi-disciplinary Team (MDT) staff being confident to undertake the assessments. To further support this aim training programmes have been collaboratively developed with partner agencies for both MCA and Mental Health support practice.

We already have collaborative working relationships with specific patient groups for Dementia and Learning Disabilities to gather insights and feedback from patients and service users. The Learning Disabilities forum members go out to local day services to speak to patients about their experiences in environments of comfort and familiarity to them. This helps support patients feeling more able to share their experiences with us. There are plans for a 'Changing Places' bathroom to be located with the Trust and patient's opinions on the facility will be sought.

#### **Priority 4: Achieve continued improvements to outcomes and clinical care**

The 2019/20 Quality Accounts set out the Trusts ambition to meet the needs of the local population improving the quality of care across the Trusts Urgent & Emergency Services utilising best practice standards to provide greater consistency to the care and treatment we provide.

The 'Way Forward Programme' has been established at GWH NHS FT to deliver improved quality of care across Urgent & Emergency services, through the implementation of a new Integrated Front Door Clinical Model and the reconfiguration & expansion of our 'front door' services. Progress in the last year includes:

- The acquisition of expansion land directly adjacent to the main hospital (5.5 hectares) to allow expansion and improvements to the Trust's Clinical Services

- Commencement of a £16m project to construct a new, purpose built, Urgent Treatment Centre (UTC); with an improved clinical environment and more than double the capacity of the facility it replaces. Demolition of the old UTC commences in May 2021 with construction of the new UTC due to be complete very early in 2022
- Detailed design work for the new Integrated Front Door (IFD) is now underway, based on modelled U&EC demand forecasts. The new build element is due to be completed by Autumn 2023, with some further related refurbishment works of existing buildings complete by Summer 2024

### **Priority 5: Deliver innovative and integrated care closer to home – supporting health, wellbeing and independent living**

The 2019/20 Quality Accounts set out how the Trust will work collaboratively across the health and social care system to deliver sustainable improvements to ensure the population that we serve receive the right care in the right place at the right time.

The last year has seen lots of transformational change including the simplification of five Divisions to three to embed the Performance and Accountability Framework to focus on delivery across the Trust, with the on-going support by corporate teams. This change has enabled the organisation to create efficient and cost effective operational and clinical leadership that creates joined-up, integrated care that is centred around patients' needs. The new structure will enable the leadership teams to work with local partners to develop more integrated models of care, optimising services models to help manage increased demand within existing capacity.

This has meant that primary care services now sit within the third division of integrated and community care. This structural change has enabled the Trust to have the capacity and capability in the right place to deliver services, focusing efforts on integrating patient pathways, reducing the gaps and influencing care across the whole patient pathway, removing barriers and improving efficiency and avoiding duplication for example virtual wards and the integrated vaccination programme.

## **2.2 Statement of Assurance from the Board of Directors**

### **Information on the Review of Services**

During 2020/21 the Great Western Hospitals NHS Foundation Trust provided and/or subcontracted 8 relevant health services.

The Great Western Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 8 of these relevant health services.

The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision of relevant health services by the Great Western Hospitals NHS Foundation Trust for 2020/21.

### **Participation in National Clinical Audits**

During 2020/2021, 55 national clinical audits and 1 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 98% 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 2020/2021 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.

Clinical Audit / National Confidential Enquiries	Participation?	% Cases Submitted
National COPD Audit Programme - Secondary Care: 2020	Yes	100%
National COPD Audit Programme - Secondary Care: 2021	Yes	100%
National Adult Asthma Audit Programme - Secondary Care 2020/21	*No	
National Paediatric Asthma - Secondary Care 2020/21	Yes	100%
Pulmonary rehabilitation- organisational and clinical audit - 2020/21	Yes	100%
National Sentinel Stroke National Audit Programme (SSNAP)* 2020/21	Yes	100%
National Sentinel Stroke National Audit Programme (SSNAP)* 2020/21	Yes	100%
MBRRACE-UK 2020 : Perinatal Mortality Surveillance	Yes	100%
MBRRACE-UK 2020 : Perinatal Mortality Review Tool	Yes	100%
MBRRACE-UK 2020 : Perinatal Mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Yes	100%
MBRRACE-UK 2020 : Maternal Mortality surveillance	Yes	100%
MBRRACE-UK 2020 : Maternal Morbidity and mortality confidential enquiries	Yes	100%
National Neonatal Intensive & Special Care Audit (2020 Data)	Yes	100%
National Paediatric Diabetes Audit 2020/21	Yes	100%
National Pregnancy in Diabetes 2020	Yes	100%
National Severe Trauma Audit - TARN (20/21)	Yes	100%
National Elective Surgery Audit - National PROMs Programme (2020-21)	Yes	100%
National Case Mix Programme 2020/21	Yes	100%
National Emergency Laparotomy Audit - Year 8 NELA 2020/21	Yes	100%
National Joint Registry - NJR (2020/2021)	Yes	100%
National Cardiac Arrest Audit NCAA 20/21	Yes	100%
National Acute coronary syndrome or Acute myocardial infarction (MINAP)2020/21	Yes	100%
National Cardiac Rhythm Management (CRM) 2020/21	Yes	100%
National Falls and Fragility Fractures Audit Programme (FFFAP) 2020 - Inpatient Falls	Yes	100%
National Falls and Fragility Fractures Audit Programme (FFFAP) 2020/21 - Hip Fracture Database	Yes	100%
National Heart Failure Audit 2020/21	Yes	100%
National Inflammatory bowel disease (IBD) Registry 2020/21	Yes	100%
National Audit of Percutaneous Coronary Intervention (PCI) 2020/21	Yes	100%
National Lung cancer Audit (NLCA) 2020/21 (2020 data)	Yes	100%
National Rheumatoid and Early Inflammatory Arthritis 2020/21	Yes	100%
National Oesophago-Gastric Cancer Audit (NOGCA) 2020/21	Yes	100%
National Bowel Cancer Audit Programme (NBCA) 2020/21	Yes	100%
National Prostate Cancer Audit (NPCA) 2020/21 (2019/2020 data)	Yes	100%
National Diabetes Foot Care Audit 2020/21	Yes	100%
National Endocrine and Thyroid National Audit 2020/21	Yes	100%
National Diabetes Audit Core 20/21	Yes	100%

National Stress Urinary Incontinence in Women Audit 2020/21	Yes	100%
Perioperative Quality Improvement Programme 2020/21	Yes	100%
LeDeR Programme 2020/21	Yes	100%
National Maternity and Perinatal Audit (NMPA) 2020	Yes	100%
National Audit of Breast Cancer in Older Patients 2020/21	Yes	100%
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme 2020	Yes	100%
Fractured Neck of Femur 2020/21 (RCEM)	Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) - 2020/21 - Cohort 3	Yes	100%
Pain in Children 2020/21 (RCEM)	Yes	100%
National Audit of Cardiac Rehabilitation 2020	Yes	100%
National Surveillance of blood stream infections & Clostridium difficile infection 2020/21	Yes	100%
National Acute Kidney Injury Programme 2020/21	Yes	100%
National Surgical Site Infection Surveillance Service 2020/2021	Yes	100%
National Diabetes Audit – Adults -NaDIA-Harms - reporting on diabetic inpatient harms in England 2020/21	Yes	100%
RCEM Infection Control 2020/21	Yes	100%
BAUS Bladder Outflow Obstruction Audit (BOO) (Snapshot) 2020/21	Yes	100%
BAUS Renal Colic Audit (Snapshot) 2020/21	Yes	Progressing
BAUS Cytoreductive Radical Nephrectomy Audit (Snapshot)	Yes	100%
British Spine Registry 19/20	Yes	100%

\* The Trust has not participated in the National Adult Asthma Audit as the trust does not have the infrastructure to support the continuous data collection required for this audit.

The reports of 60 national clinical audits were reviewed by the provider in 2020/2021 and Great Western Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

#### **National COPD Audit Programme - Secondary Care: 2019**

- Improve provision of Non Invasive Ventilation (NIV) for hypercapnic respiratory failure in exacerbations of Chronic obstructive pulmonary disease (COPD)
- Continue improvements in referral for smoking cessation therapies by use of discharge bundle
- Recruit to Consultant vacancies

#### **National Sentinel Stroke National Audit Programme (SSNAP)\* 2018/19**

- Planning to create more capacity for acute stroke with stroke consultants and stroke nurses
- Planning to enhance and sustain workforce to improve access to OT and Physiotherapy across the stroke pathway 7 days per week
- Planning to implement an Early Supportive Discharge (ESD) service for Swindon Patients

#### **National Paediatric Diabetes Audit 2018 (2017/18 data)**

- To target improvement in glucose blood monitoring for diabetic patients
- On-going funding of current service
- Development of current service – psychology time, nursing time
- Maintain completion of the Complete Care Process information

#### **NCEPOD - Pulmonary embolism 2018/19**

- Anticoagulant within 1 hour



- Diagnostic tools such as Simplified Pulmonary Embolism Severity Index (sPESI)
- Diagnostic bloods /procedures (Troponin, B-type natriuretic peptide (BNP))
- Patient information leaflets
- Seven day service

#### **National Joint Registry - NJR (2019/2020)**

- Set up the new Amplitude Patient Reported Outcome Measures (PROMs) system and embedding its use within the teams involved
- Review option for system to capture eligible NJR procedures to confirm that the appropriate consent forms have been completed/ submitted
- Reinforce the importance of completing a data collection form for all eligible NJR procedures

#### **National Falls and Fragility Fractures Audit Programme (FFFAP) 2019 - Inpatient Falls**

- Ensure an audit process is in place to monitor safe use of bedrails for adult inpatients
- Implement a system to identify falls not previously reported through the incident reporting system
- Deliver face to face training and develop a video resource for safe transfer of an uninjured and injured patient from the floor following a fall, including use of the scoop flat lifting equipment
- Implement a post fall work stream as part of the falls improvement plan, to focus on changes in practice to improve post fall medical assessment

#### **Society for Acute Medicine Benchmarking Audit (SAMBA) June 2019**

- Continue to improve measuring Early Warning Score within 30 minutes. Target within the next year >90% (Currently 81%)
- Maintain the high standard of each patient being seen by a competent clinical decision maker within 4 hours (Currently 98% on 2 consecutive years)
- Improve % of overall senior decision maker/consultant review within 12 hours (Currently at 74%)
- Review 7 day readmission rate (21%) to find reasons behind and address issues.
- Review Same Day Emergency Care Pathways, reduce elective work to enable most of the low acuity patients (68% of 24 hour take) first via Same Day Emergency Care (SDEC)

#### **National Audit of Dementia: Prescription of 'Psychotropic Medication' to people with dementia 2019/20**

- Internal spot audit into psychotropic prescriptions, review dates and communication on Electronic Discharge Summaries (EDS) – collaboration with Avon & Wiltshire Partnership
- Explore documenting 'target symptoms' to be included in appropriate Trust clinical guidelines & pathways. Liaise with IT/EPMA team to see if this can be including in electronic prescription of these medications
- Continue education & training for junior doctors, ward teams and non-medical prescribers regarding the importance of using non-pharmacological methods as first line management for BPSD as well as how to safely prescribe psychotropic medications when necessary
- Collaborate with pharmacy & IT/ Electronic Prescribing and Medicines Administration (EPMA) team to devise process to ensure psychotropic medications are reviewed by medical team when 'To Take Away's' (TTAs) screened are for discharge

#### **Research and Development**

The number of patients receiving relevant health services provided or subcontracted by Great Western Hospitals NHS Foundation Trust in 2020/21 that were recruited during that period to participate in research approved by a research ethics committee is 1701.

During the 2020/21 financial year Research & Innovation and the wider research community at Great

Western Hospital NHS Foundation Trust worked on 77 clinical studies.

46 Principal Investigators recruited over 1,700 participants to 40 open studies.

Nearly 1,000 individual participants attended over 5,000 'follow up' appointments, either in person or by telephone.

During the year, Research & Innovation helped to deliver 13 Urgent Public Health studies designed to better understand and tackle COVID-19, including research into vaccines, treatments and diagnostic tests. Over 1,400 of this year's participants were recruited to these studies.

One of the many impacts of COVID-19 on NHS research has been the development of new ways of working, with increased collaboration and teamwork being seen across the West of England region. We have witnessed everyone coming together as never before to work towards a common goal.

Trusts with a research-active culture have been shown to deliver better care, have better CQC ratings and better patient outcomes, with these benefits not just limited to patients who participate in research. Research & Innovation has delivered notable successes in the past year to the benefit of the whole Trust, and looks forward to being able to continue this excellent work in 2021/22.

#### **Use of Commissioning for Quality and Innovation (CQUIN) payment framework**

A block payments approach for arrangements between NHS commissioners and NHS providers has been in place for 2020/21 in England and will remain in place for the first half of the 2021/22 financial year. Block payments to NHS providers are deemed to include CQUIN, and there will be no 2021/22 CQUIN scheme (either CCG or specialised) published at this stage.

#### **Care Quality Commission (CQC) Registration**

Great Western Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully compliant. The Great Western Hospitals NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against Great Western Hospitals NHS Foundation Trust during 2020/21.

Great Western Hospitals NHS Foundation Trust was inspected between 11/02/2020 and 12/03/2020 with a report published in June 2020. The outcome of the inspection acknowledged the progress made by the Trust. However, the Great Western Hospital remains Requires Improvement. Therefore, the Trust has continued to build existing work streams and developed further actions to ensure we continue to move towards achieving a rating of outstanding.

Community services for adults and community inpatient services were inspected in August 2018, CQC rated both services as Good. Moredon Medical Centre and Abbey meads Surgery were inspected in February 2021, the outcome of the inspection acknowledged the progress being made as reflected by Moredon's CQC rating going from inadequate to requires improvement, Abbey meads remain requires improvement overall, improvement plans underway for both practices.

#### **Participation in CQC Special Reviews or Investigations**

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

#### **Hospital Episode Statistics**

Great Western Hospitals NHS Foundation Trust submitted records during 2020/2021 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data

The percentage of records in the published data:

- Which included the patient's valid NHS number was: 99.6% for admitted patient care 99.9% for outpatient care and 98.9% for accident and emergency care
- Which included the patient's valid General Medical Practice Code was: 99.4% for admitted patient care; 99.7% for outpatient care; and 98.2% for accident and emergency care

### **Information Governance**

Information is a key asset, both in terms of the clinical management of individual patients and the management of services and resources throughout the Trust. It is therefore of utmost importance that appropriate policies, procedures and management accountability provide a robust governance framework for the efficient management of information.

Confidentiality, integrity and availability play an important role in the safeguarding of information within the Trust. This includes organisational and staff information as well as patient information.

The Trust has agreements with healthcare organisations and other agencies for the sharing of patient information in a controlled and lawful manner, which ensures that patients' and public interests, are upheld. It is essential for the delivery of the highest quality health care that accurate, timely and relevant information is recorded and maintained. As such it is the responsibility of all staff to promote data quality and confidentiality.

There is corporate leadership of information governance, the Director of Finance having overall responsibility. The Information Governance Steering Group (IGSG) oversees information governance issues, and monitors all IG activities and performance with responsibilities delegated from the Audit, Risk & Assurance Committee on behalf of the Trust Board.

The IGSG undertakes an Information Governance Work Programme covering the full range of information governance elements, and ensures that appropriate policies and management arrangements are in place. The Trust's Information Governance Policy sets out best practice in data protection and confidentiality and is based on four key principles which are openness, information quality assurance, information security assurance, and legal compliance.

These corporate and operational arrangements ensure that information governance is prioritised at all levels of the Trust.

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. In March 2021, the Trust's DSP Toolkit was subject to an independent internal audit against the standards set by NHS Digital.

Great Western Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2020/21 was graded as 'Standards Met'.

- 110 of 110 mandatory evidence items provided

Great Western Hospitals NHS Foundation Trust also completed a separate Information Governance Assessment Report for our primary care services. The overall score for 2020/21 was graded as 'Standards Met'.

- 30 of 30 mandatory evidence items provided

### Payment by Results Clinical Coding Audit

Great Western Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission

### Data Quality

Great Western Hospitals NHS Foundation Trust will be taking action to continue to improve data quality. The Information Manager will submit monitoring reports monthly to the Trust's Data Quality Steering Group and on at least a quarterly basis to the IG Steering Group (IGSG).

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

Great Western Hospitals NHS Foundation Trust will continue to monitor and work to improve data quality by using the above mentioned quality report, with the aim to work with services / staff to educate and improve data quality, which in turn improves patients records thus patient care.

### Learning from Deaths

During 2020/21 1414 of Great Western Hospitals NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 353 in the first quarter; 271 in the second quarter; 359 in the third quarter; 431 in the fourth quarter.

Measure		Quarter				2020/21	2019/20
		Q1	Q2	Q3	Q4		
Learning From Deaths	Number of deaths which occurred in each quarter	353	271	359	431	1414	1470

By 31/03/21, 816 case record reviews and 16 investigations have been carried out in relation to 828 of the 1414 deaths throughout 2020/21. In 4 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 3 in the first quarter; 1 in the second quarter; 7 in the third quarter; 5 in the fourth quarter.

4 of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

Measure		2020/21	2019/20
Learning From Deaths	Number of Case Reviews	816	637
	Number of case reviews leading to an Investigations	16	16
	% of patient deaths judged to be more likely than not to have been due problems in the care provided to the patient	0.004%	0%

In relation to each quarter, this consisted of: 0.28% for the first quarter; 0.36% for the second quarter; 0.55% for the third quarter; and 0% for the fourth quarter. These numbers have been estimated using the Trust Mortality Database.

The aforementioned reviews and investigations have identified that during the initial Covid wave, there was evidence of an increasing theme around the number of in-patient falls and non-completion of risk assessments or post-falls assessments. There were identified delays in recognising deteriorating patients and inappropriate admissions of dying patients; non administration of prescribed treatment; administration of medication with allergies; delays in COVID testing; poor documentation around anticoagulation plans and incomplete proformas/assessments.

There were a very small number of cases where care delivered during admission was less than adequate or poor. These cases have all been thoroughly investigated and learning identified and shared widely across the Trust. Learning included issues regarding the timings of the prescribing of anti-coagulation medication, ensuring appropriate bedside monitoring and delay with diagnostic tests.

End of life care overall was considered good or excellent, although there were isolated cases where it was felt end of life care should have commenced sooner, with similar concerns raised in one case by family members.

Towards the end of the year, outcomes from Structured Judgement Reviews (SJR's) identified 85% patients received good or excellent care in the Emergency Department. There was evidence of prompt antibiotics, fluids, identification of problems and good management plans. TEP's were noted to be updated on admission, although there was a small number which had not been signed by a Consultant. 84% of patients were deemed to have received good or excellent care with evidence of good senior reviews, rapid escalation, documented discussions with families, and early ITU reviews with proning and CPAP. Communication was noted to be good. The quality of End of Life care was considered good or excellent in 91% of the reviews, with examples of early detection of end of life stage and involvement with the Palliative Care Team. There were examples of good discussions and facilitation of video calls with families and in the majority of cases, PCP's was in place.

A summary of actions being introduced include:

- Trust Mortality Lead to consider ways to share learning from Mortality Group to specialities, especially outcomes from Dr Foster Alerts, SI related mortalities and themes arising from SJR's
- In internal review of rising mortality rates in patients with sepsis, identified a wide variation in practice when documenting sepsis in the clinical notes. Actions include, highlighting sepsis coding in the education presentations to Junior Doctors, validate internal coding for sepsis with errors reported for learning/training, and introduce a regular mini-reviews of patients coded with sepsis to monitor adherence with internal and national coding standards

The Trust has completed a further 109 case record reviews and 4 investigations after the 1<sup>st</sup> of April 2020 which related to deaths which took place before the start of the reporting period (2020/21).

### **The Seven Day Hospital Services Programme**

The Great Western Hospital NHS Foundation Trust continues to participate in the 7 Day Hospital Services Self-Assessments and is focussed on the 4 priority clinical standards for 7 Day Services. These have been actively monitored through the national audits.

The Trust meets 3 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.

An internal audit was undertaken in 2019/20 covering quarter 1 and quarter 2 that showed the Trust is not meeting this standard. A number of actions were commenced to include compliance including:

- A review of all consultant job plan's
- Development of a 5-year strategy including a staffing strategy for 7-day services

However, progress has been limited due to the impact of the pandemic. It is anticipated this work will be carried forward during the forthcoming year.

### **Freedom to Speak Up**

NHS staff across the country are being encouraged to speak up and raise concerns following the introduction of a new policy launched by NHS Improvement: Freedom to speak up: raising concerns policy for the NHS.

The nationwide policy aims to help make raising concerns the norm in NHS organisations and standardise how NHS organisations support staff when concerns are raised. We want our staff to feel confident, safe and supported to speak up if they have a concern. Therefore, we have appointed six Freedom to Speak Up Guardians in Trust from a range of different backgrounds and experiences who are Led by an allocated Executive Director and Non-Executive Director.

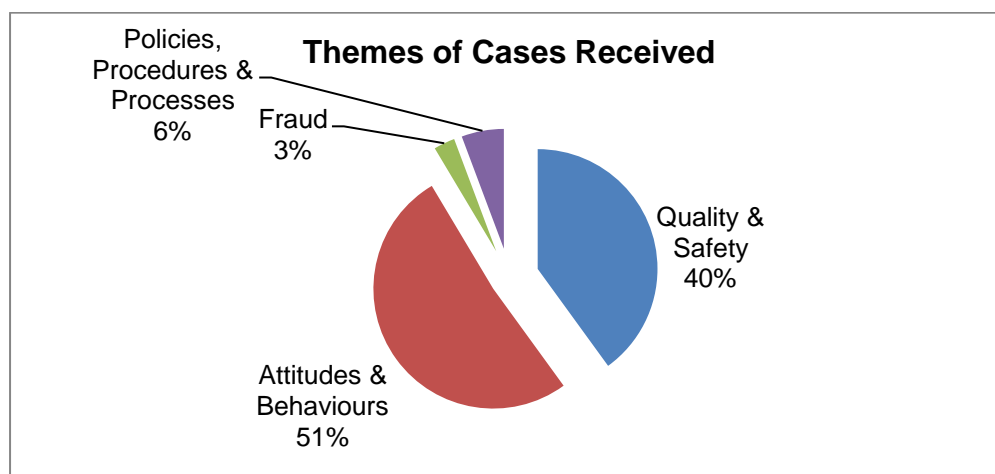
The Trust's Guardians are responsible for providing confidential advice and support to staff in relation to any concerns about patient safety. They can also offer advice and support to ensure concerns raised are handled professionally and result in a clear outcome.

Freedom to Speak Up trends and themes are closely monitored by the Patient Quality Committee, Quality Governance and Trust Board and all concerns raised are treated confidentially, investigated thoroughly with actions taken where necessary.

To support staff to raise concerns we have implemented an online form or concerns can be raised via the phone, in writing or directly to one of the guardians.

### **Key Themes arising from cases reported since April 2020 – March 2021**

The chart below shows the number of cases and themes of cases received April 2020 – March 2021



GWH continues to raise the profile of Freedom to Speak Up through

- Regular communication to all staff
- Quarterly FTSU updates for all staff via communications team / intranet
- FTSU screensavers used across the organisation

- Freedom to speak up posters in every Staff room
- Freedom to speak up drop in sessions
- Business cards for each FTSU guardian
- Regional network meeting held quarterly
- Guardian support programme – including Metal heath first aiders

### **Consolidated Annual Report on Rota Gap for Medical Staffing**

The Trust currently has a total of 67.18 vacancies across all grades and specialties of medical staff, this figure also includes appointed doctors pending start dates and candidates that are filling roles on a fixed term basis, these figures now include GPs which were previously reported separately meaning direct comparison to previous year's figures is misleading.

#### **Internal factors:**

We have undergone a restructure with part of the Medical Workforce team joining the Recruitment team who will now have a purely recruitment focused role. The intention of this restructure is to enable a more specific focus on certain elements instead of a generalist approach.

The Trust has launched a working group in April 2021 with the specific focus on Consultant recruitment in hard to fill roles. The Working group have identified all vacancies throughout the organisation with the intention to work with Divisions in order to prioritise areas of focus. Alongside this working group, a new more attractive Consultant Job description has been put in place with the hope to boost recruitment.

We conduct an annual recruitment trip to a European university that has now been running for 6 years, this has not be affected by the UK's departure from the European Union (EU), in fact this year we have had over 40 applications for just 11 posts. We recruit foundation (F) 1 level clinical fellow doctors directly during this trip that are of a high standard. These doctors often then stay on for a 2nd year to work at F2 level before either taking on training roles with Health Education England (HEE) or continuing to work for the Trust in more senior clinical fellow roles. This is of significant importance, as whilst we do not struggle to recruit F1 level doctors, having them stay on to work at F2 level has been of great value to the Trust and helped reduce our vacancies at this level.

Since 2018 we have held a British Medical Journal subscription meaning 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. The subscription in addition to some other factors has boosted recruitment at Consultant level. We have appointed a high number of senior Medical staff including Consultants and GPs in the last year with currently nine appointed candidates in the pipeline waiting to take up their new roles with us.

For the last 5 years we have also recruited additional teaching roles through the Academy, these doctors work in teaching or innovation roles but also undertake clinical duties on a 50/50 split.

Vacancies are reviewed regularly at monthly Medical Staffing Group meetings and in Quarterly Guardian reports. 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.

#### **External factors:**

HEE introduced a payment for General Practitioner (GP) trainees in the area for specific roles to boost recruitment and encourage doctors to take on those roles. These payments are funded by HEE and have no financial impact on the Trust other than positive by filling more of the roles. These payments have continued but it is not yet clear how many more years this will be offered.

All remaining vacancies are covered by internal bank locums or agency locums; however, the fill rate for bank locums is high at Junior Doctor level.

### **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 gaps identified to fully meet the standard was 35. As of December 2020 the number of actions from original benchmarking audit remaining open was eight. Seven out of the eight 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 vast majority of standards. Highlights of an extensive plan are articulated in table below.

<b>Key Improvement Activity Q4 2020 – Q4 2021</b>	<b>Key Areas for Future focus Q1 2021</b>
<p><b>Workforce:</b></p> <ul style="list-style-type: none"> <li>• Learning Disability Liaison post is now embedded in Trust policy and practice and is now a service accessible via electronic referral</li> <li>• There is now an LD and safeguarding flag on nerve Centre for live activity reporting</li> <li>• Training has been provided to key service areas</li> <li>• LD training now forms part of the Cavendish Certificate Programme for Health Care Assistants</li> </ul> <p><b>Inclusion and engagement:</b></p> <ul style="list-style-type: none"> <li>• LD patient engagement programme established through the LD forum</li> <li>• Sunflower lanyards continue to be provided in children’s service to ID hidden needs</li> <li>• The LD Education toolkit (available on the National platforms) is used on a number of training programmes in the academy</li> <li>• Development of IT portal solutions Clearer communication between partners flagging the need for reasonable adjustments</li> <li>• The Trust has a new Patient Engagement lead who will attend provider forums</li> <li>• Involve service users on interview panels in staff recruitment for relevant posts (i.e. LD Liaison Nurse)</li> </ul> <p><b>Respecting and protecting people’s rights:</b></p> <ul style="list-style-type: none"> <li>• Treatment escalation plan (TEP) now available in easier read form to promote autonomy in end of life decision making</li> <li>• Embedding of the Level 3 Adult Safeguarding education programme at the Trust</li> </ul>	<p><b>Workforce:</b></p> <ul style="list-style-type: none"> <li>• Work with lead for non-medical workforce transformation regarding the development of an Enhanced Care training programme for HCA’s</li> <li>• Launch of Mental Health (In collaboration with AWP Mental Health Partnership NHS FT) and MCA ‘master class’ training programmes (Stand-alone e-learning platform module)</li> </ul> <p><b>Inclusion and engagement:</b></p> <ul style="list-style-type: none"> <li>• Development of a complex care pathway for day case/surgical procedures</li> <li>• Continue to consider the needs of people who have a disability, impairment or sensory loss when producing signage to ensure it is accessible e.g. text size, colour contrast, inclusion of braille, use of symbols and pictures’.</li> <li>• Availability of picture boards in all relevant clinical areas</li> <li>• Health Project (Via LSAB) focus on; The hospital Passport/‘Coming in for tests’ (radiology)/Providing feedback (easier read)</li> </ul> <p><b>Respecting and protecting people’s rights:</b></p> <ul style="list-style-type: none"> <li>• Planning for the changes to Deprivation of Liberty Safeguards (Liberty Protection Safeguards)</li> </ul>



<ul style="list-style-type: none"> <li>• Development of new MCA and Best Interest Documentation (Including new 'self-discharge' and ligature risk documentation)</li> <li>• Introduction of a new electronic Safeguarding referral form with a specific section on the 'personalisation' of the process to ensure the service user is at the heart of the decision-making</li> <li>• Learning Disability Partnership Board (LDPB) 'Annual Health Check' project contribution: PCN</li> </ul>	<ul style="list-style-type: none"> <li>• There are plans to introduce a 'Changing Places' bathroom facility into the Acute Trust in 2021</li> </ul>
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### 2.3 Reporting against Core Indicators

\*Core indicators are published by NHS Digital in arrears and as such the latest reporting period is included within the below indicators.

#### Summary Hospital-Level Mortality Indicator (SHMI)

Measure	Latest Reporting Year	GWH Performance				National Average
		Sept 18 – Aug 19	Aug 18 – Jul 19	Sept 18 – Aug 19	Nov 19 Oct 20	
Value	2019/20	0.93	0.92	0.93	0.99	As
Banding	2019/20	2	2	2	2	Expected
% of patient deaths with palliative care diagnoses coding	2019/20	37.0%	37.0%	37.0%	34%	36%

The Great Western Hospitals NHS Foundation Trust considers that this data is as described and is routinely reviewed to ensure accuracy of reporting.

The Great Western Hospitals NHS Foundation Trust is currently within the upper quartile for SHMI and performing better than the national target.

## PROMS; Patient Reported Outcome Measures

The below table shows the Trusts adjusted average health gain, this is a trust-level average of the difference between case-mix adjusted patients' health status before and after surgery.

Measure		Measure Type (% Improved)	Latest Reporting Year	GWH Performance (adjusted Health Gain)			Outlier Status
				2017/18	2018/19	2019/20	
PROMS; Patient Reported Outcome Measure	Knee Replacement Revision	EQ VAS	2019/20	*Insufficient Records			-
		EQ 5D index		*Insufficient Records			-
		Oxford Knee Score		*Insufficient Records			-
	Knee Replacement Primary	EQ VAS		6.9	4.4	4.7	Negative Outlier (95%)
		EQ 5D index		0.3	0.3	0.29	Negative Outlier (95%)
		Oxford Knee Score		17.3	26.6	17.1	Not an Outlier
	Knee Replacement	EQ VAS		7.4	4.8	5.1	Negative Outlier (95%)
		EQ 5D index		0.3	0.3	0.3	Negative Outlier (95%)
		Oxford Knee Score		17.1	16.6	17.2	Not an Outlier
	Hip Replacement Revision	EQ VAS		*Insufficient Records			-
		EQ 5D index		*Insufficient Records			-
		Oxford Hip Score		*Insufficient Records			-
	Hip Replacement Primary	EQ VAS		14.6	14.6	14.7	Not an Outlier
		EQ 5D index		0.44	0.45	0.48	Not an Outlier
		Oxford Hip Score		22.1	22.7	22.8	Not an Outlier
	Hip Replacement	EQ VAS		14.8	14.1	14.3	Not an Outlier
		EQ 5D index		0.44	0.45	0.46	Not an Outlier
		Oxford Hip Score		22.4	23.1	22.7	Not an Outlier

\* Insufficient records represent fewer than 30 modelled records for a particular procedure and measure and therefore health gain cannot be calculated.

The Great Western Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust takes part in Patient Reported Outcome Measures (PROMS) which measures health gain in patients undergoing hip replacements and knee replacement surgery in England. This data and

information is gathered via responses to questionnaires before and after surgery to assess patient's condition following surgery and whether it has improved.

An independent company analyses the questionnaires and reports the results to NHS Digital; this data is then benchmarked against other Trusts.

### Re-admissions

Measure		Latest Reporting Year	GWH Performance			National Average
			2017/18	2018/19	2019/20	
Patients readmitted to a hospital within 30 days of being discharged	0–15 year old	2019/20	10.3%	11.4%	11.7%	12.5%
	16 years or over	2019/20	17.4%	15.4%	14.9%	14.7%

At the time of reporting NHS digital have not published 2020/21 data. However, The Great Western Hospitals NHS Foundation Trust are undertaking a readmissions review with an aim of identifying themes and potential areas of improvement to reduce our readmission rates within 30 days of discharge.

### Responsiveness to the personal needs of patients

Measure		Latest Reporting Year	GWH Performance			National Average
			2017/18	2018/19	2019/20	
Responsiveness to the personal needs of patients	Inpatient Overall Score	2018/19	66.8%	65.6%	Suspended due to Covid -19	67.2%

The next publication of the Overall Patient Experience Scores for the 2019/20 Adult Inpatient Survey update has been suspended nationally due to COVID-19 work pressures. However, The Great Western Hospitals NHS Foundation Trust intends to continue to take actions to improve the quality of its services to patients using a Quality Improvement methodology to enhance the overall patient experience working on key areas for improvement.

### Staff who would recommend the Trust to their family or friends

Measure	Latest Reporting Year	GWH Performance			National Average
		2018	2019	2020	
Staff who would recommend the Trust as a provider of care to their family or friends	2020	66.7%	63%	69.6%	74.3%

The Great Western Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

Staff who were highly likely to recommend the Trust reported, caring, compassionate and professional staff who provide an excellent service. Those staff who were least likely to recommend the Trust reported a stretched service with high waiting times, staff shortages and delayed treatment times.

The Great Western Hospitals NHS Foundation Trust continually reviews both staff friends and family test (SFFT) and Staff Survey feedback and implements initiatives to support with survey responses. The Trust has introduced engage to change initiatives, health and well-being events and leadership training programs to improve this percentage.

### Patients admitted to hospital who were risk assessed for venous thromboembolism

Measure	Latest Reporting Year: 2019/20	GWH Performance			National Average (2019/20)
		2018/19	2019/20	2020/21	
Patients admitted to hospital who were risk assessed for venous thromboembolism	Q1	99.42%	99.59%	Paused Due to Covid 19	95.65%
	Q2	99.5%	99.66%	Paused Due to Covid 19	95.72%
	Q3	99.59%	98.95%	Paused Due to Covid 19	95.33%
	Q4	99.63%	Paused due to Covid 19	Paused Due to Covid 19	Paused Due to Covid 19

National Venous Thromboembolism (VTE) Risk Assessment data collection and publication has been paused to release NHS capacity to support the response to coronavirus (COVID-19).

The Great Western Hospitals NHS Foundation Trust has continued to take actions to maintain high compliance and the quality of its services, by continuing to ensure that the processes in place that help us to achieve our target are maintained and provide high quality care for our patients in preventing blood clots whilst they are hospitalised.

Once patients have had a risk assessment we want to ensure that they receive the appropriate preventative treatment. We monitor this using an audit tool called the Perfect Ward; this is an App based tool that provides real time data to enable the ward manager to review and then act upon those results. The App enables us to undertake peer reviews which then provides further assurances to the organisation and patient safety.

This is a monthly snap shot audit on each ward in the hospital and checks if a VTE risk assessment has been completed and check if appropriate preventative treatment has been prescribed.

For all hospital acquired thrombosis events we carry out a root cause analysis first to make sure that a risk assessment has been carried out and also if the patient received the treatment they should have. If part or either of these points have not been done then a more detailed root cause analysis is carried out to determine why and to make sure that we learn from the findings to help prevent the same thing happening again. Some cases are unavoidable and these are documented which allows us to look at certain specialities where we need to consider providing more preventative treatment for longer.

### **Clostridioides difficile (C. difficile)**

Measure		Latest Reporting Year	GWH Performance			National Average
			2018/19	2019/20	2020/21	
Rate of C.difficile infection	The rate per 100,000 bed days of cases of C. difficile infection reported within the Trust among patients aged 2 or over during the reporting period	2020/21	13.49	13.57	10.41	14.72

In 2019/20 the way of reporting hospital acquired *Clostridioides difficile* infection (CDI) was changed nationally, the key changes included:

- Adding a prior healthcare exposure element for community onset cases (if the patient had been an inpatient at GWH in the previous 4 weeks)
- Reducing the number of days to apportion hospital-onset healthcare associated cases from 3+ (Day 4 onwards) to 2+ (Day 3 onwards) days following admission.

For the past two years the organisation has not had a CDI trajectory set by NHSI.

As a result of COVID-19, GWH experienced a significant reduction in the numbers of patients acquiring *Clostridioides difficile* within the hospital setting and the community. During 2020/21 the Trust benchmarked favorably with local and national benchmarks, as seen in the table above.

Improvement actions to manage the reduction of incidence of *Clostridioides difficile* infection include:

- To monitor the implementation of isolation of previous C. difficile cases within the Trust, to reduce the risk of any transmission through on-going carriage.
- On-going monitoring of prescribing to include the switch from IV to oral medication to prevent the occurrence of antibiotic induced C.difficile.

## Patient Safety Incidents

Measure		Latest Reporting Year	GWH Performance			National Average
			Oct 18 – Mar 19	Apr 19 – Sept 19	Oct 19 – Mar 20	
Number of patient safety incidents and the percentage that resulted in severe harm or death	Number of Patient Safety Incidents	2019/2020	4,232	2,860	3,479	National Average not reported
	Rate of Patient Safety Incidents (per 1000 bed days)		40.6	27.2	32	National Average not reported
	Number resulting in severe harm or death		19	23	34	National Average not reported
	Rate of incidents resulting in severe harm or death (per 1000 bed days)		0.18	0.8	0.3	0.3

The Great Western Hospitals NHS Foundation Trust considers that this data is as described due to the clinical risk team routinely uploading incident data to the national reporting system.

The Great Western Hospitals NHS Foundation Trust has seen an increase in the rate of incidents resulting in severe harm or death (per 1000 bed days) partly due to all Covid 19 deaths being reporting as patient safety incidents at the beginning of the pandemic.

The Trust has also taken steps to improve incident reporting within the Trust by releasing new guidance, providing training on incident investigations and introducing, daily incident calls, a Patient Experience and Review Forum (PERF) and Serious Incident Review and Learning Group (SIRLG) with an aim of increasing the learning from high risk incidents to reduce the likelihood of reoccurrence.

### Part 3: Other Information

This section of our Quality Accounts provides information about the quality of other services we provide, through a range of selected quality measures. These measures have been selected to reflect the organisation and shows data relevant to specific services as well as what our patients and public tell us matters most to them.

These measures have been selected from each of the domains of patient safety, clinical effectiveness and patient experience and where possible, we have included our previous year's performance and how we performed against our target.

## Performance against key national priorities

An overview of performance in 2020/21 against the key national priorities. Performance against the relevant indicators and performance thresholds are provided.

Measure	National Target	Local Target 2020/21	Performance 2020/21
ED 4 hours Q1	95%	95%	98%
ED 4 hours Q2	95%	95%	94%
ED 4 hours Q3	95%	95%	86%
ED 4 hours Q4	95%	95%	88%
Stroke	n/a	C	B
RTT Waiting List	WL at Jan 2021	23,247	24,929
RTT 52 Weeks	0	2,269	1,949
DM01 performance Q1	99%	99%	33%
DM01 performance Q2	99%	99%	47%
DM01 performance Q3	99%	99%	60%
DM01 performance Q4	99%	99%	73%
Cancer Performance (62 days) Q1	85%	85%	82.0%
Cancer Performance (62 days) Q2	85%	85%	79.3%
Cancer Performance (62 days) Q3	85%	85%	86.3%
Cancer Performance (62 days) Q4	85%	85%	86.9%
Cancer performance (2WW) Q1	93%	85%	83.6%
Cancer performance (2WW) Q2	93%	93%	93.8%
Cancer performance (2WW) Q3	93%	93%	93.8%
Cancer performance (2WW) Q4	93%	93%	83.7%

## Annex 1: 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 is a realistic representation of the Trust's performance. We would like to take this opportunity to acknowledge the unprecedented year that was 2020/2021. The pandemic that swept the UK and the World suspended all non-essential activities.

However, it should be noted that Trust worked tirelessly to ensure quality was maintained. The governors recognised the great pressure the Trust was under supported where possible and received regular assurances from the Non-Executive Directors (NED's) and the Executive when possible.

During this period no one was allowed to enter the hospital; the Trust developed ways of giving access to wards and members of staff via online meetings to allow the governors to ensure the quality agenda was being maintained.

Within the Quality Report the Trust had reported a number of achievements in 2020/21 including: -

- The Trust was the one of the first places in the world to administer a vaccine for Covid-19 in December 2020. Since then, they have administered over 60,000 first and second doses.

- There have been significant site developments at the Trust, including the building of the new Urgent Treatment Centre, the Radiotherapy Centre, and the purchase of land next to the hospital site which will enable further developments/expansion to deliver quality care in the future.
- As for the primary care services, the Care Quality Commission had taken note of the improvements in both Abbey Meads and Moredon as they have now moved from inadequate to Requires Improvement.
- There were strong performances in areas including the Emergency Department, stroke, and cancer. In terms of combined performance, the data shows that the Trust had moved from 87th out of 123 Trusts in March 2020 to 42nd in May 2021.

The Trusts Priorities for Quality Improvement for the coming 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 governors acknowledge the current time constraints and agree with the priorities set out above. We believe them to be good indicators and priorities to drive quality improvement in the coming year.

The Governors note these achievements combine to help achieve an improving experience for our service users.

**Pauline Cooke**  
**Lead Governor on behalf of the Council of Governors**

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

NHS Bath and Northeast Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) welcomes the opportunity to review and comment on the Great Western Hospital NHS Foundation Trusts' Quality Account for 2020/2021. 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 in this exceptional year and is presented in the format required by NHS Improvement 2020/21 presentation guidance. The CCG supports the Trusts' identified quality priorities for 2021/22.

The CCG would like to thank the Great Western Hospital for their collective response to the COVID-19 pandemic and their contribution to supporting the wider health and social care system in this remarkable year.

It is the view of the CCG that the Quality Account reflects the Trusts' on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Great Western Hospitals priorities for 2020/21 has outlined achievement in:

- Improving and developing the trust's Learning from Deaths programme by working on the established structured judgement review process and developing the medical examiner role.
- Developing a positive patient safety culture via a training programme including duty of candour, incident reporting and Just Culture and the implementation of Electronic prescribing, electronic test requests and Nervecentre software for patient monitoring and escalation of patient deterioration.
- Working with patient carers and families by developing a patients and public engagement plan. In addition, developing support for patients with mental health illness, or who may have dementia or learning disability. This has included appointing 2 Admiral nurses to support patients with dementia and a Learning Disabilities specialist nurse.



- Progress in improving quality of care across Urgent and Emergency services via the implementation of a new Integrated Front Door Clinical model, which will further be developed through the capital build work commencing in 21/22.

The CCG also recognises the role and achievements of GWH in the roll out of the Covid 19 vaccination programme across BSW. The GWH also reported the highest staff flu vaccine uptake rate in the region of 90.7%.

The CCG welcomes continued focus on:

- Implementation of Patient experience and engagement plan, including embedding care conversations to collect real time qualitative feedback and improving friends and family response rates
- Reducing the incidents of hospital acquired pressure ulcers by 25% by implementing a comprehensive improvement plan which includes pressure ulcer prevention training programme and implemented rapid learning review of all hospital acquired pressure ulcers.
- Achieving smooth and effective flow across the hospital by embedding flow pathways and implementing the hospital discharge policy whilst reducing potential patient harm by keeping overnight bed moves to a minimum and implementing the SAFER bundle. It is recognized by the CCG that this priority is crucial to also support the elective recovery work required in 21/22.

The CCG would also like to acknowledge the work of the Trust in supporting staff wellbeing, recognising the Nursing Times Award, and noting its success in recruiting staff whilst also recognising the work still to do. Furthermore, the CCG notes the work achieved with Freedom to Speak Up policy, supporting staff to report concerns and the development of an Equality, Diversity and Inclusion (EDI) strategy and appointment of an EDI lead.

The Trust has continued to take steps to learn from patient safety incidents and monitor this through robust governance processes, providing assurance that the organisation is addressing any identified areas of improvement and embedding the learning to ensure appropriate actions are taken to avoid reoccurrence.

The CCG notes the Great Care Campaign launched by the Trust in May 2021 and would welcome the opportunity to work collaboratively and learn from this important work. The CCG also recognises the Trust's commitment to the implementation of the requirements set out within the national NHS Patient Safety Strategy in 21/22 and looks forward to progressing and embedding learning across the BSW system.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG, together with associated co-commissioners, is committed to sustaining strong working relationships with Great Western Hospital and together with wider stakeholders, aims to continue collaborative working that can support achievement of the identified priorities for 2021/22 across the whole health and social care system.

Yours sincerely



Gill May

Director of Nursing and Quality, NHS BSW CCG

## **Statement from Healthwatch Swindon, Healthwatch Wiltshire and Healthwatch West Berkshire**

Healthwatch recognises the exceptional work undertaken by colleagues at Great Western Hospital in the most difficult circumstances during 2020/21

- We welcome the appointment of a new Head of Patient Experience and Engagement whose role is to focus on listening and receiving feedback from your patients and their families; understanding the feedback and identifying good practice and learning and then involving patients and their families in implementing any improvements or shared good practice. We are pleased already to have had some opportunities to work with her. We welcome Listening and Engaging with your Patients, their Families and Carers as a priority area and we are happy to continue to support this. We particularly like the plan of feedback boards around the hospital which show actions taken as a result of feedback received.
- We welcome priority 3 – flow through the hospital - as this is an area about which we have received feedback
- We are pleased that a review of the complaints and concerns process has been undertaken to improve the experience for patients; and that changes have been made to the webpage and patient information in order to facilitate clearer signposting and support should someone wish to provide feedback.
- We are pleased that patient representatives are involved in many of the work streams.
- We commend the work around dementia that should help improve people's experience - including the appointment of two admiral nurses.
- We welcome the work undertaken to support and improve the experience of people with learning disabilities and autism both in the hospital and in familiar community settings.

We look forward to working closely with the Trust during 2021/22, including undertaking our negotiated actual and virtual Enter and View activity, and in the development of local integrated care partnerships.

## **Statement from Swindon Health Overview & Scrutiny Committee**

Swindon 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. Our partnership has enabled many Swindon residents to return home after a period of time in hospital. Many residents comment on the excellent care they receive. We recognise the challenging times of the past 15 months. 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.

## **Annex 2: Statement of Directors Responsibility for the Quality Report**

### **2020/21 Statement of directors responsibilities for the Quality Report**

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 2020 to March 2021
  - papers relating to quality reported to the board over the period April 2020 to June 2021
  - feedback from commissioners dated 25/06/2021
  - feedback from governors dated 21/06/21
  - feedback from local Healthwatch organisations dated 24/06/21
  - feedback from overview and scrutiny committee dated 27/06/2021
  - 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 2019
  - the national staff survey November 2020
  - 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

...01/07/21.....Date.  Chairman

  
...01/07/21.....Date. Chief Executive

### **Annex 3: Independent Auditors report**

Quality accounts requirements for 2020/21 has been revised in light of pressures caused by Covid-19. NHS providers are no longer required to expect to obtain assurance from their external auditor on their quality accounts / quality report for 2020/21.

## Glossary of Terms

2WW	Two week wait
AWP	Avon and Wiltshire Mental Health Partnership
BAUS	British Association of Urological Surgeons
BPSD	Behavioural and psychological symptoms of dementia
Category 2	Tissue damage resulting in a pressure ulcer
CCG	Clinical Commissioning Groups
Changing Places	Larger accessible toilets for people who cannot use standard disabled toilets
CRM	Cardiac Rhythm Management
COPD	Chronic Obstructive Pulmonary Disease
CPAP	Continuous positive airway pressure (CPAP) non-invasive ventilation
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.
Deconditioning	Changes in the body that occur during a period of inactivity
DM01	Diagnostic waiting times
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
EQ 5D Index	Health state values
EQ VAS	Patients indicated overall health score
EU	European Union
FFFAP	Falls and Fragility Fractures Audit programme
FTSU	Freedom to Speak Up
HEE	Health Education England
Hospital Discharge Policy	Policy supporting the safe and timely discharge of people who no longer need to stay in hospital
GP	General Practitioner
Great Care Campaign	'Great Care' campaign supports a number of existing and new improvement projects or ideas.
GWH	Great Western Hospitals NHS Foundation Trust
HCA	Health Care Assistant
IBD	Inflammatory Bowel Disease
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
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
LD	Learning Disabilities
LSAB	Local Safeguarding Adults Board
MBRRACE	Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries
MCA	Mental Capacity Act
MDT	Multidisciplinary Team
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NEWS2	National Early Warning Score
Nerve Centre	Software supporting electronic patient observations

NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NMPA	National Maternity and Perinatal Audit
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	A suite of actions to help reduce delays for patient in adult inpatient wards.
SFFT	Staff Friends and Family Test
SHOT	Serious Hazards of Transfusion
SI	Serious Incident
SJR	Structured Judgement Review
SHMI	Summary Hospital Level Mortality Indicator
SSNAP	Sentinel Stroke National Audit Programme
TEP	Treatment Escalation Plan
U&EC	Urgent and Emergency Care
VTE	Venous Thromboembolism