GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Thursday 6th January 2022, 9.30am to 12.15pm
Microsoft Teams

AGENDA

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

		PAPER	BY	ACTION	TIME
OPENING BUSINESS					
1.	**Apologies for Absence and Chairman's Welcome**	Verbal	LC	-	9.30
2.	**Declarations of Interest** Members are reminded of their obligation to declare any interest they may have in any issue arising at the meeting, which might conflict with the business of the Trust	Verbal	LC	-	-
3.	**Minutes of the previous meeting (public) (pages 1 – 9)** Liam Coleman, Chair • 2 December 2021	✓	LC	Approve	-
4.	**Outstanding actions of the Board (public) (page 10)**	✓	LC	Approve	-
5.	**Questions from the public to the Board relating to the work of the Trust**	-	LC	Note	-
6.	**Chair's Report, Feedback from the Council of Governors (pages 11 – 20)** Liam Coleman, Chair • A New Approach to Non-Executive Director Champion Roles	✓	LC	Approve	9.45
7.	**Chief Executive's Report (pages 21 – 25)** Kevin McNamara, Chief Executive	✓	KMc	Note	9.55
8.	**Patient Story (pages 26 – 33)** Enhanced Care at Home (Virtual Ward) Service – Simon Billingham, Deputy Divisional Director – Primary & Community Care	✓	X	Note	10.10
9.	**Integrated Performance Report (pages 34 – 111)**			Assurance	10.35
	• Performance, People & Place Committee Board Assurance Report – Peter Hill, Non-Executive Director & Committee Chair	✓	PH		
	Part 1: Operational Performance – Felicity Taylor-Drewe, Chief Operating Officer	✓	FTD		
	• Quality & Governance Committee Board Assurance Report – Nick Bishop, Non-Executive Director & Committee Chair	✓	NLB		
	Part 2: Our Care – Lisa Cheek, Chief Nurse & Jon Westbrook, Medical Director	✓	LCh/JW		
	• Part 3: Our People – Jude Gray, Director of Human Resources	✓	JG		

	• Finance & Investment Committee Board Assurance Report – Andy Copestake, Non-Executive Director & Committee Chair Part 4: Use of Resources – Simon Wade, Director of Finance & Strategy • Part 5: Primary Care Network – Felicity Taylor-Drewe, Chief Operating Officer	✓ ✓ ✓	AC SW FTD		
10.	**Preparing the NHS for the potential impact of the Omicron variant and other Winter pressures (pages 112 – 124)** Felicity Taylor-Drewe, Chief Operating Officer	✓	FTD	Note	11.35
11.	**Emergency Preparedness Resilience & Response Assurance Report (pages 125 – 136)** Felicity Taylor-Drewe, Chief Operating Officer Sarah Orr, Interim Head of Resilience and COVID Response	✓	FTD	Approve	11.55
CONSENT ITEMS **These are items that are provided for consideration. Members are asked to read the papers prior to the meeting, and unless the Chair/Secretary receives notification before the meeting that a member wishes to debate the item or seek clarification on an issue, the items and recommendations will be approved without debate at the meeting in line with process for consent items. The recommendations will then be recorded in the minutes of the meeting.**					
12.	**Ratification of Decisions made via Board Circular/Board Workshop** Caroline Coles, Company Secretary	Verbal	CC	Note	12.10
13.	**Directors Code of Conduct 2022 – 2024 (pages 137 – 143)** Caroline Coles, Company Secretary	✓	CC	Approve	-
14.	**Urgent Public Business (if any)** To consider any business which the Chair has agreed should be considered as an item of urgent business	Verbal	LC	Note	-
15.	**Date and Time of next meeting** Thursday 3 February 2022, 9.30am (MS Teams)	Verbal	LC	Note	-
16.	**Exclusion of the Public and Press** The Board is asked to resolve:- "that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest"	-	-	-	-

Great Western Hospitals NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS HELD IN PUBLIC VIA MS TEAMS ON 2 DECEMBER 2021 AT 9.30 AM

Present:

Voting Directors

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

In attendance

Caroline Coles	Company Secretary
Tim Edmonds	Head of Communications
Claudia Paoloni	Associate Non-Executive Director
Deborah Phair	Senior Sister, Woodpecker Ward (agenda item 246/21 only)
Francis Strickland	Managing Partner, Blue Grain - Observing

Apologies

Sanjeen Payne-Kumar	Associate Non-Executive Director

Number of members of the Public: 4 members of public (included 2 Governors; Pauline Cooke, Chris Shepherd).

Matters Open to the Public and Press

Minute	Description	Action
239/21	**Apologies for Absence and Chairman's Welcome** The Chair welcomed all to the Great Western Hospitals NHS Foundation Trust Board meeting held in public via MS Teams. The Chair noted that this was Julie Soutter's last Board meeting as her term of office as a Non-Executive Director (NED) ends on 31 December 2021. Julie has been a NED since 2015 and the Chair, on behalf of the Board, thanked Julie for all her hard work and commitment during this time and for making a difference to our patients. Helen Spice, Non-Executive Director will take over the role of Chair of Audit, Risk & Assurance Committee from the new year. Apologies were received as above.	

Minute	Description	Action

240/21 **Declarations of Interest**
There were no declarations of interest.

241/21 **Minutes**
The minutes of the meeting of the Board held on 4 November 2021 were adopted and signed as a correct record with the following amendments:-

216/21 : Chief Executive's Report : Current Operational Pressures and Preparing for Winter - Delete *robust* at the end of the second sentence.

216/21 : Chief Executive's Report : Recovering from the Pandemic - change wording to *"….however the longer waiters component of the waiting list size was increasing* and the challenge*…"*

242/21 **Outstanding actions of the Board (public)**
The Board received and considered the outstanding action list.

243/29 **Questions from the public to the Board relating to the work of the Trust**
There were no questions from the public for the Board.

244/21 **Chair's Report, Feedback from the Council of Governors**
The Board received a verbal update and the following highlighted:-

Council of Governors meeting - A Council of Governors meeting was held on 18 November 2021 and for this meeting Peter Hill was Chair. Peter Hill reported that there were two key messages from this meeting, firstly the approval of the second term of office for the Trust Chair, which was unopposed, and secondly the announcement of the results of the recent elections for governor representatives. There were also thanks to those governors who were departing namely Arthur Beltrami and Janet Jarmin who had been one of our longest standing governors at 13 years. The Board conveyed their thanks to both Arthur and Janet for their contribution to the population of Swindon during their tenure as governors.

Governor Elections - The results of the recent governor elections were confirmed as Wiltshire Northern Constituency, Pauline Cooke (re-elected) and Pamela Kempe (new governor). Wiltshire Central & Southern Constituency, Chris Callow (re-elected) and Maurice Alston (new governor).

Board Agenda - It was noted that the Board agenda had been recirculated to include an additional agenda item – Audit, Risk & Assurance Commttee Board Assurance Report that had been omitted in error.

The Board **noted** the verbal report.

245/21 **Chief Executive's Report**
The Board received and considered the Chief Executive's Report and the following was highlighted: -

Dr Irfan Halim - Dr Irfan Halim sadly died last month having been ill for several weeks with Covid. He had worked as a locum Consultant at Great Western Hospital since November 2020 in the respiratory team, endoscopy and other areas. The Trust had sent

Minute	Description	Action

condolences on behalf of the Board and the whole Trust and offered any support the family needed. Irfan was the third doctor from our Trust to die from Covid following Edmond Adedeji and Thaung Htaik last year.

System access incident - Last week the Trust declared an Internal Critical Incident following an air conditioning failure in one of the server rooms which caused servers to overheat. The impact meant that many of the Trust's critical IT systems were off line for a significant period of time. This would be treated as a Serious Incident and also reinforced the Trust's infrastructure fragility as identified as a strategic risk on the Board Assurance Framework. An IT single point of failure review would be commissioned with reference to the estate interface.

Andy Copestake, Non-Executive Director asked if there were any interim solutions before the review was received. Kevin McNamara, Chief Executive replied that the initial investigation found that it was the monitoring of the systems which was the main learning point, together with a strengthening of oversight and accountability. Simon Wade, Director of Finance & Strategy added that an external independent review would look at all processes and why it had occurred with the aim to go through Finance & Investment Committee in January 2022.

Action : Director of Finance & Strategy SW

Faried Chopdat, Non-Executive Director asked what assurance there was that the IT disaster and business continuity plans had been effective. Kevin McNamara, Chief Executive responded that the question had been asked whether after the significant amount of investment in IT would the impact be the same. The response had been positive however this would have to be tested out. With regard to business continuity plans there had been a number of infrastructure events over a period of time therefore the team were well versed however recognised that there was always learning from such events.

Liam Coleman, Chair asked for a summary of the IT recovery, business continuency plans and the experience that had occurred to be included in the investigation report.

Oxygen - The Trust's oxygen upgrade work had been completed which would significantly improve oxygen capacity and resilience within the Trust.

Covd and Operational Pressures - The number of covid patients had continued to drop since the last Board meeting. However with the announcement of a new variant any further impact was not yet known. The Trust had continued to see significant increase in demand which was exceeding demand before the pandemic.

Vaccination programmes - Our vaccination centre had reached a significant milestone last month delivering the 100,000th vaccine. The national focus was now on the booster vaccination programme which would mean ramping up plans to become business as usual once again. At the time of writing 80 per cent of staff eligible for their booster vaccination had been jabbed. The flu campaign was also progressing well with around 84 per cent of staff vaccinated.

Staff Excellence Awards - Our Staff Excellence Awards ceremony was held on 5 November 2021 and the team organising the night worked incredibly hard to transform it from a face-to-face celebration to a virtual event at short notice.

Minute **Description** **Action**

Senior appointments - Chief Digital Officer - On 1 December 2021 Naginder Dhanoa would join the Trust as Chief Digital Officer. This was the first time the Trust had made a joint Board appointment with another Trust (Salisbury NHS FT) and would also be the first time for a dedicated Board level role focused on the digital agenda.

Lizzie Abderrahim, Non-Executive Director commented that she welcomed the staff survey in her capacity as Board Wellbeing Guardian, mentioned in the report, which identified 10 actions to improve staff health and wellbeing this winter.

The Board **noted** the report.

246/21 **Staff Story**

Deborah Phair, Senior Sister, Woodpecker Ward attended the meeting for this agenda item.

The Board received a staff story which described the experience of managing the first ward converted to a Covid ward within the hospital. The story outlined the new ways of working adopted, the support from external wards and the emotions that the staff had experienced ranging from fear to pride. It was apparent that these emotions were still very raw as the pandemic carried on.

Lessons learnt from this experience were the requirement for extra phone lines, communication plans being open, transparent and quicker, sharing ideas across departments, 7 day working, redeployment, extra training particularly around respiratory and work/life balance. It was also felt that recognition had gone far more to the front line staff then to those in the ward areas.

The Board thanked Deborah for sharing her experience in the truest of ways and to take the Board's respect and admiration back to the team for what they had done. Lisa Cheek, Chief Nurse added how incredibly proud she was of Deborah and the team in the rapid turnover from one specialty to another and although the focus was on the learning today the positive should also be built on with the team on how they had developed. It was also recognised how pivotal the leadership role was in the organisation.

Further discussion followed around the improvements in staff well being, further training requirements, and access to additional support particularly mental health well being.

The Board felt that this was one of the most powerful and moving stories that they had heard and acknowledged the resilience and innovation the team had shown.

The Board **noted** the staff story.

247/21 **Integrated Performance Report**

The Board received and considered the Integrated Performance Report (IPR) which provided commentary and progress on activity associated with key safety and quality indicators in September/October 2021.

Part 1 : Our Performance

Performance, People and Place Committee Chair Overview

The Board received an overview of the detailed discussions held at the Performance, People and Place Committee (PPPC) around the IPR at its meeting on 23 November 2021. The following was highlighted:-

Minute	Description	Action

Recovery & Referral To Treatment (RTT) - The management team were juggling many balls due to the increase in ED pressures with lengthy waiting lists and uncertainly around funding streams and funding mechanisms. The waiting list size had increased whilst the number of long waiters (52+ weeks) was decreasing.

Liam Coleman, Chair acknowledged that the Trust were managing the long waiters however asked if there was a risk of those patients in the middle drifting out further. Peter Hill, Chair of Performance, People and Place Committee responded that there was always the risk when the team focussed on the clinically urgent patients that those waiting in the middle would become long waiters. Although good news that long waiters were being managed the reality is that the issue never goes away.

Emergency Access - The Committee had invited South West Ambulance Service (SWASFT) to the meeting which demonstrated good evidence of mutual understanding of the issues and strong partnership working with regards to ambulance handovers.

Cancer Performance - The Trust were performing well against the 2 week target. Slight deterioration on the 62 and 104 day treatment targets, partly due to onward referrals to the tertiary centre plus patient choice issues.

Stroke Performance – The stroke performance continued to perform well despite significant operational pressures.

Liam Coleman, Chair asked if the Trust was able to sustain the SSNAP level B stroke performance. Peter Hill, Chair of Performance, People and Place Committee replied that it was a solid B however it was still in challenign circumstances. Felicity Taylor-Drewe, Chief Operating Officer confirmed that in Q2 the Trust had again achieved level B and there were key actions in place to sustain this position.

Outpatients Transformation Update - Excellent progress had been made on a range of fronts within outpatients. The Committee agreed to monitor this as part of the IPR going forward.

Workforce - The key performance indicators (KPIs) for workforce were increasing due to the challenging circumstances and the staff were doing incredibly well however this was one to monitor closely.

The Board received and considered the Operational element of the report.

Part 2 : Our Care

Quality & Governance Committee Chair Overview

The Board received an overview of the detailed discussions held at the Quality & Governance Committee (Q&GC) around the quality element of the IPR at the meeting held on 18 November 2021 and the following highlighted:-

Electronic Discharge Summaries (EDS) - No significant change in the percentage of completed EDS. The Committee was pleased to note that the Trust were expected to be allocated additional Foundation Year doctors in the next intake. This would provide more staff able to complete EDS.

Jon Westbrook, Medical Director clarified that foundation doctors were already in post through other mechanisms and there was no quick fix for EDS completion. It was a focus

Minute	Description	Action

area with the trainees who were more engaged with direct input which wold hopefully bring some benefits sooner. It was also noted that EDS would be included in the next audit programme of work.

Maternity Oversight - Good work was coming out of the newly formed Maternity Oversight Group with the prospect of a new Head of Maternity to strengthen this area further.

National In-patient Survey - The findings of this report placed the Trust at around the median level for many measures. Actions had been put in place to raise the level of the Trust in future reports, however recognised that the surveys for next year's report were being carried out this month so the effect of the actions may not be seen.

The Board received and considered the Quality element of the report and the Chief Nurse highlighted two areas, the maternity oversight which had been positively received by the team, and patient experience surveys which highlighted the need to consistently engage with patients/external bodies and as a response an Engagement Framework was being developed. It was noted that there had also been a Healthwatch Enter and View visit to ED and the in-patient areas with a draft report to Quality & Governance Committee when available.

Action : Chief Nurse LCh

Liam Coleman, Chair observed that one common theme out of the numerous surveys was staff challenges particularly around deployment and asked if the context of the national position in terms of difficulty in recruiting certain skill sets together with competition with other trusts had been relayed to staff so that it does not appear that the Trust was not listening. Lisa Cheek, Chief Nurse replied that this was a challenge however the message was with staff about the national staff shortage issues however she was working with the Communications team to strengthen sharing messages with staff.

Part 3 : Our People

The Board received and considered the Workforce performance element of the report and the Director of HR highlighted the use of temporary staffing which was being driven by sickness absence. However a nursing review was being undertaken over a period of a week in order to better understand the driver(s). Similarly on the medical side with the focus on rotas. It was noted that mandatory training was over 85% and encouraging feedback received with regard to leadership development. Kevin McNamara, Chief Executive added that in terms of leadership development two areas of focus for improvements were medical succession planning and the diversity pipeline within the organisaiton.

Part 4 : Finance & Investment Committee Overview

The Board received an overview of the detailed discussions held at the Finance & Investment Committee around the financial element of the IPR at the meeting held on 22 November 2021 and the following highlighted:-

Month 7 Financial Position - Accepting that the H2 plan was still being developed and that an interim plan had been used for October, all the main indicators remained green for the 7 months.

Finance Risk Register - A good discussion on the Finance Risk Register, including the introduction of 2 new risks on Capital. The Committee were pleased to see that the

Minute	Description	Action

Finance risk process was working well but was extremely concerned that the Trust's Emergency Capital Bid had still not been approved, although all the indications were that approval would be forthcoming.

Annual Procurement Report - The Committee welcomed the first Annual Procurement Report which demonstrated progress on a range of issues and welcomed the focus on lessons learnt.

Electronic Patient Record (EPR) Outline Business Cases - The Committee agreed to recommend approval of the OBC to the Board.

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

H2 Plans - The H2 system plan had been submitted and the reason for delay was due to the number of funding groups included. This would come through to Finance & Investment Committee in December 2021.
Action : Director of Finance & Strategy SW

Sources of Funding - There were potentially a number of sources of funding which were being worked through however the risk was that the availability of money could start to push costs ups and the Trust was monitoring any impact. However on the positive side these sources of money had funded the winter plan schemes and managed the pressures from the Ockenden report.

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

248/21 **Mental Health Governance Committee Board Assurance Report**
The Board received an overview of the detailed discussions held at the Mental Health Governance Committee held on 1 October 2021 and noted that the Service Level Agreement with Salisbury Hospital had now been fixed however there was a cost associated to it which would bring additional benefits to the Trust.

It was noted that the membership of the Committee would change in the new year as Peter Hill stepped down and Liam Coleman became a member. This change was supported by the Chair of the Mental Health Governance Committee.

RESOLVED

- ***to note the assurance report; and,***
- ***to approve the change in Committee membership from Peter Hill to Liam Coleman.***

249/21 **Charitable Funds Committee Board Assurance Report**
The Board received an overview of the detailed discussions held at the Charitable Funds Committee held on 3 November 2021 and the following highlighted:-

Finance Position - The Finance position was well controlled and no concerns were raised.

Minute	Description	Action

Finance Strategy - A Finance Strategy would be developed to ensure there was the right balance between managing fund balances effectively whilst maximising growth potential, where appropriate.

Fundraising - Covid had continued to impact fundraising activities and events and, as a result, there were still challenges with fundraising income for this year. However the Committee were confident that improvements could be made in the new year with actions to deliver included in the 2022 Charitable Funds Plan.

The Board **noted** the report.

250/21 **Audit, Risk & Assurance Committee Board Assurance Report**

The Board received an overview of the detailed discussions held at the Audit, Risk & Assurance Committee on 11 November 2021 and the following highlighted:-

Board Assurance Framework (BAF) - Recognition of work done and progress made. The Committee was assured that the BAF identified the strategic risks, controls and gaps in assurances, but that work was ongoing to refine and strengthen.

Risk Register Report - Risk Committee focussed on reviewing key risks, mitigations and consistency across Trust. New Datix system implementation progressing but some delay due to manual processes for loading risks and other actions due to be completed shortly. Work continued on improve risk descriptors and scores.

Divisional Risk Review – Surgery, Women and Children - Good discussion of risks and mitigations however a move towards strengthening assurances for the Committee around controls, mitigation and governance within the divisions would be included in future reports.

External Auditors - A verbal update had been received. Planning was progressing with no issues identified.

Internal Audit Report - Positive reports received on both health and wellbeing and mandatory training. The Medical Records report received an amber rating due to ongoing work within the Improvement Programme looking to strengthen records database and processes.

The Board **noted** the report.

Consent Items

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

251/21 **Safe Nursing and Midwifery Staffing – 6 month review**

The Board received and considered a paper that provided assurance to the Board that Nursing and Midwifery clinical areas had been safely staffed over the last 6 months**.**

The Quality & Governance Committee had discussed the paper in detail and identified no issues for the Board to consider.

Minute	Description	Action

The Board **noted** the report.

252/21 **Ratification of Decisions made via Board Circular/Board Workshop**
None.

253/21 **Urgent Public Business (if any)**
None.

254/21 **Date and Time of next meeting**
It was noted that the next virtual meeting of the Board would be held on 6 January 2022 at 9:30am to be held via MS Teams.

255/21 **Exclusion of the Public and Press**

RESOLVED

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

The meeting ended at 1443 hrs.

Chair …… Date……

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – January 2022				
PPPC - Performance, People and Place Committee, Q&GC - Quality & Governance Committee, RemCom - Remuneration Committee, FIC – Finance & Investment Committee, ARAC – Audit, Risk and Assurance Committee				
Date Raised	**Ref**	**Action**	**Lead**	**Comments/Progress**
02-Dec-21	245/21	**Chief Executive's Report : System Access Incident** External independent review to be commissioned into IT incident with report to be presented to FIC.	Director of Finance & Strategy	For FIC
02-Dec-21	247/21	**Integrated Performance Report : Our Care : Patient Surveys** Healthwatch Enter and View visit report to Q&GC when available.	Chief Nurse	For Q&GC
02-Dec-21	247/21	**Integrated Performance Report : Use of Resources : H2 Plans** The final H2 Plans to be considered at FIC in December 2021.	Director of Finance & Strategy	For FIC

Future Actions				
None				

Title of Report	A New Approach to Non-Executive Director Champion Roles		
Meeting	Trust Board		
Date	6 January 2022		
Part 1 (Public)	x	Part 2 (Private)	
Accountable Lead	Liam Coleman, Chair		
Report Author	Caroline Coles, Company Secretary		
Appendices	n/a		

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

Assurance Level							
Assurance in respect of: process/outcome/other (please detail) - Process							
Significant	x	**Acceptable**		**Partial**		**No Assurance**	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:							
Guidance published by NHSE/I – December 2021							

Report

Executive Summary – *Key Messages / key issues of the Report (including threats and opportunities/resource implications)*

Over the years there have been a range of issues within the NHS which at various times have required additional Board level focus. This has led to an increasing number of roles spanning quality, finance and workforce.

NHSE/I have worked with stakeholders to consider a new approach with the conclusion that Board oversight would be enhanced through a change from NED champion roles to committee discharge (table 2), with the exception of 5 NED champion roles (table 1).

Roles to be RETAINED These roles are statutory or high priority The guidance has been checked and agreed with all National Policy Groups				
Maternity Board Safety Champions	Wellbeing Guardian	Freedom to Speak Up	Doctors Disciplinary	Security Management (generic to align with 2004 directive but is also included below)
Current GWH NEDs in role				
Paul Lewis	Lizzie Aberrahim	Nick Bishop	Nick Bishop	Helen Spice (previously Julie Soutter as Chair ARAC)

Table 1

Issues to be overseen through COMMITTEE STRUCTURES				
Hip Fracture, Falls & Dementia	Learning from Deaths	Safety & Risk	Palliative & End of Life Care	Health & Safety
Children & young people	Resuscitation	Cybersecurity	Emergency Preparedness	Safeguarding
Counter fraud	Procurement	Security Management – Violence & Aggression		

Table 2

The Trust already has the NED champion roles as identified within the guidance, as well as an identified committee to oversee those issues for committee discharge.

The areas highlighted in **bold** within the report are areas that the Trust may wish to adopt going forward as recommended in the guidance.

Links to Strategic Theme	**Patient Care/Quality**	**Performance**	**People**	**Use of Resources**	**System/Partnerships**
	X	X	X	X	x
Key Risks – Risk number and description ***(Link to BAF/Risk Register)***	n/a				**Risk Score**
Consultation / Other Committee Review / Scrutiny/ Public & Patient involvement	None				
Next Steps					

Equality, Diversity & Inclusion / Inequalities Analysis			
	Yes	No	N/A
Do the issue(s) identified in this report affect one of the protected group(s) less or more favourably than any other?			
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities			
Explanation of above analysis			

Recommendation / Action Required

The Board is requested to

(a) approve the new approach; and,

(b) consider highlighted areas to adopt recommendations in the guidance.

Accountable Lead Signature	**Liam Coleman**
Date	**20 December 2021**

A New Approach to Non-Executive Director Champion Roles

1. Background

Over the years there have been a range of issues within the NHS which at various times have required additional Board level focus. This has led to an increasing number of roles spanning quality, finance and workforce.

NHSE/I have worked with stakeholders to consider a new approach with the conclusion that Board oversight would be enhanced through a change from NED champion roles to committee discharge, with the exception of 5 NED champion roles.

2. New Approach

2.1 Retained NED Champion Roles

	Issues to be overseen through COMMITTEE STRUCTURES				
NED Champion Role	**Type of Role**	**Legal Basis**	**Role Summary**	**Role Description**	**NED in role**
Maternity Board Safety Champions	Assurance	Recommended	The champion should act as a conduit between staff, frontline safety champions (obstetric, midwifery and neonatal), service users, local maternity system (LMS) leads, the regional chief midwife and lead obstetrician and the trust board to understand, communicate and champion learning, challenges and successes.	Maternity NED role descriptor	Paul Lewis
Wellbeing Guardian	Assurance	Recommended	The role should help embed a more preventative approach, which tackles inequalities. As this becomes routine practice for the board, the requirement for the wellbeing guardian to fulfil this role is expected to reduce over time. The Guardian community website provides an overview of the role and a range of supporting material	The Guardian community website and role descriptor	Lizzie Abderrahim
FTSU Champion	Functional	Recommended	The role of the NED champion is separate from that of the guardian. The NED champion should	FTSU supplementary	Nick Bishop

			support the guardian by acting as an independent voice and board level champion for those who raise concerns. The NED should work closely with the FTSU guardian and, like them, could act as a conduit through which information is shared between staff and the board	information	
Doctors Disciplinary Champion	Functional	Statutory	Under the 2003 Maintaining High Professional Standards in the modern NHS: A Framework for the Initial Handling of Concerns about Doctors and Dentists in the NHS and the associated Directions on Disciplinary Procedures 2005 there is a requirement for chairs to designate a NED member as "the designated member" to oversee each case to ensure momentum is maintained. There is no specific requirement that this is the same NED for each case. The framework was issued to NHS foundation trusts as advice only.	None	Nick Bishop
Security Management Champion	Assurance	Statutory	Under the Directions to NHS Bodies on Security Management Measures 2004 there is a statutory requirement for NHS bodies to designate a NED or non-officer member to promote security management work at board level. Security management covers a wide remit including counter fraud, violence and aggression and also security management of assets and estates. Strategic oversight of counter fraud now rests with the Counter Fraud Authority and violence/aggression is overseen by NHS England and NHS Improvement.	None	Helen Spice (previously Julie Soutter as Chair of ARAC)

2.2 Issues that can be overseen through Committee Structure

The table below outlines those issues that reports or reviews previously suggested should be overseen by a NED Champion, but which are now considered best overseen through committee structure. Each trust can determine whether each issue is relevant to their trust and how best they should be allocated to their committee structure.

	Issues to be overseen through COMMITTEE STRUCTURES		
Issue	**Oversight Committee**	**Recommended approach**	**GWH Exec Lead**
Hip Fracture, Falls & Dementia	Q&GC	Hip fractures and other serious harms resulting from inpatient falls can be linked to dementia. The board should consider the benefits of joint oversight and strategic planning across both agendas and implement where appropriate. Sufficient senior level support to enable systemic change is needed, including effecting change in partner external organisations and allocating resources as needed. The Quality Committee may wish to ensure that the executive lead for dementia attends the Quality Committee and, in acute trusts, that they also attend the Dementia Steering Group, reporting issues into the Quality Committee. The NAIF audit has produced a useful information guide for healthcare champions which could be accessed to support this work	Chief Nurse
Learning from Deaths	Q&GC	Executive and non-executive directors have a key role in ensuring their provider is learning from issues such as incidents and complaints and identifying opportunities for improvement in healthcare identified through reviewing or investigating deaths. All NEDs play a crucial role in constructively challenging the executives to satisfy themselves that clinical quality controls and risk management systems are robust and	Medical Director

		defensible. In particular, they should familiarise themselves with the care provided to individuals with learning disabilities and those with mental health needs and should encourage meaningful engagement with bereaved families/carers. The Quality Committee in particular should understand the Learning from Deaths review process, champion quality improvement that leads to actions that improve patient safety, and assure published information on the organisation's approach, achievements and challenges. Implementing the Learning from Deaths Framework: Key requirements for trust boards includes some useful questions that NEDs may wish to ask in relation to these responsibilities.	
Safety & Risk	Q&GC / ARAC	The Trust-Level Well-Led Inspection Framework refers to interviewing a sample of NEDs with the NED for safety and risk being a priority. This is not intended to imply that a specific NED champion role should be in place. Moreover, it refers generally to a NED that would have suitable oversight of these areas such as the chair of Quality and/or Audit committees as examples. CQC have endorsed the new approach recommended in this guidance. However, should trusts wish to do so, then allocating the role to an individual NED as one tool for ensuring strong leadership and governance is acceptable practice.	Chief Nurse
Palliative & End of Life Care	Q&GC	The Ambitions for Palliative and End of Life Care National Framework 2021-26 set out six key ambitions for the improvement of Palliative and End of Life Care (PEoLC). Improving quality is one of the three strategic priorities of the national NHS England and NHS Improvement PEoLC programme, including high quality PEoLC, for all, irrespective of condition or diagnosis. The impact of executive leadership on improving the quality of PEoLC is a theme that has been identified by the NHSE PEoLC team during visits to trusts. Having a NED as part of the PEoLC Executive committee, led to significant support at the Board and a focus on PEoLC. Board level oversight for PEoLC can be well supported through the Quality Committee, with reporting into the Board. The work of the Quality Committee might include: • **attendance of a NED from the Quality Committee at the PEoLC Executive Committee** • ensuring the board is aware of standards of care in PEoLC • reviving PEoLC complaints to see where improvements could be made.	Medical Director
Health & Safety	PPPC/Board	Strong leadership at board level and a strong safety culture, combined with NED	Director of

	(future F&IC)	scrutiny, are essential. Health and safety should be viewed in its broadest sense to include patient safety, employee safety, public safety and system leadership. As such the remit will cut across committees including Quality, Workforce/People and Planning (estates). All committees need to help ensure their organisation gets the right direction and leadership on health and safety matters through performing a scrutinising role – ensuring the integrity of processes to support boards facing significant health and safety risks. Committee members should have a sound understanding of the risks, the systems in place for managing them, an appreciation of the causes of any failures and an understanding of the legal responsibilities of employers and individual directors for ensuring the health and safety of workers and others affected by work activities. They should be familiar with the trust's health and safety policy – which should be an integral part of the organisation's culture, values and standards – and assure themselves that this is being followed.	Finance & Strategy
Children & young people	MHGC/Q&GC	The Core Service Inspection Framework for Children and Young People (CYP) refers to an interview with the 'NED on the board with responsibility for CYP'. This is not intended to imply that a specific NED lead role should be in place. Moreover, it refers generally to a NED that would have suitable oversight of this area, such as the chair of quality for example. CQC have endorsed the new approach recommended in this guidance. However, should trusts wish to do so, then allocating the role to an individual NED as one tool for ensuring strong leadership and governance is acceptable practice	Chief Nurse
Resuscitation	Q&GC	Health Service Circular Series Number: HSC 2000/028 (Sept 2000) stipulates that chief executives of all NHS trusts should give a NED designated responsibility on behalf of the trust board for ensuring that a **resuscitation policy** is agreed, implemented, and regularly reviewed within the clinical governance framework. This has been referred to more recently in the May 2020 Resuscitation Council Quality Standards in relation to acute, mental health and community trusts. The Quality Committee may wish to discharge this role, rather than an individual NED, and include this on the **committee workplan**, ensuring sign-off from the board	Medical Director
Cybersecurity	PPPC	Board leadership is seen as essential to the success of this agenda so trusts may	Chief Digital

	(future F&IC)	decide it is more appropriate for this function to be discharged by the board than a committee. NEDs should provide check and challenge, ensuring information governance has been considered in all decisions and that this can be evidenced. Each trust should have a senior information risk owner (SIRO), who would usually be an executive, although trusts can appoint a NED to this role should they wish to do so. The SIRO should ensure on behalf of the board that the 10 minimum cybersecurity standards are followed throughout their organisation.	Officer
Emergency Preparedness	PPPC **(future ARAC)**	The NHSE Emergency Preparedness, Resilience and Response (EPRR) Framework sets out the responsibilities of the accountable emergency officer (AEO), who is expected to be a board level director with executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. The Framework suggests that a NED or other appropriate board member should support the AEO and endorse assurance to the board that the organisation is complying with legal and policy requirements. This will include assurance that the organisation has allocated sufficient experienced and qualified resource to EPRR. The independence that NEDs bring is essential to being able to hold the AEO to account, but responsibility for EPRR sits with the whole board and all NEDs should assure themselves that requirements are being met. EPRR should be included on appropriate committee forward plans and EPRR board reports, including EPRR annual assurance, should be taken to the board at least annually. Given the synergies between the agenda for EPRR and other important issues such as security management and health and safety, triangulation between these areas through the Board and committees will be essential.	Chief Operating Officer
Safeguarding	MHGC/Q&GC	Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff suggests that boards should consider the appointment of a NED to ensure the organisation discharges its safeguarding responsibilities appropriately and to act as a champion for children and young people. This role could be discharged through a committee but in ensuring appropriate scrutiny of their trust's safeguarding performance, all board members should have Level 1 core competencies in safeguarding and must know the common presenting	Chief Nurse

		features of abuse and neglect and the context in which it presents to healthcare staff. In addition, board members should understand the statutory role of the board in safeguarding including partnership arrangements, policies, risks and performance indicators; staff roles and responsibilities in safeguarding; and the expectations of regulatory bodies in safeguarding. The CQC Trust-Level Well Led Framework does not reference a safeguarding NED; rather it notes that the inspection team should speak to the/any senior member of the organisation with safeguarding responsibility.	
Counter fraud	ARAC	The role of fraud champion is one that is suited to a senior manager who is directly employed by the trust. This could also be an executive but is not intended to be a NED role. The 2004 Counter Fraud Directions included a requirement for NHS trusts to designate a NED to undertake specific responsibility for counter fraud. However, these were revoked by the 2017 Directions on Counter Fraud, so there is no longer a statutory requirement to designate a NED champion for counter fraud. NHS funded services are required to provide the NHS Counter Fraud Authority (NHSCFA) details of their performance annually against the Government Functional Standard 013: Counter Fraud and NHSCFA ask that the audit committee chair (usually a NED) signs off the trust's submissions. The audit committee chair (and members) may also wish to review the local counter fraud specialist's (LCFS) final reports and consider any necessary improvements to controls, along with any recommendations contained within reports following NHSCFA's engagement through its quality assurance programme.	Director o Finance & Strategy
Procurement	F&IC	Procurement should be seen by the board as a value-adding function. The Finance, Performance and Planning Committee should help raise awareness of commercial matters at board and director levels and facilitate discussions that identify benefits to procurement activity and strategic development. The committee would need to understand the scope of procurement, the priorities (at national and at integrated care system level) and the challenges of delivering change. The Audit Committee should regularly review procurement. Our Procurement Target Operating Model (PTOM) programme team is seeking ambassadors who can advocate and raise the profile of procurement at a local level.	Director of Finance & Strategy

		This role can also be carried out by an executive, provided there is committee and board oversight. NEDs should collectively provide assurance via these committees to the board that their trust is viewing procurement as a priority, engaging with the PTOM programme and aligning their procurement activity with national activity.	
Security Management – Violence & Aggression	PPPC	As set out in 'We are the NHS People Plan for 2020-21 – action for us all' and the NHS Violence Prevention and Reduction Standard 2020, the board may wish to ensure the following: • The trust has committed to develop a **violence prevention and reduction strategy** and this commitment has been endorsed by the board, which is underpinned by relevant legislation (set out in the Violence Prevention and Reduction Standard 2020), ensuring the strategy is monitored and reviewed regularly – 'regularly' to be decided by the board. • Inequality and disparity in the experience of any staff groups, including those with protected characteristics, has been addressed and clearly referenced in an equality impact assessment, which has been made available to all stakeholders. • A **senior management review** is undertaken twice a year and as required or requested, to evaluate and assess the **Violence Prevention and Reduction Programme,** the findings of which are shared with the board. The Workforce/People Committee may wish to align this with wider wellbeing work being undertaken by the committee, particularly in relation to wellbeing support after violence.	Director of HR

NHS
Great Western Hospitals
NHS Foundation Trust

Title of Report	Chief Executive's Report		
Meeting	Trust Board		
Date	6 January 2022	**Agenda Item**	**7**
Part 1 (Public)	Public	**Part 2 (Private)**	
Accountable Lead	Chief Executive Officer		
Report Author	Kevin McNamara, Chief Executive Officer		
Appendices			

Purpose

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

Assurance Level

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

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

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

The Chief Executive's report provides an overview of a broad range of current issues at the Trust.

Report

Executive Summary – *Key Messages / key issues of the Report (including threats and opportunities/resource implications)*	This report covers the Chief Executive's overview of current issues at the Trust including: Our response to Covid-19				
Links to Strategic Theme	**Patient Care/Quality**	**Performance**	**People**	**Use of Resources**	**System/Partnerships**
	X	X	X	X	X
Key Risks – Risk number and description *(Link to BAF/Risk Register)*	N/A				**Risk Score**
Consultation / Other Committee Review / Scrutiny/ Public & Patient involvement	N/A				
Next Steps	N/A				

Equality, Diversity & Inclusion / Inequalities Analysis

	Yes	No	N/A
Do the issue(s) identified in this report affect one of the protected group(s) less or more favourably than any other?	X		
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities	X		

Explanation of above analysis

This report covers a broad range of issues. Where any group is adversely affected, this is detailed in the body of the report. In this report, the Covid-19 vaccination programme is referred to. Vaccinations have less take up from BAME groups across the country, and this is reflected in our staff with 97 of all substantive staff being vaccinated, but only 94% of those from a BAME background.

Recommendation / Action Required	
The Board/Committee/Group is requested to: ***• Note the report***	
Accountable Lead Signature	**Kevin McNamara**
Date	

1. Covid-19

As we enter a New Year, and with the two-year anniversary of the pandemic in sight, Covid-19 continues to significantly impact upon us in a number of ways.

The situation over the last few weeks has changed rapidly and continues to evolve and I will provide a detailed update on our current operational position at the Trust Board meeting.

At the time of writing we are aware that other parts of the country have been significantly impacted by Omicron and we are making preparations for the worst case scenario of a significant wave affecting us in January.

Nationally the focus has been very much on the measures in place introduced to slow down the spread of the Omicron variant.

We have called for the greater use of face masks for some time, so welcomed the extension of their use, along with Covid passports, which were passed by Parliament in mid-December.

We issued managers and staff with guidance on working from home, and took the decision to restrict visiting in Covid areas of the hospital.

1.1. Vaccinations

The Prime Minister announced an acceleration of the Covid vaccine booster programme in his televised broadcast last month.

Across BSW, this meant we were in the position of needing to treble the rate of vaccinations on offer per day.

We responded really well and in just a few days we set up a vaccination clinic in our Academy with slots listed on the national booking system.

A small team of staff did a fantastic job setting up the clinic at very short notice and the vaccination team is now delivering 600-800 vaccinations per day.

We have had a significant number of staff who have responded positively to our call to action to support with setting up our vaccination centre and to offer their services to support the vaccination centre at Steam, and my thanks go to them for putting themselves forward at this time.

We have strongly encouraged our staff to take up the offer of a booster vaccine at the earliest opportunity.

1.2. Mandatory vaccinations for NHS staff

We have written to all our staff who have not been double-vaccinated to provide support and advice following the Government's announcement that being fully vaccinated against Covid-19 will be mandatory for NHS staff in public-facing roles from 1 April 2022.

We have asked line managers to provide support, advice and information about the timescales when staff need to have their first vaccination in order to meet the mandatory deadline.

We know there is a broad range of reasons why a number of our staff have not wanted to have the vaccine.

1.3.Flu vaccination programme

Covid is of course not the only vaccination programme we are currently running, and I am pleased that we are making good progress on our staff flu vaccination programme. At the time of writing we have vaccinated more than 88 per cent of our workforce against flu.

2. National priorities

Nationally a Level 4 incident was declared in December and we are working as closely as possible as a system to coordinate our response. We have been sent a letter by NHS England setting out its six priorities for preparing the NHS for the potential impact of Omicron and other winter pressures.

These priorities are as follows:

1. Ensure the successful ramp-up of the vital COVID-19 vaccine programme
2. Maximise the availability of COVID-19 treatments for patients at highest risk of severe disease and hospitalisation
3. Maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes
4. Support patient safety in urgent care pathways across all services, and manage elective care
5. Support staff, and maximise their availability
6. Ensure surge plans and processes are ready to be implemented if needed.

Our focus remains on keeping our staff safe and supported as we – once more – ask them to go the extra mile.

Expanding the booster programme and helping to vaccinate as many people as possible, both in our vaccination centre and through support to the Steam Museum, is key.

We are also focussed on keeping our patients safe by ensuring there is good flow through the hospital. We know we have too many medically fit patients occupying beds which could be taken by people who need them more. A strong focus on patient flow will help maintain our elective recovery to reduce the waiting list as much as we can.

3. Recovery

Our teams continue to work hard to see patients as quickly as possible but we know many people have been waiting much longer than we would ever want them to.

In some areas – such as those waiting more than 52 weeks, those waiting more than 78 weeks, and those waiting more than 104 weeks our performance was the best position in the South West at the end of November, although this is not a cause for celebration and needs to be set in the context that many patients have had to wait a very long time for treatment.

4. Reset Fortnight

The start of a new year is always a very busy time for the NHS, and to enable us to manage these pressures as best we can, we are holding a 'Reset Fortnight' from 4-14 January.

During this period we have asked for meetings to be cancelled and diaries cleared to allow focus on operational issues and patient care, in particular the need to discharge patients at the earliest opportunity when it is clinically safe to do so.

In light of the level 4 incident declaration it is important we allow teams to focus on the response.

5. Great Care Campaign

As part of our Great Care Campaign we have launched a new initiative focused on First Impressions Count.

This will look at first impressions from three lenses:

1. Infection prevention and control – following all rules and demonstrating to our patients and colleagues how strictly we following infection prevention and control
2. Environment – clearing corridors, keeping workspaces tidy
3. Personable approach – importance of greeting patients and introducing yourself.

6. Listening to what patients tell us

Last month Healthwatch published its Enter and View Report, looking at the experiences of patients who stayed in Great Western Hospital in July.

Positively, patients told Healthwatch that our staff showed kindness and compassion in both the inpatient areas that they visited and in the Emergency Department.

No new areas for improvement identified in the report that we were not previously aware of, but Healthwatch have provided us with different perspectives. Our Great Care campaign is addressing many of these areas.

7. Research and Innovation

Last month our Research and Innovation team delivered a world-first, as they trialled a new method of pacemakers, to improve the lives of patients following a heart condition.

The first patient was fitted with a pacemaker last month, and the results of the trial will be monitored over the patient's continued recovery. In theory, the pacemaker will make the pumping of the heart more co-ordinated and may even improve the heart function. The patient will hopefully have less symptoms of heart failure and be less likely to be admitted into hospital with fluid retention.

The Conduction System Pacing Optimized Therapy trial aims to find the best way of setting up pacemakers to ensure they are meeting the unique needs of the patient.

This is the latest success for our research team which has been leading the way regionally with a number of other trials.

8. Staff support

Last year, we asked staff what would make a difference to their health and wellbeing and assigned an Executive Director to each of these.

One of these areas was about discounted food offers. I am pleased that as a small token of our appreciation we were able to offer staff an increased discount in our restaurant from 20% to 50% over the Christmas and New Year period and through January.

9. Staff recognition

We have had a number of our staff and teams recognised internally and externally recently.

Dr Tania Elias, a Consultant Geriatrician, won our STAR of the Month award for her work spearheading the introduction of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT), which replaced Treatment Escalation Plans.
The new process encourages staff to work with the patient and their families to create personalised recommendations for clinical care and treatment in a future emergency.
Tania worked incredibly hard, even in her own time, and on the day of the launch, she came in on her day off armed with home-made flap jacks and boxes of chocolates for the group.
Her professional knowledge, enthusiasm, drive and determination, and her constant upbeat attitude, is why the transition to ReSPECT went so smoothly.

Jessica Bennett and Chantell Brewster, SwICC receptionists, were also presented with STAR of the Month awards. They joined the Trust in the early part of 2021 and have made a really positive impact. Along with other great work, they have helped patients on Forest and Orchard wards, who have not been able to have many visitors, to make phone calls to loved ones and have been compassionate and helpful when bereaved families have been on the wards.

Senior Sister **Lisa Penny**, who was nominated for the Good Governance Institute's Julie Bolus Rising Star Award in recognition of her inspirational work leading nursing teams across the Acute Admissions pathway, including two inpatient wards and the Covid Assessment Unit. Since being promoted to Ward Manager in 2019, Lisa has made significant improvements to the experience of patients in the assessment units.

Laura Kent, a specialist liver nurse, gained a top prize in the Dr Falk-Pharmacy/Guts UK charity national awards. She won the 2021 Nurse Recognition Award for Improvement in Patient Care, for initiating and implementing an abdominal drain service to support patients with advanced liver disease to have an improved quality of life.

Our **Companion Service** were winners for best poster at the Occupational Therapy show in Birmingham. Occupational Therapists working on the Bariatric Pathway were also chosen to showcase their work at the national conference in November.

Enhanced Care at Home Service

(The Virtual Ward)

Mr M's Story

Mr M

Great Western Hospitals NHS Foundation Trust

Mr M is a 74 year old gentleman living in Swindon on his own, he recently reconnected with his previously estranged daughter. Mr M has been known to community Matron's for approximately a year and has a history of…

COPD, Type 2 insulin dependent diabetic, Atrial Fibrillation, Bronchiectasis, Renal impairment, TIA. Ex-Smoker, and has a catheter in situ.

Mr M's Story

Great Western Hospitals NHS Foundation Trust

Mr M was admitted to GWH on 14/10/2021 with increased shortness of breath, fluid overload, and a lower respiratory tract infection and acute kidney injury and hyponatraemia. Whilst Mr M was an in-patient at GWH the Virtual Ward (Enhanced Care at Home) team tracked his progress by contacting acute colleague's on a daily basis, in an effort to expedite his discharge, knowing Mr M would be desperate to return home as soon as possible.

Once it had been established that Mr M had been discharged on 22/10/21 the team made contact via telephone and completed telephone triage. This allowed Mr M to commence with technology enabled remote monitoring:

a system called Qardio, which continually monitors his observations. This was put in place over the weekend with a plan to review on the Monday and the contact number for the community Single Point of Access (SPA) if he became unwell or symptoms changed.

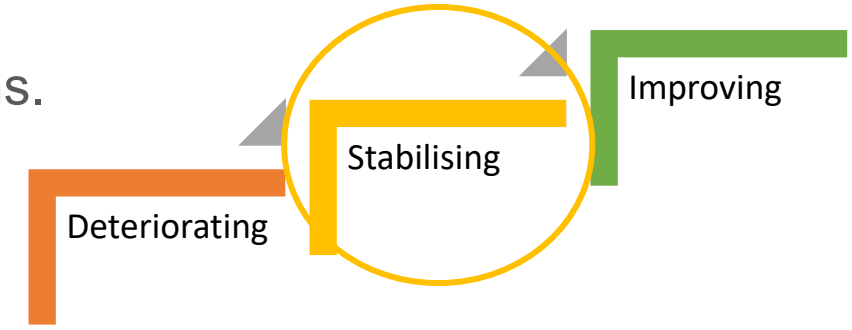
Week 1

Summary

It was immediately apparent that no discharge summary or plan was in place and Mr M was completely unaware of what dose of diuretic (medication) to take.

5 Home visits were completed during the week – and included…

- a full comprehensive Geriatrician assessment
- a review of medication
- liaising with GWH acute colleagues
- taking sputum and blood samples, transporting samples to GWH and chasing results
- daily observations
- liaising with a range of colleagues, including pharmacy, CNS Diabetes, and GP
- Remote monitoring via Qardio
- Review BM's for Diabetes, cardiac and respiratory examinations.

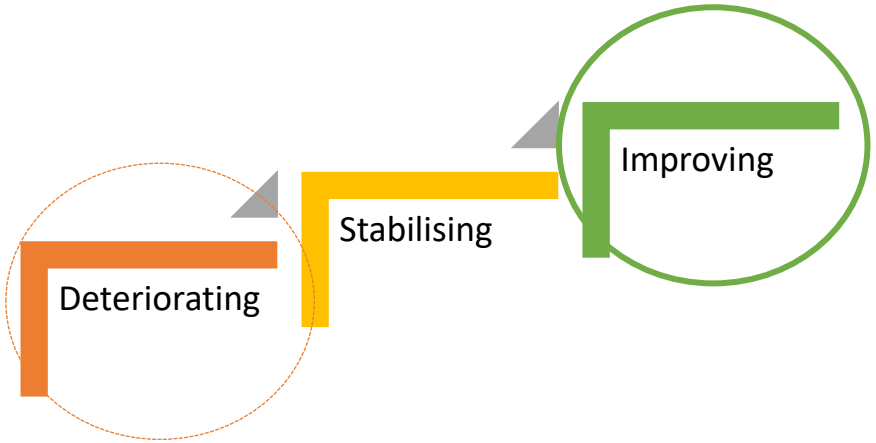


Week 2

Great Western Hospitals NHS Foundation Trust

Summary

- Mr M reported feeling unwell – bloods had arranged by GP to be taken on Thursday (4th). This was brought forward because he was unwell this was completed same day (Monday).
- Renal function deteriorating GP was concerned with blood results and wanted to admit via ED…. This was avoided by advising GP to liaise with on-call Medic in GWH. Changes made to diuretic dosage. Patient had been removing the wrong tablet from his Dossett box.
- Activities… liaise with pharmacy, organise new Dossett boxes, fluid chart to measure input and output, monitoring postural drop, Qardio remined in use, drug error recorded as IR1, repeated urgent bloods, blocked catheter responded to by 2 HR UCR
- Bloods results were improving, blood sugar levels improving, however weight was increasing, causing a concern (4.4kg in a week)



Week 3

Great Western Hospitals NHS Foundation Trust

Summary

During the second week multiple home visits were made, the main challenge was balancing risk associated with Renal failure vs. Heart failure. Activity included…..

- Continued observations, NEWS score, MUST and Waterlow scores, urgent bloods repeated,
- A discussion was held with Mr M and a ReSPECT form completed
- Mr M had developed pressure ulcers – despite having the right equipment in place
- Sugar levels extremely high at 30.8 and weight increasing (typical levels being 7.8 mmol/L in healthy adult)
- Referred to community nursing and Tissue Viability Nurses for planned care at home. Applied a ‘Red Flag’ and liaised with colleagues to make them aware of the seriousness of the situation and inform the evening service
- Fluid into abdomen Diuretic restarted to reduce fluid
- Organised the completion of a fast track CHC form to be completed
- Mr M decided if there was a reversable cause would ring 999 and wanted to be admitted for treatment – this was avoided.

Week 4

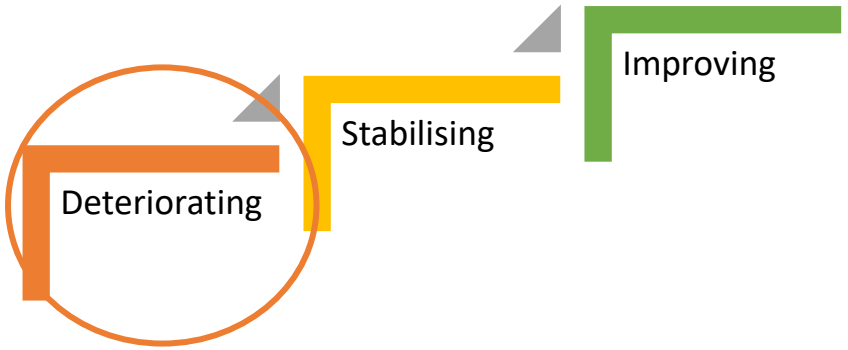
Great Western Hospitals NHS Foundation Trust

Summary

7 visits + 2 from community nursing, continued with monitoring cardiac and respiratory examinations, observations, blood tests and review of results.

- Community nursing were dressing pressure ulcers, liaising with CNS Diabetes
- Breathing worsened with crackles in chest
- Request for home oxygen
- Daughter coming to visit dad and conversation arranged to provide a thorough update on dads health. On Saturday Mr M spent time with daughter, enjoyed watching films and talking for the first time in years.
- Sunday – Mr M was found by a member of the team passed away peacefully in his armchair.
- Verification of death, let OOH GP know, funeral director informed for collection, GP notified at earliest opportunity.
- Daughter was extremely grateful…

'Cant thank the Virtual Ward enough, for everything they did'



What if Enhance Care at Home didn't exist?

Great Western Hospitals NHS Foundation Trust

Likely outcomes for Mr M

- Deteriorate at home
- Require repeated 999 calls
- Ambulance conveyance to ED on several occasions
- Admission for treatment

Mr M had a number of acute attendances in the three months prior to referral to ECAH. Our conservative estimate is that at least 3 admissions were avoided through the care provided in that 4 week episode alone.

- End -

Report Title	**Integrated Performance Report (IPR)**				
Meeting	**Trust Board**				
Date	**6th January 2022**	Part 1 (Public) [Added after submission]		Part 2 (Private) [Added after submission]	
Accountable Lead	Felicity Taylor-Drewe, Chief Operating Officer Simon Wade Director of Finance Jude Gray, Director of HR Lisa Cheek, Chief Nurse				
Report Author	As above				
Appendices	Use of Resources: • Statement of Financial Position • Working Capital • Income & Expenditure – Variance Run Rate • SPC Chart – Pay				

Purpose

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

Assurance Level

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

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

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

Report

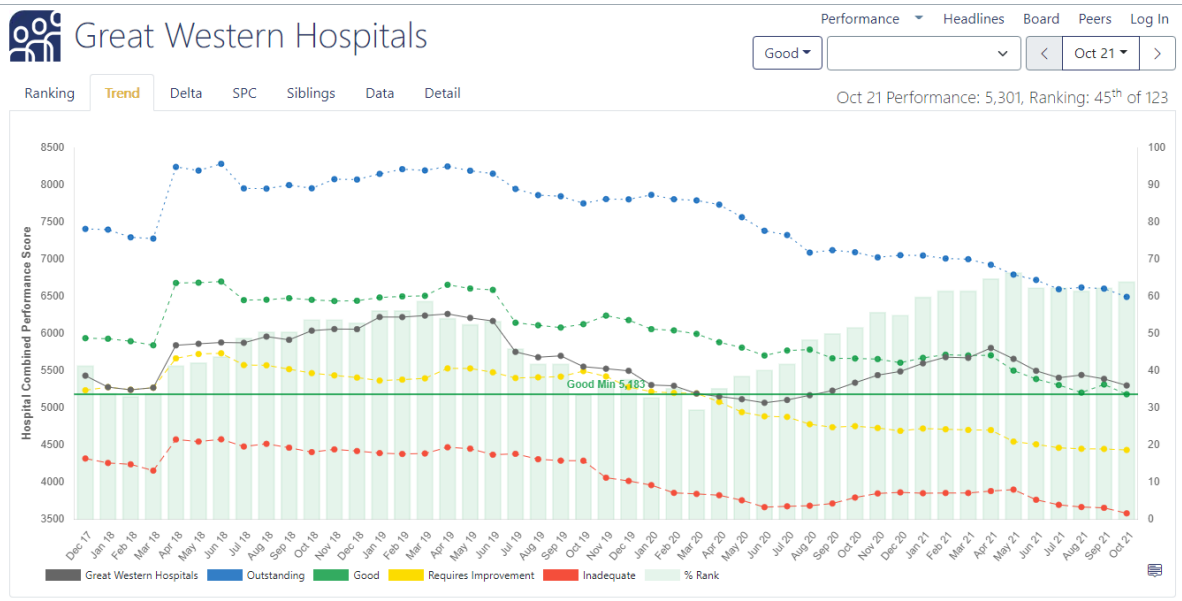
Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

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

Key highlights from the report this month are:

Our Performance

Our ranking against the Hospital Combined Performance Score on Public view in November 2021 places us 51st out of 123 Trusts (48th October 2021). The trend chart below reflects our aggregate position against CQC measures, and our performance is tracking at 'Good'. It is likely many other Trusts are starting to show a deteriorating position given the current pressures.



In November 2021 our performance against the Emergency Care Standard (95%) increased to 76.35% from the October position of 73.98%. Hospital Handover Delays (HHD) decrease in November to 524 hours lost compared to October where 696.5 hours were lost. As of 15th December 2021, there have been 492.4 hours of hospital handover delays.

ED attendances have decreased in November 2021 by 867, by 630 in ED and 237 in the UTC, which remains closed overnight.

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

The Trust triggered OPEL 4 on 20 out of 30 days in November. The trusts escalation and OPEL status has just been reviewed taking into consideration all Divisions including key services such as Maternity and Children with a new site report.

Covid attendances to the Covid Assessment Unit (CAU) decreased in November 2021 to 269.

The Trust's RTT Incomplete Performance for November 2021 (just validated) was stable at 65.23% (65.35% in October). The overall number of patients waiting has increased to 27,943 (+382 in month). The Trust received 9,358 referrals in November 2021, which is a decrease of 399 in month.

There were 593 patients who are waiting more than 52 weeks at the end of November 2021 (reduction from October of 71 patients.

DM01 Diagnostic Performance was 65.7% in October a forecast decrease from 68% in September. Overall, the total waiting list size has increased from 7706 in September, to 8834 (1128) in September. Breaches have increased from 2468 in October to 3027 in November (+559) primarily driven by MRI and CT. CT remains challenged to see 2ww and urgent patients, with limited routine capacity. A task and finish group has been established aimed at supporting recruitment and formulating a more sustainable improvement plan. Weekly validation is planned in November 2021 - to provide internal assurance of the position in month, diagnostics have been focused at improving in-patient flow which has again impacted on routine.

Cancer 2 week wait performance for October 2021 89%. 62-day performance will be 85.8% (83.5 treatments, 14 patient pathways breached resulting in 11.0 breaches) with the Trust achieving the national 62 day standard.

Cancer 28-day performance was met in October 2021 with performance of **79.5%** (272 breaches).

The number of cancer patient pathways over 104 days has risen through September (34) These delays are due to the plastic capacity at OUH (11), dermatology capacity (4) and complex pathways in upper Gi (4) colorectal (8) and urology (3). The 104 un-validated for October is 3 patients, 2 ITPs.

Our Care

Medicines Safety – October saw an increase in the number of Near Miss medication incidents, which demonstrates a proactive reporting culture, however the proportion of incidents leading to harm crucially remained stable. The main trends remain consistent with incidents relating to medication administration and prescribing. Robust systems are in place to ensure that all critical medicines are available 24 hours a day, leading to a consistently low percentage of omitted doses in the Trust.

Infection Control – C. difficile – In November there has been 3 reportable C. difficile infections, all were Healthcare Associated, Hospital Acquired (HOHA). We have now reached the Q3 trajectory with similar reports across Bath, Swindon and Wiltshire and despite a significant review no definitive links can be identified. Ribotyping has confirmed there are no cases of cross contamination. Respiratory Syncytial Virus (RSV) in children remains an increasing risk; to date the Trust has seen 70 cases since July 2021 with 15 of these identified during November 2021.

There were two hospital acquired cases of COVID (8 days +) during November. This has resulted in an outbreak being reported with 1 associated mortality and is currently being investigated under the serious incident framework.

Pressure Ulcers – The national STOP the PRESSURE day on the 18th November was promoted by an Academy Corridor exhibition regarding Pressure Ulcer prevention and was supported by equipment industry partners. It was a well-attended day with 60 delegates. The Hybrid mattress evaluation continues on Swindon Intermediate Care Centre (SwICC) to facilitate effective pressure relief and support discharge planning.

A review of core stock levels of pressure relieving equipment is taking place with community nursing teams and equipment library, as the demand for higher spec equipment has risen in line with improved risk assessment and patient complexity.

Falls – Over the last 6 months we have seen a decrease in falls per 1000 bed days, reducing from 8.6 in February 2021 to 5.6 in November 2021. The New Falls and Mobility Assessment documentation is now uploaded on Nervecentre. Testing is planned to take place on six pilot wards between 13th and 27th December 2021. The Falls Education Programme commenced on the 2nd December 2021. The first session aimed to set the scene within the local and national context, introducing Swindon's integrated falls pathway and multifactorial assessment considering intrinsic and extrinsic factors.

Incidents - At the time of reporting there are a total of 27 on-going Serious Incident (SI) investigations, with 3 reported in November. These include, one Covid ward outbreak, one complication following endoscopy and one complication following transfer to a different hospital. The improvement groups continue to meet with feedback via the Safer Care group. The implementation of the Datix management system is progressing and it is planned for the incident module to go live mid-January 2022.

Patient Experience – 34 complaints have been received this month (previous month 47) and 114 concerns (previous month 127). Out of a total of 148 cases received from Complaints and Concerns in November, the overall top three themes were, follow up treatment, waiting times, and communication.

Our People

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

Exceptions in November: Bank fill rates reporting 47.2% below the Trust target of 75%; Sickness absence increasing to 5.41% and exceeding target of 3.5%; appraisal compliance achieving 73.8% below Trust target of 85% and all turnover increasing to 13.97% and above Trust target of 13%. Agency spend as a % of total spend is reporting 6.62% and above Trust target of 6%.

Highlights:

- In-month **KPI recruitment** time to hire is 43 days, within Trust target of 46 days
- **Nursing bank fill rate** remained at 47%, below the 75% target reflecting an increase in Escalation in Community Nursing and Front Door Services.
- The top 3 highest users of **nursing/midwifery bank and agency** are ED (32WTE), Community Nursing (27WTE) and AMU (17WTE). ED are working to an escalation resource model, with further usage in ED and AMU being driven by vacancy, sickness, and escalation cover. Community Nursing WTE is being used to secure additional capacity to meet service demands.
- **Medical vacancy position** of 48.60WTE. The Trust utilised 32.30WTE of bank and 40.09WTE of agency cover, indicating there was an additional usage of 23.79 WTE used to cover short term leave, Covid-19 isolation and extreme pressures on site.
- For **medical** staff, General Medicine including Outlier Cover (30WTE) and Emergency Medicine (13WTE) remain the largest users of locum and agency cover.
- **Wellbeing Agenda:** proactive education continued in-month. A Mental Health First Aid (MHFA) supervision group attended by 32 of our Mental Health First Aiders and session on Trauma Incident Management training (TRiM) delivered during the Leadership Forum on 23rd November to help disseminate awareness of this intervention across the Trust.
- **International Midwives**: GWH has been successful to gain funding for 5 WTE's Midwives (£7000 funding per Midwife) in a collaborative bid with Salisbury and Gloucestershire NHS Trusts, due to start July 2022.
- **Maternity Practice Educator:** Interviews for this role will take place 9th December following the Trust's successful bid application for £50,000 to fund retention activities.
- The **Flu Vaccination Programme** launched in September and 4536 vaccinations provided within the initial 7 weeks. Vaccination compliance as at 12th December 2021 is 88.03%.
- **Mandatory training** continues to be above the Trust target of 85%, improving this month to 88.13%.
- **Radiology Retention Plan**– the department proactively addressing turnover challenges with range of initiatives outlined in report including development of an exciting 3-year apprenticeship role to achieve radiology professional accreditation and initial consideration of international recruitment in this area.
- The Trust's **Talent Management** strategy was approved by Executive Committee and People, Place and Performance Committee in November 2021
- The **Conflict Resolution** pilot took place in November/December and training provider decision to be reached for January 2022.
- In-month **Appraisal** compliance increased slightly to 73.78 % and the Associate Director of OD and Learning will chair a group to examine alternative methods of appraisal, benchmarking learning from other organisations.

Use of Resources

The Trust plan is a deficit of £5.993m. The in-month position is £173k deficit and year to date position is £134k deficit which is a favourable variance to plan of £319k.

Trust income is above plan by £1,081k in month and £10,396k year to date.

Pay is £24k underspent in month and £3,389k overspent year to date. The nursing run rate has increased by £129k, substantially permanent staffing spend as a result of the enhancements for prior month, during which there were 5 weekends. Locum Medical staffing costs have increased by £136k predominantly linked to vacancy cover and winter pressures.

Non Pay underlying run rate has increased by £550k and is overspent in month by £695k. £95k of the run rate pressure is on clinical supplies in ICC where there is pressure being seen on consumables across diabetes, tissue viability and EoL services. The remainder is driven by central allocations.

The Trust capital plan for 21/22 is £33,493k. Spend is £11,112k as at the end of Month 8 against a plan of £16,503k.

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
	Mandatory Covid-19 vaccination programme and patient-facing staff non-compliance. Risk of pressure on existing vaccinated workforce, and reduced WTE resource to deliver services. Risk of Employee Relations issues with staff refusing vaccine uptake.				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement					
Next Steps					

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

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Board/Committee/Group is requested to:

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

Accountable Lead Signature	Felicity Taylor-Drewe
Date	23/12/2021

NHS
Great Western Hospitals
NHS Foundation Trust

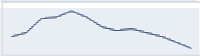
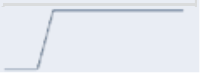
Integrated Performance Report

December 2021
November 2021 data period

Service Teamwork Ambition Respect

Performance Summary

Great Western Hospitals NHS
NHS Foundation Trust

KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking**	Bath Ranking	Salisbury Ranking	Month
Hospital Combined Performance Score	5072 (Dec)		51 (5072)	33 (5566)	20 (6041)	Dec 21
A&E 4 Hour Access Standard (combined ED & UTC)	76.35% (Nov)		40 (73.98)	102 (58.5)	25 (77.97)	Oct 21
A&E Percentage Ambulance Handover over 15 Mins	49.38% (Nov)					
A&E Median Arrival to Departure in Minutes (combined ED & UTC)	168 (Nov)		54 (192)	87 (219)	82 (215)	Sep 21
RTT Incomplete Pathways	65.35% (Oct)		76 (65.42)	66 (67.13)	33 (73.38)	Sep 21
Cancer 62 Day Standard	86.83% (Oct)		25 (80.53)	75 (66.92)	22 (81.12)	Sep 21
6 Weeks Diagnostics (DM01)	65.73% (Oct)		89 (67.97)	81 (69.64)	2 (99.07)	Sep 21
Stroke – Spent>90% of Stay on Stroke Unit	72.3% (Q420/21)		77 (78.3)	34 (89.1)	52 (85.6)	Q1 21/22
Family & Friends (staff) – Percentage recommending GWH as a great place to work	69.89% (Q3)		88 (70.0)	22(82.0)	34(79.0)	Q3 20/21
YTD Surplus/Deficit*	-4.3% (Oct)		82 (-4.3)	8 (1.3)	37 (-1.4)	Q2 19/20
Quarterly Complaint Rates (Written Complaints per 1000 wte)	27.9 (Q4 20/21)		104 (27.9)	50 (16.2)	22 (11.3)	Q4 20/21
Sickness Absence Rate	4.77% (Jul)		48 (4.77)	39 (4.56)	6 (3.48)	Jul 21
MRSA	2 (Jun)		84 (2.76)	68 (2.16)	65 (2.15)	Aug 21
Elective Patients Average Length of Stay (Days)	3.65 (Nov)					
Non-Elective Patients Average Length of Stay (Days)	5.15 (Nov)					
Community Average Length of Stay (Days)	17.18 (Nov)					
Number of Stranded Patients (over 14 days)	115 (Nov)					
Number of Super Stranded Patients (over 21 days)	64 (Nov)					

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

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

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Performance, People & Place Committee Meeting			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Peter Hill	Peter Hill		22nd December 2021
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

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

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

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Integrated Performance Report – Emergency Access	Red	Amber	Improved slightly in November (76.4%), although due to a high bed occupancy in the hospital the number of patients waiting 12+ hours increased. The Trust continues to work closely with the ambulance service to minimise handover delay.	Monitor actions	January 2022
Integrated Performance Report - RTT	Amber	Amber	RTT remained steady at 65%. There is a risk that the Elective Theatre Programme will be reduced if there is a surge in COVID demand and ICU needs to increase capacity, but mitigations are in place to monitor ICU acuity and demand across the Trust.	Monitor actions	January 2022
Integrated Performance Report – DM01	Red	Amber	Demand continues to exceed supply resulting in longer waiting lists and times. Staffing vacancies in radiology remain a challenge, additional capacity in echo cardiology and mobile CT/MRI vans was noted. To support the recovery trajectory key improvement actions are in place.	Monitor actions	January 2022
Integrated Performance	Amber	Green	Some challenge in 2ww skin pathway due to higher than usual demand and capacity issues with staff unavailability due to a teaching week which could not be rearranged. 61 patients	Monitor actions	January 2022

Report – Cancer Services			across skin, colorectal and upper GI breached due to patient choosing to delay their appointment.		
Integrated Performance Report – Stroke	Green	Green	Good SNNAP performance continues with Level B confirmed for Q2 and predicted for Q3.	Monitor actions	January 2022
Theatre Assurance Update	Amber	Amber	The Committee felt the team were benchmarking relatively well with lots of room for improvement. The action plan indicates some improvements are expected to be seen in the new year and the appointment to two key posts should help move the agenda forward.	Monitor actions	January 2022
Emergency Preparedness, Resilience & Response Assurance	Amber	Green	The Committee welcomed the report and acknowledged that the Trust has a good plan in place and expects to see this progressed.	Review quarterly on PPPC agenda	March 2022
Integrated Performance Report – Mandatory Training	Amber	Green	The Committee was assured that improvements have been seen in recent months and are expected to continue. There is still risk around some modules and safeguarding is a concern that management are addressing. Some Trust training resources are being used to support the vaccination programme temporarily which is expected to have some impact on mandatory training.	Monitor actions	January 2022
Integrated Performance Report - Workforce	Amber	Amber	It remains a challenging time for the Trust workforce. Sickness levels remain above 5%, reflecting high levels of infection within the community. Appraisal rate improved marginally (73.8%) but remain below the Trust's 85% target. Staff turnover was slightly above the Trust target of 13.9% and agency spend represented 6.62% against a target of 6%. The staff wellbeing agenda continues to be proactively pursued, along with the flu and COVID vaccination programmes.	Monitor actions	January 2022
Estates & Facilities update	Red	Amber	The Committee noted the risk highlighted in the update report and recognised the team are working on providing more assurance. The CEO and DOF to provide a verbal update to Board on actions being taken to mitigate risks and a further update would be provided to the January PPPC meeting by Rupert Turk, Director of Estates & Facilities.	Verbal update to Trust Board and update report to next PPPC	January 2022

Issues Referred to another Committee	
Topic	**Committee**

Great Western Hospitals NHS Foundation Trust

Part 1: Operational Performance

Our Priorities

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

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

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

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

How We Measure

Are We Effective?

Are We Responsive?

Are We Safe?

Are We Caring?

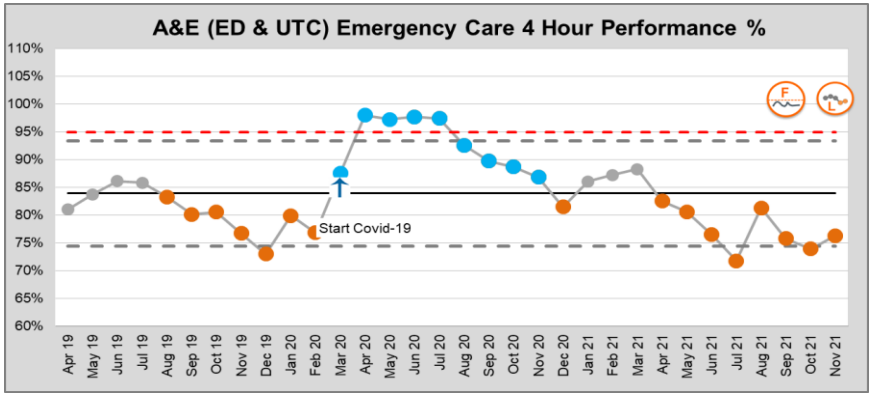
Are We Well Led?

Use of Resources

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

Data Quality Rating:

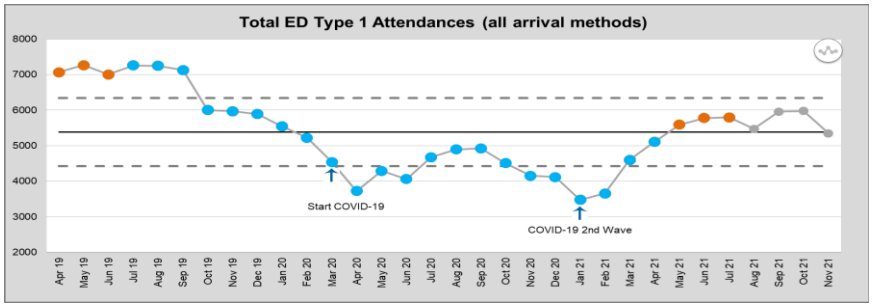
National Key Performance Indicators

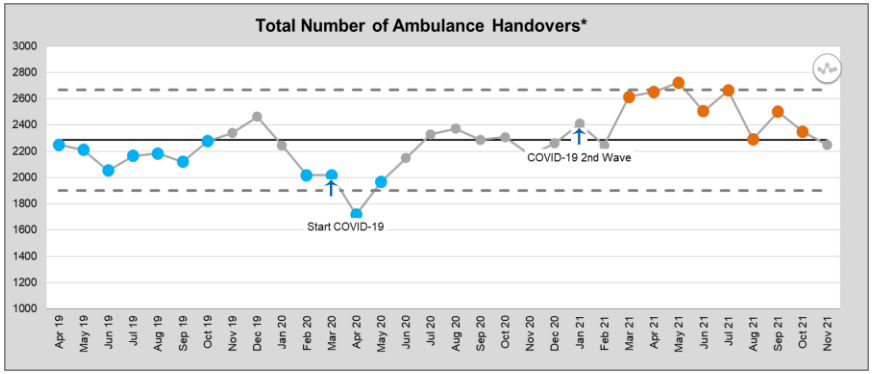


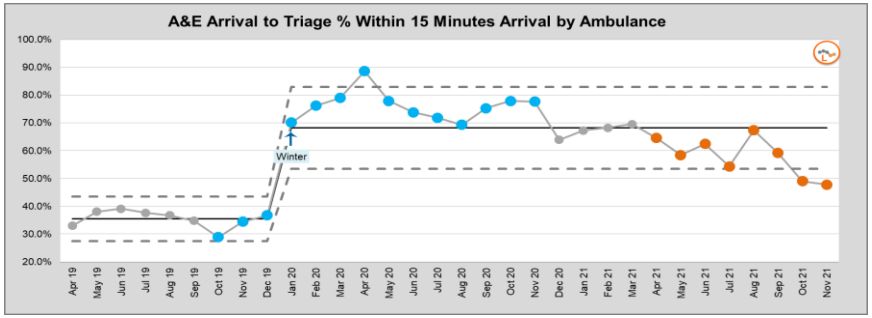
Performance Latest Month: 73.98% (Oct)

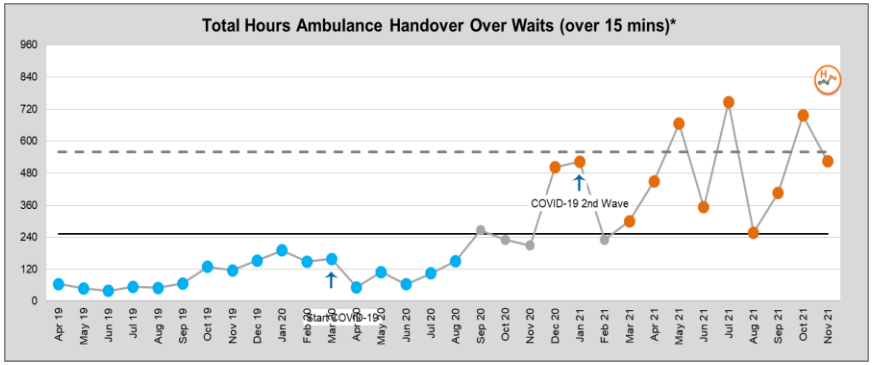
Attendances:
Type 1 ED 60.93%
Type 3 UTC 98.35%
Total – 76.35%

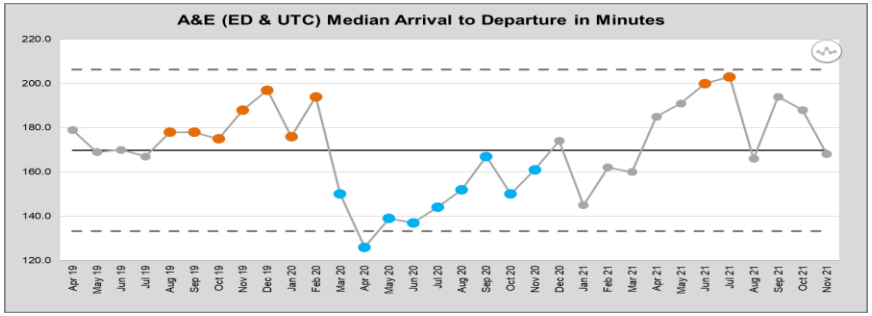
12 Hour Breaches (from decision to admit) 45









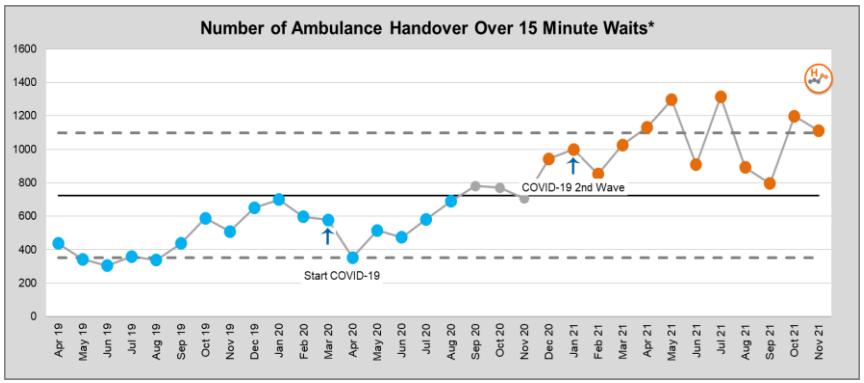


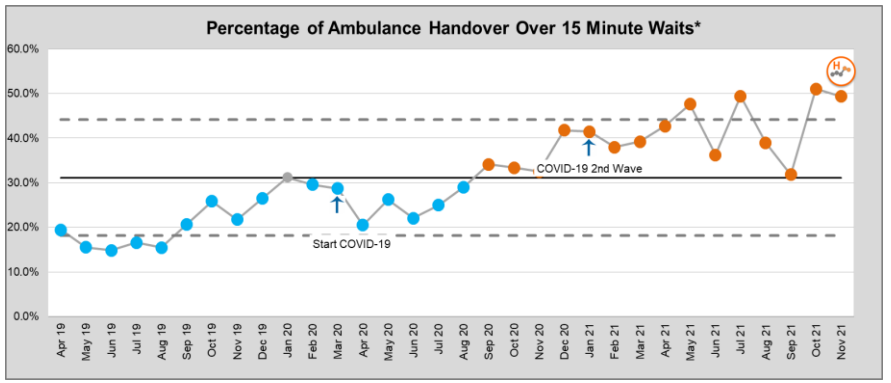
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

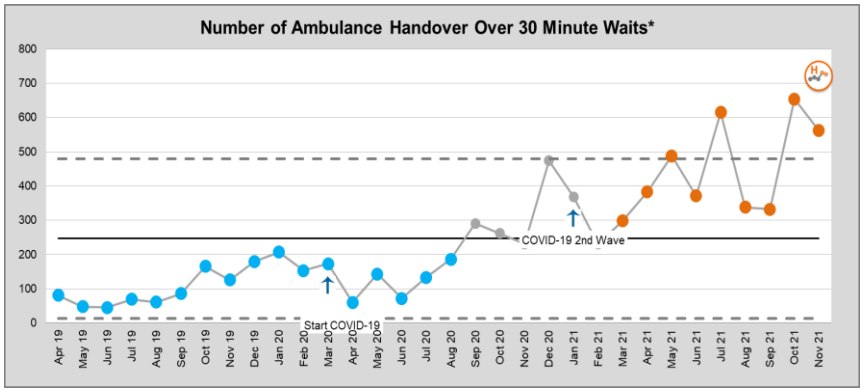
1. Emergency Care Standards – Ambulance Arrivals

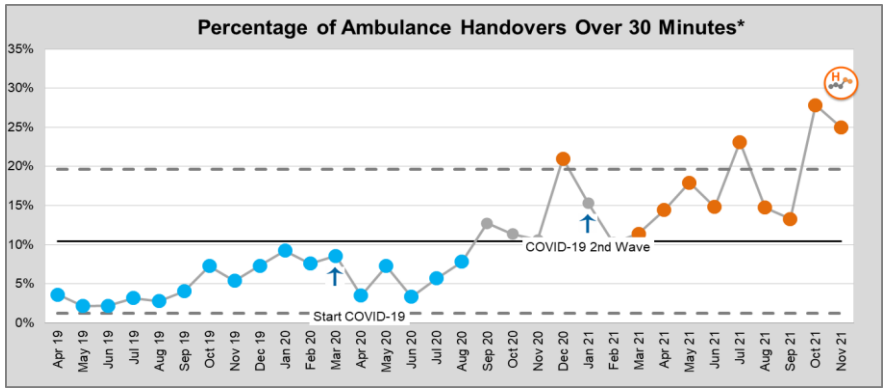
Data Quality Rating:

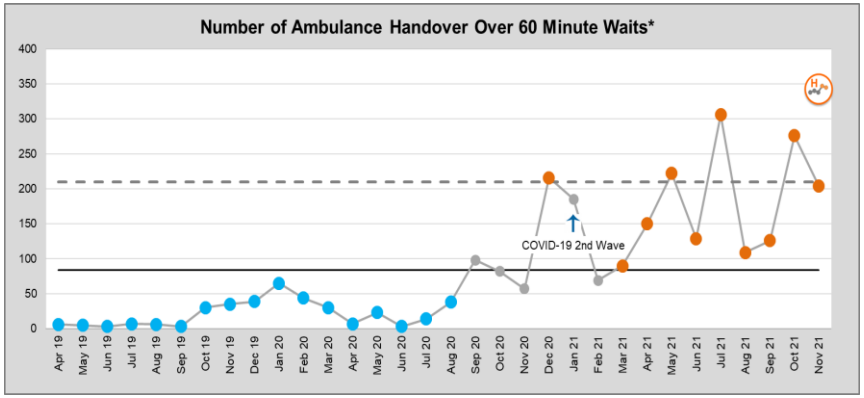
National Key Performance Indicators

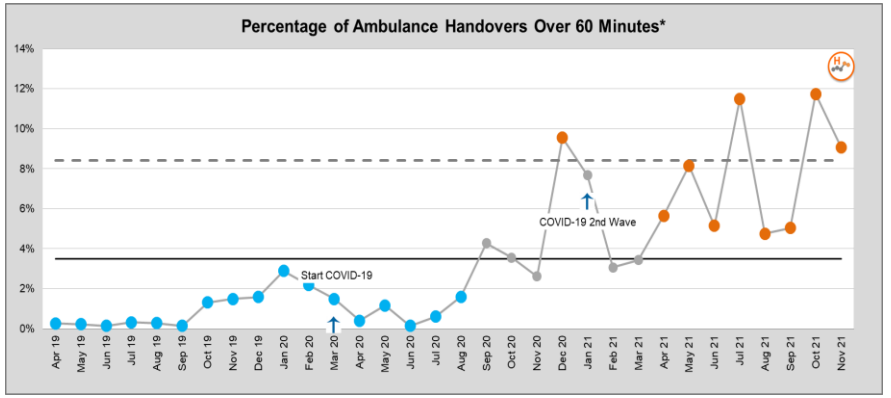












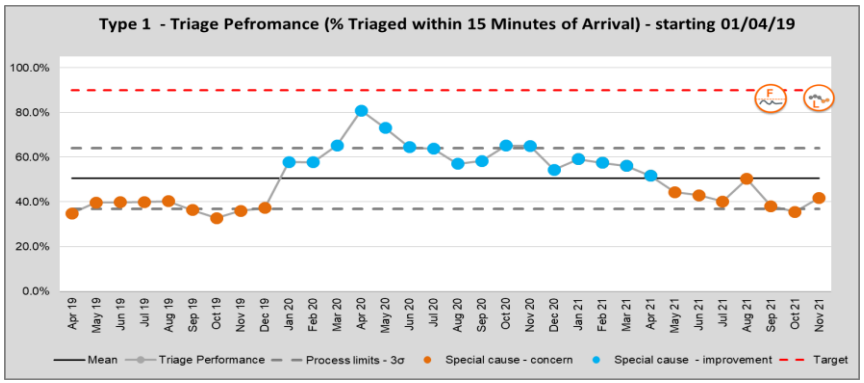
Mean | 0 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

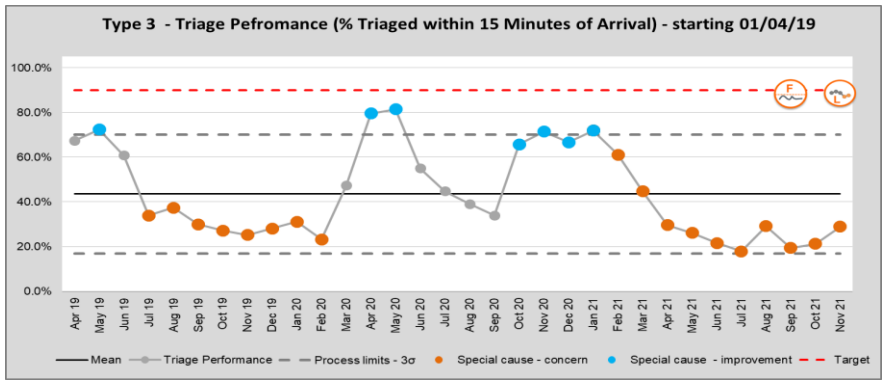
* Data from SWAST – 1 month lag

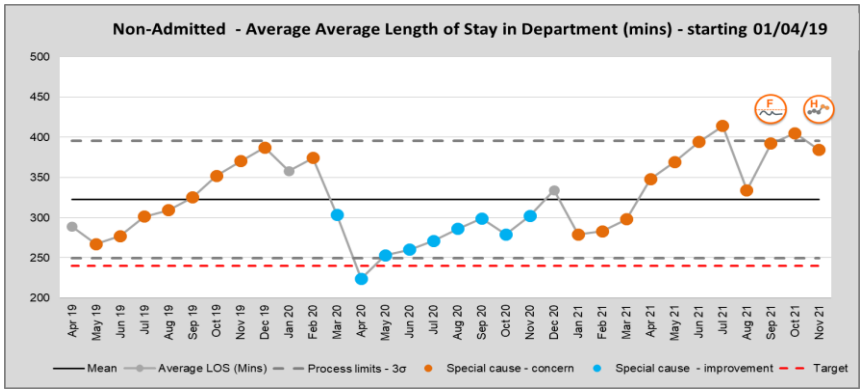
1. Emergency Care Standards – Front Door Flow

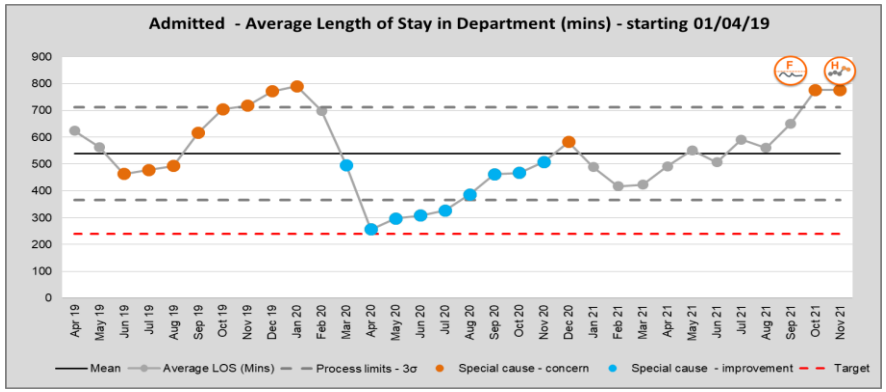
Data Quality Rating:

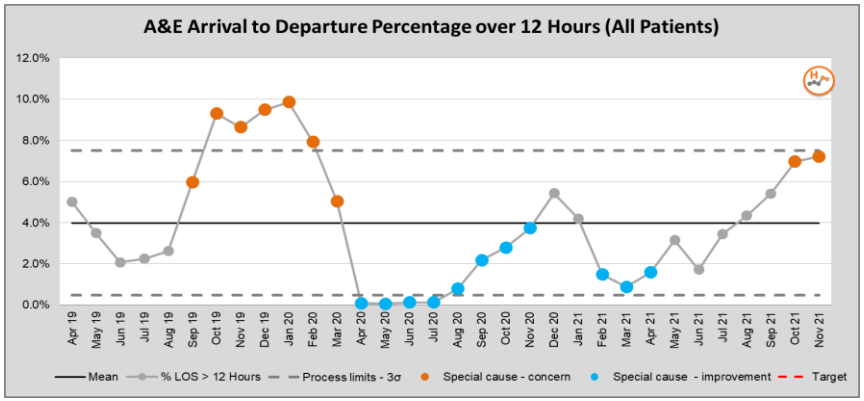
National Key Performance Indicators

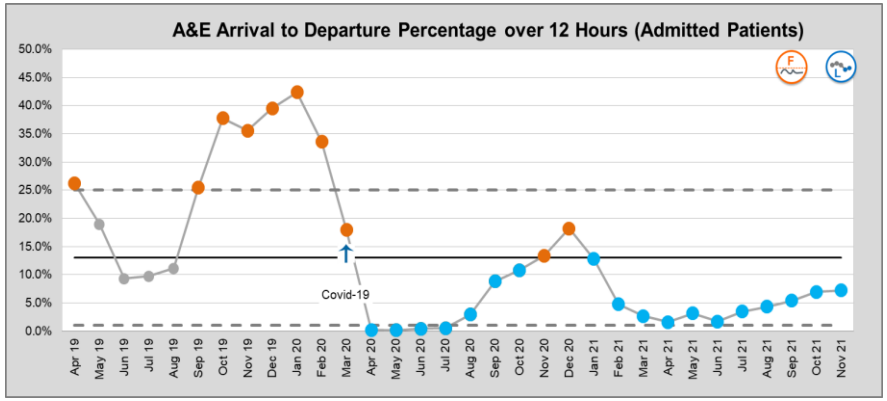












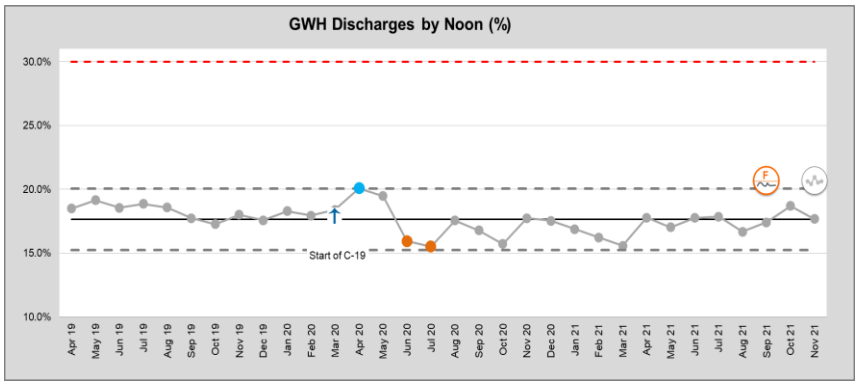
Mean | 0 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

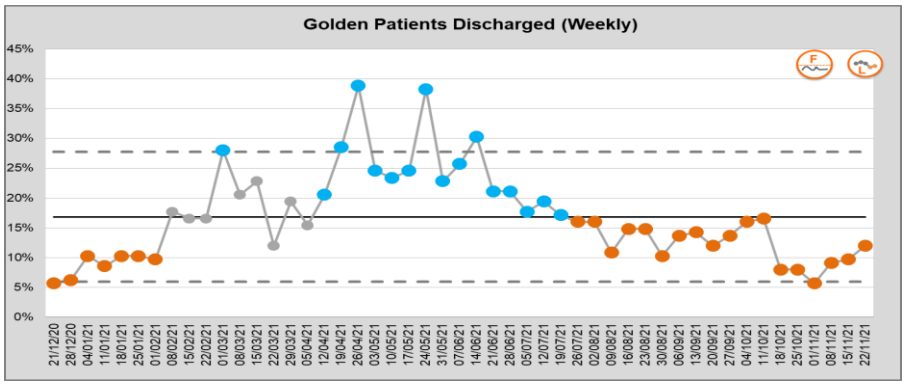
* Data from SWAST – 1 month lag

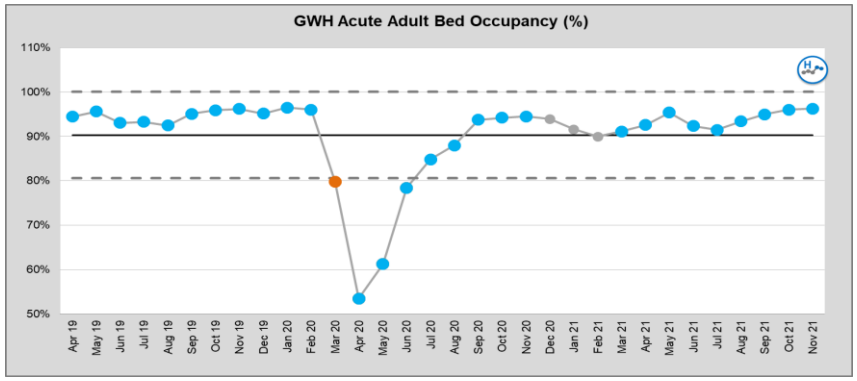
1. Emergency Access (4hr) - Patient Flow and Discharge

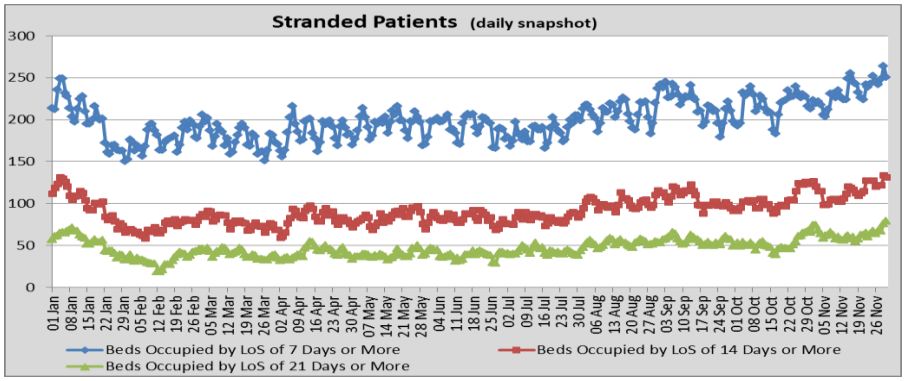
Data Quality Rating:

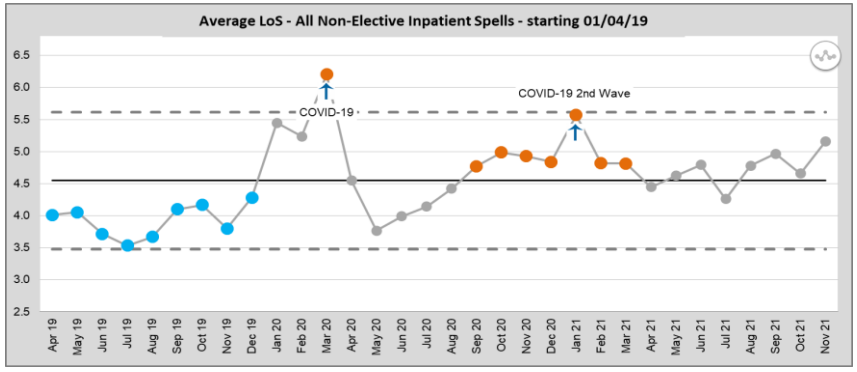
Are We Effective?

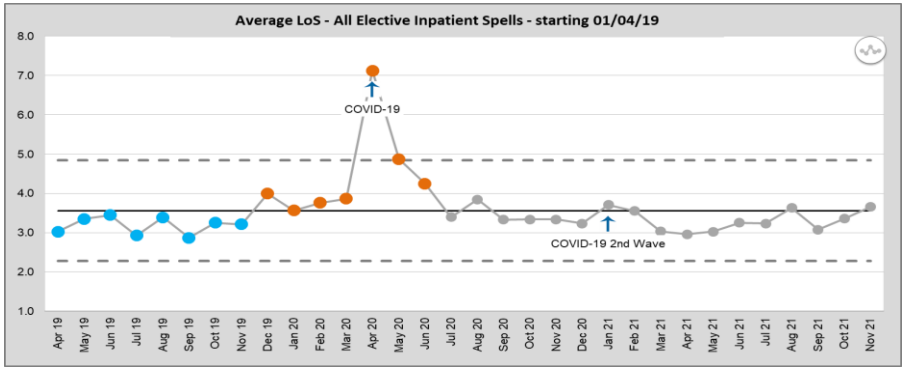












Mean | 0 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

1. Emergency Access (4hr)

Data Quality Rating:

Are We Effective?

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

- The ED 4 Hour Performance chart shows that performance in month continues to remain below the 95% standard. There has been an increase in 4 hour performance of 2.37% from October.
- Attendances have decreased in November (from October) by 867 patients, with 630 decrease in the ED and 237 in the UTC. The UTC remains closed overnight. 4 hour breaches have decreased in November with the UTC decreased by 97 and 479 in ED.
- Breaches due to 'waits to be seen' in ED and UTC have decreased in November from 63% to 54%.
- 4 hour performance has likely improved due to decreased attendances but there has also been a concerted effort by the team to maintain flow at the front door.
- There were 45 x 12 hour reportable Decision to Admit (DTA) breaches in November, an increase of 13. This is likely being impacted as November has shown an increase in average inpatient LOS to the highest level since February 2020, aside from a peak during Phase 2 Pandemic.
- Non admitted performance accounts for 37% of breaches, a decrease of 9% on last month.
- There has also been a decrease in Think 111 first booked appointments utilisation: at 56.07% for November (decrease of 1.42% from October), with 11.28% patients who DNA the appointment slot (increase of 0.49% from October) and 2.43% who left without being seen (decrease from 5% in the previous month.)

Key Impacts on Performance

-Attendances down but remain back to pre-pandemic levels.
-Social Distancing measures remain in place, restricting patient numbers in ED.
-Total bed occupancy remains high with Length of Stay (LOS) remaining higher than pre-pandemic levels.
-Majors Step-down (MSD) usage compromised by increasing patient acuity.
-Inability for MSD to function as true 'Clinical Decision Unit' as filled predominantly with Acute Medical patients for increased LOS.
-'Admissions Area' in Discharge Lounge escalation remains in use.
-'Early' discharges in day reducing, onwards flow often not occurring until much later in day , after peak ED attendances.
-Continued decrease in performance for patients waiting over 12hrs in ED.
-Improved Ambulance Handover performance in November.
-UTC continues to see high numbers of patients but overnight closure has maintained improved performance (98%).

What will make the Service green?

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

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

1. Review of ED process and co-ordination of change measures – **December 2021**
2. Development of services in UTC in preparation for new build in the spring. Joint working with Primary Care & CCG - **January 2022**
3. SDEC 7 day opening approved as part of Winter Planning . Currently recruiting with phased expansion as staff join unit – **January/February 2022**
4. Divisional adoption of 'Internal Professional Standards' allowing improved admission processes **– December 2021**
5. Focus on reducing Ambulance Handover delays (15 min & 1hr), Utilising admin changes and implementation of HALO+ role – **December 2021**
6. Implementing findings of Staffing review of nursing and utilising Winter Money funding – Paeds escalation and Management support - **January 2022**
7. Implement 'Navigator' RN role to UTC & ED – **December 2021**
8. Review Potering Audit data + need for dedicated porter/transfer team – **January 2021**
9. Clarify function of MSD and status of informatics reporting. Provide dedicated Medical and Admin support – **January 2022**
10. Agreed overnight closure for UTC for remainder of year. Review staffing requirements in interim. - **March 2022**
11. Action environmental changes to Majors chairs, Paeds and Ambulance Queue area (following Estates walkaround) – **February 2022**
12. Recruitment of substantive junior doctors **– February 2022**

Risks to delivery and mitigations

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

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

Implementation of Direct Access pathways for SWAST (PAU,SAU,SDEC,UTC).

Implementation of 'Internal Professional Standards.

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

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

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

Options appraisal to look alternative community options.

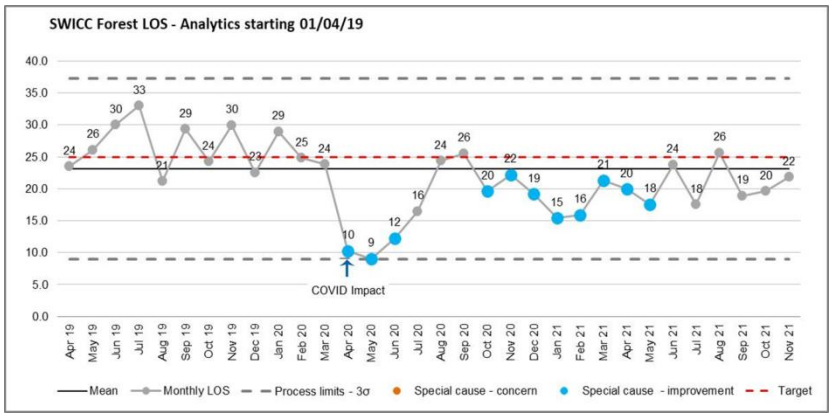
Review continues of any direct pathways to SDEC or Community services to reduce the pressure at ED. BSW wide focus.

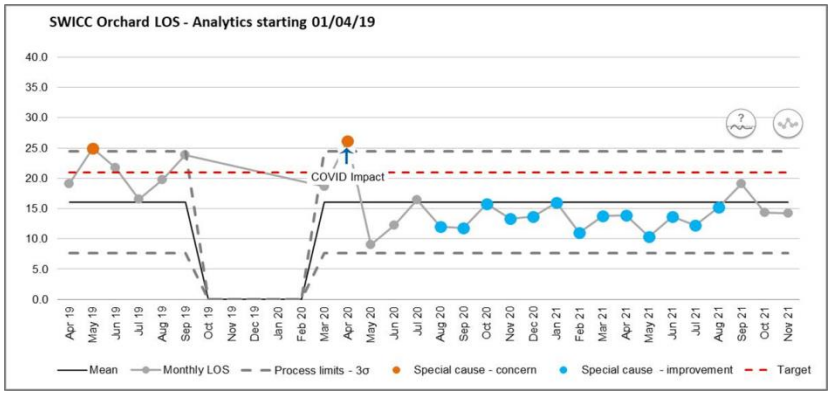
Discussions nationwide to collaborate ideas to manage the demand for urgent care that has a primary care need and pathways for minor injuries.

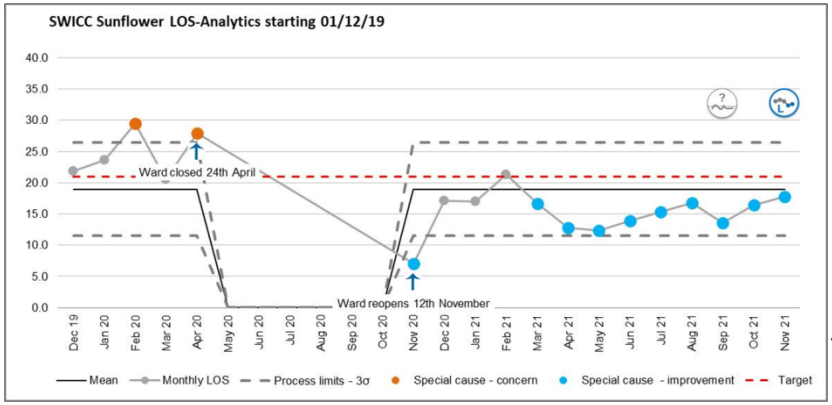
1. Emergency Access (4hr) - Community (SwICC) Length of Stay

Data Quality Rating:

Are We Effective?







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

LoS & Occupancy: The average length of stay (LoS) in November across all three units was 17 days. Orchard remains at 14 days LoS with 0–5 days attributing 20% of the overall discharges which has reduced 31% in the previous month. In late November there have been increasing delays getting patients discharged with PoC or reablement. This can be directly attributed to lack of social care capacity, increasing the no. of stranded patients. Bed occupancy for Forest 96% and Orchard 96%, this is an increase due to the reopening of beds. Sunflower occupancy has remained at 98%.

Flow: There were a total of 120 discharges across the three units, a marginal decrease of 5 patients compared to October. The closure of 8 beds within SwICC has had an impact on the number of discharges which are typically 150-160. 29% were discharged before midday which is an increase on previous month. This is 1% below the 30% target**.** 16% of discharges were facilitated over the weekend which remains the same as last month.

_SWICC & Sunflower have the lowest average LoS (16 days) compared to circa 30-days elsewhere in BSW.

Improvement actions planned, timescales when improvements will be seen

Discharge Management: We continue to investigate Nerve Centre and use of scorecards to readily identify delays at the earliest opportunity. Information flows to 'Silver' providing an escalation route within IC&C.

Action: The use of scorecards will be further embedded during December to embed, making the process part of the daily routine.

Patient transfer delays: A paper relating to SwICC transport requirements was shared with the Deputy COO in November for consideration regarding the transport contract review underway. Data continues to be analysed to better understand the themes and numbers of delayed transfers.

Action: Participate where needed in the transport contract review and support monitoring once new arrangements are implemented. Contract award and start date unknown at this stage.

Patients >21 days LoS: Daily calls continued throughout November, with the aim of maximizing flow whilst beds are temporarily closed in SwICC due to building works in shower-rooms. This has enabled potential delays to be avoided or reduced.

B

Risks to delivery and mitigations

Risk: Temporary reduction in SwICC bed base has the potential to negatively impact flow. Commenced on the 3rd December for 8 weeks.

Mitigations: Continued Daily review meetings of complex patients and those at risk of becoming stranded. Early review of NCTR scorecards to provide narrative to silver/site. Identifying opportunities to facilitate discharge before 12noon and to identify transfers 24hours in advance.

Urgent Community Response (UCR) Service (<2 HR)

Are We Effective?

Service	2021 02	2021 03	2021 04	2021 05	2021 06	2021 07	2021 08	2021 09	2021 10	2021 11	Grand Total
UCR <2 Hr Nursing											
OK		23	307	366	405	438	466	438	443	389	3275
Outside2		1	16	27	33	61	58	63	51	32	342
Discharged without Being Seen		31	133	128	149	182	156	178	204	116	1277
Not Yet Seen										4	4
UCR <2 Hr Therapy											
OK		2	11	9	2	5	9	2	4	3	47
Outside2		2	19	13	12	15	4	5	6	1	77
Discharged without Being Seen	1	1	71	64	60	64	37	50	38	6	392
Not Yet Seen						1					1
Grand Total	**1**	**60**	**557**	**607**	**661**	**766**	**730**	**736**	**746**	**551**	**5415**

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

- The RTT module of System One was successfully adopted in November – improving data capture, accuracy and reporting.
- Further meetings with SWAST are planned for January – helping develop a relationship and explore how UCR can assist with admission avoidance interventions.
- Setting MiDoS – setting the UCR profile on MiDoS will help support with correct identification and referral from system partners e.g. SWAST, Primary Care, SBC. Planned during December.

Risks to delivery and mitigations

Risk: increasing demand as the service develops and referral pathways are opened up and promoted.

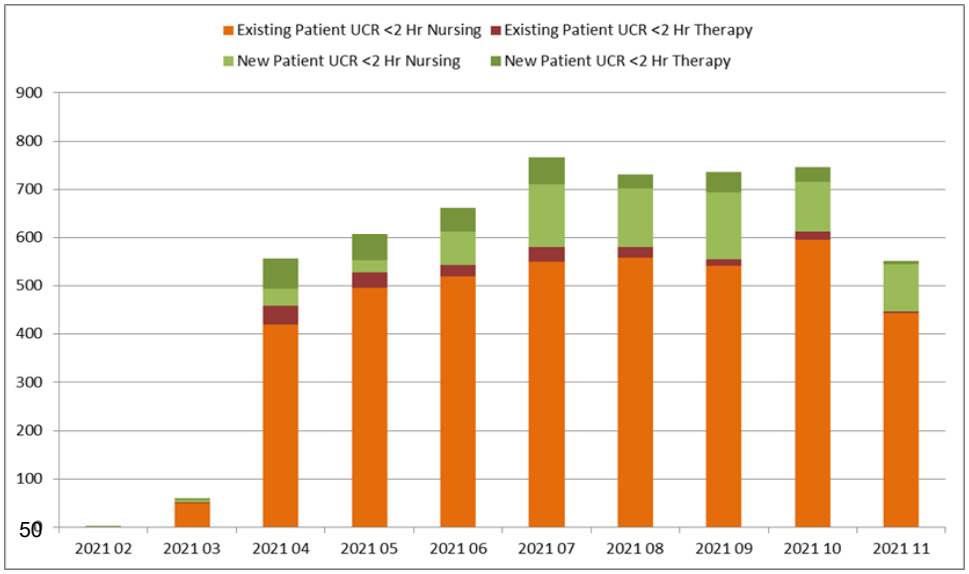
Mitigation: active recruitment across therapy and nursing and an emerging plan to provide improved therapy cover at weekends (7 day working).

Risk: known patients account for an increasing volume of UCR referrals.

Mitigation: pull data related to this activity and as a group analyse this to identify root causes of care needs escalating. Agree and action plan informed by the conclusions and inferences made.

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

The UCR service is an MDT that includes Nursing, OT and Physiotherapists, working collectively to rapidly assess and meet the needs of community patients. Currently 'known' community patients account for a large proportion of activity.



Urgent Community Response (UCR) HIU & Referral Reason

Are We Effective?

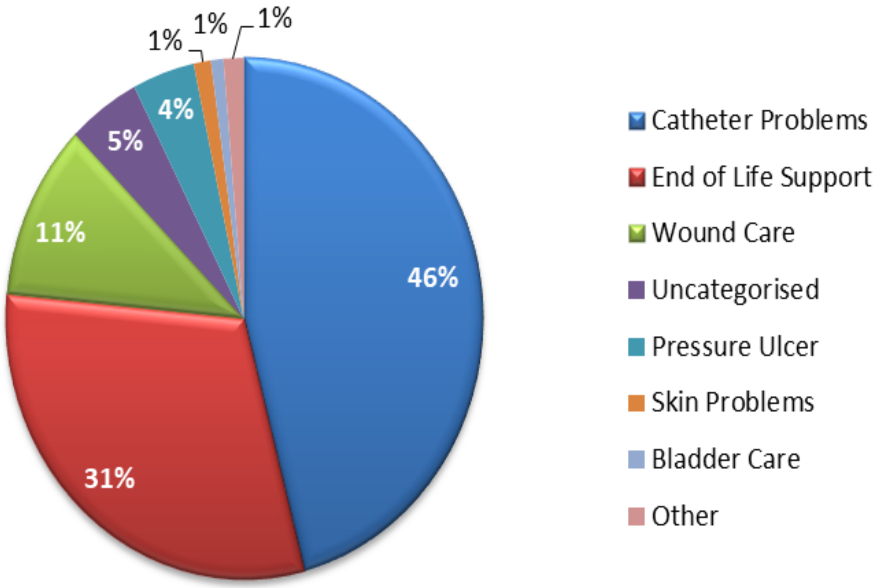
Since August, categories have been added to the notes to see why patients are referred:

- 10 patients have been referred more than 10 times for Catheter issues.
- 10 patients have been referred more than 10 times for emergency End of Life care.
- 15 patients have been referred more than twice for Wound Care. 406 referrals were Wound Care specific with a further 173 related Pressure Ulcer referrals.

Acute activity:

- None of the HIU's have A&E or Acute inpatient episodes during the four months surrounding their first referral.
- The table below suggests a reduction in the frequency of ED attendances and acute admissions for patients referred to UCR.

Reasons for Referrals

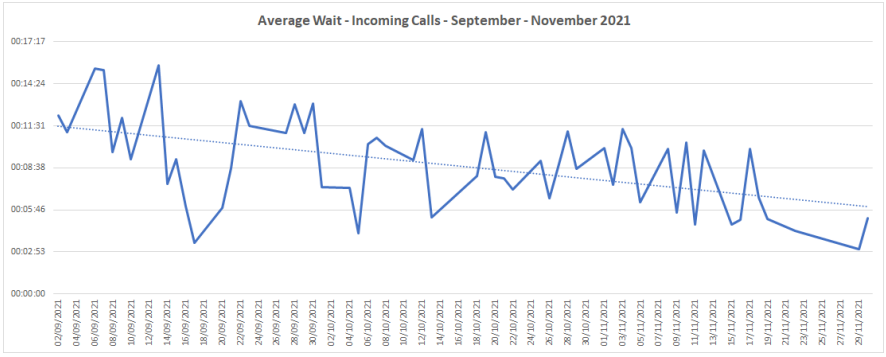


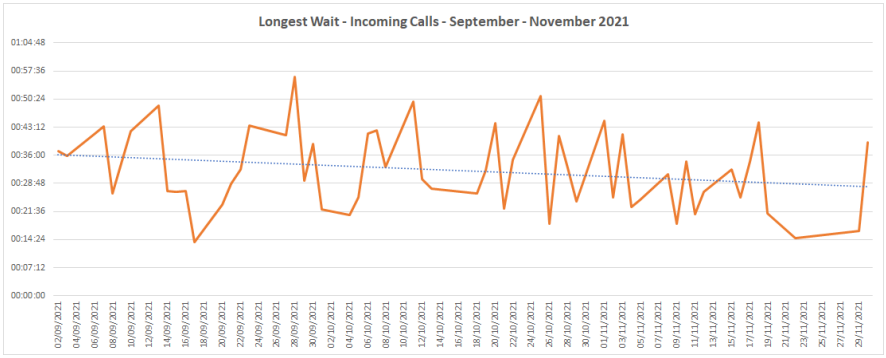
	Two Months Prior to Initial Referral	Post Intitial Referral	% decrease
A&E Arrivals	202	91	55%
Inpatient Admissions	146	107	27%
Other Community Referrals	247	295	-19%

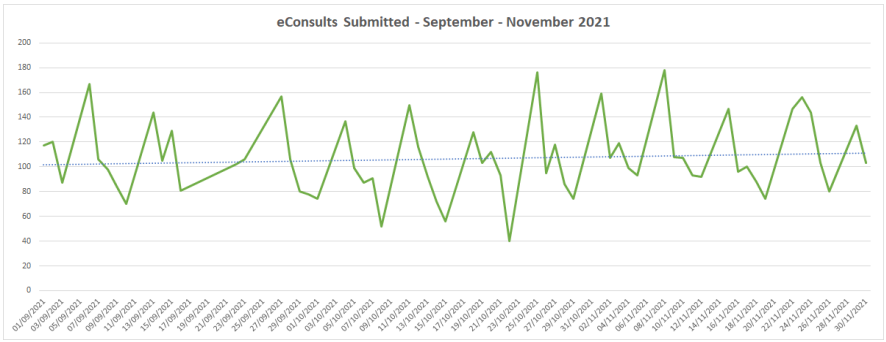
Primary Care - Accessibility (Telephony & eConsult)

Data Quality Rating:

Are We Effective?







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

- **Average call wait times** during November were 7.4 minutes (Oct 8.5mins). The trend line indicates a decrease over the past 3 months.
- **Longest call wait times** during November were 15 to 45 minutes (Oct 18-50mins). The trend line indicates a decrease over the past 3 months.
- **eConsults** remain consistent in the pattern they are received across the working week, totalling 500-600.

The impact of new starters and their induction/training is having a positive impact on the time-to-answer stats, the phone system upgrade has enabled additional staff to pick-up calls if required, and there is ongoing training to support this approach. The increase in available appointments with the addition of 10 salaried GP sessions, also helps improves call-handing times. E-consult continues to increase with sign-posting at reception, via the phones, and printed leaflets for clinicians to handout.

Improvement actions planned, timescales for when improvements will be seen

- **Recruitment:** 2 new salaried GPs started in November, giving an extra 10 sessions in total, with another new salaried GP starting in January. 1 more recruit to join the Hub early January. A Prescription Clerk started during November along with our first Social Prescriber, and an additional Pharmacy Technician is due to start in January.
- **Appointments and Clinician Triage:** A review of clinic rotas has taken place, to ensure we are using appointments in the most appropriate and effective way, as well as trialling a move to total clinical triage via the duty list, ensuring appropriate use of on-the-day and routine appointments.

Risks to delivery and mitigations

- **Risk:** Limited GP resource from w/c 20th December due to locum GPs taking annual leave, most appointments have been changed to on-the-day appointments. Waiting times on the phones may increase, and use of e-consult may increase
- **Mitigation**: Daily State of Play meetings to manager on-the-day issues and demands. Duty Ops identified to support the Clinical Leads.

Primary Care – Accessibility (Appointments)

Are We Effective?

Date	GP Total	ACP Total	AHP Total	Pharmacist Total	Nurse Total	HCA Total	Total	Total Unused	Total DNA
01/11/2021	157	82	0	0	146	155	540	17	26
02/11/2021	270	87	9	0	147	364	877	56	67
03/11/2021	196	33	9	8	119	150	515	11	24
04/11/2021	225	30	10	3	111	306	685	48	28
05/11/2021	250	53	0	9	72	341	725	62	36
08/11/2021	250	55	9	0	136	171	621	18	30
09/11/2021	281	95	3	7	154	132	672	14	18
10/11/2021	242	81	9	6	118	171	627	22	25
11/11/2021	254	55	9	11	99	282	710	81	27
12/11/2021	283	44	0	8	112	258	705	34	28
15/11/2021	390	85	9	0	142	308	934	34	65
16/11/2021	404	64	10	0	196	172	846	67	26
17/11/2021	259	60	9	4	131	155	618	29	22
18/11/2021	242	44	9	8	183	157	643	23	16
19/11/2021	206	92	0	10	174	144	626	3	18
22/11/2021	263	59	9	0	149	182	662	19	27
29/11/2021	306	44	9	0	154	292	805	20	63
30/11/2021	334	81	8	0	161	156	740	28	37

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

During November the number of daily appointments provided across all patient facing professional groups was between 515-934. Over the longer term (past 12+ months) there has been a significant increase in the no. of appointments offered.

A new First Contact Physiotherapist joins the team in December, ensuring we can increase the number of AHP appointments.

November Complaints Logged = 0 November Concerns Raised = 10 November Compliments Received = 4

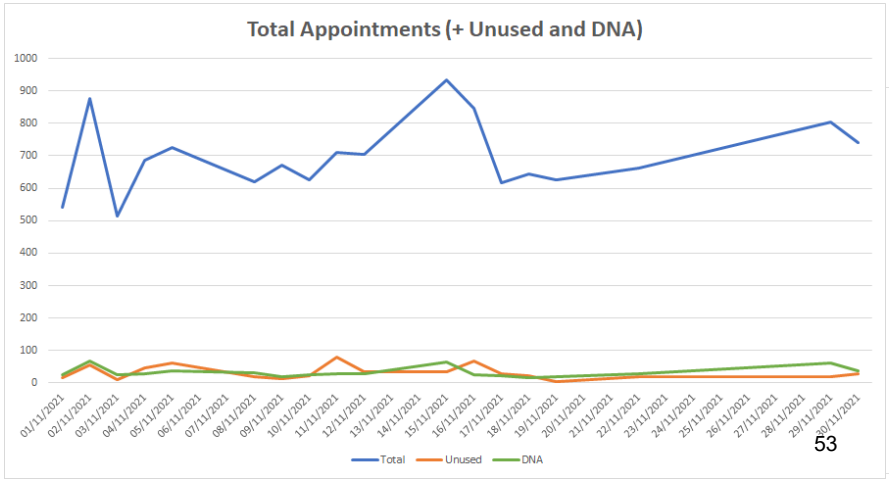
Improvement actions planned, timescales when improvements will be seen

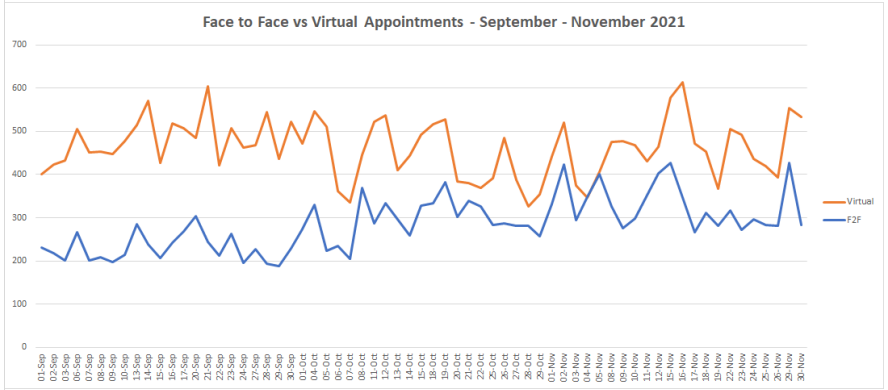
Capacity will continue to increase with improved rota management, new salaried GP's and additional posts such as ACP's and Physiotherapists being recruited and on-boarded during the coming months (Nov – Jan).

Risks to delivery and mitigations

Risk – Appointments reduce due to gaps in the clinical rota as a symptom of high demand for Locum GP's and high levels of sickness absence

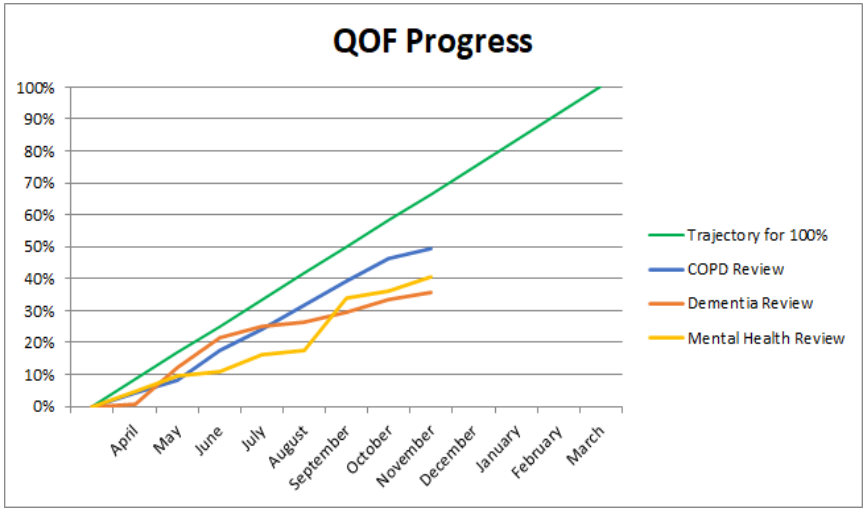
Mitigation – Additional salaried GP's have been recruited and started in November. Additional Pharmacy resource has been recruited

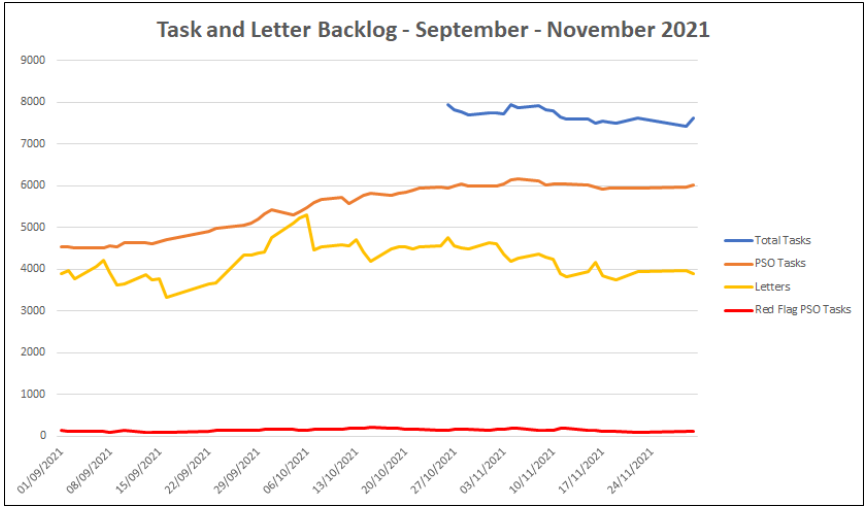




Primary Care – QOF, Backlogs & Vaccinations

Are We Effective?





Risks to delivery and mitigations

Risk: Additional resource required for task backlog and fully functional admin space

Mitigation: GWH Bank supporting resource requirements

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

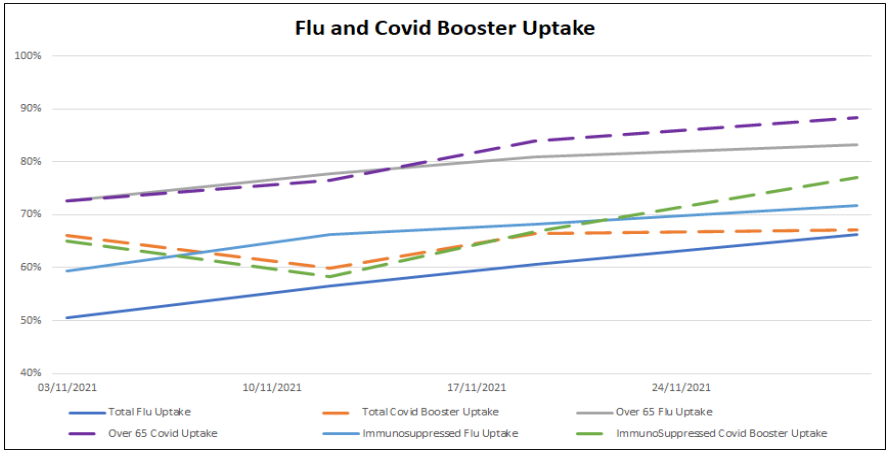
Quality and Outcomes Framework (QoF); measures against 68 clinical indicators, with a maximum of 567 points across clinical, public health and improvements. During November support from 1st Options with Care Plans activity

Task & Letter; backlog Team launched on 10th November, currently 1.3 WTE Admin and 8-10 clinical sessions

Flu & Covid; 3 clinics run during November plus Housebound, 1613 covid vaccinations and 1423 flu

Improvement actions planned, timescales when improvements will be seen

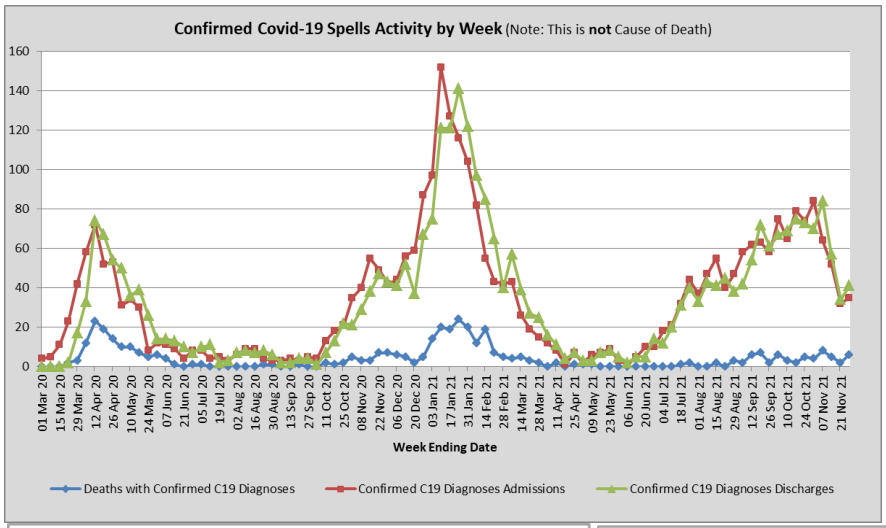
- **QoF Progress:** Approx 48%, 4 months to go – a push will be made during the remaining period
- **Task & Letters:** Plan to focus on categories
- **Flu & Covid:** Ongoing activity to improve update in vulnerable groups including LD, Mental Health, Homeless etc

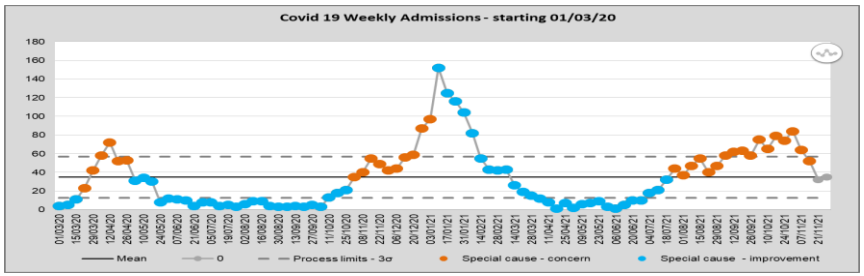


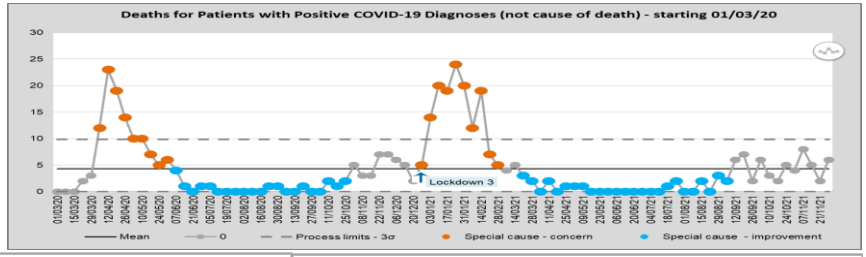
1. Emergency Access (4 Hours) Covid 19 Weekly Admissions

Data Quality Rating:

Are We Effective?







Background, what the data is telling us and underlying issues

Attendances to the Covid Assessment Unit (CAU) have remained at a consistent level through November with Covid positive patient numbers remaining comparable with Phase 1 of the Pandemic. As a result, CAU has maintained operation with 11 rooms.

CAU has frequently been at maximum occupancy during November due to competing bed pressures with other Front Door services and overall demand. This has impacted on the ability to offload ambulances in a timely manner but processes in place to limit significant time delays.

There were 3 Ambulance 1 hour delays at CAU for October. There was 1 recorded admissions from the Boarding Hotels.

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

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

2. Recruitment of Ward Clerk x1 wte for permanent CAU cover – **January 22**

Risks to delivery and mitigations

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

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

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

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

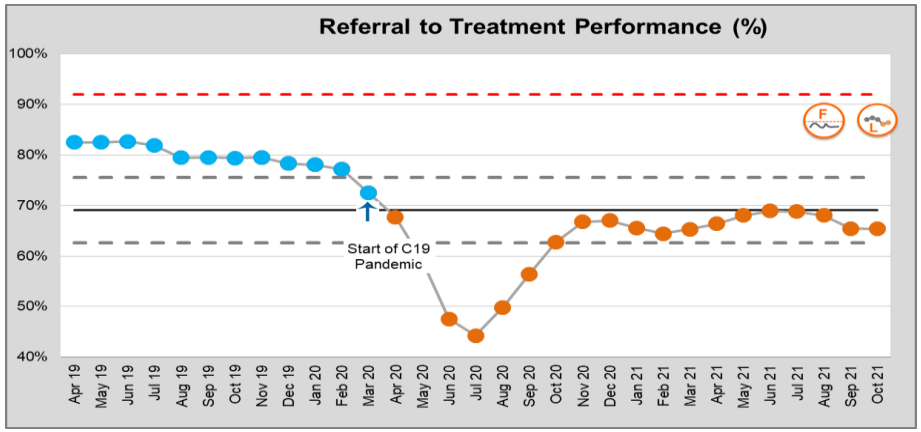
There is a risk of increased demand for 'Blue' beds due to increase in Covid variants.

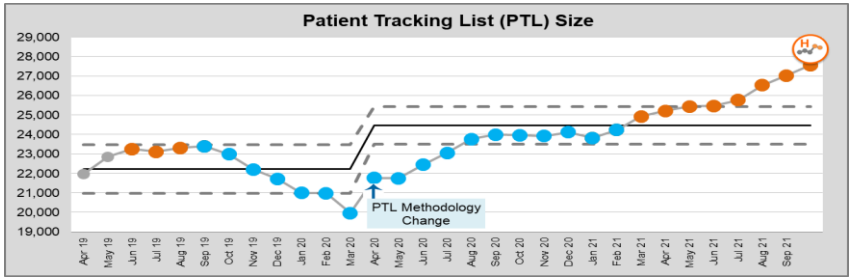
Mitigation: Daily monitoring of Blue/Green attendances. POCT testing maintaining. Close working with ED and joint SOPs updated. Flexible usage of CAU and MAU siderooms.

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

Data Quality Rating:

National Key Performance Indicators





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

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

The Trust's RTT Incomplete Performance has been updated to include the most recent complete calendar month. The Trust's RTT Incomplete Performance for November 2021 reduced to 65.23%, a deterioration of 0.12% in month.

The Trust reported a waiting list increase of 382 in month, resulting in a waiting list size of 27,943 against a BSW Trajectory of 28,341 (398 less patients than forecast).

The Trust received 9,358 referrals in November 2021, which is 98% of the Pre-Covid 19 average referral rate.

In November 2021 there were 593 x 52-week reportable breaches. This is a decrease of 71 in month. 6 breaches (1%) are P5. Of the 593 reportable breaches in November; 506 are Admitted, 76 are Non-Admitted and 11 are Diagnostic.

285 in month 52-week breaches cleared in November 2021.

The number of patients waiting over 78 Weeks at the end of November was 74, a reduction from 143 the previous month.

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

- Insourcing mobilisation is planned to commence 8th January 2022. Urology and Gynaecology will be launched initially with plans to launch T&O from February 2022.
- The Trust continues to utilise 3 Independent Sector organisations; Cherwell, Circle Reading and Sulis Bath.
- Kingsgate recommendations are being operationalised in the Anaesthetic Department with work ongoing to address the resourcing of the service.
- Continued focus on reducing 78 week + waiters, with continued reductions planned throughout December. Currently at 64 for the 10th December Submission.
- Whilst there is been a reduction in 52 week breaches, Gynaecology (+24) and ENT (+11) have seen an increase in month. Both specialties have been impacted by vacancies and staffing gaps resulting in elements of the elective programme not being routinely cover. Recovery action plans are being developed by each service.

Risks to delivery and mitigations

There is a risk that the Elective Theatre Programme will be reduced if there is a surge in COVID demand and ICU needs to increase capacity.

Mitigation: Daily review of ICU acuity and demand across the Trust

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

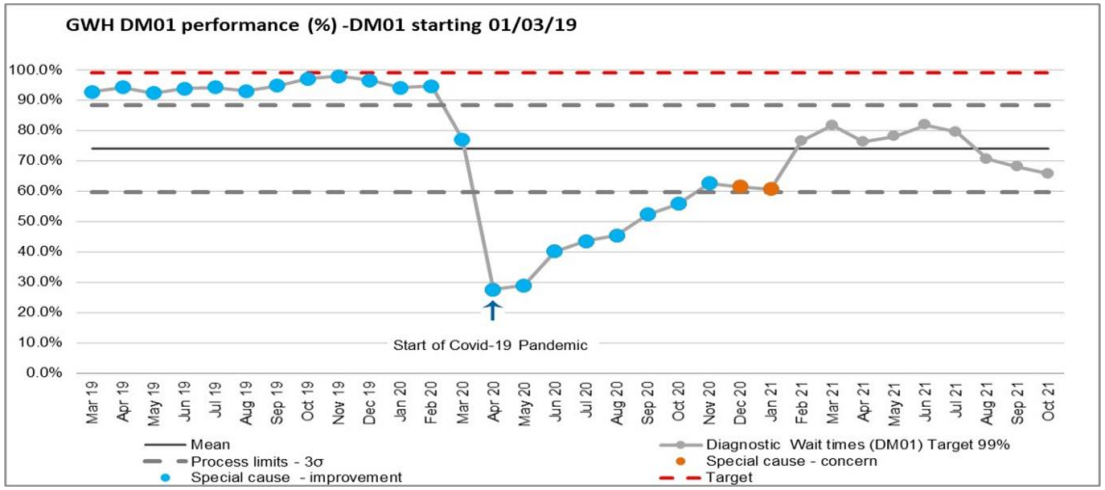
Mitigation: Elective plan reviewed the day before and any risks highlighted to SWC Director of the Day by Silver and/or Matron of the Day.

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

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

Data Quality Rating:

National Key Performance Indicators



October 2021

Performance Latest	65.7%
Waiting List Volume:	8834
6 Week Breaches:	3027

Background

Performance was 65.7% in October a decrease from 68% in September. Overall, the total waitlist size has increased to 8834 in October from 7706 in September (+1128). Breaches have increased from 2468 in September to 3027 in October (+559) primarily driven by MRI and CT. CT remains challenged to see 2ww and urgent patients, with no routine capacity. Due to reduced CT van capacity during the month, Radiographer vacancies (10.wte) and the overdue patients on the Cardiology surveillance list , we are predicting an increasing waiting list and breaches which will impact subsequent Trust DM01 performance to <65%.

Waiting	< 6 Weeks	> 6 Weeks	Total WL	Performance %
Magnetic Resonance Imaging	841	914	**1755**	47.92%
Computed Tomography	985	1050	**2035**	48.40%
Non-obstetric ultrasound	1960	170	**2130**	92.02%
DEXA Scan	205	324	**529**	38.75%
Audiology - Audiology Assessments	551	34	**585**	94.19%
Cardiology - echocardiography	502	176	**678**	74.04%
Neurophysiology - peripheral neurophysiology	74	0	**74**	100.00%
Respiratory physiology - sleep studies	82	12	**94**	87.23%
Urodynamics - pressures & flows	0	0	**0**	N/A
Colonoscopy	278	254	**532**	52.26%
Flexi sigmoidoscopy	93	22	**115**	80.87%
Cystoscopy	45	5	**50**	90.00%
Gastroscopy	191	66	57 **257**	74.32%
Total	**5807**	**3027**	**8834**	**65.7%**

Improvement Actions

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

- **CT:**. The service has funded 11 Nov, 20 days in Dec, 22 in Jan, 20 in Feb and 23 days in March. Yielding a total of 2592 slots.
- **MRI:** Additional MRI van capacity has been procured through extension of Inhealth contract and within forecasted budget. 8 days in 12 days in Nov with additional 8 days Dec- March 22, yielding 880 slots.
- **Dexa:** Further adhoc capacity from staff rota added in December.
- **Echo**: Phase 2 (WCC Expansion from 3 x Echo Rooms to 5 x Echo Rooms) operational from W/C 6th Dec 21. Additional Cardiac Imaging Consultant due to start in Nov 21 to help recover TOE and Stress Echo wait lists.
- **Endoscopy**: Weekend lists are booked to 12 points (both OGD and Colonoscopy) where case mix allows. During October 48 WLI lists were delivered against a target of 80 due to limited endoscopy nurse availability. The plan for November WLI lists is to deliver 40 lists from a target of 64.

Risks There is a risk that the addition of FU Echo Wait list to DMO1 Echo Wait List would severely impact the reportable DMO1 Echo Performance. This risk has been mitigated through the provision of FU WLI Echo Weekend Lists until 31 Dec 21 and the funding of the WCC Clinic Room Expansion Project.. Radiology vacancies will substantially impact recovery and performance. Mitigations remain in place above to support risk, detailed on next slide.

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

Data Quality Rating:

National Key Performance Indicators

Background, actions being taken and issues

Endoscopy: At the end of October, Endoscopy achieved 68% performance combined. This was an increase from Septembers's 62%. 48 weekend WLI Lists were completed in 0ctober 21 against a target of 80.
40 WLI lists were forecast for November 21 against a target of 60 and the recovery trajectory has been amended to reflect return to DM01. This is due to colonoscopy nurse non availability. This is being investigated and a solution sought. DNA levels for Endoscopy (both swabbing and procedure) are higher than anticipated . If a swab is DNA'd the Endoscopy slot can not be re-utilised. The DNA rate for swabs was 16% on average in October whilst on the day DNA rate is 1%.-2% with 7% cancellations. Some appointments are utilised by internal patients but circa 10-15% of appointments cannot be utilised.

Radiology: Performance has dropped in October to 61.89% due to staffing vacancies and the inability to recruit. (10 WTE). CT 2 replacement program has been completed but has taken time for colleagues to train on the apps. The total number of patients waiting over 6 weeks in October increased significantly to 2458 a increase of 998 from September. Further staffing vacancies will impede MRI and DEXA provision in November as capacity is used to support inpatient flow, cancer and urgent CT provision. Performance will continue to decline in Radiology which will affect the overall Trust DM01 from November onwards to approx. 60%, with recovery predicted in Q4.

Echo: Performance increased to 74% during Oct. There was an increase in the overall wait list from 518 in Sep to 678 in Oct. This is due to additional routine NP weekday capacity created through the transfer of FU patients onto weekend FU WLI clinics. Echo activity increased from 570 in Sep to 648 in Oct (this includes 124 WLI appointments). DMO 1 FU Clock start categorisations as per national Guidance will reduce Echo performance further when included in this report as at the end of Sep there was a total FU wait list of 348 which includes a breach total of 256.

What will make the Service Improve?

Maintaining Endoscopy activity to meet demand: by ensuring enough capacity is available. This is looking unlikely to be achieved by the end of the financial year as planned, because the 5th room is not available until end Mar 22 due to technical installation requirements for the new washers require phased installation for QA testing. Furthermore, limited availability of endoscopy nurses to support the weekend WLI lists is reducing WLI capacity. Radiology: Recruit to further radiographers (8.5WTE)

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

Endoscopy:

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

Radiology:

1. **CT**: CT van capacity from InHealth confirmed 14 days in October, 11 days in November, 20 days in Dec, 22 days in Jan 20 in Feb and 23 days in March 2022 are scheduled. Appointment times for standard CTs have gone back to pre pandemic 15mins. Incentive payments are in place and a weekly recruitment meeting with HR is now undertaken.
2. **MRI**: Inhealth van days - 12 days in November and 8 days in each month for Dec- April 22 have already been secured. Additional Bank staff due to start in October.
3. Bids for H2 money to support the service. recovery (upgrade of breast pad to facilitate additional mobile slots, mobile vans at additional sites, 3rd party CT scanning, CTCA capital investment case and use of a recruitment agency to reduce vacancies.

Echo: Phase 2, which began on the 23 Nov will see the creation of 2 additional echo rooms taking the total to 5 echo rooms on completion on 13 Dec 21. WLI has been authorised for Nov and Dec which will deliver 280 additional appointments. The combination of WLI and 2 x Additional Rooms should see DMO1 Echo recover by early Mar 2022. Locum Imaging Consultant started 1 Nov 21. This will help reduce TOE and Stress Echo Wait Lists.

Risks to delivery and mitigations

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

There is a risk that patients will become more reluctant to agree to self isolate for 3 days between swab and Endoscopy procedure. **Mitigation:** All patient facing staff have been asked for their view concerning the proposals to relax IPC.

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

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

Mitigations include:

- Approach IS to discuss/ reduce private patients.- Completed (Cobalt able to support with 25 patients per week)
- Additional Cardiac and CT sessions offered to staff, with incentive payments being well supported
- Additional MRI van slots booked with TVCA funding and further match funding Completed.
- Recruitment meeting taking place fortnightly to promote ideas and drive improvements in strategy.
- Bids for H2 money to support the service. Recovery includes upgrade of breast pad to facilitate additional mobile slots, mobile vans at additional sites, 3rd party CT scanning, CTCA capital investment case and use of a recruitment agency to support radiographer recruitment and reduce number of vacancies.

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

Cancer 2 Week Wait Performance Target 93%

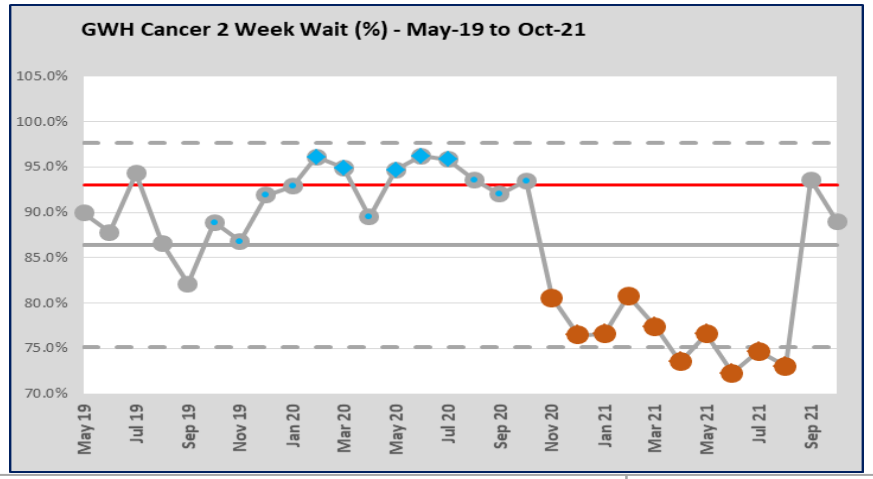
Data Quality Rating:

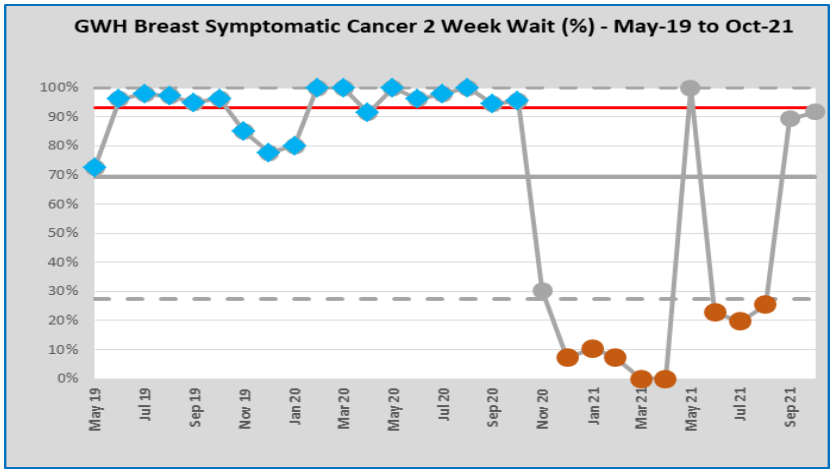
National Key Performance Indicators

Performance Latest Month: **October**

Two Week Wait Standard: 89.0%

Symptomatic Breast Standard: 91.7%





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

The standard in October was not met largely due to Colorectal (82.2%) & Skin (84.9%).

The Skin 2ww pathway was challenged at the beginning of October due to higher than usual demand (10% compared to 2019) and capacity issues with staff unavailable for WLI's and a teaching week for the Specialty Dr's. which could not be rearranged.

1512 patients were seen under the 2 week wait to first appointment rules, of which 165 pathways breached the standard, the majority of breaches were seen in;

Colorectal (82.2% - 49 breaches)
- 28 patient choice due to holidays & other commitments
- 10 issues with outpatient capacity

Upper GI (81.2% - 26 Breaches)
- 11 patient choice due to holidays and work commitments
- 11 issues with outpatient capacity

Skin (84.9% - 60 breaches)
- 22 patient choice
- 33 issues with outpatient capacity

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

Colorectal
- Pathway navigator to speak with patients to encourage attendance and work with GP PCNs.
- Dedicated CT slots with a 48 hour turnaround due commenced in October

Upper GI
- Planned routine and urgent patients continue to be moved into the future as a result of 2ww volume. Additional WLI clinics have been organised to meet demand.
- Gastro Locum available to work outpatient clinics at weekends to support capacity if required

Skin
- Routine clinic appointments converted to 2ww clinics.
- Teledermatology continues to help reduce the number of patients seen on a 2ww pathway ensuring they are on the most appropriate pathway.
- 23 WLI's were run through October in Dermatology to help manage the referrals, follow ups and minor operation clinics. 21 WLI's are being added to help with November demand too.
- Oxford now providing clinical cover in plastics every week, this will allow MOP activity to be undertaken at GWH following notice being served on referrals not being sent to Oxford from 1 November unless they are complex.

Risks to delivery and mitigations

Skin
- Continued large number of referrals throughout the year
  - Cancelation of routine clinics to provide additional capacity.
  - Bid for TVCA funding for extra dermatology clinic space at Royal Wootton Bassett.
  - Business case for additional fund to acquire more plastics sessions from OUH being submitted

Radiology
- CT capacity issues due to vacancies
  - Additional CT van days from InHealth are being arranged until March 2022. 20 days in December
  - New CT went on line on 11 October
  - Exploring additional sessions with Cobalt in Cheltenham
  - Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 14 days and CTC booking to 21 days.
  - Bid for additional funding from TVCA for more CT van days
  - CT Superintendent commences in post in January

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

Endoscopy
- Service not Adopting the current guidance in respect of on the day lateral flow Covid testing rather than 3 day swab will continue to see slots not filled when positive swabs result in cancelled appointments.
  - HoS is working with clinical team and infection control to assess the guidance and impact on booking of scopes.

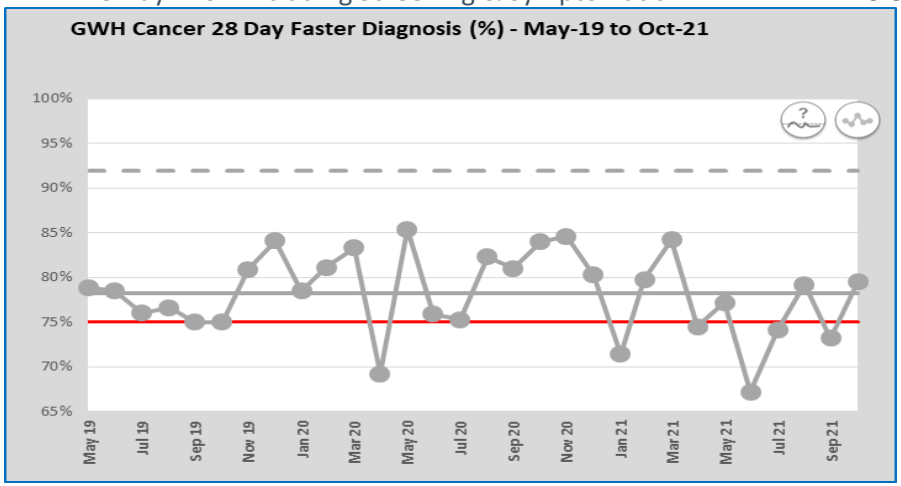
Cancer 28 Day Diagnosis Target 75%

Data Quality Rating:

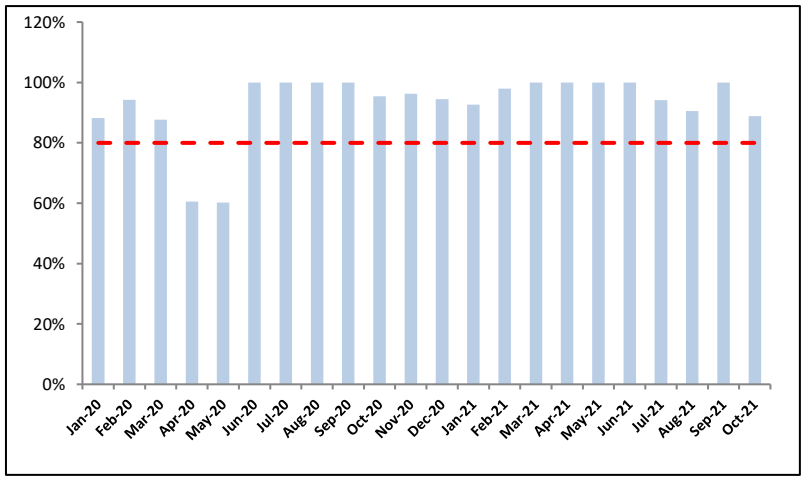
Are We Effective?

Performance Latest Month: **October**

28 Day FDS - Total	80.7%
28 Day FDS - Excluding Screening & Symptomatic	79.5%



FDS Completeness



Background

The delays to diagnostic testing and outpatient activity through the COVID pandemic has led to delays with communicating cancer diagnosis with patients. The standard is now formally reported in the Public View domain.

The standard was met in October with a performance of **79.5%** (272 breaches)

Urology (59.6% - 38 breaches)
- 8 insufficient capacity for follow up in clinic to discuss diagnosis
- 8 clinical admin delays which included delays to dictating letters and delays to arranging follow ups.
- 8 pathways delayed for other reasons, including appointments booked to limits of KPIs
- 4 complex pathways with multiple and/or repeat tests

Colorectal (63.8% -- 88 breaches)
- 43 breached as a result of clinical capacity
- 14 clinical admin to review diagnostic tests and any subsequent to follow up tests.
- 14 were as a result of patient choice
- 9 complex pathways where multiple diagnostics were required

Upper GI (70.4% - 37 breaches)
- 14 clinical admin delays, mainly because of delays to consultant review of diagnostics for next steps due to capacity
- 7 were as a result of a lack of capacity to book appointments and/or diagnostic tests
- 5 were due to complex pathways
- 5 were as a result of patient choice

Skin (77.4% - 57 breaches) achieved the standard but saw a large number of breaches due to clinical capacity (39).
Gynae (79.1%- 23 breaches) also achieved the standard but saw a number of breaches due to clinical capacity (11) & pathways with appointments booked at KPI limits (7)

November performance is expected to meet the standard.

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

Task and finish group meets fortnightly to review the breach data and cancer pathways to help identify potential opportunities to improve performance.

- Lack of consistency with recording of breach reasons identified and addressed within cancer MDTc team. This has help more accurately see pathway issues.
- Patients requiring a letter ruling out cancer in Gynae pathway are now identified earlier resulting in an improvement to performance
- Issues with the requesting priorities with endoscopy were highlighted, resulting in conversations between heads of service. Consultants are being reminded of the priority codes and the need to note conversations with patients where they have ruled out cancer to prevent escalation of priority.
- Bid for TVCA funding for additional van days submitted

Additional clinics in Upper GI are being run to assist with demand & a locum is available to run additional clinics at the weekend as required.

Audit to understand patient choice in the both 2 week wait and faster diagnosis pathway completed.

Risk to Performance Delivery

Skin
- Clinical capacity to review patients who require further management after first appointment
  - WLI's being run to help support demand
  - TVCA bid for additional derm clinic space at Wootton Bassett
  - Business case to acquire additional plastics sessions from OUH being made

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

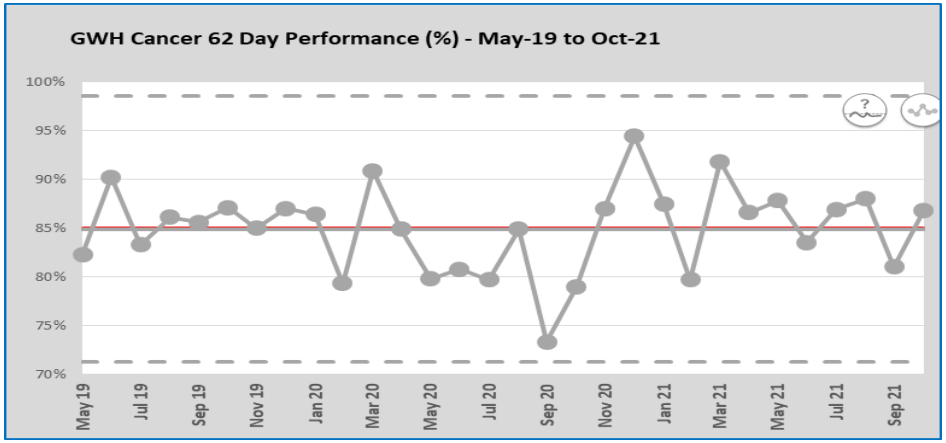
Colorectal
- Lack of consultant capacity, will impact on the delivery of diagnosis.
  - Colorectal service has recruited two registrars to support clinics releasing consultant capacity to see cancer patients.

Radiology
- Capacity due to vacancies,
  - CT van from Inhealth till March 22 approved.
  - Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 21 days.
  - Exploration of additional sessions at Cobalt in Cheltenham
  - Bid for TVCA funds for additional CT van days

National Key Performance Indicators

Cancer 62 Day Standards Performance Target 85%

Data Quality Rating:



Performance Latest Month: **October**

62 Day Standard (Target 85%):	86.8%
62 Day Screening (Target 90%):	97.8%
62 Day Upgrade (local standard 85%):	84.2%

Background

October 62 day performance is 86.8% (83.5 treatments , 14 patient pathways breached resulting in 11.0 breaches) with the Trust achieving the national 62 day standard. The performance for October had been predicted to be more challenged, of the 26 predicted breaches for diagnosed patients:

- 9 pathways breached as forecast **(6.5)**
- 11 pathways rolled to November
- 6 pathway did not breach as a result of being non reportable cancers or being treated in time.

There were 5 unpredicted breaches in October **(4.5)**

- 1 pathway required a re-biopsy and 1 had a change in treatment plan pulling forward the breach (breast), (2.0)
- 1 patient's treatment was cancelled in September due to fitness, rolling into October (head & neck) (0.5**)**
- 2 patient's were delayed due to capacity (skin) (2.0)

23 pathways had been tracked as suspicious for cancer with potential treatments in October if diagnosed:

- 1 suspicious pathway was diagnosed with a cancer will be treated in December
- 18 patients did not have a cancer diagnosis,
- 4 patients remain undiagnosed.

—

Urology: (3 patients, 2.5 breaches)

- 2 complex pathways with additional and repeat diagnostics
- 1 pathway severely impacted by PET scan trace issues, resulting 3 cancelations

Colorectal (2 patients, 2.0 breaches)

- 1 delay to patient choice and cancelation of scans
- 1 as a result of patient DNA of scans and delays to Oncology due to capacity

Head & Neck (3 patients, 1.0 breaches)

- 2 complex pathways with additional and repeat diagnostics,
- 1 transfer of care on time, capacity issues at OUH to treat in time

Skin (2 patients, 2.0 breaches)

- 1 delayed due to capacity in Dermatology
- 1 delayed due to capacity in Plastics

Breast (2 patient, 2.0 breaches)

- 1 delay due to DNA of re-biopsy
- 1 due to change in treatment plan

Lung (1 patient, 0.5 breach)

- 1 complex pathway sent to OUH for treatment late due to delays to a PET Scan at OUH

Haematology (1 patient, 1.0 breach)

- 1 complex pathway that transferred from ENT on day 43 following biopsy and MDT discussion

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

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

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

- Rapid Diagnostic Service (RDS) pathways.
- Colon Capsule Endoscopy
- Funding for CT Van days
- Funding for U/S sonographer
- Additional funding being made available for improvement projects

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

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

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

Template biopsy kit has been delayed by an issue with procurement and delivery is expected time within the next 4 weeks.

Risk to Performance Delivery

November, based on an average number of treatments and diagnosed cancers, is expected not to achieve the standard with a forecast performance of 71.1%. There is also 1 suspicious pathways being tracked and if this were to result in a cancer performance would likely be 70.5% (83.0 treatments & 24.5 breaches). Breached pathways were delayed for medical reasons , capacity issues (skin), cancelation of surgery due to site pressure(colorectal). Other pathways have seen delays due to the need for additional diagnostics.

Risk: CT van sessions are in place to help support radiology during the replacement of the CT scanner this summer. This is impacting on the service being able to offer earlier scans to help bring pathway forward. Radiology are actively managing and prioritising cancer referrals. PET CT van would assist capacity. At the same time reduced staffing in radiology due to vacancy and absence is placing increasing strain on capacity. Additional funding for Inhealth CT van in place until March 2022. Current waiting time for a CTColon is 21 days.

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

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

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

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

Risk: Clinical oncology capacity remains challenged due to significant workforce gaps.

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

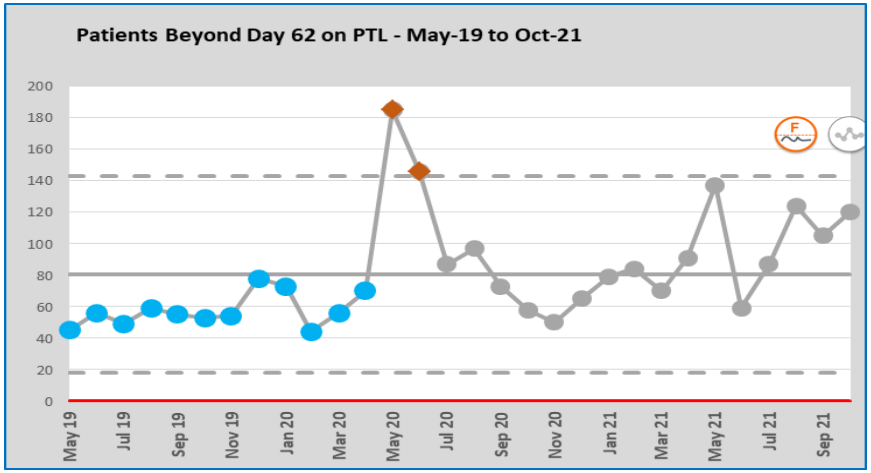
Risk: Capacity in Theatres due to the repurposing of HDU beds as a result of site pressures has led to a number of procedures being postponed, resulting in breaches.

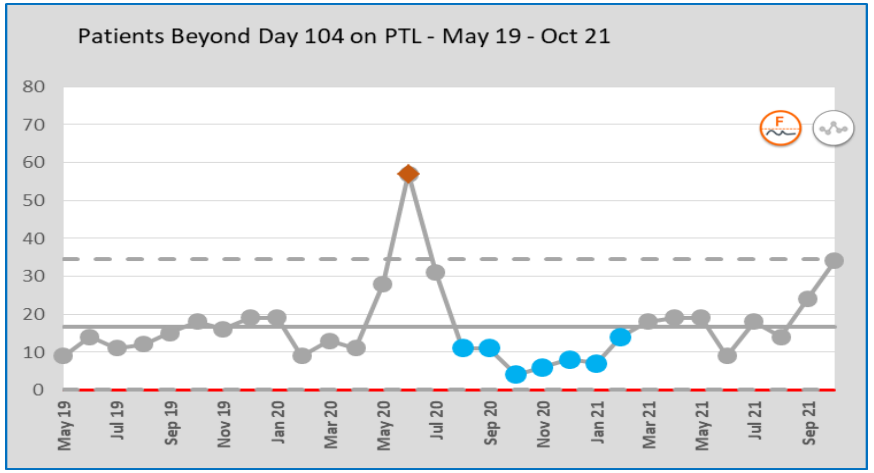
Mitigation: Cancelations are reviewed by senior Divisional management before being cancelled

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

Data Quality Rating:

National Key Performance Indicators





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

The number of 62day+ pathways rose through October (120): Skin (54), Colorectal (33), Upper GI (11) & Urology GI (9). There are a number reasons for the high number of pathways, including complex pathways, clinical administrative delays, delayed pathway information from Oxford and annual leave in the MDTc team impacted on the removal of non cancer cases.

The number of patient pathways over 104 days has also risen through September (34) These delays are due to the plastic capacity at OUH (11), dermatology capacity (4) and complex pathways in upper gi (4), colorectal (8) and urology (3).

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

Treated at tertiary

Head & Neck: 1 patient-0.5 breach: a complex pathway involving a repeat FNA biopsy and additional time to identify the primary cancer before sending to OUH for treatment.

Urology: 1 patient-0.5 breach: Complex pathway with multiple tests and discussion at OUH. Delays to Oncology in OUH after transfer of care and prior to treatment commencing.

Treated at GWH

Breast: 1 patient-1.0 breach: Patient chose to delay repeat biopsy resulting in significant additional pathway time.

November is likely to see 11 patients breach 104 days on their pathway resulting in 8.0 breaches.

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

Review of 62D+ PTL pathways with Head of Cancer Services & heads of service scheduled to ensure appropriate focus is in place

Introduction of monthly cancer performance/data reviews with heads of service to ensure pathway and service issues are shared.

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

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

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

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

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

Risks to delivery and mitigations

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

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

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

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

Risk: Patient reluctance to attend pre-vaccination.

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

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

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

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

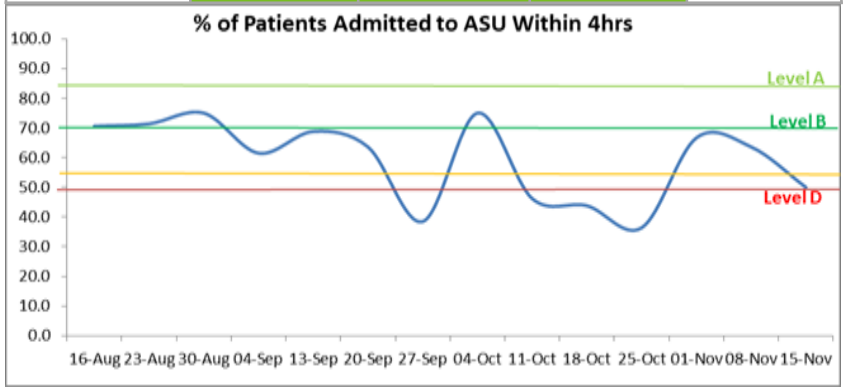
Stroke Pathways

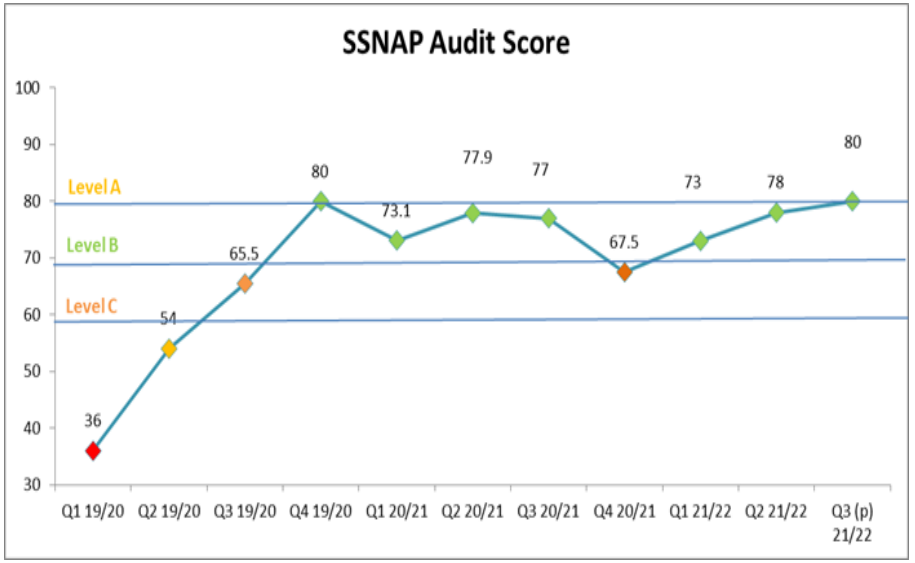
Data Quality Rating:

National Key Performance Indicators

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

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





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

Good SSNAP performance continues with Level B confirmed for Q2 21/22 with a score of 78.

We have seen improvements in the domains for Stroke Unit, Thrombolysis and Physiotherapy key indicators, with all other domains maintaining the same level of performance as for Q1. Audit compliance continues to maintain Level A performance.

As we move into winter pressures, we would expect some reduction in the performance metrics as a result of the additional pressures. In Q3 there were three missed opportunities to thrombolyse patients one reported as an SI; current risk to be reviewed and SI investigation to be conducted.

Our substantive Stroke Consultant has resigned and will leave the Trust in Jan 22; advert and locum backfill underway.

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

1. Request made through Targeted Investment fund to bid for additional Stroke Consultant resource. **Dec 21**
2. Final revisions are being made to a business case to improve performance for the Stroke Service. **Jan 22**
3. Peer review of recording of SSNAP Physiotherapy data with Dorset to identify potential areas of improvement. **Complete**
4. Submit advert for substantive Stroke Consultant position. **Dec 21**
5. Lead Stroke Nurse substantive role out to advert. **Jan 22**
6. Review of current risk and increase risk rating as appropriate. **Dec 21**

Risks to delivery and mitigations

Risk No 2756 (score 12): There is a risk that delays to stroke patients being admitted OOH to the ASU outside of the 4-hour timeframe will face reduced quality of care through delayed access to specialist stroke treatments. This risk is currently being reviewed with a view to increase in light of the resignation of the stroke consultant, retirement of lead stroke nurse and recent missed opportunities for thrombolysis.

Mitigation: Weekly monitoring of admissions to ASU by the Stroke Matron. IR1s are completed for breaches of SOP and learning used to drive improvement performance. This is shared weekly with DD/DDD to monitor performance.

Out to advert for substantive Stroke Consultant and Lead Stroke Nurse.

Board Assurance Report

Quality & Governance Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Dr Nicholas Bishop	Dr Nicholas Bishop		23 December 2021
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

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

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

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Integrated Performance Report: Electronic Discharge Summary (EDS)	Red	Red	No significant change.		
Integrated Performance Report: Pressure Ulcer Harms	Amber	Amber	Slight improvement this month in Acute. Focus on training in ED. National 'Stop The Pressure' Day on 18 November promoted by the Academy. Other improvements in SwICC and ICU. Increased numbers in Community being investigated but seem to reflect complex needs.		
Integrated Performance Report: Medicines Safety	Amber	Green	Important indicators remain low and stable but increase in near-miss reporting. This reflects good reporting culture and pressure as staff doing medicine rounds. Medicine safety huddles introduced.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Integrated Performance Report: Infection Control	Amber	Amber	Klebsiella bloodstream infections rising. Further ward training in progress.		
Integrated Performance Report: Falls	Green	Green	Decreased over past six months. Falls education programme commenced 2 December.		
Integrated Performance Report: Staffing	Amber	Amber	Rising sickness levels due to Covid. Recruitment and retention of HCAs becoming harder in part due to local competition. More support to be offered to International Nurses to aid retention.		
Integrated Performance Report: Maternity			Quarterly review coming next month. A deep dive is being undertaken into Caesarean Section rates which are high.		
Serious Incidents Monthly Report	Amber	Green	Serious incidents decreased this month but slight increase in number overdue.		
Infection Prevention & Control Annual Report	Amber	Amber	*C.diff* rate down. No influenza cases. Norovirus down. Concern over contaminated blood culture specimens. Committee requested that efforts be made to improve timing of this report.		
Adult, Child & Maternity Safeguarding Update	Amber	Amber	Levels of activity increasing partly due to pandemic. Domestic abuse notably increased.		
CQC Preparedness	Amber	Green	Continued improvement in number of actions met.		

Issues Referred to another Committee	
Topic	**Committee**

Great Western Hospitals NHS Foundation Trust

Part 2: Our Care

Our Priorities

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

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

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

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

How We Measure

Are We Effective?

Are We Responsive?

Are We Safe?

Are We Caring?

Are We Well Led?

Use of Resources

Our Care Summary

Great Western Hospitals NHS Foundation Trust

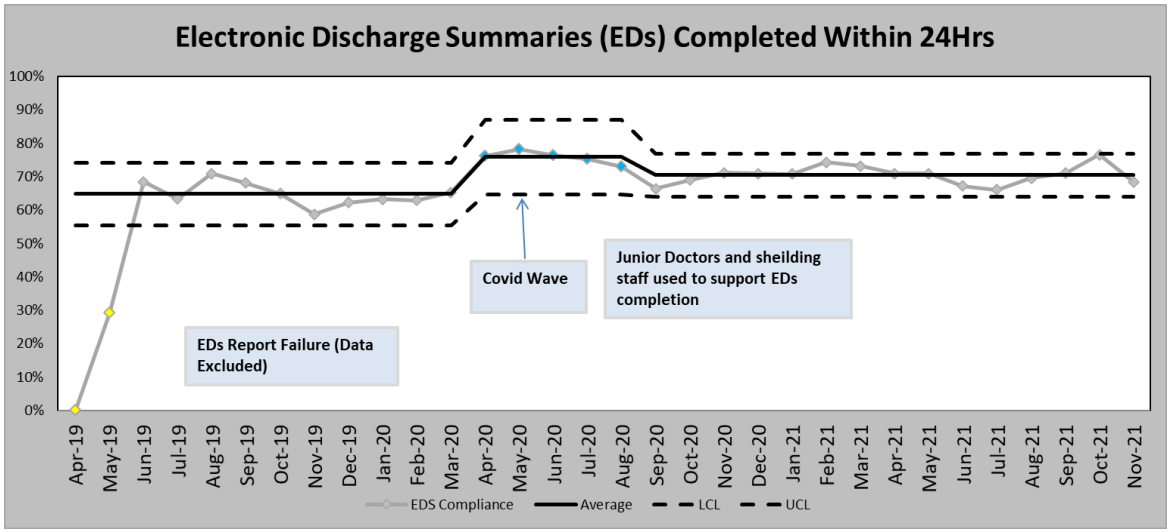
KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking	Bath Ranking	Salisbury Ranking	Month
C. Difficile (Hospital onset) per 1000 bed days	14.36 (Aug 21)		50	51	26	Jun 21
VTE Assessment	94.3% (Oct 21)		22	134	4	Dec 19
Hip Fracture Best Practice Tariff – 12 Month Rolling	56.4% (Sept 21)		56	70	71	Sept 21
Complaints Rates	27.9 (Q4 20/21)		104	50	22	Q4 20/21
Family and Friends Score – Percentage of Positive Responses - Inpatients	79.15% (Oct 21)		125	77	31	Aug 21
Complaints Response Backlog	0.8 (Q4 20/21)		4	35	43	Q4 20/21
MRSA all cases	2 (2021/22)		84	68	77	Aug 21
Falls per 1000 bed days	5.6 (Nov 21)					
Pressure Ulcers – Acute	26 (Nov 21)					
Pressure Ulcers – Community	46 (Nov 21)					
Never Events 21/22	3					
Serious Incidents	3 (Nov 21)					
Patient Safety Reporting Culture (Percentage of Incidents Recorded as Severe or Death)	0.4% (Oct 21)					
Hand Hygiene	98.7% (Oct 21)					

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

2. Electronic Discharge Summary (EDS)

Data Quality Rating:

Are We Safe?



	24 hours	48 hours	72 hours.
Dec-20	71.08%	75.59%	79.81%
Jan-21	70.81%	75.43%	78.50%
Feb-21	74.36%	74.84%	77.55%
Mar-21	73.22%	77.53%	81.36%
Apr-21	70.95%	75.28%	78.90%
May-21	70.94%	76.03%	79.42%
Jun-21	67.20%	70.88%	72.97%
Jul-21	66.12%	69.79%	73.33%
Aug-21	69.54%	74.05%	77.32%
Sept-21	71.00%	75.43%	77.72%
Oct-21	64.58%	68.75%	72.79%
Nov-21	70.08%	72.70%	74.41%

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

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

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

The data above demonstrates that on average the number of EDS that reach the GP surgery within 24 hours is 68.5% and by 72 hours this figure increases to 74.9%.

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

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

The Electronic Discharge Summary (EDS) working group was originally set up in 2018 and is led by the Deputy Medical Director (DMD), with quarterly meetings the next meeting is planned for December 2021. The working group has good representation from the Deputy Medical Director (DMD), Quality Matron, clinical leads, Clinical Fellows and Matrons.

The Deputy Medical Director and the Quality Matron are meeting to discuss a training package for Junior doctors on induction relating to completing ED's. The Medical Director has met with the Trainees who are now establishing a trainee working group to collaborate with the Task & Finish group and identify improvements ahead of the required integrated EPR

Medway has now been upgraded to Care Flow and there is an option within the system to use it for EDS completion. Now the upgrade has been completed IT have been invited to the EDs meeting in December to discuss the possible options and timescales for moving across.

Deputy Medical Director met last month with one of the anaesthetists and junior doctors who are keen to undertake a Quality Improvement (QI) project relating to EDS, they will be presenting their improvement plan at the next EDS meeting and updating the group on their progress.

Risks to delivery and mitigations

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

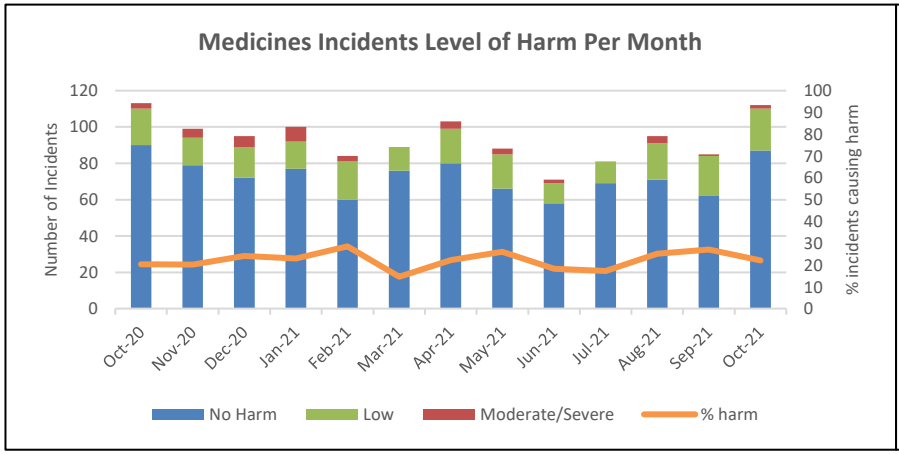
The current EDS system is a standalone system, further work is planned to explore utilising the EDS function with Care Flow for EDS completion.

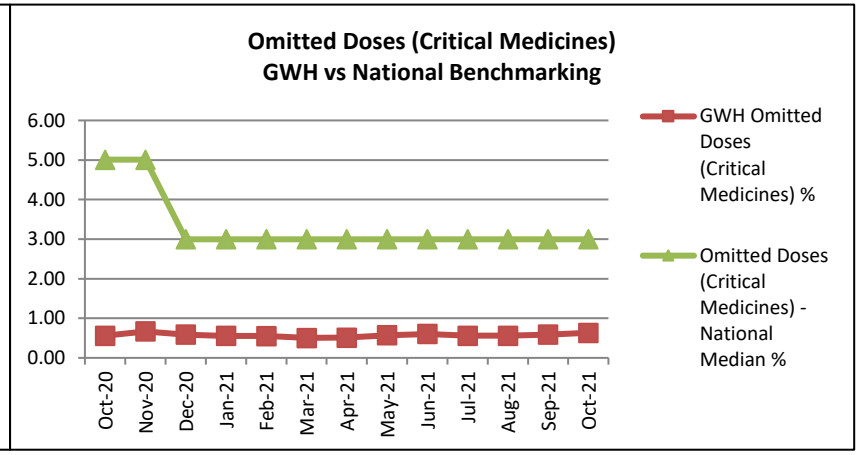
Regular changeover of Medical staff affects EDS performance. The Junior Doctor revised training pack on induction will hopefully mitigate this risk.

2. Medicines Safety

Data Quality Rating:

Are We Safe?





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

Medication Incidents

- October saw an increase in the number of Near Miss medication incidents, which demonstrates a proactive reporting culture.
- The proportion of incidents leading to harm crucially remained stable.
- The main trends remain consistent with incidents relating to medication administration and prescribing.

Omitted Critical Medicines

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

*Benchmarking value updated Dec 2020

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

Medication Incidents

- The Medicines Safety Awareness Day was held on 25th November 2021. Prescribers and nurses engaged with the medicines safety team to explore barriers and challenges to medicines safety. Ward areas shared their good practice, highlighting the benefit of the use of multi-disciplinary team brief to start the day.
- Discussion throughout the Medicine Safety Day highlighted inconsistencies with nursing training throughout the hospital. Further discussion is scheduled to happen with matrons and ward managers.
- Medicines Safety Huddles have been introduced to identify learning for sharing within the Trust where a medicines incident has the potential to lead to harm. Improvement of the nursing handover process and management of staff involved in medicines incidents have been identified and are being improved as a direct outcome of the Huddles.

Omitted Critical Medicines

- Robust systems are in place to ensure that all critical medicines are available 24 hours a day, leading to a consistently low percentage of omitted doses in the Trust.

Risks to delivery and mitigations

Medication Incidents

No specific risks to delivery identified at this stage.

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

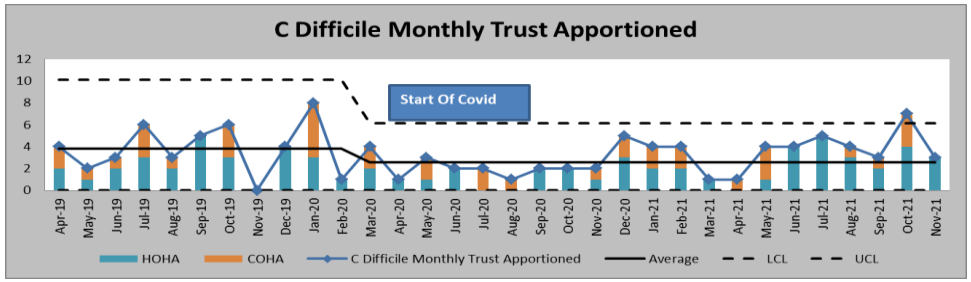
Omitted Critical Medicines

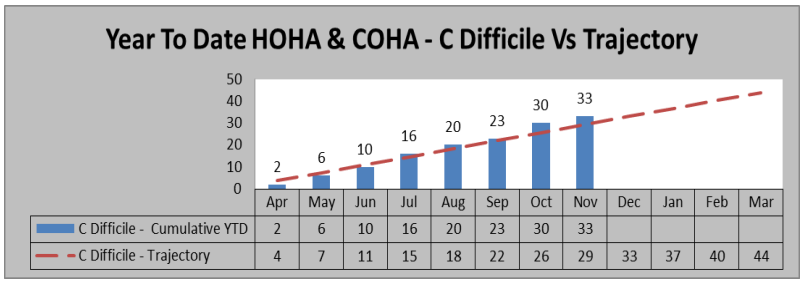
No specific risks to delivery identified at this stage.

2. Patient Safety - Infection Control

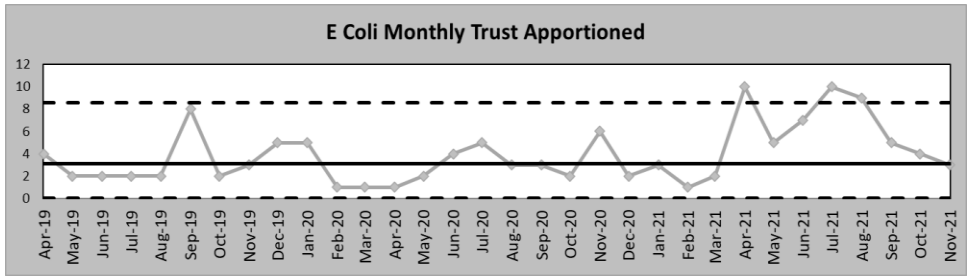
Data Quality Rating:

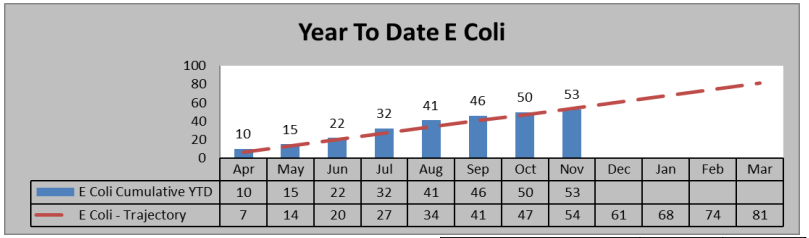
Are We Safe?





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





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
E Coli Cumulative YTD	10	15	22	32	41	46	50	53				
E Coli - Trajectory	7	14	20	27	34	41	47	54	61	68	74	81

MRSA Bacteraemia	20/21	21/22
Trust Apportioned	0	2

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

C. *difficile* – In November there has been 3 reportable C. difficile infections, all were Healthcare Associated, Hospital Acquired (HOHA).

We have now reached the Q3 trajectory, there are similar reports across BSW and despite a significant review no definitive links can be identified.

MRSA Bacteraemia – 0 cases reported for November.

Gram negative Bacteraemia's

The trust has been set a trajectory of 81 E.coli bacteraemia (based on 2019 GWH levels minus 5%). At the eighth-month mark, 52 have been identified including 2 in November 2021

We have identified 15 Klebsiella bacteraemia (on trajectory of 18) and 13 Pseudomonas Aeruginosa bacteraemia (slightly under the trajectory of 19).

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

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

C. difficile - Ribotyping has confirmed there are no cases of cross contamination. All cases are investigated, and any learning immediately fed back to ward teams.

Following the initiation of the collaborative there is on-going work across BSW to improve standardisation. This includes antibiotic stewardship, documentation and education and learning.

Respiratory Syncytial Virus (RSV) in children remains a risk (as it's a seasonal infection) ; to date the Trust has seen 70 cases since July 2021 with 8 of these identified during November 2021 (significantly reduced from October data). Procurement of alternative isolation solutions is in progress and will now progress within the Trust.
Gram-negative bacteraemia improvement work continues with further ward training into urinary catheter insertion and catheter care provided by BD/BARD. There is additional work stream in progress with Dove ward and the Intensive Care Unit reviewing soft tissue infections (peripheral or central line associated) and the development of appropriate actions plans.

Antimicrobial stewardship (AMS) was supported during the Infection Control Network (ICLN) training with a session from the team. Pharmacy and Microbiology covered sessions on CDI, AMS, and Gram-negative Infections presenting to over 50 clinical staff in 3 separate sessions.

Risks to delivery and mitigations

Maintaining cleanliness of the ward environment consistently, including patient care equipment remains a priority. The star rating system will be rolled out in January and will support the ongoing drive to increase healthcare cleanliness.

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

Communication from the Medical Director with reference to changes in prescribing, currently awaiting launch of further training media in December 2021.

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

2. Patient Safety – Coronavirus

Data Quality Rating:

Are We Safe?

Covid 19	Sep -21	Oct-21	Nov -21
Number of detected Inpatients	246	310	180
Number of Deaths in Hospital	19	18	24
Hospital Acquired Covid-19 Cases*	7	6	2

Covid-19 (Apr 21 – Mar 22)		(April 20- Mar 21)
Number of detected Inpatients	1112	1458
Number of Deaths	75	324
Hospital Acquired Covid-19 Cases*	21	139

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

The number of patients diagnosed with COVID-19 has been decreasing against an increasing South West and national picture. Although there is a predicted rise with a suggested peak the third week of December 2021.

As of the 25th November 2021, the Swindon case rate was 358 per 100,000. The Wiltshire rate was 521 per 100,000, with the England average being 449 per 10000.

There were two hospital acquired cases (8 days +) during November. This has resulted in an outbreak being reported with 1 associated mortality and is currently being investigated under the serious incident framework.

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

Social distancing will remain in place within healthcare settings where patients with suspected or confirmed respiratory infection are cared for. Patients are advised to remain within their bed space whilst in the hospital environment and the use of masks is encouraged.

There is potential of reducing social distancing to 1 metre with mitigation (with the use of screens) and personal protective equipment (PPE) usage), this will be based on a risk assessment supported by Infection Prevention & Control and Health & Safety.

New posters to be launched to all staff areas to prompt the importance of taking lateral flow tests and reporting them through the national portal. These will have QR codes for ease of use.

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

A trial has been completed within Unscheduled Care (USC) to improve ward ventilation with air purifying units. The trial has shown that there is at least a 30% reduction of particles within a bay whilst the unit was running. There were no nosocomial infections identified during the trial period. The full trial data and feedback is being evaluated by the estates team.

Risks to delivery and mitigations

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

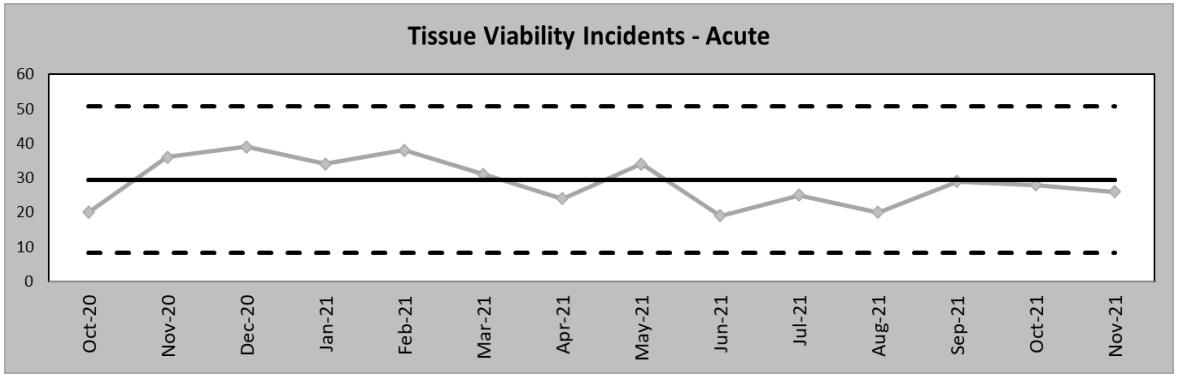
The risk of reduced adherence to PPE usage from patients and visitors whilst in the Trust is being addressed through regular Public Health and Trust communications.

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

2. Patient Safety – Pressure Ulcers ACUTE

Data Quality Rating:

Are We Safe?



Incidents of Harms by Category for Nov 21

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstagable	Total Incident of Harms
16	1	1	7	1	26

Number of Patients	Harms per Patient
19	1
2	2
1	3

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

There were a total number of 206 IR1 pressure ulcer related harms reported during the month of November. All of these were validated by the TVN's.

Of these harms 26 harms were hospital acquired.

The two device related pressure ulcers consisted of (DTI) oxygen tubing and (cat 2) Ted Stocking.

There were a total number of 26 harms on 22 patients. 3 patients had multiple harms.

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

Neptune are receiving ongoing enhanced support from the Pressure Ulcer Prevention Lead to support harm reduction and increase awareness.

The Emergency Department are receiving pressure ulcer prevention training as a focus of the month in November 21. This is to ensure accurate documentation of skin inspections on admission and prevention of harm associated with patients waiting for prolonged periods in the Department. Education has been hampered due to increase in demand on services.

The national STOP the PRESSURE day on the 18th November was promoted by an Academy Corridor exhibition regarding Pressure Ulcer prevention and was supported by equipment industry partners. It was a well attended day with 60 delegates.

The Hybrid mattress evaluation continues on Swindon Intermediate Care Centre (SwICC) to facilitate effective pressure relief and support discharge planning.

Intensive Care Unit will be trialling a product for reduction of moisture that is a key component in tissue damage development. SAU have commenced a 'front to back' awareness project that has demonstrated initial positive outcomes in the first month.

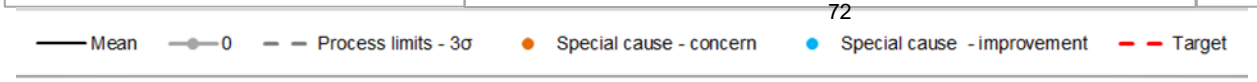
Risks to delivery and mitigations

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

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

There is a shortages of dynamic air mattresses across the Trust increasing the risk to all patients deemed at risk of harm and deterioration. Wards are unable to provide the correct level of pressure relief for patients in all cases.

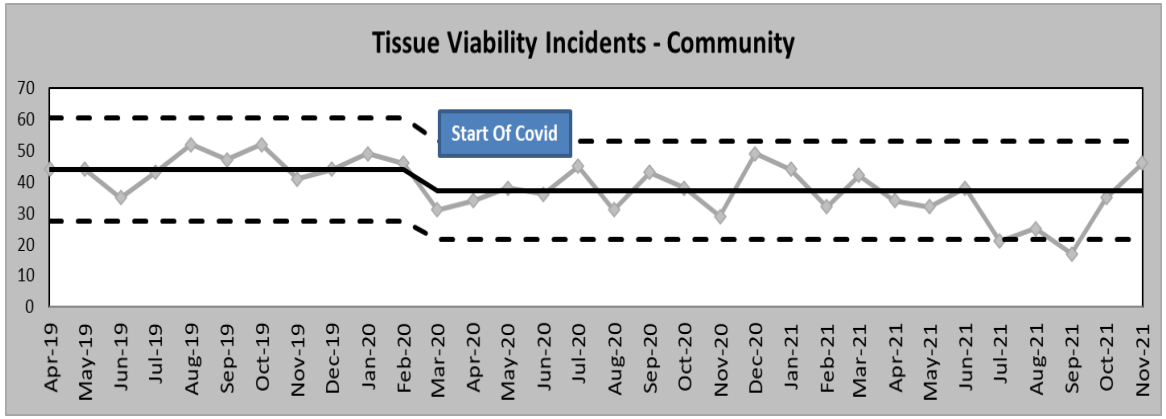
There is a risk that the long ambulance waits at the Emergency Department (ED) could increase the risk of patients developing Pressure Ulcers. This is being mitigated against by embedding the use of the Standard operating procedure for use of pressure relieving equipment with educational sessions.



2. Patient Safety – Community Pressure Ulcers

Data Quality Rating:

Are We Safe?



Incidents of Harms by Category for Nov 21

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstagable	Total Incident of Harms
27	8	5	1	5	46

Number of Patients	Harms per Patient
46	1

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

There has been an overall increase in reported pressure ulcers this month whether acquired in our care or present on admission. This is in line with regional organisations (BSW CCG) and trends nationally – via Tissue Viability Forums

The patients with category 4 all have high complex needs or are patients on a End of Life pathway.

All cases will be investigated through a root cause analysis and specialist service input and validation.

One category 2 was device related.

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

STOP THE PRESSURE conference for Community Services including therapists and students was delivered 17th November 2021. This event focussed primarily on risk assessment and device related harm. The event was very well attended with 125 delegates.

The new SSKIN bundle in line with National Guidance has been launched at the STOP THE PRESSURE event within the clinical system was also launched and is in line with national guidance.

Training on pressure ulcer prevention and incontinence associated dermatitis focusing on early recognition and intervention of all community staff is being provided monthly.

Review of core stock levels of Pressure relieving equipment are rapidly taking place with community nursing and equipment library as the demand for higher spec equipment has risen in line with improved risk assessment and patient complexity.

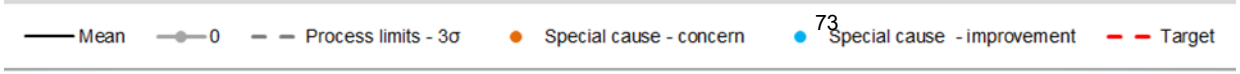
Risks to delivery and mitigations

There is a risk that staffing levels of community nursing services will impact on the ability to provide high quality pressure ulcer prevention care and also increase the demand on specialist services.

This is being mitigated by ongoing recruitment of community staff.

Pressure Ulcer prevention pathways and resources are given out to all temporary workers to aid standardisation of processes and care.

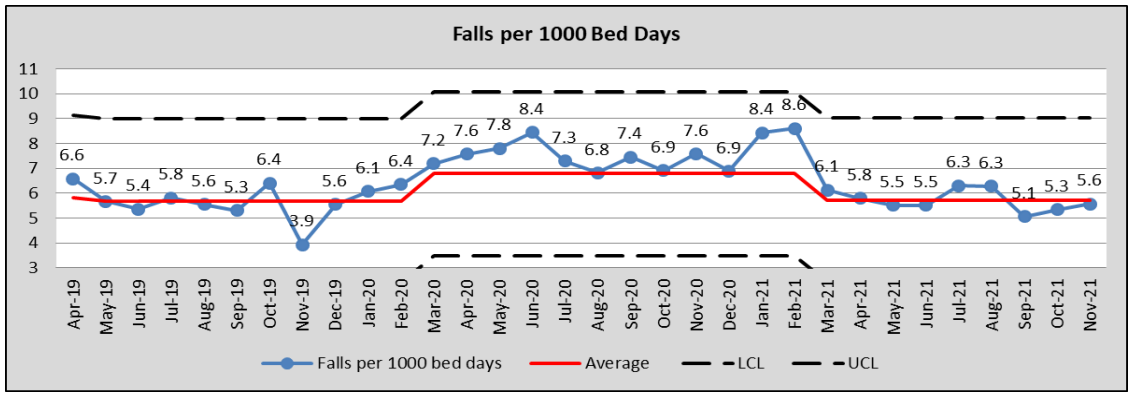
Demand for lateral turning systems to support re-positioning of patients in their own home has increased due to patient complexity and is currently not being met. The stock levels are being rapidly reviewed to mitigate this risk



2. Patient Safety – Safer Mobility (Falls Reduction)

Data Quality Rating:

Are We Safe?



	Total Falls	Falls resulting in moderate harm or above
May-21	101	3
Jun-21	97	2
Jul-21	113	4
Aug-21	94	2
Sept-21	96	2
Oct-21	105	4
Nov-21	108	3

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

Over the last 6 months we have seen a decrease in falls per 1000 bed days, reducing from 8.6 in February 2021 to 5.6 in November 2021.

Three falls with moderate/severe harm with one investigation completed. Initial learning identified is in relation to safe seating, guidance has been sent to all Falls Champions.

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

The New Falls and Mobility Assessment documentation is now uploaded on Nervecentre. Testing is planned to take place on six pilot wards (Trauma, Teal, Jupiter, Sunflower, Orchard, Forest) between 13th and 27th December 2021. Feedback will be collated, and final amendments made prior to implementation across all inpatient areas with training delivered during January and February 2022.

The Falls Education Programme commenced on the 2nd December 2021. The first session aimed to set the scene within the local and national context, introducing Swindon's integrated falls pathway and multifactorial assessment considering intrinsic and extrinsic factors. Aimed at registered and unregistered staff, with several sessions planned that are already fully booked. The next steps are to review the sessions and develop into a rolling programme.

There are plans to conduct some sessions utilising the ageing and visual impairment simulation suit to increase awareness with clinical staff.

Risks to delivery and mitigations

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

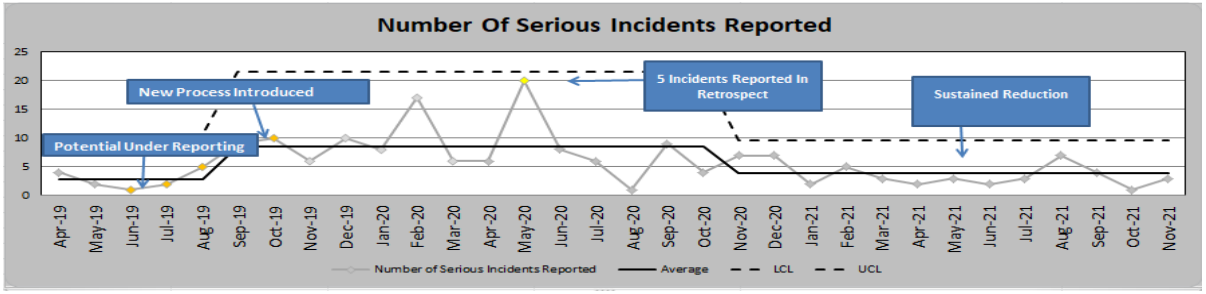
The assessment has now been uploaded onto the Nervecentre test system. With a plan to test on six pilot wards between 13th and 27th December 2021 and further roll out following evaluation of the test ward data.

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

2. Patient Safety - Incidents

Data Quality Rating:

Are We Safe?



Serious Incidents Reported			Comparison
Sep-21	Oct-21	Nov-21	Nov-20
4	1	3	7

Never Events	
2020-21	2021-22
2	3

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

At the time of reporting there are a total of 27 on-going Serious Incident (SI) investigations, with 3 reported in November.

These include,

1. Covid ward outbreak
2. Complication following endoscopy
3. Complication following transfer to different hospital.

Improvement Groups continue in the following areas –

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

Sharing of Learning – Following a recent Medicine Safety Huddle there has been shared learning around positive patient identification, patient handover and initiation and administration of medicines to the correct patient. The first Human Factors training has been delivered to a group of anaesthetists and was very positively received. Further sessions are being planned and BSW wide collaboration about training is being developed.

The Endoscopy group – The electronic referral form that is available through Medway has been tested within the test environment. The initial feedback from the junior doctors has been reviewed and shared with IT, who will be producing a work plan to resolve the issues identified prior to a retest of the system. A Standard Operating System for booking an endoscopy has been developed and will be rolled out to improve this part of the pathway.

Risks to delivery and mitigations

Despite improvement there are 22 SI investigations overdue that pose a risk to early identification of learning.

The mitigations include robust monitoring, increased awareness and oversight of the process.

The implementation of the Datix management system is progressing and it is planned for the incident module to go live mid January 2022.

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

2. Patient Experience – Safer Staffing

Data Quality Rating:

Are We Safe?

Graph 1

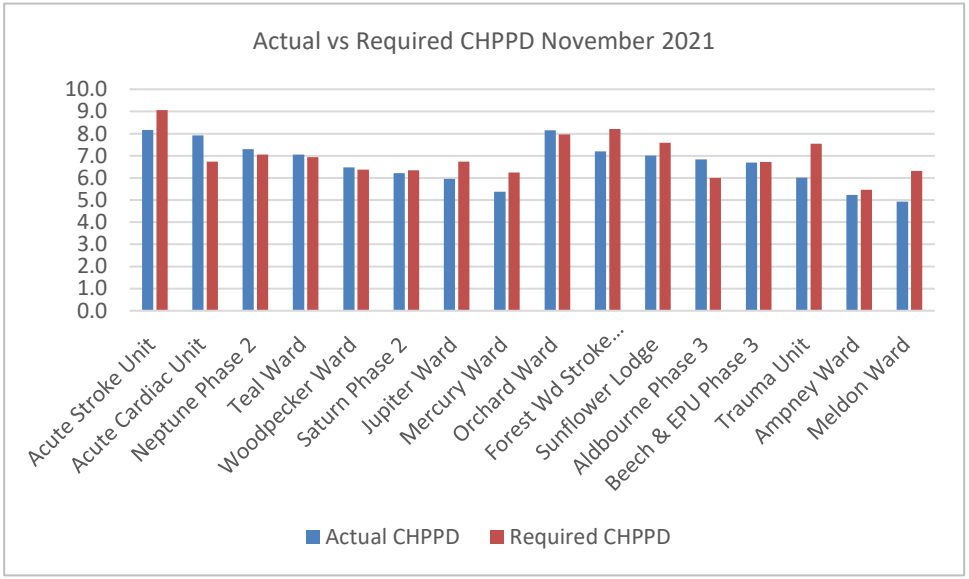


Chart 1

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

The chart shows an increase in the number of wards (9) that have required hours greater than the actual hours available. These areas have been reviewed by the Matron and Divisional Director of Nursing to ensure there is no safety concerns.
Wards reporting below required hours have been supported by the Supervisory Ward Sisters and nurses in non clinically facing roles working clinically.

The Safe Staffing policy is being updated and will be approved at December 2021 Nursing and Midwifery Workforce committee. This will be an opportunity to refresh the 'red flag' process for reporting and reviewing shifts where there is less than the required hours available.

November 2021 has continued to see significant challenges to ensure safe staffing levels throughout nursing and midwifery, the main area of concern is the health care assistant vacancies, registered nurse/ midwife vacancies in community nursing and midwifery and the impact of continuing high sickness absence and absence relating to Covid 19 isolation. The 3 times a day staffing meeting ensures that all areas are as safely staffed as possible and risk is shared across the Trust.

Community nursing is reporting 30 whole time equivalent (WTE) registered nurse vacancies which is further impacted by vacancies in some of the specialist teams. There is a weekly recruitment meeting and a robust action plan in place to address this.
Midwifery recruitment and retention plan continues to be progressed and updated with a stronger pipeline now developing. The Neonatal unit staffing remains an area of focus and following the Chief Nurse establishment reviews a plan is being developed for business planning 2022/23.

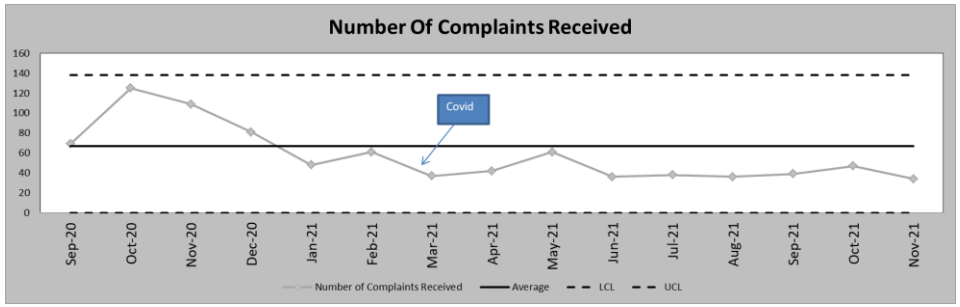
Health care assistant vacancies have risen again to 93 WTE, the recruitment process has been enhanced with a clear schedule of shortlisting and interviews planned and a weekly report to monitor progress.

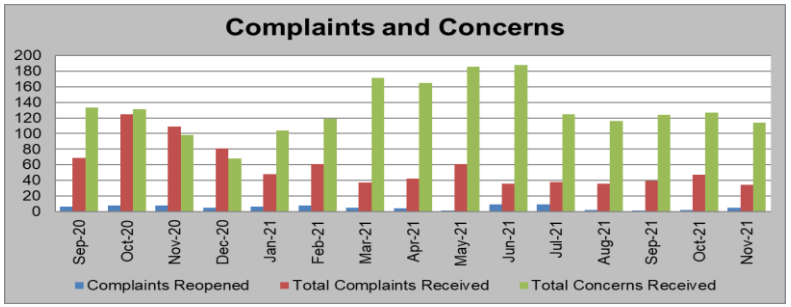
The International Recruitment programme continues with the bid for 2022/3 currently with NHSE/I for approval. The Trust is participating in the Stay and Thrive programme to support the ongoing development of international recruited nurses and a focus group being chaired by the deputy Chief Nurse to seek feedback from the new recruits.

The average shift fill rate for Registered Nurses is 102.9% (as this includes RMNs) however of note 2 areas are below 90% fill, Maternity is 89.8% and Orchard is 89.4% . Recruitment plans are in place for both areas. Health care assistants are of concern, with an overall fill rate of 83.8% which is related to the vacancy position. Neptune, Teal, Woodpecker and the neonatal unit are of particular concern and recruitment of HCAs is ongoing.

2. Patient Experience - Complaints and Concerns

Are We Safe?





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

34 complaints (previous month 47) and 114 concerns (previous month 127) were received in November 2021.

Out of a total of 148 cases received from Complaints and Concerns in November, the overall top three themes were:

- **Follow up treatment:** 20 cases (14%), 2 complaints, 18 concerns.
- **Waiting time**: 19 cases (13%) 1 complaint, 18 concerns.
- **Communication:** 19 cases (13%) 3 complaints, 16 concerns.

Complaints: 34 complaints were rated as Low – Medium. No complaints received were rated as High.

Response rates: Overall complaint response rate was 69%. 42% of concerns were resolved within 24 hours, 67% were resolved within 7 working days (Internal KPI 80%).

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

Waiting time/follow up treatment:
Gynaecology and Paediatrics have experienced delays due to sickness and isolation rules which has resulted in short notice clinic cancellations, this has been compounded by medical staff vacancies. Paediatrics are now recruited to, Gynaecology are following the recruitment process for additional staff. Once both areas are fully recruited this will address the delays with appointments to these highlighted areas.

As part of the Great Care Campaign - personalised care, enhancements have been made to how cases will be logged using Datix. Additional fields have been added so that data will be captured going forward, by ward/service areas specifically related to:

- Mouth Care
- Hand and Foot care
- Hydration and Nutrition
- Support with washing
- Compassionate Conversations

This information will also capture positive feedback in the form of compliments and additional patient feedback received.

A footwear assessment has been completed on a selected group of patients, the aim was to see how many patients are at risk of falls due to not having the correct footwear. It was identified that some patients did not have any friends or family members to provide safe footwear. The trust are working with brighter futures to see whether a shoe bank for this group of patients can be made available.

Risks to delivery and mitigations

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

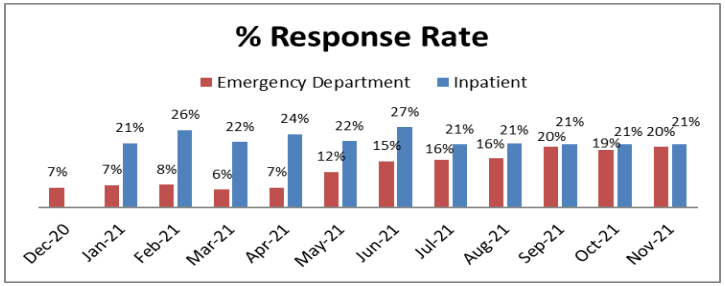
Due to no central document (response letter) being able to be stored on Datix for amending as part of the approval process. There are concerns with various versions of response letters that go through the approval process being held and amended on local drives, rather than a central shared point. This has the potential for the wrong version response letter to be sent out to the complainant. This has been raised with Datix for their consideration as a system enhancement.

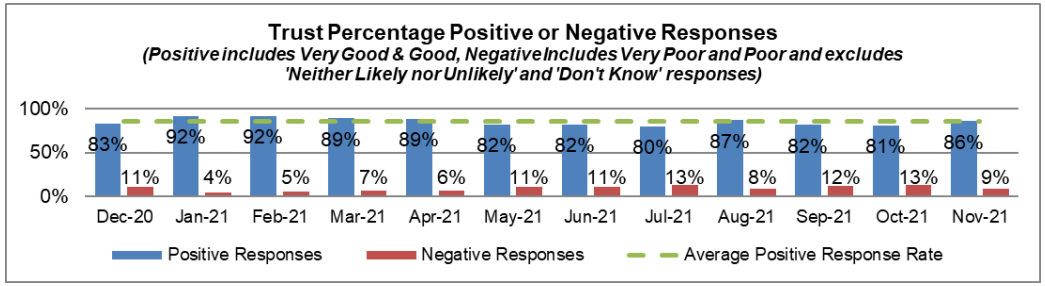
This has been raised with Datix to be considered as part of the global Datix system enhancements.

2. Patient Experience – Friends and Family Test

Data Quality Rating:

Are We Caring?





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

For November 86% of the Friends and Family Test (FFT) responses were positive, a slight increase from the previous month 81%. This is based on the % of responses rated as 'very good' and 'good'.

This was achieved by:

	No. of Texts sent	No. of Responses	Total Response rate (%)	Positive Responses
ED	5012	1123	15%	78%
Inpatients	2435	651	20%	89%
Day Cases	1977	566	23%	95%
Maternity	0	108	32%	94%
Outpatients	0	444	-	96%

(correct as of 7th December)

It is noted all negative comments are reduced this month.

The recommendation score for Accident & Emergency has increased from the usual 70% mark to 78%. (Emergency Department at 77% and Urgent Treatment Centre 79%).

The Inpatient recommendation score shows an increase to 84%.

Day Cases recommendation score remains consistent at 95% response rate.

Maternity response rate percentage - 32%.

Outpatient response rate: not currently captured for FFT, this will be reported from January.

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

Overall Positive themes for November:

Staff Attitude **1358** comments (previous month 1199).

Implementation of Care **758** comments (previous month 771).

The Environment **541** comments (previous month 531).

Overall Negative themes for November:

Staff attitude **186** comments (previous month 262).

The Environment **153** comments (previous month 236).

Implementation of Care **153** (previous month 212).

The following work will be carried out throughout December:

- Maternity text messaging - technical and functional specifications are being fine-tuned, anticipated to be signed off w/e 3rd December.
- Working with Leeds Teaching Hospitals, to adopt their approach to the collection of Maternity FFT.
- Approval and roll out of the Dr Doctor feedback route for FFT text messaging for all outpatient areas (not just virtual appointments).

Actions taken to improve Patient Experience

Environment: Urgent Treatment Centre - ceiling tiles have been re-placed correctly, an issue with a toilet door was identified and addressed. Signage regarding vending machines in use is now displayed.

Implementation of Care: Some women who are admitted with pelvic pain require an injection that helps with pain relief. Traditionally their clinician would write a prescription, send them to Boots to collect and then they would have to come back to the ward to have the pain relief administered. A stock level is now available within the department, avoiding patients having to collect from Boots themselves, the injection can administered at the time or at the nurse led pelvic pain clinic.

Risks to delivery and mitigation

Maternity SMS scoping and requirements have been drafted and are anticipated to be signed off by the 6th December. This is not expected to impact the anticipated go-live date of late December/early January.

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

2. Patient Safety - Perinatal Quality Surveillance Tool December 2021

Data Quality Rating:

Are We Safe?

<table>
<tr><th>Measures</th><th>Comments</th></tr>
<tr><td>Minimum safe staffing in maternity to include Obstetric cover on delivery suite</td><td>
<table>
<tr><th>Measure</th><th>Aim / Target</th><th>Sept 2021</th><th>October 2021</th><th>November 2021</th></tr>
<tr><td>Midwife to birth ratio</td><td>1:29</td><td>1:32</td><td>1:34</td><td>1:30</td></tr>
<tr><td>1:1 Care</td><td>100%</td><td>98.6%</td><td>98.9%</td><td>99.12%</td></tr>
<tr><td>Consultant presence in Delivery suite (Hours per week)</td><td>60 hours</td><td>57 hours</td><td>57 hours</td><td>57 hours</td></tr>
</table>
The birth rate in November was lower than the previous 2 months, which is reflected in the midwife to birth ratio. The recruitment and retention plan for Maternity is ongoing and a Practice Educator and Retention Lead post has been recruited into in November to support this.
</td></tr>
<tr><td>Service User feedback</td><td>The use of a QR code for feedback is improving the accessibility of feedback tools for women and their families. Direct promotion of the QR code on Hazel ward has lead to a significant increase in response for data collected in September, which has been supported by the administrative staff on the ward. Positive themes include staff attitudes and implementation of care. Negative themes include environment and communication.
The continuity of carer teams have a new website for collation of feedback from women under this model of care. Feedback includes a recognition of the individualisation of care and provides feedback on both an individual and team level. There have been 2 complaints in November, which refer to behaviours and attitudes. Each of these have been explored with the families in order to understand the concerns ensure these are effectively addressed.</td></tr>
<tr><td>Caesarean Sections</td><td>
<table>
<tr><th></th><th>September</th><th>October</th><th>November</th><th>Comments</th></tr>
<tr><td>Combined Caesarean Section (C Section) rate (percentage of babies born > 24 weeks via C Section)</td><td>36.3%</td><td>38.5%</td><td>40.1%</td><td></td></tr>
<tr><td>Elective C Section</td><td>14.8%</td><td>12.8%</td><td>16.3%</td><td>8 Caesarean sections were performed for maternal choice,</td></tr>
<tr><td>Emergency C Section</td><td>21.5%</td><td>25.7%</td><td>23.8%</td><td></td></tr>
</table>
A review has been submitted to the Chief Nurse in November to review caesarean section births. The report acknowledges the rising caesarean birth rate and the factors that may be contributing to this rise, and includes and action plan which focuses on facilitating safe birth, and considers factors which may impact on the caesarean birth rate. The report will be presented alongside the Patient Safety report for Q3.
</td></tr>
</table>

2. Patient Safety - Perinatal Quality Surveillance Tool December 2021

Data Quality Rating:

Are We Safe?

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

Measures	Comments
Concerns or requests for actions from national bodies	The local Ockenden action plan has been reviewed with the Regional Chief Midwife to provide the opportunity for further evidence to be submitted. The Maternity team will continue to undertake a quarterly self assessment pending further National guidance on the ongoing actions, to ensure that the local Ockenden action plan continues to become embedded within the service. An update will be presented to Patient Quality and Safety in January.
CNST 10 Maternity standards (NHSR)	The projected RAG statues is unchanged at the present time. It is anticipated that planned upgrades to the electronic Maternity Medway system will facilitate achievement of safety action 2. An update will be presented to Patient Quality and Safety in January
Findings of review of all perinatal deaths using the real time data monitoring tool	An increase in still births in 2021/22 has been noted, compared to the previous financial year. No themes or trends have been identified through the perinatal mortality reviews to date. The rate will be thoroughly reviewed in the Q3 Safety report.
CQC Ratings	Ongoing preparations continue for an anticipated inspection with mock inspections highlighting areas for improvement. This follows the engagement meetings with the Team in November 2021.
Maternity Safety Support Programme	Not required as CQC ratings overall 'Good'
Coroner's Regulation 28	Nil

Safety Action Detail	RAG Status (Sept 2021)	Projected Submission RAG (June 2022)
SA1: Are you using the National PMRT to review perinatal deaths to the required standard?	AMBER	GREEN
SA2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	AMBER	AMBER
SA3: Can you demonstrate that you have transitional care services in place to minimise separation of mothers and their babies and to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	AMBER	GREEN
SA4: Can you demonstrate an effective system of clinical* workforce planning to the required standard?	AMBER	AMBER
SA5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?	AMBER	GREEN
SA6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?	AMBER	AMBER
SA7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?	AMBER	GREEN
SA8: Can you evidence that a local training plan is in place to ensure that all six core modules of the Core Competency Framework will be included in your unit training programme over the next 3 years, starting from the launch of MIS year 4? In addition, can you evidence that at least 90% of each relevant maternity unit staff group has attended an 'in house', one-day, multi-professional training day which includes a selection of maternity emergencies, antenatal and intrapartum fetal surveillance and new-born life support, starting from the launch of MIS year 4?	AMBER	AMBER
SA9: Can you demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues?	AMBER	AMBER
SA10: Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) and to NHS Resolution's Early Notification (EN)scheme for 2021/22?	AMBER	GREEN

2. Patient Safety – Summary of Incident Investigations

Data Quality Rating:

Are We Safe?

Moderate Harm Incidents

Measure	Comments
Number of incidences graded moderate or above and actions taken	• 2 incidents were graded as moderate harm. • 1 incident relates to temperature control in theatre which contributed to an injury to a medical student • 1 case being investigated jointly with unscheduled care, which is outlined below.

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

Serious Incidents (SI) Reported in Month - None

Case Ref	Overview	Date	Case Update
164631 164632	New born baby readmitted with injury after birth	Nov 2021	Recorded as Serious Incident on 1st December. This case will be conducted as a joint review between Surgery, Women and Children and Unscheduled Care.

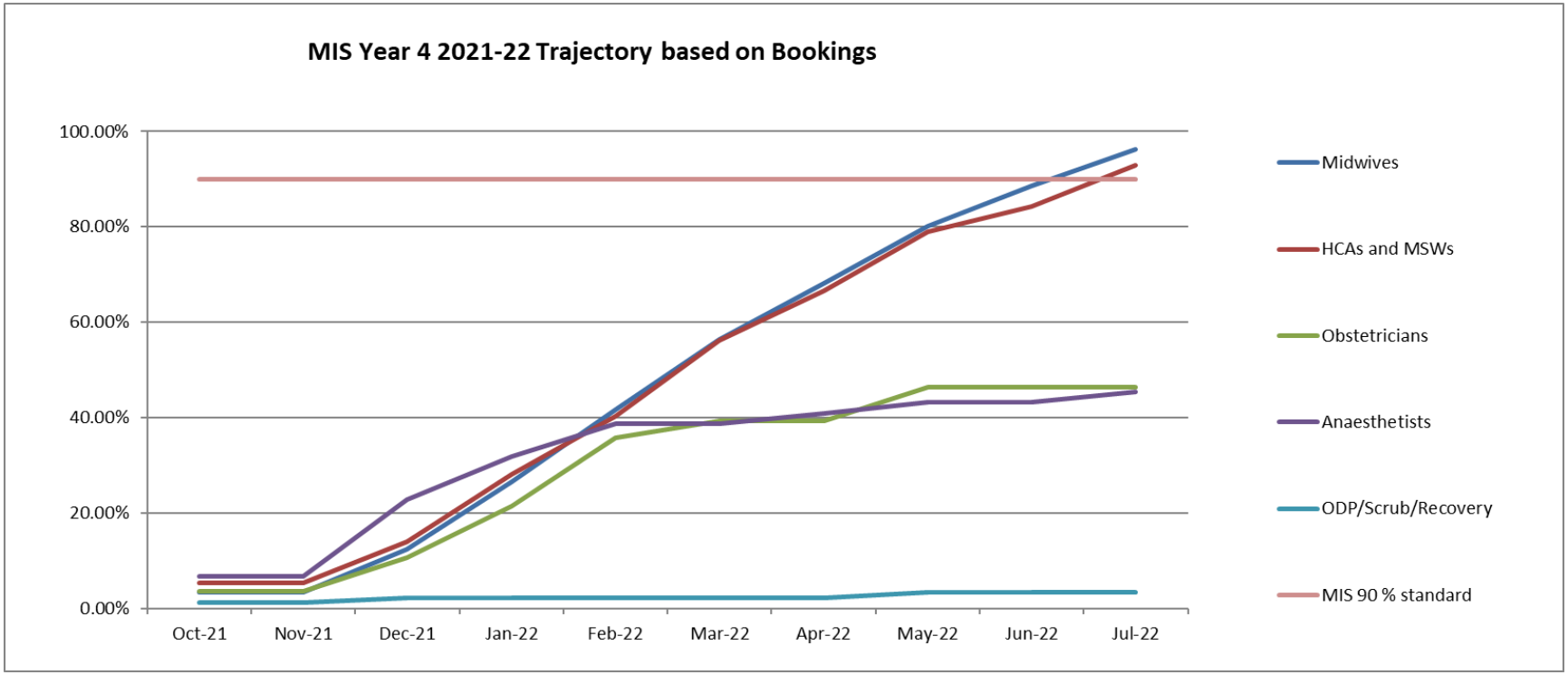
On-going SI Investigation Update

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

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

Data Quality Rating:

Are We Responsive?



Background and underlying issues

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

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

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

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

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

The final business case model for implementation of the Fetal Monitoring Training was presented to the Divisional Triumvirate in November 2021 but needs sign off at an additional Corporate meeting on 23rd December 2021.

Risks to delivery and mitigations

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

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

A Fetal Monitoring Study Day on 17th November 2021 was attended by 107 staff members. Following this study day, the new competency document is being utilised for the staff that have attended training and they are assessed as competent once they have passed this.

Great Western Hospitals NHS Foundation Trust

Part 3: Our People

Our Priorities

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

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

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

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

How We Measure

Are We Effective?

Are We Responsive?

Are We Caring?

Are We Well Led?

Use of Resources

Resources

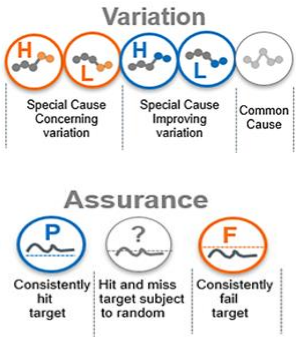
Trust Overview: Summary

Great Western Hospitals NHS Foundation Trust

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

Summary Dashboard - Workforce Performance

	Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Overall Agency Spend as a % of Total Spend			6.62%	6.00%	4.03%	7.43%	5.73%
2	Trust RN Bank Fill Rates		F	47.16%	70.00%	37.15%	59.67%	48.41%
3	Vacancy Rate*			6.06%	7.63%	5.62%	8.43%	7.02%
4	Recruitment Time To Hire (Days)			43.00	46.00	30.94	57.12	44.03
5	All Turnover			13.97%	13.00%	12.30%	13.78%	13.04%
6	Voluntary Turnover		P	10.16%	11.00%	8.84%	10.20%	9.52%
7	All Sickness Absence			5.41%	3.50%	3.09%	5.02%	4.05%
8	Statutory Mandatory Training Compliance			88.13%	85.00%	84.17%	88.81%	86.49%
9	Appraisal Compliance		F	73.78%	85.00%	71.44%	81.89%	76.67%



Trust Overview: Narrative

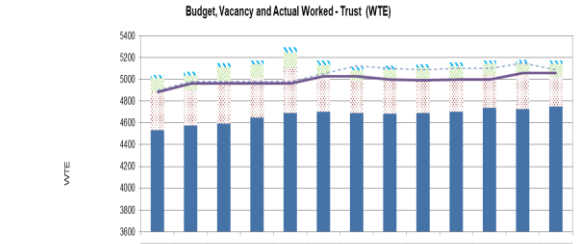
Great Western Hospitals NHS Foundation Trust

"Great" Scoring	Indicator Score (1-4)	Self Assessment Score	Headline
1 – Underperforming / Inadequate | 2 – Requires Improvement |3 – Good | 4 – Outstanding			
Great Workforce Planning	2	2	Workforce planning reports the effective utilisation of workforce to meet service demands. In-month nursing bank fill rate remained at 47%, below the 75% target reflecting an increase in Escalation in Community Nursing and Front Door Services. Medical vacancy position has decreased in month from 7.44% to 7.14%, and this figure is impacted by recruitment activity and internal rotations. The Trust utilised 32.3WTE of bank and 40.1WTE of agency cover, indicating there was an additional usage of 23.8 WTE above the vacancy position used to cover short term leave, Covid-19 isolation and extreme pressures on site. Further to increase of workforce demand in key areas, the Trust did not deliver within its 6% agency spend target, reporting at 6.62%. Areas of high agency usage are: Medical Workforce - Emergency Medicine, General Medicine, and Medical Outliers; Nursing – Emergency Department, Community Nursing, AMU.
Great Opportunities	2	2	Voluntary turnover continues to increase month on month to 10.14% in Oct 21. The recruitment Time to Hire (TTH) metric decreased to within KPI at 43 days from vacancy advertised to contract of employment. NHSEI confirmed further international recruitment funding available of £3,000 per nurse in 2022/23. The Trust submitted a bid for 45 nurses based on meeting B5 nurse turnover demands. A decision if the Trust has been successful will be confirmed by the end of December. B2 Nurse vacancy position remains high at 68.55 WTE, centralised recruitment plans have been put in place which includes a weekly rota of adverts, numeracy and literacy assessments and interviews. This activity is overseen by Deputy Chief Nurse, Divisional Directors of Nursing and Head of Resourcing.
Great Experience	1	2	Sickness reported in October 2021 was 5.41%, which is a further increase from last month, exceeds the Trust target and reflects the current pressures staff are under. The demand for counselling and psychology support remains high, including increasing requests from teams across the Trust for in-reach preventative wellbeing group sessions. Clinical staff resource in OH has improved, which has had a positive impact on clinical activity and waiting times this month. Since OH launched the flu vaccination programme in September, a total of 5087 vaccinations have been provided up until the end of November, including in community venues. Wellbeing Wednesdays re-launched this month and will run throughout the winter months. Good progress has been made with the staff room refurbishment project, and a total of 23 staff areas have now been refurbished.
Great Employee Development	2	2	Mandatory training continues to be above the Trust target of 85%, rising again this month to 88.18%.which is encouraging. The Trust has consistently achieved its overall mandatory training target since the transfer of MT to ESR. The MT report has been further refined to support managers in monitoring compliance. Work continues to improve Level 3 Safeguarding compliance within ED and the approach used by Somerset and RUH is being considered. HCA induction is being re-designed to improve retention as part of a wider project.
Great Leadership	1	3	The Leadership Prospectus is now complete and will be available on the intranet. This outlines all the regular opportunities on offer to staff. The Trust will have six places on the Clinical Leads programme led by the RUH beginning in March. Work continues on appraisal rate compliance ,and whilst there has been an improvement of 2% this month,, remains below target. This is now the subject of a task and finish group led by the Associate Director of OD and Learning.

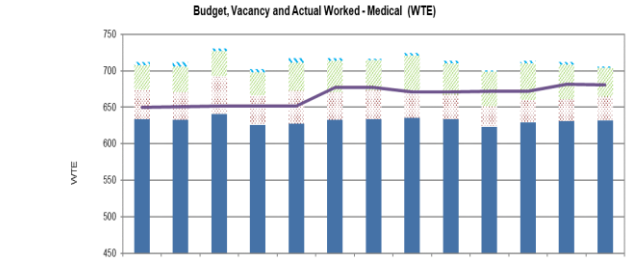
Workforce

Use of Resources

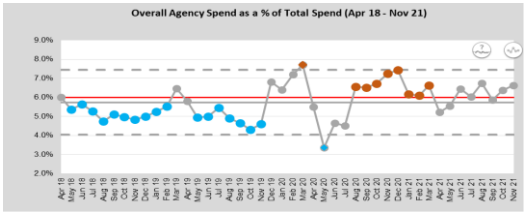
Great Workforce Planning	Indicator Score	Self Assessment Score
	2	2

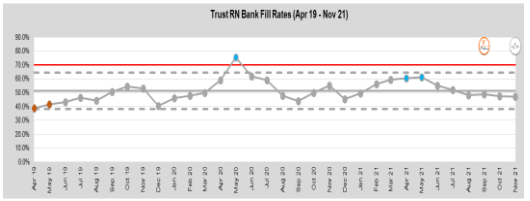


	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Overtime WTE - Trust	31.11	37.78	31.46	40.12	45.04	44.43	31.18	35.35	31.33	33.83	31.13	39.27	33.11
Agency WTE - Trust	128.13	134.66	127.90	121.50	140.44	106.52	97.74	102.47	108.07	111.89	109.30	110.22	115.23
Bank WTE - Trust	345.51	326.34	391.31	362.41	413.49	323.09	296.99	300.77	304.96	308.09	293.16	308.47	274.77
Staff in Post WTE - Trust	4534.92	4572.71	4596.13	4650.22	4692.14	4701.31	4686.97	4683.13	4690.48	4699.86	4738.65	4728.61	4749.80
Budget WTE - Trust	4882.96	4960.19	4962.71	4962.76	4962.76	5028.93	5028.93	4997.81	4989.24	4995.38	4997.78	5058.62	5056.11
Vacancy WTE	347.98	387.48	366.58	312.54	270.62	327.62	341.96	314.68	298.76	295.52	259.13	330.01	306.31
Budget WTE (Sub, Bank & Agency)	4901.66	4978.95	4981.47	4981.52	4981.52	5049.89	5127.03	5099.91	5091.34	5097.48	5099.88	5150.78	5090.32
Trust Paybill £	£19.92M	£20.49M	£20.66M	£21.16M	£24.33M	£20.03M	£20.70M	£21.52M	£20.48M	£20.81M	£25.82M	£21.33M	£21.52M
Trust Pay Budget £	£20.03M	£20.08M	£20.06M	£20.14M	£20.16M	£18.53M	£21.00M	£20.75M	£20.64M	£20.60M	£20.60M	£21.16M	£21.22M



	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Overtime WTE - Medical	4.90	6.16	3.29	3.76	6.40	3.93	2.28	3.41	3.18	2.51	3.67	3.39	1.80
Agency WTE - Medical	32.96	35.71	34.56	32.31	38.75	42.95	40.57	46.94	43.26	46.84	50.09	47.24	40.09
Bank WTE - Medical	40.49	37.78	51.85	40.33	44.56	37.45	39.59	38.00	33.73	28.47	30.63	30.23	32.30
Staff in post WTE - Medical	633.93	632.59	640.38	625.70	627.49	632.92	634.07	635.62	633.32	623.12	629.08	630.74	631.82
Budget WTE - Medical	649.70	651.10	651.89	651.89	651.89	677.65	677.65	671.28	670.80	671.80	671.80	681.42	680.42
Vacancy WTE	15.77	18.51	11.51	26.19	24.40	44.73	43.58	35.66	37.48	48.68	42.72	50.68	48.60
Medical Paybill £	£6.02M	£6.10M	£6.22M	£6.43M	£7.67M	£6.07M	£6.17M	£6.84M	£6.32M	£6.33M	£8.22M	£6.43M	£6.14M
Medical Pay Budget £	£6.01M	£6.01M	£5.99M	£6.03M	£6.04M	£5.43M	£6.09M	£6.14M	£6.11M	£6.06M	£6.07M	£6.17M	£6.19M





Background

The Trust utilised 5173WTE staff to deliver its services in November '21, which was a small decrease of 5WTE on the pervious month though still 117WTE over budgeted WTE.

The top 3 highest users of nursing/midwifery bank and agency are ED (32WTE), Community Nursing (27WTE) and AMU (17WTE). ED continue to work to an escalated staffing model, which alongside sickness and vacancy cover accounted for the majority of temporary staff utilisation. Community Nursing WTE remains driven by increased staffing used to secure additional capacity. In AMU, usage has predominately been to cover sickness and vacancy. In both ED and AMU, additional WTE has been utilised to secure staff across the Winter period

For medical staff, General Medicine including Outlier Cover (30WTE) and Emergency Medicine (13WTE) remain the largest users of locum and agency cover. Vacancy and additional activity continue as the top reasons for sourcing cover, being driven by a vacancy position for medical staff of 48.6WTE and increasing demand for elective recovery.

Improvement actions

1. Demand & capacity analysis is underway in the UTC to quantify the present capacity gap and inform assumptions aligned to forecast UTC activity. The delivery of clinical tasks is also under review, aimed at identifying opportunities to work differently and create efficiency. A standard operating procedure and process map for a Clinical Navigator function is also under development by the department's ACP, with the purpose of streaming and avoiding inappropriate UTC attendances.

2. An AHP Education & Development Lead has been appointed, with a focus on building AHP capability and sustained future under-graduate and post-graduate workforce supply.

3. With Radiographer workforce supply challenged, the department has designed and is recruiting to a Radiography Apprenticeship, creating the opportunity for progression from entry level through to professional registration within 3 years.

4. Demand & capacity analysis is underway in Endoscopy, with a view to consolidating the variety of existing shift patterns and aligning this to demand.

5. Recruitment to Pharmacy Technician roles funded by the ARRS is underway in Primary Care, releasing GP capacity and enabling focussed medicines management.

Risks to Performance & Mitigations

With all front line patient facing staff requiring double vaccination, there is a risk that non-compliant staff will require re-deployment , potentially posing a long term risk to retention and attraction. Many of these staff hold professional registration and if unable to remain in their present roles, could significantly dent registered workforce availability. HRBP led discussions are actively underway with affected individuals to alleviate this possibility.

With the new Urgent Treatment Centre facility set to open in May '22, a decision from the CCG on whether to fund the required 2.5WTE GP roles required to lead the UTC, is still pending, creating the possibility of needing to continue with existing locum arrangements. In the near term heightened UTC activity continues to outstrip the budgeted staffing model and challenge performance. To address this funding has been provided for additional UTC resource including GP, MSK Physio, Clinical Navigator and HCA's, until March '22.

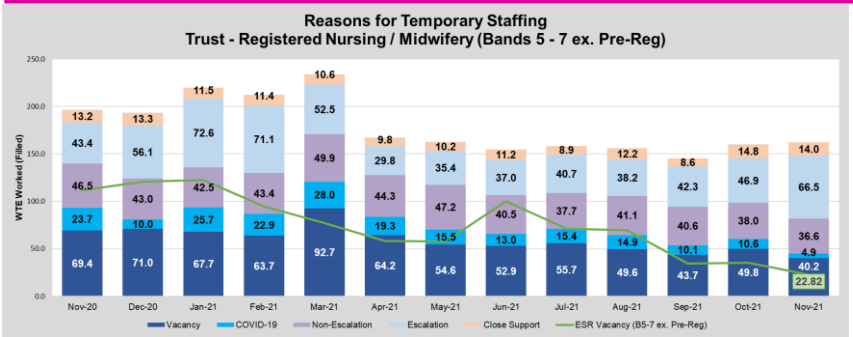
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

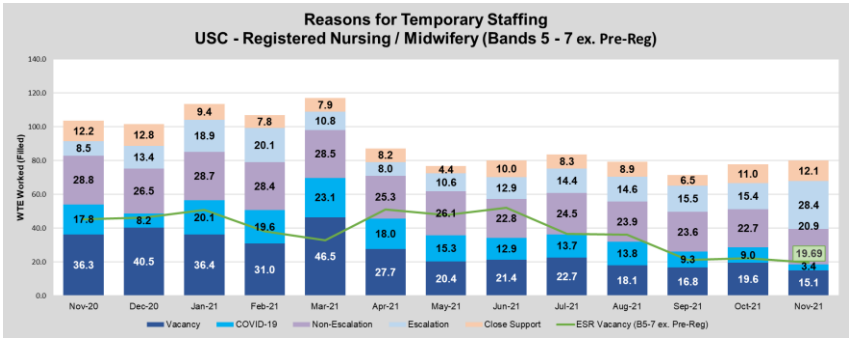
Workforce

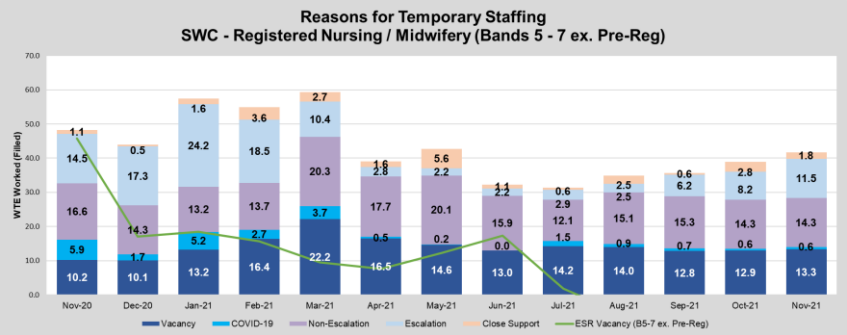
Use of Resources

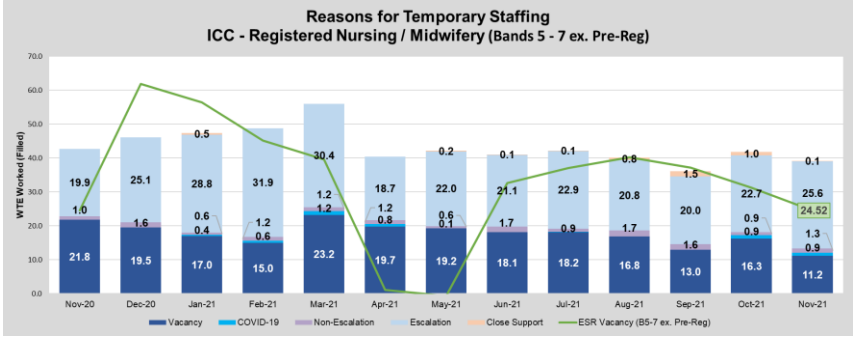
Great Workforce Planning

Indicator Score	Self Assessment Score
2	2









Background

In November 21 there were 162.14WTE temporary staffing registered nursing/midwifery used across the Trust. Of this, 69.90WTE agency and 92.24WTE bank.

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

- USC 79.95WTE used against 19.69WTE M8 vacancy
- SWC 41.66WTE used against -18.92WTE M8 vacancy
- ICC 39.07WTE used against 24.52WTE M8 vacancy

For this staffing group cover is provided by both bank and agency staff. We have a pool of 160 bank-only registered nurses, alongside 1,182 substantive staff with a bank assignment who can cover temporary staffing requirements for this staffing group.

Improvement Actions

1. Long line bookings and winter escalation rates have been implemented for November to March 22 for high risk areas. Continue to work with the Divisional Directors of Nursing to monitor agency requests against reason.
2. Liaising with HRBPs, Departments and DDONs on the recruitment position to ensure once fully recruited departments are reviewing agency supply requirements
3. Continue to engage with the PSL to maximise booking at NHSI Cap rate

Risks to Performance & Mitigations

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

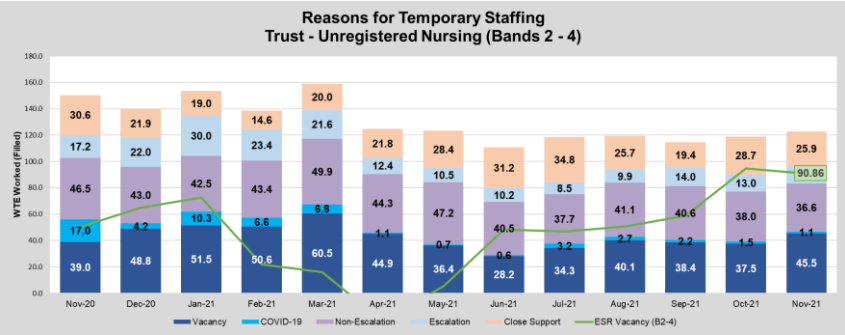
There continues to be a lack of supply of Enhanced Care Support Workers through AWP, due to this RMN's will continue to be required via agency as the Trust does not substantively recruit this role.

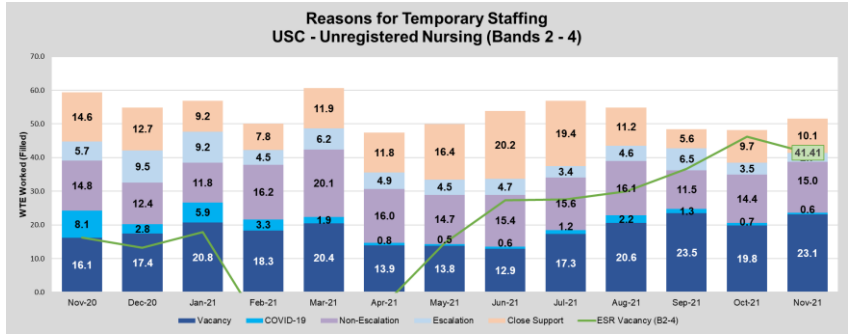
Mean 0 Process limits - 3σ Special cause - concern Special cause - improvement Target

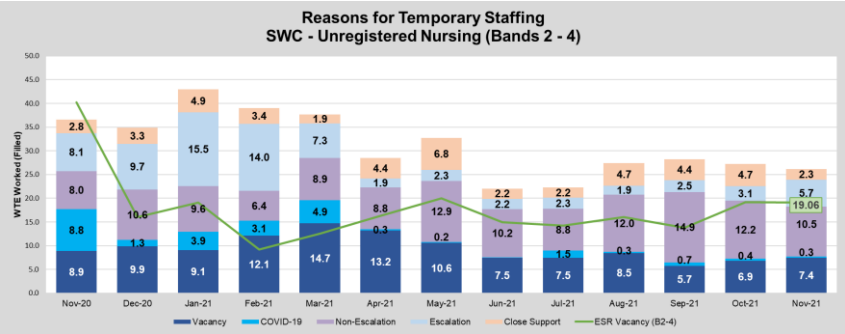
Workforce

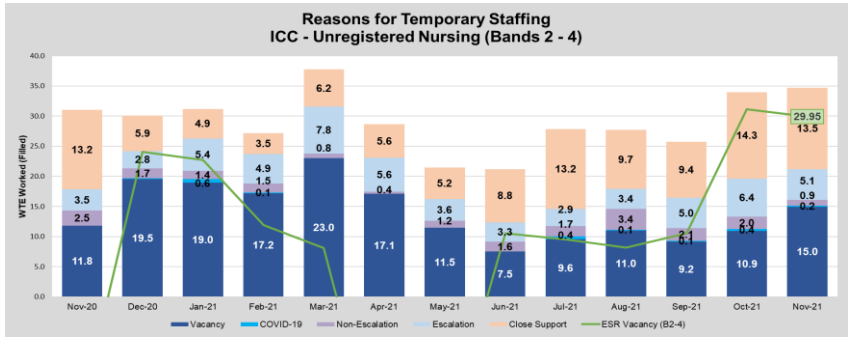
Use of Resources

Great Workforce Planning	Indicator Score	Self Assessment Score
	2	2









Background

In November 21 there were 112.47WTE temporary staffing unregistered nursing/midwifery band 2-4 used across the Trust.

- USC 51.50WTE used against 41.41WTE M8 vacancy
- SWC 26.19WTE used against 19.06WTE M8 vacancy
- ICC 34.68WTE used against 29.95WTE M8 vacancy

For this staffing group no agency is approved, the only source is through the Trust's internal bank. We have a pool of 222 bank-only workers, alongside 621 substantive staff with a bank assignment who can cover temporary staffing requirements for this staffing group.

Improvement Actions

1. Bank HCA recruitment adverts have been refreshed and occurs on a rolling basis frequency. This planned campaign is aimed to increase the number of available bank workers. This activity is overseen by Temporary Staffing Manager.

2. The HCA working group continues to meet bi-weekly to review recruitment and development pathways. Progress is reported through the Nursing, Midwifery and AHP Workforce group.

3. The Trust will be bidding for additional HCA winter funding from NHSEI to support the acceleration of HCA recruitment. The funding is available in two streams 1) up to £30,000 for recruitment and 2) up to £1,000 per HCA vacancy to support induction and ward transition.

Risks to Performance & Mitigations

The band 2-4 vacancy position is 68.55WTE, it is anticipated with the vacancy gap, winter and Covid-19 there will be an increase in HCA temporary staffing requests.

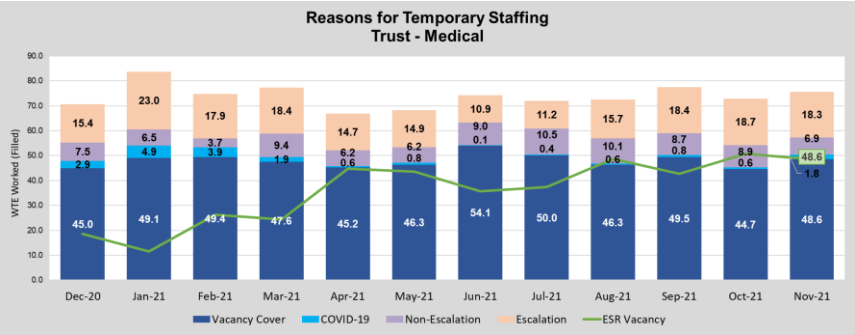
Mean 0 Process limits - 3σ Special cause - concern Special cause - improvement Target

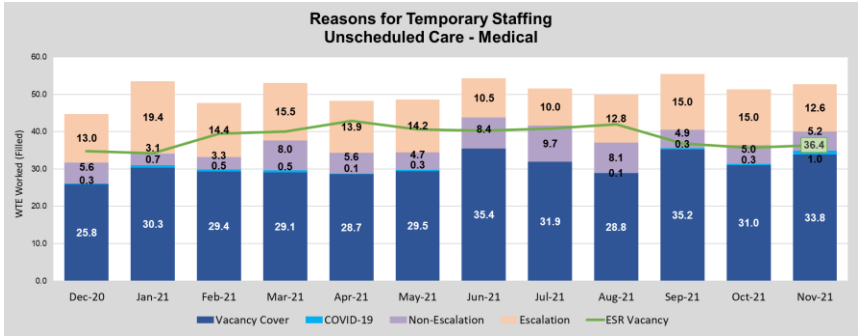
Workforce

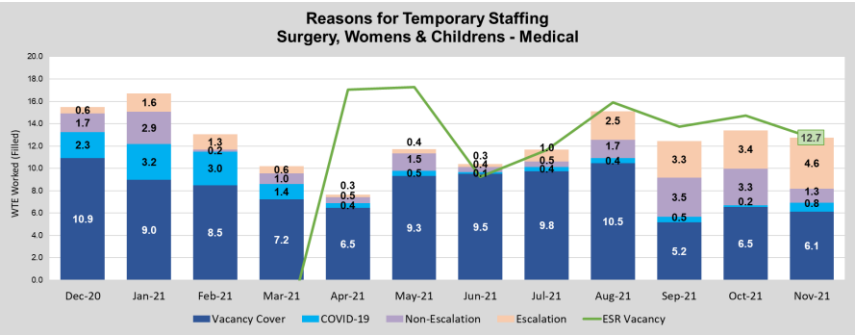
Use of Resources

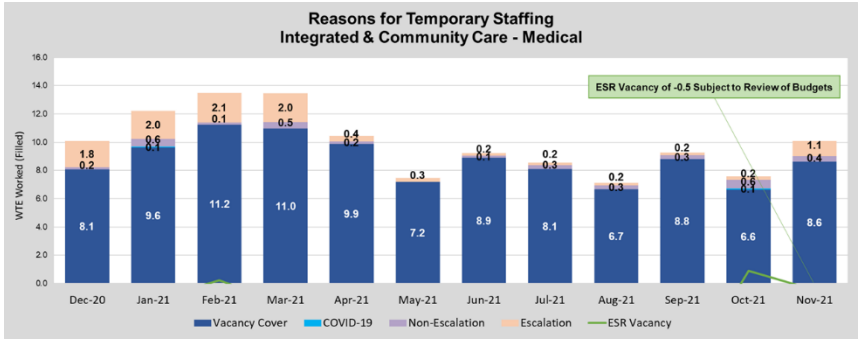
Great Workforce Planning

Indicator Score	Self Assessment Score
2	2









Background

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

The data highlights we are bringing in 75.57WTE Temporary Medical Workforce across the Trust.

- USC 52.72WTE used against 36.4WTE M8 Vacancy
- SWC 12.75WTE used against 12.7WTE M8 Vacancy
- ICC medical budgets are under review

Across the Trust, the primary reason for medical temporary staffing continues to be vacancies and escalation.

Improvement Actions

1. The process mapping exercise on booking of core medical resourcing processes continues to progress with draft SOP sent onto Medical/Operational managers for feedback to be received in December.

2. The Resourcing Team are working with Liaison and agencies to increase direct engagement savings.

Risks to Performance & Mitigations

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

Reliance of agency to support hard to recruit roles.

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

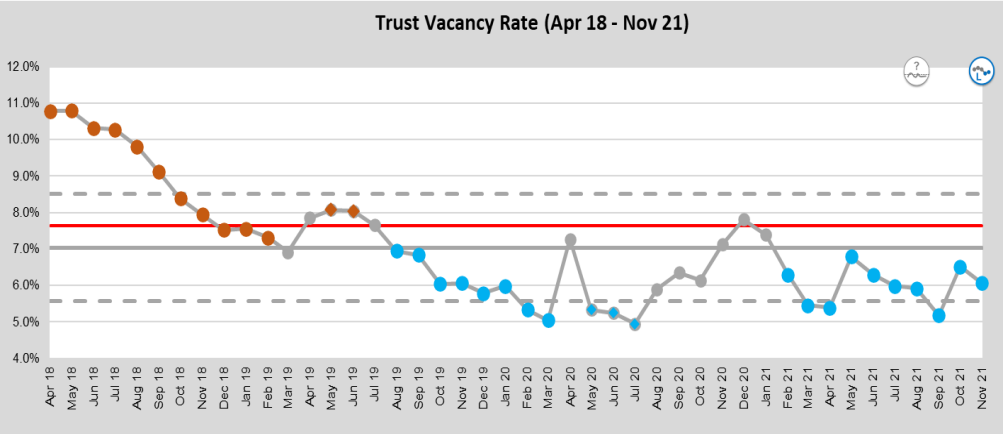
Mean 0 Process limits - 3σ Special cause - concern Special cause - improvement Target

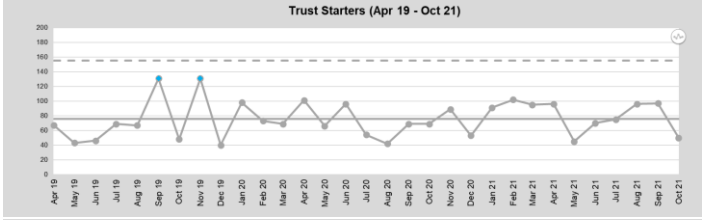
Workforce

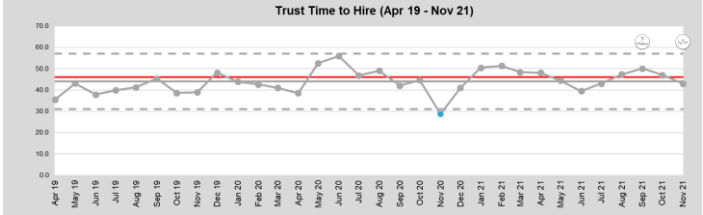
Use of Resources

Great Opportunities

Indicator Score	Self Assessment Score
2	2







Background

The Trust vacancy position in November decreased to 306.31 WTE (6.06%).

There were 50 headcount of new starters to the Trust in October, this is below the Trust average of 75.

New starters by staffing group;

- Admin & Clerical – 9
- Allied Health Professionals – 6
- Medical & Dental – 2
- Non-clinical Support – 1
- Registered Nursing & Midwifery – 14
- Scientific, Therapeutic & Technical – 4
- Unregistered Nursing & Midwifery – 14

The Trust has a provisional 39 candidates due to commence employment in December across all staffing groups.

The recruitment time to hire in November decreased to below KPI at 43 days from vacancy advertised to contract sent.

Improvement actions

1. New SAS contracts are being introduced and will be backdated to April 21. The expression of interest period has now closed for all candidates. 22 Speciality Doctors have expressed an interest. 14 are currently going through job planning, 4 offers have been sent with 2 confirming their acceptance and 4 have now withdrawn. This process is to be completed by end of December.

2. Maternity Services have a number of initiatives underway to increase recruits in the area, this includes filming of an information video in December, refer a friend, communication on flexible retirement options has been circulated as a direct response to the age demographic of midwives and international recruitment is due to commence in the new year with NHSEI funding for 5 international midwives.

3. The Resourcing Team is planning to attending the following events with clinical representatives from the Trust;
   Local Universities – for all Staffing Groups
   Occupational Therapist/Physiotherapist Event, April 2022
   Swindon Job Fair, May 2022

4. Unscheduled Care are exploring introducing Enhanced Care Worker (B3) as a trial within DOME service. The trial would allow existing HCA's to have the opportunity for increased training and development.

5. On 1st December the Trust welcomed Naginder Dhanoa - Chief Digital Officer, this is a joint role in collaboration with Salisbury NHS Foundation Trust.

Risk to performance and mitigations

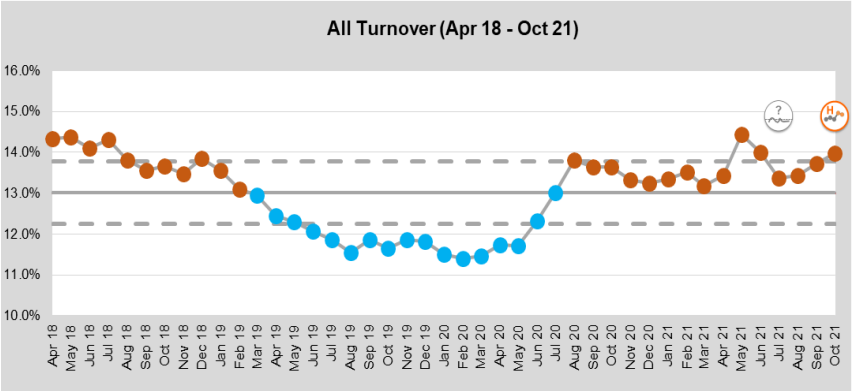
Healthcare Assistant vacancy has decreased to 68.55 WTE however continues to remain high, centralised recruitment plans are in place which includes a weekly rota of adverts, numeracy and literacy assessments and interviews. This activity is overseen by Deputy Chief Nurse, Divisional Directors of Nursing and Head of Resourcing.

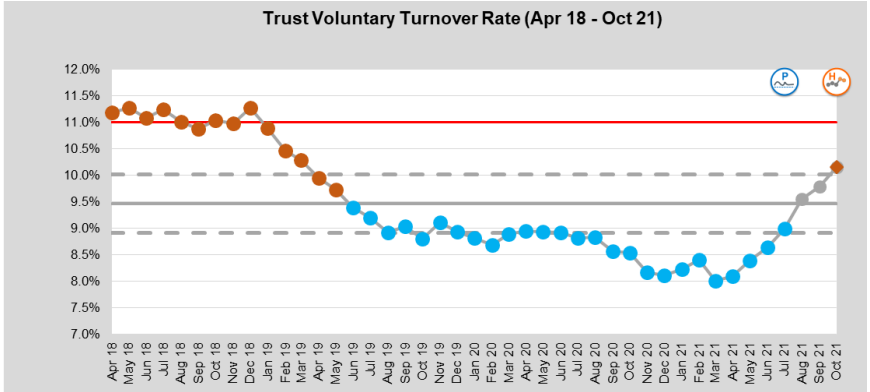
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Workforce

Use of Resources

Great Opportunities	Indicator Score	Self Assessment Score
	2	2





Background

Performance for all turnover worsened slightly from last month remaining above target at 13.97%. Voluntary turnover is 10.16%, also worsened slightly from last month (9.79%) but below the 11% target.

In October there were 49 voluntary leavers which is above the Trust 12-month average of 43.

Leavers headcount by staffing group;

- Admin & Clerical – 11
- Allied Health Professionals – 7
- Registered Nursing & Midwifery – 13
- Scientific, Therapeutic & Technical - 2
- Unregistered Nursing & Midwifery – 10
- Medical and Dental – 3
- Non-Clinical Support – 3

The top 3 reasons for leaving in October 2021 are;

- Relocation – 11
- Work Life Balance – 9
- Promotion - 6

Improvement actions

1. Retention for AHP turnover shows some initial improvement further to proactive promotion of the profession at national recruitment events, development of the Trust-wide AHP Education Lead role and sharing ideas with staff.
2. Retention of Unregistered nursing has shown some initial improvement and will continue to be reviewed in line with the recruitment, training and career pathway initiatives being developed by the HCA retention project group under Executive Nursing sponsorship.
3. Nursing retention strategy will be monitored monthly with effect from January 2022 at the Senior Nursing Midwifery forum. The HR BP retention lead will attend this forum to report in-month turnover data and provide updates on range of initiatives (Stay & Thrive; Itchy Feet; BSW RRS group) to inform nursing leadership team decision-making.
4. Medical & Dental retention will be tabled as an agenda item from January 2022, at MSG monthly meeting to be supported by turnover data to inform decision making.
5. Radiology – proactively addressing turnover challenges with continued payment of Retention Premium, development of a 'Day in the Life' career promotional video and social media campaign, advertising an exciting 3-year apprenticeship role to achieve radiology professional accreditation, relaunch of the Refer a Friend initiative and exploring the options and potential benefits of radiology international recruitment.
6. IC&C Division – HR team are supporting service leads to ensure all leaver information captured and trends analysed. Early data presents that leavers are choosing to relocate and pursue alternative education.

Risk to performance and mitigations

All turnover is reporting at 13.97% exceeding Trust target of 13%.

Outliers for all turnover (Nov 20 to Oct 21)

- Unregistered Nursing – 21.5%
- AHP 16.9%
- Admin & Clerical – 14.2%

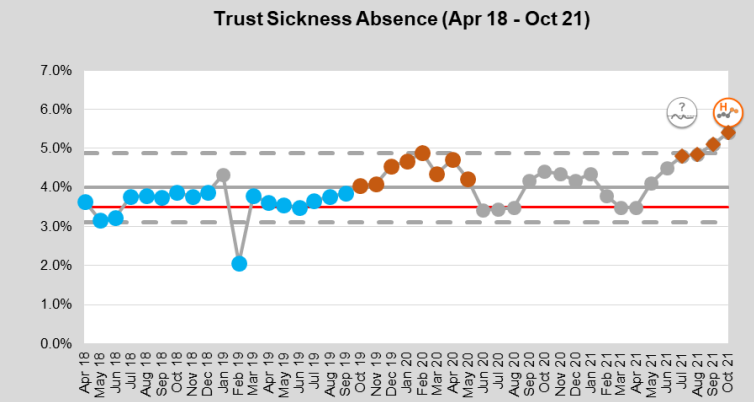
There are Trust wide retention initiatives in place to mitigate high turnover in specific professional categories and it is encouraging that in month leavers have reduced for – Unregistered Nursing (14 to 10), and AHPs (9 to 7).

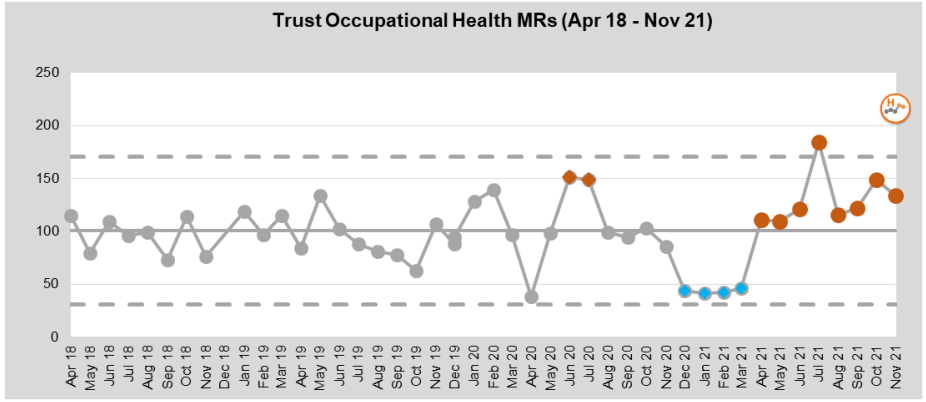
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Workforce – Sickness Absence

Use of Resources

Great Employee Experience	Indicator Score	Self Assessment Score
	1	2





Background

For September 2021, sickness absence is reported at 5.41% which is above the Trust average of 4.0% and above the Trust target of 3.5%

In November, OH received 148 pre-employment questionnaires & 134 management referrals (SW&C n=48, Integrated n=40, USC n=39, Corporate n=7)

Key themes for referral were:

- stress, anxiety, bereavement, health (Mental Health Practitioner (MHP) n=21)

- COVID, fatigue, sickness triggers (Occupational Health Advice (OHA) n=45)

- complex mental health, co-morbid health difficulties, mask issues/COVID (Occupational Health Physician (OHP) n=27)

- back, upper limb ,& knee pain (Physio n=35)

(unsuccessful in making contact n=6)

Improvement actions

1. As of 30th November, a total of 5,087vaccinations have been given, including to Serco staff & students . Flu clinics have been provided in community venues this month, including Wiltshire.
2. Wellbeing Wednesdays re-launched in November, and will run throughout the winter months. This will include the presence of the tea trolley in the Academy every Wednesday lunchtime, staffed by members of the HWB Team.
3. A video outlining health & wellbeing support available to staff this winter has been produced and will soon be circulated via Trust-wide comms.
4. OH Physio have designed a 5-week Pilates class for staff, starting the first week of January – comms has been circulated detailing how individuals can self-refer for an assessment for this class.
5. The second long-Covid support group for staff took place this month, attended by 6 individuals. The next monthly session is scheduled for 13th Dec
6. Last month's IT difficulties with Team Prevent which delayed the turnaround time of pre-employment questionnaires & OHA management referrals have been resolved, and these have been processed in a timely way this month.

Risk to performance and mitigations

Current OH clinic waiting times are:
- 1 week for OHA, Physio, & clinic nurse
- 3 weeks for MHP
- 5 weeks for OHP

One of the locum OHPs is not working throughout most of December, and so additional OHP clinics are being provided by the other locums to help keep waiting times to a minimum

Post-induction invitations have been sent out, & 78 were subsequently booked into clinic this month. The Occupational Health resource model is equipped to addressing the backlog.

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

Workforce – Recognition, EDI and Wellbeing

Use of Resources

Great Employee Experience	Indicator Score	Self Assessment Score
	1	2

Employee Recognition

Long Service Awards	5	Hidden Heroes	*0*
Retirement Awards	2	STAR awards	7

Diversity/Inclusivity

- EDI podcasts to be launched 2022, focusing on role models, Allyship, international experience and Neurodivergence.
- A Reciprocal Mentoring participants video promotes success of this pilot scheme.
- USC EDI improvement initiative planned for Jan-22 - a 'bite-size' EDI workshop focusing on tackling discrimination. Career progression EDI survey results to be presented to EDIG and PPPC on 22nd December, sharing BAME staff feedback and improvement ideas. These will be included in the action plan informing the 1-1 skills and resilience programme.
- The Trust's draft trans policy steering group has met several times to further review and refine the policy. A facilities audit has been completed and next steps are being planned.
- A series of meetings have been held to progress the Trust's status as a Disability Confident Leader, Level 3.
- BSW ICS: Working with system partners to develop a regional EDI web page with organisation links and resources; and review recruitment practices to incorporate EDI more into interview process.

Wellbeing Initiatives

Fall into Fitness Challenge - this was won by the IT department this year. In total, 18,651 miles were covered through walking, running & cycling by the 26 teams that took part this month, raising £805 for Brighter Futures

Mince Pie Tea Trolley - this will be making a festive visit to all areas across the trust in December accompanied by various staff, including the Executive team & volunteers

Massage chairs – these are currently located in Orbital, Woodpecker, Commonhead, Oral Surgery, Orthopaedics & ICU

Staffroom refurbishment project - 23 staff rooms / rest areas have now been painted wand have a woodland scene added to a wall. This project is nearing completion, with new furniture being added

Background

In November, 16 individuals self-referred for 1:1 counselling

The most common reasons for referral were:
1. personal: anxiety (75%), low mood (63%), stress (56%) 2. work-related: overload / stress (50%)

90 individual contacts were made this month (a significant increase on the 27 made in Nov 2020)

An additional 25 contacts were made with the EAP

26 individuals attended virtual bitesize wellbeing sessions this month (e.g. menopause, mindfulness, anger, grief)

11 in-reach psychology group sessions were conducted with various teams across the Trust in November, reaching a total of 57 individual staff members

A teaching session on leading compassionately was provided to the Academy's recent Aspiring Leaders cohort (n=18)

Improvement actions

1. This month, a further 11 staff members were trained in Mental Health First Aid and 5 in Suicide First Aid
2. Feedback from staff who attended MHFA training included '*I feel so much more informed on all aspects of mental illness & support networks available. I feel I will be able to employ them with colleagues, patients & myself in a positive way.*' Average scores from the start compared to the end of the course for this cohort improved from 3.4 to 8.2 regarding knowledge of mental health and from 4.4 to 8 regarding confidence in supporting affected individuals
3. The delivery of our MHFA supervision group was amended this month, & subsequently attended by 32 of our Mental Health First Aiders (a significant improvement on all previous supervision sessions)
4. CORE-10 pre/post scores improved for 9 out of the 11 individual who completed therapy this month, of which 8 were reliable improvements
5. A session on TRiM was delivered in the Leadership Forum on 23rd November to help disseminate awareness of this intervention across the Trust

Risk to performance and mitigations

Waiting time for initial counselling appt following referral this month has averaged within 1-2 weeks

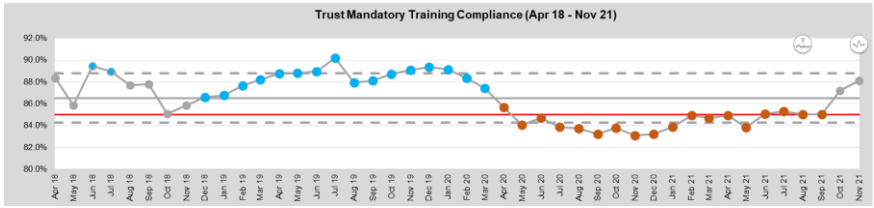
The pilot online yoga programme has been made available this month to all staff - 20 places offered each month in January, February & March - most places have now been filled

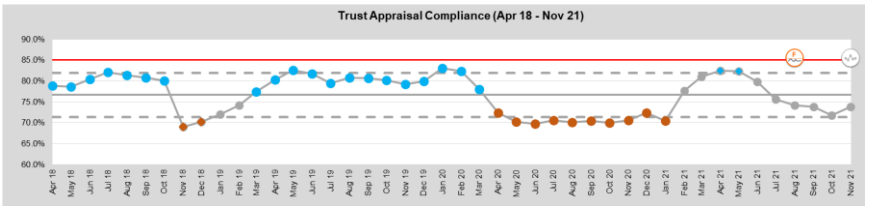
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

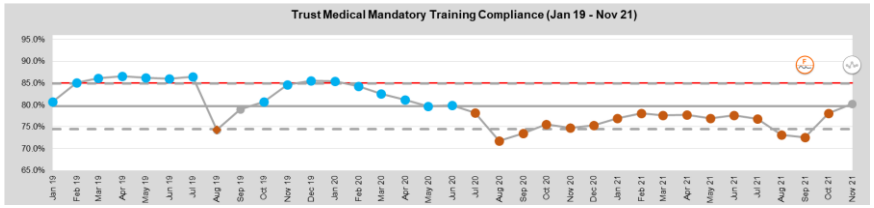
Workforce

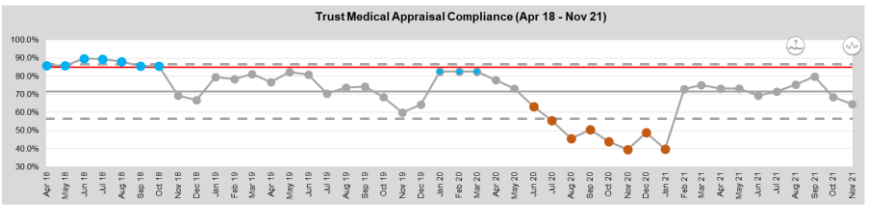
Use of Resources

Great Employee Development	Indicator Score	Self Assessment Score
	2	2









Background

Trust mandatory training compliance performance remains above the KPI of 85% since the transfer of modules to ESR on the 1 June, this month it is at 88.13%. This is an increase of 1% from last month.

Trust appraisal compliance is reported at 73.78% in October, increasing by 2% over the month. This performance continues to have an impact on the indicator score in the leadership section.)

The level of operational pressure over recent months and higher sickness absence rates will have had an impact on appraisal performance.

Salisbury NHS Foundation Trust and Royal United Hospitals Foundation Trust are also reporting appraisal rates significantly below KPI.

From w/b 13 December, the Academy will pull 2-weekly reports on appraisals to support managers in monitoring compliance.

Improvement actions

1. The Head of Learning and Development continues to work with the Deputy Chief Nurse on improving Level 3 Children's Safeguarding compliance rates within ED The approach that RUH and Somerset Foundation Trust take is being considered. A proposal has been put forward to the Deputy Chief Nurse and Associate Director of OD and Learning outlining a new approach which could support an improvement in compliance.
2. The Associate Director of OD and Learning will chair a group which will examine alternative methods of appraisal, examining learning from other organisations. The aim will be to streamline the process.
3. The Mandatory training report provided to Divisions has been refined further to enable easier oversight of individual compliance. Work continues on the further updating and re-design of mandatory training modules.
4. The Head of Learning and Development is working with the Deputy Chief Nurse on the development of an improved HCA induction. The plan is to extend HCA induction to 5 days and run 2 per month. This is in response to a high turnover of HCAs and is part of a wider project to improve recruitment and retention of this workforce.
5. The Conflict Resolution pilot took place in November/December. A review meeting is taking place on 13 December and a decision will made as to the provider we will use to' train the trainer'.
6. The Academy is undergoing some refurbishment and redecoration to improve the environment for learners and a local school has been involved in designing artwork to brighten up the space.

Risk to performance and mitigations

The impact of social distancing continues to have an impact on capacity. The potential to make any changes safely and in accordance with IPC guidance was explored, but it has been decided that the current rules need to remain in place. This continues to have an impact on training throughput.

The HCA training will need to take place in external venues and there is a cost to this-options to fund this are being explored.

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

Workforce

Use of Resources

Great Leadership	Indicator Score	Self Assessment Score
	1	3

Leadership Roles at the Trust	4.35% of staff	Equating to 179.39 WTE
Leadership Development Programme *(Cohort 1)*	22 leaders	13 Completed Training
Leadership Development Programme *(Cohort 2)*	14 Leaders	Undergoing Training
Leadership Development Programme *(Cohort 3)*	20 Leaders	Undergoing Training
Aspiring Leaders *(Cohort 1)*	21 aspiring leaders	19 Completed Training
Aspiring Leaders *(Cohort 2)*	18 aspiring leaders	Undergoing Training
Leadership Forum Members	300 managers	Members Engaged
Latest Leadership Forum *(23 November*	27 managers	Actively Attending
Ward Accreditation	24 of 24 departments	using the Perfect Ward App

Background

Cohort 1 of the Aspiring Leaders programme came together for an inspirational celebration event, where participants shared their experiences from the programme and how they had developed.

A training provider has been selected to deliver mediation training to a BSW cohort of staff. The aim of this training is to ensure there is an adequate supply of trained mediators across the system to support organisations and reduce the to fund external mediation.

There have been 2 deferrals from the level 5 and 1 deferral from the level 7 coaching and mentoring cohorts who are due to complete in September 2022. There will still be sufficient trained coaches despite these deferrals as a result of the training.

A second cohort of Level 5 coaching & mentoring training has been agreed for May 2022

The RUH has shared plans across BSW for a pilot clinical lead's leadership development programme, starting in March 2022. Each Acute Trust will be allocated six places on the programme.

The Leadership Team has attended both the BAME and LGBTQ+ Network Meetings to discuss leadership opportunities.

Improvement actions

1. The Leadership Forum for 2022 will continue to take place on a bi-monthly basis. The start time will alternate between 4pm and 6pm. This is a compromise which is designed to support better work life balance, but also ensure that medical colleagues can attend sessions. Dates have now been set for next year.

2. The Leadership Team is evaluating the impact and success of the current Graduate Management Trainee Scheme to date with a view to express an interest in potentially supporting further trainees in September 2022.

3. The Trust's Talent Management strategy was approved by Executive Committee and People, Place and Performance Committee in November 2021.An expression of interest has been prepared to participate in the NHS England/Improvement pilot for 'Scope for Growth' a revised model for developing and supporting talent management conversations cross the organisation,. One of the of the identified target groups within the pilot will be staff from the BAME community. This will support the work on career progression for BAME staff.

4. The Leadership Team is working with key stakeholders across the organisation on the redesign of career pathways. The aim of this work is to , increase awareness of development opportunities and possibilities and help individuals plot their career progression.

Risk to performance and mitigations

Attendance at leadership development training may become more challenging due to operational pressures in the coming winter months. This is being closely monitored.

Internal leadership training for the first 2 weeks of January 2021 has already been rescheduled.

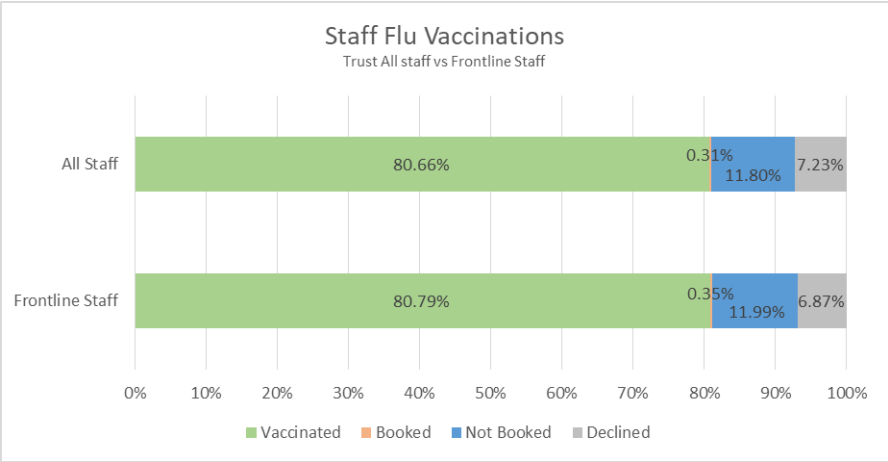
There is a risk that the Clinical Leads programme across BSW could be impacted by winter pressures.

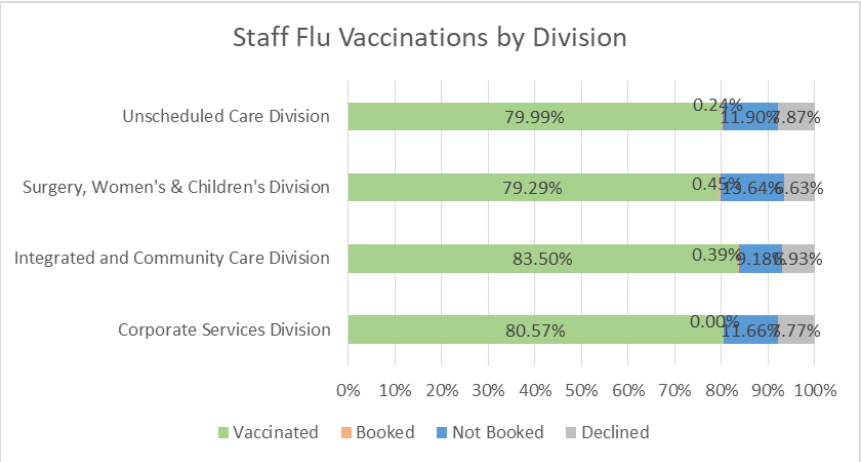
95

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

Exception 1 of 3 – Staff Flu Vaccination

Exception Report





Background

Our current compliance rate for all staff is 88.03% and a further 17 staff are booked as of 12h December. (Compliance reporting includes those vaccinated and those who have declined).

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

Improvement actions

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

2. With effect from Monday 13th December, flu clinics will run Monday, Wednesday and Friday in the OH department. Staff are still able to select a vaccine appointment from 7.30am until 15.30pm. An OH department walk-in service is also available during this time. From the start of the New Year drop in for flu vaccinations will be available Monday, Wednesday, and Friday 07:30 - 15:30.

3. The OH team will continue with a 'walk about' flu vaccine service to increase availability of service to busy wards. Frequency dependent on demand, day and evening visits, offered if required by prior arrangement.

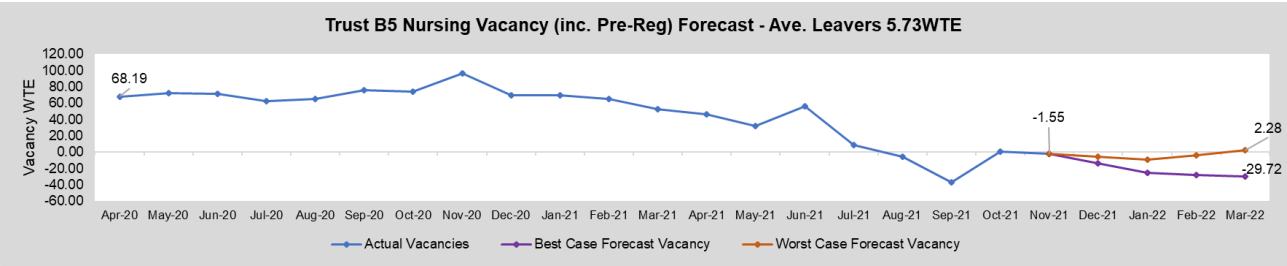
Risks to Performance & Mitigations

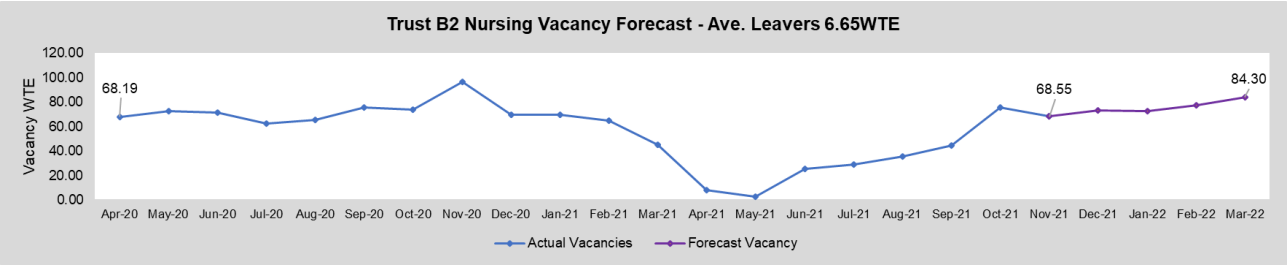
Staff are required to come to site for their vaccination in adherence with social distancing and proactive uptake is essential to avoid delay to the anticipated COVID-19 booster campaign. This may impact staff take up and therefore this will be monitored closely.

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

Exception 2 of 3: Recruitment Trajectory

Exception Report





Assumptions:

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

Background

In M8 the Trust B5 Nurse vacancy position including pre-registered nurses is -1.55 WTE (excludes corporate Services and COVID Vaccination).

A noticeable reduction in July, August and September is due to 49 WTE B5 student nurses joining the Trust.

In M8 the Trust B2 Nurse vacancy position is 68.55 WTE, this has significantly increased since May 21 primarily due to turnover.

Improvement actions

1. NHSEI confirmed further international recruitment funding available of £3,000 per nurse in 2022/23. The Trust submitted a bid for 45 nurses based on meeting turnover demands. A decision if the Trust has been successful will be confirmed by the end of December.

2. Healthcare Assistant vacancy continues to remain high, centralised recruitment plans have been put in place which includes a weekly rota of adverts, numeracy and literacy assessments and interviews. This activity is overseen by Deputy Chief Nurse, Divisional Directors of Nursing and Head of Resourcing. With the acceleration of recruitment it is anticipated the HCA trajectory vacancy position will reduce. HRBP's are working with Division on retention plans which will be monitored in January.

Risk to performance and mitigations

The Trust has joined the National International Recruitment Stay and Thrive initiative. This initiative is designed to investigate factors linked to retention and share good practice across the NHS. The first area of focus will be to obtain feedback from our international recruits. A range of focus groups led by Deputy Chief Nurse will occur in December/January, with the first session due to on 15th December 2021.

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

Exception 3 of 3: Recruitment, Retention, and Development in Maternity

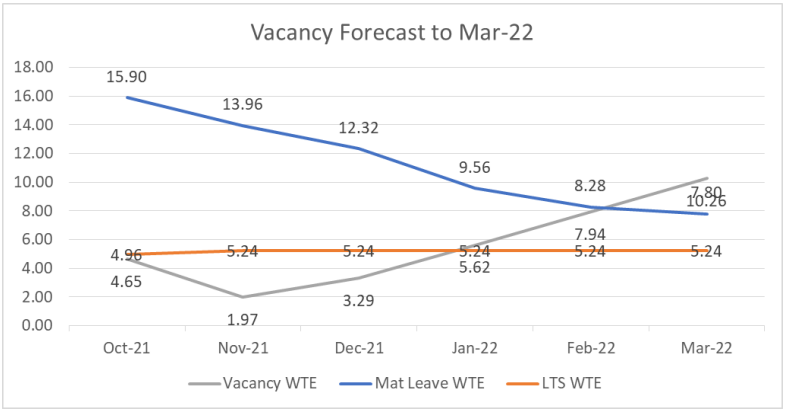
Exception

Table 1 – Midwives who could retire in March 2022

Department	Total headcount	55 or over	% who could retire in March 2022
Community Midwifery	48	14	29.5
Day Assessment Unit	18	8	44.4
Hazel and Delivery Staff	109	11	10.1
Specialist Midwives	14	7	50.0
Total	189	40	21.2

Table 2- November 2021 Vacancies

Organisation	Subjective Code Description	Budget FTE	Actual FTE	Vacancy WTE	Vacancy %
Day Assessment Unit - J65910	Midwife Band 6	11.94	13.39	-1.45	-12.14%
Day Assessment Unit - J65910	Midwife Band 7	1.5	1.18	0.32	21.33%
Hazel & Delivery Staff - J65914	Midwife Band 6	53.94	50.68	3.26	6.04%
Hazel & Delivery Staff - J65914	Midwife Band 7	14.75	16.92	-2.17	-14.71%
Specialist Midwives - J65920	Midwife Band 6	2.8	2.6	0.2	7.14%
Specialist Midwives - J65920	Midwife Band 7	8	7.76	0.24	3.00%
Community Midwifery - J65918	Midwife Band 6	30.87	27.36	3.51	11.37%
Community Midwifery - J65918	Midwife Band 7	5	4.8	0.2	4.00%
Total		128.8	124.69	4.11	3.19%



Background

Maternity Services are currently facing a very challenging situation in respect of midwifery staffing levels due to:

- The strong risk of losing experienced midwives due to age profile, eligibility for early retirement and the pending pension changes.
- The introduction of the continuity of care model has caused a lack of engagement with existing midwives who do not wish to be on call or work in the community but prefer working in hospitals. Many midwives are currently leaving the profession so there is an increased shortage of those more experienced.
- There is a high level of midwives of maternity leave at any one time. On average there are 10 midwives on maternity leave each month.

Whilst the main challenge is recruitment a strong focus is required for the retention of midwives.

Improvement actions

1. Working Group for R&R Plan: Group includes HR, Head of Midwifery, and Matrons commenced as of 22nd October to progress Recruitment and Retention Plan actions.

2. Flexible Retirement Promotion: Promoted by HOM and HR within clinical areas. Appointments have been offered whereby staff can discuss their flexible retirement options. Intelligence will be gained to estimate potential future retirements by end of December.

3. Recruitment and Retention Premium: Including Refer a Friend campaign is awaiting Financial sign off to encourage new midwives to join GWH and to retain existing staff.

4. Practice Development Midwife: Has facilitated the induction of new Midwives to the Trust by holding 'new to the Trust' and practice support meetings for newly qualified employees.

5. International Midwives: GWH has been successful to gain funding for 5 WTE's Midwives (£7000 funding per Midwife) in a collaborative bid with Salisbury and Gloucestershire NHS Trusts, due to start July 2022.

6. Maternity Practice Educator: Interviews for this role will take place 9th December following the Trust's successful bid application for £50,000 to fund retention activities. This role will provide immense support to new and existing Midwives by developing their skills, knowledge, competence and confidence in the care of women and their babies within this clinical area.

Risk to performance and mitigations

There is a risk that the Trust will not fill the vacancies required leaving staffing shortages which could impact on patient care, existing staff morale and levels of turnover.

To mitigate the risk the following actions are in place:

- Ward establishment reviews are taking place to review existing nursing ratio. Maternity are reviewing their staffing in line with the Better Birth Plan to ensure budget alignment.
- Recruitment and Retention plan live within Maternity services and actions monitored within the working group.

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

Board Committee Assurance Report

Finance & Investment Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Andy Copestake	**Andy Copestake**		20 December 2021
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	BAF SR7

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

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

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Month 8 Finance position	G	G	An excellent result for Month 8 when measured against the new H2 plan. All the main indicators are still Green. A favourable I & E variance to date of £319k, Cash of £26m at the end of October and a strong CIP achievement of £472k above plan year to date.	Monitor through FIC	FIC meetings 2021/22
Finance Risk Register	A	A	There were no major changes to the Finance Risk Register this month although the risk report now, helpfully, differentiates between operational and strategic risks. The Trust's Emergency Capital bid of £11.5m had still not been approved.	Monitor through FIC	FIC meetings 2021/22
Capital Plan in-depth report	A	G	A good report from the Head of Financial Control. Whilst the Committee was concerned that there was now likely to be slippage on a few key projects, it was reassured that there was considerable management effort being applied to increase the pace where possible and to reprioritise projects between 2021/22 and 2022/23 to ensure that in-year CDEL funding was not lost.	Monitor through FIC	FIC meetings 2021/22

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
BSW H2 Plan submission	A	G	The Committee noted the BSW H2 Plan which, whilst identifying a number of risks, demonstrated excellent collaboration between System partners and a fair resource allocation for GWH.	None	
GWH H2 Plan update	A	G	A good discussion on the proposed H2 Plan which showed good collaboration between Finance, HR and Operations. The Committee concluded that the plan was reasonable and achievable, and was happy to recommend approval to the Board.	Board	6 January 2022
Divisional Financial Plans update	A	G	All three Divisions presented their final plans to the Committee. Again, there was strong evidence of inter-Divisional working, together with a good focus on grip and control. The Committee concluded that the plans were stretching but achievable, but that they could be impacted by a significant change in Covid patient numbers over the remainder of the year.	Monitor through FIC	FIC meetings 2021/22
Improving Together resourcing proposal	A	G	The Committee approved investment of £840k to support the roll out of the Improving Together programme at GWH.	ROI / spend monitoring	2021/22 and 2022/23 FIC meetings
2022/23 Business Planning	A	G	Planning guidance for 2022/23 had not been received at the time of the meeting but the Committee was pleased to see the proposed approach for the 2022/23 Plan building on the improvements now inherent in the 2021/22 H2 Plan.	Monitor through FIC	2022/23 FIC meetings
Orthopaedic Power Tools contract	G	G	The Committee approved the recommendation to award a 5 year contract to Stryker UK via NHS Supply Chain.	None	
Non-Emergency Patient Discharge Service contract	A	A	The Committee agreed to recommend approval to the Board of a two year contract to E-Zec for Non-Emergency Patient Transport services. The amber rating reflects the need for future reports to explain how additional costs have been justified, either in terms of additional activity or additional services.	Board	6 January 2022

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

Part 4: Use of Resources

Our Priorities

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

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

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

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

How We Measure

Are We Effective?

Are We Responsive?

Are We Safe?

Are We Caring?

Are We Well Led?

Use of Resources

Financial Overview

Use of Resources

For Period Ended - 30th November 2021							
	In Month Plan £000	In Month Actual £000	In Month Variance £000		YTD Plan £000	YTD Actual £000	YTD Variance £000	
Total Operating Income	34,044	35,038	994		272,322	284,277	11,955	
Total Operating Expenditure	(34,549)	(35,211)	(663)		(272,775)	(284,411)	(11,636)	
Total Surplus/(Deficit) *excl donated ass*	(504)	(173)	331		(453)	(134)	319	
Capital	3,815	2,967	(848)		16,503	11,112	(5,391)	
Cash & Cash Equivalents	13,629	25,954	12,325					
Efficiencies	445	566	121		2,162	2,634	472	

Overview

Income & Expenditure – The Trust in month position is £173k deficit against a deficit plan of £504k. Operating Income is £994k favourable against plan and Operating Expenditure is £663k adverse against plan.

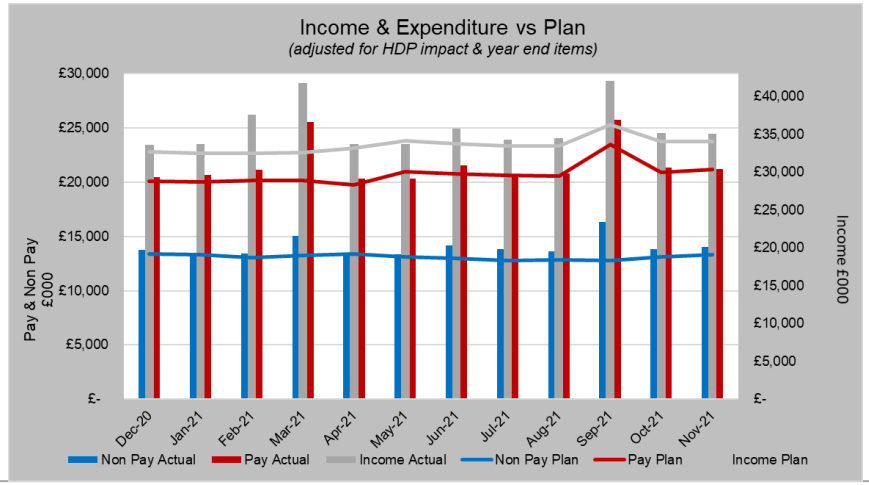
Cash – the cash balance at the end of October was £25,954k which is above plan and above the revised forecast.

Capital – Capital expenditure is £11,112k as at the end of Month 8, £5,391k below plan.

Efficiencies – £2,634k YTD has been delivered, which is above plan by £472k.

Income and Expenditure - Run Rate

Use of Resources



Background

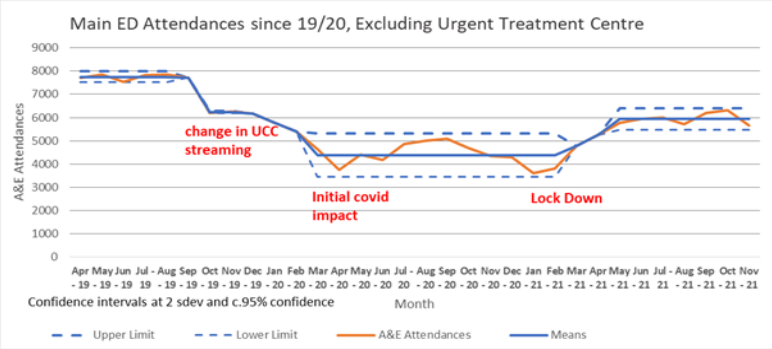
The November position is £173k deficit against a planned deficit of £504k. The position includes Elective Recovery costs of £477k.

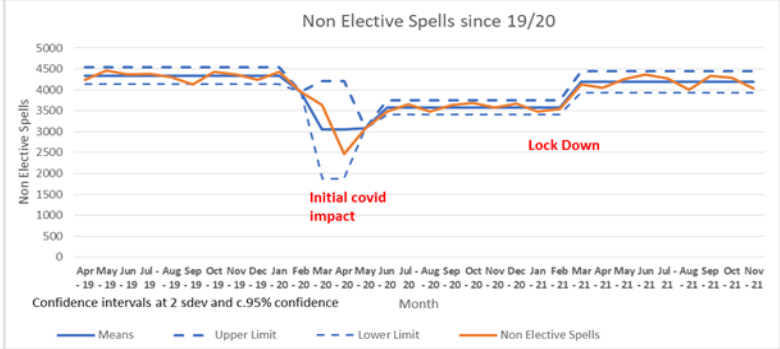
- NHS Clinical Income has increased by £815k from October. This is driven by finalisation of H2 incomes including HDP, covid and cost and volume drugs and devices.
- Education & Training Income from Health Education Income has decreased by £821k, bringing this in line with expected levels. This follows the October level of income being high as it included one-off catch up for M1-6 additional income provided by HEE for cost already incurred.
- Monthly Pay underlying run rate has increased by £221k.
    - The nursing run rate has increased by £129k, mainly on substantive staffing spend. There is £69k of pressure in ICU staffing due to increasing activity. Run rate increases experienced in October around enhanced care costs, sickness and vacancy cover have not increased further, but remain at similarly high levels during November.
    - Locum Medical staffing costs have increased by £136k predominantly across USC areas of Gastro, Gen Med and Outliers, this is linked to vacancy cover and winter pressures.

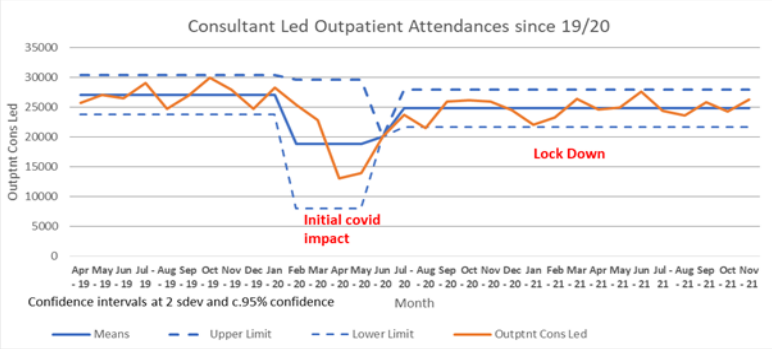
- Non Pay underlying run rate has increased by £550k and is overspent in month by £695k. Within the non pay spend there is £243k for ERF in M8. The run rate pressure includes £95k on clinical supplies in ICC relating to consumables across diabetes, tissue viability and End of Life services.

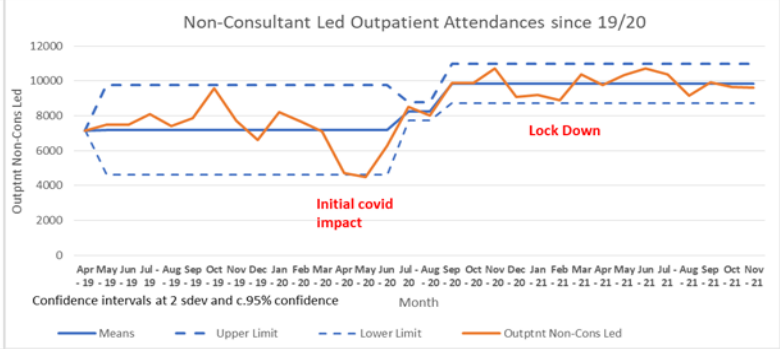
Key Activity Trends to Inform Revenue Impact if National Tariffs Still Applied

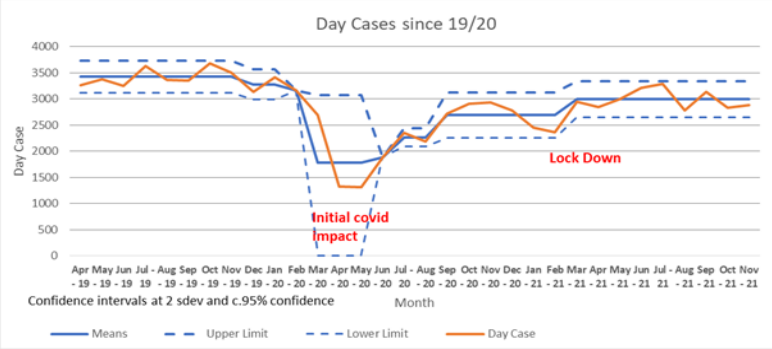
Use of Resources

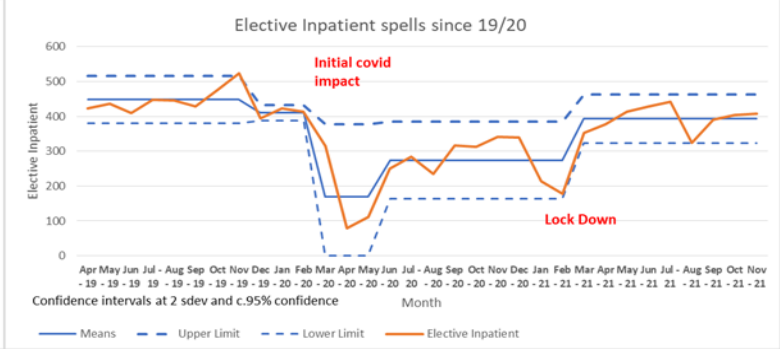












Background:
This is the activity trend collected to inform financial view on productivity, expenditure reported and notional income earned. This does not replace divisions' own view on their levels of activity.

Income and Activity Delivered by Point of Delivery

Use of Resources

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

Activity Type	Activity Variance	19/20 Income	21/22 Income	Income Variance	Income Variance	Comment (comparing income and activity variances)
	%	£'000	£'000	£'000	%	
Main ED (Excl UTC)	-20.5%	9,544	8,044	-1,500	-15.7%	Minor activity affected more than major + impact of increased streaming since 19/20
NEL	-3.1%	61,152	67,503	6,352	10.4%	Minor activity affected more than major
Outpatient (All)	-4.0%	29,345	25,524	-3,821	-13.0%	Due to switching to Non face to Face
Day Case	-12.5%	16,133	14,571	-1,562	-9.7%	Minor activity affected more than major
Elective Inpatient	-11.2%	12,286	11,392	-894	-7.3%	Minor activity affected more than major

Context

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

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

Issues:

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

Acute A&E attendances have dropped 11% from October, (c8% after adjusting for days) and Non Elective activity has also reduced (6% but c3% after adjusting for days). Elective (1%) and Day Case (2%) are marginally higher than October but November had one more working day so activity per day has decreased slightly. Outpatient has increased by c6.3% from October and this also a slight increase in activity per day.

Risks:

If the previous cost and volume funding approach was reintroduced, activity based income for the year would be c£2.1m lower than 2019/20 income levels due to reduced throughput. This is comparable with the equivalent projection at M6.

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

Actions & mitigation:

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

Efficiency – Better Care at Lower Cost

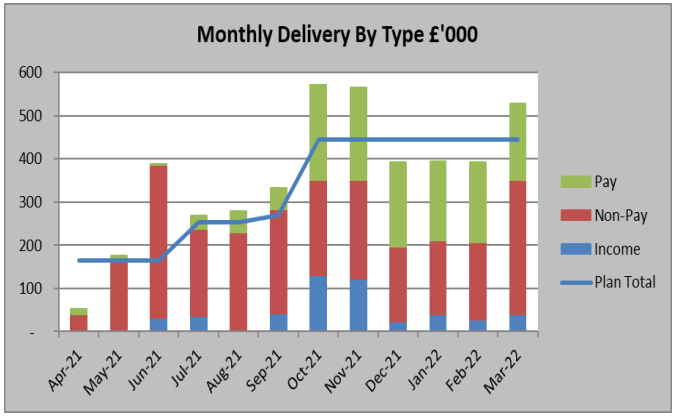
Use of Resources

Background

Efficiencies identified and delivered in month ~~is~~ are £566k which is £121k above plan (this includes a catch up of recruitment lag for M7).

Delivery year to date is £2,634k, which is over plan by £472k. £1,076k of which is recurrent and £1,558k non-recurrent.

The total target for H1 was £1,272k, and a target of £2,670k has been agreed for H2, giving a total indicative efficiency target of £3,942k for 2021/22. The current forecast for the years is to overachieve by £398k.

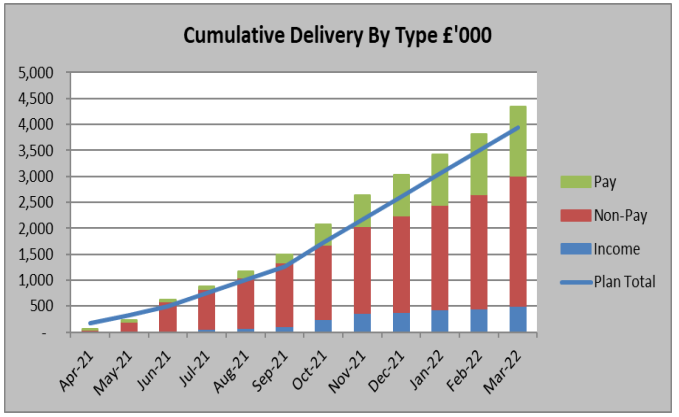


Improvement actions planned

EQIA, PID and financial validation of projects continues, and key focus is now looking forward to 22/23, when it is anticipated there will be a larger cash releasing efficiency target required.

Specifically review of opportunities in the current financial year to assess their impact for 22/23 is being progressed, as well as a gap analysis with peer Trust programmes being taken forward to assess further opportunities for the coming financial year.

Efficiencies road map has been prepared to outline the next stage focus for developing the 22/23 programme.



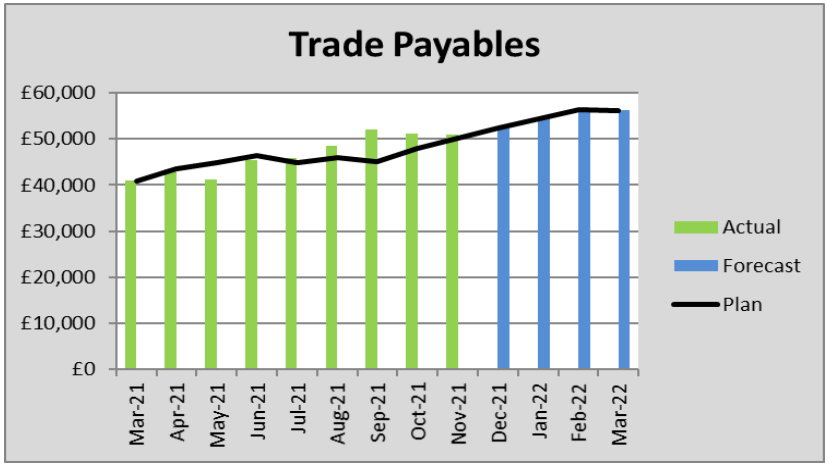
Risks to delivery and mitigations

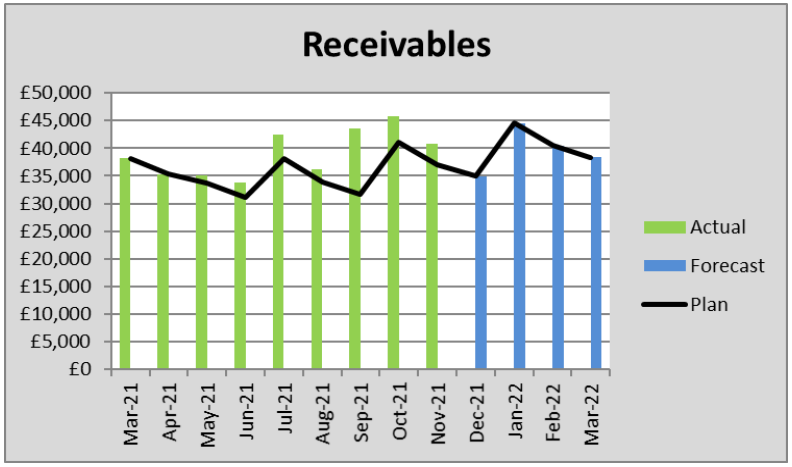
There is risk around the effective progression of cost avoidance and productivity opportunities, which enable run rate management.

Finance and T&I colleagues continue to work with Divisions and Specialties to implement and improve achievement levels of projects, for example/ clear outline of project plans around Benchmarking work is underway and meetings have been established to prioritise this area with divisions over the coming month.

Statement of Financial Position: Key movements

Use of Resources





Background

- Payables are on plan in month. Receivables remain above plan which is driven by accruals for income relating to the Elective Recovery Fund.
- PDC has increased in month as a result of the drawdown (£71k) to support the purchase of the Dexa Scanner.
- A full Statement of Financial Position is included in the appendices.

Risks to delivery and mitigations

- There has been no further movement on the Emergency Financing Applications for Trust Capital or the Energy Centre and therefore the Capital programme continues to spend at risk. This continues to be raised with NHSE/I colleagues on a weekly basis

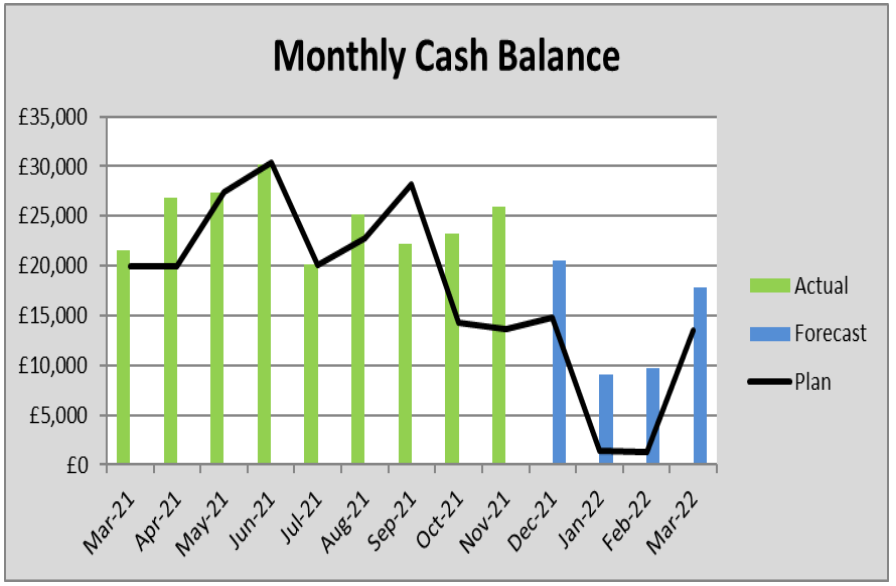
Cash

Use of Resources

	Mar-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	21/22 Total	Rolling 12 Mths Dec 21 to Nov 22
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening Balance	**41,193**	**23,223**	**25,954**	**41,272**	**30,776**	**33,907**	**32,803**	**21,396**	**21,588**	**22,354**	**11,467**	**12,233**	**12,999**	**6,174**	**21,553**	25,954
Income																
Clinical Income	11,312	32,618	31,088	31,088	31,088	31,088	27,517	27,517	27,517	27,517	27,517	27,517	27,517	27,517	380,491	344,488
Other Income	3,921	2,902	2,227	2,740	4,257	2,403	2,403	2,403	1,619	1,619	1,619	1,619	1,619	1,619	46,804	26,143
Revenue Financing Loan / PDC	4,975												4,062	5,713		9,775
Capital Financing Loan / PDC	25,525	71	16,573	2,683	1,894	3,234	3,234	3,234	4,537	4,537	4,537	4,537	4,537	4,537	26,456	58,074
Total Income	**45,733**	**35,590**	**49,888**	**36,511**	**37,239**	**36,725**	**33,154**	**33,154**	**33,673**	**33,673**	**33,673**	**33,673**	**37,735**	**39,386**	**453,751**	**438,480**
Expenditure																
Pay	21,021	20,214	20,510	20,504	20,503	20,449	20,138	20,138	20,138	20,138	20,138	20,138	20,138	20,138	242,292	243,070
Revenue Creditors	10,936	11,946	11,987	12,177	12,670	14,447	8,302	8,302	8,302	8,302	8,302	8,302	8,302	8,302	140,718	117,693
Capital Creditors	19,424	644	2,073	2,672	936	808	4,467	4,467	4,467	4,467	4,467	4,467	4,467	4,467	19,930	42,226
PFI	11,861			11,653			11,653			11,653			11,653	11,653	35,376	58,265
PDC Interest	2,131					2,125									4,076	2,125
Financing		55						55							110	55
Total Expenditure	**65,373**	**32,859**	**34,570**	**47,006**	**34,109**	**37,829**	**44,560**	**32,962**	**32,907**	**44,560**	**32,907**	**32,907**	**44,560**	**44,560**	**442,502**	**463,434**
Closing Balance	**21,553**	**25,954**	**41,272**	**30,776**	**33,907**	**32,803**	**21,396**	**21,588**	**22,354**	**11,467**	**12,233**	**12,999**	**6,174**	**1,000**	**32,803**	**1,000**

Background

- Cash at the end of Month 8 was £25,954k which was £12,325k above the plan level of £13,629k.
- The cash balance is above the forecast for Month 8 (£20.8m). This is driven by additional cash received relating to H2 block payments. Cash has not yet been drawn down for PDC Capital which is partially offset by slippage on the Capital programme.
- The Trust has met its target for the Better Payment Practice Code to pay 95% invoices within 30 days in month. Detail can be found in Appendix 2.



Capital Programme

Use of Resources

Capital Scheme	Capital Group	2021/22 Full Year Plan £000	Month 8 plan	Month 8 Actual	Month 8 Variance	Month 8 YTD Plan £000	YTD Actual £000	YTD Variance £000
Aseptic Suite	Estates	1,903	367	-	(367)	1,220	170	(1,050)
Oxygen	Estates	500	-	62	62	500	500	-
Estates Replacement Schemes	Estates	1,050	125	1	(124)	350	6	(344)
Utilities (LV & Heating) Project	Estates	2,300	511	(122)	(633)	1,789	462	(1,327)
Pathlake (national funds requires matching)	IT	260	25	-	(25)	130	-	(130)
Pathology LIMS (network procurement)	IT	510	-	-	-	151	-	(151)
IT Emergency Infrastructure	IT	3,000	32	-	(32)	2,158	2,569	411
IT Replacement Schemes	IT	1,404	156	46	(110)	780	252	(528)
PACS - environment/replacement solution (Nov21)	IT	800	133	20	(113)	266	170	(96)
Equipment Replacement Schemes	Equipment	1,450	161	14	(147)	805	100	(705)
Contingency	Equipment	541	45	-	(45)	360	-	(360)
Total Trust CDEL		**13,718**	**1,555**	**21**	**(1,534)**	**8,509**	**4,229**	**(4,280)**
Way Forward Programme - IFD		9,690	915	99	(816)	3,291	469	(2,822)
Urgent Treatment Centre (UTC)		10,085	1,345	2,847	1,502	4,703	6,414	1,711
Total Capital Plan (Excl PFI)		**33,493**	**3,815**	**2,967**	**(848)**	**16,503**	**11,112**	**(5,391)**

Risks to delivery and mitigations

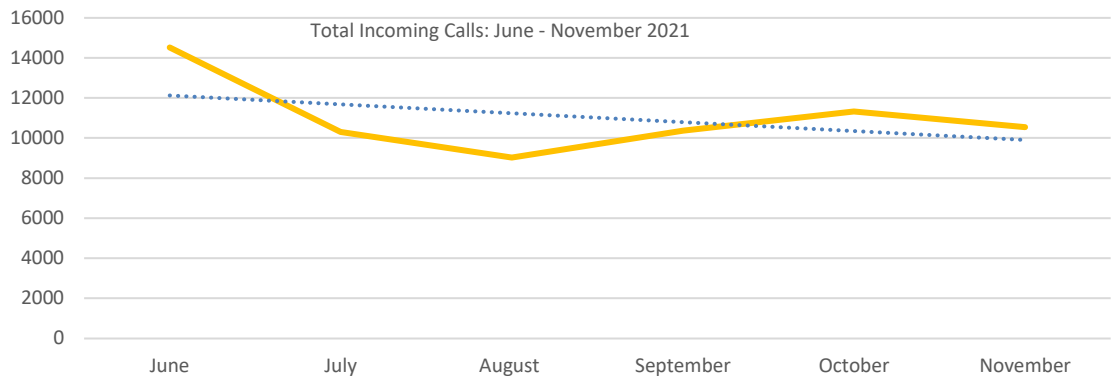
Slippage will be monitored through the Capital Management Group to ensure a robust forecast and mitigations are in place.

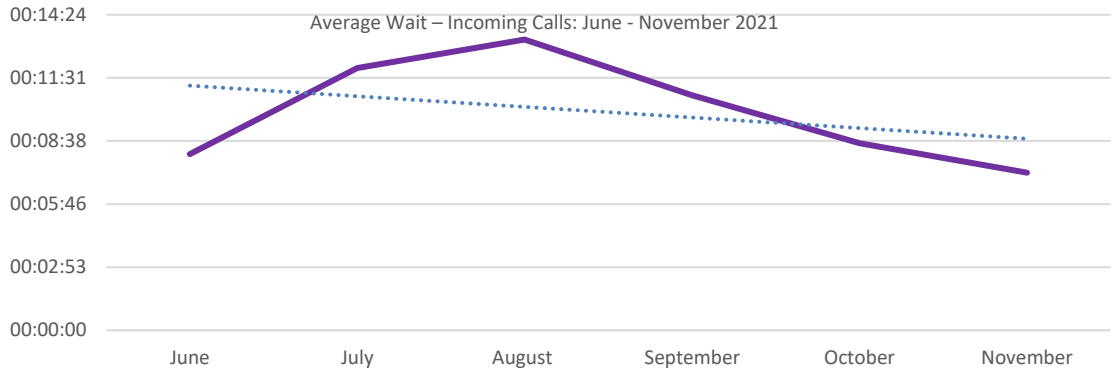
Background

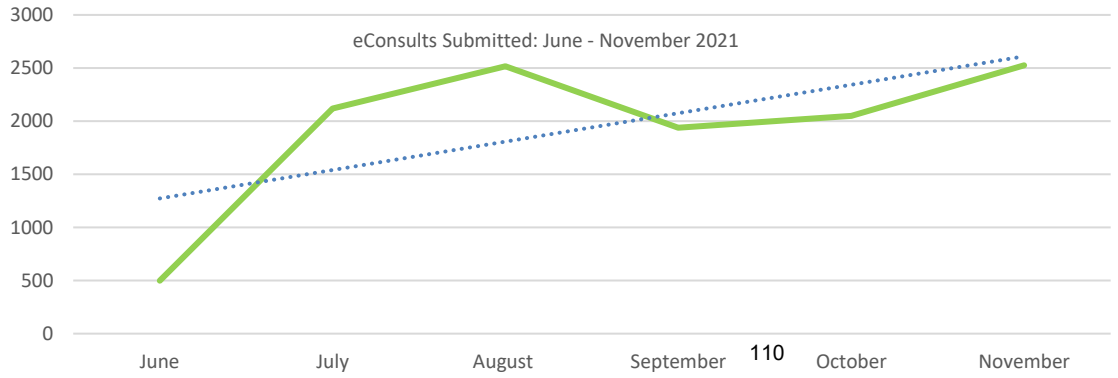
- Total Capital Expenditure at Month 8 is £5,391k below plan. Of this, £4,280k relates to Trust CDEL schemes, with the remaining £1,111k slippage on externally funded schemes.
- Significant slippage has again been reported in month across all areas and is being addressed by the Capital Management Group. Key issues include:
    - Aseptics – further delays to the start on site day resulting in slippage in year (c£1m)
    - Utilities – there has been an adjustment in month related to the updated work profile provided by external QS, the project will be on plan by year end
    - Delays to rolling replacement schemes across all areas which is being addressed by scheme leads and procurement.
- Slippage, risks and mitigations were discussed at the Capital Management Group in December and scheme leads have given assurance on schemes that will complete by the end of the financial year.
- A long list of options to mitigate slippage has been RAG rated by Divisions and is being reviewed by the Procurement team to identify what can be delivered by year end to mitigate slippage and ensure the full CDEL allocation is spent.
- Slippage on the IFD project has been discussed and agreed with NHSI and the forecast for 2021/22 is £2,581k.
- The forecast for the Urgent Treatment Centre is to be on plan by year end.

Primary Care Network – Patient Access

Are We Effective?







Telephony:
The PCN receives between 500 - 700 calls per day. Average call wait times during November were 7.4 minutes (Oct 8.5mins). These wait times have decreased during the past 3 months. However, the goal remains to reduce these further. 10 additional phone lines will be opened by the end of January 2022 which will help to manage peak call times and fewer patients will be greeted with an engaged tone.

eConsult:
The eConsult channel provides an online portal for patients to access a GP. The volume of these remain stable with 500-600 submitted per week. It is incumbent on the GP to respond by the end of the following working day, which is consistently achieved.

Primary Care Network – Appointments & Resource

Are We Effective?

Date	GP Total	ACP Total	AHP Total	Pharmacist Total	Nurse Total	HCA Total	Total	Total Unused	Total DNA
01/11/2021	157	82	0	0	146	155	540	17	26
02/11/2021	270	87	9	0	147	364	877	56	67
03/11/2021	196	33	9	8	119	150	515	11	24
04/11/2021	225	30	10	3	111	306	685	48	28
05/11/2021	250	53	0	9	72	341	725	62	36
08/11/2021	250	55	9	0	136	171	621	18	30
09/11/2021	281	95	3	7	154	132	672	14	18
10/11/2021	242	81	9	6	118	171	627	22	25
11/11/2021	254	55	9	11	99	282	710	81	27
12/11/2021	283	44	0	8	112	258	705	34	28
15/11/2021	390	85	9	0	142	308	934	34	65
16/11/2021	404	64	10	0	196	172	846	67	26
17/11/2021	259	60	9	4	131	155	618	29	22
18/11/2021	242	44	9	8	183	157	643	23	16
19/11/2021	206	92	0	10	174	144	626	3	18
22/11/2021	263	59	9	0	149	182	662	19	27
29/11/2021	306	44	9	0	154	292	805	20	63
30/11/2021	334	81	8	0	161	156	740	28	37

Appointments:
The cumulative number of daily appointments provided across all professional groups ranges between 500 - 900. During 2021 there has been a significant increase in the no. of appointments offered, this is mainly attributable to the implementation of eConsult, which is a very efficient way of triaging and responding to routine enquiries.

Locum and Salaried GP Sessions:
There is an operational objective to consistently provide approx. 300 GP appointments each day from 01/04/2022 for our 30,000-patient population. Currently we are heavily reliant on locum GPs resulting in too much daily fluctuation in capacity. This coupled with financial imperatives are driving the importance and focus of recruiting additional salaried GPs, replacing locums.

Recruitment:
We re-launched our Salaried GP recruitment campaign in August 2021, engaging the use of a third party agency with a strong recent track record and have so far appointed 3 new GPs, a total of 16 sessions per week. There is now a pipeline developing of interested GP's.

To:
- Chief executives of all NHS trusts and foundation trusts
- CCG accountable officers
- GP practices and PCNs
- Providers of community health services
- NHS111 providers
- PCN-led local vaccination sites
- Vaccinations centres
- Community pharmacy vaccination sites
- ICS and STP leads

cc.
- NHS regional directors
- NHS regional directors of commissioning
- Regional incident directors
- Regional heads of EPRR
- Chairs of ICSs and STPs
- Chairs of NHS trusts, foundation trusts and CCG governing bodies
- Local authority chief executives and directors of public health

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

13 December 2021

Dear Colleagues,

Preparing the NHS for the potential impact of the Omicron variant and other winter pressures

Thank you for everything you and your teams have done since the COVID-19 pandemic began to treat those with the virus, including over half a million people who have needed specialist hospital care, as well as delivering the largest and fastest vaccination programme in our history. This is while maintaining urgent non-COVID-19 services and now working to recover the backlogs that have inevitably built up, providing around 90% of pre-pandemic levels of activity this year, despite continuing to care for thousands of hospital inpatients with COVID-19 over that period.

The discovery of the Omicron variant once again requires an extraordinary response from the NHS. Last night, the Prime Minister announced the new vaccination challenge which will see the NHS deliver more vaccines over the coming weeks than ever before, and will require us to prioritise activities to deliver this.

However, even with the additional protection that vaccine boosters will give, the threat from Omicron remains serious. The UK chief medical officers on 12 December increased their assessment of the COVID-19 threat level to 4, and advice from SAGE is that the number of people requiring specialist hospital and community care could be significant over the coming period.

In light of this, we are again **declaring a Level 4 National Incident**, in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and preparing for a potentially significant increase in COVID-19 cases.

This letter therefore sets out important actions we are now asking every part of the NHS to put in place to prepare for and respond to the Omicron threat.

These will:

- Ensure the successful ramp up of the vital COVID-19 vaccine programme.
- Maximise the availability of COVID-19 treatments for patients at highest risk of severe disease and hospitalisation.
- Maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes.
- Support patient safety in urgent care pathways across all services and manage elective care.
- Support staff, and maximise their availability.
- Ensure surge plans and processes are ready to be implemented if needed.

1. Ensure the successful ramp-up of the vital COVID-19 vaccine programme

You will be aware of the Prime Minister's announcement yesterday outlining the latest situation with regards to the Omicron and other variants. The Prime Minister launched an urgent national appeal calling for people to get vaccinated and set out the commitment that all adults in England would be offered a booster jab by the end of the year.

In just over a year since the vaccination programme was launched, more than 100 million jabs have been given. In their December update, the UKHSA estimated that, as of 24 September, 127,500 deaths and 24,144,000 infections had been prevented as a result of the COVID-19 vaccination programme. This is a remarkable achievement, but the urgency of this new national mission requires the NHS to once again step up to support an immediate, all out drive to protect the health of the nation.

A separate letter will set out the immediate next steps for the vaccination programme, describing the ask of systems including:

- Clinically prioritising services in primary care and across the NHS to free up maximum capacity to support the COVID-19 vaccination programme over the next few weeks, alongside delivering urgent or emergency care and other priority services. As the Prime Minister said, this means some other appointments will need to be postponed.

- Delivering at scale whilst also retaining the focus on vaccination of those at greatest risk, including those who are housebound. Continuing to maximise uptake of first and second doses including through identifying dedicated resources to work alongside directors of public health locally.

- Creating capacity, both by maximising throughput, efficiency and opening times of existing sites to operate 12 hours per day as standard, seven days per week as well as running 24 hours where relevant for the local community, and through opening additional pop-up and new sites.

- Increasing training capacity with immediate effect to support lead employers with rapid onboarding and deployment of new vaccinators.

The letter also describes support available including a removal of the current cap on spend against the budget for programme costs, additional vaccine supply and significant expansion of volunteering and recruitment activity.

The NHS has been clear that staff should get the life-saving COVID-19 vaccination – and that is even more important now – to protect themselves their loved ones and their patients, and the overwhelming majority have already done so.

Working with NHS organisations, we will continue to support staff who have not yet received the vaccine to take up the evergreen offer of COVID-19 vaccination. NHS England has released resources on how to help engage and communicate with staff to encourage vaccine uptake within your organisations. We also recommend that CQC regulated services review the new Planning and Preparation guidance which will help organisations prepare for when the regulations (which are subject to parliamentary passage) are introduced.

Flu can be a serious illness for some people and the flu vaccine provides vital extra protection as well as minimising transmission. NHS staff should take every opportunity to encourage patients, including pregnant women, to receive their COVID-19 and flu

vaccines if they are eligible. Healthcare colleagues are asked to make every contact count this winter with pregnant women – and those planning pregnancy – to advise them of the benefits of COVID-19 and flu vaccination.

2. Maximise the availability of COVID-19 treatments for patients at highest risk of severe disease and hospitalisation

Having discovered the efficacy of dexamethasone as a treatment for COVID-19 and begun rolling it out just hours after trial results were announced, saving thousands of lives both here and across the world, the NHS is again at the forefront of new treatments for COVID-19.

The UK was the first country in the world to approve an antiviral (monupiravir) able to be taken at home. It will be available for use by patients at highest risk in the community from 16 December alongside other treatments including monoclonal antibodies. Arrangements for deployment of these treatments was set out in a letter on 9 December alongside the UK policy for use.

Local ICS teams should finalise preparations for COVID-19 Medicine Delivery Unit service implementation, working with regions on final assurance of delivery models.

Separately, the Government also announced the PANORAMIC national study for oral antivirals treatment for at-risk patients. The study will allow medical experts to gather further data on the potential benefits of oral antivirals for the UK's predominately vaccinated population. General practices can refer patients into this study as per the GP and community pharmacy letter.

3. Maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes

The operational imperative is to create the maximum possible capacity within acute care settings to support patient safety in the urgent care pathway, which is currently under significant pressure as the data on ambulance response times and 12 hour waits in A&E shows, to maintain priority access for elective care, particularly P1, P2 and cancer assessment, diagnostics and treatment, and to create capacity to respond to a potential increase in COVID-19 demand.

To that end, you are asked now to work together with local authorities, and partners across your local system including hospices and care homes to release the maximum number of beds (and a minimum of at least half of current delayed discharges) through:

A) An immediate focus to support people to be home for Christmas. Throughout the period between Christmas and New Year, ensure there is support in place to discharge medically fit patients across all seven days of the week.

B) Those patients who do not need an NHS bed, because they do not meet the reasons to reside criteria, must be discharged as soon as practically possible. Working with local authorities, every system will need to put in place sufficient measures in order to reduce by half their own number of patients not meeting the reasons-to-reside criteria. This will necessitate senior system leaders across the NHS and local authorities meeting daily to ensure sufficient progress is made.

C) A significant proportion of discharge delays are within the gift of hospitals to solve. Hospitals should work to eliminate avoidable delays on pathway zero, ie straight home without the need for social care support. Where necessary, this could include using personal health budgets, which has been successfully piloted in Cornwall and Lancashire; or use of hotel beds.

D) Making full use of non-acute beds in the local health and care system. NHS England has today switched back on the full use of spare hospice capacity – both beds and community contacts, through the same national arrangement with Hospice UK that was in place earlier in the year. As well as making use of personal health budgets, hotel beds, and hospices, systems can also make use of independent sector capacity in the community using the following framework. We encourage systems to explore surging community rehabilitation capacity and securing spare capacity from care homes. To support safe discharge of COVID-19 patients, DHSC will be expanding the number of designated beds from CQC accredited providers.

E) Expanding the use of virtual wards and hospital at home models with the full confidence of knowing these models will be supported in forthcoming planning guidance with significant additional funding, to enable a major expansion over the next two years.

Systems already have access to resources within core funding, COVID-19 allocations and through the Hospital Discharge Programme to fund these measures. Where systems can show further funding is necessary in addition to existing budgets then, to facilitate this drive, NHS England will fund additional costs incurred. Commissioners and providers

should notify regional teams of the estimated additional cost and bed benefit as plans are firmed up and claim the actual cost through the existing quarterly claims process.

The NHS will need to increase its effective capacity next year and we are planning on ring-fencing significant national funding for the further development of virtual wards (including hospital at home). Therefore, where steps taken now on virtual wards can have an enduring benefit to overall capacity and have recurrent costs those should be notified at the same time so that we can allow for them on top of core system allocations for 2022/23.

To facilitate this drive, and maintain it thereafter through winter and into next year:

- the Government has announced a further additional £300 million support for domiciliary care workforce, to boost capacity, on top of the existing £162 million workforce scheme.

- A new national discharge taskforce including the NHS, ADASS, national and local government, led by Sarah-Jane Marsh, has been established. Working to both DHSC and NHS England, it will focus on the local authority and NHS actions required to drive progress. This will dock with enhanced regional and local system arrangements that need to be put in place.

4. Support patient safety in urgent care pathways across all services, and manage elective care

Ambulance response: Systems must focus on eliminating ambulance handover delays in order to ensure vehicles and paramedic crews are available to respond to urgent 999 calls as set out in the letter of 26 October, and take action to see patients quickly and avoid 12 hour waits in emergency departments. Working with health, social care, voluntary sector partners and CQC, systems should take a balanced view of risk and safety across all parts of the health system, recognising that the greatest risk may be the patient waiting for an ambulance response.

Prioritising the recruitment of 999 and 111 call handling capacity will be crucial to ensure patients have rapid access into urgent and emergency care services when required. It is therefore important that Regions work closely with Ambulance Trusts and 111 providers to monitor progress on a weekly basis.

Community crisis response: Local systems should take immediate steps to maximise referrals from 999 to the two-hour Urgent Community Response services**.** Good progress has been made in developing and rolling out UCR services across England faster than

planned trajectories, with 27 ICSs now providing UCR services 8-8pm seven days a week.

Further expansion and join-up with other services is needed now, as part of a wider drive to reduce ambulance response times and support people in their own homes. Systems should:

- Where possible, accelerate coverage and capacity of UCR services in line with the 2 hour guidance, to make an impact in January. This includes supporting equipment purchases such as lifting chairs and point of care testing equipment.
- Maximise the number of patients being referred and transferred to UCR from ambulance services.
- Work together with local councils and providers of local pendant alarm/Technology Enabled Care (TEC) providers and reduce the demand on 999 ambulance services through the re-direction of appropriate patients.
- Refresh your local Directory of Services (DoS) so that NHS Service Finder profiles are accurate, up to date and are updated to show that UCR teams will accept referrals from health & social care colleagues including TEC providers.
- Ensure accurate and complete data to via the Community Services Data Set for UCR, so you can track how much the services are being used and helping reduce pressures.

Further information, webinar recordings and tools, such as legal advice, information governance documents and case studies, are available on the Urgent Community Response FutureNHS platform.

Mental health, learning disability and autism: The pandemic has had an impact on the nation's mental health, disrupting daily routines. In response, the NHS has extended mental health support, including introducing 24/7 all-age mental health crisis support lines earlier than planned, and continued to expand services to meet growing need in line with the Long-Term Plan.

Systems are asked to ensure that access to community-based mental health services and learning disability and autism services are retained throughout the COVID-19 surge to ensure that people at risk of escalating mental health problems and those who are most vulnerable can access treatment and care and avoid escalation to crisis point, with face-to-face care retained as far as possible.

Healthcare colleagues are asked to make every contact count this winter with people with SMI and LD – to ensure promotion of health checks and interventions as well as

access to COVID-19 and flu vaccination, in the context of stark health inequalities for these patients.

Managing critical care: Over the course of the pandemic, the NHS showed its determination and flexibility time and time again, not least in rapidly expanding critical care capacity. Indeed, the Health and Social Care Select Committee wrote in their recent report on lessons learned to date that it was ‘a remarkable achievement for the NHS to expand ventilator and intensive care capacity’.

We do not know what the demand from Omicron will be on critical care facilities, but it is essential that trusts familiarise themselves with existing plans for managing a surge in patients being admitted with COVID-19, with particular focus on the management of oxygen supplies, including optimising use at ward level. This work should also include a review of how critical care capacity can be expanded and of surge arrangements in critical care networks – acknowledging these will already have been activated in some parts of the country. Further guidance on surge planning will be published based on good practice from the early phases of the pandemic.

Managing elective care: As in the COVID-19 wave last winter, it is crucial that we continue to deliver elective care and ensure that the highest clinical priority patients – including patients on cancer pathways and those with the longest waits – continue to be prioritised. Once again, clinical leadership and judgement about prioritisation and risk will be essential.

There are now 6 million patients waiting for elective care, of whom 16 thousand have been waiting over 104 weeks, as a result of the inevitable disruption caused by the COVID-19 pandemic. It is therefore even more important that diagnostic, first outpatient, elective inpatient and day case capacity should be maintained as far as possible, recognising the requirement to release staff to support the vaccination programme and respond to the potential increase in COVID-19 cases. Systems and NHS trusts should work collaboratively, particularly using the provider collaborative arrangements you have in place to prepare elective contingency plans against different COVID-19 scenarios for discussion and agreement with Regions.

A key feature of plans should be the separation of elective and non-elective capacity where possible, and the use of mutual aid between trusts and across systems and regions where necessary to maintain access to urgent elective care. You should maintain your focus on eliminating waits longer than two years, as set out in H2 planning guidance as far as possible.

Independent sector (IS): Local systems need to significantly step up use of available capacity in the independent sector to help maintain services. IS capacity should be one of the main protected 'green' pathways for treating elective patients during the final quarter of this year. Systems should take action now to agree plans with your local IS providers, building on existing H2 plans, to maximise use of local IS capacity so that as many patients can be treated as possible through the IS route. This should include, where clinically appropriate, additional pathways including cancer.

Any work will be funded consistent with original H2 planning guidance.

Primary care: The vaccination ramp up is the current priority for primary care, supported by the additional funding already announced and changes to GP contract arrangements. Continued access to general practice remains essential for those who need care and the £250 million Winter Access Fund remains available through systems to support general practice capacity more generally, including through the use of locums and support from other health professionals.

Cancer: local systems should stress test their plans to confirm that the elements that helped to sustain cancer services in previous waves are in place, and to ensure that:

- rapid access, including tests and checks for patients with suspected cancer, as well as screening services, are maintained
- provision for P1 and P2 cancer surgery is prioritised
- cancer surgical hubs have been established with cancer surgery consolidated on COVID-19-protected sites, and that centralised triage is in place across local systems to prioritise patients based on clinical need
- arrangements are in place to centralise high volume or high complexity work such as upper GI or head and neck surgery
- local systems have adapted cancer pathways in line with the advice on streamlining cancer diagnostic pathways and keeping them COVID-19-protected
- local systems are maximising the use they make of IS capacity for cancer services, where clinically appropriate
- effective communications with patients and safety netting is in place, and patients are involved in decisions around their care, including when they chose to reschedule
- anyone with concerning symptoms is encouraged to come forward, in line with our 'Help us, Help You' messages.

5. Support staff, and maximise their availability

The experience of the pandemic has shown, once more, that the NHS is nothing without its exceptional staff. NHS staff have been severely tested by the challenges of dealing with the pandemic and its of vital importance that we collectively support them over the months ahead.

Support for staff to stay well and at work: We also ask you to revisit your staff wellbeing offer to ensure it has kept pace with the changing nature of the pandemic, with a continued focus on ongoing health and wellbeing conversations taking place for staff. Health and wellbeing conversations are the best route for exploring the many drivers and root causes of sickness absence and for offering individualised support to staff where it is needed, including with work pressures, worries and relationships.

Employers should be ready to communicate any changes in testing and isolation guidance associated with Omicron as we learn more, as these may well evolve, and to offer staff options wherever possible to continue to contribute when they are unable to come into work, if they are able to do so. In addition, organisations should consider contingency options for significant staff absences to ensure essential services can be maintained.

The pandemic has had a disproportionate impact on our staff from ethnic minority communities. It is therefore vital that as we prepare for this next phase, we take action to address systemic inequality that is experienced by some of our staff including by allowing staff network leads the dedicated time they need to carry out this role effectively. We will continue to collect and publish data on the experiences of our ethnic minority colleagues via the Workforce Race Equality Standard (WRES).

Mental health and wellbeing support: We have strengthened the mental health support offer for health and social care staff to ensure they can get rapid access to assessment and evidence-based mental health services and support as required.

This includes your own occupational health services as well as the 40 local staff mental health and wellbeing hubs across the country which provide proactive outreach and clinical assessment, and access to evidence-based mental health services and support where needed.

Please continue to promote the mental health hubs and the confidential helplines that are available for all staff, and in particular the bereavement helpline (0300 303 4434, 8am-8pm) to support staff who may have been affected by the death of patients and colleagues.

Workforce planning, flexibility and training: System leaders and NHS organisations should review workforce plans for the next three months to ensure that, as per your surge plan testing, you have the appropriate workforce in place to deal with an increase in the number of COVID-19 patients and are able to support the ramp up of the COVID-19 vaccination programme. Organisations should continue to use their staff flexibly to manage the most urgent priorities, working across systems as appropriate.

Where staff require particular support or training to enable their potential redeployment, including for vaccination or to support critical care services, please use the next few weeks to provide this.

Recruitment: Trusts should seek to accelerate recruitment plans where possible, including for healthcare support workers, and where possible bringing forward the arrival of internationally recruited nurses, ensuring they are well supported as they start work in the NHS.

Volunteers: Volunteers play an important part in supporting patients, carers and staff over winter months. In particular, there are a number of high-impact volunteer roles which free up clinical time for clinical tasks, improve communication with families and assist with discharge, and support staff wellbeing. Although volunteers have been active in many NHS trusts, many more experienced volunteers are willing to help yet remain inactive. Trusts are encouraged to take advantage of the available support to restore volunteering and strengthen volunteer management in ways which can contribute significantly to reducing service pressures, including NHS Reserves.

6. Ensure surge plans and processes are ready to be implemented if needed

Incident Co-ordination: In light of the move to a Level 4 national incident, systems and NHS organisations will need to review incident coordination centre arrangements, and should ensure that these are now stood up, including to receive communication and act as the single point of contact.

Surge Plans: As we have done previously, we are asking all systems and NHS organisations to review and test their incident management and surge plans to assess their number of beds (G&A, community and critical care), supplies and staffing, learning the lessons from previous waves of COVID-19, and making preparations to have the capacity in place to meet a potentially similar challenge this winter.

Systems should ensure that preparedness includes making plans to deliver the services needed to vulnerable groups within systems as well as maintaining essential services in primary, community, mental health and learning disability and autism services.

To support regional and national planning, we will ask you to submit your identified maximum capacity, including your plans for critical care capacity, by 17 December.

These plans should detail the incident coordination arrangements, including leadership roles and responsibilities, hours of operation of the incident coordination centre, including out-of-hours contact arrangements. The plans should also detail how organisations will deal with timely information/SitRep reporting.

We will keep under review the timing and scope of the regular sitrep returns and we ask for your cooperation in continuing to make timely returns as requested.

Supplies: As a result of the work undertaken over the past 18 months, nationally held stock levels are more than adequate to respond to any additional increases in demand caused by a new variant. You should maintain normal ordering patterns and behaviours. In advance of the Christmas period, you may wish to review your local current stock levels particularly oxygen supplies, medical equipment and relevant consumables and it is key that you connect into the regional incident arrangements as and when needed.

Oxygen: In addition, through the testing of your surge plans, trusts must ensure that their oxygen delivery systems and infrastructure are able to bear at least the same level of demand when COVID-19 inpatients were at their highest point, and that any improvements or adaptations identified as necessary have been put in place.

Infection prevention and control: Staff and organisations should continue to follow the recommendations in the UK Infection Prevention and Control (IPC) guidance. According to research, IPC measures prevented 760 in-hospital COVID-19 infections each day in wave 1. Organisations must ensure that application of IPC practices is monitored using the IPC Board Assurance Framework and that resources are in place to implement and measure adherence to good IPC practice.

The past two years have arguably been the most challenging in the history of the NHS, but staff across the NHS have stepped up time and time again to do the very best for the nation – expanding and flexing services to meet the changing demands of the pandemic; introducing new treatments, new services and new pathways to respond to the needs of patients with COVID-19 and those without; pulling out all the stops to recover services that have been disrupted, whilst rolling out the largest and fastest vaccination programme in our history. The Omicron variant presents a new and significant threat, and the NHS must once again rise to the national mission to protect as many people as possible through the vaccination programme whilst also now taking steps to prepare for and respond to this threat.

Thank you for everything you have done and continue to do – as we have said before, this is a time when the NHS will benefit from pulling together again in a nationally co-ordinated effort, but please be assured that within the national framework you have our backing to do the right thing in your particular circumstances.

We look forward to speaking to you at the virtual regional events later this week and will keep in regular contact over the coming weeks and months.

Yours sincerely,

Amanda Pritchard
NHS Chief Executive

Professor Stephen Powis
Chief Executive of NHS Improvement

Great Western Hospitals NHS Foundation Trust

Title of Report	Emergency Preparedness Resilience & Response Board Report		
Meeting	Trust Board		
Date	6 January 2022	Agenda Item	11
Part 1 (Public)	x	Part 2 (Private)	
Accountable Lead	Felicity Taylor-Drewe, Chief Operating Officer		
Report Author	Sarah Orr		
Appendices			

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

Assurance Level							
Assurance in respect of: process/outcome/other (please detail) – annual assurance against NHSE Core Standards for Emergency Planning Preparedness and Response							
Significant		**Acceptable**	**X**	**Partial**		**No Assurance**	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	

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

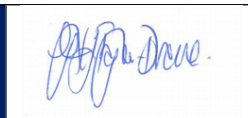
Work due for completion Jun 2022 to bring assurance to green across all standards. New governance process in place to review and monitor progress through EPRR Steering Group.

Despite being substantially green in this year's assurance process there remains significant work to do in developing resilience in staff and services. Unfortunately, the COVID response coupled with staff shortages have led to some business-as-usual work having to be dropped and although training has been maintained for ED staff, there has been a drop in provision overall. The focus for 2022 is a reset of the EPRR approach for GWH. This will include:

- Training needs analysis and redesign of existing training programs to ensure needs are met and aligned with the ICS.
- Full review of Business Continuity plans utilising the EPRR steering group and empowering the departments to lead their own plans
- Creation of EPRR champions to drive department level planning
- Exercise programme development
- Full review of Mass Casualty Plans
- Embed new governance structures
- Embed response structure
- Embed learning from BSW
- Wellbeing offers for all who partake in incident
- Integrate EPRR risks into corporate risk structure
- Refocus incident response from EPRR led to divisional & corporate led.

Report					
Executive Summary – *Key Messages / key issues of the Report (including threats and opportunities/resource implications)*	There are a total of 61 core standards applicable to Acute and Community services of which GWH meet 55. This provides an overall compliance level of Substantially Compliant for GWH. South Western Ambulance Service are commissioned by NHS England to carry out an annual audit of Acute Providers CBRN capabilities. There are 54 standards to be met. GWH is green on all 54 standards. Team has been short staffed since June 2020 due to long term sickness. New Head of EPRR appointed and recruiting has started for an 8 a deputy and band 4 EPRR Support Officer				
Links to Strategic Theme	**Patient Care/Quality**	**Performance**	**People**	**Use of Resources**	**System/Partnerships**
		X	X	X	X
Key Risks – Risk number and description *(Link to BAF/Risk Register)*					**Risk Score**
Consultation / Other Committee Review / Scrutiny/ Public & Patient involvement	Confirm & Challenge with CCG				
Next Steps	Trust Board				

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

Recommendation / Action Required	
The Board/Committee/Group is requested to: ***• Approve for submission to board***	
Accountable Lead Signature	
Date	**22 December 2021**

October 2019 – Oct 2021 Assurance Report:

Emergency Preparedness, Resilience and Response

Contents

1 Introduction

This report covers a 24-month period from Oct 2019 -Oct 2021. It includes the annual Emergency Preparedness Resilience and Response (EPRR) Core Standards Audit by NHS England.

1.1 Legislation

The Civil Contingencies Act 2004 identifies Great Western Hospitals as Category 1 responder. The act identifies 6 statutory duties for Category 1 responders:

1. Risk assessment
2. Business continuity management
3. Emergency planning
4. Warning and Informing
5. Co-operation (with other responders)
6. Information sharing (with other responders)

1.2 Governance

Established EPRR Steering group in Sep 2021 to provide oversight, governance, and aid in developing a stronger EPRR culture within the trust. Represented by all divisions and essential corporate services. To be developed further to create EPRR champions to drive an effective planning and response system.

1.3 Core Standards for EPRR

The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet. NHS England conducts an annual assurance process in line with these core standards. There is a requirement as part of this process to submit an annual board report detailing the return to the Board.

1.4 iRespond

iRespond: Modular Planning and Response System provides the framework and methodology for developing and delivering organisational resilience, inclusive of business continuity and incident response plans, training and exercising.

iRespond consist of 8 core components:

1. **iRespond Operational Checklist:** Short operational incident specific checklists identifying key actions across multiple staff groups
2. **iRespond Governance Record:** Each operational checklist will have a linked governance record detailing provenance, exercise, review, and amendment history
3. **iRespond Quick Reference Handbooks:** Service specific hard copy Quick Reference Handbooks will be tailored to specific service i.e., they will only have checklist relevant to that service
4. **iRespond Control Desk:** An open access spread sheet containing hyperlinks to all checklists, governance records, planned response, exercise and training plans
5. **iRespond Planned Response:** An integrated planning and communication framework used to develop operationally focussed plans when there is a planned change, or disruption, to service delivery.
6. **iRespond Training:** Modular training packages for key aspects of response

7. **iRespond Exercises:** Operationally focussed exercises designed to evaluate checklists and response structures

8. **iRespond Debrief:** Manageable debrief structure and process designed to capture salient points and translate these into actions and timescales for planning.

2 Annual NHSE Core Standards Assurance

2.1 NHSE EPRR Core Standards Assurance

2020 Assurance was a light touch due to the pressures of the pandemic response. Key points raised during this:

- It would be fair to say that the trust has unequivocally demonstrated its ability to adapt its services and respond efficiently to challenges and demands made on it.
- The CCG praised the 'outstanding response to COVID. A key one that was highlighted across the South West region as good practice was the community model for home testing which morphed into a 'drive thru' model and systems across the South West quickly implemented similar models.
- The daily updates throughout COVID was praised as best practice

The assurance process in 2021 is a RAG rated self-assessment which is then reviewed during a Confirm and Challenge Meeting with BSW CCG.

RAG descriptors appear in the summary table below.

RAG	Descriptor	Number
Green	Green = fully compliant with core standard.	55
Amber	Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.	2
Red	Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.	0

There are a total of 61 core standards applicable to Acute and Community services of which GWH meet 55.

This provides an overall compliance level of Substantially Compliant for GWH.

2.2 NHSE core standards improvement plan 2021/2022

Core standard	RAG	Action	Deadline	Lead name
5	Amber	Annual Board EPRR Board Report – Resilience has been covered by 50% of the team since June 2020, that coupled with pandemic response meant there was no Jan 2020 board report	Dec 2021	Sarah Orr
6	Amber	EPRR Resource – Due to long term sickness, the EPRR team was functioning at 50% since Jun 2020. Head of EPRR post now appointed. Recruiting for an 8a and a band 4 EPRR Support Officer	April 2022	Sarah Orr
7	Amber	Duty to Risk Assess- Integrate EPRR risks into the GWH risk management system. To include Heatwave, Snow, CBRN and Mass Casualty Incident, fuel & supply shortages.	Mar 2022	Sarah Orr
8	Amber	Work with Risk team to incorporate EPRR into the GWH risk management policy	Mar 2022	Sarah Orr
48	Amber	Business Continuity Management System-	Jun 2022	Sarah Orr

		Scope and Objectives: Create overarching BC policy document as part of overhaul of BC processes and procedures		
53	Amber	Business Continuity Audit: Develop a more formal internal audit process & integrate into governance structure	Jun 2022	Sarah Orr
18	Green	Mass casualty plans: Mass Casualty task and finish group established to review current plans and ensure currency	Mar 2022	Sarah Orr
20	Green	Shelter & Evacuation: Evaluate current processes and incorporate a fire evacuation ex into planning for a section of a ward or OPA in Spring 22.	Jul 2022	Sarah Orr
21	Green	Lockdown Plans: Run a lockdown exercise to test and refine processes across all sites	Aug 22	Sarah Orr
22	Green	Protected Individuals – updated VIP checklist with learning from Op Consort exercise run in Gloucestershire	Jul 22	Sarah Orr
34	Green	Review mass casualty sitrep as part of Mass Casualty plan review	Jul 22	Sarah Orr
51	Green	Do a complete review of business impact analyses to ensure all critical BC issues are covered in plans	Aug 22	Sarah Orr
57	Green	Further develop CBRN training for non - ED staff to increase resilience and reduce burden	Aug 22	Sarah Orr

2.3 SWAST Chemical, Biological, Radiological, Nuclear (CBRN) Audit

South Western Ambulance Service are commissioned by NHS England to carry out an annual audit of Acute Providers CBRN capabilities.

There are 54 standards to be met. GWH is green on all 54 standards.

Key findings from the SWAST CBRN Audit 2020:

- Clear CBRN response planning in place;
- Mitigations in place due to impact COVID had on the pandemic;
- Trust management in place to provide an effective service in a CBRN event;
- Robust CBRN plan in place, supported with internal ‘iRespond’ plan freely available;

2.4 Warning and Informing

Apr 2021 we began a contract with Alert Cascade. This enables us to use a web base platform to contact all staff through text message, phones and or email. It has been successfully utilised in both Critical and Business Continuity incidents, including when we were seeing significant pressures on staffing due to COVID in Jul 21. It provides a lot of resilience in the event of a mass casualty event as it prioritises mobile phone networks and can override silence on phones so that if there is an incident late at night, we can still ensure staff are aware to support. There is further development required, but the aim it to utilise it across all areas of incident response in the coming months.

2.5 COVID Response

The EPRR team led the development of a COVID community testing programme across the ICS in Feb 2020 and was the first in the country to launch such a system. This was rapidly changed to a drive through model within 6 hours of Italy being announced as a testing country. This model was emulated across the region.

The EPRR Team led the response to COVID and still maintain 3x weekly COVID Control Meetings (these increase/ decrease depending on need).

The EPRR team incident email is still designated the single point of contact for the system and NHSE.

The EPRR team maintain COVID query line for staff in work hours.

364 staff daily iRespond update emails have been sent.

52 COVID specific iRespond checklists were created and continually updated as guidance changed.

3 iRespond Operational Checklists

iRespond Operational Checklist: operational incident specific checklists identifying key actions across multiple staff groups / services.

iRespond Type	Total	No. published in report period	No. updated in report period
00: Operational/ On Call Issues	28	5	10
01: Escalation	38	26	0
02: Business Continuity	42	5	8
03: Incident	51	3	27
04: Major Incident	58	0	20
05: Business as Usual	39	4	13

4 iRespond Planned Response

iRespond Planned Response: An integrated planning and communication framework used to develop operationally focussed plans when there is a planned change, or disruption, to service delivery.

Date	Serial	Name	Reason	Impact
14/01/20	07:017	Electrical Blackstart	Routine testing of switch to generators in a power cut	Blip in power when switch down. CT scanners powered down.
July 2020	07:016	Nerve Centre Upgrade	Needed for security	Downtime for 4 hours
21/10/20	07:037	CT Scanner in a Box	To connect portable CT scanner to mains power	No Main CT scanner for 12 hours. Ambulance on site to transfer to static CT
01/03/21	07:005	Dect Phone Downtime	Upgrade in readiness to extend the system into the UTC modular building	DECT system off line entirely from 22:00hrs until 23:00hrs
22/04/21	07:039	Power shutdown	To supply of mains power to the new Boots portacabin	Power loss to Breast Centre & ED Obs/Stepdown for 4 hours
25/07/21	07:034a	O2 Shutdown BTC	Connect new Oxygen VIE to Improve resilience	O2 shutdown for 6 hours. Back feed kits used to maintain supply to impacted wards with cannisters
28/07/21	07:034b	O2 Shutdown ED	Connect new Oxygen VIE to Improve resilience	O2 shutdown for 6 hours. Back feed kits used to maintain supply to impacted wards with cannisters
01/08/21	07:034c	O2 Shutdown Riser 5	Connect new Oxygen VIE to Improve resilience	O2 shutdown for 6 hours. Back feed kits used to maintain supply to impacted wards with cannisters
15/09/21	07:002	Medway Upgrade	Update to Careflow	Planned 4-hour outage. Actual outage 12 hours. Full control team support in place for nearly 24hours
20&21 Sept	07:037	CT Scanner downtime	Connection of new CT Scanner	No Main CT scanner for 6 hours. Ambulance on site to transfer to static CT
14/10/21	07:034d	O2 Shutdown ICU, Cardiology & Paedatrics	Connect new Oxygen VIE to Improve resilience	O2 shutdown for 4 hours. Back feed kits used to maintain supply to impacted wards with

Date	Serial	Name	Reason	Impact
				cannisters
16/10/21	07:035e	O2 Shutdown Theatres & Kingfisher	Connect new Oxygen VIE to Improve resilience	O2 shutdown for 4 hours. Back feed kits used to maintain supply to impacted wards with cannisters
03/11/21	07:017	Electrical Blackstart	Routine testing of switch to generators in a power cut	Blip in power when switch down. CT scanners powered down. One of the switches failed. Replaced and needed testing
10/11/21	07:017	Electrical Blackstart	Routine testing of switch to generators in a power cut	Blip in power when switch down. CT scanners powered down. To test the earlier works
13/11/21	07:036f	O2 shutdown LDR SCBU	Connect new Oxygen VIE to Improve resilience	O2 shutdown for 4 hours. Back feed kits used to maintain supply to impacted wards with cannisters
05/12/21	07:036g	O2 Shutdown Risers 19, 10, 25	Connect new Oxygen VIE to Improve resilience	O2 shutdown for 8 hours. Back feed kits used to maintain supply to impacted wards with cannisters

5 Incidents

Incidents fall into three declarations (that increase in severity of impact); Business Continuity Incident, Critical Incident and Major Incident.

Date	Incident	Type	Summary	Debrief serial
05/08/21	Power Outage	Business Continuity Incident	10 min power outage and subsequent generator test	09:015
15/09/21	Medway Downtime	Business Continuity Incident	Medway downtime far extended planned outage. Rather than 4 hours, it was completely down for 12 hours and it took 22 hours to fully restore and recover.	09:016
25/11/21	Server Overheat	Critical Incident	Air conditioning failure led to server room reaching 60°C and failure of services including pathology system, PACS Imaging, T&S Drive and external proxy servers as well as associated systems. Trauma divert put in place overnight. 26/11/21 service was nearly restored but there was a catastrophic failure resulting in complete network failure, leading to only a handful of DECT phones working, all other software and internet down. Complete downtime 2 hours some systems down for a lot longer inc MS Teams.	09:017

6 iRespond Training Programme

iRespond Training: Modular training packages for key aspects of response

Name	Summary	Staff Groups targeted	Numbers trained
07:011 Major Incident: Emergency Department	ED Response to a Major Incident incl. Whiteboard Exercise, donning PRPS suits and Decon. Tent (weather permitting)	• ED Staff • On Call Managers • On Call Executives	• 48

7 iRespond Exercise Programme

Only a CBRN ex was run in this period due to pandemic and staffing pressures.

8 Areas of focus 2022

Despite being substantially green in this year's assurance process there remains significant work to do in developing resilience in staff and services. Unfortunately, the COVID response coupled with staff shortages have led to some business-as-usual work having to be dropped and although training has been maintained for ED staff, there has been a drop in provision overall. The focus for 2022 is a reset of the EPRR approach for GWH. This will include:

- Training needs analysis and redesign of existing training programs to ensure needs are met and aligned with the ICS.
- Full review of Business Continuity plans utilising the EPRR steering group and empowering the departments to lead their own plans
- Creation of EPRR champions to drive department level planning
- Exercise programme development
- Full review of Mass Casualty Plans
- Embed new governance structures
- Embed response structure
- Embed learning from BSW
- Wellbeing offers for all who partake in incident
- Integrate EPRR risks into corporate risk structure
- Refocus incident response from EPRR led to divisional & corporate led.

Great Western Hospitals NHS Foundation Trust

Title of Report	Directors Code of Conduct 2022 - 2024		
Meeting	Board		
Date	6 January 2022	Agenda Item	14
Part 1 (Public)	x – Consent Item	Part 2 (Private)	
Accountable Lead	Caroline Coles, Company Secretary		
Report Author	Caroline Coles, Company Secretary		
Appendices	n/a		

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

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

Report					
Executive Summary – *Key Messages / key issues of the Report (including threats and opportunities/resource implications)*	It is a requirement of the Constitution that Directors and (where relevant) Nominated Officers should comply with the Directors' Code of Conduct and any guidance or best practice advice issued by NHS Improvement. For the purposes of the Constitution, the "Directors' Code of Conduct" means the Code of Conduct for Directors of the Trust, as adopted by the Trust and as amended from time to time by the Board of Directors, which all Directors must subscribe to. The current Code of Conduct was approved by the Board in December 2019 and is therefore due for its three year review. Directors are reminded that the Code is based on the Compendium of best practice entitled "The Foundations of Good Governance" produced by the former Foundation Trust Network and has been benchmarked with other Trusts. Only one minor change has been made to the existing Code such as reflection of revised practice in relation to the duties of the Board of Governors.				
Links to Strategic Theme	**Patient Care/Quality**	**Performance**	**People**	**Use of Resources**	**System/Partnerships**
			x		
Key Risks – Risk number and description *(Link to BAF/Risk Register)*	n/a				**Risk Score**

Consultation / Other Committee Review / Scrutiny/ Public & Patient involvement	Remuneration Committee – 16 December 2021 The Committee supported the minor change to the Directors Code of Conduct for 2022 - 2025
Next Steps	To be adopted from 2022.

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

Recommendation / Action Required

The Board is requested to approve the Directors Code of Conduct 2022 -2024

Accountable Lead Signature	
Date	**16 December 2021**

DIRECTORS CODE OF CONDUCT 2022-2024

1. Introduction

High standards of corporate and personal conduct are an essential component of public services. As an NHS Foundation Trust, the Great Western Hospitals NHS Foundation Trust is required to comply with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant code of practice. The purpose of this code is to provide clear guidance on the standards of conduct and behaviour expected of all directors. This is in addition to the Trust's STAR Values (Service, Teamwork, Ambition, Respect).

This Code, and the Code of Conduct for Governors and the NHS Constitution, form part of the framework designed to promote the highest possible standards of conduct and behaviour within the NHS Foundation Trust. The Code is intended to operate in conjunction with NHS Improvement's Code of Governance, The NHS Trust's Provider Licence, the NHS Foundation Trust's Constitution and Standing Orders and with the Care Quality Commission's Regulations relating to Fit and Proper Persons.

The Code applies at all times when Directors are carrying out the business of the Trust or representing the Trust.

2. Principles of Public Life

All Directors are expected to abide by the Nolan principles of selflessness, integrity, objectivity, accountability, honesty, transparency and leadership.

- **Selflessness**
  Directors should act solely in the public interest; they should not act so as to gain financial or other benefits for themselves, their family or their friends.

- **Integrity**
  Directors should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

- **Objectivity**
  In carrying out public business including making public appointments, awarding contracts or recommending individuals for rewards and benefits, directors should make choices based on merit alone.

- **Accountability**
  Directors are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- **Openness**
  Directors should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

- **Honesty**
  Directors have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts of interests so that the public interest is protected.

- **Leadership**
  Directors should promote and support these principles by leadership and example.

3. General Principles

Foundation Trust Boards of Directors have a duty to conduct business with probity, to respond to staff, patients and suppliers impartially, to achieve value for money from public funds to which they are entrusted and to demonstrate high ethical standards of personal conduct.

The general duty of the Board of Directors and of each director individually is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and to the wider public. The Board of Directors therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of ethical conduct. The Board of Directors will lead in ensuring the provisions of the Constitution, the Standing Orders, Standing Financial Instructions and accompanying Scheme of Delegation conform to best practice and serve to enhance standards of conduct. The Board of Directors expects that this Code of Conduct will inform and govern the decisions and conduct of all directors.

4. Bribery and Corruption

Directors should be aware that under the Bribery Act 2010 it is an offence to accept any inducement or reward for doing or refraining from doing anything in an official capacity or corruptly showing favour or disfavour in the handling of contracts. Breaches of these provisions will be reported to the Local Counter Fraud Specialist and could give rise to liability to criminal prosecution and may lead to loss of employment and superannuation rights.

5. Fit and Proper Person

It is a condition of the Provider Licence that every director serving on the Board of Directors is a 'fit and proper person' as defined in the Provider Licence and by the Care Quality Commission. Directors must certify on appointment, and each year, that they are/remain a fit and proper person. If circumstances change so that a Director can no longer be regarded as a fit and proper person or if it comes to light that a Director is not a fit and proper person, their Board membership will be terminated pending confirmation and the outcome of any appeals process.

6. Duty of Candour

Directors are required to comply with the Duty of Candour in term of complying with statutory requirements to inform and apologise to patients if there have been mistakes in their care that have led to significant harm noting that the aim of the Duty of Candour is to help patients receive accurate, truthful information from health providers.

7. Confidentiality and Access to Information

Directors must comply with the Trust's confidentiality policies and procedures. Directors must not disclose any confidential information, except in specified lawful circumstances.

Information on decisions made by the Board of Directors and information supporting those decisions should be made available in a way that is understandable. Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation and directors must not seek to prevent a person from gaining access to information to which they are legally entitled.

The Trust has adopted policies and procedures to protect the confidentiality of personal information and to ensure compliance with the Data Protection Act, the freedom of information act and other relevant legislation which will be followed at all times by the Directors.

8. Register of Interests

Directors are required to register all relevant interests on the Trust's register of interests in accordance with the provisions of the Constitution. It is the responsibility of each director to update register entries where their interests change. A pro forma is available from the Company Secretary.

Failure to register an interest when it comes to light within a reasonable time may constitute a breach of this Code. Any declarations will be transposed onto the Trust's register which will be available on the Trust's website.

9. Conflicts of Interest

Directors have a statutory duty to avoid situations where they have direct or indirect interests that conflict or may conflict with those of the Trust. Directors must not accept a benefit from a third party by reason of being a director or for doing (or not doing) anything in that capacity.

If a director has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust the Director must declare the nature and extent of that interest to the other directors. If such a declaration proves to be or becomes inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before the Trust enters into the transaction or arrangement.
The Company Secretary will provide advice on declaring interests.

10. Gifts and Hospitality

The Board of Directors will set an example in the use of public funds and the need for good value in incurring public expenditure. The use of the Trust for hospitality and entertainment, including hospitality at conferences or seminars will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector.

The Board of Directors is conscious of the fact that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage the reputation of the Trust in the eyes of the community. Directors must not accept gifts or hospitality other than in compliance with the Management of Conflicts of Interests in the NHS Policy.

11. Raising Matters of Concern (Freedom to Speak Up or Whistle-Blowing)

The Board of Directors acknowledges that staff must have a proper and widely publicised procedure for voicing concerns or complaints about maladministration; malpractice breaches of this Code and other concerns of an ethical nature. The Trust has adopted a Freedom to Speak Up / Whistle-Blowing Policy on raising matters of concern which will be followed at all times by Directors.

12. Personal Conduct

Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute. Specific provisions are included in the Constitution which are reflected below: -

- Act in the best interests of the Trust and adhere to its values and this Code of Conduct;
- Respect others and treat them with dignity and fairness;
- Seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- Be honest and act with integrity and probity;
- Contribute to the workings of the Board of Directors in order for it to fulfil its role and functions;
- Recognise that the Board of Directors is collectively responsible for the exercise of its powers and the performance of the NHS Foundation Trust;

- Raise concerns and provide appropriate challenge regarding the running of the NHS Foundation Trust or a proposed action where appropriate;
- Recognise the differing roles of the Chair, Senior Independent Director, Chief Executive, Executive Directors, Non-Voting Directors and Non-Executive Directors;
- Make every effort to attend meetings where practicable;
- Adhere to good practice in respect of the conduct of meetings and respect the views of others;
- Take and consider advice on issues where appropriate;
- Acknowledge the responsibility of the Council of Governors to represent the interests of the NHS Foundation Trust's members and partner organisations in the governance and performance of the NHS Foundation Trust**, and to hold Non-Executive Directors to account for the performance of the Board of Directors,** and to have regard to the views of the Council of Governors;
- Not use their position for personal advantage or seek to gain preferential treatment; nor seek improperly to confer an advantage or disadvantage on any other person;
- Accept responsibility for their performance, learning and development.

13. Compliance

Directors will satisfy themselves that the actions of the Board and individual Directors in conducting business fully reflects the values, general principles and provisions in this Code and as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All Directors will be required to give an undertaking to abide by the provisions of this code of conduct in their capacity as a Board Director for this Trust.

Approved by the Board of Directors -
Date of next Review –

DECLARATION OF ACCEPTANCE OF THE PROVISIONS OF THE DIRECTORS CODE OF CONDUCT

Name of Director……

For the attention of the Company Secretary
Great Western Hospitals NHS Foundation Trust

DECLARATION

I, …… (PRINT NAME)

agree to abide by the Code of Conduct for the Board of Directors of Great Western Hospitals

NHS Foundation Trust

Signature……..

Date……

Please return this form to the Company Secretary