GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Thursday 5th May 2022, 9.30am to 12.35pm
Swindon Marriott Hotel, Pipers Way, Swindon, SN3 1SH

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 Chair'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 • 7 April 2022	✓	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	-	
6.	**Care Reflections – Staff Story (pages 11 – 13)** Johnnie Watherston is a Volunteer who received amazing feedback from a patient who suffered a stroke	Verbal & letter	-	Note	9.45
7.	**Chair's Report** Liam Coleman, Chair	Verbal	LC	Note	10.15
8.	**Chief Executive's Report (pages 14 – 21)** Kevin McNamara, Chief Executive	✓	KM	Note	10.25
9.	**Integrated Performance Report (pages 22 – 107)**			Assurance	10.45
	• 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 – Faried Chopdat, Non-Executive Director & Deputy Committee Chair	✓	FC		
	Part 4: Use of Resources – Simon Wade, Director of Finance & Strategy	✓	SW		
10.	**Staff Survey Results 2021 (pages 108 – 163)** Jude Gray, Director of Human Resources	✓	JG	Assurance	11.45
11.	**Freedom to Speak Up Bi-Annual Report (pages 164 – 168)** Lisa Cheek, Chief Nurse	✓	LCh	Note	12.15
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	12.25
13.	**Quality Strategy 2022-2026 (pages 169 – 192)** Lisa Cheek, Chief Nurse	✓	LCh	Note	-
14.	**Annual Self-Certifications – G6/FT4/CoS7 (pages 193 – 200)** Caroline Coles, Company Secretary	✓	CC	Approve	-
15.	**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	-
16.	**Date and Time of next meeting** Thursday 7th July at 9.30am, venue to be confirmed (hybrid meeting)	Verbal	LC	Note	-
17.	**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"*	-	-	-	-

Board Meeting Timetable

2022									2023		
Apr	**May**	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Board	**Board**	Seminar	Board	Board	Seminar	Board	Board	Seminar	Board	Board	Seminar

Great Western Hospitals NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS HELD IN PUBLIC AT THE VILLAGE HOTEL, SWINDON AND VIA MS TEAMS 7 APRIL 2022 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
Jude Gray (JG)	Director of HR
Peter Hill (PH)	Non-Executive Director
Paul Lewis (PL)	Non-Executive Director
Kevin McNamara (KM)	Chief Executive
Helen Spice (HS)	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 (CC)	Company Secretary
Naginda Dhanoa	Chief Digital Officer
Tim Edmonds*	Head of Communications
Emma Richardson*	Matron (agenda item 5/22 only)

Apologies

Andy Copestake	Non-Executive Director
Claudia Paoloni	Associate Non-Executive Director
Sanjeen Payne-Kumar	Associate Non-Executive Director

Number of members of the Public: 2 members of public* (included 1 Governor: Chris Shepherd)

*Indicates those members attending virtually by MS Teams.

Matters Open to the Public and Press

Minute	Description	Action
1/22	**Apologies for Absence and Chairman's Welcome** The Chair welcomed all to the Great Western Hospitals NHS Foundation Trust Board meeting held in public, in particular Naginda Dhanoa in her role as Chief Digital Officer which was a post shared with Salisbury NHS FT. It was noted that, as a shared post, the intention was for Naginda to attend Board meetings as and when appropriate. Apologies were received as above.	
2/22	**Declarations of Interest** There were no declarations of interest.	

Minute	Description	Action

3/22 **Minutes**

The minutes of the meeting of the Board held on 3 March 2022 were adopted and signed as a correct record subject to the following amendments:-

328/21 : Chief Executive Report – Change '*be'* to '*been'* 2nd paragraph, 3rd line.
329/21 : IPR : Our People – delete *'leadership and' in 1st paragraph, 4th line.*
329/21 : IPR : Our People – add *'…and Culture* Committee*' in 3rd paragraph, 3rd line*

4/22 **Outstanding actions of the Board (public)**

The Board received and considered the outstanding action list and the following noted:-

329/21 : Workforce : Untaken TOIL – This action was for impact as well as extent of undertaken TOIL. This would be reported through the Divisional Executive Review meetings and reported back to Performance, People & Place Committee through the responses.

5/22 **Questions from the public to the Board relating to the work of the Trust**

There were no questions from the public for the Board.

6/22 **Care Reflection (Patient Story)**

Emma Richardson, Matron and Lead for the First Impressions work stream, joined the meeting for this agenda item

The Board received a reflection of care from a short video which highlighted an unacceptable experience from a patient's point of view in terms of first impressions in relation to lack of engagement during a visit to the ED. This, and the results of the 2021 Inpatient survey, where spurs for change and a variety of elements of great care have been reviewed which included personal interactions from staff. A multidisciplinary working group was established and the 15 Steps Challenge also utilised.

The Board had a robust discussion around elements of the care reflection which included moral injury, customer care training, the 15 Step Challenge, handovers both nurse to nurse and patients, and the wider aspect of behavioural issues and culture.

Liam Coleman, Chair commented that although the video was a challenge to listen to, it was necessary to have a balanced view of care reflections in order for the the Trust to learn and improve. The Chair thanked Emma for sharing the video and added that during the discussion outside NHS customer service training was touched on and the Board were fully supportive of initiatives in experimenting pushing the boundaries to make a difference.

The Board **noted** the care reflection.

7/22 **Chair's Report, Feedback from the Council of Governors**

The Board received a verbal update and the following highlighted:-

Council of Governors meeting was held on 22 March 2022. This was a short meeting which gave an update on business and strategic planning as well as approval of governors annual declarations of interest and training for 2021/22. The next meeting would be held on 3 May 2022, and would be virtual.

New Governors – The Trust welcomed three new governors in March 2022, Eric Shaw, Robert Hammond and Raana Bodman, who fill the vacant seats in the Swindon

Minute	Description	Action

constituency.

Governor Resignation - Oliver Harness, governor representative for the staff group Allied Health Professionals had resigned in March 2022. Oliver was moving to join Cardiff and Vale Trust and was thanked for his hard work and commitment during his time as governor and wished him every success in his new role.

Public Health Talk - There was a virtual public health talk held in March 2022 on the management of diabetes and heart disease and Dr Gosia Wamal, Consultant Cardiologist was thanked for taking the time to present at these popular public events. The next talk was on 26 April 2022 hosted by Adam Ward from the Macmillan Swindon CAB Benefits Advice Service who would provide welfare benefits advice to people affected by cancer with the aim of maximising income.

NHSE/I Meeting **-** A series of meetings had been organised at relatively short notice by NHSE/I with all CEOs and Chairs of healthcare providers, including ambulance trusts, which focussed on ambulance handovers and managing the risks with more visibility through the Board process.

The Board **noted** the verbal update.

8/22 **Chief Executive's Report**

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

Covid Update - The number of covid patients had significantly increased since the lifting of restrictions and continued to cause operational challenges particularly as new Infection Prevention & Control (IPC) guidance had been published. These new guidance would be discussed in the private session of the meeting to determine the appropriate local adjustments which were permitted within the guidance.

NHSE/I Meeting - As referenced in the Chair's report this meeting was organised by NHSE/I at short notice to focus on the challenges around ambulance handover delays and visibility at Board level. The focus at Board level on ambulance handovers had already been a long standing item of discussion and had also included South West Ambulance service colleagues being invited to join a Performance, People & Place Committee. It was noted that more detailed information would be included in the IPR going forward.

Ockenden Report - The final Ockenden report was published on 30 March 2022 which included 15 recommendations and the Trust were working through the implications and actions.

Nick Bishop, Non-Executive Director commented that in the Ockenden report there was a need to recruit more midwives however these were in short supply and asked if the Trust was focussing on retention. Lisa Cheek, Chief Nurse replied that there was a programme of work in place with the focus on career pathways. The Trust were also commissioning a piece of work, which also linked to the staff survey comments, on why staff leave and stay, and were also talking to other trusts for any additional learning.

Nick Bishop, Non-Executive Director further asked for clarification on the increase in headroom. Lisa Cheek, Chief Nurse replied that headroom was the uplift added to establishments to cover study leave, annual leave, sickness and other leave such as compassionate leave. The Trust currently had a standardised uplift of 20% and the

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recommendation was to increase to 28%.

Peter Hill, Non-Executive Director asked what the benefit of increasing from 20% to 28% when staff were not available. Lisa Cheek, Chief Nurse agreed that midwives were in short supply but other options were being considered in terms of more training, international recruitment and alternative workforce models.

Staff Survey Results - The results of the staff survey carried out in November – December 2021 were recently published. There were some positive responses to some of the improvements that had been introduced by the Trust however it also reflected that the pandemic has had an impact on how staff were feeling about their work and the Trust. The full results would be discussed in detail through the Performance, People & Place Committee.

Lizzie Abderrahim, Non-Executive Director asked if, as an anchor organisation, the Trust should be supporting local organisations in the support for the Ukranian people. Kevin McNamara, Chief Executive replied that as an anchor organisation the focus would be more from an employment perspective. With regard to Ukranian support the Trust were following national guidelines and this was largely managed at government level. Lizzie Abderrahim added that there were also other countries with refugees to be taken into consideration. Jon Westbrook, Medical Director advised that the Trust was in contact with an Afghanistan medical agency with the potential opportunity of employment at the Trust.

Faried Chapdat, Non-Executive Director asked if Russian members of staff were being supported in the same way. Jude Gray, Director of HR confirmed the Trust were applying the same support.

There followed a discussion on the decision not to re-introduce car parking charges on 1 April 2022 for staff, particularly in light of the Trust's financial position. It was noted that there was mix of views across Board members with some for and some against the re-introduction of car parking charges. The Chief Executve clarified that the decision was not just on the monetary gap but also the impact on the cost of living and that all options were currently being considered before a final decision on the Trust's approach was made.

The Board **noted** the report.

9/22 **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 February / March 2022.

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 March 2022 and the following highlighted:-

Emergency Preparedness, Resilience and response (EPRR) - Good progress had been made and the Committee suitably assured in this area.

Discharges - The pressures surrounding criteria to reside were noted and it was

Minute **Description** **Action**

acknowledged the team were working with local partners to improve the situation.

Emergency Access - The service remained under significant pressure although the Committee noted that the Trust were one of the better performing Trusts in the South West (7th best performance out of 30 Trusts). Ambulance handovers remained an issue which the Trust and South West Ambulance Service continued to work on.

Referral to Treatment Time (RTT) - The Trust were now focussing on the new standards, 78 and 104 week and were performing relatively well on. The attention was on the clinically urgent and long waiting patients.

Diagnostics (DMO1) - Despite increased capacity being put into the system this was being outstripped by increased demand. Management initiatives continued which included Task and Finish Group action plans and an external review to ensure most effective use of our scanning facilities.

Cancer Service - Despite pressure points within some areas that are struggling to cope with demand there are some good stories within the department. A particular issue was noted with regards to skin cancer patients being referred to a tertiary centre for plastic surgery treatment.

Workforce - It remained a challenging time for the Trust workforce, sickness levels had reached 7% significantly impacted by covid, with nursing staffing sickness at a high of 9%. A drop had been seen in appraisal rates this month, however it was acknowledged that the Trust may be under reporting in some areas and better ways of data capture needed to be identified. Mandatory training remained above target.

The Board received and considered the Operational element of the report and the Chief Operating Officer highlighted the issue around ambulance handover delays and the current position as outlined in the slide in the IPR. The response times in February 2022 had significantly increased due to covid and norovirus outbreaks, however a full action plan was in place and the performance was moving in the right direction due to initiatives such as additional space provided to off load and establishment of a navigation hub however there remained issues with flow. The oversight committee to receive more in-depth information and to monitor performance would be through the Performance, People and Place Committee.

Nick Bishop, Non-Executive Director asked if there was a particular reason why the south west were more challenged in this area than other parts of the country. Felicity Taylor-Drewe, Chief Operating Officer replied that there could be multiple factors and learning from other systems would be picked up.

Faried Chopdat, Non-Executive Director asked to what extent not having the right information play into the challenge of capacity, flow and integration. Felicity Taylor-Drewe, Chief Operating Officer replied that information sharing was in place between actute trusts however the gap was within adult social care. Faried additionally asked if the proposed Electronic Patient Record system (EPR) would address this issue. It was noted that it would not solve the social care element as it was not linked to the same system however vertical alignment with community services would be possible.

The Chair confirmed that although the Trust would expand its information on ambulance handovers to the Board part of the scrutiny would be discharged through Performance, People and Place Committee (PPPC). The Board was comfortable with this approach

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however the Chair of the PPPC clarified that this was already taking place and as an example the Trust, as previously mentioned, had been one of the first organisations to invite the Sourth West Aambulance Service in at Board committee level.

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 17 March 2022 and the following highlighted:-

Get It Right First Time (GIRFT) - Update on GIRFT was received with a few points to raise some good and some for improvements. The Medical Director agreed to take through the aspects around threatres.

National Maternity Survey - Response rate was much higher than usual. Results were largely 'about the same' but there were no improvements and some deteriorations. The Director of Midwifery and Neonatal services had already begun actions on these responses.

Adult Safeguarding update on Liberty Protection Safeguards (LPS) - All good but some concerns around funding for LPS training. This was being taken forward by the Mental Health Governance Committee. Lisa Cheek, Chief Nurse added that the consultation on implementing the Liberty Protection Safeguards (LPS) and a revised code of practice on the Mental Capacity Act 2005 had now been published, The consultation was for 16 week period ending mid July 2022. Although no date for implementation had been confirmed it was anticipated early 2023. A working group had been established to work through the process and implementation.

The Board received and considered the quality element of the report and the Chief Nurse highlighted the following:-

- CNST compliance (the maternity incentive scheme) had moved from 5 non compliant standards to 2. Work continued to achieve full compliance, however with the publication of the final Ockenden report the deadline may be extended to December 2022.

- The Matron Leadership Programme had made good progress and had already impacted on some of the quality matrix, as referenced in the care reflections earlier in the meeting, by putting matrons as leads into quality improvements demonstrating the power of investing and developing staff. The Chair commented that Emma's presentation had been very good and done in a measured and exceptional way and as part of her leadership development should be given the positive feedback from the Board.
  Action : Chief Nurse LCh

The Medical Director highlighged the good progress made around the WHO checklist as a system had been upgraded to track WHO compliance however recognised more work was still required for further improvements. The Chair thanked the threatres team for all their focus in this area.

Part 3 : Our People
The Board received and considered the Workforce performance element of the report

Minute **Description** **Action**

and the Director of HR highlighted the increase in sickness levels which impacted on the need for temporary/agency staff, the introduction of alternative roles in terms of resourcing, the significant retention plans now in place, together with the commencement of the training module for Improving Together which was also linked to the Leadership Forum held in March 2022 and the development of a model of behaviours to demonstrate staff values.

Paul Lewis, Non-Executive Director asked if the Trust used the Bradford score to measure employee absence. Jude Gray, Director of HR replied that this calculator mechanism was not used however a number of flags had been built into the system to trigger the number of absences. In response to a further question the Director of HR confirmed that in terms of usage and application, this was variable in some areas and some discretion was used. Kevin McNamara, Chief Executived added that the staff survey had identified a need to strengthen line management throughout the organisation and investment in training would help in this area.

Part 4 : Use of Resource
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 21 March 2022 and the following was highlighted:-

- Month 11 finanical position - good overall performance with no new risks and the Committee was assured that the Trust would break even for 2021/22;
- The challenges in 2022/23 were around financial planning as certain funding streams are withdrawn and a number of cost pressures emerging;
- Capital spend and the Way Forward Programme (WFP) reported good progress against plan however recognised the challenges in the WFP around anticipated increased costs caused by inflationary pressures;
- The Committee received an update on the emerging Improvement & Efficiency Plan for 2022/23. Whilst some good progress had been made in some areas, the Committee remained very concerned that there was still a substantial gap (£6.8m) between the overall efficiency target for 2021/22 and the likely level of cash-releasing savings.

The Board received and considered the Use of Resource performance element of the report and Director of Finance & Strategy confirmed that the Trust had achieved its capital and revenue targets for 2021/22 and clarified the reference to 'flowers' in the report which was in connection to a judgement and a provision holding payment.

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

10/22 **Audit, Risk & Assurance Committee Board Assurance Report**
The Board received an overview of the detailed discussions held at the Audit, Risk & Assurance Committee held on 10 March 2022 and the following highlighted:-

Divisional Risk Review – Unscheduled Care - Unscheduled Care provided a good report on their approach to managing risk and the controls they had in place. They had a number of old open risks to keep on top of however no issues to raise for concern.

Minute **Description** **Action**

The Chair added that a review of aged risks was just as important as current risks and the Divisions should be encouraged to undertake a review in a timely fashion. Lisa Cheek, Chief Nurse confired that the focus had been on the top risks and now that cleansing and challenge had been completed in this area attention would moved to those risks beneath with more oversight through the performance reviews. The roll out of Datix would also provide the Divisions with better data to strengthen this process.

Risk Register Report - The Committee agreed that processes were in place but concerns were raised on the overdue risk reviews and overdue actions which had increased significantly over the last year. In the case of Corporate Risks this was due to Datix implementation but in the Divisions there was a challenge with capacity. It was agreed that these challenges should be reviewed and a report provided at the next meeting.

Internal Audit - Audit work continued to progress well but there were some delays to finalising reports. Sufficient reports had been completed to enable the team to provide overall assurance for the year.

Internal Audit Equality, Diversity & Inclusion (ED&I) Maturity Report - This was an advisory piece of work so did not generate an assurance opinion. The report recognised that the Trust had put in a significant programme of work to address ED&I issues and these plans were robust. There are however a number of actions to address to ensure that the ED&I programme becomes fully embedded over the coming months and this would be referred to the Performance, People and Place Committee for monitoring.

Internal Audit Annual Plan 2022/23 - A comprehensive plan was presented but this had not yet been signed off by the Executive Committee so the process for agreement needed to be reviewed to ensure that the appropriate approvals can be completed on time.

The Board **noted** the report.

11/22 **Charitable Funds Committee Board Assurance Report**

The Board received an overview of the detailed discussions held at the Charitable Funds Committee (CFC) meeting on 10 February 2022 and the following highlighted:-

- Overall progress was very encouraging.
- There had been significant improvement in fund raising compared to last year.
- Changes had been made to simplify and improve the cases of need process
- The Finance Strategy and the rationalisation of charitable funds would be reviewed in August 2022.

Nick Bishop, Non-Executive Director asked to what extent did the Trust advertise our desire for charitable donations. Paul Lewis, Chair of CFC replied that some advertising was done but there was scope for more which would be included in next year's plans.

There followed a discussion around the pros and cons of the rationalisation of charitable funds which were noted and would be reviewed further once the plans had been developed.

Minute	Description	Action

The Board wished to thank formally the Charitable Funds team for all their efforts, hard work and dedication to raising funds for the Trust.

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.

12/22 **Gender Pay Gap Report 2020/21**

The Board received and considered a report that provided a summary of the results of the Gender Pay Gap analysis.

The report had been discussed in detail at the Performance, People and Place Committee and published on the Trust's website in line with government publication requirements.

There was one query from the Board in terms of how Non-Executive Directors can skew the data under VSM as they were not paid an hourly rate. As the publication had been published for this year the query would be picked up in the next report.

The Board **noted** the report.

13/22 **Ratification of Decisions made via Board Circular/Board Workshop**
None.

14/22 **Urgent Public Business (if any)**
None.

15/22 **Date and Time of next meeting**
It was noted that the next meeting of the Board would be held on 5 May 2022 venue to be confirmed (MS Teams facility would also be available).

16/22 **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 1557 hrs.

Chair …….. Date……

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – May 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**
7-Apr-22	9/22	**IPR : Our Care** Positive feedback to be given to Emma Richardson, Matron on her presentation on the Care Reflection.	Chief Nurse	As part of leadership development tis feedback will be passed on.

Future Actions				
03-Mar-22	329/21	**IPR : Our Care : New Infection Prevention & Control Lead** Invitation to present to Board once new IP&C Lead at an appropriate time.	Chief Nurse	Aug/Sept-22

Report Title	**Care Reflections – Staff Story**				
Meeting	**Trust Board**				
Date	**5 May 2022**	Part 1 (Public) [Added after submission]		Part 2 (Private) [Added after submission]	
Accountable Lead	Jude Gray, Director of HR				
Report Author	Catherine Weaver, Associate Director of Fundraising & Voluntary Services				
Appendices	None				

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):							
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):

Our NHS service has been under increasing pressure since the response to COVID-19 began, and there will be further challenges ahead. Workload remains a pressing concern and we have all been reminded how critical it is to look after our people – and that we need to do more.

Volunteers make a huge contribution to the health and wellbeing of the nation, giving their time, skills and expertise freely each year to support the NHS. They are crucial to the NHS's vision for the future of health and social care, as partners with, not substitutes for, skilled staff.

During the COVID-19 our volunteers have shown energy, creativity and drive in aiding solutions to support our staff and our patients. The Board's attention is drawn to the enclosed feedback from a patient on volunteer Johnnie Watherston, and the feedback he received from a patient receiving care on Falcon Ward.

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				
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
	N/A				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement					
Next Steps	For information				

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:	
To inform the Board	
Accountable Lead Signature	Jude Gray
Date	29 April 2022

Julian White
5 Yarmouth Close
Toothill
Swindon
Wilts
SN5 8LL

7th April 2022

Dear Johnny,

I wanted to say a very big thank you for your support while I was in the GWH Falcon ward. I was in from 8th January to 15th January 2022. I thought your name was Danny but Falcon ward this week advised me that your name is Johnny. Hope I got the spelling right!

I so very much appreciated you all your support. I told someone from Brighter Futures this week what a difference you made to my time in hospital. You are doing a fab job there in Falcon Unit. You were very relaxed and gave me plenty of time to give my meal order. You may not think that you are doing much but I wanted to show how much you are doing. I wanted to celebrate what you are doing in that ward.

Having just had a stroke and strugling at times for words, I could find choosing meals a difficult job. I knew often what I wanted to say but often something else would come out. It could mean that I ended with things I wasn't so keen on if I feel pressured or rushed by a member of staff.

Thats why that week if you popped in to take meal orders, I felt so different. You always had plenty of time and would often repeat things for me if I had forgotten what the choices were. It meant so much to know that you had the time and would make it easier for me. It was hard trying to make decisions especially as they were for the next day.

As I couldn't have my wife or son in to hospital due to Covid restrictions, it was nice to know that there was a friendly face that would take care over me. You always appeared unflappable and showed genuine concern for the patients in the ward.

So a huge thank you for your voluntary work. It may not seem like you are doing much but this is a great job that you are doing. All the Nursing and other Professionals on the ward are very busy and so don't have the time to do the great job that you did with the meal orders.

I am aware that you are doing this as a volunteer and I wanted just to make notice what a huge difference it made to me, knowing that you were around. So a big thank you and thanks for doing this vital role in the hospital.

Yours sincerely

D. J. White

(David) Julian White

tel 878334

email white1family@talktalk.net

Report Title	**Chief Executive's Report**				
Meeting	Trust Board				
Date	5 May 2022	**Part 1 (Public) [Added after submission]**	**X**	**Part 2 (Private) [Added after submission]**	
Accountable Lead	Chief Executive Officer				
Report Author	Kevin McNamara, Chief Executive Officer				
Appendices	N/A				

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):

Board members are asked to note the report.

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 themed around operations, quality, systems and strategy, and workforce, wellbeing and recognition.

Report

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

This report covers:

- Covid-19
- Management of operational pressures
- Infection Prevention and Control
- Primary Care
- Improving Together
- Staff recognition
- Actions being taken to address feedback from the staff survey
- Our support for the Great British Railways bid

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
	X	**X**	**X**	**X**	**X**
Links to Strategic Pillars & Strategic Risks – select one or more	★				

Key Risks – risk number & description (Link to BAF / Risk Register)	**Risk Score**

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		

The report details staff nominated for our internal awards, which include a Championing Health Inequalities category. Four members of staff are recognised for this award in recognition of their outstanding work in this area.

One of the teams nominated for a Parliamentary Award includes the high impact user group, which has worked hard to help patients who are frequent attenders at the Emergency Department, due to underlying issues not necessarily related to their primary reason for attending. Our EDI lead has also been nominated for a Parliamentary Award in recognition of work to promote EDI awareness.

The report highlights work being done to address feedback from our staff in the staff survey. While the detail provided here is on supporting staff to be able to make improvements in their area, the results of the survey provide information about our progress on improving EDI in the workplace and all of this feedback will be used to make improvements in this area where possible.

Recommendation / Action Required

The Board/Committee/Group is requested to:

- **Note the report**

Accountable Lead Signature	Kevin McNamara
Date	28 April 2022

1. Operational updates

1.1. Covid-19

The pandemic continues to present us with challenges although we have begun to move towards treating Covid-19 as business as usual as much as we can while continuing to keep patients, visitors and staff safe.

In recent weeks we have seen very high numbers of patients who have tested positive for Covid, reflecting its prevalence within the community. This number has begun to decline, along with the number of patients who have Covid as their primary diagnosis, but we continue to monitor trends very closely. I will update verbally on our latest position at the Trust Board meeting,

1.2. Managing current pressures

Bank holidays traditionally present the health and care system with significant operational challenges with high numbers of attendees at the hospital and significant pressure felt by other providers, particularly the ambulance service. This year we have an unusual set of challenges with the Easter weekend being followed closely by the May bank holiday, and then a four-day weekend to mark the Queen's Platinum Jubilee celebrations.

Following a busy Easter weekend we ran another SAFER Week and established a hub of discharge coordinators and operational leads to manage the pressure upon us in a coordinated way with our partners.

Later this month we will going a significant step further through trialling a coordination hub at an external location where we will embed our staff alongside colleagues in primary, community and social care and the ambulance service in an effort to coordinate improved flow through the system. Our intention is that co-locating cross-functional decision makers, who are equipped with the necessary analytics and are empowered to make decisions, will achieve a sustainable step-change in outcomes.

1.3. Staffing

Throughout this year we have seen sustained issues with staffing levels with high numbers of staff off work with Covid, needing to isolate, or off with non-Covid related reasons. There are indications that the number of staff off work is beginning to fall but we continue to monitor our nursing and medical staffing levels throughout the day.

2. Quality

2.1. Infection Prevention and Control

The national move towards a living with Covid strategy has presented a number of challenges for maintaining robust infection prevention and control, and operational leads have worked extremely hard in recent weeks to establish a local plan which will enable us to treat Covid as business as usual, while keeping our patients, visitors, and our staff as safe as we possibly can.

We have introduced a number of changes to the way we manage positive patients within the hospital, and pre-pandemic social distancing is now in place provided face masks are worn, with distancing still required in areas where infectious respiratory patients are cared for.

We have been able to relax restrictions on visiting further, and our latest position is that two people are now allowed to visit a patient with no time restrictions. We recognise that visitors have an important role to play in supporting a patient's recovery and that necessary restrictions earlier in the pandemic have been very difficult for patients and their families.

With the relaxation nationally of restrictions, it is more important than ever that all our staff follow IP&C guidance at all times, and we continue to ask those working in patient-facing areas to test themselves at least twice a week.

Whilst Covid has highlighted much more widely the importance of IP&C, these measures are important in stopping the spread of many more infections including C.difficile, MRSA and MSSA to name just three. Today, 5 May, is World Hand Hygiene Day which will serve as an important reminder that good handwashing is really important, and alcohol gel alone is not sufficient to stop infections spreading. While Covid restrictions are being lifted, this should not be interpreted as a relaxation in our approach to good IP&C.

2.2. Primary Care

Board members will be aware of the improvements we have made in our primary care practices since we took them over in November 2020, and that our progress on this journey was recognised by the Care Quality Commission when they inspected Abbey Meads and Moredon last February.

We have been informed by the CQC that it will be carrying out inspections of primary care again this month, with a particular focus on the safe, effective and well led domains.

Staff working at the practices, and patients within our primary care network, have been asked to give their views of working for, or being cared for by, the Trust.

Both practices are currently rated as being 'requires improvement' by the CQC and we welcome this inspection as an opportunity to highlight the continued progress we have made, while recognising that, given the scale of the improvement needed when we took over the practices, there is still some way to go.

3. Systems and Strategy

3.1. Improving Together

Improving Together training has now launched for staff, with a group of 34 among the first to embark on their innovative training journey. The multi-disciplinary group have begun the training which will take place over a five-month period and will involve whole-day training sessions and weekly coaching.

The second cohort of trainees began this week and includes a diverse range of staff from frontline teams and specialities, including Teal Ward and the Department of Older Persons' Services, Surgical Assessment Unit and colorectal, and Swindon Intermediate Care Centre and Rehabilitation.

4. Workforce, wellbeing and recognition

4.1. Acting on feedback from the staff survey

A few weeks ago we announced the results of the annual staff survey, which highlighted areas where we are doing well and a number of areas which staff have identified where we now need to focus more closely.

One of the areas we are going to focus on is supporting staff to feel they can make an improvement where they work. It's an important part of feeling engaged and empowered to make change happen. While Improving Together will address this issue, we know that this will take time to roll-out and embed and do not want to stop staff acting on good ideas now. To guide this work we've set up a small group comprising staff from across the Trust to help us identify those things that will make the biggest difference in their areas.

Another area highlighted in the survey where we want to do more work to understand the issues more deeply is how staff feel about working for the Trust, what would make it a better place to work, and how we could improve accessing updates about what we are doing.

To support this piece of work we are asking staff to answer a series of questions which will give us more detailed information than we were able to get out of the national staff survey so we can better understand how we can improve how we engage with staff. Staff views will help us to improve the Trust as a place to work, improving the experience of those who currently work here and enabling us to recruit the very best candidates to come and join us.

4.2. World Professional Admin Day

This week we marked World Professional Admin Day in recognition of the contribution of those of our staff who are often the unsung heroes of the NHS.

This is the first time we have marked this day, which shines a light on our 1,600 staff in admin and clerical roles who support clinical colleagues and patients. This group of staff

perform a huge range of tasks which together keep our doors open 24 hours a day, seven days a week, including booking in patients for appointments, managing clinical services, supporting important decision-making such as Trust finances and acting as a listening ear for many patients and families as the first port of call.

To mark the day, sweet treats were given to every corporate staff members working across the hospital, community and primary care services and our pets as therapy dogs also visited some of the administrative areas.

4.3. Staff Excellence Awards

Our finalists for the Staff Excellence Awards, which take place next month, have been announced and are as follows.

Team of the Year Award:
- Bluebell and Jasmine Teams (Midwifery Continuity of Carer)
- Cardiology Physiology Team
- Voluntary Services Team

Star of the Year Award:
- Covid-19 Vaccination Team
- Dr Natasha Wiggins, Consultant in Palliative Medicine
- Jasmine Hebden, Specialist Counsellor

Improving Patient Experience Award:
- Lauren Watts, Nurse Practitioner
- Michelle Taylor, Macmillan Cancer Clinical Nurse Specialist
- Virtual Ward Team

Improvement and Innovation – Making our services even greater Award:
- Perinatal (Maternity and Neonatal) Team
- Graham Brown, Lead Pharmacy Technician for Homecare
- Diane Turner, Physiotherapist

Leading the GWH Way Award:
- Harriet McCulough, Advanced Clinical Practitioner
- Michelle Grange, Advanced Clinical Practitioner
- Lowri Bigwood, Nurse Manager for ED

Excellence in Integration Award:
- Dr Patricia Monteiro, Consultant and Dr Bushra Sohail, Consultant
- Rebecca Arthur, AHP Lead Integrated Falls Pathway Project
- Dr Rachel Prout, Consultant, Louise Moorhouse, Divisional Lead Pharmacist, Helen Langton, Senior Research Lead and Charlotte Hunter, Research Nurse

Wellbeing at Work Award:
- Sarah Masson, Clinical Psychologist
- Dr Natalie Whitton, Consultant
- Jerry Spray, Rehabilitation Assistant

Partnership Working Award:
- Dr Timea Novak, Consultant, and team
- Chris Bond, Lucy Morse, Elizabeth Covell and Emma Northeast, Site Team
- Gemma Cruz, Senior Sister

Championing Health Equalities Award:
- Sarah Webb, Mental Health Nurse
- Justin Sysum, Clinical Audit and Effectiveness Facilitator
- Esther Williams-Delhoum, Safeguarding Lead
- Nunu Moyo, Patient Safety and Risk Matron

Patient Choice Award:
- Lucy Loveday, Community Sister
- Neonatal Team
- Stacey Cotter, Advanced Clinical Practitioner

GWH Rising Star Award:
- Sharon McDonald, Undergraduate Manager
- Nadiya Johal, Highly Specialist Cardiac Physiologist
- Jessica Soane, Specialist Nurse

GWH Lifetime Achievement Award:
- Dr Tony Pickworth, Consultant
- Virginia Allan, Phlebotomist
- Dr Helen Jones, Consultant

Tickets have now gone on sale for the awards ceremony, which take place at the Four Pillars DeVere Hotel, in the Cotswolds on 17 June. Staff who are finalists from this year or last year's virtual awards are eligible for free tickets.

In recognition of both the incredible efforts of our staff, and the fact that we have not been able to meet in person to celebrate, we have worked hard to ensure that this year's event is the biggest and best yet, with live entertainment, performances from local artists, a DJ, and much more.

4.4. STAR of the Month

Our latest STAR of the Month winner is Emma Burgess, our Critical Care Outreach Lead. Since Emma took over as lead outreach nurse, the team has grown in strength and formed good working relationships. She has enabled strong links to be forged between outreach and hospital at night and has also invested in training sessions on the wards to improve care of deteriorating patients.

4.5. Parliamentary Awards

We have put forward eight staff and teams for the annual Parliamentary Awards to the two Swindon MPs, who have submitted all of them. I've written to the nominees to personally congratulate them. The nominees are as follows:

- The ambulance hub
- Our vaccination team
- The high impact user group
- Research and Innovation team
- Dr Jon Freeman, Clinical Lead for Staff Health & Wellbeing
- Tim Allen and Hannah Rogers, our Admiral Nurses
- Hannah Francis, Speech and Language Therapist
- Patrick Ismond, EDI Lead

The regional winners will be announced next month, with the national winners revealed in July.

4.6. Other recognition

Our Deputy AHP Lead Simon Lovett was successful in winning the AHP Clinical Leadership Award in the Advancing Healthcare Award. This is great recognition for Simon's excellent work since he joined the Trust.

5. Great British Railways bid

Swindon's railway heritage is a huge part of its local history and we are backing a campaign to make the town the new national headquarters of Great British Railways – the new public organisation responsible for the country's railways.

Last month alongside partners such as Swindon Borough Council we signed an open letter to the Secretary of State for Transport backing the campaign.

National recognition such as this would be a significant boost for the town and we look forward to the announcement of the shortlist of locations later this month.

Report Title	**Integrated Performance Report (IPR)**				
Meeting	**Trust Board**				
Date	**5th May 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	Al Sheward – Deputy Chief Operating Officer Rayna McDonald – Deputy Chief Nurse Claire Warner – Associate Director of HR Operations Elizabeth Hills – Head of Financial Management				
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

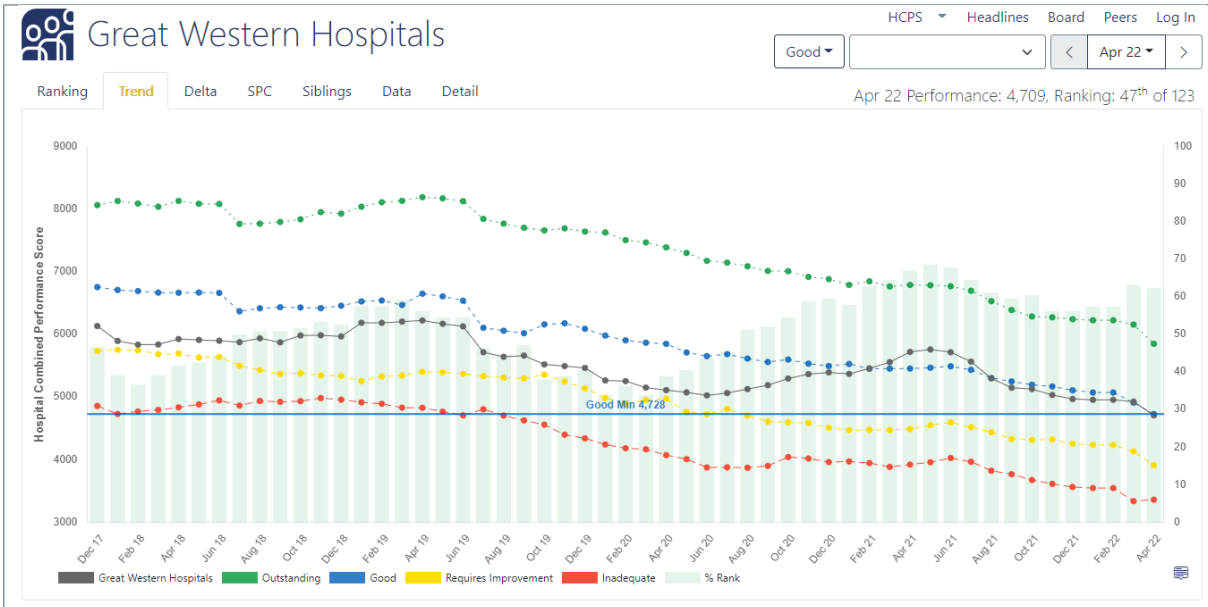
Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):

The Integrated Performance Report provides a summary of performance against the CQC (Care Quality Commission) 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. The Trust continues to use other data sources to compare itself.

Key highlights from the report this month are:

Our Performance

Our ranking against the Hospital Combined Performance Score on Public view in April 2022 places us 47th out of 123 Trusts down from 46th in March. The trend chart below reflects our aggregate position against CQC measures, and our overall performance is tracking at 'Good.'



There were several metrics in which the GWH ranking deteriorated month on month, leading to the marginal deterioration in the Hospital Combined Performance Score in April:

- RTT 18wk
  - Dec 21 – 62.01% Rank 121
  - Jan 22 – 60.06% Rank 133
- Sickness Absence
  - Oct 21 – 5.32% Rank 71
  - Nov 21 – 5.33% Rank 78
- E Coli
  - Dec 21 – 13.0 Rank 21
  - Jan 22 – 15.1 Rank 26
- MRSA (Hospital Onset)
  - Dec 21 – 1.08 Rank 95
  - Jan 22 – 0.54 Rank 100
- Summary Hospital Mortality Indicator
  - Sept 21 – 87.51 Rank 11
  - Oct 21 – 88.18 Rank 13

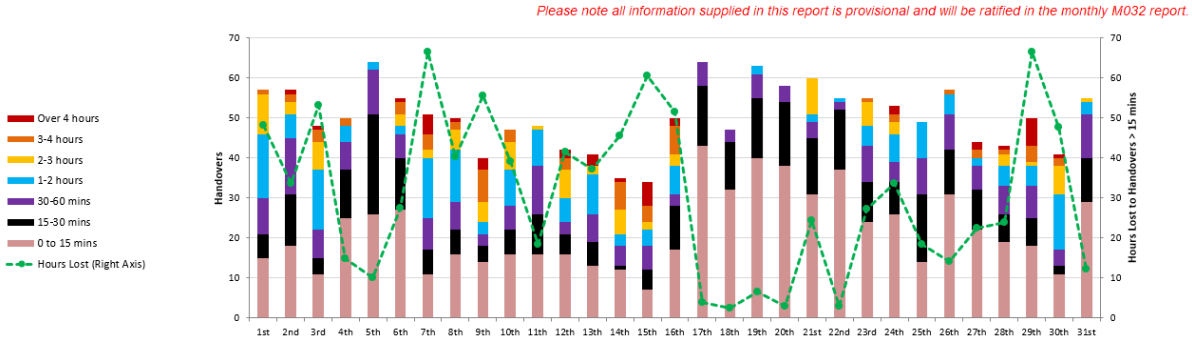
A number of metrics that drive the HCPC calculation have improved month on month, though the change was not significant enough to offset the deterioration seen in the above metrics:

- Cancer 62 Day Classic
  - Dec 21 – 74.03% Rank 53
  - Jan 22 – 83.17% Rank 17
- MSSA (Hospital Onset)
  - Dec 21 – 12.97 Rank 91
  - Jan 22 – 11.89 Rank 77
- C.Difficile (Hospital Onset)
  - Dec 21 – 18.37 Rank 76
  - Jan 22 – 17.29 Rank 68
- A&E DTA to admission
  - Jan 22 – 21.93% Rank 43
  - Feb 22 – 23.62% Rank 40

There were also 4 metrics where our overall ranking had not changed. For A&E 4-hour standard, there was updated data, but our position remained at 49, for the others there was no updated data published by NHS England this month as these are quarterly updates or have been paused due to the pandemic.

- A&E 4-hour standard.
  - Jan 22 – 77.63% Rank 49
  - Feb 22 – 76.69% Rank 49
- Complaints rate – No Change (last published 17th Feb 22)
- Staff Recommend Care – No Change (last published 17th Nov 21)
- Financial YTD Surplus / Deficit - No change (last published 14 Dec 19)

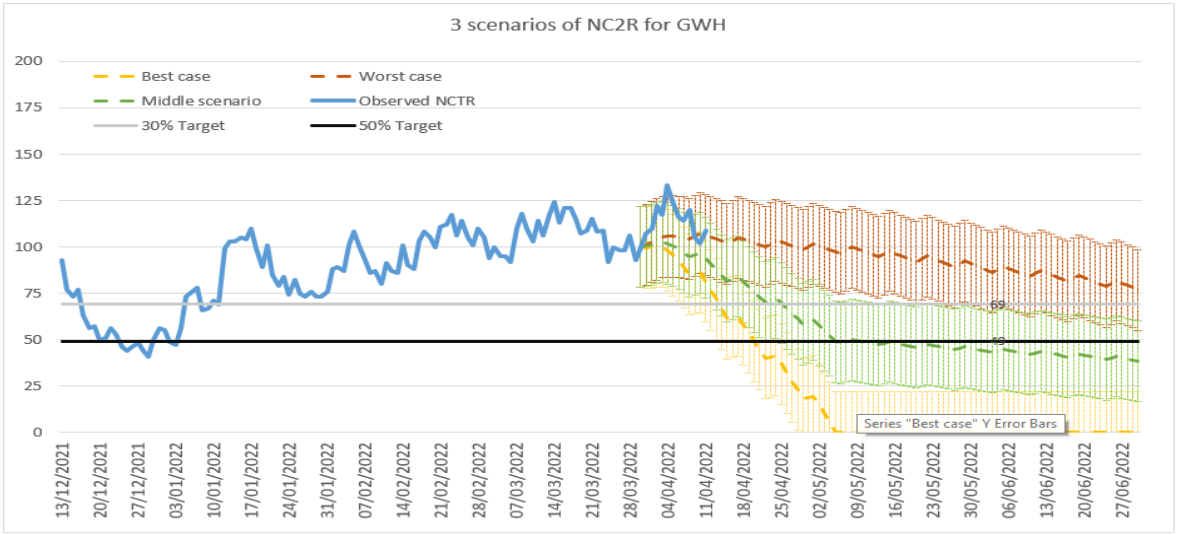
URGENT & EMERGENCY CARE - ED performance in March remains below the 95% standard. There has been a decrease in 4-hour performance from February. This resulted in a month end position of 74.67% There were 93 12-hour reportable decision to admit (DTA) breaches compared to 77 DTA breaches for February.



Hospital Handover Delays (HHD) decreased in the month to 952 hours lost. Although there are more hours being lost, patients are overall waiting less time to be Handover to the Emergency Department.

Attendances have Increased in month by 477 (ED) and 64 (UTC) patients compared to February 2022. The top 3 reasons for attending ED largely remain the same.

Bed occupancy remained above 98% for the duration of the reporting period. The number of patients waiting to leave the Trust who require support from partner organisations increased in March again with the Integrated Care Alliance not achieving the 30% reduction in patients with no criteria to reside NC2R (Non-Criteria to Reside).



DISCHARGES– The Trust is tracking against the worst-case scenario for patients with No Criteria to

Reside (NC2R). In March this has averaged a run rate of 113 patients. 45% of patients waiting require support from the Wiltshire system. Pathway zero run rate remains high. >85% of patients who leave the Trust leave on Pathway 0. Numbers of discharges at weekends falls significantly in all pathways including Pathway 0. Of concern 54% of patients waiting to leave the Trust have had a Length of Stay (LoS) of >21days. GWH has played a key role in the movement of several patients to the Care Hotel in Bath and the implementation of the National Discharge Grant. There has been an increase in the time from referral to discharge especially in the Swindon system.

COMMUNITY- Average LoS for patients in the community wards was 17 days. Challenges have cantered around recent Covid outbreaks in the community wards. There have been 11 readmissions in month. There has been a slight reduction in face-to-face consultations using Virtual Ward however, the total numbers of patients continue to grow. Average call wait times during March 2022 were 7.2 minutes (Feb 3.7mins & Jan 5.9mins). The trend over 3 months is a slight increase in call wait times. e-Consults have increased by 12% to an average of 560 submitted per week (Feb 500), During March 2022 the average number of daily appointments provided across all patient facing professional groups was 582 (Feb 523). Over the longer term (past 12+ months) there has been an increase.
COVID – Overall numbers of patients with Covid continue to increase. Further analysis is required on nosocomial infections and Incidental findings. The number of patients requiring Level 3 care (ITU) continues to remain low with some periods of March without any patients in ITU with Covid 19.
RTT - The Trust reported an RTT Incomplete Performance of 58.45% in March 2022, a deterioration of 0.53% in month. The Trust reported a waiting list increase of 1,263 in month, resulting in a waiting list size of **30,034** against a BSW Trajectory of 30,773 (739 less patients than forecast). The Trust received 10,499 referrals in March 2022, which is a 15% increase in month and 109% of the pre-Covid 19 average referral rate. 664 x 52-week reportable breaches were declared in March 2022, an increase of 52 in month. Of the 664 reportable breaches; 406 are Admitted, 253 are non-Admitted and 5 are Diagnostic. ENT, Respiratory Medicine and Dermatology deteriorated the most in month, whilst T&O, Urology and General Surgery 52-week position improved from baseline.
DIAGNOSTICS- Performance was 58.97% in February, an increase from 54.7% in January. Overall, the total waitlist size has increased to 10150 in February from 9583 in January (+567). Breaches have decreased to 4165 from 4401 in January
CANCER - (Februarys performance)

- **2 week wait -** The standard in February was not met, due to Skin (85.6%), Colorectal (86.3%), Upper GI (88.1%) & Lung (90.9%) not achieving their target. We have seen an increase in referrals of 8% for the year to February 2022 compared to the pre Covid levels recorded for the year to February 2020.
- **28 Day Diagnosis** - The standard was met in February with a performance of 79.9% (283 breaches).
- **Cancer 62-day** - February 62 day performance is 76.8% (82.0 treatments, 24 patient pathways breached resulting in 19.0 breaches) with the Trust not achieving the national 62-day standard. The performance had been predicted to be challenged, of the 23 predicted breaches for diagnosed patients.

Our Care
Medicines Safety – Reporting of incidents reduced in February, but the proportion of incidents leading to harm continues to remain consistent across the year.
Work is ongoing to consolidate the number of paper-based drug charts to reduce prescribing risks. Longer term plans centre around an upgrade, and wider rollout, of the trust electronic prescribing and administration system (EPMA) in Q1 22/23. This will improve user experience and patient safety through to improved processes and workflows relating to medicines use.
Infection Control –In March there has been three reportable C. difficile infections, all were Healthcare Associated (HOHA), taking the Trust total for 2021/22 to 50 which is over our target of 44 for the year. Ribotyping for C. difficile has confirmed there have been no cases of cross contamination.
The number of patients diagnosed with COVID-19 has increased in March was in line with the national and regional picture. There were 59 hospital acquired cases (8 days +) during February 2022, with a number of outbreaks and clusters that were managed through the daily outbreak meetings.

Pressure Ulcers – There were a total number of 27 harms on 27 patients on the acute setting, and 68 harms within community services, numbers within the acute setting are within normal variation, the increase in the community is above the upper control limit for normal variation.
The Moisture Associated Skin Damage (MASD) pathway was launched in March 2022 with educational packs for each department supplied, as well as five full days of bite size ward training. Virtual training sessions are planned for April for any staff that missed the bite size sessions.
The first Multi-disciplinary team (MDT) reviews for pressure relieving mattress and lateral turning systems were held in March 2022, with the first line recommendations from both MDT's demonstrating the appropriate range required for pressure ulcer needs and recommending increasing core stock lines within the community for the lateral turning systems,
Falls – Reported inpatient falls increased in March to 140, which has led to an increase per 1000 beds days to 7.1., this remains within normal variation.
Training is commencing for staff to use the new Falls Sensor Mats and bathroom alarms prior to the implementation across the Trust. A management and policy and process is being developed to support the implementation of the mats and alarms.
A safe footwear project has commenced with a 3- month trial of a 'slipper bank' (slippers available for patients who have are unable to provide their own footwear) starting from May 22 .
The Community Setting are piloting the two stage multifactorial falls risk assessment on system one from March 2022. A new patient information leaflet for post falls care in the community has been signed off by the quality group and will be available from April 2022.
Incidents - At the time of reporting there are a total of 32 on-going Serious Incident (SI) investigations, with 1 reported in March a decrease from the previous month.
The Fluid balance improvement group continues to address the concerns raised in a recent audit and previous Serious Incident. The fluid balance charts are now in the test environment on NerveCentre with testing due to be completed in the next few weeks. Once completed in the test environment there is a pilot planned for two wards before wider roll out. The education and training plan for fluid balance continues to be developed to ensure Trust wide consistency and will be linked to the NerveCentre implementation of the electronic form.
A recent report run by the academy showed very low numbers of ward staff were recorded as competent to pass Nasogastric tubes (NGT). This prompted an immediate task and finish group to identify the exact issue and take prompt action to rectify the problem to maintain patient safety. The initial findings indicate that in many ward areas staff are completing this task regularly and remain competent but have not returned the paperwork to the academy. This is being addressed with a longer-term solution being identified to this administration issue.

Patient Experience – 44 complaints (previous month 27) and 130 concerns (previous month 130) were received in March 2022. Out of a total of 174 cases received from Complaints and Concerns in February, the overall top three themes were related to communication, clinical care and discharge arrangements, with 100% increase in concerns relating to discharge when compared to February.

A Quality Improvement project to address all aspects of the complaints and PALS processes is being conducted, as part of this plan, a monthly Patient Experience Newsletter will be introduced by the end of April to help aid communication within the Trust.
Maternity – There is one incident graded as moderate harm for the perinatal services in March. This case has been reviewed via an urgent incident review with areas for improvement highlighted and immediate recommendations made.

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 March: Bank shift fill rate has decreased in month to 47.8%, whilst demand has increase by 54WTE due to Escalation, other leave (paternity / sickness absence). Agency spend as

a % of total spend has remained above Trust target, reporting at 7.60%. Sickness absence has decreased in month to 6.11% of which 2% is Covid-19 absence.

Time to hire is 57 days, over the Trust target of 46 days. Trust appraisal compliance is reported at 68.85% in March, decreasing by 0.24% over the month.

In-month challenge for workforce/people is presenting as increased demand on workforce evidenced by the spend on Agency staff, the continued escalation requests for medical staff in General Medicine, Outlier Cover and Emergency Medicine and for Nursing staff in the Emergency Department and AMU. Continued high levels of sickness and an increase in turnover relating to range of work-life balance reasons, is also impacting on the increased demand on workforce. Health and wellbeing referral themes gives insight that people are tired and seeking increasing help from the organisation for support with decreased morale and workplace stress.

Encouraging progress has been made with HCA recruitment with current vacancy position at 49WTE. Recruitment activity continue to be a priority with 52 candidates in the pipeline and of this 26 with start dates agreed. Whilst the pipeline exceeds the vacancy position, recruitment activity continues following financial approval to recruit to turnover.

The workforce challenge for the month ahead continues to be to reduce the level of staff absence and the impact this has on the demand for temporary staffing, continue with the improvements in our vacancy position, monitor the effectiveness of our retention plans and monitor the impact of the increased cost of living on staff turnover/potential uptake of bank work.

Use of Resources

The full year plan for the Trust is a deficit of £6.0m. The Trust is reporting a surplus of £0.1m for 2021/22 (after adjusting for Donated assets).
In month the reported position is £0.4m deficit against a planned deficit of £3.9m. At the end of Month 12 operating income is above plan (£36.6m) this is offset by pay and non pay expenditure above budget (£30.7m). Provisions have increased in month to reflect possible liabilities that have arisen in year. Capital expenditure at year end is £29.1m (£9.2m below plan). The cash position at the end of March was £52.9m and is forecast to remain at a sustainable level into 2022/23.

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**
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	Executive Committee Trust Board (Public)				
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	
Date	28th April 2022

NHS
Great Western Hospitals
NHS Foundation Trust

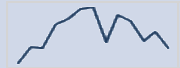
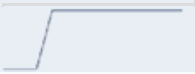
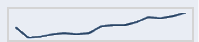
Integrated Performance Report

April 2022
March 2022 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	4,927 (Mar)		46 (4,927)	32 (5229)	19 (5,967)	Mar 22
A&E 4 Hour Access Standard (combined ED & UTC)	74.67% (Mar)		49 (76.69)	119 (61.87)	51 (76.35)	Feb 22
A&E Percentage Ambulance Handover over 15 Mins	60.30% (Mar)					
A&E Median Arrival to Departure in Minutes (combined ED & UTC)	195 (Mar)		33 (158)	106 (216)	72 (192)	Jan 22
RTT Incomplete Pathways	58.98% (Feb)		133 (60.06)	111 (64.19)	82 (68.81)	Jan 22
Cancer 62 Day Standard	83.17% (Jan)		17 (83.17)	100 (55.35)	18 (82.81)	Jan 22
6 Weeks Diagnostics (DM01)	58.97% (Feb)		143 (54.08)	124 (62.11)	18 (97.58)	Jan 22
Stroke – Spent>90% of Stay on Stroke Unit	84.0% (Q2 21/22)		50 (84.0)	26 (88.4)	25 (88.9)	Q2 21/22
Family & Friends (staff) – Percentage recommending GWH as a great place to work	69.89% (Q3)		88 (70.0)	45 (82.0)	68 (79.0)	Q3 20/21
YTD Surplus/Deficit*	-4.3% (Q2 19/20)		82 (-4.3)	27 (1.3)	37 (-1.4)	Q2 19/20
Quarterly Complaint Rates (Written Complaints per 1000 wte)	15.1 (Q2 21/22)		72 (15.15)	119 (21.9)	81 (16.47)	Q2 21/22
Sickness Absence Rate	5.33% (Nov)		78 (5.33)	74 (5.3)	16 (4.2)	Nov 21
MRSA	3.2 (Jan)		114 (3.2)	58 (1.6)	26 (0.7)	Jan 22
Elective Patients Average Length of Stay (Days)	5.13 (Mar)					
Non-Elective Patients Average Length of Stay (Days)	5.17 (Mar)					
Community Average Length of Stay (Days)	17.10 (Mar)					
Number of Stranded Patients (over 14 days)	137 (Mar)					
Number of Super Stranded Patients (over 21 days)	81 (Mar)					

*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			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Peter Hill	Peter Hill		27th April 2022
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*	Red	The service remains under significant pressure with 25% of patients waiting longer than 4 hours. Initiatives to improve the patient experience continue with examples being the expansion of Same Day Emergency Care (SDEC) to 7 day working and a review of options for other alternatives to front door queuing expected in May. The Committee had an in-depth discussion re ambulance handovers which remain a real challenge. The ambulance service (SWAST) and GWH continue to work together to identify ways of improving e.g. development of a Rapid Assessment and Treatment (RAT) model. Performance in ED is directly affected by the high number of patients whose discharge from hospital is delayed due to issues outside of GWH control. Dialogue with the local authorities/social care continue with a view to seeing improvements.	Monitor actions	May 2022
Integrated Performance	Red	Amber	RTT was just below 60% for March, with a waiting list increase of 1,263 in month. The Trust received 10,499 referrals, which is 109% of the Pre-Covid 19 average referral rate whilst	Monitor actions	May 2022

Report – Elective Access/RTT			capacity remains below Pre-Covid times. There is continued focus on 78-week position with the Trusts longest waiting patient currently at 95 weeks. Options such as internal insourcing and weekend/evening clinics are being considered to increase capacity.		
Integrated Performance Report – DM01	Red	Red	Performance was 59% in February which was a slight improvement from January. To support the recovery trajectory the service funded 23 CT van days in March as well as additional MRI van capacity and Endoscopy weekend lists being booked to 12 points.	Monitor actions	May 2022
Integrated Performance Report – Stroke	Green	Green	Good SNNAP performance continues at Level B. The service continues to perform well despite being under pressure.	Monitor actions	May 2022
Cancer Report	Amber	Green	The Trust is performing well against other Trusts but is not meeting the national standard partly due to diagnostic capacity. Tumour sites are being monitored to ensure minimising the number of pathway breaches.	Monitor actions	May 2022
Theatres Assurance Update	Amber	Green	The Committee received a presentation from the new Head of Service that identified progress to date along with upcoming initiatives. The PPPC were pleased to note the major improvement with adherence to the WHO checklist with 100% compliance being achieved thereby affording greater assurance re patient safety.	Monitor actions	July 2022
Model Hospital / GIRFT (Benching Marking Opportunities)	Amber	Amber	As per the FIC Board Assurance Report.		
PGME Annual Report	Green	Green	This Committee noted this is a working progress with more follow ups needed but they were assured to find previous issues raised had been addressed.	Receive annually	
Staff Survey Report	Amber	Amber	Although scores are lower than in previous years there were some positive messages coming through about the work the Trust is doing around inclusion and wellbeing. It was acknowledged the way the Trust responses to the results of the survey needs to change and this was welcomed by the Committee.	Monitor actions	
Integrated Performance Report - Workforce	Amber	Amber	It remains a challenging time for the Trust workforce, with work being done to focus on reducing staff absence as well as looking at retention and recruitment possibilities. COVID related sickness remains a factor, however there are early signs of this reducing.	Monitor actions	May 2022

***Discharges were assessed as a system wide issue i.e. GWH plus other health and social care partners.**

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?

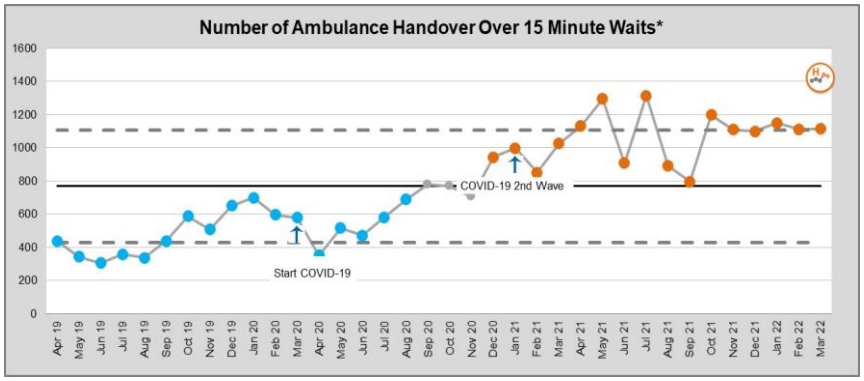
Are We Well Led?

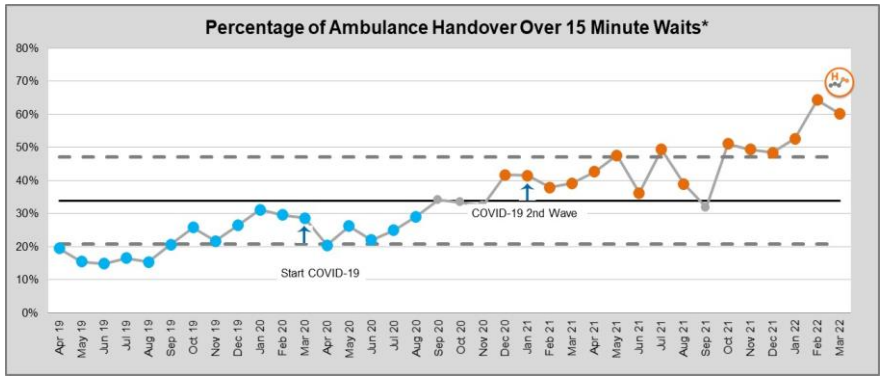
Use of Resources

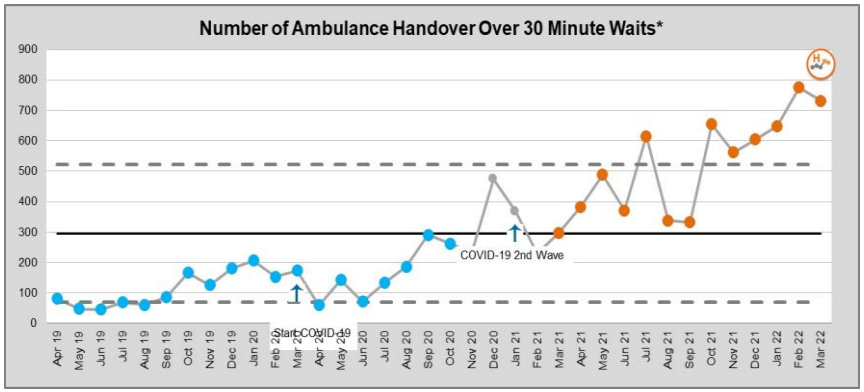
1. Emergency Care Standards – Ambulance Arrivals

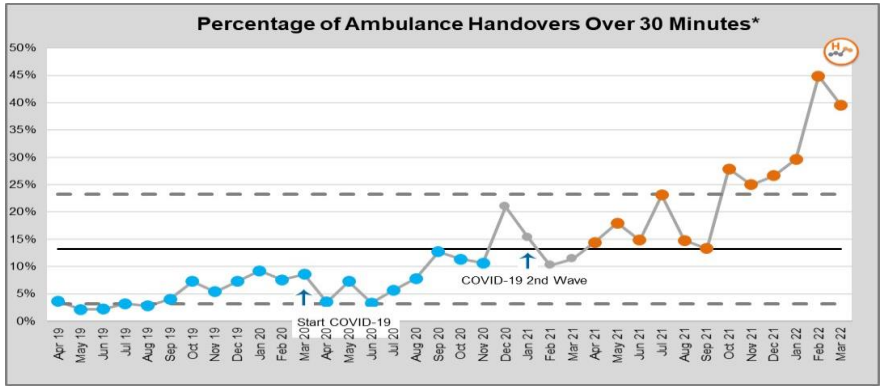
Data Quality Rating:

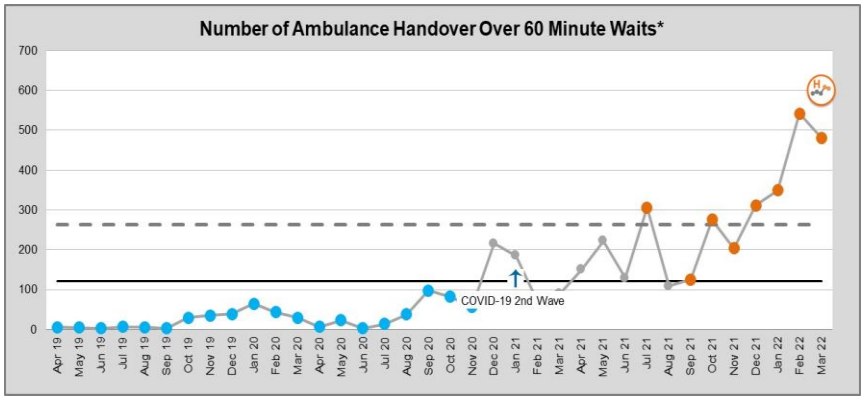
National Key Performance Indicators

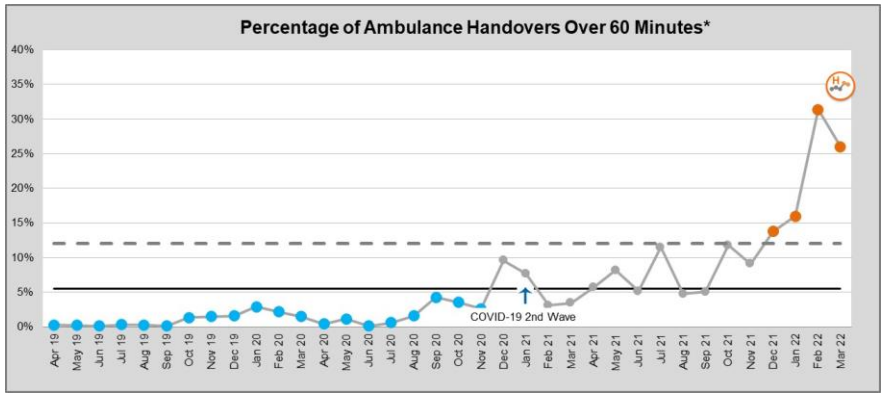












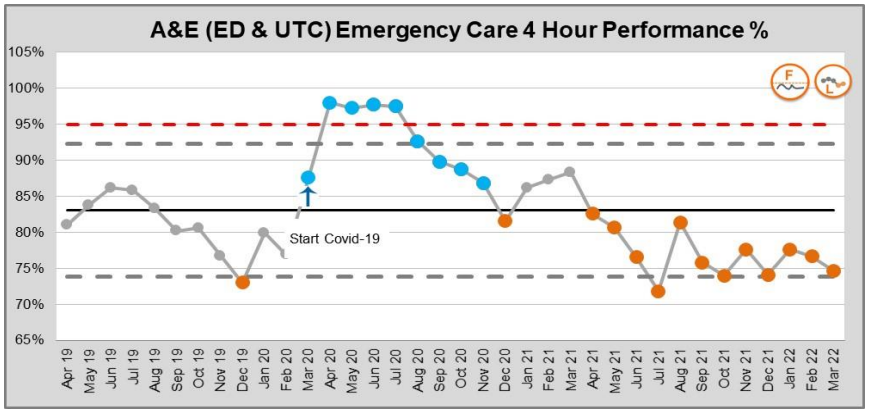
Mean | 0 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

* Data from SWAST

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

Data Quality Rating:

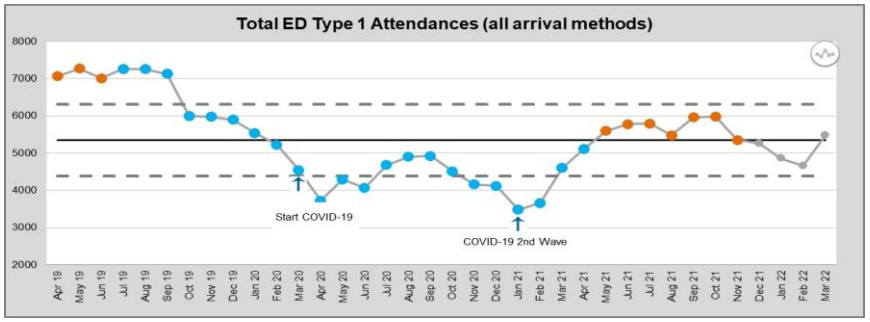
National Key Performance Indicators

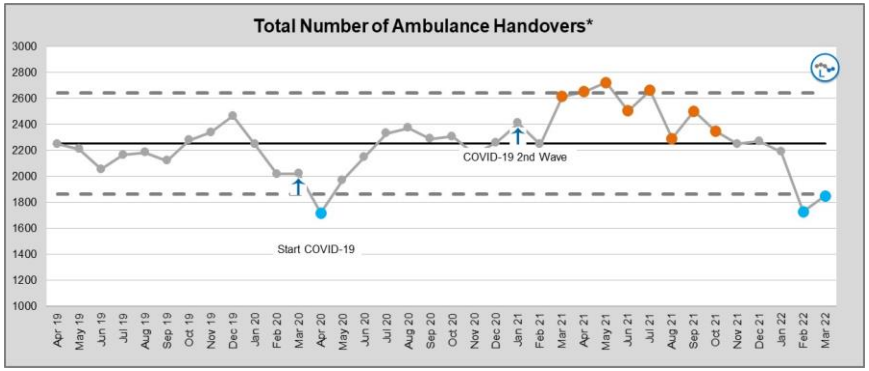


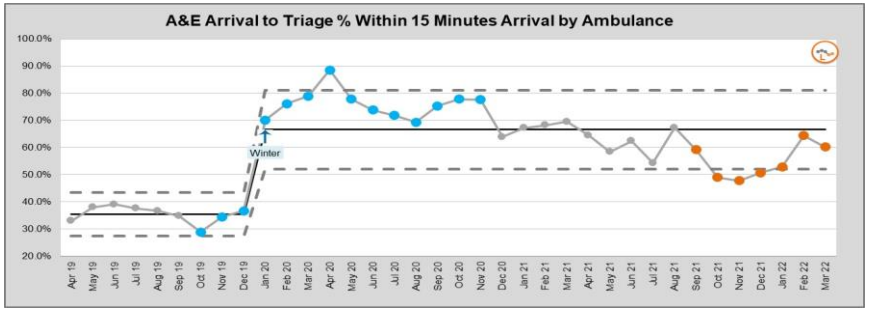
Performance Latest Month: 76.69% (Feb)

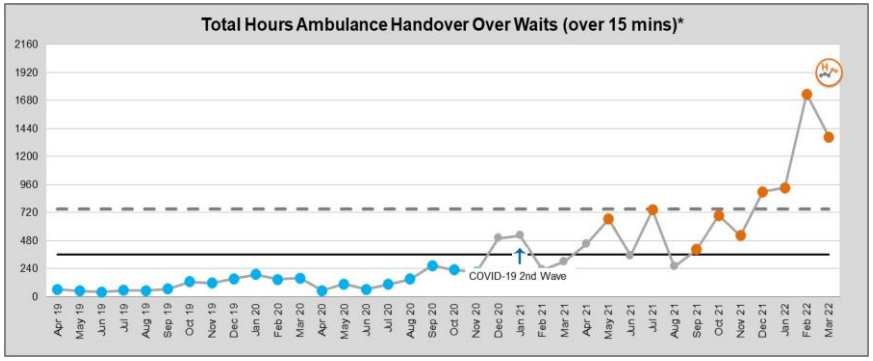
Attendances:
Type 1 ED 56.84%
Type 3 UTC 96.18%
Overall – 74.67%

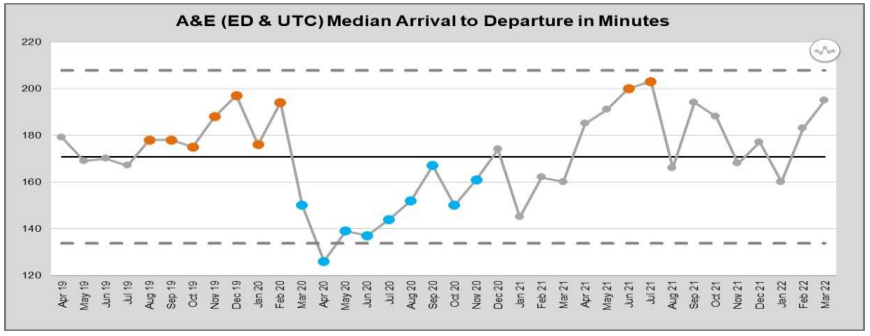
12 Hour Breaches (from decision to admit) 93











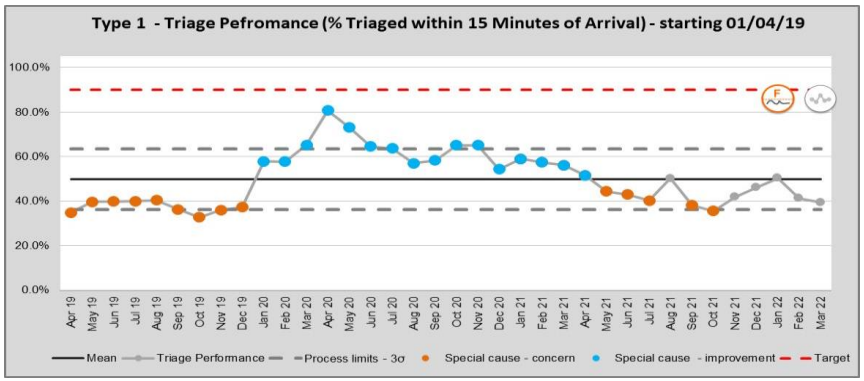
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

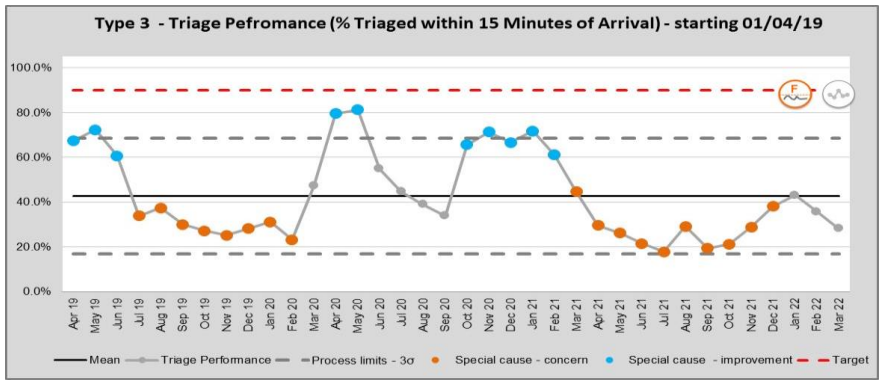
* Data from SWAST

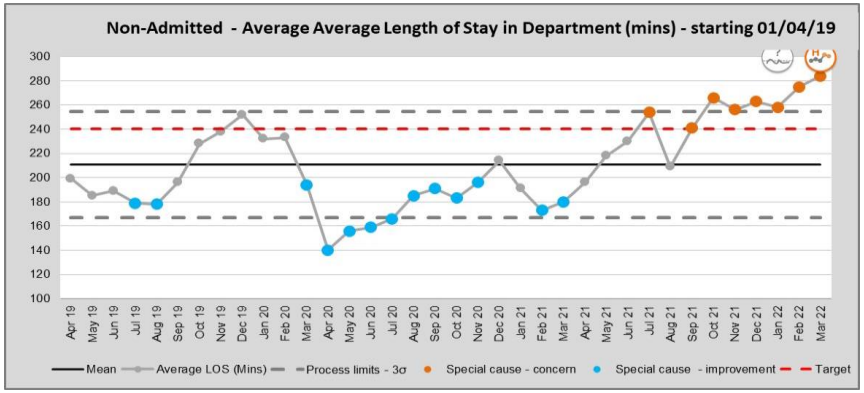
1. Emergency Care Standards – Front Door Flow

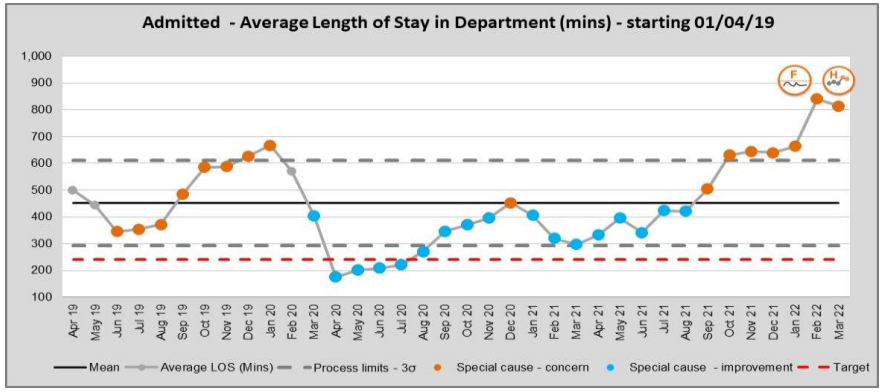
Data Quality Rating:

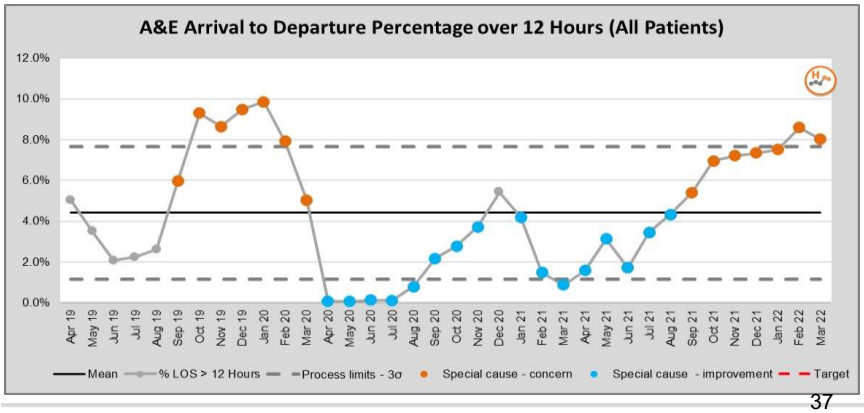
National Key Performance Indicators

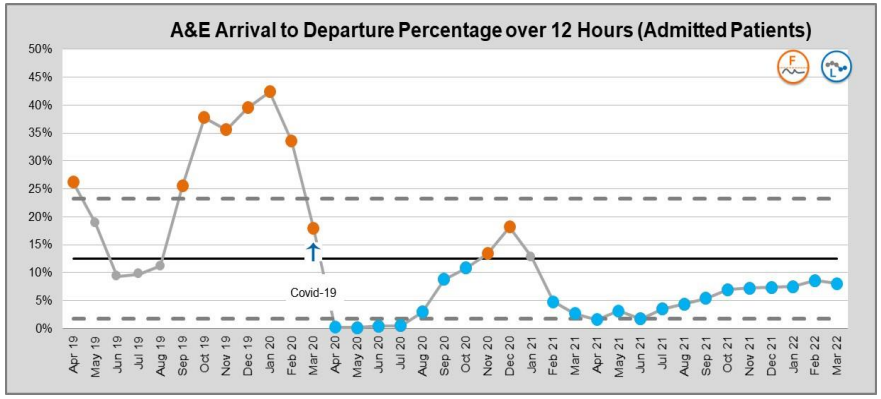












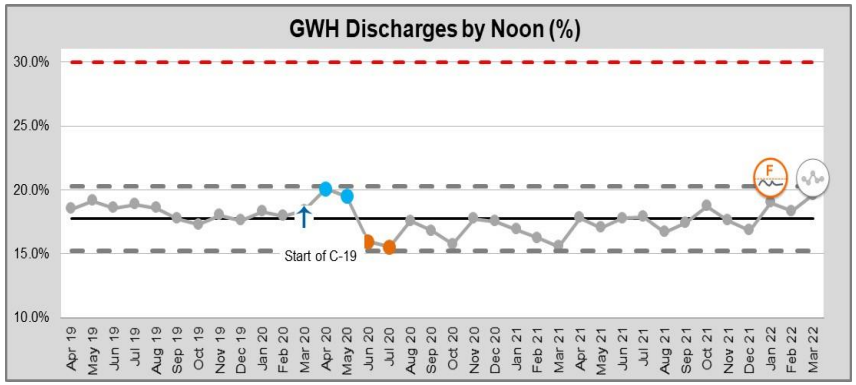
Mean | 0 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

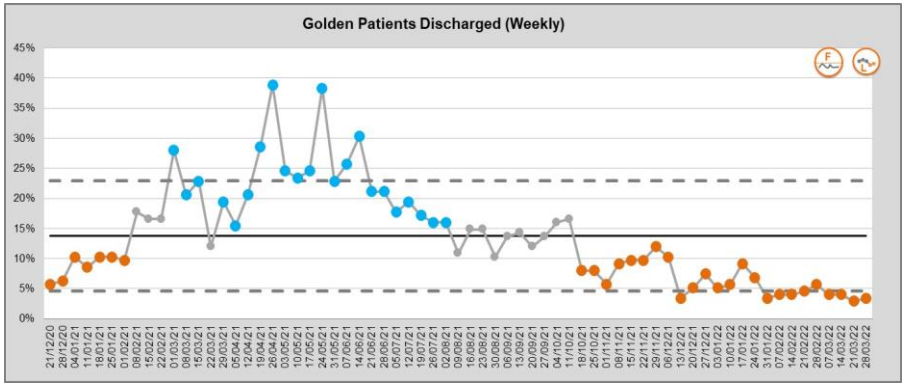
* Data from SWAST – 1 month lag

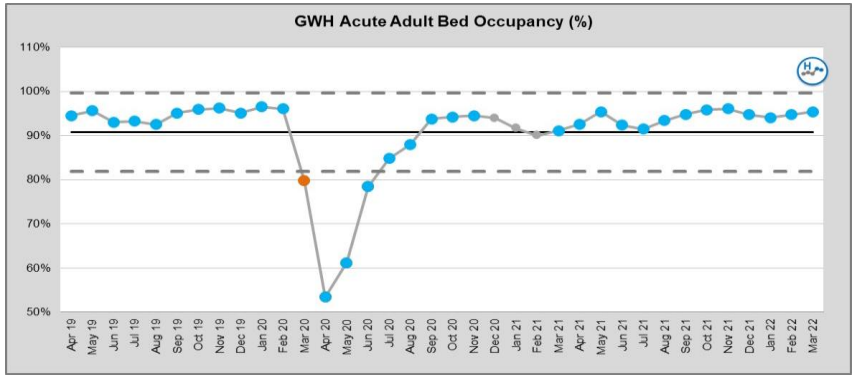
1. Emergency Access (4hr) - Patient Flow and Discharge

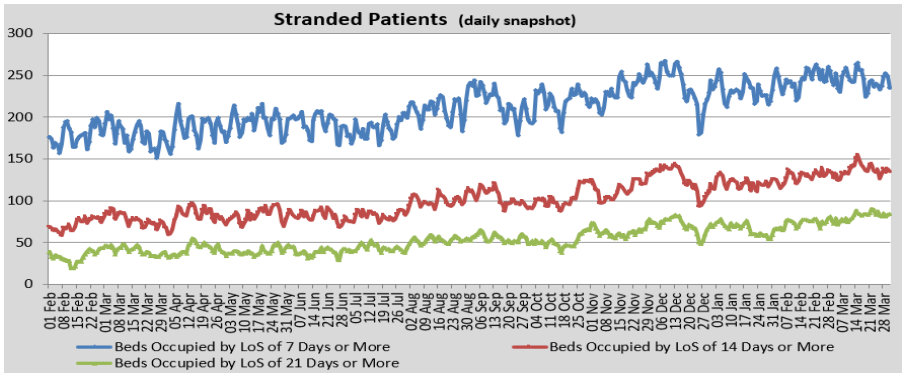
Data Quality Rating:

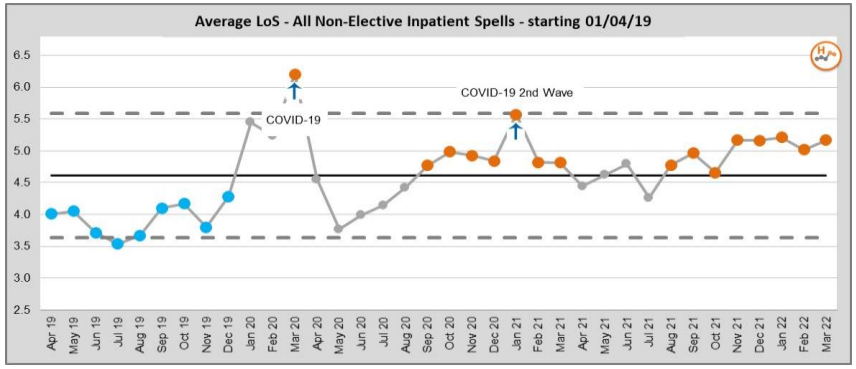
Are We Effective?

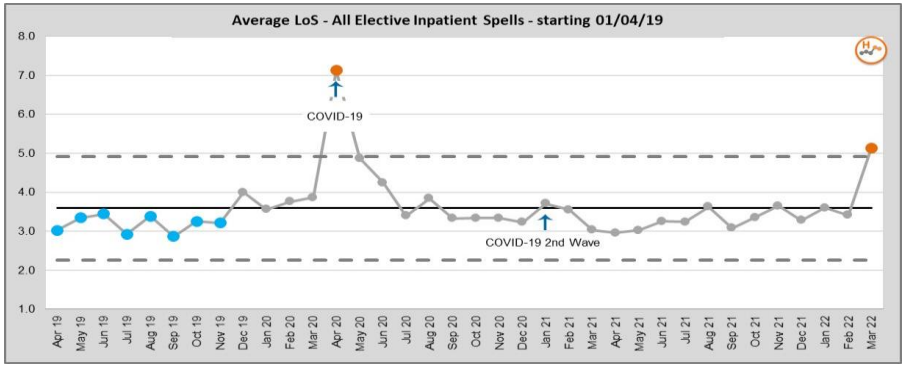












Mean | 0 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

Ambulance Handover Delays

March 22

Great Western Hospitals NHS Foundation Trust

Action plan

Microsoft Excel Worksheet

February peak of 1668 hours

Rolling 30-day position as at **13 Mar 22**

click on a bar to highlight focused site on the trend chart

Ambulance Trust	Focused Site	
South Western	Royal Cornwall Hospital (treli...	6543:30:44
South Western	Derriford Hospital	4302:38:42
South Western	Gloucestershire Royal Hospital	3370:12:17
South Western	Bristol Royal Infirmary	3081:06:10
South Western	Southmead Hospital	2832:20:39
South Central	Queen Alexandra Hospital	1837:08:01
South Western	Royal Bournemouth Hospital	1795:48:20
South Western	The Great Western Hospital	1444:32:56
South Western	Royal United Hospital	1405:18:29
South Western	Torbay Hospital	1265:25:25
South Western	Poole Hospital	1100:49:41
South East Coast	Royal Sussex County Hospital	448:31:12
South Western	Weston General Hospital	358:45:07
South Western	Salisbury Health Care NHS T...	253:33:19
South Western	Musgrove Park Hospital	230:55:49

Rolling 30-day position as at **21 Mar 22**

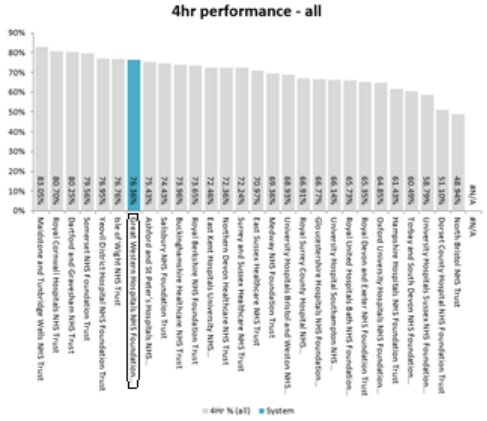
click on a bar to highlight focused site on the trend chart

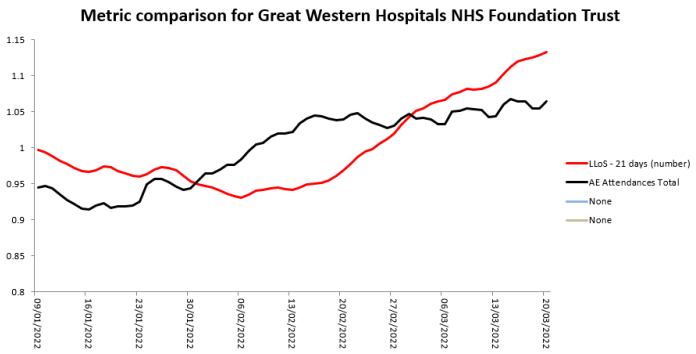
Ambulance Trust	Focused Site	
South Western	Royal Cornwall Hospital (treli...	6325:29:15
South Western	Derriford Hospital	4542:39:09
South Western	Gloucestershire Royal Hospital	3585:02:41
South Western	Bristol Royal Infirmary	3245:59:18
South Western	Southmead Hospital	3147:40:21
South Central	Queen Alexandra Hospital	2485:50:33
South Western	Royal Bournemouth Hospital	1886:22:07
South Western	Royal United Hospital	1609:52:38
South Western	Torbay Hospital	1582:49:35
South Western	The Great Western Hospital	1343:49:21
South Western	Poole Hospital	1134:41:41
South Western	Weston General Hospital	554:39:55
South East Coast	Royal Sussex County Hospital	509:20:28
South Western	Salisbury Health Care NHS T...	274:39:53
South East Coast	St Richard's Hospital	271:33:51

4hr performance weekly rank (all Types)	
National	Region
26/116	7/30

Ambulance Handover Delays

- February saw a significant increase in handover delays.
- Through February base wards effectively halved to admissions due to COVID and Norovirus outbreaks. March continues to see ward closures.
- Significant reduction in NCTR discharges due to COVID/NV outbreaks
- Significant increase in LOS > 21 days
- SWAST removal of support for internal ambulance support removed at the beginning of February.





Ambulance Handover Delays Improvements

- An 11 bedded bespoke functioning covid assessment area for all COVID related conveyances
- A 15 bedded ED escalation area open 24/7 7/7 covered by medical, nursing, FDT and AHPs
- An 8 bedded escalation admissions lounge open 24/7 7/7 staffed by medical, nursing, AHP support
- Establishing additional 3-4 trolley internal ambulance queue system covered by GWH employed staff (Nursing/Paramedic)
- Establishment of GWH multiorganizational, multidisciplinary navigation hub reducing daily conveyances to acute facilities and alternate to ED pathways by up to 35 patients a day
- Establishment of clear criteria for Ambulance Trust conveyance to GWH UTC
- Development of direct access pathways for Surgical and Gynae patients - right place, first time
- Increased SDEC opening hours to include Saturdays with Sunday opening due in April
- In-reaching SDEC review of Emergency Department and GP referral patients routinely through the day and week
- Increase in SDEC ACP workforce
- Establishment of 2 operational flow matrons – 1 for front door areas and 1 for back door areas
- Development of real time tracking software (NerveCentre) to immediately understand all patients next steps, criteria to reside, pathway plans, referrals
- Introduction of ED majors clinical navigator to support appropriate direction of care pathway e.g. UTC, Primary Care, Pharmacy
- Introduction of additional 10PA GP support to UTC and recruitment for clinical navigator
- 3 times daily divisional site flow meetings to support scrutiny of daily position
- Introduction of SAFER month supporting organisational focus on patient flow.
- Early identification of patients suitable for GWH community beds to ensure early transfer and flow.
- Introduction of a high impact users team to support patients who frequently attend the ED.
- Additional general medicine consultant added to the weekend rota supporting clinical care and flow through discharges.

Hospital Ambulance Handover Delays

Data Quality Rating:

Are We Effective?

March 2022 - Background, what the data is telling us, and underlying issues (compared to previous month)

•The total number of Ambulances who wait more than 15 mins to hand a patient over to the Emergency Department has increased to 888 patients compared to Feb 800 patients

•952 Hours were lost to the Ambulance service compared to February 2022 where 1278 hours were lost

•There were 39 ambulances who waited more than 4 hours to hand a patient over to the Emergency Department.

•Key Impacts on Performance

- The main impact on performance is related to flow of patients though the Trust where we see a direct corelation between flow and Hospital Handover Delays.

In addition, the suitability of patients who are brought to the ED is also an ongoing issue. Particularly when there are alternatives available. The main internal reasons include;

1. Fewer discharges than we have seen in recent weeks suggesting a higher acuity of patient in the Trust in part related to Covid 19
2. Delays in beds becoming available related to 7 day working, IPC constraints. Higher numbers of beds closed related to Covid 19 however fewer number of beds empty.
3. Delays in patients leaving the Emergency Department, sometimes waiting more than 12 hours for a bed to become available.
4. Overcrowded ED.

What will make the Service green?

- Full implementation of Front Door Hub
- ED RAT arriving ambulances
- SDEC / HUB review of ED & Ambulance queue
- SWAST having direct access to all Assessment Units.
- Implementation of 'Inter Professional Standards ' allowing direct referral and admission to specialty beds.
- 7/7 SDEC service
- The 'Way Forward' programme: increasing size and capacity of front door areas.

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

1. Development of Front Door Hub / SPA, in-conjunction with ICS SWAST. Concurrent intermittent short-term response and long-term implementation – ongoing
2. Development of ED RAT system for Ambulance Queue, incorporating diagnostics & treatment – SBAR & internal SOP revision to be completed. Liaison with GWH & SWAST. - April 2022
3. Maintain assessment processes identifying 'Fit to Sit' / alternate providers - Ongoing
4. Sustained internal Ambulance queue staffing - Ongoing
5. Ongoing HALO+ presence & support to ED / ambulance queue - Ongoing
6. SDEC 7-day opening commences 9/5/22 - May 2022
7. Improve direct access process to admission areas (MAU, SAU, PAU, EPU) - May 2022
8. ED management team reviewing options for alternatives to 'Front Door' queuing – May 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. Future impact due to loss of SWAST cohort area in ED.

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

Mitigation:

·An 11 bedded bespoke functioning covid assessment area for all COVID related conveyances

·A 15 bedded ED escalation area open 24/7 7/7 covered by medical, nursing, FDT and AHPs

·An 8 bedded escalation admissions lounge open 24/7 7/7 staffed by medical, nursing, AHP support

·Establishing additional 3-4 trolley internal ambulance queue system covered by GWH employed staff (Nursing/Paramedic)

·Establishment of GWH multiorganizational, multidisciplinary navigation hub reducing daily conveyances to acute facilities and alternate to ED pathways by up to 35 patients a day

·Establishment of clear criteria for Ambulance Trust conveyance to GWH UTC

·Development of direct access pathways for Surgical and Gynae patients - right place, first time

·Increased SDEC opening hours to include Saturdays with Sunday opening due in April

·In-reaching SDEC review of Emergency Department and GP referral patients routinely through the day and week

·Increase in SDEC ACP workforce

·Establishment of 2 operational flow matrons – 1 for front door areas and 1 for back door areas

·Development of real time tracking software (NerveCentre) to immediately understand all patients next steps, criteria to reside, pathway plans, referrals

·Introduction of ED majors clinical navigator to support appropriate direction of care pathway e.g. UTC, Primary Care, Pharmacy

·Introduction of additional 10PA GP support to UTC and recruitment for clinical navigator

·3 times daily divisional site flow meetings to support scrutiny of daily position

·Introduction of SAFER month supporting organisational focus on patient flow.

·Early identification of patients suitable for GWH community beds to ensure early transfer and flow.

·Introduction of a high impact users team to support patients who frequently attend the ED.

·Additional general medicine consultant added to the weekend rota supporting clinical care and flow through discharges.

Emergency Access (4hr)

Data Quality Rating:

Are We Effective?

March 2022 - Background, what the data is telling us, and underlying issues (compared to previous month)

• The ED performance remains below the 95% standard. There has been a decrease in 4-hour performance of 2.02%.
•Attendances have increased by 1472 patients -
ED - 814 increase
UTC – 658 increase (UTC remains closed overnight)
•4 Hour breaches have increased by 541 overall
ED – 477 increase
UTC – 64 increase
• 93 x 12-hour reportable Decisions to Admit (DTA) breaches - increase of 16.
• Average 15-minute Triage Times decreased in both ED & UTC although improvement in Majors chairs/trolleys.
•Ambulance delays decreased across all time measures.

•Key Impacts on Performance
- ED attendances increased for 1st time since October '21 and to pre–pandemic level.
- Social Distancing measures remain in place, restricting patient numbers in ED.
- Sustained manning for internal ambulance queue
- Increased concurrent ambulance queueing (see below).
- Significant bed closure numbers for Covid & Norovirus
- Significant reduction in NCTR discharges due to Covid/Norovirus
- Average LOS in ED increased – impact waits / DTAs
- Overall 12hr waits decreased slightly
- Ward discharges pre-midday increased
- Total bed occupancy remains >98%
- Clinical Navigator ongoing (intermittent) assisting flow to UTC.
- Ambulance assessment by Senior ED/AMU clinician (in sweeps)
- Majors Step Down supported by REG/SHO (Mon-Friday)
- Active pulling of patients to SDEC/MAU - ED & Ambulance queue
- SDEC 6-day operation
- Initial directing to specialist units (SAU/PAU), where able
- Admissions Area' in D/Lounge escalation remains in use.]
- Front door Hub operating Mondays & Fridays

What will make the Service green?

- Full implementation of Front Door Hub
- ED RAT arriving ambulances
- SDEC / HUB review of ED & Ambulance queue
- SWAST having direct access to all Assessment Units.
- Implementation of 'Inter Professional Standards ' allowing direct referral and admission to specialty beds.
- System wide approach to how the public access Urgent and Emergency care.
- 7/7 SDEC service
- The 'Way Forward' programme: increasing size and capacity of front door areas.

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

1. Development of services in UTC in preparation for new build in the spring. Joint working with Primary Care & CCG - Ongoing / June 2022
2. Development of Front Door Hub / SPA, in-conjunction with ICS SWAST. Concurrent intermittent short-term response and long-term implementation – ongoing
3. Development of ED RAT system for Ambulance Queue, incorporating diagnostics & treatment – SBAR & internal SOP revision to be completed. Liaison with GWH & SWAST. - April 2022
4. Sustained internal Ambulance queue staffing
5. SDEC 7-day opening commences 9/5/22 - May 2022
6. SDEC utilise Teaching room to provide increased clinical space. This will also enable implementation of Medical Take ACP 1st Assessment – April 2022
7. Review function of MSD – CDU/revised AMU function. Working with AMU/ED teams – May 2022
8. Review of CAU function and capacity. Potential to utilise OPD area to improve Medical Admissions management & flow – May 2022
9. Locum REG & SHO supporting Medical patients in MSD and Admissions lounge, facilitating formal reviews and discharge. Funding extended until end of April – April 2022
10. Review ED & AMU Medical staffing models, maximising clinical coverage/cost benefit – April 2022
11. Implementing findings of Staffing review of nursing (still pending) - April 2022
12. 'Internal Professional Standards' allowing improved admission processes – Specific review of Chest Pain and Surgical pathways – 2022
13. Implementation of CRTP on Care Flow for on-going patient movement – April 2022
14. Review 12hr monitoring requirement to move to 12hr performance indicator (rather than DTA) - April 2022
15. Complete environmental changes to Majors chairs & Paeds – April 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. Future impact due to loss of SWAST cohort area in ED.

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

Mitigation:

·An 11 bedded bespoke functioning covid assessment area for all COVID related conveyances
·A 15 bedded ED escalation area open 24/7 7/7 covered by medical, nursing, FDT and AHPs
·An 8 bedded escalation admissions lounge open 24/7 7/7 staffed by medical, nursing, AHP support
·Establishing additional 3-4 trolley internal ambulance queue system covered by GWH employed staff (Nursing/Paramedic)
·Establishment of GWH multiorganizational, multidisciplinary navigation hub reducing daily conveyances to acute facilities and alternate to ED pathways by up to 35 patients a day
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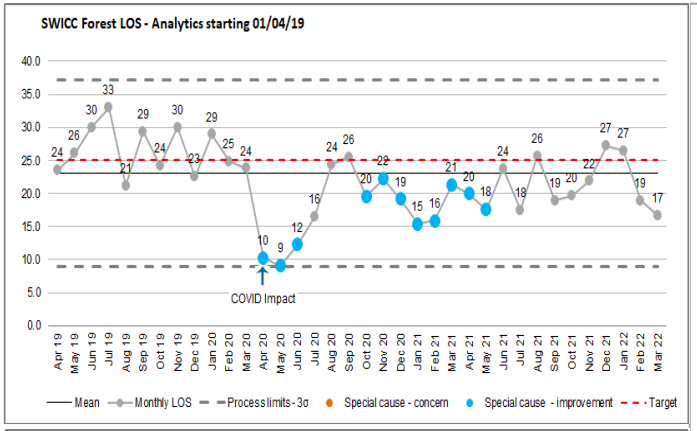
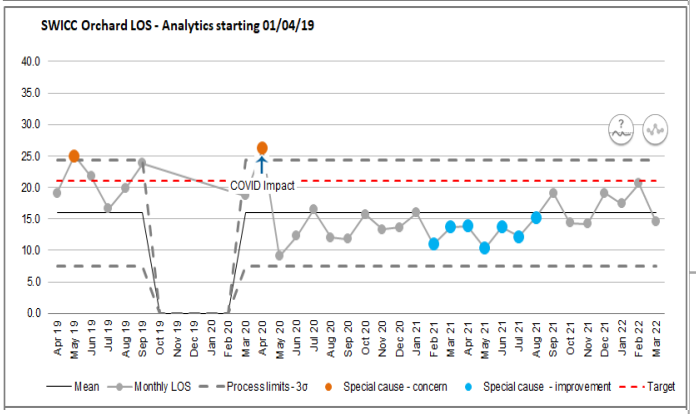
·Additional general medicine consultant added to the weekend rota supporting clinical care and flow through discharges.

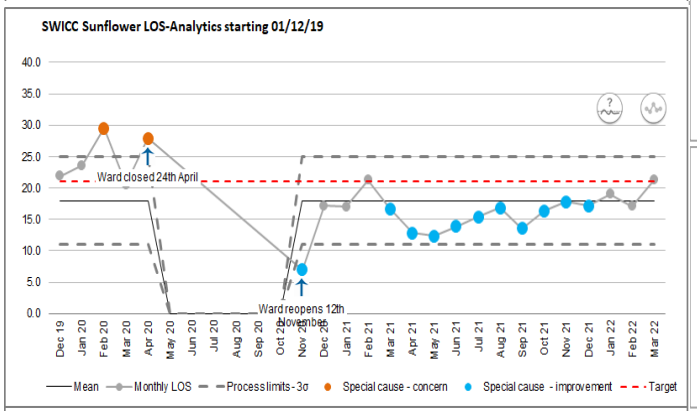
1. Emergency Access (4hr) - Community (SwICC) Length of Stay

Data Quality Rating:

Are We Effective?







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

The average length of stay (LoS) across all three wards is 17 days, this is a slight reduction on last month. This remains within target LoS for the wards and although Sunflowers LoS has increased this is due to 3 OOA patients with an average LoS of 27 days. **58%** of patients returning their homes and **8%** to care homes. Occupancy stands at 99% for Forest, 100% for Orchard and 93% for Sunflower.

Challenges during March have included Covid outbreaks and gaps in medical workforce cover across all three wards. This has had minimal impact on flow and occupancy levels.

Flow: Total number of discharges across the three wards, stands at 143 which is a significant increase of 30 discharges returning to normal parameters. 23% were discharged before midday which is below target of 30%. – contributing factor is package of care starting later in the day and same day. 8% of discharges were facilitated over the weekend which is a decrease of 2% on last month, an emerging theme over the last two months. The main reason for this has been availability for POC ready to commence over the weekend period. **Readmissions:** 11 readmissions directly to GWH which was a reduction on last month, this will continue to be monitored.

Improvement actions planned, timescales when improvements will be seen

Medical Cover has been block booked for April which will improve continuity of cover.

A new Matron has been recruited and started in SwICC on 28th March. This fresh perspective is already providing ideas for improvements.

SBC Social Workers have now returned to SwICC from 1st April which will improve opportunities for cooperation and integration.

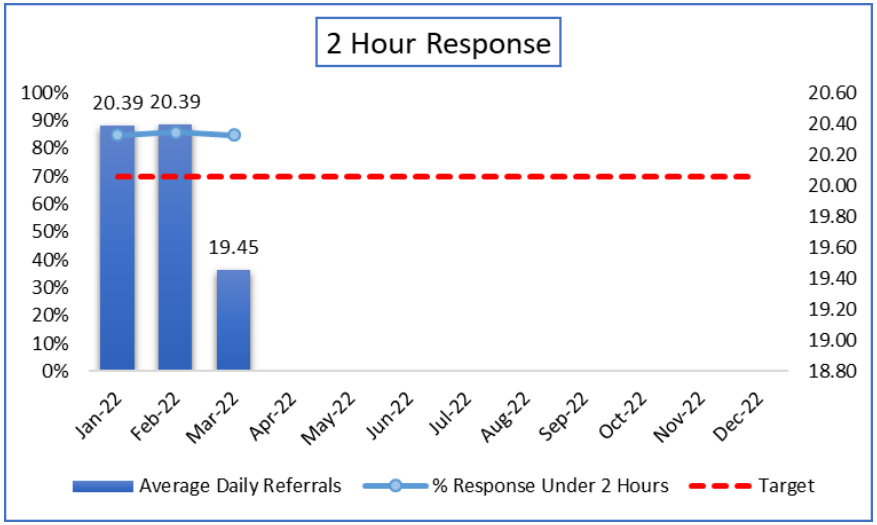
Risks to delivery and mitigations

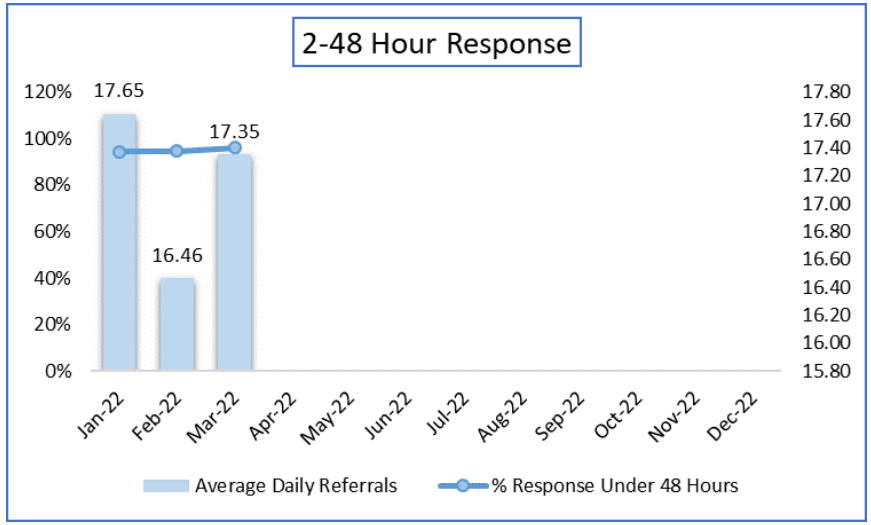
Risk: non-recurrent funding ending, resulting in potential cost pressures

Mitigation: develop strategic plans for the community bed base, to minimize impact and potentially move more care to people's own homes through the Virtual Ward and Home first Models – workshop planned for 7th April.

Urgent Community Response (UCR) Service

Are We Effective?





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. The service operates from 08.00 – 22.00 7 days a week.

In March there were 603 referrals to the 2 Hour service, a rate of 19.45 per day. This compares to 571 referrals in February and 632 in January.

All requisite referral pathways are open: Acute, Community, 111, SWAST, Social Care, Primary Care and self. GWH comm's are supporting the positioning and messaging for self-referral/family or carer.

The UCR team are working within Clinical Coordination Hub in ED in GWH, identifying patients that can be effectively supported in the community, avoiding attendance and/or admission.

Activity is reported through the CSDS national dataset and is reflective of the new RTT module introduced in **January 2022**. From April these figures will be submitted and reported nationally.

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

Actions planned for April & May:

- Update website and agree comm's for 'self-referral' options
- Embed step up pathway from UCR to Virtual Ward – forming stronger links and collaboration
- Onboard new team member (clinical lead development post)
- Discuss evening/OOH referrals to SPA with Medvivo
- Continue to review UCR HIU as an MDT and identify opportunities to better support these individuals
- Work increasingly closely with Social Work colleagues (2-3 physically co-located at Orbital)

Risks to delivery and mitigations

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

Mitigation: Clinical leads are reviewing high intensity users of those already known to the service and implementing alternative management plans.

Risk: Adoption of SystmOne RTT module, and RTT rules requires staff to be familiar with new procedure when recording activity.

Mitigation: Clinical and SystmOne team providing additional training and exception reports high lighting data errors produced for team meetings.

Enhanced Care at Home (Virtual Ward)

Are We Effective?

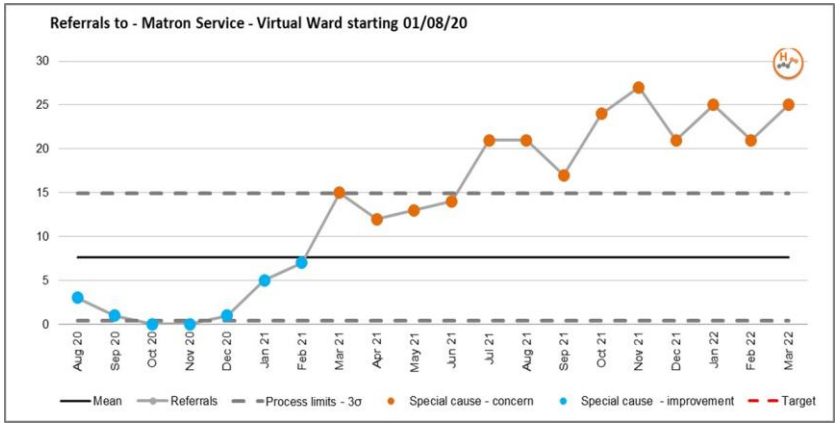
Background, what the data is telling us, and underlying issues

Patients are cared by a small team of skilled clinicians, led by an ACP/Matron. The average length of stay on the ward is 7 days. The number of referrals continue to sit above the upper process limits, with 25 received in March. With 21 discharges made in the same period.

NHSEI have set a target for Dec 2023: 40-50 virtual beds per 100,000 population. This target requires Swindon to have circa 100 virtual beds.

£750k Investment has been secured for 2022/23, which provides an opportunity for the continued development and expansion of the virtual ward. With a near term target of managing 20 virtual beds at any one time.

Strong links and collaboration with secondary care consultants (General Medicine and Geriatrician) have been formed and an integrated model is being developed with the Clinical Coordination Hub and Community Urgent Response teams.



Virtual Ward Monthly Report	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Totals
Number of Referrals	12	13	14	21	21	17	24	27	21	25	21	25	241
Number of New Patient Referrals	5	6	5	6	5	5	5	2	4	7	7	7	64
Number of Discharges	14	11	14	22	19	22	18	27	22	23	24	21	237
Patients on Virtual Ward	12	13	13	23	16	16	19	20	27	24	19	19	18

average

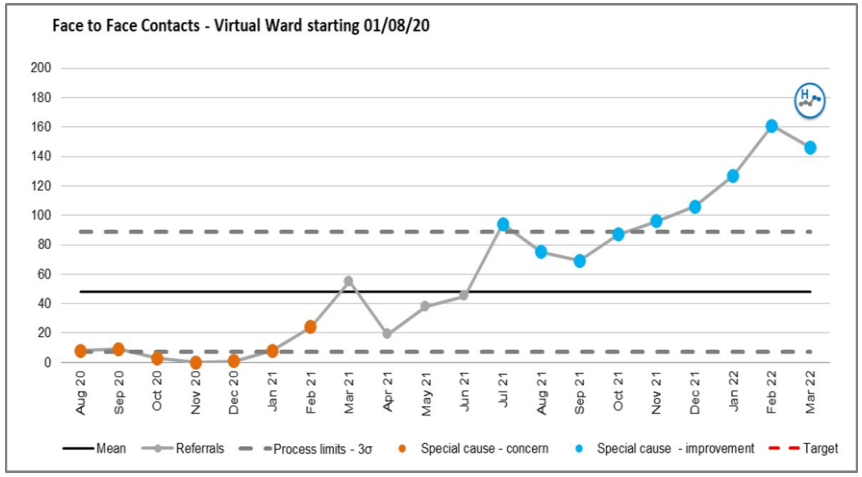
Improvement actions planned, timescales when improvements will be seen

Isansys remote monitoring will be trialled (alongside) Quardio. The trial is expected to start in May and last several months. There has been a delay of 3+ weeks due to the suppliers availability.

Additional roles will be recruited to support UCR and Virtual Ward, with adverts expected in April and May.

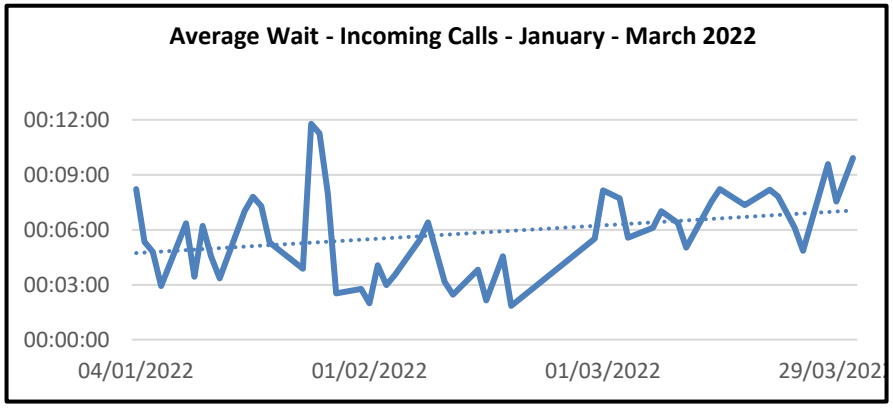
Risks to delivery and mitigations

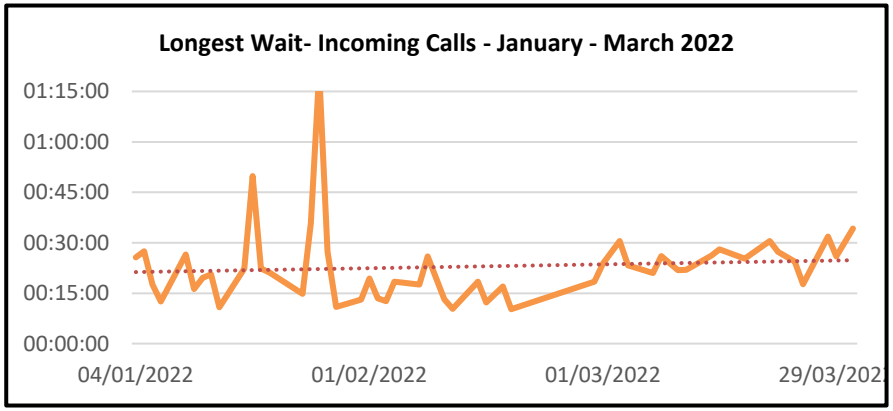
Risk: capacity is disproportionately used for re-referrals of known patients
Mitigation: improved collaboration between planned and UCR community teams to ensure care is provided at the right time, by the right professional, reducing likelihood of re-referrals.
Risk: future investment is insufficient to achieve the stretch target set by NHSEI
Mitigation: continue to adjust and develop the operating and workforce model to create efficiencies from growing experience and knowledge (continuous improvement)

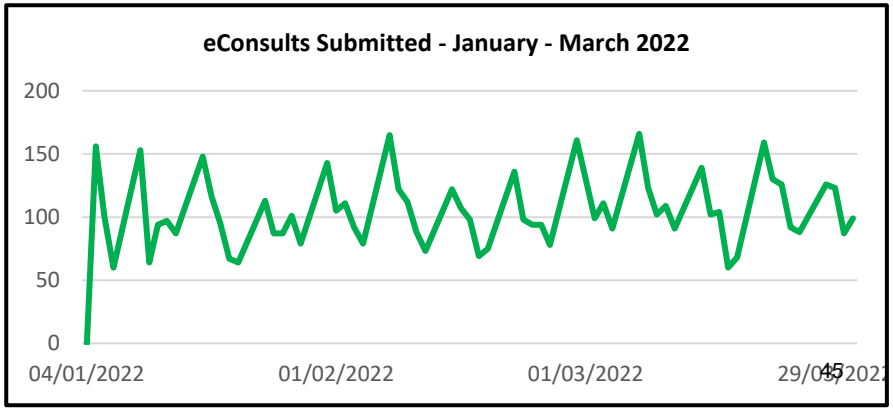


GWH Primary Care – Accessibility – March 2022

Are We Effective?







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

Average call wait times during March 2022 were 7.2 minutes (Feb 3.7mins & Jan 5.9mins). The trend over 3 months is a slight increase in call wait times, however average incoming calls in March were 6% higher than the previous 2 months due to additional phone lines being installed early February 2022. Additional training and support, has helped with improving call handling performance, although we carry 2.2 WTE vacancies currently, recruitment under way

Longest call wait times during March were 17-34 minutes (Feb 10-26). The trend line indicates an increase over the past 3 months. 10 Additional phone lines were installed (now 30 lines) and went live from February 2022. This allows additional patients to wait in the phone system to be answered, rather than hearing the engaged tone, and redialling multiple times.

e-Consults have increased by 12% to an average of 560 submitted per week (Feb 500), although opening hours remain as 8:30am – 2:30pm to support a focus on urgent on-the-day activity. Additional admin in place to support e-consult process

Improvement actions planned, timescales for when improvements will be seen

Call Handling Performance will continue to improve and KPI's developed to measure performance in a more targeted way. This will be enabled by the introduction of improved management information and reporting functions being discussed with Premier Choice and the Community MI Team, with a new reporting suite expected Q2 2022, originally expected in December 2021.

eConsult activity is expected to increase as patients are encouraged to use this method of access, and hopefully continue to use if when they have a positive experience. Proactive support being provided to support patients through the completion of an e-consult

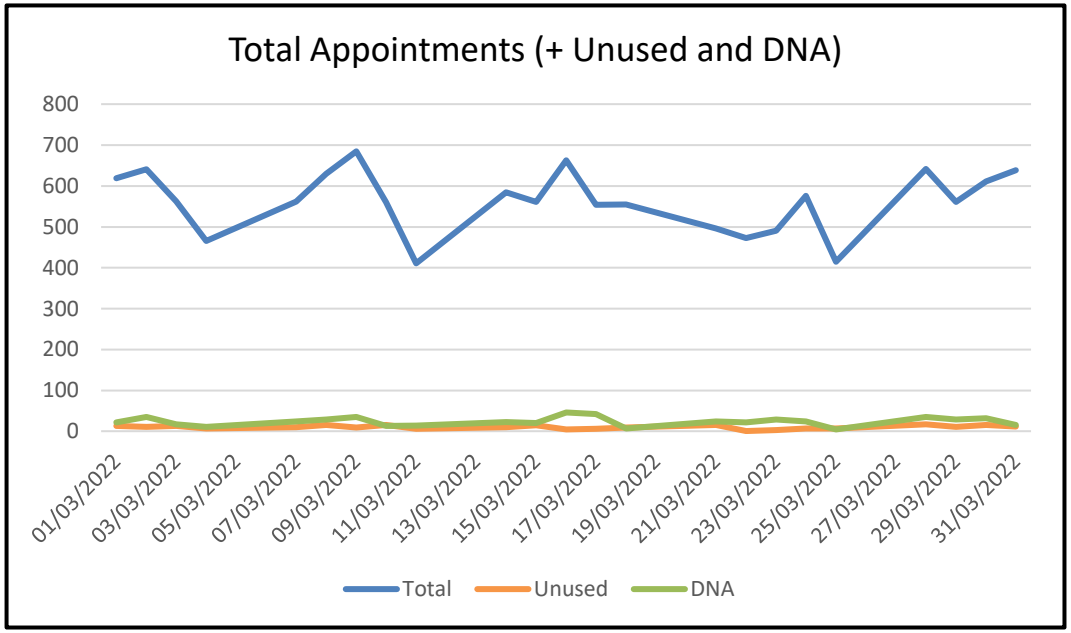
Risks to delivery and mitigations

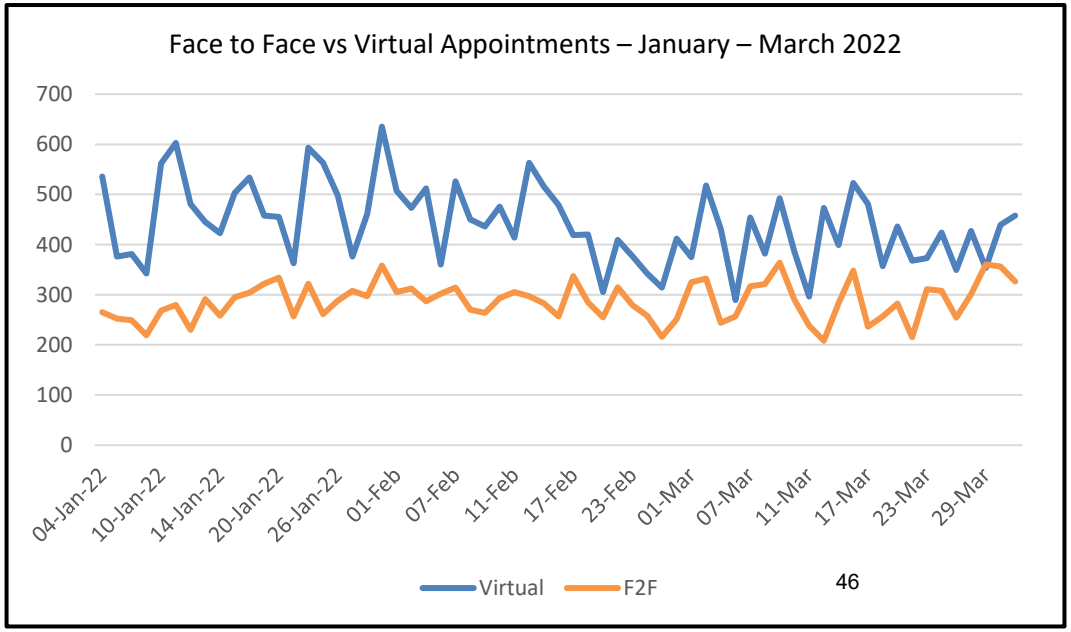
Risk: Availability of e-consult access, a decision on extending e-consult opening hours to be made during Q2 2022, based on clinical risk, and impact on availability of appointments.

Mitigation: Initial review of e-consult activity completed, with new triage approach and admin support proposed. We are planning phase 2 of e-consults, to include self-serve templates e.g., Medication Reviews, Health-checks etc. Additional ACP's will be recruited (within establishment) to support the eConsult channel.

GWH Primary Care – Accessibility – March 2022

Are We Effective?





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

During March 2022 the average number of daily appointments provided across all patient facing professional groups was 582 (Feb 523). Over the longer term (past 12+ months) there has been a significant increase in the no. of appointments offered.

Another First Contact Physiotherapist joined the team in January, increasing the number of AHP appointments available over the past few months.

A Mental Health Nurse left their post during February, reducing mental health appointments, a replacement has been appointed and joins in early June 2022.

Improvement actions planned, timescales when improvements will be seen

Appointment capacity will increase in March with improved rota management, new locums joining and replacements posts for ACP's and Mental Health Nurse being recruited and on-boarded during April and May.

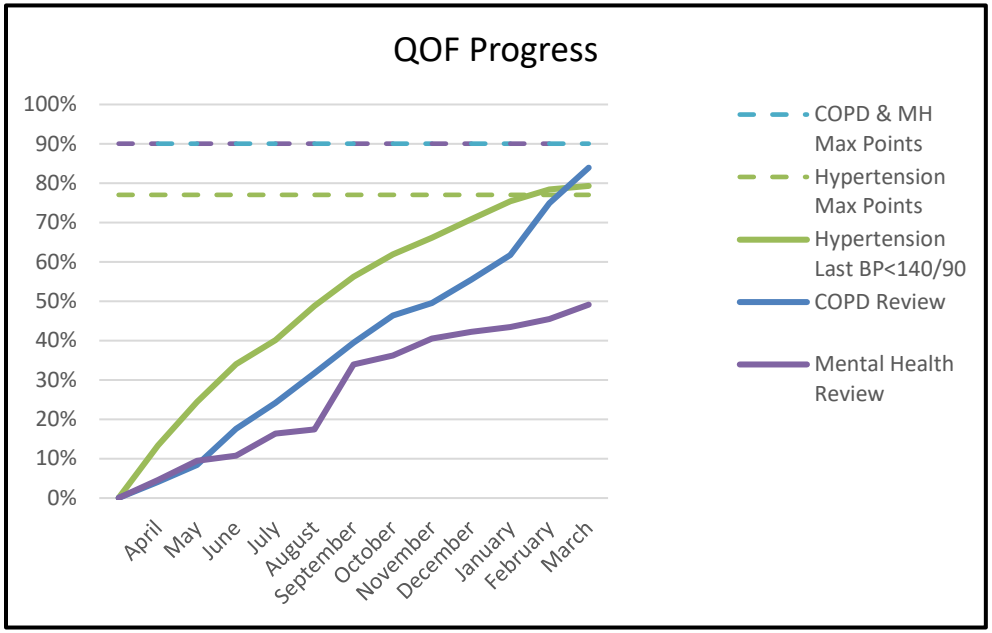
New clinical approach to Duty Clinics has been developed by the Clinical Leads, ready to go live on 5th April 2022, supported by Mental Health, FCP and Pharmacy on-the-day appointments.

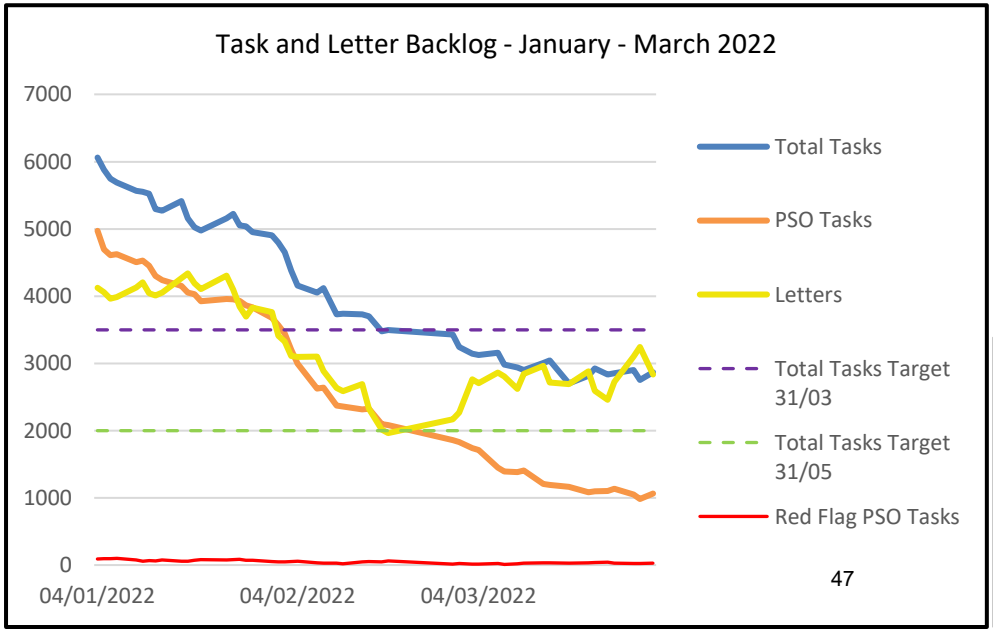
Risks to delivery and mitigations

Risk – Appointments reduce some days due to gaps in the clinical rota as a symptom of high demand for Locum GP's and sickness absence during March.
Mitigation – Additional locum GPs have been secured and new clinic structure in place. In discussion with 4 potential salaried GPs. Sessional rates are being reviewed by HR and ICC, and hopefully confirmed in the next few weeks
An ongoing review of existing locum GPs contracts and clinic structure underway with Medical Staffing to improve appointments.

GWH Primary Care – Quality and Performance – March 2022

Are We Effective?





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

Quality Outcomes Framework (QoF) are evidenced based health improvement activities completed in Primary Care, typically supporting patients with, or at risk of developing chronic conditions. Achievement of the 68 clinical domain QoF indicators usually triggers payment. This payment is variable and solely based on the % level achieved. However, during the pandemic QoF dependent payment has been paused, with a small number of exceptions.

Clinical Correspondence Backlog: the task & letter backlog Team launched on 10th November, currently 1.3 WTE Admin and up to 10 clinical sessions per week. It is our goal to reduce this backlog to a point where all clinical correspondence in the system are 'current'. Currently an average of 650 tasks are created daily. The backlog team finished at the end of March and this work transfers to business-as-usual activity.

Improvement actions planned, timescales when improvements will be seen

QoF: The QoF achievement has increased YoY whilst under GWh management. However there is more progress still needed to achieve the top levels consistently (>80%)

Task & Letters: the backlog is being reduced week on week and will be within acceptable workflow levels by April 2022. Support and training on coding from Insight Solutions provided during February has been implemented.

Summarising: Proposal developed to deal with the backlog of Summarising (reviewing medical records of patients joining the Practice), currently 2697 records, with a further 1509 expected from NHS PCSE as new cases.

Risks to delivery and mitigations

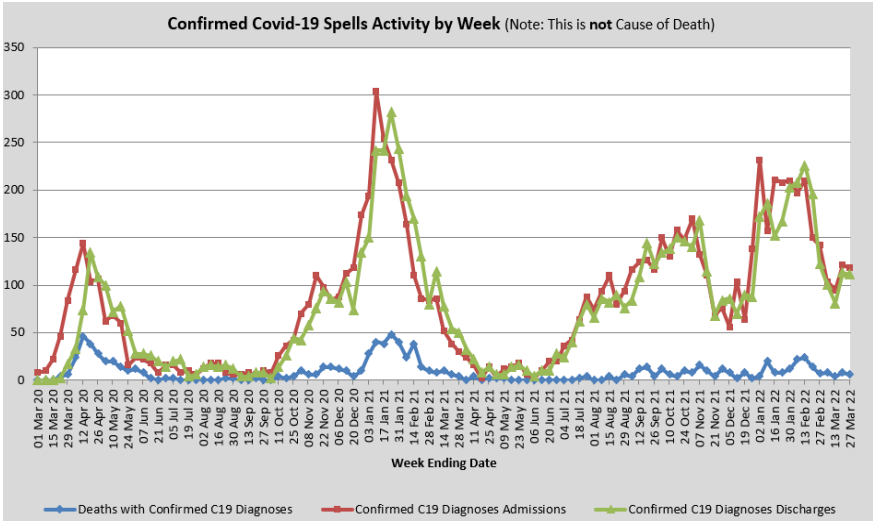
Risk: A proactive sustainable approach to Medication Reviews is required across the PCN, to reduce the ad-hoc request, build-up of tasks or waiting lists, and to help reduce the daily EPS queries.

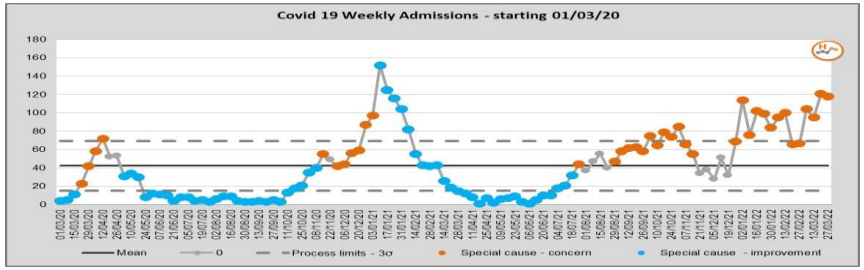
Mitigation: Pharmacy Team have developed a proposal, with implementation from 6th April 2022 and a review of capacity underway, in the meantime clinical resource is being focused on Medication Reviews and EPS queries to deal with current workload.

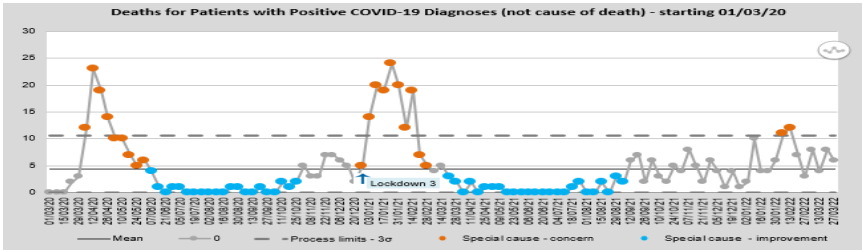
1. Emergency Access (4 Hours) Covid 19 Weekly Admissions

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 March, with Covid positive patient numbers remaining comparable with Phase 2 of the Pandemic, and increasing towards the end of the month. As a result, CAU has maintained operation with 11 rooms.

CAU occupancy has been variable during March, with frequent operation at capacity. Ambulances are sometimes held outside, but escalation processes in place manage this.

There were no Ambulance 1 hour delays at CAU in March.

There were no recorded admission from the Boarding Hotels.

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

1. Review function of CAU (national direction required) and capacity. Aim to utilise space for MAU Triage & assessment - **April 2022**
2. On-going review of AMU Medical staffing. Identified Locum support for escalation areas allowing stable CAU cover - **April 2022**

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. Abbott tests for low risk / suspected Green patients. 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. Further impact with increased sickness/isolation.

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

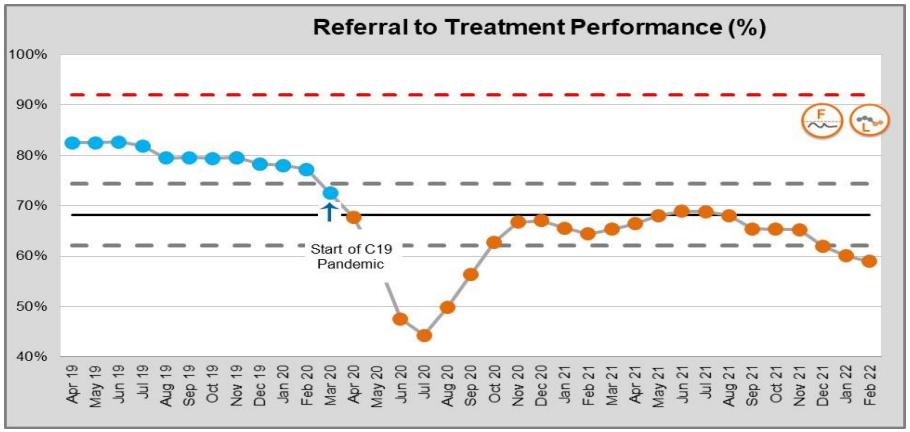
There is a risk of increased demand for 'Blue' beds due to increase in Covid variants.

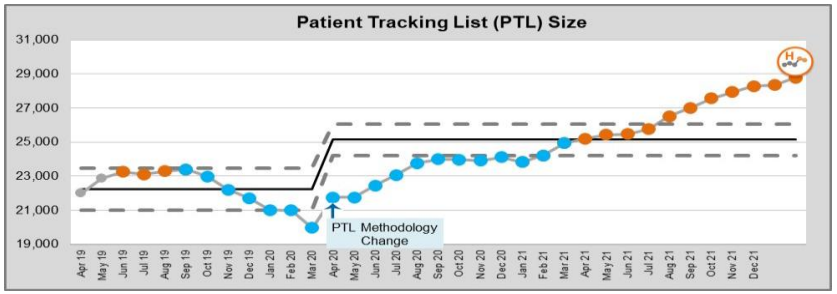
Mitigation: Daily monitoring of Blue/Green attendances. POCT testing maintaining. Close working with ED and joint SOPs updated. Flexible usage of CAU and MAU side rooms. Organisational review of Blue bed base requirement + pending national revised guidance.

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

Data Quality Rating:

National Key Performance Indicators





	February	March
RTT Performance	58.98%	58.45%
PTL Volume	28,771	30,034
Reportable 52 Week Breaches	612	664
In Month 52 Week Breaches	222	258

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

The Trust reported an RTT Incomplete Performance of 58.45% in March 2022, a deterioration of 0.53% in month.

The Trust reported a waiting list increase of 1,263 in month, resulting in a waiting list size of 30,034 against a BSW Trajectory of 30,773 (739 less patients than forecast).

The Trust received 10,499 referrals in March 2022, which is a 15% increase in month and 109% of the Pre-Covid 19 average referral rate.

664 x 52-week reportable breaches were declared in March 2022, an increase of 52 in month. Of the 664 reportable breaches; 406 are Admitted, 253 are Non-Admitted and 5 are Diagnostic. ENT, Respiratory Medicine and Dermatology deteriorated the most in month, whilst T&O, Urology and General Surgery 52 week position improved from baseline.

258 in month 52-week breaches cleared in March 2022, an increase of 36 in month 52-week breach clock stops.

The number of patients waiting over 78 Weeks at the end of March 2022 was 48, a decrease of 4 in month.

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

- Insourcing work which was previously scheduled until the end of March for Urology and Gynae has been extended to July 2022. Insourcing session will continue to be monitored by a designated resource to ensure utilisation of theatre lists is maximised.
- Options appraisal being drafted to review other options, such as internal insourcing and weekend/evening clinics to increase activity in line with the 2022/23 activity plan.
- DSU Reconfiguration work has been completed as planned. This will increase flow through DSU via a new POD system and will increase daily capacity by 9 patients initially. This will increase to 15 once the new way of working is embedded.
- Continued focus on 78 week position, with the Trusts longest waiting patient currently at 95 weeks.

Risks to delivery and mitigations

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.

There is a risk that continued levels of sickness, both Covid and Non-Covid related, resulting in activity being cancelled, continues into Spring.

Mitigation: All cover options reviewed by Director of Day prior to cancellations. Long-lined agency to support with long term sickness where appropriate. Services viewed in the round to ensure most appropriate activity continues.

There is a risk that the Trusts 52 week breach position begins to deteriorate over the next few months due to last years referral rate increasing considerably from March-21 onwards.

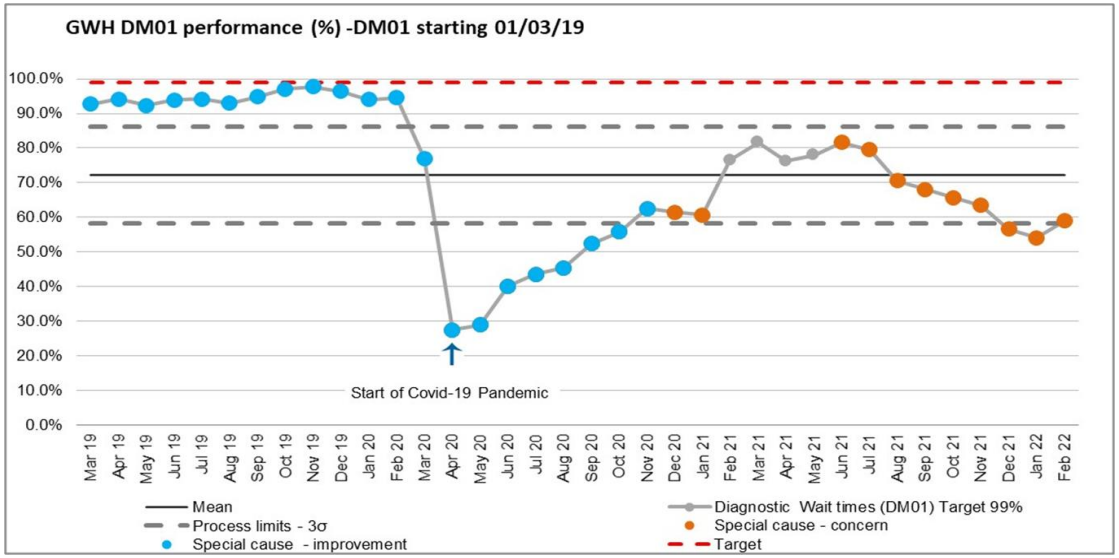
Mitigation: Services reviewing breach position/forecast over the coming months, alongside available routine capacity and feeding plans back through weekly access meeting. Insourcing activity increase to reduce number of long waiting patients.

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



February 2022

Performance Latest	58.97%
Waiting List Volume:	10150
6 Week Breaches:	4165

DM01 Month End Feb-22

Waiting	< 6 Weeks	> 6 Weeks	Total WL	Performance %
Magnetic Resonance Imaging	726	1555	**2281**	31.83%
Computed Tomography	1011	1211	**2222**	45.50%
Non-obstetric ultrasound	2266	320	**2586**	87.63%
Barium Enema	0	0	**0**	N/A
DEXA Scan	242	414	**656**	36.89%
Audiology - Audiology Assessments	506	25	**531**	95.29%
Cardiology - echocardiography	585	104	**689**	84.91%
Cardiology - electrophysiology	0	0	**0**	N/A
Neurophysiology - peripheral neurophysiology	80	0	**80**	100.00%
Respiratory physiology - sleep studies	89	68	**157**	56.69%
Urodynamics - pressures & flows	0	0	**0**	N/A
Colonoscopy	223	355	**578**	38.58%
Flexi sigmoidoscopy	73	62	**135**	54.07%
Cystoscopy	15	4	**19**	78.95%
Gastroscopy	169	47	**216**	78.24%
Total	**5985**	**4165**	**10150**	**59.0%**

Analysis – What is the data telling us?

Performance was 58.97% in February, an increase from 54.7% in January. Overall, the total waitlist size has increased to 10150 in February from 9583 in January (+567). Breaches have decreased to 4165 from 4401 in January (-236) primarily driven by cardiology (--75) and Endoscopy (-99) reductions. CT remains challenged to see 2ww and urgent patients, with no routine capacity. Due to reduced CT van capacity during the month, Radiographer vacancies (12.2 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 55%.

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 23 CT van days in March. Yielding a total of 621 slots.
- **MRI:** Additional MRI van capacity has been procured through the extension of the Inhealth contract and within forecasted budget. 8 days in March 22, yielding 192 slots.
- **Dexa:** Further adhoc capacity from staff rota added in March.
- **Echo**: WLI Echo for Feb 204 appointments and WLI Echo for Mar 142 appointments. No funding secured to continue WLI Echo during FY 22/23
- **Endoscopy**: Weekend lists are booked to 12 points (both OGD and Colonoscopy) where case mix allows. During Feb 22, 54 WLI lists were delivered against a target of 64. The plan for March 22 WLI lists is to deliver 50 lists from a target of 64. These WLI volumes are not sufficient to deliver the planned trajectory due to demand increases. Time to first appointment is now 44 weeks and growth in 52-week breaches is forecast.

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 from August to December 21 and recommencing in Feb 22, and the WCC clinic room expansion, now completed. 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 February Endoscopy achieved 57% performance combined. This was an increase on January's 49%. 54 weekend WLI Lists were completed in February 22 against a target of 64.
50 WLI lists are forecast for March 22 against a target of 64. This is due to colonoscopy nurse non availability. A Consultation is underway to roster nurse shifts to cover weekend WLIs and 4 from 5 additional nurses have been recruited to support the opening of the 5th endoscopy room in mid May 2022.
DNA levels for Endoscopy have now reduced as a result of the EUG meeting decision of 20 Jan 22 to relax the IPC precautions from 3-day PCR testing to on the day LFT. The weekly average of 190 delivered procedures during the PCR epoch has now increased to an average of 210 procedures.

Radiology: Performance has improved in February to 54.81%. There are still pressures on the department due to staffing vacancies and the inability to recruit. (10.2 WTE).

CT 2 replacement program has been completed but the scanner has had several teething issues and Siemens are working on a software update for high spin scans. The total number of patients waiting over 6 weeks in February reduced slightly to 3500, a decrease 55 from January. Further staffing vacancies will impede MRI and DEXA provision in March as capacity is used to support inpatient flow, cancer and urgent CT provision. Performance has stabilised but will continue to affect the overall Trust DM01 with slow recovery predicted in in 22/23 based on forecast improvements. If money is available to support with additional van capacity some improvements will be seen. 2-week waits are being seen within 2-week window.

Echo: Performance increased from 72.2% in Jan to 84.91% in February. There was also a decrease in the overall wait list from 644 in January to 528 in February. This is due to having 204 additional WLI during February. There are 142 WLI appointments planned for March. However, there are no WLI lists planned for FY 22/23 yet.

What will make the Service Improve?

Maintaining Endoscopy activity to meet demand: by ensuring enough capacity is available. This is not being achieved as a result of demand being higher than capacity. Opening of the 5th room in mid May 22 (delay due to technical installation requirements for the new washers that require phased installation for QA testing and delayed building works due to Covid) will not increase capacity due to the reduction of 16 to 6 lists each weekend. All waitlists are growing weekly due to sustained high numbers of 2WW referrals.

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 mid May 2022.**
2. The installation/replacement of washers to run 5 rooms. Has been funded and is in progress. **Delayed target to mid May 2022.**
3. Capacity increase opportunities are being identified and costed.
4. List point utilisation and delivery is being reviewed to identify efficiency optimisation opportunities.

Radiology:

1. **CT**: CT van capacity from InHealth confirmed, 23 days in March 18 in April, 18 in May and 16 in June 2022 are scheduled.
2. **MRI**: Inhealth van days - 8 days in each month for February – March 22 and 10 in April, 13 in May and 15 in June have already been secured.
3. Inhealth and GWH work to have 3 new pad sites available for the end of May is underway (delayed availability from early May)

Echo: There are now 5 Echo rooms within the WCC which provides the capacity needed to reduce the backlog and meet demand. Additional inpatient demand has eaten into some of the available outpatient capacity. If inpatient activity reverts to previous demand levels, there will be capacity to deliver more outpatient Echo.

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 mitigations for this risk include optimising current capacity and identifying external opportunities to increase capacity.

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: (Risk2894). There is a risk to delayed patient treatment and increased patient harm as a result of delayed diagnostic outcomes due to staffing vacancies, skill mix limitations and increased demand on service

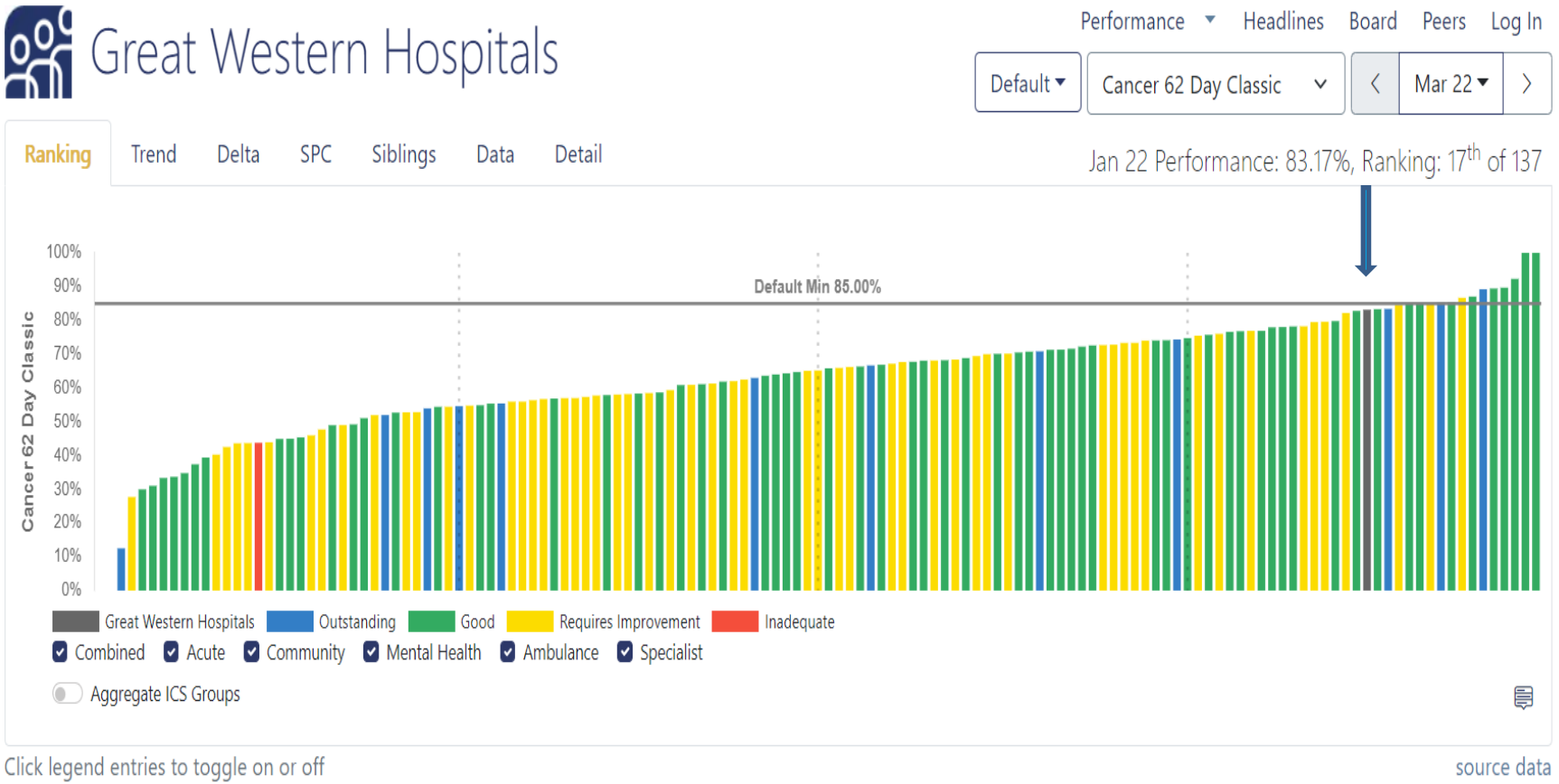
Mitigations include:

- Approach IS to discuss/ reduce private patients.- Completed (Cobalt able to support with 25 patients per week)
- Additional CT sessions offered to staff, with incentive payments being well supported
- Recurring recruitment meetings taking place weekly to promote ideas and drive improvements in strategy.
- TIF bid money being used for head-hunter agency and also redevelopment and increase of pads

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 markedly reduce the reportable DMO1 Echo performance for GWH. The FU position has yet to be included in the monthly submission.

Public View 62 Day Cancer Performance January 2022

National Key Performance Indicators



Cancer 2 Week Wait Performance Target 93%

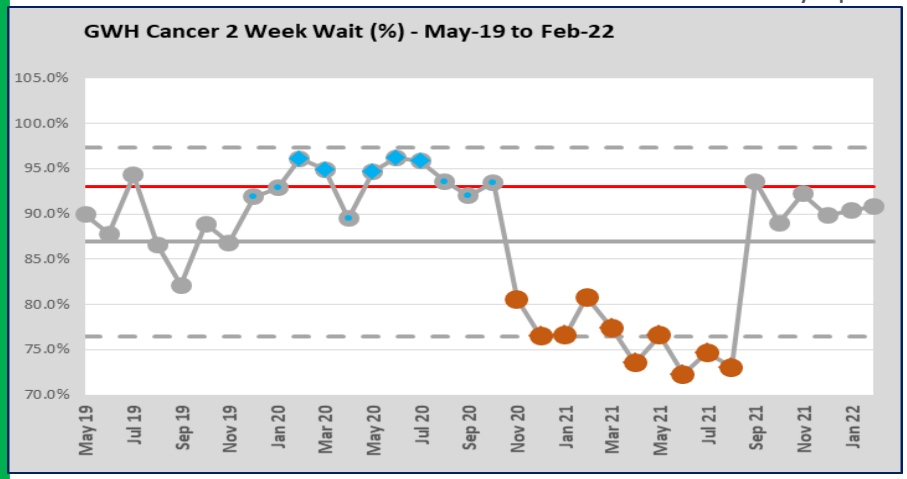
Data Quality Rating:

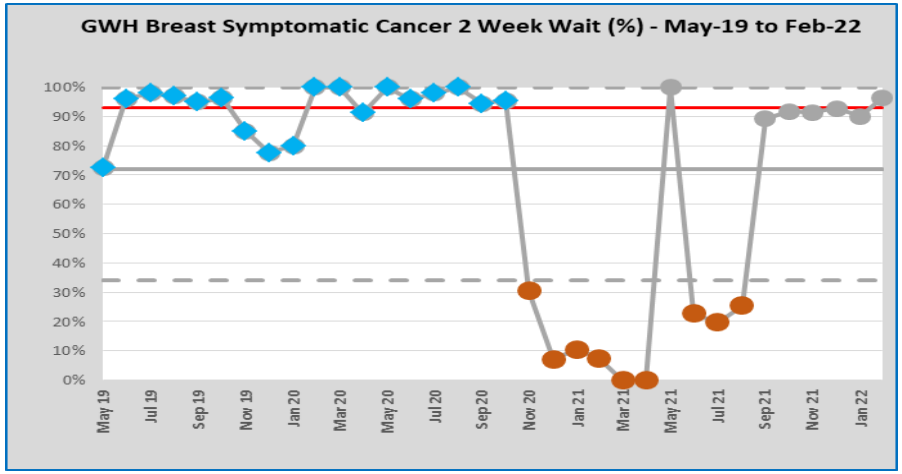
National Key Performance Indicators

Performance Latest Month: **February**

Two Week Wait Standard: 90.8%

Symptomatic Breast Standard: 96.4%





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

The standard in February was not met, due to Skin (85.6%), Colorectal (86.3%), Upper GI (88.1%) & Lung (90.9%) not achieving their target.

We have seen an increase in referrals of 8% for the year to February 2022 compared to the pre Covid levels recorded for year to February 2020. This combined with staffing challenges across many of the services has put pressure on this standard.

Patient choice and capacity in Radiology continue to be the major factors in 2ww breaches.

1,382 patients were seen under the 2 week wait to first appointment rules, of which 127 pathways breached the standard. To achieve the standard we needed to prevent 30 of the breaches.

The majority of breaches were as follows:

Skin (85.6% - 48 breaches)
- 23 patient choice
- 21 service capacity to be seen within 14 days

Colorectal (86.3% - 33 breaches)
- 23 patient choice
- 3 issues with capacity in radiology

Upper GI (88.1% - 16 breaches)
- 10 patient choice due to holidays and work commitments
- 4 issues with outpatient capacity

Lung (90.9% - 4 breaches)
- 3 issues due to CT capacity

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

Work with CCG and GPs is ongoing to highlight appropriateness and timing of referrals when holidays and other commitments are known.

Colorectal
- Pathway navigators speak with patients to encourage attendance and work with PCNs.
- Further analysis of patient choices in first appointments is being undertaken and will be shared at a GP Forum in April 22

Lung
- Working with the CCG to understand why a large increase in Lung referrals (25% increase 2020 to 2021 and a 115% Jan 20 to 21)
- We have seen improvements since Dec 21 performance.

Upper GI
- Further analysis of patient choices in first appointments is being undertaken and will be shared at a GP Forum in April 22
- Gastro Locum available to work outpatient clinics at weekends to support capacity.
- We have seen improvements from Dec 21 performance.

Endoscopy
- Service are now adopting "on the day" lateral flow Covid testing, providing capacity following any short notice cancellations. We will see the benefit of this in March 22.

Risks to delivery and mitigations

Radiology
- CT capacity issues due to vacancies
  - Additional CT van days from **InHealth** are being arranged until June 2022. (20 additional days in March)
  - Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 26 days and CTC booking to 21 days. Absences due to Covid, annual leave and vacancies have contributed to a worsening of wait times
  - Additional recruitment in February to Band 5 & 6 posts.
  - Additional sessions are being run during the evenings and at weekends

Colorectal
- Risk of bedding Endoscopy through due to site pressure
  - Endoscopy to be protected as much as possible to help maintain cancer pathways
- Risk of the Dr's working on the Wards due to site pressures

Endoscopy
- Service use "on the day" lateral flow Covid testing, allowing short notice cancellation slots to be reused.

Patient Choice
- Patient choice poses a risk to the 2 week wait performance
  - COVID continues to impact patient choice

Staffing
- Due to the increase in the number of Covid cases, absence has increased within Services which has impacted the 2ww standard

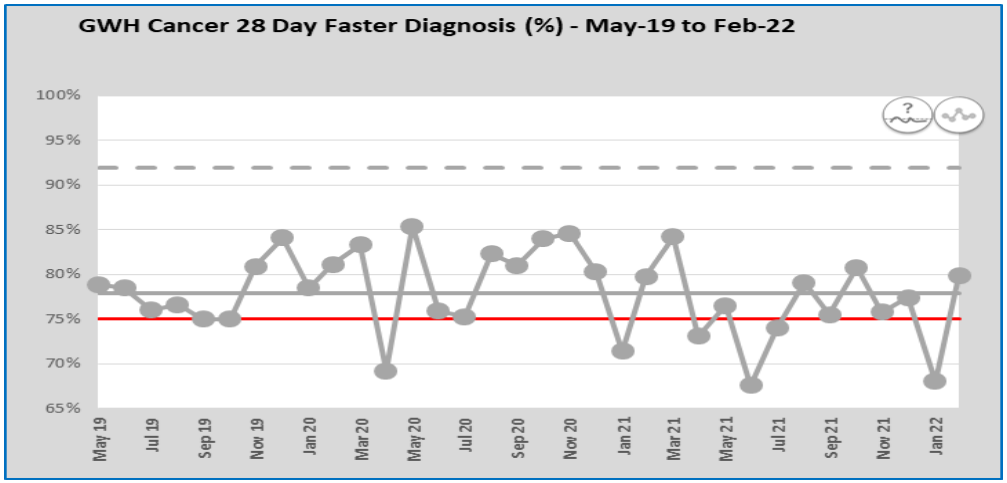
Cancer 28 Day Diagnosis Target 75%

Data Quality Rating:

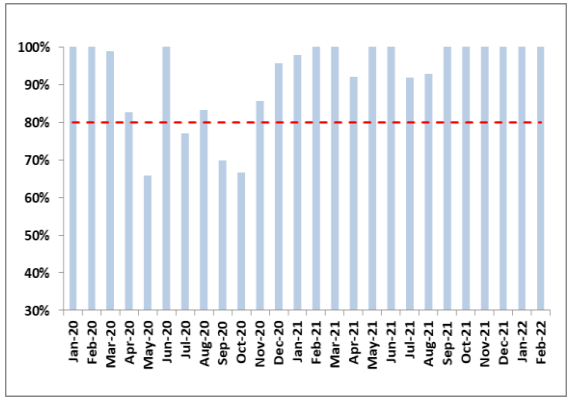
Are We Effective?

Performance Latest Month: **February**

28 Day FDS - Total 79.9%



FDS Completeness



Background

The standard was met in February with a performance of **79.9%** (283 breaches). The performance standard for all referrals (2ww, symptomatic & screening) is reported by NHS Digital and via the Public View portal.

Urology (66.3% - 35 breaches)
- 8 insufficient capacity for follow up in clinic to discuss diagnosis
- 9 pathways delayed for other reasons, including appointments booked to limits of KPIs
- 3 complex pathways with multiple and/or repeat tests
- 10 clinical admin delays which included delays to dictating letters and delays to arranging follow ups

Colorectal (63.4% -- 96 breaches)
- 24 breached as a result of clinical capacity, mainly due to CTC capacity in Radiology
- 25 complex pathways where multiple diagnostics were required
- 13 clinical admin to review diagnostic tests and subsequent follow up tests.
- 17 were as a result of patient choice

Upper GI (53.7% - 69 breaches)
- 29 clinical admin delays, mainly because of delays to consultant review of diagnostics for next steps due to capacity
- 17 were due to complex pathways
- 9 were as a result of a lack of capacity to book appointments and/or diagnostic tests
- 8 pathways delayed for other reasons, including appointments booked to limits of KPIs

March 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.
- Working with all tumour sites to identify patients who have had cancer ruled out to ensure that letters are sent within expected timeframes

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 of Patient Choice reasons has been conducted. The scope of the audit has been increased, with a greater range of data to help inform and educate GPs to reduce this.

Additional van days to increase capacity for CT's is in place through to June.

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
  - Plastics pathway review completed

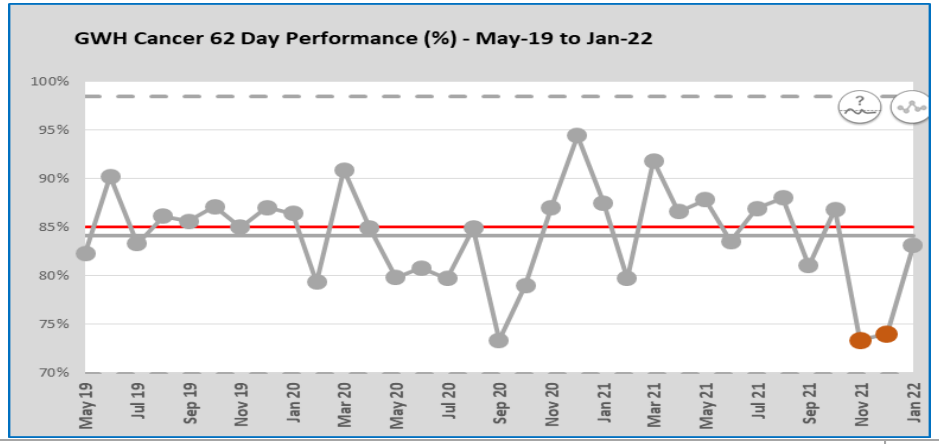
Colorectal
- Lack of consultant capacity, will impact on the delivery of diagnosis.
  - Colorectal service has recruited two registrars to support clinics releasing consultant capacity to see cancer patients.

Radiology
- Capacity due to vacancies,
  - CT van from **Inhealth** till June 22 approved.
  - Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 26 day and CTC to 21 days.

National Key Performance Indicators

Cancer 62 Day Standards Performance Target 85%

Data Quality Rating:



Performance Latest Month: **February**

62 Day Standard (Target 85%):	76.8%
62 Day Screening (Target 90%):	87.9%
62 Day Upgrade (local standard 85%):	86.7%

Background

February 62 day performance is 76.8% (82.0 treatments , 24 patient pathways breached resulting in 19.0 breaches) with the Trust not achieving the national 62 day standard. The performance had been predicted to be challenged, of the 23 predicted breaches for diagnosed patients:

- **11** pathways breached as forecast **(8.5)**
- 8 pathways rolled to March or April
- 4 pathway did not breach as a result of being non reportable cancers or being treated in time.

There were **12** unpredicted breaches in February **(9.5)**

- 1 pathway had treatment date in time but the procedure had to be cancelled on the day as there was insufficient time to complete it
- 4 were due to diagnostics and service capacity issues
- 2 pathways were transferred to a tertiary centre for treatment on time, resulting in no breach to GWH.
- 1 pathway transferred to Oxford for surgical treatment was returned for chemotherapy
- The remaining pathways were complex with repeat/multiple diagnostics.

22 pathways had been tracked as suspicious for cancer with potential treatments in February if diagnosed:

- **1** suspicious pathway was diagnosed with a cancer will be treated in February **(1.0)**
- 12 patients did not have a cancer diagnosis,
- 9 patients remain undiagnosed.

Skin (8 patients, 7.0 breaches)

- 4 delayed due to capacity in Dermatology & Plastics
- 2 pathway was delayed for medical reasons, 1 required Haem review and the other had the treatment cancelled on the day because there was insufficient time to complete it, the lesion had deteriorated
- 1 complex pathway had been closed as a non reportable cancer on consultant instruction, however the pathology confirmed that the lesion was a reportable cancer
- 1 pathway was delayed by patient choice

Urology: (6 patients, 4.5 breach)

- 2 pathways involved incomplete TURBTs resulting in need for reresection.
- 2 prostate pathways were all options, leading to additional conversations with Bristol and Oxford in respect of treatment options
- 1 pathway was delayed by delays with an MRI at OUH
- 1 complex pathway with multiple and additional diagnostics

Gynaecology (3 patient , 2.0 breach)

- 1 complex pathways that required multiple diagnostics,
- 1 pathway was impacted by clinical capacity issues
- 1 pathway was sent to Oxford on time for treatment, resulting in no breach to GWH

Upper GI (3 patients, 2.5 breach)

- 3 complex cases requiring multiple diagnostics and discussion at network MDT before final treatments agreed

Colorectal (2 patients, 2.0 breaches)

- 1 complex pathways with multiple diagnostics
- 1 due to patient being unfit fopr procedure booked within timeframe

Head & Neck (1 patient, 0.0breach)

- 1 pathway was sent to Oxford before day 38 resulting in no breach to GWH.

Lung (1 patient, 1.0 breaches)

- 1 pathway was delayed for medical reasons, with patient anxiety & phobias delaying diagnostics

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;

- **Colon Capsule Endoscopy**
- **Funding for CT Van days**

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 the Cancer Delivery Steering Group meetings.

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

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

Review of Plastics pathway and processes completed. A booking SOP with escalation processes has been introduced.

In house template biopsies for prostate patients commenced in April. Previously patients would undergo a Trus biopsy at GWH before going on to have Template biopsy at Bristol, in house testing removes need tor less sensitive and more invasive Trus biopsy.

Risk to Performance Delivery

Based on an average number of treatments and diagnosed cancers, it is not expected to achieve the standard in March with a forecast performance of 79.6% - 81.0 treatments & 16.5 breaches). Breached pathways were delayed for medical reasons , capacity issues (skin), cancelation of surgery due to consultant sickness(colorectal). Other pathways have seen delays due to the need for additional diagnostics and complex pathways.

Risk: Capacity in Plastics is insufficient to see and treat patients.

Mitigation: Mutual aid at Oxford has been agreed with 90 patients being sent for treatment. The clinic space freed up by Derm using Wootton Basset is not being utilised due to issues with plastic surgeons availability. The Pathway has been mapped with the milestones assessed, potential improvements in both pathway and processes are being implemented. Concerns with capacity & operational processes have been raised and discussed with the divisional management team.

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.

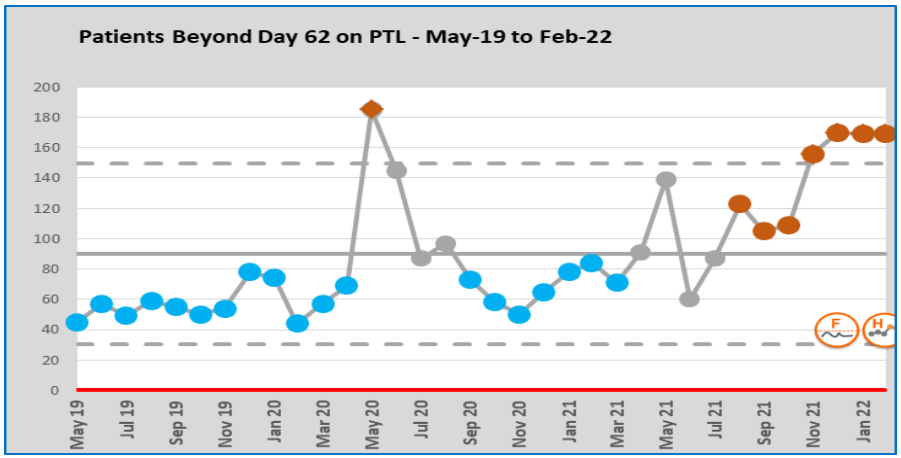
Risk: CT van sessions are in place to help support radiology during the replacement of the CT scanner this summer. This is impacting on the service being able to offer earlier scans to help bring pathway forward. Radiology are actively managing and prioritising cancer referrals. At the same time reduced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

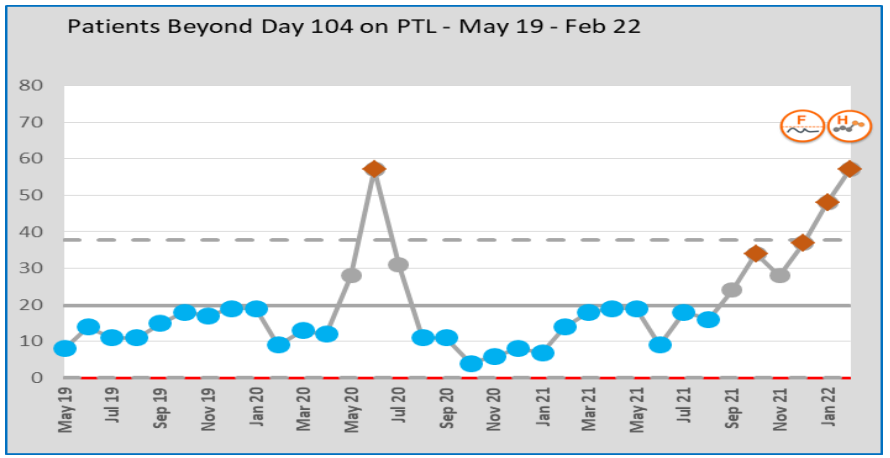
Mitigation: Weekly meetings are held to escalate PTL concerns and booking times data is shared weekly.

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 remained static through February (169): Skin (72), Upper GI (36) Colorectal (24) & Urology (18). There are a number reasons for the high number of pathways, including complex pathways, clinical administrative delays, delayed pathway information from Oxford as well as pathways impacted by the delays in endoscopy and radiology.

The number of patient pathways over 104 days rose through February (57) These delays are due to the plastic capacity (29), dermatology capacity (3) and complex pathways in skin (2) and urology (5). 8 pathways have been impacted by patient choice in plastics (2), upper gi (3) colorectal and dermatology.

104 Day Breaches in February: 11 Patients; 9.5 breaches (IPT)

Treated at tertiary

Urology: 3 patient 1.5 breach: 2 patients required re-resections at Bristol following incomplete TURBTs. 1 was an all options prostate patient .

Lung: 1 patient 1.0 breach: Complex pathway was impacted by patient's anxieties and phobias during diagnostics. Patient treated within 24 days of referral to tertiary centre, resulting in full GWH breach

Treated at GWH

Colorectal: 1 patients 1.0 breach: 1 pathway delayed by patient fitness resulting in a treatment in time being cancelled

Skin: 4 patient 4.0 breach: 3 delays due to capacity in plastics and a further Dermatology pathway was delayed by patient DNA of appointments.

Gynaecology: 1 patient 1.0 breach: Pathway delayed by clinical capacity in service and in radiology.

Urology: 1 patient 1.0 breach: pathway was impacted by delay to requesting MRI at Oxford

March is likely to see 6 patients breach 104 days on their pathway resulting in 4.0 breaches.

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

Introduction in February of weekly pathway reviews with Head of Cancer Services & Heads of Service to review all patients 62D+. We are seeing improvements in the data through March showing that this action is having a positive effect.

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 remains challenged post 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: 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.

Risk: Clinical engagement with weekly 62D+ breach reporting

Mitigation: sharing 62D+ PTL patient data at MDT to be explored with services.

Risk: Plastics pathway unable to deliver required performance due to capacity since the service stopped sending cases to Oxford in November 21

Mitigation: Review and mapping of pathway has been completed to identify potential improvements. Mutual aid discussed and agreed with OUH for 90 patients to be sent for treatment. Senior divisional management discussions in respect of service delivery ongoing.

March & April 2022 Forecast (unvalidated data)

National Key Performance Indicators

Cancer Services Actions

Cancer Delivery Steering Group is held monthly to discuss and escalate pathway and performance issues with the service management team, and with the clinical leads once per quarter. Actions to address any issues are agreed and followed up.

A weekly meeting with the Cancer Pathway Manager at Oxford is held to highlight and share pathway updates and issues. This is at patient level of detail to help drive pathways forward and service updates from an Oxford perspective are discussed.

Monthly cancer data and performance meetings are held with Heads of Service and the Cancer Performance Manager to review cancer data and issue affecting pathways.

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

qFIT completion data for 2ww colorectal referrals continues to be shared with primary care networks to help improve the number of referrals with the results recorded. In February the compliance rate for Swindon and Wiltshire GPs fell slightly to 68.2% of referrals including qFIT results.

Meetings between DDD Head of Cancer and other DDDs to discuss pathways and the issues affecting them are held monthly.

Review of long wait cancer patients with Executive to be held in February as part of recovery program.

Cancer 62Day Treatment Targets

62 Day – Target 85.0%

March performance is not expected to achieve the standard with a current forecast of approximately 79.6%.). Breached pathways were delayed for medical reasons , capacity issues (skin), cancelation of surgery due to consultant sickness(colorectal). Other pathways have seen delays due to the need for additional diagnostics and complex pathways.

April performance is expected to be very challenged with 14.5 breaches expected (22 patients). 10 pathways have rolled from March due to complexity of cases altering treatment plans and capacity issues at OUH. A further 17 patients (16.0 breaches) have yet to be diagnosed. Performance is predicted to range from 75% to approximately 80%.

Breach reasons in April include complex pathways where multiple diagnostics were required and medical delays for patients unfit for their procedure. Other pathways

Screening and Upgrade Performance

March

The Upgrade standards is expected not to be achieved in March. 1 breach in Breast was as a result of the patient testing positive for Covid, resulting in a 7 week wait for next rebook. 3 breaches in Lung are due to complex cases requiring repeat diagnostics and delays to PET scans. Performance is expected to be 82.5%

In screening there were 1.5 breast breaches as a result of 2 late referrals from Salisbury Screening service due to complex diagnostics and delays to initial screening diagnostics. Performance is expected to achieve at 94.2%

April

Both the Screening and Upgrade standards are expected to remain challenged in February

104 day predictions

March

March is forecast to see 6 pathways breach 104 days, resulting in 4.0 breaches. The breach sites are Skin (3.5), Urology (0.5). A further breach in Upper GI will not result in a breach to GWH due to care being transferred to Oxford on time.

The pathways were complex with additional tests required to diagnose and service capacity to bring appointments and diagnostics forward

April

April is currently forecast to see 6 pathways breach 104 days, resulting in 3.5 breaches:

- Skin - 1 pathway; delays due to capacity in both Derm, for biopsy, and plastics for review/treatment
- Urology – 1 pathway delayed by complexity; an all options high grade prostatic & 1 pathway was sent to Bristol on time before returning for treatment following failed procedure.
- Lung – 2 patients due to delays with diagnostics including CT scan and PET scans.
- Upper GI – 1 pathway sent to Oxford within 38 days, no breach will result to GWH

Cancer 31 Day Treatment Targets

31 Day Decision to Treat to Treat – Target 96.0%

March Forecast –91.4%. March is not expected to achieve the standard mainly due to the ongoing issues with capacity and clinic planning in Dermatology & Plastics. 7 pathways breached the standard

April Forecast – 90.0% Compliance through April is not expected to be achieved, in main due to the capacity issues in Skin and general theatre capacity

Predicted Cancer Performance – March and April

National Key Performance Indicators

			March					April					
			Treatment		Breach			Treatment		Breach			
Tumour site	Predicted treatments average	Breach Tolerance Trajectory	Current treatment CADIS	Current vs. predicted variance	Current breach CADIS	Forecast Breaches	Variance against recovery trajectory	Current treatment CADIS	Current vs. predicted variance	Current breach CADIS	Mitigated Risk based on high risk patients	Total Breach-potential & actual	Variance against trajectory
Breast	11	0.0	18.0	7.0	2.0	0.0	2.0	1.0	-10.0	0.0	0.0	**1.0**	1.0
Colorectal	11	3.0	13.0	2.0	5.0	0.0	2.0	1.0	-10.0	0.0	0.5	**0.5**	-2.5
CUP	0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	0.0
Gynaecology	5	1.0	2.0	-3.0	0.0	1.0	-1.0	0.0	-5.0	0.0	1.5	**1.5**	0.5
Haematology	4	0.5	2.5	-1.5	1.0	0.0	0.5	0.0	-4.0	0.0	0.0	**1.0**	0.5
Head & Neck	2	1.0	2.0	0.0	1.5	0.0	0.5	0.0	-2.0	0.0	0.0	**0.0**	-1.0
Lung	6	1.0	2.5	-3.5	1.0	0.0	0.0	0.0	-6.0	0.0	1.5	**1.5**	0.5
other inc Sarcoma	1	0.5	0.0	-1.0	0.0	0.0	-0.5	0.0	-1.0	0.0	0.0	**0.0**	-0.5
Skin	19	1.0	20.5	1.5	3.0	0.5	2.0	0.0	-19.0	0.0	1.0	**4.0**	3.0
Upper GI	6	1.0	1.5	-4.5	0.5	0.0	-0.5	0.0	-6.0	0.0	3.0	**3.0**	2.0
Urology	18	3.0	16.0	-2.0	3.0	0.0	0.0	0.0	-18.0	0.0	3.0	**3.0**	0.0
Total on CADIS	83	**12.0**	**79.0**	**-4.0**	**17.0**	**1.5**	**5.0**	**2.0**	**-81.0**	**0.0**	**15.5**	**15.5**	**3.5**
Current Cancer Performance CADIS			**78.5%**					**100.0%**					
Potential month end - 83 treatments			**77.7%**	**based on**	**18.5**	**breaches**		**87.3%**			**based on**	**10.5**	**breaches**
	Urology										-1.0	-1.0	-1.0
	Head & Neck		-1.5	-1.5	-1.5		-1.5						
	Upper GI		-0.5	-0.5	-0.5		-0.5				-0.5	-0.5	-0.5
	Lung										0.5	0.5	0.5
Revised Total expected in Open Exeter			**77.0**	**-6.0**	**15.0**	**1.5**	**3.0**	**2.0**	**-81.0**	**0.0**	**14.5**	**14.5**	**2.5**
Revised month end -	**78.5**	**treattments**	**80.5%**	**based on**	**16.5**	**breaches**		**Revised IPT Performance**				**100.0%**	
Forecast IPT Performance on Treatments:			**81.0**	**79.1%**				**Forecast IPT Performance on Treatments:**			**83.0**	**82.5%**	

- The above March & April breach prediction reflects diagnosed patients.
- In March we are expecting 1.5 more breaches for diagnosed patients, based on current treatments performance is forecast to be 79.1% (81.0 treatments, 16.5 breaches). We are also awaiting the pathology to confirm further treatments in time, in the Skin pathway in particular.
- Based on diagnosed patient breaches and the average monthly treatments, performance in April is expected to be 82.5% (83.0 treatments with 14.5 breaches). There are 17 patients suspicious of cancer with potential treatment dates in April. Pathways are delayed by patient choice, complex cases requiring additional diagnostics, medical issues and delays with diagnostic reporting/arranging diagnostics. It is not expected that all suspicious patients will be diagnosed with cancer with performance likely to be between 75% & 80%.

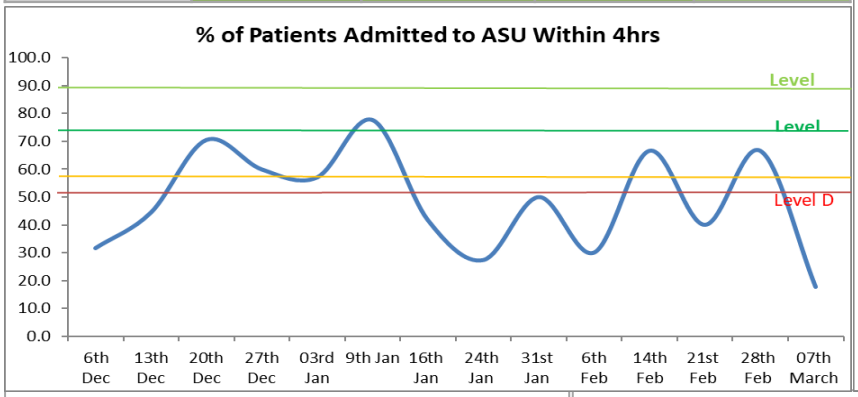
Stroke Pathways

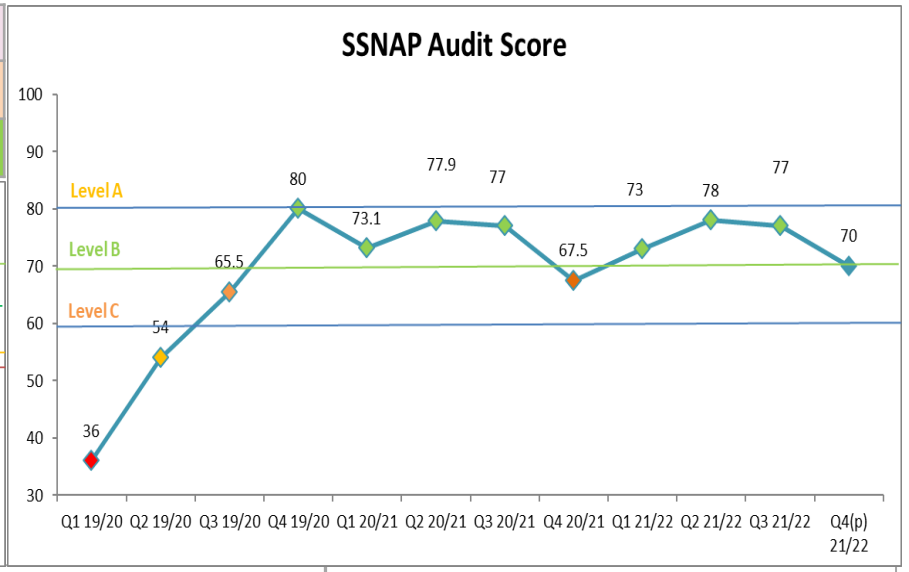
Data Quality Rating:

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	B (p)





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

SSNAP performance continues to maintain Level B performance, confirmed officially for Q3.

Performance within the domains for Q3 have remained consistent with Q2, but with improvements in Thrombolysis (D to B) and Discharge Process (B to A). There has been reductions in Standards by Discharge (A to B) and Stroke Unit (C to E). The drop in Stroke Unit performance is not unexpected given the loss of our substantive Stroke Consultant and an extremely challenging site position which continued throughout Q4. All other domains have performed in line with Q2, which is reassuring.

Current Q4 predictions are showing a maintenance of Level B performance, although it is currently on the threshold of Level B/C. This has been impacted by the loss of the Stroke Consultant, which has affected 4hr performance and median times. A lack of ring-fenced beds on the ASU, particularly over the weekend contributes to this also, which is monitored weekly in accordance with the SOP in place.

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

1.Additional consultant resource utilised through ERF funding to increase clinical activity. **Complete**

2.Long term locum Stroke Consultant now in post. **Complete**

3.Engage directly with Hunter Clinical Resourcing Group to identify suitable candidates for substantive stroke consultant vacancy. **Ongoing**

4.Additional Registrar (Dr Rao) returned from career/maternity break to add further resource to the ASU. **Apr 22**

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 escalate in light of the resignation of the Stroke Consultant, retirement of lead stroke nurse and pressures in the acute thrombolysis service.

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. Additionally, we meet with the MDT across the pathway to review performance and take appropriate actions as required.

A locum Stroke Consultant is now in place while substantive post in recruitment pipeline.

Board Committee Assurance Report

Quality & Governance Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Dr Nicholas Bishop	Dr Nicholas Bishop		21 April 2022
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	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			
IPR:Overall	Amber	Amber	The IPR was rated as shown this month with the following comments to note.		
Integrated Performance Report: Pressure Ulcer Harms	Amber	Amber	These remain stable in Acute but there has been a rise in Community to above the control limit. Steps have been put in place to address this.		
Integrated Performance Report: Medicines Safety	Green	Green	A slight reduction in February. Training has begun in the use of the new Drug Trolleys		
Integrated Performance	Amber	Amber	As expected from the trajectory the number of *C.diff* cases exceeded this at year end 50:44. Ribotyping again shows this is not a result of cross-infection in wards but more likely related to antibiotic therapy. Extended		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Report: Infection Control			hospital stays with 'Non-Criteria to Reside'* also increase risks of UTI and other infections requiring antibiotics. A new Lead for Infection Control has started. *100 patients on the day of meeting.		
Integrated Performance Report: Falls	Amber	Amber	Falls rates have slightly increased this month.		
Integrated Performance Report: Staffing	Amber	Amber	Sickness levels remain high ca. 7% mainly due to Covid, including isolation.		
Serious Incidents Monthly Report	Amber	Green	1 reported Serious incidents in March: < February.		
ED Dept Dashboard	Amber	Amber	Heavy workload with increased attendances in March after drop in Jan/Feb. Flow issues in hospital especially inability to discharge patients, is leading to delays in ED. This in turn leads to delayed Ambulance handovers. Good performance on Shine checklist. In future UTC performance will be included in this report.		
Mortality report	Green	Green	Dr Foster reports are again delayed so no up to date HSMR or SHMI stats are available. Overall Trust deaths remain stable. A review of Bowel Cancer deaths after a Dr F alert, showed no evidence of poor care in the reviewed cases. Coding reviews are being undertaken for other alerts with updates to be taken at the Trust Mortality meeting. Concerns were again raised about the quality of the case notes. Many entries are unsigned, undated or illegible, hindering analysis. The committee was concerned and requested evidence of action by the Executive to address this.	JW to lead.	
Maternity & Neonatal Quality & Safety Q4 report.	Amber	Green	Generally assuring report. Staffing of midwives remains an issue due to national shortages, but we have recruited 11 recently. They will start later in the year. Covid vaccination is now offered within the Ante Natal Clinic, improving uptake. GWH compares very well with Regional hospitals for Term admissions to Neonatal Units.		
Perinatal Mortality Review.	Green	Green	All good: 100% compliance with mandatory national reporting for neonatal mortality.		
Maternity Oversight	Not rated		This report will be the last from this group which has ceased, its work being managed via the Director of Midwifery & Neonatal Services (who has kindly agreed to attend future Q&G meetings for relevant items).		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Child and Maternity Safeguarding Q3 Report	Amber	Green	Workload has increased significantly due to Covid. Themes relate to children under 1 year, detrimental effects of not going to school and adolescents' emotional wellbeing. Training compliance from Child safeguarding is below contract requirements in all but one clinical area. Recruitment is commencing for another children's safeguarding practitioner, this post being covered by secondment pending appointment.		
Freedom to Speak Up Biannual report.	Amber	Amber	The Lead Guardian has stood down. How the work of this post is carried out will be discussed by the Executive Team. Meanwhile one of the FTSU Guardians is covering. Work has been carried out to improve access to guardians and this is ongoing. Analysis of themes has been done with Attitudes and Behaviours accounting for 46% of referrals.	Exec Team to formulate plan.	
CQC Preparedness	Amber	Green	Further progress with the expected Green rating this month. WHO compliance in theatres has improved to 100%.		

Issues Referred to another Committee	
Topic	Committee

Great Western Hospitals NHS Foundation Trust

Part 2: Our Care

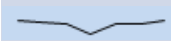
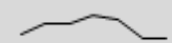
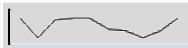
Our Priorities

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

NHS
Great Western Hospitals
NHS Foundation Trust

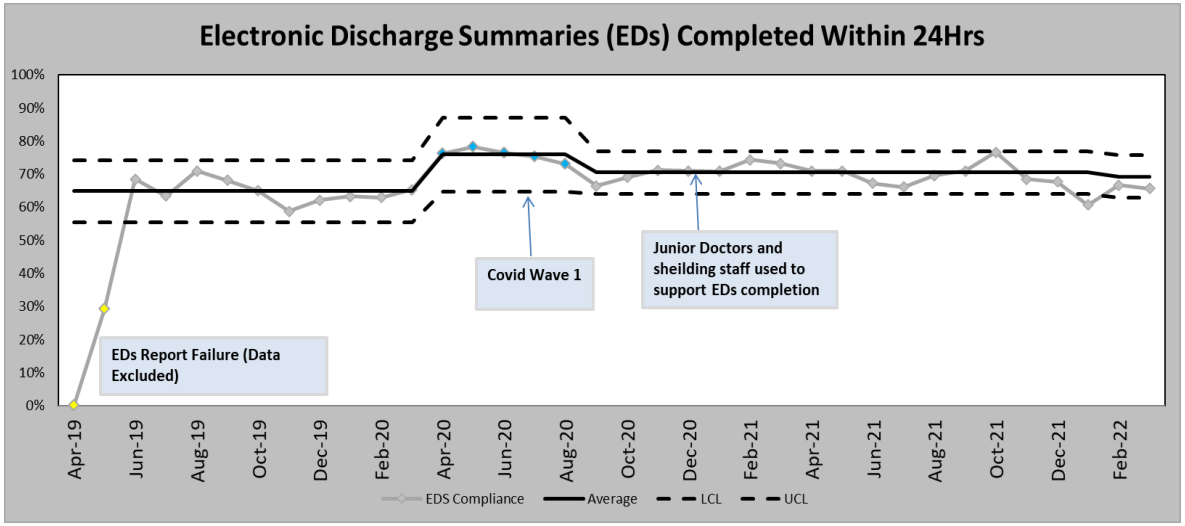
KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking	Bath Ranking	Salisbury Ranking	Month
C. Difficile (Hospital onset) per 1000 bed days	17.29 (Jan 22)		60	55	16	Jan 22
VTE Assessment	98% (Dec 21)		22	134	4	Dec 19
Hip Fracture Best Practice Tariff – 12 Month Rolling	34.5% (Jan 22)		95	59	8	Jan 22
Complaints Rates	15.2 (Q2 21/22)		34	70	39	Q2 21/22
Family and Friends Score – Percentage of Positive Responses - Inpatients	86% (Feb 22)		110	10	20	Nov 21
Complaints Response Backlog	0.0 (Q2 21/22)		1	48	99	Q2 21/22
MRSA all cases	2 (Mar 22)		100	47	16	Jan 22
Falls per 1000 bed days	7.1 (Mar 22)					
Pressure Ulcers – Acute	27 (Mar 22)					
Pressure Ulcers – Community	68 (Mar 22)					
Never Events 21/22	3					
Serious Incidents	1 (Mar 22)					
Patient Safety Reporting Culture (Percentage of Incidents Recorded as Severe or Death)	0.56% (Dec 21)					
Hand Hygiene	99.80% (Jan 22)					

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.
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%
Dec-21	68.37%	71.20%	73.93%
Jan-22	60.63%	64.15%	67.19%
Feb-22	66.62%	69.35%	71.51%
Mar-22	65.65%	70.87%	73.62%

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

The 24 hour completion rate for EDS's in March 2022 is 65.65%.

It should be noted that flow within the Trust has necessitated, and patients continue to be placed in additional areas such as Emergency Department (ED) stepdown which, in combination with high numbers of medical outliers, negatively impacts prompt EDS completion.

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

The EDS Task and Finish group is exploring the use of Electronic Prescribing Medicines Application (EPMA) as an EDS producing platform as:

- A single platform for production of EDS has been identified by junior doctor feedback as a promoter of improved performance (current production pulls data from EPMA into a bespoke EDS producing system).
- The current EDS system cannot be developed further.

The EDS Task and Finish group is undertaking a comparison analysis between the current system and EPMA with a view to:

- Explore the utility/importance of current data fields on EDS – this is important to define as there may be contractual/quality imperatives for business intelligence reporting.
- Once defining these issues above, costing of creating the data fields needed for EPMA. A proportion of the new data fields will need external input to create – this will necessitate investment which is as yet unknown.

In parallel the Deputy Medical Director has met with Transformation and Innovation – there is a plan to refresh and re-invigorate a Quality Improvement (QI) led multidisciplinary approach to improving EDS performance.

There is an ongoing review of Final Consultant Episode (FCE) process and how these are uploaded onto Careflow following a previous audit.

Risks to delivery and mitigations

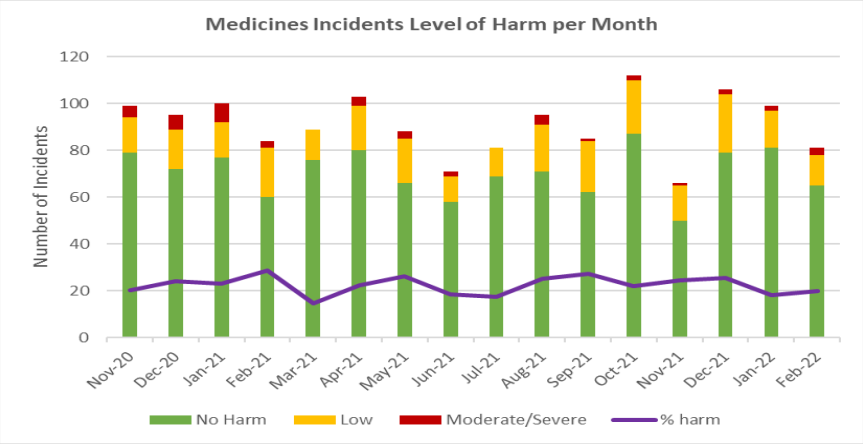
Although Careflow/EPMA has the facility to generate EDS a comparison analysis has identified that this would require both internal action and external input to 'upgrade'. Timescales for this action would be defined by available resource for in-house changes and investment for external action.

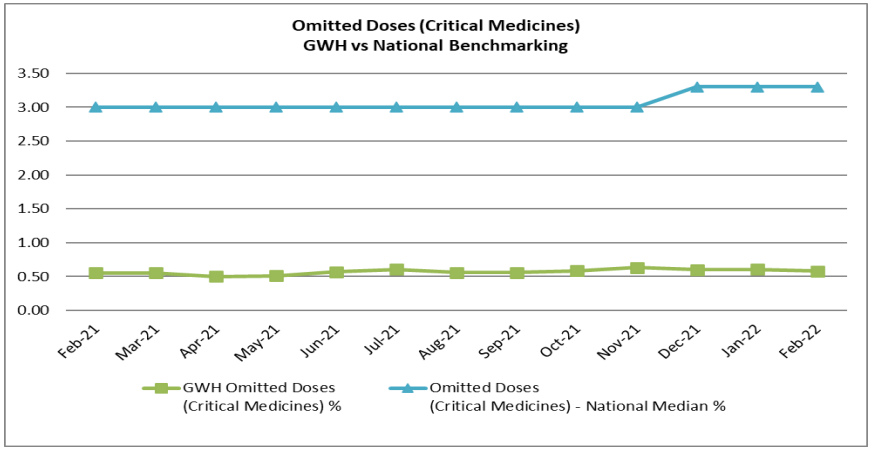
Challenged flow in the local health system has led to patients being bedded in additional areas e.g. ED stepdown -these areas do not have substantively funded medical coverage. This negatively impacts on the ability to produce EDS promptly.

2. Medicines Safety

Data Quality Rating:

Are We Safe?





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

Medication Incidents

- Number of medication incidents reduced in February 2022.
- Benchmarking (regional and national) places GWH medicines incident reporting in the middle of distribution curve. This indicates a good reporting and learning culture.
- Proportion of incidents leading to harm continues to remain consistent across the year.
- Main trends relating to medication incidents relate to documentation, administration and prescribing.

Omitted Critical Medicines

- The percentage of unintended omitted critical medicines continues to remains consistently low throughout the Trust.
- Compared to the national median of acute hospital trusts (2021 national benchmarking*), Great Western Hospital (GWH) has a lower rate of unintended omitted critical medicines. *Benchmarking value updated Dec 2021.

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

Medication Incidents

- Work is ongoing to consolidate the number of paper-based drug charts to reduce prescribing risks. Actions in April focus on removing prescribing elements from prescribing proformas.
- Longer term plans centre around an upgrade, and wider rollout, of the trust electronic prescribing and administration system (EPMA) in Q1 22/23. This will improve user experience and patient safety through to improved processes and workflows relating to medicines use.
- An updated approach for managing medicines incidents including a just culture approach to discussing contributory factors is scheduled for discussion at the medicines assurance committee in early May 22.
- Replacement medicines trolleys expected to arrive in early April 22. A quality improvement approach and rollout in being planned once equipment arrives. Anticipated benefits are to improve medicines storage and reduce medicines administration incidents through more efficient processes.

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. New reports will run in the new year to identify omitted medicines on specific wards.

Risks to delivery and mitigations

Medication Incidents

No specific risks to delivery identified at this stage.

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

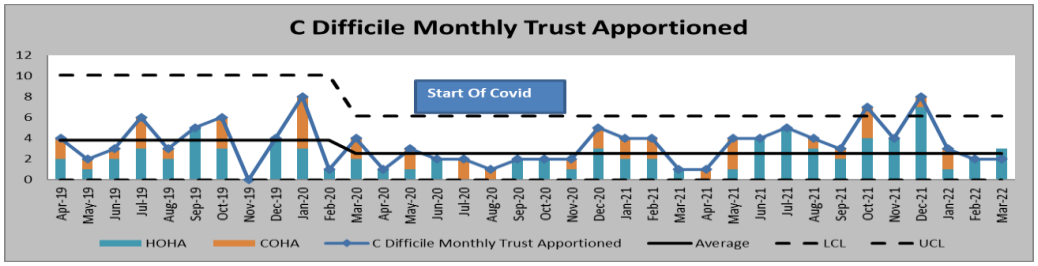
Omitted Critical Medicines

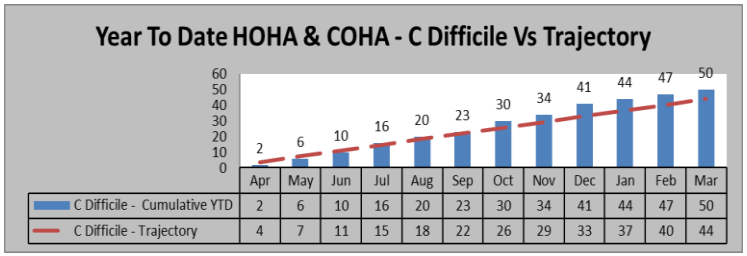
No specific risks to delivery identified at this stage.

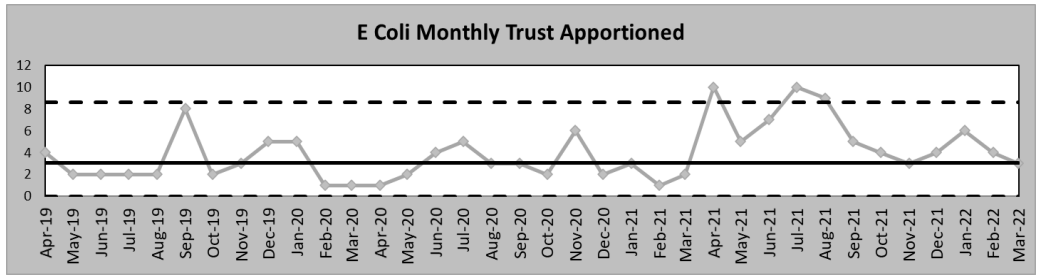
2. Patient Safety - Infection Control

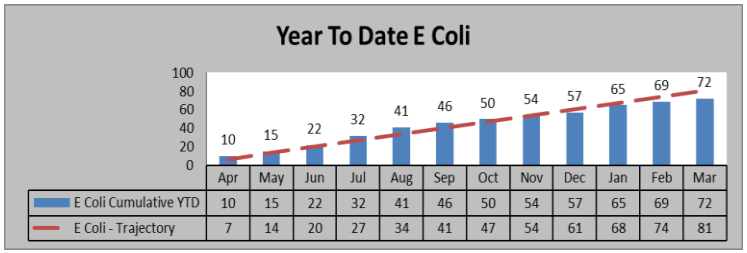
Data Quality Rating:

Are We Safe?









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

C. difficile – In March there has been 3 reportable C. difficile infections. All were Healthcare Associated (HOHA) and were identified on AMU, TOPSSU and Ampney Ward. The Trust total for 2021/22 is 50 which is over our target of 44 for the year.

Gram negative Bacteraemias -The Trust has a target of 81 E.coli bacteraemia for 2021/22. A total of 73 have been identified including 3 in March 2022. There were 2 Klebsiella bacteraemia in March 2022 with 25 cases in total against a target of 18. There was 1 Pseudomonas Aeruginosa bacteraemia in March 2022 with 20 in total against a target of 19.

Gram negative bacteraemias are often associated with dehydration, skin damage and urinary catheters and improvements in these aspects of care are being picked up through the Great Care Campaign. Monthly audits of urinary catheter care is on going and results discussed and disseminated. A wider analysis of contributing factors is being developed.

The Trust recorded a total of 25 hospital acquired MSSA bacteraemias during 2021/22 (2020/21 = 16). The Trust rate per 100,000 bed days as of February 2022 was 22.05 against a South-West average of 14.95

Norovirus - In March 2022 there were no outbreaks related to norovirus.

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

C. difficile –there have been no cases of cross contamination, however GWH ends the year over trajectory and therefore this will be a focus for improvement work in 2022/23. The new Associate Director of Infection Control is currently reviewing the improvement plan / daily rounds process and will continue to work collaboratively with the system. Nationally GWH benchmarks at 59 out of 107 NHS trusts. All ward areas have returned to completion of stool charts on paper and this appears to result in more accurate recording. Communication on early identification and actions taken has been disseminated.

E- coli blood stream infections - A BSW wide task and finish group has been initiated to look at gram negative blood stream infections, including system wide review of themes and trends to enable greater understanding of what is driving gram negative BSI

The Divisional Matrons with Infection Control responsibilities are leading work on equipment cleaning, the use of 'I am clean' green stickers and maintaining standards across the Trust.

67

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

Risks to delivery and mitigations

Maintaining cleanliness of the ward environment consistently, including patient care equipment remains a priority. This is being addressed with additional staff to assist with patient equipment cleaning.

The infection control team is currently impacted by high levels of long term sickness absence, am interim plan is in place to support the team. The new Associate Director of Infection Control starts in April 2022.

Data correct as of 6th April 2022. The data in the preceding month may have changed due to timing of previous months reporting.

2. Patient Safety – Coronavirus

Data Quality Rating:

Are We Safe?

Covid 19	Jan-22	Feb -22	Mar-22
Number of detected Inpatients	403	261	437
Number of Deaths in Hospital	27	32	21
Hospital Acquired Covid-19 Cases*	35	29	59

Covid-19 (Apr 21 – Mar 22)		(April 20- Mar 21)
Number of detected Inpatients	2440	1509
Number of Deaths	162	326
Hospital Acquired Covid-19 Cases*	163	142

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

The number of patients diagnosed with COVID-19 has increased in March in line with the national and regional picture.

In the week 25-31 March the Swindon case rate was 875 per 100,000. The Wiltshire rate was 994 per 100,000, with the England average being 780 per 10000.

There were 59 hospital acquired cases of Covid 19 (8 days +) during March 2022. There were several outbreaks and clusters which were managed through the daily outbreak meetings. Trauma, Saturn and Sunflower wards were closed due to COVID during March and there were also bay closures on Jupiter, Kingfisher, Linnet, Meldon, Mercury, Teal and Orchard.

More than 123 bed days were lost due to Covid bed closures however this was mitigated as much as possible through cohorting of patients.

There were 21 COVID deaths in hospital during March, six of whose COVID was hospital acquired. Further work is ongoing to understand if COVID 19 was the main contributing factor.

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

There was an increase in nosocomial infections in March, which were managed through daily ward review /outbreak meetings, this ensured management of clinical areas with minimal bed closures as possible. Themes from the outbreak meetings are collated and disseminated through the safety briefs and Trust wide communication. There is a continual focus on meticulous adherence to infection control standards.

The divisional Matrons are ensuring that patients are swabbed throughout their admission according to the agreed protocol. This enables early identification of positive cases and reduces the risk of nosocomial spread.

The Personal Protective Equipment audits are ongoing and additional spot checks and communication with staff is being driven by the Divisional Directors of Nursing. Staff are also being reminded to complete regular lateral flow tests to reduce the risk of nosocomial transmission.

To ensure staff comply with IPC guidance, FFP3 respirators are available to all staff who have been fit tested and are providing prolonged clinical care, in clinical areas as well as when carrying out aerosol generating procedures.

Patients are advised to remain within their bed space whilst in the hospital environment and the use of masks is encouraged.

New infection control guidance is being developed in line with the 'Living with Covid' response and latest national guidance. There is a strong emphasis on the mitigations required including improved ventilation.

Risks to delivery and mitigations

Forthcoming adjustments to patient pathways, swabbing regimes and isolation periods will need to embedded through a robust programme of communication and protocols**.**

The infection control team is currently impacted by high levels of long term sickness absence, am interim plan is in place to support the team. The new Associate Director of Infection Control starts in April 2022.

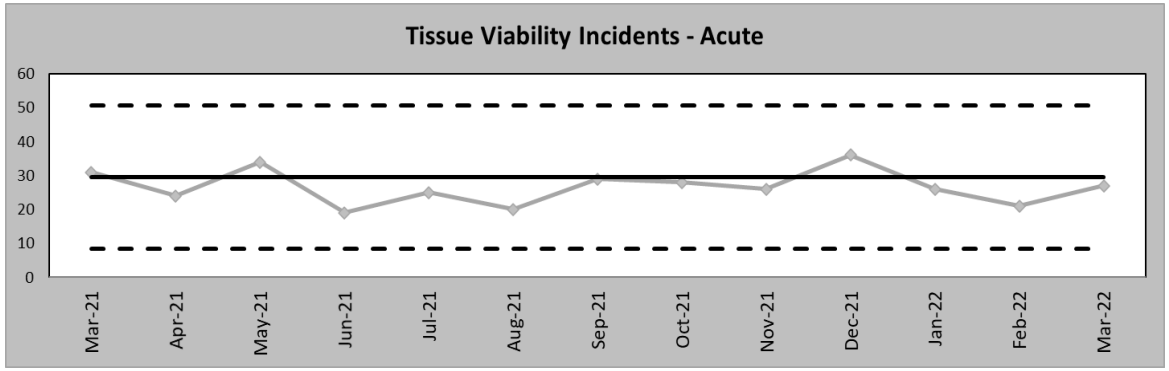
Data correct as of 6th April 2022. The data in the preceding month may have changed due to timing of previous months reporting.

*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 Mar 22:

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstagable	Total Incident of Harms
14	3	1	4	5	27

Number of Patients	Harms per Patient
27	1

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

There were a total number of 235 incidents reported for pressure ulcer related harms during the month of March. All of these were validated by the Tissue Viability Nurses (TVN's). 27 of these incidents were hospital acquired and the remaining 208 incidents were a combination of PU harms which were present on admission and not pressure ulcer damage.

There were a total number of 27 harms on 27 patients.

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

Recruitment of the Practice Educator focusing on pressure ulcer prevention is under way with interviews planned for 27th April 22. Training and educational sessions are being reviewed to be short ward based sessions and work is on going with the divisions to improve compliance with the electronic Pressure Ulcer training.

The Moisture Associated Skin Damage (MASD) pathway was launch for the Acute Trust in March 2022 with educational packs for each department supplied, a reduction in MASD will lead to a decrease in hospital acquired skin / pressure damage. This launch included 5 full days of bite size ward training with 148 staff educated and updated on the new pathway. Virtual training sessions planned for April for any staff that missed the bite size sessions

Catheter associated urine track infections (CAUTI) work stream - The tissue viability team is working in collaboration with Infection control to reduce Trust acquired CAUTI's by identifying patients at risk of Mucosal membrane injury pressure damage. Work is on going to review fixation devices to improve patient care and raise awareness and education for Trust staff which will improve pressure related harm caused from medical devices.

Continence Work Stream - Table top evaluation trial to take place on the 12th April 2022 to review the current products with neighbouring Acute Trusts and Procurement to explore potential cost savings across product ranges insuring patient comfort and suitability. This work spans across both divisions (Community and Acute) ensuring focus on the patient's journey and requirements. Ensuring the correct level of absorption will reduce risks to the patients from developing MASD which can increase the risk of pressure damage.

Risks to delivery and mitigations

Reduced capacity to deliver education and training due to staff sickness, the recruitment of a dedicated practice educator will help mitigate this.

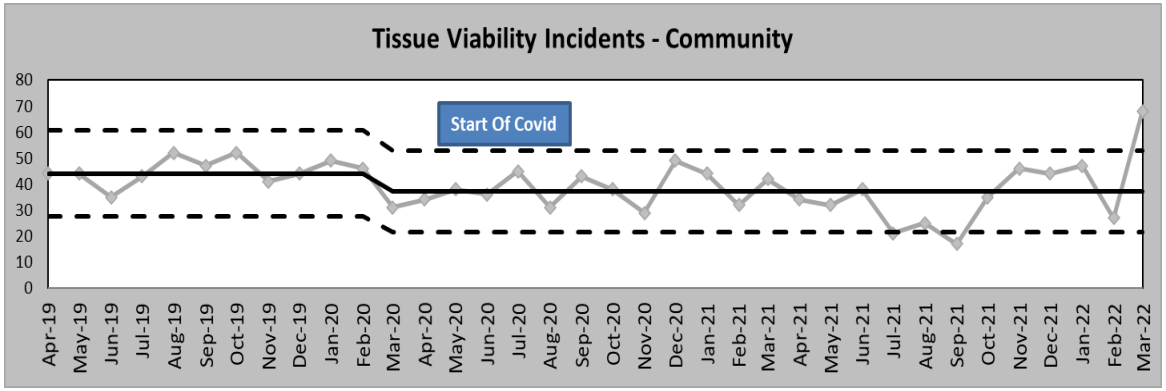
Data correct as of 5th April 2022.

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

2. Patient Safety – Community Pressure Ulcers

Data Quality Rating:

Are We Safe?



Incidents of Harms by Category for Mar 22:

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstagable	Total Incident of Harms
31	13	3	8	13	68

Number of Patients	Harms per Patient
66	1
1	2

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

In March there were 68 reported harms.

This is an increase of 41 reported harms from last month, going from 27 to 68.

This is above the upper control limit for normal variation.

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

Pressure Ulcer Education Program is due to be expanded from March 2022 incorporating new aSSKINg Framework to include practical equipment sessions.

The first MDT reviews for pressure relieving mattress and lateral turning systems were held in March 2022. First line recommendations from both MDT's are due to be submitted in April 2022 to demonstrate appropriate range required for pressure ulcer needs and to increase core stock lines within the community for the lateral turning systems,

Twice monthly pressure ulcer education in awareness and prevention to be delivered by the Community Tissue Viability team in collaboration with industry partners via MS Teams in April 2022 which is aimed at all community health care professionals. A monthly pressure ulcer equipment session on Repose product range will be delivered via virtually to identify patients at risk and utilise the correct equipment in preventing patient harm.

Risks to delivery and mitigations

There is a risk that covid isolation and staffing levels within Community Nursing services continue to impact on the ability to provide high quality pressure ulcer prevention management, specialist review and assessment.

This is partially being mitigated by:

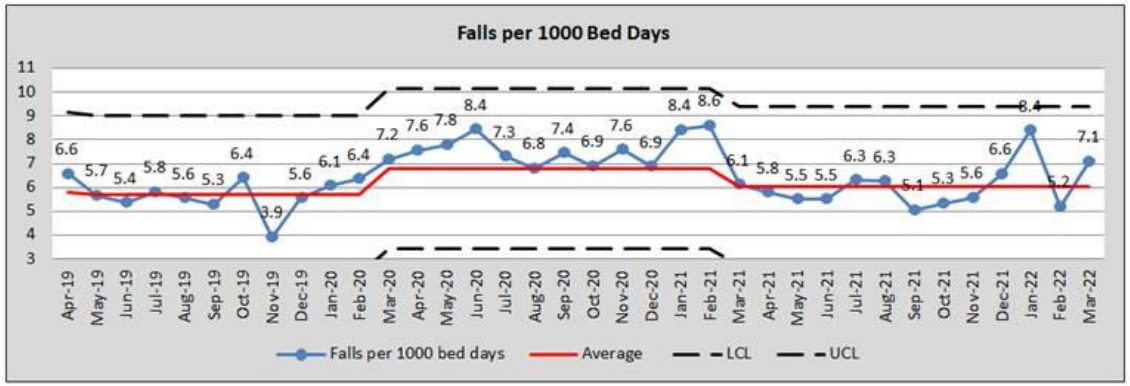
- Ongoing recruitment of community staff.
- Bank enhancements for community nursing.
- Urgent case load reviews with Tissue viability specialists.
- Increased use of temporary staffing.
- Education for temporary staff.
- Use of Laptops and mobiles for temporary staff.

Data correct as of 5th April 2022.

2. Patient Safety – Safer Mobility (Falls Reduction)

Data Quality Rating:

Are We Safe?



	Total Falls	Falls resulting in moderate harm or above
Sept-21	96	2
Oct-21	105	4
Nov-21	108	3
Dec-21	126	4
Jan-22	160	3
Feb-22	88	1
Mar-22	140	4

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

Reported inpatient falls increased in March to 140 total falls.

This also led to falls per 1000 bed days has increased to 7.1.

During March 2022, there were four falls which resulted in moderate/severe harm during.

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

Acute Setting – Training is commencing for staff to use the new Falls Sensor Mats and bathroom alarms prior to the implementation across the Trust. A management and policy and process is being developed to support the implementation of the mats and alarms.
A safe footwear project has commenced, to ensure patients are wearing safe foot wear, the project is initially a 3- month trial of a 'slipper bank, at risk patients who are unable to provide their own appropriate and safe slippers will be provided with a pair, the trial will start on Teal, Mercury and SAU in May.

Falls Collaborative - Drafting new Swindon Falls Strategy with key priorities to deliver a model for falls reduction (anticipatory approach) and Swindon Integrated Falls Pathway.
A joint audit started in January with Swindon Borough Council and the Falls Collaborative to establish current falls prevention and response practice in Swindon care homes. Data collection continues throughout April / May 2022. The aim in the future is to standardise practice for exercise and falls prevention in Swindon care homes.

Community Setting - Piloting of the two stage multifactorial falls risk assessment on system one is taking place in the community team from March 2022.
New patient information leaflet for post falls care in the community has been signed off by the quality group available from April 2022.

Risks to delivery and mitigations

There are an increasing numbers of frail and deconditioned older people at high risk of falling in the community setting.

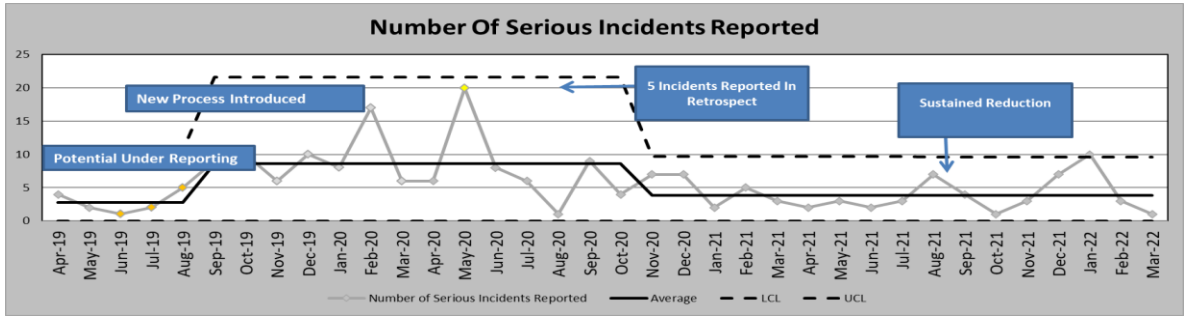
Around 300-350 patients a month are admitted with a fall as the primary diagnosis code, these patients are at high risk of falling again as an inpatient.

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
Jan-22	Feb-22	Mar-22	Mar-21
10	3	1	3

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 32 on-going Serious Incident (SI) investigations, with 1 reported in March. The number of serious incidents reported in March has decreased compared to the previous month.

There are no themes identified on the newly reported SI's.

Improvement Groups continue in the following areas –

Fluid Balance Improvement Group - Fluid balance charts are now in the test environment on NerveCentre with testing due to be completed in the next few weeks. Once completed in the test environment there is a pilot planned for two wards before wider roll out. The education and training plan for fluid balance continues to be developed to ensure Trust wide consistency and will be linked to the NerveCentre implementation of the electronic form.

Nasogastic tube competency improvement group - Recent report run by the academy showed very low numbers of ward staff were recorded as competent to pass Nasogastric tubes (NGT). This prompted an immediate task and finish group to identify the exact issue and take prompt action to rectify the problem to maintain patient safety.
The initial findings indicate that in many ward areas staff are completing this task regularly and remain competent but have not returned the paperwork to the academy. The Nutrition nurses have been visiting wards (high use wards) and speaking to ward managers and practice facilitators to advise of the process to ensure staff competency is recorded correctly. A longer-term solution is being identified to prevent repetition.

Deteriorating Patient Work Group - Following the recent Serious Incidents (SI) related to oxygen administration and delayed escalation of deteriorating patient , the Hospital at Night Team (H@NT) have delivered education sessions on the management of oxygen therapy and oxygen device usage. It has been identified that further training is required, in respect of the area of the deteriorating patient, this will be provided by a new role for a six-month period. A trust communication was sent to all staff and is available on the Learning Zone, A communication summarising the content of the teaching sessions has been distributed widely via staff comms, learning zone and patient safety brief.

Risks to delivery and mitigations

There are 19 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 incident management system is paused due to pending resolution of issues.

2. Patient Experience – Safer Staffing

Data Quality Rating:

Are We Safe?

Table 1 Fill rates for Nursing / Midwifery with wards under 85% highlighted in March 2022

Average Fill Rate - Nurses/ Midwives (%)	97.2%
Average Fill Rate - HCA (%)	82.3%

Ward	Average Fill Rate - Nurses/ Midwives (%)
Orchard Ward SWICC	84.4%
ITU	79.7%
Hazel & Delivery	79.5%
Forest Ward SWICC	75.9%

Ward	Average Fill Rate - HCA (%)
Falcon	83.9%
Orchard Ward SWICC	83.5%
Jupiter	82.6%
Dove	82.4%
Trauma Unit	76.1%
LAMU & SHAL MAU/SSU	73.1%
Sunflower	71.8%
Kingfisher SAU/SAW	60.7%
Hazel, Delivery & WHBC	59.4%
SCBU	40.9%

It is an NHS England requirement to publish and report monthly safer staffing levels to the Trust Board. High level figures are provided here and further information and analysis is provided in a separate more detailed report to the Board.

Table 1 below summarises the average fill rate and the wards that aren't achieving 85% fill rate during March 2022. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.
The Trust wide fill rate for Registered Nurses / Midwives has improved this month, although it should be noted that the % figure includes RMNS and HCAS for patients requiring close support or specialist mental health nurse input.
All areas below 85% have been reviewed by the Divisional Directors of Nursing and mitigated on a daily basis through the 3 X day staffing meeting. This report will also be reviewed at the Nursing and Midwifery Workforce Group.
The HCA fill rate remains an area of concern and focus, although slight improvement from last month. The recruitment campaign is continuing with pace, at the end of March there were 84wte in pipeline, 37 of which have an agreed start date. Since December 2021, 74wte HCA have started, the HCA Practice Educators have been key to supporting the new staff into practice.

Covid related absence continues to be an area of concern, on a back ground of high sickness absence. In order to manage the nurse staffing safely there was an increase in the use of temporary staffing generally in clinical areas with block bookings in Midwifery and the Emergency Department to support continuity of staff.

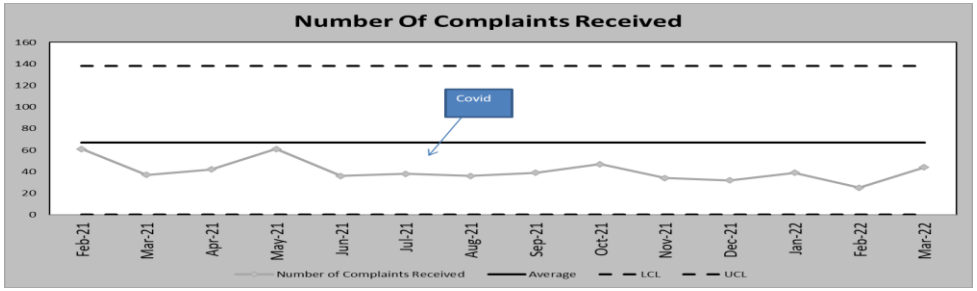
Specific areas of concern

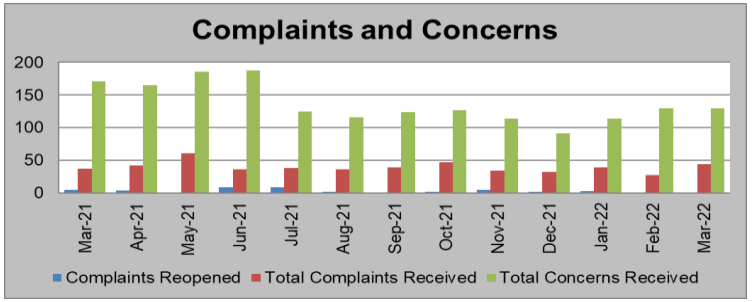
Maternity Staffing remains of concern due to high vacancies and maternity leave. The use of Agency Midwives has been successful and well received by the clinical teams.
Community nursing continues to report high registered nurse vacancies and increasing demand.
The Emergency Department remains under significant operational and staffing pressures, with a refreshed recruitment and retention trajectory is being developed. The use of agency paramedics to help manage the ambulance off load area has been successful.

Table 2 Fill Rates

2. Patient Experience - Complaints and Concerns

Are We Safe?





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

44 complaints (previous month 27) and 130 concerns (previous month 130) were received in March 2022.

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

Theme	Complaint	Concerns	%
Communication	5	33	21% ↓
Clinical Care	13	23	20% ↓
Discharge Arrangements	6	12	10% ↑

38 complaints were rated as Low – Medium, 6 complaints received were rated as High.

This month saw a decline in the number of complaints responded to within target date, with a reduction to 57% from 74% last month. 78% of concerns were resolved within seven working days, with 29% of concerns within 24 hours, (KPI 80%). This reflects operational pressures within the clinical divisions.

Complaints Facilitators and Interim Head of PALS are meeting with the divisions regularly to discuss how PALS can support concerns being answered in line with our internal KPI. This response rate also reflects pressures on the PALS team as the Interim Head of PALS is supporting new team members and training them into the role and managing staff absences. Close contact has been maintained with anyone raising a concern or complaint.

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

A Quality Improvement project to address all aspects of the complaints and PALS processes. This will include:

- Internal communications around patient experience and feedback.
- Quality of services we provide and processes we use through both quantitative and quality audits.
- Visibility of Actions & Learning, in line with trends of themes of complaints, concerns and FFT.

As part of this plan, a monthly Patient Experience Newsletter for Trust Staff will be trialled, the first edition will be in May. The aim being to publicise new initiatives, provide information and a focus on increasing awareness of the role of PALS and support they can provide.

We are now seeing a decrease in new PHSO cases, and our understanding is that the backlog of cases from the past 2 years have now been processed by PHSO, so new cases should return to a normal level.

We have seen a significant increase in concerns related to discharge arrangements from last month (previous month 6, this month 12). Themes relate to lack of Electronic discharge summaries and concerns regarding fitness for discharge. These concerns have been escalated to the appropriate clinical teams.

Actions being taken include a safety netting project which has been introduced where certain patients receive a follow up telephone call after discharge in order to check that all care and services are in place. Feedback from this has been positive.

Risks to delivery and mitigations

Investigation Managers continue to familiarise themselves with using the new system (Datix). Individual support and training is being provided as and when required.

Reduced capacity due to vacancies and long-term sickness within the PALS and Complaints team. Both recruitment processes are in progress and anticipate both new members starting within the team in May.

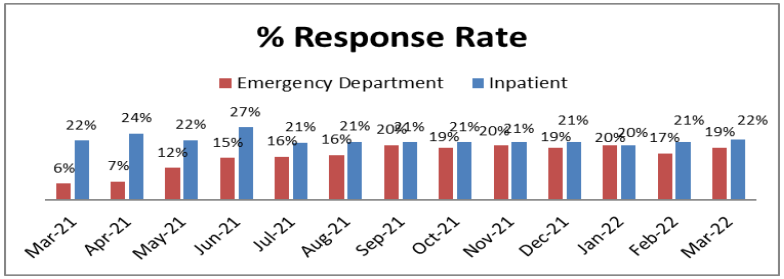
Concerns regarding response rate times have been escalated to Divisional Tri's.

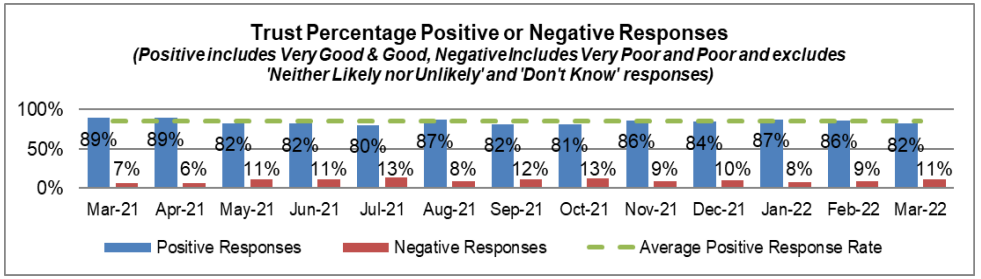
Data correct as of 1st April 2022.

2. Patient Experience – Friends and Family Test

Data Quality Rating:

Are We Caring?





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

For March 82% of the Friends and Family Test (FFT) responses were positive, a decrease on the previous month, February, at 86%.

This is based on the % of responses rated as 'very good' and 'good'. Trustwide the March recommendations score of 82% is in line with the average for the year of 83%.

	No. of Texts sent	No. of Responses	Total Response rate (%)	Positive Responses
A&E Combined	5,128	1,093	19%	71% ↓
Inpatients	2,459	1,262	21%	87%↑
Day Cases	2,145	606	23%	94%↓
Outpatients	0	426	96%	96% -
Maternity	821	49	16%	91% -

A&E (ED & UTC combined) response rate is slightly higher than last month and is also slightly higher than the average for the year.

Inpatients remains constant at 87% with a year average of 89%.

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

Overall Positive themes for March:

Staff Attitude 1,464 comments (previous month 1,639).

Implementation of Care 896 comments (previous month 870).

The Environment 651 comments (previous month 628).

Overall Negative themes for March:

Staff attitude 265 comments (previous month 231).

The Environment 236 comments (previous month 195).

Waiting time 219 comments (previous month 175).

Improvement Actions in response to Feedback:

Further work is underway addressing the significant backlog of patients awaiting surgery and outpatients' appointments. This includes full clinical validation and implementation of patient initiated follow ups.

The Great Care Campaign continues to drive improvements in several areas to address the concerns raised. These include work around first impressions of care environments, an 'I see you' and 'My Name is' campaign, roll out of new personal care items, support from the new clinical practice educators to train our health care assistants and the on-going Matron development programme.

Further improvement actions will be detailed in the next quarterly Patient Experience report.

Risks to delivery and mitigation

More work needs to be done around Divisions demonstrating actions and learning from FFT feedback. PALS continue to work with divisions by attending divisional governance.

This work will tie in to the PALS quality improvement project which is in progress.

Data correct as of 12th April 2022.

2. Patient Safety – Perinatal Quality Surveillance Tool

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>January 22</th><th>February 22</th><th>March 22</th></tr>
<tr><td>Midwife to birth ratio</td><td>1:29</td><td>1:28</td><td>1:26</td><td>1:27</td></tr>
<tr><td>1:1 Care</td><td>100%</td><td>98.6%</td><td>97.45%</td><td>100%</td></tr>
<tr><td>Consultant presence in Delivery suite (Hours per week)</td><td>60 hours</td><td>74.5 hours</td><td>74.5 hrs</td><td>74.5hrs</td></tr>
</table>
A re-evaluation of the acuity data by BirthRate+ was undertaken in February 2022. This data is currently being evaluated by the Senior Team to ensure that there is sufficient headroom to ensure that the Immediate and Essential actions mandated by the Ockenden report can be met within the staffing model. This includes release of staff for training and support, further development of the Maternity and Paediatric Support Service and the Governance team.
</td></tr>
<tr><td>Service User feedback</td><td>An improvement plan based on the Maternity Survey results from responses collected in February 2021 has now been created with a task and finish group assigned to ensure robust implementation.

The Head of Midwifery is working with the Maternity Voices partnership to evaluate feedback provided during their on-going surveys and develop a more robust data collection tool. The Maternity Voices Partnership are working with the Trust to create tools for the clinical area around women's choices and informed consent.

There was complaint received which describes a poor patient experience during birth and the postnatal inpatient period. The themes from the complaint focus on the confidence of newly qualified staff and have been shared with the Practice Educator and Retention lead to ensure that these inform the orientation of new staff.</td></tr>
<tr><td>Caesarean Sections</td><td>
<table>
<tr><th></th><th>January 22</th><th>February 22</th><th>March 22</th><th>Comments</th></tr>
<tr><td>Combined Caesarean Section (C Section) rate (percentage of babies born > 24 weeks via C Section)</td><td>41%</td><td>38.7%</td><td>40.3%</td><td></td></tr>
<tr><td>Elective C Section</td><td>17%</td><td>16%</td><td>16.2%</td><td></td></tr>
<tr><td>Emergency C Section</td><td>24%</td><td>22.7%</td><td>24.1%</td><td></td></tr>
</table>
Following an instruction from NHS England and NHS Improvement the reporting of caesarean birth rates as a percentage of births will cease nationally from 1st April 2022. Caesarean births will be reported locally in line with the National Maternity Dashboard. This will reflect women having their first baby as a caesarean birth, women having a caesarean birth after at least one previous caesarean birth, and women having a caesarean birth for a second or subsequent baby after no previous caesarean section. It is anticipated that this will provide a safer approach to quality improvement initiatives that focus on the mode of birth.
</td></tr>
</table>

2. Patient Safety - Perinatal Quality Surveillance Tool

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 full Ockenden report was released on 30th March 2022. The report details the review of cases in Shropshire and has mandated 15 Immediate and Essential Actions (IEA). The Trust has begun a gap analysis of all of the actions, in order to formulate an improvement plan an review the funding requirements for support of full compliance with the 15 IEA.
CNST 10 Maternity standards (NHSR)	The RAG status for the current Year 4 scheme remains unchanged. Updates to the guidance is anticipated at the end of April 2022, with submission delayed from July 2022 to December 2022.
Findings of review of all perinatal deaths using the real time data monitoring tool	One case was reviewed in March. This case described the challenges in providing preconceptual care for women from minority ethnic groups who are new to the country and the inaccessibility of face to face interpreters. These findings will be shared with the Local Maternity and Neonatal System to look at improvements across the system.
CQC Ratings	Ongoing preparations continue for an anticipated inspection with mock inspections highlighting areas for improvement.
Maternity Safety Support Programme	Not required as CQC ratings overall 'Good'
Coroner's Regulation 28	Nil

	Criteria	RAG September 2021	Projected submission RAG	Review Comments
1.	Are you using the PMRT to review perinatal deaths to the required standard?			
2.	Are you submitting data to the Maternity Services Data Set to the required standard?			Full compliance is anticipated following effective engagement with the wider Local Maternity and Neonatal System strategy document
3.	Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?			
4.	Can you demonstrate an effective system of clinical workforce planning to the required standard?			It is anticipated that the progression achieved in workforce action plans for Neonatal medical and nursing staff will support full compliance.
5.	Can you demonstrate an effective system of midwifery workforce planning to the required standard?			
6.	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?			
7.	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?			
8.	Can you evidence that the maternity unit staff groups have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?			
9.	Can you demonstrate that the trust safety champions (obstetrician, midwifery and neonatal) are meeting bimonthly with Board level champions to escalate locally identified issues?			The ongoing continuity of carer action plan is expected to support full compliance at the point of submission
10.	Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?			

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	• 1 incident was graded as moderate harm for the perinatal services in March. • This case has been reviewed via an urgent incident review with areas for improvement highlighted and immediate recommendations made. This included improving communication with the Neonatal retrieval team (NEST). The case will be reviewed via a level 2 comprehensive investigation.

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)			
Case Ref	Overview	Date	Case Update
None			

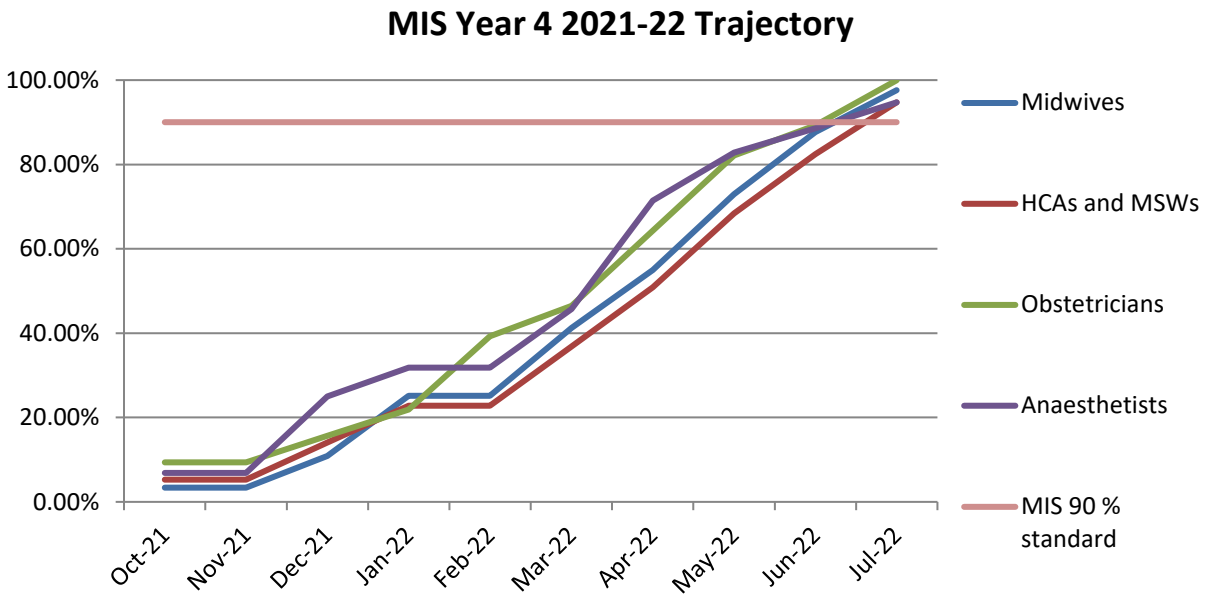
On-going SI Investigation Update			
Stage of investigation	January 2022	February 2022	March 2022
Referred to HSIB – awaiting decision	1	0	0
Under local investigation (this may include insight from external reviewers)	5	5	3
Under HSIB investigation	1	4	3
Report complete & awaiting Serious Incident Review learning Group (SIRLG)	1	0	1
Submitted to CCG	0	0	1

Data correct as of 6th April 2022. The data in the preceding month may have changed due to timing of previous months reporting.

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, however it is recognised in Year 4 (2021/22) that this does not apply to theatre staff.

The trajectory of bookings and attendance remains within the target of 90% by July.

Ockenden (2022) recommend that clinicians must not work on labour wards or provide intrapartum care in any location without appropriate regular CTG training and emergency skills training. A standard operating procedure is under development to ensure a clear pathway is in place for staff to achieve this.

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

Reimplementation of face-to-face training is currently being explored with the academy and infection prevention and control.

The local fetal monitoring training program has now been implemented, with a monthly study day for the midwifery and obstetric teams. The day is accompanied by a competency assessment.

Risks to delivery and mitigations

Staff sickness and absence may impact attendance however the virtual program may mitigate some of this risk to compliance.

It is essential that there is sufficient headroom in the maternity and obstetric staffing models to release staff for fetal surveillance and PROMPT training, to support the Ockenden Immediate and Essential Actions.

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

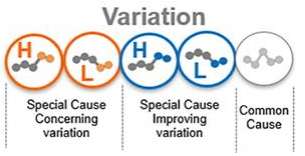
Trust Overview: Summary

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	1	2
Great Employee Experience	1	2
Great Employee Development	2	2
Great Leadership	1	2

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			7.60%	6.00%	4.23%	7.49%	5.86%
2	Trust RN Bank Fill Rates			47.78%	70.00%	37.81%	58.84%	48.33%
3	Vacancy Rate*			6.33%	7.63%	5.59%	8.43%	7.01%
4	Recruitment Time To Hire (Days)			56.90	46.00	32.19	57.48	44.83
5	All Turnover			15.26%	13.00%	12.40%	13.93%	13.17%
6	Voluntary Turnover			11.40%	11.00%	8.92%	10.34%	9.63%
7	All Sickness Absence			6.11%	3.50%	3.18%	5.18%	4.18%
8	Statutory Mandatory Training Compliance			87.38%	85.00%	84.35%	88.85%	86.60%
9	Appraisal Compliance			68.85%	85.00%	71.10%	81.46%	76.28%



Trust Overview: Narrative

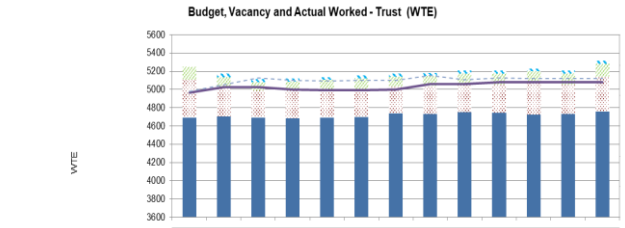
Great Western Hospitals NHS Foundation Trust

"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 measures indicate pressures in respect of temporary workforce reliance, proportion of pay spent on agency and the ability to meet bank workforce demand. The Trust saw an increase in demand in March, utilising an additional 111WTE compared to February to deliver is services culminating in a total usage of 240WTE in excess of budgeted WTE. Nursing bank shift fill rate has decreased in month to 47.8% in March which correlates with a 56WTE increase in demand for nursing. The additional overall demand translated to an increase of 86WTE of temporary staffing utilisation, driven by continued escalated staffing for Medical Workforce in General Medicine, Outlier Cover and Emergency Medicine, and for Nursing in the Emergency Department, Community Nursing, and AMU. Despite an increase in agency spend of £61K and utilisation of 19WTE, the Trust percentage of total pay spent on Agency decreased in month (due to an increase in the Trust pay bill) to 7.60% although was still above the KPI of 6%
Great Opportunities	1	2	The Trust vacancy position in March decreased to 321.55 WTE (6.33%). Voluntary turnover increased to 11.40% in February 2022 above 11% target. The recruitment time to hire in February has increased above KPI at 56 days from vacancy advertised to contract sent. Healthcare Assistant vacancy remains a risk however, the vacancy position decreased to 49.13 WTE. The Trusts International Recruitment (IR) Stay and Thrive working group are setting up regular forum for our IR nurses and have launched a survey due to close 22nd April to all IR nurses asking for them to share their experience to help us improve the support we offer.
Great Experience	1	2	Sickness reported in February 2022 was 6.11%, a decrease from last month (6.47%), with continued impact of COVID sickness figures. In March 24 referrals were made for 1:1 counselling and 171 referrals for occupational health support. Despite this, waiting times remain reasonable, and client feedback is consistently good. Outsourcing arrangements to Team Prevent have ended, and all OH activity is now conducted in-house. The tea trolley has continued to visit staff areas each weekday throughout March, and purchases and distributions of Trust Thank You items have continued to departments, with just SWC Division now remaining (to be completed in April).
Great Employee Development	2	2	The vision and strategy for the Academy was endorsed by the Executive Committee and PPPC in March, and sets a clear direction for the next 5 years. This positions the Academy as a key player within the local community and outlines its role in in support of the Trust as an anchor institution. Trust mandatory training compliance performance remains above the KPI of 85%. This, month it is at 87.38%. Trust appraisal compliance is reported at 68.85% in March, decreasing by 0.24% over the month. This performance continues to have an impact on the indicator score in the leadership section. Work is ongoing on designing a more user friendly appraisal process.
Great Leadership	1	2	The revised leadership framework was endorsed by the Executive Committee and PPPC in March. This simplified version ensures congruence with the leadership behaviours identified as critical to supporting improvement as part of 'Improving Together'. The OD module, developed to prepare teams for' Improving Together' was delivered on the 4 April and received very positive feedback-it covered a range of topics including structural dynamics, active listening, coaching, managing conflict, difficult conversations and psychological safety. Work continues in collaborating across BSW and engaging with the BSW Academy.

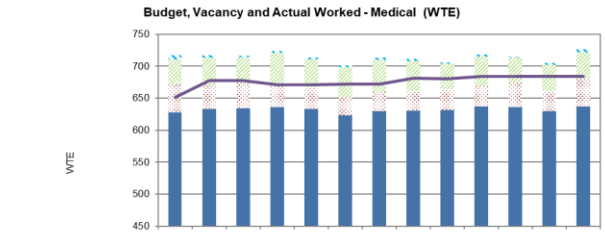
Workforce

Use of Resources

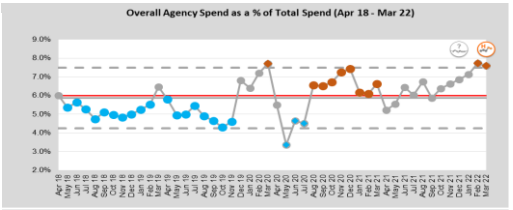
Great Workforce Planning	Indicator Score	Self Assessment Score
	2	2

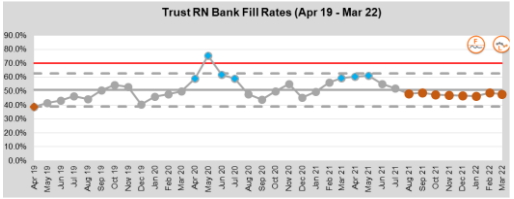


	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Overtime WTE - Trust	0.00	44.43	31.18	35.35	31.33	33.63	31.13	30.27	33.11	31.82	25.32	32.91	36.09
Agency WTE - Trust	140.44	106.52	97.74	102.47	108.07	111.89	109.30	110.22	115.23	124.53	124.18	120.02	139.35
Bank WTE - Trust	413.49	323.09	296.99	300.77	304.96	308.09	293.16	308.47	307.07	305.88	350.76	320.03	386.55
Staff in Post WTE - Trust	4692.14	4701.31	4686.97	4683.13	4690.48	4699.86	4738.65	4728.61	4749.80	4744.84	4725.74	4732.91	4755.01
Budget WTE - Trust	4962.76	5028.93	5028.93	4997.81	4989.24	4995.38	4997.78	5058.62	5056.11	5077.26	5076.56	5076.56	5076.56
Vacancy WTE	270.62	327.62	341.96	314.68	298.76	295.52	259.13	330.01	306.31	332.42	350.82	343.65	321.55
Budget WTE (Sub , Bank & Agency)	4981.52	5049.89	5127.03	5099.91	5091.34	5097.48	5099.88	5150.78	5107.27	5124.42	5122.72	5122.72	5122.72
Trust Paybill £	£24.33M	£20.03M	£20.70M	£21.52M	£20.48M	£20.81M	£25.82M	£21.33M	£21.52M	£21.81M	£22.06M	£22.00M	£19.99M
Trust Pay Budget £	£20.16M	£18.53M	£21.00M	£20.75M	£20.64M	£20.60M	£20.60M	£21.16M	£21.22M	£21.22M	£21.28M	£21.25M	£22.48M



	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Overtime WTE - Medical	6.40	3.93	2.28	3.41	3.18	2.51	3.67	3.39	1.80	2.90	1.42	3.02	4.13
Agency WTE - Medical	38.75	42.95	40.57	46.94	43.26	46.84	50.09	47.24	40.09	46.53	37.79	40.81	41.58
Bank WTE - Medical	44.56	37.45	39.59	38.00	33.73	28.47	30.63	30.23	32.30	31.75	39.20	32.14	43.16
Staff in post WTE - Medical	627.49	632.92	634.07	635.62	633.32	623.12	629.08	630.74	631.82	636.98	636.43	629.10	637.28
Budget WTE - Medical	651.89	677.65	677.65	671.28	670.80	671.80	671.80	681.42	680.42	684.42	684.42	684.42	684.42
Vacancy WTE	24.40	44.73	43.58	35.66	37.48	48.68	42.72	50.68	48.60	47.44	47.99	55.32	47.14
Medical Paybill £	£7.67M	£6.07M	£6.17M	£6.84M	£6.32M	£6.33M	£8.22M	£6.43M	£6.14M	£6.56M	£6.68M	£6.55M	£6.46M
Medical Pay Budget £	£6.04M	£5.43M	£6.09M	£6.14M	£6.11M	£6.06M	£6.07M	£6.17M	£6.19M	£6.21M	£6.31M	£6.21M	£6.24M





Background

The Trust utilised 5317WTE staff to deliver its services in March 22, an increase of 111WTE on February and 240WTE in excess of budgeted WTE. Bank utilisation increased in month by 67WTE and agency utilisation by 19WTE when compared to February. Despite an in month increase in agency WTE, the Trust spent 7.60% of its pay bill on agency in March, with this being a 0.14% decrease on the previous month however still above the Trust KPI.

For Nursing/Midwifery temporary staff, ED remain the highest user with 37WTE utilised in month, with usage driven predominantly by Vacancy (18WTE used) and Escalation Staffing (13WTE). Community Nursing (32WTE) and AMU (26WTE) also continue as the next highest users of temporary staff, with additional staffing to maintain community capacity remaining as the top reason with Community Nursing and Vacancy, Sickness, and Parenting leave driving AMU's usage.

Similar usage patterns continue for Medical staff with General Medicine including Outlier Cover (33WTE) and Emergency Medicine (14WTE) continuing to be the largest users of locum and agency cover. Vacancy Cover remains the top reason for Medical temporary staff, with escalated staffing within General Medicine and Medical Outlier cover also driving usage.

Improvement actions

1. In response to Radiographer supply challenges, a collaborative exercise with Gloucester is underway to assess the opportunity for clinical tasks to be re-organised, leading to the prospect of clinical capacity being created within un-registered roles
2. General Medicine are set to launch as the first USC department to adopt E-Roster for medical staffing. This will enable improved oversight, easy identification of rota gaps and support job planning.
3. Consultation is underway in Endoscopy and due to conclude on 20/4/22, in relation to the re-organisation of shift patterns in line with service operating hours and increased in clinical space.
4. Implementation of a revised workforce model in Outpatients took effect from 1st April, including technologically enabled new ways of working offering a modernised patient experience.
5. In line with Continuity of Carer and the need to improve acute based resilience, a proposal to expand On-Call across all Midwives is under development. Elsewhere, Matrons have now been removed from the Trust On-Call Manager rota.
6. A review of manager on call in underway

Risks to Performance & Mitigations

The Urgent Treatment Centre is awaiting confirmation of an ICA based decision to approve funding to allow the UTC to implement the necessary GP resource and clinical navigation function. Delay in approval could impact agency.

Recognised regional and national supply shortages of registered imaging staff, has the potential to create demand for agency usage. Mitigation includes approval to recruit to turnover and development of international recruitment plan.

Senior nursing presence in ICC is compromised in the short term. This gap is being addressed through an internal secondment

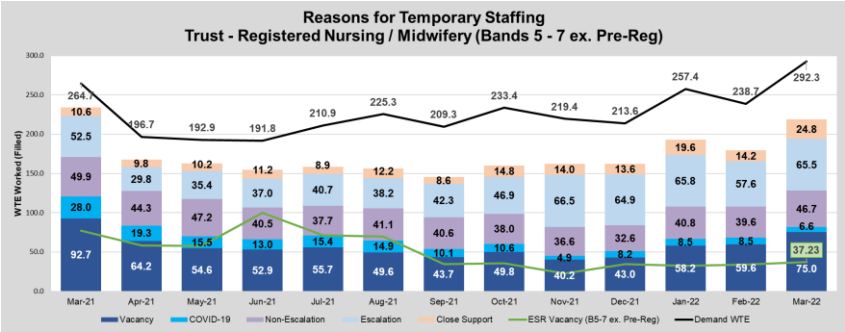
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

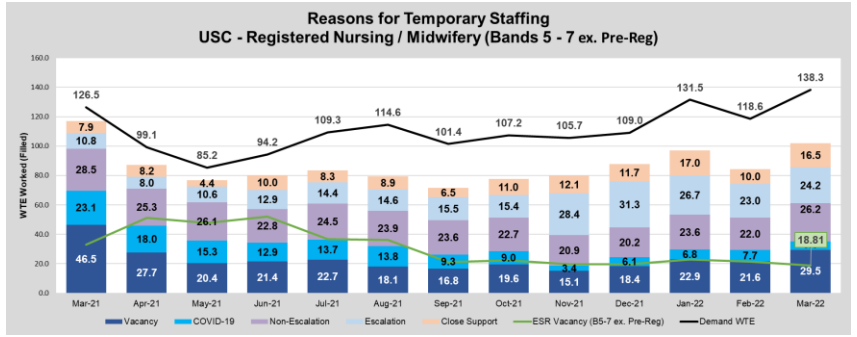
Workforce

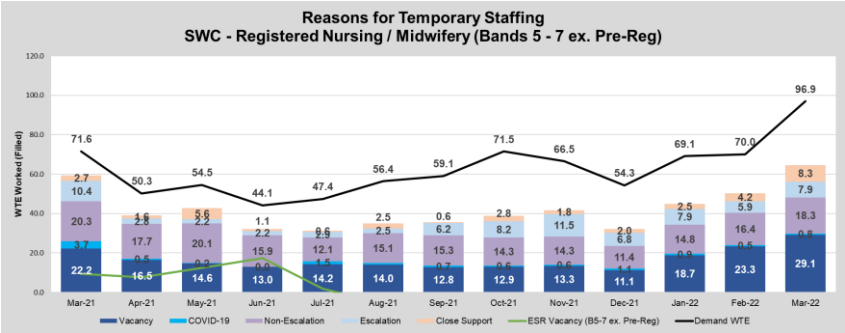
Use of Resources

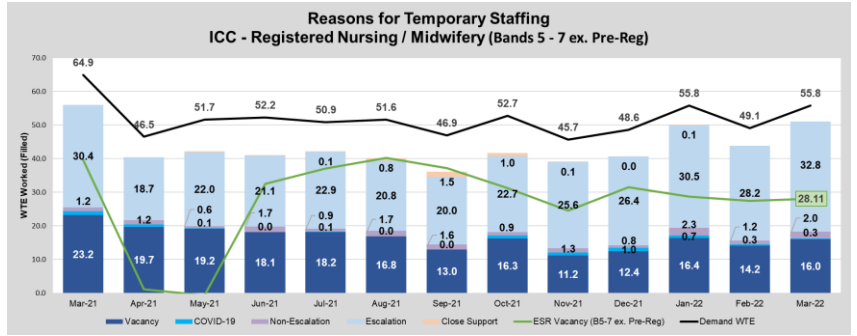
Great Workforce Planning

Indicator Score	Self Assessment Score
2	2









Background

In March there were 218.6WTE temporary staff (registered nursing/midwifery) used across the Trust against a vacancy of 37.23WTE (excluding pre-registered nurses) but including Corporate Nursing. Of this, 89.8WTE agency (compared to 73.1WTE in February) and 128.8WTE bank (compared to 107.0WTE in February). There are additional 13WTE pre-registered nursing waiting to complete OSCE and receive their pin. The nursing team attribute sickness and COVID for the impact on demand (140 wte was due sickness/COVID) of which 3.5% (52wte) sickness is included in the headroom.

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

- USC 101.9WTE used against 18.81WTE M12 vacancy
- SWC 64.5WTE used against -14.81WTE M12 vacancy
- ICC 51.1WTE used against 28.11WTE M12 vacancy

For this staffing group we have a pool of 180 bank-only registered nurses, alongside 1,226 substantive staff with a bank assignment who can cover temporary staffing requirements. To note, temporary staffing can fill vacancy gaps of 37.23WTE however, the current demand far exceeds this vacancy.

Improvement Actions

1. Continue to await the outcome from skill mix review business case submitted for additional substantive workforce.
2. Midwives continue to be sourced through non-framework. Concurrent to this the PSL is trying to source at an enhanced rate of NHS Cap+35%.
3. Review of the bank offer and rate are underway with Safe Nurse Staffing - Winter Incentive Scheme Impact and GWH Nurse Bank Impact Assessment Paper due to go to Executive Committee in April.
4. Nursing team to consider increased control to ensure reductions in line with vacancies

Risks to Performance & Mitigations

Nursing winter incentive scheme ended March 2022. The only area to continue with incentive is ED until the end of April.

Long term agency usage continues to be in place for RMN's, sourcing through PSL has been limited which has required a high number of shifts to be escalated to Thornbury.

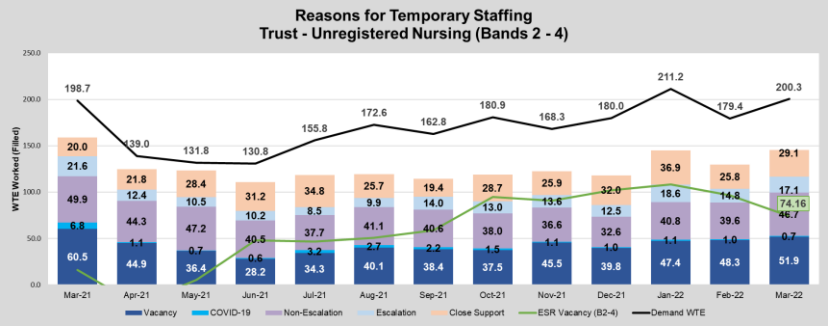
Mean 0 Process limits - 3σ Special cause - concern Special cause - improvement Target

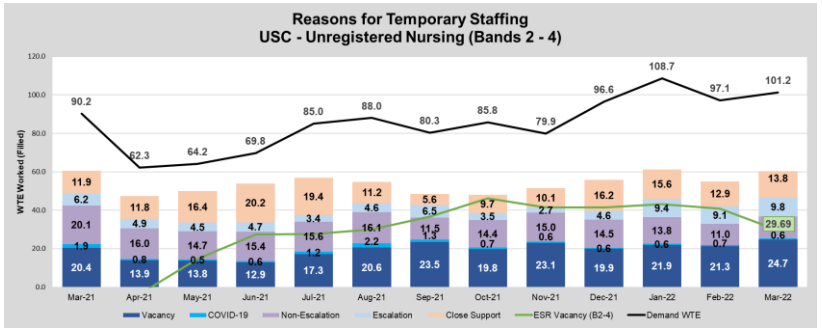
Workforce

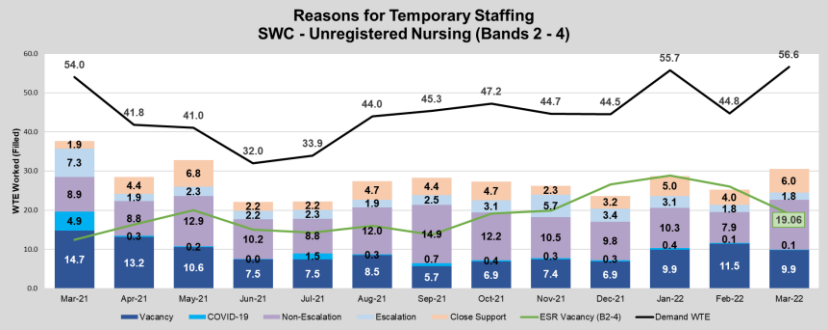
Use of Resources

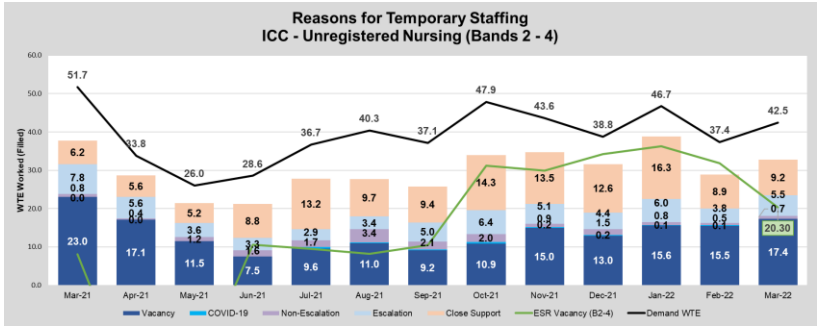
Great Workforce Planning

Indicator Score	Self Assessment Score
2	2









Background

In March 22 there were 123.6WTE temporary staffing unregistered nursing/midwifery band 2-4 used across the Trust against a vacancy of 74.16WTE

An increase in demand occurred in March 22 (200.30WTE) across all Divisions. The data shows that across all divisions the Temporary Staffing resource utilised is exceeding the vacancy position.

- USC 60.4WTE used against 29.69WTE M12 vacancy
- SWC 30.5WTE used against 19.06WTE M12 vacancy
- ICC 32.7WTE used against 20.30WTE M12 vacancy

For this staffing group no agency is approved, the only source is through the Trust's internal bank. We have a pool of 252 bank-only workers, alongside 592 substantive staff with a bank assignment who can cover.

Improvement Actions

1. The HCA vacancy position is 49.13WTE. Following increased recruitment activity there are 52.38WTE candidates in the pipeline and of this 26.74WTE have a start date agreed. Whilst the pipeline exceeds the vacancy position, recruitment activity continues following financial approval to recruit to turnover.
2. Large scale interview events continue to be scheduled monthly alongside weekly centralised interview.
3. Apprentice HCA advertisement launched in April.
4. Through NHSEI funding all promotional material has been ordered for the HCA welcome packs, this includes bag, pen, notepad, 'I'm new' pin and drinks bottle.

Risks to Performance & Mitigations

The band 2-4 vacancy position is 74.16wte, of this 49.13wte is HCA only, it is anticipated with the high vacancy gap there will continue to be an increase in HCA temporary staffing requests.

Continue to await the outcome from skill mix review business case submitted for additional substantive workforce.

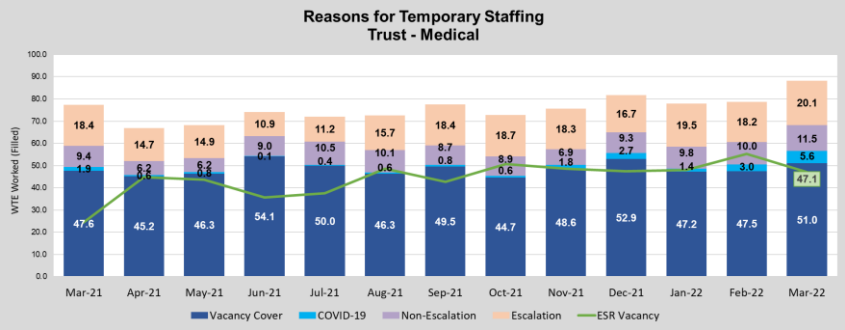
HCA incentive scheme ended March 2022.

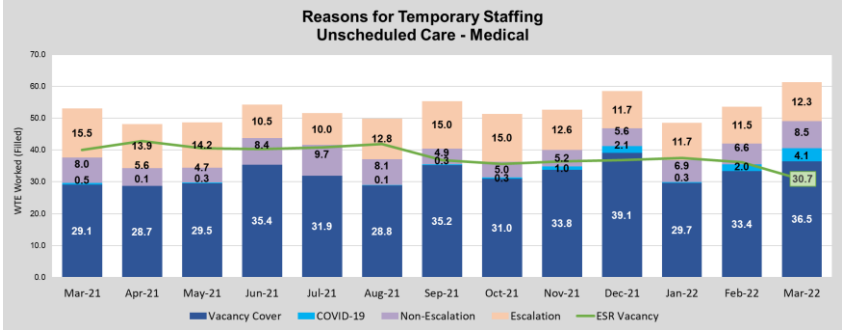
Mean 0 Process limits - 3σ Special cause - concern Special cause - improvement Target

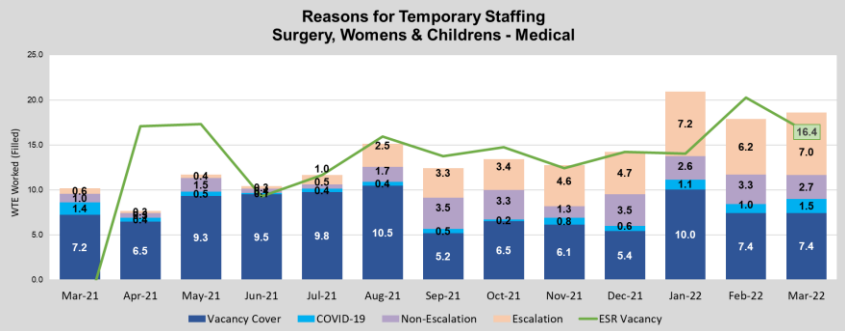
Workforce

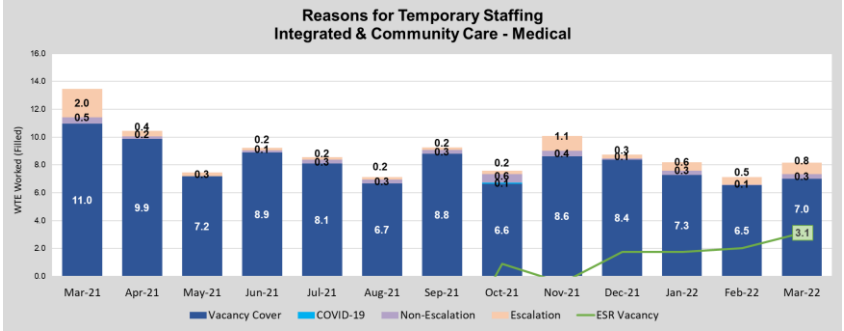
Use of Resources

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 in March 22, 88.3WTE Temporary Medical Workforce across the Trust.

- USC 61.4WTEused against 30.7WTE M12 Vacancy
- SWC 18.6WTE used against 16.4WTE M12 Vacancy
- ICC 8.2WTE used against 3.1WTE M12 Vacancy

**Note the WTE used figured does not include workers outside IR35 and booked via consultancy.*

Across the Trust, the primary reason for medical temporary staffing continues to be vacancies (51.01WTE) and escalation (21.11WTE).

Improvement Actions

1. The Trust served notice with Liaison our provider for medical bank and agency, the end date for the contract will be 25th May 2023. A procurement process will be undertaken to secure a new provider, a working group will be formed in June 2022 with various stakeholders across the Trust to gather any requirements enabling us to ensure the new provider meets all users' needs and enables us to streamline our processes. Other options and providers include Locums Nest, 247 Time, Patchwork etc.
2. The winter uplift rates will continue to be in place until 31st April 2022.
3. The current short/long term bank and agency locum policy has been reviewed and updated. The revised process is due to go to April Executive Committee for approval with proposed implementation in May.
4. USC are setting up a USC Strategic Medical Workforce Programme working group in April, this group will be held fortnightly to ensure robust Divisional oversight on recruitment, temporary staffing, rostering, establishments, skill mix and cost avoidance schemes.
5. Implementation will begin in May of a new Electronic Job Planning system to allow oversight of planned/worked Medical activity, whilst introducing a robust and standardised job planning approach across our Medical workforce.

Risks to Performance & Mitigations

Continued reliance on agency to support hard to recruit roles.

E-roster system roll out is continuing with a revised implementation timeline and new lead project manager. Roll-out will continue with General Medicine to realise oversight and integration of rota management back into the division.

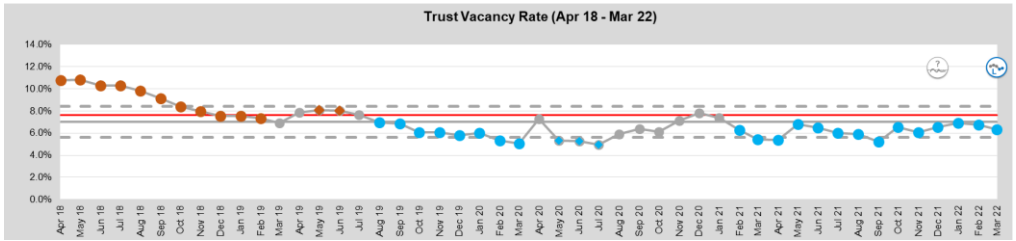
Medical resourcing meeting continues to be held daily with Clinical leadership providing all Divisions with a route to escalate staffing concerns.

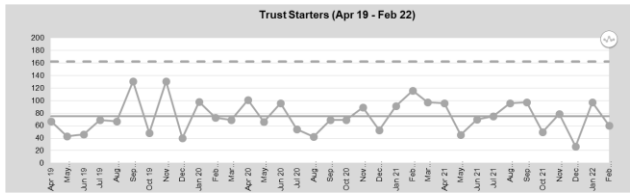
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

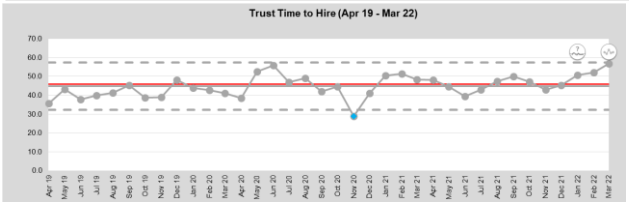
Workforce

Use of Resources

Great Opportunities	Indicator Score	Self Assessment Score
	1	2







Background

The Trust vacancy position in March improved slightly to 321.55 WTE (6.33%).

There were 60 headcount of new starters to the Trust in February, this is below the Trust average of 75.

New starters by staffing group;

- Admin & Clerical – 8
- Allied Health Professionals – 6
- Medical & Dental – 1
- Non-clinical Support – 2
- Registered Nursing & Midwifery – 6
- Scientific, Therapeutic & Technical – 3
- Unregistered Nursing & Midwifery – 34

The Trust has a provisional 102 candidates due to commence employment in April across all staffing groups.

Vacancy by staffing group is;

- AHP & Scientific – 60.99WTE
- Medical & Dental – 47.14WTE
- All Nursing – 110.90WTE
- Senior Managers & Admin – 102.52WTE

Improvement actions

1. Following successful focus groups, the Trusts International Recruitment (IR) Stay and Thrive working group are setting up regular forum for our IR nurses including inviting external speakers with the first session including the Chairman of the British Indian Nurses Association. In addition to this we have launched a survey due to close 22nd April to all IR nurses asking for them to share their experience to help us improve the support we offer.

2. The recruitment time to hire in March has remained above KPI at 56 days from vacancy advertised to contract sent. Key areas are HRBPs are escalating KPI performance in Divisional Board and the Recruitment Manager is working with HRBPs to establish if bespoke additional training is required to support with recruiting managers KPI delivery.

3. ICC is exploring expanding the Tissue Viability Nurse remit to provide a service across the PCN and Community to increase capacity in the Wound Care Clinics and support with staff retention.

4. Healthcare Assistant Apprenticeship campaign launched in April, with a reviewed approach to offer salary at Band 2 to attract candidates looking for an opportunity to build a career in healthcare, advert closes 27th April.

5. The Resourcing Team is planning to attending the following events with clinical representatives from the Trust;
   - Occupational Therapist/Physiotherapist Event, April 2022
   - Royal College of Nursing – Bristol, May 2022
   - Swindon Careers Fair, May 2022
   - 'Reach Out' Community Engagement Roadshow – Bristol, May 2022
   - Military Event with Career Transition Partnership, June 2022

Risk to performance and mitigations

Whilst Healthcare Assistant vacancy remains a risk, the vacancy position has significantly improved to 49.13 WTE.

Centralised recruitment plans continue to support with high volume recruitment,

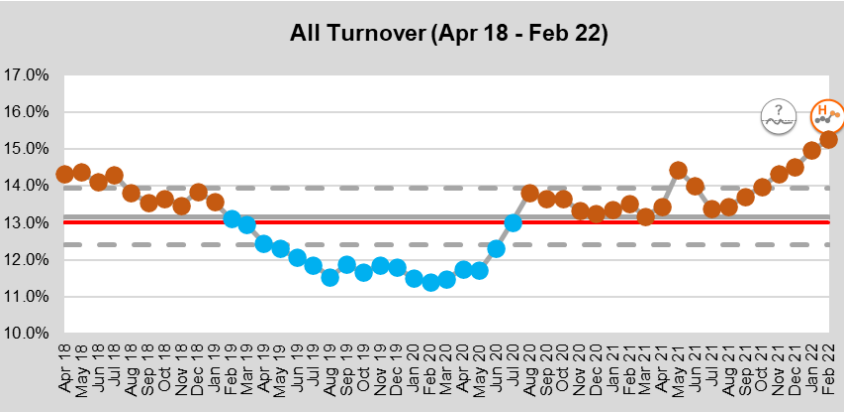
This activity continues to be overseen by Deputy Chief Nurse, Divisional Directors of Nursing and Head of Resourcing with weekly progress meetings taking place.

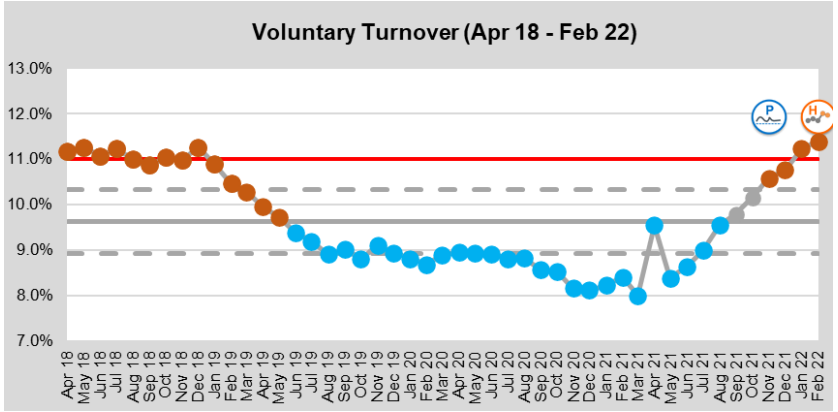
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Workforce

Use of Resources

Great Opportunities	Indicator Score	Self Assessment Score
	1	2





Background

Performance for all turnover remains above target and has increased since last month, now at 15.26%

This in-month increase for the 12 month KPI (all leavers in previous 12 months) is reflective of an adjustment to last month's data.

Voluntary turnover is 11.40%, an increase from last month (10.01%). In February there were 50 voluntary leavers which is slightly higher than the Trust 12-month average of 46.

Leavers headcount by staffing group;
- Admin & Clerical – 12
- Allied Health Professionals – 3
- Non Clinical Support- 1
- Registered Nursing & Midwifery – 17
- Scientific, Therapeutic & Technical - 4
- Unregistered Nursing & Midwifery – 10
- Medical and Dental – 3

The top 3 reasons for leaving in February 2022 are;
- Work Life Balance
- Relocation
- Other/Not Known

Improvement actions

1. **Retention of AHP**:
- IC&C – continues to develop innovative retention initiatives with high interest registered in clinical B7 opportunities for OTs, application for the B6 OT rotation programme, involvement with the Comms team in planned promotion of the 'Covid Diaries' therapy recording for Radio Wiltshire and engagement with regional partners in the 'T Level Placement' initiative.
- USC – Apprenticeship role introduced in radiology; RRP continues in Radiology & Pathology

2. **Retention of Unregistered nursing:**
- USC: Redesign of HCA induction day and introduction of ward specific induction packs. Introducing bitesize updates e.g. development opportunities, updates, successes and the number of viewers is being monitored. The Division has distributed its first HCA award to member of the Saturn ward team which was well received

3. **Nursing retention strategy:**
- IC&C – identifying movement of staff further to military spouse relocation and successfully embedding flexible opportunities through virtual ward and rapid nursing rotation.
- SW&C – engaging student midwives in training days across the department.
- USC - increase with the number of internal transfers of band 5 nurses encouraging retention across Trust

4. **Medical & Dental retention**
- USC are reviewing the option for rotational medical posts to work across ED and UTC to support resource model in the short term and also to form part of the workforce plan for the Way Forward Programme.
- National CEA Award payments 2022 successfully paid in recognition of service excellence and received positively.

5. **Trust-Wide retention initiatives - Clinical Professionals:**
- IC&C introducing CPD portfolio for ACPs and nursing staff and working with UWE, Bristol to support this development with range of diplomas inc COPD & Diabetes programmes. Feedback from staff that the increase in specialist services across IC&C is enhancing portfolio of CPD choice & role opportunities across clinical professions and this encouraging feedback will be measured in terms of retention.
- SW&C – new Head of Service and Matron reviewing skill mix for theatres to improve performance and capacity across the service and improve levels of team morale.

Risk to performance and mitigations

The in-month risk is the increase in all turnover to 15.26% from 14.96% in January-22.

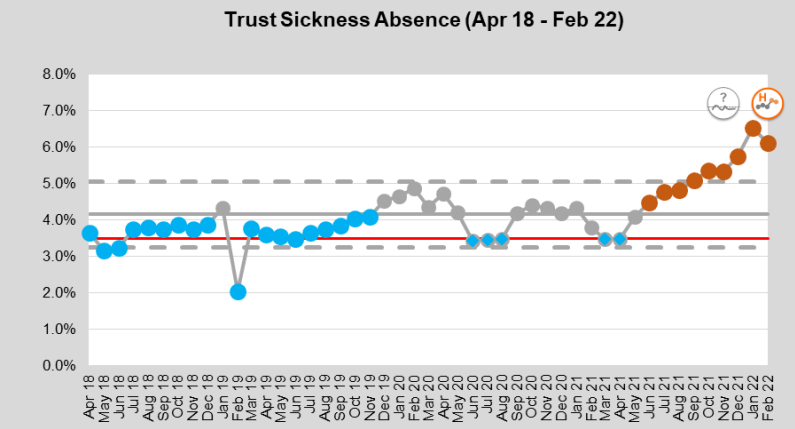
There are Trust wide retention initiatives in place to mitigate high turnover in specific professional categories.

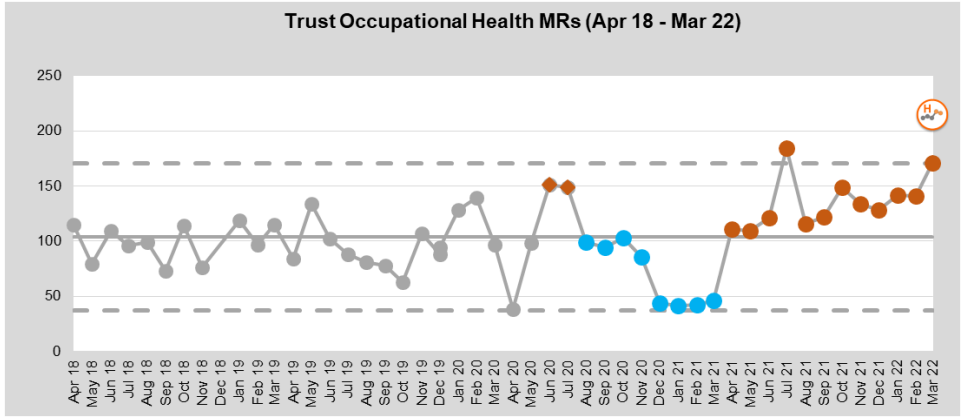
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Workforce – Sickness Absence

Use of Resources

Great Employee Experience	Indicator Score	Self Assessment Score
	1	2





Background

For February 2022, sickness absence is reported at 6.11%, which is a decrease from last month (6.47%). 2% of this is due to COVID sickness which continues to be a challenge.

171 OH management referrals were made to OH in March (an increase from previous months - Jan 142, Feb 141).

Of these, 130 were for GWH staff.
The divisional breakdown for these is:

- USC: 44 (last month 34)
- SWC: 43 (last month 34)
- ICC: 36 (last month 33)
- Corporate: 7 (last month 13)

MRs were triaged to:

- OHA 75 (last month 30)
- MHP 37 (last month 42)
- Physio 35 (last month 36)
- OHP 21 (last month 31)
- no longer required 3 (last month 2)

325 pre-employment questionnaires were processed by this month (Jan 265, Feb 236)

Improvement actions

1. A video marking 2 years since the start of the pandemic and the impact of Covid on staff wellbeing was made this month to help normalise distress and increase awareness of the HWB support mechanisms – to be circulated Trustwide in April
2. HEE has confirmed 2 places on UWE's occupational health nurse specialist training course starting in January 2023, for which internal applications are being discussed
3. A video outlining good hand care is being produced by OH clinic nurses, which will be promoted via comms and uploaded onto the intranet as part of the service's wider preventative developments
4. The long-covid support group for staff was attended by 4 individuals this month; the group has evolved into general Q&A / sharing experiences & top tips and also a facilitated talk on a particular self-management topic by the HWB Clinical Lead (e.g. fatigue management, mindfulness)
5. Some of the bitesize wellbeing talks and mindfulness practice exercises have been recorded and uploaded onto the intranet this month, as per request from staff members who are unable to attend the live sessions
6. The site visit from Meals for the NHS was conducted this month, and the plan is to trial at least 2 smart fridges (ED and Maternity have been identified as 2 appropriate areas)

Risk to performance and mitigations

Waiting times are as follows:

- Staff Support: 1-2 weeks
- OHA: 1-2 weeks
- Physio: 3 weeks
(last month 1-2 weeks)
- MHP: 3 weeks
(last month 4 weeks)
- OHP: 4 weeks
(last month 5 weeks)

It has not been possible to appoint into the OH physiotherapy vacancy, and so secondment / rotational opportunities are being investigated with the Trust's Superintendent Physiotherapist

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	11	Hidden Heroes	5
Retirement Awards	15	STAR awards	10

Diversity/Inclusivity

1. The Reciprocal Mentoring scheme was advertised Trust wide in March and the first cohort has attracted 42 applicants . There is a scheduled roll out between May and July, providing opportunities for divisional leaders to be mentored by staff.
2. The external EDI audit has been analysed, and extended through input from the Head of Patient Experience and Engagement. The final version has been approved and has had final sign off from the auditors.
3. The Gender Pay Gap Report (2020-2021) has been completed and is now published on the Trust internet site.
4. An educational development session on trans issues to precede a Board EDI half-day session in May, depending on Board schedule.
5. Several short training EDI sessions scheduled for wards/Teams in January were delayed by operational pressures, and rescheduled for April onwards
6. Several EDI themed articles in Trust Comms, including information about a new Trust Trans link nurse
7. Partnered with a project to encourage people with disabilities into the workplace, through a job creation scheme
8. We are currently identifying students to be enrolled on courses offered by the Brixton Finishing School

Wellbeing Initiatives

Tea Trolley - visits were made each weekday to hospital depts & wards throughout March. The trolley also supported Hydration & Nutrition week and a Tissue viability awareness event this month. Over 10,000 drink & snacks have been given to staff during the past year.

Massage chairs - these are currently in Maternity, Pharmacy, Theatres & Commonhead. One remains permanently located in the Orbital .

Trust Thank Yous - this month, an additional 36 items chosen by staff areas have been purchased & delivered within the IC&C and Corporate divisions.
This comprised of 9 coffee machines, 4 toasters, 4 kettles, 3 sandwich toasters, 6 music systems, 6 fridges, 2 massage chairs, 1 microwave & 1 juicer.
Items for the remaining division (SWC) will be ordered and delivered in April.

Background

In March, Staff Support received 24 self-referrals (consistent with recent months - Dec 23, Jan 41, Feb 25). Of these new referrals, 19 were from GWH employees.

In-keeping with previous months, most common reasons for referral were:
1. personal: anxiety (50%), low mood (42%)
2. work-related: overload / stress (38%)

This month, 81 in-house appointments were attended (Dec 90, Jan 82, Feb 102).
In addition to this, 16 contacts were made with the EAP

In-reach psychology group activity included: proactive drop-in session in Downsview House (n=3), PALS team away day (n=7), transformation and improvement team (n=8), preceptorship programme (n= 3)

Bitesize wellbeing sessions were attended by 26 this month, and included talks on the menopause, stress, mindfulness, compassion, bereavement & anger

Improvement actions

1. In March, Mental Health First Aid training was completed by 11 staff members, and Refresher training by 7

2. From this month's cohort, self-ratings in confidence in managing mental health difficulties improved from an average of 4 to 8.8 and knowledge from 4.6 to 9 (out of 10). Feedback provided from one individual stated *'It was a good teaching and learning experience helping me to build and improve my professional skills and career'*

3. Feedback from an individual who completed counselling this month stated: *'(The counsellor) was very pleasant, easy to communicate with & empathic. The sessions were very useful & helpful. They helped me identify issues that leads to my anxiety ,& shared the necessary tools on how to cope. I'm now calmer & better'*

4. The Trust's recently launched Volunteer Cancer Buddies scheme has been supported by the HWB Team, leading a session on 'looking after yourself whilst supporting others' for the newly recruited 12 volunteers

5. The HWB Champions bi-monthly meeting was held this month, attended by 12. During this, a presentation on TRiM was given to help increase awareness of this intervention

6. A review of the HWB Champions Network was conducted this month, one year since its launch. All colleagues who are registered as a champion were invited to take part. Focus groups were attended by a total of 10 individuals, the findings of which will be discussed in April's HWB Oversight Committee Meeting.

7. A suggestions box has been installed outside the HWB Hub so staff can anonymously provide feedback

Risk to performance and mitigations

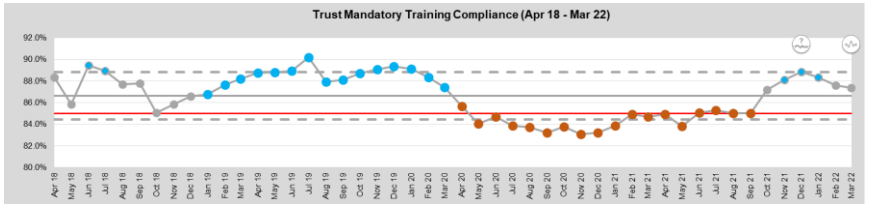
Staff survey has identified that staff engagement and moral has worsened over COVID. Using improving together methodology to reenergize and refresh our approach to improving staff experience

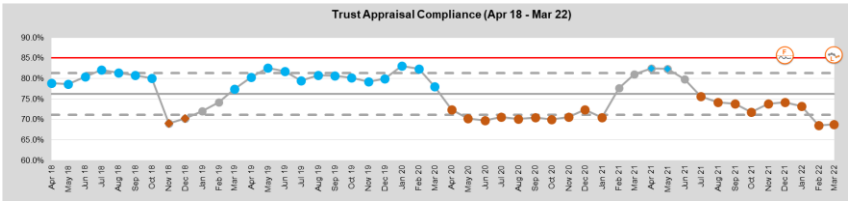
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

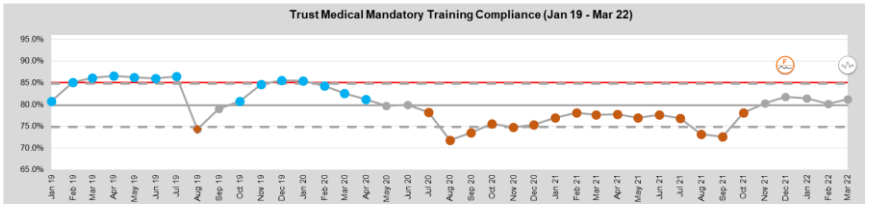
Workforce

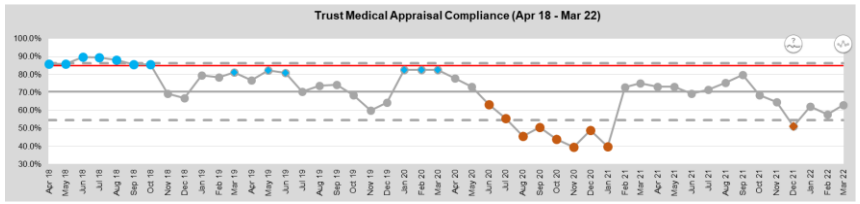
Use of Resources

Great Employee Development	Indicator Score	Self Assessment Score
	2	2









Background

Trust mandatory training compliance performance remains above the KPI of 85%. This, month it is at 87.38%. This is a slight drop of 0.22% from last month, however a new Safeguarding Adults Level 3 module has been added this month. According to national ESR data, in Dec 2021 (latest data available currently) GWH were 19th Nationally and 1st in the South West for eLearning completions by % of headcount- 56.48%.

Trust appraisal compliance is reported at 68.85% in March, increasing by 0.24% over the month. This performance continues to have an impact on the indicator score in the leadership section.

It is interesting to note that the data from the 2021 staff survey suggests a much higher level of appraisal compliance. Work continues to identify a more robust way of collecting appraisal completion data.

The working group on appraisal have had their first meeting and had representatives from all divisions, areas etc. This group will continue to identify ways of simplifying the process.

Improvement actions

1. The draft Academy strategy which outlines the vision and work programme was presented to Executive Committee and PPPC in March . This document sets out the priorities and positions the Academy as a key support to the Trust in delivering high quality education and training,, but also as a key part of the local community with the potential to provide routes in to training and employment for those from marginalised/deprived backgrounds.

2. Following a recent update at the Anchor Institute meeting, the Academy is producing an action plan which will clearly identify the commitments we will make to the local community and the KPI's set against them.

3. Reviews are being carried out on all aspects of CPD funding to ensure that there is a plan in place to spend the funds. Discussions with Divisions will begin in the coming weeks to assess their training needs for 2022/23, taking a more proactive approach to what is needed and how this fits with the wider Trust strategy. The final report detailing the HEE spend was submitted on 31 March. Funds that haven't been spent to date have been allocated against a project and will be carried over to the new financial year.

4. A project is being carried out within the Academy to ensure all high priority clinical skills training and education linked to contractual agreements is scheduled as a priority. Space within the Academy is an ongoing challenge, especially with the IPC constraints around COVID.

5. Following the successful first HCA away day, further days are being fixed within the next calendar year. The pipeline for HCA recruitment has increased and the Academy have put on further induction days to accommodate. The new 5-day HCA induction programme will commence on 4 April

6. The first BAME development pilot group met and are putting together a draft 1 year programme. Once drafted and agreed, this will be shared more widely.

7. The new International induction programme will start on 4 April. This will be increased from 6 to 8 weeks to ensure all international nurses receive the additional skills training and hands on support that they need.

Risk to performance and mitigations

There are some significant challenges in term of accommodating all the necessary education and training.

This is being assessed at the moment- and social distancing is exacerbating the situation as more sessions are required.

The use of any conference/seminar capacity in the new Radiotherapy Centre is being explored alongside the Urgent Care portacabin.

This risk may only be mitigated by continued e learning, although there is significant interest in returning to face to face learning in some areas.

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

Workforce

Use of Resources

Great Leadership	Indicator Score	Self Assessment Score
	1	2
Leadership Roles at the Trust	4.44% of staff	Equating to 183.27 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	17 Completed Training
Leadership Forum Members	300 managers	Members Engaged
Latest Leadership Forum *(31 March)*	37 Managers	31st March 2022
Ward Accreditation	24 of 24 departments	using the Perfect Ward App

Background

- The second cohort of Aspiring Leaders concluded with a celebration event where attendees shared their experiences and how their new learning has been put into practice. Three attendees on the programme were delighted to inform the group that they had been successful in securing a promotion and attributed attendance on the course as a contributing factor.
- The Leadership Team facilitated a developmental session with the Heads of Service, to explore empowerment and welcomed a guest speaker, a former combat helicopter Pilot and Squadron Leader on 'How to be fearless in Leadership'.
- Delivery and facilitation of bespoke sessions including a PALS away day and training for Health Records supervisors and team leaders to deal with difficult conversations.
- Three planned development sessions with Primary Care and The Way Ahead senior programme team were cancelled by the teams due to work and staff pressures.

Improvement actions

1. The revised and simplified leadership framework was presented to the Executive Committee and PPPC in March 2022 and agreed. This framework includes the behaviours critical to supporting improvement activity and the Improving Together programme.
2. The Leadership Team has developed and delivered an OD module to precede the Improving Together training in specific tools. This focused on behaviours and was well received with very positive feedback
3. The Leadership Team will be supporting the COO by providing ongoing facilitation to the Heads of Service to raise self awareness and align behaviours to organisation's leadership behaviours
4. The Head of Leadership will be working collaboratively with The Head of Learning & Development on a project to support international nurses with leadership training and implementation of the Scope for Growth model of talent management.
5. The Head of Leadership will continue to work across the system, initially with the RUH who are leading on talent management across the ICS to collaboratively develop the Scope for Growth model, with an ambition that other health & social care providers will engage in system wide talent management.
6. Training for Scope for Growth facilitators should begin in April 2022, scoping is currently in progress to identify facilitators from multiple teams.
7. Teams across the organisation have been invited to contribute to the new career mapping process that is under development. A request has been made to submit role specific training matrixes.

Risk to performance and mitigations

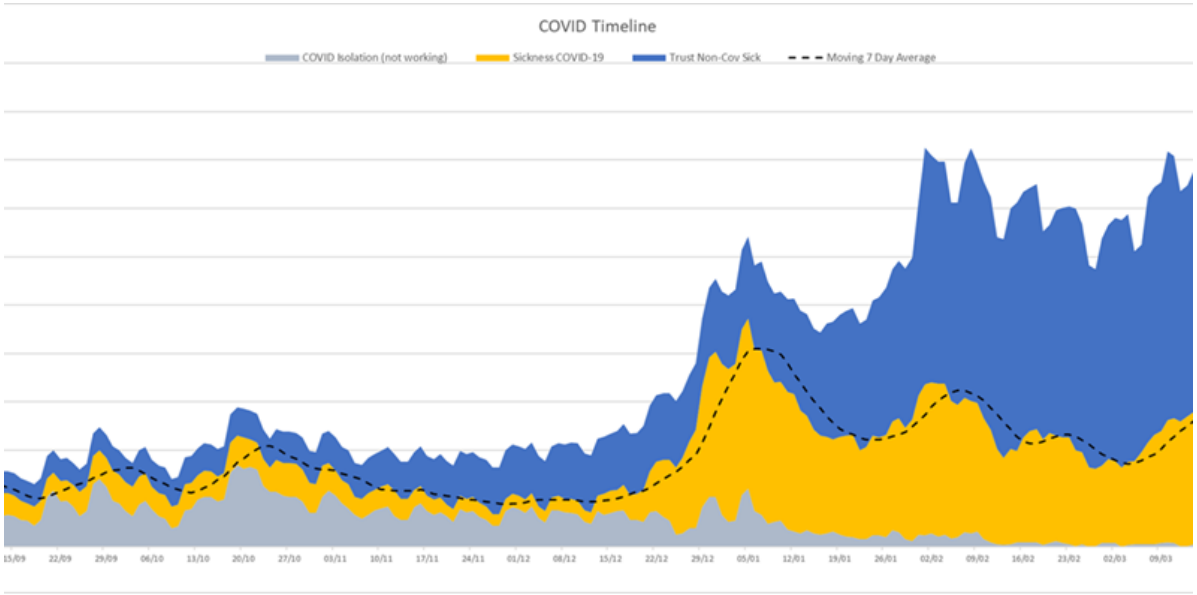
Whilst Covid-19 numbers have been reducing and the remaining restrictions have been removed in wider society constraints remain in the hospital environment.

The workload pressures in recovering elective activity and the level of operational pressure could impact on attendance at Leadership programmes. This is being monitored.

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

Exception 1 of 3: Sickness

Exception Report



Background

The February 2022, sickness absence KPI reporting at 6.11%, comprising 3.76% short term and 2.35% long term. Covid-19 absence is recorded as sickness absence if evidenced by positive lateral flow test and comprises 2% of overall 6.11%.

The graph presents:

- Isolation levels (Grey) – ceased as measure of sickness absence Feb 22;
- Covid-19 absence (Yellow) spiked in Dec 22;
- Sickness non-Covid (Blue) – other reasons for sickness absence.

Improvement actions

1. Risk assessments are completed for new starters and Category "C" flagged for management discussion to assess required adjustments
2. Managers conduct risk assessments to identify if circumstances change (ie pregnancy, new health condition, change to environment)
3. The HR team prioritising data informed service to areas of concern through monthly ward reviews and department meetings and advising managers with absence policy implementation, associated support interventions and signposting staff support services and networks.
4. The Workforce Intelligence team collated reports and evidence of Covid-related absence up to 31st March 2022; This has changed with effect from 1st April 2022, and managers responsible for recording & monitoring on E-Roster. WIT continue to record for Medical & Dental staff and report daily to the Trust Covid Response meeting and NHSI.
5. The Health and Wellbeing team providing counselling and support through the Long-Covid support network and supporting with mental health first aid training and support sessions for staff and managers. The HR team are monitoring cases of long Covid and supporting absence management to enable outcomes consistent with Trust policy with consideration to case.

Risk to performance and mitigations

Whilst there has been a small reduction in-month sickness absence from 6.47% to 6.11%, the Trust is still recording unprecedented absence levels, exceeding KPI target of 3.5% and in line with regional partner experience.

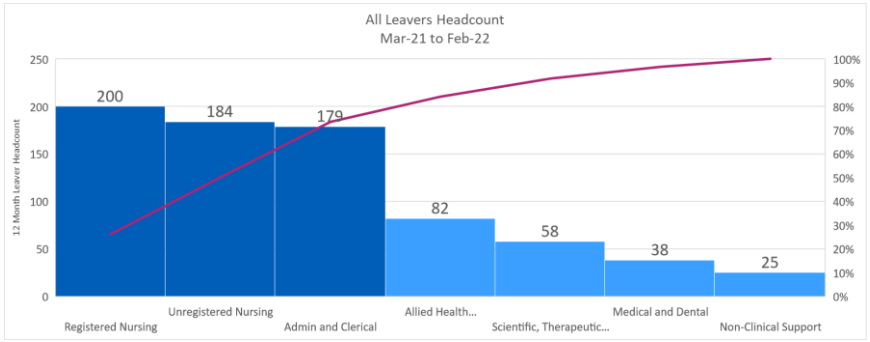
Performance impacted in February with 70 members of staff absent due to Covid and increasing to 133 through March.

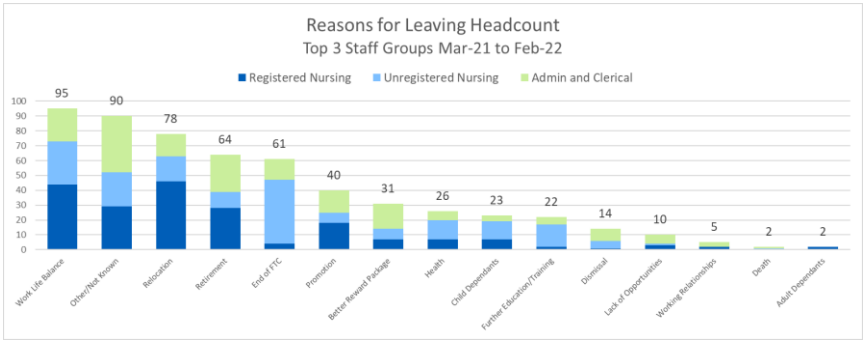
Mitigation includes rigour of reporting to identify Covid related absence including a long Covid system marker and to enable targeted improvement support.

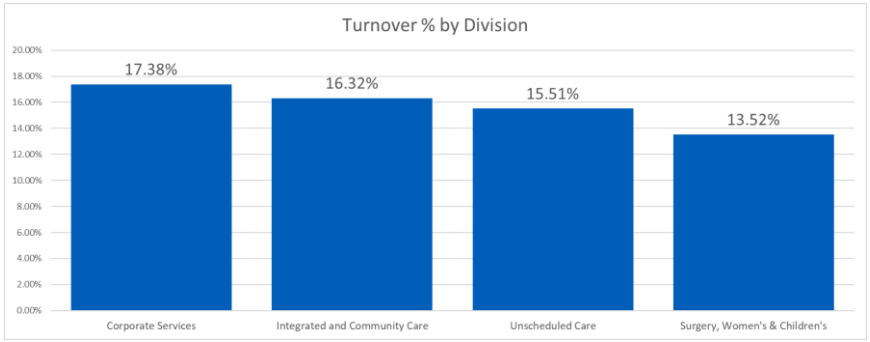
Mean 0 Process limits - 3σ Special cause - concern Special cause - improvement Target

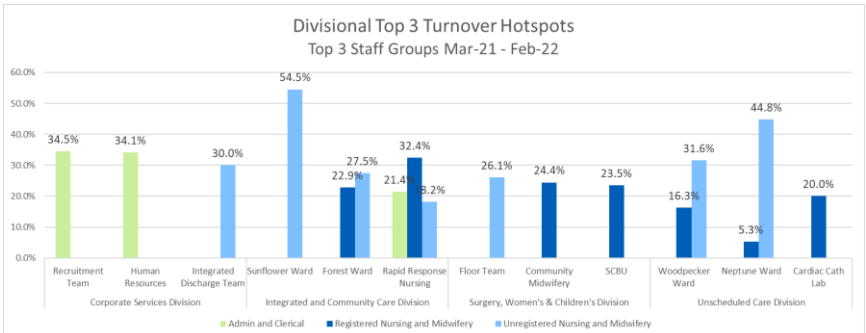
Exception 2 of 3: Turnover Root Cause Analysis

Exception Report









Background

In February 22 the Trust reported a 12 month All Turnover rate of 15.26%, above the KPI target of 13%.

Analysis of all leavers shows the professional categories with the largest amount of staff leaving are Registered Nursing, Unregistered Nursing, and Admin & Clerical staff, who account for 73% of all leavers within the 12-month period March-21 to February-22 compared with 65% of the Trust workforce profile.

Further analysis into the reasons for leaving across these staff groups highlights themes of Relocation, Work/Life Balance, and Retirement driving leavers in this 12 month period. Included within the data are 41 “Aspirant Nurse” whose fixed term contracts ended April-21.

Improvement actions

1. Improvements to qualitative analysis to include ensuring consistent approach to Exit Interviews implemented across Divisions with exploratory depth of questions and effective feedback capture.
2. HR teams promote the importance of the Exit Interview, supporting managers to identify areas of concerns raised in resignation letters for further discussion with individual.
3. Review the functionality of the ESR Exit Interview process to understand the functionality of automatic ESR survey link option to leavers, triggered by payroll removal from system.
4. As an initial pilot site for Improving Together framework, work with SWiC to identify counter measures for high turnover rates.

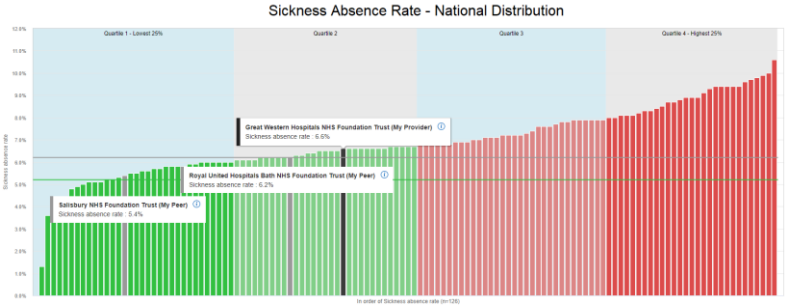
Risk to performance and mitigations

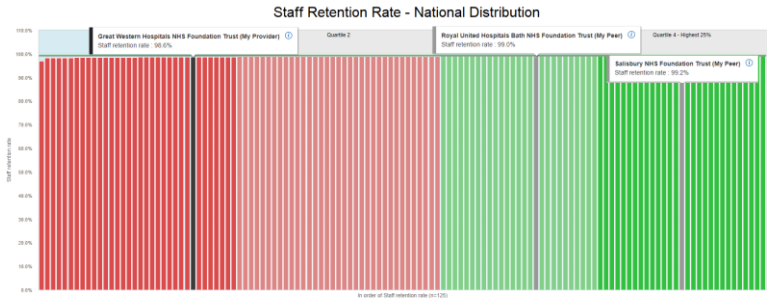
This data highlights that registered and unregistered nursing workforce are leaving as a higher percentage of professional categories for a range of reasons, including post-pandemic personal life choices. For this reason, qualitative analysis is needed to further understand reasons for leaving.

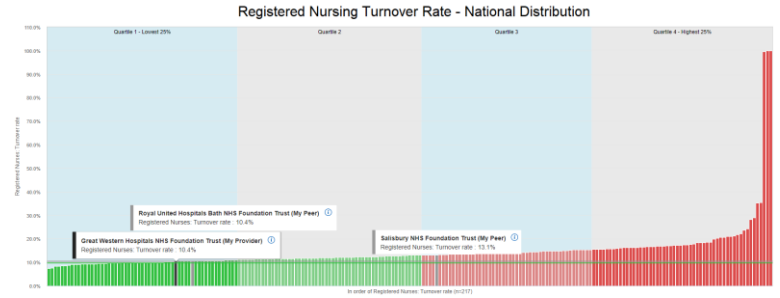
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

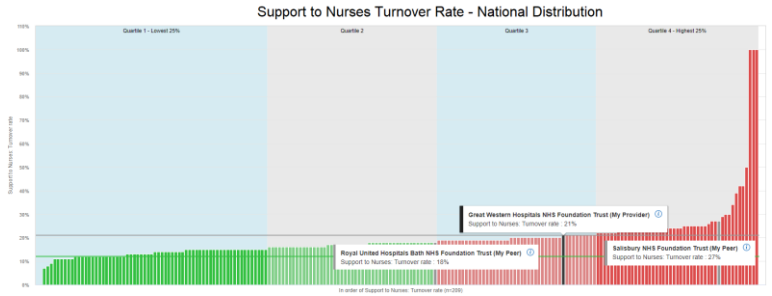
Exception 3 of 3: KPI Benchmarking

Exception Report









Background

Key workforce metrics of Sickness and Turnover are showing as above Trust KPI targets for March-22. National benchmarking data from Model Hospital highlights our performance in the context of the national picture.

- Sickness Data (data period – Jan-22) shows that whilst our absence rate is above those of our system peers, nationally we are in the second lowest quartile.
- Turnover Data (data period – Dec-21) for our staff groups with the highest turnover rates shows that Registered Nursing is the lowest within our system and within the lowest quartile, whilst Unregistered Nursing presents more of a challenge with the KPI showing in the third quartile nationally.
- Retention Data (data period – Jan-22) shows the in-month leavers as a percentage of in-month staff in post, and is a measure of workforce stability factoring in leavers and recruitment activity. For this metric we are ranking in the lowest quartile nationally.

Improvement actions

1. HR service work with managers to identify areas of high sickness absence and use data to offer proactive intervention and support with root cause analysis and sickness audit.

2. Benchmark with system partners through system network forums to share learning about their successful improvement initiatives. Salisbury in 1st Quartile for sickness absence.

Risk to performance and mitigations

This data highlights that whilst the Trust performance for sickness absence measures in the second quartile of Model Hospital data, the continuation of unprecedented levels of sickness absence are to be mitigated through data evaluation and informed service.

My Provider | My Peers | Non-Peer Providers | Peers (My STP Footprint) Median | Top/Best Decile

Board Committee Assurance Report

Finance & Investment Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Andy Copestake	**Andy Copestake**		**25 April 2022**
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 12 Finance position	G	G	An excellent end to the 2021/22 year with a final I & E result of £0.1m surplus, which was £5.9m better than plan. CIP achievement was also £613k above plan. The closing Cash balance was £52.9m. Capital spend was £9.2m below plan at £29.1m, but this was in line with forecast. **Whilst noting that 2022/23 will present a very different financial challenge to 2021/22**, the Committee congratulated the Executive, and the Finance team, on delivering an excellent result for 2021/22 in very difficult circumstances.	Monitor through FIC	FIC meetings 2022/23
Finance Risk Register	R	A	No major changes to the Finance Risk Register this month. Now that the 2022/23 plan has been approved, the Finance risks will be refreshed for discussion at the May meeting.	Discuss revised risks	FIC meeting 23 May
Benchmarking opportunities	A	A	The Committee noted an update report on benchmarking opportunities and that a more focussed report would be required in future. Regular updates on benchmarking opportunities are scheduled quarterly and at the next meeting the opportunities should form part of the re-presented savings plans for the Trust.	Discuss next month	FIC meeting 23 May

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
2022/23 Trust Financial Plan	R	A	Following a good discussion at the previous FIC meeting (and Board meeting in early April) and under the process agreed by the Board, the Committee approved the final plan for submission on 28 May. The "Red" rating mainly reflects the significant CIP shortfall at this stage of the year against the £10m target and the Committee agreed to make this the focus of discussion with the Divisions at the May meeting.	Discuss CIP position in detail next month	FIC meeting 23 May
PFI Benchmarking Update	A	A	The Committee received a helpful update on progress with the 5 yearly benchmarking process for soft FM services provided under the PFI contract. Reasonable progress was now being made and a proposal would go to full Board in either May or June.	Board	May or June
Contract for Aseptically Manipulated or Terminally Sterilised Products	A	A	The Committee supported the recommendation for a 9 month extension to the existing contract to give all parties the time to explore options. Due to the fact this award is not strictly compliant with Public Contract Regulations 2015, the Committee asked for written confirmation from the Region that they supported the proposal to extend.	Board	5 May 2022
Contract for Targeted Lung Healthcheck Mobile CT & Services	G	G	The Committee noted that this new and important service was fully funded with very limited financial risk to GWH and agreed to recommend awarding the 4 year contract to InHealth to the full Board.	Board	5 May 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 – draft position as at 12th April 2022

Use of Resources

For Period Ended - 31st March 2022								
	In Month Plan £000	In Month Actual £000	In Month Variance £000		YTD Plan £000	YTD Actual £000	YTD Variance £000	
Total Operating Income	33,958	47,637	13,678		408,240	444,798	36,557	
Total Operating Expenditure	(37,897)	(48,023)	(10,126)		(414,146)	(444,871)	(30,726)	
Total Surplus/(Deficit) *excl donated assets*	(3,939)	(386)	3,552		(5,905)	(73)	5,832	
Capital	9,184	5,531	(3,653)		38,265	29,102	(9,163)	
Cash & Cash Equivalents	13,500	52,898	39,398					
Efficiencies	445	491	46		3,942	4,555	613	

Overview

Income & Expenditure: The Trust is reporting a deficit of £0.3m against a planned deficit of £3.9m in Month 12. The draft financial position for 2021/22 is £0.1m deficit against a planned deficit of £5.9m after adjusting for the impact of donated assets. The following slide shows the movement from the reported deficit that will be shown in the Trust accounts to the adjusted financial position shown above.

Cash – the cash balance at the end of March was £52.9m which was above the plan of £13.5m.

Capital – Capital expenditure is £29.1m as at the end of March, £9.2m below plan.

Efficiencies – £4.6m has been reported against the 2021/22 plan of £3.9m.

Financial Overview – expected final position for 2021/22

Use of Resources

Overview

The Trust must report the surplus/deficit position in year end accounts as well as an adjusted financial performance position to NHSI. The adjusted financial performance excludes the impact of donated equipment and stock in year. The table to the right shows the movements between these two positions for the financial year end 2021/22.

For Period Ended - 31st March 2022	YTD Plan £000	YTD Actual £000	YTD Variance £000
Total Surplus/(Deficit) for Accounts	(5,994)	(1,007)	4,987
Remove:			
Donated Equipment returned to DoH	0	645	645
Donated Equipment received in year	0	(125)	(125)
Donated Expenditure	89	153	64
Impact of Donated Stock movement	0	261	261
Total Surplus/(Deficit) *excl donated assets*	(5,905)	(73)	5,832

Final ledger adjustments

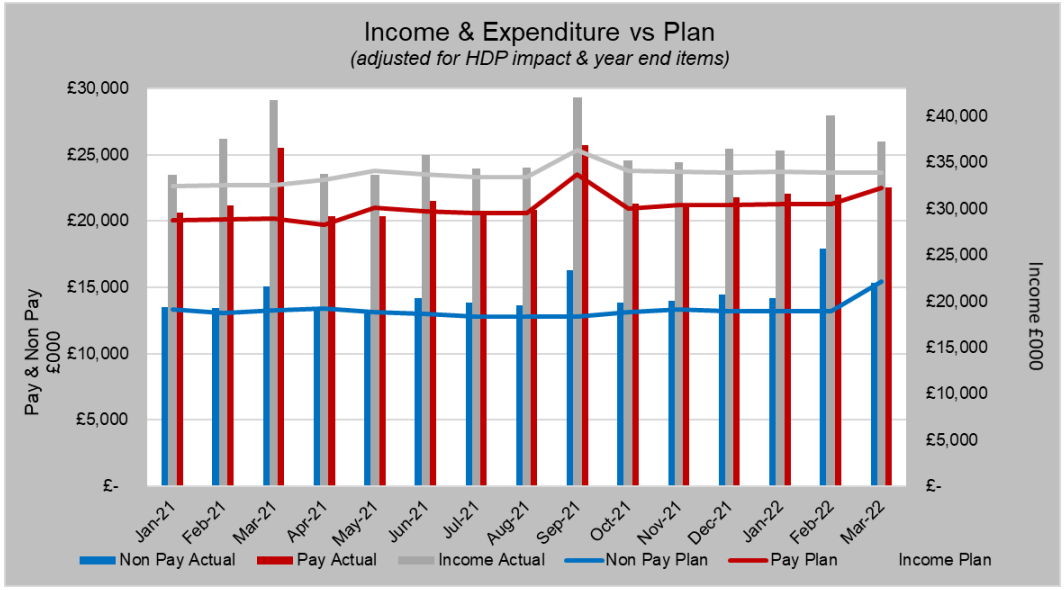
Final adjustments still required posting and it is anticipated that the Trust will report a small surplus of £50k for 2021/22, after adjusting for the impact of Donated Assets.

A reconciliation of the current draft position to final expected position is shown in the table to the right.

For Period Ended - 31st March 2022 Anticipated movements to final position	YTD Plan £000	YTD Actual £000	YTD Variance £000
Total Surplus/(Deficit) as at 12th April	(5,905)	(73)	5,832
Revenue to Capital transfers		211	
PDC final calculation	0	12	12
Cyber Security income		20	
Theatre stock adjustment	0	(120)	(120)
Total Surplus/(Deficit) *excl donated assets*	(5,905)	50	5,724

Income and Expenditure - Run Rate

Use of Resources



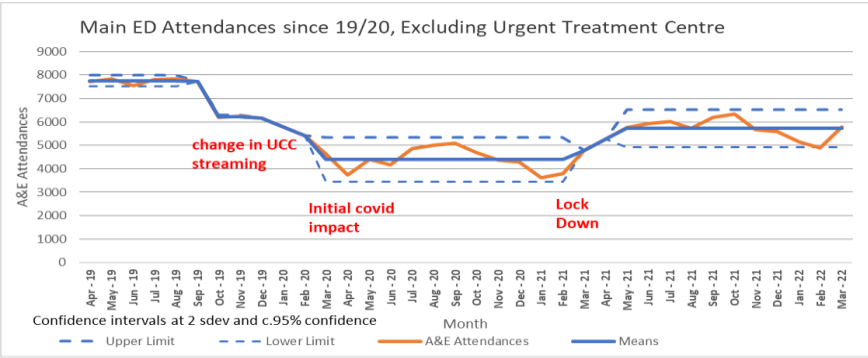
Background

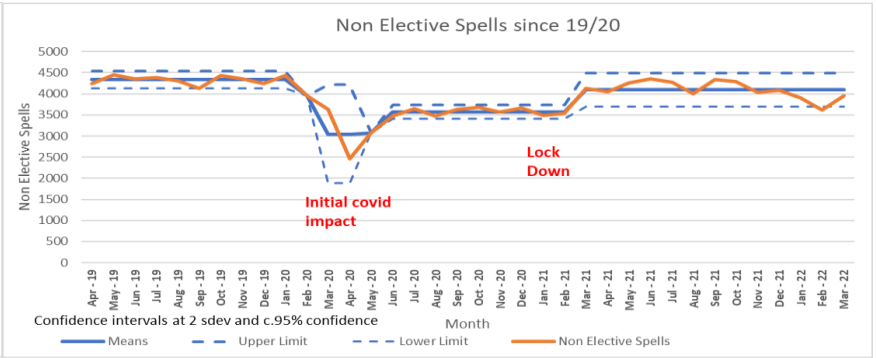
In month the I&E position is £0.4m deficit against a planned deficit of £3.9m. There has been a technical adjustment (£10.4m) for Notional Pension increases which has increased income and increased pay costs at Month 12. This has been excluded from the movements described below.

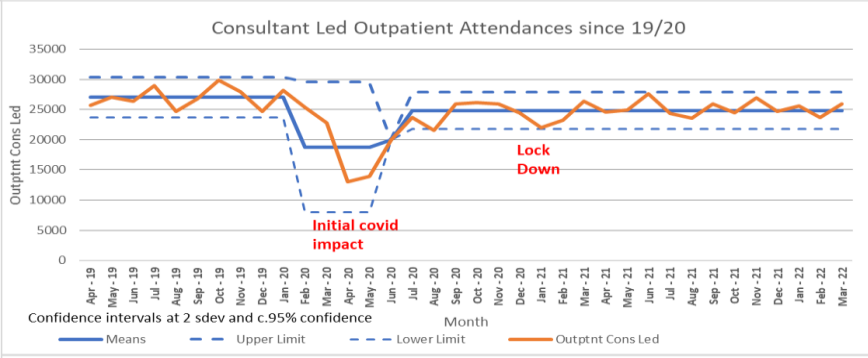
- Income run rate has decreased by £2.8m in month. This is mainly due to the movement in ERF/TIF income recognised in Month 11 (£4.7m) compared to Month 12 (£1.3m) which is offset by an increase in Education income recognised in month (£0.4m).
- The Pay run rate has increased by £0.5m from Month 11
    - Substantive pay costs within Divisions has increased by £0.9m in month – this is primarily driven by payment of Clinical Excellence Awards (£1.2m) offset by the reduction in run rate for Consultant on call credits and the CNST accrual included in the position in Month 11 (£0.3m)
    - Agency run rate is higher in Divisions has increased in month (£0.1m) due to a Paediatric patient with complex needs and an increase in Maternity use.
    - Locum costs have increased in month (£0.3m) due to catch up from prior months across areas in Unscheduled Care.
    - A review of old year accruals held in Non Divisional has been completed for Month 12 which has reduced the run rate by £0.7m
- Non Pay run rate has reduced by £2.6m in month. In Month 11, £4.1m was included as provisions due to risks arising in year. A full review of provisions and accruals at year end has been undertaken and values accounted for as required.

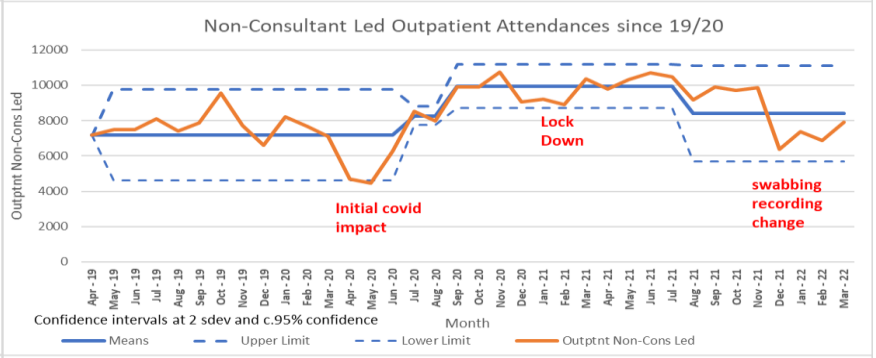
Key Activity Trends to Inform Revenue Impact if National Tariffs Still Applied

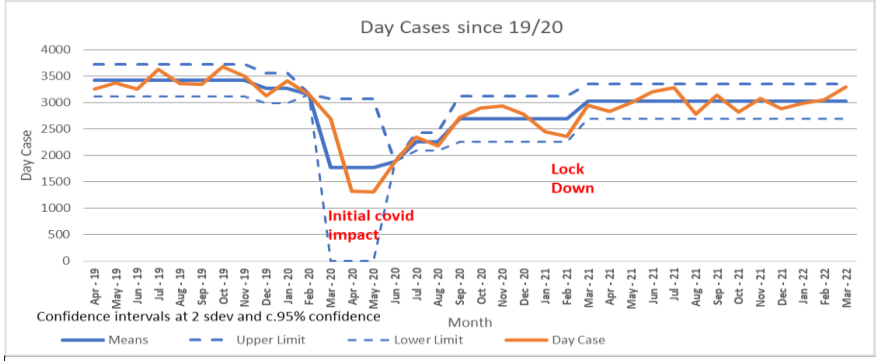
Use of Resources

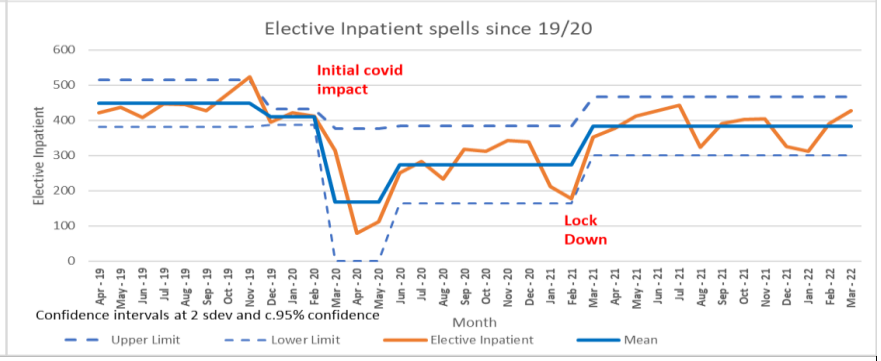












Background:
This is the activity trend collected to inform financial view on productivity, expenditure reported and notional income earned. This does not replace divisions' own view on their levels of activity.

Income and Activity Delivered by Point of Delivery

Use of Resources

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

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)	-15.6%	13,332	11,697	-1,636	-12.3%	Minor activity affected more than major + impact of increased streaming since 19/20
NEL	-3.5%	92,039	99,299	7,260	7.9%	Minor activity affected more than major
Outpatient (All)	-3.6%	42,491	37,678	-4,813	-11.3%	Due to switching to Non face to Face
Day Case	-8.6%	23,304	21,828	-1,476	-6.3%	Minor activity affected more than major
Elective Inpatient	-9.6%	17,642	16,432	-1,210	-6.9%	Minor activity affected more than major

Context

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

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

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

Issues:

Income that would have been earned if PbR was in place is reduced from previous years due to Covid-19 reducing throughput. Notional PbR income has dropped less than activity, as low complexity work has reduced most. The exception is outpatients where a switch to non face to face delivery attracts a lower tariff. Overall PBR income is £1.8m less in 21/22 than 19/20

Risks:

At some point contracts may return to a PbR-style approach with a risk of greatly reduced income.

- Directly variable income is not being applied in 22/23, though the removal of around half of Covid top-up is an issue
- Any eventual move to paying on volume, directly or indirectly, will be mitigated if up to date tariffs are used based on the current national average cost of doing business.

Actions & mitigation:

- The Contract Team is working with all commissioners to ensure that maximum funding for 2022/23 is secured. This includes new funding for services such as Virtual Ward, ensuring funding from peripheral commissioners is in line with national guidance, and chasing technical errors that reduce income.
- The team are working to influence BSW to take a pragmatic stance on funding flows for Best Practice Tariff & CQUIN to remove the risk of funding being reduced. Current progress is promising but needs senior BSW sign off.
- The Contract Team engage in national team webinars discussing the direction of travel for future funding approaches to both help influence the national choices and to get early highlights of future income risk.

Efficiency – Better Care at Lower Cost

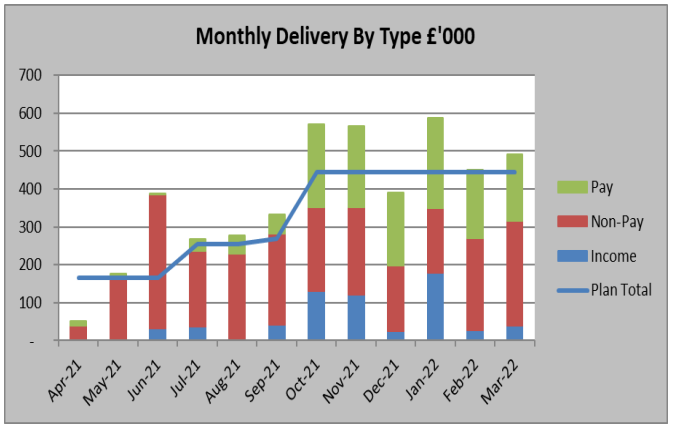
Use of Resources

Background

Cost Reduction identified and delivered in month is £0.5m against a plan of £0.4m.

The total target for the year is £3.9m – against this target the Trust is reporting delivery of £4.5m (£0.6m over-achieved in year).

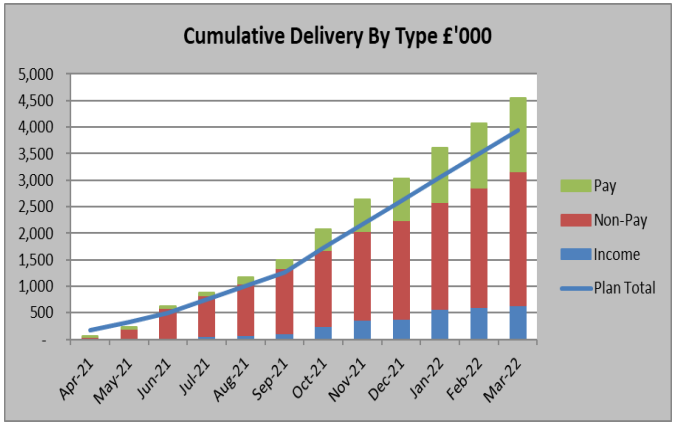
£1.9m has been delivered recurrently, with the remaining £2.6m delivered on a non recurrent basis.



Improvement actions planned

The efficiency target for 2022/23 is £10m (3% of pay and non pay expenditure).

£3.3m cash releasing efficiencies have been captured to date, with work ongoing by Divisional teams, Finance and T&I to mitigate the remaining gap. A further update is provided as part of the 2022/23 final plan sign off paper that will be presented to Finance & Investment Committee on 25th April 2022.

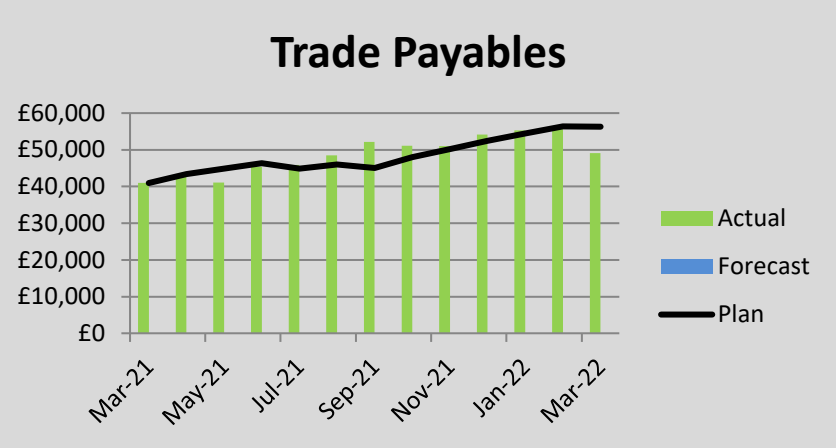


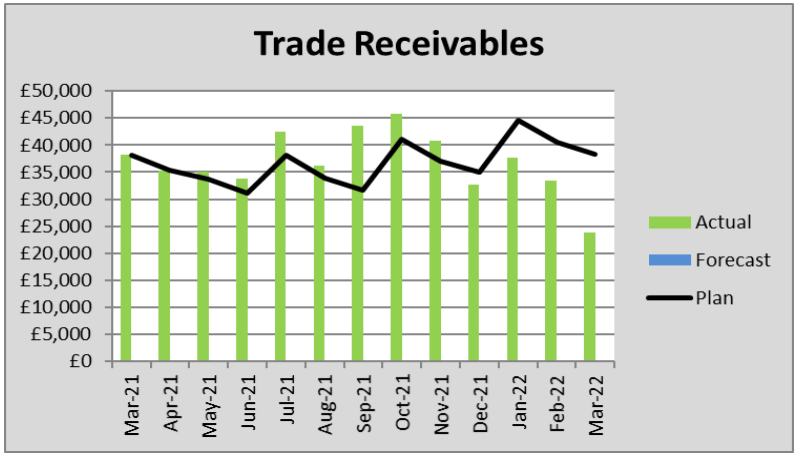
Risks to delivery and mitigations

The target for 2021/22 has been exceeded, however delivery through non recurrent schemes will put pressure on 2022/23 planning.

Statement of Financial Position: Key movements

Use of Resources





Background

- Both Payables & Receivables are below plan for month due to increased supplier payments during March and Income received from BSW CCG
- A full Statement of Financial Position is included in the appendices.

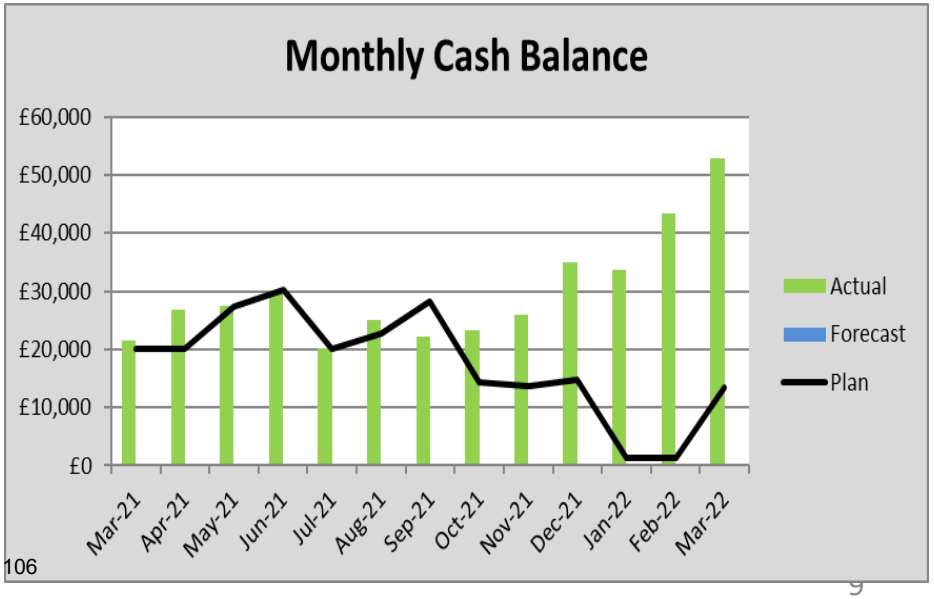
Cash

Use of Resources

	Mar-21	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	21/22 Total	Rolling 12 Mths Apr 22 to Mar 23
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening Balance	**41,193**	**43,349**	**52,898**	**45,902**	**45,929**	**46,015**	**34,361**	**34,446**	**31,969**	**20,315**	**20,343**	**20,428**	**8,774**	**8,859**	**21,553**	52,898
Income																
Clinical Income	11,312	32,868	31,592	31,592	31,592	31,592	31,592	31,592	31,592	31,592	31,592	31,592	31,592	31,592	397,669	379,104
Other Income	3,921	6,146	1,492	1,492	1,492	1,492	1,492	1,492	1,492	1,492	1,492	1,492	1,492	1,492	54,603	17,904
Revenue Financing Loan / PDC	4,975															
Capital Financing Loan / PDC	25,525	13,352													22,733	
Total Income	**45,733**	**52,366**	**33,084**	**33,084**	**33,084**	**33,084**	**33,084**	**33,084**	**33,084**	**33,084**	**33,084**	**33,084**	**33,084**	**33,084**	**475,005**	**397,008**
Expenditure																
Pay	21,021	21,803	22,057	22,057	22,057	22,057	22,057	22,057	22,057	22,057	22,057	22,057	22,057	22,057	243,456	264,684
Revenue Creditors	10,936	9,885	6,258	10,920	10,917	10,917	10,917	10,917	10,917	10,920	10,917	10,917	10,917	10,917	131,127	126,347
Capital Creditors	19,424	9,002	25	25	25	25	25	25	25	25	25	25	25	25	29,290	300
PFI	11,861		11,740			11,740			11,740			11,740			35,597	46,958
PDC Interest	2,131	2,128						2,562						2,562	4,079	5,124
Financing				55						55					110	110
Total Expenditure	**65,373**	**42,817**	**40,080**	**33,057**	**32,999**	**44,738**	**32,999**	**35,561**	**44,738**	**33,057**	**32,999**	**44,738**	**32,999**	**35,561**	**443,660**	**443,523**
Closing Balance	**21,553**	**52,898**	**45,902**	**45,929**	**46,015**	**34,361**	**34,446**	**31,969**	**20,315**	**20,343**	**20,428**	**8,774**	**8,859**	**6,383**	**52,899**	**6,383**

Background

- Cash at the end of Month 12 was £52.9m which was above the planned level of £13.5m
- The cash balance is above the forecast for Month 12 (£18m). This is due to the cumulative impact of additional H2 Commissioner funding as well as cash for ERF and the capital programme.
- The Trust has met its target for the Better Payment Practice Code to pay 95% of invoices within 30 days in month. Detail can be found in Appendix 2.



Capital Programme – draft position

Use of Resources

Capital Scheme	Capital Group	2021/22 Full Year Plan £000	Month 12 plan	Month 12 Actual	Month 12 Variance	Month 12 YTD Plan £000	YTD Actual £000	Month 12 Accrual	YTD Variance £000
Aseptic Suite	Estates	1,903	9	-	(9)	1,903	28	98	(1,777)
Oxygen	Estates	500	-	-	-	500	532	67	99
Estates Replacement Schemes	Estates	1,050	225	-	(225)	1,050	339	384	(327)
Utilities (LV & Heating) Project	Estates	2,300	-	(360)	(360)	2,300	2,080	220	-
Pathlake (national funds requires matching)	IT	260	35	-	(35)	260	181	31	(48)
Pathology LIMS (network procurement)	IT	510	121	-	(121)	510	64	81	(365)
IT Emergency Infrastructure	IT	3,000	31	-	(31)	3,000	2,569	530	99
IT Replacement Schemes	IT	1,404	156	-	(156)	1,404	1,319	555	470
PACS - environment/replacement solution (Nov21)	IT	800	135	-	(135)	800	364	22	(414)
Equipment Replacement Schemes	Equipment	1,450	162	-	(162)	1,450	1,910	861	1,321
Contingency	Equipment	541	46	-	(46)	541	474	-	(67)
WFP from CDEL	Estates						1,000	36	1,036
Total Trust CDEL		**13,718**	**920**	**(360)**	**(1,280)**	**13,718**	**10,860**	**2,885**	**27**
Way Forward Programme		9,690	2,743	-	(2,743)	9,690	370	130	(9,190)
Clover UEC		10,085	1,345	-	(1,345)	10,085	9,217	508	(360)
Clover UEC - Utilities (LV & Heating) Project				360	360			360	360
TIF elective recovery		2,093	1,882	-	(1,882)	2,093	1,093	1,000	-
Cardiac CT		1,000	1,000	-	(1,000)	1,000	997	3	-
Pathlake scanner		292	-	-	-	292	292	-	-
Unified Tech Fund		1,387	1,294	-	(1,294)	1,387	742	645	-
Total Capital Plan (Excl PFI)		**38,265**	**9,184**	**-**	**(9,184)**	**38,265**	**23,571**	**5,531**	**(9,163)**

Background

- Total Capital Expenditure at Month 12 is £9.2m below plan predominantly due to slippage on Way Forward Programme. Expenditure is still being finalised and currently CDEL schemes are slightly above plan (£0.03m).
- Slippage on CDEL schemes has been managed through Capital Management Group and additional items have been brought forward to offset slippage on Aseptics and Pathology LIMs schemes. These schemes have been earmarked as part of 2022/23 plan.
- Slippage on the Way Forward programme has been discussed and agreed with NHSI including early drawdown £0.5m from STP national funds with the remaining spend being met from CDEL underspends.
- Other schemes that have slipped in 2021/22 will be reprioritised as part of finalisation of 2022/23 capital plan.

Report Title	**Staff Survey Results 2021**				
Meeting	**Trust Board**				
Date	**5th May 2022**	Part 1 (Public) [Added after submission]		Part 2 (Private) [Added after submission]	
Accountable Lead	Jude Gray				
Report Author	Claire Warner				
Appendices					

Purpose

Approve		Receive	X	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):

Significant		Acceptable		Partial	X	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:

Staff Survey results demonstrate a decline in the overall results, however this is in line with the national trend.

Report

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

The National Staff Survey 2020 took place in the Autumn of 2021 across all staffing groups and all areas of the Trust.

The overall results demonstrate no significant change in the People Promise Themes, Staff Engagement and Staff Morale however there how been an overall decline in the Trust results which is aligned to the national trend.

Whilst we report better than average scores for staff agreeing with the statement *"I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc.)"* is better than the national average our BME staff are reporting that they are experiencing higher levels of bullying and harassment from patients, service user, colleague and managers.

The Trust also reported positively, (better than the national average for the statement "*My organisation takes positive action on health and well-being"* however staff are reporting high levels of burnout.

The purpose of this paper is to share the results and regional comparison and discuss the focus areas for 22/23 supported by the Improving Together methodology.

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
				X	X
Links to Strategic Pillars & Strategic Risks – select one or more	★				
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	Executive Committee / PPPC				
Next Steps	Implementation of the improving together approach – focusing on 1 key question				

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:

The report highlights BME and staff who have a disability are experiencing higher levels of bullying and harassment from patients, services users, colleagues and managers, compared to their white colleagues. This is most noticeable in BME staff when compared to white staff for example the percentage of BME staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months has markedly increased (by 12%). There is a smaller increase (3.8%) for White staff in the same period.

BME staff believing that the organisation provides equal opportunities for career progression or promotion has decreased for BME staff (by 6.8%) but has shown a slight increase for white staff (by 1.3%). Whilst the Trust BME rate is below the national average, the rate for White staff is above the national average.

Recommendation / Action Required

The Board/Committee/Group is requested to:

- Board to receive the results and areas of focus for 22/23
- Board to endorse next steps in line with the Improving Together methodology

Accountable Lead Signature	Jude Gray
Date	19th April 2022

Great Western Hospitals
NHS Foundation Trust

Staff Survey 2021 – Key Messages

Weekly Executive 11.04.2022

People, Place and Performance 20.04.2022

2021 NHS Staff Survey: Making each voice count
National Context

Great Western Hospitals NHS Foundation Trust

648,594 of NHS staff from 217 trusts and 63 additional organisations in England, the highest number ever recorded, took part in the 2021 Staff Survey.

The results give a snapshot of how our NHS staff were feeling in the autumn – 18 months into the pandemic, in the middle of painstaking recovery work and high demand for non-COVID care, and as the Omicron variant was starting to emerge therefore it is not surprising that only 1 Trust improved in the question "I would recommend my organisation as a place to work" and there has been an overall worsening trend for all Trusts.

The last two years have had a knock-on effect which is clearly reflected in the Staff Survey. However, the National results show, colleagues continue to step up and look after one another in the face of the pressure. Nationally and locally the results demonstrate that more staff are benefiting from extra support from their wellbeing offer.

GWH Staff Survey:

- National Staff Survey and questions are mandated
- Staff were surveyed between September and December 2021
- Response rate of **47.1%** compared to Quality Health sample median response rate of 45.3%.

Response Rate:

	Useable sample	*Completed*	*Response Rate*
2021 Trust	5,156	2,428	47.1%
2021 QH	695,417	315,114	45.3%
2020 Trust	1,237	660	53.4%
2020 QH	568,073	*257,321*	45.3%

Changes to the questionnaire

33 New questions

5 Reintroduced questions

8 Modified questions

24 Removed questions

Full details can be found at:

https://www.nhsstaffsurveys.com/static/e2dcf507bf3e5d49d11d1bb052a5fe80/Summary-of-questionnaire-changes-for-2021.docx

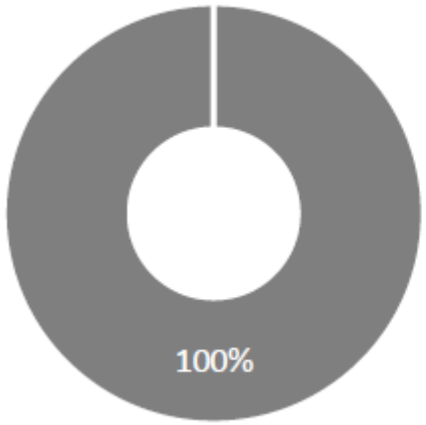
Key Measures

From 2021, reporting will be based around the 7 People Promises, plus the 2 historical ‘themes’ Staff Engagement and Morale

- **Promise 1:** **We are compassionate and inclusive**
- **Promise 2:** **We are recognized and rewarded**
- **Promise 3:** **We each have a voice that counts**
- **Promise 4:** **We are safe and healthy**
- **Promise 5:** **We are always learning**
- **Promise 6:** **We work flexibly**
- **Promise 7:** **We are a team**
- **Staff Engagement**
- **Morale**

Headline Findings: Measure Benchmarking

Trust Compared to the Sector



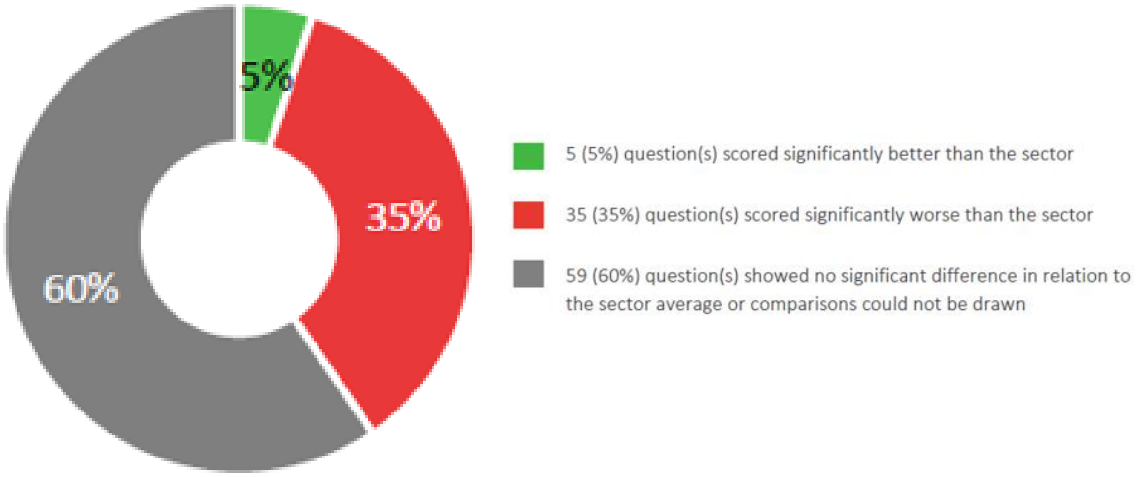
- 0 (0%) People Promise(s)/Theme(s) scored significantly better than the sector average
- 0 (0%) People Promise(s)/Theme(s) scored significantly worse than the sector average
- 9 (100%) People Promise(s)/Theme(s) showed no significant difference in relation to the sector average or comparisons could not be drawn

The 2020 theme scores showed exactly the same picture (every theme showed no difference to the sector score)

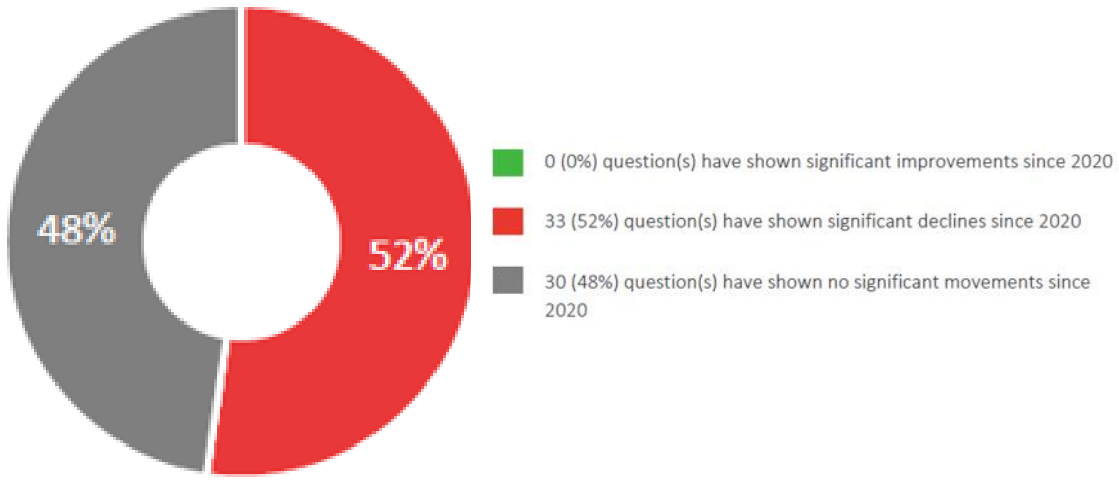
Headline Results by Questions:

Great Western Hospitals NHS Foundation Trust

National Results:



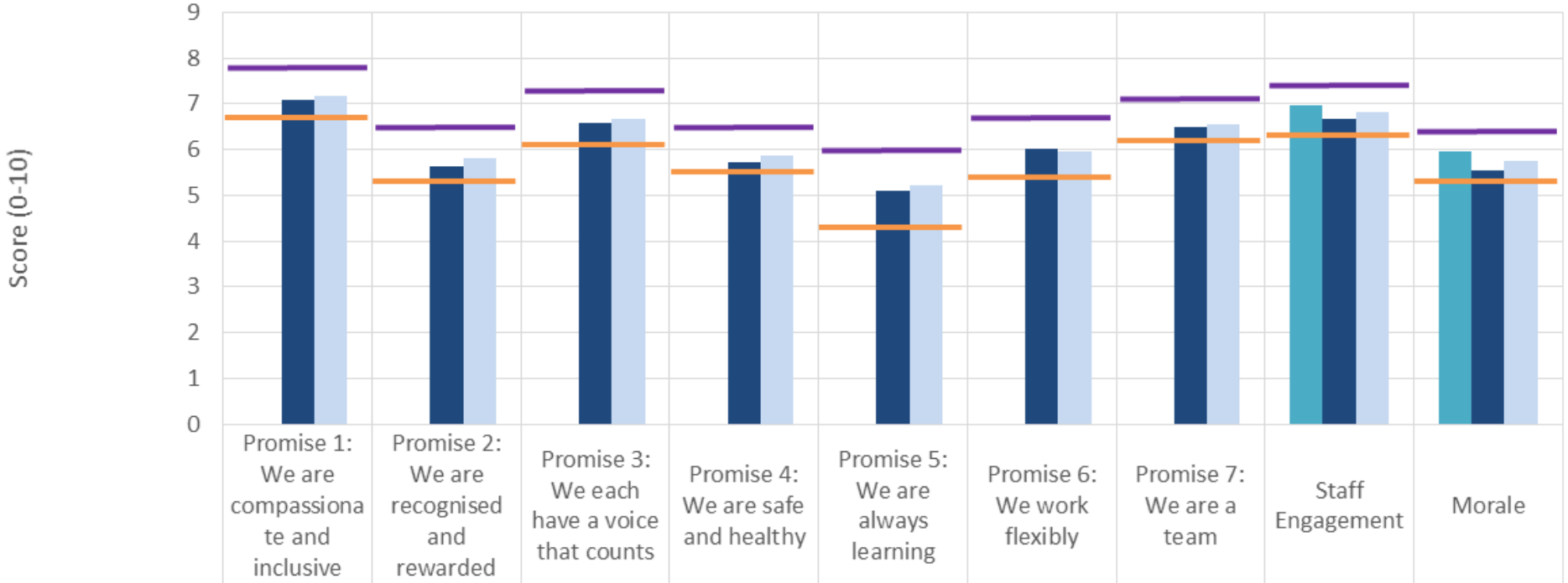
GWH Results:



*Data Quality Health Surveyed Trust

The Results by People Promise/Theme:

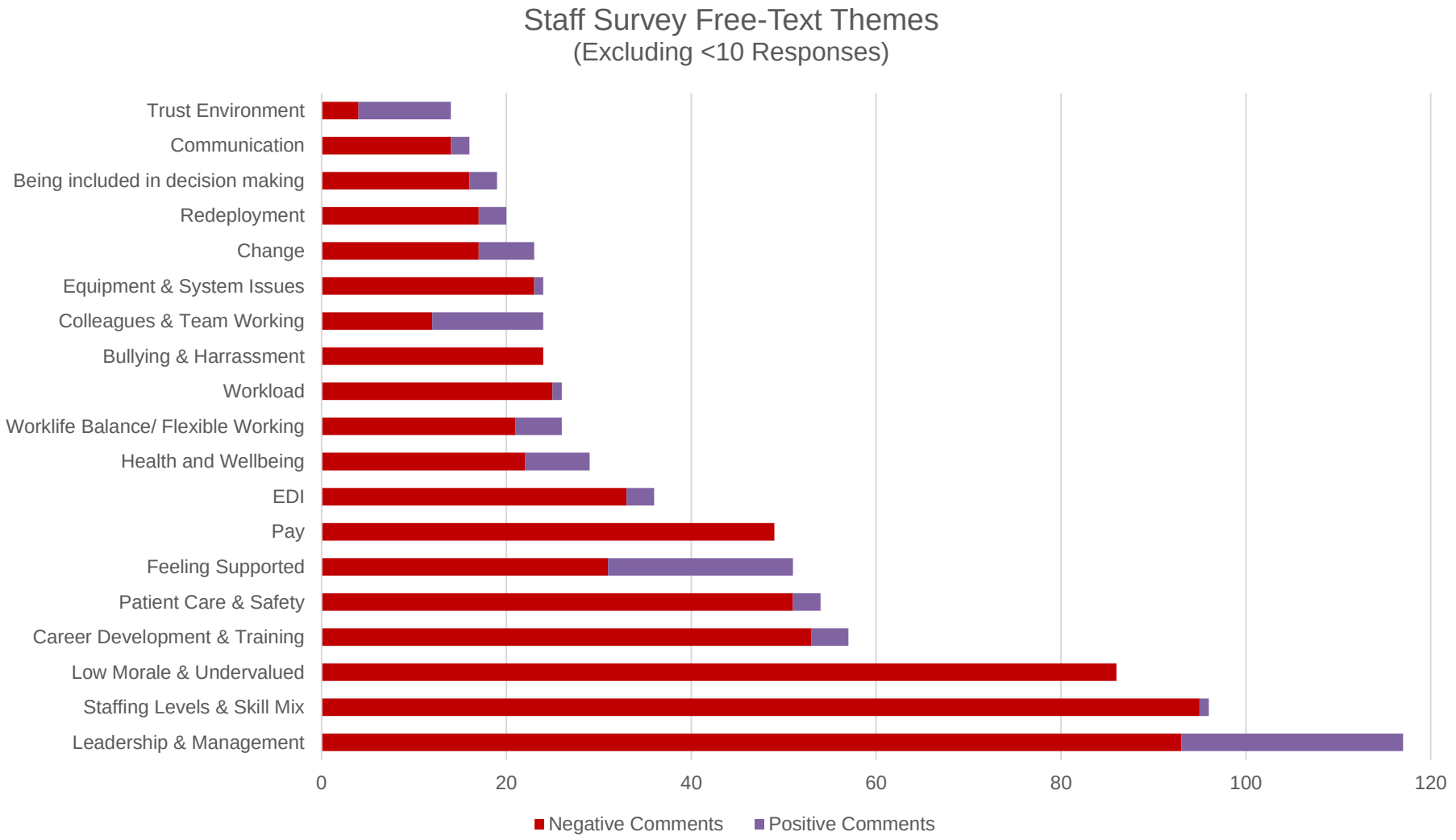
Great Western Hospitals NHS Foundation Trust



	Promise 1: We are compassionate and inclusive	Promise 2: We are recognised and rewarded	Promise 3: We each have a voice that counts	Promise 4: We are safe and healthy	Promise 5: We are always learning	Promise 6: We work flexibly	Promise 7: We are a team	Staff Engagement	Morale
GWH 2020 Score	0	0	0	0	0	0	0	6.96	5.96
GWH 2021 Score	7.09	5.63	6.58	5.73	5.11	6.01	6.48	6.67	5.54
National Score	7.17	5.81	6.66	5.88	5.23	5.95	6.56	6.81	5.74
Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.4
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3

Staff Survey Free-Text Themes

Great Western Hospitals NHS Foundation Trust



Regional Comparison 2021

Great Western Hospitals NHS Foundation Trust

Acute Trusts (* Denotes Combined Acute & Community)	Latest CQC Rating	Response Rate	People Promise 1- We are Compassionate and Inclusive	People Promise 2- We are recognized and rewarded	People Promise 3- We each have a voice that counts	People Promise 4- We are safe and healthy	People Promise 5- We are always learning	People Promise 6- We work flexibly	People Primise 7- We are a team	Staff Engagement	Morale	Total Score
Yeovil District Hospital NHS Foundation Trust	Good	57%	7.7	6.5	7.2	6.4	5.6	6.7	7.1	7.3	6.4	60.9
University Hospital Southampton NHS Foundation Trust	Good	56%	7.5	6.1	7.0	6.1	5.7	6.4	6.8	7.2	6.0	59.0
Northern Devon Healthcare NHS Trust*	Requires Improvement	51%	7.5	6.2	7.0	6.2	5.3	6.4	6.9	7.1	6.1	58.7
Somerset NHS Foundation Trust	Good	45%	7.5	6.2	7.0	6.1	5.2	6.4	6.9	7.2	6.1	58.7
Royal Berkshire NHS Foundation Trust	Good	52%	7.4	6.0	7.0	6.2	5.6	6.2	6.8	7.2	6.0	58.2
Dorset County Hospital NHS Foundation Trust	Good	47%	7.4	6.1	6.9	6.0	5.6	6.2	6.8	7.1	5.9	57.9
Oxford University Hospitals NHS Foundation Trust	Requires Improvement	57%	7.3	5.9	6.8	6.1	5.2	6.2	6.7	7.0	5.9	57.2
Royal United Hospitals Bath NHS Foundation Trust	Good	45%	7.4	6.0	6.8	5.8	5.3	6.1	6.7	7.0	5.8	56.9
Royal Devon and Exeter NHS Foundation Trust*	Good	46%	7.4	5.9	6.8	6.1	4.9	6.0	6.7	6.9	5.9	56.6
Portsmouth Hospitals University NHS Trust	Good	49%	7.3	5.9	6.8	6.0	5.3	5.9	6.6	6.8	5.7	56.3
University Hospitals Bristol and Weston NHS Foundation Trust	Good	47%	7.4	5.9	6.8	5.9	5.1	5.8	6.7	6.9	5.7	56.2
University Hospitals Dorset NHS Foundation Trust		37%	7.3	5.9	6.8	5.8	5.3	5.9	6.6	6.9	5.7	56.2
Torbay and South Devon NHS Foundation Trust*	Good	46%	7.2	5.9	6.7	5.9	5.1	6.1	6.7	6.8	5.8	56.1
Royal Cornwall Hospitals NHS Trust	Requires Improvement	47%	7.2	5.9	6.6	5.9	5.1	6.1	6.7	6.7	5.8	56.0
North Bristol NHS Trust	Good	48%	7.3	5.8	6.7	5.8	5.1	6.0	6.5	6.9	5.7	55.7
University Hospitals Plymouth NHS Trust	Requires Improvement	43%	7.1	5.8	6.6	5.7	5.2	5.8	6.5	6.7	5.6	54.9
Great Western Hospitals NHS Foundation Trust*	Requires Improvement	47%	7.1	5.6	6.6	5.7	5.1	6.0	6.5	6.7	5.5	54.9
Salisbury NHS Foundation Trust	Good	49%	7.1	5.6	6.6	5.8	5.0	5.7	6.4	6.8	5.5	54.5
Gloucestershire Hospitals NHS Foundation Trust	Good	50%	7.0	5.6	6.5	5.7	5.1	5.7	6.4	6.6	5.5	54.1
Average		**48%**	**7.3**	**5.9**	**6.8**	**6.0**	**5.3**	**6.1**	**6.7**	**6.9**	**5.8**	**56.8**

KEY

Above Average Score for this Group of Trusts

Average Score for this Group of Trusts

Below Average Score for this Group of Trusts

The Trust ranked 17th when benchmarked against the National Staff Survey themes for all organisations cross the South West (15th in 2020).

Great Western Hospitals
NHS Foundation Trust

National Staff Survey 2021

Great Western Hospitals NHS Foundation Trust People Promise Themes

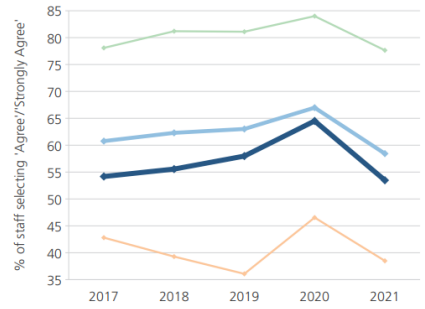
People Promise 1
We are compassionate and Inclusive

Promise 1: We are compassionate and inclusive

Great Western Hospitals NHS Foundation Trust

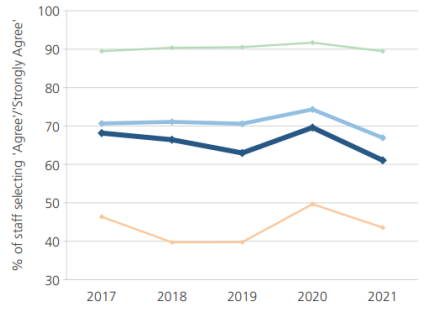
Theme

Q21c
I would recommend my organisation as a place to work



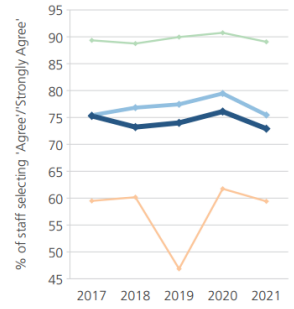
	2017	2018	2019	2020	2021
Best	78.1%	81.2%	81.1%	84.0%	77.6%
Your org	54.2%	55.6%	58.0%	64.5%	53.5%
Average	60.8%	62.3%	63.0%	67.0%	58.4%
Worst	42.8%	39.3%	36.1%	46.5%	38.5%
Responses	2,361	506	479	653	2,412

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



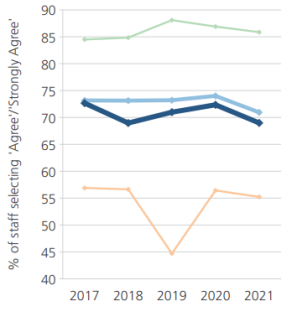
	2017	2018	2019	2020	2021
Best	89.5%	90.4%	90.5%	91.7%	89.5%
Your org	68.2%	66.4%	63.0%	69.6%	61.1%
Average	70.7%	71.1%	70.6%	74.3%	66.9%
Worst	46.4%	39.7%	39.8%	49.7%	43.6%
Responses	2,360	507	477	651	2,413

Q21a
Care of patients / service users is my organisation's top priority



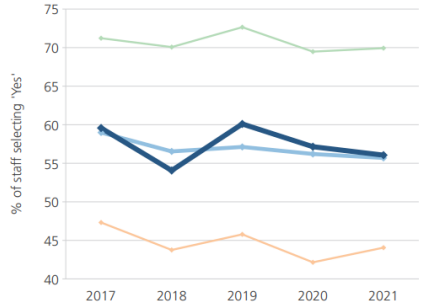
	2017	2018	2019	2020	2021
Best	89.3%	88.7%	90.0%	90.7%	89.1%
Your org	75.3%	73.2%	74.0%	76.1%	72.9%
Average	75.4%	76.8%	77.4%	79.5%	75.5%
Worst	59.5%	60.2%	46.9%	61.7%	59.4%
Responses	2,365	506	478	651	2,416

Q21b
My organisation acts on concerns raised by patients / service users



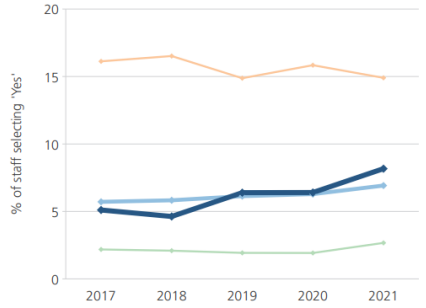
	2017	2018	2019	2020	2021
Best	84.5%	84.8%	88.1%	86.9%	85.9%
Your org	72.7%	69.0%	71.0%	72.4%	69.0%
Average	73.2%	73.1%	73.2%	74.0%	71.0%
Worst	56.9%	56.6%	44.7%	56.4%	55.2%
Responses	2,362	507	478	650	2,414

Q15
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



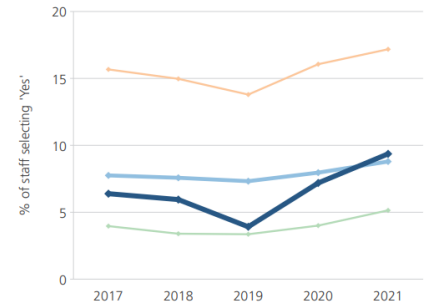
	2017	2018	2019	2020	2021
Best	71.2%	70.1%	72.6%	69.5%	69.9%
Your org	59.6%	54.1%	60.1%	57.1%	56.1%
Average	59.0%	56.5%	57.1%	56.2%	55.7%
Worst	47.3%	43.8%	45.8%	42.2%	44.1%
Responses	2,344	514	488	659	2,416

Q16a
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2017	2018	2019	2020	2021
Worst	16.1%	16.5%	14.9%	15.8%	14.9%
Your org	5.1%	4.6%	6.4%	6.4%	8.2%
Average	5.7%	5.8%	6.1%	6.3%	6.9%
Best	2.2%	2.1%	1.9%	1.9%	2.7%
Responses	2,363	518	487	658	2,409

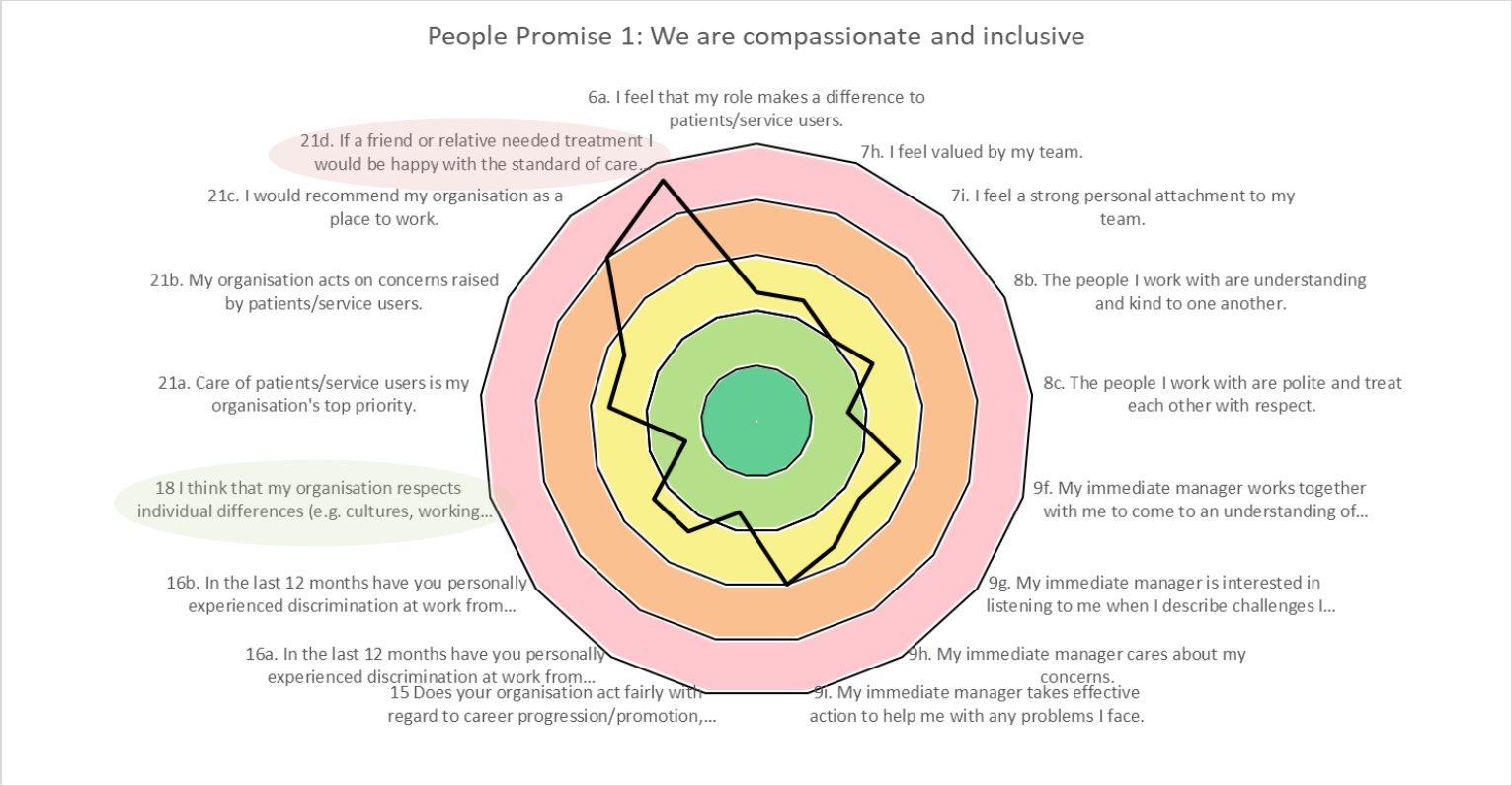
Q16b
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2017	2018	2019	2020	2021
Worst	15.7%	15.0%	13.8%	16.1%	17.2%
Your org	6.4%	5.9%	3.9%	7.2%	9.4%
Average	7.8%	7.6%	7.3%	8.0%	8.8%
Best	4.0%	3.4%	3.4%	4.0%	5.1%
Responses	2,369	516	482	652	2,404

Promise 1: We are compassionate and inclusive

Great Western Hospitals NHS Foundation Trust



- Possible areas of focus are the key measures of engagement - role of the immediate manager and the two Staff Friends and Family Questions 21c and 21d which have significantly reduced.

Question Number	Response Category	2020 Trust Results	2021 Trust Results	2021 National Average	Difference
21d.	Strongly Agree/Agree	69.9%	60.0%	68.0%	-8.0%
21c.	Strongly Agree/Agree	64.5%	53.0%	59.0%	-6.0%
9i.	Strongly Agree/Agree	No question	60.0%	63.0%	-3.0%
9f.	Strongly Agree/Agree	No question	63.0%	65.0%	-2.0%
9h.	Strongly Agree/Agree	No question	65.0%	67.0%	-2.0%
21a.	Strongly Agree/Agree	76.0%	73.0%	75.0%	-2.0%
21b.	Strongly Agree/Agree	73.2%	69.0%	71.0%	-2.0%
6a.	Strongly Agree/Agree	87.7%	86.0%	87.0%	-1.0%
7h.	Strongly Agree/Agree	No question	67.0%	68.0%	-1.0%
9g.	Strongly Agree/Agree	No question	67.0%	68.0%	-1.0%
16a.	No	93.5%	91.0%	92.0%	-1.0%
16b.	No	92.6%	90.0%	91.0%	-1.0%
8b.	Strongly Agree/Agree	No question	68.0%	69.0%	-1.0%
7i.	Strongly Agree/Agree	No question	64.0%	64.0%	0.0%
8c.	Strongly Agree/Agree	No question	71.0%	70.0%	1.0%
15	Yes	57.0%	56.0%	55.0%	1.0%
18	Strongly Agree/Agree	No question	69.0%	67.0%	2.0%

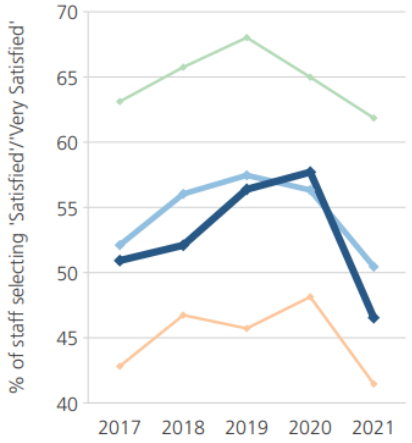
Between 3% and 6% better than 2021 National Average
Between 0% and 3% better than 2021 National Average
Between 0% and 3% worse than 2021 National Average
Between 3% and 6% worse than 2021 National Average
Between 6% and 9% worse than 2021 National Average
Between 9% and 12% worse than 2021 National Average

People Promise 2
We are recognised and reward

Promise 2: We are recognised and reward

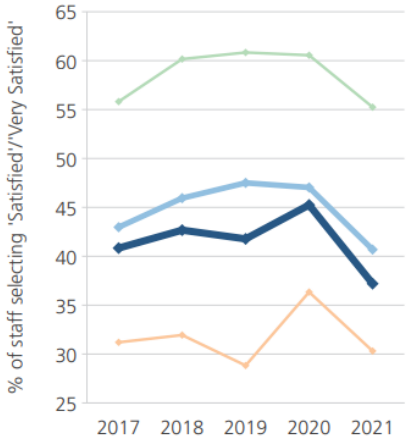
Theme

Q4a
The recognition I get for good work



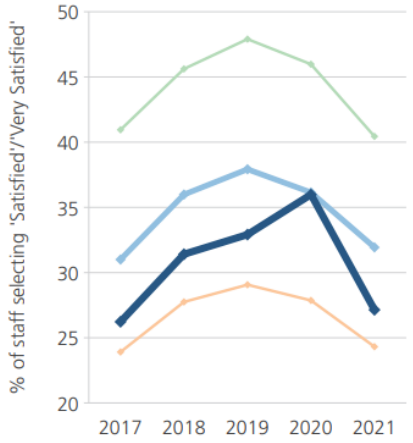
	2017	2018	2019	2020	2021
Best	63.1%	65.8%	68.0%	65.0%	61.9%
Your org	50.9%	52.1%	56.4%	57.7%	46.5%
Average	52.1%	56.0%	57.5%	56.3%	50.5%
Worst	42.8%	46.7%	45.7%	48.1%	41.5%
Responses	2,417	522	493	659	2,415

Q4b
The extent to which my organisation values my work



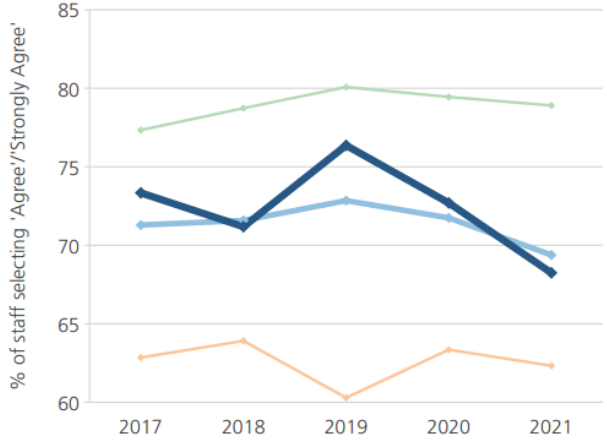
	2017	2018	2019	2020	2021
Best	55.8%	60.2%	60.8%	60.6%	55.2%
Your org	40.8%	42.7%	41.8%	45.2%	37.2%
Average	43.0%	45.9%	47.5%	47.0%	40.7%
Worst	31.2%	31.9%	28.8%	36.3%	30.3%
Responses	2,412	522	489	658	2,406

Q4c
My level of pay



	2017	2018	2019	2020	2021
Best	40.9%	45.6%	47.9%	46.0%	40.4%
Your org	26.2%	31.4%	32.9%	36.0%	27.1%
Average	31.0%	36.0%	37.9%	36.1%	31.9%
Worst	23.9%	27.8%	29.1%	27.9%	24.3%
Responses	2,415	522	492	658	2,409

Q9e
My immediate manager values my work



	2017	2018	2019	2020	2021
Best	77.3%	78.7%	80.1%	79.4%	78.9%
Your org	73.3%	71.2%	76.4%	72.7%	68.2%
Average	71.3%	71.6%	72.8%	71.7%	69.4%
Worst	62.8%	63.9%	60.3%	63.3%	62.3%
Responses	2,387	519	490	658	2,417

Promise 2: We are recognized and rewarded

Great Western Hospitals NHS Foundation Trust

- Question 8d shows *colleagues are showing appreciation for each other* which supports the theme of strong team working in other questions.
- There has been a reduction in the Trust scores for the other questions indicating staff feel that they are inadequately rewarded and paid by the Trust. The scores are lower than the national average.

Between 3% and 6% better than 2021 National Average
Between 0% and 3% better than 2021 National Average
Between 0% and 3% worse than 2021 National Average
Between 3% and 6% worse than 2021 National Average
Between 6% and 9% worse than 2021 National Average
Between 9% and 12% worse than 2021 National Average

Question Number	Response Category	2020 Trust Results	2021 Trust Results	2021 National Average	Difference
4a.	Very satisified/satisified	57.2%	46.0%	51.0%	-5.0%
4c.	Very satisified/satisified	35.3%	27.0%	32.0%	-5.0%
4b.	Very satisified/satisified	45.1%	37.0%	41.0%	-4.0%
9e.	Strongly Agree/Agree	72.0%	68.0%	69.0%	-1.0%
8d.	Strongly Agree/Agree	No question	66.0%	66.0%	0.0%

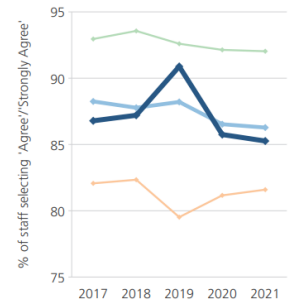
People Promise 3
We each have a voice that counts

Promise 3: We each have a voice that counts

Great Western Hospitals NHS Foundation Trust

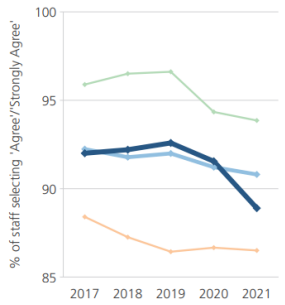
Theme

Q3a
I always know what my work responsibilities are



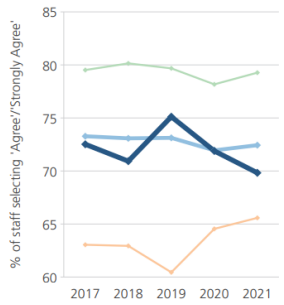
	2017	2018	2019	2020	2021
Best	93.0%	93.6%	92.6%	92.1%	92.0%
Your org	86.8%	87.2%	90.9%	85.7%	85.3%
Average	88.2%	87.8%	88.2%	86.5%	86.3%
Worst	82.1%	82.3%	79.5%	81.2%	81.6%
Responses	2,435	530	490	654	2,422

Q3b
I am trusted to do my job



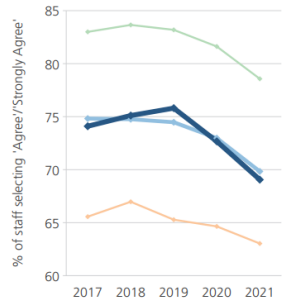
	2017	2018	2019	2020	2021
Best	95.9%	96.5%	96.6%	94.3%	93.9%
Your org	92.0%	92.2%	92.6%	91.5%	88.9%
Average	92.2%	91.8%	92.0%	91.2%	90.8%
Worst	88.4%	87.3%	86.4%	86.7%	86.5%
Responses	2,423	530	490	652	2,419

Q3c
There are frequent opportunities for me to show initiative in my role



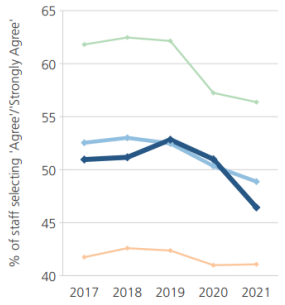
	2017	2018	2019	2020	2021
Best	79.5%	80.1%	79.7%	78.2%	79.3%
Your org	72.5%	70.9%	75.1%	71.9%	69.8%
Average	73.3%	73.1%	73.1%	71.9%	72.4%
Worst	63.0%	62.9%	60.4%	64.5%	65.6%
Responses	2,437	531	496	658	2,419

Q3d
I am able to make suggestions to improve the work of my team / department



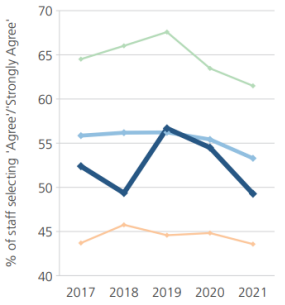
	2017	2018	2019	2020	2021
Best	83.0%	83.7%	83.2%	81.6%	78.6%
Your org	74.1%	75.1%	75.8%	72.7%	69.1%
Average	74.8%	74.8%	74.5%	73.0%	69.8%
Worst	65.6%	67.0%	65.3%	64.7%	63.0%
Responses	2,437	531	495	652	2,402

Q3e
I am involved in deciding on changes introduced that affect my work area / team / department



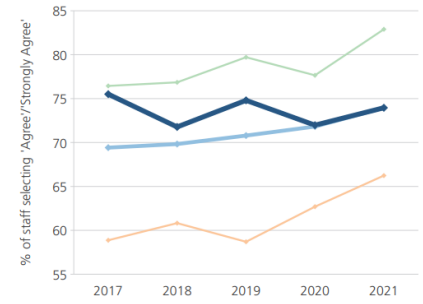
	2017	2018	2019	2020	2021
Best	61.8%	62.5%	62.1%	57.2%	56.4%
Your org	51.0%	51.2%	52.8%	51.0%	46.4%
Average	52.5%	53.0%	52.5%	50.4%	48.9%
Worst	41.7%	42.6%	42.4%	41.0%	41.1%
Responses	2,435	530	492	657	2,414

Q3f
I am able to make improvements happen in my area of work



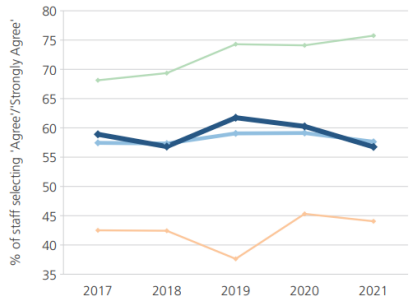
	2017	2018	2019	2020	2021
Best	64.5%	66.0%	67.6%	63.5%	61.5%
Your org	52.4%	49.4%	56.7%	54.5%	49.3%
Average	55.9%	56.2%	56.2%	55.4%	53.3%
Worst	43.7%	45.8%	44.6%	44.8%	43.6%
Responses	2,429	531	492	656	2,402

Q17a
I would feel secure raising concerns about unsafe clinical practice



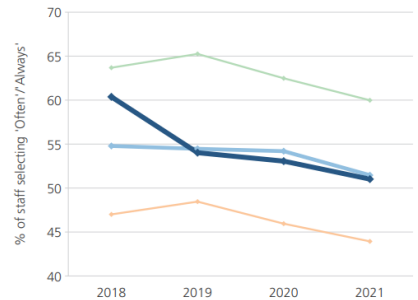
	2017	2018	2019	2020	2021
Best	76.4%	76.9%	79.7%	77.7%	82.9%
Your org	75.5%	71.8%	74.8%	72.0%	74.0%
Average	69.4%	69.8%	70.8%	71.8%	73.9%
Worst	58.9%	60.8%	58.7%	62.7%	66.2%
Responses	2,388	512	484	659	2,416

Q17b
I am confident that my organisation would address my concern



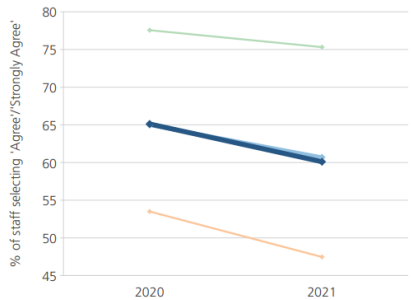
	2017	2018	2019	2020	2021
Best	68.1%	69.4%	74.3%	74.1%	75.7%
Your org	58.9%	56.8%	61.7%	60.3%	56.7%
Average	57.4%	57.3%	59.1%	59.1%	57.6%
Worst	42.5%	42.4%	37.6%	45.3%	44.1%
Responses	2,384	509	485	656	2,411

Q5b
I have a choice in deciding how to do my work



	2018	2019	2020	2021
Best	63.7%	65.3%	62.5%	60.0%
Your org	60.4%	54.0%	53.1%	51.0%
Average	54.8%	54.5%	54.2%	51.5%
Worst	47.0%	48.5%	45.9%	43.9%
Responses	524	491	655	2,411

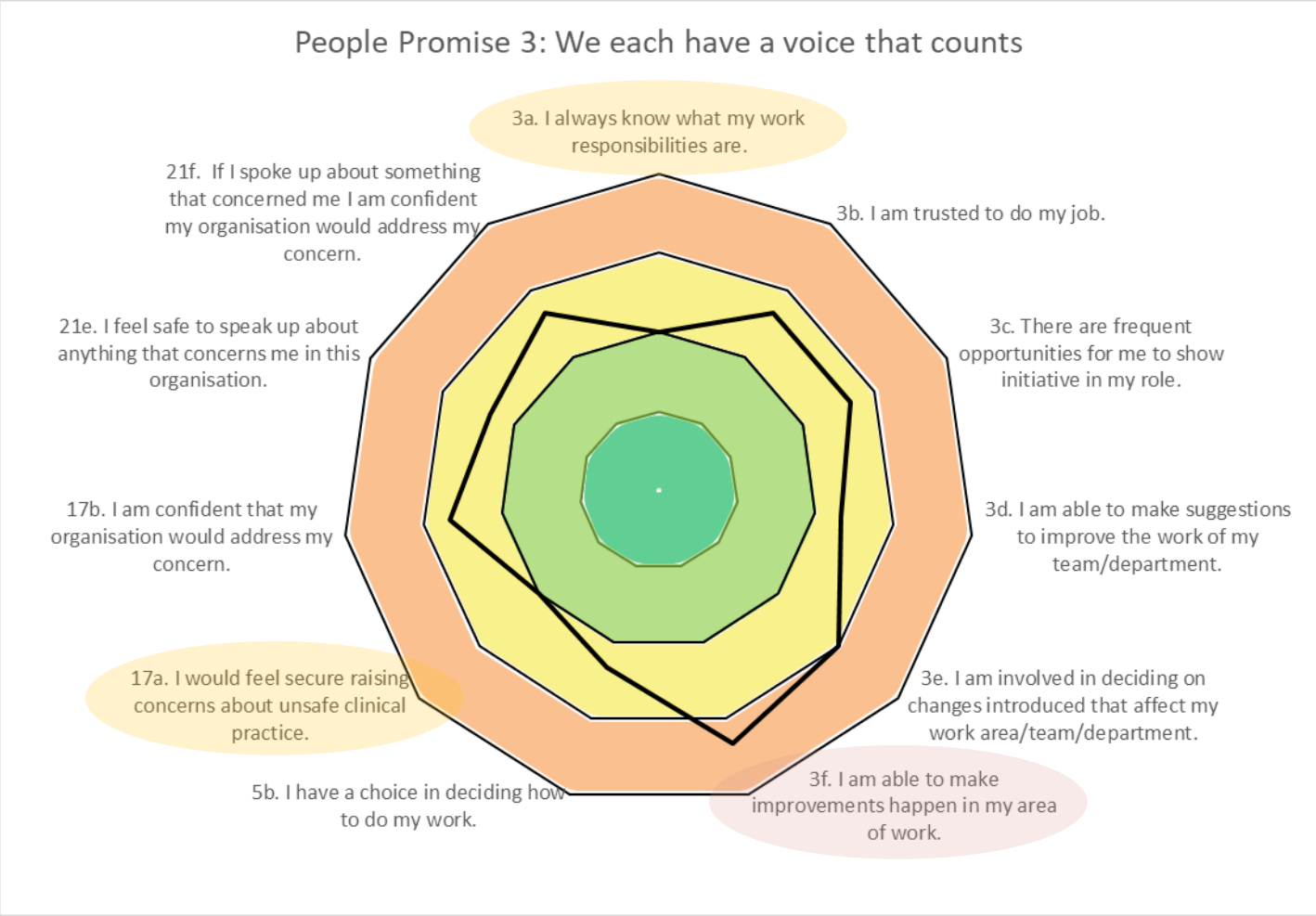
Q21e
I feel safe to speak up about anything that concerns me in this organisation



	2020	2021
Best	77.6%	75.3%
Your org	65.1%	60.1%
Average	65.0%	60.7%
Worst	53.5%	47.5%
Responses	651	2,412

Promise 3: We each have a voice that counts

Great Western Hospitals NHS Foundation Trust



- Positive increase in the number of staff who *feel secure raising concerns about unsafe clinical practice.*
- In contrast to a reduction in staff feeling that they have a voice covering themes *trusted to do job, suggest improvements to ways of working and feel safe to raise concerns and confident that the Trust will address.*

Question Number	Response Category	2020 Trust Results	2021 Trust Results	2021 National Average	Difference
3f.	Strongly Agree/Agree	53.8%	49.0%	53.0%	-4.0%
3e.	Strongly Agree/Agree	51.0%	46.0%	49.0%	-3.0%
3b.	Strongly Agree/Agree	91.9%	89.0%	91.0%	-2.0%
3c.	Strongly Agree/Agree	72.0%	70.0%	72.0%	-2.0%
21f.	Strongly Agree/Agree	No question	46.0%	48.0%	-2.0%
17b.	Strongly Agree/Agree	61.1%	56.0%	58.0%	-2.0%
3d.	Strongly Agree/Agree	72.4%	69.0%	70.0%	-1.0%
5b.	Always/Often	52.7%	51.0%	52.0%	-1.0%
21e.	Strongly Agree/Agree	65.1%	60.0%	61.0%	-1.0%
3a.	Strongly Agree/Agree	86.1%	86.0%	86.0%	0.0%
17a.	Strongly Agree/Agree	72.4%	74.0%	74.0%	0.0%

Between 3% and 6% better than 2021 National Average
Between 0% and 3% better than 2021 National Average
Between 0% and 3% worse than 2021 National Average
Between 3% and 6% worse than 2021 National Average
Between 6% and 9% worse than 2021 National Average
Between 9% and 12% worse than 2021 National Average

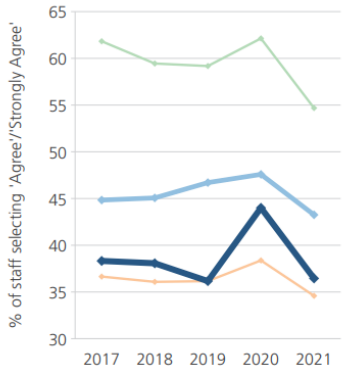
People Promise 4
We are safe and healthy

Promise 4: We are safe and healthy

Great Western Hospitals NHS Foundation Trust

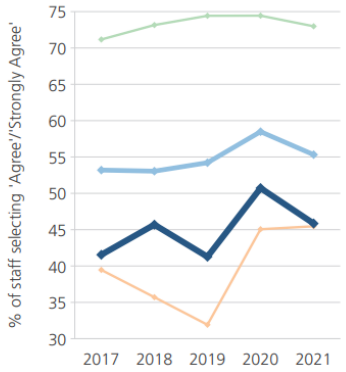
Theme

Q3g
I am able to meet all the conflicting demands on my time at work



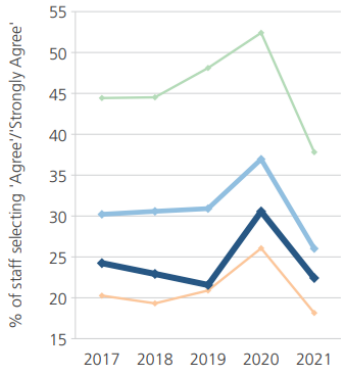
	2017	2018	2019	2020	2021
Best	61.8%	59.4%	59.2%	62.1%	54.7%
Your org	38.3%	38.1%	36.2%	44.0%	36.5%
Average	44.8%	45.1%	46.7%	47.6%	43.3%
Worst	36.6%	36.1%	36.2%	38.4%	34.6%
Responses	2,430	528	494	658	2,402

Q3h
I have adequate materials, supplies and equipment to do my work



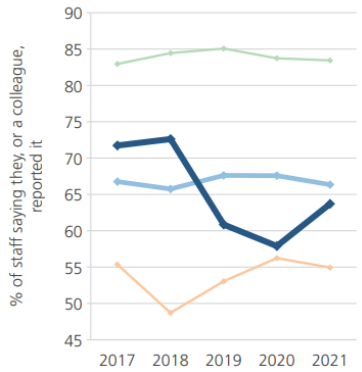
	2017	2018	2019	2020	2021
Best	71.2%	73.2%	74.4%	74.4%	73.0%
Your org	41.5%	45.7%	41.3%	50.7%	45.8%
Average	53.2%	53.0%	54.2%	58.5%	55.3%
Worst	39.5%	35.7%	31.9%	45.1%	45.5%
Responses	2,426	528	495	656	2,407

Q3i
There are enough staff at this organisation for me to do my job properly



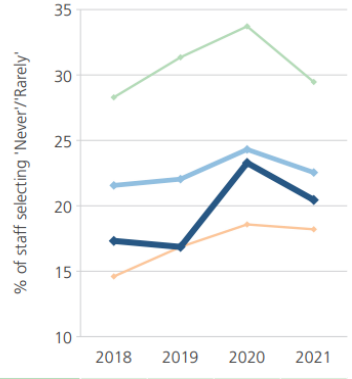
	2017	2018	2019	2020	2021
Best	44.4%	44.5%	48.1%	52.4%	37.8%
Your org	24.2%	22.9%	21.6%	30.6%	22.4%
Average	30.2%	30.6%	30.9%	36.9%	26.0%
Worst	20.3%	19.3%	20.9%	26.1%	18.2%
Responses	2,438	529	494	655	2,417

Q13d
The last time you experienced physical violence at work, did you or a colleague report it?



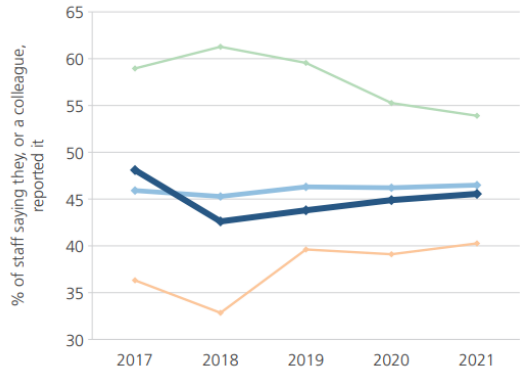
	2017	2018	2019	2020	2021
Best	83.0%	84.4%	85.1%	83.7%	83.4%
Your org	71.7%	72.6%	60.9%	57.9%	63.7%
Average	66.8%	65.7%	67.6%	67.6%	66.3%
Worst	55.4%	48.7%	53.0%	56.2%	54.9%
Responses	307	59	49	78	287

Q5a
I have unrealistic time pressures



	2018	2019	2020	2021
Best	28.3%	31.3%	33.7%	29.5%
Your org	17.3%	16.9%	23.3%	20.4%
Average	21.6%	22.0%	24.3%	22.5%
Worst	14.6%	16.9%	18.6%	18.2%
Responses	524	494	657	2,412

Q14d
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



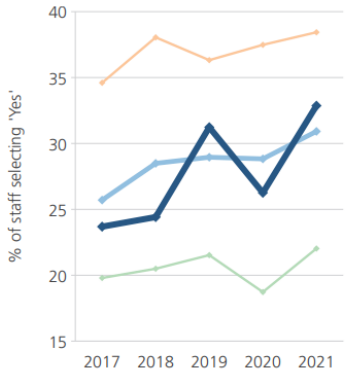
	2017	2018	2019	2020	2021
Best	59.0%	61.3%	59.5%	55.3%	53.9%
Your org	48.1%	42.6%	43.8%	44.9%	45.6%
Average	45.9%	45.3%	46.3%	46.2%	46.5%
Worst	36.3%	32.8%	39.6%	39.1%	40.3%
Responses	913	189	154	243	966

Promise 4: We are safe and healthy

Great Western Hospitals NHS Foundation Trust

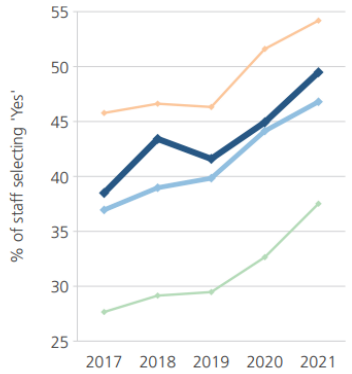
Theme

Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



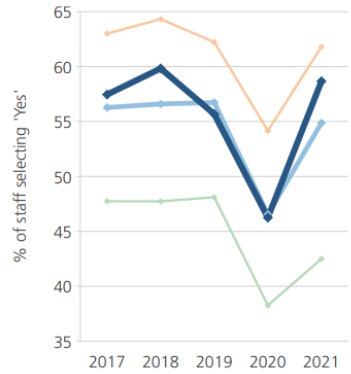
	2017	2018	2019	2020	2021
Worst	34.6%	38.0%	36.3%	37.5%	38.4%
Your org	23.7%	24.4%	31.2%	26.3%	32.9%
Average	25.7%	28.5%	29.0%	28.8%	30.9%
Best	19.8%	20.5%	21.5%	18.7%	22.0%
Responses	2,395	516	489	656	2,414

Q11c
During the last 12 months have you felt unwell as a result of work related stress?



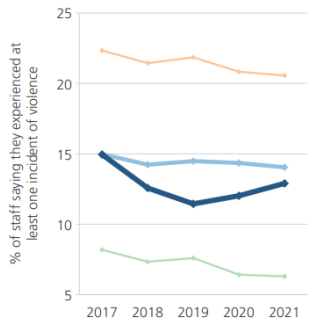
	2017	2018	2019	2020	2021
Worst	45.8%	46.6%	46.3%	51.6%	54.2%
Your org	38.5%	43.4%	41.6%	44.9%	49.5%
Average	36.9%	39.0%	39.8%	44.1%	46.8%
Best	27.7%	29.1%	29.5%	32.6%	37.5%
Responses	2,397	516	489	656	2,414

Q11d
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



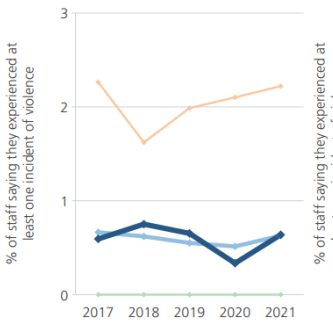
	2017	2018	2019	2020	2021
Worst	63.0%	64.3%	62.2%	54.2%	61.8%
Your org	57.5%	59.8%	55.7%	46.2%	58.7%
Average	56.3%	56.6%	56.7%	46.5%	54.9%
Best	47.7%	47.7%	48.1%	38.3%	42.5%
Responses	2,401	514	487	656	2,418

Q13a
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



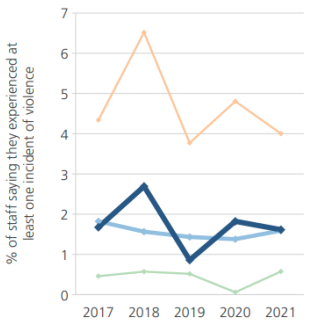
	2017	2018	2019	2020	2021
Worst	22.3%	21.4%	21.8%	20.8%	20.6%
Your org	15.0%	12.6%	11.4%	12.0%	12.9%
Average	15.0%	14.2%	14.5%	14.3%	14.0%
Best	8.2%	7.3%	7.6%	6.4%	6.3%
Responses	2,373	518	488	656	2,421

Q13b
In the last 12 months how many times have you personally experienced physical violence at work from managers?



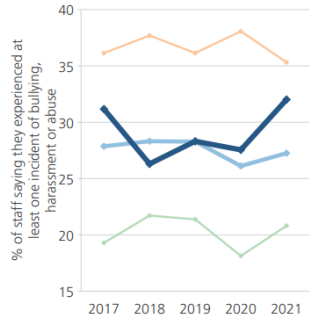
	2017	2018	2019	2020	2021
Worst	2.3%	1.6%	2.0%	2.1%	2.2%
Your org	0.6%	0.8%	0.7%	0.3%	0.6%
Average	0.7%	0.6%	0.6%	0.5%	0.6%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
Responses	2,338	507	486	657	2,411

Q13c
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



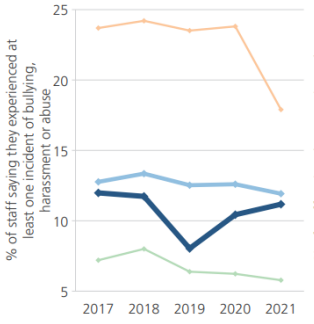
	2017	2018	2019	2020	2021
Worst	4.3%	6.5%	3.8%	4.8%	4.0%
Your org	1.7%	2.7%	0.9%	1.8%	1.6%
Average	1.8%	1.6%	1.4%	1.4%	1.6%
Best	0.5%	0.6%	0.5%	0.1%	0.6%
Responses	2,341	510	478	649	2,389

Q14a
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



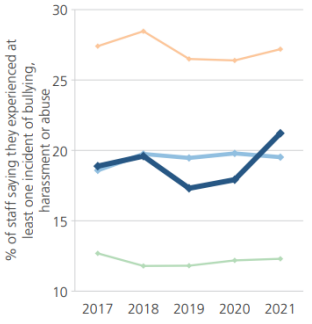
	2017	2018	2019	2020	2021
Worst	36.1%	37.7%	36.1%	38.1%	35.3%
Your org	31.2%	26.3%	28.3%	27.5%	32.0%
Average	27.9%	28.3%	28.3%	26.1%	27.3%
Best	19.3%	21.7%	21.4%	18.1%	20.8%
Responses	2,373	515	485	655	2,411

Q14b
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



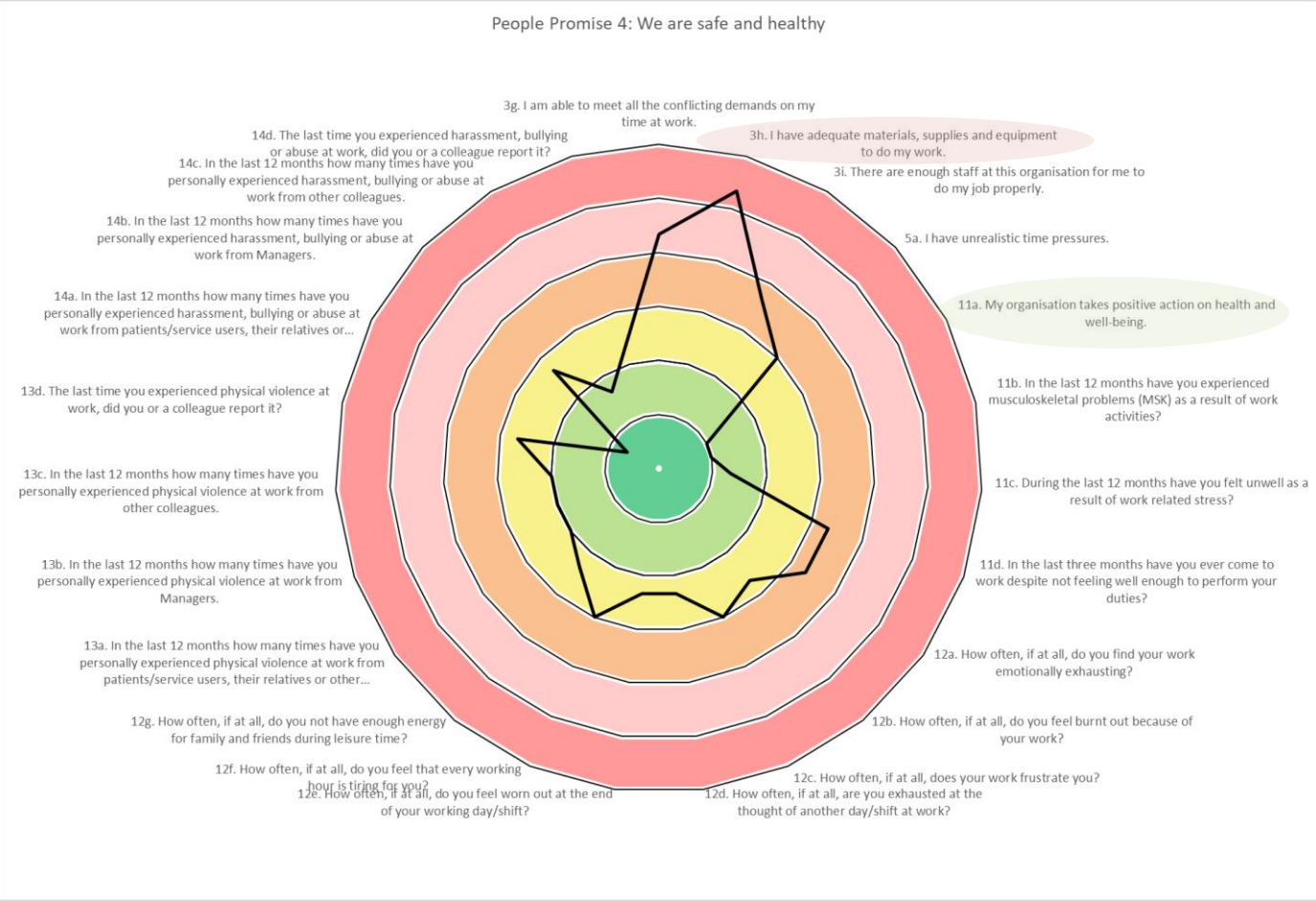
	2017	2018	2019	2020	2021
Worst	23.7%	24.2%	23.5%	23.8%	17.9%
Your org	12.0%	11.7%	8.0%	10.4%	11.2%
Average	12.8%	13.3%	12.5%	12.6%	11.9%
Best	7.2%	8.0%	6.4%	6.2%	5.8%
Responses	2,346	510	482	647	2,393

Q14c
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



	2017	2018	2019	2020	2021
Worst	27.4%	28.5%	26.5%	26.4%	27.2%
Your org	18.9%	19.6%	17.3%	17.9%	21.2%
Average	18.6%	19.7%	19.5%	19.8%	19.5%
Best	12.7%	11.8%	11.8%	12.2%	12.3%
Responses	2,348	511	477	649	2,383

Promise 4: We are safe and healthy



- Significant decrease (6.1%) in staff having *adequate equipment and supplies*. This could evidence the IT challenges the Trust has experienced in 2021.
- Negative experience is highlighted in this section through the burnout sub promise with staff reporting emotional exhaustion at / in anticipation of work and frustration.
- Strong progress with positive reception of the comprehensive health and wellbeing programme.

Question Number	Response Category	2020 Trust Results	2021 Trust Results	2021 National Average	Difference
3h.	Strongly Agree/Agree	51.1%	45.0%	55.0%	-10.0%
3g.	Strongly Agree/Agree	43.6%	36.0%	43.0%	-7.0%
3i.	Strongly Agree/Agree	30.4%	21.0%	26.0%	-5.0%
11d.	No	53.2%	41.0%	45.0%	-4.0%
12a.	Never/Rarely	No question	17.0%	21.0%	-4.0%
14a.	Never	71.5%	67.0%	71.0%	-4.0%
12c.	Never/Rarely	No question	16.0%	19.0%	-3.0%
5a.	Never/Rarely	23.0%	20.0%	23.0%	-3.0%
12f.	Never/Rarely	No question	45.0%	48.0%	-3.0%
11b.	No	73.0%	66.0%	69.0%	-3.0%
12b.	Never/Rarely	No question	25.0%	27.0%	-2.0%
13d.	Yes I/a colleague/both reported it	62.2%	64.0%	66.0%	-2.0%
12e.	Never/Rarely	No question	15.0%	16.0%	-1.0%
12d.	Never/Rarely	No question	31.0%	32.0%	-1.0%
12g.	Never/Rarely	No question	31.0%	32.0%	-1.0%
14d.	Yes I/a colleague/both reported it	46.9%	45.0%	46.0%	-1.0%
13a.	Never	87.0%	86.0%	86.0%	0.0%
13b.	Never	99.7%	99.0%	99.0%	0.0%
13c.	Never	98.3%	98.0%	98.0%	0.0%
14c.	Never	82.3%	22.0%	21.0%	1.0%
11c.	No	55.0%	50.0%	48.0%	2.0%
14b.	Never	89.6%	89.0%	87.0%	2.0%
11a.	Strongly Agree/Agree	No question	59.0%	56.0%	3.0%

Between 3% and 6% better than 2021 National Average
Between 0% and 3% better than 2021 National Average
Between 0% and 3% worse than 2021 National Average
Between 3% and 6% worse than 2021 National Average
Between 6% and 9% worse than 2021 National Average
Between 9% and 12% worse than 2021 National Average

Great Western Hospitals
NHS Foundation Trust

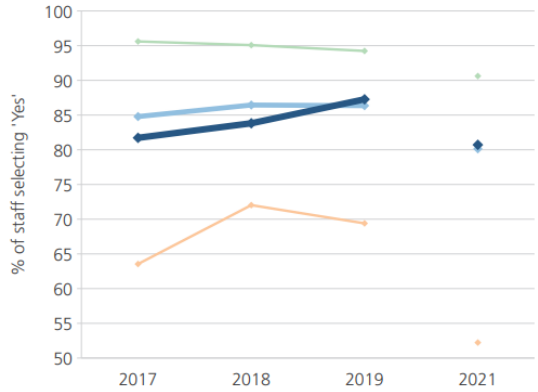
People Promise 5
We are always learning

Promise 5: We are always learning

Theme

Q19a
In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

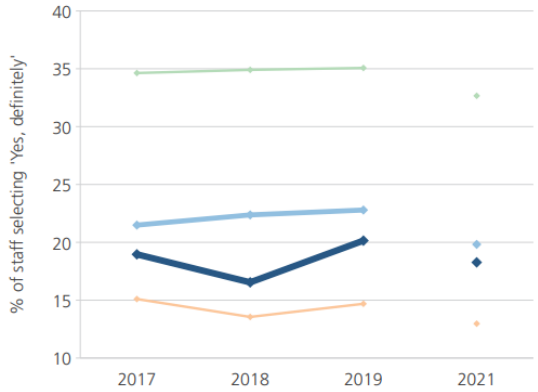
Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



	2017	2018	2019	2021
Highest	95.6%	95.1%	94.2%	90.6%
Your org	81.7%	83.8%	87.3%	80.7%
Average	84.8%	86.4%	86.3%	80.1%
Lowest	63.5%	72.0%	69.4%	52.2%
Responses	2,376	509	483	2,404

Q19b
It helped me to improve how I do my job

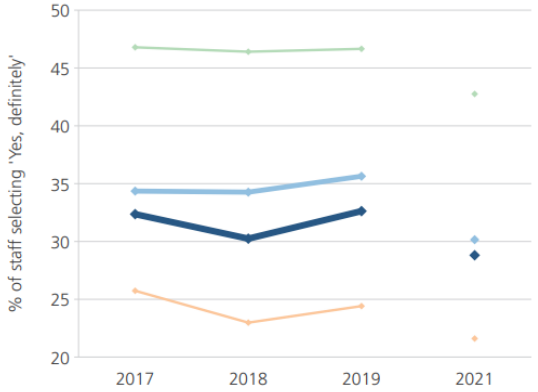
Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



	2017	2018	2019	2021
Best	34.6%	34.9%	35.1%	32.7%
Your org	19.0%	16.5%	20.1%	18.3%
Average	21.5%	22.4%	22.8%	19.8%
Worst	15.1%	13.6%	14.7%	13.0%
Responses	1,942	425	422	1,930

Q19c
It helped me agree clear objectives for my work

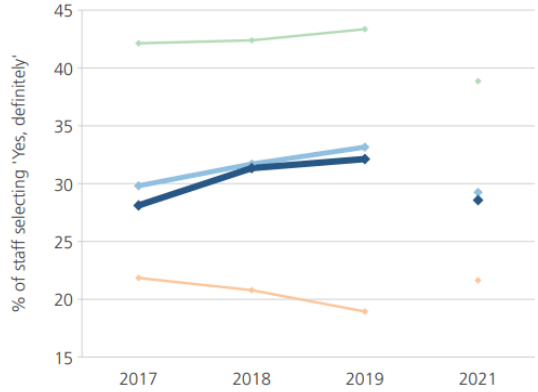
Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



	2017	2018	2019	2021
Best	46.8%	46.4%	46.7%	42.8%
Your org	32.4%	30.2%	32.6%	28.8%
Average	34.4%	34.3%	35.6%	30.2%
Worst	25.7%	23.0%	24.4%	21.6%
Responses	1,942	425	421	1,935

Q19d
It left me feeling that my work is valued by my organisation

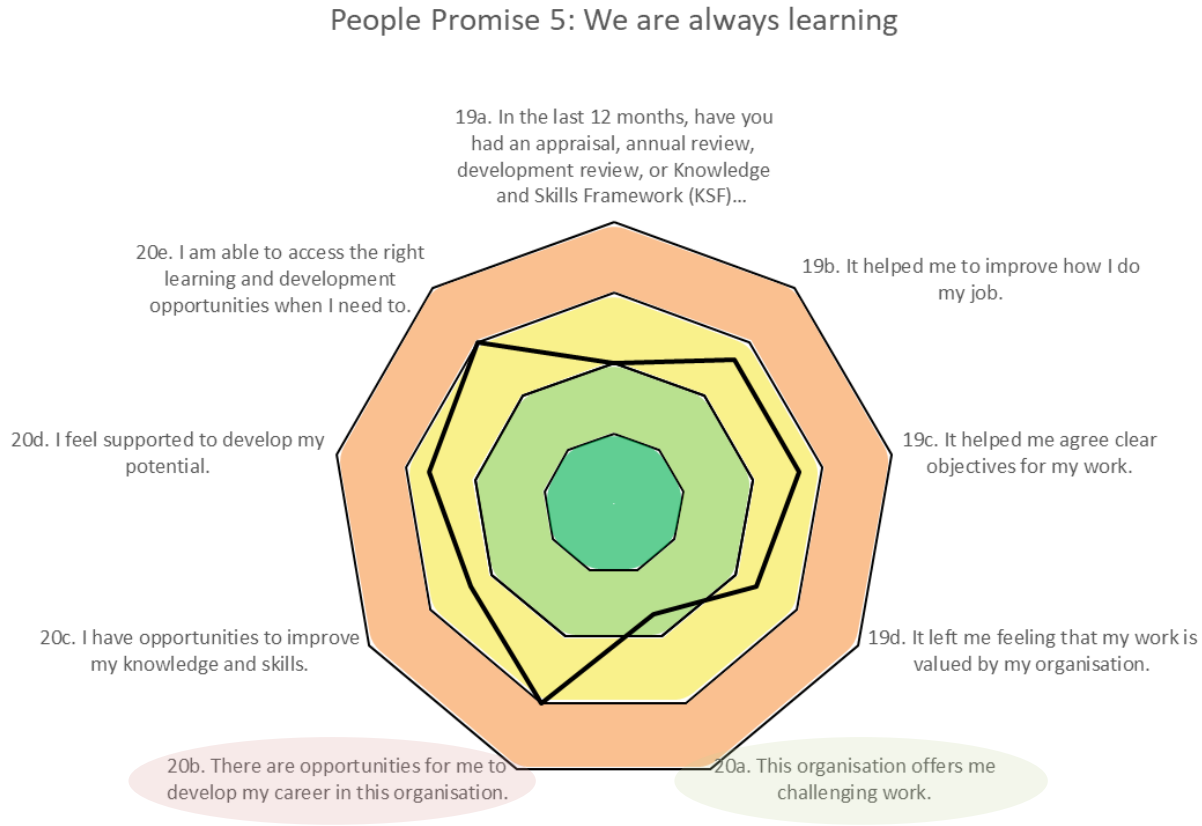
Note that Q19a-d were not asked in 2020. In interpreting these results, consideration should be given to the gap in the data series and evidence of changes to the response profiles over time.



	2017	2018	2019	2021
Best	42.1%	42.4%	43.4%	38.9%
Your org	28.1%	31.3%	32.1%	28.6%
Average	29.8%	31.7%	33.2%	29.3%
Worst	21.8%	20.8%	18.9%	21.6%
Responses	1,937	425	419	1,933

Promise 5: We are always learning

Great Western Hospitals NHS Foundation Trust



- Staff scored higher than the national average for *offering staff challenging work* and the same as the national average for *having an appraisal in the last 12 months.*
- Following review of appraisal process over the last 12 months, the feedback suggests that staff perception has not connected with the improvement plans delivered.
- Possible areas of focus include improving how appraisals *support how staff do their job, have clear objectives, feel valued review of career and/or development pathways.*

Question Number	Response Category	2020 Trust Results	2021 Trust Results	2021 National Average	Difference
20b.	Strongly Agree/Agree	No question	49.0%	52.0%	-3.0%
20e.	Strongly Agree/Agree	No question	51.0%	54.0%	-3.0%
19b.	Yes, definitely, yes to some extent	No question	18.0%	20.0%	-2.0%
20d.	Strongly Agree/Agree	No question	49.0%	51.0%	-2.0%
19c.	Yes, definitely, yes to some extent	No question	28.0%	30.0%	-2.0%
20c.	Strongly Agree/Agree	No question	65.0%	66.0%	-1.0%
19d.	Yes, definitely, yes to some extent	No question	28.0%	29.0%	-1.0%
19a.	Yes	No question	83.0%	83.0%	0.0%
20a.	Strongly Agree/Agree	No question	69.0%	68.0%	1.0%

Between 3% and 6% better than 2021 National Average
Between 0% and 3% better than 2021 National Average
Between 0% and 3% worse than 2021 National Average
Between 3% and 6% worse than 2021 National Average
Between 6% and 9% worse than 2021 National Average
Between 9% and 12% worse than 2021 National Average

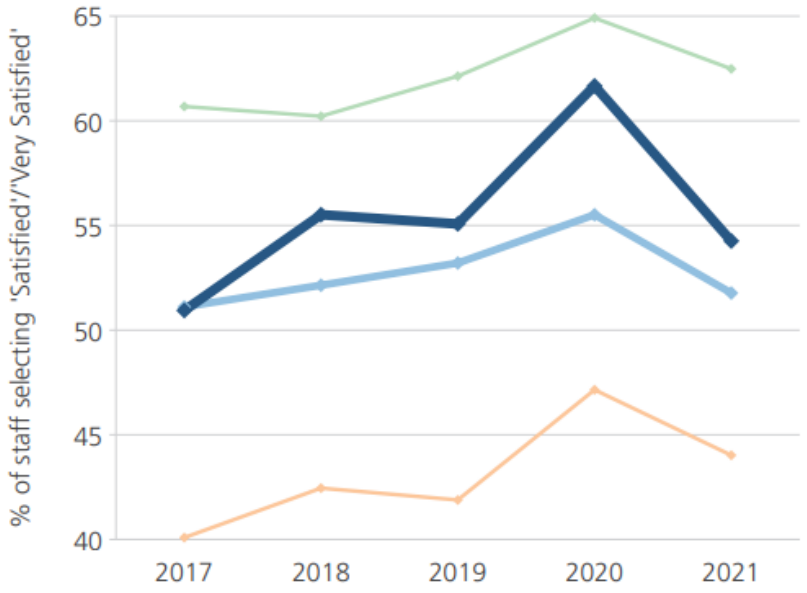
People Promise 6
We work flexibly

Promise 6: We work flexibly

Great Western Hospitals NHS Foundation Trust

Theme

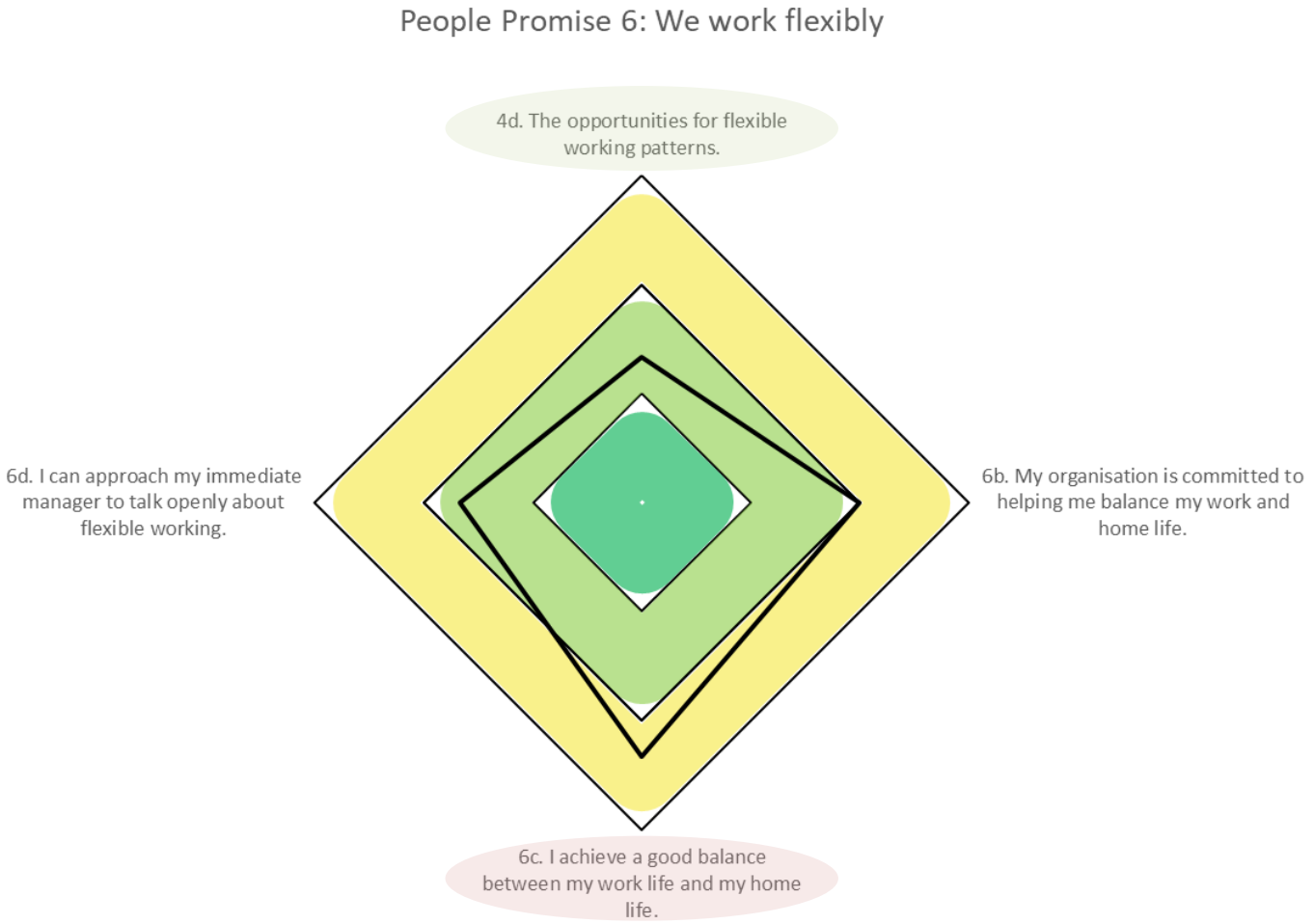
Q4d
The opportunities for flexible working patterns



	2017	2018	2019	2020	2021
Best	60.7%	60.2%	62.1%	64.9%	62.5%
Your org	50.9%	55.5%	55.1%	61.7%	54.3%
Average	51.1%	52.1%	53.2%	55.5%	51.8%
Worst	40.1%	42.5%	41.9%	47.2%	44.0%
Responses	2,416	524	490	655	2,406

Promise 6: We work flexibly

Great Western Hospitals NHS Foundation Trust



- Promise 6 scores positively for the Trust and benchmarks well against the national average in providing flexible working opportunities to staff. In the last 12 months with the introduction of national guidance, services may be adapting to more flexible working.
- Staff have indicated that they are able to *approach their immediate manager to discuss flexible working.*
- The Trust scored slightly lower than the national average for *staff achieving a good balance between work and home life* correlating with Promise 4 feedback.

Question Number	Response Category	2020 Trust Results	2021 Trust Results	2021 National Average	Difference
6c.	Strongly Agree/Agree	No question	50.0%	51.0%	-1.0%
6b.	Strongly Agree/Agree	No question	43.0%	43.0%	0.0%
6d.	Strongly Agree/Agree	No question	66.0%	65.0%	1.0%
4d.	Very satisified/satisified	61.2%	54.0%	52.0%	2.0%

Between 3% and 6% better than 2021 National Average
Between 0% and 3% better than 2021 National Average
Between 0% and 3% worse than 2021 National Average
Between 3% and 6% worse than 2021 National Average
Between 6% and 9% worse than 2021 National Average
Between 9% and 12% worse than 2021 National Average

Great Western Hospitals
NHS Foundation Trust

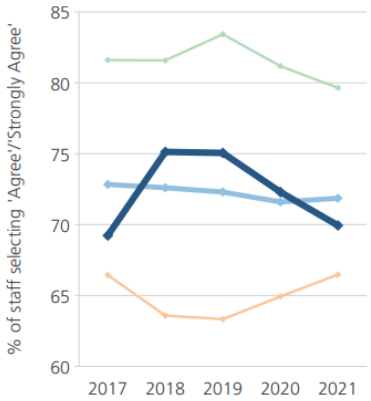
People Promise 7
We are a team

Promise 7: We are a team

Theme

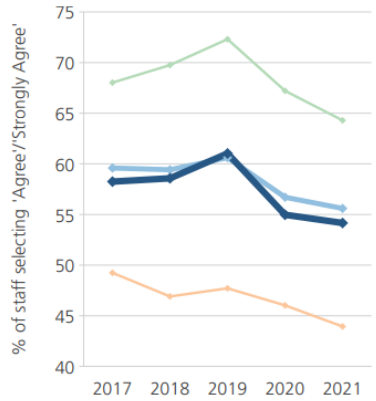
Great Western Hospitals NHS Foundation Trust

Q7a
The team I work in has a set of shared objectives



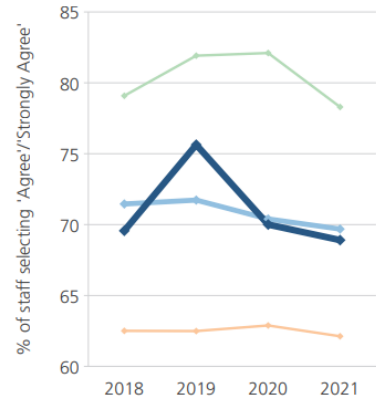
	2017	2018	2019	2020	2021
Best	81.6%	81.6%	83.4%	81.2%	79.6%
Your org	69.2%	75.1%	75.1%	72.3%	69.9%
Average	72.8%	72.6%	72.3%	71.6%	71.9%
Worst	66.4%	63.6%	63.3%	64.9%	66.5%
Responses	2,433	530	491	654	2,414

Q7b
The team I work in often meets to discuss the team's effectiveness



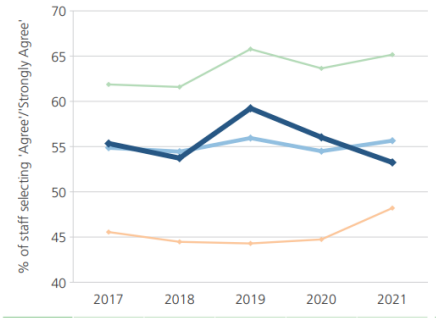
	2017	2018	2019	2020	2021
Best	68.0%	69.8%	72.3%	67.2%	64.3%
Your org	58.2%	58.6%	61.0%	55.0%	54.2%
Average	59.6%	59.4%	60.6%	56.7%	55.6%
Worst	49.2%	46.9%	47.7%	46.0%	43.9%
Responses	2,432	527	495	654	2,412

Q7c
I receive the respect I deserve from my colleagues at work



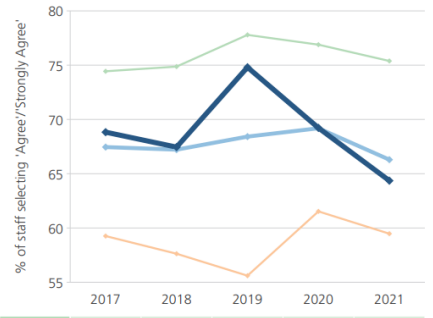
	2018	2019	2020	2021
Best	79.1%	81.9%	82.1%	78.3%
Your org	69.6%	75.6%	70.0%	68.9%
Average	71.5%	71.7%	70.4%	69.7%
Worst	62.5%	62.5%	62.9%	62.1%
Responses	531	494	654	2,415

Q9c
My immediate manager asks for my opinion before making decisions that affect my work



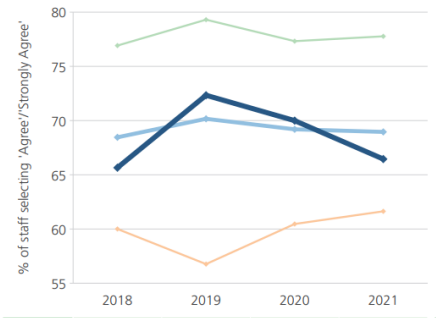
	2017	2018	2019	2020	2021
Best	61.9%	61.6%	65.8%	63.6%	65.2%
Your org	55.3%	53.7%	59.2%	56.0%	53.2%
Average	54.9%	54.4%	55.9%	54.5%	55.7%
Worst	45.6%	44.5%	44.3%	44.7%	48.2%
Responses	2,385	517	491	659	2,418

Q9d
My immediate manager takes a positive interest in my health and well-being



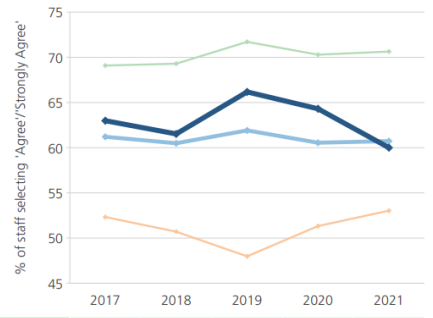
	2017	2018	2019	2020	2021
Best	74.4%	74.9%	77.8%	76.9%	75.4%
Your org	68.8%	67.5%	74.8%	69.2%	64.4%
Average	67.5%	67.2%	68.4%	69.2%	66.3%
Worst	59.3%	57.6%	55.6%	61.5%	59.5%
Responses	2,389	520	491	658	2,420

Q9a
My immediate manager encourages me at work



	2018	2019	2020	2021
Best	76.9%	79.3%	77.3%	77.8%
Your org	65.7%	72.3%	70.0%	66.5%
Average	68.5%	70.2%	69.2%	69.0%
Worst	60.0%	56.8%	60.5%	61.6%
Responses	520	493	660	2,418

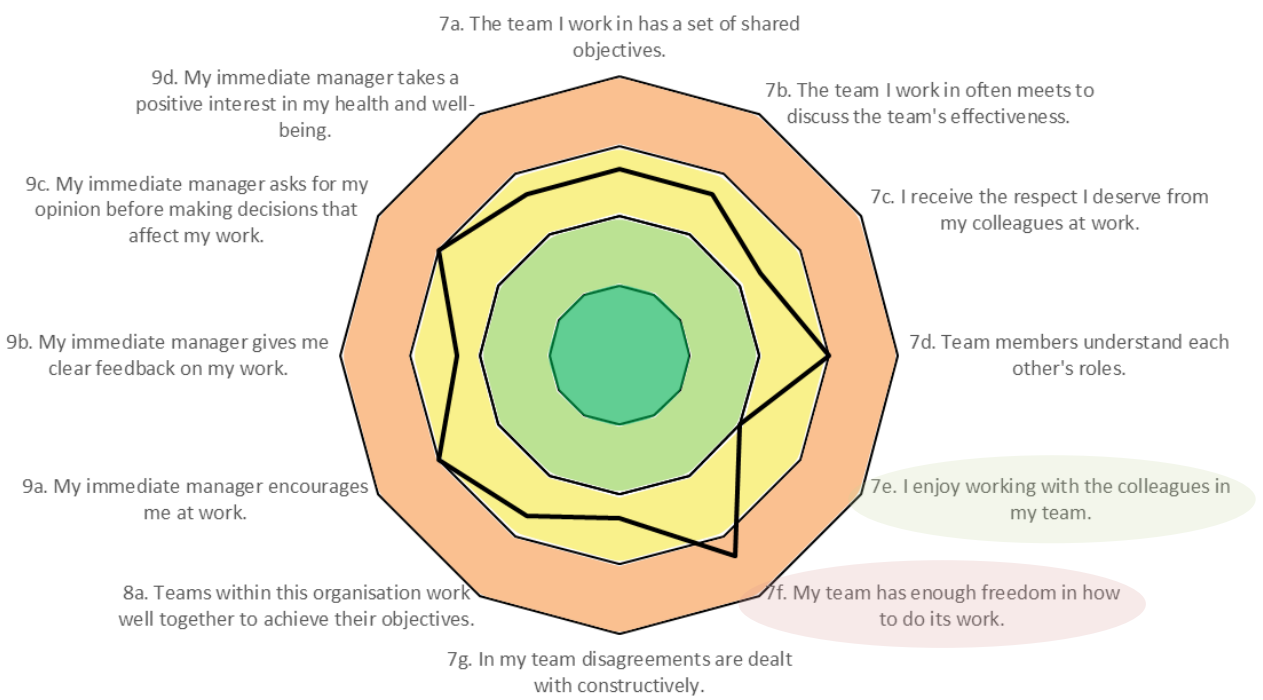
Q9b
My immediate manager gives me clear feedback on my work



	2017	2018	2019	2020	2021
Best	69.1%	69.3%	71.7%	70.3%	70.6%
Your org	63.0%	61.5%	66.2%	64.3%	60.0%
Average	61.2%	60.5%	61.9%	60.6%	60.7%
Worst	52.3%	50.7%	48.0%	51.3%	53.0%
Responses	2,384	520	491	658	2,415

Promise 7: We are a team

Great Western Hospitals NHS Foundation Trust



Between 3% and 6% better than 2021 National Average
Between 0% and 3% better than 2021 National Average
Between 0% and 3% worse than 2021 National Average
Between 3% and 6% worse than 2021 National Average
Between 6% and 9% worse than 2021 National Average
Between 9% and 12% worse than 2021 National Average

- Feedback indicates a disconnect between the immediate manager and their team. Positive feedback for a comprehensive Health and Wellbeing package is not extending to staff perception that their manager takes a positive interest.
- The Trust score for *I enjoy working with the colleagues in my team* matched the national average score.
- Possible areas of focus is ensuring managers *have shared objectives, team meetings and staff understand other roles in the team.*

Question Number	Response Category	2020 Trust Results	2021 Trust Results	2021 National Average	Difference
7f.	Strongly Agree/Agree	No question	53.0%	57.0%	-4.0%
9c.	Strongly Agree/Agree	55.7%	53.0%	56.0%	-3.0%
7d.	Strongly Agree/Agree	No question	68.0%	71.0%	-3.0%
9a.	Strongly Agree/Agree	70.0%	66.0%	69.0%	-3.0%
7a.	Strongly Agree/Agree	71.9%	70.0%	72.0%	-2.0%
7b.	Strongly Agree/Agree	54.6%	54.0%	56.0%	-2.0%
8a.	Strongly Agree/Agree	No question	50.0%	52.0%	-2.0%
9d.	Strongly Agree/Agree	69.5%	64.0%	66.0%	-2.0%
7c.	Strongly Agree/Agree	69.9%	69.0%	70.0%	-1.0%
7g.	Strongly Agree/Agree	No question	53.0%	54.0%	-1.0%
9b.	Strongly Agree/Agree	63.8%	60.0%	61.0%	-1.0%
7e.	Strongly Agree/Agree	No question	81.0%	81.0%	0.0%

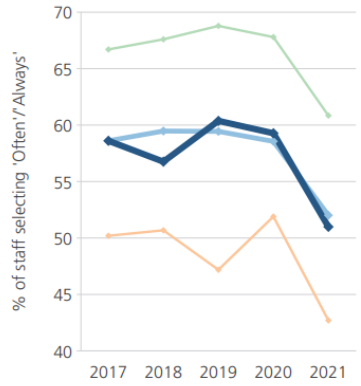
Theme
Staff engagement

Theme: Staff engagement

Great Western Hospitals NHS Foundation Trust

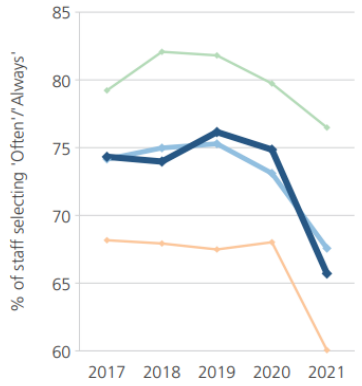
Theme

Q2a
I look forward to going to work



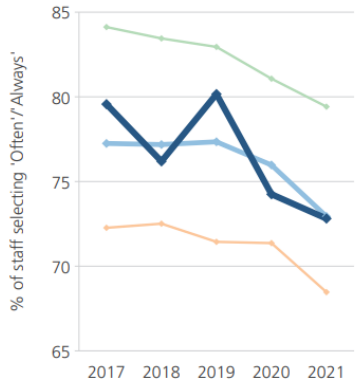
	2017	2018	2019	2020	2021
Best	66.7%	67.6%	68.8%	67.8%	60.8%
Your org	58.6%	56.8%	60.4%	59.3%	51.0%
Average	58.6%	59.5%	59.4%	58.6%	52.0%
Worst	50.2%	50.7%	47.2%	51.9%	42.7%
Responses	2,435	528	493	655	2,409

Q2b
I am enthusiastic about my job



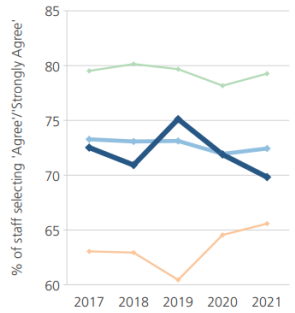
	2017	2018	2019	2020	2021
Best	79.2%	82.1%	81.8%	79.7%	76.5%
Your org	74.3%	74.0%	76.2%	74.9%	65.7%
Average	74.2%	75.0%	75.3%	73.1%	67.6%
Worst	68.2%	67.9%	67.5%	68.0%	60.1%
Responses	2,416	523	493	653	2,399

Q2c
Time passes quickly when I am working



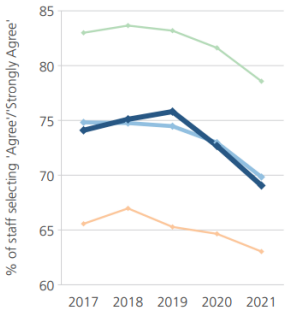
	2017	2018	2019	2020	2021
Best	84.1%	83.4%	82.9%	81.1%	79.4%
Your org	79.6%	76.2%	80.2%	74.2%	72.8%
Average	77.2%	77.2%	77.3%	76.0%	72.9%
Worst	72.3%	72.5%	71.4%	71.4%	68.5%
Responses	2,406	523	492	654	2,398

Q3c
There are frequent opportunities for me to show initiative in my role



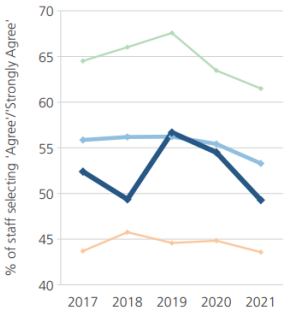
	2017	2018	2019	2020	2021
Best	79.5%	80.1%	79.7%	78.2%	79.3%
Your org	72.5%	70.9%	75.1%	71.9%	69.8%
Average	73.3%	73.1%	73.1%	71.9%	72.4%
Worst	63.0%	62.9%	60.4%	64.5%	65.6%
Responses	2,437	531	496	658	2,419

Q3d
I am able to make suggestions to improve the work of my team / department



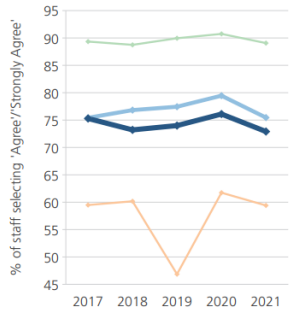
	2017	2018	2019	2020	2021
Best	83.0%	83.7%	83.2%	81.6%	78.6%
Your org	74.1%	75.1%	75.8%	72.7%	69.1%
Average	74.8%	74.8%	74.5%	73.0%	69.8%
Worst	65.6%	67.0%	65.3%	64.7%	63.0%
Responses	2,437	531	495	652	2,402

Q3f
I am able to make improvements happen in my area of work



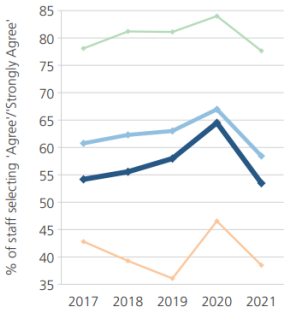
	2017	2018	2019	2020	2021
Best	64.5%	66.0%	67.6%	63.5%	61.5%
Your org	52.4%	49.4%	56.7%	54.5%	49.3%
Average	55.9%	56.2%	56.2%	55.4%	53.3%
Worst	43.7%	45.8%	44.6%	44.8%	43.6%
Responses	2,429	531	492	656	2,402

Q21a
Care of patients / service users is my organisation's top priority



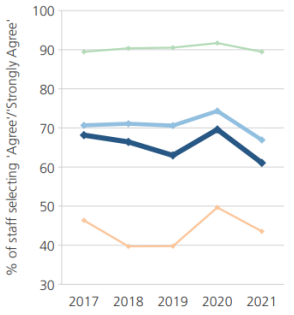
	2017	2018	2019	2020	2021
Best	89.3%	88.7%	90.0%	90.7%	89.1%
Your org	75.3%	73.2%	74.0%	76.1%	72.9%
Average	75.4%	76.8%	77.4%	79.5%	75.5%
Worst	59.5%	60.2%	46.9%	61.7%	59.4%
Responses	2,365	506	478	651	2,416

Q21c
I would recommend my organisation as a place to work



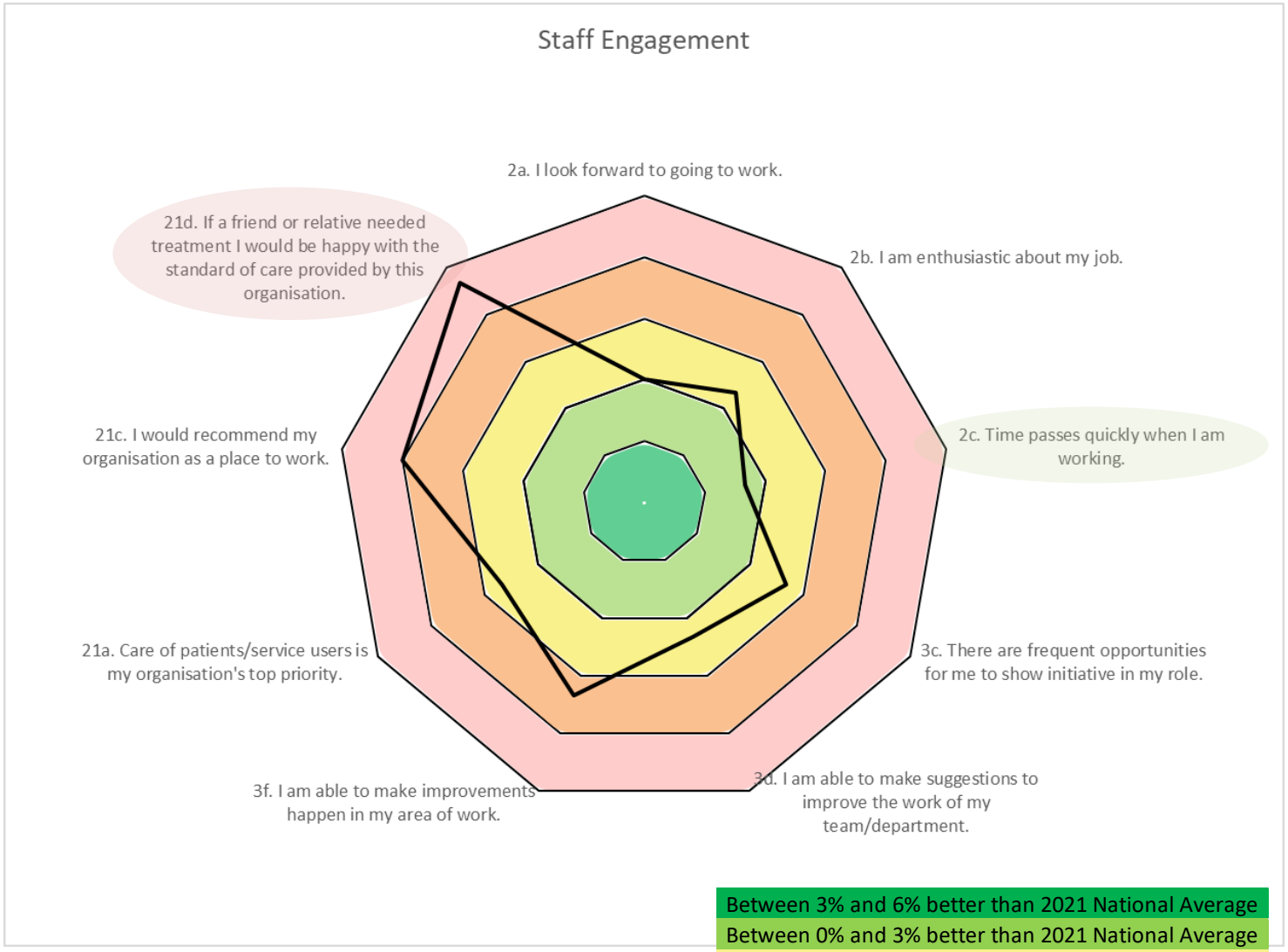
	2017	2018	2019	2020	2021
Best	78.1%	81.2%	81.1%	84.0%	77.6%
Your org	54.2%	55.6%	58.0%	64.5%	53.5%
Average	60.8%	62.3%	63.0%	67.0%	58.4%
Worst	42.8%	39.3%	36.1%	46.5%	38.5%
Responses	2,361	506	479	653	2,412

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



	2017	2018	2019	2020	2021
Best	89.5%	90.4%	90.5%	91.7%	89.5%
Your org	68.2%	66.4%	63.0%	69.6%	61.1%
Average	70.7%	71.1%	70.6%	74.3%	66.9%
Worst	46.4%	39.7%	39.8%	49.7%	43.6%
Responses	2,360	507	477	651	2,413

Theme – Staff engagement



Between 3% and 6% better than 2021 National Average
Between 0% and 3% better than 2021 National Average
Between 0% and 3% worse than 2021 National Average
Between 3% and 6% worse than 2021 National Average
Between 6% and 9% worse than 2021 National Average
Between 9% and 12% worse than 2021 National Average

- It is positive that our staff feedback that they *look forward to coming to work* and *time passes quickly.*
- Areas of focus continue the Promise 3 theme of *staff influencing change and improvement and reinforce their commitment to working with the Trust and recommending care of patients.*
- With the continued impact of the Covid-19 pandemic, this theme was anticipated to decline and has done so in line with the national trend.

Question Number	Response Category	2020 Trust Results	2021 Trust Results	2021 National Average	Difference
21d.	Strongly Agree/Agree	69.9%	60.0%	68.0%	-8.0%
21c.	Strongly Agree/Agree	64.5%	53.0%	59.0%	-6.0%
3f.	Strongly Agree/Agree	53.8%	49.0%	53.0%	-4.0%
3c.	Strongly Agree/Agree	72.0%	70.0%	72.0%	-2.0%
21a.	Strongly Agree/Agree	76.0%	73.0%	75.0%	-2.0%
2b.	Always/Often	74.4%	65.0%	66.0%	-1.0%
3d.	Strongly Agree/Agree	72.4%	69.0%	70.0%	-1.0%
2a.	Always/Often	59.2%	51.0%	51.0%	0.0%
2c.	Always/Often	74.2%	73.0%	72.0%	1.0%

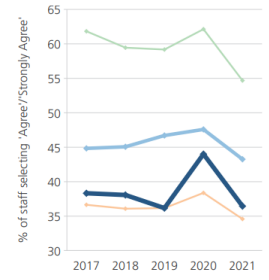
Theme
Morale

Theme: Morale

Great Western Hospitals NHS Foundation Trust

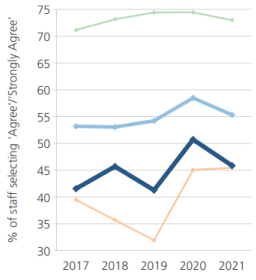
Theme

Q3g
I am able to meet all the conflicting demands on my time at work



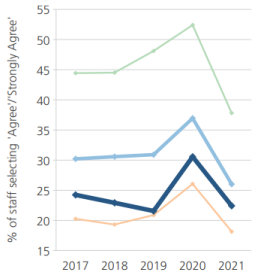
	2017	2018	2019	2020	2021
Best	61.8%	59.4%	59.2%	62.1%	54.7%
Your org	38.3%	38.1%	36.2%	44.0%	36.5%
Average	44.8%	45.1%	46.7%	47.6%	43.3%
Worst	36.6%	36.1%	36.2%	38.4%	34.6%
Responses	2,430	528	494	658	2,402

Q3h
I have adequate materials, supplies and equipment to do my work



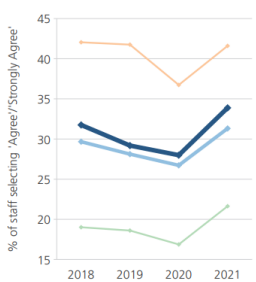
	2017	2018	2019	2020	2021
Best	71.2%	73.2%	74.4%	74.4%	73.0%
Your org	41.5%	45.7%	41.3%	50.7%	45.8%
Average	53.2%	53.0%	54.2%	58.5%	55.3%
Worst	39.5%	35.7%	31.9%	45.1%	45.5%
Responses	2,426	528	495	656	2,407

Q3i
There are enough staff at this organisation for me to do my job properly



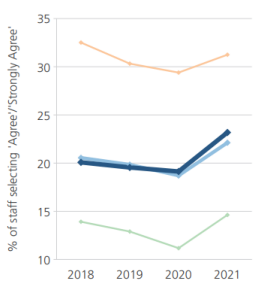
	2017	2018	2019	2020	2021
Best	44.4%	44.5%	48.1%	52.4%	37.8%
Your org	24.2%	22.9%	21.6%	30.6%	22.4%
Average	30.2%	30.6%	30.9%	36.9%	26.0%
Worst	20.3%	19.3%	20.9%	26.1%	18.2%
Responses	2,438	529	494	655	2,417

Q22a
I often think about leaving this organisation



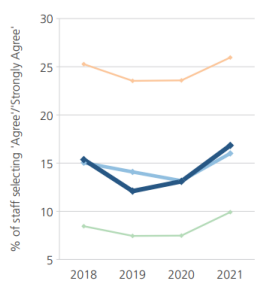
	2018	2019	2020	2021
Worst	42.0%	41.8%	36.7%	41.6%
Your org	31.8%	29.2%	28.0%	33.9%
Average	29.7%	28.1%	26.7%	31.3%
Best	19.0%	18.6%	16.9%	21.6%
Responses	509	479	657	2,418

Q22b
I will probably look for a job at a new organisation in the next 12 months



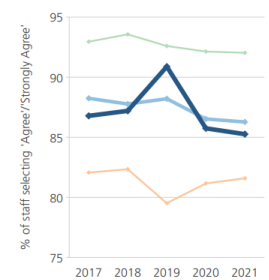
	2018	2019	2020	2021
Worst	32.5%	30.3%	29.4%	31.2%
Your org	20.1%	19.6%	19.1%	23.2%
Average	20.6%	19.8%	18.7%	22.1%
Best	13.9%	12.9%	11.2%	14.6%
Responses	508	479	656	2,413

Q22c
As soon as I can find another job, I will leave this organisation



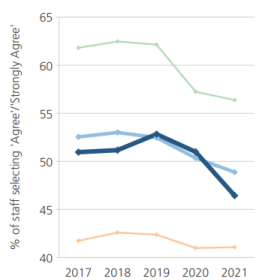
	2018	2019	2020	2021
Worst	25.3%	23.5%	23.6%	26.0%
Your org	15.4%	12.1%	13.1%	16.8%
Average	15.0%	14.1%	13.2%	16.0%
Best	8.5%	7.4%	7.5%	9.9%
Responses	487	474	653	2,400

Q3a
I always know what my work responsibilities are



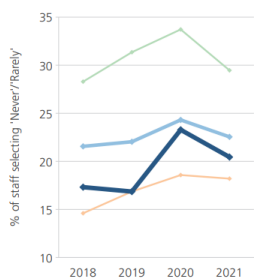
	2017	2018	2019	2020	2021
Best	93.0%	93.6%	92.6%	92.1%	92.0%
Your org	86.8%	87.2%	90.9%	85.7%	85.3%
Average	88.2%	87.8%	88.2%	86.5%	86.3%
Worst	82.1%	82.3%	79.5%	81.2%	81.6%
Responses	2,435	530	490	654	2,422

Q3e
I am involved in deciding on changes introduced that affect my work area / team / department



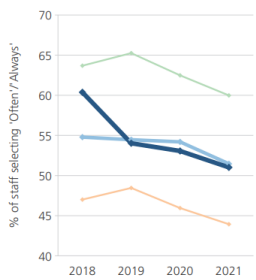
	2017	2018	2019	2020	2021
Best	61.8%	62.5%	62.1%	57.2%	56.4%
Your org	51.0%	51.2%	52.8%	51.0%	46.4%
Average	52.5%	53.0%	52.5%	50.4%	48.9%
Worst	41.7%	42.6%	42.4%	41.0%	41.1%
Responses	2,435	530	492	657	2,414

Q5a
I have unrealistic time pressures



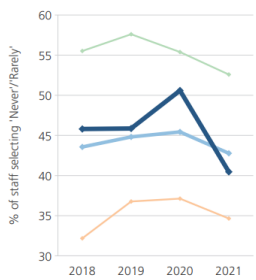
	2018	2019	2020	2021
Best	28.3%	31.3%	33.7%	29.5%
Your org	17.3%	16.9%	23.3%	20.4%
Average	21.6%	22.0%	24.3%	22.5%
Worst	14.6%	16.9%	18.6%	18.2%
Responses	524	494	657	2,412

Q5b
I have a choice in deciding how to do my work



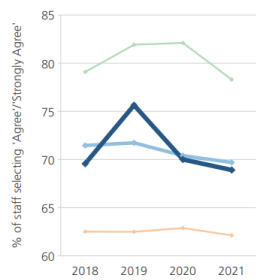
	2018	2019	2020	2021
Best	63.7%	65.3%	62.5%	60.0%
Your org	60.4%	54.0%	53.1%	51.0%
Average	54.8%	54.5%	54.2%	51.5%
Worst	47.0%	48.5%	45.9%	43.9%
Responses	524	491	655	2,411

Q5c
Relationships at work are strained



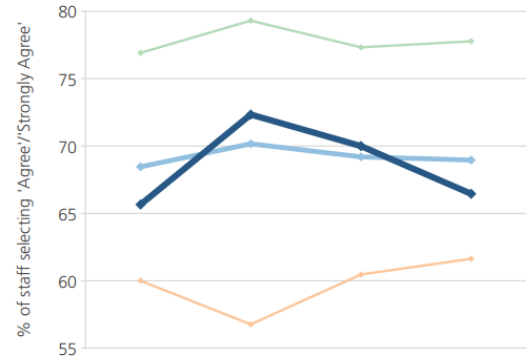
	2018	2019	2020	2021
Best	55.5%	57.6%	55.4%	52.6%
Your org	45.8%	45.9%	50.6%	40.5%
Average	43.6%	44.8%	45.4%	42.8%
Worst	32.2%	36.8%	37.1%	34.6%
Responses	522	493	656	2,410

Q7c
I receive the respect I deserve from my colleagues at work



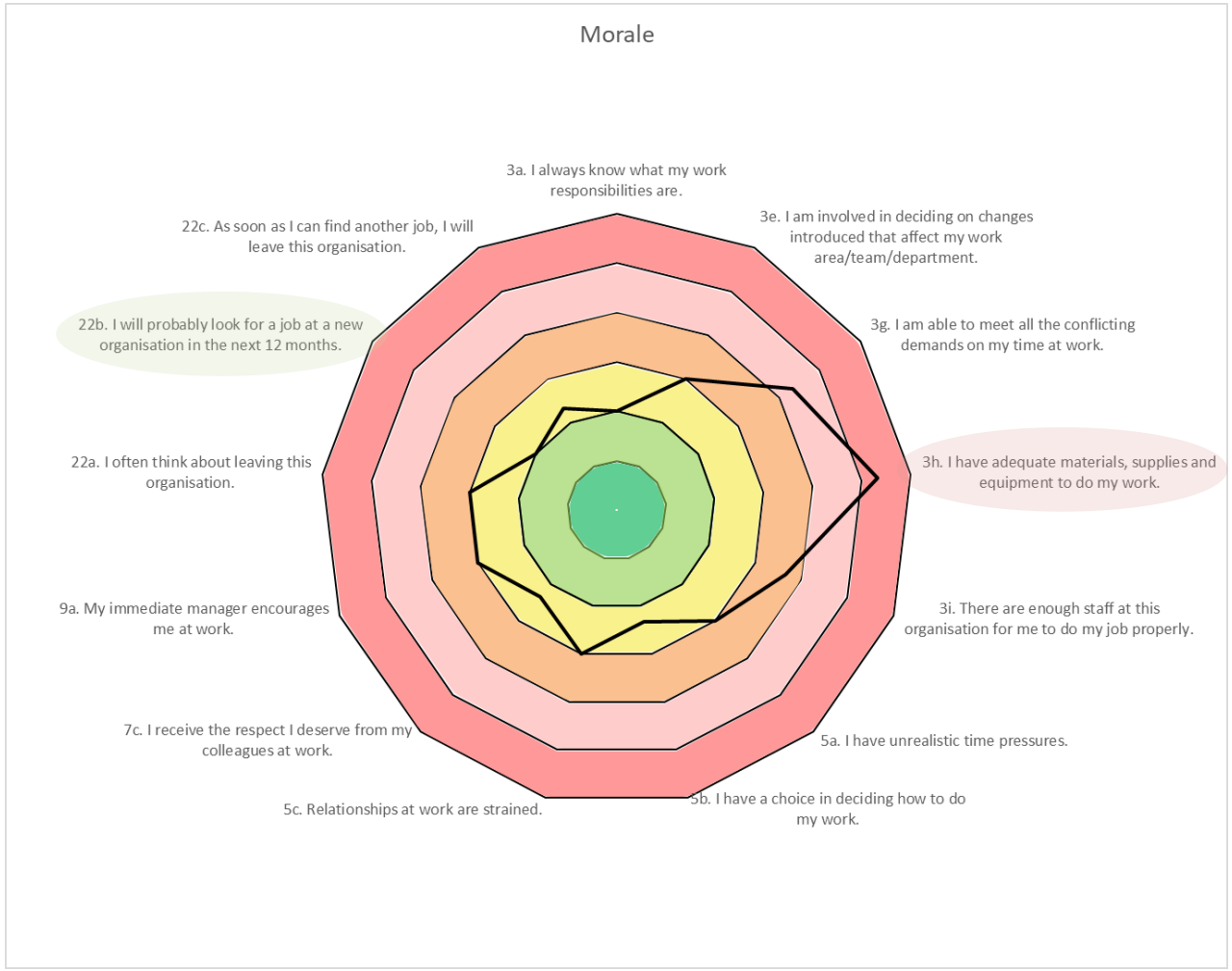
	2018	2019	2020	2021
Best	79.1%	81.9%	82.1%	78.3%
Your org	69.6%	75.6%	70.0%	68.9%
Average	71.5%	71.7%	70.4%	69.7%
Worst	62.5%	62.5%	62.9%	62.1%
Responses	531	494	654	2,415

Q9a
My immediate manager encourages me at work



	2018	2019	2020	2021
Best	76.9%	79.3%	77.3%	77.8%
Your org	65.7%	72.3%	70.0%	66.5%
Average	68.5%	70.2%	69.2%	69.0%
Worst	60.0%	56.8%	60.5%	61.6%
Responses	520	493	660	2,418

Theme - Morale



- Morale is an area of further focus and impacts on the scores for the 7 Promises. Particular concerns include staff perception regarding the *challenge of conflicting demands and insufficient supplies, equipment and staff*.
- This could be an area of opportunity for innovative communication initiatives – benchmark example: 'Postcards home from the CEO.'
- With the on-going covid pandemic, as with staff engagement, morale was expected to decline and is in line with the national trend

Question Number	Response Category	2020 Trust Results	2021 Trust Results	2021 National Average	Difference
3h.	Strongly Agree/Agree	51.1%	45.0%	55.0%	-10.0%
3g.	Strongly Agree/Agree	43.6%	36.0%	43.0%	-7.0%
3i.	Strongly Agree/Agree	30.4%	21.0%	26.0%	-5.0%
5a.	Never/Rarely	23.0%	20.0%	23.0%	-3.0%
3e.	Strongly Agree/Agree	51.0%	46.0%	49.0%	-3.0%
5c.	Never/Rarely	49.5%	40.0%	43.0%	-3.0%
22a.	Strongly disagree/disagree	45.7%	40.0%	43.0%	-3.0%
9a.	Strongly Agree/Agree	70.0%	66.0%	69.0%	-3.0%
5b.	Always/Often	52.7%	51.0%	52.0%	-1.0%
7c.	Strongly Agree/Agree	69.9%	69.0%	70.0%	-1.0%
22c.	Strongly disagree/disagree	60.5%	57.0%	58.0%	-1.0%
3a.	Strongly Agree/Agree	86.1%	86.0%	86.0%	0.0%
22b.	Strongly disagree/disagree	55.3%	51.0%	51.0%	0.0%

Between 3% and 6% better than 2021 National Average
Between 0% and 3% better than 2021 National Average
Between 0% and 3% worse than 2021 National Average
Between 3% and 6% worse than 2021 National Average
Between 6% and 9% worse than 2021 National Average
Between 9% and 12% worse than 2021 National Average

Great Western Hospitals
NHS Foundation Trust

Divisional Overview

Great Western Hospitals NHS Foundation Trust

Divisional Comparison

Theme	Corporate Services			Integrated & Community Care			Surgery, Women's & Children's			Unscheduled Care		
	2021 Score	2021 vs 2020	2021 vs National Average	2021 Score	2021 vs 2020	2021 vs National Average	2021 Score	2021 vs 2020	2021 vs National Average	2021 Score	2021 vs 2020	2021 vs National Average
People Promise 1: We are compassionate and inclusive	7.0		↓	**7.2**		→	7.0		↓	7.1		↓
People Promise 2: We are recognised and rewarded	5.5		↓	**5.7**		↓	5.5		↓	**5.7**		↓
People Promise 3: We each have a voice that counts	6.5		↓	**6.6**		↓	**6.6**		↓	**6.6**		↓
People Promise 4: We are safe and healthy	5.7		↓	**5.8**		↓	5.6		↓	5.6		↓
People Promise 5: We are always learning	4.9		↓	5.2		→	5.1		↓	5.1		↓
People Promise 6: We work flexibly	5.9		→	6.1		↑	**6.6**		↑	5.9		→
People Promise 7: We are a team	6.4		↓	**6.6**		→	6.4		↓	6.5		↓
Staff Engagement	6.6	↓	↓	**6.7**	↓	↓	6.6	↓	↓	6.6	↓	↓
Morale	5.5	↓	↓	5.7	↓	→	5.5	↓	↓	5.4	↓	↓
Divisional Total	**54.0**			**55.6**			**54.9**			**54.5**		

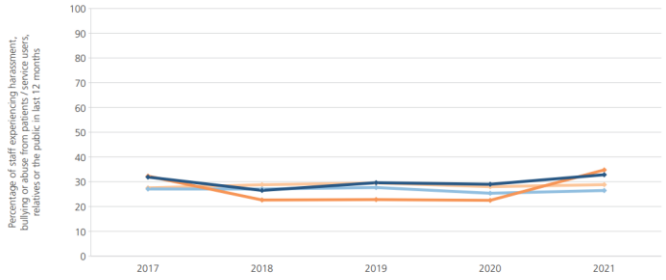
Great Western Hospitals
NHS Foundation Trust

BME and Disability Overview

BME Overview

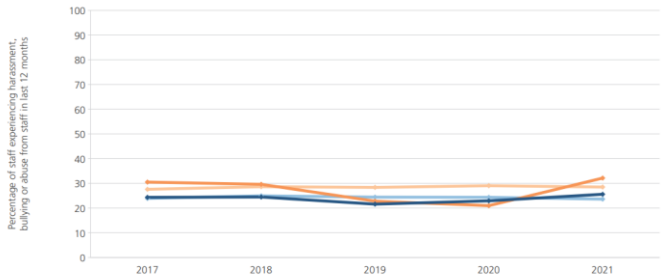
Great Western Hospitals NHS Foundation Trust

In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



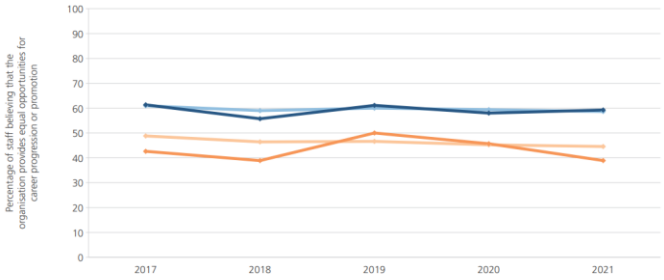
	2017	2018	2019	2020	2021
White: Your org	31.9%	26.5%	29.6%	29.0%	32.8%
BME: Your org	32.3%	22.6%	22.8%	22.5%	34.8%
White: Average	27.1%	27.1%	27.7%	25.4%	26.5%
BME: Average	27.5%	28.8%	29.5%	28.0%	28.8%
White: Responses	2,126	449	412	559	2,025
BME: Responses	189	53	57	80	368

In the last 12 months have you personally experienced harassment, bullying or abuse at work from other colleagues?



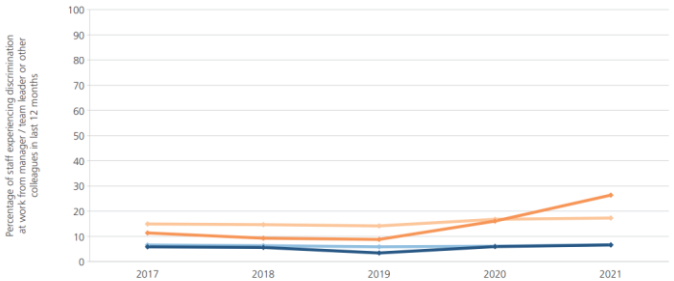
	2017	2018	2019	2020	2021
White: Your org	24.4%	24.5%	21.6%	22.9%	25.6%
BME: Your org	30.5%	29.6%	22.8%	21.0%	32.2%
White: Average	23.9%	25.0%	24.4%	24.4%	23.6%
BME: Average	27.6%	28.7%	28.4%	29.1%	28.5%
White: Responses	2,114	445	412	558	2,023
BME: Responses	190	54	57	81	367

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2017	2018	2019	2020	2021
White: Your org	61.3%	55.7%	61.1%	58.0%	59.3%
BME: Your org	42.6%	38.9%	50.0%	45.7%	38.9%
White: Average	61.0%	59.0%	60.0%	59.4%	58.6%
BME: Average	48.8%	46.4%	46.6%	45.2%	44.6%
White: Responses	2,103	445	414	562	2,032
BME: Responses	183	54	58	81	365

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2017	2018	2019	2020	2021
White: Your org	5.8%	5.6%	3.4%	5.9%	6.6%
BME: Your org	11.4%	9.3%	8.8%	16.0%	26.4%
White: Average	6.6%	6.3%	5.9%	6.1%	6.7%
BME: Average	14.9%	14.6%	14.1%	16.8%	17.3%
White: Responses	2,126	447	411	556	2,021
BME: Responses	185	54	57	81	364

BME Overview

Great Western Hospitals NHS Foundation Trust

- The percentage of BME staff experiencing harassment, bullying or abuse from **patients / service users, relatives or the public** in last 12 months has markedly increased (by 12%). There is a smaller increase (3.8%) for White staff in the same period. Both the Trust BME and White rates are above the national averages for these groups.

- The percentage of BME staff experiencing harassment, bullying or abuse from **colleagues i**n last 12 months has similarly risen (by 12.2%) whilst the rise for White staff is 2.7% in the same period. Both the Trust BME and White rates are above the national averages for these groups.

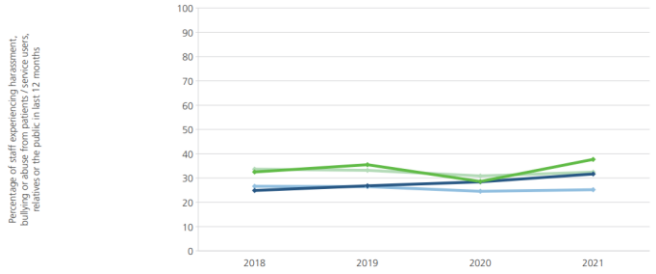
- Data also shows a marked increase in the percentage of BME staff experiencing discrimination **at work from manager / team leader or other colleagues** in last 12 months (by 10.4%) with no real change for white staff (an increase of less than 1%). Both the Trust BME and White rates are above the national averages for these groups.

- The percentage of BME staff **believing that the organisation provides equal opportunities for career progression or promotion** has decreased for BME staff (by 6.8%), but has shown a slight increase for white staff (by 1.3%). Whilst the Trust BME rate is below the national average, the rate for White staff is above the national average.

Disability Overview

Great Western Hospitals NHS Foundation Trust

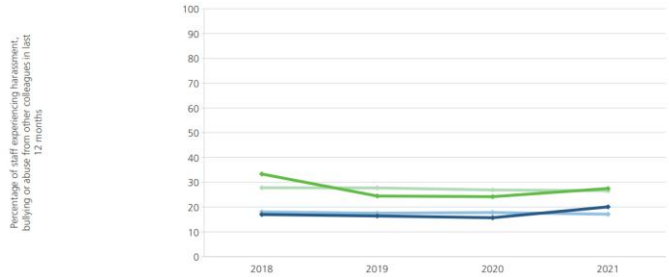
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	32.5%	35.5%	28.6%	37.7%
Staff without a LTC or illness: Your org	24.9%	26.8%	28.4%	31.7%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%	32.4%
Staff without a LTC or illness: Average	26.6%	26.5%	24.5%	25.2%
Staff with a LTC or illness: Responses	80	93	154	560
Staff without a LTC or illness: Responses	414	377	496	1,825

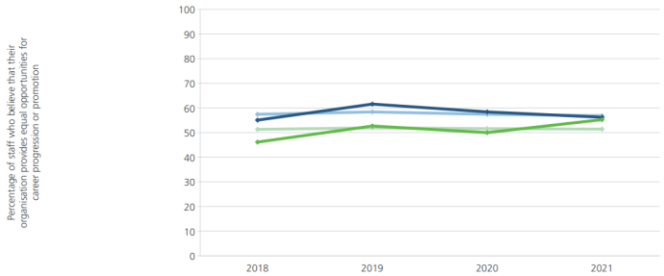
Average calculated as the median for the benchmark group

In the last 12 months have you personally experienced harassment, bullying or abuse at work from other colleagues?



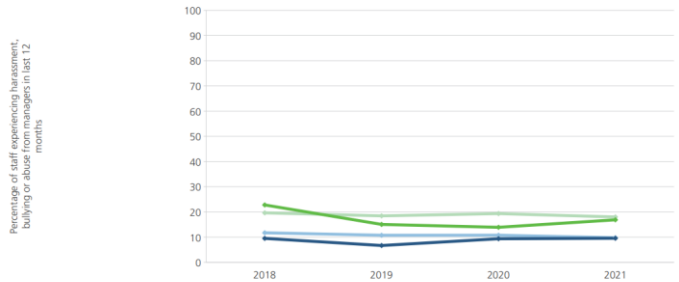
	2018	2019	2020	2021
Staff with a LTC or illness: Your org	33.3%	24.4%	24.2%	27.5%
Staff without a LTC or illness: Your org	17.0%	16.4%	15.7%	20.1%
Staff with a LTC or illness: Average	27.8%	27.7%	26.9%	26.6%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%	17.1%
Staff with a LTC or illness: Responses	78	90	153	553
Staff without a LTC or illness: Responses	412	372	491	1,804

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	46.2%	52.7%	50.0%	55.3%
Staff without a LTC or illness: Your org	55.1%	61.6%	58.4%	56.2%
Staff with a LTC or illness: Average	51.3%	51.9%	51.6%	51.4%
Staff without a LTC or illness: Average	57.4%	58.4%	57.4%	56.8%
Staff with a LTC or illness: Responses	78	93	154	561
Staff without a LTC or illness: Responses	414	380	500	1,830

In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2018	2019	2020	2021
Staff with a LTC or illness: Your org	22.8%	15.1%	13.9%	16.9%
Staff without a LTC or illness: Your org	9.5%	6.7%	9.4%	9.6%
Staff with a LTC or illness: Average	19.6%	18.4%	19.3%	18.0%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%	9.8%
Staff with a LTC or illness: Responses	79	93	151	557
Staff without a LTC or illness: Responses	410	374	491	1,810

Great Western Hospitals
NHS Foundation Trust

Next Steps

How we will respond: what we will do differently in 2022

Great Western Hospitals NHS Foundation Trust

Response Previously

- Over interrogate the data delaying real actions
- Use excuses for why the results are poor (context, COVID, Front door, ED)
- Apportion responsibility for result (Management, middle management, Executive, HR)
- Undeliverable action plans (3 keys areas) with many actions
- Rely on an individual to lead on the action plan
- Top down – led and delivered to management
- You said – We Did
- Overreliances on Divisional Action Plans
- Reliance on one off acts of recognition– without sustainable impact on day to day environment.
- Talk ourselves down – learned helplessness

This years response

- Accepting the data – results have worsened and it is a question of degrees of worsening
- Agree Trust wide prioritise and then use data to identify areas for targeted interventions
- Take the improving together OD module and widen participation (Top down/bottom up)
- We said – We did
- Establish a working group made up of all Staff Group Representation (HCA, Medical, Nursing, AHP, Staff Side HR, COMMS etc.)
- Align working group with Quarterly Survey to support oversight of progress.
- Identify a dedicated lead based on positive impact of investments (Health wellbeing lead and EDI lead)
- Maintain/expand recognition whilst building on the above.
- Research from Jungle Green – Mkt research –: what staff think about us an employer, what they like about working here, what they don't like about working here, how our comms resonates (or doesn't) with them, and the views of members of public about us as a potential employer.
- Appreciative enquiry – self belief

Staff survey headlines

Great Western Hospitals NHS Foundation Trust

Our area of focus:

We each have a voice that counts

"I am able to make improvements happen in my area of work."

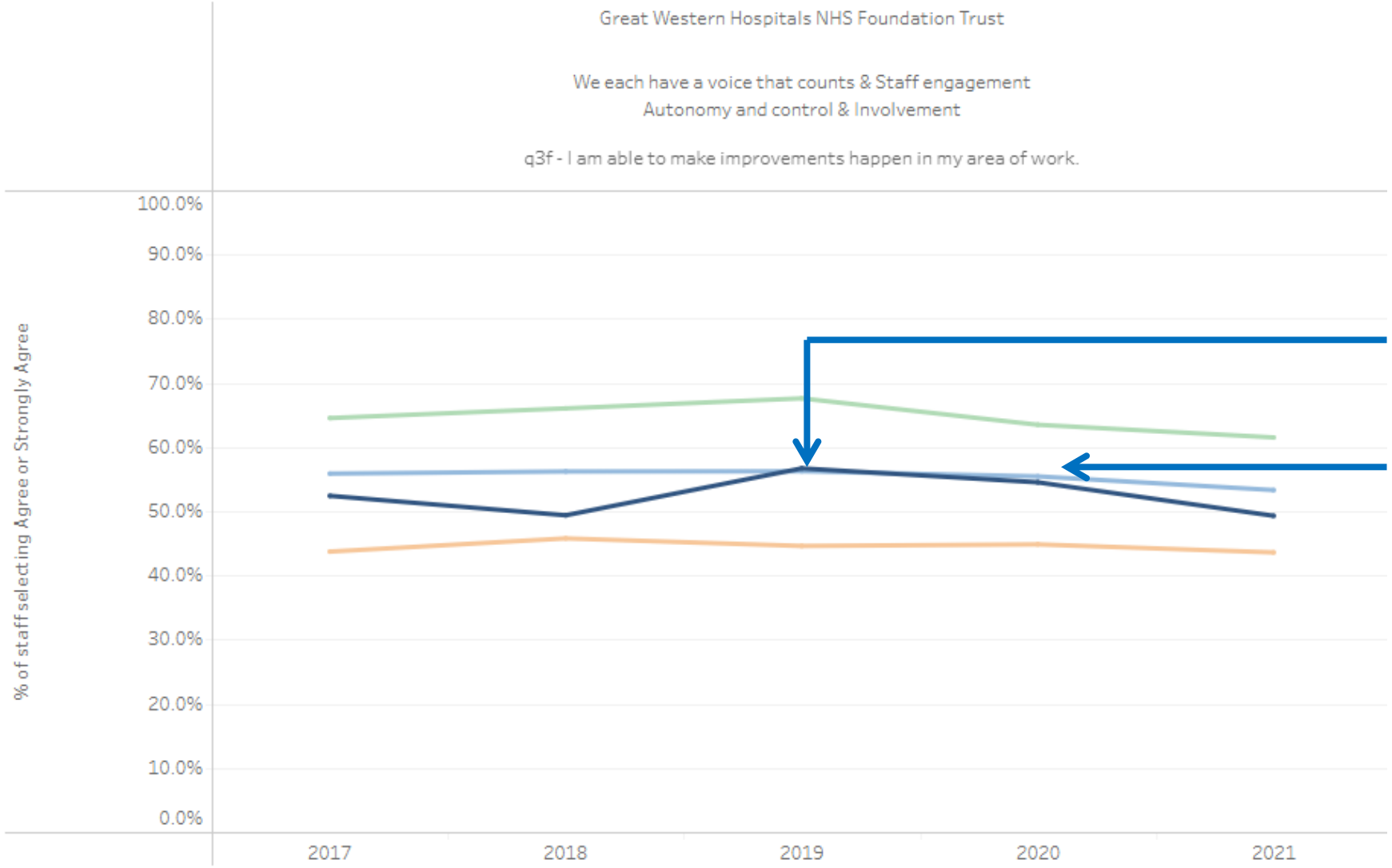
Enablers

- Managerial support
- Freedom To Speak Up
- Normalising wellbeing conversations
- Voicing our ideas
- Taking time to listen
- Improving Together
- Developing our just and learning culture
- Leadership development

Criteria used to identify focus area:

- Identified lowest scores compared to the national average
- Excluded questions that difficult to influence – pay and condition due to AFC
- Excluded questions that had large degree of variables for example "I would recommend my organisation as a place to work"
- Consider questions which are specific and could be delivered by front line staff
- Consider how this fits with existing projects such as Improving Together and Just and Learning

Breakthrough objective trend



Uptake in staff survey question coinciding with Ideas Programme.

COVID-19 impact shows stagnation and decrease.

Process:

Great Western Hospitals NHS Foundation Trust

Exec Sign off

- March/April Sign off approach and breakthrough objective: “People Promise 3: We each have a voice that counts: I am able to make improvements happen in my area of work”
- Finalise A3 tool and governance process
- Establish a working group to drive forward actions, share learning and ideas and monitor process (PMO, Staff Groups, HR, OD, Staff Side)

Divisional Results

- March/April staff survey result shared at Divisional Performance meeting
- Familiarise the Division with breakthrough objective, link to Compassionate Leadership and A3 tool to identify areas to target
- Agree a meeting for April to work through Improving Together methodology and agree target areas/department/staff groups for specific interventions (T&I and HR to attend)

A3 improving together

- Improving Together (Wave 1) Divisional frontline teams to use full range of Improving Together tools approach to identify root causes and to address accordingly
- The approach involves empowering staff to make improvements themselves – by providing the training, the tools and the freedom to work out where the opportunities are, and the skills and support to make change happen, to make it sustainable
- Divisional Teams not included in Wave 1 – Improving Together Lite – use the A3 and engage with teams to create environment where their ideas for improvement which are within their gift to change are identified, implemented and celebrated

Monitor Progress at Monthly Divisional Performance

- Monthly reporting through Divisional Boards and Divisional Performance meeting
- Agree when improvement have been achieved before progress to the next area
- Monitor progress of the A3

Feedback through working group

- Responsible for quarterly Staff Survey and monitoring progress against scores
- Feedback to the Divisions results from quarterly survey results and reporting where progress is/is not been achieved
- Agree Trust-wide comms to share progress
- Share learning and ideas
- Responsible for the Trust Wide A3

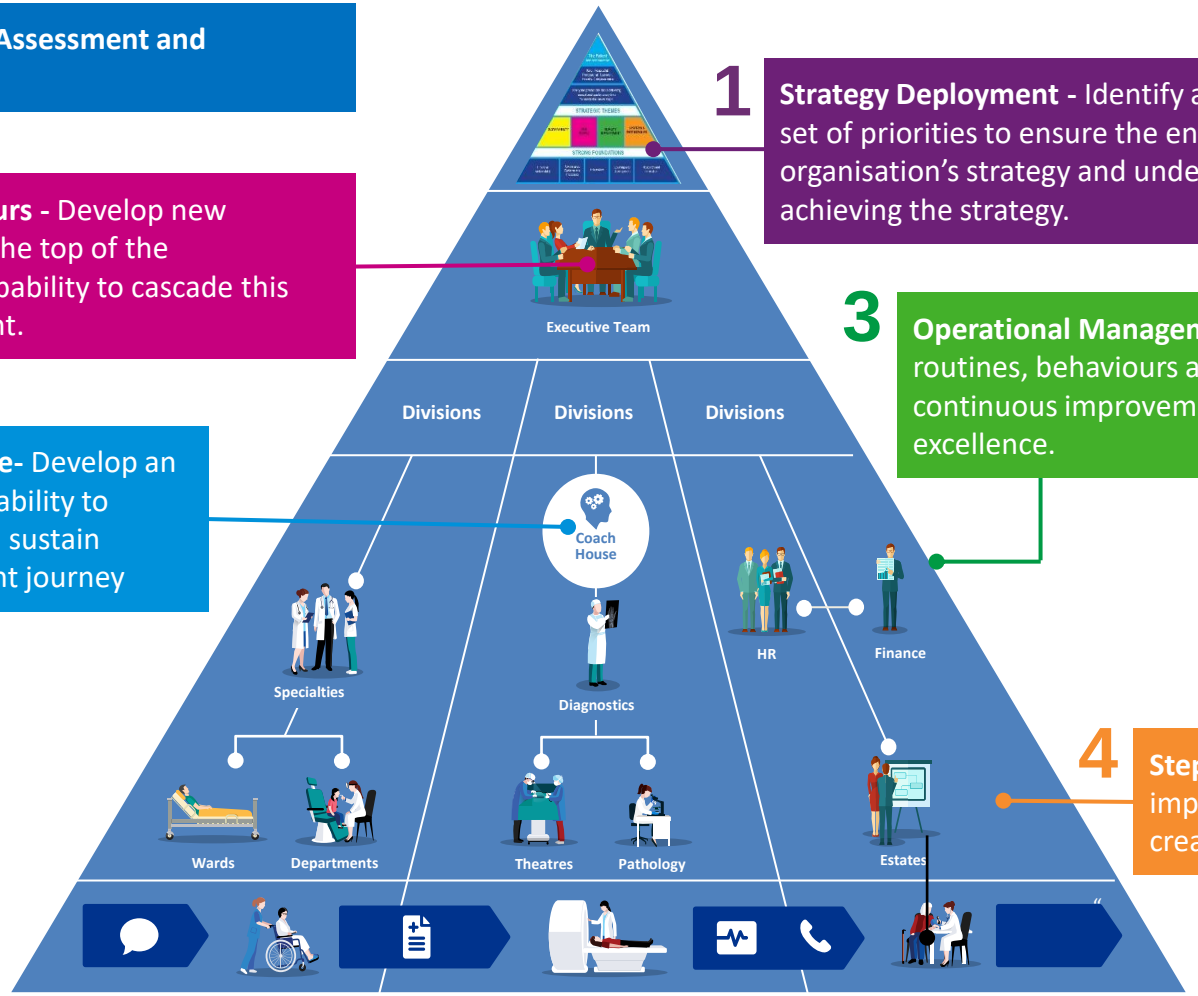
Improving Together Approach

Great Western Hospitals NHS Foundation Trust

0 **Scoping: Readiness Assessment and Roadmapping**

2 **Leadership behaviours -** Develop new leadership styles at the top of the organisation, and capability to cascade this through management.

5 **Coach House-** Develop an internal capability to develop and sustain improvement journey



1 **Strategy Deployment -** Identify and communicate a focused set of priorities to ensure the entire staff can align with the organisation's strategy and understand its contribution to achieving the strategy.

3 **Operational Management System** – A system of routines, behaviours and tools which ensure daily continuous improvement and performance excellence.

4 **Step change projects -** Using improvement methodology to create step-change improvement

I personally believe that this is the way that hospitals in the UK will be run going forward.

Mike Viggers, Western Sussex Hospital Chairman

Communication and engagement - Providing an environment that values staff and engages them with the organisation

Embedding Principles of Ideas Programme into Improving Together

Great Western Hospitals NHS Foundation Trust

The Improving Together approach provides a robust framework that builds upon the Ideas Programme. There are a number of principles and lessons learned that can to be applied into the communication plan and training plan to maximise impact;

- Emphasis upon momentum and 'influencers' to spread the word
- Staff need to know how to progress improvements with supporting services
- Understanding the roles of different staff groups in a pathway
- Localised communications from leaders to their teams that underpin and support trust-wide messaging
- Staff recognition supported engagement, wellbeing and momentum
- Visibility from leaders always gained respect from frontline teams
- If an improvement was not feasible then rationale was always provided.
- Staff often raise the same improvement ideas.
- Hardcopy communication methods. Target staff rooms to capture all staff
- What is the gold-standard and what do we need to do to get there mantra?

Improving Together – using the A3 Methodology

Great Western Hospitals NHS Foundation Trust

The A3 Methodology is part of the Improving Together approach that will be used Trust-wide and has an increased emphasis upon root cause analysis and using data to support change.

The approach involves empowering staff to make improvements themselves – by providing the training, the tools and the freedom to work out where the opportunities are, and the skills and support to make change happen and to make it sustainable.

GWH NHS FT— Staff Survey—% Recommend Place to Work | **Exec Lead—Jude Gray**

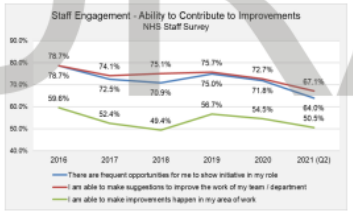
Problem Statement

Currently, the trust is slightly below average for staff recommending GWH as place to work at 59.7%. The trust has stayed at this level for around 4 years. The overall engagement in the staff survey has shown slight improvements over the year but remains fairly static. This can have an impact on staff retention and staff morale. If staff currently feel ambivalent to work at GWH this will translate positively across to patient care and experience.

Current Situation

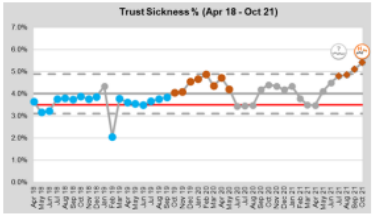
The percentage of staff recommending the organisation as a place to work has dropped by 4.8% in 2021 as compared to 2020

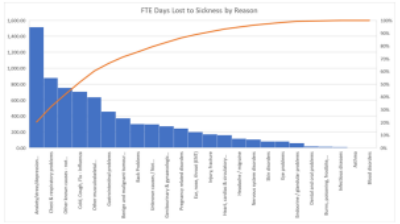
The staff survey response rates have dropped by 6.8% in 2021 as compared to 2020



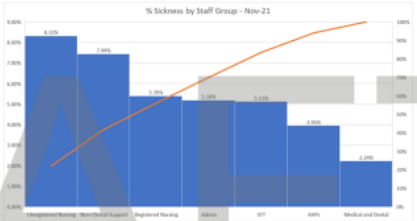
The percentage of responses to the above questions reflecting Staff engagement show downward trend after 2019.

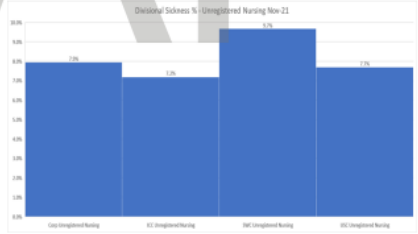
Root Cause





The top contributing reason for sickness currently is Anxiety/Stress and depression.





The staffing group with the highest number of sickness absences are the unregistered nursing staff within the Surgery, Women's and Children's division.

Vision / Goals

Vision: Staff at GWH would describe working at the Trust as a great place to work with fantastic personal and professional support and development opportunities.

Goal:

- Improve the staff recommendation metric in the staff survey overall by 5% in the next 2 years.
- Improve the staff survey question "My immediate manager takes a positive interest in my health and wellbeing" by 5% in the next 2 years.
- In the next 12 months, to develop 'Our GWH Way' which encompasses just and learning, compassionate leadership and stability at work so that inappropriate behaviours are tackled and positive behaviours are championed.

Countermeasures

Concern	Cause	Countermeasure
High sickness absences within the trust	Anxiety, stress, depression and MSK	• Increase engagement with health and wellbeing support mechanisms • Improve alignment and capability to respond to sick absences

Any questions?

Report Title	**Freedom to Speak Up Bi-Annual Update Report**				
Meeting	**Trust Board**				
Date	5th May April 2022	Part 1 (Public) [Added after submission]		Part 2 (Private) [Added after submission]	
Accountable Lead	Lisa Cheek Chief Nurse				
Report Author	Sharon Keene Quality & Compliance Manager				
Appendices	N/A				

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):

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:

Freedom to Speak up at GWH has been developed in line with National Guardian Office requirements i.e., National guidelines on Freedom to Speak Up training in the health sector in England.

Report

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

The purpose of the report is to provide the committee with the opportunity to hear directly from a Freedom to Speak Up Guardian about the current position relating to FTSU within the Trust, this bi-annual report provides a summary of the six months of FTSU Activity from July 2021 to December 2021. Which includes

- FTSU achievements over a six-month period, which include a successful delivery of FTSU training workshops for Staff
- Themes from FTSU concerns
- Next steps of FTSU
- The Recruitment of four volunteer Freedom to Speak Up Guardians to enable further progress in embedding the national agenda within the Trust and the opportunity to review and revise processes that supports speaking up

The information provided within this report seeks to demonstrate the active presence of FTSU within the organisation, its ongoing development, and efforts to respond to matters raised.

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		
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
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:	
▪ Note and comment on the themes, trends and issues arising from this report	
Accountable Lead Signature	Lisa Theaker
Date	27th April 2022

Freedom to Speak Up Bi-Annual Update Report

Freedom to speak up overview of concerns

This report provides the Committee with an update on recent FTSU concerns, the concerns for this period have been received via different routes including staff members raising concerns anonymously via the FTSU inbox reporting form and directly with the Freedom to Speak Up Guardians.

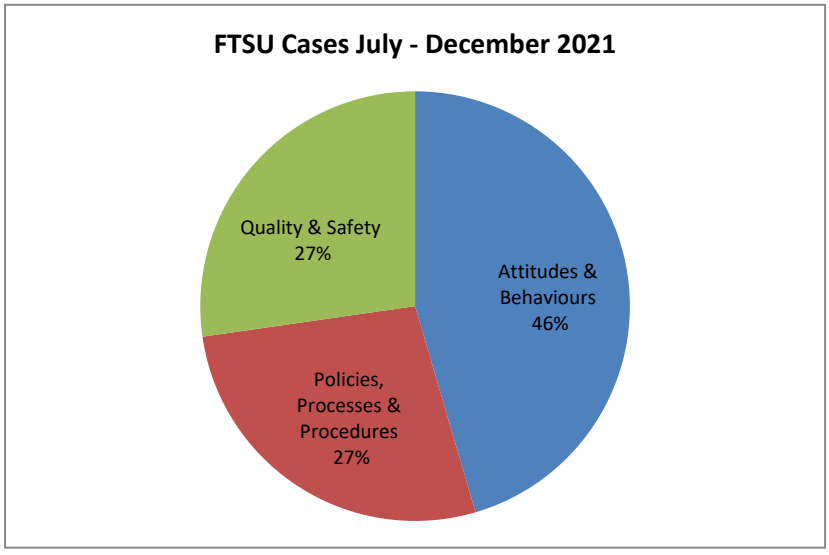
There was a total of 11 Freedom to Speak Up Concerns raised by Staff to the FTSU Guardians between July and December 2021, five related to alleged bullying behaviours by staff, three relating to quality and safety concerns and three involving policies, processes and procedures. Concerns the number of concerns raised has reduced noticeably during the Covid-19 period. This has been the common narrative throughout the Regional network.

Below highlights some of the Themes from Staff raising concerns

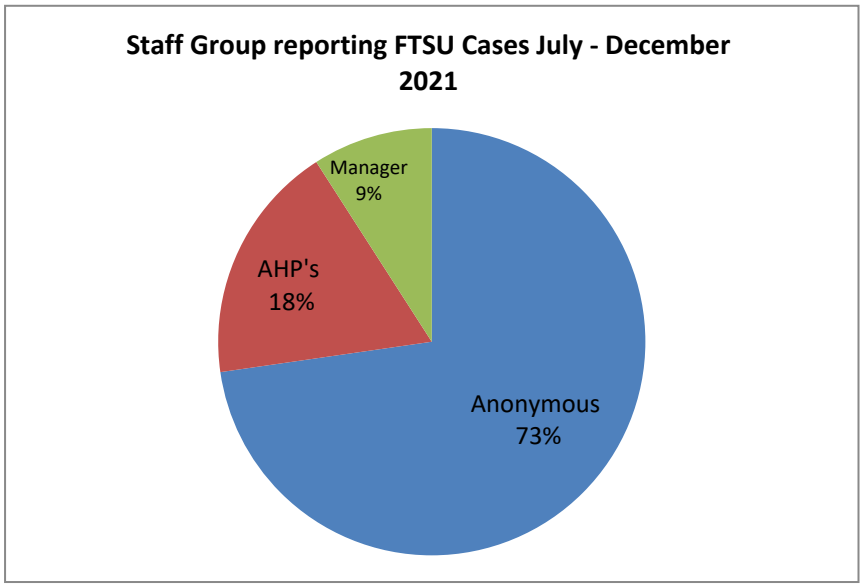
Themes from concerns

- Attitudes and Behaviours of Staff towards colleagues
- Misinformation being given to Patient re Covid Vaccine by a member of staff
- Lack of Trust induction
- Lack of space for breaks due to Covid restrictions
- Lack of Equipment
- Staff shortages
- Lack of staff training

All the concerns highlighted are being followed up with local management teams or where necessary via commissioned independent review and targeted action, Managers/leaders are asked to identify the changes made, lessons learnt and any transferable learning that results from FTSU cases. They are responsible for ensuring the implementation of the learning relevant to their service area and for sharing transferable learning within appropriate forums/structures



Reported by staff group



Service Development

The Lead Guardian has stepped down from the role but will continue to provide management support to the service. A case has been developed and is being reviewed, which is for a standalone role, as it has become clear it is not possible to meet the requirements of a lead guardian in addition to a substantive role. New guardians have been appointed but face on-going challenges due to capacity when the role is in addition to a substantive post.

Highlights from the Guardians

- To further support the service in December 2021 we have appointed a further four volunteer Guardians, who will undertake training in January 2022 and then commence as Guardians.
- In line with national trends, we have a higher number of bullying and harassment cases than patient safety/quality of care.
- We still have a high number of staff reporting concerns anonymously which could be indicative of staff feeling unsafe to raise concerns, however, this is in line with national trends.
- Verbal feedback reflects that the majority of staff have found the support of the FTSU Guardian valuable and would speak up again if they were concerned
- Our ways of working have dramatically changed due to the Covid- 19 Pandemic but the need for the Trust to listen to colleagues who speak up remains paramount and the Guardians continue to support this approach
- Cases presenting a direct risk or significant learning for patient safety are raised via the Incident Review Group for consideration of appropriate steps which may escalation to the Head of Patient Safety and Quality or Deputy Chief Nurse, and also include inclusion on the Trust risk register.

- Presentations to the Aspiring Leaders Forum to raise awareness of the Service
- Presentations to the Student Nurses Induction to raise awareness of the Service

Actions taken to improve access to the guardian route include

- Review of the FTSU policy
- Biographies for all new Guardians to go live following their training in January
- Development of a standard operating procedure to support Guardians with signposting appropriately.
- Development of a template to support managers in structuring their response to colleagues speaking up through the guardian route
- Nine awareness sessions have been held with staff including Theatres, Senior Managers and various at staff meetings, forums or groups.

The Quality & Compliance Manager shares themes and overall learning from cases at the Executive Committee, the Workforce and Equality subcommittee, the Patient Safety and Learning group and the monthly meeting with staff side chair, HR, and the EDI lead.

As part of the Staff feedback and service improvement we aim to improve the way we capture learning from cases in 2021/22 this will create further opportunity to share widely the learning from FTSU concerns this will include:

- Create a short report that helps managers reflect on the learning from a case and how they assure themselves that the learning prompts sustainable improvement.
- Ask the person that has spoken up to give their view on whether they can see improvement
- Add this information to case management systems so that we can collate information on learning themes and track which changes lead to sustained improvement.
- We are seeking permission from the person that spoke up and the manager involved to tell their stories about the learning from their case.

Great Western Hospitals NHS Foundation Trust

Report Title	**Quality Strategy 2022-26**				
Meeting	**Trust Board**				
Date	5th May 2022	Part 1 (Public) [Added after submission]		Part 2 (Private) [Added after submission]	
Accountable Lead	Lisa Cheek Chief Nurse				
Report Author	Chris Trow, Associate Director of Strategy				
Appendices	N/A				

Purpose

Approve		Receive		Note		Assurance	
To formally receive, discuss and approve any recommendations or a particular course of action	x	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	x	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		Partial		No Assurance	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives	x	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 strategy has been developed over a significant period of time and was paused during the pandemic. It has been circulated for comment to senior clinical representatives for comment and feedback has been included. It was reviewed and approved on the 17th February by the Quality and Governance Committee.

Report

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

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

	Safe	Caring	Effective	Responsive	Well Led
Link to CQC Domain – select one or more					
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**
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 Trust Board committee is requested to review and approve the Quality Strategy 2022-26 with the view that this will then be adopted across the Trust.**	
Accountable Lead Signature	
Date	28th April 2022

NHS
Great Western Hospitals
NHS Foundation Trust

Quality Strategy
2022-2026

Together we are
Great

Our Vision

We will deliver great joined up services for local people at home, in the community and in hospital, helping them to lead independent and healthier lives.

Our 4 Pillars
What we'll be known for

- Outstanding patient care and a focus on quality improvement in all that we do
- Staff and volunteers feeling valued and involved in helping improve quality of care for patients
- Improving the quality of patient care by joining up acute and community services in Swindon and through partnerships with other providers
- Using our funding wisely to give us a stronger foundation to support sustainable improvements in quality of patient care

Dr Jon Westbrook
Medical Director

Lisa Cheek
Chief Nurse

Claire Thompson
Director of Improvement & Partnerships

> We want to be held up as a beacon for improving care, raising the bar each time and being more ambitious and innovative in how we deliver improvements in quality so that we become an 'Outstanding' Trust.

Our Quality Strategy

Our strategic pillars

Our quality aims

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

We'll deliver this through eight objectives

1. improve patient and carer experience
2. focus on continuous improvement
3. use information to drive continuous improvement
4. reduce health inequalities
5. prioritise patient safety
6. promote a positive staff and volunteer experience
7. develop our talent and promote good leadership
8. promote the effective use of resources

Quality runs through everything we do

- **Trust Strategy**

Our vision is to deliver joined up care for local people at home, in the community and in hospital, helping them to lead independent lives. We placed quality at the heart of our strategy - a golden thread running through everything we do, underpinning each of our four strategic pillars.

- **Integrated care, community services and our primary care network**

Making sure quality and efficiency are considered at every level as we focus on a more preventative and integrated approach across care pathways.

As an integrated provider we already provide primary care to over 30,000 patients in Swindon, community services across Swindon and acute services from the Great Western Hospital. This provides us with an opportunity to join up care and improve together without organisational boundaries.

- **Involvement and engagement**

We will work with our communities and patients actively seeking those who find it difficult to access our services, including the most vulnerable, to support the co-design of services and person-centred planning.

- **Our place in the system and our role as an anchor institution**

We are part of the BSW system (this covers Bath and North East Somerset, Swindon and Wiltshire). Working together with all health and care partners we are developing better ways of working, ensuring equity and consistency of care, sharing learning opportunities and making the best use of our collective resources.

We also recognise the wider impact we can have as an 'anchor institution'. The actions we take, using our position and influence within our own system, could have a significant impact on the life outcomes of our communities, they could also impact on how people use our services and potentially reduce future admissions.

- **Equality, diversity and inclusion**

Contributing to and influenced by our equality, diversity and inclusion objectives.

- **Clinical effectiveness**

Making sure quality resources, such as audit and NICE (The National Institute for Health and Care Excellence) support, are in place and enable evidence-based practice across the Trust.

- **Clinical risk management and patient safety**

Making sure that quality issues from adverse events and risk issues are appropriately escalated, resolved and/or mitigated. To ensure that a culture of learning is embedded throughout the Trust.

- **Performance monitoring**

How we can be assured we are meeting the required quality metrics and key performance indicators.

- **Statements of internal control**

Increasing the contribution of quality tools to how the Trust gains assurance about the quality of its services and effectively manages risk.

- **Clinical and integrated governance**

Moving beyond assurance and providing staff with the confidence and skills to make continuous improvements in the quality of care they provide.

- **Corporate assurance**

Including the CQC registration standards and Board assurance framework.

- **Research**

Providing understanding of the health needs of our local populations, identifying potential interventions and opportunities to tailor treatments and care.

- **Great Care**

Our Great Care programme is an umbrella for every initiative, new process or pathway, quality improvement project or other good work that seeks to improve the patient experience. This will supoprt us on our journey to becoming a CQC (Care Quality Commission) Outstanding Trust.

- **Improving together - our quality improvement (QI) methodology**

A critical enabler to provide us with the tools to understand the impact of our work in improving patient care. This will be rolled out by our Transformation & Improvement Hub and linked to our BSW Academy.

- **Complaints and patient feedback**

We will listen closely. Themes will be used to address quality issues and make improvements.

- **Workforce development**

Providing staff with the foundations and tools to improve quality through continuing professional development and appraisal and enabling allied health professionals and clinicians to compy with their professional codes of practice and revalidation.

- **Innovation**

Identifying and making best use of new and emerging technologies and new ways of working, using these to develop products or interventions for patient care.

A challenged landscape

The operational impact from Covid-19 has been significant. Working to a different operating model, with significant numbers of planned appointments and theatre sessions delayed.

It has, however, provided opportunities for the Trust to work differently with system partners through the temporary relocation of services, improved integration of care across community services, social care and primary care as well as coordinated planning across the whole regional footprint.

The contribution of our staff and volunteers has been extraordinary. They have worked above and beyond in a very challenging time, maintaining their efforts as we slowly begin to emerge from the pandemic. Their commitment, together with the support of our local communities, has demonstrated what we can be achieved when we work together. It leaves us stronger and better prepared for the future.

Objective 1
improve patient and carer experience

Patient and carer experience is positive when staff give care that is compassionate, involves patients in decision-making and provides them with good emotional support.

Our staff and volunteers always strive to provide the best level of care, but we do recognise that sometimes things don't always go to plan and we are committed to making improvements to our services and the experience our patients, carers and visitors receive.

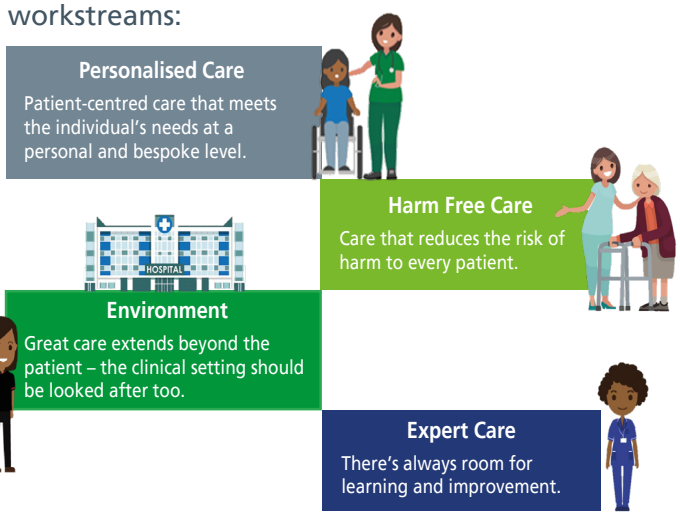
This is why we have set up the Great Care campaign. It acts as an umbrella for every initiative, new process or pathway, quality improvement project or other good work that seeks to improve the patient, carer and/or visitor experience.

Everything feeds into the campaign, this good work is then streamlined and shared between every team in the organisation so that learning is embedded and every team can provide the same level of high quality care.

The campaign will help to record and collate any work that fits into our four workstreams (see diagram, top right), and means we can share the learning with other teams easily and consistently. This could include things like reducing bed moves, encouraging patients to get up and dressed, focusing on nutrition and hydration or having important conversations with patients and their families or carers to ensure the care they are receiving is personalised and compassionate to their needs.

Great Care

Our four campaign workstreams:



Delivering Great Care:

what this will look like

Every patient and carer will have easy access to provide feedback about their care and experience, they will feel listened to and evidence of action from feedback will be clear to see.

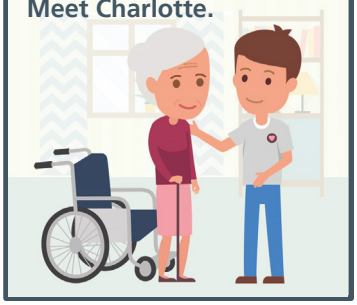
As an integrated Trust that directly provides primary care, community services and secondary care it's important that our listening and engagement plans extend throughout all these settings and beyond, we will proactively work with our communities to understand what is important to them and help support them to live healthy lives.

Care and treatment will be received in the right environment and we will continuously improve what you can see, do, hear and feel during your stay or visit.

Link to our strategic pillars

Patient and carer experiences

Meet Charlotte.



Charlotte is 80 and is living at home with support from community health and social care teams.

Last year Charlotte spent five days in hospital following a fall at home.

Patrick.

Patrick is Charlotte's husband.

When his wife was in hospital he found it difficult to find out how she was when he phoned the ward.

"The person I spoke to said I'd be called back but this didn't happen. I was worried as I had no update so I drove to the hospital."

"I find it hard to get a GP appointment."

Simone

"There were no hooks in the toilet to hang my coat or bag. This makes it very difficult to use the toilets as I don't want to put my coat on the floor."

Lucy

"Staff don't always volunteer information due to workload but when we ask them they provide updates."

Jacob

"I made a friend in the bed next to me but our chairs were removed so we couldn't sit together."

Tobias

Meet Ria.

Ria attended the Emergency Department following a fall at home, she suspected that her arm was broken.

"I waited for over four hours to be seen in a very small waiting area. It was so busy! They took great care of me but every area was full up."

This is Maria.

"My teenage son has a severe disability and when he visits the hospital for his regular appointments he needs the use of an Adult Changing Room. Unfortunately there isn't one available. The ward makes special arrangements for us but he often worries and feels uncomfortable that this facility isn't there."

Meet Hannah and baby James.

Baby James was born six weeks premature and was admitted to the Neonatal Unit where he stayed for four weeks.

"James was very poorly when he was born and he needed lots of additional support and monitoring."

"The support that the team provided to both me and my partner was amazing and the care they provided for James was excellent, we can't thank everyone enough."

Following his stay with us in the Neonatal Unit, baby James was able to go home with his parents with ongoing care from the community midwife team.

"I'd like to see more options so that I can manage my condition at home."

Nia

"I wasn't helped to wash and my pad wasn't changed."

Abbie

"I had five different bed moves during my stay in hospital."

Ickra

"I waited a long time for my test results."

Mira

"My call bell wasn't always answered."

Sidney

"There weren't many options for my special dietary requirements."

Matthew

Names and identifying details have been changed to protect the privacy of individuals.

Listening to our patients is an important part of learning and will inform our improvement programme. But we also need to reach out and engage with patients, carers, visitors and our wider communities to understand what they want from us and the services we provide in the future. Our engagement needs to be representative and inclusive, involving our system partners where it's appropriate, using a variety of communication channels.

Objective 2
focus on continuous improvement

We want our staff to feel empowered to make improvements in care by using good quality timely data and an evidence-based methodology. We want to work in a consistent way across our Integrated Care System and to do that we are developing our 'improving together' approach. This will see us share best practice, our insights and our resources.

We know that improvement effort is precious; unless we are pulling together in the same direction and focused on achieving a common goal, much of this effort can go to waste or lack traction and it can often feel like we are trying to do too much.

We are building a programme that will see us deliver our strategy and address these challenges, not just for the next few years but as a continuous journey.

It will see us working together on a few shared goals, with every improvement effort we make bringing us closer to reaching them.

what this will look like

We want to be an 'Outstanding' Trust. To achieve this we need to be clear about what needs to be achieved along the way with the right level of resources, tools and support.

Improvement needs to be part of what we do every day, so that we see a culture of continuous improvement. It will be a part of who we are, a key focus for each and every one of us and we'll understand our own contribution.

We will have a small number of clearly communicated goals and a set of annual break-through objectives, which will define the areas of performance where we want to drive significant improvement. This will help ensure that everyone is pulling in the same direction.

We will have help for teams to work in a different way, every day. We'll provide support for training, coaching and build capability.

Our executive team will display a visible and personal commitment to own and drive change.

Our approach will be consistent across our system yet specific for our integrated Trust and the communities we serve.

Link to our strategic pillars

Improving together

Improving Together is an ambitious transformation of the way we do things which will empower staff to drive continuous improvements in services, which will lead to higher standards of patient care and patient experience.

We're committed to continuous improvement to help us deliver our vision to provide the highest quality of care. We work together on our shared goals, with every improvement bringing us closer to achieving them.

Often it can feel like we have too many priorities and too little focus.

Working in a busy environment and trying to emerge from a pandemic highlights the fact that improvement needs to be part of everything we do.

We want to empower every single one of our staff and volunteers to become problem solvers, to continually improve together for our colleagues, our patients and our local communities. We'll be investing to make this happen, with training, coaching and new tools.

Everyone has a part to play. We know where we want to go as an organisation and how we are doing on our journey to get there.

As an organisation of over 5,500 problem solvers we really will be making a difference big and small each and every day, continually improving together. No matter what your role is, your contribution, your support and your ideas matter.

Objective 3
use information to drive continuous improvement

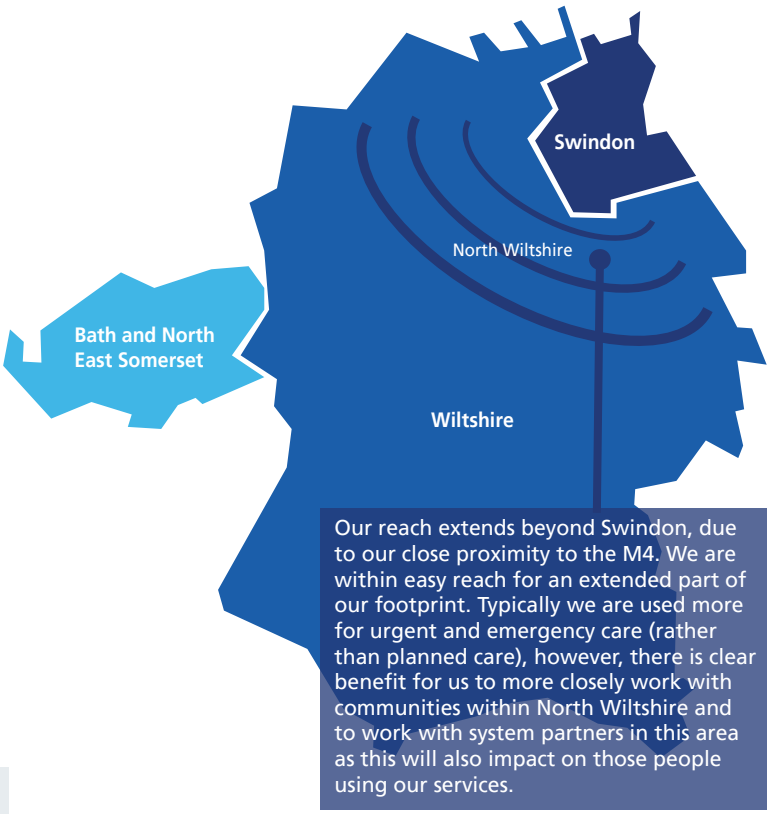
In order to successfully deliver care for our local populations we need to really understand their needs, now and for the future.

Given the pressures on everyday working it's easy to get stuck in a 'fire-fighting' mode but this leads to a constant need to deal with the problems being presented rather than trying to tackle root causes or plan for better, more preventative care options.

We'll be taking a 'population management' approach, improving the health of our communities by data driven planning and the delivery of proactive care to achieve the maximum impact, inform future services and our ongoing continuous improvement.

We want a thriving, successful and vibrant Swindon and North Wiltshire which delivers better opportunities for more people.

Everyone should have the best possible chance of living well, achieving their potential and getting the most out of our great community.



Our reach extends beyond Swindon, due to our close proximity to the M4. We are within easy reach for an extended part of our footprint. Typically we are used more for urgent and emergency care (rather than planned care), however, there is clear benefit for us to more closely work with communities within North Wiltshire and to work with system partners in this area as this will also impact on those people using our services.

what this will look like

We will collect useful data that not only provides a transparent view of our performance and the care we provide but will also inform decision-making on the form of future services and improvement programmes.

The data we use will allow us to identify the needs of our local communities by highlighting inequalities and emerging trends.

We'll collect data and join up intelligence, sharing information across our integrated Trust in primary care, community and secondary care as well as our system partners.

The information we collect will show that we have made significant progress in removing variation and inequity across the care we provide.

Link to our strategic pillars

What we know about Swindon and North Wiltshire

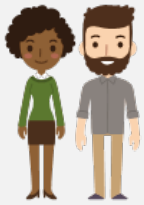
The information below sets out broadly what we know about the profile of different groups of people in Swindon. It helps us to understand better the issues which may impact on the people who, at some point, may use our services. We know that many people, outside of Swindon, in North Wiltshire also access our care. There are many similarities in these communities with those in Swindon but we will be working closely with Wiltshire Council and local community groups in the coming years to better understand this part of the county and any specific needs they may have.

Age

25% under 16

- 14,000 children live in poverty, 42% are located in the most deprived wards
- 72 teenage pregnancies
- 1 in 20 15 year olds smoke
- 3.5 children (per 1,000) die under the age of 1
- Choking, suffocation, poisoning, burns and drowning most common cause of death in under 5s

59% 16 - 64



- 1/6 smoke
- 2/3 of adults are overweight / obese
- 421 hospital alcohol admissions
- 17 substance misuse deaths

16% over 65

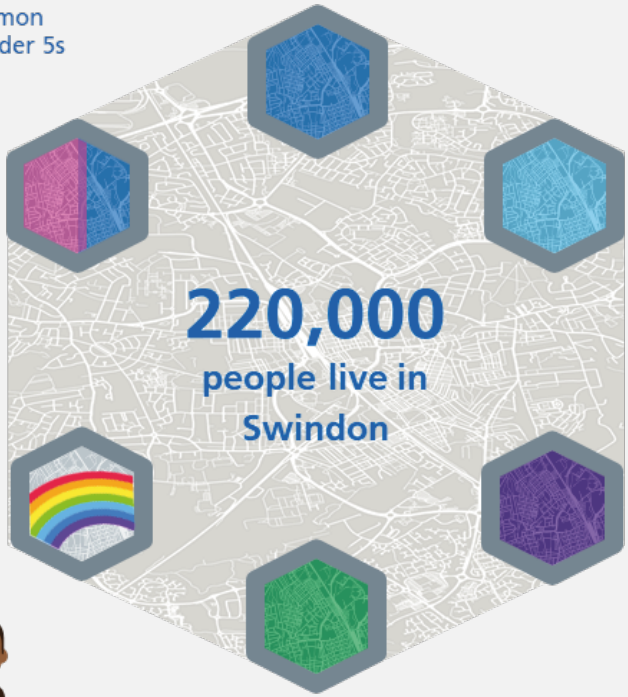
- 1/7 provide unpaid care
- 7 in 10 have a long term condition
- 1/3 over 65 and 1/2 over 80 fall at least once
- 1/2 over 65 and almost 9 in 10 over 75 are socially isolate
- 1/6 have dementia

Gender

- Women live 12 years less in the most deprived parts of the town
- Men live 14 years less in the most deprived parts of the town

Disability

- 860 have a moderate to severe learning disability
- 3,500 have severe hearing loss
- 10,750 live with a moderate physical disability, a further 3,200 live with a severe one
- 27,600 live with a mental health condition



Sexual Orientation

- 1.7% identify as LGB
- 0.5 – 1% identify as Transgender

Ethnicity

- 15.4% (32,128) are from a BME background
- BME varies significantly between wards, half of people in central wards to just 1 in 20 in others
- 1 in 8 people born outside of the UK and 2,296 report that they cannot speak English well or at all

Wider Determinants of Health

- 1 in 20 deaths as a result of poor air quality
- Educational attainment is below the national average
- Deprivation is most severe in the education, skills and training measure where Swindon is the 47th most deprived out of 152 local authorities – the driver appears to be children and young people's indicators

22% of Swindon's population is retired

42% Growth in Swindon population from 2001 to 2031

11,000+ New homes planned for Swindon by 2026

181

Data taken from the Joint Strategic Needs Assessment 2019

Objective 4
reduce health inequalities

The impact the NHS has on people's health extends well beyond its role as a provider of treatment and care. As large employers, purchasers, and capital asset holders, health care organisations are well positioned to use their spending power and resources to address the adverse social, economic and environmental factors that widen inequalities and contribute to poor health.

There is a clear link in Swindon between deprivation and life outcomes, with lower life expectancy for both men and women, 42% of children living in poverty located in the most deprived wards and poor educational attainment. Smoking rates (Swindon already has a significantly higher rate than the national average) and substance misuse are higher in deprived areas and there are also higher levels of severe mental illness.

As the population grows older, the focus on ageing well and self-caring is paramount in responding to the growing numbers entering retirement, while leading a full and active life. For those needing support, the development of rapid community response teams and improved support to care homes, aims to reduce unnecessary care in hospital while providing the best and most appropriate treatment in or near to home as possible.

We also want to support our patients to make the best possible decisions for their own care that will reflect their own circumstances and quality of life choices. This will need to be provided with good quality information and the appropriate amount of time to explain what it means. This will allow patients and carers to co-create their future care.

We will not only need to ensure that we are able to continue to provide accessible services to match demand from local communities but with 1.2 million patient contacts a year (2019) and a spend equivalent to £1.2million every day we need to look beyond service provision to our wider impact and role as an anchor institution.

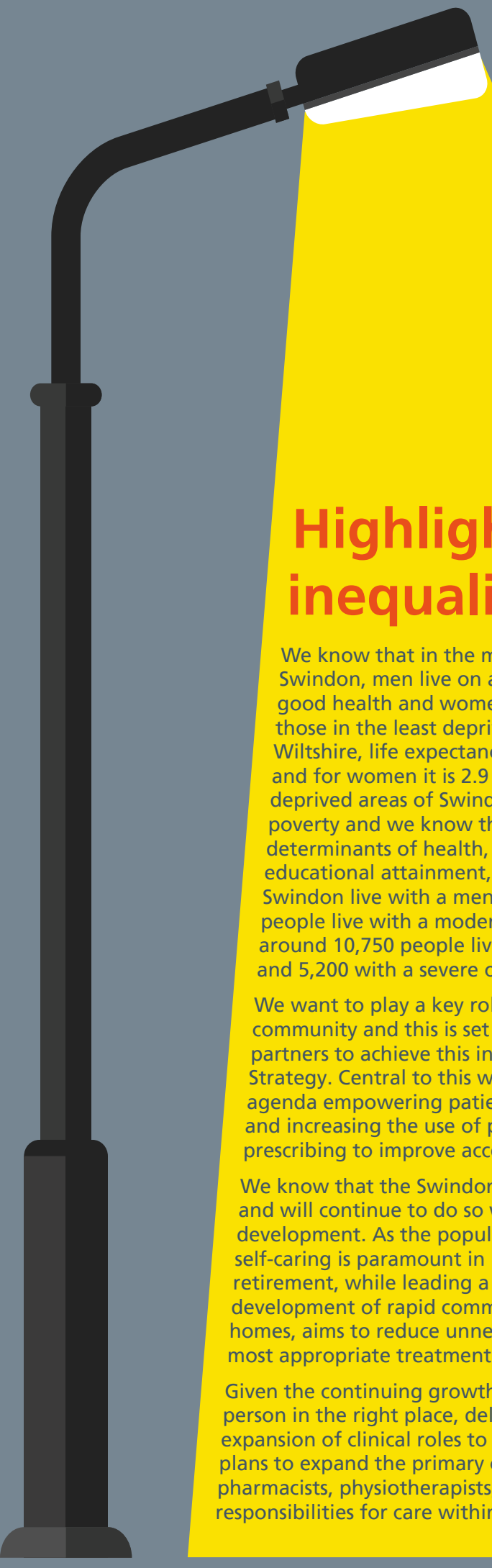
The actions we take, using our position and influence within our own system, could have a significant impact on the life outcomes of our communities, they could also impact on how people use our services and potentially reduce future admissions.

what this will look like

Collectively, working with our partners across the system, we take responsibility to improve the health and wellbeing of local people, tackle inequalities and achieve better outcomes and access for everyone, ensuring that health and care services are high-quality and to make the most efficient use of our resources.

We will engage with all of our local communities, taking extra care to ensure that we reach those who find it difficult to access our services. By engaging and listening we can co-design services fit for the future needs of our communities.

Link to our strategic pillars



Highlighting inequality

We know that in the most deprived areas of Swindon, men live on average 14 years less in good health and women live 12 years less than those in the least deprived areas whereas in Wiltshire, life expectancy for men is 5.8 years lower and for women it is 2.9 years lower. In the most deprived areas of Swindon 42% of children live in poverty and we know that in these areas wider determinants of health, such as below average educational attainment, are present. 27,600 people in Swindon live with a mental health problem while some 860 people live with a moderate to severe learning disability and around 10,750 people live with a moderate physical disability and 5,200 with a severe one.

We want to play a key role in addressing inequalities in our local community and this is set out in our plan for working with our partners to achieve this in our Equality, Diversity and Inclusion Strategy. Central to this will be development of our personalised care agenda empowering patients to have a greater say in their own care and increasing the use of personalised health budgets and social prescribing to improve access to local community services.

We know that the Swindon population is growing (222,193 at May 2019) and will continue to do so with the significant planned housing development. As the population grows older, the focus on ageing well and self-caring is paramount in responding to the growing numbers entering retirement, while leading a full and active life. For those needing support, the development of rapid community response teams and improved support to care homes, aims to reduce unnecessary care in hospital while providing the best and most appropriate treatment in or as near to home as possible.

Given the continuing growth around primary care activity, the focus is on the right person in the right place, delivering the most appropriate health care. With the expansion of clinical roles to ease access and reduce the reliance on always seeing a GP, plans to expand the primary care workforce are essential with increasing numbers of pharmacists, physiotherapists, paramedics and physician associates, taking on greater responsibilities for care within a multi-professional team approach.

Objective 5
prioritise patient safety

Focusing on our safety culture is central to ensuring we provide high quality care. We believe that unlocking the knowledge, experience and ideas of our staff will be key to achieving the aims set out within this strategy.

Developing a culture where transparency, openness and a true patient-centred approach are evident requires real commitment, from all of our staff, all the way to our board. We want an open learning culture given this is a pre-requisite for sharing insights about safety, while embedding and sustaining change that brings improvements to care.

We'll make use of the 'Just Culture' principles when we reflect on what went wrong to keep focussed on learning and improving.

We want to create an environment where staff are motivated to give their best and supported to succeed.

According to Professor Michael West (2010) healthcare organisations with higher levels of staff engagement have fewer hospital acquired infections, significantly fewer mistakes, better outcomes and better patient experience.

We will ensure that our existing and future leaders are equipped with the skills to lead and succeed in a changing and diverse health system. We've already appointed patient safety specialists who will champion the work we have planned and form an important link between turning our strategy into our working culture.

We've also established a new 'Learning Zone' where staff can share and reflect, ensuring that we all learn and improve together.

> **The provision of safe, effective care, leading to positive patient experiences.**
>
> **Lord Darzi (2008), a leading NHS surgeon.**
>
> This definition sets out the three key aspects to quality, all three of which must be present in order to provide a high quality service.

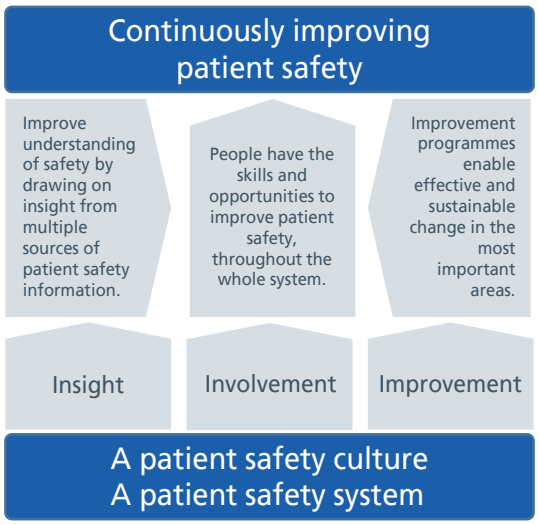
what this will look like

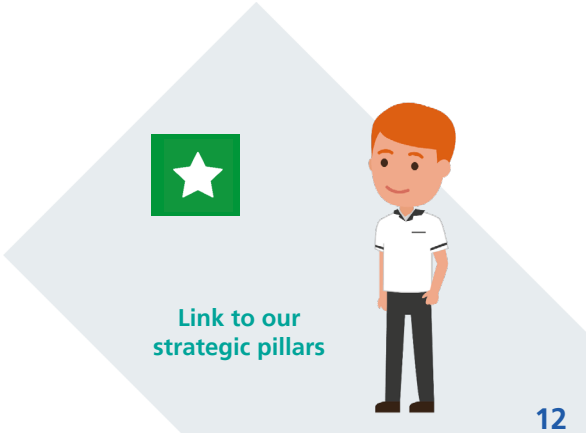
We will deliver safe care with compassion and we'll do so in a way that embraces learning and improvement.

We will run a range of quality improvement projects focused on specific harms and interventions, such as the use of NEWS2 (National Early Warning Score), continued work with the Sepsis Care Bundle (Sepsis 6 UK Sepsis Trust) and the use of clinical systems and technology to aid patient safety.

Through appointed Safety Partners we will use the NHS National Patient Safety Syllabus to explain the importance of a safety culture and the role of systems in safety, together with the right approaches to reduce risk and protect patients.

The NHS Patient Safety Strategy: Summary





Objective 6
promote a positive staff and volunteer experience

There's overwhelming evidence that patients receive better care in organisations where staff are motivated and feel they are able to make a difference. That's why we're investing in staff and supporting them to make lasting improvements to services.

Our Improving Together initiative creates an environment where all staff, at every level and in every setting, can freely offer up their ideas for how we will work together to drive everyday improvement.

They are empowered to implement positive changes in their respective areas with support from their divisional or service leads, and with broader support when needed.

Ideas don't need to be big transformational changes

It's often small changes and how we do things day-to-day, which make a big difference to the quality of care and services we provide.

Ideas can be:

- Quality improvement initiatives, service changes, experience enhancements
- Reviewing processes and key pathways for efficiencies
- Quick wins
- Staff engagement, recognition or wellbeing
- Technology based
- Charitable funding opportunities
- Time and cost savings

what this will look like

Staff and volunteers will feel empowered to make a difference, they will know that their feedback will be listened to and their ideas will be supported. They will feel proud to be part of our Trust.

Improvement will be part of what we do every day. Staff and volunteers will have tools and support to turn ideas in to action, we will be continually improving how we work and the quality of care we provide.

Our staff will have the right level of training and opportunities for personal and professional development will be highlighted in appraisals.

The work that our teams are doing will be communicated through a number of different channels so that we can all learn and celebrate success.

To help generate and share ideas, we will hold themed weeks, where staff can provide ideas through the use of trolley rounds and dedicated events. All ideas will be reviewed and feedback given directly even if the idea is not able to be taken forward.

We want every member of staff to understand their own role in delivering our strategy and how they can contribute to our overall success. By setting clear objectives for the long term and being clear on the steps we need to get there our staff are able to focus effort in the places that will make a real difference.

Our Communications and Engagement Team will ensure we regularly update on good ideas and share great examples to inspire others. Our best ideas will become part of our social media plan and general efforts to raise the profile of the Trust nationally.

Ideas roadmap - ideas into action

Link to our strategic pillars

Staff & Volunteer Experiences

Meet Peter, Sophia & Arol.

"We frequently have medical outliers on our ward and we often struggle to get doctors to attend the unit especially to update expected discharges so patients can go home."

"It's frustrating when my appointments keep getting cancelled."

"We need better integration with other services to support us in discharging patients safely."

Meet Carol, Ben & Catherine.

"I work at a GP practice that has recently joined the Trust. It's been an incredibly busy time but we have improved our quality governance significantly and invested in our building which has been welcomed by our patients."

"Working through the Covid-19 outbreak has been exhausting, but I've been supported by my team and the Trust every step of the way."

"There are so many IT systems, some are slow to access and we often have to duplicate the information we input."

Meet Anna and Laura.

"Our department needs to expand but there's no space, this is impacting on our ability to work effectively and provide high levels of care."

"I have an idea on how to make my service better, but it's too difficult to make it happen."

Meet Lucas.

"We need to work more closely with our community partners to tackle health issues at their route cause to keep people healthy and avoid admissions."

Meet Paul, Jo and Rory.

"I volunteer here at The Great Western Hospital. The work keeps me active and I love meeting new people everyday. I would be interested in finding out about other things I could get involved with but I'm not sure how I would do that."

"In the community we have been working hard to integrate pathways of care, it's great that we can work as one team with our colleagues in the hospital and primary care to make improvements."

"It feels like family here! Everyone really pulls together."

Names and identifying details have been changed to protect the privacy of individuals.

Our staff and volunteers know our services inside out. They deal with problems and issues everyday and know when things can be done better. Our Improving Together initiative will provide a platform to ensure all ideas are looked at and we will be looking at ways in which we can make decisions quickly and safely. Not all ideas need business cases, project plans and approval by the Board - we'll need to empower our people to take ownership and make changes, where it's appropriate, in an environnment where it's ok to fail safely.

We, of course, need to learn when things don't go according to plan but we also need to remember that when we get it right, we need to share the success - and shout about it!

Objective 7
develop our talent and promote good leadership

We'll achieve everyday improvement through the continuous alignment of our efforts to our over-arching strategic pillars. By adopting a consistent methodology and backing this up with mentoring and coaching for our leaders we can start our journey. But to have real impact the heart of our approach will be to work collectively, engaging staff, patients and carers and any other stakeholders.

We recognise that fully embedding a quality improvement culture will require a step change in the way we do things. We'll be working closely with our Organisational Development team to make sure we have a range of training and tools available to support our everyday improvement.

We've started this journey through our Improving Together initiative and the formation of our Coach House team, who will deliver the quality improvement training across the Trust.

We've also set out our leadership principles so that we can be clear on what we expect from our leadership teams and they can fully understand the part they play in effective decision making, ownership and making improvement part of what we do every day.

Our leadership principles:

1 Patient First
It's all about the patient. We're here for them. We design our services around them.

2 Ownership
Own what you do. Act on behalf of the Trust and the patients we care for, beyond just your own team. We never say "that's not my job."

3 Make it Great!
Learn and improve We do things well and we do them consistently. Explore what's possible, look for new ways, be ambitious, be inspired by others, make it great!

4 Top Talent
Recognise talent and achievement. Train and develop to improve. Raise the bar with every new recruit or new way of working. Develop others by coaching and empowering. Help others be great.

5 Inspire
Bring your team with you. Give clarity, keep them informed and engaged, not just about their area. Let them know the value they bring and the part they play in the Trust.

6 Get Involved
Stand in their shoes to better understand an issue. Listen, understand, improve.

7 Be Smart
We are funded by taxpayers so spend every penny as if it were your own. Don't let resources be the block, the best ideas don't always cost more, what are the options available to us?

8 Deliver
Focus on our key objectives, deliver them with the right quality in a timely way. Work around setbacks, find a way, meet the challenge!

what this will look like

We will be an organisation where staff and volunteers at every level and in every setting know the part they play in improving quality for our patients.

We will have an environment where people are freely offering up their ideas and insights for how we can work together to drive improvements and they will be empowered to make the right decisions for their patients.

We will be an organisation that shares and celebrates success, this will be evident internally and externally.

We will have good leaders who demonstrate our leadership principles actively to deliver great patient care.

We will attract talent and nuture development so that we create future leaders.

Our workforce will be representative of the communities we care for and we will ensure that people from all backgrounds are supported to develop into leadership roles.

Link to our strategic pillars

Space to grow

We're all busy and that's not about to change. But we can make sure we allow our teams to take important breaks to complete some important tasks:

• **ensure that everyone has up to date objectives** - this gives our staff a clear direction and allows for an opportunity to review training and any further support needed.

• **allow teams to connect in different ways** - different teams need to connect in different ways, some teams may not even know they need to reach out to others, clear communication and ownership can help support this.

• **think and reflect** - we need to give everyone the space and time to do this, it's easy to get caught up and not give this the time it needs.

• **learn from mistakes** - an important part of the learning process, making sure we take measures to avoid repeating them.

• **check-in with each other** - looking at how the team works together, identifying any health and wellbeing issues or non-work concerns, it's ok to not be ok.

• **value a good job well done** - all too often we don't appreciate the good things we do, these are important to allow the reward that it brings and the ability to share that message and inspire others.

• **allow for opportunities to do things differently** - we need to nurture creativity and that drive to do things better, remove the bureaucracy and to allow a safe place for staff to try new things without worrying about failure.

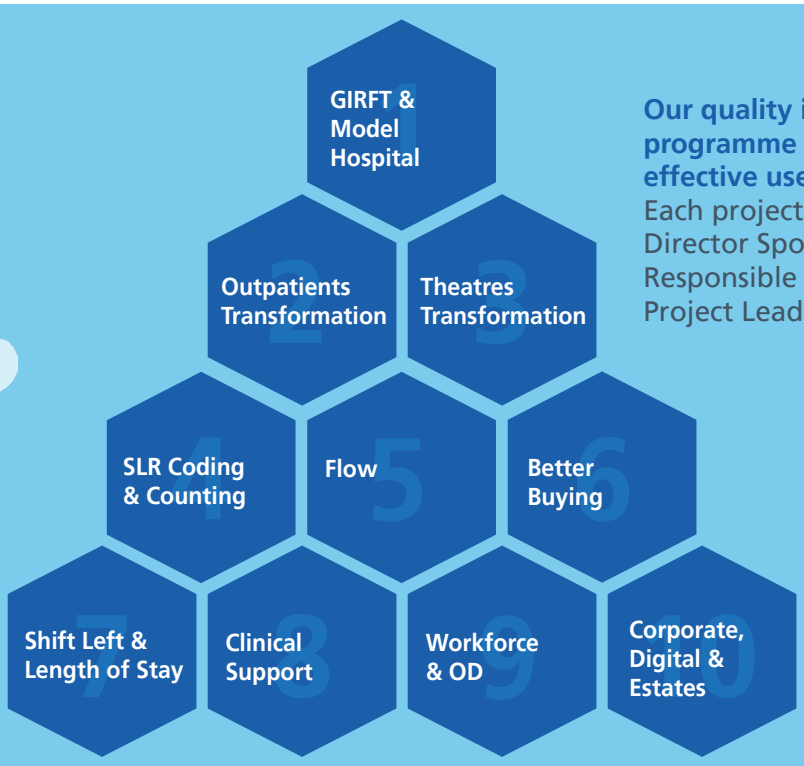
• **plan for the future** - all our services need to plan for how they will operate in the future, the changing needs of the communities we care for, new technologies and new ways of working.

Objective 8

promote the effective use of resources

The NHS belongs to us all. It is there to improve our health and well-being, support us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover to stay as well as we can to the end of our lives.

To make sure that we can provide the best care for the maximum number of people it is vital that we make every penny count.



Our quality improvement programme projects driving the effective use of resources. Each project has an Executive Director Sponsor, a Senior Responsible Officer and a Project Lead.

what this will look like

We will have a clear focus on better quality, sustainable care and better outcomes for patients. We will lead the promotion of good practice to aid continuous innovation and improvement.

Through the effective use of data we will drive good and informed decision making. Our efficient services will see the Trust operating at a financial balance and able to invest in priority areas for future development.

We will have a holistic approach to planning patient discharge, transfer or transition to other services that are more appropriate for the delivery of care or rehabilitation.

We will be operating using an acceptable and affordable level of agency workers and have a low staff turnover and sickness level. Innovative and efficient staffing models and roles will be used to deliver high quality and sustainable care. This will include ensuring that there is an appropriate skill mix for the care being provided.

Transformational change projects and effort will be focused on those which can best deliver against our brekthrough objectives and contribute to our strategic pillars.

This may mean that we pause some projects so that we can ensure we use our resources effectivey and deliver what we have set out to achieve.

Link to our strategic pillars


CONTROL
SYRINGE
5 cc SYRINGE

NHS
Great Western Hospitals
NHS Foundation Trust

Let us know about your experience

We welcome feedback, good or bad, through our Patient Advice and Liaison Service (PALS). We will investigate all complaints thoroughly and take action if problems are identified. We will also follow-up on positive feedback and make sure that staff, volunteers and teams receive it.

How to contact us:

Online form on our website.

Complete and return our 'Tell Us What You Think' (Easy Read) contact form, available when you visit.

Email: gwh.pals@nhs.net

Phone: 01793 604031

Visit PALS on the ground floor of the Great Western Hospital, Swindon. Our offices are open Monday - Friday, 9.00am - 5.00pm.

Write to us at:
Patient Advice and Liaison Service (PALS)
Great Western Hospitals NHS Foundation Trust
Great Western Hospital
Marlborough Road
Swindon
SN3 6BB

Together we are
Great

Report Title	**Annual Self Certification – G6 / FT4 / CoS7**				
Meeting	**Trust Board**				
Date	**5 May 2022**	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Lead	Kevin McNamara, Chief Executive Officer				
Report Author	Caroline Coles, Company Secretary				
Appendices	Appendix 1 : Self Certificate Template FT4 Appendix 2 : Self Certificate Template G6				

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:

Report

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

NHS providers are required to complete self-certifications for publication which provides assurance that providers are compliant with the conditions of their NHS provider licence. Compliance with the licence is routinely monitored through the Single Oversight Framework but, on an annual basis, the licence requires NHS providers to self-certify as to whether they have:

1. Condition G6 - effective systems to ensure compliance with the conditions of the NHS provider licence, NHS legislation and the duty to have regard to the NHS Constitution;

2. Condition FT4 - complied with governance arrangements; and

3. Condition CoS7 - for NHS foundation trusts only, the required resources available if providing commissioner requested services (CRS).

The Quality & Governance Committee have reviewed and agreed compliance with the Code of Governance and Provider Licence at their meeting held in January 2022 and the Council of Governors reviewed and agreed that the training received by governors during 2021/22 met the requirements of the S151(5) of the Health & Social Care Act 2012.

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
					x
Links to Strategic Pillars & Strategic Risks – select one or more	★				
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
	n/a				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	• Provider Licence compliance report to Quality & Governance Committee Jan-22				

	• Code of Governance Report to Quality & Governance Committee Jan-22 • Governor Training Report to Council of Governors Mar-22
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 is requested to approve the annual self certifications.

Accountable Lead Signature	Kevin McNamara
Date	14 April 2022

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

Great Western Hospitals NHS FT

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "FT4 declaration" | **Financial Year to which self-certification relates** | 2021/22 | Please Respond

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

	Corporate Governance Statement	Response	Risks and Mitigating actions
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	Risk around the amount of guidance published and ability to meet all requirements.The Trust responds to guidance issued by NHSEI. Each Executive Director has a responsibility to review guidance relating to their area of responsibility and bringing any matter to the attention of other Directors and Board (and to Board Committee). A weekly Healthcare Bulletin is included in Weekly Executive papers with links to relevant guidance. A compendium of guidance has been developed in response to COVID. This is reviewed through the I Respond Team to ensure all guidance has a lead and is being considered and implemented as necessary
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Assurance and any potential for gaps in compliance with licence conditions are reported via a schedule to the Quality & Governance Committee on an annual basis. Furthermore that Committee considers compliance with the NHS Code of Governance, monitoring actions to address any potential gaps. Furthermore regular Board meeting cycle with 12 meetings per year along with Board Seminars for strategy and development work. A detailed planner enables new business and guidance to be brought to the attention of the Board in a timely manner. The CEO Board Report also references any new guidance relevance to Trust Board.
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	Each year the Board undertakes a review of the Committee structure and of the effectiveness of Committees. This was completed in January 2021 and those Committees agreed that they remained effective, with only minor modifcation to Terms of Reference. The memberships of Committee is refreshed annually and this was completed in April 2022. Each Divisions within the organisation has its own governance structure, and the Divisions report into the Executive Committee. In addition there areExecutive Performance Review Meetings where Divisional Managers are held to account for their divisional performance. In 2021/22, the Scheme of Delegation was reviewed to ensure that it is effective and meets the needs of the Trust.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	No risk identified around systems and processes. Annual Governance Statement and Annual Report evidencing compliance with regulatory requirements. Regular Board and sub committee meetings undertaking reviews of planned work including oversight of performance and financial information, corporate risks and the Board Assurance Framework. Robust external and internal audit processes have confirmed there are no material concerns on key internal controls and processes
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	Quality issues are standing items on Board agendas along with reports to the Quality & Governance Committee, which meets monthly. The Quality & Governance Committee has regular oversight of all quality issues. The Quality & Governance Committee also receives a wide variety of reports from an established governance framework on an exception basis. There is a governor working group for Patiient Quality and a number of patient engagement groups which interacts with stakeholders and received feedback from a number of sources. A Quality Report is produced annually with quality priorities agreed with input from stakeholders.
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	Risk around insufficient staffing levels. However, the Trust utilises bank, locum and agency staff to ensure sufficient personnel are in place. Also the Trust continues to roll out a recruitment and retention plan. Regular Board and Committee reporting on the Trust's establishment along with recruitment and retention initiatives to ensure safe levels of staffing. The Remuneration Committee meets to consider succession planning, Executive Director recruitment, development and training. The Joint Nominations Committee meets to consider succession planning and the recruitment of NEDs recruitment, development and training.

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature	Signature
Name Kevin McNamara	Name Simon Wade

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A

Please Respond

Worksheet "Training of governors" | **Financial Year to which self-certification relates** | **2021/22**

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Confirmed

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Kevin McNamara	**Name**	Simon Wade
Capacity	Chief Executive	**Capacity**	Director of Finance & Strategy
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

Great Western Hospitals NHS FT

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "G6 & CoS7"

Financial Year to which self-certification relates 2021/22

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed	OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	Confirmed

OR

3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.	

OR

3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.	

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The Board of Directors is assured through the following documents and processes:
• The Trust continues to operate on a going concern basis, and has not, nor, does it intend to apply to the Secretary of State for the dissolution of the Foundation Trust;
• An operating plan has been produced for 2022/23;
• Financial arrangements are in place for 2022/23;
• Board to ensure delivery of service transformation and quality and efficiency improvement schemes without an adverse impact on services;
• The Trust has an approved Capital programme for 2022/21;
•The Trust achieved its capital and revenue targets for 2021/22 and expects to have the resources to deliver services for the following 12 months.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	Kevin McNamara	**Name**	Simon Wade
Capacity	Chief Executive	**Capacity**	Director of Finance & Strategy
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.