

BOARD OF DIRECTORS

Thursday 7th April 2022, 9.30am to 12.15pm
by MS Teams

AGENDA

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

		PAPER	BY	ACTION	TIME
OPENING BUSINESS					
1.	Apologies for Absence and 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 – 10) Liam Coleman, Chair <ul style="list-style-type: none"> 3 March 2022 	✓	LC	Approve	
4.	Outstanding actions of the Board (public) (page 11)	✓	LC	Approve	
5.	Questions from the public to the Board relating to the work of the Trust	-	LC	-	
6.	Patient Story – Care Reflection (pages 12 – 21) Emma Richardson, Matron <ul style="list-style-type: none"> First Impressions Count 	Presentation & Audio recording	ER	Note	9.45
7.	Chair's Report, Feedback from the Council of Governors Liam Coleman, Chair	Verbal	LC	Note	10.15
8.	Chief Executive's Report (pages 22 – 28) Kevin McNamara, Chief Executive	✓	KMc	Note	10.25
9.	Integrated Performance Report (pages 29 – 115) <ul style="list-style-type: none"> Performance, People & Place Committee Board Assurance Report – Peter Hill, Non-Executive Director & Committee Chair Part 1: Operational Performance – Felicity Taylor-Drewe, Chief Operating Officer Quality & Governance Committee Board Assurance Report – Nick Bishop, Non-Executive Director & Committee Chair Part 2: Our Care – Lisa Cheek, Chief Nurse & Jon Westbrook, Medical Director 	✓ ✓ ✓ ✓	PH FTD NLB LCh/JW	Assurance	10.45

- Part 3: Our People – Jude Gray, Director of Human Resources
- Finance & Investment Committee Board Assurance Report – Andy Copestake, Non-Executive Director & Committee Chair
- Part 4: Use of Resources – Simon Wade, Director of Finance & Strategy

10.	Audit, Risk & Assurance Committee Board Assurance Report (pages 116 – 118) Helen Spice, Non-Executive Director & Committee Chair	✓	JG		
		✓	AC		
		✓	SW		
10.	Audit, Risk & Assurance Committee Board Assurance Report (pages 116 – 118) Helen Spice, Non-Executive Director & Committee Chair	✓	HS	Assurance	11.45
11.	Charitable Funds Committee Board Assurance Report (pages 119 – 120) Paul Lewis, Non-Executive Director & Committee Chair	✓	PL	Assurance	11.50
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.	Gender Pay Gap Report 2020/21 (pages 121 – 143) Jude Gray, Director of Human Resources	✓	JG	Note	11.55
13.	Ratification of Decisions made via Board Circular/Board Workshop Caroline Coles, Company Secretary	Verbal	CC	Note	-
14.	Urgent Public Business (if any) To consider any business which the Chair has agreed should be considered as an item of urgent business	Verbal	LC	Note	-
15.	Date and Time of next meeting Thursday 5 th May at 9.30am, venue to be confirmed (hybrid meeting)	Verbal	LC	Note	-
16.	Exclusion of the Public and Press The Board is asked to resolve:- <i>“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”</i>	-	-	-	-

**MINUTES OF A MEETING OF THE BOARD OF DIRECTORS HELD IN PUBLIC
AT THE DOUBLE TREE HILTON, SWINDON AND VIA MS TEAMS
3 MARCH 2022 AT 9.30 AM**

Present:

Voting Directors

Liam Coleman (LC) (Chair)
Lizzie Abderrahim (EKA)
Nick Bishop (NB)
Lisa Cheek (LCh)
Faried Chopdat (FC)*
Andy Copestake (AC)
Jude Gray (JG)
Peter Hill (PH)*
Paul Lewis (PL)
Kevin McNamara (KM)
Helen Spice (HS)
Felicity Taylor-Drewe (FTD)
Claire Thompson (CT)
Simon Wade (SW)
Jon Westbrook (JW)

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

In attendance

Caroline Coles
Tim Edmonds*
Lisa Marshall*
Claudia Paoloni*
Lisa Penny*
Katherine Simpson*
Company Secretary
Head of Communications
Director of Midwifery and Neonatal Services (agenda item 331/21 only)
Associate Non-Executive Director
Operational Matron (agenda item 326/21 only)
Risk & Governance Lead Midwife (agenda item 331/21 only)

Apologies

Sanjeen Payne-Kumar Associate Non-Executive Director

Number of members of the Public: 2 members of public* (included 2 Governors; Pauline Cooke, Maggie Jordan)

*Indicates those members attending virtually by MS Teams.

Matters Open to the Public and Press

Minute	Description	Action
321/21	<p>Apologies for Absence and Chairman's Welcome The Chair welcomed all to the Great Western Hospitals NHS Foundation Trust Board meeting held in public.</p> <p>Apologies were received as above.</p>	
322/21	<p>Declarations of Interest There were no declarations of interest.</p>	

Minute	Description	Action
323/21	<p>Minutes</p> <p>The minutes of the meeting of the Board held on 3 February 2022 were adopted and signed as a correct record subject to the following amendments:-</p> <p><u>302/21 : Our Care</u> - page 6, 3rd bullet point, replace 'dashboard' with 'safety report'.</p> <p><u>305/21 : Operational response to health inequalities</u> - 4th paragraph add 'inclusion' after diversity and amend job title to 'Director of Improvements and Partnerships'.</p>	
324/21	<p>Outstanding actions of the Board (public)</p> <p>The Board received and considered the outstanding action list and the following noted:-</p> <p><u>302/21 : E-Consult</u> – It was noted that this item was discussed at the February 2022 Finance & Investment Committee meeting not March 2022. A deep dive report would be presented in April 2022 which would include the outcome of the jointly commissioned report with the CCG on the primary care operating model to support the financial issues.</p> <p>Action : Chief Operating Officer</p> <p><u>274/21 : Non-Executive Directors Champion Roles</u> - It was noted that this would be presented at the next Board meeting together with a proposed revised Board committee structure and membership of committees. The proposals would be circulated to Board members for any initial comments before discussion at the next meeting.</p> <p>Action : Company Secretary</p>	<p>FT-D</p> <p>CC</p>
325/21	<p>Questions from the public to the Board relating to the work of the Trust</p> <p>There were no questions from the public for the Board.</p>	
326/21	<p>Staff Story</p> <p><i>Lisa Penny, Operational Matron joined the meeting for this agenda item.</i></p> <p>The Board received a staff story which described a personal experience on the opportunities to develop leadership skills within the Trust from a management placement to Senior Sister to Operational Matron roles. Also highlighted were the ways in which these leadership skills had been used to establish initiatives to improve quality of care, develop new ways of working and to support other members of staff.</p> <p>Liam Coleman, Chair highlighted the fact that Lisa had won a Staff Excellence Award in 2021 and was the instigator and committed member of the GWH running club and was to be commended for her commitment and enthusiasm to the Trust.</p> <p>There followed a discussion which included questions on the opportunities to link and learn from other trusts and staff well-being. Lisa particularly highlighted the enhanced ability during the pandemic to raise ideas or questions direct with Executive Directors and encouraged staff not to be afraid to access their line managers for open discussions whether on initiatives or escalation of issues.</p> <p>The Chair thanked Lisa for her candour and honesty as the views of staff on the frontline where important to the Board to hear what went well and what could be improved.</p> <p>The Board noted the staff story.</p>	
327/21	<p>Chair's Report, Feedback from the Council of Governors</p> <p>The Board received a verbal update and the following highlighted:-</p>	

Minute	Description	Action
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- The Trust Board meetings had moved back to a hybrid approach and would continue in this format going forward.
- A Council of Governors meeting was held on 8 February 2022 at which the governors participated in a vote to identify the quality priorities for 2022 in relation to the Quality Accounts. The next meeting was on 22 March 2022 at 5pm which would be held virtually.
- A public virtual health talk was held on Monday 28 February 2022 which discussed the impact of the pandemic on our GP surgeries, the plans for the future and how technology was used to improve patient access to care. The Chair thanked the doctors from Abbey Mead Medical Practice for taking the time to present this talk. The next talk was scheduled for 28 March 2022 on “diabetic heart disease and new NICE guidelines”

The Board **noted** the verbal update.

328/21 Chief Executive's Report

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

Ukraine Situation - Many staff had enquired how the Trust were supporting Ukraine and this had been addressed through the Trust-wide communications, but noted that this was largely managed at governmental level. Support had also be offered to the Trust's Ukrainian employees. The impact on the invasion had also brought a heightened risk around cyber security and the Board would discuss the additional measures put in place at its private session. It was also noted that the Trust did not use any Russian supplied energy.

Covid Update - The number of covid patients had reduced however restrictions remained in place across its hospital and community services.

Peter Hill, Non-Executive Director asked for an update on staff sickness. Jude Gray, Director of HR added that the rate was running at just under 6% on a daily basis and although decreasing continued to impact on those who were in work.

Mandatory Vaccinations - Since the last Board meeting, the Health Secretary had announced a pause on the legal requirement for staff to be double-vaccinated as a condition of deployment and the Trust had been advised not to proceed with any action impacting upon any member of staff's terms and conditions in relation to their vaccination status. Jon Westbrook, Medical Director added that the change in policy had created a secondary issue on how to redeploy those staff not vaccinated. This issue had been raised both locally with the Ethics Committee and the South West (SW) region in order to obtain a consistent approach in all care settings.

Andy Copestake, Non-Executive Director asked if there was a potential legal risk to the Trust with regard to any decision around deploying unvaccinated staff. Jon Westbrook, Medical Director replied that there had been some discussion at the Ethics Committee however there was no legal obligation to declare vaccination status.

Current Operational Pressures - The whole health and social care system continued to be busy, although there had been a slight reduction in numbers attending the Emergency Department. However the Trust continued to experience issues with ambulance

Minute	Description	Action
	<p>handover delays, and further system interventions were being considering.</p> <p><u>Integrated Care System (ICS)</u> - The Integrated Care Board was now due to be established in July 2022. The new ICS Chief Executive, Sue Harriman visited the Trust early in February 2022. The other executive roles were currently in the process of appointment.</p> <p>It was noted that the ICS had launched a BSW Academy to develop a collective approach across the system to leadership, learning, innovation, improvement and inclusion. Kevin McNamara, Chief Executive declared an interest as he was Senior Responsible Officer (SRO) for the Academy.</p> <p><u>Senior Appointments</u> - Lisa Marshall had joined the Trust as Director of Midwifery and Neonatal Services in February 2022.</p> <p><u>Memorial Service</u> - The Trust would hold a memorial service on 11 March 2022 to mark the second anniversary of the first COVID-19 patient treated at the hospital.</p> <p>The Board noted the report.</p>	
329/21	<p>Integrated Performance Report</p> <p>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 January / February 2022.</p> <p>Part 1 : Our Performance</p> <p>Performance, People and Place Committee Chair Overview</p> <p>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 February 2022 and the following highlighted:-</p> <p><u>Emergency Access</u> - The service remained under pressure; however, SAFER month initiatives had seen a decrease in medical outliers and an increase in weekend discharges. Lessons learnt from the initiatives would be embedded into business as usual.</p> <p><u>Referral to Treatment Time (RTT)</u> - Although RTT remained a significant challenge the Trust's trajectory for 104 week breaches had been achieved in H2, and was forecast to remain at zero.</p> <p><u>Diagnostics (DMO1)</u> - Breaches had increased primarily driven by MRI and CT. The task and finish group had completed its work and made recommendations and there was a good management action plan in place. An external review had been commissioned to review capacity and how this was used in terms of scans. The opening of the fifth endoscopy procedure room at the end of March 2022 would help with capacity.</p> <p><u>Stroke</u> - Stroke performance continued to perform well despite being under pressure.</p> <p><u>Equality, Diversity & Inclusion (ED&I)</u> - Good progress was being made in EDI across the Trust. With improving engagement by an increasing number of staff.</p> <p><u>Workforce</u> - It remained a challenging time for the Trust workforce, however significant initiatives had been put in place to support staff and their wellbeing. Staff recruitment</p>	

Minute	Description	Action
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remained a challenge in some areas e.g. Health Care Assistants and Radiographers.

Flu Vaccination Programme - Excellent work had been done with the staff flu vaccination programme, with 90% of staff having received the vaccine. Occupational Health staff were commended for their flexible approach to the delivery of this programme.

The Board received and considered the Operational element of the report and the Chief Operating Officer highlighted that the Trust was the second best performing for RTT in the South West, the planning guidance had been published to tackle the backlog of elective care which detailed a series of ambitions until 2024/25, and the A&E standard which had slightly improved in January 2022 although ambulance handovers remained a significant challenge with the system considering different approaches to manage the issue.

There followed a robust discussion on the elective recovery programme to deliver the national plans. The Divisions were developing a multi year plan approach, looking to the future partly in terms of workforce with the ambitions set out in the planning process which was currently going through the Finance & Investment Committee before being presented to Board.

It was noted that the national Get It Right First Time (GIRFH) team had recently visited the Trust and commended the work that had taken place around fractures and theatre efficiency, however identified that further improvements in day case activity could be made. It was also clear that all trusts would be required to maintain their elective throughput throughout the next winter period. Nick Bishop, Non-Executive Director commented that this was where the safer initiatives would benefit and how incorporating them into business as usual would improve flow. Felicity Taylor-Drewe, Chief Operating Officer agreed and the key recommendations from safer working to take forward were the concept of navigation and co-ordination hubs both locally and at system level, together with 7 day working.

Andy Copestake, Non-Executive Director expressed frustration with regard to the opportunity with day cases as this had been around for years and not moved on. Felicity Taylor-Drewe, Chief Operating Officer replied that a new Matron started in January 2022 and working patterns had changed and therefore improvements would begin to be seen.

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 February 2022 and the following highlighted:-

Infection Control - *C.diff.* infections continued to rise. This was the case across the South West. Ribotyping testing had showed this was not a result of cross-infection in wards but more likely related to antibiotic therapy.

Perinatal Quality Surveillance Tool – It was noted that C-section rates were no longer required to be reported but to use the National Data Base for reporting.

Patient Experience - Generally a good report showing fewer reopened complaints and fewer concerns and complaints reported. There was a notable variation across Bath & North East Somerset, Swindon & Wiltshire (BSW) in proportions of concerns to complaints, highlighting the lack of a clear definition of a concern and the variable means

Minute	Description	Action
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to report them across the system. Response rates to Friend and Family Test had improved and positive response rates are improving. The Patient Experience and Engagement Framework 2021-2023 was noted.

External Audit Report on the WHO checklist - The report showed improvements in the approach to ensuring 100% compliance. Staff changes especially within Theatres promised to bring more robustness to the process. The findings of the WHO Safety Culture Survey revealed areas for improvement which were already under way.

The Chair welcomed all the discussions around the WHO checklist compliance and was encouraged to hear actions were progressing and thanked the Quality & Governance Committee for championing this issue and the Medical Director and his team for pushing these actions through.

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

- Electronic Discharge Summaries (EDS) performance had not improved but the new trainee body were considering new approaches with the possibility of an IT solution.
- The staffing issues in January 2022 had impacted on the quality matrix in particular the increase in the number of falls. Good oversight processes had been put in place which included three daily meetings but remained a challenge. The falls pathway was under discussion within the BSW to better manage these vulnerable patients.
- Due to staff shortages within the Infection Control team support from the CCG had been sought. This was due to vacancies and sickness within a small team. A new IPC Lead would start April 2022. The Chair suggested that once the new IPC Lead was in post and at an appropriate time it would be helpful from a Board perspective to invite him to present on IP&C from a fresh pair of eyes perspective.

Action : Chief Nurse

- Quality priorities for the Quality Accounts had been chosen and were; systematic learning from Serious Incidents (SIs), discharge experience, and nutrition and hydration.
- It was noted that communications around the Quality Strategy would be coming out shortly.

LCh

Part 3 : Our People

The Board received and considered the Workforce performance element of the report and the Director of HR highlighted that the workforce indicators remained challenging and continued to reflect the pressures the workforce was under. To manage this going into the future required a leadership and culture change and Improving Together was a key part in making these changes.

The Chair queried whether the self assessment scores were reflective of the progress made within the workforce areas particularly around leadership development support as they did not appear to triangulate with the number of positive staff stories heard at Board around the opportunities and developing routes the Trust were providing. Jude Gray, Director of HR replied that the scores were based on hard measures such as vacancy rates however agreed that as the Trust moved to a new IPR format new qualitative measures would be considered.

There followed a discussion with regard where this sat within the Board committee structure and the Chair highlighted the fact that proposals were being developed to draw

Minute	Description	Action
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out the people agenda from the Performance, People and Place Committee and the discussion and comments today would be fed into the establishment of a new People Committee to strengthen oversight and assurance on workforce matters.

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 on 21 February 2022 and highlighted the following:-

Month 10 Position - Another good bottom line result for Month 10. With a favourable I&E, cash and Cost Improvement Programmes (CIPs) performance. Whilst Pay and Non-Pay continued to overspend in-month, this was more than covered off through additional funding and the Committee was assured the Trust would achieve its budget target for 2021/22.

Financial Risk Register - No major changes to the Finance Risk Register. Half of the Emergency Capital funding had been received and there was confidence that the balance would be received before the year-end. The Committee noted that the key financial risks were subject to a thorough review before the start of the new financial year.

Board Assurance Framework - The Committee discussed both Strategic Risks covered by the Finance & Investment Committee. On the first (a possible risk to the delivery of patient services if costs are not effectively controlled), the Committee was assured this was being well managed, that there was action to tackle the main issues and that the revised (lower) score of 12 was appropriate. On the second (the risk of catastrophic infrastructure failure) the Committee noted the increased score of 16 and the fact that most of the discussions relating to this risk were picked up by the Performance, People & Place Committee.

Divisional Financial Plans - Good discussions on emerging financial plans for 2022/23 with good collaborations between all teams. The key concern was the deliverability of the likely £10m CIP target for next year with a £3m challenge for each Division. Further assurance would be gained at the March 2022 meeting. A further major concern was the likely loss of £6m of Hospital Discharge Programme (HDP) funding for Community next year, which would create a significant challenge. Negotiations continued with Commissioners to mitigate this loss.

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

- The main focus was on reducing the run rate and Divisions were particularly looking at agency usage.
- The Trust was still awaiting formal confirmation of the second half of the emergency capital funding however the Trust had been successful in a bid for a community CT scanner.
- Ideas and agreed priorities were shared at a recent System workshop to discuss financial recovery. This was a good initial start with further outputs as the local authority joined the meetings.

Minute	Description	Action
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Lizzie Abderrahim, Non-Executive Director made an observation with regard to the people agenda in terms of financial implications around untaken Time off in Lieu (TOIL) and asked for a better understanding on the extent of untaken TOIL. Jude Gray, Director of HR agreed to take the question away.

JG

Action : Director of HR

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

330/21

Mental Health Governance Committee Board Assurance Report

The Board received an overview of the detailed discussions held at Mental Health Governance Committee on 14 January 2022 and the following highlighted:-

- The overall concerns of the Committee were those outside the Trust's direct control however the Committee were gaining greater assurance that these risks were being managed.
- The Committee was satisfied that the self-assessment conducted against the CQC requirements set out in the report: "*Assessment of Mental Health Services in Acute Trusts. How are people's mental health needs met in acute hospitals, and how can this be improved?*" demonstrated that the Trust had a reasonable degree of oversight of how mental health services were provided to patients but agreed to discuss the development of a Mental Health Strategy at the next meeting with input from CCG and BSW colleagues to support a coherent and consistent regional approach.

Liam Coleman, Chair confirmed that mental health issues were continuously being raised at a BSW ICS level as it was a vital component to be prioritised within our system and would keep the Board apprised on how successful this was. Kevin McNamara, Chief Executive added there was an added complexity with the lack of visibility with Oxford Health at Swindon Place level, together with the lack of capacity and inadequate care across the country for children which was also a concern across both Place and BSW system level.

The Board **noted** the report.

331/21

Ockenden Review of maternity services – one year on

Lisa Marshall, Director of Midwifery and Neonatal Services and Katherine Simpson, Risk & Governance Lead Midwife joined the meeting for this agenda item.

The Board received and considered a presentation that provided a progress update of the Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust published in December 2020 (Ockendon Report).

Firstly, Lisa Cheek, Chief Nurse welcomed Lisa Marshall to the organisation as Director of Midwifery and Neonatal Services.

The report had been through the Board committee structure however there was a requirement from NHSE/I to share with the Board the review of maternity services one year on from the Ockenden report. The report focussed on:-

- Progress with implementation of the 7 Immediate and Essential Actions (IEAs) and the plan to ensure full compliance.
- Maternity services workforce plans.

Minute	Description	Action
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- Ensuring local system oversight of maternity services with the Local Maternity and Neonatal System (LMNS) and ICS.

The Trust continued to prioritise and work towards full implementation of the Ockendon recommendations so that women and families using our maternity services received the best of NHS care.

Lizzie Abderrahim, Non-Executive Director asked how the Trust connected with seldom heard communities within Swindon. Lisa Marshall, Director of Midwifery and Neonatal Services replied that there had been focussed work within the Continuity of Care teams to support vulnerable women in Swindon. The Trust had maintained this model of care throughout the pandemic, and had also established close links with the Maternity Voices Partnership who had strong engagement with the ethnic majority communities.

Paul Lewis, Non-Executive Director and NED Maternity Champion gave assurance that overall the Trust had seen a significant increase in terms of governance and control as outlined in the presentation. Engagement and feedback had also been improved with unannounced visits recently introduced that had strengthened the opportunity to listen to members of staff and respond to any concerns. Further assurance had been gained from a recent visit from Maternity Voices Partnership who gave some encouraging feedback on our progress and this would be shared through the Quality & Governance Committee together with the further improvements planned, particularly around strengthening engagement with staff and our service users.

Lisa Cheek, Chief Nurse added that significant progress had also been made in the way the maternity matrix was presented and a quarterly Maternity Safety Report had been developed in order to oversee the whole maternity picture which was presented to the Quality & Governance Committee.

The Chair expressed thanks to Paul as Maternity NED Champion for his time and effort that he puts into this vital and important role.

Lisa Marshall, Director of Midwifery and Neonatal Services commented that as a new member of staff she had experienced no disconnect between Board and Ward and thanked the Board for their strong engagement with the maternity services.

The Chair thanked both Lisa and Katheirne for joining the meeting and passed on the Board's thanks to the whole team for their efforts and participation in the implementation of the Ockenden recommendations.

The Board **noted** the progress update on the recommendations from the Ockenden 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.

332/21	Ratification of Decisions made via Board Circular/Board Workshop None.	
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Minute	Description	Action
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333/21	Urgent Public Business (if any) None.	
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334/21	Date and Time of next meeting It was noted that the next meeting of the Board would be held on 7 April 2022 at the DoubleTree by Hilton Hotel, Swindon (MS Teams facility would also be available).	
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335/21	Exclusion of the Public and Press	
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RESOLVED

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

The meeting ended at 1420 hrs.

Chair Date.....

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – April 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
03-Mar-22	274/21	Proposed Board Committee Structure / Non-Executive Director Champion Roles / NED Champion roles Papers to be circulated for comments prior to full discussion at Board.	Company Secretary	Completed. On agenda in private session for discussion and formal ratification at May-22 Board meeting.
03-Mar-22	324/21	E-Consult Deep dive into Primary Care to include future technology usage as well as the jointly commissioned report with the CCG on the primary care operating model to support the financial issues.	Chief Operating Officer	For Performance, People & Place Committee.
03-Mar-22	329/21	Workforce : Untaken TOIL To find out the extent of untaken TOIL.	Director of HR	For Performance, People & Place Committee

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 Reflection (Patient Story)				
Meeting	Trust Board				
Date	7th April 2022	Part 1 (Public) [Added after submission]	X	Part 2 (Private) [Added after submission]	
Accountable Lead	Lisa Cheek – Chief Nurse				
Report Author	Tania Currie – Head of Patient Experience and Engagement Emma Richardson - Matron				
Appendices	Powerpoint Presentation including Audio recording				

Purpose					
Approve		Receive		Note	
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	
					Assurance
					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	X	Partial	
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 Assurance
					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 presentation identifies significant work being undertaken to address the concerns raised in this Care Reflection					

Report					
Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):					
<p>The Audio recording recounts the experience of one of our patients who's first impressions and resulting experience was poor.</p> <p>As part of the Great Care Campaign, the First Impressions workstream has used various methods, including a 15 Step Challenge to identify what is important to our patients when they first enter a clinical environment.</p> <p>A plan is in place with actions to raise awareness of the importance of ensuring patients feel welcomed to a calm environment, providing additional information so that patients understand the different uniforms and which staff are on duty and encouraging all staff to use an "I see you" and "My Name is" approach.</p> <p>The work is linking with the Compassionate Communication workstream also part of the Great Care Campaign.</p>					
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)	NA				Risk Score
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	The Audio has been shared with the unscheduled care division and Emergency department				
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: <ul style="list-style-type: none"> ▪ To receive the presentation as assurance of actions being taken to address areas of concern raised in the Care Reflection. 				
Accountable Lead Signature				
Date				

Care Reflection

First Impressions Count

Trust Board – April 2022
Emma Richardson - Matron



Care Reflection - First Impressions Count

- The feedback we have heard is upsetting to listen to
- There are many elements to Great Care, a good **FIRST IMPRESSION** builds confidence and reassures our patients and carers that we are there for them, we need to get this right
- Being acknowledged by staff and welcomed into the clinical environment in a reassuring and friendly manner are identified as the building blocks for a positive patient experience.



Care Reflection -

First Impressions Count

- In- patient survey June 2021- 13 wards including paediatrics and assessment areas

Were you made to feel welcome?	What could have been improved?	Did the Ward feel calm and well organised
Staff said Hello	Staff too busy to say Hello	Staff were confident
Brilliant reception staff	Lots of different staff	Ward busy but with purpose
Smiley faces	Did not know who anyone was	Always busy but not chaotic
People spoke to us	Staff rushed by	Everyone knows what they are doing
Staff friendly and approachable		Kept informed
Listened to		

Care Reflection - First Impressions Count

- Multidisciplinary working group established with Trust support
- Challenges involving Governors and Friends due to Covid

To inspire confidence in our Health Care setting by providing a welcoming and reassuring environment

1. To ensure a positive initial welcome
2. To strive to provide a well organised and efficient care setting
3. To promote meaningful communication to enhance the care experience

Care Reflection - First Impressions Count

15 Step Challenge

- The 15 Steps Challenge -quality improvement toolkit which focuses on seeing care through a patient or carer's eyes, exploring their first impressions, how it looks, sounds, smells etc.
- Undertaken in a variety of variety of care settings Sept-Nov 2021
- Four categories align with CQC standards - welcoming, safe, caring and involving, well organised and calm
- Safety concerns feedback
- **Good practice** – friendly, welcoming, tidy and organised, positive feedback from patients and careers, information sharing
- **Areas for improvement** – staffing boards not updated, limited matron ward manager signs, staff observed not acknowledging people, cluttered, patients/careers unclear of different staffing groups

Care Reflection - First Impressions Count

Goals and Actions

Short Term

- Daily staffing boards to be updated (senior support)
- Ward manager/matron photos in place
- Adopt an “I see you approach” (HCA Bite Size, Ward Clerk forum, site comms, links with the Hello my name is)

Medium term

- Explore possibility of uniform boards
- Daily photo staffing boards trial (Woodpecker and Head and neck Outpatients)
- Link with Compassionate communication workstream

Long Term

- Monthly meetings of working group, increase involvement
- “I see you” and “My Name is” approach championed by all GWH Staff
- Review of Staffing Boards (universal use, gold standard information for patients/careers/staff)
- Explore possibility of “Befrienders” to greet, sign post and action requests from carers
- Utilisation of the 15 Step Challenge as a Trust wide continuous quality improvement tool

Care Reflection - First Impressions Count

Measuring success

Well led questions - Matrons Audit

- **On arrival does the ward/department feel calm, not chaotic(even if busy)?**

Highest ranking question average score 100% over last 6 months

Aim to maintain, could be included in patient experience audit for different perspective?

- **Daily Staffing Board visible to the public and up to date?**

Average score 76% over last 6 months

Aim to increase score to above 95%, requires support of ward managers/matrons (review of boards)



- Any questions?

Report Title	Chief Executive's Report				
Meeting	Trust Board				
Date	7 April 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
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
			X	Assurance
				To assure the Board/Committee that effective systems of control are in place

Assurance Level				
Assurance in respect of: process/outcome/other (please detail):				
N/A				
Significant		Acceptable		Partial
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 including:				
<ol style="list-style-type: none"> 1. Covid-19 2. Changes to infection prevention and control 3. Ockenden report 4. Staff survey 5. Operational update 6. Quality 7. Workforce, wellbeing and recognition 				

Report					
Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):					
This report covers the Chief Executive's overview of current issues at the Trust including: our response to Covid-19, an update on our operational position, infection prevention and control, staff survey results, the Ockenden report, and staff recognition.					
Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
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
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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	

Recommendation / Action Required

The Board/Committee/Group is requested to:

▪ **Note the report**

Accountable Lead Signature

Date

1. Covid-19

Government restrictions on Covid-19 were lifted on 24 February, although remain in place in healthcare settings.

This means that people entering our buildings continue to be expected to wear masks, wash their hands regularly and socially distance. We also continue to have restrictions on visiting in place.

Since the Covid restrictions were lifted we have seen the number of patients with Covid increase, from 36 on 24 February to over 100 last week. This is the highest figure we have seen since February 2021.

Although many of those patients do not have Covid as their primary diagnosis, the numbers show that the pandemic is very much still with us, which means the way we deliver care will need to continue to evolve to support patients and our community as best we can.

2. Changes to infection prevention and control guidance

In recognition that the country is moving towards living with Covid, we will be updating our guidance on how we balance the risks of Covid with the indirect harm caused, for example to patients unable to access a bed or ambulance in a timely manner.

Given the wider risks NHS Trusts are dealing with in ensuring timely access to care and limitations including high numbers of NCTR patients which reduces flow and access to beds, together with the significant increase in prevalence of Covid in the community many organisations are looking at alternative ways to respond to the current Covid situation.

In particular how we can make more effective use of the bed base to care for those people who need an acute hospital bed. The latest national guidance allows for Trusts to adopt IPC practices that differ from those recommended/stated in this national guidance. Responsibility for safe systems of work remains with the Trust and we have been working with our system partners on a thorough risk assessment in order to agree a single approach that will see an adaptation of inpatient testing regimes to provide some flexibility in how we organise our beds base. This work is ongoing at the time of writing and a further update will be provided at Board.

We will also bring the updated IPC BAF through Quality and Governance Committee in April to ensure appropriate oversight.

Strict infection control measures for visitors and staff will remain key to stopping the spread of the virus, with social distancing, good hand hygiene and appropriate personal protective equipment being worn.

3. Ockenden report

The final Ockenden report in to Shrewsbury and Telford Hospital Trust was published last week and has been very widely publicised.

The independent report details the failings of maternity services at the Trust.

The release of the interim report in December 2020 made significant recommendations for maternity services across the country.

The full report is a review of 1,600 clinical incidents and identifies repeated care and governance failures which led to 295 avoidable baby deaths or brain damage cases, and nine mothers died as a result of poor care.

The review found repeated failures in the quality of care and governance at the Trust as well as failures from external bodies to effectively monitor the care provided.

These combined failings led to missed opportunities to learn, with families experiencing repeated serious incidents and harm throughout the period of the review.

Along with 60 actions for learning for the Shrewsbury and Telford Hospital NHS Trust the report identifies 15 immediate and essential actions for all maternity services in England.

These cover 10 areas including:

1. Financing a safe maternity workforce.
2. Essential action on training.
3. Maintaining a clear escalation and mitigation policy when agreed staffing levels are not met.
4. Essential roles for Trust Boards in oversight of their maternity services: Boards must work with their maternity departments to develop a process of regular reports and reviews to ensure improvement plans and actions take place. Every trust should have a patient safety specialist dedicated to maternity services.
5. Meaningful incident investigations with family and staff engagement and practice changes introduced in a timely manner.
6. There must be mandatory joint learning across all care settings when a mother dies.
7. Care of mothers with complex and multiple pregnancies.
8. Ensuring the recommendations from the 2019 Neonatal Critical Care Review are introduced at pace.
9. Improving postnatal care for the unwell mother.
10. Care of bereaved families.

In addition, the review also calls for NHS England to invest in a recruitment and retention drive to alleviate pressures in understaffed maternity services, more investment in training for midwives, support staff and doctors, as well as actions to ensure midwives and their medical colleagues want to remain working in the NHS.

Our initial review of the required actions indicates that these actions are building on the improvement work identified from the interim Ockenden Report. The initial review suggests that there is no immediate or urgent actions required, however the gap analysis and more detailed review is underway.

The report does call for investment in workforce in all Maternity and Neonatal staff groups, for example, increasing the headroom for maternity staff to 28%, support for dedicated training time and ensuring accessibility for families to specialist services. These are issues which we will now work through.

It is important to note that the Ockenden report's findings are wider than just maternity – a “them and us” culture between midwifery and obstetric staff was identified, and trust leadership

up to board level was recognised to be in a state of continual change with 10 board chairs and 10 chief executives from 2000 to early 2020.

There are therefore some important lessons for all organisations in considering the culture in place.

4. Staff survey

The results of the staff survey carried out in November-December last year were published last week.

We had a good response rate, with around 47 per cent of staff filling in the confidential questionnaire. As the survey was sent to all staff this time around, we have been given the feedback of more than 2,400 staff.

This gives us a good evidence base and the views of our staff are really important to us, telling us the things that we are getting right and the areas where we need to do more.

I'm pleased that we've seen a positive response to some of the improvements we have introduced, such as our approach to staff health and wellbeing, opportunities for flexible working, and the respect shown for individual differences in terms of culture and working styles.

But at the same time, the survey shows that the pandemic has had an impact on how staff are feeling about their work and the Trust, and there has been an impact upon morale. This is of course disappointing and something we will need to focus our efforts on in the weeks and months ahead.

Much of this is not a surprise given what we have been through, and we are absolutely committed to using staff feedback to dig further and look at ways we can continually improve. Full details will come through PPPC.

5. Operational update

5.1. Current pressures

Aside from Covid, the health and care system remains very stretched. We have seen a return to pre-pandemic levels of attendances to our Emergency Department and Urgent Treatment Centre.

At GWH, the flow of patients through the hospital has presented us with some real challenges on bed availability. We have seen an increase in the number of patients in the hospital who are medically fit and need to be discharged. Where this involves additional care through partners this can cause delays in freeing up beds.

5.2. Ambulance hospital handovers

Unfortunately, when the hospital is very busy, this does put pressure on the ambulance service who find their crews are having to wait longer to handover their patients to us.

In terms of performance, standards for ambulance response and handover are as follows.

For ambulances this should be:

- Cat 1 against 7 minutes standard
- Cat 2 against 18 minute standard

For handovers, the interim contractual position for 2022/23 is:

- 65% within 15 minutes
- 95% within 30 minutes
- None more than an hour.

The latest position indicates that as a system these targets are not being met. Across BSW, more than 2,600 ambulance hours were lost due to hospital handovers in March.

At the time of writing, GWH has shown some improvement. However, this needs to be set in the context that the South West is the worst performing region for ambulance handovers and we continue to have significant numbers of one hour breaches causing the ambulance service to have crews off the road for a significant number of hours. I will provide an update on the latest data at the Trust Board meeting.

Although we continue to work closely with the ambulance service to address these delays, this is a much wider issue and over the past few days we have worked with colleagues on delivering a single system plan which will work to reduce the delays which we know are a patient safety risk.

Nationally, the system has been asked to deliver a plan which is owned and coordinated by the system, balances risks across organisations, involves dynamic risk assessment, has a clear process for escalation, and the ambulance performance is a prominent part of Board reporting.

5.3. Staffing

Our staffing levels continue to present us with challenges with large numbers of staff off sick, and typically this has been between 6 and 7 per cent in recent weeks.

6. Quality

6.1. Patient Safety Summit

We held our first ever Patient Safety Summit last week. This virtual event was an opportunity for staff to hear more about the work of our patient safety team and for ideas to improve safety in wards and department to be shared.

More than 50 staff attended, and they were joined by colleagues from NHS Resolution who shared their expertise on creating a just culture and on the impact of human factors.

6.2. Imaging network

We have signed a memorandum of understanding to create the South West 2 imaging network with partners from

- Gloucestershire Hospitals NHS Foundation Trust
- North Bristol NHS Trust
- Royal United Hospitals Bath NHS Foundation Trust
- Salisbury NHS Foundation Trust
- Somerset NHS Foundation Trust
- University Hospitals Bristol & Weston NHS Foundation Trust
- Yeovil District Hospital NHS Foundation Trust

Under the stewardship of NHS England South West, this is part of our response to national recommendations within the October 2020 NHS England report 'Diagnostics: Recovery and Renewal'.

The formation of collaborations of NHS providers into managed networks, over a multi-system footprint, is an important part of this strategy. The aim of the network is to work collaboratively to ensure effective and sustainable imaging services in the long term which meet the needs identified within each Integrated Care System and for the population that is covered by the network footprint as a whole. There is an expectation that we collaborate to achieve equity and best practice for our population in areas including workforce, clinical practice / protocols, digitisation, the management of demand and capacity and a shared capital plan.

7. Workforce, wellbeing and recognition

7.1. Staff Excellence Awards

The finalists for our Staff Excellence Awards, which take place in person on Friday 17 June, will be announced imminently.

This year we received 215 nominations for the awards, an increase on the 180 we had last time.

The awards ceremony will take place at the Four Pillars DeVere Hotel, in the Cotswolds, with tickets going on sale in May.

7.2. Further recognition for our staff

A number of staff have been recognised for their incredible efforts recently. These include:

- Our latest STAR of the Month is Madeline Goodwin, Communications and Engagement Officer. Madeline was recognised for her work providing expert communications advice and support to a variety of teams and workstreams within the Trust and across our system.
- We won two awards at the West of England National Institute for Health Research awards. Senior Research Sister Ruth Davies won the Rising Star award, with our research, pharmacy and respiratory teams winning the Collaboration in Research Award.

7.3. Car parking

Parking fees for NHS staff were waived in March 2020 as the pandemic hit but Government funding for this came to an end on 31 March.

This gesture of thanks and support to our staff has been well-received and, at this point in time, we are continuing to provide free parking for our staff.

Rather than re-introduce charges on 1 April, as most other Trusts have done, we have decided to wait until we have got a better understanding of the level of savings our cost improvement programmes will deliver this year, before deciding what the best course of action is with regard to parking charges.

7.4. Ukraine

The situation in Ukraine has shocked the world and we have provided support to the small number of Ukrainian staff we have working for us. This has included one-to-one meetings with line managers to see we can best help those who have been most directly affected.

Our staff and the local community have asked us what they can do to help. A national effort is underway to provide support to Ukraine and to ensure the NHS stands ready to provide further

support as needed. This effort is being coordinated nationally to avoid creating disruption or duplication.

The Charity Commission and Fundraising Regulator have urged the public to 'give safely' to registered charities helping to support and protect people affected by the invasion of Ukraine.

The [Disasters Emergency Committee](#), a coalition of 15 leading UK charities, has a collective appeal to provide emergency aid and rapid relief to civilians suffering during the conflict.

A Ukrainian sponsorship scheme has been set up to allow Ukrainian nationals and their family members to come to the UK if they have a named sponsor under the Homes for Ukraine Scheme and I am aware of some members of staff who have already stepped forward to help in this way.



A number of metrics that drive the HCPC calculation have improved month on month, leading to the overall improvement in the Trust position:

- Complaints rate
 - Q1 21/22 – 37.03 Rank 114
 - Q2 21/22 – 35.36 Rank 72
- A&E 4 hour standard.
 - Dec 21 – 79.73% Rank 59
 - Jan 22 – 79.02% Rank 49
- Sickness Absence
 - Sept 21 – 4.27% Rank 84
 - Oct 21 – 4.35% Rank 71
- Cancer 62 Day Classic
 - Nov 21 – 85.53% Rank 59
 - Dec 21 – 83.83% Rank 53
- A&E DTA to admission
 - Dec 21 – 18.77% Rank 47
 - Jan 22 – 19.00% Rank 43
- E Coli
 - Nov 21 – 18.8 Rank 24
 - Dec 21 – 18.2 Rank 21
- Summary Hospital Mortality Indicator
 - Aug 21 – 94.13 Rank 13
 - Sept 21 – 93.11 Rank 11

However there were several metrics in which the GWH ranking deteriorated month on month, though the change was not significant enough to offset the improvement seen in the above metrics:

- C.Difficile (Hospital Onset)
 - Nov 21 – 12.05 Rank 66
 - Dec 21 – 12.71 Rank 76
- MSSA (Hospital Onset)
 - Nov 21 – 11.81 Rank 83
 - Dec 21 – 11.98 Rank 91
- RTT 18wk
 - November 21 – 66.55% Rank 114
 - October 21 – 66.13% Rank 121

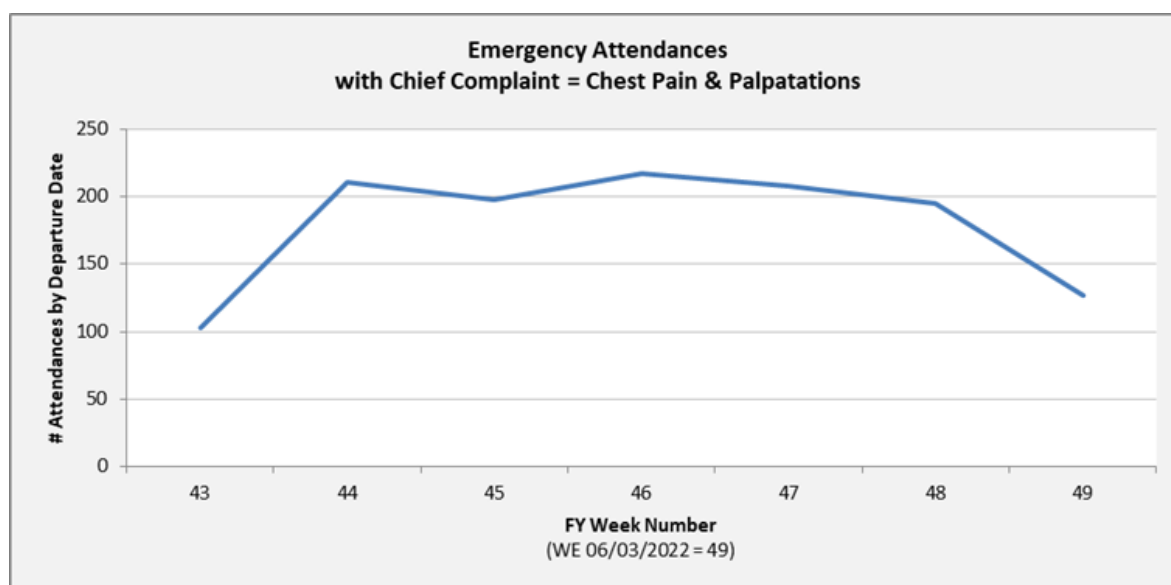
There were also 3 metrics where our overall ranking had not changed. For MRSA, there was updated data, but our position remained at 95, for the others there was no updated data published by NHS England this month as these are quarterly updates or have been paused due to the pandemic.

- MRSA (Hospital Onset)
 - Nov 21 – 0.54 Rank 95
 - Dec 21 – 0.63 Rank 95
- Staff Recommend Care – No Change (last published 17th Nov 21)
- Financial YTD Surplus / Deficit - No change (last published 14 Dec 19)

Emergency Care - ED performance in February remains below the 95% standard. There has been a decrease in 4-hour performance of 0.94% from January. This resulted in a month end position of 76.69% (Feb 77.63%). There were 77 x 12-hour reportable Decisions to Admit (DTA) breaches for February which is an increase of 48 on the January position.

Hospital Handover Delays (HHD) in February have increased with a significant increase in the number of patients who waited >60minutes to be handed over from an Ambulance to the Emergency Department. Total hours lost in Feb 2022 – 1223.

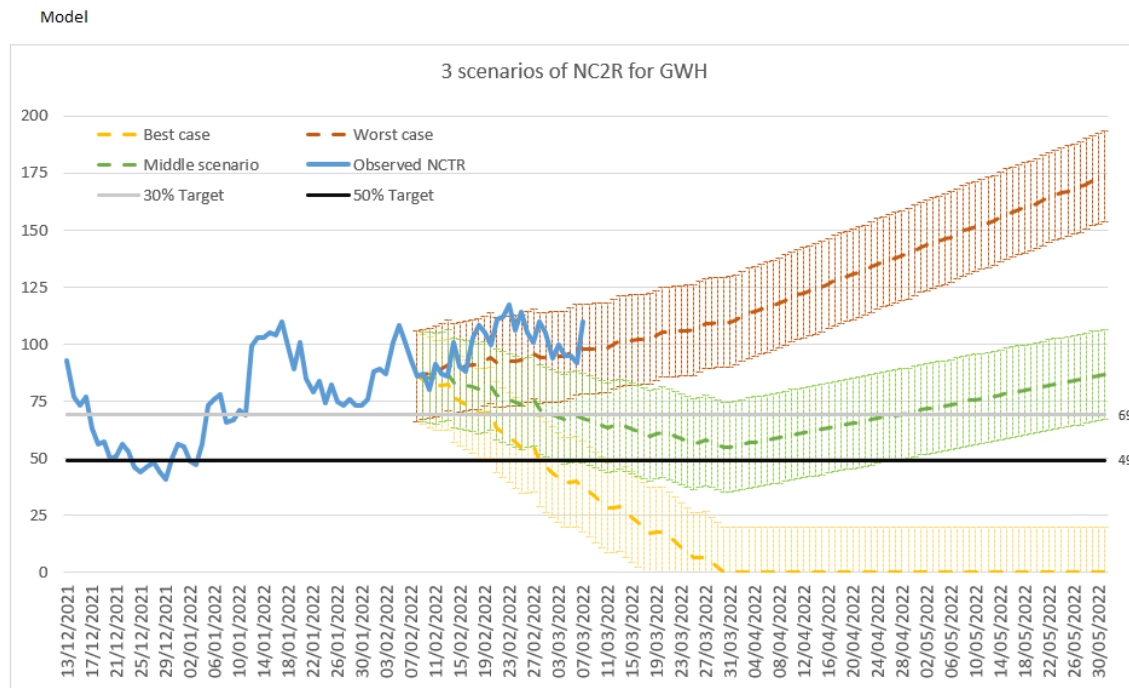
Attendances have decreased in February (From January) by 321 patients, with 203 decreases in the ED and a 118 decrease in the UTC but because of the shorter month per day attendance average is increased. February saw a significant increase in the number of patients who attended the ED with Chest Pain. This is likely to be directly related to the National Campaign running related to chest pain and the symptoms of a heart attack.



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 February again with the Integrated Care Alliance not achieving the 30% reduction in patients with no criteria to reside NC2R (Non-Criteria to Reside).

Discharges – Great Western Hospitals are tracking against the worst-case scenario for patients with No Criteria to Reside (NC2R). Significant delays are being experienced in the Swindon Locality. 46% of patients are waiting more than 21 days to leave the Trust. 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.

GWH Model and Monitoring by Pathway



Community - Average call wait times for patients accessing General Practice during February 2022 were 3.7 minutes (Jan 5.9 mins). The trend over 3 months is a slight increase in call wait times, however average incoming calls in February were 8% higher than the previous 2 months due to additional phone lines being installed. e-Consults have returned to an average of 500 submitted per week, the same as it was prior to Christmas, although opening hours remain as 8:30am – 2:30pm to support a focus on urgent on-the-day activity. Face to Face Virtual consults have continued to increase

Covid - Attendances to the Covid Assessment Unit (CAU) have been reduced slightly through February, with Covid positive patient numbers remaining comparable with Phase 1 of the Pandemic.

RTT - The Trust reported an RTT Incomplete Performance of 58.98% in February 2022, a deterioration of 1.07% in month. The Trust reported a waiting list increase of 425 in month, resulting in a waiting list size of 28,771 against a BSW Trajectory of 30,082 (1,311 less patients than forecast). 222 in month 52-week breaches cleared in February 2022, a reduction of 5 in month 52-week breach clock stops. The number of patients waiting over 78 Weeks at the end of February 2022 was 52, a decrease of 14 in month.

Diagnostics - DM01 Diagnostic Performance was 54.1% in January a decrease from 56.6% in December. Overall, the total waitlist size has increased to 9583 in January from 8989 in December (+594).

Cancer - (January's Performance) - The standard in January was not met, due to Lung (74.3%), Colorectal (81.2%), Upper GI (88.3%), Breast (90.5%) & Gynae (92.2%) not achieving their target. We have seen an increase in referrals of 20% in 2021 compared to 2020. This combined with staffing challenges across many of the services has put pressure on this standard.

The standard was not met in January with a performance of 68.0% (453 breaches). The performance standard for all referrals (2ww, symptomatic & screening) is reported by NHS Digital and via the Public View portal.

Cancer 62 Day standard performance in Jan is 83.2% compared to 74% in Dec 2021. The Trust did therefore not achieve the Cancer 62-day standard.

Our Care

Medicines Safety – Reporting of incidents remained high In January, after a period of reduced reporting in November. Regional & national benchmarking has Great Western Hospitals medicine

incident reporting in the centre of national distribution indicating a good reporting and learning culture.

There is an upgrade of trust electronic prescribing and administration system (EPMA) planned for completion in Q1 22/23. This will improve user experience, efficiency and reporting as well as improving processes and workflows relating to medicines reconciliation.

Replacement of medicines trolleys is planned with arrival of the trolleys expected in March/April 2022. These will both improve medicines storage, and form part of improvement work to reduce medicines administration incidents.

Infection Control – The Respiratory Syncytial Virus (RSV) in children has stabilised with no cases identified in February 2022.

The Infection Control team and the Infection Control Medical Lead presented at the Grand Round on the 27th of January 2022, this was attended by approximately 30 staff with topics covered including C. difficile infection (CDI), Blood cultures, Gram negative and COVID-19.

In February 2022 there were two outbreaks related to norovirus with the loss of 40 bed days.

The number of patients diagnosed with COVID-19 has decreased in February in line with the national and regional picture. There were 27 hospital acquired cases (8 days +) during February 2022. We saw several outbreaks and clusters which were managed through the daily outbreak meetings. More than 150 bed days were lost due to COVID bed closures however this was mitigated as much as possible through cohorting of patients.

Pressure Ulcers – There were a total number of 21 harms on 21 patients on the acute side, representing a 20% reduction reported from last month and 27 harms, down from 47 on the community side. End of life patients developing harm have remained consistent at 25% of the total numbers in the community.

The Hybrid mattress evaluation on the Swindon Intermediate Care Centre (SwICC) has demonstrated that all patients evaluated on the hybrid mattress did not develop any hospital acquired harm over a 4-week period.

The Intensive Care Unit (ICU) has continued with a trial of a product for reduction of moisture that is a key component in tissue damage development for all patients at risk. All staff have completed the training sessions within the department. The data collection from this trial has demonstrated a reduction in PU harm for February and they have had no hospital acquired pressure damage within their department this month.

A pressure relieving equipment evaluation has commenced as a long-term project for next 12 months starting with bariatric and standard mattresses.

Falls – Reported inpatient falls reduced in February to 88 total falls, there was one fall which resulted in moderate/severe harm during. This incident is currently under investigation and a draft report has been shared with the division.

A trial of bed and chair falls sensor mats and bathroom alarms is commencing on Orchard Ward and Teal Ward on 7th March 2022. Training and education has continued at pace with a combined Falls and Pressure Ulcer event held in the Academy on the 2nd March with 66 people attending, with stalls and company representatives providing education and resources and a Health Care Assistant (HCA) all day learning event held on 2nd March, with 35 HCA's attending the training on falls awareness.

Incidents - At the time of reporting there are a total of 32 on-going Serious Incident (SI) investigations, with 3 reported in February. The number of serious incidents reported in February has decreased compared to the previous month. There are no themes identified on the newly reported SI's.

A hydration group has been established following the identification of learning in an SI back in 20218 and learning from a recent survey. The group have agreed a further review of training needs, scope the possibility of the fluid balance chart being added to NerveCentre, development of bite sized videos and guidance for completion of fluid charts. The Health Care Practice Educators delivered an initial training session as part of a learning event on 2nd March 2022 which will be included as part of the HealthCare Assistant induction week.

Following a recent Medicine Safety Huddle there has been shared learning around positive patient identification, patient handover, initiation, and administration of medicines to the correct patient. The first Human Factors (HF) training has been delivered to a group of anaesthetists and was very

positively received. Further sessions are planned for junior doctors and HF training has been delivered as part of serious incident investigation training.

Patient Experience – 27 complaints (previous month 39) and 130 concerns (previous month 114) were received in February 2022. Out of a total of 157 cases received from Complaints and Concerns in February, the overall top three themes were related to communication, clinical care and complications during treatment.

A specific Same Day Emergency Care (SDEC) survey has been undertaken to better understand the impact on patient experience following the rise in demand on the service. Results will be available by end of March.

We are still seeing an increased activity with the Parliamentary Health Service Ombudsman (PHSO) due to them addressing their backlog. All divisions are receiving weekly updates on PHSO cases, detailing expectations and clear timeframes.

Maternity - there is a significant improvement in the compliance trajectory for PROMPT and Fetal Surveillance Training which reflects improved staff engagement and communication.

Our People

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

Exceptions in February: Bank shift fill rate has increased in month to 48.7%, whilst demand has reduced by 30WTE. Sickness absence has increased in month to 6.47% and continues to report as serious exception with short term sickness in January 2022 recording 4.36% compared with 1.89% in January 2021 of which 2% relates to COVID Sickness. Appraisal compliance has reduced to 68.61%, Agency spend as a % of total spend is reporting 7.74% and above Trust target of 6%, time to hire is 52 days, over the Trust target of 46 days.

Highlights:

Workforce planning:

- HR are leading the process to integrate workforce planning with the Divisional business plans and strategic service reviews to be presented at the Executive Away Day on the 8th March 2022.
- The IC&C Division HDP funding is enabling development of aspirational ACP roles to support urology urgent community response service; PCN are also reviewing the option of integrated COPD/Asthma ACP
- Manager On Call project: Matrons are removed from manager on call responsibility with effect from 11th April 2022 to allow 24/7 clinical care focus. Trust-wide senior managers B8a and above are engaged in consultation to be trained to participate in the on-call rota.

Wellbeing:

- Sickness highlights as an exception reporting at 6.47% in January 2022 exacerbated by COVID sickness figures. Whilst there has been a decline in long term sick to 2.11% in-month, short term sick is exceeding target significantly at 4.36%.
- Numbers of individuals accessing Staff Health & Wellbeing remains high; 25 referrals for counselling and 141 for OH management referral - Mental health and musculoskeletal problems remain the main reasons.
- The tea trolley has continued throughout February delivering community care packages to wards & clinical areas.

Mandatory training:

- Compliance reduced slightly in-month to 87.60% but continues to be above the Trust target of 85%, consistently achieving overall mandatory training target since the transfer of MT to ESR.

Employee Development:

- Trust appraisal compliance is reported at 68.61% in February, decreasing by 4.7% over the month.
- Reviews are underway to ensure all CPD funding has a plan in place to be spent.

- Training needs analysis activity commenced with Divisions for 2022/23.

Leadership:

- An application has been submitted to the Leadership Academy for two more Graduate Management Trainees who will be part of a BSW rotation and commence September 2022. Potential placements have been identified across the Trust including Pharmacy and the Way Forward programme.
- Three leaders have commenced on the Senior Leaders Masters Apprenticeship with the University of Gloucestershire

Use of Resources

The full year plan for the Trust is a deficit of £6.0m, with a year-to-date deficit plan of £2.0m. As at the end of Month 10, the Trust is reporting a surplus of £0.3m (£2.3m favourable to plan).

In month the reported position is £0.1m surplus against a planned deficit of £0.5m. Operating income continues to be above plan (£6.1m in month) and this is offset by a continuation of pay and non pay pressures above budget. Provisions have increased in month to reflect possible liabilities that have arisen in year.

Capital expenditure continues to be significantly under plan (£11.9m year to date, of which £6.5m relates to Trust CDEL schemes. Mitigating schemes have been prioritised and approval has been given by Capital Management Group to ensure CDEL is spent by year end.

The cash position at the end of February was £43.3m and is forecast to remain at a sustainable level into 2022/23.

Link to CQC Domain – select one or more	Safe	Carin g	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	Performance, People & Place Committee (PPPC) – 23rd February 2022 Trust Board (Public) – 3rd March 2022				
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:






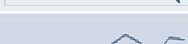

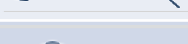

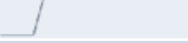



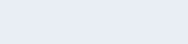




- **Review and support the continued development of the IPR**
- **Review and support the ongoing plans to maintain and improve performance**

Accountable Lead Signature	
Date	31 st March 2022

Integrated Performance Report

March 2022
February 2022 data period

Performance Summary

KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking**	Bath Ranking	Salisbury Ranking	Month
Hospital Combined Performance Score	4927 (Mar)		46 (4,956)	32 (5229)	19 (5,967)	Mar 22
A&E 4 Hour Access Standard (combined ED & UTC)	76.69% (Feb)		24 (74.13)	94 (61.87)	26 (76.35)	Feb 22
A&E Percentage Ambulance Handover over 15 Mins	64.40% (Feb)					
A&E Median Arrival to Departure in Minutes (combined ED & UTC)	183 (Feb)		24 (166)	102 (218)	73 (196)	Dec 21
RTT Incomplete Pathways	60.06% (Jan)		89(62.01)	69 (64.19)	43 (68.81)	Jan 22
Cancer 62 Day Standard	83.17% (Jan)		11 (74.03)	89 (55.35)	12 (82.81)	Jan 22
6 Weeks Diagnostics (DM01)	54.08% (Jan)		110(56.57)	92 (62.11)	3 (97.58)	Jan 22
Stroke – Spent>90% of Stay on Stroke Unit	84.0% (Q2 21/22)		50 (72.3)	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% (Oct)		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)		34 (27.9)	70 (21.9)	39 (16.5)	Q2 21/22
Sickness Absence Rate	5.32% (Oct)		45 (5.12)	51 (5.5)	9 (4.2)	Oct 21
MRSA	3.24 (Dec)		93 (3.78)	46 (1.6)	40 (1.4)	Dec 21
Elective Patients Average Length of Stay (Days)	3.40 (Feb)					
Non-Elective Patients Average Length of Stay (Days)	5.00 (Feb)					
Community Average Length of Stay (Days)	18.56 (Feb)					
Number of Stranded Patients (over 14 days)	128 (Feb)					
Number of Super Stranded Patients (over 21 days)	71 (Feb) ³⁷					

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

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

Board Committee Assurance Report

Performance, People & Place Committee			
Accountable Non-Executive Director	Presented by		Meeting Date
Peter Hill	Peter Hill		23 rd March 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			
EPRR	Green	Green	The Committee were pleased to see the progress made and recognised that there were a couple of outstanding issues that are continuing to be addressed. The Committee will continue to review quarterly.	Monitor quarterly	June 2022
Integrated Performance Report – Discharges	Red	*Red	The pressures surrounding criteria to reside were noted and it was acknowledged the team are doing all they can to manage this. In excess of 100 patients were assessed as not requiring hospital services and appropriate for discharge. GWH are keen to work with local partners to improve the situation.	Monitor actions	April 2022
Integrated Performance Report – Emergency Access	Red	Amber	The service remains under significant pressure although the Committee noted that GWH was one of the better performing Trusts in the South West (7 th best performance out of 30 Trusts). Ambulance handovers remains an issue which GWH and SWAS continue to work on.	Monitor actions	April 2022

Integrated Performance Report - RTT	Red	Amber	RTT was just below 60% for February, with a waiting list increase of 425 in month. The Trust received 9,136 referrals, which is 91% of the Pre-Covid 19 average referral rate whilst capacity remains below Pre-Covid times. The Trusts focus is on the clinically urgent and long waiting patients.	Monitor actions	April 2022
Integrated Performance Report – DM01	Red	Red	Despite increased capacity being put into the system this is being outstripped by increased demand. Management initiatives continue e.g. Task and Finish Group action plans and an external review to ensure most effective use of our scanning facilities.	Monitor actions	April 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	April 2022
Integrated Performance Report - Cancer	Amber	Amber	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.	Monitor actions	April 2022
Gender Pay Gap	Green	Green	The Committee approved the Gender Pay Gap report following minor amendments and recognised that the Trust's main ability to change the pay gap is through its recruitment process rather than the pay scales which are national.	Annual monitoring	February 2023
Our GWH – Developing Our Culture	Green	Green	The Committee were pleased to see the work being done and the content of the report. They recognised this is a working progress and there is some ongoing work to be done.		
Academy Vision & Strategy	Green	Green	There had been a considerable to change to the Academy Strategy over the recent years, with it now playing a significant role in the Trust EDI agenda as well as much work being done with the local community as an anchor institution.		
Integrated Performance Report - Workforce	Amber	Amber	It remains a challenging time for the Trust workforce, sickness levels have reached 7% significantly impacted by COVID, with nursing staffing sickness at a high of 9%. A drop has been seen in appraisal rates this month, this process is continuing to undergo review and improvements are needed. It was acknowledged that the Trust may be under reporting in some areas and better ways of data capture need to be identified. Mandatory training remains above target.	Monitor actions	April 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



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Part 1: Operational Performance

Our Priorities



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



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



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



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

How We Measure

Are We Effective?

Are We Safe?

Are We Well Led?

Are We Responsive?

Are We Caring?

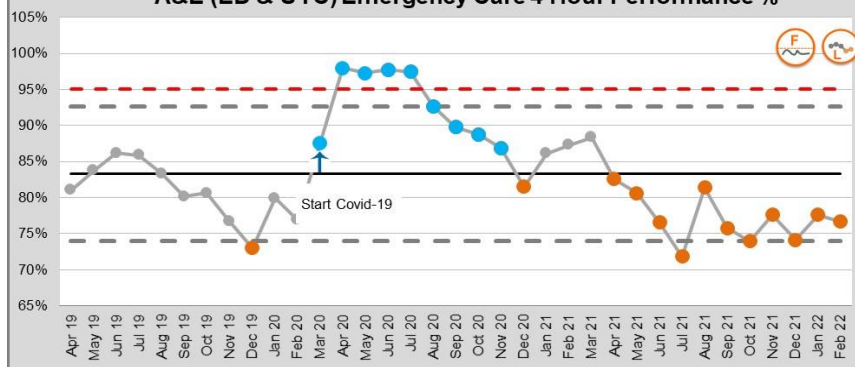
Use of Resources

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

Data Quality Rating:



A&E (ED & UTC) Emergency Care 4 Hour Performance %



Performance Latest Month: 77.63% (Jan)

Attendances:

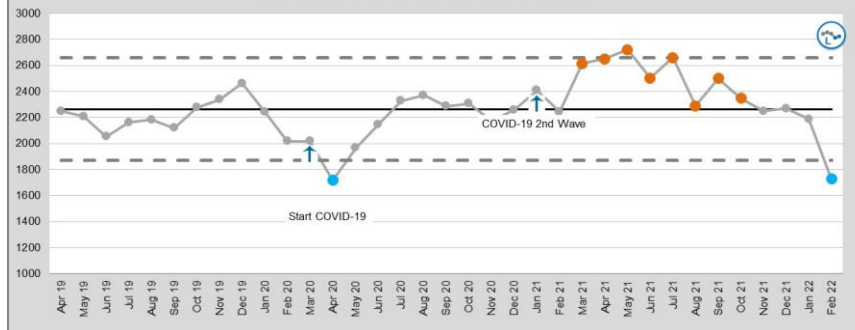
Type 1 ED 59.54%

Type 3 UTC 97.29%

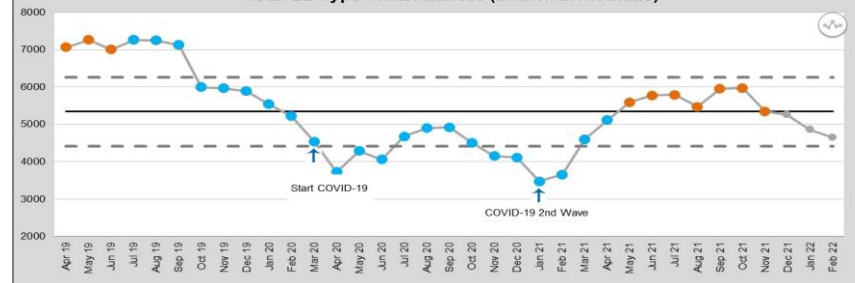
Overall – 76.69%

12 Hour Breaches (from decision to admit) 77

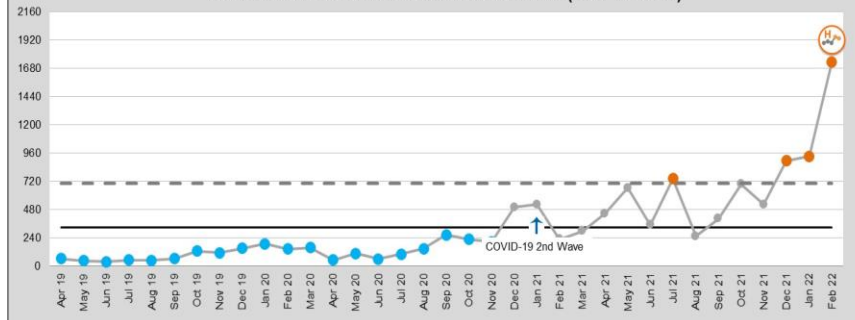
Total Number of Ambulance Handovers*



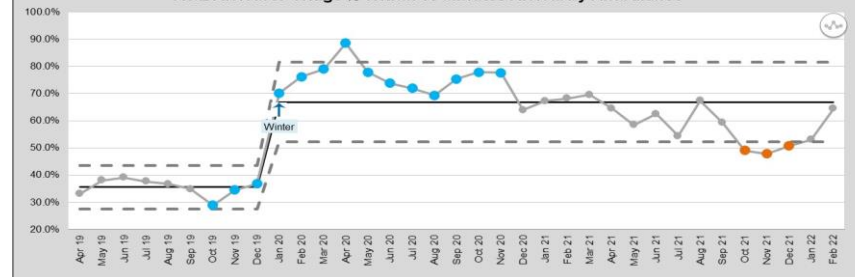
Total ED Type 1 Attendances (all arrival methods)



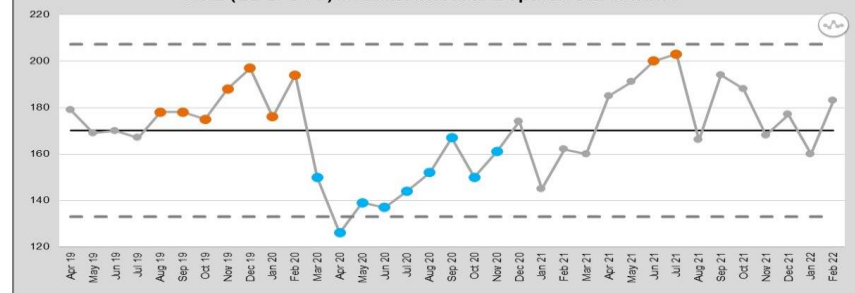
Total Hours Ambulance Handover Over Waits (over 15 mins)*



A&E Arrival to Triage % Within 15 Minutes Arrival by Ambulance



A&E (ED & UTC) Median Arrival to Departure in Minutes

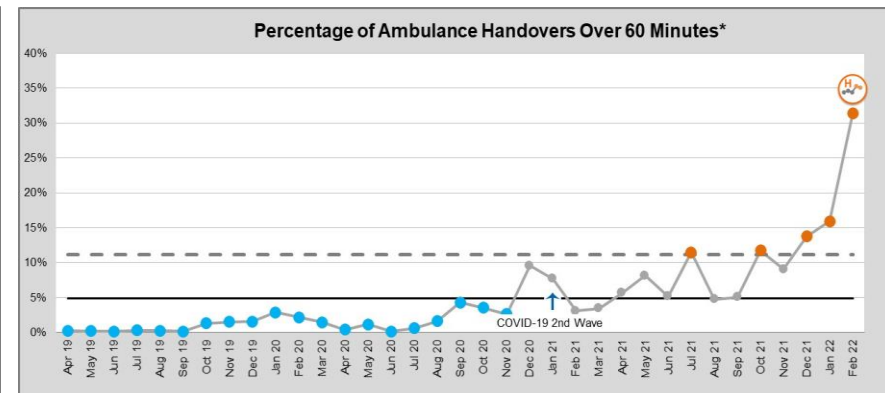
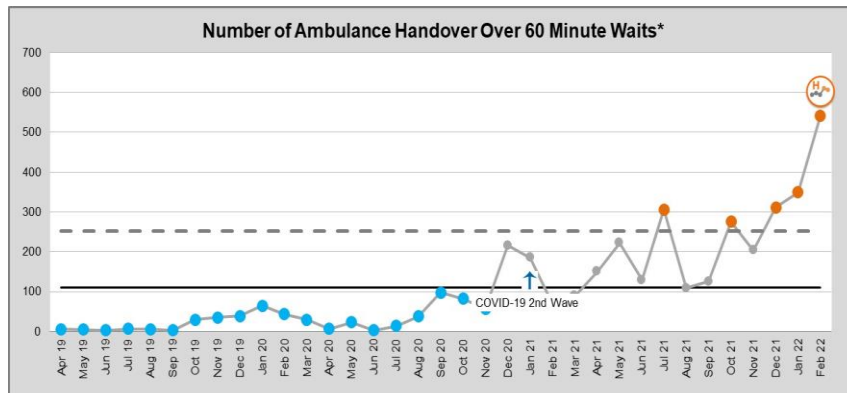
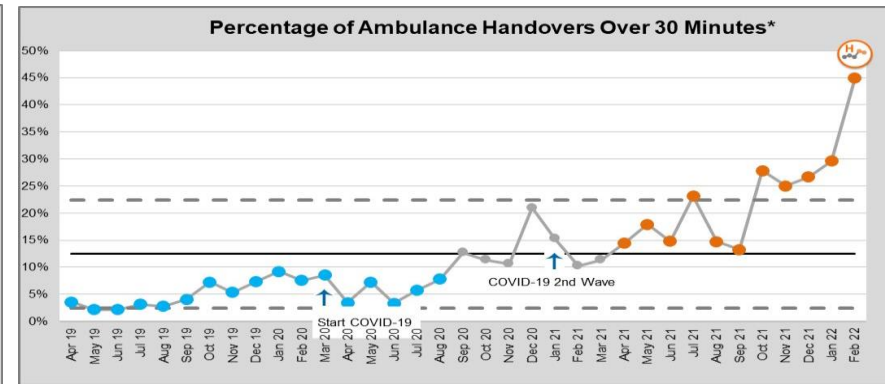
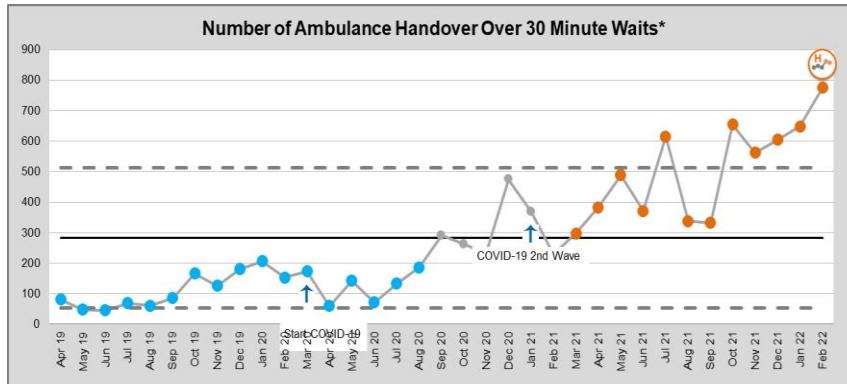
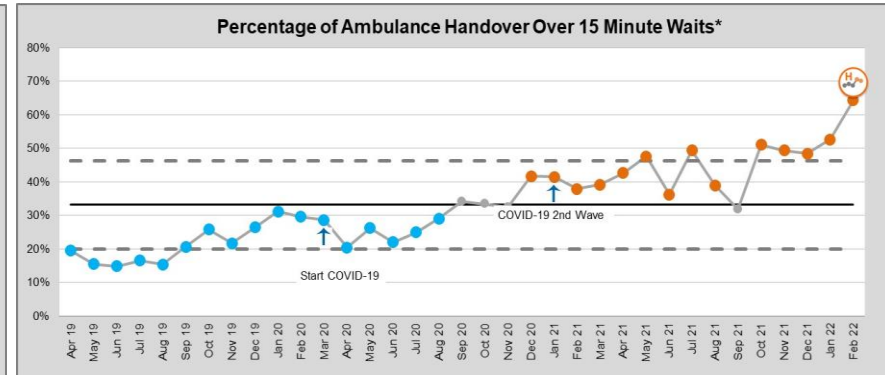
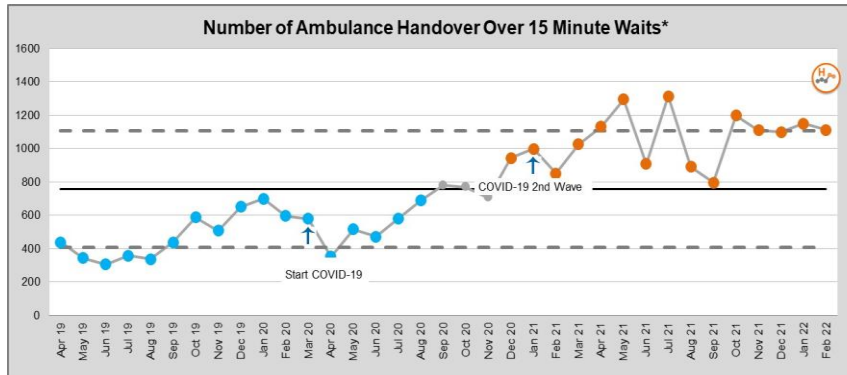


1. Emergency Care Standards – Ambulance Arrivals

Data Quality Rating:



National Key Performance Indicators



43

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

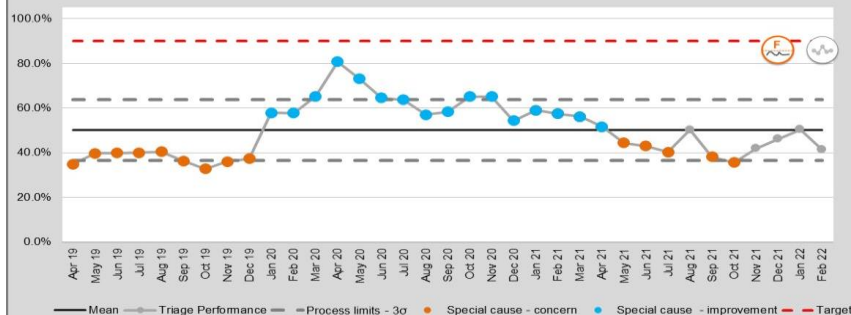
* Data from SWAST

1. Emergency Care Standards – Front Door Flow

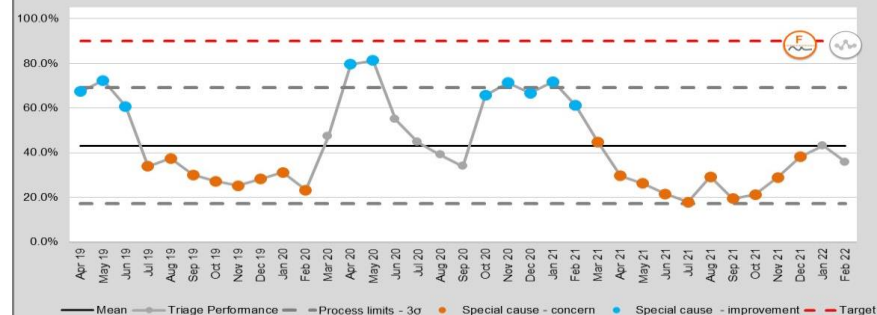
Data Quality Rating:



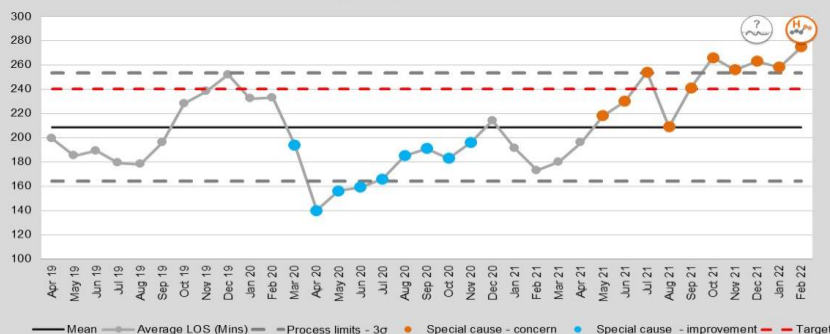
Type 1 - Triage Performance (% Triage within 15 Minutes of Arrival) - starting 01/04/19



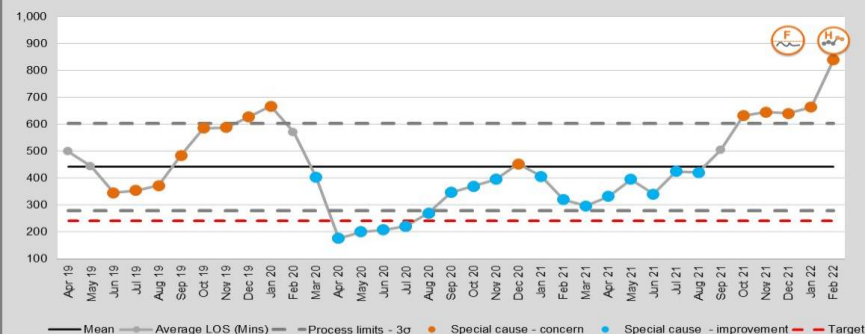
Type 3 - Triage Performance (% Triage within 15 Minutes of Arrival) - starting 01/04/19



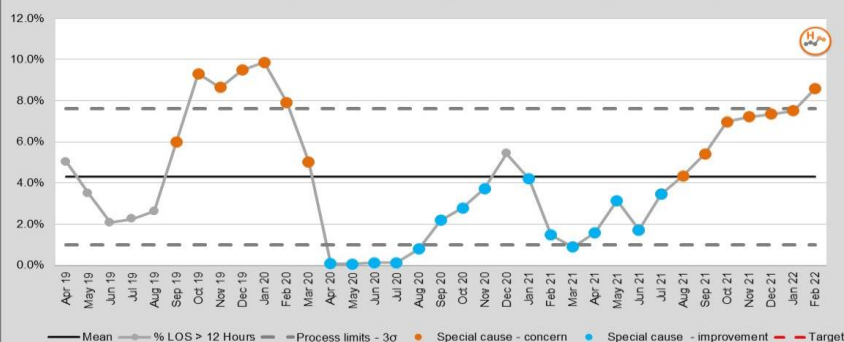
Non-Admitted - Average Average Length of Stay in Department (mins) - starting 01/04/19



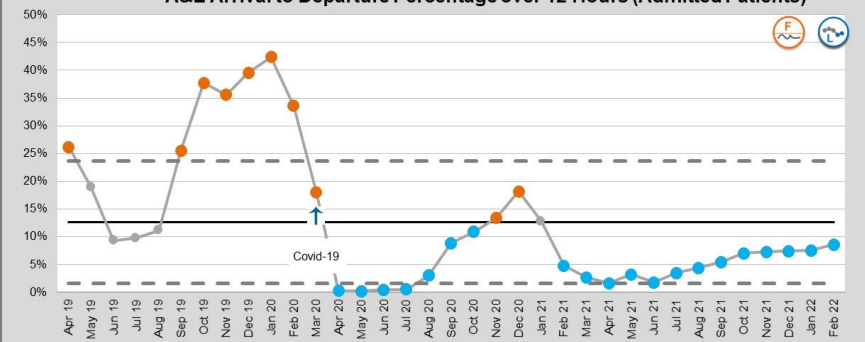
Admitted - Average Length of Stay in Department (mins) - starting 01/04/19



A&E Arrival to Departure Percentage over 12 Hours (All Patients)



A&E Arrival to Departure Percentage over 12 Hours (Admitted Patients)



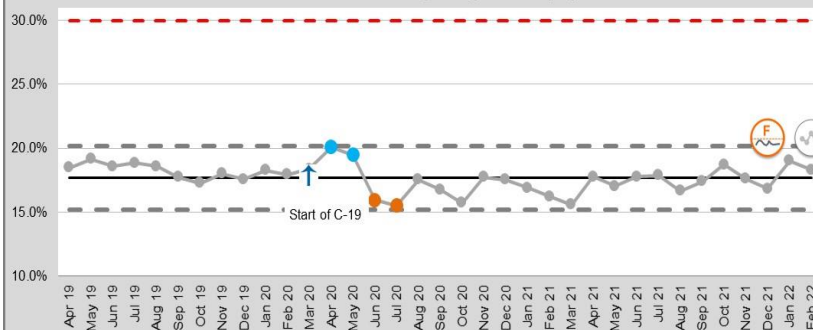
1. Emergency Access (4hr) - Patient Flow and Discharge

Data Quality Rating:

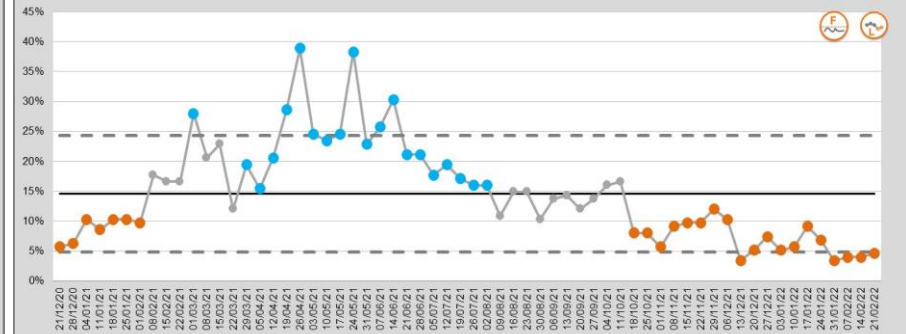


Are We Effective?

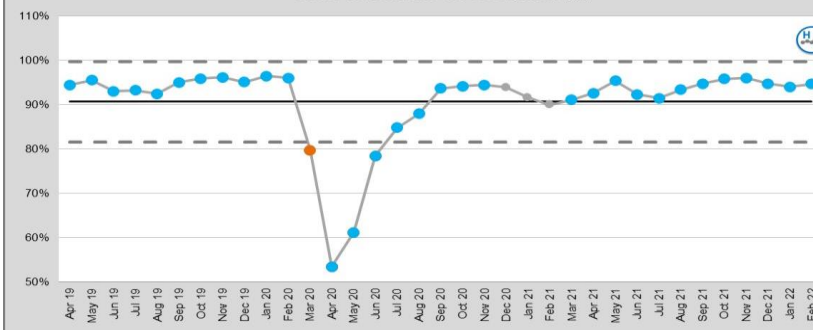
GWH Discharges by Noon (%)



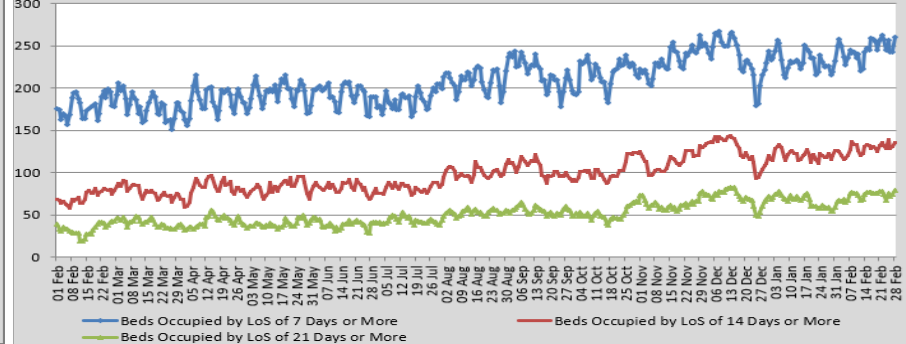
Golden Patients Discharged (Weekly)



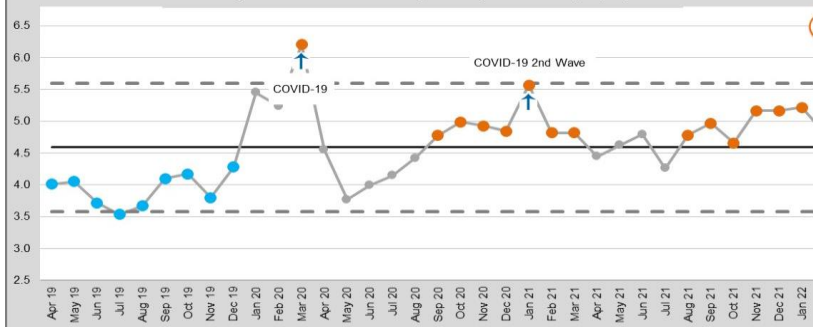
GWH Acute Adult Bed Occupancy (%)



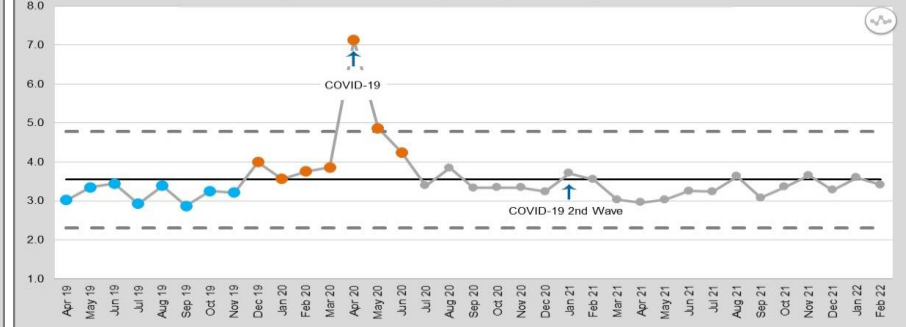
Stranded Patients (daily snapshot)



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



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



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

1. Emergency Access (4hr)

Data Quality Rating:



Are We Effective?

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

- The ED performance in February remains below the 95% standard. There has been a decrease in 4-hour performance of 0.94% from January.
- Attendances have decreased in February (From January) by 321 patients, with 203 decrease in the ED and a 118 decrease in the UTC. The UTC remains closed overnight.
- 4 Hour breaches have increased by 10 overall from last month with a decrease of 58 in ED but increase of 68 in UTC.
- Top breach causality "Bed (Medical)" - 38%. Top reason for 2/12 ahead of "1st assessment".
- There were 77 x 12-hour reportable Decisions to Admit (DTA) breaches for February which is an increase of 48.
- 15-minute Triage Times decreased in both ED & UTC.
- Ambulance delays increased across all time measures.
- There has also been a slight increase (0.46%) in Think 111 first booked appointment utilisation at 60.46% for February, with 9% of patients who DNA'd the appointment slot.
- **Key Impacts on Performance**
 - ED attendances down from January but remain at pre-pandemic levels. Social Distancing measures remain in place, restricting patient numbers in ED.
 - Increased external ambulance queue delays
 - Delay/difficulty providing sustainable internal queue cover
 - Significant bed closure numbers for Covid & Norovirus
 - LOS in ED increased – impact waits / DTAs
 - Overall 12hr waits increased
 - Ward discharges pre-midday de-creased
 - Total occupancy remains >95%
 - Clinical Navigator ongoing (intermittent) assisting flow to UTC
 - Ambulance assessment by Senior ED/AMU clinician
 - Majors Step Down supported by REG/SHO
 - Active pulling of patients to SDEC/MAU
 - SDEC 6/7 opening from mid-February
 - Initial directing to specialist units (SAU/PAU), where able
 - Admissions Area' in D/Lounge escalation remains in use.

What will make the Service green?

- Development of Front Door Hub
- SWAST having direct access to all Assessment Units.
- Implementation of 'Inter Professional Standards' allowing direct referral and admission to specialty beds.
- 'Think 111 First' programme to ensure direction to correct service in condition appropriate timescales.
- System wide approach to how the public access Urgent and Emergency care.
- 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
2. Development of Front Door Hub / SPA, in-conjunction with ICS SWAST. Concurrent intermittent short-term response and long-term implementation – March 2022/ ongoing
3. SDEC 7 day opening approved as part of Winter Planning. Currently recruiting with phased expansion as staff join unit. 6 day opening commenced mid-February – June 2022
4. Adaptation of Teaching Room in SDEC to provide increased clinical space. This will also enable implementation of Medical Take ACP 1st Assessment – March 2022
5. Change function of MSD to 'Clinical Decision Unit agreed with Division/Exec team. Working with IT, Informatics, NerveCentre etc to implement changes. – March 2022
6. Locum REG & SHO introduced late January to support Medical patients in MSD and Admissions lounge, facilitating formal reviews and discharge. Determine ongoing provision & funding – March 2022
7. Review ED & AMU Medical staffing models, maximising clinical coverage/cost benefit – April 2022
8. Implementing findings of Staffing review of nursing (still pending) - April 2022
9. Continued focus on reducing Ambulance Handover delays (15 min & 1hr), Utilising HALO+ to support ambulance queue. Use of Locum Paramedic/SWAST staff to support internal queue area (if nursing levels not sufficient) - March 2022
10. Divisional adoption of 'Internal Professional Standards' allowing improved admission processes – March 2022
11. Implementation of CRTP on CareFlow for on-going patient movement – March 2022
12. Action environmental changes to Majors chairs & Paeds – March 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.

Mitigation:

- Close working with SWAST & HALO when deployed.
- Increase Paramedic cover to internal ambulance queue.
- Senior ED/AMU clinical review of ambulance patients.
- Matron review of patient pathways / promote discharge.
- Active pulling of patients to SDEC/AMU
- Utilisation of escalation areas.
- Implementation of Direct Access pathways for SWAST (PAU,SAU,SDEC,UTC).
- Implementation of 'Internal Professional Standards.

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

Mitigation:

- Medical/GP recruitment in ED and UTC
- Increased locum Medical staff to support MSD/AL.
- Alternative areas for patient assessment in UTC
- Work is progressing with Primary Care to understand measures they can take to help reduce attendances e.g., minors' task and finish group, (BSW wide).
- Review of the UTC and opportunities to work with primary care.
- Options appraisal underway to look at alternative community options.
- Revised SDEC pathways including direct access
- SDEC expanding to 6 and then 7 day service
- Development of services to manage admission pathways.

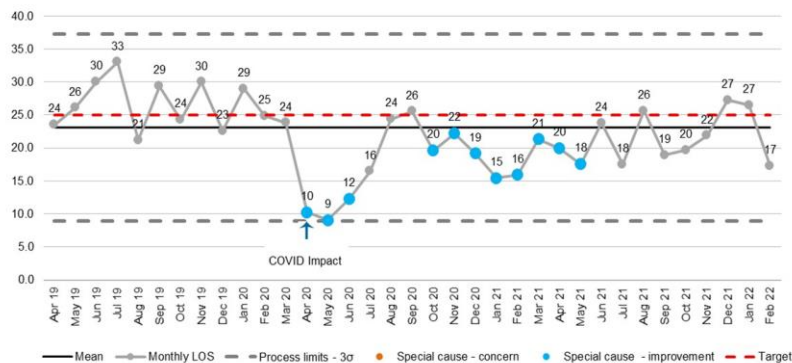
1. Emergency Access (4hr) - Community (SwICC) Length of Stay

Data Quality Rating:

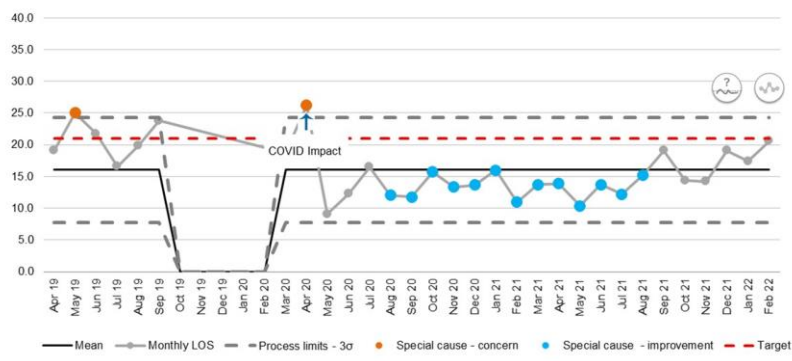


Are We Effective?

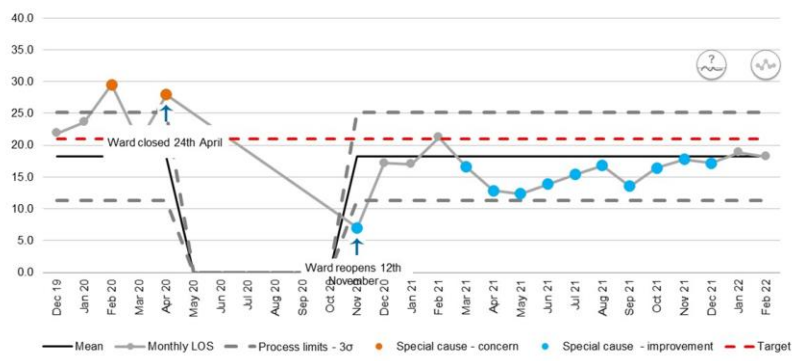
SWICC Forest LOS - Analytics starting 01/04/19



SWICC Orchard LOS - Analytics starting 01/04/19



SWICC Sunflower LOS - Analytics starting 01/12/19



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

The average length of stay (LoS) across all three wards is 18 Days, which remains within the process limits and indicates consistent flow, despite seasonal and Covid related challenges.

Challenges during February have included Covid outbreaks and gaps in medical workforce cover across all three wards.

Flow: Total number of discharges across the three wards, stands at 111 however there were 129 admissions. This has been a direct impact of covid closed beds resulting in **40%** of transfers being delayed.

35% were discharged before midday which is above the target of 30% - bed management module on nerve centre has assisted with this. **10%** of discharges were facilitated over the weekend which is a decrease of 5% on last month.

Improvement actions planned, timescales when improvements will be seen

More resilient medical cover is expected, having secured block bookings for SHO's during March.

Succession planning - the recruitment of Matron has concluded and an offer has been made, subject to the usual checks and onboarding process. A start date has been agreed towards the end of March.

Social Workers are planned to return on site on the 1st March which will assist in the MDT approach to discharge planning and improve flow.

Risks to delivery and mitigations

Risk: HDP funding ending on 31/03/22 which has been used to enhance medical and nursing cover.

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

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

Activity is now flowing through the CSDS national dataset and is reflective of the new RTT module introduced in January 2022.

< 2 Hour response

Is being achieved for 80 – 90% of appropriate referrals during Jan and Feb – these are predominantly nursing led responses.

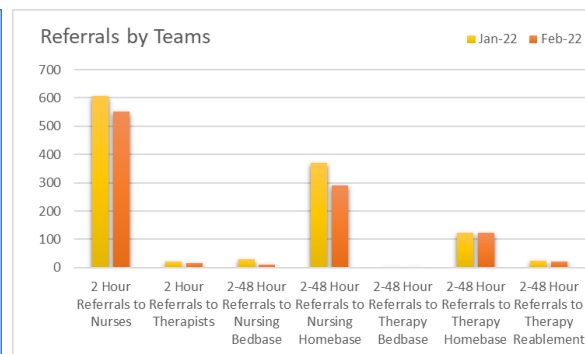
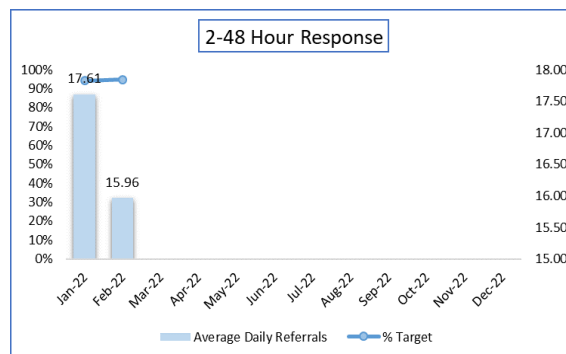
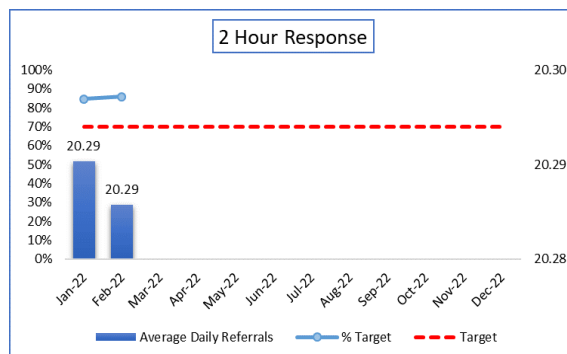
2 – 48 Hour response

Is being achieved for 90 – 100% of appropriate referrals during Jan and Feb – these are predominantly Therapy led responses.

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

Actions planned for March:

- Meeting with GWH comms to ensure the messaging and channels are correct for promotion of the UCR service
- Recruitment initiated for ACP roles to be deployed across UCR and VW
- Plan for improved therapy cover 7 days per week
- Present the model and performance to NHSE/I and regional peer group (this was well received)



Risks to delivery and mitigations

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

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

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

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

Enhanced Care at Home (Virtual Ward)

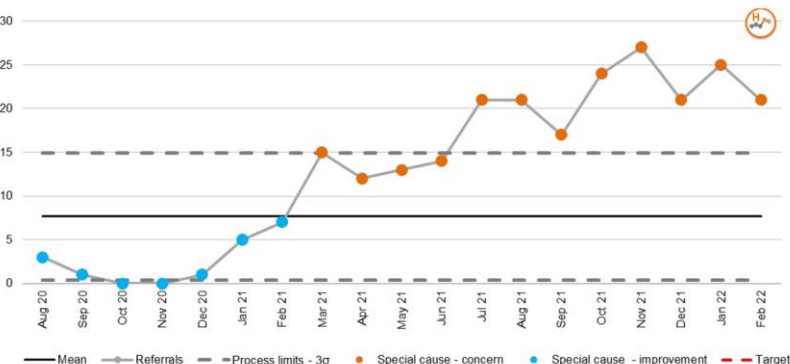
Background, what the data is telling us, and underlying issues

Patients are cared by a small team of skilled clinicians who include technology called Qardio for remote monitoring of observations for some patients, supplementing and reducing the total number of home visits. The average length of stay on the ward is 7 days. The number of referrals continue to sit above the upper process limits, with 21 received in Feb. With 23 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.

£800k 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.

Referrals to - Matron Service - Virtual Ward starting 01/08/20



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
Number of Referrals	12	13	14	21	21	17	24	27	21	25	21
Number of New Patient Referrals	5	6	5	6	5	5	5	2	4	7	4
Number of Discharges	14	11	14	22	19	22	18	27	22	23	23
Patients on Virtual Ward	12	13	13	23	16	16	19	20	27	24	19

Improvement actions planned, timescales when improvements will be seen

Isansys remote monitoring will be trialled (alongside) Qardio. The trial is expected to start in April and last several months.

2 x Enhanced or ACP roles will be recruited to support UCR and Virtual Ward. Roles will be advertised in March

Risks to delivery and mitigations

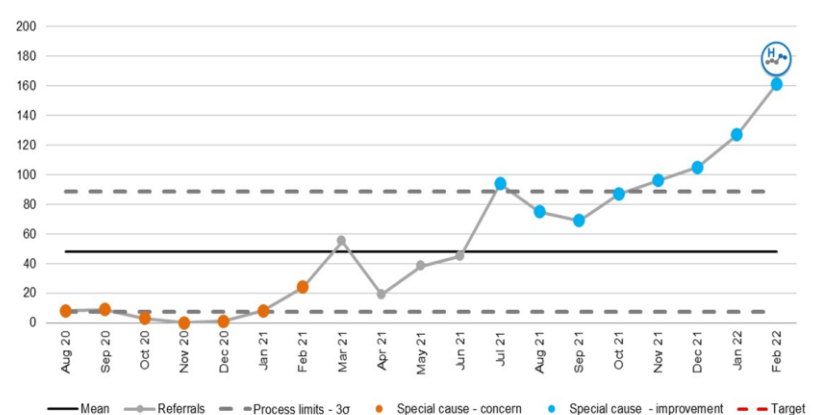
Risk: Capacity is disproportionately used for re-referrals of known patients

Mitigation: The 4-week step down monitoring period will continue and referrals to other services/provision will be made whenever appropriate

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)

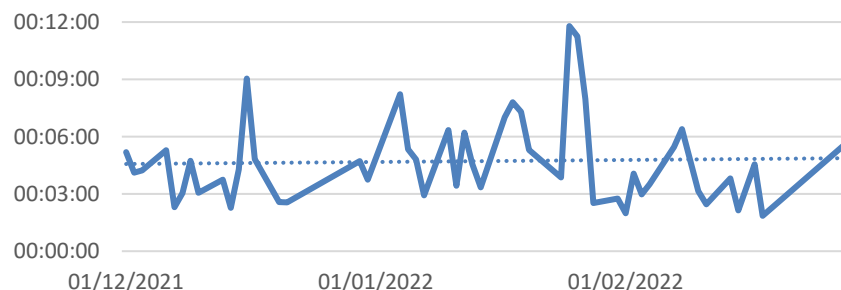
Face to Face Contacts - Virtual Ward starting 01/08/20



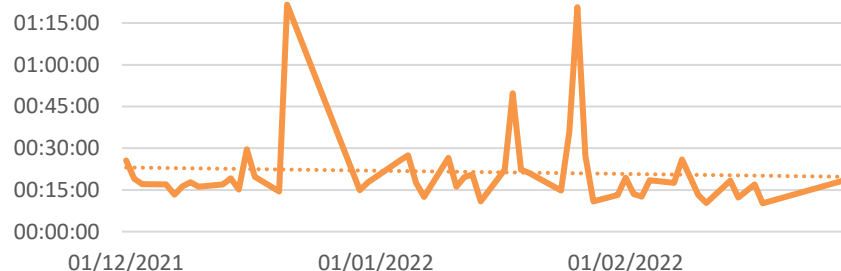
GWH Primary Care - Accessibility

Are We Effective?

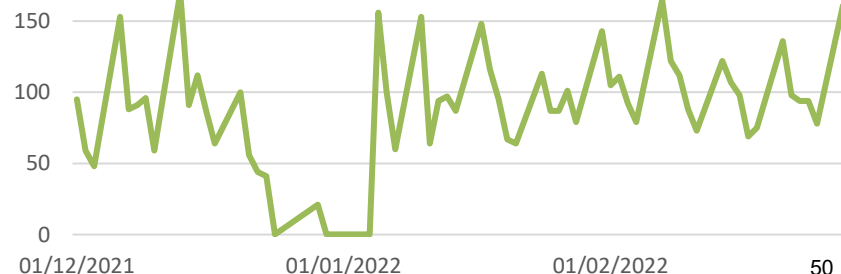
Average Wait - Incoming Calls - December 2021 - February 2022



Longest Wait- Incoming Calls - December 2021 - February 2022



eConsults Submitted - December 2021 - February 2022



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

Average call wait times during February 2022 were 3.7 minutes (Jan 5.9 mins). The trend over 3 months is a slight increase in call wait times, however average incoming calls in February were 8% higher than the previous 2 months due to additional phone lines being installed. Recent recruitment to substantive call handler posts, along with additional training and support, has helped with improving call handling performance.

Longest call wait times during February were 10 - 26 minutes (January 11-28). The trend line indicates a decrease over the past 3 months. 10 Additional phone lines have been installed (now 30 lines) and went live late January. 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 returned to an average of 500 submitted per week, the same as it was prior to Christmas, although opening hours remain as 8:30am – 2:30pm to support a focus on urgent on-the-day activity

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, with a new reporting suite expected during April 2022, originally expected in December 2021.

eConsult activity is expected to increase as patients are encouraged to use this method of access, and continue to use following a positive experience.

Risks to delivery and mitigations

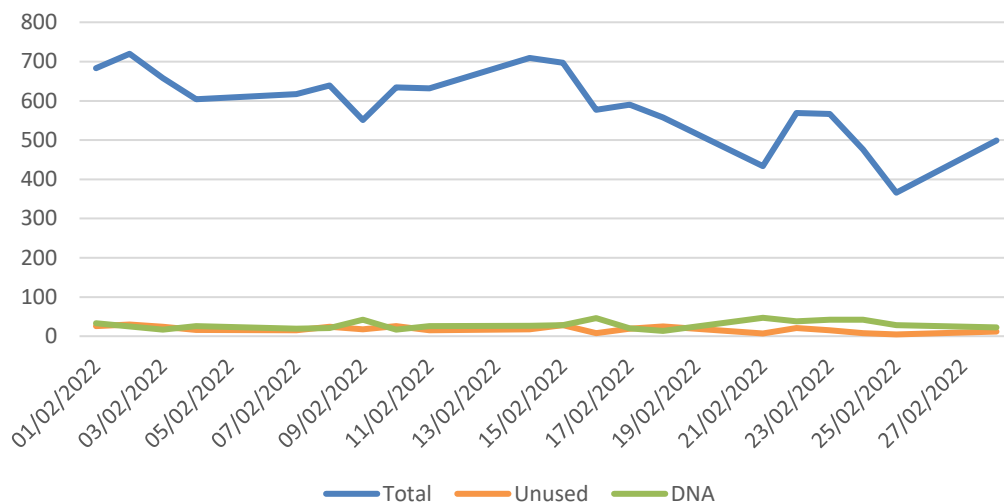
Risk: Availability of e-consult access, a decision on extending e-consult opening hours to be made during March 2022, based on clinical risk, and impact on availability of appointments.

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

Primary Care - Accessibility

Are We Effective?

Total Appointments (+ Unused and DNA)



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

During February the number of daily appointments provided across all patient facing professional groups ranged between 366-720. Over the longer term (past 12+ months) there has been a significant increase in the number of appointments offered.

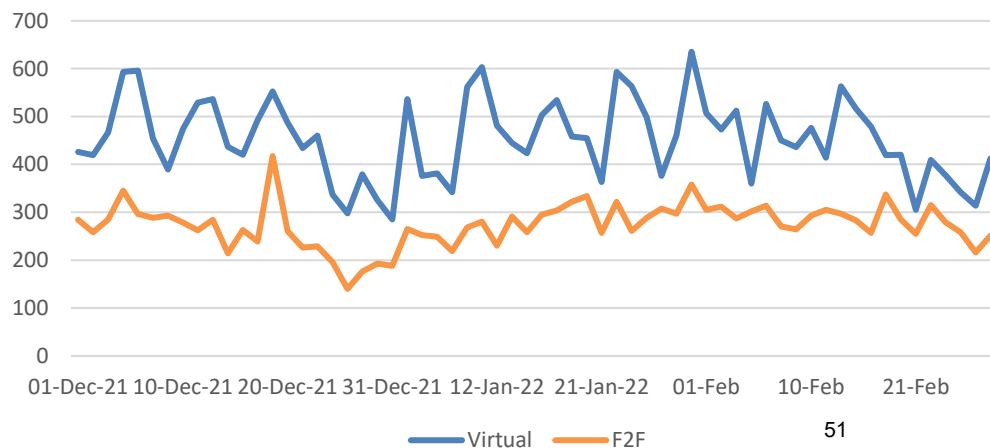
Another First Contact Physiotherapist joined the team in January, increasing the number of AHP appointments available.

Our Mental Health Nurse left during February, reducing mental health appointments, a replacement has been appointed and joins in May 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 March, April and May.

Face to Face vs Virtual Appointments - December 2021 - February 2022



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 February

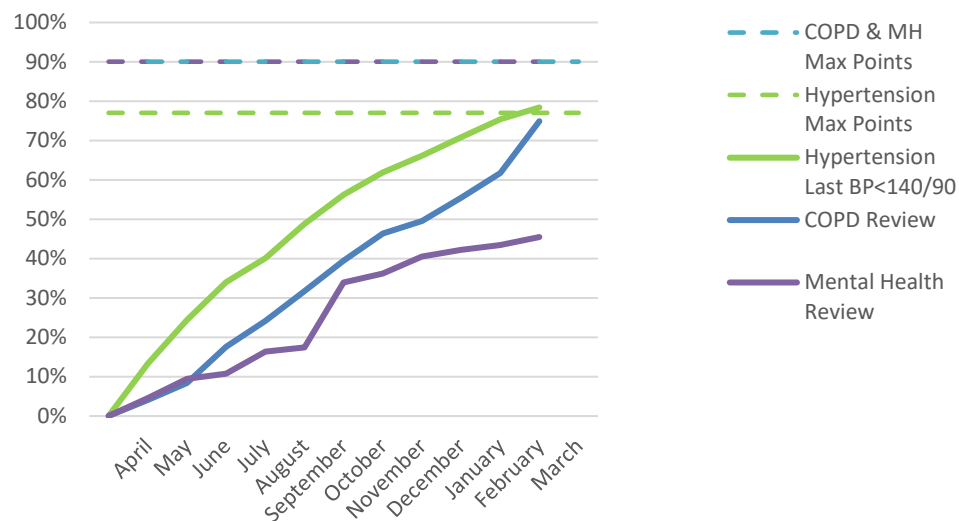
Mitigation

- Additional locum GPs have been secured and expressions of interest from 4 potential salaried GPs.
- Sessional rates and tiered approach have been reviewed to create more attractive offer for potential salaried GPs.
- A review of existing locum GPs contracts underway with Medical Staffing to improve appointments.
- Clinic structure revised to support capacity and balance workload

Primary Care – Quality and Performance

Are We Effective?

QOF Progress



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.

Improvement actions planned, timescales when improvements will be seen

QoF: The QoF trajectories detailed are likely to be improved upon. This is due to a final push of QoF activity in March, when it is hoped Covid related pressures will reduce. This has also been supported with activity from Insight Solutions during February to identify key QoF target areas

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 during February

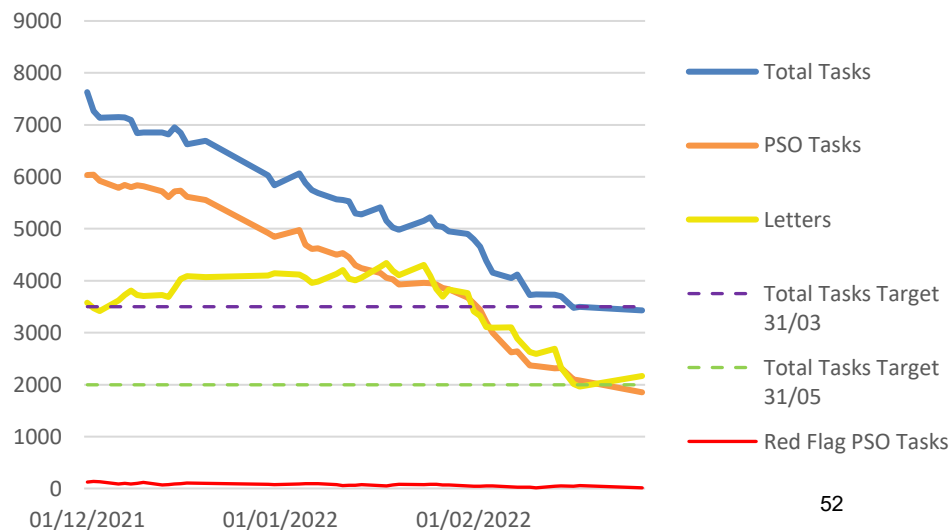
This training will also support the backlog of Summarising – reviewing medical records of patients joining the Practice, currently 2665 records, with a further 1499 expected from NHS PCSE

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: Initial planning meeting held with Leadership Team, updated data being gathered to support planning, 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.

Task and Letter Backlog - December 2021 - February 2022

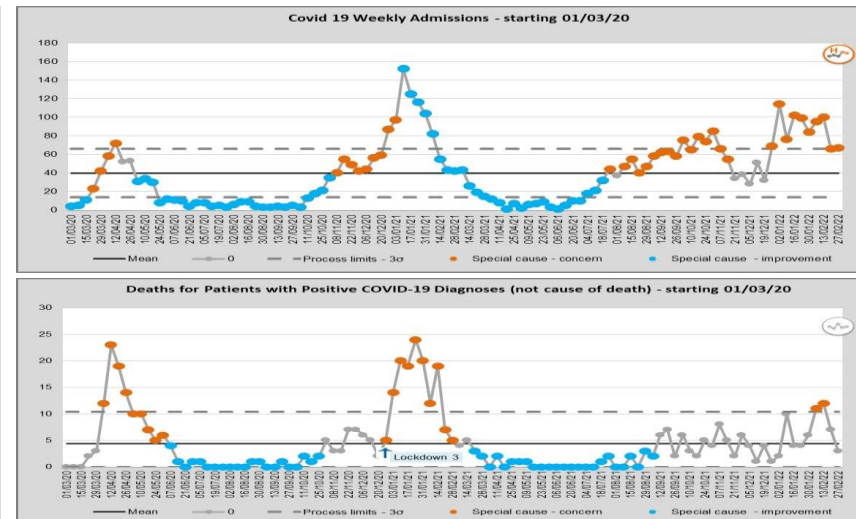
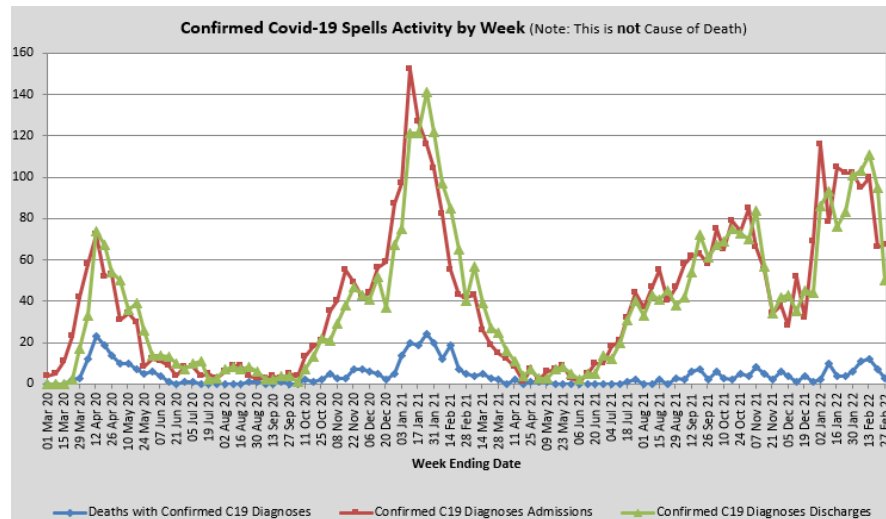


1. Emergency Access (4 Hours) Covid 19 Weekly Admissions

Data Quality Rating:



Are We Effective?



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

Attendances to the Covid Assessment Unit (CAU) have been reduced slightly through February, with Covid positive patient numbers remaining comparable with Phase 1 of the Pandemic. Although reduced, 'Blue' numbers started to increase at end of month. As a result, CAU has maintained operation with 11 rooms.

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

Ongoing bed management to ensure ward availability of Blue beds

There were no Ambulance 1 hour delays at CAU for February.

There was no recorded admissions from the Boarding Hotels.

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

1. On-going review of AMU Medical staffing. Identified Locum support for escalation areas allowing stable CAU cover – **On-going**
 2. Recruitment of Ward Clerk x1 wte for permanent CAU cover - **March 2022**
 3. Review utilisation of CAU, and/or bed numbers dependent on:
 - Capacity demand
 - Blue presentations
 - Increased demand post national Covid management changes
- 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/Cepheid 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. Staffing reviewing including 'Defence Watch' type modeling.

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. Monitor for trigger escalation for CAU expansion.

Ambulance Handover Delays

March 22

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

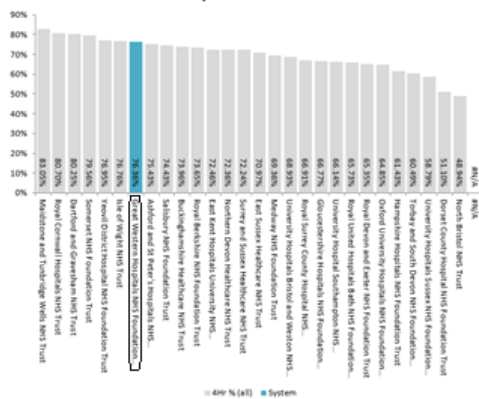


Rolling 30-day position as at 21 Mar 22
click on a bar to highlight focused site on the trend chart

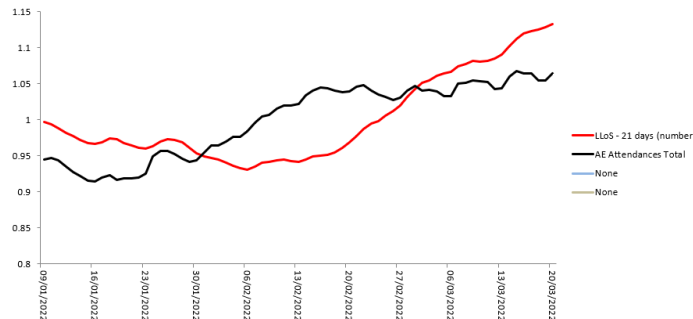


4hr performance weekly rank (all Types)	
National	Region
26/116	7/30

4hr performance - all



Metric comparison for Great Western Hospitals NHS Foundation Trust



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

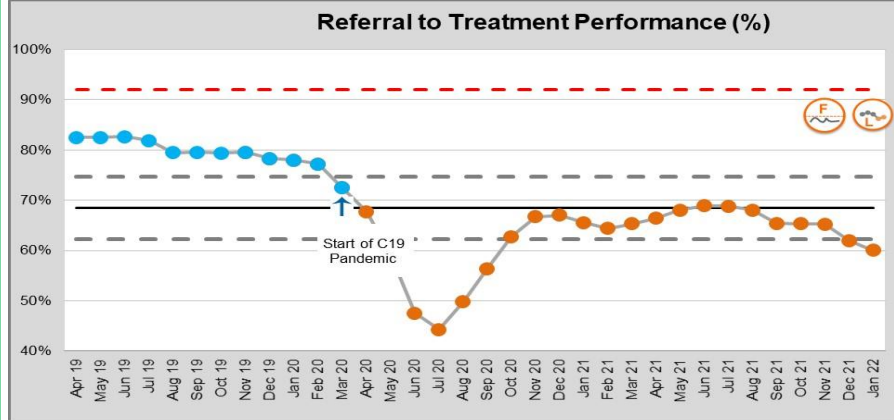
- An 11 bedded bespoke functioning covid assessment area for all COVID related conveyances
- A 15 bedded ED escalation area open 24/7 7/7 covered by medical, nursing, FDT and AHPs
- An 8 bedded escalation admissions lounge open 24/7 7/7 staffed by medical, nursing, AHP support
- Establishing additional 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.

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

Data Quality Rating:



National Key Performance Indicators



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

The Trust reported an RTT Incomplete Performance of 58.98% in February 2022, a deterioration of 1.07% in month.

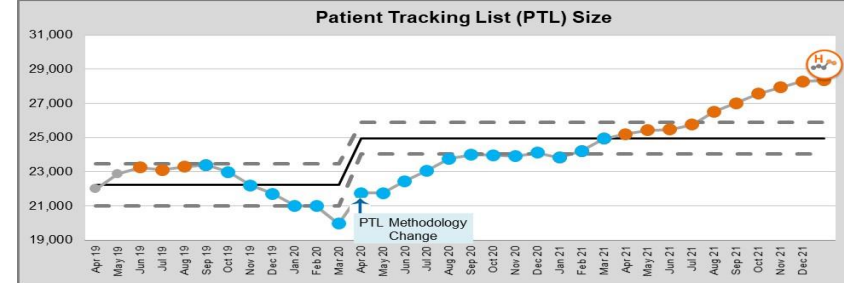
The Trust reported a waiting list increase of 425 in month, resulting in a waiting list size of 28,771 against a BSW Trajectory of 30,082 (1,311 less patients than forecast).

The Trust received 9,136 referrals in February 2022, which is 91% of the Pre-Covid 19 average referral rate.

612 x 52-week reportable breaches were declared in February 2022. This is a decrease of 14 in month. Of the 613 reportable breaches in February; 427 are Admitted, 178 are Non-Admitted and 7 are Diagnostic.

222 in month 52-week breaches cleared in February 2022, a reduction of 5 in month 52-week breach clock stops.

The number of patients waiting over 78 Weeks at the end of February 2022 was 52, a decrease of 14 in month.



RTT Performance
PTL Volume
Reportable 52 Week Breaches
In Month 52 Week Breaches

	January	February
RTT Performance	60.05%	58.98%
PTL Volume	28,346	28,771
Reportable 52 Week Breaches	626	612
In Month 52 Week Breaches	227	222

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

Insourcing work is currently scheduled until the end of March for Urology and Gynae. Urology scope of work has increased to incorporate short stay IP work. General Surgery go live is 26th March and Orthopaedics is 9th April.

Insourcing session will continue to be monitored by a designated resource to ensure utilisation of theatre lists is maximised.

DSU Reconfiguration work is due to start 14th March. 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 92 weeks. This is down from 100 weeks + the previous month. In addition the number of 90 week + patients has reduced to 4, down from 24 at the start of the year.

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.

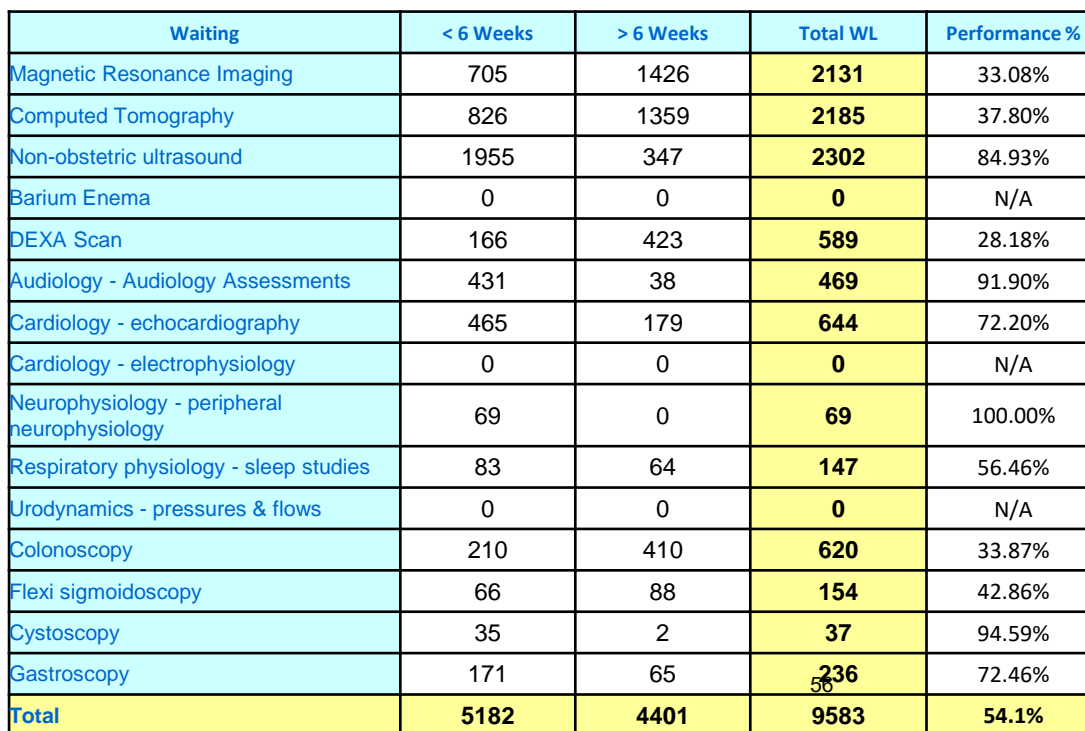
There is a risk that continued levels of sickness, both Covid and Non-Covid related, resulting in activity being cancelled, continues into Spring.

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.

National Key Performance Indicators



Performance Latest

54.07%

9583

Performance was 54.1% in January a decrease from 56.6% in December. Overall, the total waitlist size has increased to 9583 in January from 8989 in December (+594). Breaches have increased from 3904 in December to 4401 in January (+497) primarily driven by MRI (+239) CT (+75) and Cardiology (+84). CT remains challenged to see 2ww and urgent patients, with no routine capacity. Due to reduced CT van capacity during the month, Radiographer vacancies (10.2.wte). These have been vacant for more than **6 Months**. 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%.

- **CT:** The service has funded 20 days in Feb and 23 days in March yielding a total of 1134 slots.
- **MRI:** Additional MRI van capacity has been procured through extension of Inhealth contract and within forecasted budget. 8 days Feb and March 22, yielding 384 slots.
- **Dexa:** Further adhoc capacity from staff rota added in March.
- **Echo:** Phase 2 (WCC Expansion from 3 x Echo Rooms to 5 x Echo Rooms) completed in Dec 21. Additional Cardiac Imaging Consultant commenced in Nov 21 to help recover TOE and Stress Echo wait lists. WLI's also provided in February and March for Echo.
- **Endoscopy:** Weekend lists are booked to 12 points (both OGD and Colonoscopy) where case mix allows. During Jan 22, 52 WLI lists were delivered against a target of 72 due to limited endoscopy nurse availability. The plan for Feb 22 WLI lists is to deliver 54 lists from a target of 64.

Risks There is a risk that the addition of FU Echo Wait list to DMO1 Echo Wait List would severely impact the reportable DMO1 Echo Performance. This risk has been mitigated through the provision of FU WLI Echo weekend Lists 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. The Endoscopy WLI volumes are not sufficient to deliver the planned trajectory due to demand increases.

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

Data Quality Rating:



Background, actions being taken and issues

Endoscopy: At the end of January Endoscopy achieved 49% performance combined. This was a decrease on December's 64%. 52 weekend WLI lists were completed in January 22 against a target of 72.

54 WLI lists are forecast for February 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 of 5 additional nurses have been recruited to support the opening of the 5th endoscopy room in mid-April 2022.

DNA levels for Endoscopy should now reduce 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. This should increase capacity utilisation by enabling cancellations to be more easily re-booked. Effects should be evidenced from March 22 onwards.

Radiology: Performance has dropped in January to 50.67% due to staffing vacancies and the inability to recruit (10.2 WTE). CT 2 replacement program has been completed but the scanner has had a number of teething issues and Siemens are working on a software update for high spin scans. The total number of patients waiting over 6 weeks in January reduced slightly to 3555 a decrease 112 from December. Further staffing vacancies will impede MRI and DEXA provision in February as capacity is used to support inpatient flow, cancer and urgent CT provision. Performance will continue to decline in Radiology which will affect the overall Trust DM01 with slow recovery predicted in in 22/23 based on forecast improvements unless additional monies are available to support with additional van capacity and private outsourcing. 2 Week waits are being seen within 2 week window.

Echo: Performance dropped slightly from 76.7% in Dec to 72.2% in Jan. There was an increase in the overall wait list from 544 in Dec to 644 in Jan. This is due to a switch from outpatient activity to inpatient from 23 Dec to 4 Jan to help with inpatient flow over the holiday period. Echo activity decreased from 618 in Dec (this includes 148 WLI appointments) to 468 in Jan. The reason for the drop in activity are high AL rates over the Christmas period and the fact that the department focuses on IP activity over the Christmas/New Year to support IP Flow during what is a busy time. In addition, WLI activity during Jan 22 supported reduction of the RUH Bath backlog under a mutual aid arrangement.

What will make the Service Improve?

Maintaining Endoscopy activity to meet demand: by ensuring enough capacity is available. This will not be achieved by the end of the financial year as planned, because the 5th room is not available until mid-April 22 due to technical installation requirements for the new washers that require phased installation for QA testing. Furthermore, reduced volunteer availability of endoscopy nurses to support the weekend WLI lists is reducing WLI capacity.

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-April 2022.**
- 2.The installation/replacement of washers to run 5 rooms. Has been funded and is in progress. **Delayed target to mid-April 2022**
- 3.It is proposed that once the 4th Endoscopy room opens weekend WLI activity continues to improve performance more rapidly and reduce backlog
4. A paper is being collated to identify opportunities and costs to increase endoscopy capacity in the short term.

Radiology:

- 1.**CT:** CT van capacity from InHealth confirmed, 20 in Feb and 23 days in March 2022 are scheduled. Appointment times for standard CTs have gone back to pre-pandemic 15mins. Incentive payments are in place and a weekly recruitment meeting with HR is now undertaken. Now booking Cobalt which will offer 25 slots per week
- 2.**MRI:** Inhealth van days - 8 days in each month for Feb- Mar 22 have already been secured.
- 3.Inhealth and GWH work to have 3 new pad sites available for May is underway.

Echo: There are now 5 echo rooms within the WCC which provides the capacity needed to reduce the backlog and meet demand. WLI has been authorised for Feb and Mar 22 to support wait list reduction. 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 fifth room availability is now delayed (due to washer installation) so alternative mitigation is being sought including the continuation of weekend WLIs.

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 Cardiac and CT sessions offered to staff, with incentive payments being well supported
- Additional MRI van slots booked with TVCA funding and further match funding Completed.
- Recruitment meeting taking place fortnightly to promote ideas and drive improvements in strategy.
- TIF bid money being used for headhunter 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.

Cancer 2 Week Wait Performance Target 93%

Data Quality Rating:

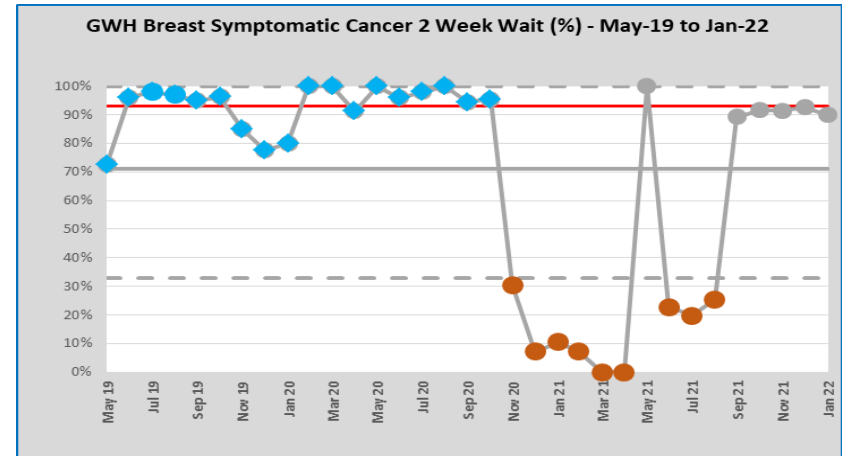
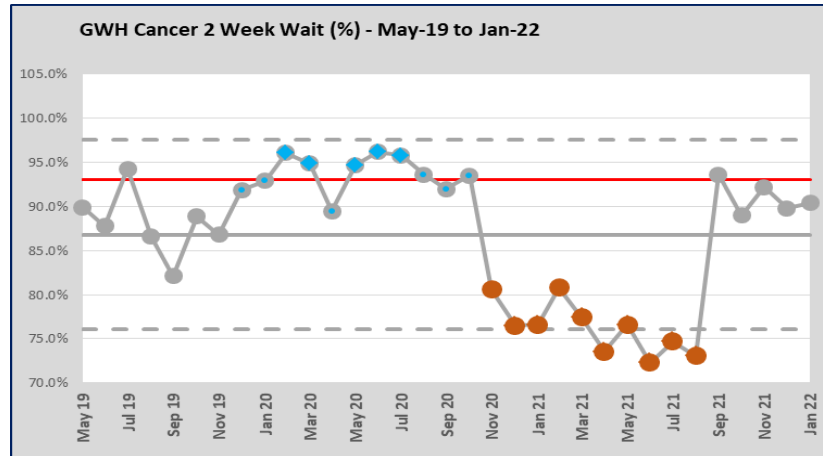
Performance Latest Month: **January**

Two Week Wait Standard:

90.4%

Symptomatic Breast Standard:

90.0%



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

The standard in January was not met, due to Lung (74.3%), Colorectal (81.2%), Upper GI (88.3%), Breast (90.5%) & Gynae (92.2%) not achieving their target.

We have seen an increase in referrals of 20% in 2021 compared to 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.

1,288 patients were seen under the 2 week wait to first appointment rules, of which 124 pathways breached the standard. To achieve the standard we needed to prevent 34 of the breaches.

The majority of breaches were as follows:

Lung (74.3% - 9 breaches)

- 8 issues with CT capacity

Colorectal (81.2% - 45 breaches)

- 30 patient choice
- 6 issues with capacity in radiology

Upper GI (88.3% - 14 breaches)

- 8 patient choice due to holidays and work commitments
- 6 issues with outpatient capacity

Breast (90.5% - 25 breaches)

- 19 patient choice due to holidays and work commitments
- 6 were due to clinic cancellation following consultant testing positive for Covid with no stand in clinician being available

Gynae (92.2% - 8 breaches)

- 7 patient choice due to other commitments, holiday and Covid isolating

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.

Breast

- Funding secured (TVCA) and recruited a Breast ACP for 12 months to assist with this pathway.

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 from 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 will be adopting "on the day" lateral flow Covid testing from February, providing capacity following any short notice cancellations. We will see the benefit of this in February and 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)
- Additional sessions with Cobalt in Cheltenham commence February 2022
- Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 15 days and CTC booking to 15 days.
- CT Superintendent commenced in post in January
- 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 will be adopting "on the day" lateral flow Covid testing from February, 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:

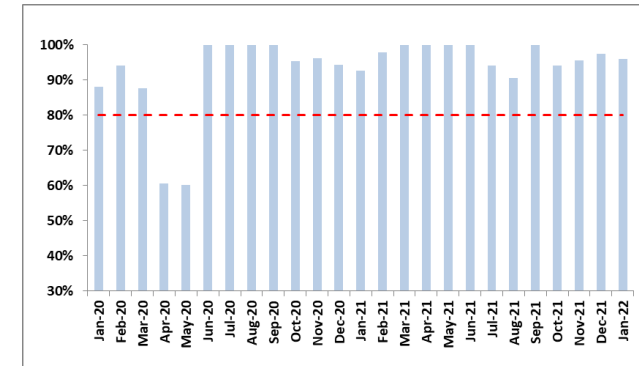
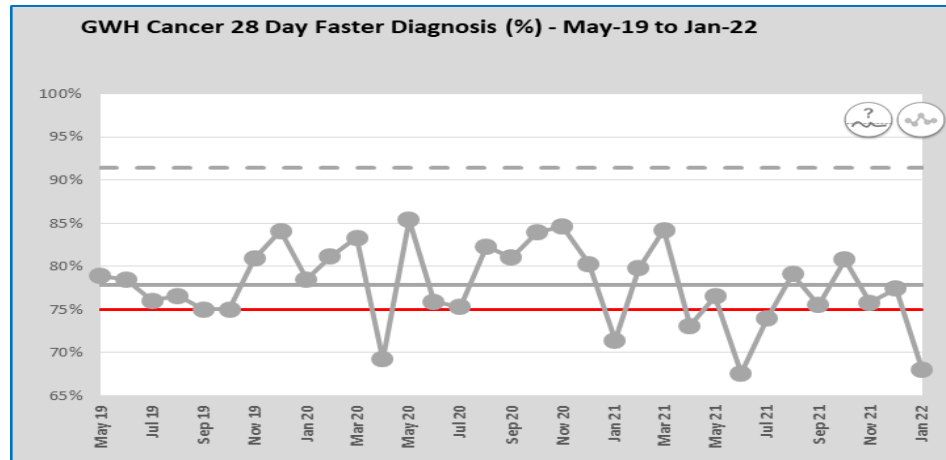


Performance Latest Month: **January**

28 Day FDS - Total

68.0%

FDS Completeness



Are We Effective?

Background

The standard was not met in January with a performance of **68.0%** (453 breaches). The performance standard for all referrals (2ww, symptomatic & screening) is reported by NHS Digital and via the Public View portal.

Urology (37.8% - 69 breaches)

- 22 insufficient capacity for follow up in clinic to discuss diagnosis
- 19 pathways delayed for other reasons, including appointments booked to limits of KPIs
- 13 complex pathways with multiple and/or repeat tests
- 8 clinical admin delays which included delays to dictating letters and delays to arranging follow ups

Colorectal (49.3% -- 139 breaches)

- 60 breached as a result of clinical capacity, mainly due to CTC capacity in Radiology
- 24 complex pathways where multiple diagnostics were required
- 22 clinical admin to review diagnostic tests and subsequent follow up tests.
- 17 were as a result of patient choice

Skin (63.5% - 80 breaches)

- 61 delays were as a result of capacity
- 8 breached as a result of patient choice

Gynae (60.0% -- 48 breaches)

- 25 pathways delayed for other reasons, including appointments booked to limits of KPIs
- 8 clinical admin delays, including delays to letters
- 8 complex pathways where multiple/additional tests were required to confirm diagnosis

Upper GI (52.1% - 57 breaches)

- 20 clinical admin delays, mainly because of delays to consultant review of diagnostics for next steps due to capacity
- 15 were due to complex pathways
- 9 were as a result of a lack of capacity to book appointments and/or diagnostic tests
- 7 were as a result of patient choice

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 helped 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

Task and finish group work has seen a number of patients diagnosis communicated earlier resulting in 90+ additional breaches during January in Upper GI & Colorectal. There has been a corresponding reduction in the PTL numbers in these two sites since.

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 March.

Risk to Performance Delivery

Skin

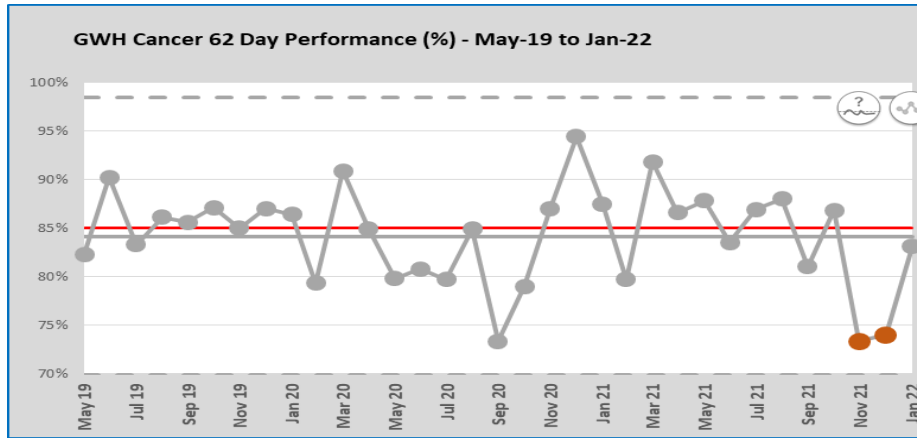
- Clinical capacity to review patients who require further management after first appointment
- WLI's being run to help support demand
- Business case to acquire additional plastics sessions from OUH being made
- Pathway review underway

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 15 day and CTC to 15 days.
- Additional sessions at **Cobalt** in Cheltenham running



Performance Latest Month: **January**

62 Day Standard (Target 85%): **83.2%**

62 Day Screening (Target 90%): **87.0%**

62 Day Upgrade (local standard 85%): **83.3%**

Background

January 62 day performance is 83.2% (101.0 treatments, 21 patient pathways breached resulting in 17.0 breaches) with the Trust not achieving the national 62 day standard. The performance had been predicted to be challenged, of the 20 predicted breaches for diagnosed patients:

- 7 pathways breached as forecast (5.5)
- 8 pathways rolled to February or March
- 5 pathway did not breach as a result of being non reportable cancers or being treated in time.

There were 12 unpredicted breaches in December (9.5)

- 2 pathways had treatment dates in time but were cancelled due to consultant testing positive for Covid on day of procedure and a patient being unwell..
- 3 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
- The remaining pathways were complex with repeat/multiple diagnostics.

32 pathways had been tracked as suspicious for cancer with potential treatments in December if diagnosed:

- 2 suspicious pathway was diagnosed with a cancer will be treated in December (2.0)
- 11 patients did not have a cancer diagnosis,
- 19 patients remain undiagnosed.

Skin (6 patients, 6.0 breaches)

- 4 delayed due to capacity in Dermatology & Plastics
- 1 pathway was delayed for medical reasons
- 1 complex pathway that commenced in Lower GI

Colorectal (5 patients, 4.5 breaches)

- 3 complex pathways with multiple diagnostics
- 1 due to delays to diagnostics and clinical reviews due to capacity
- 1 due patient choice of first appointment date and need to relist patient at MDT due to diagnostic results not being available

Gynaecology (3 patient, 2.0 breach)

- 3 complex pathways that required multiple diagnostics, 1 pathway required joint procedure with Urology and another required a Breast cancer treating first

Head & Neck (2 patient, 0.5 breach)

- 1 pathway was impacted by a delay to follow up post MRI and delays at Oxford due to capacity
- 1 pathway was sent to Oxford before day 38 resulting in no breach to GWH.

Upper GI (2 patients, 1.0 breach)

- 1 due to oncology capacity
- 1 pathway was sent to Oxford before day 38 resulting in no breach to GWH

Breast (1 patient, 1.0 breach)

- 1 pathway had treatment in time that had to be cancelled due to consultant testing positive for Covid on day of procedure

Lung (1 patient, 2.0 breaches)

- 1 pathway was complex that commenced in Urology, had discussion at CUP MDT before transferring to Lung for treatment

Urology: (1 patients, 1.0 breach)

- 1 delay for to pet scan post MDT due to capacity and arranging signature on request form

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

Deep dive into Plastics pathway is currently underway between Cancer Services and WSC.

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

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

- **Rapid Diagnostic Service (RDS) pathways.**
- **Colon Capsule Endoscopy**
- **Funding for CT Van days]**

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 in January with heads of service to ensure pathway and service issues are shared.

Risk to Performance Delivery

Based on an average number of treatments and diagnosed cancers, it is not expected to achieve the standard in February with a forecast performance of 78.3% - 83.0 treatments & 18.0 breaches). Breached pathways were delayed for medical reasons, capacity issues (skin), cancellation of surgery due to patient fitness (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 Salisbury has been sought, without success. The clinic space freed up by Derm using Wootton Bassett is not being utilised due to issues with plastic surgeons availability. The Pathway is being mapped to assess milestones and potential improvements in both pathway and processes. Discussions with OUH in respect of the provision of cover are ongoing. 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 15 days.

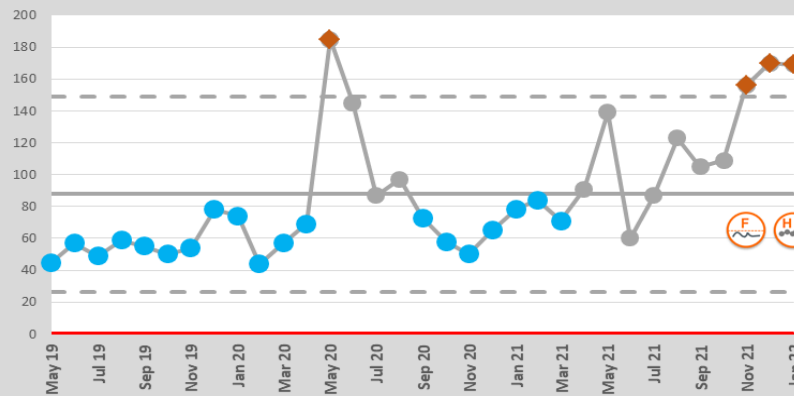
Mitigation: Weekly meetings are held to escalate PTL concerns and booking times data is shared weekly.

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

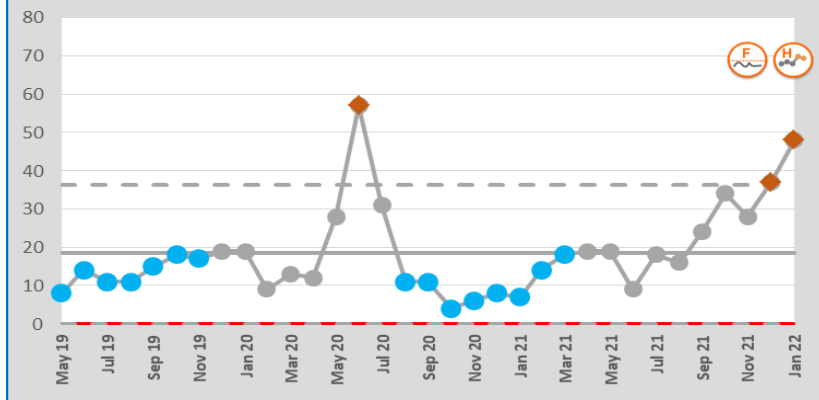
Data Quality Rating:



Patients Beyond Day 62 on PTL - May-19 to Jan-22



Patients Beyond Day 104 on PTL - May 19 - Jan 22



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

The number of 62day+ pathways fell slightly through January (169): Skin (75), Colorectal (36), Upper GI (27) & Urology GI (11). There are a number of 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 January (48) These delays are due to the plastic capacity (11), dermatology capacity (4) and complex pathways in upper gi (4), colorectal (10), gynaecology (2) and urology (2).

104 Day Breaches in January: 7 Patients; 5.5 breaches (IPT)

Treated at tertiary

Head & Neck: 1 patient 0.0 breach: Transfer of care in time, resulting in no breach to GWH.

Gynae: 1 patient 0.5 breach: complex pathway, a breast cancer needed treating before treatment could commence

Plastics: 1 patient 1.0 breach: capacity in plastics post review in Dermatology, Sent to Oxford after day 38, treated within 24 days resulting in full breach to GWH

Treated at GWH

Colorectal: 2 patients 2.0 breach: 1 pathway delayed by capacity for diagnostics and reviews. 1 complex pathway that required repeat scoping.

Skin: 1 patient 1.0 breach: Delays due to biopsy of lesion before referral to plastics, whereon there were further delays due to patient thinking time and lack of capacity to review earlier.

Lung: 1 patient 1.0 breach: Complex pathway that was referred into Urology and required CUP discussion before transferring to Lung for treatment

February is likely to see 11 patients breach 104 days on their pathway resulting in 9.5 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 from February 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 challenged during Covid, particularly for patients requiring High Dependency Unit (HDU) recovery.

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

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

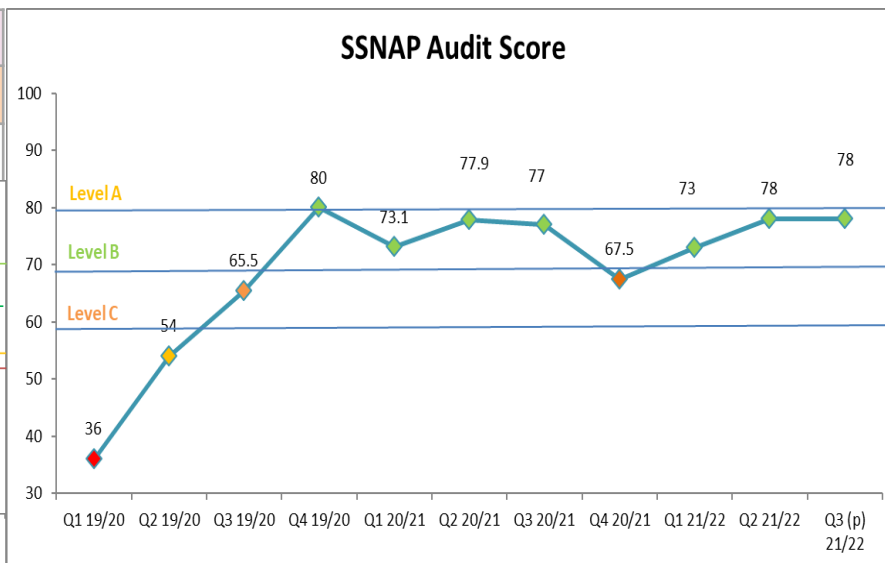
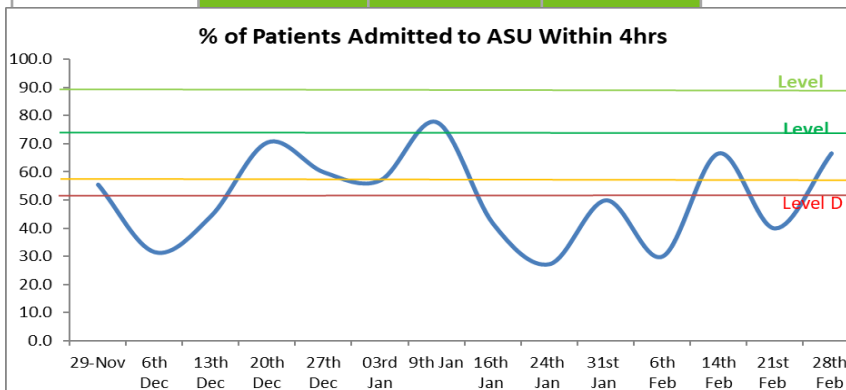
Mitigation: weekly PTL updates from OUH, heads of service regular contact with counterparts where necessary. Weekly meeting with OUH Cancer Pathway Manager now in place to highlight pathway issues.

Risk: Clinical engagement with weekly 62D+ breach reporting

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

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

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



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

SSNAP performance continues to maintain Level B performance with the Q3 prediction confirming a strong B once again.

All domains remain consistent with Q2 performance, but with improvements recorded in Thrombolysis, going from Level D to Level C. There has been a reduction in SALT performance (B to C) and the team are carrying out validation on this currently. Stroke Unit key indicator performance has reduced for Q3, but was expected given the site and resource pressures within the specialty. Audit compliance continues to be at Level A.

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 substantive 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.

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

1. Additional consultant resource utilised through ERF funding to increase clinical activity. **Mar 22**
2. Long term locum Stroke Consultant sourced and in place wef 07 Mar 22. **Complete**
3. Lead Stroke Nurse substantive role recruitment successfully completed. **Complete**
4. 5 x Tilt in Space chairs procured through CDEL funding to improve therapy outcomes for stroke patients now on the ASU. **Complete**
5. Validation of SALT performance for Q3 underway. **Mar 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 recent missed opportunities for thrombolysis

Mitigation: Weekly monitoring of admissions to ASU by the Stroke Matron. IR1s are completed for breaches of SOP and learning used to drive improvement performance. This is shared weekly with DD/DDD to monitor performance. Additionally, we meet with the MDT across the pathway to review performance and take appropriate actions as required.

Risk review requested to increase risk rating and out to advert for substantive Stroke Consultant.

Board Committee Assurance Report

Quality & Governance Committee			
Accountable Non-Executive Director	Presented by		Meeting Date
Dr Nicholas Bishop	Dr Nicholas Bishop		17 March 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			
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	Number reduced this month in acute and in community but we remain an outlier.		
Integrated Performance Report: Medicines Safety	Green	Green	Numbers of reported medication incidents remain high this month. This is probably related to staffing issues. We remain significantly better than the national benchmark for omitted doses.	Still awaiting new medicines trolleys .	April
Integrated Performance Report: Infection Control	Amber	Amber	Some concerns remain around <i>C.diff</i> and Covid infections but ribotyping again shows this is not a result of cross-infection in wards but more likely related to antibiotic therapy.		
Integrated Performance Report: Falls	Amber	Amber	Falls rates have improved this month.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale	
	Risk	Actions				
Integrated Performance Report: Staffing	Amber	Amber	High sickness levels due to Covid, including isolation.			
Serious Incidents Monthly Report	Amber	Amber	Serious incidents reports have reduced this month. There are 17 outstanding. 32 ongoing investigations. No themes identified.			
Guardian of Safe Working	Amber	Amber	Level of fines is low and largely result of general medicine rota. Some rotas have "supplementary unfunded tiers" so this can create gaps. JW is looking into this	Medical Director to review supplementary rotas.		
GIRFT	Amber	Amber	As a trust we have a relatively low level of day-case surgery but paradoxically a higher rate of readmissions. Theatres is unusual in having predominantly two lists per theatre rather than one all day list which may reduce productivity. The newly constituted Theatre Group is acting on these findings. We were commended on our #NOF pathway and our touch-time in theatres, though the latter may in part be due to monitored start times.			
National Maternity Survey.	Amber	Amber	Response rate was much higher than usual. Results were largely 'about the same' but there were no improvements and some deteriorations. Many of the measures had fairly narrow variations. Already the Director of Midwifery and Neonatal services has begun action on these responses. In some cases the responses do not match our known performance as measured by clinical outcomes.			
Maternity Continuity of care implementation.	Amber	Amber	Staff shortages currently inhibit implementation. Sixteen additional midwives will be needed to meet the aspirations of this. This is partly due to early retirement of some midwives. If we fail to fully implement this policy there will be a reputational risk but no substantial risks to mothers.			
Adult Safeguarding update on Liberty Protection Safeguards	Green	Green	All good but some concerns around funding for LPS training. This is being taken forward by the Mental Health Governance Committee.			
CQC Preparedness	Amber	Amber	Further progress with an expectation of 'green' assurance next time.			

Commented [CL1]: Should we also put that the quality account priorities for 2022 – 23 were discussed and agreed?

Issues Referred to another Committee	
Topic	Committee

Part 2: Our Care

Our Priorities



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



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



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



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

How We Measure

Are We Effective?

Are We Safe?

Are We Well Led?

Are We Responsive?

Are We Caring?

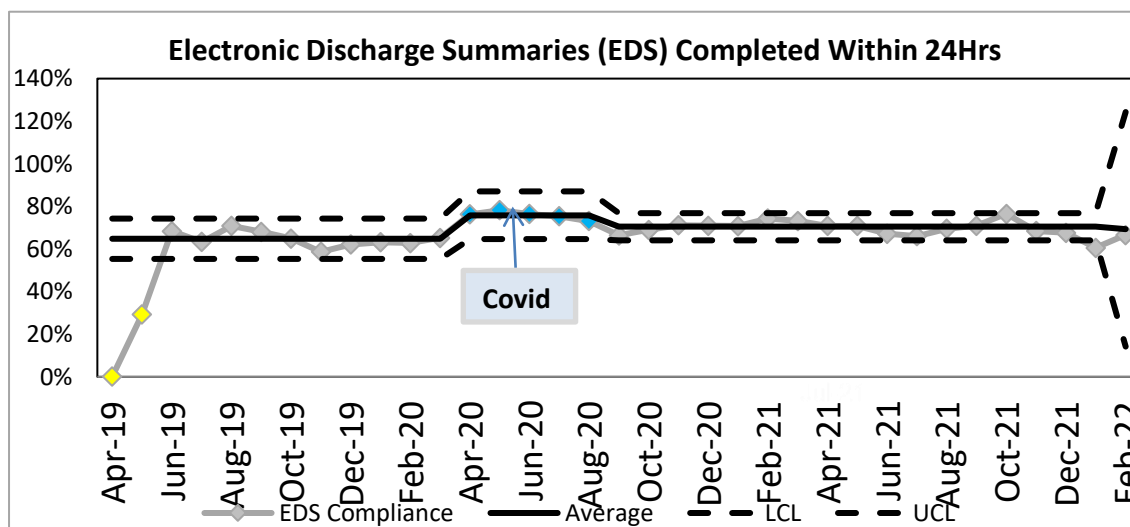
Use of Resources

Our Care Summary

KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking	Bath Ranking	Salisbury Ranking	Month
C. Difficile (Hospital onset) per 1000 bed days	18.37 (Dec 21)		68	45	18	Dec 21
VTE Assessment	97.65% (Dec 21)		18	114	1	Dec 21
Hip Fracture Best Practice Tariff – 12 Month Rolling	56.7% (Dec 21)		59	90	26	Dec 21
Complaints Rates	15.15 (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 (2021/22)		105	47	66	Oct 21
Falls per 1000 bed days	5.2 (Feb 22)					
Pressure Ulcers – Acute	21 (Feb 22)					
Pressure Ulcers – Community	27 (Feb 22)					
Never Events 21/22	3					
Serious Incidents	3 (Feb 22)					
Patient Safety Reporting Culture (Percentage of Incidents Recorded as Severe or Death)	0.56% (Dec 21)					
Hand Hygiene	99.80% (Jan 22)					

2. Electronic Discharge Summary (EDS)

Data Quality Rating:



	24 hours	48 hours	72 hours.
Mar-21	73.22%	77.53%	81.36%
Apr-21	70.95%	75.28%	78.90%
May-21	70.94%	76.03%	79.42%
Jun-21	67.20%	70.88%	72.97%
Jul-21	66.12%	69.79%	73.33%
Aug-21	69.54%	74.05%	77.32%
Sept-21	71.00%	75.43%	77.72%
Oct-21	64.58%	68.75%	72.79%
Nov-21	70.08%	72.70%	74.41%
Dec-21	68.37%	71.20%	73.93%
Jan-22	60.63%	64.15%	67.19%
Feb-22	66.62%	69.35%	71.51%

Are We Safe?

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

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

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

Despite numerous interventions performance regarding EDS completion continues to be sub-optimal.

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

The Electronic Discharge Summary (EDS) Task and Finish Group (T&FG) met on 09/03/2022

The T&F group reviewed the results of a survey (63 respondents) who identified 3 main areas that negatively impacted performance – staffing levels, speed of computers and the current EDS system.

An initial comparison between current EDS platform and that potentially provided by a switch to EPMA indicates significant work would need to be done on EPMA to reproduce the functionality of the bespoke EDS system

Further work regarding mandatory datasets, CCG required datasets is required to provide in the short term a possibility of streamlining the current EDS further whilst work investigating the transition to a new platform continues. Representatives from informatics and coding will feedback to the DMD on the impact of the proposed changes.

The group was informed that System C has now acquired EPMA – the group will enquire whether there is already work underway to produce an EDS letter which will inform medium and long term plans

The group welcomed the presence of representatives from the Transformation team at the meeting – there is a meeting in the following week to refresh a QI approach to improving performance on EDS completion

The group discussed a shift from the paradigm of the EDS being used to collect useful information to a vehicle specifically designed to transmit essential information

Risks to delivery and mitigations

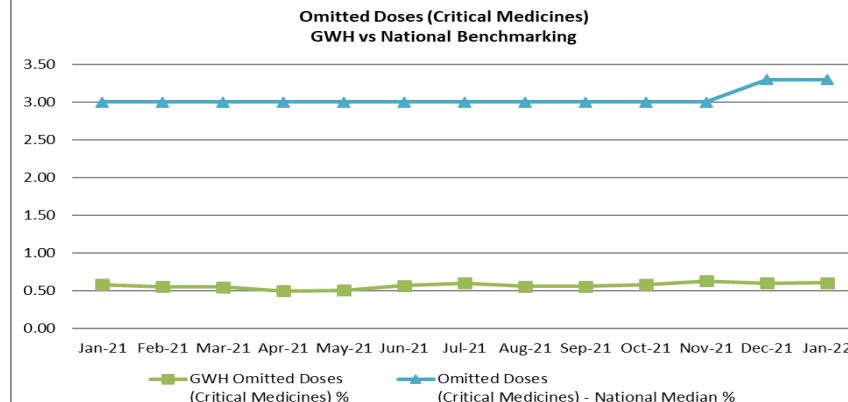
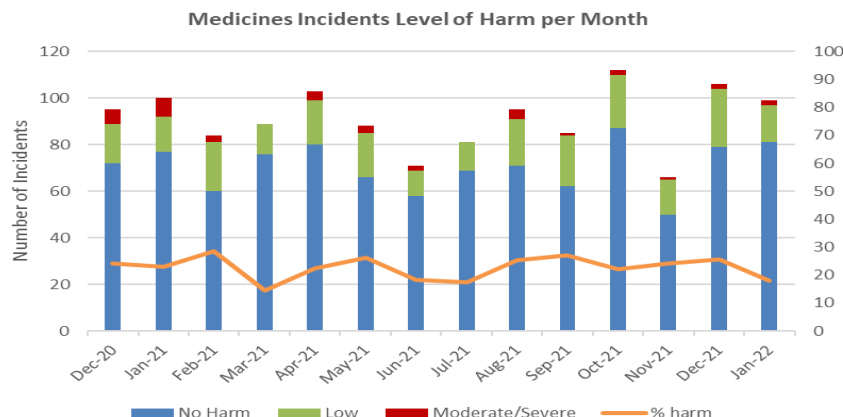
The current EDS system is bespoke and its content has been developed over a significant period of time to service a variety of needs e.g. CQUINS

A change to the platform used will necessitate an impact analysis on informatics and coding practices.

The contractual requirement for EDS on transfer from the Acute site to SWICC/Sunflower lodge remains a confounder for performance-duplication/multiple versions of EDS occur as a result

2. Medicines Safety

Data Quality Rating:



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

Medication Incidents

- Reporting of incidents remained high in January, after a period of reduced reporting in November.
- Regional & national benchmarking has GWH medicines incident reporting in the centre of national distribution. This indicates a good reporting and learning culture.
- A reduction in incidents causing harm observed in January. However, the proportion of incidents leading to harm continues to remain consistent across the year.
- The main trends remain consistent with incidents relating to medication administration and prescribing.

Omitted Critical Medicines

- Percentage of unintended omitted critical medicines continues to remain consistently low throughout the Trust.
- Compared to the national median of acute hospital trusts (2020 national benchmarking*), Great Western Hospital (GWH) has a lower rate of unintended omitted critical medicines. *Benchmarking value updated Dec 2021.

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

Medication Incidents

- Upgrade of trust electronic prescribing and administration system (EPMA) is planned for completion in Q1 22/23. This will improve user experience, efficiency and reporting. Additional patient safety benefits relate to improved processes and workflows relating to medicines reconciliation. Work is also ongoing to consolidate the number of paper-based drug charts to reduce prescribing risks.
- An updated approach for managing medicines incidents including a just culture approach to discussing contributory factors is currently in development. This procedure will support this learning approach and is in the process of consultation and engagement.
- Replacement medicine trolleys are expected to arrive in March/April 22. This will improve medicines storage and support the improvement work to reduce medicines administration incidents.

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

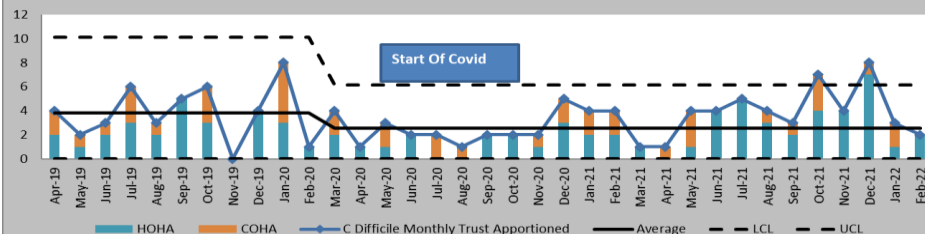
No specific risks to delivery identified at this stage.

2. Patient Safety - Infection Control

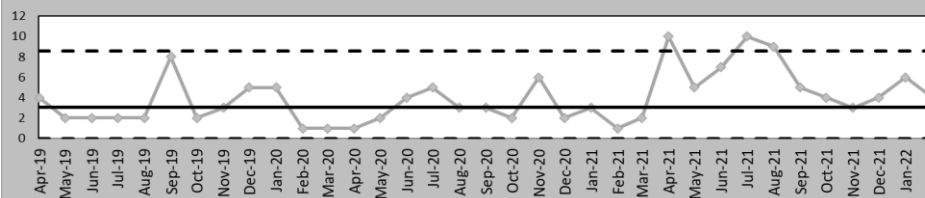
Data Quality Rating:



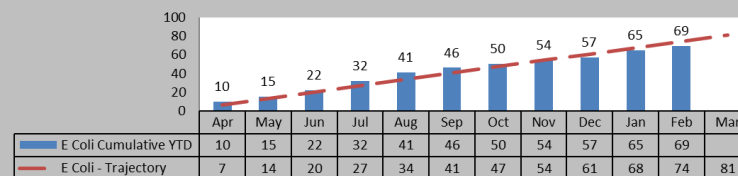
C Difficile Monthly Trust Apportioned



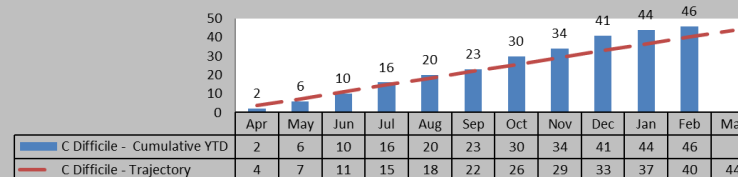
E Coli Monthly Trust Apportioned



Year To Date E Coli



Year To Date HOHA & COHA - C Difficile Vs Trajectory



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. Early sample taking and seeking and following microbiology advice remains key to not having cases attributed to the Trust.

The South West Health Care Associated CDI Collaborative has not met since November, next date planned for the week of the 7th March.

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

C. difficile – In February there has been 2 reportable C. difficile infections. Both were Healthcare Associated (HOHA) and were identified on Linnet and Meldon Ward. The Trust total is currently at 46 which is over our target of 44 for the year 2021-22.

Gram negative Bacteraemias -The Trust has a target of 81 E.coli bacteraemia, so far this year 69 have been identified including 4 in February 2022. There were 2 Klebsiella bacteraemia in February 2022 with 24 cases in total against a target of 18, and 1 Pseudomonas Aeruginosa bacteraemia, 19 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.

Norovirus - In February 2022 there were 2 outbreaks related to norovirus with the loss of 40 bed days.

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

C. difficile –Ribotyping has confirmed there have been no cases of cross contamination.

C. difficile infection (CDI) rates across the South West are a challenge this year, however GWH is an outlier with the other 2 other acute Trusts within BSW. Work is ongoing to improve antibiotic stewardship and education sessions with the wards to ensure early identification and isolation of patients.

The completion of a stool chart on paper is being relaunched across the divisions to ensure accurate recording.

Training materials to support best practice antibiotic prescribing has been uploaded to the pharmacy pages as planned. This has been supported by additional training sessions provided by Pharmacy staff to the junior doctors.

Respiratory Syncytial Virus (RSV) in children has stabilised with no cases identified in February 2022. There have been 75 cases since July 2021. Infection control and the Infection Control Medical Lead presented at the Grand Round on the 27th January, this was attended by approximately 30 staff, topics covered included CDI, Blood cultures, Gram negative and COVID-19.

2. Patient Safety – Coronavirus

Data Quality Rating:



Covid 19	Dec-21	Jan-22	Feb-22
Number of detected Inpatients	226	339	261
Number of Deaths in Hospital	8	22	32
Hospital Acquired Covid-19 Cases*	6	35	29

Covid-19 (Apr 21 – Mar 22)	(April 20- Mar 21)
Number of detected Inpatients	2003
Number of Deaths	141
Hospital Acquired Covid-19 Cases*	106

Are We Safe?

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

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

In the week 15-21 February the Swindon case rate was 475 per 100,000. The Wiltshire rate was 543 per 100,000, with the England average being 401 per 100,000.

There were 27 hospital acquired cases (8 days +) during February 2022. We saw a number of outbreaks and clusters which were managed through the daily outbreak meetings.

Approximately 150 bed days were lost due to Covid bed closures however this was mitigated as much as possible through cohorting of patients.

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

Regular outbreak meetings are held as required to ensure effective and safe management of clinical areas. Themes from the outbreak meetings are collated and disseminated through the safety briefs.

Social distancing has remained in place across the Trust with Covid-19 patient pathways in place. There is a continual focus by the divisions to ensure that patients are swabbed throughout their admission according to the national 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.

Risks to delivery and mitigations

The Divisional Matrons are reviewing the process for ensuring that all patient swabs are collected in a timely manner to ensure it is as robust as possible.

Data correct as of 3rd March 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.

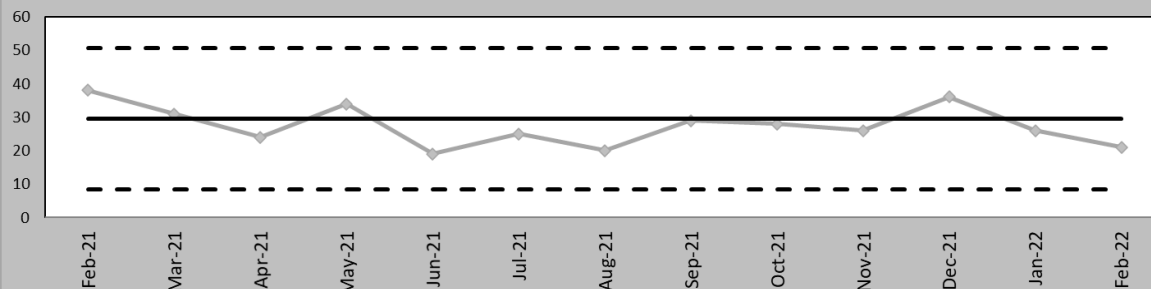
2. Patient Safety – Pressure Ulcers ACUTE

Data Quality Rating:



Are We Safe?

Tissue Viability Incidents - Acute



Incidents of Harms by Category for Feb 22:

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstable	Total Incident of Harms
12	0	0	7	2	21
Number of Patients				Harms per Patient	
21				1	

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

There were a total number of 215 incidents for pressure ulcer related harms reported during the month of February. All of these were validated by the Tissue Viability Nurses (TVN's).

There were a total number of 21 harms on 21 patients.

This represents a 20% reduction reported from last month.

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

The TVN is currently working with IT in looking to transfer the Pressure Ulcer risk assessment tool (PURAT) and rounding care plans on to nerve centre to support improvement with compliance of skin inspections and data collection for March 22.

The Hybrid mattress evaluation was completed at the end of December in Swindon Intermediate Care Centre (SwICC). Addressing the need to facilitate effective pressure relief, reduce the demand for dynamic mattress provision and support discharge planning. The report has demonstrated that all patients evaluated on the hybrid mattress did not develop any hospital acquired harm over a 4 week period. The next stage is to develop a working group involving the Equipment Library, to review all of the current trials and how we can proceed forward to increase our product range across the organisation.

Intensive Care Unit (ICU) has continued with a trial of a product for reduction of moisture that is a key component in tissue damage development for all patients at risk. All staff have completed the training sessions within the department. The data collection from this trial has demonstrated a reduction in PU harm for February and they have had no hospital acquired pressure damage within their department this month. If the trial is successful within ICU, the next stage will be to roll out to all front door services to review the outcome.

Pressure Ulcer and Falls Prevention education and Training event within the Academy on 2nd March with a great success of 66 delegate's attending.

The moisture associated skin dermatitis (MASD) pathway is due for launch in March, with a Trust-wide educational package to accompany the launch.

Risks to delivery and mitigations

Face to face education training opportunities have been reinstated but due to staffing pressures attendance is poor.

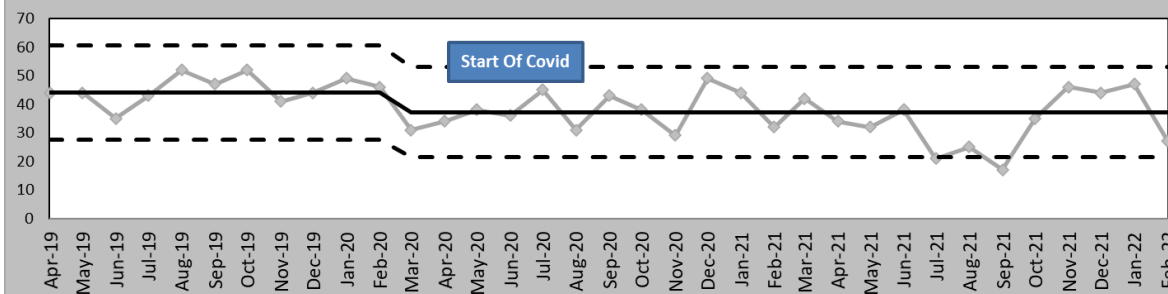
There is a risk that staffing levels are impacting on ability to provide high quality pressure ulcer prevention care, especially in high acuity areas and with complex patients. This is being mitigated by the safe staffing process to redeploy staff appropriately and support from the specialist team.

2. Patient Safety – Community Pressure Ulcers

Data Quality Rating:



Tissue Viability Incidents - Community



Incidents of Harms by Category for Feb 22:

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstable	Total Incident of Harms
5	5	1	6	10	27

Number of Patients	Harms per Patient
1	2
26	1

Are We Safe?

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

In February there were 27 reported harms, with 1 patient having 2 harms.

This is a reduction in reported harms from last month by 20 harms going from 47 to 27.

End of life patients developing harm have remained consistent at 25% of the total numbers. (7)

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

Safety notice sent to Community Teams to ensure all pressure relieving equipment is ordered on next day delivery to prevent delays for patients.

Additions to the Community Hub pressure relieving equipment range to expedite implementation of equipment.

Pressure relieving equipment evaluation has commenced as a long-term project for next 12 months starting with bariatric and standard mattresses.

During December and January all Pressure Ulcer training was cancelled due to sickness and staffing issues. Therefore, an additional six sessions covering Pressure Ulcer management, levels of harm, reporting, Incontinence associated dermatitis, differential diagnosis and categorisation will be running throughout March via MS Team being delivered by a Tissue Viability Clinical Nurse Specialist.

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.

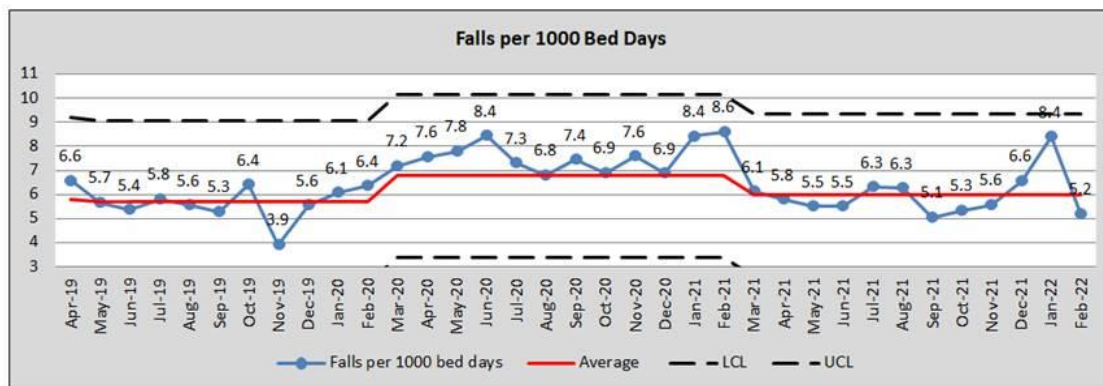
This is partially being mitigated by:

- 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.

There is an increased demand on Tissue Viability services across all areas of the community with a reduced capacity within the team due to covid and isolation. Therefore, there is a risk that appropriate specialist review, assessment and management of pressure damage will be reduced.

2. Patient Safety – Safer Mobility (Falls Reduction)

Data Quality Rating:



	Total Falls	Falls resulting in moderate harm or above
Aug-21	94	2
Sept-21	96	2
Oct-21	105	4
Nov-21	108	3
Dec-21	126	4
Jan-22	160	3
Feb-22	88	1

Are We Safe?

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

Reported inpatient falls reduced in February to 88 total falls.

This also led to falls per 1000 bed days also decreasing to 5.2 (the lowest since 09/2021).

During February 2022, there was one fall which resulted in moderate/severe harm during. This incident is currently under investigation and a draft report has been shared with the division.

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

Approximately 300 patients per month are admitted as inpatients with a primary diagnosis of a fall. Falls Specialist Nurse and Community Falls Pathway Project Lead have completed an analysis of falls admission and readmission data, and the impact of inpatient falls to support the development of a Swindon wide strategy. There is a meeting scheduled for the 17th March with the Head of Improvement at the CCG to discuss ongoing development of a Swindon wide integrated falls strategy

A trial of bed and chair falls sensor mats and bathroom alarms is commencing on Orchard Ward and Teal Ward on 7th March 2022.

A combined Falls and Pressure Ulcer event was held in the Academy on the 2nd March with 66 people attending, with stalls and company representatives providing education and resources, including:

- Bed and chair falls sensors pads and bathroom alarms demonstration
- Appropriate footwear to reduce the risk of falls
- Pressure ulcer prevention equipment demonstrations
- How to check standard foam mattresses
- Pressure ulcer and wound management products

A HCA all day learning event was held in early March, 35 HCA's attended the training on falls awareness.

Risks to delivery and mitigations

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

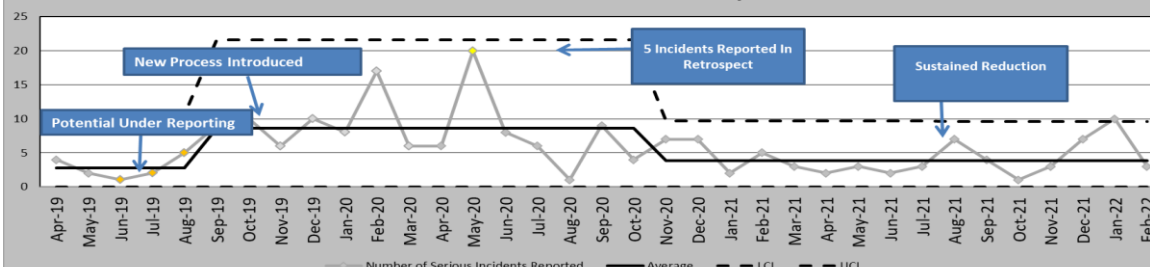
Around 300-350 patients a month are admitted with a fall as the primary diagnosis code, these patients are at high risk of falling again as an inpatient.

2. Patient Safety - Incidents

Data Quality Rating:



Number Of Serious Incidents Reported



Serious Incidents Reported			Comparison
Dec-21	Jan-22	Feb-22	Feb-21
7	10	3	5

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 ongoing Serious Incident (SI) investigations, with 3 reported in February. The number of serious incidents reported in February 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 –

Endoscopy Electronic Referral – Following a number of incidents related to paper endoscopy referral forms, an IT solution has now been developed and is being presented to the Consultant body for consideration and feedback.

Hydration Group – The hydration group has held a second meeting and agreed further review of training needs, scope the possibility of the fluid balance chart being added to NerveCentre, development of bite sized videos and guidance for completion of fluid charts. The Health Care Practice Educators delivered an initial training session as part of a learning event on 2nd March 2022 which will be included as part of the HealthCare Assistant induction week.

Bi-level Positive Airway Pressure (BiPAP) Working Group - The patient pathway and management of patients on Continuous Positive Airway Pressure (CPAP) and BiPAP, especially outside of specialist areas is under review. To support patient safety, staff training and development of a Standard Operating Procedure is underway. A survey monkey has been completed to assess usage of NIV guidelines in practice, with results demonstrating that staff are trained and compliant. Local registers are maintained but the expectation is that a centralised log could be achieved via electronic staff records.

Trauma/Mercury/Beech Ward Round Projects - This improvement work was started following several Incident Investigations, with a reoccurring themes of timely review of patients during ward rounds, and missed medicine reconciliation. The Gadget on a Trolley (GOATS) have been delivered and are in use on Mercury Ward and Trauma Unit to support ward rounds and medication rounds. A session has been planned with Mercury junior doctors to show them how to use NerveCentre effectively during ward rounds. There is ambiguity with workflow and allocation and identification of the consultant lead per patient as part of the admission process. Discussions are in progress to establish what processes and procedures are in place and how this can be improved.

Risks to delivery and mitigations

There are 17 SI investigations overdue that pose a risk to early identification of learning.

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

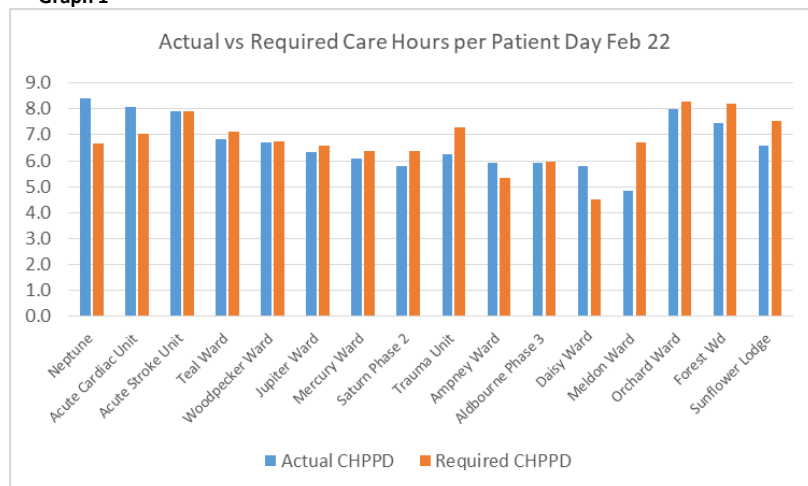
The implementation of the Datix incident management system is paused due to pending resolution of issues.

2. Patient Experience – Safer Staffing

Data Quality Rating:



Graph 1



This chart demonstrates the actual vs required Care Hours Per Patient Day (CHPPD). CHPPD measures patient acuity and dependency and the nurse staffing levels required.

8 wards required hours greater than the actual hours available; Forest, Orchard, Sunflower, Trauma, Teal, Jupiter, Saturn and Meldon. The wards were supported by the Supervisory Ward Sister and nurses in non clinically facing roles working clinically and have been reviewed by the Matron and Divisional Director of Nursing to ensure there is no safety concerns.

Neptune and Acute Stroke Unit are reporting additional care hours available but have been experiencing high acuity which may not have been accurately recorded. A review of this is in progress by the Matron.

The 3 X a day Staffing meetings continue to ensure that risk is mitigated, and staff are moved across the Trust using the Safe Care Acuity and Dependency tool in the 3 x day staffing meeting.

February 2022 has continued to present significant challenges to ensure safe staffing levels throughout nursing and midwifery due to the high sickness absence relating to Omicron Variant of Covid 19 compounded with Health Care Assistant vacancies. This has been mitigated by the Supervisory Ward Sisters and non clinically facing staff working clinically supporting on wards.

Specific areas of concern

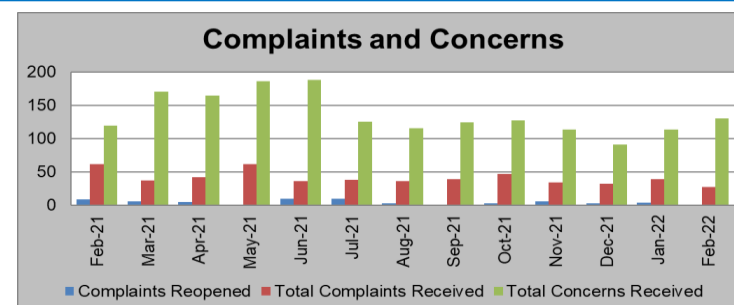
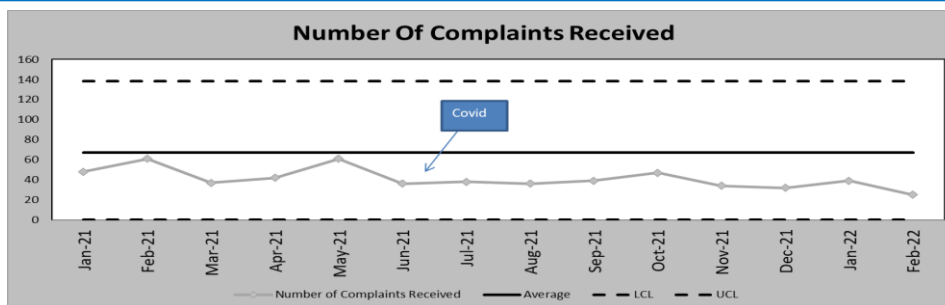
Maternity Staffing remains of concern due to high vacancies and maternity leave. The Trust is using Agency Midwives for the first time and this has been carefully monitored and worked well to support the teams.

Community nursing continues to report high registered nurse vacancies and increasing demand, this is monitored through the safe staffing meeting with quality metrics such as how many unallocated patients or patients moved to a different day reported. There is a weekly recruitment meeting and a robust action plan in place to address this.

23 wte **Health Care Assistants** started in February 2022, weekly shortlisting and interviewing continues and there are currently 71wte in the pipeline going through pre employment checks.

The Emergency Department remains under significant operational and staffing pressures, the Divisional Director of Nursing is working closely with the Matron to ensure a proactive approach is taken to ensure staffing is as safe as possible and a deep dive of the Roster metrics / management is under way. A trial of agency paramedics is under way to help manage the ambulance off load area.

2. Patient Experience - Complaints and Concerns



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

27 complaints (previous month 39) and 130 concerns (previous month 114) were received in February 2022.

Out of a total of 157 cases received from Complaints and Concerns in February, the overall top three themes were:

Theme	Complaint	Concerns	%
Communication	6	57	39%
Clinical Care	11	23	21%
Complications during treatment	4	3	4%

25 complaints were rated as Low – Medium, 2 complaints received were rated as High.

The overall complaint response rate was 74%. 24% of concerns were resolved within 24 hours, 44% were resolved within seven working days (Internal KPI 80%). This reflects operational pressures within the hospital. 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/bank team members and training them into the role. Close contact has been maintained with anyone raising a concern or complaint.

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

A PALS survey was sent out across the organisation to all staff to evaluate the services PALS offer and ask for suggestions for improvements. There is a meeting arranged for the end of March to discuss the results and implement actions into the Service Improvement Action Plan.

The PALS team have undertaken a specific teambuilding day focussed on empathetic conversations and acting as the patients advocate whilst working in a challenging role.

A quality improvement plan is in place to address complaint management and will be triangulated with feedback from the PALS survey and actions from the recent PALS teambuilding day.

We are still seeing an increased activity with the Parliamentary Health Service Ombudsman (PHSO) due to them addressing their backlog. All divisions are receiving weekly updates on PHSO cases, detailing expectations and clear timeframes.

We are continuing to see an increased number of concerns focused on communication with relatives of patients in hospital. Awareness is being raised across the Trust to promote the use of dedicated DECT phones with the support of volunteers. The Virtual Visiting technology is being reviewed to ensure a robust and consistent process across the Trust.

Risks to delivery and mitigations

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

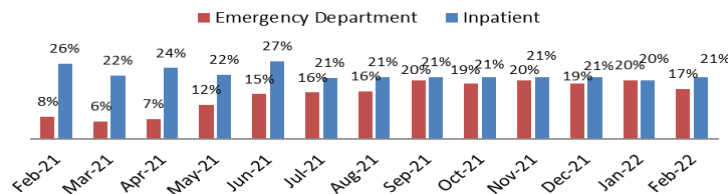
Reduced capacity due to vacancies and long-term sickness within the PALS and Complaints team. Both recruitment processes are in progress and anticipate both positions filled by early April

2. Patient Experience – Friends and Family Test

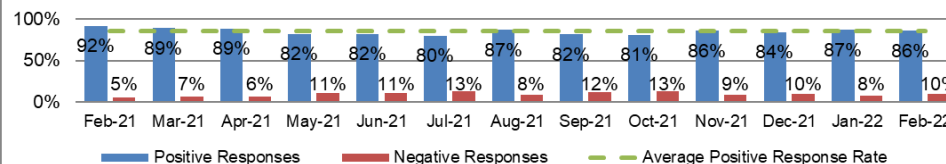
Data Quality Rating:



% Response Rate



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



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

For February 86% of the Friends and Family Test (FFT) responses were positive, a decrease the previous month, January at 87%.

This is based on the % of responses rated as 'very good' and 'good'.

This was achieved by:

	No. of Texts sent	No. of Responses	Total Response rate (%)	Positive Response s
A&E Combined	4,474	929	19%	76%
Inpatients	2,191	657	13%	78%
Day Cases	1,784	526	24%	96%
Outpatients	0	726	-	98%
Maternity	804	297	37%	93%

The Maternity services text service was implemented on 14th February 2022.

The recommendation score for A&E shows a decline on prior months, with Emergency Department at 73% and Urgent Treatment Centre at 79% (for January 85% and 82% respectively, 85% overall). The Inpatient recommendation scores shows a small decrease.

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

Overall Positive themes for February:

Staff Attitude 1,639 comments (previous month 1014).

Implementation of Care 870 comments (previous month 671).

The Environment 628 comments (previous month 506).

Overall Negative themes for February:

Staff attitude 231 comments (previous month 153).

The Environment 195 comments (previous month 120).

Waiting time 175 comments (the previous month was Implementation of care with 118 comments).

Improvement Actions in response to Feedback:

A specific Same Day Emergency Care (SDEC) survey has been undertaken to better understand the impact on patient experience following the rise in demand on the service. Results will be available by end of March.

Feedback from FFT has been triangulated with the National In-Patient, ED Surveys and Healthwatch Enter and View Report, improvements are being driven through the Great Care Campaign work streams.

The PALS team are working closely with the team leading the recovery programme so that clear and robust information is provided to any patients raising concerns about their waiting time or the triage process.

Patient involvement is being planned as part of our new Improving Together programme to ensure that the patients voice is central to the culture of improvement.

Risks to delivery and mitigation

PALS are implementing a proactive process to ensure that feedback is received from Divisions to demonstrate learning and actions by the end of March 2022.

Are We Caring?

2. Patient Safety – Perinatal Quality Surveillance Tool

Data Quality Rating:



Are we Safe?

Measures	Comments				
Minimum safe staffing in maternity to include Obstetric cover on delivery suite	Measure	Aim / Target	December 21	January 22	February 22
	Midwife to birth ratio	1:29	1:34	1:28	1:26
	1:1 Care	100%	99.1%	98.6%	97.45%
	Consultant presence in Delivery suite (Hours per week)	60 hours	57 hours	74.5 hours	74.5 hrs
	The continued improvement in midwife to birth ratio reflects a reduction in the number of births in February which is not anticipated to be sustained. A re-evaluation of the acuity data is underway, supported by the Local Maternity and Neonatal System to review the funded establishment requirement for maternity services.				
Service User feedback	<p>On 14th February 2022 the Friends and Family text messaging service was launched across Maternity Services. The response rate ranges from 20.3% in the Antenatal Service to 67.43% on the Postnatal Ward. The positive responses reflect 92% of the total and these themes include staff attitude, patient mood/feeling and communication. Negative themes include the environment and the admission process. As the service evolves and further detail is described, this method of feedback will inform developments and improvements to the maternity service.</p> <p>Data from the National Maternity Survey is now available which provides local responses benchmarked against other Trust's responses. Positive themes included patient experience of induction of labour, and access to information during pregnancy and the postnatal period. A local action plan to address the areas where mother's experiences could improve. Has been developed These include collaborative care planning with women during pregnancy, reducing visiting restrictions, reflecting on birth experiences and access to support in the evenings and at weekends.</p>				
Caesarean Sections		December 21	January 22	February 22	Comments
	Combined Caesarean Section (C Section) rate (percentage of babies born > 24 weeks via C Section)	36%	41%	38.7%	
	Elective C Section	12.5%	17%	16%	8 Caesarean sections were performed for maternal choice
	Emergency C Section	23.5%	24%	22.7%	
Following an instruction from NHS England and NHS Improvement the reporting of caesarean birth rates as a percentage of births will cease nationally from 1 st 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.					

2. Patient Safety - Perinatal Quality Surveillance Tool

Data Quality Rating:



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

Measures	Comments																																																							
Concerns or requests for actions from national bodies	The Trust are required to submit evidence of the summarised actions and progress arising from both the Ockenden report and the Morecambe Bay reports to the regional team by the end of March 2022, in anticipation of the full Ockenden report publication.																																																							
CNST 10 Maternity standards (NHSR)	<div>Approval of a local fetal monitoring mandatory training day, development of the on-going local Continuity of Carer action plan and improvements in mandatory training are positively reflected in the anticipated CNST compliance</div> <table><tr><th></th><th>Criteria</th><th>RAG September 2021</th><th>Projected submission RAG</th><th>Review Comments</th></tr><tr><td>1.</td><td>Are you using the PMRT to review perinatal deaths to the required standard?</td><td></td><td></td><td></td></tr><tr><td>2.</td><td>Are you submitting data to the Maternity Services Data Set to the required standard?</td><td></td><td></td><td>Full compliance is anticipated following effective engagement with the wider Local Maternity and Neonatal System strategy document</td></tr><tr><td>3.</td><td>Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?</td><td></td><td></td><td></td></tr><tr><td>4.</td><td>Can you demonstrate an effective system of clinical workforce planning to the required standard?</td><td></td><td></td><td>It is anticipated that the progression achieved in workforce action plans for Neonatal medical and nursing staff will support full compliance.</td></tr><tr><td>5.</td><td>Can you demonstrate an effective system of midwifery workforce planning to the required standard?</td><td></td><td></td><td></td></tr><tr><td>6.</td><td>Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?</td><td></td><td></td><td></td></tr><tr><td>7.</td><td>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?</td><td></td><td></td><td></td></tr><tr><td>8.</td><td>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?</td><td></td><td></td><td></td></tr><tr><td>9.</td><td>Can you demonstrate that the trust safety champions (obstetrician, midwifery and neonatal) are meeting bimonthly with Board level champions to escalate locally identified issues?</td><td></td><td></td><td>The ongoing continuity of carer action plan is expected to support full compliance at the point of submission</td></tr><tr><td>10.</td><td>Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?</td><td></td><td></td><td></td></tr></table>		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?			
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Findings of review of all perinatal deaths using the real time data monitoring tool	There have been no recommendations arising from the Perinatal Mortality Review Tool in February. Parental involvement in the reviews of the deaths considered have complimented the compassionate and personalised care provided to families.																																																							
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																																																							

2. Patient Safety – Summary of Incident Investigations

Data Quality Rating:



Moderate Harm Incidents

Measure	Comments
Number of incidences graded moderate or above and actions taken	<ul style="list-style-type: none"> 3 incidents were graded as moderate harm for maternity services in February. Each case has undergone full evaluation via and Urgent Incident Review. One case triggered an adaptation to the documentation pathway for recording neonatal assessment at birth. Two cases have been referred to the Health Service Investigation Branch (HSIB) for investigation. The families are fully involved in these investigations. No themes were identified during the Urgent Incident Reviews.

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
167440	Baby born in poor condition	02/02/2022	For investigation following HSIB process. This will be raised as a Serious incident in line with Ockenden recommendations.
167937	Baby born in poor condition	04/02/2022	For investigation following HSIB process. This will be raised as a Serious incident in line with Ockenden recommendations.

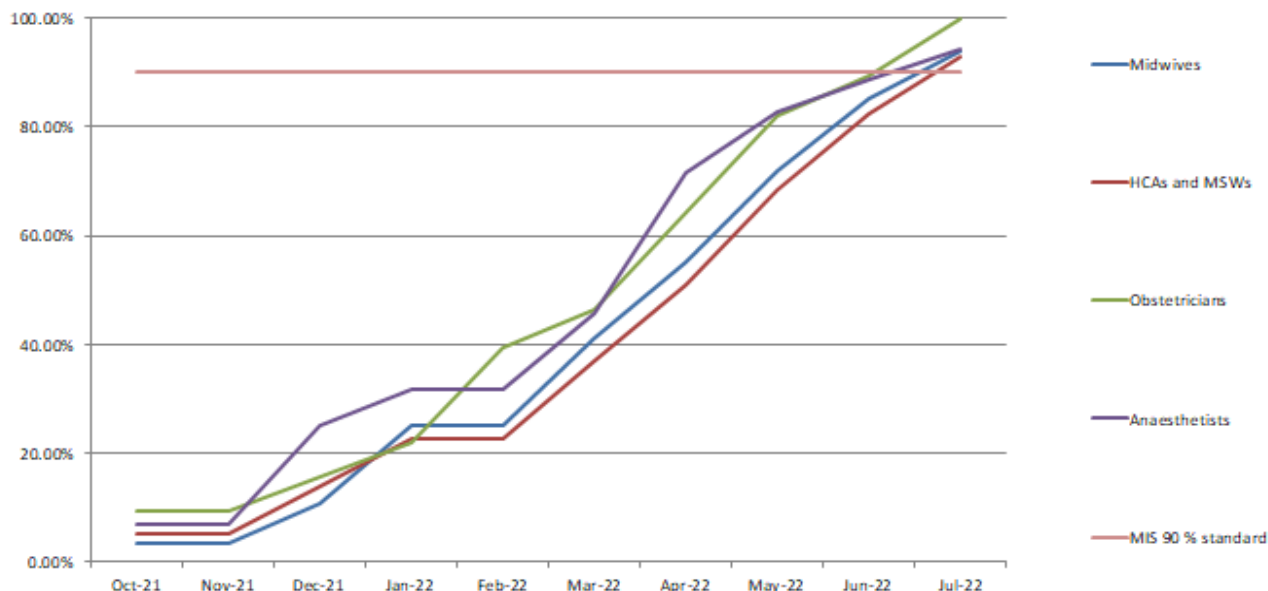
On-going SI Investigation Update

Stage of investigation	December 2021	January 2022	February 2022
Referred to HSIB – awaiting decision	1	1	0
Under local investigation (this may include insight from external reviewers)	4	5	5
Under HSIB investigation	1	1	4
Report complete & awaiting Serious Incident Review learning Group (SIRLG)	0	1	0
Submitted to CCG	0	0	0

Data correct as of 3rd March 2022. The data in the preceding month may have changed due to timing of previous months reporting.



MIS Year 4 2021-22 Trajectory based on Bookings



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.

There is a demonstrable improvement in the compliance trajectory which reflects improved staff engagement and communication.

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

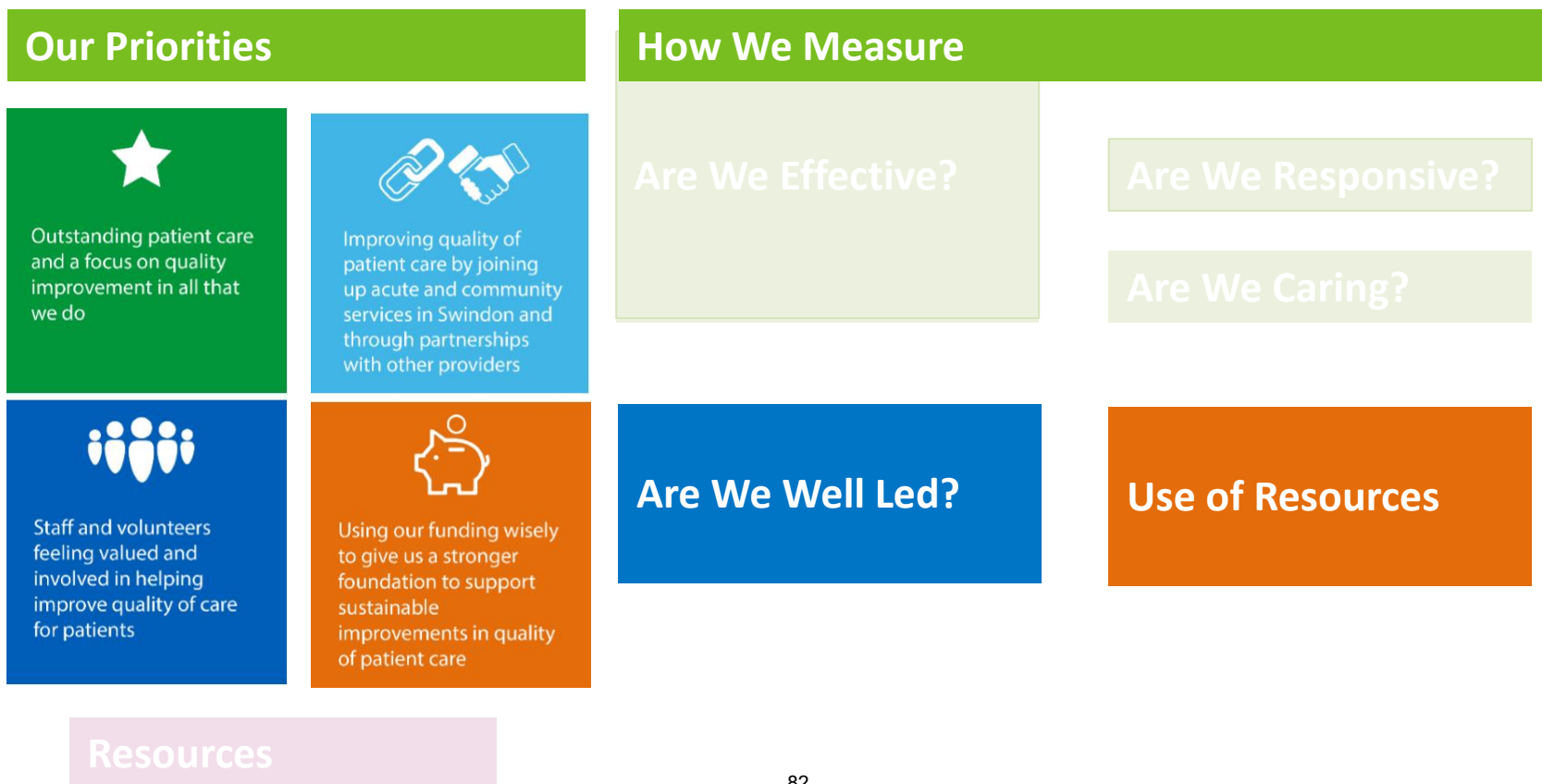
Virtual training has now been included as accepted in CNST year 4 scheme.

It is anticipated that face to face training will be reintroduced in the next 3 months.

Risks to delivery and mitigations

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

Part 3: Our People



Trust Overview: Summary

“Great” Scoring

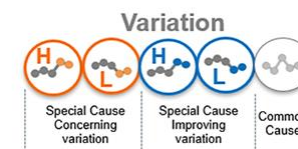
Indicator Score (1-4) Self Assessment Score

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

Great Workforce Planning	2	2
Great Opportunities	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			7.74%	6.00%	4.17%	7.48%	5.83%
2 Trust RN Bank Fill Rates			48.71%	70.00%	37.65%	59.03%	48.34%
3 Vacancy Rate*			6.77%	7.63%	5.60%	8.45%	7.02%
4 Recruitment Time To Hire (Days)			52.20	46.00	31.84	57.14	44.49
5 All Turnover			13.63%	13.00%	12.30%	13.88%	13.09%
6 Voluntary Turnover			10.01%	11.00%	8.83%	10.30%	9.57%
7 All Sickness Absence			6.47%	3.50%	3.14%	5.14%	4.14%
8 Statutory Mandatory Training Compliance			87.60%	85.00%	84.30%	88.87%	86.58%
9 Appraisal Compliance			70.16%	85.00%	71.22%	81.65%	76.43%



Trust Overview: Narrative

“Great” Scoring

Indicator Score (1-4)	Self Assessment Score
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Headline

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

Great Workforce Planning	2	2	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 utilised 20WTE less in February (versus January) to deliver its services, with this contributing to a total usage of 129WTE in excess of budgeted WTE. Bank shift fill rate has increased in month to 48.7%, whilst demand has reduced by 30WTE. Agency usage has decreased by 4WTE, the Trust has experienced a further increase in agency spend by £130K. As a result the percentage of total pay spent on agency increased in month to 7.74% and fell outside of the 6% KPI target. Areas of high agency usage continue to be: Medical Workforce – General Medicine including Outliers, and Emergency Medicine; Nursing – Emergency Department, Community Nursing, AMP.
Great Opportunities	1	2	The Trust vacancy position in February decreased to 343.65 WTE (6.77%). Voluntary turnover had improved slightly to 10.01% in January 2021 just below the 11% target. The recruitment time to hire in February has increased above KPI at 52 days from vacancy advertised to contract sent. Healthcare Assistant vacancy remains a risk however, the vacancy position decreased to 71.42 WTE. The Trust has been successful in securing £1000 funding through the NHSEI International Recruitment Stay & Thrive initiative. This funding will be utilised to support the running of two conference events that will host training and keynote speakers celebrating our aspiring leaders and demonstrate ways that we can support international nurses' development.
Great Experience	1	2	Sickness reported in January 2022 was 6.47% - a further increase from last month (5.73%), exacerbated by COVID sickness figures. Numbers of individuals accessing Staff Health & Wellbeing remain high; 25 referrals were made for counselling and 141 for OH management referral. Mental health and musculoskeletal problems remain the main reasons. Outsourcing arrangements to Team Prevent are on course to end in March. Occupational Health has continued to support the flu and Covid-19 vaccination programme. The tea trolley has continued to visit wards & departments each weekday throughout February. In addition, care packages were delivered to wards & clinical areas, comprised of items donated to staff from the local community.
Great Employee Development	2	2	Trust mandatory training compliance performance remains above the KPI of 85%. This, month it is at 87.60%. This is a slight drop of 0.7% from last month. Trust appraisal compliance is reported at 68.61% in February, decreasing by 4.7% over the month. This performance continues to have an impact on the indicator score in the leadership section. Reviews are underway to ensure all CPD funding has a plan in place to be spent. Conversations are starting in the coming weeks with Divisions to determine training needs for the coming year, taking a more proactive approach to what is needed and how this fits into the Trust Strategy
Great Leadership	1	2	An application has been submitted to the Leadership Academy for two more Graduate Management Trainees who will be part of a BSW rotation and commence September 2022. Potential placements have been identified across the Trust including Pharmacy and the Way Forward programme. Three leaders have commenced on the Senior Leaders Masters Apprenticeship with the University of Gloucestershire. Work on developing the STAR behaviours, the 'red lines' and revised leadership framework will be presented to Executive Committee and PPC in March 2022.

Great Workforce Planning

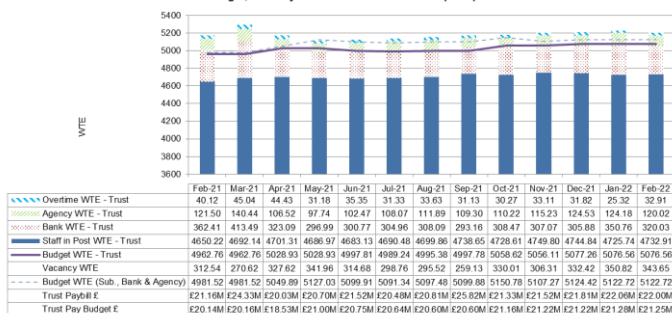
Indicator Score

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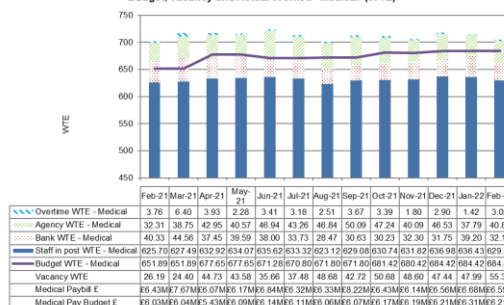
Self Assessment Score

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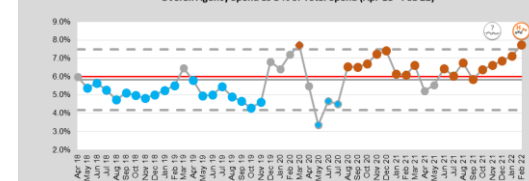
Budget, Vacancy and Actual Worked - Trust (WTE)



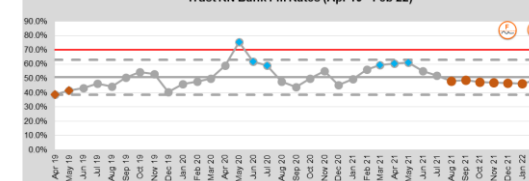
Budget, Vacancy and Actual Worked - Medical (WTE)



Overall Agency Spend as a % of Total Spend (Apr 18 - Feb 22)



Trust RN Bank Fill Rates (Apr 19 - Feb 22)



Background

The Trust utilised 5206WTE staff to deliver its services in February 22, a decrease of 20WTE on January and 129WTE in excess of budgeted WTE. Bank utilisation decreased in month by 30 WTE, and this reduction was mirrored by a decrease in temporary resource demand of 50 WTE compared to January 22. Despite an in month reduction in agency WTE, the Trust spent 7.74% of its pay bill on agency in February, with this being an 0.61% increase on the previous month and above target.

The top 3 highest users of nursing/midwifery bank and agency are ED (34WTE), Community Nursing (28WTE) and AMU (20WTE). Escalated staffing and vacancy cover continue to drive usage within ED, whilst additional staffing for community capacity remains the top driver for usage within Community Nursing. Vacancy, sickness, and parenting leave are predominantly causing the temporary staffing utilisation within AMU.

For medical staff, General Medicine including Outlier Cover (28WTE) and Emergency Medicine (14WTE) continue to be the largest users of locum and agency cover, being driven by vacancy cover, escalation, and medical outlier cover.

Improvement actions

- HR are leading the process to integrate workforce planning with the Divisional business plans and strategic service reviews to be presented at the Executive Away Day on the 8th March 2022.
- Medical Workforce:** Workforce planning for medical workforce is informing the post graduate expansion of Clinical Innovation fellows and Chief Registrars to support trainee education.
- USC Division:** The UTC remains closed at night until 31 March 2022 for resource and safety reasons, and the Trust review the viability of this continuing.
- USC:** Endoscopy department are taking a change paper to EPF on 7th March 2022 to propose nursing shift patterns to align with expansion of department and the creation of 4th room.
- IC&C Division** are submitting business cases for workforce review – 7 day working in cancer services and merger of ICES and Wheelchair department, part of the Trust Estates strategy.
- IC&C:** HDP funding is enabling development of aspirational ACP to support urology urgent community response service; PCN are reviewing the option of integrated COPD/Asthma ACP
- Corporate:** Matrons are removed from manager on call responsibility with effect from 11th April 2022 to allow 24/7 clinical care focus. Trust-wide senior managers B8a and above are engaged in consultation to be trained to participate in the on call rota.

Risks to Performance & Mitigations

Medical Records team has required high levels of bank cover further to a Covid-19 spike. Mitigation includes absence audit and policy training to identify solutions.

Long term agency usage continues in Radiology (Imaging) in line with national shortage. Mitigation includes extended agency access, approval to recruit to turnover and review of international recruitment plan

Great Workforce Planning

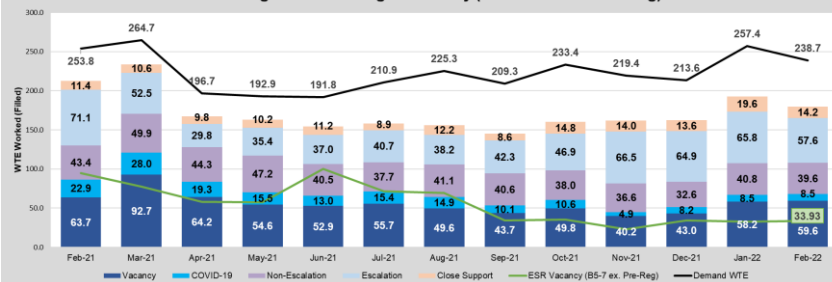
Indicator Score

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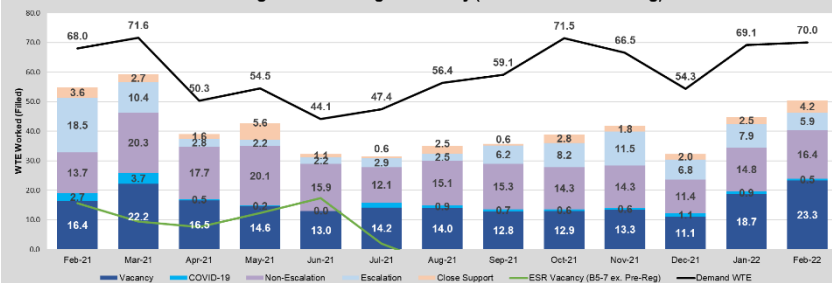
Self Assessment Score

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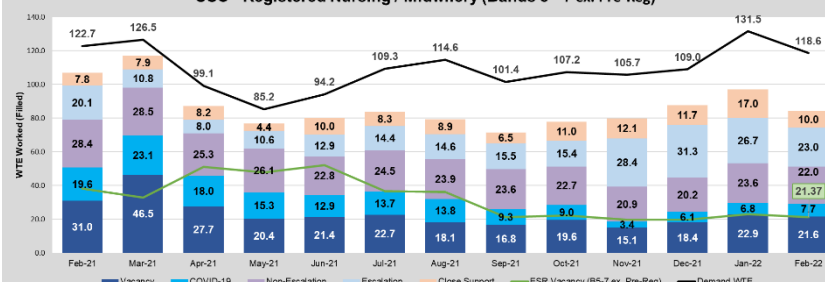
Reasons for Temporary Staffing
Trust - Registered Nursing / Midwifery (Bands 5 - 7 ex. Pre-Reg)



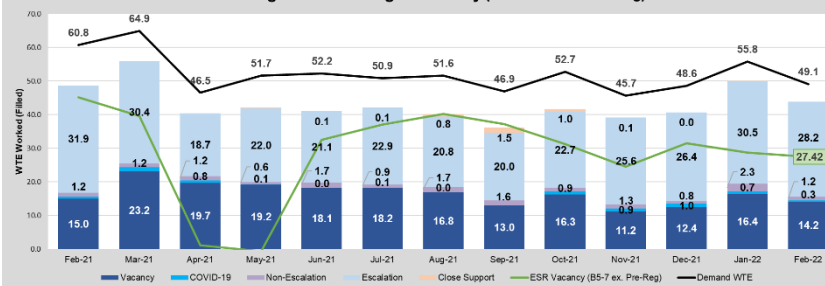
Reasons for Temporary Staffing
SWC - Registered Nursing / Midwifery (Bands 5 - 7 ex. Pre-Reg)



Reasons for Temporary Staffing
USC - Registered Nursing / Midwifery (Bands 5 - 7 ex. Pre-Reg)



Reasons for Temporary Staffing
ICC - Registered Nursing / Midwifery (Bands 5 - 7 ex. Pre-Reg)



Background

In February there were 180.11WTE temporary staff (registered nursing/midwifery) used across the Trust against a vacancy of 33.93wte (excluding pre-registered nurses) but including Corporate Nursing. Of this, 73.11WTE agency (compared to 82.2WTE in January) and 107WTE bank (compared to 109.7WTE in January). There are additional 12WTE pre-registered nursing waiting to complete OSCE and receive their pin.

There was a decline in the demand in February (238.70wte). The data shows that across all divisions the Temporary Staffing resource utilised is exceeding the vacancy position.

- USC 84.29WTE used against 21.37WTE M11 vacancy
- SWC 50.93WTE used against 14.81WTE M11 vacancy
- ICC 43.84WTE used against 27.42WTE M11 vacancy

For this staffing group we have a pool of 173 bank-only registered nurses, alongside 1,186 substantive staff with a bank assignment who can cover temporary staffing requirements. However, this pool of supply can only support an average of 107WTE and will not be able to achieve requests that exceed 150WTE and current request of 238WTE. To note, temporary staffing can fill vacancy gaps of 33.93WTE and the current demand far exceeds this vacancy.

Improvement Actions

1. Skill mix review complete and business case submitted for additional substantive workforce, awaiting outcome.
2. Midwives have been sourced through PSL at an enhanced rate of NHS Cap+35%.
3. Skill mix review has identified an additional 43.61wte is required to meet safe staffing ration – business case has been submitted and recruitment plans underway pending outcome.
4. Review of the bank offer and rate are underway and options to increase pool of workforce supply.

Risks to Performance & Mitigations

Nursing winter incentive scheme further extended to 31st March 2022 to continue for Maternity, Neonatal, ED and Community and mitigate the use of agency staff through bank fill.

Regularity of nursing agency spend for RMN cover is identified as a trend for long term agency cover requiring review and resolution.

Great Workforce Planning

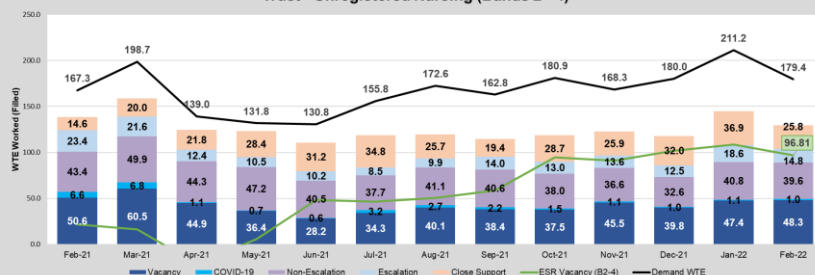
Indicator Score

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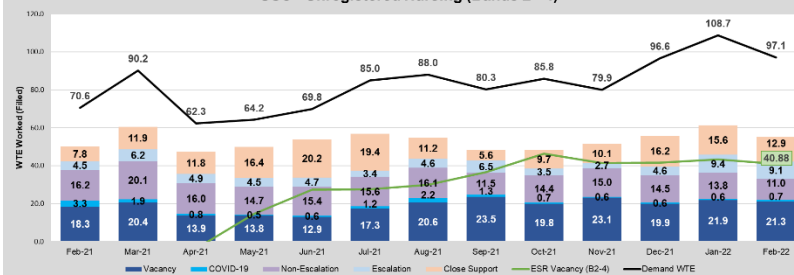
Self Assessment Score

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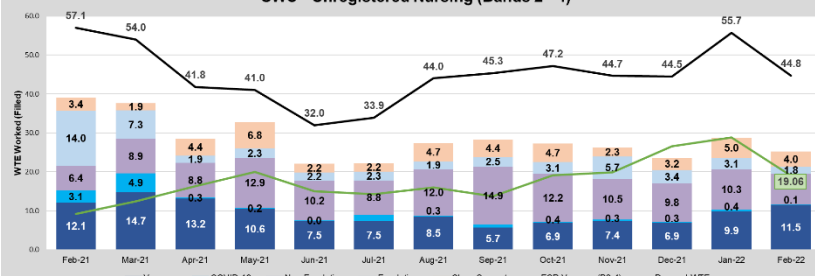
Reasons for Temporary Staffing
Trust - Unregistered Nursing (Bands 2 - 4)



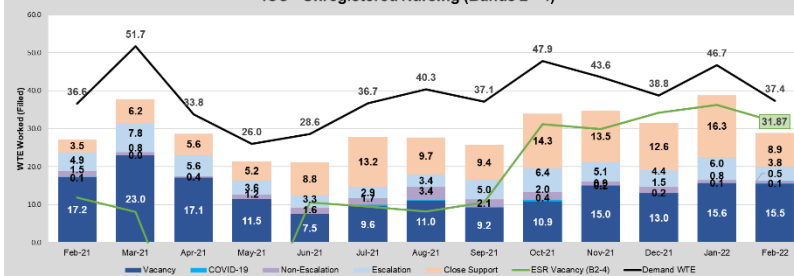
Reasons for Temporary Staffing
USC - Unregistered Nursing (Bands 2 - 4)



Reasons for Temporary Staffing
SWC - Unregistered Nursing (Bands 2 - 4)



Reasons for Temporary Staffing
ICC - Unregistered Nursing (Bands 2 - 4)



Background

In February 22 there were 109.53WTE temporary staffing unregistered nursing/midwifery band 2-4 used across the Trust against a vacancy of 96.81WTE

A decline in demand occurred in February 22 (179.40WTE) across all Divisions. The data shows that across all divisions the Temporary Staffing resource utilised is exceeding the vacancy position.

- USC 84.29WTE used against 40.88WTE M11 vacancy
- SWC 50.93WTE used against 19.06WTE M11 vacancy
- ICC 43.84WTE used against 31.87WTE M11 vacancy

For this staffing group no agency is approved, the only source is through the Trust's internal bank. We have a pool of 248 bank-only workers, alongside 633 substantive staff with a bank assignment who can cover however, this pool of supply can only support an average of 111WTE and will not be able to achieve requests that exceed 140WTE.

Improvement Actions

- HCA event took place on Saturday 5th March 2022 with 148 expressing an interest in the role and 56 attending.
- There 79.33wte in the pipeline, of this 23.67wte have a start date agreed.
- Large scale interview events are scheduled monthly alongside weekly centralised interview.
- Apprentice HCA advertisement will be launched in March.
- Exploring creating Trust branded pins for HCA's that identifies them as being new for colleagues and patients.
- The ongoing work to improve HCA induction and training is designed to improve retention of this key group

Risks to Performance & Mitigations

The band 2 vacancy position is 71.42wte, it is anticipated with the current high vacancy gap there will continue to be an increase in HCA temporary staffing requests.

HCA winter incentive scheme continues to be available for ED and Community until 31st March 2022.

Skill mix review has identified an additional 116wte is required to meet safe staffing ration – business case has been submitted and recruitment plans underway pending outcome.

Great Workforce Planning

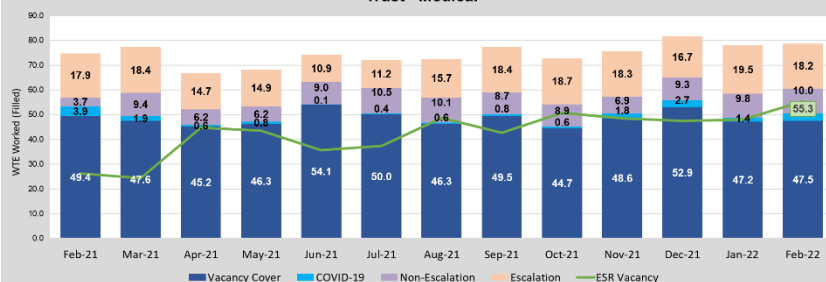
Indicator Score

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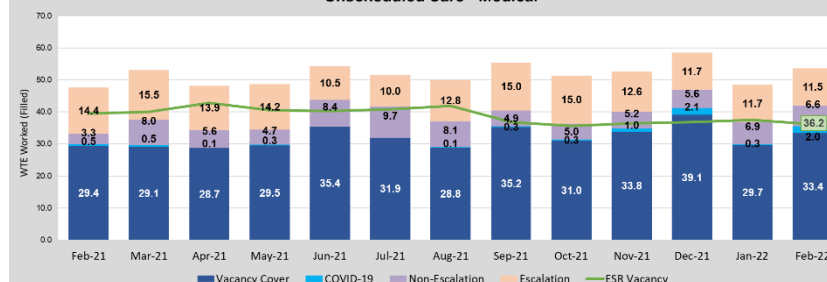
Self Assessment Score

2

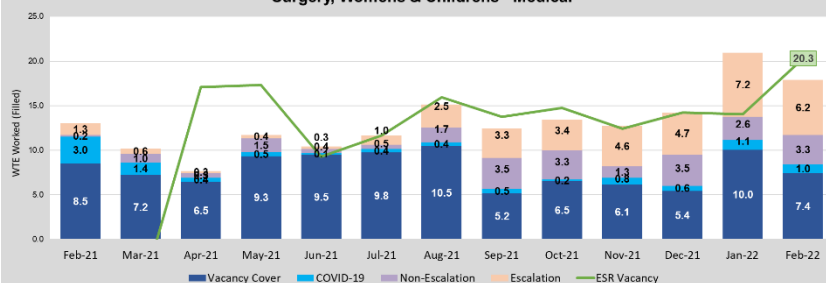
Reasons for Temporary Staffing
Trust - Medical



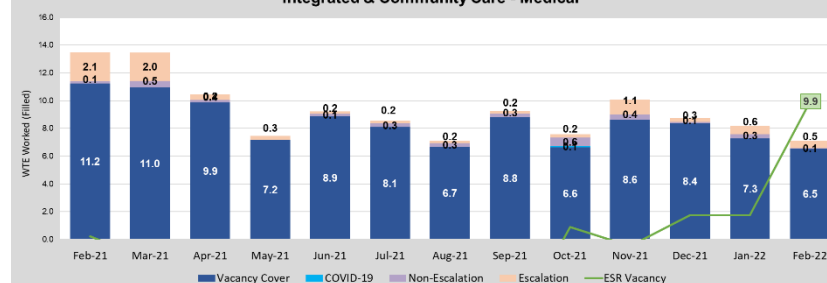
Reasons for Temporary Staffing
Unscheduled Care - Medical



Reasons for Temporary Staffing
Surgery, Womens & Childrens - Medical



Reasons for Temporary Staffing
Integrated & Community Care - Medical



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 February 22, 78.6WTE Temporary Medical Workforce across the Trust.

- USC 53.60WTE used against 36.2WTE M11 Vacancy
- SWC 17.87WTE used against 20.3WTE M11 Vacancy
- ICC 7.13WTE used against 9.9WTE M11 Vacancy (ICC vacancy WTE based on RAP)

**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 (47.54wte) and escalation (18.22wte).

Improvement Actions

1. The Temporary Staffing team contract with Liaison is up for review in February and the Trust are reviewing options to improve supply of bank workers.
2. HRBP's, FBP's and Clinical Leads have commenced workforce planning discussions through budget setting to understand base line position/workforce requirement to deliver service.
3. The winter uplift rates will continue to be in place until 31st April 2022. A review on impact is being taken to Executive Committee in March.
4. USC is recruiting a fixed term USC Project Manager (Strategic Medical Resourcing) to embed the changes in medical related process e.g., time sheets, requests for locum/bank. This will also include leading on medical job plans / rota design and supporting with embedding the roster roll out within the Division

88

Risks to Performance & Mitigations

Reliance of agency to support hard to recruit roles.

E-roster system roll out is continuing with revised timelines following a recent pause due to staffing gaps. Once implemented the system will facilitate clear oversight, enable staff movements, and highlight opportunities for efficiency in resource utilisation.

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

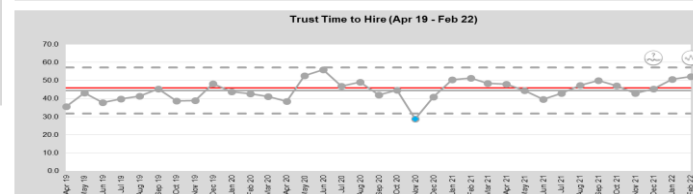
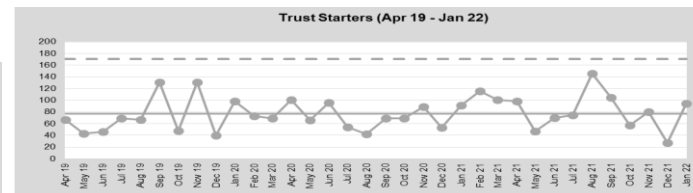
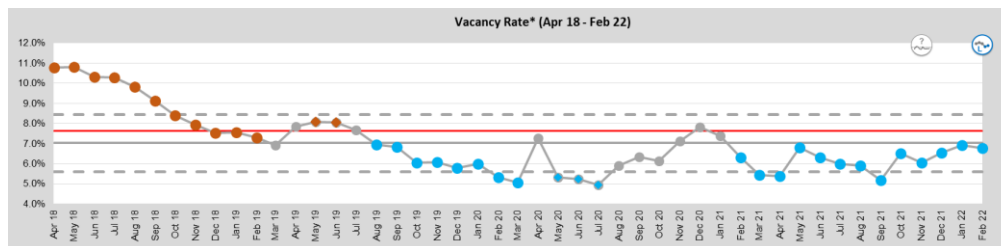
Great Opportunities

Indicator Score

1

Self Assessment Score

2



Background

The Trust vacancy position in February remained stable 343.65 WTE (6.77%).

There were 94 headcount of new starters to the Trust in January, this is above the Trust average of 75.

New starters by staffing group;

- Admin & Clerical – 23
- Allied Health Professionals – 8
- Medical & Dental – 4
- Non-clinical Support – 7
- Registered Nursing & Midwifery – 13
- Scientific, Therapeutic & Technical – 10
- Unregistered Nursing & Midwifery – 29

The Trust has a provisional 68 candidates due to commence employment in March across all staffing groups.

The recruitment time to hire in February has remained above KPI at 52 days from vacancy advertised to contract sent.

Improvement actions

1. The Trust has been successful in securing £1000 funding through the NHSEI International Recruitment Stay & Thrive initiative. This funding will be utilised to support the running of two conference events that will host training and keynote speakers celebrating our aspiring leaders and demonstrate ways that we can support international nurses' development.
2. Whilst we have recently recruited 3wte into PCN we still have a GP vacancy gap of 9.71wte and this continues to be an area where it is difficult to recruit, the Operational Lead is meeting with Locum GPs to discuss and promote substantive opportunities linked to specialist interests within the practice including COPD, Women's Health, Respiratory, Dermatology and EOL.
3. PCN is reviewing long standing vacancy gaps and creating an integrated COPD/Asthma post, this integrated post will offer opportunities for staff CPD, progression and improve patient outcomes.
4. SWC has implemented an improved induction in Critical Care which includes the extension to an 8-week period and introduction of a new starter checklist, this will ensure candidates are provided a robust induction into intensive care enabling improved performance and retention.
5. USC is underway in implementing a trial of Enhanced Care Workers (B3) within the DOME service. To date 3WTE have been offered with a further recruitment campaign planned in March.
6. The Resourcing Team is planning to attending the following events with clinical representatives from the Trust;
 - HCSW Virtual Open Evening, March 2022
 - Military Event with Career Transition Partnership, March 2022 & June 2022
 - Occupational Therapist/Physiotherapist Event, April 2022
 - Swindon Job Fair, May 2022
 - 'Reach Out' Community Engagement Roadshow – Bristol, May 2022

Risk to performance and mitigations

Healthcare Assistant vacancy remains a risk. The vacancy position has decreased to 71.42 WTE. Centralised recruitment plans continue to support with high volume recruitment and the recruitment team are where possible extending to 7 day working to support fast tracking the pipeline. This activity continues to be overseen by Deputy Chief Nurse, Divisional Directors of Nursing and Head of Resourcing with weekly progress meetings taking place.

Budget setting in April may impact the vacancy position if new roles/investment is approved.

Great Opportunities

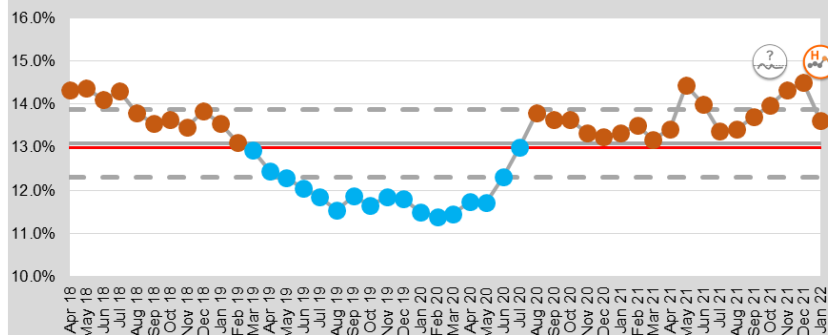
Indicator Score

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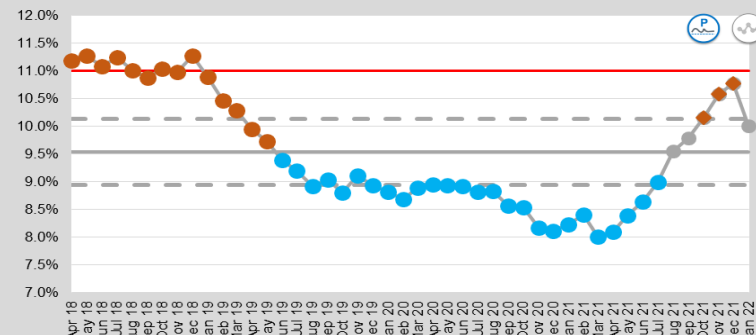
Self Assessment Score

2

All Turnover (Apr 18 - Jan 22)



Trust Voluntary Turnover Rate (Apr 18 - Jan 22)



Background

Performance for all turnover improved from last month is slight above target at 13.63%

Voluntary turnover is 10.01%, an improvement from last month (10.77%). In January there were 63 voluntary leavers which is above the Trust 12-month average of 46.

Leavers headcount by staffing group;

- Admin & Clerical – 20
- Allied Health Professionals – 5
- Non Clinical Support- 2
- Registered Nursing & Midwifery – 16
- Scientific, Therapeutic & Technical - 8
- Unregistered Nursing & Midwifery – 6
- Medical and Dental – 6

The top 3 reasons for leaving in January 2022 are;

- Work Life Balance
- Relocation
- Other/Not Known

Improvement actions

1. Retention of AHP:

- IC&C – new role and clinical opportunities to improve career development include – ACP Physiotherapy, OT in ICU, B5 rotations in Dietetics / Podiatry and specialist roles in Diabetes and Orthoptist in Retinopathy.

2. Retention of Unregistered nursing:

- USC: introducing B3 Enhanced Care Worker in DOME (Elderly Medicine) to mitigate turnover and reduce agency spend through new career pathway. Interviews concluded 23 February 2022.
- IC&C – development of the community 'Virtual Ward and Rapid Nursing' initiative to retain community nurses.

3. Nursing retention strategy:

- SW&C – Maternity Oversight Committee agreed the maternity R&R action plan developed from staff feedback from engagement event. Incentives extended for maternity and neo-natal unit through February. Oversight within Division and reported through the monthly IPR.
- IC&C – introducing 'Virtual & Rapid Ward' initiative to retain community nurses.

4. Medical & Dental retention

- National policies for CEA payment being delivered for end March 2022
- 11 medical workforce professionals have met the assessment criteria for the SAS (Associate Specialist) roles and will be effective from 1st April 2022.

5. Trust-Wide retention initiatives - Clinical Professionals:

- ED department are ensuring that all new starts attend a 'meet the matron / manager' welcome chat;
- Pharmacy, pathology and radiology are developing career pathway and apprenticeship roles;
- Pharmacy department held 'Friendly February' initiative to value colleagues with civility and white board ideas-share
- Engage to Change methodology continues in UTC to address relationship and communication issues
- Divisions have reviewed Long Service Award process to ensure that this important recognition is refreshed post-pandemic.
- USC has confirmed the Unconscious Bias training to be led by EDI lead on 6 April and 4 May 2022, to improve working experience for all.

Risk to performance and mitigations

There are Trust wide retention initiatives in place to mitigate high turnover in specific professional categories. Areas include midwifery, radiology and ED.

Workforce – Sickness Absence

Great Employee Experience

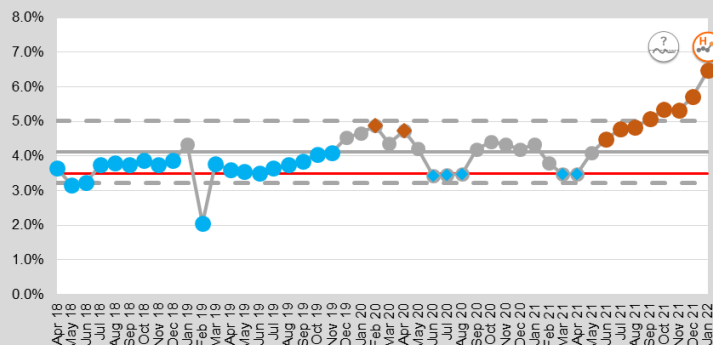
Indicator Score

1

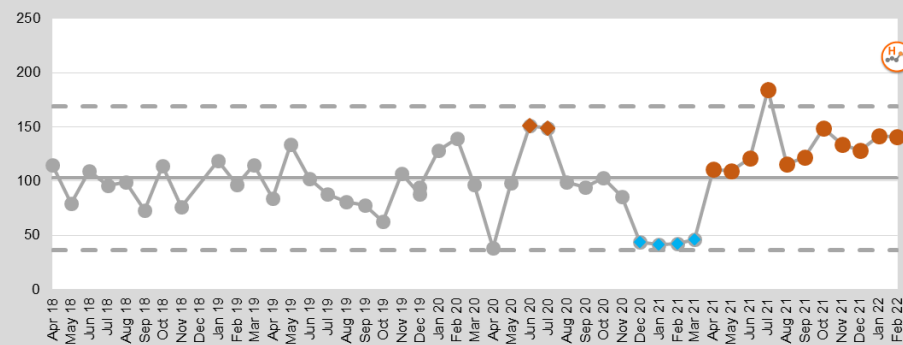
Self Assessment Score

2

Trust Sickness Absence (Apr 18 - Jan 22)



Trust Occupational Health MRs (Apr 18 - Feb 22)



Background

For January 2022, sickness absence is reported at 6.47%, which is an increase from last month (5.72%). 2% of this is due to COVID sickness which continue to be a challenge.

In February, 141 management referrals were made to OH (consistent with last month - 142). Of these, 114 were for GWH staff.

Here is the divisional breakdown for these:

- USC: 34
- SWC: 34
- ICC: 33
- Corporate: 13

Predominant reasons for referral remain consistent for MSK & mental health difficulties.

MRs were triaged to:

- MHP (42)
- Physio (36)
- OHP (31)
- OHA (30)
- no longer required (2)

236 pre-employment questionnaires were processed this month (last month - 265)

Improvement actions

1. By the end of February, a total of 6,271 staff (including Serco, students, volunteers) had received the flu vaccination (either via OH or elsewhere)
2. A TRiM (trauma risk management) process was coordinated and supported by the HWB team this month following a traumatic incident on children's ward – 10 members of nursing staff from the children's ward attended the TRiM Incident Briefing, held a few days after the incident
3. A document detailing helpful online wellbeing resources has been produced by the HWB team; this has been promoted via comms and uploaded onto our intranet page
4. A review of the HWB Champions is planned for March to evaluate what is working well and where improvements can be made for this staff network. All 87 champions have been invited to the focus groups, which will be facilitated by the HWB Lead
5. The staff breastfeeding room is now set up and available for staff; new furniture is being arranged for it
6. A site visit from Meals for the NHS is scheduled for March to progress the plan to trial a couple of vending machines providing healthy affordable meals in some staff areas

Risk to performance and mitigations

Waiting times are as follows:

- Staff Support: 1-2 weeks (as per last month)
- OHA: 1-2 weeks (as per last month)
- Physio: 1-2 weeks (as per last month)
- MHP: 4 weeks (as per last month)
- OHP: 5 weeks (up from last month)

Increased OHP waiting time is due to holiday being taken in March - capacity for additional clinics from other OHPs are being investigated to help bring this down.

Workforce – Recognition, EDI and Wellbeing

Great Employee Experience				Indicator Score	Self Assessment Score
				1	2
Employee Recognition				Wellbeing Initiatives	
Long Service Awards	8	Hidden Heroes	6	<p>Staff Tea Trolley - weekday visits with a focus on back office areas that might not ordinarily see the trolley have continued. The monthly total for February was 2,300 drinks and snacks delivered in February, and additional £4k from NHS Charities Together will help continue keeping our colleagues refuelled.</p> <p>Massage chairs – remain in maternity, pharmacy and theatres. In-month introduction to Commonhead offices and Fracture Clinic. Orbital is a permanent location.</p> <p>Yoga project - open to staff. Uptake for February was 5. Total uptake to date is 36 with 44 remaining places.</p> <p>Ward Care Package Deliveries - Friendly February has delivered mini care packages to wards & department including body lotions & socks, donated by local people wanting staff to be pampered.</p> <p>Trust Thank Yous - Unscheduled Care are enjoying the delivery of 30 items: 7 coffee machines, 4 toasters, 2 kettles, 9 sandwich toasters, 3 music systems, 3 fridges, 1 microwave, 1 juicer.</p>	
Retirement Awards	7	STAR awards	5		
Diversity/Inclusivity					
<ol style="list-style-type: none"> 1. Latest EDI/HWB quarterly newsletter produced (Feb-Apr 2022) 2. The Reciprocal Mentoring scheme to be advertised Trust wide in February with a planned roll out in March, providing opportunities for our divisional leaders to be mentored by staff. 3. The external EDI audit has been analysed, and extended through input from the Head of Patient Experience and Engagement. Comments on the draft have been made and will be passed to the auditors, for final sign-off. 4. It is planned that the Trust's draft trans policy will be presented at Exec Co. in March or April. 5. An educational development session on trans issues to precede a Board EDI half-day session in March or April, depending on Board schedule. 6. Several short training EDI sessions scheduled for wards/Teams in January were delayed by operational pressures, and rescheduled for March onwards 7. Led a discussion on improving the experiences and provision for our 'international nursing cohorts in January, to our BSW ICS partners. We have proposed a part-digital solution, funded by the BSW ICS. 8. We are currently identifying students to be enrolled on courses offered by the Brixton Finishing School 					

Background

In February, Staff Support received 25 referrals, which is consistent with recent months (Dec 23, Jan 41).

The most common reasons provided on referral were:

1. Personal: anxiety (70%), low mood (44%), stress (30%)
2. Work-related: overload / stress (37%)

These themes are consistent with previous months

This month, 102 in-house appointments were attended (an increase from 82 in January).

In addition to this, 39 contacts were made with the EAP

In-reach psychology group activity included: community stroke (n=7), patient safety & quality (n=6), CICT (n=4), leadership development programme (n=2), IP&C (n=2)

Bitesize wellbeing talks were attended by 28 this month

Improvement actions

1. In February, we trained a further 7 staff in Suicide First Aid, bringing the total number to 47. There was no Mental Health First Aid training this month due to annual leave, and so the total number of staff who have been trained by the HWB service remains at 226

2. A staff member who dropped into the HWB hub for 'in the moment' support one day this month emailed later to say: *'Thank you so much! This service is invaluable - the way you were able to see me today when I needed to talk and the advice you offered was wonderful. I feel so much better having talked things through and will be an advocate for your service if I hear of others in need'*

3. Three counsellors have recently accepted bank positions to join the HWB team; of note, this will be to compliment their existing (private) work, and therefore they will likely only hold a small caseload of our clients

4. The HWB psychologists are offering 1:1 consultation to line managers who have direct reports of Ukrainian and Russian descent to help them best support their team members during this difficult time

5. Monthly supervision groups for the FTSU Guardians will re-commence in March, led by the HWB psychologist, now that 4 new guardians have joined

6. The HWB team is supporting with the Trust's Stop Smoking Working Group

Risk to performance and mitigations

The service has experienced a steady and sustained increase in referrals over the past year; there is a risk that if this continues the service will not be able to meet demand. Further work is being done regarding the flow of 1:1 referrals, to ensure optimal use of the EAP Service

Great Employee Development

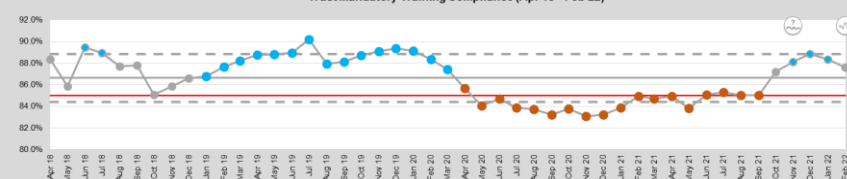
Indicator Score

2

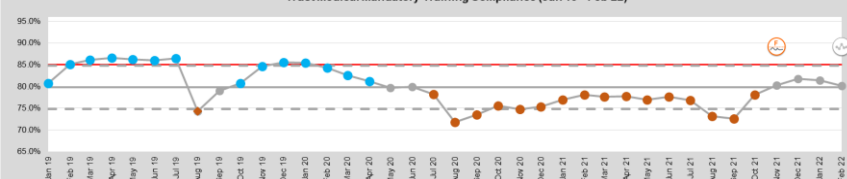
Self Assessment Score

2

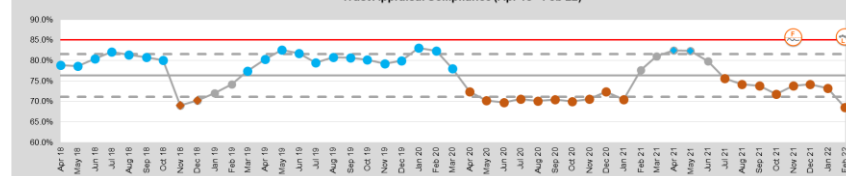
Trust Mandatory Training Compliance (Apr 18 - Feb 22)



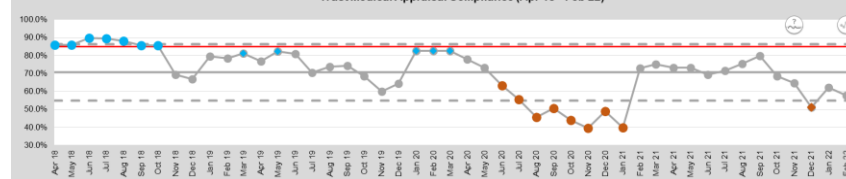
Trust Medical Mandatory Training Compliance (Jan 19 - Feb 22)



Trust Appraisal Compliance (Apr 18 - Feb 22)



Trust Medical Appraisal Compliance (Apr 18 - Feb 22)



Background

Trust mandatory training compliance performance remains above the KPI of 85%. This, month it is at 87.60%. This is a slight drop of 0.7% from last month.

Trust appraisal compliance is reported at 68.61% in February, decreasing by 4.66% 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. An exercise to review the way data is gathered will be carried out.

The working group on appraisal will produce options for an alternative approach.

Improvement actions

1. The draft Academy strategy which outlines the vision and work programme will be presented to Executive Committee and PPC 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 successful and positive visit from the children at Abbey Park School in Jan a further meeting has been arranged with the CEO of The Parks Academy Trust in Swindon. This will be the first stage in ensuring we strengthen our links with local schools and encourage local children at key stages in their education to consider careers in health and care.
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.
4. Having secured the NEXUS and Vygon buildings for a further 12 months in order to meet our international recruitment pipeline and new revised induction programme for Health Care Assistants, we are now looking at the most efficient way of using the Academy space. This is to ensure that we are able to continue to provide all clinical skills training, and deliver on our commitments to HEE.
5. Two successful away days took place during the first week of March. One was a training/celebration event for HCA's, one nominated HCA from each ward attended. The other event was for the PALS team in supporting them with additional resilience and communication training.
6. Tying in with Trust EDI objectives, Head of Learning and Development and EDI Lead, have formed a small working group to look at the development and career progression for BAME staff across our Trust. All Education Leads have been asked to share any projects they do with the wider BSW so that we can take a collaborative approach and share learning.

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.

Great Leadership		Indicator Score	Self Assessment Score
		1	2
Leadership Roles at the Trust	4.57% of staff		Equating to 187.52 WTE
Leadership Development Programme (Cohort 1)	22 leaders		13 Completed Training
Leadership Development Programme (Cohort 2)	14 Leaders		Undergoing Training
Leadership Development Programme (Cohort 3)	20 Leaders		Undergoing Training
Aspiring Leaders (Cohort 1)	21 aspiring leaders		19 Completed Training
Aspiring Leaders (Cohort 2)	18 aspiring leaders		Undergoing Training
Leadership Forum Members	300 managers		Members Engaged
Latest Leadership Forum (20 January)	Cancelled		Due to Covid pressures
Ward Accreditation	24 of 24 departments		using the Perfect Ward App

Background

- An application has been submitted to the Leadership Academy for two more Graduate Management Trainees who will be part of a BSW rotation and commence September 2022. Potential placements have been identified across the Trust including Pharmacy and the Way Forward programme.
- The Leadership team have attended the 'Improving Together' Bootcamp in readiness for the rollout. A module which focuses on the behavioural aspects of improvement has been designed and will be delivered to Divisions and front line teams from April.
- Trust and BSW colleagues were invited to attend a second coaching taster day with the University of South Wales as we look to establish a cohort of Level 1 trainee coaches who will start their training in May 2022.
- The new concept for career pathways was presented at the Senior HR Team meeting and Nursing, Midwifery and AHP group for consultation and to gain engagement from key stakeholders.
- Three leaders have commenced on the Senior Leaders Masters Apprenticeship with the University of Gloucestershire

Improvement actions

- Following presentation of the new concept for career pathways work will commence on engaging with teams to ensure that the role specific information is accurately captured and incorporated within the mapping process.
- The Leadership Team will explore the role of "learning mentor" initially to support apprentices on the Senior Leaders Masters Apprenticeship.
- The Leadership team supported the COO in the provision of a developmental session for Heads of Service focusing on empowerment. Including a guest speaker from a former combat helicopter Pilot and Squadron Leader on 'How to be fearless in Leadership'.
- The work on culture –including defining the behaviours which demonstrate STAR behaviours and those which do not, and the organisation's red lines (behaviours which will usually be managed through a formal process) and a revised leadership framework will be presented to Exec Co and PPC in March. This work also explains how all the elements fit together and form the 'building blocks' of our GWH culture.
- The team has been supporting the senior front door team with interventions including Belbin to promote a unified vision as they move towards an integrated service.
- The Associate Director of OD and Learning has taken on the role of chairing the BSW Leadership Community of Practice

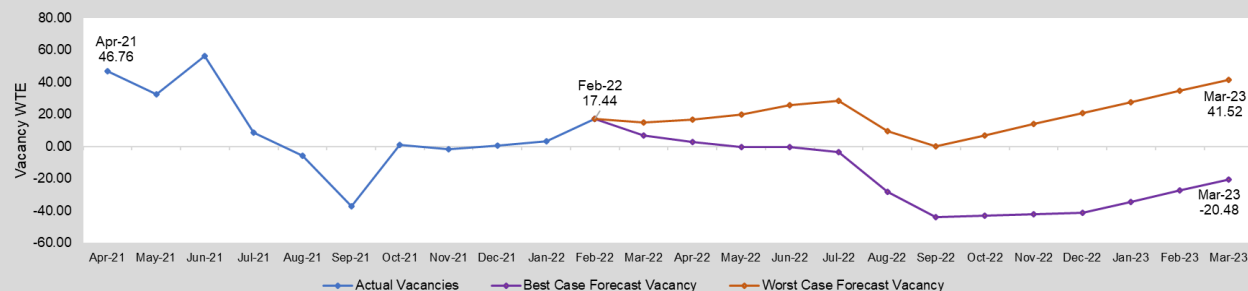
Risk to performance and mitigations

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

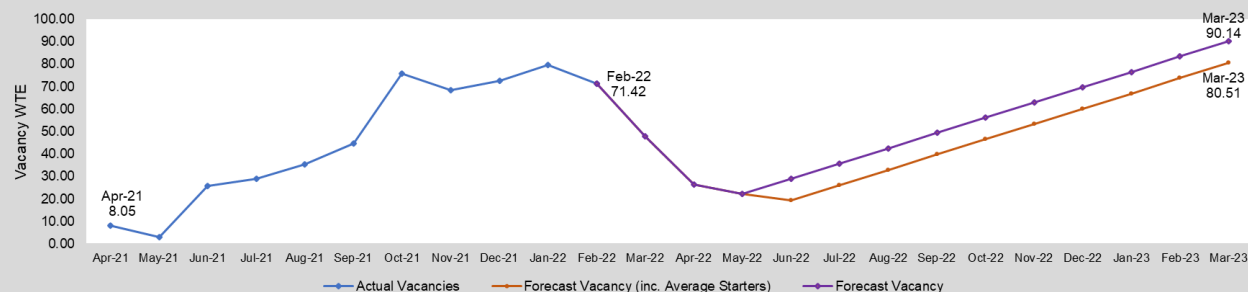
The workload pressures in recovering elective activity and the level of operational pressure could impact on attendance at Leadership programmes. This is being monitored.

Exception 1 of 1: Recruitment Trajectory

Trust B5 Nursing Vacancy (inc. Pre-Reg) Forecast - Ave. Leavers 6.92WTE



Trust B2 Nursing Vacancy Forecast - Ave. Leavers 6.79WTE



Assumptions

- 100% conversion of Internationally Recruited Nurses (Best Case Scenario)
- 0% start rate for Internationally recruited nurses (Worst Case Scenario)
- Similar dispersion of internationally recruited nurses across the divisions until year end (25% to IC, remainder evenly across SC and UC)
- Current Budget WTE unchanging until year end. Agreed WTE from 22/23 included
- Recruitment to Subjective Code 5269 (Nurse Band 5) and 5272 (Nurse Band 2) only
- Turnover (Leavers) will be the same/similar as the previous 12 months.

Background

In M11 the Trust B5 Nurse vacancy position including pre-registered nurses is 17.44 WTE (excludes corporate Services and COVID Vaccination).

In M11 the Trust B2 Nurse vacancy position is 71.42 WTE.

Improvement actions

- Healthcare Assistant vacancy remains a risk. The vacancy position has decreased to 71.42 WTE. Centralised recruitment plans continue to support with high volume recruitment and the recruitment team are where possible extending to 7 day working to support fast tracking the pipeline. This activity continues to be overseen by Deputy Chief Nurse, Divisional Directors of Nursing and Head of Resourcing with weekly progress meetings taking place.
- Following successful Business Case and NHSEI funding the Trust will be continuing with its International Nurse recruitment in 2022-23 with a pipeline of 5 per month from April to December.

Risk to performance and mitigations

Skill mix review has identified and additional 116 WTE for HCA and 43.61WTE Nursing to meet safe staffing ratio. A business case has been submitted and recruitment plans underway pending outcome. (Not included within trajectories until confirmed).

Budget setting in April may impact the vacancy position if new roles/investment is approved.

Board Committee Assurance Report

Meeting – Date			
Accountable Non-Executive Director Andy Copestake	Presented by Andy Copestake		Meeting Date 21 March 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 11 Finance position	G	G	Continued strong bottom-line performance for Month 11 with a favourable I & E variance to date of £2.3m, Cash of £43.3m at the end of February and CIP achievement of £567k above plan year to date. The Committee was assured that the Trust would break even for 2021/22; however, significant financial challenges are likely for 2022/23 as certain funding streams are withdrawn and a number of cost pressures are emerging. These are covered under the plan item below. 2022/23 will present a very different financial challenge to 2021/22.	Monitor through FIC	FIC meetings 2021/22 and 2022/23
Finance Risk Register	A	A	No major changes to the Finance Risk Register this month. The remaining half of the Emergency Capital funding had still not been received but the Finance team is still chasing this as an important matter of principle, to strengthen the Trust's Cash position through 2022/23. Also, following a referral from ARAC, discussions are taking place with Divisions to ensure there is a more integrated approach to risk management – fully embracing the review of financial risks with other Divisional risks. The "Amber" rating for Risk reflects this year's position; however, looking at the longer term the view was that the Risk should be rated as "Red" (as reflected in the Minutes).	Monitor through FIC	FIC meetings 2021/22 and 2022/23

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Risk			
Capital Plan	A	G	A good update on Capital spend against the 2021/22 plan, highlighting a number of pressure points and action taken to protect the Trust's Capital funding. Despite some slippage, the Committee was assured that the Capital programme was being well managed, that sufficient action had been taken to protect the Trust's position and that there was no overall loss of Capital funding.	Quarterly update	FIC meeting June 2022
2022/23 Improvement & Efficiency Plan	R	A	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 remains very concerned that there is still a substantial gap (£6.8m) between the overall efficiency target for 2021/22 and the likely level of cash-releasing savings – hence the red rating.	Monitor through FIC	25 April 2022 and throughout 2022/23
2022/23 Draft Plan	R	A	An in-depth discussion of the draft plan for 2022/23, focusing on the high level numbers. The draft Plan for 2022/23 shows a deficit of £26.7m at this stage, largely due to the withdrawal of non-recurrent Covid and associated funding. Other Acutes in BSW and elsewhere are facing similar pressures. Whilst acknowledging the tremendous amount of work that had gone into preparing the Divisional plans, the focus of the Committee discussion centred on the need to understand the worsening productivity position (-18% compared to 2019/20) and how to recover this over time. The Committee was also keen to see every effort made to increase planned activity levels to maximise Elective Recovery funding.	FIC approval of final Plan in April under delegated powers from the Board	25 April 2022
PFI Benchmarking Update	A	A	The Committee received an update on progress with the 5 yearly benchmarking process for soft FM services provided under the PFI contract. Another update and recommendation to follow in April.	FIC	25 April 2022
Way Forward Programme cost update	R	A	A good update from the Way Forward Programme Manager on the financial aspects of the Way Forward project, in particular the challenges re: the anticipated increased cost of the Integrated Front Door scheme caused by inflationary pressures. The Committee recognised the significant effort by the team in looking at all options to mitigate the pressure and close the gap. The red rating reflects the fact that, despite this, a substantial gap still remains.	None	
Contract for Video Consultation & Appointment Management	G	G	The Committee approved the recommendation to award a 36 Month contract (with 2 x 12 month extension options) to DrDoctor. The total cost over 5 years would be £783k.	None	
Works associated with Additional Mobile Diagnostic Platforms	G	G	The Committee ratified a decision made by the Director of Finance to award the contract for £522k to InHealth	None	

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 Safe?

Are We Well Led?

Are We Responsive?

Are We Caring?

Use of Resources

Financial Overview

For Period Ended - 28th February 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	33,932	40,074	6,142	●	374,282	397,161	22,879	●
Total Operating Expenditure	(34,437)	(39,933)	(5,496)	●	(376,248)	(396,848)	(20,599)	●
Total Surplus/(Deficit) <i>excl donated assets</i>	(505)	141	645	●	(1,967)	313	2,279	●
Capital	3,672	2,095	(1,577)	●	28,485	16,625	(11,860)	●
Cash & Cash Equivalents	1,366	43,349	41,983	●				
Efficiencies	445	451	6	●	3,497	4,064	567	●

Overview

Income & Expenditure: The Trust is reporting a surplus of £0.01m against a planned deficit of £0.5m in Month 11. Operating income continues to be above plan (£6.1m in month). Pay and non pay costs are in line with prior month trends, provisions have been included in Month 11 to recognize possible liabilities that have arisen in year.

Cash – the cash balance at the end of February was £43.3m which is above plan of £1.3m.

Capital – Capital expenditure is £16.6m as at the end of February, £11.8m below plan.

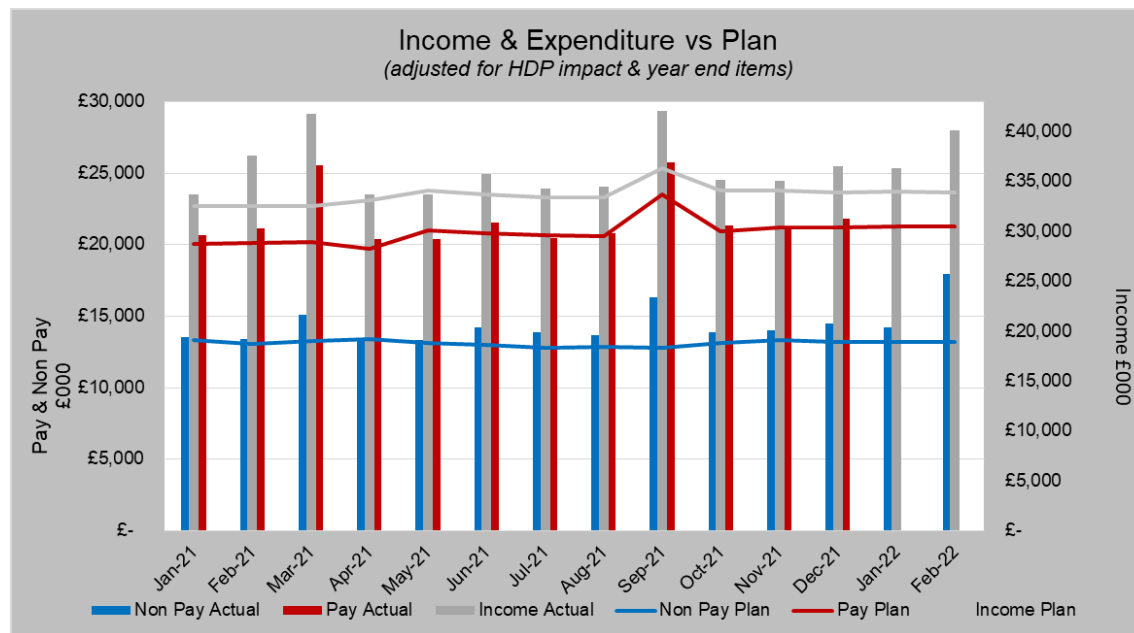
Efficiencies – £4.1m of efficiencies have been delivered year to date, which is £0.6m above plan.

Pressures and Emerging Issues

Use of Resources

Division	Issue	Value in YTD Position	Potential Impact for 2021/22	What are the details of the issue?	What Actions have been taken and what is the level of confidence in recovery?
ICC	Infection Prevention & Control (IP&C) service delivered by GWH to Swindon Borough Council	£50k risk	£80k risk	Included in the Community block is £80k for Children Support and IP&C service. Swindon Borough Council state that they have served notice on this and that the service has not been delivered in year.	Contracts team is in discussion with colleagues at Swindon Borough Council to resolve the issue for 2021/22 and 2022/23.
SWC	Elective insourcing value for money	£440k funded through ERF+	£660k funded through ERF+	Insourcing costs significantly higher than the Trust would receive through PbR tariff for the same procedure, also proving difficult to identify sufficient patients suitable for these lists leading to cancellations	Regular contract meetings are held with the insourcing provider to monitor activity, there is a proposal to pause for 2 weeks in March to identify suitable patients and pre-op assess them ready to restart the programme later in the month, avoiding late cancellations Potential options also to increase number of patients per list also being explored with supplier

Income and Expenditure - Run Rate



Background

In month the I&E position is £0.01m surplus against a planned deficit of £0.5m. The position includes Elective Recovery costs of £0.330m over budget.

- Income run rate has increased by £3.8m in month. This reflects additional money received from BSW CCG (£3.5m recognised in month). A further £2.5m is expected to be received in Month 12 to include Targeted Investment Fund (TIF), Electronic Patient Record (EPR), Urgent Treatment Centre (UTC), Urgent Care Response (UCR) and SEED funding, expected to be offset by expenditure.
- The Pay run rate is in line with Month 10
 - Substantive pay includes credits for recovery of overpayment of on-call (£172k) offset by an accrual for investing in Maternity services from the CNST rebate (£163k) that was received in month.
 - Agency run rate is higher in month due to a correction made in Scientific, Therapeutic and Technical staff – this has been investigated by the finance team and the year to date position is now correct.
 - Bank costs were particularly high in Month 10 for Support to Nursing Staff and these have reduced in Month 11 in line with prior months. Reduction in cost reflects a reduction in WTE used in a number of areas.
- Non Pay run rate has increased by £3.7m in month, of which £4.1m relates to provisions created in Month 11 (PCN Onerous Contract £3.2m, Flowers £0.2m, Unsocial hours £0.2m, Final Pay Control £0.3m and VAT provision £0.2m). Excluding these provisions the monthly run rate has reduced by £0.4m, this includes £0.2m reduction in CNST premium due to the rebate received and £0.2m reduction in Cardiology to match income.

Divisional Positions

For Period Ended - 28th February 2022									
	In Month Plan	In Month Actual	In Month Variance	YTD Plan	YTD Cost Variance	YTD Variance	H2 Plan	Forecast H2	Variance To H2
	£000	(Adjusted £000)	(Adjusted £000)	£000	(Adjusted £000)	(Adjusted £000)	£000	Outturn £000	Plan £000
Corporate	(4,632)	(4,849)	(217)	(51,542)	(51,759)	(217)	(27,729)	(27,649)	80
Trust Income	31,987	37,562	5,575	352,647	372,575	19,928	191,910	201,384	9,474
Unscheduled Care	(9,967)	(10,176)	(210)	(107,809)	(110,970)	(3,161)	(58,351)	(60,154)	(1,803)
Integrated and Community Care	(6,615)	(6,423)	191	(70,783)	(70,414)	369	(39,185)	(39,284)	(99)
Surgery, Womens and Childrens	(8,808)	(8,834)	(25)	(95,233)	(95,477)	(244)	(52,193)	(52,786)	(593)
Non-Divisional	(2,471)	(6,388)	(3,918)	(29,248)	(38,702)	(9,455)	(20,446)	(21,511)	(1,065)
Inc Off-sets incl ERF & Pass-Through Drugs	0	(751)	(751)	0	(4,941)	(4,941)	0	0	0
Total Surplus/(Deficit) excl donated assets	(505)	141	645	(1,967)	313	2,279	(5,994)	0	5,994

Reasons for Adjusted Divisional Variances (in month, adjusted for costs directly off-set by income, including pass-through specialist drugs & ERF costs)

Corporate is £0.2m adverse to plan in month (£0.2m YTD). The in month overspend is primarily driven by non pay pressures (£0.4m including CHP, increased postage charges and Serco charges relating to UTC) partially offset by an increase in income in Estates (£0.1m relating to Boots Pharmacy) and Education and Training income (£0.1m).

Trust Income is £5.6m favourable to plan in month (£19.9m YTD). The in-month position includes BSW income for ERF Plus (ERF+).

Unscheduled Care is £0.2m adverse to plan in month (£3.2m YTD). Pressures within Pay expenditure continue. RMN Agency & Bank Enhanced Care (primarily ED, Teal and Saturn) is £0.1m in month and ED Medical is £0.1m overspend in month driven by front door response.

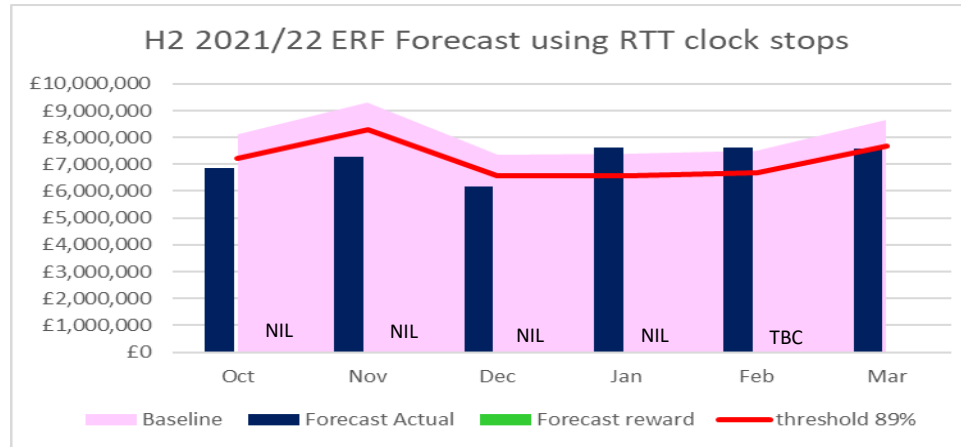
Integrated & Community Care is £0.2m favourable to plan in month (£0.4m YTD). Income is above plan in month due to additional TVCA and MacMillan income in the position (£0.1m), as well as recognising Primary Care flu and Covid income in month (£0.1m). An underspend on pay is offset by an overspend in non pay in month (£0.1m each).

Surgery, Women and Children's is broadly in line with plan in month (£0.2m adverse YTD). There has been a reduction in Non Pay costs in month due to the rebate for CNST, this is offset by training costs for maternity on pay (£0.2m).

Non-Divisional is £3.9m adverse to plan in month – this is driven by additional provisions in Month 11 (PCN Onerous Contract £3.2m, Flowers £0.2m, Unsocial hours £0.2m, Final Pay Control £0.3m and VAT provision £0.2m).

Elective Recovery Fund – estimated values + early view of 2022/23 (NHS E/I confirm values 3 months after month end)

ERF Income earned from 21/22 WL related activity being close to or above 19/20 baseline activity



Note: £7.4m was earned in H1 and £2.9m was spent doing so, with the remaining £4.5m held back to fund similar activity in H2

Background

- ERF performance in H2 has been impacted by Omicron and performance is not likely to reach the target of delivering more than 89% of RTT clock stops compared to 2019/20 levels – see graph above.
- BSW CCG have paid GWH £0.77m that was allocated for elective recovery.

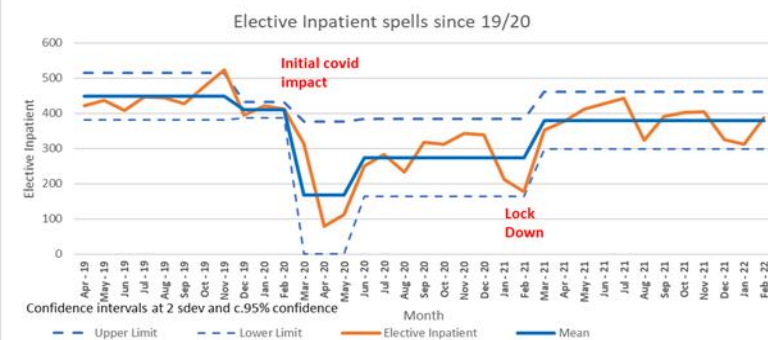
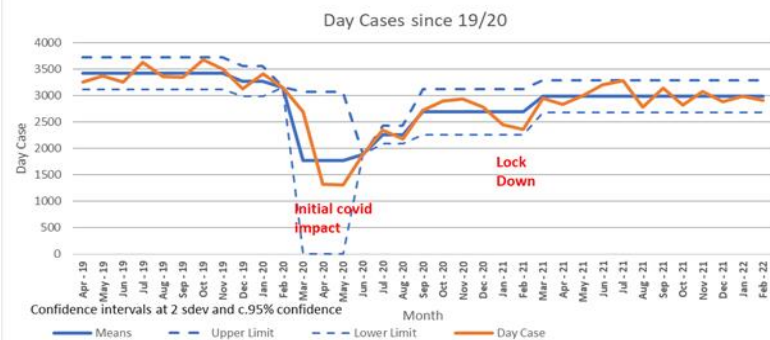
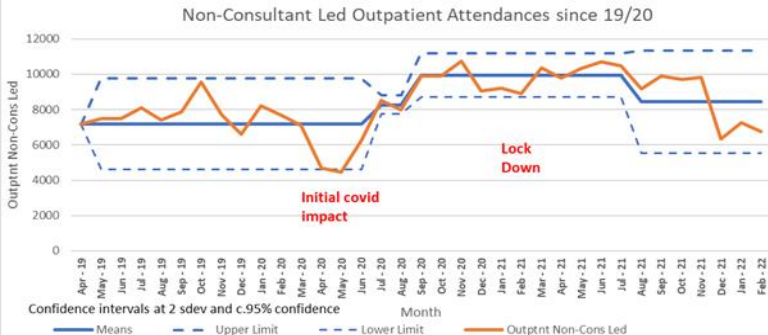
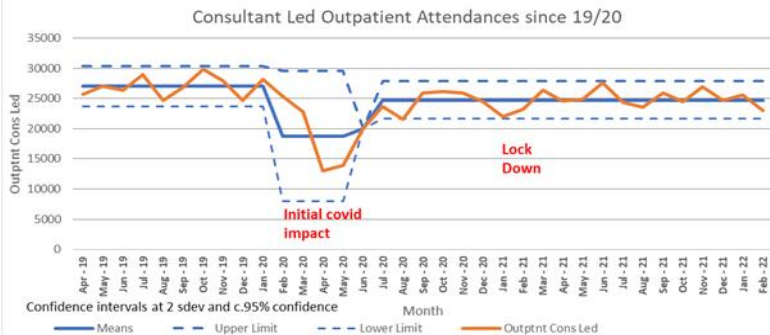
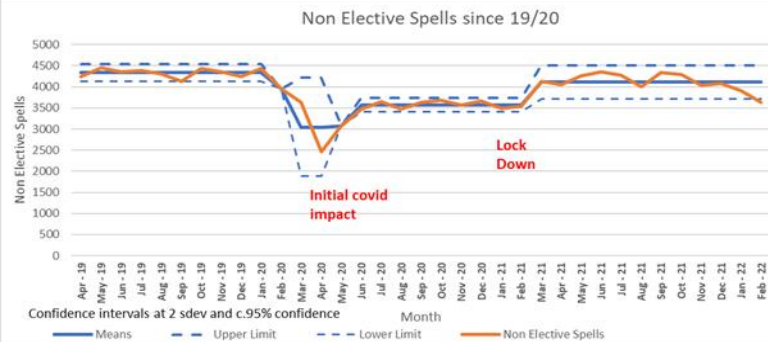
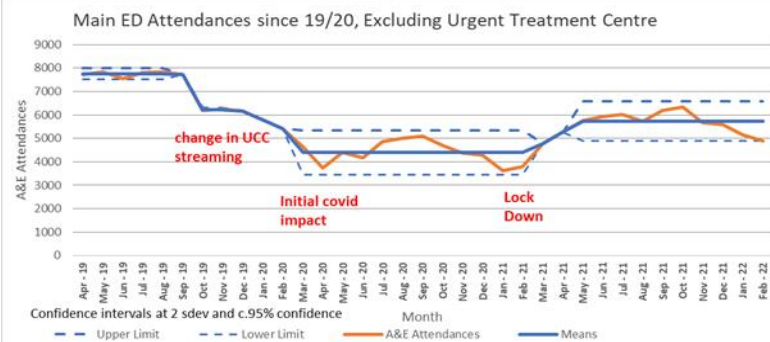
Emerging issues

- ERF is an integral part of 2022/23 planning, though firm guidance has been released late.
- BSW CCG have an allocation of c£28m of which GWH estimate between £8-10m is it's fair share.
- The points of delivery that are in scope for ERF are elective overnight stays, day cases, first outpatients and outpatients procedures.
- To access full ERF, performance must reach 104% of 2019/20 levels, measured in £ tariff terms, meaning each admitted patient care episode carries a higher weighting than outpatient attendances.
- Activity below this threshold is deducted at 75% of national tariff and performance above 104% is paid at 75% of national tariff.
- Initial crude estimates show that for every 1% point elective performance is below 104% the GWH would stand to lose c£0.5m.
- As ERF underperformance is capped at 75% this means a minimum of £2m is expected.
- Although not directly linked to ERF, planning guidance strongly pushes for a 25% reduction in outpatient follow-up's.

Risks and Actions

- First cut activity plans that divisions have produced based on capacity within existing budget falls well short of the required level to meet targets which means only the baseline of ERF. Divisions are carrying out a second phase activity plan to see what further elective activity can be delivered and at what additional cost.

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



Background:

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

Income and Activity Delivered by Point of Delivery

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

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)	-18.1%	12,527	10,719	-1,808	-14.4%	Minor activity affected more than major + impact of increased streaming since 19/20
NEL	-4.4%	84,484	91,572	7,088	8.4%	Minor activity affected more than major
Outpatient (All)	-5.0%	39,796	34,389	-5,407	-13.6%	Due to switching to Non face to Face
Day Case	-11.2%	21,871	19,803	-2,068	-9.5%	Minor activity affected more than major
Elective Inpatient	-12.6%	16,644	14,886	-1,759	-10.6%	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.

Risks:

Contracting will not return to a full PbR approach in 22/23, if they did, GWH would see a reduction in funding due to lower throughput. Some major funding sources such as hospital discharge program funding will cease at the end of 2021/22. Covid-19 support funding will also reduce. Contracts with peripheral providers are below £30m and so are at risk of reverting to PbR – and funded below current block levels. The new payment system includes quality incentives (best practice tariffs and CQUIN) which if not delivered could see marginal payments withheld.

Actions & mitigation:

The contracts team is working with all commissioners to ensure that maximum funding for 2022/23 is secured including new funding for services such as Virtual Ward. The team are working to influence BSW to take a pragmatic stance with BPT & CQUIN to minimise risk of funding being retained. Discussions are taking place on how services that were reliant on HDP in 21-22 can be funded in 2022/23.

Efficiency – Better Care at Lower Cost

Background

Cost Reduction identified and delivered in month is £0.451m against a plan of £0.445m.

Delivery for the year to date is £4.064m against a plan of £3.497m (over achievement year to date of £0.567m)

The total target for the year is £3.942m.

The forecast for year end is £4.450m which is £0.508m favourable to plan.

Improvement actions planned

Of the £4.1m efficiency delivered to Month 11, £1.7m is Recurrent and the remaining £2.4m is Non-Recurrent.

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

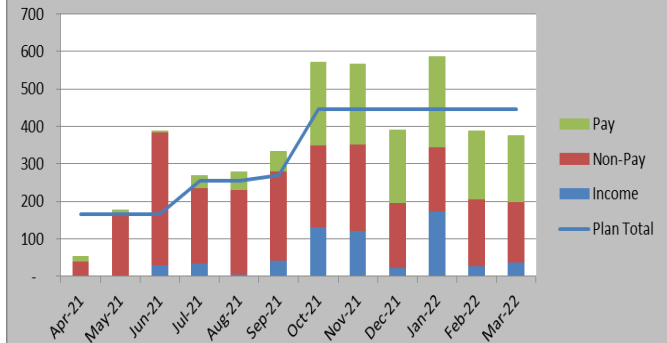
Work is being led by the T&I team to identify plans to deliver this, as of 4th March £8.3m has been identified of which £3.5m is cash releasing.

Divisional efficiency meetings will be held in March with each division to support and challenge existing plans, as well as to ascertain whether any identified cost avoidance schemes can be converted to cash releasing.

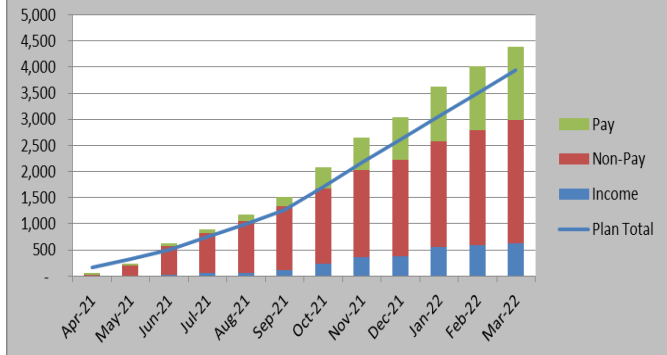
Risks to delivery and mitigations

The 2021/22 forecast indicates full achievement will be made against the H2 target.

Monthly Delivery By Type £'000

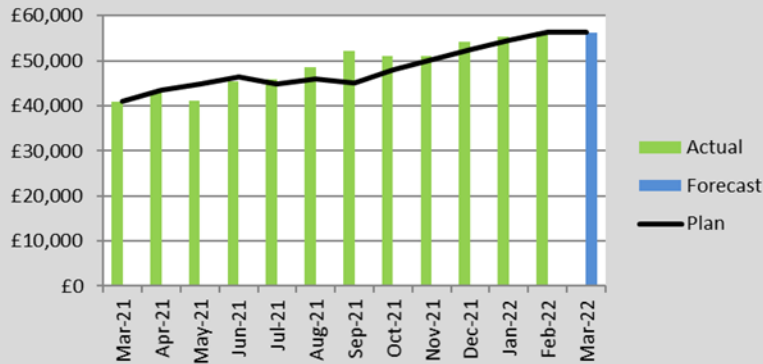


Cumulative Delivery By Type £'000

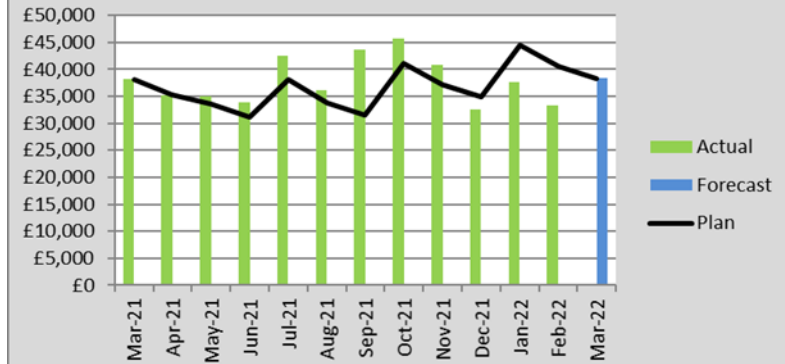


Statement of Financial Position: Key movements

Trade Payables



Trade Receivables



Background

- Payables are slightly above plan in month.
- Receivables are below plan which is driven by income received from BSW CCG.
- A full Statement of Financial Position is included in the appendices.

Risks to delivery and mitigations

- As at 8/4/22 the Emergency Capital application has not been approved and the Trust has not been formally notified it will not be approved .
- The digital element of the application has been approved to be funded via national digital funding. This leaves £5.4m that has not been funded which the Trust will have to fund from cash if approval is nit received by 31/3/22.

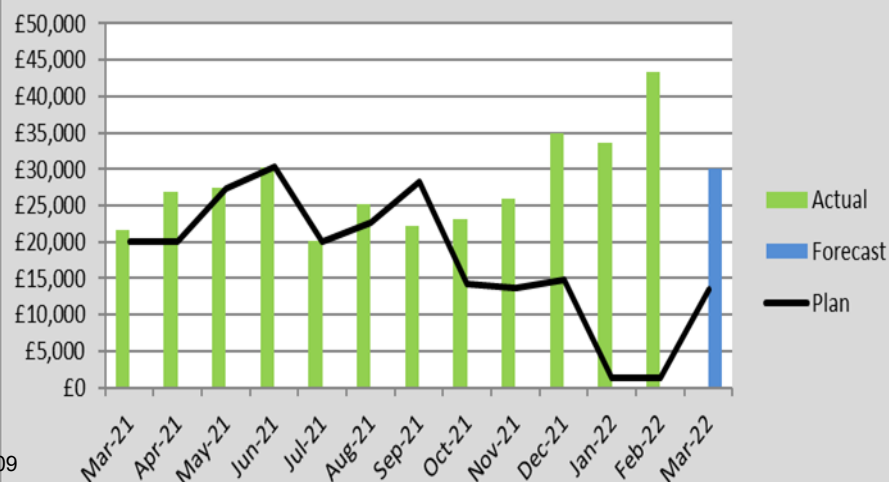
Cash

	Mar-21	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	21/22 Total	Rolling 12 Mths Mar 22 to Feb 23
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening Balance	41,193	33,654	43,349	38,983	27,355	27,547	28,313	17,426	18,192	18,958	8,071	8,837	9,603	1,000	21,553	43,349
Income																
Clinical Income	11,312	36,925	31,088	27,517	27,517	27,517	27,517	27,517	27,517	27,517	27,517	27,517	27,517	27,517	395,889	333,775
Other Income	3,921	5,515	2,403	2,403	2,403	1,619	1,619	1,619	1,619	1,619	1,619	1,619	1,619	1,619	50,859	21,775
Revenue Financing Loan / PDC	4,975												2,285	10,887		13,172
Capital Financing Loan / PDC	25,525	2,242	12,583	3,234	3,234	4,537	4,537	4,537	4,537	4,537	4,537	4,537	4,537	4,537	21,964	59,884
Total Income	45,733	44,682	46,074	33,154	33,154	33,673	33,673	33,673	33,673	33,673	33,673	33,673	35,958	44,560	468,712	428,606
Expenditure																
Pay	21,021	20,539	20,449	20,138	20,138	20,138	20,138	20,138	20,138	20,138	20,138	20,138	20,138	20,138	242,103	241,967
Revenue Creditors	10,936	11,456	14,447	8,302	8,302	8,302	8,302	8,302	8,302	8,302	8,302	8,302	8,302	8,302	135,689	105,763
Capital Creditors	19,424	2,992	13,416	4,467	4,467	4,467	4,467	4,467	4,467	4,467	4,467	4,467	4,467	4,467	33,704	62,555
PFI	11,861			11,874			11,653			11,653			11,653	11,653	35,597	58,486
PDC Interest	2,131		2,128												4,079	2,128
Financing					55										110	55
Total Expenditure	65,373	34,987	50,440	44,781	32,962	32,907	44,560	32,907	32,907	44,560	32,907	32,907	44,560	44,560	451,282	470,955
Closing Balance	21,553	43,349	38,983	27,355	27,547	28,313	17,426	18,192	18,958	8,071	8,837	9,603	1,000	1,000	38,984	1,000

Background

- Cash at the end of Month 11 was £43.3m which was above the planned level of £1.3m.
- The cash balance is above the forecast for Month 11 (£9.7m). This is due to the cumulative impact of additional H2 Commissioner funding as well as cash for ERF and slippage on the capital programme. This is partly offset by the delay in drawing down PDC Capital.
- 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.

Monthly Cash Balance



Capital Programme

Capital Scheme	Capital Group	2021/22						
		Full Year Plan £000	Month 11 plan	Month 11 Actual	Month 11 Variance	Month 11 YTD Plan £000	YTD Actual £000	YTD Variance £000
Aseptic Suite	Estates	1,903	149	-	(149)	1,894	170	(1,724)
Oxygen	Estates	500	-	-	-	500	519	19
Estates Replacement Schemes	Estates	1,050	125	32	(93)	825	67	(758)
Utilities (LV & Heating) Project	Estates	2,300	-	526	526	2,300	1,620	(680)
Pathlake (national funds requires matching)	IT	260	35	292	257	225	292	67
Pathology LIMS (network procurement)	IT	510	119	2	(117)	389	2	(387)
IT Emergency Infrastructure	IT	3,000	32	-	(32)	2,969	2,569	(400)
IT Replacement Schemes	IT	1,404	156	147	(9)	1,248	553	(695)
PACS - environment/replacement solution (Nov21)	IT	800	133	(14)	(147)	665	309	(356)
Equipment Replacement Schemes	Equipment	1,450	161	46	(115)	1,288	162	(1,126)
Contingency	Equipment	541	45	(38)	(83)	495	-	(495)
Total Trust CDEL		13,718	955	993	38	12,798	6,263	(6,535)
Way Forward Programme		9,690	1,371	113	(1,258)	6,947	808	(6,139)
Clover UEC		10,085	1,346	836	(510)	8,740	9,250	510
TIF elective recovery		2,093		60	60	-	211	211
Cardiac CT		1,000				-		-
Unified Tech Fund		1,387		93	93	-	93	93
Total Capital Plan (Excl PFI)		37,973	3,672	2,095	(1,577)	28,485	16,625	(11,860)

Risks to delivery and mitigations

Slippage continues to be monitored through the Capital Management Group (CMG) to ensure a robust forecast and mitigations are in place.

Background

- Total Capital Expenditure at Month 11 is £11.9m below plan. Of this, £6.5m relates to Trust CDEL schemes, with the remaining £5.3m slippage on externally funded schemes.
- In line with previous months, all CDEL schemes are expected to spend the full allocation by year end with the exception of:
 - Aseptic** – there continue to be contract discussions with this scheme which has resulted in further slippage in start date. Value of slippage is estimated to be £1.6m but will be confirmed in the next month.
 - Pathology LIMS** – there will be slippage on this project in year and schemes have been brought forward to accommodate this in 2022/23 Capital plan. Slippage is £0.3m.
 - IT** – Due to recently agreed external funding, spend on Internal IT is now expected to be below plan by £5.5m. This is an agreed variation with NHS I as it is offset by an increase in national funding.
- Slippage, risks and mitigations continue to be addressed through Capital Management Group with divisional and scheme representatives.
- Additional items to pull forward have been prioritised with Divisions, Procurement and Finance and approval to proceed has been given by CMG. This will mitigate in year slippage on the capital programme to ensure CDEL is spent by year end.
- Slippage on the Way Forward programme has been discussed and agreed with NHSI and the forecast for 2021/22 is £1.5m.
- The forecast for Clover UEC is to be on plan by year end.

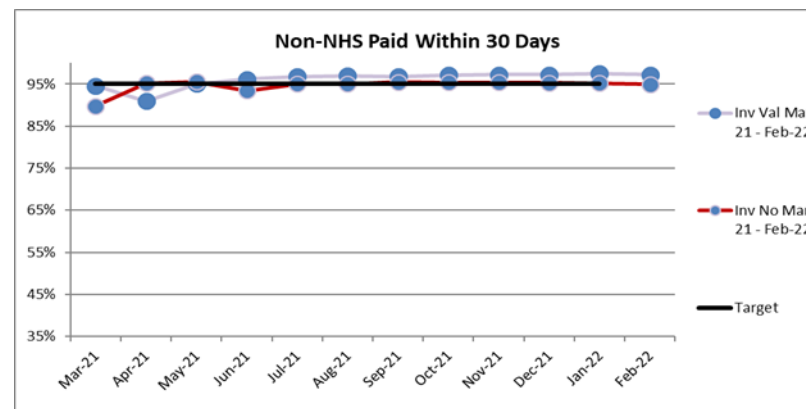
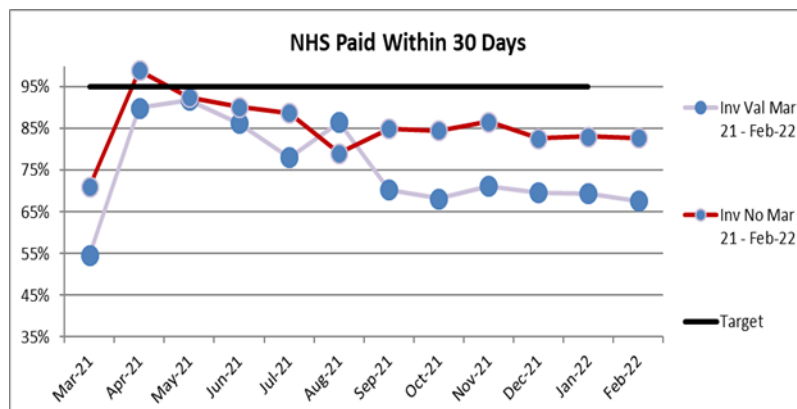
1. Statement of Financial Position
2. Working Capital
3. Income & Expenditure – Variance Run Rate
4. SPC Chart – Pay

1. Statement of Financial Position

	Previous Month JAN-22 (£'000)	Current Month FEB-22 (£'000)	Movement (£'000) From Prior Mth	As at year- end Mar-21 (£'000)
Non-Current Assets				
Intangible assets	5,400	5,400		5,399
Property, plant and equipment	226,767	228,092	1,326	230,331
Investments in associates & joint ventures	70	70	-	70
Receivables - non-current	656	656	-	656
Total Non-Current Assets	232,892	234,218	1,326	236,455
Current Assets				
Inventories	5,149	5,329	180	4,787
Receivables: invoiced	3,063	4,023	961	4,870
Receivables: not invoiced	34,658	29,268	(5,390)	33,309
Cash and cash equivalents.	33,664	43,349	9,685	21,566
Total Current Assets	76,533	81,969	5,436	64,532
Total Assets	309,425	316,187	6,762	300,987
Current Liabilities				
Other liabilities: deferred income	6,772	8,325	1,553	4,303
Trade and other payables: invoiced	10,784	8,317	(2,467)	8,806
Trade and other payables: not invoiced	44,510	47,331	2,821	30,119
Provisions - current	49	40	(9)	156
Trade and other payables: capital	9,383	8,461	(923)	10,207
Borrowings: PFI, loans & finance leases	1,409	703	(705)	8,764
Total Current Liabilities	72,907	73,177	270	62,355
Non current Liabilities				
Other liabilities: deferred income	676	676	-	790
Provisions - non-current	2,177	6,302	4,125	2,177
Borrowings: loans & finance leases	1,169	1,169	-	1,174
PFI obligations	83,479	83,479	-	87,002
Total Non-Current Liabilities	87,500	91,625	4,125	91,144
Total Assets Employed	149,018	151,385	2,367	147,489
Taxpayer's and Others Equity				
Public dividend capital	144,476	146,718	2,242	137,337
Income and expenditure reserve	(30,891)	(30,765)	125	(28,632)
Revaluation reserve	35,433	35,433		38,784
Total Assets Employed	149,018	151,385	2,367	147,489

2. Working Capital

Payments to Suppliers



Outstanding Receivable and Payable Balances

Payables	Current	1 - 30 Days Overdue	31 - 60 Days Overdue	61 - 90 Days Overdue	>91 days Overdue	Total O/S Payables
	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
NHS	360	770	80	64	955	2,229
Non-NHS	3,807	512	592	319	856	6,088
Grand Total	4,167	1,282	672	384	1,811	8,317

Receivables	Current	1 - 30 Days Overdue	31 - 60 Days Overdue	61 - 90 Days Overdue	>91 days Overdue	Total O/S Debt
	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
NHS	952	101	63	54	126	1,296
Non-NHS	769	669	95	40	1,155	2,727
Grand Total	1,721	770	158	94	1,280	4,024

Background

We have an objective to pay creditors within 30 days and Budget holders are actively chased by system emails and the AP team to minimise delay in coding and approval. Even though NHS paid within 30 days has gone down, due to the volume of our Non-NHS compared to NHS payments overall our BPPC rate for the number of invoices paid within target is 96.1% which means we have attained our 95% target this month.

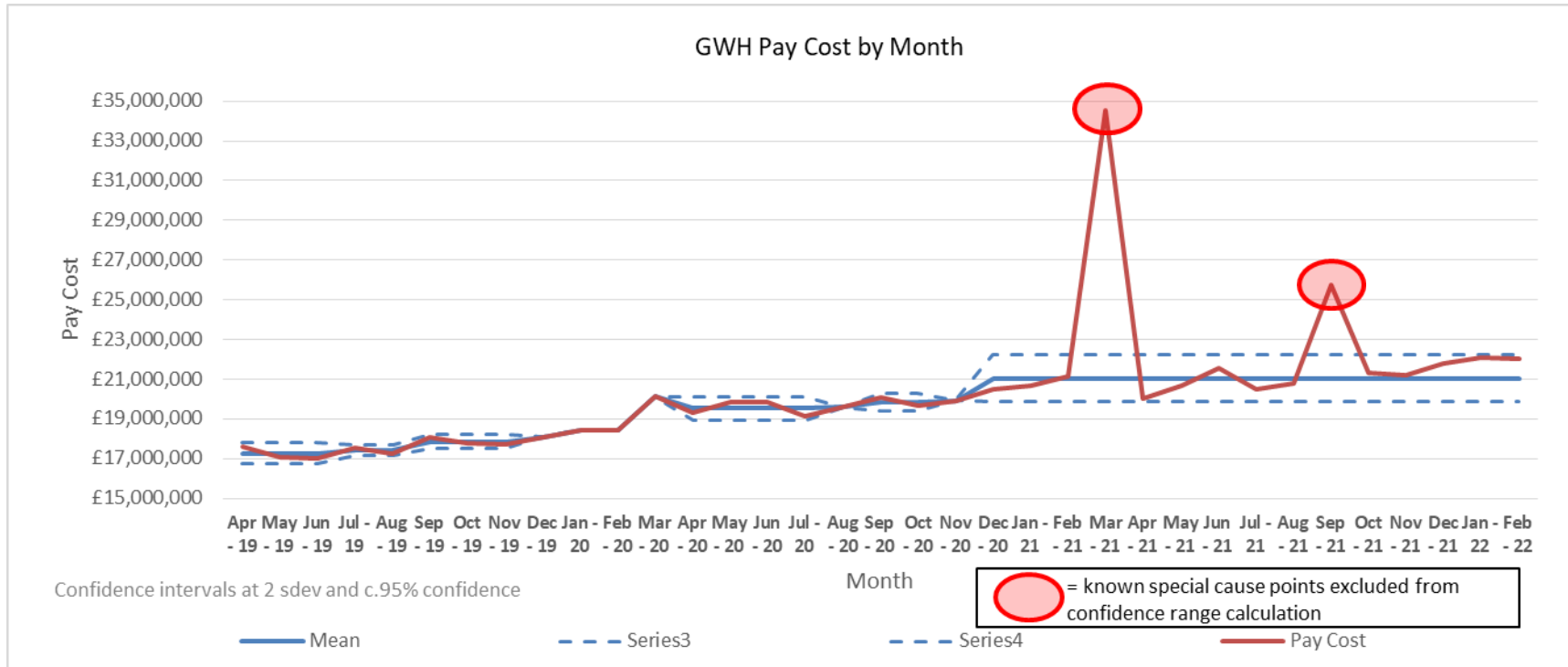
3. Income and Expenditure – Variances from Plan

For Period Ended - 28th February 2022						
	In Month Plan £000	In Month Actual £000	In Month Variance £000	YTD Plan £000	YTD Actual £000	YTD Variance £000
NHS Clinical Income	31,964	37,473	5,509	352,124	372,325	20,200
Other Income	1,968	2,601	633	22,158	24,317	2,159
Total Income	33,932	40,074	6,142	374,282	396,641	22,360
Pay						
Medical & Dental	(6,208)	(6,546)	(338)	(68,060)	(72,220)	(4,160)
Nursing	(9,036)	(9,452)	(416)	(97,703)	(100,449)	(2,746)
AHP & Scientific	(2,851)	(2,818)	33	(30,761)	(29,932)	829
Senior Managers and Admin	(3,159)	(3,188)	(29)	(35,659)	(35,087)	572
Total Pay	(21,254)	(22,004)	(750)	(232,183)	(237,688)	(5,505)
Drugs Costs	(3,198)	(3,121)	77	(33,915)	(34,914)	(999)
Supplies (Clinical & Non Clinical)	(2,806)	(2,986)	(180)	(30,839)	(34,403)	(3,564)
PFI Cost	(1,158)	(1,119)	39	(12,640)	(12,852)	(212)
Other Costs	(3,604)	(8,380)	(4,775)	(39,682)	(50,191)	(10,508)
Non Pay	(10,766)	(15,605)	(4,840)	(117,077)	(132,360)	(15,283)
EBITDA	1,912	2,465	552	25,022	26,594	1,572
Non-Operating Costs	(2,424)	(2,340)	85	(27,070)	(26,938)	132
Surplus/(Deficit)	(512)	125	637	(2,048)	(344)	1,704
Remove I&E impact of capital donations	7	15	8	81	657	576
Adjusted Surplus/(Deficit)	(505)	141	645	(1,967)	313	2,279

YTD position includes ERF £3.7m which is above plan.

All adjustments relating to donated assets (including depreciation) are excluded from our reported financial position and therefore removed at the bottom of the table.

4. Pay SPC chart



Board Committee Assurance Report

Audit, Risk & Assurance Committee			
Accountable Non-Executive Director	Presented by		Meeting Date
Helen Spice	Helen Spice		10 March 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			
Divisional Risk Review – Unscheduled Care	A	A	Unscheduled care provided a good report on their approach to managing risk and the controls they have in place. They have a number of old open risks and some accepted risk where they are not able to meet minimum standards and so this needs further review and thus the amber rating. Their process is thorough but consideration should be given to simplifying if possible.	Review at next planned update to the Committee	November 2022
Board Assurance Framework	G	G	ARAC confirmed that the process for updating and review of the Board Assurance Framework had worked well but the ARAC review of the process should have taken place before the Board reviewed the outcome of the update. It was noted that each Board sub committee should consider that controls and actions to address gaps are considered by each sub committees in their next review.	Review in six months	September 2022

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Risk Register Report	A	A	ARAC agreed that processes are in place but concerns were raised on the overdue risk reviews and overdue actions which have increased significantly over the last year. In the case of Corporate Risks this is due to Datix implementation but in the Divisions there is a challenge with capacity. It was agreed that these challenges should be reviewed and a report provided at the next meeting.	Update on capacity issues resulting in overdue risk reviews in Divisions	June 2022
External Audit	N/A	N/A	Deloitte provided an update on the interim audit which had gone well and updated the committee on their approach for the year end.	Final audit report.	June 2022
Internal Audit Progress Report	G	A	Audit work continues to progress well but there are some delays to finalising reports. Sufficient reports have been completed to enable the team to provide overall assurance for the year. The Safer Staffing reports has now been finalised and distributed.	Final assurance report for 2021/22	June 2022
Internal Audit – EDI Maturity Assessment	G	A	This was an advisory piece of work so did not generate an assurance opinion. The report recognised that the Trust has put in a significant programme of work to address EDI issues and these plans are robust. There are however a number of actions to address to ensure that the EDI programme becomes fully embedded over the coming months and this will be referred to the Performance, People and Place Committee for monitoring.	Review in 9 months	January 2023
Internal Audit – follow ups	G	A	Progress is being made but there are still a number of actions outstanding for some time, including 3 overdue from current year reports. Trust management will provide a report on follow ups at the next meeting and will ensure realistic dates are set for completion of actions in future.	Review at next meeting.	June 2022
Internal Audit – Data Quality Follow Up	A	G	There are now a number of actions being taken to address the recommendations from the Data Quality review in May 2021. Some of these have been delayed but are now on track to deliver to updated delivery dates.		
Internal Audit – Plan for 2022/23	A	A	A comprehensive plan was presented but this has not yet been signed off by the Executive Committee so the process for agreement needs to be reviewed to ensure that the appropriate approvals can be completed on time. Queries were raised for consideration by the Executive Committee on the details of the plans and specifically to ensure that the scope of the Cultural Maturity Assessment will provide the appropriate level of assurance.		
Counter Fraud Progress Report and Annual Return	G	G	A good report and review of the proposed return. It is anticipated that there will be one amber rating against the requirement to provide evidence that there is a significant level of staff knowledge on their responsibilities as this is a challenge to prove for any NHS trust and was accepted by the Committee.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Overseas Visitors Annual Report	G	G	The Committee was assured that the process and actions being taken by the team were good and should ensure write offs are minimised.	N/A	
Stock Taking and Process – update	G	G	An update was provided on process and corrective action being taken to ensure the year end stock valuation is improved. The Committee were very satisfied with the actions being taken and this issue was closed.	N/A	

Issues Referred to another Committee	
Topic	Committee

Board Committee Assurance Report

Charitable Funds Committee			
Accountable Non-Executive Director	Presented by		Meeting Date
Paul Lewis	Paul Lews		10 February 2022
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?			

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			
Fundraising	G	G	There was a significant improvement with Fundraising in Q4 2021 which means we are now back on track to achieve our annual target. We have now also reviewed and approved our 2022 Plan.	Review further progress at the next meeting	May 22
Finance Strategy	A	A	Due to year-end priorities and the need to complete a detailed review of our Finance Strategy (to ensure we achieve the right balance between managing our Fund Balances effectively whilst maximising growth potential) it was agreed to defer this until the August meeting.	Review and publish our Finance Strategy.	August 22
Financial Position	G	A	The Finance position is well controlled and no concerns were raised. We discussed the opportunity which exists to further improve the management of accruals and reconciliations with fundraising legacies and to further improve our financial procedures. Plans will be developed to achieve this.	Review plans to further improve the management of accruals and reconciliations and review procedures.	May 2022
Cases of Need	G	G	The changes have been made to improve the Cases of Need process and there is already examples to provide assurance that this has further improved the way this is managed.	Review progress at the next meeting.	May 2022
Charitable Funds	A	A	The Divisional Spending Plans were reviewed and no specific concerns were raised. It was agreed that our plans to rationalise the 81 Charitable Funds will be developed and presented for approval at the August meeting. This will include a communications plan to ensure there is appropriate staff engagement before the specific changes are implemented.	Agree and publish the Fund Rationalisation Plan.	August 2022

Issues Referred to another Committee	
Topic	Committee
None	

Report Title	Gender Pay Gap Report (2020-2021)				
Meeting	Board				
Date	07 April 2022	Part 1 (Public) [Added after submission]	X	Part 2 (Private) [Added after submission]	
Accountable Lead	Jude Gray				
Report Author	Patrick Ismond				
Appendices	Included in report				

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 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	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:			
Systemic issues in the medical workforce mean it will take time to remove the gap, and the Trust recognises that this is a wider societal / national issue. There is action and drive on this issue, but our assurance in tackling / eliminating the gender pay gap is lower because with current mechanisms / evidence of delivery we do not have full confidence that this will be delivered.			

Report					
Executive Summary – Key messages / issues of the report (inc. threats and opportunities / resource implications):					
In order to meet its obligations (Specific Duties and Public Authorities) under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the Trust is required to publish gender pay gap data on a government website and the Trust website. This paper summarises the results of the Gender Pay Gap analysis and background information.					
The gender pay gap reporting uses several measures, such as the mean gender pay gap, the median gender pay gap, and the proportion of males and females receiving a bonus payment					
We have made some progress in reducing the pay gap between males and females across the majority of our bands, with some showing parity for the first time. Fewer pay gaps have widened; and, whilst the median disparity remains higher for males at Medical grades, that gap has decreased significantly. At the same time, we have seen that females are paid more than males across some of the pay bands.					
Our position is mixed on the whole, with any improvements in part reflecting the gradual resolving of wider historical factors, and the impact of national drivers.					
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	★		👥	🔧	💰
			X		
Key Risks – risk number & description (Link to BAF / Risk Register)					Risk Score
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement					

Next Steps	
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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: Removing medical and dental staff from our calculations significantly lowers the gender pay gap. For this reason, our action plan will focus on Medical grades that most affect the pay gap, and any barriers to progression. Ongoing improvements in part reflect the gradual resolving of wider historical factors, and the impact of national drivers.			

Recommendation / Action Required	
The Board/Committee/Group is requested to:	
<ul style="list-style-type: none"> Committee to consent to this report. This report has already been published on our external website in line with government publication requirements (by 30 March 2022). 	
Accountable Lead Signature	Claire Warner (for Jude Gray)
Date	28 March 2022

Gender Pay Gap Report (2020-2021)

Contents

What is our Gender Pay Gap Report?

Gender breakdown

Mean Gender Pay Gap in Hourly Pay

Median Gender Pay Gap in Hourly Pay

Bonus Gender Pay Gap as a Mean Average

Proportion of Males and Females in each Quartile

Gender Pay Gap Summary

Conclusion

Appendix

What is our Gender Pay Gap Report?

Purpose of our Gender Pay Gap Report

The purpose of a gender pay gap audit is to compare the pay of male and female employees and show the difference in average earnings. Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year (from April 2017). The areas of focus are:

- The median gender pay gap in hourly pay
- The mean gender pay gap in hourly pay
- The mean gender pay gaps for any bonuses paid out during the year
- The median gender pay gap for any bonuses paid out during the year
- The proportion of male and female staff that received bonus payments
- The proportion of male and female staff in each quartile of the pay structure

Elements of our Gender Pay Gap Report 2021

Our Gender Pay Gap report for 2021 contains a number of elements, including:

- The specific information published on the government website for the snapshot date at 31st March 2021. The report will be published on the Trust website and on the relevant government website by the 30th March 2022.
- A comparison with the 2020 figures.
- Existing and future recommended actions to reduce the Gender Pay Gap

A Note on Terms

What do we mean by pay 'parity'?

In the context of gender pay, 'parity' means that males and females are being paid the same amount for work assessed as of equal value. Parity is therefore a desired outcome.

What do we mean by a 'more positive difference', or 'improvement' on a previous position?

This means that the pay of males and females for a specified measure is closer to parity (see above), than it was when we looked at the measure previously.

What is a 'negative' data measure?

We are adopting the standard convention when looking at pay differences between males and females. A negative measure (for example, a gap of -1.57 as indicated for staff at Band 2 of the payscale), indicates the extent to which females earn more per hour, on average, than their male counterparts.

Gender pay reporting and equal pay

Gender pay reporting is different to equal pay. Equal pay deals with the pay differences between males and females who carry out the same or similar jobs or work of equal value. In the UK it is unlawful to pay people unequally because they are a man or a woman.

Gender Breakdown

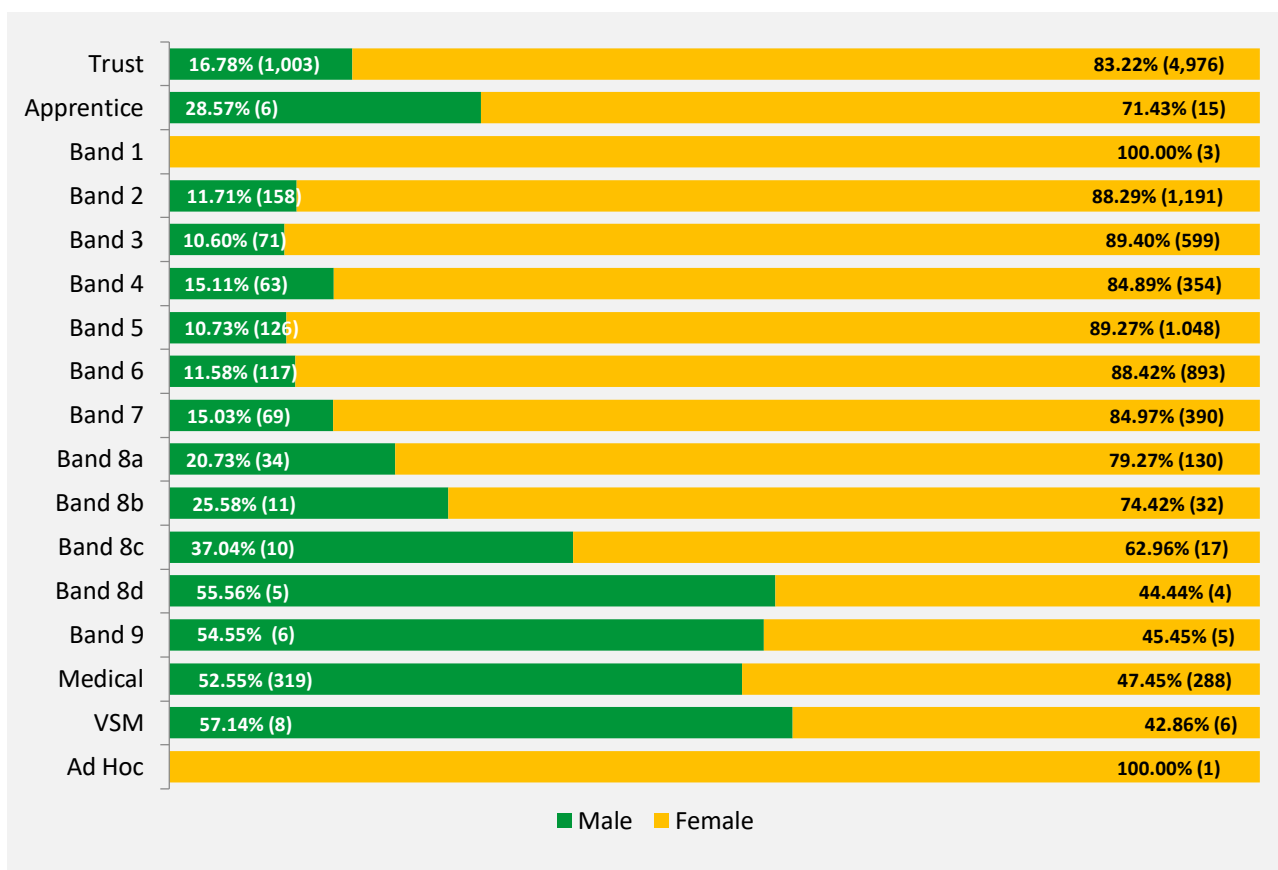
Gender proportions in our Trust

The Trust had 5979 employees/workers, in the year from 01 April 2020 to 31 March 2021. The gender split of staff who were paid and are hence included in this report is as follows:

Gender	Headcount	Proportion of workforce
Male	1003	16.78%
Female	4976	83.22%

Medical and dental workforce

The Medical and Dental workforce comprises a large group, from trainees to those in Consultant roles. The gender split is 319 (52.55%) males to 288 (47.45%) females.



Note

Unlike last year, we have three staff at Band 1

Mean Gender Pay Gap in Hourly Pay

How is this calculated?

The mean gender pay gap is the difference between the hourly pay of all male and all female employees when added up separately and divided respectively by the total number of males, and the total number of females in the workforce. A negative measure indicates the extent to which females earn more per hour, on average, than their male counterparts.

Mean Hourly Rate - Including Medical and Dental Staff			
	Year to 31/03/20	Year to 31/03/21	Difference (between 2020 and 2021)
 Male	£22.91	£23.69	+\$0.78
 Female	£16.11	£16.80	+\$0.69
Difference	£6.80	£6.89	+\$0.09
Pay Gap %	29.66%	29.10%	-0.56%
Mean Hourly Rate - Excluding Medical and Dental Staff			
	Year to 31/03/20	Year to 31/03/21	Difference (between 2020 and 2021)
 Male	£16.28	£16.91	-\$0.63
 Female	£15.10	£15.82	-\$0.62
Difference	£1.18	£1.09	£0.09
Pay Gap %	7.30%	6.47%	-0.83%

Our Mean
Hourly Pay Gap
shows a slight
decrease
(improvement)

Our Mean
Hourly Pay Gap
shows a slight
decrease
(improvement)

Mean Gender Pay Gap in Hourly Pay

What does our data tell us about this year’s position, and compared with last year?

Differential Pay Rates	Female staff are paid on average 29.10% less than male staff
An improvement from last year	The gap from last year has decreased slightly, showing a minor improvement in our current position
The impact of medical and dental staff	If medical and dental staff are excluded from the calculation then the mean average changes significantly, with females being paid 6.47% less than males, compared with 7.30% (in 2020), showing that the gap has slightly decreased (a minor improvement on our previous position).



Mean Gender Pay Gap in Hourly Pay

Table: % Mean gap ordinary hourly rate of pay

Group/Band	Male	Female	Gap % 2020-2021	Gap % 2019-2020
Apprentice	£7.03	£6.39	9.03%	-3.51%
Band 1	-	£9.21	-	-
Band 2	£11.45	£11.63	-1.57%	-2.86%
Band 3	£11.23	£11.33	-0.89%	-1.95%
Band 4	£12.80	£12.50	2.34%	-3.64%
Band 5	£15.85	£17.06	-7.60%	-6.55%
Band 6	£19.32	£20.44	-5.83%	-4.80%
Band 7	£22.69	£22.57	0.54%	0.00%
Band 8a	£24.52	£24.23	1.18%	-0.63%
Band 8b	£25.90	£26.64	-2.85%	-2.93%
Band 8c	£34.86	£32.22	7.57%	4.55%
Band 8d	£45.54	£41.85	8.11%	-2.85%
Band 9	£46.99	£41.42	11.85%	4.33%
Medical	£36.30	£33.64	6.84%	14.07%
VSM	£35.36	£37.52	-6.11%	-38.09%

What does our data tell us about this year's position, and compared with last year?

An Overall Mixed Picture, in some cases showing...

- A worsening position, the pay gap widening in favour of females;
- A worsening position, the pay gap widening in favour of males;
- An improving position for both males and females

Increased Gender Pay Gap...

- For females, at Bands 5 and 6;
- For males at Bands 8c and 9. However, the proportion of males at the top of these pay Bands is down from 80% to 69%, whilst the proportion of females at the top of these pay Bands has increased from 25% to 38%.

Increased mean rates of pay for females, but overall result higher for males

Our female VSM s earn more than males , but the overall result is higher for males due to a greater proportion of males in roles with higher pay: such as consultants, other medical, and Band 9.

Median Gender Pay Gap in Hourly Pay

How is this calculated?

The median pay gap is the difference between the pay of the middle male and the middle female, when all male employees and then all female employees are listed from the highest to the lowest paid.

Median Hourly Rate - Including Medical and Dental Staff



	Year to 31/03/20	Year to 31/03/21	Difference (between 2020 and 2021)
Male	£18.19	£19.38	£1.19
Female	£14.58	£15.54	£0.96
Difference	£3.61	£3.84	£0.23
Pay Gap %	19.85%	19.81%	-0.04%

Our Median
Hourly Pay Gap
shows a slight
decrease
(improvement)

Median Hourly Rate - Excluding Medical and Dental Staff



	Year to 31/03/20	Year to 31/03/21	Difference (between 2020 and 2021)
Male	£14.28	£15.24	£0.96
Female	£13.94	£14.77	£0.83
Difference	£0.34	£0.47	£0.13
Pay Gap %	2.35%	3.05%	0.7%

Our Median Hourly
Pay Gap shows a
slight **increase**
(no improvement)

Median Gender Pay Gap in Hourly Pay

Table: % Median gap ordinary hourly rate of pay

Group/Band	Male	Female	Gap % This Year	Gap % Last Year
Apprentice	£7.33	£6.45	11.95%	6.08%
Band 1	-	£9.21	-	-
Band 2	£10.49	£10.86	-3.48%	-1.09%
Band 3	£10.81	£10.81	0.00%	-1.67%
Band 4	£12.35	£12.35	0.00%	-5.51%
Band 5	£15.66	£16.01	-2.20%	-1.85%
Band 6	£19.38	£19.38	0.00%	-7.14%
Band 7	£22.76	£22.76	0.00%	-1.82%
Band 8a	£26.18	£25.58	2.29%	-1.00%
Band 8b	£27.19	£27.19	0.00%	-8.30%
Band 8c	£37.67	£32.60	13.46%	-6.29%
Band 8d	£44.88	£41.85	6.75%	-6.36%
Band 9	£50.10	£46.54	7.11%	5.06%
Medical	£35.04	£32.86	6.22%	24.45%
VSM	£15.16	£34.63	-128.51%	-625.21%

What does our data tell us about this year's position, and compared with last year?

A significant move towards pay parity

The median hourly rate of pay is greater for females across three of the 14 Bands. This contrasts strongly with data from 2019-2020, which showed that the median hourly rate of pay was greater for females across the majority (11 of the 15) of pay Bands. Our current position therefore represents a significant improvement.

Parity across some Bands

The median gender pay gap has been reduced for staff in Bands 3,4,6,7,8b, and Medical; and, with the exception of Medical grades, these Bands are also where we have achieved parity between males and females

Worsening Pay Gap

A worsening position for females at Bands 8c and 8d, when previously they had earned more than males. The swing is because a number of males moved to the final point of the pay scales, based on length of service.

Notes

The medical staff line includes all training grades, staff/career grade and consultants, doctors and dentists.



The VSM line shows a large difference due to the much smaller salary that Non-Executive Directors are paid (currently eight male, six female). The gap is significantly lower than last year, however, due to a doubling in the proportion of female VSMs.

Bonus Gender Pay Gap as a Mean Average



What is included in bonus payments?

- One-off recruitment and retention payments (in place for hard to recruit to roles).
- Incentive payments (for hard to fill shifts).
- Medical and dental staff's Clinical Excellence Awards, Discretionary Points and Distinction Awards. In this year, as a result of the pandemic, there was a national change to local Clinical Excellence Awards (CEAs). All funding was evenly distributed between the eligible consultants instead of running a full CEA round, to allow focus on Clinical Work. This distribution was exceptionally agreed, due to the pandemic, and will not continue.

Bonus Gender Pay Gap Averages – including Medical and Dental Staff

			Male	Female	Gap% (2020-21)	Gap % (2019-20)
% Mean GAP Bonus Pay			£4,592.65	£947.53	79.37%	88.97%
% Median GAP Bonus Pay			£2,470.00	£500.00	79.76%	84.48%
% Receiving Bonus (2020-21)			21.44%	28.97%		
% Receiving Bonus (2019-20)			19.05%	21.70%		

Bonus Gender Pay Gap Averages – excluding Medical and Dental Staff

			Male	Female	Gap% (2020-21)	Gap % (2019-20)
% Mean GAP Bonus Pay			£710.50	£727.59	-2.41%	-29.23%
% Median GAP Bonus Pay			£400.00	£480.00	-20.00%	-154.55%
% Receiving Bonus (2020-21)			15.18%	29.66%		
% Receiving Bonus (2019-20)			6.41%	16.91%		

Bonus Gender Pay Gap as a Mean Average

What does our data tell us about this year's position, and compared with last year?

Unlike last year, Clinical Excellence Awards do not make a significant difference

There were 154 people in receipt of the 'new' payments for this year, all of whom received the even value of £2,470. Of those there were 100 Males and 54 females. This disparity in numbers explains why the mean Bonus Pay is greater for males than females.

Despite uneven numbers in the existing workforce, the consultant payments represent a full and equal split of all eligible consultants (almost the entire consultant body) so (during the period of the pandemic) there is no possibility of any bias through the CEA process.

The impact of medical and dental staff

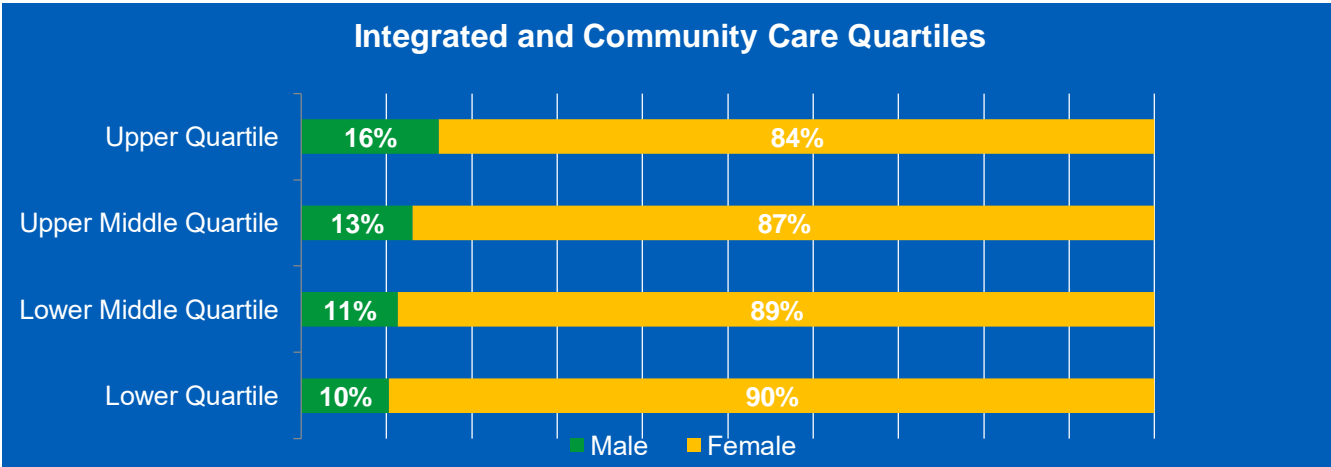
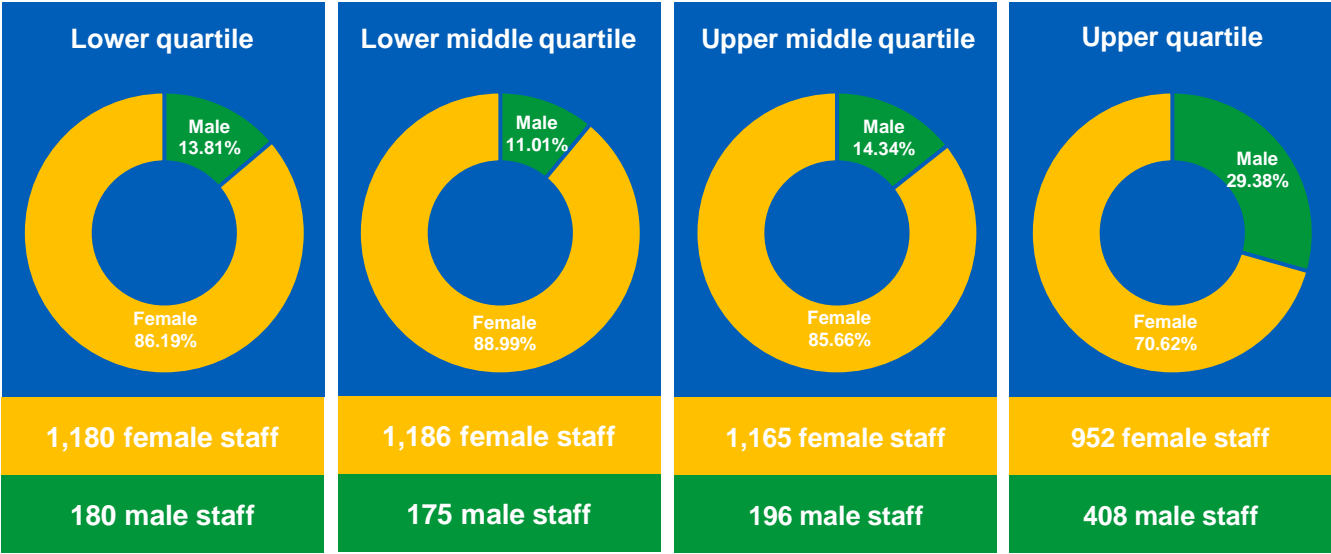
If medical and dental staff are excluded from the calculation, the median gap in bonus pay between males and females significantly reduces. We are closer to parity for this measure, than last year.

To understand the bonus pay gap further, we looked at non-medical bonus payments. Although it has not been possible to categorise these as small, medium and large, we know that the proportion of males receiving any type of bonus was lower than last year. This year, 7.25% of those who received a non-medical incentive were male.

Proportion of Males and Females in each Quartile

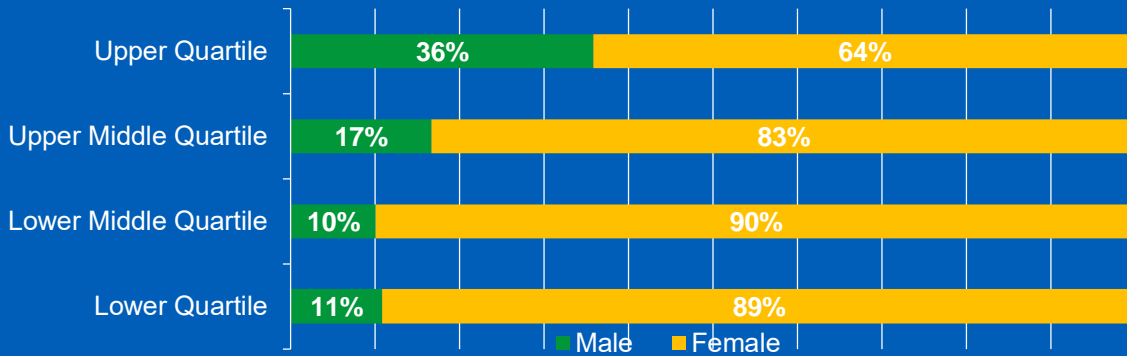
Quartiles are calculated by ranking all of our employees from highest to lowest paid, dividing this into four equal parts (quartiles) and working out the percentage of males and females in each of the four parts. Due to the proportion of doctors in the Upper Quartile, there is a decrease in the proportion of females in comparison to the other quartiles.

The Trust has a high proportion of females at Trust Board executive, and Senior Management levels. If medical staffing is excluded from the Upper Quartile, the proportion changes to 14.80% Male and 85.20% Female, which is more comparable to the other quartiles, and also reflects the gender split in the Trust. When medical staffing is considered, there are disproportionately more males than females in the upper quartiles (30% males, 70% females).

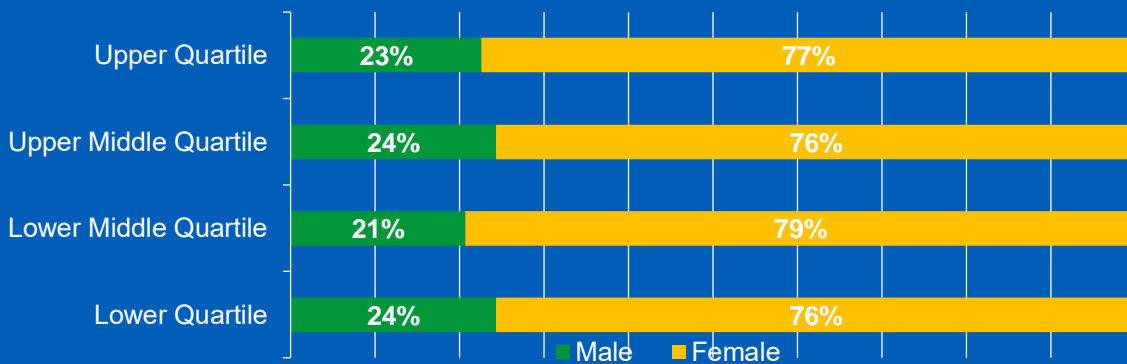


Proportion of Males and Females in each Quartile

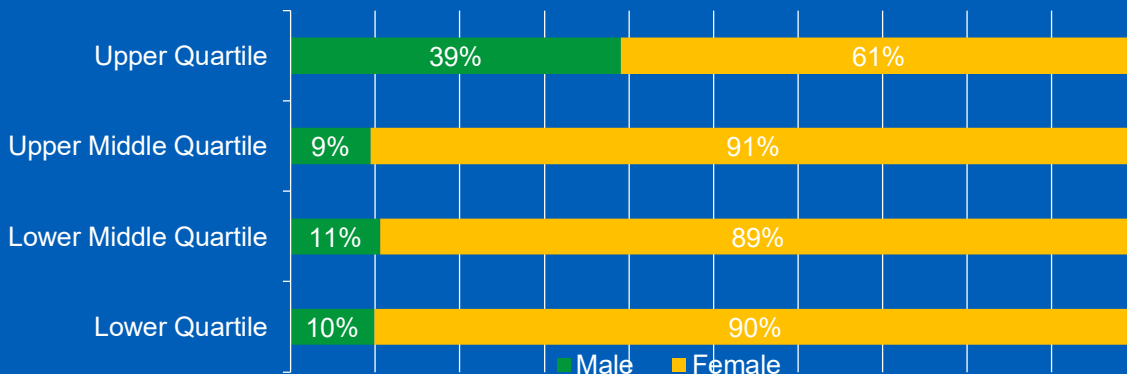
Unscheduled Care Quartiles











Corporate Services Quartiles



Surgery, Women's & Children's Quartiles



A Summary of our Position in 2021 Compared to 2020

An overall improved position	2021	2020
	 The mean hourly rate of pay is greater for females across 6 out of the 15 pay bands	 The mean hourly rate of pay is greater for females across 10 out of the 15 pay bands
Notes: This means that the pay gap between female and male staff has reduced in the last year.		
Increased Gender Pay Gap for some pay bands	 The gender pay gap has increased for females, at Bands 5 and 6	
	 There is an increase in the gender pay gap in favour of males at Bands 8c and 9.	
Gender proportion at the top of the pay bands	Males	Females
	 The proportion of males at the top of these pay bands is down from 80% to 69%	 The proportion of females at the top of these pay bands is up from 25% to 38%
Mean rates of pay	Females	Males
	 Increased mean rates of pay for females	 Overall, mean rates of pay is still higher for males
Notes: This is due to a greater proportion of males in roles with higher pay: such as VSM, consultants, other medical, and Band 9.		

Summary of Gender Pay Gap Scores

Below is a summary of our Gender Pay Gap scores for the last three years, shown as either a percentage or as a figure. Comparisons are from 2019 to 2021, to rate our 'direction of travel', with an assessment of positive or negative referring to the indicator's impact on our staff (for measures 1-5).

Gender Pay Gap Standard Measures		2018-19	2019-20	2020-21	Comparison of male and female average earnings	
					Direction of Travel	
1	The mean gender pay gap	31.99% £7.36	29.66% £6.80	29.1% £6.89	Similar	↔
2	The median gender pay gap	19.00% £3.36	19.85% £3.61	19.81% £3.84	Similar	↔
3	The mean bonus gender pay gap	88.63%	88.97%	79.37%	Down +ve	↓
4	The median bonus gender pay gap	84.62%	84.48%	79.76%	Down +ve	↓
5	The proportion of males and females receiving a bonus payment	N/A	19.05% M 21.70% F	21.44% M 28.97% F	Up +ve	↑
6	The proportion of males and females in each quartile pay band:					
	i. Lower Quartile	29.05% M 70.95% F	29.38% M 70.62% F	13.81% M 86.19% F		
	ii. Lower Middle Quartile	13.33% M 86.67% F	14.34% M 85.66% F	11.01% M 88.99% F		
	iii. Upper Middle Quartile	11.76% M 88.24% F	11.01% M 88.99% F	14.34% M 85.66% F		
	iv. Upper Quartile	12.84% M 87.16% F	13.64% M 86.36% F	29.38% M 70.62% F		



Conclusion

We have made some progress in reducing the pay gap between males and females across the majority of our bands, with some showing parity for the first time. Fewer pay gaps have widened; and, whilst the median disparity remains higher for males at Medical grades, that gap has decreased significantly. At the same time, we have seen that females are paid more than males across some of the pay bands.

Our position is mixed on the whole, with any improvements in part reflecting the gradual resolving of wider historical factors, and the impact of national drivers. The historical factors are complex and interwoven. They concern, for example, women traditionally working far more unpaid hours than men, the effects of occupational segregation (more men in higher paid industries, and women in lower paid industries), vertical segregation (fewer women in senior, and hence better paying positions), and ineffective equal pay legislation. More recently, research suggests that the gender pay gap closing is in part due to increases in women's education levels, with women now more likely than men to have a university degree. The report from the Institute for Fiscal Studies can be accessed [here](#).

A key national driver is the harmonising of pay scales in the NHS (see note below). Over the last three years this has accounted for the gradual, slight reduction in the overall pay gap, amounting to 2.89%.

As stated throughout this report, removing medical and dental staff from our calculations significantly lowers the gender pay gap. For this reason, our action plan will focus on Medical grades that most affect the pay gap, and any barriers to progression.

Notes

Agenda for Change: The NHS Pay Structure

Agenda for Change was implemented to harmonise pay scales and career progression arrangements in the NHS, to ensure that there is equity and transparency in relation to pay arrangements. This is reflected in the Trust gender pay gap reporting which identifies a 7.30% gap (excluding medical staff).

The majority of staff are on NHS terms and conditions. Most staff are on the national Agenda for Change Terms and Conditions of Service which uses 9 pay bands and staff are assigned to one of these on the basis of the NHS Job Evaluation Scheme. Within each band there are a number of incremental pay progression points.

The largest disparity is within medical staffing and the Trust acknowledges that there could be greater female representation in the consultant workforce and this is reflected nationally. Nationally action has been taken to increase the number of female trainees, however the impact of this will take a number of years. This discrepancy is reflected in the Trust Action Plan which focuses on closing the gap for medical staffing.

Within the NHS there are also national Medical and Dental terms and conditions of service. Depending upon seniority there are a number of pay scales for basic pay. There are separate terms and conditions for Very Senior Managers, such as Chief Executives and Directors, which is based on benchmarking information and agreed by Remuneration Committee.

As an NHS Trust, our services are provided on a 24/7 basis, and therefore staff that work unsocial hours, participate in on-call rotas and work on general public holidays will often receive enhanced pay in addition to their basic pay. This mainly applies to clinical staff and non-clinical senior managers who undertake Senior Manager on-call duties, and non-clinical staff who provide 24/7 services such as Estates and IT.

Appendix 1

What we have achieved in the last 12 months

We produced an action plan to address the gender pay gap. Delivery of large parts of the action plan (for instance, implementing a formal governance process for negotiating salary increases, so that these are considered equally for all qualified and experienced candidates) has been affected by our response to the treatment and spread of the Covid-19 virus.

In brief:

- We have a more gender balanced recruitment panel for all consultant and senior medical staffing positions. All senior interviews are now monitored, and currently around 50% of interview panel members, including for consultant roles, are female. In the past year, we have seen a noticeable increase in the number of female VSMs.
- Following a national change to local Clinical Excellence Awards (CEAs), all funding was evenly distributed between the eligible consultants, to allow focus on Clinical Work. There were 154 people in receipt of the 'new' payments for this year, all of whom received the even value of £2,470. Of those there were 100 Males and 54 females. Despite uneven numbers in the existing workforce, the consultant payments represent a full and equal split of all eligible consultants (almost the entire consultant body) so there was no possibility of any bias through the CEA process.

Appendix 1

A summary of Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England

The above titled report found substantive gender pay gaps for hospital doctors, GPs and clinical academics, even when statistical methods were used to create hypothetical like-for-like comparisons of men and women across hours worked, grade, experience and specialty. The report's analysis showed that the causes of these pay gaps were explained by several factors. For example:

- Women being more likely to work less than full-time (LTFT), which helps to explain why their pay is lower. Periods of LTFT working were seen to have long-term implications for women's career and pay trajectories as they reduced their experience and slowed down or stalled their progress to senior positions.
- Men reporting as working more unpaid overtime, which meant their effective pay was overstated.
- Men doctors more likely to be older, have more experience and hold more senior positions.
- Among hospital doctors, gaps in total pay – which includes Clinical Excellence Awards (CEAs), allowances and money from additional work – are larger than gaps in basic pay alone.

Following these findings, the report made several recommendations. These included:

- A review of pay-setting arrangements. Among hospital doctors, this would mean using fewer scale points and increased use of job evaluation, to ensure that gaps related to grade are justified.
- Increased transparency around additional allowances and individually negotiated pay (for example, for locums or waiting list initiatives).
- Monitoring the gender split of applications for CEAs;
- Changing the criteria to recognise excellent work in a broader range of specialties; and encourage more applications from women.

Further reading:

[Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England](#)

What we are planning to achieve in the next 12 months

Appendix 2 details our action plan going forwards. Our findings broadly align with the afore referenced independent review, and our action plan in part reflects the report's recommendations. For example, the report recommended increased transparency around additional allowances and individually negotiated pay; and monitoring the gender split of applications for Clinical Excellence Awards. We already promote flexible working for both men and women. Given the operational pressures caused by the Covid-19 virus, and continued impact of medical staffing on the gender pay gap, the detail of last year's action plan will remain in place, with revised achievement targets.

Appendix

Our Action Plan

Objective	Action	Lead	Timescale	Desired Outcome
Better promotion of our senior vacancies to women and organisations that support women, including Medical and Dental vacancies.	<p>Review of recruitment adverts for possible unconscious bias and gender specific terms, in particular for Medical and Dental vacancies. By:</p> <ul style="list-style-type: none"> Selecting a sample of medical and dental job descriptions across a range of senior roles, to provide a snapshot; Working with partners to examine any evidence of unconscious bias in job descriptions, or use of gender-specific language used that may deter female applicants. Guidance provided for changing wording of adverts, to further encourage female applicants. <p>Review of other print and social media outlets for placing job adverts, in addition to ones we already use.</p>	PI, supported by Vicky Treadwell	October 2022	<p>A 10-15% increase in the number of female applicants for higher banded roles.</p> <p>Reduction in pay gap within Bands 8c and 9.</p>
Ensure that grades contributing to the pay gap are reduced and barriers to progression removed.	Put a process in place for Bands 8c and 9 to ensure equality for male and females for progression. Consider implementing a formal governance process for negotiating salary increases so that these are considered equally for all qualified and experienced candidates, regardless of whether candidates informally lobby for pay increases.	Head of HR, supported by Business Partner for Medical Workforce	May 2022	<ul style="list-style-type: none"> A formal process for negotiation of salary increases; Data showing more females considered for salary increases; Reduce gender pay gap across Bands 8c, 9 and consultant level.

Appendix

Objective	Action	Lead	Timescale	Desired Outcome
Reduce barriers to progression.	<p>Evaluate and promote support to female consultants to encourage an increase in applications for local Clinical Excellence Awards.</p> <ul style="list-style-type: none"> Collaborate with partners to devise a new or review existing 'perception/reality' surveys; Distribute survey to a sample of senior staff (male and female) who are eligible for CEAs; Analyse results to see if these indicate a mismatch between candidates perception of their abilities, and reality, by gender; Determine next steps/ measures to put in place depending on findings. 	PI, HR Business Partner	November 2022	<p>An increase in the number of applications for CEAs from female Consultants.</p> <p>Qualitative data to better understand and reduce barriers to progression.</p>
Ensure that grades contributing to the pay gap are reduced and barriers to progression removed.	<p>Determine if other protected characteristics affect the gender pay gap.</p> <p>Expand review on gender pay gap to include data on religion, sexuality, disability and 'race'</p> <p>Review this data across a range of occupations and directorates.</p> <p>As part of WRES/DES, expand on actions that may impact on gender pay.</p>	PI, Suzie Allison-Green, reports from WI Team	September 2022	<p>Addressing the mixed picture as it exists across our Bands and reducing the gender pay gaps.</p> <p>A better understanding of where the pay gaps are bigger, and gain more insight to plan further actions.</p>

Appendix

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

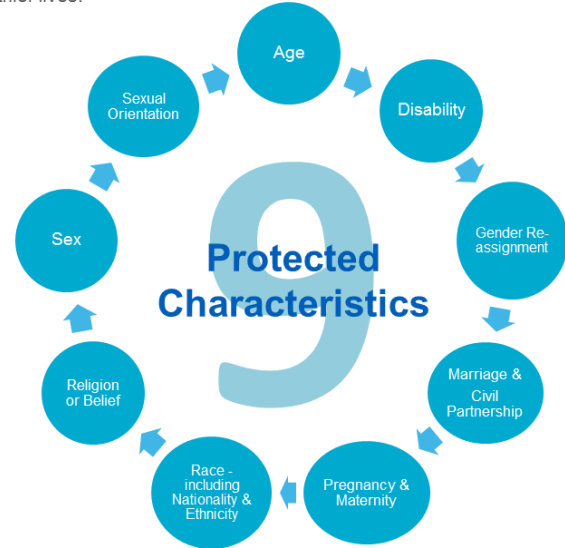
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
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