GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Thursday 3rd March 2022, 9.30am to 12.15pm
DoubleTree by Hilton Hotel, Lydiard Fields, Swindon, Wiltshire, SN5 8UZ

AGENDA

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

		PAPER	BY	ACTION	TIME
OPENING BUSINESS					
1.	**Apologies for Absence and Chairman's Welcome**	Verbal	LC	-	9.30
2.	**Declarations of Interest** Members are reminded of their obligation to declare any interest they may have in any issue arising at the meeting, which might conflict with the business of the Trust	Verbal	LC	-	
3.	**Minutes of the previous meeting (public) (pages 1 – 10)** Liam Coleman, Chair • 3 February 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.	**Staff Story** Lisa Penny, Operational Matron, will share her personal experience of leadership and development in the NHS	Presentation	Lisa Penny	Note	9.45
7.	**Chair's Report, Feedback from the Council of Governors** Liam Coleman, Chair	Verbal	LC	Note	10.05
8.	**Chief Executive's Report (pages 12 – 17)** Kevin McNamara, Chief Executive	✓	KMc	Note	10.15
9.	**Integrated Performance Report (pages 18 – 111)**			Assurance	10.35
	• Performance, People & Place Committee Board Assurance Report – Peter Hill, Non-Executive Director & Committee Chair	✓	PH		
	Part 1: Operational Performance – Felicity Taylor-Drewe, Chief Operating Officer	✓	FTD		
	• Quality & Governance Committee Board Assurance Report – Nick Bishop, Non-Executive Director & Committee Chair	✓	NLB		
	Part 2: Our Care – Lisa Cheek, Chief Nurse & Jon Westbrook, Medical Director	✓	LCh/JW		

	• Part 3: Our People – Jude Gray, Director of Human Resources	✓	JG		
	• Finance & Investment Committee Board Assurance Report – Andy Copestake, Non-Executive Director & Committee Chair	✓	AC		
	Part 4: Use of Resources – Simon Wade, Director of Finance & Strategy	✓	SW		
10.	**Mental Health Governance Committee Board Assurance Report (pages 112 – 115)** Lizzie Abderrahim, Non-Executive Director & Committee Chair	✓	EKA	Assurance	11.35
11.	**Ockenden review of maternity services – one year on (pages 116 – 129)** Lisa Cheek, Chief Nurse Lisa Marshall, Director of Midwifery and Neonatal Services to attend	✓	LCh	Assurance	11.45
	CONSENT ITEMS **These are items that are provided for consideration. Members are asked to read the papers prior to the meeting, and unless the Chair/Secretary receives notification before the meeting that a member wishes to debate the item or seek clarification on an issue, the items and recommendations will be approved without debate at the meeting in line with process for consent items. The recommendations will then be recorded in the minutes of the meeting.**				
12.	**Ratification of Decisions made via Board Circular/Board Workshop** Caroline Coles, Company Secretary	Verbal	CC	Note	12.05
13.	**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	-
14.	**Date and Time of next meeting** Thursday 7th April at 9.30am, DoubleTree by Hilton Hotel, Swindon (and MS Teams facility also available)	Verbal	LC	Note	-
15.	**Exclusion of the Public and Press** The Board is asked to resolve:- *"that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest"*	-	-	-	-

Great Western Hospitals NHS Foundation Trust

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS HELD IN PUBLIC VIA MS TEAMS 3 FEBRUARY 2022 AT 9.30 AM

Present:

Voting Directors

Liam Coleman (LC) (Chair)	Trust Chair
Lizzie Abderrahim (EKA)	Non-Executive Director
Nick Bishop (NB)	Non-Executive Director
Lisa Cheek (LCh)	Chief Nurse
Faried Chopdat (FC)	Non-Executive Director
Andy Copestake (AC)	Non-Executive Director
Naginda Dhanoa (ND)	Chief Digital Officer
Jude Gray (JG)	Director of HR
Peter Hill (PH)	Non-Executive Director (part attendance from item 302/21)
Kevin McNamara (KM)	Chief Executive
Helen Spice (HS)	Non-Executive Director
Felicity Taylor-Drewe (FTD)	Chief Operating Officer
Claire Thompson (CT)	Director of Improvement & Partnerships
Simon Wade (SW)	Director of Finance & Strategy
Jon Westbrook (JW)	Medical Director

In attendance

Caroline Coles	Company Secretary
Tim Edmonds	Head of Communications
Alison Marsh	Clinical Midwifery Manager (agenda item 301/21 only)
Sanjeen Payne-Kumar	Associate Non-Executive Director
Tracey Lait	Team Leader, Jasmine Ward (agenda item 301/21 only)

Apologies

Paul Lewis	Non-Executive Director
Claudia Paoloni	Associate Non-Executive Director

Number of members of the Public: 3 member of public (included 3 Governor; Pauline Cooke, Chris Shepherd, Maurice Alston)

Matters Open to the Public and Press

Minute	Description	Action
294/21	**Apologies for Absence and Chairman's Welcome** The Chair welcomed all to the Great Western Hospitals NHS Foundation Trust Board meeting held in public via MS Teams, particularly Naginda Dhanoa who had joined the Trust in a joint role with Salisbury NHS FT as Chief Digital Officer. It was noted that as this was a joint role attendance would be at alternate meetings however there would be appropriate visibility at committees as required. The Chair outlined the focus of the agenda which was around maternity, performance particularly the impact on the continued pressures across the Trust and system, and the operational response to our health responsibilities particularly health inequalities which would be a continuing theme in this and future board agendas. Apologies were received as above.	

Minute	Description	Action

295/21 **Declarations of Interest**
There were no declarations of interest.

296/21 **Minutes**
The minutes of the meeting of the Board held on 6 January 2022 were adopted and signed as a correct record.

297/21 **Outstanding actions of the Board (public)**
The Board received and considered the outstanding action list.

298/21 **Questions from the public to the Board relating to the work of the Trust**
There were no questions from the public for the Board.

299/21 **Chair's Report, Feedback from the Council of Governors**
The Board received a verbal update and the following highlighted:-

- Meetings would move back to hybrid meetings in March 2022. Board members would have the option of meeting in person or join by MS Teams and members of the public and governors would continue to be invited virtually.
- Governors continued with their 'virtual ward visits' and met with staff members of Ampney Ward, a surgical in January 2022.
- A public health talk was held on 31 January 2022 which covered Clinical Psychology and Wellbeing and the Board thanked Jon Freeman the Trust's Clinical Psychologist for presenting this important topic. The next public talk would be held on 28 February 2022 and would be presented by a GP in Primary Care.

The Board **noted** the verbal update.

300/21 **Patient Story**
Alison Marsh, Clinical Midwifery Manager, and Tracey Lait, Team Leader for Jasmine Team joined the meeting for this agenda item.

The Board received a patient story which described the support given through pregnancy using the Continuity of Care model, where the care was provided by the same midwife (or team of midwives) during pregnancy, birth and after delivery. This particular example demonstrated how the service increased maternal experience, as well as job satisfaction for the staff.

The maternity service currently run both the traditional method of birthing as well as developing the Continuity of Care model for women/birthing people with the aim of supporting ethnic minority families who live in deprived areas of Swindon.

There followed a discussion which included workforce challenges, funding the new model of care, outcomes, and health equality data.

The Chair thanked Alison and Tracey for sharing this developing activity and the benefits that were being delivered.

The Board **noted** the patient story.

Minute	Description	Action

301/21 **Chief Executive's Report**

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

Covid - A verbal up to date position on covid and the impact on the Omicron variant was given and although in recent weeks the Swindon's community case rate began to fall it still remained the highest in the South West and the numbers of covid patients were higher than the modelling indicated and out of line with the national picture.

Internal critical incident and current pressures - The Trust declared an internal critical incident on 4 January 2022 in response to the number of patients with covid, the number of patients arriving in the Emergency Department and Urgent Treatment Centre and the very high staffing absence. Safer Fortnight had been coincidentally planned for the first two weeks of January 2022 and the arrangements in place were used to manage the internal critical incident and following days. As a result of the incredible team effort, both locally and across the system, the critical level was stood down on 7 January 2022.

Nick Bishop, Non-Executive Director commended staff in implementing Safer Fortnight under challenging pressures and asked what the barriers were to embed these practices at all times. Felicity Taylor-Drewe, Chief Operating Officer replied that the outcomes were shared with Performance, People & Place Committee which included any internal learning, the themes that had been developed as business as normal together with those that were being tested for change. Kevin McNamara, Chief Executive added that not only was change required locally but also across the system. The safer week was a tried and tested approach to identify new ways of working and improvements.

Staffing - There have continued to be a high level of staff off sick for a variety of reasons which had caused some operational difficulties at times. However robust mitigating actions and plans were in place in order to continue to maintain a safe service.

Faried Chopdat, Non-Executive Director asked what the trend looked like with regard to staff absences and how was the Trust going to respond in managing this in the future. Kevin McNamara, Chief Executive replied that there was no magic bullet but a number of comprehensive solutions that the Trust needed to get right which included workforce planning, training and education, and the wellbeing agenda, and these would be covered in greater detail through Performance, People and Place Committee to gain more assurance that this strategic risk was being robustly considered and plans in place to mitigate.

Action : Director of HR JG

Kevin McNamara, Chief Executive added that there was also a collective responsibility for the whole Board in terms of the balance between accelerating performance, staffing challenges and other improvement initiatives. The Chair acknowledged that the critical challenges were not just for Executive discussions but also an agreement by the Board to align with these challenging decisions.

Mandatory vaccinations for NHS staff – The Secretary of State had announced a pause in the process of mandatory vaccinations for NHS staff. The Trust would continue to encourage all staff to get vaccinated however would not proceed with the formal meetings as planned. It was recognised that certain teams had worked hard over the past few months to support staff under difficult and challenging circumstances and thanks were passed to those involved, particularly the HR team, as it had resulted in a further positive vaccination uptake from staff.

Minute	Description	Action

Flu Campaign - A positive result with the Trust achieving the best flu performance in the South West for the second year running and better than last year and thanks was passed to all teams that had supported this process.

The Board **noted** the report.

302/21 **Integrated Performance Report**

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

Part 1 : Our Performance

Performance, People and Place Committee Chair Overview

The Board received an overview of the detailed discussions held at the Performance, People and Place Committee (PPPC) around the IPR at its meeting on 26 January 2022 and the following highlighted:-

Emergency Access / Referral to Treatment Times / Diagnostics - Performances remained challenged due to winter pressures as well as the wave of covid admissions and workforce issues nationally and locally. The risk assessment reflected the pressure the system was under and not a reflection of lack of effort from staff delivering the service.

Stroke Performance - Good SNNAP performance continued at level B. The service continued to perform well despite being under pressure.

Cancer Performance - The service delivery was good with excellent work from the team on bids that had been successful and provided more funding, however the service remained under pressure with high levels of demand. Swindon reflected the national picture with demand outstripping capacity. The Committee recognised the team were doing all they could to mitigate risks and meet demand.

Community & Primary Care - There were a number of success stories across the Division and positive management actions were being taken for example Urgent Community Response (UCR) and Advance Care at Home (Virtual Ward).

Liam Coleman, Chair commented that following a visit to one of the GP surgeries recently it was noted that there had been a drop off of e-consult activity however this had been a useful medium for triage and process and asked for some insight through the Performance, People & Place Committee on how this could be usedd in the future.

Action : Chief Operating Officer FTD

IT Performance - Good progress was being made on a number of projects, although there had been delays in some areas, partly due to delivery/supply issues.

Estates & Facilities - The Committee noted the management actions being taken to address risks that had been highlighted in the previous report. The Committee was advised of the improving relationship with THC and the plans to monitor risks and actions in place. It was agreed that the Committee would receive quarterly update reports going forward.

Workforce - This remained a challenging area. Sickness levels remained above 5%

Minute **Description** **Action**

with approximately 40% of sickness relating to Covid. Appraisal rate improved marginally (74.17%) but remained below the Trust's 85% target. Staff turnover was slightly above the Trust target of 13.9% and agency spend represented 6.86% against a target of 6%. The staff wellbeing agenda continued to be proactively pursued, along with the flu and covid vaccination programmes.

Liam Coleman, Chair commented that with the increase in covid and emergency challenges it was expected to see this challenging position continue for the next few months as the Trust goes through winter pressures and therefore no surpirse that the risk colours would remain for a period of time.

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

Part 2 : Our Care
Quality & Governance Committee Chair Overview
The Board received an overview of the detailed discussions held at the Quality & Governance Committee (Q&GC) around the quality element of the IPR at the meeting held on 20 January 2022 and the following highlighted:-

Electronic Discharge Summaries (EDS) - No material change although lots of work being undertaken particularly around considering the option of using the ePMA electronic pharmacy system.

Jon Westbrook, Medical Director added that unfortunately there was no data this month on EDS performancedue to an IT glitch and also outlined the actions being taken to improve the EDS performance which included working with pharmacy.

Pressure Ulcers - Numbers increased this month, mainly in Category 2 (least harm). Further actions included tissue viability support provided in higher risk wards, evaluation of hybrid mattresses, and trial of product in place on ICU.

Serious Incidents - Serious incidents were stable. Work continued to reduce delayed investigations but it was noted that some were outside the trust's control.

Maternity – Caesarean Section (C-Section) Deep Dive - The results of a review of C-Section rates was received by the Committee as the numbers had been increasing. The report found that many women who had had a previous C-Section elected to have subsequent deliveries this way and a plan was in place to change this approach. The Trust had generally good outcomes for neonates especially those born prematurely, and a low admission rate for term infants to intensive care.

Andy Copestake, Non-Executive Director asked whether there was any concern in connection with the 71% rate of structure judgement reviews showed good or excellent care, together with revealing that sepsis had been identified as a re-emerging theme. Nick Bishop, Chair of Quality & Governance Committee confirmed that there had been a lengthy discussion at the Committee with regard to these areas particularly around the presentation of the data and the Committee had requested greater detail and assurance. Jon Westbrook, Medical Director confirmed that there were no areas where care was unsatisfactory or below average and steps were underway to rectify the issues highlighted. It was also noted that the data would be reviewed in order to be presented in a better way to give more assurance.

The Board received and considered the Quality element of the report and the Chief

Minute **Description** **Action**

Nurse highlighted the following:-

- There were a range of amber rated scores across the quality matrix this month which was expected to continue as it reflected the operational and staffing issues experienced across the Trust. Corporate staff had been drawn in to support wards during this challenging time.
- Some of the public view data was very old data and did not reflect the positon of the Trust now. Work had commenced with Chief Nurses across the system to look at a quality dashbaord across the three acute trusts to understand where we were in real time.
- The first quarterly maternity dashboard had been presented to Quality & Governance Committee which gave an oversight of Maternity and Neonatal safety including an update on CNST standards and the Ockenden action plan in line with National recommendations.

Jon Westbrook, Medical Director and Lisa Cheek, Chief Nurse both wished to commend the Consultant Obstetricians and Midwives on the actions identified and improvements made to significantly improve both the staff and patient experience, particularly in reconfiguring their rotas to accommodated theatre schedules. Liam Coleman, Chair acknowledged this positive voluntary action to address challenges in an area that was subject to some very challenging measures against national standard and also passed on the Board's appreciation and thanks.

Part 3 : Our People

The Board received and considered the Workforce performance element of the report and the Director of HR highlighted the stark story the KPIs reflected in terms of the pressures that the workforce was under during this challenging period however wished to also highlight the positive progress that had been made in recruitment particularly in relation to Health Care Assistants, Consultants in key areas which had been persistently hard to recruit and GPs all against a backdrop of a really challenged labour market.

Liam Coleman, Chair asked for clarification with regard to the mandatory vaccination for staff and confirmtion that the Trust had not moved to direct action with any employee. Jude Gray, Director of HR confirmed that the Government had passed legislation requiring vaccination as a condition of deployment which was due to come in from 1 April 2022. However, this was now being reconsidered and subject to Parliamentary process and confirmed that any action to dismiss was on hold. Jon Westbrook, Medical Director added that even though this decision had been paused it did not take away all the challenges as there remained the ongoing issue of how to redeploy those staff not vaccinated.

Part 4 : Finance & Investment Committee Overview

The Board received an overview of the detailed discussions held at the Finance & Investment Committee around the financial element of the IPR at the meeting held on 24 January 2022 and highlighted the following:-

Month 9 Financial Position - A very good result for Month 9. The amber rating reflected a concern from the Committee that although the bottom line was strong, non-pay costs and agency costs were both significantly over budget in-month.

Financial Risk Register - No major changes to the finance risk register this month, however the Trust had been advised by the region that the Emergency Capital bid of

Minute **Description** **Action**

£11.5m had been approved, however, the amber rating reflected the fact that this had still not been confirmed in writing.

Benchmarking Report - A good discussion on the 5 yearly benchmarking process for Soft FM services under the PFI contract. The amber rating reflected the significant cost pressure in the initial figures provided by the Hospital Company. The Committee supported the proposal to keep all options open at this stage.

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

Non-Pay Costs - Initial investigation suggested that the increase in non-pay costs in-month was due to stock issues in terms of stocking up. More work would be undertaken to understand this better.

Run Rate - Part of the planning process was to reduce the run rate going into the next financial year with particular focus around the reduction in the agency bill as the planning guidance clearly stated that a price cap would be re-introduced next year and would be a big driver in the delivery of efficiencies.

Capital Programme – All schemes were on target to spend the full allocation by year end. Although approval had been granted verbally for the emergency capital funding written confirmation was still awaited.

Budget Planning 2022/23 - The planning process for 2022/23 was progressing well.

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

303/21 **Audit, Risk & Assurance Committee Board Assurance Report**

The Board received and considered the Audit, Risk & Assurance Committee board assurance report and the following highlighted:-

Integrated Care & Community Risks - Assurance received from the Integrated and Community Care team on their approach to managing their risks and the effectiveness of controls in place to mitigate their risks. There were significant risks in delays to care that were impacting the Division thus the amber rating for risk. However there were a few concerns raised on the process of managing risk which the amber rating reflected.

Risk Register Report - The risk to patient safety for those who require emergency treatment had increased to a score of 20 although there were no increase to the overall level of 15+ risks. There was ongoing challenges with the Datix implementation due to a number of issues so implementation had been paused.

Theatre Programme - Update report on actions since the internal audit conducted in January 2020. Progress had been made in a number of areas but although a remedial delivery plan was in place there were still outstanding actions particularly in workforce. There was a lack of consistency in the job planning process which was impacting theatres but this was also a wider issue across the trust.

Internal Audit Progress Report - Audit work for the year was progressing well but due to the operational pressures at the Trust one review had been removed and a few others delayed. BDO did not expect this to impact on their ability to provide overall assurance for the year but this required to be monitored over the next few months to ensure work

Minute	Description	Action

was not delayed further.

Internal Audit Report – Key Financial Systems - This report noted Substantial for Design and Substantial for Operational Effectiveness with two low priority recommendations, one of which had already been completed. The GWH finance team were congratulated on their achievements.

Internal Audit Report – WHO Checklist - This report gave Limited assurance for Operational Effectiveness and Moderate assurance for Design. This raised some concerns with the committee however there was already focus on the WHO checklists by the Quality & Governance Committee and action being led by the Medical Director to ensure improvement in this area.

Jon Westbrook, Medical Director clarified that good systems were in place with regard to the WHO checklist however these were not being consistently followed. A number of actions had already taken place which included strengthening the theatres team and a cultural change around the checklist with robust systems established and it was anticipated to see improvement in this area very quickly.

The Board **noted** the report.

304/21 **Mental Health Governance Committee Annual Report 2020/21**

The Board received and considered the Mental Health Governance Committee Annual Report for 2020/21.

An explanation was received for the delay in bringing this report to Board however a plan had been developed to bring the next report in a more timely manner. The report highlighted the national and local challenges around mental health.

Liam Coleman, Chair commented that this was an important topic and the issue had been raised at system level to improve capacity in this area. Lisa Cheek, Chief Nurse added that within the report there was reference not to have a standalone strategy however this was now being revisited.

RESOLVED

to approve the Mental Health Governance Committee Annual Report for 2020/21.

305/21 **Operational response to health inequalities**

The Board received and considered a paper which summarised the national and local context for health inequalities policy, following previous presentations of the key health trends for our population to the Board.

The Board noted the Core 20 Plus 5 national approach, the priorities for 2021/22 and the role of an anchor institution.

In a local context, although it was recognised that this was a Trust wide responsibility, in the short term it was proposed to establish a steering group to take responsibility for a series of actions to make progress.

There followed a discussion which included the involvement of the Local Authority in the anchor institution, the data, targets, the wider aspects of disability and the monitoring of any realisation benefits. Claire Thompson, Director of Improvements and Relationships

Minute **Description** **Action**

thanked the Board for their comments and would build on this once the steering group had been formed.

The Board supported the establishment of a Health Inequalities Steering Group and agreed that as this topic was an important part of the Trust's future strategy and cross cutting in nature should initially be reported direct to Trust Board. Peter Hill, Non-Executive Director supported this approach however added that each Board committee had its own role to play in health inequalities.

RESOLVED

(a) ***to approve the operationalisation of the approach outlined in the report through indicative actions and establishing a Health Ineqalities Steering Group; and,***

(b) ***to approve that the lead committee for health inequalities is the Trust Board however recognising health inequalities are part of the consideration of every board sub committee.***

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.

306/21 **Ratification of Decisions made via Board Circular/Board Workshop**
None.

307/21 **Powers Reserved to the Board and Scheme of Delegation Limits**
The Board received and considered the updated Powers Reserved to the Board and the Scheme of Delegation limits for 2022/23. It was noted that both the Standing Financial Instructions and the detailed Scheme of Delegation were currently being refreshed to align with a revised finance team structure and new ways of working.

The Finance & Investment Committee (F&IC) had considered both documents and supported the recommended changes. The slight changes to the Powers Reserved to the Board were noted since the F&IC.

The Board accepted the recommendations to the changes to the Scheme of Delegation limits however proposed the following changes to the Powers Reserved to the Board:-

- 2(f) add to the end of the sentence "*or any changes within a previously approved strategy"*
- *4(e)* change to "…..equality, diversity *and inclusivity…"*

In terms of adding the "The Board of Directors may choose to delegate authority to approve the Annual Report & Accounts to the Audit, Risk & Assurance Committee to meet NHSEI's deadline for submission of the Annual Report & Accounts" it was re-iterated that the Board remained accountably for all of the Trust's functions and responsibilities, including those which had been delegated.

Minute	Description	Action

RESOLVED

(a) to approve the Powers Reserved for the Board 2022/23; and,

(b) to approve the Scheme of Delegation limits for 2022/23.

308/21 **Urgent Public Business (if any)**
None.

309/21 **Date and Time of next meeting**
It was noted that the next meeting of the Board would be held on 3 March 2022 at the DoubleTree by Hilton Hotel, Swindon (MS Teams facility would also be available).

310/21 **Exclusion of the Public and Press**

RESOLVED

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

The meeting ended at 1405 hrs.

Chair …… Date……

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – March 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-Feb-22	301/21	**Chief Executive's Report : Workforce Challenges** Comprehensive review and oversight of actions to be taken to mitigate the significant workforce challenges.	Director of HR	For Performance, People & Place Committee
03-Feb-22	302/21	**IPR : E-Consult** E-consult activity had decreased recently however this had been a useful medium for triage and process within primary care and therefore some insight, through the Performance, People & Place Committee, on the role of e-consult in the future should be considered.	Chief Operating Officer	For Performance, People & Place Committee *This was discussed at PPPC on 23 March 2022. This is part of the IPR and will be discussed in the next review of primary care*

Future Actions				
06-Jan-22	274/21	**Chair's Feedback Report : Non-Executive Director Champion Roles** Additional roles to be considered and a revised list to be brought back for further oversight. *N.B The date for review has been changed to coincide with the annual review of the Board committee membership in April 2022*	Chair/Chief Executive	Apr-22

Report Title	**Chief Executive's Report**				
Meeting	Trust Board				
Date	3 March 2022	Part 1 (Public) [Added after submission]	X	Part 2 (Private) [Added after submission]	
Accountable Lead	Chief Executive Officer				
Report Author	Kevin McNamara, Chief Executive Officer				
Appendices	N/A				

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

Assurance Level Assurance in respect of: process/outcome/other (please detail):							
N/A							
Significant		**Acceptable**		**Partial**		**No Assurance**	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:							
The Chief Executive's report provides an overview of a broad range of current issues at the Trust.							

Report

Executive Summary – Key messages / 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; mandatory vaccinations; operational pressures; our recovery from the pandemic; staffing; staff health and wellbeing; staff recognition; and senior appointments

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
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	X		
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	X		
Explanation of above analysis: The report refers to the Covid vaccination programme. 98% of Trust staff have had at least one dose of the vaccine and 96% have had two doses of the vaccine. Around 97% of BAME staff have now been vaccinated, and there are further variations in take up among staff according to their ethnicity when this group is broken down further.			

Recommendation / Action Required The Board/Committee/Group is requested to:	
▪ **Note the report**	
Accountable Lead Signature	
Date	22 February 2022

1. Covid-19

We have seen the number of inpatients with Covid-19 begin to reduce and this has meant we have been able to begin to free up more beds for patients without Covid.

Whilst this, combined with the reduction in the community case rate in Swindon, is a positive development it remains too early to predict whether this recent trend will continue and we await the impact of any further easing of restrictions, particularly in relation to requirements when self-isolating, along with greater mixing over the February half-term period.

We continue to ask people attending our buildings to wear face masks and observe social distancing and will review any national guidance in relation to healthcare settings in order to take a cautious approach given how quickly we know Covid spreads.

Staff are required to wear face masks and appropriate personal protective equipment to reduce the risk of infection spreading. Along with good infection prevention and control measures, we know it is vaccinations which offer the route out of the pandemic and we encourage everybody to take up the offer of the vaccine in order to protect themselves and others.

2. Mandatory vaccinations

Since the last Board meeting, the Health Secretary announced a pause on the legal requirement for staff to be double-vaccinated as a condition of their deployment.

At the time of writing, the Government legislation requiring all patient-facing NHS staff to be fully vaccinated by 1 April 2022 has not been revoked, but we have been advised not to proceed with any action impacting upon any member of staff's terms and conditions in relation to their vaccination status.

For some time we have strongly encouraged all our staff to be double-vaccinated and take up the offer of a booster vaccine at the earliest opportunity and have put a range of support in place for those staff who have been hesitant to have the vaccination so far.

Our focus remains on ensuring that all staff have access to advice on the safety of the vaccination, along with the opportunity to have one-to-one conversations to help alleviate their concerns and protect themselves.

Latest figures indicate that 98% of Trust staff have had at least one dose, and 96% have had two doses. Of those staff eligible, 93% have taken up the offer of a booster vaccine.

3. Current operational pressures

The whole health and social care system continues to be busy, although we had seen a slight reduction in numbers attending our Emergency Department at the time of writing.

However, we continue to experience issues with ambulance handover delays, high bed occupancy, discharge of patients and flow throughout the hospital. Trusts in the South West are contributing to the highest numbers of ambulance delays in the country at times, with GWH having at times been in the top 10 trusts in terms of hours lost. This continues to be a significant risk for the system and we are looking again at what other interventions we need to make as a system.

4. Storm Eunice

Ahead of Storm Eunice hitting the UK in mid-February we advised those staff who were able to work from home to do so and asked those coming in to allow extra time for their journeys.

Schools across Swindon, Wiltshire, Gloucestershire and Oxfordshire took the decision to close.

As a result, staffing was very difficult and we saw a number of patients take the decision not to attend appointments. We issued advice to the public to attend their appointment if it was safe to do so, but to let us know if they were unable to come.

5. Staffing

The current level of operational demand has been more difficult to manage due to the high level of staff absence we have seen related to both Covid and non-Covid issues over the past few weeks.

Although levels of sickness have been less than the very high numbers we saw shortly after New Year, this remains a significant challenge.

Nursing and medical teams continue to meet throughout the day to monitor staffing in real-time so that we can maintain a safe service however this has been very challenging at some points over the last few weeks.

6. Recovering from the pandemic

There is considerable focus nationally on the NHS' recovery from the pandemic and a national plan for tackling the backlog of elective care was announced last month.

This plan is focused on increasing health service capacity, prioritising diagnosis and treatment, transforming the way elective care is provided, and providing better information and support to patients.

There are a number of key targets we must meet in the national plan, as follows:

RTT Long Waits

- No over 104 week waiters by July 2022
- No over 78 week waiters by April 2023
- No over 65 week waiters by March 2024
- No over 52 week waiters by March 2025
- Further choice for long wait patients.

Diagnostics

- Return to 95% delivery against 6 week standard by March 2025 (rather than 99%).

Cancer

- 75% of patients diagnosed within 28 days of urgent GP referral.
- Return over 62 day waiters to pre-pandemic levels by March 2023.
- Deliver around 30% more elective activity by 2024/25 than before the pandemic.

We are working on a multi-year plan to eliminate long waits, recognising the impact that these have on patients, and we are working to identify any opportunities to bid for national funding to support this programme of work.

7. Staff health and wellbeing – breastfeeding room

As part of our staff health and wellbeing programme and commitment to breastfeeding, we have opened up a breastfeeding room for staff to use whilst at work.

This room is a bookable quiet space to be used for breastfeeding or expressing and is equipped with a lockable fridge.

8. Reciprocal mentoring

Following a successful pilot last year, we have extended the opportunity to join our Reciprocal Mentoring Programme to all staff.

Reciprocal Mentoring is an established process used across the NHS to create mutually beneficial relationships between senior leaders and staff across the organisation.

Through regular meetings, the pairs have meaningful and honest conversations, and allies are formed which are reciprocal in nature.

Both members of staff benefit from the personal experiences, different perspectives and knowledge of the other, and they work in partnership to prompt change, inform decision making and champion inclusivity at every level of the organisation.

Last June, 13 partnerships were formed between Trust Board members and members of our staff networks.

9. Improving Together

We have begun talking with staff about Improving Together, which will be a fundamental shift in the way we do things.

We have met with each of our clinical divisions to discuss the transformation, and how we will work with them to roll it out to their teams.

Last month we ran a three day 'bootcamp' for an identified group of staff to develop a more in depth understanding and learn about the methodology we will be training staff in to support them to bring their great ideas to life.

Training will begin to be rolled out to divisions over the next few weeks.

10. Staff recognition

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

- Deputy Allied Health Professionals Lead Simon Lovett, who has been announced as a finalist for the Advancing Healthcare Awards in the AHP Clinical Leadership category.

- Our Research and Pharmacy teams, who have been shortlisted for their collaboration as part of the Covid Recovery trial in the West of England National Institute for Health Research awards. Anthony Kerry, Suzannah Pegler, Elizabeth Price and Ru Davies have also been shortlisted for the awards, with the winners due to be announced on 24 March.

11. Senior appointments

Last month Lisa Marshall joined the Trust as Director of Midwifery and Neonatal Services. Lisa, who has previously worked for the Trust in 2009-12, was previously Head of Maternity Investigations at the Healthcare Safety Investigation Branch.

12. Integrated Care Board

The Chair and I were pleased to welcome the new Chief Executive designate of the Integrated Care Board Sue Harriman on a visit to the Trust last month.

Sue was previously Chief Executive of Solent NHS Trust from 2014 and in 2021 completed a six-month secondment as Chief Operating Officer for the national Covid vaccination deployment programme.

The Integrated Care Board is due to be established in July.

Report Title	**Integrated Performance Report (IPR)**				
Meeting	**Trust Board**				
Date	**3rd March 2022**	Part 1 (Public) [Added after submission]		Part 2 (Private) [Added after submission]	
Accountable Lead	Felicity Taylor-Drewe, Chief Operating Officer Simon Wade Director of Finance Jude Gray, Director of HR Lisa Cheek, Chief Nurse				
Report Author	Al Sheward – Deputy Chief Operating Officer Rayna McDonald – Deputy Chief Nurse Claire Warner – Associate Director of HR Operations Elizabeth Hill – Head of Financial Control				
Appendices	Use of Resources: • Statement of Financial Position • Working Capital • Income & Expenditure – Variance Run Rate • SPC Chart – Pay				

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

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

Report

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

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

Key highlights from the report this month are:

Our Performance

Our ranking against the Hospital Combined Performance Score on Public view in January 2022 places us 53rd out of 123 Trusts. The trend chart below reflects our aggregate position against CQC measures, and our overall performance is tracking at 'Good.'

Several Metrix have shown deterioration.

- **A&E 4-hour standard -** Nov 21 – 77.62% Rank 47 - Dec 21 – 74.13% Rank 59 (Published 13th Jan)
- **Cancer 62 Day Classic -** Oct 21 – 86.68% Rank 8 - Nov 21 – 85.53% Rank 59 (Published 13th Jan)
- **C.Difficile (Hospital Onset) -** Sept 21 – 11.13 Rank 50 - Oct 21 – 11.63 Rank 60 (Published 12th Jan)
- **MSSA (Hospital Onset) -** Sept 21 – 11.47 Rank 71 - Oct 21 – 11.74 Rank 79 (Published 12th Jan)

However, there were several metrics in which the GWH (Great Western Hospital) ranking improved month on month, though the change does not seem to be significant enough to offset the deterioration in the above metrics:

- **A&E DTA to admission** - Nov 21 – 18.91% Rank 50 - Dec 21 – 18.77% Rank 47 (Published 13th Jan)
- **E Coli** - Sept 21 – 19.7 Rank 44 - Oct 21 – 19.6 Rank 41 (published 12th Jan)
- **RTT 18wk** - October 21 – 66.68% Rank 117 - November 21 – 66.55% Rank 114 (Published 13th Jan)
- **Sickness Absence** - July 21 – 4.09% Rank 75 - Aug 21 – 4.20% Rank 74 (Published 6th Jan)

Summary Hospital Mortality Indicator

- July 21 – 95.06 Rank 14
- Aug 21 – 94.13 Rank 13

There were also 4 metrics where our overall ranking had not changed. For MRSA, there was updated data, but our position remained at 93, 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.

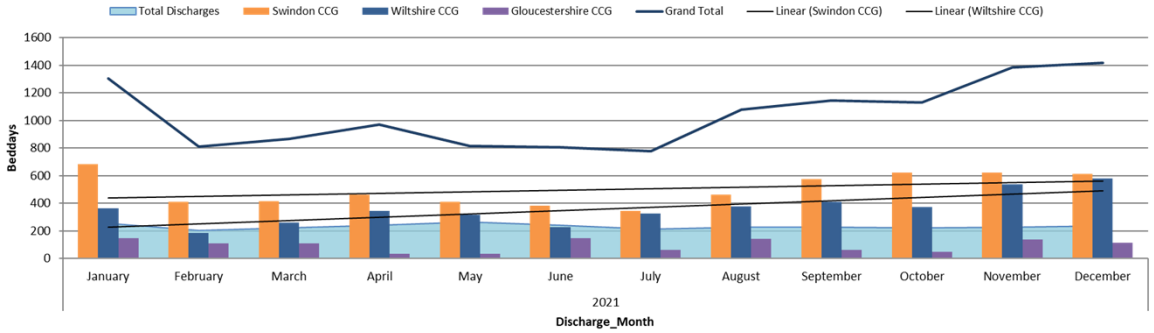
- **MRSA (Hospital Onset)** - Sept 21 – 0.37 Rank 93 - Oct 21 – 0.46 Rank 93 (published 12th Jan)
- **Staff Recommend Care** – No Change (last published 17th Nov 21)
- **Complaint's rate** – No Change (last published 9th Jul 21)
- **Financial YTD Surplus / Deficit -** No change (last published 14 Dec 19)

Emergency Care - In January 2022, our performance against the Emergency Care Standard (95%) increase to 77.63% from the December position of 74.13%. Hospital Handover Delays (HHD) in January were 822.2 hours lost compared to December where 656 hours were lost. The 31st January

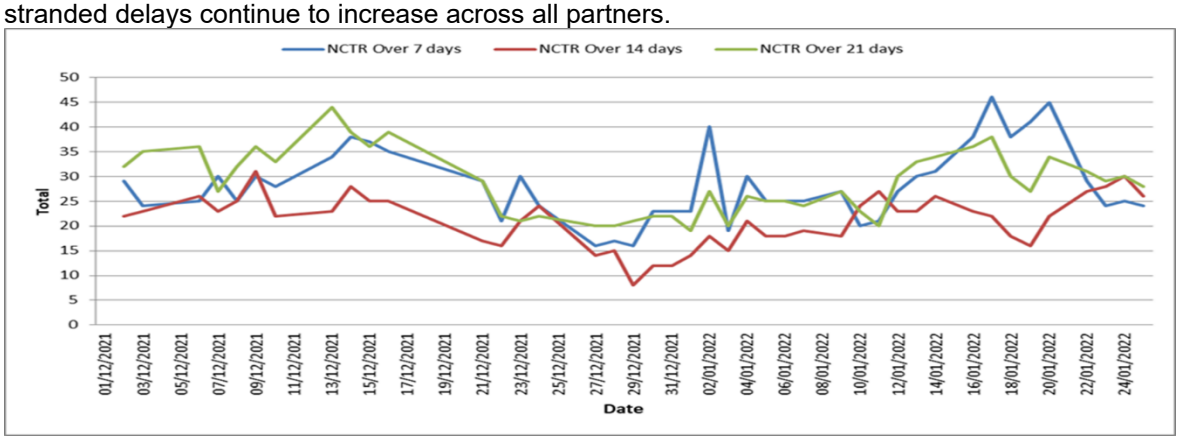
was particularly high for handover delays - 113.2 of the 822.2 hours lost (14% of the total for the month). There were 29 x 12-hour reportable Decisions to Admit (DTA) breaches for January which is an improvement on the number of patients waiting in December 2021.

Attendances have decreased in January (from December) by 268 patients, with 399 decreases in the ED and 131 increase in the UTC (Urgent Treatment Centre). The UTC remains closed overnight. 4 Hour breaches have decreased in January with a decrease of 85 in UTC and 294 in ED.

Bed occupancy has 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 January.



Discharges - Delays in Wiltshire have increased the most with 42% of patients waiting to leave the Trust Wiltshire facing. Swindon and Out of Area delays remain consistent. Stranded and Super stranded delays continue to increase across all partners.



Community - During January the number of General Practice (GP) daily appointments provided across all patient facing professional groups ranged between 469-751. Over the longer term (past 12+ months) there has been a significant increase in the number of appointments offered. There has been an increase in both face to face and non-face to face. Urgent Community Response for patients seen within 2-hour fell to 88% (90%) in January 2022. 743 referrals were received in January which is an increase on December 2021.

Covid - Attendances to the Covid Assessment Unit (CAU) have increased through January, with a higher proportion of positive patients, with Covid positive admitted patient numbers at their highest since Phase 2 of the Pandemic.

RTT - The Trust received 9,556 referrals in January 2022, which is 97% of the pre-Covid 19 average referral rate. The Trust's RTT (Referral to Treatment) Incomplete Performance has been updated to include the most recent complete calendar month (January). The Trust's RTT Incomplete Performance for January 2022 reduced to 60.05% a reduction from December 2021 62.01%. A reduction of 1.96%

In January 2022 there were 626 x 52-week reportable breaches. A reduction on 13 from December 2021. Of the reportable breaches in January 2022; 442 are Admitted, 177 are non-Admitted and 7 are Diagnostic. The number of patients waiting over 78 Weeks at the end of January 2022 was 66, an increase of 18 in month.

Diagnostics - DM01 Diagnostic Performance was 56.6% in December a decrease from 63.5% in November. Overall, the total waitlist size has increased to 8989 in December from 8857 in November (+132). Breaches have increased from 3237 in November to 3904 in December (+667) primarily driven by MRI and CT. CT remains challenged to see 2ww and urgent patients.

Cancer - The Cancer 2 week wait performance in December was not met, largely due to Lung (33.3%), Colorectal (84.9%), Upper GI (87.9%) & Breast (92.7%) giving an overall position of 89.8% against a target of 93%

The Cancer 28-day Diagnosis target of 75% was met. The standard was met in December with a performance of 77.4% (344 breaches).

Cancer 62 Day standard performance is 74.0% (115.5 treatments, 38 patient pathways breached resulting in 30.0 breaches) with the Trust not achieving the national 62-day standard. The performance had been predicted to be challenged, of the 24 predicted breaches for diagnosed patients.

Our Care

Infection Control – The number of patients diagnosed with COVID-19 has increased significantly against an increasing Southwest and national picture.
In January 2022 there were two outbreaks related to norovirus, and there have been communications about raising awareness, early identification and preventative actions.
Pressure Ulcers – In the acute setting there were a total number of 26 harms on 25 patients. This represents a reduction reported from last month. 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. 80% of staff have completed the training sessions with aim for 100% compliance by February 22. The data collection from this trial has demonstrated a reduction in pressure harm for January to date.

In the community there continues to be a high level of harm reported with similar numbers to December. This is in line with reporting at regional and national Tissue Viability Forums.
25% of patients with reported harms were receiving palliative care and therefore at higher risk of experiencing skin failure.

Falls –. Reported inpatient falls increased in January to 160 total falls, significantly above the usual average of 111 per month. With falls per 1000 bed days also increasing to 9.7. In the first two weeks of January reported falls were almost double the 'normal' average. There are 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.

Incidents - At the time of reporting there are a total of 31 on-going Serious Incident (SI) investigations, with 10 reported in January. The number of serious incidents reported in January has increased compared to the previous month.

Safe Staffing - January 2022 has had significant challenges to ensure safe staffing levels throughout nursing and midwifery due to the high sickness absence relating to Omicron Variant of COVID19 compounded with Health Care Assistant vacancies. The Trust reported critical staffing levels for all of January with 18 days been reported as black against the Safer Staffing Framework (significant clinical risk), this was mitigated by the use of non-clinically facing staff supporting on wards (for example Specialist nurses) and the buddy system for non-clinical staff to support with admin and other tasks such as tea rounds. Incident forms and Red flags are completed for all critical shifts.

Patient Experience – For January 87% of the Friends and Family Test (FFT) responses were positive, a slight increase from the previous month 86%. This is based on the % of responses rated as 'very good' and 'good'.

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 January: Bank fill rates reporting at 46.5%, however actual fill increased (significant increase in request have impacted fill rate percentages), Sickness absence has increased in month to 5.73%, appraisal compliance has reduced to 73.27%, Agency spend as a % of total spend is reporting 7.13% and above Trust target of 6%, time to hire is 50 days, over the Trust target of 46 days.

Highlights:

- **Wellbeing:** Numbers of staff accessing Health & Wellbeing Service remains high driving a further investment in bank counsellor recruitment. There were 41 referrals for individual counselling & psychology support in January (highest monthly figure since April 2019) & 142 OH management referrals.
- **The flu vaccination campaign** achieved 90.17% (compliance reporting includes those vaccinated and those who have declined). The Trust met the national target for this year of 90%, and the OH department continue to offer staff drop-in access to the vaccine.
- **The tea trolley** has visited every hospital ward & department each weekday throughout January providing over 2,000 drinks & snacks, and refreshments have been delivered to community services to run their own tea trolley from within the Orbital.

- **Mandatory training:** Compliance reduced slightly in-month to 88.13% but continues to be above the Trust target of 85%, consistently achieving overall mandatory training target since the transfer of MT to ESR. The Trust has secured additional external teaching space for 12 months which will support additional extended induction programmes for HCAs.
- **Retention**: Retention initiatives are in being introduced across professional categories including – training and education programmes for AHPs; the 'Praise Project' retention initiative for HCAs led by Nursing lead and introducing achievement awards, communication forums and training support; and best practice retention share between Oral Surgery Medical Staff and the hotspot areas of ENT Medical Staff, Community Dental Services Medical and Ophthalmic Medical Staff
- **Leadership:** GWH has been successful in an application to participate in Wave 2 of the national Talent Management, Scope for Growth pilot which will now commence in March

Recruitment:

- **HCA -** Healthcare Assistant vacancy remains a risk and the vacancy position increased to 79.64 WTE. HCA virtual evening is scheduled to take place 9th February 2022. The HCA working group continues to meet bi-weekly to review recruitment and development pathways. Progress is reported through the Nursing, Midwifery and AHP Workforce group.
- **Podiatry:** The Trust has been successful as part of a South West bid to obtain funding to support international recruitment for podiatrists.
- **Practice Development Lead** – Midwifery commenced in January. This role will focus on recruitment and retention, midwifery preceptorship and development & engagement

Use of Resources

The full year plan for the Trust is a deficit of £6.0m, with a year to date deficit plan of £1.5m. As at the end of Month 10, the Trust is reporting a surplus of £0.2m (£1.6m favourable to plan).

In month the reported position is £0.03m surplus against a planned deficit of £0.5m. Operating income continues to be above plan (£2.2m in month) due to additional income received from Commissioners, however this is offset by pay and non pay expenditure in excess of budget. Existing pressures on

expenditure have continued, with additional risks around Medical Staffing and use of temporary staff emerging in month.

Capital expenditure continues to be significantly under plan (£10.3m year to date), schemes to mitigate in year slippage are being progressed and monitored through Capital Management Group.

The cash position at the end of January was £33.6m and is forecast to remain at a sustainable level into 2022/23.

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		**x**	**x**	**x**
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	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	23rd February 2022

NHS
Great Western Hospitals
NHS Foundation Trust

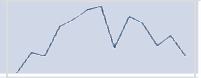
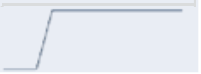
Integrated Performance Report

February 2022
January 2022 data period

Service Teamwork Ambition Respect

Performance Summary

Great Western Hospitals NHS
NHS Foundation Trust

KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking**	Bath Ranking	Salisbury Ranking	Month
Hospital Combined Performance Score	4956 (Feb)		53 (4956)	29 (5498)	19 (5914)	Feb 22
A&E 4 Hour Access Standard (combined ED & UTC)	77.63% (Jan)		34 (74.13)	79 (65.07)	7 (81.25)	Dec 21
A&E Percentage Ambulance Handover over 15 Mins	52.63% (Jan)					
A&E Median Arrival to Departure in Minutes (combined ED & UTC)	160 (Jan)		24 (166)	120 (231)	80 (214)	Nov 21
RTT Incomplete Pathways	62.01% (Dec)		72 (65.24)	71 (66.10)	37 (72.13)	Nov 21
Cancer 62 Day Standard	73.3% (Nov)		59 (73.3)	97 (63.29)	19 (84)	Nov 21
6 Weeks Diagnostics (DM01)	56.57% (Dec)		103(63.45)	92 (66.36)	2 (99.20)	Nov 21
Stroke – Spent>90% of Stay on Stroke Unit	72.3% (Q420/21)		77 (78.3)	34 (89.1)	52 (85.6)	Q1 21/22
Family & Friends (staff) – Percentage recommending GWH as a great place to work	69.89% (Q3)		88 (70.0)	22(82.0)	34(79.0)	Q3 20/21
YTD Surplus/Deficit*	-4.3% (Oct)		82 (-4.3)	8 (1.3)	37 (-1.4)	Q2 19/20
Quarterly Complaint Rates (Written Complaints per 1000 wte)	27.9 (Q4 20/21)		104 (27.9)	50 (16.2)	22 (11.3)	Q4 20/21
Sickness Absence Rate	5.12% (Sep)		52 (5.12)	39 (4.78)	8 (3.93)	Sep 21
MRSA	2 (Jun)		105 (3.87)	47 (1.62)	66 (2.15)	Oct 21
Elective Patients Average Length of Stay (Days)	3.60 (Jan)					
Non-Elective Patients Average Length of Stay (Days)	5.21 (Jan)					
Community Average Length of Stay (Days)	19.81 (Jan)					
Number of Stranded Patients (over 14 days)	121 (Jan)					
Number of Super Stranded Patients (over 21 days)	66 (Jan)					

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

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

Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Performance, People & Place Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Peter Hill	Peter Hill		23rd February 2022
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF Numbers	

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

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

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Integrated Performance Report – Emergency Access	Red	Amber	The service remains under pressure; however, SAFER month initiatives have saw a decrease in medical outliers and an increase in weekend discharges. Lessons learnt from the initiatives with a view to making them business as usual.	Monitor actions	March 2022
Integrated Performance Report - RTT	Red	Amber	RTT remains just above 60% for January. The Trust received 9,556 referrals, which is 97% of the Pre-Covid 19 average referral rate whilst capacity remains below Pre-Covid times.	Monitor actions	March 2022
Integrated Performance Report – DM01	Red	Amber	Breaches have increased primarily driven by MRI and CT. The task and finish group has completed its work and made recommendations and there is a good management action plan in place. An external review has been commissioned to review capacity and how this is used in terms of scans. The opening of the fifth endoscopy procedure room at the end of March will help with capacity.	Monitor actions	March 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	March 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.	Monitor actions	March 2022
EDI 6 monthly update	Green	Green	The Committee were pleased to hear the report on progress being made in EDI across the Trust. Improving engagement by an increasing number of staff was noted.	Monitor actions	August 2022
Integrated Performance Report - Workforce	Amber	Amber	It remains a challenging time for the Trust workforce, however significant initiatives are being put in place to support staff and their wellbeing. The vast majority of staff that request flexible working have had their requests granted. Sickness levels remain above 5%. Appraisal rate continues at 74.17% which is below the Trust's 85% target. Completion of mandatory training remains above Trust target. Staff turnover was slightly above the Trust target of 13.9% and agency spend represented 7.13% against a target of 6%. Staff recruitment remains a challenge in some areas e.g. HCAs and Radiographers.	Monitor actions	March 2022
Flu Vaccination Programme	Green	Green	Excellent work has been done with the staff flu vaccine programme, with 90% of staffing having received the vaccine or explicitly declined. Occupational health staff to be commended for their flexible approach to the delivery of this programme.	Monitor actions	March 2022

Issues Referred to another Committee	
Topic	**Committee**

Great Western Hospitals NHS Foundation Trust

Part 1: Operational Performance

Our Priorities

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

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

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

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

How We Measure

Are We Effective?

Are We Responsive?

Are We Safe?

Are We Caring?

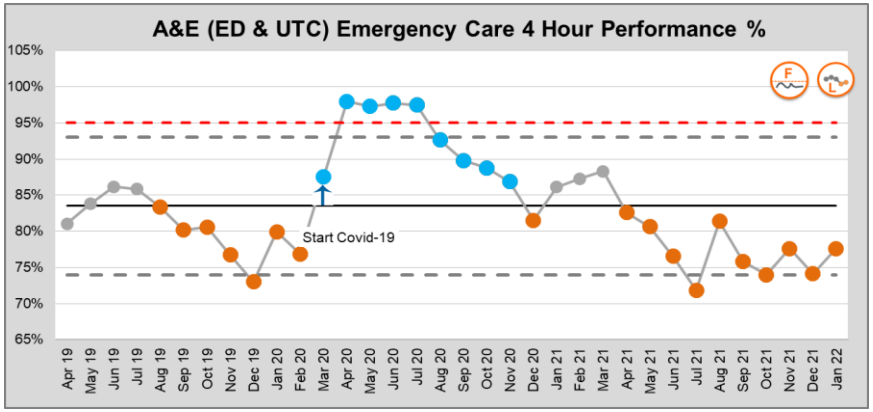
Are We Well Led?

Use of Resources

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

Data Quality Rating:

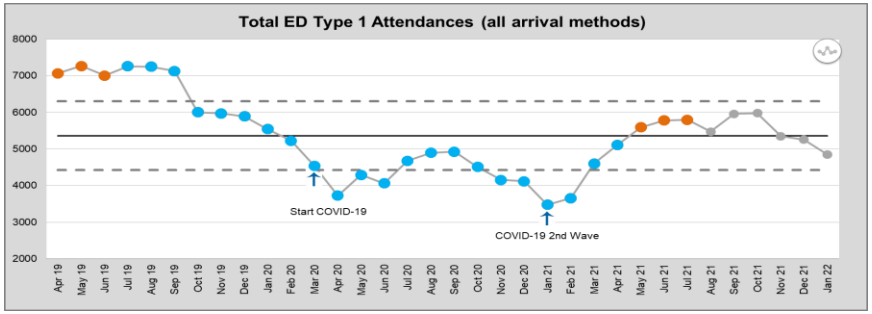
National Key Performance Indicators

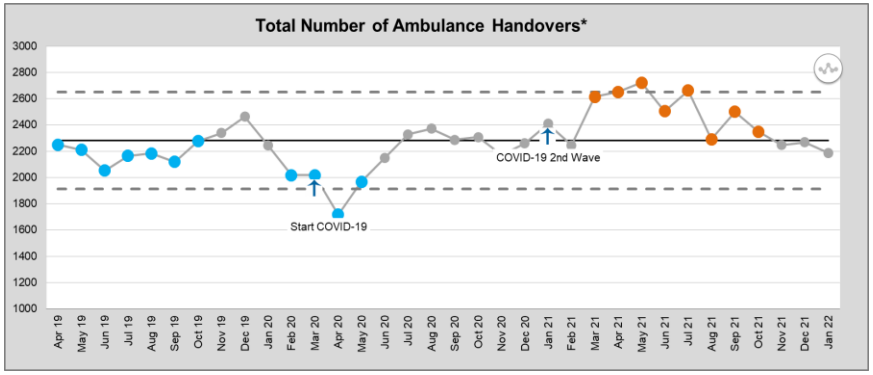


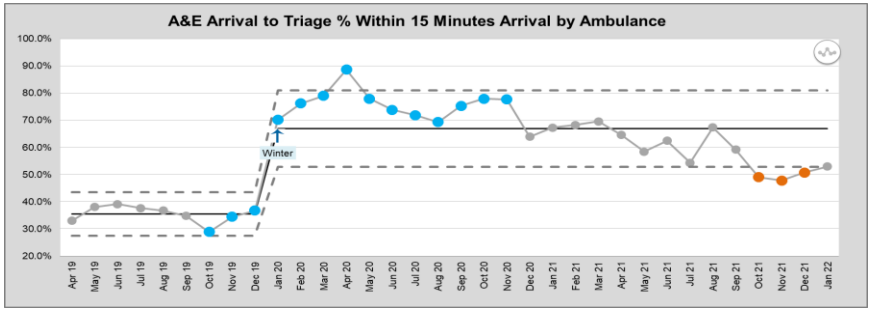
Performance Dec: 74.13% (Dec)

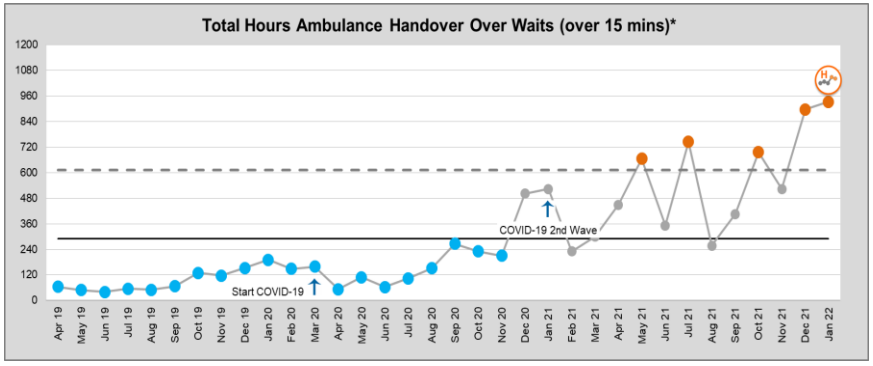
Attendances:
Type 1 ED 60.04%
Type 3 UTC 99.08%
Overall – 77.63%

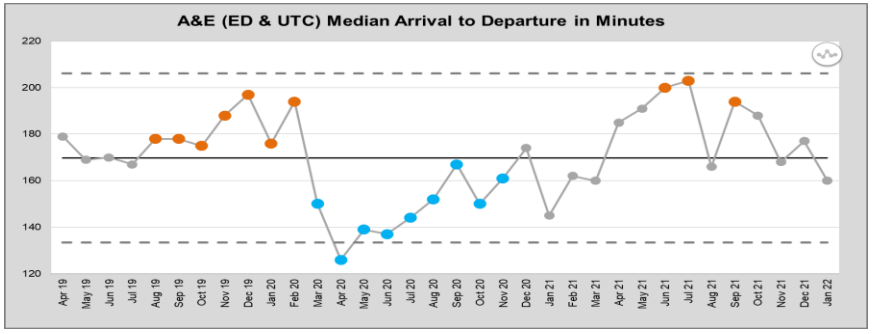
12 Hour Breaches (Reportable) 29











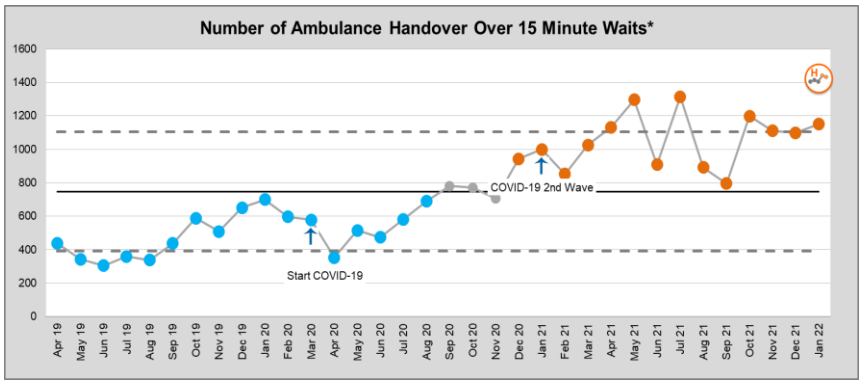
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

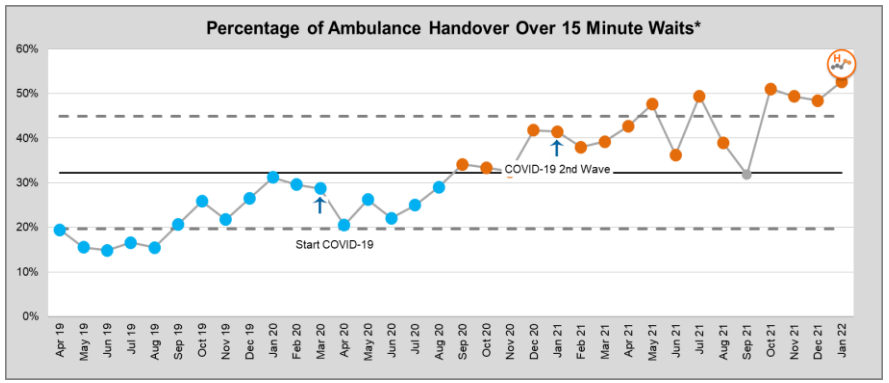
* Data from SWAST

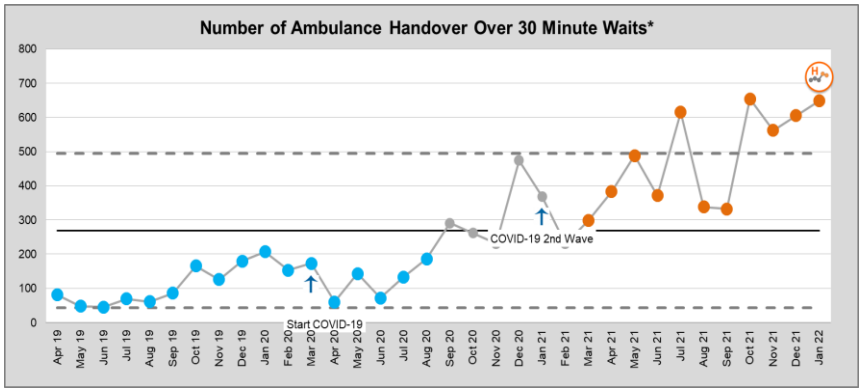
1. Emergency Care Standards – Ambulance Arrivals

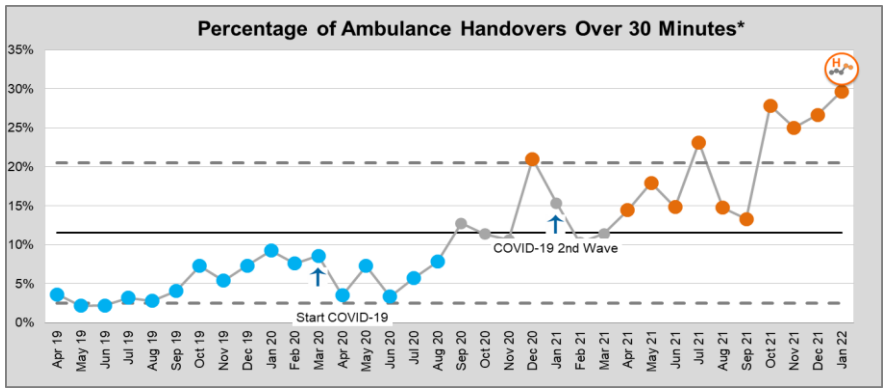
Data Quality Rating:

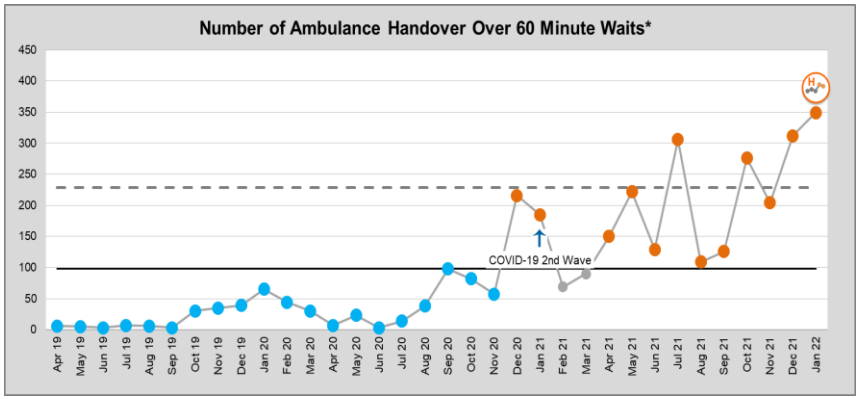
National Key Performance Indicators

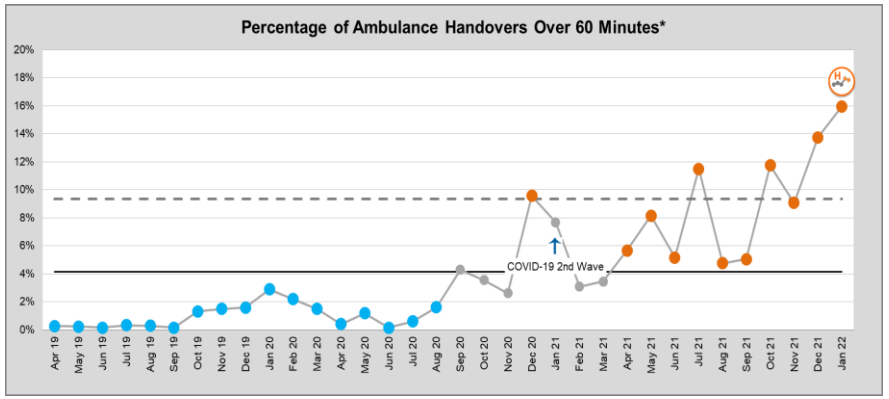












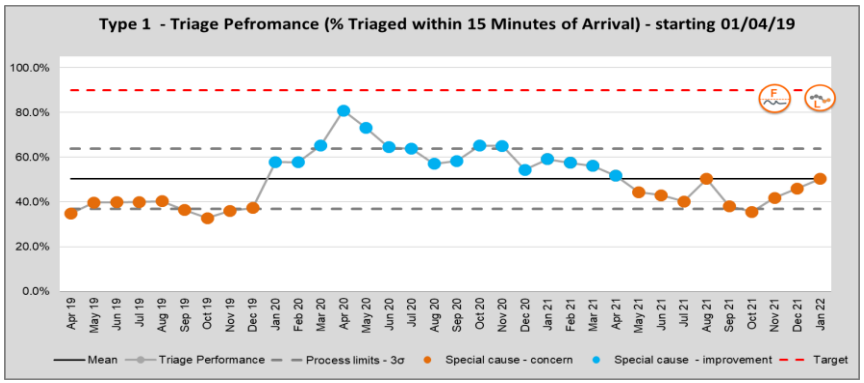
Mean | 0 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

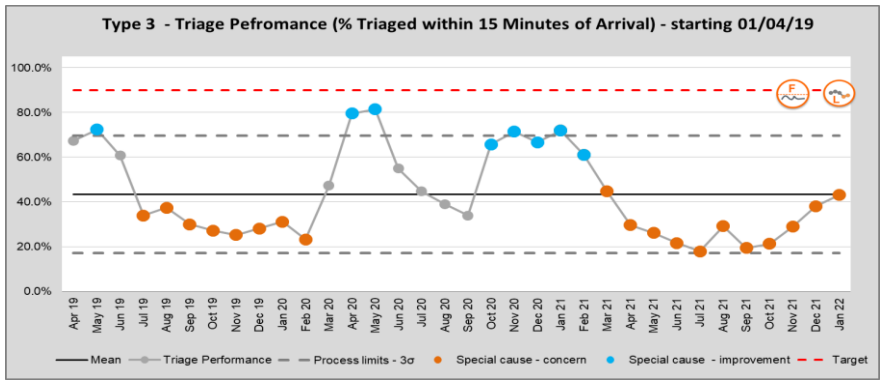
* Data from SWAST

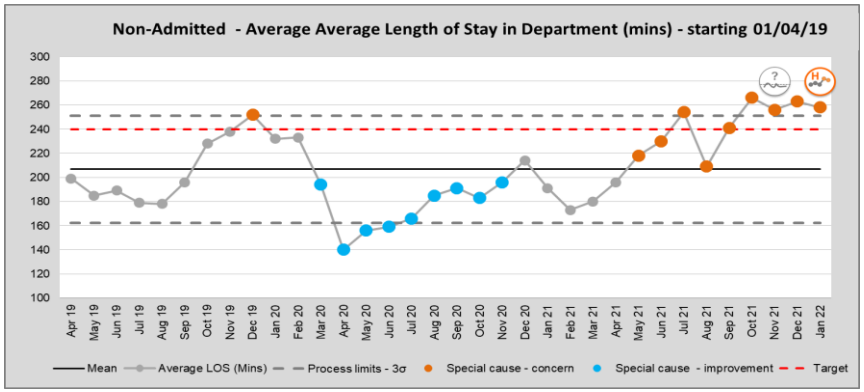
1. Emergency Care Standards – Front Door Flow

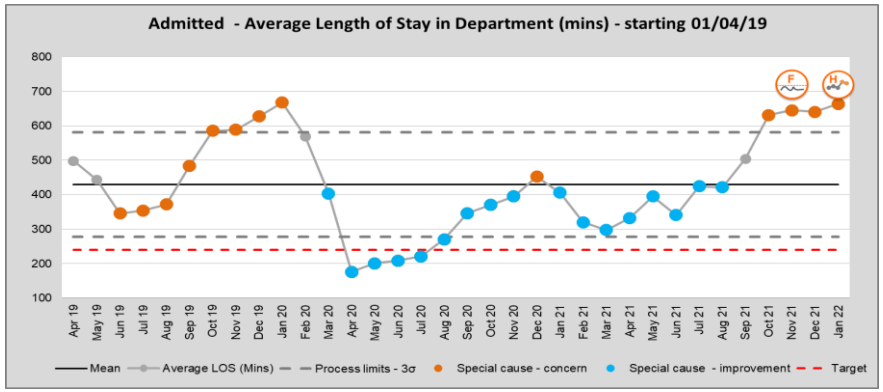
Data Quality Rating:

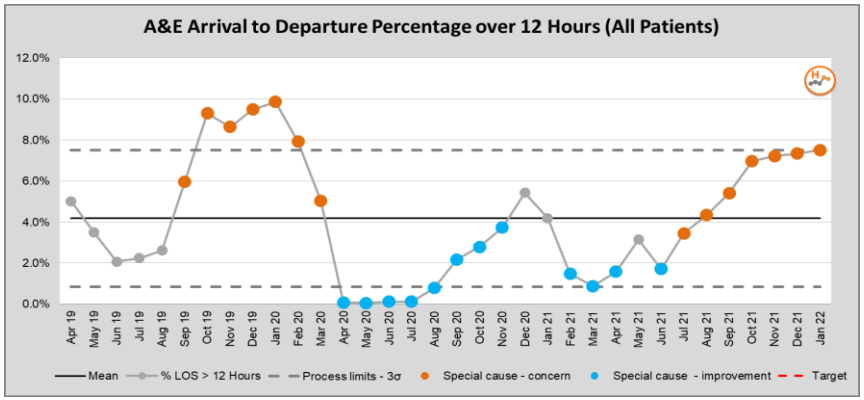
National Key Performance Indicators

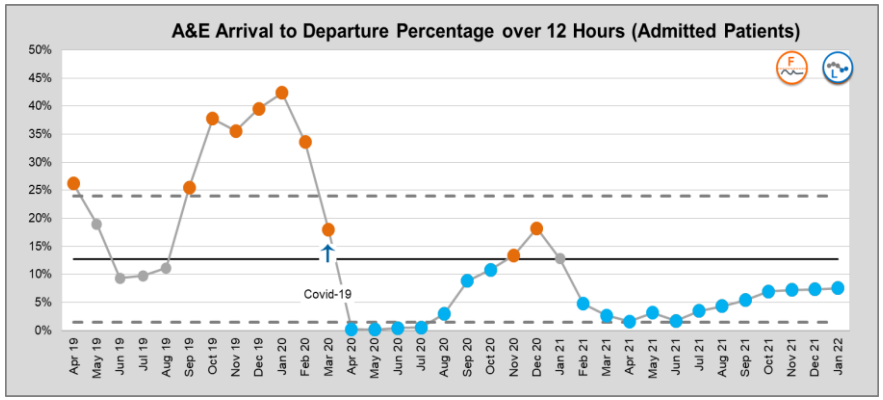












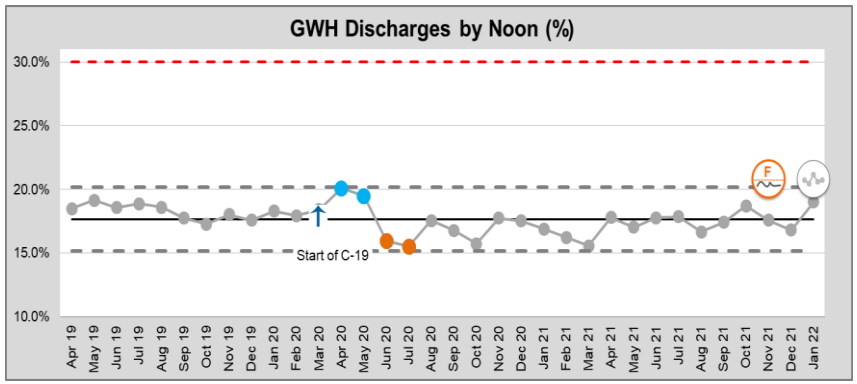
Mean | 0 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

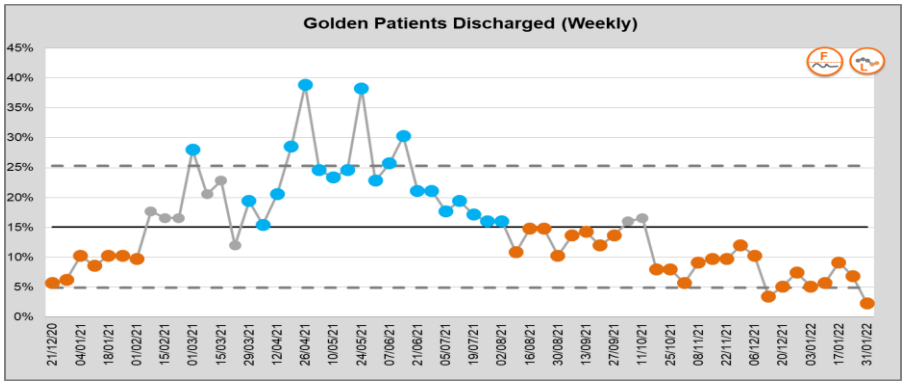
* Data from SWAST – 1 month lag

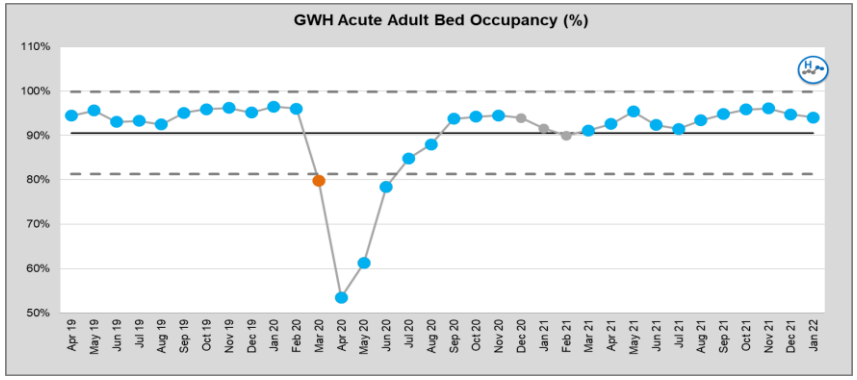
1. Emergency Access (4hr) - Patient Flow and Discharge

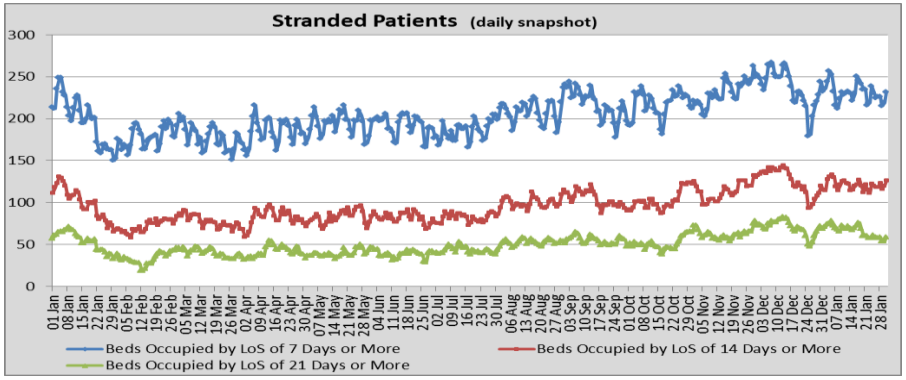
Data Quality Rating:

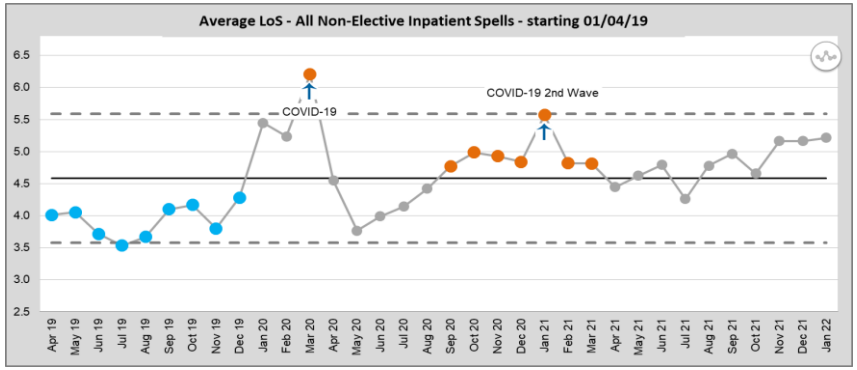
Are We Effective?

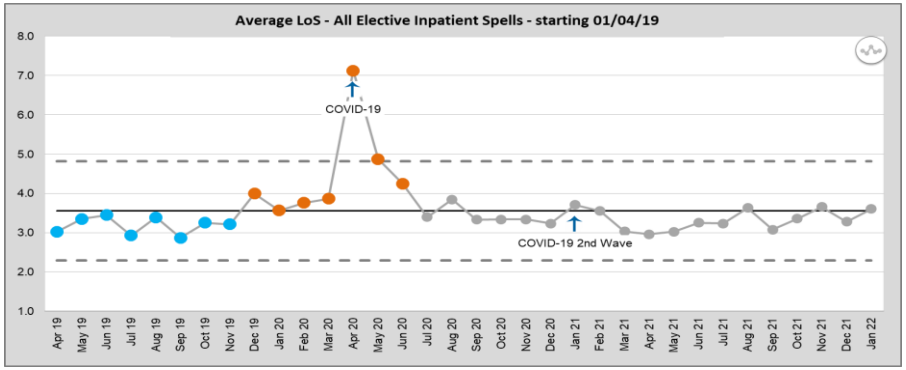












Mean | 0 | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target

1. Emergency Access (4hr)

Data Quality Rating:

Are We Effective?

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

- The ED performance in January remains below the 95% standard. There has been an increase in 4-hour performance of 3.5% from December.
- Attendances have decreased in January (From December) by 268 patients, with 399 decrease in the ED and 131 increase in the UTC. The UTC remains closed overnight. 4 Hour breaches have decreased in January with a decrease of 85 in UTC and 294 in ED.
- Breaches due to 'waits to be seen' in ED and UTC have decreased in January from 64% to 44%.
- There were 29 x 12-hour reportable Decisions to Admit (DTA) breaches for January which is a decrease of 10.
- Non-admittance performance accounts for 37% of breaches a decrease of 2% on last month.
- There has also been an increase in Think 111 first booked appointment utilisation at 60.0% for January (increase of 5% from December), with 5% of patients who DNA'd the appointment slot and 0.5% who left department without being seen (decrease from 4.4% in the previous month).

Key Impacts on Performance

- ED attendances down from December but remain at pre-pandemic levels. Social Distancing measures remain in place, restricting patient numbers in ED.
- SAFER "weeks" in operation for most of January – system wide response impacted on flow, discharges etc
- As part of above, ED Hub had direct impact on reducing ED attendances.
- Clinical Navigator in ED has increased patients signposted to UTC, reducing Type 1 attendances
- Majors Step-down (MSD) usage compromised by increasing patient acuity. Inability for MSD to function as true 'Clinical Decision Unit' as filled predominantly with Acute Medical patients for increased LOS.
- 'Admissions Area' in D/Lounge escalation remains in use.
- Cohorting area in ED no longer staffed by SWAST thereby impacting on delays / increasing outside ambulance queue. Handover performance decreased in January.
- 15 minute Triage time have improved in both ED & UTC.
- 'Early' discharges in day has improved slightly in January, onwards flow often not occurring until much later in day , after peak ED attendances.
- Total LOS in ED remains at pre-pandemic levels and has been consistent for last 4/12 . There was a reduction in 12hr DTA breaches in January although overall 12hr waits has increased.
- UTC continues to see high numbers of patients, but overnight closure has maintained improved performance (99%).

What will make the Service green?

- System wide approach to how the public access Urgent and Emergency care (eg '111First').
- Implementation of 'system wide' approach to patient flow – Front Door Hub / Navigation Hub.
- SWAST having direct access to all Assessment Units.
- Implementation of 'Inter Professional Standards ' allowing direct referral and admission to specialty beds.
- Discharge oversight, decision making and access toi discharge transport.
- 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.SDEC 7 day opening approved as part of Winter Planning . Currently recruiting with phased expansion as staff join unit. 6 day opening commences mid-February – February 2022
3. Adaptation of Teaching Room in SDEC to provide increased clinical space. This will also enable implementation of Medical Take ACP 1st Assessment – March 2022
4.Change function of MSD to 'Clinical Decision Unit agreed with Division/Exec team. Working with IT, Informatics, NerveCentre etc to implement changes. – March 2022
5. 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
6. Development of 'Front Door Hub' & 'Single Point of Access' contact. Determine service provision, allocation and implementation. Promote alternate pathways and admission avoidance – April 2022
7.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) - February 2022
8. Action environmental changes to Majors chairs, Paeds and Ambulance Queue area (following Estates walkaround) – February 2022
9.Implementation of CRTP on CareFlow for monitoring and prompt on-going patient movement – February 2022
10.Recruitment of substantive junior doctors completed for ED & AMU. All recruited posts filled by March – February 2022
11.Implementing findings of Staffing review of nursing (still pending)

12.Divisional adoption of 'Internal Professional Standards' allowing improved admission processes – February 2022

Risks to delivery and mitigations.

There is a risk that ambulance handover delays will continue to be seen due to a high demand and lack of flow out of ED. Future impact due to loss of SWAST cohort area in ED.

Mitigation:

- Close working with SWAST & HALO when deployed.
- 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.

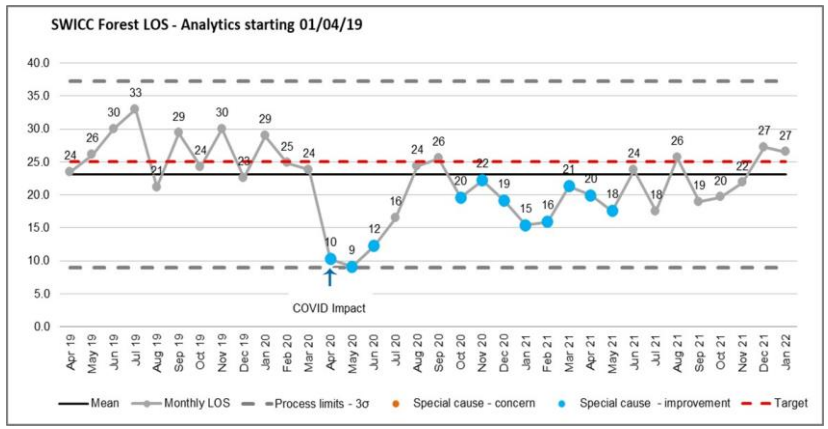
Mitigation:

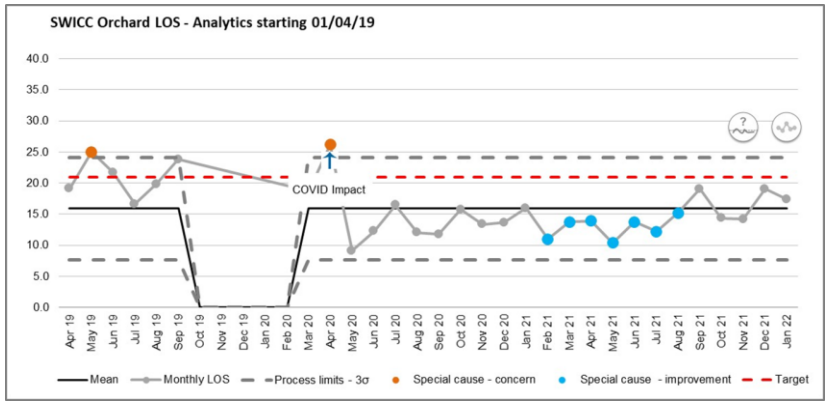
- Medical/GP recruitment in ED and UTC
- Increased locum Medical staff to support MSD/AL.
- Alternative areas for patient assessment in UTC
- Work is progressing with Primary Care to understand measures they can take to help reduce attendances e.g., minors' task and finish group, (BSW wide).
- Review 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.

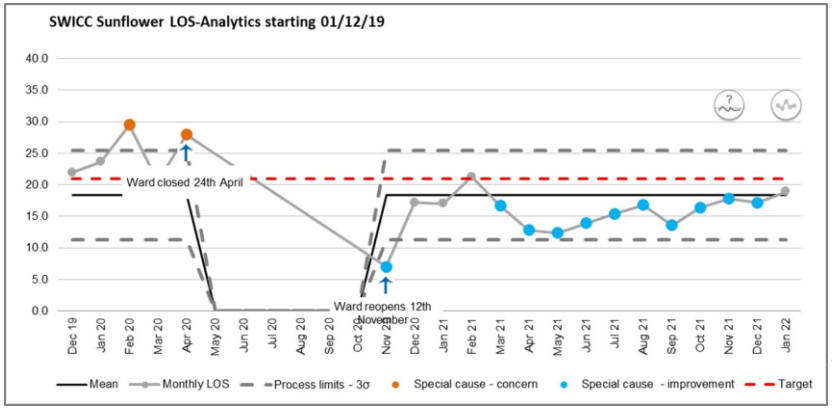
1. Emergency Access (4hr) - Community (SwICC) Length of Stay

Data Quality Rating:

Are We Effective?







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

Average Length of stay (LoS) in January across all three units was 20 days, which remained the same as last month. LoS with 0–5 days attributing to 15% of the overall discharges which is a significant decrease from the previous month of 33%. There has been a continued delay in accessing the appropriate onward support which equates to the reduction in the 0-5 day LoS, this is not due to an increase in complexity of patients or an increase in rehabilitation patients. Community therapy staff have continued to bridge the care for reablement or PoC throughout January to facilitate flow.

Bed occupancy for Forest 98% and Orchard 93%, Sunflower occupancy was within the normal range of 95%. The most notable impact has been the steep rise in OoA average LoS at 25 days, this is the highest recorded for 2021/22. These are mainly Pathway 1 patients awaiting onward support to return home with no or little capacity OoA to facilitate these discharges. Wiltshire patients have remained at 15 days average LoS.

Flow: Number of discharges for January across the three units stands at 160 which is an increase of 32 patients compared to December. This increase is due in part to the reopening of 8 beds on Forest and Orchard.

25% of patients were discharged before midday so the service is not consistently achieving the 30% target. There has been a delay in notifications for support packages which are increasingly confirmed on the same day as opposed to >24 hours.

W**eekend/bank holiday :** 12% of discharges were facilitated over the weekend which is a decrease on the previous months 29%.

Improvement actions planned, timescales when improvements will be seen

Discharge Management: Community Therapy Leads attend the NCTR calls daily and a further SBC Gold call to share capacity and ability to bridge care. This is strengthened with daily stranded patient reviews to escalate any barriers to discharge. **Action:** To continue to monitor effectiveness of this commitment and the benefits to patient outcomes and improved flow.

Patient transfer delays: There continues to be delays in transfers and this fluctuates over the month for varying reasons. The themes for January were ward closures due to Covid (11 delays), Medical fitness(5 delays) and Medical cover(6 delays). **Action:** To continue to monitor and report.

BSW Involvement in Community bed Project: This work continues but due to system pressures the meeting planned for January was stood down. **Action:** Continue to submit data and active participation in review programme.

SAFER Week/s: Safer continued throughout January with daily presence in the control hub. Safety netting calls continued and data was supplied to PMO to compare themes with other divisions. 50% of patients contacted had discharge concerns ranging from medications, equipment and care provision, 100% were resolved. **Action:** To continue to carry out safety netting calls to improve discharges and learning for MDT.

Risks to delivery and mitigations

Risk: Medical cover across Orchard and Sunflower is vulnerable as short notice sickness can significantly impact capacity .

Mitigations: Temporary staffing actively seeking locum support has continued throughout January with success. Medical staffing resource calls continue across the Trust to seek opportunities to flex the workforce and understand pressures.

Community Nursing

Data Quality Rating:

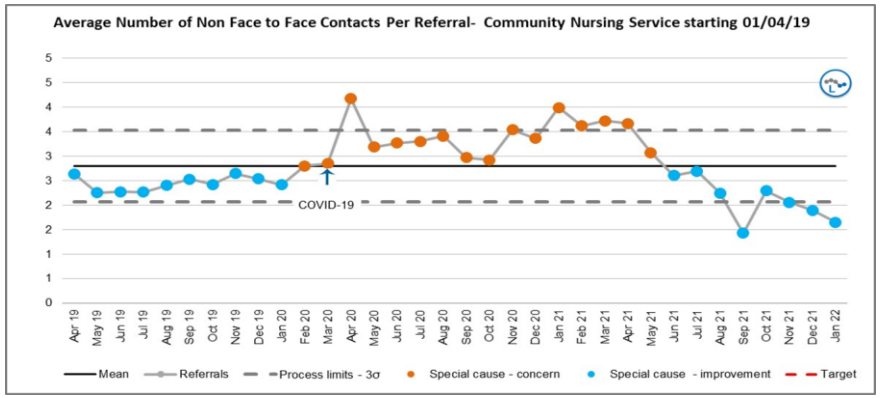
Are We Effective?

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

Length of Stay (LoS): the average LoS a patient remains on the caseload continues to be marginally above the upper process limit of 90 days. This indicates that patients remain on the caseload for a longer period of time, and could be suggestive of increased complexity and levels of nursing care required.

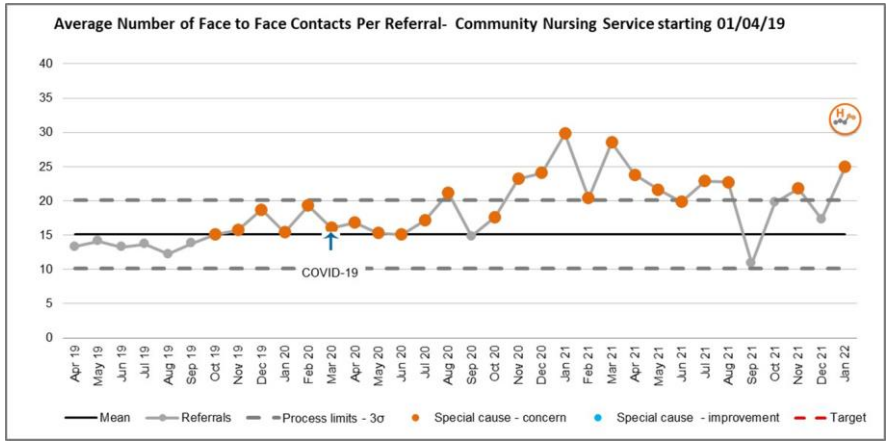
Face to Face (F2F) Contacts: the data suggests an increase in F2F activity since December with activity above the average process limits, this continues the trend over the past 12 months.

Non-Face to Face (NF2F): the no. of NF2F contacts appears lower than it is thought to be, this will be investigated during February to identify the cause(s) of the probable discrepancy with the S1 and informatics teams.



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

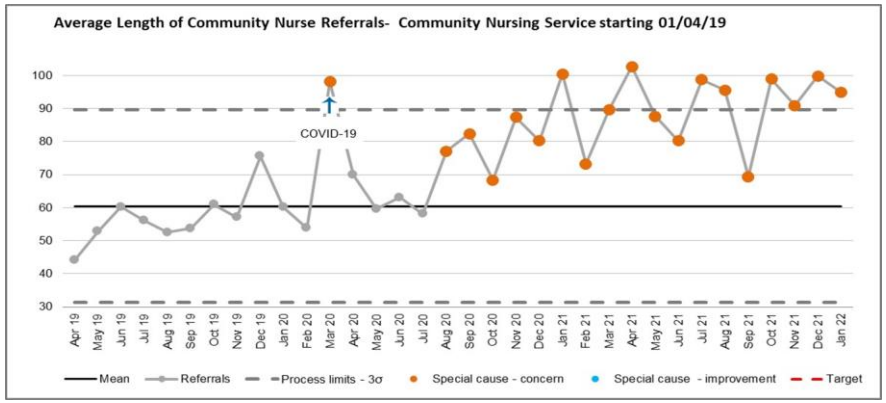
A related piece of work is being planned, which will involve testing the application of 'Thoughtonomy' specifically exploring the automation of a process/processes within community nursing. The initial idea is to automate the task of discharging patients, ending their care plans in a timely way. Helping to improve efficiencies regarding caseload management. This has progressed to a meeting and planning phase with the locality leads.



Risks to delivery and mitigations

Risk: Financial and Quality related to reliance on use of agency nurses. Costs are higher than employing to substantive posts and quality factors are more difficult to manage and improve.

Mitigation(s): A weekly recruitment meeting is conducted to progress with a community recruitment campaign. DD, DDoN, DDD & HRBP are exploring a new operational management post head of service role to support with community recruitment (+performance and other areas) Continuing to invest in clinical course for staff.



Community Urgent Care Response (UCR) Service

Data Quality Rating:

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. Currently 'known' community patients account for a large proportion of activity.

< 2 Hour response

Activity continues to increase with a total of 743 referral counts requiring a 2 hour response in January which is 348 patients

2 – 48 Hour response

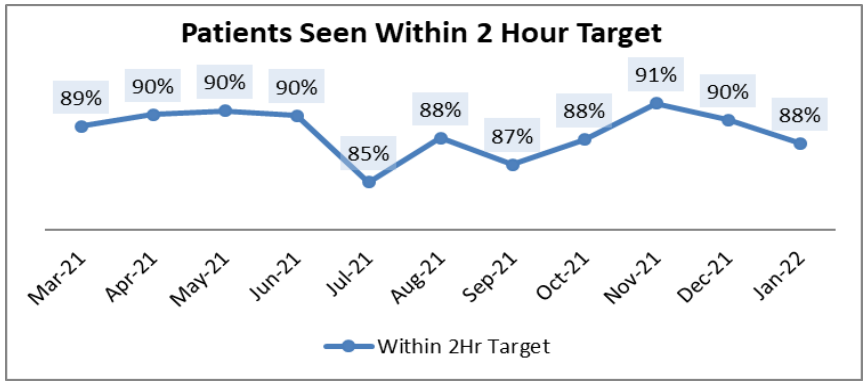
Activity again continues to increase with a total of 659 referral counts requiring a 2- 48 hour response in January, which is 441 patients.

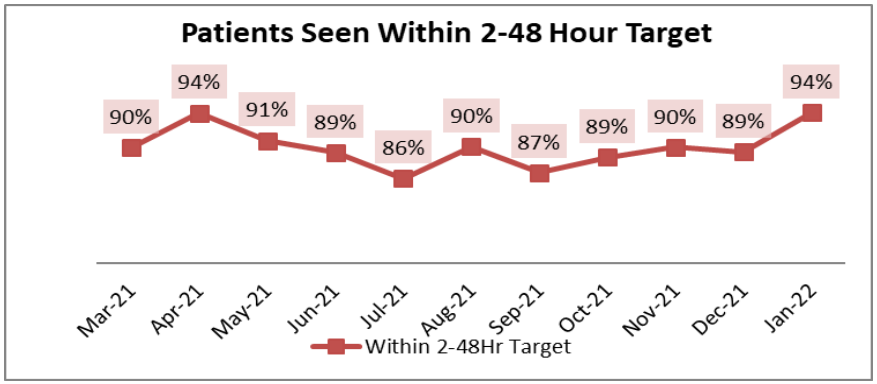
This increase has been evidenced since data collection started in April 2021 and is expected to increase as the UCR profile is raised and awareness increases.

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

Actions planned for January:

- The team have reset MiDoS – setting the UCR profile on MiDoS will help support with correct identification and referral from system partners e.g. SWAST, Primary Care, SBC
- The team will work with the MiDos team to be a pilot sight for 111 direct referrals
- A model is being established to support the UC hub as part of the Safer weeks
- The team are meeting with Social care to discuss co-location within in UCR in the Orbital.





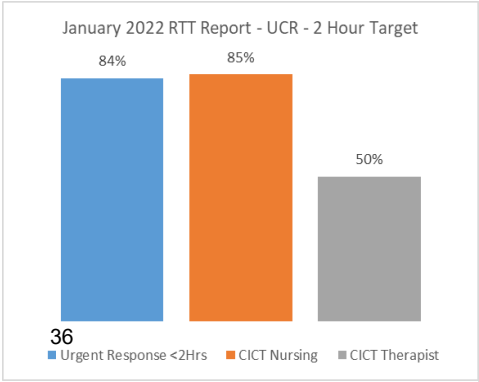
Risks to delivery and mitigations

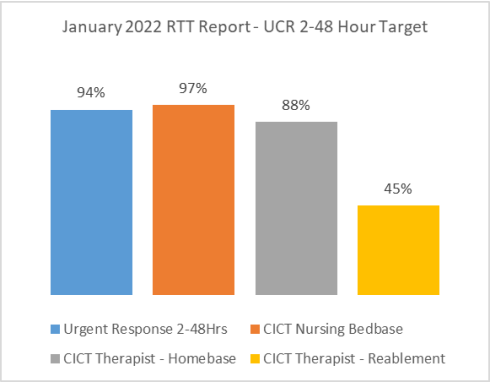
Risk: Increasing demand as the service develops and referral pathways are opened up and promoted.

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.





Community Virtual Ward

Data Quality Rating:

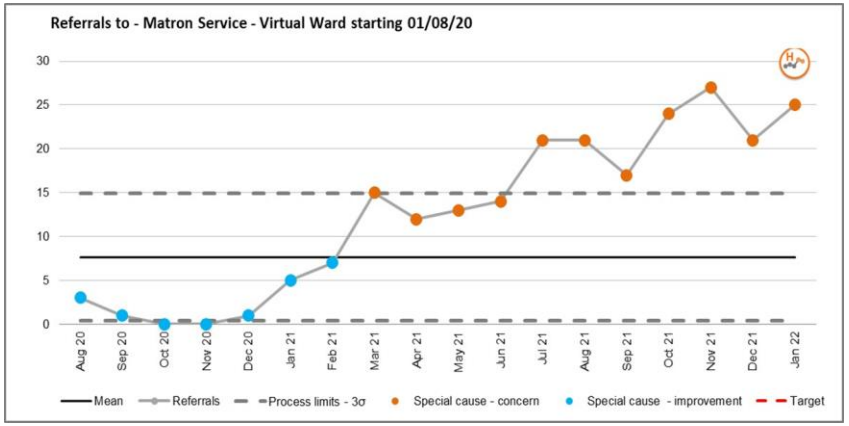
Are We Effective?

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

Numbers have increased due to an increase in recruitment of staff and further extension of the service to Moredon and Abbey Meads.

Training of staff has progressed enabling more patients to be seen

Data now included to capture the patients stepped down from the virtual ward who have been continually monitored/reviewed over a 4 week period to prevent further deterioration by the virtual ward team



Improvement actions planned, timescales

To open up the virtual ward to all of Swindon GP practices by the end of March. Easy referral process to the service taken over the phone. B6 to support process to optimise roll out.

Recruitment of band 6 and above nurses/paramedics by the end of March.

Numbers of referrals to increase to 40 per month by the end of March.

To continue to deploy digital monitoring equipment and to compare efficacy of Isansay equipment to Quardio monitoring.

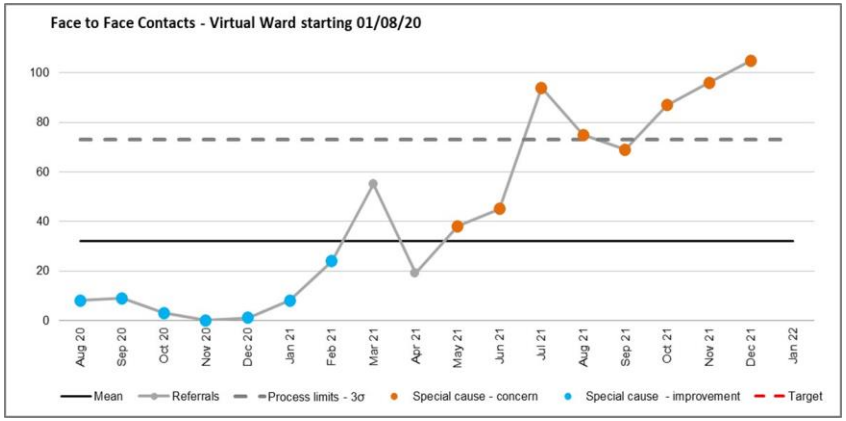
Open up the service to include weekend referrals.

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

Risks to delivery and mitigations

New staff who will need support and training. Increase in demand as the services opens up fully.

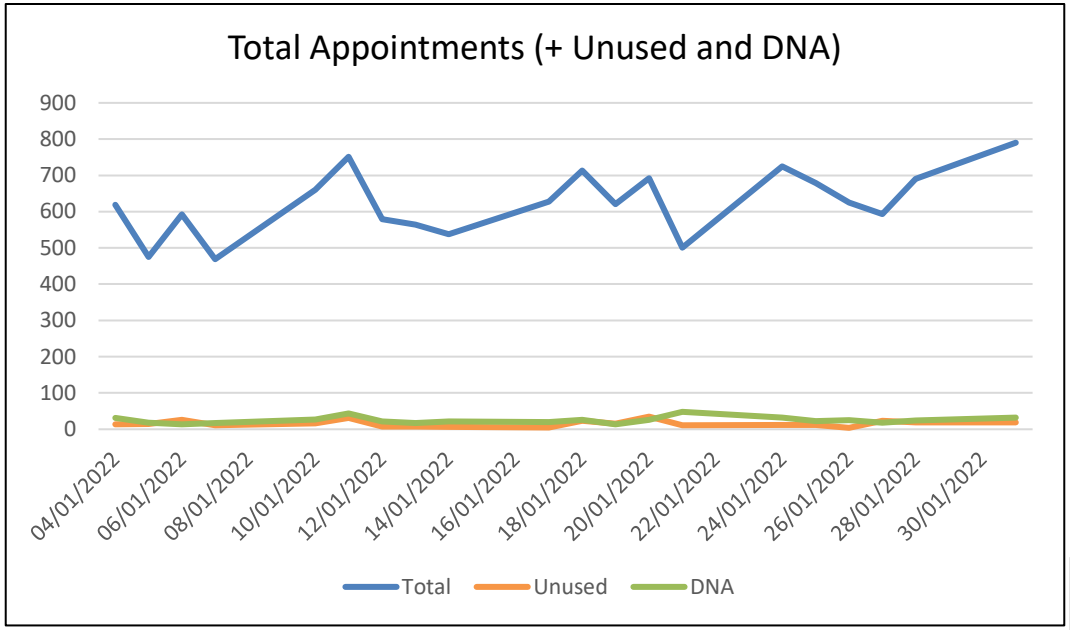
To cover 7 days will reduce staff availability in the week. Mitigation by ensuring an increase in referrals are gradually increased as staffing increases. Increase in recruitment to include paramedics and nurses

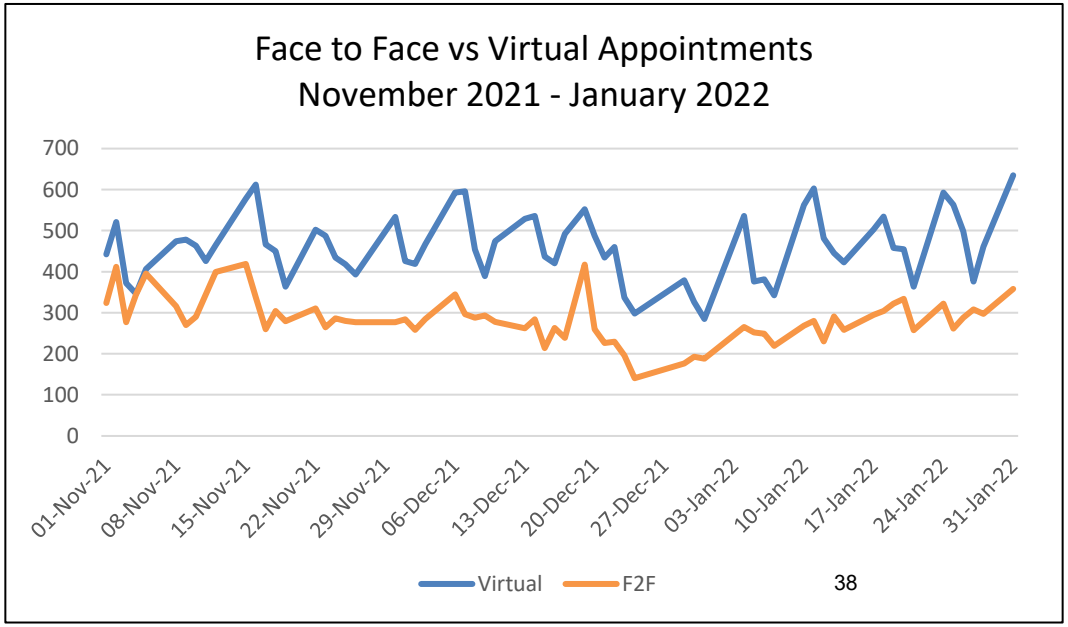


Primary Care - Accessibility

Data Quality Rating:

Are We Effective?





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

During January the number of daily appointments provided across all patient facing professional groups ranged between 469-751. Over the longer term (past 12+ months) there has been a significant increase in the number of appointments offered.

Whilst virtual appointments remain high and F2F appointments were reduced over the holiday period in December and January to optimise available clinical resource , there continues to be a growth in F2F appointments

An additional salaried GP joined in January and another First Contact Physiotherapist joined the team in January, increasing the number of AHP appointments available.

Improvement actions planned, timescales when improvements will be seen

Appointment capacity will increase in February with improved rota management, new locums joining and additional posts such as ACP's and Pharmacy Technicians being recruited and on-boarded during January, February and March .

Risks to delivery and mitigations

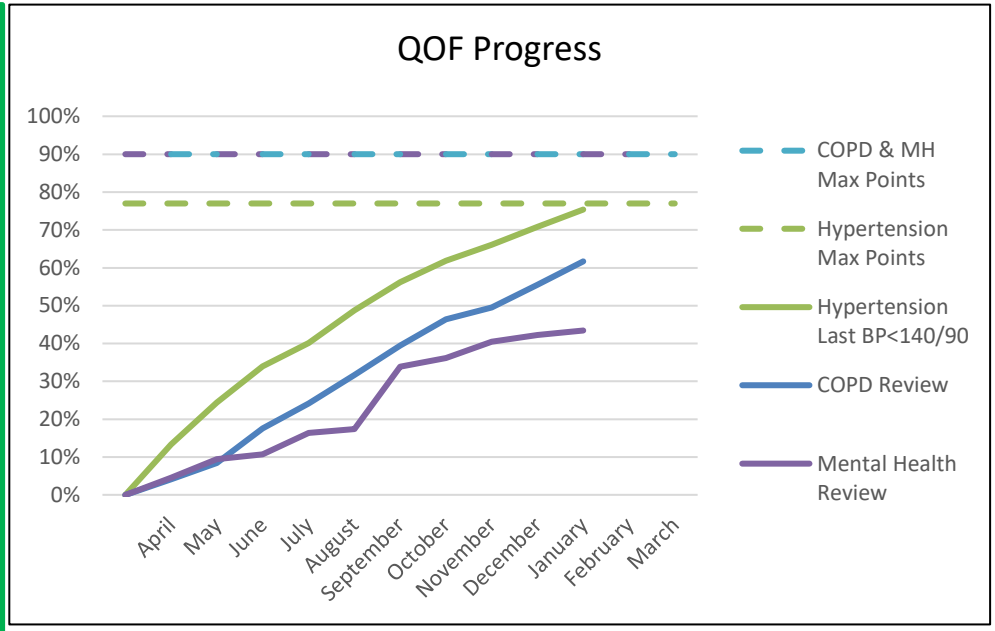
Risk – Appointments reduce due to gaps in the clinical rota as a symptom of high demand for Locum GP's and high levels of sickness absence with Omicron wave.

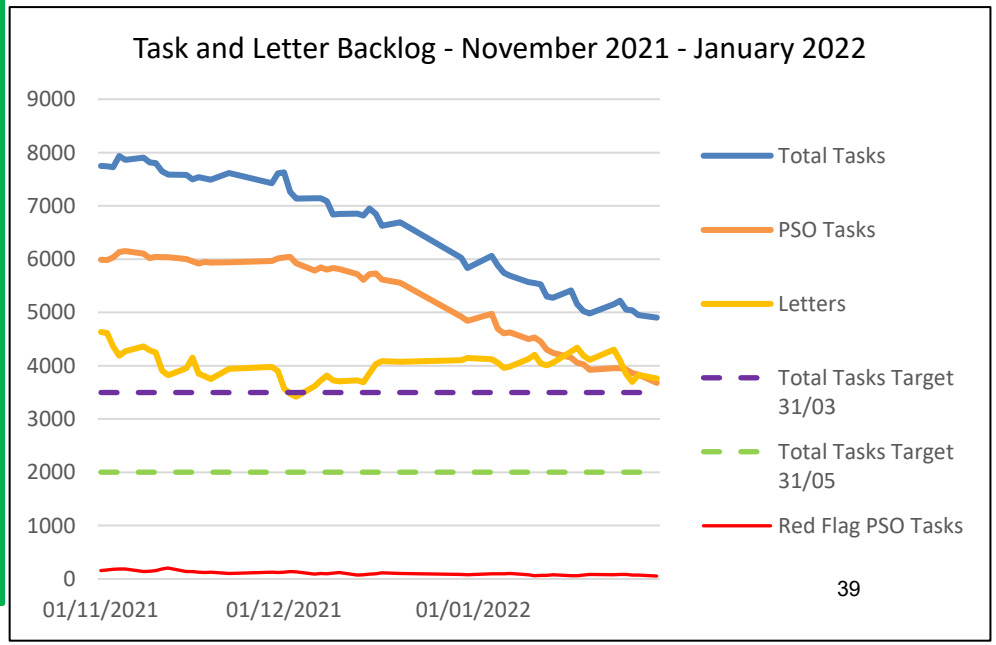
Mitigation – An additional salaried GP joined in January. Additional Pharmacy and Physiotherapy resource has recently been recruited.

Primary Care – Quality and Performance

Data Quality Rating:

Are We Effective?





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. Optimising the health care of patients within the PCN is an essential component of the PCN improvement programme and the service continues to improve performance across all domains.

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 planned increase in QoF activity in February and March, in line with the current modelling.
- **Task & Letters:** The backlog is being reduced week on week and is on target to be within acceptable workflow levels by mid March.

Risks to delivery and mitigations

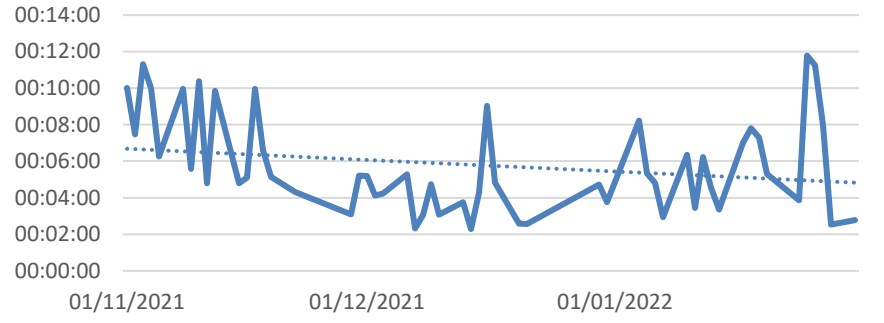
Risk: Resource required for Q4 QoF activity is otherwise engaged on Same Day urgent appointments

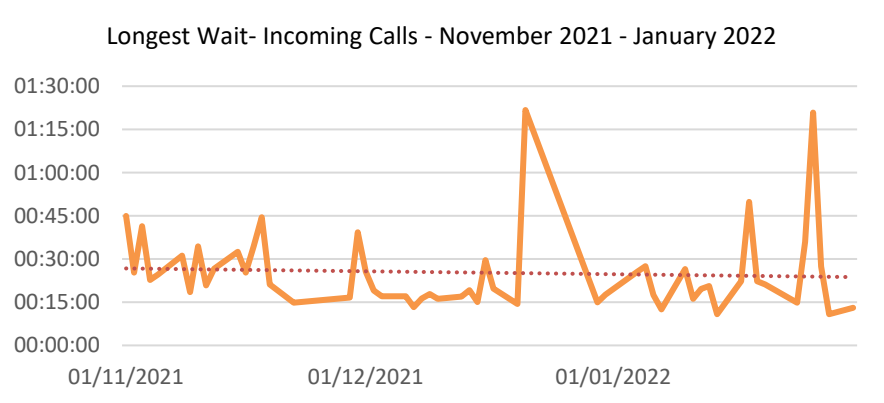
Mitigation: The GP, ACP, Nursing and HCA rotas and clinics are planned to reflecting the split of time between routine, urgent and QoF activity. b.

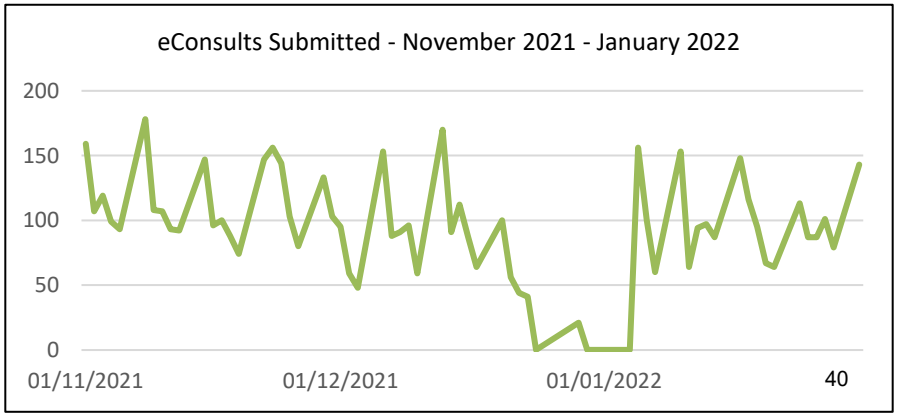
GWH Primary Care - Accessibility

Data Quality Rating:

Are We Effective?







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

- **Average call wait times** during January 2022 were 5.9 minutes (Dec 4.1mins). The trend over 3 months is a decrease in call wait times. Recent recruitment to substantive call handler posts has helped with improving call handling performance.
- **Longest call wait times** during January were 11 - 28 minutes (December 13-30). The trend line indicates a decrease over the past 3 months. 10 Additional phone lines have been procured (taking to total from 20 to 30) and went live late January. This will allow additional patients to wait in the phone system to be answered, rather than hearing the engaged tone, and redialling.
- **eConsults** have returned to an average of 500 submitted per week, the same as it was prior to Christmas.

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 recently procured.

New KPI's and reporting are being developed with Premier Choice, with a new reporting suite expected late February.

Risks to delivery and mitigations

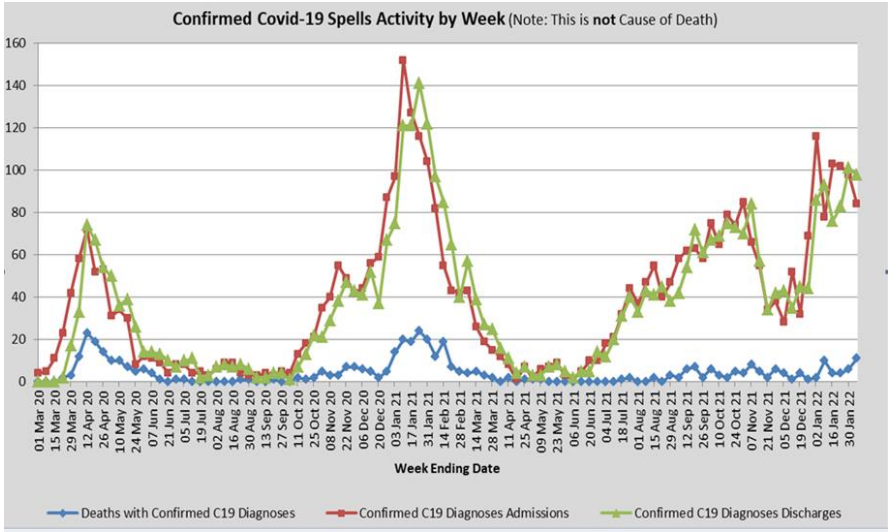
Risk: Primary care demand increases with Omicron related calls which impact the call handling and response times

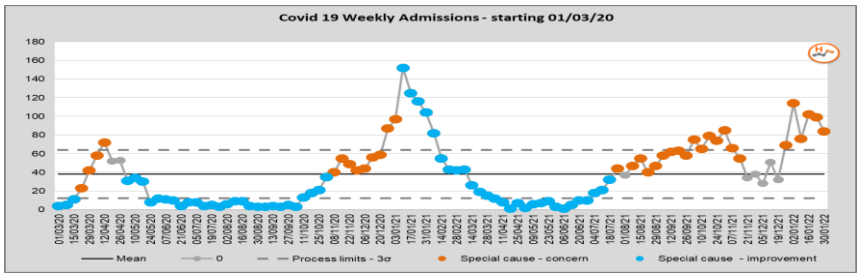
Mitigation: Admin staff picking up phone calls to support the call hub at peak times

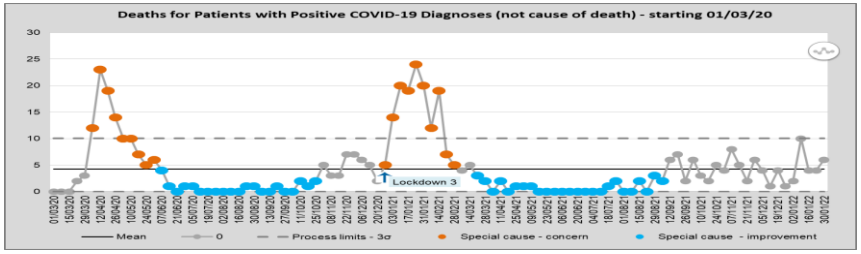
1. Emergency Access (4 Hours) Covid 19 Weekly Admissions

Data Quality Rating:

Are We Effective?







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

Attendances to the Covid Assessment Unit (CAU) have increased through January, with a higher proportion of positive patients , with Covid positive admitted patient numbers at their highest since Phase 2 of the Pandemic. CAU has maintained operation with 11 rooms. ED has seen significant numbers of positive patients admitted through its isolation cubicles.

CAU has frequently been at maximum occupancy during January 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.

There were 2 Ambulance 1 hour delays at CAU for December.

There were 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 - **February 2022**
2. Recruitment of Ward Clerk x1 wte for permanent CAU cover. Not filled, so readvertised - **February 2022**
3. Implementation of Abbott Swab testing in CAU pending completion of staff training - **February 2022**
4. Implementation of nMab IV therapy, commenced in UTC and overseen by ED Consultants (PM/BS) - **Ongoing**

Risks to delivery and mitigations

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

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

There is a risk of maintaining staffing provision within CAU, as extended area, particularly within the AMU Medical staffing model. Further impact with increased sickness/isolation.

Mitigation: Medical staffing model and Ward Clerk cover reviewed . Discussed with FBP - Locum support and recruitment respectively. Staffing reviewing including 'Defence Watch' type modeling.

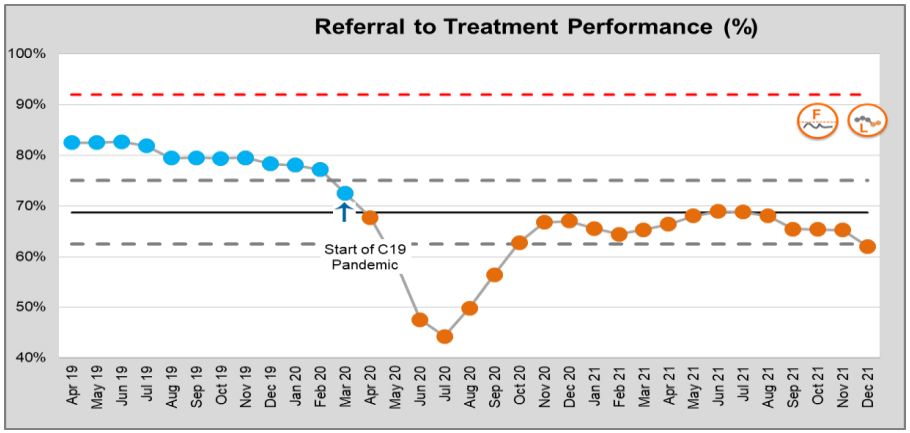
There is a risk of increased demand for 'Blue' beds due to increase in Covid variants.

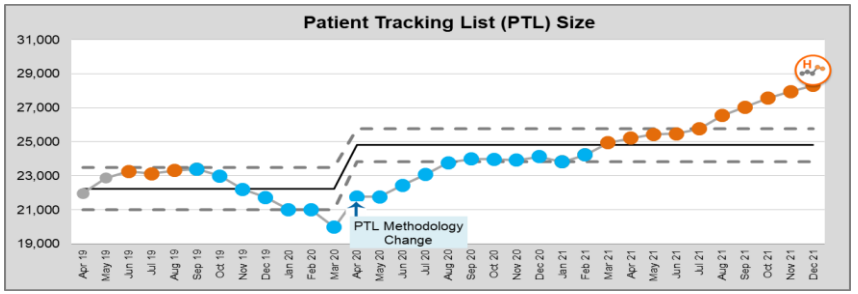
Mitigation: Daily monitoring of Blue/Green attendances. POCT testing maintaining. Close working with ED and joint SOPs updated. Flexible usage of CAU and MAU side rooms. Monitor for trigger escalation for CAU expansion.

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

Data Quality Rating:

National Key Performance Indicators





	November	December
RTT Performance	65.23%	62.01%
PTL Volume	27,943	28,296
Reportable 52 Week Breaches	593	639
In Month 52 Week Breaches	285	188

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

The Trust reported a RTT Incomplete Performance of 60.05% in January 2022, a deterioration of 1.96% in month.

The Trust reported a waiting list increase of 50 in month, resulting in a waiting list size of 28,346 against a BSW Trajectory of 29,440 (1,094 less patients than forecast).

The Trust received 9,556 referrals in January 2022, which is 97% of the Pre-Covid 19 average referral rate.

626 x 52-week reportable breaches were declared in January 2022. This is a decrease of 13 in month. Of the 626 reportable breaches in January; 442 are Admitted, 177 are Non-Admitted and 7 are Diagnostic.

215 in month 52-week breaches cleared in January 2022, an increase of 27 52-week breach clock stops in month.

The number of patients waiting over 78 Weeks at the end of January 2022 was 66, an increase of 18 in month. A review of Consultant Job Plans is currently underway in Anaesthetics.

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

Insourcing theatre sessions commenced as planned on 8th January 2022. 84 day case procedures have been completed in month. There are plans to onboard Orthopaedics to the insourcing project in February 2022.

Insourcing session will be monitored to ensure utilisation of theatre lists is maximised.

Along with insourcing the Trust continues to utilise 3 Independent Sector organisations; Cherwell, Circle Reading and Sulis Bath.

Continued focus on clearing 78 week + waiting list and ensuring there are preliminary plans in place for 52 week breaches. Elective Check and Challenge will be launching in February 2022. This a series of initiatives around elective care and will provide focus at patient level. Initial focus will be on:

- All P2 patients waiting over 4 weeks.
- All patients waiting over 78 weeks.

Risks to delivery and mitigations

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

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

There is a risk that we cannot fully utilise the IS capacity being provided due clinical and surgical restrictions, as well as patient choice and a reluctance to travel. This may result in patients being treated out of time order to ensure capacity is utilised.

Mitigation: Ensure patient communication clearly explains the current challenges and waiting times and is being done at the appropriate level.

There is a risk that we don't have the routine Urology capacity due to the demand for Cancer and Urgent surgery (P2 & P3), to clear the longest waiting patients.

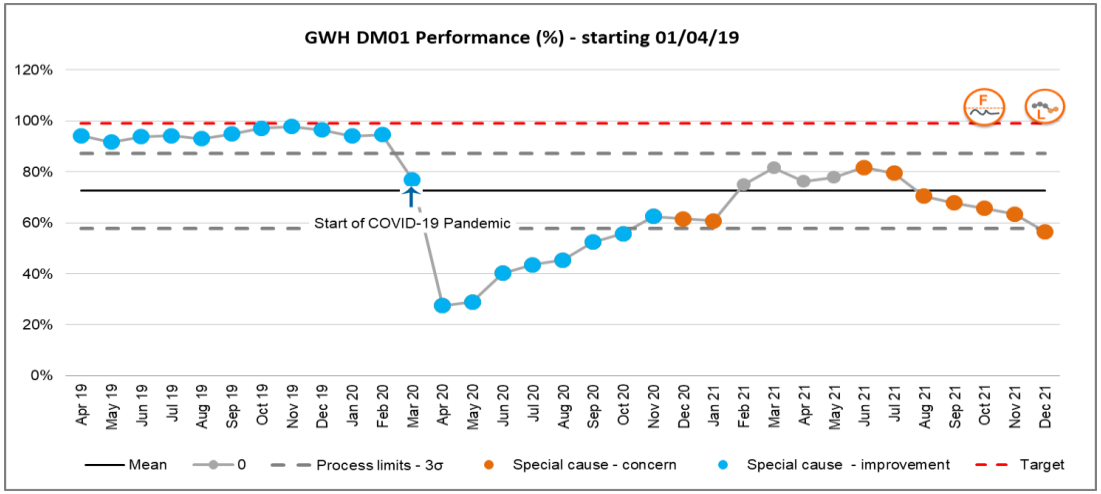
Mitigation: Continued weekly monitoring of the position and the application of our Access Policy, Pooled waiting list, Clinical validation of long waiters, identifying possible IS capacity at BMI Ridgeway and Insourcing sessions.

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

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

Data Quality Rating:

National Key Performance Indicators



December 2021

Performance Latest	56.57%
Waiting List Volume:	8989
6 Week Breaches:	3904

Waiting	< 6 Weeks	> 6 Weeks	Total WL	Performance %
Magnetic Resonance Imaging	732	1187	**1919**	38.14%
Computed Tomography	834	1284	**2118**	39.38%
Non-obstetric ultrasound	1832	317	**2149**	85.25%
Barium Enema	0	0	**0**	N/A
DEXA Scan	181	384	**565**	32.04%
Audiology - Audiology Assessments	387	20	**407**	95.09%
Cardiology - echocardiography	449	95	**544**	82.54%
Cardiology - electrophysiology	0	0	**0**	N/A
Neurophysiology - peripheral neurophysiology	82	0	**82**	100%
Respiratory physiology - sleep studies	76	46	**122**	62.30%
Urodynamics - pressures & flows	0	0	**0**	N/A
Colonoscopy	210	410	**620**	33.87%
Flexi sigmoidoscopy	100	74	**174**	57.47%
Cystoscopy	33	3	**36**	91.67%
Gastroscopy	169	84	**253**	66.80%
Total	**5085**	**3904**	**8989**	**56.57%**

Background

Performance was 56.6% in December a decrease from 63.5% in November . Overall, the total waitlist size has increased to 8989 in December from 8857 in November (+132). Breaches have increased from 3237 in November to 3904 in December (+667) primarily driven by MRI and CT. CT remains challenged to see 2ww and urgent patients, with no routine capacity. Due to reduced CT van capacity during the month, Radiographer vacancies (8.2wte) and the overdue patients on the Cardiology surveillance list , we are predicting an increasing waiting list and breaches which will impact subsequent Trust DM01 performance to <55%.

Improvement Actions

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

- **CT:**. The service has funded mobile van capacity of 22days in Jan, 20 in Feb and 23 days in March. Yielding a total of 1755 slots.
- **MRI:** Additional MRI van capacity has been procured through extension of Inhealth contract and within forecasted budget. 8 days January - March 22, yielding 552 slots.
- **Dexa:** Further adhoc capacity from staff rota added in January.
- **Echo**: WCC Expansion from 3 x Echo Rooms to 5 x Echo Rooms operational from December 21. Additional Cardiac Imaging Consultant commenced in Nov 21. TOE and Stress Echo wait lists show improvement due to consultant recruitment.
- **Endoscopy**: Weekend lists are booked to 12 points (both OGD and Colonoscopy) where case mix allows. During December 32 WLI lists were delivered against a target of 64 due to limited endoscopy nurse availability. The plan for January WLI lists is to deliver 52 lists from a target of 70.

Risks Echo There is a risk that the addition of FU Echo Wait list to DMO1 Echo Wait List could severely impact the reportable DMO1 Echo Performance. This risk has been mitigated through the provision of FU WLI Echo Weekend Lists from August to Dec 21, commencing in Feb 22 and the WCC Clinic Room Expansion, now completed. Radiology vacancies will substantially impact recovery and performance. Mitigations remain in place above to support risk, detailed on next slide.

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

Data Quality Rating:

National Key Performance Indicators

Background, actions being taken and issues

Endoscopy: At the end of December Endoscopy achieved 64% performance combined. This was a decrease from November's 67%. 32 weekend WLI Lists were completed in December 21 against a target of 64.

52 WLI lists are forecast for January 22 against a target of 72 and the recovery trajectory has been amended to reflect return to DM01. This is due to colonoscopy nurse non availability. A Consultation is underway to roster nurse shifts to cover weekend WLIs and the recruitment of 5 additional nurses to support the opening of the 5th endoscopy room in March 2022.

DNA levels for Endoscopy (both swabbing and procedure) have been higher then anticipated. The EUG meeting on 20 Jan 22 decided to relax the IPC precautions from 3 day PCR testing to on the day LFT. This should increase capacity by reducing DNA and enabling cancellations to be more easily re-booked.

Radiology: Performance has dropped in December 53.01% due to staffing vacancies and the inability to recruit. (8.2 WTE). CT 2 replacement program has been completed but has taken time for colleagues to train on the apps. The total number of patients waiting over 6 weeks in December reduced slightly to 3671 a increase 957 from November. Further staffing vacancies will impede MRI and DEXA provision in January as capacity is used to support inpatient flow, cancer and urgent CT provision. Performance will continue to decline in Radiology which will affect the overall Trust DM01 from November onwards to approx. 50%, with slow recovery predicted in Q4 based on forecast improvements. 2 Week waits are being seen within 2 week window.

Echo: Performance dropped slightly from 78% in Nov to 76.7% in Dec . There was an increase in the overall wait list from 392 in Nov to 544 in Dec. This is due to a surge in referrals during Dec. Echo activity decreased slightly from 662 in Nov to 618 in Dec.(this includes 148 WLI appointments). 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. DMO 1 FU Clock start categorisations as per national Guidance will reduce Echo performance further when included in this report as at the end of Dec there was a total FU wait list of 263 which includes a breach total of 79.

What will make the Service Improve?

Maintaining Endoscopy activity to meet demand: by ensuring enough capacity is available. This is looking unlikely to be achieved by the end of the financial year as planned, because the 5th room is not available until end Mar 22 due to technical installation requirements for the new washers require phased installation for QA testing. Furthermore, limited availability of endoscopy nurses to support the weekend WLI lists is reducing WLI capacity. Radiology: Recruit to further radiographers (8.2WTE).

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

Endoscopy:

1.Capital funding (£300k) received for the build of a fifth procedure room. **Now available end March 2022.**

2.The installation/replacement of washers to run 5 rooms. Has been funded and is in progress. **March 2022**

3.A paper is being collated to identify opportunities and costs to increase endoscopy capacity in the short term.

Radiology: A weekly senior operational DM01 meeting is held within the division. Further adapt and adopt and improvement options are being reviewed and mutual aid sought across the system.

1.**CT**: CT van capacity from InHealth confirmed, 22 days in Jan, 20 in Feb and 23 days in March 2022 are scheduled. Appointment times for standard CTs have gone back to pre pandemic 15mins. Incentive payments are in place and a weekly recruitment meeting with HR is now undertaken. Now booking Cobalt for the end of Jan, which will offer 25 slots per week.

2.**MRI**: Inhealth van days - 8 days in each month for Jan- Mar 22 have already been secured.

3.Inhealth and GWH work to have 3 new pad sites available for April is underway. Additional staff payments for Ultrasound proposed via ERF funding.

Echo: 5 echo rooms now operational since Dec 21**.** Under a Mutual Aid agreement GWH are conducting WLI activity in support of RUH patients during Jan 22, returning to delivering GWH activity during Feb and Mar. The combination of WLI and 2 x Additional Rooms should see DMO1 Echo recover by early May 2022. Locum Imaging Consultant started 1 Nov 21. TOE and Stress Echo waits are reducing as a result of the New Consultant Interventionist.

Risks to delivery and mitigations

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

There is a risk that if the IPC restrictions remain in place DNA's and cancellations will continue to waste a significant amount of available capacity.

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

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

Mitigations include:

•Approach IS to discuss/ reduce private patients.- Completed (Cobalt able to support with 25 patients per week)

•Additional 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 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%

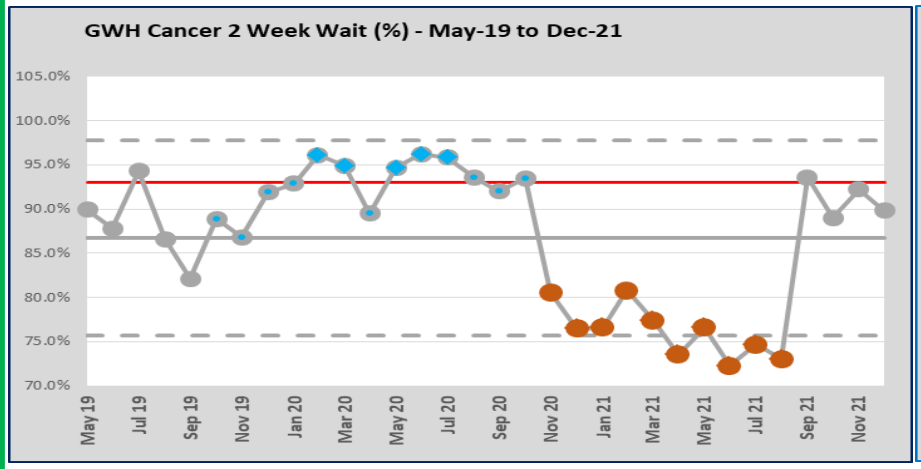
Data Quality Rating:

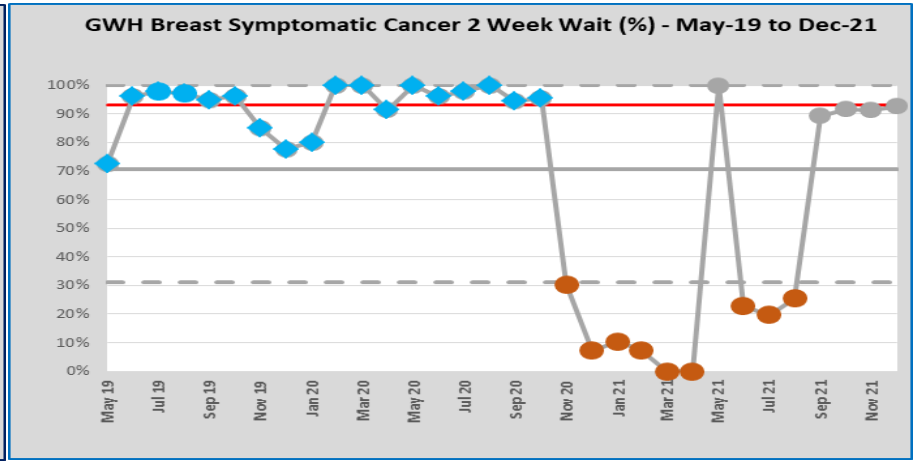
National Key Performance Indicators

Performance Latest Month: **December**

Two Week Wait Standard: 89.8%

Symptomatic Breast Standard: 92.7%





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

The standard in December was not met, largely due to Lung (33.3%), Colorectal (84.9%), Upper GI (87.9%) & Breast (92.7%)

Improvement actions from previous months such as WLI and CT capacity work have improved performance, however different challenges in different tumour sites has meant we have not achieved, as described in the improvement plan.

1,536 patients were seen under the 2 week wait to first appointment rules, of which 156 pathways breached the standard, the majority of breaches were as follows:

Lung (33.3% - 36 breaches)
- 31 issues with CT capacity

Colorectal (84.9% - 43 breaches)
- 30 patient choice
- 7 issues with outpatient capacity

Upper GI (87.9% - 19 breaches)
- 10 patient choice due to holidays and work commitments
- 5 issues with outpatient capacity

Breast (92.7% - 20 breaches)
- 18 patient choice due to holidays and work commitments

Skin (21) saw breaches but met the standard achieving 94.3%.

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

Colorectal
- Pathway navigators speak with patients to encourage attendance and work with PCNs.
- Audit of Patient Choice reasons has been conducted and shared with CCG.
- Further analysis is being undertaken to be shared at a future GP Forum.

Lung
- The service has secured 2 more protected CT slots per week from January and work continues with the service to understand how many more are needed to meet demand.

Upper GI
- Audit of Patient Choice reasons has been conducted and shared with CCGs.
- Further analysis is being undertaken to be shared at a future GP Forum.
- Gastro Locum available to work outpatient clinics at weekends to support capacity if required

Endoscopy
- Service will be adopting "on the day" lateral flow Covid testing from February, providing capacity following any short notice cancellations.

Risks to delivery and mitigations

Radiology
- CT capacity issues due to vacancies
  - Additional CT van days from **InHealth** are being arranged until March 2022. (20 additional days in February)
  - 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 14 days and CTC booking to 17 days.
  - CT Superintendent commenced in post in January

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

Endoscopy
- Service 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
  - Historically December is impacted by festive period and patients unwilling to attend
  - COVID continues to impact patient choice

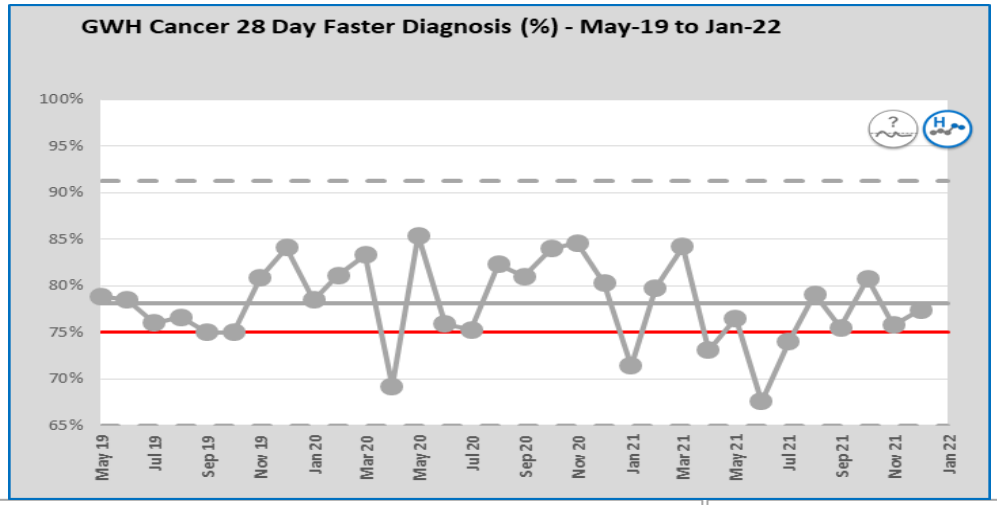
Cancer 28 Day Diagnosis Target 75%

Data Quality Rating:

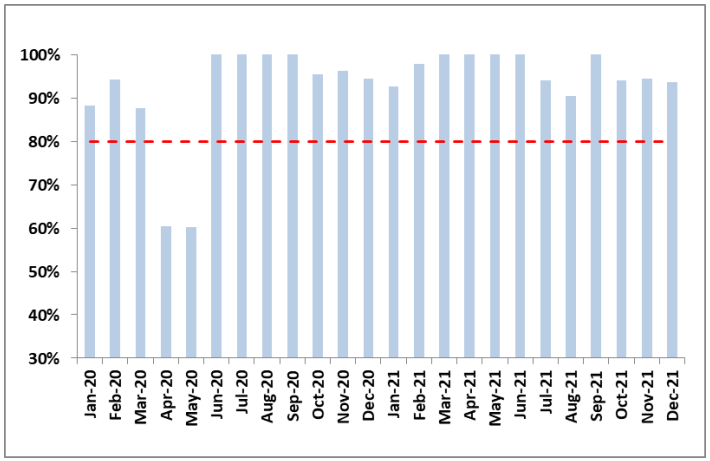
Are We Effective?

Performance Latest Month: **December**

28 Day FDS - Total 77.4%



FDS Completeness



Background

The standard was met in December with a performance of **77.4%** (344 breaches). The performance standard for all referrals (2ww, symptomatic & screening) is reported by NHS Digital and via the Public View portal.

Urology (41.4% - 65 breaches)
- 11 insufficient capacity for follow up in clinic to discuss diagnosis
- 8 clinical admin delays which included delays to dictating letters and delays to arranging follow ups.
- 27 pathways delayed for other reasons, including appointments booked to limits of KPIs
- 9 complex pathways with multiple and/or repeat tests

Colorectal (66.8% -- 83 breaches)
- 26 breached as a result of clinical capacity, mainly due to CTC capacity in Radiology
- 21 clinical admin to review diagnostic tests and subsequent follow up tests.
- 11 were as a result of patient choice
- 16 complex pathways where multiple diagnostics were required

Skin (70.9% - 86 breaches)
- 70 delays were as a result of capacity
- 6 clinical administration delays in respect of follow up appointments and letters

Gynae (71.7% -- 39 breaches)
- 20 pathways delayed fro other reasons, including appointments booked to limits of KPIs
- 8 clinical admin delays, including delays to letters
- 7 complex pathways where multiple/additional tests were required to confirm diagnosis

Upper GI (74.8% - 29 breaches)
- 9 clinical admin delays, mainly because of delays to consultant review of diagnostics for next steps due to capacity
- 9 were as a result of a lack of capacity to book appointments and/or diagnostic tests
- 5 were as a result of patient choice

January performance is expected not to meet the standard.

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

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

- Lack of consistency with recording of breach reasons identified and addressed within cancer MDTc team. This has help more accurately see pathway issues.
- Working with all tumour sites to identify patients who have had cancer ruled out to ensure that letters are sent within expected timeframes
- Issues with the requesting priorities with endoscopy were highlighted. HoS is to remind consultants of the priority codes where cancer has been ruled out to prevent escalation of priority.

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. We are now looking at which GP surgeries these relate to so we can engage with them to help educate and reduce this.

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

TVCA bid for funding of additional clinics was unsuccessful, however discussions with Plastics are being arranged to discuss service delivery. The service has secured funding to run the clinics at Wotton Bassett from the ERF

Risk to Performance Delivery

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

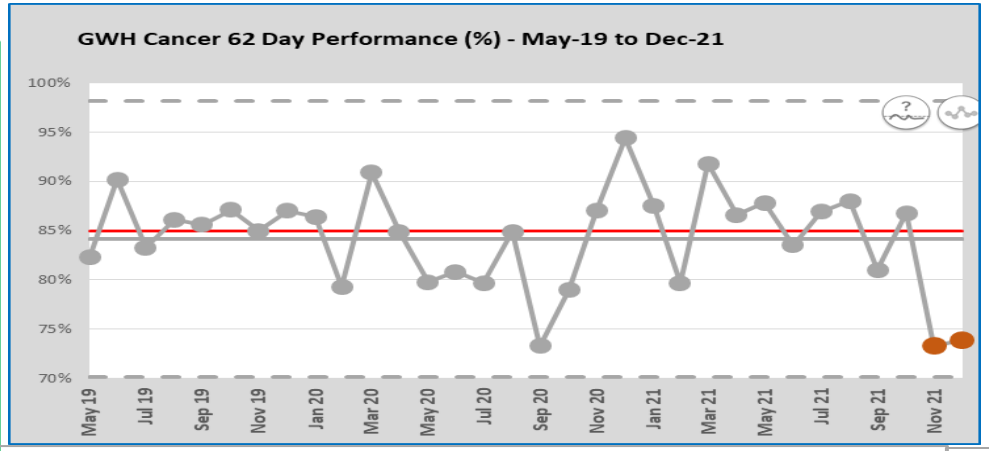
Colorectal
- Lack of consultant capacity, will impact on the delivery of diagnosis.
  - Colorectal service has recruited two registrars to support clinics releasing consultant capacity to see cancer patients.

Radiology
- Capacity due to vacancies,
  - CT van from **Inhealth** till March 22 approved.
  - Weekly wait data is supplied to cancer services team to help manage expectations and aid pathway planning. CT currently booking to 14 day and CTC to 17 days.
  - Additional sessions at **Cobalt** in Cheltenham commenced

National Key Performance Indicators

Cancer 62 Day Standards Performance Target 85%

Data Quality Rating:



Performance Latest Month: **December**

62 Day Standard (Target 85%):	74.0%
62 Day Screening (Target 90%):	96.0%
62 Day Upgrade (local standard 85%):	82.1%

Background

December 62 day performance is 74.0% (115.5 treatments , 38 patient pathways breached resulting in 30.0 breaches) with the Trust not achieving the national 62 day standard. The performance had been predicted to be challenged, of the 24 predicted breaches for diagnosed patients:

- **12** pathways breached as forecast **(7.5)**
- 5 pathways rolled to December
- 12 pathway did not breach as a result of being non reportable cancers or being treated in time.

There were **23** unpredicted breaches in December **(19.5)**

- 2 pathways had treatment dates in time but were cancelled due need to treat emergency case
- 2 skin pathways breached due administration error in MDTC team
- 2 patients delayed their pathways waiting for spouse to be discharged from hospital and a plastics patient DNA'd their appointment
- 6 were due to diagnostics and service capacity issues
- 3 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.

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

- **3** suspicious pathway was diagnosed with a cancer will be treated in December **(3.0)**
- 7 patients did not have a cancer diagnosis,
- 13 patients remain undiagnosed.

Urology: 6 patients, 4.5 breaches)

- 4 complex all options pathways with additional and repeat diagnostics, 1 delayed further by patient changing mind over treatment
- 1 incomplete TURBT pathways requiring additional procedure
- 1 delay for medical reasons

Colorectal (7 patients, 7.0 breaches)

- 5 complex pathways with multiple diagnostics
- 1 due to patient initiated delays and cancelation of diagnostics
- 1 due to insufficient clinical capacity to bring forward

Skin (10 patients, 9.0 breaches)

- 4 delayed due to capacity in Dermatology & Plastics
- 2 pathways were closed incorrectly resulting in treatments not being escalated
- 3 pathways were delayed for medical reasons
- 1 pathway was delayed as a result of patient choice

Upper GI (3 patients, 3.0 breaches)

- 3 due to oncology capacity at OUH

Lung (3 patients, 2.0 breach)

- 1 complex pathway
- 2 pathways delayed by wait for PET Scan at OUH

Haematology (3 patients, 3.0 breaches)

- 3 complex pathways that required additional diagnostics, 2 of which started in another tumour site.

Gynaecology (1 patient , 0.5 breach)

- Patient moved area mid pathway, delaying diagnostics and treatment planning

CUP (1 patient 1.0 breach)

- Patient chose to delay diagnostics and treatment whilst spouse was an inpatient.

5 further pathways were transferred to tertiary centres for treatment on time resulting in no breach for GWH

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

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

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

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

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

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

Template biopsy kit has now been received into the Trust. The Urology service is now acquiring the necessary consumables before planning the launch. A new locum starting in March is fully trained in the procedure. It is anticipated that the service go live date will coincide with the locum joining the team,

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 January with a forecast performance of 80.9% - 89.0 treatments & 17.0 breaches). Breached pathways were delayed for medical reasons , capacity issues (skin), cancelation of surgery due to site pressure(colorectal). Other pathways have seen delays due to the need for additional diagnostics.

Risk: CT van sessions are in place to help support radiology during the replacement of the CT scanner this summer. This is impacting on the service being able to offer earlier scans to help bring pathway forward. Radiology are actively managing and prioritising cancer referrals. PET CT van would assist capacity. At the same time reduced staffing in radiology due to vacancy and absence is placing increasing strain on capacity. Additional funding for **Inhealth** CT van in place until March 2022. Current waiting time for a CT Colon is 17 days.

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

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

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

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

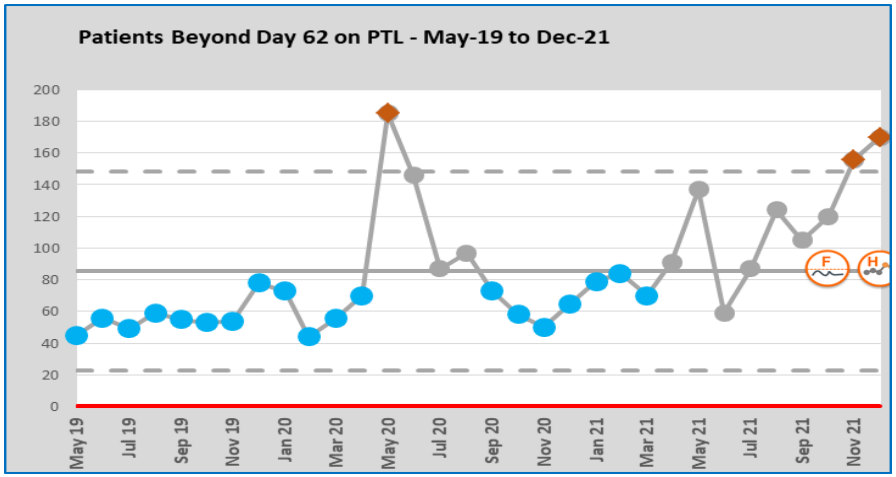
Risk: Capacity in theatres due to the repurposing of HDU beds as a result of site pressures has led to a number of procedures being postponed, resulting in breaches.

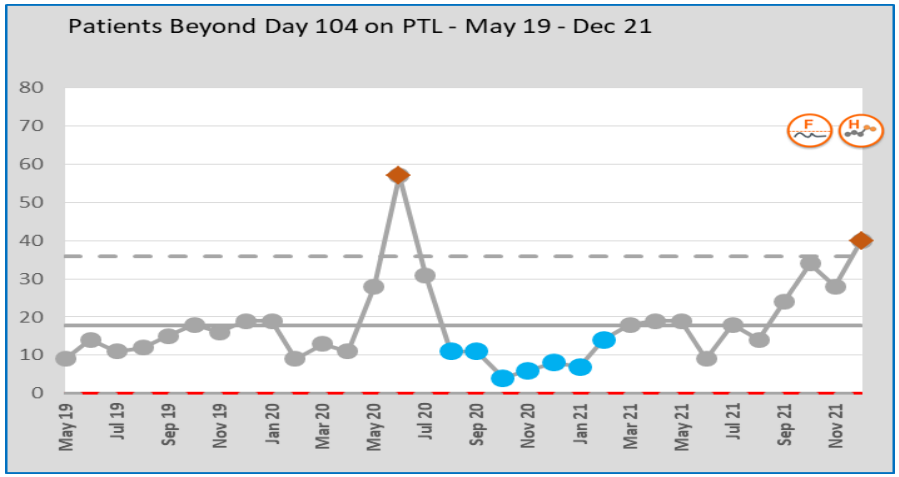
Mitigation: Cancelations are reviewed by senior divisional management before being cancelled

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

Data Quality Rating:

National Key Performance Indicators





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

The number of 62day+ pathways rose through December (170): Skin (64), Colorectal (43), Upper GI (27) & Urology GI (15). There are a number reasons for the high number of pathways, including complex pathways, clinical administrative delays, delayed pathway information from Oxford as well as pathways impacted by the delays in endoscopy and radiology..

The number of patient pathways over 104 days rose through December (40) These delays are due to the plastic capacity (12), dermatology capacity (3) and complex pathways in upper gi (5), colorectal (15) and urology (2).

104 Day Breaches in December : 5 Patients; 3.5 breaches (IPT)

Treated at tertiary

Colorectal: 1 patient 0.0 breach: Transfer of care in time, resulting in no breach to GWH, patient needed a medical issue sorting before being treated.
Urology: 1 patient 0.5 breach: complex pathway, incomplete TURBT resulted in need for additional procedure at Bristol to treat.

Treated at GWH

Colorectal:2 patients 2.0 breach: 2 complex pathways requiring repeat scopes and diagnostics. 1 pathway also included delays due to patient DNA of CT scan.
Skin: 1 patient 1.0 breach: Delay to referral to plastics due to patient fitness, a period of monitoring was recommended before treatment.

January is likely to see 10 patients breach 104 days on their pathway resulting in 7.0 breaches.

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

Introduction in February of weekly pathway reviews with Head of Cancer Services & Heads of Service to review all patients 62D+.

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

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

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

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

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

Risks to delivery and mitigations

Risk: Patient pathway delays are seen when diagnostic, outpatient and theatre capacity is challenged and also in the treatment preparation (COVID management pre-assessment & theatre capacity).
Mitigation: Working with elective booking teams highlighting delays in PTL meetings.

Risk: Tertiary centre theatre capacity challenged during Covid, particularly for patients requiring High Dependency Unit (HDU) recovery.
Mitigation: The monitoring of long waiting patients and HDU capacity steadily improving. Weekly update meeting held with OUH Cancer Pathway Manager to discuss and highlight issues with pathways transferred for care.

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

Risk: Delays to pathway communication from tertiary centres resulting in patients being on PTL longer than necessary.
Mitigation: weekly PTL updates from OUH, heads of service regular contact with counterparts where necessary. Weekly meeting with OUH Cancer Pathway Manager now in place to highlight pathway issues.

Risk: Clinical engagement with weekly 62D+ breach reporting
Mitigation: sharing 62D+ PTL patient data at MDT to be explored with services.

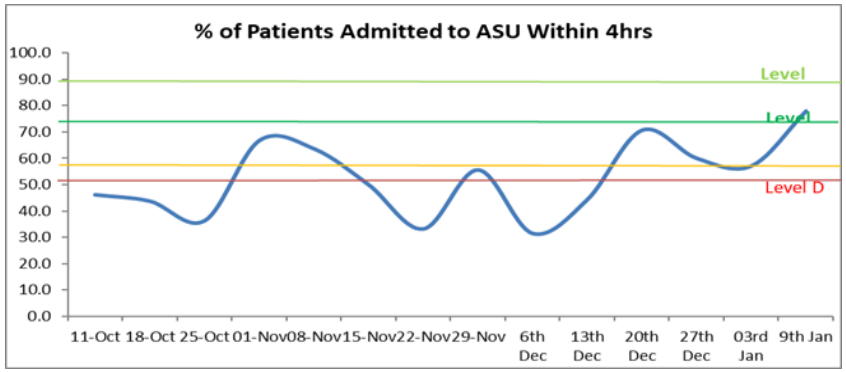
Stroke Pathways

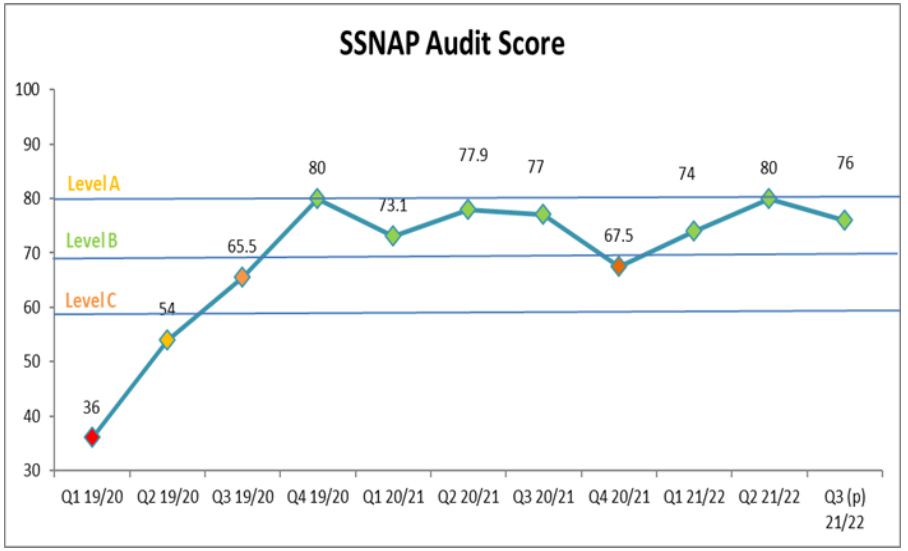
Data Quality Rating:

National Key Performance Indicators

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

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





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

SSNAP performance remains consistently within Level B with Q3 predicting maintenance of Level B performance with a score of 76.

There have been improvements in Thrombolysis, going from D to C for Q2, however winter site pressures for Q3 has seen Stroke Unit key indicators reduce from C to D. Additionally, SALT performance reduced from B to C due to unprecedented number of referrals, with referrals up by 50% in December compared to normal levels.

Given the site pressures over this period and the increased level of referrals into the SALT team, strong Level B performance has been maintained.

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

1. Request made through Targeted Investment fund to approved for additional Locum Stroke Consultant resource. **Complete**

2. Final revisions are being made to a business case to improve performance for the Stroke Service. **Feb 22**

3. Submit advert for substantive stroke consultant position**. Complete**

4. Recruit into Lead Stroke Nurse substantive role **– Complete**

5. 5 x Tilt in Space chairs procured for ASU to improve patient therapy care. **Complete**

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 recent missed opportunities for thrombolysis.

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

Out to advert for substantive stroke consultant and sourcing locum stroke consultants in the interim.

Nosocomial covid outbreak on the stroke unit has resulted in ward closure and the closure of bays impacting on admitting stroke patients and specialist reviews. Unit was temporarily relocated to Mercury.

Board Committee Assurance Report

Quality & Governance Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Dr Nicholas Bishop	Dr Nicholas Bishop		17 February 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			
BAF 1 Q3	Amber	Amber	The committee was fully assured by the process but the content was rated A/A.		
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 but is unchanged in community.		
Integrated Performance Report: Medicines Safety	Green	Green	Numbers of medication incidents have increased slightly this month after a long period of stability. This is probably related to staffing issues. See later.	Medicines trolleys to be replaced with ones that improve storage and reduce administration incidents.	March 2022

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Integrated Performance Report: Infection Control	Amber	Amber	*C.diff.* infections still rising. This is the case across the south west. Ribotyping shows this is not a result of cross-infection in wards but more likely related to antibiotic therapy. Efforts are focused on catheter management, hydration and nutrition to reduce UTI rates.		
Integrated Performance Report: Falls	Amber	Amber	Falls have again increased this month. A review has shown that each month approximately 300 – 350 patients are admitted as a result of a fall or a fall as a contributing factor. These patients remain at risk of further falls. Trials are under way to improve footwear for these patients and sensor mats.		
Integrated Performance Report: Staffing	Amber	Amber	High sickness levels due to Covid, including isolation, continue and high HCA vacancy. This is proving challenging with 18 days of Black (High risk) in January followed by 13 days of Red (Significant risk).		
Integrated Performance Report: Perinatal Quality Surveillance Tool	Amber	Amber	A recent announcement from NHSI requires us no longer to report Caesarean Section rates and to use the National Data Base for reporting.		
Serious Incidents Monthly Report	Amber	Green	Serious incidents stable. Work continues to reduce delayed investigations but some are outside the trust's control. Three of the 8 studied incidents related to delay in diagnosis. This theme will be examined further and any learning from it disseminated.		
Patient Experience Report Q2 and 3	Green	Green	This was a generally good report showing fewer reopened complaints and fewer concerns and complaints reported. There was a notable variation across BSW in proportions of concerns to complaints, highlighting the lack of a clear definition of a concern and the variable means to report them across BSW. Response rates to FFT have improved and positive response rates are improving. The Patient Experience and Engagement Framework 2021-2023 was noted.		
Clinical Audit & Effectiveness Q3	Amber	Amber	Very slow improvement and some delays in reports continue. None are critical.		
BDO Audit of WHO Checklist	Amber	Green	The report showed improvements in the approach to ensuring 100% compliance. Staff changes especially within Theatres promise to bring more robustness to the process. Whilst the WHO checks are partially carried out in almost all cases, there remain a large number where the processes and documentation are not completed. The findings of the WHO		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
			Safety Culture Survey reveal areas for improvement which are already under way.		
Quality Strategy Report (Draft) for 2022-2026	Not rated		The Committee welcomed this report as a significant improvement on previous versions. Basing the report on 8 objectives made it clearer especially when read together with “what this will look like”.	Progress report to this committee when relevant data are available but within 2 years	
Draft Quality Accounts Priorities	Not rated		Quality accounts priorities for 2022-23 were discussed and agreed.		
Quality (and other) Impact Assessments Update	Not rated		The Committee noted this brief report which outlined the approach to aligning Impact Assessments across the Acute Hospital Alliance.		

Issues Referred to another Committee	
Topic	**Committee**

Great Western Hospitals NHS Foundation Trust

Part 2: Our Care

Our Priorities

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

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

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

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

How We Measure

Are We Effective?

Are We Responsive?

Are We Safe?

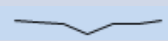
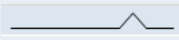
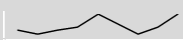
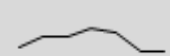
Are We Caring?

Are We Well Led?

Use of Resources

Our Care Summary

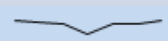
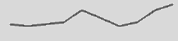
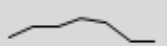
Great Western Hospitals NHS Foundation Trust

KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking	Bath Ranking	Salisbury Ranking	Month
C. Difficile (Hospital onset) per 1000 bed days	14.36 (Sept 21)		50	51	26	Jun 21
VTE Assessment	98% (Dec 21)		22	134	4	Dec 19
Hip Fracture Best Practice Tariff – 12 Month Rolling	56.4% (Sept 21)		56	70	71	Sept 21
Complaints Rates	27.9 (Q4 20/21)		104	50	22	Q4 20/21
Family and Friends Score – Percentage of Positive Responses - Inpatients	83% (Dec 21)		110	54	11	Oct 21
Complaints Response Backlog	0.8 (Q4 20/21)		4	35	43	Q4 20/21
MRSA all cases	2 (2021/22)		84	68	77	Aug 21
Falls per 1000 bed days	6.6 (Dec 21)					
Pressure Ulcers – Acute	36 (Dec 21)					
Pressure Ulcers – Community	44 (Dec 21)					
Never Events 21/22	3					
Serious Incidents	7 (Dec 21)					
Patient Safety Reporting Culture (Percentage of Incidents Recorded as Severe or Death)	0.56% (Dec 21)					
Hand Hygiene	98.7% (Dec 21)					

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

Our Care Summary

Great Western Hospitals NHS Foundation Trust

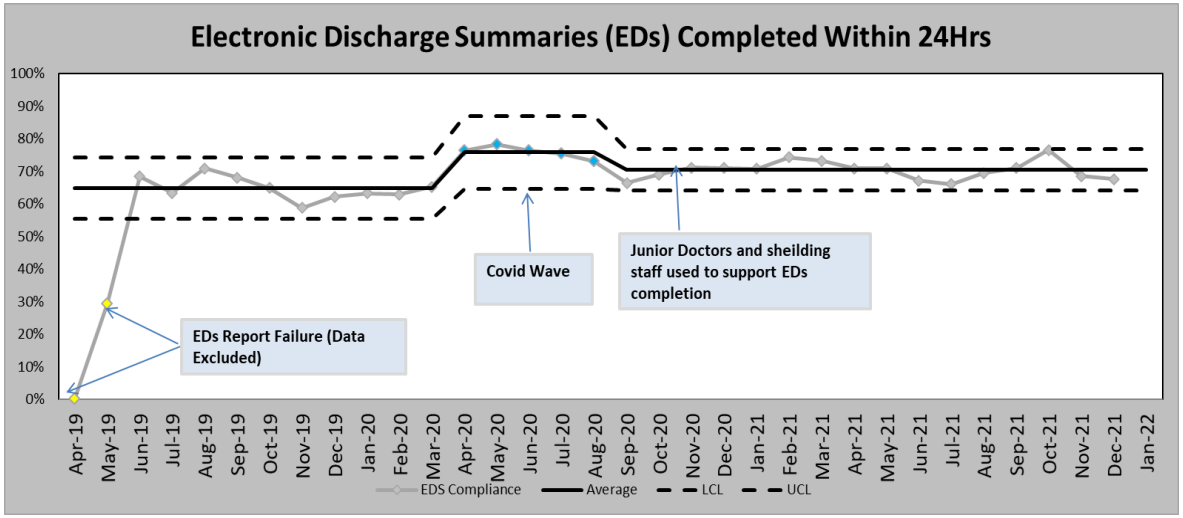
KPI	Latest Performance	Trend (last 13 months)	Public View (Latest Published Data)			
			National Ranking	Bath Ranking	Salisbury Ranking	Month
C. Difficile (Hospital onset) per 1000 bed days	42.21 (Dec 21)		50	51	26	Jun 21
VTE Assessment	98% (Dec 21)		22	134	4	Dec 19
Hip Fracture Best Practice Tariff – 12 Month Rolling	36.0% (Oct 21)		107	70	29	Oct 21
Complaints Rates	27.9 (Q4 20/21)		104	50	22	Q4 20/21
Family and Friends Score – Percentage of Positive Responses - Inpatients	87% (Jan 22)		110	10	20	Nov 21
Complaints Response Backlog	0.8 (Q4 20/21)		4	35	43	Q4 20/21
MRSA all cases	2 (2021/22)		105	47	66	Oct 21
Falls per 1000 bed days	9.7 (Jan 22)					
Pressure Ulcers – Acute	26 (Jan 22)					
Pressure Ulcers – Community	47 (Jan 22)					
Never Events 21/22	3					
Serious Incidents	10 (Jan 22)					
Patient Safety Reporting Culture (Percentage of Incidents Recorded as Severe or Death)	0.56% (Dec 21)					
Hand Hygiene	98.7% (Dec 21)					

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

2. Electronic Discharge Summary (EDS)

Data Quality Rating:

Are We Safe?



	24 hours	48 hours	72 hours.
Feb-21	74.36%	74.84%	77.55%
Mar-21	73.22%	77.53%	81.36%
Apr-21	70.95%	75.28%	78.90%
May-21	70.94%	76.03%	79.42%
Jun-21	67.20%	70.88%	72.97%
Jul-21	66.12%	69.79%	73.33%
Aug-21	69.54%	74.05%	77.32%
Sept-21	71.00%	75.43%	77.72%
Oct-21	64.58%	68.75%	72.79%
Nov-21	70.08%	72.70%	74.41%
Dec-21	68.37%	71.20%	73.93%
Jan-22	Data unavailable		

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.

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

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

The Electronic Discharge Summary (EDS) Task and Finish Group (T&FG) meeting in December was cancelled due to site pressures – the next meeting is scheduled for March 2022.

The Deputy Medical Director and the Quality Matron met to discuss a training package for Junior doctors on induction relating to completing EDS. Following discussions with the CCG there is a plan to provide this sessions across the Banes sector as the majority of the doctors rotate within this area. CCG are invited to the next EDS meeting to discuss.

Medway has now been upgraded to Care Flow and there is an option within Care Flow and also our Electronic Prescribing Medicines Application (EPMA) system to use it for EDS completion. The EPMA team have been invited to the next Task and Finish Group meeting to discuss possible options and timescales. Trainees are now fully engaged in developing improvement solutions and have conducted a survey to identify areas for focus.

A Quality review has been undertaken by the Medical Director to provide assurance around the completion of our EDS process. A sample of 30 EDS were reviewed and 29 of those EDS met the standard by including all the relevant information, one EDS was found to have missing information but was resolved at the time of review and did not result in a patient safety concern.

The six month trend of outstanding EDS from July to the end of December 2021 showed an increase in numbers with 405 outstanding summaries identified at the end of December. An audit of approximately 20% defined 1 patient in which there was an impact on care (no harm identified).

Risks to delivery and mitigations

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

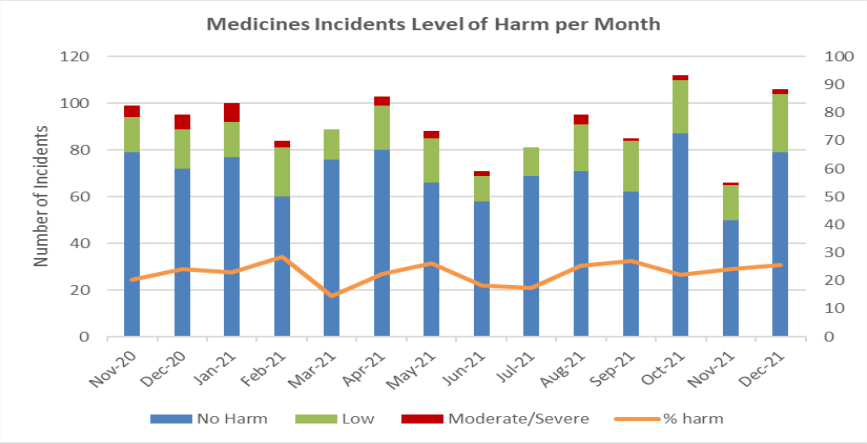
EDS T&FG in March has Care Flow EPMA options on agenda to report on options / timescales of moving to an integrated system to produce EDS.

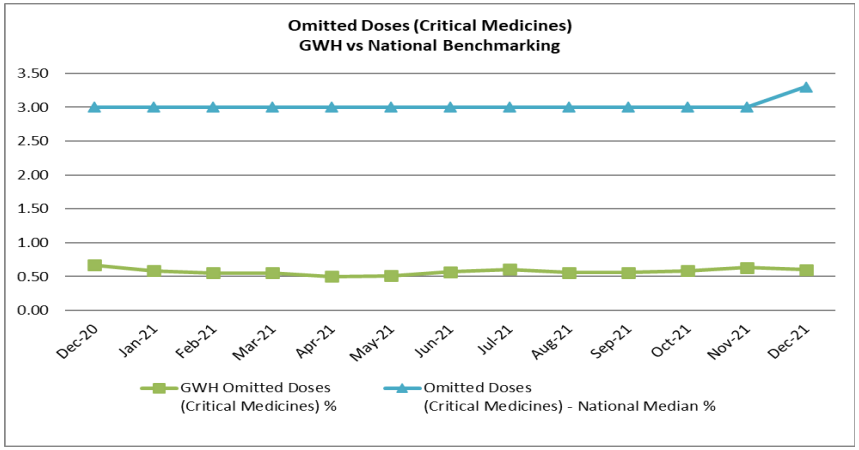
Regular changeover of Medical staff affects EDS performance. The Junior Doctor revised training pack on induction will hopefully mitigate this risk.

2. Medicines Safety

Data Quality Rating:

Are We Safe?





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

Medication Incidents

- In December, reporting increased after reduced reports in November. Recent national benchmarking indicates that GWH medicines incident reporting is in the middle of national distribution.
- The proportion of incidents leading to harm continues to remain consistent across the year. Less than 1% of GWH medicines incidents result in harm classed as moderate or severe.
- The main trends remain consistent with incidents relating to medication administration and prescribing.

Omitted Critical Medicines

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

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

Medication Incidents

- 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.
- A trust wide programme to replace medicines trolleys on wards is underway with equipment expected in March 22. This is following audit data on medicines management to improve medicines storage, and part of improvement work to reduce medicines administration incidents.
- SAFER weeks in January has improved discharge medication safety and introduced a patient focused medicines helpline, where patients and families can call to understand medicines better after patients leave the hospital.

Omitted Critical Medicines

- Robust systems are in place to ensure that all critical medicines are available 24 hours a day, leading to a consistently low percentage of omitted doses in the Trust. New reports will run in the new year to identify omitted medicines on specific wards.

Risks to delivery and mitigations

Medication Incidents
No specific risks to delivery identified at this stage.

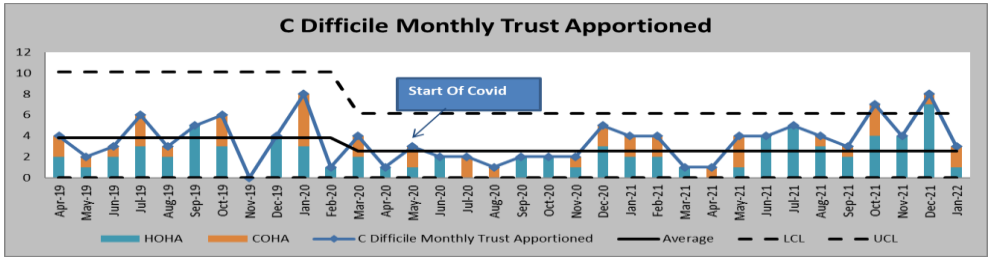
Improvement actions overseen through existing quality and safety governance routes, including Patient Quality Committee, Medicines Safety Group and the Serious Incident Learning Group.

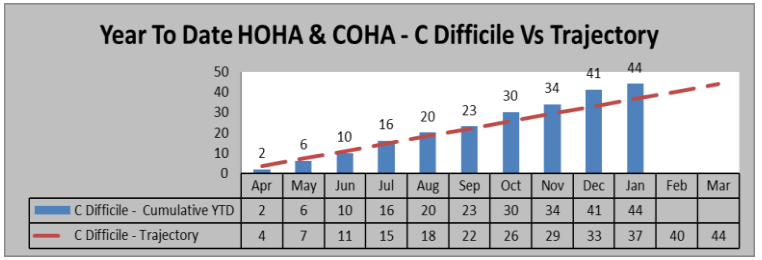
Omitted Critical Medicines
No specific risks to delivery identified at this stage.

2. Patient Safety - Infection Control

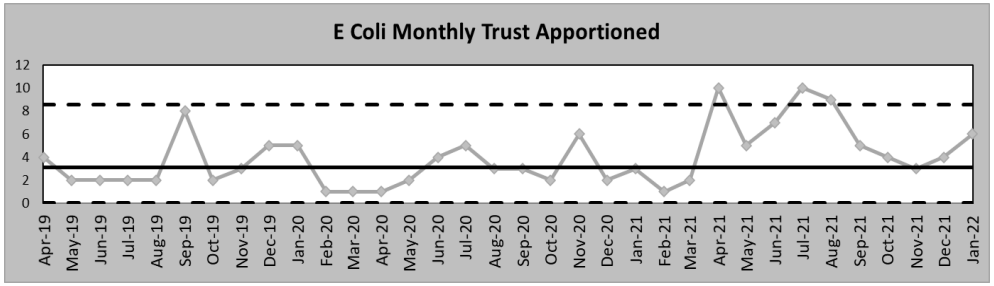
Data Quality Rating:

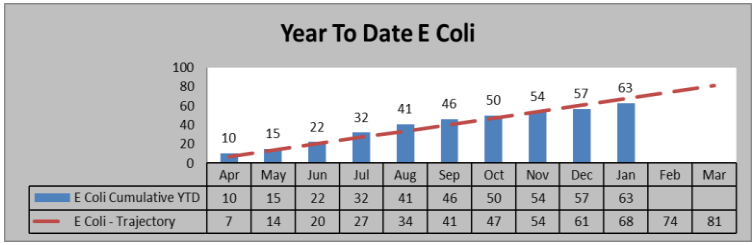
Are We Safe?





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C Difficile - Cumulative YTD	2	6	10	16	20	23	30	34	41	44		
C Difficile - Trajectory	4	7	11	15	18	22	26	29	33	37	40	44





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
E Coli Cumulative YTD	10	15	22	32	41	46	50	54	57	63		
E Coli - Trajectory	7	14	20	27	34	41	47	54	61	68	74	81

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

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

C. difficile – In January there has been 3 reportable C. difficile infections. One was a Healthcare Associated (HOHA) and two Community Onset – Healthcare Associated (COHA). The Trust total is currently at 44 which is over our trajectory and therefore putting at risk the need to be within the trajectory for 2021-22.

Gram negative Bacteraemias

The Trust has a trajectory of 81 E.coli bacteraemia, so far this year 63 have been identified including 6 in January 2022.

There were 2 Klebsiella bacteraemia in January 2022 with 22 cases in total against a trajectory of 18 and 3 Pseudomonas Aeruginosa bacteraemia (18 in total against a trajectory of 19).

Gram negative bacteraemias are often associated with dehydration, skin damage and urinary catheters and improvements in these aspect of care are being picked up through the Great Care Campaign.

Norovirus - In January 2022 there were 2 outbreaks related to norovirus, and there have been communications about raising awareness, early identification and preventative actions.

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.

Respiratory Syncytial Virus (RSV) in children has stabilised with only 2 cases identified in January 2022. There have been 75 cases since July 2021.

Infection control and the Infection Control Doctor 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.

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 remains key to not having cases attributed to the Trust.

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

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

2. Patient Safety – Coronavirus

Data Quality Rating:

Are We Safe?

Covid 19	Nov -21	Dec -21	Jan-22
Number of detected Inpatients	180	226	339
Number of Deaths in Hospital	24	8	22
Hospital Acquired Covid-19 Cases*	2	6	35

Covid-19 (Apr 21 – Mar 22)		(April 20- Mar 21)
Number of detected Inpatients	1713	1509
Number of Deaths	105	324
Hospital Acquired Covid-19 Cases*	62	142

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

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

In the week 17-23 January the Swindon case rate was 1281 per 100,000. The Wiltshire rate was 960 per 100,000, with the England average being 1002 per 10000.

There were 35 hospital acquired cases (8 days +) during January 2022. Outbreaks were reported on across a number of wards including Falcon, Linnet, Saturn, Orchard and Forest.

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

Daily outbreak meetings are held to ensure effective and safe management of clinical areas.

Social distancing has remained in place across the Trust with Covid-19 patient pathways in place. Patients are swabbed throughout their admission to ensure early identification if required.

The Divisional Directors of Nursing have a daily checking process in place to ensure all swabs are completed in a timely manner.

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.

Staff caring for COVID positive patients are encouraged to wear FFP3 respirators when providing prolonged clinical care in clinical areas (not just when aerosol generating procedures are taking place).

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

To improve ventilation on the respiratory ward where there are high numbers of patients with Covid 19, there has been a successful trial of air purifying units. These are now being purchased and permanently fitted to the wall.

Risks to delivery and mitigations

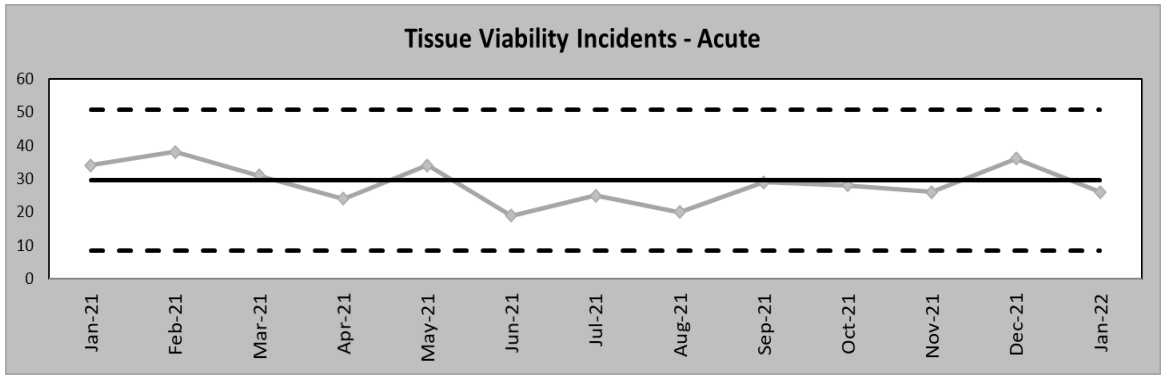
Decision to be made on whether we can also replace the portable corridor units for wall mounted units, freeing up the floor space, and ensuring consistency.

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

2. Patient Safety – Pressure Ulcers ACUTE

Data Quality Rating:

Are We Safe?



Incidents of Harms by Category for Jan 22:

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstagable	Total Incident of Harms
18	2	0	6	0	26

Number of Patients	Harms per Patient
25	1
1	2

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

There was a total number of 255 incidences that the TVNs reviewed and validated, indicating a total of 26 hospital acquired harms of pressure damage during the month of Jan. This has shown a reduction of 28% following 36 HA harms recorded in December 21.

There were a total number of 26 harms on 25 patients. 1 patient had multiple harms. This represents a 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 on Swindon Intermediate Care Centre (SwICC). Aiming to facilitate effective pressure relief, reduce the demand for dynamic mattress provision and support discharge planning. Report and recommendations to follow in February 22.

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. 80% of all staff have completed the training sessions with aim for 100% compliance by February 22. The data collection from this trial has demonstrated a reduction in PU harm for January to date.

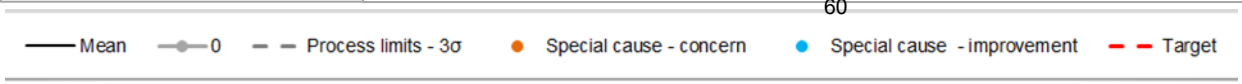
ICU is also trialling a new hybrid mattress with an aim to equip all beds with an appropriate supportive surface for all patients. Trials to complete February 22.

Risks to delivery and mitigations

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

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

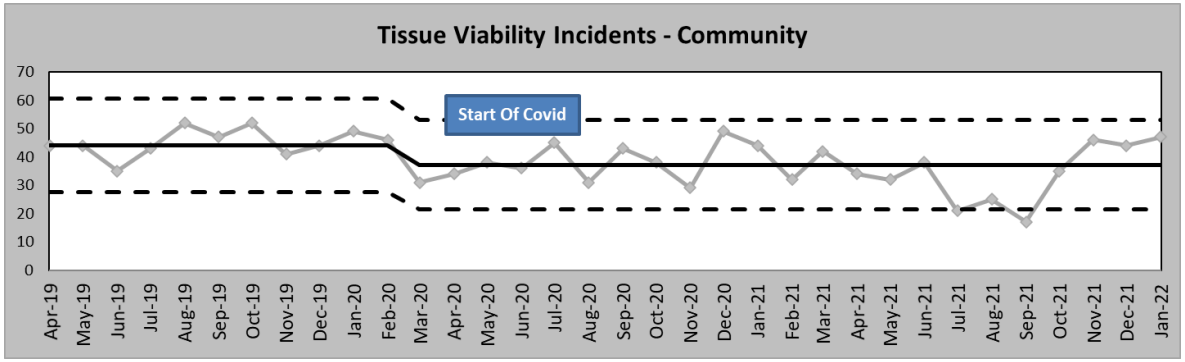
There is high demand for dynamic air mattresses across the Trust increasing the risk to all patients deemed at risk of harm and deterioration. The process for allocation of mattresses is under review to determine if we need to increase the supply or implement a change in process.



2. Patient Safety – Community Pressure Ulcers

Data Quality Rating:

Are We Safe?



Incidents of Harms by Category for Jan 22:

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstagable	Total Incident of Harms
16	10	2	11	8	47

Number of Patients	Harms per Patient
46	1
1	2

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

There continues to be a high levels of harm reported with similar numbers to December. This is in line with reporting at regional and national Tissue Viability Forums.

25% of patients with reported harms were receiving palliative care and therefore at higher risk of experiencing skin failure.

Two category 4 pressure ulcers – contributing factors are non-compliance with equipment and following specialist advice.

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

A new aSSKINg bundle was implemented within the clinical electronic system (SystmOne) with education provision for over 60 Clinicians. Creation of an education video to improve knowledge and skills of risk assessment and appropriate intervention was developed and sent to all senior teams for access in January.

Safety notice issued to all Community Nursing Staff via the Community Matron regarding risk of pressure damage when using medical devices: e.g., urinary catheter. These are repeated when harm is identified.

In February 2022, an evaluation of stock pressure relieving mattresses will be conducted within the Community setting in partnership with other Healthcare Professionals and Equipment Library to ensure cost effective prevention of harm.

Following a Capital funding bid, additional diagnostic equipment for review of blood supply to lower limbs which supports healing of lower limb ulcers was successful.

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:

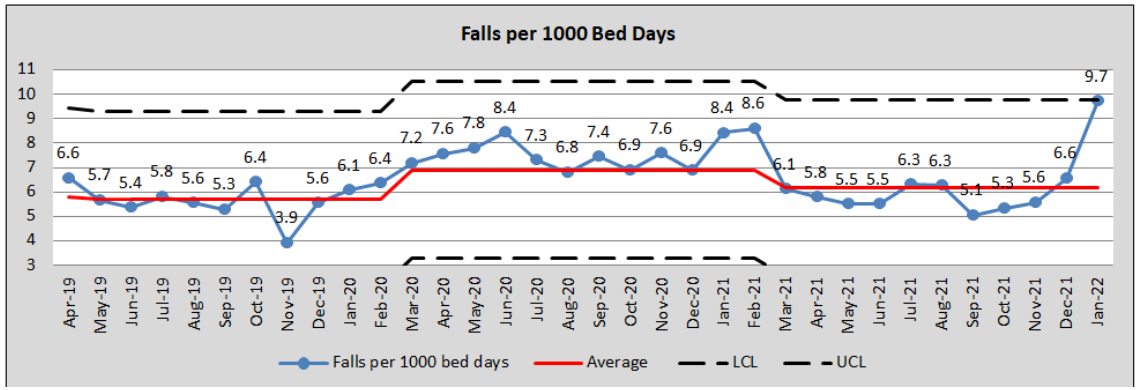
- Ongoing recruitment of community staff,
- Bank enhancements for community nursing
- Urgent case load reviews with Tissue viability specialists
- Increased use of temporary staffing
- Education for temporary staff
- Use of Laptops and mobiles for temporary staff

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:

Are We Safe?



	Total Falls	Falls resulting in moderate harm or above
Jul-21	113	4
Aug-21	94	2
Sept-21	96	2
Oct-21	105	4
Nov-21	108	3
Dec-21	126	4
Jan-22	160	3

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

Reported inpatient falls increased in January to 160 total falls, significantly above the usual average of 111 per month. With falls per 1000 bed days also increasing to 9.7. In the first two weeks of January reported falls were almost double the 'normal' average.

Three falls with moderate/severe harm during January 22 each under investigation.

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

The new Falls and Mobility assessment tool went live on Nervecentre for all new inpatient hospital admissions on 1st February 2022. Virtual training slides and demonstration video have been developed and are available on the Falls Intranet pages. The main focus during February will be ongoing support for clinical staff to implement this new assessment tool.

It is estimated that appropriate footwear can reduce the risk of falling by up to 10% (stable sole, supportive heal, securely fastened). Patient guidance on safe footwear, slipper samples and brochures from footwear companies have been ordered. A plan for a slipper bank is also being developed, with an aim to provide safe footwear for patients who are unable to provide or access their own. Support from procurement and charitable funds is being established for this project to start in March 22.

A trial of bed and chair falls sensor mats and bathroom alarms is planned in March 22 on Orchard and Teal.

Risks to delivery and mitigations

Due to demand on the service, the number of falls reported has increased. Prior to 8th December falls numbers were stable with normal variation demonstrated on run chart of falls reported daily. Since 8th December there have been a number of data points running above the average line, and a number of data points above the upper control limit. In the first week of January (01/01/22 to 06/02/22) reported falls were double the 'normal' average'.

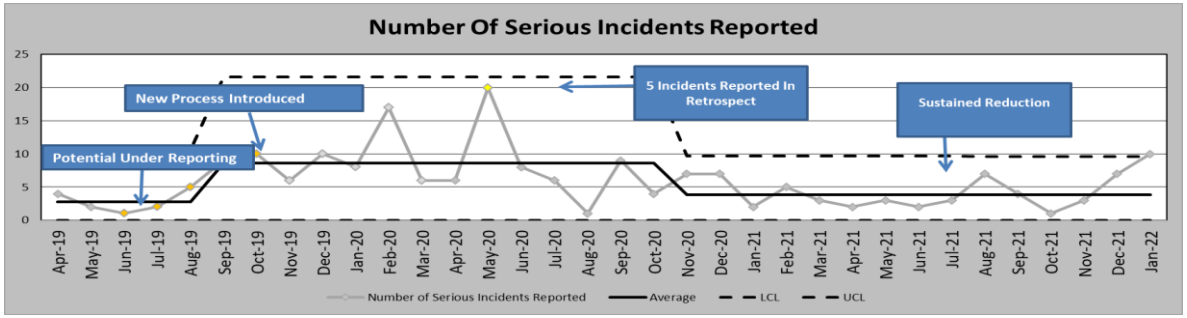
Increasing numbers of frail and deconditioned older people at high risk of falling in the community setting. Around 300-350 patients a month are admitted with a fall as the primary diagnosis code, these patients are at high risk of falling again as an inpatient.

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

2. Patient Safety - Incidents

Data Quality Rating:

Are We Safe?



Serious Incidents Reported			Comparison
Nov-21	Dec-21	Jan-22	Jan-21
3	7	10	2

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 31 on-going Serious Incident (SI) investigations, with 10 reported in January. The number of serious incidents reported in January has increased compared to the previous months.

There have been no themes identified from the SI's reported.

Improvement Groups continue in the following areas –

Endoscopy Electronic Referral - The referral has gone through testing and is now being presented to the wide consultant body for consideration and feedback. Once this has been completed and signed off the system will go live.

Fluid Balance Group -This is a new group set up to address the findings of a Serious Incident and of a recent audit. Actions include assessing current training provision, reviewing documentation and developing an implementation plan for sustainable training for unregistered and registered staff.

Allergies Improvement Group- Electronic Prescribing Medicines Application (EPMA) and NerveCentre interface funding Business Plan has been approved and are awaiting implementation. Medicines administration policy – the section on management of allergies is being reviewed. Standard Operating procedure on management of allergies documentation draft has been circulated for comments. Once the interface is completed and the SOP is agreed on, training will be updated to reflect the changes. There will be promotional videos to aid this. Group is chaired by CCIO & Patient safety matron.

Trauma/Mercury/Beech Ward Round Projects- This improvement work was started following Serious Incident Investigations, with a reoccurring theme of timely review of patients during ward rounds, and missed medicine reconciliation. Our achievements so far:

- Lack of equipment – Gadget on a Trolley (GOATS) iPads & iPods have been purchased for Mercury Ward & Trauma Unit which are easily accessible for staff to use during patient ward rounds. Expected dilivery is this February.
- Ineffective use of NerveCentre Handover- training has been scheduled to improve Junior Doctors engagement with NerveCentre and to use the system more effectively
- Mercury Audit - this included an audit on patient daily reviews and discharges, the audit results show that a third of the patients that are discharged, have a clear Consultant Care Plan from the previous day
- Lack of ownership of patient's journey - Workflow analysis with the Transformation and Improvement Team is underway, this will include reviewing a patient's journey from admission to the end of their hospital stay.

Risks to delivery and mitigations

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

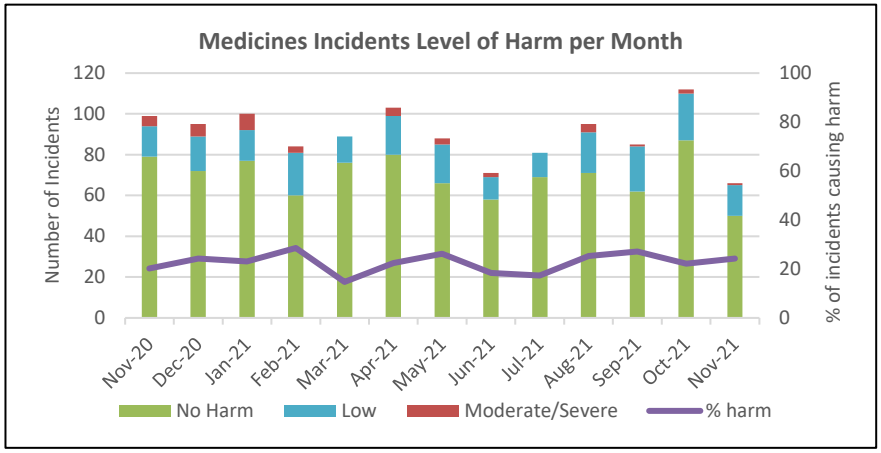
The mitigations include robust monitoring, increased awareness and oversight of the process.

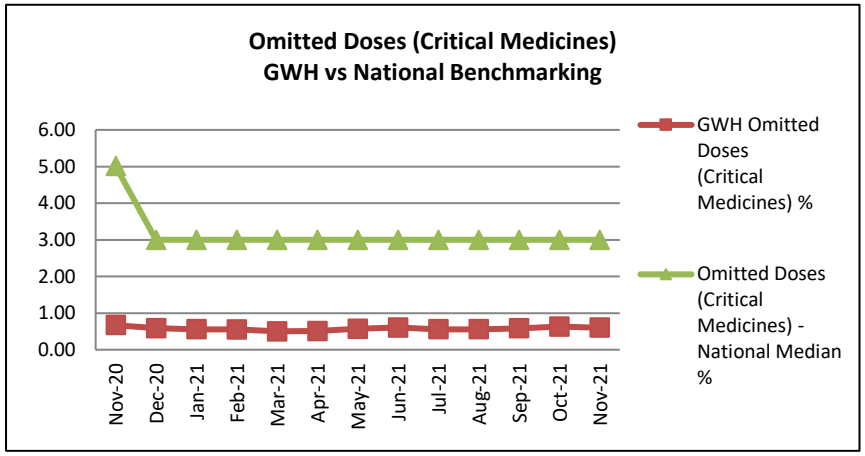
The implementation of the Datix management system is paused due to pending resolution of issues. Date for implementation for the incident module to be determined.

2. Medicines Safety

Data Quality Rating:

Are We Safe?





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

Medication Incidents

- In November, the proportion of incidents leading to harm remained stable, though there was a reduction in errors reported.
- The main trends remain consistent with incidents relating to medication administration and prescribing.

Omitted Critical Medicines

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

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

Medication Incidents

- Engagement with Medicines Safety Huddles have allowed medicines safety issues to be escalated widely. Insufficient IT equipment has been resolved on individual wards and fed back into wider projects in the Trust.
- Medicines Management audits are being conducted by Matrons which have been supporting wards with their drug storage and monitoring to ensure that medicines are stored safely.
- Drug Trolley procurement is in process from December 2021 and should support some issues raised.

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.

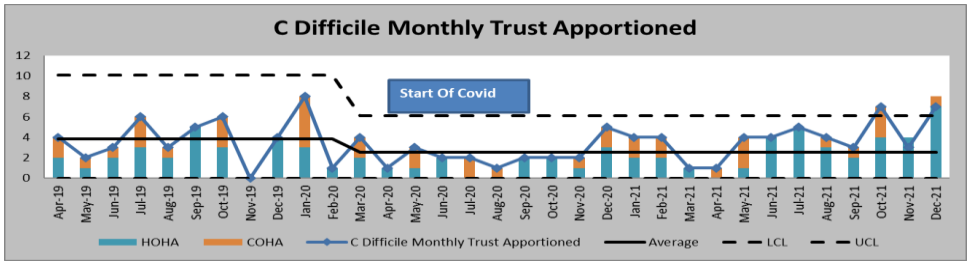
Improvement actions overseen through existing quality and safety governance routes, including Medicines Safety Group and Serious Incident Learning Group.

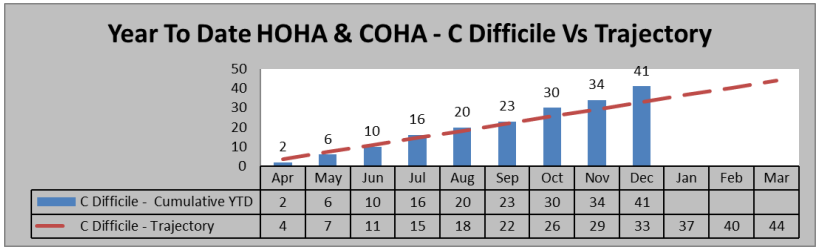
Omitted Critical Medicines
No specific risks to delivery identified at this stage.

2. Patient Safety - Infection Control

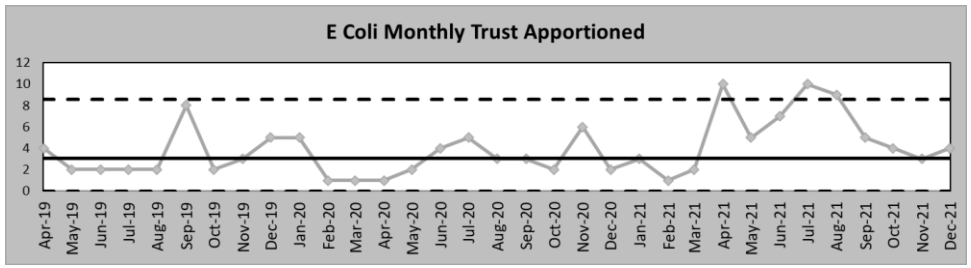
Data Quality Rating:

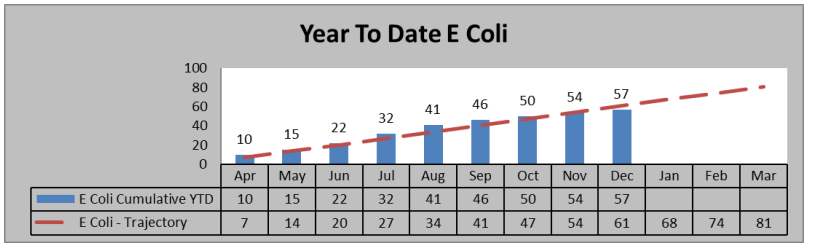
Are We Safe?





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C Difficile - Cumulative YTD	2	6	10	16	20	23	30	34	41			
C Difficile - Trajectory	4	7	11	15	18	22	26	29	33	37	40	44





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
E Coli Cumulative YTD	10	15	22	32	41	46	50	54	57			
E Coli - Trajectory	7	14	20	27	34	41	47	54	61	68	74	81

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

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

C. difficile – In December there has been 7 reportable C. difficile infections. Six were Healthcare Associated (HOHA), and one was Community Onset – Healthcare Associated (COHA). The Trusts total is currently 41 against a trajectory of 44.

MRSA Bacteraemia – 0 cases reported for December.

Gram negative Bacteraemias - The trust has been set a trajectory of 81 E.coli bacteraemia. 3 cases were identified in November 2021 and 3 in December.

We have identified 20 Klebsiella bacteraemia (against a trajectory of 18) and 15 Pseudomonas Aeruginosa bacteraemia (against a trajectory of 19). No avoidable root causes have been identified, further work to be undertaken to explore any wider contributary factors.

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

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

GWH is over its trajectory for CDI at the end of Q3, but is performing comparably with other Trusts and is positioned towards the middle of the organisations within the South west. Scrutiny to the standards of IPC practice including cleaning standards is applied to prevent avoidable cases of CDI.

Introduction of the star rating system for cleanliness has been rolled out on the Wards and will support the ongoing drive to increase standards.

The Trust is applying to join an NHS England and NHS Improvement project to improve hydration in people aged 65+, including those living in a care home, or receiving domiciliary care. The aim is to test interventions to help keep people well and hydrated, reduce Urinary Tract Infections (UTIs) and so reduce the need for antibiotics. The pilots will help improve our knowledge and understanding of the most effective hydration interventions to reduce UTIs, while supporting efforts to tackle the growing threat of antimicrobial resistance.

Respiratory Syncytial Virus (RSV) in children is currently not being detected, this is in line with normal seasonal trends.

Risks to delivery and mitigations

Maintaining cleanliness of the ward environment consistently, including patient care equipment remains a priority.

The spot check audit programme with SERCO, Matrons, Estates and Facilities have been put on hold until the end of January, due to vacancies and sickness.

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

2. Patient Safety – Coronavirus

Data Quality Rating:

Are We Safe?

Covid 19	Oct-21	Nov-21	Dec-21
Number of detected Inpatients	310	180	226
Number of Deaths in Hospital	18	24	8
Hospital Acquired Covid-19 Cases*	6	2	6

Covid-19 (Apr 21 – Mar 22)		(April 20- Mar 21)
Number of detected Inpatients	1338	1458
Number of Deaths	83	324
Hospital Acquired Covid-19 Cases*	27	139

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

The number of patients diagnosed with COVID-19 started to increase again during December, although Swindon was behind the national high level for a number of weeks.

As of the 25th December 2021, the Swindon case rate was 993.28 per 100,000. The Wiltshire rate was 908.96/100,000, with the England average being 1.352.24/10000.

There were six hospital acquired cases (8 days +) during December.

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

Day two testing was introduced for emergency admissions to help prevent outbreaks as the Community rate rises again.

Since December 2021, staff have been supported to wear FFP3 masks when working a shift on COVID positive ward. This is in light of Omicron being thought to be more infectious.

Non essential visiting stopped on the 30th December 2021 due to increase community infection rates and ward closures, however end of life and compassionate visits and those with care needs such as LD have continued to be supported.

The patient pathway and management of patients on Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BiPAP), especially outside of specialist areas is under review to ensure safe delivery of care and minimising the risk of nosocomial infection. Isolation Is recommended until 2 negative results are obtained and clinically there are no signs of COVID infection.

In light of the national guidance promoting increase ventilation requirements, Neptune ward's ventilation has been enhanced with a 6 week trial period using air purifying units.

Risks to delivery and mitigations

Risk of reduced compliance with staff completing lateral flow tests and reporting results to the national portal as supplies became an issue. This has been supported with additional supplies from CCG stock.

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

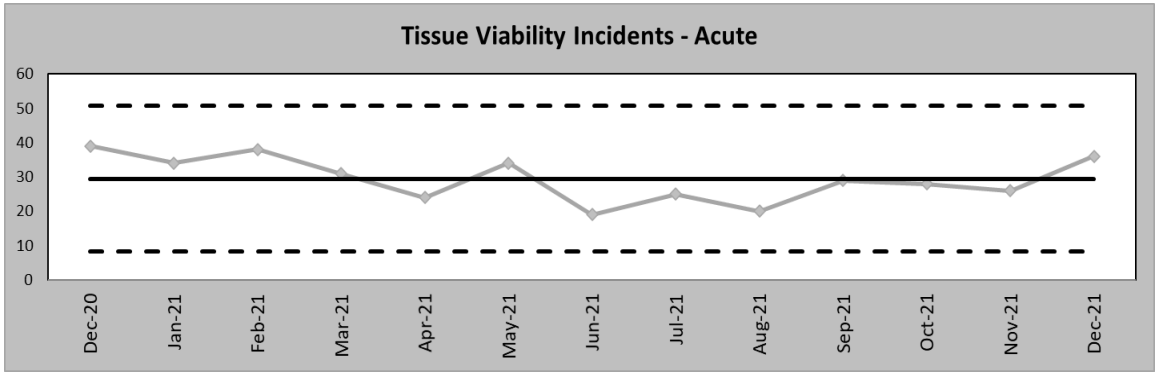
PPE audits have been add to Tendable (previously known as perfect ward), matrons are completing these monthly.

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

2. Patient Safety – Pressure Ulcers ACUTE

Data Quality Rating:

Are We Safe?



Incidents of Harms by Category for Dec 21

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstagable	Total Incident of Harms
22	1	0	11	2	36

Number of Patients	Harms per Patient
32	1
2	2

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 December. All of these were validated by the TVN's.

Of the 36 harms hospital acquired harms 60% were vaildated as low harm. From identifying and introducing prevention measures have mitigated the risk of futher deterioration to higher levels of harm.

A number of these relate to respiratory devices due to the number of COVID patients.

9 harms have not been validated with no origin of harm investigated. 5 are DTI's awaiting revalidation and 4 harms are CAT 2's.

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

Tissue Viability Support has been provided to Neptune Ward in risk assessment and documentation training. Sessions have been delivered to clinical staff in reducing harm and increase awareness. Monthly meetings booked with Matron and Ward Manager to offer on-going support.

An evaluation of Hybrid mattresses has been undertaken on Forrest and Orchard wards, hybrid mattresses are a cost-effective approach for at risk patients to facilitate effective pressure relief and reduce the demand for dynamic mattress provision. This will support the development of a protocol for the use of appropriate mattresses/aids for at risk patients.

Intensive Care Unit (ICU) has commenced a trial of a product for reduction of moisture that is a key component in tissue damage development for all patients at risk. Multiple training sessions have also been booked for the department throughout January. The clinical educator facilitator has introduced an improvement plan within the department, there have been initial improvement within month.

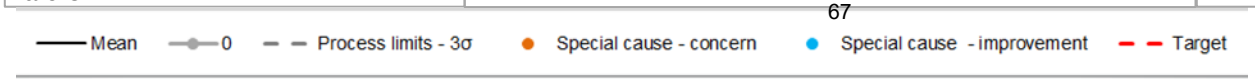
Risks to delivery and mitigations

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

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

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

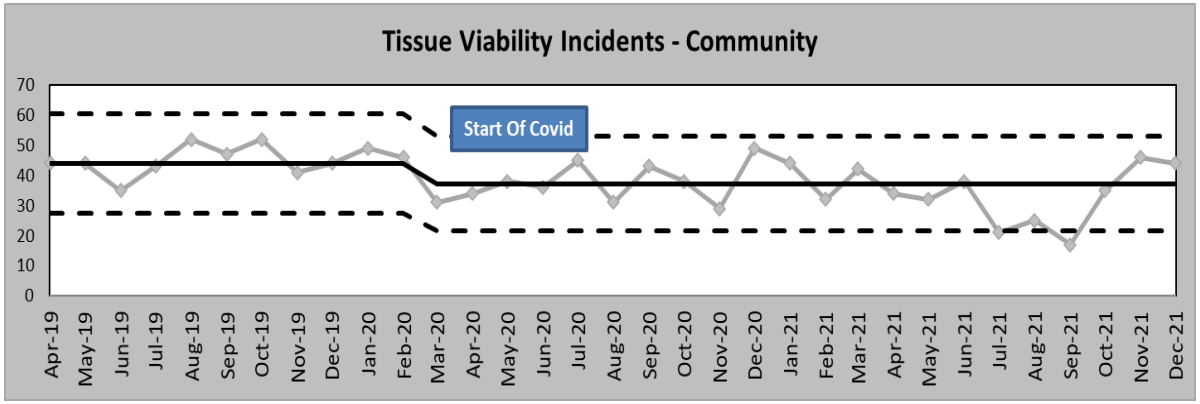
There is a risk that the long ambulance waits at the Emergency Department (ED) could increase the risk of patients developing Pressure Ulcers. This is being mitigated against by embedding the use of the Standard operating procedure for use of pressure relieving equipment with educational sessions.



2. Patient Safety – Community Pressure Ulcers

Data Quality Rating:

Are We Safe?



Incidents of Harms by Category for Dec 21

Category 2 PU	Category 3 PU	Category 4 PU	DTI	Unstagable	Total Incident of Harms
17	6	3	7	11	44

Number of Patients	Harms per Patient
39	1
1	2
1	3

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

There continues to be reported high levels of harm in December, whether acquired in our care or present on admission.

22% of harms were recorded on patients who are receiving Palliative Care, this is in line with reporting from regional and national Tissue Viability Forums.

Device related harm: x 3

Devices include hosiery and oxygen tubing.

3 x high levels of harm. All these patients have high complex needs or are End of Life.

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

Implementation of new aSSKINg bundle part of the risk assessment tool in the electronic system. Training commences January 2022.

Training on pressure ulcer prevention and incontinence associated dermatitis focusing on early recognition and intervention continues to be provided.

Superficial mucosal harm was recognised and reported early this month due to additional training and interventions put in place for resolution.

Work stream established for review of core stock levels of Pressure Relieving Equipment with Rehab Specialist Services and Equipment Library as the demand for higher spec equipment has risen in line with improved risk assessment and patient complexity.

Risks to delivery and mitigations

There is a risk that covid isolation and staffing levels within Community Nursing services will impact on the ability to provide high quality pressure ulcer prevention and management and increase demands on specialist services to include Tissue Viability.

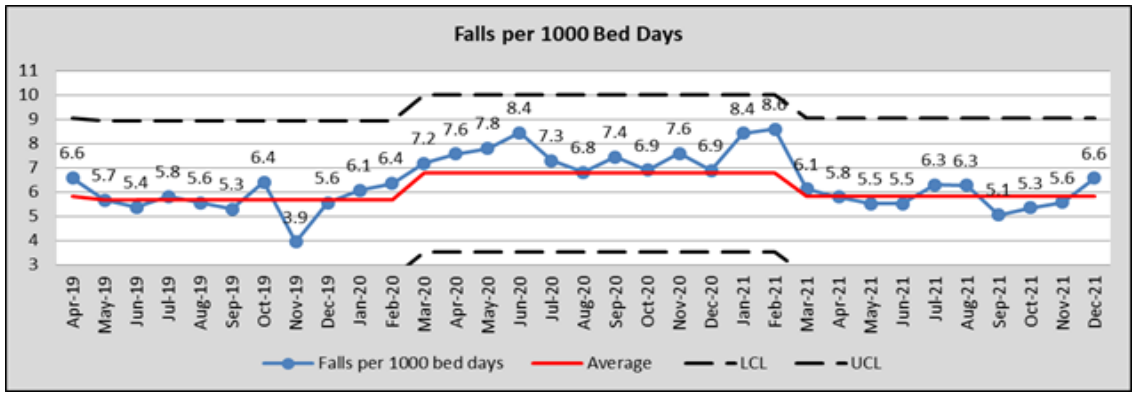
This is partially being mitigated by ongoing recruitment of community staff, use of temporary staffing with bank enhancements for community nursing and urgent case load reviews.

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

2. Patient Safety – Safer Mobility (Falls Reduction)

Data Quality Rating:

Are We Safe?



	Total Falls	Falls resulting in moderate harm or above
Jun-21	97	2
Jul-21	113	4
Aug-21	94	2
Sept-21	96	2
Oct-21	105	4
Nov-21	108	3
Dec-21	126	4

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

There has been an increasing trend in falls per 1000 bed days.

Four falls with moderate/severe harm with two investigations completed.

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

The New Falls and Mobility Assessment documentation is now uploaded on Nervecentre. Testing has been completed and final amendments made. Implementation across all inpatient areas with training delivered during January and February 2022.

The National Audit of Inpatient Falls has been revised nationally to include procedural standards for completion of lying and standing blood pressure assessment. The Lying and standing blood pressure (BP) assessment tool on Nervecentre meets the required requirements. Virtual training has been developed to provide information on orthostatic hypotension (sudden drop of blood pressure on standing) and guidance of performing a lying and standing BP using the correct assessment tool.

Junior doctors have registered an audit on measurement of lying and standing BP and appropriate treatment of postural hypotension. Audit expected to commence in February 2022.

Virtual training and demo of Lying and standing BP assessment tool prepared, along with knowledge assessment. To commence on Trauma in February 2022.

Review of the Bedrails Policy has been completed for ratification in January 2022.

Risks to delivery and mitigations

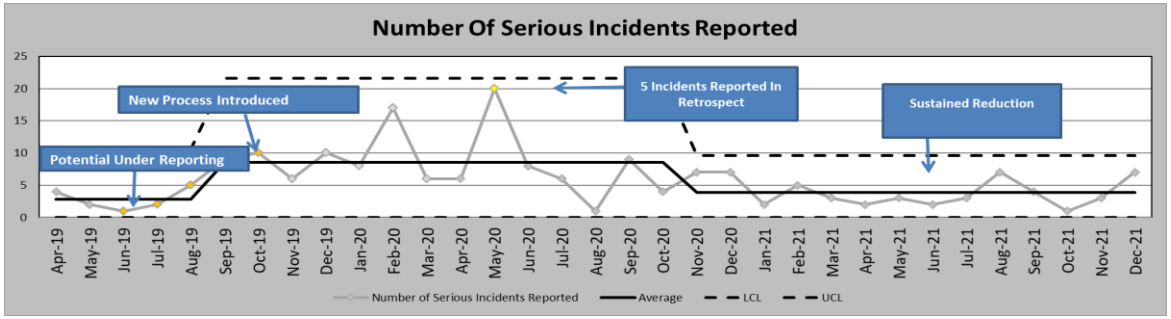
Due to demand on the service , the number of falls reported has increased. Prior to 8th December falls numbers were stable with normal variation demonstrated on run chart of falls reported daily. Since 8th December there have been a number of data points running above the average line, and a number of data points above the upper control limit. In the first week of January (01/01/22 to 06/02/22) reported falls are double the 'normal' average'.

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

2. Patient Safety - Incidents

Data Quality Rating:

Are We Safe?



Serious Incidents Reported			Comparison
Oct-21	Nov-21	Dec-21	Dec-20
1	3	7	6

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 29 on-going Serious Incident (SI) investigations, with 7 SIs reported in December.

This includes,

1. Delay of diagnosis and Treatment of an infant.
2. Incident following mislabelling of breast milk.
3. Treatment delay.
4. Complication following Colonoscopy.
5. Delay in triaging new born

6. & 7. Hospital acquired infections

Improvement Groups continue in the following areas –

Allergies Working Group - Application for funding for interface between NerveCentre & EPMA in progress. Draft guidelines for recording of all allergies and intolerances have been produced.

Sharing of Learning – 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.

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

BiPAP Working Group – The patient pathway and management of patients on Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BiPAP), especially outside of specialist areas is under review to ensure safe delivery of care and minimising the risk of nosocomial infection. Non Invasive Ventilation (NIV) competencies for nurses have been updated and are awaiting Trust wide sign off. There is need to mandate Oxygen (O2) delivery models on NerveCentre to ensure patient safety- costs for this have been shared with Unscheduled Care (USC) division.

Risks to delivery and mitigations

There are 16 SI investigations overdue that pose a risk to early identification of learning.

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

The implementation of the Datix management system is paused due to pending resolution of issues. Date for implementation for the incident module to be determined.

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

2. Patient Experience – Safer Staffing

Data Quality Rating:

Are We Safe?

Summary
January 2022 has had significant challenges to ensure safe staffing levels throughout nursing and midwifery due to the high sickness absence relating to Omicron Variant of COVID19 compounded with Health Care Assistant vacancies.

The Trust Safest Staffing Framework has been fully utilised and the Trust reported 18 days of Black (High risk) and 13 days of Red (significant risk) in January. This was mitigated by the use of non clinically facing staff supporting on wards (for example Specialist / Corporate nurses) and the buddy system for non clinical staff to support with admin and other tasks such as tea rounds. Incident forms and Red flags are completed for all critical shifts.
The 3 x a day staffing meetings ensure that staff are moved across the Trust to ensure the staffing is as safe as possible and there is senior visibility / presence to the high risk areas.
The Nurse and Midwifery staffing status is reported through the Operational Sit rep 3 times a day and a review of the critical staffing shifts quality metrics is being presented at the next Nursing, Midwifery and AHP workforce forum.

Areas of specific concern:

Health care assistant vacancies continue to be an area of significant focus, there is a weekly meeting with the Divisional Directors of Nursing and Recruitment leads. A refreshed advertising campaign and a monthly recruitment 'webinair' is in place. The Health Care assistant improvement group continues to meet with a focus on retention and valuing the role. Work is also ongoing to improve the developmental opportunities, improving compliance with the Care Certificate and access to Level 2 and 3 apprenticeships. The Health Care Assistant Practice Educators have started in January who will support new health care assistants on the ward and a HCA Learning Event is planned for March 2022.

The **Emergency Department** continues to see a higher than expected turnover of staff, high sickness absences, increasing demand and the need to staff additional areas such as Step Down and the Ambulance Off load area. The winter agency 'long lines' have continued in January and a recruitment and retention plan is being refreshed by the Divisional Director of Nursing with the Human Resources Business Partner.

Maternity staffing is an area of concern with the Registered Midwives fill rate at 80.9% during the day and 75.7% during the night in January. This is a mixture of vacancies, maternity leave and high sickness absence levels. There is a robust escalation process for critical maternity shifts which includes redeployment of community Midwives, reducing the Home Birth service if needed and the redeployment of Registered Nurses from the acute wards. A recruitment and retention plan is in place which has been presented to the Maternity Safety Champions.

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 per day that are moved to a different day for care. There is a weekly recruitment meeting and a robust action plan in place to address this which includes improving the student nurse pathway in community nursing.

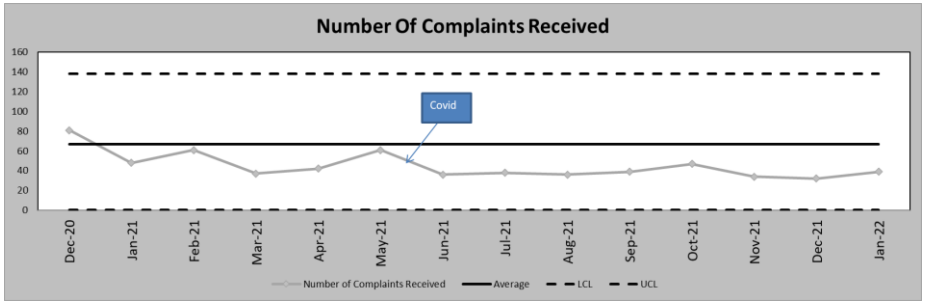
There have been high numbers of agency **Registered Mental Health Nurses** in January, this is due to the rise in patients seen in the Trust with Mental Health distress and the lack of health care assistants to support patients with challenging behaviour. A trial of 'Enhanced Care' band 3 Health Care Assistants, who have additional training, has started on the Care of the Elderly wards and will be carefully evaluated before further roll out.

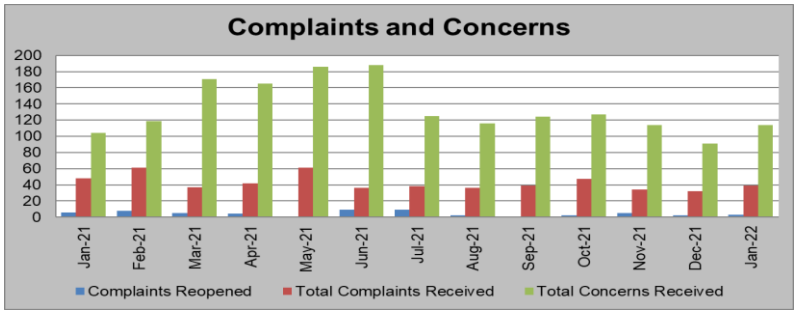
On going improvements

The Health Care assistant working group continues to make significant progress in developing and supporting our unregistered work force.
The Advanced Practice Group is developing strongly, the Trust's advanced practice policy is in final draft and the Health Education England's Advanced Practice Readiness checklist will be presented at the next Nursing, Midwifery and AHP Workforce group.
The Stay and Thrive group is looking at the development of internationally recruited nurses and their on going career development. A careers day is being planned to ensure all internationally recruited nurse are aware of opportunities and courses available to them.
The NHSE Assurance Framework for Nursing and Midwifery staffing was completed with RAG ratings and mitigations and presented at the sub board committee.

2. Patient Experience - Complaints and Concerns

Are We Safe?





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

39 complaints (previous month 32) and 114 concerns (previous month 92) were received in January 2022.

Out of a total of 153 cases received from Complaints and Concerns in January, the overall top three themes were:

Theme	Complaint	Concerns	%
Communication	5	36	26%
Clinical Care	10	8	12%
Follow Up Treatment	11	5	10%

All complaints were rated as Low – Medium, no complaints received were rated as High.

The overall complaint response rates were 64%. 39% of concerns were resolved within 24 hours, 72% were resolved within seven working days (Internal KPI 80%). This reflects operational pressures within the month and we are meeting with Divisions to understand how PALS can support the process.

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

A PALS survey has been emailed out to internal members of staff; this is due to close on the 16th February. This survey is to evaluate the services PALS offer and what improvements can be made going forward from the feedback received.

Increased activity with the Parliamentary Health Service Ombudsman (PHSO) due to them addressing their backlog.

A detailed process for the handling of Parliamentary Health Service Ombudsman (PHSO) cases has been shared by PALS, detailing roles/responsibilities and accountability for actions proposed by the PHSO. This process outlines clear timeframes to adhere to. Information regarding PHSO cases will be detailed on weekly dashboards for Divisional oversight.

We are focussing on keeping in contact to address loneliness, isolation and communication concerns. IPad's are available in all areas to support with virtual visiting additional and IPad's are now also available from the PALS office. The facility is being widely advertised and promoted with patients, families carers and staff.

Likewise dedicated patient and family telephones have been distributed to all wards to support with communication and providing information directly to family members and ensuring that they can communicate with their loved ones. This is being advertised and promoted widely.

A template has been produced to help support 'Care Conversations' which offer an opportunity for patients to share their experience in real time and to feel engaged with. Volunteers and ward buddies are in place to support with this process.

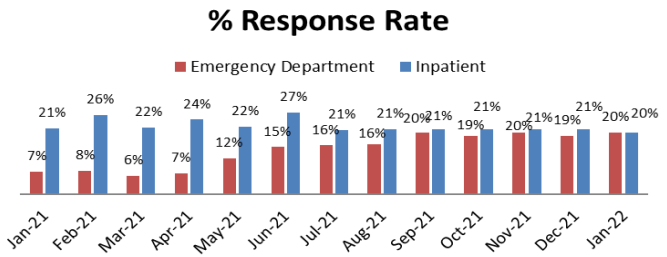
Risks to delivery and mitigations

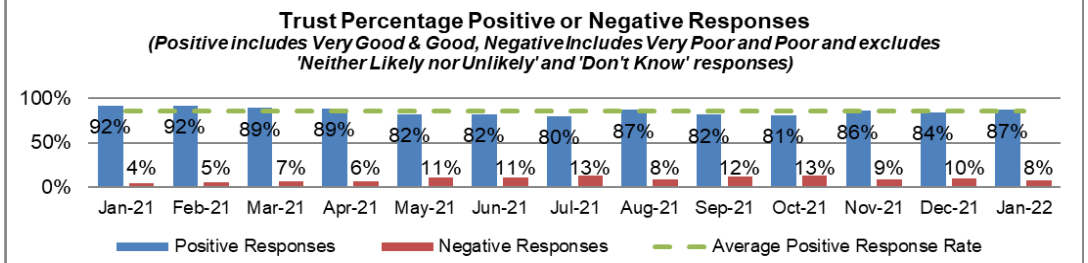
Investigation Managers continue to familiarise themselves with using the new system (Datix). Close support and training is being provided as and when required.

2. Patient Experience – Friends and Family Test

Data Quality Rating:

Are We Caring?





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

For January 87% of the Friends and Family Test (FFT) responses were positive, a slight increase from the previous month 86%. This is based on the % of responses rated as 'very good' and 'good'.

This was achieved by:

	No. of Texts sent	No. of Responses	Total Response rate (%)	Positive Responses
ED	4,181	939	20%	85% ↑
Inpatients	2,130	556	20%	82% ↓
Day Cases	1,843	599	26%	95% ↔
Maternity	Data not available until the 14th February			
Outpatients	Data not available until the 14th February			

(correct as of 31 January 2022)

- The recommendation score for the Emergency Department has increased to 85%. Both units having increased positive responses: Emergency Department at 80%↑ and the Urgent Treatment Centre 88%↑.
- Day Cases remains consistent at 95%.
- Maternity response rate percentage xx
- Outpatients xx% (Await Informatics / unify figures)

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

Overall Positive themes for January:

Staff Attitude 1014 comments (previous month 1123).

Implementation of Care 671 comments (previous month 722).

The Environment 506 comments (previous month 469).

Overall Negative themes for January:

Staff attitude 153 comments (previous month 163).

The Environment 120 comments (previous month 142).

Implementation of Care 118 comments (previous month 125).

The following work will be carried out throughout February:

- Maternity text messaging, a revised go live date of mid-February has been determined by our contractor.
- Roll out of the Dr Doctor feedback for FFT text messaging for outpatient areas.
- Further work to report on feedback received from social media in order to triangulate with FFT and other feedback

Actions taken to improve Patient Experience

Cherwell, Same Day Emergency Care: Actions include displaying the anticipated wait-time in the unit (refreshed throughout the day). Food and drinks are readily offered / accessible to patients. A regular staff newsletter shares the patient feedback comments/ positive FFT result score and also the learning / actions for staff.

Friendly February is launching with a specific focus on handover from ED to wards.

Great Care work streams continue to focus on areas of most concern including environment and personal care.

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.

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	
Service User feedback	
Caesarean Sections	

Measure	Aim / Target	November 21	December 21	January 22
Midwife to birth ratio	1:29	1:30	1:34	1:28
1:1 Care	100%	99.12%	99.1%	98.6%
Consultant presence in Delivery suite (Hours per week)	60 hours	57 hours	57 hours	74.5 hours

The implementation of the new Obstetric Consultant rota is now fully supported by job plans which has ensured that an evening ward round takes place on a daily basis. This provides support for junior staff with complex care planning and births, alongside additional learning opportunities for the multi-disciplinary team. The improvement in midwife to birth ratio reflects a reduction in the number of births in January.

Compliments: Positive comments this month include excellent communication and positive staff attitude, which included both clinical and administrative staff. The welcoming, calming environment was also complimented. No negative themes identified this month, however it has been noted that the comments section is not user friendly on the iPad and additional staff training will be provided to improve responses on this section. The friends and family responses are shared with the maternity team.

Complaints: The complaint received in January related to dissatisfaction with referral to specialist service. The team are reviewing how referrals are made and communicated with service users.

	November 21	December 21	January 22	Comments
Combined Caesarean Section (C Section) rate (percentage of babies born > 24 weeks via C Section)	40.1%	36%	41%	
Elective C Section	16.3%	12.5%	17%	8 Caesarean sections were performed for maternal choice
Emergency C Section	23.8%	23.5%	24%	

This month demonstrates a higher caesarean section rate, despite an decrease in maternal requests for caesarean birth. The action plan supporting the caesarean birth report will be monitored via the Maternity Governance meeting however the impact of these actions will be seen over a period of a least 12 months.

2. Patient Safety - Perinatal Quality Surveillance Tool

Data Quality Rating:

Are We Safe?

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

Measures	Comments
Concerns or requests for actions from national bodies	A detailed evaluation of the evidence submitted and reviewed by the National Ockenden team was presented to Patient Quality Committee, which will be followed by a detailed presentation of all progress to date in March 22. The full Ockenden report is anticipated in March 22, which is anticipated to mandate a similar local action plan format.
CNST 10 Maternity standards (NHSR)	At present the RAG status remains unchanged, pending commitment of funds to progress the Year 3 action plan. This information will be presented in detail to the Executive Committee on 8th February.
Findings of review of all perinatal deaths using the real time data monitoring tool	Recommendation for implementation of an adapted calculator for birth weight centiles, adapted to reflect the local population has now been implemented following a trend of underestimated birth weight centiles. This did not impact on the care of any babies reviewed during mortality review, however will support effective care planning for all women and babies.
CQC Ratings	Ongoing preparations continue for an anticipated inspection with mock inspections highlighting areas for improvement.
Maternity Safety Support Programme	Not required as CQC ratings overall 'Good'
Coroner's Regulation 28	Nil

	Criteria	RAG September 2021	Projected submission RAG	Review Comments
1.	Are you using the PMRT to review perinatal deaths to the required standard?			
2.	Are you submitting data to the Maternity Services Data Set to the required standard?			Required upgrades now installed. A maternity digital strategy is required which is currently being developed with the LMNS.
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?			Investment required in neonatal medical workforce to meet BAPM standards.
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?			Compliance anticipated with committed funding for implementation of mandatory fetal monitoring training
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?			Improved attendance in 2 staff groups required for compliance. Full compliance requires implementation of fetal monitoring training day.
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?			Compliance requires continuity of carer action plan progression which will require on-going investment and recruitment
10.	Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?			

2. Patient Safety – Summary of Incident Investigations

Data Quality Rating:

Are We Safe?

Moderate Harm Incidents

Measure	Comments
Number of incidences graded moderate or above and actions taken	• 1 incident was graded as moderate harm for maternity services in January. Following a thorough review no care or service delivery problems were identified and this was downgraded accordingly. • 1 case which occurred in December was raised as a Serious Incident in January and will be investigated by Health Service Investigation Branch (HSIB).

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

Serious Incidents (SI) Reported in Month

Case Ref	Overview	Date	Case Update
166116	Baby born in poor condition	30/12/2021 (incident reviewed and raised as serious incident in January)	For investigation following HSIB process. This will be raised as a Serious incident in line with Ockenden recommendations.

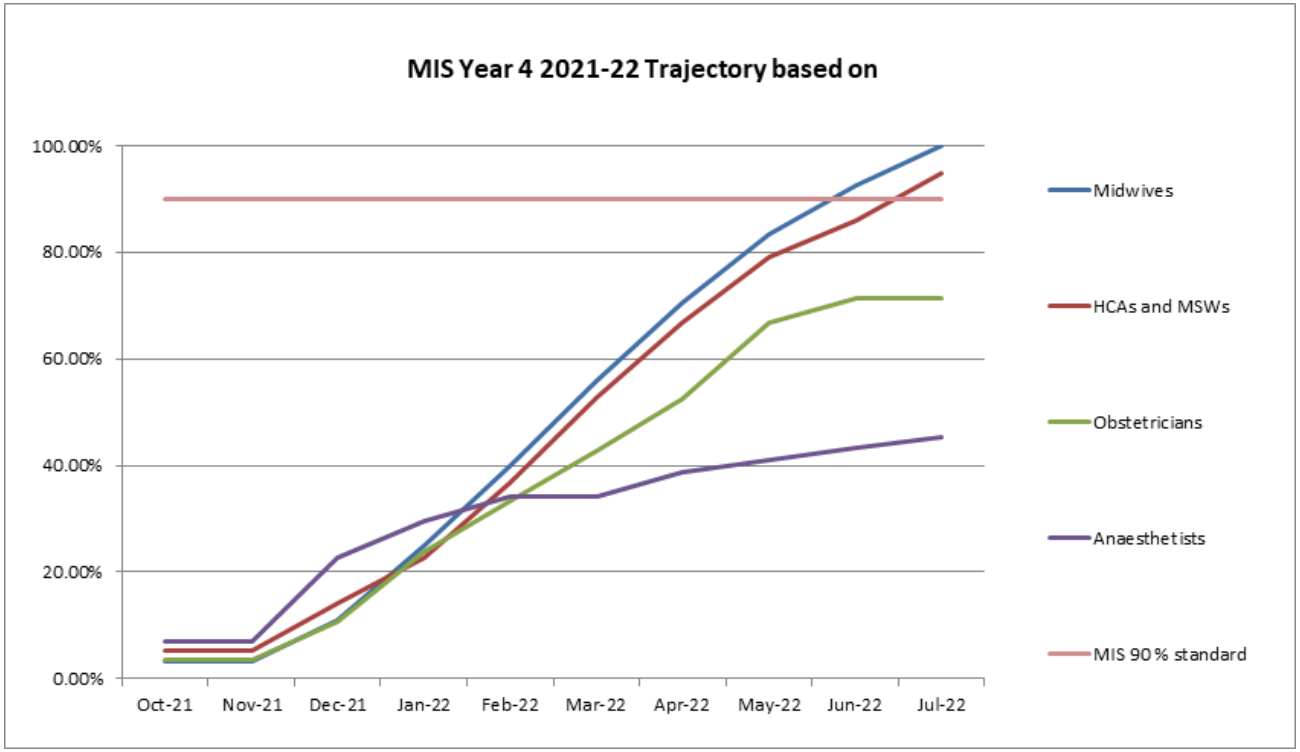
On-going SI Investigation Update

Stage of investigation	November 2021	December 2021	January 2022
Referred to HSIB – awaiting decision	0	1	0
Under local investigation (this may include insight from external reviewers)	3	4	5
Under HSIB investigation	0	1	1
Report complete & awaiting Serious Incident Review learning Group (SIRLG)	0	0	1
Submitted to CCG	1	0	0

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

Data Quality Rating:

Are We Responsive?



Background and underlying issues

90% compliance for all staff groups working in Maternity has been mandated in the Clinical Negligence Scheme for Trusts (CNST) 2021-22 guidance, however it is recognised in Year 4 (2021/22) that this does not apply to theatre staff.

The attendance for theatre staff will continued to be monitored to ensure staff are an appropriately skilled part of the multi-disciplinary team in maternity.

Nationally data collection for CNST is currently paused due to COVID, however the local attendance will continue to be monitored and reported.

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

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

Attendance by all staff groups has been escalated to Divisional Triumvirate to ensure release of staff from clinical rotas is supported

Although attendance by Anaesthetic staff has improved, the Practice Development team are working with the Lead for Anaesthetics and the Triumverate to further improve attendance. This will be reflected in the next report.

Risks to delivery and mitigations

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

Great Western Hospitals NHS Foundation Trust

Part 3: Our People

Our Priorities

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

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

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

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

How We Measure

Are We Effective?

Are We Responsive?

Are We Caring?

Are We Well Led?

Use of Resources

Resources

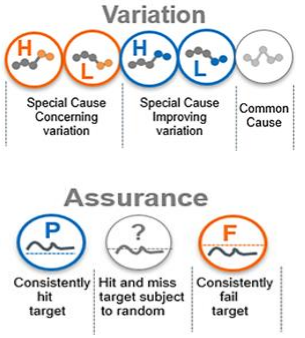
Trust Overview: Summary

Great Western Hospitals NHS Foundation Trust

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

Summary Dashboard - Workforce Performance

	Metric Name	Performance	Assurance	Latest Value	Target	Lower process limit	Upper Process limit	Mean
1	Overall Agency Spend as a % of Total Spend			7.13%	6.00%	4.13%	7.44%	5.79%
2	Trust RN Bank Fill Rates			46.48%	70.00%	37.53%	59.13%	48.33%
3	Vacancy Rate*			6.91%	7.63%	5.58%	8.48%	7.03%
4	Recruitment Time To Hire (Days)			50.60	46.00	31.36	57.17	44.26
5	All Turnover			14.51%	13.00%	12.32%	13.84%	13.08%
6	Voluntary Turnover			10.77%	11.00%	8.85%	10.26%	9.56%
7	All Sickness Absence			5.73%	3.50%	3.11%	5.07%	4.09%
8	Statutory Mandatory Training Compliance			88.33%	85.00%	84.27%	88.85%	86.56%
9	Appraisal Compliance			74.17%	85.00%	71.54%	81.58%	76.56%



Trust Overview: Narrative

Great Western Hospitals NHS Foundation Trust

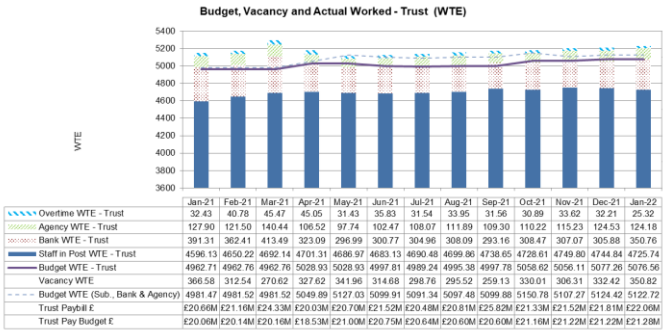
"Great" Scoring	Indicator Score (1-4)	Self Assessment Score	Headline
1 – Underperforming / Inadequate | 2 – Requires Improvement |3 – Good | 4 – Outstanding			
Great Workforce Planning	2	2	Workforce planning measures indicate pressures in respect of temporary workforce reliance, proportion of pay spent on agency and the ability to meet bank workforce demand. The Trust utilised an additional 19WTE in January (versus December) to deliver its services, with this contributing to a total usage of 149WTE in excess of budgeted WTE. The reduction in bank shift fill rate reflective of the significant increase in request, however actual fill has increase. Despite agency utilisation remaining in line with M9 the Trust experienced an increase in agency spend, with agency cost surpassing M9 agency spend by £100k, due to high cost spend . As a result the percentage of total pay spent on agency increased in month to 7.13% and fell outside of the 6% KPI target. Areas of high agency usage are: Medical Workforce – General Medicine including Outliers, and Emergency Medicine; Nursing – Emergency Department, Community Nursing, AMU.
Great Opportunities	1	2	The Trust vacancy position in January further increased to 350.82 WTE (6.91%). Voluntary turnover continues to increase month on month to 10.77% in Dec 21 just below the 11% target. The recruitment time to hire in January has increased above KPI at 50 days from vacancy advertised to contract sent. Healthcare Assistant vacancy remains a risk and the vacancy position increased to 79.64 WTE. The Trust has been successful as part of a South West bid to obtain funding to support international recruitment for podiatrists.
Great Experience	1	2	Sickness reported in December 2021 was 5.73%, which is a slight increase from last month, Number of COVID sickness is exacerbating the sickness percentage by approx. 2%. Numbers of staff accessing Health & Wellbeing Service remain high; 41 referrals were made for individual counselling & psychology support in January, 142 OH management referrals. Mental health and musculoskeletal problems are the predominant reasons for referral. Occupational Health have continued to support the flu and Covid-19 vaccination programme, including supporting those not yet vaccinated. The tea trolley has visited every hospital ward & department each weekday throughout the month, providing over 2,000 drinks & snacks, and refreshments have been delivered to community services to run their own tea trolley from within the Orbital.
Great Employee Development	2	2	Trust mandatory training compliance performance remains above the KPI of 85%. This, month it is at 88.33%. This is a slight drop of 0.5% from last month. Trust appraisal compliance is reported at 73.27% in January, decreasing by 0.9% over the month. This performance continues to have an impact on the indicator score in the leadership section. The Trust has now secured additional external teaching space for 12 months which will support additional extended induction programmes for HCAs. The programme will consist of 5 days per induction, twice a month and will support the Trust in achieving its pipeline numbers to provide support to clinical areas. The Head of Learning and Development will be leading on a new working group which will look at revamping the Trusts Appraisal process- the first meeting is due to take place in March.
Great Leadership	1	2	GWH has been successful in an application to participate in Wave 2 of the national Talent Management, Scope for Growth pilot which will now commence in March and the roll out of the new career pathways has commenced. GWH has agreed to support up to two additional Graduate Management Trainees from September 2022. Ten clinical leads have enrolled on the BSW leadership programme.

Workforce

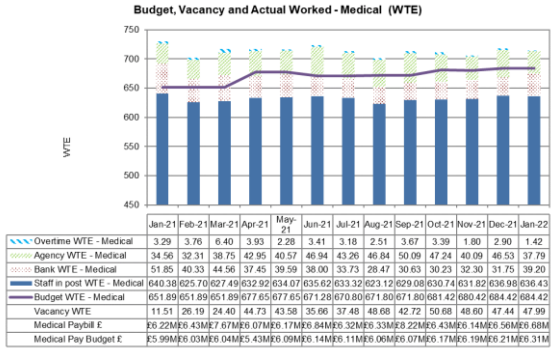
Use of Resources

Great Workforce Planning

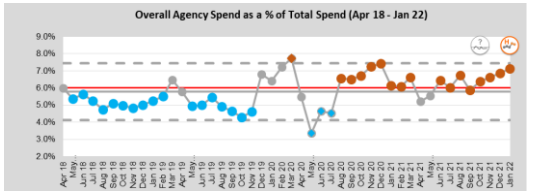
Indicator Score	Self Assessment Score
2	2

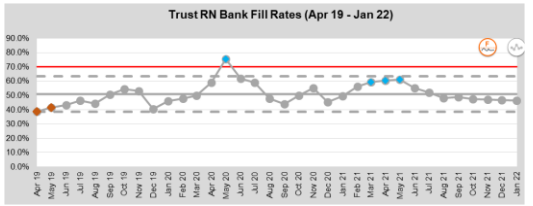


	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Overtime WTE - Trust	32.43	40.78	45.47	45.05	31.43	35.83	31.54	33.95	31.56	30.89	33.62	32.21	25.32
Agency WTE - Trust	127.90	121.50	140.44	106.52	97.74	102.47	108.07	111.89	109.30	110.22	115.23	124.53	124.18
Bank WTE - Trust	391.31	362.41	413.49	323.09	296.99	300.77	304.96	308.09	293.16	308.47	307.07	305.88	350.76
Staff in Post WTE - Trust	4596.13	4650.22	4692.14	4701.31	4686.97	4683.13	4690.48	4699.86	4738.65	4728.61	4749.80	4744.84	4725.74
Budget WTE - Trust	4962.71	4962.76	4962.76	5028.93	5028.93	4997.81	4989.24	4995.38	4997.78	5058.62	5056.11	5077.26	5076.56
Vacancy WTE	366.58	312.54	270.62	327.62	341.96	314.68	298.76	295.52	259.13	330.01	306.31	332.42	350.82
Budget WTE (Sub., Bank & Agency)	4981.47	4981.52	4981.52	5049.89	5127.03	5099.91	5091.34	5097.48	5099.88	5150.78	5107.27	5124.42	5122.72
Trust Paybill £	£20.66M	£21.16M	£24.33M	£20.03M	£20.70M	£21.52M	£20.48M	£20.81M	£25.82M	£21.33M	£21.52M	£21.81M	£22.06M
Trust Pay Budget £	£20.06M	£20.14M	£20.16M	£18.53M	£21.00M	£20.75M	£20.64M	£20.60M	£20.60M	£21.16M	£21.22M	£21.22M	£21.28M



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Overtime WTE - Medical	3.29	3.76	6.40	3.93	2.28	3.41	3.18	2.51	3.67	3.39	1.80	2.90	1.42
Agency WTE - Medical	34.56	32.31	38.75	42.95	40.57	46.94	43.26	46.84	50.09	47.24	40.09	46.53	37.79
Bank WTE - Medical	51.85	40.33	44.56	37.45	39.59	38.00	33.73	28.47	30.63	30.23	32.30	31.75	39.20
Staff in post WTE - Medical	640.38	625.70	627.49	632.92	634.07	635.62	633.32	623.12	629.08	630.74	631.82	636.98	636.43
Budget WTE - Medical	651.89	651.89	651.89	677.65	677.65	671.28	670.80	671.80	671.80	681.42	680.42	684.42	684.42
Vacancy WTE	11.51	26.19	24.40	44.73	43.58	35.66	37.48	48.68	42.72	50.68	48.60	47.44	47.99
Medical Paybill £	£6.22M	£6.43M	£7.67M	£6.07M	£6.17M	£6.84M	£6.32M	£6.33M	£8.22M	£6.43M	£6.14M	£6.56M	£6.68M
Medical Pay Budget £	£5.99M	£6.03M	£6.04M	£5.43M	£6.09M	£6.14M	£6.11M	£6.06M	£6.07M	£6.17M	£6.19M	£6.21M	£6.31M





Background

The Trust utilised 5226WTE staff to deliver its services in January 22, an increase of 19WTE on December and 149WTE in excess of budgeted WTE. Despite a reduction in overtime and agency remaining in line with M9, Bank utilisation increased significantly by 45WTE in month. The Trust spent 7.13% of its pay bill on agency in January, with this being an 0.27% increase on the previous month and above target.

The top 3 highest users of nursing/midwifery bank and agency are ED (37WTE), Community Nursing (32WTE) and AMU (21WTE). Previous month's usage patterns continue in ED and Community nursing, with escalated staffing models and vacancy cover driving usage in ED and increased staffing to realise capacity driving usage within the Community team. Usage within AMU is predominantly due to vacancy cover, with additional WTE used to cover sickness and parenting leave.

For medical staff, General Medicine including Outlier Cover (30WTE) and Emergency Medicine (13WTE) continue to be the largest users of locum and agency cover. For both specialities, vacancy cover and escalation/outliers remain the largest driver of usage, being driven by both a vacancy position for medical staff of 47.9WTE and continued escalation and outliers patients.

Improvement actions

1. With the new UTC set to open in June, a proposed UTC service specification will be submitted to ICA partners on 9th February. The decision on this will inform affordability and the clinical/workforce model for 22/23.
2. A strategic initiative to develop Rehabilitation as a recognised clinical speciality is set to get underway, with Forest Ward used to pilot the proposed rehabilitation clinical model and triumvirate leadership structure.
3. Following consultation, a new shift pattern has been introduced for drivers, creating the ability to collect samples from GP practices later in the day, alleviating bottlenecks in demand and improving processing times in Pathology.
4. Reconfiguration of day surgery has been approved, creating increased capacity to support elective recovery. Staffing implications including workforce model and training are being assessed.
5. Following consultation, trust-wide Matrons now work across 7 days and bank holidays, ensuring enhanced clinical leadership presence.
6. Senior Management support in Community Services has been boosted by the recruitment of 2WTE Head of Service, tasked with delivering change, integration and innovation.

Risks to Performance & Mitigations

The strategic aims of the UTC, particularly enhanced primary care capability and positioning as a BSW system asset, risks being diluted in the event funding isn't forthcoming to implement the necessary clinical and operational leadership model. A working group is underway and relationship with ICA partners is firmly established to influence and mitigate against this possibility.

Continued high agency/bank usage in medical staffing. Current base line workforce/budget needs are unclear and therefore we are currently filling all gaps/requests.

High numbers of COVID sickness/isolation and sickness will continue to impact usage.

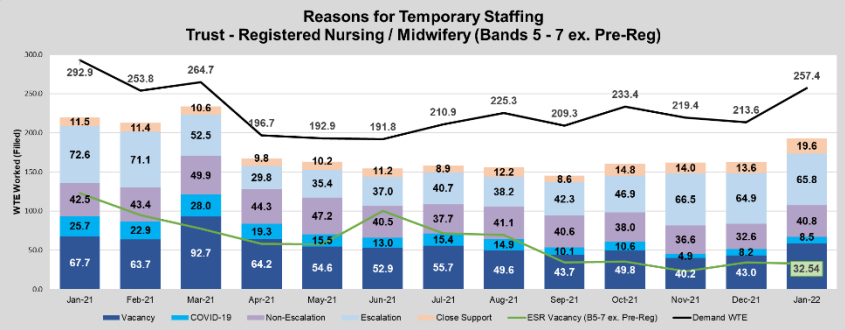
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

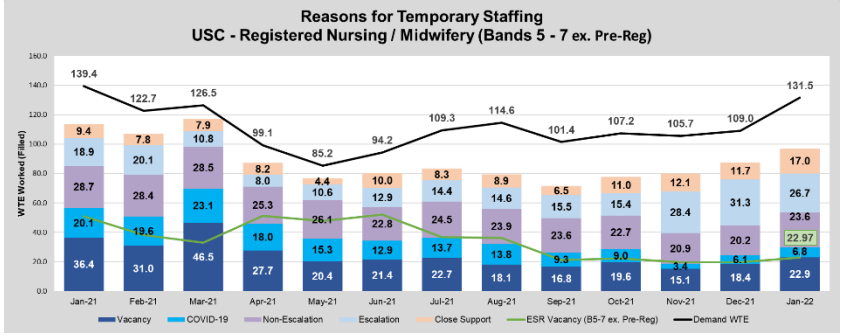
Workforce

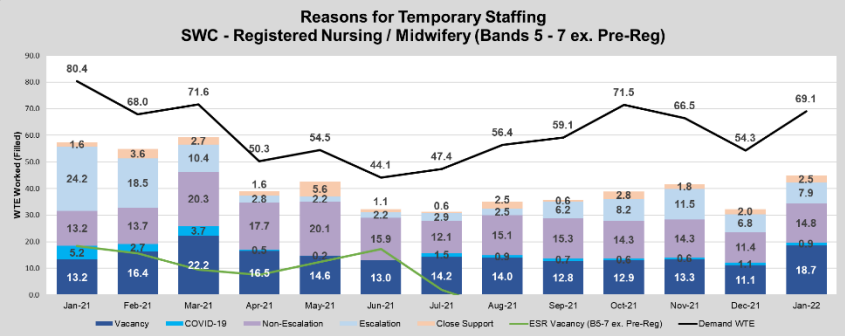
Use of Resources

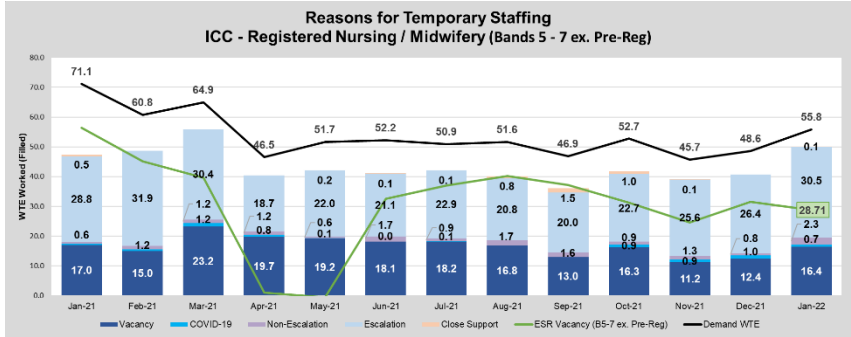
Great Workforce Planning

Indicator Score	Self Assessment Score
2	2









Background

In January 22 there were 192.9WTE temporary staffing registered nursing/midwifery used across the Trust against a vacancy of 32.54 WTE (excluding pre-registered nurses) but including Corporate Nursing. Of this, 82.2WTE agency (compared to 72.2 in December) and 109.7WTE bank (compared to 90.1WTE in December). There are additional 7.96wte pre-registered nursing waiting to complete OSCE and receive their pin.

An significant increase in demand occurred in January 22 (257.4WTE) shifts were requested across all Divisions. The data shows that across all divisions the Temporary Staffing resource utilised is exceeding the vacancy position.

- USC 97.03WTE used against 22.97 WTE M10 vacancy
- SWC 44.82WTE used against -14.81 WTE M10 vacancy
- ICC 50.05WTE used against 28.71WTE M10 vacancy

For this staffing group we have a pool of 163 bank-only registered nurses, alongside 1,177 substantive staff with a bank assignment who can cover temporary staffing requirements for this staffing group, however this pool supply can only support of workforce of average 176wte and will not be able to achieve requests that exceed 200wte. It should noted that temporary staffing should be fill vacancy gaps of 32.54 and the current demand far exceeds this vacancy.

Improvement Actions

1. Long line bookings and winter escalation rates for high risk areas continues to be in place until March 2022.
2. Continue to engage with the PSL to maximise fill and booking at NHSI Cap rate. Monthly performance KPI meetings are in place with the agencies on the PSL to monitor.
3. Approval process in place with DDON signings off roster and DDON and Deputy Chief Nurse approval for off framework agency.
4. Skill mix review complete and business case submit for additional substantive workforce.

Risks to Performance & Mitigations

It is anticipated escalation areas will continue to use agency when fully recruited due to Covid isolation and staff sickness.

Nursing winter incentive scheme has received approval to continue for Maternity, Neonatal, ED and Community until 28th February 2022.

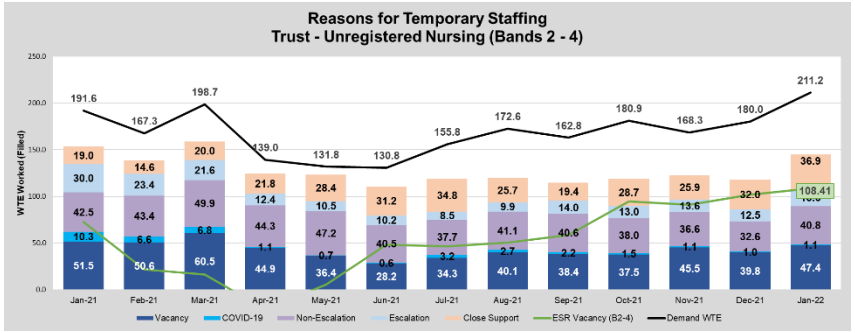
Mean 0 Process limits - 3σ Special cause - concern Special cause - improvement Target

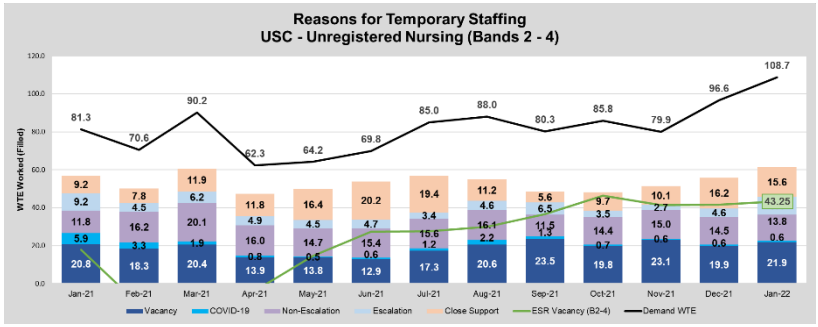
Workforce

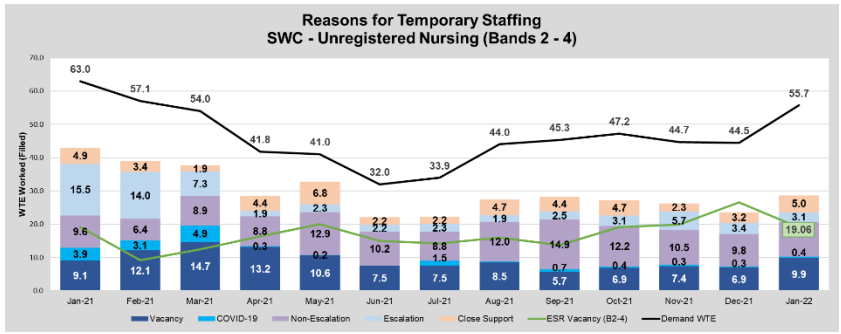
Use of Resources

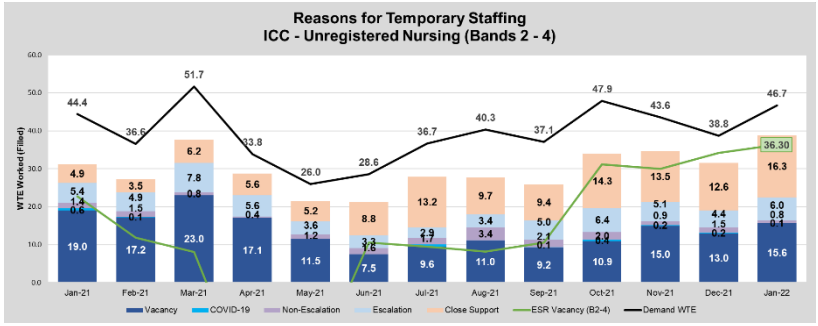
Great Workforce Planning

Indicator Score	Self Assessment Score
2	2









Background

In January 22 there were 128.83WTE temporary staffing unregistered nursing/midwifery band 2-4 used across the Trust against a vacancy of 108.41wte

A significant increase in demand occurred in January 22 (211.2wte) across all Divisions. The data shows that across all divisions the Temporary Staffing resource utilised is exceeding the vacancy position.

- USC 61.27WTE used against 43.25 WTE M10 vacancy
- SWC 28.65WTE used against 19.06 WTE M10 vacancy
- ICC 38.79WTE used against 36.20 WTE M10 vacancy

For this staffing group no agency is approved, the only source is through the Trust's internal bank. We have a pool of 235 bank-only workers, alongside 637 substantive staff with a bank assignment who can cover however this pool supply can only support of workforce of average 114wte and will not be able to achieve requests that exceed 150wte.

Improvement Actions

1. The HCA working group continues to meet bi-weekly to review recruitment and development pathways. Progress is reported through the Nursing, Midwifery and AHP Workforce group.
2. Review of recruitment process underway and benchmarking. Recommendation to remove numeracy and literacy assessment pre interview has been removed and will be incorporated as part of the Care Certificate.
3. HCA virtual evening is scheduled to take place 9th February 2022.
4. There 45.62 in the pipeline and there are 40 scheduled for interview.
5. Large scale interview events are scheduled monthly alongside weekly centralized interview.
6. A day in the life of a HCA video has been completed and will be shared via social media and recruitment events.

Risks to Performance & Mitigations

The band 2 vacancy position is 79.64WTE, it is anticipated with the vacancy gap, winter and Covid-19 there will be an increase in HCA temporary staffing requests.

HCA winter incentive scheme continues to be available for ED and Community until 28th February 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.

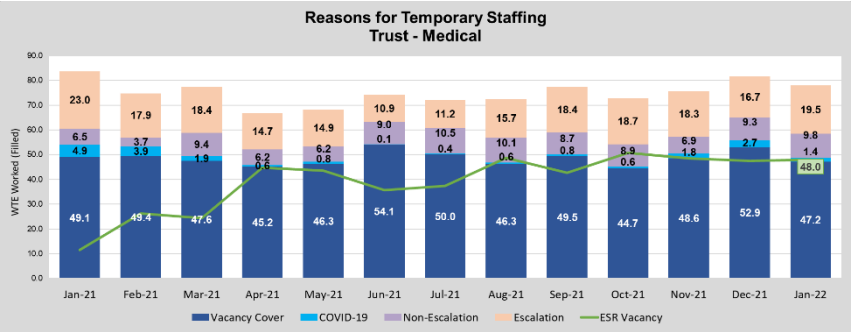
Mean 0 Process limits - 3σ Special cause - concern Special cause - improvement Target

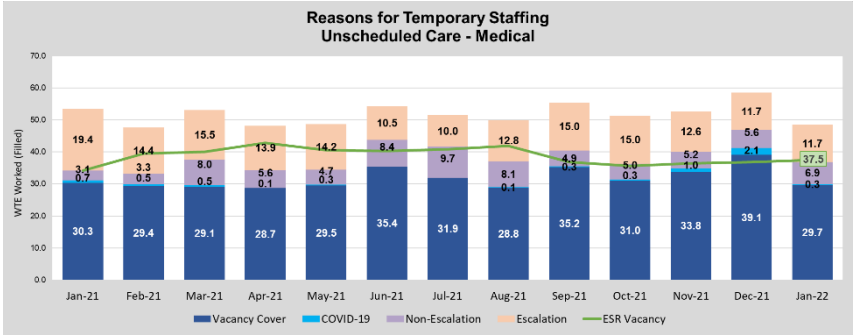
Workforce

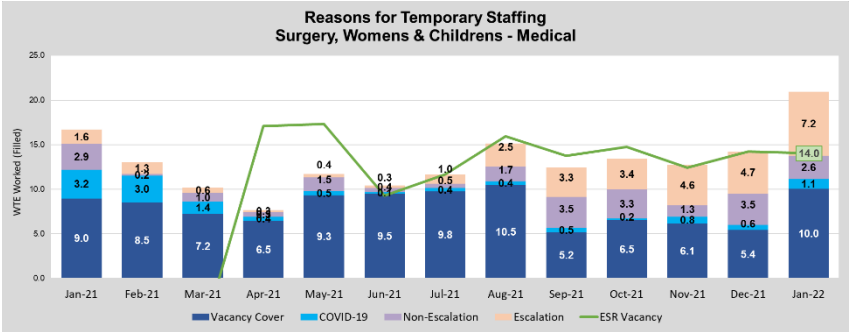
Use of Resources

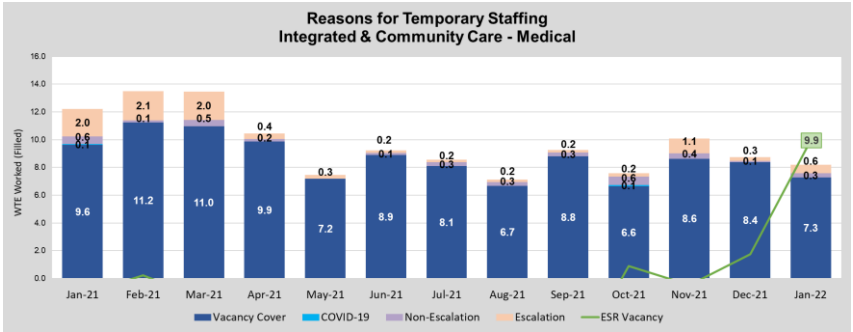
Great Workforce Planning

Indicator Score	Self Assessment Score
2	2









Background

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

The data highlights we are bringing in 77.99WTE Temporary Medical Workforce across the Trust.

- USC 48.58WTE used against 37.52WTE M10 Vacancy
- SWC 20.93WTE used against 14.01WTE M10 Vacancy
- ICC 8.2WTE used against 9.94WTE M10 Vacancy (ICC vacancy WTE based on RAP)

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

Improvement Actions

1. Feedback from medical/operational managers on the draft SOP for Long/Short term agency/locum bank is being reviewed, with Divisional meetings to discuss due to take place in February 22.
2. 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.
3. A review of budget to understand base line position/workforce requirement to deliver service.
4. Winter rates will cease on the 21st February and new BSW benchmarking rates will commence

Risks to Performance & Mitigations

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

Reliance of agency to support hard to recruit roles.

Absence of an E-roster system for Medical Workforce to manage absence and planned activity gives limited oversight of resource. There is an essential requirement for greater transparency/ Business and Project Plan underway.

Additional outliers were required in January to manage flow include additional weekend cover for safer fortnight (extended).

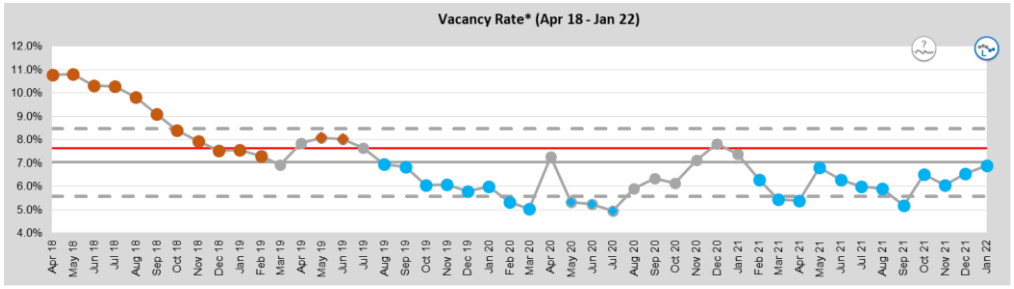
Medical resourcing meeting continues to be held daily with Clinical leadership.

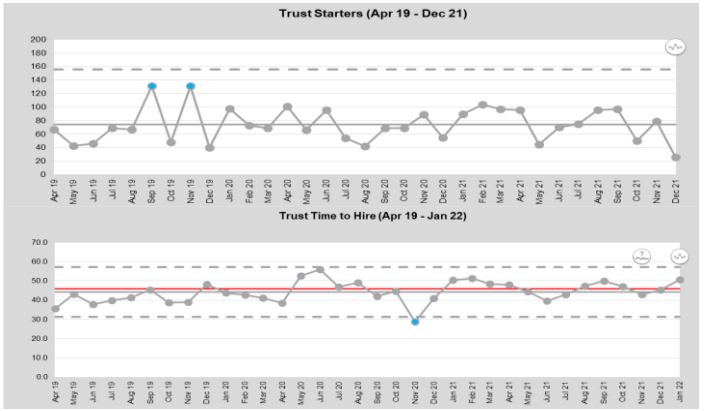
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Workforce

Use of Resources

Great Opportunities	Indicator Score	Self Assessment Score
	1	2





Background

The Trust vacancy position in January increased to 350.82 WTE (6.91%).

There were 26 headcount of new starters to the Trust in December, this is below the Trust average of 75.

New starters by staffing group;

- Admin & Clerical – 8
- Allied Health Professionals – 3
- Medical & Dental – 5
- Non-clinical Support – 1
- Registered Nursing & Midwifery – 4
- Scientific, Therapeutic & Technical – 2
- Unregistered Nursing & Midwifery – 3

The Trust has a provisional 60 candidates due to commence employment in February across all staffing groups.

The recruitment time to hire in January is now above KPI at 50 days from vacancy advertised to contract sent.

Improvement actions

1. The Trust has been successful as part of a South West bid to obtain funding to support international recruitment for podiatrists. Next steps are to build a marketing strategy to attract candidates and agreeing the collaborative recruitment package.

2. Since the implementation of the new SAS contract and updated terms & conditions 22 medical staffing expressed an interest to move to the new contract of this, 10 withdrew their expression and 11 agreed a transfer of contract that will be backdated to 1st April 2021 and 1 member of staff pending outcome.

3. Practice Development Lead – Midwifery commenced in January. This role will focus on recruitment and retention, midwifery preceptorship and development & engagement.

4. The Deanery February 2022 rotation includes 61 posts; of which 9 are existing Doctors who are not rotating or rotating internally to another department. The 52 posts remaining; 1 is a Doctor on Maternity, and 49 are new rotational Doctors starting with the Trust. This leaves the Trust with 3 gaps.

1. The Resourcing Team is planning to attending the following events with clinical representatives from the Trust;
   - Life of a Community Nurse Webinar, February 2022
   - HCSW Virtual Open Evening, February 2022 & March 2022
   - Occupational Therapist/Physiotherapist Event, April 2022
   - Swindon Job Fair, May 2022

2. New appointments to the Medical Director's Office (MDO) at the Trust;
   - Dr Steve Haig, Deputy Medical Director for Medical Workforce
   - Dr Tobenna Onyirioha, Deputy Medical Director for Safety and Clinical Effectiveness
   - Dr Anushka Chaudhry, Associate Medical Director and Integrated Care System Liaison Lead.

Risk to performance and mitigations

Healthcare Assistant vacancy remains a risk. The vacancy position has increased to 79.64 WTE. Centralised recruitment plans continue to support with high volume recruitment. Progress is reported at the bi-weekly HCA Working This activity is overseen by Deputy Chief Nurse, Divisional Directors of Nursing and Head of Resourcing.

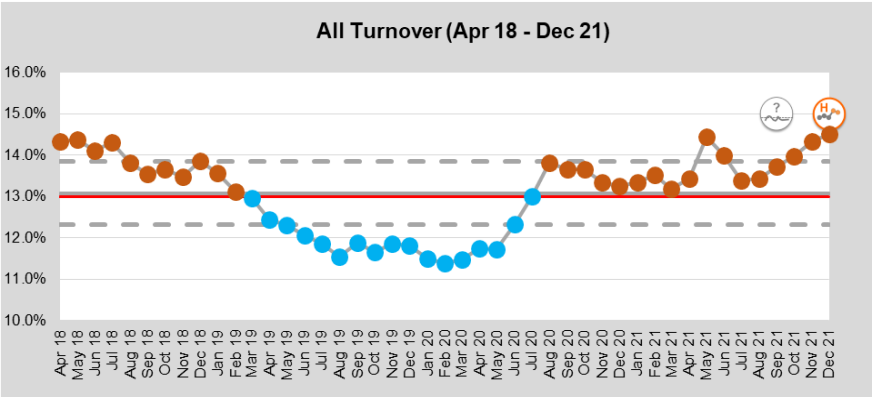
Budget setting in April may impact the vacancy position if new roles/investment is approved.

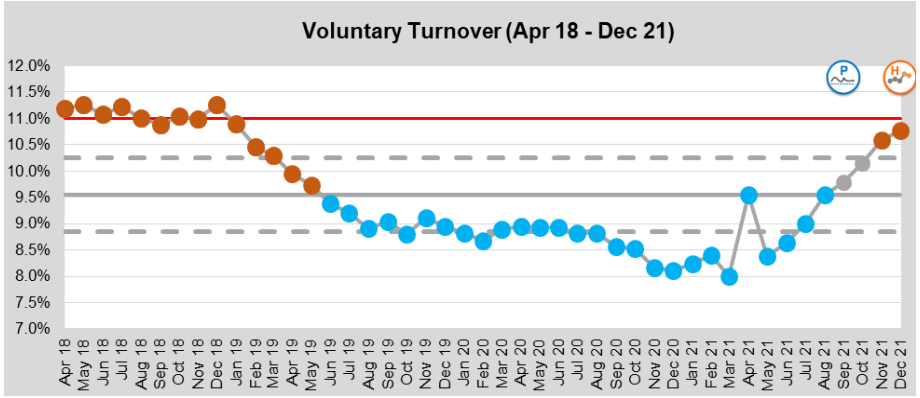
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Workforce

Use of Resources

Great Opportunities	Indicator Score	Self Assessment Score
	1	2





Background

Performance for all turnover worsened from last month remaining above target at 14.51%. Voluntary turnover is 10.77%, also worsened slightly from last month (10.58%) just below the 11% target this is aligned to the national trend. In December there were 48 voluntary leavers which is above the Trust 12-month average of 46.

Leavers headcount by staffing group;

- Admin & Clerical – 10
- Allied Health Professionals – 5
- Non Clinical Support- 1
- Registered Nursing & Midwifery – 14
- Scientific, Therapeutic & Technical - 6
- Unregistered Nursing & Midwifery – 9
- Medical and Dental – 3

The top 3 reasons for leaving in December 2021 are;

- Work Life Balance
- Relocation
- Other/Not Known

There have been 41 flexible working request since July 21 (when mandatory reporting was implemented) of which 4 were declined. Initial staff survey result indicate approach to flexible working is comparable to others in our sector.

Improvement actions

1. **Retention of AHP**
- IC&C – recruited AHP Education & Development lead; planning team Away Day to review workforce, education and internal recruitment plans; apprenticeships in Dietetics; B5 rotations in Dietetics & Podiatry;
- USC – maintain R&R payment in Radiology department.
- SW&C – OPD practitioners, Recovery can access education opportunities in short Open University courses and Degree apprenticeship, from January 2022.

2. **Retention of Unregistered nursing –**
- Trust-wide HCA retention initiative 'Praise Project led by Nursing lead introducing achievement awards, communication forums and training support.
- IC&C – setting up clinically led programmes centred around the themes of 'What matters to you' campaign'
- SW&C - £133k has been secured for Maternity Support Worker development,; Maternity HCA's have been organised into 7 mentor support groups with identified lead and support plan.

3. **Nursing retention strategy**
- SW&C - Midwifery team including Trust-wide coaching programme.
- Retention Lead Midwife in post 24/01/22 and national launch of this role including objectives to provide student, return to practice and early career support.
- USC – alleviate pressure form nursing team with HCA recruit to turnover and Enhanced Care Support Worker (B3) in DOME & Elderly Care.
- IC&C – introducing 'Virtual & Rapid Ward' initiative to retain community nurses.

4. **Medical & Dental retention**
- IC&C identified that isolated GP working in primary care as a cultural challenge and reviewing approach to this.
- SW&C - Oral Surgery Medical Staff have stable retention and best practice ideas being shared to design strategies to cascade to SWC hotspot areas of ENT Medical Staff, Community Dental Services Medical and Ophthalmic Medical Staff
- Medical workforce retention remains an area of focus to explore and address as part of the embedding of the medical workforce

Risk to performance and mitigations

Outliers for all turnover (Jan 21 to Dec 21):

- Unregistered Nursing – 22.20%
- AHPs – 17.67%
- Admin & Clerical – 14.48%

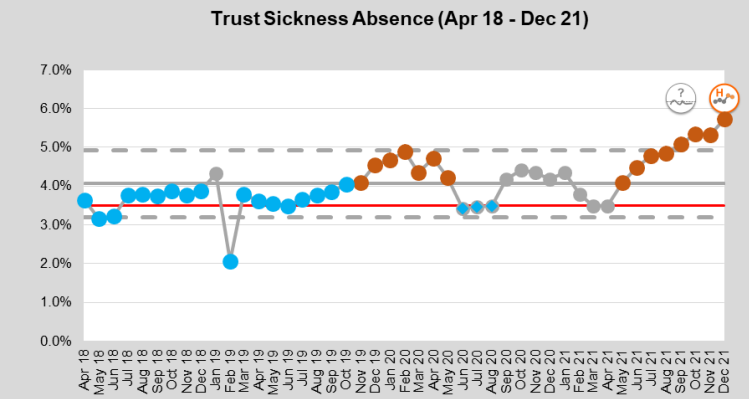
There are Trust wide retention initiatives in place to mitigate high turnover in specific professional categories. Areas include midwifery, radiology and ED.

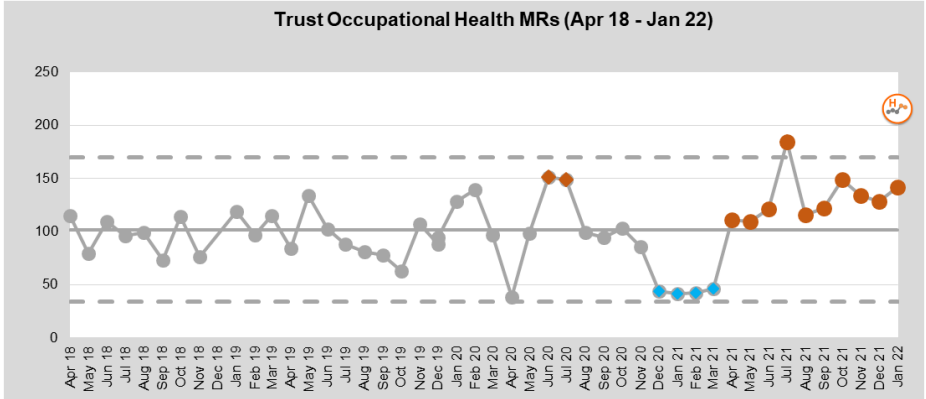
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

Workforce – Sickness Absence

Use of Resources

Great Employee Experience	Indicator Score	Self Assessment Score
	1	2





Background

For December 2021, sickness absence is reported at 5.73%, which an increase from last month (5.29%) and above the Trust average of 4.0%, but in-line with winter trends.

In January, 142 management referrals were received, of which 106 were for GWH staff. The divisional breakdown for these are:

- ICC: 38
- USC: 30
- SWC: 26
- Corporate: 12

Predominant reason for referral remain consistent for MSK & mental health difficulties. MRs were triaged to:

- OHA (47)
- MHP (43)
- Physio (28)
- OHP (18)
- No Longer Required (6)

265 pre-employment questionnaires were processed this month

Improvement actions

1. A total of 5,205 flu vaccinations were given by 31st January - at week 20
2. Pre employment outsourcing arrangements with Team Prevent will have ended by March. Pre-employment questionnaires and OHA Management Referrals will be brought back in-house now that nursing resource has sufficiently improved. All staff who have had input from Team Prevent are being consulted regarding this
3. Following liaison with the H&S Team, we are now recording numbers of staff who attribute their stress or MSK problem to home-working in order to manage MSD concerns. This information is being captured and reported to the Health & Safety forum.
4. The fourth long-Covid staff support group took place this month, attended by 5 individuals. This will remain led by the HWB psychologist for now, with a steering towards proactive coping strategies.
5. The HWB Champions bi-monthly meeting was held in January, the topic presented this month was Kindness (next meeting's topic will be TRiM in March).
6. The CT5K restarting in February on Wednesday evening and open to all staff
7. Staff Breastfeeding room has been identified and will be up and running this month.

Risk to performance and mitigations

Current waiting times are:

- Staff Support: 1-2 weeks
- OHA: 1-2 weeks
- Physio: 1-2 weeks
- OHP: 2 weeks
- MHP: 4 weeks (this will reduce to 2 weeks in March).

On average 138 staff are reporting COVID sickness per day which is 2.4% of the workforce which is contributing significantly to the overall sickness %.

COVID sickness does contribute to sickness % however isolation does not. Isolation number are now significantly small (average 9) due to the changes in isolation rules.

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

Workforce – Recognition, EDI and Wellbeing

Use of Resources

Great Employee Experience	Indicator Score	Self Assessment Score
	1	2

Employee Recognition

Long Service Awards	3	Hidden Heroes	0
Retirement Awards	1	STAR awards	7

Diversity/Inclusivity

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

Wellbeing Initiatives

Staff Tea Trolley
In January, the staff trolley has visited wards & departments each weekday throughout the month, delivering over 2000 drinks & snacks. Refreshments were delivered to the Orbital to allow staff based there to run their own tea trolley. Tea trolley in a bag will be delivered to Wiltshire community sites in February

Massage chairs
New locations for these are now in Theatres, Pharmacy, Maternity and Commonhead. One remains in woodpecker for February, and there is now one in the Orbital permanently

Yoga project
This remains open to all staff, and was taken up by an additional 4 individuals this month. A further 20 places have been released for February. The remaining 20 will be offered in March

Background

Staff Support - 41 referrals were received this month for 1:1 staff support (for comparison, 7 were received in January 2021 and 23 last month)

The most common reasons for referral were:
1. Personal: anxiety (67%), low mood (63%), stress (42%)
2. Work-related: overload / stress (42%)

This month, 82 in-house individual appointments were attended. In addition to this, 26 contacts were made with the EAP

In-reach psychology group activity & attendance included: theatres (n=25), apprentices (n=11), pharmacy (n=10), transformation & improvement (n=7), forrest (n=6), patient safety team (n=6), radiology (n=5)

12 individuals attended bitesize wellbeing talks this month

Improvement actions

1. In January, we trained a further 8 staff in Mental Health First Aid, bringing the total number to 226 so far. Ratings in knowledge & confidence regarding Mental Health difficulties improved (from 3.2 to 9 and 3.6 to 9.4 respectively) following the training

2. Feedback from an individual who completed therapy this month stated *'I have found talking very helpful, & this has enabled me to put other things in place outside of work to cope better with the highly stressful workplace. It has helped me to leave my work behind'*

3. In January, 9 individuals completed therapy feedback forms (national standardised outcome measure for counselling). All staff reported positive improvements to their mood and 7 individual were considered a clinically significant (based on the national measures)

4. The service is extending its placement provider agreement, to include UWE counselling psychologists in training from April, which will supplement our in-house counselling provision and help build future recruitment links

5. Psychological Wellbeing was the Trust's Public Lecture this month, presented by the HWB clinical lead, attended by 30

6. Following a review of our current bank counselling provision, in comparison to the previous model of self-employed counsellors, the benefits in cost savings & time efficiency are significant Therefore, we are currently recruiting for additional bank counsellors to enhance our existing pool to ensure maintenance of a timely & sustainable service

Risk to performance and mitigations

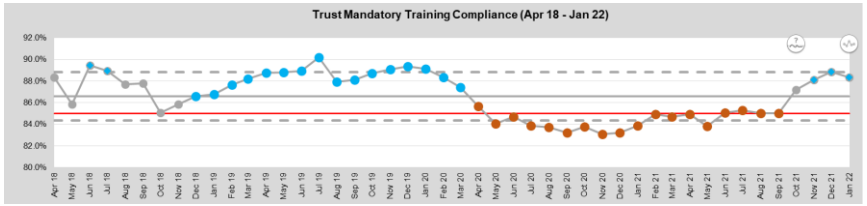
Staff engagement and morale are declining (based on the quarterly staff survey results) this could result in increase access to staff support and EAP services.

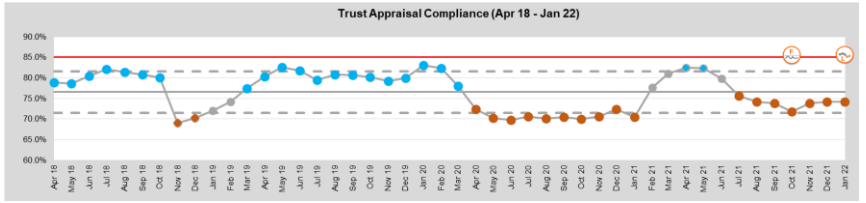
Mean — 0 — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target

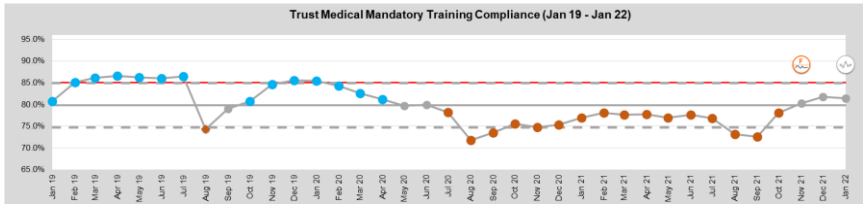
Workforce

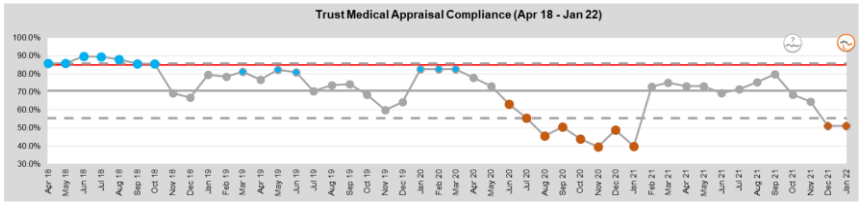
Use of Resources

Great Employee Development	Indicator Score	Self Assessment Score
	2	2









Background

Trust mandatory training compliance performance remains above the KPI of 85%. This, month it is at 88.33%. This is a slight drop of 0.5% from last month.

Trust appraisal compliance is reported at 73.27% in January, decreasing by 0.9% over the month. This performance continues to have an impact on the indicator score in the leadership section.

The adaptations made to the appraisal process as a result of the People Plan and the desire to focus on Well-Being may have had an impact on compliance in addition to the levels of sickness absence and operational pressures.

The focus on reviewing appraisal is about making it a more dynamic and shorter process which is the culmination of management supervision conversations over the year.

Improvement actions

1. The Academy is continuing to undergo some refurbishment and redecoration to improve the environment for learners and Abbey Park school kindly gifted us some artwork to display on our walls. The children visited on the 28 Jan and spent some time with the Chief Executive, Kevin McNamara and other Academy staff. This is part of a wider approach to strengthen links with local schools and encourage local children at key stages in their education to consider careers in health and care.
2. The HEE CPD funding has been reviewed to ensure that there are robust plans to commit the funding in year.
3. The Trust has now secured additional teaching space externally for 12 months which will support additional extended induction programmes for HCAs. Days are going to 5 days per induction, twice a month. This will support the Trust in achieving its pipeline numbers to provide support to clinical areas.
4. Following review it has been agreed that 7 sessions on conflict resolution will be delivered by an external organisation to the areas which are the highest priority.
5. Two away days have been planned by the Academy which are both taking place in March. One is a training/celebration event for HCA's, with one nominated HCA from each ward attending and the other is for the PALS team in supporting them in some additional resilience and communication training.
6. The GWH are leading on a Southwest initiative called Stay and Thrive which is a 12 month programme supporting a select number of International Nurses in developing their leadership skills for the future.
7. The Head of Learning and Development will also be leading on a new working group which will look at revamping the Trusts Appraisal process. Group currently being formed with the first meeting in March

Risk to performance and mitigations

The requirement for social distancing continues to have an impact on capacity and throughput.

There is significant pressure on rooms to accommodate training following the rise in learner numbers. This is currently being reviewed.

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

Workforce

Use of Resources

Great Leadership	Indicator Score	Self Assessment Score
	1	2
Leadership Roles at the Trust	4.56% of staff	Equating to 186.65 WTE
Leadership Development Programme *(Cohort 1)*	22 leaders	13 Completed Training
Leadership Development Programme *(Cohort 2)*	14 Leaders	Undergoing Training
Leadership Development Programme *(Cohort 3)*	20 Leaders	Undergoing Training
Aspiring Leaders *(Cohort 1)*	21 aspiring leaders	19 Completed Training
Aspiring Leaders *(Cohort 2)*	18 aspiring leaders	Undergoing Training
Leadership Forum Members	300 managers	Members Engaged
Latest Leadership Forum *(23 November)*	27 managers	Actively Attending
Ward Accreditation	24 of 24 departments	using the Perfect Ward App

Background

- Nine clinical leads have signed up for one of two BSW Clinical Leads programme starting in March 2002 with a further three places available
- Our expression to become a pilot for the Scope for Growth Talent Management has been successful and initial training will commence in March 2022
- All cancelled training during January for Aspiring Leaders and Leadership Development Programme has been rescheduled.
- The leadership team continues to work with teams across the organisation as required to facilitate better team working.
- The leadership team has commenced training in Action Learning facilitation which will support action learning across the organisation
- Quarter four management training commenced
- We are now able to offer a new leadership qualification which incorporates the Operational / Departmental Manager Level 5 Apprenticeship with the Leadership Academy Mary Seacole qualification with the first BSW cohort starting February 2022, this provides an opportunity to achieve 2 accredited qualifications at the same time, one person from GWH has currently enrolled.
- The next BSW cohort of Senior Leaders Masters level 7 Apprenticeship has been advertised and GWH has successfully enrolled 3 new starts on this programme starting February 2022.

Improvement actions

1.The Executive team has approved the bid to host up to two additional GMTS trainees as part of a BSW system bid. Work is now on-going to scope possible placement areas to identify suitable and relevant learning environments.

2. Additional accredited coaches are required to support the GWH coaching register, therefore a taster session with the provider has been arranged for February.

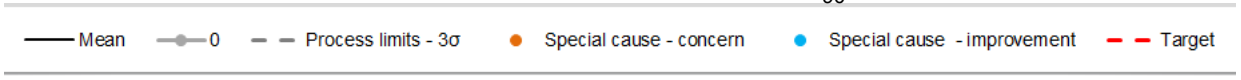
3. The new concept for career pathways will be taken to the Senior HR Team meeting and Nursing, Midwifery and AHP group for consultation and to gain engagement from key stakeholders. The revised career pathway model will focus on experiences, to increase satisfaction by personalising career mapping to meet an individual needs, to be successful it will require collaboration with all departments across the organisation.

4.The leadership team will be working with the Head of L&D and the ED&I lead to produce a programme for international nurses that includes a focus on leadership development. With a proposed start date for the first cohort in April 2022.

5. The leadership team continues to support a number of areas with planned interventions to improve teamwork and facilitate change and improvement.

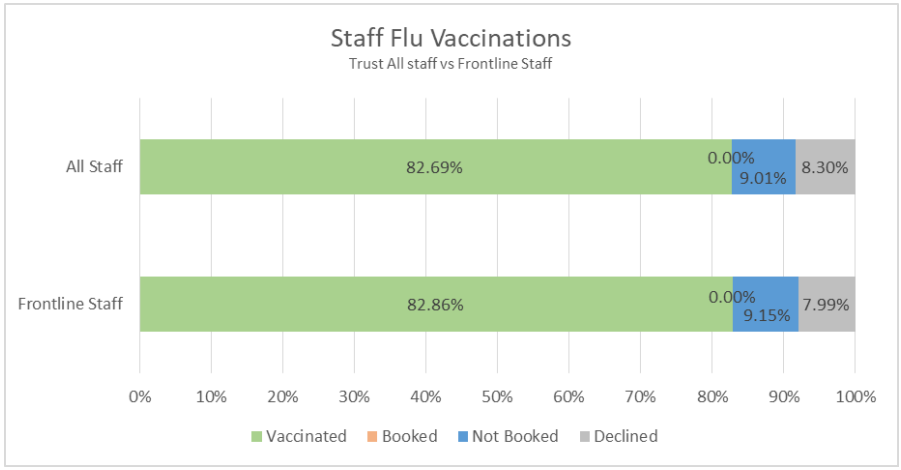
Risk to performance and mitigations

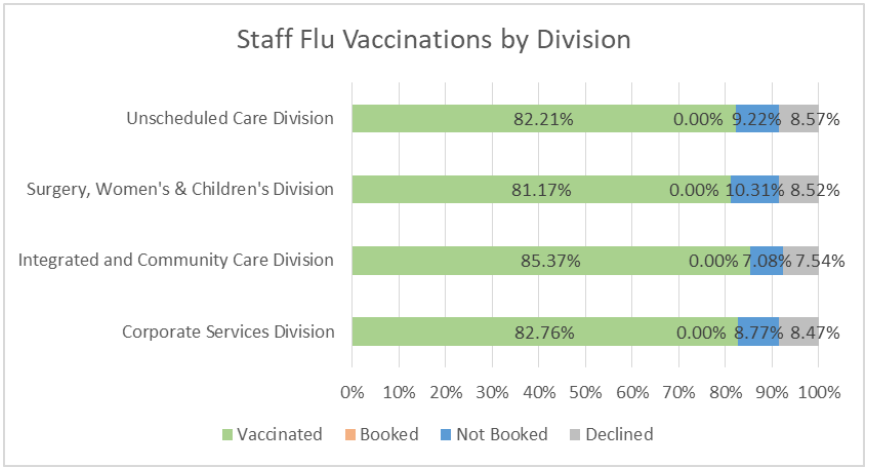
Depending on the length and severity of the Omicron wave of the pandemic combined with the usual winter pressures , it is possible that attendance at any leadership development activity will be challenging.



Exception 1 of 2 – Staff Flu Vaccination

Exception Report





Background

Our current compliance rate for all staff is 90.17% (compliance reporting includes those vaccinated and those who have declined).

We met the national target for this year of 90%, however did not achieve the Trust stretch target of 95%.

Improvement actions

- The 'Vaccination Track' booking system received positive feedback, enabling staff to easily book appointments directly onto the system into a convenient clinic and will be adopted for future campaigns.
- From the 16th Dec – 3rd January the OH nursing team moved over to the Academy as part of the Mass Vaccination National Programme and flu vaccines were offered to staff as walk-ins or as booked appts if they had not already received on NIVS
- When the Mass Vaccination Programme stopped, the OH team returned to Commonhead and continue to offer a staff a walk-in service for flu vaccines on a Mon - Fri (08:30 – 16:00) in parallel to the COVID boosters and COVID Vaccine's 1 + 2
- The final compliance rate of 90.17% is encouraging, and evidences a successful combined vaccination offering alongside the Covid-19 vaccine programme.

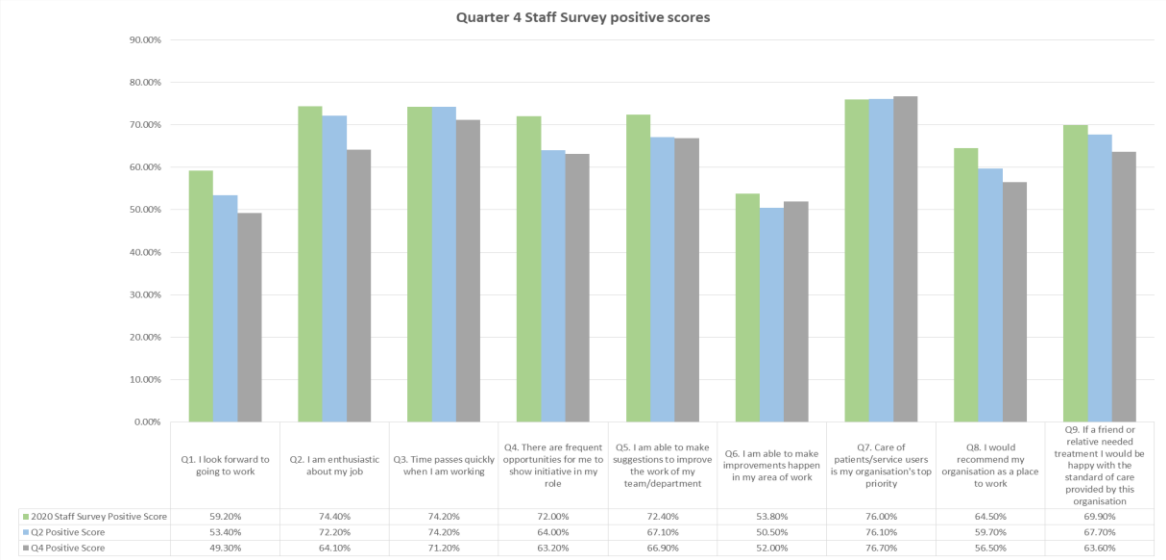
Risks to Performance & Mitigations

The on-site flu vaccination programme offer was supported by community visits and drop-ins to mitigate low attendance and enable accessibility to staff.

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

Exception 2 of 2 - Quarterly PULSE Staff Survey Results

Exception Report



	Q1. I look forward to going to work	Q2. I am enthusiastic about my job	Q3. Time passes quickly when I am working	Q4. There are frequent opportunities for me to show initiative in my role	Q5. I am able to make suggestions to improve the work of my team/department	Q6. I am able to make improvements happen in my area of work	Q7. Care of patients/service users is my organisation's top priority	Q8. I would recommend my organisation as a place to work	Q9. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
2020 Staff Survey Positive Score	59.20%	74.40%	74.20%	72.00%	72.40%	53.80%	76.00%	64.50%	69.90%
Q2 Positive Score	53.40%	72.20%	74.20%	64.00%	67.10%	50.50%	76.10%	59.70%	67.70%
Q4 Positive Score	49.30%	64.10%	71.20%	63.20%	66.90%	52.00%	76.70%	56.50%	63.60%

Q3. How could the Trust strengthen it's reputation as an 'Employer of Choice' where people choose to work and develop their career?

Background

The Q4 Quarterly Pulse Staff Survey was launched on the 7th January 2022 to allow every member of staff to have a voice as outlined in the NHS People Promise. The Quarterly Pulse Staff Survey will be run each year in Q1, Q2 and Q4 with the National Annual Staff Survey continuing to take place in Q3.

The Trust achieved a 32% response rate for the Q4 Quarterly Pulse Staff Survey. This is a slight decrease from the Q2 response rate of 37% but compares favorably with the 23% average response rate that Picker, the external company who co-ordinate the survey, had for the NHS Trusts that they work with.

Nine staff engagement questions were asked in the survey with the results above including the responses from the last Annual National Staff Survey for comparison.

- Green = full staff survey 2020
- Blue = Q2 pulse survey
- Grey = Current Q4 pulse survey

Background/ Improvement actions

The Pulse Staff Survey questions focus on staff engagement. There was a drop in the positive score in 7 of the questions, compared with the Quarter 2 Staff Survey

The most significant decrease relating to enthusiasm for role. There was an increase in the positive score for questions 6 and 7, evidencing improved influence in role and patient care.

An additional question was asked as follows:

> Q3. How could the Trust strengthen its reputation as an 'Employer of Choice' where people choose to work and develop their career?

Staff Survey initial result available and a similar trend to the quarter survey is evident. Feedback session with Quality Health in February and early March. Divisional Data available in the coming weeks.

Staff Survey has been identified as a breakthrough objective using Improving Together framework to drive improvement.

The Trust will review how Berkshire NHS Trust used Improving Together to address Staff Survey as a Pillar Metric which report direct improvement with this methodology.

Risk to performance and mitigations

Current internal pressures will be impacting staff engagement and moral, high COVID sickness and patient number.

Actions and improvements will need to be visible and experienced by staff to sustain confidence in the survey and sustain high participation.

Board Committee Assurance Report

Finance & Investment Committee			
Accountable Non-Executive Director	**Presented by**		**Meeting Date**
Andy Copestake	**Andy Copestake**		**21 February 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 10 Finance position	G	G	Another good bottom line result for Month 10. A favourable I & E variance to date of £1.6m, Cash of £33.6m at the end of January and a continued strong CIP achievement of £368k above plan year to date. Whilst Pay and Non-Pay was still overspending 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.	Monitor through FIC	FIC meetings 2021/22
Finance Risk Register	A	G	No major changes to the Finance Risk Register this month. Half of the Emergency Capital funding had been received and there is confidence that the balance will be received before the year-end. The Committee noted that the key financial risks are subject to a thorough review before the start of the new financial year.	Monitor through FIC	FIC meetings 2021/22
BAF Strategic Risks	A	A	The Committee discussed both Strategic Risks covered by FIC. On the first (a possible risk to the delivery of patient services if costs are not effectively controlled), the Committee was assured this is being well managed, that there is action to tackle the main issues and that the revised (lower) score of 12 is 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 are being picked up by PPPC.	Quarterly update	FIC meeting May 2022

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
	Risk	Actions			
Winter plans	G	G	A good update from the CoO on progress with (and the funding of) Winter plans.	Monitor through FIC	21 March 2022
Divisional Financial Plans	A	A	A good discussion with the CoO and Divisional leads on emerging financial plans for 2022/23. The Committee was pleased and assured to see continuing good collaboration between the Divisions and between Finance, Operations and HR on the financial, activity and workforce plans. The focus of Committee questions was on the deliverability of the likely £10m CIP target for next year. There was also concern about apparent escalating headcount, Pay and Non-pay costs combined with lower overall activity levels – comparing the numbers to a base (pre-Covid) year. A further major concern was the likely loss of £6m of HDP funding for the Community next year, which would create a major challenge. Negotiations continue with Commissioners to mitigate this loss.	FIC meeting sign-off	21 March 2022
PFI Benchmarking Update	A	A	The Committee received a good update on progress with the 5 yearly benchmarking process for Soft FM services provided under the PFI contract. Another update and firm recommendation is to follow in March.	FIC	21 March 2022
Overseas Visitors – update re: up-front payments	G	G	A good update from the Overseas Visitor Manager which showed excellent progress on charging for treatment where appropriate and recovering outstanding debts.	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 Responsive?

Are We Safe?

Are We Caring?

Are We Well Led?

Use of Resources

Financial Overview

Use of Resources

For Period Ended - 31st January 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	34,098	36,306	2,208		340,350	357,087	16,737	
Total Operating Expenditure	(34,602)	(36,278)	(1,675)		(341,812)	(356,915)	(15,103)	
Total Surplus/(Deficit) *excl donated assets*	(504)	28	533		(1,462)	172	1,634	
Capital	4,461	1,488	(2,973)		24,813	14,530	(10,283)	
Cash & Cash Equivalents	1,425	33,664	32,239					
Efficiencies	445	394	(51)		3,052	3,420	368	

Overview

Income & Expenditure: The Trust is reporting a surplus of £0.03m against a planned deficit of £0.5m in Month 10. Operating income continues to be above plan (£2.2m in month) however this is offset by pay and non pay expenditure above plan (£1.7m in month)

Cash – the cash balance at the end of January was £33.6m which is above plan of £1.4m.

Capital – Capital expenditure is £14.5m as at the end of January, £10.3m below plan.

Efficiencies – £3.4m of efficiencies have been delivered year to date, which is £0.4m above plan.

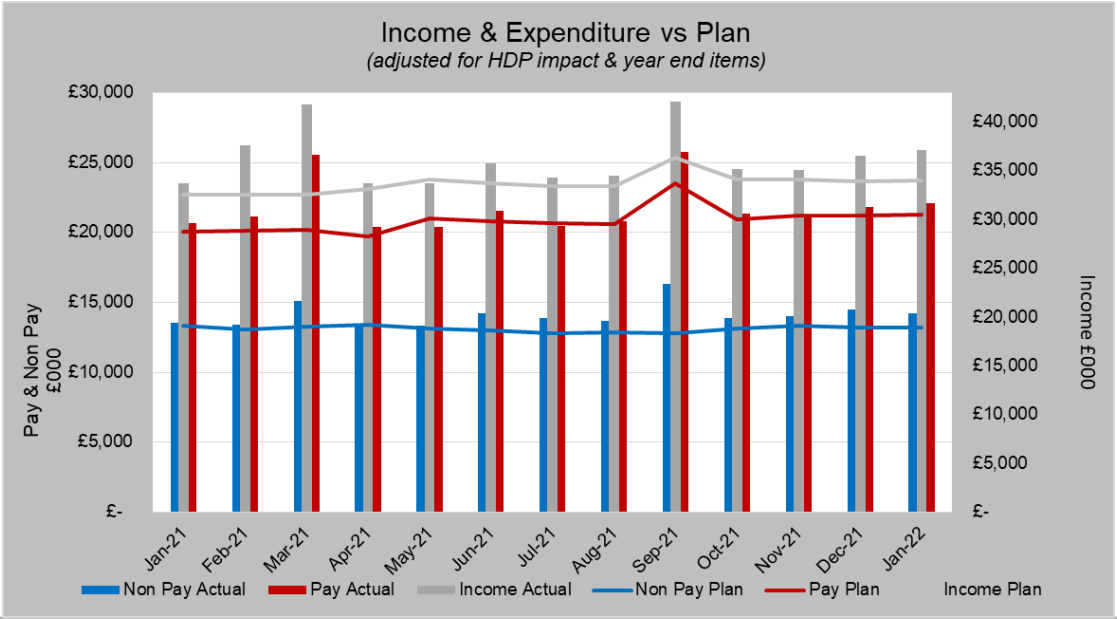
Pressures and Emerging Issues (1 of 2)

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?
SWC	Medical Staff Rota gaps in Anaesthetics and ICU	£146k = TOIL accrued by Medical Staff	£400k value of TOIL based on 20/21	Gaps within Medical rotas mean increased expenditure on locums in month. Time off in lieu is also being accrued and not used which could present further financial pressures.	Kingsgate work has identified issues and actions that are required to resolve rota issues. These need to be implemented by the Division to avoid further risks to the staffing rota and financial position in future months.
SWC	Staffing of 24/7 Maternity scrub service in theatres	£20k (funded from elective recovery fund)	£140k	From Jan-22, to support a dedicated emergency C section list in theatres and 24/7 maternity cover, scrub staff are redeployed from elective lists and backfilled by agency to prevent loss of activity	ERF funding has been identified to cover the cost of this service development until the end of the financial year. Substantive funding is required to make this a sustainable service going forward, which is essential to achieving Ockenden and CNST Maternity standards. If not substantively funded the likelihood is that elective capacity will be lost

Income and Expenditure - Run Rate

Use of Resources



Background

The January position is £0.01m surplus against a planned deficit of £0.5m. The position includes Elective Recovery costs of £0.67m over budget.

- Income run rate has reduced by £0.2m in month. An additional £1.2m relating to ERF has been included in the Month 10 position and this is £0.3m below level received in December..
- Monthly Pay run rate has increased by £0.3m.
    - Substantive pay has reduced in month (£0.2m) primarily driven by Registered Nursing. Worked and contracted WTE has reduced in month reflecting pressures due to sickness/maternity as well as turnover.
    - There has been an increase in Bank and Agency pay in month (£0.3m). This is being driven by increased sickness as a result of Omicron, as well as an additional C-Section list being run in SWC and the running of a virtual ward in ICC. Bank incentives were paid in month which is also driving the increase in spend.
    - Locum Medical staffing costs have increased by a further £0.2m predominantly in SWC. One off payments have been made for backdated shifts (£0.05m) and additional costs are being incurred due to on-going issues with the Medical Staff rota gaps.
- Non Pay run rate has decreased by £0.2m. Expenditure on Clinical Supplies has decreased in month despite activity levels being higher. A review of December and January stock data indicates that a level of stocking up was driving the increased spend in December. Expenditure on Drugs was lower in January within Cancer, Sexual Health and Homecare which is due to seasonality. This is offset by costs of insourcing in month to support Gynaecology and Urology 18 weeks which is funded through ERF income.

Divisional Positions

Use of Resources

For Period Ended - 31st January 2022	In Month Plan £000	In Month Actual (Adjusted £000	In Month Variance (Adjusted £000	YTD Plan £000	YTD Cost Variance (Adjusted £000	YTD Variance (Adjusted £000	H2 Plan £000	Forecast H2 Outturn £000	Variance To H2 Plan £000
Corporate	(4,616)	(4,809)	(193)	(46,910)	(47,032)	(121)	(27,729)	(27,649)	80
Trust Income	31,987	33,803	1,816	320,660	335,013	14,353	191,910	201,384	9,473
Unscheduled Care	(9,932)	(10,434)	(501)	(97,842)	(101,054)	(3,212)	(58,351)	(60,154)	(1,802)
Integrated and Community Care	(6,615)	(6,575)	39	(64,168)	(64,005)	164	(39,185)	(39,284)	(98)
Surgery, Womens and Childrens	(8,806)	(8,943)	(136)	(86,425)	(86,713)	(288)	(52,193)	(52,786)	(593)
Non-Divisional	(2,522)	(2,327)	195	(26,777)	(27,794)	(1,017)	(20,446)	(21,511)	(1,065)
Inc Off-sets incl ERF & Pass-Through Drugs	0	(687)	(687)	0	(8,244)	(8,244)	0	0	0
Total Surplus/(Deficit) ***excl donated assets***	**(504)**	**28**	**533**	**(1,462)**	**172**	**1,634**	**(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 (£0.1m YTD). The in month overspend is primarily driven by CHP cost pressures (£0.1m), under achievement of efficiency (£0.04m) and non pay costs to support recruitment. (£0.05m)

Trust Income is £1.8m favourable to plan in month (£14.4m YTD). The in-month position includes BSW income for ERF Plus (ERF+).

Unscheduled Care is £0.5m adverse to plan in month (£3.2m YTD). Pressures within Pay expenditure continue - the run rate has increased by a further £0.2m in month mainly due to increased use of RMN Agency & Bank Enhanced Care. Non-Pay is above plan but in line with previous months, pressures within Diagnostics continue to drive an overspend.

Integrated & Community Care is broadly in line with plan in month (£0.04m favourable variance)

Surgery, Women and Children's is £0.1m adverse to plan in month (£0.3m YTD). There has been a reduction in Private Patient income in month (£0.05m) reflecting operational pressures. Pay costs for temporary staff across Medical and Nursing budgets has also increased due to staff shortages driven by the Omicron variant (£0.1m)

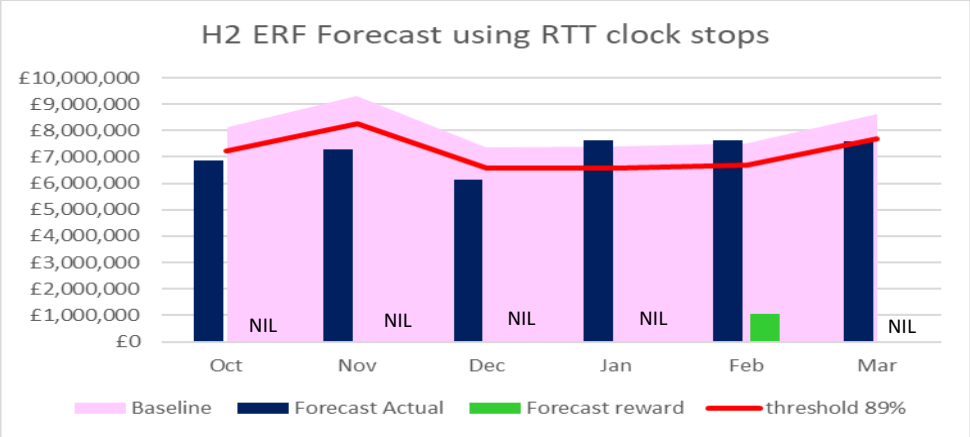
Non-Divisional is £0.2m favourable to plan in month (£1.0m adverse to plan YTD) due to central accruals and release of reserves.

Note – ERF costs off-set are those in excess of budgeted service costs, the full cost of ERF recovery undertaken across the Trust when these are included is £0.7m in month and £3.8m YTD.

Elective Recovery Fund – estimated values
(NHS E/I confirm values 3 months after month end)

Use of Resources

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 will continue into H2 but performance will be monitored against RTT clock stops which are a subset of the previous measurement. H2 months will be compared to 89% of 19/20 activity adjusted for working days, with an adjustment expected for March as it was affected by Covid-19.
- Activity performance based on divisional planning showed an expected earnings in region of £0.7-£2m with delivery in Jan/Feb.

Emerging issues

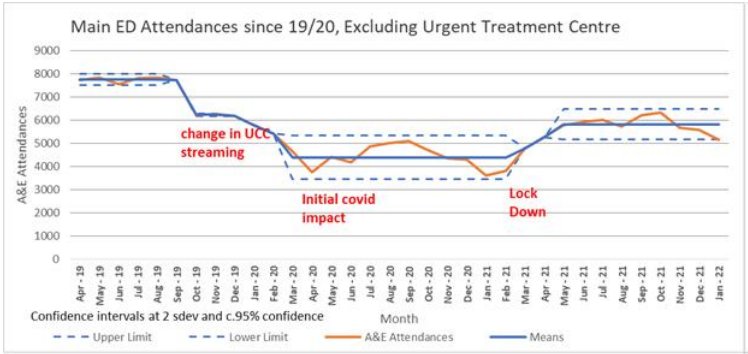
- No ERF reward has been earned for October – December as expected.
- January performance has not yet been calculated but due to elective and day case activity not increasing above December levels, it is unlikely any reward will be generated.
- The insourcing contract activity has commenced with 5 weekends of lists having been delivered.

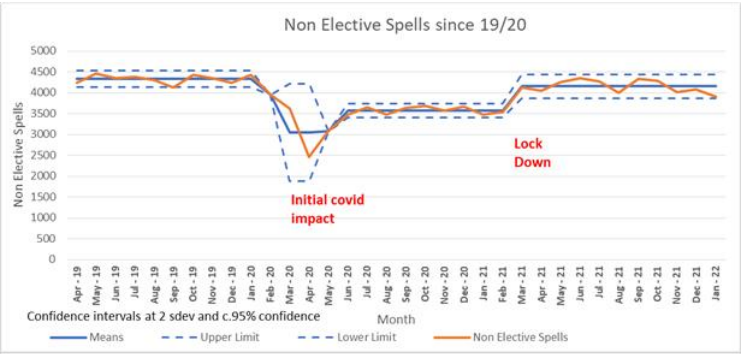
Risks and Actions

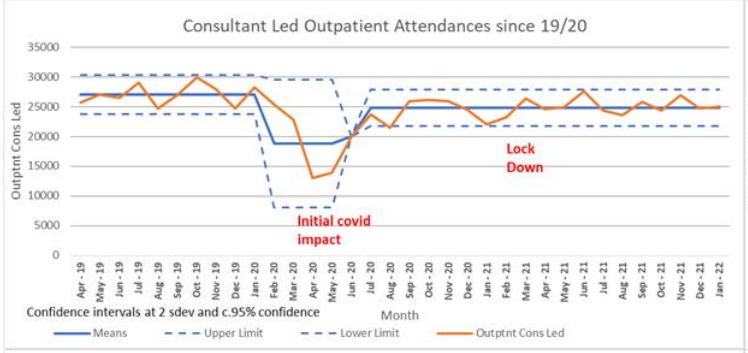
- The in sourcing contract lists are delivering lower throughput than expected and booking processes are being reviewed to ensure that the right level of complexity of patient is booked.

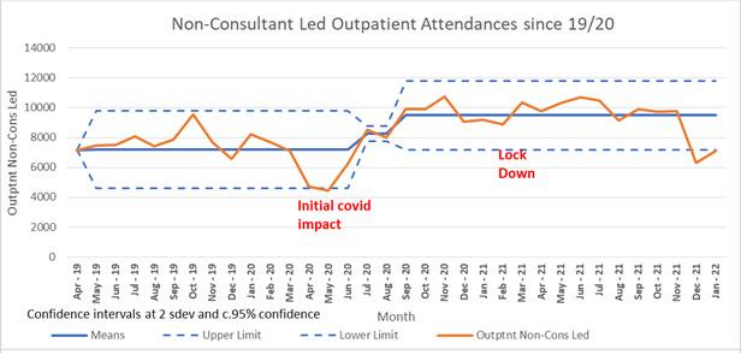
Key Activity Trends to Inform Revenue Impact if National Tariffs Still Applied

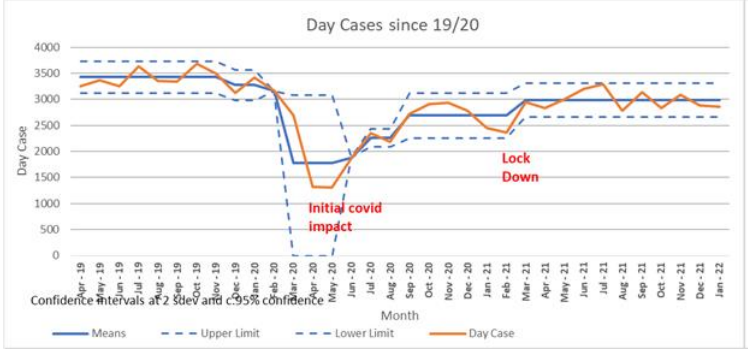
Use of Resources

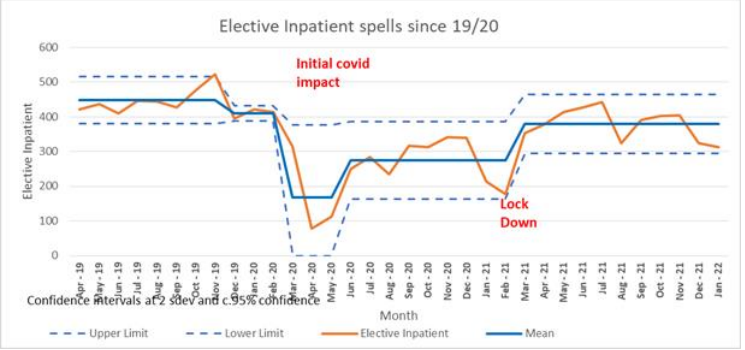












Background:
This is the activity trend collected to inform financial view on productivity, expenditure reported and notional income earned. This does not replace divisions' own view on their levels of activity.

Income and Activity Delivered by Point of Delivery

Use of Resources

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

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)	-18.8%	11,595	9,872	-1,724	-14.9%	Minor activity affected more than major + impact of increased streaming since 19/20
NEL	-4.1%	77,187	84,356	7,168	9.3%	Minor activity affected more than major
Outpatient (All)	-4.5%	36,369	31,533	-4,836	-13.3%	Due to switching to Non face to Face
Day Case	-11.9%	19,985	18,022	-1,963	-9.8%	Minor activity affected more than major
Elective Inpatient	-13.2%	15,215	13,583	-1,632	-10.7%	Minor activity affected more than major

Context

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

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

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.

Elective/day case activity has remained at or below December levels when ordinarily activity would increase. This is almost certainly due to the impact of Omicron.

Risks:

Contracting will not return to a full PbR approach in 22/23, with contracts over £30m required to be on a partial fixed basis. Some major funding sources such as hospital discharge program funding will cease at the end of 2021/22. Contracts with peripheral providers are below £30m and so are at risk of reverting to a cost and volume approach – this means that there is a risk that the Trust is funded below current block levels. The new payment system includes quality incentives (best practice tariffs and CQUIN) which if not delivered could see payment withheld.

Actions & mitigation:

The contracts team is continuing to track income both from existing streams and new and emerging sources for 21/22.

The team is working with main 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 quality incentives to minimise risk of funding being retained.

Efficiency – Better Care at Lower Cost

Use of Resources

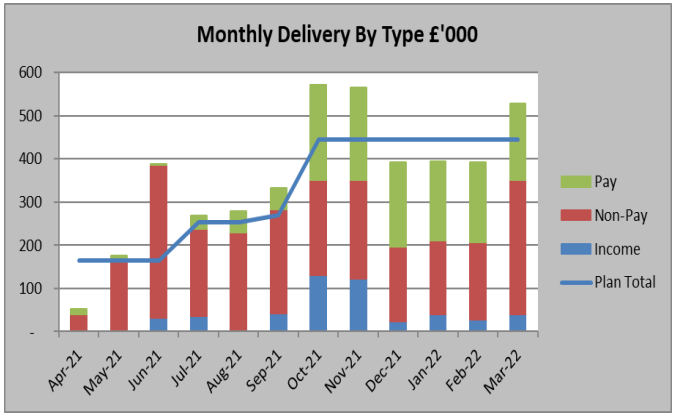
Background

Cost Reduction identified and delivered in month is £0.394m against a plan of £0.445m.

Delivery for the year to date is £3.420m, which is over plan by £0.368m.

The total target for the year is £3.942m.

Future months outline the forecast delivery for the period to 31 March 2022, currently estimated to overachieve by £0.398m.



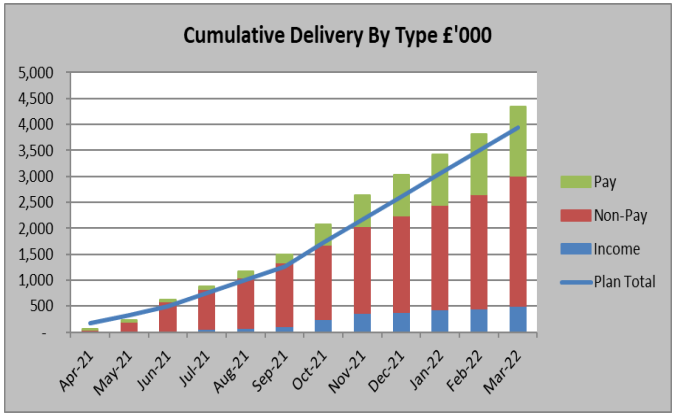
Improvement actions planned

Of the £3.4m efficiency delivered to Month 10, £1.4m is Recurrent and the remaining £2m is Non-Recurrent. This will result in a pressure on 2022/23 budgets.

For 2022/23, the efficiency target is likely to be £10m which reflects around 3% of expenditure budgets.

Further work is required to agree a split of this target and ensure Divisions are engaged to identify, develop and deliver cash releasing schemes from 1st April 2022.

There needs to be a focus on plans that will deliver a recurrent saving for future years to ensure the Trust financial position can be supported in the longer term.

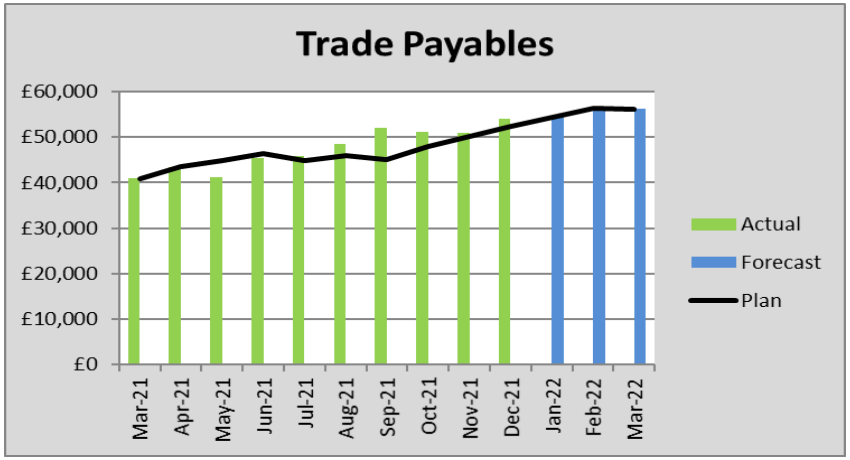


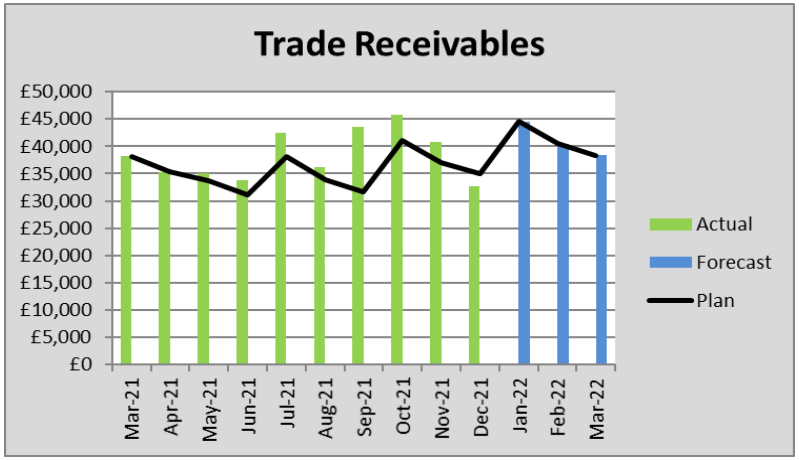
Risks to delivery and mitigations

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

Statement of Financial Position: Key movements

Use of Resources





Background

- Both Payables & Receivables are on plan in month.
- A full Statement of Financial Position is included in the appendices.

Risks to delivery and mitigations

- Although we have received correspondence from NHSI to suggest that the Trust Emergency Capital funding application has been approved this has not been formally notified and the Trust is chasing this on a weekly basis.
- The funding applications for the Energy Centre (£2.3m) remains outstanding so the scheme is progressing at risk. This also continues to be chased with the regional and national teams.

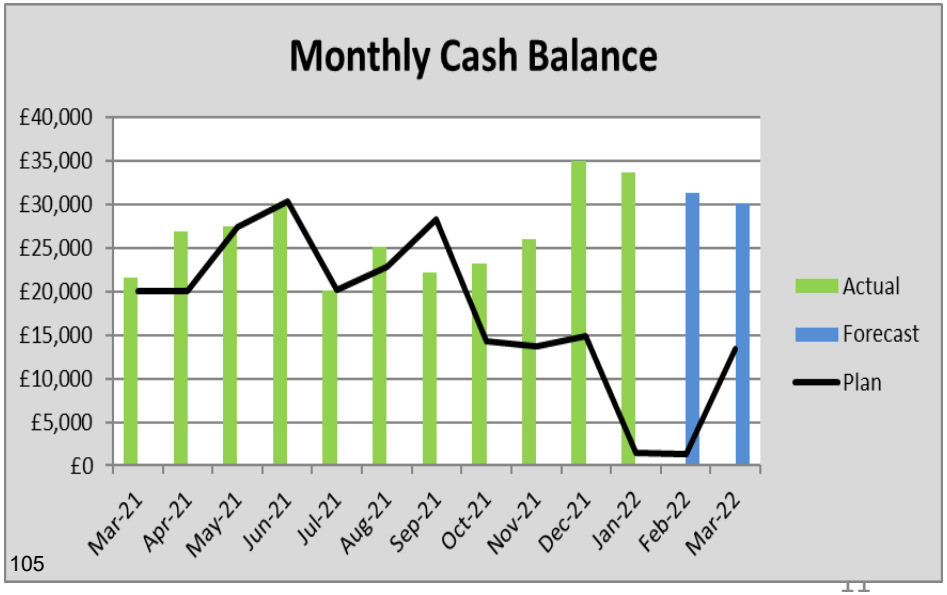
Cash

Use of Resources

	Mar-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	21/22 Total	Rolling 12 Mths Feb 22 to Jan 23
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Opening Balance	**41,193**	**35,039**	**33,664**	**37,143**	**23,609**	**11,982**	**12,174**	**12,940**	**2,053**	**2,819**	**3,585**	**1,000**	**1,766**	**2,532**	**21,553**	33,664
Income																
Clinical Income	11,312	31,991	31,088	31,088	27,517	27,517	27,517	27,517	27,517	27,517	27,517	27,517	27,517	27,517	390,052	337,346
Other Income	3,921	4,735	4,257	2,403	2,403	2,403	1,619	1,619	1,619	1,619	1,619	1,619	1,619	1,619	49,601	24,414
Revenue Financing Loan / PDC	4,975										8,303			9,355		17,658
Capital Financing Loan / PDC	25,525	5,067	2,242	5,469	3,234	3,234	4,537	4,537	4,537	4,537	4,537	4,537	4,537	4,537	14,850	50,475
Total Income	**45,733**	**41,794**	**37,587**	**38,960**	**33,154**	**33,154**	**33,673**	**33,673**	**33,673**	**33,673**	**41,976**	**33,673**	**33,673**	**43,028**	**454,504**	**429,893**
Expenditure																
Pay	21,021	19,996	20,503	20,449	20,138	20,138	20,138	20,138	20,138	20,138	20,138	20,138	20,138	20,138	242,058	242,332
Revenue Creditors	10,936	10,481	12,670	14,447	8,302	8,302	8,302	8,302	8,302	8,302	8,302	8,302	8,302	8,302	136,903	110,132
Capital Creditors	19,424	816	936	15,472	4,467	4,467	4,467	4,467	4,467	4,467	4,467	4,467	4,467	4,467	33,704	61,080
PFI	11,861	11,874			11,874			11,653			11,653			11,653	35,597	46,833
PDC Interest	2,131			2,125											4,076	2,125
Financing						55									110	55
Total Expenditure	**65,373**	**43,168**	**34,109**	**52,493**	**44,781**	**32,962**	**32,907**	**44,560**	**32,907**	**32,907**	**44,560**	**32,907**	**32,907**	**44,560**	**452,448**	**462,557**
Closing Balance	**21,553**	**33,664**	**37,143**	**23,609**	**11,982**	**12,174**	**12,940**	**2,053**	**2,819**	**3,585**	**1,000**	**1,766**	**2,532**	**1,000**	**23,609**	**1,000**

Background

- Cash at the end of Month 10 was £33.6m which was above the planned level of £1.4m.
- The cash balance is above forecast for Month 10 (£28m). 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.
- Clinical Income cashflows from April will be updated once agreement has been reached with Commissioners over funding for 2022/23.



Capital Programme

Use of Resources

Capital Scheme	Capital Group	2021/22 Full Year Plan £000	Month 10 plan	Month 10 Actual	Month 10 Variance	Month 10 YTD Plan £000	YTD Actual £000	YTD Variance £000
Aseptic Suite	Estates	1,903	223	-	(223)	1,745	170	(1,575)
Oxygen	Estates	500	-	19	19	500	519	19
Estates Replacement Schemes	Estates	1,050	125	26	(99)	700	35	(665)
Utilities (LV & Heating) Project	Estates	2,300	-	351	351	2,300	1,094	(1,206)
Pathlake (national funds requires matching)	IT	260	35	-	(35)	190	-	(190)
Pathology LIMS (network procurement)	IT	510	119	-	(119)	270	-	(270)
IT Emergency Infrastructure	IT	3,000	747	-	(747)	2,937	2,569	(368)
IT Replacement Schemes	IT	1,404	156	71	(85)	1,092	406	(686)
PACS - environment/replacement solution (Nov21)	IT	800	133	80	(53)	532	323	(209)
Equipment Replacement Schemes	Equipment	1,450	161	(85)	(246)	1,127	116	(1,011)
Contingency	Equipment	541	45	38	(7)	450	38	(412)
Total Trust CDEL		**13,718**	**1,744**	**500**	**(1,244)**	**11,843**	**5,270**	**(6,573)**
Way Forward Programme		1,500	1,371	114	(1,257)	5,576	695	(4,881)
Clover UEC		10,085	1,346	723	(623)	7,394	8,414	1,020
TIF elective recovery		1,807		151	151	-	151	151
Unified Tech Fund		1,387		-	-	-	-	-
Total Capital Plan (Excl PFI)		**28,497**	**4,461**	**1,488**	**(2,973)**	**24,813**	**14,530**	**(10,283)**

Risks to delivery and mitigations

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

Background

- Total Capital Expenditure at Month 10 is £10.3m below plan. Of this, £6.6m relates to Trust CDEL schemes, with the remaining £3.7m 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:
  - **Aseptics** – there continue to be contract discussions with this scheme which has resulted in further slippage in start date. Value of slippage is currently estimated to be £1.8m exact amount still to be confirmed.
  - **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.
- Spend is progressing on additional items approved to be spent from slippage and progress is being monitored on a weekly basis and reported via CMG. This will mitigate in year slippage on the capital programme to ensure the full 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.
- The Trust has £1.8m of capital approved from Targeted Investment Fund (TIF). This comprises of a number of equipment and digital schemes which are all expected to be spent by 31/3/22.
- In addition the Trust has £1.4m of schemes approved through Digital Unified Tech Fund. These are also on plan to be completed by 31/3/22.

Appendices

Use of Resources

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

1. Statement of Financial Position

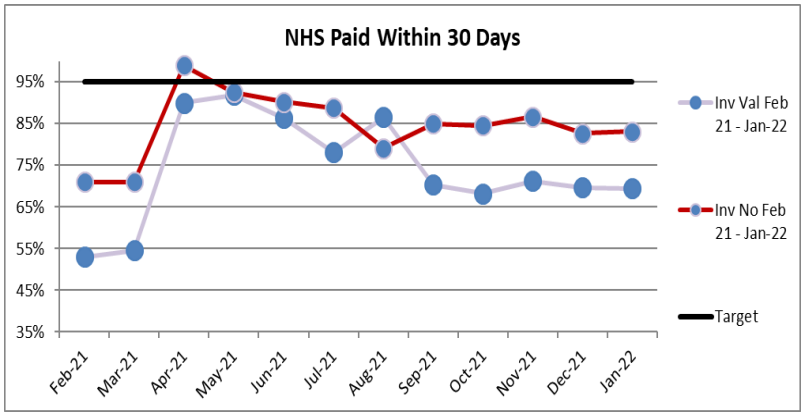
Use of Resources

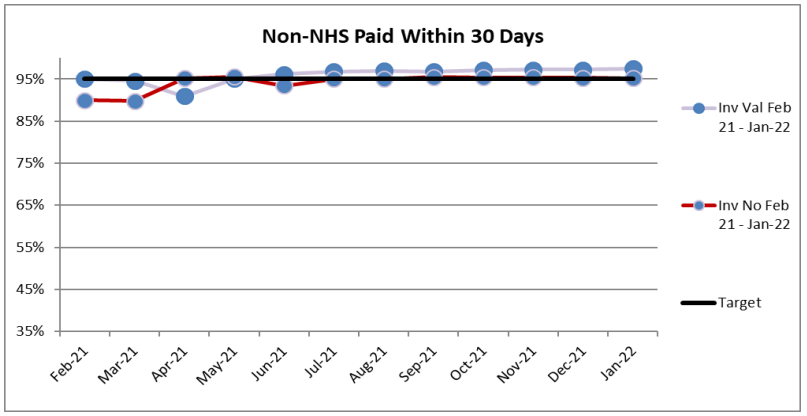
	Previous Month DEC-21 (£'000)	Current Month JAN-22 (£'000)	Movement (£'000) From Prior Mth	As at year-end Mar-21 (£'000)
Non-Current Assets				
Intangible assets	5,400	5,400	-	5,399
Property, plant and equipment	225,986	226,767	781	230,331
Investments in associates & joint ventures	70	70	-	70
Receivables - non-current	656	656	-	656
Total Non-Current Assets	232,111	232,892	781	236,455
Current Assets				
Inventories	4,498	5,149	651	4,787
Receivables: invoiced	3,571	3,063	(508)	4,870
Receivables: not invoiced	29,072	34,658	5,586	33,309
Cash and cash equivalents.	35,010	33,664	(1,346)	21,566
Total Current Assets	72,151	76,533	4,382	64,532
Total Assets	304,262	309,425	5,163	300,987
Current Liabilities				
Other liabilities: deferred income	8,027	6,772	(1,255)	4,303
Trade and other payables: invoiced	7,220	10,784	3,564	8,806
Trade and other payables: not invoiced	46,931	44,510	(2,421)	30,119
Provisions - current	86	49	(37)	156
Trade and other payables: capital	8,446	9,383	938	10,207
Borrowings: PFI, loans & finance leases	2,114	1,409	(705)	8,764
Total Current Liabilities	72,824	72,907	83	62,355
Non current Liabilities				
Other liabilities: deferred income	676	676	-	790
Provisions - non-current	2,177	2,177	-	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	87,500		91,144
Total Assets Employed	143,939	149,018	5,080	147,489
Taxpayer's and Others Equity				
Public dividend capital	139,409	144,476	5,067	137,337
Income and expenditure reserve	(30,903)	(30,891)	13	(28,632)
Revaluation reserve	35,433	35,433		38,784
Total Assets Employed	143,939	149,018	5,080	147,489

2. Working Capital

Use of Resources

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	714	599	50	339	864	2,566
Non-NHS	3,531	1,622	1,929	497	639	8,218
Grand Total	**4,245**	**2,220**	**1,979**	**837**	**1,503**	**10,784**

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	681	79	103	9	159	1,032
Non-NHS	921	225	335	(576)	1,126	2,031
Grand Total	1,602	304	438	(567)	1,285	3,063

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. NHS paid within 30 days has gone up and 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 96.4% which means we have attained our target this month and a slight increase from last month.

3. Income and Expenditure – Variances from Plan

Use of Resources

For Period Ended - 31st January 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	33,761	1,797		320,160	334,852	14,691
Other Income	2,134	2,545	411		20,190	21,716	1,526
Total Income	**34,098**	**36,306**	**2,208**		**340,350**	**356,568**	**16,218**
Pay							
Medical & Dental	(6,306)	(6,679)	(373)		(61,852)	(65,673)	(3,821)
Nursing	(8,977)	(9,477)	(499)		(88,667)	(90,922)	(2,255)
AHP & Scientific	(2,814)	(2,699)	115		(27,910)	(27,114)	796
Senior Managers and Admin	(3,179)	(3,204)	(24)		(32,500)	(31,975)	525
Total Pay	**(21,277)**	**(22,058)**	**(782)**		**(210,929)**	**(215,684)**	**(4,755)**
Drugs Costs	(3,198)	(3,185)	13		(30,717)	(31,793)	(1,076)
Supplies (Clinical & Non Clinical)	(2,868)	(3,315)	(447)		(28,033)	(31,417)	(3,383)
PFI Cost	(1,158)	(1,170)	(12)		(11,483)	(11,733)	(251)
Other Costs	(3,685)	(4,218)	(534)		(36,078)	(41,811)	(5,733)
Non Pay	**(10,908)**	**(11,889)**	**(980)**		**(106,311)**	**(116,754)**	**(10,443)**
EBITDA	**1,913**	**2,359**	**446**		**23,110**	**24,129**	**1,019**
Non-Operating Costs	(2,424)	(2,346)	78		**(24,646)**	**(24,599)**	47
Surplus/(Deficit)	**(512)**	**13**	**525**		**(1,536)**	**(469)**	**1,067**
Remove I&E impact of capital donations	7	15	8		74	642	567
Adjusted Surplus/(Deficit)	**(504)**	**28**	**533**		**(1,462)**	**172**	**1,634**

YTD position includes ERF £3.4m which is above the 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.

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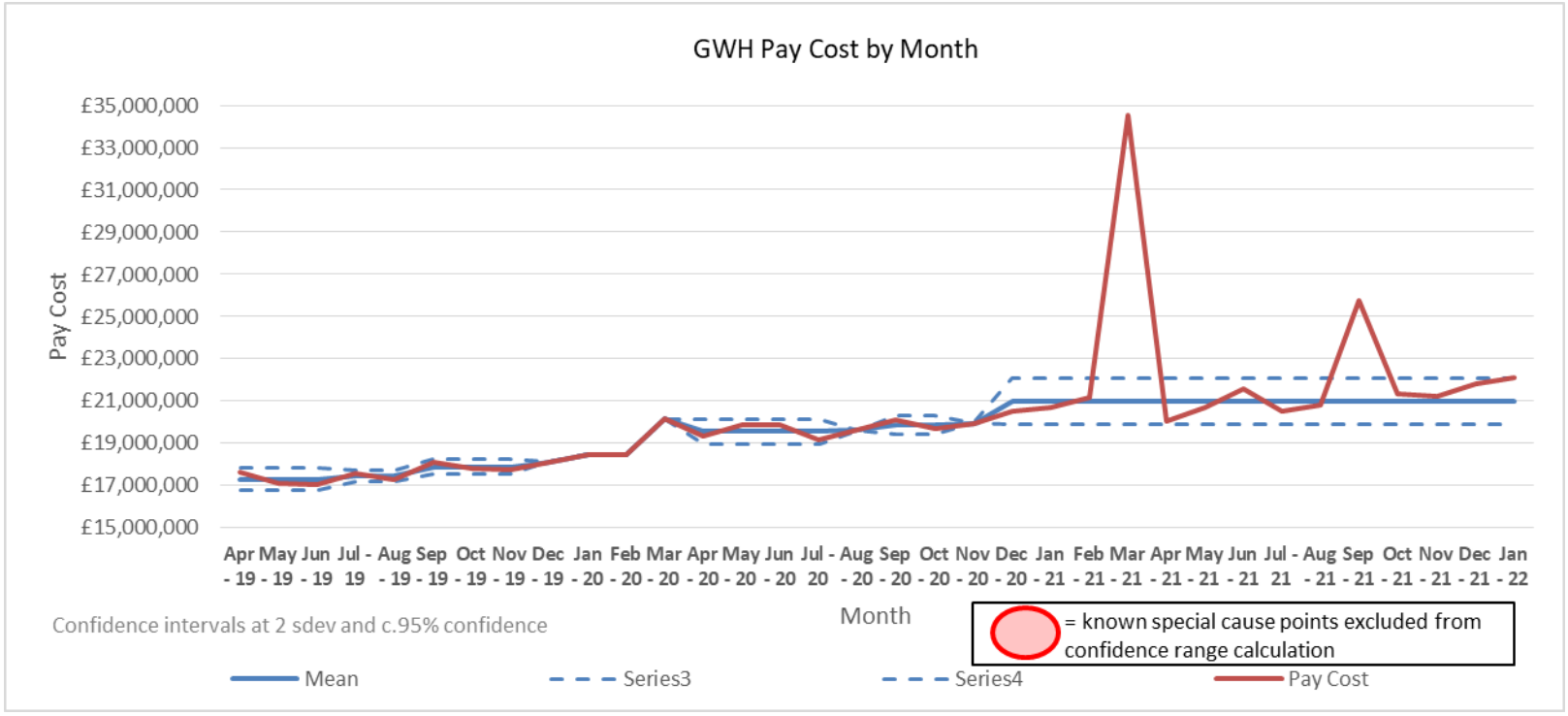
4. Pay SPC chart

Use of Resources



Great Western Hospitals NHS Foundation Trust

Board Committee Assurance Report

Mental Health Governance Committee

Accountable Non-Executive Director	Presented by	Meeting Date
Lizzie Abderrahim	**Lizzie Abderrahim**	**14 January 2022**

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Yes	BAF Numbers	1.4a[1]

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			
Use of the Mental Health Act Q3			The committee agreed to maintain a red risk rating primarily because there remain issues outside the direct control of GWH but it was satisfied that appropriate action plans are in place. In particular, mandatory training requirements had been met, discussions were taking place with AWP to address the Trust's inability to meet best practice guidelines re the second reading of rights to detained patients and a review of the Trust's use of s.5[2] was to be undertaken to provide assurance that this followed best practice.		
Mental Capacity Act: Update			Ratings remained consistent. The committee continued to be assured that MCA practice was supported by the necessary training and that none of the clinical incident reports with an MCA component had required categorisation as a serious incident, although two incidents did suggest a lack of MCA knowledge and a plan was in place to share the learning from these.		

[1] Safeguarding / Mental Health / DOLS

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
Deprivation of Liberty Safeguards Update			The committee agreed to maintain a red risk rating primarily because numbers of patients subject to urgent authorisation have been increasing exponentially and there continue to be issues in relation to these patients that relate to the ability of the supervisory bodies to carry out those assessments. These issues are outside the direct control of GWH. However, the committee remained satisfied that actions are in place to address the risks with audits providing evidence of appropriate use across the Trust.		
Liberty Protection Safeguards			Ratings remained consistent. The implementation date continues to be delayed and the Trust continues to engage in planning activity [internally and across BSW]. However, pending the publication of Code of Practice, the ability to plan effectively is undermined, in particular by the inability to understand the extent of the financial implications.		
Mental Health Governance Workplan Q3 Report			The committee was satisfied by the robustness of the workplan and by the progress reported.		
Audit Reports			The audit programme had been paused but the committee received an assurance that a recovery plan was in place. Actions arising from completed audits were reported and the committee was advised that an audit relating to the use of chemical restraint would be reported at the next meeting.		
Mental Health Quarterly Dashboard and Risk Report			The committee noted that 2 risks [1125 and 1458] scoring 12 remain on the risk register but was satisfied that these were subject to regular review and that appropriate actions were in place to mitigate them. The committee was reassured by plans in relation to mental health risk activity [absconsion, self -harm and restraint practice] and noted that reporting would now be more robust with the use of Datix [the inadequacy of Ulysses for reporting mental health activity having been noted in the past].		
CQC Gap Analysis: Assessments in Acute Trusts			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 are 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.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
Divisional Update: Integrated Care and Community			The committee recognised the challenge in meeting the increasing demand in the community and in primary care, hence the amber risk rating, but agreed that appropriate actions were in place to address this, including the appointment of specialist mental health nurses.		
Emergency Department Update			The committee noted that there had been no increase in mental health presentations nor any increase in severity although there was concern about the risk to walk-in patients who, because of overcrowding in the Majors Chairs area, were having to remain in an open waiting room for up to 4 hours. This was of particular concern in relation to patients who had expressed suicidal thoughts but it was hoped a clinical navigator role being piloted in ED would address this. Also of note was the positive feedback from staff about the conflict resolution training that had been provided and the constructive collaborative relationships between GWH, AWP and the CCG.		
Mental Health Liaison Team Update			The longstanding shortage of acute mental health beds continues to impact with delays being caused in discharging patients from GWH. AWP also continue to experience workforce challenges and MHLT response times have been impacted by issues associated with electronic referrals. However, the committee noted the initiatives to support the delivery of effective and efficient mental health services for patients in ED and to those on wards and that there had been good uptake of the training offered by the MHLT.		
CAMHS			The committee agreed to maintain a red risk rating primarily because there remain issues outside the direct control of GWH, in particular the lack of Tier 4 specialist beds and the recruitment challenge within the CAMHS service. Of concern at the last meeting was that the CAMHS workforce contingency plans had resulted in reduced hours for the GWH liaison role [leading to a red assurance rating] but the committee was satisfied that, since that meeting, the reduction in liaison hours had been added to the risk register and a mitigation plan was in place.		
Children's Services			The lack of specialist Tier 4 beds and difficulties in arranging discharge into the community mean that children and young people presenting with mental health issues continue to require care in an acute setting for longer than the optimum. However, the committee continues to be assured by the measures in place to address the associated risks. These measures include the possibility of providing close support through the use of Band 3 nursing staff rather than through RMNs and the development of an individualised risk care plan for high-risk patients.		

Key Issue	Assurance Level		Committee Update	Next Action (s)	Timescale
Mental Health Governance Annual Report			The Committee reviewed and, subject to further proof reading, approved the draft Annual Report for presentation at the Trust Board meeting in February.		

Report Title	**Ockendon review of maternity services – one year on**				
Meeting	**Trust Board**				
Date	**3 March 2022**	Part 1 (Public) [Added after submission]	x	Part 2 (Private) [Added after submission]	
Accountable Lead	Lisa Cheek, Chief Nurse				
Report Author	Lisa Marshall, Director of Midwifery and Neonatal services				
Appendices					

Purpose

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

Assurance Level

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

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

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

Report

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

This presentation report provides the Board of Directors with 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).

As requested by the NHSE and NHS Improvement in their letter to Trusts (25th January 2022) the Ockendon review of maternity services-one year on presentation will be shared with Trust public Board. To focus on:

- Progress with implementation of the 7 Immediate and Essential Actions (IEAs) and the plan to ensure full compliance,
- Maternity services workforce plans
- Ensuring local system oversight of maternity services with the LMNS and ICS.

GWH continues to prioritise and work towards full implementation of Ockendon recommendations so that women and families using our maternity services receive the best of NHS care.

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

Key Risks – risk number & description (Link to BAF / Risk Register)		**Risk Score**
	Risk 2819	9
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	Divisional Board 'Local Maternity System	
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:	
▪ *Accept the presentation report and share with the Trust public Board*	
Accountable Lead Signature	
Date	23/2/22

NHS
Great Western Hospitals
NHS Foundation Trust

Ockenden Report – One Year On (GWH)

Lisa Marshall – Director of Midwifery and Neonatal Services

Katherine Simpson – Risk & Governance Lead Midwife

The Ockenden Report – A Timeline

Great Western Hospitals NHS Foundation Trust

The initial report…

- March 2021 - The initial Ockenden Report findings and recommendations were issued with 7 Immediate & Essential Actions (IEAs) and consideration to Workforce Planning for Trusts

Q1 2021/22…

- Initial gap analysis of GWH against IEA's took place which enabled an action plan to support submission of evidence to the central Ockenden portal in June 2021

Q3 2021/22…

- National analysis of evidence submitted (Final Stage One 'CSU' report) received 14th December 2021 (please see compliance report breakdown table)

CSU Full Report Compliance Report

IEA	Compliance Rate
IEA 1	100%
IEA 2	94%
IEA 3	94%
IEA 4	100%
IEA 5	80%
IEA 6	100%
IEA 7	86%
WF Plan	100%

Q4 2021/22 & the full report…

- GWH Ockenden Assurance tracker has become a living document which links to other national safety agendas. Revised benchmarking against Clinical Negligence Scheme for Trusts (CNST) Year 4 Maternity Incentive Scheme has had an impact on some areas of compliance
- The full Ockenden report is anticipated in March 2022 with revised and extended safety actions anticipated

Ockenden Funding – GWH Financial Award

Great Western Hospitals NHS Foundation Trust

In April 2021 an opportunity arose to apply for Ockenden funding

- To reduce variation in experience and outcomes for women and their families across England, NHS England and Improvement is investing an additional £95.9m in 2021/22 to support the system to address all 7 IEAs consistently and to bring sustained improvements in our maternity services

A submission was completed in May 2021 and the financial award announced by NHS England in July 2021

A GWH bid was submitted for £533,570 and the Trust was subsequently awarded £388,133 therefore leaving a shortfall of £195,437

The funding enabled an increase in midwifery and obstetric staffing and contributed to supporting MDT training

The funding provided was insufficient to cover the full investment needed, however provided an opportunity to significantly improve our Obstetric workforce.

Recruitment of Midwives remains challenging but a positive International Recruitment Scheme is underway supported by the LMNS and available funding from Ockenden & Health Education England.

Summary of Immediate and Essential Action Detail & Ongoing Work Towards Compliance

NHS
Great Western Hospitals

Immediate & Essential Action 1: Enhanced Safety Safety in maternity units across England must be strengthened by increasing partnerships between Trusts and within local networks. Neighbouring Trusts must work collaboratively to ensure that local investigations into Serious Incidents (SIs) have regional and Local Maternity System (LMS) oversight.	CSU National Report (Dec 2021)	GWH Assessment (Q3 – Dec 2021)	Projected GWH Assessment (Q4 – March 2022)
	100%		

Achievements

- Established change and escalation pathways
- Strengthened reporting pathway from GWH to LMNS
- Developed clinical professional development network within the region
- Heightened visibility of maternity services at Trust Board level
- Further embedding of established PMRT reporting processes that already met the Ockenden standards

Challenges

- Our remaining Amber action relates to the Year 4 CNST Maternity Services Data Set safety detail. A Maternity Digital Strategy is required which is currently being developed with Local Maternity & Neonatal System (LMNS)

Next Steps for ongoing compliance

- Developed pathways are embedded in the Maternity safety culture
- Ongoing work for compliance in CNST Safety Action 2 (MSDS) prior to submission date will support the alignment of the Maternity Digital strategy with the wider Trust picture. Once achieved IEA 1 will have a projected 100% compliance rate.

Summary of Immediate and Essential Action Detail & Ongoing Work Towards Compliance

NHS
Great Western Hospitals

Immediate & Essential Action 2: Listening To Women & Families Maternity services must ensure that women and their families are listened to with their voices heard.	CSU National Report (Dec 2021)	GWH Assessment (Q3 – Dec 2021)	Projected GWH Assessment (Q4 – March 2022)
	94%		

Achievements

- Establishment of Maternity Safety Champions who are accessible and visible therefore enabling ward to board and board to ward communication channels
- Effective involvement of Maternity Voice Partnerships in key service developments and routine operational business
- Effective engagement of parents during Perinatal Mortality Reviews which has provided an opportunity to improve available information for bereaved parents
- Launch of text messaging service targeting maternity services patients to gather feedback on friends and family test on 14th February 2022

Challenges

- Aligning the reporting structures across the region relating to our actions and learning from the Maternity Safety Champions meetings

Next Steps for ongoing compliance

- Establish an Memorandum of Understanding in conjunction with the LMNS to ensure required reporting information is progressed to boards regularly across the year
- Inclusion of text messaging feedback in Perinatal Quality Reporting with associated learning evaluated and action plans developed as required
- Continued strengthening of the Maternity Safety Champions roles

Summary of Immediate and Essential Action Detail & Ongoing Work Towards Compliance

NHS Great Western Hospitals

Immediate & Essential Action 3: Staff Training and Working Together Staff who work together must train together	CSU National Report (Dec 2021)	GWH Assessment (Q3 – Dec 2021)	Projected GWH Assessment (Q4 – March 2022)
	94%		

Achievements

- The implementation of the new evening Obstetric ward rounds provides support for junior staff with complex care planning and births, alongside additional learning opportunities for the multi-disciplinary team, which was facilitated by Ockenden funding.
- Driving cultural change to empower multidisciplinary training and teamwork
- Expanding maternity education team
- Board oversight of Maternity training attendance and achievement of projected trajectories
- Implementation of mandatory annual fetal surveillance study day for midwives and obstetricians

Challenges

- Achievement of 90% compliance with PROMT and fetal surveillance training
- Strengthening evidence of ring fencing and funding access process for Maternity training funds

Next Steps for ongoing compliance

- Addition of PROMPT to ESR records for all Medical staff to provide assurance and an escalation route via the appraisal process where required
- Working with the Academy to clarify reporting processes for Maternity training funds
- Establish an Memorandum of Understanding in conjunction with the LMNS to ensure required reporting information is progressed to boards regularly across the year

Summary of Immediate and Essential Action Detail & Ongoing Work Towards Compliance

NHS
Great Western Hospitals

Immediate & Essential Action 4: Managing Complex Pregnancy There must be robust pathways in place for managing women with complex pregnancies	CSU National Report (Dec 2021)	GWH Assessment (Q3 – Dec 2021)	Projected GWH Assessment (Q4 – March 2022)
	100%		

Achievements

- Established pathway with tertiary level Maternal Medicine Centre
- SOP and process defined to ensure women with complex pregnancies have a named consultant lead
- Safe reimplementation of Carbon Monoxide screening that was paused due to COVID-19 pandemic
- Pioneer of PERI-prem initiative for optimisation of unavoidable preterm birth
- Introduction of computerised CTG across Maternity for effective assessment of fetal wellbeing

Challenges

- Non compliant audit for “Named Consultant Lead” due to historical organisation of antenatal clinics requiring change to existing process for allocation of lead professional
- Availability of resources to implement a one stop pre term birth clinic

Next Steps for ongoing compliance

- Continued learning and training of teams to ensure women and staff are aware of lead professional for pregnancy
- Implementation of resourced funding from LMNS for equipment to support one stop preterm birth clinic

Summary of Immediate and Essential Action Detail & Ongoing Work Towards Compliance

NHS Great Western Hospitals

Immediate & Essential Action 5: Risk Assessment Throughout Pregnancy Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.	CSU National Report (Dec 2021)	GWH Assessment (Q3 – Dec 2021)	Projected GWH Assessment (Q4 – March 2022)
	80%		

Achievements

- Upgrade to both Maternity Medway and Trust BI systems strengthened and supported effective data processing
- Design & planned launch of Integrated Care System (ICS) website which provides women with a comprehensive and informative tool to access at every stage of their pregnancy journey
- Pilot of paper copy of Personalised Care Plan to initiate planning discussions with patients in preparation for launch of PCP app and embedding of service practice

Challenges

- Risk Assessment Throughout Pregnancy audit compliance requiring actions
- Delays to the BSW System wide work on Personalised Care Plan App have impacted on ability for GWH to provide this service

Next Steps for ongoing compliance

- Risk Assessment Throughout Pregnancy - evidence of implemented action plan and associated improvements in compliance
- Continued work with LMNS and regional Trusts to support pilot of Personalised Care App and rollout process to GWH as soon as available

Summary of Immediate and Essential Action Detail & Ongoing Work Towards Compliance

NHS
Great Western Hospitals

Immediate & Essential Action 6: Monitoring Fetal Wellbeing All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.	**CSU National Report (Dec 2021)**	**GWH Assessment (Q3 – Dec 2021)**	**Projected GWH Assessment (Q4 – March 2022)**
	100%		

Achievements

- Lead Midwife and Lead Obstetrician appointed to appropriate roles
- Implementation of mandatory annual fetal surveillance study day for midwives and obstetricians
- Active participation in national fetal surveillance forums
- Established multi-disciplinary attendance at education sessions

Challenges

- Achievement of staff compliance due to service pressures

Next Steps for ongoing compliance

- Effective process for monitoring of compliance for multi-disciplinary training attendance
- Long term plan for physiological interpretation of fetal wellbeing

Summary of Immediate and Essential Action Detail & Ongoing Work Towards Compliance

NHS
Great Western Hospitals

Immediate & Essential Action 7: Informed Consent All Trusts must ensure women have ready access to accurate information to enable their informed choice of intended place of birth and mode of birth, including maternal choice for caesarean delivery.	**CSU National Report (Dec 2021)**	**GWH Assessment (Q3 – Dec 2021)**	**Projected GWH Assessment (Q4 – March 2022)**
	86%		

Achievements

- Review and update to our Elective Procedure pathway to improve patient experience and reduce avoidable delays
- Initial GWH self assessments undertaken for National Patient Safety Forum, Seven Steps of Maternity and the 4 Acts of BAME equality
- LMNS have produced first steps of Equity Review
- Effective involvement of Maternity Voice Partnerships in key service developments and routine operational business

Challenges

- Effective documentation of informed consent
- Ensuring effective engagement with vulnerable groups and ethnic minority communities
- Update to the GWH maternity website delayed

Next Steps for ongoing compliance

- Review of available tools to support documentation of informed consent
- To work together with the Maternity Voices Partnership to establish strong engagement with our ethnic minority communities so their voice can be heard.
- Completion of GWH maternity website updates to support accessibility of information

Summary of Immediate and Essential Action Detail & Ongoing Work Towards Compliance

NHS
Great Western Hospitals

Section 2: Maternity Workforce Planning	CSU National Report (Dec 2021)	GWH Assessment (Q3 – Dec 2021)	Projected GWH Assessment (Q4 – March 2022)
	100%		

Achievements

- Proposal of Advanced Neonatal Nurse Practioner development pathway supported by NHSE/I funding following the Neonatal Critical Care review
- International recruitment at interview stage
- Reactive and refreshed retention and recruitment plan
- Appointment of Lisa Marshall, Director of Midwifery and Neonatal Services
- Appointment of Practice Educator and Retention Lead for Maternity

Challenges

- National challenges in recruitment to midwifery vacancies Retention rates of newly qualified midwives
- Lack of regional consultant midwife programme

Next Steps for ongoing compliance

- Implementation of a preceptorship and new to Trust development programme led by Practice Educator and Retention Lead
- Inclusion of Consultant Midwife pathway in workforce planning
- Engagement with national platform for midwifery retention (NHSE and NHSI)
- Analysis of refreshed Birthrate plus data review

Ockenden Report (2020)-Enabling safer maternity care