NHS
Great Western Hospitals
NHS Foundation Trust

Quality Accounts

2019-2020

Service Teamwork Ambition Respect

Contents

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

Kevin McNamara,
Chief Executive

I am pleased to present our Quality Accounts for 2019-2020.

This report reviews the quality of patient care we have provided over the past 12 months and shares our priorities for the year ahead for improving the safety, outcomes and experience of our patients.

It's been a year of incredible change and no one could have predicted the challenges we have faced over the last six months. The effects of COVID-19 have meant change within the NHS at a pace never seen before.

We must use this opportunity to re-think how we provide healthcare and consider the longer-term potential of new ways of working, such as telephone and video consultations, which have helped to maintain safe and familiar medical advice for some of our most vulnerable patients.

The need to do things differently has not only expedited change, it has shown us what is possible when we work together across organisations and highlighted how we can significantly evolve our services, while maintaining a safe and high quality of care.

Providing care which feels joined-up for staff, patients and families is particularly important for us, having just this year welcomed primary care services to the Trust. This integration has already given us more opportunities to improve the patient experience at every stage, from the GP surgery, to hospital treatment, to healthcare in patients' homes. Removing more organisational barriers has made it easier for us to work towards more standardised and joined-up care across all our services, while offering more diverse career opportunities to staff.

It is important to stress that throughout this time of transformation and growth, quality has remained the golden thread, at the heart of every decision we make and everything we do.

Before any change can become permanent, we must understand the experience and outcomes for patients, while considering if we are making the most out of every pound we receive. Every day we spend almost £1 million in this Trust and I'm keen we think about how we are using this to improve not just health outcomes, but life outcomes within the local community.

This year has highlighted the critical relationship between the health and wellbeing of staff and the quality of patient care we provide. I'm proud of the comprehensive wellbeing programme for staff we introduced earlier this year to support staff with both their physical and mental health, and enhancing staff wellbeing will continue to be a priority for the year ahead.

Despite the challenges we've faced this year, I'm pleased that the Care Quality Commission recognised consistent improvements, both at the Great Western Hospital and across our new GP services. Over 80 per cent of our hospital services are now rated as good, compared to just half three years ago, which shows the positive progress we are making in terms of standardising safe and high quality care across the organisation.

Healthcare professionals joining forces across hospital, community, GP and social care is at the heart of these improvements, leading to a greater focus on prevention.

How we're improving care

Our podiatry service is leading the way, with the multidisciplinary team focused on identifying patients in the community with diabetic foot ulcers at risk of deterioration and providing urgent care to avoid the need for hospital admission. This early intervention is helping to avoid amputations, infection and other complications which can have a devastating effect on a patient's quality of life. The team also assess overall health and educate patients, focusing on smoking cessation, empowering patients to

better manage their diabetes and know the warning signs of foot ulcers. This holistic approach is seeing excellent feedback from patients and staff, with preventative care and earlier treatment helping patients to stay well in their own homes.

Our Emergency and Urgent Care service is another great example of different teams coming together to share resources and work in a more joined-up way, providing care which is well-coordinated, streamlined and patient centred. This multidisciplinary group were among the first in the country to adopt an innovative way of managing patients who walk into the Emergency Department, coined 'reverse streaming'. Rather than patients with minor conditions waiting for longer, they are now directed to the adjacent Urgent Care Centre. The team then uniquely stream the patient back to the Emergency Department should their condition appear more critical after assessment. Moving patients between services is proving the best way for us to provide treatment as safely and quickly as possible. It also means the Emergency Department can focus on patients with the most critical and life threatening conditions.

The learning from this new approach will inform our plans for an integrated single entrance for urgent and emergency services at the hospital, following our successful bid for £30 million of national funding to expand services in 2018.

Where next?
As you read through this document, you will see more examples of joined-up care, innovation and standardisation, all with safety and quality at the heart.

There are of course things we need to improve. What's important is that we recognise where we need to make changes and focus on what will make the biggest difference to the safety and quality of patient care.

With another busy winter approaching, we are focusing on managing the operational complexities of providing safe care to patients with symptoms of COVID-19, alongside a growing number of other patients.

Another big challenge is ensuring patients receive timely treatment for planned hospital care, while waiting times for many procedures have increased after the majority of planned care was postponed due to COVID-19. As a priority we are now exploring how we can ensure patients receive safe care at the earliest opportunity, including opportunities with independent providers to increase our capacity.

Over the last year, we have focused on building our culture of openness and learning from mistakes, which is key to making quality improvements. I was therefore extremely proud that we were named among the top ten Trusts in the country with the greatest increase in staff feeling able to speak up in the national Freedom to Speak Up Index.

A positive speaking up culture is about creating an environment where staff feel comfortable expressing concerns and sharing great ideas. This is something we will continue to focus on over the next year as speaking up is fundamental to creating a workplace which focuses on openness, empowerment and improvement, ultimately leading to safer and more effective patient care.

Looking ahead, developing our joined-up approach to care means there will be more opportunities to prevent ill health, create a more seamless experience of care throughout Swindon, reduce health inequalities and make a real contribution to the local community, ultimately helping people to stay well and live better.

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

Kevin McNamara, Chief Executive

Date: 31/07/2020

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

2.1 About the Great Western Hospitals NHS Foundation Trust

Great Western Hospitals National Health Service (NHS) Foundation Trust is one of the biggest healthcare providers and employers in the South West, with around 2.5 million patient contacts a year.

We provide healthcare to the people of Swindon and the surrounding areas, offering the latest treatments and care in hospital, in the local community and in people's own homes.

Our large and modern hospital has around 480 beds, numerous outpatient clinics, computed tomography (CT) and magnetic resonance imaging (MRI) scanners, maternity services, an Intensive Care Unit, an Urgent Care Centre and a 24/7 Emergency Department.

We also support people to stay well and out of hospital, to manage long term conditions and provide care in local community facilities and in people's own homes across Swindon. In 2019 we also commenced providing Primary Care Services to some areas of Swindon.

2.1.1 Why are we producing a Quality Account?

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

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

In this year's Quality Account we have set out how we have performed against The Trust's 2019/20 priorities for improvement and explains why we chose to set new priorities for 2020/21, aligning our priorities to the Trusts Quality Strategy (2019-2024).

2.1.2 Priorities for Improvement 2020/2021

This section sets out our priorities for improvement during 2020/2021. Our priorities for the forthcoming year have been influenced by national and local agenda's, our internal learning from experience and feedback from our staff and stakeholders (including partner organisation, patients and carers).

Our priorities are also agreed through our quality contracts with our local Clinical Commissioning Groups (CCG's) and take in to account intelligence we have from available data.

These priorities have been consulted on with the Trust Governors as patient / public representatives, HealthWatch and other key external stakeholders. Progress will be closely monitored and reported through our Patient Quality Committee, Quality Governance Committee and Trust Board.

Our Priorities for Quality Improvement – Our Focus for 2020/21

1. No preventable deaths
2. Continuously seek out and reduce patient harm
3. Working with patients, carers and families to personalise care and improve health
4. Achieve continued improvements to outcomes and clinical care
5. Deliver innovative and integrated care closer to home – supporting health, wellbeing and independent living

Priority 1: No preventable deaths

The Trust has an established mortality surveillance group that meet monthly to routinely review standardised mortality rates (HSMR, SMR and SHMI) developed nationally, as well as reviewing data to measure variations in mortality across the days of the week. Learning from this meeting is shared through department mortality leads.

We use a structured judgment review process on all patients who, following screening, have been identified as requiring a mandatory mortality review. Following on from the success of this collaborative approach to the introduction of the review process, we are now focussing on the implementation of the Medical Examiner Role. This role sits alongside the mortality review process and will help to identify cases where there are concerns and where a mortality review is needed. Key deliverables of this role include:

- Independent scrutiny and confirmation of causes of death
- Setting of standards of best practice to improve death certification
- Support better safeguards for the public, monitor and improve patient safety

Priority 2: Continuously seek out and reduce patient harm

Harm is defined in many ways but can be summarised as an 'unintended physical or emotional injury resulting from, or contributed to, by clinical care (including the absence of indicated treatment or best practice) that requires additional monitoring, treatment or extended length of time under the care of a clinician'.

Healthcare acquired infections, medication errors, never events, surgical infections, pressure ulcers and other complications are examples of harm that can occur while receiving healthcare. Despite the extraordinary hard work of healthcare professionals, patients sometimes come to harm while in our care. Our duty lies in developing an open learning culture given this is a prerequisite for sharing insights about safety, while embedding and sustaining change that brings improvements to health care. Reporting incidents regularly while identifying and sharing the learning, itself drives the reduction in more serious incidents and never events.

For this reason we will focus on developing the safety culture within the organisation, supporting our staff to have the skills to identify, learn from and prevent harm and risk of harm. We will develop our learning systems and processes to include more comprehensive and clinically led investigations and better systems for sharing learning with all of our staff.

In addition to our focus on culture we will run a range of projects focused on specific harms and interventions, such as the use of national early warning score (NEWS2), continued work with the Sepsis Care Bundle (Sepsis 6 UK Sepsis Trust) and the use of clinical systems and technologies to aid patient safety.

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

While efficient processes and good clinical outcomes are key components to ensuring a positive patient experience, these alone are not enough to achieve a top quality experience. Factors such as the physical environment and how people feel about the care they receive (including the way staff interact with them) are good examples which significantly impact the overall experience of patients and carers.

We want to improve the experience of our patients by always considering individual needs, to ensure they receive the right care, at the right time in the right way for them. By personalising care and providing a stronger patient voice across the organisation, we aim to create a more on-going dialogue about the experiences of care, not wait to be guided by the national barometer of patient experience.

We recognise that we all have individual communication needs and aim to be flexible and creative in ensuring we utilise the right media to aid this. For example we recognise that for some patients communicating through technology may be the best way for them to communicate their needs. We also want to ensure we provide exemplary communication to family and carers, as this has been a theme identified through our complaint management process.

We have learned from feedback, as well as through analysis of incidents and complaints, that there is significant opportunity to improve the experience, care and treatment of patients with dementia, learning disabilities and mental ill health.

We already have specific patient groups for Dementia and Learning Disabilities to gather insights and feedback from patients and service users. Our aim is to broaden the range of patient groups currently in place, to strengthen the patient voice in key areas. Working with HealthWatch, we can agree where the most improvement and impact can be made, discharge experiences being a good example.

We will have an increased focus on the mental health and emotional wellbeing of patients reflecting the importance of holistic, patient-centred care. We will work collaboratively with our partners to ensure patients have timely access to a cohesive service and staff who are trained, educated and experienced to meet the needs of patients with dementia, learning disabilities or mental ill health. We will continue to build on the strong multi-disciplinary ethos within the hospital with particular focus on the need to ensure the right expertise is available at the right time to support Mental Capacity Assessments, and Best Interest's Decision making when required.

Priority 4: Achieve continued improvements to outcomes and clinical care

Services across the whole NHS are under pressure and population growth has a significant impact on this. Key pinch points within the Trust include the Emergency Department and our Medically Expected Unit which currently sees almost twice the number of patients that it was designed for. These capacity pressures can present additional challenges to us in achieving our goal of providing the safest and highest quality services regionally. We are currently at the planning stages of our 'Way Forward Programme' whereby we are redesigning patient pathways through the hospital and making structural changes to the building to support flow and improve patient care and experience.

Despite these on-going challenges it is vital to us that quality and safety is a visible golden thread in every decision we make and every action we take. We will ensure that the potential impact of capacity and flow issues are highly visible and tightly monitored through greater triangulation of information and improved local governance.
Learning from incidents, complaints, local and national audits, peer assessment processes and initiatives such as 'Getting it Right First Time' tells us that while we provide high quality care and

treatment in many areas there are opportunities to reduce the variance in care and we aim to improve the outcomes for patients into the upper quartile nationally.

The investment in and development of, business intelligence tools and improved reporting processes, will enable us to monitor our progress with confidence and be assured of the improvements being made for our patients and local community.

We will continue to utilise best practice standards to provide greater consistency to the care and treatment we provide and seek other opportunities to standardise care where indicated.

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

We will work collaboratively across the health and social care system to deliver sustainable improvements to ensure the population that we serve receive the right care in the right place at the right time. We will drive improvements through engaging with staff, patients and carers to instigate quality improvement (QI) projects using our Trust agreed QI methodology.

With the recent inclusion of two General Practices, alongside Swindon Community Health Services, the Trust is in a unique position in its ability to influence care across a patient's journey of care from home and back. It allows us to reduce gaps in the services provided while ensuring the experiences and outcomes for patients and families, is the best we can make it.

Through a programme of service level transformational change, we aim to remove the barriers between primary, community and acute care. Inpatient care will be for those needing urgent or planned interventions, while community and primary care will jointly provide a greater focus on care at or nearer home, helping local communities, individuals and families lead and maintain healthy lives.

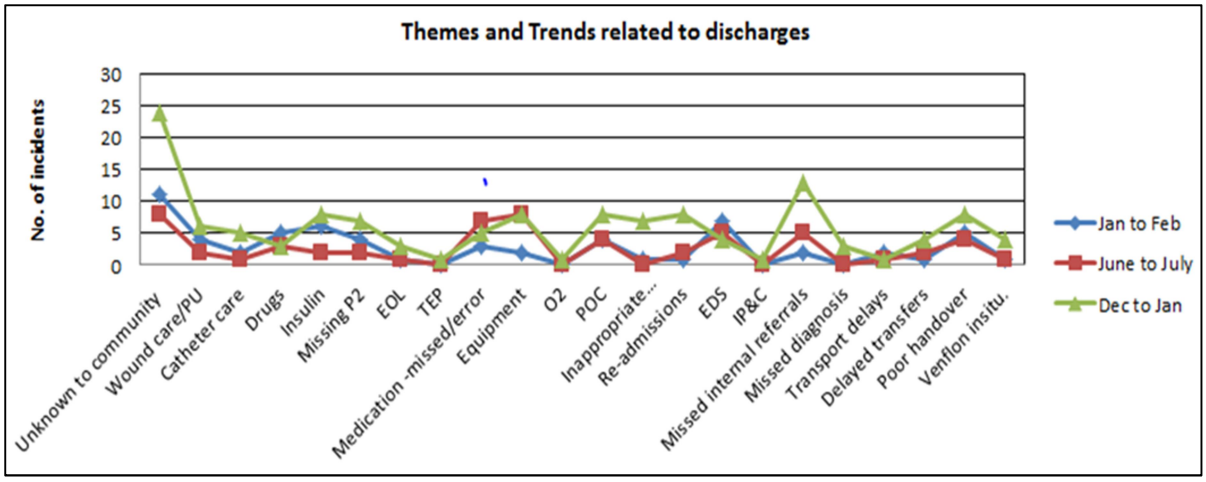
2.1.3 Review of 2019/20 Priorities

This section provides a review of progress against the priorities identified for 2019/20 included within our 2018/19 Quality Accounts.

Improving effectiveness of nursing handover and timely discharge communication

This priority was identified within the 2018/19 Quality Accounts. It remained a key priority throughout 2019/20 given the on-going challenges in ensuring safe discharges across the organisation which had been identified internally and by our external partners.

In 2018/19 our Patient Advice and Liaison Service (PALs) highlighted that they were receiving a high number of calls relating to concerns around discharges. However, in 2019/20 the concerns around discharges were not highlighted through PALs but through our incident reporting system and safeguarding process, especially within quarter three.



The chart above illustrates the number of discharge related incidents for each quarter during 2019/20 with 'unknown to community' associated incidents being the highest number reported. This data is reviewed as part of our right patient, right place steering group and alongside other evidence informs areas for improvement.

A number of work-streams have been established to lead on improvements in key areas of concern during 2018/19 which will continue in to 2019/20. The work streams are:

- Safer Discharge Project
- Community Referral Improvement Project
- Electronic Discharge Summary (eDS) Improvement Project
- Nurse Documentation improvement project

Safer Discharge Project

The safer discharge project has focused on ensuring that key safety milestones are achieved from the beginning of a patient's admission until the end. In 2018/19 a Safer Discharge Checklist had been implemented across all in-patient areas with the exception of the emergency department.

As part of a previous improvement collaborative the Emergency Department (ED) has implemented the shine tool, this tool is designed to support safe care within the ED. This tool also includes a discharge checklist, this is monitored on a monthly basis for compliance and safety. The outcome of the audit is shared with the department to enable them to identify future improvement requirements.

In line with our adopted Quality Improvement (QI) Methodology we have evaluated the discharge checklist and are now focusing on ensuring consistent application of this across all areas. Changes to the discharge checklist have arisen following learning identified through a serious incident investigation.

Community Referral Improvement Project

During the previous year a revised community referral form has been implemented across the organisation. This has resulted in a recent drop in the number of clinical incidents reported, relating to missed referrals to community services. Despite this our ambition is to reduce such incidents further and during the next year we will continue to closely monitor missed referrals to community services and use identified issues as opportunities to learn and further develop the safety of our services.

Following a recent audit there were a number of concerns highlighted relating to our referral process to community nursing. The data identified themes and trends including poor communication, missed documentation and a lack of medical equipment for wound care and catheter care which actions in place to improve compliance.

The acute setting continues to work closely with the community setting, trialling a phone call referral to Community services (Single point of access) which cover Swindon. Furthermore Meldon (Surgical ward) and Saturn (Medical ward) have taken part in the trial and there have been a number of significant improvements. The biggest impact for both community and in-patient staff was the reduction in phone calls requesting / providing further information before community care could commence.

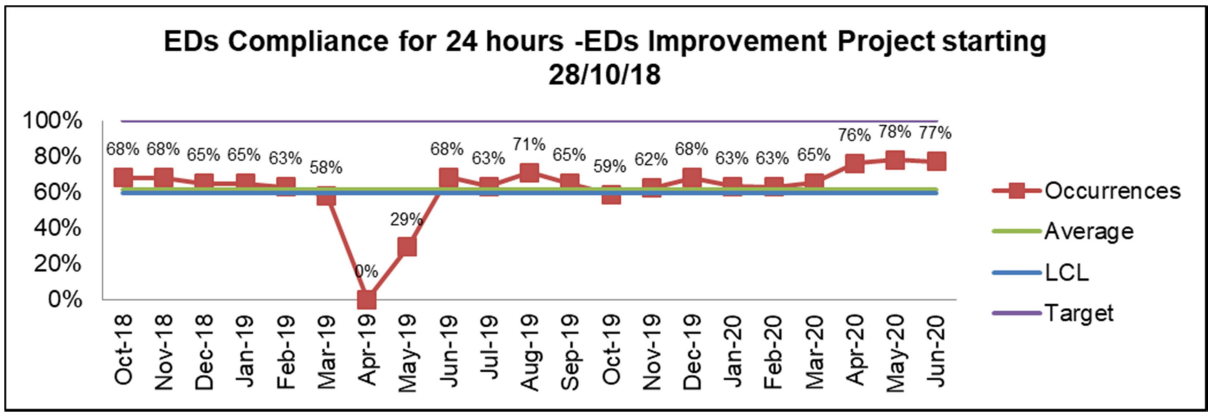
Electronic Discharge Summary (EDS) Improvement Project

In 2018 we had received feedback from partner organisations (including G.P's) relating to the timely completion and quality of our EDS. In response to this a working group had been established with key people from the organisation and the community to review the process and manage compliance.

With the support of the Trust QI Lead a Quality Improvement Project had been instigated to drive and support sustainable change. The project has had input from a wide range of professions and roles within the organisation and from external partners, including Consultants, Ward Administrators and G.P's. A number of processes were changed (including clarification of roles and responsibilities) and training was provided. Tests of change were implemented and improvements were seen on the wards involved. These improvements have been shared across the organisation and we have begun to see a ripple effect in the timeliness of EDS's being sent.

As part of the improvement work the EDS form is under review and the Medical Director, Clinical Fellows, the IT department and the Quality Improvement lead are redesigning the current EDS to enable the junior doctors to complete within a timely manner.

Despite the improvements described above we are committed to further improvements going in to the next year. To support this, the Trust Medical Director continues to lead on the EDS Task and finish group to bring further focus on improvement going into the next year.



Nurse Documentation

In our 2018/19 report we committed to reviewing our current Nursing Documentation. We were very aware that since the implementation of Electronic Prescribing and Medicines Administration (EPMA) and Nerve centre we now duplicate patient information in a number of areas. This is not only time consuming for the staff but increases the risk of human error when we document information in multiple places.

A review of the nurse documentation was undertaken alongside Nerve centre and EPMA to stream line the documentation. We invited staff to attend drop-in sessions to review the documentation and provide us with feedback. As a result there were a number of changes made to the documentation.
We have now launched new streamlined nursing documentation where duplications have been removed.

Improve patient experience and engagement and improve complaint response timescales

During 2019/20 the Trust planned to enhance our approaches to engaging with patients and involving them in the development of the quality of our services, to ensure that we fully learn from the positive and negative experiences they have had, A key part of this will be to further refine our management of complaints to ensure that they are appropriately responded to in a timely manner. Key areas for improvement for 2019/20 were:

- Increase Friends and Family Response Rate
- Collaboratively develop and launch new Patient and Carer Involvement Strategy
- Further review processes to improve timeliness of responses to complaints

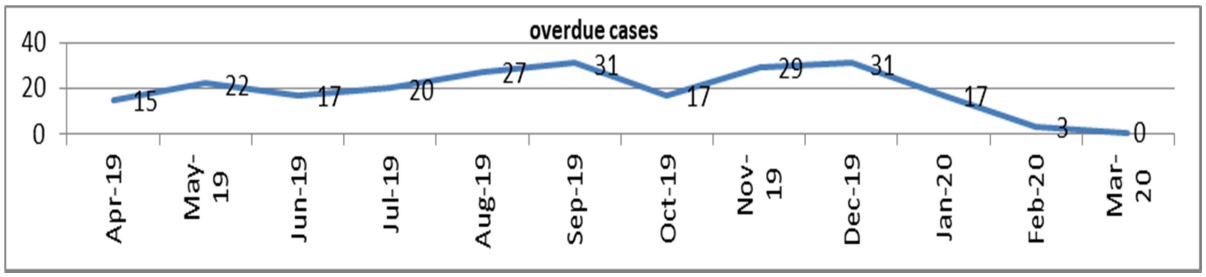
Increase Friends and Family Response Rate

Patient feedback in the Emergency Department via the Friends and Family test has increased throughout 2019/20, this has been due to feedback asked via text messaging, making it easier for patients to respond once care has been provided at a time convenient to them. Cards for completion are available in all other areas. It is the Trusts intention throughout 2020/2021 for text messaging to be available for Inpatient, Outpatient and Maternity areas.
Cards are available in other formats for patients with learning disabilities and child friendly and large print formats are also available. The use of online real time feedback is being considered.

Further review processes to improve timeliness of responses to complaints

Changes have been made throughout 2019/20 to the Patient Advice Liaison Service (PALS) to ensure that the facilitation of the complaint process is carried out by the complaints team, working closely with Investigation Managers to ensure that timeframes are met and learning takes place to drive improvements and change which benefit or patients.

A Quality Improvement Workshop took place in early 2020 where key stakeholders process mapped our current process and identified areas for improvement. Key changes that we have begun to take forward include joining up of Serious Incident and complaints processes, increased focus on training for all complaint investigators and strengthened governance with a focus on learning actions. These changes have all been taken forward and alongside focused leadership on this issue, have led to improved compliance with complaint timescales;



The table above shows the GWH response rates for complaints closed within the 25 working day timeframe throughout 2019/20.

Collaboratively develop and launch new Patient and Carer Involvement Strategy

We have been working closely with Humber Teaching NHS Foundation Trust to develop our approach to patient and carer involvement. We made contact with them following their excellent presentation at a Care Quality Commission (CQC) Moving to Good Event in the summer.

We held a patient and Carer Involvement Engagement Event on the 28th November 2019. The event pulled together patients, carers and the general public as well as individuals from our partner organisations and our own staff. Humber Teaching NHS Foundation Trust, attended as guest speakers, on the day. Feedback from the day, gathered through a 'world café' was gathered to form the basis of our new Patient and Carer Involvement Strategy.

We are currently developing a plan and approach to instigate a Patient and Carer Involvement Strategy Development Group who will work collaboratively to develop the new strategy. This will include developing networks to access groups that we have historically found difficult to reach.
We continue to engage with patients and carers and have engaged in a number of events including:

- Patient Participation Group (PPG) Forum facilitated by HealthWatch Swindon 7th February 2020
- LD Event – 10th March 2020

PPG Forum (HealthWatch) – 7th February 2020
GWH, Swindon CSU and Medvivo Head of PALS spoke to HealthWatch PPG Forum to explain the NHS complaints process and joint working between the three organisations with complaint handling.

Learning Disability Engagement Event
On the 10th March an engagement event was held with Learning Disability patients to gain feedback on their hospital experience. The event was to establish what is important to LD patients when coming to hospital and preferred methods of communication to suit their needs. An exercise was also carried out to ensure that LD patients are aware of the PALS and Complaints service and how to raise an issue or feedback to help with their overall experience.

Increase Quality Improvement capacity through implementing a Trust-Wide programme of Quality Improvement training

This priority was identified during the 2018/19 Quality Accounts and remains a priority going in to 2019/20. Over the course of the past two years QI skills have developed across the organisation. Bronze level training has now been available for eleven months and a training plan is in place to ensure increasing numbers of staff are given the opportunity to develop QI skills. Bronze training has also been incorporated into the leadership course (3 Cohorts per year) and the stepping up programme (Bi-Monthly). Over the past eleven months 142 staff have attended the Bronze level

training and we are working closely with Oxford Brookes delivering QI training to 3rd year students on a quarterly basis.

We continue to work with NHS Elect and they are providing us with a number of courses over the next 12 months that will develop our QI coaches. These sessions include Human Factors, difficult conversations, conflict resolution and leadership and coaching.

Fifteen members of staff have now joined the Health Foundation Q Community, gaining access to regional networks and training opportunities.

A QI project on line registration form and project data base have been developed which shows at a glance the number of open QI projects, where they are taking place and who is leading on those projects.

We have joined a Delivery Improvement Network engaging with other organisations that are at different stages of the Quality Improvement journey. This enables us to network and bench mark ourselves with other organisations and learn from their experiences.

There have been several NHS Improvement (NHSI) collaborative projects undertaken across the organisation these include Maternity and Neonates, Nutrition, Oral care, Frailty, shine tool for ED and Criteria Led Discharges. In 2019/20 Pressure ulcers and the cancer collaborative NHSI projects were commenced. The progress of these projects is regularly reviewed by our Patient Quality Committee (PQC).

Staff are actively sign posted to external providers, such as the Academic Health Science Networks, for formal QI training and forums to present their QI work. Furthermore, QI toolkits have been developed and are available on the Trust Intranet site.

Many more staff are developing QI skills and expertise through involvement in projects at local and regional level.

The Associate Director of Quality and the Quality improvement lead have been running process mapping exercises across several specialities to support their quality improvement work. This enables the teams to understand their internal processes and where opportunities for improvement can be made.

A small number of staff have completed the Quality Service Improvement and Redesign (QSIR) course delivered by NHSI in London and a further 2 staff are attending the QSIR course delivered by Royal United Hospital (RUH) in Bath. Several staff are booked onto the September course at the RUH.

Further improvements identified for 2020/21

- Continue to develop, deliver and evaluate the strategy and to build organisation wide Quality Improvement Culture
- Continue to develop and review the coordinated programme of training to provide staff with the skills and knowledge to use QI methodology in practice
- Provision of coaching support to individuals and teams undertaking quality improvement projects
- Project leadership for high risk Trust wide projects
- Identify key members of staff to apply for membership of the Health Foundations Q Community during the next application round
- Identify key staff to attend the QSIR course

Develop the support provided to carers of a persons living with dementia

During 2019/20 Great Western Hospital had been working closely with Dementia UK who have part funded two Admiral nurses to work with our in patients and their carers and continue to support the patient and their carers when they are discharged in to the community.

The following areas of focus have been taken forward:

- Improved governance
- Improved access to information and communication
- Improved access to education and training
- Improved environment and experience
- Improved assessments and reviews

The following statements describe the aforementioned improvements made during 2019.

Improved governance

The Trust has improved governance by engaging 86 staff members to become Dementia Champions acting as role models in clinical areas, disseminating information, new policies & initiatives and leading dementia QI work.

To further improve oversight the Trust has introduced a Dementia Dashboard which collates performance data into one location, facilitating benchmarking and ensuring data is reported to Trust Board, with further engagement with the wider teams by hosted 3 Dementia Champions Days in 2019.

Improved access to information and communication

The Trust has improved access to information and communication by being more active on Facebook and Twitter dementia accounts, regularly updating dementia notice boards within clinical areas and improving signposting to Great Western Hospital and local services including

- Admiral Nurses
- The Trusts Dementia Ambassador
- Dementia Champions
- SWICC Dementia Co-ordinator (Alzheimer's society)

Furthermore the Trust has hosted a range of events in order to raise awareness and promote new initiatives including multiple educational events during Dementia Awareness Week May 2019, 2 singing for the Brain events, 1 Traditional Tea Dance, Multiple ward 'trolley dashes' and attendance at local community events

Improved access to education and training

The Trust has improved the quality and access to education and training by incorporation of patient & carer experience into all training modules – 'Experts by Experience' and running the following courses within Great Western Hospital Academy

- Tier 2 dementia training (HEE)
- Dementia Master Classes 1 & 2
- Specialist Care of Older Persons Essentials (SCOPE)
- Mental Health Matters
- Excellence in Care at the End of Life Course (ExCEL)
- Care Certificate

The Trust has also actively monitored and improved compliance with dementia mandatory training targets which are now consistently above 85% for all staff

Improved environment and experience

The Great Western Hospital have actively collaborated with Serco to ensure new refurbishments and updates to fixture and fittings are dementia friendly including the ED Observation Unit, Main corridor on ground floor of GWH & in the Brunel centre (Café Blue area), Swindon Intermediate Care Centre (SWICC) day room, Osprey Outpatient Department and the GWH Academy reception area.

Further improvements have been introduced to support patients experience including

- At mealtimes by introducing picture menus, finger foods, protected mealtimes and adapted cutlery embedded into ward practices
- Expansion of number & content of 'memory boxes' – new project to develop mobile 'themed' activity trolleys
- On-going programme of music on Jupiter Ward (volunteers)
- On-going collaborative with local knitting groups for 'twiddle muffs'
- Weekly tea parties on Trauma Unit – opportunity to socialise
- RITA – mobile digital reminiscence therapy unit now available and in use on all DOME wards, SWICC wards & by Outpatient Welcome & Liaison (OWLs)
- New Trust project for whiteboards above beds – Forget Me Not ssymbols & What Matters to Me (personalised care facilitated)

Following the success of OWLS the service has been expanded to 2 coordinators, 20 dementia trained volunteers with more than 400 outpatient appointments supported since April 2018. Further successes have been observed in the 8 month trial of music therapy on Jupiter ward where a music therapist attends 2 mornings a week. This has led to the delivery of 167 sessions, 1:1 sessions – dementia, delirium, end of life (EOL), agitation and challenging behaviours, group sessions – involving patients, relatives & staff.

Improved assessments and reviews

Great Western Hospital has made improvements to assessment and reviews by introducing a Dementia Care Pathway, new clinical guidelines including the Identification & Management of Delirium and Management of Clinically Challenging Behaviour. Furthermore the Trust have introduced electronic observations which now include mandatory dementia & delirium screening for all emergency admissions greater than 65 years within 72 hours and the 4As (delirium screening) tool has been incorporated into the medical clerking pro-forma, inpatient falls assessment pro-forma, hip fracture pro-formas.

The Trust has continued to working closely with Dementia UK who have part funded two Admiral Nurses who have now been in post for 12 months and the impact of this role has led to

- Working with 102 family carers
- Making contact with 454 families
- The delivery of 50 activities supporting best practice
- An average of 50 minutes of Face to face contact
- An average of 23 minutes of telephone contact

This service has received outstanding feedback from service users and led to the service receiving a 'People's Choice Award' nomination at GWH Annual STAR Awards

In order to continue to build on the successes of 2019 the focus for Dementia work in 2020 includes:

- A new Dementia Strategy 2020-2023
- A successful bid to Brighter Futures for dementia to be the focus of the next GWH large scale fund raising campaign

- Securing long-term funding for Admiral Nurse Service
- Working with ED to improve dementia & delirium screening at the Front Door
- Development of Dementia Information Packs – to be given to patients/families on admission to GWH
- £30million Front Door re-development – opportunity to ensure dementia friendly décor & processes embedded in ED & admission units

Reduce our rates of Clostridium Difficile infection

The national standards for reporting of Clostridium Difficile (C Diff) infections rates per 100,000 bed days are likely to be reported differently this year due to the change in the categorisation of C.Diff and will not be comparable to previous data. Due to the 2020 Covid19 pandemic Public Health England (PHE) has indicated that this reporting work is currently on hold.

At the time of reporting (17th March 2020) the Trust have reported 44 C.Diff's against a target of 47. 1 infection has been recorded as avoidable, 17 as unavoidable and the remainder still to be reviewed

2.2 Statement of Assurance from the Board of Directors

Information on the Review of Services

During 2019/20 the Great Western Hospitals NHS Foundation Trust provided and/or subcontracted 7 relevant health services.

The Great Western Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 7 of these relevant health services.

The income generated by the relevant health services reviewed in 2019/20 represents 100% of the total income generated from the provision of relevant health services by the Great Western Hospitals NHS Foundation Trust for 2019/20.

Participation in National Clinical Audits

During 2019/20 58 national clinical audits and 9 national confidential enquiries covered relevant health services that Great Western Hospitals NHS Foundation Trust provides.

During that period Great Western Hospitals NHS Foundation Trust participated in 98% of national clinical audits and 100% national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Great Western Hospitals NHS Foundation Trust was eligible to participate in during 2019/20 are as follows alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Clinical Audit / National Confidential Enquiries	Participation?	% Cases Submitted
NCEPOD		
NCEPOD - Acute Bowel Obstruction 2018/19	Yes	71%
NCEPOD - Cancer in Children, teens & Young adults (0-25 years)- data collection	Yes	100%
NCEPOD - Cardiac Arrest (OHCA)	Yes	100%
NCEPOD - Child Health Programme (Adolescent Mental Health, focusing on self-harm) Young Adults (16-18) & Young People	Yes	100%
NCEPOD - Child Health Programme Long Term Ventilation in Children, Young People and Young Adults 2018/19	Yes	100% - Community 67% - Acute
NCEPOD - Dysphagia in Parkinson	Yes	75%
NCEPOD - Heart Failure	Yes	100%
NCEPOD - Perioperative Diabetes	Yes	100%
NCEPOD - Pulmonary embolism 2018/19	Yes	100%

Clinical Audit / National Confidential Enquiries	Participation?	% Cases Submitted
Acute Clinical Audit / National Confidential Enquiries		
Adult Cardiac Surgery 2019/20	Not Applicable	NA
Adult Cardiac Surgery 2019/20	Not Applicable	NA
Antipsychotic prescribing in people with a learning disability	Not Applicable	NA
Assessing Cognitive Impairment in Older People (Care in Emergency Departments)	Yes	In progress
Asthma (Adult and paediatric) and COPD Primary care 2019/20	Not Applicable	NA
BAUS Cytoreductive Radical Nephrectomy Audit	Yes	In progress
Care of Children (Care in Emergency Departments)	Yes	In progress
MBRRACE-UK 2019 : Maternal morbidity and mortality confidential enquiries	Yes	In progress
MBRRACE-UK 2019 : Maternal mortality surveillance	Yes	In progress
MBRRACE-UK 2019 : Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Yes	In progress
MBRRACE-UK 2019 : Perinatal Mortality Review Tool	Yes	In progress
MBRRACE-UK 2019 : Perinatal Mortality Surveillance	Yes	In progress
Mental Health Care in Emergency Departments	Yes	In progress
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive Community Support	Not Applicable	NA
Mental Health Clinical Outcome Review Programme - Safer Care for Patients with Personality Disorder 2019/20	Not Applicable	NA
Mental Health Clinical Outcome Review Programme - Suicide by children and young people in England(CYP) 2019/20	Not Applicable	NA
Mental Health Clinical Outcome Review Programme - Suicide by middle-aged men 2019/20	Not Applicable	NA

Clinical Audit / National Confidential Enquiries	Participation?	% Cases Submitted
Acute Clinical Audit / National Confidential Enquiries		
Mental Health Clinical Outcome Review Programme - Suicide, Homicide & Sudden Unexplained Death 2019/20	Not Applicable	NA
Mental Health Clinical Outcome Review Programme - The Assessment of Risk and Safety in Mental Health Services 2019/20	Not Applicable	NA
National Acute coronary syndrome or Acute myocardial infarction (MINAP)2019/20	Yes	In progress
National Adult Asthma Audit Programme - Secondary Care 2019/20	No	0%
National Audit of Anxiety and Depression 2019/20 - Core	Not Applicable	NA
National Audit of Anxiety and Depression 2019/20 - Psychological Therapies for Anxiety and Depression	Not Applicable	NA
National Audit of Breast Cancer in Older Patients 2019/20	Yes	In progress
National Audit of Cardiac Rehabilitation 2019/20	Yes	In progress
National Audit of Dementia: Prescription of 'Psychotropic Medication' to people with dementia 2019/20	Yes	100%

Continued	Participation?	% Cases Submitted
National Audit of Percutaneous Coronary Intervention (PCI) 2019/20	Yes	In progress
National Audit of Pulmonary Hypertension 2019/20	Not Applicable	NA
National Audit of Seizure management in Hospitals (NASH) 19/20	National Audit Withdrawn	NA
National Audit of Seizures and Epilepsies in Children and Young People 2018/19 (Epilepsy12) - 3 Year Project	Yes	In progress
National Audit of Small Bowel Obstruction (NASBO) 19/20	National Audit Withdrawn	NA
National Bariatric Surgery Registry (NBSR) 2019/20	Not Applicable	NA
National Bowel Cancer Audit Programme (NBCA) 2019/20	Yes	In progress
National Cardiac Arrest Audit 19/20	Yes	In progress
National Cardiac Rhythm Management (CRM) 2019/20	Yes	In progress
National Case Mix Programme 2019/20	Yes	In progress
National Clinical Audit of Psychosis - Core audit 2019/20	Not Applicable	NA
National Clinical Audit of Psychosis - EIP audit 2019/20	Not Applicable	NA
National Clinical Audit of Psychosis - EIP spotlight audit 2019/20	Not Applicable	NA
National Congenital Heart Disease (CHD) (Adults & Paeds) 2019/20	Not Applicable	NA
National COPD Audit Programme - Secondary Care: 2019	Yes	100%
National Cystectomy Audit 2019/20	Not Applicable	NA
National Diabetes Audit – Adults -NaDIA-Harms - reporting on diabetic inpatient harms in England 2019/20	Yes	In progress
National Diabetes Audit Core 19/20 (18/19 data)	Yes	In progress
National Diabetes Audit Transition 19/20 (18/19 data)	National Audit Withdrawn	NA
National Diabetes Foot Care Audit 2019/20	Yes	In progress
National Diabetes Inpatient Audit (NaDIA) 2019/20	Yes	100%
National Elective Surgery Audit - National PROMs Programme (2019-20)	Yes	In progress
National Emergency Laparotomy Audit - Yr 7 NELA 2019/20	Yes	In progress
National End of Life Audit 2019/20	Yes	100%
National Endocrine and Thyroid National Audit 2019/20	Yes	In progress
National Falls and Fragility Fractures Audit Programme (FFFAP) 2019/20 - Fracture Liaison Service	Not Applicable	NA
National Falls and Fragility Fractures Audit Programme (FFFAP) 2019/20 - Fracture Liaison Service / Vertebral Fracture Sprint Audit	Not Applicable	NA
National Falls and Fragility Fractures Audit Programme (FFFAP) 2019/20 - Hip Fracture Database	Yes	100%
National Falls and Fragility Fractures Audit Programme (FFFAP) 2019/20 - Inpatient Falls	Yes	In progress
National Heart Failure Audit 2019/20	Yes	In progress
National Inflammatory bowel disease (IBD) Registry 2019/20	Yes	In progress
National Joint Registry - NJR (2019/2020)	Yes	100%
National Lung cancer Audit (NLCA) 2019/20 (2019 data)	Yes	In progress

Clinical Audit / National Confidential Enquiries	Participation?	% Cases Submitted
Acute Clinical Audit / National Confidential Enquiries		
National Maternity and Perinatal Audit (NMPA) 2019	Yes	100%
National Neonatal Intensive & Special Care Audit (2019 Data)	Yes	In progress
National Neurosurgical Audit Programme 2019/20	Not Applicable	NA
National Oesophago-Gastric Cancer Audit (NOGCA) 2019/20	Yes	In progress
National Ophthalmology Audit (2019/20)	Yes	In progress
National Paediatric Asthma - Secondary Care 2019/20	Yes	In progress
National Paediatric Diabetes Audit 2019/20 (2018/19 data)	Yes	In progress
National Paediatric Intensive Care Audit (PICA Net) 2019/20	Not Applicable	NA
National Percutaneous Nephrolithotomy (PCNL) 2019/20	Not Applicable	NA
National Pregnancy in Diabetes 2019	Yes	100%
National Prostate Cancer Audit (NPCA) 2019/20 (2018/2019 data)	Yes	In progress
National Radical Prostatectomy Audit 2019/20	Not Applicable	NA
National Rheumatoid and Early Inflammatory Arthritis 2019/20	Yes	In progress
National Sentinel Stroke National Audit Programme (SSNAP)* 2019/20	Yes	In progress
National Severe Trauma Audit - TARN (19/20)	Yes	In progress
National Smoking Cessation 2019	Yes	100%
National Stress Urinary Incontinence in Women Audit 2019/20	Yes	In progress
National Surgical Site Infection Surveillance Service 2019/20	Yes	100%
National Surveillance of blood stream infections & Clostridium difficile infection 2019/20	Yes	100%
National Vascular Registry 2019/20	Not Applicable	NA
Perioperative Quality Improvement Programme 2019/20	Yes	In progress
Prescribing antidepressants for depression in adults 19/20	National Audit Withdrawn	NA
Prescribing antipsychotics for people with dementia 2019/20	National Audit Withdrawn	NA
Prescribing Clozapine 2019/20	National Audit Withdrawn	NA
Prescribing for bipolar disorder (use of sodium valproate) 2019/20	National Audit Withdrawn	NA
Prescribing high-dose and combined antipsychotics on adult psychiatric wards 2019/20	National Audit Withdrawn	NA
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antibiotic Consumption 19/20	Yes	In progress
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antimicrobial Stewardship 19/20	Yes	In progress
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme 2019	Yes	100%
Society for Acute Medicine Benchmarking Audit (SAMBA) January 2020	Yes	In progress
Society for Acute Medicine Benchmarking Audit (SAMBA) June 2019	Yes	100%
UK Cystic Fibrosis Registry 2019/20	Not Applicable	NA
UK Parkinsons Audit 2019/20	Yes	100%

Clinical Audit / National Confidential Enquiries	Participation?	% Cases Submitted
Community Clinical Audit / National Confidential Enquiries		
Asthma (Adult and paediatric) and COPD Primary care 2019/20	Not Applicable	NA
Mental Health Care Pathway - CYP Urgent & Emergency Mental Health Care and Intensive Community Support	Not Applicable	NA
Mental Health Clinical Outcome Review Programme - Safer Care for Patients with Personality Disorder 2019/20	Not Applicable	NA
Mental Health Clinical Outcome Review Programme - Suicide by children and young people in England(CYP) 2019/20	Not Applicable	NA
Mental Health Clinical Outcome Review Programme - Suicide by middle-aged men 2019/20	Not Applicable	NA
Mental Health Clinical Outcome Review Programme - Suicide, Homicide & Sudden Unexplained Death 2019/20	Not Applicable	NA
Mental Health Clinical Outcome Review Programme - The Assessment of Risk and Safety in Mental Health Services 2019/20	Not Applicable	NA
National Clinical Audit of Psychosis - Core audit 2019/20	Not Applicable	NA
National Clinical Audit of Psychosis – EIP audit 2019/20	Not Applicable	NA

Clinical Audit / National Confidential Enquiries	Participation?	% Cases Submitted
Community Clinical Audit / National Confidential Enquiries		
National Clinical Audit of Psychosis - EIP spotlight audit 2019/20	Not Applicable	NA
National End of Life Audit 2019/20	Yes	100%
National Sentinel Stroke National Audit Programme (SSNAP) 2019/20	Yes	In progress
Pulmonary Rehabilitation 2019/20	Not Applicable	NA
UK Parkinson's Audit 2019/20	Yes	100%

All published national audit reports at the time of reporting (54) have been reviewed by the provider in 2019/20 and Great Western Hospitals NHS Foundation Trust will take actions to improve the quality of healthcare provided, including:

- Working closer with community partners to facilitate shared patient care records to allow for developments in pulmonary rehabilitation, improved use of resources within the respiratory team and to provide sustained early review of COPD patients
- Developing a business case for consultant recruitment to lead asthma, administrative support and additional nursing resource. This will enable the release of current nursing resource to support in-patient asthma services and add to nursing resource to allow better in-patient coverage of asthma patients and bolster specialist review services
- We have set up a perioperative working group to continue to improve care for patients who are identified as anaemic, and to work towards ensuring that haemoglobin is optimised towards the recommended 130g/dLas suggested by Perioperative Quality Improvement Programme (PQIP)
- Development of a transfusion pathway which will include a Transfusion Associated Circulatory Overload (TACO) assessment.
- To ensure early assessment of possible hip fractures within the ED we will develop an investigation pathway to include early CT in patients with uncertain radiological diagnosis

- For patients with Parkinson's a range of actions will be completed including
    - Making a list of professionals within the team available in clinical letters
    - Functional self- management plans to be sent out following each therapy professionals input
    - We will develop formal induction resources for Speech & Language Therapy (SLT) staff
    - We will develop formal assessments of impact of communication changes on partner / carers

The reports of 126 local clinical audits were reviewed by the provider in 2019/20 and Great Western Hospitals NHS Foundation Trust will take actions to improve the quality of healthcare provided, including:

- The Resuscitation Team will conduct monthly spot checks of emergency resuscitation equipment in areas scoring less than 100% compliance. For areas that are repeatedly failing the Emergency Equipment Audit, Ward Managers and Matrons are required to devise further plans to ensure emergency equipment is ready for use in their areas
- A Quality Improvement Project (QIP) is progressing which will create a transfusion pathway that includes a tear-off consent slip to be given to patients along with the transfusion leaflet. This will improve compliance with both the documentation of informed consent and serve as a reminder to clinicians on the consent process
- The delivery of the Mental Capacity Act (MCA) training strategy, ensuring the consistent application of safeguarding and MCA, improve documentation in respect of informed consent, utilise documentation in respect of best interests decisions. Ensure consistency and align process Trust-wide for adults unable to consent to care and treatment and aim for appropriate referral to Independent Mental Capacity Advocate (IMCA) Service 100% of the time.
- The baby friendly initiative has led to laminated information at the bedside in all areas for parents as well as laminated prompts in staff areas, such as 'what is responsive feeding?'. Furthermore we will produce a parent film, which will also enhance information given to parents.

Research and Development

The number of patients receiving relevant health services provided or subcontracted by Great Western Hospitals NHS Foundation Trust in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee is 997.

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

A proportion of Great Western Hospitals NHS Foundation Trust income in 2019/20 was conditional on achieving quality improvement and innovation goals agreed between Great Western Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2019/20 and for the following 12month period is available electronically at https://www.england.nhs.uk/nhs-standard-contract/cquin/

Care Quality Commission (CQC) Registration

Great Western Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully compliant. The Great Western Hospitals NHS Foundation Trust has no conditions on registration The Care Quality Commission has not taken enforcement action against Great Western Hospitals NHS Foundation Trust during 2019/20.

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

Participation in CQC Special Reviews or Investigations

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

Hospital Episode Statistics

Great Western Hospitals NHS Foundation Trust submitted records during 2019/20 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data (Jan 2020).

The percentage of records in the published data:

- which included the patient's valid NHS number was: 100% for admitted patient care 100% for outpatient care and 98.4% for accident and emergency care.
- which included the patient's valid General Medical Practice Code was: 100% for admitted patient care; 100% for outpatient care; and 99.7% for accident and emergency care.

Information Governance

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

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

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

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

The IGSG undertakes an Information Governance Work Programme covering the full range of information governance elements, and ensures that appropriate policies and management arrangements are in place. The Trust's Information Governance Policy sets out best practice in data

protection and confidentiality and is based on four key principles which are openness, information quality assurance, information security assurance, and legal compliance.

These corporate and operational arrangements ensure that information governance is prioritised at all levels of the Trust.
Each year the Trust completes a comprehensive self-assessment of its information governance arrangements by means of the NHS Digital Data Security & Protection (DSP) Toolkit. In January 2020, the Trust's DSP Toolkit was subject to an through an independent internal audit with the results confirming there was substantial assurance.

Great Western Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2019/20 was graded as 'Standards Met'.

- 116 of 116 mandatory evidence items provided

Great Western Hospitals NHS Foundation Trust also completed a separate Information Governance Assessment Report for our primary care services. The overall score for 2019/20 was graded as 'Standards Met'.

- 42 of 42 mandatory evidence items provided

Payment by Results Clinical Coding Audit

Great Western Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission

Data Quality

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

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

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

Learning from Deaths

During 2019/20 1470 of Great Western Hospitals NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 332 in the first quarter; 316 in the second quarter; 375 in the third quarter; 447 in the fourth quarter.

Measure		Quarter				2019/20
		Q1	Q2	Q3	Q4	
Learning From Deaths	Number of deaths which occurred in each quarter	332	316	375	447	1470

By 31/03/20, 637 case record reviews and 16 investigations have been carried out in relation to 1470 of the deaths. In 16 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: 1 in the first quarter; 4 in the second quarter; 8 in the third quarter; 7 in the fourth quarter.

0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

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

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

Due to 0% of patient deaths being judged to be more likely than not to have been due to problems with the care provided to the patient, we have been unable to create a summary of learning from these specific cases and therefore no actions have been identified.

There have been 0 case record reviews and 0 investigations completed after 31/03/2020 related to deaths which took place before the start of the reporting period and therefore we have been unable to create a summary of learning from these cases or identify actions.

The Seven Day Hospital Services Programme

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

The Trust meets 3 of these standards and therefore our focus continues to be on the following key standard: All emergency admissions must be seen and have thorough clinical assessment by a

suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

An internal audit covering quarter 1 and quarter 2 showed that the Trust is not meeting this standard. However, when the results are reviewed by department, acute medicine is main area for improvement. Therefore, a number of actions are being taken to improve compliance including

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

Freedom to speak up

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

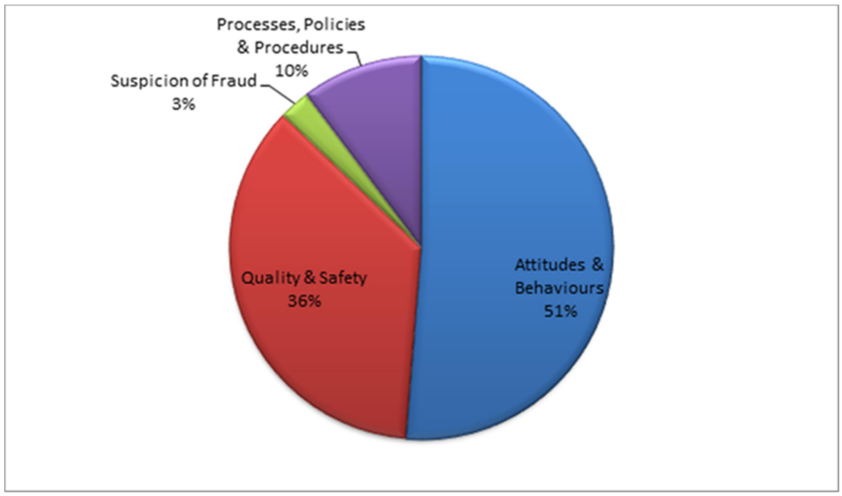
The nationwide policy aims to help make raising concerns the norm in NHS organisations and standardise how NHS organisations support staff when concerns are raised. We want our staff to feel confident, safe and supported to speak up if they have a concern. Therefore we have appointed 5 Freedom to Speak Up Guardians in Trust from a range of different backgrounds and experiences who are Led by an allocated Executive Director and Non-Executive Director.

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

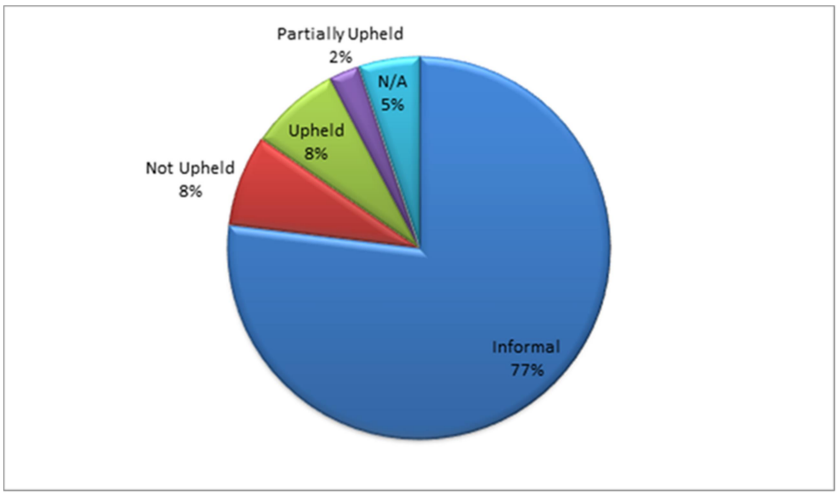
Freedom to Speak Up trends and themes are closely monitored by the Patient Quality Committee, Quality Governance and Trust Board and all concerns raised are treated confidentially, investigated thoroughly with actions taken where necessary.
To support staff to raise concerns we have implemented an online form or concerns can be raised via the phone, in writing or directly to one of the guardians.

Key themes arising from cases reported since April 2019 – March 2020

The chart below shows the number of cases and themes of cases received April 2019 – March 2020



The chart below shows the outcomes of cases during April 2019 – March 2020



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

- Regular communication to all staff
- Quarterly FTSU updates for all staff via communications team / intranet
- FTSU screensavers used across the organisation
- Freedom to speak up posters in every Staff room
- Freedom to speak up drop in sessions
- Business cards for each FTSU guardian
- Regional network meeting held quarterly
- Guardian support programme – including Metal heath first aiders

Consolidated annual report on rota gap

The Trust currently has a total of 52.56 vacancies across all grades and specialties of medical staff, this figure also includes appointed doctors pending start dates, note this does not include GPs which are currently being reported separately. At Junior doctor level there are currently (Feb 2020) just 13 vacancies which includes 4 appointed doctors with planned start dates. This is a reduction from 19 for the same period last year.

The reduction in vacancies for junior doctors has been achieved, despite an overall increase in posts, by using a number of different methods; all have contributed in different ways.

Internal factors:
We conduct an annual recruitment trip to a European university that has now been running for 5 years - we are currently predicting that this will not be affected by our departure from the European Union (EU). We recruit foundation (F) 1 level clinical fellow doctors directly during this trip that are of a high standard. These doctors often then stay on for a 2nd year to work at F2 level before either taking on training roles with Health Education England (HEE) or continuing to work for the Trust in more senior clinical fellow roles. This is of significant importance, as whilst we don't struggle to recruit F1 level doctors, having them stay on to work at F2 level has been of great value to the Trust and helped reduce our vacancies at this level.

Since 2018 we hold a British medical journal subscription meaning we can advertise all our medical vacancies through their online portal which has a large number of views Nationally and Internationally by doctors looking for work. We also have access to use their printed journal for advertising but this is reserved for Consultant recruitment campaigns since usage is limited. The subscription in addition to some other factors has boosted recruitment at Consultant level. We have appointed a high number of Consultants in the last year with currently 10 appointed candidates in the pipeline waiting to take up their new roles with us.

For the last 5+ years we have also recruited additional teaching roles through the Academy, these doctors work in teaching or innovation roles but also undertake clinical duties on a 50/50 split. Funding comes from the Academy for the increase in headcount needed to support the reduction in clinical capability from each of the appointed doctors.

Vacancies are reviewed regularly at monthly Medical Staffing Group meetings and in Quarterly Guardian reports. We also take the opportunity to work with the Junior Doctors forum to promote roles that might interest their members and gain feedback on improvements that could be made to make roles more attractive.

External factors:
HEE introduced a payment for General Practitioner (GP) trainees in the area for specific roles to boost recruitment and encourage doctors to take on those roles. These payments are funded by HEE and have no financial impact on the Trust other than positive by filling more of the roles.

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

NHSE & NHSI - Learning Disability and Autistic Spectrum Improvement Standards Review

The Trust benchmarked its practice against the NHSi LD and AS standards in Q4 2018 – 2019. There were three standards applicable to the Trust (Respecting and protecting rights/Inclusion and engagement/Workforce) within which, 14 measures were benchmarked.

This exercise demonstrated the Trust were taking relevant action to meet 80 standards and identified a further 44 actions the Trust could take to be fully compliant with all standards.

Since Q4 2018 the Trust has continued to demonstrate improvement activity against the vast majority of standards. Highlights of an extensive plan are articulated in table 1

Key Improvement Activity Q4 2018 – Q4 2019	Key Areas for Future focus Q1 2020
Workforce: • Successful business care for the development of a LD Liaison post in the Trust • Progress towards meeting the Accessible Information Standard (2017) Inc. picture menu's on all wards • Development of an LD flag on nerve Centre for live activity reporting **Inclusion and engagement:** • LD patient engagement programme established. • Roll out of sunflower lanyards in children's service to ID hidden needs • Development and launch of an LD Education toolkit – now launched and available on the National platforms • Development of IT portal solutions Clearer communication between partners flagging the need for reasonable adjustments • Patient engagement as part of the 'way forward' programme	**Workforce:** • Work with lead for non-medical workforce transformation regarding direct employment of RN's/healthcare staff who have previously worked in LD services and development of enhanced care roles **Inclusion and engagement:** • Measure: 'Consider the needs of people who have a disability, impairment or sensory loss when producing signage to ensure it is accessible e.g. text size, colour contrast, inclusion of braille, use of symbols and pictures'. • Availability of picture boards in all relevant clinical areas • Involve service users on interview panels in staff recruitment for relevant posts (i.e. LD Liaison Nurse)

Respecting and protecting people's rights: • Treatment escalation plan (TEP) now available in Easier read form to promote autonomy in end of life decision making • Launch of the Level 3 Adult Safeguarding education programme	**Respecting and protecting people's rights:** • Development of a stand-alone e-learning platform module on MCA consent and decision-making

2.3 Reporting against Core Indicators

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

Summary Hospital-Level Mortality Indicator (SHMI)

Measure	Latest Reporting Year	GWH Performance			National Average
		Sept 18 – Aug 19	Aug 18 – Jul 19	Sept 18 – Aug 19	
Value	2018/19	0.93	0.92	0.93	As Expected
Banding	2018/19	2	2	2	
% of patient deaths with palliative care coding	2018/19	37.0%	37.0%	37.0%	36.0%

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

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

PROMS; Patient Reported Outcome Measures

Measure		Measure Type (% Improved)	Latest Reporting Year	GWH Performance			National Average
				2016/17	2017/18	2018/19	
PROMS; Patient Reported Outcome Measure	Knee Replacement Revision	EQ VAS	2018/19	81.8%	66.7%	80%	52.6%
		EQ 5D index		91.7%	79.3%	61.5%	74.9%
		Oxford Knee Score		100%	86.2%	93.3%	87.5%
	Knee Replacement Primary	EQ VAS		59.7%	56%	55.8%	60.1%
		EQ 5D index		79.9%	81.7%	80.6%	83%
		Oxford Knee Score		94.4%	95.1%	93.7%	95%
	Knee Replacement	EQ VAS		60.7%	56.1%	53.5%	59.6%
		EQ 5D index		79.9%	79.9%	79.8%	82.2%
		Oxford Knee Score		93%	93%	92.6%	94.3%
	Hip Replacement Revision	EQ VAS		48%	58.8%	56.5%	56.7%
		EQ 5D index		60%	77.8%	75.0%	74.2%
		Oxford Hip Score		92.6%	88.9%	88.0%	86.5%
	Hip Replacement Primary	EQ VAS		64.7%	73.1%	72.9%	62.9%
		EQ 5D index		89.5%	90.1%	89.6%	91%
		Oxford Hip Score		97.1%	98.1%	98.1%	97.8%
	Hip Replacement	EQ VAS		63.7%	70.9%	71.5%	68.6%
		EQ 5D index		87.3%	89.2%	87.8%	89.7%
		Oxford Hip Score		95.9%	96.8%	96.8%	97%

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

The Trust takes part in Patient Reported Outcome Measures (PROMS) which measures health gain in patients undergoing hip replacements and knee replacement surgery in England. This data and information is gathered via responses to questionnaires before and after surgery to assess patient's condition following surgery and whether it has improved.

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

We have currently received a provisional PROMS report for Hip and Knee Replacement which covers the period April 2019 – March 2020. This shows that we are above the average scores in 8 of the measures which is an improvement on the previous year. However, it needs to be recognised that this data is un-validated and we have yet to receive detailed data in order to review and understand specifics within this.

Re-admissions

Measure		Latest Reporting Year	GWH Performance			National Average
			2016/17	2017/18	2018/19	
Patients readmitted to a hospital within 30 days of being discharged	0-15 year old	2017/18	10.4%	10.3%	Final Data not yet available	11.9%
	16 years or over	2017/18	15.5%	17.4%		14.6%

At the time of reporting NHS digital have not published 2018/19 data. However, The Great Western Hospitals NHS Foundation Trust are able to provide a description of actions being undertaken to improve readmission rates following an Emergency Readmission review conducted in 2019/20.

Executive summary

Patients readmitted to hospital in an emergency within 30 days of discharge are frequently used as a measure of the quality of care provided by a health care system. They are also used as an indicator for when poor patient outcomes could potentially have been avoided.

A clinical review was undertaken on a cohort of patients coded as having an emergency readmission within 30 days of discharge. The aim of this review was to assess the clinical relationship between an original admission and the subsequent emergency readmission, and to help identify areas of acute/social care that could have been improved, and to help highlight potentially avoidable readmissions.

Key Assurances

The clinical review provided assurance that 42 (81%) of readmissions for this review were considered by the review panel to be unavoidable.
Of which:

- 23 (55%) of the readmissions for continuation of care/pathway
- 19 (45%) readmitted to treat a new episode of care
- 1 (2%) Patients choice
- 1 (2%) Not stated by the case note reviewer

An Electronic Discharge Summary was completed on discharge for 51 (98%) of patients. The review also provided assurance that the date of discharge letters being sent did not contribute to any of the patients readmissions.

Key areas for development

Clinical Coding: Of the 52 patients reviewed by the multi-disciplinary review panel 8 (15%) patients were highlighted as a potential coding error. A qualitative review of these 8 patients was undertaken to reconfirm these findings:

- One patient was deemed safe for overnight discharge to return to ambulatory care for insulin and DSN review the next morning.
- One patient's treatment was on a correct treatment pathway for a Deep Vein Thrombosis (DVT) during 1st admission and went to Ambulatory Care appropriately.
- The remaining six patients were all admitted for planned treatment as indicated from their previous Electronic Discharge Summaries.

Electronic Discharge Summaries (eDS): The review identified that 1 patient did not have an eDS completed after their primary discharge. However, the patient did have and eDS completed after their readmission/discharge. Improvements are also required in the timeliness of clinicians completing patients eDS on discharge and improvements to the information provided to the GP.

Improvement work to be undertaken includes:

- Prospectively collect data from recent discharges to obtain baseline data
- Look at clinical pathways to understand the various reasonable adjustments made for continuation of care and establish key exceptions
- Review themes and trends from baseline data that highlight other areas for further scrutiny

Responsiveness to the personal needs of patients

Measure		Latest Reporting Year	GWH Performance			National Average
			2017/18	2018/19	2019/20	
Responsiveness to the personal needs of patients	Inpatient Overall Score	2018/19	66.8%	65.6%	Expected Aug 2020	67.2%

The Great Western Hospitals NHS Foundation Trust intends to take actions to improve these percentages, to improve the quality of its services to patients using a Quality Improvement methodology to enhance the overall patient experience working on key areas for improvement.

Staff who would recommend the Trust to their family or friends

Measure	Latest Reporting Year	GWH Performance			National Average
		2017	2018	2019	
Staff who would recommend the Trust as a provider of care to their family or friends	2018	68.2%	66.7%	63%	69.9%

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

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

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

Staff Survey 2019/20

The NHS staff survey is conducted annually. The 2019 results from questions are grouped to give scores within eleven key themes. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2019 survey among Trust staff was 40% (2018: 44%). Scores for each indicator together with that of the survey benchmarking group Combined Acute and Community Trusts are presented below.

	2019		2018		2017		2016	
	GWH	Benchmarking Group	**GWH**	Benchmarking Group	**GWH**	Benchmarking Group	**GWH**	Benchmarking Group
Equality, diversity and inclusion	**9.2**	9.2	**9.1**	9.2	**9.2**	9.2	**9.3**	9.3
Health and Wellbeing	**5.8**	6.0	**5.8**	5.9	**6.0**	6.0	**6.2**	6.1
Immediate managers	**7.1**	6.9	**6.8**	6.8	**6.8**	6.8	**6.8**	6.8
Morale	**6.1**	6.2	**6.1**	6.2	**-**	-	**-**	-
Quality of appraisals	**5.2**	5.5	**5.2**	5.4	**5.3**	5.3	**5.5**	5.4
Quality of care	**7.1**	7.5	**7.2**	7.4	**7.1**	7.5	**7.4**	7.5
Safe environment – bullying and harassment	**8.2**	8.2	**8.1**	8.1	**7.9**	8.1	**8.0**	8.2

	2019		2018		2017		2016	
	GWH	Benchmarking Group	**GWH**	Benchmarking Group	**GWH**	Benchmarking Group	**GWH**	Benchmarking Group
Safe environment – violence	**9.6**	9.5	**9.5**	9.5	**9.4**	9.5	**9.5**	9.5
Safety culture	**6.8**	6.8	**6.7**	6.7	**6.7**	6.7	**6.8**	6.7
Staff engagement	**7.0**	7.1	**6.9**	7.0	**6.9**	7.0	**7.1**	7.0
Team working	6.7	6.7	**-**	-	**-**	-	**-**	-

The Trust was one of the 300 participating NHS organisations, and one of the 48 Combined Acute and Community Trusts that participated in the National Staff Survey which was live from September to December 2019. A total of 534 employees returned a completed questionnaire giving the Trust a response rate of 40%. This was a decrease in last years (44%, 2018) and a below average response rate for Combined Acute and Community Trusts in England (46%, 2019).

National and regional response comparisons

National

NHS England released the results of the 2019 NHS Staff Survey on Tuesday 18th February 2019. Over 550,000 NHS staff took part in the survey with a National response rate of 48 per cent, compared to the 2018 survey approx. 5,000 more people shared their views. GWH had a reduction in response rate and therefore did not follow the national trend.

2019 Results Analysis

Areas of Improvement from 2018

The top four areas where the results have improved from the 2018 survey are;

- Q4d. I am able to make improvements happen in my area of work. 57% (49% 2018)
- Q5b. The support I get from my immediate manager. 74% (66% 2018)
- Q8f. My immediate manager takes a positive interest in my health and well-being. 75% (67% 2018)
- Q28b. Has your employer made adequate adjustment(s) to enable you to carry out your work? 82% (75% 2018)

Areas that have deteriorated from 2018

The top four areas where the results have declined from the 2018 survey are;

- Q4f. I have adequate materials, supplies and equipment to do my work. 41% (46% 2018)
- Q6b. I have a choice in deciding how to do my work. 54% (61% 2018)
- Q11b. In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? 69% (76% 2018)
- Q12d. The last time you experienced physical violence at work, did you or a colleague report it? 65% (73% 2018)

Regional

The Trust was ranked 15th out of 21 Trusts in 2019 when benchmarking against the eleven National Staff Survey themes against organisations from across the South West.

When compared against the STP group, Salisbury NHS Foundation Trust ranked 10th and Royal United Bath Hospital ranked 18th.

Staff Engagement

The staff engagement score for the Trust has remained the same at 6.9 and is scoring marginally below the national average of 7.0. The areas used to measure the staff engagement score is based on staff recommending the organisation as a place to work or receive treatment, staff motivation at work and staff ability to contribute towards improvements at work. Whilst the Trusts staff engagement score has remained the same this year, against a regional comparison the Trust engagement score is higher than three other Trusts and scored the same as four other Trusts in the South West region.

Staff engagement levels across the Trust are variable and range from 6.6 to 7.2 out of a possible 10. Corporate Services and Diagnostic and Outpatients report the lowest levels of engagement at 6.6 with Planned Care and Swindon Community Health Services reporting the highest at 7.2.

Our priorities for 2020/2021

The key priority areas for focus are;

Job Satisfaction

- Review staff benefits and current Trust offer.
- Continue with Engage to Change initiative
- Review Trust training and development packages to support employees to undertake their roles effectively
- Review support mechanisms in place for managing conflicting demands and work pressures

Quality of Care

- Launch new Quality Strategy Autumn 2020
- Implement a communication plan to support the Quality Strategy August 2020
- Utilise the engage to change methodology for employee led improvements – review current initiatives in place. Determine if continuation or different initiatives can be implemented.

Divisional

Each Division will develop a local action plan focusing on three key areas which will make the most impact based on the results for the Division. The results will be shared through a 'listening into action' approach, empowering staff to be involved and contribute towards improvements in their Divisional staff survey results. Updates on the progress of the Divisional action plans will be presented quarterly at Executive Committee.

Monitoring arrangements

The Trust and each of the Divisions are currently analysing the 2019 results to develop action plans aligned to the areas where their scores have deteriorated. Each of the priority areas will have named the three lowest scoring questions. The areas will be measured by an improvement on the score for these questions following the 2020 survey.

All Divisions will provide updates on the progress of the Divisional action plans quarterly at Executive Committee.

Patients admitted to hospital who were risk assessed for venous thromboembolism

Measure	Latest Reporting Year: 2019/20	GWH Performance			National Average (2019/20)
		2017/18	2018/19	2019/20	
Patients admitted to hospital who were risk assessed for venous thromboembolism	Q1	99.47%	99.42%	99.59%	95.65%
	Q2	99.36%	99.5%	99.66%	95.72%
	Q3	99.30%	99.59%	98.95%	95.33%
	Q4	99.48%	99.63%	Data not yet available	Data not yet available

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

Once patients have had a risk assessment we want to ensure that they receive the appropriate preventative treatment. We monitor this using an audit tool similar to the previously used "safety thermometer" data
This looks at 10 patients on each ward in the hospital on one day each month and checks if they have had a VTE risk assessment and how many patients receive the appropriate preventative treatment. Whilst we can't provide an accurate figure at the moment we can be reassured that the number of patients who develop a hospital acquired thrombosis has not increased.

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

Clostridioides *difficile* (C. *difficile*)

Measure		Latest Reporting Year	GWH Performance			National Average
			2017/18	2018/19	2019/20	
Rate of C.*difficile* infection	The rate per 100,000 bed days of cases of C. *difficile* infection reported within the Trust among patients aged 2 or over during the reporting period	2018/19	12.31	13.49	13.57	12.91

For 2019/20, the way of reporting hospital acquired CDI was changed, and therefore the overall trajectory was amended. They key changes introduced are:

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

Next steps to reduce the incidence of Clostridioides *difficile* infection:

- Plan to implement the isolation of previous C. *difficile* cases within the Trust to reduce the risk of any transmission through on going carrage.
- Monitor the use of Co-amoxiclav and Ciprofloxacin and identify alternatives to prevent the occurrences of increased *C.difficile*.
- Include the use of frailty scores to give understanding of patient risk status when undertaking a post infection review for C. *difficile*.

Patient Safety Incidents

Measure		Latest Reporting Year	GWH Performance			National Average
			Apr 18 – Sept 18	Oct 18 – Mar 19	Apr 19 – Sept 19	
Number of patient safety incidents and the percentage that resulted in severe harm or death	Number of Patient Safety Incidents	2018/2019	3,106	4,232	2,860	National Average not reported
	Rate of Patient Safety Incidents (per 1000 bed days)		31.2	40.6	27.2	National Average not reported
	Number resulting in severe harm of death		20	19	23	-Not Applicable National Average not reported
	Rate of incidents resulting in severe harm or death (per 1000 bed days)		0.20	0.18	0.8	0.3

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

The Great Western Hospitals NHS Foundation Trust has taken steps to improve incident reporting within the Trust by releasing new guidance, providing training on incident investigations and introducing a serious incident review and learning group with an aim of increasing the learning from high risk incidents to reduce the likelihood of reoccurrence.

Part 3: Other Information

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

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

We believe that our performance against these indicators demonstrates that we are providing high quality patient centred care which will continue to be monitored over the coming year.

Performance against key national priorities

An overview of performance in 2019/20 against the key national priorities from the Single Oversight Framework. Performance against the relevant indicators and performance thresholds are provided.

Indicator	2017/2018		2018/2019		2019/20		Achieved / Not Met
	Target	Trust	Target	Trust	Target	Trust	
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways	92%	86.7%	86.7%	83.45%	92%	74.55%	Not Met
Maximum time of 18 weeks from point of referral to treatment in aggregate, admitted patients	90%	69.1%	69.1%	66.33%	92%	51.22%	Not Met
Maximum time of 18 weeks from point of referral to treatment in aggregate, non-admitted patients	95%	89.3%	89.3%	89.45%	92%	84.01%	Not Met
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge - 95%	95%	87.2%	National 95%	89.6%	95%	Type 01 = 68.50% Type 01+03 = 81.19%	Not Met
Cancer 31 day wait for second or subsequent treatment – surgery - 94%	94%	98.7%	94%	97.6%	94%	95.6%	Achieved
Cancer 31 day wait for second or subsequent treatment - anti cancer drug treatments – 98%	98%	100%	98%	100%	98%	97.8%	Not Met
Cancer 62 Day Waits for first treatment from urgent GP referral for suspected cancer – 85%	85%	82%	85%	85.7%	85%	85.9%	Achieved
Cancer 62 Day Waits for first treatment from NHS cancer screening service referral - 90%	90%	97.6%	90%	95.1%	90%	94.6%	Achieved
Cancer 31 day wait from diagnosis to first treatment	96%	98.4%	96%	98.4%	96%	98.0%	Achieved
Cancer 2 week wait from referral to date first seen, all urgent referrals (cancer suspected) – 93%	93%	93.4%	93%	94.8%	93%	90.0%	Not Met
Cancer 2 week wait from referral to date first seen, symptomatic breast patients (cancer not initially suspected) – 93%	93%	78.5%	93%	93.6%	93%	86.1%	Not Met

Indicator	2017/2018		2018/2019		2019/20		Achieved / Not Met
	Target	Trust	Target	Trust	Target	Trust	
Maximum 6-week wait for diagnostic procedures	99%	96.2%	99%	92.77%	99%	93.20%	Not Met

Annex 1: Statements from commissioners, local HealthWatch organisations and overview and scrutiny committees

Statement from the Council of Governors

The Governors are of the opinion that the Quality Account is a realistic representation of the Trust's performance as presented to the governors over the past year.

At the beginning of the year nobody had heard of Covid19, which has had a major impact on the Trust. The Governors would like to put on record their thanks for the unbelievable and amazing efforts that every single person within the Trust have made in the last six months and continue to do. It was good to see that there was so much support for staff by the people and business's in Swindon and the surrounding area.

Within the Quality Report the Trust has reported a number of achievements including-

- Primary care services were, this year, welcomed to the Trust. This integration has already given more opportunities to improve the patient experience at every stage, from the GP surgery, to hospital treatment, to healthcare in patients' homes. This removed more organisational barriers and made it easier for the Trust to work towards more standardised and joined-up care across all its services, while offering more diverse career opportunities to staff.

- The Emergency and Urgent Care service, a great example of different teams coming together to share resources and work in a more joined-up way, providing care which is well-coordinated, streamlined and patient centred. This multidisciplinary group Emergency and Urgent Care service was among the first in the country to adopt an innovative way of managing patients who walk into the Emergency Department, coined 'reverse streaming'. Moving patients between services is proving the best way to provide treatment safely and as quickly as possible, which means the Emergency Department can focus on patients with the most critical and life-threatening conditions.

- The multidisciplinary podiatry services

In the quality account, there are many more examples of joined-up care, innovation and standardisation, all with safety and quality at the hub. The Trust recognises
where there is a need to make changes and focus on what will make the most significant differences to the safety and quality of patient care.

The Trust has been building the culture of openness and learning from mistakes, which is key to making quality improvements. The governors were particularly pleased to hear that GWH has been listed in the top ten Trusts in the country, with the greatest increase in staff feeling able to speak up in the national Freedom to Speak Up Index.

The Trusts Priorities for Quality Improvement for the coming year, include no preventable deaths; Seeking out and reduce patient harm and working with patients, carers and families to personalise care and improve health

The Governors acknowledge that developing a joined-up approach to care means more opportunities to prevent ill health, create a more seamless experience of care, reduce health inequalities and make a real contribution to the local community, ultimately helping people to stay well and live better.

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

Roger Stroud
Lead Governor, GWH NHS Foundation Trust

Statement from Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group

NHS Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group (BSW CCG) welcome the opportunity to review and comment on the Great Western Hospital NHS Foundation Trusts' (GWHFT) quality accounts for 2019/2020. In so far as the CCG has been able to check the factual details, the view is that the quality accounts is materially accurate in line with information presented to the CCG via contractual monitoring and quality visits and is presented in the format required by NHS Improvement 2019/2020 presentation guidance.

The CCG commends improvements made against the priorities set in the 2019/20 quality account, which include:

- Improved discharge processes through the introduction of a discharge checklist
- Increased Friends and Family Response Rate and the development a new Patient and Carer Involvement Strategy
- Increased Quality Improvement capacity and training
- Enhanced support for the carers of a people living with dementia via improved training and development of the Dementia Champion role

In the line with the reporting requirements for quality accounts, GWHFT has provided details of their Freedom to Speak Up process and it is positive to note that GWHFT were named among the top ten Trusts in the country with the greatest increase in staff feeling able to speak up. It is also positive that the Trust have included themes identified via raised concerns, as requested by the CCG in response to the 2018/19 quality accounts. GWHFT have also provided a statement regarding the Trust's progress in implementing the priority clinical standards for seven-day hospital services. The CCG notes that the Trust has assessed that they meet 3 out of 4 of these standards. As identified, a continued focus is needed to achieve all emergency admissions having a thorough clinical assessment by a suitable consultant as soon as possible but within 14 hours of admission to hospital. The CCG will continue to work collaboratively with the Trust to achieve this standard and maintain oversight of the actions being taken to improve compliance to support safe care.

The Summary Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) are key indicators of the quality of care provided. The CCG is assured by the SHMI data for the rolling 12-month period of September 2018- August 2019, giving the Trust an 'as expected' rating and performing better than the national target. The CCG recognise that the Trust has established a Mortality Surveillance Group to routinely review standardised mortality rates as well as reviewing data to measure variations in mortality and share learning. As required by the NHS Patient Safety Strategy, the Trust has identified continuing work through implementing the Medical Examiner system to independently scrutinize safety and effectiveness, in line with the Trust's priority for 2020/21 of 'no preventable deaths.'

Between April and September 2019, the Trust have reported an above average rate of incidents resulting in severe harm or death (per 1000 bed days), which has been reflected in an increase in reported Serious Incidents (SI) during 2019/20 with 75 reported in total, including 2 Never Events. The

CCG recognise that the increase will have been contributed to by the improved incident reporting processes developed over the past year, including the release of new guidance, additional training, and the introduction of a Serious Incident (SI) and Learning Review Group. The CCG would like to encourage the Trust to continue to support a robust reporting culture and welcomes the Trust's priority for 20/21 'to continuously seek out and reduce patient harm' via the development of a safety culture. The CCG will continue to work collaboratively with GWHFT and other system providers on identified QI workstreams related to themes from SI such as falls, pressure ulcers and the management of the deteriorating patients with an aim to enhance patient safety and reduce avoidable harm.

Patients readmitted to hospital in an emergency within 30 days of discharge are frequently used as a measure of the quality of care provided by a health care system. The Trust's readmission data illustrates that the Trust has an above average readmission rate. During 2019, the Trust worked collaboratively with Swindon CCG and system partners to undertake a readmission audit as a positive approach to support system learning and improvement. This process identified key learning for the Trust to take forward to improve patient outcomes and promote safe discharges. The CCG also notes that GWHFT continue to face challenges to meet contractual requirements in relation to timeliness of Electronic Discharge Summaries (EDS). It is good to see that the Trust Medical Director plans to continue to lead the EDS Task and finish group to support a continued focus on improvement during 2019/20. This will require close monitoring throughout 20/21, as timely communication with the patient's GP on discharge is key to ensuring a safe discharge and onward care. This will link into wider system workstreams that are key to enabling the Trust to carry out timely and safe patient discharge from hospital.

The Care Quality Commission's (CQC) inspection of GWHFT during February and March 2020 resulted in an overall rating of Requires Improvement, although the inspectors acknowledged the progress made by the Trust from the last inspection. The CCG will continue to monitor and support progress against the Trust's CQC Improvement Plan throughout 2020/21.

It is recognised that during 2019/20 GWHFT continued to experience an increase in non-elective and elective demand, resulting in the Trust having continued difficulties in achieving the 4-hour A&E target and the 18-week referral to treatment target. These NHS constitutional targets continue to be a challenge across NHS organisations and are regularly monitored by the CCG. The newly established BSW Urgent Care and Flow Board and Elective Care Board will be central to enabling wider system collaboration aimed at improving these constitutional targets.

The CCG supports GWHFT's priorities for 2020/21 and will continue to work collaboratively with the Trust to support the achievement of improved outcomes for patients by focusing on:

- No preventable deaths
- To continuously seek out and reduce patient harm, with a focus on developing a safety culture
- Working with patient's, carers, and families to personalise care and improve health, with a focus on improving the experience of patients with dementia, learning disabilities or mental ill health
- Achieve continued improvements to outcomes and clinical care
- Delivering innovative and integrated care closer to home – supporting health, wellbeing and independent living.

NHS BSW CCG, together with associated co-commissioners, is committed to sustaining the strong working relationships with GWHFT and wider system partners. Together, we will continue to support the achievement of the identified priorities and quality improvements for 2020/21 across the health and social care system.

Gill May
Director of Nursing and Quality, NHS BSW CCG

Statement from HealthWatch Swindon, HealthWatch Wiltshire and Healthwatch West Berkshire

Healthwatch Swindon, Healthwatch Wiltshire and Healthwatch West Berkshire welcome the opportunity to comment once again on the Great Western Hospitals Trust Quality Account.

We recognise the challenge which Covid-19 presented to the Trust and congratulate the organisation on the action taken to work both differently and collaboratively with other providers. Healthwatch is obligated to listen to and report on comments we receive from the local population about health and care services. We received comments about the Trust's acute services and about community and primary care services (in Swindon) – positive and negative – during 2019/20.

1. We appreciate the commitment and dedication of staff, particularly during the pandemic, and this has been reflected in comments we have received from local people.

2. Since its inspection, we acknowledge and are encouraged by the improvements that the Trust has been able to make and that over 80 per cent of hospital services are now rated as good by CQC. We look forward to hearing the plans to support the remaining services to make the improvements required to bring the overall rating up to good - and then outstanding.

3. We welcome the Trust's intention to instigate a patient and carer involvement strategy development group which will work collaboratively to develop the new strategy – including developing networks "to access groups historically found difficult to reach". We look forward to working with the Trust on this development.

4. We appreciate the time that hospital management and colleagues have taken to keep us updated with developments.

Statement from Swindon Health Overview & Scrutiny Committee

Thank you for the opportunity to comment on the NHS Great Western Hospitals NHS Foundation Trust 2019/20 Local Account. During the year, the Health and Overview Committee has received regular performance reports from the Trust, and it is pleasing to see the Trust's improvement journey around standardising safe and high quality care across the organisation has had a positive impact with 80% of hospital services now rated as good by CQC.

Swindon has a long and well established history of integrated working across health and social care and the Council and GWH Trust continue to work collaboratively to ensure the experiences and outcomes of local people and families is the best it can be. Our Better Care Fund Plan and the NHS LT Operational Plan provide our joint vision for transforming the quality of care we provide and for improving levels of health and wellbeing for people living in Swindon.

Swindon Borough Council is committed to working with local health partners to improve the delivery of integrated community and acute pathways. Our focus is on prevention, improving health and wellbeing, reducing admission to hospital and reducing delayed discharges from hospital. The Council particularly welcomes GWH Trust's priority for 2020/21 to deliver innovation and integrated care closer to home – supporting health, wellbeing and independent living (priority 5). This provides the opportunity for us to embed new and better ways of responding to local need by building on the support that people can find amongst their families, friends and communities, making more use of technology to help people remain independent, and by helping earlier and more effectively to prevent people's circumstances getting worse.

The GWH Trust has strengthened links with Swindon Safeguarding Partnership (SSP) following the new arrangements in 2019, and continues to make a valuable contribution to the multi-agency safeguarding agenda.

We look forward to working with healthcare professionals across GWH, community and GP services in the year ahead as we strive to improve the experience and outcomes for Swindon people with a greater focus on prevention.

Sue Wald, Corporate Director Adult Social Services and Health

Roger Smith, Chair of the Adult's Adults' Health, Adults' Care and Housing Overview and Scrutiny Committee

Annex 2: Statement of directors responsibility for the quality report

2019/20 Statement of directors responsibilities for the Quality

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS foundation Trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the quality report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2019 to March 2020
    - papers relating to quality reported to the board over the period April 2019 to June 2020
    - feedback from commissioners dated 25/08/2020
    - feedback from governors dated 24/10/2020
    - feedback from local HealthWatch organisations dated 03/09/2020
    - feedback from overview and scrutiny committee dated XX/XX/20XX
    - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, reported monthly
    - the national patient survey June 2019
    - the national staff survey December 2019
    - CQC inspection report dated June 2020
- the quality report presents a balanced picture of the NHS foundation Trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board

.....Date.....Chairman
.....Date.....Chief Executive

Annex 3: Independent Auditors report

Quality accounts requirements for 2019/20 has been revised in light of pressures caused by Covid-19. NHS providers are no longer required to expect to obtain assurance from their external auditor on their quality accounts / quality report for 2019/20.

Glossary of Terms

BAUS	British Association of Urological Surgeons
BFI	Baby Friendly Initiative
C.diff	Clostridium Difficile
CCG	Clinical Commissioning Groups
CRM	Cardiac Rhythm Management
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Clinical Quality & Innovation
CSU	Commissioning Support Unit
CT	Computerized tomography
DOME	Department of Medicines for the Elderly.
DSP	Digital Data Security & Protection
DVT	Deep Vein Thrombosis
ED	Accident & Emergency/Emergency Department
eDS	Electronic Discharge Summary
EPMA	Electronic Prescribing and Medicine Administration
EU	European Union
ExCEL	Excellence in Care at End of Life
FFT	Friends and Family Test
FFFAP	Falls and Fragility Fractures Audit programme
FTSU	Freedom to Speak Up
F and FY	Foundation Year Doctor
HEE	Health Education England
GP	General Practitioner
GWH	Great Western Hospitals NHS Foundation Trust
HDU	High Dependency Unit
HSMR	Hospital Standardised Mortality Ratio
IBD	Inflammatory Bowel Disease
IGSG	Information Governance Steering Group
IMCA	Independent Mental Capacity Advocate
IPC	Infection, Prevention & Control
IT	Information Technology
LD	Learning Disabilities
MBRRACE	Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries
MCA	Mental Capacity Act
MFFD	Medically Fit for Discharge
MDT	Multidisciplinary Team
MHA	Mental Health Act
MRI	Magnetic Resonance Imaging
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NEWS	National Early Warning Score
NHS	National Health Service
NHSE	National Health Service England
NHSI	National Health Service Improvement
NMPA	National Maternity and Perinatal Audit
OPAT	Parenteral Antimicrobial Therapy
OWLs	Outpatient Welcome & Liaison
PALs	Patient Advice and Liaison Service
PCNL	Percutaneous Nephrolithotomy
PHE	Public Health England
PPG	Patient Participation Group

PQC	Patient Quality Committee
PQIP	Perioperative Quality Improvement Programme
PROMS	Patient Reported Outcome Measures
PU	Pressure Ulcer
QI	Quality Improvement
QIP	Quality Improvement Project
QSIR	Quality, Service, Improvement and Redesign
RCEM	Royal College of Emergency Medicine
RUH	Royal University Hospital
SAFER	Patient Flow Bundle
SAU	Surgical Assessment Unit
SCOPE	Specialist Care of Older Persons Essentials
SFFT	Staff Friends and Family Test
SHOT	Serious Hazards of Transfusion
SMR	Standardised Mortality Rate
SHMI	Summary Hospital Level Mortality Indicator
SLT	Speech & Language Therapy
SSNAP	Sentinel Stroke National Audit Programme
STAR	Service, Teamwork, Ambition and Respect
STP	Sustainability and Transformation Partnerships
SwICC	Swindon Intermediate Care Centre
TACO	Transfusion Associated Circulatory Overload
TEP	Treatment Escalation Plan
UCC	Urgent Care Centre
UCL	Upper Control Limit
VTE	Venous Thromboembolism
WHO	World Health Organisation

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