



Great Western Hospitals
NHS Foundation Trust

Quality Account 2022-23



About the Quality Account

Our Quality Account is our annual report to the public about the quality of the services we deliver as a health care provider. The Quality Account describes our approach to quality, and provides an opportunity for scrutiny, debate and reflection by the public.

The Quality Account publication this year reflects the impact of the pandemic on our Trust and how this affected our ability to deliver services at a normal pace.

Whilst there were elements of our priorities that were impacted, the Trust continued to deliver improvements in many areas.

Each year, our Quality Account is both retrospective and forward looking. We look back at the year just passed and present a summary of our key quality improvement achievements and challenges.

We look forward and set out our quality priorities for the year ahead, ensuring that we maintain a balanced focus on the three key domains of quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience



Our quality priorities are chosen following a process of review of current services, consultation with our key stakeholders and most importantly through listening to the feedback from our service users and carers.

Some of the content of the Quality Account is mandated by NHS England and /or by The NHS (Quality Account) Amendment Regulations 2012, however other parts are determined locally and shaped by the feedback we receive.

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A blue sign with the words 'Main Entrance' in white, sans-serif font. Above the sign is a horizontal rainbow-colored bar. The sign is mounted on a building facade.

Main Entrance

Part one: Introduction

Statement on quality from Chief Executive

| Kevin McNamara



I am pleased to present our Quality Account for 2022/23. This report reviews the quality of 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 busy year across the health and social care system, during which we were faced with a number of challenges.

The pressure upon the system has highlighted issues affecting many Trusts with high attendances in urgent and emergency care, high numbers of patients with no criteria to reside in hospital, and delays caused to ambulance crews waiting to hand over their patients.

This year the Swindon Integrated Care Alliance Coordination Centre based at Great Western Hospital was launched and supported our busiest ever winter.

Along with being our busiest, it has also been one of our most complex winters, with increased demand for our services, challenges with infection prevention and control including the continued prevalence of Covid-19, and ongoing industrial action impacting upon our services.

At the time of writing, the threat of further strikes, which directly affect patient care, remains a real possibility.

Despite the many challenges, we have achieved a huge amount.

In particular, the opening of the new Radiotherapy Centre on the Great Western Hospital site in June 2022 marked a long-awaited step forward in the provision of care in Swindon and Wiltshire. Radiotherapy treatment finally became available for local people thanks to our partnership with Oxford University Hospitals NHS Foundation Trust and the incredible fund-raising of our Trust charity, Brighter Futures.

Our hospital site is in the process of changing almost beyond recognition with a new Urgent Treatment Centre opened in July 2022, along with a new Energy Centre to power it, and work starting at pace to bring our urgent and emergency services together as part of our £31.8m Integrated Front Door programme after we successfully unlocked national funding.

This year we published our new Quality Strategy, which outlined our ambition to improve the care we provide. It set out our aims to deliver Great Care, improve the experience of our staff and volunteers, improve the health of our population, and ensure value for money through improvement and efficiency.

Improvement has been a cornerstone of our work this year, with the launch of Improving Together helping to embed a new way of working focussed on empowering our staff to make positive change.

This year we have seen PERIPrem, our ground-breaking bundle of care for neo-natal babies – and a great example of a quality improvement project in action – go from strength to strength with learning being spread right across the world.

We had positive scores in the Care Quality Commission's national maternity survey, including being placed in the top five for experiences in labour and birth and post-natal care at home, and highest in the country for feeding your baby and support with breastfeeding.

We managed the transition of our two primary care practices to a new provider. Having been asked to take on these practices back in 2019 we stabilised and improved them.

This improvement was reflected in the Care Quality Commission's June 2022 inspection report. This year felt the right time for the practices to move to a bigger primary care network to allow them to continue their improvement journey outside of our Trust.

There is of course still much more we need to do and we have clear challenges ahead. In particular this year we know we need to significantly increase our elective and outpatient activity and work hard to reduce our waiting list which has grown to over 35,000 compared to 19,900 before the pandemic, while also making considerable financial savings.

Although the financial situation is challenging we are continuing to invest, including in safer staffing and robotic surgery both of which will improve the care we can provide.

Quality remains the golden thread running through everything we do and this year we have put forward the following priorities:

- Reducing the incidents of hospital and community acquired pressure ulcers
- Reducing the number of patients in the hospital who are ready to be discharged to care elsewhere in the community
- Reducing the amount of time patients spend in the Emergency Department before they are ready to go home or move into a hospital bed.

You can read more about these priorities later on in the report.

On behalf of the whole Trust Board I would like to thank our staff for their incredible efforts to provide the highest quality patient care throughout the year.

Kevin McNamara

Chief Executive



About us and the service we provide

We are an integrated Trust, providing both acute and community services.

Our geographical area covers Swindon and parts of Wiltshire, Bath and North East Somerset, Hampshire, Dorset, Oxfordshire, West Berkshire and Gloucestershire, serving a population of more than 1.3m people.

Our Trust runs the Great Western Hospital, which opened in 2002 and provides emergency care, elective (planned) surgery, diagnostics, paediatrics, maternity (both midwife and consultant led), and outpatient and day case services.

At the Great Western Hospital, there is a purpose built centre for elective surgery called the Brunel Treatment Centre, which enables us to separate emergency from elective surgery.

The Swindon Intermediate Care Centre (SwICC) is located in a separate building on the Great Western Hospital site. Patients receive therapy and further care here before being discharged to their own homes or to another community healthcare setting.

Along with running acute services we are also a provider of adult community health services across Swindon. These services are provided by community nurses and therapists, working at various GP practices, health centres and in patients' homes.

Our key achievements

April 2022 – March 2023

April 2022

Improving together

- Launch of Improving together and training
- Winners in West of England NIHR Research Awards

June 2022



- Two nurses win NHS Parliamentary award
- Silver employer recognition scheme for armed forces
- Celebrated Pride across the Trust
- Oxford University Hospitals open new Radiotherapy centre at Great Western Hospital



August 2022

- Schwartz Rounds restarted
- Launch of Stay and Thrive campaign

May 2022

- Carers café relaunch
- HCA wins Cavell Star Award



July 2022

- Community open day
- New Urgent Treatment Centre opens at Great Western Hospital



September 2022

- Great West Fest returns for a second year running
- Celebrated South Asian heritage month
- Coordination Hub launched



Our key achievements

April 2022 – March 2023

October 2022

- Celebrating Assistant Health Practitioners across the Trust



December 2022

- Great Western Hospital celebrates its 20th anniversary

February 2023

- Ukraine, one year on – Trust donated old mattresses to charity based in Ukraine
- Little bags of calm



November 2022

- First Remembrance service held at Great Western Hospital



January 2023

- 400th internationally recruited nurses
- Improved maternity feedback
- Ground-breaking for the Integrated Front Door begins
- Happiness staff wellbeing event



March 2023

- Achieved the highest Flu vaccination rate in the South West
- Staff survey – highest response rate in the South West
- Launch of new sustainable processes, including a Central Destruction Unit (CDU) and sustainability application for staff (ACT)
- Launch of the new Women's network

Listening to patients and families

Service user, carer experience and involvement

Great Western Hospitals NHS Foundation Trust strives to provide the highest quality patient-centred care for our patients and their families, across our acute and community settings. We are ambitious for our patients, and are working hard to improve our Care Quality Commission (CQC) rating to 'good' and then on to 'outstanding'.

The priorities identified in our Patient Experience and Engagement Framework (2021-2023) have continued under our five key workstreams; patient and family experience; partnership working; staff engagement; patient and family engagement; culture of learning.

The aim of our framework is to help us to understand what is important to our patients and their families, in order for us to make improvements to the care that we deliver.

We want to expand the opportunities for patients, families and carers to provide us with feedback and develop new patient involvement, partnership working and co-design processes in order to truly hear their voice in everything that we do.

Our intention is that all engagement and involvement with service users and carers is meaningful and makes a difference by improving services and the health, well-being, and recovery of service users and carers. Involvement is key to developing and delivering responsive services.

For effective involvement, people need to feel supported and for their contribution to be respected, valued and have an impact. It is really important to us that the people who use our services have the opportunity to be involved in shaping those services.

The stories from patients who use our services are really important and our Trust Board of Directors has patient and staff stories as standing agenda items at their meetings.

Key involvement achievements include:

- Increased provision of the Friends and Family tests across the whole patient pathway in a variety of accessible formats
- Patient and public engagement at multiple committees to influence our policy decisions and understand processes from a patient perspective
- Set up various speciality patient involvement groups in audiology, podiatry, cancer services and community respiratory services
- Built strong relationships and networks with seldom heard groups
- Attended and gained feedback at a variety of community groups and cultural events
- Public involvement into new building design plans for urgent and emergency care
- Regularly advertised opportunities for engagement and involvement to our trust members and the general public
- Worked with a local disability action group, 'Mums on a Mission' to achieve Changing places facilities on the Children's unit and Urgent Treatment Centre (UTC)
- Worked collaboratively with local equality leads
- Increased our interpreting and translation services, including SignLive
- Produced a guide for staff to support care of trans patients, developed in collaboration with trans patients and partner organisations
- Gained accreditation as a Veteran Aware organisation in Sep 2021 and reaccreditation in Sep 2022. We have applied for the Gold Employee Recognition (ERS) award.
- Developed documentation, staff guides and policy to support with embedding engagement and involvement by all staff
- Worked with the special educational needs and disability (SEND) services and young carers organisations.

A suite of 'Care Reflections' from our patients and families has been created to share their lived experience, learning and actions. The Care Reflections are shared to support staff training, individual reflection, governance meetings and improvement work, bringing the patients voice alive and adding an extremely beneficial dimension to our feedback.

Following feedback from deaf patients, new functionality has been added to 'SignLive' to facilitate direct connection with the Patient Advice and Liaison Service (PALS) team, the patient and a British Sign Language interpreter for any queries. We have also introduced new deaf awareness business cards that the patient can present in order to identify their communication needs.

The PALS team have implemented new software to support the creation of easy read documents. Assessment flashcards were trialled in the UTC and have since been rolled out across other departments.

Following feedback from patients, we have worked collaboratively with the Gloucester Deaf Association to create a public awareness film, promoting the services available to patients within the deaf community.

A Patient Voice survey was completed as part of the Meaningful Activity project work, highlighting the percentage of a day spent sitting at home versus time sitting in hospital, usual activities at home compared to in hospital, and how patients would like to spend their time whilst in hospital. As a result, new activity trollies and volunteers are in place across the Trust to support patient engagement in activities whilst providing stimulation and encouragement.

We have also introduced a dedicated patient and family telephone on all wards, and have implemented a simpler process to support communication with patients whilst they are in hospital.

Celebrating Improvement boards have been rolled out across the Trust. The boards provide a clear format to share improvements and developments with local ownership.

Following feedback about lost property, we introduced personal patient property boxes which are used to hold personal small items such as teeth, glasses and hearing aids. These have proved particularly beneficial for patients moving from one department to another.

Our Quality Strategy

The Quality Strategy sets out our aims and objectives for 2022-26. It follows our overarching Trust strategy and describes the elements that drive our approach to quality. The strategy includes ‘Improving Together’ – an ambitious transformation programme to embed a culture of continuous improvement across the Trust.

Our strategic pillars

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

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

Improving quality of patient care by joining up acute, community and GP services in Swindon, and through our partnerships

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

We'll deliver this through eight objectives

1 Improve patient and carer experience

5 Prioritise patient safety

2 Focus on continuous improvement

6 Promote a positive staff and volunteer experience

3 Use information to drive continuous improvement

7 Develop our talent and promote good leadership

4 Reduce health inequalities

8 Promote the effective use of resources



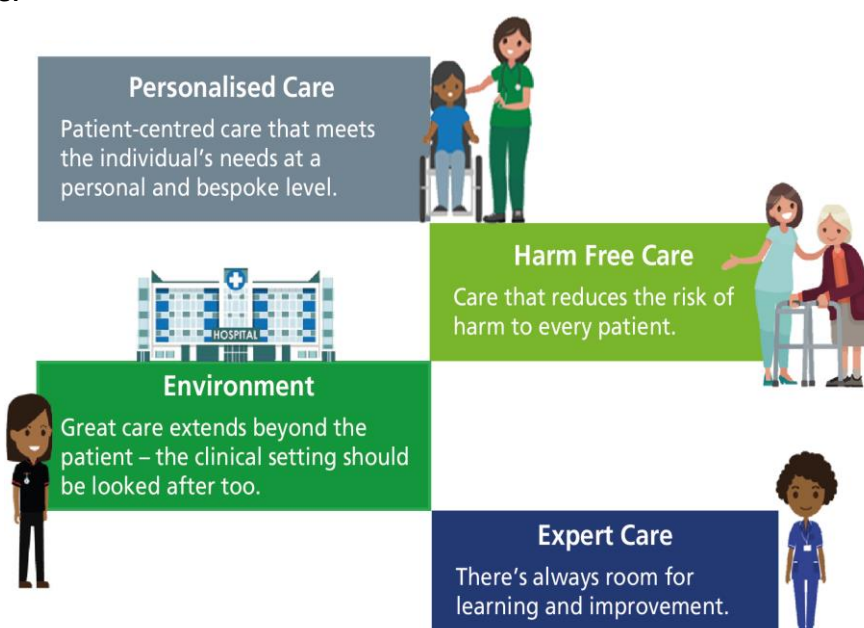
Care with compassion, getting the fundamentals right and keeping the patient front and centre is our starting point. We want every patient to have the best possible experience when using our services. We recognise that every staff member plays a vital part in ensuring all our patients receive Great Care.

Our 'Great Care' campaign is now embedded into existing and new improvement projects and continues to generate new ideas. Our aims are to continue to:

- Deliver great care to every patient all of the time and seek to continually improve the care we provide to patients
- Receive regular feedback from patients, their families and carers
- Engage and empower staff to deliver great care.

The campaign keeps the patient at the very centre of all that we are trying to do. This means proactively collecting feedback and listening intently to our patients and their families and carers, and responding in a timely and effective way so as to ensure a positive and sustainable impact on their care experience.

Our ambition to develop a culture and a shared language across the Trust that is synonymous with Great Care.



Improving together

Improving Together is our Trust-wide approach to change, innovation and continuous improvement, introducing a consistent methodology across the organisation so that 'improving' becomes something we all do the same way.

For this approach to work effectively, it is important that all staff are clear about how they can personally contribute towards, or lead, improvements.

We are now one year into our Improving Together journey. So far around 350 staff have received formal training, coaching and support and we aim to train a further 200 in 2023-24.

We have already seen some great improvements implemented by teams this year. Six of our frontline teams are now holding daily improvement huddles with lots of improvement ideas focused on the priorities the teams have set. Some examples include:

- Improved hand-over of patient information across the ward team
- Change in the layout of the Surgical Admissions Unit to support better observation of patients
- Changes to bedside information for rehabilitation patients supporting more seamless care
- Changes to skin assessment for patients arriving in ward areas to support reduction in pressure ulcers.

Our improvement boards are in public places on the wards so that patients and visitors can see what we are working on and add their ideas.

Improving Together is helping us embrace changes that are already happening in every corner of the organisation. It is also our way of working that underpins larger changes such as the development of our Co-ordination Centre and PERIPrem, our neonatal care pathway for babies born early.



Part two: Priorities for improvement & statements of assurance from the Board

2.1 Priorities for improvement

Results and achievements for the 2022-23 Quality Account Priorities

In this section we outline the progress that we have made during 2022-23 in delivering the priorities.



Explore a systematic approach orientated towards embedding learning from serious incidents in line with expectations within Patient Safety Strategy.

Why was this a priority?

We recognise the importance of developing and embedding a system and culture committed to improving patient safety.

This culture will enable our patients and staff to feel empowered to discuss their concerns through feedback methods supported by clear and compassionate leadership. Leading to robust learning through review of incidents and complaints.

We have five patient safety priorities:

- Medicine management
- Fall
- Pressure damage
- Deteriorating patient
- Nutrition and hydration

Each have a monitored programme which sets out improvement actions.

What we said we would do

- Use media and internal and external comms to develop learning tools and share them widely to improve patient safety
- Engage all staff in so to promote learning from patient safety events
- Review what we have learned on a yearly basis and ensure that there is evidence that actions have been implemented and learning shared
- A process of review for all serious incidents, looking at the learning and exploring where it was shared
- Establish a group/committee that monitors key learning that is required across the trust and is assured that this is learning improves patient safety
- Develop a newsletter for wider learning and sharing.

What we did

The Learning Zone is now available on all Trust devices, providing direct access for all staff. A physical copy of the Learning Zone is also available in the Academy.

Learning material is developed with relevant leads through patient safety meetings, team meetings, and forums.

All Serious Incidents (SI's) closed from Jan 2022 to Jun 2022 (34) have been reviewed and a narrative thematic review completed.

Key learning points have been identified and shared via various governance meetings, highlighting areas of concern, and supporting the development of a robust process.

The learning from patient safety group has a wide Trust representation and provides oversight to learning developed and shared on the Learning Zone, including the monthly SWIFT documents which have superseded the need for a newsletter at present.

How will we continue to monitor and measure our progress

- Monitor key performance indicators on the Learning Zone
- Review action plans for each SI and work with the relevant lead to identify the learning media to be shared
- Complete a 'look back from learning' report to share across the Trust
- Build a divisional sharing section into the patient safety and learning group
- Review quality improvement plans through the patient safety and learning group
- Develop an annual programme of patient safety summits.
- Developing and establishing the role of our Patient Safety Partners.

2

Planning for a patient’s discharge from hospital is a key aspect of effective care. We will reduce unnecessary delays and improve communication to support the discharge experience of our patients.

Why was this a priority?

Feedback shows that some patients experience poor communication and feel unprepared for their discharge.

We also know there are patients in hospital who no longer require hospital care and we want to work closely with our system partners to ensure patients get home as soon as they are medically fit.

What we said we would do

Reduce the overall number of complaints associated with discharge by working with system partners to reduce the number of patients who experience delayed discharge.

Embed the process for implementing a safety netting call for patients (> 60years and LOS >72 hours) on the day after their discharge.

What we did

From April 22 to March 23 we’ve seen a 50% reduction in the number of patients with no criteria to reside.

All patients discharged on Home First models are followed up with a call next day from social care.

We have implemented a process for escalation response times and a flow chart to provide clearer identification on ward, partner, or discharge support team led discharges, to ensure timely responses from the right team.

We have recruited a flow and discharge matron to link with local authorities where appropriate

We have developed links between the patient quality and PALS teams to have oversight on complaints.

The safety netting service which means patients who would benefit from a post discharge wellbeing call or check is embedded in the system.

A BSW ‘leaving hospital’ policy has been completed along with patient letter templates to support wards with difficult conversations.

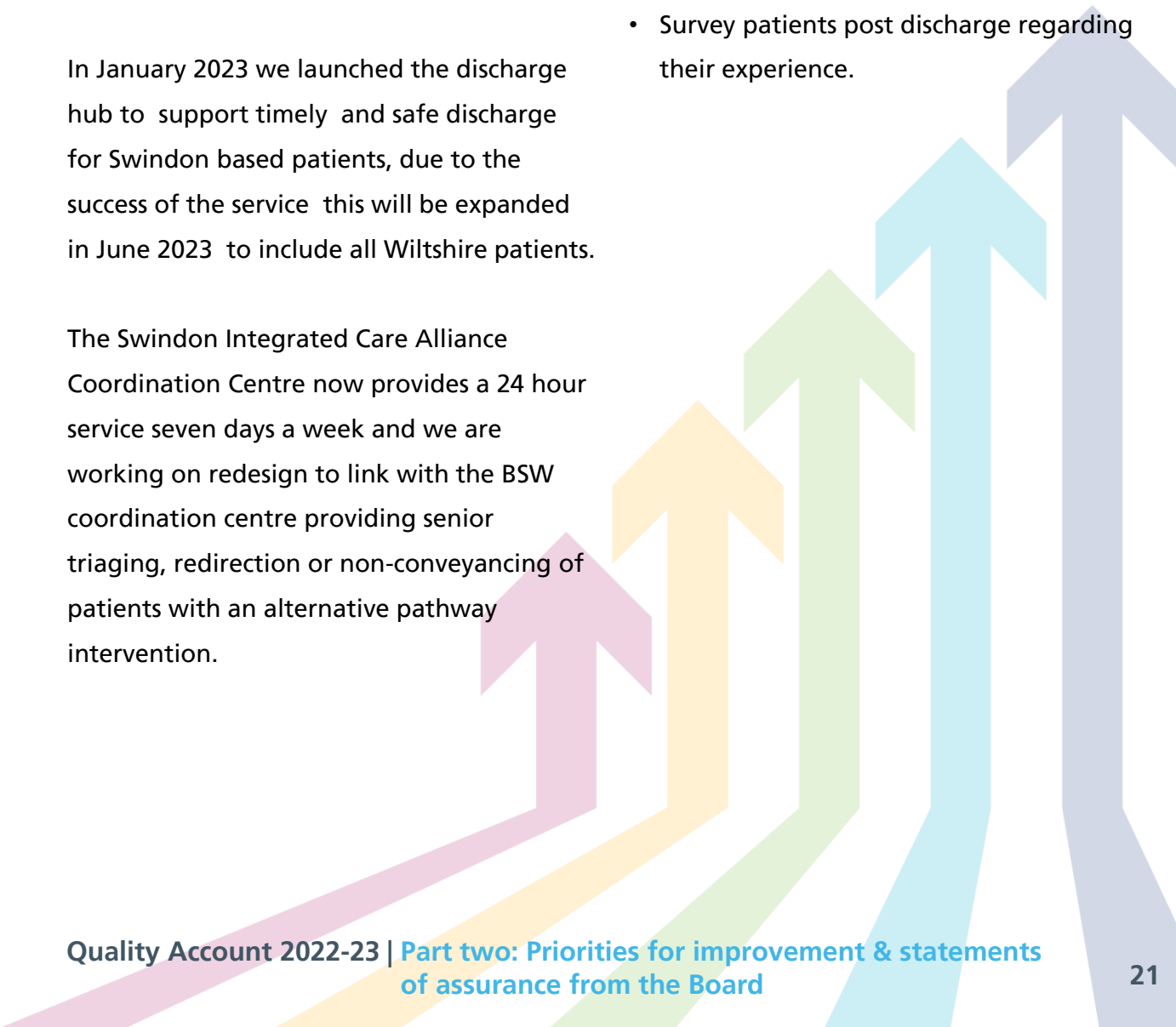
We set a target of achieving five social care supported discharges per day, through collaborative working and the development of the Home First scheme we have exceeded this target and regularly achieve ten social care supported discharges per week day .

In January 2023 we launched the discharge hub to support timely and safe discharge for Swindon based patients, due to the success of the service this will be expanded in June 2023 to include all Wiltshire patients.

The Swindon Integrated Care Alliance Coordination Centre now provides a 24 hour service seven days a week and we are working on redesign to link with the BSW coordination centre providing senior triaging, redirection or non-conveyancing of patients with an alternative pathway intervention.

How will we continue to monitor and measure our progress

- Continue to reduce the number of patients with a length of stay over 21 days, (from the time they are fit to leave hospital) from an average of 50 patients per day to 21.
- Monitor number of complaints and concerns
- Reduce the number of times we move a patient whilst in hospital
- Survey patients post discharge regarding their experience.



3

We will ensure that our patients receive optimal nutrition and hydration.

Why was this a priority?

Adequate nutrition and hydration is a fundamental part of patient care. Optimising nutrition and hydration can lead to improved recovery and reduce length of stay in hospital, avoidance of hospital admission and improvements in quality of life.

What we said we would do

We said 95% of appropriate patients will have an accurate malnutrition universal screening tool (MUST) score completed within 24 hours of admission. We said we would embed the correct use of coloured tray system red need assistance/monitoring, green/allergies, brown/everyone else. We would embed the practice of protected meal time compliance with all wards. We would ensure that nutrition and hydration needs are met for all Infant, children and young people admitted to the Trust.

What we did

Although the target has not yet been achieved for MUST score, robust data from informatics is now available that will support us to target areas in a more systematic way.

There is now an option available to exempt patients on End of Life Care, where MUST assessment is not applicable.

There is now an option on the Saffron system for the nurse to identify patients requiring a red tray at the point of ordering.

There are continuous education sessions delivered at all ward champion meetings.

Questions regarding the tray system is now part of the Tendables matron audit monitoring tool, thus providing oversight of the progress.

Protected mealtime signage has been sent to all ward areas. The signage is adaptable for each ward and is the responsibility of the ward manager. The next step is to audit compliance.

An audit has been completed and this has highlighted areas of good practice, including the selection of appropriate menus and also areas where improvements can be made, the use of electronic growth charts to be considered to assist with consistently recording anthropometrics.

How will we continue monitor and measure our progress

- Quarterly reports from informatics to measure compliance, audit use of correct trays, and nutrition champions will audit their area.
- Improvement in appropriate questions in the national pre- and post-training questionnaires.
- Dietetic referral data.
- Prescribed supplement usage.
- Patient survey.

Choosing our priorities for 2023-24

The following priorities have been agreed by the Trust for 2023-24. This years priorities have been agreed in alignment with our Improvement Together Breakthrough Objectives; these are areas where we want to make significant improvements over the coming 12-18 months drawing on our Improving Together principles.

These will be reported in full in the 2023-24 Quality Account with six-monthly reporting to the Governors People and Quality Group, the Patient Quality Sub-Committee and Quality and Safety Committee.

The following sources were used to identify potential Improvement priorities:

- Data showing our top contributing problems for our priority areas which shows us where to focus
- Stakeholder and regulator reports and recommendations
- Clinical audit data
- Results from national in-patient surveys
- Local and national audit
- Feedback from Healthwatch through partnership working
- CQC inspection report and CQC insight reports

- Feedback from our Trust Board
- Emergent themes and trends arising from complaints, serious incidents and inquests
- Complaints, concerns and Friends and Family Test responses

The progress against 'what will success look like' outlined against our quality priorities will be monitored by the Patient Quality Sub-Committee.

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

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

Improving quality of patient care by joining up acute, community and GP services in Swindon, and through our partnerships

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

Our priorities for 2023-24

1

Reducing the incidents of hospital and community acquired pressure ulcers.

Why is this a priority?

Whilst this has been a priority over the last few years we know we have more to do in this area because pressure damage is one of the highest causes of patient harm across the Trust. It can cause physical harm, pain and can lead to poor patient outcomes. At our Trust, we do not want any of our patients to come to harm whilst they are in our care, to support this we have invested in increasing our nursing staff to improve our nurse to patient ratios. We believe this coupled with the implementation of effective systems and processes supported by education and training we will be able to reduce the incidence of pressure ulcers developing whilst patients are in our care.

What are our aims for the coming year?

We want to reduce the number of pressure harms that happen in the Trust; these are pressure ulcers that start whilst someone is in our care. Pressure harms are categorised with numbers from 1 to 4. Category 4 harms are the highest grade and are identified as causing the most harm.

- 20% reduction in pressure harms in 2023/24 compared to the 2022/23 baseline
- Zero category 4 harms across the organisation in 2023/24
- Zero category 3 harms in the acute setting in 2023/24

What will we do?

Leadership: we will improve the level of leadership and oversight of pressure harms. This will include increasing the level of involvement from ward managers and matrons in regular reviews of reducing risk of pressure harms with all patients in their care. We will also ensure that there is a consistent approach to learning from pressure harms when they do occur ensuring that rapid learning huddles are led by ward managers and matrons.

Roles and responsibilities: we will work with ward and community teams to ensure that roles and responsibilities are clear. This will include a focus on ward managers through a toolkit day plus harm reduction sessions to be delivered to healthcare assistants.

Process: we will change our processes to ensure that we are proactive taking actions early to prevent pressure damage. This will include use of the SSKIN (Surface, Skin inspection, Keep moving, Incontinence and nutrition) model, a five step model for pressure ulcer reduction, across all divisions. We will work to maximise the benefit of our new mattresses across the organisation ensuring there is a clear skin assessment process whenever a patient is transferred onto a new mattress. Our community teams are working to improve their audit tool document to support more rapid assessment and action for patients.

2

Reducing the number of patients in the hospital who are ready to be discharged to care elsewhere in the community.

Why is this a priority?

We know that we have patients in hospital who are ready to be discharged to care outside of the hospital. It is really important that these patients are able to be discharged quickly and to their own home whenever possible. Everyone should have the opportunity to recover and rehabilitate at home wherever possible. Staying in hospital for longer than is needed can increase exposure to risks such as infections, falls and loss of physical and cognitive function. If we can reduce time in hospital it enables people to regain or achieve maximum independence as soon as possible. It also supports hospital flow, maximising the availability of hospital beds for people requiring this level of care including urgent emergency admissions, elective surgery, and the public waiting for an ambulance response.

What are our aims for the coming year?

The improvement we have seen this year has come from improvements on our main cause of delay – patients waiting for an update from partner referrals. Because of actions we have taken this is now not the top reason why patients are waiting in hospital; this has changed to patients awaiting assessment by care homes.

What will we do?

Working together: Our Co-ordination Centre brings together multi-disciplinary teams from across the health and social care system to work together on reducing admissions to hospital and improving discharge processes. We are making great progress as a team and we expect to continue to be able improvements by our teams working more closely together, taking a personalised approach and exchanging information more quickly.

Providing alternatives to admissions: our Co-ordination Centre provides a dedicated service to care homes to give advice and review for residents they might be concerned about.

This supports getting rapid review and appropriate support in place quickly for care home residents with the aim of avoiding admission to hospital if it is possible to support people where they normally live.

Discharge support team: continue and refine the service being offered by the discharge support team to co-ordinate and lead hospital referrals to the local authority for changes to care arrangements.

Enhancing weekend co-ordination: we are planning to increase the support for discharges available over the weekend so that we can increase the number of patients who can leave hospital over the weekend and to ensure that we maintain focus on the next steps for patients seven days per week.



3

Reducing the amount of time patients spend in the Emergency Department before they are ready to go home or move on into a hospital bed.

Why is this a priority?

We know that since the Covid-19 pandemic, increased pressure on our hospital capacity has meant that patients spend longer waiting in the Emergency Department than they used to. National evidence shows that longer waiting times in Emergency Departments can lead to worse clinical outcomes and increased mortality (ref 2019, Paling et al, Emergency Medicine Journal vol 37, Issue 12). Long waits in the Emergency Department can hamper our ability to handover with ambulance crews. Reducing the amount of time patients spend in our Emergency Department is a key priority and indicator for clinical effectiveness.

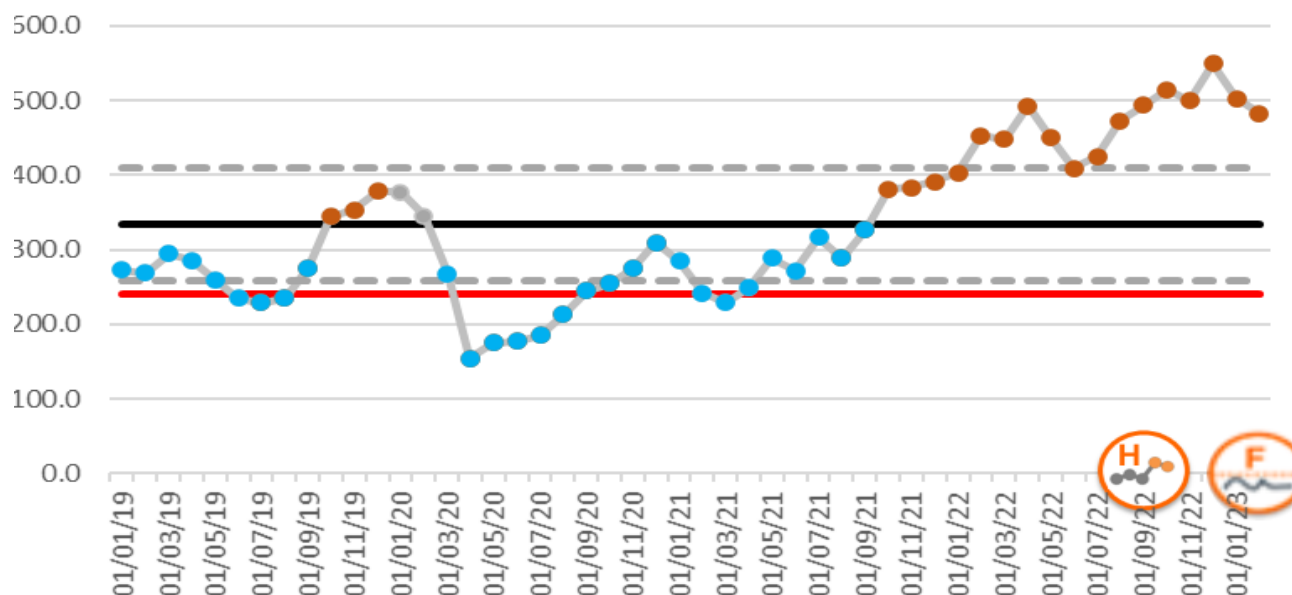


What are our aims for the coming year?

We want to reduce the number of patients waiting more than 4 hours in our Emergency Department and minimise delays over 12 hours. Our current average waiting time in the Emergency Department was 483 minutes and we want this to reduce with at least 76% of our patients being discharged or admitted within 4 hours / 240 minutes. We also wanted to reduce the percentage of patients who wait over 12 hours from arrival to departure, our current performance is shown below, we are aiming to reduce this to less than 10% of people attending our Emergency Department.

The graph on the next page shows how the average waiting time for patients in our Emergency Department has increased since the summer of 2021. We want to reverse this trend.

Table: Arrival to departure (mean time)



What will we do?

Improved information: Driving our performance using clinically ready to proceed information; this is new information that shows us how long each step in a patient’s Emergency Department attendance takes and how long it takes for them to be clinically ready to proceed which means they can either be discharged or need transferring to the care of another service within the hospital. We will particularly focus on improving the flow of attendances for those patients who are discharged straight from the Emergency Department.

Work is ongoing on the triage and assessment parts of our pathway which happen soon after a patient arrives. We are using patient feedback as part of this work to ensure that we understand what matters to the people we serve in order to improve the patient experience.

Improving Together: Frontline staff from across our front door services (Emergency Department, Medically Expected Unit and the Urgent Treatment Centre) will be prioritised for Improving Together training, coaching and support early in 2023-24 to support and enable staff to prioritise and work on their improvement ideas as a team to enhance the patient experience.

Improve ambulance handover: Implement our “pit stop” area which will allow patients to be moved from ambulances into the Emergency Department more quickly during times of pressure. This will support ambulances being able to respond to priority calls as quickly as possible.

Integrated Front Door: During 2023-24 building work is taking place to provide an improved Emergency Department environment and increased capacity. This is an exciting opportunity to ensure that our care pathways run smoothly and that the way we work means that patients are looked after quickly and receive outstanding care. We will need to adapt in 2023-24 so that building works can proceed and that we are ready to move into the new facilities when they are ready.

How will we monitor and measure our progress?

- We have real time information in place for ambulance and Emergency Department waiting times and this is being enhanced through our “clinically ready to proceed” information which will allow us to see our progress on a daily basis so we know which changes are having the biggest impacts.
- This measure is one of our Improving Together “breakthrough objectives” which means we will include monthly updates in our Integrated Performance Report which has the focus of our hospital management team. We also ensure progress is connected to the changes our divisional and frontline teams are taking.
- We want to see reductions in:
 - The average waiting time in the Emergency Department, reducing the number of patients who wait over 4 hours
 - The percentage of patients waiting longer than 12 hours from arrival to departure in the Emergency Department
 - The number of ambulances that are delayed when handing over patients
- We want to use patient feedback within the Emergency Department improvements to ensure that the changes we make are improving the patient experience of the care we provide.

2.2 Statements of assurance from the Board

Information on the Review of Services

During 2022/23 the Great Western Hospitals NHS Foundation Trust provided and/or subcontracted eight relevant health services.

The Trust has reviewed all the data available on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by the Great Western Hospitals NHS Foundation Trust for 2022/23.

Clinical audit and national confidential enquiries

During 2022/23, 50 national clinical audits and three 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 99.5% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and 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 2022/2023 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.

Table 1: Participation in national clinical audits and confidential enquiries

Audit Title	Participation	% Data Submission
National COPD Audit Programme - Secondary Care: 2022	Yes	100%
National Adult Asthma Audit Programme - Secondary Care 22/23	No	0%
National Paediatric Asthma - Secondary Care 2022/23	Yes	In progress
National Sentinel Stroke National Audit Programme (SSNAP) 22/23	Yes	In progress
Maternal Mortality Surveillance & Confidential Enquiries (MBRRACE)	Yes	In progress
Perinatal Confidential Enquiries (MBRRACE)	Yes	In progress
Perinatal Mortality Surveillance (MBRRACE)	Yes	In progress
Perinatal Mortality Review Tool (MBRRACE)	Yes	In progress
National Neonatal Intensive & Special Care Audit (NNAP) (2022 Data)	Yes	In progress
National Paediatric Diabetes Audit (NPDA) 2022/23	Yes	In progress
National Pregnancy in Diabetes 2022	Yes	In progress
NCEPOD - Child Health - Testicular Torsion	Yes	In progress
NCEPOD - Endometriosis	Yes	In progress
NCEPOD - End of Life Care	Planned	Not started
National Severe Trauma Audit - TARN (22/23)	Yes	In progress
National Elective Surgery Audit - National PROMs Programme (2022-23)	Yes	In progress
National Case Mix Programme 2022/23	Yes	In progress
National Emergency Laparotomy Audit - Yr 10 NELA 2022/23	Planned	Not started
National Joint Registry - NJR (2022/2023)	Yes	In progress
National Ophthalmology Audit - Adult Cataract Surgery Audit	Yes	100%
National Cardiac Arrest Audit NCAA 22/23	Yes	In progress
National Acute coronary syndrome or Acute Myocardial Infarction 22/23	Yes	In progress
National Cardiac Rhythm Management (CRM) 2022/23	Yes	In progress
National Falls and Fragility Fractures 22/23 - Hip Fracture Database	Yes	100%
National Falls and Fragility Fractures 22/23 - Inpatient Falls	Yes	In progress
National Heart Failure Audit 2022/23	Yes	In progress
National Inflammatory bowel disease (IBD) Biological Therapies 2022/23	Yes	In progress
RCEM Mental Health Self Harm 2022/23	Yes	In progress
National Audit of Percutaneous Coronary Intervention (PCI) 2022/23	Yes	In progress

Table 1: Participation in national clinical audits and confidential enquiries cont.

National Lung cancer Audit (NLCA) 2022/23 (2022 data)	Yes	In progress
National Rheumatoid and Early Inflammatory Arthritis 2022/23	Yes	In progress
National Oesophago-Gastric Cancer Audit (NOGCA) 2022/23	Yes	In progress
National Bowel Cancer Audit Programme (NBCA) 2022/23	Yes	In progress
National Prostate Cancer Audit (NPCA) 2022/23 (2021/2022 data)	Yes	In progress
National Diabetes Foot Care Audit 2022/23	Yes	In progress
Society for Acute Medicine Benchmarking Audit (SAMBA) 2022/23	Yes	100%
National Audit of Dementia: Care in general hospitals 2022 - Round 5	Yes	In progress
National Diabetes Audit Core 2022/23	Yes	In progress
National Diabetes Transition Audit (linkage with NPDA) 2022/23	Yes	In progress
National Smoking Cessation 22/23 - Maternity and Mental Health Services	Yes	Planned
LeDeR Programme 2022/23	Yes	In progress
National Maternity and Perinatal Audit (NMPA) 2022-2023	Yes	In progress
National Audit of Breast Cancer in Older Patients 2022/23	Yes	In progress
Serious Hazards of Transfusion: UK National haemovigilance scheme 22	Yes	100%
National Audit of Seizures & Epilepsies in Children & Young People	Yes	In progress
Breast and Cosmetic Implant Registry (BCIR) 2022/23	Yes	In progress
National Audit of Cardiac Rehabilitation 2022	Yes	In progress
National Acute Kidney Injury Audit 2022/23	Yes	In progress
National Diabetes Inpatient Safety Audit (NDISA) 22/23	Yes	In progress
National Child Mortality Database 2022/23	Yes	In progress
RCEM Care of Old People 2022/23	Planned	Not started
National Adult Respiratory Support Audit	Planned	Not started
BAUS MITRE Audit	Yes	100%

Improvement actions taken as a result of participation in national clinical audits reviewed

National Paediatric Asthma – Secondary Care 2019/20

The service is establishing integrated pathways across the hospitals in Swindon, Bath and Salisbury, producing local asthma management guidelines; our Trust currently follows Bristol Children's Hospital Acute Asthma Guidelines.

National Sentinel Stroke National Audit Programme (SSNAP) 2019/20

To develop a business case to create more capacity for acute stroke with specialist consultants and nurses. This will enable the protection of stroke beds and staff by limiting non-stroke outliers and allowing our stroke specialists to focus on this patient group.

MBRRACE-UK 2020: Maternal and Perinatal Mortality Surveillance

Local actions included undertaking a review of local evidence in order to enhance perinatal services for disadvantaged populations to reduce health inequalities. The service also plans to continue to evaluate and implement the national initiatives to reduce stillbirth and neonatal deaths and monitor their impact on reducing preterm birth, particularly the most extreme preterm group.

Work taken to ensure cause of death coding is undertaken by a suitably qualified clinician following Perinatal Mortality Review Tool (PMRT) review, and MBRRACE UK surveillance data updated accordingly.

Audit of Blood Transfusion against NICE Guidelines 2021

The service is promoting the use of new patient information leaflets provided by NHS Blood Transfusion (NHSBT) at all education sessions for transfusion. There has been strengthening of good practice in documenting verbal consent and written information given on the prescription chart or in the medical records.

Ward transfusion champions have been reminded of their responsibilities including to ensure a stock of leaflets are kept in clinical areas and promote their use. There is continued work developing the transfusion pathway, which will allow the clinician to use a tear-off leaflet to complete and sign a statement about consent. The service has also developed a protocol for use of tranexamic acid both in surgery and in haemorrhaging patients in emergency situations.

National Pregnancy in Diabetes 2019

To encourage the service user engagement with Pre-pregnancy Counselling, there will be notices and displays in the outpatient areas around the importance of pre-pregnancy planning in women with diabetes; there will be joint discussions and collaboration with the primary care about education; additionally, steps to be taken to capture data around retinal screening in pregnancy from the retinal screening team. There will also be a focus on Folic acid uptake in pregnancy and HbA1C during appointments, these are closely linked to pre-pregnancy counselling and improving the counselling will have a positive impact on these parameters.

NCEPOD – Dysphagia in Parkinson disease

Introduce a screening tool for patients with Parkinson's disease to identify swallowing difficulties on admission, irrespective of the reason for admission. This will help to identify the ability to swallow food, fluids and medication, control of saliva, and any history of pneumonia.

Formalise pathways for the provision of modified texture diet and fluids to include input from the speech and language therapists, Pharmacists, Dietitians or other nutrition team members, hospital housekeeping and catering services and community care.

Ensure there is a hospital policy for 'risk feeding' which includes the assessment of mental capacity regarding this decision.

The policy will state that discussion should involve patients, family members and/or carers, speech and language therapists, dietitians/nutrition team members, and pharmacists.

Provide written information at discharge on how to manage swallowing difficulties, including swallow status, ability to take oral medication, changes to medication including any new ways of administering them. A nutrition screening tool score and care plan including any texture modifications to food and/or fluids, positioning, level of dysphagia risk in the community.

National Cardiac Arrest Audit NCAA 19/20

The Resuscitation team will undertake a review all cardiac arrests reported via the MET/PET audit forms to capture any trends and learning. Any identified learning to be disseminated via mandatory adult and paediatric training to ensure capture across the Trust. Resuscitation link group to be reintroduced to increase spread of learning from events to all clinical areas.

National Acute coronary syndrome or Acute myocardial infarction (MINAP) 2019/20

There is to be a continuous review of the primary percutaneous coronary intervention (PPCI) service, with an aim for patients to go directly into the Catheter Lab, not recovery.

Communicate improvements across the wider team to ensure all members are aware of targets for acute coronary syndrome (ACS) patients, to ensure patients receive pre-discharge echocardiogram and secondary prevention medication at discharge.

The service also plans to maintain improvements made via the non ST-elevation myocardial infarction (NSTEMI) Improvement Project around 72 hour angiography. The service is also investigating the reasons behind the low uptake of Cardiac Rehab.

National Falls and Fragility Fractures Audit Programme (FFFAP) 2018/19 - Hip Fracture Database

The service has implemented actions to reduce delays to theatre to be less than 36 hours. Collect and present prospective data of time to theatre for all femoral fractures in the over 60s, including peri-prosthetic femoral fractures. Plans for 100% of patients to have a nutritional risk assessment will be progressed.

Introduce a Total Hip Replacement (THR) rota covering weekends when an orthopaedic consultant who is not able to perform a THR for fracture is on call and ensure peri-prosthetic fracture surgery can be completed within 36 hours.

National Rheumatoid and Early Inflammatory Arthritis 2021/22

The service has improved General Practitioner (GP) recognition of these conditions and referral times by undertaking regular GP education updates and providing targeted advice; referral times are improving.

There is also a triage of all referrals and protected early arthritis clinics running during the second week of the month. There is a regular review of capacity to ensure all patients are accommodated within a reasonable time frame. The commencement of disease-modifying anti-rheumatic drugs (DMARDs) is also improved and there is a regular review of practice; audit results are presented and discussed to ensure that all team members are following best practice. To improve patient education offering, all patients are being offered written patient education material at first appointment. Although group patient education sessions were paused during Covid-19 these are being restarted on a quarterly basis in January 2023.

To improve annual review, the formal nurse led annual review clinics have also recently recommenced.

National Audit of Cardiac Rehabilitation 2019

The service has worked in collaboration with the Integrated Care Board to align local care providers across Bath, Swindon and Wiltshire (BSW), improved delivery of cardiac rehabilitation and contribute to the creation of a single service specification and clinical pathway.

Face-to-face group-based programme has been re-established offering choice of hybrid, chair based/low intensity exercise, group-based education and digital app options. The service has also achieved the British Association for Cardiovascular Prevention and Rehabilitation (BACPR) green certification status.

CQC registration and statement on CQC reviews or investigation

The Great Western Hospitals NHS Foundation Trust is required to register with the Care Quality Commission (CQC). Our current registration status is "Requires Improvement". The Trust does not have any conditions on registration. The Care Quality Commission has not taken any enforcement action against the Trust.

Our last CQC inspection was between 11 and 13 February 2020, when the CQC inspected urgent and emergency care, medical care, surgery and maternity services. The Trust has delivered a comprehensive action plan in response to the feedback received from the CQC. The CQC will assess how well improvements have been sustained as part of future inspection activity.

Overall rating	Safe	Effective	Caring	Responsive	Well-led
Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good

During 2021/2022 the Trust has provided assurance to CQC in relation to two core services assessed as part of their transitional regulatory approach. emergency care and maternity care, the reviews were positive and whilst they did not result in a report or a change to ratings, assurance provided to the CQC informs future monitoring and regulatory activity.

The Trust has not participated in any special reviews or investigations by CQC during the reporting period. We have had regular engagement meetings with CQC throughout 2022/23 to ensure we keep them informed of our service delivery and of any changes, these include:

- Quarterly engagement meetings with Executive team
- Monthly oversight meetings with Chief Nurse team
- Monthly insight meetings



Research and development

Health research is vital in generating knowledge and evidence to improve the health and wellbeing of patients, service users, carers, and the public and improving our health and social care systems. The Research & Innovation (R&I) team at the Trust is a growing, multidisciplinary team dedicated to delivering safe, effective health research. The department is supported by dedicated posts in both Pharmacy and Pathology.

Covid-19 is one the biggest public health challenges we have faced in recent years, and the research that took place at the Trust during the pandemic has demonstrated the vital contribution that health research makes to society. Several thousand patients have been recruited to urgent public health studies since the start of the pandemic. Re-starting the non-Covid-19 research portfolio (much of which was paused during the pandemic) amidst enhanced clinical pressures has been a priority in 2022/23.

The number of patients receiving relevant health services provided or sub-contracted by Great Western Hospitals NHS Foundation Trust in 2022/23 that were recruited during that period to participate in research approved by a research ethics committee is 610. During the 2022/23 financial year Research & Innovation and the wider research community at Great Western Hospital NHS Foundation Trust recruited to 50 clinical studies.

The West of England Research Awards gave researchers from across the region the opportunity to join together to celebrate the year's top researchers and their work.

Rising Star award

A Lead Senior Research Sister at the Trust, won this award for their work spearheading the new regional mode, adopted since the start of the Covid-19 pandemic to enable the rapid and safe delivery of vaccine studies.

Collaboration in Research award

Our Research & Innovation, Pharmacy and Respiratory teams won this award for their work on the Recovery Covid-19 study, which aims to identify treatments that may be beneficial for people hospitalised with suspected or confirmed Covid-19.

Learning from deaths

During 2022/23, 1,559 of Great Western Hospitals NHS Foundation Trust patients died, 498 case record reviews and investigations have been carried out in relation to the 1,559 deaths in 2022/23. 64 of the patient deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient. Data for Q1-4 2022/23 is presented below.

	Q1 22/23	Q2 22/23	Q3 2/22	Q4 21/22	Total 21/22
No. of deaths	376	349	407	427	1559
Case record reviews*	59	77	167	195	498
Investigations**	1	4	0	2	7
No. of deaths with problems identified in care	5	11	28	20	64
No. of deaths >50% avoidable	2	2	3	1	8

*Numbers relate to reviews carried out for deaths that occur in 2022/23 only

**Deaths relating to a serious incident and are subject to an investigation

What did we learn?

Based on the outcomes from Structured Judgement Reviews (SJRs) we have learned that on admission and during the first 24 hours of care, care overall was good or excellent. This was supported with evidence of timely reviews, well written management plans and the involvement of relevant multidisciplinary specialists. There were isolated cases, where care was recognised with areas for improvement, and this was evidenced by; missed diagnosis on X-ray, delays with treatment, and missed opportunities for tests and investigations. There were themes identified around poor documentation and this was supported by the absence of medical reviews and incomplete documentation.

This year also saw a small number of patients attending the Emergency Department who were known to be approaching the end of their life and were admitted for End of Life Care or supported in the community.

In all cases, there was excellent communication and involvement with families recorded. End of Life Care was implemented where possible; in some cases, End of Life care was unable to be delivered due to rapid deterioration and in one case, a patient declined care. Reassuringly there were no clinical or nursing concerns in all these cases.

The inpatient phase of care, demonstrated good or excellent care with evidence of timely speciality reviews, prompt recognition of deterioration and escalation. Shared learning was identified around the care for one patient, which was impacted by internal systems and processes, and which subsequently led to a delay in making a correct diagnosis. In another isolated case, the illness severity score had not been completed for a prolonged period after the patient was recognised as deteriorating.

There was good evidence of ReSPECT/TEP forms in place and appropriate referrals and involvement of the Palliative Care Team who consistently delivered excellent levels of care throughout the year. These forms give patients and their carers the ability to record decisions about their future care in a planned way avoiding emergency consideration of these difficult complex situations.

What actions did we take

The Trust Mortality Group were also informed of any key messages or concerns identified from Structure Judgement Reviews (SJRs). In response to emerging themes and cases identified where it was felt care was less than satisfactory, additional reviews were undertaken to ascertain further actions or assurance.

In one example, an emerging theme identified a small number of cases where patients were deemed medically fit for discharge or had a planned discharge, and then subsequently deteriorated and died. A further review of these cases identified various reasons for these outcomes; waiting for a community placement/package of care or receiving palliative care and dying before being discharged home. The review concluded that in all cases, although death was not avoidable, it was not expected during the admission.

Another example includes an isolated case where a review identified very poor care as it was unclear if the acute problems had been fully diagnosed or addressed before the patient was transferred to the rehabilitation ward. This case was referred for a higher level review which agreed with the initial findings, although it was felt it would not have changed the outcome. The conclusion from this case identified subtle changes in patient's condition, and it was felt this should have been picked up and escalated for a senior review. This case was referred to the managing team for a peer review at their Mortality and Morbidity meeting for shared learning.

Medical Examiner

The Medical Examiner Service in Swindon has been scrutinising all hospital deaths since 2020. The aim of this service is to improve the accuracy of completion of the Medical Certificate of Cause of Death, advise on deaths that need coroner referral and establish pathways to alert Trust Mortality and Clinical Governance of any potential learning or need for structured judgement review. The Medical Examiners support families following a bereavement by discussing and explaining the death of their loved ones.



Seven day service programme

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

The Trust meets three 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.

Previous audits have shown the Trust is not consistently meeting this standard. A number of actions were commenced to include compliance including a review of job planning policy and medical workforce program to review trainee and consultant out of hours rotas.

The Covid-19 pandemic has introduced additional pressures of work on the teams and on many occasions reduced available staff numbers due to sickness. The work will be continued in 2022/23 strengthened job planning documentation as the rota review and job planning program is rolled out. This will be subject to re-audit in the coming year.

Commissioning for Quality and Innovation (CQUIN) framework

In 2022-23 the CQUIN framework has been in operation. The Trust has agreed with Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) five schemes that form part of the Trust contract against which performance will be assessed. In order to avoid the destabilisation impact arising from under performance on CQUIN resulting in a financial penalty, the Trust and commissioners have agreed that under performance will be reinvested back into the Trust.

As well as the 5 contractual CQUIN schemes, the Trust is required to report on all relevant CQUIN schemes that are applicable to the Trust as part of national CQUIN benchmarking. As the Trust is recovering from the Covid-19 pandemic, it has not been possible to report on each CQUIN due to the additional burden of manual audit needed.

CQUIN for 23/24 is expected to follow the same pattern as in 22/23 with 5 designated contractual CQUINS which are currently being considered locally. It should be noted that the Trust will again be required to report on all relevant CQUINS.

Records submission

The percentage of records in the published data:

- Which included the patient's valid NHS number was: 99.7% for admitted patient care 99.9% for outpatient care and 98.8% for accident and emergency care
- Which included the patient's valid General Medical Practice Code was: 99.8% for admitted patient care; 99.8% for outpatient care; and 99.7% for accident and emergency care.

Payments by results

Great Western Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

Data quality

Great Western Hospitals NHS Foundation Trust will be taking action to continue to improve data quality. Monitoring reports will be reviewed monthly by the Trust's Data Quality Steering Group (DQSG) and quarterly by the Trust's Information Governance Steering Group (IGSG).

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

The importance of good Data Quality has been recognised at Trust Board level. To this end, an awareness campaign is being finalised which will update all members of staff as to what good Data Quality is and how everyone is responsible for achieving it; the campaign will be launched late March / early April 2023.

Information Governance

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. To maintain integrity, the Trust's DSP Toolkit is subject to an independent internal audit against the standards set by NHS Digital, on an annual basis.

In 2020/21, the DSP Toolkit submission deadline was pushed back from 31st March to 30th June due to the Covid-19 pandemic. This change has now become permanent. Great Western Hospitals NHS Foundation Trust DSP Toolkit Assessment for 2021/22 was graded as 'Standards Met', with 109 out of 109 mandatory evidence items provided. The 2022/23 assessment is in progress and has been subject to an audit.

The final DSPT submission is June 2023.

2.3 Reporting against Core Indicators

The following set of national performance core indicators are required to be reported in the Quality Account using data made available to the trust by NHS Digital.

Summary Hospital-Level Mortality Indicator (SHMI)

The Summary Hospital-Level Mortality Indicator (SHMI) is the NHS' standard measure of the proportion of patients who die while under hospital care and within 30 days of discharge. It takes the basic number of deaths, and then adjusts the figure to account for variations in factors such as the age of patients and complexity of their conditions, so the final rates can be compared. The resulting SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the expected number based on average England figures, given the characteristics of patients treated at the Trust. The expected SHMI is one, though there is a margin for error to account for statistical issues. Summary Hospital-Level Mortality Indicator (SHMI) – deaths associated with hospitalisation, England (NHS Digital national benchmarking):

Table 1: Summary Hospital Level Mortality Indicator

Period	Value	SHMI banding
2022/23	Data not available on NHS Digital	
2021/22	1.05	As expected
2020/21	0.89	3 (lower than expected)
2019/20	0.99	2 (as expected)

The data displayed is for the last reported period via NHS Digital.

The number of patients who died after being coded as under palliative care – relief of symptoms only – is collated nationally. This can affect mortality ratios, as palliative care is applied for patients when there is no cure for their condition and they are expected to die. (NHS Digital national benchmarking):

Table 2: Palliative Care

Period	Value
2022/23	Data not available on NHS Digital
2021/22	1.04
2020/21	0.89
2019/20	0.99

The data displayed is for the last reported period via NHS Digital.

Patient Reported Outcome Measures (PROMS)

Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective, information is collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to NHS patients.

Patient-reported outcome measures (PROMs) are based on patients’ own experiences. People are asked about their health status and quality of life both before and after four types of surgery – hip replacement, knee replacement, varicose vein and groin hernia. The scale runs from zero (poor health) to one (full health). The ‘health gain’ as a result of surgery can then be worked out by adjusting for case-mix issues, such as complexity and age, and subtracting the pre-operative score from the post-operative score.

In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data.

Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMs at this time.

Period	Procedure	Adjusted average health gain - EQ-5D index TRUST	Adjusted average health gain - EQ-5D index ENGLAND	Adjusted average health gain - EQ-VAS index TRUST	Adjusted average health gain - EQ-VAS index ENGLAND	Adjusted average health gain - Oxford Knee Score index TRUST	Adjusted average health gain - Oxford Knee Score index ENGLAND
2020/21	Knee replacement revision	Not available	0.29	Not available	4.20	Not available	13.50
	Knee replacement primary		0.32		7.40		16.90
	Knee replacement		0.32		7.30		16.70
2020/21	Hip replacement revision		0.34		7.80		15.40
	Hip replacement primary		0.47		15.10		23.00
	Hip replacement		0.47		14.80		22.60

Re-admissions

Readmissions can occur for a variety of reasons, including being discharged too early, large numbers of readmissions to hospital after treatment might suggest patients had been discharged too early. Rates are therefore monitored nationally. The published 28 day readmission rate for the Trust is:

Period	Patients aged 0 - 15 (GWH)	Patients aged 0 – 15 (England)	Patients aged 16+ (GWH)	Patients aged 16+ (England)
2022/23	Data not available on NHS Digital			
2021/22	12.4	12.5	15.4	14.7
2020/21	12.9	11.9	16.1	15.9
2019/20	11.7	12.5	14.9	14.7
2018/19	11.4	12.5	15.4	14.6

The data displayed is for the last reported period via NHS Digital.

2021/22 data shows that the patients aged 0-15 lies within the expected variation of the national average (95% confidence interval).

2021/22 data shows that patients aged 16+ lies within the expected variation of the national average (95% confidence interval).



Responsiveness to the personal needs of patients

The Trust collects information on its responsiveness to patients' personal needs, augmenting the feedback collected as part of the national inpatient survey and Friends and Family Test.

Patients are asked five questions in order to compile an overview:

1. Were you as involved as you wanted to be?
2. Did you find someone to talk to about worries and fears?
3. Were you given enough privacy?
4. Were you told about medication side-effects to watch for?
5. Were you told who to contact if you were worried?

Period	Indicator value (GWH)	Indicator value (England)
2022/23	Data not available on NHS Digital	
2021/22	Data not available on NHS Digital	
2020/21	71.90%	74.50%
2019/20	63.40%	67.10%
2018/19	65.60%	67.20%

The data displayed is for the last reported period via NHS Digital.

Staff who would recommend the Trust to their family or friends

The "Care" question from the staff survey asks how likely staff are to recommended the NHS services they work in to friends and family who need similar treatment or care.

The 'Great Care' campaign, has focussed on Supporting existing and developing new improvement projects targeted to address areas of concern identified in the staff and inpatient survey.

Period	Agree (GWH)	Strongly agree (GWH)
2023	Data not available on NHS Digital	
2022	45%	12%
2021	48%	13%
2020	54%	16%

Patients admitted to hospital who were risk assessed for venous thromboembolism

Venous thromboembolism (VTE) is a clot in the deep veins of the leg, which can break off and clog the main artery to the lungs. Known as a pulmonary embolism, this can be serious, or even fatal. It is therefore particularly important to make sure patients do not develop VTE in hospital, where the risk is often greater because people tend not to move around as much, making blood in the veins of the legs more vulnerable to clotting. Patients therefore need to have their VTE assessed, so drugs or stockings can be used to reduce the risks. The target is for at least 95% of patients to be assessed.

Periods	VTE risk assessment (GWH)	VTE risk assessment (England)
Q4 2022/23	Incomplete	Data not available on NHS Digital
Q3 2022/23	95.96%	
Q2 2022/23	97.18%	
Q1 2022/23	95.04%	
Q4 2021/22	Incomplete	
Q3 2021/22	Incomplete	
Q2 2021/22	52.3%	
Q1 2021/22	96.15%	
Q4 2020/21	Paused due to Covid-19	
Q3 2020/21		
Q2 2020-21		
Q1 2020-21		
Q4 2019/20		

The data displayed is for the last reported period via NHS Digital.

Clostridium difficile infection

Clostridium difficile (C.difficile) is an infection, which can cause serious symptoms and potentially death. Although naturally present in some people, it can spread quickly in a confined environment like a hospital. The Trust has been working hard to combat this infection using different infection control techniques to keep patients safe.

Table: Clostridium difficile infection data

Period	Rate - Total cases per 1000 bed days (GWH)	Rate - Total cases per 1000 bed days (England)
2022/23	Data not available on NHS Digital	
2021/22	17.20	18.30
2020/21	10.40	17.70
2019/20	13.57	15.46
2018/19	13.49	14.09

The data displayed is for the last reported period via NHS Digital.

The background of the page is a photograph of a large, dark, abstract sculpture of a horse, possibly made of metal or stone, standing on a grassy area. In the background, a modern hospital building with multiple windows is visible under a bright, slightly cloudy sky. The entire image is overlaid with a semi-transparent blue gradient that darkens towards the bottom.

Part three: Other information

Patient safety incidents

An incident may be defined as an event that has given rise to actual or possible harm such as injury, patient dissatisfaction, property loss or damage.

The Trust actively encourages staff to report all such incidents, a high number of reported incidents may not be a bad thing, it conveys a culture that is honest and open, so lessons can be learned and shared. Only a very small minority of incidents are at the top end of the scale, causing severe harm or death. These trigger the most rigorous of investigations.

The Great Western Hospitals NHS Trust is committed to delivering quality patient care, ensuring high standards of health and safety, by providing a system of incident reporting which allows all staff to record any incident which causes harm, damage or loss or has the potential to do so. Incident reporting presents an important opportunity to learn from past events and ensure steps are taken to minimise recurrences. There is overwhelming evidence that NHS organisations with a high level of incident reporting are more likely to learn and subsequently increase safety for patients, staff and visitors.

The Trust ensures the right level of investigation is implemented whenever an incident is reported. The report into the investigation will ensure that local and organisational learning is taken and fed back to the relevant staff to ensure mitigation actions are put in place to prevent any recurrence.

Table 1: Overview of Patient safety incidents

Period	Patient Safety Incidents 2021/22	Patient Safety Incidents 2022/23	Severe /Death 2021/22	Severe /Death 2022/23	Rate of patient safety incidents per 1000 bed days 21/22	Rate of patient safety incidents per 1000 bed days 22/23	Rate of incidents resulting in severe harm or death (per 1000 bed days) 21/22	Rate of incidents resulting in severe harm or death (per 1000 bed days) 22/23
Apr – Jun	3013	3125	18	20	64.28	62.20	0.38	0.40
Jul – Sep	2896	2534	21	25	59.39	49.48	0.43	0.49
Oct – Dec	3141	2590	26	35	61.76	49.00	0.51	0.66
Jan – Mar	3299	2912	28	29	67.10	57.01	0.57	0.57

3.1 Creating a patient safety culture

Focus for 2023 – 2024:

- Transition fully to the patient safety incident response framework
- Develop a patient safety training strategy
- To develop triangulation processes for all patient safety incidents regardless of their route into the organisation
- To continue to develop the Board safety visits
- To develop the role of our new appointed Patient Safety Volunteers
- To develop a suite of learning methodologies that support proportionate effort into learning based on the complexity of each patient safety incident
- To develop collaborative working relationship to use opportunities to streamline effort, reduce replication and work with colleagues across the Network to ensure one system learning approach.

Patient Safety Incident Response Framework

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS' approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety (NHS England, 2022). The framework represents a significant shift in the way the NHS responds to patient safety incidents, from the current Serious Incident Response Framework to a framework that is focused on compassion, engagement and involvement, utilising a range of system-based approaches to identify learning from patient safety incidents. Developing processes to ensure the approach is considered and proportionate in response and using a supportive oversight process that focusses on strengthening the system and improvement.

Implementation is a key part of the NHS patient safety strategy with the expectation that all National Health Services providers will have systems and processes in place to support the launch by the end of summer 2023. The Trust has commenced a project that is organisation-wide and works in-line with the guidance from NHSE following early adopter success. A timeline to success has been developed and will be monitored through the Patient Quality Sub-committee.

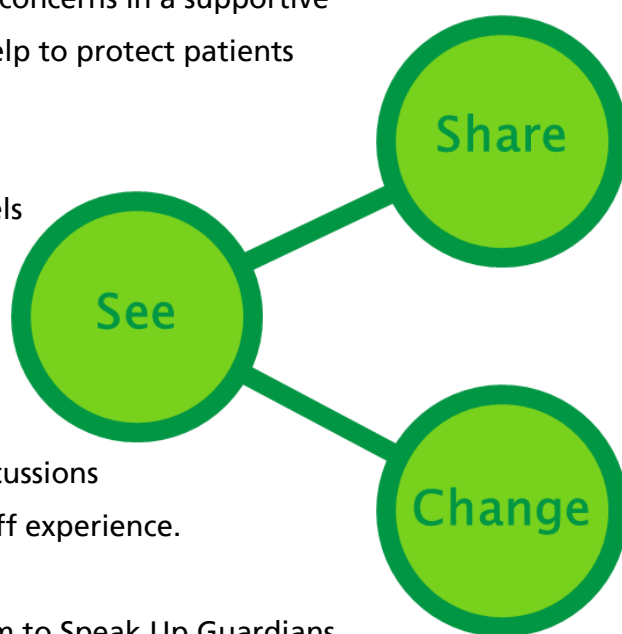
3.2 Patient safety

The safety of our patients is at the heart of our approach and culture at the Trust. Patient safety incidents that are reported by our staff provide us with key insights into the safety of our patients.

Freedom to Speak Up

Freedom to Speak Up (FTSU) is an initiative resulting from the Francis Report recommendations (Mid Staffordshire NHS Foundation Trust public inquiry) to give staff the opportunity to raise issues or concerns in a supportive forum. Effective speaking up arrangements help to protect patients and improve the experience of NHS staff.

Staff who speak out have a number of channels available to them to speak up about issues or concerns they have, particularly those relating to quality of care, patient safety, and bullying or harassment. The Trust actively invites staff to speak up and contribute to discussions and activities to improve both patient and staff experience.



The Trust has a Lead Guardian and six Freedom to Speak Up Guardians who work with individuals, teams and groups to promote speaking up including, for example, attending events such as: staff inductions; staff training and development events; local staff conferences and diversity and inclusion events.

NHSE Learning Disability (LD) and Autistic Spectrum (AS) Improvement Standards Review

NHSE – Learning Disability (LD) and Autistic Spectrum (AS) Improvement Standards National Annual Audit

The Trust continues to take part in the annual National NHSE LD and AS Improvement standards audit programme and receives annual outcome reports. The most recent report for the Trust was received in December 2022.

The audit benefits from a triangulated data collection method, Organisational data, staff survey and patient survey data and practice and the patient experience is reviewed under three headings: Respecting and protecting rights, inclusion and engagement and workforce.

Learning from the findings of the report are used to form the basis of the content of the annual Learning Disability Forum workplan thus ensuring the voice of patients and staff, alongside operational data inform the direction of quality and safety improvement projects.

Consolidated annual report on rota gap for medical staffing including internal factors

The Trust currently has a total of 39.16 WTE vacancies across all grades and specialties of medical staff, this figure also includes doctors appointed pending start dates and candidates that are filling roles on a fixed term basis.

Internal factors:

The Trust continues to hold a British Medical Journal subscription and have a lead account manager supporting the advertisement of our roles. This subscription enables national and international advertising of all medical vacancies via their online portal and the advertising of Consultant vacancies in the BMJ printed journal. The Trust social media networks are also used for the advertising and promotion of medical opportunities.

A review of AAC Consultant recruitment practice has been finalised in January 2023 and outlined in a Consultant recruitment process. Recommendations include improved process from the initial identification of the vacancy through to the assessment stage of recruitment to ensure a streamlined approach which still provides a robust recruitment process. This new process will hopefully decrease the time to hire for consultant roles.

Vacancies are reviewed regularly at monthly Medical Staffing Group meetings. 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 and accessible.

In line with workforce systems development and the prescribed levels of attainment the Trust procured SARD (Secure Appraisal Revalidation Database) as a new software solution to manage both medical revalidation and medical e-job planning which launched in July 2022. Rapid entry of job plans for 2022/23 has demonstrated high engagement with the system despite challenges, namely that of the implementation of electronic roster to some services.

The level of information available to the Trust once fully embedded and a full job planning cycle completed by July 2023 will also prove useful in future workstreams under workforce planning and further support with trust-wide work with improved productivity realised through efficient job planning.

The Medical Rostering project was refreshed in March 2022 with a clear roll out plan in place. Engagement events and training for medical staff has taken place for the medical rostering system since March 2022 and will continue until all areas have introduced the system. A Medical Workforce Administrator has been recruited into the Workforce Intelligence team to support the roster implementation programme and this role will support with producing Divisional monthly KPI reports to monitor and evaluate outcomes. Monthly oversight takes place with reports of progress/learning discussed at the Medical Rostering Oversight group.

3.3 Performance against key national priorities

An overview of performance in 2021 - 22 against the key national priorities. Performance against the relevant indicators and performance thresholds are provided.

Measure	National Target	Local Target 2022/23	Performance 2022/23
ED 4 hours Q1	95%	95%	76%
ED 4 hours Q2	95%	95%	74%
ED 4 hours Q3	95%	95%	73%
ED 4 hours Q4	95%	95%	77%
Stroke	N/A	C	C
RTT Waiting List	WL at Jan 2021	23,247	WL at Mar 2023 35.740
RTT 52 Weeks	0	2,269	Mar 2023 2,159
DM01 performance Q1	99%	99%	48%
DM01 performance Q2	99%	99%	47%
DM01 performance Q3	99%	99%	48%
DM01 performance Q4	99%	99%	56%
Cancer performance (62 days) Q1	85%	85%	77.20%
Cancer performance (62 days) Q2	85%	85%	63.8%
Cancer performance (62 days) Q3	85%	85%	64.7%
Cancer performance (62 days) Q4	85%	85%	67.7%
Cancer performance (2WW) Q1	93%	85%	90.7%
Cancer performance (2WW) Q2	93%	93%	72.1%
Cancer performance (2WW) Q3	93%	93%	76.3%
Cancer performance (2WW) Q4	93%	93%	89.8%

3.4 Statements from commissioners, local Healthwatch organisations, and scrutiny committees

Statement from the Council of Governors

The Governors are of the opinion that the Quality Account presented is a realistic representation of the Trust's performance in 2022/2023. This, like the previous year, has been a very challenging year picking up the aftermath of the Covid Pandemic. The Council of Governors support this document and endorse the tremendous dedication that members of staff have shown, even though now we have new crises, for example inflation and pay claims upon us.

Access to the hospital for Governors remains limited to regular Virtual meetings with members of staff, board members, and our own committee meetings. Although not ideal, this has allowed us to gain assurance on the running of the Trust and enabled us to have good oversight of the priorities of the Trust.

The Trust's Priorities for Quality Improvement for last year were:

- Patient Safety
- Discharge
- Patient receiving optimal nutrition and hydration.

The Trust developed a learning zone, made available to all staff, to allow effective lessons learned to be shared. Risks of early discharge were mitigated with increased monitoring and the launch of a discharge hub. The addition of robust monitoring to target areas in an effective way to ensure nutrition and hydration needs were met during was implemented.

The Governing body throughout the year continued to seek assurances from the Non-Executive Directors (NED's) that the quality agenda was being addressed and outcomes were being monitored.

The report focuses on its main priorities for the coming year. The Governing body will be monitoring these and challenging to ensure we see real change.

These areas are:

- Reducing the incidence of hospital and community acquired pressure ulcers
- Reducing the number of patients in the hospital who are ready to be discharged to care elsewhere in the community
- Reducing the amount of time patients spend in the Emergency Department before they are ready to go home or move on into a hospital bed.

The Governing body were consulted about these priorities and are fully supportive of these as the lead quality markers for the coming year.

Chris Callow

Lead Governor on behalf of the Council of Governors

Statement from Healthwatch Swindon, Healthwatch Wiltshire and Healthwatch West Berkshire

Healthwatch recognises the exceptional work undertaken by colleagues at Great Western Hospital and celebrate the achievements made during 2022-2023. Healthwatch has worked closely with the Great Western Hospital NHS Foundation trust over the last year, to create a collaborative approach to sharing information and supporting patients, families, and carers.

Together we have been able to identify any themes of concern that are raised to ensure that actions are taken to make improvements where necessary. We welcome the ongoing development of the Great Care Campaign, to deliver great care to every patient all of the time. To continually seek to improve the care the trust provides to patients through regular engagement and feedback from patients, their families and carers whilst empowering staff to deliver great care.

We welcome Priority 2: Planning for a patient's discharge and the investment and improvements made in the discharge process especially noting Embedding the process for implementing a safety netting call for patients on the day after their discharge. We are pleased to see the recognition and importance given to embedding a system and culture committed to improving patient safety. Enabling patients and staff to feel empowered to discuss their concerns through feedback methods supported by clear and compassionate leadership.

"We look forward to seeing the completion of the work to meet the 2023-24 set Priorities with a key focus on Reducing the amount of time patients spend in the Emergency Department before they are ready to go home or move on into a hospital bed.

Given the strains and difficulties the health and social care systems have encountered lately, it is critical that we draw attention to our goal of ensuring that everyone regardless of background, has access to the best healthcare and we would like to thank the Great Western Hospital for listening to the feedback we present, and taking this into account when shaping their services and making improvements based on our recommendations.

We are committed to continually working closely with the trust to represent patients and that they are central to the delivery of healthcare and look forward to the completion of the work to meet the 2023-24 Priority.



healthwatch
Wiltshire



healthwatch
Bath and North East
Somerset



healthwatch
Swindon

Statement from Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board

NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on the Great Western Hospital Quality Account for 2022/ 2023. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring and quality visits and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank the Great Western Hospital for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the ICB that the Quality Account reflects the Great Western Hospital on-going commitment to quality improvement and addressing key issues in a focused and innovative way. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, Great Western Hospital has still been able to make achievements against two of their priorities for 2022/23 and good progress in the third including:

Improving and embedding learning from patient safety incidents in line with the Patient Safety Strategy, including implementation of a learning platform and development of key learning media with use of scenarios, concluding by a 'Look back at learning' report for sharing. Great Western Hospital continue to make good progress with transition to the Patient Safety Incident Response Framework (PSIRF) and are continuing excellent work with a Just and Learning culture workstream.

Reducing unnecessary delays relating to discharge planning including improving preparation of patients and their families for discharge. Improvements include clear escalation response times and implementation of processes to maintain timely discharges, and this is linked to patient experience teams to ensure learning from complaints and

concerns informs programmes of improvement.

The ICB supports Great Western Hospital outlined Quality Priorities for 2023/2024. It is recognised that some of the priorities described in this Quality Account align to the NHS priorities in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities, and the ICB looks forward to seeing this as a golden thread throughout improvement plans. The ICB welcomes continued engagement in the agreed service improvement plan and focus on:

1. Reducing incidents of hospital and community acquired pressure ulcers by improving leadership and oversight of pressure harms and ensuring clear responsibilities for GWH teams.
2. Continue to reduce number of patients in hospital who are ready to be discharged to elsewhere in the community by continuing the work of coordination centre and provide alternatives to admissions, refine service of discharge support team, and increase support for discharges available over weekend.
3. Reducing amount of time patients spend in ED before going home or moving into a hospital bed by improving data available to target improvements focussing particularly on triage and assessment and using patient feedback to inform improvement plans.

We recognise the exciting opportunity Great Western Hospital has with the building work to improve the emergency department environment and increase capacity whilst also being aware of the challenges this may bring in 2023/24, and the importance of system partner's support during this time of transition.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs). We would encourage alignment to focus improvement in key areas.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with the Great Western Hospital, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

Yours sincerely



Gill May

Gill May

Chief Nurse Officer

BSW ICB

Statement from Swindon Health Overview & Scrutiny Committee

Following the change of council administration, the Overview and Scrutiny Committee has been disbanded, discussions are underway regarding how it will be replaced and a decision will be made by the full council in the coming months.

As a result no statement is available.

Statement of directors responsibilities for 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 England 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 consistent with internal and external sources of information including:
 - board minutes and papers for the period April 2022 to March 2023
 - papers relating to quality reported to the board over the period April 2022 to June 2022
 - feedback from commissioners dated 02 June 2023
 - feedback from governors dated 02 June 2023
 - feedback from local Healthwatch organisations dated 09 June 2023
 - feedback from overview and scrutiny committee dated 02 May 2023
 - 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 2022
 - the national staff survey April 2022
 - CQC inspection report dated June 2020
- the quality report presents a balanced picture of the NHS foundation Trust's performance over the period covered