



Quality Account 2023-24



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 and also encourages us to focus and be completely open about service quality and helps us develop ways to continually improve.

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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Introduction

Statement on quality from Acting Chief Executive Officer Jon Westbrook



I am pleased to present our Quality Account for 2023/24, which reviews the quality of care provided over the past 12 months and shares our priorities for the year ahead for improving the safety, outcomes and experience of our patients.

We have, once again, had another busy year with a range of challenges which we have risen to thanks to the hard work and commitment of our staff.

There is increasing acknowledgement that many of the issues which our patients and staff experience first-hand at the hospital – such as high attendances, delays to ambulance crews handing over their patients, and challenges discharging patients – are actually indicative of wider issues within the health and social care system.

We therefore increasingly take a system-wide approach to tackling many of these issues and work much more closely with our partners than we ever have before.

Our Acute Hospital Alliance, made up of our Trust alongside the RUH and SFT, was the only collaborative from the South West announced in the first wave of NHS England's Provider Collaborative Innovators scheme this year, and is committed to helping deliver the system's Integrated Care Strategy.

Despite the financial challenges we face as a Trust and as a system, we continue to invest in programmes of work which will benefit our patients.

Our £33.5million urgent and emergency care expansion will open in 2024/25 and will be the biggest ever investment in Swindon's healthcare infrastructure and so will be a real milestone, not just for our Trust but for the whole town.

It will enable us to make significant changes to how we provide care, and ensure that patients are treated in the right place, first time, in an environment which local people have helped us to design.

I'm pleased that we have been able to make improvements to the way we provide care to patients and this year surgeons carried out the first ever procedure using our new surgical robot. This was part of a system-wide investment in robotic surgery and will make a significant difference to outcomes and recovery times for our patients.

Our work with partners has enabled us to gain approval for our joint plans to introduce a shared Electronic Patient Record at our three Trusts, and this work will be one of our main priorities in 2024/25.

We remain focussed on delivering the NHS England priorities of recovering from the pandemic while continuing to make improvements to the quality and safety of care we provide.

Significantly, this year we have managed several periods of strikes involving our staff and, at the time of writing, industrial action has affected us for almost 18 months.

This has had a significant impact upon patient care, with many people seeing their care delayed which we know has a negative impact on outcomes.

The disruption has made our ongoing recovery from the pandemic much more complex and difficult and at the end of March 2024 our waiting list exceeded 39,000 patients. Our ongoing focus is on seeing patients as quickly as we can.

In March 2024, the Care Quality Commission (CQC) changed the rating of our maternity services from Good to Requires Improvement, which was disappointing for staff who work hard to deliver a safe level of care. Following the inspection in September 2023, we took immediate steps to begin to address some of the areas raised with us, alongside a number of

improvements that had already been implemented prior to the inspection.

The CQC identified good morale, well controlled infection risks and a positive sense of teamwork, and highlighted the maternity service working in collaboration with a university to train staff in 'Black Maternity Matters' as outstanding practice.

We were pleased that in a recent CQC survey conducted with women and birthing people who had used our maternity services, the Trust scored third highest in the country for questions relating to ante-natal check-ups and care on the ward after birth, and in the top five Trusts for questions relating to care at home after birth.

This year we have put forward the following quality priorities, further detail on these priorities is contained within this report:

1. Reducing falls and falls with harm
2. Improving the experience of carers by delivering responsive support and information
3. Improving initial assessment of patients on front door services

Improvement continues to be a cornerstone of our work and the launch of Improving Together has helped us to embed a new way of working focussed on empowering our staff to make positive change. Along with more staff saying they would recommend the Trust as a great place to work in the staff survey, and an increased number of colleagues said they felt they could make improvements in their area.

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.



Jon Westbrook

Acting Chief Executive Officer

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 2023 – March 2024

May 2023

- First procedure using our new surgical robot
- Awarded the NHS Pastoral Care Quality Award
- Installed a Central Destruction Unit to make Entonox carbon neutral
- Two winners at the South West Maternity & Perinatal Awards



August 2023

- NHS Chief Executive Amanda Pritchard visited the Trust

September 2023

- Recruited our 500th internationally educated nurse
- Launched Project Search, supporting young adults with learning disabilities



January 2024

- Clinical Teaching Fellows recognised for use of virtual reality headsets to help train medical students

February 2024

- Amanda Pretlove and Colette Goodenough (HSW's), presented with national awards on behalf of the Chief Nursing Officer for NHS England, Dame Ruth May

June 2023

- Staff Excellence Awards
- First ever Leadership Conference

July 2023

- Celebrated 75 years of the NHS
- First ever Nursing and Midwifery Conference
- Awarded Gold in the Ministry of Defence's Employer Recognition Scheme
- ENT ranked best in UK in General Medical Council's annual national training survey

November 2023

- Topping out ceremony for new Integrated Front Door
- Awarded the Inclusive and Safe Workplace Award in NHS England's Equality Diversity and Inclusion Improvement Awards

December 2023

- WAY Beacons won the 'Connecting People' award at the South West Personalised Care Awards

March 2024

- Second highest response rate in the country for the Staff Survey
- Mercury Ward launched a new service to develop the care for patients with heart failure
- Neurodiversity Celebration Event held

Listening to patients and families

Led by the Trust's Head of Patient Experience and Engagement, Great Western Hospitals NHS Foundation Trust strives to provide the highest quality patient-centred care across our acute and community settings.

The work includes expanding opportunities for patients, families, and carers to provide us with feedback, and developing new patient involvement and partnership processes to truly hear their voice in everything that we do. Significant progress has been made over 2023/24 to develop our approach and identify priorities. Some examples of our engagement, involvement and coproduction work are:

Community engagement

We continue to connect with local community groups, charities, and attend various groups and events across Swindon and Wiltshire. A strong network of contacts with minority ethnic groups, those living in poverty, carers, and disability groups has been developed, with feedback shared with staff or taken forward as part of our improvement work.

Speciality teams including Macmillan Personalised Care, Breast care, Community Stroke, Diabetes and Gynaecology have also joined the work to reach out to communities with joint attendance at different events.

We also have a growing number of lay members sitting on various committees across the organisation providing a valuable view and contribution to our work. These include carers audiology, podiatry, cancer services and community respiratory services.

Maternity engagement work

The maternity team continue to work with the Maternity and Neonatal Voices Partnership (MNVP), meeting with asylum seekers in Swindon to understand their needs and issues to inform maternity and other services.

The team are also working to develop an accessible e-referral form and are sourcing a supply of SIM cards and devices to be able to provide disadvantaged patients with the ability to access the internet and use the new maternity app to review their notes and personalised care plans.

Patient safety partners

The Trust has recruited patient safety partners as volunteers with a specialist interest in patient safety. These volunteers are supporting the patient voice through attendance at relevant meetings, engagement with improvements groups, and supporting various workstreams. They provide a lay member's viewpoint to ensure that learning and development related to patient safety is taken forward with the patient voice as a central driver.

The national Patient Safety Incident Response Framework (PSIRF) is driving changes to the engagement with patients and their families to ensure they are partners in the review of any patient safety event that could support Trust learning.

Changing Places

In October 2023, our new adaptive bathroom facility on the children's ward was formally registered with the Changing Places organisation. The bathroom provides a fully accessible environment with space and equipment for patients who have mobility challenges. This followed significant work with a local group, Mums on a Mission, who campaign for improvements in disability access and facilities.

Children engagement

As part of the engagement work for the new Children's Emergency Unit (CEU), we met with primary school children, joined a special educational needs and disabilities (SEND) youth group, and had feedback via a Child and Adolescent Mental Health Service (CAHMS) participation group about the new CEU mental health space. We engaged with parents of SEND children to understand how we can improve their visits to our urgent and emergency care services. We're also working with a secondary school to capture input from older groups.

Learning Disability and Autistic Spectrum Disorder

In November 2023, we held two sessions in the community to hear the views and suggestions of people with Learning Disability (LD) and Autistic Spectrum Disorder (ASD).

Working in collaboration with Swindon Borough Council, we held interactive sessions with small groups of participants, easy-read posters were shared across the community to advertise the event. The feedback received was encouraging, with the groups saying that it had made a positive impact, and they were pleased that we approached them for feedback directly.

Following these workshops, the feedback is being used by the Service User Development Lead for the new Integrated Front Door (IFD), to inform the development of a framework that will be utilised by staff to support patients with LD or ASD.

Their involvement helped shape current practice in Emergency Department (ED) through the provision of feedback on initiatives, such as the 'Little Bags of Calm', and provided future engagement opportunities with service users. There are plans to invite those that attended the sessions to visit the new department ahead of its official opening to see how their voice has directly contributed to the department.

Physical and sensory impairment

We met patients with physical and sensory impairments to discuss aspects of care and service design that impacts them specifically, and how we can improve our processes. Patients told us what is important to them, and how our teams can improve care through simple questioning and adaptations. This feedback will inform the development of the aforementioned framework to support patients with additional needs who may be presenting at our urgent and emergency care services. All patients will be asked if they have any additional or specific needs on arrival.

We have continued to develop our interpreting and translations services, raising awareness across local communities and with staff about the services we provide. This includes British Sign Language, resulting in a significant increase in requests for support.

LGBTQIA+

Collaborative work commenced with the Pride Hub in Swindon town centre. The hub provides advice, support, and information to all members of the LGBTQIA+ community and is keen to support the Trust with signposting patients who have concerns about hospital care or treatment. The group are reviewing our current guide for staff to support trans patients to ensure it meets all requirements. Promotion of services that the Trust offer will be advertised through an annual support guide including our commitment to the Pride in Veterans standard and our open welcome to all patients irrespective of their sexual identity.

Spinal Cord Injury (SCI)

A spinal cord injury coproduction group of staff and patients was set up in September 2023 with drafts of a new patient passport and bowel care policy ready to be ratified and promoted.

The group has been instrumental in developing a new passport that will be launched across the Trust and local community. Working collaboratively with Salisbury Spinal Injury Unit and the Spinal Injury Association, we will ensure there are trained staff across the Trust able to deliver specialist bowel care. In addition, staff will have access to awareness training which is currently in development, and SCI patients will share their experiences through this training.

A new Spinal Cord Injury section has been developed on our Trust website and Intranet, with specific resources for patients and staff. The group plan to launch an awareness campaign, 'We've got your back', to promote the work across the Trust and into the community.

Dining Companions

A new process has been implemented to support patients during mealtimes. Staff and volunteers share a rota to ensure patients are ready and able to eat well. The role includes preparing the patients to eat, delivering trays, cutting up food, opening packets, and providing companionship and encouragement to eat and drink. The role is currently being trialled on a couple of wards but if successful, it will be rolled out across the Trust.

Patient, family, and carer feedback

We continue to make opportunities for people to provide feedback, including the development of different formats to complete the Friends and Family Test (FFT). We are triangulating feedback from FFT, national, and local surveys, complaints and concerns, incidents, and claims, to identify key areas of focus.

Our Patient Advice and Liaison Service (PALS) are working with divisions and patient representatives to support this identification and agree the areas of concern that require attention. We are also improving our response rates, especially from our vulnerable patient groups and older population.

Learning from patient experience

We've developed more short films, 'Care Reflections', which explore lived experiences from our patients, families, and carers so that we can learn from these. These powerful reflections support staff training, individual reflection, governance meetings, and improvement work, bringing the patients voice alive and provide a unique dimension to our feedback analysis.

Employers Recognition Scheme

The Ministry of Defence (MOD), as part of their Employers Recognition Scheme, awarded the Trust with veteran's gold accreditation. This is awarded to employers that demonstrate and advocate support for armed forces and wider forces communities. Gold is the highest standard awarded and evidences the Trust's commitment through recruitment and selection, policy directive, and advocacy.

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

Prioritise patient safety 5

2 Focus on continuous improvement

Promote a positive staff and volunteer experience 6

3 Use information to drive continuous improvement

Develop our talent and promote good leadership 7

4 Reduce health inequalities

Promote the effective use of resources 8



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 is 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.

Two years on from Improving Together being introduced, almost 600 staff have taken part in the innovative training which is empowering teams to make improvements in their own areas.

Since 2021, this unique way of working has been embraced by multidisciplinary teams across the Trust. Staff are either using the entire Improving Together approach or using certain aspects/ key methods to deliver improvement. We have adapted our training so that there are different offers to best suit people's needs. The recently introduced fast track training supports smaller teams to tailor their learning to their services and this has been developed with teams from Wheelchair services, community rehabilitation and anticoagulation services.

Changes to our frontline team training mean that our improvement facilitators are spending more time in clinical areas supporting teams and offer a flexible approach to learning sessions; some of the teams we are working with include Orchard Ward, Delivery & Maternity, Neonatal ward and Same Day Emergency Care.

Improving Together is transforming how we bring people together, how we communicate and is helping to put improvement at the heart of everything we do.

Mirrored across our Acute Hospital Alliance with the Royal United Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust, Improving Together is becoming a golden thread of work throughout the local NHS, benefitting the working lives of staff and the experience of patients.

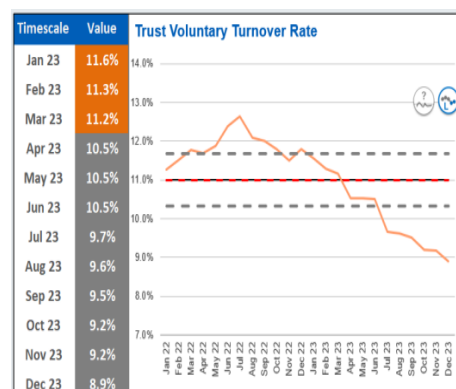
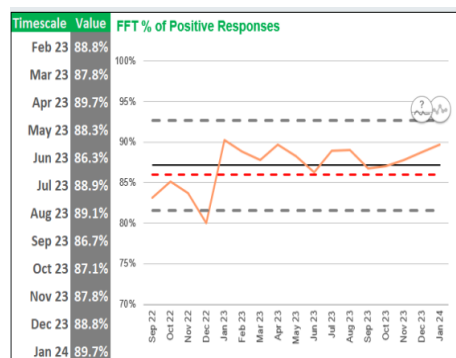
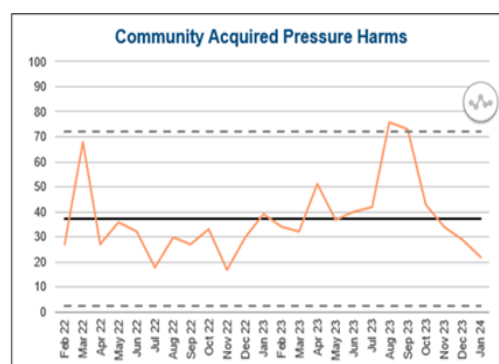
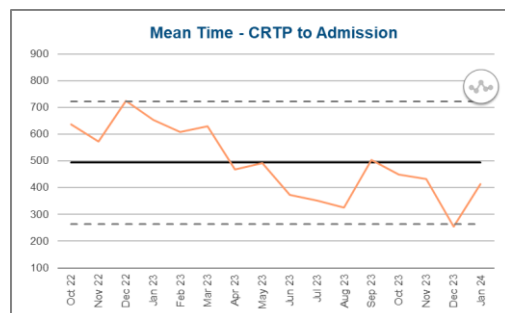
Improving together

Recent staff survey results show that more than half of staff now feel able to make improvements at work and examples of both small changes and larger scale transformations are regularly celebrated.

Improvement experts in the Transformation and Improvement Hub offer guidance, training and support and a dedicated area called Workspace provides staff with a place to come together. A package of resources is also available so teams can explore new ways of working at their own pace. Feedback has been very positive, with more staff saying they feel able to speak up and team communication and morale has improved.

We have seen good progress in our Trust level pillar metrics* & breakthrough objectives**:

- Sustained reduction of patients waiting times from being "clinical ready to proceed" in the Emergency Department to being admitted to a bed
- Improvements in overall productivity of the organisation increasing the level of activity we undertake within our resources.
- Recent reduction in pressure harms in our community services
- Sustained reduction in voluntary turnover rate for staff
- Improvements in positive responses to our friends and family questions.



Improving together

We have also applied the Improving Together way of thinking in our outpatient improvement weeks, our recent perfect week included us speaking with around 150 patients to talk to them about the experience of not attending a booked appointment to help inform our learning and next steps. Within teams there have also been some real successes:

- Trauma team focusing on reducing pressure harms caused by medical devices
- Cancer services focusing on offering Holistic Needs Assessments to cancer patients – we achieved 100% in November-January 2024
- NHS@Home occupancy increasing to above the 80% target for the first time in January 24
- Improvements in baby cardiotocography for women who are in labour using the “fresh eyes” approach and an ongoing improvement work around our maternity triage process.
- A focus on patient pain levels in the majors area of the Emergency Department
- A focus on reducing falls in the Division of Medicine with the driver metric of less than 65 falls per month being consistently met (10 months out of 12) since February 2023
- Improvements in mandatory training compliance and appraisal rates supporting an increasing number of staff recommending our Trust as a place to work.
- Decrease in spend on agency staff across nursing and medical staff.

Looking ahead, we will continue to teach, share and support the Improving Together approach until improvement becomes an integral part of Trust culture and just the way we do things. Several of our improvement priorities for the coming year focus on the experience and care of patients in our admission areas alongside: increasing our productivity, reducing things that don't add value to staff and patients and using our resources in a more sustainable way.

*Pillar metrics – our 12 metrics tell us whether we are doing well on driving forwards our vision and strategy. These last for the duration of our strategy (3-5 years).

**Breakthrough objective – our areas for focused improvement, we should be able to see a 20–30% improvement over a 12-18 month period and they should be the focus of our improvement energy. They are likely to be top contributors to driving improvement in one of our pillar metrics.



Priorities for improvement and statements of assurance from the Board

2.1 Priorities for improvement

Results and achievements for the 2023-24 Quality Account Priorities

1. Reducing the incidents of hospital and community acquired pressure ulcers

Why was this a priority?

Whilst this has been a priority over the last few years, we know we continue to have more to do in this area because pressure damage is one of the highest causes of patient harm across the Trust. Pressure ulcers 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 along with the implementation of effective systems and processes, supported by education and training, is the right approach to reduce the incidence of pressure ulcers developing whilst patients are in our care.

What we said we would do

Leadership: we improved the level of leadership and oversight of pressure harms. This included 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 also ensured that there is a consistent approach to learning from pressure harms when they do occur.

Roles and responsibilities: we worked with ward and community teams to ensure that roles and responsibilities are clear. This included a focus on ward managers leadership with a training day for them. There were also bespoke sessions for healthcare support workers and registered nurses which included their role in preventing harm.

Process: we improved our processes to ensure that we are proactive and take early actions to prevent pressure damage. This included the embedding of the aSKING (Assess, Surface, Skin inspection, Keep moving, Incontinence, Nutrition and Giving information) model. This is a five-step model for pressure ulcer reduction. We embedded work to maximise the benefit of our new pressure relieving mattresses across the Trust and ensured there was a skin assessment process whenever a patient is transferred onto a new mattress. Our community teams improved their audit tool document to support more rapid assessment and action for patients.

What we did

- The ward manager's skills training day was used to discuss leadership and oversight, focusing on key roles and responsibilities of staff around pressure harm prevention.
- A weekly cross divisional pressure ulcer panel meeting was set up to review harms and share learning.
- Monthly divisional quality meetings were held with a focus on reducing pressure harms meeting to share learning and celebrate successes.
- Fortnightly review of Break Through objective's A3 on pressure harm reduction.
- Additional training sessions for Health Care Support Workers including projects to support Tissue Viability Team such as continence care.
- Combined work with the ambulance service to support the awareness and use of pressure relieving mattresses on patients in ambulances.
- Development of a Community Pressure Ulcer Improvement Group (PUIG) with the aim to create a Multidisciplinary approach to improving the prevention and management of Pressure harms. Reviews of screening panel cases are held, and themes discussed with appropriate work streams and improvements actioned to sustain change.
- Successful Implementation (Nov 2023) of new Pressure Ulcer Risk assessment tool 'Purpose T' throughout Community Nursing services to improve and standardise risk assessment and interventions to reduce harm levels.
- Implementation of End-of-Life Equipment Pathway – Clinical decision-making tool and patient leaflet to provide safety netting with appropriate equipment prior to discharge.

- Implementation of a Contractures Workstream: a multidisciplinary team approach to managing this patient cohort to prevent contractures and harm.

How will we continue to monitor and measure our progress

- Monitor number of pressure harms via pressure ulcer panel meetings with a focus on top contributing areas and themes.
- Review of Divisional and Service level action plans using the Improving Together methodology.
- Development of new working streams to respond to individualised patient need and thematic analysis.
- Continual Divisional and Executive oversight through reports and meetings.
- Ensuring learning and recognition from Wards /Units that have no harm from pressure ulcers.

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

Why was 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 important that these patients can 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 we said we would 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 wanted to continue to make improvements by our teams working more closely together, taking a personalised approach and exchanging information more quickly.

Providing alternatives to admissions: we wanted to develop the Co-ordination Centre service to care homes to give advice and review for residents they might be concerned about. This would support 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: the development of this service helped co-ordinate and lead hospital referrals to the local authority for changes to care arrangements. Enhancing weekend co-ordination: implemented increased support for discharges over the weekend so

that we can increase the number of patients who can leave hospital over the weekend.

What we did

- The coordination centre developments have helped partnership working with primary care/community services.
- Improved coordination to ensure that patients were directed to the most appropriate service for their condition straight away.
- Since January 2024, the Care Home advice line service has been providing support to care homes in partnership with Swindon Borough Council, Medivo and the Integrated Care Alliance.
- Through better coordination there has been an overall reduction of patient stays over 21 days, we have ensured that patients have earlier access to services to support them leaving hospital.
- We have increased the number of patients able to access the 'Home First' pathway which provides support for early discharge.
- We have made improvements in the number of patients being discharged over the weekend to reduce the amount of time patients are waiting in hospital.

How will we continue to monitor and measure our progress

- There is a weekly review basis to ensure no patients are waiting unnecessarily in hospital.

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

Why was this a priority?

The Trust has continued to see an increase in attendances and admissions to our hospital, this has resulted in patients spending longer in the Emergency Department than we would want. 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 we said we would do

We wanted to reduce the number of patients waiting more than 4 hours (240 minutes) in our Emergency Department and minimise delays over 12 hours. The average wait time was 483 minutes. We wanted to reduce this to <76% of our patients being discharged or admitted within 4 hours – whilst not fully achieved, we have made significant progress towards it.

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.

What we did

- The Trust has the amount of time patients stay in the Emergency Department as one of the Trust priorities ('Pillar metric'), this highlights its importance to the Trust.
- 2023/24 saw an improvement in the length of time patients spent in the department with an average of 437 mins compared to 481 mins in 22/23. The difference was especially marked when comparing winter months where the Trust saw patients waiting 391 minutes in December 2023 compared to 550 minutes in December 2022.

- Improving Together training was delivered to the Emergency Department and Assessment units.
- There have been improvements to the triage process for patients who arrive by ambulance.
- 2023/24 saw the start of the exciting Integrated Front Door programme start and this is still on course for delivery for July 24.

How will we continue to monitor and measure our progress

- As well as regular reporting, we have real time information in place for ambulance and Emergency Department waiting times so immediate actions can be taken as soon as a patient is ready to move on.
- We are also using patient experience feedback within the Emergency Department to ensure that the changes we make are improving the patient experience.

Choosing our priorities for 2024-25

The following priorities have been agreed by the Trust for 2024-25. These will be reported in full in the 2024-25 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
- Emerging 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.

Our priorities for 2024-25

1

Reducing falls and falls with harm

Why is this a priority?

Falls are one of our most commonly reported patient safety incidents that happen in our care. Not all falls result in harm but can result in psychological and mobility problems, injuries from falls can have a devastating impact from cuts and bruises to fractures and brain injuries to death. As well as the impact on patients and carers, falls in hospital result in longer lengths of stay and increased costs. Patients that fall more than once in our care are at greater risk of significant harm.

What are our aims for the coming year?

- To reduce the number of patients who have more than one fall in hospital
- To improve compliance with falls prevention actions such as identifying patients with postural hypotension and supporting those patients that require enhanced care.

What will we do?

- Work collaboratively with clinical staff to reduce risk of falls, ensuring training is delivered to upskill staff. Training will cover falls assessments and postural hypotension as well as health issues relating to deconditioning and supporting patients with safe mobility.
- Continue the improvements in providing Enhanced Care for patients requiring increased supervision and engagement ensuring they have assessments completed and appropriate levels of support to maintain safety and meet patient needs. This is a trust wide standardised approach to “line of sight” and “within arm's reach” supervision.
- Promote links into the National Reconditioning Ambassadors Network, focusing particularly in areas caring for older adults who are at high risk of developing and sustaining harm related to deconditioning whilst they are in our care.

2

Improving the experience of carers by delivering responsive support and information

Why is this a priority?

We know that carers play a key role in helping people to get better; they know so much about the person being cared for, and what can help them recover. We aim to improve the experience of carers to acknowledge the importance to our patients, involving them in care and recognising their contribution to care, and we are committed to finding new ways to support and empower them.

What are our aims for the coming year?

- Undertake a review of the use of our carer's passport
- Undertake a carers satisfaction survey for carers using Trust services to identify themes for improvement
- Implement and evaluate 'open' visiting and the introduction of NHSE care partners
- Support staff carers with promotion and evaluation of Carers UK digital resources
- Achieve Carers UK carer organisation accreditation
- Introduce training for ward managers to support staff carers.

What will we do?

- We will monitor compliance with carers passport by producing monthly data to show how many passports are being handed out.
- Roll out the new visiting guidance and associated support and conduct an evaluation at six months.
- Reach out to community organisations to promote the carers support available across the Trust and measure the impact through carers surveys.

3

Improving initial assessment of patients on front door services

Why is this a priority?

Obtaining accurate patient assessments is essential to determining the status and needs of our patients and delivering appropriate patient care. By conducting timely and accurate patient assessments, the quality of service and patient safety can be improved.

What are our aims for the coming year?

- Ensure all relevant staff have completed triage training and competency assessment
- Increase compliance with initial assessment by 20% across all direct admitting specialities.

What will we do?

- Develop a triage working group ahead of the Integrated Front Door (IFD) to ensure a robust process for triage, which will be standardised across the Emergency Department and Urgent Treatment Centre.
- Embed triage courses to improve compliance and ensure staff are aware of expectations and what the process involves.
- Children's Emergency Department will ensure all staff have completed a training and competency framework.
- Ensure all maternity patients that need urgent review are seen in a timely manner in a dedicated triage service.
- Ensure patients that attend the Acute Medical Unit and Surgical Assessment Unit are seen and assessed a timely manner in line with national guidance.

2.2 Statements of assurance from the Board

Information on the Review of Services

During 2023/24 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 2023/24 represents 100% of the total income generated from the provision of relevant health services by the Great Western Hospitals NHS Foundation Trust for 2023/24.

Clinical audit and national confidential enquiries

During 2023/2024, 56 national clinical audits and two national confidential enquiries covered relevant health services that Great Western Hospitals NHS Foundation Trust provides.

During that period Great Western Hospitals NHS Foundation Trust participated in 98% of national clinical audits and 100% 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 2023/2024 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
NRAP - Secondary Care Adult COPD 2023	Yes	100%
NRAP - Secondary Care Adult Asthma 2023/24	Yes	Still in progress
National Paediatric Asthma - Secondary Care 2023/24	Yes	Still in progress
NRAP - Pulmonary Rehabilitation 2023/24	Yes	Still in progress
Sentinel Stroke National Audit Programme (SSNAP) 2023/24	Yes	Still in progress
Sentinel Stroke National Audit Programme (SSNAP) 2023/24	Yes	Still in progress
MBRRACE-UK 2023 : Maternal Morbidity confidential enquiry	Yes	Still in progress
MBRRACE-UK 2023 : Maternal Mortality confidential enquiries	Yes	Still in progress
MBRRACE-UK 2023 : Maternal Mortality surveillance	Yes	Still in progress
MBRRACE-UK 2023 : Perinatal Mortality and serious morbidity confidential enquiry	Yes	Still in progress
MBRRACE-UK 2023 : Perinatal Mortality Surveillance	Yes	Still in progress
MBRRACE-UK 2023 : Perinatal Mortality Review Tool	Yes	Still in progress
National Neonatal Intensive & Special Care Audit (NNAP) (2023 Data)	Yes	Still in progress
National Paediatric Diabetes Audit (NPDA) 2023/24	Yes	Still in progress
National Pregnancy in Diabetes 2023	Yes	100%
NCEPOD - Juvenile Idiopathic Arthritis	Yes	Still in progress
NCEPOD - Rehabilitation following critical illness	Yes	Still in progress
National Severe Trauma Audit - TARN (22/23)	Yes	Still in progress
National Elective Surgery Audit - National PROMs Programme (2023-24)	Yes	Still in progress
National Case Mix Programme 2023/24	Yes	Still in progress
National Joint Registry - NJR (2023/2024) (2023 data)	Yes	100%
National Ophthalmology Audit - Adult Cataract Surgery Audit (Data period 2023/24)	Yes	Still in progress
National Cardiac Arrest Audit NCAA 23/24	Yes	Still in progress
National Acute coronary syndrome or Acute myocardial infarction (MINAP) 2023/24	Yes	Still in progress
National Cardiac Rhythm Management (CRM) 2023/24	Yes	Still in progress
National Falls and Fragility Fractures Audit Programme (FFFAP) 2023/24 - Hip Fracture Database	Yes	100%
National Falls and Fragility Fractures Audit Programme (FFFAP) 2023 - Inpatient Falls	Yes	Still in progress
National Heart Failure Audit 2023/24	Yes	Still in progress
Improving Quality in Crohn's and Colitis (IQICC) [Previously National Inflammatory Bowel Disease (IBD) Audit] 2023/24	No	NA
RCEM Mental Health Self Harm 2023/24 (Year 2)	Yes	Still in progress
National Audit of Percutaneous Coronary Intervention (PCI) 2023/24	Yes	Still in progress
National Lung cancer Audit (NLCA) 2023/24 (2023 data)	Yes	Still in progress
National Rheumatoid and Early Inflammatory Arthritis Audit (NEIAA) 2023/24 (Year 6)	Yes	Still in progress
National Oesophago-Gastric Cancer Audit (NOGCA) 2023/24	Yes	Still in progress
National Bowel Cancer Audit Programme (NBCA) 2023/24	Yes	Still in progress
National Prostate Cancer Audit (NPCA) 2032/24 (2022/2023 data)	Yes	Still in progress
National Diabetes Foot Care Audit 2023/24	Yes	Still in progress
National Audit of Care at the End of Life 2023/24 (NACEL) - Round 5	Yes	Still in progress
Society for Acute Medicine Benchmarking Audit (SAMBA) 2023/24	Yes	100%
National Audit of Dementia: Care in general hospitals 2023/24 - Round 6	Yes	100%
National Diabetes Audit Core 2023/24	Yes	Still in progress
LeDeR Programme 2023/24	Yes	Still in progress
National Maternity and Perinatal Audit (NMPA) 2023-2024	Yes	Still in progress

Audit Title	Participation	% Data Submission
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme 2023	Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12) - 2023/24 - Cohort 6	Yes	Still in progress
Breast and Cosmetic Implant Registry (BCIR) 2023/24	Yes	Still in progress
National Audit of Cardiac Rehabilitation 2023	Yes	Still in progress
National Acute Kidney Injury Audit 2023/24 (UKKA)	Yes	Still in progress
National Diabetes Inpatient Safety Audit (NDISA) 2023/24	Yes	Still in progress
National Child Mortality Database 2023/24	Yes	Still in progress
RCEM Care of Old People (COP) 2023/24 (Year 2)	Yes	Still in progress
National Obesity Audit (NOA) 2023/24	Yes	Still in progress
NCABT - Audit of NICE Quality Standard QS138 2023/24	Yes	100%
NCABT - Bedside Transfusion Audit 2023/24	Planned	Not yet started
National Audit of Metastatic Breast Cancer	Yes	Still in progress
National Audit of Primary Breast Cancer	Yes	Still in progress
British Hernia Society Registry	Withdrawn	NA
BAUS Nephrostomy Audit	Yes	Still in progress

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

National COPD Audit Programme - Secondary Care: 2021

Great Western Hospitals NHS Trust performed in the upper quartile of the benchmarked Key performance indicators (KPI's) nationally with performance in the middle quartile for the remaining indicator (Respiratory review within 24 hours).

Respiratory review in 24 hours is our local most challenging indicator given workforce constraints the department has lost staff since the last in-patient audit figures (March 2022) were published and this has seen performance in this regard become more challenged. Since the last NACAP Clinical audit report was published there has been investment in a community sited lung function laboratory which has increased primary care access to lung function testing (including spirometry).

In August 2022, a re-vamped Advice and Guidance platform was commenced by the Respiratory department which allows improved access to specialist respiratory opinion for primary care and community services.

In late 2022 the Respiratory department submitted pathway designs to the Transformation hub which supported virtual ward working and the interface with Same Day Emergency Care (SDEC). There has been workforce development into nursing/medical/physiology recruitment, to safeguard performance pertaining to 24-hour review, this also supports training of non-respiratory staff to support maintenance of performance in relation KPIs and support interface with primary care/community services. A business case for increased specialist nursing support is being developed for 23/24 financial year.

There is also a Non-invasive ventilation (NIV) improvement plan which is the subject of an on-going Quality Improvement (QI) project supported/sponsored by the Academic Health

Sciences Network that started at the beginning of February 2023.

National Joint Registry – NJR (2020/2021) (2020 data)

Great Western Hospital (GWH) was listed as one of the hospitals where hip revision rates are statistically better than expected. GWHNHSFT is not listed as a negative outlier in any categories measured. Areas improved include setting up the new Amplitude Patient recorded outcome measures (PROMs) system and embedding its use within the teams involved. This includes additional option for the system to capture eligible national Joint registry (NJR) procedures to confirm that the appropriate consent forms have been completed/submitted. The team have been working with all relevant Consultants to reinforce the communication around the importance of completing a Minimum Data Set form for all eligible NJR procedures, including joint replacement performed as a result of acute trauma.

National Acute coronary syndrome or Acute myocardial infarction (MINAP)2020/21

The service has improved collaborative working with Emergency Department regarding STEMI identification and PPCI targets.

There have been maintained levels of patients seen by Cardiology Team (including referral to ACS Specialist Nurses) to ensure specialist input and encourage allocation of specialist beds to enhance patient care and continue direct admission to the Catheter Laboratory for PPCI patients wherever possible.

There is an on-going NSTEMI Improvement Programme with assistance from the Transformation Team to ensure >60% angiography within 72 hours, improve quality care and reduce length of stay for NSTEMI patients. This has resulted in a new pathway for NSTEMI, including identification of a daily 'Golden Patient' and has led to a recent marked increase in meeting the 72 hour target. The full effects of the project are yet to be established and consolidated.

The service continues to appropriately refer to the Cardiac Rehab Team (CR) to increase timely and relevant rehabilitation. Since July 2020 the offer of CR has widened to include digital/telephone support and aim soon to return to face to face group exercise/education or a hybrid approach of some digital and some face to face. The expectation is that by offering more choice it will increase uptake to rehab. There is also the aim to reduce delays for patients presenting with chest pain to the Emergency Department (ED) in order to diagnose STEMI efficiently and meet targets for PPCI.

The Cardiology team strive to ensure the right patient to right bed is in a timely manner to enhance specialist care via cardiology wards wherever possible. Although patients may be transferred to cardiology beds whilst admitted, attempt to transfer directly to speciality upon admission. (Society for Acute Medicine Benchmarking Audit (SAMBA) 2022/23)

The Acute Medical Unit has increased the number of Trainees on the medical take during the day and night, which means the Tier 1 reviews (initial assessment within 4 hours) have improved significantly. The national median is 82%. GWHNHSFT median is 91%. The unit has also demonstrated improvements with discharges without overnight admissions of 30%, with the National median reported to be 28%.

Tier 2 reviews (consultant senior reviews within 6 hours of admission in hours and within 14 hours, OOH) falls below national median of 52%. GWH 43%, however the unit is aiming to improve this by having a daily dedicated senior decision maker on the unit.

In collaboration with the Emergency Department, the Acute Medical Unit are assessing how to reduce the bed base, increase consultant numbers and identify new ways of working to minimise the overall Tier 2 waiting times; actions include all consultants working on Post take assessments for 1 hour of the morning between 8.00-9.00am together with the night take team before hand over, to enable Tier 2 reviews especially outside of Acute Medical Unit bed base, is done in a timely manner.

National Audit of Dementia: Prescription of 'Psychotropic Medication' to people with dementia 2019/20

GWH prescribing sequences throughout admission are very similar to National prescribing sequences and therefore not identified as an outlier for stopping or starting psychotropic medications in this group of patients. GWH already has a separate section on the Electronic Discharge Summary (EDS) in which review plans for psychotropic medications can be communicated to GPs.

The Trust already has a Dementia Care Pathway & has recently developed Clinical Guidelines - 'Management of Clinically Challenging Behaviour in Adult Inpatients' which promote and provide guidance on non-pharmacological ways to manage BPSD.

However, the service plan to introduce systems to document 'target symptoms' when prescribing psychotropic medications and introduce a process to ensure psychotropic medications are reviewed at the point of discharge.

The service also plan to continue education & training for junior doctors, ward teams and non-medical prescribers regarding the importance of using non-pharmacological methods as first line management for BPSD as well as how to safely prescribe psychotropic medications when necessary.

Further actions include collaborating with pharmacy & IT/EPMA team to devise process to ensure psychotropic medications are reviewed by medical team when TTAs screened are for discharge.

National Acute coronary syndrome or Acute myocardial infarction (MINAP)2020/21

8 annual care processes in Swindon are above national average with ranges for National being 44.7%, Swindon recorded as 50.8%. De-intensification of treatment in moderately frail and severely frail population is better in Swindon when compared to national average. However, HbA1c target is below national average of 62.4%, with GWHNHSFT recorded at 60.1%.

COVID-19 affected care processes for Diabetes patients nationally and although post COVID situation is improving, the service has identified the importance of detecting frail patients and de-intensify treatment as appropriate. Actions include working in collaboration with Primary Care Network to improve the treatment targets in Diabetes population.

CQC Registration and statement on CQC Reviews or investigations

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.

Current CQC rating 2024:

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

Maternity Services were inspected in September 2023 as part of the national Maternity Inspection programme. The Maternity Service rating was downgraded to Requires Improvement with some improvement actions in relation to compliance with mandatory training and ensuring triage services are safe and timely. The service is making good progress on these actions and is hoping to achieve full compliance in Quarter 1 of 2024/25.

The Trust overall rating for Safe was Requires Improvement and for Well Led as Requires Improvement. This did not change the Trust’s overall rating.

Our last Trust wide 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.

The Trust has had regular engagement meetings with CQC throughout 2023/24 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.

With the implementation of the new CQC single assessment framework the engagement framework for 2024/25 will change to quarterly with CQC operational manager for our area and a deputy director of the CQC attending at least yearly. The majority of information updates will be submitted through the portal when it becomes operational later in the year.

Research and development

Health research is vital to generate knowledge and evidence to improve the health and care of patients, service users, carers, and the public as well as improving our health and social care systems. Our Research & Innovation (R&I) team is comprised of nurses, practitioners, support workers, administrators, and governance staff who work to deliver safe and effective health research. The department is also supported by research posts in both Pharmacy and Pathology, enabling us to offer our patients access to new and cutting-edge treatment options. In 2023/24, more than 900 patients have been recruited to at least 40 studies across over 22 specialties.

In 2023/24, the Trust invested significantly in identifying avenues through which to develop research capabilities. By bringing together key stakeholders within the Trust, we are exploring opportunities to grow our research portfolio within the organisation. Further, through regional collaboration with multiple partners, we are looking to ensure research is made available to local populations who are currently under-served by research, and where the burden of need is the greatest.

In 2023/24, the organisation's first Clinical Research Practitioner receiving their accreditation. In celebration of their commitment to research, they also won the 'Rising Star' award at the NIHR Clinical Research Network regional research annual awards. A team member was also awarded the 'Continuous Improvement' award, in acknowledgement of the work being undertaken at the Trust to further develop research. Our collaborative contribution to regional research was acknowledged as part of the 'Collaboration in Research' award, recognising the valuable role the Trust plays in bringing research to our regional population.

Another major success was the launch of a new Research Enablement Scheme. With support from Brighter Futures, R&I held a competitive process to allocate small research grants to local investigators. Two departments within the Trust were successfully awarded this funding, allowing them to undertake research that directly addresses the needs of our patients and services.

Learning from deaths

During 2023/2024, 1374 of Great Western Hospitals NHS Foundation Trust patients died, 694 case record reviews and investigations have been carried out in relation to the 694 deaths in 2023/24. 50 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 2023/24 is presented below.

	Q1	Q2	Q3	Q4	Total
No. of deaths	345	298	359	372	1374
Case record reviews	80	141	229	244	694
Investigations (SJR's related to incidents)	8	5	6	7	26
No. of deaths with problems identified in care	6	7	12	25	50
No. of deaths >50% avoidable	0	5	8	16	29

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

The Trust continues to work towards achieving the standards for seven day service. 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.

The Trust is working with leadership teams on job planning of doctors to enable more consistent coverage, as well as reviewing how services are provided.

The work will be continued in 2024/25 with an embedded electronic job planning system and electronic rostering system. This will be subject to re-audit in the coming year.

Commissioning for Quality and Innovation (CQUIN) framework

In 2023-24 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 five 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. CQUIN for 24/25 is expected to be 'paused' following national consultation meaning that the Trust will not be required contractually to report on CQUIN nor will there be any financial incentive/risk associated with CQUIN reporting.

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 98.5% for accident and emergency care.
- Which included the patient's valid General Medical Practice Code was: 99.9% for admitted patient care; 99.8% for outpatient care; and 97.9% for accident and emergency care.

Payment by Results

The Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

Data quality

The 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. An annual awareness campaign supports members of staff to understand what good Data quality is and how everyone is responsible for achieving it.

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 31 March to 30 June due to the Covid-19 pandemic. This change has now become permanent. Great Western Hospitals NHS Foundation Trust DSP Toolkit Assessment for 2022/23 was graded as 'Standards Met', with 113 out of 113 mandatory evidence items provided. The 2023/24 assessment is in progress and has been subject to an audit. The final DSPT submission is June 2024.

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
2023/24	Data not available on NHS Digital	
2022/23	1.01	As expected
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
2023/24	Data not available on NHS Digital
2022/23	2.10
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.

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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	
2021/22	Knee replacement revision	Not available on NHS Digital	0.30	Not available on NHS Digital	7.30	Not available on NHS Digital	Not available on NHS Digital 16.90 16.70	
	Knee replacement primary		0.30		8.50			
	Knee replacement		0.30		8.00			
2021/22	Hip replacement revision		0.30		8.50		14.70	
	Hip replacement primary		0.50		15.00			22.90
	Hip replacement		0.50		14.70			22.50

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)
2023/24	Data not available on NHS Digital			
2022/23	13.1	12.8	15.3	14.4
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

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:

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

Period	Indicator value (GWH)	Indicator value (England)
2023/24	Data not available on NHS Digital	
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	46%	14%
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.

Period	Agree (GWH)	Strongly agree (GWH)
Q3 2023/24	TBC	Data not available on NHS Digital
Q2 2023/24	97.30%	
Q1 2023/24	94.60%	
Q4 2022/23	Incomplete	
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	95.15%	

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)
2023/24	Data not available on NHS Digital	
2022/23	15.36	20.28
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.

A photograph of a male doctor with a beard and glasses, wearing blue scrubs and a stethoscope. He is smiling and looking towards the right. The background is a wall decorated with various space-themed posters, including planets and a rocket. The entire image has a blue color overlay.

Further 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 Foundation 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 2024 – 2025:

- Continue to embed the patient safety incident response framework
- Continue to embed the patient safety training strategy
- Develop further the triangulation processes for all patient safety incidents regardless of their route into the organisation
- To continue to develop the Board safety visits
- Continue to recruit to the role of Patient Safety Volunteers
- To develop further learning opportunities and ways to embed new learning across the Trust
- To continue to work collaboratively with partners to share good practice and learning 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.

Actions for 2024/25

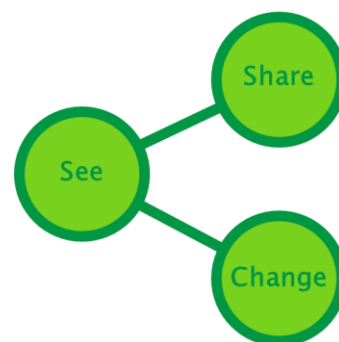
- Transition fully to the patient safety incident response framework by end of March 2024. Following this time all patient safety incidents will be managed under the new patient safety framework.
- To develop triangulation processes for all patient safety incidents regardless of their route into the organisation. This is set to commence with the first report in May. The focus of the triangulation will be litigation and complaints, pulling in learning for all other aspects of patient safety.
- To continue to support the Board safety visits and reflect on the learning / feedback from them.
- To appoint more Patient Safety Volunteers (partners).
- 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. The Trust led on some of the initiative and is now in talks re collaborative training opportunities.

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 four 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

The Trust employs two LD nurse who job shares one role. Over 2023 the LD nurses have supported staff in delivery of high quality, adjusted care for in and out-patients. Much of the activity has been the provision of day-to-day advice and support and direct ward care planning for people with complex needs and leading on complex discharge management. The work also includes supporting the wards with Mental Capacity Act process and pathway planning for day-case admissions for patients who require a general anaesthetic (GA).

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 the Autumn of 2023.

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, 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.

The current focus is on projects to ensure that systems and processes are better able to identify vulnerability which enables staff to understand and provide personalised reasonable adjustments to care. The current projects are also focussed on ensuring equal access to diagnostic tests and services.

In 2023 the Trust held workshops with people with LD to help with design elements of the Emergency Department build project and members of the Trust regularly visit day service providers in Swindon in support of getting direct feedback regarding our service from those who use it.

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

The Trust currently has a total of 53.08 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:

Over the last 12 months the Trust has focused on enhancing its social media advertisement of vacancies, reviewing job descriptions and adverts to ensure they are comparable with local organisations.

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.

Vacancies are reviewed during the Weekly and Monthly Medical Control Meetings and a regular review is in place for the use of long-term agency being used to backfill vacancies within departments.

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. A full job planning cycle 23/24 was loaded onto SARD for all specialities which highlighted and subsequently initiated workforce planning discussions in some areas to ensure appropriate alignment of tasks and remuneration.

In addition, the medical roster role out has taken place with an aim to be fully live from April 2024 onwards. In conjunction with the roster specialities are working towards identifying minimum staffing numbers to allow management of leave requests appropriately as well as visibility and streamlined access for all workers. Medical Roster Administrators are now in place within the Medicine and Surgery Divisions to support with the maintenance of the roster and processing leave requests. Monthly oversight takes place with reports of progress/learning discussed at the Medical Rostering Oversight group.

3.2 Performance against key national priorities

An overview of performance in 2023 - 24 against the key national priorities. Performance against the relevant indicators and performance thresholds are provided.

Measure	National Target	Local Target 2022/23	Performance 2023/24
ED 4 hours Q1	95%	76%	75%
ED 4 hours Q2	95%	76%	75%
ED 4 hours Q3	95%	76%	73%
ED 4 hours Q4	95%	76%	73% * Q4 not yet complete
Stroke	N/A	C	B (Jul – Sept 23 Score)
RTT Waiting List	WL at Jan 2021	35,012 (Feb 24 Plan)	WL at Feb 2024 38,379
RTT 52 Weeks	0	1,687 (Feb 24 Plan)	Feb 2024 1,777
DM01 performance Q1	99%	99%	51.6%
DM01 performance Q2	99%	99%	46.7%
DM01 performance Q3	99%	99%	4731%
DM01 performance Q4	99%	99%	54.6% * Q4 not yet complete.
Cancer performance (62 days) Q1	85%	85%	65.4%
Cancer performance (62 days) Q2	85%	85%	66.2%
Cancer performance (62 days) Q3	85%	85%	64.6%
Cancer performance (62 days) Q4	85%	85%	66.2% * Q4 not yet complete
Cancer performance (2WW) Q1	93%	85%	70.6%
Cancer performance (2WW) Q2	93%	93%	55.9%
Cancer performance (2WW) Q3	93%	93%	43.9%
Cancer performance (2WW) Q4	93%	93%	54.8% *Q4 not yet complete

3.3 Statements from Integrated Health Boards, local Healthwatch organisations, and scrutiny committees

Statement from Healthwatch West Berkshire

Healthwatch West Berkshire is pleased to confirm our ongoing and collaborative relationship with Great Western Hospital. (GWH). We value the transparency demonstrated by Great Western Hospital in sharing performance data, patient feedback, and improvement plans. We also recognise and appreciate the commitment of Great Western Hospital to patient centred care and continuous improvement. This partnership is built on mutual respect and a shared dedication to enhancing healthcare services for the benefit of our community.

We look forward to continuing our collaborative efforts and achieving even greater successes in improving healthcare services for all.

Sincerely,

Fiona Worby

Lead Officer

Healthwatch West Berkshire

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 2023/2024. This, like the previous year, has been a very challenging year recovering from the Covid-19 pandemic and with various strikes impacting. The Council of Governors support this document and endorse the tremendous dedication that members of staff have and will continue to show.

Access to the hospital for governors has greatly improved post-Covid-19, but we are continuing with some of our meetings held virtually. This new way 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 last year were:

- 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 Trust established a weekly cross-divisional pressure ulcer panel concentrating in several areas along with various enhanced monitoring processes to reduce the incidents of pressure ulcers. The co-ordination centre brought together several multi-disciplinary teams from the health and social care arenas together to improve discharge processes, alternatives to admission where appropriate were also investigated. The Trust focussed on the amount of time patients waited in the Emergency Department and improvements in the triage process when they arrive.

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 falls and falls with harm
- Improving the experience of carers by delivering responsive support and information
- Improving initial assessment of patients on front door services.

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 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 2023/ 2024. 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.

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. Great Western Hospital has been able to make achievements against a number of their priorities for 2023/24 including:

1. Reducing the incidents of hospital and community acquired pressure ulcers.
2. Reducing the number of patients in hospital who are ready to be discharged to care elsewhere in the community. Through approaches to quality improvement and improved coordination there has been an overall reduction of patient stays over 21 days.
3. Reducing the amount of time patients spend in the Emergency Department before they are ready to go home or move on to a hospital bed. The outcome of this was to reduce the number of patients waiting more than 4 hours in the Emergency Department and minimise delays over 12 hours. The average waiting time in the Emergency Department was 483 minutes and the aspiration was to reduce this for at least 76% of patients being discharged or admitted within 4 hours / 240 minutes. Although this was not fully achieved there was significant progress made towards this.
4. Maternity engagement work. The Maternity team are continuing to work with the Maternity and Neonatal Voices Partnership (MNVP) to support Asylum seekers in the hotels in Swindon, with presence of a translator to help understand needs and issues to inform maternity and other services. The team are also working to develop an accessible

e-referral form and are sourcing a supply of SIM cards and devices to be able to provide those that are disadvantaged with the ability to access the internet and use the new maternity app to review their maternity notes and personalised care plans.

The ICB supports Great Western Hospital NHS Foundation Trust's identified Quality Priorities for 2024/2025. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The ICB welcomes continued engagement in the agreed service improvement plan and its focus on:

1. Reducing falls and falls with harm. The aim is to reduce the number of patients with more than one fall by 20% by ensuring training is delivered for assessments, improvements in Enhanced Care for patients and also promoting links to the National Reconditioning Ambassadors Network.
2. Improving the experience of carers by delivering responsive support and information. There will be a review of the use of carers passports, evaluation of the new 'open' visiting times and also to raise awareness and support staff that are also carers.
3. Improving initial assessment of patients within front door services. The aim of this is to increase compliance with initial assessment by 20% across all direct admitting specialities and to improve training and competencies to enable this.
4. Continuously improving maternity services following the Care Quality Commission (CQC) inspection and subsequent change in rating of maternity services from Good to Requires Improvement. The ICB welcomes the immediate steps taken to address some of the areas raised, alongside the evidence of ongoing improvements that had already been implemented prior to the inspection. The ICB notes a recent CQC survey conducted with women and birthing people who had used the maternity services, with the Trust scoring third highest in the country for questions relating to ante-natal check-ups and care on the ward after birth, and in the top five Trusts for questions relating to care at home after birth.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the implementation of the organisation's Patient Safety Incident Response Plans (PSIRPs).

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 2024/25.

Yours sincerely



Gill May

Chief Nurse Officer

BSW ICB

Statement from Healthwatch Swindon, Healthwatch Wiltshire and Healthwatch West Berkshire

Healthwatch welcomes the opportunity to comment on the Great Western Hospitals NHS Foundation Trust quality accounts 2023/24.

As the independent champion for people using health and care services, we welcome the work to ensure the voices of patients and service users are heard. Healthwatch continues to work closely with the Head of Patient Experience and Engagement ensuring the patient voice is captured throughout the patient's journey, the trust should remain focused on listening to patients and families, service users and carers' experiences and their involvement.

We commend the hard work in making significant progress over 2023/24 to develop their approach to identify priorities and engagement, involvement and coproduction work, and the ongoing work being carried out by the Maternity team to create an accessible e-referral form. Sourcing a supply of SIM cards and devices to allow disadvantaged patients to access the Internet and use the new maternity app to review their maternity notes and personalised care plans is welcomed.

On 19th February 2024, Healthwatch Swindon visited the Maternity Services at Great Western Hospital. Our Enter and View visits are a way we can gather information about services and collect views of service users, staff and volunteers. Following our visit, we have made some recommendations to the service provider based on the feedback we have received and our observations.

We welcome the trust approach to involving children and people with a Learning Disability (LD) and Autistic Spectrum Disorder (ASD), members from the LGBTQIA+ community to help shape service provisions, and their involvement to help shape current practice in the Emergency Department (ED).

Priority 2.3 - Reducing the amount of time patients spend in the Emergency Department before they are ready to go home or move on to a hospital bed.

Although Healthwatch is aware that many trusts throughout the UK have faced the same challenges, we welcome the strong focus and ongoing commitment the Great Western Hospital has shown to reduce the amount of time patients spend in the Emergency Department as national evidence shows that longer wait times can lead to worse clinical outcomes. The Quality accounts effectively demonstrate the measures taken by the Trust to reduce waiting times.

Healthwatch recognises the hard work undertaken by colleagues at the Great Western Hospital during 2023/24. Healthwatch will continue to work collaboratively with the Trust to share information and support patients, families and carers.

“We look forward to working alongside the trust in 2024/25 ensuring that the voices of those who share their views and experiences with Healthwatch are heard and that their feedback leads to meaningful improvements and continuous good standards of care being delivered at all times with a patient-centred approach delivered with compassion.”

Amritpal kaur

Amritpal Kaur

Healthwatch Swindon Projects Portfolio Manager

Term	Definition
Autistic Spectrum Disorder (ASD)	A developmental disability caused by differences in the brain. People with ASD often have problems with social communication and interaction, and restricted or repetitive behaviours or interests
Breakthrough objective	These are the areas for focused trust-wide improvement, we should be able to see a 20 – 30% improvement over a 12-18 month period and they should be the focus of our Trust-wide improvement energy. They are likely to be top contributors to driving improvement in one of our pillar metrics.
Brighter Future Charity	Brighter Futures is the charity for Great Western Hospitals NHS Foundation Trust which includes Great Western Hospital and community health sites in Swindon
Cardiotocography (CTG)	Cardiotocography (CTG) is a continuous recording of the fetal heart rate obtained via an ultrasound transducer placed on the mother's abdomen. CTG is widely used in pregnancy as a method of assessing fetal well-being, predominantly in pregnancies with increased risk of complications
Care Quality Committee (CQC)	The independent regulator of health and adult social care in England
Carers UK	Carers UK is there to listen, to give expert information and guidance, to champion individuals rights and support in finding new ways to manage at home, at work.
Changing places	Changing Places are toilet facilities for people with profound or multiple disabilities
Clinical Audit	Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients
Clinical Governance	Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care
Clinical Quality Indicators	Metrics used to assess the clinical effectiveness, safety, and patient experience of healthcare services. Clinical quality indicators may include mortality rates, infection rates, waiting times, and patient satisfaction scores
Clostridium difficile infection	Clostridium difficile, also known as C. difficile or C. diff, is a bacterium that can infect the bowel and cause diarrhoea
Commissioners	Responsible for assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes
Dining Companions	Assist ward staff and patients during mealtimes, which includes feeding some patients who need extra help
Elective Surgery	Means that the surgery isn't an emergency and can be scheduled in advance. It may be a surgery you choose to have for a better quality of life, but not for a life-threatening condition
Emergency Care	Emergency care involves life-threatening illnesses or accidents which require immediate treatment
Fresh Eyes	The Fresh Eyes approach is regular reviews of Cardiotocography interpretation, with a protocol for escalation if concerns are raised. All staff to be trained in the review system and escalation protocol.
Friends and Family Test (FFT)	Feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience
GP	General practitioners (GPs) treat all common medical conditions and refer patients to hospitals and other medical services for urgent and specialist treatment
Healthwatch	Obtain the views of people about their needs and experience of local health and social care services
Hospital Episode Statistics (HES)	Hospital Episode Statistics (HES) is a curated data product containing details about admissions, outpatient appointments and historical accident and emergency attendances at NHS hospitals in England

Term	Definition
Information Governance (IG)	Information Governance (IG) is the framework for handling information in a secure and confidential manner that allows organisations and individuals to manage patient, personal and sensitive information legally, securely, efficiently and effectively in order to deliver the best possible healthcare and services
Integrated care boards (ICB)	Integrated care systems (ICSs) are partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and <u>reducing inequalities</u>
Integrated Front Door (IFD),	The point of contact for enquiries and referrals relating to children and young people made by professionals, families and the public
Interpreting and Translation services	Interpreting services are those where a professional interpreter will convert spoken words from one language to another in real-time
Learning Disability (LD)	Learning disabilities are disorders that affect the ability to: Understand or use spoken or written language
LGBTQIA	Lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, asexual/aromantic/agender
Maternity and Neonatal Voices Partnership (MNVP),	The (MNVP) listens to the experiences of women and families, and brings together service users, staff and other stakeholders to plan, review and improve maternity
Medical Examiner	Medical examiners are senior medical doctors who are contracted for a number of sessions a week to provide independent scrutiny of the causes of death, outside their usual clinical duties.
Mums on a mission	Mums on a mission is a not-for-profit organisation that aims to create healthy, happy and fruitful families within our community.
National Institute for Health and Care Excellence (NICE)	An executive non-departmental public body in the United Kingdom responsible for providing national guidance and standards for healthcare practice and interventions. NICE guidelines inform clinical decision-making and quality improvement efforts across the NHS
NHS	The NHS stands for the National Health Service. It refers to the Government-funded medical and health care services
NHS Digital Data Security & Protection (DSP) Toolkit.	Data Security and Protection Toolkit. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards
NHS England	NHS England leads the National Health Service (NHS) in England
NHS England	Ensures that the healthcare workforce has the right numbers, skills, values and behaviours to support the delivery of excellent healthcare and health improvement to patients and the public
'NHS@Home'	The 'NHS@Home' service is a joint initiative by local NHS organisations that offers hospital-level care and remote monitoring in an individual's home, providing an alternative to hospital admission, or helping them to return home promptly following an inpatient stay
Paediatrics	Paediatrics is the branch of medicine dealing with the health and medical care of infants, children, and adolescents from birth up to the age of 18
Patient Advice and Liaison Service)	The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers. You can find PALS officers in your local hospital
Patient passport	The aim of the Hospital Passport is to provide our staff with information about yourself and your carers during a hospital visit
Patient Reported Outcome Measures (PROMS)	Patient Reported Outcome Measures
Patient Safety Incident Review Framework (PSIRF)	A new approach to responding to patient safety incidents · Compassionate engagement and involvement of those affected by patient safety incidents
Patient Surveys	Surveys conducted to gather feedback from patients about their experiences with healthcare services. Patient experience surveys assess various aspects of care delivery, including communication, accessibility, and responsiveness to patient needs

Term	Definition
Performance Metrics	Quantitative measures used to evaluate the performance and effectiveness of healthcare providers. Performance metrics may include clinical outcomes, financial indicators, and compliance with regulatory requirements.
Pressure Ulcers	Pressure ulcers are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. They are sometimes known as “bedsores” or “pressure sores
Pillar metrics	These are our 12 metrics that tell us whether we are doing well on driving forwards our vision and strategy. These last for the duration of our strategy (3-5 years).
Salisbury Spinal Unit (SCI)	The Spinal Treatment Centre focuses on the care and rehabilitation of persons with Spinal Cord Injury
Spinal cord injury (SCI)	Spinal cord injury (SCI) is a serious medical condition, which often results in severe morbidity and permanent disability
Summary Hospital-level Mortality Indicator (SHMI)	Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation
Surgery	The branch of medical practice that treats injuries, diseases, and <u>deformities</u> by the physical removal, repair, or <u>readjustment</u> of organs and tissues
Swindon Borough Council (SBC)	Swindon Borough Council is the local authority of the Borough of Swindon in Wiltshire, England. It is a unitary authority, having the powers of a non-metropolitan county and district council combined
The Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.
The National Joint Registry (NJR)	The National Joint Registry (NJR) was set up by the Department of Health and Welsh Government in 2002 to collect information in England and Wales on joint replacement operations and to monitor the performance of implants, hospitals and surgeons
The NIHR Clinical Research Network (CRN)	The NIHR Clinical Research Network (CRN) supports patients, the public and health and care organisations across England to participate in high-quality research, thereby advancing knowledge and improving care
The Pride in Veterans Standard (PiVS)	The Pride in Veterans Standard (PiVS) is a programme developed by Fighting with Pride. It is open to any organisation that wishes to demonstrate its commitment to being inclusive and welcoming to LGBT+ Veterans, serving personnel, and their families
The Swindon Intermediate Care Centre (SwICC)	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.
Tissue Viability	Tissue viability is a growing speciality that primarily considers all aspects of skin and soft tissue wounds including acute surgical wounds, pressure ulcers and all forms of leg ulceration
Triage	To decide the order of treatment of patients
Trust Volunteers	Volunteers support the staff by undertaking simple activities and tasks on the wards or within hospital teams
Venous thromboembolism (VTE)	Venous thromboembolism (VTE) is a condition that occurs when a blood clot forms in a vein. VTE includes deep vein thrombosis (DVT) and pulmonary embolism (PE).