GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

TRUST BOARD

Thursday 2 May 2024, 9.30am to 12.45pm
Dean Suite, DoubleTree by Hilton Hotel, Lydiard Fields, Swindon, SN5 8UZ

AGENDA

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

		PAGES	BY	ACTION	TIME
OPENING BUSINESS					
1.	**Apologies for Absence and Chair's Welcome**	Verbal	LC	-	9.30
2.	**Declarations of Interest** Members are reminded of their obligation to declare any interest they may have in any issue arising at the meeting, which might conflict with the business of the Trust	Verbal	LC	-	-
3.	**Minutes of the previous meeting (public)** Liam Coleman, Chair • 7 March 2024 (draft)	7 – 16	LC	Approve	-
4.	**Outstanding actions of the Board (public)**	17	LC	Note	-
5.	**Questions from the public to the Board relating to the work of the Trust**	None	CC	-	-
6.	**Care Reflection (Patient Story) – Support received by Parkinson's Disease Team** Tania Currie, Head of Patient Experience & Engagement Rachel Gardner, Lead Parkinson's Disease Nurse Emma Galos, Parkinson's Disease Nurse Specialist	18 – 19	GP	Note	9.40
7.	**Chair's Report** Liam Coleman, Chair	20 – 23	LC	Note	10.10
8.	**Chief Executive's Report** Jon Westbrook, Acting Chief Executive	24 – 34	JW	Note	10.20
9.	**Integrated Performance Report**				10.40
	• Performance, Population & Place Committee Board Assurance Report (March & April) – Bernie Morley, Non-Executive Director & Committee Chair	35 – 38	BM	Assurance	
	• Quality & Safety Committee Board Assurance Report (March & April) – Claudia Paoloni, Non-Executive Director & Committee Chair	39 – 44	CP	Assurance	

	• Finance, Infrastructure & Digital Committee Board Assurance Report (March & April) – Faried Chopdat, Non-Executive Director & Committee Chair	45 – 49	FC	Assurance	
	• People & Culture Committee Board Assurance Report (April) – Julian Duxfield, Non-Executive Director & Committee Chair	50 – 51	JD	Assurance	
	• Integrated Performance Report	52 – 103	All	Assurance	
BREAK (10 minutes) at 11.30 to 11.40am					
10.	**Audit, Risk & Assurance Committee Board Assurance Report (March)** Helen Spice, Non-Executive Director & Committee Chair	104 – 105	HS	Assurance	11.40
11.	**Ockenden Report – GWH Update** Lisa Cheek, Chief Nurse Kat Simpson, Head of Midwifery & Neonatal Services	106 – 111	LCh/KS	Note	11.50
12.	**Saving Babies Lives V3 (Q4 assessment – April 2024)** Lisa Cheek, Chief Nurse Kat Simpson, Head of Midwifery & Neonatal Services	112 – 119	LCh/KS	Note	12.00
13.	**Staff Survey Results 2023** Jude Gray, Chief People Officer Angela Morris, Senior People Partner	120 – 256	JG/AM	Assurance	12.10
CONSENT ITEMS **These are items that are provided for consideration. Members are asked to read the papers prior to the meeting, and unless the Chair/Secretary receives notification before the meeting that a member wishes to debate the item or seek clarification on an issue, the items and recommendations will be approved without debate at the meeting in line with process for consent items. The recommendations will then be recorded in the minutes of the meeting.**					
14.	**Ratification of Decisions made via Board Circular** Caroline Coles, Company Secretary • Ratification of Decisions made via Board Circular – Contract recommendation report for the supply of hearing aids and consumables	257 – 258	CC	Approve	12.40
15.	**Register of Board Declaration of Interests** Caroline Coles, Company Secretary	259 – 261	CC	Approve	-
16.	**Urgent Public Business (if any)** To consider any business which the Chair has agreed should be considered as an item of urgent business	Verbal	LC	-	-
17.	**Date and Time of next meeting** Thursday 6 June 2024 at 9.30am, DoubleTree by Hilton Hotel, Lydiard Fields, Swindon, Wiltshire, SN5 8UZ	Verbal	LC	Note	-
18.	**Exclusion of the Public and Press** The Board is asked to resolve:- *"that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest"*	-	-	-	12.45

Board Meeting Timetable

2024											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Board	Board	Board	Seminar	Board	Board	Seminar	Board	Board	Seminar	Board	Board
			Risk Management & Way Forward Plan			Use of Resources & GWH Strategy			Population & Health		

Great Western Hospitals NHS Foundation Trust

MINUTES OF A MEETING OF BOARD OF DIRECTORS HELD IN PUBLIC AT THE DOUBLETREE BY HILTON HOTEL, SWINDON, SN8 5UZ AND VIA MS TEAMS 7 MARCH 2024 AT 9.30AM

Present:

Liam Coleman (LC)	Chair
Lizzie Abderrahim (EKA)	Non-Executive Director
Lisa Cheek (LCh)*	Chief Nurse
Faried Chopdat (FC)	Non-Executive Director
Jude Gray (JG)	Chief People Officer
Steve Haig (SH)	Acting Chief Medical Officer
Peter Hill (PH)	Non-Executive Director
Paul Lewis (PL)	Non-Executive Director
Bernie Morley (BM)	Non-Executive Director
Claudia Paoloni (CP)	Non-Executive Director
Will Smart (WS)	Non-Executive Director
Helen Spice (HS)	Non-Executive Director
Felicity Taylor-Drewe (FTD)	Chief Operating Officer
Claire Thompson (CT)	Chief Officer of Improvement & Partnerships
Simon Wade (SW)	Chief Financial Officer
Jon Westbrook (JW)	Acting Chief Executive

In attendance:

Caroline Coles (CC)	Company Secretary
Julian Duxfield (JD)	Non-Executive Director
Tim Edmonds (TE)*	Associate Director of Communications & Engagement
Deborah Rawlings (DR)	Board Secretary
Graham Pike	Associate Director of Nursing & IPC and Clinical Sustainability Lead (agenda item 264/23 only)

Apologies

Jon Burwell (JB)	Acting Chief Digital Officer
Claire Lehman (CL)	Associate Non-Executive Director
Rommel Ravanan (RR)	Associate Non-Executive Director

Number of members of the Public: There were 2 members of public (including 1 governor, Chris Shepherd)

*Indicates those members attending virtually by MS Teams

Matters Open to the Public and Press

Minute	Description	Action
259/23	**Apologies for Absence and Chair's Welcome** The Chair welcomed Board all to the Great Western Hospitals NHS Foundation Trust Board meeting held in public. Apologies were received as above. Liam Coleman, Chair acknowledged that this was the last meeting for Peter Hill and Paul Lewis as their term of office comes to an end and on behalf of the Board thanked both Peter and Paul for their considerable commitment and contribution to the Board and the Trust as a whole during their time as Non-Executive Directors.	
260/23	**Declarations of Interest** There were no declarations of interest.	

Minute	Description	Action

261/23 **Minutes of the previous meeting (public)**
The minutes of the Board meeting held in public on 1 February 2024 were adopted and agreed as a correct record.

262/23 **Outstanding actions of the Board (public)**
The Board received and considered the outstanding action list.

263/23 **Questions from the public to the Board relating to the work of the Trust**
There were no questions from the public to the Board.

264/23 **Care Reflection (Staff Story) – Personal journey to bring together infection control and sustainability to improve patient experience and care**
Graham Pike, Associate Director of Nursing & IPC and Clinical Sustainability Lead joined the meeting to present this item.

The Board received a presentation on the personal journey by Graham Pike on his career path to date, the challenges and successes experienced at the Great Western Hospital around infection control and the addition of the new role in relation to sustainability. It was particularly noted that GWH was the first trust in the UK to have sustainability added to the job title and job description and that GWH had also been picked as the first 'exemplar site' for sustainability in infection prevention and control.

Discussion took place on the broader aspects of sustainability that could be further achieved at the Trust and how this could be shared within the system. This included the initiative of the Trust hosting a sustainability fellow role which would be aligned across the system.

The Board thanked Graham for his presentation and considerable achievements around sustainability at the Trust to date and offered their support for future plans.

The Board **noted** the staff story.

265/23 **Chair's Report**
The Board received and considered the Chair's Board Report which highlighted activities and shared information on governance developments within the Trust and externally. The following areas were highlighted for noting.

Non-Executive Directors
The terms of office for both Peter Hill and Paul Lewis would expire on 31 March 2024 and were thanked on behalf of the Board for the many years' service in the role.

NHS ICB and Trust Chairs Event
Liam Coleman, Chair also outlined an event that he had recently attended in London for ICB and Trust Chairs, which was very focussed on the productivity challenges being faced by the system and NHSE. Productivity was now to be measured against the 2019/20 position and that the real headcount growth since that period could no longer be sustained and there was now significant focus to improve the productivity position on all trusts and systems.

The Board **noted** the report.

266/23 **Chief Executive's Report**
The Board received and considered the Chief Executive's Report, and the following was highlighted:

Board Meeting Timetable

2024											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Board	Board	Board	Seminar	Board	Board	Seminar	Board	Board	Seminar	Board	Board
			Risk Management & Way Forward Plan			Use of Resources & GWH Strategy			Population & Health		

Minute	Description	Action

Industrial action
Further industrial action by junior doctors had taken place from Saturday 24 February until Wednesday 28 February. More than half the shifts due to be completed by junior doctors were affected by industrial action, with more than 700 outpatient appointments postponed along with a number of surgeries. Considerable work had been undertaken operationally throughout this period which has been well supported by clinical staff. The junior doctors were currently balloting to extend their mandate and the outcome of this and further negotiation talks was awaited.

Faster Flow February
Faster Flow was initiated in February which was a whole Trust approach to improve the flow of patients through the hospital. This focused on the monitoring of barriers to achieve key performance indicators in emergency care, within the community setting and throughout the hospital.

The Board acknowledged the significant achievement of the whole-trust approach and noted that the learning opportunity and the key themes identified had been captured using Improving Together methodology to create sustainability.

The Board agreed that the outcomes of the Faster Flow initiative would be received at the Performance, Population & Place Committee, together with how the learning would be applied to drive improvement on performance indicators. **FTD**
Action: Chief Operating Officer

Waiting time information on the NHS app
Patients were now able to view estimated waiting times for hospital treatment on the NHS App, which would display average waiting times for appointments and treatments at NHS trusts nationally, including GWH.

Care Quality Commission maternity survey
The CQC had now released results following a national survey of maternity services. GWH had scored third highest in the country for questions which related to antenatal check-ups and care on the ward after birth, and in the top five trusts for questions which related to care at home after birth. The Trust had also performed above the national average in a number of areas and these were noted.

National Preceptorship Quality Mark
The Trust had been awarded a national gold standard of the National Preceptorship Quality Mark by NHS England, in recognition of a successful preceptorship programme which aimed to reduce variation across organisations.

HIV testing
GWH was the only trust in the South West that currently offered opt-out HIV testing for its patients, in line with the Government's HIV Action Plan to eliminate HIV by 2030. The advantage of this was that the early and right treatment could be given to patients to lead a normal life expectancy. This approach was commended by the Board, which was reflected by an increase in HIV diagnoses in Swindon compared to previous years.

This Trust was also taking a significant lead with a national initiative on targeted lung assessments for its more deprived communities in Swindon.

Financial position
The system-wide financial position remained a challenge for this year and work continued to close the Trust's 2023/24 position whilst at the same time submitting a sustainable plan for 2024/25. Across the Integrated Care System, trusts were now subject to an extra level of decision-making on proposed investments and vacancy controls were in place.

Minute	Description	Action

Integrated Front Door
The construction of the Integrated Front Door continued at pace. Engagement work was underway to ensure that the interiors of the new building would best met the needs of the local population and to improve the usability and patient experience for different groups of patients.

Surgical robot
A small team of staff took a surgical robot to a secondary school in Malmesbury as part of a nursing, robotic surgery and engineering careers day, which was well received.

Staff Excellence Awards
The Staff Excellence Awards ceremony had been scheduled for 14 June 2024 and the nominations for the awards ceremony had now opened.

Memorial service
The annual Memorial Service for staff had been scheduled for 11 March 2024.

The Board **noted** the report.

267/23 **Integrated Performance Report**
The Board received the Integrated Performance Report (IPR) which provided commentary and progress on activity associated with key safety and quality indicators in January 2024.

Quarterly Pillar Metric deep dive
The quarterly deep dive of breakthrough objectives and pillar metrics were presented, with a particular focus on the past 12 months trends.

Our Care
Lisa Cheek, Chief Nurse reported that there were two strategic pillars for Our Care. These were to achieve zero avoidable harm within 5-10 years and to achieve consistent positive response rates in excess of 86% from patient friends and family test. The Board noted that the 86% was an accumulative measure across a combination of areas which related to outpatients, community, maternity inpatients, the Emergency Department and Urgent Treatment Centre.

Pressure harm had been chosen as a breakthrough objective for 2023/24 with the aim to reduce overall numbers by 20% this year in both acute and community settings and have zero Category 3 and 4 reported harms.

There had been an increase in the response rates for the Family and Friends (FFT) Day and in Maternity. The Emergency Department and Urgent Treatment Centre responses had decreased slightly and remained under the internal target. In relation to the combined positive score of all those areas of 86%, the response rate had been consistently above this target for 13 months and from the previous 84% mean, there had been an increase to 91% mean, which had demonstrated a growth of 70% and that all pillar targets for that combined score had been met. Some of the actions taken to drive that improvement in the positive score related to nutrition and protected mealtimes, communication standards and first impressions.

In relation to total harm, January had seen a further decrease in the number of community pressure related harms, with the fifth consecutive fall. The number of acute related pressure harms had increased in month to 47 compared with 30 in December 2023.

It was noted that the recent period of significant operational pressure had impacted on some quality metrics, as well as the key drivers in relation to pressure harm, infections and falls and that this had impacted on the aim to decrease the total number of pressure ulcers with zero category 3 and category 4 pressure ulcers in the acute setting. However, it could be

Minute	Description	Action

noted that total pressure harm had reduced by 12% since January 2023 to January 2024. Improving Together methodology had been applied to drive improvement and could be evidenced through increased awareness and early intervention.

Focused improvement projects to improve infection control rates continued, particularly in relation to *C.difficile* rates which had increased significantly over the past 12 months. With the exception of a few reported cases, there had been no lapses in care at GWH which may have contributed to this increase and it was noted that C.diff rates had also increased both system-wide and nationally. A system review was being undertaken by the BSW IPC Team to investigate a possible connection with broad spectrum antibiotic prescribing within primary care as a driving factor behind this. There had been a reduction in infection control rates for MSSA, hospital acquired Covid, healthcare associated infections caused by pneumonia and pseudomonas rates.

The total number of falls reported had reduced and that Improving Together methodology had again been applied to address some identified inconsistencies across total harms. The Board also noted that falls with harm was being considered as a new breakthrough objective for 2024/25.

Our Performance

Felicity Taylor-Drewe, Chief Operating Officer reported that there were two strategic pillars for Our Performance, which related to Referral to Treatment (RTT) and the number of patients waiting over 65 weeks and Cancer 62 Day. Emergency attendances – Clinically Ready to Proceed (Admitted) (CRTP) had been chosen as a 2023/24 breakthrough objective.

The Cancer 62 day performance remained stable at 65% against the national standard of 85%. Key challenges to meet performance targets related to skin, urology and plastic surgery. It was noted that the skin component had been outsourced which had resulted in a significant number of patients being treated through January to March and partially funded from NHSE.

In terms of the longest waiting patients, there was a plan in place to have no more than 115 patients waiting by end March 2024 and this figure currently stood at 123.

Felicity Taylor-Drewe, Chief Operating Officer also reported on the work undertaken in relation to targeted lung health checks and the positive outcome for some patients with an early diagnosis which may have gone undetected. This initiative had been funded through the Thames Valley Cancer Alliance and it was planned that this work would continue.

Further improvements in the waiting list position for >65 weeks had seen a sustained reduction in the past six months up to January, although further industrial action taking place in February presented an ongoing risk to end of March delivery and this remained a challenge for 2024/25.

In terms of emergency attendances, there had been a significant increase with the highest number of attendances in January 2024, in comparison to attendances reported in January 2023.

The number of patients with non-criteria to reside (NCTR) remained within the SPC control limits but there had been a significant increase in bed days lost during January. Bed occupancy had continued to run high at greater than 98%, together with ward closures due to IPC and higher acuity shown by increased utilisation of complex discharge pathways which had contributed towards significant flow challenges. This had also impacted on ambulance handover delays, despite significant progress that had been previously achieved.

Minute	Description	Action

Felicity Taylor-Drewe, Chief Operating Officer reported on the Faster Flow initiative to improve the flow of patients through the hospital and the output of this continued to be embedded to achieve key performance indicators in emergency care, within the community setting and throughout the hospital. The Trust would continue to work with system and primary care partners around specific criteria for access and availability to urgent appointments and in the broader community.

Paul Lewis, Non-Executive Director reflected on the importance of national benchmarking data and information around national positions and recommended that the Board should consider revisiting the Trust's appetite and systematic approach to national benchmarking, particularly in relation to identified pillar metrics, breakthrough objectives and other key areas.

Our People

Jude Gray, Chief People Officer provided an update on the actions against the strategic pillars which related to Staff Survey – Recommend a Place to Work, Staff Voluntary Turnover and EDI disparity. The Annual Staff Survey was embargoed and the results could not be shared with the Board, however the results from the Q4 pulse survey had shown that there had been a small deterioration in the results for the first two strategic pillars and a significant deterioration in BME staff "experiencing discrimination from a colleague or team leader", widening the EDI disparity gap.

The Board received a tabled copy of an extract from the Survey Coordination Centre of the People Promise elements and theme results – staff engagement for both Involvement and Advocacy. It was noted that question 25c *"I would recommend my organisation as a place to work"* showed an improved position of 59.57% for 2023, compared to 53.30% for 2022. This result was following the national average and that work continued to improve this result further.

Jude Gray, Chief People Officer added that the financial challenges being faced for 2024/25 around workforce decisions could potentially have a negative impact on these metrics.

The breakthrough objective was to achieve a 5% improvement (55% target) from the 2022 Staff Survey in the question *"I am able to make improvements happen in my area of work"*. It was noted that results from the annual staff survey were embargoed, however indicative information showed an improvement in this question.

The Board noted that the Trust was ranked at first place in the South West for the completion rate of the staff survey and seventh overall out of the 223 organisations who used this measurement for their staff surveys. Encouragement could be drawn on this survey as a proxy for engagement to drive sustainability to continue on this improvement journey for the organisation, focusing on the top contributing areas through Improving Together methodology.

Lizzie Abderrahim, Non-Executive Director asked if there was any relationship between the numbers of people who had stated in the survey responses that discrimination had been experienced and the correlation with actual complaints. Jude Gray, Chief People Officer replied that this was to be explored further as part of the deep dive into the staff survey results and would be received by the Board at the May meeting.

Action: Chief People Officer **JG**

Use of Resources

Simon Wade, Chief Financial Officer reported on the breakthrough objective for productivity. It was noted that productivity in total had improved to an overall total -16% for Month 10 from last month, however this was still a 2% improvement from the -18% at the end of 2022/23. The productivity measure continued to be against 2019/20 cost change as it measured the increased cost from 2019/20 levels. Productivity at the end of January had

Minute	Description	Action

mainly deteriorated from the previous month due to the financial position being £3.7m deficit year to date. This was at a -14% productivity level but was still ahead of the original plan for Month 10.

Actions were also being taken to focus on run rate savings, which included the reduction of the monthly spend through strong grip and control, particularly on temporary staffing and vacancies, in terms of headcount control.

The Board noted that a deep dive into productivity was to be undertaken by Finance, Infrastructure & Digital Committee.

In response to a question raised by Claudia Paoloni, Non-Executive Director on corporate services, Simon Wade, Chief Financial Officer reported that a review on shared services was being undertaken both internally and at system level.

The Board noted that the breakthrough objectives for 2024/25 were to be adjusted to reflect areas for delivery and that the pillar metrics would be revised in line with the 2025/26 strategy for the Trust and to line up with system-wide objectives.

Board Assurance Reports

Our Performance
Performance, Population and Place Committee Chair Overview
The Board received an overview of the detailed discussions held at the Performance, Population and Place Committee (PPPC) at its meeting on 28 February 2024 and the following was highlighted:

- The Single Oversight Framework position was noted and that actions were in place to mitigate the risk of deterioration to SOF 3. These related to cancer faster diagnosis, 62 day and tiering position, and also improvement work in relation to mortality recording.

- An update on the details of the draft Swindon Plan produced by Swindon Borough Council had been received, together with the Trust's opportunity to influence the plan and to align it with the Trust's developing 2024+ strategy.

The Board **noted** the report.

Our Care
Quality & Safety Committee Chair Overview
The Board received an overview of the detailed discussions held at the Quality & Safety Committee (QSC) at its meeting on 22 February 2024 and the following was highlighted:

- The ongoing work to drive improvement with the water Pseudomonas infection rate was noted which had resulted in a continued reduction in positive sampling counts. QSC was assured that regular reporting could now be received on a quarterly basis.

- A mortality review report was received from the new Trust Mortality Lead which had identified the current position around the mortality governance processes and activities, work undertaken to date and forward action plan. A robust action plan was in place to address the main issues and that workstreams had commenced for additional focus at a departmental and divisional level, introduction of local dashboards, improving together activity and process mapping.

The Board **noted** the report.

Minute	Description	Action

Use of Resources

Finance, Infrastructure & Digital Committee Chair Overview

The Board received an overview of the detailed discussions held at the Finance, Infrastructure & Digital Committee (FIDC) at its meeting on 26 February 2024 and the following was highlighted:

- An update had been received on the BSW financial position, which had highlighted the challenge to the system in delivering its financial plan. Whilst proposed actions presented a constructive way forward, the pace of delivery of the plans and the requirement for more mature governance processes and consistent criteria and measures at the ICS level required further assurance.

- In-month efficiency savings exceeded the target by £0.2m, but on a year-to-date basis, it was £1.8m behind plan. Good progress continued to be made in identifying schemes for the 2024/25 efficiency programme. There continued to be a focus on multi-year transformation and system-wide collaboration and it was essential to balance the establishment of these initiatives with shorter implementation schemes in 2024/25.

  The Committee continued to be assured of the progress being made to establish the EPR with an effective governance model in place to address the requirements of all three trusts. However, funding was still a risk.

- The No PO No Payment Policy had now been approved and that its implementation would continue to be monitored.

The Board **noted** the report.

Our People

People & Culture Committee Chair Overview

The Board received a verbal, due to timing of the meeting, overview of the discussions held at the People & Culture Committee (PCC) at its meeting on 27 February 2024.

Paul Lewis, Non-Executive Director highlighted to the Board that the levels of assurance from previous years continued to show significant improvement. The results for both the Trust and national staff survey were awaited and the latest staff survey response rates at 69% were encouraging.

The Board **noted** the report.

268/23 **Charitable Funds Committee Board Assurance Report**

The Board received an overview of the detailed discussions held at the Charitable Funds Committee (CFC) at its meeting on 14 February 2024 and highlighted the following:

- The structure and governance around charitable funds were now very robust and that this had been externally validated by a commissioned external audit.

- The new approach for monitoring the spending plans for Divisions and Fund Managers continued to work well and that in future the Committee would receive quarterly summaries about the collective position and progress on all spending plans.

The Board **noted** the report.

269/23 **Learning from Deaths: Trust Mortality Report Q3 2023/24**

The Board received and considered a report which provided a summary of the Trust-wide mortality data report for the reporting period Q3 2023/24.

Minute	Description	Action

Steve Haig, Acting Chief Medical Officer explained that a review of the report format was underway with significant changes on how the report would be presented and the processes around it, any identified significant issues and learning from deaths with a robust assessment and action plan. It had also been agreed that SHMI (Summary Hospital Mortality-Level Indicator) was to be used as the primary mortality index for GWH to enable a more up to date understanding of mortality trends and identification of themes for learning.

It was noted that issues remained around coding and that admissions to SWICC were being coded as elected rather than emergency, which had caused issues with calculation and had continued to show GWH as below the national average. The Board was informed that a change had been enacted from a recording perspective to SWICC that had also resulted in a baseline change to provide confidence around actions when translating data.

The engagement of clinical staff for structured judgement reviews was also being addressed through job planning to allow dedicated time and that turnaround times for SJRs was to be implemented for mandatory categories and shared learning.

Steve Haig, Acting Chief Medical Officer highlighted that areas which were flagging related to harm from falls, adequate documentation and completion of RESPECT forms, coding issues and ordering of medical history notes.

It was noted that the Quality & Safety Committee would continue to have oversight and scrutiny of Trust Mortality Reports and action plans to provide ongoing assurance to the Board. SJRs would also be included in Executive Review packs going forward and that this would be reflected in the Trust Management Committee minutes and up to Board.

Paul Lewis, Non-Executive Director reflected on the reference to the national guidance learning from deaths from NHS England and was the Trust internally or externally audited against the national guidance standards and was the Trust compliant in the right areas to provide assurance that data was checked and validated. Steve Haig, Chief Medical Officer agreed to provide further assurance around this and would be included in the next report.
Action: Chief Medical Officer **SH**

The Board **noted** the report.

270/23 **Gender Pay Gap Report**
The Board received and considered the Gender Pay Gap Report for 2022/23 which summarised the results of the analysis and background information. It was noted that this had also been discussed in detail by the People & Culture Committee. Jude Gray, Chief People Officer outlined the progress that had been made by the Trust in relation to the gender pay gap and this was noted by the Board.

RESOLVED:
The Board **agreed** that the Gender Pay Gap Report could be published on the Trust website.

Consent Items
Consent Items Note – these items are provided for consideration by the Board. Members were asked to read the papers prior to the meeting and, unless the Chair / Company Secretary received notification before the meeting that a member wished to debate the item or seek clarification on an issue, the items and recommendations would be approved without debate at the meeting in line with the process for Consent Items. The recommendations would then be recorded in the minutes of the meeting.

271/23 **Ratification of Decisions made via Board Circular**
None.

Minute	Description	Action
272/23	**Fit & Proper Persons Test Policy** The Board received and considered the revised Fit and Proper Persons Test (FPPT) Policy, following changes implemented by the new Fit and Proper Persons Test Framework published in August 2023. Caroline Coles, Company Secretary provided a brief outline of the processes within the new policy and noted the Fit and Proper Persons Test process flowchart.. **RESOLVED:** The Board **approved** the Fit and Proper Persons Test (FPPT) Policy.	
273/23	**Urgent Public Business (if any)** None.	
274/23	**Date and Time of next meeting** It was noted that the next meeting of the Board would be held on 2 May 2024 at the DoubleTree by Hilton Hotel, Swindon.	
275/23	**Exclusion of the Public and Press** The Board **resolved** that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted publicity of which would be prejudicial to the public interest.	

The meeting finished at 12.30hrs

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – May 2024				
ARAC – Audit, Risk and Assurance Committee, CFC – Charitable Funds Committee, FIDC – Finance, Infrastructure & Digital Committee, PPPC – Performance, Population and Place Committee, PCC – People & Culture Committee, QSC – Quality & Safety Committee, RemCom – Remuneration Committee				
Date Raised	**Ref**	**Action**	**Lead**	**Comments/Progress**
7 March 2024	267/23	**IPR Quarterly Pillar Metric Deep Dive – Our People** Discrimination experienced by staff to be explored further as part of the deep dive into the staff survey results.	Chief People Officer	May 2024 Board agenda item
7 March 2024	269/23	**Learning from Deaths: Trust Mortality Report Q3 2023/24** Further assurance to be provided on validated data against national guidance standards to be included in the next report.	Chief Medical Officer	For Q&SC
7 March 2024	265/23	**Chief Executive's Report – Faster Flow February** Outcomes of the Faster Flow initiative to be received at the Performance, Population & Place Committee, together with how the learning would be applied to drive improvement on performance indicators.	Chief Operating Officer	For PPPC meeting (May 2024)
1 February 2024	241/23	**Finance, Infrastructure & Digital Committee Chair Overview** Director of Procurement to be invited to a future meeting to provide further clarity on the Provider Selection Regime.	Chief Financial Officer	The Board were satisfied with the briefing attached to the FIDC report. No further action required. **Closed**

Future Actions				

Report Title	**Care Reflection (Patient Story)**				
Meeting	**Board of Directors**				
Date	**2nd May 2024**	Part 1 (Public) [Added after submission]		Part 2 (Private) [Added after submission]	
Accountable Lead	Lisa Cheek, Chief Nurse				
Report Author	Tania Currie, Head of Patient Experience and Engagement Georgia Cotton, Videographer				
Appendices	Powerpoint Presentation				

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

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

Report

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

This Care Reflection shares the story of Kerry.

Kerry was diagnosed with Parkinsons disease 7 years ago. This followed a period of uncertainty around the cause of her developing symptoms.

Kerry explains the impact of the diagnosis on all aspects of her life and how this has affected her both physically, psychologically, and socially. She shares how the Parkinsons team have supported her through this and have assisted her in managing her symptoms, improving her function, and reducing the negative aspects of this long-term condition.

Kerry is proactive in managing her condition but expresses her gratitude and praise for the support that she has received from the GWH service.

The patient experience and learning identified from this case will be shared widely across the trust.

The film can be viewed at: https://youtu.be/ID18VEGfOZ4

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x				
Key Risks					**Risk Score**

– risk number & description (Link to BAF / Risk Register)	NA	
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	The learning from this care reflection will be shared widely via divisional governance structures across the trust	
Next Steps		

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?		**X**	
Does this report provide assurance to improve and promote equality, diversity, and inclusion / inequalities?			**X**
Explanation of above analysis: Not formally assessed			

Recommendation / Action Required

The Board/Committee/Group is requested to:

- To receive the presentation as assurance of the developments and improvements in patient pathways of care identified from this Care Reflection.

Accountable Lead Signature	
Date	3 April 2024

Report Title	**Chair's Board Report**				
Meeting	**Trust Board**				
Date	**2 May 2024**	Part 1 (Public)	x	Part 2 (Private)]	
Accountable Lead	Liam Coleman, Chair				
Report Author	Caroline Coles, Company Secretary				
Appendices	n/a				

Purpose

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

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Process

Substantial	x	Good		Partial		Limited	
Governance and risk management arrangements provide **substantial assurance** that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being **consistently applied** and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide **good levels of assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied** and **implemented but not across all relevant services**. Outcomes are generally achieved but with **inconsistencies** in some areas.		Governance and risk management arrangements provide **reasonable assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied but insufficient to demonstrate implementation widely across services**. Some evidence that outcomes are being achieved but this is **inconsistent across areas and / or there are identified risks to current performance**.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. **Little or no evidence** is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the above assurance rating. Where 'Partial' or 'Limited' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Report

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

This report provides the Board of Directors with a summary of key headlines and shares information on governance developments within the Trust and externally.

The report provides information in respect of:-

- Council of Governors – Key Meeting Dates
- Non-Executive Directors
- Strengthening Board Oversight
- Trust Chair - Key Meeting Dates.

	Safe	Caring	Effective	Responsive	Well Led
Link to CQC Domain – select one or more					x
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x

Key Risks – risk number & description (Link to BAF / Risk Register)	-	**Risk Score**
	-	
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	-	
Next Steps	-	

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?			x
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?			x
Explanation of above analysis:			

Recommendation / Action Required The Board/Committee/Group is requested to:	
The Board is requested to note the contents.	
Accountable Lead Signature	Liam Coleman, Chair
Date	15 April 2024

Chair's Board Report

This report provides the Board of Directors with a summary of key headlines and shares information on governance developments within the Trust and externally during March and April 2024.

1. Council of Governors

1.1 Key meetings, training and events during March and April 2024 which governors participated:-

Date	Event	Purpose
5-Mar-24	Engagement & Membership Working Group	To advise and support the Trust in increasing Trust membership and improving membership engagement
8-Mar-24	Trust Board Meeting – Observers	Holding the Non-Executive to account
12-Mar-24	Public Health Lecture – Cardiac Causes / What to do in a crisis	Governors host to promote membership
22-Mar-24	Lead governors met with Chair and CoSec	Regular meeting to update and discuss any topical issues
22-Mar-24	Governor Ward Visit – Sleep Apnoea Clinic	For development and learning
12-Apr-24	Governor Ward Visit – Children's Ward	For development and learning
16-Apr-24	Business & Planning Working Group	To identify key issues in relation to address in relation to Trust finances and business planning. The Group received updates on the financial position and finance risks, infrastructure, digital, performance including ED waiting times and system working. This meeting is

		aligned to the Board Committees Finance, Infrastructure & Digital and People, Population & Place.
24-Apr-24	People's Experience & Quality Working Group	To identify key issues in relation to service users and staff experience and the quality of the work of the Trust. The Group received updates on implementation and challenges of the Integrated Front Door (IFD), quality accounts, and patient experience. This meeting is aligned to the Board Committees Quality & Safety and People & Culture.
29-Apr-24	Council of Governors meeting	Meeting of the whole group quarterly to gain assurance, on behalf of the membership and the public, on the organisation's performance, with a particular focus on service quality. The Council received updates on virtual ward and the community services contract.

2. Non-Executive Directors

2.1 Helen Spice and Faried Chopdat commenced their second term of office from 1 April 2024.

2.2 Julian Duxfield took over as Chair of People & Culture Committee and Charitable Funds Committee from April 2024.

2.3 From 1 April 2024 Faried Chopdat steps into the role of Deputy Chair.

2.4 Lizzie Abderrahim will take over the Maternity Board Safety Champion.

3. Strengthening Board Oversight & Development

3.1 Board Workshop : The Board held a development session on 2 April 2024 which covered Risk Management for Boards provided by NHS Providers and the Way Forward Programme around expansion land developments.

3.2 Safety Visits - There were 4 Board safety visits during the period covered by this report as follows:-

Date	Area	Board Member
6 March 2024	Forest Ward	Felicity Taylor-Drewe, Chief Operating Officer Liam Coleman, Chair
25 March 2024	Physiotherapy & Occupational Therapy	Steve Haig, Chief Medical Officer Will Smart, Non-Executive Director Bernie Morley, Non-Executive Director
22 April 2024	Maternity	Lisa Cheek, Chief Nurse

		Julian Duxfield, Non-Executive Director
24 April 2024	Mercury Ward	Jude Gray, Chief People Officer Lizzie Abderrahim, Non-Executive Director

4. Trust Chair Key Meetings during March & April 2024

Meeting	Purpose
Monthly meeting with Non-Executive Directors & Associate Non-Executive Directors	Regular meeting to update and discuss any topical issues
Monthly Chair/Lead Governors' Meeting	Regular meeting to update and discuss any topical issues
1-2-1 meeting with Chief Executive	Regular meeting
Chief Executive appraisal with Chair	Annual appraisal
1-2-1 meeting with Chief Financial Officer	Regular meeting
Finance, Infrastructure & Digital Committee	To attend as an observer
Quality & Safety Committee	To attend as an observer
Performance, Population & Place Committee	To attend as a member
Mental Health Governance Committee	To attend as a member
Council of Governors	To attend as Chair of meeting
ICB-AHA Committees in Common	Regular system meeting
AHA Acute Sustainability Workstream	System meeting
Wiltshire Health & Care Members' Board	To attend as a member
Wiltshire Health & Care – Acute Chairs and CEOs	Discussion meeting
BSW Chairs' Catch Up	Regular meeting to update and discuss any topical issues
Follow up meeting with BSW ICB and WHC Members	System meeting
Meeting with Leader of Swindon Borough Council	Networking meeting
NHS ICB and Trust Chairs Event	NHS Providers Event in London
Health & Wellbeing Champion Forum	Regular meeting
SW HWB Guardian Network	System meeting
HWB Oversight Committee	System meeting

Report Title	**Chief Executive's Report**				
Meeting	Trust Board				
Date	2 May 2024	Part 1 (Public)	x	Part 2 (Private)]	
Accountable Lead	Jon Westbrook, Acting Chief Executive Officer				
Report Author	Jon Westbrook, Acting Chief Executive Officer				
Appendices	N/A				

Purpose

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

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Board members are asked to note the report

Substantial		Good		Partial		Limited	
Governance and risk management arrangements provide **substantial assurance** that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being **consistently applied** and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide **good levels of assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied** and **implemented but not across all relevant services**. Outcomes are generally achieved but with **inconsistencies** in some areas.		Governance and risk management arrangements provide **reasonable assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied but insufficient to demonstrate implementation widely across services**. Some evidence that outcomes are being achieved but this is **inconsistent across areas and / or there are identified risks to current performance**.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. **Little or no evidence** is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the above assurance rating. Where 'Partial' or 'Limited' assurance has been indicated above, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

The Chief Executive's report provides an overview of a broad range of current issues at the Trust themed around operations, quality, systems and strategy, and workforce, wellbeing and recognition.

Report

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

The report includes updates on:

- Recent operational pressures
- Industrial action
- Care Quality Commission inspection of our maternity services
- New service for patients with heart failure
- Shared Electronic Patient Record
- Financial position
- Integrated Front Door
- Staff Excellence Awards – our finalists
- Staff survey results

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
	x	x	x	x	x

Links to Strategic Pillars & Strategic Risks – select one or more	★			
	x	x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)				**Risk Score**
	N/A			
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	N/A			
Next Steps	none			

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	x		x
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	x		x

Explanation of above analysis:

The report covers the Care Quality Commission report in to our maternity services. One of the areas that the inspection team highlighted was the maternity service working in collaboration with a university to train staff in 'Black Maternity Matters', which they said was outstanding practice.

The Patient-Led Assessment of Care Environment survey is mentioned in the report, and details how we ranked highly for non-clinical services for patients with disabilities and dementia.

Our Integrated Front Door is featured in the report, focussing on how we have engaged with representatives from the dementia, learning disability and autism communities, along with adolescent mental health services to ensure the new environment takes in to account their needs.

The finalists for our Staff Excellence Awards are detailed in the report; one of the award categories celebrates the work of staff who have championed equality, diversity and inclusion.

Recommendation / Action Required The Board/Committee/Group is requested to:	
To note the report	
Accountable Lead Signature	Jon Westbrook, Acting Chief Executive Officer
Date	22 April 2024

1. Operational updates

1.1. Recent pressures

Following an extremely busy bank holiday weekend, the Trust declared an internal critical incident on the evening of Easter Monday, reflecting the pressure which was being felt across the organisation.

The declaration of the incident enabled renewed focus on our efforts to generate more bed capacity to support the safe care of our patients.

Thanks to the efforts of staff, two days later we were able to downgrade the incident to a business continuity incident, which reflected a slight easing of the pressure although we continued to be very busy.

Following the incident, on Friday 5 April and Monday 8 April we joined forces with partner agencies from across Bath and North East Somerset, Swindon and Wiltshire, to host a multi-agency discharge event.

This event aimed to support improved patient flow across our areas, recognise and unblock delays and simplify complex discharge processes. Staff worked to reduce patients' length of stay, and increase the number of discharges completed before lunchtime.

Each day, representatives from the site team, community nursing and therapy services, Swindon and Wiltshire Councils, primary care and the Integrated Care Alliance visited wards to review every patient's care pathway, identify and unblock any delays to discharges and then ensure these discharges were safe and timely.

Taking a multi-agency approach to individual care pathways helps to ensure that patients who are well enough to go home – but are awaiting further support such as a social care package, a care home bed or community care – are able to return home much quicker with their ongoing care needs in place before they leave the hospital.

1.2. Industrial action

The British Medical Association (BMA) has announced that its junior doctor members have voted in favour of continuing their industrial action.

This means the BMA has a mandate for strikes, and action short of a strike, from 3 April to 19 September.

Specific dates for when the next strike will take place have not yet been announced.

Separately, the BMA's consultants committee announced last month that it had accepted the Government's offer on pay for consultants in England and reform to the pay review body. This brings to an end the current dispute with the Government that has continued for over a year.

2. Quality

2.1. Care Quality Commission maternity report

In March the Care Quality Commission (CQC) published its report in to its inspection of our maternity services in September 2023. The CQC changed its rating of our maternity services from Good to Requires Improvement.

Following the inspection, staff working across maternity services took immediate steps to begin to address some of the areas that were raised with us by the CQC back in September, alongside a number of improvements that had already been implemented prior to the inspection.

Thanks to the hard work of all staff, there were also a number of areas highlighted by the CQC as really positive steps forward in the delivery of care, including good morale, well-controlled infection risks and a positive sense of teamwork. They also identified the service working in collaboration with a university to train staff in 'Black Maternity Matters' as outstanding practice.

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 antenatal check-ups and care on the ward after birth, and in the top five Trusts for questions relating to care at home after birth.

The CQC did identify some additional areas that the Trust must take action in. This included increased mandatory training completion, and the team have already made improvements in this area.

It was also identified that the service must ensure that triage processes are safe and risk assessments are carried out. In February this year the team introduced one singular triage service for all women and birthing people in one physical on-site location where they are reviewed and assessed. This single triage model is already improving the patient experience and efficiency, and the aim is for all women to be seen within 15 minutes of their arrival. Positively, the percentage rate of people being seen in this time-frame has already significantly increased.

The CQC also identified the need to improve audit and incident review and documentation, and the senior leadership team have put new and robust processes in place in this area.

Overall, the report is disappointing for maternity staff who work extremely hard to provide high quality care to their patients. Working with staff, we have created an action plan to comprehensively address all of the areas raised by the CQC and we are committed to ensuring these are all significantly improved well in advance of the next time we are visited by inspectors.

We are confident that the inspection team will see the improvements which have been made.

2.2. Patient-led care assessment

We ranked highly for non-clinical services for patients with disabilities and dementia in the recent Patient-Led Assessment of Care Environment survey, which puts patient views at the centre of the assessment process.

Non-clinical services for disabled patients scored 96% - among the top 25 Trusts in the country. The national average for these services was 85%.

Services for patients with dementia were ranked at 91%, compared to a national average of 85%.

Other areas ranked highly included our overall food offering, and the privacy, dignity and wellbeing support provided to patients.

We remain committed to improving non-clinical services across all areas and will focus in particular on improving the accessibility of our services, as well as the maintenance of our facilities.

2.3. New service for patients with heart failure

Our team on Mercury Ward have launched a new service to develop the care for patients with heart failure.

By reorganising our space and recruiting a Geriatrician with a specialist interest in cardiology, we have been able to increase our capacity for patients admitted with heart failure to have their care managed by a specialist.

Heart failure is one of the most common causes of admission to hospital with the average age of admission being 78.

These changes mean more patients will be able to be cared for by a heart failure specialist, improving outcomes.

2.4. Call for Concern

We are supporting a national campaign, which we are calling ‘Call 4 Concern’, which seeks to empower relatives, friends and carers to speak up if they think they have noticed medical deterioration in a patient.

As the loved ones of patients know them better than anyone, they are often more likely to notice changes to their health and wellbeing, or spot signs early on that they are becoming more unwell.

Call 4 Concern provides families with a way of speaking to the Critical Care Outreach team should they have patient safety concerns and wish to receive urgent help and advice.

We ask that families speak with staff on the ward in the first instance but if they wish to speak to another clinician we should support them to do so.

3. Systems and Strategy

3.1. Shared Electronic Patient Record

Our plans to implement a high functioning and fully integrated Electronic Patient Record (EPR), have been approved by NHS England.

As part of the Acute Hospital Alliance, working alongside the Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust, we’re going to work together and share a single digital solution.

The investment will expand the use of digital technology to achieve better sharing of information about our patients and their needs.

We’re pleased to have signed contracts with Oracle Health who have been selected as the provider of our new shared EPR. Not only will the new system help our clinicians to work more efficiently with instant and secure access to a complete record of patient data, but it will also reduce variations in clinical pathways, standardise care processes, and enable more time spent on improving patient outcomes within a single information space.

This marks a milestone in our ongoing digital transformation across the Trust and is part of our recognition that by working together with partners we can use our collective resources to give patients the best outcomes possible whilst improving the working lives of our staff.

3.2. Financial position

Thanks to a significant amount of work by staff, we finished the 2023/24 year with a £0.15m surplus.

This is positive, but a number of cost pressures during the financial year were covered by non-recurrent income streams.

Of the £14.3m savings delivered in 2023/24, only £6m was recurrent.

This has a direct impact on our underlying deficit position moving into 2024/25. Work has already begun on developing recurrent savings for the coming year, with a challenging target in excess of £20m.

All Divisions and Directorates have been asked to review their current resources and services, and to propose options for how we constrain our spending on a recurrent basis, deliver our recurrent efficiency targets and improve our underlying financial position.

Reducing spending on agency and Bank staff will be a real focus this year.

3.3. Integrated Front Door

There are now less than 100 days to go before the new Integrated Front Door opens to patients.

The new Emergency Department is set to open in July, with the Children's Emergency Unit, Same Day Emergency Care and Medical Assessment Units following in October.

We are now offering staff the opportunity to have site tours to see the construction site before the new facility opens.

A significant amount of community engagement work has been underway to ensure that the interiors of the new building best meet the needs of the population it will serve.

Workshops have been held with representatives from the dementia, learning disability and autism communities, along with Healthwatch, children and adolescent mental health services, wheelchair users, spinal injury patients and local carers.

We recently attended Shaw Ridge Primary School and Nursery to get pupils' ideas for how we can make the new unit as welcoming and supportive as possible for younger patients, and when local cubs and scouts visited the site we asked for their views on how to make the environment suitable for younger people.

A public forum has also been held for local people to find out more about the construction.

3.4. Sulis Elective Orthopaedic Centre

Plans submitted by the Royal United Hospitals Bath NHS Foundation Trust to build the new Sulis Elective Orthopaedic Centre have been approved by Bath and North East Somerset Council.

The new wing at Sulis Hospital's site in Peasedown St John will act as an NHS elective surgery hub, with building work due to be completed later this year.

The plans include two additional modular theatres, extra inpatient capacity, seven more day case pods, and conversion of two existing theatres to laminar flow theatres, providing a work area with sterile conditions and high standards of cleanliness.

The centre should be able to perform 3,750 extra non-emergency orthopaedic operations on patients in the South West every year. Around 100 new jobs are expected to be created.

Approximately 60% of the capacity will be used to carry out elective orthopaedic procedures that would otherwise be managed at the RUH site, with the remaining 40% available to support the wider region's NHS elective recovery programme and future growth in demand.

3.5. Fuller inquiry

Board members are advised that the phase one report by the independent inquiry into the issues raised by the David Fuller case has been published online.

The inquiry has been established to investigate how David Fuller was able to carry out inappropriate and unlawful actions in the mortuary of Maidstone and Tunbridge Wells NHS Trust and why they went apparently unnoticed, for so long.

A phase one report, looking at the broader national picture and the practices and procedures in place to protect the deceased in the NHS and other settings, is planned for publication at a later date.

3.6. Car parking

Last month we launched a new car parking system for visitors.

Public car parks are now managed using an automatic number plate recognition system with pay on exit at the front of the hospital, and pay and display in the Brunel Treatment Centre.

A new staff car parking system using the same technology was due to be launched at the end of last month.

3.7. NHS England priorities

NHS England published its 2024/25 priorities and operational planning guidance at the end of March.

The immediate national priority continues to be the recovery of core services and productivity following the pandemic, while making further improvements to access, quality and safety.

The long-term ambition remains to transform the NHS to be fit for the future and to improve population health more broadly

The guidance emphasises that, having increased capacity in recent years, the service must now consolidate, given the flat real terms financial settlement for 2024/25.

Integrated Care Boards and providers are expected to meet a minimum 2.2 per cent savings target, improve workforce productivity and reduce agency spend, and increase operational and clinical productivity.

4. Workforce, wellbeing and recognition

4.1. Staff Excellence Awards

The finalists for our Staff Excellence Awards have been announced ahead of the ceremony taking place at the MECA in Swindon on Friday 14 June.

We had more than 250 nominations for the awards and the judging panel had a difficult task to choose just a few finalists per category due to the high quality of the nominations.

This year's finalists are:

Star of the Year 2023/24 Award:

- Kirsty Nelson-Smith, Consultant
- Oriel Davies, Lead Radiographer
- Colleen Wells, Healthcare Science Manager
- Carolyn Milsom, Sofia Khwaj and Mia Crowther, Community Nursing Team

Patients Choice Award:

- Saturn Ward
- Laura Kent, Hepatology Specialist Nurse
- UTC and ED Paediatric services
- Ros Freestone, Infant Feeding Specialist

Team of the Year Award:

- Department of Older Persons Advanced Clinical Practitioners
- Urgent Treatment Centre
- Finance Team
- Integrated Safeguarding Team

Improving Together Award:

- Teal Ward
- Trauma Ward
- Pete Coutts, Deputy Director for Integrated Care and Community
- Same Day Emergency Care Team

Leading the GWH Way Award:

- Jon Freeman, Health and Wellbeing Clinical Lead and Psychologist
- Jo Field, Principle Speech and Language Therapist and Helen Noble, Head of Speech and Language Therapy
- Phil Peacock, Paediatric Consultant
- Zara Norman, Matron

Kindness Award:

- Elizabeth-Anne Mallon, Clinical Fellow
- Sharon Crippen, Physiotherapy Assistant
- Susan Knowlton-Bush, Senior IT Service Desk Analyst
- Chelsey Tyler, Physiotherapist

Improving Patient Experience Award:

- Tracey Carr, Physiotherapist
- Nicola Knightly, Bone Marrow Transplant Advanced Clinical Practitioner
- Critical Care Follow Up Clinic Team
- Rebecca Arthur and Rachel Taylor, Falls Team

Hero Award: Beyond the Call of Duty:

- Gemma Turnbull, Tracheostomy Practitioner
- Tanaji Dasgupta, Consultant Nephrologist
- Tina Radway, Cardiology Secretarial Team Leader
- Rhiannon Barham, Community and Medicines Safety Pharmacy Technician

GWH Rising Star Award:

- Megan Edwards, Communications and Marketing Officer
- Laura McCafferty, Clinical Research Assistant Practitioner
- Sophie Reid, Receptionist
- Donna Noonan, Head of Service for Research and Innovation

Championing Equality, Diversity and Inclusion Award:

- Charlotte Hunt, Outreach and Engagement Research Nurse
- Katie Banks, Wider Workforce Administrator
- Anna Jeffery, Nurse Practitioner
- Trish O'Connell, Matron

Lifetime Achievement Award:

- Sally Charlton, Transfusion Practitioner
- Sue Corbett, Receptionist and Support Secretary
- Andy Beale, Consultant
- Yvonne Harrison, Administrator

4.2. STAR of the Month awards

Recent STAR of the Month award winners include:

- Luis Oliveira, Gastroenterology Specialist Registrar, who was recognised for always going above and beyond with his patients, taking time to explain procedures to them and acknowledge their concerns. He was also commended for the way he communicates with his colleagues, and the support he shows to junior members of the team.

- Sue Corbett, Trust HQ Receptionist and Admin Assistant. For the last 22 years, Sue has been working extremely hard in Trust HQ. Her can-do attitude has made her popular with staff and visitors, and she helps to create a warm, light-hearted environment in the office. She has been described by many as kind and attentive to everyone's needs; flexible and hardworking. Sue helps to make everyone feel welcome on arrival with a smile.

4.3. Staff survey

The results of the national NHS Staff Survey were published in March, and show some positive improvements for our Trust.

Our 69 per cent response rate is the best we have ever had, and the second highest in the country. The median response rate was 45 per cent.

A total of 3,925 staff came forward to share their feedback and this gives us a large amount of information about how staff feel about working for the Trust.

In 83 of the questions asked we saw an improvement compared to last year and the Trust scored above the national benchmark in 59 questions.

Some of the highlights of the results include a 6.3 per cent increase to 59.6 per cent of staff saying they would recommend the Trust as a great place to work, and 55.1 per cent of staff saying they can make improvements in their area – a rise of 3.2 per cent.

Compared with the previous year's scores, the morale theme is significantly better.

The results and free text comments will help drive forward the next 12 months of improvement work across the organisation, and we will work hard to address the areas which indicate we need to do better as we have seen a decrease in some scores.

This includes more staff who have reported that they have experienced discrimination from a colleague or manager and a decline in themes around team working, for example in a question asking about whether staff enjoy working with their colleagues. Addressing these areas will be one of our key priorities in 2024/25.

4.4. Unsung Hero Awards

Megan Edwards, from our Communications team, was recognised as a finalist in the national Unsung Hero Awards, which recognise the work of non-clinical NHS staff and volunteers. Megan leads on our recruitment marketing helping to promote the Trust as a great place to work.

4.5. Celebrating neurodiversity

We held a Neurodiversity Event in the Academy, as part of Neurodiversity Celebration Week. Various speakers, including South Swindon MP Sir Robert Buckland, talked about what neurodiversity is, how it should be celebrated in the workplace and several attendees also shared their own experiences.

4.6. EAP provider

During the earlier stages of the Covid-19 pandemic, we launched a 24/7 Employee Assistance Programme (EAP) to provide all staff with a confidential, safe space for health and wellbeing support.

We have now moved to a new Employee Assistance Programme provider, Vivup. Through this provider all staff have access to a range of employee support designed to improve their physical, financial and mental wellbeing.

Staff can access confidential, impartial assistance to help them in times of need including a 24/7, 365 days helpline.

The new provider has also provided staff with access to a range of savings at some of the UK's major retailers.

4.7. Green week

We marked the first ever Nursing and Midwifery Green Week, which provided an opportunity to amplify the contribution of nursing and midwifery colleagues in delivering the NHS net zero carbon ambition.

During the week, Green ED were highly commended at the NHS England South West Greener Nursing and Midwifery Week awards for their work in the Emergency Department to become carbon neutral. This is the first nurse-led Green ED project in the country.

The Critical Care Unit were also finalists at the awards for implementing the Intensive Care Society's 'Gloves Off in Critical Care' project, with the aim of reducing the unnecessary use of gloves.

4.8. Healthcare scientists

We marked Healthcare Science Week last week with an event in the Academy, 'Clinical Research in Healthcare Science', as we shone a light on the 330 healthcare scientists working in different specialities across the Trust.

Healthcare scientists work in fields such as pathology, cardiology, radiology, audiology, microbiology, among others, playing a vital role in the prevention, diagnosis and treatment of a huge number of medical conditions.

Board Committee Assurance Report

Committee	**Performance, Population & Place Committee**	
Meeting Date	27th March 2024	
Committee Chair	Bernie Morley, Non Executive Director	
Link to Strategic Objective	Pillar 3: Joining up acute and community services in Swindon	
Link to Board Assurance Framework	BAF 3: SR 5 – Performance and SR6 - Partnerships	
Improving Together Pillar Metrics	Emergency Attendance	Waiting List – over 65 week waiters
	No Criteria to Reside	Cancer Waiting Times
Improving Together Breakthrough Objective	Time in ED – Clinically Ready to Proceed	

Items received by the Committee	Level of Assurance	Board Action Required? Yes ✓ or No x
1. Partnership Update	Noting	
2. Planning Update	Noting	
3. Operational Highlight Report	See IPR below	
4. IPR - NCTR	Partial	
5. IPR - DM01	Partial	
6. IPR - RTT	Partial	
7. IPR - Cancer	Partial	
8. IPR - ED	Limited	
9. 15+ Risk Report	Good	
10. Perfect Week Update	Noting	

POINTS OF ESCALATION	None.
KEY AREAS TO NOTE	**Partnership update:** Latest version of GWH Operational Plan submitted, still pending confirmation of national guidance. Our plan is non-compliant at system and organisational level due to the financial, workforce and performance challenges facing our services and this presents a significant risk for the Trust. Community services bid submission due to the ICB on 17th April. AHA reset for 2024/25 focusing on Electronic patient care record (EPR), BSW Communities together and acute sustainability / financial recovery. Noted the GWH response to Hampshire Together options appraisal for new hospital build. Concern noted that Hampshire's preferred option could result in an impact on GWH in the order of 2600 additional A&E attendances, converting to a requirement of 1-22 inpatient beds; 150 additional births and additional paediatric admissions. **Performance update:** Noted concerns on virtual ward occupancy reduction to 53% and impact on flow. Additional Urgent Treatment Centre attendances over Winter have affected 4hr performance delivery.

	Noted an improvement in longest ambulance handover delays (6 hour waits reducing) Focus on 4hr performance in March. Noted impact of recovery work on reductions in 62 day cancer breaches and patients waiting longer than 65 weeks on referral to treatment time pathways. Perfect week presentation highlighted opportunity from improved communication to reduce DNAs. Room utilisation needs to be better understood to maximise usage and productivity.
BOARD ASSURANCE FRAMEWORK & RISKS	Noted changes to 15+ risks: Risk 711- Acute Medicine vacancies increase to 15 (from 12). Two risks are under review and likely to increase: Risk 730 – Endoscopy waits – increase to 20 (from 16) Risk 731 – Ambulance handover delays – increase to 20 (from 15).”
CELEBRATING OUTSTANDING PRACTICE AND INNOVATION	Diagnostics 6 week wait performance - 10 percentage point increase in February compared to previous month.
REFERRALS TO OTHER BOARD COMMITTEES	Not applicable.

Key to lead committee assurance ratings Assurance provides ‘confidence / evidence/certainty that “what needs to be happening is happening in practice - ‘Do we really know what we think we know?	
SUBSTANTIAL	**Substantial Assurance**: Governance and risk management arrangements provide substantial assurance that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being consistently applied and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.
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Board Committee Assurance Report

Committee	**Performance, Population & Place Committee**	
Meeting Date	24th April 2024	
Committee Chair	Bernie Morley, Non Executive Director	
Link to Strategic Objective	Pillar 3: Joining up acute and community services in Swindon	
Link to Board Assurance Framework	BAF 3: SR 5 – Performance and SR6 - Partnerships	
Improving Together Pillar Metrics	Emergency Attendance	Waiting List – over 65 week waiters
	No Criteria to Reside	Cancer Waiting Times
Improving Together Breakthrough Objective	Time in ED – Clinically Ready to Proceed	

Items received by the Committee	Level of Assurance	Board Action Required? Yes ✓ or No x
1. Partnership Update		X
2. NHS Oversight Framework		✓
3. Operational Highlight Report		X
4. IPR - NCTR		**X**
5. IPR - DM01		**X**
6. IPR - RTT		**X**
7. IPR - Cancer		**X**
8. IPR - ED		**X**
9. EPRR Policy		**X**
10. NHSE Diagnostics Support Team Report		**X**
11. BSW system feedback from Tim Briggs visit		**X**

POINTS OF ESCALATION	Trust likely to remain in Tier 2 for Cancer, (awaiting formal confirmation) and potential to enter tiering for diagnostics (ultrasound performance). Mental health presentation and delayed access to appropriate discharge pathways representing a significant challenge to staff and patients. There are a number of key strategic decisions that will need to be made in a short timeframe on the future of community services as we proceed through the bidding process.
KEY AREAS TO NOTE	Cancer performance met the standards in March, including being below our "fair shares" of our longest waiting patients (119). 90 patients were waiting longer than 62 days and FDS was 70.5% representing an improvement in our waiting times. Diagnostics performance continued to improve to 66.37% with 4 patients waiting longer than 40 weeks and a reduction in the overall waiting list by 1,589 - representing a significant reduction in waiting times for our patients. Referral to treatment for our longest waiting patients saw a significant improvement, reducing from 270+ patients to 82 waiting more than 65 weeks. However we did breach 4 patients waiting over 78 weeks. NCTR continues to operate above mean levels which is impacting flow across the hospitals. Urgent and Emergency care shows that we continue to deliver well in our Urgent Treatment Centre with an average waiting time of 117 mins (mean) despite a 6% increase in patients. Our Emergency Department has seen a stable waiting time, 270 minutes in March from 291 previously. However significant issues with delays in hospital handovers during which patients wait in ambulances, whilst decreasing, remain.

	The committee received a report on the NHS E oversight framework that is out for consultation and reviewed the content of the report, noting that proposed changes included • a focus on binding providers and ICBs together in a 'double lock' approach to performance metrics • an assessment of capability of ICBs and providers as well as performance delivery • the continuation of NHSE's regulatory role being delivered through ICBs (where ICBs are considered to be performing well) The committee noted the progress in relation to the community tender as part of the partnership update Critical upcoming decisions were noted in relation to organisational form, governance and partnership arrangements. Risks were identified in these areas and also in relation to the financial arrangements for the tender.
BOARD ASSURANCE FRAMEWORK & RISKS	N/A
CELEBRATING OUTSTANDING PRACTICE AND INNOVATION	Submission of a shared and aligned bid for BSW Communities Together
REFERRALS TO OTHER BOARD COMMITTEES	None

Key to lead committee assurance ratings Assurance provides 'confidence / evidence/certainty that "what needs to be happening is happening in practice - 'Do we really know what we think we know?	
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Board Committee Assurance Report

Committee	**Quality & Safety Committee**
Meeting Date	22.3.24
Committee Chair	Claudia Paoloni, Non-Executive Director
Link to Strategic Objective	Pillar 1 : Outstanding Patient Care
Link to Board Assurance Framework	BAF 1 : SR 1 : Quality
Improving Together Pillar Metrics	Reducing Harms
	Friends & Family Test
Improving Together Breakthrough Objective	Pressure Harms

Items received by the Committee	**Level of Assurance**	**Board Action Required? Yes ✓ or No x**
1. Estates & Facilities Water Pseudomonas Update Report	substantial	x
2. Pressure Harms (IPR breakthrough objective)	partial	x
3. IP&C (IPR breakthrough objective)	good	x
4. Maternity	good	x
5. Nursing and Midwifery Audit and Ward Accreditation Programme	good	x
6. Patient Experience Report-6 monthly	good	x
7. National Maternity Survey CQC report 2023	good	x
8. Safeguarding Children and Maternity Bi annual report Q2 & Q3 9. Safeguarding Adults bi annual report Q2 & Q3	good	x
10. Electronic Discharge summaries	limited	x
11. Clinical Audit and Effectiveness: Annual Report 22/23 & Q3 Update		x
12. Safe staffing Monthly report		x
13. Update on CQC Preparedness		x

POINTS OF ESCALATION	
KEY AREAS TO NOTE	• **Water Pseudomonas Update** • Flexible hose removal work is well underway with key augmented areas prioritised. Dove ward commencing in April 2024. • Various other trials in management and equipment also ongoing to augment improvements. • Received positive verbal report from Graham Pike, Associate Director of Nursing and IPC., • Assurance level such that regular reporting now reduced to 3 monthly • Awaiting final risk assessment document and to develop ongoing action plan for identified actions and concerns.
	• **Pressure Ulcers** have shown a reduction in pressure harms for this month, despite a relative increase in community acquired harms, except where external care agencies have care packages in place, and which continue to show a reduction • **The Trust will continue to internally report unstageable and deep tissue injuries, where national changes only require external reporting of category 2,3 and 4 cases**
	• **IP&C** Graham Pike provided assurance around good progress in the Trust's Infection rates despite gram negative bacteraemia incidence still being above trajectory. • MSSA rates are less than last year and lower than internal set threshold • C diff rates appear high across the system and may be related to community antibiotic usage • E coli numbers have been negatively impacted by sampling techniques resulting in a further investigation being triggered
	• **Midwifery Audit and Ward Accreditation Framework** Themes from the audits will direct the activity of workstream • 10 further ward based Clinical Practice Educators have been recruited to drive the work of the workstreams • The committee requested that future reports include output and progress on actions from the working groups
	• **Maternity IPR** birth rate had uncreased in month • **5** families did not receive 1:1 care but no harm occurred as a result • Nationally midwife to birth ratios will no longer be reported but from April the percentage time that coordinator midwife is supernumerary and percentage of 1;1 care received instead. • The supernumerary status was achieved 99.03% • Work continues around maternity triage

	• Whilst level 3 specialist adults Safeguarding a training rates re not yet compliant, remedy training remains on track • Actions are being taken to address GWH currently being an outlier as baseline surgical infection rates as identified through PreciSSion project
	• **Patient Experience Report 6 monthly committee** received and were assured around the systems and processes in place around receiving patient feedback and initiated learning appropriately Strike action and departmental pressures impacted response rates, but key themes remained consistent • Mental health Governance Committee would also be receiving patient survey results for those patients with mental health disorders •
	• **National Maternity Survey CQC Report 2023** the report around the full survey received from women using maternity services during February 2023 , including the full pathway. The majority of results were in line with other Trusts and we had shown some improvement with 5 question results showing improvement and higher than other Trusts. No results had deteriorated. • The report also identified the areas for learning and improvement that had been generated from the survey the Robust action plan around 1:1 care, communication following MDT, access to pain relief, birth place options and delayed discharges, was already in progress and improvement could be evidenced.
	• **Safer Staffing** Orchard and Forest Wards fill rates were low in part due to the use of Registered Nurse Associates not yet aligning with national data collection and sickness absence and vacancy rates. • Ongoing review of staffing model and quality metrics • The committee noted an increase in patients requiring additional RMNs in Childrens ward and ED, this will continue to be monitored through Mental Health Governance Committee
	• **CQC Inspection Action Plan briefing** the CQC have completely removed the Section 29A following a robust full representation by the Trust • Tight Robust action plan in place • **CQC Preparedness Update** Significant work and progress had been made against the 'should do', 'must do' actions following the 2020 CQC Inspection, whilst KPMG internal audit 2024 identified one area omitted around number of patient movements during their inpatient stay, appropriate action has now been taken to include this in the action plan • The new CQC style of assessment was noted including that the CQC will change how Trusts are rated now using a single rating at the overall Trust level.
	• **Safeguarding Children and Maternity Biannual report Q2 & Q3** • **Safeguarding Adults bi annual report Q2 & Q3** It was noted that for Q3 the Trust had achieved compliance for level 1 safeguarding across all Divisions., Level 2 was being supported top achieve Compliance through Divisional leadership. Level 3 remained non compliant at 75.95% against a target of 90%. A recovery plan is in place with a target date of end March 2024 for full compliance.
	• **Annual Clinical Audit and Effectiveness Programme 2024/25** The committee noted the governance process to approve the audit programme had fallen out of synch and was yet to be received by patient quality sub committee for sign off and that Q&S could not do so in advance of this.
	• **Electronic Discharge Summaries -monthly update** assurance remains limited as the current system will not **support EDS from June 2024 and no new system has been purchased.** • Actions currently being explored to utilise Care Flow to generate EDS and a quote for the modifications for this has been received and will be presented to the next Capital management Group
BOARD ASSURANCE FRAMEWORK & RISKS	• Whilst work and improvements have been made in patient safety areas related to the BAF1: Outstanding Patient Care SR1, around safer staffing, pseudomonas infection rates, introduction PSIRF, Pressure harms leadership culture around management, the risk score remains at 16 due to multiple areas that remain but that have focussed work being undertaken to mitigate risk.
CELEBRATING OUTSTANDING PRACTICE AND INNOVATION	
REFERRALS TO OTHER BOARD COMMITTEES	

Key to lead committee assurance ratings Assurance provides 'confidence / evidence/certainty that "what needs to be happening is happening in practice - 'Do we really know what we think we know?	
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Board Committee Assurance Report

Committee	**Quality & Safety Committee**
Meeting Date	19.4.24
Committee Chair	Claudia Paoloni, Non-Executive Director
Link to Strategic Objective	Pillar 1 : Outstanding Patient Care
Link to Board Assurance Framework	BAF 1 : SR 1 : Quality
Improving Together Pillar Metrics	Reducing Harms
	Friends & Family Test
Improving Together Breakthrough Objective	Pressure Harms

Items received by the Committee	**Level of Assurance**	**Board Action Required? Yes ✓ or No x**
1. Pressure Harms (IPR breakthrough objective)	**partial**	x
2. IP&C (IPR breakthrough objective)	**good**	x
3. Maternity	**good**	x
4. Perinatal Mortality report tool	**good**	x
5. GIRFT Update	**good**	x
6. Maternity and neonatal Quality Report	**good**	x
7. Quality Oversight of the Integrated Front Door/EMU and UTC	**good**	x
8. Electronic Discharge summaries	**limited**	x
9. Mortality report Update	**partial**	x
10. Safe staffing Monthly report		x
11. Draft Quality Accounts		
12. Risk register Report	**good**	x

POINTS OF ESCALATION	
	Pressure Ulcers • There has been a reduction in pressure harms in community but an increase in Acute, for this month. • This metric is being moved away from being a Breakthrough Objective to a watch alert metric for the next year and will be changed to report PU harms in line with the latest national guidance reporting grade 2, 3 and 4 only. The Committee was reassured that monitoring and work of all pressure harms locally will continue to ensure Pressure harm continues to be robustly managed through fortnightly reviews and weekly pressure ulcer panel meetings. Since the introduction of the robust action plan it is important to note that incidents of reported harms have significantly increased over the year demonstrating a clear increased awareness and proactive management of pressure harms - achievements since the focussed work, has resulted in an overall reduction in community pressure harms, 36% of which are within the End of Life care, which on investigation, have demonstrated no omissions of care, and where all are receiving a package of care or are in residential homes, - within the acute setting there has also been a demonstrable reduction in severity of harms - within Medicine, where medical devices were a significant contributor to pressure harms, focussed actions have resulted in a significant reduction of device related harms which has been sustained • Trauma and Meldon wards remain high incidence areas but have a new plan for management is in place and considers the additional complexity of trauma on incidence of Pressure harm. **The Trust will continue to internally report unstageable and deep tissue injuries, where national changes only require external reporting of category 2,3 and 4 cases** • The replacing Objective will become Falls with Harm as this has seen several incidents of fracture neck of femur and head injury within our acute settings. • It is also an area of focus from coronial reviews. • The focus will be patients who are a higher risk.
	IPC • There has been significant progress since the robust actions around infection prevention and control • Pseudomonas has seen two incidences from the same patient, registering twice due to the timing of the samples taken • Klebsiella rates have seen a reduction.

	• Whilst E Coli rates have remained static it must be noted that all other Trusts are demonstrating increase, supporting as evidence of our improvements around mouthcare, iv care and mobility.
	Perinatal Mortality Review Tool • There has been some discrepancy in reporting where a termination of pregnancy was reported as an intra uterine death, altering our Perinatal mortality rates, which when correctly adjusted is less than 1 per 1000 births, where the national rate is 2.3 per 1000 births • There is an ongoing review to ensure we are working to revised targets and that we have the correct internal systems in place.
	Maternity IPR • Birth rate stable. • All patients received 1:1 care. Nationally, midwife to birth ratios will no longer be reported but from April the percentage time that coordinator midwife is supernumerary and percentage of 1;1 care received instead. (although one Trust within the system has just been noted to have reverted which will make benchmarking more difficult). • The supernumerary status was achieved 100% of the time. • Work continues around maternity triage and continues to improve70.6% women being seen within 15 mins of arrival to the hospital. • Whilst level 3 specialist adults Safeguarding training rates are not yet compliant, remedy training remains on track. • Hazel and Delivery remain an outlier for child protection 3, which may be related to a higher staff turnover rate, an additional focussed look into this is underway. • Training around foetal monitoring and PROMPT has now become part of induction for obstetricians resulting in increased staff satisfaction as feel more prepared for their placements. • Actions are being taken to address GWH currently being an outlier as baseline surgical infection rates as identified through PreciSSion project.
	GIRFT Update • Progress has been made around GIRFT with good engagement with clinical services and clinicians. Programmes of work are looking at all areas. There is increased awareness and engagement at Divisional Board level. Strong Collaboration with our system acute partners. There have been extensive deep dives and visits, with a clear future plan resulting in GIRFT recommendations which then are actioned. Historic outstanding GRFT recommendation actions are also being reviewed and plans to progress and improve further. Work is now commencing around linking GIRFT to Improving Together work.
	Maternity and Neonatal Services Quality Safety Report • The committee received summary detail around 4 closed Serious Incidents. • all identified learnings have robust action in place and are and uploaded to a dynamic tracker. • Since the introduction of the ethnicity mandatory field in records it has clearly demonstrated that minority ethnic groups are disproportionately affected. An obstetrician and midwife have been allocated to do a 6 month data review of these cases to try and understand contributing factors or themes. • We remain 70% compliant with Saving Babies Lives Care Bundle. • Learning from incidents is working within the 16-week framework target. • CNST year %, we self declared non compliance in 3 elements but NHSR have decided that following their final scoring we were in fact reported as compliant in safety action 1, hence we are now non-compliant in only 2 elements.
	Safer Staffing • Overall staffing fill rates were above 90% target. • SWICC remains an area of concern, with a low fill rate (< 85%) and higher than 1:8 ratios. • Work is under way in AMU and areas of concern around recruitment and retention. • We are working to amber shift levels which means we are working at a higher nurse to patient ratio than funded but with good oversight to ensure safety. • RMNS requirement in children and emergency department continues to be high and increasing.
	Quality oversight of the Integrated `front door/UTC and EMU • Whilst remain in the bottom 8 Trusts nationally for performance metrics there is work around trialling new ways of working e.g. introducing Ambulance Receiving Nurse to work with the Hospital Ambulance Liaison officer to provide necessary assistance and supervision of long wait patients • The Emergency Physician In Charge role has now been split into 3 areas covering chairs/paeds and main ED, resulting in enhanced triage and treatment times and improved patient satisfaction • Total attendances remain higher than previous years. • There is a focus on trying to improve triage times more than 60 minutes. • Length of stay in departments remains a problem but increased in quality of experience is being provided through meals, recliners for relatives and ear defenders for vulnerable patients distressed by the environment. • SHINE data has shown improvements generally. • UTC attendance has risen significantly from 5728, 6 months prior to the current in month 6272 and UTC is still maintaining performance.

	• One of the areas of high workload is wound care. Work with surgery has resulted in the introduction of a wound care clinic to offload the ED/UTC areas. • Work is ongoing around the increased attendance relating from different postcodes, referring GP's, times of days and when surge attendance occur. Risk around Chairs remains at 20 and will remain so until moved into the New Build.
	Draft Quality Account • A draft version of the report was received by the committee and final version will be presented to the June Q&S. As, the deadline for publication is June 30, it is requested that the Board provides Q&S final approval.
	Risk Register report • Following the recent Board workshop around reviewing risk scores with work around tolerances, our 15+ risks will be reviewed.
	Electronic Discharge Summaries -monthly update • Assurance remains limited as the current system will not **support EDS from June 2024 and no new system has been purchased.** • Actions are currently being explored to utilise Care Flow to generate EDS and a quote for the modifications for this has been received and will be presented to the next Capital management Group.
	Mortality Review Update Report • A comprehensive action plan is in place, with the first main meeting due at the end of the month. • There is improved clarity around what teams need to understand from the mortality reviews. • Working with the AMD's to look at current standards to enable better accountability. • General lack of engagement or interest currently from teams have proved disappointing and remains the initial focus of work. • There has been an initial BSW cross system mortality meeting. Objectives are currently in progress. Each Trust will have the opportunity to present their own data and will be able to compare data collection, systems and processes. • Dr Powell attended a review of Mortality at the Royal College of Physicians and has brought back some learning from this. • Tools for engagement are being considered.
BOARD ASSURANCE FRAMEWORK & RISKS	
CELEBRATING OUTSTANDING PRACTICE AND INNOVATION	
REFERRALS TO OTHER BOARD COMMITTEES	

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Board Committee Assurance Report

Committee	**Finance, Infrastructure & Digital Committee**
Meeting Date	25 March 2024
Committee Chair	Faried Chopdat
Link to Strategic Objective	Pillar 4: Use of Resources
Link to Board Assurance Framework	BAF 4 S6 & S7
Improving Together Pillar Metrics	GWH Control Total / I&E
	Sustainability / Carbon Footprint
Improving Together Breakthrough Objective	Productivity

Items received by the Committee	Level of Assurance	Board Action Required? Yes ✓ or No x
1. BSW Financial Update	Limited	x
2. Month 11– Finance Position	Good	x
3. Improvement and Efficiency Plan	Good	x
4. 2024/25 Planning Update	Partial	x
5. Risk Management – Estates and Facilities	Good	x
6. PFI Expiry Project Board – Terms of Reference	Approved	x
7. 2022/23 PAM Submission	Good	x
8. Review of Department of Health & Social Care PFI Centre of Best Practice	Good	x
9. 5th Generator Enabling Works	Approved	x
10. Shared EPR Program	Good	x
11. Update of Procurement	Good	x
12. Procurement Recommendation Report – Hearing Aids	Approved	x
13. BAF Strategic Risks – review of emerging risks	Approved	x

POINTS OF ESCALATION	**BSW Financial Update** – A verbal update was provided, highlighting the System's challenges in delivering its financial plan, particularly given the scale of the deficit and the ever-increasing pressure to drive greater efficiency and productivity at all levels. Whilst management's proposed actions present a constructive way forward, the pace of delivery of these plans and the requirement for more mature governance processes, greater transparency and consistent criteria and measures at the ICS level is ever more critical to gaining greater assurance.
	Efficiency Programme – As of Month 11, the efficiency programme is £2.2m behind the plan, a reduction of approximately £0.4m against the plan from Month 10; Year to date delivery is £13.18m against a plan of £15.37m. The forecast outturn position has increased slightly from Month 10 at £14.21m, which would deliver 87% of the 16.67m target. The overall risk profile of the plan has stayed the same from Month 10, with some red-rated schemes being replaced by green-rated delivery. Since divisional improvements are within non-recurrent schemes, improvements in scheme risks at the divisional level have been offset by a cross-division adjustment. An update was given on the progress of the Financial Recovery Sub-Committee (FRSC), including the approach for 2024/25. £11.9m of opportunities have been identified, representing a £0.3m improvement from Month 10. The Committee was assured that robust controls and governance processes are in place to mitigate 2023/24 requirement to deliver efficiencies
KEY AREAS TO NOTE	**Month 11 Finance Position** – The Committee recognises the high finance risk and its escalating nature. However, we assure you that management is taking action to stabilise the finance position. Management is focusing on the run rate and productivity gains. As of M11, the Trust is in a ytd £0.3m surplus position, representing a £0.4m favourable variance to plan. The Trust received £4m of additional income in M11 for the following: Industrial action funding (£1.8m); additional ERF and variable income (£0.6m); and funded depreciation (£0.2m) and higher overall devolved income (£1.4m). In addition to the £4m received, prior year income and other non-recurrent income account for a further £6.5m. These are offset by unmet efficiency savings of £2.2m and a further £0.9m of industrial action costs not funded. There are several other in-year pressures, namely: CDC cost over income (£0.8m); a shortfall on ERF-related income (£3m); additional medical pay award costs (£0.9m); temporary staffing pressures (£1.6m) and prior year invoice accruals (£0.7m). The Trust's forecast position is to break even in light of the additional income received. Management assured the Committee that teams continue to focus on run rate savings on a recurrent basis, i.e. reducing our monthly spending through strong grip & control, particularly on temporary staffing, which is the priority for the Trust heading into 2024/25.
	2024/25 Planning Update: The Committee received a full update on the 2024/25 Planning process. It acknowledged the excellent progress made by the team, notwithstanding a further delay in the planning guidance from NHSE. The Committee also reviewed and approved version 3 of the plan that has been used as the basis for the flash submission to the ICB, which will, in turn, be consolidated into a system position and submitted to NHSE on 29 February 2024. As there are a number of moving parts, further requests from the system and the region, it is expected that the Committee will be required to reconvene to review the plan before this is approved by the Board.
	EPR Programme Update – The Committee acknowledges the good progress the Programme has made to ensure an effective governance model, including a joint committee and collaboration agreement, to address the requirements of all three trusts. It has set up the program and have mobilised resources to adequately deploy EPR. Overall, the Committee is assured of the progress made to establish the EPR programme and to commence delivery.
BOARD ASSURANCE FRAMEWORK & RISKS	**BAF Strategic Risks:** several emerging risks based on the discussions of the meeting were noted and captured as part of the BAF Strategic Risks.
	Estates and Facilities Risk Management: The Committee noted that the risk management process and reporting are adequate and effective and was assured that risks are identified, appropriately rated, and mitigation actions are in place.

CELEBRATING OUTSTANDING PRACTICE AND INNOVATION	The Committee acknowledges and thanks management and their teams for their resilience and agility in developing the 2024/25 Operational Plan particularly around navigating the complexity of developing and delivering a high-quality plan with a number of moving parts and delays in receiving guidance from NHSE.
REFERRALS TO OTHER BOARD COMMITTEES	None noted.

Key to lead committee assurance ratings Assurance provides 'confidence / evidence/certainty that "what needs to be happening is happening in practice - 'Do we really know what we think we know?	
SUBSTANTIAL	**Substantial Assurance**: Governance and risk management arrangements provide substantial assurance that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being consistently applied and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.
GOOD	**Good Assurance**. Governance and risk management arrangements provide good levels of assurance that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied and implemented but not across all relevant services. Outcomes are generally achieved but with inconsistencies in some areas.
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Board Committee Assurance Report

Committee	**Finance, Infrastructure & Digital Committee**
Meeting Date	22 April 2024
Committee Chair	Faried Chopdat
Link to Strategic Objective	Pillar 4: Use of Resources
Link to Board Assurance Framework	BAF 4 S6 & S7
Improving Together Pillar Metrics	GWH Control Total / I&E
	Sustainability / Carbon Footprint
Improving Together Breakthrough Objective	Productivity

Items received by the Committee	Level of Assurance	Board Action Required? Yes ✓ or No x
1. BSW Financial Update	Limited	x
2. Month 12– Finance Position	Good	x
3. Improvement and Efficiency Plan	Good	x
4. 2024/2025 Operational Plan	Approved	x
5. Future Projects Delivery Options withing the PFI Environment	Good	x
6. Heat Decarbonisation Plan	Approved	x
7. Primary Care Premises – hand back update	Note	x
8. Digital Risk Register	Good	x
9. EPR Update	Good	x
10. Data Protection, IT Resilience, and Cyber Security update	Partial	x
11. Automated Medication Histories from SCE proposal	Approved	x
12. PACS Outline Business Case	Approved	x
13. BAF Strategic Risks – review of emerging risks	Approved	x

POINTS OF ESCALATION	**BSW Financial Update** – A verbal update was provided, highlighting the System's challenges in delivering its financial plan, particularly given the scale of the deficit and the ever-increasing pressure to drive greater efficiency, productivity, and the focus on WTE at all levels. BSW has been tasked to get to <£50m for this iteration of the flash planning submission, but the break-even requirement remains and as a system, we have agreed to get back to the March 23 WTE position. There are several moving parts, and the final plan is yet to be agreed and approved. Consistent with previous months, the Committee notes that the requirement for more mature governance processes, greater transparency and consistent criteria and measures at the ICS level is ever more critical to gaining greater assurance.
	2024/25 Operational Plan – Version 6 of the plan was submitted to the system as part of the second flash (April 18, 2024). The flash has been accepted nationally, and conversations are underway to determine any expectation or shaping (from a national or system level) expected for the final submission (due 22nd to the system, nationally May 2). The financial position has been improved by £1.9M in version 6, resulting in a -34.9m plan deficit (-41.2m inclusive of PFI). This, however, does not meet the system-expected position of breakeven. Worked WTE is in line with the expectation of M12 2022/23 levels across all providers within the AHA ICB calculations report 111.9% ERF % of 19/20 Baseline against the system target of 108.9% and provider stretch target of 112%. As discussed at the Committee, there are likely to be further iterations to plan to address the challenges imposed nationally and regionally, with the final plan subject to the approval of the Board.
KEY AREAS TO NOTE	**Month 12 Finance Position** – The Committee recognises the high finance risk and its escalating nature as we progress into 2024/25. The Committee was assured that the Trust had finished the 2023/24 financial year with a £0.15m surplus, the same variance as the breakeven plan. While the Trust has completed in a surplus overall, there have been several cost pressures that non-recurrent income streams have covered during the financial year. The critical pressures are unmet efficiency savings of £2.5m, unfunded industrial action costs of £0.9m, a shortfall in ERF-related income (£3.3m), additional medical pay award costs (£0.9m), temporary staffing pressures (£1.6m) and prior year invoice accruals (£0.7m).
	Efficiency Programme – As of year-end, the efficiency programme has achieved £14.3m of efficiencies. The programme is £2.47m behind plan but in line with the forecast made in Month 9. SWC has delivered 46% of its allocated efficiency target, with other divisions delivering between 103% and 169%. The most significant risk is that 59% of this year's delivery has been non-recurrent. An update was provided on the progress of the 2024/25 efficiency programme. The efficiency target for the organisation has been increased by £3.5m to £21.9m as part of broader planning conversations, and the allocation of this target is shown. £12.6m of opportunities have been identified. The Committee acknowledges the scale of the challenges, and whilst robust controls and governance by the Financial Recovery Sub-Committee are in place, further mitigation actions and greater control will be required to address the escalating and significant risk of delivering the scale of efficiency and productivity savings
	EPR Programme Update – The Committee acknowledges the good progress the Programme has made to ensure an effective governance model, including a joint committee and collaboration agreement, to address the requirements of all three trusts. Overall, the Committee is assured of the progress made to establish the EPR programme and to commence delivery. It is anticipated that the inherent risk of delivery will be escalated as the program commences.
BOARD ASSURANCE FRAMEWORK & RISKS	**BAF Strategic Risks:** several emerging risks based on the discussions of the meeting were noted and captured as part of the BAF Strategic Risks.
	Digital Risk Management: The Committee noted that the risk management process and reporting are adequate and effective and was assured that risks are identified, appropriately rated, and mitigation actions are in place. The Committee challenges the presentation of Cyber Risks and requested management to consider disaggregating the risk to reflect the key issues of concern so that adequate and appropriate management actions can be determined.

CELEBRATING OUTSTANDING PRACTICE AND INNOVATION	The Committee acknowledges and thanks management and their teams for their resilience and agility in developing the 2024/25 Operational Plan, particularly around navigating the complexity of developing and delivering a high-quality plan with several moving parts and delays in receiving guidance, including further challenges on the financial position at a system and national level.
REFERRALS TO OTHER BOARD COMMITTEES	Referral of action from Quality & Safety Committee for clarity to be provided re: how storage is being managed across the site, as there could potentially be a cross- over between the lack of adequate storage and the falls/infection rates.

Key to lead committee assurance ratings Assurance provides 'confidence / evidence/certainty that "what needs to be happening is happening in practice - 'Do we really know what we think we know?	
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Board Committee Assurance Report

Committee	**People & Culture Committee**	
Date of Meeting	Tuesday 23 April 2024	
Committee Chair	Julian Duxfield, Non-Executive Director	
Link to Strategic Objective	Pillar 2: Staff & Volunteers Feeling Valued	
Link to Board Assurance Framework	BAF 2: SR 2 – Culture / SR 3 – Health & Wellbeing / S4 – Workforce Plan	
Improving Together Pillar Metrics	Staff Retention	Equality, Diversity & Inclusion (ED&I)
	Staff Survey - % Recommended	
Improving Together Breakthrough Objective	Staff Survey - % Improvements	

Items received by the Committee	**Level of Assurance**	**Board Action Required? Yes ✓ or No x**
1. Six Monthly Retention Report	Good	No
2. EDI Pillar Metric: Correlation between discrimination and retention	Partial	No
3. Annual Trust Staff Survey Results & Divisional Staff Survey Results	Good	No
4. Annual Postgraduate Medical Education Report	Good	No
5. Appraisal/Scope for Growth Report	Partial	No
6. Mandatory Training Report	Good	No

POINTS OF ESCALATION	None
KEY AREAS TO NOTE	The Committee noted that plans for workforce reductions via the workforce recovery process are likely to pose a risk to some of the progress we hope to make across other areas of the people agenda. The Committee will monitor any resultant employee relations and cultural impact and develop appropriate plans for mitigation. Mid-year Retention Report: Good levels of assurance provided by a well-developed and partially implemented retention plan based on the People Strategy pillars. The recent recruitment of a 'people promise manager' will enable the embedding of this plan and use of national tools and benchmarking available via NHSE. A clear 12 month plan exists to deliver this work. Correlation between discrimination and retention: This data-based study was conducted at the request of the Board. Due to the limitation of our data there is no clear demonstrable relationship, but other evidence clearly indicates the influence of discrimination on staff turnover. Much of this evidence is collected via pro-active monitoring by management of issues arising in different departments. Some actions were identified to improve our data on the links between these issues. Annual Trust Staff Survey Results: The Committee reviewed the top-level results of the 2023 staff survey and noted some of the very positive progress made since the 2022 survey and also our results in relation to other trusts. The Committee noted the decision to adopt a new breakthrough objective ('I receive the respect I deserve from my colleagues at work' question in the staff survey.) The Committee noted the initiatives which may support improvements in this area and also the risks to this. Divisional Staff Survey Results: Each of the four divisions circulated an overview of their results and presented a brief summary of the counter-measures they had developed using the improving together methodology. The different approaches which will be taken by each division will provide some useful learnings which can be shared across the Trust. Each division will be invited to a future P&C Cttee meeting to present on their progress. Annual Report on Postgraduate Medical Education: The report and subsequent discussion provided the Committee with good assurance that there was a clear view about the strengths and

	weaknesses of the training provided for trainee doctors. There is a clear ambition to focus on some areas for improvement and the educational governance arrangements for this work are robust. Appraisal/Scope for Growth Report: This item contained two parts, firstly the improvement of the arrangements for improving the compliance rates for appraisals and helping to ensure they are a constructive two-way discussion. Secondly, the implementation of the nationally developed 'scope for growth' model to help staff develop their careers to support the Trust's approach to talent development. Both these pieces of work are still at an early stage. Mandatory Training Review: The report demonstrated a robust approach to managing ad monitoring the roll-out of mandatory training. However the Committee noted that a national review of mandatory training was underway and that the Trust also needed to do continual a 'ground-up' assessment of the training provided to ensure it was as effective as possible.
BOARD ASSURANCE FRAMEWORK & RISKS	The three key strategic risks under the 'staff & volunteers' pillar were reviewed and agreed as follows: Culture – Partial Health & Wellbeing – Good Workforce Plan – Partial These are unchanged since the previous review, although a small number of controls were added to the assurance map.

CELEBRATING OUTSTANDING PRACTICE AND INNOVATION	The Committee noted a number of issues to celebrate, including: • Good progress in a range of areas on the staff survey, both for each division and across the whole Trust. • Good control of spend on agency staff. • Continued good progress on staff turnover.
REFERRALS TO OTHER BOARD COMMITTEES	None

Key to lead committee assurance ratings Assurance provides 'confidence / evidence/certainty that "what needs to be happening is happening in practice - 'Do we really know what we think we know?	
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Report Title	**Integrated Performance Report (IPR)**				
Meeting	**Trust Board**				
Date	**2nd May 2024**	Part 1 (Public)		Part 2 (Private)]	
Accountable Lead	Felicity Taylor-Drewe, Chief Operating Officer Lisa Cheek, Chief Nurse Jude Gray, Chief People Officer Simon Wade, Chief Financial Officer				
Report Author	Robert Presland – Deputy Chief Operating Officer Luisa Goddard – Deputy Chief Nurse Claire Warner – Deputy Chief People Officer John Ridler – Associate Director of Finance				
Appendices	Use of Resources: • Statement of Financial Position • Working Capital • Income & Expenditure – Variance Run Rate • SPC (Statistical Process Control) Chart – Pay				

Purpose

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

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Substantial		Good	x	Partial		Limited	
Governance and risk management arrangements provide **substantial assurance** that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being **consistently applied** and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide **good levels of assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied** and **implemented but not across all relevant services**. Outcomes are generally achieved but with **inconsistencies** in some areas.		Governance and risk management arrangements provide **reasonable assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied but insufficient to demonstrate implementation widely across services**. Some evidence that outcomes are being achieved but this is **inconsistent across areas and / or there are identified risks to current performance**.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. **Little or no evidence** is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the above assurance rating. Where 'Partial' or 'Limited' assurance has been indicated above, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Report

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

Our Performance

Key highlights from our operational performance for March (February for Cancer) are as follows:

Critical Incident

It should be noted that the Trust declared a critical incident running from Monday 1st April to Wednesday 3rd April, reducing to a business continuity event that ended on Thursday 4th April 2024.

The incident was declared following a surge in demand over the March Easter weekend with a corresponding loss in physical bed capacity due to building works commencing in ED majors, infection prevention and control restrictions on two Medicine wards, and scheduled building works affecting 4 x stroke beds on Falcon ward. This resulted in several extended delays in offloading ambulances during the bank holiday weekend. A separate report will follow in April outlining the learning from the incident including responses to any patient safety incidents.

STRATEGIC Pillar Metrics

- **RTT (Referral to Treatment) 65 Week Waiters**

March performance shows the total number of patients waiting over 65 weeks at 82, a 69% reduction from the previous month. Of the 82 breaches, 33 were due to patient choice, 35 due to capacity reasons and 18 due to complexity of treatment. The Trust also reported 4 x 78 week wait breaches, all under the Gastroenterology specialty and within non-admitted referral to treatment pathways.

Performance trajectories and delivery plans are being reviewed at the weekly tactical performance meetings, with national expectations for the referral to treatment time wait list to be held within 65 weeks by September. The Trust is accelerating delivery plans to achieve this milestone in July, with extended patient tracking list (PTL) meetings in place for specialties at greatest risk. The Trust Access policy is also being reviewed and will be finalised in May, to ensure patient choice is being offered and implemented in line with national best practice to the management of the referral to treatment time clock.

- **Cancer waiting times**

At the end of March there were 90 patients waiting >62 days on the PTL, which was better than the plan of 115 and the national “fair shares” target of 119. The Trust was in the second quartile of 120 Trusts nationally (ranked 65th out of 120 Trusts in terms of performance against the fair shares target) and represents a marked improvement from January 2024 when the Trust was in the bottom quartile.

However, whilst the PTL has improved, validated February performance for 62-day cancer was at 68.6%, and therefore well below the national standard of 85%. Skin, Colorectal and Urology cancer pathways remain most challenged, with Breast presenting new risks in the short term due to unexpected medical oncologist workforce constraints. We are looking to commission WLI to support short term deficit in our capacity to maintain cancer performance. Validated February performance against the 28-day Faster Diagnosis standard (FDS) was 70.5% and this is expected to hold at a similar level by the end of March, as the impact of outsourcing Dermatology activity continues to support the reported position. Sustainability of our FDS performance remains a significant risk going into 24/25, predominantly due to outpatient capacity constraints against a backdrop of referrals running above pre-pandemic levels.

Validated February performance against the 31-day decision to treatment standard remains below the 96% national standard, currently at 90.4%.

- **Emergency Department (ED) and Urgent Treatment Centre (UTC) Mean Stay and Attendances**

The mean stay in the UTC was at 177 minutes in March, unchanged from February despite a further 6% increase in attendances compared to the previous month. Mean stay in UTC remains the highest reported in the last 22 months. There were 5,963 UTC attendances against the plan of 5,106 (17% above plan). The mean stay in ED remains remained broadly in line with the mean, despite attendances running at 5% above plan for the month.

4-hour performance was 74.6% against the March target of 76%. This is an improvement of 4.3 percentage points from the previous month. Increases in demand and the deterioration in UTC mean stay have impacted on achieving the year-end target. A whole hospital focus on 4-hour performance to improve patient experience, has been initiated in March including mitigations to stream patients away from the UTC (including a post-operative wound care clinic), review staffing for the UTC to match peaks in demand, senior decision making in ED, next day appointments in SDEC (Same Day Emergency Care) and specialty support for patients in ED that are clinically ready to proceed.

- **Inpatient spells - No Criteria to Reside Bed Days**

The number of bed days lost for patients with no criteria to reside (NCTR) remains within control limits with March averaging 80 patients per day. There were 18.6% of beds occupied against the national standard of 13.3%. Current priorities for improvement with partners remain in terms of reviewing processes through the Transfer of Care Hub (with a focus on Pathway 1 home first), enhancing escalation processes for out of area referrals, improving the timeliness and completeness of recording and daily touchpoint calls with partners to review discharge plans for complex and stranded patients.

OPERATIONAL BREAKTHROUGH OBJECTIVE

- **Emergency attendances (clinically ready to proceed)**

Mean time in ED from arrival to clinically ready to proceed (CRTP) remains close to the mean (270 minutes in March 2024 against a mean of 291 minutes) showing patients waited less time to be off loaded, triaged, seen and diagnosed compared to February. A system recovery plan to reduce ambulance handover delays is in place, which is working towards improvement in this area, supported by the launch of the GWH Great Flow Urgent and Emergency Care transformation programme in the Spring of 2024.

In March, building works continued, specifically within the Emergency Department (ED) for the Way Forward Programme, resulting in a reduction in Majors capacity. The ED footprint will be operating at reduced capacity until July 2024, at which point there will be an additional 2 x Resus spaces and 4 x Majors cubicles available. This presents a risk to front door performance over the next 3 months, which is being mitigated through the work of the UEC programme.

ALERTING WATCH METRICS

Key alerting measures in February across RTT, Diagnostics (DM01), Cancer, ED and Flow, and not already covered in strategic pillar metrics or the breakthrough objective are:

- Diagnostics – The overall waiting list continues to decrease, and activity continues to perform above plan in MRI, CT, non-obstetric ultrasound (NOUS) and echo. March performance against the 6 weeks wait standard improved to 63.30% (unvalidated), compared to 59.80% in the previous month. Recovery towards the 99% constitutional standard (above our operating plan) remains dependent on reducing the size of the NOUS backlog (55% of breaches) and also a sustainable improvement plan for endoscopy which remains below plan.

- Ambulance handover delays – an average of 76 hours per day were lost in March, down from 86 hours per day in February 2024. A system recovery plan is in place and reviewed weekly at the Trust Ambulance Handover Improvement Group. Four workstreams have been established to sustain future improvements (Emergency flow, hospital flow, admitted patient flow and out of hospital flow).
- Virtual ward occupancy – was at 61% in March for Swindon, below the mean threshold of 64.1%. Occupancy reached over 75% in the lead up to the Easter weekend, but sustaining higher occupancy remains a challenge. An improvement plan is in place and is dependent upon improved referral processes, case finding across the front door and base wards, and a campaign to increase referrals from primary care. Pathways are also being reconfigured across the Bath, Swindon and Wiltshire footprint to standardise processes and increase primary care utilisation.

Our Care

The Integrated Performance report (IPR) for Care present our performance in key quality and patient safety indicators, reporting is based on the Improving Together methodology.

Strategic Pillar Targets

1. To achieve zero avoidable harm within 5-10 years
2. To achieve consistent positive response rates in excess of 86% from patient friends and family test.

There has been a decrease in the total number of harms from 197 to 187 in month. This decrease has been driven by a reduction in community acquired pressure harms and hospital acquired Covid 19.

The number of Family and Friends (FFT) positive responses for March was 88.1%, an increase from February and remains above the internal target.

Breakthrough Objectives

Pressure harms acquired in our care (either as an inpatient or in the community), has been identified as the top contributor due to frequency and level of harm, therefore it has been developed as a Breakthrough objective. For 2023-24 the following new targets have been agreed.

- Reduction in the number of pressure harms by 20% across the organisation in 2023/24 compared to 2022/23.
- Zero category 4 pressure ulcers across the organisation.
- Zero category 3 pressure ulcers in the acute setting.

March has seen a reduction in the number of community pressure related harms. The number of acute related pressure harms has increased in month to 41. 3 clinical areas have been identified as top contributing and additional support and improvement actions are in place.

Alerting Watch Metrics

The Trust overall complaint response rate has dropped to 65% in March, this is related to the high number of complaints received and the operational pressures affecting response times. Remedial action is underway.

The Trust continues to remain above trajectory for all gram-negative infections and C. difficile, though there have been zero Klebsiella infections for 3 months now. There were 2 hospital acquired Pseudomonas infections from 1 patient. There has been no change to our E. coli

rate which is almost exactly in line with last year's position. There is some learning on the taking and following up of appropriate samples, which is emerging as a theme across all infections and improvement plans are in place in the divisions.

There was 1 C. diff investigation that found some learning in relation to sampling and isolation, the remaining showed no lapses in care which have contributed to the infections. Antibiotic prescribing is generally compliant and the Trust has been recognised as 1 of only 3 Trusts in the South West that have met the reduction target in broad spectrum antibiotic usage. The cases are not linked genetically, suggesting the bacteria has not been transmitted in hospital. Work across the system to reduce the infections for which those antibiotics were required, combined with work to reduce broad-spectrum antibiotic use in primary care, will be what drives these numbers down.

Non-alerting Watch Metrics
Significant points to note relating to non-alerting watch metrics include:

- Safer staffing fill rates remain above the National target of 85%.
- 6 Serious Incidents (SI's) have been declared in month, with 26 ongoing SI's, eleven overdue the 60 days target. All are being investigated under the Serious Incident Framework.
- The number of concerns and complaints received have increased slightly in month with concerns 237 and complaints 70. The number of complaints received and reopened is showing an unchanged position in month.
- There have been one Methicillin Sensitive Staphylococcus Aureus (MSSA) infections reported in month.
- There has been a slight decrease in the number of falls in month to 88 from 90 in February with no falls with moderate harm or above.
- FFT overall response rate is slightly below the internal target of 29% at 27%.

There continues to be a decrease in the number of hospital acquired COVID cases in month (7).

Our People

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

Strategic Pillar Target from A3 goals:
The Trust Strategic Pillar is that "*Staff and Volunteers feeling valued and involved in helping improve quality of care for patients"*

The Trust Pillar metrics to ensure performance against the Strategic Pillar are:

- **Staff Survey – Recommend a Place to Work**
  Target 55% achieving 59.6% (2023 Annual Survey) and 55.9% (Q4 Pulse Survey)
- **Staff Voluntary Turnover**
  Target 11% achieving 8.6% (January data)
- **EDI disparity (reducing discrimination disparity)**
  Target 9.4% achieving 12.7% (2023 Annual Survey) and 15.9% (Q4 Pulse Survey)

A marked improvement to our score for "Recommend as a Place to Work" has been seen in the 2023 Annual Survey results, linked to success in our breakthrough objective. We have seen a small reduction in the subsequent Q4 Pulse Survey, although results are not directly

comparable due to differing sample sizes. A deterioration has been seen in our disparity for BME staff "experiencing discrimination from a colleague or team leader", in the 2023 Annual Survey, although national there was an increase to the disparity (8.3% in 2022 to 9.4% in 2023). Further deterioration is seen in the Q4 Pulse Survey. The Q1 Pulse Survey launched on 2nd April 2024 and results will be available in May.

Breakthrough Objectives
Following a review of staff survey performance, the Trust-A3 has been updated and it has identified 'Teamwork' as an area of opportunity to drive performance against our Pillar Metric of 'Recommending as a place to work' and therefore the breakthrough objective has moved to question 7C ("I receive the respect I deserve from my colleagues at work") to drive further improvement in 2024/25.

The Trust current performance is 70% and the national average is 71%. The stretched target the Trust has set itself of 73%.

Alerting Watch Metrics
In-month sickness absence decreased further in February to 4.4%, although remains above the Trust KPI of 3.5%. STS has remained at 2.3%, and LTS has reduced in month to 2.1%. The most recent national benchmarking data (November 2023) shows a similar trend with National, Regional, and ICB rates all reducing. For November 2023 we remained in the second lowest quartile for Acute trusts, 38th out of 133 Trusts.

Voluntary turnover remains stable at 8.6%, maintaining its position below the KPI of 11%. Employees leaving within their first year of employment has reduced marginally in February, decreasing from 11.8% in January to 11.6% in February. This metric is reporting below the 12-month average of 14.8%.

HR Scorecard

Vacancy Rate:
Following a small reduction to our establishment WTE (13WTE) and further improvement to our time-to-hire (38 days), the Trust vacancy rate has improved in February to 3.9% (214WTE).

Worked Against Budget:
At M12 our funded establishment was 5,434WTE, against which 5,593WTE was used in-month to deliver our services. This is represents usage of 159WTE above budget (2.9%), although is a decrease of 41WTE from February.

In March the workforce costs are £2.6M overspent compared to budget, resulting in a full-year overspend of £12.3M. Medical paybill costs remain the top contributor to this overspend.

In-month overspend against budget breaks down as follows:
- Nursing +£1.3M
- AHP/STT +£206K
- Medical +£909K
- Admin and Clerical +£234K

Full-year for 2023/24 as follows:
- Nursing +£3.6M
- AHP/STT +£252K
- Medical +£8.5M

- Admin and Clerical -£49K

Agency Spend against Plan
In-month agency spend for March was £0.53M, below the in-month target of £0.96M and reporting as 1.7% as a percentage of total workforce spend.

Full-year agency spend is at £9.9M, which is a £2M reduction on the planned figure for 2023/24 and £5M reduction when compared to last year's spend. The plan for 2023/24 was a £3M reduction on 2022/23, meaning an over-delivery of target by £2M (168%). All divisions have achieved their targets for 2023/24.

Use of Resources
The Trust has finished the 23/24 financial year with a £0.15m surplus, which is the same variance to the breakeven plan. M12 saw an adverse movement of £4.1m from M11. This was due to additional funding received in M11 not replicated in M12, namely: industrial action funding (£1.8m), additional ERF and variable income (£0.6m), funded depreciation (£0.2m) and higher overall devolved income (£1.4m). While the Trust has finished in a surplus position overall, there have been a number of cost pressures which have been covered by non-recurrent income streams during the financial year. The key pressures are unmet efficiency savings of £2.5m, unfunded industrial action costs of £0.9m, a shortfall on ERF related income (£3.3m), additional medical pay award costs (£0.9m), temporary staffing pressures (£1.6m) and prior year invoice accruals (£0.7m).

Efficiency savings were £0.3m below target in-month and finished £2.5m behind the overall plan of £16.8m. It should be noted that of the £14.3m delivered, only 42% (£6m) was recurrent. This has a direct impact on our underlying deficit position moving into 24/25. Work has already begun on developing recurrent savings for the coming year, with a total target of £21.9m. All Divisions and Directorates are asked to review their current resources and services, and to propose options for difficult conversations about how we constrain our spending on a recurrent basis, to deliver our recurrent efficiency targets and improve our underlying financial position.

Breakthrough Objectives
Implied Productivity for the Trust is still recovering and has improved to -12% for Month 12 from last month (this is a 6% improvement from the -18% at the end of 2022/23 - March 2023). This meets the original target set for this Breakthrough Objective before adjustments for community and primary care services. The Breakthrough objective productivity measure continues to be against 2019/20 cost change as it is measuring the increased cost from 2019/20 levels.

The 1% improvement from last month (M11) mostly reflects the financial position being breakeven and recovery in activity still happening well in some areas. The financial position overall has been compensated for industrial action and ERF activity this year but this is largely not within divisions but instead held centrally. The position does still reflect being off track with some of our activity and financial plan for 2023/24 due to higher pay pressures such as temporary staffing and behind plan CIP Delivery.

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x
Key Risks					Risk Score

– risk number & description (Link to BAF / Risk Register)		
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	PPPC (Performance, Population & Place Committee) & Trust Management Committee	
Next Steps		

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	**x**		
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	**x**		

The IPR report identifies issues where minoritized protected groups experience is less favourable than other groups. This is specifically around the staff survey question 16B and experience of discrimination from colleague or manager. The staff survey provides this data by ethnicity, and it is likely that other groups both protected and non-protected have reported discrimination. The report identifies a number of countermeasures and actions are underway and planned to reduce discrimination for all staff and specifically those in protected groups.
The report references workforce indicators such as sickness, retention and vacancy rate which are likely to be affected by the disparities between the working life experience of majority group staff and minoritized staff. National analysis of the NHS (National Health Service) staff survey studies, results indicate that exclusionary behavior correlates with staff intention to leave the NHS and other research indicates the link between discrimination and physiological, psychological, and behavioral consequences. By addressing the disparity, we will be:

- *Helping to reduce the Trust Disparity Ratio (probability white staff being promoted from lower to upper bands compared to BAME (Black, Asian, and Minority Ethnic) staff) over time*
- *Helping to reduce the impact of conscious and unconscious bias, thereby increasing opportunities for marginalised candidates to join the Trust – this will positively impact the shortlisting-to-appointment ratio (WRES (Workforce Race Equality Standard) and WDES)*
- *Supporting retention and engagement by improving perceptions and experience of equal opportunities*
- *Improve our employee value proposition*
- *Sharing good practice so that they can continue to apply good practice beyond the boundaries of the programme*

Recommendation / Action Required
The Board/Committee/Group is requested to:

The Board/Committee/Group is requested to:

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

Accountable Lead Signature	
Date	15.04.24

Great Western Hospitals
NHS Foundation Trust

Integrated Performance Report

April 2024

March 2024 & February 2024 data period

Improving together

Service Teamwork Ambition Respect

Content & introduction

Great Western Hospitals NHS Foundation Trust

Section & purpose	Slides
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Executive summary This provides an overview of the targets, performance and countermeasures (remedial actions) for each of our pillar metrics	5-12
Breakthrough objectives This provides a more detailed analysis of performance and risks related to the 4 key metrics for improvement: Patients Developing Pressure Ulcers; Emergency Department - Clinically Ready to Proceed; Implied Productivity and Staff Survey Results	13-16
Our Care This includes key indicators and watch metrics related to our care of patients, as assured by the Quality & Safety Committee	17-19
Our Performance This includes key indicators and watch metrics related to our access performance, as assured by the Performance, Population & Place Committee	20-23
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Our People This includes key indicators and watch metrics for our workforce, as assured by the People & Culture Committee	25-30
Explaining the IPR This section explains how the work of front line teams to drive improvement connects from 'ward to board' through our operational management system, and the business rules we apply to support that.	32-45

Key Indicators

Great Western Hospitals NHS Foundation Trust

Measure Name	Mean/Thres.	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total patients waiting more than 65 weeks	0	525	640	621	689	661	488	417	343	330	267	82
Percentage of patients who receive a diagnostic test within six weeks of referral	99% (Nat)	52.3%	52.2%	49.4%	44.5%	46.1%	45.0%	49.5%	46.8%	49.3%	59.8%	Reported one month behind
62 day backlog (As % of allocated "Fair shares" position)	9.53% (Nat)	157.6%	148.4%	156.0%	180.3%	200.4%	178.6%	181.1%	145.9%	109.8%	120.7%	Reported one month behind
Proportion of patients meeting the faster cancer diagnosis standard	75% (Nat)	71.3%	65.0%	67.2%	62.6%	62.0%	58.2%	59.7%	60.4%	60.2%	70.5%	Reported one month behind
Proportion of patients seen within four hours	95% (Nat)	74.8%	73.8%	75.5%	74.2%	74.7%	71.5%	71.4%	74.7%	73.5%	71.1%	74.4%
Ambulance average Category Two response time	00:18:00 (Nat)	00:40:02	00:51:09	00:47:12	00:28:22	00:57:11	01:03:52	00:52:16	00:49:02	00:49:39	00:51:11	Waiting for data
Percentage of beds occupied by patients who no longer meet the criteria to reside	13.3% (Nat)	16.4%	17.8%	17.2%	14.3%	15.8%	17.4%	18.1%	17.8%	17.8%	17.6%	18.6%
Adult general and acute type 1 bed occupancy (adjusted for void beds)	94.5% (Nat)	98.4%	98.2%	97.6%	98.2%	98.7%	98.8%	98.5%	96.3%	98.6%	98.8%	97.7%
Virtual ward - percentage capacity occupied	64.1%	28.1%	28.5%	53.7%	44.4%	53.8%	65.1%	70.8%	78.4%	84.8%	78.0%	61.0%
Summary Hospital-level Mortality Indicator	0 (Nat)	2 - as expected	2 - as expected	2 - as expected	2 - as expected	2 - as expected	3 - as expected	Reported five months	Reported five months	Reported five months	Reported five months	Reported five months
National Patient Safety Alerts not completed by deadline	0 (Nat)	0	0	0	0	0	0	0	0	0	0	0
Overall CQC rating		Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection	0 (Nat)	3	3	4	4	4	3	3	4	3	Reported two month behind	Reported two month behind
Clostridium difficile infection	100% (Nat)	123.9%	139.1%	152.2%	156.5%	154.4%	169.6%	158.7%	173.9%	184.8%	Reported two month behind	Reported two month behind
E. coli bloodstream infection	100% (Nat)	169.7%	163.6%	168.2%	162.1%	165.2%	174.2%	171.2%	169.7%	163.6%	Reported two month behind	Reported two month behind
CQC well-led rating		Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Leaver rate	11.0% (Int)	10.5%	10.2%	9.7%	9.6%	9.5%	9.2%	9.2%	8.9%	8.6%	8.6%	Reported one month behind
Sickness absence rate	3.5% (Int)	3.7%	3.8%	4.4%	4.0%	4.2%	4.7%	4.7%	5.0%	4.9%	4.4%	Reported one month behind

Key Indicators

Great Western Hospitals NHS Foundation Trust

Measure Name	Mean/Thres.	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Proportion of staff in senior leadership roles who are from BME background	16% (Nat)	5.2%	6.7%	5.3%	5.3%	5.3%	5.3%	5.4%	5.4%	3.5%	3.5%	Reported one month behind
Proportion of staff in senior leadership roles who are women	64% (Nat)	54.0%	56.0%	56.1%	56.1%	56.1%	56.1%	56.9%	57.1%	56.1%	56.1%	Reported one month behind
Proportion of staff in senior leadership roles who are disabled	3.2% (Nat)	1.7%	1.7%	1.8%	1.8%	1.8%	1.8%	1.7%	1.8%	1.8%	1.8%	1.8%
Financial efficiency - variance from efficiency plan (£'000)	+/-	-384	334	-641	-338	-504	-39	478	-224	183	-415	-286
Financial stability - variance from break-even (£'000)	+/-	-2591	-144	-659	330	-1352	1996	5043	-1877	-1911	4028	150
Financial stability - variance from PLAN (£'000)	+/-	-2132	-223	-733	-528	-1646	1334	4489	-1204	-2417	3907	150

Measure Name	Mean	2017	2018	2019	2020	2021	2021	2021
Aggregate score for NHS staff survey questions that measure perception of leadership culture	6.8	6.8	6.8	7.1	6.9	6.5	6.7	6.9
Staff survey engagement theme score	6.9	6.9	6.9	7.0	7.0	6.7	6.7	6.9
Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	57.9%	-	-	60.4%	57.1%	56.1%	56.4%	56.5%
Stillbirths per 1,000 total births	2.3	-	2.4	1.9	2.1	2.8	Waiting for data	Waiting for data
Neonatal deaths per 1,000 total live births	1.2	-	1.4	1.0	1.0	1.3	Waiting for data	Waiting for data

Executive Summary

NHS
Great Western Hospitals
NHS Foundation Trust

Total Harms

The Strategic Pillar target is to achieve zero avoidable harm within 5-10 years. Our calculation for total avoidable harms aggregates incidences of the following in each month;

- Pressure harms
- Falls
- Hospital acquired infections (including Covid-19)
- Medication incidents
- Serious incidents
- Never Events

Pressure ulcers/harms acquired in our care (either as an inpatient or in the community), has been identified as the top contributor due to frequency and level of harm, therefore it has been developed as a Breakthrough Objective.

The other harms are all presented as watch metrics later in the report.

Patient Experience (FFT)

The Friends and Family Test is a national scheme which encourages patients to provide feedback about their experience of using our services. Patients are asked the question, Overall, how was your experience of our service? and have six options ranging from very good to very poor and don't know, there is also an area for free text comments, results are collated monthly.

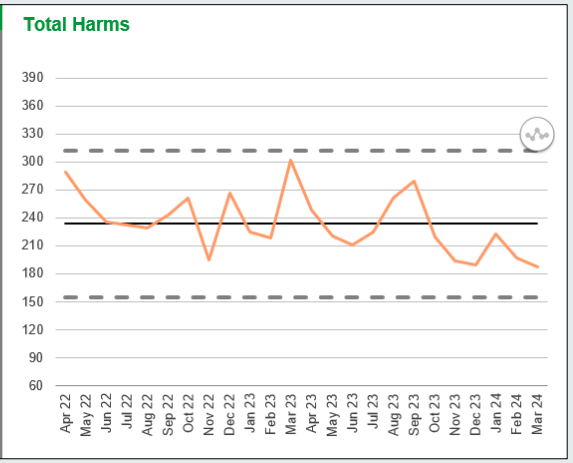
The FFT is mandated across all acute providers and therefore provides an opportunity to benchmark across the country. It is important to consider the proportion of patients completing the test and the overall positive score together, we have therefore added completion rates as watch metrics to our overall scorecard.

We have set ourselves a target of 86% for the combined positive response rate, this is based on the mean from 2021-22 plus 2%.

Total Harms

To achieve and sustain zero avoidable harm.

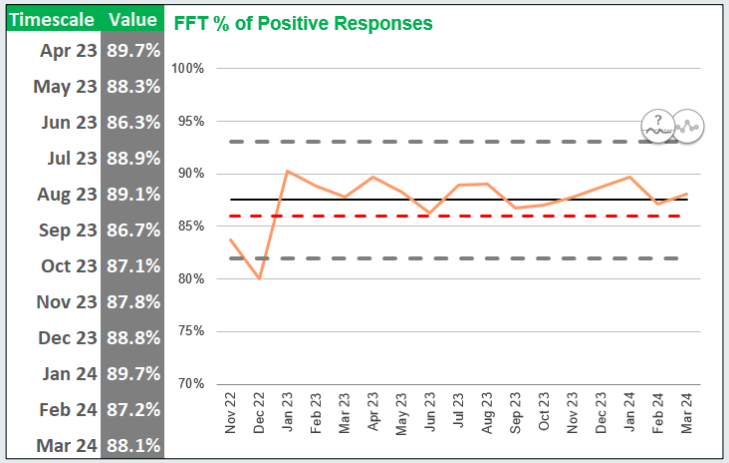
Timescale	Value
Apr 23	248
May 23	221
Jun 23	211
Jul 23	225
Aug 23	261
Sep 23	279
Oct 23	219
Nov 23	194
Dec 23	189
Jan 24	223
Feb 24	197
Mar 24	187



Patient Experience (Friends & Family Test)

To achieve consistent positive response rates in excess of 86% from patient friends and family test.

Timescale	Value
Apr 23	89.7%
May 23	88.3%
Jun 23	86.3%
Jul 23	88.9%
Aug 23	89.1%
Sep 23	86.7%
Oct 23	87.1%
Nov 23	87.8%
Dec 23	88.8%
Jan 24	89.7%
Feb 24	87.2%
Mar 24	88.1%



Counter Measures

There has been another slight decrease in the total number of harms in March (from 197 to 187). This is due to a reduction in community acquired pressure ulcers and hospital acquired infections including C.*diffficle and* Hospital acquired Covid. Whilst the Trust remains over trajectory for most infections, there were zero *Klebsiella* infections for the third month in a row and one methicillin-susceptible staphylococcus aureus (MSSA) infections in March.

For March, the Trust wide positive Family and Friends score was 88.1%, a slight increase from 87.2% in February and remains above the internal target of 85%.

There has been an increase in number of complaints and concerns received and the complaint response times have dropped to 65%. The themes continue to be focused of waiting times for elective or urgent /emergency care. The divisions are working on improved communication whilst waiting. The Emergency Department are ensuring patients are spoken to by a senior member of staff as part of the harm review for pateints waiting longer than 6 hours.

Executive Summary

Great Western Hospitals NHS Foundation Trust

Trust Access Standards - Referral to Treatment (RTT) & Cancer Standards

It is poor patient experience to wait longer than necessary for treatment and failure against these key performance standards is a clinical, reputational, financial and regulatory risk for the Trust.

Countermeasures for the deteriorations seen here are listed below.

Cancer 62 Day – Combined Performance

Cancer 62 day treatments are now combined for national reporting, with urgent suspected, upgrade and screening pathways being reported as one. In February, there were 40.5 breaches in total, with 30.5 of these attributed to the Urology, Gynae and Skin pathways. Skin and Gynae have seen increased demand resulting in capacity challenges.

We continue to see greater than normal breaches in Urology where number of breaches relate to patients needing time to consider which choice of treatment they would prefer and pathways requiring additional treatment following an incomplete procedure.

RTT: Number of patients waiting over 65 weeks

March 2024 performance shows the total number of patients waiting over 65 weeks at 82, a 69% reduction from the previous month.

4 Gastroenterology patients above 78 weeks were reported in March 2024. 2 Of these patients breached 78 weeks due to complexity, and 2 due to capacity.

All services are focussing on eliminating waits over 65 weeks as soon as possible and by September 2024 at the latest, with zero tolerance of 78-week breaches, in line with 2024/25 priorities and operational planning guidance.

High risk areas where capacity breaches are possible include Gastroenterology and General Surgery. Trajectories for improvement and recovery plans are being reviewed along with tactical opportunities to mitigate shortfalls in capacity.

Felicity Taylor-Drewe
Chief Operating Officer

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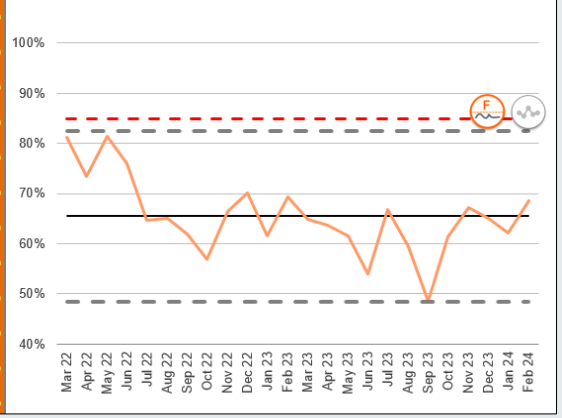
Cancer 62 Day

To achieve and sustain 85% performance for patients on a Cancer pathway.

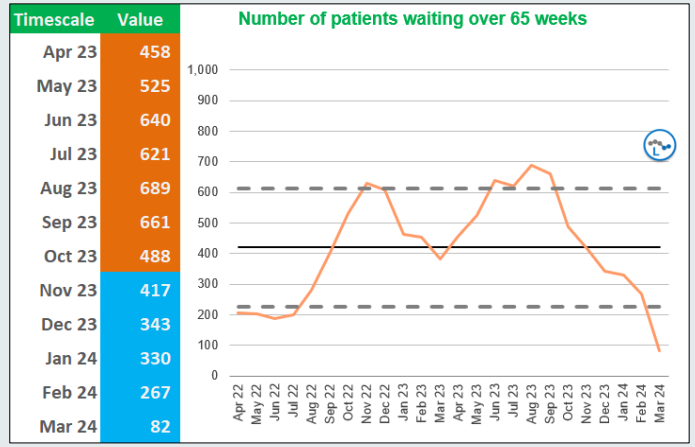
Timescale	Value
Mar 23	64.8%
Apr 23	63.8%
May 23	61.5%
Jun 23	54.0%
Jul 23	66.9%
Aug 23	59.5%
Sep 23	48.5%
Oct 23	61.3%
Nov 23	67.2%
Dec 23	65.0%
Jan 24	62.2%
Feb 24	68.6%



RTT: Number of patients waiting over 65 weeks

To eliminate over 65-week waiters as soon as possible and by September 2024 at the latest.

Timescale	Value
Apr 23	458
May 23	525
Jun 23	640
Jul 23	621
Aug 23	689
Sep 23	661
Oct 23	488
Nov 23	417
Dec 23	343
Jan 24	330
Feb 24	267
Mar 24	82



Counter Measures

Risk: Dermatology capacity had been impacted by vacancies and increase in referrals.
-Recruitment of substantive Consultant continues. Performance shortfalls are expected through the winter as a result of expected leave. Due to the number of referrals received this will have an impact on the overall Trust performance.
-External Derm team has provided over 400 additional slots in January & February to clear ASI wait lists
Risk: Capacity in Plastics is insufficient to see and treat patients.
Mitigation: Some Plastic patients are being sent to Wootton Bassett to help free up surgical space at GWH. Implementation of improvements in both pathway and processes following mapping exercise are underway. Actions to improve capacity and operational processes have been agreed with the divisional management team.
Risk: Urology Pathways are often complex requiring multiple diagnostics, with multiple treatment options.
Mitigation: Pathway improvement manager is working with service to implement the best practice timed pathway which includes a Demand/Capacity review of TRUS biopsies. The Surgical team have undergone LATP biopsy training with a view to reducing the demand on TRUS biopsies.
Risk: Capacity issues for colorectal 2ww triage, post diagnostic reviews and appointments after MDT are an issue.
Mitigation: Close management of Registrar rota's with Consultant input to allow triage to happen. Registrar clinics in place to aid outpatient capacity for first appointment and MDT slots are allocated to clinics
Risk: Capacity issues in Gynae for first appointments and diagnostics
Mitigation: Review of and implementation of new referrals to streamline access to right appointments at right time.

Risk: Insufficient capacity to eliminate waits over 65 weeks as soon as possible and by September 2024 at the latest.
Mitigation:

- Patient level details/plans updated on a daily basis. Booking in order practice being reviewed.
- Unfit patients/patient choice being managed in line with Trust Access Policy.
- Improved clinical review processes introduced with emphasis placed on the use of PIFU if a patient cannot be discharged.
- Booking to DNA rates has commenced in key specialties, along with additional WLI sessions being focused on long waiting patients.
- Validation of waiting lists (Project Verify) being embedded, along with cohorts of patients waiting over 40 weeks being offered alternative health care providers.

Risk: Reduced capacity due to the proposed industrial action across multiple staff groups.
Mitigation:

- All elective activity on proposed strike days reviewed. Maximum clinical sessions running where staffing allows.
- Patient impact assessed and alternative sessions to be provided. Long waiting and cancer patients prioritised.
- Long waiting and cancer patients to be brought forward to reduce the risk of cancellation.

Executive Summary

Great Western Hospitals NHS Foundation Trust

Emergency Care – Emergency Department - Mean Stay

Patients are delayed within the Emergency Department (ED). This is a marker of a crowded system resulting in delays in assessment, investigation, treatment and discharge.

The total meantime in March'24 was 410 minutes against the national standard of 240 minutes. This is a reduction from Feb 24, below mean levels (460mins) and well below the mean time waits in February 2023 of 477 mins.

Emergency Care – Urgent Treatment Centre - Mean Stay

There has been a noticeable upturn in Mean Stay in UTC. This is reflected in the 6% increase rise in attendances in UTC this month compared to February. There has been a 14.6% rise in attendances in 2023 compared to 2022.

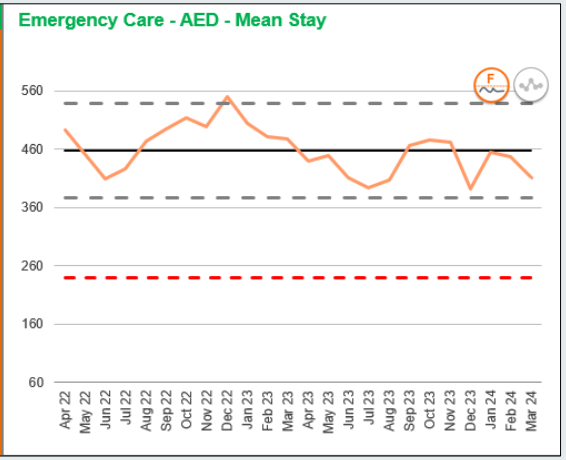
The total meantime wait for a patient in March 24 was 177 minutes against the national standard of 240 minutes. This is a clear rise in mean time which could be explained by increasing numbers of patients accessing UTC on Sunday, Monday and Tuesday.

Felicity Taylor-Drewe
Chief Operating Officer

Emergency Care – Emergency Department - Mean Stay

To achieve and sustain a mean time in department for all patients attending the Emergency Department.

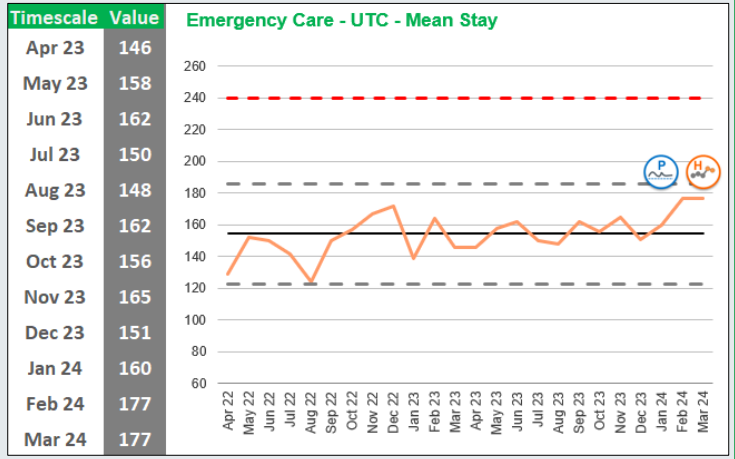
Timescale	Value
Apr 23	440
May 23	448
Jun 23	410
Jul 23	393
Aug 23	407
Sep 23	466
Oct 23	475
Nov 23	471
Dec 23	391
Jan 24	455
Feb 24	447
Mar 24	410



Emergency Care – Urgent Treatment Centre - Mean Stay

To achieve and sustain a mean time in department for all patients attending UTC.

Timescale	Value
Apr 23	146
May 23	158
Jun 23	162
Jul 23	150
Aug 23	148
Sep 23	162
Oct 23	156
Nov 23	165
Dec 23	151
Jan 24	160
Feb 24	177
Mar 24	177



Counter Measures

- Recruitment drive initiated via Medical Control Weekly Meeting to reduce agency and increase substantive body. This will improve the financial sustainability of department but also improve quality of care across the 24/7 running of the department.
- 4 hour Improvement Plan – focusing on breach chasing,
- 2 EPIC trial prior to IFD implementation giving great senior decision making cover across Chairs.

- 7 day rota review and implementation
- Data capture around our surge days (Sunday – Tuesday predominantly) and patients access to primary care
- Data capture around trends in presenting condition – anecdotal evidence shows rise in sickness related conditions.
- Discussions with ICB and Locality around support to reduce attendances to UTC
- Short term additional medical cover to mitigate surges and impact on ED
- Plan to increase Nursing levels to support triage/4 hour performance

Executive Summary

NHS
Great Western Hospitals
NHS Foundation Trust

Emergency Department & Urgent Treatment Centre - Emergency Attendances

Emergency Attendances collects the total number of attendances in the Emergency Department (ED) & the Urgent Treatment Centre (UTC).

March has seen a significant rise in attendances month in both ED & UTC with 11,461 patients seen in month up from 10,880 in February. This is the largest amount of attendances recorded.

This is reflected in the 6% increase rise in attendances in UTC this month compared to February. There has been a 14.6% rise in attendances in 2023 compared to 2022.

Inpatient Spells - GWH - Number Non-Criteria to Reside (NCTR) Days

March saw a significant decrease in **NCTR from 89 to 80** running average on the day compared to February. Average discharges per day for March were 107 per day which is **25%** over the predicted discharges.
Over 21 days LoS was an average of 32 patients, which is a further decrease month on month. Lowest was Dec which was **30%.**

Felicity Taylor-Drewe
Chief Operating Officer

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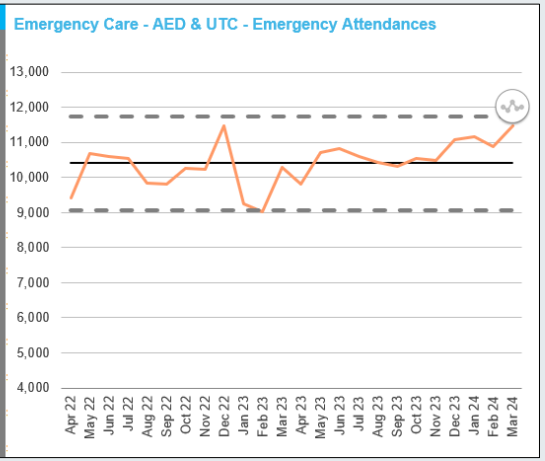
Emergency Care – Emergency Department & Urgent Treatment Centre - Emergency Attendances

To ensure patients are cared for in the appropriate setting

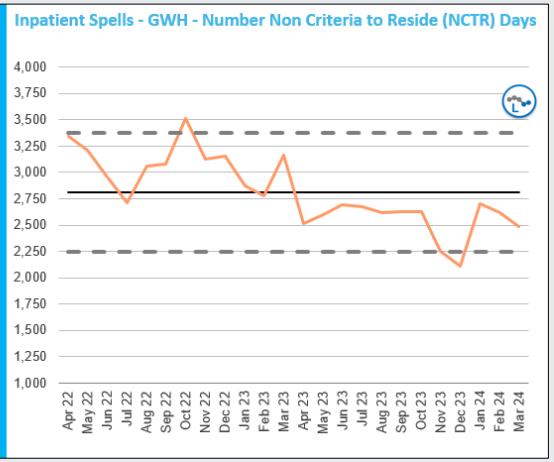
Timescale	Value
Apr 23	9,801
May 23	10,715
Jun 23	10,833
Jul 23	10,599
Aug 23	10,435
Sep 23	10,325
Oct 23	10,548
Nov 23	10,491
Dec 23	11,065
Jan 24	11,160
Feb 24	10,880
Mar 24	11,461



Inpatient Spells - GWH - Number Non-Criteria to Reside (NCTR) Days

To treat the right patients in the right place, to ensure delivery of high-quality care.

Timescale	Value
Apr 23	2,510
May 23	2,599
Jun 23	2,694
Jul 23	2,675
Aug 23	2,614
Sep 23	2,631
Oct 23	2,625
Nov 23	2,251
Dec 23	2,106
Jan 24	2,703
Feb 24	2,615
Mar 24	2,484



Counter Measures

Co-ordination Centre and Navigation Hub processing referrals from Care Homes, community teams, ambulance service and partner referrals via discharge hub.

Call before convey message to SWAST crews through BSW care co-ordination.

Assessment and pathway changes to support direct access from ED & UTC to most appropriate admission areas.

Hosptial at Home (across BSW) working to one model and full occupancy.

Faster Flow initiative continued throughout February and has now been formalised in to work stream feeding into the 'Greater Flow Committee'. Actions within the Admitted Flow work stream include:

Opportunities:

- Review of escalation approach for patients with no criteria to reside including out of area patients.
- To review the approach to criteria led discharge for patients and maximise opportunities for earlier in the day discharge including to discharge lounge.
- Review wards that have opportunities for higher discharges prior to midday
- Pre-empting discharges 24 hours in advance & preparing TTAs in advance.

Reflections:

- Standardising discharge processes including discharge summaries and medicine to take away.
- Applying improving together methodology to change initiatives.
- Workforce planning to improve alignment of Acute Medical clinical Workforce to demand.
- Discharge Reg support was the highest on record with an increase of **39%** in weekend discharges

Executive Summary

NHS
Great Western Hospitals
NHS Foundation Trust

Voluntary Staff Turnover (rate)
The annual voluntary turnover rate provides us with a high-level overview of Trust health.

The NHS People Plan highlights the support and action needed to create an organisational culture where everyone feels they belong. Workforce retention is a top priority across the NHS. High turnover rates are typically associated with increased recruitment and training costs, low morale and reduced performance levels.

The Trust is continuing the downward trend seen in its voluntary turnover rate from July 2022, with the position in February remaining static at 8.6%. Performance below the 11% target has been sustained for 9 months, with the voluntary turnover rate returning near to the level before this metric started increasing in March 2021. Performance continues to be maintained through the Trust Retention Working Group, with countermeasures being refined to focus on leavers within the first year of employment.

Staff Recommendation as a Place to Work
The Trust recommend a place to work target is 58% which is in line with the National Average for 2022 staff survey results. In 2023 the Trust achieved 60% performance and the national results also improved to 61%. Therefore, the new stretched target is 63% to be achieved in the 2025 staff survey.

Pulse survey result has shown a decline in results with a performance of 55.9% (Q4 Pulse Survey).

The annual national staff survey is used to give an indication of staff engagement. We will be monitoring this at quarterly intervals throughout the year via the Quarterly Pulse Survey.

Willingness to recommend the organisation as a place to work is a strong indicative measure of overall staff engagement. There is also an evidenced link between this measure and the quality of patient care that is delivered.

The number of staff who would recommend the organisation as a place to work increase from 53.3% in 2022 to 59.6% in the 2023 Survey.

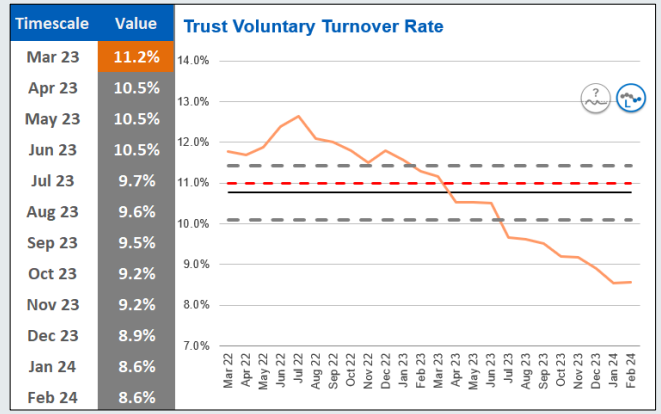
Jude Gray
Director of Human Resources (HR)

Service | Teamwork | Ambition | Respect

Trust Voluntary Turnover Rate

To achieve and maintain a maximum voluntary turnover rate of 11%.

Timescale	Value
Mar 23	11.2%
Apr 23	10.5%
May 23	10.5%
Jun 23	10.5%
Jul 23	9.7%
Aug 23	9.6%
Sep 23	9.5%
Oct 23	9.2%
Nov 23	9.2%
Dec 23	8.9%
Jan 24	8.6%
Feb 24	8.6%



Staff % recommend the organisation as a place to work

To improve our staff engagement score as demonstrated in the annual staff survey.

Counter Measures

- February voluntary turnover has stabilised at 8.6%. This shows sustained performance of this metric . The national data for benchmarking is not comparable due to the different reporting methodology. This will be reviewed in 24/24
- The People Promise Manager post commences from 8th April. Immediate priorities in the initial 30 days will be:
  - Identifying a stakeholder group to undertake the national self-assessment tool, prioritising opportunities identified through results using A3 methodology.
  - Developing a project plan to deliver through the stakeholder group, incorporating regional best practice and to update the retention plan.
  - Leading the monthly Trust retention working group.

- Question 25c "I would recommend my organisation as a place to work" remains as a Pillar Metric. The Q1 Pulse Survey launched on 2nd April and results will be available in May.
- The Trust performance has improved from 53.3% in 2022 to 59.6% in 2023 annual staff survey, this is aligned to national results which improved from 58% to 60%. Therefore, the Trust has reviewed its target and has agreed a stretched target of 63% over 2 years and perform better then national average.
- The Trust has reviewed the A3 approach and has selected a new question as the breakthrough objective, focusing on the question 7c "I receive the respect I deserve from my colleagues at work.

Executive Summary

Great Western Hospitals NHS Foundation Trust

EDI - Staff Survey Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?

The trust's ED&I Strategy 2020-24 recognises that a 'represented and supported workforce' is an essential component of creating an inclusive workplace where staff have a sense of belonging, have equity of opportunities and feel they can contribute to the success of the organisation. Our ambitious ED&I Strategy and Action Plan responds to this – it supports our ambition to reduce these inequalities by leveraging the benefits that come from Equality, Diversity and Inclusion.

Discrimination has been a longstanding issue in the NHS, the GWH NHS Staff Survey results highlights highlight that 19.8% of Ethnic and Minoritized staff have experience discrimination compared to 6.3% of white staff. Staff can also experience discrimination based on other grounds including disability, sex, sexual orientation, age, religion and other protected and non-protected characteristics

This is an important measure for the Trust as it is the right thing to do for our staff; furthermore, we have a legal duty and there is a strong correlation between workforce inclusion and wellbeing and patient outcomes. Discrimination also affects our workforce retention; studies have indicated that a lack of inclusion is the most influential factor in contributing to staff intention to leave.

Discrimination is a systemic problem, if we are to make a marked difference, our response must be systemic too. Success will be borne from developing sustainable strategies based on education and support and by challenging behaviours that do not align with our STAR values. Our commitment to addressing discrimination will take us one step further towards our aims of building an inclusive workplace.

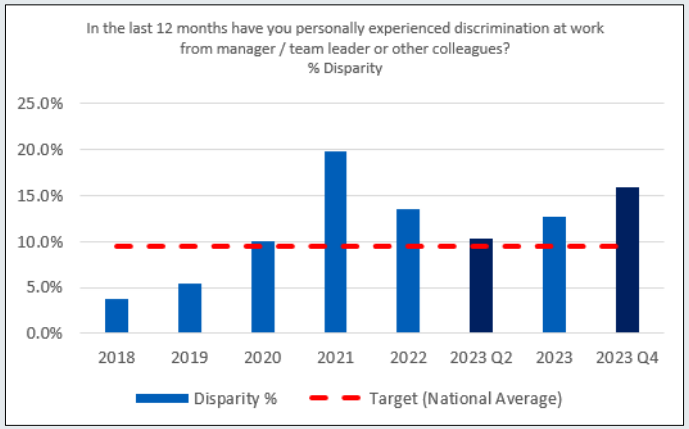
The Trust ambition is to reduce the disparity in the q16b (personally experienced discrimination at work from manager/team leader or other colleague) between white staff and BAME staff from 13.5% to 8.3% in line with the national average and be below the national average for all staff.

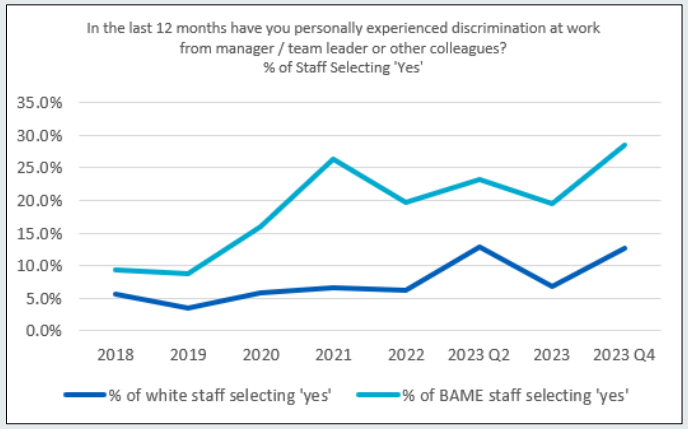
Q4 disparity has increased to 15.9%. Both white staff and BAME staff are reporting discrimination, white staff has reduced from 12.9% to 12.7% and BAME has increased from 23.2% to 28.6%.

Jude Gray
Director of Human Resources (HR)

Service | Teamwork | Ambition | Respect

% Disparity – Staff Survey Q16b - In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?





Counter Measures

- EDI Champions Project (EDI Improvement Award) – we have spoken to over 300 staff about the EDI champions opportunity, over 200 staff have expressed an interest and they will be offered an opportunity to attend training and to engage further. The Trust will host a celebration event on Monday 22 April to showcase the work to date. The project evaluation report is currently in draft form and will be submitted for Board approval early May.
- Equality Delivery System (EDS2022) Domain 2 and 3 was scored internally at the Inclusion-Health Inequalities Sub Committee meeting on 27.3.24. The draft EDS report is currently being written, and an action plan will be developed for all 3 domains (Commissioned and Provider Services; Workforce Health and Wellbeing; and Inclusive Leadership).
- The Cultural Competence training developed in-house will be rolled out from Thursday 18 April, the training will be open to all staff. The workshop is based the NHSE funded training 'cultural competence training for line managers of internationally educated staff', however this has been expanded to take into consideration the experience of other groups of staff.
- The Trust will host its first EDI conference on 27.06.24, the focus of the conference is Allyship: Unlocking Inclusive Leadership. The agenda is being developed and initial invites have been shared 08.04.24 before promoting widely across the Trust.

Executive Summary

Great Western Hospitals NHS Foundation Trust

GWH Control Total / I & E (Improvement & Efficiency)

There has been a significant and growing financial deficit over the last 3 years at the Trust. Large financial deficits undermine the public trust in the NHS and put the financial viability of the organisation at risk.

The Trust has finished the 23/24 financial year with a £0.15m surplus, which is the same variance to the breakeven plan. M12 saw an adverse movement of £4.1m from M11. This was due to additional funding received in M11 not replicated in M12, namely: industrial action funding (£1.8m), additional ERF and variable income (£0.6m), funded depreciation (£0.2m) and higher overall devolved income (£1.4m). While the Trust has finished in a surplus position overall, there have been a number of cost pressures which have been covered by non-recurrent income streams during the financial year. The key pressures are unmet efficiency savings of £2.5m, unfunded industrial action costs of £0.9m, a shortfall on ERF related income (£3.3m), additional medical pay award costs (£0.9m), temporary staffing pressures (£1.6m) and prior year invoice accruals (£0.7m).

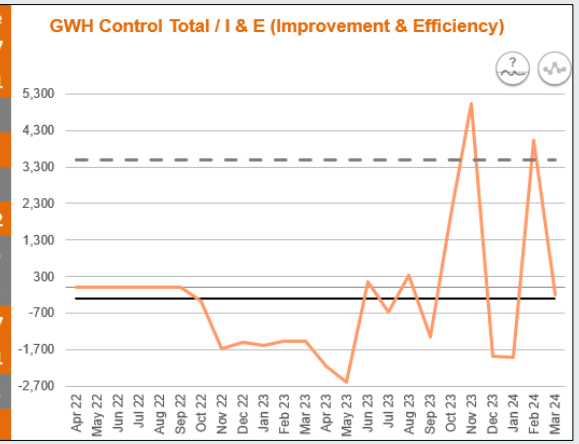
Efficiency savings were £0.3m below target in-month and finished £2.5m behind the overall plan of £16.8m. It should be noted that of the £14.3m delivered, only 42% (£6m) was recurrent. This has a direct impact on our underlying deficit position moving into 24/25. Work has already begun on developing recurrent savings for the coming year, with a total target of £21.9m. All Divisions and Directorates are asked to review their current resources and services, and to propose options for difficult conversations about how we constrain our spending on a recurrent basis, to deliver our recurrent efficiency targets and improve our underlying financial position.

Simon Wade
Chief Financial Officer

GWH Control Total / I & E (Improvement & Efficiency)

To achieve and sustain a break-even financial position.

Timescale	Value
Apr 23	-2157
May 23	-2591
Jun 23	144
Jul 23	-659
Aug 23	330
Sep 23	-1352
Oct 23	1996
Nov 23	5043
Dec 23	-1877
Jan 24	-1911
Feb 24	4028
Mar 24	-185



Counter Measures

- Efficiency savings were £0.3m behind target in month and finished 23/24 £2.5m behind total plan of £16.8m.
- The Trust has a £21.9m target for 24/25 with a heavy focus on workforce related reduction schemes (£12m) and specifically reducing the number of funded posts. As mentioned, divisions and services will need to undertake a thorough review of their resources and processes to identify schemes for recurrent delivery.

Executive Summary

NHS
Great Western Hospitals
NHS Foundation Trust

Carbon Footprint / Sustainability

Sustainability is fundamental to maintaining high quality care; to help us meet the needs of today without compromising the needs for future generations.

The graph shows the DRAFT year to date performance up until **Q2 of financial year 23/24.**

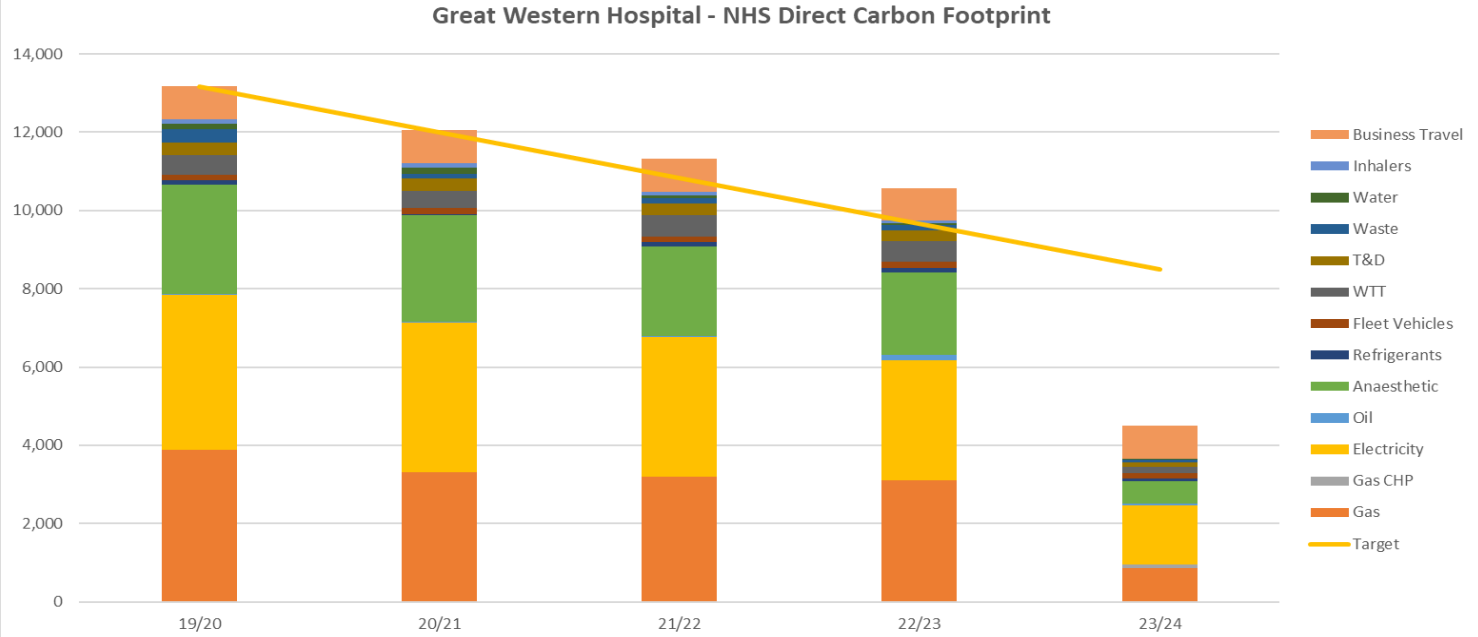
In line with NHS targets, we are aiming to achieve an 80% reduction in our direct footprint by 2028-2032 as shown with the target line on the graph from our 19/20 baseline year.

GWH are in a good position for carbon heading into the colder winter months.

The Department for Energy Security and Net Zero's (previously known as DEFRA) carbon conversion factor for grid electricity has increased by 7% this year due to an increase in natural gas use in electricity generation and a decrease in renewables.

Note: with the commissioning of our CHP the carbon footprint for this financial year is expected to increase due to a larger reliance upon natural gas. The CHP provides a cost saving but increase in our carbon footprint.

Simon Wade
Chief Financial Officer



Counter Measures

1. Great Western Hospitals NHS Foundation Trust's Green Plan outlines the actions and initiatives we aim to deliver to meet our sustainability targets and for the Trust to be net zero carbon for direct emissions by 2040 and for indirect emissions by 2045.
2. The Sustainability Team have won Salix funding for a heat decarbonisation plan which will be completed March 2024 which will impact the wider decarbonisation graph.
3. Capital projects for reducing emissions from medical gasses have taken place with a further improvement project this capital year to expand the AGSS in labour delivery.
4. Current capital projects includes the electrification of fleet vehicles.

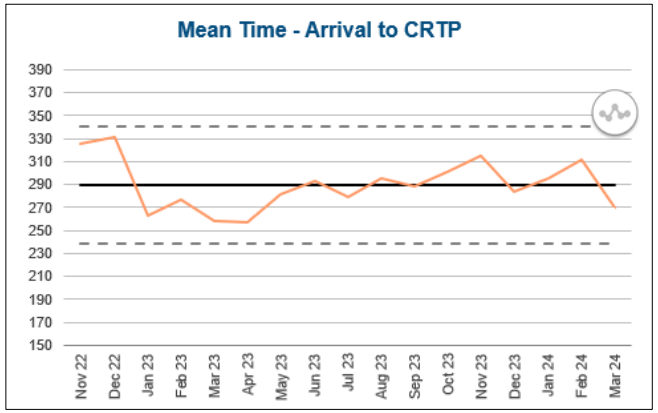
2023/24 Breakthrough Objectives

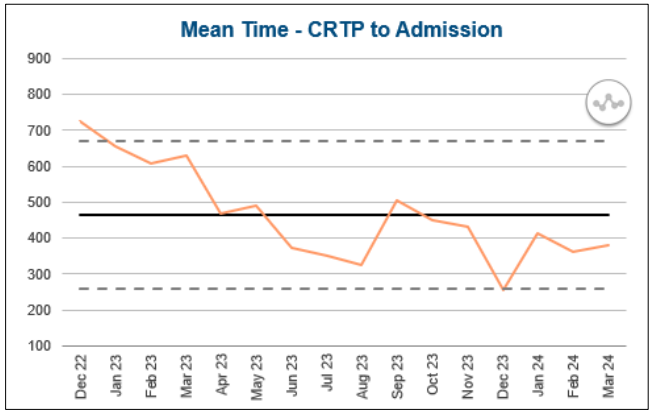
Emergency Attendances - Clinically Ready to Proceed (Admitted)

Great Western Hospitals NHS Foundation Trust

Mean time in ED (Minutes)

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Pre CRTP	258	281	293	280	295	289	301	315	284	296	312	270
Post CRTP	467	492	373	352	326	504	449	433	254	414	360	382





Common cause – no significant change

Understanding the Data

The patient cohort for the data is only type 1 patients who are admitted into the Trust (excludes type 3 patients or any patients discharged). More work to be done to include discharged patients with CRTP.

The graphs show the mean-time waiting from arrival to clinically ready to proceed and post clinically ready to proceed.

We are driving this measure because...

The metric Clinically Ready to Proceed is part of the UEC Bundle that is part of the proposed Clinically Led Review of NHS Access Standards.

CRTP is a milestone that separates out the overall Pillar Metric of 'mean time in ED'. Pre CRTP shows the time taken for patients to be triaged, seen and diagnosed. Post CRTP would indicate the time taken for patients to wait for a bed to be available.

Performance

- Mean time in ED from arrival to clinically ready to proceed (CRTP) has decreased from 312 minutes to 270 in March showing an improvement in ambulance handover and 4 hour performance.
- Mean time in ED from CRTP to admission has increased slightly from 360 to 382 in March indicating the patients spending slightly more time in ED albeit below mean levels.

Risks

Physical and pathway reconfiguration required for Way Forward Programme (WFP) will see slightly reduced cubicle space across the ED footprint.

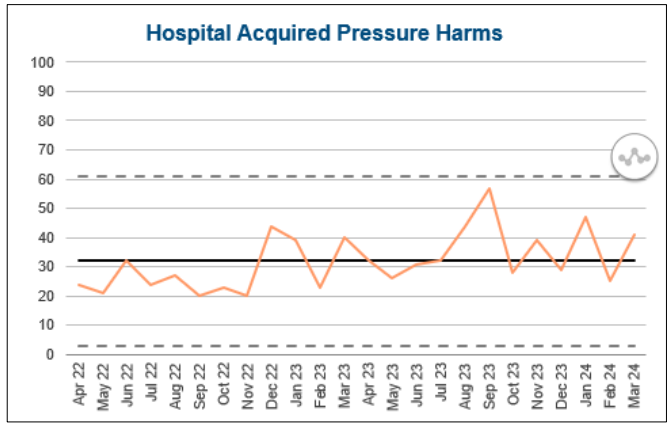
2023/24 Breakthrough Objectives

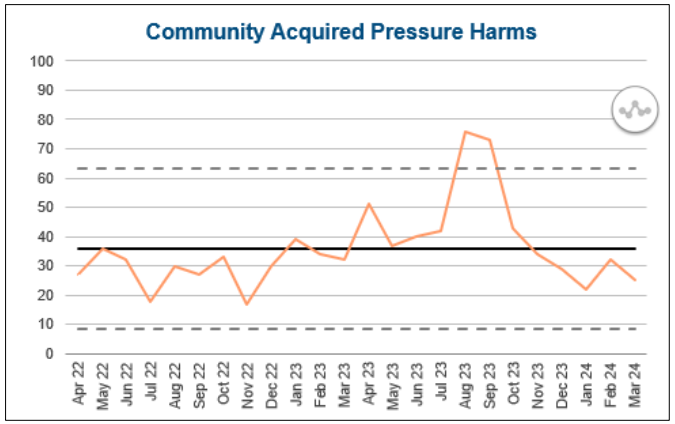
Reduction of Pressure Harms

Great Western Hospitals NHS Foundation Trust

Total Pressure Harms

Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
83	63	71	74	120	131	71	73	58	69	57	66



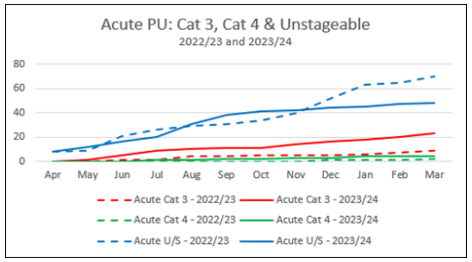


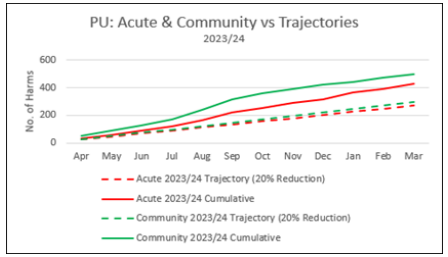
Common cause – no significant change

Understanding the Data

The number in the charts above represents the number of pressure harms that patients have developed whilst in hospital or under the care of a community nursing team. The number reflects the total number of harms not total number of patients i.e., one patient may have two or more pressure harms.

The graphs show the cumulative number of pressure harms in both the acute and community settings and the trajectory based on the target of 20% reduction on the previous year's performance. The 1st shows overall figures while the 2nd shows Category 3 & 4 harms (including unstageable) and progress against the zero trajectory.





We are driving this measure because...

We know that pressure damage is an avoidable cause of harm to patients and believe that through using the evidence-based improvement methodology we can make a significant difference to patients.

Performance

There has been an increase in the number of hospital acquired pressure harms in March reported and the overall number of pressure ulcer reporting continues to increase.

There were 41 (25 in February) hospital-acquired pressure harms during March 2024. 29 category 2 (20 in February) and 3 category 3 (2 in February) pressure ulcers were reported. There were 2 device related harms in the Acute wards during March (2 in February)

- The Acute TVN team have relaunched the NSI (Nurses with special interest) 6 months program, with the first cohort starting last month.
- The weekly pressure ulcer panels have been instrumental in the continuous drive on reduction of harms in practice.
- Theatres and recovery are working on a quality improvement project on Pressure care while patients are having surgery, even though there has been an increase in hospital acquired pressure ulcers from this area, there has been an increase in reporting and the team will continue to support staff in this area with this quality improvement project.
- Meldon, Orchard and Trauma wards, have become top contributing areas and a review of countermeasures and support actions is taking place with oversight at the A3 review meetings.
- There has been an increase in reporting category 1 pressure ulcers, which helps ensure early intervention and preventative measures being put in place.

In the community setting there were 25 (32 in February) pressure harms acquired during March 2024, this is a decrease from last month.

- 17 patients affected,
- 11 patients with 1 harm.
- 5 patients with 2 harms.
- 1 patient with 4 harms who had complex underlying health issues.

There continues to be a theme of patients at end of life developing pressure harm, with no identifiable gaps or omissions in care. There were 2 device related harms, related to a urethral catheter and a hard neck collar.

Improvement actions for the community include embedding the end of life pathway and patient information leaflet and reiterating the preventative measures for medical devices.

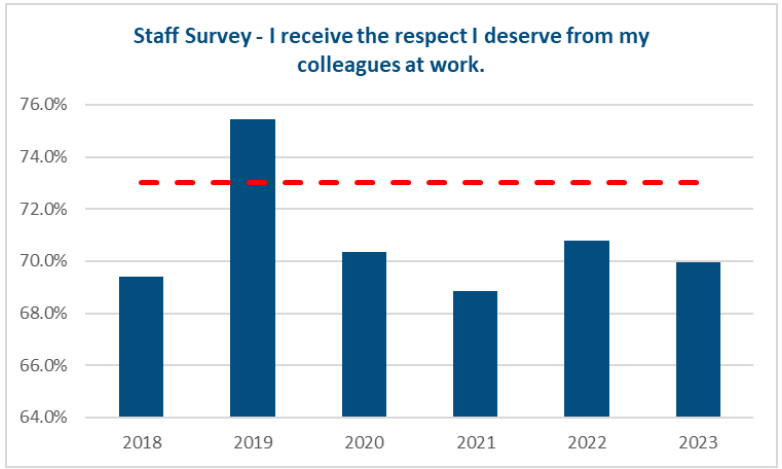
2023/24 Breakthrough Objectives

Great Western Hospitals NHS Foundation Trust

Staff Survey - I receive the respect I deserve from my colleagues at work

2018	2019	2020	2021	2022	2023
69.4%	75.4%	70.4%	68.9%	70.8%	70.0%

Domain	Our Leadership
Metric Focus	Driver
Threshold	
Value	Percentage
Improvement Direction	Higher is Better



Understanding the Data

The data shows the percentage of staff positively responding that they receive the respect they deserve from their colleagues at work.

These results are predominantly a measure of engagement and sense of team working. It is important to know if staff feel respected and supported by their immediate teams as there is an intrinsic link to recommending the organisation as a place to work.

We are driving this measure because...

This staff survey feedback is an important measure of staff's engagement with both the organisation and the rollout of Improving Together.

Creating an environment where all staff feel they receive the respect they deserve from colleagues at work will help drive overall engagement alongside recommending the organisation as a place to work. There is also a link to absence rates and team working.

Performance

- Following a review of staff survey performance, the Trust-A3 has been updated and it has identified 'Teamwork' as an area of opportunity to drive performance against our Pillar Metric of 'Recommending as a place to work' and therefore the breakthrough objective has moved to question 7C ("I receive the respect I deserve from my colleagues at work") to drive further improvement in 2024/25.

- The Divisions presented their updated A3s at the Staff Survey Working Group in March and are reviewing their driver metrics aligned to the proposed Trust breakthrough objective. The Division break though objectives are
  - Medicine – Recommend a place to work, with a focus on teamwork
  - SWC – retaining I can make improvements question
  - ICC – experience discrimination in the last 12 months
  - Corporate - I receive respect I deserve with the biggest contributor being Estates.

- There are a number of Trust wide projects that will support drive improvement in this question
  - Implementation of the national toolkit "role of the line manager"
  - Our compassionate way
  - Leaderships behaviours
  - Improved staff recognition and opportunities to thank staff

Risks

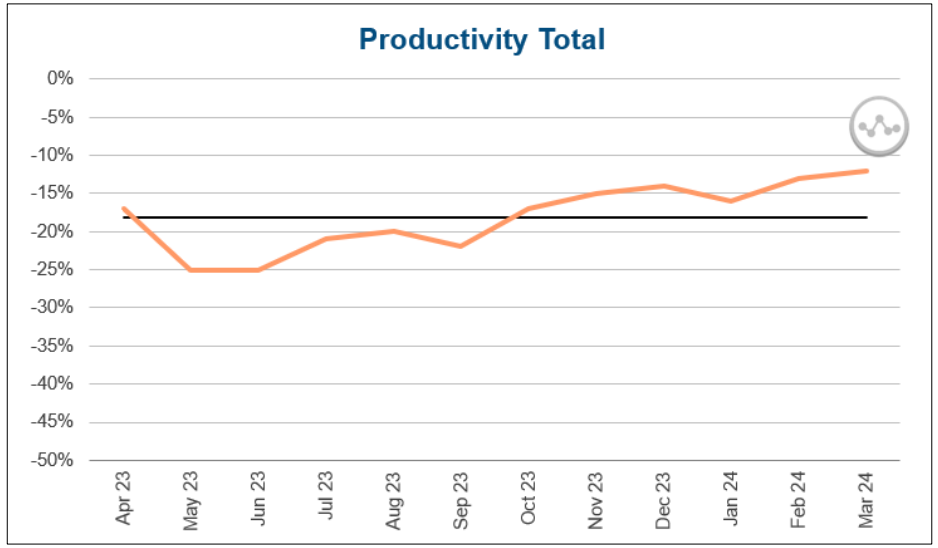
- Significant risk to staff morale and engagement due to current financial challenges and requirement to reduce our workforce.
- System work around Executive leadership, current interim arrangements until review complete.
- Clinical division's breakthrough objectives whilst aligned to our strategic pillar are not the same as the Trust breakthrough objective, therefore strategic focus is not aligned.

2023/24 Breakthrough Objectives

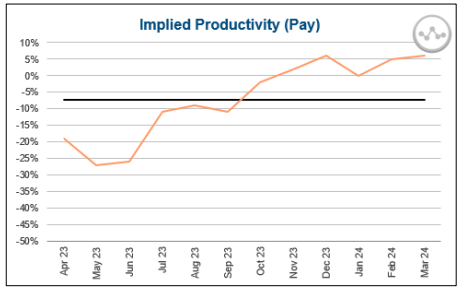
Great Western Hospitals NHS Foundation Trust

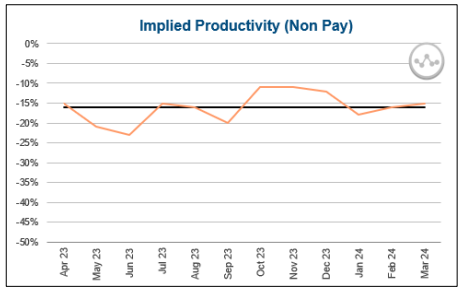
Productivity

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total	-17%	-25%	-25%	-21%	-20%	-22%	-17%	-15%	-14%	-16%	-13%	-12%
Pay	-19%	-27%	-26%	-11%	-9%	-11%	-2%	2%	6%	0%	5%	6%
Non Pay	-15%	-21%	-23%	-15%	-16%	-20%	-11%	-11%	-12%	-18%	-16%	-15%



Common cause – no significant change





Understanding the Data

The graphs show a metric made up of weighted activity growth and cost (adjusted for inflation) as a change from 2019/20 levels to give implied productivity. This is currently negative meaning we are less productive than 2019/20 levels - so either weighted activity being delivered is lower or the costs of delivering that activity are higher than in 2019/20. This is shown for pay and non-pay.

We are driving this measure because...

Productivity is reduced when compared to 2019/20 levels leading to longer delays in treatment (activity) and increase in costs. Elective recovery rates are lower than planned and the 2023/24 plan has been set with a target level of activity and productivity stretch.

Risks

There have been several risks outlined as part of the A3 for productivity (refer to fishbone diagram)
These included risks such as Divisions lacking capacity to engage in data/findings and sickness and work pressures impacting workforce to deliver on increased productivity stretch in the Trust activity plans.

Performance & Countermeasure

Implied Productivity for the Trust in total is recovering and has improved to overall total **–12%** for Month 12 from last month (this is a 6% improvement from the -18% at the end of 2022/23 - March 2023). It also meets the original Breakthrough objective target of –12% before adjustments were made for community and PCN services (which resulted in a –6% target).

Productivity at end of March has improved from previous month due to financial position being breakeven at year end.

The remaining finance pressures impacting in divisions (that are being offset overall Trust wide) are related to final shortfalls in efficiency plans, shortfalls of ERF income earned and pay award costs and temporary staffing pressures.

Weighted activity continues to run much closer to the 2023-24 plan for March in some areas and ahead as a change vs 19/20 (the measure contributing to the improvement in productivity). This includes Outpatients and Elective activity which contribute to Income generation of the Elective Recovery Fund (ERF).

The Trust is currently planning its activity and finance plans and calculating the implied productivity arising from these plans.

The CIVICA Aurum insight opportunities (productive care) continue to be recognised as being 2024/25 opportunities and have now been included in the 2024/25 efficiencies and opportunities (total value £2.5m) following initial engagement with divisions to review and with clinical leads. There remains a need to validate these and for ownership of them to confirm the efficiency opportunity that can be realised once pathway and other changes can be made. There are further benchmarking targets (c£4m) which again are included in the 24/25 efficiencies pipeline.

There are regional productivity discussions on new metrics for the 2024/25 year to measure KPIs around Operational and workforce. These will be considered as part of the financial recovery Breakthrough objective for 2024/25.

Our Care

Alerting Watch Metrics

NHS Great Western Hospitals NHS Foundation Trust

Plan Area	Measure Name	Target	SPC Improv. Icon	Dec-23	Jan-24	Feb-24	Mar-24	Trend
Concerns and Complaints	Trust overall complaint response rate	80% (Int)		73%	71%	72%	65%	
	No. of concerns received	SPC		123	234	229	237	
	No. of complaints received	SPC		55	67	65	70	
IP & C	Methicillin-resistant Staphylococcus Aureus (MRSA) infection (cumulative)	0 (Nat)		2	2	3	3	
	Clostridium difficile (C. diff) infections (cumulative)	46 (Nat)		64	70	78	82	
	Escherichia coli (E. coli) infections (cumulative)	66 (Nat)		69	82	96	106	
	Pseudomonas infections (cumulative)	14 (Nat)		26	26	29	32	
	Klebsiella infections (cumulative)	22 (Nat)		37	37	37	37	
FFT	ED & UTC Response Rate	19% (Int)		20%	15%	14%	14%	
	Inpatients Response Rate	25% (Int)		22%	21%	23%	21%	
	Daycases Response Rate	23% (Int)		22%	24%	21%	20%	
	Maternity Response Rate	16% (Int)		15%	16%	16%	13%	

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.	Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Performance & Counter Measure

The complaint response rate has dropped to 65% in March, this is related to the high number of complaints and concerns received and responses being impacted by operational pressures and previous industrial action. Remedial actions are underway with the divisions to improve this position. Themes continue to be around delays / waiting times in both elective and urgent / emergency care and work on better communication with those waiting is ongoing.

The investigation into the MRSA bacteraemia reported in February concluded that this was possibly preventable, relating to a high number of cannula's inserted and gaps in the monitoring of them. This has been actioned by the ward and shared for wider learning across the Trust. There have been no MRSA bacteraemia's in March.

The Trust remains above trajectory for all gram-negative infections and C. *difficile,* though there have been no Klebsiella infections in March, the third month in a row. There were two Pseudomonas hospital acquired infections reported in March from 1 patient.

The E. coli rate remains similar to previous months. There is some learning on the taking and following up of appropriate samples, which is emerging as a theme across all infections and is being discussed with divisional teams in their quality meetings. SWC are currently working on an A3 around sampling.

There has been 4 C.diff cases in March (8 in February). One case has identified learning around sampling and isolation. All other investigations did not identify any lapses in care; antibiotic prescribing is generally compliant, and cases are not linked genetically, suggesting the bacteria has not been acquired in hospital. The Trust is 1 of 3 Trusts in the South West that has achieved the target reduction in board spectrum antibiotic usage.

The FFT response rates are slightly below targets for March, actions to promote FFT are being developed with PALS team. There has been significant engagement work undertaken with children and young people as part of work to inform the design of the new children's emergency department. Ideas and suggestions are being collated to take forward where possible.
In line with a new CQC (Care Quality Commission) visiting standard and NHSE plans for Care Partners a new visitors charter has been developed and new 'open visiting' is being launched with an emphasis on working in partnership with relatives.

Our Care

Non-Alerting Watch Metrics

Great Western Hospitals NHS Foundation Trust

Plan Area	Measure Name	Target	SPC Improv. Icon	Dec-23	Jan-24	Feb-24	Mar-24
Harm	No. of serious incidents reported in month	SPC		4	5	3	6
	Falls rate per 1000 bed days	SPC	L	5	5.4	5	4.6
	No. of Falls in month	SPC	L	93	106	90	88
	No. falls with moderate harm or above	SPC		1	3	2	0
	Medication incidents with moderate harm	SPC		2	1	3	2
Concerns and Complaints	Number of reopened complaints	SPC		6	3	3	4
IP&C	Methicillin Sensitive Staphylococcus Aureus (MSSA) infections (cumulative)	42 (Int)		20	23	23	24
	Covid – no. of hospital acquired	SPC		9	25	17	7

Common cause - no significant change.	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values.		Special cause of improving nature or lower pressure due to (H)igher or (L)ower values.		Variation indicates inconsistently hitting passing and falling short of the target.	Variation indicates consistently (P)assing the target.	Variation indicates consistently (F)alling the target.

Performance & Counter Measure

There are 26 ongoing Serious Incidents (SI), with a further six reported in month, and 6 overdue the target of 60 working days. There has been no theme identified within the new SI's reported.

The number of complaints reopened remains within normal parameters.

The number of falls has decreased in month to 88 (90 for February). There has been no falls with moderate harm or above this month.

The Enhanced Care documentation and 'stay in the bay' process has been rolled out to further wards in March. The Clinical practice educators have delivered a falls training programme to Linett Ward to capture every member of staff.
A clinical fellow is leading a project on improving the management of postural hypotension on Jupiter ward, with baseline data having been collected.

Risks

- Patient concerns raised about lack of accessible information in line with the requirement of the Accessible Information Standard and Equality Act. This has been further discussed at the Inequalities and Health Inequalities Group,a a project group is being developed.
- Patient and staff concerns have been raised regarding lack of disability access within GWH in line with Equality Act requirements. This includes heavy doors, lack of blue badge spaces close to building, lack of lighting, blue lights in toilets. Next step actions are awaited from the Estates team.

Our Care

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target	SPC Improv. Icon	Dec-23	Jan-24	Feb-24	Mar-24
Safer Staffing	Safer Staffing – average fill rate RN (%)	85% (Nat)	P	92%	94%	95%	94%
	Safer Staffing – average fill rate HCA (%)	85% (Nat)	P	104%	107%	105%	105%
FFT	Overall response rate (%)	28% (Int)	?	25%	29%	29%	27%
	Positive response (%)	86% (Int)	?	89%	90%	87%	88%
	ED & UTC Positive Responses	79% (Int)	?	83%	81%	76%	77%
	Inpatients Positive Responses	85% (Int)	?	87%	91%	84%	86%
	Daycases Positive Responses	96% (Int)	?	95%	97%	97%	96%
	Outpatients Positive Responses	97% (Int)	?	96%	96%	97%	97%
	Maternity Positive Responses	92% (Int)	?	94%	94%	88%	92%

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Performance & Counter Measures

Safe Staffing fill rates remain above the National target and are within safe parameters.

The FFT overall response rate has fallen just below target this month. The positive response rate is 88%, still above target. The positive responses for ED and UTC have dropped for the second month which may be a reflection of operational pressures. Inpatients, Maternity and Outpatients remain above the target.
On the elderly care wards, volunteers are being utilised to help patents who can't fill out the FFT cards due to dexterity or eye sight issues and ward clerks are handing out cards on the day of discharge.
Woodpecker and Mercury ward have signed up for the 'Human' trial – this is an app that patients can use to provide feedback to an individual or team using a QR code – this should help increase patient feedback responses.

Our Performance

Great Western Hospitals NHS Foundation Trust

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Dec-23	Jan-24	Feb-24	Mar-24	Trend
RTT	No. of >=18 weeks waiters		H	17679	17590	17727	18254	
	No. of >=52 weeks waiters		H	1653	1625	1777	1900	
DM01	No. of patients on DM01 waitlist		H	13427	12644	11190	One month behind	
	DM01 performance %	99% (Nat)	F	46.8%	49.3%	59.8%	One month behind	
	DM01 6 week wait breaches		H	7138	6408	4500	One month behind	
Cancer	% Cancer 62 day performance	85% (Nat)	?	65.0%	62.2%	68.6%	One month behind	
	% Cancer 31 day performance	96% (Nat)	?	88.3%	82.5%	90.4%	One month behind	
	% Cancer 2 week wait	93% (Nat)	F	48.5%	45.8%	62.4%	One month behind	
	% 28 day faster diagnosis	75% (Nat)	?	60.4%	60.2%	70.5%	One month behind	
	No. of referrals received		H	1472	1881	1786	One month behind	

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Performance & Counter Measure

Diagnostics

March's DM01 unvalidated performance is showing an increase in performance variance from the 59.79% performance in February to 63.60%. The number of patients on the waiting list has decreased by 1,171 to 10,019 and the number of 6-week breaches has also decreased by 1,753 to 3,647 with over half this reduction coming driven by Ultrasound.

Counter measures: The 3 Pads in Radiology continue to be fully utilised with all supporting the CDC (CT, MRI and Endoscopy), and activity for the imaging vans is now achieving 100% utilisation with Endoscopy usage improving. The teams continue to deliver scans within 2 weeks for cancer referrals and anticipate a continued recovering picture for the routine patients, however due to an increase in referrals this is now behind trajectory. Ultrasound still remains the largest issue with 4,374 on the waiting list and 2,004 over 6 week. Endoscopy continue to work with InHealth to improve the performance of the mobile Endoscopy unit. The imaging move to the CDC has been delayed now likely to be April 24.

Cancer

31 Day decision to treat to treatment standard is heavily impacted by the capacity issues in the Skin pathways with 40% of the breaches being accounted for by this service.

75.3% of the 62-day breaches were with the Skin, Gynae & Urology Pathway.

Cancer waiting times for first appointment remain below standard with an increase in demand and the impact on clinic cancellations as a result of the industrial action. The Breast Pathway is having the greatest impact on all of the 2ww standard with 39.7% of all of the breaches. Colorectal pathways accounted for 29.7% of total breaches

In February, 71% (326) of the 28-day breaches were for across 4 tumour sites (Colorectal, Urology, Skin & Gynae)

Counter Measures - Work is underway with the TVCA to implement the Best Practice Timed Pathways across all 4 (Lower GI, Urology, Gynae & Skin) of these Pathways.

We continue to work with the OUH Plastics team for extra capacity, however, there is a clear deficit in capacity within Plastics that will impact the cancer pathway and is unable to be mitigated further without significant staffing and / or investment. This is subject to a strategic service review.

External Derm team have provided over 400 additional slots over 2 weeks to clear ASI wait lists through January and February. Provision to include see and treat where possible.

Working with the 3 main challenged tumour sites (Skin, Colorectal & Urology) using the improving together methodology (A3) to ascertain key drivers in this poor performance.

Weekly PTL review meetings have been extended in time to facilitate a full review and challenge of all pathways, and delays. This will ensure patients will have next steps planned at the earliest available time.

Cancer referrals remain above pre covid levels, resulting in capacity issues in a number of sites. The services are providing WLI activity to support where possible, though cancer performance is adversely affected where this is insufficient.

Our Performance

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Dec-23	Jan-24	Feb-24	Mar-24	Trend
ED	A&E (ED & UTC) Emergency Care 4 Hour Performance %	95% (Nat)	F	74.7%	73.5%	71.1%	74.4%	
	A&E (ED & UTC) Emergency Care 12 Hour Performance %	2% (Nat)	F	6.2%	8.0%	7.9%	7.1%	
	AED (Type 01) - Percentage Arrival to Departure within 4 Hours	95% (Nat)	F	52.7%	51.1%	50.7%	56.1%	
	AED (Type 01) - Percentage Arrival to Departure over 12 Hours	2% (Nat)	F	12.6%	16.5%	16.3%	14.8%	
	UTC (Type 03) - Percentage Arrival to Departure within 4 Hours	95% (Nat)	?	96.0%	94.4%	90.3%	91.2%	
	Total Hours Ambulance Handover Waits (over 15mins)	SPC	H	1592.98	2510.51	2507.32	2350.19	
	Number of Ambulance Handover Over 15 Minute Waits	SPC	H	1501	1473	1506	1525	
	Percentage of Ambulance Handover Over 15 Minute Waits	SPC	H	84%	88%	91%	88%	
	Number of Ambulance Handover 30 Minute Waits	SPC	H	847	969	1019	1050	
	Percentage of Ambulance Handover s Over 30 Minutes	SPC	H	47.2%	57.6%	61.5%	60.8%	
	Number of Ambulance Handover Over 60 Minutes Waits	SPC	H	443	669	692	699	
	Percentage of Ambulance Handovers Over 60 Minutes	SPC	H	24.7%	39.8%	41.8%	40.5%	
Flow	Non - Admitted - Average Length of Stay in Department (mins)	SPC	H	301	312	320	286	
	Number of Stranded Patients (over 14 days)	SPC	H	107	124	117	113	
	Number of Super Stranded Patients (over 21 days)	SPC	H	63	70	66	61	

Performance & Counter Measure

The following narrative relates to type 1 activity only and therefore will vary when comparing against type 1 & 3 activity.

Plans renewed around improving performance across ED metrics.

4 hour performance (type 1 and 3) increased from 71.1% to 74.4% with both type 1 and 3 improving especially in Type 1 activity.

Total % over 12 hours reduced at 16.3% to 14.8% showing the reduction in congestion experienced in the department.

Number of ambulance handovers over 30 minutes has increased from 1019 to 1050

Number of ambulance handovers over 60 minutes have increased from 41.8% to 40.5%

Counter measures remain in place within the Breakthrough objective slides.

Risks

Pressure to maintain flow and bed availability with increasing demand, thereby with a potential to impact elective activity. This is mitigated by our ongoing Seasonal Planning and work with system partners.

Physical and pathway reconfiguration required for WFP programme works creating IFD project. Working with key stakeholders to mitigate potential Impact on capacity

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Our Performance

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Dec-23	Jan-24	Feb-24	Mar-24
RTT	No. of >=78 weeks waiters	SPC	L	4	5	10	4
ED	UTC (Type 03) - Percentage Arrival to Departure over 12 Hours	2% (Nat)	P	0.0%	0.0%	0.0%	0.1%
	Total ED Type 1 Attendances (all arrival methods)	SPC		5443	5402	5275	5498
	A&E Arrival Triage % Within 15 Minutes Arrival by Ambulance	SPC	H	74.6%	75.3%	82.1%	77.4%
	Type 1 - Triage Performance (% Triaged within 15 Minutes of Arrival)	SPC		53.6%	51.1%	54.5%	56.3%
	Type 3 - Triage Performance (% Triaged within 15 Minutes of Arrival)	SPC		50.5%	42.6%	48.8%	31.4%
	A&E (ED & UTC) Median Arrival to Departure in Minutes	240 (Int)	P	192	200	213	206
	Emergency Care - AED - Median Stay	240 (Int)	?	240	240	240	238
	Emergency Care - UTC - Median Stay	240 (Int)	P	148	156	177	178
	Total Number of Ambulance Handovers	SPC	L	1795	1682	1656	1728
	Average hours lost to ambulance handover delays per day	SPC		51	81	86	76

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Performance & Counter Measure

ED

Number of ambulance conveyances increased from previous month from 1656 to 1728.

Triage performance for ED has improved from 54.5% to 56.3%. Type 3 performance has suffered due to the high level of demand in the service.

Median stay has stabilised at 238 mins in ED and in UTC (178 mins).

Risks

Our Performance

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Dec-23	Jan-24	Feb-24	Mar-24
Flow	Admitted - Average Length of Stay in Department (mins)	SPC		537	709	672	651
	Elective Patients Average Length of Stay (Days)	SPC	L	3	3	3	3
	Non-Elective Patients Average Length of Stay (Days)	SPC	L	4	5	4	4
	Community Average Length of Stay (Days)	SPC	H	17	23	25	24
	GWH Discharges by Noon (%)	SPC		18.0%	16.4%	17.3%	18.5%
	Adult general and acute type 1 bed occupancy	SPC	L	96.3%	95.0%	95.1%	94.2%
	GWH - Percent Non-Criteria to Reside (NCtR) Bed Days	SPC	L	16.7%	20.4%	20.9%	20.9%
	Proportion of patients discharged from hospital to their usual place of residence	SPC	H	95.6%	95.3%	95.6%	95.9%

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Performance & Counter Measure

Patient Flow

Community average LOS increased again this month to 24 which is over target of 21 days. This would fit with the complexity of the patients and the increase in pathway 2 numbers.

Changes in National NCTR guidance Jan 24 - will impact within different pathways (PW).

PW0's – will now be inclusive of restarts and return to care homes – these were in PW3 and PW1's.
PW1 – will be any temporary/short term care provision or intermediate care
PW2 – Bed based rehab or intermediate care
PW3 – Permanent placements

This commenced the beginning of March – soft launch with Discharge Support Team. The plan is to roll out standard leader work for all of the pathways following completion for PW0. There is further work to be completed on data quality and completeness of coding for NCTR which will happen in May.

Risks

There is a risk of ongoing ambulance handover delays if overall bed occupancy and no criteria to reside does not reduce further. Trust focus remains on improvements that can be made to earlier discharge in the day and escalating the completion of next steps for discharge which will reduce length of stay and provide additional headroom in the bed base to absorb the temporary loss of ED cubicles. Extension of community commissioned beds will also continue until at least July 2024 to provide additional physical capacity for complex discharge into the community.

Use of Resources

Great Western Hospitals NHS Foundation Trust

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target	SPC Improv. Icon	Dec-23	Jan-24	Feb-24	Mar-24
Use of Resources	Capital Expenditure (£'000)	SPC		2641	1365	2660	Waiting for data
	Pay (£'000)	SPC		24274	25836	25024	37412
	Non Pay (£'000)	SPC		17669	17729	16754	19462

Performance & Counter Measure

Capital spend for the 23/24 year is still being finalised.

Pay costs are £12.4m higher than M11 due to the accrual of notional pension costs (standard accrual for year end) which offsets with additional income accrual

Non-Pay is £2.7m higher than M11 due to increased depreciation costs (£1.6m) relating to IFRS16 and fixed asset revaluations, PFI operating costs (£0.3m), clinical supplies (£0.3m) and outsourcing (£0.5m)

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Risks

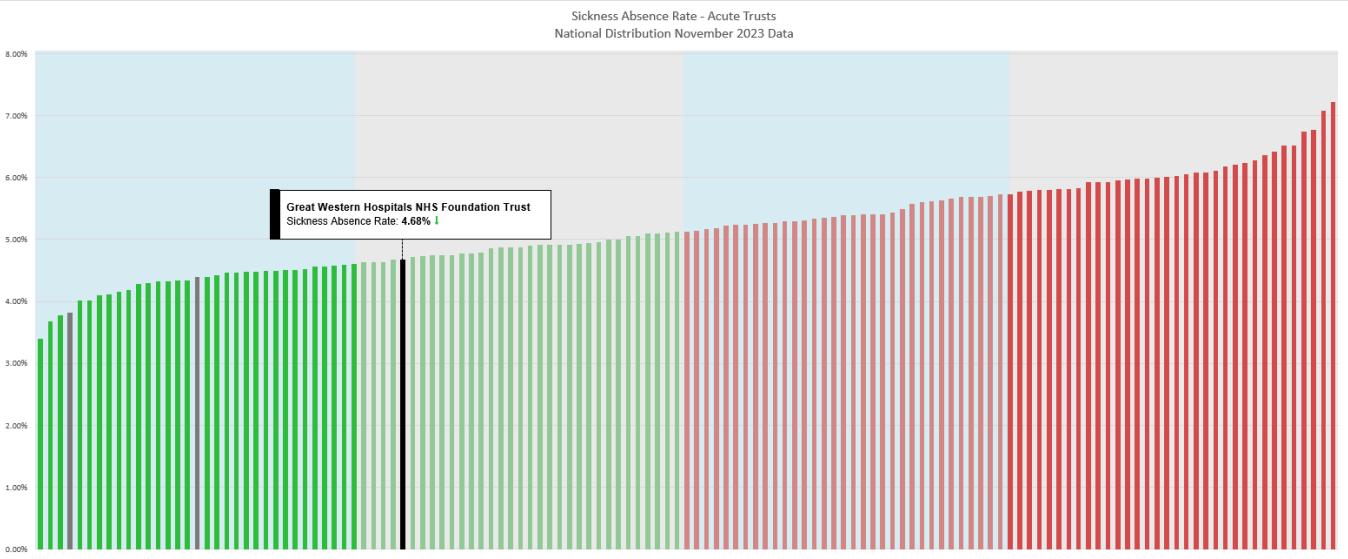
The Trust started the year with a £16.8m cash releasing efficiency plan, which includes a £2.98m carry over from 22/23. Total delivery for the year was £14.3m leading to an under delivery of £2.5m. Out of the £14.3m delivered, £6m (42%) was recurrent. This impacts on the Trust's underlying deficit position heading into 24/25.

The Trust's efficiency target for 24/25 is £21.9m, of which £12m is workforce related. Divisions and services must work to identify recurrent 'cash out' schemes while delivering consistent month on month reductions in run rate (ie. actual spend).

Our People

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Dec-23	Jan-24	Feb-24	Mar-24	Trend
Workforce	Trust sickness absence rate	3.5% (Int)	F	5.0%	4.9%	4.4%	One month behind	



Performance & Counter Measure

- In-month sickness absence decreased further in February to 4.4%. Performance remains below last year (4.5%) although continues above the Trust KPI of 3.5%. Short term sickness has remains at 2.3%, and long term sickness has decreased to 2.1%.
- Divisional countermeasures continue:
  - A3s being developed for departments with high levels of sickness absence, e.g. Neptune Ward, Critical Care, Children's Unit, and Ortho Scrub. Matrons and Ward Managers are being engage with as part of this process as they are integral to securing positive engagement with the process.
  - Absence audits in areas of high sickness by People Operations to support departments
- The most recent National benchmarking data (November 2023 - NHS Digital) shows a slight decrease to both the national and South West region sickness rates, dropping to 5.3% (national) and 5.1% (South West). We remained below the national and regional rates in October at 4.72%, and report in the second quartile for Acute Trusts (38th out of 133)

Risks

- Increased sickness rate as per national trend during winter.

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Our People

NHS
Great Western Hospitals
NHS Foundation Trust

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Dec-23	Jan-24	Feb-24	Mar-24
Workforce	% of leavers within 1st year of employment	14.8% (Int)		13.6%	11.8%	Waiting for data	One month behind

Plan Area	Metric	Target /SPC Target Icon	2017	2018	2019	2020	2021	2022	2023
Workforce	Staff Survey response rates	44% (Nat)	46.5%	43.6%	40.0%	53.4%	39.5%	58.7%	69.0%
	My immediate manager takes a positive interest in my health and well-being	67.4% (Nat)	68.8%	67.5%	74.8%	69.2%	64.4%	67.6%	Not in Quarterly Survey
	Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age	57.5% (Avg)	59.6%	54.1%	60.4%	57.1%	56.1%	56.4%	56.5%

Performance & Counter Measure

- The rolling number of leavers within the 1st year of employment has decreased further in February to 11.6%, showing a stabilisation in this metric in line with the overall trend for voluntary turnover.
- Staff survey measures remain unchanged pending the results from the quarter 1 Pulse Survey.

Risks

- Turnover has remained stable for 12 months, changes at senior level may impact Trust-wide turnover rates and staff survey results.

							
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Our People

Workforce Scorecard

Great Western Hospitals NHS Foundation Trust

Type	Metric	Unit/Measure	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trend Vs Last Month	Trend Vs Mar-23
	Vacancy																	
W	Vacancy Rate	%	7.00%	5.30%	7.54%	8.08%	7.96%	7.82%	5.95%	4.87%	4.33%	3.93%	3.74%	4.12%	4.11%	3.93%	↓	↓
W	Vacancy Rate	WTE	-	276.66	402.58	438.89	432.29	424.68	320.44	262.33	232.95	211.39	201.47	223.67	223.82	213.76		
W	All Nursing Vacancy	%	7.00%	3.65%	4.50%	4.95%	5.38%	5.00%	2.73%	1.96%	1.30%	1.94%	1.43%	2.75%	2.39%	2.21%	↓	↓
W	All Nursing Vacancy (Reg & Unreg)	WTE	-	94.47	117.71	132.11	143.74	133.58	71.58	51.43	34.17	51.03	37.87	73.60	63.97	59.14		
W	All Registered Nursing Vacancy	WTE	-	43.38	84.20	97.00	107.48	103.62	74.83	47.47	18.62	26.55	9.50	28.02	14.37	9.70		
W	B5 Nursing Vacancy (exc. Corp & inc. Pre-Reg)	WTE	-	27.43	27.90	44.94	53.47	59.84	42.58	23.20	3.60	8.44	-3.79	5.29	-3.91	-7.35		
W	B2-4 Nursing Vacancy (exc. Pre-Reg)	WTE	-	51.09	33.51	35.11	36.26	29.96	-3.25	3.96	15.55	24.48	28.37	45.58	49.60	49.44		
W	Medical Vacancy	%	7.00%	6.86%	9.35%	10.14%	9.93%	10.34%	7.28%	5.22%	5.66%	5.26%	5.89%	7.07%	7.96%	7.47%	↓	↑
W	Medical Vacancy	WTE	-	47.86	67.29	74.56	73.05	76.03	53.43	38.22	41.48	38.61	43.30	53.08	59.82	56.06		
W	STT/AHP Vacancy	%	7.00%	7.66%	11.10%	12.48%	12.69%	13.04%	13.04%	10.41%	9.20%	6.88%	6.44%	4.87%	4.78%	3.74%	↓	↓
W	STT/AHP Vacancy	WTE	-	63.84	94.86	107.82	110.17	113.09	112.95	90.28	79.85	58.89	54.92	41.53	40.83	31.72		
W	SMA Vacancy	%	7.00%	6.37%	10.71%	10.68%	9.09%	8.80%	7.13%	7.12%	6.70%	5.44%	5.66%	4.80%	5.09%	5.76%	↑	↓
W	SMA Vacancy	WTE	-	70.50	122.73	124.41	105.33	101.98	82.48	82.40	77.45	62.86	65.38	55.46	59.20	66.84		
W	Recruitment Time to Hire - Trust Sub	Days	46.00	54.50	52.90	50.60	47.60	49.10	45.00	41.70	42.70	41.80	43.50	44.40	42.70	38.40	↓	↓
W	Recruitment Time to Hire - Trust Bank	Days	46.00	127.80	118.00	58.50	26.90	50.40	46.00	43.50	37.00	39.90	45.20	42.00	50.30	39.30	↓	↓
	Workforce Utilisation																	
W	Establishment WTE	WTE	-	5,224.47	5,337.41	5,434.85	5,433.60	5,433.60	5,382.13	5,381.76	5,379.33	5,382.66	5,382.34	5,431.15	5,446.50	5,433.90		
W	Budgeted vs Worked WTE Variance	WTE	-	237.88	30.63	44.87	50.26	3.23	131.70	70.69	132.32	203.45	152.98	168.57	221.96	184.10		
W	Actual Worked vs Budgeted %	%	-	4.55%	0.57%	0.83%	0.93%	0.06%	2.45%	1.31%	2.46%	3.78%	2.84%	3.10%	4.08%	3.39%		
W	Total Workforce Cost £	£	-	£23.73M	£23.85M	£23.99M	£25.72M	£24.82M	£24.44M	£26.42M	£25.68M	£24.85M	£24.88M	£25.67M	£25.39M	£25.85M		
W	Agency Spend as % of Total Spend	%	4.50%	5.35%	3.40%	5.57%	3.39%	4.15%	2.62%	3.11%	4.52%	3.56%	1.23%	2.83%	2.83%	1.69%	↓	↓
W	Agency Spend £	£	-	£1.27M	£0.81M	£1.34M	£0.87M	£1.03M	£0.64M	£0.82M	£1.16M	£0.89M	£0.30M	£0.73M	£0.72M	£0.44M		
W	Agency Target £	£		-	£1.21M	£1.04M	£0.88M	£0.76M	£1.06M	£1.17M	£1.07M	£0.91M	£1.10M	£0.91M	£0.86M	£0.96M		
W	Agency Spend vs Target £	£ Diff	£0.00M	-	-£0.40M	£0.29M	-£0.01M	£0.27M	-£0.42M	-£0.35M	£0.09M	-£0.03M	-£0.79M	-£0.18M	-£0.14M	-£0.53M	↓	↓
W	Agency WTE	WTE	-	106.82	90.76	105.02	96.40	94.71	78.85	74.91	59.88	57.41	52.29	58.93	74.69	60.21		
W	Bank WTE	WTE	-	377.11	303.84	351.68	355.36	303.23	347.55	235.16	278.50	332.80	276.94	311.41	348.57	312.87		
W	Registered Nursing Bank Fill	%	45.00%	54.71%	57.70%	57.91%	54.99%	54.47%	53.30%	54.80%	62.68%	66.38%	66.31%	71.94%	68.93%	75.45%	↑	↑
W	Unregistered Nursing Bank Fill	%	70.00%	77.63%	83.58%	81.52%	80.82%	79.98%	77.52%	81.35%	79.95%	84.45%	81.80%	80.12%	79.46%	78.92%	↓	↑

Our People

Workforce Scorecard

NHS
Great Western Hospitals
NHS Foundation Trust

Type	Metric	Unit/Measure	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trend Vs Last Month	Trend Vs Mar-23
	Retention																	
W	All Turnover %	%	13.00%	14.48%	13.79%	13.88%	13.27%	12.74%	12.69%	12.56%	12.20%	12.00%	11.49%	10.98%	10.90%	-	↓	↓
W	Voluntary Turnover %	%	11.00%	11.16%	10.54%	10.52%	10.17%	9.67%	9.62%	9.52%	9.20%	9.19%	8.89%	8.55%	8.56%	-	↑	↓
W	Number of Leavers	Headcount	-	79	33	62	53	53	48	63	41	47	41	44	39	-		
W	Number of RN Leavers	Headcount	-	17.00	7.00	15.00	16.00	12.00	14.00	18.00	11.00	14.00	11.00	21.00	9.00	-		
W	Registered Nursing Vol Turnover	%	-	7.83%	7.05%	6.82%	6.82%	6.59%	6.66%	6.55%	6.62%	7.00%	7.04%	7.07%	7.16%	-		
W	Number of Unreg Nursing Leavers	Headcount	-	12.00	8.00	12.00	11.00	7.00	13.00	21.00	10.00	8.00	14.00	7.00	11.00	-		
W	Unregistered Nursing Vol Turnover	%	-	15.95%	15.46%	15.17%	13.99%	13.02%	12.83%	13.35%	12.65%	12.34%	11.86%	12.01%	11.21%	-		
W	Leavers within 1st Year - Rolling 12 Month	%	-	15.23%	14.56%	14.29%	13.60%	15.53%	13.95%	14.33%	14.05%	12.93%	13.56%	11.84%	11.61%	-		
W	Number of starters	Headcount	-	77	76	66	64	108	61	114	64	72	39	87	38	-		
	Absence																	
D	Sickness Absence % Rolling 12 Month	%	3.50%	4.58%	4.33%	4.16%	4.08%	4.14%	4.13%	4.14%	4.21%	4.26%	4.33%	4.38%	4.37%	-	↓	↓
D	Sickness Absence %	%	3.50%	4.63%	3.85%	3.68%	3.77%	4.43%	4.03%	4.21%	4.74%	4.70%	5.00%	4.89%	4.38%	-	↓	↓
W	Long Term Sickness %	%	2.00%	2.27%	2.13%	2.06%	2.16%	2.61%	2.20%	2.10%	2.41%	2.41%	2.67%	2.62%	2.11%	-	↓	↓
W	Short Term Sickness %	%	1.50%	2.36%	1.72%	1.61%	1.61%	1.82%	1.83%	2.12%	2.33%	2.30%	2.33%	2.27%	2.27%	-	↑	↓
W	Sickness Absence Cost £	£	-	£675.3k	£546.9k	£574.4k	£550.4k	£664.8k	£626.3k	£614.8k	£738.9k	£726.5k	£794.0k	£777.2k	£647.1k	-		
W	WTE Days Lost	WTE	-	6,960.2	5,648.5	5,612.7	5,568.9	6,781.2	6,256.4	6,210.9	7,487.3	7,187.9	7,922.9	7,774.7	6,566.1	-		
	Learning & Development																	
W	Mandatory Training Compliance %	%	85.00%	87.69%	89.20%	90.27%	89.81%	89.90%	90.10%	90.36%	90.75%	91.38%	91.88%	91.49%	91.72%	92.31%	↑	↑
W	Role Essential MT %	%	85.00%	89.66%	90.92%	91.59%	91.37%	91.40%	91.64%	91.93%	92.20%	92.77%	93.14%	92.92%	93.28%	93.79%	↑	↑
W	CQC Safe MT %	%	85.00%	85.71%	87.48%	88.95%	88.25%	88.38%	88.56%	88.78%	89.32%	90.01%	90.64%	90.07%	90.16%	90.85%	↑	↑
W	Bank-Only Mandatory Training Compliance %	%	85.00%	-	59.32%	64.39%	73.18%	76.28%	79.91%	82.14%	83.26%	83.85%	85.24%	86.22%	85.23%	86.51%	↑	↓
W	Appraisal Compliance %	%	85.00%	82.25%	83.11%	82.18%	83.86%	83.94%	84.29%	84.88%	84.92%	83.62%	85.63%	84.32%	84.85%	85.26%	↑	↑
W	Non Medical Appraisal Compliance %	%	85.00%	80.68%	82.46%	81.38%	82.76%	83.29%	84.24%	84.89%	84.91%	83.81%	85.37%	84.06%	84.37%	84.59%	↑	↑
W	Medical Appraisal Compliance %	%	85.00%	93.90%	87.90%	88.00%	91.81%	88.64%	84.64%	84.84%	85.04%	82.25%	87.59%	86.32%	88.38%	90.10%	↑	↓

Our People

Workforce Scorecard

Great Western Hospitals NHS Foundation Trust

Type	Metric	Unit/Measure	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trend Vs Last Month	Trend Vs Mar-23
	Demographics																	
W	Staff in Leadership Roles % (B8a+)	%	-	4.19%	4.14%	4.12%	4.12%	4.13%	4.17%	4.18%	4.12%	4.21%	4.19%	4.23%	4.26%	4.28%		
W	Staff in Leadership Roles WTE (B8a+)	WTE	-	253.00	249.00	251.00	251.00	252.00	257.00	260.00	258.00	265.00	264.00	268.00	271.00	272.00		
W	% of Leadership Roles who are Female (B8a+)	%	-	70.75%	70.68%	70.92%	70.52%	70.24%	70.82%	71.15%	70.93%	71.32%	71.59%	71.27%	71.22%	70.59%		
W	% of Leadership Roles who from BME (B8a+)	%	-	5.14%	5.22%	5.58%	5.58%	5.95%	6.61%	6.54%	6.20%	6.79%	6.82%	6.34%	6.64%	6.25%		
W	Staff in Leadership Roles % (B8c+)	%	-	0.91%	0.95%	0.95%	0.95%	0.93%	0.93%	0.92%	0.91%	0.92%	0.89%	0.90%	0.90%	0.90%		
W	Staff in Leadership Roles WTE (B8c+)	WTE	-	55.00	57.00	58.00	58.00	57.00	57.00	57.00	57.00	58.00	56.00	57.00	57.00	57.00		
W	% of Leadership Roles who are Female (B8c+)	%	-	58.18%	57.89%	58.62%	56.90%	56.14%	56.14%	56.14%	56.14%	56.90%	57.14%	56.14%	56.14%	56.14%		
W	% of Leadership Roles who from BME (B8c+)	%	-	5.45%	5.26%	5.17%	5.17%	5.26%	5.26%	5.26%	5.26%	5.17%	5.36%	3.51%	3.51%	3.51%		
W	% of Leadership Roles who are disabled (B8c+)	%	-	0.00%	1.75%	1.72%	1.72%	1.75%	1.75%	1.75%	1.75%	1.72%	1.79%	1.75%	1.75%	1.75%		
W	Male % of Workforce	%	-	17.71%	17.63%	17.75%	17.83%	17.90%	18.10%	18.16%	18.36%	18.40%	18.29%	18.33%	18.32%	18.36%		
W	Female % of Workforce	%	-	82.29%	82.37%	82.25%	82.17%	82.10%	81.90%	81.84%	81.64%	81.60%	81.71%	81.67%	81.68%	81.64%		
W	BME % of Workforce	%	-	23.24%	23.60%	24.22%	24.19%	24.49%	25.06%	25.18%	25.47%	25.68%	25.98%	26.08%	26.12%	26.36%		
W	White % of Workforce	%	-	68.25%	68.07%	67.43%	67.29%	67.08%	67.03%	66.86%	66.58%	66.32%	66.19%	65.84%	65.76%	65.61%		
W	ER Cases Closed	Number	-	65	43	56	54	59	20	35	28	27	34	32	38	9		

Our People

Great Western Hospitals NHS Foundation Trust

Workforce Scorecard - Workforce Planning

Trust Workforce Delivery Plan

		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Establishment	*Plan*	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46	5391.46
	Actual	**5337.41**	**5434.85**	**5433.60**	**5433.60**	**5382.13**	**5381.76**	**5379.33**	**5382.66**	**5382.34**	**5431.15**	**5446.50**	**5433.90**
	Variance	-54.05	43.39	42.14	42.14	-9.33	-9.70	-12.13	-8.80	-9.12	39.69	55.04	42.44
Contract	*Plan*	4917.66	4942.06	4958.27	4973.06	4996.74	5018.76	5041.25	5057.46	5066.09	5064.08	5064.98	5067.30
	Actual	**4934.83**	**4995.96**	**5001.31**	**5008.92**	**5061.69**	**5119.43**	**5146.38**	**5171.27**	**5180.87**	**5207.48**	**5222.68**	**5220.14**
	Variance	17.17	53.90	43.04	35.86	64.95	100.68	105.13	113.81	114.78	143.40	157.71	152.85
Bank	*Plan*	271.91	322.50	262.43	246.62	240.30	300.37	303.53	262.43	278.24	208.68	227.65	237.13
	Actual	**303.84**	**351.68**	**355.36**	**303.23**	**347.55**	**235.16**	**278.50**	**332.80**	**276.94**	**311.41**	**348.57**	**312.87**
	Variance	31.93	29.18	92.93	56.61	107.25	-65.21	-25.03	70.37	-1.30	102.73	120.92	75.74
Agency	*Plan*	104.12	123.49	100.49	94.43	92.01	115.01	116.23	100.49	106.54	79.90	87.17	90.80
	Actual	**90.76**	**105.02**	**96.40**	**94.71**	**78.85**	**74.91**	**59.88**	**57.41**	**52.29**	**58.93**	**74.69**	**60.21**
	Variance	-13.36	-18.47	-4.09	0.28	-13.16	-40.10	-56.35	-43.08	-54.25	-20.97	-12.48	-30.59
Actual vs Establishment	*Establishment*	5337.41	5434.85	5433.60	5433.60	5382.13	5381.76	5379.33	5382.66	5382.34	5431.15	5446.50	5433.90
	Actual	**5329.43**	**5452.66**	**5453.07**	**5406.86**	**5488.09**	**5429.50**	**5484.76**	**5561.48**	**5510.10**	**5577.82**	**5645.94**	**5593.22**
	Variance	-7.98	17.81	19.47	-26.74	105.96	47.74	105.43	178.82	127.76	146.67	199.44	159.32

Key

Outside of tolerance
Within tolerance
in excess of plan
less than plan

Performance & Counter Measure

- Following final refinements to the establishment in March we have ended the year with a funded WTE position of 5,434WTE, 42WTE above the planned figure. This figure represents our baseline moving into 2024/25 on which investments and refinements from the operational plan will be added to. In April 2023 we used 5,385WTE to run our services, and our current establishment represents a planned budget 49WTE above this.
- In M12, 5,593WTE was used to deliver our services representing an additional 159WTE utilised above our establishment. This was a decrease on the previous month however, with both bank and agency WTE decreasing in March 2024. A slight decrease to our substantive staff is also evident in March due to a slowed recruitment process in line with heightened controls, however our contract WTE remains more favourable than the planned position. Key performance indicators on our workforce levels show a positive position in M12, with our vacancy rate at 3.9% and agency spend as a percentage of total paybill spend at 3.26% YTD.

Risks & Mitigations

- Total workforce levels (substantive and temporary staff) remain considerably above our establishment figure. There is risk that workforce levels continue above plan in 2024/25 worsening our financial position. The Workforce Recovery Meeting has been established to drive reduction throughout the coming financial year.
- Overall temporary staffing whilst decreasing is not reducing at the same pace as our contracted WTE is rising. This is driven largely by additional usage compared to departmental budgets. Divisional agency reduction workstreams continue, and Medical/Nursing teams are exploring opportunities for bank reduction.

Our People

Workforce Costs by Staff Group

Great Western Hospitals NHS Foundation Trust

Staff Group	Type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
Registered Nursing	RGN Sub £	£6,816,740	£6,873,340	£7,587,096	£7,009,523	£7,148,967	£7,089,588	£7,266,793	£7,311,337	£7,462,009	£7,472,149	£7,370,493	£7,443,856	£80,035,153
	RGN Bank £	£874,747	£687,407	£704,551	£651,671	£700,835	£610,086	£593,565	£553,437	£592,494	£648,452	£616,917	£851,182	£7,210,596
	RGN Agency £	£356,809	£390,770	£393,761	£388,506	£369,005	£387,236	£293,975	£243,990	£160,175	£218,524	£231,723	£157,369	£3,235,034
	Budget £	£7,726,976	£7,575,268	£8,320,831	£7,708,281	£7,669,410	£7,852,551	£8,595,915	£8,366,252	£8,003,835	£9,130,820	£8,009,094	£6,105,536	£87,337,793
	Actual Cost £	£8,048,296	£7,951,517	£8,685,408	£8,049,701	£8,218,807	£8,086,909	£8,154,333	£8,108,764	£8,214,678	£8,339,125	£8,219,133	£8,452,407	£90,480,783
	Variance to Budget £	£321,320	£376,249	£364,577	£341,420	£549,397	£234,358	-£441,582	-£257,488	£210,843	-£791,695	+£210,039	£2,346,871	£3,142,990
Unregistered Nursing	UR Sub £	£2,248,955	£2,401,458	£2,600,592	£2,396,310	£2,465,217	£2,395,713	£2,356,200	£2,376,329	£2,377,891	£2,379,131	£2,313,843	£2,358,833	£26,421,516
	UR Bank £	£383,425	£405,741	£369,631	£400,036	£367,052	£315,117	£310,343	£283,167	£271,511	£337,349	£300,590	£338,046	£3,698,583
	UR Agency £	£510	£0	£177	£2,721	-£1,925	£168	£2,401	-£2,220	£0	£0	£2,220	-£2,220	£1,322
	Budget £	£2,416,017	£2,590,428	£2,718,298	£2,514,861	£2,515,220	£2,555,518	£3,109,392	£2,080,496	£2,612,857	£2,692,286	£2,535,182	£3,740,276	£29,664,814
	Actual Cost £	£2,632,891	£2,807,199	£2,970,400	£2,799,066	£2,830,343	£2,710,997	£2,668,944	£2,657,275	£2,649,402	£2,716,481	£2,616,653	£2,694,659	£30,121,420
	Variance to Budget £	£216,874	£216,771	£252,102	£284,205	£315,123	£155,479	-£440,448	£576,779	£36,545	£24,195	£81,471	-£1,045,617	£456,606
Medical and Dental	M & D Sub £	£5,495,537	£5,302,186	£5,549,823	£5,640,491	£5,444,620	£7,513,085	£6,276,989	£6,036,267	£6,153,767	£6,158,186	£6,195,843	£6,278,056	£66,549,313
	M & D Bank £	£863,619	£609,769	£773,185	£1,099,541	£1,036,278	£1,019,057	£655,587	£564,068	£940,237	£1,004,952	£1,020,847	£1,138,692	£9,862,213
	M & D Agency £	£475,120	£786,209	£364,511	£543,650	£181,897	£474,049	£762,849	£587,026	£92,628	£445,599	£407,293	£184,247	£4,829,959
	Budget £	£6,259,166	£6,620,055	£6,229,723	£6,263,810	£6,299,757	£8,317,388	£5,747,229	£6,689,028	£6,609,992	£6,664,986	£6,647,589	£6,692,449	£72,782,006
	Actual Cost £	£6,834,275	£6,698,164	£6,687,519	£7,283,681	£6,662,795	£9,006,191	£7,695,425	£7,187,362	£7,186,632	£7,608,737	£7,623,983	£7,600,995	£81,241,484
	Variance to Budget £	£575,109	£78,109	£457,796	£1,019,871	£363,038	£688,803	£1,948,196	£498,334	£576,640	£943,751	£976,394	£908,546	£8,459,478
AHP and STT	AHP/STT Sub £	£2,805,464	£2,757,206	£3,176,461	£2,886,707	£2,889,128	£2,915,441	£2,996,760	£3,014,522	£3,052,758	£3,108,451	£3,103,383	£3,117,697	£33,018,512
	AHP/STT Bank £	£68,831	£60,187	£69,503	£87,766	£79,123	£67,747	£88,723	£81,834	£82,624	£97,764	£73,695	£120,472	£909,441
	AHP/STT Agency £	£43,181	£91,764	£63,015	£38,272	£51,346	£12,680	£42,488	£42,523	£34,377	£64,036	£66,858	£90,384	£597,743
	Budget £	£2,956,319	£3,079,764	£3,421,223	£3,108,019	£3,097,484	£3,164,763	£2,660,831	£3,113,500	£3,106,734	£3,276,081	£3,122,188	£3,122,673	£34,273,260
	Actual Cost £	£2,917,476	£2,909,157	£3,308,979	£3,012,745	£3,019,597	£2,995,867	£3,127,971	£3,138,880	£3,169,759	£3,270,251	£3,243,936	£3,328,553	£34,525,696
	Variance to Budget £	-£38,843	-£170,607	-£112,244	-£95,274	-£77,887	-£168,896	£467,140	£25,380	£63,025	-£5,830	£121,748	£205,880	£252,436
Admin & Clerical	Admin Sub £	£3,348,631	£3,396,608	£3,878,898	£3,481,003	£3,515,274	£3,557,858	£3,629,334	£3,613,976	£3,722,765	£3,611,966	£3,570,320	£3,635,766	£39,613,768
	Admin Bank £	£131,134	£160,120	£137,290	£135,883	£154,871	£112,014	£130,320	£132,964	£125,312	£124,662	£108,565	£127,643	£1,449,644
	Admin Agency £	-£63,795	£68,232	£51,429	£56,454	£41,207	-£53,401	£59,554	£13,871	£17,679	-£1,787	£10,932	£7,381	£271,551
	Budget £	£3,352,314	£3,515,164	£3,967,350	£3,688,845	£3,667,961	£3,572,572	£7,134,537	£4,396,754	£4,313,396	-£91,310	£3,681,543	£3,537,222	£41,384,034
	Actual Cost £	£3,415,970	£3,624,959	£4,067,617	£3,673,340	£3,711,352	£3,616,471	£3,819,208	£3,760,812	£3,865,756	£3,734,841	£3,689,818	£3,770,790	£41,334,963
	Variance to Budget £	£63,656	£109,795	£100,267	-£15,505	£43,391	£43,899	-£3,315,329	-£635,942	-£447,640	£3,826,151	£8,275	£233,568	-£49,071
Total	Total Sub £	£20,715,329	£20,730,798	£22,792,870	£21,414,034	£21,463,206	£23,471,685	£22,526,076	£22,352,431	£22,769,189	£22,729,883	£22,553,883	£22,834,208	£245,638,262
	Total Bank £	£2,321,756	£1,923,225	£2,054,160	£2,374,897	£2,338,158	£2,124,020	£1,778,538	£1,615,471	£2,012,178	£2,213,179	£2,120,615	£2,576,035	£23,130,476
	Total Agency £	£811,823	£1,336,975	£872,893	£1,029,603	£641,530	£820,731	£1,161,267	£885,191	£304,859	£726,373	£719,025	£437,162	£8,935,609
	Budget £	£22,710,792	£23,380,679	£24,657,425	£23,283,816	£23,249,832	£25,462,792	£27,247,904	£24,646,030	£24,646,814	£21,672,863	£23,995,596	£23,198,156	£265,441,907
	Actual Cost £	£23,848,908	£23,990,997	£25,719,923	£24,818,534	£24,442,894	£26,416,436	£25,465,881	£24,853,092	£25,086,226	£25,669,436	£25,393,523	£25,847,405	£277,704,346
	Variance to Budget £	£1,138,116	£610,318	£1,062,498	£1,534,718	£1,193,062	£953,644	-£1,782,023	£207,062	£439,412	£3,996,573	£1,397,927	£2,649,249	£12,262,439

Appendices

Explaining the IPR

Improving
together

Explaining the IPR

Great Western Hospitals NHS Foundation Trust

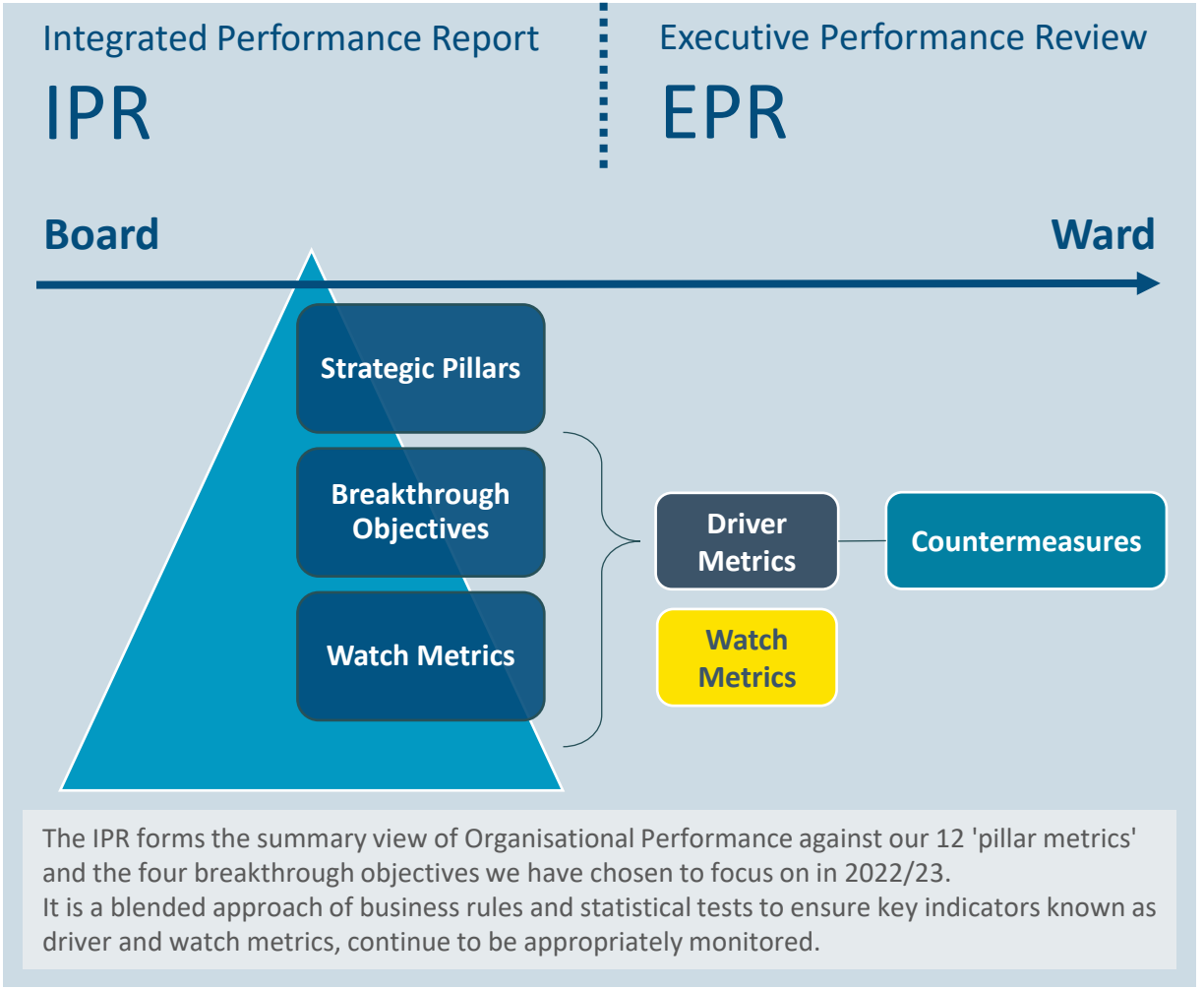
To turn our strategic themes (pillars) into real improvements, we're focusing on four key objectives that contribute to these themes for the next year.

- Tissue viability – reducing pressure ulcers
- Emergency Attendances - Clinically Ready to Proceed (Admitted)
- Implied Productivity
- Staff Survey - I am able to make improvements happen in my area of work

We have chosen these four objectives using data to see where we can make the most significant improvements by focusing our efforts. We'll also use data to measure how much we're making a difference.

Frontline teams will lead improvements in these areas of focus. They will be supported by our Transformation and Improvement Hub, which will help give teams the training and tools they need, and our Executive Directors will set the priorities and coach leaders in how to support change. Our corporate teams will work with frontline teams to tackle organisation-wide improvements.

We recognise that this change in the way we work together means changing our behaviour and the way we do things. We will develop all leaders – from executive directors to ward managers - to be coaches, not 'fixers'. We will live our Trust values in the way we work together, and involve patients in our improvement journey.



The IPR forms the summary view of Organisational Performance against our 12 'pillar metrics' and the four breakthrough objectives we have chosen to focus on in 2022/23.
It is a blended approach of business rules and statistical tests to ensure key indicators known as driver and watch metrics, continue to be appropriately monitored.

Our vision & strategic focus

NHS
Great Western Hospitals
NHS Foundation Trust

Our Vision

We will deliver great joined up services for local people at home, in the community and in hospital, helping them to lead independent and healthier lives.

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

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

Strategic Planning Framework

Great Western Hospitals NHS Foundation Trust

Our Vision

We will deliver great joined up services for local people at home, in the community and in hospital, helping them to lead independent and healthier lives.

1 Our four strategic pillars

Our pillar metrics

1 Reducing Harm	6 Staff Retention	9 Emergency Attendances	11 Sustainability / Carbon footprint
2 FFT (Friends & Family Test)	7 Staff Survey - % Recommend	10 No Criteria to Reside	12 Trust Control Total / I & E (Income & Expenditure)
3 Waiting list –over 65 week waiters	8 ED & I (Equality, Diversity & Inclusion)		
4 Cancer waiting times			
5 Time in ED (Emergency Department)			

To know if we are winning or losing we have metrics assigned to each domain that we will continuously measure to gauge improvement

3 Strategic Initiatives

Must do can't fail

1 Leadership & Management Capability

2 The Way Forward Programme

3 Digital First

4 System & Place

5 Improving Together

4 Overlap

Corporate Projects

e.g. Electronic Patient Record

e.g. The Great Care Campaign

2 12-Month Breakthrough Objectives

Operational in nature and where we will focus our improvement

BTO Productivity

BTO Staff Survey = % improvements

BTO Time to Clinically Ready to Proceed

BTO Pressure Harms

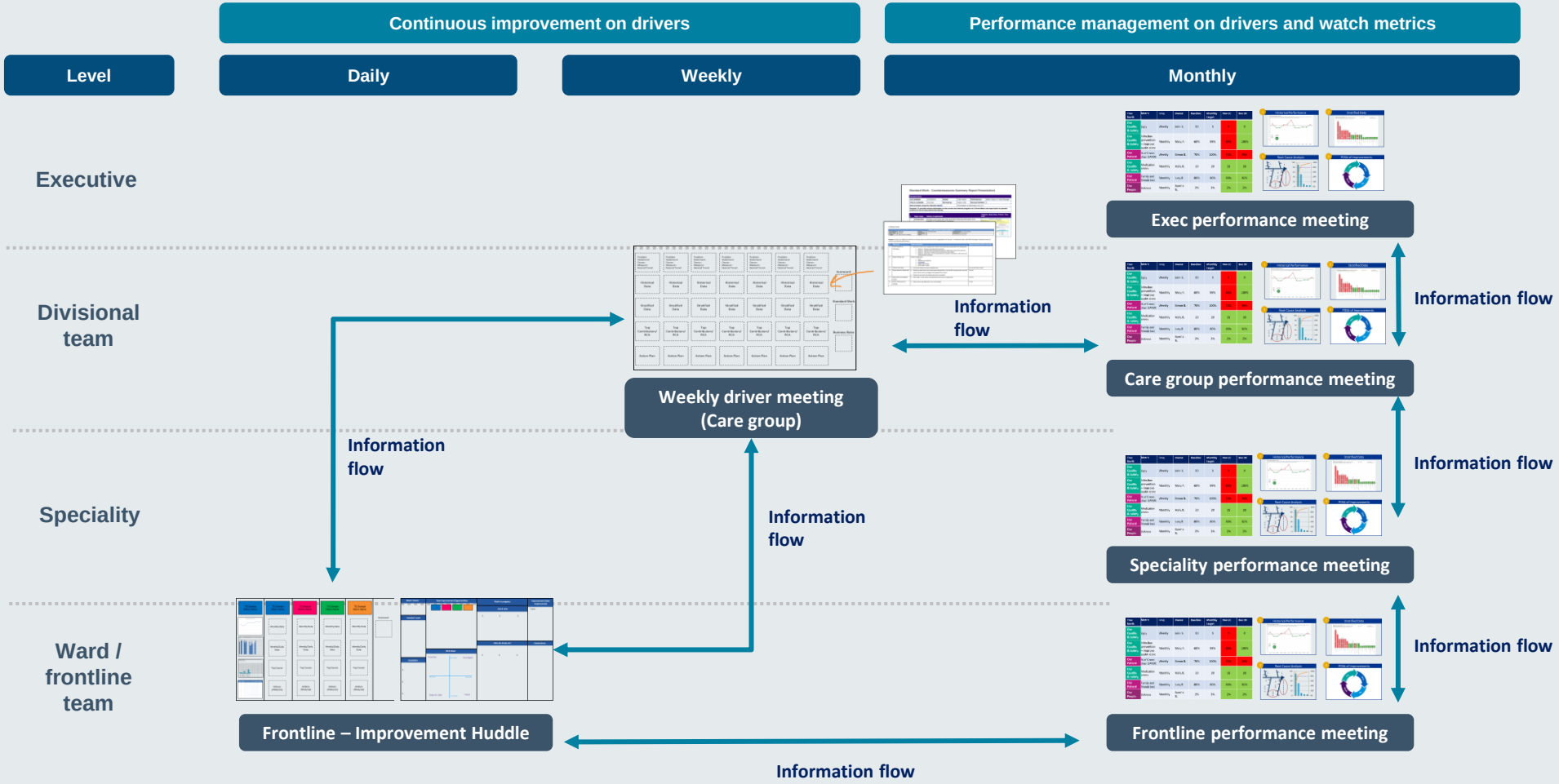
Delivery mechanism – running the organisation

- Continuous Improvement
- Operational Management System (OMS)
- Linked through scorecards & scorecard agreement
- Strategic filtering
- Programme delivery

Service | Teamwork | Ambition | Respect

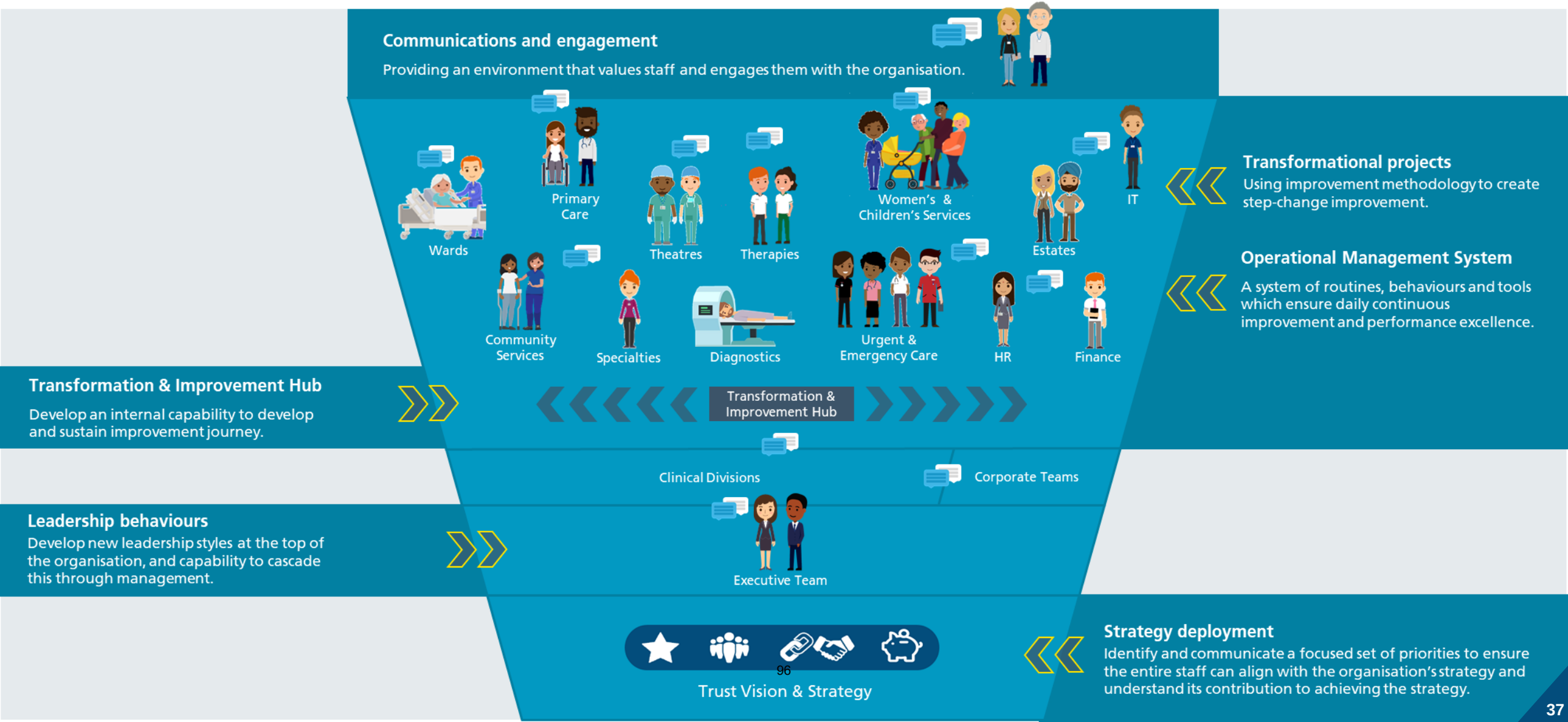
Ward to Board Meeting Blueprint

Great Western Hospitals NHS Foundation Trust



Building a culture of continuous improvement

NHS
Great Western Hospitals
NHS Foundation Trust



SPC supporting business rules

Great Western Hospitals NHS Foundation Trust

What is statistical process control (SPC)?

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

The 'Improving Together' methodology incorporates the use of SPC Charts alongside the use of Business Rules to identify common cause and special cause variations and uses **NHS Improvement** SPC icons to provide an aggregated view of how each KPI is performing with statistical rigor.

The main aims of using statistical process control charts is to understand what is different and what is normal, to be able to determine where work needs to be concentrated to make a change. The charts also allow us to monitor whether metrics are improving.

Key Facts about an SPC Chart

A minimum of 15-20 data points are needed for a statistical process control chart to have meaningful insight. 99% of all data will fall between the lower and upper confidence levels.

If data point falls outside these levels, an investigation would be triggered.

It contains two types of trend variation: Special Cause (**Concerns** or **Improvement**) and **Common Cause** (i.e. no significant change.

Note:
The Business rules are highlighting deviation from National standards (where these exist), rather than current planning targets.

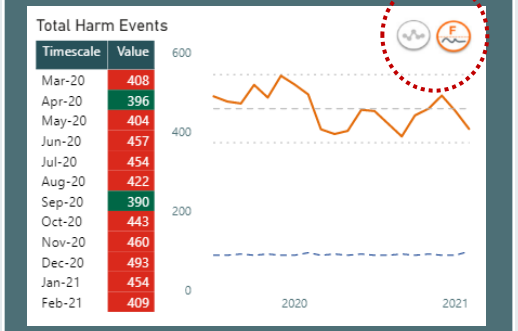
- E.g. ED 4 hour Performance % - Nationally the target is 95%, while the Planning target for 23/24 is 76%. So the planning target may be met, yet still show as alerting for that metric.

NHS Improvement SPC icons:

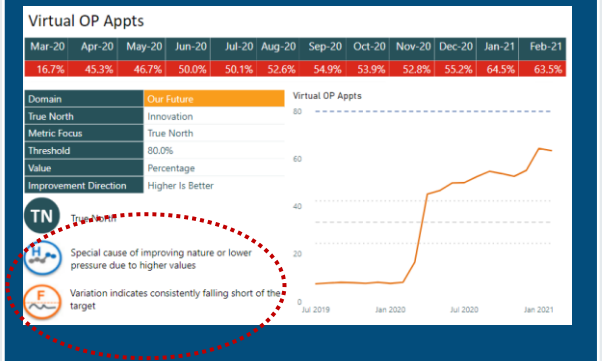
Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Where to find them:

Strategic Pillars



Breakthrough Objectives



Performance business rules

		Alignment with Making data count	Rule	Actions
1		N/A	Driver is **Blue** for reporting period	Share success and move on
2	●	Blue dots – showing sustained improvement	Metric is positively outside SPC control limits for seven consecutive reporting periods	Discussion: 1. Switch to watch metric 2. Increase target
3	●	**Orange** dot	Metric is negatively outside SPC control limits for 1 reporting period (e.g. 1 month)	Share top contributing reason, and the amount this contributor impacts the metric
4	●	**Orange** dot	Metric is negatively outside SPC control limits for 2 consecutive reporting periods (e.g. 2 months)	Produce Countermeasure summary performance report
5	●	**Orange** dot	Watch is **Orange** for 3 of the last 4 months (above / below the mean)	Move from Non alerting to Alerting Watch Metric Discussion: 1. Switch to driver metric (replace driver metric into watch metric) 2. Review thresholds
6	●	**Grey** dots	Metric is within control limits	Continue to maintain this performance

Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
A3	A methodology used as part of Improving Together to ensure that problems, ideas, and areas for improvement are all approached in the same way. A3 provides a template for thinking through a problem, so that teams gain a good understanding of the problem and causes, before reaching a solution. Coined 'A3' after the A3 sized paper used to map the process, it consists of eight steps, with questions to work through. This visual tool provides a complete picture of the problem, contributions, and solution, on one page which should be displayed for all involved to see.
Breakthrough Objectives	The few significant changes we need to meet in order to achieve our vision. Objectives should be achieved within a 12-month period and through teamwork across the organisation.
Business Rules	A set of rules used to determine how metrics are discussed in Performance Review Meetings.
Corporate Projects	Large complex projects identified as a priority by the Executive Team which require the involvement of more than one team, and/or significant capital investment.
Countermeasure	An action to prevent a problem from continuing. It's not a solution so further action may be needed in the future if performance does not improve.
Countermeasure Summary	A document that summaries the A3 information used to explore a problem or area for improvement. It is presented at monthly Performance Review Meetings.

Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
Driver Lane	A visual management tool displayed on a team's Performance Board, containing driver metric information taken from A3 workings (e.g., problem statement, data, contributing factors, 3 C's or Action Plan). Driver lane information is discussed every day at Improvement Huddle boards and in more detail at driver meetings and monthly Performance Review Meetings.
Driver Meetings	Weekly meetings that update a team on progress against driver metrics. Having a strong awareness of how driver metrics are progressing is vital for continuous improvement. Driver meetings are also a way of checking progress to plan.
Driver Metrics	Metrics that a team chooses to focus on to help them achieve an improvement which will support one of the four pillars. Examples include, 'to reduce 30-day readmissions by 50%' or 'eliminate all avoidable surgical site infections.
Fishbone	A diagram used in the Root Cause section of the A3 template. It can be used to structure a brainstorming session to identify the potential causes of a problem.
Go and See	A visit to observe a specific problem or area for improvement and gain a better understanding of the process, engage with staff, and explore opportunities for improvement. While observing, visitors should ask open ended questions, lead with curiosity, and try to see the problem from different perspectives.
Important Project	A project that supports the four Pillars but is less of a priority than a Mission Critical Project.
Improvement Board	A visual tool to track daily improvement and operational activities. 1) Improvement activities will be identified when discussing the driver metric on the Performance Board. 2) Daily operational activities can be identified in the morning handovers/ward rounds.

Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
Improvement Huddle Boards	A visual display used by teams to work through areas for improvement, track improvement work and daily operational activities. They should be used during daily improvement huddles, where staff can identify, and explore areas for improvement which align with the four pillars and vision. They aim to encourage conversation, involvement and team working. Improvement Huddle Boards need their own Standard Work document to ensure they are used effectively. Areas for improvement should be identified when discussing the Driver Metric on the Performance Board. Daily operational activities should be identified in morning handovers/ward rounds.
Improving together	Our new approach to improvement which will empower staff to make improvements in their own areas using a consistent approach to problem solving and exploring areas for improvement. This new way of working will help us to achieve our vision and the four pillars we want to be known for. It's important that every member of staff understands what our vision is, what the four pillars are, and how they can make improvements in their area to support these pillars, using the Improving Together approach.
Mission Critical Project	A critical project which may be mandatory, time sensitive, remove patient harm or form part of a wider system priority objective.
Operational Management System – Divisions	A way of working that enables the Improving Together approach to be applied routinely across the Divisions. Key elements of the system are: - To cascade the organisational priorities to Divisions and then frontline teams, ensuring everyone understands their contribution - Embedding a new performance framework - A focus on problem-solving at Divisions and team level, rather than waiting for solutions to be imposed from above - Embedding coaching behaviors to help support and develop colleagues.
Operational Management System - Frontline	A way of working that enables the Improving Together approach to be applied as part of the individual wards or departments daily work and routines. Key elements are: - A focus on problem-solving at a team, ward, or department level, rather than waiting for solutions to be imposed from above - Concentration on the Four Pillars and vision and ensuring everyone understands their contribution - The use of visual management tools that allow us to see and track improvement areas for our key priorities at a glance.
Performance Review Meeting	A monthly meeting where the scorecard is reviewed, and decisions are made to improve performance and resolve issues preventing improvement. The meeting is usually chaired by the manager and has all staff groups represented.
Plan Do Study Act (PDSA)	A four-stage problem solving model used for improving a process or carrying out change. It is particularly useful for small to medium sized ward or departmental problems. The PDSA cycle is a series of steps for gaining learning and knowledge for the improvement of a product or process. A PDSA Ticket is a proposed change which needs to be trialed. They are discussed at Improvement Huddles and can take 3-4 weeks to implement after planning, trying it out, observing the results, and acting on what is learnt.

Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
Process Observation	Observing how a process or procedure is performing compared to the agreed standard. Benefits include creating stability and reducing the risk of deviation from the agreed standard. This process also creates opportunities for coaching, highlights any training or education needs, provides a baseline for improvement and aids problem solving.
Quick Win Ticket	Used to identify simple improvements during an Improvement Huddle (which can be made within 2-5 days). A method of problem solving used to identify the root causes of problems or barriers to improvement.
Root Cause Analysis	A method of problem solving used to identify the root causes of problems or barriers to improvement. A fishbone diagram, pareto charts and 5 why's are some of the tools used to guide a root cause analysis.
Scorecard	A visual management tool that lists the measures and projects a ward or department is focusing on. The purposes of a Scorecard is to: - Make strategy a continual process that involves everyone - Promote key measurements - Make clear the team's goals in relation to the Trust's four pillars - Provide a concise picture of the team's performance.
Scorecard Objectives	A formal conversation between two different levels in the organisation (e.g., Executive Directors and Divisional Leads) held annually to agree the next financial year's objectives, and the resources needed to achieve them. The aim being to: - Understand how each Division contributes to achieving the organisational priorities - Agree what additional local priorities each Division needs to achieve.
Standard Work	A written document with step-by-step instructions for completing a task using 'best practice' methods. Standard Work should be shared to ensure staff are trained in performing the task. The document should be regularly reviewed and updated.
Strategic Filter	A tool used to prioritise the different projects happening across the Trust.
Strategic Initiatives	Programme of work which are our must do, can't fail priorities for the organisation to support the four pillars and achieve our vision. They normally take place over a 3–5-year period.
Strategic Pillars	The Trust has four strategic pillars which we want to be known for and which will help us to achieve our vision. They are the four areas which we should be focusing on when making improvements. It's important that every member of staff understands what our vision is, what the four pillars are, and how they can make improvements in their area to support these pillars.

Agreed Terms

Great Western Hospitals NHS Foundation Trust

Term	Description
Strategy Deployment	A planning process which gives long-term direction to a complex organisation. It identifies a small number of strategic priorities for staff to focus on so that we can do these things well, rather than spreading ourselves too thinly on lots of things.
Strategy Deployment Matrix	A resource planning tool which provides an overview of resource commitments across all teams, so no team is overloaded.
Structured 1:1	A regular structured conversation between a leader and team member that lasts between 10 and 30 minutes. Open ended questions are used to guide the conversation linked with the Four Pillars. The questions aim to promote a coaching conversation about planning and mitigating any risks. These conversations form part of a chain of conversations at different levels of the organisation. Examples include, Nurse in Charge and Ward Manager (daily), Ward Manager and Service Manager (weekly), Service Manager and the Divisional Director (fortnightly), Divisional Director and Chief Operating Officer (Monthly).
Structured Verbal Update	A verbal update that follows the Standard Work Structure laid out. It is given at Performance Review Meetings when the relevant business rules apply.
Tolerance Level	This is used if a Watch Metric is not on track, but not far off expected performance. A Tolerance Level can be applied against the metric, meaning as long as performance does not fall below the Tolerance Level, it can remain a Watch Metric.
Transformation and Improvement Hub (T&I Hub)	Our internal team of professionals embedding our new approach to improvement 'Improving together' across the organisation. Through training, coaching and support the T&I Hub are providing teams with the tools, routines and behaviours needed to solve problems and explore areas for improvement using a consistent approach. They can help teams to identify their vision for change, whether it be through problem solving, process mapping or developing plans. They will then support through a mixture of full day training sessions, bite sized coaching and work placed support.
Vision	Vision captures the few selected organisation wide priorities and goals or the strategic aims that guide all improvement work in an organisation. It can be developed by the Trust's executive team in consultation with many stakeholders. The performance of the True North metrics against targets is an indicator of the health of the organisation.
Watch Metrics	Measures that are monitored for adverse trends.

Board Committee Assurance Report

Committee	**Audit, Risk & Assurance Committee**
Meeting Date	14 March 2024
Committee Chair	Helen Spice, Non-Executive Director

Items received by the Committee	Level of Assurance	Board Action Required? Yes ✓ or No x
1. Divisional Risk Review – Integrated and Community Care	Good Assurance	
2. Board Assurance Framework	Substantial Assurance	
3. Risk Register Report March 2024	Good Assurance	
4. External Audit Interim Report 2023/24	Noted	
5. Annual Reporting Timetable 2023/24	Noted	
6. Internal Audit Progress Report and Action Tracking	Partial Assurance	
7. Internal Audit – Bank and Agency Final Report	Partial Assurance	
8. Internal Audit – CQC Actions Final Report	Partial Assurance	
9. Internal Audit Strategic and Operational Plan 2024/25	Approved	
10. Local Counter Fraud Progress Report	Noted	
11. Local Counter Fraud Strategic and Operational Plan 2024/25	Approved	
12. National Cost Collection 2023/24 post submission report	Good Assurance (approved by email)	
13. Declaration of Interest Compliance	Substantial Assurance	
14. NHS England Code of Governance for NHS Providers Report	Substantial Assurance	
15. Documents signed under Trust Seal	Noted	

POINTS OF ESCALATION	
KEY AREAS TO NOTE	The Committee received and noted the interim audit report from Deloitte. At this stage there are no issues to bring to the Board's attention but there remains work outstanding on fixed asset reconciliations that management assured the committee would be complete by the year end. The Committee received an update from KPMG on the internal audit progress and noted some concerns re the timely completion of the work. This will not impact the receipt of an overall rating for the year but improvements will need to be made to some internal processes to ensure that Trust management is dealing with the work and reporting on a timely basis. It may also require the final internal audit reports to be provided to the Committee outside the normal cycle of meetings. KPMG provided their internal audit report on bank and agency staff. The report was rated as significant assurance with minor improvement opportunities. However, the Committee raised some concerns on the lack of adherence to processes giving rise to safeguarding risks and potential fraud and thus rated the overall report as Partial Assurance. Actions are in place to mitigate the issues identified and will continue to be monitored by the Committee. KPMG provided their internal audit report on the processes and controls in place to implement the actions from the June 2020 CQC inspection. The report was rated as partial assurance with improvements required. This was as a result of one of the actions being omitted from the action plan. The Committee therefore agreed that this report only provided partial assurance but did recognise the significant work that has been undertaken by the team on all the actions from the CQC inspection. The Committee approved the Internal Audit Plan for 2024/25 and the Local Counter Fraud Plan for 2024/45.
BOARD ASSURANCE FRAMEWORK & RISKS	The Audit, Assurance and Risk Committee confirmed that the Board Assurance Framework remains effective. It was noted that that timing of the report to ARAC needs to be resolved to ensure that it is in advance of the relevant Board meeting when the BAF is approved. The Committee recognised the progress that is being made in the overall risk management processes. Datix is now well embedded, other than a few issues with regards to training and the use of reports – and mitigations are being appropriately considered.
CELEBRATING OUTSTANDING	Significant progress has been made by the Integrated and Community Care Division in their risk management processes. A full review has been undertaken of all risks, resulting in a number being downgraded due to actions in place to mitigate the risks. Their process has introduced more innovative ways of working and ensuring that all risks are well understood and reviewed regularly.

PRACTICE AND INNOVATION	
REFERRALS TO OTHER BOARD COMMITTEES	

Key to lead committee assurance ratings Assurance provides 'confidence / evidence/certainty that "what needs to be happening is happening in practice - 'Do we really know what we think we know?	
SUBSTANTIAL	**Substantial Assurance**: Governance and risk management arrangements provide substantial assurance that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being consistently applied and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.
GOOD	**Good Assurance**. Governance and risk management arrangements provide good levels of assurance that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied and implemented but not across all relevant services. Outcomes are generally achieved but with inconsistencies in some areas.
PARTIAL	**Partial Assurance**: Governance and risk management arrangements provide reasonable assurance that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are generally being applied but insufficient to demonstrate implementation widely across services. Some evidence that outcomes are being achieved but this is inconsistent across areas and / or there are identified risks to current performance.
LIMITED	**Limited Assurance**: Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. Little or no evidence is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.

Report Title	**Ockenden Report – GWH Update**				
Meeting	**Trust Board**				
Date	**2nd May 2024**	Part 1 (Public)		Part 2 (Private)]	
Accountable Lead	Lisa Cheek (Chief Nurse)				
Report Author	Lisa Marshall, Kat Simpson & Laura Little				
Appendices	None				

Purpose

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

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Substantial		Good	X	Partial		Limited	
Governance and risk management arrangements provide **substantial assurance** that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being **consistently applied** and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide **good levels of assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied** and **implemented but not across all relevant services**. Outcomes are generally achieved but with **inconsistencies** in some areas.		Governance and risk management arrangements provide **reasonable assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied but insufficient to demonstrate implementation widely across services**. Some evidence that outcomes are being achieved but this is **inconsistent across areas and / or there are identified risks to current performance**.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. **Little or no evidence** is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the above assurance rating. Where 'Partial' or 'Limited' assurance has been indicated above, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Report

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

A progress update on the Immediate & Essential Actions (IEAs) outlined in the full Ockenden Report including key areas of progress and ongoing improvement actions. Significant improvements are demonstrated with the reduction of Amber actions and subsequent increase in compliant green actions.

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
	x	x	x	x	x
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)	ID: 572				**Risk Score**
	There is a risk that mothers and babies are at risk of potential harm in the event of not achieving all 15 immediate and essential				9

	actions as outlined in the full Ockenden Report (published March 2022) Risk has been reviewed and is in date.	
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement		
Next Steps		

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?		X	
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?		X	

Explanation of above analysis:

None of the Immediate and Essential Actions (IEAs) focus on improving equity and equality and therefore is not directly referenced in the content. The perinatal team ensure that all improvement workstreams prioritise equality, diversity, and inclusion for all service users.

Recommendation / Action Required

The Board/Committee/Group is requested to:

- **Understand the progress against the Immediate and Essential Actions and their impact on the development of the perinatal strategy for access to safe maternity care**

Accountable Lead Signature	
Date	24 April 2024

Ockenden Report – GWH Update (May 2024)

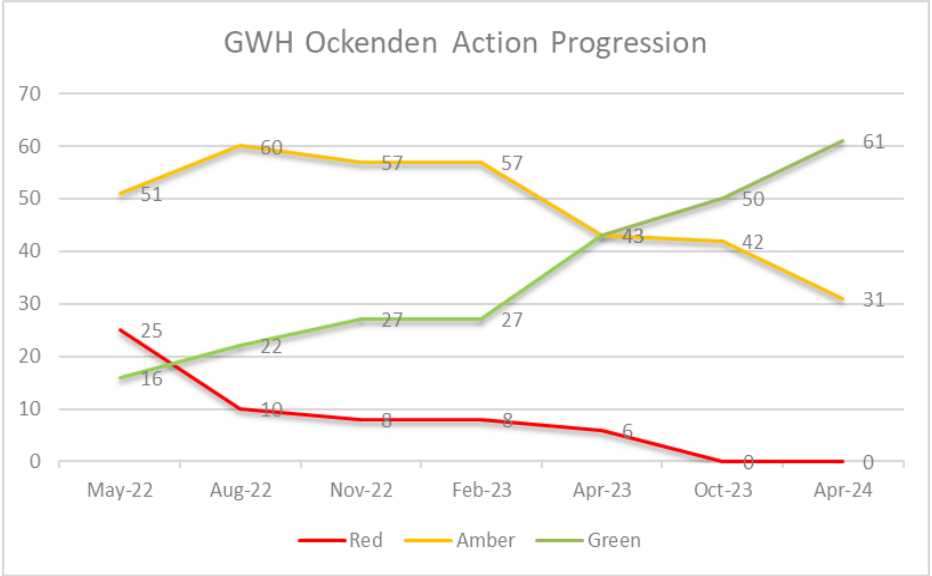
Lisa Marshall	Director of Midwifery and Neonatal Services
Kat Simpson	Head of Midwifery and Neonatal Services
Laura Little	Project Co-Ordinator for Maternity and Neonatal Services

Ockenden Report & GWH Progress Summary

Great Western Hospitals NHS Foundation Trust

Key Areas of Progress:

- Significant increase in 'green' Immediate and Essential actions following ongoing focus on improvement actions for the 'amber' actions
- Sustained engagement with national bodies for acuity tool review with current tool, associated processes & reporting embedded locally.
- Embedded continual evaluation of risk and escalation protocols for competing workloads for Obstetric medical team
- Protected SPA training time for maternity consultants implemented and all requirements reviewed annually as part of the job planning review process
- Expansion of Perinatal senior leadership team to support collaborative working across acute and community settings with standardised bi-directional pathways implemented
- Trust comply with Royal College of Obstetricians and Gynaecologists (RCOG) guidance for management of locums with a ratified SOP embedded in practice.
- National Maternity Self-Assessment tool undertaken and improvement actions built into wider workplans
- Established training for wider Maternity workforce in human factors with specific targeted education for governance team on causal analysis and family engagement
- Continued triangulation of themes and trends with a collaborative approach to service user responses between the Trust and Maternity & Neonatal Voice Partnership (MNVP)
- Mandatory attendance at Perinatal training & education programme to enable clinicians to work within intrapartum care settings.



Continued Business Assessment of Ockenden Actions:

- No operational risks identified within the remaining amber actions.
- Continued consideration of Ockenden improvement actions was given during the 2024/25 business planning cycle.
- No identified actions to require additional investment.

GWH Ockenden Report Ongoing Improvement Actions

Great Western Hospitals NHS Foundation Trust

IEA				Ongoing Improvement Actions
1	0	6	5	• Engagement with workforce planning across Local Maternity & Neonatal System (LMNS) • Development of in-house training provision for High Dependency maternity care • Development of Perinatal succession planning strategy in line with GWH Scope for Growth programme
2	0	2	8	• Continued review of Escalation Policy to be undertaken once 24 hours access to Triage has been embedded • Review of opportunities for supernumerary clinical skills facilitator roles within funded establishment
3	0	2	3	• Review ongoing opportunities for Obstetrics and Gynaecology workforce with consideration of Ockenden requirements
4	0	0	7	• No continued improvement actions identified
5	0	1	6	• Embedding assurance process for local action plans from serious incidents meet Ockenden criteria for completion within six months
6	0	0	3	• No continued improvement actions identified
7	0	0	7	• No continued improvement actions identified
8	0	2	3	• Ratification of local audit program with associated improvement plans where indicated • Engagement with national agencies to understand the requirements for a specialist midwifery team for multifetal pregnancies
9	0	0	4	• No continued improvement actions identified
10	0	3	3	• Audit of newly introduced pathway for women birthing in the community to ensure practice and documentation embedded • Operational review of escalation policy for Induction of Labour pathway in progress
11	0	5	3	• Continued engagement with anaesthetic national bodies to understand next steps with implementation of Ockenden recommendations
12	0	3	1	• Implementation of improvement actions identified for consultant review of post-natal readmissions
13	0	1	3	• Enhanced training and education for midwives undertaking post-mortem consent supported by the Ockenden funded bereavement role
14	0	3	5	• Continued engagement with our Operation Delivery Network for Neonatal Care (ODN) to promote access to shared learning and experiences. • Development of a model for rotation with the ODN • Business planning cycle for Paediatric & Neonatal workforce
15	0	3	0	• Embedding practice of the OCEANS psychological support service • Delivery of specialist training sessions throughout the three-year education programme

Ockenden Report (2022)

NHS
Great Western Hospitals
NHS Foundation Trust

Enabling safer maternity care

Report Title	**Saving Babies Lives V3 (Q4 Assessment – April 2024)**				
Meeting	**Trust Board**				
Date	**2nd May 2024**	Part 1 (Public)	x	Part 2 (Private)]	
Accountable Lead	Lisa Cheek (Chief Nurse)				
Report Author	Lisa Marshall, Kat Simpson & Laura Little				
Appendices	None				

Purpose

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

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Substantial		Good	X	Partial		Limited	
Governance and risk management arrangements provide **substantial assurance** that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being **consistently applied** and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide **good levels of assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied** and **implemented but not across all relevant services**. Outcomes are generally achieved but with **inconsistencies** in some areas.		Governance and risk management arrangements provide **reasonable assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied but insufficient to demonstrate implementation widely across services**. Some evidence that outcomes are being achieved but this is **inconsistent across areas and / or there are identified risks to current performance**.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. **Little or no evidence** is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the above assurance rating. Where 'Partial' or 'Limited' assurance has been indicated above, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Report

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

The Saving Babies' Lives Care Bundle' (SBLCB) provides evidence-based best practice, for providers and commissioners of maternity care across England to reduce perinatal mortality. Implementation of all six elements of the care bundle will reduce unwarranted variation of care across NHS England. The Local Maternity & Neonatal System (LMNS) will undertake assessment reviews to provide a structured analysis of the Trust evidence using the national implementation tool.

To include a summary of Q4 assessment outcome, review of progress to date and overview of improvement action plan for all six elements.

	Safe	Caring	Effective	Responsive	Well Led
Link to CQC Domain – select one or more	x	x	x	x	x
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x

Key Risks – risk number & description (Link to BAF / Risk Register)	ID: 610 & ID: 612	**Risk Score**
	There is a risk of fetal growth abnormalities not being diagnosed because of the inability to fully implement Saving Babies Lives Care Bundle Version 2 as mandated by the Maternity Incentive Scheme. Resulting in possible still born or poor outcome at birth	6
	There is a risk that GWH will fail to identify babies at risk in pregnancy because of inadequate ultrasound infrastructure in the Antenatal Clinic and Delivery Suite, resulting in poor patient outcomes and patient experience	6
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement		
Next Steps		

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?		X	
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	X		

Explanation of above analysis:

Full implementation of the SBLCB will enable the Trust to deliver equitable care. Each element includes actions to improve equity, including for babies from Black, Asian and mixed ethnic groups and for those born to mothers living in the most deprived areas, in accordance with the NHS equity and equality guidance

Recommendation / Action Required

The Board/Committee/Group is requested to:

- **To note the GWH Q4 assessment compliance rates and overview of identified improvement actions for Saving Babies Lives v3**

Accountable Lead Signature	Lisa Theobald
Date	24th April 2024

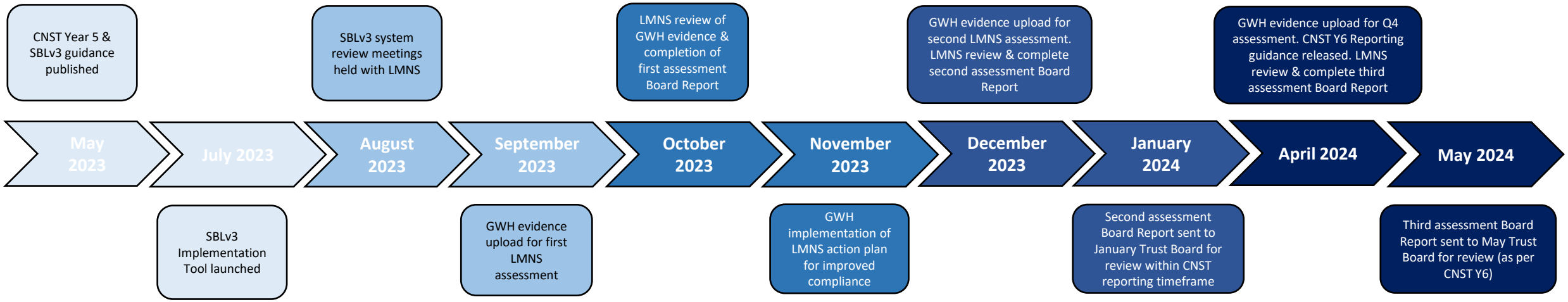
NHS
Great Western Hospitals
NHS Foundation Trust

Saving Babies Lives version 3 (SBLv3)
GWH Q4 Assessment (April 2024)

Lisa Marshall	Director of Midwifery and Neonatal Services
Kat Simpson	Head of Midwifery and Neonatal Services
Laura Little	Project Co-Ordinator for Maternity and Neonatal Services

Timeline & background of Saving Babies Lives v3 (SBLv3)

Great Western Hospitals NHS Foundation Trust



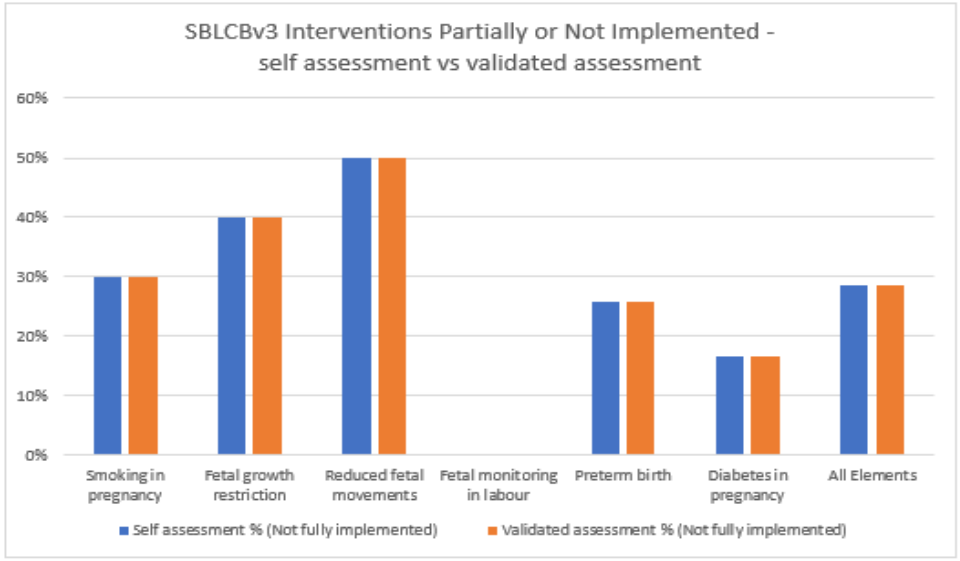
- The Saving Babies' Lives Care Bundle' (SBLCB) provides evidence-based best practice, for providers and commissioners of maternity care across England to reduce perinatal mortality
- Full implementation of the SBLCB will enable the Trust to deliver equitable care. Each element includes actions to improve equity, including for babies from Black, Asian and mixed ethnic groups and for those born to mothers living in the most deprived areas, in accordance with the NHS equity and equality guidance.
- GWH declared non-compliance with SBLCB in CNST Year 5. Year 6 guidance was released in April 2024 and SBLCB remains a key safety action that will require continued engagement and sustained improvement towards full compliance.
- These assessment reviews provide a structured analysis of the Trust evidence using the national implementation tool
- There will be ongoing collaborative working across the system led by the Local Maternity & Neonatal System (LMNS) with opportunities for shared learning

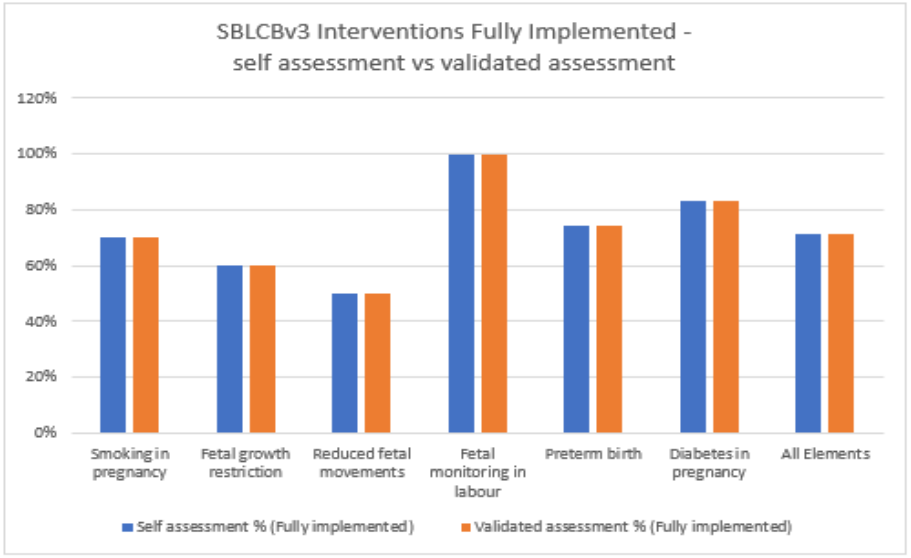
LMNS Assessment Outcome (Q4 2023-24)

Great Western Hospitals NHS Foundation Trust

Implementation Progress

Intervention Elements	Description	Element Progress Status (Self assessment)	% of Interventions Fully Implemented (Self assessment)	Element Progress Status (LMNS Validated)	% of Interventions Fully Implemented (LMNS Validated)	NHS Resolution Maternity Incentive Scheme
Element 1	Smoking in pregnancy	Partially implemented	70%	Partially implemented	70%	CNST Met
Element 2	Fetal growth restriction	Partially implemented	60%	Partially implemented	60%	CNST Met
Element 3	Reduced fetal movements	Partially implemented	50%	Partially implemented	50%	CNST Met
Element 4	Fetal monitoring in labour	Fully implemented	100%	Fully implemented	100%	CNST Met
Element 5	Preterm birth	Partially implemented	74%	Partially implemented	74%	CNST Met
Element 6	Diabetes	Partially implemented	83%	Partially implemented	83%	CNST Met
All Elements	TOTAL	Partially implemented	71%	Partially implemented	71%	CNST Met





Q4 Progress Summary:

Significant progress against Element One, Element Two and Element Six.

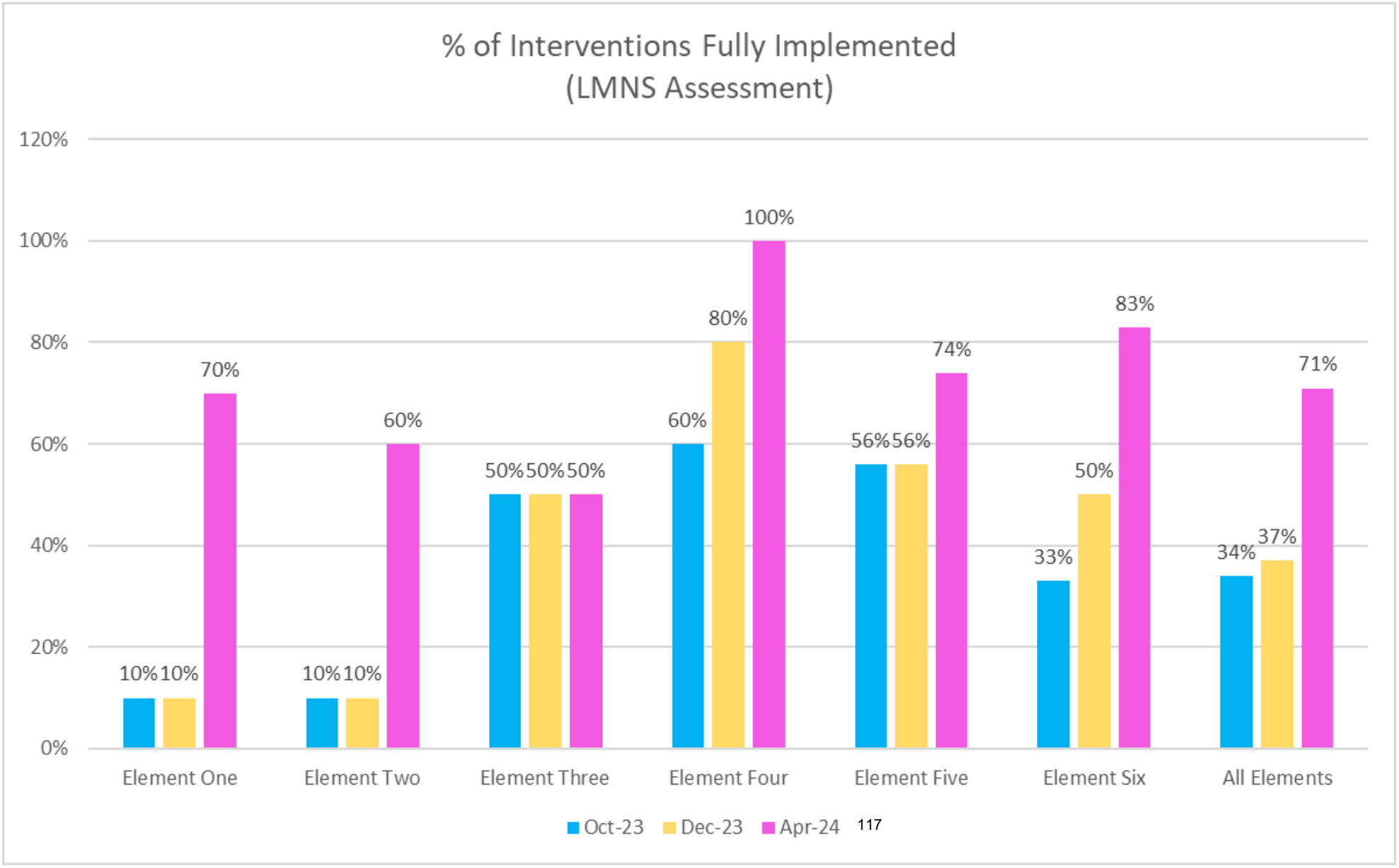
Sustained improvement within Element Four & Element Five.

Ongoing governance:

Engagement with LMNS via a quarterly evidence submission which is subject to robust review and identification of opportunities for local improvement

Assessment outcomes to be sent to Board sub-committee quarterly for executive oversight

Overview of Assessment Outcome Progress



Element Three comprises of two safety actions.
The remaining action for full compliance will be achieved with a revised audit of 2024 data reviewing the indication for Induction of Labour for women with Reduced Fetal Movements.

Following the operational improvements to processes and pathways that reflect the SBLv3 care requirements, evidence of delivery via audit data is required for full compliance

Ongoing review of Risk Register details to ensure mitigating actions in place around timely ultrasound provision and Trust capacity

Reinvestment of partial CNST Year 5 rebate anticipated to support full implementation of care bundle

Overview of Improvement Action Plan

Great Western Hospitals NHS Foundation Trust

Element	Summary of Improvement Actions
Element One. **Reducing Smoking in Pregnancy**	• Audit and data collection of CO monitoring at every antenatal appointment and develop improvement actions as required. • Supporting sustained smoking cessation beyond immediate quit dates and implementing improvement actions as required. • Ongoing delivery of targeted education on CO monitoring to our medical team
Element Two. **Fetal Growth Restriction**	• Further development of audit programme in line with targeted improvements identified by LMNS that continue to support compliance of amended local SOP • Implementation of improved digital risk assessment tool in line with Maternity digital strategy • Continuing delivery of education requirements in line with Core Competency Framework v2
Element Three. **Reduced Fetal Movement**	• Further development of audit programme in line with targeted improvements identified by LMNS that continue to support compliance of amended local SOP
Element Four. **Effective Fetal Monitoring**	• No continued areas for improvement
Element Five. **Reducing Preterm Birth**	• Review of specific job descriptions through the workforce planning process to include details of Pre-term Birth lead roles • Further development of audit programme in line with targeted improvements identified by LMNS that continue to support compliance of amended local SOP
Element Six. **Management of Diabetes**	• Implement improvement actions to embed targeted clinical intervention to provide improved monitoring as per SBLv3 guidance.

Saving Babies Lives v3 (2023)

NHS
Great Western Hospitals
NHS Foundation Trust

Driving quality improvement to reduce perinatal mortality

Report Title	**Staff Survey Results 2023**				
Meeting	**Trust Board**				
Date	**2nd May 2024**	Part 1 (Public)		Part 2 (Private)]	
Accountable Lead	Jude Gray, Chief People Officer				
Report Author	Angela Morris – Senior People Partner Charlotte Vockins – People Partner				
Appendices	Included in report				

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

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Substantial		**Good**	**X**	**Partial**		**Limited**	
Governance and risk management arrangements provide **substantial assurance** that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being **consistently applied** and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide **good levels of assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied** and **implemented but not across all relevant services**. Outcomes are generally achieved but with **inconsistencies** in some areas.		Governance and risk management arrangements provide **reasonable assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied but insufficient to demonstrate implementation widely across services**. Some evidence that outcomes are being achieved but this is **inconsistent across areas and / or there are identified risks to current performance**.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. **Little or no evidence** is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the above assurance rating. Where 'Partial' or 'Limited' assurance has been indicated above, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Report

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

The National Staff Survey 2023 took place in the autumn of 2023 across all staffing groups, all areas of the Trust, and included a tailored Bank staff survey.

50% of questions scored significantly better than in 2022 and 47% of questions showed no significance in relation to the 2022 score.

The People Promise 'We work flexibly' is significantly better than sector scores, including its sub-scores of 'support for work-life balance' and 'flexible working'. Compared with 2022 scores, the theme 'Morale' is significantly better.

The Trust Pillar Metric 'I recommend my organisation as a place to work' has improved by 6.3% in comparison to the 2022 result. The Trust breakthrough objective "I can make improvement happen in my area of work" improved by 3.2% in comparison to the 2022 result.

The Trust's 2023 results show there is a common theme of reduced satisfaction in Teamworking. A focus on Teamworking will therefore further improve the Trust's pillar metric 'I recommend my organisation as a place to work'. Analysis on the 2023 scores has identified within the theme of Teamworking that question 7c (I receive the respect I deserve from colleagues) has declined both against last year (-1.2%) and against the comparator values in 2023 (-1.8) and is therefore proposed as the Trust's next breakthrough objective.

The purpose of this paper is to share the results and encourage a dialogue about the breakthrough objective and focus areas for 24/25 supported by the Improving Together methodology.

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
	x	x	x	x	x
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
					NA
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	Results have been shared by IQVIA (Trust Provider) to Executives and Senior Leaders.				
Next Steps	1. Committee to discuss the report and agree next steps 2. The report to be shared at S,P&C, P&C & TMC				

Equality, Diversity & Inclusion / Inequalities Analysis	Yes		No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?	x			
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	x			

The report highlights that BME staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months, has slightly reduced by 0.23% but is still higher than the national average. The score for White staff has slightly worsened by 0.5% since 2022 and is slightly higher than the national average. The disparity between BME and white staff is 12.71%, the Trust Pillar Metric target is 8.3%.

However, BME staff experiencing harassment, bullying or abuse from patients / service users, relatives, or the public in last 12 months has reduced notably by 3.94%, which is above the national average. There is also a notable reduction for white staff of 4.89%.

The Trust has continued to see an improvement in BME staff experiencing harassment, bullying or abuse from colleagues in the last 12 months, reducing by 2.58% since 2022 and lower than the national average. There has also been an improvement for White staff by 3.83%, meeting the national average.

Recommendation / Action Required

The Board/Committee/Group is requested to:

- Committee to discuss the results and Trust breakthrough objective for 24/25 in line with the Improving Together methodology

Accountable Lead Signature	Claire Warner (for Jude Gray)
Date	11/03/2024

Great Western Hospitals
NHS Foundation Trust

2023 Staff Survey Results

Trust Board – May 2024

Together we are Great

Contents

2023 Staff Survey Results

National Context

2023 Staff Survey Results

Great Western Hospitals NHS Foundation Trust

A total of **707,460** NHS staff responded to the 2023 Staff Survey

213 NHS Trusts participated in the survey to give an overview of Staff Engagement for Autumn 2023

National Results

- Improvement in five of the eight key indicators surveyed, including four People Promise indicators recognition and reward, learning, working flexibly and team working. People Promise indicators for compassionate and inclusive leadership and whether staff have a voice that counts, remained stable.
- Positive progress in improved morale, driven by a reduction in staff saying they were thinking of leaving the NHS.
- Improvements seen on most health and wellbeing measures, backed by a small fall in the metric indicating experience of bullying, harassment and abuse in the workplace.
- Key measures of staff experience also improved, with an increase in staff willing to recommend the NHS as a place to work. Similarly, the percentage of staff that would recommend their organisation as a place to get care increased, although this figure is still lower than in 2019.
- On equality and diversity scores were broadly stable, with a small improvement on the measure of inclusion. There remained a significant equality gap in the experience of women, Black Minority Ethnic, disabled and LGBTQ+ staff.

GWH Staff Survey

2023 Staff Survey Results

Great Western Hospitals NHS Foundation Trust

GWH Staff were surveyed from September to November 2023

Both Substantive and Bank Staff were surveyed, with a tailored set of questions delivered to our Bank workers

GWH Response Rate: 69%

Median Response Rate: 45%

Benchmarking for 2023 is against a group of 122 comparable Acute and Acute & Community Trusts, representing a median response rate of 45% and 477,643 comparable completed questionnaires.

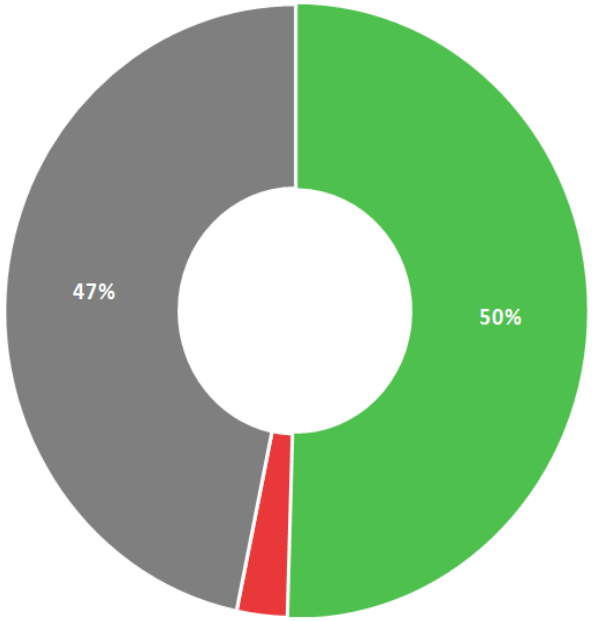
For the 2023 Survey we achieved our highest ever response rate at **69%**. This was a considerable increase both to the median and to our 2022 response rate of 59% and reflective of a successful targeted comms plan and incentive programme.

Headline Findings

2023 Staff Survey Results

Great Western Hospitals NHS Foundation Trust

People Promise/Theme/Question	2022 Score	Significance	2023 Score	Significance	Sector Score
Theme - Staff engagement	6.80	Not Significant	6.91	Not Significant	6.88
Theme - Morale	5.73	Significantly Improved	5.96	Not Significant	5.92
People Promise 1 - We are compassionate and inclusive	7.26	Not Significant	7.31	Not Significant	7.24
People Promise 2 - We are recognised and rewarded	5.72	Significantly Improved	5.96	Not Significant	5.91
People Promise 3 - We each have a voice that counts	6.73	Not Significant	6.77	Not Significant	6.69
People Promise 4 - We are safe and healthy	5.92	Significantly Improved	6.16	Not Significant	6.07
People Promise 5 - We are always learning	5.44	Significantly Improved	5.73	Not Significant	5.63
People Promise 6 - We work flexibly	6.33	Not Significant	6.46	Significantly Better	6.17
People Promise 7 - We are a team	6.73	Not Significant	6.84	Not Significant	6.73

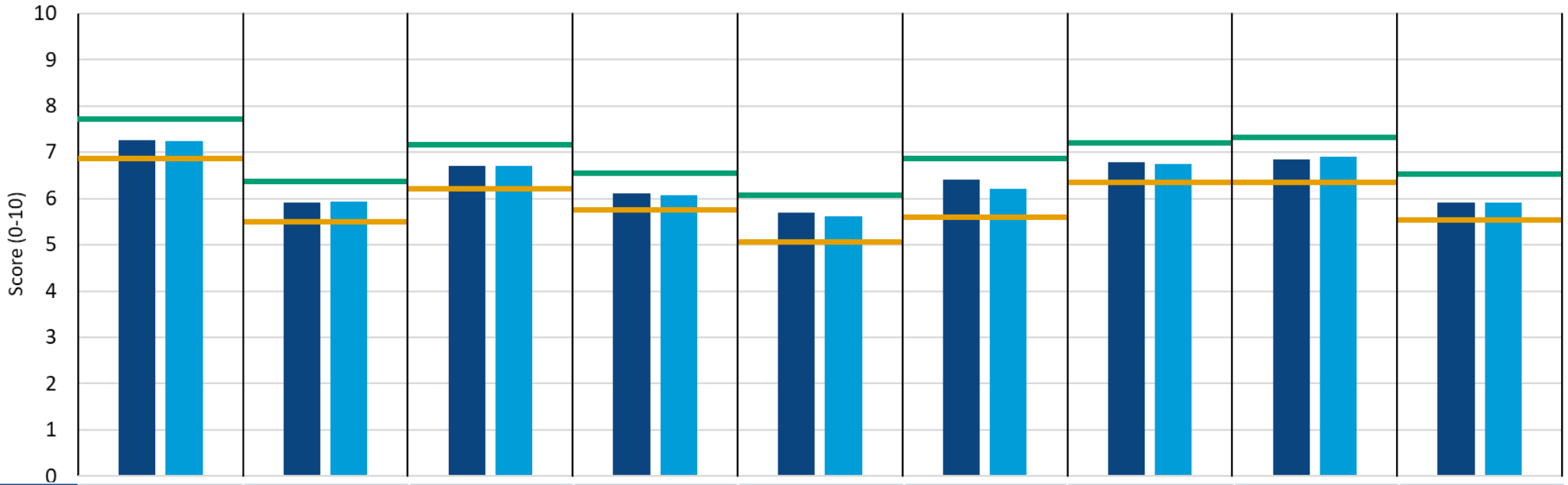


- 54 (50%) question(s) scored significantly better than in 2022
- 3 (3%) question(s) scored significantly worse than in 2022
- 50 (47%) question(s) showed no significance in relation to the 2022 score or comparisons could not be drawn

People Promises & Themes

Great Western Hospitals NHS Foundation Trust

2023 Staff Survey Results



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.25	5.91	6.71	6.12	5.69	6.41	6.79	6.85	5.91
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	3919	3918	3882	3894	3759	3901	3908	3918	3920

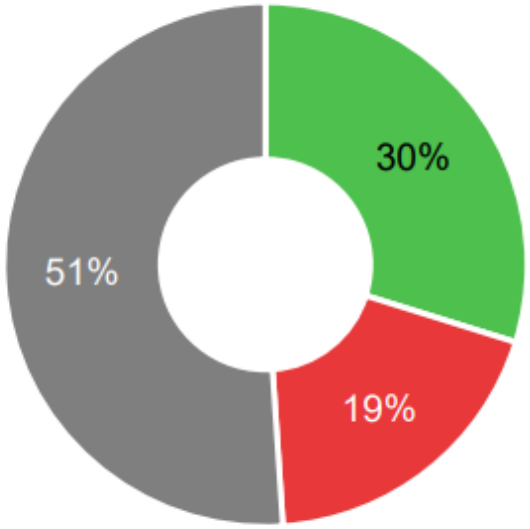
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Bank vs Substantive Results

2023 Staff Survey Results

Great Western Hospitals NHS Foundation Trust

This section summarises questions where your organisation's bank staff have scored significantly higher than substantive staff. Of the 94 comparable evaluative core questions (6 non-comparable):



- 28 (30%) question(s) scored significantly better than the substantive score
- 18 (19%) question(s) scored significantly worse than the substantive score
- 48 (51%) question(s) showed no significant difference in relation to the substantive score or comparisons could not be drawn

Successes to Celebrate

NHS
Great Western Hospitals
NHS Foundation Trust

2023 Staff Survey Results

- **54** question-level scores have **significantly increased (50%)** and 50 question-level scores showed no significance (47%), in comparison to 2022.

- The People Promise '**We work flexibly' is significantly better than sector** scores, including its sub-scores of 'support for work-life balance' and 'flexible working'.

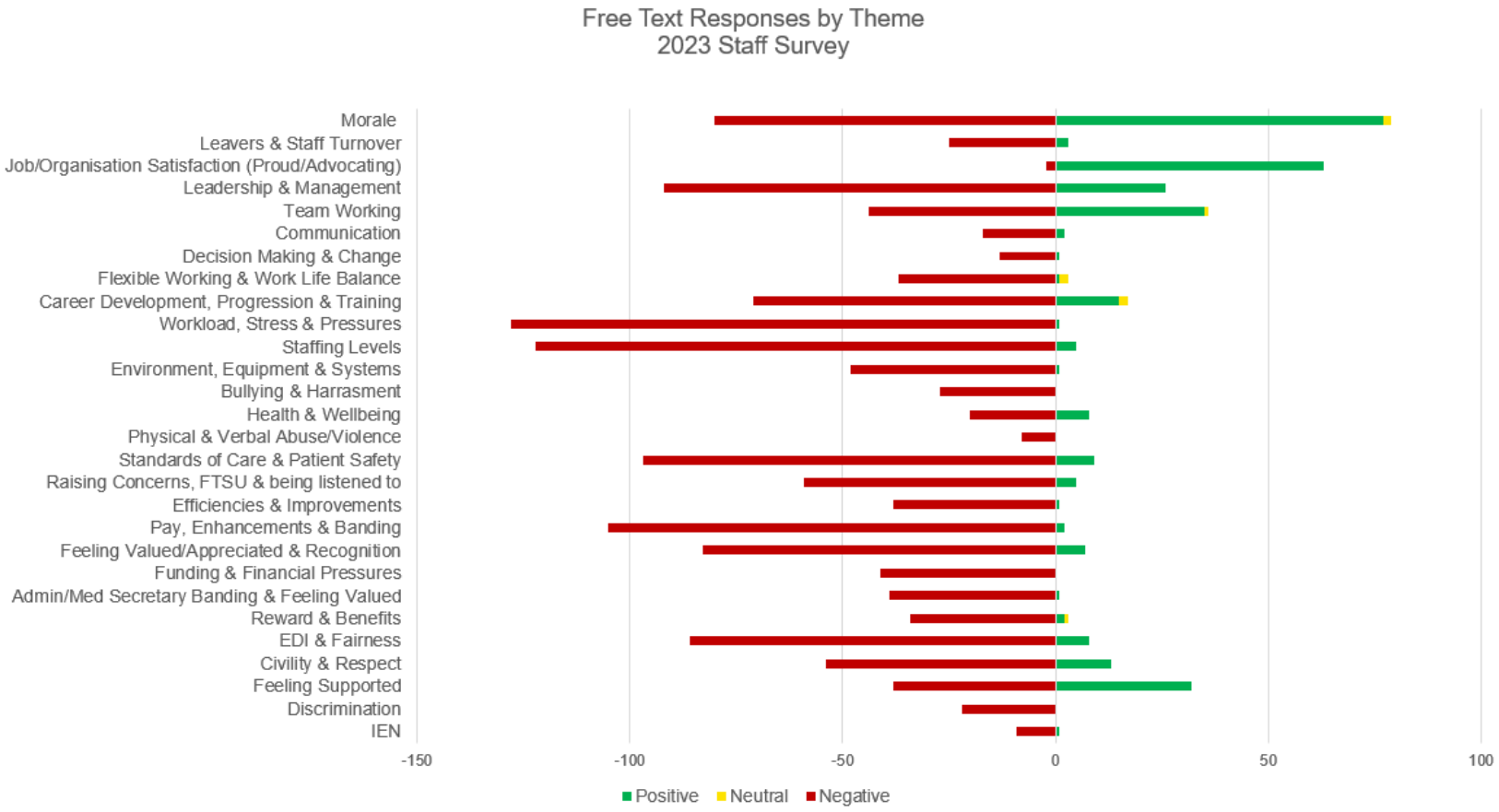
- Compared with 2022 scores, the theme '**Morale' is significantly better**.

We work flexibly

Free Text Analysis

2023 Staff Survey Results

Great Western Hospitals NHS Foundation Trust



The Staff Survey allows our staff to provide a free text response highlighting any other comments they wish to share. For 2023, we have analysed and grouped these responses into prevalent 'themes' and reported the number of Positive/Neutral/Negative responses associated with each.

Overall, free text sentiments are:

17% Positive	5% Neutral	78% Negative

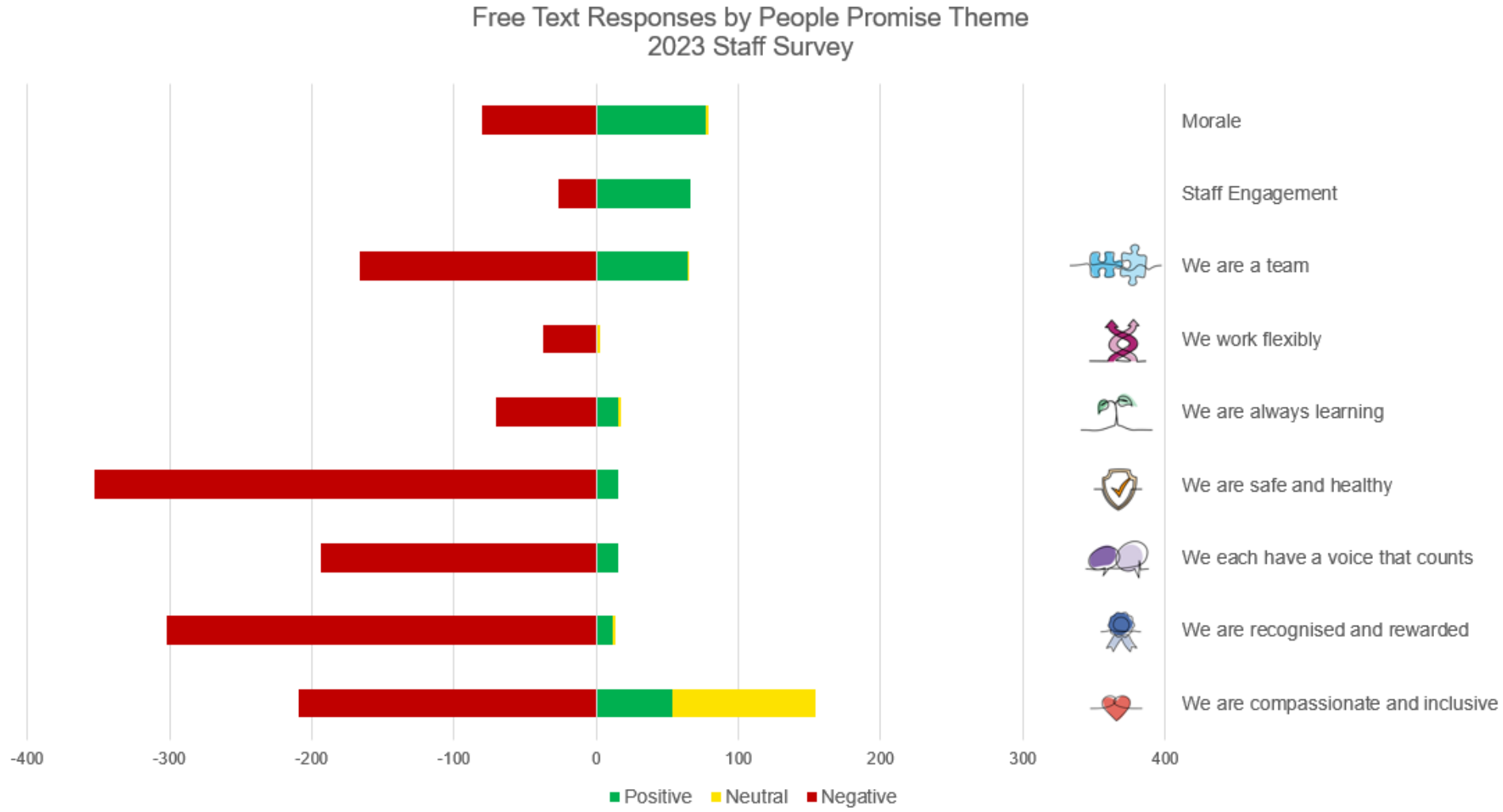
By volume, Morale is the most prevalent theme with a balanced split between positive and negative responses.

'Workload, Stress & Pressures' is the second most prevalent theme and reported as 99% negative, and narrative links closely to 'Staffing Levels' which scores similarly.

Free Text Analysis

2023 Staff Survey Results

Great Western Hospitals NHS Foundation Trust



South-West Ranking

2023 Staff Survey Results

Great Western Hospitals NHS Foundation Trust

Ranking excluding response rate
9th in 2023
8th in 2022

Rank	Acute and Acute & Community Trusts South West Region inc. OUH	Response Rate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are always learning	We work flexibly	We are a team	Staff engagement	Morale	Total Score
1	Somerset NHS Foundation Trust	53%	7.54	6.32	7.00	5.75	6.59	7.04	7.19	6.25	53.7
2	University Hospitals Bristol and Weston NHS Foundation Trust	53%	7.52	6.17	6.87	5.54	6.36	6.98	7.09	6.06	52.6
3	Oxford University Hospital NHS Foundation Trust	46%	7.39	6.07	6.84	5.90	6.31	6.89	7.09	6.01	52.5
4	North Bristol NHS Trust	60%	7.43	6.06	6.83	5.77	6.35	6.82	7.10	6.09	52.5
5	Dorset County Hospital NHS Foundation Trust	41%	7.37	6.05	6.82	5.64	6.39	6.85	7.07	6.00	52.2
6	Royal United Hospitals Bath NHS Foundation Trust	60%	7.42	6.07	6.80	5.60	6.36	6.85	7.06	5.96	52.1
7	Royal Devon University Healthcare NHS Foundation Trust	35%	7.49	6.21	6.77	5.29	6.35	6.92	6.97	6.07	52.1
8	University Hospitals Dorset NHS Trust	59%	7.38	5.97	6.79	5.63	6.27	6.83	6.96	5.95	51.8
9	**Great Western Hospitals NHS Foundation Trust**	69%	7.25	5.91	6.71	5.69	6.41	6.79	6.85	5.91	51.5
10	Royal Cornwall Hospitals NHS Trust	48%	7.24	5.99	6.68	5.43	6.17	6.78	6.76	5.98	51.0
11	University Hospitals Plymouth NHS Trust	42%	7.22	5.95	6.63	5.62	6.23	6.68	6.79	5.90	51.0
12	Salisbury NHS Foundation Trust	54%	7.25	5.88	6.72	5.32	6.17	6.68	6.96	5.79	50.8
13	Torbay and South Devon NHS Foundation Trust	38%	7.25	5.92	6.60	5.36	6.24	6.76	6.74	5.81	50.7
14	Gloucestershire Hospitals NHS Foundation Trust	68%	6.95	5.64	6.30	5.26	5.88	6.50	6.45	5.62	48.6

Ranking including response rate
2nd in 2023
4th in 2022

Rank	Acute and Acute & Community Trusts South West Region inc. OUH	Response Rate	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are always learning	We work flexibly	We are a team	Staff engagement	Morale	Total Score inc. Response Rate
1	Somerset NHS Foundation Trust	53%	7.54	6.32	7.00	5.75	6.59	7.04	7.19	6.25	59.0
2	**Great Western Hospitals NHS Foundation Trust**	69%	7.25	5.91	6.71	5.69	6.41	6.79	6.85	5.91	58.4
3	North Bristol NHS Trust	60%	7.43	6.06	6.83	5.77	6.35	6.82	7.10	6.09	58.4
4	Royal United Hospitals Bath NHS Foundation Trust	60%	7.42	6.07	6.80	5.60	6.36	6.85	7.06	5.96	58.1
5	University Hospitals Bristol and Weston NHS Foundation Trust	53%	7.52	6.17	6.87	5.54	6.36	6.98	7.09	6.06	57.8
6	University Hospitals Dorset NHS Trust	59%	7.38	5.97	6.79	5.63	6.27	6.83	6.96	5.95	57.7
7	Oxford University Hospital NHS Foundation Trust	46%	7.39	6.07	6.84	5.90	6.31	6.89	7.09	6.01	57.1
8	Dorset County Hospital NHS Foundation Trust	41%	7.37	6.05	6.82	5.64	6.39	6.85	7.07	6.00	56.3
9	Salisbury NHS Foundation Trust	54%	7.25	5.88	6.72	5.32	6.17	6.68	6.96	5.79	56.2
10	Royal Cornwall Hospitals NHS Trust	48%	7.24	5.99	6.68	5.43	6.17	6.78	6.76	5.98	55.8
11	Royal Devon University Healthcare NHS Foundation Trust	35%	7.49	6.21	6.77	5.29	6.35	6.92	6.97	6.07	55.6
12	Gloucestershire Hospitals NHS Foundation Trust	68%	6.95	5.64	6.30	5.26	5.88	6.50	6.45	5.62	55.4
13	University Hospitals Plymouth NHS Trust	42%	7.22	5.95	6.63	5.62	6.23	6.68	6.79	5.90	55.2
14	Torbay and South Devon NHS Foundation Trust	38%	7.25	5.92	6.60	5.36	6.24	6.76	6.74	5.81	54.5
	National Median for Acute and Acute & Community Trusts	45%	7.24	5.94	6.70	5.61	6.20	6.75	6.91	5.91	61.82

** Results for People Promise 4 (We are safe and healthy) are not being reported for any organisations nationally due to an issue with data quality highlighted by the Survey Coordination Centre.*

Below Average
At Average
Above Average

NHS
Great Western Hospitals
NHS Foundation Trust

Results Aligned to our Strategic Pillar

Improving Together A3 Approach

Together we are Great

Pillar Metrics

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

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

Two of our pillar metrics aligned to this pillar are monitored through the annual and quarterly staff surveys:

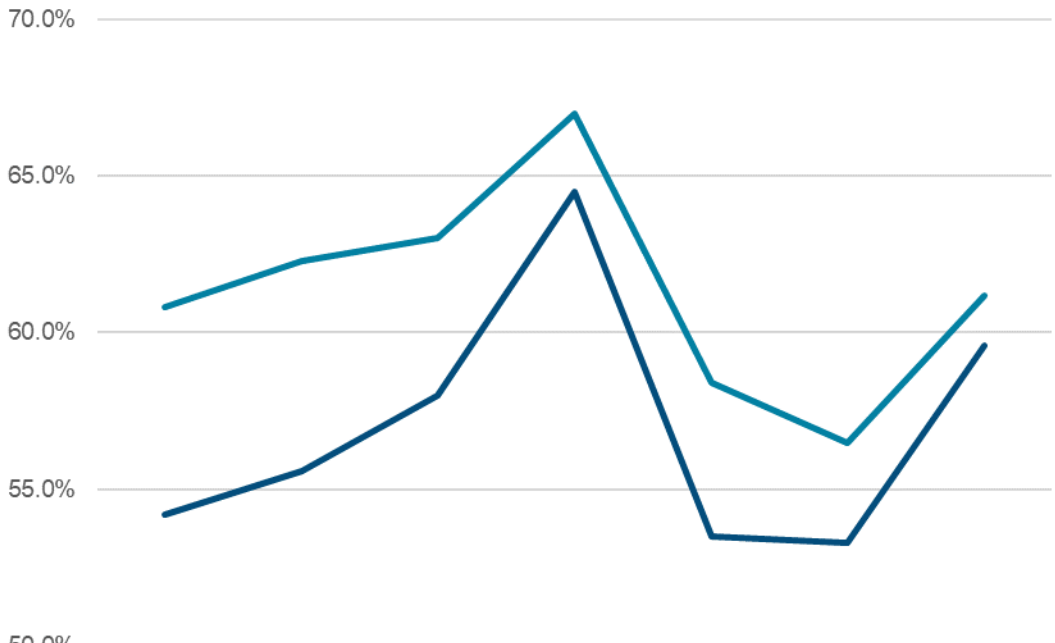
- Recommend as a place to work
- EDI – Disparity for discrimination from colleagues/managers

Our breakthrough objective focuses around involvement:

- Able to make improvements in area of work

Pillar Metric: "I would recommend my organisation as a place to work"

+6.3% Improvement



	2017	2018	2019	2020	2021	2022	2023
GWH	54.2%	55.6%	58.0%	64.5%	53.5%	53.3%	59.6%
Average	60.8%	62.3%	63.0%	67.0%	58.4%	56.5%	61.2%

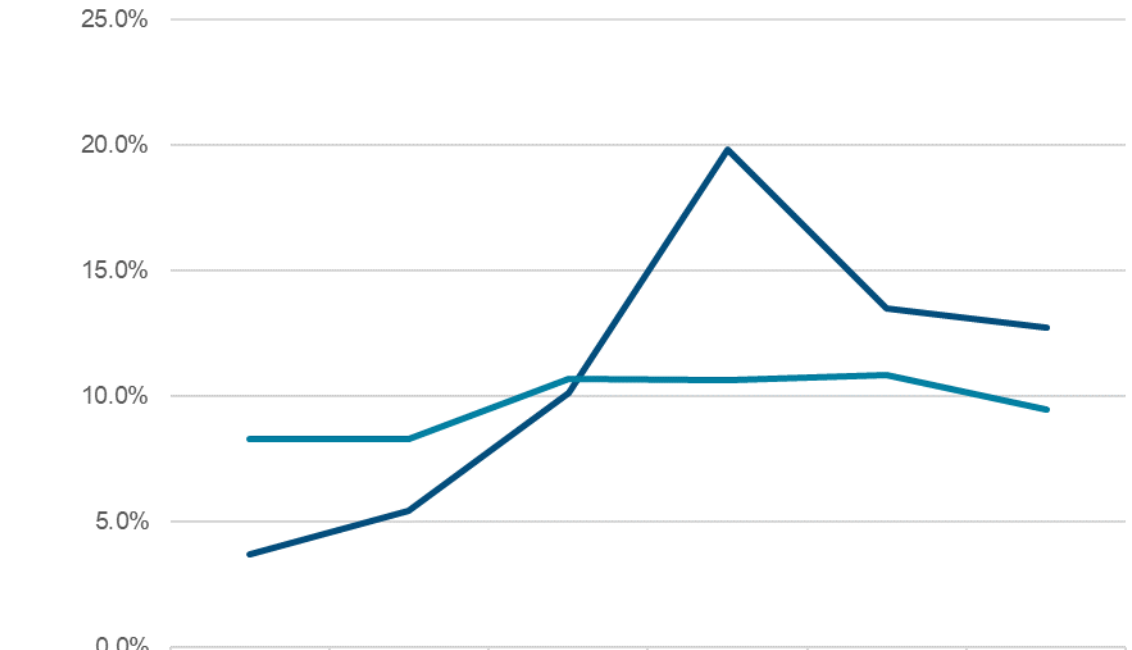
Pillar Metrics

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

Pillar Metric: % Disparity for "In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?"

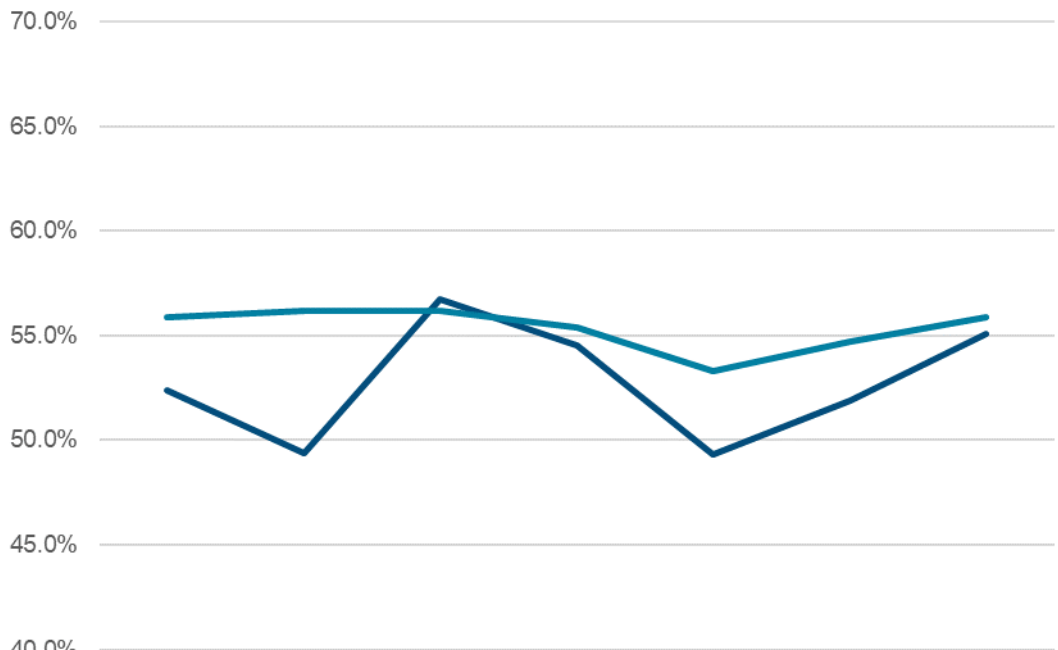
+0.8% Improvement



	2018	2019	2020	2021	2022	2023
GWH	3.7%	5.4%	10.1%	19.8%	13.5%	12.7%
Average	8.3%	8.3%	10.7%	10.6%	10.8%	9.4%

Breakthrough Objective: "I am able to make improvements happen in my area of work"

+3.2% Improvement



	2017	2018	2019	2020	2021	2022	2023
GWH	52.4%	49.4%	56.7%	54.5%	49.3%	51.9%	55.1%
Average	55.9%	56.2%	56.2%	55.4%	53.3%	54.7%	55.9%

Great Western Hospitals
NHS Foundation Trust

Results by People Promise & Theme

2023 Staff Survey

Together we are Great

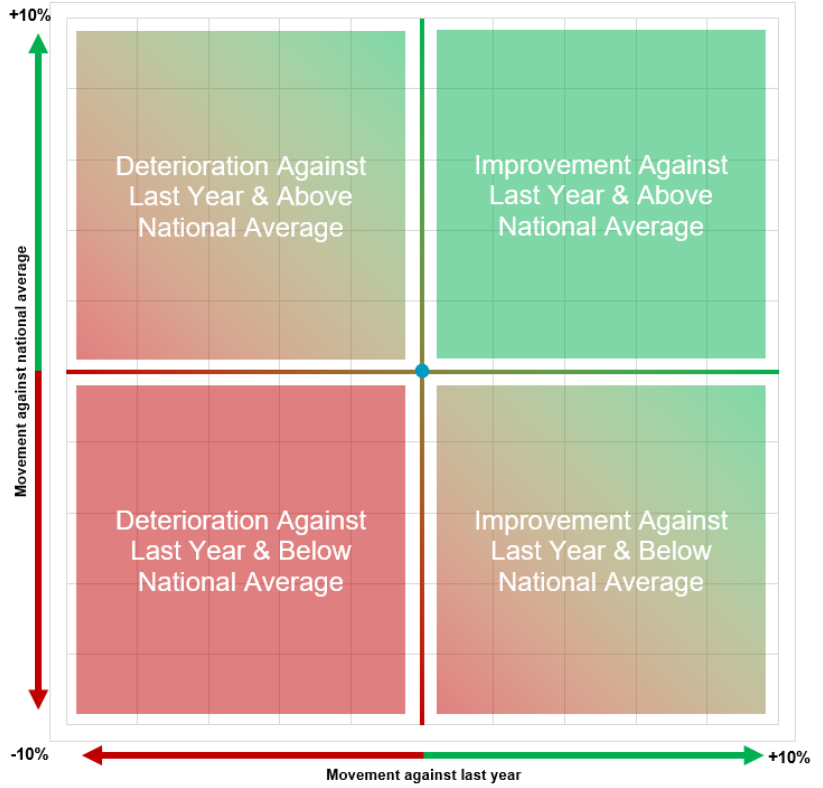
Using This Report

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

From the 2021 survey onwards, questions in the NHS Staff Survey have been aligned to the People Promise which is comprised of seven elements:

- This report breaks down performance against these People Promise elements as well as two historic 'themes' reported in previous years (Engagement and Morale).
- A quadrant graph has been created for each promise/theme, showing the relevant group of questions and their performance against last year and the national average.
- For 2023 reporting, all methodology (positive or negative scoring) has been lined up with the national methodology.
- Positively scored questions are denoted with a (+) and a higher result than last year/national average is good.
- Negatively scored questions are denoted with a (-) and a higher result than last year/national average is bad.



Positive/negative reporting

Variance to last year's results for GWH

Variance to national average

	Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average
+	Sub-Theme	ex1	Example Question 1 (Strongly Agree/Agree) Positive Reporting: Higher than LY/Average is good	67.5%	1.3%	65.0%	2.5%
-	Sub-Theme	ex2	Example Question 2 (Disagree/Strongly Disagree) Negative Reporting: Higher than LY/Average is bad	9.3%	-9.3%	9.0%	-0.3%

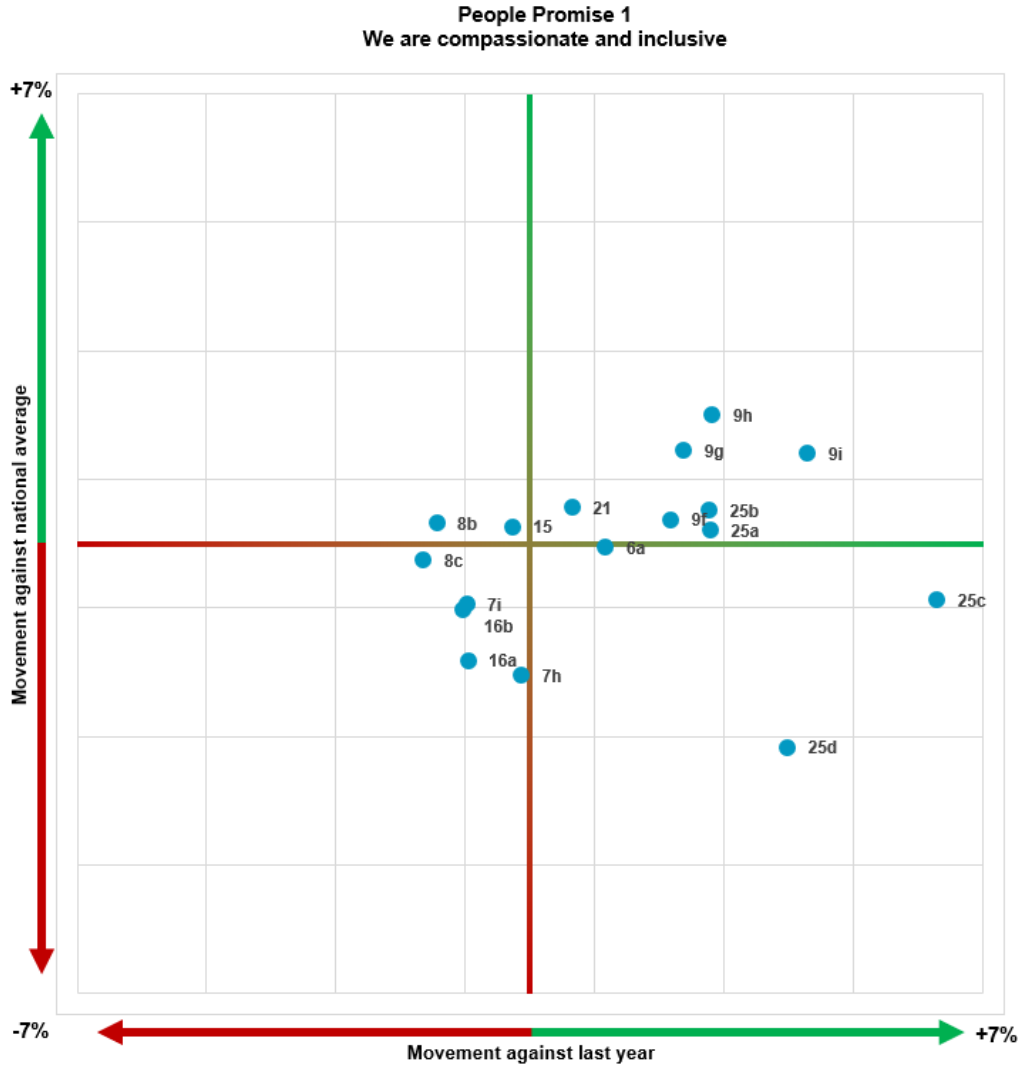
We are compassionate and inclusive

Great Western Hospitals NHS Foundation Trust

2023 Staff Survey

Questions aligned to this People Promise explore themes of Compassionate Leadership, Compassionate Culture, Diversity & Equality, and Inclusion.

- Overall, the results demonstrate improvement in this promise compared to our 2022 results. Sub-themes of Compassionate Culture and Compassionate Leadership show marked improvement against 2022 and the national average, however Diversity & Equality and Inclusion are showing signs of deterioration.
- Q16b relating to staff experiencing discrimination by a manager or colleague have declined by 1% in comparison to 2023 and the national average, highlighting this should continue to be a focus area for the Trust.
- Positively, Q21 highlights more staff feel the Trust respects individual differences.



We are compassionate and inclusive

NHS
Great Western Hospitals
NHS Foundation Trust

2023 Staff Survey

	Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average
+	Compassionate culture	6a	I feel that my role makes a difference to patients / service users (Agree/Strongly agree).	87.9%	1.2%	88.0%	-0.1%
+	Compassionate culture	25a	Care of patients / service users is my organisation's top priority (Agree/Strongly agree).	75.0%	2.8%	74.8%	0.2%
+	Compassionate culture	25b	My organisation acts on concerns raised by patients / service users (Agree/Strongly agree).	70.3%	2.8%	69.8%	0.5%
+	Compassionate culture	25c	I would recommend my organisation as a place to work (Agree/Strongly agree).	59.6%	6.3%	60.5%	-0.9%
+	Compassionate culture	25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).	60.1%	4.0%	63.3%	-3.2%
+	Compassionate leadership	9f	My immediate manager works together with me to come to an understanding of problems (Agree/Strongly agree).	68.7%	2.2%	68.4%	0.4%
+	Compassionate leadership	9g	My immediate manager is interested in listening to me when I describe challenges I face (Agree/Strongly agree).	72.4%	2.4%	71.0%	1.4%
+	Compassionate leadership	9h	My immediate manager cares about my concerns (Agree/Strongly agree).	71.4%	2.8%	69.4%	2.0%
+	Compassionate leadership	9i	My immediate manager takes effective action to help me with any problems I face (Agree/Strongly agree).	67.9%	4.3%	66.5%	1.4%
+	Diversity and equality	15	Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (Yes).	56.1%	-0.3%	55.9%	0.3%
-	Diversity and equality	16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public (Yes).	9.8%	-1.0%	8.0%	-1.8%
-	Diversity and equality	16b	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues (Yes).	10.2%	-1.0%	9.2%	-1.0%
+	Diversity and equality	21	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc) (Agree/Strongly agree).	70.9%	0.7%	70.3%	0.6%
+	Inclusion	7h	I feel valued by my team (Agree/Strongly agree).	68.1%	-0.1%	70.1%	-2.1%
+	Inclusion	7i	I feel a strong personal attachment to my team (Agree/Strongly agree).	63.4%	-1.0%	64.3%	-1.0%
+	Inclusion	8b	The people I work with are understanding and kind to one another (Agree/Strongly agree).	70.0%	-1.4%	69.7%	0.3%
+	Inclusion	8c	The people I work with are polite and treat each other with respect (Agree/Strongly agree).	70.7%	-1.6%	71.0%	-0.3%

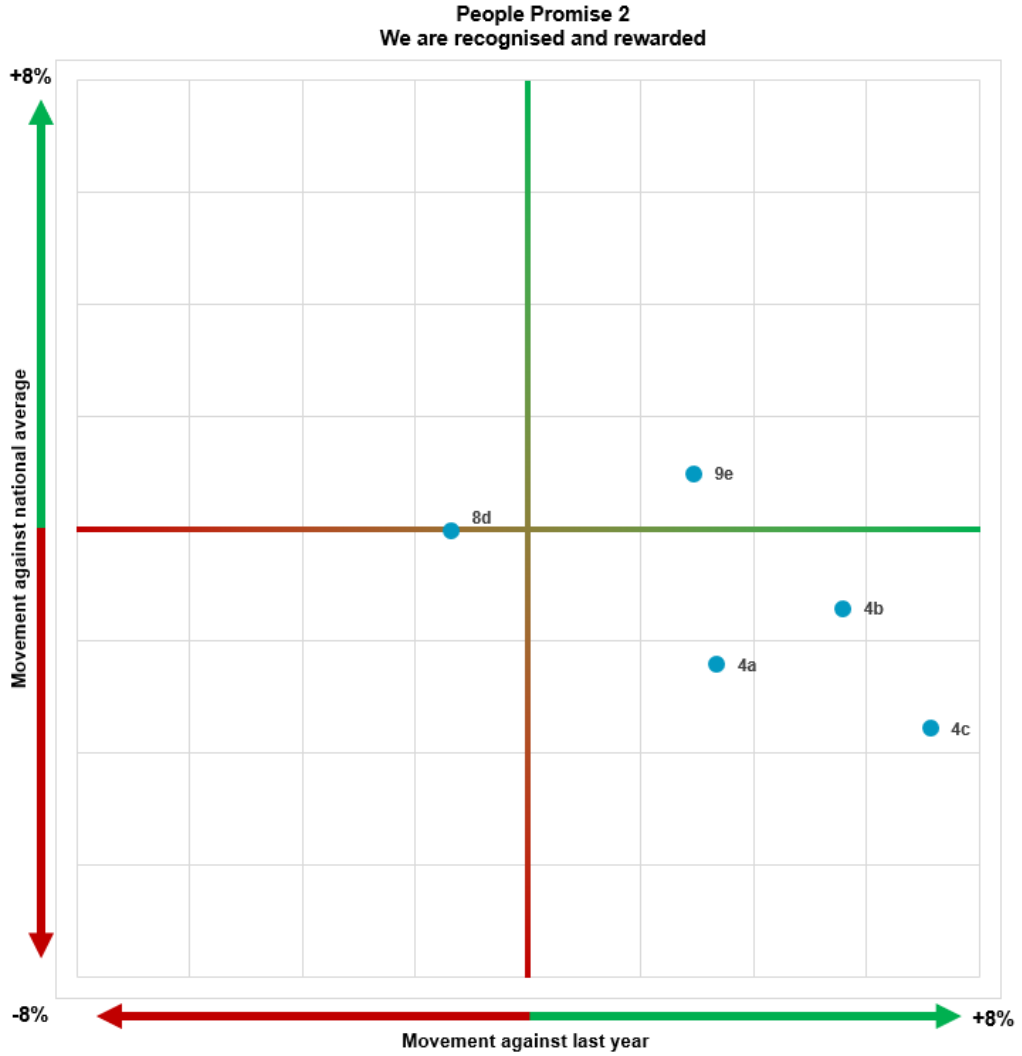
We are recognised and rewarded

Great Western Hospitals NHS Foundation Trust

2023 Staff Survey

Questions aligned to this People Promise explore staff connection to themes of Reward and Recognition.

- Four questions relating to Recognition under this Promise have improved against last year's result.
- The increased satisfaction on pay (7.1% increase on 2022 score) is encouraging following pay disputes resolved with the majority of staffing groups.
- Q4b in relation to staff feeling valued is improving but still below national average. This was also identified as a common theme in the 2023 free text comments.
- Q9e has also improved by 3% on 2022 score. This may be influenced by the Trust's continued commitment to recognition awards such as hidden hero's, star of the month, staff excellence awards and manager's utilising these options. In 2023, 167 hidden hero nominations were received.
- However, the results show a decrease in teams recognising one another from the 2022 score.



We are recognised and rewarded

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

	Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average
+	Reward and recognition	4a	The recognition I get for good work (Satisfied/Very satisfied).	51.1%	3.4%	53.6%	-2.4%
+	Reward and recognition	4b	The extent to which my organisation values my work (Satisfied/Very satisfied).	42.8%	5.6%	44.3%	-1.4%
+	Reward and recognition	4c	My level of pay (Satisfied/Very satisfied).	27.0%	7.1%	30.6%	-3.6%
+	Reward and recognition	8d	The people I work with show appreciation to one another (Agree/Strongly agree).	66.9%	-1.4%	66.9%	0.0%
+	Reward and recognition	9e	My immediate manager values my work (Agree/Strongly agree).	72.4%	2.9%	71.4%	1.0%

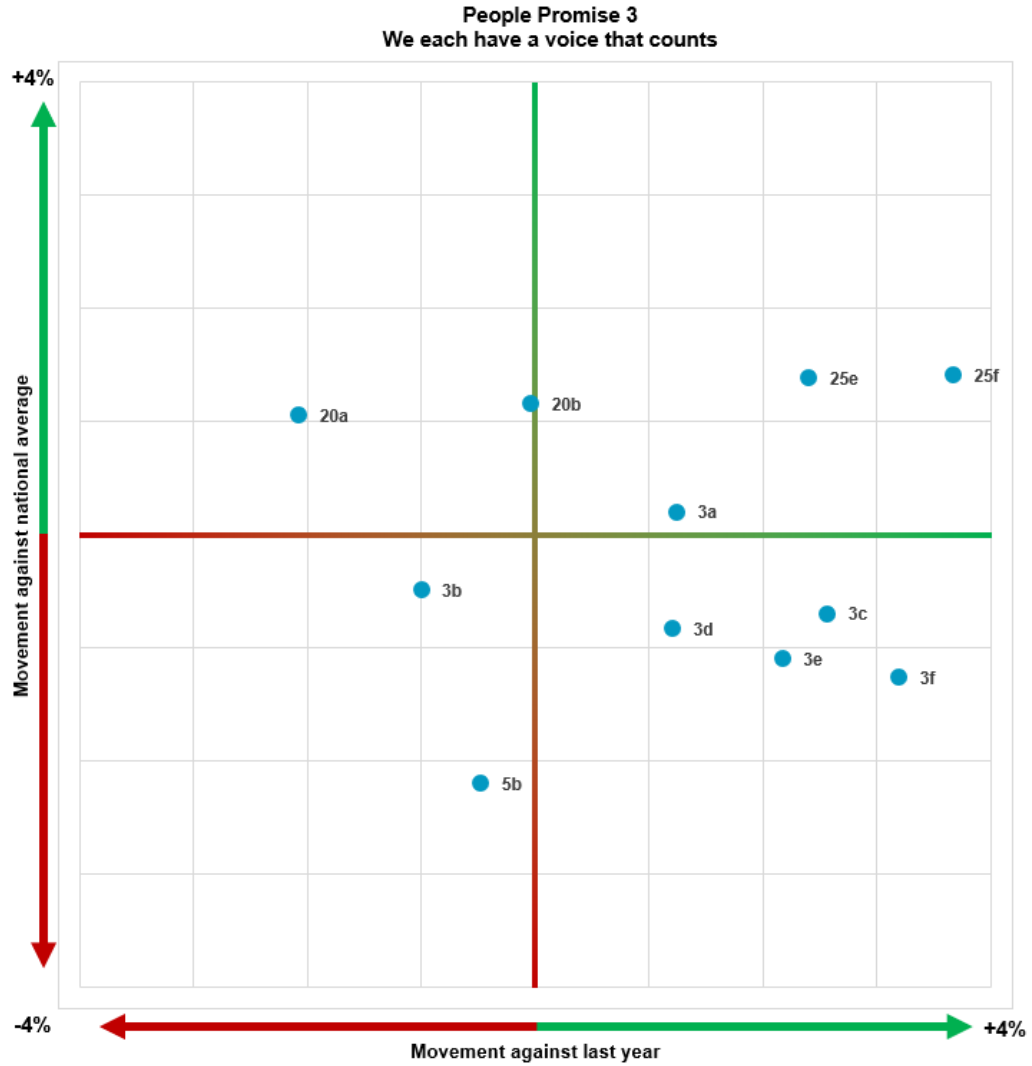
We each have a voice that counts

Great Western Hospitals NHS Foundation Trust

2023 Staff Survey

Questions aligned to this People Promise look at themes of Autonomy & Control and Raising Concerns (speaking up culture).

- More staff feel encouraged to have their say through the Staff Survey and feel able to make suggestions to improve their work as reflected in the 1.2% increase from the 2022 score seen in Q3d.
- Q3f as the Trust's Improving Together driver metric has made one of the most significant improvements under this Promise increasing by 3.2% compared to the 2022 score.
- The score for Q20a reflecting staff feeling secure about raising concerns about unsafe clinical practice has deteriorated for the second year in a row (-1.1% decrease in 2022 and -2.1% in 2023), prompting more focus on the Trust's initiatives to support such as Freedom to Speak Up.
- However, there has been no change within the score for 20b where 57.1% of the workforce are confident that the Trust would address their concern.



We each have a voice that counts

Great Western Hospitals NHS Foundation Trust

2023 Staff Survey

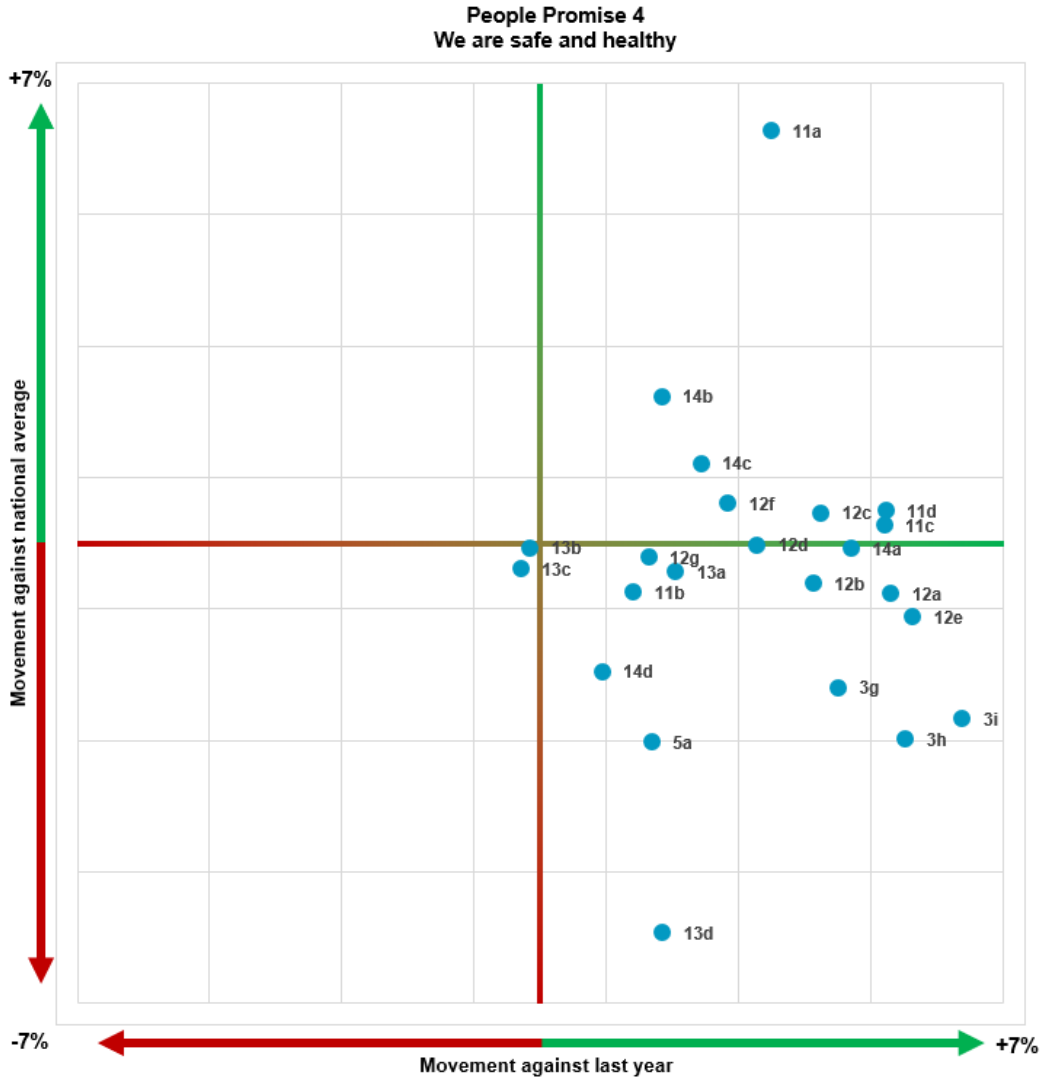
	Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average
+	Autonomy and control	3a	I always know what my work responsibilities are (Agree/Strongly agree).	86.8%	1.2%	86.6%	0.2%
+	Autonomy and control	3b	I am trusted to do my job (Agree/Strongly agree).	90.1%	-1.0%	90.6%	-0.5%
+	Autonomy and control	3c	There are frequent opportunities for me to show initiative in my role (Agree/Strongly agree).	73.0%	2.6%	73.7%	-0.7%
+	Autonomy and control	3d	I am able to make suggestions to improve the work of my team / department (Agree/Strongly agree).	70.6%	1.2%	71.4%	-0.8%
+	Autonomy and control	3e	I am involved in deciding on changes introduced that affect my work area / team / department (Agree/Strongly agree).	50.5%	2.2%	51.6%	-1.1%
+	Autonomy and control	3f	I am able to make improvements happen in my area of work (Agree/Strongly agree).	55.1%	3.2%	56.4%	-1.3%
+	Autonomy and control	5b	I have a choice in deciding how to do my work (Often/Always).	50.3%	-0.5%	52.6%	-2.2%
+	Raising concerns	20a	I would feel secure raising concerns about unsafe clinical practice (Agree/Strongly agree).	71.3%	-2.1%	70.2%	1.1%
+	Raising concerns	20b	I am confident that my organisation would address my concern (Agree/Strongly agree).	57.1%	0.0%	55.9%	1.2%
+	Raising concerns	25e	I feel safe to speak up about anything that concerns me in this organisation (Agree/Strongly agree).	62.3%	2.4%	60.9%	1.4%
+	Raising concerns	25f	If I spoke up about something that concerned me I am confident my organisation would address my concern (Agree/Strongly agree).	50.1%	3.7%	48.7%	1.4%

We are safe and healthy

2023 Staff Survey

This People Promise and its questions focus on sub-themes of Burnout, Negative Experience, and Health & Safety Climate.

- The sub-theme of ‘Health and Safety Climate’ is the most improved sub-theme in comparison to last year.
- The ‘Work Pressure’ questions have all improved against the 2022 scores after being identified as a focus area in 2022.
- Notably, Q3i has increased by 6.4% reflecting the safer staffing increases and Trust wide comms highlighting this investment.
- Staff declaring their have personally experienced violence at work from managers and colleagues (Q13b and Q13c) have marginally decreased from 2022 and staff reporting physical violence has also increased by 1.9% (13d).
- All questions relating to Burnout have improved since last year’s score. Notably, Q12b and Q12e relating to feeling worn out have decreased by 4.2% and 5.6% which is a positive trajectory.



We are safe and healthy

Great Western Hospitals NHS Foundation Trust

2023 Staff Survey

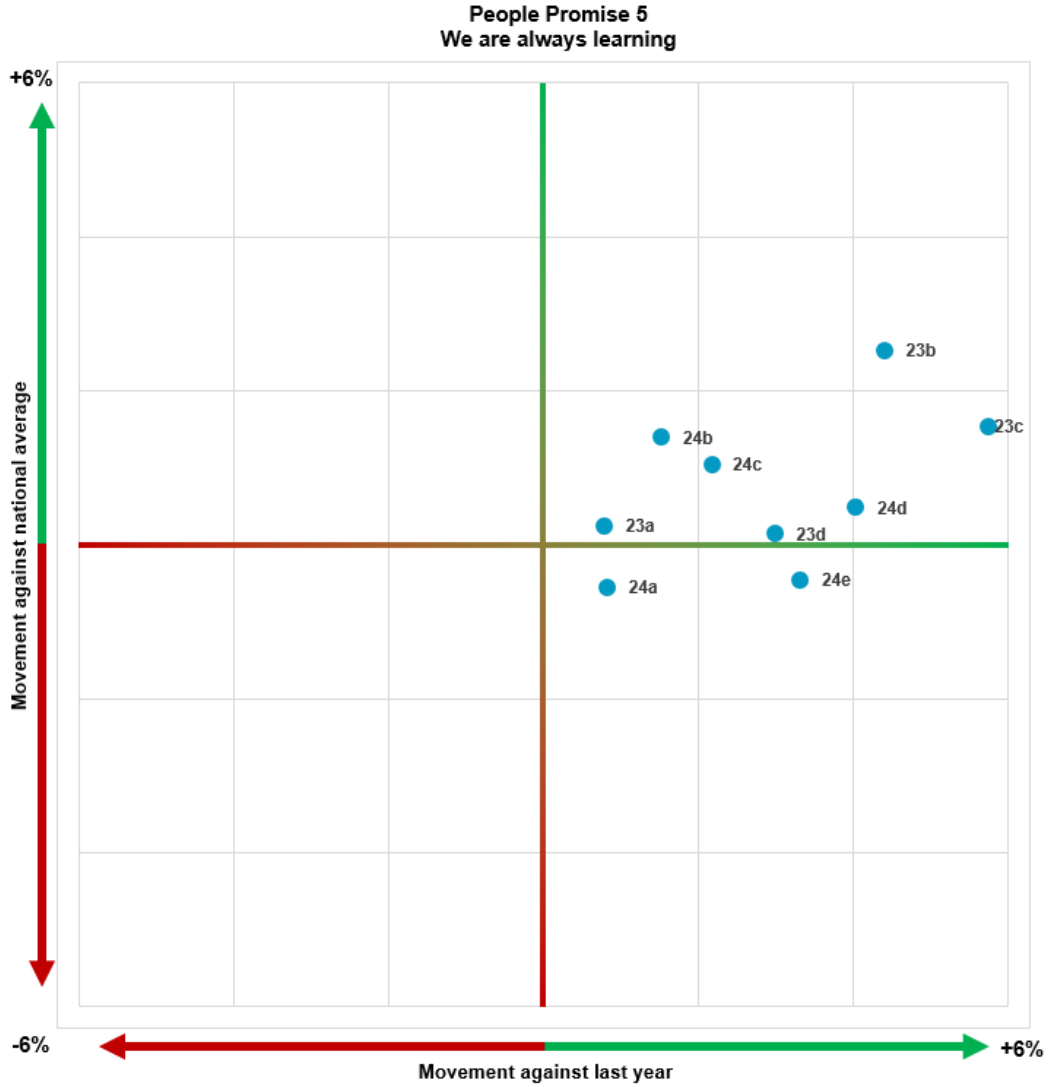
	Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average
+	Health and safety climate	3g	I am able to meet all the conflicting demands on my time at work (Agree/Strongly agree).	44.4%	4.5%	46.6%	-2.2%
+	Health and safety climate	3h	I have adequate materials, supplies and equipment to do my work (Agree/Strongly agree).	53.9%	5.5%	56.9%	-3.0%
+	Health and safety climate	3i	There are enough staff at this organisation for me to do my job properly (Agree/Strongly agree).	29.1%	6.4%	31.8%	-2.7%
+	Health and safety climate	5a	I have unrealistic time pressures (Never/Rarely).	22.0%	1.7%	25.1%	-3.0%
+	Health and safety climate	11a	My organisation takes positive action on health and well-being (Agree/Strongly agree).	63.2%	3.5%	57.0%	6.3%
+	Health and safety climate	13d	The last time you experienced physical violence at work, did you or a colleague report it (Yes).	63.8%	1.9%	69.8%	-5.9%
+	Health and safety climate	14d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it (Yes).	48.0%	0.9%	50.0%	-2.0%
-	Burnout	12a	How often, if at all, do you find your work emotionally exhausting (Often/Always).	34.8%	5.3%	34.0%	-0.8%
-	Burnout	12b	How often, if at all, do you feel burnt out because of your work (Often/Always).	31.7%	4.1%	31.1%	-0.6%
-	Burnout	12c	How often, if at all, does your work frustrate you (Often/Always).	36.3%	4.3%	36.7%	0.5%
-	Burnout	12d	How often, if at all, are you exhausted at the thought of another day/shift at work (Often/Always).	28.3%	3.3%	28.2%	0.0%
-	Burnout	12e	How often, if at all, do you feel worn out at the end of your working day/shift (Often/Always).	44.3%	5.6%	43.2%	-1.1%
-	Burnout	12f	How often, if at all, do you feel that every working hour is tiring for you (Often/Always).	19.0%	2.9%	19.6%	0.6%
-	Burnout	12g	How often, if at all, do you not have enough energy for family and friends during leisure time (Often/Always).	30.2%	1.7%	30.0%	-0.2%
-	Negative experiences	11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities (Yes).	30.1%	1.4%	29.4%	-0.8%
-	Negative experiences	11c	During the last 12 months have you felt unwell as a result of work related stress (Yes).	41.3%	5.2%	41.6%	0.3%
-	Negative experiences	11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties (Yes).	54.4%	5.2%	54.9%	0.5%
-	Negative experiences	13a	In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public (One or more	13.8%	2.1%	13.3%	-0.4%
-	Negative experiences	13b	In the last 12 months how many times have you personally experienced physical violence at work from managers (One or more times).	0.7%	-0.1%	0.7%	-0.1%
-	Negative experiences	13c	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues (One or more times).	2.1%	-0.3%	1.8%	-0.4%
-	Negative experiences	14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (One	25.9%	4.7%	25.8%	-0.1%
-	Negative experiences	14b	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers (One or more times).	8.3%	1.8%	10.5%	2.2%
-	Negative experiences	14c	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues (One or more times).	18.0%	2.4%	19.3%	1.2%

We are always learning

2023 Staff Survey

Questions aligned to this People Promise look at Development and Appraisals.

- Overall, ‘We are always learning’ was the highest improving Promise for the Trust compared to 2022 results.
- All question scores relating to this People Promise increased, influenced by the Trust’s extensive internal training opportunities such as Aspiring Leaders, Developing Leaders, New Consultants programme and Career Workshop masterclasses.
- Notably, more staff feel their appraisal helped them improve how they do their job (+4.5%) and set clear objectives for their role (+5.7%) in comparison to 2022 scores. The Trust continues to enhance the appraisal process with plans to launch a revised format supporting more timely feedback.



We are always learning

NHS
Great Western Hospitals
NHS Foundation Trust

2023 Staff Survey

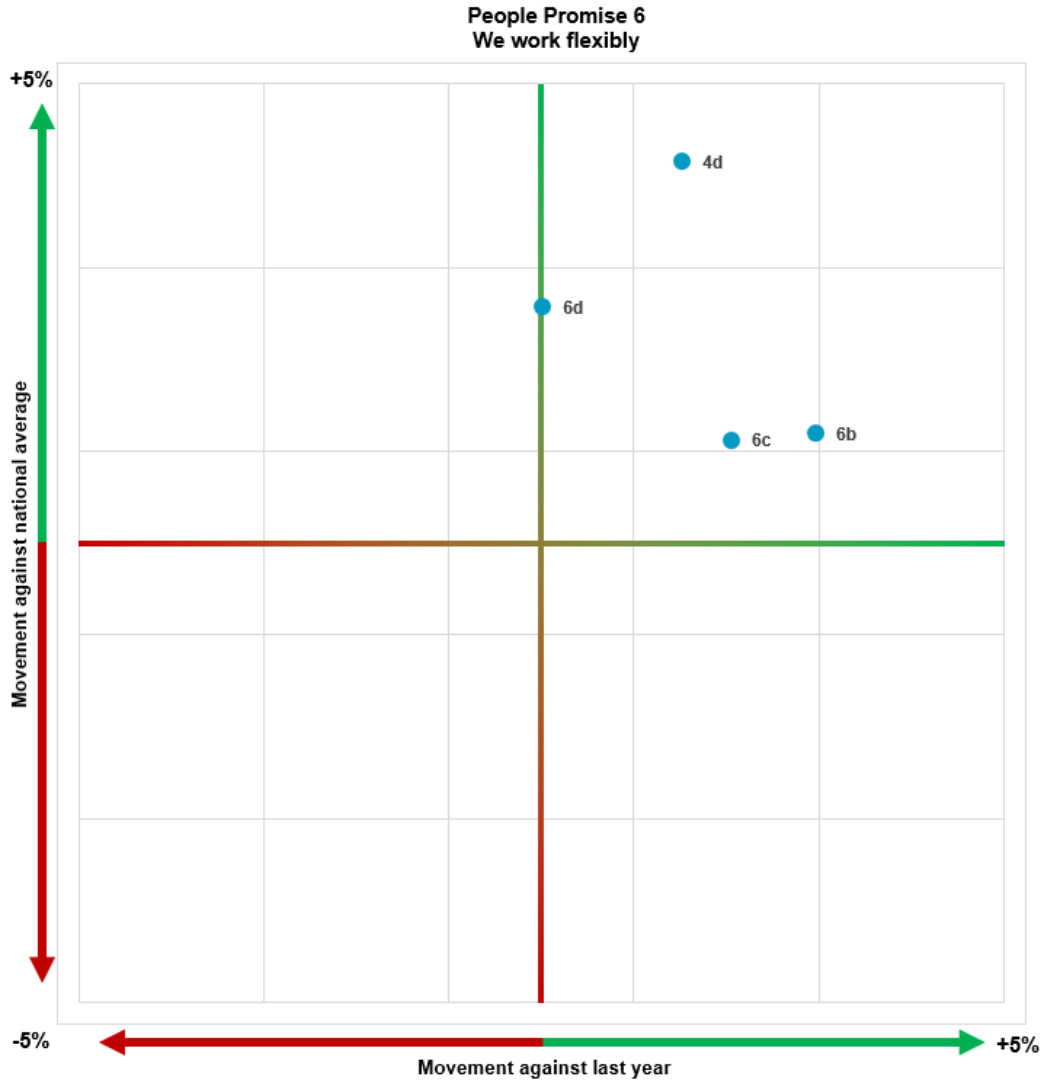
	Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average
+	Development	24a	This organisation offers me challenging work (Agree/Strongly agree).	68.6%	0.8%	69.1%	-0.6%
+	Development	24b	There are opportunities for me to develop my career in this organisation (Agree/Strongly agree).	56.5%	1.5%	55.1%	1.4%
+	Development	24c	I have opportunities to improve my knowledge and skills (Agree/Strongly agree).	70.6%	2.2%	69.6%	1.0%
+	Development	24d	I feel supported to develop my potential (Agree/Strongly agree).	57.0%	4.0%	56.6%	0.5%
+	Development	24e	I am able to access the right learning and development opportunities when I need to (Agree/Strongly agree).	59.1%	3.3%	59.5%	-0.5%
+	Appraisals	23a	In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review (Yes).	83.4%	0.8%	83.1%	0.2%
+	Appraisals	23b	It helped me to improve how I do my job (Yes, definitely).	28.0%	4.4%	25.4%	2.5%
+	Appraisals	23c	It helped me agree clear objectives for my work (Yes, definitely).	37.5%	5.8%	36.0%	1.5%
+	Appraisals	23d	It left me feeling that my work is valued by my organisation (Yes, definitely).	34.1%	3.0%	34.0%	0.1%

We work flexibly

2023 Staff Survey

This People Promise is split into sub-themes of work/life balance and flexible working.

- Historically a high scoring area for the Trust, three questions within this Promise continued to improve from 2022 scores and one question remained the same.
- Q4d and Q6d relating to flexible working opportunities and feeling able to approach their immediate line manager to talk openly about flexible working are significantly higher than national average.
- This highlights the successful embedding of the Trust's flexible working policy that has been live for two years. The introduction of this policy surpassed statutory requirements and set a new standard for the Trust.



We work flexibly

2023 Staff Survey

	Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average
+	Support for work-life balance	6b	My organisation is committed to helping me balance my work and home life (Agree/Strongly agree).	49.6%	3.0%	48.4%	1.2%
+	Support for work-life balance	6c	I achieve a good balance between my work life and my home life (Agree/Strongly agree).	56.2%	2.1%	55.0%	1.1%
+	Support for work-life balance	6d	I can approach my immediate manager to talk openly about flexible working (Agree/Strongly agree).	71.8%	0.0%	69.2%	2.6%
+	Flexible working	4d	The opportunities for flexible working patterns (Satisfied/Very satisfied).	59.8%	1.5%	55.7%	4.1%

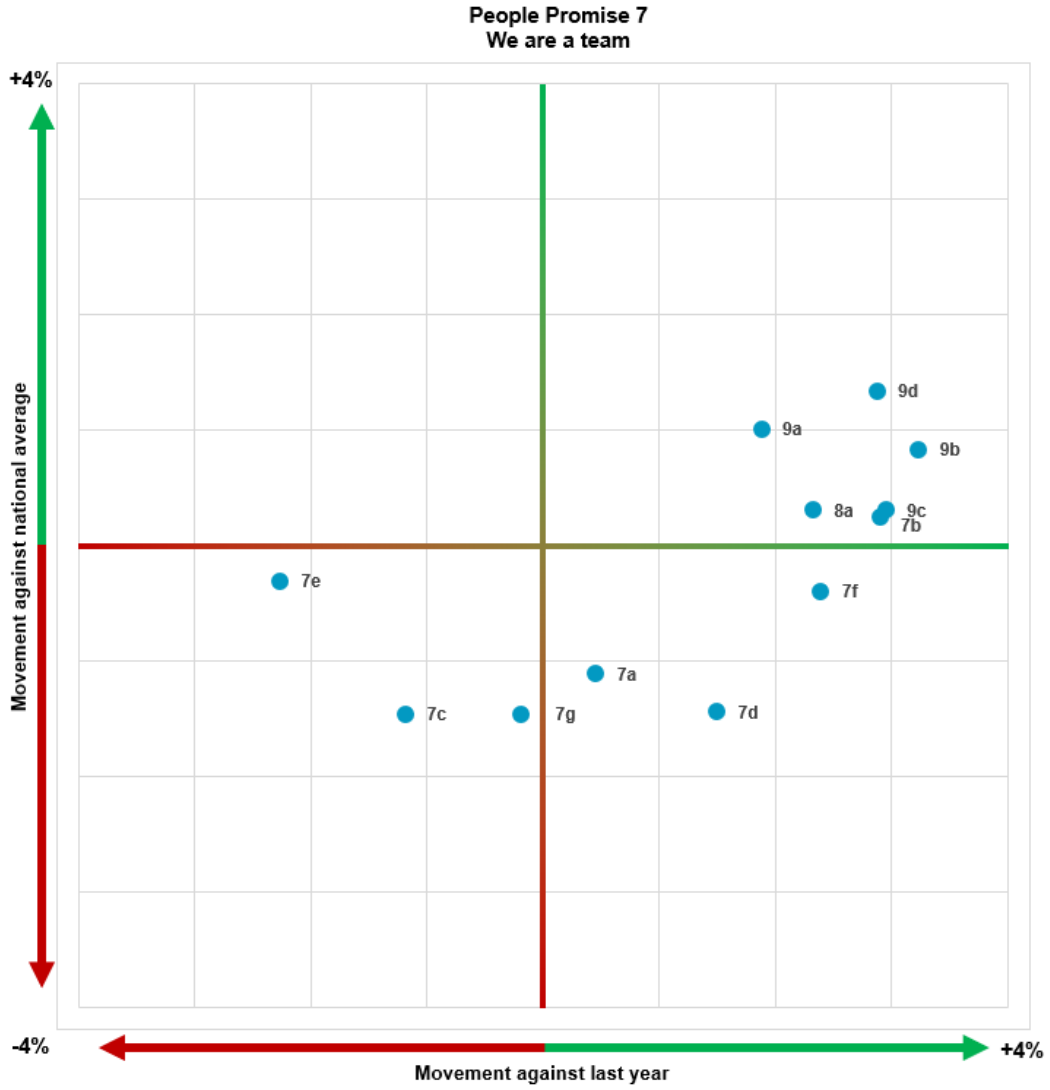
We are a team

2023 Staff Survey

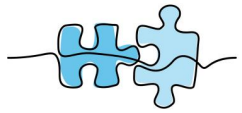
Great Western Hospitals NHS Foundation Trust

Questions aligned to this People Promise examine team working and line management.

- Q7c declined in comparison to 2022 score by -1.2% and Q7e declined by -2.3% demonstrating teamworking issues and teams feeling less likely to receive the respect deserved.
- Q7g relating to colleagues feeling disagreements are being managed constructively, has fractionally decreased despite the Trust's revision to the Resolution Policy and introduction of Mediation service.
- However, Q8a has improved by 2.3% on the 2022 score demonstrating more colleagues feel teams work well together to achieve their objectives.
- All questions relating to staff immediate manager encouraging colleagues at work, giving clear feedback and asking for opinions before making decisions that affect their work have improved, positively supporting the Improving Together methodology.



We are a team



2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

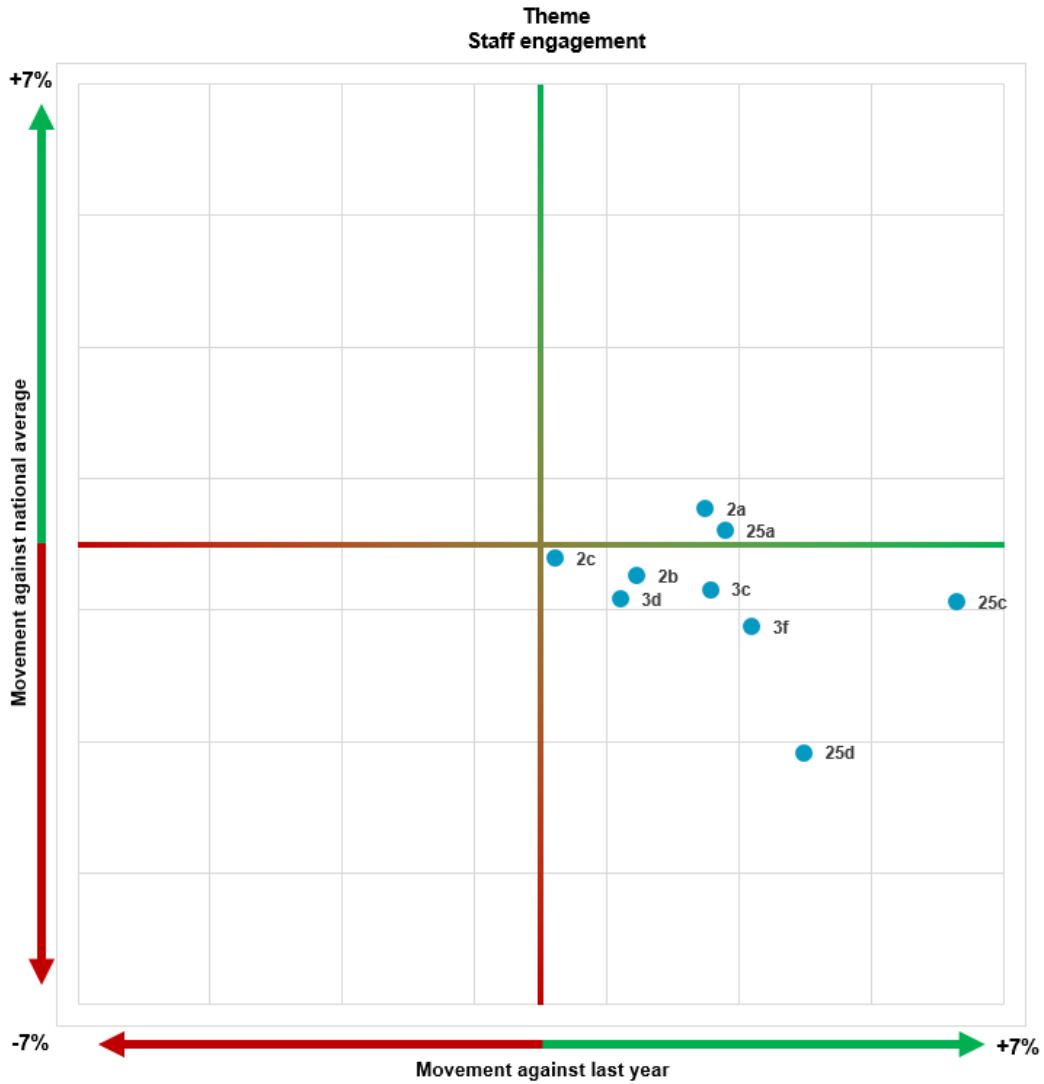
	Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average
+	Team working	7a	The team I work in has a set of shared objectives (Agree/Strongly agree).	72.2%	0.5%	73.3%	-1.1%
+	Team working	7b	The team I work in often meets to discuss the team's effectiveness (Agree/Strongly agree).	61.7%	2.9%	61.4%	0.2%
+	Team working	7c	I receive the respect I deserve from my colleagues at work (Agree/Strongly agree).	69.5%	-1.2%	71.0%	-1.5%
+	Team working	7d	Team members understand each other's roles (Agree/Strongly agree).	70.2%	1.5%	71.7%	-1.4%
+	Team working	7e	I enjoy working with the colleagues in my team (Agree/Strongly agree).	80.9%	-2.3%	81.2%	-0.3%
+	Team working	7f	My team has enough freedom in how to do its work (Agree/Strongly agree).	59.7%	2.4%	60.1%	-0.4%
+	Team working	7g	In my team disagreements are dealt with constructively (Agree/Strongly agree).	55.3%	-0.2%	56.7%	-1.5%
+	Team working	8a	Teams within this organisation work well together to achieve their objectives (Agree/Strongly agree).	54.3%	2.3%	54.0%	0.3%
+	Line management	9a	My immediate manager encourages me at work (Agree/Strongly agree).	72.5%	1.9%	71.5%	1.0%
+	Line management	9b	My immediate manager gives me clear feedback on my work (Agree/Strongly agree).	65.8%	3.2%	65.0%	0.8%
+	Line management	9c	My immediate manager asks for my opinion before making decisions that affect my work (Agree/Strongly agree).	59.3%	3.0%	59.0%	0.3%
+	Line management	9d	My immediate manager takes a positive interest in my health and well-being (Agree/Strongly agree).	70.4%	2.9%	69.1%	1.3%

Staff engagement

2023 Staff Survey

The Staff Engagement theme explores sub-themes of Motivation, Involvement, and Advocacy.

- It is positive to highlight that all questions within this Theme have increased from last year's scores, In 2022 all advocacy scores had declined, mirroring the national results.
- Q25c has notably increased by 6.3% in comparison to 2022, which may have been influenced by the Trust's successful Great Place to Work comms campaign.
- Q25d relating to staff being happy with the standard of care provided by the Trust has positively improved by 4% in comparison to 2022. This had previously declined for two years in a row and was a focus area for the Trust during 2022, however the result is the lowest below the national average in this Theme (-3.2%).



Staff engagement

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

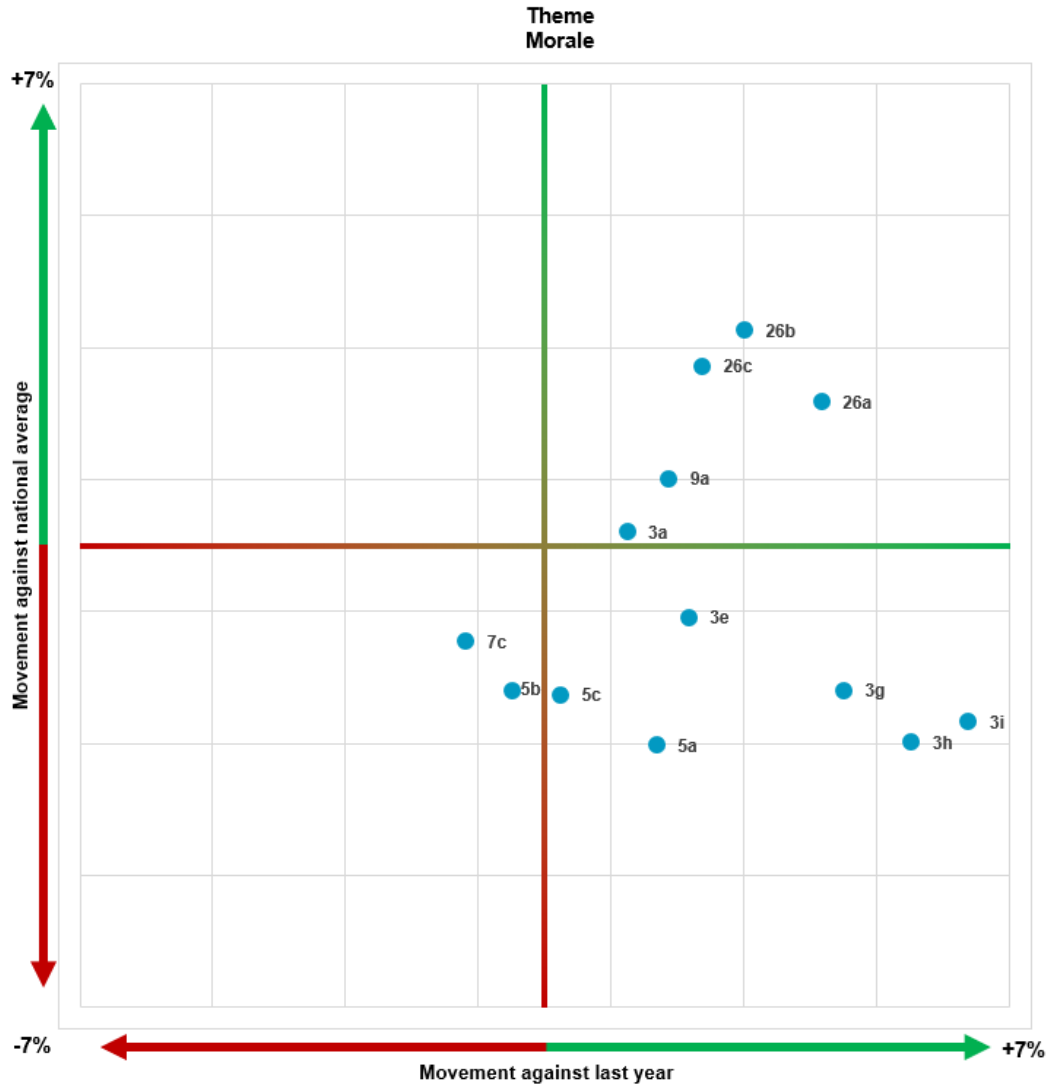
	Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average
+	Motivation	2a	I look forward to going to work (Often/Always).	55.5%	2.5%	55.0%	0.5%
+	Motivation	2b	I am enthusiastic about my job (Often/Always).	68.9%	1.5%	69.4%	-0.5%
+	Motivation	2c	Time passes quickly when I am working (Often/Always).	72.1%	0.2%	72.3%	-0.2%
+	Involvement	3c	There are frequent opportunities for me to show initiative in my role (Agree/Strongly agree).	73.0%	2.6%	73.7%	-0.7%
+	Involvement	3d	I am able to make suggestions to improve the work of my team / department (Agree/Strongly agree).	70.6%	1.2%	71.4%	-0.8%
+	Involvement	3f	I am able to make improvements happen in my area of work (Agree/Strongly agree).	55.1%	3.2%	56.4%	-1.3%
+	Advocacy	25a	Care of patients / service users is my organisation's top priority (Agree/Strongly agree).	75.0%	2.8%	74.8%	0.2%
+	Advocacy	25c	I would recommend my organisation as a place to work (Agree/Strongly agree).	59.6%	6.3%	60.5%	-0.9%
+	Advocacy	25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).	60.1%	4.0%	63.3%	-3.2%

Morale

2023 Staff Survey

The Staff Engagement theme explores sub-themes of Health and Safety Climate and Burnout.

- Although an improving picture with Q3i relating to staffing levels increasing by 6.4%, likely influenced by the Trust's investments in safer staffing, the majority of questions in this People Promise are highlighted as below the national average.
- More staff feel they are able to meet all the conflicting demands on their time (+1.5%) and have adequate materials, supplies and equipment to do their work (+5.5%) than last year, however, remains below the national average.
- The three questions relating to leavers are encouragingly lower than last year and below national average demonstrating positive impact of the Trust wide Retention Working Group.



Morale

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

	Theme	Question Number	Question	2023 Result	Variance to 2022	National Average	Variance to National Average
-	Health and safety climate	26a	I often think about leaving this organisation (Agree/Strongly agree).	26.7%	4.2%	28.9%	2.2%
-	Health and safety climate	26b	I will probably look for a job at a new organisation in the next 12 months (Agree/Strongly agree).	17.5%	3.0%	20.7%	3.3%
-	Health and safety climate	26c	As soon as I can find another job, I will leave this organisation (Agree/Strongly agree).	12.6%	2.4%	15.3%	2.7%
+	Health and safety climate	3g	I am able to meet all the conflicting demands on my time at work (Agree/Strongly agree).	44.4%	4.5%	46.6%	-2.2%
+	Health and safety climate	3h	I have adequate materials, supplies and equipment to do my work (Agree/Strongly agree).	53.9%	5.5%	56.9%	-3.0%
+	Health and safety climate	3i	There are enough staff at this organisation for me to do my job properly (Agree/Strongly agree).	29.1%	6.4%	31.8%	-2.7%
+	Health and safety climate	3a	I always know what my work responsibilities are (Agree/Strongly agree).	86.8%	1.2%	86.6%	0.2%
+	Burnout	3e	I am involved in deciding on changes introduced that affect my work area / team / department (Agree/Strongly agree).	50.5%	2.2%	51.6%	-1.1%
+	Burnout	5a	I have unrealistic time pressures (Never/Rarely).	22.0%	1.7%	25.1%	-3.0%
+	Burnout	5b	I have a choice in deciding how to do my work (Often/Always).	50.3%	-0.5%	52.6%	-2.2%
+	Burnout	5c	Relationships at work are strained (Never/Rarely).	43.7%	0.2%	46.0%	-2.3%
+	Burnout	7c	I receive the respect I deserve from my colleagues at work (Agree/Strongly agree).	69.5%	-1.2%	71.0%	-1.5%
+	Burnout	9a	My immediate manager encourages me at work (Agree/Strongly agree).	72.5%	1.9%	71.5%	1.0%

Great Western Hospitals
NHS Foundation Trust

BME and Disability Overview

2023 Staff Survey

Together we are Great

Workforce Equality Standards

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

A subset of questions in the Staff Survey contain indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Workforce Race Equality Standard (WRES)

Q#	Responses for White Staf vs All Other Ethnic Groups for:
Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standard (WDES)

Q#	Responses for Staff with LTC vs Staff Without LTC:
Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
Engagement Theme	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

Workforce Equality Standards

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

A subset of questions in the Staff Survey contain indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Workforce Race Equality Standard (WRES)

Q#	Responses for White Staf vs All Other Ethnic Groups for:
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Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standard (WDES)

Q#	Responses for Staff with LTC vs Staff Without LTC:
Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
Engagement Theme	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

Race Equality

2023 Staff Survey

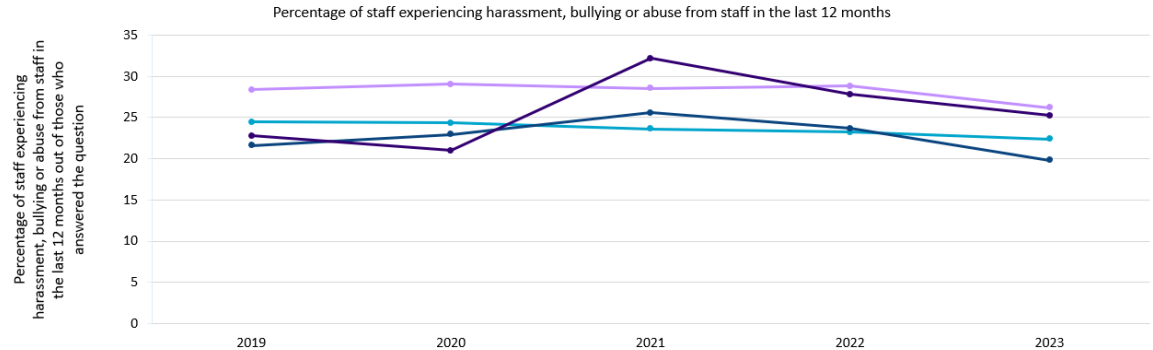
Great Western Hospitals NHS Foundation Trust

Successes

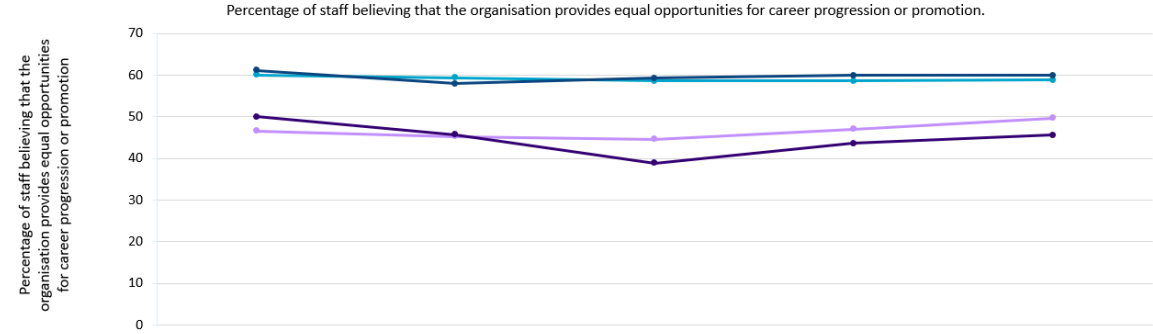
- BME staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months has reduced notably by 3.94%, which is better than the national average of 28.11%. There is also a notable reduction for white staff of 4.89%
- We have continued to see an improvement in BME staff experiencing harassment, bullying or abuse from colleagues in last 12 months, this has reduced by 2.58% since last year, slightly lower than the national average. There has also been an improvement for White staff by 3.83%, meeting the national average.
- BME staff believing that the organisation provides equal opportunities for career progression or promotion has improved by 1.97%, whilst the rate for White staff has stayed relatively the same as last year and is slightly ahead of the national average.

Areas for improvement

- The Trust's score of 19.55% of BME staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months, has slightly reduced by 0.23% but is still higher than the national average of 16.17%. The score for White staff has slightly worsened by 0.5% since 2022 and slightly higher than the national average. The disparity between BME and white staff is 12.71%, the Trust Pillar Metric target is 8.3%.



	2019	2020	2021	2022	2023
White staff: Your org	21.60%	22.94%	25.61%	23.67%	19.84%
All other ethnic groups*: Your org	22.81%	20.99%	32.15%	27.82%	25.24%
White staff: Average	24.44%	24.37%	23.65%	23.25%	22.37%
All other ethnic groups*: Average	28.39%	29.07%	28.53%	28.81%	26.20%
White staff: Responses	412	558	2023	2455	2837
All other ethnic groups*: Responses	57	81	367	647	1030



	2019	2020	2021	2022	2023
White staff: Your org	61.11%	58.01%	59.25%	59.96%	59.92%
All other ethnic groups*: Your org	50.00%	45.68%	38.90%	43.63%	45.60%
White staff: Average	60.00%	59.39%	58.64%	58.65%	58.84%
All other ethnic groups*: Average	46.62%	45.24%	44.56%	47.00%	49.64%
White staff: Responses	414	562	2032	2455	2824
All other ethnic groups*: Responses	58	81	365	644	1022

Disability Equality

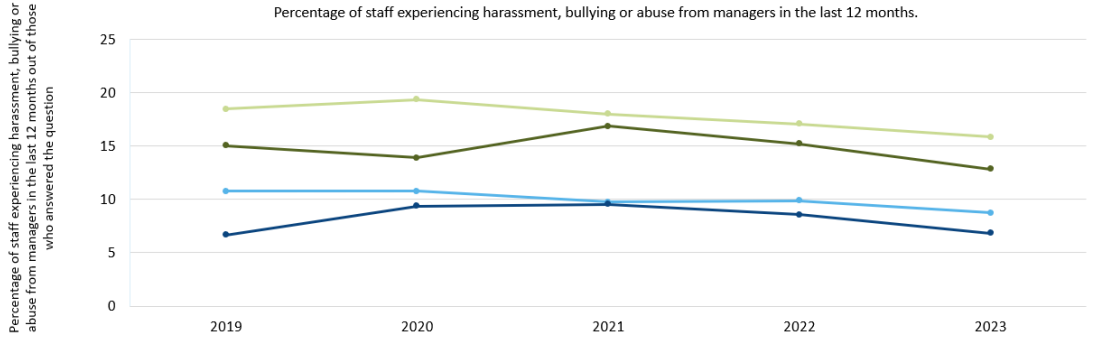
2023 Staff Survey

Successes

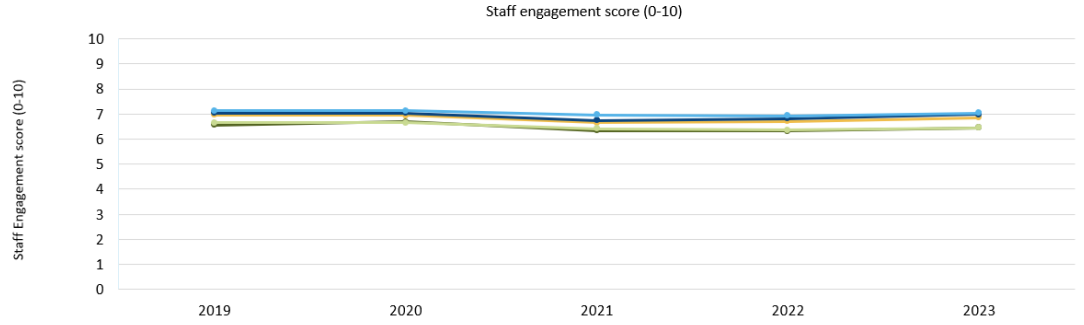
- The percentage of staff with LTC or illness experiencing harassment, bullying or abuse from colleagues in the last 12 months has decreased by 5.61% to 23.22%. Staff without LTC has reduced by 1.36%. Both the Trust rates for staff with and without a LTC or illness are lower than the national average. However, the number of staff with LTC who went on to report it has fallen by 4.45%.
- The number of staff with LTC who felt pressure from their line manager to work despite not feeling well enough to do so has reduced by 3.46% to 27.21%. This is better than the national average is 28.55%.
- The number of staff with LTC who are satisfied with the extent in which the Trust values their work has improved markedly, an increase of 6% to 34.03%. The national average is 35.66%.

Areas for improvement

- The number of staff with LTC reporting the experience (fell by 4.45%)



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	15.05%	13.91%	16.88%	15.23%	12.84%
Staff without a LTC or illness: Your org	6.68%	9.37%	9.56%	8.58%	6.84%
Staff with a LTC or illness: Average	18.45%	19.35%	18.00%	17.09%	15.87%
Staff without a LTC or illness: Average	10.76%	10.78%	9.77%	9.88%	8.74%
Staff with a LTC or illness: Responses	93	151	557	709	857
Staff without a LTC or illness: Responses	374	491	1810	2388	2952



	2019	2020	2021	2022	2023
Organisation average	6.96	6.95	6.65	6.70	6.85
Staff with a LTC or illness: Your org	6.55	6.69	6.34	6.33	6.44
Staff without a LTC or illness: Your org	7.04	7.03	6.74	6.82	6.97
Staff with a LTC or illness: Average	6.65	6.65	6.42	6.35	6.46
Staff without a LTC or illness: Average	7.13	7.14	6.97	6.92	7.04
Staff with a LTC or illness: Responses	93	154	562	719	866
Staff without a LTC or illness: Responses	380	500	1836	2404	2975

Great Western Hospitals
NHS Foundation Trust

Responding through Improving Together

2023 Staff Survey

Together we are Great

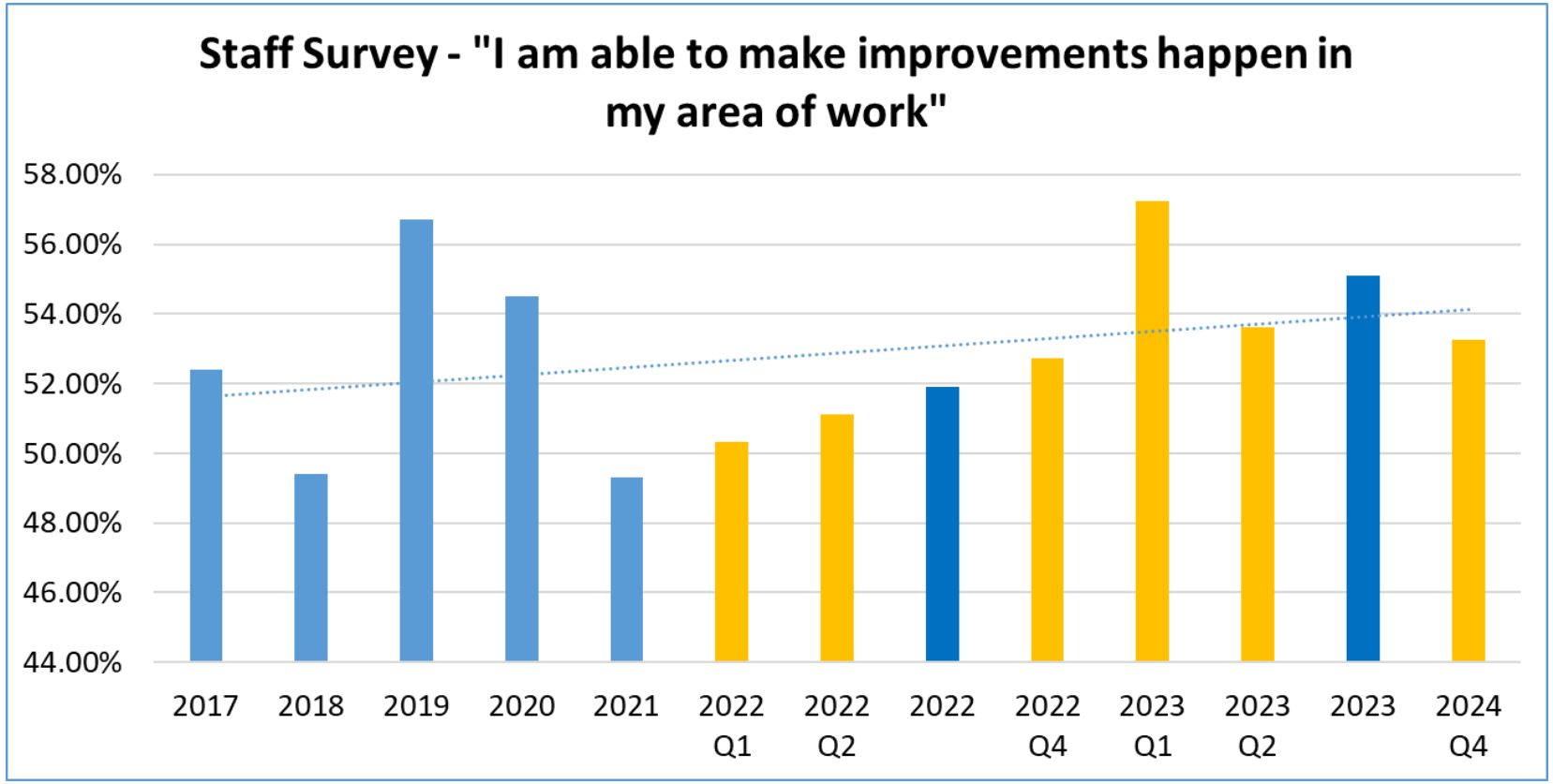
2022 Trust Breakthrough Objective

Improving Together

Great Western Hospitals NHS Foundation Trust

Breakthrough Objective	To reach a target score of 55% in the national staff survey question: I am able to make improvements happen in my area

2017	52.40%
2018	49.40%
2019	56.70%
2020	54.50%
2021	49.30%
2022 Q1	50.31%
2022 Q2	51.10%
2022	51.90%
2022 Q4	52.72%
2023 Q1	57.25%
2023 Q2	53.63%
2023	55.10%
2024 Q4	53.25%



Staff Survey ‘Double Declines’

Great Western Hospitals NHS Foundation Trust

2023 Breakthrough Objective

As part of the analysis, we have:

- Identified scores that had declined both against last year and against the comparator values (Trust level)
- Excluded questions that difficult to influence – pay and condition due to AFC
- Consider questions which are specific and could be delivered by front line staff
- Consider how this fits with existing projects such as Improving Together and Just and Learning

Analysis on the 2023 Staff Survey scores identified question 7c had declined both against last year (-1.2%) and the comparator values (-1.8).

This is affecting Teamworking within the Trust contributing towards declining results in the Staff Survey.

Staff Survey ‘Double Declines’

Great Western Hospitals NHS Foundation Trust

2023 Breakthrough Objective

The below table shows questions in the 2023 Staff Survey which have declined both against last year and the comparator values.

People Promises		Questions			Results			Movement	
Summary Indicator		Section	Question		2022	2023	Comparator	vs LY	vs Comp
					value	value	value		
-	-	Your Health, Well-Being And Safety At Work	16c01	On what grounds have you experienced discrimination? Ethnic background	48.9%	**41.6%**	45.2%	-7.3%	-3.6%
-	-	Your Health, Well-Being And Safety At Work	18	In the last month have you seen any errors, near misses or incidents that could have hurt staff and/or patients/service users?	64.0%	**61.9%**	65.1%	-2.1%	-3.2%
PP1	We are compassionate and inclusive	People In Your Organisation	8c	The people I work with are polite and treat each other with respect.	72.3%	**70.7%**	70.8%	-1.6%	-0.1%
PP7	We are a team	Your Team	7c	I receive the respect I deserve from my colleagues at work.	70.7%	**69.5%**	71.3%	-1.2%	-1.8%
PP1	We are compassionate and inclusive	Your Health, Well-Being And Safety At Work	16b	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues?	90.8%	**89.8%**	90.4%	-1.0%	-0.7%
PP3	We each have a voice that counts	Your Job	3b	I am trusted to do my job.	91.1%	**90.1%**	90.4%	-1.0%	-0.3%
PP1	We are compassionate and inclusive	Your Team	7i	I feel a strong personal attachment to my team.	64.3%	**63.4%**	63.8%	-1.0%	-0.4%
PP1	We are compassionate and inclusive	Your Health, Well-Being And Safety At Work	16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	91.1%	**90.2%**	90.9%	-1.0%	-0.7%
PP3	We each have a voice that counts	Your Job	5b	I have a choice in deciding how to do my work.	50.8%	**50.3%**	52.4%	-0.5%	-2.1%
PP4	We are safe and healthy	Your Health, Well-Being And Safety At Work	13c	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	98.1%	**97.9%**	98.0%	-0.3%	-0.1%
PP7	We are a team	Your Team	7g	In my team disagreements are dealt with constructively.	55.4%	**55.3%**	56.7%	-0.2%	-1.5%
PP1	We are compassionate and inclusive	Your Team	7h	I feel valued by my team.	68.2%	**68.1%**	69.7%	-0.1%	-1.7%

Trust Wide A3

2023 Breakthrough Objective

Great Western Hospitals NHS Foundation Trust

An A3 analysis has taken place exploring our Staff Survey performance, and has identified the following question as an area of focus:

Q7c "I receive the respect I deserve from my colleagues at work."

Problem Statement

The staff survey question 'I receive the respect I deserve from colleagues at work' was chosen as it met the following criteria:

- Identified scores that had declined both against last year and against the comparator values (Trust level)
- Excluded questions that difficult to influence – pay and condition due to AFC
- Excluded questions that had large degree of variables
- Consider questions which are specific and could be delivered by front line staff
- Consider how this fits with existing projects such as Improving Together and Just and Learning

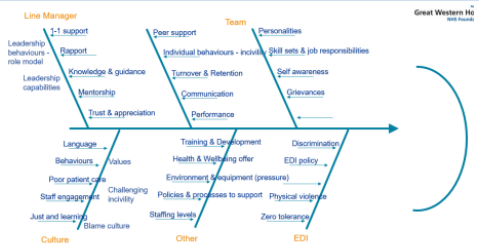
Analysis on the 2023 Staff Survey scores identified question 7c had declined both against last year (-1.2%) and the comparator values (-1.8).

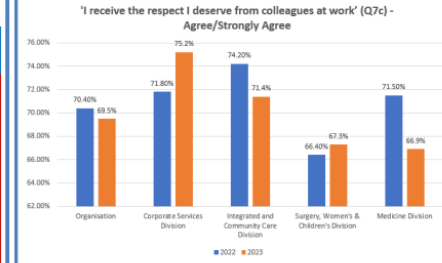
Current Situation

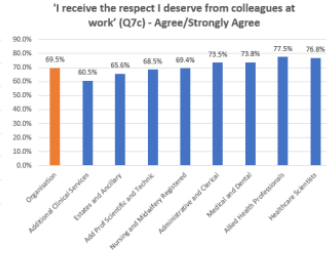
2023 Staff Survey 'Double Declines'

People Promises		Questions			Results			Movement	
Summary Indicator		Section		Question	2022	2023	Comparator	vs LY	vs Comp
					value	value	value		
-	-	Your Health, Well-Being And Safety At Work	16c01	On what grounds have you experienced discrimination? Ethnic background	48.9%	41.6%	45.2%	-7.3%	-3.6%
-	-	Your Health, Well-Being And Safety At Work	18	In the last month have you seen any errors, near misses or incidents that could have hurt staff and/or patients/service users?	64.0%	61.9%	65.1%	-2.1%	-3.2%
PP1	We are compassionate and inclusive	People In Your Organisation	8c	The people I work with are polite and treat each other with respect.	72.3%	70.7%	70.8%	-1.6%	-0.1%
PP7	**We are a team**	**Your Team**	**7c**	**I receive the respect I deserve from my colleagues at work.**	**70.7%**	**69.5%**	**71.3%**	**-1.2%**	**-1.8%**
PP1	We are compassionate and inclusive	Your Health, Well-Being And Safety At Work	16b	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues?	90.8%	89.8%	90.4%	-1.0%	-0.7%
PP3	We each have a voice that counts	Your Job	3b	I am trusted to do my job.	91.1%	90.1%	90.4%	-1.0%	-0.3%
PP1	We are compassionate and inclusive	Your Team	7i	I feel a strong personal attachment to my team.	64.3%	63.4%	63.8%	-1.0%	-0.4%
PP1	We are compassionate and inclusive	Your Health, Well-Being And Safety At Work	16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?	91.1%	90.2%	90.9%	-1.0%	-0.7%
PP3	We each have a voice that counts	Your Job	5b	I have a choice in deciding how to do my work.	50.8%	50.3%	52.4%	-0.5%	-2.1%
PP4	We are safe and healthy	Your Health, Well-Being And Safety At Work	13c	In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?	98.1%	97.9%	98.0%	-0.3%	-0.1%
PP7	We are a team	Your Team	7g	In my team disagreements are dealt with constructively.	55.4%	55.3%	56.7%	-0.2%	-1.5%
PP1	We are compassionate and inclusive	Your Team	7h	I feel valued by my team.	68.2%	68.1%	69.7%	-0.1%	-1.7%

Root Cause







Q7C I receive the respect I deserve from my colleagues at work (Agree/Strongly agree).

Division	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Overall Divisional Score
Corporate		76.9%	76.3%		69.1%		82.4%	74.7%	75.5%
ICC		66.7%	70.4%	79.8%			81.0%	70.8%	71.5%
Medicine	74.0%	56.7%	77.6%	73.0%		75.8%	68.9%	67.6%	67.3%
SWC	60.0%	59.1%	69.1%	70.0%		81.3%	75.7%	69.1%	67.4%
TRUST	59.8%	63.0%	66.7%	71.4%	55.6%	70.9%	77.5%	72.0%	68.7%

Vision / Goals

Vision:

Creating the environment where all staff feel they receive the respect they deserve from colleagues at work

Goal:

75% in the next annual staff survey (1 year time)

Countermeasures

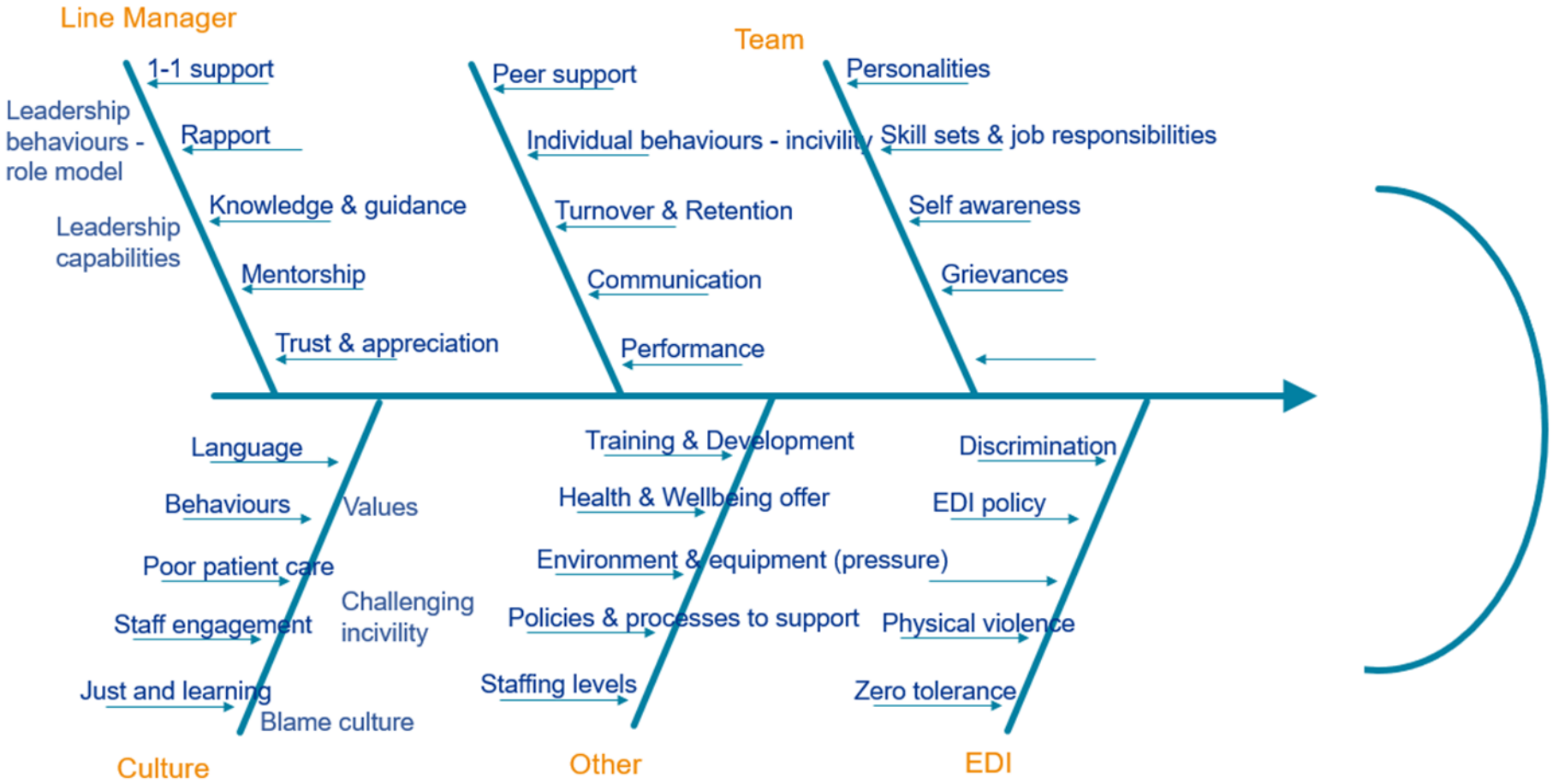
Concern	Cause	Countermeasure
'I receive the respect I deserve from colleagues at work' declining responses	To be determined	Encourage divisions to adopt this breakthrough objective as a driver metric Identify top contributing departments and staff groups. • Medicine/SWC - Additional Clinical Services On the ground root cause analysis with poor performing department and staff groups for Q7c. Review need for corporate project to cross cut across the organisation.

Root Cause Analysis

2023 Breakthrough Objective

Great Western Hospitals NHS Foundation Trust

Q7c "I receive the respect I deserve from my colleagues at work."



2023 Trust Breakthrough Objective

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

Q7c “I receive the respect I deserve from my colleagues at work.”

Timeline

- A3 and countermeasure refresh
- TMC Trust Wide presentation in March
- Review Divisional driver-metric questions
- People and Culture Divisional presentations in April
- Monthly Trust Wide Staff Survey Working Group to monitor countermeasures

Trust-Wide Action

- Role of the line manager
- Just and Learning Culture
- Leadership behaviours
- Speaking up and safety culture

Risks

- Q4 quarterly pulse survey results have declined
- Lead time from impact of countermeasure
- Financial challenge (HC reduction/redundancy will not have a positive impact)
- Workforce reduction £11.7m – how will this impact the workforce
- Change in Executive leadership – unclear future model with CEO and shared services (AHA)
- Community contract renewal

Staff Survey 2023 Timeline

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust

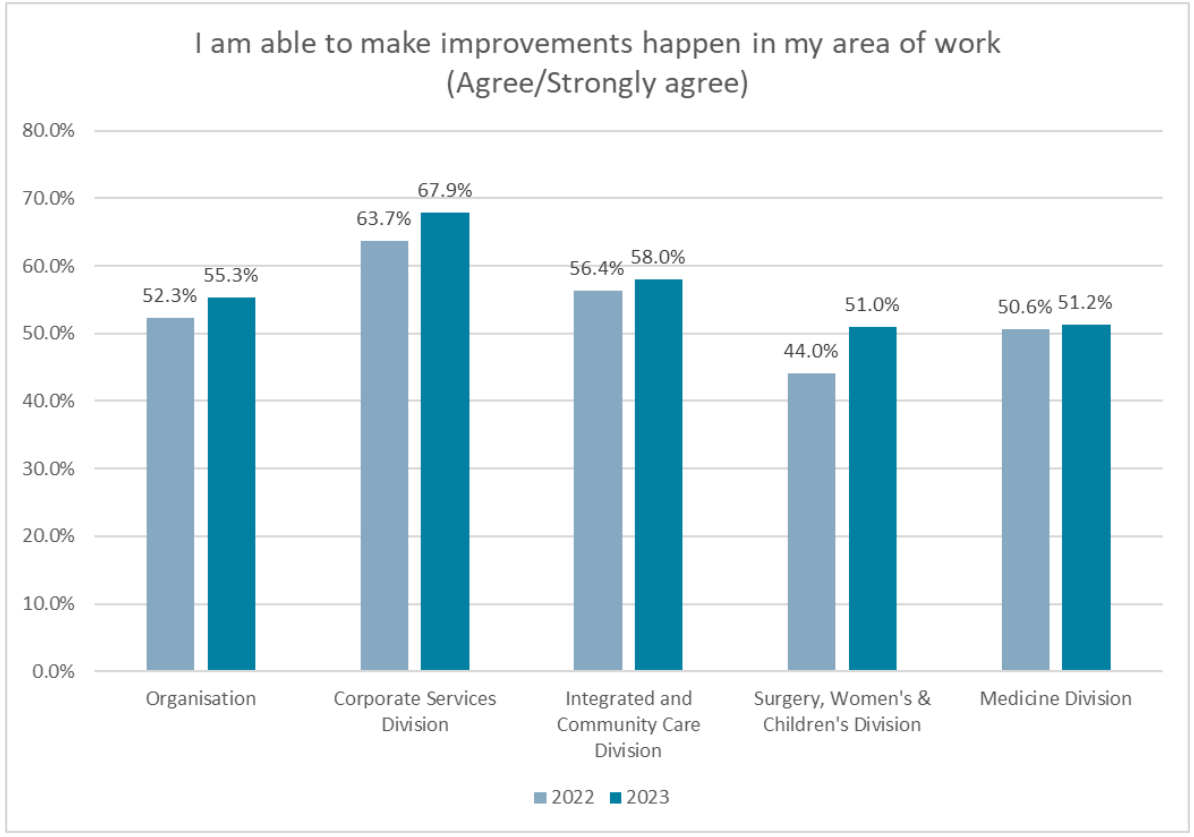
March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
Trust wide results shared with TMC – refreshed Trust A3 and countermeasures	Divisions to present at April SP&C and P&CC – refreshed A3s and countermeasures	Divisional countermeasures in progress to support Divisional Breakthrough Objectives Trust wide countermeasures in progress to support Trust Breakthrough Objective Progress monitored by quarterly Staff Survey live in April, July and January				Annual Staff Survey 2024 Launch

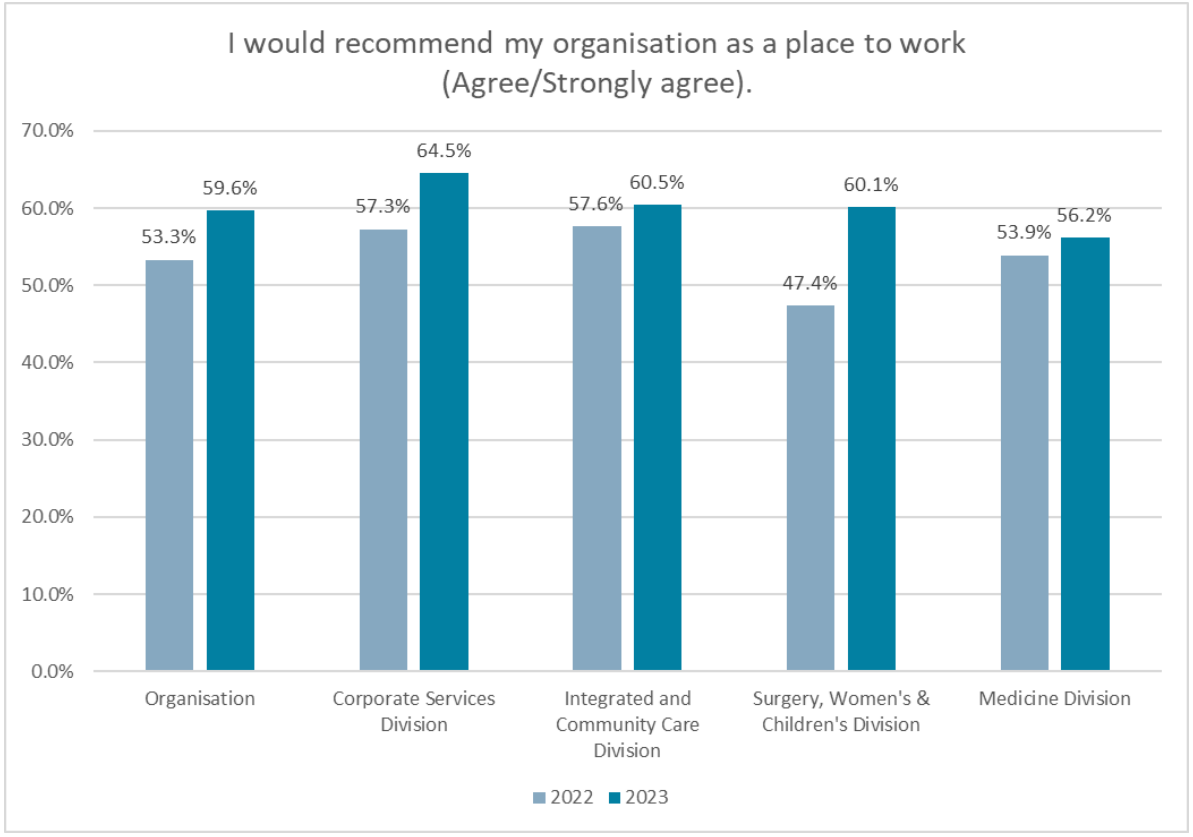
Progress to be monitored via monthly Trust Wide Staff Survey Working Group and divisional performance reviews, reported via TMC (monthly), SP&C, and P&CC

Divisional Breakthrough Objectives

2023 Staff Survey

Great Western Hospitals NHS Foundation Trust





Any questions?

NHS
Great Western Hospitals
NHS Foundation Trust

Appendices

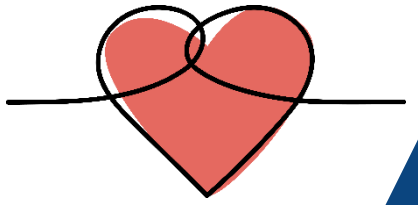
2023 Staff Survey

Together we are Great

Survey Coordination Centre

NHS

People Promise element – We are compassionate and inclusive



Questions included:

Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d

Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

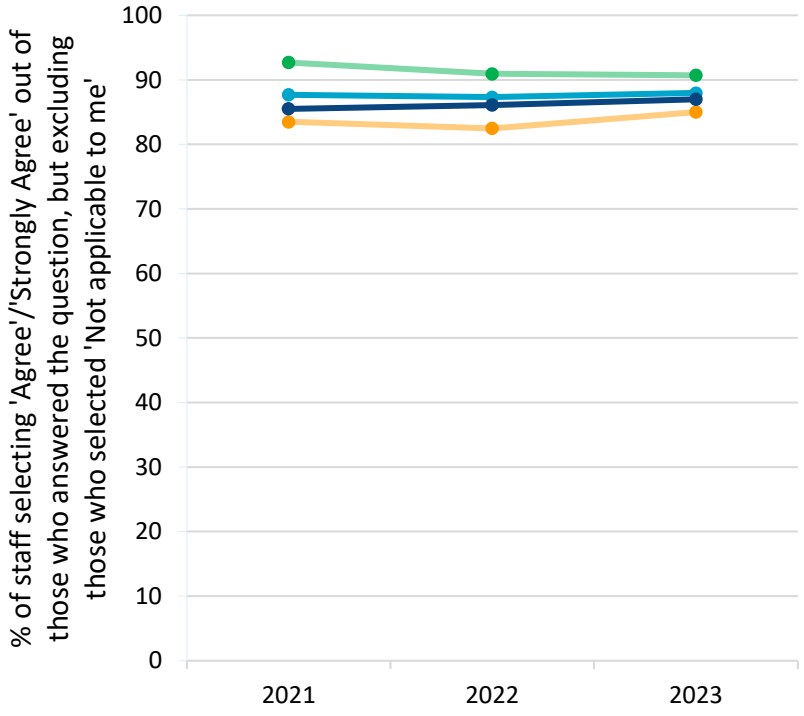
Inclusion – Q7h, Q7i, Q8b, Q8c

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

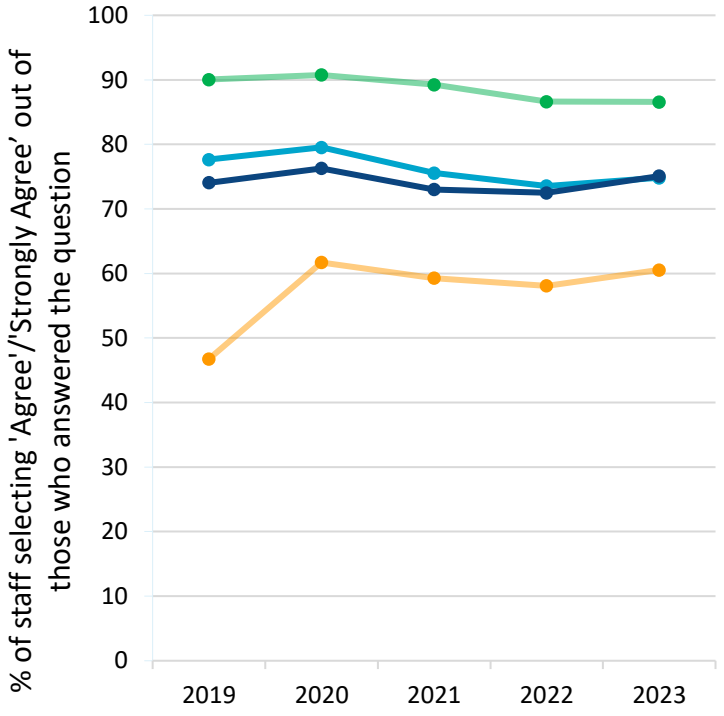
NHS

Q6a I feel that my role makes a difference to patients / service users.



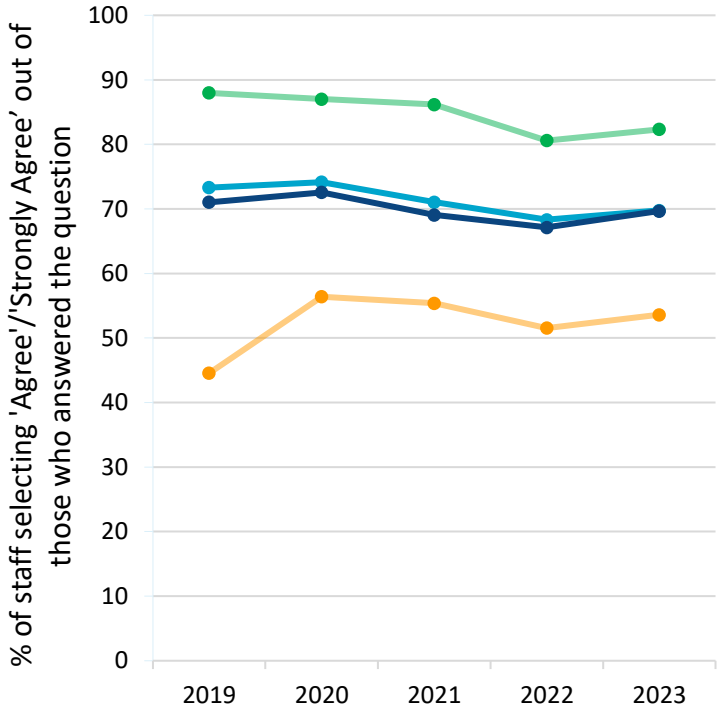
	2021	2022	2023
Your org	85.51%	86.10%	86.99%
Best result	92.70%	90.93%	90.71%
Average result	87.70%	87.31%	87.96%
Worst result	83.51%	82.48%	85.01%
Responses	2353	3086	3825

Q25a Care of patients / service users is my organisation's top priority.



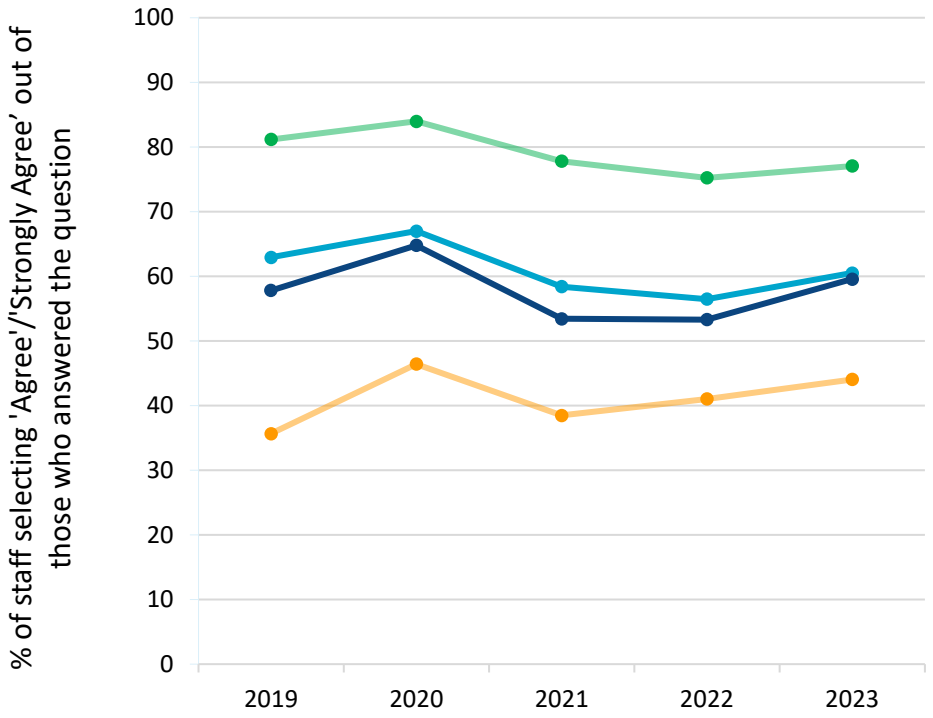
	2019	2020	2021	2022	2023
Your org	74.04%	76.29%	73.02%	72.49%	75.10%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	478	651	2416	3134	3909

Q25b My organisation acts on concerns raised by patients / service users.



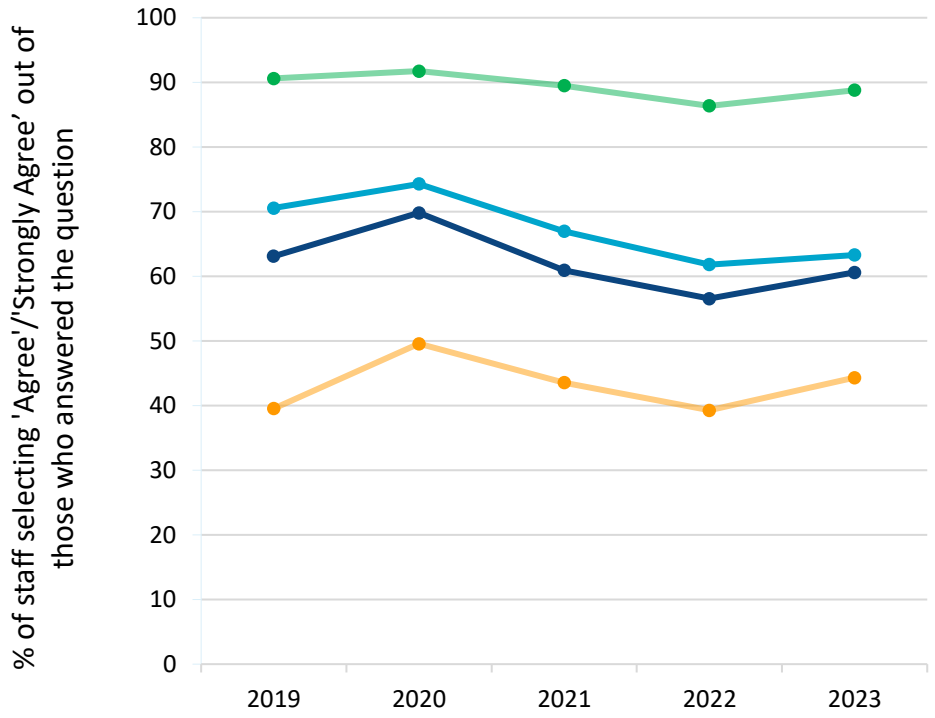
	2019	2020	2021	2022	2023
Your org	71.03%	72.57%	69.08%	67.13%	69.66%
Best result	87.98%	87.02%	86.18%	80.61%	82.34%
Average result	73.32%	74.14%	71.07%	68.32%	69.78%
Worst result	44.56%	56.41%	55.39%	51.54%	53.59%
Responses	478	650	2414	3128	3905

Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
Your org	57.79%	64.79%	53.44%	53.30%	59.57%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	479	653	2412	3131	3907

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	63.09%	69.82%	60.93%	56.55%	60.61%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	477	651	2413	3127	3909

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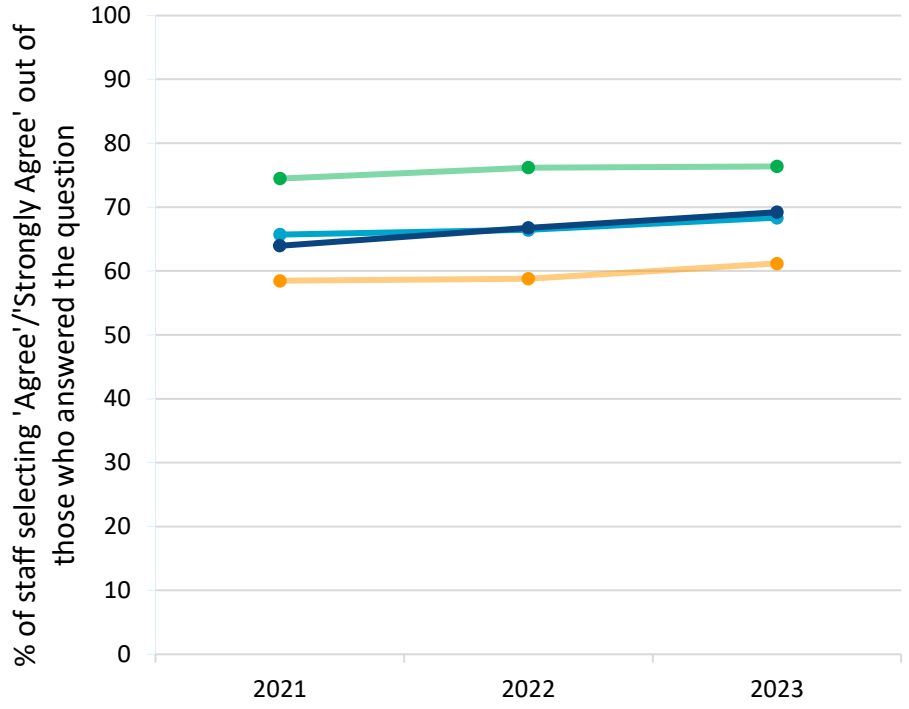
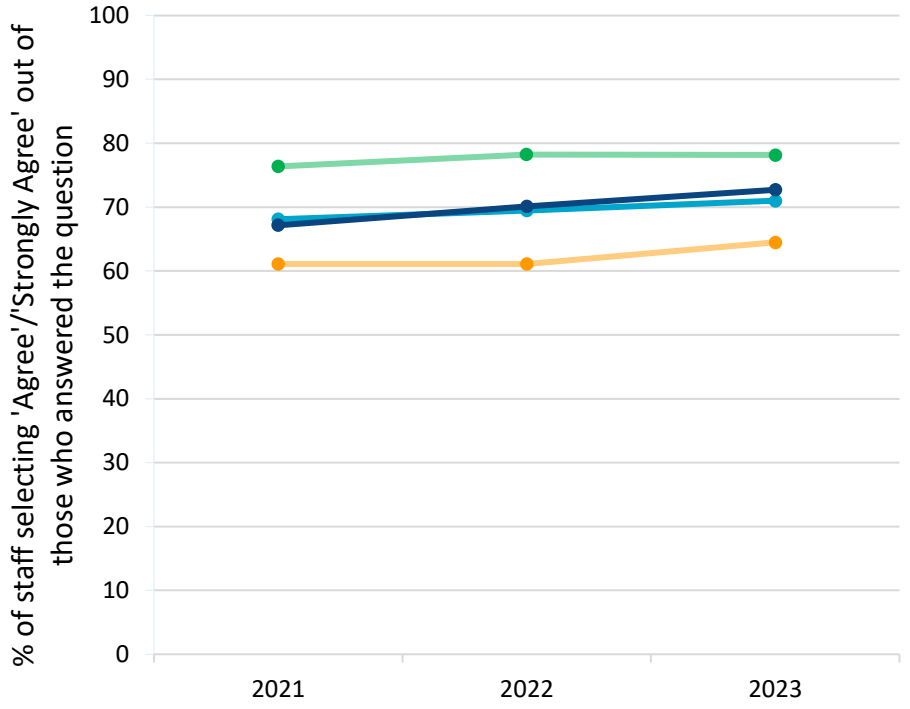
Q9f My immediate manager works together with me to come to an understanding of problems.



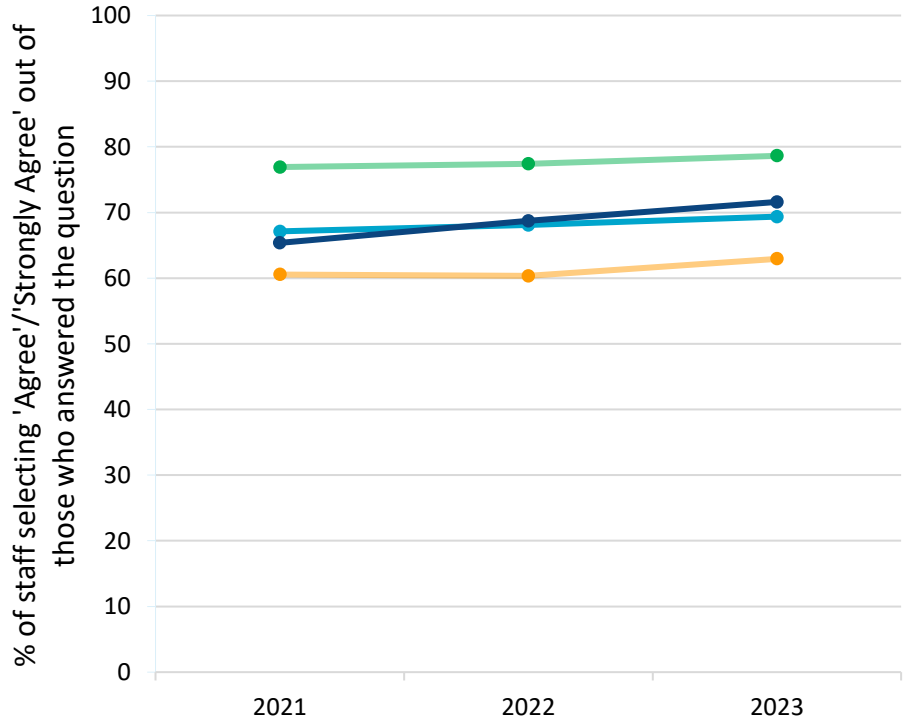
	2021	2022	2023
Your org	63.93%	66.77%	69.23%
Best result	74.49%	76.16%	76.38%
Average result	65.70%	66.44%	68.35%
Worst result	58.47%	58.79%	61.17%
Responses	2413	3143	3906

Q9g My immediate manager is interested in listening to me when I describe challenges I face.



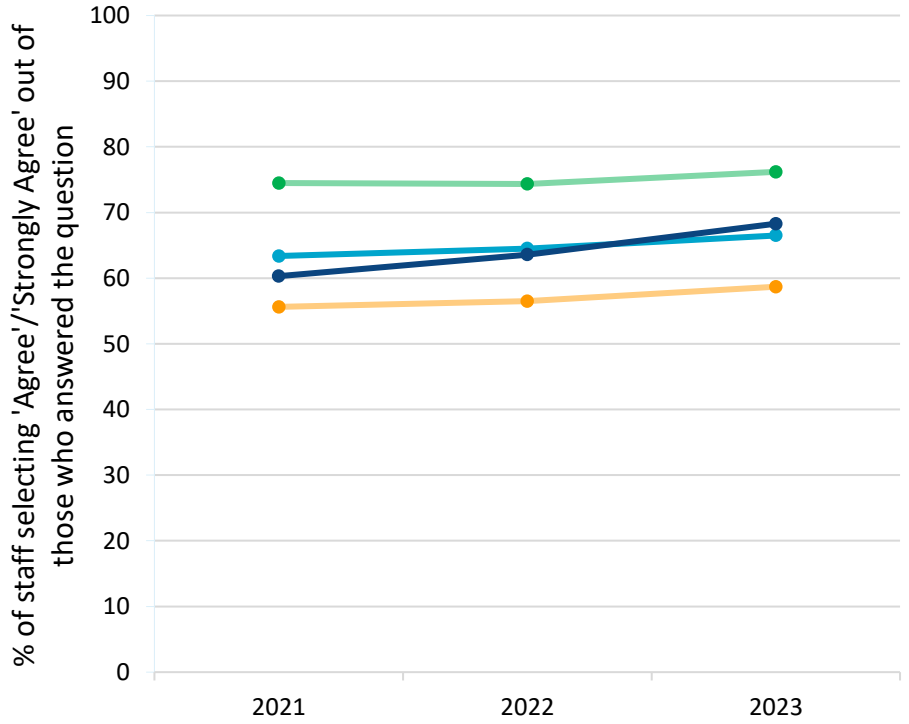
	2021	2022	2023
Your org	67.14%	70.11%	72.73%
Best result	76.39%	78.22%	78.17%
Average result	68.12%	69.47%	70.99%
Worst result	61.09%	61.11%	64.48%
Responses	2415	3141	3906

Q9h My immediate manager cares about my concerns.



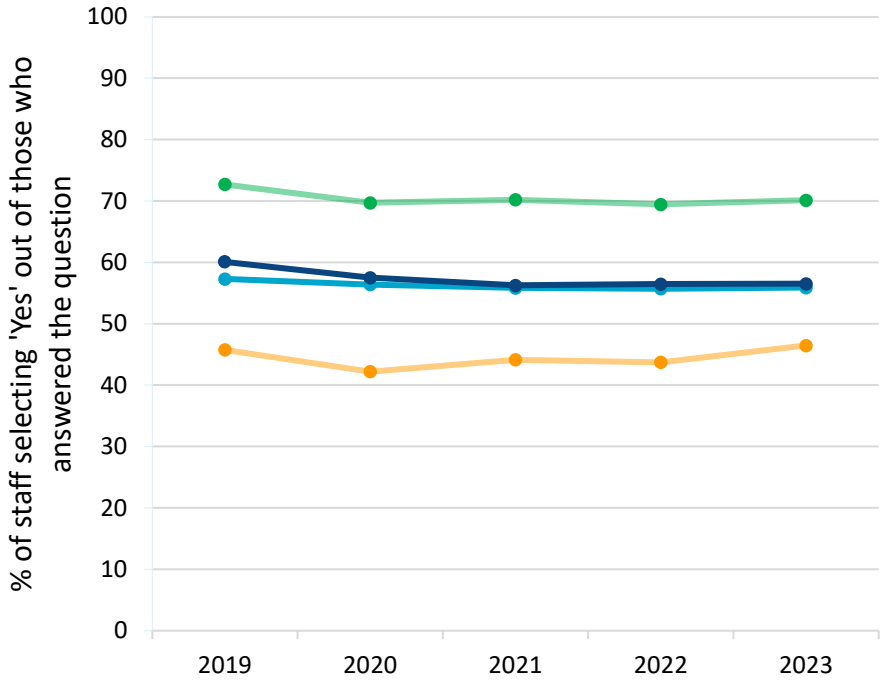
	2021	2022	2023
Your org	65.39%	68.72%	71.61%
Best result	76.92%	77.43%	78.65%
Average result	67.12%	68.10%	69.37%
Worst result	60.55%	60.34%	62.95%
Responses	2410	3133	3900

Q9i My immediate manager takes effective action to help me with any problems I face.



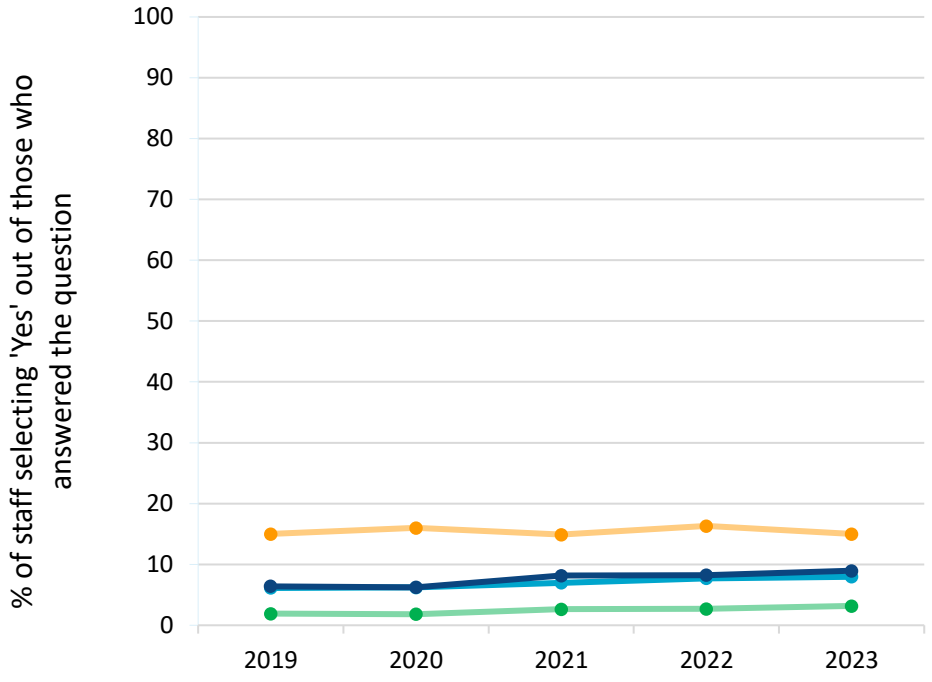
	2021	2022	2023
Your org	60.32%	63.58%	68.29%
Best result	74.49%	74.35%	76.19%
Average result	63.37%	64.50%	66.50%
Worst result	55.62%	56.50%	58.68%
Responses	2407	3140	3891

Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



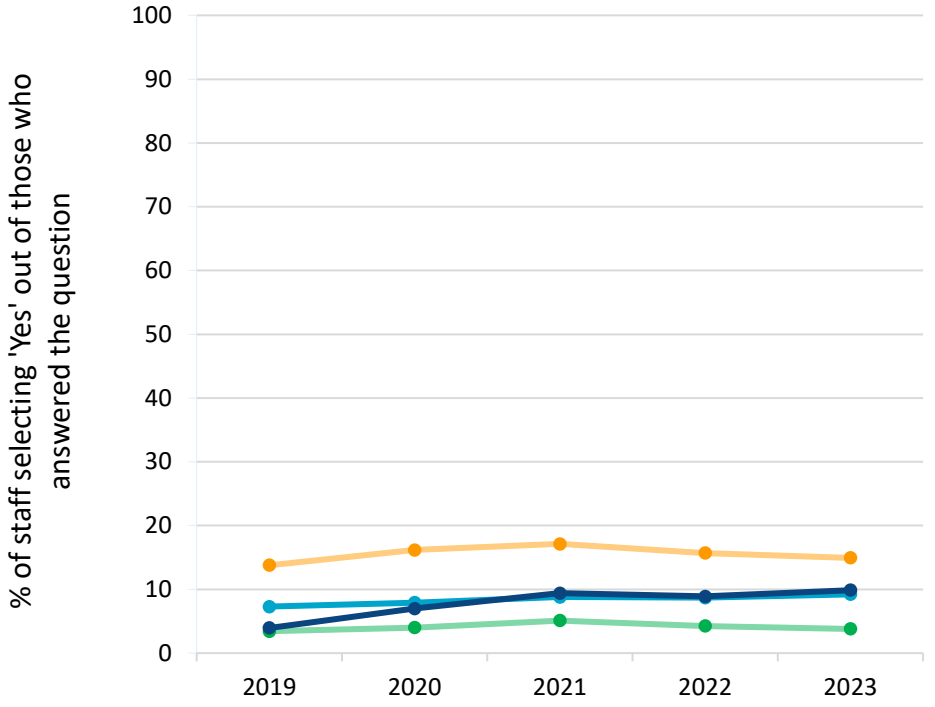
	2019	2020	2021	2022	2023
Your org	60.06%	57.50%	56.24%	56.47%	56.51%
Best result	72.70%	69.70%	70.19%	69.43%	70.11%
Average result	57.31%	56.38%	55.83%	55.69%	55.89%
Worst result	45.74%	42.19%	44.12%	43.72%	46.44%
Responses	488	659	2416	3129	3879

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



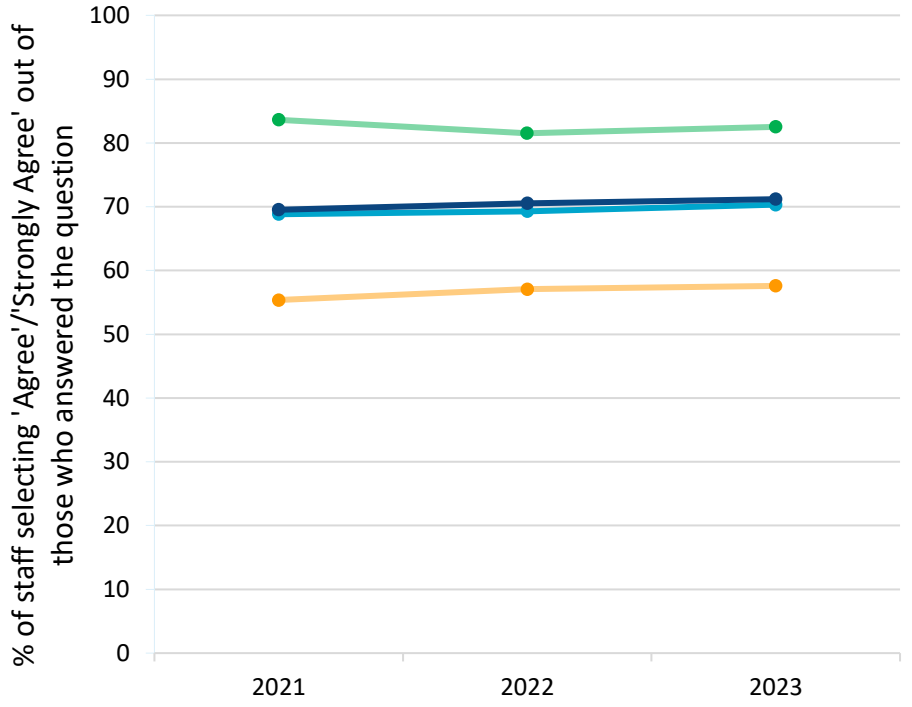
	2019	2020	2021	2022	2023
Your org	6.42%	6.25%	8.16%	8.25%	8.96%
Best result	1.91%	1.83%	2.64%	2.69%	3.17%
Average result	6.15%	6.21%	6.98%	7.71%	7.99%
Worst result	14.99%	15.99%	14.91%	16.33%	15.02%
Responses	487	658	2409	3123	3890

Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2019	2020	2021	2022	2023
Your org	3.95%	6.98%	9.38%	8.89%	9.88%
Best result	3.41%	3.99%	5.09%	4.24%	3.79%
Average result	7.29%	7.90%	8.78%	8.69%	9.20%
Worst result	13.78%	16.17%	17.12%	15.70%	14.93%
Responses	482	652	2404	3106	3871

Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



	2021	2022	2023
Your org	69.53%	70.55%	71.20%
Best result	83.66%	81.52%	82.55%
Average result	68.83%	69.29%	70.33%
Worst result	55.37%	57.06%	57.60%
Responses	2417	3140	3891

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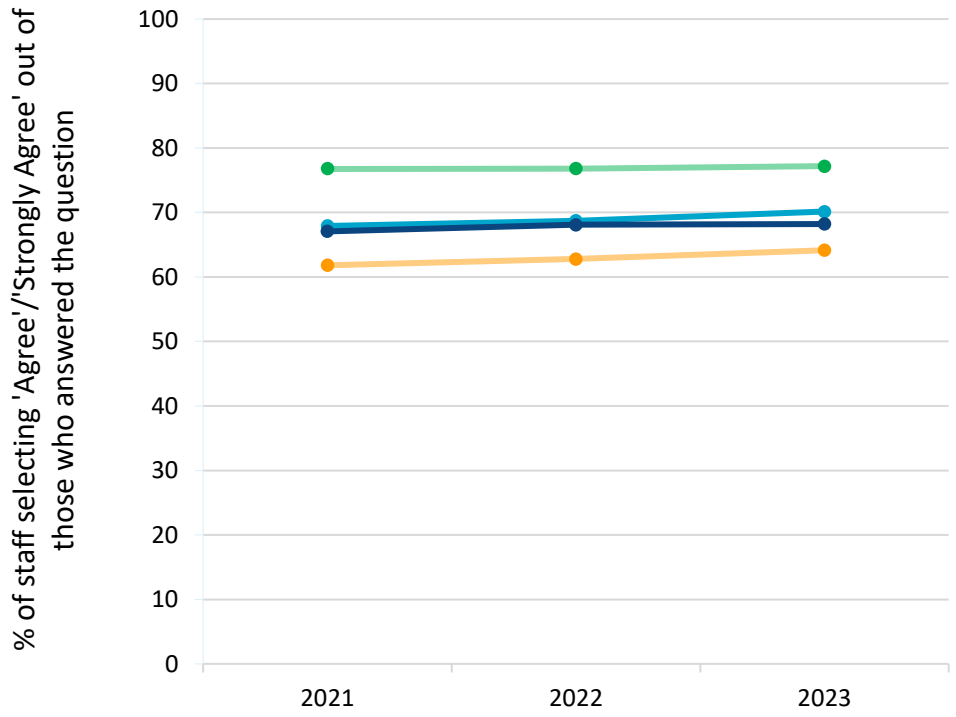
Survey Coordination Centre

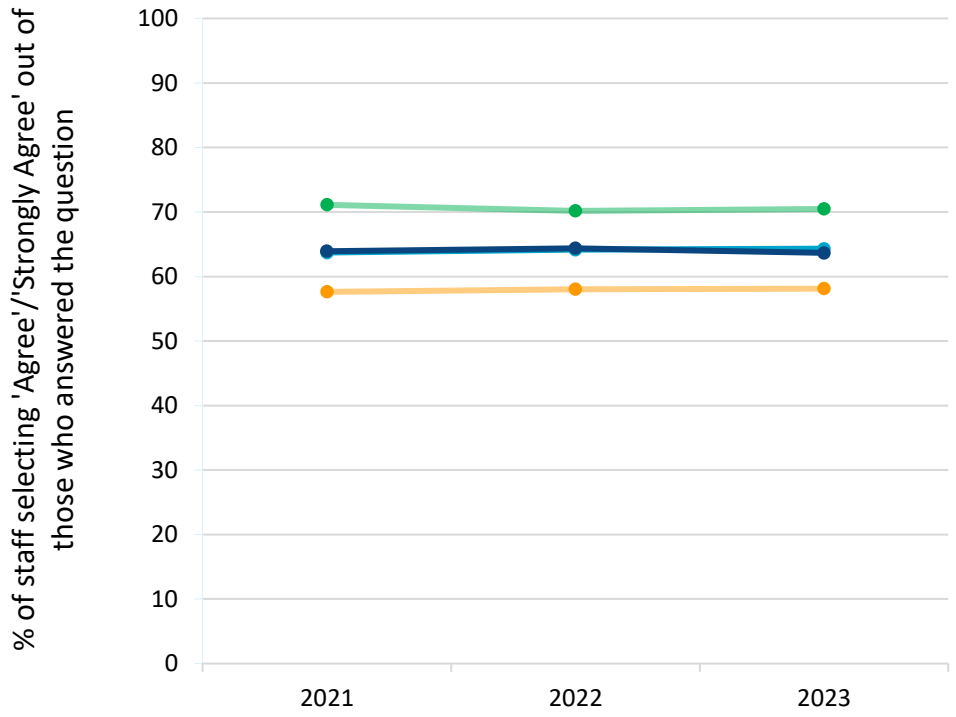
NHS

Q7h I feel valued by my team.



	2021	2022	2023
Your org	67.06%	68.10%	68.21%
Best result	76.79%	76.81%	77.16%
Average result	67.92%	68.70%	70.12%
Worst result	61.81%	62.78%	64.16%
Responses	2411	3137	3898

Q7i I feel a strong personal attachment to my team.



	2021	2022	2023
Your org	63.94%	64.39%	63.66%
Best result	71.13%	70.17%	70.48%
Average result	63.71%	64.17%	64.32%
Worst result	57.63%	58.03%	58.14%
Responses	2407	3129	3903

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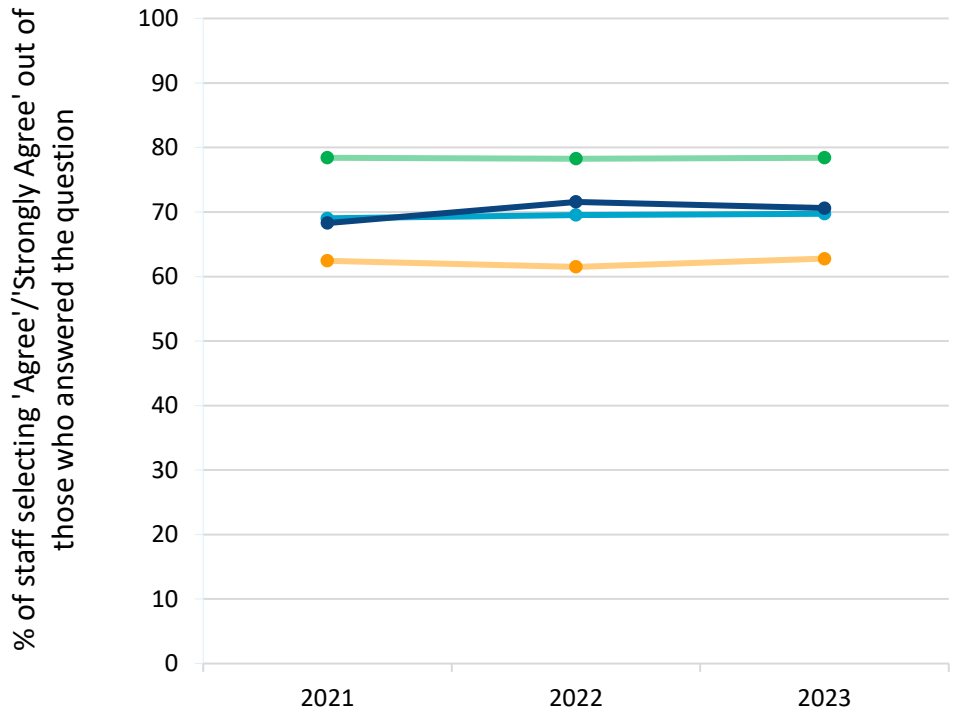
Survey Coordination Centre

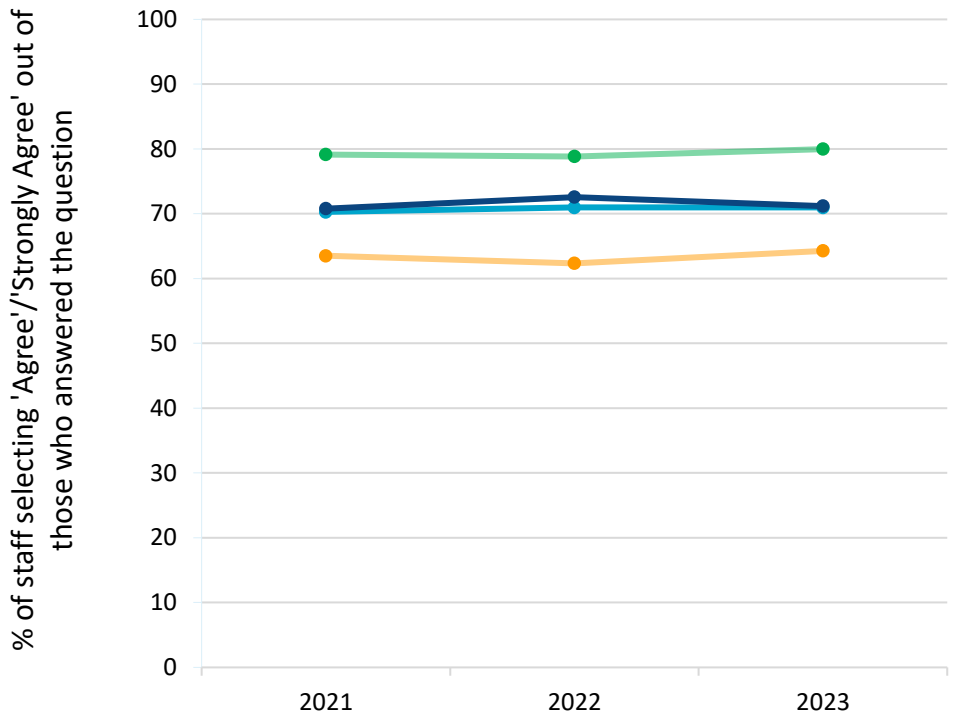
NHS

Q8b The people I work with are understanding and kind to one another.



	2021	2022	2023
Your org	68.30%	71.59%	70.61%
Best result	78.43%	78.25%	78.42%
Average result	69.01%	69.54%	69.73%
Worst result	62.44%	61.50%	62.78%
Responses	2408	3138	3899

Q8c The people I work with are polite and treat each other with respect.



	2021	2022	2023
Your org	70.78%	72.57%	71.17%
Best result	79.13%	78.83%	79.99%
Average result	70.27%	70.96%	70.95%
Worst result	63.50%	62.35%	64.27%
Responses	2412	3132	3895

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Survey Coordination Centre

NHS

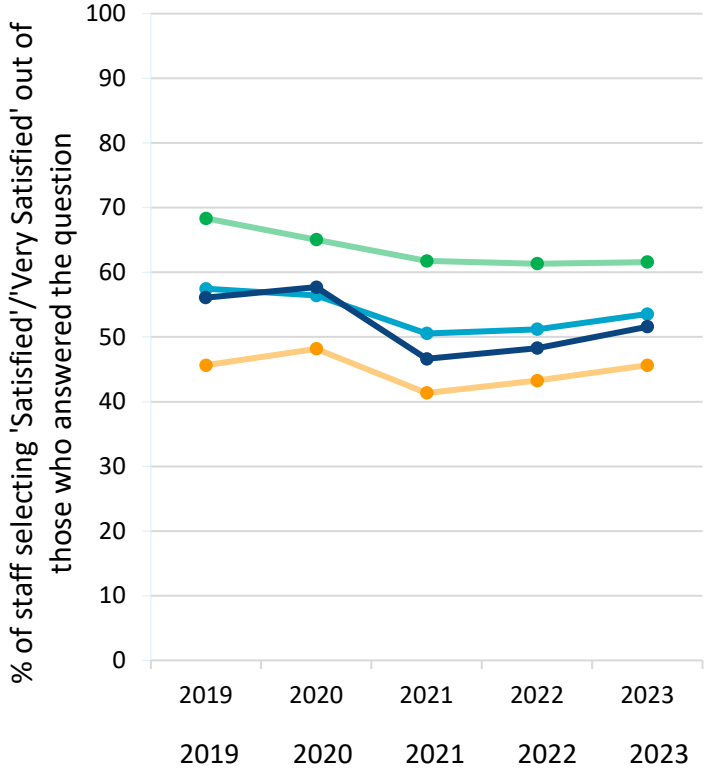
People Promise element – We are recognised and rewarded

Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

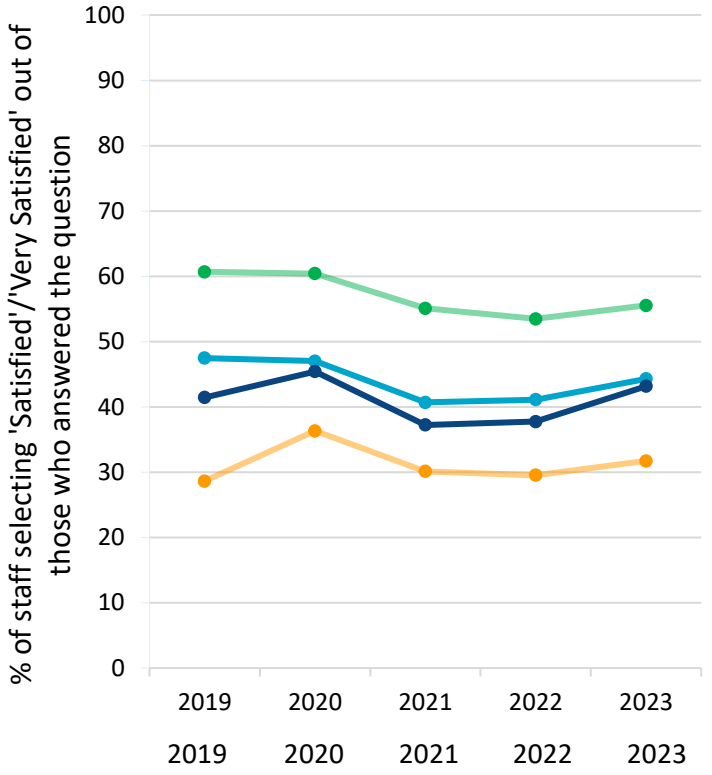
Survey Coordination Centre NHS

Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



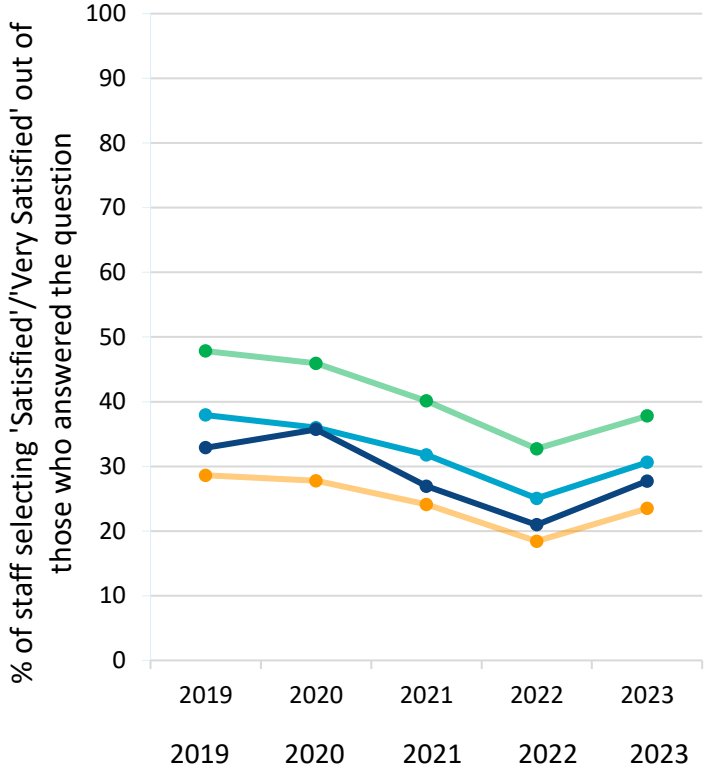
	2019	2020	2021	2022	2023
Your org	56.08%	57.71%	46.61%	48.28%	51.60%
Best result	68.34%	65.04%	61.75%	61.35%	61.58%
Average result	57.46%	56.42%	50.55%	51.18%	53.55%
Worst result	45.63%	48.18%	41.36%	43.25%	45.64%
Responses	493	659	2415	3130	3912

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



	2019	2020	2021	2022	2023
Your org	41.45%	45.42%	37.22%	37.75%	43.15%
Best result	60.68%	60.41%	55.10%	53.47%	55.53%
Average result	47.48%	47.00%	40.68%	41.11%	44.28%
Worst result	28.63%	36.32%	30.11%	29.53%	31.72%
Responses	489	658	2406	3119	3909

Q4c How satisfied are you with each of the following aspects of your job? My level of pay.

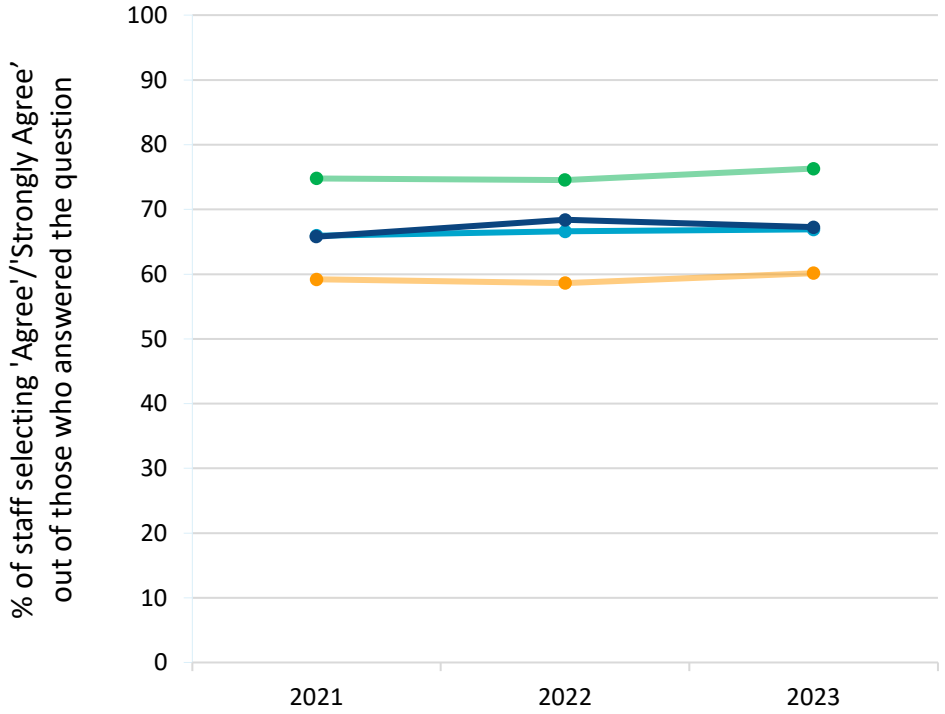


	2019	2020	2021	2022	2023
Your org	32.86%	35.70%	26.93%	20.98%	27.72%
Best result	47.83%	45.94%	40.11%	32.72%	37.78%
Average result	37.95%	35.97%	31.78%	25.05%	30.61%
Worst result	28.62%	27.76%	24.12%	18.41%	23.49%
Responses	492	658	2409	3131	3909

Survey Coordination Centre

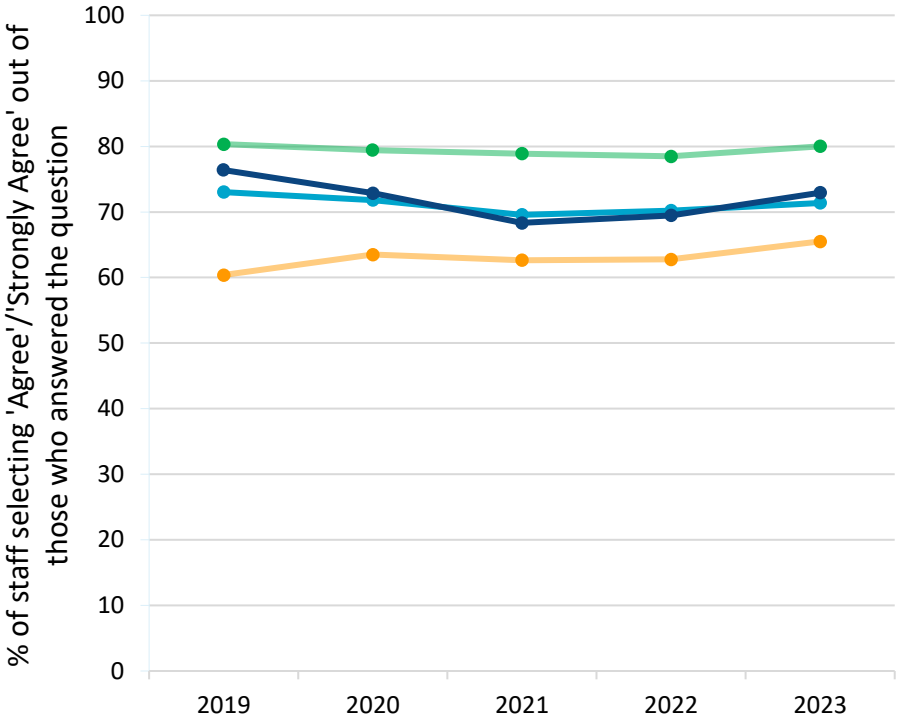
NHS

Q8d The people I work with show appreciation to one another.



	2021	2022	2023
Your org	65.80%	68.40%	67.26%
Best result	74.80%	74.54%	76.31%
Average result	65.94%	66.61%	66.91%
Worst result	59.19%	58.63%	60.16%
Responses	2404	3128	3891

Q9e My immediate manager values my work.



	2019	2020	2021	2022	2023
Your org	76.40%	72.87%	68.32%	69.48%	72.94%
Best result	80.34%	79.41%	78.91%	78.48%	80.03%
Average result	73.03%	71.81%	69.57%	70.22%	71.39%
Worst result	60.37%	63.50%	62.64%	62.77%	65.51%
Responses	490	658	2417	3145	3904

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Survey Coordination Centre

NHS

People Promise element – We each have a voice that counts

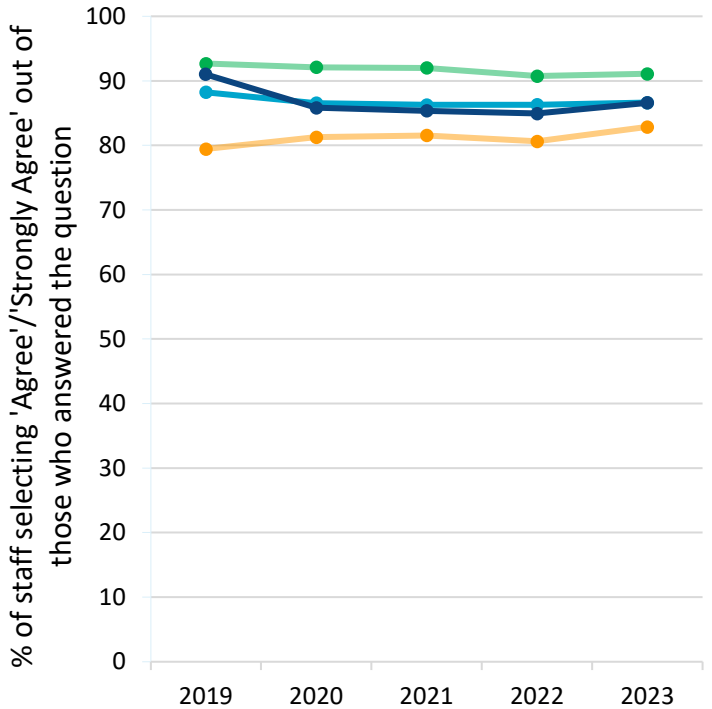
Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

Raising concerns – Q20a, Q20b, Q25e, Q25f

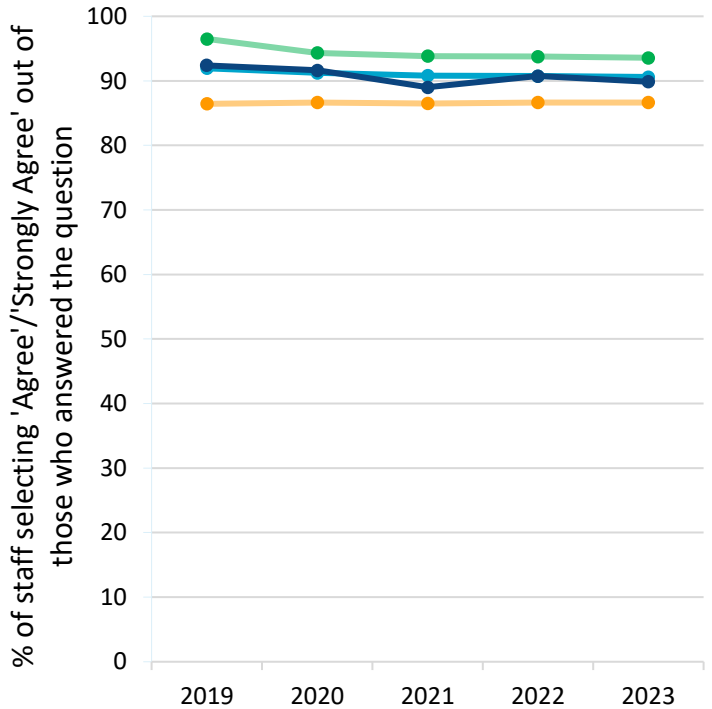
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3a I always know what my work responsibilities are.



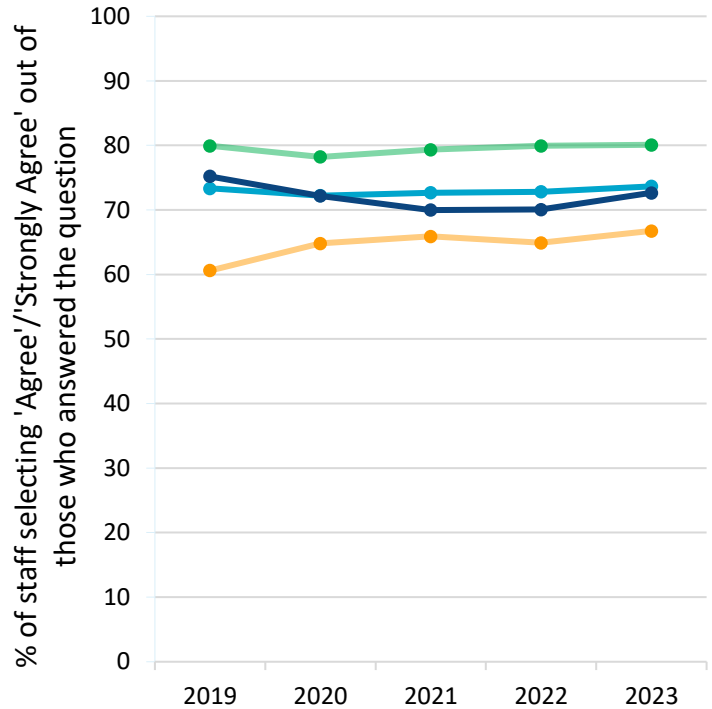
	2019	2020	2021	2022	2023
Your org	91.00%	85.83%	85.35%	84.95%	86.60%
Best result	92.66%	92.10%	92.01%	90.74%	91.10%
Average result	88.24%	86.55%	86.28%	86.30%	86.63%
Worst result	79.44%	81.28%	81.54%	80.62%	82.84%
Responses	490	654	2422	3141	3917

Q3b I am trusted to do my job.



	2019	2020	2021	2022	2023
Your org	92.39%	91.64%	89.01%	90.73%	89.88%
Best result	96.50%	94.35%	93.84%	93.78%	93.56%
Average result	91.97%	91.23%	90.82%	90.74%	90.58%
Worst result	86.45%	86.64%	86.51%	86.64%	86.64%
Responses	490	652	2419	3140	3914

Q3c There are frequent opportunities for me to show initiative in my role.

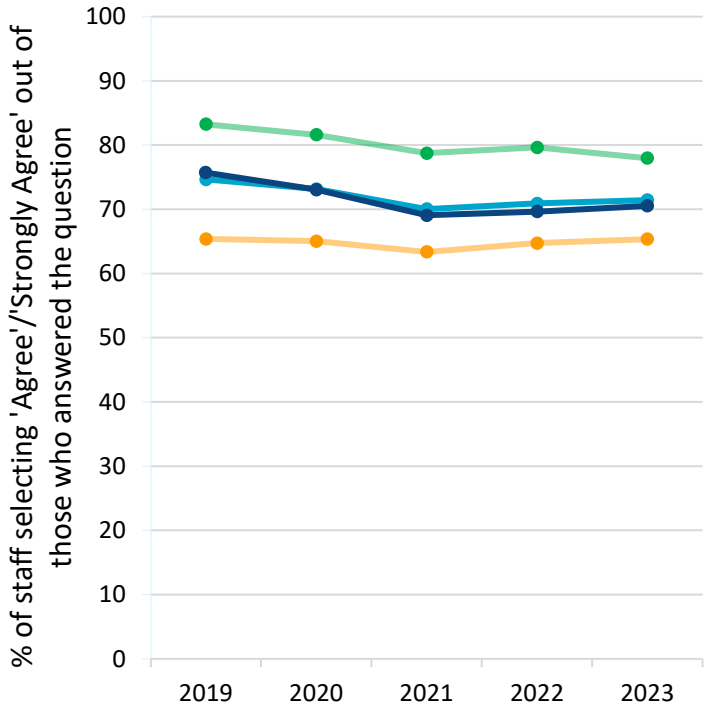


	2019	2020	2021	2022	2023
Your org	75.17%	72.18%	70.00%	70.07%	72.64%
Best result	79.93%	78.22%	79.35%	79.92%	80.07%
Average result	73.35%	72.23%	72.68%	72.83%	73.66%
Worst result	60.61%	64.80%	65.90%	64.90%	66.74%
Responses	496	658	2419	3134	3909

Survey Coordination Centre

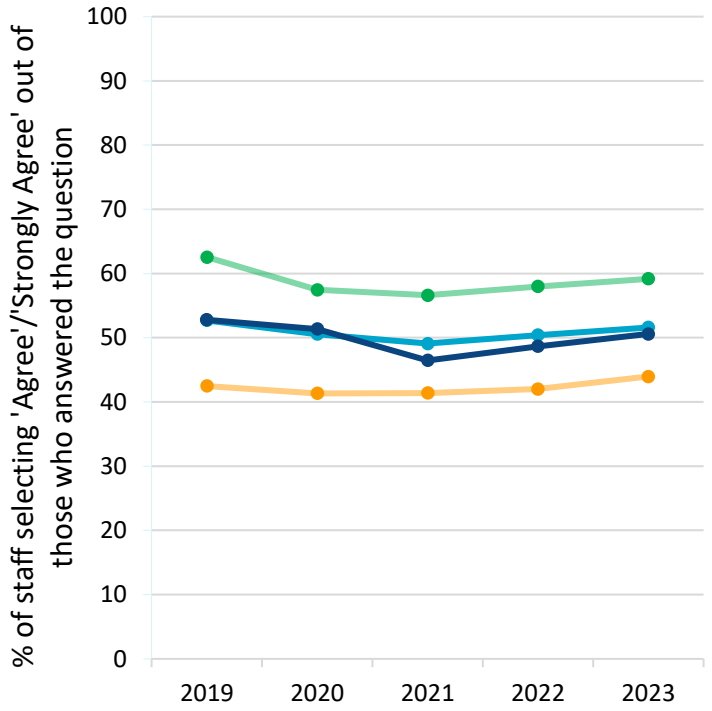
NHS

Q3d I am able to make suggestions to improve the work of my team / department.



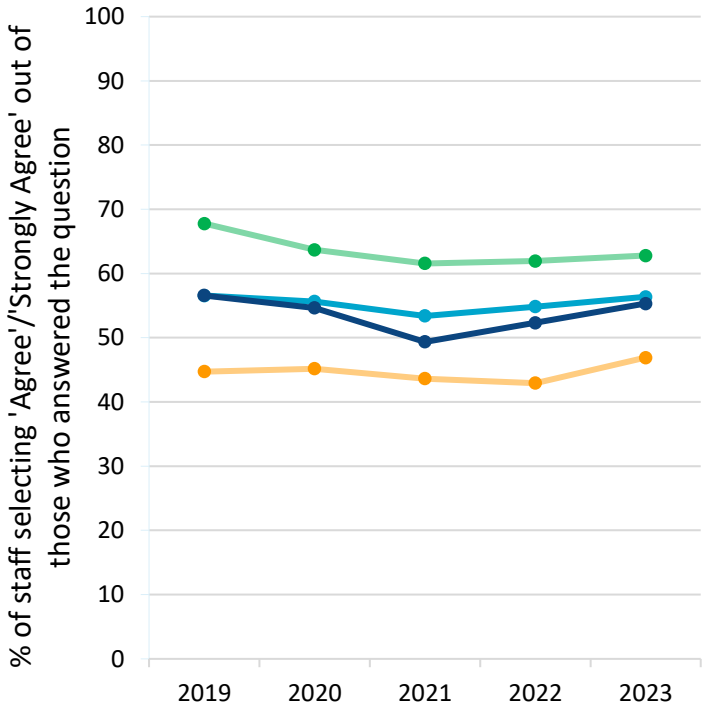
	2019	2020	2021	2022	2023
Your org	75.68%	73.05%	69.07%	69.63%	70.54%
Best result	83.24%	81.60%	78.73%	79.63%	77.96%
Average result	74.65%	73.16%	70.05%	70.92%	71.43%
Worst result	65.38%	65.04%	63.37%	64.73%	65.35%
Responses	495	652	2402	3129	3904

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



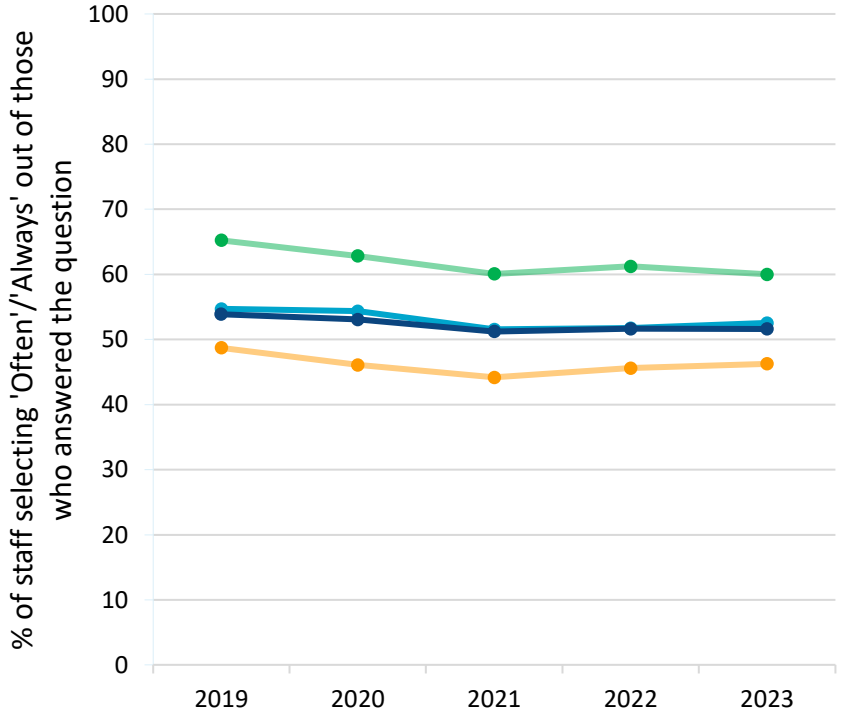
	2019	2020	2021	2022	2023
Your org	52.79%	51.35%	46.46%	48.67%	50.58%
Best result	62.53%	57.46%	56.61%	57.98%	59.18%
Average result	52.69%	50.55%	49.07%	50.41%	51.60%
Worst result	42.49%	41.33%	41.38%	41.99%	43.95%
Responses	492	657	2414	3133	3897

Q3f I am able to make improvements happen in my area of work.



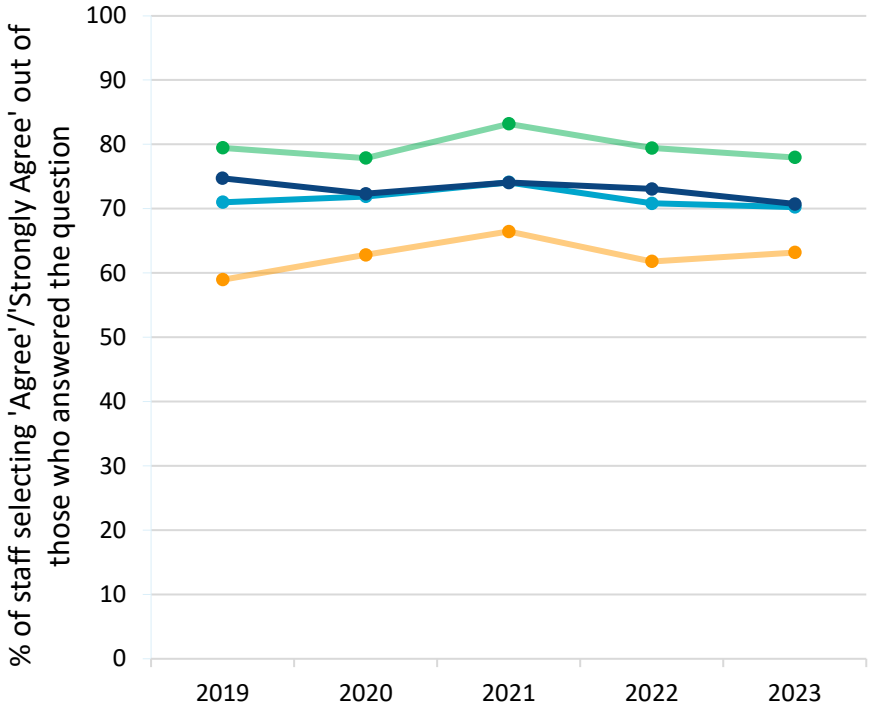
	2019	2020	2021	2022	2023
Your org	56.56%	54.64%	49.36%	52.31%	55.31%
Best result	67.76%	63.68%	61.57%	61.93%	62.79%
Average result	56.56%	55.62%	53.39%	54.84%	56.35%
Worst result	44.73%	45.18%	43.63%	42.93%	46.89%
Responses	492	656	2402	3126	3903

Q5b I have a choice in deciding how to do my work.



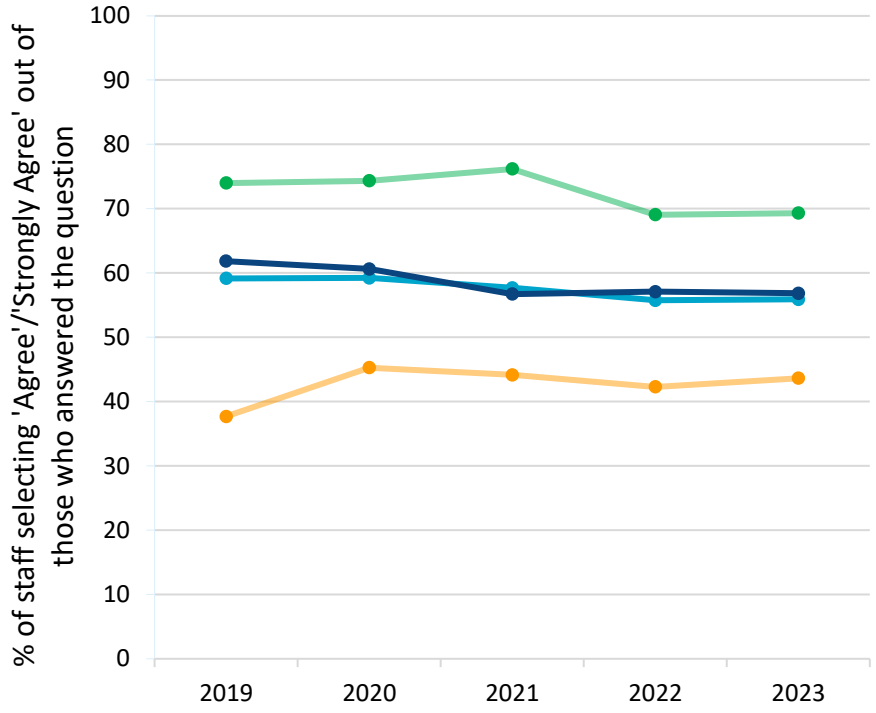
	2019	2020	2021	2022	2023
Your org	53.88%	53.08%	51.24%	51.66%	51.62%
Best result	65.25%	62.83%	60.08%	61.24%	60.00%
Average result	54.70%	54.35%	51.55%	51.76%	52.55%
Worst result	48.73%	46.10%	44.18%	45.59%	46.27%
Responses	491	655	2411	3123	3895

Q20a I would feel secure raising concerns about unsafe clinical practice.



	2019	2020	2021	2022	2023
Your org	74.73%	72.31%	74.06%	73.07%	70.71%
Best result	79.47%	77.87%	83.19%	79.44%	77.96%
Average result	71.00%	71.89%	74.07%	70.82%	70.24%
Worst result	58.96%	62.81%	66.44%	61.78%	63.19%
Responses	484	659	2416	3127	3898

Q20b I am confident that my organisation would address my concern.

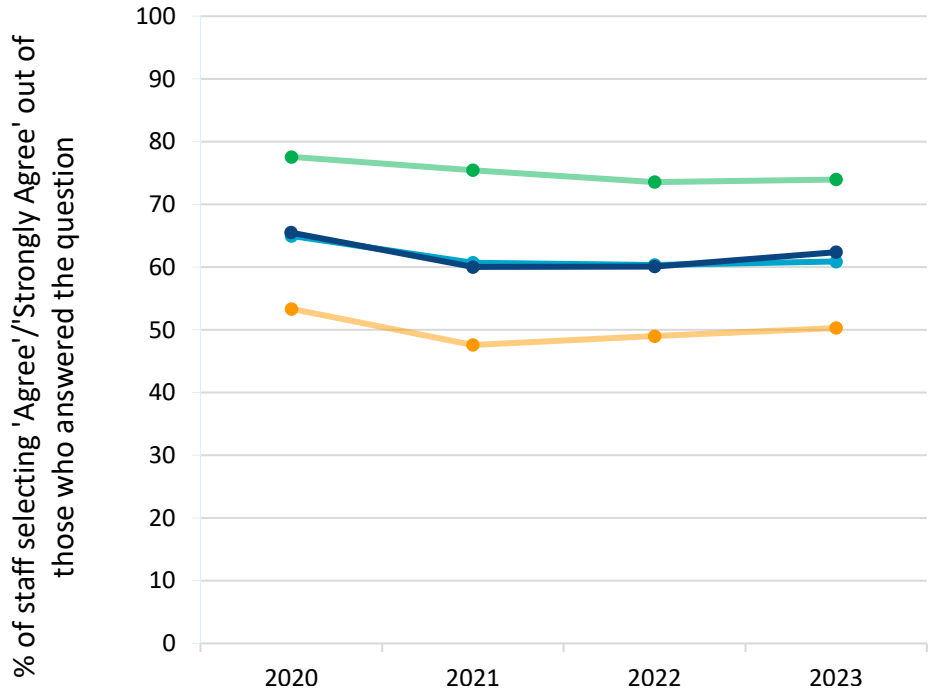


	2019	2020	2021	2022	2023
Your org	61.81%	60.62%	56.72%	57.08%	56.83%
Best result	73.99%	74.33%	76.17%	69.05%	69.29%
Average result	59.15%	59.22%	57.69%	55.75%	55.90%
Worst result	37.69%	45.27%	44.13%	42.27%	43.62%
Responses	485	656	2411	3120	3886

Survey Coordination Centre

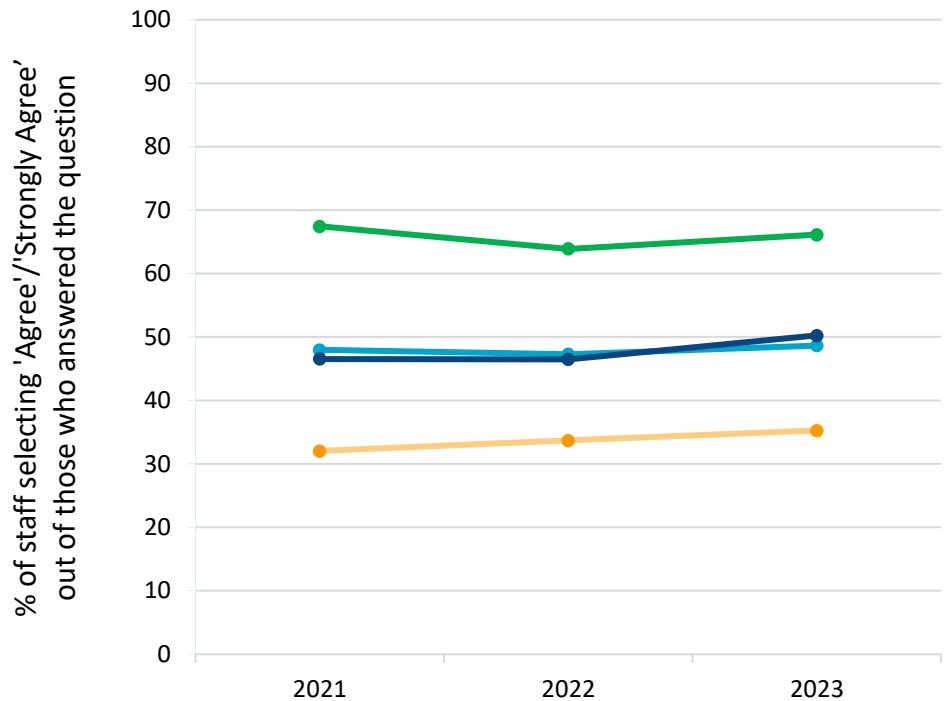
NHS

Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	65.51%	60.03%	60.10%	62.39%
Best result	77.58%	75.47%	73.58%	73.98%
Average result	64.99%	60.71%	60.36%	60.89%
Worst result	53.35%	47.60%	49.01%	50.32%
Responses	651	2412	3122	3907

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	46.51%	46.47%	50.23%
Best result	67.43%	63.87%	66.13%
Average result	47.97%	47.28%	48.65%
Worst result	32.02%	33.68%	35.26%
Responses	2409	3120	3892

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Survey Coordination Centre

NHS

People Promise element – We are safe and healthy

Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:* Q17a, Q17b, Q22

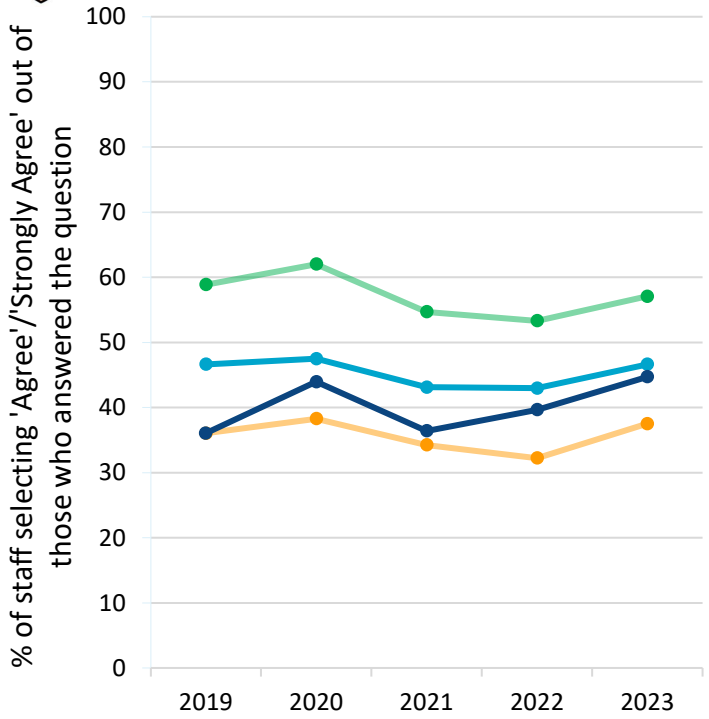
*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

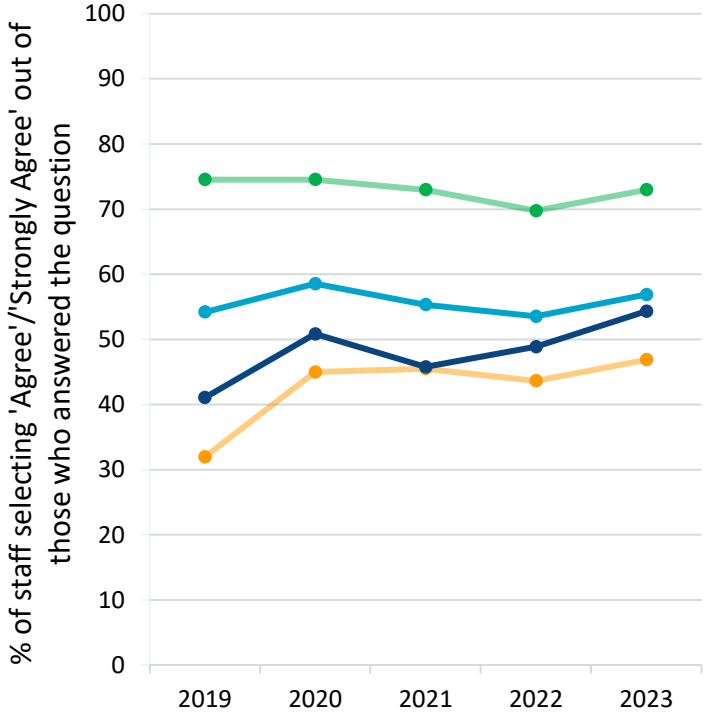
NHS

Q3g I am able to meet all the conflicting demands on my time at work.



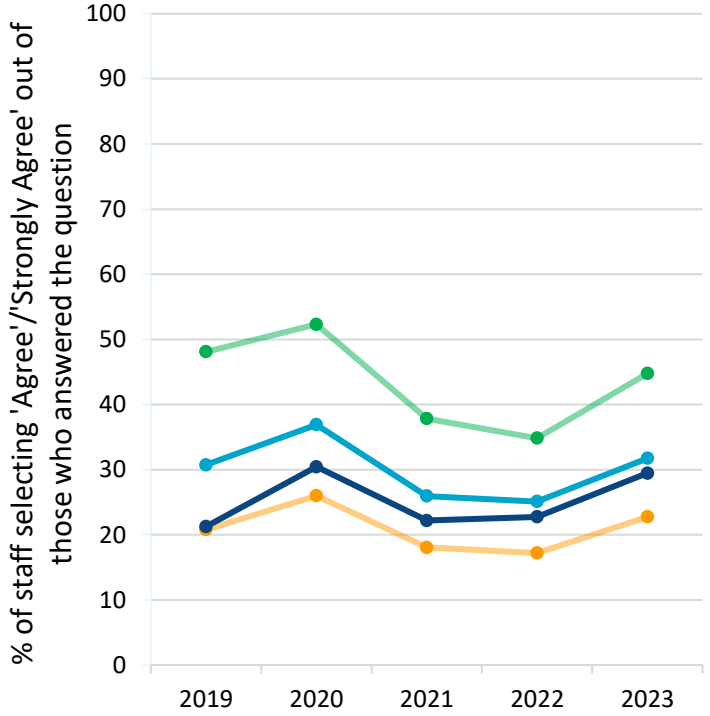
	2019	2020	2021	2022	2023
Your org	36.05%	43.95%	36.41%	39.66%	44.71%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	494	658	2402	3129	3896

Q3h I have adequate materials, supplies and equipment to do my work.



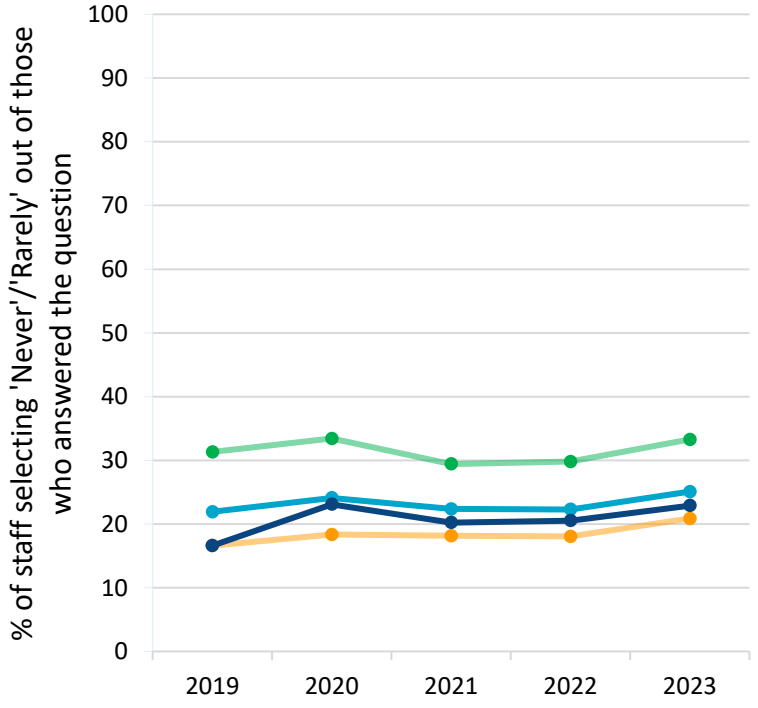
	2019	2020	2021	2022	2023
Your org	41.09%	50.82%	45.76%	48.87%	54.32%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	495	656	2407	3133	3884

Q3i There are enough staff at this organisation for me to do my job properly.



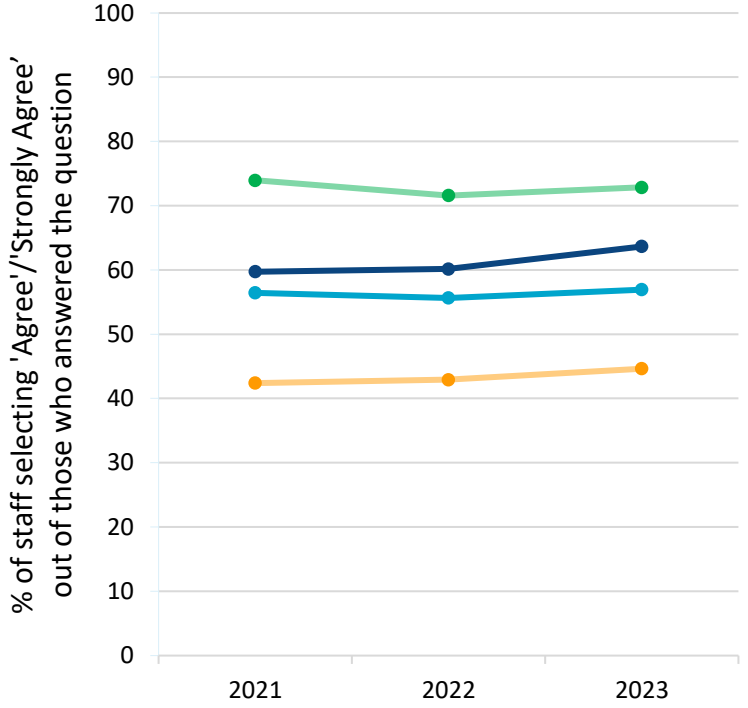
	2019	2020	2021	2022	2023
Your org	21.27%	30.43%	22.17%	22.75%	29.45%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	494	655	2417	3135	3911

Q5a I have unrealistic time pressures.



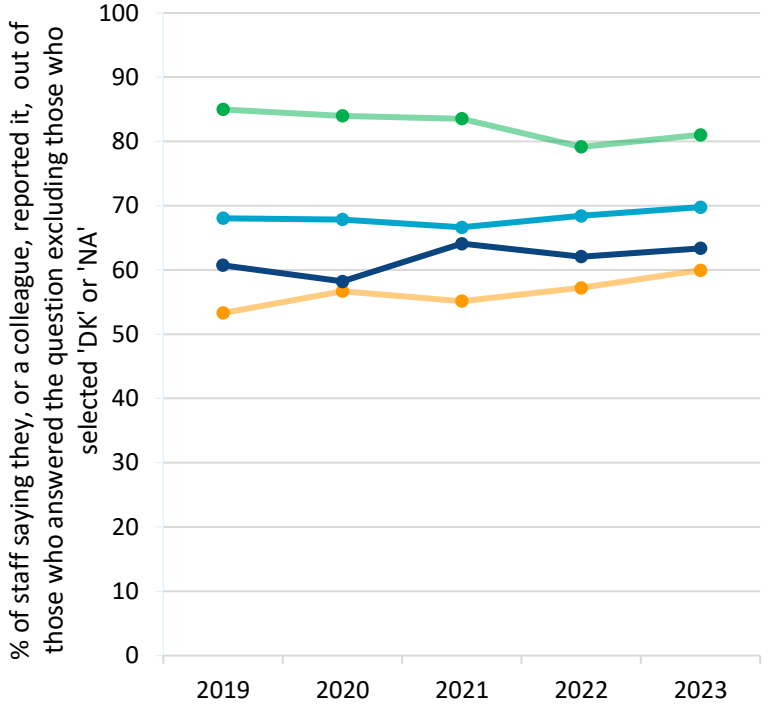
	2019	2020	2021	2022	2023
Your org	16.62%	23.10%	20.25%	20.54%	22.91%
Best result	31.33%	33.42%	29.43%	29.80%	33.29%
Average result	21.94%	24.12%	22.39%	22.31%	25.08%
Worst result	16.62%	18.37%	18.16%	18.05%	20.88%
Responses	494	657	2412	3125	3910

Q11a My organisation takes positive action on health and well-being.



	2021	2022	2023
Your org	59.71%	60.15%	63.67%
Best result	73.93%	71.57%	72.85%
Average result	56.44%	55.65%	56.95%
Worst result	42.41%	42.92%	44.63%
Responses	2395	3120	3866

Q13d The last time you experienced physical violence at work, did you or a colleague report it?

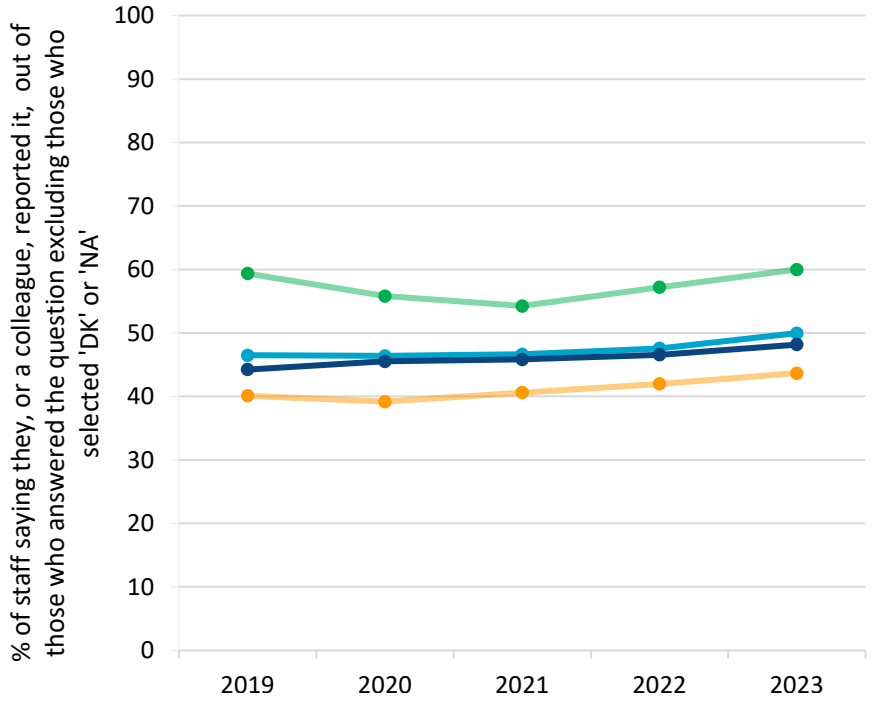


	2019	2020	2021	2022	2023
Your org	60.73%	58.22%	64.09%	62.06%	63.36%
Best result	84.97%	83.98%	83.53%	79.14%	81.01%
Average result	68.03%	67.86%	66.62%	68.43%	69.76%
Worst result	53.29%	56.69%	55.14%	57.21%	59.96%
Responses	49	78	287	418	492

Survey Coordination Centre

NHS

Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



	2019	2020	2021	2022	2023
Your org	44.22%	45.52%	45.82%	46.55%	48.17%
Best result	59.36%	55.82%	54.24%	57.20%	60.00%
Average result	46.49%	46.39%	46.64%	47.58%	49.96%
Worst result	40.11%	39.16%	40.62%	41.97%	43.66%
Responses	154	243	966	1153	1300

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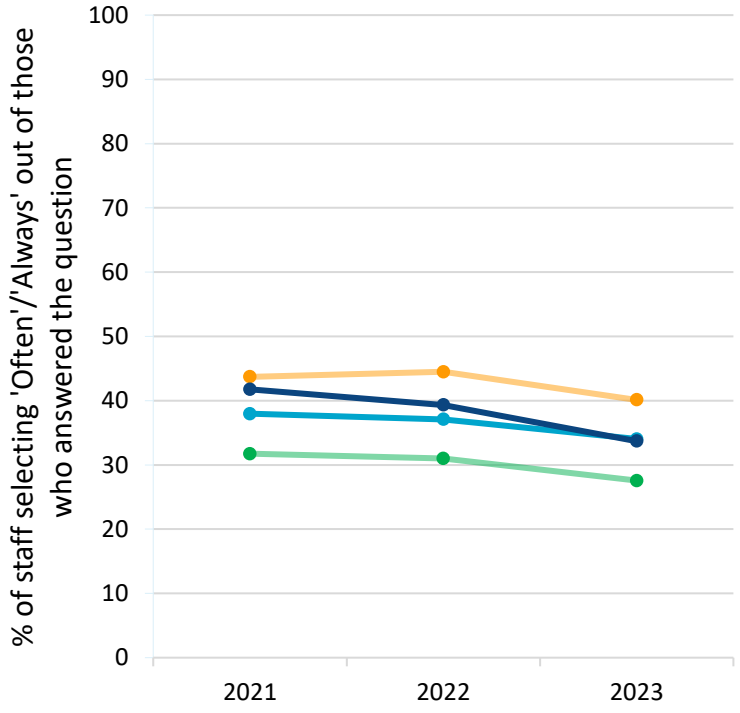
Survey Coordination Centre

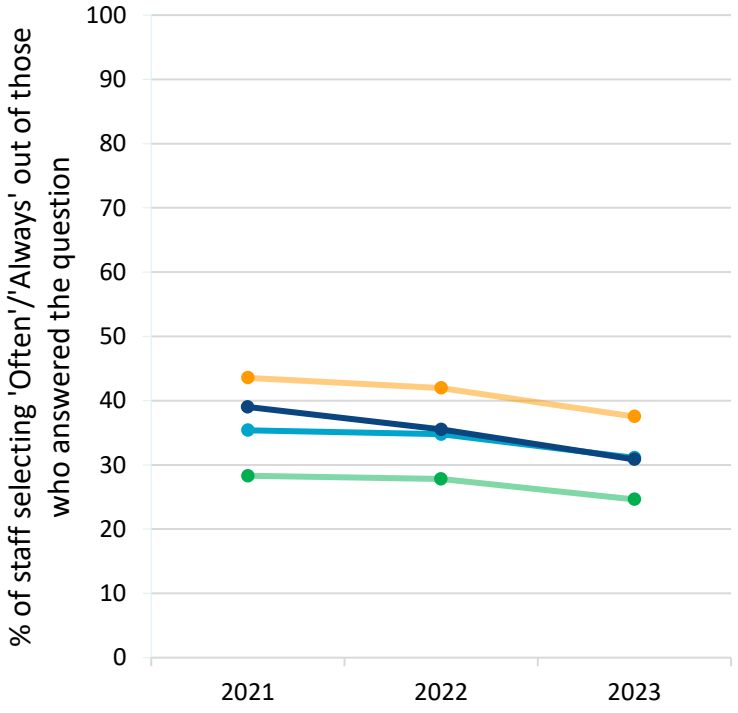
NHS

Q12a How often, if at all, do you find your work emotionally exhausting?



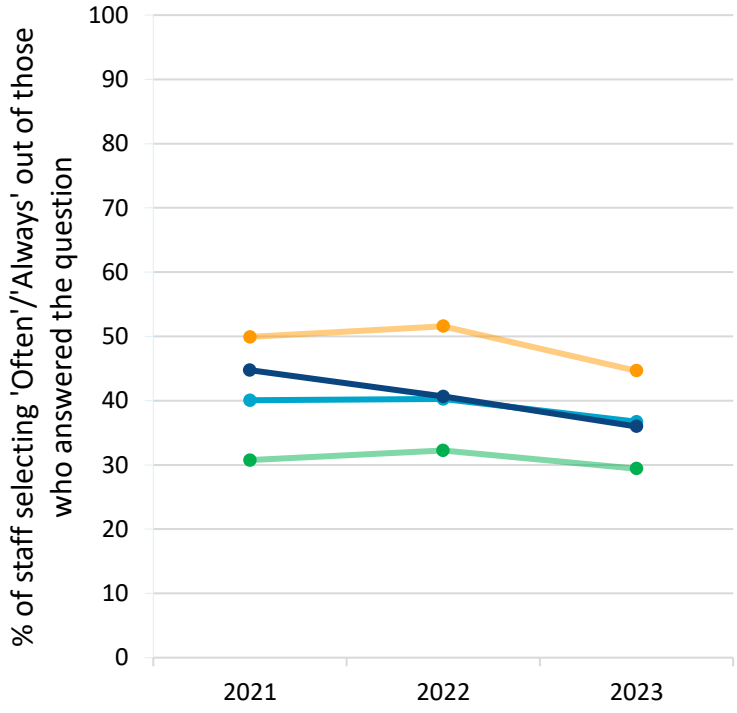
	2021	2022	2023
Your org	41.75%	39.33%	33.69%
Best result	31.73%	30.99%	27.56%
Average result	37.97%	37.10%	34.03%
Worst result	43.72%	44.49%	40.14%
Responses	2423	3143	3919

Q12b How often, if at all, do you feel burnt out because of your work?



	2021	2022	2023
Your org	39.03%	35.53%	30.87%
Best result	28.30%	27.84%	24.64%
Average result	35.39%	34.77%	31.12%
Worst result	43.56%	41.98%	37.54%
Responses	2421	3141	3913

Q12c How often, if at all, does your work frustrate you?

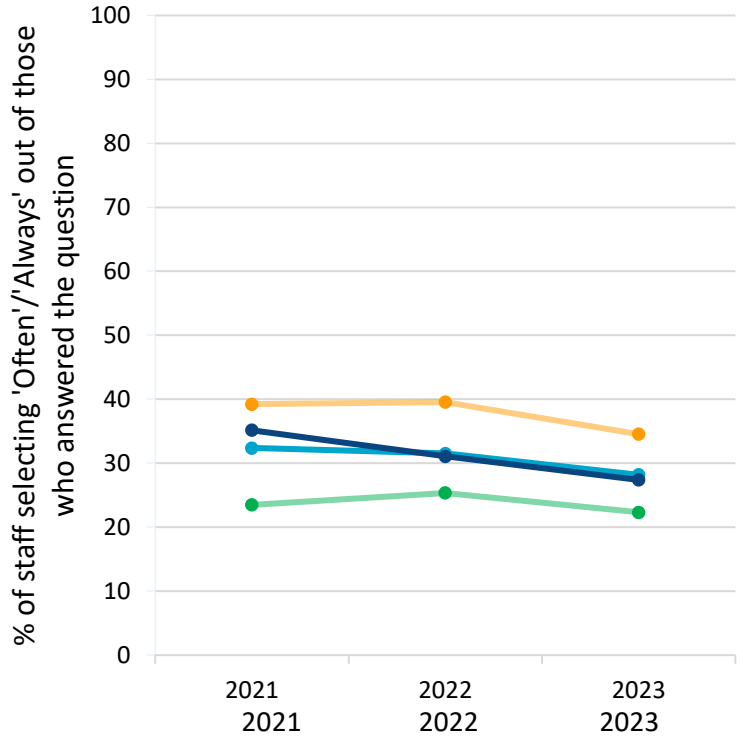


	2021	2022	2023
Your org	44.77%	40.65%	36.00%
Best result	30.75%	32.24%	29.42%
Average result	40.06%	40.25%	36.71%
Worst result	49.91%	51.58%	44.65%
Responses	2417	3142	3911

Survey Coordination Centre

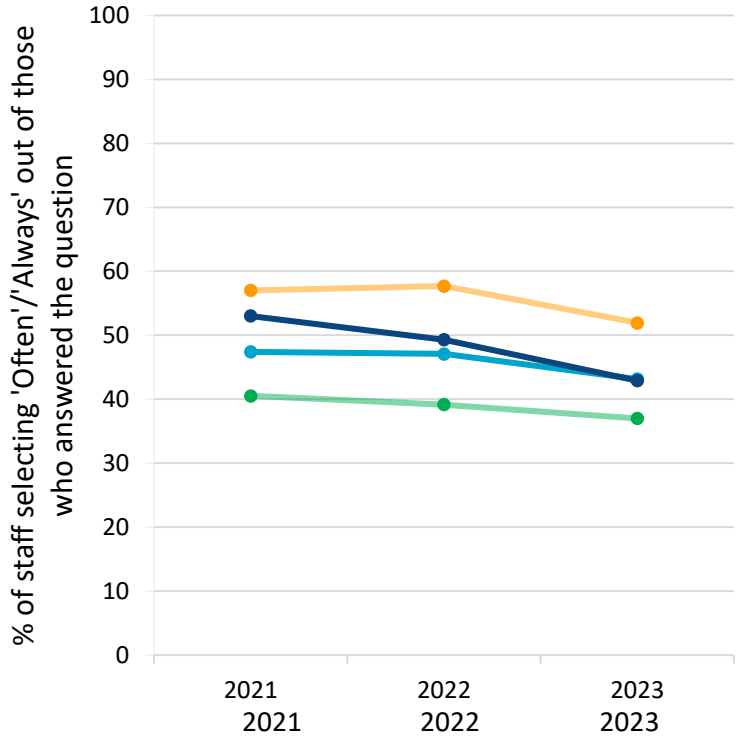
NHS

Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



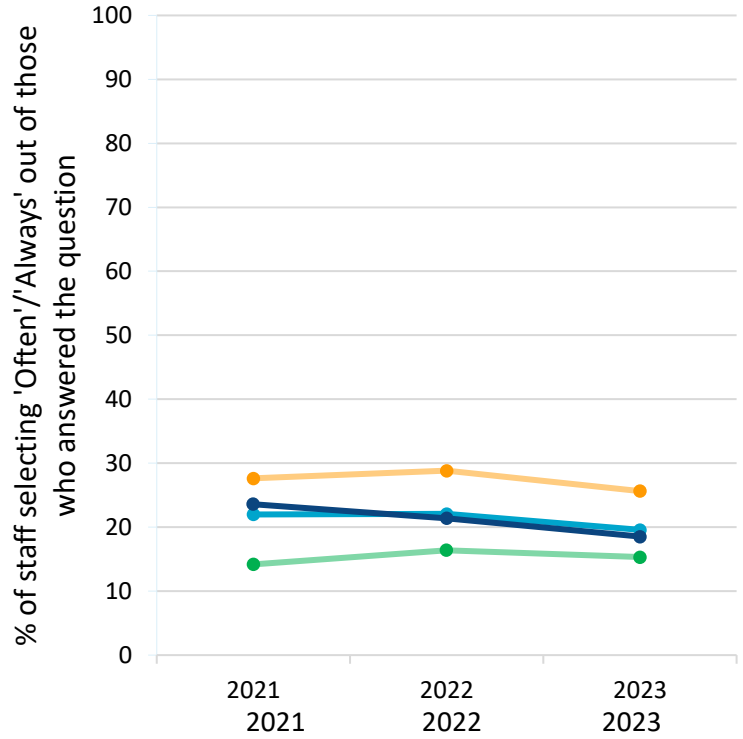
	2021	2022	2023
Your org	35.14%	31.09%	27.41%
Best result	23.50%	25.32%	22.32%
Average result	32.39%	31.53%	28.22%
Worst result	39.23%	39.56%	34.55%
Responses	2417	3138	3907

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



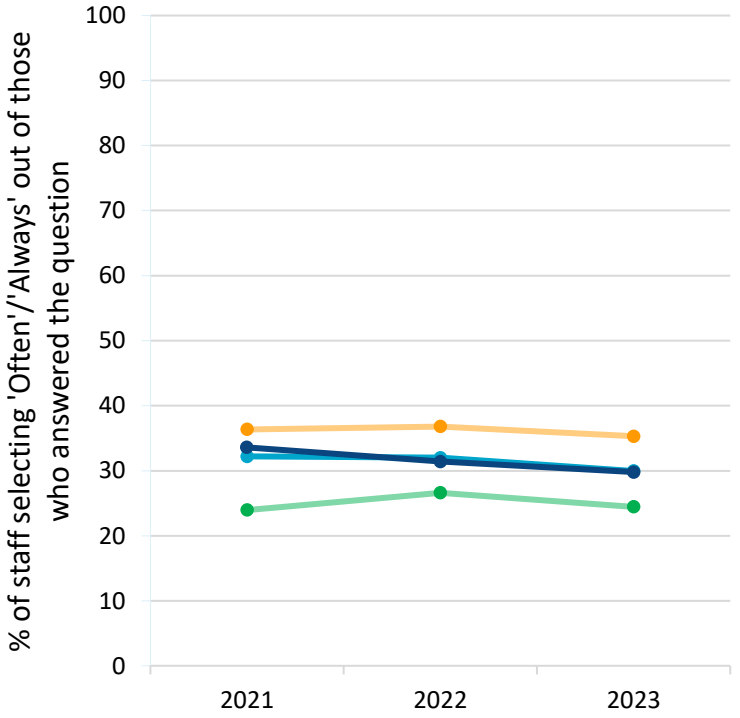
	2021	2022	2023
Your org	53.01%	49.31%	42.92%
Best result	40.53%	39.15%	37.02%
Average result	47.40%	47.08%	43.17%
Worst result	57.02%	57.69%	51.94%
Responses	2411	3134	3908

Q12f How often, if at all, do you feel that every working hour is tiring for you?



	2021	2022	2023
Your org	23.60%	21.41%	18.52%
Best result	14.19%	16.40%	15.32%
Average result	21.99%	22.07%	19.59%
Worst result	27.62%	28.83%	25.65%
Responses	2404	3131	3901

Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



	2021	2022	2023
Your org	33.61%	31.41%	29.80%
Best result	23.96%	26.60%	24.45%
Average result	32.21%	32.01%	29.98%
Worst result	36.37%	36.81%	35.30%
Responses	2420	3140	3911

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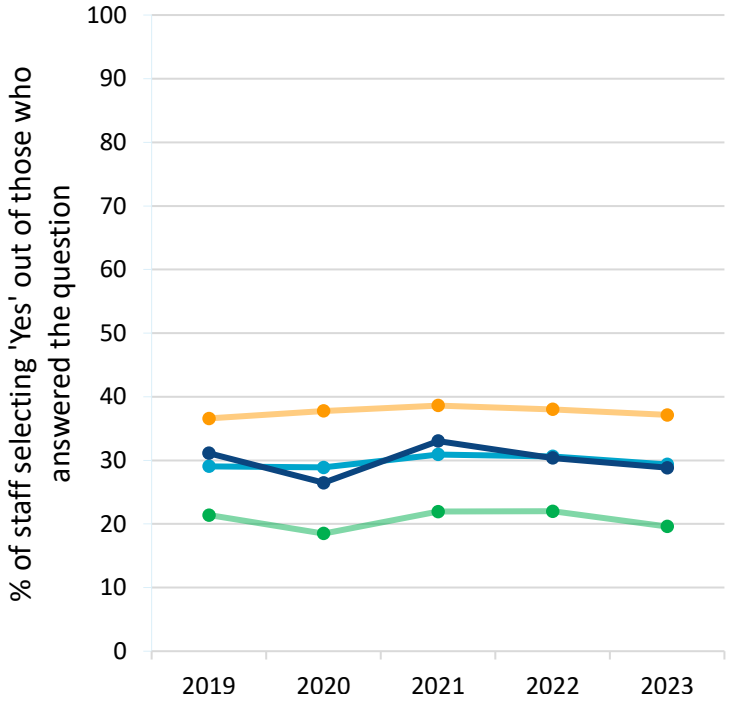
Survey Coordination Centre

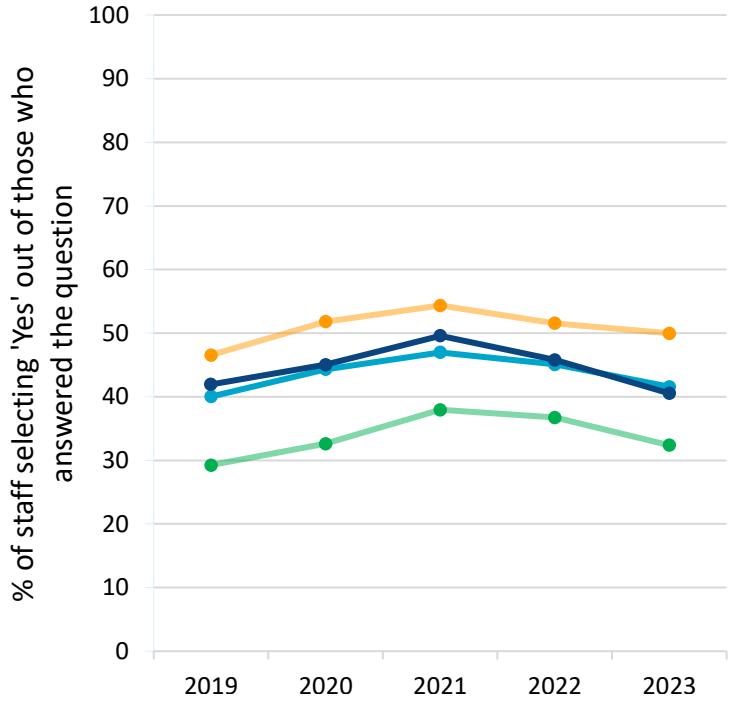
NHS

Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



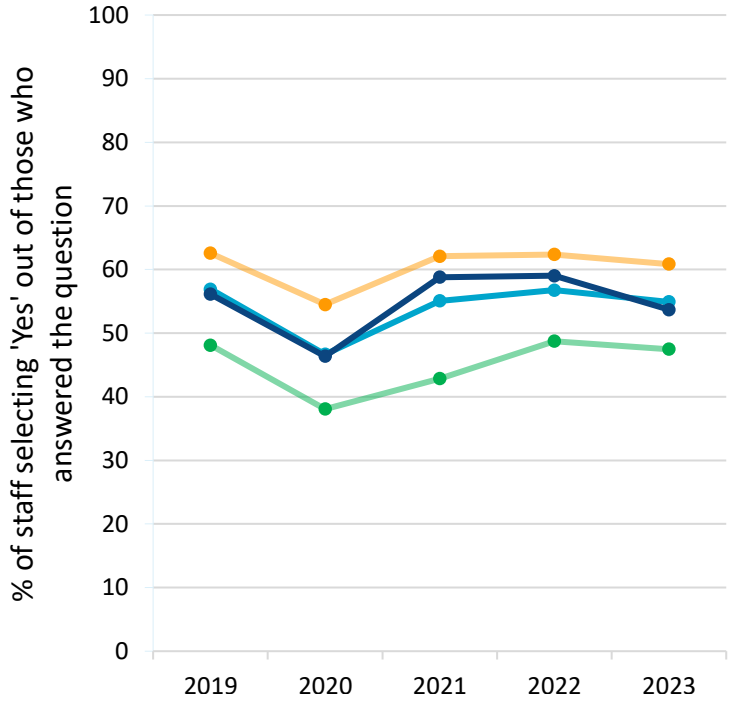
	2019	2020	2021	2022	2023
Your org	31.12%	26.46%	33.04%	30.37%	28.83%
Best result	21.38%	18.49%	21.95%	22.00%	19.59%
Average result	29.05%	28.90%	30.92%	30.62%	29.36%
Worst result	36.57%	37.76%	38.62%	38.01%	37.13%
Responses	489	656	2414	3127	3899

Q11c During the last 12 months have you felt unwell as a result of work related stress?



	2019	2020	2021	2022	2023
Your org	41.93%	45.04%	49.59%	45.79%	40.53%
Best result	29.25%	32.61%	37.94%	36.73%	32.39%
Average result	40.03%	44.31%	46.97%	45.09%	41.57%
Worst result	46.55%	51.81%	54.35%	51.55%	49.97%
Responses	489	656	2414	3128	3888

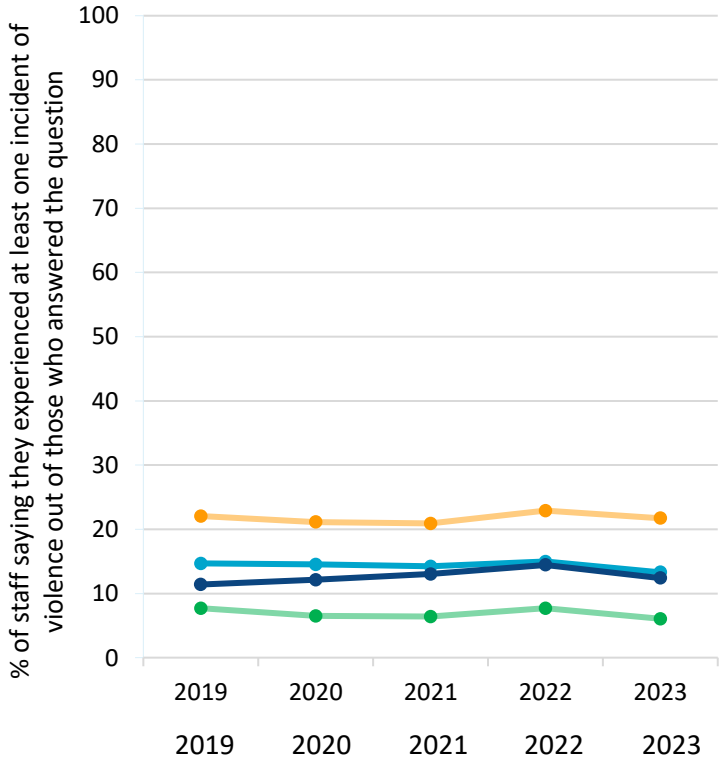
Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



	2019	2020	2021	2022	2023
Your org	56.12%	46.37%	58.81%	59.03%	53.69%
Best result	48.09%	38.07%	42.84%	48.74%	47.48%
Average result	56.90%	46.68%	55.07%	56.76%	54.92%
Worst result	62.56%	54.49%	62.09%	62.37%	60.87%
Responses	487	656	2418	3121	3897

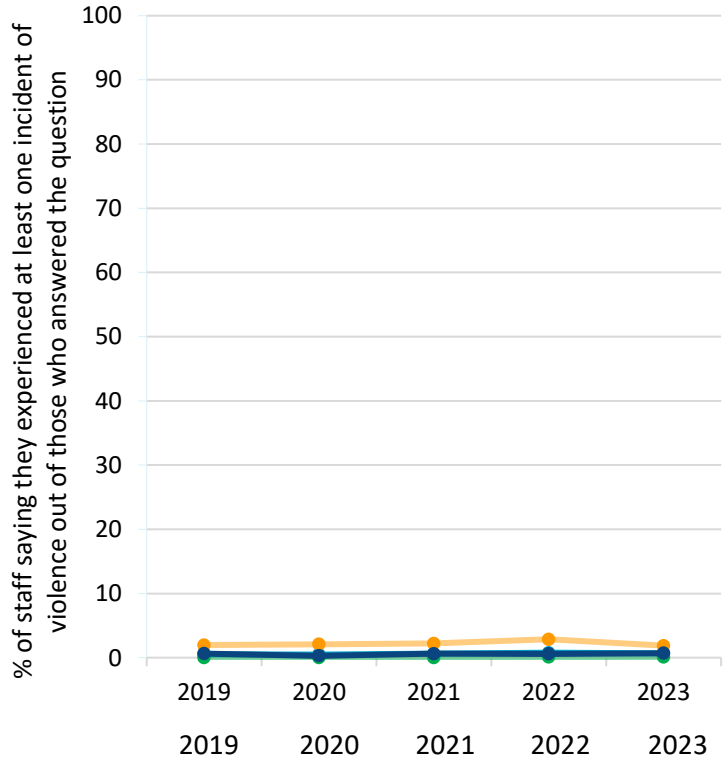
Survey Coordination Centre NHS

Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



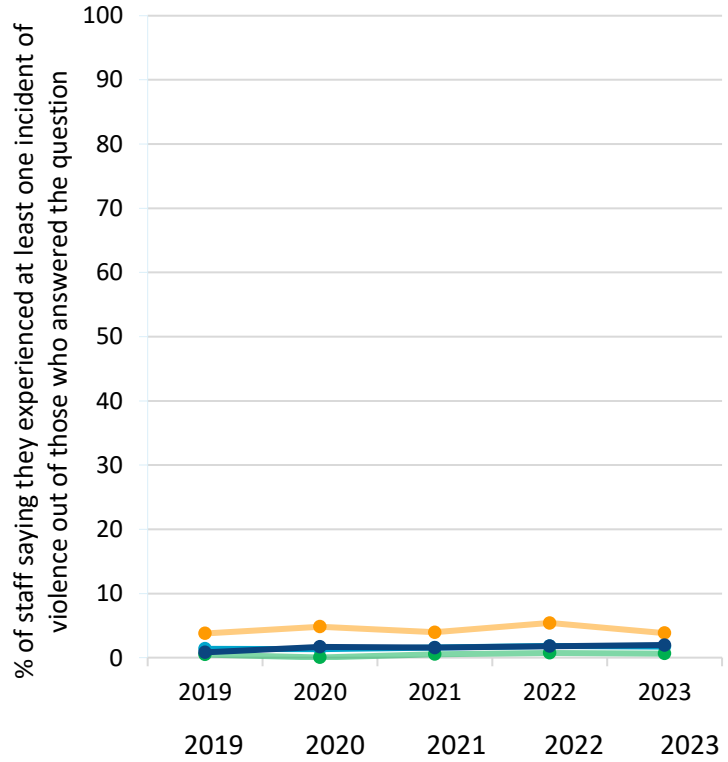
	2019	2020	2021	2022	2023
Your org	11.38%	12.14%	13.04%	14.45%	12.42%
Best result	7.71%	6.51%	6.42%	7.71%	6.06%
Average result	14.67%	14.54%	14.22%	14.98%	13.32%
Worst result	22.06%	21.14%	20.92%	22.90%	21.74%
Responses	488	656	2421	3142	3896

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2019	2020	2021	2022	2023
Your org	0.63%	0.31%	0.64%	0.60%	0.70%
Best result	0.00%	0.00%	0.00%	0.11%	0.14%
Average result	0.54%	0.51%	0.63%	0.79%	0.67%
Worst result	1.98%	2.11%	2.23%	2.87%	1.87%
Responses	486	657	2411	3134	3882

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.

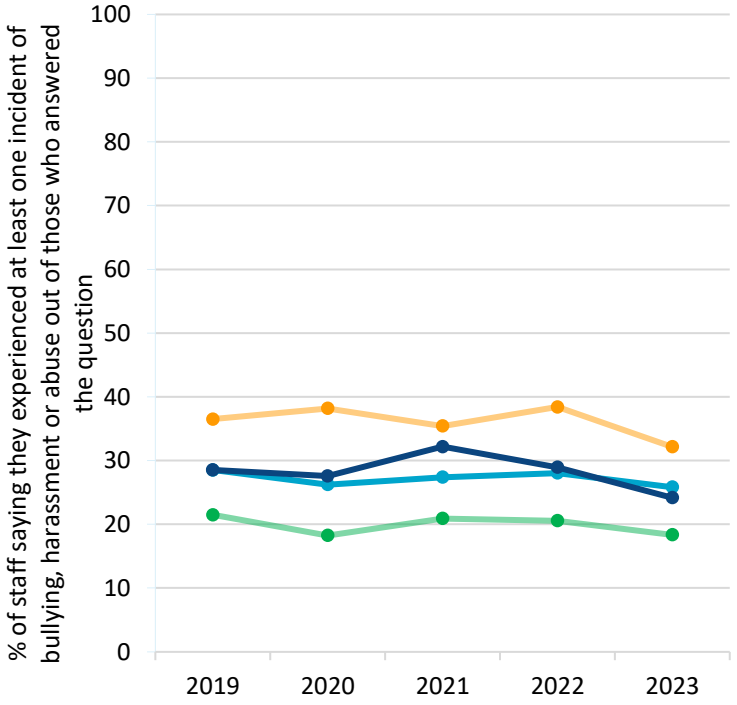


	2019	2020	2021	2022	2023
Your org	0.84%	1.69%	1.58%	1.81%	1.97%
Best result	0.52%	0.06%	0.56%	0.76%	0.66%
Average result	1.41%	1.36%	1.58%	1.82%	1.75%
Worst result	3.79%	4.85%	3.97%	5.40%	3.85%
Responses	478	649	2389	3113	3865

Survey Coordination Centre

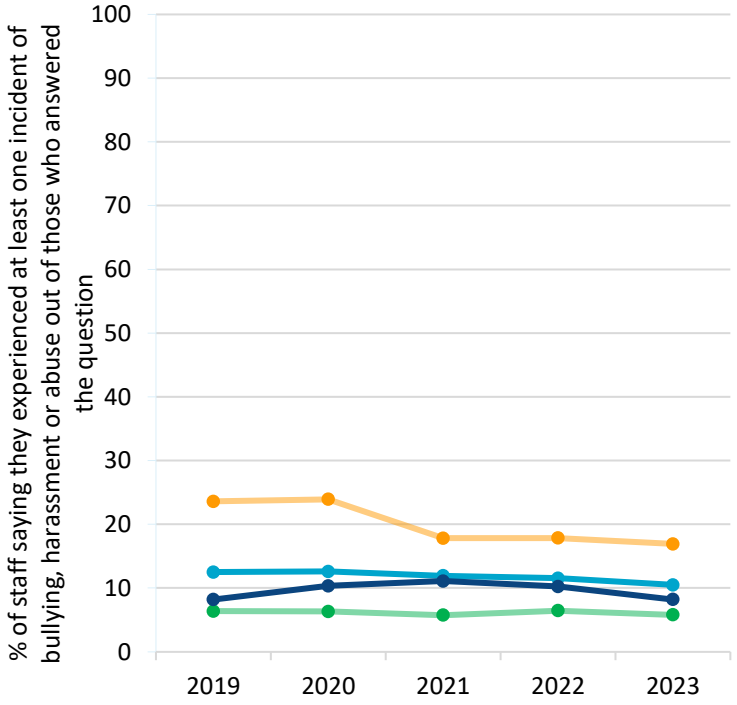
NHS

Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



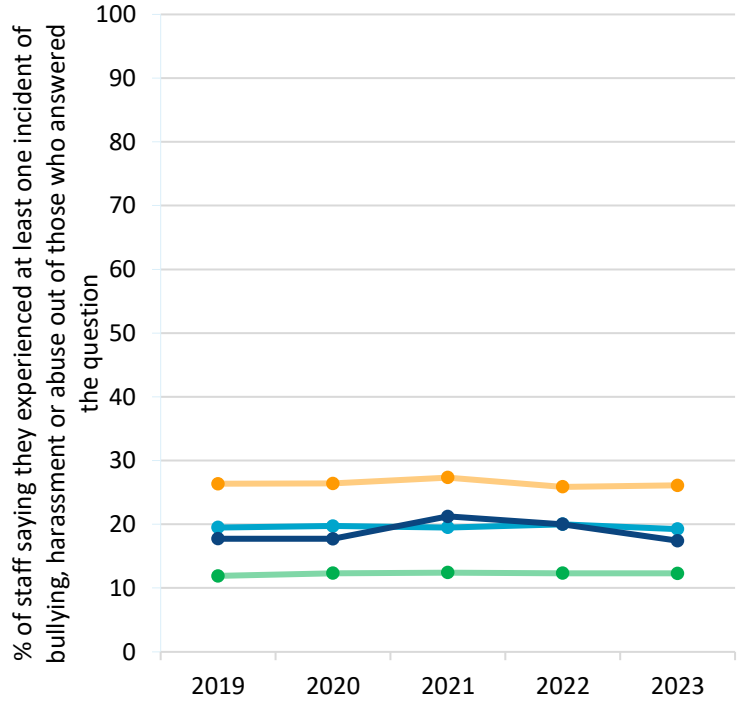
	2019	2020	2021	2022	2023
Your org	28.51%	27.55%	32.18%	28.93%	24.17%
Best result	21.48%	18.24%	20.91%	20.55%	18.33%
Average result	28.51%	26.23%	27.39%	28.03%	25.82%
Worst result	36.49%	38.19%	35.40%	38.39%	32.15%
Responses	485	655	2411	3132	3895

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



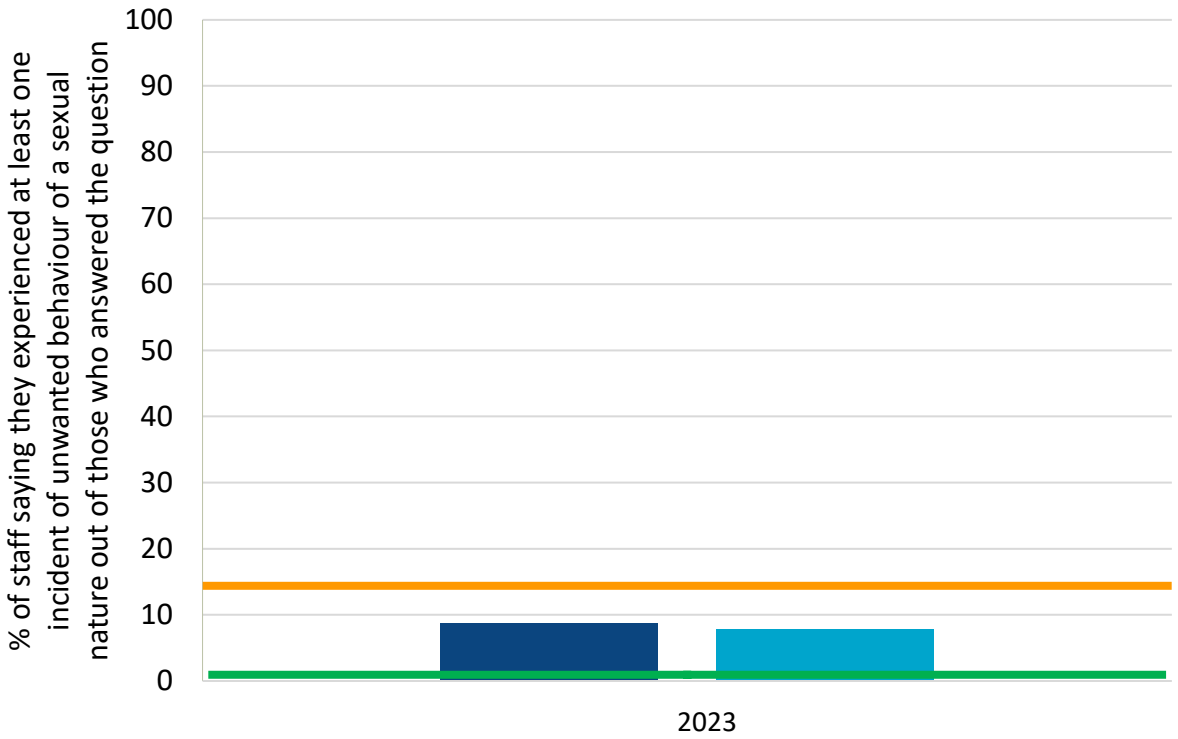
	2019	2020	2021	2022	2023
Your org	8.17%	10.32%	11.09%	10.24%	8.21%
Best result	6.37%	6.31%	5.73%	6.45%	5.78%
Average result	12.48%	12.60%	11.91%	11.55%	10.49%
Worst result	23.60%	23.90%	17.82%	17.85%	16.90%
Responses	482	647	2393	3116	3885

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



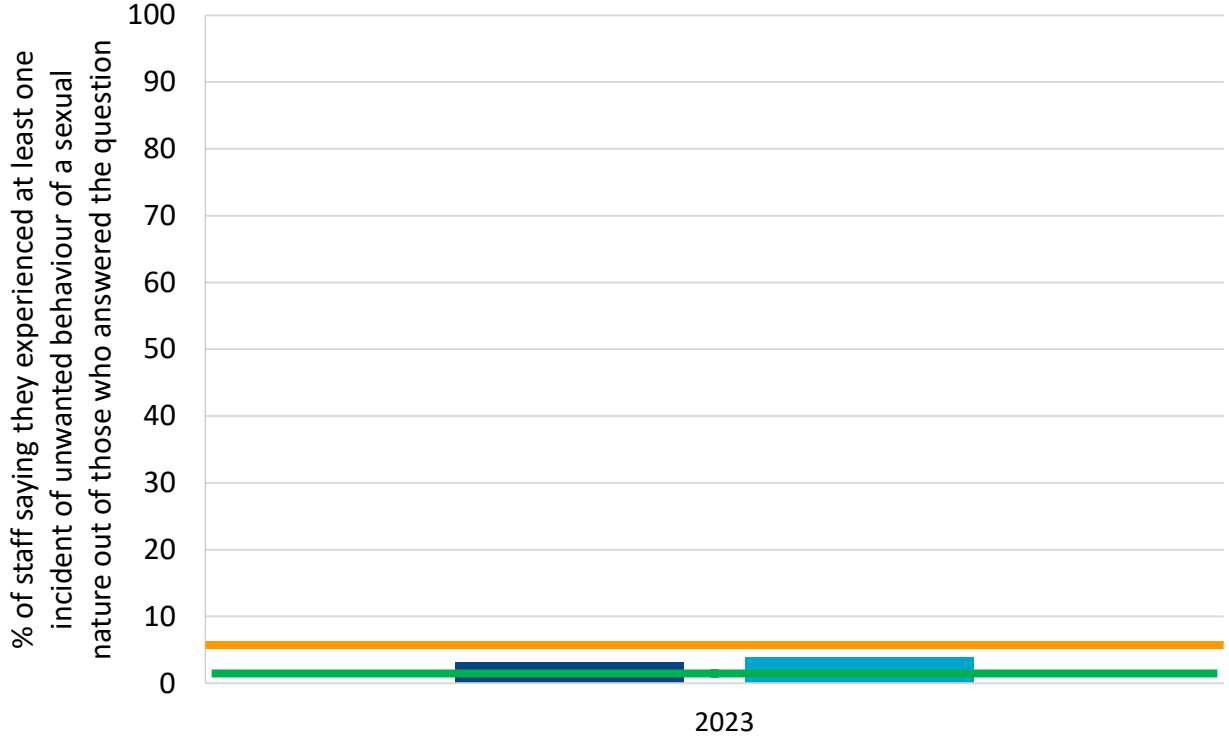
	2019	2020	2021	2022	2023
Your org	17.71%	17.71%	21.23%	20.00%	17.42%
Best result	11.88%	12.31%	12.42%	12.32%	12.30%
Average result	19.50%	19.73%	19.50%	19.99%	19.25%
Worst result	26.36%	26.39%	27.32%	25.87%	26.09%
Responses	477	649	2383	3104	3885

Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



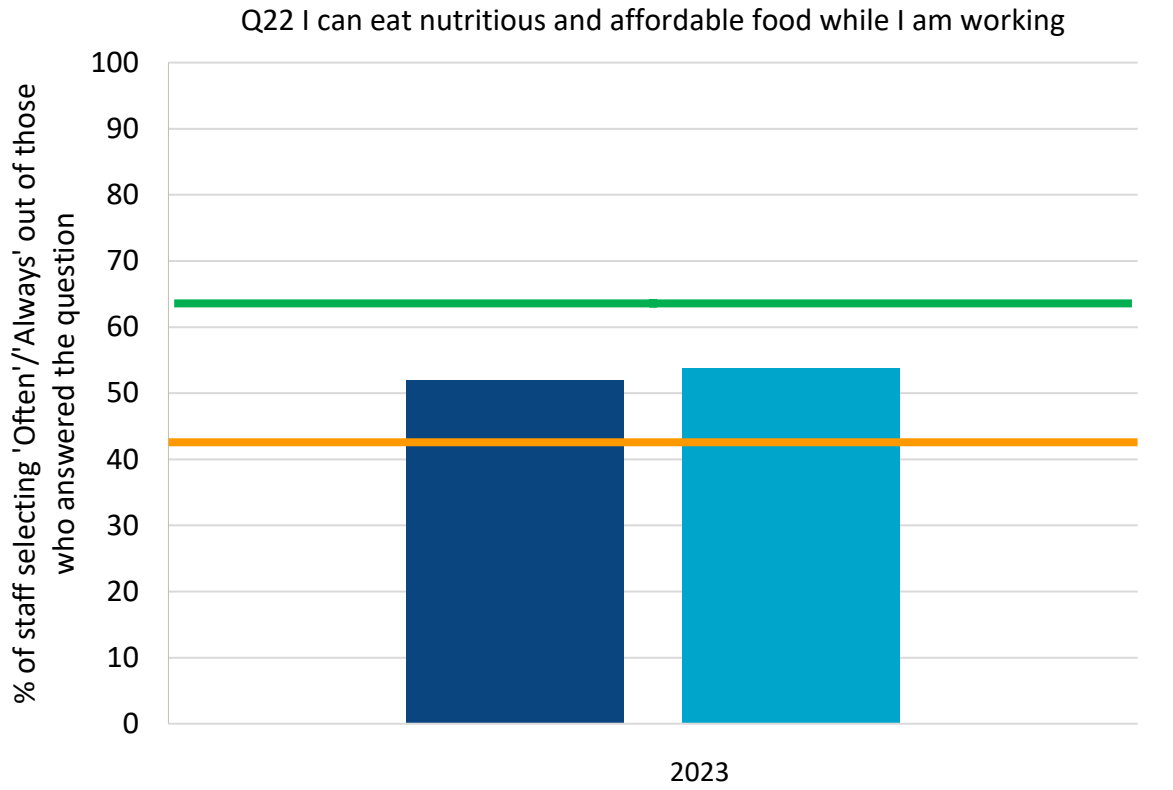
Your org	8.75%
Best result	0.93%
Average result	7.73%
Worst result	14.39%
Responses	3909

Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



Your org	3.14%
Best result	1.44%
Average result	3.82%
Worst result	5.73%
Responses	3899

*These questions do not contribute towards any People Promise element score, theme score or sub-score



Your org	52.02%
Best result	63.59%
Average result	53.77%
Worst result	42.58%
Responses	3913

*These questions do not contribute towards any People Promise element score, theme score or sub-score

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Survey Coordination Centre

NHS

People Promise element – We are always learning

Questions included:

Development – Q24a, Q24b, Q24c, Q24d, Q24e

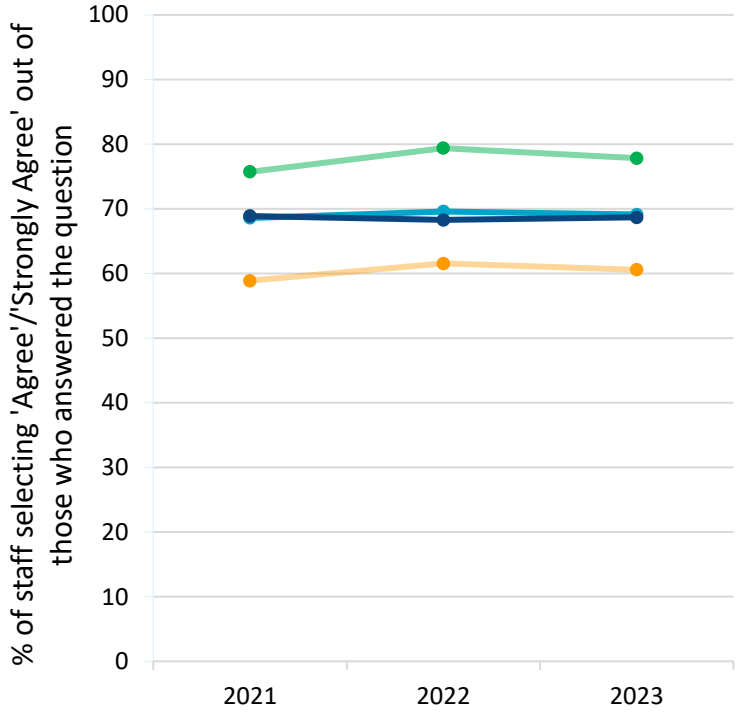
Appraisals – Q23a*, Q23b, Q23c, Q23d

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

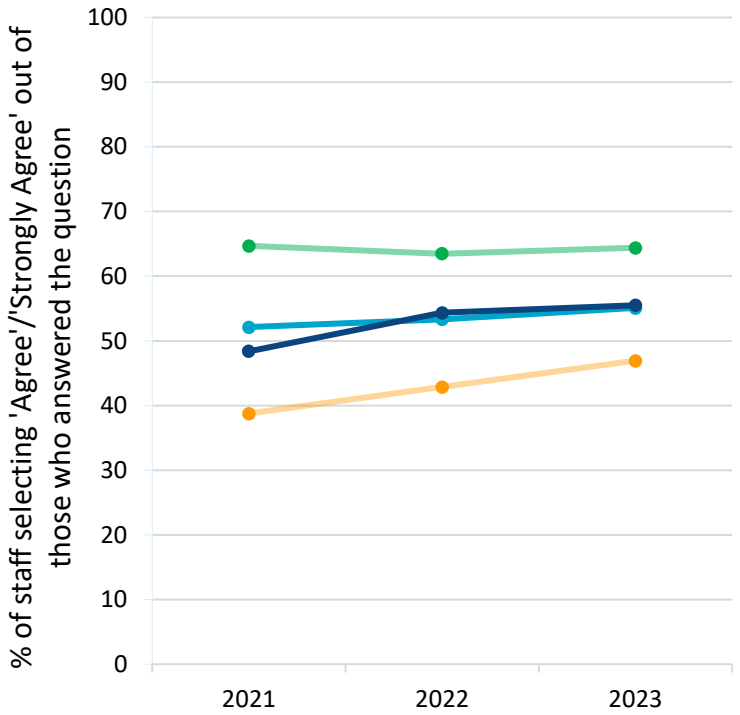
Survey Coordination Centre NHS

Q24a This organisation offers me challenging work.



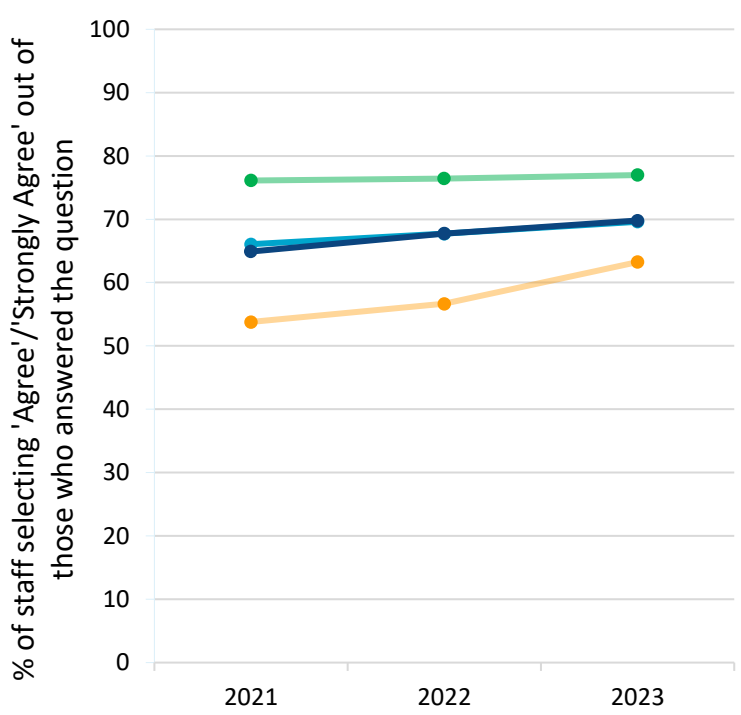
	2021	2022	2023
Your org	68.89%	68.28%	68.68%
Best result	75.71%	79.35%	77.83%
Average result	68.60%	69.57%	69.12%
Worst result	58.88%	61.55%	60.58%
Responses	2412	3132	3915

Q24b There are opportunities for me to develop my career in this organisation.



	2021	2022	2023
Your org	48.38%	54.33%	55.51%
Best result	64.69%	63.48%	64.38%
Average result	52.12%	53.34%	55.07%
Worst result	38.74%	42.85%	46.92%
Responses	2415	3132	3920

Q24c I have opportunities to improve my knowledge and skills.

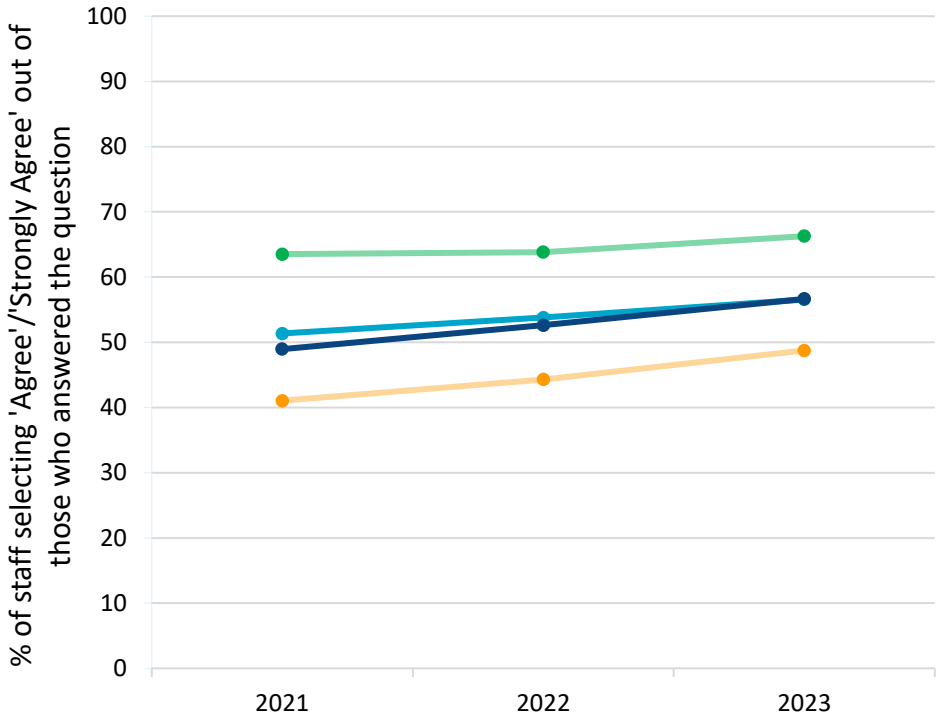


	2021	2022	2023
Your org	64.91%	67.73%	69.78%
Best result	76.13%	76.43%	76.99%
Average result	66.04%	67.72%	69.61%
Worst result	53.76%	56.66%	63.25%
Responses	2409	3130	3918

Survey Coordination Centre

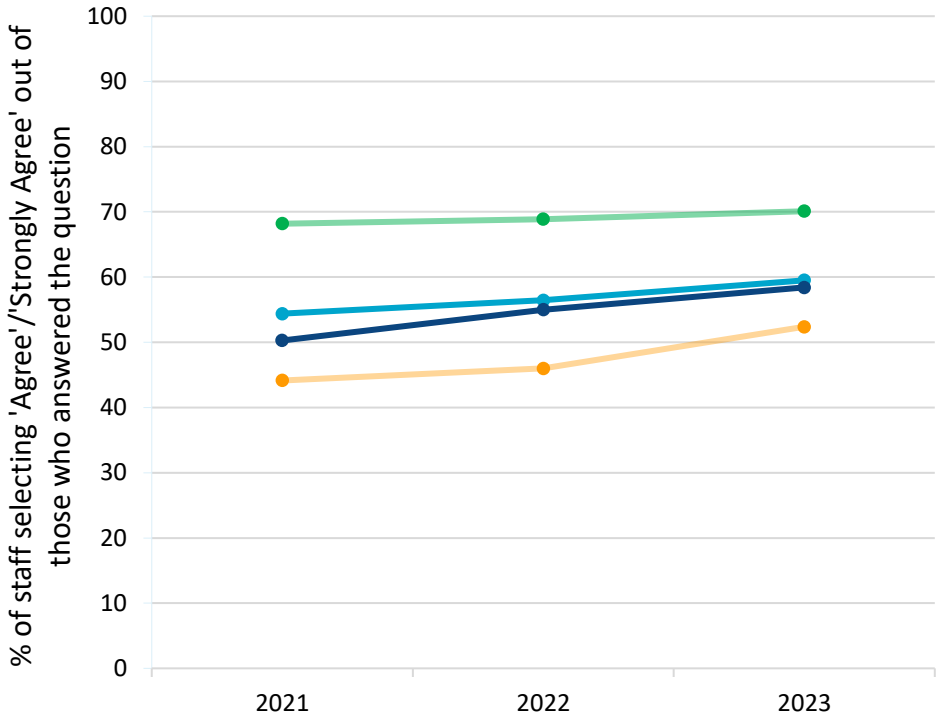
NHS

Q24d I feel supported to develop my potential.



	2021	2022	2023
Your org	48.94%	52.61%	56.66%
Best result	63.51%	63.83%	66.27%
Average result	51.34%	53.79%	56.56%
Worst result	41.04%	44.30%	48.75%
Responses	2407	3127	3915

Q24e I am able to access the right learning and development opportunities when I need to.



	2021	2022	2023
Your org	50.25%	54.99%	58.41%
Best result	68.20%	68.89%	70.11%
Average result	54.38%	56.44%	59.52%
Worst result	44.16%	45.98%	52.38%
Responses	2415	3119	3910

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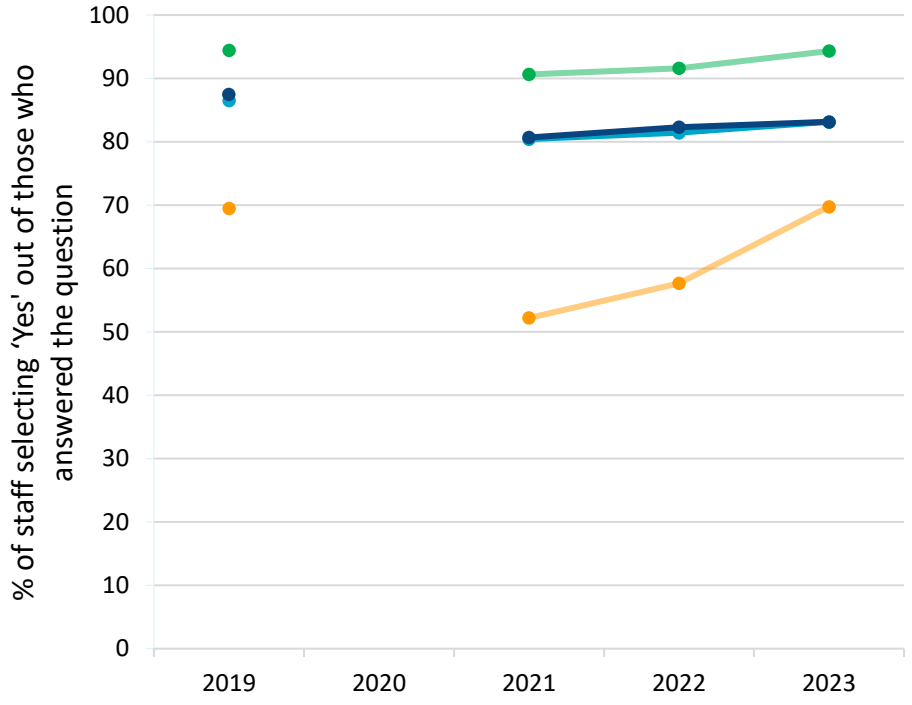
Survey Coordination Centre

NHS

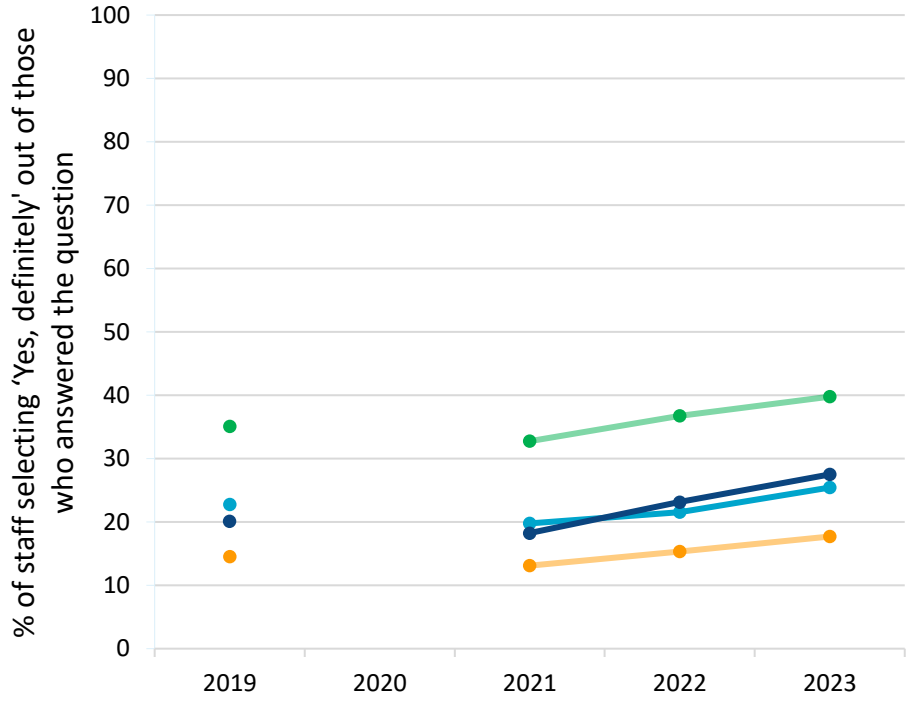
Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2019	2020	2021	2022	2023
Your org	87.46%	-	80.69%	82.30%	83.13%
Best result	94.45%	-	90.63%	91.59%	94.32%
Average result	86.53%	-	80.40%	81.41%	83.12%
Worst result	69.48%	-	52.20%	57.65%	69.76%
Responses	483	-	2404	3131	3894

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Q23b It helped me to improve how I do my job.



	2019	2020	2021	2022	2023
Your org	20.06%	-	18.24%	23.14%	27.52%
Best result	35.12%	-	32.75%	36.74%	39.78%
Average result	22.76%	-	19.79%	21.56%	25.44%
Worst result	14.56%	-	13.13%	15.33%	17.71%
Responses	422	-	1930	2579	3234

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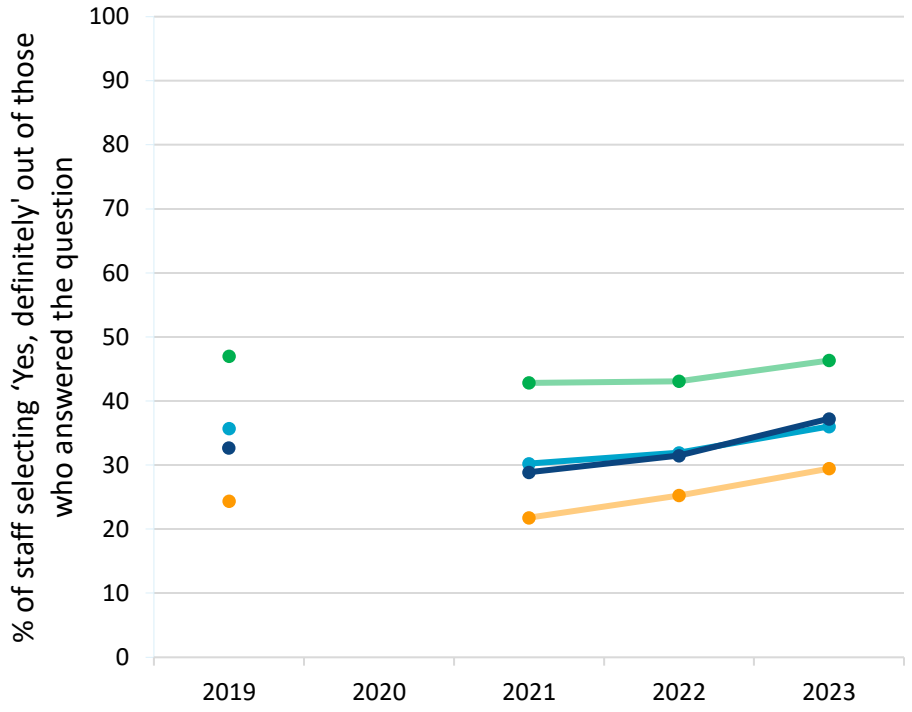
Survey Coordination Centre

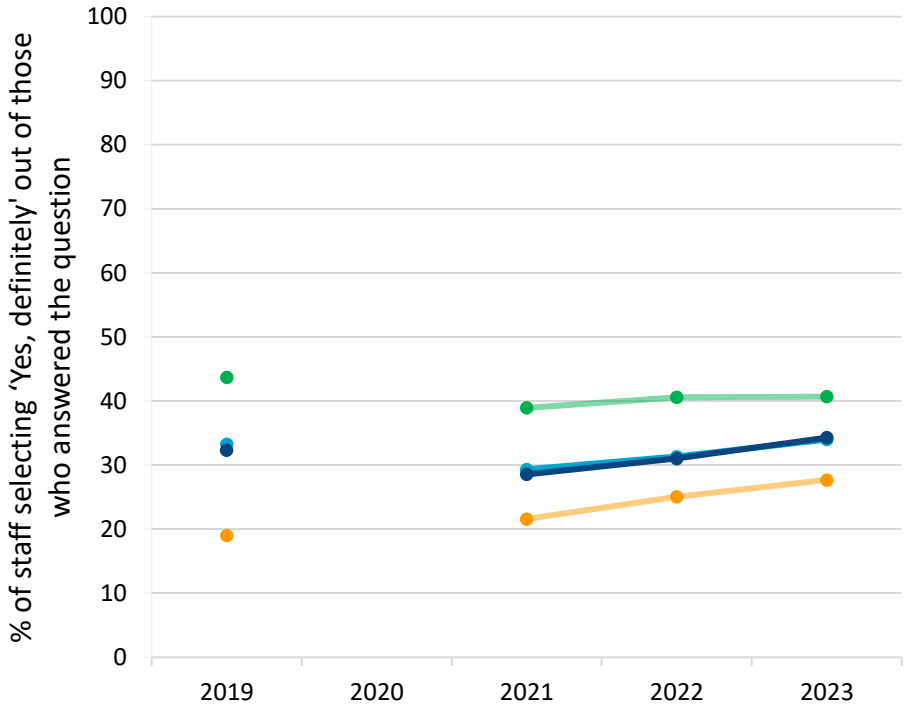
NHS

Q23c It helped me agree clear objectives for my work.



	2019	2020	2021	2022	2023
Your org	32.63%	-	28.86%	31.47%	37.21%
Best result	47.00%	-	42.85%	43.07%	46.33%
Average result	35.71%	-	30.21%	31.92%	36.02%
Worst result	24.35%	-	21.78%	25.24%	29.43%
Responses	421	-	1935	2570	3220

Q23d It left me feeling that my work is valued by my organisation.



	2019	2020	2021	2022	2023
Your org	32.27%	-	28.54%	31.03%	34.30%
Best result	43.71%	-	38.94%	40.60%	40.68%
Average result	33.25%	-	29.33%	31.33%	34.00%
Worst result	18.99%	-	21.57%	25.05%	27.66%
Responses	419	-	1933	2570	3229

Survey Coordination Centre

NHS

People Promise element – We work flexibly

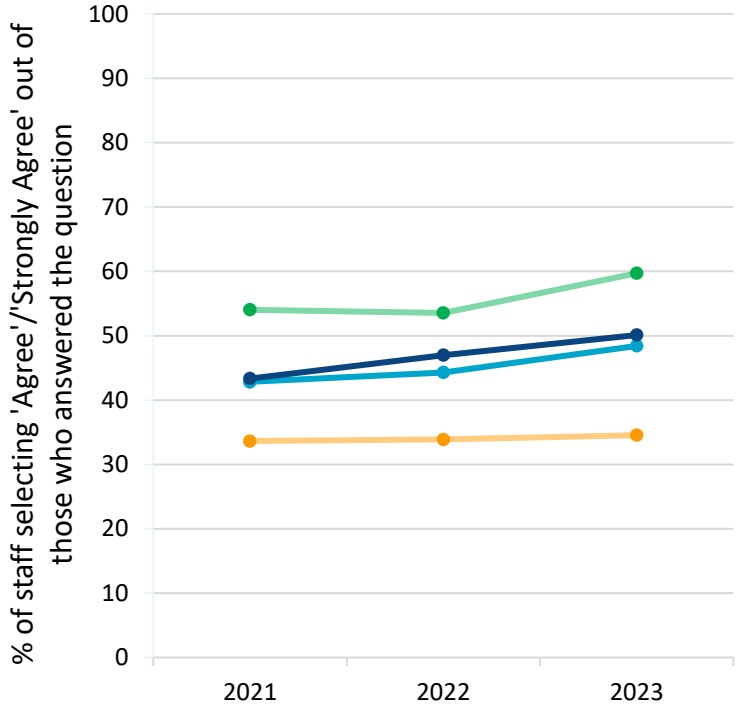
Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

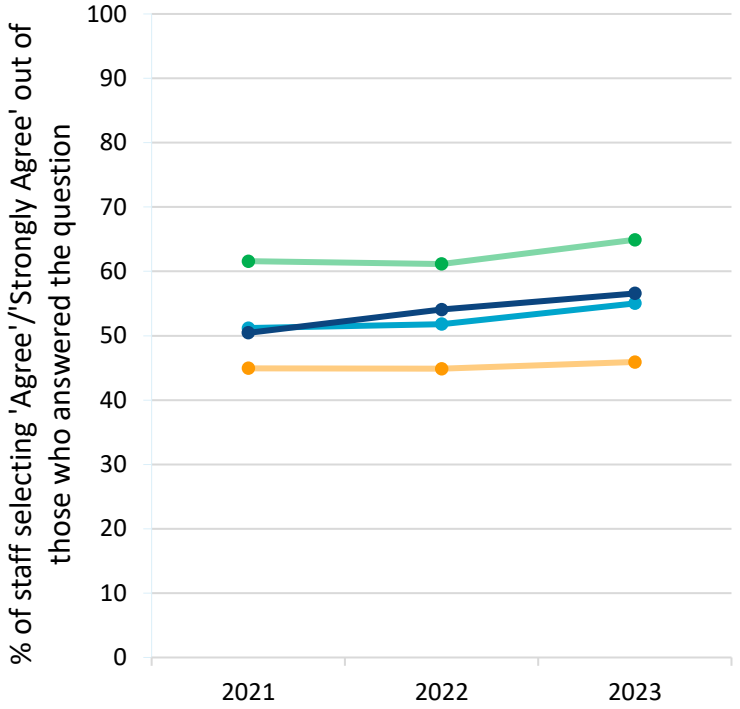
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q6b My organisation is committed to helping me balance my work and home life.



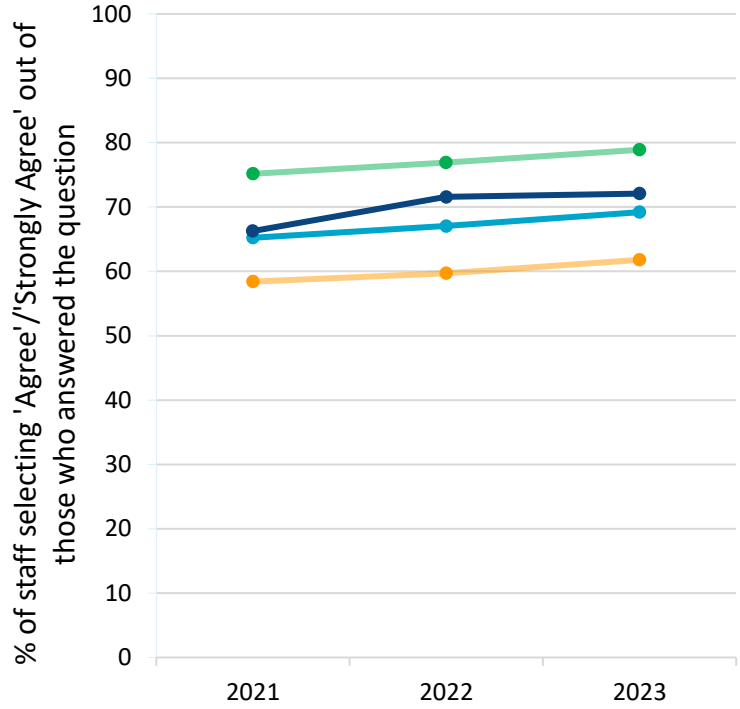
	2021	2022	2023
Your org	43.31%	46.99%	50.12%
Best result	54.04%	53.54%	59.70%
Average result	42.83%	44.29%	48.43%
Worst result	33.62%	33.88%	34.55%
Responses	2415	3134	3910

Q6c I achieve a good balance between my work life and my home life.



	2021	2022	2023
Your org	50.44%	54.05%	56.57%
Best result	61.58%	61.15%	64.91%
Average result	51.19%	51.81%	55.04%
Worst result	44.93%	44.86%	45.92%
Responses	2416	3135	3900

Q6d I can approach my immediate manager to talk openly about flexible working.

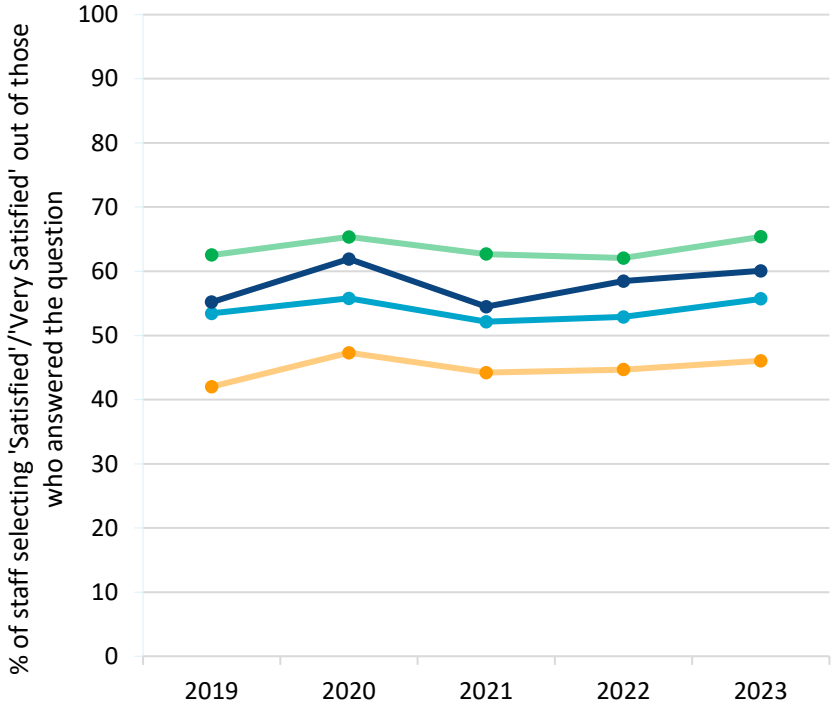


	2021	2022	2023
Your org	66.25%	71.58%	72.08%
Best result	75.18%	76.88%	78.91%
Average result	65.22%	67.05%	69.22%
Worst result	58.41%	59.70%	61.81%
Responses	2421	3135	3906

Survey Coordination Centre

NHS

Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.



	2019	2020	2021	2022	2023
Your org	55.18%	61.92%	54.47%	58.47%	60.08%
Best result	62.54%	65.35%	62.69%	62.05%	65.39%
Average result	53.43%	55.77%	52.13%	52.89%	55.70%
Worst result	42.02%	47.31%	44.22%	44.69%	46.05%
Responses	490	655	2406	3126	3907

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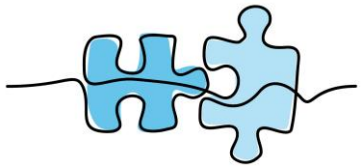
Survey Coordination Centre

NHS

People Promise element – We are a team



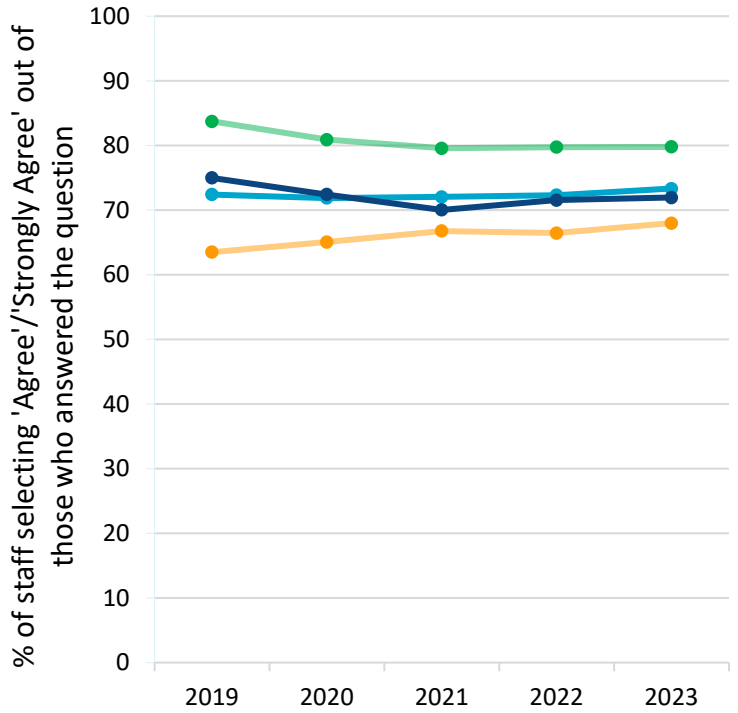
Questions included:

Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

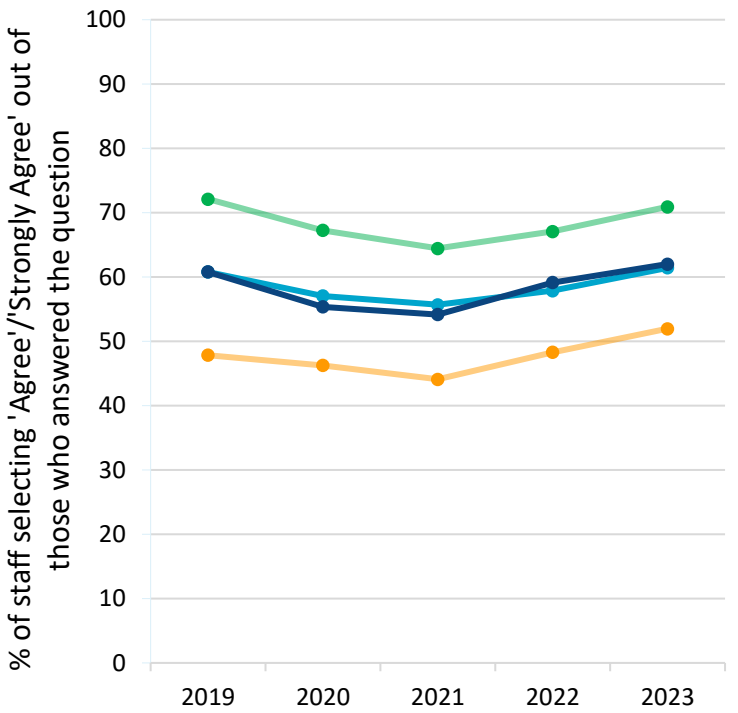
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q7a The team I work in has a set of shared objectives.



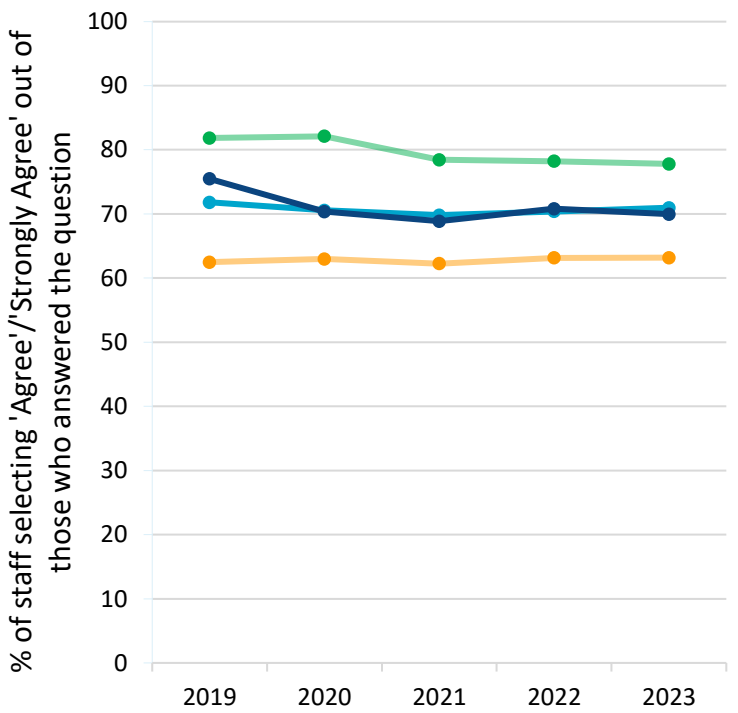
	2019	2020	2021	2022	2023
Your org	74.99%	72.43%	70.06%	71.55%	71.95%
Best result	83.74%	80.91%	79.58%	79.76%	79.81%
Average result	72.42%	71.88%	72.05%	72.32%	73.34%
Worst result	63.51%	65.07%	66.78%	66.46%	68.00%
Responses	491	654	2414	3138	3910

Q7b The team I work in often meets to discuss the team's effectiveness.



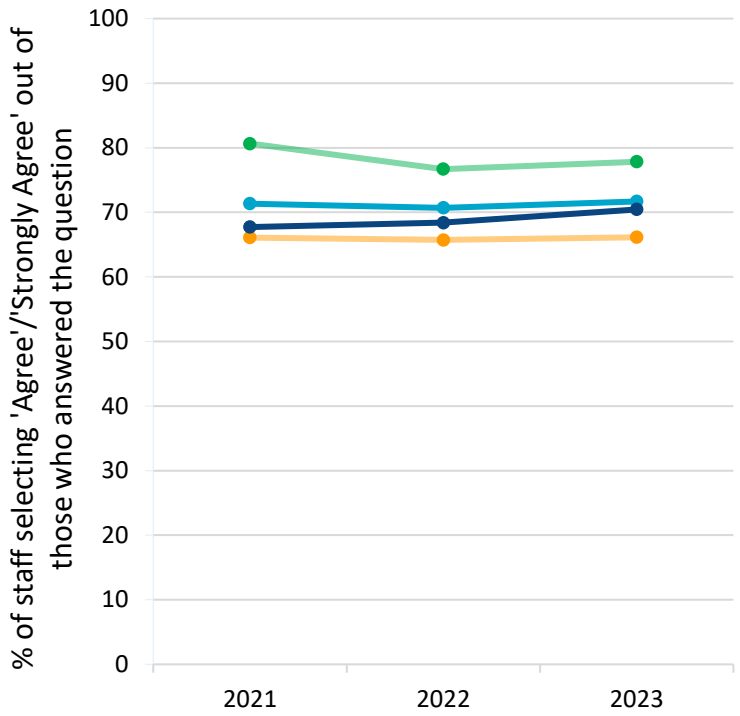
	2019	2020	2021	2022	2023
Your org	60.76%	55.35%	54.17%	59.15%	62.00%
Best result	72.10%	67.26%	64.44%	67.09%	70.92%
Average result	60.78%	57.06%	55.69%	57.87%	61.43%
Worst result	47.86%	46.25%	44.09%	48.30%	51.95%
Responses	495	654	2412	3131	3908

Q7c I receive the respect I deserve from my colleagues at work.



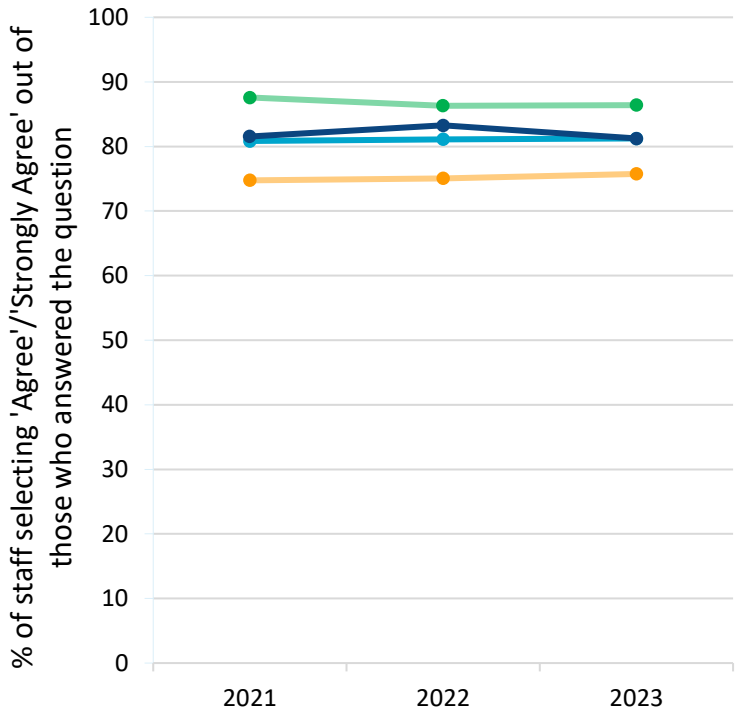
	2019	2020	2021	2022	2023
Your org	75.44%	70.37%	68.85%	70.80%	69.96%
Best result	81.82%	82.10%	78.44%	78.22%	77.78%
Average result	71.82%	70.56%	69.80%	70.37%	70.96%
Worst result	62.48%	62.97%	62.26%	63.16%	63.16%
Responses	494	654	2415	3137	3911

Q7d Team members understand each other's roles.



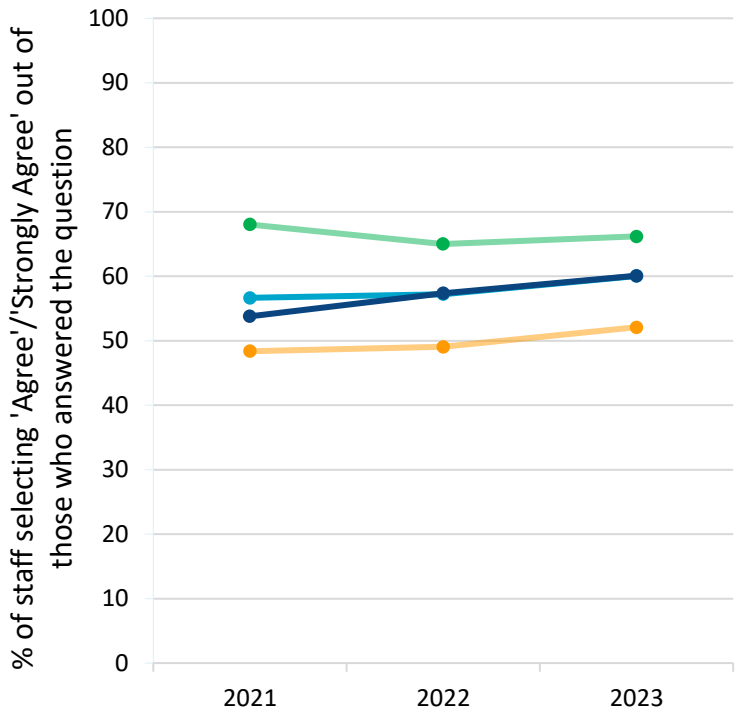
	2021	2022	2023
Your org	67.73%	68.41%	70.46%
Best result	80.62%	76.69%	77.83%
Average result	71.35%	70.69%	71.68%
Worst result	66.09%	65.73%	66.13%
Responses	2419	3138	3901

Q7e I enjoy working with the colleagues in my team.



	2021	2022	2023
Your org	81.54%	83.26%	81.23%
Best result	87.58%	86.31%	86.41%
Average result	80.85%	81.10%	81.23%
Worst result	74.77%	75.07%	75.77%
Responses	2414	3139	3905

Q7f My team has enough freedom in how to do its work.

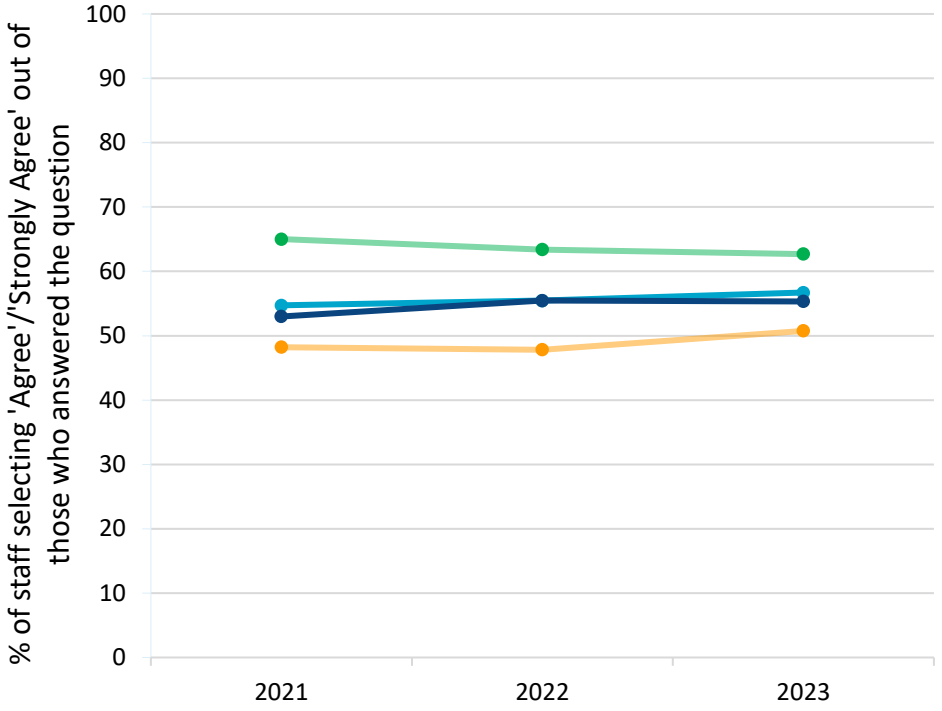


	2021	2022	2023
Your org	53.79%	57.38%	60.07%
Best result	68.05%	64.98%	66.18%
Average result	56.64%	57.22%	60.06%
Worst result	48.40%	49.06%	52.08%
Responses	2408	3131	3902

Survey Coordination Centre

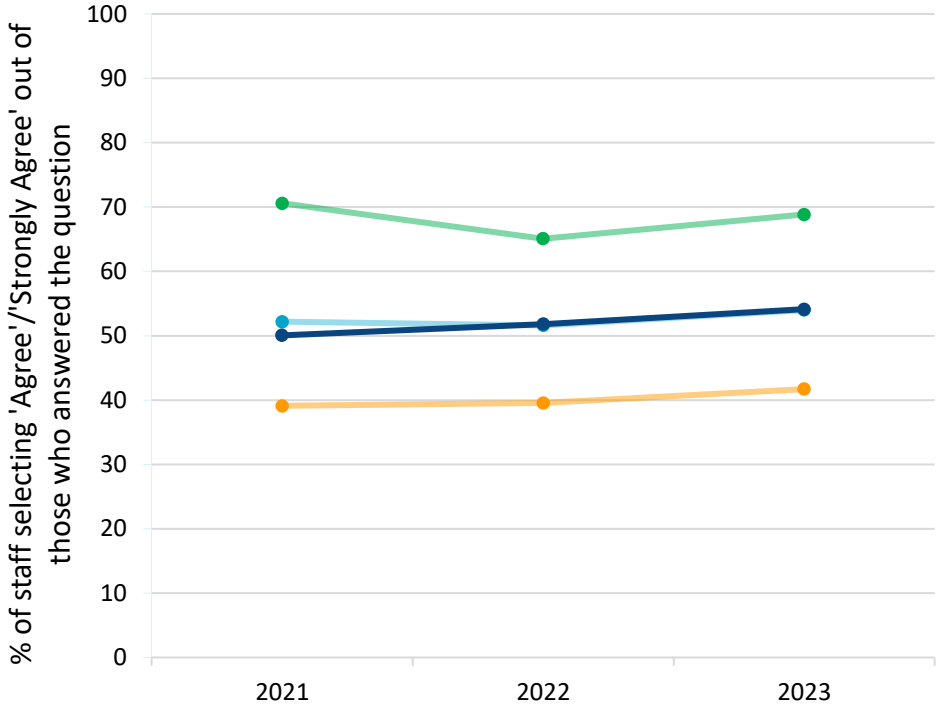
NHS

Q7g In my team disagreements are dealt with constructively.



	2021	2022	2023
Your org	52.99%	55.45%	55.33%
Best result	65.00%	63.36%	62.70%
Average result	54.72%	55.46%	56.71%
Worst result	48.24%	47.83%	50.76%
Responses	2412	3126	3895

Q8a Teams within this organisation work well together to achieve their objectives.



	2021	2022	2023
Your org	50.03%	51.80%	54.12%
Best result	70.58%	65.06%	68.83%
Average result	52.17%	51.61%	54.00%
Worst result	39.09%	39.54%	41.71%
Responses	2411	3136	3904

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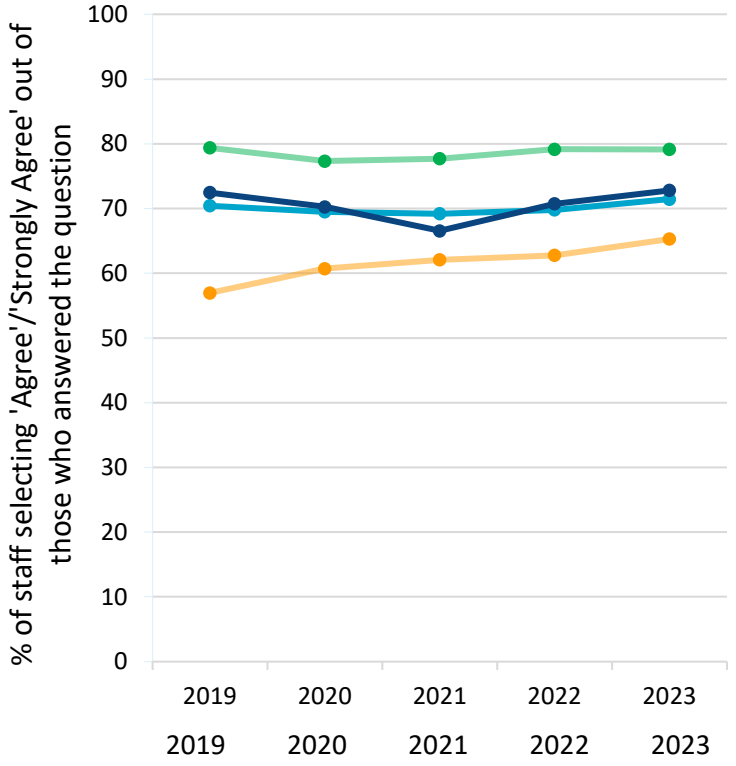
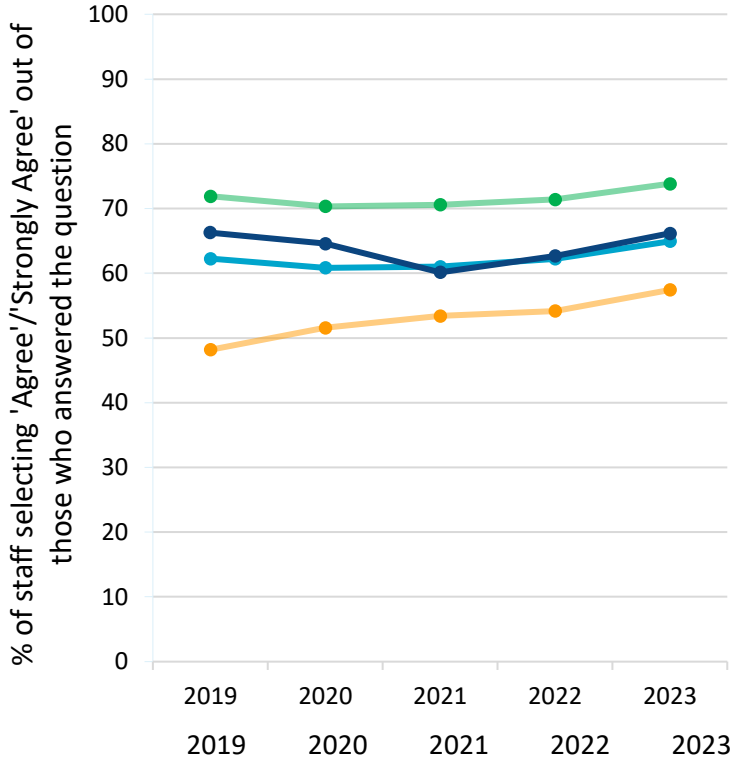
Survey Coordination Centre NHS

Q9a My immediate manager encourages me at work.



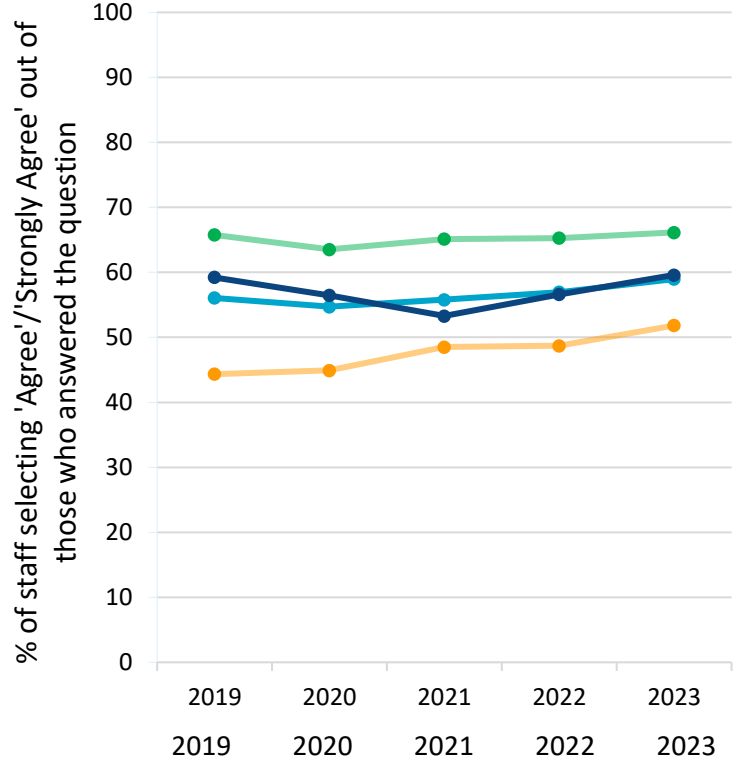
	2019	2020	2021	2022	2023
Your org	72.45%	70.27%	66.56%	70.74%	72.80%
Best result	79.38%	77.33%	77.69%	79.17%	79.13%
Average result	70.43%	69.49%	69.21%	69.78%	71.45%
Worst result	56.97%	60.71%	62.07%	62.76%	65.29%
Responses	493	660	2418	3140	3910

Q9b My immediate manager gives me clear feedback on my work.



	2019	2020	2021	2022	2023
Your org	66.28%	64.57%	60.16%	62.66%	66.16%
Best result	71.89%	70.33%	70.57%	71.39%	73.81%
Average result	62.26%	60.85%	61.01%	62.21%	64.96%
Worst result	48.18%	51.57%	53.40%	54.16%	57.43%
Responses	491	658	2415	3135	3905

Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2019	2020	2021	2022	2023
Your org	59.18%	56.46%	53.28%	56.62%	59.59%
Best result	65.77%	63.52%	65.12%	65.27%	66.13%
Average result	56.07%	54.71%	55.78%	56.95%	58.97%
Worst result	44.34%	44.91%	48.51%	48.70%	51.84%
Responses	491	659	2418	3141	3904

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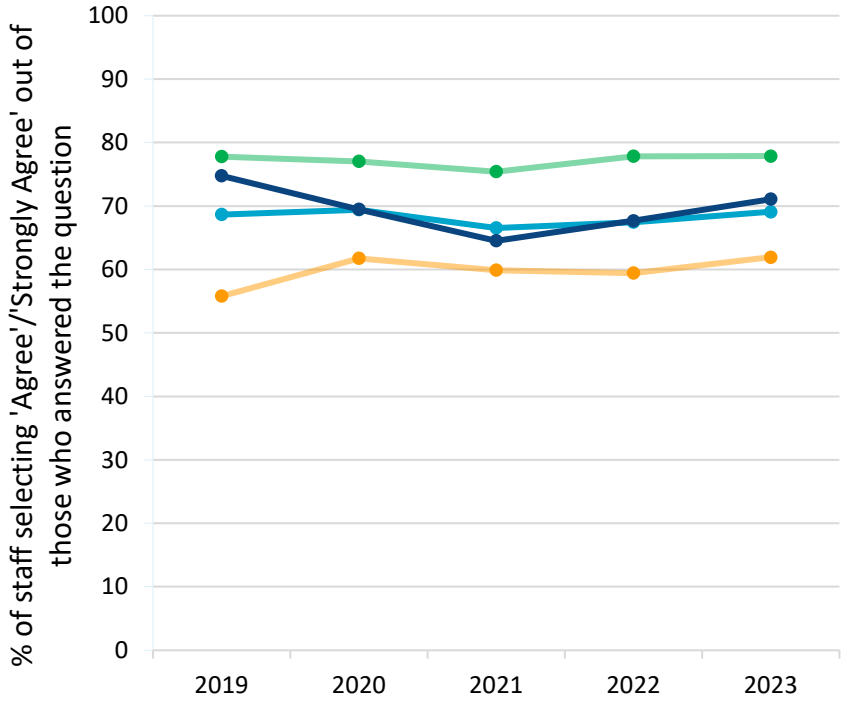
Survey Coordination Centre NHS

Q9d My immediate manager takes a positive interest in my health and well-being.



	2019	2020	2021	2022	2023
Your org	74.76%	69.47%	64.53%	67.69%	71.07%
Best result	77.80%	77.02%	75.43%	77.84%	77.87%
Average result	68.65%	69.43%	66.55%	67.45%	69.10%
Worst result	55.79%	61.76%	59.90%	59.42%	61.93%
Responses	491	658	215 2420	3141	3910

Survey Coordination Centre

NHS

Theme – Staff engagement

Questions included:

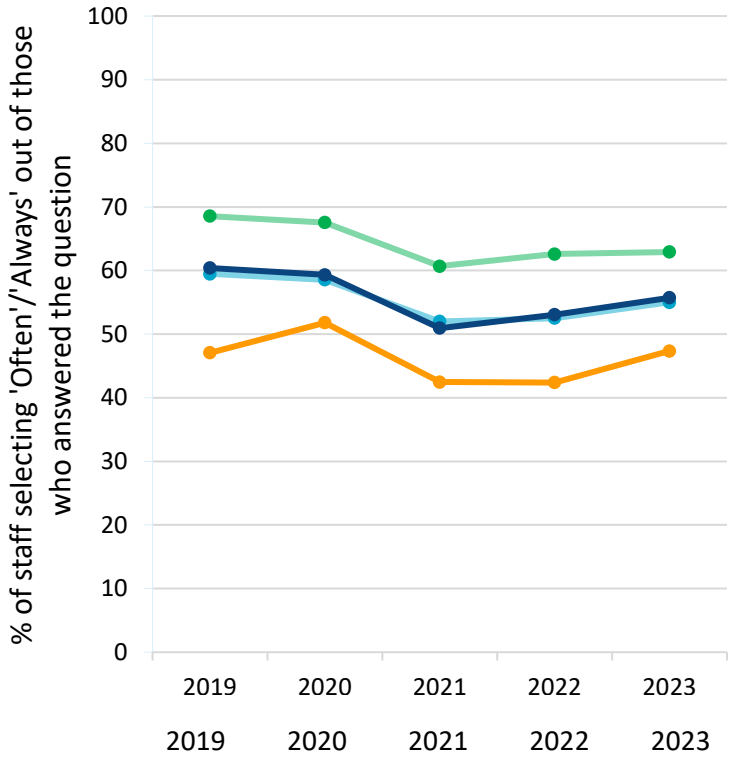
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

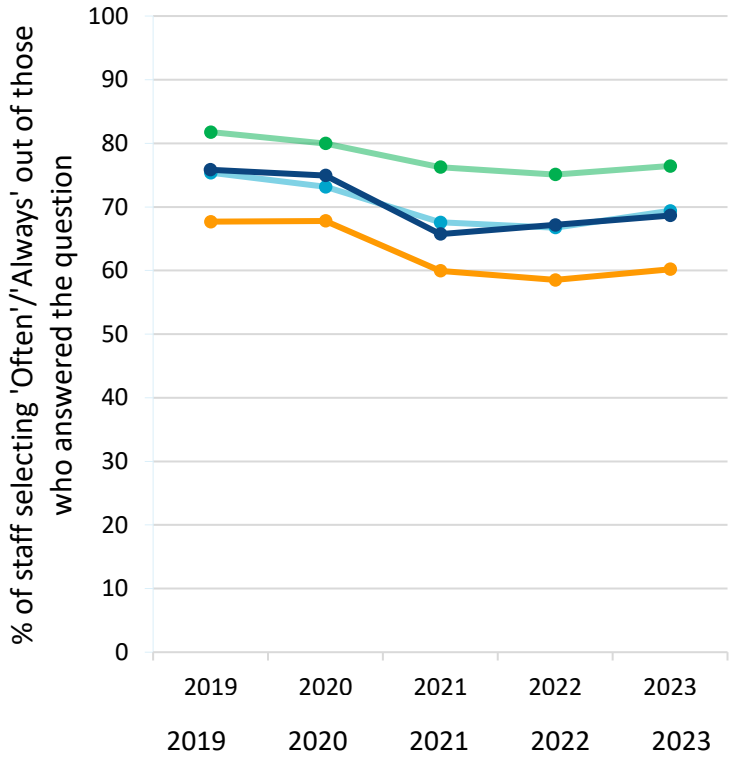
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q2a I look forward to going to work.



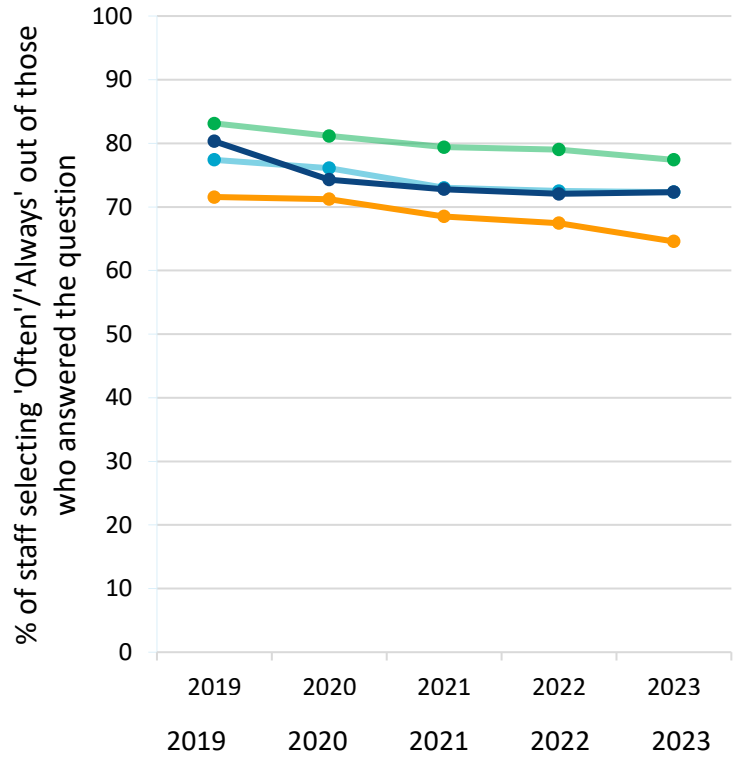
	2019	2020	2021	2022	2023
Your org	60.38%	59.31%	50.95%	53.07%	55.74%
Best result	68.55%	67.55%	60.68%	62.60%	62.92%
Average result	59.47%	58.55%	52.01%	52.49%	55.00%
Worst result	47.07%	51.81%	42.48%	42.39%	47.34%
Responses	493	655	2409	3126	3891

Q2b I am enthusiastic about my job.



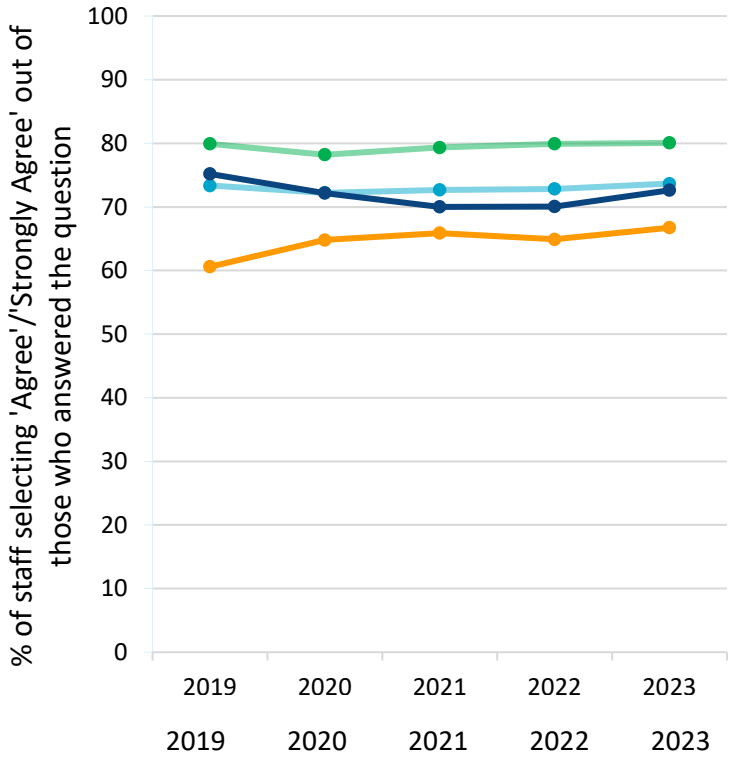
	2019	2020	2021	2022	2023
Your org	75.86%	74.95%	65.73%	67.16%	68.66%
Best result	81.75%	79.97%	76.25%	75.09%	76.43%
Average result	75.37%	73.16%	67.57%	66.74%	69.39%
Worst result	67.68%	67.81%	59.95%	58.50%	60.20%
Responses	493	653	2399	3114	3871

Q2c Time passes quickly when I am working.



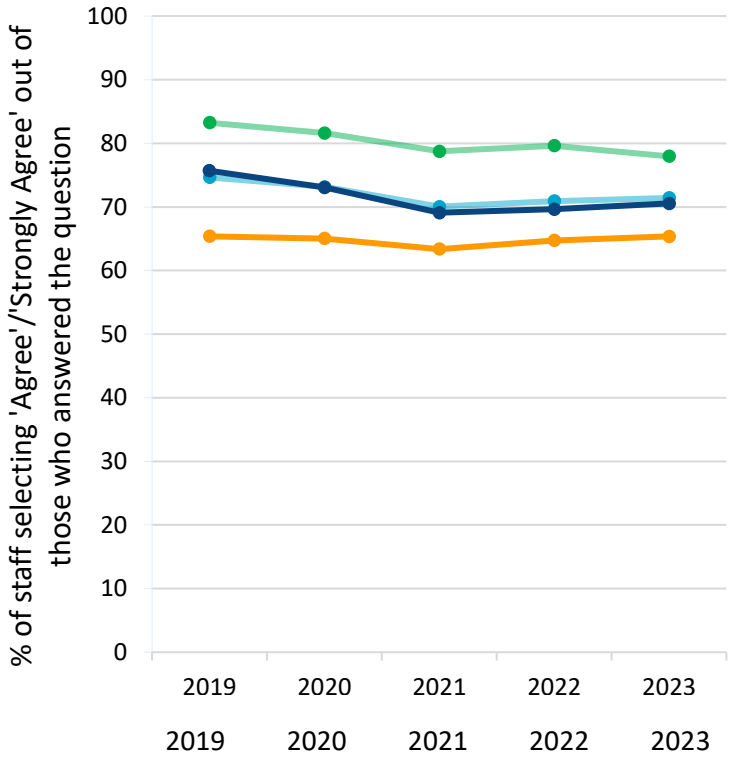
	2019	2020	2021	2022	2023
Your org	80.31%	74.29%	72.79%	72.06%	72.32%
Best result	83.13%	81.17%	79.41%	79.01%	77.42%
Average result	77.41%	76.10%	73.00%	72.50%	72.33%
Worst result	71.54%	71.21%	68.52%	67.44%	64.58%
Responses	492	654	2398	3112	3865

Q3c There are frequent opportunities for me to show initiative in my role.



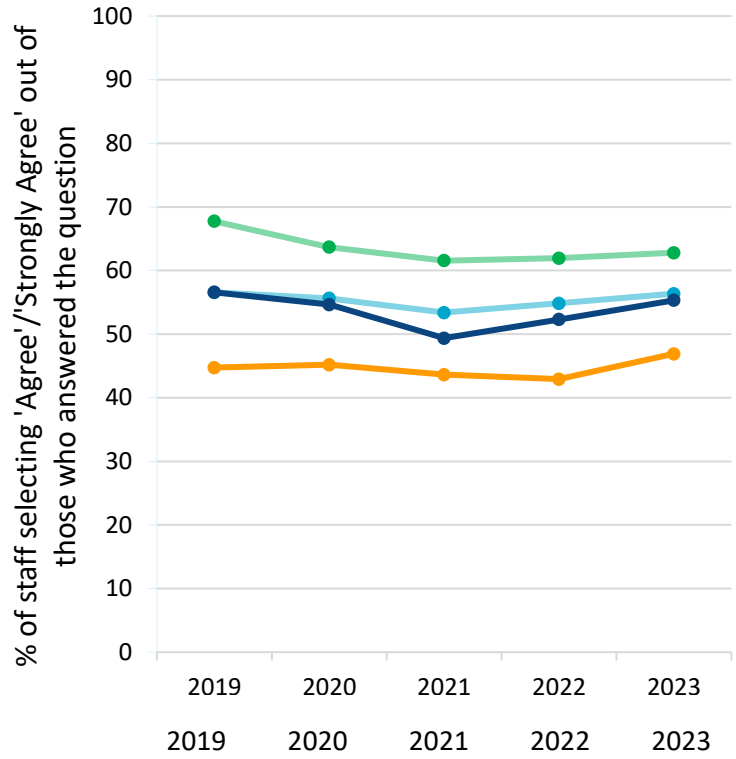
	2019	2020	2021	2022	2023
Your org	75.17%	72.18%	70.00%	70.07%	72.64%
Best result	79.93%	78.22%	79.35%	79.92%	80.07%
Average result	73.35%	72.23%	72.68%	72.83%	73.66%
Worst result	60.61%	64.80%	65.90%	64.90%	66.74%
Responses	496	658	2419	3134	3909

Q3d I am able to make suggestions to improve the work of my team / department.



	2019	2020	2021	2022	2023
Your org	75.68%	73.05%	69.07%	69.63%	70.54%
Best result	83.24%	81.60%	78.73%	79.63%	77.96%
Average result	74.65%	73.16%	70.05%	70.92%	71.43%
Worst result	65.38%	65.04%	63.37%	64.73%	65.35%
Responses	495	652	2402	3129	3904

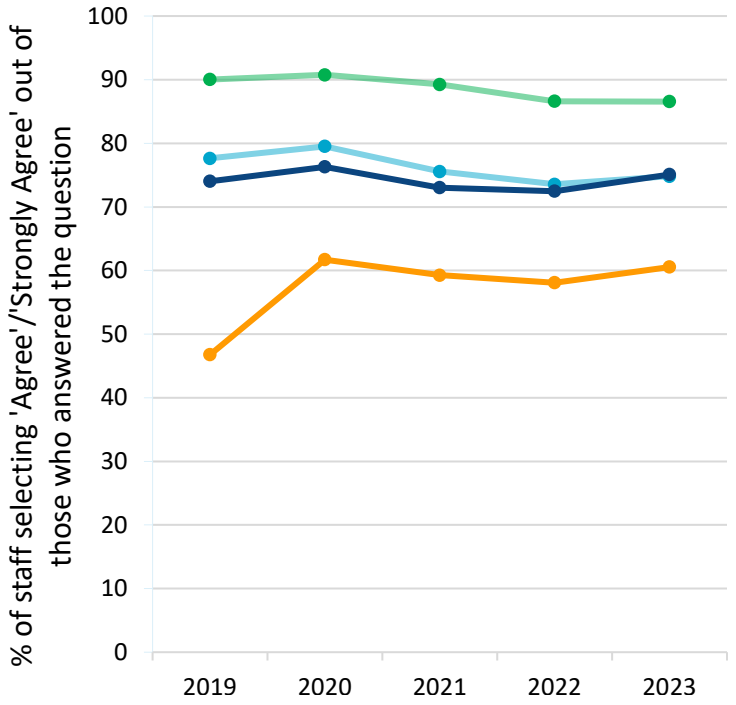
Q3f I am able to make improvements happen in my area of work.



	2019	2020	2021	2022	2023
Your org	56.56%	54.64%	49.36%	52.31%	55.31%
Best result	67.76%	63.68%	61.57%	61.93%	62.79%
Average result	56.56%	55.62%	53.39%	54.84%	56.35%
Worst result	44.73%	45.18%	43.63%	42.93%	46.89%
Responses	492	656	2402	3126	3903

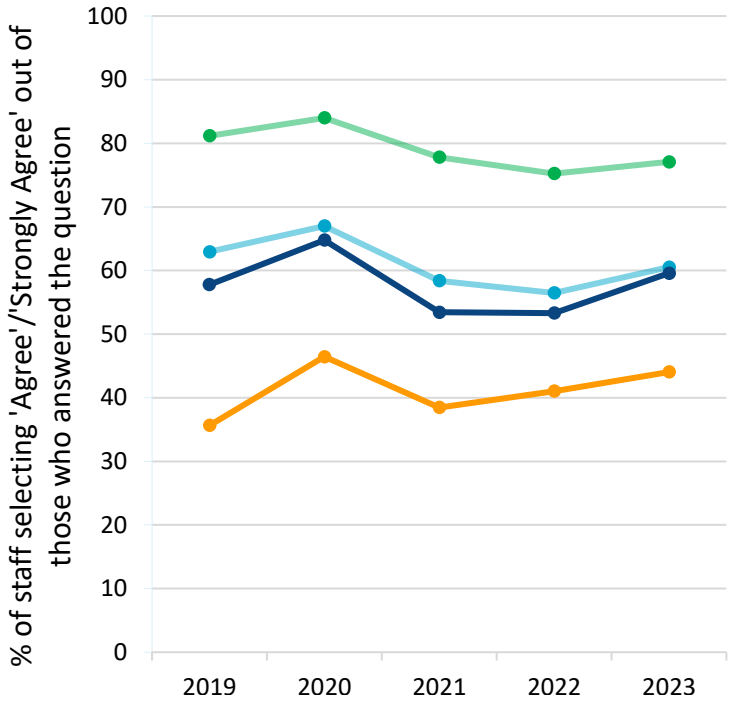
Survey Coordination Centre NHS

Q25a Care of patients / service users is my organisation's top priority.



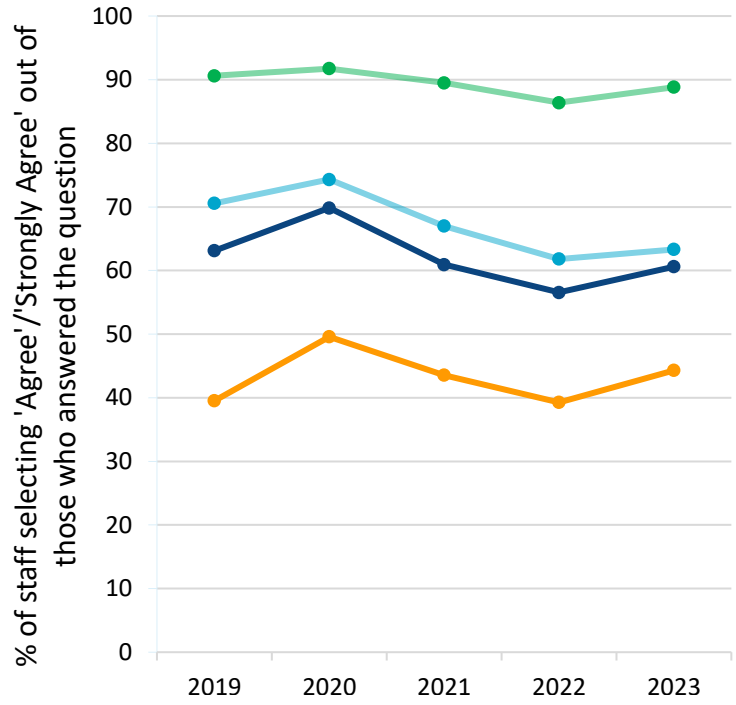
	2019	2020	2021	2022	2023
Your org	74.04%	76.29%	73.02%	72.49%	75.10%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	478	651	2416	3134	3909

Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
Your org	57.79%	64.79%	53.44%	53.30%	59.57%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	479	653	2412	3131	3907

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	63.09%	69.82%	60.93%	56.55%	60.61%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	477	651	2413	3127	3909

Survey Coordination Centre

NHS

Theme - Morale

Questions included:

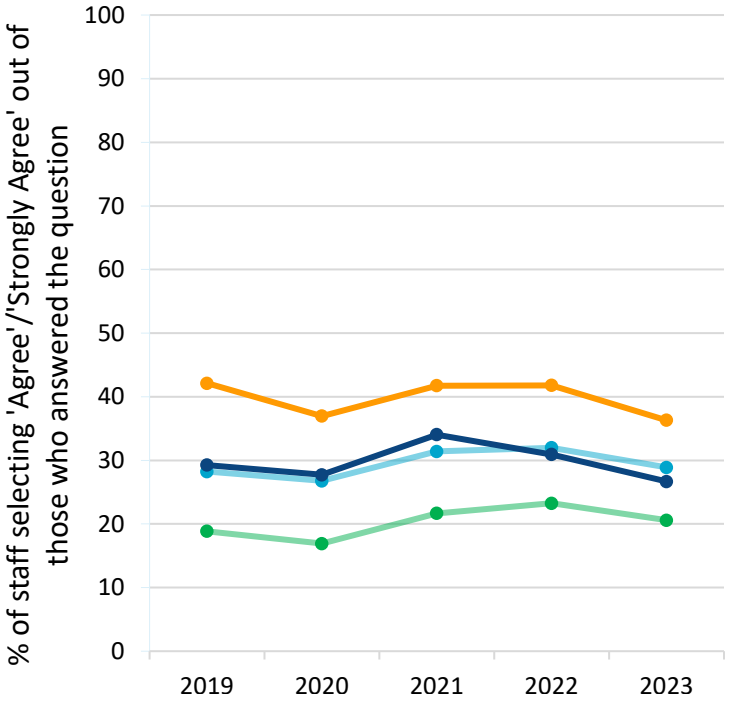
Thinking about leaving – Q26a, Q26b, Q26c

Work pressure – Q3g, Q3h, Q3i

Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

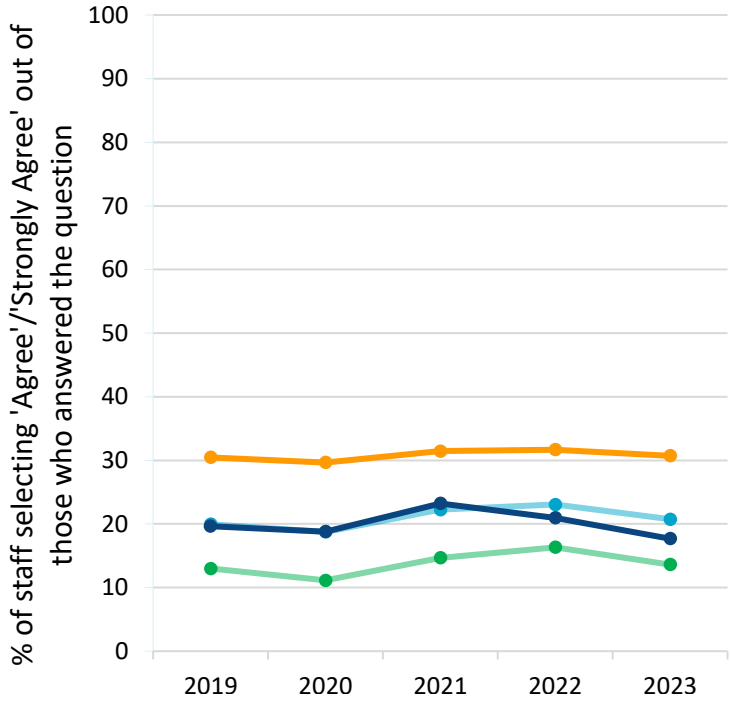
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q26a I often think about leaving this organisation.



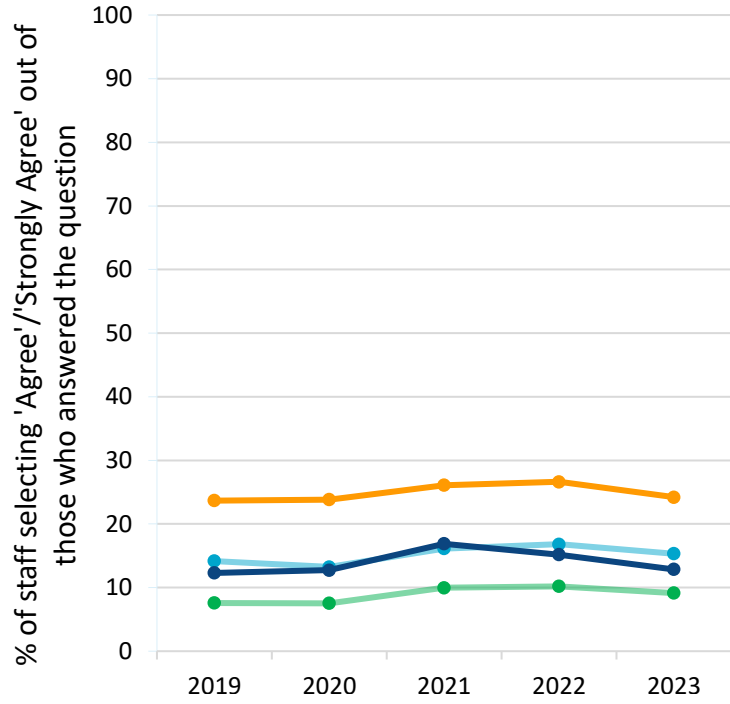
	2019	2020	2021	2022	2023
Your org	29.23%	27.72%	34.05%	30.93%	26.68%
Best result	18.85%	16.90%	21.67%	23.25%	20.57%
Average result	28.22%	26.78%	31.40%	31.98%	28.89%
Worst result	42.13%	36.96%	41.75%	41.80%	36.31%
Responses	479	657	2418	3136	3918

Q26b I will probably look for a job at a new organisation in the next 12 months.



	2019	2020	2021	2022	2023
Your org	19.65%	18.80%	23.24%	20.96%	17.70%
Best result	12.98%	11.12%	14.66%	16.34%	13.63%
Average result	19.95%	18.76%	22.23%	23.05%	20.74%
Worst result	30.46%	29.66%	31.44%	31.68%	30.73%
Responses	479	656	2413	3127	3912

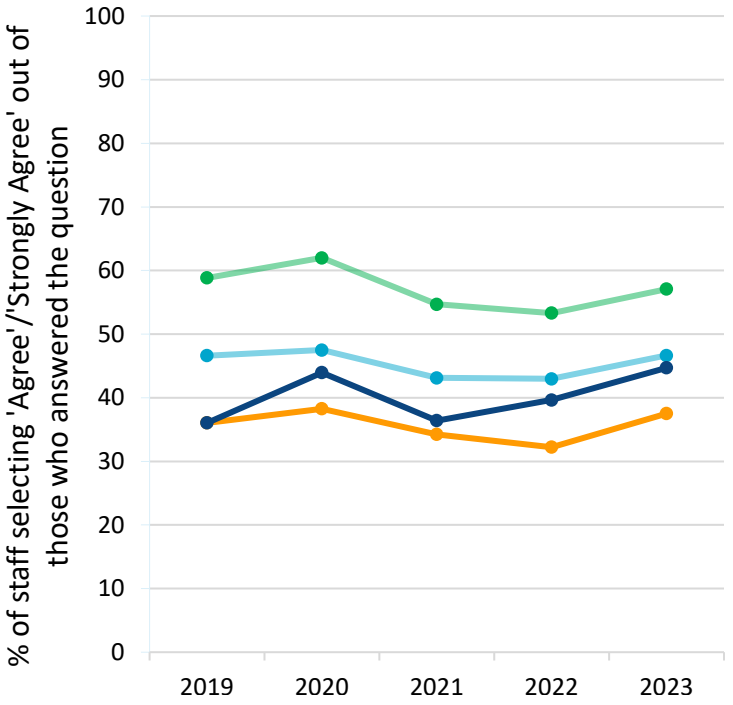
Q26c As soon as I can find another job, I will leave this organisation.



	2019	2020	2021	2022	2023
Your org	12.29%	12.74%	16.89%	15.18%	12.85%
Best result	7.58%	7.52%	9.98%	10.19%	9.13%
Average result	14.18%	13.25%	16.14%	16.82%	15.32%
Worst result	23.67%	23.82%	26.10%	26.61%	24.21%
Responses	474	653	2400	3123	3895

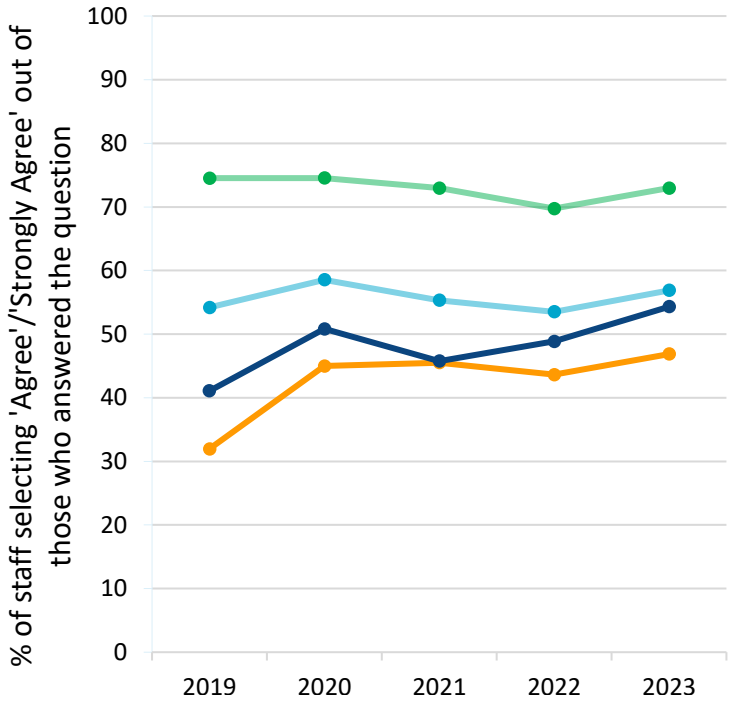
Survey Coordination Centre NHS

Q3g I am able to meet all the conflicting demands on my time at work.



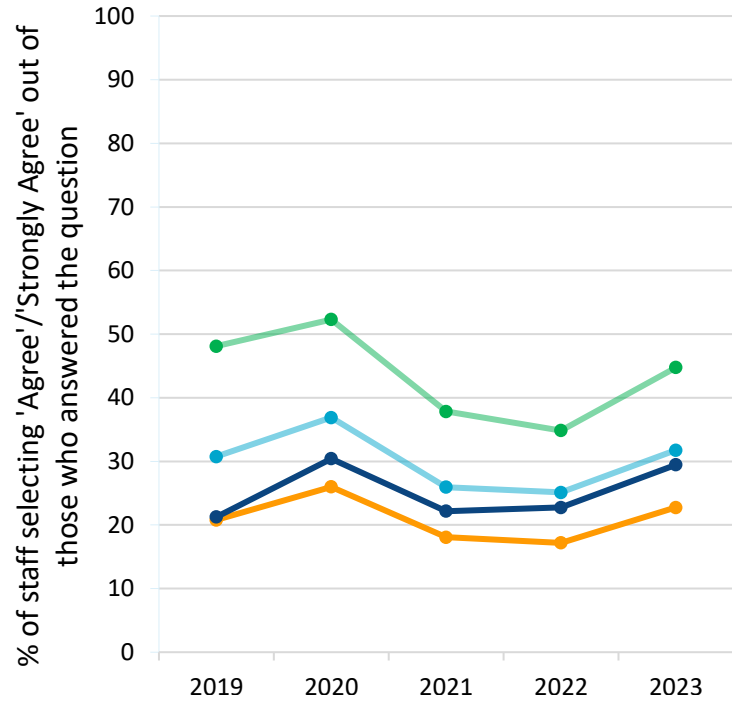
	2019	2020	2021	2022	2023
Your org	36.05%	43.95%	36.41%	39.66%	44.71%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	494	658	2402	3129	3896

Q3h I have adequate materials, supplies and equipment to do my work.



	2019	2020	2021	2022	2023
Your org	41.09%	50.82%	45.76%	48.87%	54.32%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	495	656	2407	3133	3884

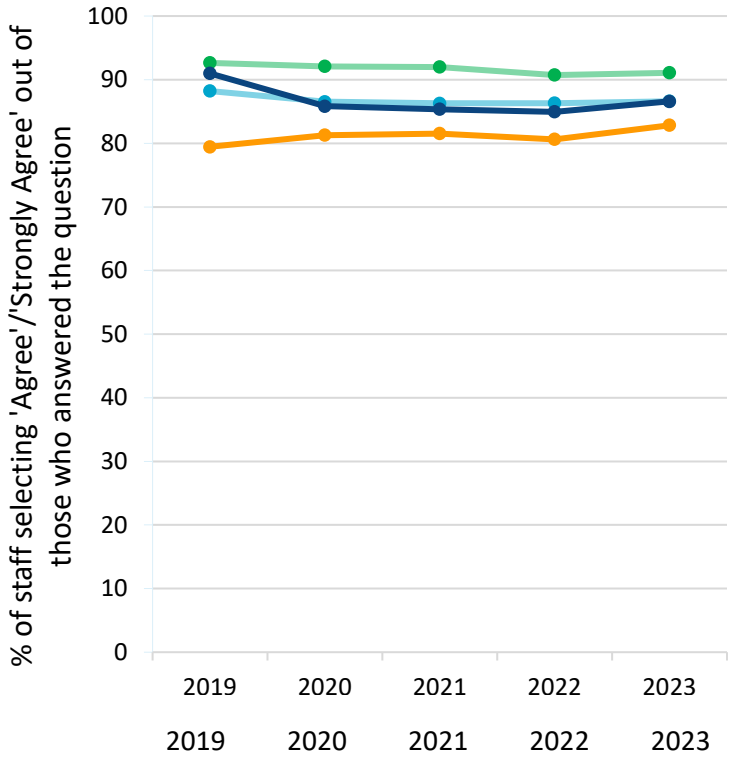
Q3i There are enough staff at this organisation for me to do my job properly.



	2019	2020	2021	2022	2023
Your org	21.27%	30.43%	22.17%	22.75%	29.45%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	494	655	2417	3135	3911

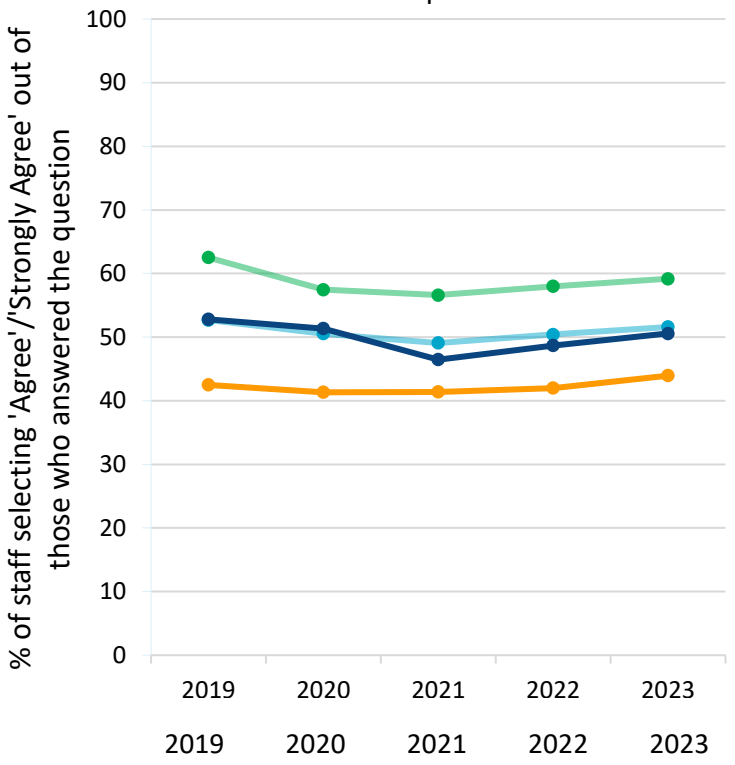
Survey Coordination Centre

Q3a I always know what my work responsibilities are.



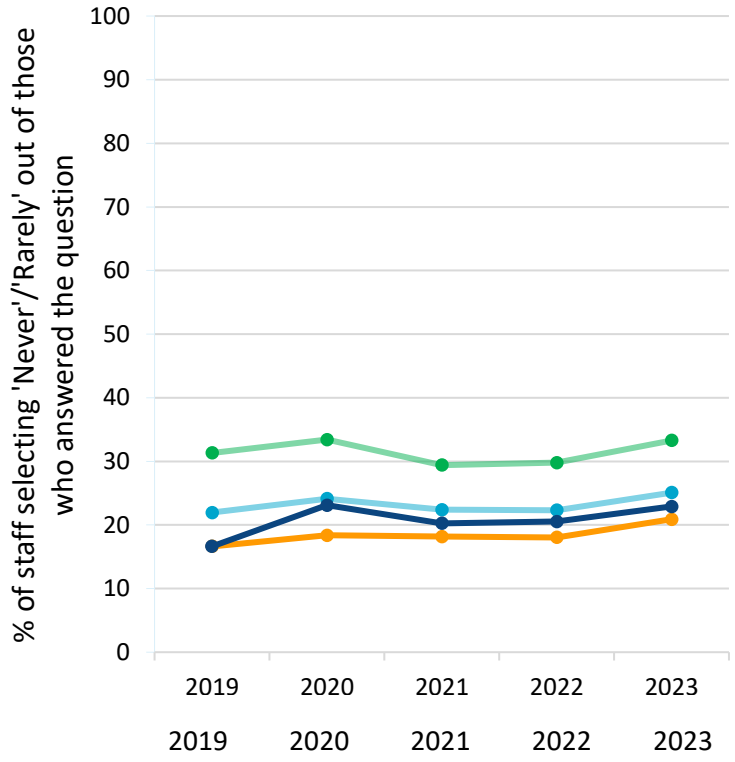
	2019	2020	2021	2022	2023
Your org	91.00%	85.83%	85.35%	84.95%	86.60%
Best result	92.66%	92.10%	92.01%	90.74%	91.10%
Average result	88.24%	86.55%	86.28%	86.30%	86.63%
Worst result	79.44%	81.28%	81.54%	80.62%	82.84%
Responses	490	654	2422	3141	3917

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



	2019	2020	2021	2022	2023
Your org	52.79%	51.35%	46.46%	48.67%	50.58%
Best result	62.53%	57.46%	56.61%	57.98%	59.18%
Average result	52.69%	50.55%	49.07%	50.41%	51.60%
Worst result	42.49%	41.33%	41.38%	41.99%	43.95%
Responses	492	657	2414	3133	3897

Q5a I have unrealistic time pressures.



	2019	2020	2021	2022	2023
Your org	16.62%	23.10%	20.25%	20.54%	22.91%
Best result	31.33%	33.42%	29.43%	29.80%	33.29%
Average result	21.94%	24.12%	22.39%	22.31%	25.08%
Worst result	16.62%	18.37%	18.16%	18.05%	20.88%
Responses	494	657	2412	3125	3910

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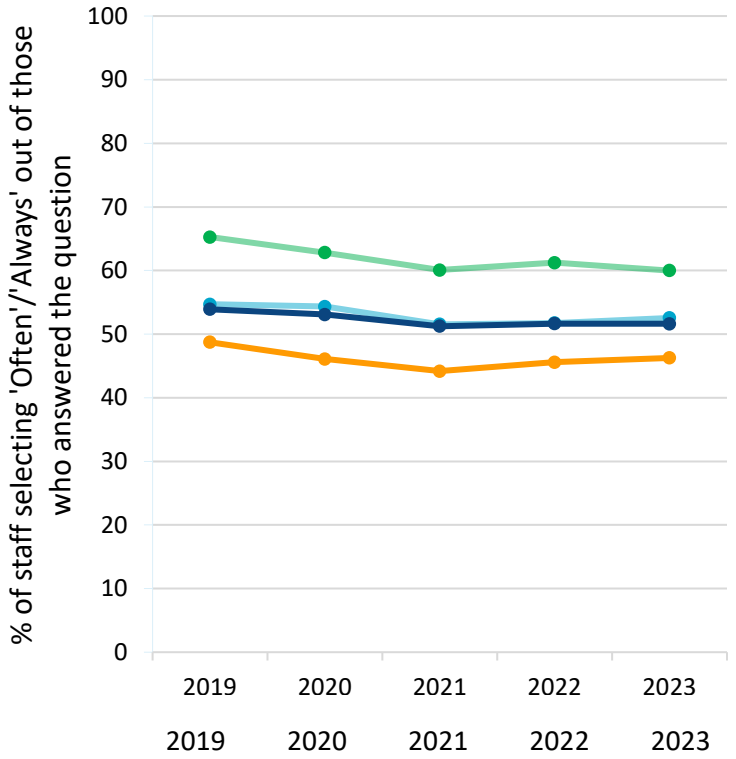
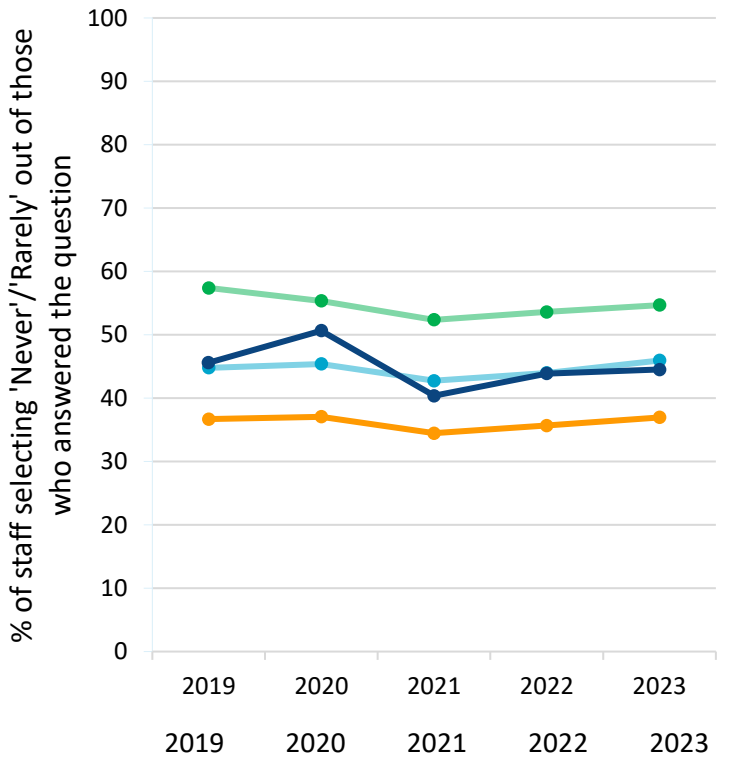
NHS

Q5b I have a choice in deciding how to do my work.



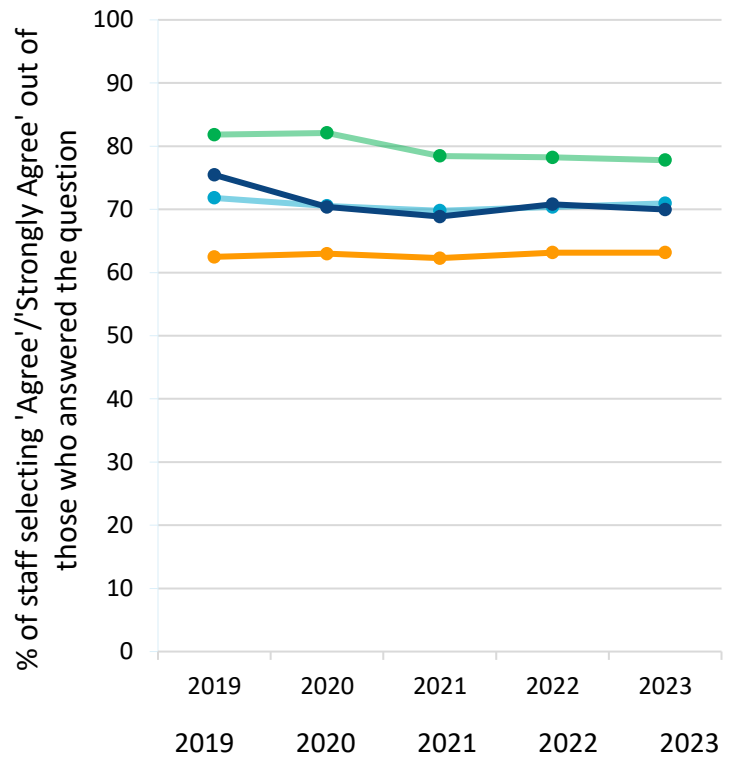
	2019	2020	2021	2022	2023
Your org	53.88%	53.08%	51.24%	51.66%	51.62%
Best result	65.25%	62.83%	60.08%	61.24%	60.00%
Average result	54.70%	54.35%	51.55%	51.76%	52.55%
Worst result	48.73%	46.10%	44.18%	45.59%	46.27%
Responses	491	655	2411	3123	3895

Q5c Relationships at work are strained.



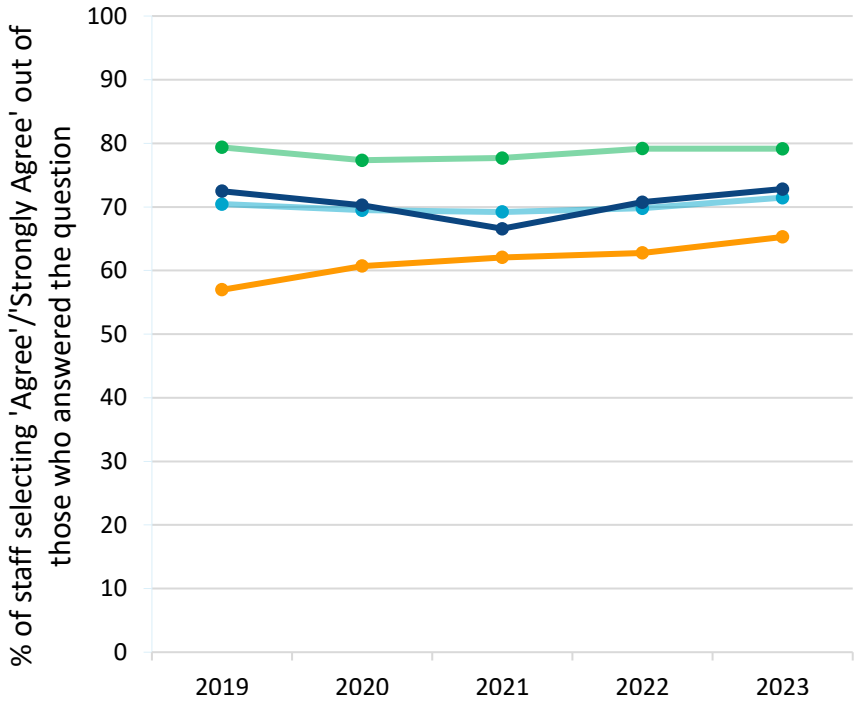
	2019	2020	2021	2022	2023
Your org	45.60%	50.66%	40.36%	43.87%	44.51%
Best result	57.40%	55.35%	52.37%	53.60%	54.70%
Average result	44.78%	45.38%	42.74%	43.99%	45.96%
Worst result	36.68%	37.06%	34.45%	35.67%	36.97%
Responses	493	656	2410	3126	3905

Q7c I receive the respect I deserve from my colleagues at work.



	2019	2020	2021	2022	2023
Your org	75.44%	70.37%	68.85%	70.80%	69.96%
Best result	81.82%	82.10%	78.44%	78.22%	77.78%
Average result	71.82%	70.56%	69.80%	70.37%	70.96%
Worst result	62.48%	62.97%	62.26%	63.16%	63.16%
Responses	494	654	2415	3137	3911

Q9a My immediate manager encourages me at work.



	2019	2020	2021	2022	2023
Your org	72.45%	70.27%	66.56%	70.74%	72.80%
Best result	79.38%	77.33%	77.69%	79.17%	79.13%
Average result	70.43%	69.49%	69.21%	69.78%	71.45%
Worst result	56.97%	60.71%	62.07%	62.76%	65.29%
Responses	493	660	2418	3140	3910

225

Question not linked to People Promise elements or themes

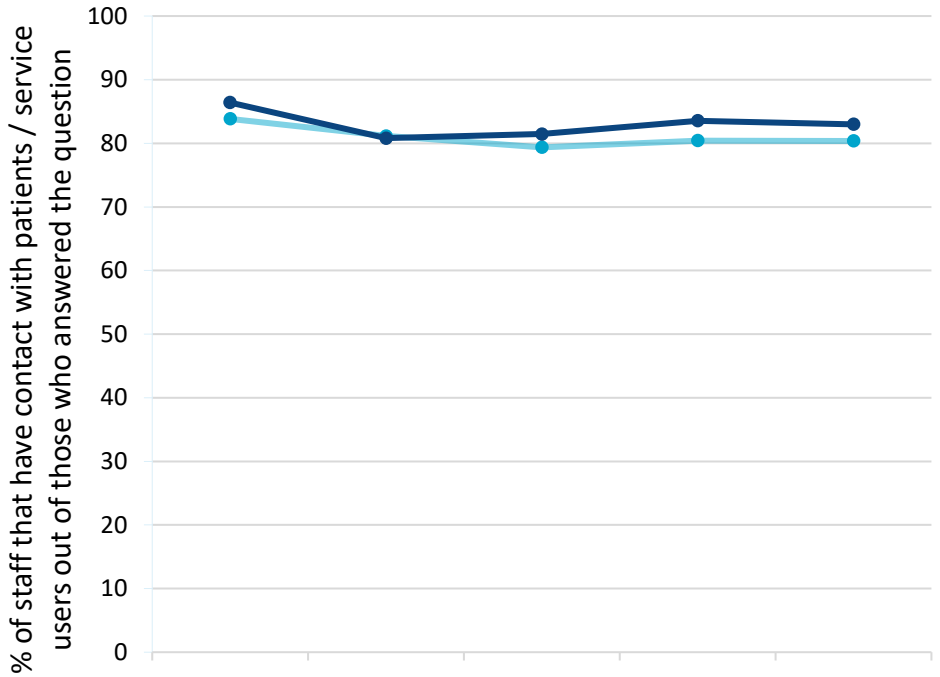
Questions included:*

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. These questions do not contribute to any score or sub-score calculations.

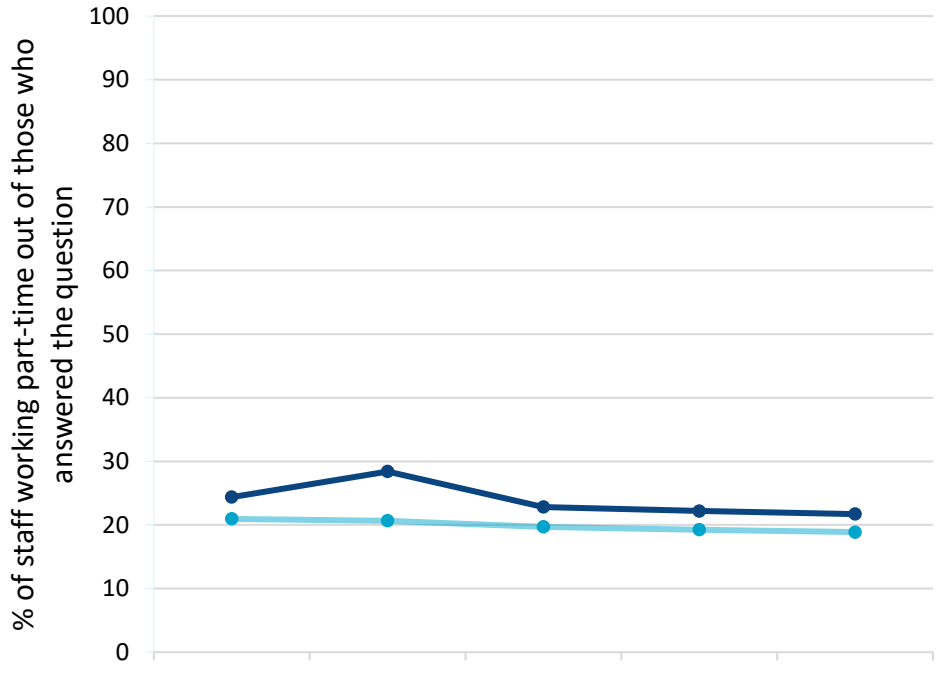
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



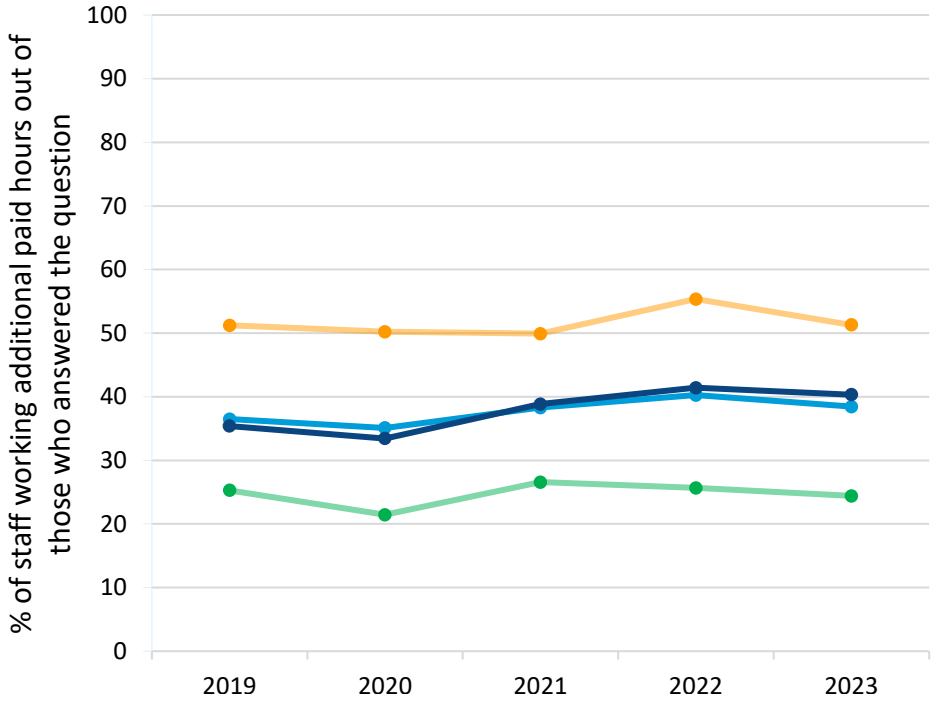
	2019	2020	2021	2022	2023
Your org	86.38%	80.79%	81.46%	83.54%	83.00%
Average	83.86%	81.16%	79.36%	80.42%	80.37%
Responses	492	656	2417	3134	3906

Q10a How many hours a week are you contracted to work?



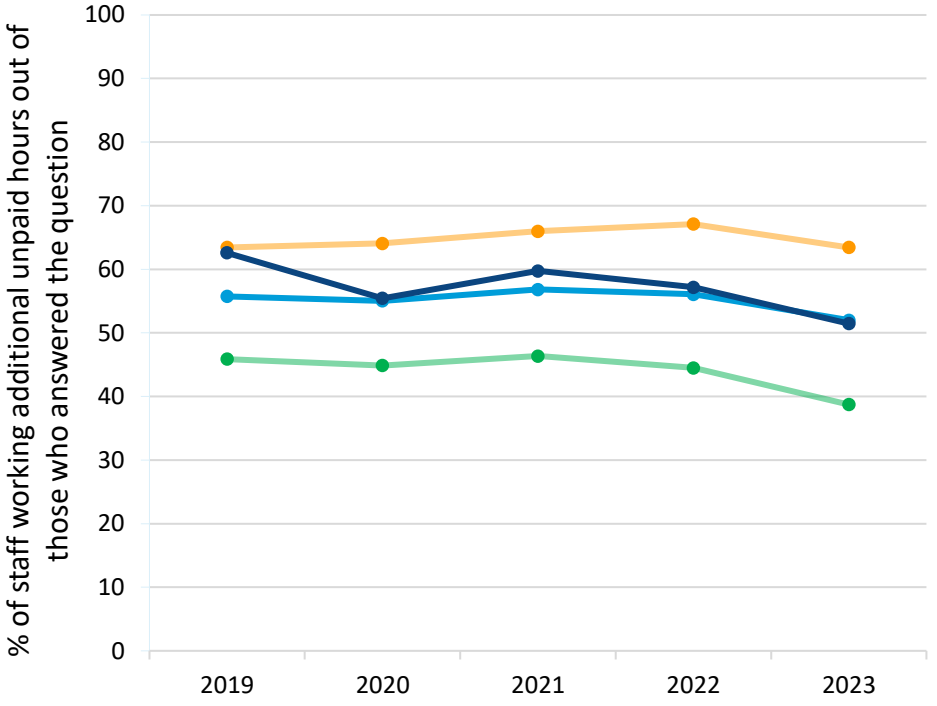
	2019	2020	2021	2022	2023
Your org	24.38%	28.41%	22.83%	22.19%	21.71%
Average	20.97%	20.66%	19.69%	19.24%	18.88%
Responses	447	609	2221	2866	3533

Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



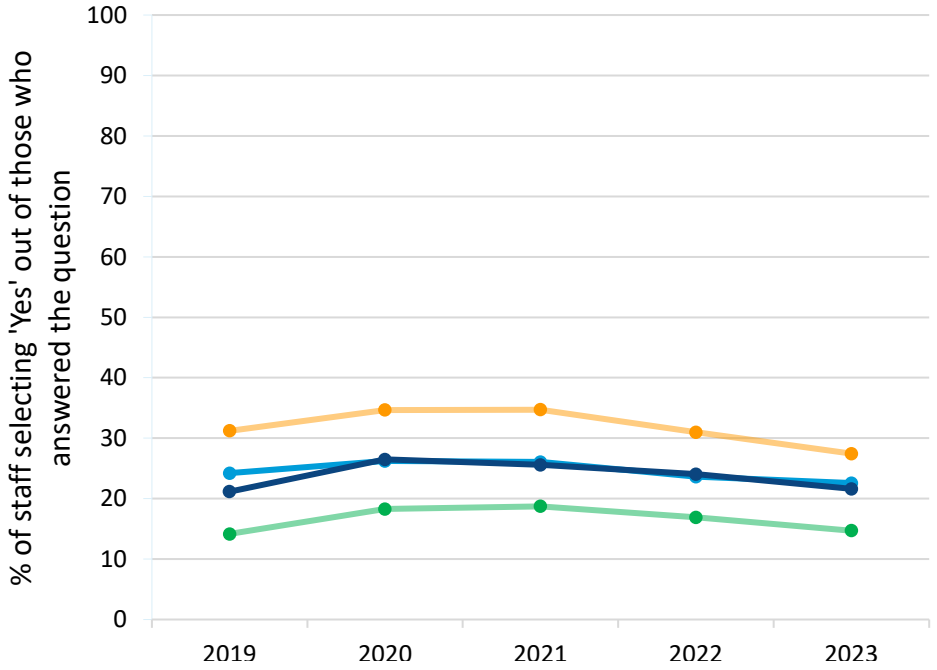
	2019	2020	2021	2022	2023
Your org	35.38%	33.43%	38.84%	41.42%	40.34%
Lowest	25.29%	21.45%	26.56%	25.66%	24.41%
Average	36.47%	35.09%	38.29%	40.25%	38.45%
Highest	51.23%	50.22%	49.92%	55.35%	51.29%
Responses	469	641	2367	3050	3815

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



	2019	2020	2021	2022	2023
Your org	62.56%	55.45%	59.73%	57.19%	51.48%
Lowest	45.87%	44.88%	46.37%	44.50%	38.73%
Average	55.74%	55.02%	56.83%	56.06%	52.00%
Highest	63.43%	64.06%	65.99%	67.12%	63.45%
Responses	477	643	2377	3067	3809

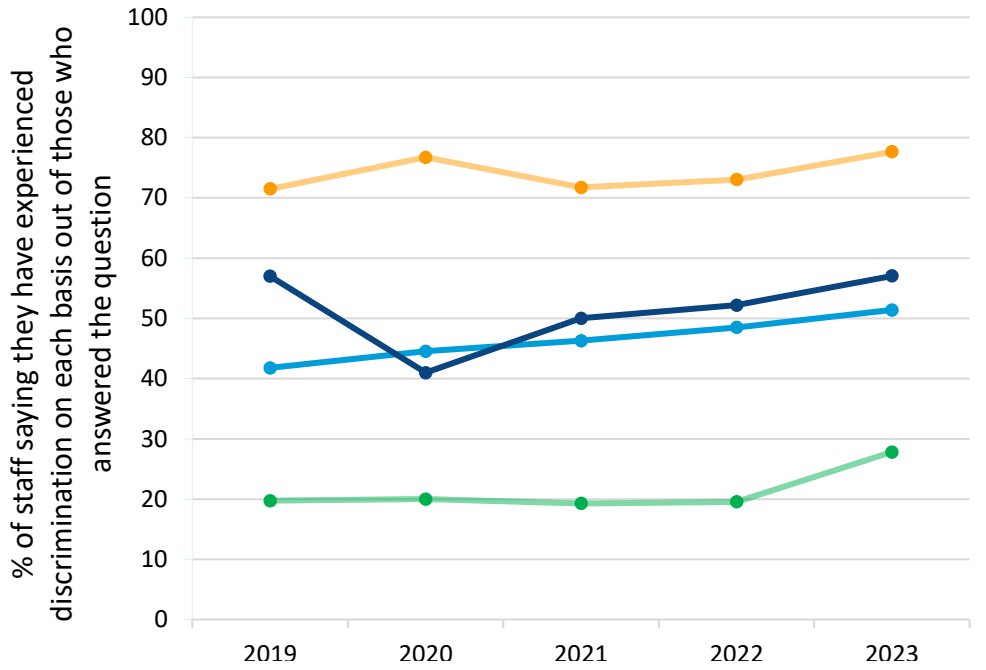
Q11e* Have you felt pressure from your manager to come to work?



	2019	2020	2021	2022	2023
Your org	21.13%	26.48%	25.59%	24.06%	21.60%
Best result	14.16%	18.27%	18.73%	16.91%	14.70%
Average result	24.21%	26.23%	26.05%	23.64%	22.57%
Worst result	31.23%	34.66%	34.72%	30.98%	27.44%
Responses	272	303	1414	1848	2099

*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q16c.1 On what grounds have you experienced discrimination? - Ethnic background.



	2019	2020	2021	2022	2023
Your org	56.98%	40.98%	50.00%	52.20%	57.06%
Best result	19.75%	20.01%	19.29%	19.55%	27.81%
Average result	41.77%	44.53%	46.29%	48.50%	51.38%
Worst result	71.50%	76.72%	71.74%	73.03%	77.66%
Responses	42	79	343	432	622

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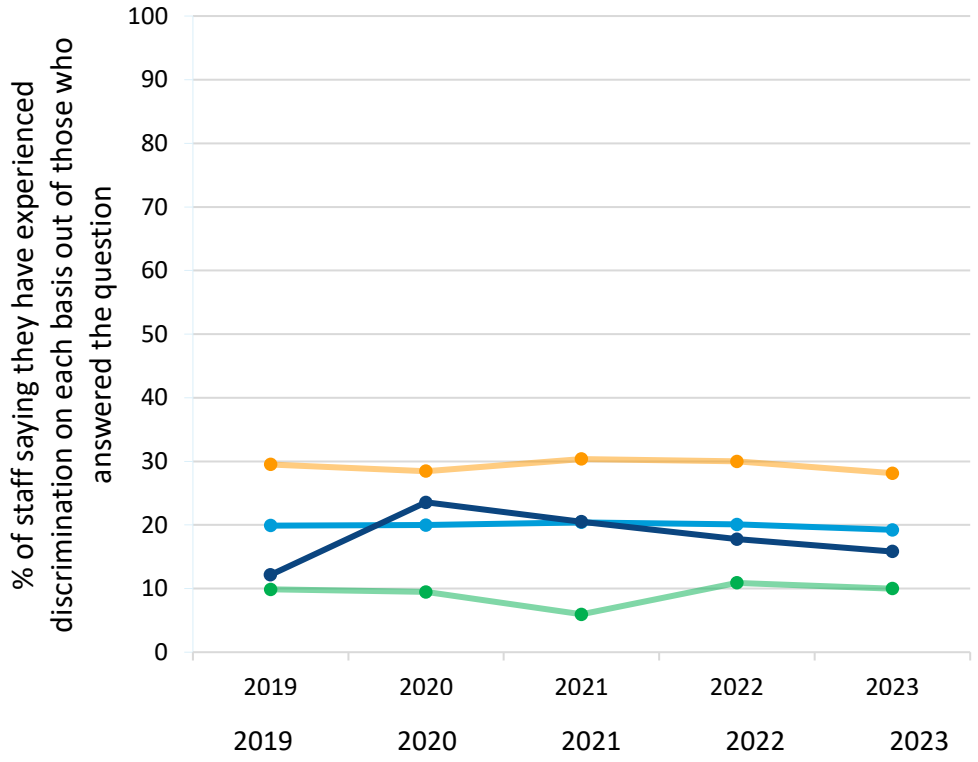
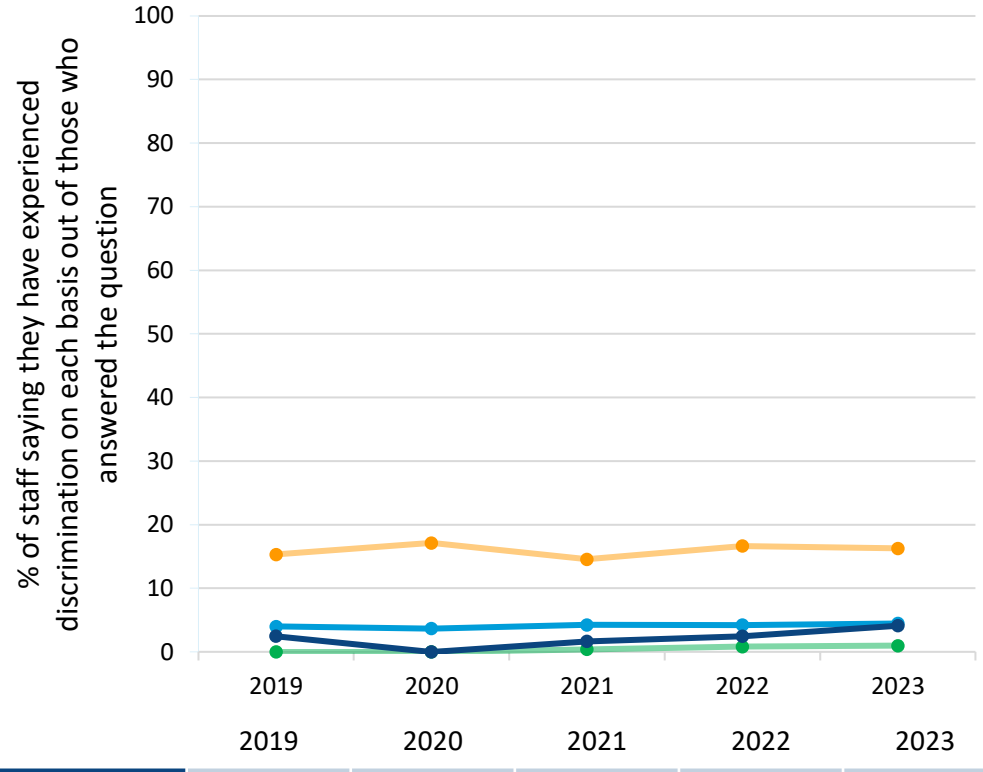
NHS

Q16c.2 On what grounds have you experienced discrimination? – Gender.



	2019	2020	2021	2022	2023
Your org	12.13%	23.55%	20.52%	17.78%	15.83%
Best result	9.88%	9.46%	5.94%	10.90%	9.99%
Average result	19.91%	19.98%	20.41%	20.09%	19.22%
Worst result	29.51%	28.46%	30.36%	29.99%	28.12%
Responses	42	79	343	432	622

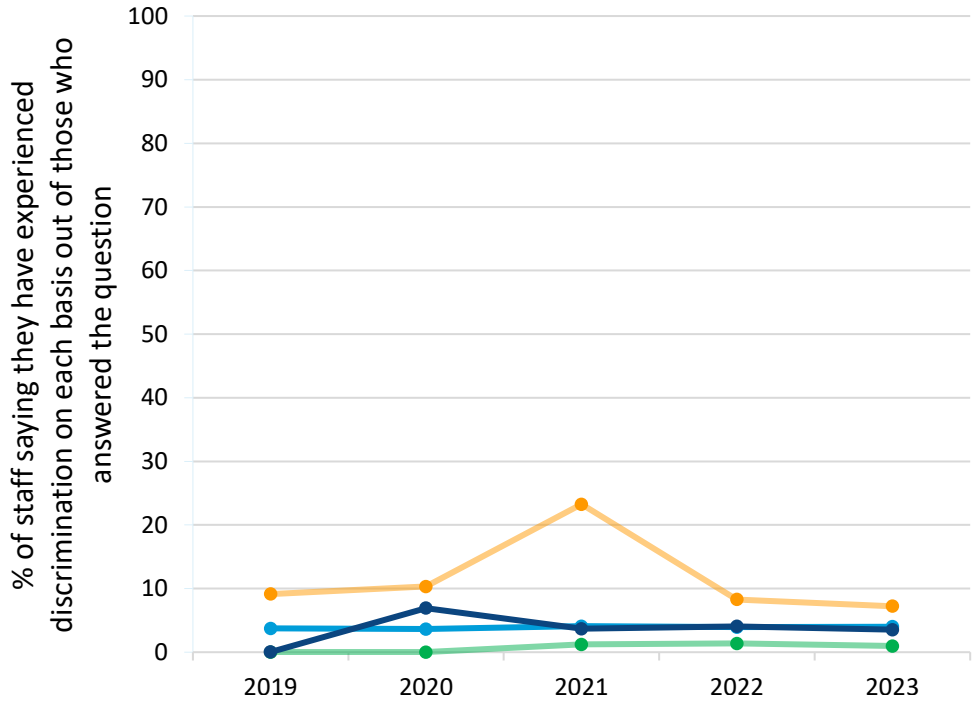
Q16c.3 On what grounds have you experienced discrimination? – Religion.



	2019	2020	2021	2022	2023
Your org	2.44%	0.00%	1.65%	2.46%	4.12%
Best result	0.00%	0.00%	0.41%	0.83%	0.98%
Average result	4.01%	3.68%	4.25%	4.23%	4.47%
Worst result	15.33%	17.13%	14.56%	16.66%	16.27%
Responses	42	79	343	432	622

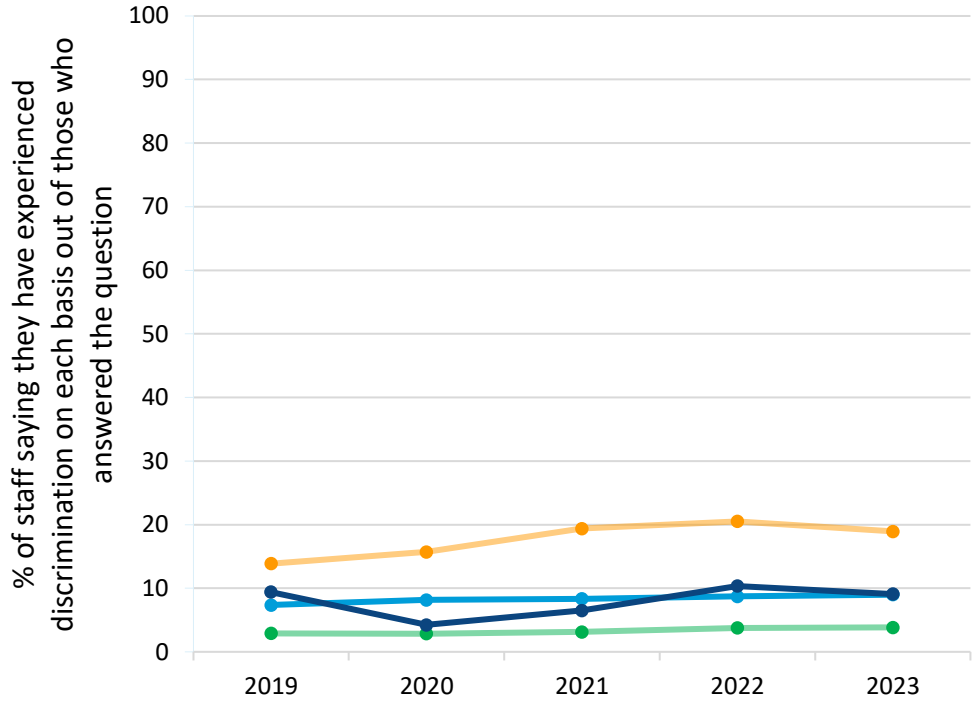
230

Q16c.4 On what grounds have you experienced discrimination? – Sexual orientation.



	2019	2020	2021	2022	2023
Your org	0.00%	6.93%	3.68%	4.07%	3.52%
Best result	0.00%	0.00%	1.21%	1.38%	0.97%
Average result	3.74%	3.63%	4.09%	3.93%	4.00%
Worst result	9.14%	10.33%	23.26%	8.28%	7.22%
Responses	42	79	343	432	622

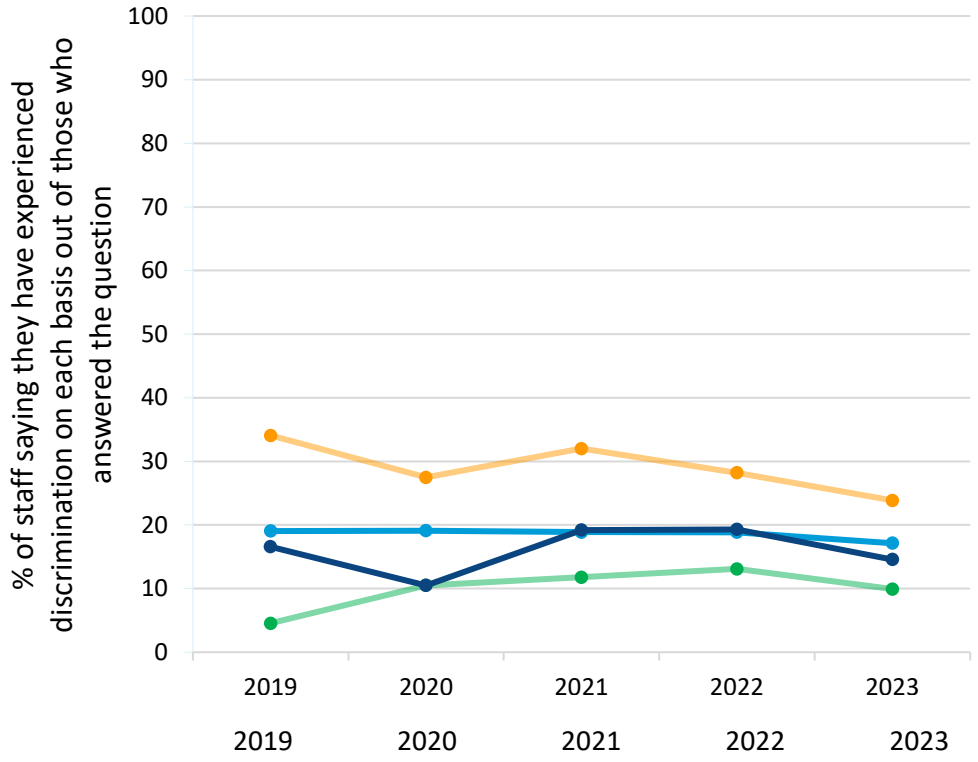
Q16c.5 On what grounds have you experienced discrimination? – Disability.



	2019	2020	2021	2022	2023
Your org	9.40%	4.24%	6.52%	10.37%	9.09%
Best result	2.91%	2.86%	3.14%	3.77%	3.86%
Average result	7.37%	8.17%	8.36%	8.74%	9.01%
Worst result	13.87%	15.73%	19.39%	20.53%	18.93%
Responses	42	79	343	432	622

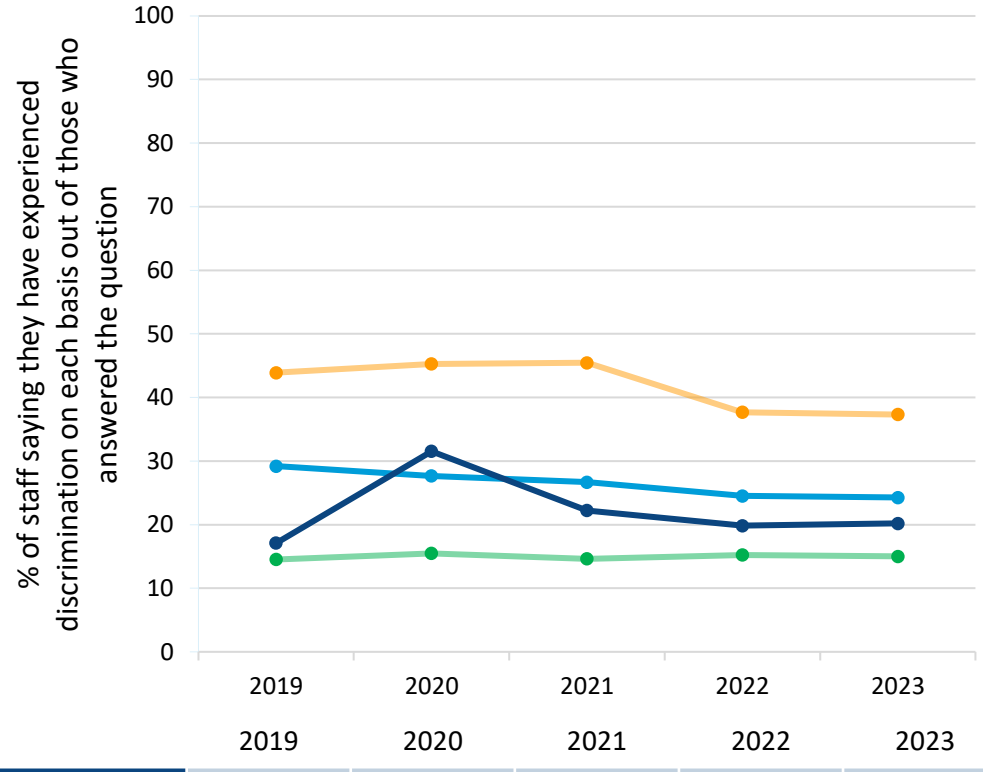
231

Q16c.6 On what grounds have you experienced discrimination? – Age.



	2019	2020	2021	2022	2023
Your org	16.59%	10.50%	19.19%	19.29%	14.56%
Best result	4.55%	10.50%	11.78%	13.08%	9.92%
Average result	19.05%	19.09%	18.89%	18.84%	17.15%
Worst result	34.06%	27.49%	32.01%	28.20%	23.85%
Responses	42	79	343	432	622

Q16c.7 On what grounds have you experienced discrimination? – Other.



	2019	2020	2021	2022	2023
Your org	17.10%	31.53%	22.24%	19.84%	20.19%
Best result	14.53%	15.51%	14.64%	15.24%	15.03%
Average result	29.20%	27.66%	26.69%	24.52%	24.27%
Worst result	43.90%	45.27%	45.46%	37.68%	37.34%
Responses	42	79	343	432	622

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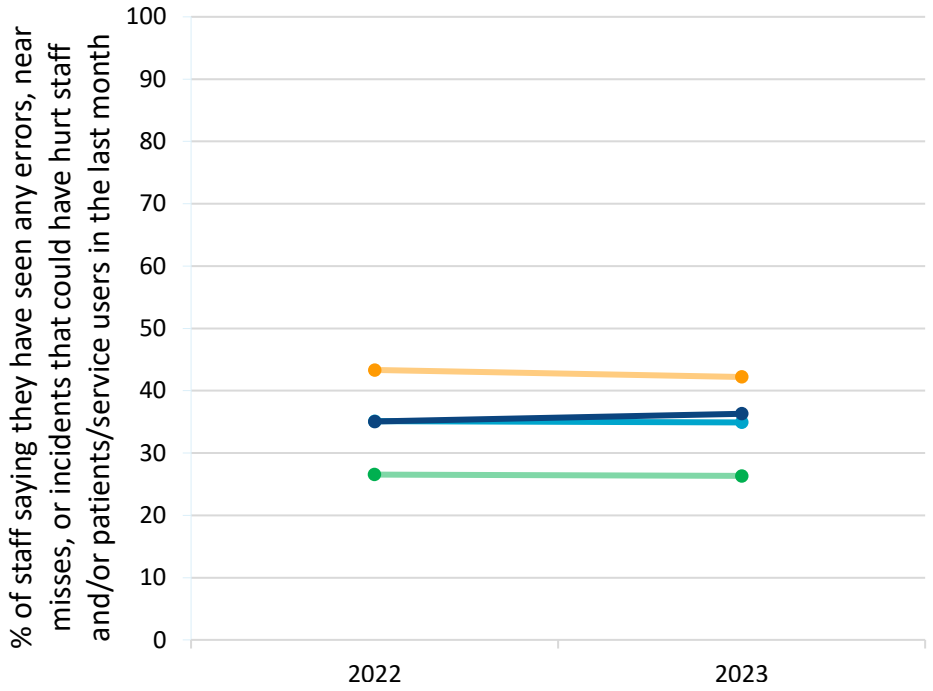
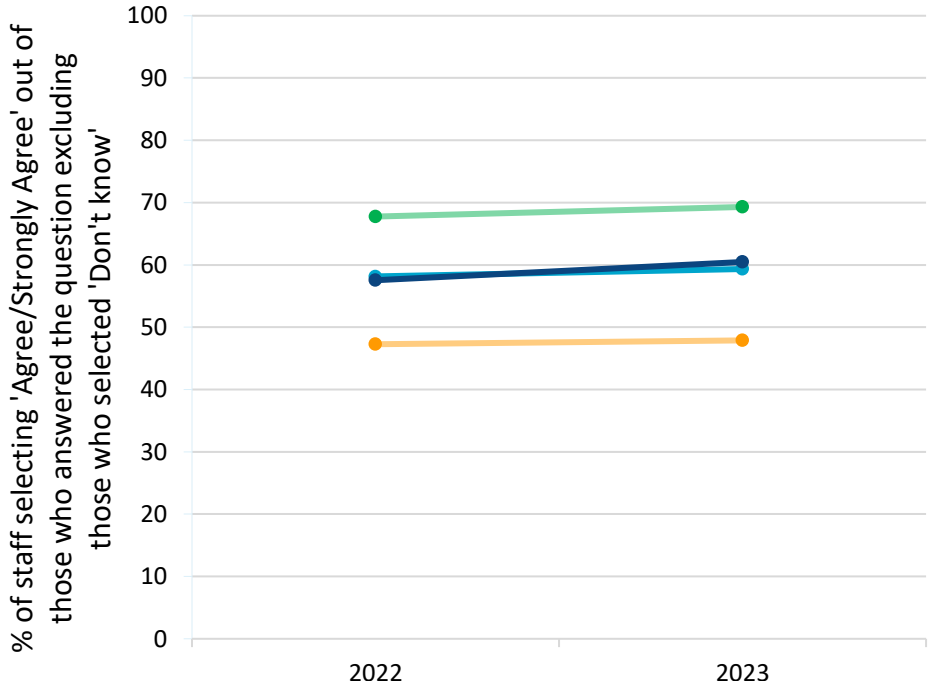
Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



	2022	2023
Your org	35.06%	36.30%
Best result	26.54%	26.31%
Average result	35.09%	34.92%
Worst result	43.33%	42.20%
Responses	3120	3838

Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.



	2022	2023
Your org	57.56%	60.47%
Best result	67.74%	69.31%
Average result	58.15%	59.36%
Worst result	47.28%	47.88%
Responses	2389	3048

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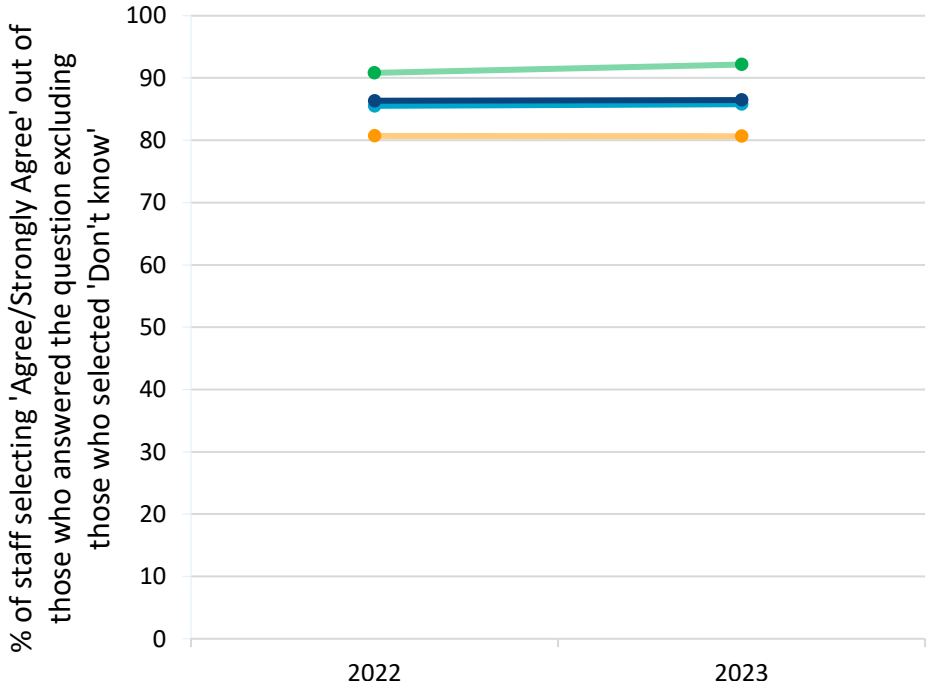
Survey Coordination Centre

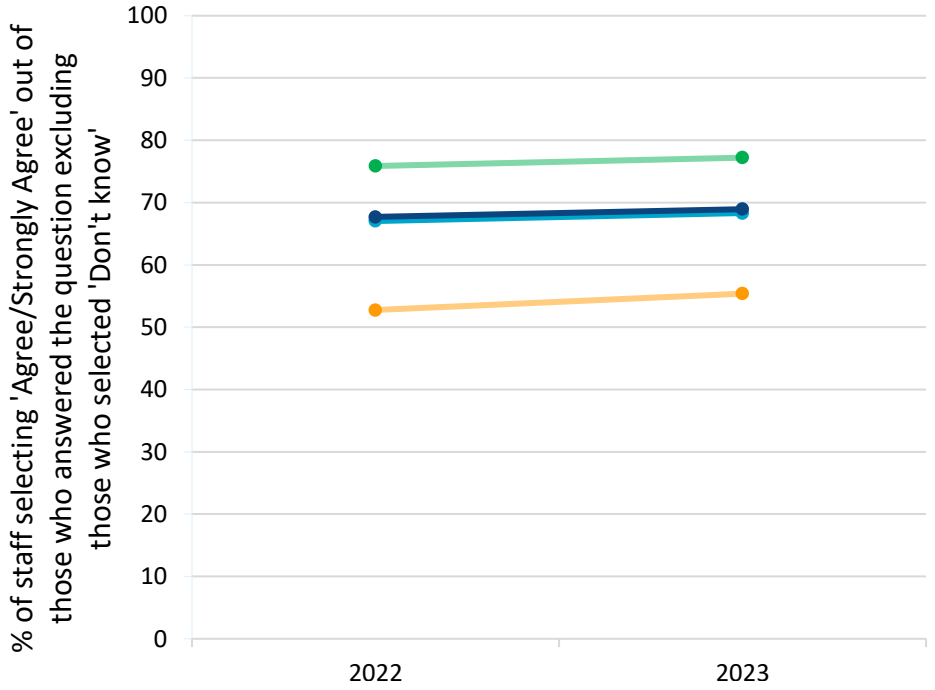
NHS

Q19b My organisation encourages us to report errors, near misses or incidents.



	2022	2023
Your org	86.34%	86.47%
Best result	90.82%	92.17%
Average result	85.51%	85.79%
Worst result	80.70%	80.69%
Responses	3011	3746

Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



	2022	2023
Your org	67.69%	68.95%
Best result	75.89%	77.22%
Average result	67.04%	68.30%
Worst result	52.76%	55.39%
Responses	2772	3501

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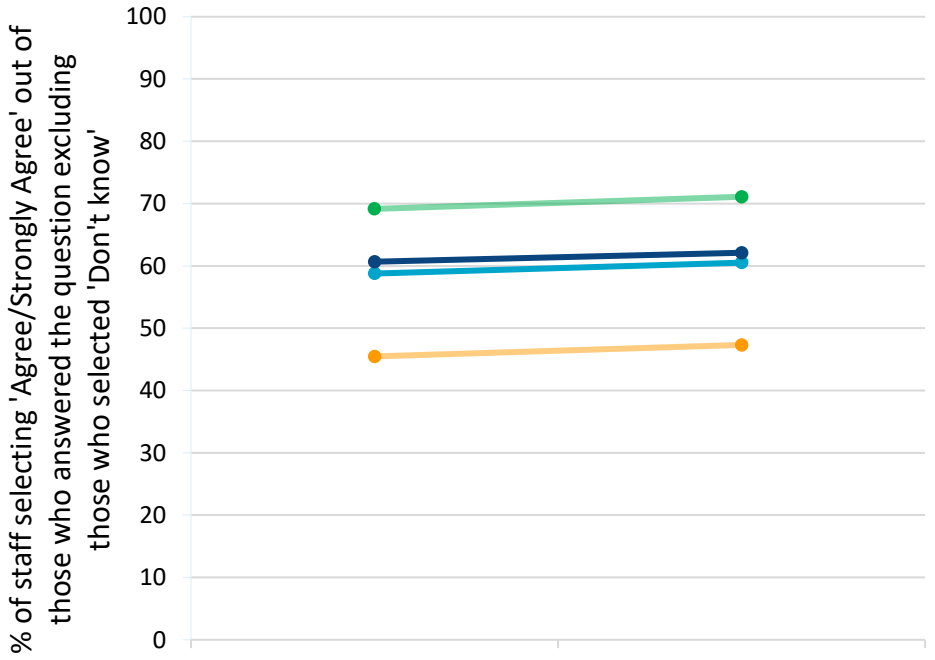
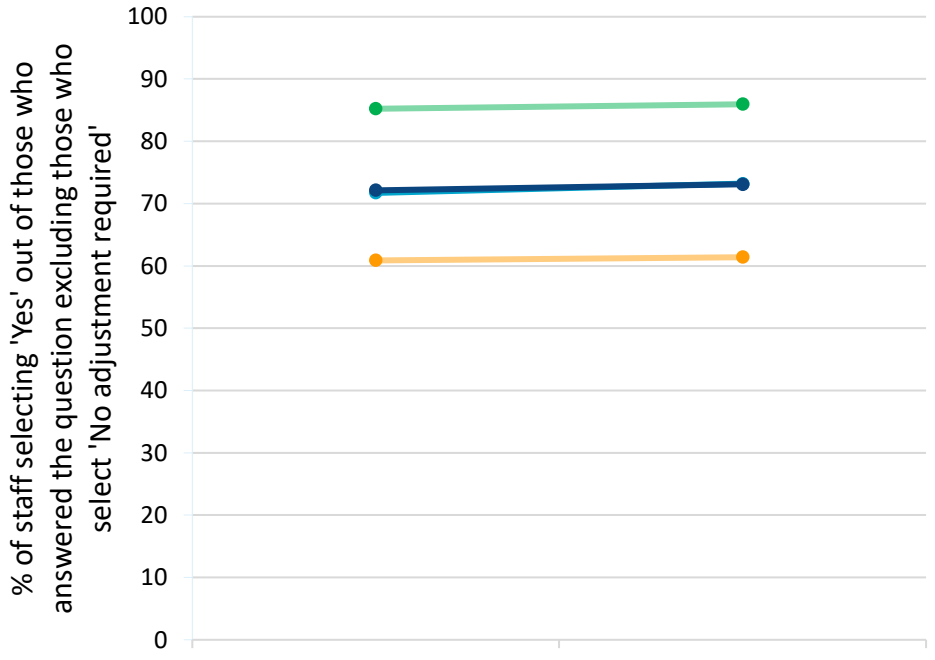
NHS

Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



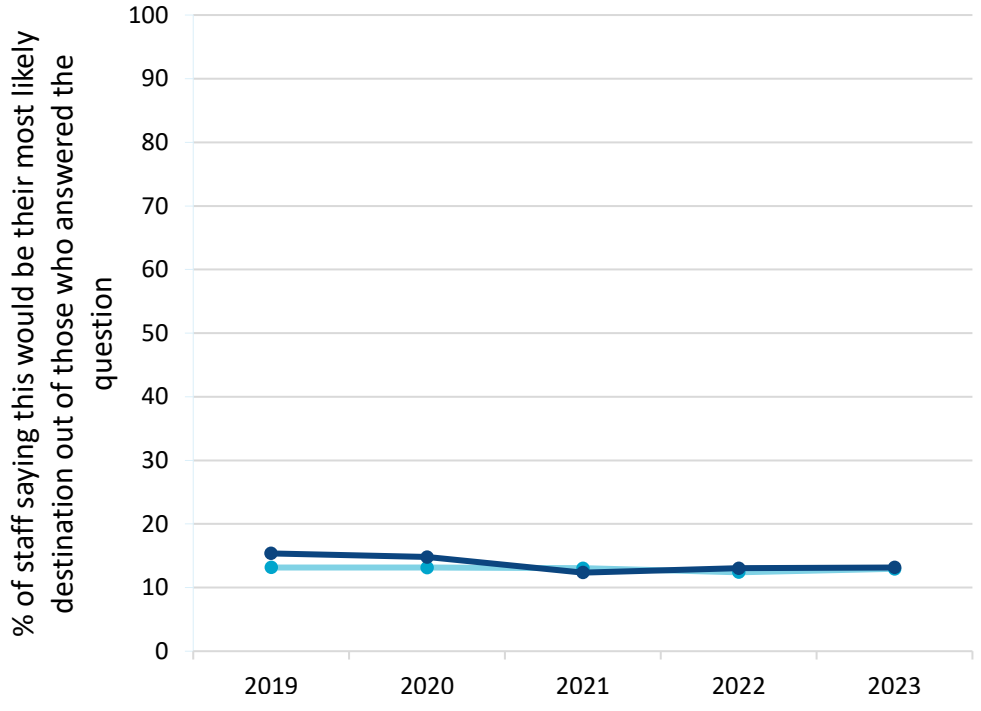
	2022	2023
Your org	60.67%	62.09%
Best result	69.13%	71.09%
Average result	58.78%	60.53%
Worst result	45.47%	47.31%
Responses	2792	3529

Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



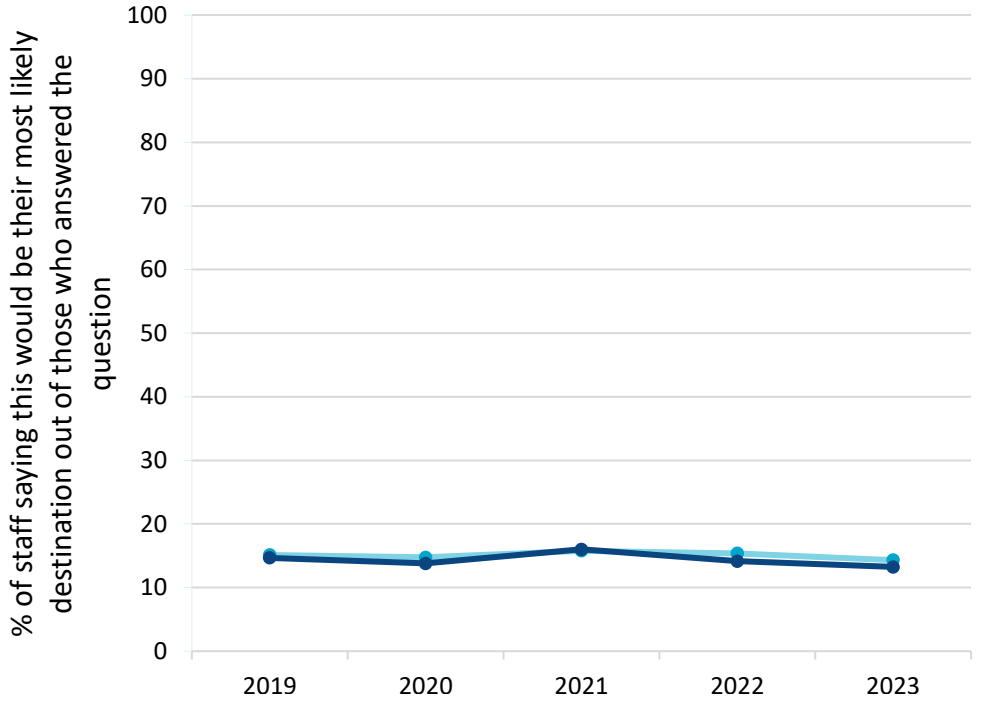
	2022	2023
Your org	72.12%	73.09%
Best result	85.20%	85.95%
Average result	71.72%	73.19%
Worst result	60.88%	61.41%
Responses	447	544

Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



	2019	2020	2021	2022	2023
Your org	15.37%	14.79%	12.37%	13.03%	13.17%
Average	13.18%	13.13%	13.04%	12.40%	12.94%
Responses	436	595	2248	2862	3568

Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



	2019	2020	2021	2022	2023
Your org	14.68%	13.78%	16.01%	14.15%	13.23%
Average	15.12%	14.76%	15.78%	15.37%	14.32%
Responses	436	595	2248	2862	3568

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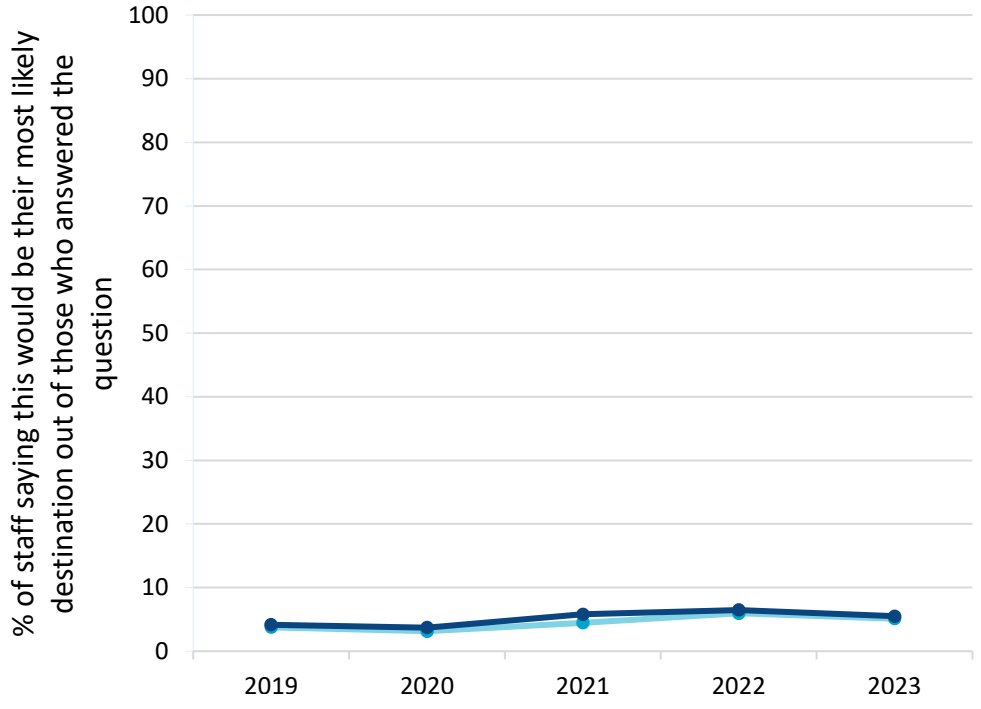
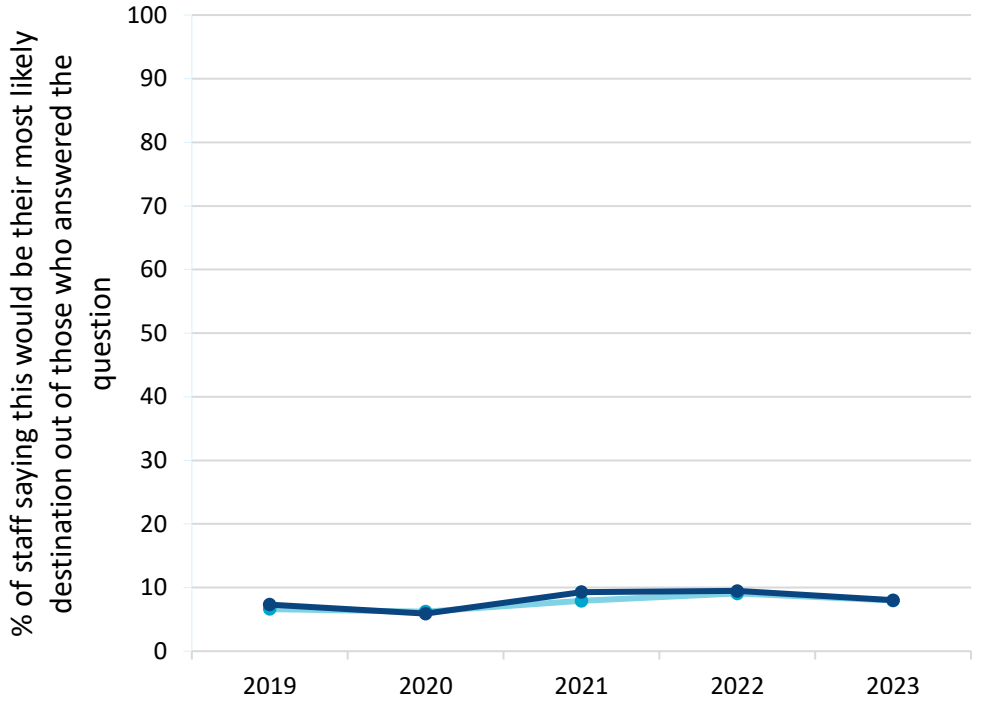
Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



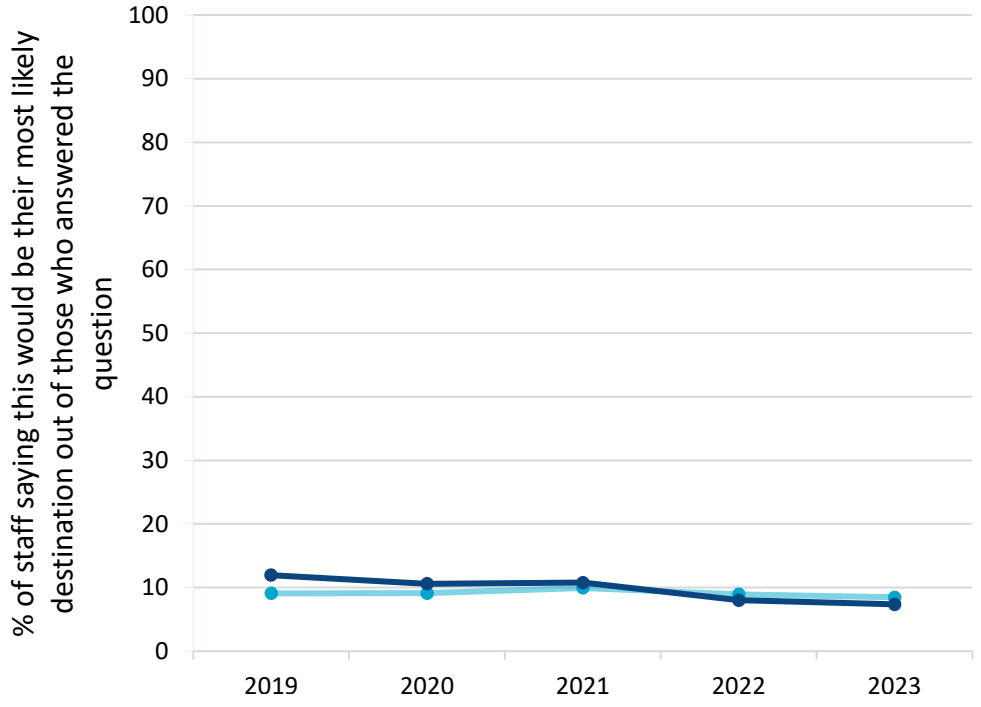
	2019	2020	2021	2022	2023
Your org	4.13%	3.70%	5.78%	6.46%	5.49%
Average	3.76%	3.12%	4.47%	5.95%	5.12%
Responses	436	595	2248	2862	3568

Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



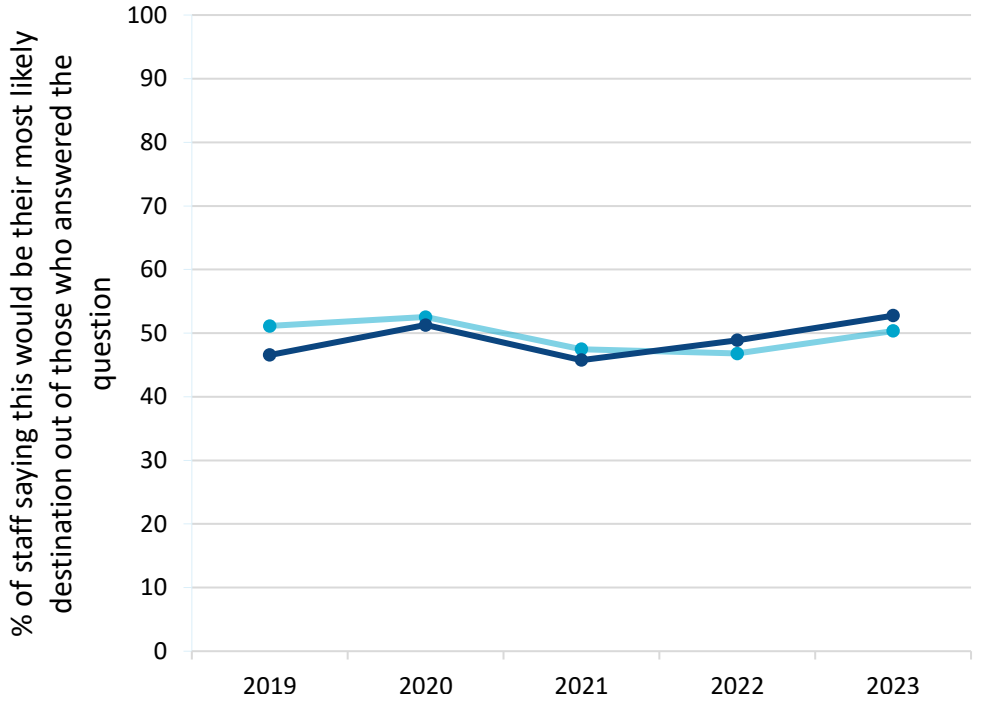
	2019	2020	2021	2022	2023
Your org	7.34%	5.88%	9.30%	9.47%	8.02%
Average	6.63%	6.23%	7.91%	9.06%	7.96%
Responses	436	595	2248	2862	3568

Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2019	2020	2021	2022	2023
Your org	11.93%	10.59%	10.77%	8.00%	7.34%
Average	9.09%	9.13%	9.95%	8.94%	8.45%
Responses	436	595	2248	2862	3568

Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2019	2020	2021	2022	2023
Your org	46.56%	51.26%	45.77%	48.88%	52.75%
Average	51.12%	52.53%	47.46%	46.79%	50.34%
Responses	436	595	2248	2862	3568

Survey Coordination Centre

NHS

Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2019-2023 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2019-2023 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word ‘adequate’ was updated to ‘reasonable’.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Workforce Equality Standards

Survey Coordination Centre NHS

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
		For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
		For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Survey Coordination Centre

NHS

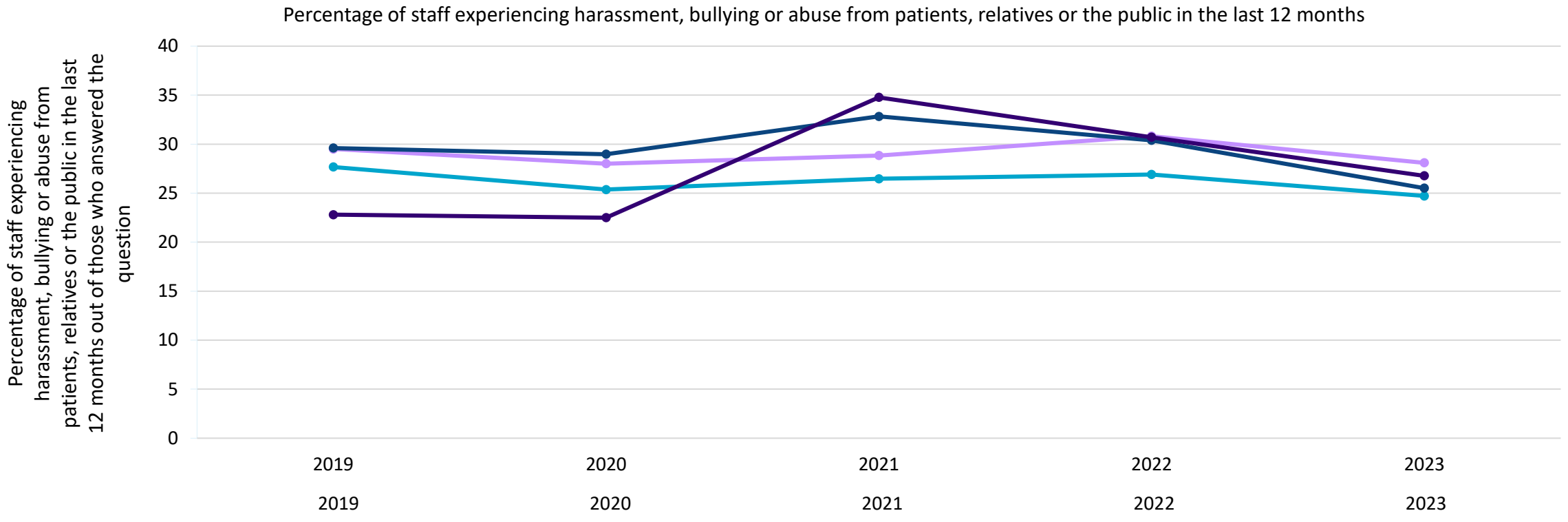
Workforce Race Equality Standards (WRES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WRES charts are unweighted.
Averages are calculated as the median for the benchmark group.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

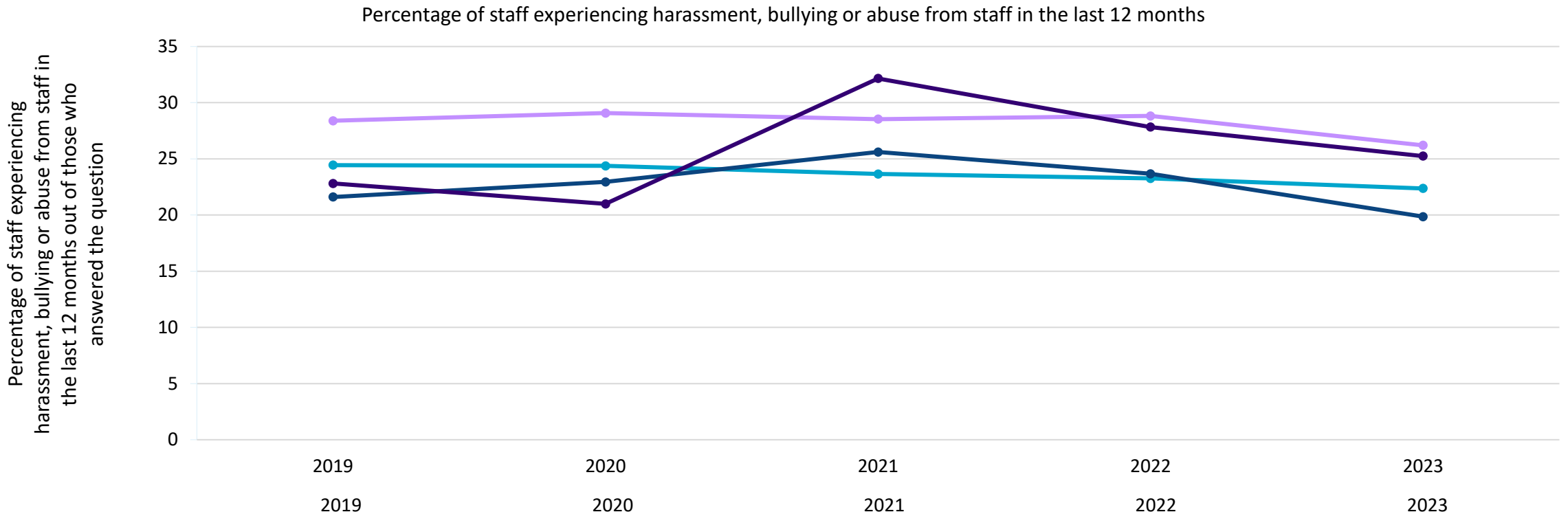


	2019	2020	2021	2022	2023
White staff: Your org	29.61%	28.98%	32.84%	30.40%	25.51%
All other ethnic groups*: Your org	22.81%	22.50%	34.78%	30.71%	26.77%
White staff: Average	27.67%	25.36%	26.47%	26.91%	24.72%
All other ethnic groups*: Average	29.51%	28.01%	28.84%	30.82%	28.11%
White staff: Responses	412	559	2025	2454	2830
All other ethnic groups*: Responses	57	80	368	648	1031

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS



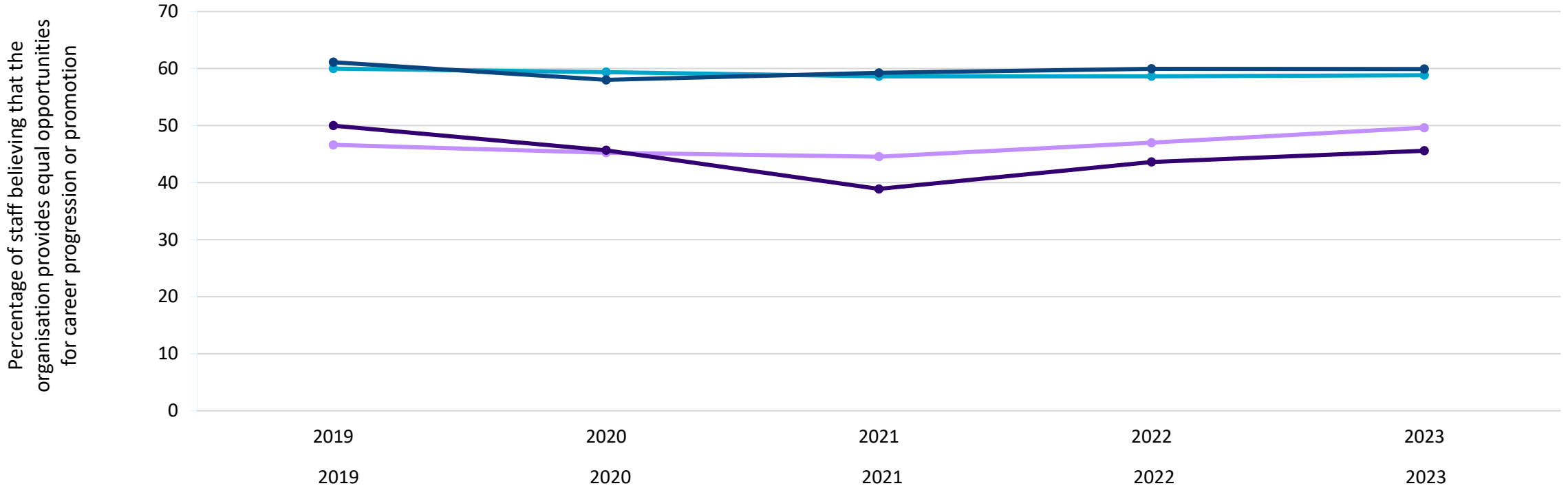
	2019	2020	2021	2022	2023
White staff: Your org	21.60%	22.94%	25.61%	23.67%	19.84%
All other ethnic groups*: Your org	22.81%	20.99%	32.15%	27.82%	25.24%
White staff: Average	24.44%	24.37%	23.65%	23.25%	22.37%
All other ethnic groups*: Average	28.39%	29.07%	28.53%	28.81%	26.20%
White staff: Responses	412	558	2023	2455	2837
All other ethnic groups*: Responses	57	81	367	647	1030

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



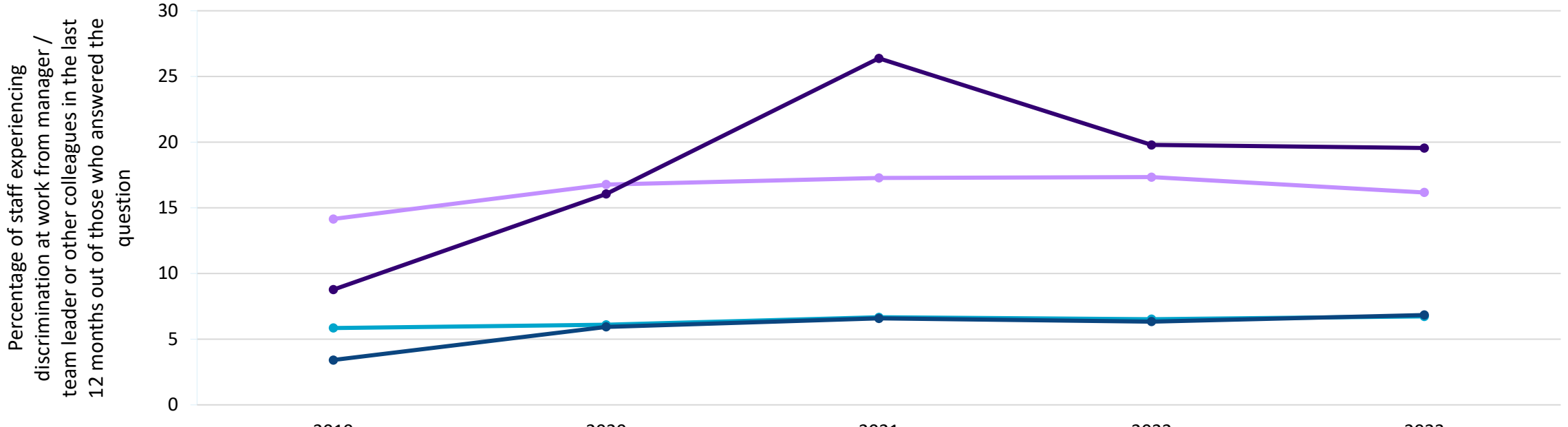
	2019	2020	2021	2022	2023
White staff: Your org	61.11%	58.01%	59.25%	59.96%	59.92%
All other ethnic groups*: Your org	50.00%	45.68%	38.90%	43.63%	45.60%
White staff: Average	60.00%	59.39%	58.64%	58.65%	58.84%
All other ethnic groups*: Average	46.62%	45.24%	44.56%	47.00%	49.64%
White staff: Responses	414	562	2032	2455	2824
All other ethnic groups*: Responses	58	81	365	644	1022

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2019	2020	2021	2022	2023
White staff: Your org	3.41%	5.94%	6.58%	6.34%	6.84%
All other ethnic groups*: Your org	8.77%	16.05%	26.37%	19.78%	19.55%
White staff: Average	5.85%	6.09%	6.67%	6.52%	6.73%
All other ethnic groups*: Average	14.14%	16.77%	17.28%	17.33%	16.17%
White staff: Responses	411	556	2021	2445	2820
All other ethnic groups*: Responses	57	81	364	632	1018

*Staff from all other ethnic groups combined

Survey Coordination Centre

NHS

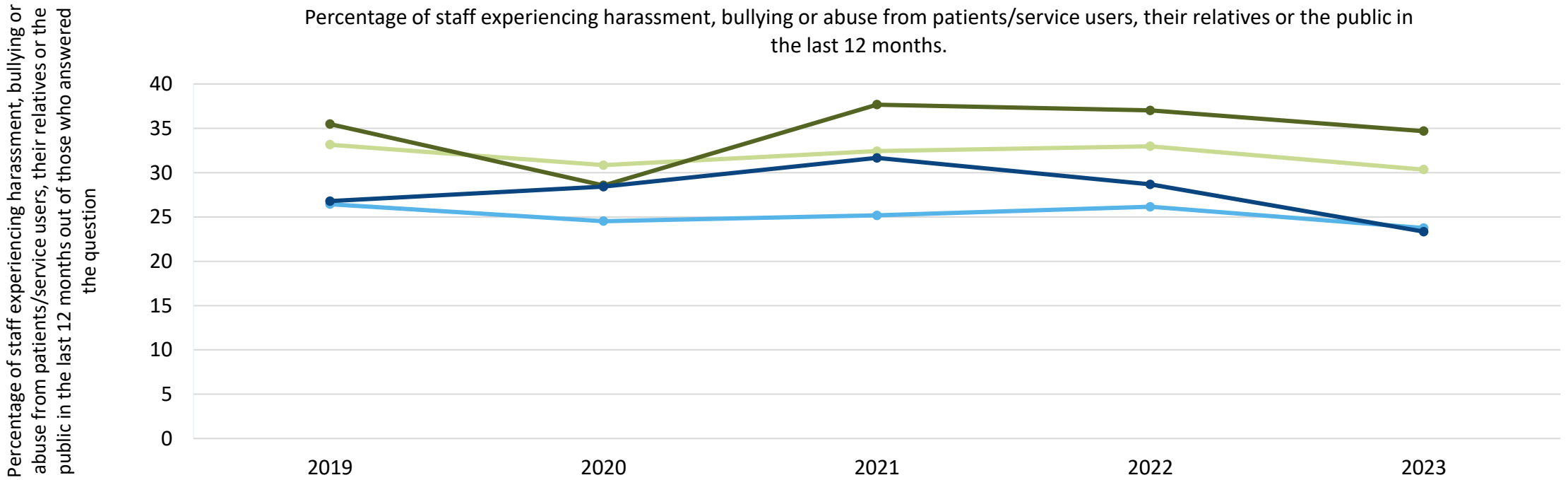
Workforce Disability Equality Standards (WDES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WDES charts are unweighted.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Disability Equality Standards

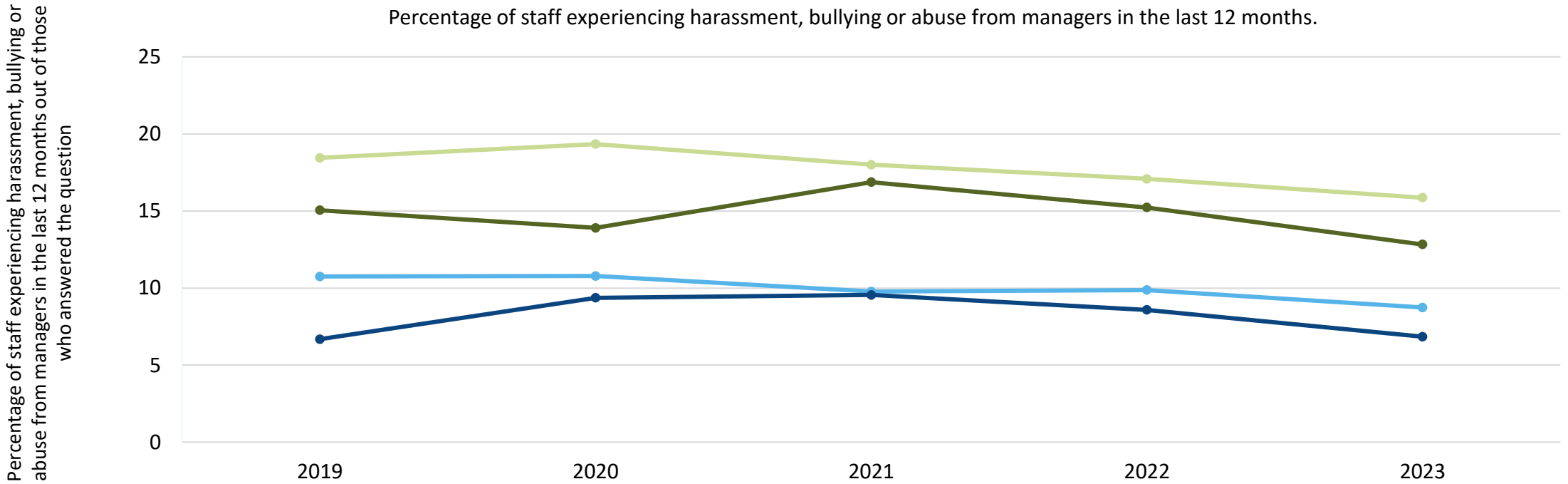
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	35.48%	28.57%	37.68%	37.03%	34.69%
Staff without a LTC or illness: Your org	26.79%	28.43%	31.67%	28.68%	23.35%
Staff with a LTC or illness: Average	33.17%	30.86%	32.43%	32.98%	30.35%
Staff without a LTC or illness: Average	26.45%	24.53%	25.19%	26.16%	23.76%
Staff with a LTC or illness: Responses	93	154	560	713	859
Staff without a LTC or illness: Responses	377	496	1825	2399	2959

Workforce Disability Equality Standards

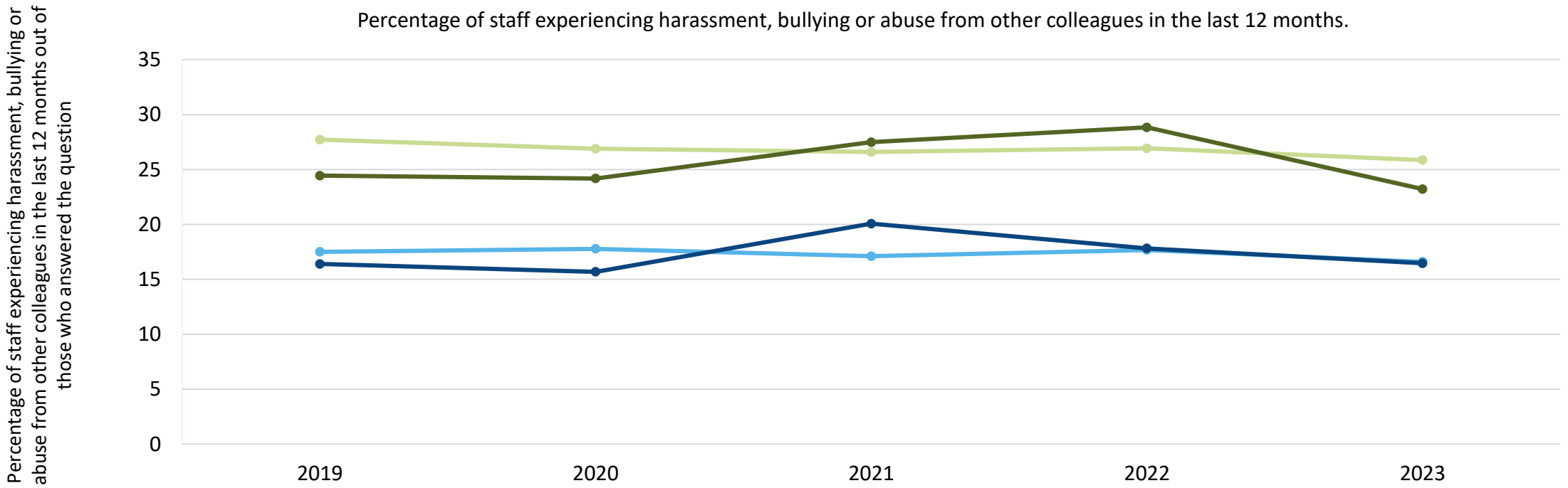
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	15.05%	13.91%	16.88%	15.23%	12.84%
Staff without a LTC or illness: Your org	6.68%	9.37%	9.56%	8.58%	6.84%
Staff with a LTC or illness: Average	18.45%	19.35%	18.00%	17.09%	15.87%
Staff without a LTC or illness: Average	10.76%	10.78%	9.77%	9.88%	8.74%
Staff with a LTC or illness: Responses	93	151	557	709	857
Staff without a LTC or illness: Responses	374	491	1810	2388	2952

Workforce Disability Equality Standards

Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	24.44%	24.18%	27.49%	28.83%	23.22%
Staff without a LTC or illness: Your org	16.40%	15.68%	20.07%	17.83%	16.47%
Staff with a LTC or illness: Average	27.71%	26.89%	26.60%	26.93%	25.86%
Staff without a LTC or illness: Average	17.51%	17.79%	17.11%	17.67%	16.60%
Staff with a LTC or illness: Responses	90	153	553	711	857
Staff without a LTC or illness: Responses	372	491	1804	2373	2951

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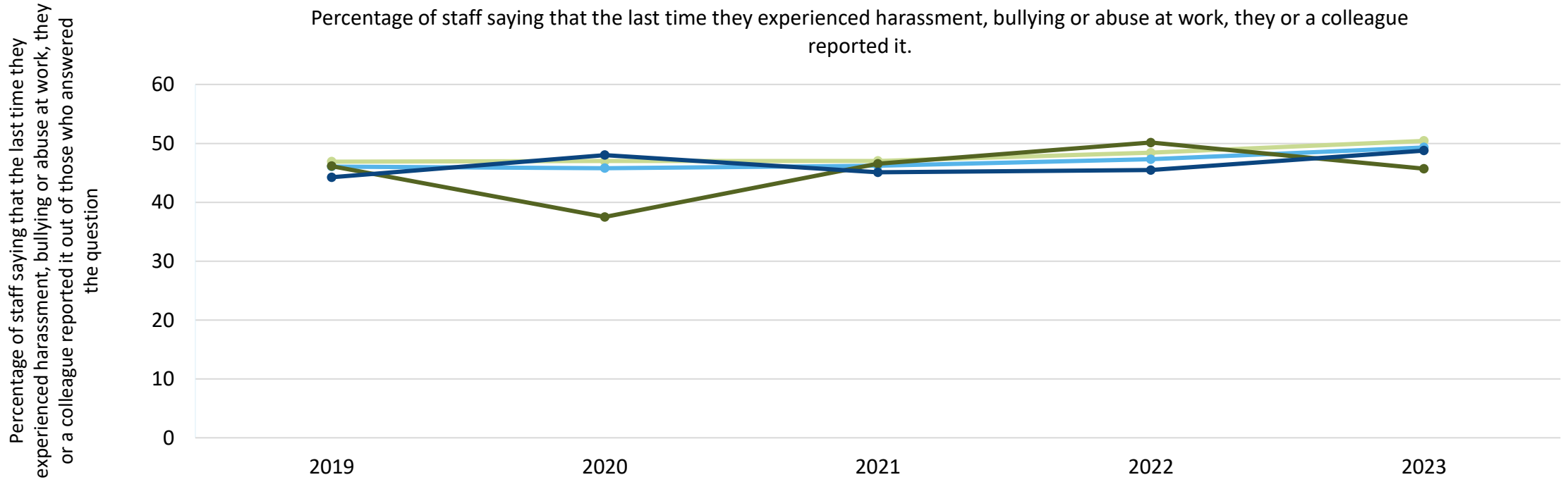
Workforce Disability Equality Standards

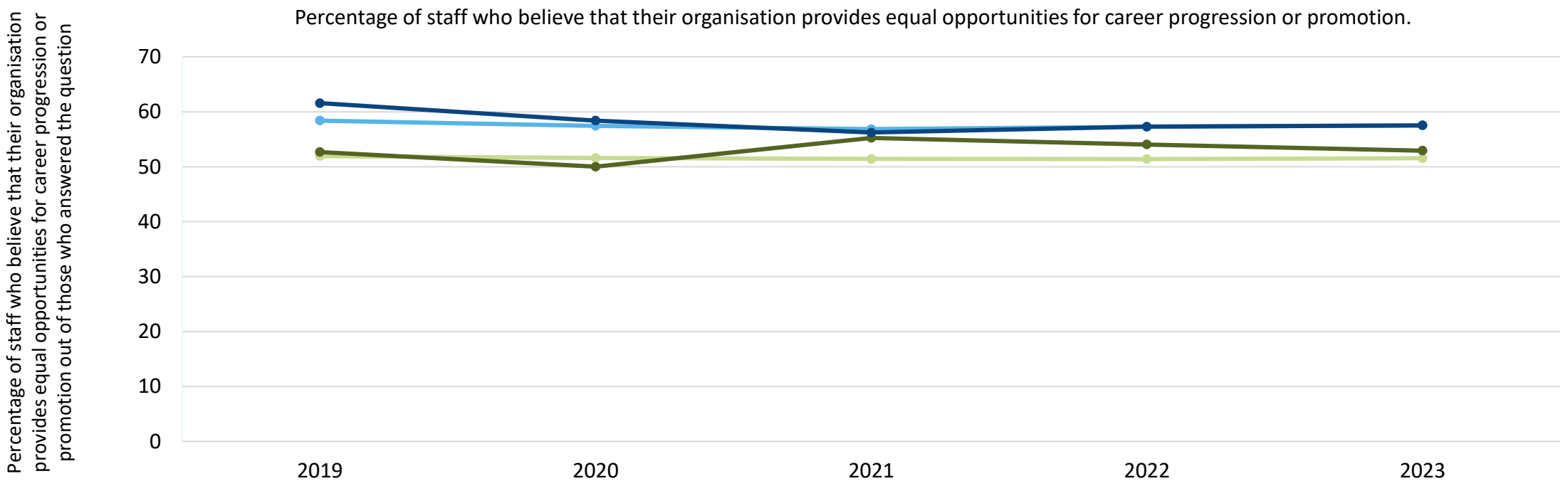
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	46.15%	37.50%	46.54%	50.15%	45.70%
Staff without a LTC or illness: Your org	44.25%	48.02%	45.10%	45.47%	48.78%
Staff with a LTC or illness: Average	46.92%	47.01%	47.03%	48.43%	50.44%
Staff without a LTC or illness: Average	46.07%	45.80%	46.20%	47.30%	49.33%
Staff with a LTC or illness: Responses	39	64	260	339	372
Staff without a LTC or illness: Responses	113	177	694	805	902

Workforce Disability Equality Standards

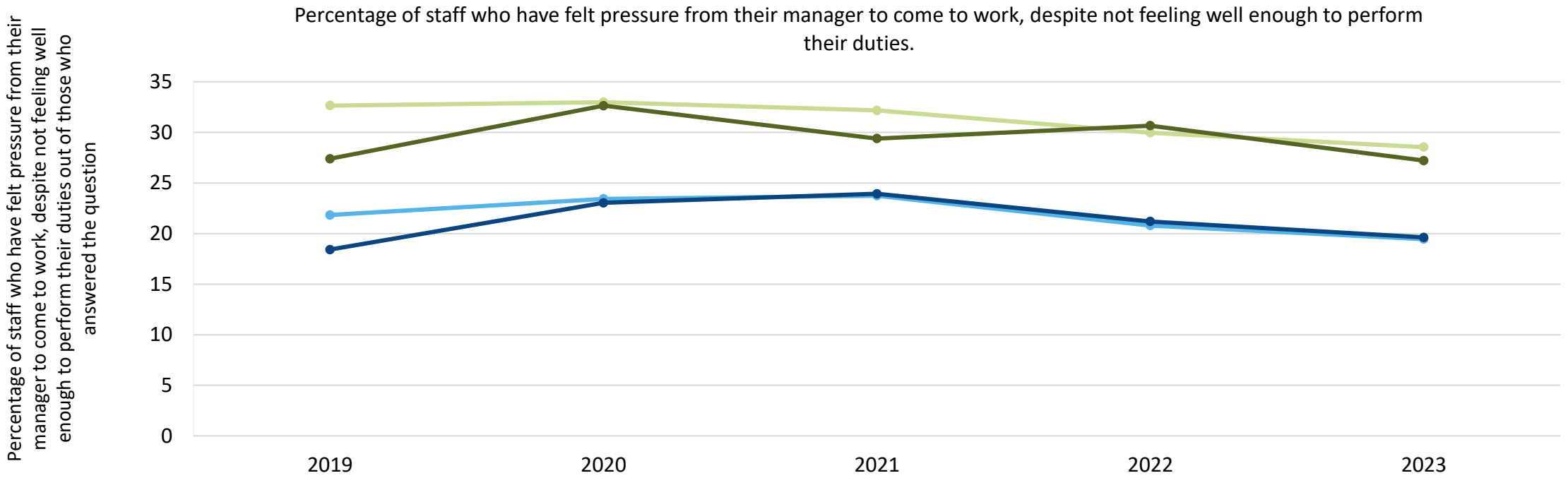
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	52.69%	50.00%	55.26%	54.04%	52.92%
Staff without a LTC or illness: Your org	61.58%	58.40%	56.23%	57.30%	57.53%
Staff with a LTC or illness: Average	51.93%	51.61%	51.41%	51.39%	51.54%
Staff without a LTC or illness: Average	58.39%	57.45%	56.84%	57.25%	57.52%
Staff with a LTC or illness: Responses	93	154	561	718	856
Staff without a LTC or illness: Responses	380	500	1830	2391	2948

Workforce Disability Equality Standards

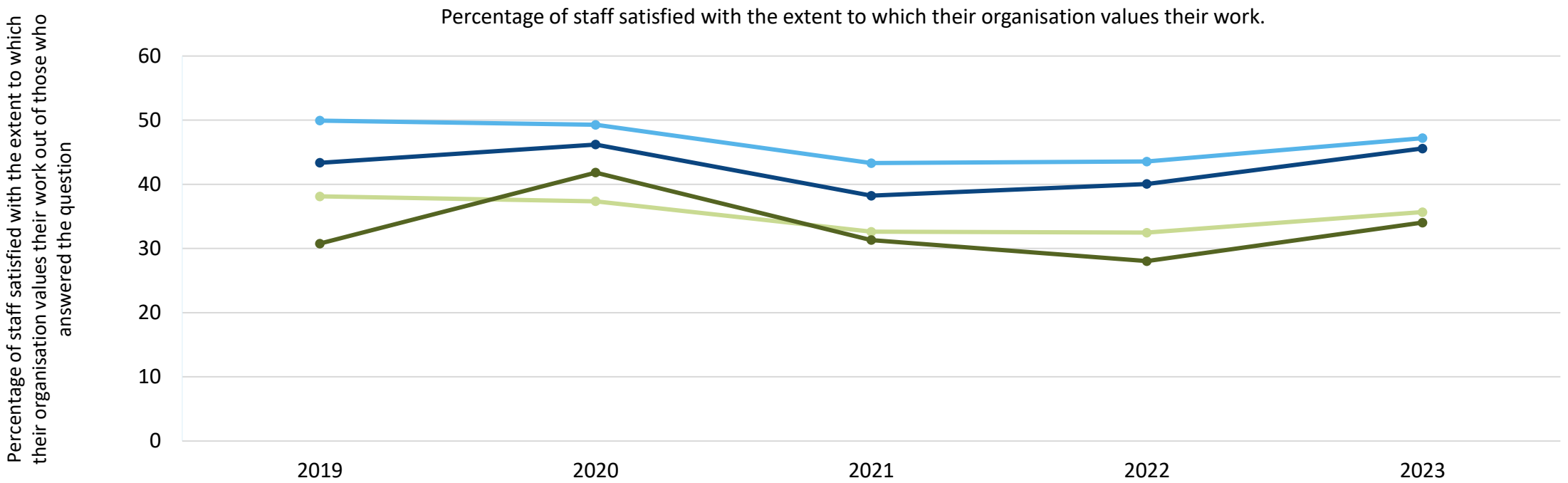
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	27.40%	32.65%	29.40%	30.67%	27.21%
Staff without a LTC or illness: Your org	18.42%	23.04%	23.94%	21.20%	19.62%
Staff with a LTC or illness: Average	32.66%	33.00%	32.18%	29.97%	28.55%
Staff without a LTC or illness: Average	21.84%	23.44%	23.74%	20.80%	19.46%
Staff with a LTC or illness: Responses	73	98	415	551	621
Staff without a LTC or illness: Responses	190	204	986	1283	1432

Workforce Disability Equality Standards

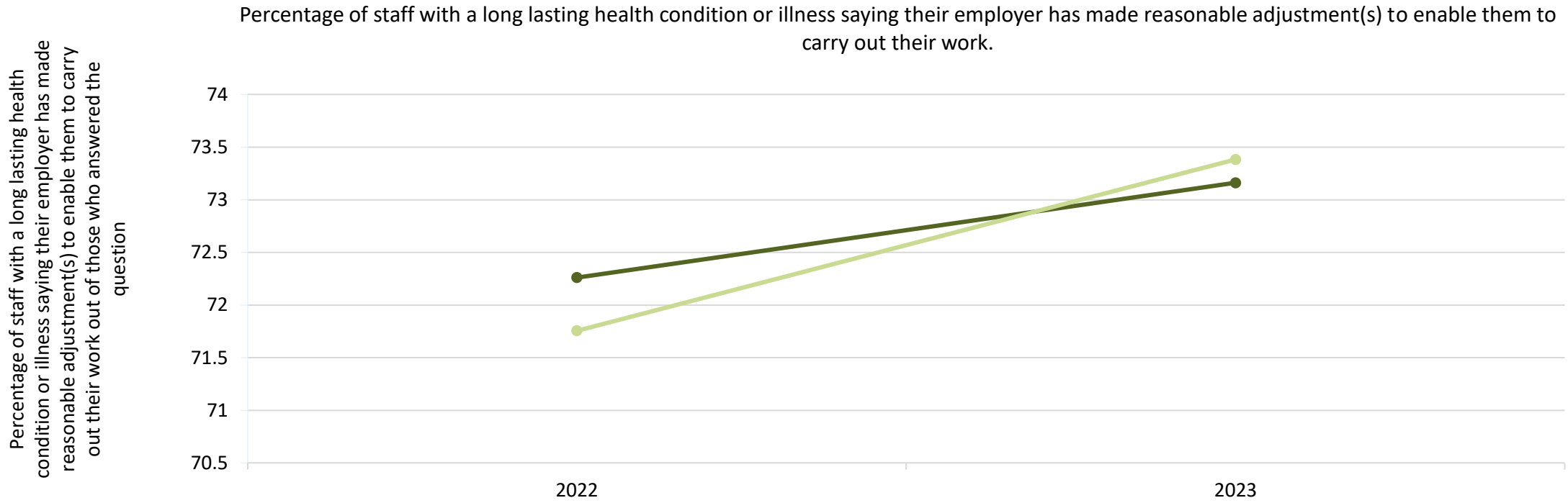
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	30.77%	41.83%	31.31%	28.03%	34.03%
Staff without a LTC or illness: Your org	43.35%	46.20%	38.22%	40.06%	45.59%
Staff with a LTC or illness: Average	38.11%	37.36%	32.62%	32.46%	35.66%
Staff without a LTC or illness: Average	49.92%	49.27%	43.30%	43.56%	47.19%
Staff with a LTC or illness: Responses	91	153	559	710	864
Staff without a LTC or illness: Responses	376	500	1821	2389	2968

Workforce Disability Equality Standards

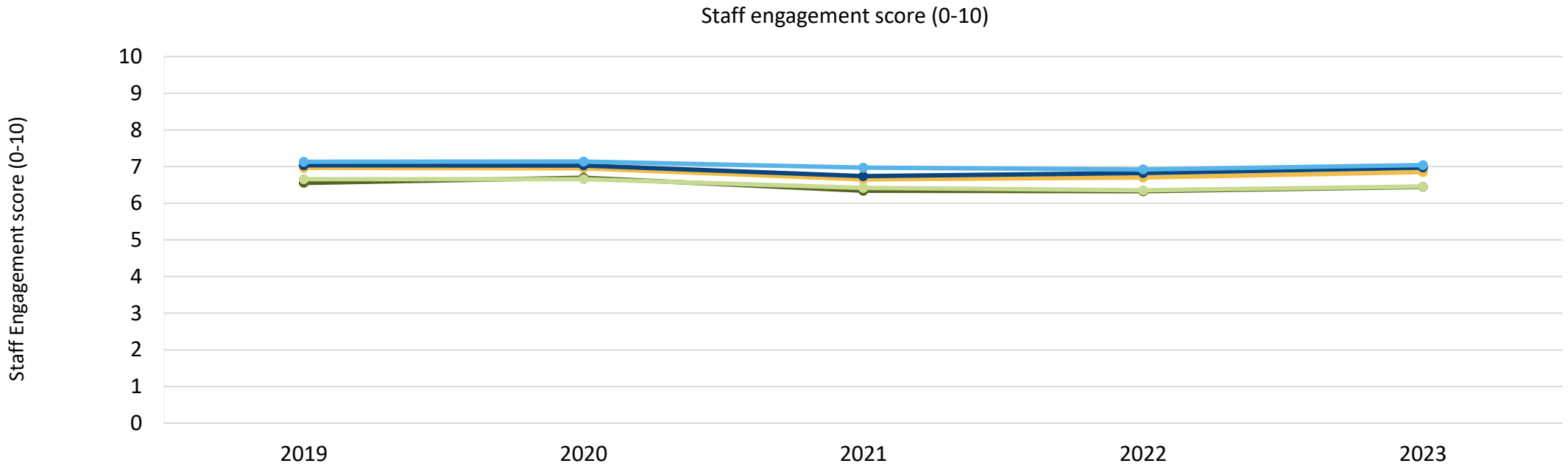
Survey Coordination Centre NHS



	2022	2023
Staff with a LTC or illness: Your org	72.26%	73.16%
Staff with a LTC or illness: Average	71.76%	73.38%
Staff with a LTC or illness: Responses	447	544

Workforce Disability Equality Standards

Survey Coordination Centre



	2019	2020	2021	2022	2023
Organisation average	6.96	6.95	6.65	6.70	6.85
Staff with a LTC or illness: Your org	6.55	6.69	6.34	6.33	6.44
Staff without a LTC or illness: Your org	7.04	7.03	6.74	6.82	6.97
Staff with a LTC or illness: Average	6.65	6.65	6.42	6.35	6.46
Staff without a LTC or illness: Average	7.13	7.14	6.97	6.92	7.04
Staff with a LTC or illness: Responses	93	154	562	719	866
Staff without a LTC or illness: Responses	380	500	1836	2404	2975

Note. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

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Report Title	**Ratification of Decisions made via Board Circular – Contract recommendation report for the supply of hearing aids and consumables**				
Meeting	**Trust Board**				
Date	**2 May 2024**	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Lead	Simon Wade, Chief Financial Officer				
Report Author	Caroline Coles, Company Secretary				
Appendices	n/a				

Purpose

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

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Process

Substantial	x	Good		Partial		Limited	
Governance and risk management arrangements provide **substantial assurance** that the risks/gaps in controls identified are managed effectively. Evidence provided to demonstrate that systems and processes are being **consistently applied** and implemented across relevant services. Outcomes are consistently achieved across all relevant areas.		Governance and risk management arrangements provide **good levels of assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied** and **implemented but not across all relevant service**s. Outcomes are generally achieved but with **inconsistencies i**n some areas.		Governance and risk management arrangements provide **reasonable assurance** that the risks/gaps in controls identified are managed effectively. Evidence is available to demonstrate that systems and processes are **generally being applied but insufficient to demonstrate implementation widely across services**. Some evidence that outcomes are being achieved but this is **inconsistent across areas and / or there are identified risks to current performance**.		Governance and risk management arrangements provide limited assurance that the risks/gaps in controls identified are managed effectively. **Little or no evidence** is available that systems and processes are being consistently applied or implemented within relevant services. Little or no evidence that outcomes are being achieved and / or there are significant risks identified to current performance.	

Justification for the above assurance rating. Where 'Partial' or 'Limited' assurance has been indicated above, please indicate steps to achieve 'Good' assurance or above, and the timeframe for achieving this:

Trust Constitution
3.10.2.1 In urgent situations and with the consent of the Chair, business may be affected by a Director's written motion to deal with business otherwise required to be conducted at a meeting of the Board of Directors.

Report

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

The purpose of this paper is to ratify a decision made by the Trust Board via a Board circular which was circulated on 26 March 2024 to approve the recommendation to award a contract for 90%+ commitment to Oticon Ltd and up to 10% non-commitment to Phonak UK Ltd which will release benefits including a recurring cash releasing saving of £19,509 (Inc. Vat).

The reason for the circular was due to the expiry of the contract before the next formal Board meeting in May 2024.

A question was raised on the timing and the following response from procurement was received:

The project unexpectedly took longer to progress as originally the cost coming back for the new agreements was a big cost pressure for the Trust for 2024/25. However, it was still anticipated to meet all Board meetings in April, in line with the expiry of the contract. Unfortunately, procurement's forward look planner did not indicate that April was GWH's board development session. This has now been corrected and all board development days have been captured.

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

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?		x	
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	x		

Explanation of above analysis:
The physical act of wearing a hearing aid is not a disability in itself, but the cause likely is. If a person's hearing loss substantially impacts their daily life and the hearing loss is long-term (lasting or expected to last at least 12 months), then it could be considered a disability under the Equality Act.

Recommendation / Action Required
The Board/Committee/Group is requested to:

The Board is requested to ratify the decision to approve the recommendation to award a contract for 90%+ commitment to Oticon Ltd and up to 10% non-commitment to Phonak UK Ltd for the supply of hearing aids and consumables.

Accountable Lead Signature	Simon Wade, Chief Financial Officer
Date	25 April 2024

Great Western Hospitals NHS Foundation Trust

Report Title	**Register of Board Declaration of Interests**				
Meeting	**Trust Board**				
Date	**2 May 2024**	Part 1 (Public)	x	Part 2 (Private)]	
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices	Appendix 1 - Register of Interest Board April 2024				

Purpose

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

Assurance Level

Assurance in respect of: process/outcome/other (please detail):

Significant	x	Acceptable		Partial		No Assurance	
High level of confidence / evidence in delivery of existing mechanisms / objectives		General confidence / evidence in delivery of existing mechanisms / objectives		Some confidence / evidence in delivery of existing mechanisms / objectives		No confidence / evidence in delivery	

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Report

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

This report provides an annual reminder to members of the Board of their obligation to register any relevant and material interests as soon as they arise or within 7 clear days of becoming aware of the existence of the interest and to also make amendments to their registered interests as appropriate.

The report also reminds of the requirement to declare interests at meetings when matters in which there is an interest are being considered and the requirement to withdraw from the meeting during their consideration.

Furthermore, this report asks the Board to receive a copy of the Register of Interests of the Board of Directors for review, which best practice suggests should be undertaken on at least an annual basis.

Link to CQC Domain – select one or more	Safe	Caring	Effective	Responsive	Well Led
					x
Links to Strategic Pillars & Strategic Risks – select one or more	★				
Key Risks – risk number & description (Link to BAF / Risk Register)	-				**Risk Score**
	-				-
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	Board members				
Next Steps	Publication on website				

Equality, Diversity & Inclusion / Inequalities Analysis	Yes	No	N/A
Do any issues identified in the report affect any of the protected groups less / more favourably than any other?			x
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?			x
Explanation of above analysis:			

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Board is requested to:-

(a) to note that the requirement of directors to register their relevant and material interests as they arise or within 7 clear days of becoming aware of the existence of an interest;

(b) to note that the requirement to keep the register up to date by making amendments to any registered interests as appropriate;

(c) to note that the requirement to declare the existence of registered interests or any other relevant and material interests at meetings including the requirement to leave the meeting room whilst the matter is discussed;

(d) to be assured that the requirements of the Constitution to maintain a register of interest of Board Directors are being met; and,

(e) to approve the Director's Register of Interest as of 31 March 2024.

Accountable Lead Signature	Caroline Coles, Company Secretary
Date	15 April 2024

Appendix 1 - Register of Interest Trust Board April 2024

Date Confirmed	First Name	Last Name	Position Title	Interests to declare	Description of interest / Action taken	Clinical Private Practice	Strategic Decision Making	Outside Employment / Directorships	Gifts and Hospitality	Loyalty	Shareholdings	Membership of Committees / Charites / Networks etc	Personal connections
Voting Board Members													
21-Dec-23	Elizabeth	Abderrahim	Non Executive Director May 2019 to 30 April 2025	Y	Employed as Company Secretary by Anawim, Birmingham's Centre for Women. Appointed as a Specialist Member of the First Tier Tribunal Assigned to Health Education Social Care Chamber (Mental Health) . Appointed by Chair of the Individual Funding Request panel of the Welsh Health Specialized services Committee (WHSSC). This committee is responsible for joint planning of specialized and tertiary services on behalf of Welsh Health Boards.			X					
18-Dec-23	Lisa	Cheek	Chief Nurse from March 2021	N									
31-Dec-23	Liam	Coleman	Trust Chair from February 2019 to 31 January 2025	Y	Non Executive Director / Chair of Audit Committee - The Financial Conduct Authority Board member on behalf of GWH NHS Foundation Trust - Wiltshire Health Care LLP - Members Board Non Executive Director of Vivid Housing Ltd from Nov 2021			X			X		
21-Dec-23	Judith	Gray	HR Director from July 2019	Y	Trustee for ICP Support. ICP is a charity which supports women and their families who develop intrahepatic cholestasis of pregnancy Son is a Senior Manager for our external auditors, Deloitte Husband, Head of Strategy, Civica health & Care							X	X
07-Dec-23	Stephen	Haig	Acting Chief Medical Officer	N									
07-Dec-23	Claire	Thompson	Director of Improvement and Partnerships from 19 April 2021	N									
22-Dec-23	Simon	Wade	Director of Finance & Strategy from November 2020	N									
07-Dec-23	Jon	Westbrook	Acting Chief Executive	N									
13-Dec-23	Felicity	Taylor-Drewe	Chief Operating Officer from August 2021	N									
05-May-23	Faried	Chopdat	Non Executive Director from April 2021 to 31 March 2024	Y	Non Executive Director Grant Thornton UK			X				X	
07-Dec-23	Helen	Spice	Non Executive Director from April 2021 to 31 March 2024	Y	Make a Wish Foundation -Non Executive Director Trustee Mental Health and Employment Partnership Ltd, Non-Executive Director Non-Executive Director Barts Health NHS Trust			X					
12-Apr-23	Will	Smart	Non Executive Director from April 2023 to 31 March 2026	Y	Council Member, Health and Social Care Council, Tech UK. Global Director and UKI Director of Provider Transformation for Dedalus Group			X				X	
20-May-23	Claire	Lehman	Non Executive Director from April 2023 to 31 March 2025	Y	NED Dorset County Hospital, clinical lead for BSW ICS Exceptional Funding and Clinical Policy Working Group			X				X	
20-Apr-23	Rommel	Ravanan	Associate Non Executive Director from April 2023 to 31 March 2025	Y	AMD Organ Tissue Donation and Transplant at NHS Blood and Transplant, Consultant Nephrologist at North Bristol Trust			X					
03-May-23	Claudia	Paoloni	Non-Executive Director from April 2021 to 31 March 2025	Y	Director of Calm Water Ltd Lecrahurst Ltd HCSA Executive Committee - Executive Members Consultant Anaesthetist, University Hospital Bristol & Weston Trust Hospital Medical Committee (Chair), University Hospital Bristol & Weston Trust			X					
16-Apr-23	Julian	Duxfield	Non Executive Director from April 2023 to 31 December 2023	N									
02-May-23	Bernie	Morley	Non Executive Director from April 2023 to 31 March 2026	Y	Chair of Research Committee, Bath Institute of Rheumatic Diseases			X				X	