Great Western Hospitals NHS Foundation Trust

TRUST BOARD

Thursday 9 January 2025, 9.30am to 12.45pm

By MS Teams

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 • 5 December 2024 (draft)	6 – 17	LC	Approve	-
4.	**Outstanding actions of the Board (public)**	18	LC	Note	-
5.	**Questions from the public to the Board relating to the work of the Trust**	19 – 22	CC	-	-
6.	**Care Reflection – Areas for improvement in care, staff awareness and training** Tania Currie, Head of Patient Experience & Engagement Tracy Belcher, Tissue Viability Nurse Specialist	23 – 24	TC/TB	Receive	9.35
7.	**Chair's Report** Liam Coleman, Chair	25 – 27	LC	Note	10.15
8.	**Chief Executive's Report** Cara Charles-Barks, Chief Executive Jon Westbrook, Interim Managing Director	28 – 34	CCB/ JW	Note	10.25
9.	**Integrated Performance Report**	35 – 85	All	Receive	10.45
BREAK (10 minutes) at 11.30 to 11.40am					
10.	**EDI Board Commitments / Board engagement debrief session** Jude Gray, Chief People Officer Sharon Woma, Head of EDI & Health Inequalities	86 – 104	JG/SW	Receive	11.40

Great Western Hospitals NHS Foundation Trust

		PAGES	BY	ACTION	TIME
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.**					
11.	**Ratification of Decisions made via Board Circular/Workshop** Caroline Coles, Company Secretary	-	CC	Approve	12.40
12.	**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	-	-
13.	**Date and Time of next meeting** Thursday 13 February 2025 at 9.30am, DoubleTree by Hilton Hotel, Lydiard Fields, Swindon, Wiltshire, SN5 8UZ	Verbal	LC	Note	-
14.	**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

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 5 DECEMBER 2024 AT 9.30AM

Present:

Faried Chopdat (FC)	Deputy Chair/Non-Executive Director
Lizzie Abderrahim (EKA)	Non-Executive Director
Julian Duxfield (JD)	Non-Executive Director
Luisa Goddard (LG)	Chief Nurse
Benny Goodman (BG)	Chief Operating Officer
Jude Gray (JG)	Chief People Officer
Steve Haig (SH)	Acting Chief Medical Officer
Bernie Morley (BM)	Non-Executive Director
Claudia Paoloni (CP)	Non-Executive Director
Rommel Ravanan (RR)	Associate Non-Executive Director
Will Smart (WS)*	Non-Executive Director
Helen Spice (HS)	Non-Executive Director
Claire Thompson (CT)	Chief Officer of Improvement & Partnerships
Simon Wade (SW)	Chief Financial Officer
Jon Westbrook (JW)	Interim Managing Director

In attendance:

Caroline Coles (CC)	Company Secretary
Deborah Rawlings (DR)	Board Secretary
Tim Edmonds (TE)*	Associate Director of Communications & Engagement
Kevin Jenner	Deputy Divisional Director of Nursing (agenda item 169/24)
Angela Morris	Senior People Partner (agenda item 169/24)
Kathryn Owen	Matron (agenda item 169/24)

Apologies

Jon Burwell (JB)	Acting Chief Digital Officer
Liam Coleman (LC)	Chair
Cara Charles-Barks (CCB)	Chief Executive
Claire Lehman (CL)	Associate Non-Executive Director

Number of members of the Public: There were 3 members of public in attendance (Tamsin Lane, ST8 Anaesthesia & ICM; Chris Shepherd, Governor; Jessica Hughes, CQC)

*Indicates those members attending virtually by MS Teams

Matters Open to the Public and Press

Minute	Description	Action
164/24	**Apologies for Absence and Chair's Welcome** The Chair welcomed all to the Great Western Hospitals NHS Foundation Trust Board meeting held in public. Apologies were received as above. Faried Chopdat, Deputy Chair welcomed Luisa Goddard, Chief Nurse and Benny Goodman, Chief Operating Officer to the Board meeting.	
165/24	**Declarations of Interest** There were no declarations of interest.	

Minute	Description	Action

166/24 **Minutes of the previous meeting (public)**
The minutes of the Board meeting held in public on 7 November 2024 were adopted and agreed as a correct record, subject to the following amendments:

Minute No. 141/24 – Performance, Population & Place Committee Board Assurance Report Chair Overview
4th bullet point, addition of the sentence: "The Committee had agreed that the assurance rating in relation to RTT had now been scored as limited."

Further explanation was also requested on the action to review the recommendations in the NHSE letter to gain further clarification around the level of assurance and oversight by NEDs during Board safety visits. Luisa Goddard, Chief Nurse confirmed that there would be increased board oversight of temporary escalation spaces as part of the scheduled Board safety visits and that this would continue to receive scrutiny at board committee level to provide ongoing assurance around patient care standards.

Minute No. 141/24 – Finance, Infrastructure & Digital Committee Board Assurance Report Chair Overview
1st bullet point, second sentence to be amended to read: "Due to the significance of the decision, the authority for finalising the Letter of Indemnity would be delegated jointly to the Chief Financial Officer and Chief Executive with referral to the Chair of FIDC at the time of signature."

167/24 **Outstanding actions of the Board (public)**
The Board received and considered the outstanding action list.

Update on Learning from Deaths
Steve Haig, Chief Medical Officer provided a detailed update on the learning from deaths action plan and that various reviews and actions had been undertaken This included hip fractures and actions to improve harm from falls; review of a report from National Joint Registry about higher than expected mortality in primary care operations; review of pneumonia cases flagged by SHMI data of issues with classification to drive improvement of data accuracy; and actions to improve sepsis compliance. Work to improve completion of structured judgement reviews continued and that monthly reports were to be received by the Patient Quality Sub-Committee for oversight and scrutiny. Following a request from the ICB, a review had also been undertaken around unexpected deaths at the time of the critical incident in July 2024 and that it had been confirmed that no deaths were related to the incident. The Learning from Deaths Policy was expected to be published in early 2025 to actively drive improvement around processes. Board oversight would continue through the Quality & Safety Committee.

168/24 **Questions from the public to the Board relating to the work of the Trust**
There were no questions from the public to the Board.

169/24 **Staff Story – Learning from staff representing GWH at an employment tribunal**
Kevin Jenner, Deputy Divisional Director of Nursing, Angela Morris, Senior People Partner and Kathryn Owen, Matron joined the meeting to present this item.

The Board received a presentation on feedback from staff who had been involved in an employment tribunal representing the Trust and Kevin Jenner, Angela Morris and Kathryn Owen shared their experiences and reflections on a recent tribunal case which involved a dismissed employee. The presentation covered the processes undertaken, challenges and the emotional impact of the tribunal. The outcome and learning from the process reinforced the importance of preparation and robust internal processes, transparency, and the provision of ongoing support for staff through challenging experiences by the Trust and legal team.

Minute	Description	Action

Assurance was provided to the Board that the representing staff had received full support from the Trust and that welfare support was also provided to the claimant or advice given on organisations where further support could be obtained.

Jude Gray, Chief People Officer added that the barrister who had represented the Trust had complimented those staff involved in the tribunal on their professionalism throughout the process.

The Board thanked Kevin, Angela and Kathryn for sharing both the positive and negative experiences of being involved in an employment tribunal, and also learning on preparation and processes for any future cases.

The Board **noted** the staff story.

170/24 **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, together with key meetings, training and events during November 2024 in which the Governors participated.

The Board **noted** the report.

171/24 **Chief Executive's Report**

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

Evolution of the NHS Operating Model

NHSE had outlined plans to evolve the operating model to support the delivery of the priorities as well as the neighbourhood health model to ensure that the health and care system was fit for the future. The four actions to guide a refresh of the current operating framework aimed to reduce duplication, shift resources to neighbourhood areas, devolve decision-making, and enable leaders to manage complexity at a local level. This was part of a broader effort to improve NHS performance and efficiency.

NHS Providers Conference 2024: Secretary of State for Health and Social Care Speech – Key Messages

The Secretary of State for Health and Social Care spoke at the NHS Providers conference in November 2024 where the Government's ambition to reform the NHS was outlined. The key messages from the speech were noted which included living within the NHS budget, maintaining quality and safety, improving primary care collaboration, and enhancing efficiency and productivity. These priorities aligned with the principles of moving care from hospitals to communities, focusing on prevention, and digitalising the NHS.

NHS Management and Leadership Programme

A programme to transform NHS leadership and management over the next two years had been announced by the NHS Chief Executive, which aimed to establish and monitor standards, facilitate professional development, and to introduce a new regulatory system for NHS managers to strengthen public confidence.

Insightful Board

NHS England had published the Insightful Board for Integrated Care Boards and Provider Boards which would help boards to consider its approach to handling and acting on the information it receives, with focus on the leadership behaviours and culture of the Board. Work was already underway at this Trust to reconcile the board establishment against the expectations of the Insightful Board.

NHS Launches New Major Stroke Campaign

Minute	Description	Action

An update to the 'Act FAST' campaign was to be relaunched to drive improvement.

Covid Inquiry
Module 3 of 10 of the UK Covid-19 Inquiry public hearings took place between September and November 2024, which continued to look into the governmental and societal response to Covid-19 as well as dissecting the impact that the pandemic had on healthcare systems, patients and health care workers.

Lampard Inquiry
The Lampard Inquiry had commenced in September 2024, which had been set up to investigate the deaths of mental health inpatients in Essex between 2000 and 2020, launching in 2021.

The Board discussed the impact of the significant work that arises from inquiries on the Trust's current resources and that this would continue to be monitored to ensure that staff were supported.

BSW Review of System meeting (H2 – second half of the year)
A meeting had recently been held with the ICB and Regional Team to discuss the performance and financial position in the BSW system. Three key priorities were agreed for the remainder of 2024/25 which related to the year-end financial position, 65-week waits, and urgent and emergency care with a key focus on ambulance turnaround.

BSW Hospitals Group Development
The work underway to continue to develop the BSW Hospitals Group was noted, which included the realignment of both board and committee meetings. A Strategic Planning Framework had been developed which outlined the key issues needed to work on collectively, together with work with the SW Regional Team to identify the budget required to support the Group development. Priorities included urgent and emergency care, financial sustainability, and the digital environment.

Pressures on services at GWH
An internal critical incident had been declared on 26 November 2024 at GWH, which was a reflection of the extreme pressures being felt in all services and the need to generate bed capacity to support the safe care of patients. The actions to downgrade this to a business continuity incident were noted.

It was also noted that clinicians were being encouraged to use the NHS at Home Service and the Board discussed the sustainability of this service over the longer term. A driver metric had been implemented for both Integrated Care and Medicine Divisions to increase the utilisation of the NHS at Home Service and as part of that more pathways would be coming online to enable this service to continue. It was agreed that the Performance, Population & Place Committee should seek further assurance on the sustainability of this service.
Action: Benny Goodman, Chief Operating Officer

Bed reconfiguration
A significant programme of work to align a number of clinical departments had been successfully undertaken to configure medical and surgical bed spaces to enable the provision of better care for patients ensuring they are in the right place. Around 350 staff were consulted and supported to start working in new areas.

Children's Emergency Unit, Same Day Emergency Care, and Medical Assessment Unit
The new Children's Emergency Unit had become operational in early November 2024. The refurbishment work on the old Emergency Department, which had reopened as a new Medical Assessment Unit (MAU), was now complete and brought together the existing Same Day Emergency Care (SDEC) service and the Medical Expected Unit (MEU).

Minute	Description	Action

Installation of additional generator
A new 5th electrical generator was installed and tested at on the GWH site in November 2024. This would significantly increase the Trust's resilience in the event of an interruption to the power supply at the hospital.

Serco industrial action
There was a second period of strike action undertaken by Serco Unison staff. This had been well managed locally and there had been minimal impact on services and patients.

Supporting our patients' nutrition needs
Ward Host roles, employed by Serco, had now been introduced onto most of the wards to provide a fully catered service to all patients to support nutritional needs. Dining Champions had also been introduced earlier in 2024 which provided an opportunity for corporate staff to support ward teams and patients during mealtimes.

Finance
The Trust's year-to-date financial deficit position was £7.8m, which was £2.9m worse than the position planned for. This position was mainly due to overspending on clinical supplies, the cost of medical and dental temporary staffing, and unachieved savings.

Community Services
Meetings continue with community staff following the Integrated Care Board's decision to award the single contract for community services across BSW from April 2025 to HCRG Care Group. Negotiations continued on which services would be transferring to HCRG.

Staff survey
Last year's response rate had been exceeded with 71% of staff having completed the survey.

Equality, Diversity and Inclusion conference
The Trust's first Equality, Diversity and Inclusion Conference: Unlocking Inclusive Leadership took place in early November 2024 and was well attended across the organisation.

HFMA South West Awards
The Trust's Finance Team were awarded Finance Team of the Year and Johanna Bogle won Deputy Finance Director of the Year.

The Board **noted** the report.

172/24 **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 October 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
Luisa Goddard, Chief Nurse reported that there were two strategic pillar targets for Our Care. These were to achieve zero avoidable harm within 5-10 years and to achieve consistent positive response rates in excess of 90% from patient Family and Friends Test (F&FT).

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Total harms for this period and also over the year had shown a slight reduction in overall total harms and that this was mainly in relation to the reduction in harms from falls and pressure ulcers.

Falls remained the current breakthrough objective with the aim to reduce total falls by 20%, reduce the number of patients who had experienced moderate harm and above by 20% and reduce the number of patients who had fallen more than once by 20%. It was acknowledged that the trajectory of 20% had not yet been met and focus remained on the improvement projects in relation to total falls and multiple falls which were outlined and noted. Luisa Goddard, Chief Nurse added that whilst there had been no falls with harm recorded in October, there had been a rise in falls with harm in November due to staffing challenges during the critical incident period declared at GWH.

Improvement actions around deconditioning continued, working collaboratively with AHP colleagues to ensure that patients were getting up and dressed and mobile every single day.

The number of hospital-acquired pressure ulcers had continued to reduce and reflected greater ownership and awareness in clinical teams around pressure harm. Focused work at the front door to prevent pressure harm continued to have good impact on levels of reported harm, however this would continue to be monitored closely during periods of increased operational pressure. It was particularly noted that although there had been a slight rise in harm reported for November, the total number of harms were at its lowest recorded figure.

C. diff numbers for the Trust have continued to remain below its target trajectory. Two areas that required further work related to *E.coli* and *Klebsiella* and improvement actions were outlined and noted, particularly in relation to better catheter care and training.

It was reported that the Trust's complaints response rate remained an area of concern, however it could be noted that October had seen a significant decrease in the number of outstanding responses. Luisa Goddard, Chief Nurse outlined actions that were being taken to improve performance, which included regular weekly and monthly meetings to monitor the complaints response rate, and complaints training delivered by a legal firm.

Two Never Events had also been reported in October and that a thematic review in line with the Patient Safety Incident Framework had been undertaken, however there had been no obvious linking factors. Compliance with the WHO checklist remained good and effective and that this would continue to be monitored closely.

It was noted that there had also been a rise in Never Events across the South West and a thematic review had also been undertaken by the ICB.

Our Performance

Benny Goodman, Chief Operating Officer reported that the strategic pillar target for Our Performance related to Ambulance Handover Delays which had been chosen as the 2024/25 breakthrough objective.

The October performance RTT data had shown the total number of patients waiting over 52 weeks had decreased significantly from the previous month. However, the end of year targets for both 52 and 65 weeks to reach zero remained a significant risk for the Trust due to ongoing challenges with operational pressures across the System. Actions were underway to provide a better understanding of capacity against demand for some specialty pathways. Outsourcing options were being explored through mutual aid from within the System to drive improvement. Benny Goodman, Chief Operating Officer agreed to provide a Board briefing on the detail around the risk of not meeting the national deadlines for RTT,

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particularly for those board members that were not members of the Performance, Population & Board Committee.
Action: Chief Operating Officer

Performance data for ambulance handover delays showed that an average of 81 hours were lost per day in October compared to the Trust's breakthrough objective of 70 hours. This followed two consecutive months during which the breakthrough objective was met. Ambulance turnover delays remained a challenge to the organisation due to continued operational pressures, however confidence could be gained around an improving position with the actions being implemented.

Lizzie Abderrahim, Non-Executive Director, reflected on recent discussions held at the Mental Health Governance Committee and the pressure on observation beds in ED which had been protected for mental health crisis and that there had been pressure from system partners to open up those beds to relieve some of the pressure on ambulance waits. Assurance was provided to the board that those beds would be prioritised for patients in mental health disparities as this remained a considerable risk for ED around the management of mental health patients.

The Board was also updated on system discussions around dynamic conveyancing to further manage the pressure of ambulance handover delays and that system benchmarking was also being explored to inform new practices.

An outline of a new process around Rapid Ambulance Handover by ambulances to be implemented within the system was outlined and that the Board would be kept updated on progress.

The Board also noted that the recent H2 letter from NHS England had enquired if the BSW plan tessellated with the South West Ambulance and it was confirmed that an integrated plan was being developed to continue to reinforce the importance of partnership working.

Our People

Jude Gray, Chief People Officer provided an update on the actions against the strategic pillar target which related to Staff Survey question 7c "I receive the respect I deserve from my colleagues at work".

In Q2, the Pulse Survey results had seen a decline in the number of staff who would recommend the organisation as a place to work, particularly in the Corporate Division in comparison to the Surgery and Medicine Divisions which had both shown improvement in this area. There had been a noticeable decline by the unregistered nursing and midwifery staff group to this statement; however there had been an improvement in the scientific and technical group and registered nursing group. The response to this statement in relation to Healthcare Support Workers plus the link to the turnover metric remained a volatile area for the organisation and that actions were in place to sustain a pipeline for the recruitment of HCSW.

Following a review of staff survey performance, the Trust-A3 had been updated and 'Teamwork' had been identified as an area of opportunity to drive performance against the pillar metric of 'Recommending as a place of work' and therefore the breakthrough objective had moved to question 7C ('I receive the respect I deserve from my colleagues at work') to drive further improvement in 2024/25. The Q3 Pulse Survey had shown a small improvement in this area and an outline of the actions being taken to drive further improvement were noted.

The Trust had seen a downward trend in its voluntary turnover rate from July 2022, with performance below the 11% target being sustained for over 12 months. Voluntary turnover

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had decreased slightly in September to 8.5%; however this remained under the Trust target of 11%.

Temporary staffing remained an area of focus for reduction as part of tighter control measures to control spending levels. There were also increased controls around recruitment constraints and to reinforce the need to reduce the Trust's cost base. Jude Gray, Chief People Officer commented that this would also have the potential to have some effect on staff survey responses, together with the impact of recent change management processes.

Discrimination disparity had continued to increase this month due to an increase of Speaking Up in staff reporting discrimination from manager/team leader or colleague.

It was also noted that a report from the People Promise Manager had provided a progress report to the People & Culture Committee on the actions that were being taken around turnover reduction and improvement in retention rates. It had been considered that the metrics for next year should be exchanged from retention to sickness, as this was an indicator that had continued to rise within the organisation.

Use of Resources

Simon Wade, Chief Financial Officer reported on the breakthrough objective for productivity. The financial breakthrough objective was to remain within the Trust's overall deficit plan by month for 2024/25, having improved the underlying financial deficit position by the financial year and through delivery of recurrent CIP.

As at Month 7, the Trust had a year-to-date adjusted deficit position of £7.8m, which represented a £2.9m adverse variance to plan. Income was £7.6m favourable to plan driven by Elective Recovery Fund (ERF) (£3.4m) and an overperformance on NHSE commissioned drugs (£2.5m).

It was noted that the drivers for this position related to the financial impact of 50 additional beds open above plan and the impact of operational pressures on lifecycle works. Significant cost pressures around a number of areas related to inflation, particularly PFI and the drugs and utilities positions. Pressure on the Trust's non pay position as a result of increased activity.

Pay was £2.6m over plan and the position included c.£0.5m of junior doctor industrial action costs offset by income and a £1.5m under delivery of pay efficiencies.

The efficiency plan was £2.5m under target at Month 7 with total savings delivered to date of £8.6m. The forecast was to deliver £16.3m of savings, which would represent a £5.6m under delivery against the £21.9m target. Of the £8.6m savings delivered to date, 52% was recurrent, which was in line with Month 6. The focus of divisions must remain on the increasing the 52% delivery of savings on a recurrent basis to reduce the underlying deficit.

Pay continued to be a key area for savings with a target to reduce the number of headcount working in the Trust by the end of the year. Tighter controls around the approval of bank shifts, overtime and WLIs had contributed to this, together with the ongoing work to reduce temporary staffing.

Simon Wade, Chief Financial Officer outlined some of the actions that were to be undertaken to refresh the approach to financial recovery and to support and challenge divisions to meet targets, particularly around the whole-time equivalent headcount following the introduction of a vacancy review panel to provide oversight and scrutiny around the workforce plan. System-wide recovery workstreams had also been developed to deliver savings for this year and to also inform the medium-term financial plan over the next three to five years.

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It was also noted that there was a financial risk around the transfer of community services to HCRG, alongside leadership changes in some of the divisions. Assurance was provided to the Board that the services that would be transferring to HCRG had now been confirmed and that priority work had commenced around the mobilisation and impact of the transfer of services and impacted roles, particularly in corporate services.

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 27 November 2024 and the following was highlighted:

- Diagnostic performance continued to deliver above plan for activity at 88.5%, which was the best performance since 2020.
- Cancer performance remained better than the national 62-day target at 6.6% of the overall PTL size, and the Trust continued to perform well against the other measures.
- There had been a robust discussion held on the transfer of community services to HCRG and the need to ensure that the ICS had oversight and management of the contract.

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 21 November 2024 and the following was highlighted:

- An update on the progress of the pseudomonas sampling activity and ongoing management and remediation for the elevated pseudomonas rates. QSC was assured by the level of management oversight and commended the effective work that had been completed and maintained over the past 18 months.
- Acute and community acquired pressure harms continued to show a reduction in reported data and the ongoing actions to share learning and maintain enhanced early identification and management was noted.

The Board **noted** the report.

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 November 2024 and the following was highlighted:

- The details of the approach to develop the 2025/26 plan had been received, which focused on the creation of an optimal system plan that would require all organisations within the Group to work together with a consistent set of assumptions, using the same methodology and template to form one plan.
- The Coding performance at the Trust had been impacted by several factors in 2024/25 to date, which had led to a deterioration in the backlog position and the reasons behind this were noted. While recruitment activity to fill the remaining vacancies within the Clinical Coding team was now complete, difficulties remained

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around the skill set of that team which continued to impact on overall coding capacity and backlog volumes.

The Board **noted** the report.

173/24 **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 13 November 2024 and highlighted the following:

- A piece of work was underway to identify how the charitable funds currently held by Wiltshire Health & Care would be affected by the transfer of community services to HCRG and a proposal would be considered by CFC. The Board agreed that an interim proposal should be made available for consideration ahead of the next CFC meeting in February 2025.
  Action: Chief Officer of Improvement & Partnerships
- Planning was underway to rationalise the 98 charitable funds across GWH to facilitate the most effective use of funds. It had been agreed that all the previous planning and thinking would be brought together to clearly articulate a proposed end point, a consultation and communication plan with stakeholders would be developed and additional resource to support this project would be brought in.

The Board **noted** the report.

174/24 **Audit, Risk & Assurance Committee Board Assurance Report**

The Board received an overview of the detailed discussions held at the Audit, Risk & Assurance Committee (ARAC) at its meeting on 14 November 2024 and highlighted the following:

- An update on the risks for the Medicine Division had been received which provided good assurance on processes to manage risk and actions to mitigate risks. The new IFD had prompted a number of changes to the risk profile and good reflection on likelihood vs consequence to achieve a more accurate scoring.
- The final report on the Internal Audit on Admissions was received which had been rated as partial assurance with improvements required. There were 10 medium priority and 3 low priority actions raised – mainly related to the quality, ownership and completion of data related to admissions and readmissions. ARAC had escalated the full report to PPPC for their review and input, and also to Trust Management Committee for oversight of completion of the actions.
- The final report on the Internal Audit on Procurement which was rated as partial assurance with improvements required. The main issue driving the rating was the lack of evidence on the completion of declarations of interest in the procurement process and assurance was provided that new processes were in place. ARAC asked for a further review to be undertaken for any significant contracts over the last few years to ensure that the conflicts of interest process had been followed and documented.

The Board **noted** the report.

175/24 **Safe Staffing 6-month Report for Nursing, Midwifery & AHP**

The Board received and considered the six-monthly report for Nursing, Midwifery and AHP.

The report covered safe staffing in relation to maternity and neonatal staffing to ensure compliance with CNST and Ockenden recommendations; AHP, community nursing, and nurse staffing compliance with national guidance. There was good governance and oversight of staffing and escalation processes in place for any concerns.

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The report highlighted that the majority of wards were now funded to be compliant with the 1 nurse to 8 patient ratios with the exception of the SWICC wards. However, further work was underway to determine the frequency of areas working above that due to short term absence.

The report concluded that the Trust continued to make good progress in the delivery of safe staffing across Acute, Community, Midwifery and AHP. The work on recruitment and retention could be demonstrated in improvements in the workforce metrics and continued to support the drive to improve patient care. The recommendations to achieve a sustainable and effective nursing, midwifery and AHP workforce were outlined and noted.

The Board requested that an overview of safe staffing for Pharmacists should also be included in future reports.

Luisa Goddard, Chief Nurse provided assurance around the mitigation of the risks in relation to registered nursing, noting that that the international recruitment programme had now been halted. Actions in relation to proposed recruitment pathways based around the Trust's trajectory for the next year and plans being developed to grow alternative routes into nursing roles were outlined and noted.

In response to a question raised by Will Smart, Non-Executive Director on the graph for 1:1 care in labour March 2024 – August 2024 on the deteriorating position the graph presented, Luisa Goddard, Chief Nurse agreed to review the graph to provide a more accurate reflection of the 1:1 care in labour provided. However, assurance was provided that each case where 1:1 care was not fully achieved was reviewed to ensure that escalation processes were utilised to minimise the impact on the family and that there had been no patient safety concerns associated with those occasions.
Action: Chief Nurse

The Board **noted** the report.

176/24 **Directors Code of Conduct 2025-2027**

The Board received and considered the two-year review of the Directors' Code of Conduct for 2025-2027. The changes to the code were noted and mainly reflected the revised Fit & Proper Person Framework. It was noted that the document had also been revised in line with the Royal United Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust.

The Board discussed the deletion of the reference to "Whistle-Blowing" in the code of conduct and it was agreed that this would be checked to determine if this wording was referenced in the Freedom to Speak Up Policy or if it could be removed.
Action: Company Secretary

RESOLVED
The Board **approved** the revised changes to the Directors' Code of Document 2025-2027, subject to a check on the reference to "Whistle-Blowing".

177/24 **Committee Effectiveness Review 2023/24 – Trust Management Committee**

The Board received a paper to consider the annual review for the committee effectiveness for the Trust Management Committee (TMC), which included its terms of reference. The amendments to the terms of reference related to changes around membership and reference to the group model. There were no issues or concerns to draw to the attention of the Board.

RESOLVED
The Board **approved** the Terms of Reference for the Trust Management Committee.

Minute	Description	Action
	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.*	
178/24	**Ratification of Decisions made via Board Circular** None.	
179/24	**Urgent Public Business (if any)** None.	
180/24	**Date and Time of next meeting** It was noted that the next meeting of the Board would be held on 9 January 2025 at the DoubleTree by Hilton Hotel, Swindon.	
181/24	**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 12.36hrs

ACTIONS ARISING FROM MEETINGS OF THE TRUST BOARD (matters open to the public) – January 2025				
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**
5 December 2024	171/24	**Chief Executive's Report – Pressure on services at GWH** PPPC to seek further assurance on the sustainability of the NHS At Home Service.	Chief Operating Officer	For PPPC
5 December 2024	175/24	**Safe Staffing 6-month Report for Nursing, Midwifery & AHP** Graph on 1:1 care in labour to be reviewed to provide a more accurate reflection of the care provided.	Chief Nurse	For noting for next 6 monthly report.
5 December 2024	176/24	**Directors Code of Conduct 2025-2027** Check Freedom to Speak Up Policy still references 'whistleblowing'.	Company Secretary	The Trust's Policy is called *"Freedom To Speak Up Raising Concerns (Whistleblowing) Policy*" therefore the reference to whistleblowing will remain in the Code of Conduct for Directors. **Closed**

Future Actions				
5 December 2024	172/24	**Quarterly Pillar Metric deep dive – Our Performance** Further briefing on the detail around the risk of not achieving the national deadline for RTT, particularly for those board members that are not members of PPPC.	Chief Operating Officer	Full detailed report to be presented to Board in February 2025 following an external review.

Report Title	**Questions for the Board**				
Meeting	**Trust Board**				
Date	**9 January 2025**	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Lead	Caroline Coles, Company Secretary				
Report Author	Caroline Coles, Company Secretary				
Appendices	n/s				

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 ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

Process & outcome

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 identified assurance rating (whether substantial, good, partial or limited).

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

Assurance in respect of the process of obtaining and gaining response to questions to the Board

Report

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

The Board is invited to consider the questions raised, the response given and agree if any further action is required.

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		x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)	-				Risk Score
	-				
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	Acting Chief Medical Officer Depuy Chief Operating Officer				

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: There is currently no solution for renal patients that have to travel to Oxford although options are being explored.			

Recommendation / Action Required

The Board/Committee/Group is requested to:

The Board is requested to review the responses to the questions and to consider whether any further action is required.

Accountable Lead Signature	Caroline Coles, Company Secretary
Date	27 December 2024

Questions to the Board				
Topic	**Questioner**	**Question**	**Responder**	**Board Response**
Renal Unit at Swindon	John Patel, Member	One of my main concerns is the Renal Unit at Swindon, which only has 18 beds currently. However there are currently 24 renal patients that have to travel to Oxford for dialysis with a significant cost in patient transport and an extended day for the patients, some spending up to eleven hours a day away from home for four hours dialysis three times a week, 156 days a year. Most of the renal patients are elderly, infirm and some live on their own. With the current reorganisation going on at GWH is this an opportune moment to consider providing a ward with 24 beds at GWH.	Steve Haig, Acting Chief Medical Officer	We are aware of the challenges facing renal patients needing to travel to obtain their necessary medical treatment. There is pressure on space across the Trust. The dialysis service run by Oxford is doing a complex piece of work looking at what exists in the community. Prioritisation is key and we are working with the council, looking at all services and what can be provided at different sites. It is a strategic approach and a long-term plan.

Readmission rates	Pauline Cooke, member	Could the Board give assurance that re-admission data is discussed at NED/Board level, and that the figures for re-admissions are monitored and if it is unusually high that a solution is found as I have been informed of several multiple re- admissions in the last few weeks, which is compounded by the number of hours each time waiting in A&E to restart the process.	Rob Presland Depuy Chief Operating Officer	The readmission rate is tracked through the Integrated Performance Report (IPR) which is considered by both Performance, Population and Place Committee (PPPC) and Board on a monthly basis. The Trust Urgent and Emergency Care sub-committee track progress and actions on it. A deep dive into readmission is currently underway following an internal audit with any recommendations and actions being monitored through the Urgent and Emergency Care sub-committee and overseen by the Trust Management Committee and PPPC.

Report Title	**Care Reflection**				
Meeting	**Trust Board**				
Date	**9th January 2025**	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Lead	Luisa Goddard, Chief Nurse				
Report Author	Tania Currie, Head of Patient Experience and Engagement Georgia Cotton, Videographer				
Appendices					

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 ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

Substantial		Good		Partial	X	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 identified assurance rating (whether substantial, good, partial or limited).

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

The Care Reflection highlights areas for improvement in care, staff awareness and training. The staff leading this work provide information about ongoing projects to ensure we learn from this experience of care.

Report

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

This care reflection shares the story of John, who has a long-standing spinal cord injury. John sustained his injury many years ago and has adapted well to his challenges. However, following a more recent acute admission he raised concerns about the lack of care regarding his skin integrity and bowels and that he did not always feel safe in the hospital. His story offers a unique perspective as John is both a patient and a member of staff and he describes the barriers he experienced during his care due to his existing relationship with staff.

The importance of specialist skin and bowel care are highlighted, along with ongoing messages to staff when caring for a patient with a spinal cord injury. John himself has joined a coproduction group who are jointly leading improvements, patient and staff awareness and staff training.

The film can be viewed at: https://youtu.be/z_ho3N8jyUU

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	X		X	X	X
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement					
Next Steps	The learning from this care reflection will be shared widely via the departmental and divisional governance structures and more widely across the trust as part of staff training.				

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:	
To receive the presentation as assurance of patient and family experience along with the developments and improvements identified from this Care Reflection.	
Accountable Lead Signature	Luisa Goddard.
Date	2ND January 2025

Report Title	**Chair's Board Report**				
Meeting	**Trust Board**				
Date	**9 January 2025**	Part 1 (Public)	x	Part 2 (Private)]	
Accountable Lead	Liam Coleman, Chair				
Report Author	Caroline Coles, Company Secretary				
Appendices	-				

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 ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

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 identified assurance rating (whether substantial, good, partial or limited).

If 'Partial' or 'Limited' assurance has been indicated, 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):

This report outlines a summary of the Chair's activity and key areas of focus since the previous Board of Directors meeting, including:

- Council of Governors – Key Meeting Dates
- Strengthening Board Oversight
- Trust Chair - Key Meeting Dates.
- Board Meeting Dates 25/26

	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	24 December 2024

Chair's Board Report

This report outlines a summary of the Chair's activity and key areas of focus since the previous Board of Directors meeting during December 2024.

1. Council of Governors

1.1 The following table outlines the key meetings, training and events during December 2024 which governors participated:-

December 2024		
Date	**Event**	**Purpose**
13 Dec	Lead governors met with Chair and Company Secretary	Regular meeting to update and discuss any topical issues
16 Dec	New Governors Induction with Trust Chair	Part of induction programme for new governors.

2. Strengthening Board Oversight & Development

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

Date	**Area**	**Board Member**
11 December 2024	Urgent Treatment Centre	Lizzie Abderrahim, Non-Executive Director Bernie Morley, Non-Executive Director
17 December 2024	Community – MDU	Simon Wade, Chief Financial Officer Rommel Ravanan, Associate Non-Executive Director

3. Trust Chair Key Meetings during December 2024

Meeting	Purpose
Monthly Chair/Lead Governors' Meeting	Regular meeting to update and discuss any topical issues
1-2-1 meeting with Chief Executive	Regular meeting
1-2-1 meeting with Managing Director	Regular meeting
NEDs/ANEDs Meeting	Regular meeting to update and discuss any topical issues
NEDs/ANEDs Meeting – Speaking Up & Listening – Clever Together	To receive presentation from Peter Thomond
NHS Providers Chairs & Chief Executives' Network	Network meeting
Induction meeting with Chief Operating Officer	Introductory meeting with new Executive Director
Induction meeting with Governor	Introductory meeting with new Governor
AHA Committees in Common	Regular system meeting
Wiltshire Health & Care Members' Board	Regular system meeting

4. Board Meeting Dates 2025

4.1 As referenced at the Board meeting in November, it is proposed that Board meeting cadence should be standardised within the BSW Group Hospitals. The approach is to maximise alignment with least disruption.

4.2 GWH's Trust Board meetings will move to the 2nd Thursday of each month to enable appropriate attendance as date clashes with Salisbury NHS FT Board meeting.

The dates for 2025/26 are as follows:-

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
9th	13th	13th	10th	8th	12th	10th	14th	11th	9th	13th	11th

4.3 The dates and number allocated to Board seminars will be reviewed in the New Year.

Report Title	**Chief Executive's Report**				
Meeting	**Trust Board**				
Date	**9 January 2025**	Part 1 (Public)	x	Part 2 (Private)]	
Accountable Lead	Cara Charles-Barks, Chief Executive				
Report Author	Cara Charles-Barks, Chief Executive				
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 ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

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 identified assurance rating (whether substantial, good, partial or limited).
If 'Partial' or 'Limited' assurance has been indicated, 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 Chief Executive's report covers:

1. Pressure on our services
2. NHS Planning Guidance
3. Group Development
4. Operational update – focused on pressure on services at Great Western Hospital
5. Quality – including recognition for our Improving Together methodology and way of working
6. Systems and strategy – including our financial position, and updates on our shared Electronic Patient Record, community services, and sustainability
7. Workforce, wellbeing and recognition – including an update on our flu vaccination campaign, and publication of our Book of Great

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
Key Risks – risk number & description (Link to BAF / Risk Register)	N/A				**Risk Score**
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**		
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	**X**		

Explanation of above analysis:

The report includes an update on our new mentoring programme. Mentoring is an opportunity to learn from each other by sharing experiences and insights, as well as valuable knowledge and expertise, helping with personal growth, professional development and gaining a better understanding of others. This may include a deeper understanding of diversity by pairing people from different backgrounds in the hope they learn from each other and grow together as allies.

Recommendation / Action Required

The Board/Committee/Group is requested to:

Note the report

Accountable Lead Signature	Cara Charles-Barks
Date	2.1.25

1. Happy New Year

I would like to take this opportunity to wish you all a Happy New Year. I am very excited about the year ahead, knowing that we will all embrace and face the challenges ahead together.

2. Pressure on our services

The end of 2024 represented an incredibly busy time in the NHS. As we enter 2025, we continue to face significant pressure on our services. This is linked to an increase in the flu and other winter viruses – norovirus and Respiratory Syncytial Virus (RSV). Our primary focus has been on managing winter escalation and maintaining patient safety. I would like to thank all of our dedicated colleagues for their ongoing commitment to providing outstanding services.

3. NHS Planning Guidance

We await the NHS Planning Guidance 2025/26 that has been delayed, with Trusts being informed that it will be released in the New Year.

We expect that the guidance will focus on the four key priorities of:

- Reducing waits for elective care (18 weeks)
- Improving A&E and ambulance times
- Improving access to primary care and dental
- Mental healthcare

Our preparation for the release of the guidance is progressing, with finalised plans required by the end of March 2025. Plans will have Board to Board sign-off, concentrating on reducing unwarranted variation and strongly focusing on productivity.

4. Group Development

With the Christmas period since the last update on Group development, we remain in the early stages.

Having said that, on my first day back after the Christmas break, I spent time with colleagues to map key things that we want to achieve over the next 12 months. This covered topics from the core basics through to overarching and guiding strategies.

I look forward to updating and sharing with you over the coming months as we embrace the opportunities that working and learning together provides us.

Support to help us move to a new way of working is crucial. As such, we are presently going through a tender process to engage external support to provide additional capacity and resource. Once completed, I will update you on the outcome.

Additionally, Browne Jacobson, a law firm with comprehensive experience working with healthcare organisations, are undertaking developmental work with all of our Non-Executive Directors (NEDs) and Governors across the Group. NEDs and Governors have a crucial role and we want to make sure that we support and enable them to support the ongoing decision making and development of the Group.

Great Western Hospitals NHS Foundation Trust update

5. Operational update

Our Trust remains very busy with high numbers of patients using our urgent and emergency services.

In December we declared an internal critical incident due to very high demand and difficulty freeing up enough beds in the hospital to accommodate new patients.

Declaring an incident reflects pressure being felt right across the health and social care system.

The high demand makes it more difficult for ambulance crews to hand over their patients to us in a timely way and we continue to work closely with the ambulance service to support paramedics to become available to respond to other 999 calls as quickly as possible.

Our Winter plan is supporting our management of the response to pressure at this time of the year and this is focussed on increasing the number of beds available to us.

6. Quality

6.1 Improving Together

Improving Together, our Group-wide approach to continuous improvement and way of working, has been chosen as a finalist in the HSJ Partnership Awards in the Best Contribution to Improving the Efficiency of NHS services category.

Each of the Trusts in our group is using the same approach to explore opportunities to tackle inefficiencies, work smarter and share solutions, leading to changes which are saving money, while improving the working lives of staff and the experience of patients.

This recognition follows our Trust's Improving Together team being finalists in the HSJ Patient Safety Awards in the Quality Improvement Initiative of the Year category last year.

6.2 National Joint Registry recognition

We have been recognised as a Gold National Joint Registry Quality Data Provider for 2024. The scheme recognises excellence in supporting the promotion of patient safety standards through compliance with the mandatory National Joint Registry data submission quality audit process.

7. Systems and strategy

7.1 Finance

Our year-to-date financial deficit is £8.4m – which is £3.1m worse than where we should be at this point in the year according to our plan. This shortfall is due to undelivered savings, our clinical supplies being overspent, and medical and dental temporary staffing costs.

Of the £21.9m in savings we need to make this year, we have delivered £10.1m. Around half of these savings are one-off savings, rather than the kind which can recur each year.

7.2 Shared Electronic Patient Record

The three Trusts in our hospitals group have committed to implementing a shared Electronic Patient Record across our organisations.

This is an extremely complex programme of work and we are currently in the process of holding more than 500 localisation workshops alongside our colleagues in the RUH and SFT.

These workshops will support our work to align key decisions and approaches to the pathways covered by the new Oracle Health electronic patient record solution.

Localisation means customisation to Oracle's off the shelf product, rather than how we are making individual changes for each site, as there is going to be one single, shared, standardised solution which will enable us to deliver better patient care.

Around 70 per cent of decisions for the design and build of our new electronic patient record will be made during this time, so we have strongly encouraged our staff to get involved in the workshops.

7.3 Community services

Following the decision to award the contract for community services to HCRG Care Group from April 2025, we continue to work closely with the incoming provider to understand how individual services will be affected by the change and to enable us to develop a good partnership.

Our priority at this time is ensuring staff are informed and supported through this large and complex change and we are working with HCRG to share information, answer questions and promote engagement opportunities.

A Change Hub has been established on the Intranet to provide staff with a central source of information. It has information about Touch Point Meetings, face-to-face group consultation meetings, a link to the HCRG online portal and health and wellbeing support.

Regular Touch Point meetings, held both in person and virtually, are open to all staff affected and provide an opportunity to ask questions and share concerns. Group consultation meetings across different locations give staff the opportunity to come together in person and have more focused discussions.

Staff are encouraged to sign up for events organised by HCRG which focus on different topics such as 'Pay, Benefits & Reward', 'TUPE for International colleagues' and 'an overview of their clinical policies and systems'.

We have recently informed Bank staff who support the Integrated Care and Community Division, that they will not automatically transfer to HCRG's Bank on 1 April 2025. Staff who wish to continue Bank work in community-based care will need to register with the HCRG Care Group Bank. Staff can remain on the Trust Bank, while also being registered on the HCRG Bank.

As we work towards the transfer date in April we will continue to keep staff informed, provide opportunities for consultation and promote the health and wellbeing support available to all.

7.4 Sustainability

We have been selected as the first NHS England exemplar organisation for sustainable practices within infection prevention and control.

This is fantastic national recognition for the incredible work that has been done to reduce our carbon footprint, through projects such as Green ED, the gloves off campaign, reusable tourniquets and infectious waste.

The report is now being shared with organisations across the country, to support NHS colleagues to adopt similar green practices in their working environments.

The sustainability team have launched the TLC (Turn off, Lights, Close) Campaign, asking all staff to turn off equipment when not in use, turn off lights and keep doors and windows closed.

This aims to reduce the amount of electricity and heating being wasted, which in turn improves the environment for patients and staff by reducing cold draughts.

8. Workforce, wellbeing and recognition

8.1 Flu

Like other Trusts, we have seen a significant increase in the number of patients in hospital with flu over recent weeks.

This increase highlights the need for people to take up the offer of a flu vaccination, which provides a good level of protection. We strongly encourage our staff to have the vaccine, and so far this year 55 per cent of our workforce have had the jab.

We have also been offering the Covid vaccination to our staff and volunteers who would like to have one.

8.2 New mentoring programme

We have launched a new mentoring programme which aims to create mutually beneficial relationships between staff across the organisation.

The opportunity is open to all staff, both clinical and non-clinical, in any role or band.

Mentoring is an opportunity to learn from each other by sharing experiences and insights, as well as valuable knowledge and expertise, helping with personal growth, professional development and gaining a better understanding of others. This may include a deeper understanding of diversity by pairing people from different backgrounds in the hope they learn from each other and grow together as allies.

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

8.3 Brighter Futures

Our Trust charity, Brighter Futures, hit their target of raising £24,000 during Big Give Week before Christmas, which will enable the Trust to purchase a wireless foetal heart monitor.

8.4 Book of Great

Our Book of Great, a publication which celebrates some of the many achievements our staff made in 2024, will be published in January.

The book, which will be distributed to our staff and also published on our website, contains positive updates on the care we have delivered, how we have made improvements across our organisation, and the physical developments on our site and our commitment to sustainability and a greener future, among many other achievements last year.

Report Title	**Integrated Performance Report (IPR)**				
Meeting	**Trust Board**				
Date	**9th January 2025**	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Lead	Benny Goodman, Chief Operating Officer Luisa Goddard, Chief Nurse Jude Gray, Chief People Officer Simon Wade, Chief Financial Officer				
Report Author	Rob Presland – Deputy Chief Operating Officer Ana Gardette – Deputy Chief Nurse Claire Warner – Deputy Chief People Officer Johanna Bogle – Deputy Chief Financial Officer				
Appendices	Use of Resources: • 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 ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

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 identified assurance rating (whether substantial, good, partial or limited).

If 'Partial' or 'Limited' assurance has been indicated, 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 November (October for Cancer) are as follows:

Strategic Pillar Metrics

- **RTT (Referral to Treatment) 52 Week Waiters**

November's performance shows the total number of patients waiting over 52 weeks at 1,657, an increase of 20 patients from last month. As of the 10th of December there are 5,827 patients without their first appointment booked. The largest un-booked cohorts at risk are General Surgery, Neurology, Urology and Gastroenterology. Divisions have been tasked to view these cohorts alongside their available capacity and prioritise long waiters during booking.

With regards to our over 65 week wait cohort, there remain specialty risks which have impacted on our aspirations to reduce the end of month breaches in this cohort. Loss of weekend list initiatives, pending Christmas leave and an increase of 2-week waits has impacted the ability to clear these patients at pace. Specialties with the biggest level of risk include; Neurology, Trauma and Orthopaedics and General surgery. At the end of November, we reported 76 breaches, of which 3 were over 78 week waits. This is a reduction of 3 when compared to October.

The Trust continues to attend weekly "shadow tiering" calls with both ICB and NHSE colleagues to improve our position with system and regional support. We have identified specialties at risk who require support with mutual aid and / or utilisation of the independent sector with the view that all specialties will clear their 65 week waiter cohorts by the end of March-25.

Main risks to delivery across the divisions of Medicine and Surgery, Women and Children are; Neurology, General Surgery and Trauma and Orthopaedics. Ophthalmology remains an outlier due to the volume of patients awaiting a corneal graft as a result of the national shortage.

The operating plan objective to clear 52 week waits by end of March will not be met, and will be reprofiled as part of operating planning for 2025/26.

- **Cancer waiting times**

Cancer performance has steadily improved month on month since April 2024, across both the 28-day FDS and 62 Day performance. Great Western Hospital has now officially come out of tiering for cancer services and will need to maintain rigor around performance to maintain this position and provide system assurance. There is work occurring at AHA level across tumor sites (meetings held in October and November, next scheduled for January) to review the future state of services, where radical change is required to meet demand e.g. Lower GI.

At the end of October there were 101 patients waiting >62 days on the PTL, which was 6.4% of the overall PTL size and therefore remaining below the national target of 6.8%. The PTL continues to be managed within nationally set thresholds.

The Trust exceeded the operating plan trajectory for both the 28-day Faster Diagnosis (FDS) standard and 62-day referral to treatment standard in October at 79.5% and 78.2% respectively. October 28-day FDS performance target was met due to increased capacity in breast and external funding of first appointments and MOPs in Dermatology. Urology continues to show signs of improvement following changes to triage and removing post MRI face to face appointments ahead of booking a biopsy.

Unvalidated November performance shows cancer 31 day improvement at 94.6% with 10 breaches in October.

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

ED and UTC attendances reduced by 3% in November compared to the previous month, with 10,928 patients seen.

The total mean wait time for a patient in November was 159 minutes in UTC, this is within the national standard of 240 minutes. The mean wait type in ED increased to 384 minutes and is therefore currently 2.4 hours above the national 4 hour target.

Total type 1 ED attendances reduced by 4.2% (243 patients less than the previous month), with Type 1 triage (seen within 15 minutes) falling from 60.9% to 57.4%.

Combined 4- hour performance was 74%, an improvement in October's figure of 72.6%, but 2% below the operating plan trajectory of 76%.

Work continues with support from the Emergency Care Intensive Support Team (ECIST) to improve processes within the new Emergency department and newly co-located MAU and SDEC including senior decision making at rapid assessment, IFD huddles to explore alternative to admission pathways, improvements in same day emergency care capacity and ambulance streaming. Staffing has also been challenged during this period and a whole hospital continuous flow model is being piloted to decompress the department during busy periods.

- **Inpatient spells - No Criteria to Reside Bed Days (NCTR)**

In November, we observed a significant increase in NCTR averaging 90, which was 27 patients higher than the operating plan trajectory.

Medically fit was removed from the Trust electronic patient record towards the end of October which means data quality is now improving – showing a true reflection of performance. Patients over a 21-day length of stay was 15 patients on average which is a marginal increase on last month, however a 50% reduction on the same time last year. Home first discharges for the Swindon locality continued to be high at 118 patients being discharged – which would be reflected in the over 21 days length of stay improvement. System reviews have commenced to provide multi agency discharge support to accelerate back door decompression in readiness for the busy Christmas and New Year period.

Operational Breakthrough Objective

- **Ambulance handover delays**

An average of 84 hours were lost per day from ambulance handover delays in November, up from 81 hours in October. This is the second consecutive month during which the breakthrough objective of 70 hours was not met.

There were 46 six hour breaches reported in November, 13 of which breached 8 hours. Time in the ED department has increased and 4 hour performance has deteriorated during a month in which Trust wide bed occupancy was 96.3%, with P1-P3 no criteria to reside showing special cause deterioration in Swindon and Wiltshire localities.

There remains a significant risk to patient safety and care for patients who require emergency treatment due to the inability to offload ambulances at the point of arrival. This is due to critical capacity of the Trust, Emergency Department, and MAU, & flow throughout the Hospital and to system partners (including out of area patients) (Risk ID 731 and 1085).

The Trust has been receiving support from Emergency Care Intensive Support Team (ECIST) since October with a work plan to support the realisation of benefits from front door reconfiguration. In the last month the Trust has opened a new Children's ED, co-located Medical Assessment Unit and Same Day Emergency Care and completed a significant reconfiguration of the bed base to reduce the number of medical patients in surgical beds.

The EICST support package will support Trust objectives by December to improve rapid assessment and handover processes, increase SDEC volumes and case mix of patients, embed early discharge to the discharge lounge before midday and shape future design of the UEC and flow programme based on findings including but not limited to an ECIST led criteria to admit audit. This has also highlighted the lack of compliance and monitoring of internal professional standards for referred specialty patients.

Findings from the ECIST rapid improvement offer will be incorporated into a review of requirements to be delivered for Phase 2 of the transformation programme later in the winter.

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

Diagnostics – Novembers validated DM01 performance is showing an increase in performance from the 88.45% within 6 weeks in October to 88.59% in November. The number of patients on the waiting list has decreased by 828 to 5,811 driven by the by the continued work to improve NOUS. There are now only 663 patients waiting over 6 weeks compared to 8,301 in October 2023. Despite good progress there remain long waiters at 40 weeks in some sub-modalities in Cystoscopy and these pathways are currently being reviewed to improve performance.

OUR CARE

The Integrated Performance report (IPR) for Care presents 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 90% from patient friends and family test.

There has been a slight increase in the overall harms in month 169 in November compared to 168 in October. The has been an increase in the number of falls and pressure harms in the acute, but a slight decrease the number of patients with C. difficile, E. coli and COVID.

The number of Family and Friends (FFT) positive responses for November has increased to 90.6% and is now above the stretch target of 90%.

Breakthrough Objectives
The Breakthrough Objective for 2024/25 has changed from reducing harm associated with pressure ulcers to reducing harm from inpatient falls.

Aim for 2024/25

- Reduction in the number of Total Falls by 20%
- Reduction in the number of patients experiencing moderate harm or above by 20%
- Reduction in the number of patients that fall more than once by 20%

In November there have been 7 moderate harm or above following an inpatient fall.

Alerting Watch Metrics
The number of complaints received in month has increased to 61 from 56 in October, but the complaint response rate has increased in November to 66% compared to 58% in October.

The numbers of patients with two or more falls were 10 in month, compared to 11 in October.

The overall Family and Friends positive response rate target was reviewed and increased in April to 90% and as a result now sits within an alerting watch metric. The overall positive response rate for November is 90.6% and just above the target.

Non-alerting Watch Metrics
C.difficile numbers have decreased this month to three (ten in October), with the Trust remaining below its target trajectory. There have been no further cases of C.difficile associated to one ward following the period of increased incidence noted last month.

Methicillin-sensitive Staphylococcus aureus (MSSA) numbers appear to be rising slightly, with some cases associated with cannulas. This has been escalated to the Divisional Leads to ensure the focus on cannula care remains. In addition, the Infection Prevent and Control team are arranging refresher training for skin preparation.

There is an improved position with all three gram-negative infections when compared to last year. Only Klebsiella is now above trajectory. There have again been fewer cases attributed to catheters. COVID numbers were at a historic low throughout November.

Methicillin-sensitive Staphylococcus aureus (MSSA) numbers have increased in month to six (two in October). Methicillin-resistant Staphylococcus aureus (MRSA) remained zero for the ninth consecutive month.

The number of hospital-acquired pressure ulcers has increased in month to 18 (12 in October). There has been a significant drop in Category 3 pressure harms from eight in October to one this month. There has been zero device-related harms and zero harms on Trauma.

The number of Community acquired pressure harms has remained stable in month at 13. Most harms were reported at Category 2 (10), but two patients' have experienced category four pressure harms, with one patient experiencing two.

Further points to note relating to non-alerting watch metrics include:

- Safer staffing fill rates remain above the National target of 85%.
- Three Patient Safety Incident Investigations have been declared in October and will be investigated under the Patient Safety Framework.

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**
  Stretched Target 63%: achieving 59.6% (2023 Annual Survey), 55.9% Q1 Pulse Survey, and 55.5% Q2 Pulse Survey (steady decline since the annual survey)
- **Staff Voluntary Turnover**
  Target 11% achieving 8.8% (October data and steady increase).
- **EDI disparity (reducing discrimination disparity)**
  Target 9.4% achieving 12.7% (2023 Annual Survey), and 13.1% Q1 Pulse Survey and 17.5% Q2 Pulse Survey

The annual Staff Survey launched on 9th September 2024 and will run until 29th November 2024. The Trust achieved a 69% response last year ranking second nationally, this year the Trust has achieved 71% response rate (4,228 responses from a sample size of 5,962).

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 national average for this question is 71% in the 2023 Staff Survey, against which a stretch target of 73% has been set. Currently, The Trust performance is 70% (2023 Staff Survey results) and 71.1% in the Q2 Pulse Survey.

Alerting Watch Metrics
In-month sickness absence increased in October from 4.3% to 4.9% which is driven by short term sickness. The national benchmarking (July) shows that during this period we moved up to the 3rd quartile. Between August and September there was a reduction in sickness and therefore it is anticipated we will return to the lower quartile during this period.

HR Scorecard

Vacancy Rate
Our vacancy rate in November increased from 180WTE to 192WTE which is 3.5% and remains within target. It is anticipated with the increase in vacancy control (without budget removal) this vacancy rate will increase to slow down substantive recruitment to achieve our worked WTE plan.

Workforce Recovery
5,661WTE was used to deliver our services in November which was +57WTE above planned levels The above-plan position is predominantly driven by an increase in our contract WTE and an increase in our temporary workforce.

Increased controls have been introduced both locally and by the ICB which will mitigate growing contract WTE levels, however if the Trust continues the trend of increasing Temporary Staffing usage this will continue to negatively impact the overall position against plan.

USE OF RESOURCES

As at M08 24/25 the Trust has a year-to-date (YTD) adjusted deficit position of £8.4m, which represents a £3.1m adverse variance to plan.

Income is £7.1m favourable to plan, predominantly driven by overperformances on ERF (£4.8m), NHSE commissioned drugs (£2.8m) and industrial action funding (£0.5m). ERF performance remains above the 112% stretch target at 115.3%. There are offsetting underperformances against plan, mainly due to RTA, high-cost device income and Cancer Drug Fund.

The pay position of £3.0m adverse to plan includes c.£0.5m of junior doctor industrial action costs offset by income and a £1.6m under delivery of pay efficiencies. Ongoing temporary staffing pressures in front door areas, specifically in Medical & Dental, account for the rest of the pay variance, partially offset by centrally-held reserves (e.g. maternity / paternity leave).

Operational non-pay spend is £9.1m over plan, which includes £5.4m of overspends in clinical supplies and outsourcing, particularly within Medicine and Surgery, Women's and Children's. A proportion of the cost relates to delivering additional ERF activity and will, therefore, be partially offset by income. The non-pay variance also includes £1.0m of undelivered efficiencies, while drug spend is £2.2m over plan, all of which is passthrough-related and offset by income. Estates and PFI-related costs account for the remaining variance.

The efficiency plan is £2.8m under target at M08 with total savings delivered year to date of £10.1m. System recovery plans agreed in Month 7 include a delivery of year-end efficiencies of £17.5m. The current forecast delivery of £16.3m remains in line with prior month, which would represent a £5.6m under delivery against the £21.9m target. Included at risk in the forecast is £1.8m of Cardiology pacer

income still to be confirmed by NHSE. Of the £10.1m savings delivered year-to-date, 50% is recurrent, which is down from M07 (52%). The focus of divisions and directorates remains on increasing recurrent savings to reduce the underlying deficit. Analysis of the margin achieved on ERF related activity is being undertaken with a view to recording additional efficiency savings in 25/26, noting that this is dependent on the central ERF rules to be determined in planning. Pay is a key area for savings with a target to reduce the number of headcount working in the Trust by 263 compared to March 2022 by the end of the year. Tighter controls around the approval of bank shifts, overtime and WLIs are contributing to this, as is ongoing work in reducing temporary staffing and scrutinising fixed term contracts and vacancy recruitment request. Non-pay, and specifically clinical supplies spend, is the focus of detailed work between Finance, Procurement and divisional teams to understand the key drivers. Meetings have been held with Theatres (SWC) and Cardiology (Medicine) raising initial issues around stock management practices and clinical choice requiring further investigation. The plan is to meet with other specialties over the coming months.

Breakthrough Objectives
The financial breakthrough objective is to remain within our overall deficit plan by month for 24/25, having improved the underlying financial deficit position by the end of the financial year through delivery of recurrent CIP.

We remain c.£3.1m off plan in Month 8. Our performance behind plan on the efficiency programme of £2.8m demonstrates that our run-rate reductions are not going far enough to impact our financial position to the extent that it is needed to meet our full-year plan. There are various recovery workstreams in progress, particularly around pay run rates. Activity is being scrutinised for where we are not delivering volume, or value of the relevant volume, against plan.

The wider cultural and capability-based requirements to deliver this BTO are detailed in the countermeasures, which have action plans associated with them. These are summarised below:

1) Is financial capability adequately supported in core roles?
2) Do those charged with financial management have the right information available for decision making?
3) The non pay run rate is increasing year on year.
4) Does everyone understand the underlying financial position of the Trust?

Actions continue to be progressed in relation to improving requisitioning controls and developing the training offer. An Improving Together working group has been set up in Finance to focus on financial training throughout the Trust, including a mandatory training course on ESR and staff group specific training. Task & finish groups including Finance, Procurement and Specialty leads have been set up to focus on the drivers of non-pay spend. The first of these meetings have taken place with Theatres (SWC) and Cardiology (Medicine). The analysis has already highlighted some areas where immediate action can be taken to reduce spend, while benchmarking against other system Trusts has flagged further areas for investigation. Work is also ongoing around requisitioning controls. Divisions have submitted a list of users for revocation which is being checked by SBS. Focussed training for the remaining requisitioners around best practice is a key next step.

Link to CQC Domain – select one or more	**Safe**	**Caring**	**Effective**	**Responsive**	**Well Led**
Links to Strategic Pillars & Strategic Risks – select one or more	★				
	x		x	x	x
Key Risks – risk number & description (Link to BAF / Risk Register)					**Risk Score**
Consultation / Other Committee Review / Scrutiny / Public & Patient involvement	PPPC				
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 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	Benny Goodman
Date	16.12.24

Great Western Hospitals
NHS Foundation Trust

Integrated Performance Report

December 2024

November 2024 & October 2024 data period

Improving together

Content & introduction

Great Western Hospitals NHS Foundation Trust

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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
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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.	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Total 104 week waits	0	0	0	0	0	0	0	0	1	1	0	0	0
Total 78 week waits	0	4	5	10	4	3	4	3	3	12	6	5	3
65 weeks wait performance vs plan (size adjusted)	100.0%	0.0%	0.0%	0.0%	0.0%	70.0%	117.9%	148.4%	154.6%	200.7%	0.0%	0.0%	0.0%
Proportion of PTL over 65 week waits (size adjusted)	0.0%	0.9%	0.9%	0.7%	0.2%	0.4%	0.6%	0.7%	0.6%	0.7%	0.2%	0.2%	0.2%
Under 18 elective activity rate vs baseline	100%	116.3%	122.5%	128.8%	119.1%	123.9%	119.0%	114.4%	117.0%	131.8%	124.8%	221.8%	153.8%
Faster diagnosis rate	75% (Nat)	60.4%	60.2%	70.5%	71.3%	59.2%	66.7%	70.2%	75.2%	81.8%	78.8%	79.5%	Reported one month behind
62-day performance	85% (Nat)	65.0%	62.2%	68.6%	66.7%	63.1%	64.3%	69.4%	68.1%	70.3%	70.8%	78.1%	Reported one month behind
Proportion of patients seen within 4 hours	95% (Nat)	74.7%	73.5%	71.1%	74.4%	75.9%	75.3%	75.0%	77.1%	79.5%	77.4%	72.6%	74.0%
Number of mental health patients spending >12 hours in an emergency dept	7	5	12	5	5	14	9	6	6	7	3	9	1
Readmission rate	14.8%	16.4%	11.2%	16.1%	15.7%	14.0%	15.9%	15.1%	14.7%	16.0%	14.8%	13.7%	14.0%
Summary Hospital-level Mortality Indicator		2 - as expected	2 - as expected	2 - as expected	2 - as expected	2 - as expected	2 - as expected	2 - as expected	Reported five months	Reported five months	Reported five months	Reported five months	Reported five months
CQC safe rating		Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Sickness rate	3.5% (Int)	5.0%	4.9%	4.4%	4.1%	4.2%	4.2%	4.6%	5.2%	4.5%	4.3%	4.9%	Reported one month behind
Leaver rate	11.0% (Int)	8.9%	8.6%	8.6%	8.4%	8.6%	9.7%	11.0%	9.6%	11.0%	10.6%	11.0%	Reported one month behind
Implied productivity	0	-14%	-16%	-13%	-12%	-13%	-17%	-15%	-17%	-15%	-13%	-11%	-14%
Proportion of staff in senior leadership roles who are from BME background	16% (Nat)	5.4%	3.5%	3.5%	3.5%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.4%	5.0%
Proportion of staff in senior leadership roles who are women	64% (Nat)	57.1%	56.1%	56.1%	56.1%	56.7%	56.7%	56.7%	57.4%	58.3%	56.7%	56.9%	55.0%
Proportion of staff in senior leadership roles who are disabled	3.2% (Nat)	1.8%	1.8%	1.8%	1.8%	1.7%	1.7%	1.7%	1.6%	1.7%	1.7%	3.5%	3.3%

Key Indicators

Great Western Hospitals NHS Foundation Trust

The below metrics are also included in the 24/25 SOF Measures. However, publication of the final guidance documentation for the 2024/25 NHS Oversight Metrics is required to clarify the definitions to ensure aligned reporting with the National Metrics.

Metrics
65 week waits as a % of total patient tracking list (PTL) (size adjusted)
65 weeks wait reduction against trajectory
Number of emergency admissions for ambulatory care sensitive conditions
Proportion of Category 4 calls resulting in ambulance response
Midwifery fill rate in line with Birthrate Plus
Number of emergency admissions for people with multiple long term conditions
HCW proportion of Covid-19 and influenza vaccinations
NHS staff survey safety culture sub-score
Inpatient satisfaction NET survey
MI admission rate deprivation gap
Provider stability score
Provider efficiency score
Progress against trust sustainability plan
Proportion of Apprenticeship Levy spent
Compliance with 10% social value weighting across contracts

Executive Summary

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

The Breakthrough Objective for 2024/25 has changed from reducing harm associated with pressure ulcers to reducing harm from inpatient falls.

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.

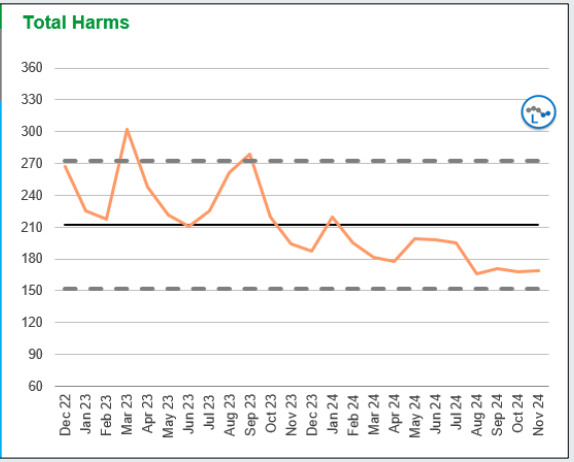
The FFT is mandated across all acute providers and therefore provides an opportunity to benchmark across the country. It is important to consider the proportion of patients completing the test and the overall positive score together, we have therefore added completion rates as watch metrics to our overall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

We have set ourselves a target of 90% for the combined positive response rate, this is based on an increased of 4% from last year's target of 86%.

Total Harms

To achieve and sustain zero avoidable harm.

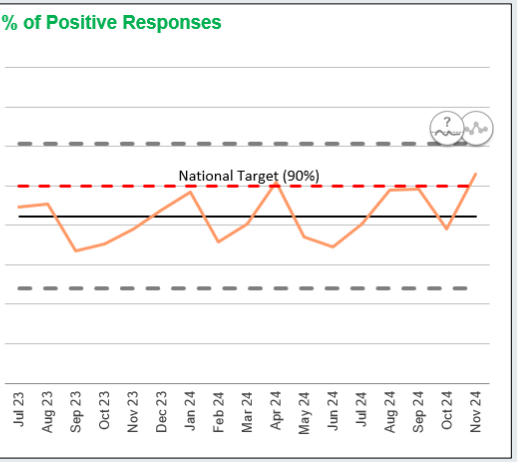
Timescale	Value
Dec 23	187
Jan 24	219
Feb 24	195
Mar 24	182
Apr 24	178
May 24	199
Jun 24	198
Jul 24	195
Aug 24	166
Sep 24	171
Oct 24	168
Nov 24	169



Patient Experience (Friends & Family Test)

To achieve consistent positive response rates in excess of 90% from patient friends and family test.

Timescale	Value
Dec 23	88.8%
Jan 24	89.7%
Feb 24	87.2%
Mar 24	88.1%
Apr 24	90.2%
May 24	87.4%
Jun 24	86.9%
Jul 24	88.1%
Aug 24	89.8%
Sep 24	89.8%
Oct 24	87.8%
Nov 24	90.6%



Counter Measures

The total number of harms has slightly increased in November to 169 from 168 in October. There has been a rise in falls and pressure harms in the acute setting.

There has been a decrease in the number of infection associated harms, with a reduction in C. difficile, E. coli and hospital acquired COVID. There has been a rise in the number of falls in month from 83 to 111. There have been three patient safety incident investigations (PSII) commenced.

For November, the Trust wide positive Family and Friends (FFT) score has increased to 90.6%, just above the increased target of 90% set in 2024/25 to ensure there is stretch.

The volume of discharged patients surveyed by text in some areas, has been reduced from November onwards, to provide a more targeted response and in-line with system partners.

Executive Summary

NHS 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 October, there were 41.0 breaches in total, with 29.5 of these attributed to the Urology, Plastic, Colorectal pathways. These pathways are seeing issues with capacity for appointments and diagnostics.

We continue to see greater than normal breaches in Urology (43.9% of all breaches) where number of breaches relate to patients requiring a biopsy after their initial MRI. Template biopsy in Theatres has replaced TRUS biopsy in Radiology, capacity for which had been insufficient to meet demand. This has now been addressed, and it is expected that we will see fewer breaches in the New Year once delayed pathways are completed.

RTT: Number of patients waiting over 52 weeks

November performance shows the total number of patients waiting over 52 weeks at 1,657 an increase of 20 this month. Patients reported waiting over 65 weeks at the end of November was 76 , a decrease of 3 from last month. The PTL size at the end of the month was 40,107, a reduction of 3.8%.

3 x 78 weeks breaches were reported in November 2024. The Ophthalmology patient was transferred from the RUH to support with their long waiting Corneal Graft Cohort.

- 1 x Ophthalmology
- 1 x T&O
- 1 x General Surgery

Ambitions to clear our 65-week cohort has been a weekly focus for divisions, with assurance and actions required to bring our backlog down into the new year. Mutual aid has been sought for specialties who are challenged with their cohort, with an aspiration to clear this cohort and maintain by end of March 2025. These specialities include:

- Gastroenterology
- Trauma and Orthopaedic
- Neurology
- General Surgery
- Plastics

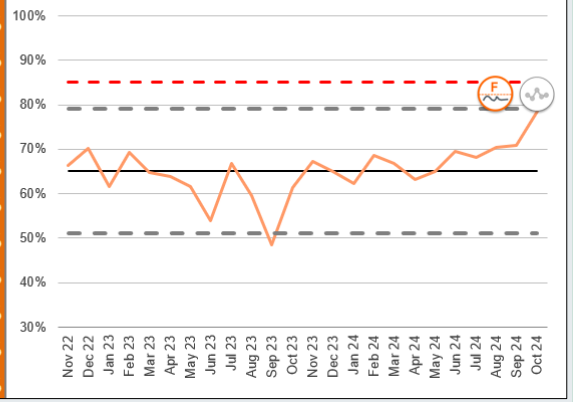
Benny Goodman | Chief Operating Officer

Service | Teamwork | Ambition | Respect

Cancer 62 Day

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

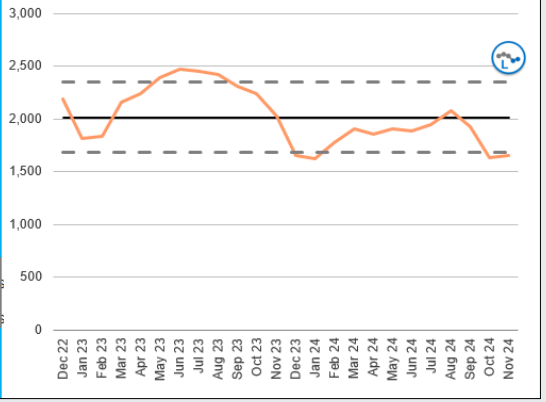
Timescale	Value
Nov 23	67.2%
Dec 23	65.0%
Jan 24	62.2%
Feb 24	68.6%
Mar 24	66.7%
Apr 24	63.1%
May 24	65.1%
Jun 24	69.4%
Jul 24	68.1%
Aug 24	70.3%
Sep 24	70.8%
Oct 24	78.5%



RTT: Number of patients waiting over 52 weeks

To eliminate over 52-week waiters as soon as possible and by March 2025 at the latest.

Timescale	Value
Dec 23	1,653
Jan 24	1,625
Feb 24	1,777
Mar 24	1,900
Apr 24	1,859
May 24	1,909
Jun 24	1,885
Jul 24	1,941
Aug 24	2,072
Sep 24	1,924
Oct 24	1,637
Nov 24	1,657



Counter Measures

Risk: Urology Pathways are impacted by delays in Radiology & Theatres (capacity & vacancies)
Mitigation:
-Funding approved for mobile LATP by TVCA. This went live on 7 September with weekend clinics to clear backlog and provide the necessary additional capacity. Improvements in the 62D performance are expected from New Year onwards
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 **Plastics** for appointments and minor op clinics impacting pathway
Mitigation
-Suitable patients are sent to a private third party provider (CSP) where necessary
-Revised SLA with Oxford approved, though insufficient support from Oxford being provided due to consultant availability. Additional consultant approved and under recruitment at Oxford.

Risk: Insufficient capacity to eliminate waits over 65 weeks as soon as possible and by March 2025 by 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.
- Access team led intensive validation to work through cohort and increase clock stop run rate. Team now commenced extended patient treatment list review sessions.

Risk: Delay in achieving targets due to Industrial action/critical incident.
Mitigation:

- All elective activity on strike/major incident days reviewed. Maximised 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 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 Nov 24 was 384 minutes against the national standard of 240 minutes. This is the third month where mean time in ED has increased following a downward trend throughout 2024.

Emergency Care – Urgent Treatment Centre - Mean Stay

The total meantime wait for a patient in November 24 was 159 minutes against the national standard of 240 minutes. This has increased from 149 mins in September where the department experienced a drop in demand.

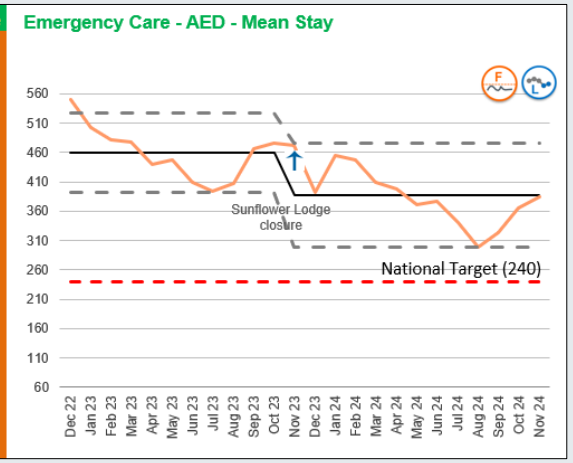
Benny Goodman | Chief Operating Officer

Service | Teamwork | Ambition | Respect

Emergency Care – Emergency Department - Mean Stay

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

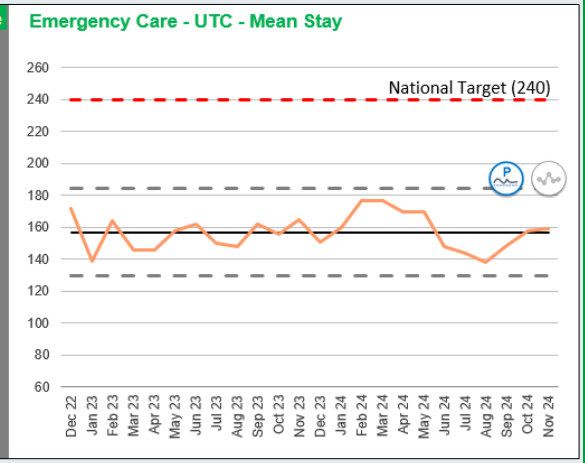
Timescale	Value
Dec 23	391
Jan 24	455
Feb 24	447
Mar 24	410
Apr 24	398
May 24	371
Jun 24	377
Jul 24	340
Aug 24	299
Sep 24	324
Oct 24	365
Nov 24	384



Emergency Care – Urgent Treatment Centre - Mean Stay

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

Timescale	Value
Dec 23	151
Jan 24	160
Feb 24	177
Mar 24	177
Apr 24	170
May 24	170
Jun 24	148
Jul 24	144
Aug 24	138
Sep 24	149
Oct 24	158
Nov 24	159



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.
- New ED performance dashboard
- Medicine Emergency flow programme
- National support offer from Emergency Care Intensive Support team.

- 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
- Additional triage capacity now implemented with improved triage performance seen since June.

Executive Summary

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).

There were 10,928 patients seen in ED/UTC in November, which is a 3% drop from October.

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

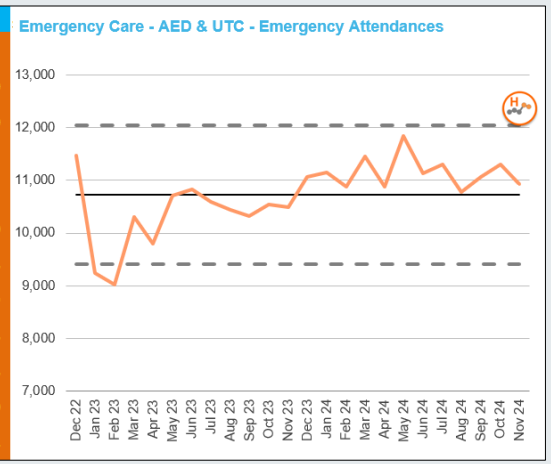
In November, we observed a significant increase in NCTR averaging 90 . Medically fit was removed from the Trust electronic patient record towards the end of October which means data quality is now improving – showing a true reflection. Patients over a 21-day length of stay was **15 patients** on average which is a marginal increase on last month, however a 50% reduction on Nov 23 . Home first discharges for the Swindon locality continued to be high at **118** patients being discharged – which would be reflected in the over 21 days length of stay improvement. System reviews have commenced for NCTR in readiness to reduced leading up to Christmas.

Benny Goodman | Chief Operating Officer

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

To ensure patients are cared for in the appropriate setting

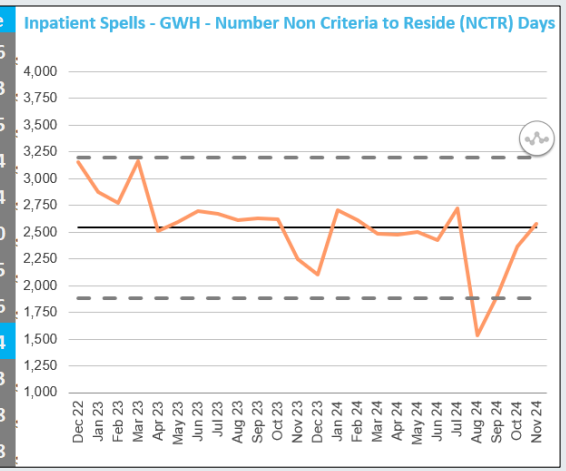
Timescale	Value
Dec 23	11,065
Jan 24	11,160
Feb 24	10,880
Mar 24	11,461
Apr 24	10,885
May 24	11,840
Jun 24	11,136
Jul 24	11,309
Aug 24	10,776
Sep 24	11,066
Oct 24	11,300
Nov 24	10,928



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
Dec 23	2,106
Jan 24	2,703
Feb 24	2,615
Mar 24	2,484
Apr 24	2,474
May 24	2,500
Jun 24	2,425
Jul 24	2,726
Aug 24	1,534
Sep 24	1,913
Oct 24	2,368
Nov 24	2,578



Counter Measures

- Transfer team introduced towards the end of October – being monitored – objectives to increase before midday discharges and impact on decrease in Ambulance hand over delays.
- Assessment and pathway changes to support direct access from ED & UTC to most appropriate admission areas.
- Specialist Direct to the right bed initiative ongoing since end of August with plans to develop at scale to support new Medical Assessment Unit and Same Day Emergency care function at the front door from mid November. ECIST present to support
- Hospital at Home – towards the end of November has been at 100% occupancy.

Actions within the Hospital Flow/Admitted Flow work streams for Urgent and Emergency Care transformation include:

Opportunities:

- Review of escalation approach for patients with no criteria to reside including out of area patients – this is showing improvement and twice weekly calls in place.
- To review the approach to criteria led discharge for patients and maximise opportunities for earlier in the day discharge including to discharge lounge. - continuing with positive outcomes
- Review wards that have opportunities for higher discharges prior to midday and over weekends – ongoing.
- 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.
- Reverse Boarding needs to be investigated to support a continuous flow and enacted daily to proactively manage ambulance surges.

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 has seen a downward trend seen in its voluntary turnover rate from July 2022, with performance below the 11% target being sustained for 18 months. Voluntary turnover increased slightly in October to 8.8% however remains under the Trust target of 11%.

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 stretch target is 63% to be achieved in the 2025 staff 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.

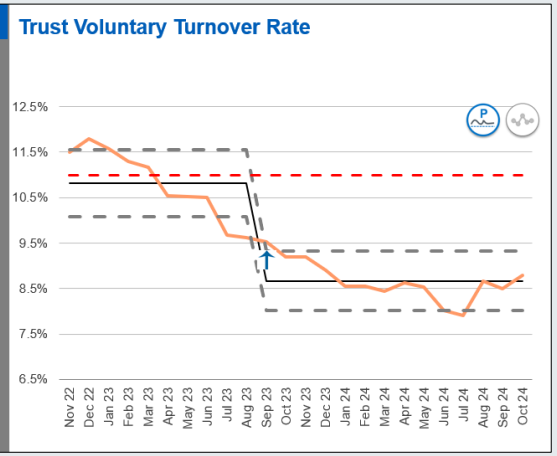
The number of staff who would recommend the organisation as a place to work increase from 53.3% in 2022 to 59.6% in the 2023 Annual Staff Survey. Pulse survey result has shown a slight decline in results since the annual survey, deteriorating to 55.9% in Q1 and to 55.5% in the latest Q2 survey.

Jude Gray
Director of Human Resources (HR)

Trust Voluntary Turnover Rate

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

Timescale	Value
Nov 23	9.2%
Dec 23	8.9%
Jan 24	8.6%
Feb 24	8.6%
Mar 24	8.4%
Apr 24	8.6%
May 24	8.5%
Jun 24	8.0%
Jul 24	7.9%
Aug 24	8.7%
Sep 24	8.5%
Oct 24	8.8%



Staff % recommend the organisation as a place to work

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

Counter Measures

- Voluntary Turnover has increased slightly in October to 8.8% (8.5% in September). Whilst still within control limits this is an early indication that increased turnover is expected over the coming months. This could be impacted by current workforce controls introduced to reduce our worked WTE.
- Within the final three months of the People Promise, the role will focus on:
  - Launching the first 90-day induction booklet (1st Feb)
  - Launching flexible working on ESR (1st Feb)
  - Embedding and collecting data from the launch of Exit Interviews via ESR
  - Launching the Sexual Safety Toolkit (End of Jan-25)
  - Completing a close-down report, highlighting the positive impacts from the initiatives

- The 2024 Annual Staff Survey closed on 29th November, with 71% of staff responding to the survey (+2% compared to 2023). Initial embargoed results will be available mid-December.
- The annual flu campaign is in its 9th week, with 51% of staff being vaccinated compared to 62% last year. There is a national trend for lower uptake in 2024, and whilst behind last year we are ranking 2nd within the South West for vaccine uptake. There have been national reports of a high prevalence of Influenza and Covid cases in the community and as a response there has been increased communication to encourage uptake of the vaccine amongst staff.
- The Covid vaccine offering was due to end on 20th December however in response to high numbers of cases the offering has been extended to the end of January as requested by NHSE.

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.

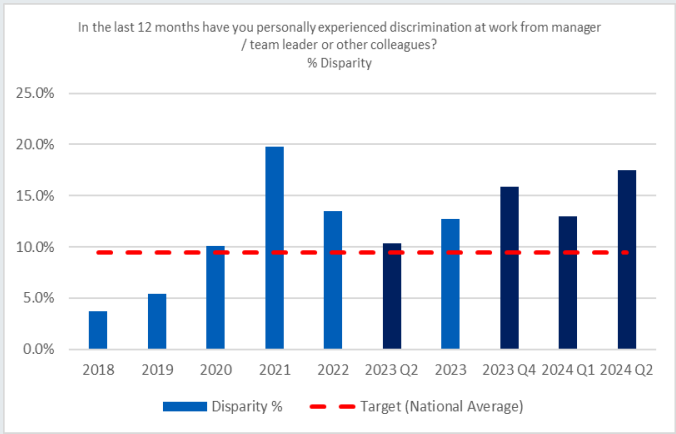
The Trust ambition is to reduce the disparity in the q16b (personally experienced discrimination at work from manager/team leader or other colleague) between white staff and BAME staff from 13.5% to 9.4% in line with the national average and be below the national average for all staff.

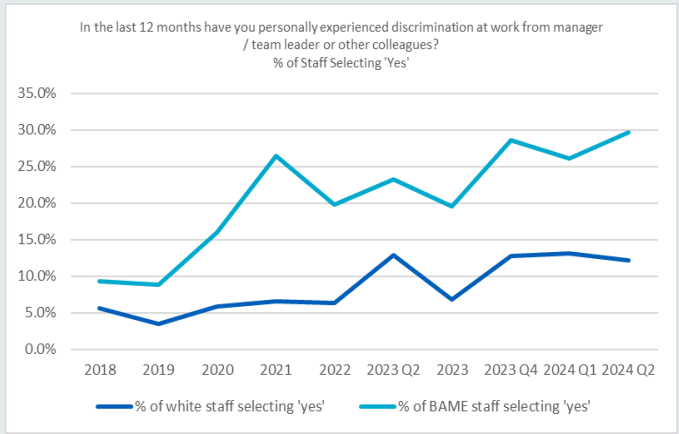
Disparity has increased to 17.5% in Q2 (13.1% in Q1). Both white staff and BAME staff are reporting discrimination, white staff has decreased in Q2 from 13.1% to 12.2% and BAME has increased from 26.1% to 29.7%.

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

- The new Trust initiative 'Count Me In' has launched week ending 6th December. This is an internal 'grant' that will be used to enable teams to deliver EDI and Health Inequalities related projects. A few applications have been received and the Improving Together team, staff networks and key staff are supporting with promotion.
- Equality Delivery System review will launch in January, with scoring for staff health and wellbeing and inclusive leadership (Domain 1 and 2) taking place in March at the Inclusion & Health Inequalities Subcommittee meeting, and the system event (Domain 1 – patients) will be coordinated by BSW.
- Mentoring was launched at the recent EDI conference. The Trust will use Guider.ai a mentoring platform to match mentors and mentees, this system will enable more detailed reporting and keep administration to a minimum.
- The EDI conference was successful, with just under 100 staff in attendance. The focus of the conference was allyship as a leadership skill. Videos of keynote speeches will be released mid-January 2025.

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 4 years at the Trust. Large financial deficits undermine the public trust in the NHS and put the financial viability of the organisation at risk.

As at M08 24/25 the Trust has a year-to-date (YTD) adjusted deficit position of £8.4m, which represents a £3.1m adverse variance to plan. Income is £7.1m favourable to plan, predominantly driven by overperformances on ERF (£4.8m), NHSE commissioned drugs (£2.8m) and industrial action funding (£0.5m). ERF performance remains above the 112% stretch target at 115.3%. There are offsetting underperformances against plan, mainly due to RTA, high-cost device income and Cancer Drug Fund. The pay position of £3.0m adverse to plan includes c.£0.5m of junior doctor industrial action costs offset by income and a £1.6m under delivery of pay efficiencies. Ongoing temporary staffing pressures in front door areas, specifically in Medical & Dental, account for the rest of the pay variance, partially offset by centrally-held reserves (e.g. maternity / paternity leave). Operational non-pay spend is £9.1m over plan, which includes £5.4m of overspends in clinical supplies and outsourcing, particularly within Medicine and Surgery, Women's and Children's. A proportion of the cost relates to delivering additional ERF activity and will, therefore, be partially offset by income. The non-pay variance also includes £1.0m of undelivered efficiencies, while drug spend is £2.2m over plan, all of which is passthrough-related and offset by income. Estates and PFI-related costs account for the remaining variance.

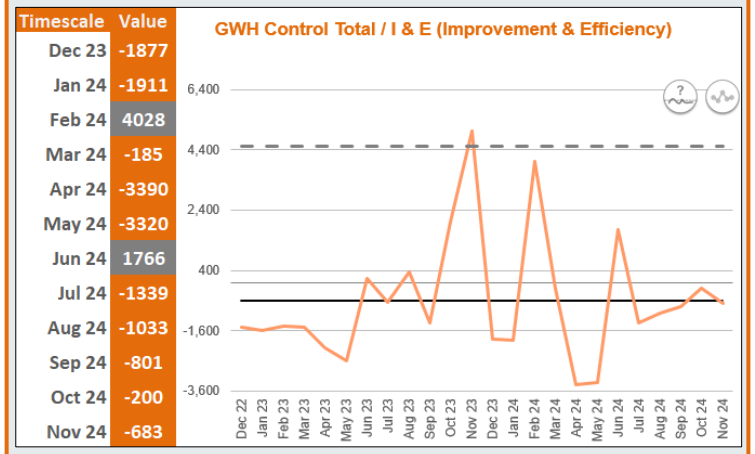
The efficiency plan is £2.8m under target at M08 with total savings delivered year to date of £10.1m. The forecast delivery of £16.3m remains in line with prior month, which would represent a £5.6m under delivery against the £21.9m target. Included at risk in the forecast is £1.8m of Cardiology pacer income still to be confirmed by NHSE. Of the £10.1m savings delivered year-to-date, 50% is recurrent, which is down from M07 (52%). The focus of divisions and directorates remains on increasing recurrent savings to reduce the underlying deficit. Analysis of the margin achieved on ERF related activity is being undertaken with a view to recording additional efficiency savings in 25/26, noting that this is dependent on the central ERF rules to be determined in planning. Pay is a key area for savings with a target to reduce the number of headcount working in the Trust by 263 compared to March 2022 by the end of the year. Tighter controls around the approval of bank shifts, overtime and WLIs are contributing to this, as is ongoing work in reducing temporary staffing and scrutinising fixed term contracts and vacancy recruitment requests. Non-pay, and specifically clinical supplies spend, is the focus of detailed work between Finance, Procurement and divisional teams to understand the key drivers. Meetings have been held with Theatres (SWC) and Cardiology (Medicine) raising initial issues around stock management practices and clinical choice requiring further investigation. The plan is to meet with other specialties over the coming months.

Simon Wade
Chief Financial Officer

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

To achieve and sustain a break-even financial position.

Timescale	Value
Dec 23	-1877
Jan 24	-1911
Feb 24	4028
Mar 24	-185
Apr 24	-3390
May 24	-3320
Jun 24	1766
Jul 24	-1339
Aug 24	-1033
Sep 24	-801
Oct 24	-200
Nov 24	-683



Counter Measures

- Efficiency savings were £0.3m behind target in month. Year-to-date the efficiency programme is £2.8m behind plan with pay accounting for £1.6m, income £0.2m and non-pay £1.0m. Of the £10.1m of savings delivered year-to-date, 50% is recurrent.
- 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. Increasing productivity by meeting the Trust's activity targets and associated ERF income is also a key objective in 24/25

Executive Summary

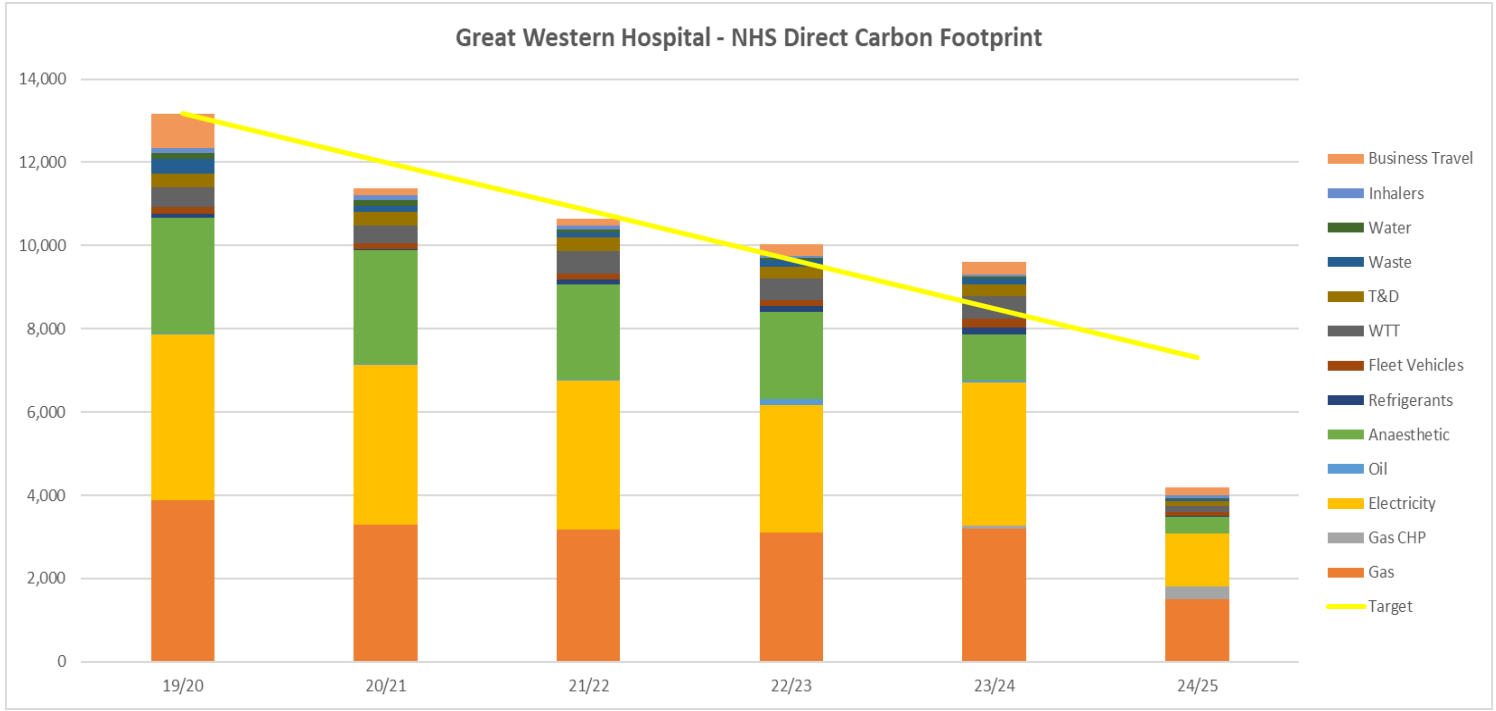
Great Western Hospitals NHS Foundation Trust

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.

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.

Note: Data for the current financial year is for half-way through the year heading into the winter months. Some utility billing and reading issues therefore utilities have been estimated for the purpose of reporting.



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. A heat decarbonisation plan has been completed following a successful Salix funding bid. Unfortunately our bid for phase 5 funding was not reviewed in the lottery style assessment so no funding has been awarded to further this plan.
3. Sustainability Champions launched in GWH and an expansion of sustainability working groups in departments who have larger carbon footprints e.g. Theaters, ED, Endoscopy and a group for Pharmacy is proposed.

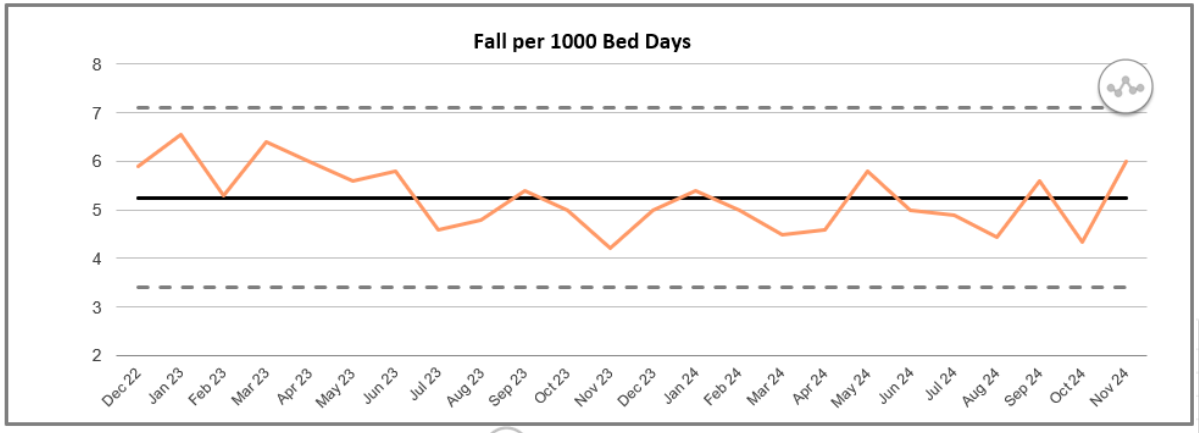
Simon Wade
Chief Financial Officer

2024/25 Breakthrough Objectives

Reducing Falls & Falls With Harm

Great Western Hospitals NHS Foundation Trust

Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24
5.0	5.4	5.0	4.5	4.6	5.8	5.0	4.9	4.4	5.6	4.3	6.0



Common cause - no significant change

Understanding the Data

Falls per 1000 bed days will be monitored quarterly to provide benchmarking data. In November, the number has increased to 6.0 compared to 4.3 in October.

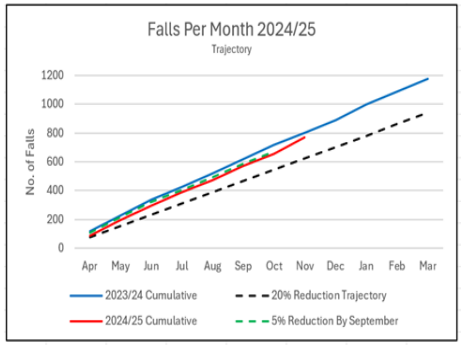
Aim for 2024/25

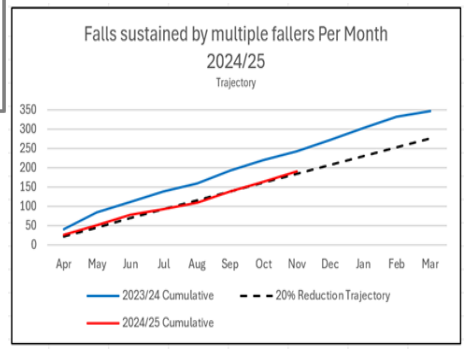
Reduction in the number of Total Falls by 20%
Reduction in the number of patients experiencing moderate harm or above by 20%
Reduction in the number of patients that fall more than once by 20%

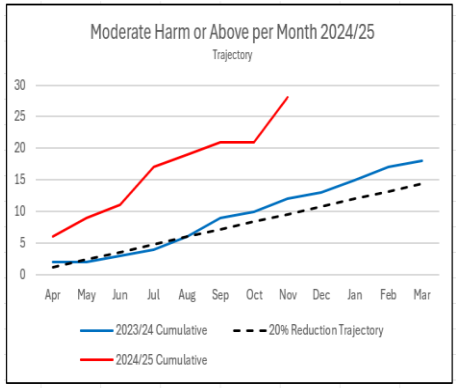
We are driving this measure because..

Analysis shows that inpatient falls are a top cause of moderate and above harm in the Trust. Between Jan 23-Dec 23, 1274, were reported, nine resulted in moderate harm, five resulted in severe harm, and eight resulted in death. Even when a fall has resulted in no apparent harm, falls can cause psychological distress, prolonged hospital stay and delayed functional recovery.

Reducing inpatient falls will help the Trust to reduce harm, improve experience and reduce the financial burden of increased length of stay, costs of additional surgery/ treatment.







Performance

Inpatient falls have increased in month to 111 in November when compared to 83 in October. The number of falls with moderate harm or above is seven. Five with moderate harm and two severe harms.

A review of the cases has identified care issues related to four of the cases, including night moves contributing to delirium, and delayed discharge contributing to hospital acquired deconditioning. All learning will be taken forward through the Fall's improvement group.

Falls sustained in patients who have fallen more than once has decreased to 10 in month (11 in October).

The NICE guidelines for fall assessment are out for consultation. The Falls Specialist Nurse and Falls Pathway Lead have reviewed and provided feedback into the consultation.

A deep dive into the 32 Emergency Department attendance relating to falls over a two-day period (31st October – 1st November 2024) has been completed. Learning and missed opportunities have been identified.

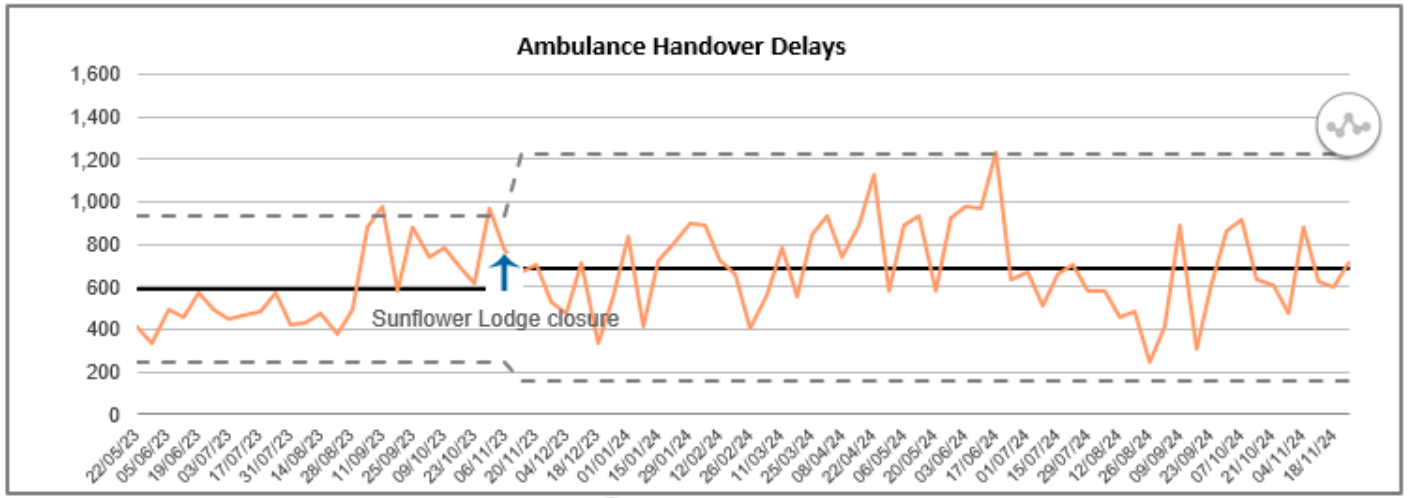
Post falls management care has been reviewed with the development and use of LOOK, FEEL, MOVE action cards adapted from National Audit of In-patient Falls (NAIF, 2022). A draft will be tested and supported with training before full roll out.

2024/25 Breakthrough Objectives

Great Western Hospitals NHS Foundation Trust

Ambulance Handover Delays

09/09/24	16/09/24	23/09/24	30/09/24	07/10/24	14/10/24	21/10/24	28/10/24	04/11/24	11/11/24	18/11/24	25/11/24
892	309	619	867	918	634	610	474	883	628	597	716



Common cause - no significant change

Understanding the Data

This data shows the weekly hours of ambulance resources lost by the South Western ambulance service due to total handover delays reported at the Great Western Hospital.

The data is provided daily by the South Western ambulance service. Work is ongoing to improve data quality and data completeness, as some Ambulance providers may not be included in reporting. September 2024 audits have showed potential discrepancies in SWAST handover data and GWH which is also being reviewed as part of counter-measure actions.

We are driving this measure because...

Ambulance handover delays impact the provision of outstanding care for our patients because patients are more likely to come to harm as result of delays in diagnosis and treatment and access to ongoing care in the hospital. There is also an increased risk of harm to patients in the community because of reduced ambulance resources to respond due to time spent queuing. This in turn is worsening ambulance response times to patients with life threatening emergencies, with national NHS standards not being met.

Performance

An average of 84 hours were lost per day from ambulance handover delays in November, up from 81 hours in October. This is the second consecutive month during which the breakthrough objective of 70 hours was not met.

There were 46 six-hour breaches reported in November, 13 of which breached 8 hours. Time in the ED department has increased and 4-hour performance has deteriorated during a month in which Trust wide bed occupancy was 96.3%, with P1-P3 no criteria to reside showing special cause deterioration in Swindon and Wiltshire localities.

There remains a significant risk to patient safety and care for patients who require emergency treatment due to the inability to offload ambulances at the point of arrival. This is due to critical capacity of the Trust, Emergency Department, and MAU, & flow throughout the Hospital and to system partners (including out of area patients) (Risk ID 731 and 1085).

The Trust has been receiving support from Emergency Care Intensive Support Team (ECIST) since October with a work plan to support the realisation of benefits from front door reconfiguration. In the last month the Trust has opened a new Children's ED, co-located Medical Assessment Unit and Same Day Emergency Care and completed a significant reconfiguration of the bed base to reduce the number of medical patients in surgical beds.

Objectives over the next 4 weeks are to improve rapid assessment and handover processes, increase SDEC volumes and case mix of patients, embed early discharge to the discharge lounge before midday and shape future design of the UEC and flow programme based on findings including but not limited to an ECIST led criteria to admit audit.

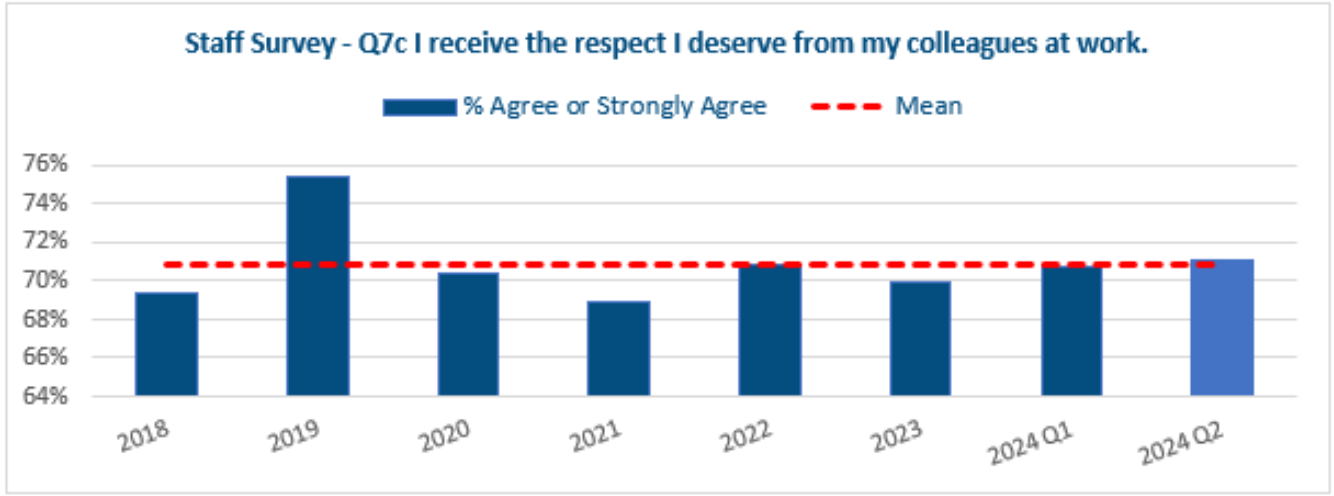
Findings from the ECIST rapid improvement offer will be incorporated into a review of requirements to be delivered for Phase 2 of the transformation programme later in the winter.

2024/25 Breakthrough Objectives

Staff Survey - Q7c I receive the respect I deserve from my colleagues at work

Great Western Hospitals NHS Foundation Trust

2018	2019	2020	2021	2022	2023	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2024
69.40%	75.44%	70.37%	68.85%	70.80%	69.96%	70.70%	71.10%			



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

- "I receive the respect I deserve from my colleagues at work" has seen a small improvement since the annual survey in 2023. The most recent data is from the Q2 Pulse Survey, pending release of the 2024 Annual Survey Results mid-December.
- Clever Together recommendations have been shared at Trust Board and there is agreement to proceed with the recommended actions in the new year. A task and finish group has been established to work with Clever Together on implementation of the actions:
  - To help align our Execs and TMC to be vision and values led
  - To simplify and make sense of our values with our people, co-create one shared framework
  - To co-create a culture change plan with our top leaders
  - To build or buy-in a single speaking up and listening up process

Risks

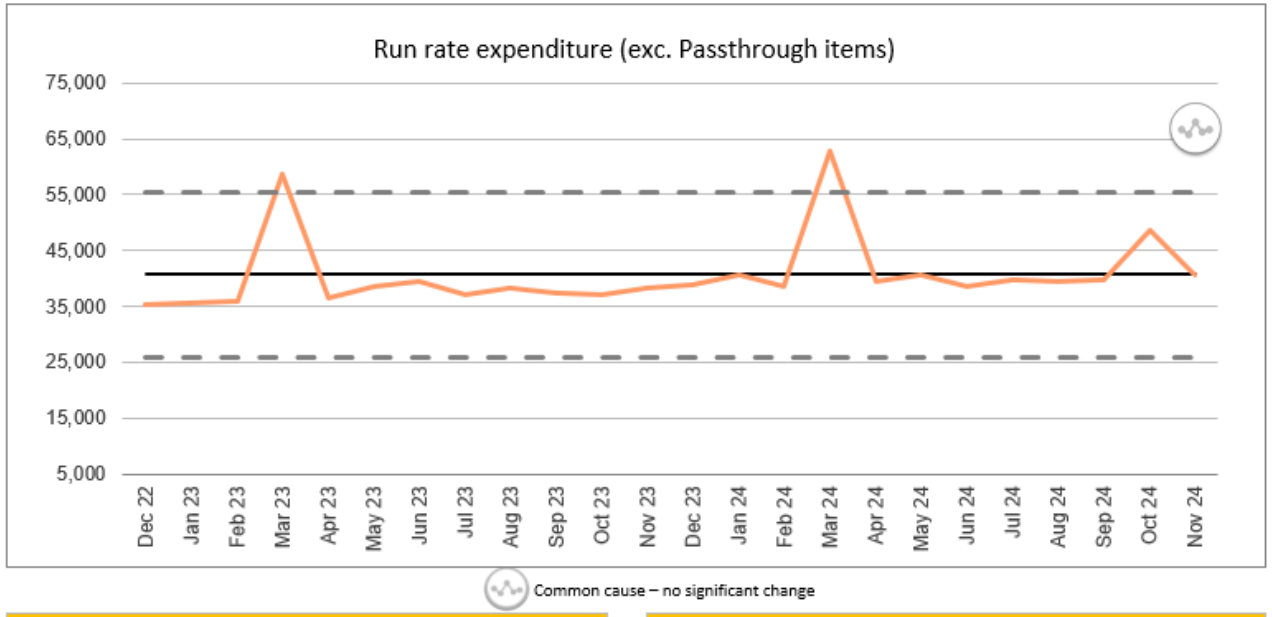
- Significant risk to staff morale and engagement due to current financial challenges, requirement to reduce our workforce, and organisational change.
- Clinical division's breakthrough objectives whilst aligned to our strategic pillar are not the same as the Trust breakthrough objective, therefore strategic focus is not aligned.

2024/25 Breakthrough Objectives

Great Western Hospitals NHS Foundation Trust

Financial Recovery

Expenditure	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Total expenditure (excl. passthrough items)	38,973	40,519	38,664	62,891	39,339	40,664	38,705	39,705	39,538	39,904	48,729	40,649
Medicine	12,636	13,454	12,028	13,002	12,248	12,820	12,457	12,931	11,862	12,206	16,193	13,250
SWC	10,777	10,498	10,513	11,111	10,484	10,848	10,666	10,633	10,818	10,628	15,049	10,865
ICC	5,674	5,715	5,447	5,805	5,397	5,420	5,057	5,578	5,685	5,620	7,188	5,962
Corp	7,595	7,391	7,484	8,361	7,947	8,022	8,014	8,169	8,348	7,971	8,915	8,008



Understanding the Data

The data shows that, if we continue at the current run rate of income and expenditure, we are likely to be c.£15m deficit by year end, compared to a c£10.2m planned deficit. We are also likely to fall short of our CIP target, with a material amount of non-recurrent CIP needing to be found recurrently again next year.

We are driving this measure because…

It is important that we remain within our overall deficit plan for 24/25, having improved the underlying financial deficit position by the financial year end through delivery of recurrent CIP.

The run rate needs to be brought under control, in order to ensure that we do not run out of cash to pay for our daily expenses, or for our capital programme. It also needs to reduce on a recurrent basis, so that we deliver our CIP programme recurrently.

Any non-recurrent CIP delivery will need to be found next year, in addition to efficiency savings expected as part of a normal planning round.

Performance

- As at M08 24/25 the Trust has a year-to-date (YTD) adjusted deficit position of £8.4m, which represents a £3.1m adverse variance to plan.
- We are currently £2.8m behind our YTD efficiency plan.
- Non-pay spend analysis at specialty level is taking place with Theatres (SWC) and Cardiology (Medicine) the first areas of focus, highlighting some points around stock management and clinical choice for further investigation.
- Actions focussing on the Countermeasures include:
  - Training offer to be developed for the whole Trust for general financial acumen, using combination of methods of delivery.
  - Financial Data accessible through SBS Business Intelligence System may not be as user-friendly as needed, so we are developing Power BI dashboards.
  - Agreeing the ideal number of requisitioners with Div Tri's and reducing current requisitioners, as appropriate.
  - Validating training offered by SFT Procurement Team and enhancing where needed.
  - Ensuring financial position updates are shared consistently throughout Div Board / specialty boards / team meetings etc.

Risks

- Significant risk to staff morale and engagement due to current financial challenges and requirement to reduce our workforce to deliver recurrent savings (pay is c70% of our cost base).
- Competing demands on reduced workforce in Finance

Our Care

Alerting Watch Metrics

Great Western Hospitals NHS Foundation Trust

Plan Area	Measure Name	Target	SPC Improv. Icon	Aug-24	Sep-24	Oct-24	Nov-24	Trend
Concerns and Complaints	Trust overall complaint response rate	80% (Int)	?	68%	72%	58%	66%	
	No. of complaints received	SPC	H	79	64	56	61	
	Number of reopened complaints	SPC	H	1	1	5	4	
FFT	Overall response rate (%)	28.1% (Int)	?	26.1%	32.0%	26.2%	31.2%	
	Positive response (%)	90.0% (Int)	?	89.8%	89.8%	87.8%	90.6%	
	ED & UTC Positive Responses	79.3% (Int)	?	84%	78%	76.4%	78.8%	

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 October complaint response rate has increased to 66% in month compared to 58% last month, however continual focus is required to reach internal target levels. Benchmarking and audit with other Trusts has highlighted some potential for better alignment to BANES, Swindon, Wiltshire (BSW) partners which will ensure we are providing a more standardised approach when responding to complaints.

Our last A3 Improvement meeting saw a change to include Divisional Directors of Nursing (DDON) in our weekly PALS oversight meeting held with the Deputy Chief Nurse.

PALS training in month included delivering to year 4 students and we shared good practice with Salisbury PALS, whom we welcomed on a recent visit. PALS service awareness review has begun including promotion of posters and signage.

The overall number of complaints received in month has increased to 61 in month compared to 56 in the previous month, the number of re-opened complaints has decreased slightly to four (five in October). The PALS team continue to work to keep the number of open cases less than 100 although currently around 120.

A piece of work has been commenced to triangulate the Pals processes and complaints data with the Royal United Hospitals Bath, and Salisbury Foundation Trust. This has demonstrated large differences in the number of patient contacts with GWH being much higher. Further exploration is now underway to clarify the position and identify opportunities for change.

Risks

Rise in backlog of complaints and failure to respond in a timely manner is negatively impacting on patient experience. Additional resource is being provided to Division of Medicine to clear backlog.

Our Care

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target	SPC Improv. Icon	Aug-24	Sep-24	Oct-24	Nov-24
Harm	Patient safety incident investigation	SPC		2	2	4	3
	Falls rate per 1000 bed days	SPC		4.4	5.6	4.3	6
	No. of Falls in month	SPC		81	102	83	111
	No. falls with moderate harm or above	SPC		2	2	0	7
	Medication incidents with moderate harm	SPC		2	2	1	3
	Pressure Ulcer (Hospital Acquired)	SPC		25	14	11	18
	Pressure Ulcer (Community Acquired)	SPC		20	17	25	13
Concerns and Complaints	No. of concerns received	SPC		365	294	316	313
IP & C	C.Diff	6.42		2	8	10	3
	MRSA	0		0	0	0	0
	MSSA	2.00		4	1	2	6
	E.coli	8.33		5	7	9	7
	Klebsiella	2.92		3	1	4	4
	Pseudomonas	2.50		2	2	1	1
	COVID (hospital acquired)	SPC		19	16	15	0

Performance & Counter Measure

There are 13 Patient Safety Incident Investigations (PSII) in progress. There were three PSII's reported in the month of November, and zero Never Events. Al PSII's will be investigated using the Patient Safety Incident Review Framework.

The number of concerns received remains high at 313, a slight decrease from October.

The number of falls has increased in month to 111 from 83 in October. There has been five falls with moderate harm, and two with severe harm in month.
Hospital-acquired category 2-4 pressure ulcers rose to 18 after a very low number last month (11) but remain low compared to historical numbers. A reduction in harm severity was seen, with only one category 3 ulcer compared with eight last month. The Acute Tissue Viability Nurse (TVN) team marked Stop The Pressure Day with a well-attended event in the Academy.

The previous SPC chart data has reflected all pressure harms in the community, from this month (November) onward it will only reflect the category 2-4 pressure harms in line with the Acute data. There were 13 category 2-4 pressure ulcer harms in the Community setting in November (unchanged from October). All harms for November involved patients with complex healthcare needs. The majority of harms were reported at Category 2 (10), but two patients experienced a category four harm, with one patient experiencing two category four pressure harms.

The Trust remains below the threshold trajectory for *C. diff* with numbers declining again after two unusually high months. There have been no further cases associated with the period of increased incidence on Meldon Ward. Methicillin-sensitive Staphylococcus aureus (MSSA) numbers appear to be rising slightly, with some cases associated with cannulas. The Infection Prevent and Control team are arranging refresher training for skin preparation. The importance of not losing focus on cannulas has been highlighted to Divisional Leads. All three gram-negative infections are now showing an improved position on last year, with only *Klebsiella* now above trajectory. There have again been fewer cases attributed to catheters. COVID numbers were at a historic low throughout November.

Risks

There continues to be a backlog of complaints and failure to meet response times.
Patient concerns raised about lack of accessible information in line with the requirement of the Accessible Information Standard and Equality Act. A plan is in place to add to Nervecentre and a contact form via the website will go directly to PALS as an interim measures.
There are ongoing concerns about the lack of accessibility across the site due to heavy doors. The Inclusion & Health Inequalities Sub Committee have requested a confirmed work plan from Estates by January 2025.

Our Care

Non-Alerting Watch Metrics

Great Western Hospitals NHS Foundation Trust

Plan Area	Measure Name	Target	SPC Improv. Icon	Aug-24	Sep-24	Oct-24	Nov-24
Safer Staffing	Safer Staffing – average fill rate RN (%)	85% (Nat)	P	93.0%	93.1%	95.6%	97.2%
	Safer Staffing – average fill rate HCA (%)	85% (Nat)	P	103.5%	102.9%	101.6%	103.1%
FFT	ED & UTC Response Rate	15.3% (Int)	?	16%	15%	14%	18%
	Inpatients Response Rate	21.7% (Int)	?	19%	24%	21%	27%
	Inpatients Positive Responses	89.3% (Int)	?	89.8%	92.3%	91.0%	90.6%
	Daycases Response Rate	21.8% (Int)	?	21%	24%	21%	26%
	Daycases Positive Responses	95.0% (Int)	?	95.0%	96.6%	95.2%	93.9%
	Outpatients Positive Responses	97.0% (Int)	?	98.4%	97.9%	97.7%	97.1%
	Maternity Response Rate	21.9% (Int)	?	22.2%	21.8%	25.9%	24.9%
	Maternity Positive Responses	92.1% (Int)	?	92.5%	91%	92.7%	93.2%

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 Measures

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

The inpatient positive response rate has decreased slight but remains above the target of 89.3%.

The maternity response rates has decreased slightly but remains above the internal target of 21.9%, with the maternity positive response rate increasing slightly to 93.2% and remaining above the target.

Additional resource is being explored to assist with closure of the backlog of overdue complaints.

A full review of Family, Friends, test (FFT) was completed in November, including visibility, actions and recommendations for existing and new hospital areas. FFT response rate has changed as the volume of discharged patients surveyed by text in some areas, has been reduced from November onwards, in-line with system partners and to provide a more focus.

A trial with a drop-in session of new portable hearing loops has been held with agreement to purchase one device that can be loaned out from PALS to wards and departments.

There will be a roll out of new posters at entrances to all wards, making it clear how to raise a concern (i.e.: directly with the ward and then to PALS) and how to provide feedback.

Our Performance

Great Western Hospitals NHS Foundation Trust

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Aug-24	Sep-24	Oct-24	Nov-24	Trend
RTT	No. of >=18 weeks waiters		H	21130	20968	19986	18807	
	No. of >=52 weeks waiters		H	2072	1924	1637	1657	
DM01	No. of patients on DM01 waitlist			7392	6907	6639	One month behind	
	DM01 performance %	99% (Nat)	F	75.8%	80.3%	88.4%	One month behind	
	DM01 6 week wait breaches		H	1789	1362	767	One month behind	
Cancer	% Cancer 62 day performance	85% (Nat)	?	70.3%	70.8%	78.1%	One month behind	
	% Cancer 31 day performance	96% (Nat)	?	96.0%	87.8%	94.6%	One month behind	
	% Cancer 2 week wait	93% (Nat)	F	68.1%	87.2%	88.3%	One month behind	
	% 28 day faster diagnosis	75% (Nat)	?	81.8%	78.8%	79.5%	One month behind	

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

Diagnostics

Novembers validated DM01 performance is showing an increase in performance variance from the 88.45% performance in October to 88.59% - this is the highest DM01 since February 2020. The number of patients on the waiting list has decreased by 828 to 5,811 driven by the by the continued work to improve NOUS. There are now only 663 patients waiting over 6 weeks Vs 8301 in October 2023

Counter measures: Radiology now have a specialist CT outsourcing provider to support on the mobile pads with complex scans which make up the majority of the long waiters (Cardiacs and Colons). Activity for the imaging vans on the CDC site is now achieving 90% utilisation for MRI and CT. Ultrasound still remains the largest issue with 1,477 on the waiting list but now only 101 are over 6 weeks. Medicare continue to support US activity. A locum sonographer is also being sourced to help with the more complex long waiters. WLI being put in place to support Endoscopy.

Cancer

71.9% of the 62-day breaches were with the Plastics, Colorectal & Urology pathways.

31D performance fell short in October due to outpatient capacity in the Skin pathways, accounting for 69.2% of the 13 pathway breaches. Elective capacity in Breast accounted for 30.8%.

Cancer waiting times for first appointment remain below standard. Colorectal is the largest contributor with 30.1% of all breaches. Patient choice was the main reason for breaches, being responsible for 29.1% of breaches.

Our Performance

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Aug-24	Sep-24	Oct-24	Nov-24	Trend
ED	A&E (ED & UTC) Emergency Care 4 Hour Performance %	95% (Nat)	F	79.5%	77.4%	72.6%	74.0%	
	A&E (ED & UTC) Emergency Care 12 Hour Performance %	2% (Nat)	F	2.7%	3.7%	5.7%	7.4%	
	AED (Type 01) - Percentage Arrival to Departure within 4 Hours	95% (Nat)	F	60.7%	57.7%	52.9%	56.0%	
	AED (Type 01) - Percentage Arrival to Departure over 12 Hours	2% (Nat)	F	5.6%	7.5%	11.1%	14.6%	
	Total Hours Ambulance Handover Waits (over 15mins)	SPC	H	1452.14	2000.45	2583.35	2775.00	
	Number of Ambulance Handover Over 15 Minute Waits	SPC	H	1660	1740	1742	1483	
	Percentage of Ambulance Handover Over 15 Minute Waits	SPC	H	82%	86%	91%	91%	
	Number of Ambulance Handover 30 Minute Waits	SPC	H	940	1118	1257	1191	
	Percentage of Ambulance Handover s Over 30 Minutes	SPC	H	46.6%	55.5%	65.7%	73.1%	
	Number of Ambulance Handover Over 60 Minutes Waits	SPC	H	499	664	837	835	
	Percentage of Ambulance Handovers Over 60 Minutes	SPC	H	24.8%	33.0%	43.8%	51.2%	
Flow	Non - Admitted - Average Length of Stay in Department (mins)	SPC	H	299	324	365	384	

Performance & Counter Measure

Performance reviewed in weekly Emergency Flow meeting

4 hour performance (type 1 and 3) increased from 72.6% to 74%. This is 2% below the 23/24 national target. The reduction in performance relates to type 3 performance reducing and impacting our overall position.

Total % over 12 hours has risen from 11.1% to 14.6% indicating an increase in overcrowding of the department.

Ambulance handover delays over 15 minutes increased from 2583 hours to 2775 hours (phase 1 breakthrough objective = 2100 hours) showing growing pressure on the Emergency Department.

Number of ambulance handovers over 30 minutes has decreased from 1257 to 1191.

The percentage of ambulance handovers over 60 minutes increased from 43.8% to 51.2%

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

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.

Our Performance

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Aug-24	Sep-24	Oct-24	Nov-24
RTT	No. of >=78 weeks waiters	SPC	L	12	6	5	3
Cancer	No. of referrals received	SPC		1756	1831	1987	One month behind
ED	UTC (Type 03) - Percentage Arrival to Departure within 4 Hours	95% (Nat)	?	97.2%	97.1%	92.9%	92.6%
	UTC (Type 03) - Percentage Arrival to Departure over 12 Hours	2% (Nat)	P	0.0%	0.0%	0.0%	0.0%
	Total ED Type 1 Attendances (all arrival methods)	SPC		5235	5531	5742	5499
	A&E Arrival Triage % Within 15 Minutes Arrival by Ambulance	SPC	H	78.8%	80.9%	84.7%	81.9%
	Type 1 - Triage Performance (% Triaged within 15 Minutes of Arrival)	SPC		64.5%	61.6%	60.9%	57.4%
	Type 3 - Triage Performance (% Triaged within 15 Minutes of Arrival)	SPC		57.9%	58.6%	55.8%	57.4%
	A&E (ED & UTC) Median Arrival to Departure in Minutes	240 (Int)	P	175	196	208	204
	Emergency Care - AED - Median Stay	240 (Int)	?	237	238	240	139
	Emergency Care - UTC - Median Stay	240 (Int)	P	131	153	156	155
	Total Number of Ambulance Handovers	SPC	L	2016	2014	1912	1630
	Average hours lost to ambulance handover delays per day	SPC		45	65	81	84

Performance & Counter Measure

ED

Number of ambulance conveyances have reduced from 1912 to 1630. Average hours lost increased in October from 81 to 85.

Triage performance for ED has decreased from 60.9% to 57.4%. Type 3 triage performance remaining static following additional triage capacity put in place (57.4%).

Median stay in ED has dropped significantly from 240 to 139 minutes. Median stay seen in UTC has remained static at 155 mins.

Risks

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.

Our Performance

Non-Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Aug-24	Sep-24	Oct-24	Nov-24
Flow	Admitted - Average Length of Stay in Department (mins)	SPC		407	444	530	602
	Elective Patients Average Length of Stay (Days)	SPC	L	3	3	2	2
	Non-Elective Patients Average Length of Stay (Days)	SPC	L	4	5	4	7
	Community Average Length of Stay (Days)	SPC		18	18	15	23
	GWH Discharges by Noon (%)	SPC		17.5%	15.6%	16.8%	15.2%
	Number of Stranded Patients (over 14 days)	SPC		95	94	104	109
	Number of Super Stranded Patients (over 21 days)	SPC		54	49	54	61
	Adult general and acute type 1 bed occupancy	SPC		91.2%	95.8%	97.3%	96.3%
	GWH - Percent Non-Criteria to Reside (NCtR) Bed Days	SPC	L	10.7%	13.4%	15.7%	17.4%
	Proportion of patients discharged from hospital to their usual place of residence	SPC	H	95.5%	95.6%	95.8%	95.7%

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

Patient Flow

- Bed occupancy increased in month and Trust wide no criteria to reside also correlating with deterioration in ambulance handover delays and 4 hour performance.
- NHS England emergency care intensive support in place with focus on clinical criteria for admission, ED handover processes and benefits realisation for Medical Assessment Unit and Same Day Emergency Care Flow in November and December.
- Trust wide UEC Flow and Transformation programme phase 2 being scoped for Spring.
- Rapid Ambulance Handover Standard Operating procedure still being enacted, with discussions being held at system level.

Risks

There is a risk of ongoing ambulance handover delays if overall bed occupancy and no criteria to reside does not reduce further, system calls are in place to monitor trajectory. 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 positively impact on NCTR reduction.

Use of Resources

Great Western Hospitals NHS Foundation Trust

Watch Metrics

Plan Area	Measure Name	Target	SPC Improv. Icon	Aug-24	Sep-24	Oct-24	Nov-24
Use of Resources	Capital Expenditure (£'000)	SPC		3463	1474	2971	2862
	Pay (£'000)	SPC		26170	25648	34801	26444
	Non Pay (£'000)	SPC		16549	17727	17381	17799

Performance & Counter Measure

Year-to-date capital spend at M8 is £16.9m against a plan of £23.1m, giving an underspend against plan of £5.8m. Key drivers are EPR, CDC and Way Forward Programme.

Pay costs are £8.4m lower than M7 due to AfC and medical pay awards paid in prior month.

Non-Pay is £0.4m higher than M7 driven by activity related drugs and clinical supplies spend

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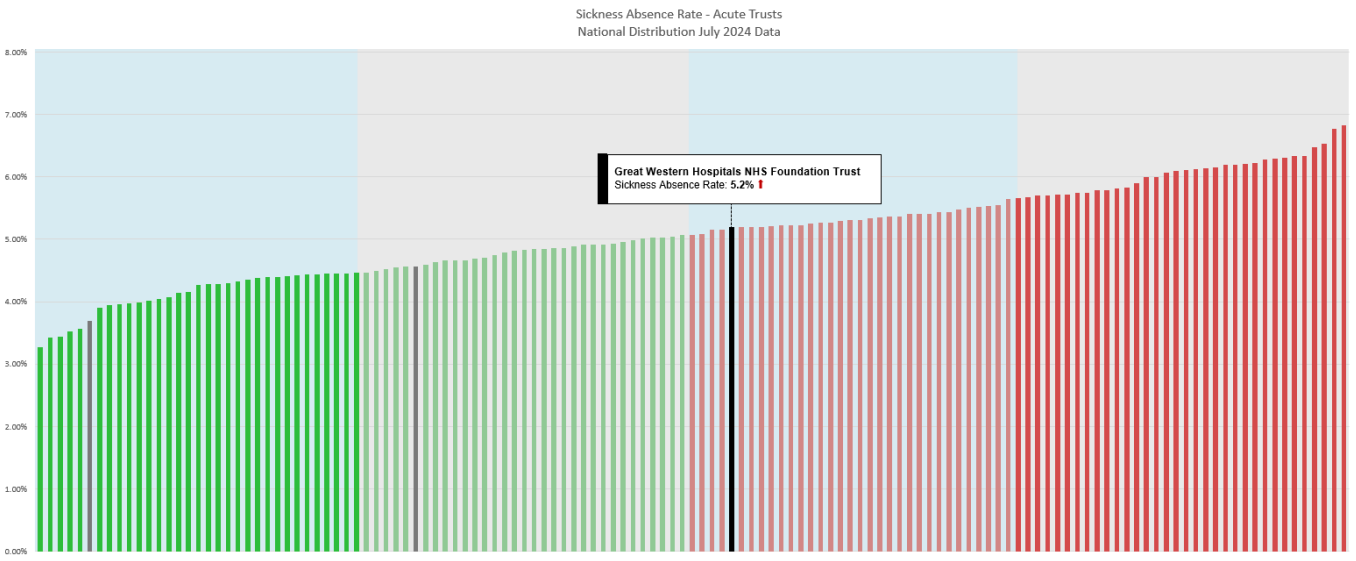
Risks

The Trust started the year with a £21.9m cash releasing efficiency plan. As at M8 delivery is £2.8m behind plan with 50% of the £10.1m delivered being recurrent. The risk is that any unmet or non-recurrent delivery adds to the underlying deficit of the Trust. Divisions and services must work to develop recurrent cash releasing schemes. There is a key focus on workforce savings in 24/25, with pay schemes accounting for £12m of the £21.9m plan.

Our People

Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Aug-24	Sep-24	Oct-24	Nov-24	Trend
Workforce	Trust sickness absence rate	3.5% (Int)	F	4.5%	4.3%	4.9%	One month behind	



Performance & Counter Measure

- Sickness absence increased in October from 4.3% to 4.9%, alerting above the KPI of 3.5% and last year's position of 4.7%. Short term absence increased further in October to 2.6%, whilst long term absence decreased to 2.3%. Stress/Anxiety/Depression remains the top reason for sickness in October (23% of absence), and short-term seasonal absence (Cold, Cough, Influenza) has increased in October, accounting for 11.5% of all Trust absence.
- The Trust Improving Attendance working group has drafted a refreshed absence management policy and will be presenting this at Employee Partnership Forum in February. The updated policy will simplify the process for managers and bring together a clearer approach to overall sickness management. It is proposed that sickness absence will become a Pillar Metric during the annual review process in April 2025.
- The most recent benchmarking data (NHS Digital – July 2024) shows a spike in National and Regional absence rates in July, with National absence rising to 5.2% and South-West sickness to 5.1%. In July, Trust absence also increased from 4.6% to 5.2%. This was a slightly larger increase compared to the National rise, driven by higher levels of absence amongst Support to Clinical Staff. In this period we have moved to the third quartile for Acute Trusts, ranking 71st out of 133 Organisations.

Risks

- Increased sickness rate as per national trend during winter.
- Vacancy and frozen roles in People Services could impact line management support to reduce sickness.

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.

Our People

NHS
Great Western Hospitals
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Non-Alerting Watch Metrics

Plan Area	Measure Name	Target /SPC Target Icon	SPC Improv. Icon	Aug-24	Sep-24	Oct-24	Nov-24
Workforce	% of leavers within 1st year of employment	14.8% (Int)	?	11.0%	10.6%	11.0%	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

- Leavers within their 1st year of employment increased slightly in October to 11.0%, in line with the overall increase to turnover and remaining below the target of 14.8%.
- The annual Staff Survey closed on 29th November, and the Trust achieved its highest response rate at 71%, 2% above last year.

Risks

- Leavers within the 1st year of employment has remained consistently below the target over the last 12 months. There is a risk that changes at senior level and the impact of financial recovery workstreams may impact Trust-wide turnover rates and staff survey results.

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.

Our People

Workforce Scorecard

NHS
Great Western Hospitals
NHS Foundation Trust

Pillar	Type	Metric	Unit/Measure	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Trend Vs Last Month	Trend Vs Nov-23
		Vacancy																	
	W	Vacancy Rate	%	7.00%	3.93%	3.74%	4.12%	4.11%	3.93%	4.19%	4.04%	3.98%	3.44%	3.82%	3.53%	3.31%	3.53%	↑	↓
	W	Vacancy Rate	WTE	-	211.39	201.47	223.67	223.82	213.76	227.43	219.66	216.12	186.71	207.11	191.29	179.89	192.27		
	W	All Nursing Vacancy	%	7.00%	1.94%	1.43%	2.75%	2.39%	2.21%	2.20%	1.73%	1.73%	0.96%	1.30%	0.64%	0.72%	1.49%	↑	↓
	W	All Nursing Vacancy (Reg & Unreg)	WTE	-	51.03	37.87	73.60	63.97	59.14	58.90	46.13	46.07	25.61	34.47	17.00	19.26	39.90		
	W	All Registered Nursing Vacancy	WTE	-	26.55	9.50	28.02	14.37	9.70	4.67	4.75	14.57	5.24	0.02	-27.25	-36.48	-28.09		
	W	B5 Nursing Vacancy (exc. Corp & inc. Pre-Reg	WTE	-	8.44	-3.79	5.29	-3.91	-7.35	-19.60	-12.95	-3.59	-11.35	-23.55	-47.80	-49.08	-41.52		
	W	B2-4 Nursing Vacancy (exc. Pre-Reg)	WTE	-	24.48	28.37	45.58	49.60	49.44	54.23	41.38	31.50	20.37	34.45	44.25	55.74	67.99		
	W	Medical Vacancy	%	7.00%	5.26%	5.89%	7.07%	7.96%	7.47%	8.30%	6.78%	6.67%	7.82%	10.39%	8.99%	7.84%	6.37%	↓	↑
	W	Medical Vacancy	WTE	-	38.61	43.30	53.08	59.82	56.06	62.23	50.71	49.94	58.44	77.65	67.20	58.64	47.53		
	W	STT/AHP Vacancy	%	7.00%	6.88%	6.44%	4.87%	4.78%	3.74%	3.39%	3.67%	3.63%	3.00%	2.30%	3.92%	4.31%	3.71%	↓	↓
	W	STT/AHP Vacancy	WTE	-	58.89	54.92	41.53	40.83	31.72	28.78	31.27	30.91	25.62	19.64	33.48	37.01	31.82		
	W	SMA Vacancy	%	7.00%	5.44%	5.66%	4.80%	5.09%	5.76%	6.68%	7.77%	7.58%	6.57%	6.44%	6.30%	5.55%	6.24%	↑	↑
	W	SMA Vacancy	WTE	-	62.86	65.38	55.46	59.20	66.84	77.52	91.55	89.20	77.04	75.35	73.61	64.98	73.02		
	W	Recruitment Time to Hire - AFC	Days	46.00	41.80	43.50	44.40	42.70	38.40	39.50	39.40	43.20	40.40	43.80	44.10	42.80	41.40	↓	↓
	W	Recruitment Time to Hire - Bank	Days	46.00	39.90	45.20	42.00	50.30	39.30	43.30	33.30	44.00	22.90	-	30.30	26.70	42.90	↑	↑
	W	Recruitment Time to Hire - Medical	Days	46.00	-	-	64.30	66.10	32.60	39.00	39.44	35.30	44.20	57.40	37.25	38.40	44.50	↑	↓
		Workforce Utilisation																	
	W	Establishment WTE	WTE	-	5,382.66	5,382.34	5,431.15	5,446.50	5,433.90	5,433.90	5,437.81	5,434.79	5,430.70	5,427.80	5,424.66	5,442.77	5,448.21		
	W	Substantive WTE	WTE	-	5,171.27	5,180.87	5,207.48	5,222.68	5,220.14	5,206.47	5,218.15	5,218.67	5,243.99	5,220.69	5,233.37	5,262.88	5,255.94		
	W	Additional Substantive WTE	WTE	-	24.63	25.22	21.90	22.51	24.78	20.17	5.53	8.24	9.23	6.30	7.64	9.62	13.99		
	W	Bank WTE	WTE	-	260.02	246.43	295.57	294.32	380.50	286.32	301.97	326.11	333.04	333.94	318.99	325.94	348.20		
	W	Agency WTE	WTE	-	60.65	55.12	61.82	69.47	60.09	49.52	43.70	38.63	45.95	44.39	30.74	39.41	43.36		
	W	Budgeted vs Worked WTE Variance	WTE	-	133.91	125.30	155.62	162.48	251.61	128.59	131.54	156.87	201.51	177.52	166.07	195.08	213.27		
	W	Actual Worked vs Budgeted %	%	-	102.49%	102.33%	102.87%	102.98%	104.63%	102.37%	102.42%	102.89%	103.71%	103.27%	103.06%	103.58%	103.91%		
	W	Total Workforce Cost £	£	-	£24.85M	£25.09M	£25.67M	£25.39M	£25.92M	£25.13M	£25.50M	£25.21M	£25.57M	£25.87M	£25.27M	£36.50M	£26.75M		
	W	Agency Spend as % of Total Spend	%	4.50%	3.56%	1.22%	2.83%	2.83%	2.04%	1.83%	1.30%	2.01%	1.94%	1.58%	1.01%	1.23%	1.64%	↑	↓
	W	Agency Spend £	£	-	£0.89M	£0.30M	£0.73M	£0.72M	£0.53M	£0.46M	£0.33M	£0.51M	£0.50M	£0.41M	£0.26M	£0.45M	£0.44M		
	W	Agency Target £	£		£0.91M	£1.10M	£0.91M	£0.86M	£0.96M	£0.54M	£0.52M	£0.51M	£0.49M	£0.47M	£0.46M	£0.44M	£0.42M		
	W	Agency Spend vs Target £	£ Diff	£0.00M	-£0.03M	-£0.79M	-£0.18M	-£0.14M	-£0.44M	-£0.08M	-£0.19M	£0.00M	£0.01M	-£0.06M	-£0.20M	£0.01M	£0.01M	↑	↑
	W	Bank Spend £	£	-	£1.62M	£2.01M	£2.21M	£2.12M	£2.55M	£1.89M	£2.02M	£2.23M	£2.32M	£2.04M	£1.88M	£2.29M	£2.15M		
	W	Bank Target £	£		£0.00M	£0.00M	£0.00M	£0.00M	£0.00M	£2.19M	£2.12M	£2.04M	£1.96M	£1.88M	£1.81M	£1.73M	£1.65M		
	W	Bank Spend vs Target £	£ Diff	£0.00M	£1.62M	£2.01M	£2.21M	£2.12M	£2.55M	-£0.31M	-£0.10M	£0.19M	£0.36M	£0.15M	£0.07M	£0.56M	£0.50M	↓	↓
	W	Registered Nursing Bank Fill	%	45.00%	86.80%	87.74%	90.73%	90.69%	90.40%	90.86%	94.13%	90.81%	85.23%	82.25%	85.50%	83.28%	84.19%	↑	↓
	W	Unregistered Nursing Bank Fill	%	70.00%	84.45%	81.80%	80.12%	79.46%	78.92%	81.89%	87.18%	86.23%	79.50%	77.63%	78.67%	71.95%	71.89%	↓	↓

Our People

Workforce Scorecard

NHS
Great Western Hospitals
NHS Foundation Trust

Pillar	Type	Metric	Unit/Measure	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Trend Vs	
																		Last Month	Nov-23
		Retention																	
	W	All Turnover %	%	13.00%	12.00%	11.49%	10.98%	10.90%	10.72%	10.85%	10.57%	10.24%	10.47%	10.91%	10.70%	11.08%	-	▲	▼
	W	Voluntary Turnover %	%	11.00%	9.19%	8.89%	8.55%	8.56%	8.45%	8.62%	8.53%	8.02%	7.90%	8.66%	8.50%	8.80%	-	▲	▼
	W	Number of Leavers	Headcount	-	44	42	44	40	62	44	46	58	46	72	58	60	-		
	W	Number of RN Leavers	Headcount	-	14	11	21	10	15	12	17	20	14	15	10	14	-		
	W	Registered Nursing Vol Turnover	%	-	6.95%	6.99%	7.07%	7.16%	7.19%	7.33%	7.52%	7.17%	7.36%	7.70%	7.30%	7.39%	-		
	W	Number of Unreg Nursing Leavers	Headcount	-	8	15	7	11	13	11	10	13	6	12	14	14	-		
	W	Unregistered Nursing Vol Turnover	%	-	12.34%	11.86%	12.01%	11.21%	10.87%	11.16%	11.00%	10.91%	10.69%	11.10%	10.34%	10.87%	-		
	W	Leavers within 1st Year - Rolling 12 Month	%	-	13.35%	13.96%	12.14%	11.86%	11.72%	10.68%	9.74%	10.98%	9.57%	11.00%	10.62%	11.04%	-		
	W	Number of starters	Headcount	-	73	39	86	38	52	62	44	64	61	69	102	67	-		
		Absence																	
	D	Sickness Absence % Rolling 12 Month	%	3.50%	4.73%	4.82%	4.85%	4.76%	4.65%	4.59%	4.54%	4.55%	4.62%	4.61%	4.58%	4.60%	-	▲	▼
	D	Sickness Absence %	%	3.50%	4.72%	5.00%	4.92%	4.37%	4.16%	4.21%	4.20%	4.61%	5.20%	4.59%	4.26%	4.87%	-	▲	▲
	W	Long Term Sickness %	%	2.00%	2.41%	2.67%	2.64%	2.41%	2.24%	2.24%	2.32%	2.44%	2.91%	2.82%	2.42%	2.29%	-	▼	▼
	W	Short Term Sickness %	%	1.50%	2.31%	2.33%	2.28%	1.96%	1.92%	1.97%	1.87%	2.18%	2.29%	1.77%	1.84%	2.58%	-	▲	▲
	W	Sickness Absence Cost £	£	-	£726.5k	£794.0k	£777.2k	£647.1k	£669.2k	£675.4k	£708.3k	£748.9k	£850.4k	£755.3k	£727.5k	£873.5k	-		
	W	WTE Days Lost	WTE	-	7,187.9	7,922.9	7,774.7	6,566.1	6,618.1	6,482.7	6,662.1	7,157.7	8,351.6	7,372.3	6,700.5	7,958.5	-		
		Learning & Development																	
	W	Mandatory Training Compliance %	%	85.00%	91.38%	91.88%	91.49%	91.72%	92.31%	92.46%	91.37%	91.59%	92.42%	89.84%	89.85%	90.58%	89.78%	▲	▲
	W	Role Essential MT %	%	85.00%	92.77%	93.14%	92.92%	93.28%	93.79%	94.03%	91.84%	92.30%	94.14%	89.00%	89.52%	90.57%	88.85%	▲	▲
	W	CQC Safe MT %	%	85.00%	90.01%	90.64%	90.07%	90.16%	90.85%	90.90%	90.86%	90.84%	90.71%	90.88%	90.25%	90.58%	90.96%	▼	▼
	W	Bank-Only Mandatory Training Compliance %	%	85.00%	83.85%	85.24%	86.22%	85.23%	86.51%	84.26%	83.54%	82.60%	84.77%	86.96%	82.88%	82.42%	84.73%	▼	▼
	W	Appraisal Compliance %	%	85.00%	83.62%	85.63%	84.32%	84.85%	85.26%	84.18%	84.39%	84.74%	84.88%	84.67%	84.09%	84.90%	84.29%	▲	▼
	W	Non Medical Appraisal Compliance %	%	85.00%	83.81%	85.37%	84.06%	84.37%	84.59%	84.40%	83.99%	84.87%	84.95%	84.71%	84.37%	84.94%	84.60%	▲	▼
	W	Medical Appraisal Compliance %	%	85.00%	82.25%	87.59%	86.32%	88.38%	90.10%	82.58%	87.32%	83.81%	84.40%	84.38%	82.07%	84.58%	82.09%	▼	▼

Our People

Workforce Scorecard

NHS
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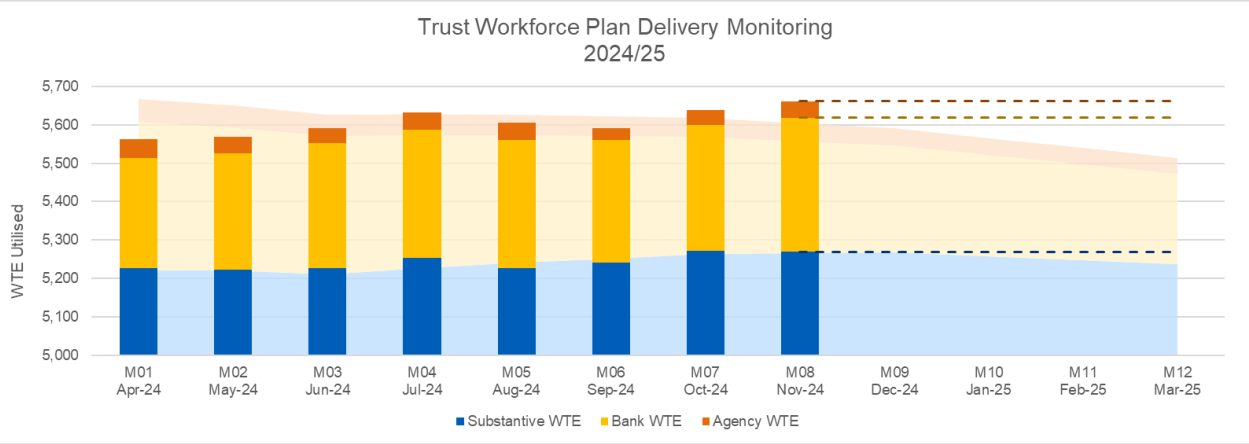
Pillar	Type	Metric	Unit/Measure	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Trend Vs	
																		Last Month	Nov-23
		Demographics																	
	W	Staff in Leadership Roles % (B8a+)	%	-	4.21%	4.19%	4.23%	4.26%	4.28%	4.28%	4.23%	4.26%	4.29%	4.25%	4.21%	4.28%	4.30%		
	W	Staff in Leadership Roles WTE (B8a+)	WTE	-	265.00	264.00	268.00	271.00	272.00	272.00	269.00	271.00	273.00	273.00	271.00	276.00	277.00		
	W	% of Leadership Roles who are Female (B8a+)	%	-	71.32%	71.59%	71.27%	71.22%	70.59%	70.59%	69.89%	70.11%	70.33%	70.70%	70.11%	70.29%	70.40%		
	W	% of Leadership Roles who from BME (B8a+)	%	-	6.79%	6.82%	6.34%	6.64%	6.25%	6.25%	6.32%	6.64%	6.59%	6.23%	6.27%	6.16%	6.50%		
	W	Staff in Leadership Roles % (B8c+)	%	-	0.92%	0.89%	0.90%	0.90%	0.90%	0.94%	0.94%	0.94%	0.96%	0.93%	0.93%	0.90%	0.93%		
	W	Staff in Leadership Roles WTE (B8c+)	WTE	-	58.00	56.00	57.00	57.00	57.00	60.00	60.00	60.00	61.00	60.00	60.00	58.00	60.00		
	W	% of Leadership Roles who are Female (B8c+)	%	-	56.90%	57.14%	56.14%	56.14%	56.14%	56.67%	56.67%	56.67%	57.38%	58.33%	56.67%	56.90%	55.00%		
	W	% of Leadership Roles who from BME (B8c+)	%	-	5.17%	5.36%	3.51%	3.51%	3.51%	3.33%	3.33%	3.33%	3.28%	3.33%	3.33%	3.45%	5.00%		
	W	% of Leadership Roles who are disabled (B8c+)	%	-	1.72%	1.79%	1.75%	1.75%	1.75%	1.67%	1.67%	1.67%	1.64%	1.67%	1.67%	3.45%	3.33%		
	W	Male % of Workforce	%	-	18.40%	18.29%	18.33%	18.32%	18.36%	18.39%	18.52%	18.51%	18.56%	18.48%	18.32%	18.40%	18.46%		
	W	Female % of Workforce	%	-	81.60%	81.71%	81.67%	81.68%	81.64%	81.61%	81.48%	81.49%	81.44%	81.52%	81.68%	81.60%	81.54%		
	W	BME % of Workforce	%	-	25.68%	25.98%	26.08%	26.12%	26.36%	26.56%	26.76%	27.05%	27.31%	27.53%	27.99%	28.30%	28.40%		
	W	White % of Workforce	%	-	66.32%	66.19%	65.84%	65.76%	65.61%	65.36%	65.09%	64.99%	64.84%	65.00%	64.54%	64.41%	64.30%		
	W	ER Cases Closed	Number	-	28	40	42	45	24	19	57	45	53	47	39	44	24		

Our People

Great Western Hospitals NHS Foundation Trust

Workforce Scorecard - Workforce Planning



		M01 Apr-24	M02 May-24	M03 Jun-24	M04 Jul-24	M05 Aug-24	M06 Sep-24	M07 Oct-24	M08 Nov-24	M09 Dec-24	M10 Jan-25	M11 Feb-25	M12 Mar-25
Total Workforce	Plan	5,667	5,651	5,627	*5,627*	*5,626*	*5,621*	5,618	5,604	5,591	5,565	5,539	5,514
	Actual	**5,562**	**5,569**	**5,592**	***5,632***	***5,605***	***5,591***	***5,638***	***5,661***	0	0	0	0
	Variance	-104	-82	-35	*5*	*-21*	*-30*	20	57	-	-	-	-
Substantive	Plan	5,220	5,220	5,211	*5,227*	*5,241*	*5,252*	5,264	5,266	5,268	5,258	5,247	5,237
	Actual	**5,227**	**5,224**	**5,227**	***5,253***	***5,227***	***5,241***	**5,272**	**5,270**	0	0	0	0
	of which Overtime	**20**	**6**	**8**	***9***	***6***	***8***	**10**	**14**	0	0	0	0
	Variance	6	4	16	*26*	*-14*	*-11*	8	4	-	-	-	-
Bank	Plan	387	373	359	*346*	*332*	*318*	305	291	277	264	250	237
	Actual	**286**	**302**	**326**	***333***	***334***	***319***	***326***	***348***	0	0	0	0
	Variance	-100	-71	-33	*-13*	*2*	*1*	21	57	-	-	-	-
Agency	Plan	60	58	56	*55*	*53*	*51*	49	47	45	44	42	40
	Actual	**50**	**44**	**39**	***46***	***44***	***31***	***39***	***43***	0	0	0	0
	Variance	-10	-14	-18	*-9*	*-8*	*-20*	-10	-4	-	-	-	-
Trust All Turnover	Plan	10.90%	10.90%	11.19%	11.19%	11.19%	11.19%	11.68%	11.68%	12.07%	12.26%	12.45%	12.65%
	Actual	**10.85%**	**10.57%**	**10.24%**	**10.47%**	**10.91%**	**10.70%**	**11.08%**					
	Variance	-0.05%	-0.33%	-0.95%	-0.72%	-0.28%	-0.49%	-0.60%	-	-	-	-	-
Trust 12-Month Sickness	Plan	4.35%	4.33%	4.31%	4.29%	4.29%	4.29%	4.22%	4.22%	4.18%	4.16%	4.14%	4.12%
	Actual	**4.59%**	**4.54%**	**4.55%**	**4.62%**	**4.61%**	**4.58%**	**4.60%**					
	Variance	0.24%	0.21%	0.24%	0.33%	0.32%	0.29%	0.38%	-	-	-	-	-

Performance & Counter Measure

- In November we used 5,661WTE to deliver our services against a planned figure of 5,604WTE. This was 57WTE above plan and an overall increase in WTE compared to October. Our contracted WTE reduced slightly in M8, however overtime usage increased by 4WTE. Whilst still a net reduction to substantive month on month, the overall substantive position was above plan by 4WTE.
- Overall temporary staffing usage continues above plan, reporting at +53WTE in November. Agency usage was favourable to plan by -4WTE despite an increase in usage in-month. Bank usage continued to grow, increasing by 22WTE compared to October and alerting at +57WTE to plan.

Impact on Workforce

- Introduction of EVRP and ICB VRP process in November. All roles now require Executive approval and all roles band 7 and above require ICB approval. R&R, fixed-term contract extensions, banding increases, and increases in hours also require EVRP and ICB EVRP approval.
- Our current WTE run rate suggests a year-end position of 147 WTE above plan. The Trust has resubmitted an updated forecast to the ICB following increased controls for bank and agency which provided an end of year forecast position of 22WTE above plan, however given the M8 position it is clear this will be a challenge.
- To achieve M12 position the Trust must reduce the worked WTE run rate by 147WTE by March. The Trust does not have robust plans on how this can be achieved and with current pressures on flow, patient acuity this is an increasing risk.

Risks & Mitigations

- Total workforce levels (substantive and temporary staff) remain above our establishment figure. The establishment WTE is being rationalised to bring it in line with the planned worked WTE levels for 2024/25 to enable easier monitoring for budget holders.
- 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.

Appendices

Explaining the IPR

Improving together

Explaining the IPR

Great Western Hospitals NHS Foundation Trust

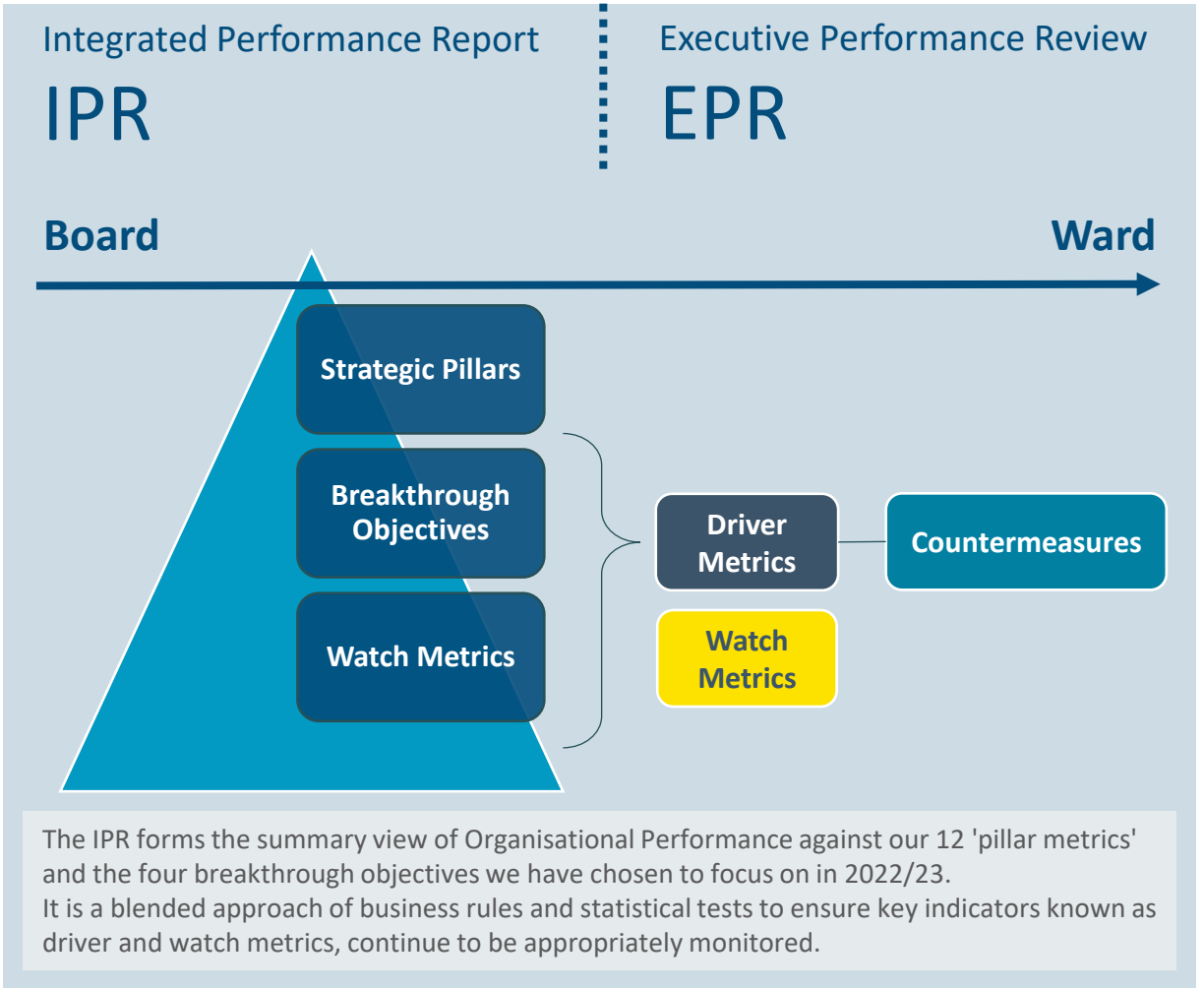
To turn our strategic themes (pillars) into real improvements, we're focusing on four key objectives that contribute to these themes for the next year.

- 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

24/25 Strategic Planning Framework

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.

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 (Improvement & Efficiency)
3 Waiting list – over 52 week waiters	8 ED & I (Equality, Diversity, and 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 Ambulance Handover Delays
- BTO Staff Survey = respect from colleagues
- BTO Falls harm prevention
- BTO Financial Recovery

Delivery mechanism – running the organisation

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

Ward to Board Meeting Blueprint

NHS
Great Western Hospitals
NHS Foundation Trust

Level	Continuous Improvement on Drivers		Performance Management on Driver & Watch Metrics
	Daily	Weekly	Monthly
Exec			Exec Performance Meeting
Division		Divisional Weekly Driver	Divisional Performance Meeting
Speciality		Speciality Weekly Driver	Speciality Performance Meeting
Frontline	Improvement Huddles		Frontline Performance Meeting

Information Flow

Information Flow

Building a culture of continuous improvement

NHS
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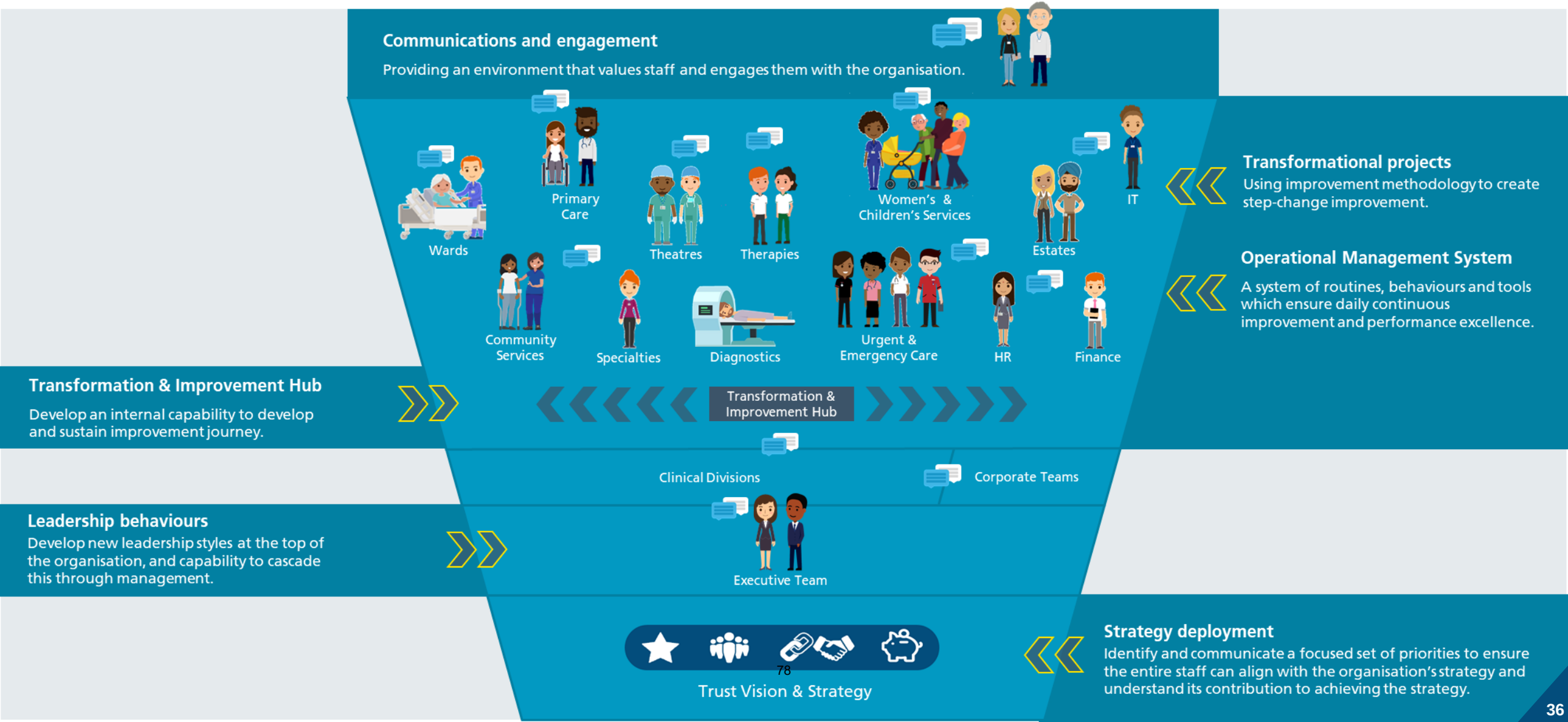
NHS Foundation Trust



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.

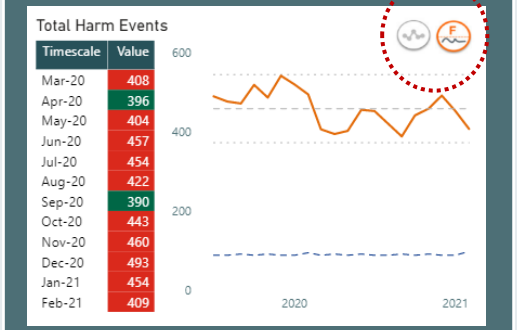
- E.g. ED 4 hour Performance % - Nationally the target is 95%, while the Planning target for 23/24 is 76%. So the planning target may be met, yet still show as alerting for that metric.

NHS Improvement SPC icons:

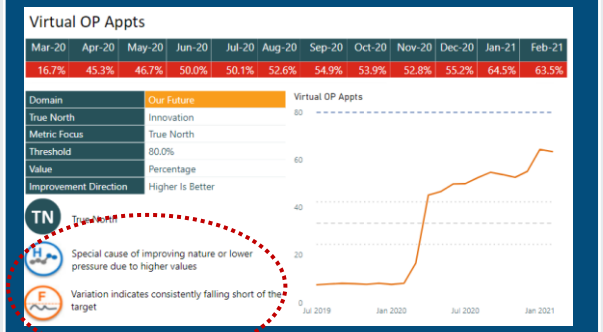
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short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

NHS
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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

NHS
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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.

Report Title	**EDI Board Commitments / Board engagement debrief session**				
Meeting	**Trust Board**				
Date	**9 January 2025**	Part 1 (Public)	X	Part 2 (Private)]	
Accountable Lead	Jude Gray, Chief People Officer				
Report Author	Sharon Woma, Head of EDI & Health Inequalities				
Appendices	PowerPoint: Board engagement debrief				

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 ratings are based on the 'overall assurance over effectiveness of controls (the measures in place to control risks and reduce the impact or likelihood of them occurring).

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 service**s. 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 identified assurance rating (whether substantial, good, partial or limited).

If 'Partial' or 'Limited' assurance has been indicated, 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):

In alignment with the NHS Equality, Diversity, and Inclusion (EDI) Improvement Plan: High Impact Action One, this paper outlines the Trust Board's commitment to setting and fulfilling measurable EDI objectives. These commitments serve as a foundation for driving improvements across key EDI frameworks, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Equality Delivery System (EDS).

Key benefits of Board-level EDI objectives include:

1. Enhanced Leadership Accountability: Demonstrating commitment to measurable EDI progress through annual appraisals and transparent reporting.

2. Improved Workforce and Patient Experience: Addressing disparities in representation and service delivery to foster an inclusive culture.

3. Regulatory Compliance and Transparency: Meeting statutory obligations, such as Public Sector Equality Duty requirements and NHS England's mandated frameworks.

4. Cultural and Systemic Change: Embedding EDI into decision-making processes, using data and lived experiences to drive continuous improvement.

This paper presents a table of the 2024/25 Board EDI Commitments (see appendix) which is due for review in January 2025.

The Board's continued leadership is critical in maintaining momentum and supporting meaningful improvements across these areas. The actions highlighted reflects the Board's commitment to achieving these objectives and invites further discussion to support sustained progress.

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

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?	**Y**		
Does this report provide assurance to improve and promote equality, diversity and inclusion / inequalities?	**Y**		

Explanation of above analysis: The GWH NHS Staff Survey results for 23/24 highlight disparities in the working life experience of staff based on their protected characteristic. Marginalised groups of staff are more likely to experience discrimination, harassment, bullying and abuse and are less likely to feel they have equal opportunities. The Trust measure progress across several metrics (WRES, WDES, EDS, GPG), which indicate incremental progress is being made in these areas of challenge (see EDI Annual Report for 23/24 for details).

By setting objectives at board level, the Board can contribute to the strategic direction across this agenda.

Recommendation / Action Required

The Board/Committee/Group is requested to:

- Note the evaluation of the events held with staff (Slice of Life) and patients (Change of Narrative)
- Note the feedback from the survey completed by board representatives
- Note the feedback from the survey completed by staff regarding their perceptions of 'Slice of Life'
- Review themes highlighted in the table below, with a view to agreeing the focus of Board EDI commitments for 2025/2026

Accountable Lead Signature	Jude Gray
Date	24.12.24

Appendix: Board EDI Commitments Update

Theme	Objectives	Key Actions	Dates	Update	Status
1. Staff & Patient Listening Events	Embedded 'listening to you' sessions with staff and patients	• Complete the initial listening events and ensure feedback and learning is shared at Board Meetings. • Review learning and agree any improvements for 2025	31.1.25	Six staff events; 24 staff attended across events. 5 x THQ, 1 x Orbital. One public event; 7 members of the public attended Central Community Centre.	Action Completed
2. Staff Networks Engagement & Support	Increased our support and involvement with our Staff Networks & Chairs	• Board Members will engage and support the Staff Networks and Chairs	31.1.25	Network chairs invited to board workshop 06.06.24, participants reviewed EDI Pillar Metric and collectively identified priorities which have informed the EDI strategic 4 year action plan, which will be presented to Board in March 2025.	Action Completed
	Increased our support and involvement with our Staff Networks & Chairs	• Agree 'what, how and when' Board Members will engage and support the Staff Networks and Chairs • Review learning and agree any further improvements for 2025	31.3.25	Exec sponsor appointed to all networks including Armed Forces and Carers. Board representative/ Exec network sponsor to attend Joint Network meetings in 2025. First joint network in January, Board to be advised of dates.	In progress
3. Board Meetings (ED&I Data and Reporting)	Improved ED&I documentation at Board Meetings including ED&I Data and ED&I references in submitted papers	• Agree the ED&I documentation for Board Meetings • Review how ED&I is referenced in Board Papers and agree improvements • Ensure the agreed ED&I documentation is included in each Board Meeting pack • Review learning and agree any further improvements for 2025	31.1.25	Board cover paper has been updated. Work to improve equalities information that comes to Board to continue, including staff education in 25/26. Note, there are actions in the 24/25 EDI/HI action plan to improve patient data.	In progress

Great Western Hospitals
NHS Foundation Trust

Board engagement Debrief Session: Slice of Life and Change the Narrative events

Board Feedback & Discussion | Thursday 9 January 2025

Improving together

Great Western Hospitals NHS Foundation Trust

Slice of Life & Change the Narrative Event Highlights

- Launched in September 24 (July launch deferred)
- Six staff events; 24 staff attended across events. 5 x THQ, 1 x Orbital
- One public event; 7 members of the public attended Central Community Centre

EDI Board Commitments 2024-2025

Great Western Hospitals NHS Foundation Trust

Theme	Objectives	Key Actions	Dates	Update	Status
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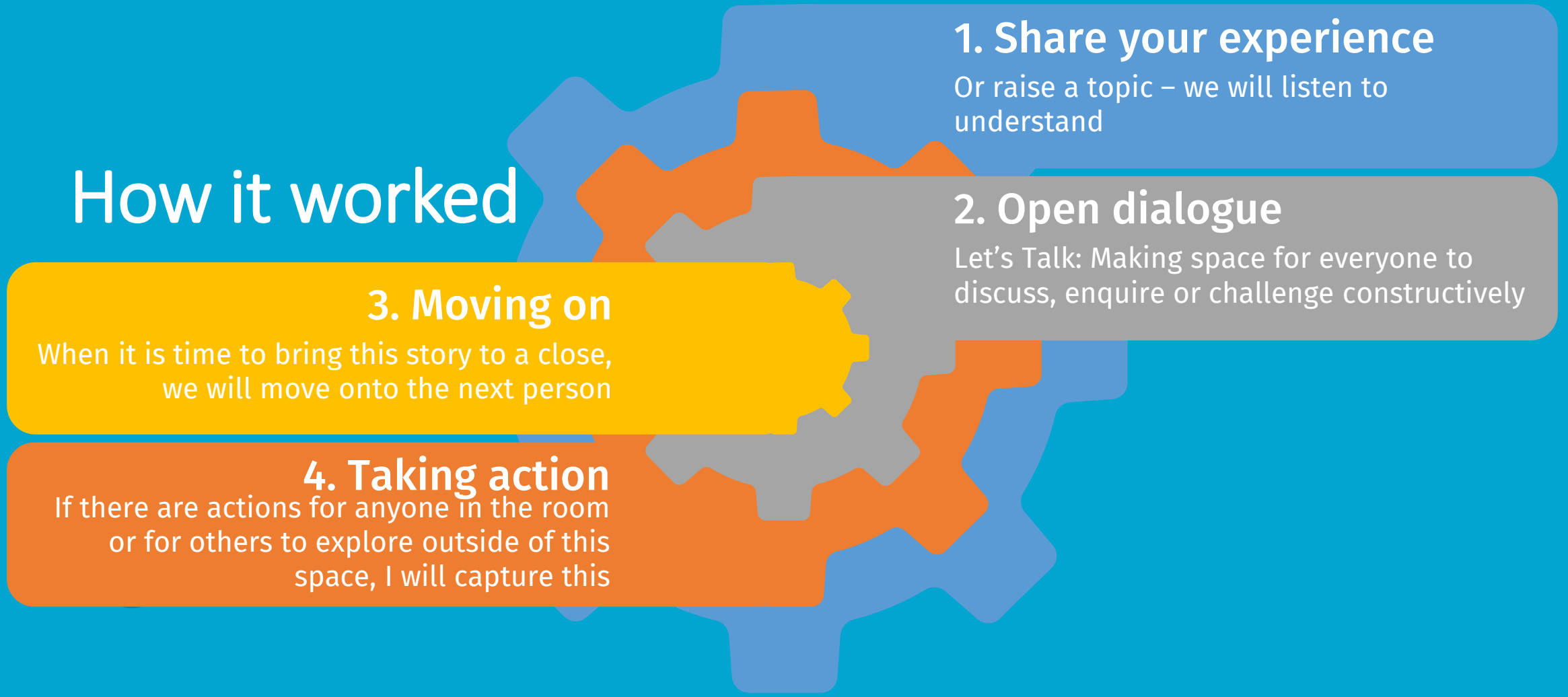
How it worked



1. Share your experience

Or raise a topic – we will listen to understand

2. Open dialogue

Let's Talk: Making space for everyone to discuss, enquire or challenge constructively

3. Moving on

When it is time to bring this story to a close, we will move onto the next person

4. Taking action

If there are actions for anyone in the room or for others to explore outside of this space, I will capture this

Engagement Themes

Slice of Life with Staff (1)

1. Career Progression and Inclusion

- Allyship and advocacy are vital for underrepresented groups (e.g., support for carers, transgender staff).
- Gender inequity in leadership roles due to limited part-time opportunities for women.
- Calls for structured career progression programs (e.g., Band 2 to Band 6 pathways).

2. Accessibility and Health

- Inconsistent workplace adjustments for disabled staff; underutilization of Access to Work.
- Improve access to healthcare for staff on site e.g. blood tests
- Improve management response to societal issues like the racial unrest during summer 24.
- Support for staff who have caring responsibilities.
- Application of flexible working policy inconsistent and inflexibility in logging sick hours vs days.
- Management training around risk assessment of staff with access and support needs, including pregnant people.
- Accessibility review at Commonhead.

Engagement Themes

Great Western Hospitals NHS Foundation Trust

Slice of Life with Staff (2)

3. Cultural and Managerial Gaps

- Microaggressions and subtle discrimination; some staff fear speaking up.
- Managers require training to handle sensitive issues, promote inclusivity and policy awareness.
- Management accountability.
- Address barriers to psychological safety, particularly internationally educated staff and improve speaking up.
- Empower EDI Champions to be effective and take up the role.

Engagement Themes

Great Western Hospitals NHS Foundation Trust

Change the Narrative: Public event

- Communication challenges and Respect – including delays in response; respect and compassion
- Access and timeliness of care – including delivering care locally outside of central Swindon, access to appointments and aftercare; waiting and appointment delays; logistical barriers for disabled patients
- Patient experience and environmental care – patient unattended for long period of time; issues with facilities e.g. broken showers; lack of bedside empathy from one member of staff
- Need for tailored support and advocacy – support for vulnerable patients (buddy system); improve communication support for deaf patients
- Administration – delayed letters; fragmented support for patients going through complaints process

Board Evaluation

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Q2 Significant insights – many ethnic minority staff do not have a voice and rely on senior colleagues to be that voice; disabled staff paid time off and impact of sickness policy; improve use of inclusive language (HIV testing); silo working/tribal outlook and potential of observerships or joint rotas; much of the negative experiences were linked to lack of empathy/kindness in the interaction.

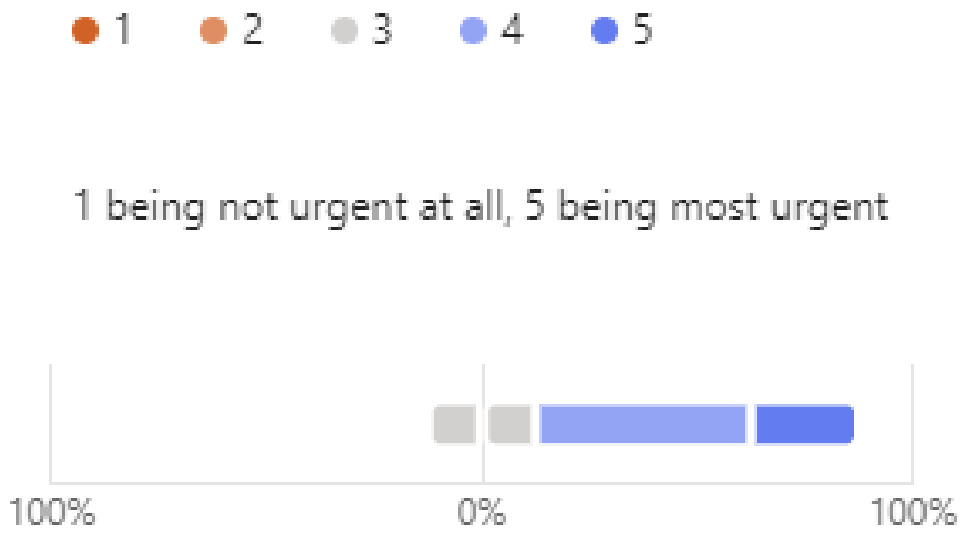
Q3 Has the engagement influenced your understanding of patient access or staff working experiences? – Not at all for one respondent; challenges BME staff face to have their voice heard; patients challenge to access services; patients misunderstand the role of PALs; patient preference to access secondary care despite awareness of pressures; staff 'us and them' mindset; conversation was challenging but valuable.

Q4 What changes would you consider implementing in own practice? – Listen to more staff, using limited resources to best effect; more direct questioning of staff about challenges faced during go and sees; commitment to ask more questions and less assumptions; creating a culture of a single team working towards same goal; think about how the other person is feeling in interactions, given the asymmetry of power.

Q5 Stories that resonate – Self-help for staff with caring responsibilities; processes to support fair access to career progression; supporting patients to navigate services (GP, 111, 999, hospital and community); we can all have an impact on the experience of patients regardless of role (story of the cleaner who comforted the patient).

Board Evaluation

5 Responses



Q7 An action that you would prioritise?

1. Listening during Go & Sees but supplementing with direct questioning about experiences of discrimination
2. Update ESR (rated 5)
3. Embed the visions set out in next 5-year strategy re-fresh (rated 4)
4. There should be a patient story at every other board meeting, and that these should include complaints (rated 4)

Are there any other recommendations/priorities?

Board Evaluation

Great Western Hospitals NHS Foundation Trust

Q9 How could the experience be improved? (and Q13 anything else)

- Significant numbers of staff not attending could signal a clear message to the board to try something else
- Consider alternative time of day
- Ask staff what times or best forums would support improved engagement
- Consider Go & Sees – this would also help the board to hear from seldom heard members of staff
- More structure in the discussion, but this may have impeded some comments

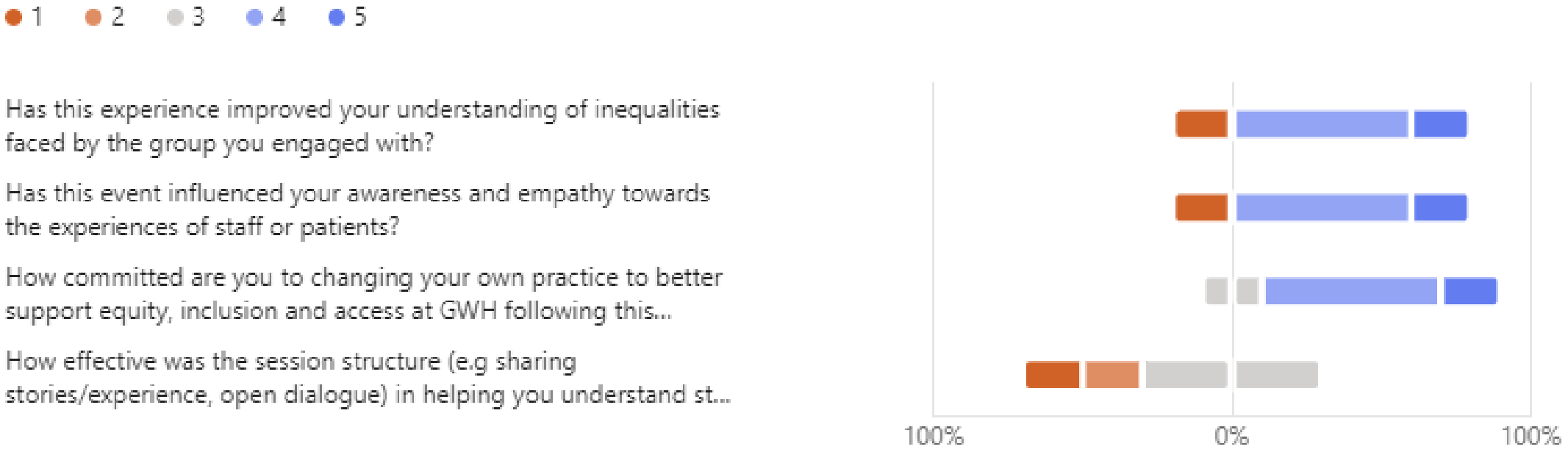
Q10 Would you like this engagement to be repeated in 2025?

- 3 Yes; 1 Unsure; 1 No
- Additional topics – group hospital challenges and opportunities

Board Evaluation

Great Western Hospitals NHS Foundation Trust

Q12 Rate the following questions, on a scale of 1 (not at all, or no improvement) to 5 (significantly, highly).



Staff Perception Survey

Great Western Hospitals NHS Foundation Trust

Digital communications are less likely to reach all staff, it is critical to get managers on board to promote EDI related initiatives:

Survey responses:

- Have you heard about the Slice of Life events? 29 (35%) said Yes; 47 (56%) said No; 8 (9%) were Unsure

- If Yes, how did you first come to hear about it? 14 (48%) comms; 6 (21%) via EDI Lead; 0 Line manager; 9 (31%) colleague/word of mouth

The board is unlikely to get full engagement with the current format unless more sessions are delivered.

- Main reason for not attending?
  - 11 staff said ‘not available during the time or date’
  - 3 staff ‘did not think it would lead to positive action’
  - 2 staff ‘did not think it would be of benefit’
  - 1 staff ‘asked permission but was not released’

Staff Perception Survey

Great Western Hospitals NHS Foundation Trust

Staff who attended the events, on average rated the sessions well:

Survey responses:

- “I felt the space was safe and comfortable for sharing my experiences without judgment. However, some issues felt too personal, and I hesitated to bring them up, fearing backlash or causing conflict, especially since past concerns hadn't led to change. Despite this, I’ve already recommended the sessions to my colleagues and hope they will join the next ones. Thank you for making these sessions possible.”

- “Once again another valuable opportunity to share issues that can effect all disabled staff across the Trust and in particular for those in [identifiable team]. I appreciated the time to speak on my lived experiences and have them be heard.”

- “We need to enable more staff to attend.”

Average Rating 3.75

Board Reflections

Board discussion and 2025/26 Commitments

Board Discussion

- Reflections from this evaluation
- Board appetite for Slice of Life and Change the Narrative
  - Stop | Continue | Change
- What are the board commitments for 2025/2026

EDI Board Commitments 2025-2026

Great Western Hospitals NHS Foundation Trust

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