

**Gloucestershire Health Overview and
Scrutiny Committee (HOSC)
21 May 2019**

**NHS Gloucestershire Clinical Commissioning Group (GCCG)
Clinical Chair and Accountable Officer's Report**

1. Introduction

Section A provides a general NHS Gloucestershire Clinical Commissioning Group (GCCG) commissioner update, incorporating a national consultation section.

Section B provides a CCG commissioner update focussing on primary medical care.

Section C provides Trusts' updates from: ²gether NHS Foundation Trust (²GNHSFT); Gloucestershire Care Services NHS Trust (GCSNHST) and Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT).

Integrated Care System (ICS)

ICS Lead Report is provided as a separate agenda item.

**2. Section A: Local NHS Commissioner Update,
Gloucestershire Clinical Commissioning Group
(GCCG)**

These are items are for information and noting.

Please note some of the items reported below may also feature in more detail in other reports prepared for HCOSC e.g. ICS Lead Report, wherever possible duplication is avoided.

2.1 Local engagement on the local NHS Long Term Plan

Local NHS organisations and partners have been urging staff, community partners and the public to get involved in the local engagement about the future of health and healthcare in Gloucestershire. The engagement period ran from mid-March to mid-May 2019. An Outcome of Engagement Report is currently being prepared and will be shared with HCOSC at a future meeting.

The national NHS Long Term (10 year) Plan was published in January with ambitions to make sure everyone gets the best start in life, to deliver world class care for major health problems and support people to age well.

Working closely with Healthwatch Gloucestershire, we have sought views to help shape the local version of the plan, which will be published later in the year. Building on our journey to date, the engagement covered everything from helping people and communities to stay healthy and active, to developing support and services in people's homes, local GP surgeries, the community and specialist services in hospital. The engagement provided an opportunity for people to share their thoughts on how people get advice, support and services in their home, neighbourhood, community and county or discuss health priorities from their perspective at every stage of life. For example if they are pregnant, are living with a long term health condition, have experienced mental health issues or are trying to keep healthy in older age. They were also invited to share their views on how new technology, medical advances and working better together can transform the NHS for the better in the years to come.

A booklet, on-line survey and supporting information, including a live events listing was made available at www.onegloucestershire.net. Local people could also follow @One_Glos on Twitter for regular updates.

The information booklet, 'Developing our local NHS Long Term Plan' – what matters to you?' was also available in pharmacies, GP surgeries, hospitals, libraries, council offices, community centres and at events and on the NHS Information Bus and Healthwatch Gloucestershire 'campervan'.

2.2 Development of Integrated Locality Partnerships and Primary Care Networks

Progress is being made towards implementing the new service models set out in the NHS Long Term plan.

During 2019/20 Integrated Locality Partnerships (ILP) will be developing across Gloucestershire building on the three current ILP pilots implemented in 2018-19. ILP's will have a key role in bringing together health and social care at a district level. Initially they will be an Operational and Strategic partnership of senior leaders of health and social care providers and local government, supporting the integration of services and teams at PCN level.

NHS England (NHSE) has set out the ambition for CCGs to encourage every practice to be part of a local Primary Care Network by the end of 2018/19. As an Integrated Care System (ICS), One Gloucestershire needs to move further, faster, along the Primary Care Maturity Matrix. Working with ICS partners work is underway to draft initial ideas on how Primary Care Networks can be implemented in Gloucestershire and making links with the Population Health Management Programme. The ICS is liaising with the National Association of Primary Care regarding implementation of the Primary Care Home model locally. The intention is that the final configuration of ILPS and PCNs will be agreed at the end of May 2019.

The role of ILPs will be to unlock issues for PCNs and share responsibility, working with PCNs, to find local solutions to delivering ICS priorities and tackling issues which arise locally which can only be resolved collectively.

In time, the ambition is to see the membership of ILPs broaden to include partners whose work impacts on health and wellbeing and the wider determinants of health, for example social prescribing, education and employment and working alongside a range of other partners and local communities.

ILPs will have the following characteristics and responsibilities:

- Operational and Strategic partnership of senior leaders of health and social care providers and locally elected government and lay representatives informing and supporting integration at PCN level, unlocking issues and sharing responsibility for finding local solutions to deliver ICS priorities and tackling issues which arise locally which can only be resolved collectively.
- Clinically-led integration, involving staff and local people in decisions, to support more people in the community and out of hospital.
- ILP Plans to deliver defined population strategy including ill-health prevention and public health, with aligned priorities agreed to improve outcomes.
- Developing multidisciplinary workforce models which will operate at PCN level.
- Translation of ICS objectives to meet the needs of their local population while enabling the PCNs to realise their plans to implement multi-disciplinary teams (MDT) working around the needs of their patients

To date, Gloucestershire has piloted three ILPs in the Forest of Dean, Cheltenham and Stroud and Berkeley Vale and they have already seen some exciting developments which have only been achievable through working closely together, as follows:

- Working with Care Homes: in Stroud and Cheltenham, networks have built closer relationships with care homes by agreeing which GP practice covers which care home. The ultimate aim is to better support residents who are at risk of deteriorating by using an MDT approach, advanced care planning, using the “red bag scheme” and “orange folder” and joint training on the Rapidly Deteriorating Patient.
- Workforce Models: networks have a range of new professionals in GP practices, many of whom are employed by one of our ICS partners. For example paramedics, employed by SWASTNHSFT, who undertake home visits; Advanced Nurse Practitioners from GCSNHST who see and treat patients who are care navigated directly to them from reception.
- Dementia: Stroud Rural developed a pilot in conjunction with 2getherNHSFT, whereby Community Dementia Nurses coordinated all annual reviews of the network’s patients, recording information only the practice’s respective clinical system. This reduced duplication, reduced the

cost of prescribing and reduced excess bed days for those patients by more than 6 days, by a total of 106 days.

- Utilising Existing Services Better: A part of the role of the ILP is to ensure constituent networks are aware of, and utilise, existing services such as the Ambulatory Emergency Care Unit at the hospital as an alternative to admission. Cheltenham ILP, for example, has embraced the new Complex Care at Home Service and worked actively with GCSNHST to refer the most appropriate patients.
- Introduction of Multi-Disciplinary Teams (MDT) meetings: MDT meetings are operational in Berkeley Vale, Cheltenham St Paul's and the Forest of Dean. MDTs include staff from primary care, the Community Wellbeing Service, GCSNHST (or a mixture of Complex Care at Home, Integrated Community Team, Rapid Response) and 2getherNHSFT as a minimum, and pull in staff from other organisations, including district councils, on a case-by-case basis. The MDTs meet monthly to review cases and coordinate each patient's care.

There are currently seven localities in primary care in Gloucestershire, organised around the PCNs. The proposal is to move to six ILPs; full engagement is underway with Local/District Authority partners about the ILP structure and how to engage strategically as an ILP.

2.3 Nick Relph appointed as interim Integrated Care System (ICS) Chair

Nick Relph has been appointed as interim Chair of the 'One Gloucestershire' ICS following the retirement of Chris Creswick at the end of January 2019. Nick is currently a Non-Executive Director of Gloucestershire Care Services NHS Trust (GCSNT) and has extensive experience of healthcare having held a number of senior NHS roles covering community, mental health and acute services, including Director of Finance at a health authority, Chief Executive positions in three Primary Care Trusts in North London and Managing Director of the South East Commissioning Support Unit.

Nick took up his appointment at the beginning of February 2019. A national recruitment process will now get underway to appoint to the role substantively.

ICS partners have thanked Chris Creswick for his foresight, wisdom, experience and challenge that have helped to put the county in such a strong position.

2.4 An Open Culture: Engagement –Equality–Experience - Annual Report: 2018

The report highlights the work NHS Gloucestershire CCG has undertaken towards meeting its general Public Sector Equality Duty, through engagement with patients, carers, staff and communities. The Public Sector Equality Duty came into force in April 2011. It requires the CCG, in the exercise of its functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

The Engagement –Equality –Experience Annual Report covers:

- “An Open Culture”: an introduction to our strategies;
- Legal requirements relating to engagement, experience and equality;
- A profile of the population of Gloucestershire;
- Innovative practice that demonstrates our commitment to engagement and equality
- Equality information regarding our workforce.

The report is published on-line at: <https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2019/03/Open-Culture-Annual-Report-2018.pdf>

The Report contains web-links to a range of resources which support or promote the CCG’s engagement, equality and experience activities.

Case studies and “Real life stories” under the heading of Information and Communication, Patient Experience, Engagement and Consultation and Primary Care¹ are used to illustrate examples of engagement activity from the last twelve months. Highlights this year include our first experience of engaging a Citizens’ Jury to assist with our commissioning decisions; and as an employer, achieving Disability Confident Employer status.

Looking ahead, our aims remain to:

- support our staff to understand the importance of engaging our diverse communities in the planning and delivery of local services;
- ensure equity of access to local health services for all our residents,
- support personalisation of care, diversity and fairness ; and
- provide a working environment where are staff can thrive and feel valued.

¹ <https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2019/03/Information-and-Communication-2018.pdf>

<https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2019/03/Patient-Experience.pdf>

<https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2019/03/Engagement-and-Consultation.pdf>

<https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2019/03/Primary-Care.pdf>

We want to strengthen our partnership working in relation to equality and engagement, working together to develop closer links with our “communities of interest”. We will also ensure that we continue to develop our understanding of our local communities, and proactively engage with them, as we move forward as an Integrated Care System.

2.5 **Dementia Services**

There have been some positive improvements in the way that local health and care services are shaping dementia services.

Dementia Diagnosis Rate (DDR)

We are pleased to report that the Dementia Diagnosis rate for Gloucestershire patients continues to be maintained at 67.4% (above the national target set by NHS England).

Dementia Advisors

During 2017/18 the CCG worked closely with the Alzheimer’s Society’s Dementia Advisor (DA) service to increase the support provided to families following diagnosis of dementia of a loved one. The Dementia Advisors have been working closely with the 2gNHSFT Memory Assessment Service (MAS) to ensure that patients who are diagnosed with dementia are referred to the Advisor at the point of diagnosis. So that key information and advice can be given to the patient and their family as quickly as possible.

The Dementia Advisory (DA) service focuses on addressing the public health priorities of reducing the dementia risk as well as providing support to people in their community. During 2018 the DA service significantly increased their caseload to 1,600 patients. They are now supporting approximately 27% of those diagnosed with dementia. There is work underway to establish Dementia Friendly Communities with health and social care partners along with the District Councils. A Dementia Strategy is currently being developed and will include 3 years funding for a county Dementia Action Alliance (CAA). This will help to support District Councils to set up networks and local Dementia Action Alliances. The county Dementia Action Alliance will be chaired by Cllr Williams and is supported by the Police, Fire & Rescue, District Councils and the Alzheimer’s Society.

Clinical dementia pathway

The clinical dementia pathway is also being reviewed to understand how services can improve the support given to families living with dementia, and provide better joined up care. This will build on the pilots currently running in Stroud and Berkeley Vale, where the Community Dementia Nurse (CDN) is responsible for the practice Dementia Quality and Outcomes Framework register, where dementia diagnoses are recorded. The CDN is working closely with primary care, Integrated Care Teams, the Care Home Support Team and the Alzheimer’s Society. The practices are using a risk stratification process that matches the level of the patient’s need/complexity to the appropriate service.

2.6 **Complex Care at Home**

The Complex Care at Home Service has been running in Cheltenham and Gloucester since April 2018 is now being rolled out to the Forest of Dean Primary Care Network area. Work is underway to recruit a new team and plans are in place to work with GPs to deliver the service from April 2019. The new team will be meeting with local community support providers in April, to ensure there is a joined up approach with existing charities and other third sector organisations. This will provide better joined up care that supports people with complex health and wellbeing needs in the area.

2.7 **Cinapsis – a new App for urgent and planned care referrals**

The urgent care system in Gloucestershire is keen to use digital solutions to improve services provided to patient, so that they receive the best care in the most appropriate setting for their particular condition.

As a part of this, Gloucestershire Hospitals NHS Foundation Trust (GHNFT) is keen that clinicians who refer patients for tests and treatment speak directly to the relevant receiving clinicians, at Gloucestershire Royal Hospital (GRH) and Cheltenham General Hospital (CGH).

A technological solution is available to assist referring and receiving clinicians and is being supported by the CCG. We are offering Cinapsis to GPs and nurse referrers. This is a new software platform for mobile and fixed devices, which can be developed to support both urgent and planned care referrals. The new interface has been developed together with local GPs in order to make it as quick and easy as possible for referring clinicians to discuss their referrals by giving them direct access to the right person from their mobile phones. It is initially being developed and rolled out for acute medical referrals and will later be extended to cover other urgent care specialities. We also plan to pilot the software for use in planned dermatology referrals.

GPs from a number of practices have successfully been using Cinapsis for acute medical referrals, including Mythe, Brunston & Lydbrook, Mann Cottage, Price's Mill, Churchdown and The Aspen Centre. Early feedback has highlighted a number of benefits for clinicians and patients including:

- It is quick and very easy to use.
- The average consultant call response time is 21 seconds.
- It helps consultants to control the flow of patients to CGH or GRH depending on demand, with the ability to stagger referrals so that patients can attend with an appointment time and spend less time in the department.

- By using this technology, most patients can appropriately bypass the Emergency Department and some patients can avoid unnecessary hospital admission.
- Patients are being better directed to the most appropriate healthcare setting within CGH or GRH, with fewer unnecessary overnight stays in hospital.

Cinapsis is being rolled out to all practices through pre-arranged demonstrations accompanied by video tutorials. Work on modules covering general surgery, orthopaedics, ophthalmology, dermatology and old age medicine/frailty is ongoing and will be phased in during the year.

2.8 **Facts4Life reaching more schools and teachers**

The University of the West of England has evaluated the Facts4Life programme in Gloucestershire schools and has found that the county's young people are becoming more responsible for looking after their own health.

The programme helps children and young people to understand why doing certain activities will lead to better health and good health and wellbeing. It is very much linked to their environment and the choices they make. So far, Facts4Life has worked with more than 160 schools and trained more than 1,000 teachers in the county.

The study involved more than 400 primary and secondary aged school children over a three year period. It identified a significant improvement in resilience after six months among pupils in years 5 and 6. Younger pupils in years 3 and 4 reported improvements, a decreased need for medication when feeling unwell, new strategies for promoting mental health, and the usefulness of learning about illness. Teachers indicated a change in philosophy around the teaching of health and illness, with high levels of engagement that has impacted on the way children behave.

Facts4Life is funded by the CCG. The evaluation was funded by Gloucestershire County Council. The evaluation makes for interesting reading and can be obtained by following the link below along with an Executive Summary that highlights the key aspects:

- Full Evaluation Report – <http://eprints.uwe.ac.uk/36934/>
- Executive Summary - <http://eprints.uwe.ac.uk/36935/>

2.9 **Breathe Magic Intensive Therapy programme for young people**

A Breathe Magic Intensive Therapy programme for young people is the latest development in Gloucestershire's growing and nationally recognised Social Prescribing programme.

The CCG teamed up with Breathe Arts Health Research to offer an 'Easter Camp' for local people aged between 7 and 18 affected by *hemiplegia and quadriplegia. Seven local children have been involved in the first phase of the programme which uses specially chosen magic tricks to help children with the conditions. Taught by professional Magic Circle magicians and occupational therapists, the programme offers 60 hours of one to one therapy over a 10 day camp, where Breathe combine the learning of carefully chosen magic tricks with a focus on everyday activities such as cutting up food, or crafts.

The aim is to significantly improve the young peoples' hand function, social interaction, confidence and independence over the course of the programme – and it works.

The camp which started in Gloucestershire on 8 April 2019 culminated in a special Magic Show involving the young people on 18 April 2019 at the Parabola Arts Centre, Cheltenham Ladies College.

The CCG is excited to see what Breathe Arts Health Research could offer and were pleased that they were able to come to Gloucestershire thanks in large part to the generous fundraising support of local businesses. The feedback we have received has been so positive and heart-warming and the CCG is keen to explore how we can build on this going forward.

Gloucestershire is leading the way nationally in using innovative arts and crafts initiatives to empower and support people with long term health conditions. This can take many forms, but common benefits include an increase in confidence and personal skills, improved wellbeing and in many cases less reliance on health and care services.

The programme has been jointly funded by NHS Gloucestershire Clinical Commissioning Group and local businesses.

3. Department of Health and Social Care and NHS England Consultations

3.1 Information regarding Department of Health and Social Care consultations is available via the GOV.UK website:

https://www.gov.uk/government/publications?publication_filter_option=consultations

3.1.1 **Opt-out organ donation: organs and tissues excluded from the new system**

<https://www.gov.uk/government/consultations/opt-out-organ-donation-organs-and-tissues-excluded-from-the-new-system>

This national consultation seeks views on the organs and tissues that should be excluded from the new 'opt-out' organ donation system.

This consultation closes at 11:59pm on 22 July 2019

3.1.2 Further advertising restrictions for products high in fat, salt and sugar
<https://www.gov.uk/government/consultations/further-advertising-restrictions-for-products-high-in-fat-salt-and-sugar>

This consultation seeks views on reducing children's exposure to advertising for products that are high in fat, salt and sugar (HFSS) on TV and online.

This consultation closes at 11:59pm on 10 June 2019

3.2 Information regarding NHS England consultations is available via the NHS England website: <https://www.engage.england.nhs.uk/>

The Department of Health and NHS England websites also include responses to closed consultations.

3.3 Department of Health and Social Care Policies

The following web link provides access to Department of Health and Social Care Policies:

<https://www.gov.uk/government/policies?keywords=&organisations%5B%5D=department-of-health>

4. Section B: Gloucestershire Clinical Commissioning Group (GCCG) primary medical care commissioning update

These items are for information and noting.

4.1 Primary Care Strategy Update

Primary Care Networks (PCN)

The NHS Long Term Plan sets out the ambition for every practice to be part of a local Primary Care Network (PCN) which is a central foundation for the Integrated Care System (ICS). PCNs will be commissioned through a new Network Contract as a Direct Enhanced Service (DES) and include national Network Service Specifications that deliver the Long Term Plan through PCNs. The CCG must ensure 100% geographical coverage of PCNs by 31 May 2019, ready for contract 'go live' by 1 July 2019.

As reported above, in Gloucestershire we have already made considerable progress, with practices working in sixteen cluster groups over the last two years.

Working with our practices and clusters we anticipate a slight reduction in the number of Primary Care Networks.

Through a new Additional Roles Reimbursement Scheme, PCNs can receive (subject to delivery of new service specifications above) funding for up to an estimated 20,000+ additional staff by 2023/24:

- Clinical pharmacists (from 2019/20).
- Social prescribing link workers (from 2019/20).
- First contact physiotherapist (from 2020/21).
- Physician associates (from 2020/21).
- First contact community paramedics (from 2021/22).

Each Network will have a named accountable Clinical Director and from April 2020, every PCN will be able to see the benefits it is achieving for its population and patients through a new national Network Dashboard.

As our geography is so large in Gloucestershire we envisage our Primary Care Networks coming together with partner organisations on a geographical basis to form place based Integrated Locality Partnerships (ILPs). We have piloted this way of working in Stroud and Berkeley Vale, Forest of Dean and Cheltenham over the last year.

Building on our learning to date we would envisage county wide coverage of ILPs from early in the new financial year. ILPs will operate at a strategic level and operational level focussed on those areas of care, which require a solution that has a broader remit than solely health and social care.

New GP Contract Framework

The new GP Contract Framework was released on 31 January 2019 by NHS England and the British Medical Association (BMA). The GCCG Primary Care and Localities Directorate is working through all the implications of this, for practices, the CCG and the ICS. The team is developing project planning and scheduling to ensure all deliverables are captured and planned accordingly over the coming weeks and months.

Headlines include:

- CCGs must commission extended hours for 100% of the population (in addition to Improved Access).
- The following services will start by April 2020:
 - Structured Medications Review and Optimisation (increasing in scope and scale each year).
 - Enhanced Health in Care Homes.
 - Anticipatory Care requirements for high need patients typically experiencing several long-term conditions.

- Personalised Care.
- Supporting Early Cancer Diagnosis.

Care Navigation

The Care Navigation project team, including clinical lead Dr Olesya Atkinson, have attended presentations by providers and selected Conexus as the preferred supplier for the trial in North Cotswolds and Cheltenham Central PCNs. They will develop a training package for reception staff to navigate patients to the right service at the right time. Planning for implementation is now underway.

4.2 Improved Access

Between the start of April 2018 and the end of January 2019, 83,727 Improved Access appointments were available in Gloucestershire. Greatest availability was in January this year when 9,945 appointments were offered with a utilization rate of 85%.

Many Primary Care Networks deliver improved access through skill mix including paramedics, advanced physiotherapists and nurses and including Saturday morning nurse and phlebotomy clinics. The work our networks have already done on Improved Access gives them a secure basis from which to build their PCN workforce for the future.

4.3 Primary Care Workforce

Next Generation GP Scheme.

Planning for the Next Generation GP Scheme is underway. The line-up of speakers includes national high-profile GP speakers and local GPs who have been involved in inspirational projects.

Promotions in What's New This Week, the CCG's weekly bulletin to all practices, through the GP training school and GDoc, have resulted in over 40 initial expressions of interest from GPs in training, for this national scheme which encourages leadership for GPs in their early careers. This scheme has been developed at a national level and is being implemented in regional areas including London, Manchester and Bristol.

In addition, to date, one GP has been accepted onto the International GP Recruitment scheme. This individual will work at Partners In Health in Gloucester City.

Primary Care Workforce Centre website

One way to keep GPs informed about all of the opportunities in Gloucestershire is via a Primary Care Workforce Centre website, which is being developed by the Primary Care Training Hub (formally CEPN) and is predicted to go live during March 2019.

The website will be a one stop resource, career information site, with case studies about new roles. Additionally it will have an interactive county wide training calendar, and locum advertising function for practices in the form of a calendar. It is based on a model used by Dorset CCG and will connect into existing ICS platforms such as Proud to Care Gloucestershire and the developing Proud to Learn Gloucestershire.

4.4 Care Quality Commission (CQC) Inspections

One CQC report has been published since the last update to HCOSC. In total 70 Gloucestershire Practices are rated “good”, 4 are rated “outstanding” and one “requires improvement”.

4.5 Plans for new primary care centre in Cheltenham

Plans for a new £9m health centre development in Cheltenham have moved a step forward received formal approval by the NHS Primary Care Commissioning Committee.

The new centre will see three town centre practices, Berkeley Place, Crescent Bakery and Royal Crescent, relocate to a brand new purpose-built centre on Prestbury Road. Subject to planning approval from the Local Authority, the new centre could be operational by 2021, providing GP services to around 25,000 patients.

The three practices have outgrown their current premises, and with the population of Cheltenham continuing to increase, the practices and local Clinical Commissioning Group identified the need to move to more modern premises that are fit for purpose. The new premises will transform GP services in this part of Cheltenham. The extra space will be used for additional consulting and treatment rooms which will enable the practices to meet growing demands and offer a broader range of services to patients, for example, through support from nurses, paramedics and pharmacists. They will also be able to share resources and work more flexibly, offering extended opening times to patients. It will also enable significantly more doctors, nurses and other health care professionals to receive training, whilst the improved reception and waiting areas will be more comfortable for patients and staff alike.

Patient and Public Involvement

The Practices have engaged with their Patient Participation Groups [PPG]. PPG members are fully involved in the development. Patients and stakeholders will be kept up to date via the Practices’ web pages and the wider support of the CCG.

4.6 Contraction of Leckhampton Surgery practice boundary area

An application to reduce their practice area was received from Leckhampton Surgery. This application has been approved by the GCCG Primary Care Commissioning Committee.

It was established that Leckhampton Surgery had been working to a reduced practice boundary for a number of years (and pre-dating CCG delegation arrangements). The amended contractual boundary will enable the practice to continue to work within the practice boundary it has been working to for many years. It will also ensure Leckhampton's focus on meeting the needs of the new housing developments in their area over the coming years, while not removing any patients from their list who currently reside in the area affected.

The practice engaged with their Patient Group in relation to maintaining their practice area to the same footprint they had been working to and Patient Group Feedback indicated their approval of the application.

4.7 New Health Centre for Cinderford

Agreement of the contractual arrangements between the town's two GP surgeries and specialist development company Assura has been reached. The news means that work can now progress to replace the town's existing health centre, which houses both Dockham Road Surgery and Forest Health Care, with a modern, purpose-built £5m facility which will be built on Valley Road.

The new building will take around 12 months to complete and work is due to begin shortly. It will be built to modern, comfortable, state-of-the-art specifications, and will include additional consulting rooms, nurse treatment areas and first-rate facilities for reception and administration staff, making it a great environment for both patients and staff. Completion and opening is scheduled for summer 2020.

This development is part of wider plans to improve GP premises in the district and is not related, or dependent, on a future decision on the location of a new community hospital for the Forest of Dean.

5. Section C: Local Providers' updates

This Section includes updates from 2gether NHS Foundation Trust (2GNHSFT), Gloucestershire Care Services NHS Trust (GCSNHST) and Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT),

These items are for information and noting.

5.0 Trusts Merger update

We are now at the stage of formally submitting our business case for merger between Gloucestershire Care Services NHS Trust and 2gether NHS Foundation Trust, still with a view to merging on 1 October 2019. Whilst we do not underestimate the work that has to be undertaken to safely merge our two Trusts, our focus is now increasingly on how we develop an organisation that will transform services.

As a transforming organisation we intend to play a full partnership role within health and care communities, with emphasis on system, rather than purely organisational approaches to the well-being of our communities. Our intent is to help tackle health inequality through integrated care within the context of 'place'. Our drive for quality improvement will be shaped through co-production and joint working with community partners.

We have already taken practical steps to underscore our commitment to 'place' and co-production. Not only are they threaded through our strategy development for the merged Trust but we have also created two director posts on our new board, one Helen Goodey (shared with NHS Gloucestershire Clinical Commissioning Group) to lead on development of Place and a Director of Strategy and Partnership (yet to be appointed).

As with any transformation we recognise that success relies on appropriate culture and values and our colleagues are heavily engaged in shaping and sharing these, facilitated by a comprehensive engagement programme throughout the two Trusts. As we continue to do this we are developing our organisation to ensure that these values are reflected in our processes and decision-making, bringing our values to life rather than simply languishing on reception room posters.

Our transformation of services, Better Care Together, continues in anticipation of formal merger and has already brought additional benefit to service users and to the wider system. We continue to learn from these early projects and look forward to being able to upscale them, using the appropriate Quality Improvement methodologies when we are merged.

5.1 2gether NHS Foundation Trust (2GNHSFT)

5.1.1 Trust Wins Quality Improvement Award

An award has been presented to 2gether for our outstanding contribution to Quality Improvement in Mental Health.

The Trust has been part of the South of England Mental Health Collaborative for Quality Improvement and Patient Safety since its inception in 2011. Work that Trust colleagues have been involved in since that time includes initiatives surrounding End of Life Care, suicide reduction, learning from incidents, reducing harm from falls and physical health improvement, such as offering cervical screening to female inpatients.

The Collaborative has presented the Trust with the Outstanding Contribution to Quality Improvement in Mental Health in recognition of the Trust's long association with the Collaborative and the many pieces of work we have been involved in over the years.

5.1.2 2018 Staff Survey results

The latest annual NHS Staff Survey results have recently been published. The survey has been running nationally since 2003 and is used by NHS England, the Care Quality Commission, NHS Improvement and local commissioners to assess Trusts and their performance. 863 colleagues (40%) from 2gether responded to the latest survey. The Trust was rated better than average in eight of the indicators and below average in two. The Trust scored particularly well for morale and support from immediate managers. Equality and diversity and providing a safe environment, were also areas where the Trust was a strong performer. The Trust's lowest score was for quality of appraisals and this is an area of work being developed further.

Pleasingly, the percentage of colleagues who would recommend the Trust as a place to work has increased from 68.4% to 71.8%, which is well above the national average benchmarking score of 61.1%. There has also been an increase in the percentage of colleagues who would recommend the Trust as a place for a friend or relative needing treatment, which has increased from 74.2% to 75.5% over the past year.

5.1.3 Recovery College Launches Digital Manuals

The Severn and Wye Recovery College has launched two new digital manuals. The manuals were funded by the Health Foundation as a resource to be used both by the college and its students, and by other organisations and groups wishing to set up their own Recovery Colleges. The first manual – Journeys to Recovering –

is to be used by students to guide them through the college's primary course. It was written by course leader Keith Coupland.

The second manual is a 'How to' guide, titled 'Implementing a Recovery College: One NHS Trust's Journey', with chapters authored by a range of people, including course tutors, peer support workers and 2gether colleagues. The manual was edited by Jo Denney and Anna Burhouse and the foreword was written by Julie Repper, Director of ImROC.

They are available on the Recovery College website. A celebratory event took place at Charlton Lane Hospital, in Cheltenham, to officially launch the manuals.

The Recovery College is delivered by 2gether, in partnership with Adult Education in Gloucestershire, NHS Gloucestershire CCG and others.

5.1.4 Event Celebrates 100 Years of Learning Disability Nursing

A special event took place at the Churchdown Centre to mark a century of learning disability nursing and look at its progression in Gloucestershire and Herefordshire. Inspiration for the event came from the University of the West of England (UWE) which teamed up with the newly formed South West Learning Disabilities Nurse Forum to organise a week of celebrations. The milestone was marked at the Churchdown Centre with a bake-off competition, a display of uniforms and historic nursing booklets and information.

There are around 50 learning disability nurses working across the Trust. This includes student nurses who study at UWE.

5.1.5 E-Burn Pilot

Smoking is considered one of the main causes of ill health amongst the mental health population. In September 2018, 2gether initiated a pilot on Kingsholm ward at Wotton Lawn Hospital which ran for just under six weeks. Service users were given three, free E-burns - a non rechargeable electronic cigarette - to support them to cut down, quit smoking and to help drive the smoke free agenda in the trust.

The E-burns can be used indoors in the individual service user's bedrooms only and not in communal areas. Once they had used the three free, they were given information on where they could purchase further E-burns from. The E-burns cost £2.40 each with each E-burn the equivalent of 30-40 cigarettes. During this period there were 32 male service users, and of this total 78% were smokers.

The pilot found that 89% of service users reduced the amount they smoked while on the pilot. The E-Burn initiative is now being rolled out across all 2gether inpatient units. It is hoped this will continue to support temporary abstinence from smoking for inpatients in hospital in line with NICE guidance, help service users

reduce the urge to smoke, help maintain nicotine levels rather than service users going into withdrawal and ultimately improve physical health outcomes.

5.1.6 Mental Health Liaison Team profiled in the media

Filming took place with BBC Points West for a feature on the 2gether Mental Health Liaison Team, which is based at Gloucestershire Royal Hospital. The feature, due to be broadcast during Mental Health Awareness Week in May 2019, focussed on how the team works with Gloucestershire Hospitals Trust to assess, treat and support people who attend the Accident and Emergency department or are admitted for mental health conditions.

Typically the team supports people who have self-harmed, who are threatening to harm themselves or who are displaying signs of mental ill health. However, the team also regularly supports people who are experiencing mental health issues as a result of a significant injury, illness or trauma. While based in Gloucester, the team also supports patients at Cheltenham General Hospital and the team works with children and young people, working age adults and older people – some of whom are experiencing conditions such as delirium, brought on by infections, or dementia.

5.2 Gloucestershire Care Services NHS Trust (GCSNHST)

5.2.1 New Complex Care at Home Service launched in the Forest of Dean

Following on from the early success of the Complex Care at Home Service in Cheltenham and Gloucester, the Integrated Locality Partnership in the Forest of Dean commissioned the Trust to set up a service in its locality, using the same model. The service commenced in April 2019.

It is being delivered in partnership with GPs and uses a proactive, preventative, enhanced community case management model, which aims to prevent unnecessary admissions to hospital and residential social care. This will identify and provide appropriate support to the cohort of adults with multiple long-term conditions, and/or frailty, who may also have complex social situations. It is a planned, proactive service, not an urgent care model responding to those in crisis.

Working closely with local GPs and a Gloucestershire Royal Hospital geriatrician, the service comprises community matrons (including a dementia matron), well-being coordinators, with physiotherapy, occupational therapy and dietetic input. The Trust also works in partnership with 2gether NHS Foundation Trust, Adult Social Care (GCC) and Forest of Dean District Council, as well as the community and voluntary sector.

Intended outcomes of the service include: people's health; the improvement of well-being and self-management of conditions; people being more effectively managed in the community; reduction and prevention of hospital admissions; reduction in the demand for primary care and in care home placements.

5.2.2. Location for a new Community Hospital in the Forest of Dean

Following both the Trust Board and Gloucestershire Clinical Commissioning Group's decision to site the new community hospital in the Cinderford location, work has progressed in developing the Outline Business Case.

In April 2019, the GCS Board considered the Outline Business Case around site options, ensuring recommendations approved previously at Strategic Business Case stage and Citizens' Jury were incorporated.

This phase of the process is 'commercial in confidence', as it involves land purchase and further work on planning permission. However, we can confirm that all sites considered are sufficient to accommodate a new hospital with adequate parking. The site chosen will not be publically declared until the Full Business Case is approved, which we are aiming to achieve later this year.

5.2.3 Her Royal Highness The Princess Royal opens new state-of-the-art Cashes Green Ward, Stroud General Hospital

Her Royal Highness The Princess Royal received a warm welcome when she arrived at Stroud General Hospital recently to perform the official opening of its newly-refurbished Cashes Green Ward.

The facility reopened in December last year, having undergone four months of extensive refurbishment. The ambitious renovation works saw the ward undergo a major upgrade, including the introduction of six side rooms (each with their own shower facilities), four bays, a day room and state-of-the-art facilities.

The six-figure renovation programme, led by colleagues from Stroud General and Cirencester hospitals, was made possible thanks to the generous support of Stroud Hospitals League of Friends, who donated £351,000 towards the works. Her Royal Highness, who is Patron of Stroud Hospitals League of Friends, was greeted on arrival by hospital staff and a host of local dignitaries, including Mr Edward Gillespie OBE DL, Lord-Lieutenant of Gloucestershire, Deputy Lieutenant Mrs Sally Byng, High Sheriff Mr Charles Berkeley, Chairman of the county council, Cllr Andrew Gravells, and Chairman of Stroud District Council, Cllr Gary Powell.

Her Royal Highness was accompanied to Cashes Green Ward by Matron Juliette Richardson and Trustee of the Stroud Hospitals League of Friends, Dr Susie Weir.

Here she was greeted by members of the nursing team and had the opportunity to view a display board charting the progress of the renovation programme.

The Princess then enjoyed a tour of the 22-bed ward, meeting and talking with patients, members of the nursing team, fundraisers and volunteers from the Stroud Hospitals League of Friends. The tour afforded Her Royal Highness the opportunity to visit the Princess Anne Day Surgery and Endoscopy Unit, as well as see first-hand the ward's new, state-of-the-art facilities and endoscopy equipment, paid for by funds raised by the Stroud Hospitals League of Friends.

After a short speech and a few words of welcome from Dr Susie Weir, Her Royal Highness was invited to unveil a plaque commemorating the royal visit, marking the official opening of the newly-refurbished unit.

5.2.4 Parenting podcasts go live

Episode one of the Healthy Family Series is now online. Let's Talk Pregnancy is the first podcast in the seven-part Healthy Family Series – a collaboration between Cheltenham Maman and One Gloucestershire.

CheltenhamMaman was founded by mum-of-three Kate Starkey in 2016. Fifteen thousand social media followers later, her website has become many parents' go-to place for parenting help and advice. One Gloucestershire is the partnership between the county's NHS and care organisations to help keep people healthy, support active communities and ensure high-quality, joined-up care when needed.

The monthly parenting podcasts feature local healthcare professionals, including midwives, health visitors and nursery nurses, talking about parenthood and offering advice to parents on how to be healthy themselves, as well as raise healthy children.

Over the next few months these special episodes will take parents through key stages in parenthood, starting with the very first part of every parenting journey – pregnancy. Episode two, which airs in May 2019, features Gloucestershire Care Services NHS Trust Health Visitor and Lactation Lead, Emma Cronin-Preece.

The Public Health Nursing Team is delighted to support the development of this new digital technology. It provides an innovative, evidence-based information service for families, enabling them to access key health advice and guidance when they need it.

5.2.5 CARiAD Clinical Research Trial: Nurses' efforts commended

Dawn Allen, Professional Head of Community Nursing and Head of Tissue Viability Services, and Steven Holmes, Head of ICTs, would like to take this opportunity to thank all the Community Nurses involved in the CARiAD Clinical Research Trial.

Over the last year the nursing teams in Stroud and the Forest of Dean have been involved in a clinical research trial led by Dr Paul Perkins, Consultant in Palliative Medicine. This has been a three-site randomised trial, and we have done very well as a site, with huge enthusiasm from all.

The trial sought to assess whether training carers to administer injection route rescue medications at end of life helps to enhance the experience of care. Now finished, the leads are digesting all this information, and we await their outcomes. Thanks have been given to the staff involved, recognising the brilliant work of our nurses in this trial and in particular to Tracey King and Linda Piontek for leading this work for their localities.

It has been excellent to see community nursing engaged in critical national research. Well done all.

5.2.6 GCS NHS Staff Survey results

The latest annual NHS Staff Survey results have recently been published. The survey has been running nationally since 2003 and is used by NHS England, the Care Quality Commission, NHS Improvement and local commissioners to assess Trusts and their performance. 1004 colleagues (40%) from GCS responded to the latest survey.

Two of our 10 performance themes saw significant statistical improvements – safety culture and staff engagement. The other eight indicators remained stable. Most notably, the percentage of colleagues who would recommend the Trust as a place for a friend or relative needing treatment, increased from 73% to 76% over the past year. There was also a 5% improvement in staff recommending the organisation as a place to work.

5.3 Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

5.3.1 Operational Performance

The Trust continues to perform well relative to many organisations. We are delighted that the system's overall performance against the A&E four hour standard (2018/19) was 92.8%, which positioned Gloucestershire in the top quartile of systems in England. Given just two years ago the system was struggling to consistently deliver 80%, this is a huge turnaround in the waiting experience for our patients and testament to our staff and system partners. Despite coming out of winter, traditionally the busiest time of the year for the NHS, our A&E departments remain incredibly busy and we continue to advise the public to access the range of

services, often better placed than A&E, which can meet their needs and only take recourse to A&E for serious illness and/or injury.

The Trust exceeded the Two Week Wait Cancer Standard for the last reported month of March, reflecting delivery for four months in a row. Increases in referrals, driven by changes to national guidance aimed to improve the early detection of cancer make this a challenging target to sustain and the Trust is working closely with colleagues in primary care to explore ways to manage the increase in referrals for suspected cancer. Equally a huge amount of focus is being put into delivery against the 62 day standard which is still not being met; the Trust's Operational Plan sets out how this this standard will be met from September 2019 onwards.

Improving waiting times for our patients is a key priority for the Trust and re-establishing national reporting against the Referral to Treatment (RTT) standard is a significant milestone in our improvement journey.

In recognition of the impact on our patients, this issue is receiving a huge amount of focus within the Trust and we fully acknowledge that we are not currently achieving the national standard. However, we are absolutely determined to remedy this and have robust plans in place to ensure we do this as quickly as possible. Our initial priority was to ensure all patients referred with suspected cancer were seen in a timely way and as described above, the Trust is now meeting the two week waiting time for first outpatient appointment which gives us confidence that our approach is the right one.

Steps that we are taking to improve routine waiting times include the provision of weekend and evening appointments which are often more convenient for our patients, providing care in different ways such as through telephone consultations, the development of our central call centre to ensure a positive first point of contact and more effective management of our theatres to 'best in class' so that we can treat more patients who are waiting for an operation.

5.3.2 Staff survey 2018

The 2018 NHS Staff Survey results have been published and we wanted to share some of the highlights and emerging themes. The Survey, conducted between 1st October to 30th November 2018, had a 46% response rate which was 2% higher than the national average. We are absolutely determined to create a work environment where staff can prosper and thrive. That's why our staff survey is so important because it provides us with an opportunity to make a genuine difference to the way we work. Our results tell us where we have been doing well and where we need to focus our efforts going forward. The great news is that we continue to make progress in key areas such as staff engagement including our colleagues' confidence in recommending us as a place to work and have treatment or care. This aligns with some of the findings from our CQC inspection, but we want to take this much further and rival some of the top performing Trusts in the country in this area. It is for this reason that we have implemented national initiatives such as our

talent management programme, career development pathways for our health care assistants, and our new Health and Wellbeing Hub launched on the 14th May 2019. We have much more planned to ensure that Gloucestershire Hospitals attracts and retains the very best staff – both clinical and non-clinical.

Another clear indicator of improving staff (and ultimately patient) experience was seen in responses to questions regarding raising concerns. Staff told us that they are more confident in raising concerns and the Trust's responses to action them and we believe that the development of our Freedom to Speak Up Guardian role has helped provide reassurance to staff over the past year as well as providing another way to share feedback. Our staff believe passionately in our culture of safety and continuous improvement as seen in the wide participation in the Gloucestershire Safety and Quality Improvement Academy (GSQIA – see separate update below). The enthusiasm of our staff was praised by the CQC inspectors who described our work in this area as 'outstanding and embedded in our culture'.

We have also improved the experience of staff when it comes to feeling safe from violence, bullying and harassment when compared to other Trusts. However, we recognise that this continues to be a key area of concern for colleagues and this theme is consistent with feedback not only in the Staff Survey but through other routes such as our Freedom to Speak Up process and we are committed to making ongoing improvements.

Over the last year, we have really focussed on our equality, diversity and inclusion agenda with the introduction of a Diversity Network to promote awareness across the organisation through a range of activities, including the sharing of powerful stories and lessons learnt and therefore I am delighted that the Staff Survey reflects improvements in this area. However, the survey revealed that staff with a disability, report a less positive experience of employment in the Trust and we have singled this area out for special focus as part of our Equality Objectives for the period 2019-23.

We are also keen to improve the perception of our staff, particularly those who do not work directly with our patients, of the quality of care we provide. Although we have closed this gap against the best performing Trusts in the Staff Survey, we want all our teams to understand and be proud of the high standard of care we provide for our patients.

Other areas we will focus on this year will include further developing the skills of our managers which we believe will in turn improve the experience of staff working within our organisation as well as improving talent development (appraisal) conversations. The benefits of a fully engaged and empowered workforce are well understood and we are looking at ways we can work with staff to realise this ambition. The report can be read by visiting:

<http://www.nhsstaffsurveyresults.com/local-benchmarking-organisation-overview/>

5.3.3 New Health & Wellbeing Hub for staff

Staff at GHNHSFT will benefit from a new Health & Wellbeing Hub aimed at supporting colleagues (clinical and non-clinical) by putting information in one place. Called the 2020 Staff Advice and Support Hub, colleagues will be able to access a wide range of information across physical, emotional or financial wellbeing with support being provided by specialist staff who can signpost and refer services as appropriate. The hub will be launched on Tuesday 14 May and staff will be able to access it via phone (internal number: 2020), online or in person at the new office in Beacon House, Gloucestershire Royal Hospital GRH. As well as supporting staff, it is anticipated that the hub will have an impact on sickness rates whilst improving staff morale and motivation.

5.3.4 CT scanner appeal - £1.7m raised

Generous supporters across Gloucestershire have helped the CT Scanner Appeal reach a major milestone. In just a few months, £1.7m has been raised towards the target of £2.4m to buy vital new technology to save and transform lives in the county. Since we launched our appeal in November, businesses, schools, community groups and many individuals have come forward to help raise money. People such as seriously ill, Andy Loughran and his friends and family who raised more than £4,000 for the campaign holding a party in his name, or the pupils of Balcarras School who collected £6,000 through a series of events. The aim of the appeal is to buy three new CT Scanners and two digital mobile X-ray machines to provide the best possible imaging technology for the hospitals and help reduce waiting times. To find out more about our CT Scanner appeal, visit our website gloshospitals@nhs.net For more information on how to get involved, get in contact with the charity team or email ghntr.fundraising@nhs.net

5.3.5 Milestone reached - 25% of staff trained

More than 25% of the Trust's workforce has now been trained as part of our quality improvement movement. The Gloucestershire Safety & Quality Improvement Academy (GSQIA) was recognised recently by the CQC as Outstanding, echoing the views of internal expert Dr Don Berwick, who visited the county late last year and praised the work of the Academy in the most glowing of terms. Created in 2015, the Academy was developed to build quality improvement capacity and capability within the Trust and to establish the Gloucestershire approach for improvement. To date they have delivered the Bronze Introduction to Quality Improvement training to 2000 staff, including 455 doctors, 170 Allied Health Professionals, staff working in our estates and facilities arm (Gloucestershire Managed Services – GMS), administrative staff and even our Chief Executive and Chair! The GSQIA team have facilitated 126 staff to graduate through the Silver Quality Improvement in Action programme, thereby delivering more than 100 large scale improvement initiatives. They have trained 8 Gold Quality Improvement Coaches with a further 32 Gold Coaches progressing through the programme. GSQIA have a strong relationship with the Library to bring evidence into practice

through literature searches to support improvement projects which has been very successful. The Library team are an integral part of the Silver and Gold programme. Similarly, the Patient Experience Improvement Team are part of GSQIA and are building patient involvement, & engagement approaches into quality improvement projects and have also recruited the first QI volunteer. The GSQIA has also appointed the Trust's former Medical Director and current consultant oncologist, Dr Sean Elyan as the Academy's Clinical Lead and Ambassador, who will bring great experience and a wealth of new ideas to broaden our horizons even further.

The CQC report said: "Across the Trust there was a fully embedded and systematic approach to improvement called the Gloucestershire Safety and Quality Improvement Academy (GSQIA). This framework empowered front line staff with the tools to support a change and implement a quality improvement project."

5.3.6 Royal memento to mark the arrival of royal baby Archie Harrison Mountbatten-Windsor

New born babies at GRH received a special commemorative gift to mark their arrival on the same day as the royal baby in the guise of a teddy bear, donated by Build-A-Bear to commemorate the occasion. The gift came with a commemorative tag as well as a special birth certificate marking their noble day of birth. The Gloucestershire Royal Hospital was chosen as one of ten hospitals across the country to receive a donation of teddy bears from Build-A-Bear for their highly-commended maternity facility. One thousand teddy bears have been donated to Royal hospitals across the UK. The "Royal" title was bestowed to GRH following a visit by King Edward VII in 1909. Maternity staff at GRH have also distributed a portion of the teddy bears to Cheltenham General Hospital (CGH) and Stroud Maternity Unit.

About 6,200 new babies, or 17 babies per day, are delivered at Gloucestershire Hospitals NHS Foundation Trust every year, making it one of the largest in the Country. The Trust has maternity services at Gloucestershire Royal and Cheltenham General Hospitals as well as Stroud Maternity Unit.

5.3.7 Ward visiting hours revised

We have revised the opening hours of our adult wards at GRH and CGH following feedback from patients and staff. Effective from 6 May 2019, ward opening hours/visiting times are now 11am – 8pm seven days a week. We believe that the newly revised hours balance the care needs of patients with the opportunity for relatives and friends to visit them in our hospitals throughout the day. Staff, visitors and carers have welcomed the new hours.

5.3.8 Dietetic success

Renal dietitian Sue Dawe has been shortlisted for a Health Service Journal (HSJ) Award 2019 in the category Clinical Support Services Award for her work as part of the renal nutrition group of the British Dietetic Association. This group of seven renal dietitians has been developing a range of low potassium diet sheets for renal patients from black, Asian and minority ethnic populations (BAME). Hyperkalaemia (high potassium level) is a significant complication in patients with kidney failure. In 2013-2014 NICE estimate that there were 7,000 hospital admissions for hyperkalaemia in England resulting in around 21,000 bed days. These diet sheets will be available to renal dietitians nationwide and translated into a number of different languages. People from black, Asian and minority ethnic populations are more likely to progress faster towards kidney failure and are 3-5 times more likely to require dialysis treatment. They are also less likely to receive a kidney transplant, according to Kidney Research UK, 2018.

These diet sheets will be available to renal dietitians nationwide and translated into a number of different languages. The diet sheets will help to inform professionals and provide culturally relevant and essential information. This will enable people from BAME populations to make appropriate food choices who may otherwise experience language barriers and limited health literacy to access relevant dietary information.

5.3.9 The sky's the limit

Three bright and colourful sky ceilings have helped to transform the oncology waiting area at CGH. The new sky ceilings act as a conductor of natural light ensuring that the whole area is light up – significantly improving the environment for patients and staff alike. The sky ceilings have been installed thanks to charitable funds and a donation of an additional window from the company who installed the windows (Sky Inside UK Ltd). The sky ceilings have transformed our patient experience in Radiotherapy by bringing natural images and light into what was a windowless, clinical environment. The ceilings act as distractions to the patients, enabling them to focus on the natural beauty of the trees rather than their Radiotherapy treatment. We have used the tree theme to rename the machines, making them appear less clinical to the patients and the feedback we have received has been entirely positive. Staff have also found that their working environment has been enhanced by these 'windows to the sky'.

5.3.10 Bringing the work of surgeons to the public

To help bring the work of our surgeons closer to the public we held a live social media day showcasing the work of our theatres team. Called #TheatresLive the Communications' Team posted content on Twitter and Facebook throughout a typical working day (Thursday 25 April) featuring the incredible work of our surgeons, anaesthetists, nurses, operating department practitioners and support staff. Posts throughout the day gave a real insight about what goes on behind

closed theatre doors. The event proved a real success engaging thousands of people who showed a real interest in the work. The Communications' Team plan to follow up on the success by staging a cancer insight day during the summer. Follow our social channels to learn more.

5.3.11 **New doctors' mess**

The Doctors' Mess and Medical Students' Computer and Common Room at GRH have been relocated to new and fully refurbished accommodation in Foster's Restaurant. As well as a value statement to this important staff group, the upgrade is an investment in our trainees' facilities and provides them with a modern and spacious environment in which they can relax, debrief and escape from some of the stresses that come with working in a busy acute hospital.

6. **Recommendations**

This report is provided for information and HCOSC Members are invited to note the contents.

Dr Andrew Seymour
Clinical Chair
NHS Gloucestershire CCG

Mary Hutton
Accountable Officer
NHS Gloucestershire CCG

9 May 2019