

**Gloucestershire Health Overview and
Scrutiny Committee (HOSC)
12 January 2021**

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

1. Introduction

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

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

Section C provides Trusts' updates from: Gloucestershire Health and Care NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT).

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 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 HOSC e.g. ICS Lead Report, wherever possible duplication is avoided.

- 2.1 Public Consultations: Fit for the Future: Developing specialist hospital services in Gloucestershire and A new hospital for the Forest of Dean**
Two public consultations were launched on 22 October 2020 and closed on 17 December 2020. Both consultations followed an extensive period of public and staff engagement. The Output of these consultations are separate agenda items at this meeting of HOSC.
- 2.2 Covid 19 Update –**
Continued increase in infection rates is leading to significant pressure across the health and care system. Capacity concerns are highlighted further in the report. Close partnership working is on-going to manage consistently high demand and there are real concerns that demand will further increase in January.

Covid Vaccinations

The vaccination programme delivered through GHFT and 10 PCN sites has stepped up and had delivered 25,000 vaccinations by 31st December. The majority of these are over 80s. This also includes health and social care staff and includes staff and residents from over 49 Care Homes across Gloucestershire. Plans have been developed to complete all of the first dose vaccines for all of the Older People Care Homes within the next two weeks.

Personal Protective Equipment

Gloucestershire Hospitals NHS Foundation Trust (GHFT) and Gloucestershire Health and Care NHS Foundation Trust (GHC) continue to manage stock delivered under the national delivery arrangements.

The local hub has successfully secured reinstatement of Local Resilience Forum deliveries and received the first drop of specifically requested items of PPE (based on local demand) to support providers going forward as demand increases as a result of COVID 19.

Primary Care and Care Home providers are successfully securing supply chains and registering with the national online PPE Portal to access emergency and routine supplies

2.2 Cancer Services update

During the COVID pandemic the health and care system in Gloucestershire has been working well to ensure the continued provision of urgent cancer treatment and essential patient support. Partners in Gloucestershire in collaboration with the regional Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance have progressed the delivery of our Phase 3 Recovery Programme whilst ensuring readiness to address the challenges of the second wave of the pandemic. The three key priorities of the Cancer Recovery Programme are as follows:-

Restoring the number of people coming forward and being appropriately being referred on an urgent cancer pathway

During the first wave of the pandemic we saw a significant reduction in the number of patients presenting to their GP surgery with concerning symptoms, with the risk that people will eventually present with a later stage of disease. Added to this many people were anxious about the safety of attending hospital care with some declining appointments. To address this we organised a public and patient communications campaign, supported by a cross-system working group including patient representatives, community groups and national charities. Cancer messages were reinforced in wider campaigns such as “Help Us to Help You” and “We are Safe”, with extensive work on the support and information needs for individual patients. We are expanding the role for Gloucestershire’s Patient Reference Group and are incorporating learning from the COVID patient experience survey.

While the overall level of cancer referrals is recovering to normal levels, particularly for two week wait referrals, it remains a significant concern that the number of Lung Cancer cases have been very low for the year, and so a specific project has been launched including a primary care education video to support case finding, with plans for further targeted campaigns and community engagement. An overall priority has been set on strengthening our Health Inequalities approach. Although the cancer programme has previously had good

engagement with well attended community workshops, there is now an imperative to adapt to new ways of working. We are collaborating closely on reducing digital inequalities, and also are returning to our focus on Black and Minority Ethnic (BAME) women and screening uptake.

Managing the immediate growth in people requiring cancer diagnosis and/or treatment

The continuation of a good level of cancer care during the pandemic has meant Gloucestershire has been able to respond well to the increase in people requiring treatment. Where clinically appropriate the shift to remote consultation has been very valuable and further innovations include the shift to supported self-management for those completing treatment. Clinical teams have worked continuously to ensure patients attending cancer treatment feel confident, supported and safe.

Gloucestershire Hospitals NHS Foundation Trust team of health support workers have remained in place ensuring the delivery of the Personalised Care model. GHNHSFT's Macmillan Next Step Cancer Rehabilitation team have adapted to deliver a mixed-model including on-line classes to support people in their recovery. The Cancer Care Programme Group (CPG) has recognised that the impact of the pandemic on cancer patients' emotional wellbeing and mental health and are now initiating a new working group to develop an integrated model for psychological care.

Service Diagnostic imaging capacity is now well recovered, and although severely impacted during the pandemic endoscopy services are significantly improved with additional capacity in place. During this period special arrangements for additional Independent Sector capacity have been in place to support general elective care, protecting the availability of capacity on main hospital sites for cancer care. To provide a contingency plan for pandemic pressures adversely affecting cancer care, a Memorandum of Understanding is in place to provide a Surgical Hub Mutual Aid Hub. This is between systems and hospitals in the South West Alliance Group Cancer Alliance region, which is under weekly review with a Clinical Prioritisation Group.

Gloucestershire is now progressing with plans to initiate pilot programmes for a Rapid Diagnostic Centre, and expects to commence with a new service for people with non-site specific symptoms in early 2021. All cancer screening programme have now recommenced, with recovery initiatives in place to reach people with delayed invitations.

Reducing waiting times for patients waiting for diagnostic and/or treatment to achieve Cancer Waiting Times Standards

The protection of capacity to support cancer services, together with GHNHSFT's structured approach to a weekly detailed patient list appraisal at speciality level means that there has been a good operational recovery and a strong performance against the constitutional standards.

The performance has been supported by the ongoing implementation of pathway improvements. Over the last year a comprehensive improvement programme has radically reduced waiting times in Urology on the Prostate Cancer Diagnosis and Treatment Pathway.

This has included the shift to local anaesthetic biopsies and from August many men now receive an MRI scan directly following referral. We are also introducing a major innovation for patients with suspected colorectal cancer pathway. From 23 November patients will be triaged in primary care using the simple FIT 10 test based on a single stool sample, which can rule out cancer for many patients avoiding a referral to secondary care and a colonoscopy. The change will also supports the recovery of endoscopy services and the reduction in pandemic backlogs for surveillance patients and the screening programme.

2.4 Flu Plan Update

The implementation of our flu plan is well underway and the following key points provide an update:

- The uptake of seasonal flu vaccinations in primary care is encouraging and exceeds that of last year.
- The uptake of seasonal flu vaccinations for staff at GHFT is now 87% and GHC has achieved more than 90%
- Work is continuing with the CCG, GHC and Gloucestershire County Council (GCC) to vaccinate care staff.
- The circulating levels of flu infections in the South West region remain low and are similar to last week.
- The Department of Health and Social Care (DHSC) has recently published guidance on how community pharmacies will be able to access supplies of flu vaccines procured centrally by the Government. Deliveries will be carried out during November and December.

2.5.1 National engagement process on proposed legislative changes on formal establishment of Integrated Care Systems

NHSE/I have launched a national engagement process which sets out proposed legislative changes to how Integrated Care Systems will be formally established across England. This will run for six weeks from 26 November 2020 (closes January 8th). The views collated will inform the final proposals that are expected to be taken forward as legislative change. It is currently anticipated that these changes would come into effect from April 2022 – subject to Parliamentary decision.

Integrated Care Systems Legislation

Publication of “Integrating Care” Paper by NHSE/I Board sets out the follow aims for future legislation.

- Stronger **partnerships in local places** between the NHS, local government and others with a more central role for primary care in providing joined up care;
- **Provider organisations** being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing strategic **commissioning** through systems with a focus on population on population health outcomes;

- The use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

Proposals are designed to serve **four fundamental purposes**:

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development

The vision reflects three observations derived from the Long Term Plan:

- **decisions taken closer to the communities** lead to better outcomes;
- **collaboration between partners in a place** can overcome competing objectives;
- **collaboration between providers** is likely to be more effective than competition

2.5.2 Options

The engagement process seeks views on two options for the future of CCGs

Option 1: A statutory committee model with an Accountable Officer that binds together current statutory organisations:

- Mandatory, rather than voluntary, statutory Board
- Decisions would be taken collectively
- Recognised Accountable Officer to deliver the Board's functions
- Accountable Officer would not replace individual organisations' Chief Executives
- Representatives from across the system on the Board
- One CCG per ICS and new powers which would allow CCG's to delegate many of its population health functions to providers

Option 2: A statutory corporate NHS body model that additionally brings CCG statutory functions into the ICS:

- ICSs would be established as NHS bodies partly by 'repurposing' CCGs
- Along with other duties, would take on the commissioning functions of CCGs
- A Board would replace the CCG's arrangements and consist of representatives from the system partners
- Primary duty would be to secure the effective provision of health services to meet the needs of the system population, working in collaboration with partner organisations
- Full time Accountable Officer in place

The following questions are posed:

- Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?
- Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?
- Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?
- Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

2.5.3 Timeline:

The engagement response timeline is as follows

- **08/01/20** – engagement responses close
- **January/February** – further detail on best practice models expected
- **September 2021** – all ICS to support implementation plans
- **March 2022** – transition to new arrangements

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

3.2 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

Access to all government departments and many other agencies and public bodies have been merged into GOV.UK

Here you can see all news and communications, statistics and consultations.

Find out how government services are performing and how satisfied users are

<https://www.gov.uk/>

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

These items are for information and noting.

4.1 Primary Care Business Continuity

High demand for primary care remains a challenge. Practices are providing full services in line with the NHS England/Improvement General Practice standard operating procedure. However, competing priorities such as the flu campaign, catch up programmes, managing patients in a Covid-19 environment and more recently the national request to support the local COVID-19 vaccination programme are proving challenging. We continue to support practices, Primary Care Networks and our system partners as our response to Covid-19 changes over time.

The CCG Primary Care and Localities Directorate remain in daily two way communication with Practices, GPs and Primary Care Network (PCN) Clinical Directors to understand and alleviate any issues and concerns. Our briefing for General Practice continues twice weekly with a weekly SITREP requested from and all 72 practices. Our SITREP seeks assurance from Practices that they have sufficient business continuity plans in place either individually or by buddying with another Practice/s to respond to the impact of increasing numbers of Covid positive patients and any resulting staffing impact.

4.2 Primary Care Network Directly Enhanced Service (PCN DES)

The Enhanced Health in Care Homes (EHCH) service in the Network Contract DES commenced on 1 October 2020. However, a significant amount of work has been conducted prior to this date by the CCG, PCNs and Providers. Regular feedback at Integrated Locality Partnership (ILP) and PCN level is received to address good practice and any potential barriers to implementing the framework.

The Enhanced Health in Care Homes working group continues to meet with representatives from CCG, Gloucestershire Health and Care NHS Foundation Trust (GHC), Gloucestershire County Council (GCC) and PCN's to ensure maximum alignment and support in delivering the EHCH specification. The EHCH working group have reached agreement for the Providers contribution to the Mandatory Network Agreement.

Care Homes across the County each have a nominated PCN Clinical Lead. Our centrally held records have been validated by PCNs and any changes to the Clinical Lead are to be advised to the Commissioner.

Care Homes across the County have access to Multi-disciplinary support. An approach and "simple plan" has been agreed for Physical and Mental Health Providers to provide multidisciplinary support with: weekly home rounds where required, attending MDT reviews and development of Personalised Care Plans.

We are actively working with the Geriatrician Team to streamline the pathway for Geriatrician support for Care Homes considering the use of Cinapsis and Advice & Guidance.

The CCG has engaged with key leaders of Care Homes across Gloucestershire, through the Gloucestershire Care Providers Association, to make them aware of these service changes. We anticipate that these changes will support the continued good relationship between general practice and care homes.

The Local Care Home Enhanced Services (CHES) for CQC and non-CQC homes commenced on 1 October 2020 to compliment the PCN DES Enhanced Health in Care Homes Framework to support joined up working and consistency across the system. The local CHES explicitly does not duplicate the PCN DES or GMS activity but instead is designed to complement and build on the PCN DES with an emphasis on working towards delivering best practice, Dementia Care and adopting ReSPECT.

In addition to the launch of the Enhanced Health in Care Homes specification, 1 October 2020 also saw the launch of the Structured Medication Review and Medicines Optimisation specification and the Supporting Early Cancer Diagnosis specification for our PCNs.

4.3 Integrated Locality Partnerships & Population Health Management

Integrated Locality Partnerships (ILPs) have been fully reinstated in five of our six geographies across the county with the Forest of Dean expected to recommence in the New Year 2021.

ILP members are adopting a Population Health Management (PHM) approach to refresh and review data for their patient cohorts and to collectively design interventions which proactively address health and wellbeing. For example in Cotswolds ILP members are seeking, post the initial wave of Covid-19, to build better communities of support for local people by focussing on two cohorts of patients. Firstly, a group of frail patients who live alone (and are not known to either the South Cotswold Frailty Service or the Frailty Matrons in the North Cotswolds) and secondly those with pre-diabetes and diabetes. The aim is to encourage people with pre diabetes to self-refer and practices to increase referrals to the National Diabetes Prevention Programme (NDPP) and where appropriate to refer people with diabetes to the commissioned Low Calorie Diet programme whilst ensuring participants are better connected to relevant community organisations and groups to support them during their programme and once programmes have finished.

An interactive virtual workshop was held in Tewkesbury in October 2020 with 44 attendees from both the already well established Tewkesbury Partnership and strategic partners from across the ICS system. Towards the end of the event a vote was held to determine the areas of focus for Tewkesbury which were agreed as: Healthy Lifestyles & Prevention, Mental Health, Social Isolation and

Loneliness and Employment & Financial Stability. Each task and finish group is headed by a local leader with expertise in the priority with the CCG and GHC providing project support.

Our ICS wide Population Health Management (PHM) programme closing event took place in October 2020. The session, held virtually, included a panel discussion with the three PHM GP leads from Cheltenham who described their experiences, a review of lessons learned and next steps in our local rollout of PHM across Gloucestershire to support the delivery of place. NHSE/I regional team and national colleagues were in attendance alongside system wide representatives with positive feedback about the session and the programme overall which achieved its aim of accelerating the maturity of PHM in Gloucestershire.

4.4. Digital implementation in Primary Care

There has been significant progress on digital transformation in primary care enabling staff to work more flexibly, as well as allowing clinical staff who are potentially vulnerable themselves to continue to work. Gloucestershire was particularly successful in its adoption of video consultation solutions with GPs in Gloucestershire using the tools more than colleagues in any other area in the region per capita. The CCG and Practices are in the process of reviewing video platform solutions, with the intention of undertaking a countywide selection process.

The upgrade of the internal NHS network to Health and Social Care Network (HSCN), including bandwidth updates and additional resiliencies underway in primary care and due to complete by Christmas . In addition to the HSCN work, there have also been the upgrades to single domain in various practices and Windows 10 installed across healthcare settings.

4.5 Workforce support and development

The recruitment of GP fellows who are funded by Health Education England (HEE) and supported in partnership by the CCG and the Primary Care Training Hub has been successful. Post holders commence in post between November 2020 and January 2021 with areas of focus for the fellows including Differential attainment in GP training, Identifying and diagnosing dementia in primary care, Modifiable cardiovascular conditions, Bowel Cancer Screening, Health Coaching Volunteer development and Obesity.

Led by one of the GP fellows, the Catalyst Programme for Mid-career GPs has launched in Gloucestershire running on alternate months. The programme aims to re-invigorate GP passion for their chosen career path. Facilitated by the training hub the offer includes virtual evening sessions, involves peer support and presentations from inspiring speakers, both local and national. Each session will be kite marked for Continuing Professional Development. The Catalyst rolling programme covers four themes: Caring for Me (lifestyle, preventing burnout, managing stress, what are my strengths); Caring for Those Near Me (coaching and mentoring, teaching skills, recruiting, having difficult conversations); Caring for

What and How I do things (quality improvement, managing and delivering change, thinking creatively, using technology effectively); Caring for the Big Picture (chairing and facilitating meetings, the culture of an organisation, influencing others, politics of medicine).

In partnership with the Practice Manager's Association, the CCG has commissioned the delivery of training and development workshops which were identified by practice managers in a training needs analysis with delivery from late November 2020 into next year. Topics for inclusion are HR & Performance, Stress Management, Resilience and Wellbeing, Accounting & Practice Finance, NHS Pensions Update and Coaching & Mentoring. The take up of the offer is excellent with more than 200 attendances across the workshops.

Gloucestershire successfully bid for four Pharmacy Technician Apprenticeships from Health Education England. Two apprentices will be working in roles across the Integrated Care System, which will include placements in Community retail pharmacy, Primary Care, Hospital Pharmacy and the CCG, and the other two apprenticeships will be in PCN led models. There is interest in exploring these roles as apprenticeships as a fully funded role in the future through the Additional Roles Reimbursement scheme (ARRs). In addition discussions are taking place on exploring Nursing Associate posts as apprenticeship roles which could also be supported by the ARRAs.

4.6 Primary Care Estates and Facilities

Building work on a brand new £10m health centre development in Cheltenham got underway on 2 November 2020. Three town centre practices, Berkeley Place, Crescent Bakery and Royal Crescent, will be relocating to the new centre on Prestbury Road, providing services to around 25,000 patients. It is scheduled to open in winter 2021.

4.7 Care Quality Commission (CQC) for General Practice, mergers and changes to Primary Care Networks

There has been one new CQC report issued since my last update for which the practice retained its overall "good" rating. Four GP Practices in Gloucestershire have a CQC overall rating of "Outstanding", the majority (66) have a rating of "Good" and two have a rating of "Requires Improvement".

A contractual merger between Rosebank Health and Bartongate Surgery in Gloucester took place on 1st October 2020.

NHS Gloucestershire CCG received an application from The Portland Practice (L84033) and The Corinthian Surgery (L84056) to merge their contracts in 2021.

The merger proposal was approved by the Primary Care Commissioning Committee in December 2020.

Both practices have been collaborating together and sharing resources for some time. They envisage the merger will benefit all levels of staff across the two practices with the aim of increasing sustainability and resilience, enabling efficiency, and being able to improve the patient experience.

The CCG will work with the practices, the PPGs and other patient reps to ensure there is appropriate patient engagement.

5. Section C: Local Providers' updates

This Section includes updates from Gloucestershire Health and Care Services NHS Foundation Trust (GHC) and Gloucestershire Hospitals NHS Foundation Trust (GHT),

These items are for information and noting.

5.1 Gloucestershire Health and Care NHS Foundation Trust (GHC)

5.1.1 Covid Update

Covid continues to be a huge area of focus for the Trust, as it has been throughout the year, with Covid-positive patients being cared for in several of the community hospitals. Most recently, Trust colleagues have begun using lateral flow testing. Staff in patient-facing roles are now carrying out home tests twice a week in order to help prevent the spread of the virus. The Trust has also been heavily involved in the roll out of the vaccination programme, working alongside the Primary Care Networks and Gloucestershire Hospitals NHS Foundation Trust. The introduction of vaccination centres has impacted on some GHC services, for example the Vale MIIU has been temporarily closed due to the opening of a vaccination centre on the site. Some Trust colleagues have already been vaccinated against the virus – initially those classified as clinically high risk and those in patient-facing roles. In the early part of 2021 the Trust will deliver vaccinations to the housebound population on behalf of primary care. The Covid testing service based at Trust HQ continues to provide testing to health and social care staff, as well as pre-operative patients.

The provision of PPE to Trust staff remains a key element of the Trust response, as does providing Covid-secure buildings for both staff and patients. Many Trust colleagues continue to work remotely, where possible, to help reduce the risk of spread among teams and services.

5.1.2 Flu Vaccination Programme

Vaccinating our Trust colleagues against the flu has been more important than ever this year due to the increased risk of contracting flu and Covid, and we are pleased to report that more than 90% of frontline colleagues have received the flu vaccine. Our Childhood Immunisation team has also worked throughout the past

few months to deliver the flu vaccine to all primary school children (Reception to Year 6) and all Year 7 children in secondary school. The majority of immunisations are being delivered within schools. However, the team is also running catch up clinics in community venues. So far this winter, more than 40,016 school children have been vaccinated.

5.1.3 NHS Parliamentary Awards – South West Winners

Coln Ward at Cirencester Hospital has been awarded the regional Care and Compassion Award in this year's NHS Parliamentary Awards. The team were nominated by Geoffrey Clifton-Brown MP for the Cotswolds, for the way in which they adapted to caring for COVID-19 patients while maintaining the highest levels of care and compassion. In March 2020 - during the first wave of the pandemic, the ward became a 20-bed covid ward which continued for 120 days. Throughout this time, the team had additional redeployed staff supporting and providing patient care as part of the Trust's response to the pandemic. The team also had volunteer student nurses on the ward who proved an invaluable support to the team at the height of the pandemic. The team are extremely proud of their efforts during the last 6 months and how they adapted and maintained the safety and wellbeing of patients and colleagues in response to the crisis.

5.1.4 Community Hospital Association Awards

Similarly, congratulations are due to Abbeyview Ward, at Tewkesbury Hospital for being announced a joint winner in the Community Hospital Association (CHA) annual Innovation and Best Practice Awards. The hospital, which usually provides rehabilitation care, was recognised for the work done to support both its own staff and families of patients as beds were repurposed to care for end of life patients who were Covid-19 positive. The Vale Stroke Unit, in Dursley, was Highly Commended in the Community Hospitals Award. The accolade is in recognition of the unit's work in setting up a Stroke Rehabilitation Unit as part of an Integrated Stroke Pathway in Gloucestershire.

5.1.5 Virtual Cardiac Rehabilitation Programme

The Cardiac Rehabilitation Service has recently launched its new E-learn digital programme, lasting eight weeks, in response to the suspension of face-to-face programmes.

The team has worked with the University of Gloucestershire to develop an on-line alternative, with virtual education and 'live' exercise sessions. It has compiled information videos in-line with its face-to-face programme and national guidance. These have been embedded onto the University E-learning site with links to additional resources which patients can access at their own pace. Patients join a weekly on-line 'live' exercise session lead by our specialist exercise team, and are monitored remotely by our specialist nurses. In order to ensure safety when exercising we arrange for Telehealth to be installed for the duration of the programme.

This is a very exciting and innovative programme, and is the first of its kind in the country. The team currently has four cohorts going through the programme with more lined up to start in the coming weeks. Initial patient feedback has been positive and we are monitoring outcomes measures to ascertain if virtual rehabilitation is comparable with face to face programmes. For those unable to access this programme due to lack of technology, we are exploring funding options for iPad/tablets to loan out to patients, and face to face programmes will resume as soon as it is safe to do so.

5.1.6 Trust Shortlisted for Advancing Healthcare Award

The Trust has been shortlisted for an Advancing Healthcare Award for its work using museums for art psychotherapy. The nomination for the "Guardian award for AHPs working with people with mental health problems" was made by art psychotherapist Ali Coles, and the Trust is one of only three organisations to be shortlisted. The winners will be announced on Thursday 13 February, in London.

5.2 Gloucestershire Hospitals NHS Foundation Trust (GHT)

5.2.1 Operational Context

The operational context for the Trust remains largely unchanged from last month with a continued focus on restoration of non-COVID services, reduction in the backlog of patients now waiting for assessment and treatment in outpatient and inpatient settings, preparations for winter and finally, managing the increase in the number of patients with suspected and confirmed COVID-19.

The numbers of COVID-19 positive patients in our hospitals on a given day has peaked at 203, with 190+ being sustained for over a month now; this has exceeded the first wave of the pandemic by c40% and of more concern, has been the sustained nature of these high levels of activity. The number of patients in critical care has remained considerably lower, as a proportion of total COVID positive patients at c5% compared to c30% during the first wave reflecting the earlier detection and access to new treatments such as dexamethasone. This has also resulted in considerably lower mortality rates than in the first wave.

For many patients however, it is the after effects of the virus known as "Long COVID" which will be the defining legacy of their illness. System partners are working together to establish Long COVID clinics to support the assessment and symptom management of those affected by this syndrome which is characterised by multiple and variable symptoms which, for some, can be extremely debilitating.

5.2.2 Fit for the Future: Consultation

The Fit for the Future public (and staff) consultation on options for reorganising a number of specialist hospital services across the Cheltenham General and Gloucestershire Royal Hospital sites ended on December 17. Underpinning the approach to consultation was a new and ground breaking partnership with local media stakeholder Gloucestershire Media in which six half hour productions were broadcast live via Glos Media's Facebook channel (as well as Glos Hospitals Facebook channel) during peak period. Chaired by an independent figure well-known in the local community and presented as a Q&A public session with hospital clinicians, the sessions were broadcast on consecutive Wednesdays from 4th

November – 9th December. Each session focussed on each of the individual service proposals under the Fit for the Future public consultation programme e.g. acute medicine, gastroenterology inpatient services, trauma & orthopaedics, general surgery and image guided interventional surgery. Analytics from the events demonstrate that the subject matter was brought to new audiences with more than 45,000 views at peak viewing.

This approach to social media was combined with a range of other techniques including visits around the county from members of the team on the engagement bus (socially distanced), a door to door mailer and media profiling.

A citizens' jury is now planned in the New Year before final reports are written and considered by the Trust Board in the spring.

Under the vision for the future the NHS wants to:

- Improve health outcomes for patients
- Reduce waiting times and ensure fewer cancelled operations
- Ensure patients receive the right care at the right time in the right place
- Ensure there are always safe staffing levels, including senior doctors available 24/7
- Support joint working between services to reduce the number of visits patients have to make to hospital
- Attract and keep the best staff in Gloucestershire.

To achieve these things and to make the most of developing staff skills, precious resources and advances in medicine and technology, we need to look at how we provide some of our specialist hospital services at Gloucestershire Royal and Cheltenham General and make best use of our hospital sites. This move towards creating 'centres of excellence' at the two hospitals is not new and this approach reflects the way a number of other services are already provided.

5.2.3 **Big conversations**

The Trust is working hard on its commitment to develop our approach to inclusion and in particular to expedite our progress on improving the experience of BAME colleagues in the organisation. We have been facilitating a wide range of staff sessions to help us better understand what it is like to be a BAME colleague in our organisation and to identify the greatest priorities for change. The Trust has also taken this conversation wider with its 'Big conversation' events broadcasting live on Facebook the experiences of BAME colleagues and journey the Trust is on. The commitment to this agenda from the Board remains one of "action over action plans".

5.2.4 **Flu jab success**

In preparation for the COVID-19 vaccination programme, the Trust had a final push to ensure as many staff as possible were vaccinated by the end of November. The Trust achieved 87% which is a phenomenal performance and the best in the region.

COVID-19 Vaccination Programme

Following on from the success of the flu programme across the County, GHFT (as lead organisation for the COVID Vaccination programme) has been working with closely with colleagues in Primary Care to roll the programme out across the

County. The Trust commenced vaccinating on 8th December and has focussed on vaccinating health and social care staff from all organisations throughout Gloucestershire; uptake has been excellent and colleagues from care homes have been particularly grateful to have been prioritised in the first phase. To date, c4,000 staff have been vaccinated in what will be a 3-4 month programme; 25% of these have been care home workers.

Patients are being vaccinated in one of ten primary care hubs, delivered through our Primary Care Networks. The priorities have been set by the Joint Committee on Vaccinations and Immunisations, and commencing with those aged 80 and over. In the first two weeks of the programme, more than 15,000 people have been vaccinated.

In total, there are 509,000 eligible people in the County who will be vaccinated over the next four months.

5.2.5 Degree programme and apprenticeships launch

Relationships with partner University of Gloucestershire (UoG) continue to go from strength to strength with two more exciting developments in train. Following the cessation of the Operating Department Practitioner (ODP) degree at Oxford Brookes University, the Trust became concerned about the loss of benefits associated with being a training institution as well as becoming concerned about the impact on the future employment pipeline.

Sally Beamish, Senior ODP and Practice Educator in our theatres has led a piece of work with UoG to develop a degree programme which will take its first cohort in January and offers both traditional and apprenticeship pathways. The programme has been established in under 18 months which given the context this year, speaks to the responsiveness of both Trust and University teams who have worked together on the programme.

Additionally, reflecting where else we have recruitment challenges, the Trust is also on track to establish a degree programme for biomedical scientists that will see the UoG and Trust delivering degrees in all the main healthcare disciplines with the exception of medical training and of particular relevance to the HOSC is the recent establishment of a radiographers' degree programme which will significantly aid recruitment into this field which has experienced sustained high levels of vacancies.

5.2.6 Royal visit

The Trust welcomed Their Royal Highnesses The Prince of Wales and the Duchess of Cornwall in December. The HRHs visited the Trust back in June after the nation came out of lockdown. The aim of this visit was to lift staff morale while raising the profile of the work being undertaken as part of the mass vaccination programme.

During the Royal visit, HRHs were shown the vaccination centre at Redwood Education Centre (REC) and how staff and the public were being prioritised in line with government advice ensuring the most vulnerable receive the jab first. HRHs were truly interested in the work being undertaken and the stories of the people both delivering and receiving the vaccine.

5.2.7 **Staff recognition**

Excellence in nursing continues to define Gloucestershire Hospitals and from a field of many hundreds of nominations, three of our nurses were shortlisted for the Florence Nightingale Award for Outstanding Contribution by a Nurse or Midwife in this year's Health Quality Improvement Partnership (HQIP). Phillip Lort, Nursing Accreditation and Assessment Scheme (NAAS) lead and Sarah Simmons and Katy Murphy, Advanced Neonatal Practitioners were all shortlisted. Both Sarah and Katy went on to be proud awarded winners of this year's national award. Two nursing teams were also shortlisted for this year's Nursing Times (NT) Award; this year's awards were particularly special falling in the NT's 30th year and one in which we celebrated the International Year of the Nurse. Our Infection Prevention and Control were nominated for their work during COVID and in particular pioneering the (Personal Protective Equipment) PPE Safety Officer role and were runners up in their category and the Trust's Yellow Lanyards Team, comprising respiratory skills specialist who provided support to non-respiratory trained doctors, nurses and physiotherapists were overall winners of the award!

5.2.8 **Recognising ward clerks**

The Trust celebrated the contribution made by ward clerks by staging a day of recognition on November 26. Often the back bone of a busy ward and, as a key point of contact for relatives and other visitors, the contribution of this group of staff cannot be understated. The Chief Executive and Chief Nurse visited every ward in GRH and CGH to hand deliver a "goodie bag" packed with essentials for every ward clerk including stationery items, a coffee voucher and chocolate! The Trust is now developing plans for World Admin Day on the 21 April to recognise another invaluable group of colleagues throughout the Trust.

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

4 January 2021