

**Gloucestershire Health Overview and
Scrutiny Committee (HOSC)
13 July 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) and South Western Ambulance Service NHS Foundation Trust (SWAST)

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 Covid-19 Temporary Changes

See separate agenda item

2.2 Fit for the Future: Developing specialist hospital services in Gloucestershire

See separate agenda item

2.3 **NHS Birthday**

NHS staff were the focus of this year's NHS birthday as we looked back on their remarkable contributions over the course of an unprecedented year.

An open joint letter from the system's NHS leaders was issued to staff on 5 July. Supporting video content highlighting the year in film, complete with personal thank you messages from local NHS Chairs and the ICS Chair, was also distributed through internal communication channels and promoted externally through NHS social media platforms.

Later this month, specially designed thank you cards and badges are also being distributed to those involved in the county's COVID-19 vaccination programme, including health and care professionals and volunteers.

2.4 **Elective Recovery update**

Elective recovery has been strong in the South West and Gloucestershire continues to do well overall. Highlights include:

- Continued excellent performance against the cancer standards which is outstanding given the challenges the pandemic has presented.
- Outpatient recovery has also been excellent such that Gloucestershire is now providing more capacity (114%) than pre-Covid, enabling providers to start to see those patients whose wait to be seen increased during the early phases of the pandemic.
- Good uptake of telephone and video consultations is assisting with this, providing non-face to face alternatives to travelling for hospital appointments.
- Advice and guidance activity, where GPs can seek advice from a hospital specialist remains very high (the highest in the country) and provides a quick and easy route for GPs to support caring for patients in the community without having to refer them for a hospital appointment. This is also being backed up by the roll out of referral assessment services (RAS) in GHFT whereby Consultants review referrals and see if they can provide any advice or guidance to the GP which would avoid an unnecessary hospital visit.
- Daycase activity is also back to pre-Covid levels with patients being prioritised on clinical urgency first and then longest waiting patients next.
- Additional activity is being delivered by the Independent Sector with ongoing transfer of long waiting patients from Gloucestershire Hospitals NHS Foundation Trust in Orthopaedics, General Surgery and Endoscopy.
- The introduction of a Covid home testing service pre-operatively for endoscopy patients attending community hospital sites is also making a significant contribution.

Infection control and social distancing continue to affect productivity and efficiency in a number of areas such as endoscopy which remains a challenge, but additional

evening and weekend sessions are underway to boost capacity whilst being mindful of the impact on staff wellbeing.

Additional funding is being made available nationally via the Elective Recovery Fund (ERF) for activity undertaken above the baseline thresholds set by NHSE. Gloucestershire is already well above that threshold and therefore has been able to commission additional activity from both the NHS and Independent Sector to support faster waiting time reduction.

2.5 **Diagnostics Hubs**

Diagnostics: Recovery and Renewal was released in October 2020 and detailed a national strategy for diagnostics with 24 recommendations. Central to these recommendations is the premise that diagnostics need to double over the next 5 years to make England comparable with the rest of the world. One of the ways to increase diagnostic capacity is the creation of Community Diagnostic Hubs.

Community Diagnostic Hubs will deliver additional, digitally connected, diagnostic capacity in England, providing patients with a coordinated set of diagnostic tests in the community, in as few visits as possible, enabling an accurate and fast diagnosis on a range of clinical pathways.

Community Diagnostics Hubs will be developed over the next 2 – 5 years with some early adopters in 2021/22. Gloucestershire has expressed an interest in becoming an early adopter site and we have now heard that funding will be allocated with phase one starting in 21/22.

2.6 **Mental Health update**

2.6.1 **Mental health (MH) and Wellbeing**

Ongoing positive joint working between MH/Public MH Commissioning via MH and Wellbeing Cell, including the development/monitoring of a central dashboard to aid a system-wide response. Dashboard includes:

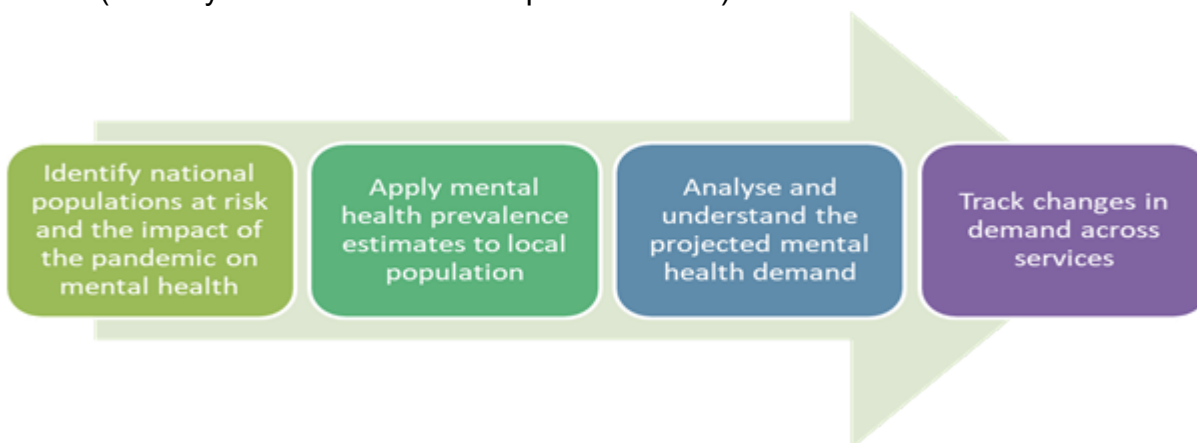
- Mental Health Acute Trust (Gloucestershire Health and Care Foundation Trust - GHC).
 - Referrals and admissions to key teams.
- Early intervention/open access provision (Gloucestershire County Council)
 - QWELL
 - KOOTH
 - Self-harm helpline.
- Voluntary Care Sector (VCS)
 - Community Advice, Links & Mental Health Support Service (CALMHS)
 - Teens in Crisis (TIC+)
- Community Wellbeing Service.

2.6.2 Current Picture

- Increase in referrals to Children's mental health services; and increase in acuity. Increases typically follow pattern of schools' re-opening.
- Increase in referrals to Eating Disorder services.
- Let's talk (IAPT) - activity remains in line with normal pre-pandemic levels. Sustained strong recovery rates for people completing treatment
- Crisis Resolution and Home Treatment Team – 20/21 referrals below 19/20 levels.
- Acute mental health admissions - 20/21 activity above 19/20 levels. Bed occupancy above 11% (including leave) and Out of Area placements very difficult to source. Developments/Investment into GHC Integrated Discharge Hub/VCSE pathways in progress.
- Inappropriate Out of Area placements remain relatively low/in line with local targets but this is in part due to lack of availability of beds at a regional/national level.
- Evidence of 'compound social issues' in presentations in community and A&E.

2.6.3 Demand Modelling

Business intelligence have developed a demand modelling tool looking at the impact of Covid and likely groups within society that will develop MH problems, the types of conditions and the expected increase in demand across key services (Primary Care/IAPT/CRHTT/Specialist Care).



2.6.4 Mental Health Clinical Programme

Key focus for last year for the MH CPG was the development of the Complex Emotional Needs (CEN) Strategy/Action plan implementation. We have jointly agreed a range of work-streams with GHC NHSFT, VCSE partners, Inclusion Glos and Experts by Experience to implement the action plan. The work-streams have reached the point that they have achieved their initial scoping aims and we are coalescing into two groups to allow continuity and focus around CEN issues and developments:

- Primary and Voluntary Care Services including Recovery College

- Secondary, Specialist and Training.

The scope of the work-streams will include for example;

- Providing ongoing guidance to the CEN service as we move to implementation.
- Keeping all parts of the service updated and informed for dissemination to teams and agencies involved.
- Providing support and connectedness in preparation for developing a Community of Practice as set out in the Gloucestershire CEN Strategy.

Moving forward the MH CPG is reviewing its work programme/priorities for 2021/22 and will be supporting the transformation of Community Mental Health Teams.

2.6.5 Reforms to Mental Health Act/Mental Health Act (MHA) White Paper

Building on the work that we started in 2019/20 (Local Review of the use of the MHA/Review of the Wessely Report Recommendations) we have completed a series of engagement events that shaped our response to the MHA White paper.

One of the ongoing pieces of work from this process has been the development of a series of hypotheses/data collection relating to the under/overrepresentation from Ethnic Minority communities within the mental health system. Following approval of this report we would wish to commence engagement with communities to test our hypotheses/initial conclusions against real world experience.

2.7 Learning Disabilities update

The Learning Disabilities and Autism Programme in Gloucestershire has achieved remarkable progress during 2020/21 whilst responding to a major health pandemic. Highlights include:

2.7.1 Transforming Care:

- Over the last year the Integrated Care System has facilitated a number of discharges alongside a number of new admissions. With the exception of one, all admissions have been facilitated within local mainstream mental health services.
- There has been an overall reduction in the baseline number from 29 to 23, with 2 further discharges expected by the end of May 21.
- There have been no admissions into specialist out of county hospitals since Q3 of 2019/20.
- A project group has been established to manage Berkeley House discharges – active planning to discharge all individuals with clear community options.
- Community Discharge Grant £238,000 per year has acted as an enabler to address gaps in funding.

- Review of Learning Disability Intensive Support Service and acute pathway.
- Working with Children's Services to bid for all-age autism case management team.
- A new Intensive Positive Behaviour Support (PBS) Service in Children's Services to prevent complex children being placed in Out of County Residential School and a new PBS service across ICS – more preventative approach for all client groups.

2.7.2 Annual Health Checks (AHC):

- Gloucestershire benchmarked one of the highest performances in the SW Region achieving an overall position of 74% AHC completed, from a target of 67%.
- AHC Local Covid-19 Resources and Practice Pack on G-Care, including flow chart for risk stratification.
- Making reasonable adjustments virtual training is now available through the Primary Care Training Hub and G:Care.
- Two listening events were held with GP practices on 24th Sep and 26th Nov 2020 to understand how best to support GP practices.
- Accessible information to help people to understand about the need to have an annual health check were launched including; - Get checked, Stay Well Videos on You Tube and the Supercharged Me Website was launched in September 2019.
- Developing a toolkit for Practices and care homes in relation to all resources available to support good health outcomes for those with a learning disability.

2.7.3 LD Mortality Reviews (Leder):

- The final position at the end of the year was 89% reviews completed, this figure increased to 98% by April 21.
- £35k Funding from NHS England, committed towards reviewers and Quality Assurance Panels.
- Use of video conferencing to be able to continue to undertake Quality Assurance Panels and Multi Agency Review Panels remotely has been successful and will continue for the remainder of 2020.
- It is worth noting that a new policy will be introduced this Summer, which will:
 - Bring in a new IT platform for Leder.
 - Expand Leder to include autism.
 - Requirement for post to provide clinical oversight of the Leder Reviews.

2.7.4 COVID and Learning Disabilities

Although COVID had a significant impact on people with learning disabilities Gloucestershire responded very pro-actively via weekly meetings with chairs of the Partnership Boards. Issues were escalated via the emergency planning cells

leading to quick responses and decisions. This kept Gloucestershire one step ahead of the curve in the way the pandemic unfolded. Positive steps included: -

- Produced regular Bulletins to support people with disabilities and their carers <https://www.gloucestershire.gov.uk/health-and-social-care/disabilities/partnership-boards/>.
- Worked with Inclusion Gloucestershire to develop a specific accessible COVID website for people with disabilities <https://www.inclusiongloucestershire.co.uk/covid-19/>
- Worked with Health Professionals to ensure reasonable adjustments were made for people with LD. Resources on G-Care https://g-care.glos.nhs.uk/pathway/590/resource/7#chapter_6535
- At the end of April 21, over 91% of those over 18 on the LD Register had had their 1st vaccine; we are currently following up how many people have had their second dose.

2.8 Access to urgent care from the south of the Forest of Dean

Through our engagement and consultation work about the new hospital in the Forest of Dean, we noted significant interest in the local NHS developing an urgent care offer for the southern areas of the Forest, in light of the potential challenges for residents in terms of distance and accessibility to the new hospital site in Cinderford.

Following our public Consultation at the end of 2020, we committed to exploring whether it might be possible for us to develop an option to deliver urgent care services in the Lydney area in the future.

To this end, we recently held an on-line workshop with local representatives and members of the public who had expressed an interest in this work during the earlier Consultation. The workshop was independently facilitated by The Consultation Institute.

Feedback from the workshop is currently being collated into a report. Once this has been shared with attendees, it will be published on the [fodhealth website](#). The feedback will inform the ongoing exploration of the delivery of urgent care services in the south of the Forest

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 **COVID-19 Vaccination Programme in Primary Care**

The COVID-19 vaccination programme is a fast moving and changing programme and is a considerable priority for our Primary Care Networks (PCN) with our ten PCN led Local Vaccination Service (LVS) sites continuing to work well collaboratively and at pace. A verbal update will be provided to Members at the meeting.

4.2 **Primary Care Appointments**

Further to the recent national press attention regarding increase in activity in GP practices, we can report a similar profile in Gloucestershire from data released by NHS Digital.

The most recent 12 month period, up to and including activity in April 2021, shows a 6% increase compared to the previous 12 month period (May 2019-April 2020). Nationally there were 392 appointments per thousand patients in April 2021 (265 in April 2020, 399 in April 2019). In Gloucestershire this was at 437 appointments per thousand patients, compared to 290 in April 2020 (418 in April 2019).

The significant drop in appointments in April 2020 reflects the impact of the first COVID-19 lockdown, but taking account of 2019 activity, the latest figures still show an upward trend.

In addition, 61% of all the appointments in Gloucestershire during April 2021 were face-to-face (55% nationally). This reflects the phenomenal efforts of our GP practices in delivering the COVID-19 vaccination programme while also providing the urgent and routine care that our patients expect from our surgeries.

4.3 Primary Care Network Directly Enhanced Service (PCN DES)

Whilst the focus of our Primary Care Networks has continued to be delivery of the COVID vaccination programme (as described above) and delivery of primary care services, PCN development continues apace.

The PCN Additional Roles Reimbursement (ARR) scheme has been uplifted as planned for 2021/22, with full details now released of three additional roles: paramedic, mental health practitioner and advanced practitioner. We have surveyed all our PCNs to establish likely demand for 21/22 and are using the data to support working groups established with GHC, SWAST and NHSE/I to consider the impact of these new roles and how we can collectively work together to implement them in a sustainable way for our ICS.

The PCN Investment and Impact Fund (IIF) indicators relating to flu vaccination, Learning Disability health checks and social prescribing have been carried forward from 20/21, although with some increased expectations and/or targets with another very large flu campaign ahead of this winter. A further target relating to standardising appointments across primary care for all our practices is an in-year target, with all practices expected to have completed this IT mapping work by the end of June 2021. A considerable set of further indicators could be introduced in October, again subject to the COVID situation at that time, and therefore we are mindful of the potential burden that could be created for our practices and PCNs as we head into winter this year.

4.4 Integrated Locality Partnerships & Population Health Management

We continue to provide structured support to Integrated Locality Partnership (ILP) working groups to progress identified priorities to impact population cohorts utilising a Population Health Management (PHM) approach. The rising risk of poor mental health outcomes for children and young people especially as a result of Covid-19 lockdown restrictions have been identified in Cheltenham, the Forest of Dean, Gloucester city, Stroud and Berkeley Vale and Tewkesbury. Health inequalities remain a particular focus in Gloucester city.

ILPs across the county have prepared bids to access the NHS Charities Together Stage Two Community Partnership Grants funding. These Locality project proposals, led in most cases by PCN Clinical Directors have been developed in collaboration with other system partners. I will provide a further update in a future report if our bids are successful.

We are in the process of finalising the draft PHM Development Programme case studies and roadmap with drafts out to comment with system partners and NHSE/I colleagues. Both products will support our PHM system development alongside our operational PHM toolkit products and templates for consistency. We have successfully recruited to three of the six PHM Champion roles in the county to further support the spread across the ICS and have received initial expressions of

interest for two of the vacant posts. Each PHM Champion will provide clinical leadership to one or more ILP priority working group, working alongside partners to make measurable impact to population health and wellbeing.

4.5 Digital implementation in Primary Care

Following the roll out of digital access to Primary Care during the COVID response, the CCG has commissioned user research into the patient and practice experiences of new tools, such as online consultations. The research also built on insights from the University of Bristol, Healthwatch, PPGs and Devon's Digital Accelerator. We have now qualified the key problems and opportunity areas in the digital journey for Gloucestershire citizens, with a set of recommendations. In response to the recommendations, we have just commissioned a follow up 'Digital Service Design' project, collaborating with two volunteer practices to define a blueprint for the optimal GP digital journey. This work will be validated through practice forums and the Digital Front Door Reference Group, leading to an agreed blueprint for practices and a set of procurement criteria for solutions to support the new model in the autumn. The intention is then to start the roll out of the new solutions and business change support in 2022

As we are not alone in trying to work through the challenges of this new model of GP access, the CCG is working closely with the NHS England team that are undertaking usability reviews of solutions on a new procurement framework. Their recommendations will feed into our work, as will active engagement with other CCGs, with whom we are sharing insights.

4.6 Workforce support and development

The inaugural year of The Spark programme took place in 2020/2021 providing early career GPs with a programme of evening educational sessions, mentoring, peer support groups, life coaching, the opportunity to apply for a funded fellowship to support a Clinical Professional Development (CPD) project and shadowing opportunities. Thirty one early career GPs took part and feedback on the sessions has been excellent. Six individuals were successful in their applications for a funded Fellowship for one session a week for twelve months and all six commenced their projects in March 2021 with a range of both clinical and academic/educational topics. The Primary Care Training Hub (PCTH) is now turning its attention to planning the course and advertising/recruiting for the 2021/22 season.

Discussions continue around implementation of Additional Role Reimbursement (ARR) roles within Primary Care with a key focus on engagement of Paramedics, Mental Health First Contact Practitioners, Trainee Nurse Associates and Advanced Clinical Practitioners, noting more recent interest in Dieticians and Health and Wellbeing coaches. The PCTH is in the process of developing an educational programme to increase understanding of these roles in order to support PCN's with accurate assessment of workforce requirements.

The CCG was successful in its bid to NHSE&I for funding to develop a GP Flexible Pool for the county. Whilst discussions continue locally, we are also working with regional leads to understand their interpretations of requirements for a GP Flexible Pool and work done to develop their systems to date. A number of different solutions are being developed across the region noting a key focus on delivering an enhanced level of support for locums including peer support and mentoring. We are in process of developing a full options appraisal including use of some of the funding to purchase a dynamic digital solution to enable ease of posting and booking shifts.

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

From April 2021 the CQC resumed inspections of independent primary care providers. These will be focused inspections looking at three key questions (safe, effective and well-led) and any other areas identified as a concern from previous inspection.

There have been no completed contractual mergers to report since my last update. Planning for the merger of The Portland Practice and Corinthian Surgery in Cheltenham in July continues.

4.8 Help your GP surgery to help you – Advice to patients

People are being asked to please consider how they can help GP surgery teams by following this advice:

- Call your GP surgery or go online if you need urgent medical help or have an illness that won't go away
- The surgery will assess your needs over the phone or online so you are cared for by the right person, in the right place for your illness
- You may be offered a telephone appointment, e-consultation or face-to-face appointments where there is a medical need
- Please try to avoid going to the surgery unless asked to and please respect practice staff who are doing their very best in difficult circumstances
- It is not necessary to over-order repeat prescriptions
- Please consider your community pharmacy if you have a minor ailment. Pharmacists are highly qualified experts on medicines and can advise if you need to see a GP or use another NHS service
- Visit [nhs.uk](https://www.nhs.uk) for helpful information; if your illness is minor, try to manage your symptoms yourself for a day or two
- You can make appointments directly with the following services:
 - Podiatry
 - Appointment and enquiries: 0300 421 8800

- Email: appointments@ghc.nhs.uk
- Physiotherapy
 - [Gloucestershire Hospitals NHS FT website](#)
 - [Gloucestershire Health and Care NHS FT website](#)
- Mental health
 - Visit [Be Well Gloucestershire](#)

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 Forest of Dean Hospital Update

Following a considerable amount of work with civil engineers, architects, local planners and Trust service representatives, the layout and the first illustrations of the new community hospital in the Forest of Dean have been prepared. The functional layout has been fully informed by engagement with service leads and the next phase of design will see wider engagement with experts by experience and stakeholders.

Gloucestershire Health and Care NHS Foundation Trust is due to hold an Extraordinary Meeting of the Board, in public, on 15 July. The meeting will receive the full business case for the development, which will mark a huge step forward in this significant project to provide a modern, well equipped and fit for purpose facility for the Forest community.

5.1.2 Veteran Aware Status

The Trust has been officially awarded its Veteran Aware accreditation during a visit from one of the county's Deputy Lieutenants. Colonel Andy Hodson was "delighted" to present the accreditation on behalf of the Veterans Covenant Healthcare Alliance (VCHA), in recognition of the Trust's commitment to improving NHS care for veterans, reservists, members of the Armed Forces and their families. The Trust received Veteran Aware accreditation in acknowledgement of its commitment to a number of key pledges, including:

- Ensuring that the Armed Forces community is never disadvantaged compared to other patients, in line with the NHS's commitment to the Armed Forces Covenant

- Training relevant staff on veteran-specific culture or needs
- Making veterans, reservists and service families aware of appropriate charities or NHS services beneficial to them, such as mental health services or support with financial and/or benefit claims
- Supporting the Armed Forces as an employer.

GHC joins a growing list of VHCA members and NHS Trusts gaining this accolade. It follows the Trust's signing of the Armed Forces Covenant in 2019 and receiving bronze accreditation from the Ministry of Defence Employer Recognition Scheme in March this year.

5.1.3 **New Trust Strategy Launched**

The Trust has launched its new five-year strategy - 'Better Care Together: With You, For You' - to guide the organisation until 2026. It sets out four strategic aims, each underpinned by measurable, specific goals and objectives:

- High Quality Care
- Better Health
- Great Place to Work
- Sustainability

It also includes the Trust's new Mission: 'Enabling People to Live the Best Life They Can', and Vision: 'Working Together to Provide Outstanding Care.'

Key elements of the strategy include:

- Developing services around the needs of our communities
- Tackling health inequalities – unfair and avoidable differences in health caused by things like unemployment, poor education, race, disability, and where people live
- Using technology to improve access and choice in how patients receive care
- Improving our buildings to make them more efficient and a better environment for our patients and staff
- Promoting quality improvement and innovation
- Working towards university status with our Gloucestershire health and education partners
- Being an environmentally proactive organisation working with our communities to tackle the health impact of pollution and climate change
- Embedding co-production and engagement

The full strategy can be read on the Trust's website at www.ghc.nhs.uk.

5.1.4 HRH The Princess Royal Visits Trust

HRH The Princess Royal has spoken to Trust colleagues about their work throughout the Coronavirus Pandemic.

In a visit to Gloucester in April, Her Royal Highness had conversations with nurses, allied health professionals, facilities colleagues, emergency response leads, and Trust Executive and Non-Executive Directors about their roles and the challenges they have faced over the past 18 months.

5.1.5 Maternal Mental Health Care Expands in Gloucestershire

Mental health care and treatment for new, expectant and bereaved mothers in Gloucestershire is being improved and expanded as part of a national initiative to enhance support for women who have birth related trauma and mental health difficulties.

Gloucestershire was included in the roll out of 26 new hubs bringing together maternity services, reproductive health and psychological therapy under one roof as part of the NHS Long Term Plan.

The county already has a perinatal mental health service, which supports women with moderate to severe mental health conditions during pregnancy and up to one year after the birth of their child. The new service will expand and improve care, as well as enable more women and families to be supported.

5.2 Gloucestershire Hospitals NHS Foundation Trust (GHT)

5.2.1 Operational Context

Although community rates of COVID-19 are rising and especially so in younger people, the numbers of patients in our hospitals is comparatively low – especially when compared to previous surges with similar levels of community transmission. There is good evidence that the vaccination programme is reducing the severity of the disease and thus requirement for hospitalisation. Those admitted reflect a considerably younger cohort of patients than in previous surges reflecting those for whom double vaccination has not yet been achieved.

COVID-19 aside, we remain very busy with our Emergency Departments (EDs) being especially challenged alongside the impact of our efforts to treat as many patients as possible who we were unable to operate upon or see in outpatients, during the pandemic. As a result of these pressures waiting times are much longer than we would wish despite the considerable efforts of all to make improvements and we continue in our endeavours to ensure that every patient's experience is a positive one.

In February the CQC made an unannounced inspection of our urgent and emergency care (UEC) at Gloucestershire Royal Hospital. Positively, Gloucestershire Royal retained its overall 'Good' rating but the CQC rated the UEC service as 'Requires Improvement'.

The CQC made a number of positive observations in their report:

- Staff in the department felt respected, supported and valued by their colleagues. They were focused on the needs of patients receiving care. There were strong examples of staff feeling able to speak up and raise concerns without fear
- Leaders in the Emergency Department demonstrated the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were supportive, caring and approachable in the service for patients and staff
- All patient interactions we observed were seen to be caring, kind and empathetic
- Despite growing activity during the day, the department remained calm and professional throughout
- Staff understood how to protect patients from abuse and acted on any concerns. They recognised when abuse might be occurring and were trained in how to deal with their concerns to keep patients safe
- Staff kept detailed and comprehensive records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to staff providing care
- Patients had an assessment of their infection risk and other clinical risks on arrival at the department
- There were effective systems to recognise, report and understand performance, including a live dashboard available.

We have been continually assessing and making changes to the way our EDs are run and a number of measures have already been introduced which have had a positive impact. These include:

- Eliminating corridor care within the ED by creating more space in the department
- Improving ambulance drop off times by establishing additional drop off points
- Seeing walk-in patients more rapidly
- Ensuring that patients are seen by the most appropriate doctor first time, by-passing ED if appropriate.

The impacts of these measures are encouraging. In March, for example, the service recorded 50 occasions when patients had to wait in a corridor for 30 minutes or more whilst there have been no such waits in the current month.

Similarly, the average wait of a patient on an ambulance in March was 63 minutes which reduced to 18 minutes in May and, on average, patients in March waited 30mins to be triaged after arrival but in the latest month, this was down to 19mins.

The Trust has been commended by NHS Improvement (NHSI) for such significant improvements in these areas; however, significant challenges remain with respect to improved four hour waiting time performance. As always, the underlying causes are multifactorial but key issues include very high levels of demand, ongoing vacancies in medical and senior nurse staffing and reduced access to beds due to social distancing measures and higher levels of patients awaiting discharge.

In line with our commitments to restore Cheltenham General Hospital (CGH) ED to the pre-pandemic service model, by no later than the 1st July, the consultant-led service reopened on the 9th June from 8am to 8pm and the overnight, nurse-led Minor Injuries and Illness Unit reopened on the 30th June. Since the day time service re-opened on the 9th June, activity levels have returned to former levels and higher on some days, including the return of ambulances to the ED.

TRUST HIGHLIGHTS

5.2.2 Royal Visit – Commemorative Garden

In April we welcomed Her Royal Highness (HRH), The Princess Royal to both GRH and CGH; HRH also made time to visit Gloucestershire Health and Care (GHC) staff at the Wotton Lawn site. The visit was a huge boost for all those involved and, as is typically the case, provided a morale boost to staff across both our hospitals.

The commemoration of our two gardens was led by our Chaplains Reverend John Thompson and Muslim Chaplain Atique Miah at GFH and Reverend Katie McClure at CGH. The Princess Royal was experienced by all as being well informed, curious about the work of those she met and engaging.

5.2.3 Cancer Services

The Trust has delivered all eight of the national cancer waiting time standards, reflecting embedded improvement of a standard not previously achieved since 2014. Furthermore, the two key standards of two week wait and 62 Day GP referral, the Trust has the second highest performance nationally and is ranked first nationally for lung cancer performance for the year 2020/21.

5.2.4 Addressing Waiting List Backlogs

Due to the temporary services changes, in response to the pandemic, Gloucestershire has one of the lowest numbers of patients waiting for care, relative to their population despite being one of the worst hit Trusts in respect of the number of COVID cases. Additionally, the Trust has the third lowest proportion

of patients waiting over 52 weeks for their care and remains the top performing Trust in the Region with respect to the amount of elective care they are now undertaking.

5.2.5 Agile Working

Linked to the “silver linings” of the pandemic, work to support agile and flexible working continues with large numbers of staff embracing the opportunity for some form of hybrid working i.e. both on site and from home working, citing benefits to their wellbeing, productivity and carbon footprint as reasons to continue working this way.

Alongside homeworking, embedding digital or virtual care also remains a priority given the benefits described by patients. Nationally, there is an ambition that 25% of care will be delivered non-face-to-face using digital platforms; currently our Trust is delivering c30% of outpatient care in this way, 80% of which is follow up care which is most amenable to high quality, low risk digital care. Given the likely presence of digital care in the future models of service we are now reviewing all of our development plans for digital technology and to ensure they are planned with these new models of care in mind.

5.3 South Western Ambulance Service NHS Foundation Trust (SWAST)

5.3.1 NHS Charities Together funding

We are delighted that NHS Charities Together has allocated over £560,000 to the South Western Ambulance Charity to bolster an army of Community First Responder (CFR) volunteers and facilitate additional community projects across the region.

The grant has been made possible from public donations during the pandemic, including the incredible efforts of Captain Sir Tom Moore, and will help fund:

- Lifting devices so CFRs can assist patients who have experienced a non-injury fall, reducing potential complications associated with being on the floor for an extended period of time.
- Dedicated CFR group cars.
- Awareness and training sessions to increase early intervention for ‘out of hospital’ cardiac arrests as part of our ‘Saving Lives Together’ campaign, including CPR and defibrillation training for schools and community groups in hard-to-reach areas.
- The not-for-profit service GoodSAM, which automatically triggers alerts to any nearby cardiac arrests so volunteers can attend and provide immediate life support.

- Improved services to meet the needs of patients suffering from mental health issues, including training packages for frontline ambulance clinicians to better equip them for complex and challenging calls.

5.3.2 **Outrun an Ambulance**

In January, the South Western Ambulance Charity launched Outrun an Ambulance; a virtual event that challenges competitors to conquer the mileage an emergency ambulance covers in one shift. Since then, we have been overwhelmed by the amount of people who have taken on this challenge, and in Gloucestershire alone, over £1,600 has been raised to date.

Outrun an Ambulance is a three month challenge and we are still encouraging people to take part. To find out more visit <https://www.swambulancecharity.org/oaa>.

5.3.3 **The NHS Big Tea**

On Monday 5th July the NHS celebrates its 73rd birthday and on the same day NHS Big Tea breaks will be happening across the nation to show an outpouring of appreciation and support for our incredible NHS.

The South Western Ambulance Charity will be sending out refreshments to stations and clinical hubs in Gloucestershire and across the South West so that, on and around, the 5th July, our operational teams can enjoy a cuppa and a biscuit during their breaks.

The South Western Ambulance Charity is urging people in the South West to join the nation's biggest tea break on 5 July and help raise money for the incredible people in our NHS who've done so much to help everyone get through the pandemic. We would love as many people as possible to get involved in a national outpouring of love and thanks for NHS staff and volunteers on its birthday by hosting or taking part in an NHS Big Tea party at 3pm on 5 July.

To find out more visit <https://www.swambulancecharity.org/nhsbigtea>

5.3.4 **Crew welfare cars**

The South Western Ambulance Charity is proud to be supporting the SWASFT Crew Welfare Car initiative, providing our hard-working staff with tea, coffee and biscuits during their hospital handovers. These refreshments have been made possible by a grant from NHS Charities Together along with donations received from local organisations.

5.3.5 Campaigns

#UNACCEPTABLE

Our staff are continuing to experience an escalating level of assaults and abuse by patients. This behaviour will not be tolerated and we are working on a number of initiatives including body worn cameras and an '#Unacceptable' campaign to tackle this issue. The campaign was designed to not only highlight the issue publicly but also encourage staff to report all incidents. It was supported by testimonies from SWASFT staff sharing their experiences and has generated substantial media coverage, shares and comments over recent months.

Summer campaign

Due to an anticipated increase in visitors to the South West over the summer months and ahead of major sporting events, we will be continuing to encourage people to 'make the right call' and contact 111 for urgent medical problems and to only call 999 in a life-threatening emergency. This campaign will be rolled out externally through press releases and videos featuring SWASFT staff for our social media channels.

5.3.6 Fleet update

The Trust has started taking delivery of 136 new Fiat, Dual Crewed Ambulances (DCAs) – the largest single deployment in SWASFT history. This will ensure we can renew and replace aged vehicles and increase our DCA fleet by 30 vehicles, ensuring our people and patients have first-class facilities in which to work and be treated in. New equipment is also being supplied as part of the new vehicle roll out programme which includes news stretchers, chairs and vital signs.

5.3.7 iPad Rollout Programme – coming soon

We are delighted to confirm that SWASFT has secured a number of iPads for patient-facing staff. This has been made possible by a joint initiative between NHS England, NHS Improvement and NHSX to give ambulance colleagues access to information they need, at a time and place they need it.

As well as tools to support patient care, the iPads will improve access to staff support, including e-learning tools for professional development, internal communications, wellbeing, and staff support services.

5.3.8 Staff survey results

The Trust is pleased to share there has been an improvement in all areas compared to last year's NHS staff survey, with the exception of one. When benchmarking ourselves against other ambulance Trusts, we scored better than average or average across 8 out of the 10 themes.

Staff engagement increased across the board, including:

- 60.4% said they, often or always, look forward to going to work (up 4.2%)
- 72.2% said they are, often or always, enthusiastic about their job (up 2.2%)
- 4.8% increase in those who agreed or strongly agreed that the care of patients is the organisation's top priority at 67.6%
- An encouraging 11.4% increase in the number of staff who agreed or strongly agreed they would recommend SWASFT as a place to work at 57.8%
- Staff reported a decrease in 'personally experiencing bullying and harassment' by patients, the public and managers. Whilst this is very encouraging, we recognise there is more progress to be made as part of our cultural development.
- 86.7% of respondents agreed or strongly agreed they feel their role makes a difference to patients
- 82.5% agreed or strongly agreed that they are satisfied with the quality of care they give to patients

There was an increase across the board in staff feeling supported and valued by their immediate managers and the overall quality of care. However, there remains work to be done to improve how we compare with the national average in these two areas.

5.3.9 COVID-19 vaccination programme

From December 2020 to early June 2021, the Trust supported the delivery of internal COVID-19 vaccination clinics for our staff to receive the vaccines, with 86.9% of colleagues now being fully vaccinated.

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

2 July 2021