

Report Title	Integrated Performance Report (IPR) November 2022	
Purpose of Report	<p>This is the Integrated Performance Report (IPR) for NHS Gloucestershire ICB for September 2022. The report brings information together on:</p> <ul style="list-style-type: none"> • Performance • Quality • Workforce <p>A narrative update for each key theme is provided, alongside a full update of performance metrics covering the programmes and pillars associated with our services, their quality, and our workforce. The report will continue to be developed over time – including expanding the metrics that are reviewed to give greater assurance across all programme delivery areas.</p>	
Information or decision?	This report is for information.	
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Key Issues:		
<ul style="list-style-type: none"> • Areas of key exceptions have been included at the front of the Integrated Performance Report. 		

Integrated Performance Report

November 2022



Our Performance

Key Achievements

- Diagnostic capacity will have a significant boost from the community diagnostic hub – funding is confirmed and will roll out in 2023 offering additional capacity across a number of modalities.
- A series of case reviews across the Urgent and Emergency Care (UEC) system has been carried out working with Newton Europe.
- The recent 'ReSET' week saw some improvements in UEC performance, particularly ambulance response times and handover delays, and rapid analysis is being undertaken to embed learning into business as usual to ensure that as much improvement as possible is sustainable.
- Primary care appointment availability and patient satisfaction continues to benchmark highly against other systems, despite challenging demand and continued workforce pressure.

Areas of Focus

- Newton Europe supported U&EC diagnostic completed, key workstreams identified and sponsors and SROs in process of being finalised as focus now moves to implementation phase.
- Weekly review of 6 key winter metrics (NHS111 call abandonment; Ambulance call answering time, handover delays and Category 2 response times; Bed occupancy; and Patients with No Criteria to Reside) by system and supporting assurance to NHSE and Department of Health and Social Care.
- Recovering elective performance against 104% weighted cost activity target (against 19/20 cost level), while maintaining the reduction in long waits for elective treatment.
- Recovery of cancer wait times standards with particular emphasis on the reduction of a backlog of patients waiting for treatment beyond 62 days.
- Workforce issues (both recruitment and retention) continue to impact performance in Gloucestershire as nationally, a successful system recruitment event has taken place and will continue to be built upon over the coming months.

Please note the full set of measures and progress against the agreed trajectories is available [here](#).

Our People

Key Achievements

- System wide review of priorities and work plan for remainder of 2022/23 with agreement on 3 priority areas: Health and Wellbeing, International Recruitment and Agency spend.
- Continued on-boarding of Health & Care Support Workers from 28th September system recruitment event
- Nursing legacy mentoring funding (£160K) secured and Task and Finish Group being mobilised to progress system approach.
- GHFT and GHC: successful bids for expansion of international recruitment pipelines.

Areas of Focus

- Preparations for industrial action following confirmation of strike action by nurses and potential for other staff groups
- Health and wellbeing - System wide mapping of services and offers available to staff across Gloucestershire
- Recruitment to People Function delivery structure and securing interim support from SCWCSU to support priority areas
- Cost of Living and impact on staff identifying potential areas of support.

Quality

Key Achievements

- One GP practice remains rated 'Requires Improvement' by the CQC. Primary Care colleagues continue to support the practice and have undertaken a Quality Review.
- A recent improvement in ambulance handovers has been observed since the 'Boarding and Pre-empting' initiatives were introduced on 6th Oct. This process shares clinical risk more effectively between SWAST and GHNHSFT.
- The effect of this work has meant fewer ambulances queuing and has improved SWAST's ability to respond to patients at higher risk.
- ED Friends and Family scores have improved.
- The first System Effectiveness Group met on 7th November.
- No new Never Events have been reported.

Areas of Focus

- GHNHSFT's 'Well Led' inspection has been published. The report found that the Trust needed to improve organisational culture. The recommendation was accepted and is being used to inspire leaders to improve. Similar themes were reported through GHNHSFT's staff survey results.
- Three important surveys have recently been published:
 - CQC Patient Survey,
 - National Inpatient, and
 - Community Mental Health.
- These are being reviewed across the ICB and a summary will be reported in the next ICB Quality Report.
- There is a direct link between good staff and patient experience and the Quality of care being received by patients.
- This will be a focus for the ICB quality committee and system group.

Improving Services
& Delivering
Outcomes
(Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality and Safety

(Quality Committee)

Our Themes



Urgent & Emergency Care

- ED type 1 performance in October 2022 was 60.5% against the 4 hour target. This has improved slightly compared to the national average for Type 1 ED performance (latest benchmark October 2022 at 54.8%). Whole system performance including Type 3 (MIU) attendances was 74.2% (against a national benchmark of 69.3% for October).
- The system remains under significant pressure with continued focus on reducing the number of patients not meeting the 'criteria to reside' in a hospital bed, to reduce ambulance handovers delays, improve ambulance category 2 performance, reduce ED congestion, and reduce numbers of patients with a long length of stay (LLOS), all of which feature in the Winter Plan which has been submitted to NHSE for assurance.
- The reported number of patients who do not meet the 'criteria to reside' in a hospital bed is still high despite some improvement seen (c.217 during the first week of November, compared with an average of 230 in September for GHFT) with a targeted system wide plan in place to gradually reduce this.
- System ReSET week has taken place with strong engagement from the whole system. The ReSET week aimed to address back door flow and discharge, as well as promoting ED redirection and attendance/admission avoidance.
- Ambulance handover delays have improved in October, with a daily average of 77.4 hours lost (trajectory was 82). Latest performance shows this position is being maintained into November, with daily average for November to date at 55 hours lost/ day (November trajectory is 82 hours/ day).
- Continued scrutiny of programme delivery and performance is taking place through the UEC Clinical Programme Group as well as the Winter Assurance Framework. 6 key metrics have been identified to assess system performance over winter (see UEC winter monitoring summary in the link to the specific measures [here](#)).
- Newton Europe have conducted a series of system workshops and case reviews which will help to identify root causes for systemic issues and prioritise our local response.

Planned Care

- The waiting list for elective care in Gloucestershire is currently running at 65,537 with the majority (56,019) waiting at GHFT. Despite the majority of the county's elective activity occurring at GHFT, the patients waiting the longest for treatment are mostly waiting at out of county providers – there were 7 +104 week waits (0 GHFT), 106 +78 week waits (39 at GHFT) and 1446 +52 week waits (852 at GHFT) in September 2022. 72.6% of the RTT waiting list had been waiting less than 18 weeks in (against a target of 92%).
- Recovery of weighted cost activity for the Elective Recovery Fund target of 104% is currently slightly under-performing (97.1% - September 2022 position). YTD performance has seen good recovery in outpatient activity (particularly at GHFT) but below target activity in elective inpatient procedures, particularly day cases which have been impacted by capacity reductions while essential building work takes place. OOC NHS providers currently are showing the lowest activity recovery across the board. Independent sector provider contribution to system elective recovery plan and ESRF achievement is well above plan.
- To support elective recovery, £3m of ESRF investment has been made in a range of elective specialties to boost capacity – in particular additional weekend and evening lists have been carried out in September and October.
- KPI Health has commenced providing three additional clinics a week to help clear long wait backlogs in Haematology, with a reduction in the number of patients waiting over 78 weeks at GHFT in this specialty in September.
- GHFT is concentrating on increasing bookings and utilisation of community theatres. Eight additional theatre lists per week are now established at community hospital sites and additional equipment from TIF funds is now in place at Tewkesbury Hospital which enables ENT day surgery to be undertaken there.
- New patient choice guidance to manage patients choosing to delay treatment has been issued by NHSE outlining how Providers may prioritise patients who are available to receive their care with some patients actively monitored rather than remaining on the RTT waiting list.

Cancer

- Access targets to cancer treatment have been under pressure throughout 22/23 to date with performance missed against both the 2 week wait (for first appointment or test) and 62 day treatment (treatment to commence within 62 days of referral) in September 2022 (2ww – 88.1% against 93% target; 62 day – 64.5% against 85% target). There were 68 breaches of the 62 day treatment target in September. Lower GI and Urology accounted for 50% of these, with the remainder spread across a number of specialties.
- Long waits (over 104 day waits for treatment) have been higher than previous years so far in 2022/23, with August seeing 26 patients treated after 104 days and September seeing 20. 7 of these were in Urology, as the backlog of patients in this specialty continue to be treated. There are very few patients across any specialty waiting over 62 days with a decision to treat – reflecting the complex diagnostic pathways that often contribute to longer waits for cancer treatment – less than 1% of the cancer PTL consists of patients who have a treatment confirmed and have waited more than 62 days.
- An updated trajectory for the treatment of the cancer 62 day patient backlog has been submitted to NHSE following the increase in patients waiting more than 62 days for treatment in Gloucestershire. This performance deterioration is in common with the majority of the South West, however. The trajectory aims to meet the planned position as submitted for the 2022/23 plan of 154 patients waiting more than 62 days by March 2023. Latest performance is 252 patients as off 30th October 2022 (with a proposed target of 250 in November 2022).
- Work exploring early diagnosis and opportunities to narrow gaps associated with deprivation (in particular the Core20 population) is underway with work initially focussing on access to cancer services. Findings and future developments will be actioned through the CPG with reporting made available to the SRG and ICB board as appropriate.

Primary Care

- Latest primary care activity data shows Gloucestershire meeting its planned commitments for primary care appointments (August activity at 339,378 appointments vs a planned level of 295,181). YTD activity is running at 4.3% above plan.
- Primary care metrics assessed in the System Oversight Framework are all performing well with rates of appointments, rates of GPs workforce, rates of direct patient care staff, and experience of making a GP appointment all benchmarking in the top quartile compared to other ICBs across England. Gloucestershire ICB is ranked 1/42 systems for both rate of GP appointments carried out (in July 2022) and for experience of making a GP appointment.
- The Autumn Booster for COVID vaccination commenced from September, with inclusion of flu vaccination from October, enabling may people to opt to have a flu and COVID booster vaccination at the same time. All PCNs have agreed to provide the vaccinations through the local vaccination centres and pop-up clinics in some surgeries. Community Outreach clinics will also be provided to ensure maximum possible coverage. For the winter period 2021/22 Gloucestershire achieved the highest vaccination rate across the country for flu vaccination coverage, and the system is planning for similar performance for 2022/23.

Community Care & Ageing Well

- Dementia diagnosis rates have dipped slightly in September 2022 to 62.1% (from 62.3% in August, against a target of 66.7% of the estimated dementia population receiving a formal diagnosis). This is the first time performance has moved against the national trend – with national performance improving to 62.2% in September.
- 2 hour urgent responses are now being reported through the community services data set, latest figures (October 2022) show that contacts rose to 273, with an 80% compliance to target (against a 75% threshold).

Diagnostics

- Funding for Community Diagnostic Hubs has now been confirmed – with the new hub in Gloucester city due to be fully operational by October 2023. Additional capacity across Non-obstetric ultrasound, CT, plain film x-ray and MRI is already operational, with additional Echocardiography due to come on line throughout 2023.
- Diagnostic test activity remains stable in September 2022 – with 17,453 tests carried out across the 15 key modalities. This is equivalent to 105% of the September activity in 2019. The waiting list had been growing throughout 2021/22, but has now stabilised, and stands at 12,054 in September 2022.
- Waiting times for patients deteriorated slightly in September, possibly as a result of availability and patient choice during the summer months, particularly August. In September, 21.9% of the waiting list have been waiting more than 6 weeks. At GHFT all test waiting lists except for endoscopy, echocardiography, and urodynamics (where only 1 patient was waiting more than 6 weeks) met the 1% target (for less than 1% of the waiting list to be waiting more than 6 weeks at the time of the snapshot).
- Additional echo insourcing capacity has been established with an independent provider (Agile) to provide an additional 400 echos a month. This is now operational, and activity has increased with more than 1600 echos carried out in September 2022. This is equivalent to 123% of September 2019 activity.

Adult and Children's Mental Health

- **Out of Area Placements** remain above planned levels with 586 days declared in 22/23 YTD (April-September). The total for the full 2022/23 year plan is 800 over the course of the year, meaning the target at the end of September is 400. While the national ambition for this target is 0, this is extremely challenging to balance the needs of a patient for urgent treatment, with system flow and bed availability. Work in ongoing to minimise discharge delays which affect the ability of mental health services to place patients locally – with improvements seen in September (28 days declared).
- **Improving Access to Psychological Therapies (IAPT)** access has been below the planned levels throughout 2022/23 – referral volume has been below the level needed to meet this target. During August, a targeted marketing campaign has been carried out including magazine and football ticket advertising, and an attendance at a Mindfulness event at Gloucestershire Cathedral. August access rates had risen, but September has seen a drop off in referrals and an increase in people dropping out of the service (22% against a planned 15% level).
- **Perinatal mental health service** access has improved, with 45 referrals seen across the urgent and routine pathways in September. This is just above the volume required to meet the 12 month rolling target of 532 service users accessing the service (Q2 target 2022/23), however only 53% of referrals were seen within 2 weeks (target waiting time). All referrals were seen by 5 weeks, however workforce issues have limited the ability of the service to deliver the waiting time target (50% seen within 2 weeks) with a number of vacancies across the service. 11 posts have been successfully recruited to and are due to commence in the coming months.
- **Eating disorders – CYP and Adult.** Demand for the service has been increasing through the pandemic and into 2022/23, particularly for Children and young people and in common with other CYP services, which are seeing much higher demand as a result of the detrimental effect of lockdowns and school closures. All waiting times targets for routine and urgent CYP and Adult referral to treatment were missed in August. Additional investment in to the eating disorders service has been made as well as a review of the team skill mix to increase success in filling posts. The service is working with BEAT and TiC+ to provide waiting list support, and is prioritising urgent adolescent assessments. BEAT is working with GHC to establish the 'developing dolphins' program – offering interim treatment following a first contact/ treatment, to avoid prolonged 'hidden' waits between first and second treatments.

Maternity and Neonatal

- Following the section 29A notice served to GHFT maternity services an action plan addressing all concerns from the CQC report has been developed. An insight visit from the local team focussing on safety and quality has been carried out.
- Maternal and neonatal outcomes for the service remain above target, with low rates of stillbirth, brain injury, and maternal injury across 2021/22 and into 2022/23.
- The Continuity of Carer model is currently delivered to 9.1% of women in Gloucestershire receiving maternity. For women from the most deprived decile, performance is 40% in the first quarter of 2022/23 showing the impact of the targeting of the team roll out to areas with higher rates of deprivation. Staffing challenges are impacting upon the ability to be able to deliver continuity of carer commitments fully in Gloucestershire according to the operational plan. Nationally, the full implementation of the Continuity of Carer target has been paused due to recognition that staffing levels across the majority of trusts do not support safe provision of this model. Gloucestershire is currently reviewing its commitments and will revise the roll out accordingly – with focus continuing to be on more deprived communities in the county.

Improving Services
& Delivering
Outcomes
(Our Priorities)

(System Resources Committee)

Our People

(People Committee)

Our Themes

Quality and Safety

(Quality Committee)



Our People

Our local work plan continues to be based around the key pillars within the national People Plan

Growing for the Future

- International recruitment - Scoping potential to deliver at least one international recruitment initiative which is shared across multiple system partners.
- GHFT: Introduction of the Collaborative Learning in Practice coaching model for student placements, replacing the traditional 1:1 approach
- Proposal for System wide Communication Recruitment Campaign agreed at WSG 09/11/22

Looking After Our People

- Health & Wellbeing – Review of existing arrangements and offers of health & wellbeing support across the ICS with plan to develop a future blueprint and vision as part of an overall health and wellbeing strategy.
- Cohort 10 of the system wide leadership programme underway. Evaluation for the program remains high. Capacity and resource for future cohorts will need to be identified.

Please note the full set of measures and progress against the agreed trajectories is available [here](#).

Our People

Our local work plan continues to be based around the key pillars within the national People Plan

Belonging in the NHS

- System wide Reciprocal mentoring programme launched at the end of October - (GHC reciprocal mentoring scheme has been in place since 2019, now expanded and launched as an ICS wide scheme)
- Completion of system wide development programme for Staff Network Chairs with group identifying a set of recommendations for all partners to adopt as part of a consistent and supportive approach
- GHFT Implementation of the National Preceptorship Framework offering tools for benchmarking and aiming for Gold accreditation. GHC has a university accredited and well planned preceptorship programme, with delivery fully mapped to the National Framework which is key to our People Strategy. Gold is our next aim.
- System Collaborative approach to Racism and the Pandemic learning in partnership with RCN

New Ways of Working

- Small cohort of reservists identified and currently no additional support required from reservists within the vaccination teams. On-boarding of reservists experiencing slight delay due to capacity to process candidates in addition to HCSW candidates.
- Apprenticeship schemes for AHP - currently underway GHFT Radiographers and both GHFT & GHC for Physiotherapists

Please note the full set of measures and progress against the agreed trajectories is available [here](#).

Improving Services
& Delivering
Outcomes
(Our Priorities)

(System Resources Committee)

Our People

(People Committee)

Quality
(Safety, Experience
and Effectiveness)

(Quality Committee)

Our Themes



Quality - Assurance

GHNHSFT

- The Trusts' CQC Well Led report has been published. At the time of inspection it was noted the executive team were new. There were issues with Culture throughout the inspection and a disconnect from 'Ward to Board'. It was noted that leaders did not always apply the Trust values.
- Poor staff survey results and concerns for those from a BAME regarding bullying and not having the same access to opportunities for career advancements. Staff who did not feel proud to work for the organisation had deteriorated. Not all levels of governance and management functioned effectively and interacted with each other.
- GHT are formulating an action plan that is due to go to the CQC on 11th November
- The trust continues to make good progress regarding the Surgical section 29A action plan.

GHCNHSFT

- The Trust continues to make good progress with the actions arising from a number of recent CQC inspections. All "Must Do" actions are on target for completion by 30th November. The 11 "Must Do" actions identified relate to activity at Wotton Lawn Hospital, Charlton Lane Hospital and MIIU.
- Positive progress has been made with the reduction in Healthcare Support Worker (HCSW) vacancies. Currently <100 HCSW vacancies exist within the Trust with the hope that this will further reduce following the successful ICB HCSW recruitment event held last month.
- Challenges continue to exist in a number of service areas including the Eating Disorders Service and CAMHS. The Trust has seen Improvements in the reduction of lower grade pressure ulcers following recent focussed work and good performance within wheelchair services.

Quality - Assurance

Urgent & Emergency Care

- Clinical Lead representatives from the UEC CPG attended the CPN Directors meeting in September to give an introduction in to the CPG and invite questions and discussion to be guided by the GP's. The response was welcoming, and the team were able to glean some useful feedback, the themes for concern and development. ED performance reached 58.08% for September, which was an improvement on previous months with the safety checklist slowly improving too, alongside plans for winter preparedness.
- A recent improvement in ambulance handovers has been observed since the 'Boarding and Pre-empting' initiatives were introduced on the 6th Oct, spreading the clinical risk between ED and the wards in order to support patient safety and discharge behaviour.

Primary Care

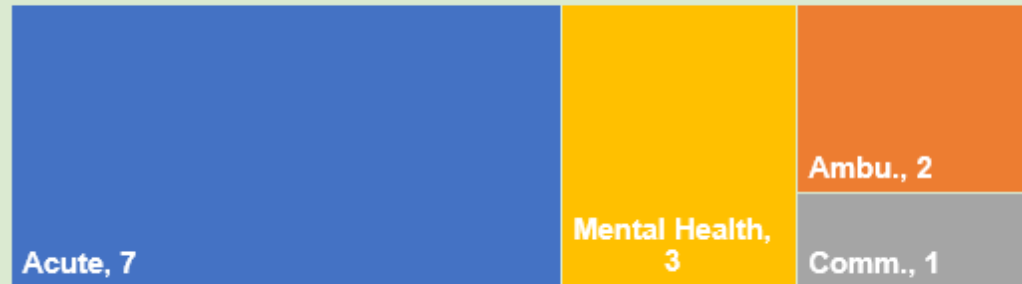
- On 29th September over 70 nurses attended a Gloucestershire GPN Conference. Paul Vaughan, Deputy Director Primary Care Nursing & NextGen Nurse NHSEI, opened the conference as the keynote speaker with other speakers on Population Health Management, Wellbeing, Learning Disabilities, and clinical workshops. The day provided valuable learning for GPN's, Trainee Nursing Associates, Health Care Assistants and Students.
- One GP practice remains rated as 'Requires Improvement' by the CQC. Primary Care colleagues continue to support the practice and have undertaken a Quality Review.

Maternity

- The ICB is meeting regularly with GHT and CQC to monitor all actions relating to the section 29A notice; good progress is being made. Three NHSE national team Maternity Improvement Advisors visited to commence the diagnostic part of the Maternity Safety Support programme on September 27/ 28th, the report is due in 2-3 weeks.
- Due to staffing issues Aveta Birth Unit remains closed to intrapartum care; clinics and DAU work continues to operate from the freestanding birth unit during the day. This action will be reviewed in the New Year. Stroud Maternity Unit postnatal beds have been closed since 30th September and will be reviewed weekly.

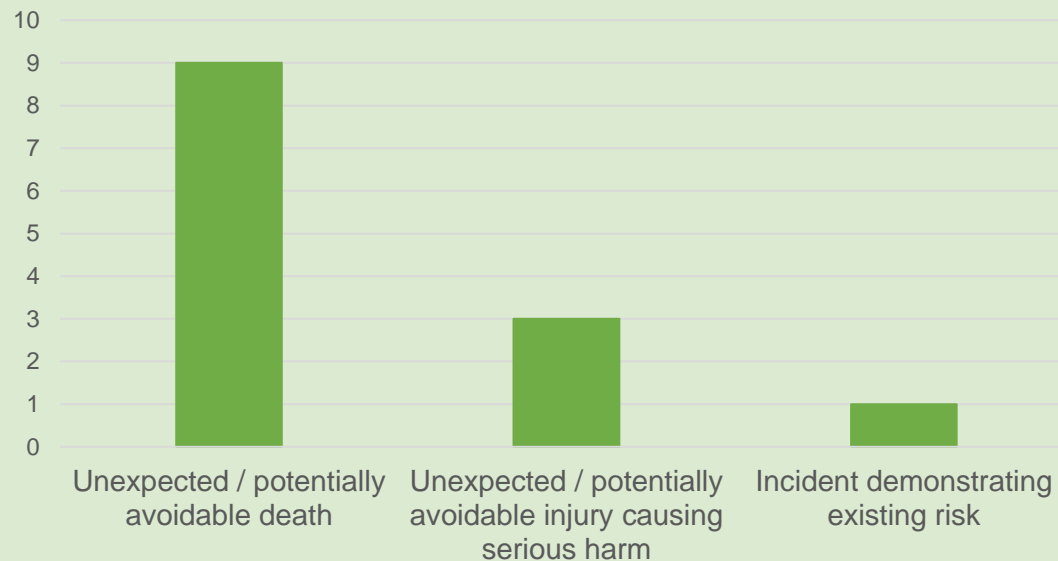
Quality - Safety

Serious Incidents in September and October 2022



Serious Incidents include acts or omissions in care that result in: unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm, including those where the injury required treatment.

Core Reason for Reporting



Incidents declared under the current framework

- **Serious Incidents** were reported in Acute, Community, Mental Health and Ambulance settings during September and October. In comparison to the same period last year, there were six fewer Serious Incidents.
- One incident declared by GHC NHS FT involved four patients in community hospitals who became Covid19 positive during their stay. Sadly three of the four later passed away.
- Three incidents related to maternity/obstetric settings. A maternal death in the community, a birth in an ambulance and a still birth.
- Maternity Incidents automatically go to HSIB for consideration of investigation under their investigation processes.
- No new **Never Events** were reporting in September or October. The last recorded Never Event was on 13th June 2022.

Patient Safety Incident Response Framework (PSIRF)

- Quality Committee has now received a presentation on PSIRF and the future landscape of 'safety'.
- PSIRF needs to be implemented across the ICB by October 2023
- Learn from Patient Safety Events (LFPSE) deadline has been given and 'optional' extension to September 2023.

Quality – Experience: Friends and Family Test results April – August 2022

		Apr-22	May-22	Jun-22	Jul-22	Aug-22	
		Provider	Provider	Provider	Provider	Provider	
GHT Inpatients	% Positive	88%	87%	87%	89%		
	% Negative	7%	8%	7%	6%		
GHT A&E	% Positive	63%	67%	70%	68%	71%	
	% Negative	27%	23%	20%	23%	18%	
GHC Mental Health	% Positive	81%	81%	83%	84%	79%	
	% Negative	8%	10%	10%	8%	11%	
GHC Community	% Positive	95%	95%	95%	96%	96%	
	% Negative	3%	2%	3%	2%	2%	

National Adult inpatient survey 2021 (published Sept 2022)

This survey looks at the experiences of people who stayed at least one night in hospital as an inpatient. People were eligible to take part in the survey if they stayed in hospital for at least one night during November 2021 and were aged 16 years or over at the time of their stay.

The Friends and Family Test (FFT)

is a feedback tool that supports the fundamental principle that people who use NHS funded services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

The FFT asks a simple question: how likely, on a scale ranging from extremely unlikely to extremely likely, are you to recommend the service to friends and family if they needed similar care or treatment. The last five month's published results can be found opposite. Following a suspension during the pandemic FFT results for Primary Care (GP practices) have been published since July 2022. In July 33/70 Gloucestershire GP practices submitted FFT data nationally, in August 29/70 submitted data.

National Care Quality Commission (CQC) Patient Surveys

The CQC uses surveys to find out what people think of the NHS healthcare services that they use. The results help assess NHS performance. The CQC also use them for regulatory activities such as registration, monitoring ongoing compliance and reviews.

Community mental health survey 2022 (published October 2022)

This survey looks at the experiences of people who use community mental health services. Those aged 18 and over were eligible to take part if they were receiving specialist care or treatment for a mental health condition between 1 September 2021 and 30 November 2021.

The results of these national surveys are currently being discussed at respective Trust Quality Committees; the output of these discussions will be shared in a future ICB Integrated Performance Report.

Quality - Effectiveness

The System Effectiveness Group (SEG) was held on 7th November 2022. This was the 1st meeting of the System Effectiveness group. There was good representation from GHT, who presented a report on their internal clinical effectiveness, which was well received. We are confirming attendance from GHC and also recognise the need to have Primary care attendance in order to look at effectiveness across the system.

We have a meeting planned with Clinical programmes in order to look at how we work together going forward to improve the outcomes for the people of Gloucestershire.

Over the next year this group will focus on:

- Understanding the standards we measure ourselves against
- Measure current provision against standards
- Describing variance
- Discussing and reporting why there are variants
- Working towards closing variance
- Challenging system partners to measure the benefit of our work to demonstrate the value
- Achieving the best patient outcomes

In our Quality Strategy we set out our vision for **Effectiveness**:

We believe the effectiveness of how individual services run, the way they work together and their impact on quality, should be the main objective of local systems.

- One Gloucestershire aims to do the right thing, at the right time, for the right patient
- We will continue to develop a culture where clinical effectiveness underpins the decisions we make
- Patients know the pathway they're on is the most effective it can be to achieve the best outcome
- We will utilise evidence, guidelines and standards to identify and implement best practice, working with CPGs on pathway development
- Ensuring our population can access care which is personalised so that 'what matters to me' drives decision making