

NHS Gloucestershire Integrated Care Board Update

Gloucestershire Health Overview and Scrutiny Committee
31 January 2023



NHS Gloucestershire Integrated Care Board (ICB) Update

Report contents

This is the third report of NHS Gloucestershire Integrated Care Board (ICB) since its establishment on 1 July 2022.

Section 1 provides a general NHS Gloucestershire commissioner update, incorporating national consultations.

Section 2 provides a commissioner update focussing on primary medical care.

Section 3 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)

1. Section 1: Local NHS Commissioner Update, NHS Gloucestershire ICB

These items are for information and noting. Detailed information can be found on the ICB website at: <https://www.nhsglos.nhs.uk/category/board-meetings/>

1.1 FOCUS on We can move (WCM) Active Gloucestershire and ICB partnership

Physical activity plays a crucial role in maintaining health and wellbeing; however, people in the UK are around 20% less active now than in the 1960s. If the current trend continues, nationally we will be 35% less active by 2030. The way we live our lives has changed, fewer of us have manual jobs and technology dominates at home and at work, the two places where we spend most of our time, whilst societal changes have designed physical activity out of our lives. As a result, we are the first generation to need to make a conscious decision to be active in our daily lives.

Being active is good for our mental and physical health and reduces our risk of developing a number of health conditions. It is well known that physical activity has

the potential to make an enormously positive impact on health and wellbeing. Indeed, the former UK CMO Professor Dame Sally Davies once tweeted: *“If physical activity were a drug, we would refer to it as a miracle cure.”*

The transformational ability of regular physical activity can reduce the risk of hip fractures by 68%; type 2 diabetes by 40%; heart disease by 35%; and depression by 30%. At the same time there is an economic cost of inactivity. Inactivity is costing the UK an estimated £7.4 billion a year, including £0.9 billion to the NHS¹ (ref) and £4.7 million per year to Gloucestershire CCG alone². Long term conditions such as diabetes, cardiovascular and respiratory disease lead to greater dependency on acute, community, home, residential and ultimately nursing care. This drain on resources is avoidable, as is the personal strain it puts on families and individuals.

Physical activity’s role in improving health and wellbeing is recognised nationally. Policy documents such as the government’s 2019 green paper ‘Advancing our health: prevention in the 2020s’³ and the NHS Long Term Plan⁴ recognise the need for more preventative approaches to improving health, and the role physical activity can play. Locally we have targeted increased population level rates of physical activity as one of the seven central priorities for the Gloucestershire Health and Wellbeing strategy⁵.

WCM’s ambition is to halve physical inactivity rates by 2030. To do so we estimate, based on the latest research that we will need to support 74,000 inactive people. WCM began delivery of a three-year test and learn pilot in 2018, after extensive desk research and conversations with individuals, communities and organisations across Gloucestershire. WCM is now in a longer period of sustained delivery, with ICB & local government funding secured alongside Sport England funding through until 2026. It revolves around a theory of change which has systems science, behaviour change, and social movement building at its core. The programme pulls together various stakeholders from different sectors and organisations to understand the systems which influence the population-levels of physical activity. This includes the role of schools, healthcare, the workplace, our travel infrastructure, and wider agendas such as climate change.

¹ <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day>

² <https://www.gov.uk/government/publications/physical-inactivity-economic-costs-to-nhs-clinical-commissioning-groups>

³ <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

⁴ <https://www.longtermplan.nhs.uk/>

⁵ <https://www.gloucestershire.gov.uk/council-and-democracy/gloucestershire-health-and-wellbeing-board/our-focus/>

By working with stakeholders, WCM seeks to change many different parts of this system. This often also means working in partnership with the public and the communities across Gloucestershire to co-design interventions and actions. For example, a group of women within the Barton and Tredworth ward of Gloucester have co-designed various activities over the last three years. These activities have enabled women, predominantly Muslim, to participate in organised physical activities.

Active Gloucestershire sit at the heart of WCM, overseeing and facilitating the programme of work. Their role is largely to drive initiatives forward and perhaps more importantly, to strengthen the relationships between stakeholders across the system. In doing so, this prompts other organisations to carry out work which aligns to the goals of WCM, and as such, increases the sustainability and impact of the approach.

Active Gloucestershire's Structure

Gloucestershire's Active Partnership, is a charitable organisation who receive core funding for their work through Sport England. Active Partnerships (formerly County Sports Partnerships or CSP's) are a network of 43 local agencies across England. Committed to working together to create the conditions for an active nation, focusing on those who will benefit the most from an active lifestyle, through increasing the number of people taking part in sport and physical activity. They are led by a central team of people whose job is to provide leadership and co-ordination of the network at a sub-regional level.

Established as a nationwide network nearly 20 years ago, the Partnerships have become a significant part of the sport and physical activity landscape across England. They have successfully delivered a number of high impact programmes, built strong local networks and adopted the highest standards of governance. A unique feature of the Active Partnerships is their independence, working across all sports, activities, providers and audiences, focused on the needs of their local communities.

The Active Partnerships mission is to 'increase levels of engagement in sport and physical activity, reducing levels of inactivity, tackling stubborn inequalities and using the power of sport and physical activity to transform lives.

ICB role in WCM

NHS Gloucestershire ICB is one of the founding partners of WCM and continues to play an active role in the partnership in shaping, supporting and promoting the movement. The ICB provides funding to, and holds a contract with, Active Gloucestershire for delivery of WCM. However, this is not a traditional model of service delivery in which Active Gloucestershire are the provider of a service directly commissioned by the ICB. The structure represents a move to a more relational commissioning model whereby the contract funding represents a contribution, as an

equal partner, towards the whole movement rather than a traditional commissioner/provider relationship. Strong relationships between partners are key in this approach as we walk alongside each other learning and evolving the movement as we go.

1.2 Working in partnership to tackle health inequalities for homeless people in Gloucestershire

Taking a holistic approach to treating homeless people attending emergency departments is helping to break the cycle of homelessness

Between 400 to 600 homeless people attend Emergency Departments (ED) at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) every year. The statistics are startling and show that there are avoidable and unfair differences in the way homeless people experience care. Around a third of homeless deaths are the results of treatable medical conditions and homeless people are likely to attend ED six times more frequently than the housed population and stay in hospital for three times as long.

Homelessness is a very complex problem which can be caused by several different factors which can be very challenging to treat. Trauma has often played a key part in influencing someone's journey to homelessness. Until we look at the person as a whole and work out what the multiple and complex factors are that played a major part in getting them into the situation they are in, we can't begin to help that person. Once we complete the puzzle of their lives, we can start to think about why they are using ED so frequently and what kind of help and interventions will get them back on track after discharge. We are stronger and more efficient when we look at this as a partnership.

A homeless patient project in ED at GHNHSFT was the catalyst for change. This led to an approach being made to the Gloucestershire Strategic Housing Partnership (SHP) – a partnership made up of the six district councils, the county council and the Integrated Care Board (ICB). By working as a wider partnership with the local authority and voluntary and community sector organisations (VCS), health and care professionals joined forces to make sure homeless patients received the right support following discharge from ED.

The quality improvement (QI) project focused on developing a pathway for supporting homeless ED attenders. Professionals are now able to help homeless patients access accommodation directly from ED. Along with two new dedicated support roles within the community support service, this streamlined process has improved the standard of care experienced by vulnerable homeless patients. Shona Duffy became the Homeless Specialist Nurse at Gloucester Hospital, and her idea sparked the project. Her expertise working within a safeguarding team had already

given her an insight into why homeless people use healthcare services more frequently.

However, it was a winter stint volunteering at a local night shelter that provided her with deeper knowledge of how this group experiences inequalities and barriers to care. She was able to identify those who attend ED on a frequent basis and sought to find ways to provide better care and reduce A&E attendances while aligning process with The Homeless Reduction Act 2017 (HRA) were the central planks of the project.

Trying a different approach was key

Data was used to identify a trend in homeless people using A&E. The idea was to identify a homeless person at the 'front door' of ED and provide care for them over a few days, as this could reduce the time they spent in hospital in the longer term.

A cultural shift in attitudes towards people who are homeless has driven success

Staff working in ED have experienced a cultural shift after being taught about the tri-morbidity of homelessness (which means a homeless person is more likely to suffer from mental ill health, physical ill health, and substance misuse and at the same time is likely to access services). Education about homelessness empowered professionals to swiftly identify the risks to patients who experience tri-morbidity so that support can be put in place sooner.

GHT's Safeguarding Team worked closely with the P3 charity which provides housing support services and homelessness prevention among other support. The data shows how effective the project has been. Looking at a sample of 10 patients, analysis covered 11 months before and after the implementation of a personalised support plan (PSP) by the Homeless Specialist Nurse and the P3 in-reach hospital navigator and/or ELIM Time to Heal housing officer. These 10 homeless patients collectively attended ED 221 times during the 11 months before their plans began and 52 times during the 11 months after their plans started. As expected, the decrease in ED attendances caused the total hours spent in ED by these 10 patients across 11 months to decrease from 900 hours to 226 hours. Since plans for these 10 patients took root, comparing 11 months pre-plan to 11 months post-plan, there has been a total reduction of 161 ED attendances. This equates to 674 hours spent in the Emergency Department.

Also for those who attend ED on a frequent basis the top 10 in the Trust used to include some rough sleepers (as is the case regionally and nationally). Currently there is not a homeless person in top 30 of those who attend the ED the most and none of the top 10 are homeless. This is a striking comparison with 2020 when seven out of the top 10 of those who attended ED were homeless. GHNHSFT is the

only acute trust in the South West which currently has no homeless people who attend the trust on a frequent basis.

Partnership Working the Strength of this project

Working as a partnership between clinicians, commissioners and local services has meant a huge reduction in 'bed days' (the number of days during which a hospital bed is occupied). Close working between health, housing and support providers has also significantly reduced police and ambulance time as the person becomes more settled generally and begins to reduce reliance on emergency service contact.

1.3 Health and Social Care Recruitment Day

The Integrated Care System (ICS) partners joined together to organise and run a major recruitment day specifically targeted at recruiting into Health and Social Care jobs. The event followed a dynamic new format, which gave people the chance to walk in and get screened, registered and interviewed on the day. Candidates were told immediately if they were successful.

Partners from health including Gloucestershire Hospitals NHS Foundation Trust, (GHFT), Gloucestershire Health and Care NHS Foundation Trust (GHC), Gloucestershire County Council (GCC) and the independent sector joined forces to host this one stop shop to fast-track candidates into job opportunities within health and social care in Gloucestershire.

The event was widely publicised across local and social media with 270 job offers on the day. As at the 16th November 16 candidates have either started or are ready to start and going through induction process, 52 candidates have withdrawn or been rejected due to visa issues, 13 transferred to organisation's staff banks and the remaining 189 are going through the pre-employment check process.

The event had a real 'buzz' around it with staff from across health and social care in Gloucestershire enjoying the experience of recruiting together, while candidates found the information session and set up of the day well organised and smooth, allowing for offers to be made immediately. A short film was made of the event and can be viewed here Health and Social Care Worker Recruitment Event – YouTube <https://www.youtube.com/watch?v=NwT81zxVYkg>

1.4 Equality Delivery System 2022

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

Technical guidance on the third version of the Equality Delivery System (EDS) was published in August 2022. It aims to provide assurance or actions for equality

improvement relating to services, workforce and leadership. The new guidance describes EDS 2022 as a generic system that has been designed for both NHS commissioners and NHS providers, but best applied in partnership across ICS.

Implementation by NHS provider organisations is mandatory, through the NHS Standard Contract. NHS Commissioning systems are required to demonstrate 'robust implementation' of the EDS as set out in the Oversight Framework. EDS reviews should be carried out annually, with results feeding into the setting of strategic, corporate and equality objectives, annual reporting of progress on the Public Sector Equality Duty (PSED) and Quality Accounts.

The EDS comprises eleven outcomes spread across three Domains:

- Domain 1 Commissioned or provided services (4 outcomes);
- Domain 2 Workforce health and well-being (4 outcomes); and
- Domain 3 Inclusive leadership (3 outcomes).

The outcomes are evaluated, scored, and rated using available evidence and insight. The process needs to take account of the nine 'protected characteristics' and those who suffer health inequalities, e.g. deprivation, veterans, carers, etc. Each of the three domains is assessed using a range of data and 'community' insight. The assessment and gradings should be tested with independent parties, which could include a local Healthwatch, grassroots or umbrella VCSE organisation

System ED&I leads in health have agreed to work together on Domain 1 and have collectively agreed the following approach:

Domain 1: Commissioned or provided services

- This year we will review two service areas: Cancer Services and Translation & Interpretation Services (including implementation of Accessible Information Standard).
- Feedback gathered through engagement, quality improvement programmes and external reports has informed this selection and will be used for the assessment. Assessment will be tested by ICB Working with People & Communities Advisory Board*

Domain 2: Workforce health and well-being

- Each organisation will review relevant data sources including Workforce Race Equality Standards and Workforce Disability Standards.
- Assessment will be actively tested through structured engagement with staff, staff networks and trade unions.

Domain 3: Inclusive leadership

- Each organisation will review relevant data sources including board papers, training, Executive/Chair reports, Stakeholder Briefings to assess how Board members and other senior leaders have demonstrated where they actively promoted equality as part of their role.

Assessments will be tested by ICB Working with People & Communities Advisory Board.

The ICB Working with People & Communities Advisory Board is being established to assure the ICB that the voice of people and communities is represented and heard, and that their insight inform decisions of the planning, development, design, redesign, implementation, and evaluation of commissioned services. Membership includes lay representation from: Healthwatch Gloucestershire; Inclusion Gloucestershire; Black Business Network; Partnership Boards; VCSE Alliance; Experts by Experience; and other VCS partners. The People & Communities Advisory Board will provide an independent assessment of assessment of services undertaken by system partners for Domain 1 and will undertake an assessment of Domain 3 on inclusive leadership.

The findings with recommendation for delivering the requirements of EDS 22 will be presented to system partners' Boards, a report will come to the ICB Board for its meeting on 25th January. EDS 22 reports will subsequently be made available on each organisation's website by February 2023.

1.5 Fit for the Future (FFTF) - Update and next steps

At its meeting at the end of November 2022, the NHS Gloucestershire Integrated Care Board agreed that no further FFTF phase 2 public involvement/ public consultation activities are required and that an FFTF phase 2 Decision-Making Business Case (DMBC) should be developed based on the 5 services in scope moving to implementation, with the DMBC presented to GHFT and ICB Boards in March 2023 for approval.

This decision followed on from the discussion at HOSC in October 2022 during which it was evident that HOSC Members did not raise any concerns with the level of public involvement activities completed to date, in phase 1 and phase 2, and there were no further requests for public involvement on the proposed changes in scope of phase 2. In addition, NHS England had confirmed that, should a decision be taken by the NHS Gloucestershire ICB that they were content that the public involvement undertaken has met their duties to involve the public, there would no longer be a requirement to extend the Stage 2 process to include formal public consultation.

Gloucestershire Hospitals NHS Foundation Trust Board has also approved the recommendation that no further FFTF phase 2 public involvement/ public

consultation activities are required and to proceed to Decision-making Business Case.

1.6 Improving access to diagnostic tests in Gloucestershire

A new diagnostic centre offering X-rays, MRI, CT, ultrasound, ECHO and DEXA scanning to patients across Gloucestershire is set to open in the centre of Gloucester during autumn 2023.

The £15m Community Diagnostic Centre (CDC) is the first in the South West to be approved by NHS England, meaning that work on the County Council owned building in Quayside can now get underway, with Kier as the construction contractor. One Gloucestershire Integrated Care System (ICS) partners are working together to oversee the development which will provide patients with the diagnostic tests they need in a convenient location, quickly, and in the fewest possible number of visits.

The new centre will open in phases, with CT and MRI services operational by March 2023 and a full range of service available from October 2023.

While the new facility provides enhanced diagnostic services, patients will still be able to have X rays and other imaging procedures carried out at existing hospital sites, including community hospitals, when appropriate.

1.7 There's No Place Like Home: campaign to help care for patients at home

Health and care organisations in Gloucestershire continue to work together in making patients and their families more aware of the benefits of recovering at home, just as soon as they are well enough to leave hospital.

The 'There's No Place Like Home' campaign raises awareness of the benefits of recovering at home and provides access to a range of support and is a joint programme between Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust, NHS Gloucestershire ICB and Gloucestershire County Council.

Being in a hospital during a period of acute illness is the right place to be. However, there's lots of evidence that shows once that acute phase is over, hospitals are not the best place for recovery and rehabilitation where surroundings are unfamiliar, mobility is more limited and good sleep less easy to come by.

As part of the campaign, an information leaflet and checklist will be shared with inpatients, families and their carers raising awareness of the benefits of recovering at home.

Why there really is no place like home

Physical strength: If you stay in bed for long periods you lose mobility, fitness and muscle strength. This makes it harder for you to regain your independence. Getting up, dressed and moving helps maintain muscle strength and your ability to do things for yourself.

Rest: Good sleep is essential for a long and healthy life but it's even more important when you're recovering from an injury or illness. Hospitals are busy places, often with patients and staff coming and going throughout the night and many patients struggle to get a good night's sleep which can lead to sleep deprivation. There's no bed like your own bed when it comes to getting a good night's sleep.

Mental wellbeing: Being in familiar surroundings with support from your friends and families is one of the best things for mental wellbeing. Hospitals are unfamiliar and can be very confusing, which increases your risk of developing delirium (sudden confusion).

Infection: When you're unwell you're often less resistant to infections. We do everything we can to prevent you from developing an infection but the risk is usually lower at home where there are fewer unwell people under one roof.

For more information: <https://www.nhsglos.nhs.uk/news/theres-no-place-like-home-campaign-to-help-care-for-patients-at-home-2/>

2. Section 2: NHS Gloucestershire ICB primary medical care commissioning update

These items are for information and noting.

2.1 New Medical Centre in Stroud

The redevelopment of Number 1 King Street in Stroud is nearing the completion of its extensive programme of construction works, dramatically changing the landscape of this area of the town. Central to the work is the brand new £6.5m medical centre which will become the new home of two of the town's established GP practices, Locking Hill Surgery and Stroud Valleys Family Practice which have now merged to become Five Valleys Medical Practice.

The fully refurbished building will house the medical practice, a new first floor physiotherapy and podiatry suite operated by Gloucestershire Health and Care NHS Foundation Trust as well as well as a new library, a coffee shop and office facilities. The development is a key part of Dransfield Properties' work in the centre of Stroud and the redevelopment of the Five Valleys Shopping Centre, which to date has seen in excess of £25m of investment.

The new medical centre will provide new and improved GP services for more than 15,000 patients and will link with our shopping centre, Five Valleys, as well as having excellent local transport links. The two GP practices have outgrown their current buildings and the new, modern facility will give them room to grow as well as allow them to extend the range of services they provide, expand training opportunities and support patients with complex needs who require more specialist treatment.

The relocated physiotherapy and podiatry services will also be merged into one comprehensive clinic, as part of work to ensure best use of their estate and provide high quality premises. The new facilities will offer much improved accessibility for patients, being in a central part of the town within a short two-minute walk of the train and bus stations, a taxi rank and other amenities, including pharmacies. Work on Stroud's new medical centre is scheduled to complete at the end of November, with the opening of the library to follow in the New Year

2.2 Physiotherapists Working Within GP Practices Rated "Outstanding" By Patients

Over the past two years, GP surgeries have adapted the way consultations can be offered to keep patients safe and make sure those with the greatest need are seen first. This means that patients can now benefit from the expertise of a range of professionals within surgery teams, such as nurses, pharmacists, physiotherapists

and social prescribers, and surgery teams can consult with patients as efficiently as possible in ways that work best for everyone.

The Chartered Society of Physiotherapy has been looking at the benefits of patients seeing physiotherapists as their first contact within primary care (First Contact Physiotherapy (FCP) and has produced a video highlighting these benefits. [FCP Case Study: Insight from colleagues at Central Cheltenham PCN - YouTube](#)

The video showcases Central Cheltenham Primary Care Network (PCN) which has an FCP service delivered by Gloucestershire Health and Care NHS Foundation Trust (GHC). This service has received high praise from both GPs and patients alike who are benefiting from the clinical expertise of FCPs (which includes things like being able to give joint injections and sign Fit Notes).

Experience feedback to date shows that 95% of patients who have accessed the service have reported that they would be very happy to use it again if they experienced any other MSK problems. In addition, feedback collected by GHC indicates that most patients rate the service as either “outstanding” or “excellent”.

3. Section 3: Local Providers’ updates

This Section includes updates from Gloucestershire Health and Care Services NHS Foundation Trust (GHC), Gloucestershire Hospitals NHS Foundation Trust (GHT) and South Western Ambulance Service NHS Foundation Trust (SWAST).

These items are for information and noting.

3.1 Gloucestershire Hospitals NHS Foundation Trust (GHT)

3.1.1 Operational Context

The Trust has experienced an unprecedented period of operational challenge, (which is consistent with the national picture) and has led to longer waiting times in our emergency departments, a deterioration in ambulance handover times and ambulance community response times and higher levels of patients being cared for in temporary settings. This position has been exacerbated by the acuity of patients being admitted, which means that length of stay is extended, and therefore daily discharges lower and the opportunity to divert people away from the front door reduced.

The system and Trust response has been exceptional and testimony to this is the fact that Gloucestershire was the final system to declare OPEL Level 4 recently across the South West (a measure of whole system pressure). That said, the

pressure upon staff across health and care has been extreme and considerable focus is being placed on how we can support staff given the likelihood of these conditions persisting. This includes reviewing the models that served us well during the early phases of the pandemic, such as the Psychology Link Worker model and TRIM (Trauma Risk Management) Practitioner support.

3.1.2 Supporting our colleagues

The Trust has announced that they will reinstate a 50% discount on meals as well as free hot drinks and bottled water from Monday 16 January until the end of March 2023. This was something the Trust did throughout COVID to ensure colleagues were able to get refreshments and take a well-earned break.

In addition to the discount, staff will be able to get free porridge and soup from Fosters and Blue Spa restaurants and free soup from our two Sweet Success café outlets, which are based in our education centres.

The Trust knows that many colleagues continue to be directly affected by the cost-of-living crisis, in addition to the huge challenges and demands on hospital services. The aim is to provide all the support possible, so that colleagues know just how valued they are, and to ensure everyone has the opportunity to have food and refreshments, take breaks and look after their wellbeing as they care for others.

3.1.3 Elective Care

Despite challenges, and at odds with many systems, the Trust has not cancelled any cancer patient due to operational pressures in the last month. Huge credit is due to the operational teams that have enabled us to hold this position, along with the leadership from Qadar Zada, Chief Operating Officer. In light of concerns expressed by the Care Quality Commission, significant scrutiny continues on the use of theatre recovery and, to date, no elective patient has been cared for in theatre recovery overnight.

3.1.4 Industrial Action

During the national Royal College of Nursing (RCN) strikes of 15 and 20 December, 527 Trust employees took part in industrial action over the two days. The Trust was pleased to be able to support staff to exercise their right to strike, whilst keeping hospitals safe. The Trust worked closely with RCN colleagues and teams whilst also responding to some additional challenges including heavy snowfall and the burst water pipes affecting Gloucestershire!

Services, particularly Emergency Departments (ED), were also significantly impacted by strike action from paramedics who are members of GMB and Unison, on 21 December 2022 and 11 January 2023. Planning ensured that teams worked hard across divisions and with South West Ambulance Trust (SWAST) colleagues to facilitate additional cohorting of patients at ED. Patients were triaged as quickly as

possible and focused discharges ensured as many people as possible were home in time for Christmas.

Further industrial action⁶ is currently set to take place over the coming weeks (23 January for paramedics, 26 January and 9 February for Chartered Society of Physiotherapy members) and planning is active including reviewing and responding to the insights from previous strikes. The national RCN industrial action planned for 18 and 19 January did not affect the Trust, this time. At the time of writing, the outcome of the ballot for industrial action amongst members of the Hospital Consultants and Specialists Association is awaited, whereas the ballot of midwives did not meet the threshold for industrial action. The vast majority of the members of the Chartered Society of Physiotherapists supported strike action although dates for industrial action have yet to be confirmed. Finally, the British Medical Association (BMA) has signaled their intention to ballot members in respect of proposed industrial action.

3.1.5 Care Quality Commission – Progress

The Care Quality Commission Improvement Notice issued in November 2022 following their inspection of radiotherapy services has now been removed. Overall, the inspection was very positive but nevertheless it is good to have achieved compliance with all requirements, so quickly after the initial inspection. In addition, maternity services were given outstanding feedback in the CQC 2022 National Maternity Survey, published on 11 January 2023. The Trust was rated highly among the 121 acute NHS trusts that took part in the CQC Survey.

Given the considerable challenges that maternity services have faced over the last year, the Trust and partners are delighted with these results. It is wonderful to see the many areas where the Trust is delivering great care, which is clearly valued by women and families in Gloucestershire.

This feedback is exceptional and everyone delivering maternity care should feel extremely proud of these results, congratulations to everyone involved.

The survey results reveal the responses from women who had given birth during February 2022. A total of 228 service users in Gloucestershire completed the survey, which asked questions about all aspects of their maternity care from the first time they saw a clinician or midwife, during labour and birth, through to the care provided at home following the arrival of their baby.

It was particularly pleasing to see that the Trust had better than average scores in the survey's national benchmarked findings for the following questions:

⁶ Further industrial action may be announced between the drafting of this report and the HOSC meeting

- 81% found their partner was able to stay with them as long as they wanted (in hospital after birth) against an average score of 41%
- 75% saw their midwife as much as they wanted in the postnatal period against an average score of 63%
- 90% were given sufficient information about where to have their baby against an average score of 79%
- 95% were given enough support for mental health during pregnancy against an average of 85%
- 83% were not left alone when worried during labour and birth against an average of 73%

Everyone involved in providing maternity care at the Trust are understandably very pleased with the feedback from the people who use local services, and are a critical part of how the Trust continues to develop services around people's experiences.

3.1.6 Maternity service provision

In order to ensure safe service provision a number of temporary service changes have been implemented across the county. These are set out below. The Trust would like to reiterate previous assurances about our long-term commitment to the future of both Stroud Maternity Unit (SMU) and Cheltenham Aveta.

Summary of temporary changes (set out in more detail in the Memorandum of Understanding Proforma at Appendix 1):

3.1.6a Cheltenham Aveta Birth Unit

The Cheltenham Aveta birth unit will remain closed for labour and birth

- All other services at the unit, including planned antenatal care, continue to be provided.
- In exiting news, the Trust can confirm that a bid for a new, purpose-built birth centre on the Cheltenham General Hospital site has been successful, which will offer an improved location and facilities. More details on this will follow.

3.1.6b Stroud Maternity

Stroud Maternity is open but the Postnatal beds will remain closed

- Postnatal care for families in Stroud continues to be available in the first 6/12 hours post birth in Stroud birthing rooms after which families are discharged home. If a mother or baby born at Stroud needs postnatal care that requires on-going in hospital monitoring, this will be accommodated on our Maternity Ward at GRH
- The community midwifery service in Stroud remains unchanged. Women are offered home visits or the opportunity to attend a postnatal clinic run by midwives in the postnatal period

- Breastfeeding parent support is available at the Unit.

3.1.6c Gloucestershire Royal Hospital Maternity Services

All GHT services at the Gloucester Birth Unit and the Central Delivery Suite, both in the Women's Centre at Gloucestershire Royal Hospital (GRH), are unaffected by these temporary changes.

3.1.6d Home births

The Trust continues to offer planned home births but there may be rare occasions when it is not safe to do so due to staffing challenges and this is reviewed on a case-by-case basis.

3.1.6e Recruitment and retention update

The dedicated midwifery recruitment team has implemented several targeted initiatives. Although the Trust has recruited several new midwives over the last few months and have seven more new midwives starting in February and March, this must be balanced against maternity leave, sickness absence and resignations. This challenging environment is a national issue, as outlined by the Royal College of Midwives⁷ this month.

With staffing levels remaining uncertain, these limited temporary suspensions will be reviewed again in April this year, when the Trust hopes to provide a more detailed picture of the likely timeline for the reinstatement of these services.

The safety of all babies, women and birthing people remains the guiding principle behind every difficult decision. The Trust strives to retain as much choice as possible for women and families within the difficult circumstances it is currently operating in and apologise to everyone who continues to be affected by the difficult choices it is having to make.

3.1.7 Managing Winter Pressures

The Trust has opened two new services, which were a central part of our Winter Plan. On 29 December 2022 the Trust opened the first local dedicated winter pressures ward, on Prescott ward at Cheltenham General Hospital. This ward is intended to "flex" to provide additional and much needed capacity during winter and to be utilised in quieter periods as a "decant" ward to enable decoration and refurbishment of wards that would otherwise result in loss of beds.

On 3 January 2023 the Trust opened the long-awaited Discharge Lounge at Gloucestershire Royal Hospital. This modular build, which was enabled following the Trust's successful bid against national capital for initiatives, is aimed at reducing

⁷ <https://www.rcm.org.uk/news-views/rcm-opinion/2019/england-short-of-almost-2-500-midwives-new-birth-figures-confirm/>

ambulance handover delays, can accommodate 29 patients awaiting discharge from GRH, including patients in beds and trolleys. The evidence is compelling with respect to the impact on flow and ED congestion if a patient's planned discharge from the ward can be affected even a few hours sooner. All wards are being asked to identify patients suitable for early transfer to the lounge the night before.

3.1.8 NHS England priorities and operational planning guidance 2023/24

On 23 December 2022, NHS England published the 2023/24 priorities and operational planning guidance. The guidance lays out “three key tasks” for the NHS and describes the immediate priority to be, to recover core services and productivity; secondly, as we recover, to make progress in delivering the key ambitions set out in the *NHS Long Term Plan*; and thirdly, to continue to transform the NHS for the future.

Within these broad headings are some clear measures by which success will be judged; the following are the key metrics against which acute trust performance will be judged:

- Improving ambulance response times to an average of 30 minutes for Category 2 calls, with an expectation of achieving pre-pandemic response times and/or the existing national standard of 18 minutes. Gloucestershire's performance for December was 122 minutes, a deterioration on performance in November of 42 minutes.
- Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 – the current standard is 95%. The Trusts performance for December was 54%.
- Eliminate waits of over 65 weeks for elective care by March 2024 – currently the Trust has 356 patients waiting more than 65 weeks against a SW region system average of 2,859 and within a range of 356 to 8,510
- Increase the percentage of patients that receive a diagnostic test within 6 weeks – the Trust currently achieves this standard
- Meet the cancer *Faster Diagnosis Standard* by March 2024 so that 75% of patients referred with suspected cancer are diagnosed or have cancer ruled out within 28 days of referral - the Trust currently meets this standard
- Increase fill rates against funded establishments in midwifery services whilst continuing to make progress towards the national ambition to reduce stillbirth, neonatal and maternal mortality, and serious intrapartum brain injury.

3.2 Gloucestershire Health and Care NHS Foundation Trust (GHC)

3.2.1 Step into Health Programme

The support GHC gives to serving military personnel, veterans and military families is set to be enhanced through membership of the national Step into Health Programme (SITH). SITH is delivered through partnership between military organisations and the NHS. It supports increased recruitment of members of the armed forces community, including people leaving military service with additional needs.

The Trust is already a proud signatory of the Armed Forces Covenant and achieved the Employer Recognition Silver Covenant Award recently. GHC is also an accredited Veteran Aware Trust. Joining SITH is another step forward in enhancing what we can offer veterans and military families, particularly through employment opportunities.

There are more than 900,000 military veterans of working age in the UK. Many have backgrounds in business areas such as operations, logistics and HR and the skills, values and attributes of the majority of veterans closely aligns with those of the NHS.

3.2.2 Wellbeing Line Update

The Wellbeing service for people working in health and social care across Gloucestershire will be funded by the ICB for 2023/24, in light of the local priority to support staff health and wellbeing. The Wellbeing Line, which is hosted by GHC, was initially funded by NHS England as part of a national scheme to support doctors, nurses, health care assistants, allied health professionals and care professionals following the Covid pandemic. National funding has now ended, but locally we have decided to continue supporting the service in light of the continued pressure colleagues are under.

The Wellbeing Line team includes two clinical psychologists, two assistant psychologists and two support colleagues. The service, which has supported more than 1,000 colleagues in its first year, is provided in addition to organisational occupational health services, and has very short waiting times, with no need to complete a referral form.

3.2.3 Royal Visit to Allotment

Her Royal Highness The Princess Royal visited a newly developed therapeutic allotment which is helping people with mental health conditions on their road to recovery.

The allotment, off Horton Road, in Gloucester, is managed by service users, occupational therapists and other colleagues from the Montpellier Unit. As patron of the Royal College of Occupational Therapists (RCOT) Her Royal Highness was

given a tour of the site and an opportunity to learn more about the benefits it brings to a wide range of people.

The allotment site has been significantly refurbished in recent months, including new fishponds, a nature area, a chicken run and an aviary and areas to grow and cultivate produce, which is used in cookery programmes. As well as being used by the services users from the Montpellier Unit, other teams and local services now also benefit from the spending time in the allotment and developing their skills.

Future plans include a new building where more activities can take place especially during bad weather, and work to make the site fully accessible to people with limited mobility.

3.3 South Western Ambulance Service NHS Foundation Trust - Update

3.3.1 Trust 2022/23 Plan Update

Emergency Operation Centres recruitment: SWASFT is pleased to report an increase in resources within the EOCs; particularly in relation to the number of dispatchers and 999 call handlers (EMDs) recruited.

- Year-to-date growth in 999 call handlers (EMD) = 17%
- Year-to-date growth in dispatch = 27%

3.3.2 New Board Appointments

Jane Chandler will join the Trust in February 2023 as executive director of quality patient care following Jenny Winslade's departure as executive director of quality and clinical care last July. Jane has been deputy chief nurse at the Royal Berkshire NHS Foundation Trust for eight years, where she has been dedicating her time to ensuring the highest quality of safe and compassionate care to patients.

Justine McGuinness has been appointed into the new role of director of communications and public affairs – she joins SWASFT in February from The Hillingdon Hospitals NHS Foundation Trust and brings a wealth of NHS experience, with a long history of working in public affairs.

Neil Lentern will join SWASFT in Spring 2023 into a new role of director of paramedic practice. He will be responsible for influencing and shaping policy and clinical transformation both within the Trust and as part of the wider health and social care system.

3.3.3 Celebrating Success

College of Paramedics and South Western Ambulance Service sign agreement

The College of Paramedics and SWASFT have entered into a landmark agreement to work together to promote and distribute a new Practice Educator course to be used as a national standard for the paramedic profession. Created initially for SWASFT and written by the trust's Learning and Development Officer, Lizzie Ryan, the non-accredited, e-learning Practice Educator course will now be offered free of charge to every ambulance trust in the UK and every university delivering Health and Care Professions Council (HCPC) approved paramedic programmes. It is hoped that this national approach will help improve patient safety and offer effective practice-based learning for frontline staff.

Ambulance service wins national award for new system that helps vulnerable patients

A new IT system which has transformed how SWASFT identifies and helps vulnerable patients, has won a national award. SWASFT teamed up with Exeter-based Iridium Consulting to create the Frequent Caller Management System (FCMS), which has won the Best Healthcare Management Solution category in the Health Tech Digital Awards 2022. The system was developed in Exeter and Bristol but serves patients from across the whole of the South West region from the Isles of Scilly to North Gloucestershire. FCMS is the first system of its kind in the UK that automatically identifies any individual who meets the criteria of being a frequent caller to 999 and who contacts the ambulance service from within its geographical area.

4. Recommendations

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

Dame Gill Morgan

Chair
NHS Gloucestershire ICB

Mary Hutton

Chief Executive
NHS Gloucestershire ICB

January 2023

Appendix 1

Pro- forma - Consideration of 'substantial' nature or a proposed service variation

Name of NHS Trust/ Name of NHS Commissioning Organisation
Gloucestershire Hospitals NHSFT
Lead Manager and contact details
Lisa Stephens, Head of Midwifery / Deputy Divisional Director of Quality 0300 422 2375 Lisa.stephens10@nhs.net
Details of the current service
GNHSFT Maternity Service <p>Gloucestershire Hospitals Foundation NHS Trust provides a large maternity service for the county in which circa 6,000 babies are delivered each year.</p> <ul style="list-style-type: none">• The maternity service comprises<ul style="list-style-type: none">• Community midwifery service with home birth service• Continuity of Carer Teams• Maternity Advice Line (hosted at SWAST/Triage)• Obstetric antenatal clinics (Gloucester, Stroud and Cheltenham)• Maternity Day Assessment• Maternity Triage• Delivery suite based at Gloucestershire Royal Hospital with Obstetric Theatres• Three midwifery led birth units, one co-located at Gloucestershire Royal and two standalone units at Cheltenham and Stroud
Details of the proposed change to service
<p>Due to on-going midwifery staffing challenges, to:</p> <ul style="list-style-type: none">• extend the temporary closure of Cheltenham General (AVETA) Birth Unit for labour and birth,• extend the temporary closure of postnatal beds at the Stroud Birth Unit. <p>At the AVETA Birthing Unit, all other services will remain open, included planned antenatal care.</p>

Stroud Maternity Birthing Unit remains open for births and postnatal care for families in the first 6 to 12 hours post birth will continue, after which families will be discharged home. If a mother or baby born at Stroud needs postnatal care that requires on-going in hospital monitoring, this will be accommodated on our Maternity Ward at GRH.

The community midwifery service in Stroud also remains unchanged. Women are offered home visits or the opportunity to attend a postnatal clinic run by midwives in the postnatal period. Breastfeeding parent support is also available at the Unit.

Timescales involved

3-month extension, with the staffing position reviewed again in April 2023.

What is the reason for the proposed service change?

In response to a range of Midwifery workforce challenges, a difficult decision was made to close the Cheltenham Aveta Birthing Unit for labour and births from 5th April 2022 and six post-natal beds at Stroud Maternity unit from 1st October 2022.

In discussion with partners, it was agreed this decision would be reviewed by our senior team in Maternity in early January 2023, against progress made on Midwife recruitment, sickness and absence levels.

This review happened in w/c 9th January 2023 and the decision is that these services will remain closed.

Summary of key issues driving this temporary change:

- National shortage of midwives
- Local vacancies related to recruitment and turnover
- Increased short- and long-term sickness
- Increased Maternity leave
- Vital Quality Improvement workstreams depleting clinical midwifery headcount.

Workforce Challenge

Maternity service provision is needed to continue regardless of workforce pressures and maintenance of the service is therefore a priority. Labour and birth is frequently unplanned and whilst there is some elective work (Elective Caesarean Section and Induction of labour) this is usually related to maternal or fetal concern and therefore there is a limitation in postponing this workload.

In addition, antenatal and postnatal care within the hospital and community is an essential service to maintain safety for women, birthing people and their families. Maintenance of essential services for those families who are most vulnerable, particularly with safeguarding needs are vital.

A flexible workforce, working across the service, consolidating midwifery and obstetric staff in key priority areas is a key principle of any planning associated with workforce absence.

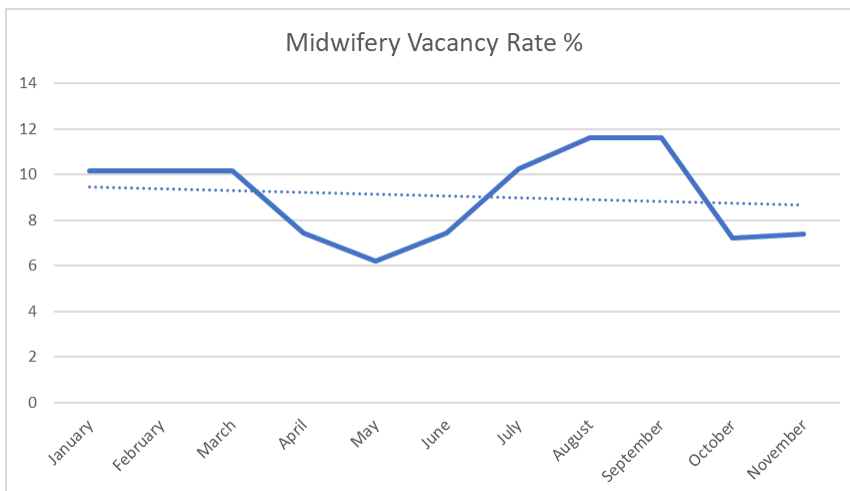
Allocation of staff and subsequent redeployment when necessary is based on the level of clinical activity across the service. The national quality standard of one-to-one care in labour means that service providers need to ensure that the recommended midwifery staffing ratios are maintained so that women in established labour have one-to-one care and support from an assigned midwife.

Vacancy Rate

The vacancy rate is improving at a slow rate. Initiatives to improve workforce include:

- A significant recruitment and retention plan
- Dedicated recruitment and retention team
- Midwifery staffing is on the risk register (score of 20)
- International recruitment
- Short term incentives

Graph: Midwifery Vacancy rate (Jan 22-Nov 22)



Has any involvement taken place to date?

Communication has been shared regularly with staff, service users, our partners within the Local Neonatal and Maternity System (LMNS), Maternity Voices Partnership (MVP) and other key stakeholders.

Some partners have helped us design these communications to help understanding and improve our reach.

Maternity strategy events are being undertaken in each locality to engage, inform, share and promote a joint vision of the future of Maternity services within Gloucestershire.

Expected impact of proposed change and what is being done to address this

<p>Patients, unpaid carers, people and communities affected</p> <p>(the demographic assumptions that have been made)</p>	<p>Primary impact on those who would have given birth at Cheltenham Birth Unit, with alternative provision now provided at Gloucester Birth unit or Stroud Birth unit.</p> <p>For postnatal care, if a mother or baby born at Stroud needs postnatal care beyond 12 hours that requires on-going in-hospital monitoring, this will be accommodated on our Maternity Ward at GRH.</p>
<p>The changes in accessibility</p> <p>(i.e. transport issues/ opening hours etc)</p>	<p>Maternity services operate 24/7</p>
<p>The changes in methods of delivery</p> <p>(venue / practitioner)</p>	<p>Staff are working flexibly across maternity services to support care of service users.</p> <p>No changes to Antenatal care, changes to postnatal care are detailed above.</p>
<p>Impact upon other services</p>	<p>No impact on Antenatal care</p>
<p>Wider implications</p> <p>(consider effects on community safety/ local economy etc)</p>	<p>Impact of temporary service changes are being monitored, for example an increase in the number of home births.</p>
<p>Equality/ Inequality issues</p> <p><i>(how will it help achieve health improvement goals and reduce inequalities?)</i></p>	<p>The Continuity of Care team based in Cheltenham is retained and the team links with those in the highest areas of deprivation.</p>

Name of person completing this proforma	Lisa Stephens (Head of Midwifery) Simon Pirie (Chief of Service – Womens & Childrens)
Date proforma completed	17th January 2023