

NHS Gloucestershire Integrated Care Board Update

Gloucestershire Health Overview and Scrutiny Committee

14 March 2023



NHS Gloucestershire Integrated Care Board (ICB) Update

Report contents

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 ICS Diagnostic programme

The Community Diagnostic Centre (CDC) programme, as part of the ICS Diagnostic programme, continues to deliver additional activity against trajectory. Between December 2021 and December 2022, over 41,000 additional tests have been delivered, of which just over 27,000 tests are attributed to an imaging modality including X-ray, CT, MRI and US. This has led to an improvement in performance in terms of the time patients are waiting for a test. The additional activity already being delivered will continue once the CDC hub is complete.

1.2 Tackling health inequalities in Gloucester City

The Music Works is a local charity that is funded by NHS Gloucestershire to provide a Health Inequalities programme that uses music to address some of the health inequalities that exist for young people in Gloucester, engaging those that might not

otherwise access support services. There is a strong body of evidence that shows that music helps young people in challenging circumstances to develop a sense of confidence and self-worth, while making music with others can help create social connections. Young people who have taken part in the programme have been from the following backgrounds:

- 24% of the young people living in areas of high deprivation;
- 44% being from a black or minority ethnic community;
- 13% living in care or being a care leaver;
- 16% had been excluded from school; and
- 21% young offenders or at risk of offending.

In 22/23 the programme impacted on 505 young people's lives over 1,009 music sessions. Using the Short Warwick–Edinburgh Mental Wellbeing Scale (sWEMWBS – a validated outcome measure), participants wellbeing was measured through their engagement on the programme. There was a 34% increase in young people experiencing a high level of wellbeing after they attended the music programmes, and a reduction of 15% of young people feeling a low level of well-being. This demonstrates an overall increase of wellbeing for young people who took part in the music programmes.

1.3 Proposed approach to the development of the 5-year Joint Forward Plan

NHS England issued guidance at the end of December on the development of Joint Forward Plans <https://www.england.nhs.uk/long-read/guidance-on-developing-the-joint-forward-plan/>

This guidance supports integrated care boards (ICBs) and their partner NHS trusts and foundation trusts to develop their first 5-year joint forward plans (JFPs) with system partners. The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts (the ICB's partner NHS trusts and foundation trusts are named in its constitution) to prepare their JFP before the start of each financial year. This guidance sets out a flexible framework for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity. It also states specific statutory requirements that plans must meet. The timescales for development and publication have recently been adjusted nationally:

- Draft 30/03/2023
- Final publication (and sharing with NHSE) 30/06/2023

The proposed approach to the Gloucestershire JFP is based on 5-year aims and milestones of our transformation programmes, grouped to reflect the 'pillars' of the new Integrated Care Strategy. Engagement has largely been conducted via the Integrated Care Strategy development process to avoid duplication and engagement

fatigue. Ongoing engagement with partners and HWB is planned through to June 2023.

The JFP will address the ICB's 17 legislative requirements, including implementing joint local health and wellbeing strategies, plus 8 additional recommended content sections (including Population Health Management and supporting wider social and economic development).

The proposed tone and principles of the Gloucestershire JFP will be a clear, accessible document for staff and public consumption, and used across the system for accountability.

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

These items are for information and noting.

2.1 Community Investment Fund from NHS Southwest

In late Autumn 2022, NHS Gloucestershire ICB received a non-recurrent fund of £300,000 from NHSE Southwest to provide short-term positive impact over the Winter for the most disadvantaged in our population in acknowledgement of the potential impact cost of living challenges on health. It was agreed that the Integrated Locality Partnerships (ILPs) would be the most suitable route for the funding to both meet the requirements of the funding and be impactful for the differing populations across the county.

Members of each ILP suggested schemes to utilise the £50,000 allocated to each ILP with the support of an ICB Non-Executive Director, with suggestions ultimately approved by the ICB Chair. The involvement of peer elected VCSE representatives of each ILP as part of the conversation was hugely beneficial to maximising this opportunity. Each Locality determined a number of schemes for example additional warm hubs, support to food banks, and funding for practical items such slow cookers and hot water bottles. Funding flows to community/VCSE organisations in each Locality. The ICB is monitoring, learning, adapting, sharing and evaluating between January and March 2023 in order to prepare a high level evaluation, to learn from this approach locally and share the impact this funding has made for people in Gloucestershire most affected by cost of living challenges.

2.2 Primary Care Nursing Workforce Development

Various projects are underway to support the nursing workforce in Primary Care. Following the successful launch of a project called 'Nurse on Tour' in The North East of England, where a Primary Care Nurse lead undertook a pilot to encourage

Nursing students to experience Primary Care, the local training hub has developed a similar project in Gloucestershire, the first in the region.

Whilst Primary Care Nursing is still a popular career destination, nurses can often join practices at a later stage in their career, assuming that secondary care experience is needed. This results in an older nursing workforce in Primary Care with retirements causing concern about future workforce sustainability. The programme was recently launched and implemented in Gloucestershire by the newly appointed Nurse Lead and ICB Strategic GPN Workforce lead.

With the initial objective to introduce Nursing students to Primary care as a first-destination career choice, the programme gives student nurses from all disciplines the opportunity to ask questions of Primary Care professionals about their experiences while also delivering meaningful preventative care in the community.

Students were supported to participate in collaborative learning, provide health checks for patients who had been asymptomatic, offer health promotion, diagnose and refer conditions for further treatment. Two tours have currently taken place involving 8 student nurses from year's 1-3 with General Nursing and Mental Health Nursing backgrounds. 98 patients have been seen to date and 44 patients will be followed up in their practices for previously undiagnosed borderline hypertension. Three of these patients needed immediate treatment with antihypertensives; another patient with an irregular pulse needed anticoagulation and one an urgent Face to Face appointment with a GP.

All Nurses have given positive feedback with several now considering Primary Care as their first destination career choice, one asking for a Primary Care placement and another wanting to repeat the Nurses on tour experience. The intention is to continue to grow this programme and offer the opportunity to further practices. For more information about the Nurses on Tour scheme see University nursing students go on tour to deliver NHS primary health care in community - University of Gloucestershire (glos.ac.uk)

The training hub also has in place a preceptorship scheme and dedicated General Practice Nurse (GPN) Fellowship scheme, to support nurses new into Primary Care, which further supports the pipeline of dedicated nursing staff. Gloucestershire Primary Care Networks (PCNs) have growing numbers of trainee nursing associates, who once qualified as nursing associates can further develop into GPNs. The nursing associate role and associated development pathways are supported by two practice education facilitators within the training hub.

2.3 Supporting our non-clinical workforce in Primary Care

With non-clinical roles making up over 50% of the Primary Care workforce in Gloucestershire, the Primary Care training hub/workforce team are actively

developing a number of programmes to support recruitment, retention and development of our colleagues working within Gloucestershire's GP practices. As is the case with clinical roles, those in non-clinical roles such as Practice receptionists and Care Navigators are facing significant challenges. With demand for Primary Care higher than it's ever been and factors including capacity, patient interactions, burnout, pay, complexity of the job versus expectations are resulting in an increased number of non-clinical staff leaving their posts.

The Primary Care workforce team recently launched virtual Primary Care Induction sessions (available for anyone new to Primary Care) which covered a range of topics such as contracting, Gloucestershire's ICB and PCN structures and digital systems. In addition our training hub GP Clinical Chair is providing a range of bite-sized training offers for reception and administrative staff which are designed to support staff over Winter, including sessions on red flags, pharmacy services and health and wellbeing.

To support our non-clinical (and clinical) colleagues with development in their roles, the ICB is also providing a number of courses including First steps into leadership, practice accounts and tax, dispute resolution and change management. Further work is being undertaken to identify key factors that would support retention of staff within Primary Care.

2.4 New Dental Strategy Group

Gloucestershire ICB takes delegated responsibility from NHSE for the commissioning of dental, pharmacy and optometry services from the start of the new financial year (1st April 2023). In response to delegated commissioning of primary, community and acute dental services the ICB has established a new Dental Strategy Group with membership which includes but is not limited to NHSE, Gloucestershire Health and Care NHS Foundation Trust, Gloucestershire Hospitals NHS foundation Trust, Gloucestershire Local Dental Committee, the South West Dental Network and Gloucestershire County Council Public Health team. Additional members including Healthwatch Gloucestershire will be joining the group.

As a county, Gloucestershire faces particular challenges. For example, the total number of adults seeing an NHS dentist in Gloucestershire in 2020/21 decreased from 36.5% in December 2020 to 28.6% in December 2021. The access rate for the adult population of Gloucestershire (28.6%) is less than the access rate for England as a whole at 36%. Whilst the number of children who saw a dentist in Gloucestershire increased from 30.8% in December 2020 to 43.9% in December 2021 and the access rate is slightly higher than the access rate for children across the whole of England (42.5%), there are oral health challenges for children and young people in areas of the county with the greatest health inequality. Workforce too is a challenge with a shortage of dentists in the county (estimated at 31 whole

time equivalent) which affects the ability of high street practices to deliver their contracts.

The new group will utilise NHSE's dental roadmap and as part of building local relationships, will commission services, which address the dental challenges of access, oral health of children in areas of greatest health inequality and workforce shortages.

3. Section 3: Local Providers' updates

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

Whilst still operationally very challenging, the Trust has recovered from the loss of performance experienced in late December and early January and continues on an upward trajectory to further improvement. This is very good news for our patients and our colleagues and is the result of continued excellent joint working by all partners in our health and social care system.

The Trust has increasingly achieved the Category 2 ambulance response within the (revised) national standard of 30 minutes and in the most recent 7 days, achieved a mean of 25 minutes. With a new emphasis on the 4 Hour A&E target, I am pleased to report that the Trust was the strongest performer in the South-West in the most recently published data; this is a particularly important patient experience metric. However, these improvements continue to come on the back of operational decisions that have undoubtedly impacted on the quality of care for patients and the experience of staff.

Of particular note, are the improvements achieved in supporting patients with No Criteria To Reside (NCTR) to be discharged home or to onward care. This is attributable a system wide improvement initiative called Flow Friday. At the outset of this programme 6 weeks ago, the Trust had 65 patients who had waited more than 50 days to be discharged; we currently have between 8-14 in any given week. Our focus has now shifted to those waiting more than 21 days. Finally, and very importantly, this work has had learning at the centre of its approach and has identified process failings and gaps in services, that we are now seeking to address

with the aim of eliminating 50+ day delays other than when the patient's clinical condition dictates that they remain i.e. they have criteria to reside.

3.1.2 Supporting our colleagues

Our hospitals have announced an extension to the reinstated 50% discount on meals as well as free hot drinks until the end of March 2024. This was something the Trust did throughout COVID to ensure colleagues were able to get refreshments and take a well-earned break. We reintroduced this benefit in January with the initial intention of withdrawing it at the end of March 2023.

In addition to the discount, staff will be able to get free porridge in the morning and soup and a roll at lunch time.

We know that many colleagues continue to be directly affected by the cost-of-living crisis, in addition to the huge challenges and demands on our hospital services. Our aim is to provide all the support we can, 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

The Trust continues to perform well in respect of elective waiting times and is one of a handful of Trusts on track to meet the national target of having no patients waiting more than 78 weeks at the end of March. The very significant focus on cancer is beginning to bear fruit with reductions in the number of patients waiting more than 62 days for their first definitive treatment following GP referral from 402 at the start of the calendar year to 264 as of yesterday and has the best performance of the 14 Trust's in the South- West. However, our goal remains to achieve the 85% and our operational plan submission proposes that we will achieve the standard by the end of May 2023. Very positively, every speciality is on track to achieve the two-week wait standard for the first time since before the pandemic – this is a hugely important milestone in supporting delivery of the 62-day target. Finally, the Trust remains the only Trust in the South-West delivering the Faster Diagnosis Standard which is considered the crucial measure of a positive patient experience as this is the point when around 90% of patients will be told that they do not have cancer.

3.1.4 Industrial Action

At the time of writing this update the Trust was in extensive planning mode making preparations for the upcoming industrial action by the British Medical Association (BMA). Our aim is two-fold - to support colleagues to exercise their right to strike, whilst keeping our hospitals safe.

The BMA will stage a national 72-hour walk-out of all junior doctors in England on 13, 14 and 15 March. There's no doubt that this will have a significant impact on service provision across both Gloucestershire Royal and Cheltenham General

Hospitals. The team continue to explore a wide range of measures in response, including how we provide both elective (planned procedures, tests and appointments) as well as emergency care. Public communications will play a central part to our planning.

Thankfully further planned industrial action by the Royal College of Nursing and the three unions representing ambulance staff have called off their intention to strike pending further discussions with Government.

Industrial action is likely to remain a feature in the coming months and the Trust will continue to plan as best it can to ensure safe service provision.

3.1.5 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 Hospitals Trust would like to reiterate previous assurances about our long-term commitment to the future of both Stroud Maternity Unit (SMU) and Cheltenham Aveta Birthing Unit.

Summary of temporary changes:

Cheltenham Aveta Birthing 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, we 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.

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.

Gloucestershire Royal Hospital Maternity Services

All our 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.

Home births

We continue 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.

Recruitment and retention update

Our dedicated midwifery recruitment team has implemented several targeted initiatives. Although we have recruited a number of new midwives over the last few months and have seven more new midwives starting with us (February and March), this is balanced against maternity leave, sickness absence and resignations. This challenging environment is a national issue, as outlined by the Royal College of Midwives.

With staffing levels remaining uncertain, these limited temporary suspensions will be reviewed again in April this year, when we hope 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 and our priority is to ensure that all women can access one to one care during labour. We strive to retain as much choice as possible for women and families within the difficult circumstances we are currently operating in and apologise to everyone who continues to be affected by the difficult choices we have to make.

3.1.6 Medical Day Unit

MDU temporary service change continuation was agreed with HOSC in March 2022 and planned to continue until March 2023. The intention was to undertake a number of activities to determine the long-term plan for MDU location, including patient and staff involvement and estates improvements. Unfortunately, due to operational and logistical pressures we have been unable to complete this process and would propose a nine-month extension (to Dec 2023), so that these activities can be undertaken prior to decisions regarding the permanent location of the service.

Proposal: Retain the Medical Day Unit at CGH as a Temporary Service Change to December 2023 (to minimise the disruption to patients and staff), whilst continuing to work through the evidence to enable us to develop a long-term proposal for the MDU. See Appendix 1.

3.1.7 Building for the future: £120m-plus transformation

We've announced a further £10.2m additional funding for Cheltenham General Hospital to build a new orthopaedic theatre and birthing unit. The Trust has secured £7.5m government funding to build a purpose-built theatre dedicated to orthopaedic surgery such as hip and knee replacements and £2.7m to transform the Aveta birthing unit into a purpose-built midwifery-led birthing unit.

In addition to the new theatre there will also be new high-tech equipment including ultra clean ventilation, viewing monitors, multi-use carbon fibre theatre tables, state-of-the-art operating equipment and x-ray facilities with the future possibilities of using robotic assisted surgery.

To accommodate the additional theatre, the birthing unit will be relocated to the ground floor of the St Paul's wing, improving accessibility and patient experience. It will include at least two birthing rooms, each with birthing pools, communal pantry with associated facilities and community midwives' facilities.

As mentioned in the maternity briefing above, the Aveta Birthing Unit is temporarily closed to new births in response to staffing challenges. Importantly the works programme will be completed sequentially not concurrently. This means that the new birthing unit on the ground floor of St Paul's will be built before the existing service is relocated. This approach enables the birthing unit in its present location to resume a full birthing service unimpeded by building works. Subject to planning permission works are due to start later in the year and be completed within 18/24 months.

This latest funding round comes on top of a £112m-plus programme already announced which will transform the way patient care is delivered at Cheltenham General and Gloucestershire Royal Hospitals (GRH). Across each site the money is being used to construct new buildings, provide cutting edge technology, develop pioneering clinical practice, digital transformation and green initiatives.

While the spend marks a major investment in hospital services over the next two years the leadership team is continuing to prioritise additional funding sources.

Clinicians say the investment will provide the next generation of care and will:

- Improve patients' outcomes
- Help reduce waiting times
- Ensure fewer operations are cancelled
- Enable more patients to receive the right care at the right time in the right place
- Enhance safe staffing levels
- Attract and retain the very best staff.

We hope the additional £10.2 funding for Cheltenham is further evidence of our commitment to the long-term future of the hospital.

GRH Tower Block

Work on a £12.1m facelift of GRH's Tower Block that will transform the city's skyline is set start in the spring.

The Hospitals' Trust has secured £10.9m of government funding from the Decarbonisation Fund, to transform the 1970s concrete structure into a modern, contemporary and elegant building that will enhance the energy efficiency, significantly reduce carbon emissions, improve the patient ward environment and improve the architectural aesthetics of the city.

To ensure the scheme achieves its full potential the Hospitals Trust will invest an additional £1.2m in capital funding meaning a total funding package of £12.1m. The 11-storey Tower Block will be wrapped in two-toned façade panelling. The projecting balconies will be overlaid in matt silver panels which will angle back to the main face of the tower. The main façade will be a darker grey than the silver to the walkways to give a contrast, reflecting the original projecting walkway. The existing windows will be replaced with the modern, contemporary triple glazed windows, creating an improved aesthetic for patients cared for in out Tower Block ward and help to address the extremes of temperature experienced by staff and patients during the freezing winters and the increasingly hot summers.

Other features of the work programme include the installation of a 200kW air source heat pump which will provide low carbon heat to the hospital, as well as upgrades to the heating hot water control systems which will further reduce energy usage and carbon emissions. Works also include the installation of roof insulation to the kitchen and restaurant area and improvements to the steam distribution system which will also generate carbon and financial savings.

Once complete, the Trust's carbon footprint will be reduced by 1,389 tonnes a year while achieving energy efficiency savings in excess of £82,000 per year. The Trust's official energy services provider, Vital Energi, will design and deliver the energy projects through the Carbon and Energy Fund Framework, specifically created to deliver complex energy infrastructure upgrades for public sector organisations.

Edinburgh-based BPA Architecture has submitted an application for full planning permission today (Thursday 17 November) to Gloucester City Council. Subject to approval it is hoped work will start in the spring to be completed by the winter of 2024.

3.1.8 Research 4 Gloucestershire

Research4Gloucestershire (R4G) brings together partners in the county from health and social care and the University of Gloucestershire around the common aim to develop and support research for the benefit of patients, carers and staff.

We're delighted that Research 4 Gloucestershire is back this year with a three-week-long festival of research-focused events in March, featuring more than 40 guest speakers.

The Gloucestershire Festival of Health and Social Care Research from Research 4 Gloucestershire will be showcasing some of the amazing research work already undertaken in the county and hearing from colleagues across the Health and Social Care system about their commitment to research and its central importance to high-quality patient care. For more information including the programme, venues and timings visit: www.glos.ac.uk/event/gloucestershire-festival-of-health-and-social-care-research/

3.2 Gloucestershire Health and Care NHS Foundation Trust (GHC)

3.2.1 Forest Hospital Progress Update

Significant progress is being made on building the new Forest of Dean Community Hospital, in Steam Mills, Cinderford. The steel frame of the hospital has been finished and work is underway on the external walls. A specialised fire-resistant paint is being added to columns and beams which helps maintain the safety and structure of the building in the event of fire. Internally, fittings are being installed including underfloor heating and pipework and the ducting for the high voltage and communication cables.

Outside the car park has also taken shape, with the first coat of tarmac laid, as well as the majority of kerbs and parking bay formations. Building work on the new hospital should be complete by the end of the year. The Trust will then clean and equip the building, ready for opening in 2024

3.2.2 Stroud Teams Move into New Town Centre Building

Stroud's Podiatry and Adult Physiotherapy services have moved into the new £6.5m medical centre which recently opened in the town centre. Gloucestershire Health and Care NHS Foundation Trust has moved both teams into the top floor of the Five Valleys Medical Practice, in King Street, which opened on Thursday 1 December in a joint venture between Locking Hill Surgery and the Stroud Valleys Family Practice. The two teams had previously been based at Stroud General Hospital and Beeches Green Health Centre, respectively.

The move into the town centre brings new clinic rooms, a large gym area and well-designed reception.

Along with the gym, reception and waiting area, the new premises has 14 consulting or treatment rooms, bathrooms with showers, a staff room and storage and equipment rooms. As well as being a more inviting and accessible premises for patients, it is also a better working environment for Trust colleagues and co-locates them with other local NHS services.

3.2.3. New Non-Executive Director

A new Associate Non-Executive Director has been appointed to Gloucestershire Health and Care NHS Foundation Trust's Board.

Vicci Livingstone-Thompson is the Chief Executive Officer of Inclusion Gloucestershire, a user-led organisation working to further inclusion and champion the voice of people facing disabling barriers across Gloucestershire and beyond. Vicci has career history in senior leadership within the charity disability sector in Gloucestershire and is passionate about empowering people to play the leading role in managing their health and wellbeing and advocating for community-based preventative care and support.

In 2022, Vicci was named one of the 100 most influential disabled people in the UK on the Shaw Trust's Power 100 List, and she is also a Trustee of Active Impact, an organisation breaking down barriers to inclusion for disabled children and young people.

Trust Chair, Ingrid Barker, said Vicci would be a 'huge asset' to the Board.

3.2.4 Occupational Health Team to Support SWAST

Working Well Occupational Health, which is part of Gloucestershire Health and Care NHS FT, is entering into an exciting new contract with SWAST (South Western Ambulance Service NHS Foundation Trust) to provide them with occupational health services with effect from 3 April 2023.

This will be a collaborative arrangement with a number of other NHS Occupational Health Services across the South West working with a 'hub and spoke' model.

This is an excellent opportunity for our Trust to support another vital partner in our local ICS with effective and efficient occupational health services. SWAST are a similar size Trust to our own with c3,800 staff in clinical roles and cover an area of 10,000 square miles, which is 20% of mainland England.

3.3 South Western Ambulance Service NHS Foundation Trust – Update

3.3.1 Trust 2022/23 Plan Updates

Over the last couple of months, some significant progress has been made with key projects that form part of our 2022/23 Trust Plan:

Ambulance Vehicle Preparation go-live in Bristol: Ambulance Vehicle Preparation (AVP) is a new service for SWASFT which will ultimately replace the 'Make Ready' model. The scope of AVP is to clean, restock and refuel an ambulance every day to increase vehicle and equipment availability for delivering patient care. AVP is designed to increase the availability of resources for our patients – for example, vehicle preparation tasks being undertaken by the AVP team could lead to an increase of 5,000 hours per year of patient-facing time for front line staff in Bristol. For more information, please watch this short [video](#).

Emergency Operation Centres recruitment: We are 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%

First Community Ambulance Point go live: Community Ambulance Points (CAPs) are modular buildings that are used by operational resources to facilitate welfare provision, operational standby and rest breaks – 24 hours a day, 7 days a week. The CAPs will be used like “in-shift stations” for ambulance crews, located within areas of high activity and where crew flow allows a reduction in lost operational time to facilitate rest breaks and increased opportunities for crews to rest between incidents.

Successful tender for a new safety incident management system which will ensure we are compliant with the new Learn from Patient Safety Events (LFPSE) national safety incident management system: following staff feedback, we have successfully tendered for a new incident management system that is simple to use, accessible via multiple platforms and contains relevant data/ enhanced reporting to enhance user experience. This software will help to improve the way the Trust triangulates data and enhance our learning from patient safety incidents, complaints, claims and inquests and is a vital part of our governance.

3.3.2 Trust Sexual Safety Charter

SWASFT has launched its Sexual Safety Charter, setting out the importance of sexual safety and asking all our people to sign up to a very clear set of guidelines to protect themselves and colleagues. The charter is designed to educate people on behaviours that are acceptable and unacceptable and encourage colleagues to

check their own behaviour and call out colleagues when their behaviour is uncomfortable.

3.3.3 Launch of 8 Point Plan for Assaults and Hate Crimes

Our 8 Point Plan for Assaults and Hate Crimes is a pledge that SWASFT will not tolerate assaults or hate crimes against our staff and volunteers. We have worked closely with Police colleagues across the region to develop the plan, which provides consistency with how we respond as an organisation when incidents of violence or aggression towards our colleagues occur.

3.3.4 Paramedic Programme

The Trust's new EMD to Paramedic Programme – the first of its kind in the UK – got underway in January following an overwhelming 550 applications.

The programme offers a varied career journey initially working as a 999 Call Handler, before progressing to Emergency Care Assistant and then entry to the Paramedic apprenticeship degree programme.

3.3.5 South Western Ambulance Charity Funds Supporting Our People

During 2021 and 2022, over £140,000 was raised by the South Western Ambulance Charity through fundraising activities such as Outrun an Ambulance, legacy gifts and public donations for Station Area Funds – a pot of money allocated to providing enhanced equipment, improving facilities, developing outdoor spaces and supporting the health and wellbeing of our people.

3.3.6 Wellbeing Awards

The Trust's Wellbeing Team has been shortlisted in The Great British Workplace Wellbeing Awards alongside EON, Bentley Motor Cars and Pets at Home to name a few.

The awards recognise organisations and people who are helping to make a true difference to the lives of our nation's working population and the winners will be announced at an event in March so fingers crossed!

4. Recommendations

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

Dame Gill Morgan

Chair

NHS Gloucestershire ICB

March 2023

Mary Hutton

Chief Executive

NHS Gloucestershire ICB

Appendix 1

Medical Day Unit (MDU)

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

Name of NHS Trust/ Name of NHS Commissioning Organisation
NHS Gloucestershire Integrated Care Board (ICB) Gloucestershire Hospitals NHS Foundation Trust
Lead Manager and contact details
Medical Day Unit Matron Vinod Mani – vinod.mani1@nhs.net Ward Sister Vicki Purnell – vicki.purnell@nhs.net Consultant lead Chris Custard – Christopher.custard@nhs.net
Details of the current service
The Medical Day Unit (MDU) is a Nurse led service that is open between 8am and 4pm Monday to Saturday and provides a range of planned 'day case' procedures (infusions, tests, biopsies and treatments) for medical and surgical patients. Historically, MDU has been provided at CGH and GRH with some procedures taking place on ward areas. MDU has been located at CGH since December 2020 as a temporary service change.
Details of the proposed change to service
MDU temporary service change continuation was agreed with HOSC in March 2022 and planned to continue until March 2023. The intention was to undertake a number of activities to determine the long-term plan for MDU location, including patient and staff involvement and estates improvements. Unfortunately, due to operational and logistical pressures we have been unable to complete this process and would propose a nine-month extension (to Dec 2023), so that these activities can be undertaken prior to decisions regarding the permanent location of the service.
Timescales involved
It is proposed to retain the Medical Day Unit at CGH as a Temporary Service Change for a further 9 months (to minimise the disruption to patients and staff); whilst concurrently a permanent solution is established
What is the reason for the proposed service change?
<i>(What is the case for change?)</i>

The location of MDU at CGH was initially undertaken as a COVID-19 temporary service change as this reduced the risk of nosocomial infection for this patient group, many of whom are immunosuppressed. This move also enabled the Trust to carry out further service moves which has made better use of the GRH site, supporting care delivery in the Emergency Department (ED) at GRH by improving patient flow.

The long-term plan is to develop CGH as a centre of excellence for planned care. Locating the MDU at CGH would therefore be consistent with the Trust's strategic direction for this site. As a result, the ICS is proposing an extension to the temporary changes to provide an opportunity to engage and involve the public, patients and staff around the current proposal

Has any involvement taken place to date?

There has been engagement with the clinical leads for MDU. As yet, there has not been involvement of the public, this is planned for during the proposed 9 month extension.

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

Patients, unpaid carers, people and communities affected

(the demographic assumptions that have been made)

A full Integrated Impact Assessment would be developed if this temporary change is to be considered in the long-term.

Previous impact assessment has identified the following that would need to be considered:

Race / Ethnicity

Studies of secondary care usage have found that ethnicity is a significant predictor of acute hospital admission.

The district with the highest proportion of ethnic diversity is Gloucester city meaning that a geographical distribution of services away from GRH might have a greater impact on these communities.

There is limited data on race and ethnicity of MDU patients.

Gender

There is no conclusive evidence to suggest that access to and experience of acute hospital care differs solely on the basis of a person's gender. Analysis of previous data shows that 58.8% were female and 41.2% were male.

Disability

Forest of Dean is the only district locally that exceeds the national average in terms of the proportion of residents living with a disability. People with disabilities may have an increased risk of developing secondary conditions that are more likely to result in the need for

	<p>acute care. This geographical clustering means that geographical changes to where services are delivered may have a disproportionate impact on those with disabilities in terms of access. There is currently no data captured for MDU to determine the number of patients who may experience disability.</p> <p>Age The age of an individual combined with additional factors including other 'protected characteristics' may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their age. Analysis of previous MDU patients shows 55% are aged between 18-64, 20% are aged between 65-74, 18% are aged 75-84, 6% are aged 85+ and less than 1% are aged 0-17.</p> <p>Religion The retention of the MDU at CGH is unlikely to have a significant negative or positive impact upon peoples of faith. Both CGH and GRH have a team of Chaplains who provide spiritual and pastoral care and support for all faiths to help people find strength comfort and meaning at what can be a very difficult time in their lives. Analysis of previous MDU patients shows that 48.7% identified themselves as Christian, 42.6% identified themselves as having 'no religion' and 7.5% identified recorded that they belonged to "other religion", this did not include Buddhist, Christian, Hindu, Muslim, Sikh or Jewish.</p>
<p>The changes in accessibility (i.e. transport issues/ opening hours etc)</p>	<p>The service move will impact patient and carer travel times; either positively (for patients in the east of the county) or negatively (for patients in the west). Initial analysis has shown the there is a relatively even distribution of patients accessing the MDU from the east and the west of the county. The MDU provides day services only, therefore carer impact would relate to escorting patients to the MDU in the daytime only. Full travel analysis will be completed as part of the work-up of long-term options and will be presented.</p>

<p>The changes in methods of delivery (venue / practitioner)</p>	<p>See changes in accessibility.</p>
<p>Impact upon other services</p>	<p>There are no known impacts upon other service delivery.</p>
<p>Wider implications (consider effects on community safety/ local economy etc)</p>	<p>It is not anticipated that there will be wider implications from this move.</p>
<p>Equality/ Inequality issues <i>(how will it help achieve health improvement goals and reduce inequalities?)</i></p>	<p>A full Integrated Impact Assessment would be developed if this temporary change is to be considered in the long-term. Previous impact assessment has identified the following that would need to be considered:</p> <p>Deprivation Gloucester city has the highest proportion of its population living in the most deprived areas</p> <p>Homelessness On average 2.37 per 1000 households are homeless in Gloucestershire with highest levels in Cheltenham and Gloucester city.</p> <p>Substance Misuse The age standardised hospital admissions due to substance misuse in Gloucestershire is among the lowest in the South West region at 38 per 100,000 persons; lower than both regional and national rates; however, mortality rates suggest that the district of Gloucester City has the highest rates of deaths due to substance misuse, significantly higher than county and national averages.</p> <p>Mental Health The prevalence of mental health disease within the GP practice registered population within Gloucestershire is among the lowest in the South West region at 0.8%; significantly lower than both regional and national averages GHNHSFT admission data demonstrates that more people attend GRH than CGH with mental health related issues.</p>

Name of person completing this pro-forma	Vinod Mani Clare Stephenson
Date proforma completed	03/03/2023