

<b>Report Title</b>	Integrated Performance Report (IPR) September 2023	
<b>Purpose of Report</b>	Updates on recent performance, quality and workforce as presented to the ICS Strategic Executive and ICB Board.	
<b>Is this for information or decision?</b>	This Report is for information.	
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# Integrated Performance Report

September 2023



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Improving Services  
& Delivering  
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(Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality  
(Safety, Experience  
and Effectiveness)

(Quality Committee)

# Summary of Key Achievements & Areas of Focus



## Our Performance

### Key Achievements

- The UEC programme has achieved the majority of planned commitments going into July – with reductions in the numbers of long stay and no Criteria to Reside Patients in the acute hospitals, and good performance against the 2hr Urgent Care community response target.
- Imaging performance remains strong – with no patients waiting more than 6 weeks for CT or MRI at GHFT in July. Diagnostic imaging performance in Gloucestershire is ranked 1st for all ICBs nationally.
- Despite the challenges of industrial action, the Elective recovery fund (ERF) position for Q1 is on plan, with achievement at 105%. Pathways avoided are an important contributor to the achievement of this target, and additional investment is allowing performance issues around the haematology advice and guidance service to be resolved with outsourcing for 6 months while a sustainable solution for long term provision is developed.
- Total primary care activity remains above plan, and provision continues to benchmark well nationally.

### Areas of Focus

- The ongoing industrial action continues to impact the system, with mitigations for industrial action put into place repeatedly – this takes focus away from other areas of work, including UEC transformation. There have been significant numbers of cancellations of elective procedures and appointments, which although has not yet caused the ERF position to drop, is impacting on the system's ability to attract additional funding for elective work.
- Industrial action is also constraining options for patients likely to breach the 78 week wait for elective treatment – we may see breaches of this target in the coming months due to less capacity across the system.
- Hot weather early in September has been causing performance issues – particularly for SWAST (ambulance trust). Increased demand has been seen across all systems in the South West (and ambulance trusts more widely across the country), with knock on impact to Category 2 response times and handover delay performance.
- Endoscopy recovery remains below plan – dedicated Task and Finish groups have begun working at a system level and within GHFT focussing on operational delivery and transformation to ensure the service can sustain demand going forward.

## Key Achievements

### ICS People Strategy Development

- Final draft of ICS People Strategy written and submitted to ICB board for final review and approval (27th Sept).
- System Workforce KPI interactive dashboard developed.

### NHSE Funding:

- £350k business case approved for International Recruitment for domiciliary care sector.
- £310K Workforce Development Funding - PIDs locally reviewed, submitted to and approved by NHSE office and allocated across five projects across the system.
- £145k received to support the AHP workforce.

### Health and social care career promotion:

- ‘We want you’ outreach project scoping completed, strategic priorities set and delivery commenced (plan to work with 19 schools).
- “Be in Gloucestershire recruitment campaign” stakeholder engagement underway via 1:1s and survey – focus on GP recruitment, campaign to commence in 2024.

### System-wide Development Programmes

- Applications for Systems Thinking masterclass cohorts 3 and 4 received.
- Reciprocal Mentoring cohort 1 commenced and mid-point evaluation being undertaken.
- Long-term evaluation for Flourish Programme undertaken.
- Inclusion Allies cohort 2 commenced.

## Areas of Focus

### ICS People Strategy

- Further engagement with Countywide Health and Wellbeing Partnership planned focusing on areas for wider collaboration in implementing the strategy.

### Staff Health and Wellbeing

- Development of a county-wide Health and Wellbeing strategy, building on the previous vision work.
- Development of system-wide health and wellbeing early starter conversations (supporting retention efforts)

### Temporary Staffing

- Focus on increasing (more cost-effective) bank staff usage over agency staff usage.

### System-wide Development Programmes

- Reciprocal Mentoring Cohort 2 planning (2023) for delivery in 2024.
- Systems Thinking masterclass cohort 3 delivery scheduled for October and November.
- Leadership and Management training needs and gap analysis to commence.

## Key Achievements

- Healthcare Leader's analysis of the NHS's monthly performance statistics for June 2023 has revealed that for all cancers, only two ICBs are working above the target:
  - Kent and Medway ICB (95.32%)
  - Gloucestershire ICB (94.77%)
- The Standardised Hospital Mortality Indicator (SHMI) at GHNHSFT has remained within expected levels since November 2022.
- System Partners have agreed a provisional timescale of the switch from the Serious Incident Framework to the Patient Safety Incident Response Framework.
- Waiting times for the Patient Transport Advice Centre have shown some early signs of improvement.
- GHT are one of the national pilot sites for supporting patients to request a second opinion if they have concerns about treatment.

## Areas of Focus

- Weekend Mortality rates show some statistically higher rates of mortality. A 'Task and Finish' group has been set up to review causes.
- Use of 'freedom to speak up' as part of the ICB review into mortality and serious incidents
- The introduction of the new patient safety reporting framework.
- Safer staffing reviews are commencing across the ICS, starting with GHT. This will take the form of a full comprehensive review, service by service to better understand staffing establishments and comparative analysis.
- Maternity services staffing concerns and impact on mother's access to services especially the midwifery-led birthing units. Delivery of the improvement action plan continues as a priority.

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## Detail of Key Achievements & Areas of Focus





# Urgent & Emergency Care

- August overall performance across all ED sites was 72.7% (patients seen and treated/admitted or discharged within 4 hours) a drop from July's performance predominantly due to challenging periods at the GRH site in August (including the temporary changes to respond to industrial action), with GHFT discharging/admitting 56.9% of patients within target. MIU performance against the 4-hour target remains strong at 99.8%. SWAST Cat 1 average response time was 9.5 minutes, and Cat 2 average response time was 29.8 minutes – which meets the national ambition for 23/24 to achieve a 30 minute average Cat 2 response time. Handover delays have increased slightly – at 2687 hours lost against a target of 1933, reflecting a steady increase in resource hours lost as the month progressed (seen in Gloucestershire but also across the whole SWAST patch).
- Hot weather early in September has been causing performance issues – particularly for SWAST (ambulance trust) with increases seen in terms of ambulance incidents and ED attendances. Increased demand has been seen across all ambulance and ED systems in the South West (and more widely across the country), with previous increases in heatwaves due to heat related exposure and breathing difficulties. The majority of these additional calls have been able to be closed with Hear and Treat outcomes and have not resulted in increased conveyance to ED.
- Following Further industrial action is planned throughout September and October with junior doctors and consultants aligning dates in many cases. The cumulative impact of industrial action on staff resilience, as well as the continued high cost of using agency support to mitigate staffing levels is putting the system under considerable strain.
  - Future industrial action dates:
    - 19 September - Consultants will deliver Christmas day levels of staffing, while junior doctors will work as usual.
    - 20 September - Both junior doctors and consultants will deliver Christmas day levels of staffing (only emergency care will be provided).
    - 21 and 22 September – Junior doctors industrial action (no care provision by junior doctors taking part). Consultants will return to work as usual.
    - 2 - 4 October - Junior doctor and consultants will deliver Christmas day levels of staffing only.
- The system has shown good progress against planned commitments for UEC in 23/24 throughout Q1 of the year despite the challenges of the industrial action – with the majority of targets being met. Particular improvements have been seen in the % of patients remaining in hospital with no criteria to reside (NCTR) which has reduced to 151 in the most recent week. ED performance against the 4 hour target was on target through to July, however the dip in performance seen in August means that Type 1 ED waiting time improvements have declined and are below target.

# Elective Care

- In July 2023 the overall waiting list size has dropped slightly to 80,522 (a reduction of ~500 patients). This is the first reduction in waiting list size seen since December 2022. Overall RTT performance has reduced to 67.2% (waiting list under 18 weeks) for all ICB patients.
- There has been an increase in overall 65 week waits for the ICB to 690 in July from 613 in June (11.2% increase) – no area saw a particularly significant increase. Overall increase in 65 week waits may be as a consequence of industrial action impacting the service. GHFT accounted for 576 of the total 65 week waits (83.4%). In July there were 16 (down from 17 in June) over 78 week waits for the ICB with all waiters being located OOC (out of county).
- Year to date (M1-3) performance for Elective Recovery is 105%, thus achieving the new revised target of 105% but still below the submitted plan of 109%. At Provider level overall GHFT are almost achieving 19/20 levels (97.3% recovery) but are impacted by cancellations due to Industrial action. OOC NHS providers are recovering to 86.8% for 19/20 against an ambition of 95% recovery. The Independent Sector providers continue to provide extra capacity, particularly for day case activity, which has a significant contribution to ICS recovery position. Pathways avoided are contributing around 4% on top of activity recovery.
- Industrial action has had a significant impact on elective recovery. There were a total of 2,155 cancellations across April to June due to Industrial action which equates to an additional £980,450 value weighted activity when average tariffs are applied. Including this activity would put the YTD (M1-3) ERF position up from 105% to 107.6% (including pathways avoided). Further industrial action will have a similar impact – as yet there is no decision on whether ERF targets will be altered centrally again.
- The new Chedworth Day Surgery Unit in Cheltenham will provide a protected day surgery environment in Cheltenham through winter to allow continuity of elective capacity – in particular this will boost the daycase activity in specialties currently below plan, such as gastroenterology and urology.
- Further system work is taking place (co-ordinated by the Planned Care Delivery Board) to understand areas of under achievement at specialty level and to agree recovery actions. These will be supported by the additional ERF investment which has already been put in place. Additionally, focussed work on understanding the waiting list increases in the system, and ensuring that patients are supported while they wait is continuing to take place with cross organisational working groups.
- Role out of the Patient Initiated Digital Mutual Aid System (PIDMAS) remains planned for October in line with national commitments – patients waiting over 40 weeks with no first appointment planned in the next 4-6 weeks will be written to with a link to review other options within a minimum of 100 miles. This will be a significant challenge to all systems due to increased administrative burden and a lack of realistic alternative options for many specialties.
- The haematology outsourcing project to consultant connect (for 6 months) to clear backlog is about to go live, this will allow focussed work on developing an ongoing internal service to take over once the 6 months is complete.

# Cancer

- 2 week wait performance also achieved the 93% target with 96.8% of patients seen within 2 weeks of referral on a cancer pathway. Treatment target waiting times were missed narrowly for 31 day treatments with 93.3% patients beginning treatment within 31 days of a decision to treat. 62 day treatment targets were missed for all referral routes with Lower GI and Urology breaches the drivers of low performance as the backlog for these specialties continues to be worked through. With endoscopy performance still extremely challenged – it is likely Lower GI performance will be affected for some time.
- July performance against operational planning commitments for cancer waits has met the majority of targets, with the number of patients waiting more than 62 days reducing at GHFT to 178 (July average, against a target of 180 set in operational planning). Recovery plans in urology and Lower GI have delivered large reductions in their backlogs and there is ongoing work to prevent new patients tipping over 62 days. The 28 Day Faster Diagnosis standard was achieved with performance at 79.7% in July. Compliance with FIT testing for Lower GI referrals has been high in Gloucestershire, with the best regional performance in 22/23 (SWAG region). Latest performance shows 75% of referrals are submitted with a FIT result – ahead of the trajectory to reach 80% by the end of the year.
- Non specific symptom (NSS) referrals remained stable at 29 in July 2023, against a target of 48 – this under performance is expected due to the consistency of GP referral into cancer pathways prior to the launch of the NSS pathway, The pathway is now fully open to all PCNs, with NSS clinicians having visited all PCNs to promote it. A regional evaluation of the service is underway, with the cancer CPG and service considering whether there is value in diverting other referrals from 2ww services where a NSS referral could be beneficial.
- Screening performance had been recovering since the pandemic and remains among the highest uptake in the country across all 3 sites, however there has been some deterioration in breast and cervical screening uptake in recent months. Changes to the invitation (letters sent without an appointment booked) are likely to be responsible particularly for the breast screening decreases, and the region is updating its protocol to revert to having a default appointment in the invitation letter to hopefully reverse this trend.
- Strong system working particularly around the interface between primary and secondary care for cancer and suspected cancer patients continues – the cancer team is developing a newsletter for practices to advertise opportunities such as masterclasses, webinars and other education events.

# Primary Care

- There continues to be significant public demand on primary care, with 352,531 appointments carried out in July 2023 – the total year to date activity is 93,000 appointments above planned levels for 23/24. Total activity is now 18.1% above pre-pandemic levels in 2019, with a 24% increase in same day appointments booked compared to 2019 (both above the national average). In July Gloucestershire offered 7.7 more same day or next day appointments per 1000 population than the national average.
- The primary care team are continuing to engage with practices, PCNs and ICB colleagues to ensure that the Delivery plan for recovering access to primary care is progressing as required. This includes, but not limited to, online bookable appointments., digital telephony solutions, self-referral pathways and GP improvement programmes. PCNs are continuing to implement their Capacity and Access improvement plans which support the delivery plan for recovering access to primary care.
- A caretaker contract is now in place for Drybrook Surgery to allow the surgery to remain open, providing interim arrangements for 6 months and the procurement process for a new contract is ongoing.
- Self-referral for some community services is expanding, with the primary care team coordinating the assurance around the provision of self-referral in line with 2023/24 operational planning guidance. All services bar Audiology, Wheelchairs and Equipment have already rolled out self-referral (MSK, Weight management, Podiatry, Falls); while the wheelchair service is open to self-referral from people already known to the service. Wheelchair and Equipment services also are accessible via self-referral into the Integrated Community Teams, with health and social care professionals onward referring as appropriate. Audiology (provided by GHFT) is working to deliver self-referral by September 2023, however there are risks to delivery including development of an appropriate web portal, and potential work force and financial risks if demand significantly increases.
- Primary care estate works continue to progress, with new schemes now approved for Minchinhampton and Hucclecote. Further work is ongoing to define and develop a primary care offer in the Forest of Dean to complement the new Forest of Dean Community Hospital and MIU.

# Diagnostics

- Performance is hovering just over the national ambition (<15% of patients waiting over 6 weeks by March 2024) for all diagnostic modalities at 15.5%. GHFT overall performance in July was 14.45%, therefore meeting the target. The main areas of challenge for diagnostics are across endoscopy modalities - more than half of patients waiting for Flexi Sigmoidoscopy, Colonoscopy or Cystoscopy were waiting over 6 weeks in July.
- A dedicated endoscopy task and finish group has been stood up reviewing endoscopist capacity, elective and cancer demand, and estates across GHFT. The group will look specifically at the booking process and productivity in order to identify areas for improvement.
- Echocardiography performance continues to be below plan - the waiting list for this modality has since the end of the independent sector contract. Additional capacity via the Community Diagnostic Centre (activity) has commenced in June 2023 which has improved performance however 27% of patients on the list are currently waiting over 6 weeks (as of July 2023). With two additional locums now in place, performance should recover in the coming months and the cardiology service have implemented an action plan to mitigate these performance issues.
- Imaging performance remains strong – with no patients waiting more than 6 weeks for CT or MRI at GHFT in July. Diagnostic imaging performance in Gloucestershire is ranked 1<sup>st</sup> for all ICBs nationally.
- Angiogram waits at GHFT continue to be extremely long – GHFT have a recovery plan in place, and options are being explored as to whether additional independent sector capacity could be a possibility.
- Estates work for the new Community Diagnostic Centre site are continuing – contractual issues mean that the opening of the new facility will be delayed until February 2024.

# Adult and Children's Mental Health

- Improving Access to Psychological Therapies (IAPT) access is at 1183 for July – remaining below plan. Referrals remain low, with drop outs higher than planned also contributing to the difficulty in reaching planned access targets. The service has continued advertising across a number of mediums, and has implemented a digital choose and book system to improve appointment booking (especially for self-referrals). Recovery performance remains above target, with 52.9% patients achieving reliable recovery in July – this target has been met all year, showing the consistency of the service for patients.
- After an extremely positive start to the year (0 days declared in April and May), Out of Area placements have increased slightly with June at 62 and July at 81. This remains significantly lower than the planned numbers YTD.
- Eating disorders – the proportion of patients assessed within target has improved significantly in 23/24 to date. The July position (latest validated data) shows that for adults, 95.6% received treatment within the 16 week target. The CYP service has achieved 83.3% of referrals beginning urgent treatment within a week, and 76% of routine referrals beginning treatment within 4 weeks in July. A new referral triage process whereby all patients receive a phone call within 24 hours of referral so that appropriate support and self help can be offered is working well, though there can still be a long wait between initial assessment and subsequent treatment – with the service relying on bank and overtime hours to maintain performance.
- Uptake of physical health checks for people with Serious Mental Illness (SMI) have increased significantly in 22/23, with the full year position at over 56% of the SMI register receiving a full physical health check. Q1 23/24 data shows performance has been maintained at 57%. There is ongoing work to ensure community mental health teams are also promoting cancer screening as part of these checks, and that data sharing is improved between primary and secondary mental health care to facilitate timely reminders and support for patients to attend health checks.

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## Detail of Key Achievements & Areas of Focus



# Our People Strategy: Focused Pillars

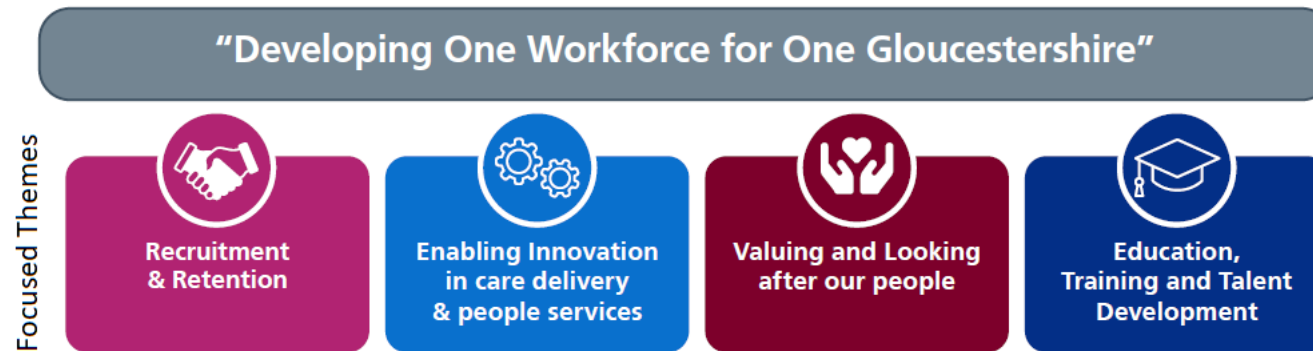


## Recruitment and Retention

- International Recruitment – NHSE funding (£350k) approved for Domiciliary Care International Recruitment. Eligibility criteria for care providers is being developed and this project is being aligned with nationally funded (by DHSC) project for supporting International Care workers that is being led by GCC.
- Accommodation – a SW regional collaboration has been formed to develop a 'hub and spoke' model for a housing hub that will support NHS and Care staff with short-to-medium term accommodation challenges. A local business case is being developed to make the case for investment and outline the benefits to staff retention.
- System-wide PNA/preceptorship event was held on 11th September at GRFC – approx. 100 staff attended from across the system - there was great engagement and feedback from early evaluation responses (60% received so far) has been positive and lots of interest in similar future events and community of practice.
- ICS Legacy Mentors – Lead LM role appointed to as well as nursing LMs in Primary Care, GHC, GHFT and AHP LMs in SaLT - delivery commencing September onwards. Midwifery LMs and remaining AHP LM roles in dietetics and radiotherapy still to be appointed.



# Our People Strategy: Focused Pillars



## Innovation

- £40k funding has been received from the SW Advanced Practice Faculty for continuing System Advanced Practice (AP) lead. These funds will contribute to the costs of the AP post. Whilst the contribution is welcome, a business case for sustainable funding for the role is being written.

## Valuing and looking after our people

- The Health and Wellbeing group are developing a system-wide 'early starter' programme, aimed at staff that have commenced recently in their roles (i.e. within first few months) to remind them of the health and wellbeing services that are available and listening to staff about their early experiences, the intention is that this support staff retention as a significant minority of staff leave their roles within the first year of employment.

## Education Training and Development

- Facilitating the easy movement of staff between organisations has a number of elements, one of which is a "Staff Training Passport", there is a national solution that is being rolled out for this (Digital Staff Passport) and GHFT are conducting a readiness assessment for the next implementation wave

# Our People Strategy: Foundation Themes

## (Workforce Planning, Digital and Data, EDI, Leadership and Culture)

- System Leadership development programme lead post has been appointed, initial tasks are to undertake a baseline mapping and scoping of the existing organisational/regional leadership offers with a view to rationalising as system-wide offers in support of system leadership.
- A mid-point evaluation of cohort 1 of the reciprocal mentoring programme is being undertaken, this will feed into the design and launch of cohort 2. EDI initiatives.
- The inclusion Allies Programme has been launched and delegates paired to support each others learning.
- A long-term evaluation study has been carried out for the Flourish Programme (which took place in 2021/22).
- A review and alignment of national and local EDI action plans is being undertaken to avoid duplication of effort and streamline actions.
- A call out for applications for cohorts 3 and 4 of the Systems Thinking Masterclass programme was very successful with almost 100 applications (for circa 40 places). Delegates will be selected based on availability to attend the whole programme and dates have been scheduled.
- A review of One Gloucestershire leadership programme and support for Alumni has been undertaken, a proposal to widening out a leadership event across to other system leaders is being developed.
- The scope of the Digital Workforce strategy has been agreed and capacity to resource it's development is being sought.



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## Detail of Key Achievements & Areas of Focus



# Quality - Assurance

## Pharmacy, Optometry and Dentistry (POD)

Gloucestershire ICB received the Collaborative Commissioning Hub (CCH) Pharmacy, Optometry and Dental Quality Report for Q1 23/24 on the 1<sup>st</sup> of August.

**Pharmacy** – No serious incidents were reported, 1 incident relating to the dispensing of incorrect medication was reported and 2 complaints and 1 concern were raised during this reporting period. The Community Pharmacy Assurance Framework (CPAF) cycle for 23/24 has now begun.

**Optometry** – No serious incidents were reported, no complaints or concerns were raised and no significant quality risks or concerns relating to optometry services were notified to the NHSE CCH Quality and Safeguarding Team. No quality assurance visits were undertaken by the NHSE CCH during Q1.

**Dental** – No serious incidents were reported. 2 complaints and 4 concerns were received relating to a dental provider, in addition, 4 were received relating to NHSE's commissioning of services concerning dental access. Themes and trends data will be provided by the CCH once investigation has been completed. No quality assurance visits were undertaken during Q1. Quality risks and concerns continue to centre around workforce and access as reflected nationally and across the SW region. The report highlights the role of the CCH in triangulating information and intelligence to identify any adverse impacts on patient safety, experience and health inequalities.

**Urgent and Emergency Care** . Work continues to systematically redesign the way care is delivered in the One Gloucestershire system, including proactive care and reviewing how this can be further incorporated in PCN's.

The ICB are continuing to work proactively with PPG (out of hours GP service) to support the work around the concerns raised at the inspection. The ICB noted the CQC concerns about ensuring the changes are embedded in practice, hence the regular monitoring visits and meetings. Clinical staffing remains a concern, workforce, rota fill and training provision remain under review.

## Community and Mental Health

Following recent negative media interest regarding patient safety concerns at Wotton Lawn Hospital (WLH), the hospital remains in a period of enhanced surveillance and quality monitoring. The second enhanced surveillance report has now been received from the Trust and includes information and data on areas requested by the ICB in addition to providing assurance on associated matters that featured in the media reports (climbing, staff sleeping whilst on duty). Examples of current good practice at WLH have also been included. Also of note is the Trust's Homicide Action Plan which is making significant progress in 11 actions with additional focus required in the remaining 3.

The Trust continues to see an improving position with recruitment to clinical posts within mental health inpatient services and have seen a significant improvement in nurse staffing.

## Maternity

GHNHSFT has recently been issued with a Section29a letter from CQC. An action plan is in place and there is specific focus on safeguarding training for doctors. . LMNS is receiving monthly progress updates. The ICB is liaising closely with the NHSE Maternity Safety Support Programme Advisor allocated to GHT LMNS summary dashboard is progressing and has been well received by all stakeholders, Trend charts are now used to monitor activity and outcomes.

Dedicated team now appointed at GHT to work through all actions plans for Ockenden, Saving Babies Live and Maternity Incentive Scheme Y5. LMNS to approve and sign off submissions to NHSE. There are plans to develop one single action plan to include all action plans, including the 3 Yr Delivery Plan for maternity & neonatal care

First trimester screening Serious Incident (SI) – SI & QI action plan in place, with weekly review by NHSE/LMNS/GHT – on Trust & ICB risk register

Insight visit completed in July. The team met with staff from across the service initial feedback given to Senior Leadership team and currently working through formal feedback – due to report back Sept 2023

Cheltenham Birth Unit & Stroud postnatal beds remain closed due to extreme staffing challenges.

Independent Senior Advocate (ISA) has now started, this role helps parents-to-be, new parents and families to have a voice and provide help

# Quality - Safety

## Serious Incidents in July & August 2023



### Incidents declared under the current framework

- The previously declared Never Event by NewMedica has now conclude the investigation with a robust action plan in place.

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

### Patient Safety Incident Response Framework (PSIRF)

System partners have now agreed a provisional timescale to switch from the Serious Incident Framework to the new PSIRF.

- Providers are working to a Jan 1<sup>st</sup> date of a switch from SIs to PSIRF
- Patient Safety Incident Response Plans (PSIRPs) will go to provider boards in November.
- PSIRPs will then be sent to ICB Quality Committee in December for ratification.
- This means that the last SI could be declared on Dec 31<sup>st</sup> meaning that the closedown of the last SI is expected by 25 March 2024

### Learn from Patient Safety Events (LFPSE)

To support PSIRF NHSE have launched the new LFPSE system. While larger providers with local risk management systems (LRMS) are working to flow information automatically, smaller providers and primary care will be able to use a webpage.

NHSE will shortly be launching a BI module to allow us to view incidents at ICB level.

Eventually LFPSE will take over from the NRLS and Quality Alert system we current use.

### System Safety Group

As part of the switch from SIs to PSIRF the ICB will be formally instigating a System Safety Group.

This group will have two main functions:

- To oversee the implementation of PSIRF and support smaller providers to ensure full implementation.
- To bring together system learning and realise the potential of the new system.

This group will sit at a system level feeding into the System Quality Committee and will aim to bring together all those connected to it's functions. This is shown in the diagram opposite.

Provider assurance processes will continue including the Safety Experience Review Group at GHFT and a new assurance group at GHC.



# Quality - Experience

## Friends and Family Test (FFT) Jan – June 2023

		Jan-23	Feb-23	Mar-23	
		Provider	Provider	Provider	
GHT Inpatients	% Positive	91%	92%	92%	
	% Negative	4%	5%	4%	
GHT A&E	% Positive	80%	80%	79%	
	% Negative	13%	13%	14%	
GHC Mental Health	% Positive	84%	87%	80%	
	% Negative	10%	4%	13%	
GHC Community	% Positive	95%	93%	94%	
	% Negative	2%	2%	3%	

		Apr-23	May-23	Jun-23	
		Provider	Provider	Provider	
GHT Inpatients	% Positive	93%	93%	93%	
	% Negative	4%	3%	3%	
GHT A&E	% Positive	83%	81%	78%	
	% Negative	12%	11%	14%	
GHC Mental Health	% Positive	87%	83%	87%	
	% Negative	7%	6%	6%	
GHC Community	% Positive	94%	94%	95%	
	% Negative	3%	3%	3%	

[The Friends and Family Test \(FFT\)](#) is a feedback tool that supports the fundamental principle that people who use NHS funded services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The FFT asks a simple question: how likely, on a scale ranging from extremely unlikely to extremely likely, are you to recommend the service to friends and family if they needed similar care or treatment. The last eleven month's published results can be found [opposite](#).<sup>22</sup>

# Quality - Effectiveness

## System Clinical Effectiveness Group

The next System Clinical Effectiveness Group (SCEG) is being held in September, that has not been a meeting since the last report.

It was agreed to set up a task and finish group including wider system partners, such as the Care Sector and Public Health for September to look a pressure ulcers as a system, this will also support the system wide CQUIN - Assessment and documentation of pressure ulcer risk.

We are currently in the process of reviewing the System Clinical Effectiveness group, with the potential to link closer with the Clinical Programme Groups and the system mortality group. From a governance perspective the SCEG will be reporting into the Quality Committee

## Mortality

- The Standardised Hospital Mortality Indicator (SHMI) at GHNHSFT has remained within expected levels since November 2022. The chart opposite shows that while it is towards the higher end of expected levels, it is beginning to plateau.
- At the last System Mortality Group, weekend mortality rates were discussed as Gloucestershire appears to have statistically higher rates of mortality for those admitted over the weekend. A small task and finish group has been established to look at system data to understand why this might be the case. This is initially being supported by the ICB and GHFT.

