

# NHS Gloucestershire Integrated Care Board Update

Gloucestershire Health Overview and Scrutiny Committee

10 October 2023



**NHS Gloucestershire Integrated Care  
Board (ICB) Update**

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# 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 The NHS long-term workforce plan

The NHS long-term workforce plan was published on 30 June 2023. The plan takes a 15-year view (2021/22 to 2036/37) of the NHS clinical workforce and addresses how a staffing shortfall of between 260,000 and 360,000 will be addressed over this duration. It sets out the case for change and investment in that, despite recent increases in staff, we are starting with high vacancy rates for many clinical roles, demographic changes (in the general population and staff), and an increased demand for services. Investment of £2.8bn over the next five years to fund additional training and education places has been committed to. The plan has three priority areas:

- **Train:** Substantially growing the number of doctors, nurses, allied health professionals and support staff.
- **Retain:** A renewed focus and major drive on retention, with better opportunities for career development and improved flexible working options. This comes alongside reforms to the pension scheme, with an aim to retain 130,000 staff working in the NHS for longer.
- **Reform:** Working differently and delivering training in new ways. Advances in technology and treatments will be explored and implemented to help the NHS modernise and meet future requirements.

Whilst the plan is a national one, there are many elements that will need local response and action, and there is critical role for ICSs to work to connect local partners in delivery; the short-term focus will be on recruitment and retention.

In response to Members' interest in this subject, the November 2023 HOSC Meeting will include a separate agenda item dedicated to 'Workforce'.

## **1.2 NHS Gloucestershire appoints new Chief Medical Officer and new Chief Nursing Officer**

Following open and competitive recruitment processes, NHS Gloucestershire Integrated Care Board is delighted to announce that Dr Ananthakrishnan Raghuram (Raghu) MBE has been appointed as the new Chief Medical Officer.

Raghu is currently Consultant Physician in General and Respiratory Medicine and Associate Medical Director at Gloucestershire Hospitals NHS Foundation Trust. He is also an elected member of the Council at the Royal College of Physicians and brings a wealth of experience to the role. He will take up his new position in early 2024.

Raghu's appointment comes as Dr Andy Seymour steps down from the role at the end of the year.

NHS Gloucestershire Integrated Care Board is also pleased to announce that Marie Crofts has been appointed as Chief Nursing Officer. Marie is currently Chief Nurse at Oxford Health NHS Foundation Trust and has been a nurse for 39 years. Her senior manager experience includes time at commissioning and provider organisations, including Director of Quality and Nursing at the former 2gether NHS Foundation Trust, delivering mental health and learning disability services to people in Gloucestershire and Herefordshire.

Marie's appointment comes as Marion Andrews-Evans steps down from the role in the Autumn.

## **1.3 Clinical Programmes updates**

### **1.3.1 Respiratory**

Gloucestershire's acute respiratory infection (ARI) hubs that were established in Cheltenham and Gloucester, after an initial evaluation, are showing promising results in both patient and clinician satisfaction and potential impact on reducing attendance in emergency departments with respiratory illness. The evaluation is ongoing, with plans in place to continue the clinics this winter. The data shows that the clinics were used most by patients within deprivation decile 1; showing how targeted work like this locally can help address health inequalities; especially with the additional benefits that would not be received in an emergency department, such as identification of undiagnosed chronic conditions such as COPD, opportunistic

vaccination offers, medicines review and support with smoking cessation referral and social prescribing in their local area.

### **1.3.2 Eye Health**

The Eye Health CPG were nominated by Rt Hon Alex Chalk KC MP and Richard Graham CMG MP for the Future NHS Award at the NHS Parliamentary Awards for the work on Community Ophthalmic Link (COL). Gloucestershire is the first ICS in the country to support community optometrists with access to hospital eye images, diabetic screening, and referral information via COL.

The team were selected as Regional winners of the award but did not win the National final. The awards coincided with the NHS 75 celebrations and the team were grateful to be part of the awards; which has highlighted the innovation work successfully implemented in Gloucestershire.

### **1.4 Frailty**

An action from the HOSC meeting in July 2023 was to provide an update to HOSC in October 2023 on Frailty.

In Gloucestershire there are 145,000 people aged 65 and over, 73,000 of these people are living with some degree of frailty and there are 6226 people who have a diagnosis of dementia. 97.4% of these people are aged 65 and over. There is a well-established ICS Frailty Strategy which focuses on prevention as well as developing initiatives to better respond to people living with moderate and severe frailty.

Work is underway with partners in primary care to further develop the Personalised Proactive Care Whiteboard. This is a search-based tool using GP codes to identify cohorts of people that are likely to require preventative interventions and care coordination to reduce their risks of deterioration and unnecessary hospital admissions. The key cohorts currently targeted are those who are considered to be in the last phase of life and those living with dementia and or frailty. The tool is now being rolled out across all GP practices.

The new Urgent and Emergency Care Transformation Programme has a key Prevention Workstream, the aim of which is proactively to support people's independence to live and thrive in their communities for as long as possible, reducing or delaying getting to the point of an urgent need. This workstream intends to develop a more structured and systematic data and evidence-led approach to achieving greatest impact for people at risk and living with frailty working with all system partners at a neighbourhood level. This will reduce inequity of provision across the county.

GCC has recently considered the Commissioning of a Technology Enabled Care (TEC) Service at Cabinet. The future TEC model will focus on early intervention and

prevention. People will be signposted to the TEC Service through the layers of the 3 Tier Social Care Model from conversations with professionals in a range of services across the care system. They will promote self-help and navigation to self-assessment where support needs are low but there is the possibility of early diagnosis of dementia, frailty, or specific social needs, such as isolation and living in deep rural areas. More complex needs will be identified in a range of settings and assessed by a trained TEC assessor for digital support that may be delivered on a short or long-term basis to support positive risk taking and as a key enabler to keep people independent for as long as possible or regain independence.

An Equalities Impact Assessment (EqIA) was completed to accompany the Cabinet report; it was determined that the service will have a positive impact for people in Gloucestershire, including those with a disability such as those with sight difficulties. The EqIA notes that 'Technology Enabled Care will be prescribed to people in Gloucestershire irrespective of age, sex, disability, race, gender status, marriage and civil partnership, religion, sexual orientation or whether they are care experienced. Provision of TEC will be solely based on the social care needs of the individual as assessed'. As part of the engagement process with people in Gloucestershire and organisations and networks supporting individuals the Sight Loss Council was consulted with and information shared with Talking News (Gloucestershire's talking newspaper for the visually impaired). The provider of the future TEC service will be expected to support those with visual impairments with technology options that enables greater independence and improved wellbeing, whilst providing peace of mind to families and carers supporting them.

Our multi-disciplinary urgent community response delivered by Gloucestershire Health and Care Trust predominantly responds to people living with frailty. The ICB has been working with the service to ensure a timely response is received by people to remain in their own homes avoiding a hospital admission where possible. The team works closely with Gloucestershire Royal Hospital's Homeward Assessment Team; which provides a comprehensive geriatric assessment for those presenting at the hospital with frailty aiming to prevent admissions where possible.

A comprehensive Falls Prevention and Response Programme for our care homes for older people has been coproduced, adopting a Train the Trainer approach with a community of practice network to further support the sector. This programme will go live during October 2023.

Frailty virtual wards to treat people with acute care needs at home are being developed. A virtual ward is defined as a safe and efficient alternative to NHS bedded care that is enabled by technology. They support patients who would otherwise be in hospital to receive the acute care, monitoring, and treatment that they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital. People admitted to the

virtual wards are supported through multi-disciplinary team meetings and technology enabled remote monitoring. Docla is our digital partner in the delivery of the required technology. They will support the on-boarding of people onto the virtual ward and have robust processes to enable people to access the technology that is required. They are providing a support phone line for people to ensure they are confident and able to use the technology. Where people are sensory impaired, alternatives will be provided to ensure equity of access to the virtual ward.

The ICB Digital Transformation Team has a focus on digital inclusion. There is a Digital Exclusion Group that brings together stakeholders to ensure a more joined-up, evidence-based approach to tackling digital inequality. The Digital Divides project, led by the voluntary sector, analyses data and community assets to ensure there is equal digital access and opportunity across the county. Digital Hubs have been established in locations that are matched with those identified in the Digital Divides report with the aim of tackling digital exclusion around Gloucestershire. They are flexible and person-centred, allowing users to learn at their own pace. Each district has a dedicated community partner who is well connected within their community, have strong local knowledge, understand the barriers people face, and a drive and passion to demonstrate how life changing it can be to become digitally included and confident.

In line with the Gloucestershire Frailty Strategy, standardised tools and templates to provide consistency in approach across providers are being developed. These include the Comprehensive Geriatric Assessment, a Frailty Toolkit and for the future an electronic care plan which will enable improved sharing of information to the range of practitioners involved in a person's care.

During Living Well, Ageing Well week during July 2023 the Information Bus attended various locations around the county to engage the public about *what matters to them* as they age. The team are currently in the process of collating the results. Early analysis of these indicates that having good physical and mental health, being independent and financial security are key. Transport and accessibility feature as challenges. The needs of carers and availability of information are noted as key to supporting and building resilience. More results from the survey will be available in the coming weeks and will be shared with public, ICS partners and inform work and priorities in the future. Ageing Well team are involved at a range of engagement opportunities, the next scheduled event is focused on the Afro-Caribbean community as part of Healthy Day Event to be held at All Nations on 27 October 2023.

### **1.5 Integrated Locality Partnerships (ILPs)**

Partners from the six Integrated Locality Partnerships deliver a range of projects to promote health and wellbeing, impact the root causes of health inequality and support people to live well at home. An example of the work in the interface between the PCN Neighbourhoods and ILP Localities is shown below.

### **1.5.1 Proactive Care and Living Well with Frailty in Cheltenham**

The Cheltenham Integrated Locality Partnership is made up of partners including health, housing and voluntary and community sector organisations and includes representatives from the three PCNs within Cheltenham; Central PCN, Peripheral PCN and St Paul's PCN. The three PCNs are planning to use QI funding to target frailty with proactive care planning. The proposed projects include utilisation of the virtual whiteboard database approach as well as a one stop shop clinic to identify patients within the GP registered lists who are at risk of increasing frailty. The virtual whiteboard is used to stratify patient risk factors based on age, hospital admissions and co-morbidities.

The one stop shop clinic hopes to bring together professionals from pharmacy, social prescribing and nursing to assess and signpost patients according to need. The PCNs will work alongside existing partners including the Complex Care at Home service to pilot the use of data to target patient cohorts. The proactive care projects set out to aid the planning of recruitment strategies, establish dedicated Multi-disciplinary Team meetings and initiate care coordination. Therefore, reducing the reliance on unplanned care and out of hours services whilst supporting people to live well for longer in their communities.

### **1.6 Creating Active Schools in Gloucestershire**

Creating active schools is a process of transforming the school environment and culture to promote physical activity and well-being for all students and staff. Active schools aim to provide opportunities for movement throughout the day, such as active breaks, active lessons, active transport, and active play. By creating active schools, educators can enhance learning outcomes, foster social and emotional skills, and improve health and fitness levels for their school community.

In Gloucestershire this is the second year of our CAS programme. The first year sought to understand the concept and in the second year to expand the programme to twelve schools.

Move More connected with 19 schools in the initial stages of year two with twelve taking up the offer. Ten schools have fully engaged with the programme over the last twelve months with two stepping back due to capacity issues at the time.

There have been six community of practices through the year, which has enabled the schools to connect with each other and share good practice, learn from how things have worked and collectively shape their plans. These meetings have been invaluable for the school CAS Champions, it has changed the focus of CAS from being about PE to being integrated into the whole school.

Learning has been that attendance from leaders in the school really advances the programme and where schools have involved their wider stakeholders, from children to parents and from teachers to governors the impact is always higher. Each school has a whole school plan, it's not just looking at one small element, but developing

the inclusion of physical activity into every aspect of the school across the policy, environment, stakeholders, and opportunities. By starting at a policy level, schools shift the conversation about being active from PE and sport to every lesson that is taught. There are some great examples of how schools have established their active school programme.

Recruitment – recruitment policies have been improved; candidates are asked to share their ‘vision’ for a physically active school at interview

Active Travel policy and action – working with Think Travel, the local community, and parents & children to develop their cycling and scooting to school resulting in 73% of Years 3-6 traveling actively to school. 34.4% of which have parked further away at designated areas and walked/scooted/cycled.

Active Lessons – working to design and develop active lessons which create space in classrooms for children to move around as well as encouraging learning through movement. In one school 75% of lesson plans are now developed with some form of movement as part of the session. Either in the form of 5 minute ‘brain breaks’ or in the design of the classroom and lesson plan to include movement of some form.

Schools are being re-organised and decluttered – creating easier access to open space, outdoor classrooms and clutter free areas that feel easier to move in for both teachers and children.

A full evaluation of year two is underway and year three is in the planning phase. Further insights and information will be available once this has been completed. Year three aims are to open this work into Gloucester City with a focus on the primary feeder schools for three of the focus secondary schools Gloucester Academy, Barnwood and Seven Vale.

## **1.7 Gloucestershire Health and Social Care Framework Agreement**

In April 2020, Gloucestershire County Council jointly commissioned a 4-year Framework Agreement on behalf of the Integrated Care System, to deliver a range of community-based support services for older people, adults with disabilities, autism, mental health conditions and children and young people with a disability who require care and support. The benefits of developing one Framework Agreement for community services, meant that contracts were merged and integrated procurement systems, helping to reduced duplication and created a framework which encouraged providers to grow and diversify. The current Framework Agreement will expire on 31 March 2024 and the Council is required to put in place new contractual arrangements for 1st April 2024 onwards. The existing Lots under the current Framework agreement are:

- a) Supported Living (with floating support outreach option) - Non-Complex.
- b) Supported Living (with floating support outreach option) - Complex Needs.
- c) Forensic Support Services.
- d) Domiciliary Care.
- e) Floating / Visiting Support for Children and Young People.



Following feedback from partners and stakeholders, the new Framework Agreement will be further developed to include the additional Lots for: -

- f) Support for People with Complex Physical Health Needs.
- g) Extra Care Sheltered Housing.

The introduction of a new Lot for people with complex physical health needs will provide access to a pool of providers that have been robustly evaluated and are capable and suitable to meet the specific needs of individuals with critical and profound physical health needs (such as ventilator support and tracheotomies). Commissioners in Adults and Continuing Health Care are working with providers to build strong relationships and develop the market so that the new Framework Agreement Lot delivers a list of reliable and robust providers with capacity in Gloucestershire in order to avoid the use of high-cost staffing agencies.

### **1.8 What you need to know – how to access a COVID or flu vaccination in Gloucestershire this autumn/winter**

The NHS in Gloucestershire is reassuring everyone who is eligible for a COVID booster or flu vaccination this autumn/winter that they will receive an invitation from local NHS services to book a slot soon. Please DO NOT contact GP surgeries at this time. This comes as the NHS has been asked to bring the programme forward due to the increased risks posed by the new COVID variant.

Residents in care homes and those who are housebound will be prioritised for vaccination from week commencing 11 September 2023, followed by those most at risk, including those who are immunosuppressed (e.g. those with underlying health conditions such as chronic leukaemia or lymphoma, and those who have had immunosuppressive treatment following an organ transplant or have had radiotherapy or chemotherapy).

Carers, pregnant women, people with certain health conditions and health and social care staff will all be among the groups to be offered a COVID and flu jabs this winter, as well as adults aged 65 and over.

Where possible, COVID and flu vaccinations will be offered at the same time, subject to supplies. In parallel, flu vaccines are being given to children aged two and three, and children of primary school age, with secondary school pupils up to year 11 to follow later in the autumn/winter.

Parents of children in reception and years 1 to 6 will be invited to give consent for their children to have a nasal spray via the school vaccination programme. Parents of children aged two or three should receive an invite via their GP practice.

### **1.9 NHS offering community blood pressure checks in a bid to reduce heart attacks and stroke**

The NHS in Gloucestershire supported Know Your Numbers Week in September 2023, an annual campaign led by charity Blood Pressure UK, with a series of health check drop-in events where people can get their blood pressure checked.

One Gloucestershire's Information Bus and the Outreach Vaccination and Health Team, with support from Gloucestershire's Healthy Lifestyles Service, were out and about every day from Monday 4 September to Saturday 9 September at locations across the county. People could drop-in for a blood pressure check and a chat with members of the team about how to make positive changes to their health or wellbeing and get further support if needed.

### **1.10 Storytelling**

The ICB Working with People and Communities Strategy recognises that listening to stories told by people who have experience of using services is very powerful. Stories can be used to emphasize why quality improvement initiatives are important, help us to discuss the difficult decisions, personal circumstances, and values that people's experiences bring to health and care. <https://www.nhsglos.nhs.uk/wp-content/uploads/2022/06/NHS-Gloucestershire-ICB-Working-With-People-And-Communities-Strategy-v1.0.pdf>

At the start of each ICB Board Meeting there is an item focussing on a patient, people or community story. In July 2023 ICB Board Members heard about:

#### **1.10.1 Gloucestershire Funders' support for 'Let's cook with Josie!'.**

##### **Background:**

Gloucestershire Funders (GF) is a collaboration of organisations and foundations that came together in response to the Covid-19 pandemic. The aim of GF is to provide funding for charities, groups and activities in Gloucestershire. The aim of the process was to simplify the application process for funding and speed up the distribution of funds. The ICB has been a member of the Gloucestershire Funders group since April 2021 which comprises of the following other funders:

- Barnwood Trust
- Active Gloucestershire
- Gloucestershire Community Foundation
- National Benevolent Charity
- National Lottery
- Julia & Hans Rausing Trust
- Create Gloucestershire

Aims of ICB involvement in GF:

- Partnership: be a key funding partner around the table

- Relationships: To develop relationships with the VCSE sector, a key partner in much of the work of the ICS, leading to more collaborative working
- Resource allocation: test a different outlet and governance for non-recurrent resource allocation
- Strategic: develop understanding about funding in a different way – contributing to the ICB's work on VCSE Partnership Strategy and social value
- Funding reach: to get funding swiftly to grassroots organisations who can quickly deploy funding to make a difference on the ground and to fund organisations not normally funded or known to the ICB but who are delivering services or support making a real difference to Gloucestershire residents.

### **ICB funding**

The focus for the distribution of funds has been on supporting organisations having a positive impact on health inequalities and ICS priorities. In numerous circumstances ICB funding (and funding the ICB has collaborated with other members of the GF group to deliver) has been the difference between the receiving VCSE organisations being able to continue delivering their critical support functions to our population or no longer being able to function. The Healthy Communities & Individuals (HC&I) Team liaise with ILP leads and commissioning managers when reviewing applications to ensure a more joined up approach to funding VCSE organisations in a particular area. Applications are scored against a set of criteria across 4 domains:

- Health inequalities
- VCSE sector support
- ICS priorities
- Encouraging collaboration

### **GF grant recipient example – 'Let's cook with Josie!'**

'Let's Cook with Josie' is a voluntary, community and social enterprise (VCSE) organisation that teaches cookery skills to children from disadvantaged backgrounds encouraging them to:

- Learn about making healthy food choices
- Learn where food comes from (air miles, carbon footprint, locally grown/seasonal produce)
- Learn to cook healthy meals that are easily replicated at home for the family
- Learn about minimising food waste
- Improve life chances & life skills
- Engage with others through small group classes, feeling included in the project/community no matter
- their background/disability
- Actively engage with the community through trips to the local community allotment
- Josie works with children from Glenfall Primary School and Charlton Kings Junior School who are seen as vulnerable in some way. Most of the children

who have previously attended have been on pupil premium and from single parent families, armed force families, are 'looked after children' (adopted, fostered, or living with their grandparents), and/or have mild learning disabilities. More recently two Ukrainian children who have moved here locally with their families have attended. Josie also supports children who may be experiencing a particularly difficult time due to bereavement or difficulties at school.

Josie runs the classes from her own home and over the course of 4 weeks builds on the children's basic skills in the kitchen. All food cooked is vegetarian, healthy, budget friendly and easy to replicate at home. Discussions take place around healthy food choices, health and safety in the kitchen, minimising food waste, making a family meal and where food comes from. Josie also takes the children to the local community allotment where they can assist with weeding, planting, and watering etc. At the end of the course, they are all given a folder of the recipes from the sessions to enable them to replicate what they have made at home with their families/carers. The contribution of Josie's classes to the Children and Young People's healthy weight agenda and tackling food insecurity in Gloucestershire is also acknowledged.

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

*These items are for information and noting.*

### **2.1 Primary Care Networks (PCN) Quality Improvement Projects**

A further £950k has been secured for 2023/24 Quality Improvement (QI) Initiatives. PCNs have been developing their proposals, based on their population, for how they plan to spend the funding, which included presentations and discussions at the PCN away day on 22nd June 2023. To date 13 out of 15 PCNs have shared their QI project proposals. These proposals are currently going through a review process to ensure they adhere to the criteria parameters. Early themes of PCN projects focus on Frailty, Mental Health and chronic disease management.

### **2.2 Further delegation of specialised commissioning responsibilities to ICBs**

A statutory joint specialised services committee is in place in the South West region for 2023/24. This involves all the ICBs working with the NHSE specialised commissioning team to oversee and take commissioning decisions for fifty-nine specialised services (at present the responsibility and liability remains with NHSE). This committee is currently chaired by NHSE with Director level representation from each system. The committee will be moving to an independent chair who will be appointed this Autumn.

To enact the national roadmap for specialised commissioning, NHSE are now proposing that further delegation for the identified fifty-nine services fully transfers to ICBs from 1st April 2024. This would mean that responsibility and liability for these services would fully transfer to ICBs. What this means in practice is that:

- specialised commissioning budgets will be delegated i.e. specialised commission spend will become part of the ICB and ICS financial position (with agreement that we should continue to consider some form of regional risk sharing arrangement);
- it is proposed that that the joint committee made up of ICBs and the regional team in the South West continues into 24/25 run by the NHSE specialised commissioning team from the newly established Collaborative Commissioning Hub;
- ICBs are currently being asked to assess their readiness against an updated Pre-Delegation Assessment Framework.

### **2.3 The GP Patient Survey 2023**

The GP Patient Survey (GPPS) is an England wide survey. This year the data was collected from January to March 2023 and provides information about patient experiences of their GP practices and other primary care services.

Gloucestershire patients continue to rate their GP practices highly - with 80% rating their overall experience of their GP practice as “Good” in the Patient Experience Survey 2023. This is amongst the highest ratings for an ICS nationally for this indicator. This is testament to the commitment of GP surgery teams across the county who have been working incredibly hard to provide the best possible care under intense pressure.

The results show that confidence and trust in the county’s health professionals remains high, at 95%, with 89% of patients reporting that they felt listened to at their appointment and 93% reporting that they felt involved in decisions about their care and treatment. 88% of patients were happy that they were treated with care and concern.

GP surgeries are facing a record increase in patient contacts whilst dealing with staffing shortages across practice teams. They deserve huge recognition for their commitment to patient care and their work to embrace innovative practices and local partnerships. Given the extent of the challenges in primary care, we believe practices should be commended for maintaining such high standards overall across a range of survey themes.

However, the ICB is not complacent as it is clear that not all patients are quite so happy with their experience of GP services; this is a finding not only from the GPPS

results but also PALS, Healthwatch Gloucestershire and outreach working into communities. The ICB is aware there are areas where improvements need to be made across the county, especially around access to appointments, and that some patients have had to wait longer than they would like for non-urgent appointments. The ICB is monitoring this variability and working closely with practices and PCNs to understand the issues and provide support, for example with recruitment and booking systems, to improve access to appointments in all areas of the county.

The key focus has been to provide more appointments for the local population. Over 353,800 appointments are delivered on average each month by GP practices across the county, an increase of 18.1% on pre-COVID pandemic levels in 2019, significantly above the national average increase. The number of same-day appointments being provided is also increasing; for example, in May 2023, Gloucestershire practices provided 24% more same-day appointments than in May 2019. The ICB is pleased that its focus on improving access to appointments has been reflected in the survey results and will continue to do all it can to make further improvements.

Gloucestershire's practices have a history of embracing new ways of working and developing practice teams. They are doing their best to be innovative and take opportunities to adapt how they work to serve patients and support staff as best they can, offering the right kind of care and appointments, based on the nature of the patient's symptoms, condition and needs. Some have introduced new triage and telephony systems, and most practices now have other healthcare professionals such as clinical pharmacists, physiotherapists, mental health workers and paramedics working within or alongside practice teams - making a big contribution and supporting them to meet the individual needs of patients. Face to face (in person) consultations with clinicians in the practice team are available to those who need them. They currently account for 73% of appointments in Gloucestershire, which compares favourably to the national average of 67%. Whilst innovations in video and telephone consultations have been positive for many patients where it suits their lifestyle and working patterns, many patients prefer face-to-face or telephone appointments.

### **2.3.1 GPPS Results relating to NHS Dentistry**

The GPPS also includes questions about peoples' experience of NHS Dentistry. NHS Gloucestershire took on delegated responsibility for NHS Dentistry Services from NHS England from 1 April 2023. A Dental Strategy Group is newly established in the county with the purpose of addressing the challenges of access NHS Dentistry services for Gloucestershire's residents illustrated in the results below.

The ICB has compared itself against its ICS Peer Group and found that Gloucestershire has the highest proportion of people who have never attempted to access NHS dentistry, and the lowest proportion of people who have attempted to

access NHS dentist services in the last 2 years. 60% of Gloucestershire people said they preferred to access private services or had no need of a dentist –similar to Hereford and Worcestershire and Mid/South Essex. This is higher than other peer group areas – with Gloucestershire having the highest proportion of people choosing to access private services, and one of the lowest proportions of patients on an NHS dental waiting list. Compared to other ICS peers, Gloucestershire has a lower % of people rating dental services in the county as “good”. Fewer people rate NHS dentistry services as good compared to overall experience at GP practices in the county (65% rate dentistry good, 80% rate overall GP experience good). This pattern is not consistent across all areas, with some areas seeing people rate their dental service more highly than their GP practices (e.g. Derbyshire, Shropshire and Mid/South Essex).

NHS Dentistry will be an agenda item for the November 2023 HOSC meeting together with Community Pharmacy and Optometry.

Full GP Patient Survey results can be found: <https://gp-patient.co.uk/>

## **2.4 Primary Care (GP services) changes**

In August 2023 the NHS Gloucestershire ICB Primary Care and Direct Commissioning Committee approved the following applications:

### **Yorkley and Bream Surgery**

Boundary to change practice area, extending the boundary towards the South and East and a reduction in area located to the North and West. The practice hopes the increase in practice area will provide more security to the existing workforce and help attract new staff for succession planning. The change in area will locate both the Yorkley and Bream sites more centrally within the practice area. The practice has stated that they intend to retain all of the patients currently on their list.

### **White House Surgery Blockley Branch closure**

The practice has advised that they would have significant staffing challenges if they had to provide services across two locations (Moreton-in-Marsh and Blockley) and that the permanent closure of the Branch Surgery at Blockley will increase the practice’s resilience and sustainability. Patients have not been seen at Blockley Branch Surgery since the beginning of the Covid Pandemic in March 2020, and patients have attended the main surgery in Moreton in Marsh for all their appointments.

## **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) and Practice Plus Group (PPG).

*These items are for information and noting.*

## **3.1 Gloucestershire Hospitals NHS Foundation Trust (GHT)**

### **3.1.1 Operational Context**

The Trust continues on a broadly positive trajectory in respect of operational performance, however, the situation in respect of urgent and emergency care (UEC) remains fragile with a recent deterioration in ambulance handover delays and ambulance response times. Inevitably, recent industrial action by junior and senior doctors has impacted on this however teams have worked incredibly effectively to maintain safe care.

### **3.1.2 Elective Care**

Regrettably, due to high levels of summer leave and many staff, most notably consultant colleagues, experiencing significant fatigue the Trust has been unable to maintain the same levels of routine planned care during strike periods, as achieved previously. During August GHT cancelled 571 patients awaiting outpatient appointments and a further 152 patients awaiting an operation.

However, the cancellation of patients on a cancer pathway and those who would have waited more than 78 weeks have been kept to an absolute minimum. The very significant focus on cancer continues with small improvements continuing to be made. The 62-day waiting time standards remains the cause for most concern with the Trust continuing to meet the 2-week-wait and 28-day Faster Diagnosis Standard. The number of patients waiting more than 62 days for treatment following GP referral is 179 compared to 403 at the outset of the year. This represents 7.4% of the total cancer waiting list, an improvement from 14%, against a target of 6%.

In respect of diagnostic performance for CT / MRI / Ultrasound GHT is the top performing system nationally out of the 42 ICSs. Delays remain for patients accessing endoscopy and echocardiography and oversight of their recovery plans remains through the Elective Recovery Board.

### **3.1.3 Industrial Action**

The British Medical Association (BMA) remain in dispute with the Government over pay and conditions and have received a new mandate (in August 2023) by its members to continue with industrial action. Therefore, the next wave of strikes by junior doctors will extend to, and include, February 2024 adding additional pressure to the health system during what is its busiest time of the year. Senior doctors (consultants) also remain in dispute and in an escalation of industrial relations, last month (September 2023) this action was co-ordinated meaning both junior and senior doctors walked out (for a period) at the same time.



The Trust continues to plan its response during these periods with the aim of both supporting colleagues to exercise their right to strike, whilst keeping hospitals safe. Staff should take enormous credit for the way they have managed to maintain what has been a generally safe working environment during this period. The Trust has maintained capacity for emergency patients and enabled some limited services to continue particularly cancer care.

However, with the onset of winter this position is becoming increasingly fragile and unsustainable as the Trust relies heavily on the good will of an already exhausted workforce. The Trust continues to lobby both the Government and the BMA to re-start talks with the view of reaching a settled resolution.

#### **3.1.4 Care Quality Commission (CQC) update**

The Trust is anticipating the outcome of the Care Quality Commission's (CQC) recent re-inspections at some point during October. By way of an update, inspectors visited maternity and surgical services on both sites in May 2023 and met staff from many different services, observed their practice, spoke to patients and their families and reviewed numerous sources of data. Verbal feedback by the inspectors was broadly positive and the Trust awaits their final report.

In terms of progress that has been made since the core service inspections of maternity and surgical services last year, the Trust continues to make good progress against delivery of the actions required following the S29a Warning Notices. There have been some very noticeable improvements in surgical care including no elective patient being cared for theatre recovery overnight since the inspection and no theatre Never Event for more than 550 days. All the nine Must Do actions and the five Should Do Actions are complete or on track to be completed in the required time frame. Of the 13 overarching actions arising from the S29a notice, nine are complete, one is on track to be completed in the required time frame and three are amber rated which relate to:

- Patients spending more than four hours in recovery once they are fit to go to the ward – this reflects the lack of bed capacity and poor flow in our hospitals on occasions but no elective patient has stayed overnight since the CQC visit.
- Patients who remain in recovery for more than four hours once they are recovered are classified as mixed sex breaches. Staff do their best to ensure the privacy and dignity of patients in so far as possible and to date, no patient has made in complaint about this aspect of their care. However, our commitment remains to reduce the need for patients to stay for more than four hours from the point they are fit to be returned to the ward.
- Developments in relation to our Electronic Patient Record which have not yet been completed due to the complexity of the changes required but are in hand.

### 3.1.5 Maternity services

Members of HOSC have been regularly updated on the challenges facing maternity service provision in the county over the last year and the Trust's response to these challenged. To recap, the Trust has had to make the following temporary changes to services:

- The temporary closure of the birthing unit at Cheltenham General Hospital
- The temporary closure of x6 postnatal beds at Stroud Maternity Unit

This is in response to the following challenges:

- Meeting national standards of care and in particular one-to-one (1:1) care in labour
- National shortage of midwives
- Local vacancies related to recruitment and turnover (fluctuates between 6 – 15%)
- Increased short and long-term sickness (fluctuates between 6 – 15%)
- Increased maternity leave (fluctuates between 5 – 7%)
- Vital Quality Improvement workstreams depleting clinical midwifery headcount.

The Trust has made these temporary service changes in order to ensure that it can provide safe, one-to-one care for women and birthing in labour. The Trust want to re-iterate its long-term commitment to the re-opening of these services. In a signal of that commitment, it has announced a £2.7m redevelopment of the birth unit at Cheltenham which will open next year.

In terms of midwifery vacancies, the levels of vacancies remain of concern, despite sustained efforts by the Recruitment and Retention team. The vacancy rate remains consistently high at 14.41%. The midwifery service remains under establishment (under-staffed) at 36.85 WTE in Band 5, 6 and 7 (based on July 2023 data). More broadly, turnover combined with absence and sickness means that there was a shortage of 63.57 whole time equivalents (WTE) or full-time staff (based on July 2023 data).

Positively, 4.1 WTE Band 5 Registered Nurses commenced in July 2023. At the time of writing this report 14 new starters have been lined up to join in September with a further 9 WTE starting between October and January 2024.

The Trust acknowledges that the longer staffing challenges continue, the more it appears that getting the right staffing model for the birth centres and community rather than just waiting to be fully recruited is likely to be the key to opening services as quickly as possible. This has been the focus of the senior midwifery team throughout this period. The team has made good progress in engaging colleagues in developing new models of care. However, the Trust is not yet in a position to

reinstate either of the suspended services and plan to update the committee next month on progress made against our models of care and phased re-opening of our Midwifery-Led Units. In the meantime, the Trust will continue to work closely with local communities on our ongoing programme of public information.

### **3.1.6. Lucy Letby case**

The tragic and harrowing case of Lucy Letby highlights how critical it is that staff know and have confidence in the processes and organisational culture so they can raise concerns and have confidence that these will be acted upon appropriately. The Trust has done a huge amount of work in this area but fully acknowledge that there is more to be done.

In terms of process staff are encouraged to raise concerns to their line manager and resolve locally where possible, but the Trust also has a Freedom To Speak Up (FTSU) Service, led by the recently appointed full time Lead Guardian who has a lot of experience in the field, and a team of FTSU Guardians available to support colleagues experiencing barriers to speaking up.

The Freedom To Speak Up (FTSU) Service works in an impartial capacity, supporting and signposting staff to speak up and raise concerns to the appropriate leader in the organisation. Concerns can be raised in confidence and staff are supported in a clear process of speaking up.

The FTSU team also have a key role in helping to raise the profile of speaking up in this organisation, promoting a culture of openness and transparency and supporting anyone who wishes to improve the culture of speaking up.

As part of supporting the on-going FTSU work in the Trust, the FTSU service is reviewing the current FTSU policy and training for all staff. Other official routes available to staff include:

- Where concerns relate to patient experience, we have a Patient Advice and Liaison Service (PALs)
- Staff can contact our People and OD Team (HR)
- We work closely with a wide range of unions where colleagues can and do raise issues
- Staff can raise concerns in relation to quality or safety through an internal process called Datix
- Concerns can be raised with regulatory bodies such as the Care Quality Commission (CQC)
- Where concerns relate to fraud we have a local counter fraud team

### **3.1.7 Diversity, inclusion and engagement**

As the Trust plans for the next annual Staff Survey, which is launched this month (October 2023), progress continues across the Staff Experience Improvement Programme. Notably, good progress is being made in developing the Team and Leadership Development Programme. The design phase of this work has already begun, which is based upon conversations with a range of staff, including members of the Board. Working with members of the Board the Trust will plan a roll-out of Leader sessions early next year. Progress is also evident in the Freedom to Speak Up agenda, with an increase in reporting and process being brought into line with guidance from the National Guardian's Office.

Following the Letby case, the Trust continues to work hard to raise awareness about the role of Freedom to Speak Up. A workshop to refine the Discrimination activity has brought focus to the two priority areas – the experience of internationally educated staff and ally-ship – which now has defined activity with a task and finish group working on the performance metrics. The Taskforce also continues to make significant progress across the four work streams: new starter packs; 24-hour food; reward and recognition; and 'just sort it' fund. All four groups are on target to deliver by December 2023, and several members of the group are now contributing to the other Staff Experience work streams.

Despite the challenges many staff face they continue to find time to be proud of their services and a number of teams have been shortlisted in recent weeks for national awards including the Health Service Journal Race Equality Award for the work GHT has done in partnership with Gloucestershire Health and Care Trust, sponsored by our hospitals' charity. The "Community Wellbeing: Reaching Out Together" project works with local communities that experience high levels of health inequalities to overcome barriers in accessing health services. Within the first 12 months, almost 17,000 local people have been engaged by the community outreach team, including health and wellbeing checks, signposting services, providing information in a range of languages, identifying barriers in accessing care and helping to reduce emergency attendance. Nine outreach workers have been funded by the charity through the project, all from ethnic minority backgrounds who speak languages including Gujarati, Urdu, Malayalam, Tamil, Sinhala and Spanish allowing them to communicate and build strong links with the community in and around Gloucestershire.

This year the Trust has received a record number of nominations from colleagues and members of the public for the annual Staff Awards. More than 50 teams and individuals have been shortlisted for 14 different awards by a panel of judges which included members of the Board and our Council of Governors. Each and every shortlisted nomination was worthy of being a winner and panel members reported back how difficult as job they had in shortlisting. The awards ceremony is due to take place over two nights on 8 and 9 November 2023, at Hatherley Manor. Following last

year's success, the event will also be livestreamed to enable colleagues to join in the celebrations whether at work or at home.

Sticking with the theme of success, congratulations also goes to the GloStars Team who have been shortlisted for two separate awards for their work supporting newly qualified nurses, many of whom were leaving their roles in their first year, before this programme was introduced. They have been shortlisted for the RCN Workforce Initiative of the Year and the Nursing Times Awards in the Staff Wellbeing Initiative category. Finally, congratulations to the Home Enteral Feeding Team, who not only won the Trust Green Team Competition earlier this year but have also been shortlisted in the HSJ Sustainability Awards for their project to eliminate single use plastics from their service.

### **3.1.8 Organ Donation Week**

This year's Organ Donation Week (18 September to 24 September 2023) led by NHS Blood and Transplant focussed on the importance of individuals who have registered to openly share that intention with their loved ones and next of kin.

The Trust does a lot of work to promote and deliver donation in its hospitals and we worked closely to promote the national awareness week. It continues to urge donors to confirm their organ donation decision on the NHS Organ Donor Register with family members by having open conversations of their intention. This is because more than 7,000 people are currently waiting for a life-saving transplant across the UK and clinicians will always seek the input of families before proceeding with donation. Often families are not aware of their loved one's intention despite being registered which can lead to delays and added stress during a highly emotional time.

Around 495,000 people in Gloucestershire-out of a total population of 645,000 have already declared their decision through the NHS Organ Donor Register. This is one of the highest figures in the UK. As part of the campaign the Trust worked closely with media outlets, including BBC Points West, to raise awareness.

## **3.2 Gloucestershire Health and Care NHS Foundation Trust (GHC)**

### **3.2.1 Hope House Sexual Health Clinics**

In July the Trust were able to announce that Hope House Sexual Health Service was restarting face-to-face community clinics. Due to Covid-19 the clinics at Coleford Health Centre, Stroud, Cirencester and Tewkesbury community hospitals, Hartpury University, Hartpury College and the Royal Agricultural College, were restricted to telephone and video consultations only.

In the wake of the pandemic the Trust reinstated face-to-face clinics at Hope House in Gloucester and The Milsom Centre in Cheltenham, and these have been running for some time now. GHC is delighted that 'normal service has now been resumed' at the community clinics and they are able to offer face-to-face appointments once more. Hartpury University, Hartpury College and Royal Agricultural University clinics are for students only, and these clinics resumed at the start of the new academic year in September 2023. Hope House provides sexual health services that support healthy relationships and sexual wellbeing across Gloucestershire.

The sexual health, contraception, pregnancy advisory and HIV services are free, confidential and available to anybody who needs them, including people aged under 16.

### **3.2.2 Pastoral Care Quality Award**

GHC is delighted to have received the NHS Pastoral Care Quality Award for the high level of care and support provided to international nurses. Since GHC's international recruitment programme began in 2021, the Trust has recruited over 90 nurses and allied health professionals from overseas. Colleagues are provided with a full pastoral package, including accommodation, training and education and a wide range of other support. This includes tours of the local area, introductions to community groups and anything else they require to settle into their new role and home.

The Quality Award, presented by NHS England as part of its International Recruitment Programme, recognises the Trust's commitment to supporting the pastoral needs of international nurses who have often travelled thousands of miles to work in our NHS services.

The NHS has always benefited from overseas recruitment and from nurses coming from other countries to live and work in England. Recruitment from outside of the UK continues to feature as an important part of the workforce supply strategy of NHS organisations, in line with the NHS People Plan. The NHS Long Term Plan sets out the ambitions for the NHS over the next 10 years, identifying ethical international recruitment as a workforce priority.

Launched in March 2022, the NHS Pastoral Care Quality Award scheme is helping to standardise the quality and delivery of pastoral care for internationally educated nurses and midwives across England to ensure they receive high-quality pastoral support. It's also an opportunity for trusts to recognise their work in international recruitment and demonstrate their commitment to staff wellbeing both to potential and existing employees.

### **3.2.3 Patient Safety Award Commendation**

A GHC project received a high commendation in the annual Health Service Journal Patient Safety awards. The team was shortlisted in the Deteriorating Patients and Rapid Response Initiative of the Year category. Their project was entitled "Integrated community team therapists identifying the deteriorating patient in the home setting".

The project used a Quality Improvement (QI) approach to understand and solve the problem of patients who were under the care of the therapy teams in Integrated Community Teams not being identified or escalated to appropriate levels of care in a timely manner.

It was identified that the problem stemmed from a lack of knowledge, equipment and confidence of the therapists in undertaking the NEWS2 assessment in the community and then communicating it in a succinct and consistent manner to Rapid Response and GPs in order to escalate care to the appropriate level for the patient in a timely way. Therapists in ICTs were taught how to take baseline clinical observations during their community visits to patients at home using appropriate clinical equipment and then to communicate findings to their medical colleagues across the system including Rapid Response and GPs.

The changes were tested and gradually rolled out across all teams in the county. There is currently a growing demand from other specialist teams to also benefit from this approach. Results showed a huge increase in the confidence of therapists visiting deteriorating patients at home and patients now have less time to wait at home when they are deteriorating waiting for a clinical decision to be made.

### **3.2.4 New Forest of Dean Community Hospital**

Preparation for a move into the new Forest of Dean Community Hospital is now entering the final stages. Teams from Dilke and Lydney Hospitals are getting ready to transfer across to the new 24-bed hospital in Steam Mills Road, in Cinderford, following an expected handover in January 2024. There will be around eight weeks of work to prepare the building after handover – for cleaning and installation of IT as well as fitting for furniture and equipment – before the process of moving colleagues and services in can begin.

The complexity of combining teams from two sites into a new hospital means that moves will be phased over several weeks and will result in some disruption to

services as relocation of staff and equipment takes place. This will include a gradual reduction in inpatient numbers, moving teams such as rapid response, therapies, midwifery, dental services, outpatients and children's services.

Minor Injury and Illness Unit at Lydney will continue to operate throughout (the Dilke MIU will remain closed) and there may be some disruption to X-ray services if the X-ray machine from Lydney is moved to the new hospital. If the disruption occurs, anyone requiring X-ray will be booked at another unit while this work is carried out. There will be additional capacity for X-ray at Dilke Hospital. Alternatively, people will be offered another site, such as Tewkesbury Community Hospital, another community hospital or Gloucestershire Royal Hospital.

The new Endoscopy service will take time a few additional weeks to become operational and is due to open 20 weeks after handover.

### **3.2.5 HOSC Members visit to Wootton Lawn Hospital**

The Trust was pleased to host members of HOSC at our annual informal briefing session on the 26 September 2023. The session was held at Wotton Lawn Hospital and included the opportunity for some members of the committee to take a tour of the hospital and visit services first hand. Douglas Blair (CEO) gave an overview of the Trust's wide range of services and an update on the main developments in the last year, which included the Trust's 'Good' CQC rating, the positive staff survey results and the ongoing improvements in recruitment and retention of nursing and other professional colleagues.

HOSC members then had the opportunity to hear more about the Wotton Lawn services and the impact its services can have for people from Rebecca Anstis (Hospital Matron) followed by a short overview of mental health crisis and urgent care services from Julie Pitman (Crisis Team Leader). Ingrid Barker (Chair) summarised the broad consensus at the session that it had served as an excellent opportunity for HOSC members to ask questions and learn more about the Trust's wide range of physical health, mental health and learning disability services in a more depth than is possible in a formal HOSC meeting.

## **3.3 South Western Ambulance Service NHS Foundation Trust – Update**

### **3.3.1 Chief Executive of South Western Ambulance Service NHS Foundation Trust announces his intention to leave the organisation**

The Chief Executive of South Western Ambulance Service NHS Foundation Trust (SWASFT), Will Warrender, has announced his intention to leave the organisation.

Will Warrender CBE, a former Rear Admiral who served 32 years in the Royal Navy, was appointed Chief Executive at the height of the COVID-19 pandemic and has led the organisation for more than three years, through some of the Trust's most



challenging times. He is also the national lead for employee wellbeing and suicide prevention at the Association of Ambulance Chief Executives (AACE).

This early announcement means that the comprehensive process to appoint a new Chief Executive will now begin, ensuring resilience and a smooth transition of leadership ahead of Will's departure.

### **3.3.2 ePCR outage**

On Tuesday 18 July SWASFT declared a Critical Incident following a cyber-attack against the Trust's Electronic Patient Care Record (ePCR) supplier, Ortivus. It has now been eight weeks since this incident and the day-to-day position for ambulance services remains stable as the Trust continues to work using business continuity processes and evolving workarounds. The Trust would like to take this opportunity to once more thank partners for their continued patience and for adapting to the current ways of working whilst the Trust's supplier continues to recover the system. SWASFT has now reconnected to the newly built Ortivus ePCR platform following central NHSE approval and has begun functional user acceptance testing. Assuming testing goes well, the Trust continues to expect to return to operational use later this month.

### **3.3.3 ParaMEDic event: supporting young people from diverse and disadvantaged backgrounds to start a career in paramedicine**

In August 2023, SWASFT hosted 25 young people from diverse and disadvantaged backgrounds to experience elements of our ambulance service, in partnership with the Princes Trust, College of Paramedics, University of the West of England, St John Ambulance, and NHS England. Opening up an opportunity for young people who may not have considered paramedicine as a career option previously, the three-day immersive event saw the young people visit Bristol Ambulance Station, the Bristol Hazardous Area Response Team and the North Emergency Operations Centre, under the guidance of experienced paramedic students and support workers.

### **3.3.4 Leadership development programme**

Over 550 leaders from across the organisation have now been invited to join the Trust's leadership development programme being hosted in partnership with Zeal Solutions. The programme focuses on the importance of building trusting relationships, forming and developing teams and cultivating culture. The programme, which has been built following engagement with leaders from across the organisation, will also help to embed Trust values and behaviours and will be supported through a range of additional resources including an online leadership handbook providing Trust leaders with essential tools to support their teams.

### **3.3.5 New Trust brand**

SWASFT has refreshed its Trust branding which aligns with the 2023-28 Strategy to mark the start of a new vision for the Trust. The goal is to ensure the Trust presents a consistent style and tone of voice to people and partners.

## **3.4 PPG (GP OOHs) - Update**

**3.4.1** Work continues to progress the re-procurement of the 111 and OOH services for Gloucestershire. The focus of the work at this early stage of the process is on developing a robust service specification for the future services, that take account of the changes in the ways patients are now accessing care since the COVID-19 pandemic.

A detailed review of the profile of calls that come in to 111 is being undertaken, the dispositions of these calls and the routes that patients take post that initial contact, mapping the pathways so, where possible, the patient journey can be streamlined. The focus is to make most efficient use of the resources available in Gloucestershire, in terms of the available workforce, sites and capacity in onwards services to refer to - which of course vary by time of day.

The procurement programme board will work with the UEC patient reference group to ensure patient input into the development of the proposed specification.

## **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

**October 2023**