

<b>Report Title</b>	Integrated Performance Report (IPR) November 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

November 2023



Improving Services  
& Delivering  
Outcomes  
(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

- Referrals into GHFT for suspected Lower GI cancer from Primary Care are now accompanied by FIT results in 79% of cases – ahead of the improvement trajectory planned for 23/24 and achieving the 6th best performance in the country.
- Additional ICB investment in the adult's and children's Autism and ADHD pathways has been agreed to increase capacity in line with demand. The new integrated Autism and ADHD pathways will have a clear route for all referrals, one provider coordinating the multi-disciplinary assessments and a process for transition of care into adult services where required.
- Elective Recovery Performance continues to meet our system target, despite industrial action causing significant numbers of cancellations. The system position for M1-5 (to August 2023 – latest available validated data) is 105.8% of value weighted activity (compared to 2019/20 levels).

### Areas of Focus

- Diagnostic turnaround times are an area of concern for diagnostic performance – in particular imaging diagnostics associated with cancer referrals and GP tests have not met expected thresholds for a number of months and are starting to impact other targets (e.g. cancer access).
- Cancer access targets have been missed for the first time in 23/24 with challenges in breast, skin and Lower GI specialties (staffing and diagnostic test turnaround time) driving the reduction in performance .
- GHFT have declared 18 78 week wait breaches for elective treatment in September with more likely moving into October. This is due to the capacity losses across the system throughout August and September due to industrial action in particular.
- UEC performance has struggled to recover from the deterioration seen at the start of September, with ED performance declining in October and despite some improvement seen in the month, ambulance Category 2 response times and time lost to handover delays remaining longer than any other month in 23/24 to date.

## Key Achievements

### NHS Funding

#### ***Support For Care Leavers***

- The ICB has received £40k of non-recurrent funding for the NHS universal family care leavers covenant programme, a nationally sponsored initiative aimed at increasing the number of care experienced people employed by the NHS.

#### ***Reducing Health and Care Support Worker Vacancies***

- Both GHFT and GHC have submitted Expressions of Interest for an opportunity to bid for £15k per organisation for initiatives to support a continued reduction in vacancies numbers for HSCWs.

#### ***Mental health crisis training***

- EOI submitted to NHSE for £25k for system-wide mental health crisis training.

#### ***People Promise Manager (Phase 2)***

- GHC offered a People Manager post, with the aim of improving staff experience and retention by focusing on all elements of the People Promise, following success of wave 1 sites.

#### ***Leadership***

- System-wide Leadership programme mapping commenced

#### ***Systems Thinking***

- Systems Thinking masterclass cohorts 3 and 4 commenced, applications heavily oversubscribed with respect to available places.

#### ***EDI***

- Reciprocal Mentoring cohort 2 expressions of interest launched
- Inclusion Allies cohort 2 completed, and evaluation underway

## Areas of Focus

### 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

- Continued focus on increasing (more cost-effective) bank staff usage over agency staff usage. Review of potential tools to support this and ensuring system wide tender opportunities maximised.

### System-wide Development Programmes

- Reciprocal Mentoring Cohort 2 planning (2023) for delivery in 2024.
- Systems Thinking masterclass cohort 5 TBC in 2024 – dates and delivery following interest in programme.
- Agree details of system Leadership development offer/conference in 2024 with system partners. This will be in collaboration with the Improvement Community Steering Group.

## Quality

### Key Achievements

- Wotton Lawn stepped down from 'enhanced surveillance.'
- The Standardised Hospital Mortality Indicator (SHMI) at GHNHSFT has continued to reduce, remaining within expected levels since November 2022.
- PTAC have shown improvement in call wait times. Last week, the average waiting time was 12.01mins, down from 21.26mins previous week and down from 28.16mins the week before that.
- The commitment of NHS Gloucestershire to working in partnership with people and communities is demonstrated by very positive key findings from the NHSE Assessment review for NHS Gloucestershire including commendation for the ICB on its use of different and targeted approaches towards public engagement.

### Areas of Focus

- Demand for repeat prescription via OOH services - work underway to support Primary Care.
- Establishment of the System Safety Group and patient experience group.
- Provider Patient Safety Incident Response Framework plans 'PSIRP' expected to be received by the ICB in February 2024.
- Weekend vs Weekday mortality will be examined in the next System Mortality Group.
- Work is progressing around the UEC transformation, focus on quality metrics to commence in the new year.
- CQC paid an unannounced visit to Berkley House. We held a Rapid Quality Review as a result and the Trust is delivering on an action plan, supported by an ICB Quality Improvement Group.



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## Detail of Key Achievements & Areas of Focus



# Urgent & Emergency Care

- October Emergency Department performance was 72.0% (seen and treated/admitted within 4 hours) – with MIIU performance at 99.5% and Type 1 ED performance at 57.1%. While Gloucestershire as a system and GHFT remain in a stable position in rankings of ICS and acute trust performance (around the national median position), performance across the whole country has declined in October.
- Ambulance: October Ambulance Category 2 response time performance was 70.9 minutes (a deterioration from September at 46.7 minutes). Category 1 response times were 11.0 minutes on average, with a range from 14.1 minutes in the Cotswolds to 7.8 minutes in Gloucester localities. There were 5582 hours lost to handover delays in October (186 hours on average per day), which is the most seen monthly in 23/24 to date, however both Category 2 and handover delay times have been improving throughout October.
- A focussed action plan has been developed to improve patient experience and timely care, and this is overseen at executive level weekly across the system. Particular emphasis is being placed on the enhanced weekend plan – which is supporting increased patient discharges across the weekend to help resolve congestion in the acute hospital.
- There is continued focus on system pressure planning to proactively manage wider strategic plans including the mobilisation of the new Forest of Dean hospital into 2024 to mitigate the impact these have on system flow. The expanded Surgical Assessment Unit is going live in December which will see an improved pathway for patients attending ED with abdominal pain and likely in need of surgery – freeing up space in ED and improving use of acute bed capacity. Expansion of virtual wards to support surgical patients will also be rolled out with 40 beds planned by March 2024 in this area.
- NHS111 has seen a significant improvement in call answering during October, with proportion of calls abandoned dropping to 9.8% (down from 20% average in September). Practice Plus Group have been trialling a new contract to improve evening and weekend shift fill and increase the resilience of the service – this will be kept under review, but initial performance appears encouraging.
- All workstream leads for the UEC transformation programme are now in place, with trials in all areas identified and up and running in most cases:
  - Prevention: Admission avoidance for GPs, Falls Prevention, Integrated Proactive Neighbourhoods
  - Community Urgent Response and Front Door: SWAST pathways to Rapid Response, Front Door – Frailty Pathway
  - Acute Hospital Flow and Decision Making: Model Ward, Complex Discharge Process
  - Intermediate Care: Home First and Reablement, Pathway 2 Length of Stay
  - Access to Care Packages: Sourcing delays and target market capacity, Optimal handed care



# Elective Care

- Elective Recovery Fund performance year to date, based on Freeze data (M1-5) is 105.8%, thus achieving the new revised target of 105% but still below the submitted plan of 109%. Pathways avoided are contributing c.4% on top of activity recovery. The projected full year outturn is delivery of 102.9% (up from 102.3% last month). NHSE have confirmed the national target will be further relaxed to reflect the impact of industrial action with all systems receiving their full funding allocation.
- In September, long waits for elective care have stabilised (52 week waits for the ICB are at 3,166, slight decrease from August position of 3,242) with ENT and Oral Surgery accounting for more than 50% of these long waits. 65 week waits for the ICB also decreased slightly from 809 in August to 793 in September. GHFT have reported 18 over 78 week waits 16 Gloucestershire patients and two out of county). Overall, there were 18 over 78 week waits for ICB patients in September (up from 19 in August). RTT performance (% patients on the waiting list, waiting less than 18 weeks for consultant led treatment) in September was 64.9% across all providers, 64.6% at GHFT. The waiting list has increased slightly, with 79,669 pathways open for Gloucestershire patients at the end of September 2023.
- GHFT are continuing to increase the use of Patient Initiated Follow Up to reduce unnecessary follow up outpatient appointments, with overall performance at 12% (patients discharged to PIFU) against a national target of 8%. Use of Advice and Guidance remains strong, with work ongoing to support specialties where there is an A&G backlog (Haematology and Dermatology). Outsourcing for Haematology A&G has been procured, and will commence in November; Dermatology is working on an action plan to improve A&G turnaround time, including a reset week to address some of the backlog of requests.
- 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 – this will particularly focus on productivity and will link into the medium term financial plan.
- The Theatre Delivery Board at GHFT has been focussing on the theatre utilisation rate, which has improved to 79%. It is exploring the variation between theatre utilisation at core and community sites and how to introduce bespoke booking to reduce early finishes for theatre sessions.
- Role out of the Patient Initiated Digital Mutual Aid System (PIDMAS) has now gone live, with GHFT contacting ~2400 patients waiting over 40 weeks without an appointment booked to offer the option of exploring alternative providers for their treatment in line with national commitments. A small number of patients have expressed an interest in this option.
- An updated version of G-Care, which helps support GPs with referrals into secondary care, will launch this month, with proposed closer working between secondary care clinicians going forward to support G-Care with timely updates to optimise the interface between primary and secondary care.

# Cancer

- In September, performance against the 2 week wait (2ww) and 28 day Faster Diagnosis (FDS) standards was missed for the first time in 23/24. 2ww performance was 90.1% and FDS performance was 74.3%. The majority of breaches were in suspected lower gastrointestinal cancers, suspected breast cancer and suspected skin cancers. This performance deterioration was driven by staffing issues and turnaround times for diagnostic tests; a breast recovery plan is already in place with performance expected to recover in January 2024, and Skin and Lower GI specialties are currently reviewing requirements for a recovery plan.
- 31 day first treatment performance for the ICB decreased in September down to 88.7% from 90.5% in August, missing the 96.0% target. ICB 62 Day performance decreased in September from the August position to 60.3%. This is still below the 85% target which has not been met since Jan 2021. 62 Day breaches are mainly being driven by Urological, Gynaecological, and Head and Neck as backlogs in these specialties continue to challenge performance. 104 day waits have increased in September to 27 from 21 in August. The majority of waits over 104 days are for Urological cancers (16 of 27). 195 patients at GHFT were waiting more than 62 days for treatment (or exclusion of cancer) in September – above the planned 180 committed in the operational plan. This is the result of the prolonged industrial action as ability to provide cover has decreased. There is ongoing work to continue to reduce the backlog and prevent new patients tipping over 62 days.
- Non specific symptom (NSS) referrals in September were at 28 – 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. Overall 273 referrals into the service have been made, with 7% of patients receiving a cancer diagnosis. More than 60% of patients have been discharged with reassurance.
- Breast Cancer Awareness month took place across October 2023 with events including: public promotion Gloucester town by the information bus supported by a cross organisational multi-disciplinary team; Breast Cancer Talks at a variety of venues, particularly aimed at supporting ethnic populations who may be less likely to come forward with cancer symptoms – including refugee groups; Combined breast cancer and prostate cancer awareness event (held at the All Nations African Caribbean Community Centre). November 2023 is Lung Cancer Awareness Month, with events planned in the Forest of Dean throughout the month at various venues and supported by GHFT Lung Cancer Nurses.
- *Note: from October 2023, the new simplified Cancer Wait Time standards have been launched, performance will continue to be reported against the current standards until October data is available (December).*

# Primary Care

- There continues to be significant public demand on primary care, with 375,067 appointments carried out in September 2023. The activity for the financial year 2023/24 to date is 211,080 appointments above plan (11.8% over planned levels of activity).
- The #BeKind Campaign has launched in Gloucestershire, highlighting how GP surgery staff deserve to work without fear and that any abuse or violence directed at NHS staff is unacceptable. #BeKind thanks local people for treating staff with respect.
- The seasonal vaccination programme began on Monday 11 September, for both Influenza and COVID-19 vaccinations. Residents in care homes and those who are housebound are being prioritised. Engagement and communications work is ongoing to promote vaccination particularly among groups less likely to take up the vaccination offer. To date 54.8% of the eligible population have received their COVID-19 booster.
- Use of Fecal Immunoprecipitation Testing in primary care is ahead of trajectory to reach the 80% compliance target for 23/24 – data for October shows that suspected Lower GI cancer referrals into GHFT with an accompanying FIT results are at 78.9% - ahead of the 72.5% forecast for October 2023 and is the leading performance in the SWAG cancer alliance region and 6th ICB nationally.
- Dental Services – following the delegated responsibility for the planning and commissioning of primary, community and acute dental services to ICBs, NHS Gloucestershire is currently exploring additional urgent dental capacity both in and out of hours with some capacity due to be delivered from November 2023, as well as medium term plans to increase routine and urgent capacity in the county.
- A regional Supervised Toothbrushing programme has been procured by NHSE and will be rolled out in Gloucestershire in November. The aim of the scheme is to enable children in early years education settings to brush their teeth with fluoride toothpaste each day they attend under supervision from staff. This will be achieved by the Provider training the early years staff in each setting and a named member of staff being the Oral Health Champion in each setting. The staff will then supervise the children brushing their teeth during the nursery or school day. This new programme is aimed at Early Years settings and children in reception class in areas classified as IMD deciles 1 to 6. We anticipate the inclusion of 115 primary schools and early years settings attached to those schools across the county with information being sent to schools from December 2023 onwards.

# Diagnostics

- Diagnostic performance has stabilised with September overall performance at 16.7% (compared to 17.6% in August) of patients waiting over 6 weeks for a diagnostic test at the month end. GHFT overall performance at 17.7% (therefore both the ICB and GHFT missed the 15% target for 23/24 for diagnostic recovery).
- Endoscopy is the main driver of the long waits in the system – with the colonoscopy waiting list rising to 905 in September (nearly double the average monthly activity) and 555 breaches of the 6 week target. Flexi sigmoidoscopy activity has reduced substantially – there is less demand for the pathway since the decommissioning of the bowel scope screening during the COVID pandemic, however activity has fallen well below current demand and it is clear that current capacity is not meeting demand. 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. Gloucestershire workforce strategy will also feed into endoscopy recovery, as well as review of county wide services and how they are utilised. As a short term measure, additional funds have been requested from NHSE to run outsourcing lists to support backlog clearance with a decision expected imminently. NHSE have offered a support visit which has been accepted for the 14th December to review our endoscopy services.
- Echocardiography performance continues to be below plan. With two additional locums now in place, performance has stabilised (306 people are waiting over 6 weeks for this test – 28.8% of the waiting list) and the waiting list size is beginning to reduce. The cardiology service have implemented an action plan to mitigate these performance issues.
- Focus on Diagnostics month has been taking place throughout October and into November. The Gloucestershire system has identified Endoscopy, CDC utilisation and histopathology as areas for particular focus. Webinars and learning events to support improvement projects and share good practice across region have been taking place. CDC activity monitored weekly and is positive in most areas. Histopathology 10-day turnaround times are not meeting targets and a six point improvement plan is in place, regularly reviewed at GHFT. Support from the histopathology network is in place with the lead scientist working with GHFT Ultrasound performance was highlighted as a focus for the South West region, however GHFT performance in this modality is the best in the South West with consistently high activity and stable performance (under 5% of the waiting list waiting more than 6 weeks throughout 2023).
- Turnaround times for imaging are similarly challenged (as with Histopathology), in particular three day turnaround for suspected cancer and seven day turnaround for urgent GP requests – there have been issues with the implementation of the new PACS system which has caused delays. A system upgrade is due 2nd week November which should improve stability and help to improve turnaround times.

# Mental Health

- Improving Access to Psychological Therapies (IAPT) access has increased slightly to 1152 in September– though remains below plan. Referrals have decreased after seeing an uptick in July and August, meaning October access is likely to remain below plan. Work continues on the extensive rebrand (to “Talking Therapies”) and advertising campaign to increase referral rates. Recruitment and retention of high intensity therapists is a particular challenge currently, particularly as some staff are choosing to join providers offering a fully online service – which the IAPT service has explored and feels is not right for Gloucestershire.
- Out of Area placement provision has increased to 179 days across Q2 of 2023/24 (up from 62 in Q1). This brings the total YTD to 241 against the YTD target of 600. The annual target is 800. The increase in external placement has been due to increases in need for mental health beds – with limited additional capacity in the system to respond to demand fluctuations, additional beds have had to be purchased to manage pressure.
- Eating disorders – the proportion of patients assessed within target has improved significantly in 23/24 to date. The August position (latest validated data) shows that for adults, 91.6% received treatment within the 16 week target. The CYP service has achieved 100% of referrals beginning urgent treatment within a week, and 77% of routine referrals beginning treatment within 4 weeks in August. The triage of new referrals has contributed to this improved performance by ensuring guided self-help can be introduced much earlier into the patient’s pathway. The service continues to work with additional providers (BEAT, ORRI and TiC+) to support patients and their families either on the waiting list or with appropriate therapy.
- Uptake of physical health checks for people with Serious Mental Illness (SMI) remain stable, with Q2 performance at 50.1%. 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.
- Additional ICB investment in the adult’s and children’s Autism and ADHD pathways has been agreed to increase capacity in line with demand. The new integrated Autism and ADHD pathways will have a clear route for all referrals, one provider coordinating the multi-disciplinary assessments and a process for transition of care into adult services where required. This will improve the experience for individuals and their families and be a more efficient use of resources and professionals’ time. The details of the Service Specifications are being finalised. The services have initiated recruitment and will continue to build their teams over the next year. Neurodiversity dashboards are being developed by GHC to enable timely reporting to the ICB and for wider system assurance.
- CYP access performance against the operational plan target was reported as under plan during Q1 of 23/24 – this was due to a data issue which has now been resolved, however due to the cumulative methodology for the reporting of this KPI, performance is likely to remain below plan until Q4. Waiting times for core CAMHS have been reducing steadily with several contributing factors: staffing numbers have very recently improved, demand has levelled out and there are a number of initiatives alongside wider services for children and young people within schools, the voluntary and community sector and social care, addressing emotional wellbeing and mental health needs.



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## Detail of Key Achievements & Areas of Focus



# Our People Strategy: Focussed Pillars



## Recruitment and Retention

- International Recruitment – £350k Local (Section 256) + £350k NHSE funding approved for Domiciliary Care International Recruitment. Eligibility criteria for care providers has been agreed, care homes informed and expressions of interest invited. This project is being aligned with nationally funded (by DHSC) project for Pastoral support for International Care workers that is being led by GCC. Scoping of InterN app (provided local information) for international recruits in social care has been undertaken and investment approved.
- Accommodation – a proposal for a SW regional collaboration is being developed consisting of 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 preceptorship gold quality mark now achieved for GHFT, GHC and Primary Care. Midwifery preceptorship updated and will work towards gold mark for Spring 24. AHP national framework still awaited.
- ICS Legacy Mentors – Lead LM role appointed to as well as nursing LMs in Primary Care, GHC, GHFT, Midwifery and AHP LMs in SaLT- delivery commenced. Remaining AHP LM roles in dietetics and radiotherapy still to be appointed.

# Our People Strategy: Focussed Pillars



## Valuing and looking after our people

- The Health and Wellbeing group are developing a system-wide Health & Wellbeing Strategy, the vision statement has been drafted.
- The Health and Wellbeing group are developing a system-wide 'early starter conversation', 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.
- GHC awarded gold Armed Forces Covenant - Employer Recognition Scheme (Aug 23) and ICB applying for bronze award.

## 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 both Trusts are undertaking readiness assessments for the implementation wave 4, originally planned for Jan 2024, now delayed (nationally) until July 2024.
- Audit and Research Evaluation Course has been advertised (1st cohort - 20 places)
- The University of Gloucestershire and the ICS are offering two funded PhD opportunities. Together they are supporting the opportunity for staff to apply for funding to undertake an area of doctoral study and research as part of the University's new Arts, Health and Wellbeing Centre

# Our People Strategy: Foundation Themes

## Workforce Planning, Digital & Data, EDI, Leadership & Culture

- System Leadership development programme lead post has commenced in post - initial tasks are to undertake a baseline mapping and scoping of the existing organisational/regional leadership offers.
- An evaluation of cohort 1 of the reciprocal mentoring programme has been completed and has fed into the design of cohort 2 which has been advertised and expressions of interest invited. Cohort 2 will commence December 2023.
- The Inclusion Allies Programme has been completed and evaluation commenced.
- A review and alignment of national and local EDI action plans has been undertaken to avoid duplication of effort and streamline actions. This will be discussed at the next OD Steering group.
- Cohorts 3 and 4 of the Systems Thinking Masterclass programme have commenced. Due to the popularity a 5th cohort is being planned to commence early 2024.
- Collaboration with the countywide Improvement Community Steering Group on a programme of system-wide leadership conferences programme in 2024.



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# Assurance

## Pharmacy, Optometry and Dentistry (POD)

- The Clinical and Quality Directorate have not yet received the Q2 POD Integrated Quality Report. NHSE SW have advised that the report will be incorporated into the monthly information pack on a quarterly basis and therefore we expect data for Q2 to be available with the October pack - due to be received by the ICB in November.
- A second POD delegation workshop event was held in Taunton on 12<sup>th</sup> October. The Clinical and Quality Directorate attended along with primary care commissioning, pharmacy and finance colleagues and gave opportunity for networking with SW ICB and Collaborative Commissioning Hub (CCH) colleagues. The day commenced with the presentation of five case study deep dives to celebrate success stories and learning followed by subgroup discussions focussing on ways of working. Discussions centred on CCH and ICB priorities, decision making, risk register, monthly activity packs and complaints processes.

## Urgent and Emergency Care

- Work is progressing around the UEC transformation, focus on quality metrics to commence in the new year.
- The ICB are continuing to work proactively with PPG (out of hours GP service). Work is underway alongside Medicine Optimisation colleagues to review demand for repeat prescription ordering via 111 & OOH to support and improve awareness and safety.

## Patient Transport Advice Centre (PTAC)

- Since we last reported on PTAC considerable work has been undertaken to improve the call answering times. This includes the onboarding of new staff and the development of new ways of working. Over the last three weeks the average waiting times have reduced consistently. Last week, the average waiting time was 12.01mins, down from 21.26mins previous week and down from 28.16mins the week before.

# Assurance

## Community and Mental Health

- Following discussion at the recent System Quality Group meeting on 17th October, the decision was made to formally stand down the period of enhanced surveillance and quality monitoring for Wotton Lawn hospital.
- Following recent CQC concerns regarding the standards of care at Berkeley House, a rapid quality review meeting, chaired by the ICB Executive Chief Nurse, was held on 24th October. The decision was made to place Berkeley house on a period of enhanced surveillance with the first meeting of a Quality Improvement Group scheduled to take place on Friday 10th November.

## Maternity

- GHNHSFT are awaiting the publication of the latest CQC report with the LMNS receiving monthly progress updates. The ICB is liaising closely with the NHSE Maternity Safety Support Programme Advisor allocated to GHT.
- Though there remain a number of Midwifery vacancies, there are new midwives joining the Trust over the next few months. Maternity vacancies are on the trust risk register. Recruitment and retention plans are in place. Exit interviews are being conducted to monitor reasons.
- Dedicated team now appointed at GHT to work through all actions plans for Ockenden, Saving Babies Live and Maternity Incentive Scheme Y5. The LMNS will approve and sign off submissions to NHSE and will report through the System Quality Group. Work continues to develop one single action plan, including the 3 Yr Delivery Plan for maternity & neonatal care
- First trimester screening Serious Incident (SI) action plan is in place, with reviews by NHSE/LMNS/GHT. Its on the Trust & ICB risk register. The Joint safety Forum with BSW LMNS – sharing learning from incidents and good practice have considered this incident.
- Cheltenham Birth Unit & Stroud postnatal beds remain closed due to extreme staffing challenges.

# Safety

## Serious Incidents in September and October 2023



There were no Never Events reported in September or October.

**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.

### Learn from Patient Safety Events (LFPSE)

- To support PSIRF NHSE have launched the new LFPSE system. Unfortunately both GHFT and GHC have been affected by an issue with Datix (the provider of their local risk management system). This means they have not yet managed to transition to LFPSE.
- This is a known issue and NHSE SW region are fully aware.
- NHSE have also rolled back the use of LFPSE with new incidents under the new Patient Safety Incident Response Framework. They have now directed that upon transition providers should continue to use the Strategic Executive Information System (STEIS).
- We are also waiting to see the results of the promised enhancements to the data access app. Until reporting improves, LFPSE will have limited use for the ICB.

# Safety

## Patient Safety Incident Response Framework (PSIRF)

The provisional timescale for the implementation of PSIRF has been adjusted to fit with provider board arrangements. System partners have now agreed to switch from the Serious Incident Framework to the new PSIRF on 1<sup>st</sup> March 2024.

- Patient Safety Incident Response Plans (PSIRPs) will go to provider boards in January
- PSIRPs will then be sent to ICB Quality Committee in February for ratification.
- Formal Switch on March 1st
- This means that the last SI could be declared on Feb 29<sup>th</sup> meaning that the closedown of the last SI is expected by 28<sup>th</sup> May.
- Once we have transitioned, the role of assurance will sit with provider boards and not the ICB. Our role will change to be around the assurance of systems and spreading learning across the ICS.

## System Safety Group

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

This group will have two main functions:

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

One of the first priorities of the System Safety Group will be to develop a system to spread learning and cross system Patient Safety Investigations.

# Experience

		Apr-23 Provider	May-23 Provider	Jun-23 Provider	Jul-23 Provider	Aug-23 Provider	
GHT Inpatients	% Positive	93%	93%	93%	94%	92%	
	% Negative	4%	3%	3%	3%	5%	
GHT A&E	% Positive	83%	81%	78%	79%	78%	
	% Negative	12%	11%	14%	12%	13%	
GHC Mental Health	% Positive	87%	83%	87%	82%	89%	
	% Negative	7%	6%	6%	7%	5%	
GHC Community	% Positive	94%	94%	95%	94%	95%	
	% Negative	3%	3%	3%	3%	2%	

## The Friends and Family Test (FFT)

- FFT is a feedback tool that supports the fundamental principle that people who use NHS funded services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The FFT asks a simple question: how likely, on a scale ranging from extremely unlikely to extremely likely, are you to recommend the service to friends and family if they needed similar care or treatment. The last five month's published results can be found to the left.
- GP Practices are encouraged to promote the FFT to their patients. Approximately one third of Gloucestershire practices consistently submit no monthly FFT data. However, those who do submit data consistently receive a higher percentage positive response than the England average (see below).

Name GP Practice Friends and Family Test Responses	Total Responses	Percentage Positive	Percentage Negative	Total Responses	Percentage Positive	Percentage Negative	Total Responses	Percentage Positive	Percentage Negative	Total Responses	Percentage Positive	Percentage Negative	Total Responses	Percentage Recommended	Percentage Not Recommended
ENGLAND	387,189	91%	5%	376,210	91%	5%	509,530	91%	5%	550,044	91%	4%	570,025	91%	5%
GLOS ICB AREA	5,159	87%	9%	5,134	93%	3%	6,552	93%	4%	5,557	93%	4%	6,815	92%	4%



# Effectiveness

## System Clinical Effectiveness Group

The System Clinical Effectiveness Group (SCEG) is due to meet on Monday 13th November. The ICB Chief Medical Officer (CMO) is consulting with the CMO's at Gloucestershire Health Care and Gloucestershire Hospital Trust to extend an invitation and encourage representation for senior medical leadership at the meeting.

The plan is to move Clinical Effectiveness under the new CMO in order to encourage wider participation and to widen the scope of the meeting. From a governance perspective, the System Mortality Group will report into the SCEG, which will report in the Quality Committee.

## Mortality

The Standardised Hospital Mortality Indicator (SHMI) at GHNHSFT has continued reduce, remaining within expected levels since November 2022.

At the last System Mortality Group, weekend mortality rates were discussed. Data appears to show statistically better than average weekday rates and worse than average rates for those admitted over the weekend. Current data shows:

- Weekend Mortality at GHFT = 8.2%
- Weekend Mortality in Peer Group = 7.8%
- Weekday Mortality at GHFT = 6.3%
- Weekday Mortality in Peer Group = 7%

While there is always an expected difference, the size of the gap is significant and is due to be discussed at the next mortality group on 29th November.

