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Transforming Care, Transforming Communities

NHS Gloucestershire

NHS Gloucestershire Integrated Care Board
Update

Gloucestershire Health Overview and Scrutiny Committee

28 November 2023

NHS Gloucestershire Integrated Care Board (ICB) Update

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Part of the One Gloucestershire Integrated Care System (ICS)

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 updates from: Gloucestershire Health and Care NHS Foundation Trust (GHC), Gloucestershire Hospitals NHS Foundation Trust (GHT), South Western Ambulance Service NHS Foundation Trust (SWAST) and Practice Plus Group.

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

These items are for information and noting. Further detailed may be found on the ICB website at: https://www.nhsglos.nhs.uk

1.1 Gloucestershire chosen as case study site for national evaluation of social prescribing link workers.

There will be a national evaluation of social prescribing link workers, delivered by Applied Research Collaboration and funded by National Institute for Health and Care Research. The research will be led by colleagues from the University of Manchester, along with academics from the Universities of Bristol, Newcastle, Edinburgh and Glasgow.

As part of the study, they are including eight ‘case-study’ sites from across three English regions and Scotland, to explore the approaches being taken to the use of social prescribing link workers. After meetings with researchers to discuss our approach to social prescribing, Gloucestershire has been chosen as one of these sites.

They will be looking at our commissioned Community Wellbeing Service (co-commissioned with Gloucestershire County Council) and will also conduct a deep dive of Social Prescribing Link Workers in one of the Primary Care Networks. This will give us great insight into how social prescribing is working in Gloucestershire and how we can work to make it even more effective.

1.2 New Fit and Proper Person’s Framework following Review Recommendations

NHS England recently published a new Fit and Proper Person's Framework in response to the recommendations from the 2019 Kark Review which examined the scope, operation and purpose of the Fit and Proper Person Test and how it applies to Board members of NHS organisations. The Kark review and its recommendations are particularly important and timely given the recent outcome of the Countess of Chester trial.

The Framework is designed to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a board member and applies to Executive and Non-Executive Directors of Integrated Care Boards, NHS Trusts and Foundation Trusts, NHS England and the Care Quality Commission for both permanent and interim appointments.

From the 30 September 2023 new and more comprehensive requirements come into place which include:

- An Annual individual Board member declaration process (self-attestation) reviewed by the Chair & CEO (aligned to the annual appraisal process)
- Annual Board declaration process relating to all Board members signed off by Chair and submitted to the Regional Director
- A prescribed format and reference template for all Board member references for new appointments to be used after a conditional offer is made.
- Completion and retention of a Board member reference for leavers (to be completed even if the individual is not moving to another Board role).

We have written to individual Board members to inform colleagues of the new requirements and will begin to consider the modifications needed to the annual appraisal process for both Executive and Non- Executive Directors. For Partner members we will be relying on the application of the framework by the host employer and will be seeking assurances relating to partner members processes. We note that similar processes do not exist for Local Authority members and we will work with GCC to agree a process to seek appropriate assurance.

1.3 Introduction of the Provider Selection Regime

The Provider Selection Regime (PSR) is a set of new rules for arranging healthcare services in England by organisations termed relevant authorities. Relevant authorities will be NHS England, integrated care boards, NHS trusts and foundation trusts, and local or combined authorities. The PSR will not apply to the procurement of goods or non-healthcare services, irrespective of whether these are procured by relevant authorities. Subject to parliamentary processes, the Department of Health and Social Care aims to introduce the PSR by the end of 2023.

The PSR aims to introduce increased flexibility and transparency to the procurement of healthcare services and support greater integration and the establishment of

stable collaborations. However, the PSR will still require organisations to comply with various processes to evidence decision-making, including record keeping and the publication of transparency notices. Competitive tendering will also remain an important tool for organisations to use when it is of benefit.

The PSR will be introduced by regulations made under the Health and Care Act 2022. Once the PSR is in force, it will replace the Public Contracts Regulations 2015 and the Procurement, Patient Choice and Competition Regulations 2013 for the procurement of healthcare services by relevant authorities.

1.4 Extension to the Procurement Strategy

In February 2021, the UK government published a White Paper entitled Integration and Innovation: Working Together to Improve Health and Social Care for All. This paper proposed changes to public sector procurement regulations which will use legislation to remove much of the transactional bureaucracy that has been a barrier to sensible decision-making. The new legislation will introduce a bespoke health service provider selection regime (to be known as the Provider Selection Regime) that will give commissioners greater flexibility in how they arrange services than at present. These changes are likely to remove the mandatory requirement to seek competitive tenders for all health care services and will encourage procurement staff to seek competition where it is in the best interests of the health service and of the patients that we serve. The legislation will replace the Public Contracts Regulations 2015.The updated regulations are now at the 'Consideration of Amendments' stage at the House of Commons and are expected to become law from 1 January 2024.

Once the legislation has completed its passage through Parliament, a comprehensive revision of the ICBs procurement strategy will be necessary to incorporate the new planned procurement processes and procedures.

It should be noted that extending the procurement strategy does not impact on the ICBs ability to deliver its existing procurement work programme. All procurement activity will continue to be conducted in accordance with the Public Contracts Regulations 2015 until the legislative changes have been enacted. At its meeting in September 2023, the ICB Board approved the extension to the ICBs procurement strategy of 6 months from 1 October 2023 to 31 March 2024.

1.5 Delegation of Specialised Commissioning: Update

The ICB has now formally responded to NHS England on the delegation timeline for Specialised Commissioning. This led to Gloucestershire along with systems agreeing that, particularly in the absence of detail regarding allocations and the needs-based formula/pace of change, that the move to 'fully devolve' from 2024/25 should be delayed and agreed to extend current joint arrangements for a further year (overseen by the newly appointed independent chair).

In supporting the draft Pre-Delegation Assessment Framework (PDAF) the ICB has signalled:

- a commitment to the direction of travel and eventual delegation of specialised commissioning to ICBs;
- that the PDAF accurately represents the joint working arrangements in place and currently under further development; and
- that the PDAF accurately represents the risks of delegation, including remaining unquantified and unmitigated risks.

The ICB has confirmed that it would not be possible at this stage to make a formal acceptance decision that would satisfy its own statutory duties and internal audit requirements given the extent of information currently unavailable and further financial diligence required. Although NHS England's national PDAF process does not ask ICBs to make this decision, it is noted that the PDAF submission is the only opportunity which the ICB has to formally feed into the NHS England Board decision in December 2023 on whether to delegate specialised services for April 2024.

To avoid a situation where the NHS England Board is not fully aware of ICB positions when making its own decision, it is appropriate for the ICB to give an indication of intent. Therefore, the ICB has indicated that a continuation of joint working in 2024/25 and a deferral of formal delegation until 2025/26 is vital for the following reasons which are addressed in further detail throughout the PDAF submission:

1. There is insufficient information on future allocations and financial framework for the ICB to properly begin financial diligence on these issues.
2. The diligence requirement, including internal audit review or signoff is unlikely to complete in good time to make a formal delegation decision in time for April 2024 noting competing operational pressures.
3. ICBs have limited capacity to engage with the existing NHSE England team on the specialised portfolio and a continued focus on formal delegation for April 2024 would severely limit any further meaningful engagement on service or pathway issues in the meantime.
4. The business processes to support delegation, including risk management, clinical oversight and day-to-day operational decision making are only now beginning to be developed and the ICB does not have capacity to support and engage in this development and to undertake pre-delegation diligence simultaneously.
5. Attempting to proceed with delegation before these steps are completed creates a very significant risk of short- and mid-term disruption which will both increase diligence and assurance requirements and slow down the long-term delivery of delegation benefits.

6. Overall, NHS England's stated aims of pathway integration and improved patient care would be better served with a continuation of existing joint working followed by later delegation once operational processes have been stress tested, and ICBs have an understanding of the specialised portfolio gained through experience working with and alongside the existing NHS England specialised services team.

1.6 ICB Annual Assessment Summary

The ICB's performance is assessed annually against the specific objectives set by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2022/23 financial year.

The assessment is structured in a way which assesses our role in providing leadership and good governance within your Integrated Care System as well as how we have contributed to each of the four fundamental purposes of an ICS. The ICB's assessment for 2022/23 has identified many areas of good practice, as well as setting out some of the challenges we face. The letter from NHSE can be found at Appendix 1.

1.7 Sexual Safety in Healthcare – Organisational Charter

On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. It is expected that signatories will implement all ten commitments by July 2024. NHS Gloucestershire ICB is presenting the charter to the ICB Board to agree the 10 principles and actions to achieve this.

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

As signatories to this charter, NHS Gloucestershire ICB commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.

3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in the ICB equally. Where any of the above is not currently by July 2024.

1.8 Community Diagnostic Centre in Gloucestershire: Sleep Study Outpatient Service

A new diagnostic centre offering X-rays, MRI, CT, ultrasound, ECHO, and DEXA scanning to patients across Gloucestershire is fully opening in the centre of Gloucester at Quayside House in early 2024. The new centre has been opening in phases, with CT and MRI services operational from earlier this year.

The £15m Gloucestershire Community Diagnostic Centre (CDC) was the first in the South West to be approved by NHS England.

The centre will help the county's two main hospitals by reducing the number of diagnostic appointments they are required to provide. This will enable busy hospital staff who are facing high levels of need to focus on providing acute care and should lead to fewer cancelled appointments for patients.

As part of Gloucestershire's CDC model, GHNHSFT's Sleep Study Outpatients Service is relocating to the CDC from Cheltenham General Hospital (CGH) in February 2024.

It was stipulated by the national CDC Programme that for business cases for the establishment of a CDC to be approved the minimum requirements must be met. One of these requirements was that a 'Standard' type CDC must offer Sleep investigations as a minimum.

Delivering additional capacity at the Gloucestershire CDC, whilst maintaining the existing Sleep Study Outpatient Services at CGH, would bring significant challenges; requiring the service and specialist equipment and staff to be split across two sites, inhibiting the ability of covering staff sickness or absence resulting in clinics being cancelled, and limiting any additional activity at CGH due to physical capacity at the site. Therefore, a whole service relocation to Quayside House CDC is necessary to provide the service with the additional physical and workforce capacity required to increase their Sleep Study outpatient activity.

From a service user impact perspective, data show that those who reside in Gloucester City are most likely to utilise the service due to demographic risk factors associated with sleep disorders. Therefore, travel impact assessments have demonstrated that for the majority of patients travel times would be positively or neutrally impacted by the service relocation. Furthermore, patients seen at Sleep Study clinics at the CDC will be able to benefit from access to an array of other diagnostic tests onsite as required, in a 'One Stop Shop' service model minimising for many patients the number of separate visits/appointments prior to diagnosis.

1.9 Joint statement from the NHS in Gloucestershire: Equality, Diversity and Inclusion: **October 25, 2023**

"The NHS provides care and services that are available to all, with the principles of equality, diversity and inclusion enshrined within the NHS Constitution and legislation.

The NHS in Gloucestershire employs over 20,000 people, from more than 95 nationalities, serving wonderful diverse communities and bringing together a rich mix of cultures and experiences to the care that we deliver. When colleagues from all ethnic backgrounds are able to thrive, this will positively impact on the recruitment and retention of staff, and critically ensure better outcomes of care for all our communities.

However, the NHS Staff Survey, Workforce Race Equality Standard and Policing Hate Crime data all highlight the significant challenges that remain when it comes to discrimination, equality and diversity nationally and locally.
Now more than ever it is important that we do not stand still and we build on the momentum already achieved in instilling the right values and behaviours, and ensuring we all remain alert to racial prejudice, discrimination and social exclusion. Equality, diversity and inclusion plays a critical part within the NHS, from staff on the frontline to the boardroom and it is incumbent on each, and every one of us, to champion this vital work. We must build on the evidence-based advice from experts and our community networks to improve outcomes, access to health care and ensure the NHS is an inclusive employer.

This is a key strategic priority and a key feature of our plans across the One Gloucestershire Integrated Care System. Equality, diversity and inclusion is very much a health matter and we are determined to make the continued progress that our communities rightly expect."

Dame Gill Morgan Chair NHS Gloucestershire Integrated Care Board	Ingrid Barker Chair Gloucestershire Health & Care NHS Foundation Trust	Deborah Evans Chair Gloucestershire Hospitals NHS Foundation Trust

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

These items are for information and noting.

2.1 Primary Care Infrastructure Plan (PCIP) 2023/ 2024 annual Programme mid -year progress report

The current primary care strategy supports the vision for a safe, sustainable and high-quality primary care service, provided in modern premises that are fit for purpose. Within the strategy, there is a prioritised PCIP, which covers targeted proposals for consideration up to 2026. The plan sets out where investment is anticipated to be made in either new, or extended buildings,
subject to business case approval and available funding. The core strategic objectives are as follows:

- Ensure facilities can support service strategies in primary care;
- Ensure facilities are safe with a focus on constraints caused by significant under-sizing and the condition of the building;
- Ensure there is enough future capacity for service provision, through an understanding of evidenced housing and population growth.

2.1.2 2023/ 2024 Work programme

An annual work programme setting out key objectives and focus for 2023/ 2024 is in place. A summary of progress is provided below.

- A Business Case for a new surgery in **Tetbury** for 10,000 patients to replace the existing Romney House surgery approved by PCDC in April 2023. Planning approval rejected by Cotswold District Council in June 2023. Practice and Developer appealed decision. Other contingencies explored. Planning approval granted at appeal November 2023.

- New **Minchinhampton Surgery** for around 9,000 patients - construction started. On track (see below at 2.2).

- **Quedgeley Surgery**: Construction works due to start beginning of September 2023 on the refurbishment and extension of Quedgeley Surgery to accommodate around 2,000 additional patients. Whilst partially completed, project significantly behind schedule. Full completion expected at the end of October 2024.

- Business Case for new **Severnbank & Lydney Practices** for 15,000 patients Delayed. Currently reviewing scheme to confirm commercially viable approach.

- Business Case for new **Chipping Campden Surgery** for around 6,000 patients. Delayed No timeline for submission as land availability not yet confirmed.

- New **Coleford Medical Centre** for 15,000 patients to co-locate Coleford Family Doctors and Brunston & Lydbrook Practice. Construction expected to start by the end of March 2024.

- Construction commences for new **Brockworth Surgery** for around 14,000 patients March 2024.

- A Business Case for a new **Hucclecote Surgery** for around 10,000 patients completed and considered reviewed and approved by ICB Primary Care and Direct Commissioning Committee (PCDC). Practice and Development Partner now taking forward to planning stage. Current estimate is that construction work will start no sooner than the Summer/ Autumn of 2024.

- A Business Case for a new surgery in **Central Cheltenham** for around 24,000 patients to accommodate Overton Park and Yorkleigh surgeries completed and submitted for consideration.

- A Business Case for a new surgery in **Cirencester** to replace the existing **Phoenix Health Group, Chesterton Lane Surgery** completed and submitted. A Business Case for a new surgery in **Cirencester** to replace the existing **Avenue & St Peters buildings (Cirencester Health Group)** completed and submitted. These are grouped together as the option for a single co-located building for both Practices for up to around 30,000 patients is currently being explored; focus on identifying suitable and affordable site options.

- A Business Case for primary care premises development relating to **Beeches Green Surgery** commenced.

2.2 Building work starts on new £5.5m health centre in Minchinhampton

Building work on a new £5.5 million health centre in Minchinhampton got underway in October 2023 with a small turf cutting celebration to mark the start of construction. The new health centre will be built at Vosper Field on Cirencester Road, just over half a mile away from the current surgery.

Eco-friendly building materials will be used to make the new building environmentally friendly and as sustainable as possible and landscaping will be sympathetic, with steps being taken to protect and preserve conditions for biodiversity and work with nature as much as possible. There will be 53 car parking spaces on the site, as well as electric charge points and cycle storage. Bus stops and pavements will also be included. The new premises will be more spacious, meaning the surgery team will have capacity to provide services to around 9,000 patients. This will help them meet the ever-increasing levels of demand from their patients and extend the range of services they provide. Additional consulting and treatment rooms will allow a wider range of healthcare professionals, including pharmacists, physiotherapists, social prescribers, GP assistants and mental health practitioners, to support and treat patients in ways that best meet their individual needs. The rooms will also be used for minor operations and a range of clinics, such as respiratory, counselling, midwifery, dementia and sexual health clinics. The practice is also looking forward to being able to offer training and educational updates to staff. Completion and opening is scheduled for autumn 2024.

2.3 Countywide Patient Participation Groups Network

The ICB Engagement Team facilitate a bi-monthly Countywide Patient Participation Groups Network. Members have enjoyed varied agendas and have been very engaged by presentations in recent months about Cancer and Health Inequalities; NHS Gloucestershire ICB's Values and Behaviours; Domestic Abuse and Sexual Violence Consultation. An annual feature of the PPG Network is sharing the National GP Survey results, with advice for PPGs on how to make best use of the insight from the survey results for their practices.

2.3 Berkeley Place Surgery and Prestbury Park Practice Merger and Boundary Change approved

Gloucestershire's Primary Care Strategy supports the vision for a safe, sustainable and high quality primary care service, which requires a resilient primary care service. There is an increasing trend towards delivery of 'Primary Care at Scale', with the traditional small GP partnership model often recognised as being too small to respond to the demographic and financial challenges facing the NHS.

Both surgeries are located in the same building, The Wilson Centre in Cheltenham and the practice boundaries overlap to some extent. The application to merge was a natural evolution of the relationship that has developed between them particularly since planning the new premises and moving into the Wilson Centre in June 2022.

The merger enables them to meet the challenges of primary care, for instance to be more attractive to new partners and clinicians. Common working processes are already established to enable the proposed merger to proceed as smoothly as possible. Both practices are already on the same clinical system (TPP SystmOne) and have been working together to coordinate appointment booking processes, slot types and workload as part of the review of GP activity data.

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

Following a period of sustained improvements in operational performance the Trust is currently facing a number of challenges, most notably in urgent and emergency care where we are once again experiencing significant ambulance handover delays with the consequent impact on ambulance community response times; this picture has been replicated across the South West and driven by a number of factors including an increase in ambulance conveyances. The reasons for the deterioration are multi-factorial and include increases in both demand and acuity of patients; system partners are working closely to address the challenges. Towards the end of November 2023 the Trust will be re-opening the expanded and unified Emergency Department at Gloucestershire Royal and is hopeful this will help with handover delays.

3.1.2 Elective Care

In respect of elective waiting-times it's a mixed picture. Some highlights include Gloucestershire remaining the only system in the South West achieving the national standard of no patients waiting more than 78 weeks at the end of August. However,

it is likely that this month (November), for the first time since February 2023, the Trust will be reporting a small number of 78-week breaches (24) arising from cancellations related to industrial action. The numbers of patients waiting more than 65 weeks has increased from 80 at the start of the year to 775 at the end of October. The biggest impact has been felt in the 52+ week cohort where the number of patients waiting more than 52 weeks has risen from 1265 at the start of industrial action to 3050 currently which, disappointingly, is broadly comparable to the number waiting at the end of March 2021 when backlogs peaked, post pandemic.

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

3.1.3. Care Quality Commission (CQC) update

Following their re-inspection the Trust's maternity and surgical services, the Care Quality Commission (CQC) has now published its reports which describe significant improvements at both Gloucestershire Royal and Cheltenham General Hospitals; which are having a positive impact on patient care.

In its report, published earlier this month (10 November), the CQC identifies a number of positive changes since its last inspection in April 2022 which also includes areas of outstanding practice in relation to patient safety and quality of care, alongside an acknowledgement of the pride and hard work shown by the teams. The reports can be viewed in full at: https://www.gloshospitals.nhs.uk/about-us/news-media/press-releases-statements/care-quality-commission-cqc-publishes-focused-inspection-reports-of-surgery-and-maternity/

In summary, the CQC concluded that the surgical department had met the requirements of its warning notice issued last year (the technical language is a Section 29A). Therefore, this no longer applies. However, they re-issued a warning notice to maternity services in relation to safeguarding training where, although significant improvements had been made, the required levels of compliance had not yet been achieved.

Across surgery, the following practice was identified as outstanding:

- The Chedworth Surgical Unit has been designed specifically for day surgery purpose and has design features that make it difficult for it to be used for overnight stay
- The Trust has sustained zero *never events for its surgical division for 256** days. This has been achieved through a multi-disciplinary, multi stranded improvement project and the adoption of a culture of continuous quality improvement within the surgical division.

Other key findings across surgery included:

- Leaders were visible and approachable in the service for both patients and staff
- Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service
- Staff received support from twice weekly drop-in sessions from the risk lead to discuss incidents and lessons learnt
- We saw that there had been a significant improvement in the numbers of patients nursed in areas that were outside of their intended purpose
- An Acute Care Response Team Manager (ACRT) had been recruited to review workforce needs, attends the deteriorating patients committee and works on the draft governance framework

However, inspectors also found:

- There were instances of children undergoing non-specialist emergency surgery at Cheltenham General Hospital (CGH), this was not in line with national guidance. This pertains to the surgery of children requiring urological surgery where the service is located at CGH. Each case is managed following an individual risk assessment which considers the benefits of the child being operated on quickly (at CGH) as opposed to be recovered in a paediatric ward setting at GRH and vice versa.

Across maternity, key findings included:

- Staff had worked hard to make sure the majority of women experienced 1 to 1 care in labour, which is crucial to safe care
- Staff assessed risks to women and acted on them
- Safety checks on emergency equipment was completed daily to make sure it was ready to use
- Staff had training in key skills for maternity and understood how to protect women from abuse
- Waiting time for women in triage to meet the 15-minute standard had improved to reduce any delays in care and treatment.

However, inspectors also found:

- Safeguarding training level 3 was at the required level (85%) for all staff although considerable improvements had been made - Midwives April 2022, 45% v April 2023, 73% and Consultants April 2022, 56% v April 2023 70.6%.
- Incidents were not always investigated in a timely way which delayed the outcome and opportunity for learning to be shared.

Overall, this is a positive outcome which indicates the progress the Trust has made over the last year or so. The Trust believes that these findings demonstrate key elements of recovery from the extraordinary challenges of the recent past.

3.1.4 Industrial Action

The Government remains in talks with The British Medical Association (BMA) over pay and conditions. Industrial action has been suspended while talks are in place although the BMA continues to hold a mandate for industrial action. The impacts of industrial action are impacting on patient care and with the onset of winter approaching the Trust has repeated its call for all parties to agree a negotiated settlement.

3.1.5. Maternity services update

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 recap, the Trust 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:

- The requirement to prioritise 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 it can provide safe, one-to-one care for women and birthing in labour.

The Trust wants to re-iterate its long-term commitment to the re-opening of these services. In a signal of that commitment, GHT 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 9.63%. The midwifery service remains under establishment (under-staffed) at 32.70 WTE in Band 5, 6 and 7 (based on September 2023 data). More broadly, turnover combined with absence and sickness means that there was a shortage of 52.25 whole time equivalents (WTE) or full-time staff (based on September 2023 data).

Positively, 15 new midwives started in August 2023. At the time of writing this report 8 new starters commencing between October and January 2024.

The Trust acknowledges that the longer the 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 will continue to update the committee regularly on progress made against our models of care and phased re-opening of our Midwifery-Led Units. In the meantime, we will continue to work closely with local people and communities and staff on the models of care.

3.1.6 Medical Day Unit (MDU)

The Medical Day Unit (MDU) is a Nurse led service that is open between 8am and 4pm Monday to Saturday and provides a range of planned ‘day case’ procedures (infusions, tests, and treatments) for medical and surgical patients. Historically, MDU has been provided at CGH and at GRH with some procedures taking place on ward areas. Prior to COVID the MDU was located on the ground floor of the Gallery Wing at GRH. In response to COVID, the service was moved to CGH as a temporary service change. This was to reduce the risk of nosocomial infection (transmission of infection between patients and between patients and staff) for the MDU patient group, many of whom are immunosuppressed and therefore at higher risk. This move also enabled the Trust to carry out further service moves, which has made better use of the GRH site. The service is currently temporarily located in space between the ED at CGH and the Ambulatory Emergency Care Service.

It is proposed that the MDU remain at CGH but that it is moved into a more suitable environment in a dedicated space within part of the old Kemerton Ward. This space is currently being used as decant space as part of a Theatre Development Programme. The space should become available in the late spring or early summer 2024. The proposal is that the space is upgraded to provide a dedicated permanent location for MDU. It is difficult to confirm a timescale, as this is dependent on build works, but the working assumption is that the MDU should be in its new space in the second quarter of 2024/25. The Integrated Care System (ICS) is therefore proposing an extension to the temporary change, to provide an opportunity to engage and involve the public, patients and staff around the current proposal of relocating MDU to a permanent space on part of the old Kemerton Ward.

This position was reviewed by HOSC in March 2023 and the HOSC agreed to the continuance of this temporary service change until December 2023, to allow more time for the Trust to identify a permanent location for the MDU service.

The ICS is therefore proposing an extension to the temporary change, to provide an opportunity to engage and involve the public, patients and staff around the current proposal of relocating MDU to a permanent space on part of the old Kemerton Ward. (See Service Variation MOU Proforma at Appendix 2).

3.1.7 Staff awards 2023

The Trust held its annual staff awards ceremony earlier this month (8 & 9 of November 2023) at the Hatherley Manor Hotel and with a record-breaking 700-plus nominations, it was a hugely successful event. In total 52 shortlisted individuals and teams came together for the celebration with 14 winners announced on the night. To help reach a greater audience, the event was also web-cast. Of particular note was the Patients' Choice Award, where more than 170 patients and their families nominated a staff member of team; this included 70 nominations for staff working in maternity services. The winner was a very popular Asma Pandor, Admiral Nurse for her work supporting patients and families affected by dementia.

3.1.8 Transformational patient care at Cheltenham General

As part of the Trust's *Fit For The Future* Programme, it committed to track the benefits associated with service centralisation and establishment of the two *Centre of Excellence.* Early evaluation of stroke services following their centralisation to Cheltenham General are very encouraging. Despite many staffing challenges – both medical, nursing and therapy, the service has transformed itself and its outcomes for patients. Crucial to good outcomes is a service that enables safe and rapid imaging to enable access to life transforming treatments and specialist staff. Since the centralisation of stroke services at Cheltenham General Hospital the team has improved access to imaging within an hour (gold standard care) from 54% to 74% (52 minutes median time to 11 minutes) and 71% of patients were admitted to a specialist stroke unit within four hours of a stroke being confirmed compared to just 32% previously (383 minutes median to 15 minutes). The evidence shows that achieving these care goals significantly reduces both mortality and morbidity from stroke; hospital mortality has been consistently less than expected for the last 12 months with 27 fewer deaths than expected. The Trust is are now rated 'B' overall in the Sentinel Stroke National Audit Programme from a previous rating of 'E'. There is still more to do, particularly in respect to access to therapy services, but this is truly transformational.

3.1.9 Supporting Medical Education,

This month (November) the Three Counties Medical School (TCMS) (hosted by the University of Worcestershire) has achieved a significant milestone following the announcement that they have secured nationally funded training places for 50 post-graduate medical-students which, alongside 22 self-funded international students. The Trust Chief Executive attended a workforce summit earlier this month where students from the first cohort spoke very positively about their early experiences. A

proportion of these students will be on placement with the Trust. TCMS is also seeking our support to bid for a further 104 funded places for the 2025 intake. Many of the students have done a first degree in a healthcare related subject and many are drawn from the three counties.

3.1.10 Recruitment fairs

Long-term recruitment to the NHS has hit the headlines over the summer following the first publication of a national recruitment and retention strategy by the Government. The Trust has been working hard to recruit and retain the best staff and this autumn has staged two recruitment fairs. These events are popular with local communities and attracted significant interest with hundreds of people attending open sessions at Cheltenham in October 2023 and Gloucester in November 2023 with dozens of jobs being offered. There are more than 350 different careers in the NHS all of which contribute every day to making a positive impact on patient care.

3.1.11 Allied Health Professionals Day (AHPs)

AHPs play an important role in helping patients live their lives as fully as possible. There are 15 AHPs roles, including physiotherapist, prosthetist and therapeutic radiographer. They work hard in treating, rehabilitating and improving the lives of patients. As part of national AHP Day last month the Trust staged a showcase event at Cheltenham aimed at raising awareness among healthcare professionals of the important work our AHPs do. The vast array of expertise on show from Therapeutic Radiographic Consultants to award-winning Stroke research therapists, and dieticians tackling environmental sustainability in healthcare to Operating Department Practitioners leading the way in digital health, perfectly illustrated the broad and diverse nature of their roles. By bringing colleagues together through lightening fast presentations on a particular subject, poster presentations or simply through meaningful conversations with other like-minded people, GHT is helping to raise awareness and provide networking opportunities for the profession to flourish.

3.1.12 Chief Executive – Transition planning

Earlier in the year Deborah Lee, Chief Executive of the Trust announced her plans to step down and following a competitive recruitment process, Kevin McNamara was appointed to the role. Kevin will join the Trust from Great Western Hospitals, Swindon. Kevin will join the Trust on 2nd January 2024 and, after a period of handover, take on the role of Chief Executive in mid-January.

3.2 Gloucestershire Health and Care NHS Foundation Trust (GHC)

3.2.1 Trust Chair Ends Tenure

The Trust Chair, Ingrid Barker, will end her tenure in Spring 2024. Ingrid Barker has been GHT Chair since October 2019, having been the Joint Chair for Gloucestershire Care Services NHS Trust and 2gether NHS Foundation Trust since January 2018. Prior to that she was the Chair of Gloucestershire Care Services from April 2011 and previously a Non-Executive Director on the Board of NHS Gloucestershire Primary Care Trust for five years. Ingrid's term of office is due to end in April 2024, so the process of recruiting a new Chair has now begun. Ingrid said:

> *"Community services for people with physical health, mental health and learning disability conditions are of huge importance yet often unsung. At times when people are often feeling vulnerable and in great need, our Trust colleagues work hard to support them to be safe and well in their own homes, as well as in our in-patient settings. To me these services really are the underpinning foundations of the NHS and very much the future direction for health and social care. I will be very sad to leave the Trust and I'm determined to ensure a smooth handover to my successor."*

3.2.2 Patient and Carer Race Equality Framework (PCREF)

The Trust is working with NHS England to implement the first ever anti-racism framework for mental health Trusts and service providers. The Patient and Carer Race Equality Framework (PCREF) will ensure that the Trust is responsible for co-producing and implementing concrete actions to reduce racial inequality within services, with a view to becoming an actively anti-racist organisation. GHT will embed the framework in three ways:

- Trust Board will lead on establishing and monitoring concrete plans of action to reduce health inequalities. This will include:
    - data on improvements in reducing health inequalities will be published, as well as details on ethnicity in all existing core data sets
    - there will be visible and effective ways for patients and carers to feedback, as well as clear processes to act and report on that feedback.

To find out more about the Patient and Carer Race Equality Framework, visit: https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/#Advancing%20Mental%20Health%20Equalities%20Strategy

3.2.3 Queen's Nurse Award for Magnificent Seven

Seven nursing professionals working within GHT have been recognised with the Queen's Nurse (QN) title for their commitment to high standards of person-centred care.

District Nurse Lucy Cole; Community Matron for Frailty, Fiona Eggerton; CYPS Registered Practitioner, Anna Evans-Smith; Practice Development Lead (Community Nursing), Julie Jones; Deputy Director of Nursing and Quality, Hannah Williams; Tewkesbury District Nursing Clinical Lead, Becky Cullis; and Physical Health Nurse at Wotton Lawn, Sal Leat, were awarded the title by the Queen's Nursing Institute for *"demonstrating a high level of commitment to patient care and nursing practice".*

A Queen's Nurse is trusted and valued by the people they serve, respected and admired by their peers, and enthusiastic and passionate about the care they provide. The QN title is a formal recognition of their commitment to improving care for patients and provides further learning and leadership opportunities, as well as access to developmental programmes, bursaries and networking.

3.2.4 Cavell Award for Lou

Tewkesbury Ward Sister Lou Williams has been presented with a prestigious Cavell Star Award for her work to help improve dementia care at the Trust. The CARE Tool is a document that can be used as a checklist to help ward staff to ensure they are doing all they can to help support patients with dementia.
Dawn Allen, Service Director for Community Hospitals & Urgent Care, said:
"Her work and commitment to this is just delightful and it is great to see her recognised".

The Cavell Star Award is named after Edith Cavell, a British nurse celebrated for saving the lives of soldiers from both sides and for helping some 200 Allied men escape from German-occupied Belgium during the First World War, for which she was sentenced to death. Cavell, who was 49 at the time of her death, was already notable as a pioneer of modern nursing in Belgium.

3.3 South Western Ambulance Service NHS Foundation Trust – Update

3.3.1 Planning for winter

SWASFT has developed an extensive winter plan, in-line with NHS England winter planning responsibilities for ambulance services. Our plans are supported by the programme of work included in our annual One Plan 2023/24, which sets out the Trust's priorities and focus in the first year of the Trust Strategy 2023-28. The winter plan details a programme of targeted activities to support delivery of priorities of improving patient outcomes through delivery of Category 2 improvement plan, developments for people, sustainable and progressive organisational change, strategic tests and trials, and right patient care via system integration optimisation, including increasing Hear and Treat performance, increasing access to pathways and embedding a new Mental Health Model into the Trust's Emergency Operations Centres.

An example of one of the Trust's Strategic trials includes working with system partners in the development of Care Co-ordination Hubs across the South West. The hubs bring together multi-disciplinary teams, including ambulance service clinicians and health and social care professionals. They provide real-time access for patients, to health and urgent care services based within the community or secondary care settings to ensure they get the right care, in the right place, first time. The hubs support a reduction in avoidable emergency department admissions and therefore avoidable ambulance dispatches, whilst improving patient outcomes and quality of care.

A successful pilot has been running in Bath and North East Somerset, Swindon and Wiltshire (BSW) and a new hub has recently launched in Cornwall. A third site, located in Devon, will be introduced by the end of the month. The results from the pilots will form part of NHS England's pilot and evaluation project.

3.3.2 Evade Study

SWASFT is trialing a new device for patients with an abnormally fast heart rhythm. The Valsalva Assist Device, known as VAD, is being used to help return a patient's heartbeat back to a normal rate, which could help reduce hospital admissions across the region, if there are no other clinical concerns.

SWASFT is the only service in the country to trial this new device for patients who have supraventricular tachycardia (SVT). SVT occurs when there's a problem with the heart's electrical system which controls the rhythm. Symptoms include heart palpitations, chest tightness, dizziness, light-headedness, or breathlessness. Approximately 125,000 patients are affected by the condition in the UK every year. Data suggests that an ambulance service the size of SWASFT would see more than 400 patients a year with the condition. The research into this new treatment, known as the EVADE study, is being led by Prof Andrew Appelboam, Consultant in Emergency Medicine at the Royal Devon University Healthcare NHS Foundation Trust, in collaboration with Exeter Clinical Trials Unit, academics at the University of Exeter and the NIHR Applied Research Collaboration South West Peninsula (PenARC). The study is funded by the NIHR Research for Patient Benefit (RfPB) programme, and is being managed by SWASFT.

3.4 Practice Plus Group – Update

3.4.1 CQC

The ICB continues to work proactively with PPG to support the work around the concerns raise at the CQC inspection in November 2022 and the recommendation and updates from the re-inspection visit in April 2023. The service has now fully implemented changes in line with guidance that allowed for better management and oversight, there are no outstanding actions. Despite both PPG and the ICB

contacting CQC to request feedback from their recent follow up visit, no further updates have been received and offers to meet with the new CQC designated inspector for PPG have not been taken up as yet.

3.4.2 Migrant Health

PPG have now established good links with the Migrant Health team and have worked together to support OOH requests within the contingency hotels, to avoid admissions to secondary care at weekends.

3.4.3 Mental Health Crisis

PPG have also set up links for Mental Health support with the Crisis Team, who have now been given direct access to the clinical teams to avoid delays through 111.

3.4.4 Carers Engagement

PPG are running a Carers Engagement Session on 15 November 2023 to support public and community engagement.

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

November 2023

Appendix 1: Gloucestershire Integrated Care Board Annual Assessment High-Level Summary for 2022-23 (Copy from letter received: 19.09.2023)

To: Mary Hutton (CEO) cc. Dame Gill Morgan (Chair) Dear Mary, Gloucestershire Integrated Care Board Annual Assessment High-Level Summary for 2022-23

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as "The Act"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making an assessment I have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my team and I have had with you and your colleagues throughout the year.

This letter sets out my assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2022/23 financial year.

I have structured my assessment to consider your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of my assessment (see below), I have summarised examples of those areas in which I believe your ICB is displaying good practice and also provided examples of programme/workstream themes in which I feel further progress is required, and any support or assistance being supplied by NHS England to facilitate improvement towards meeting the statutory duties.

In making my assessment I have sought to take into account the relative infancy of ICBs, having only been statutory bodies for nine months of the 2022/23 financial year. I am also mindful of the developing local strategic aims of ICS' set out in the Integrated Care Strategy for your system and articulated through your recently published Joint Forward Plan.

I would like to thank you and your team for all your work over the 2022/23 financial year in what remains challenging times for the health and care sector, and I look forward to continuing to work with you in 2023/24.

Yours sincerely,
Elizabeth O'Mahony Regional Director, NHS England – South West Elizabeth O'Mahony Regional Director South West South West House Blackbrook Park Avenue Taunton TA1 2PX 19th September 2023

Summary 2022/23 SECTION 1: SYSTEM LEADERSHIP
The ICB leadership remained largely unchanged following ICS establishment, which has supported stability in transition. Gloucestershire ICB has a lead SRO for Health Inequalities – a jointly held position for the ICS, shared between Siobhan Farmer (Director of Public Health) and Douglas Blair (CEO, Gloucestershire Health, and Care). Health inequalities and population health are 'golden threads' throughout the annual report and the draft Integrated Care Strategy. The ICB has strong partnerships and a good ICS Strategy and JFP. Gloucestershire ICB chose to conduct their own ICB governance review in 2022/23 and the draft report has recently been shared with NHSE. Whilst you acknowledge there is room for further improvement, it is noted that the ICBs governance arrangements are strong and in line with guidance to facilitate effective decision-making.

SECTION 2: IMPROVING POPULATION HEALTH AND HEALTHCARE
Elective services throughout 2022/23 - the ICB, system, and trust performance achieved the national ambition of zero >104ww and >78ww and continue to maintain this position. The system has worked closely with the independent sector to obtain capacity and offer choice. In addition, the use of the Cheltenham site as an elective 'hub' and the reconfiguration of some of their community sites has assisted in the pace of elective recovery. They ICB have monthly Planned Care Boards with attendance from the acute provider, IS and NHSE. The Elective Care Hub (ECH) offers reassurance to people on the elective waiting list and support while they are waiting. This includes the promotion of wellbeing services and social prescribing. The roll out of additional capacity in the community diagnostic hub has commenced. Focus on diagnostic recovery has led to significant reductions in the number of patients waiting over 6 weeks in all modalities, particularly echocardiography which has now cleared its backlog.

Urgent and Emergency Care Services - the ICB acknowledges that it has faced several UEC challenges and national core standards have not been achieved consistently. The ICB however recognise the issues that need to be resolved and commissioned a helpful system wide review to better understand the way UEC services are operating today and look for opportunities to improve outcomes. Progress has been made, a number of new pathways and services have been operationalised in 2022/23 to support timely care in the most appropriate setting: for example, the Community Assessment and Treatment Unit (CATU) supporting frail patients who would otherwise have had an acute admission, non-specific symptoms pathway for suspected cancer, and falls service expansion to cover both injurious and non-injurious falls. Overall performance across UEC metrics has been improving throughout 2022/23, with significant decreases in time lost to handover delay and Category 2 response times notable towards the end of the year. The system continues to focus on delivery commitments for 23/24 with ambitious improvement targets set particularly for ED waiting times and reducing long stays in acute hospitals.

Cancer Services - the system and provider have had a strong focus on screening, diagnostics, and treatment delivery. The faster diagnosis standard (FDS) continues to be delivered above national milestones. Cancer treatment activity has remained high

throughout 2022/23; this has been achieved by protecting cancer services during periods of operational pressure and continuing service redesign. Primarily breaches of the treatment target have been for Lower GI and Urological cancers, where specialties and diagnostic provision are still recovering from disruption during the pandemic.

Primary Care - across the county, around 70% of appointments are in person (face to face) with a clinician. The remaining 30% are conducted by phone or virtually. The increased availability of online appointments in primary care has been beneficial to many patients where it suits their lifestyle and needs. NHS Gloucestershire is continuing to provide support to primary care, particularly around areas such as recruitment, appointments and booking systems. Despite significant pressure, primary care metrics are all performing well with rates of appointments, rates of GPs workforce, rates of direct patient care staff, and experience of making a GP appointment all benchmarking in the top quartile compared to other ICBs across England. Gloucestershire ICS is ranked 1/42 systems for both rate of GP appointments conducted and for experience of making a GP appointment (in July 2022). Appointments in general practice have continued to increase above plan levels and the 2019/20 activity baseline following sustained demand for services.

Mental Health Services - improvements in access to services and wider support for people with Serious Mental Illness have been seen throughout 2022/23, with many more people having a full physical health check (over 56% of the SMI register) and taking up subsequent interventions to manage their health across primary care and community mental health. Over 2022/23, the eating disorder team has significantly reduced the urgent adolescent assessment waiting list numbers and waiting times and focussed on providing alternative support to those who are waiting, in collaboration with voluntary sector partners. National dementia diagnosis performance dropped during the pandemic, with Gloucestershire performance mirroring the trends seen across the country. National reporting has been suspended; however, prior to October 2022 performance had stabilised and the system is working to improve diagnosis rates in line with the 2023/24 operational plan. It is noted that the system is not meeting the Talking Therapies (IAPT) access metric (10,740 against local target of 13,936 and national ambition of 17,738). IAPT referral volume continues to be below the level needed to meet this target, and higher than expected drop out levels in Q4 also contributed to the lower than planned access rates. Recovery performance continues to be on target, with March performance at 51.5% patients entering recovery, and the target met in all but two months in 22/23. National ambitions around access have been revised down to reflect challenges in workforce recruitment and retention as well as lower demand for the service.

SECTION 3: TACKLING UNEQUAL OUTCOMES, ACCESS, AND EXPERIENCE

Gloucestershire ICB has sought to restore services inclusively to support the reduction of health inequalities with further work to do around One Gloucestershire, moving through into 2023/24. Gloucestershire Hospital Foundation Trust (GHFT) has launched an Elective Care Hub that offers reassurance to people on the elective waiting list and support while they are waiting. Targeted analyses to review the waiting lists for elective care and cancer have

been conducted with further areas for review identified. Acute respiratory infection hubs have been set up in areas of highest deprivation in the county. Evaluation is being conducted to determine future model, with benefits around reduced attendance and admission and support for long term conditions. Over the past four years Gloucestershire has been an early adopter and pilot system for a new digital model of personalised self-care across multiple pathways. Gloucestershire ICB manages digital exclusion through the digital exclusion group, which brings together diverse communities and ensures users of care are heard. The Digital Divides project analyses data and community assets to ensure equal digital access and opportunity across Gloucestershire. However, the System efficiency target was not met, with particular concern about the delivery of recurrent efficiencies.

In respect of workforce, it is noted the Gloucestershire ICB staff survey scores are all either above median or the same as median. I would like to congratulate you for achieving the highest recommendations from staff as a place to work, this was the best score out of all 42 ICBs. It is good to see that the ICB is leading the development of a system wide People Strategy that is based around the seven People Promises. The ICB has taken full advantage of opportunities through HEE to develop a range of projects to support, develop and train its workforce. Examples include additional training for community optometrists in the clinical domains of; Independent prescribing, Glaucoma, Medical retina, Low vision.

The ICB has also developed an education framework to support the development of new and existing clinical roles across the system to support in the delivery of respiratory strategic priorities. The ICB continues to run training and development for primary care staff (with separate forums now established for nursing and non-clinical receptionist and administrative staff).

In respect of digital development priorities including sustainable models of healthcare; the ICB has increased remote consultations and developed a digital literacy programme jointly with GCC, to enable better access to digital services by a wider range of the population.

In order to meet accessibility needs, the system has developed the NHS Gloucestershire Personal Health Records Strategy: Personal Health Records (PHRs) are digital health tools that allow people to do specific tasks, including viewing their medical record, booking appointments, and uploading their own health information.

SECTION 4: ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

The ICB and system achieved their planned revenue positions, and the ICB achieved its efficiency plan. However, the system under-achieved on both its efficiency target and its target for efficiencies achieved recurrently. The ICB is leading the development of a system-wide People Strategy that is based around the seven People Promises.

The ICB continues to run training and development for primary care staff and has begun to scope a training and development plan for clinical leaders working to support its 10 Clinical

Programme Groups, and other priority areas, having completed a training needs analysis in February 2023.

With regards to digital there are ongoing programmes of work supporting the development of clinical pathways in particular virtual wards. PHRs are noted in section 3, above and the digital exclusion group brings together diverse communities and ensures users of care are heard. The Digital Divides project analyses data and community assets to ensure equal digital access and opportunity across Gloucestershire.

SECTION 5: HELPING THE NHS SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

One Gloucestershire's Integrated Care Strategy has a dedicated section for articulating commitments to health equity and outlines the use of the population intervention triangle, as a framework for action, thus describing the role of Gloucestershire's anchor organisations as well as the Core20Plus5 approach and the potential for PHM, as a tool to better target interventions to those who need them most.

The ICB had formal feedback from the Gloucestershire Health and Wellbeing Board, which demonstrated excellent partnership. It is clear that ICB partner organisations have been key contributors to the local anchor organisation work, with some excellent practice around employment and workforce development, carbon reduction and procurement emerging.

The ICB has also recognised its significant role in reducing inequalities in access to, experience of and outcomes from, health care interventions it delivers. A strong locality focus and involvement of local communities also aligns with the asset-based approach of the JHWS.

CONCLUSION

In assessing Gloucestershire ICB’s performance, I have reviewed the collective data and feedback from NHSE and the ICB’s stakeholders. For the year 2022/23, I am pleased to confirm that Gloucestershire ICB is considered to have been working in compliance with its statutory duties. Please continue the good work that has been identified throughout this assessment, as part of your sustainable ICB development journey.

The assessment process has shown that the ICB remains in a strong position with regards to system leadership, and highlights where the ICB has improved its integrated approach to prevention and patient care, including by developing partnerships with those working on broader social and economic development. The ICB and system achieved its planned revenue positions, and the ICB achieved its efficiency plan. However, the system under-achieved on both its efficiency target and its target for efficiencies achieved recurrently. Progress is also required in 2023/24 to improve dementia diagnosis rates in line with the 2023/24 operational plan and to improve IAPT access.

The ICB's focus on ambitious improvement targets for ED waiting times and reducing long stays in acute hospitals is welcomed and recognised. The ICB is currently in NHS Oversight Framework segment 2, and the areas highlighted above will be part of considerations for the ICB to potentially move to segment 1 in the future.

This high-level summary of the 2022/23 ICB Annual Assessment can be shared with your leadership team and the ICB should consider publishing this, alongside your annual report, at your Annual General Meeting. NHSE will also publish a national summary of all ICB annual assessments as part of its 2022/23 Annual Report and Accounts.

Appendix 2:

Medical Day Unit (MDU)

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

Name of NHS Trust/ Name of NHS Commissioning Organisation
NHS Gloucestershire Integrated Care Board (ICB) Gloucestershire Hospitals NHS Foundation Trust
Lead Manager and contact details
Medical Day Unit Matron Vinod Mani –vinod.mani1@nhs.net Ward Sister Vicki Purnell –vicki.purnell@nhs.net Consultant lead Chris Custard – Christopher.custard@nhs.net
Details of the current service
The Medical Day Unit (MDU) is a Nurse led service that is open between 8am and 4pm Monday to Saturday and provides a range of planned 'day case' procedures (infusions, tests, and treatments) for medical and surgical patients. Historically, MDU has been provided at CGH and at GRH with some procedures taking place on ward areas. Prior to COVID the MDU was located on the ground floor of the Gallery Wing at GRH. In response to COVID, the service was moved to CGH as a temporary service change. The service is currently temporarily located in space between the ED at CGH and the Ambulatory Emergency Care Service.
Details of the proposed change to service
It is proposed that the MDU remain at CGH, but is moved into a dedicated space within part of the old Kemerton Ward. This space is currently being used as decant space as part of a Theatre Development Programme. The space should become available early next financial year. The proposal is that the space is upgraded to provide a dedicated permanent location for MDU. It is difficult to confirm a timescale, as this is dependent on build works, but the working assumption is that the MDU should be in its new space in the second quarter of 2024/25. The ICS is therefore proposing an extension to the temporary change, to provide an opportunity to engage and involve the public, patients and staff around the current proposal of relocating MDU to a permanent space on part of the old Kemerton Ward
Timescales involved
It is proposed that the Medical Day Unit move to its permanent location in quarter 2 of 2024/25

The Trust is therefore seeking an extension to the temporary arrangements for a further 6-9months to conclude this process and move into its permanent location in CGH.

What is the reason for the proposed service change?

(What is the case for change?)

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

This position was reviewed by HOSC in March 23 and the HOSC agreed to the continuance of this temporary service change until Dec 2023, to allow more time for the Trust to identify a permanent location for the MDU service.

The Trust has reviewed a number of options for the permanent relocation of the MDU:

- Remain in the current space – space is limited and it would not be possible to address a number of outstanding issues raised by CQC eg a dedicated waiting space for MDU patients
- Return to original space at GRH – the original space has been allocated to the Frailty Assessment Unit and now forms part of a dedicated COTE wing. This would therefore substantially disrupt the COTE service
- Alternative space at GRH – the GRH site is already stretched for space and this could only be achieved by moving another service to CGH, causing further service disruption
- Old Kemerton Ward at CGH. To upgrade the space and provide a dedicated space for MDU, including both trolley and chair space, piped oxygen and suction, a patient kitchen, plus a dedicated patient waiting area.

Retaining the MDU at CGH is also consistent with the Trusts long-term plan, to develop CGH as a centre of excellence for planned care.

Has any involvement taken place to date?

There has been engagement with the clinical leads for MDU. We have also collated feedback from both staff and patients on the current temporary space. We would propose that there is a process of engagement with staff, patients and the public during the proposed 9 month extension.

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

Patients, unpaid carers, people and communities affected	A full Integrated Impact Assessment would be developed Previous impact assessment has identified the following that would need to be considered: **Race / Ethnicity**

(the demographic assumptions that have been made)	Studies of secondary care usage have found that ethnicity is a significant predictor of acute hospital admission. The district with the highest proportion of ethnic diversity is Gloucester city meaning that a geographical distribution of services away from GRH might have a greater impact on these communities. There is limited data on race and ethnicity of MDU patients. **Gender** There is no conclusive evidence to suggest that access to and experience of acute hospital care differs solely on the basis of a person's gender. Analysis of previous data shows that 58.8% were female and 41.2% were male. **Disability** Forest of Dean is the only district locally that exceeds the national average in terms of the proportion of residents living with a disability. People with disabilities may have an increased risk of developing secondary conditions that are more likely to result in the need for acute care. This geographical clustering means that geographical changes to where services are delivered may have a disproportionate impact on those with disabilities in terms of access. There is currently no data captured for MDU to determine the number of patients who may experience disability. **Age** The age of an individual combined with additional factors including other 'protected characteristics' may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their age. Analysis of previous MDU patients shows 55% are aged between 18-64, 20% are aged between 65-74, 18% are aged 75-84, 6% are aged 85+ and less than 1% are aged 0-17. **Religion** The retention of the MDU at CGH is unlikely to have a significant negative or positive impact upon peoples of faith. Both CGH and GRH have a team of Chaplains who provide spiritual and pastoral care and support for all faiths to help people find strength comfort and meaning at what can be a very difficult time in their lives. Analysis of previous MDU patients shows that 48.7% identified themselves as Christian, 42.6% identified themselves as having 'no religion' and 7.5% identified recorded that they belonged to "other religion", this did not include Buddhist, Christian, Hindu, Muslim, Sikh or Jewish.

The changes in accessibility (i.e. transport issues/ opening hours etc)	The service move will impact patient and carer travel times; either positively (for patients in the east of the county) or negatively (for patients in the west). Initial analysis has shown the there is a relatively even distribution of patients accessing the MDU from the east and the west of the county. The MDU provides day services only, therefore carer impact would relate to escorting patients to the MDU in the daytime only. Full travel analysis will be completed as part of the work-up of long-term options and will be presented.
The changes in methods of delivery (venue / practitioner)	See changes in accessibility.
Impact upon other services	There are no known impacts upon other service delivery.
Wider implications (consider effects on community safety/ local economy etc)	It is not anticipated that there will be wider implications from this move.
Equality/ Inequality issues *(how will it help achieve health improvement goals and reduce inequalities?)*	A full Integrated Impact Assessment would be developed if this temporary change is to be considered in the long-term. Previous impact assessment has identified the following that would need to be considered: **Deprivation** Gloucester city has the highest proportion of its population living in the most deprived areas **Homelessness** On average 2.37 per 1000 households are homeless in Gloucestershire with highest levels in Cheltenham and Gloucester city. **Substance Misuse** The age standardised hospital admissions due to substance misuse in Gloucestershire is among the lowest in the South West region at 38 per 100,000 persons; lower than both regional and national rates; however, mortality rates suggest that the district of Gloucester City has the highest rates of deaths due to substance misuse, significantly higher than county and national averages.

	Mental Health The prevalence of mental health disease within the GP practice registered population within Gloucestershire is among the lowest in the South West region at 0.8%; significantly lower than both regional and national averages GHNHSFT admission data demonstrates that more people attend GRH than CGH with mental health related issues.
Name of person completing this pro-forma	Vinod Mani Clare Stephenson
Date proforma completed	**Nov 2023**