

Report Title	Integrated Performance Report (IPR) February 2024	
Purpose of Report	Updates on recent performance, quality and workforce as presented to the ICS Strategic Executive and ICB Board.	
Is this for information or decision?	This Report is for information.	
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Integrated Performance Report

January 2024



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

- Cancer performance in December has improved across all metrics, with 31 day activity narrowly missing the 96% target (94.4%) and 28 day Faster Diagnosis meeting the 75% standard for patients to receive a diagnosis or all clear within 28 days of referral.
- Ambulance performance in key metrics has substantially improved in January – handover delays have been significantly reduced at Gloucestershire acute sites and Category 2 average response times have dropped below 40 minutes (an improvement of more than 10 minutes on the December position).
- Industrial action in December and January has been successfully navigated, with the system able to prevent cancellations for cancer treatments and support Urgent and Emergency Care to recover quickly.
- Elective Recovery Performance continues to meet the national target (103% of 19/20 value weighted activity) despite industrial action causing significant numbers of cancellations. The system position for M1-8 (to November 2023 – latest available validated data) is 104.4%. Note – there was no industrial action in November – the position is likely to be impacted by December and January cancellations due to industrial action.

Areas of Focus

- Diagnostic performance has declined in December 2023, and is now failing to meet the interim recovery target of less than 15% of patients waiting more than 6 weeks for a diagnostic test.
- Endoscopy capacity and performance continue to be an area of focus – waiting list initiatives are planned to support immediate performance improvement. The situation is likely to continue to be challenging in coming months with reporting of some surveillance patients which had not previously been included in DM01 figures. Additionally, the community direct access endoscopy for GPs via Inhealth will cease on the 31st March, meaning additional demand will be channelled to GHFT.
- Access to transformed community mental health services is likely to be a key deliverable for systems in 24/25. Currently, access is only reported for services already submitting data to MHMDS – work is under way to resolve the issues with clinical systems to prevent gaps in reporting and ensure that there is a seamless experience for patients accessing these services. The mental health commissioning team are working with partners on a plan to begin to address this.

Key Achievements

NHS Funding

- The business case for The Wellbeing Line has been approved to operate for a further 12 months to March 2025. This provides welcome short-term stability for the service.
- Apprenticeship Levy transfer funding process streamlined and simplified

Education and Training: Care Leavers

- System wide task and finish group established to progress care leavers support programme.

Leadership

- Systems Thinking masterclass cohorts 3 and 4 completed, evaluation underway.

Temporary Staffing

- GHFT Medical rostering system tender specification drafted

International Recruitment (IR)

- Domiciliary Care worker IR project commenced, 24 care home providers have expressed an interest in recruitment (as at Dec 2023) of which 18 have been shortlisted as eligible in the first phase of recruitment.

Areas of Focus

Funding Opportunities

- Review intent to bid for [Volunteering for Health](#) fund and [WorkWell](#) Programme

Strategy & Planning

- 24/25 operational planning
- Review and refresh Steering Group Plans on a page for 24/25
- Strategies in development: Apprenticeship strategy, Health & Wellbeing strategy and Advanced Practice Strategy.

System-wide Development Programmes

- Agree details of system Leadership development offer/conference in 2024 with system partners. This will be in collaboration with the Improvement Community Steering Group.

International Recruitment

- Commence international recruitment of care workers for eligible providers, establish the pastoral care support arrangements and seek additional expressions of interest.

Housing Hub / Staff accommodation support

- Finalising and submitting the business case for the housing hub

Programme Delivery

- Ensure agreed programme investments are committed by year end.

Quality

Key Achievements

- Although surgery at GHFT is an ‘unrated’ service in the CQC’s inspection programme, they have noted that the Trust has made significant progress with two “must do” and “should do” actions.
- The Standardised Hospital Mortality Indicator (SHMI) at GHNHSFT has continued to reduce.
- The CQC were very positive regarding the improvements and progress that GHC have made in relation to Berkeley House.
- GHFT have started daily Incident Response & Safety huddles as they start to move to the Patient Safety Incident Response Framework.
- Media publications have given rise to some concern about the mortality data for those on waiting lists. The ICB has reviewed and identified that in Gloucestershire time on a waiting list is not a significant factor. This will continue to be discussed in the System Mortality Group.

Areas of Focus

- A System Experience Group is to be set up and aligned to other groups reporting to the Quality Committee. The new group will be chaired by a lay-representative. The intention is to hold six meetings a year with focused discussion on scheduled insight priorities.
- As providers completed their Patient Safety Incident Response (PSIR) Plans and Policies, our focus is now on supporting the system to move from the serious incident framework to the new PSIR framework.
- Work is underway to understand and prepare for the new CQC single inspection framework.
- Continued focus on migrant health to respond and ensure timely support to asylum seekers within Gloucestershire.

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Detail of Key Achievements & Areas of Focus



Urgent & Emergency Care

- January has seen significant progress in reducing ambulance response times and handover delays compared to December following extensive focus on continuous improvement- an improvement in time lost to handover delay of nearly 100 hours daily on average and an over 12-minute improvement in Category 2 response times:
Ambulance Category 2 average response time: 38.9 minutes (51.4 minutes December)
Average time lost to handover daily: 74.8 hours (172 hours December)
- GHFT has seen an increase in the reporting of patients with No Criteria to Reside (NCTR) in the period following the latest round of industrial action falling behind the system trajectory (w/c 8th January, 205 patients against a target of 160) though have reduced throughout January (currently 178 as of 7th February). Patients requiring bed based care (Pathway 2) were the main drivers of this increase and work is being carried out to use more predictive methodology to plan capacity, match demand, and optimise length of stay in this pathway. Increased offers have been put in place across discharge pathways to assist with continued flow and additional packages of care have also been sourced to assist people back home have been put in place (for people on Pathway 1 – non-complex discharges with support at home), which is the preferred option wherever possible. This is in addition to the community-based bed capacity commissioned in order to assess the social care needs of patients outside of hospital.
- Increased congestion in the acute hospital has contributed to a challenging position for ED performance, with improvements seen at the start of the year difficult to maintain, and performance dropping in comparison to December. January overall Type 1 performance was 56.2% (from 59.1% in December) and whole system (GHFT and MIU sites) was 71.9%.
- NHS111 call abandonment has remained much more stable following the roll out of new contracts incentivising weekend and evening work at PPG. January rates are 8.7% calls abandoned (improving on December 11.1%). Out of Hour time to call-back or contact performance has deteriorated across urgent triage, primary care centre contacts and home visits in December (January data still being finalised) – this is primarily due to increased activity, however the service has advised that adverse weather conditions made home visits particularly challenging in some areas during December. Review of mitigating actions is underway, particularly around vehicle suitability to deal with flooding.

Elective Care

- Following significant disruption to elective recovery by industrial action year to date performance continues to meet our system target which has now been revised to 103%. The system position for M1-8 (to November 2023 – latest available validated data) is 104.6% of value weighted activity (compared to 2019/20 levels). GHFT are consistently recovering to 97% of 19/20 on a monthly basis in spite of Industrial action, out of county providers are at 90%. The System position continues to be supported by the Independent sector and high numbers of pathways avoided. ERF has been confirmed to continue in 2024/25 as a method to drive recovery nationally – with detailed expectations around performance standards expected with the issue of national operational planning guidance.
- In December, the RTT position has declined, as expected, due to industrial action taking place. This has led to a reduction in RTT performance of nearly 3% to 64.8%. There has been an increase in long waiters >65 weeks back up to 814 from 717 and >78 up to 33 from 29 – 21 were out of county breaches. There was 1 over 104 week waiters in December. ENT and Oral Surgery account for more than 50% of these long waits, and 4/5 of the over 78 week waits in GHFT. The position is likely to deteriorate further following more industrial action carried out during the month of January.

Cancer

- Decline in performance seen in 28 day Faster Diagnosis has improved, with the overall performance meeting the 75% standard in December (ICB performance was 75%). Areas of pressure continue to be urology and skin, with capacity pressures in endoscopy also impacting Lower and Upper GI pathways.
- 62 day back log is below trajectory, with current performance at 260 against a 170 trajectory. 153 patients waiting over 62 days are in the Urology specialty. Industrial action has put pressure on some pathways – while cancellations for cancer treatments and outpatient appointments were avoided, once dates were announced activity was not booked in many areas thus reducing overall capacity during the affect periods. GHFT are continuing to explore waiting list initiatives to support performance, and a harm review is carried out on all patients post 104 days to ensure risks are reduced wherever possible. Overall compliance against the 62 day treatment target was 68.6% in December, an improvement on the previous month (66.4%).
- Referrals for patients with non-specific symptoms have been increasing but remain under trajectory – YTD (April-January) has seen 332 referrals against a target of 547.

Primary Care and Dental

- Demand on primary care has continued to increase, with 398,761 appointments delivered in November by GP practices across Gloucestershire.
- Use of Faecal Immunoprecipitation Testing (FIT) in primary care is ahead of trajectory to reach the 80% compliance target by March 2024 – latest data for November shows 79.9% of all Lower GI 2WW referrals are being accompanied by a positive FIT result $\geq 10\mu\text{g/g}$.
- A new offer has commenced in Gloucestershire – “First Dental Steps” which forms part of each baby’s health and development review at 9 to 12 months of age, undertaken by the health visiting team. Language and learning, safety, diet and behaviour are included as part of the review, together with oral health advice and the provision of a dental pack.
- Additional dental capacity continues to be expanded, with an additional 186 stabilisation appointments and 51 urgent appointments a week now commissioned. The pathway for stabilisation access is now live as of January 2024, with patients being identified from urgent care appointments accessed via NHS 111 who do not currently have a dental home for accessing the ongoing treatment they require to achieve more stability with their dental needs. For patients the initial access point will be NHS 111.

Diagnostics

- As expected, diagnostic performance has declined in December, with ICB at 17.8% and GHFT at 18.8% (patients waiting over 6 weeks for diagnostic test).
- Endoscopy remains the main driver of the long waits in the system – and a further deterioration in performance in this modality, and impacting diagnostic recovery overall, is expected due to surveillance patients previously being excluded from the national reporting. This is being rectified with impact likely to be seen from January reporting onwards – with around 1000 patients expected to be waiting over 6 weeks for endoscopy (all modalities). While these patients may not have been included in national reporting they are visible to GHFT and are being booked in date order alongside other patients on the active list. A task and finish group is reviewing Endoscopy to develop a sustainable recovery plan and BAU - as an interim measure, waiting list initiatives through to March 2024 are planned to support performance improvements. The community direct access contract with Inhealth (for GPs) will cease on 31st March 2024 – this activity will be covered by GHFT as an interim measure while a long term solution is scoped. Winfield Hospital will take on some additional activity (surveillance patients from Inhealth) and are expanding their endoscopy offer so may also be able to provide IPT opportunity for patients waiting at GHFT.
- CDC go live commenced 5th February, with further modalities due online at the start of March. Exploration of additional activity to support endoscopy recovery in the CDC is also underway.

Mental Health

- During 23/24, Gloucestershire has met planned commitments around community access for serious mental illness with the latest reported figures nationally at 5665 people accessing services against a target of 4805 (November 2023). Moving into 24/25, the national expectation is for ICSs to be reporting access to transformed community services. PCNs will self-declare when all the requirements for transformed services have been met, allowing access to be reported via the MHMDS. Currently, only activity provided by organisations submitting data to the MHMDS is captured – meaning there is a risk that smaller voluntary sector organisations and community groups will not be reflected in access figures spite providing activity locally. For patients, there is a risk over continuity of care due to a lack of joined up clinical systems: resolving this will improve reporting accuracy against the national targets for service access and improve the experience for patients and staff. The mental health commissioning team are working with partners on a plan to begin to address this.
- Improving Access to Psychological Therapies (IAPT) access has decreased, at 922 in December (against a target of 1167). The recovery rate for IAPT has improved after failing to meet the 50% standard last month – in December performance was 51.1% of patients reaching recovery. For 24/25 operational targets are set to focus on service quality, with completed treatments and reliable recovery the focus of initial planning guidance.
- There were 24 Out of Area placement days recorded in December, bringing the total YTD to 368. The annual target is 800. This is the lowest volume of out of are placement days reported since May 2023, reflecting the focus on ensuring local provision wherever possible.
- Eating disorders – the proportion of patients assessed within target has improved significantly in 23/24 to date. The December position (latest validated data) shows that for adults, 88.8% received treatment within the 16 week target. The CYP service has achieved 88.6% of referrals beginning urgent treatment within a week, and 84.6% of routine referrals beginning treatment within 4 weeks. Capacity in the service is an ongoing challenge, with 20% of adolescent patients and 12% of adult patients requiring more than 20 sessions for their treatment. Additional support from VCS organisations (BEAT, TiC+ and ORRI) has continued with high levels of uptake assisting a significant reduction in the back log of patients waiting for treatment. Currently 36 patients are waiting on the adolescent waiting list.
- Perinatal mental health access continues to be ahead of trajectory against operational planning targets with 75 women accessing services in November and 52 in December. YTD access has already exceeded the annual target of 672. December waiting times also exceeded their target, with 98.2% of patients seen within 2 weeks of referral.

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Detail of Key Achievements & Areas of Focus



Our People Strategy: Focussed Pillars



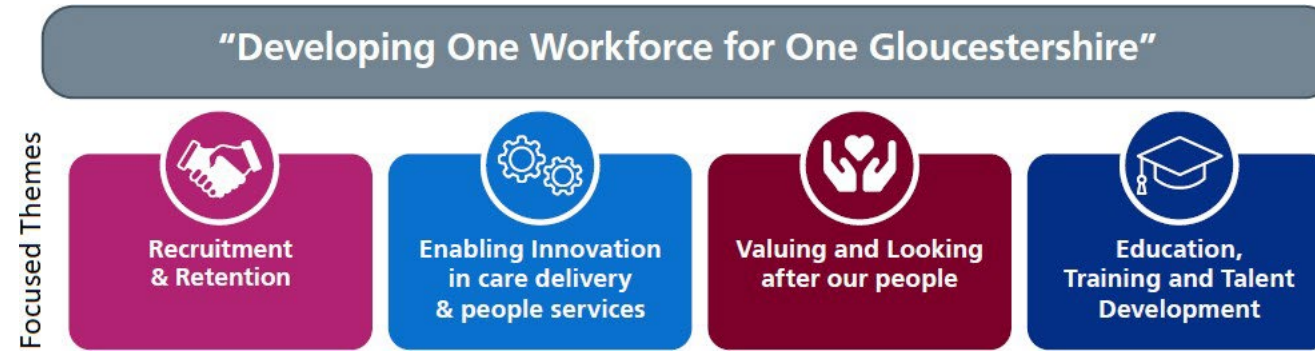
Recruitment and Retention

- Pilot ward for team e-rostering at GHFT selected, rules agreed and proposed 'go-live' date set for March, a further 8 areas have expressed an interest in piloting e-rostering and a project plan has been developed to schedule these
- System wide discussion on Higher Development Award, potential providers being researched
- ICS Legacy Mentors – majority of roles recruited to and commenced work, initial feedback to be reported via Steering Group(s)
- Social care app for international recruits in development as part of their pastoral care
- Nurse rotation programme being explored

Valuing and looking after our people

- The Health and Wellbeing group are developing a system-wide Health & Wellbeing Strategy and the 2024/25 Plan on a Page
- 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 supports staff retention as a significant minority of staff leave their roles within the first year of employment.

Our People Strategy: Focussed Pillars



Education Training and Development

- 18 out of 19 target schools have benefitted from “We Want You” outreach interventions, with over 6,000 pupil interactions, interest from 7 additional schools has been received
- Support for care leavers: Co-production approach to implementing the care leavers covenant across the system with key stakeholders involved in planning and delivery.
- Audit and Research Evaluation Course places offered.
- The University of Gloucestershire and the ICS have offered two funded PhD opportunities.

Our People Strategy: Focussed Pillars

Social Care Trainee Nurse Associates project funding has ended – end project update:

- Useful insight and feedback gained throughout project but not as much engagement and progress made as would have liked. Reflecting on why this was has, in itself, been helpful - could have been due to national funding to support international recruitment being made available after project started meaning providers were then focused on IR and did not have capacity to support both initiatives. It could also have been influenced by the e-mail contact used - as the project was a collaborative initiative with University of Gloucestershire, a generic university e-mail was used at the beginning of the project. This was changed to 'apprenticeships@' instead of name@ and shortly afterwards more engagement and responses to e-mails/comms were received.
- From discussion with providers and application numbers for the UoG NA course (total applications 151 for January 2024 resulting in 30 successful offers made), it is evident that there are interested applicants who are keen to explore the NA and/or the Apprenticeship route but there were a number of reasons for candidates from social care not being successful which included:
 - Not have a registered NMC Nurse or other registered practitioner onsite – this impacted 3 potential students from 2 settings, 2 students identified for Sept 24* cohort while arrangements are made. New regulations around level of supervision brought out by the NMC in late 2023 may help to mitigate this moving forwards
 - Nursing care not currently being undertaken at candidates setting – this impacted 3 potential candidates, 2 from a Residential Home and 1 from a GCC setting. Need to explore if a reciprocal arrangement could support training in a partner organisation that undertakes nursing care.
 - Providers not able to let multiple staff train at same time – impacted 1 setting – 2 students for Sept 24* identified to spilt training of staff. Encourage organisations to explore Skills for Care funding to support with backfill where required.
 - Staff needing Maths qualifications prior to enrolment - potential delay to 1 student pending.
 - No setting mentioned finance as a barrier but cover whilst training was, particularly if multiple potential applicants.

Our People Strategy: Foundation Themes

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

- Regional NHS Long-Term Workforce plan workshops attended to influence regional activities – awaiting more detail from national team
- The scope of the System-wide Leadership programme mapping has been refined. Information collection phase underway.
- The Digital Workforce Strategy Commissioning document is being reviewed (for rescoping) following market engagement with providers
- Significant demand for further System Thinking cohorts exist, however, current delivery options reliant on availability of funding. Alternative delivery approaches being reviewed.
- Reciprocal Mentoring cohort 2 launched, 17 co-mentor/co-mentee pairs matched.
- Inclusion Allies cohort evaluation completed.



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Assurance

Pharmacy, Optometry and Dentistry (POD)

The NHSE SW Commissioning Hub Monthly Information pack has now been received for October containing Q2 POD quality information.

- **Dentistry** – The report highlights that a total of four cases were received by the complaints team in Q2 relating to a named dental provider. No serious incidents have been reported. No quality assurance (QA) visits have taken place in Q2 and no visits are currently planned.
- **Pharmacy** – There were no complaints or concerns relating to community pharmacy received in Q2. No serious incidents have been declared and no QA visits have been undertaken in this period.
- **Optometry** - No serious incidents or complaints were noted in Q2. A Quality in Optometry (QiO) update report was presented at the November SW PCOG meeting. The report outlined the current position relating to the QiO assessment cycle for April 2022- March 2025 and an update on the final position for the 2019-2022 cycle which captured best practice and learning for this period – this has been circulated to local contractors, ICB's and Local Optical Committee.

Urgent and Emergency Care

- Extreme pressure across UEC, amplified by Industrial Action (IA) Dec/Jan. Transformational work ongoing.
- The IA has meant that some of the workstream go live timescales planned for January are postponed. Emergency clinical resources and expertise have been concentrated on one site (GRH) for the duration of the IA to best support clinical pathways and patient safety

Migrant Health

- GICB working with the MOD to support health provision for TSFA (Transitional Service Family Accommodation) & RSOM (Reception, Staging and Onward Movement) sites. Many vulnerable Afghan Nationals inc Children with significant implications for PC and wider health & care provision.

Assurance

Community and Mental Health

- Following recent CQC concerns regarding the standards of care at Berkeley House (BH), a period of enhanced surveillance continues. At a BH Quality Improvement Group meeting on the 8th of December, members received updates including a review of progress against the GHC BH Action Plan and feedback from a recent 2 day NHSE specialist team support visit and ICB unplanned out of hours visit. No concerns regarding the risk of abuse or neglect were identified following a Safeguarding Team visit on the 15th of November. The group received an update on discharge planning for service users and advocacy issues. CQC representatives were very positive regarding the improvements and progress that the Trust have made. We are awaiting the final report.

Maternity

- CQC section 29A action plan is in place. Good progress is being made by the Trust to address the main issue regarding Safeguarding training and backlog of reported incidents.
- GHT & LMNS are working collaboratively on an Integrated Single Maternity and Neonatal action plan.
- Maternity Incentive scheme is ongoing with regular updates at PQS & System Quality group. Ultrasound scan capacity highlighted a risk to ensure timely scans for women with high risk pregnancies – on risk register and action plan being supported via NHSE and LMNS oversight
- Quarterly Maternity and Neonatal partnership meeting with System partners, reviewing themes from feedback, complaints & incidents and developing an action plan for organisations to feed into a systemwide 'you said we did' feedback.
- Cheltenham Birth Unit & Stroud postnatal beds remain closed due to extreme staffing challenges.

Safety

Serious Incidents in November and December



There were no Never Events reported in November or December.

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.

Near-miss Never Event

- An independent provider reported a near-miss Never Event relating to wrong biometry being taken. There was no harm to the patient. The provider will be investigating under new PSIRF methodology with the aim of sharing learning across the system.

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.

GHFT Daily 'Huddles'

- Daily Incident Response Safety huddles had been running at 8.45 am for two and a half weeks with multi-disciplinary attendance, where every moderate harm incident from the previous 24 hours is reviewed, and decisions made on any immediate safety actions. Feedback has been very positive

Safety

Patient Safety Incident Response Framework (PSIRF)

- The system remains on track to implement PSIRF on 1st March with GHC and GHFT taking their plans to the respective boards in January.
- Patient Safety Incident Response Plans (PSIRP) will be sent to ICB Quality Committee in February for ratification, along with the ICB Policy.
- Once this has happened then the system will switch over on 1st March. This means that the last SI could be declared on Feb 29th leading to the closedown of the last SI by 28th 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.

ICB PSIRF Plan and Safety and Learning Group

- As part of the switch from SIs to PSIRF the ICB will formally instigate a Integrated System Safety & Learning Group.
- Under PSIRF arrangements we will also be developing an ICB weekly 'Safety and Insights Huddle' along with a new methodology for 'Rapid Safety Reviews'.

Experience

Friends and Family Test (FFT) April – October 2023

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Jan-24	Feb-24	Mar-24		
		Provider	Provider	Provider	Provider	Provider	Provider	Provider	Provider	Provider	Provider	Provider	Provider	Provider	Provider		
GHT Inpatients	% Positive	93%	93%	93%	94%	92%	90%	90%									
	% Negative	4%	3%	3%	3%	5%	6%	5%									
GHT A&E	% Positive	83%	81%	78%	79%	78%	75%	73%									
	% Negative	12%	11%	14%	12%	13%	17%	16%									
GHC Mental Health	% Positive	87%	83%	87%	82%	89%	83%	82%									
	% Negative	7%	6%	6%	7%	5%	10%	10%									
GHC Community	% Positive	94%	94%	95%	94%	95%	94%	94%									
	% Negative	3%	3%	3%	3%	2%	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.

Effectiveness

System Clinical Effectiveness Group

- Plans remain in place to review the System Clinical Effectiveness Group 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 to the Quality Committee

System Mortality Group (SMG)

- The SMG met in November with three key topics being discussed:
 - Weekend mortality in GHFT** – The gap between weekday and weekend mortality appears to be wider at GHFT than in other comparable trusts. The System Mortality Group is working to pull together system reviews to understand this more. We have also established that the numerator and denominator of SHMI for the over 75s appears to shift SHMI position at the weekend.
 - Waiting list mortality** – Media publications have given rise to some concern about the mortality data for those on waiting lists. The ICB has reviewed and identified that in Gloucestershire time on a waiting list is not a significant factor. However, there are some areas of concern; those on cardiology lists appear to be outliers, with many patients on the waiting list accessing emergency care more often.
 - PCN mortality data** – Local data was presented following the SW Critical Thinking Unit data report. Local Data enhances understanding of the issues found in Inner City Gloucester PCN which is a significant outlier.

SHMI

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

Trust-level data

As expected SHMI

94,300	2,510	2,300	1.0924
Provider spells	Observed deaths	Expected deaths	SHMI value