Gloucestershire Integrated Care Board Meeting

To be held at 2.00pm to 4.15pm on Wednesday 28 September 2022

Boardroom, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE

(The meeting is also available via MS Teams)

Pre-meet for board members – Fit for the Future 1.00pm – 1.30pm LUNCH PROVIDED				
No.	**Time**		**Action**	**Presenter**
1.	2.00 – 2.05pm	**Welcome and Apologies**	Information	Chair
2.	2.05-2.07pm	Declarations of Interests The Register of ICB Board members is publicly available on the ICB website Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk)	Information	Chair
3.	2.07 – 2.09pm	Minutes of the meeting held on 27 July 2022	Approval	Chair
4.	2.09 – 2.11pm	Action Log Matters Arising – CQC update	Discussion	Chair
		Business Items		
5.	2.11 - 2.15pm	Questions from members of the public	Discussion	Chair
6.	2.15 – 2.35pm	Patient Story – Music Works	Discussion	Jo Underwood
7.	2.35-2.40pm	Chief Executive Officer report	Discussion	Mary Hutton
8.	2.40 – 3.00pm	Integrated Finance, Performance, Quality and Workforce report	Discussion	Cath Leech Mark Walkingshaw Marion Andrews Evans Tracey Cox
9.	3.00pm – 3.30pm	Urgent Care including Winter Planning	Discussion	Ellen Rule

		Items for decision		
10.	3.30 – 4.00pm	Fit for the Future Outcome of Engagement Report	Approval	Ellen Rule / Micky Griffiths
		Information items		
11.	4.00 – 4.05pm	Chair's verbal report on the Primary Care & Direct Commissioning Committee meeting held on 4 August 2022	Information	Colin Greaves
12.	4.05 – 4.10pm	Chair's verbal report on the Quality Committee meeting held on 18 August 2022	Information	Jane Cummings
13.	4.10 – 4.15pm	Audit Committee Minutes 14 July 2022 Chair's report to the Board from the meeting held on 8 September 2022	Information	Julie Soutter
14.	4.15pm –	**Any Other Business**		
		Time and date of the next meeting 2.00pm – 5.00pm 30 November 2022, Boardroom, Sanger House.		

Withdrawal of the press and public

That under the provision of Section 1, sub-section 2 of the public bodies admission to meetings act 1960, the public may be excluded for such a period as the Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

Verbal

Verbal and to be recorded in minutes.

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Gloucestershire Integrated Care Board Meeting

2:00pm – 4:50pm, Wednesday 27 July 2022

Boardroom and Virtually at Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE

Members Present:		
Dame Gill Morgan	GM	ICB Board Chair
Mary Hutton	MH	Chief Executive Officer
Julie Soutter	JS	Non-Executive Director
Colin Greaves	CG	Non-Executive Director
Prof. Jane Cummings	JC	Non-Executive Director
Prof. Jo Coast	JC	Non-Executive Director
Clive Lewis	CLs	Non-Executive Director
Dr Marion Andrew-Evans	MAE	Chief Nursing Officer
Cath Leech	CL	Chief Finance Officer
Dr Jo Bayley	JB	Chief Executive, GDOC Ltd
Dr Andy Seymour	AS	Chief Medical Officer
Tracey Cox	TC	Director of People Culture and Engagement
Siobhan Farmer	SF	Director of Public Health, Gloucestershire County Council (GCC)
Emily Beardshall (*Deputising for Ellen Rule*)	EBs	Deputy ICS Programme Director
Prof. Sarah Scott	SS	Executive Director of Adult Social Care & Public Health, Gloucestershire County Council (GCC)
Prof. Mark Pietroni	MP	Deputy CEO, Director of Safety and Medical Director, Gloucestershire Hospitals NHS Foundation Trust (GHFT)
Paul Roberts	PR	Chief Executive - Gloucestershire Health & Care NHS Foundation Trust (GHC)

Participants:		
Deborah Evans	DE	Chair, Gloucestershire Hospitals NHS Foundation Trust (GHNFT)
Cllr. Carole Allaway-Martin	CAM	Cabinet Member for Adult Social Care Commissioning, Gloucestershire County Council (GCC)
Ingrid Barker	IB	Chair, Gloucestershire Health, and Care NHS Foundation Trust (GHC)
Chris Spencer	CS	Director of Children's Services, Gloucestershire County Council (GCC)
Pete Bungard	PB	Chief Executive, Gloucestershire County Council (GCC)
Rachel Pearce	RP	Director of Commissioning, SW NHS England & Improvement (SW NHSE/I)
Mark Walkingshaw	MW	Director of Operational Planning & Performance, (GICB)
Kim Forey	KF	Director of Integration (GICB)
Helen Goodey	HG	Director of Primary Care & Place (GICB)
Dr Paul Atkinson	PA	Chief Clinical Information Officer (GICB)
Graham Russell	GR	Vice-Chair, Non-Executive Director (GHC)
Dr Olesya Atkinson	QA	Deputy Clinical Director of Primary Care, Gloucestershire

In Attendance:		
Jill Parker	JP	Engagement and Partnership Lead, Gloucestershire VCS Alliance
Chris Davis	CD	Senior Project Officer, Health Communities, and Individuals
Matt Lennard	ML	Chief Officer, Voluntary & Community Sector Alliance (VCSA), Gloucestershire
Christina Gradowski	CGi	Associate Director of Corporate Affairs (GICB)
Lauren Peachey	LP	Corporate Governance Manager (GICB)
Gerald Nyamhondoro	GN	Corporate Governance Officer (GICB) (taking minutes)
Rachel Carter	RC	Governance Coordinator (GICB)

Karl Gluck	KG	Senior Commissioning Lead, Mental Health (GCC)
Will Chapman	WC	Senior Programme Manager, Self-Care & Prevention (GICB)
Sian Cole	SC	Health & Social Care Clinical Commissioning Manager (GICB)
Dr Alan Gwynn	AGw	Clinical Lead Frailty (GICB)
Gemma Artz	GA	Programme Director (GICB)
Simon Bird	SB	Director, Thorpebird Consulting
Karen Lynas	KL	Associate, Thorpebird Consulting

1.	**Welcome and Apologies - Chair**
1.1	Apologies were noted from Mark Branton, Deborah Lee and Ellen Rule.
1.2	The Chair confirmed that the Board of the ICB was quorate.
2.	**Declarations of Interest**
2.1	The Chair advised that all members were required to declare relevant interests at every ICB Board meeting. The Chair also advised that it was in line with best practice to consider any potential conflict of interests at each meeting. No interests were declared.
3.	**Minutes of the Previous Meeting**
3.1	Minutes of the meeting held on Friday 1st July 2022 were approved as an accurate record.
4.	**Action Log and Matters Arising**
4.1	Action Log
4.1.1	**01.07.22, Item 13,10** Financial Plan 2022-23. Members asked if the systemwide action plan for Urgent and Emergency Care was now available.

	MH explained to the Board that there was a systemwide action plan with quantified inputs, but the full trajectories were yet to be agreed. The Chair directed that a substantive report on Urgent and Emergency Care (UEC) be brought to the Board at a future Board meeting. **Action: Item partly covered during the meeting, but a more substantive report to follow. Ellen Rule.**
4.2	Matters Arising: CQC Inspections.
4.2.1	MP gave an update on CQC inspections conducted on the maternity services of GHFT. MP expressed the hospital's commitment and plans to improve outcomes. PR confirmed that CQC had conducted an inspection at GHC and a report on the findings was pending.
5.	**Questions from Members of the Public**
5.1	There was a question from a member of the public who enquired as to how the recently established Integrated Care Board (ICB) intended to address the problem of health inequality in the county. PR responded and emphasised that improving equality and quality of health outcomes was a core aim of the ICB and the Integrated Care System (ICS). PR reassured that a written response would be published, and a copy would be sent to the member of the public who had raised the question. **Action: Christina Gradowski to publish the response and send a copy to the member of the public who had raised the question.**
6.	**Patient Story: We can Move**
6.1	TC introduced the presenters of the programme entitled 'We can Move'. The context of the patient story presented was the join up of We can Move programme and the pain clinical programme group with a focus on helping people living with persistent pain enjoy better health through exercising. It was noted that empirical evidence pointed toward correlation between physical exercise and better health. The patient story was presented. As part of the social movement on increasing activity rates it was explained that there would be a big event on 9th September 2022. It was reiterated that the 'We can Move' programme sought collaboration with other organisations and communities to advance better health outcomes and independence through physical activity. It promoted exercise alongside medicines to improve health and wellbeing.

	A short film was shared which showed the approach of the 'We can Move' programme. The film was used as a platform for encouraging better health through engaging in physical activity. It was suggested that the 'We can Move' social movement approach could be remodelled and redesigned into a universal tool instead of being restricted to cohorts of those living with chronic pain. **RESOLUTION: The ICB Board noted the benefits of the approach used by the 'We can Move' programme.**
7.	**Chief Executive Officer Report**
7.1	MH presented the update and highlighted a number of areas: • The system has invested in strengthening clinical and care leadership, and as part of this work the ICB recruited a team of clinical leads for key clinical programmes. The recruitment covered areas such as Diabetes, Planned Care, Urgent Care, Diabetes, Planned Care, Frailty, Musculoskeletal, and Medicines Optimisation and Prescribing. • The ICS continued to make strong progress in reducing the number of patients on planned surgery waiting list and continued progress on the development of a Diagnostic Hubs. • The ICS Eye Health Clinical Programme Group (CPG) was working on sight improvement and sight loss prevention initiatives. The volunteer driven Vision Care for Homeless People opened its new clinic in Gloucester at the end of April 2022 to provide eye tests, eye care and glasses to homeless people in Gloucester. • The ICS was refocusing on developing social prescribing tools for children and young people. • Developments in primary health care and increased work in Integrated Locality Partnerships (ILP) were outlined including the support provided to early career GPs. The recent opening of the new Wilson Health Centre located on Prestbury Road in Cheltenham was noted. **RESOLUTION: The ICB Board noted contents of the Chief Executive's report.**
8.	**Integrated Performance Report**
8.1	MW outlined the work which has taken place to develop a new system integrated performance report. It was also emphasised that this report will

	continue to evolve and develop in response to the feedback received from the meeting today (with a number of areas still under development). The following key elements of this new report were outlined: ▪ It seeks to bring together in one place the four key elements of an integrated approach to performance. The report is split into four areas: national key performance measures, quality measures, workforce measure and financial measures. ▪ The report aims to ensure that, although recognising that each section contains a lot of detail, that the Board has a short summary at the beginning of each section pulling through the key performance headlines. ▪ In addition to reporting on performance, the report also sets out the key recovery actions and makes the links to where the responsibility sits within our governance structures -including to the lead Senior Responsible Officer (SRO) and relevant committee. MW emphasised that a lot of the detailed discussions will be taking place within those sub-committees. As those committees start to meet they will also shape how this report develops and approve their sections in advance of the report coming to the Board. MW also reported that the team working on this had identified the following key areas which require development: • Incorporating further national and local performance benchmarks. • Developing an increasingly outcomes-based focus to our reporting. • Broadening the range of indicators – adding additional Adult Social Care, primary care, community and mental health and well-being measures. • Making the links to our longer-term work to respond to the wider determinants of health and to address health inequalities. **Improving Services & Delivering Outcomes** It was emphasised that the health and social care system in Gloucestershire continues to face significant operational pressures which included: • Ongoing urgent and emergency care pressure due in large part to discharge delays from hospital and related effects of this across the system. This created pressure for acute community and adult social care colleagues. • There was also the pressure generated by the need to continue to make inroads into the backlogs for elective treatment built up during the pandemic.

- The ongoing impact of Covid-19.
- Significant and ongoing workforce challenges, both in terms of the ongoing impact of the pandemic, but significant challenges in the recruitment and retention of key groups of staff across health and social care.

The following specific areas of performance concern were highlighted:

- Waits within the emergency departments: It was reported that despite attendances being below plan in June, the build-up of pressure in ED (due mainly to discharge delays and workforce challenges) meant that performance of 59% against the four-hour standard (although in line with the position nationally), meant that too many patients are waiting for too long within the emergency departments.

- Reducing ambulance handover delays: It was reported that the system was not currently achieving the 7-minute average response time for the most clinically urgent calls or the 18-minute average response time for the category 2 calls. However this was in line with the position across the South West but the length of these waits remained a cause for concern.

- Reducing long lengths of stay in hospital and reducing what was now described, as patients who do not meet the 'criteria to reside' in a hospital bed. It was reported that this number had started to come down; particularly the number of patients with the longest lengths of stay. But there was a need to continue to make further inroads into this – including through increasing the proportion of patients who were discharged from hospital on non-bed-based pathways, which had increased in recent months.

The report set out some of the key actions being taken as a system to address these challenges within the urgent care system. It was noted that all partners recognised the need to work together to break the cycle of short-term reactive measures and create the time and space to work on the redesign of patient pathways, to create a more resilient system.

Moving onto elective care, it was reported that while the Board should continue to be concerned at the overall size of the waiting list, the system continued to perform well in reducing the number of long waiters. It was noted that this included hitting the end of June deadline for removing the longest waiters and making inroads into reducing the number of over 78-week and 52-week waiters.

	It was highlighted that there was more work to do to meet our commitment to recover elective activity against the 104% target (compared to 19/20 weighted cost activity). This under performance was particularly being driven by day case under performance which was partly due to essential building work which reduced day case capacity for a period. It was noted that plans were in place to recover this during the remaining quarters of the year. It was noted that Board members would be aware that this was a key requirement of the system financial recovery plan. In terms of diagnostic performance, it was reported that the pressures in relation to endoscopy and echocardiography continued but that a plan was in place to address these, with independent sector support, to bring down the delays. This was in addition to the additional capacity, which the Community Diagnostic Hub would bring on stream. Lastly, in relation to elective performance it was important to reflect the pressures facing cancer services. MW stated that although there was strong cancer performance throughout the pandemic, latterly performance against the 62-day standard had come under pressure. It was noted that a performance recovery plan was in place which included additional endoscopy capacity, and the contribution from several key consultant appointments (particularly within gynaecology and urology). Finally, MW also highlighted the pressures facing mental health services within the county. In particular, the changes in relation to the level of demand for 'talking therapies', mental health bed capacity within the county and the pressure upon mental health services and eating disorder services. TC presented and defined the workforce narrative in the system. She emphasised the need for strong visibility to be extended toward both health and social welfare. TC explained that the NHS experienced a high level of turnover at both system level and national level, with the turnover rate skewed toward the lower bands. TC explained that workforce pressure was evidenced by the high number of nurse vacancies both nationally and at county level. MAE presented and explained that the Care Quality Commission (CQC), which had eased inspections on health service providers during the peak of the pandemic was back on full inspections and more CQC reports would be brought before the Board in future. MAE added that there was a system-wide review of Urgent Care and any required actions deriving from the outcome would be taken to the appropriate CPGs. MAE stated that Serious Incidents involving mental health patients self-harming were reported in the quarter. MAE also stated that there were two maternity cases going before the Health Care Safety Investigations Board. MAE added that two Never Events involving the system's Trusts were reported and lessons were being learnt from the cases. CL reiterated that risks existed in the system, and areas of risk included workforce. CL emphasised that workforce was a key risk, with the system

	having a high number of vacancies in critical areas such as Elective Recovery and Urgent Care. CL stated that the ICS had a challenging Savings Programme of £36,000,000 for year 2022-23. CL added that whilst performance was currently consistent with expectations, potential risk remained substantive. CL reassured that there were several mitigating actions designed to limit risk. CL stated that inflation had been factored into the risk management matrix.CL also stated that pay increases had recently been proposed but management were awaiting more information particularly the funding aspect. In the discussion which followed the following feedback was provided by the Board: ▪ Board members welcome the new integrated report and the significant progress, which had been made in integrating all of this information within one report. ▪ There was a request that the next iteration of the report should facilitate a more strategic discussion at the Board, and it was agreed that the detailed information on individual metrics should be retained but move to an appendix. ▪ In particular it was felt that the Board discussion should not focus upon the detail which was being discussed in other for a, but rather focus upon where an integrated system approach can add value. ▪ It was asked that a summary from each sub-committee should be included at the front of the report and that a summary of positive developments should also be provided to ensure that the report was more balanced.
8.2	**<u>RESOLUTION</u>: The ICB Board:** **1. Noted the key highlights from the Integrated Performance report.** **2. Reviewed the format of the first Integrated Performance report and provided comment and suggestions to support future development.**
9.	**Proposed Operating Model and Terms of Reference for Gloucestershire Health and Wellbeing Partnership.**
9.1	MH presented the Integrated Care Partnership (ICP) and emphasised that the ICP would be a critical component of the ICS. MH added that it would be a jointly convened statutory committee constituting GCC and the ICB as equal partners.

	MH stated that the ICP had been rebranded and renamed 'Gloucestershire Health and Wellbeing Partnership'. Gloucestershire Health and Wellbeing Partnership would have membership comprising a broad alliance of organisations. MH outlined the principles which guided the design of the Gloucestershire Health and Wellbeing Partnership. MH summarised the respective roles and the resulting planned synergies deriving from collaborative work between the Health and Wellbeing Board and the Health and Wellbeing Partnership. MH highlighted the timeframe for completing the setting up of the Health and Wellbeing Partnership. Members discussed the report and CAM drew attention to the shortness of the timeframe, but still expressed confidence in those charged with the set up and delivery from the partnership.
9.2	**RESOLUTION: The ICB Board noted the contents of the Proposed Operating Model and Terms of Reference for Gloucestershire Health and Wellbeing Partnership.**
10.	**Frailty Strategy for Gloucestershire**
10.1	AGw and SC presented the report. AGw explained that the frailty strategy focused on prevention, early identification of health needs, and improving the urgent support required when needed. AGw added that the frailty strategy adopted a proactive approach which benefited from improved collaboration between Primary Care, Community Care, Acute and Social Care to support the frail and older adults so that they would enjoy a longer and independent life.
10.2	SC clarified that frailty was not a single disease but can include several complications that impact on the health and wellbeing of an individual. SC discussed frailty and described key points of frailty strategy as follows: • identification of frailty; • prevention of frailty; • management of the frailty condition and, • building a workforce with skillsets fit for purpose.
10.3	SC emphasised that there was a range of strategies which could help prevent problems associated with frailty. SC explained that the identification of frailty was key to promoting longevity and independence for cohorts, which fell into the category of frailty. SC stated that the use of enablers such as workforce was a critical element of frailty strategy and she added that co-opting the voluntary sector to work on frailty enhanced workforce capacity.

10.4	AGw stated that the tools and potential capacity associated with the frailty strategy had been in existence prior to the joined-up ICS vision; but the tools and capacity existed in a rather unstructured form, from a system perspective. The frailty strategy was designed to restructure and harness potential capacity. AGw presented a case study to illustrate the process and point.
10.5	MP highlighted a need for a digital platform as an enabler for the frailty strategy. MP further stated that a digital platform was not an enabler limited to befitting the frail but was a requirement for a wider range of ICS outcomes to be realised. Members discussed the report and discussed the various forms of architecture suitable for digital platforms.
10.6	**<u>RESOLUTION</u>: The ICB Board:** **1. Approved the Frailty Strategy.** **2. Supported the development of the workstreams, communicate and implementation of the strategy.**
11.	**Proposals for the Delegated Accountability for the Community Mental Health Transformation Programme**
11.1	KG presented and described the Community Mental Health Transformation (CMHT) programme as a three-year programme for adults living with mental health problems, but it also incorporated children's needs. KG defined the programme as being collaborative and sought to work with the voluntary sector and other groups sharing similar interests.
11.2	KG outlined the programme and described the pressures faced. KG highlighted that there was the need for engagement with multiple Primary Care Networks (PCNs,) while maintaining consistency and scalability of a transformed model, which was required to ensure that the programme was delivered.
11.3	KG stated that it was proposed that the programme's budget elements would be devolved to Gloucestershire Health and Care NHS Foundation Trust (GHC). He outlined the financial principles which underpinned the management of a devolved budget. These included amongst other things, ensuring that management of a delegated budget was open and transparent, and that it produced evidence-based information to support mandatory reporting requirements. KG asked for approval for the delegation of the budget and accountability for the delivery of the CMHT to GHC.

11.4	**<u>RESOLUTION</u>: The ICB Board approved the delegation of the budget and accountability for the delivery of the Community Mental Health Transformation Programme to Gloucestershire Health & Care NHS FT (GHC).**
12.	**Effective Emergency Preparedness, Resilience and Response (EPRR) Transition to the Integrated Care Board.**
12.1	MAE presented the paper. She stated that the report sought to clarify the ICB's responsibilities and duties regarding EPRR. MAE explained that with the establishment of the ICB on 1st of July, the new organisation became a Category 1 responder under guidance of NHS England.
12.2	MAE described Category 1 responder as being an organisation at the core of emergency response, including the mapping out of the assurance process. MAE reassured the Board that there were no significant structural changes identified during the transition from the CCG to the ICB. The robust systems and processes put in place to effectively manage EPRR remained uncompromised by the transition. Members requested that Colin Greaves (CG) be charged with oversight of EPRR assurance. CG agreed.
12.3	**<u>RESOLUTION</u>: The ICB Board:** **1. Noted the Category 1 responder responsibility of the ICB and the positive outcome of the assurance process by NHS England.** **2. Resolved that Colin Greaves be charged with oversight of EPRR assurance.**
13.	**Chair's Update on the People Committee**
13.1	CLs delivered a brief update on the work of the People Committee and emphasised the value of collaborative workforce models.
13.2	CLs discussed the value of appropriate metrics in developing workforce strategies and assurance processes. He highlighted other issues of discussion and action including the high turnover of health and care staff in the county and the nation at large, as an area of work to develop and line managers training focusing on relationships between line managers, and staff. CLs emphasised that this was an area which required further focus.

13.3	**<u>RESOLUTION</u>: The ICB Board noted the Chair's verbal update on the People Committee.**
14.	**Chair's Update on the Audit Committee**
14.1	JS presented the update and summarised the work covered by the Audit Committee. This included areas such as: • cyber security assurance; • annual internal audit plan for 2022-23; • losses and special payments; • final accounts update for months 1-3 and • matters relating to 2021-22 accounts now closed.
15.	**Any Other Business**
14.1	There was no other business to conduct.

The meeting closed at 4.50 pm.

Time and date of the next meeting:

2.00pm – 5.00pm Wednesday 28th September 2022, Boardroom, Sanger House and Virtually

ICB Board Action Log September 2022

Action No.	Meeting Date	Reference	Action	Owner	Updates	Status
1	7/27/2022	Min 4.1.1	A report on Urgent and Emergency Care is required for the next ICB Board.	Ellen Rule	An Urgent Care and Winter Planning Report is included in the papers for the meeting held on 28 September 2022	CLOSED
2	7/27/2022	Min 5.1	The question raised by a member of the public on measures being taken by the ICB to tackle Health Inequalities should be sent to the member of the public and published on the ICB Website	Christina Gradowski	The ICB Response to the Public Question was sent to the member of the public via email. A copy has been posted on the ICB website https://www.nhsglos.nhs.uk/news/nhs-gloucestershire-icb-public-board-meeting-2-00pm-5-00pm-27-july-2022/	CLOSED

Verbal

No questions were received from members of the public.

Patient Story: Music Works (Facilitator - Jo Underwood)

Agenda Item 7

Integrated Care Board Meeting
28 September 2022

Report Title	**Chief Executive Report**				
Purpose (X)	**For Information**		**For Discussion**		**For Decision**
	X				
Route to this meeting	The various reports provided have been discussed at other internal meetings within the ICB.				
Executive Summary	This report summarises key achievements and significant updates by the Chief Executive Officer of NHS Gloucestershire to the Integrated Care Board. This report provides an in-depth focus on Health and Housing and the work being undertaken across the county by ICS partners to tackle fuel poverty and poor housing. This report is provided on a bi-monthly basis to public meetings of the ICB.				
Key Issues to note	This report covers the following topics ○ Health and Housing ▪ Key investments and schemes ▪ Focusing on hospital discharge and system flow ▪ Building a Strong Partnership Foundation ○ VCSE (Voluntary, Community Social Enterprise and Faith) Sector partnership working ○ Update on Safeguarding in the ICB ○ Gloucestershire Health and Wellbeing Partnership - Integrated Care Partnership (ICP) update ○ Delivery through Deep Dives - Diabetes				
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	The report includes a number of different services, schemes and initiatives with associated risks included on the project / implementation plans. The risk associated with not producing a CEO report that summarises key programmes is relatively small, as there would be other mechanisms to communicate with partners and stakeholders. (4x1) 4 (4x1) 4 (residual meaning accepted risk)				
Management of Conflicts of Interest	There are no conflicts of interests associated with the production of this report.				
Resource Impact (X)	**Financial**		**Information Management & Technology**		
	Human Resource	X	**Buildings**	X	
Financial Impact	The schemes and initiatives included in this report will have associated financial plans that have been approved through established groups and committees.				

Regulatory and Legal Issues (including NHS Constitution)	Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 2009 and section 14Z32 of the 2006 Act)
Impact on Health Inequalities	Key programmes and schemes are designed to have an impact on reducing health inequalities and creating services and initiatives that are inclusive that meet people with protected characteristics needs such as the schemes associated with Housing and Health especially the investment in Changing Place facilities, Belmont Special School and Imperial Gardens in Cheltenham. The appointment of the specialist homelessness nurse role through the SHP has been effective and has demonstrated improved pathways and outcomes for homeless people attending A&E; in addition to the recruitment of a Specialist Housing Occupational Therapist and housing roles funded by the partnership. The Warm and Well scheme and Park Homes which supports energy efficiency and reduces fuel poverty are established initiatives along with the work on the Fuel Poverty Coordinator that supports the ICS work to tackle inequalities.
Impact on Equality and Diversity	The Health and Housing schemes specifically target inventions that assist people with disabilities such as the £150k to fund the procurement of 30 Raizer chairs and the appointment of the specialist nurse role for homelessness. There is also the bespoke housing for people with disabilities. There is work with system partners regarding the disposal of land to ensure that there is a weighting around Social Value specific to meeting the housing needs of older and disabled people included in development tenders, resulting in more sustainable housing models to meet the needs of vulnerable people see pages 3 and 4 for more details.
Impact on Sustainable Development	n/a
Patient and Public Involvement	The article in this report on working with the VCS shows the work being undertaken with voluntary and community groups involving patients and the public. In particular this month's patient story on Music Works illustrates how this type of initiative can improve people's health and wellbeing. The public will be involved in developing the ICP strategy (see page 7).
Recommendation	The Board is requested to: • Note the Chief Executive Officer report.
Sponsoring Director	Mary Hutton, ICB Chief Executive Officer

Glossary of Terms	**Explanation or clarification of abbreviations used in the paper**
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

NHS Gloucestershire Integrated Care Board (ICB)
Chief Executive Officer Report

September 2022

1.	**Introduction**
1.1	This report summarises key achievements and significant updates by the Chief Executive Officer of NHS Gloucestershire to the Integrated Care Board. This report will be provided on a bi-monthly basis to public meetings of the ICB.
2.	**Health and Housing**
2.1.1	Gloucestershire has a defined structure for bringing together housing, health and care services. Senior officers from the six District Councils, Public Health, NHS Gloucestershire, Gloucestershire Health & Care Foundation Trust, Adult Social Care commissioning and social housing providers are all represented on the Gloucestershire Strategic Housing Partnership (SHP). Other associated parties are co-opted in as required.
2.1.2	Supporting the SHP are a range of operational delivery groups: the Disabled Facilities Grant (DFG) Forum, the Housing, Health, and Care in Partnership (HHCiP) and a Disability Housing Group. These interlinking groups continue to evolve and develop as they learn from cross sector integration and collaboration. The SHP and delivery groups contribute to the priorities of Gloucestershire Health and Wellbeing Board and the ICB core purposes.
2.2	**Investment and schemes**
2.2.1	The SHP continues to benefit from the pooled capital funds that facilitate large scale adaptations and funds the minor adaptations contract. The partnership has committed to increasing flexibility, and this is reflected in positive outcomes achieved in 2021/2022 and delivery plans and priorities for 2022/2023. The following are initiatives that have been put in place through the SHP: • Agreement for the countywide DFG Forum to ***sign off adaptations up to £70k with flexibilities*** regarding client contribution, thus reducing delays in the process for some of the most complex DFG requests. • ***A DFG dashboard*** of information has been collated to provide reporting on activity and support ambitions to widen access and roll out good practice. A successful example involves meeting a gap in provision for the servicing and maintenance of stair lifts, a burden that previously fell to the recipient of the lift. • ***Recruitment of a Specialist Housing Occupational Therapist*** to support with DFG streamlining and efficiencies and further develop effective interface and working practices between districts councils, local housing providers/landlords and Occupational therapists (OTs) to increase awareness of inclusive design required in adaptations, the design of new housing development and developing an adaptable housing register with local social housing landlords. • ***Capital funding of larger scale works to enhance access for older people and those living with disability*** in community settings, including a shelter and Changing Place at Blackbridge Athletics in Gloucester. A Changing Place facility

	is planned for Cheltenham and a similar scheme is being undertaken at Belmont School, enabling the local and wider community to access the excellent facilities. • Specific project working with Foundations to increase access to DFGs in BAME communities. Additionally there has been investment in: • The ***specialist Emergency Department nurse*** continues to work with colleagues in the acute sector to ***improve outcomes for homeless people*** attending the Emergency Departments. This has been described as an example of best practice and the nurse is now a member of the NICE panel devising the 'integrated health and social care for people experiencing homelessness' guidelines. • The ***housing roles funded by the partnership*** have proved very successful. These roles support individuals and their families to have the right information to make choices that can prevent and/or reduce their chance of experiencing a crisis at home and the unintentional adverse outcomes associated. The roles are predicated on admission avoidance but also support people on discharge from hospital and have reduced the need for residential placements. • Project management of the development of NHS England grant funded developments, ***providing bespoke housing for people with a disability***, including the HOLD scheme. • ***Set up and management of two hospital step down flats***. The Lead Housing Officer supports ASC colleagues to make best use of two housing association flats secured and funded to support hospital discharge in Gloucester City for people unable to return home due to housing related issues. The Lead housing officers works to resolve any housing related issues to ensure that people can return home within 12 weeks. • Falls prevention – further developing the Gloucestershire Fire & Rescue Telecare Responder Service to include ***a 'falls pick up' service.*** Capital funding has been agreed by the SHP to fund safe lifting equipment to be used in the telecare responder service and in the ***seven commissioned Extra Care housing schemes in the county.*** The impact of falls, the need to reduce associated long waits and hospital admissions is a key focus for the ICB. • Population health data continues to be influential in setting strategic plans across localities. ***The ICB contributed to the housing stock condition assessment*** in Gloucestershire which will enhance the available data set, enabling more opportunities to target those most likely to benefit from preventative health and social care interventions through the home. • The Housing with Care Strategy and District Profiles have provided a platform for ***further work to improve uses of Extra Care Housing*** to reduce pressure on health and social care. Sharing of data has benefitted all parties and increasingly upholds the value of working across sectors, sharing experience and ideas. • Work with system partners regarding the ***disposal of land to ensure that there is a weighting around Social Value*** specific to meeting the housing needs of older and disabled people included in development tenders, resulting in more sustainable housing models to meet the needs of vulnerable people. • Provide collective response to the six planning authorities from Adult Social Care and Health regarding new developments of housing with care, ***to support***

	provision of high quality and sufficient quantity of housing required to meet the housing needs of older and disabled people. • Warm and Well is a longstanding partnership between the six district councils in Gloucestershire, South Gloucestershire council, Gloucestershire County Council and NHS Gloucestershire. The aim of ***Warm and Well is to improve energy efficiency in the home and reduce the risk of fuel poverty and associated health problems*** through raising public awareness of energy efficiency and fuel poverty, providing advice and guidance and undertaking home visits to vulnerable customers that include an energy survey and bespoke advice report. The service makes referrals to grant and discount schemes for the fitting of energy saving equipment such as insulation or a new boiler/heating system. • The main Warm and Well projects are augmented by specific schemes where targeted funding is applied for. Through working in partnership, it has been possible to successfully bid for several substantial grants to support fuel poverty work across the county. The latest Warm and Well report shows that over 2021-22, ***for every £1 of Warm and Well funding, £11.43 more in capital investment is brought into the region***. • ***Park Homes Project*** expanded following the award of two grants in the region of £1m from the Green Homes Grant Local Authority Delivery 1A and 1B schemes meaning ***an additional 200 park homes will be improved across the county***. This also funds provision of alternative sources of energy, air source heat pumps, for homes in rural areas without access to gas. As well as keeping Park Homes warm the insulation also supports reducing the impact of excessive heat. Older people are less likely to take action to reduce their temperature in hot weather and multiple medications can also lead to adverse outcomes. • **Warmth on Prescription Pilot**. The trial reported successful outcomes and future roll out of fuel vouchers to those in both clinical and financial need via the Department of Work and Pensions Housing Support Fund, held at Gloucestershire County Council and available until March 2023. • The ***Fuel Poverty Co-ordinator working across Citizens Advice Bureau*** has been expanded into the local oncology department due to further work highlighting the fuel poverty issues experienced by people undergoing cancer treatment.
2.3.1	**Focusing on hospital discharge and system flow**
2.3.1	Over time the housing team has increasingly focused supporting hospital discharge and system flow. Currently, the Housing Frailty Officer is working closely with frailty and discharge teams to use her extensive housing experience to support people to remain at home, move to more suitable accommodation and to return home after a hospital stay.
2.3.2	The Housing Officer is receiving an average of 40 referrals per month and provides advice and guidance, offering practical hands-on support to troubleshoot issues and act as a link to the Districts and registered housing providers. The SHP has created a small fund for use by the Housing Officer to facilitate rapid support for people who need a relatively minor intervention that will prevent them being discharged earlier. One example is lack of suitable flooring, that in one case was preventing the provision of safe equipment and, with no obvious or available solutions, the fund was used to shorten an otherwise protracted hospital stay. There are a range of partners supporting hospital discharge, to include the third sector with links to the fuel poverty programmes via the Warm Homes Fund. During the summer period two flats have been made available

	through Gloucester City Homes for use by people with significant housing issues preventing them returning home from hospital.
	Within the acute sector, the appointment of the specialist homelessness nurse role through the SHP has demonstrated he improved pathways and outcomes for homeless people attending A&E. The subsequent reductions in length of stay and frequent attendance has resulted in this initiative reaching the finals of the Health Service Journal Patient Safety Awards to be held later this month.
2.4	**Building a Strong Partnership Foundation**
2.4.1	There is a strong foundation in place for the partnership to build on and, as we move forward as an ICB, there will be greater priority given to co-production, working more closely with the people of Gloucestershire, now the safety measures of the pandemic are eased. The partnership continued to thrive and adapt during the pandemic, learning together and gaining greater understanding of each other's challenges. This learning and the successes the partnership has achieved mean it is well placed to continue to contribute to better health and care outcomes.
2.4.1	The coming year will bring challenges for many people and the potential impact of the rise in cost of living has prompted SHP to re-focus on key areas where integration can mitigate negative outcomes, such as in the prevention of homelessness and in tackling fuel poverty and the impact of climate change.
3.	**VCSE (Voluntary, Community Social Enterprise and Faith) Sector partnership working**
3.1	Working with the VCSE is essential to achieving our core ICS goals, and we are fortunate to have a large and growing portfolio of partnership activity with the VCSE. The sector itself is extremely diverse, so it is worth noting that this partnership spans a continuum ranging from targeted activities with individuals, through to influence and decision-making at system level. The service user story this month is one of countless examples of how collaboration with innovative voluntary sector organisations like the MusicWorks can bring about profound change in people's mental and physical wellbeing. We also collaborate with the VCSE to support community capacity-building activities. For example, in our health behaviours portfolio we focus on the empowering 'ripple effect' of social movement to grow access to and enjoyment of health and wellbeing activities. By working with our partners Active Gloucestershire – hosts of the physical activity programme *we can move* – and a consortium of Creative Health partners co-ordinated by Artlift, Gloucestershire has become a national exemplar for offering personalised and community-powered programmes. We are currently building links with the Gloucestershire Local Nature Partnership so that this encompasses accessibility of green spaces and active environments.
3.2	At a strategic level we have built on strong foundations to develop the mechanisms for VCSE participation and influence as shapers and decision-makers in the ICS. Our *Enabling Active Communities and Individuals* board is a unique and valued space for collaboration and relationship-building. Over 40% of its membership is drawn from the VCSE, who in turn represent the extensive capabilities of the VCSE from service delivery to advocacy, grassroots community organising, infrastructure support and funders. Other members include ICS partners from health, public health, district councils, police and fire. Our achievements so far this year include our work with the Gloucestershire

	Voluntary Sector Alliance to co-create a *Memorandum of Understanding* setting out the nature of partnership between the ICS and the VCSE. We have also established a new countywide Volunteering Collaborative, which has redesigned and launched a new online volunteering hub, *Go Volunteer Glos* (GVG). The Collaborative is hosted by Gloucestershire Rural Community Building Collective, and GVG is managed and run by the Gloucestershire VCS Alliance. Having our own locally designed and hosted volunteering portal is already having an incredible impact on ability to attract volunteers, and on people's ability to volunteer their time, passion and energy which will stand us in good stead not only for the challenges of this winter, but for years to come.
4.	**Update on Safeguarding in the ICB**
4.1	The ICB Safeguard Team was pleased to welcome last month a new Assistant Director for Safeguarding, who will also cover the role of Designated Nurse for Safeguarding Children. Mel Munday joins our team with considerable safeguarding experience having worked at region and at Somerset CCG. The team consists of a Designated Doctor, a Named GP and a Specialist Nurse. It was identified that the team needed to be enhanced due to the volume of work. Therefore, the ICB has recently appointed to the new post of Adult Safeguarding Manager who will commence in post at the start of November. The Safeguarding Team and Executive Chief Nurse work closely with partners to protect the children and vulnerable adults in our community and are actively involved in many joint initiatives. The Executive Chief Nurse is the current chair of the Gloucestershire Safeguarding Children Partnership Executive.
5.	**Gloucestershire Health and Wellbeing Partnership - Integrated Care Partnership (ICP) update**
5.1	The ICP nominations have now been received and a short introductory meeting will be held in September followed by a workshop with a focus on developing the strategy in October. An engagement plan is being developed to ensure all key stakeholders are involved in the strategy development and we have some valuable feedback from public engagement which will be built on over the next two months.
6.	**Delivery through Deep Dives a focus on Diabetes**
6.1	The ICB Strategic Executive held it's first Deep Dive during September with the Diabetes Clinical Programme Group. The Deep Dives give a chance to focus on the benefits being created through the transformation programmes. Our work on diabetes is now in it's third year of delivery against a 10 year diabetes strategy where we aim *to slow the growth of the incidence of Type 2 diabetes in Gloucestershire and improve health outcomes for people with Type 1 and Type 2 Diabetes*. Good progress is being made in a number of key areas including • Appointment of a Diabetes Community Consultant – more fully integrated our hospital and community teams meaning more people can be seen closer to home and improved equity of care is offered to those in care homes and requiring care at home. • Significantly increased number of people attending National Diabetes Prevention Programme – this is a locally delivered programme that supports people at risk of diabetes. • Good clinical results from Gloucestershire's participation in a national low calorie diet pilot programme

	• Good results from the 16+ transition service pilot which supports young adults with type 1 diabetes moving between children's and adults' services. • Continued emphasis on reducing inequality in access to care and outcomes across the programme including targeted work with Gloucester City and Forest of Dean utilising the community builder approach. • Development of improved information available to healthcare workers across the patient's pathway to make joined up care easier and quicker. Work continues in many areas in this high profile programme supported by an enthusiastic clinical team.
7.	**Recommendation**
7.1	The Board is asked to note the report.

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Integrated Care Board

Report Title	**Integrated Performance Report**						
Purpose	**For Information**		**For Discussion**		**For Decision**		
			X				
Route to this meeting							
	ICB Internal	**Date**			**System Partner**	**Date**	
					Strategic Executive	15.09.2022	
Executive Summary	**Integrated Performance Report** This is the Integrated Performance Report (IPR) for NHS Gloucestershire ICB for September 2022. The report brings information together from four areas: • **Performance** • **Quality** • **Workforce** • **Finance** The report includes assurance pages from each of the relevant ICB Committees relating to their part of the IPR, a headline summary from each of the four areas and a more detailed breakdown of progress within the appendix. Work continues to develop and evolve the Integrated Performance Report based on feedback. This includes: • Key achievements have now been incorporated as well as areas of focus • Where possible, areas of focus highlight system areas of work where partners together have an opportunity to improve performance • New areas have been incorporated into the report including adult social care. Work continues with programmes to develop the set of existing measures including primary care and adult social care. • The list of metrics have been separated from the main report. These can be found separately here. Going forward, the workforce metrics will also move to the separate document and a summary narrative will be provided on workforce in line with the sections for quality and performance. • The 6 winter monitoring measures have been built into the Integrated Performance Report. This remains in development and work is taking place in the next few weeks to fully incorporate these.						

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Key Issues to note	Areas of key exceptions have been included at the front of the Integrated Performance Report.			
Key Risks:	The Integrated Performance Report (IPR) provides an overall summary of the current position of health and social care in Gloucestershire. Issues in delivery will have an impact on our ability to deliver against the priorities for the health and care system that we have committed to in 2022/23. It will also have an impact on our ability to deliver against the NHS Oversight Framework and influence segmentation decisions made by NHS England. Work is underway on the development of the Board Assurance Framework. There will be a close link between the risks within the BAF and delivery of our objectives through the Integrated Performance Report.			
Management of Conflicts of Interest	None			
Resource Impact (X)	**Financial**		**Information Management & Technology**	
	Human Resource		**Buildings**	
Financial Impact	See financial section of the report.			
Regulatory and Legal Issues (including NHS Constitution)	The ICB has a statutory duty not to exceed the revenue resource limit set by NHS England. The Integrated Performance Report will be used to inform regional discussions as part of the NHS Oversight Framework.			
Impact on Health Inequalities	One of the future measures (to be included) will include our progress against the Core20PLUS5 areas. A number of the measures included are already being considered by programmes for their impact on different groups of the population e.g. continuity of carer work in maternity services seeking to focus work first of all at people living in deprived communities. Work will also be undertaken to ensure that there is a wider review of our progress to address health inequalities including consideration of where we can assess the impact of performance on different groups of the population.			
Impact on Equality and Diversity	See above section on health inequalities.			
Impact on Sustainable Development	None			
Patient and Public Involvement	The Integrated Performance Report (Quality section) currently provides information on patient and public feedback.			

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Recommendation	Integrated Care Board are asked to: • **Discuss the key highlights from the Integrated Performance Report** identifying any further actions that may be required		
Author	Kat Doherty (Performance) Clare Hines (Workforce) Rob Mauler (Quality) Stephen Edmonds (Finance) Mark Golledge (PMO)	**Role Title**	Senior Performance Management Lead Workforce and OD Project Lead Senior Manager – Quality and Commissioning Finance Programme Manager Associate Director – ICS Development
Sponsoring Director (if not author)	• Mark Walkingshaw, Director of Operational Planning & Performance – NHS Gloucestershire ICB • Tracey Cox, Interim Director – People, Culture & Engagement – NHS Gloucestershire ICB • Marion Andrews Evans – Executive Chief Nurse – NHS Gloucestershire ICB • Cath Leech – Chief Finance Officer – NHS Gloucestershire ICB		

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Glossary of Terms	Explanation or clarification of abbreviations used in the paper
GHFT	Gloucestershire Hospital NHS Foundation Trust
GHC	Gloucestershire Health and Care Foundation Trust
GCC	Gloucestershire County Council
ICB	Integrated Care Board
CQC	Care Quality Commission
IPR	Integrated Performance Report
IDP	Integrated Delivery Plan

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Integrated Performance Report

September 2022

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System Resources Committee

Accountable Non-Executive Director	Jo Coast
Meeting Date	8 September 2022

Assurance Level	Colour to use in risks/actions below
Not assured	Red – there are significant gaps in assurance, and we are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	Amber – there are gaps in assurance, but we are assured appropriate action plans are in place to address these
Significant	Green – there are no gaps in assurance / high level of confidence in delivery of existing mechanisms/objectives
Full	Blue – Delivered and fully embedded

Issues identified at the Committee

Key Area	Assurance *(see key)*	Committee Update	Next Action(s)	Timescales
Urgent and Emergency Care system performance (including ambulance performance)	Limited Assurance	• System Resources Committee reviewed current UEC performance and discussed the current ambulance recovery plan and Newton diagnostic work underway	• Newton diagnostic on UEC to be undertaken and update to come to System Resources Committee in November	November 2022
Cost of living and potential future impact on future performance	Limited Assurance	• The Committee discussed the potential impact of the cost of living crisis on performance across the system particularly during winter. This includes an impact on social care.	• Further work to be undertaken to review the potential impact here and link up with People Committee	November 2022
Financial Framework: Need for clarify on overheads	Limited Assurance	• The Committee discussed existing challenges associated with overheads and movement of staff between organisations.	• Directors of Finance as part of the Financial Framework to develop solution with external support and provide a Committee update	November 2022
Financial position (22/23) and mitigating future year pressures	Limited Assurance	• The Committee discussed in detail the current financial position across the system and current pressures particularly in GHFT and mitigations that are being put in place.	• Update on financial improvement plan to come to the Committee in November. • Work with ICS transformation programmes on benefits realisation planned.	November 2022

Issues referred to another committee

Topic	Committee
None	

People Committee

Accountable Non-Executive Director	Clive Lewis (Tracey Cox Executive Director)
Meeting Date	The People Committee has not met since the last report, however the People Board meeting took place on 24 August 2022

Assurance Level	Colour to use in risks/actions below
Not assured	Red – there are significant gaps in assurance, and we are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	Amber – there are gaps in assurance, but we are assured appropriate action plans are in place to address these
Significant	Green – there are no gaps in assurance / high level of confidence in delivery of existing mechanisms/objectives
Full	Blue – Delivered and fully embedded

Issues identified at the Committee

Key Area	Assurance *(see key)*	Committee Update	Next Action(s)	Timescales
Cost of living crisis and its potential impact on staff	Limited Assurance	• People Board review of collated support offers to staff across system partners.	• People Board has asked for a dedicated Cost of Living Group to be established led by Abi Hopewell and Ani Ghanti.	• End of September 2022
Impact of pay and pension changes	Limited Assurance	• System partners to review potential for smoothing impact of impact of pension arrears costs on band 8a staff		• Early September 2022
Potential future risk of industrial action	Limited Assurance	• Identified as a future area of risk	• On-going monitoring of position and engagement with NHS Employers webinar on industrial action planning on 6 September 2022.	• End of September 2022
Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) Action Plans	Limited Assurance	• System wide Peer review of current action plans took place.		• 6 October 2022

Issues referred to another committee

Topic	Committee
WRES and WDES Assurance Summary Report	People Committee on 6 October 2022

Quality Committee

Accountable Non-Executive Director	Jane Cummings
Meeting Date	18 August 2022

Assurance Level	Colour to use in risks/actions below
Not assured	Red – there are significant gaps in assurance, and we are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	Amber – there are gaps in assurance, but we are assured appropriate action plans are in place to address these
Significant	Green – there are no gaps in assurance / high level of confidence in delivery of existing mechanisms/objectives
Full	Blue – Delivered and fully embedded

Issues identified at the Committee

Key Area	Assurance *(see key)*	Committee Update	Next Action(s)	Timescales
GHFT Maternity rated 'Inadequate' by CQC	Limited Assurance	• Development of an improvement plan with 3 focus areas. The Divisional senior team has good oversight of the plan, which is due to be submitted to CQC at the end of the month. • All immediate section 29A actions form CQC have been completed. • Workforce issues continue to affect the service. As well as vacancies, the Trust has a large number of midwives on maternity leave which further impacts on delivery of the service.	• Aveta birth unit to remain closed until Oct 22 to ensure resources are best deployed • Papers to be shared in advance of next Quality Committee Meeting. • The maternity service is now part of the maternity safety support programme and will have an insights visit by NHSE in September.	• Training and appraisal objective to be completed by December. • Continuity of Carer paused with relaunched planned for Oct 22. • September visit
Staffing within adoption medical advisors (AMA)	Limited Assurance	• The ICS has vacancies for doctors undertaking the adoption medical advisor roles. Plans are in place, with finance confirmed to continue with a recruitment exercise. Additional doctors are required due to resignations and extra workload following a court ruling.	• GHC are working through recruitment process. ICS CEOs continue to discuss the transfer of the service from GHT to GHC as soon as possible so it can be integrated into the children in care team in GHC.	• Update due in Oct to include recruitment of extra staff and progress on numbers of child medicals reducing.

Issues referred to another committee

Topic	Committee
The need to discuss how best to integrate and reporting on PC	PCDC

Improving Services & Delivering Outcomes

Our Performance

Key Achievements

- Additional investment has been confirmed for Urgent and Emergency Care (UEC) to support the winter plan and reduction in ambulance handover delays.
- The UEC Clinical Programme Group launched in July 2022 focussing on improving performance and transforming services to support the needs of Gloucestershire patients.
- £3m of ESRF investment has been made in a range of elective specialties to boost capacity and support achievement our activity plans and waiting times trajectories.
- Plans for additional capacity through community diagnostic hub programme agreed.

Areas of Focus

- Stabilising urgent and emergency care position with particular focus upon reducing long stays in hospital and reducing ambulance handover delays. 6 winter planning metrics are being built into the IPR for monitoring and assurance.
- Recovering elective performance against 104% weighted cost activity target (against 19/20 cost level), while maintaining the reduction in long waits for elective treatment.
- Recovery of cancer wait times standards.
- Impact of cost of living issues upon health and social care capacity (increased fuel costs/general inflation).
- Workforce issues (both recruitment and retention) continue to impact performance in Gloucestershire as nationally, with a number of services now developing workforce strategies to address these systemic challenges.

Please note the full set of measures and progress against them is available here

Our People (Workforce)

Our People

Key Achievements

- System wide Health and Care Support Worker Recruitment event planned for September at Cheltenham Race Course.
- Range of bids submitted in response to opportunities for non-recurrent funding support as follows:-
    - Application to SW Leadership Academy for funding to support further system leadership and organisational development support (£54K). We are seeking to align this to identified OD support requirements for the Urgent and Emergency Care Transformation programme.
    - Community Up-skilling Bid (£92k)- aimed at upskilling staff in screening for diabetes, end of life care and oral hygiene
    - HEE Social care support bid (£60k) aimed at creating a sustainable way to capture workforce information and support for capacity for international recruitment.
- System wide meeting held on Staff Accommodation issues to begin scoping opportunities for a joined up response.

Areas of Focus

- Overall numbers of vacancies has increased slightly and continues to be a major risk for Gloucestershire – there are issues across all sectors.
- Nurse vacancy rates dropped slightly from 13.88% to 13.62% (April to May 22 data) accompanied by a very slight increase in Nurse FTE across the system.
- Cost of living increases impacting on staff well being and the related risk of impact on recruitment and retention as the year progresses.

Quality – Safety, Experience and Effectiveness

Quality

Key Achievements

- The first ICB Quality Committee met on 18 July and set strong direction for concentrating on how the Committee can reduce duplication, streamline governance and most importantly, make a difference for patients and citizens.
- Patient Safety Specialists have been appointed in System Partners and cross ICS working on recruiting Patient Safety Partners is progressing.
- CQC published the GHC Well-Led report with an overall rating of Good.
- Gloucestershire Hospitals NHS Foundation Trust (GHFT) has recorded its best-ever results in the national Cancer Patient Experience survey, with 49 out of 60 questions scoring equal to or greater than the national average response. This is a much higher satisfaction than the national average.
- The results of this year's national GP Patient Survey show high overall levels of patient satisfaction (81%) with Gloucestershire GP practices – well above the national average of 72%.

Areas of Focus

- Following an unannounced CQC inspection in April the GHFT was served with a section 29 notice. An action plan has been developed. As a result GHFT been invited onto the Maternity Safety Support Programme – an advisor has been appointed and is aiming to complete diagnostic phase by the end of September with a regional insight visit booked for end of September.
- Despite GHFT still waiting publication of their Well Led CQC report a letter highlighting serious concerns about culture was received by the Trust and was published in its Board papers. This will be discussed in the next System Quality Group.
- Recruitment and retention of staff and high agency utilisation is a concern across the system and will be a focus for SQG and Quality Committee.

Finance and Use of Resources

Finance

Headline Summary

- All organisations are forecasting to deliver to a break-even financial position at year-end in line with the plan, however, there are now significant risks to the delivery of a system breakeven financial position. A number of pressures have arisen in the ICS; primarily in GHFT. These combined mean that there is a very high risk to the system forecast of breakeven for 2022/23.

- Within the ICS year-to-date (YTD) deficit position of £6.4m, GHFT has an adverse variance to plan of £6.5m which is due to a number of factors including a high number of staffing vacancies leading to a greater requirement of agency and locum staff, urgent care escalations, loss of out-of-county income and slippage in its sustainability programme. Within GHFT, a Financial Recovery Programme has been put into place, led by the Director of Finance. The ICS Financial Improvement Plan has been updated for additional in year mitigating actions by the System and further actions are under review to mitigate the financial pressures within the system.

- Capital is due to break-even against the budget for the year, with the exception of £362k of new, additional funding to GHFT for Paediatric Mental Health UEC, which will increase the overall capital allocation for the ICS.

- Key risks in the ICS's financial position are:

    - Under-delivery of savings and efficiency plans
    - Workforce pressures leading to increased expenditure on agency and locum staff
    - Elective activity and recovery performance
    - Inflation – pay and price
    - Ambulance handover delays
    - Demand and growth pressures

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Our Themes

Improving Services & Delivering Outcomes (Our Performance) (System Resources Committee)	Our People (People Committee)
Quality and Safety (Quality Committee)	Finance and Use of Resources (System Resources Committee)

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Urgent & Emergency Care

- ED type 1 performance in August 2022 was 57.4% against the 4 hour target. This remains similar to the national average for Type 1 ED performance (latest benchmark July 2022 at 57.3%).
- NHS111 call answering performance has declined, with the target of 20 second average time for calls to be answered missed daily throughout August. Recruitment and retaining staff has been challenging, with PPG now offering additional incentives and reporting staffing levels and workforce strategy through the ICB contract board to assure performance.
- The reported number of patients who do not meet the 'criteria to reside' in a hospital bed is still high (c.230 during the first part of September from 206 in July within GHFT) with a targeted system wide plan in place to gradually reduce this.
- Ambulance handover delays remain high with limited progress against overall monthly reduction in number of handover delays in July, however the total time lost has reduced from the high point in April/May 2022. August data is currently being validated, but indications are that the last week of August saw some better days, with a daily average resource time lost of 66 hours (down from 261 in May).
- Additional investment has been agreed with SWAST to support ambulance handover delay reduction. The detailed whole system plan is currently scrutinised weekly at national level following review and input by all system partners.
- Additional national funding has been allocated to Gloucestershire. The system has now received confirmation that following the July submission additional non-recurrent funding has been allocated in order to support the plan for this winter and to reduce ambulance handover delays. 6 key metrics have been identified to assess system performance over winter (see UEC winter monitoring summary in the link to the specific measures here).
- Work around System Diagnostic with Newton Europe has now commenced, with work underway throughout August (initial communications, project set up, data sharing and planning).

Planned Care

- Overall RTT performance remains stable both at GHFT and Out of County (OOC) NHS providers. RTT waiting list numbers have increased to 61,210, above the local target of 60,248. GHFT continue to have the lowest proportion of long waits (over 52 weeks) of any provider across the South West – 2.2% of the waiting list, and no patients waiting more than 104 weeks.
- Recovery of weighted cost activity for the Elective Recovery Fund target of 104% is currently slightly under-performing (99.3% - July flex position). YTD performance has seen good recovery in outpatient activity (particularly at GHFT) but below target activity in elective inpatient procedures, particularly day cases which have been impacted by capacity reductions while essential building work takes place. OOC NHS providers currently are showing the lowest activity recovery across the board. Independent sector provider contribution to system elective recovery plan and ESRF achievement is well above plan.
- The Haematology service is under considerable pressure due to workforce issues and the closure of the Wye Valley haematology service resulting in a number of patients waiting over 78 weeks for treatment (36/ 58 patients waiting over 78 weeks in all specialties). KPI Health has commenced providing three additional clinics a week to help clear long wait backlogs.
- GHFT is concentrating on increasing bookings and utilisation of community theatres. Eight additional theatre lists per week are now established at community hospital sites and additional equipment from TIF funds is now in place at Tewkesbury Hospital which enables ENT day surgery to be undertaken there.
- An expression of interest has been submitted to NHSE to be a Right Procedure Right Place pilot which looks to move procedures out of theatres and into treatment rooms specifically in Urology and hand/soft tissue trauma.
- £3m of ESRF investment has been made in a range of elective specialties to boost capacity and support achievement our activity plans and waiting times trajectories – in particular additional weekend and evening lists commencing September/October.

Cancer

- Performance against key waiting time standards has declined during the start of 2022/23, with both the 2 week wait (87.7% vs 93% target) and 62 day treatment (55.3% vs 85% target) missed in July. 2 week wait breaches were predominantly in Haematology, Lower GI and skin, while 62 day treatment target breaches were across all specialties with the exception of Lung, Testicular and Brain.
- 104 day waits for treatment were high in July (42 patients in total), however this mostly reflected a large number of Urology patients (32) treated post 104 days (reflecting long diagnostic pathways and impact of pathology delays earlier in the year). Summer months have previously also had an adverse impact on performance due to patient choice and staffing, however activity has remined consistent in July. While the 62 backlog is cleared, performance will continue to be affected.
- Patient feedback to the National Cancer Experience Survey 2021 has been received by GHFT and is very positive – reflecting a much higher satisfaction with services than the national average. Analysis is ongoing to identify further information around trends and areas where improvements to services/ specialties can be made.
- Work is underway to develop reporting including health inequalities for key cancer wait times and access metrics. Further updates will be included as available- with additional work progressing on the Core20+5.

Primary Care

- Latest primary care activity data shows Gloucestershire meeting its planned commitments for primary care appointments (YTD activity at 1,297,412 appointments vs a planned level of 1,274,106).
- GP practice survey results for 2022 were released on 14th July. Gloucestershire system generally performs above the national average across all questions, with variation seen between central urban areas and other PCNs predominantly. Overall patient satisfaction levels with Gloucestershire's GP practices are above the national average and best in the South West, while access to GP practices was ranked best out of all ICSs for the question "overall experience of making a GP appointment", with 66% of patients rating their experience as good.
- The Autumn Booster for COVID vaccination will run from September 2022 to the end of December 2022 and will offer boosters to everyone in Cohorts 1-9 plus all 'at risk' groups for over 5 year olds (Cohort 13, 14 and 17).

Diagnostics

- Diagnostic test activity has remained stable (July 2022 activity was equivalent to the YTD average at 16,129 tests). The waiting list has increased in comparison to the 2021/22 average (13,885 compared to 11600 at the same point last year), possibly as a result of increased activity across the system. While overall performance is stable (21.1% patients waiting over 6 weeks (all diagnostic tests) in July) Echocardiography continues to be an area of concern, with a waiting list of 2379 patients at the end of July (76% have been waiting more than 6 weeks).
- Additional echo insourcing capacity has been established with an independent provider (Agile) to provide an additional 400 echos a month. This will have a significant impact on clearing the backlog more quickly but further capacity is still required to mitigate the risk of harm to patients. Activity in July has risen to 101% of the 2019 levels (120% of 2021 levels), and longer waits should start to reduce in the coming months.

Adult Social Care

- There remain a number of challenges facing the service that are affecting performance. The key performance issues and challenges for the service relate to the following:

    - Incoming demand resulting in a growing number of individuals who are having to wait (as 'pending') before they can be assigned a Social Worker to assess their needs
    - Insufficient market capacity to meet the demand (particularly in terms of Home Care), as well as urgent pressures due to hospital discharge. Home care capacity is currently being strained due to staff shortages arising from isolation, sickness or increased childcare demands, all of which are considered likely to increase over the next quarter.
    - Insufficient capacity within the Adult Social Care to address outstanding and newly overdue Care Act Reviews/Re-Assessments.

- The service also continues to work in a difficult operating environment face with high vacancy levels across some front-line teams. Turnover has been increasing since September 2020, up from 7.6% to 14.4%.
- The percentage of GCC commissioned providers rated as Good or Outstanding by the Care Quality Commission (CQC) remained similar to last quarter 91.3% and continues to be better than target.
- Three GCC corporate risks rated as High have been identified and are being actively managed, relating to Provider Failure (High 20), Home Care capacity (High 16) and implementation of the 'Care Cap' (High 20).

Community Care & Ageing Well

- Dementia Diagnosis rates in Gloucestershire (62.7% July 2022) remain lower than pre-pandemic, where the target for 66.7% of patients estimated to have dementia to receive a formal diagnosis was routinely met. However, performance benchmarks well to the rest of the South West (2nd highest % diagnosis rate in the region). Local initiatives aim to promote dementia awareness and early diagnosis – local waiting times for Memory Assessment Services remain above the national average.
- The importance of advance care planning for anticipatory care remains a priority – an action plan is currently being developed in response to the recent public dementia survey.
- A training event has been developed for primary promoting early dementia diagnosis – to launch in October 2022.
- 2 hour urgent responses are now being reported through the community services data set, with data flow completeness above the 70% target and performance meeting the “75% of contacts receiving a response within 2 hours” target in June 2022 (78.4%). A capacity and demand model to ensure that resource is being maximised is currently being scoped with Rapid Response.
- The falls response service is now live in Gloucester and Cheltenham however due to recruitment challenges it is not yet offering a full and consistent service. A push model with SWAST is also currently under development to increase referrals.

Eating Disorders

- During the COVID-19 pandemic, referrals increased significantly to the eating disorders service – in particular urgent referrals. Performance has failed to meet either the standard for urgent or routine referral waiting times for treatment, with the service now primarily focussing on urgent referrals to support patients most effectively.
- Additional support for patients on the waiting list for services has been commissioned from the Beat Eating Disorder charity. A trajectory for service recovery is in development, in conjunction with recruitment to the service to increase capacity.

Childrens Mental Health

- Despite good access rates for children's core mental health services, with Gloucestershire consistently performing well above the national target of 35% of children and young people with an estimated need for mental services receiving 1 or more contact in a 12 month period), there are long waiting lists for CAMHS, with waiting times of up to 1 year for services. A workforce strategy to address staffing across both core and specialist teams is in development to address wait times, however this is a national issue with increased demand and difficulty in recruiting and retaining staff.
- TIC+ have focussed on reducing waiting times for its services, resulting in a much improved position and an average wait of 6-8 weeks for access. They are also working on an in house training programme to support their workforce gaps.
- Technological solutions to support Cognitive Behavioural Therapy are being explored as additional alternatives to face to face support, and provision of a dedicated Social Prescribing link work at GP practices is being piloted.

Adult Mental Health

- In July 7 new inappropriate Out of Area (OOA) placements were made for Gloucestershire patients. This has led to an overall increased in OOA bed days of 193 days, and a YTD position of 399 inappropriate OOA bed days to the end of July. The annual target is 800 over the course of the year. While the national ambition for this target is 0, this is extremely challenging to balance the needs of a patient for urgent treatment, with system flow and bed availability. Work in ongoing to minimise discharge delays which affect the ability of mental health services to place patients locally.

Maternity and Neonatal

- An unannounced CQC visit in April resulted in a Section 29A Warning Notice served to GHFT maternity services. In response to this, a detailed workforce plan is being developed alongside a training needs analysis and training plan to ensure the service and staff have the required competencies. This will be presented to the Quality Committee as it is developed.
- Maternal and neonatal outcomes for the service remain good, with low rates of stillbirth and brain injury across 2021/22 and into the first quarter of 2022/23. The Continuity of Carer model continues to be rolled out with 9.1% of women in Gloucestershire now receiving maternity care via this pathway. For women from the most deprived decile, this rises to nearly 40% in the first quarter of 2022/23, however staffing challenges are impacting upon the ability to be able to deliver continuity of carer commitments fully according to the operational plan.

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Transforming Care, Transforming Communities

NHS

Our Themes

Improving Services & Delivering Outcomes (Our Priorities) (System Resources Committee)	Our People (People Committee)
Quality and Safety (Quality Committee)	Finance and Use of Resources (System Resources Committee)

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People Metrics – Workforce Data

- The ICB will be aware that the workforce metrics provided here have not in the past been reported on a system wide basis.
- As the team has worked closely together with colleagues in member organisations to pull an ICS dataset together, it has become apparent that various “definitions” for a data calculation (such as % leavers in 12 months) can differ at organisational level, as there are many criteria which can be included/excluded and definitions are not standard. For internal reporting purposes, trends are often more important than actual numbers and this is provided by a consistent series of data points over time.
- When looking at the system wide metric, to provide a similar level of consistency, the organisational level data must be consistent cross the system – otherwise comparisons and aggregations are not meaningful.
- It is clear therefore that there is a piece of work which is required to align how the various metrics are reported at organisational level to ensure consistent reporting at system level. This work has started but may take a little time to align.
- Metrics in the following report have been asterisked where inter-organisational inconsistency may be occurring.

Our People (Workforce)

People Metrics – Overall Performance "Looking after our people"

Metrics			Update Frequency	Level	Latest Data Date	Previous Position	Latest Position	Change	Direction of Travel	Target (if set)	Distance from target
S069a	NHS Staff Survey Engagement Theme Score		Annual	ICS – NHS	2021	7.0	6.8	-0.2	Worse		
				GHFT	2021	6.9	6.6	-0.3	Worse		
				GHC	2021	7.2	7.2	0.0	Same		
S063a	Proportion of staff who say they have personally experienced harassment, bullying or abuse at work (in the last 12 months)	Managers	Annual	ICS – NHS	2021	11.50%	11.50%	0.00%	Same		
		Other Colleagues	Annual	ICS – NHS	2021	26.80%	29.90%	3.10%	Worse		
		Patients / Service Users, their relatives or other members of the public	Annual	ICS – NHS	2021	18.90%	19.70%	0.80%	Worse		
S067a	NHS Leaver Rate (12 month rolling leaver as % of all staff) ★		Monthly	ICS – NHS	July 2022	14.60%	14.80%	0.20%	Worse		
				GHFT		14.60%	14.90%	0.30%	Worse		
				GHC		14.60%	14.70%	0.10%	Worse		

People Metrics – Overall Performance "Looking after our people"

Looking After Our People Metrics		Update Frequency	Level	Latest Data Date	Previous Position	Latest Position	Change	Direction of Travel	Target (if set)	Distance from target
S068a	Sickness absence rate (working days lost to sickness)	Monthly	ICS – NHS	July 2022	4.70%	5.40%	0.70%	Worse		
			GHFT		4.20%	5.00%	0.80%	Worse		
			GHC		5.30%	5.70%	0.40%	Worse		
SC Local Metric	Adults Directorate – Staff Turnover (12 month rolling year, staff leaving as a % of all staff)	Quarterly	GCC – Adult	July 2022	14.10%	14.40%	0.30%	Worse		
SC Local Metric	Adults – Sickness absence rate (average working days lost per FTE)	Quarterly	GCC – Adult	July 2022	5.89%	5.01%	-0.88%	Better	2.25%	2.76%
NHS Local Metric	Proportion of all staff net change (leaving/joining) the NHS each year (12 month rolling) ★	Monthly	ICS – NHS	July 2022	-0.84%	-0.46%	0.38%	Worse		
			GHFT		-2.27%	-2.23%	0.04%	Worse		
			GHC		2.20%	2.28%	0.08%	Worse		
NHS Local Metric	Proportion of all staff leaving the NHS, that leave within one year (12 month rolling) ★	Monthly	ICS – NHS	July 2022	17.97%	17.79%	-0.18%	Better		
			GHFT		16.33%	16.11%	-0.22%	Better		
			GHC		20.53%	20.43%	-0.10%	Better		
SC Local Metric	Adults – total number of leavers in 12 months (employed 12 months or less)	Quarterly	GCC - Adult	July 2022	14.07%	16.23%	2.16%	Worse		

People Metrics – Overall Performance

- National metrics look at both ICS and Trust level data – however ICS data only includes NHS Trusts
- There may be opportunity to look at truly system wide metrics - but comparable data sources may not be available

- Areas for local metrics development have been identified but still require definition based on what data might be available.
- Monthly data has been requested to populate all possible metrics with latest data – 2 months ahead of national datasets

People Metrics – Overall Performance Key Performance Measures

- Indicator 2 WRES reporting – ratios of likelihood to recruit from interview: Possibly showing variation in effectiveness of recruiting process (tbc).
- However this is a metric which may require aligning and/or further investigation

- 80% of NHS staff in Gloucestershire are female.
- 50.4% of Gloucestershire working age population are female.
- 12% NHS staff in Gloucestershire are BME
- 8% working age population is BME

People Metrics – Overall Performance
"Belonging in the NHS"

Belonging in the NHS Metrics			Update Frequency	Level	Latest Data Date	Previous Position	Latest Position	Change	Direction of Travel	Target (if set)	Distance from target
S071a	Proportion of staff in senior leadership roles (AfC Bands 8c and above, including executive board members)	From a BME background (headcount)	Annual	ICS - NHS							
		Women (headcount)									
		Disabled (headcount)									
S072a	Proportion of staff who agree that their organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age		Annual	ICS – NHS	2021	54.70%	55.0%	0.30%	Better		
				GHFT		56.40%	58.50%	2.10%	Better		
				GHC		53.70%	53.10%	-0.60%	Worse		
SC Local Metric	Adults – Proportion of staff in senior leadership (RB4+) roles who are from a BME background		Annual	GCC - Adult	July 2022	5.00%	5.30%	0.30%	Better		
SC Local Metric	Adults – Proportion of staff in senior leadership (RB4+) roles who are women		Annual	GCC – Adult	July 2022	80.00%	75.00%	-5.00%	Worse		

People Metrics – Overall Performance
"Belonging in the NHS"

Belonging in the NHS Metrics		Update Frequency	Level	Latest Data Date	Previous Position	Latest Position		Change	Direction of Travel	Target (if set)	Distance from target
NHS Local Metric	Relative Likelihood of staff being appointed from shortlisting across all posts – WRES/WDES	Quarterly	GHFT	Q2 22/23		0.1 BME 0.05 White					
			GHC			0.66 BME 0.68 White					
NHS Local Metric	Model employer target Band 8+ diversity: %BME	Quarterly	ICS - NHS	Q2 22/23	10.30%	10.62%		0.32%	Better		
NHS Local Metric	Band 1-4 Diversity: %BME	Quarterly	ICS – NHS	Q2 22/23	10.10%	10.70%		0.60%	Better		
NHS Local Metric	Band 5-6 Diversity: %BME	Quarterly	ICS - NHS	Q2 22/23	15.20%	16.10%		0.90%	Better		

People Metrics Overall Performance: "Growing for the Future"

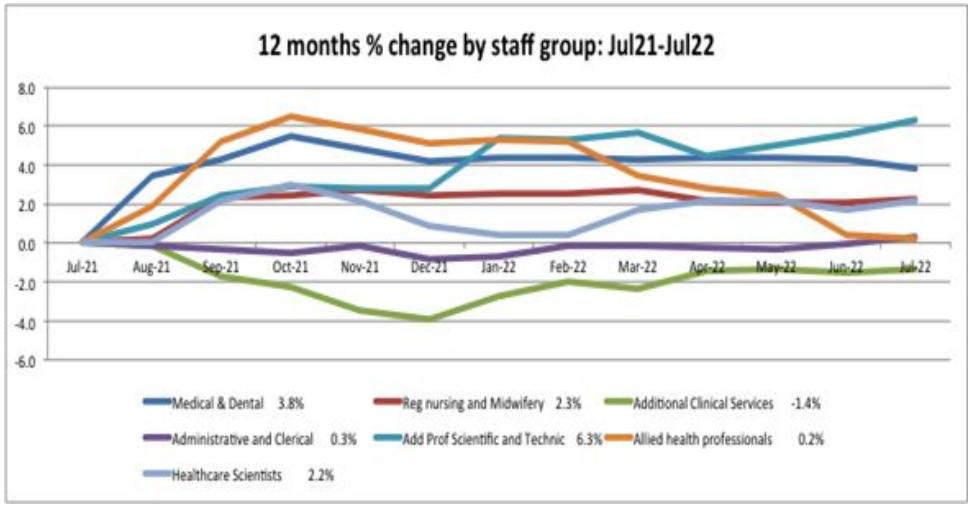
Growing for the Future Metrics		Update Frequency	Level	Latest Data Date	Previous Position	Latest Position	Change	Direction of Travel	Target (if set)	Distance from target
S074a: National Data	FTE Doctors in General Practice per 10,000 weighted patients	Monthly	ICS – Primary Care	May 22	6.6	6.6	0.0	Same		
S075a: National Data	FTE Direct patient Care Staff in GP practices and PCNs per 10,000 weighted patients	Monthly	ICS – Primary Care	May 22	3.3	3.4	0.1	Better		
NHS Local Metric	Nursing Vacancy rate	Monthly	ICS - NHS	July 22	13.88%	13.62%	-0.26%	Better		
SC Local Metric	Adult Social Workers	Quarterly	GCC - Adult	July 22	113.21	106.29	-6.92	Worse		
NHS Local Metric	Nursing Workforce – delivery of planned growth – WTE employed	Monthly	ICS - NHS	July 22	3338	3355	17.0	Better	3373	-1.4%
NHS Local Metric – National Data	Primary Care Nurses - FTE	Monthly	ICS – Primary Care	May 22	214	214		Same		
	Agency WTE	Monthly	ICS - NHS	May 22	195.0	314.1	119.1	Worse		
	Bank WTE	Monthly	ICS - NHS	May 22	355.1	588.4	233.3	Worse		
NHS Local Metric	SIP vs Establishment – All staff	Monthly	ICS - NHS	July 22	90.39%	90.30%	-0.09%	Same		

People Metrics – Overall Performance
Key Performance Measures

- Primary Care data – is available through the national data portal. The latest definition of primary care metrics for the SoF has FTE per 10,000 weighted patients. The current weighted population in Gloucestershire is: 638,372.79
- However Primary Care is currently excluded from the other NHS SoF metrics.
- It is felt that a local metric which might provide a more useful indicator is No of Qualified GPs (Registrars are supernumerary). Further the measurement may not accurately represent the actual capacity of GPs in the system – as sessions do not accurately translate to WTE
- Further clarification will be sought.

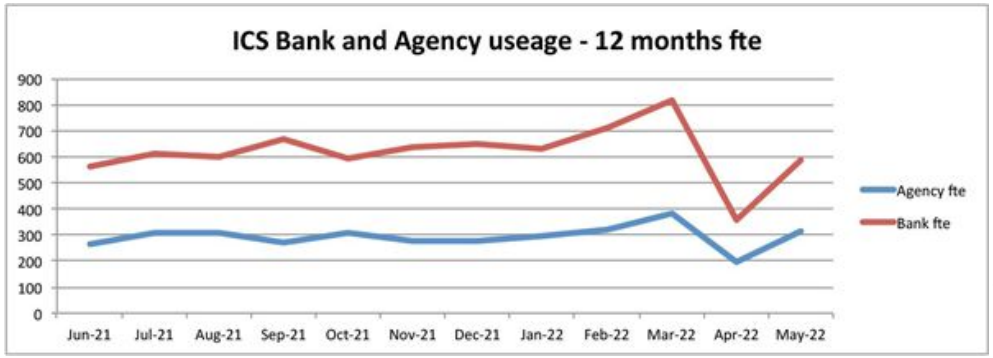
- Local monthly data has been requested to populate all possible metrics with latest data – 2 months ahead of national datasets. National data in yellow.
- Bank and Agency data – tends to be held by finance.
- WTE data is taken from the national data portal.

Growing for the Future: Identified Metrics in Depth
Key Performance Measures

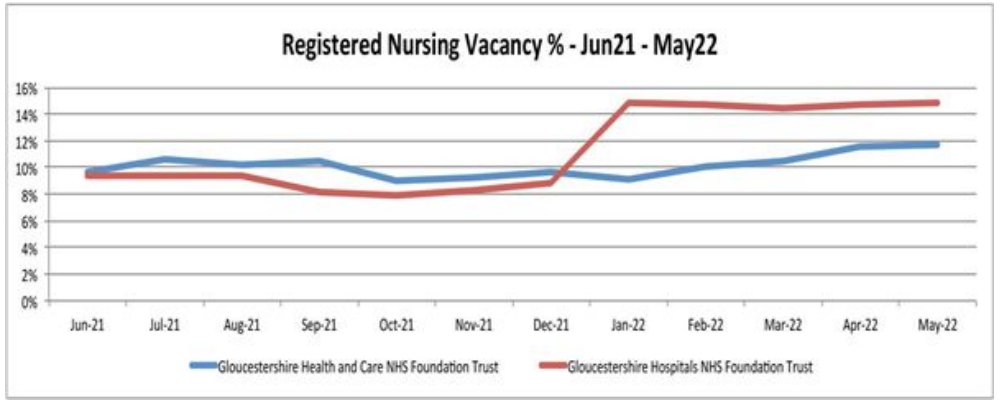


Local ESR data showing % change by staff group over the last 12 months

These trend data sets are taken from the National data portal



Note: Bank and agency use increases in February 22 and March 22. January 22 was 631/298: March 22 was 816/381



Note: GHFT vacancy increase in January 22 is due to increased establishment supporting increased recruitment of registered nurses

People Metrics – Overall Performance "New Ways of Working"

New Ways of Working Metric		Update Frequency	Level	Latest Data Date	Previous Position	Latest Position		Change	Direction of Travel	Target (if set)	Distance from target
NHS Local Metric	E-job planning and e-rostering metric (tbc)	Quarterly	ICS - NHS	Q1	n/a	n/a					
	NHS Cadets – numbers	Quarterly		Q1	n/a	n/a					
	NHS Reservists metric - numbers	Quarterly		Q1	n/a	n/a					
	Number of apprentices WTE	Quarterly		Q1	n/a	n/a					
	Number of Apprenticeship starts	Annually		21-22	338	353		15	Better		
	Number of Apprenticeship on programmes	Annually		Q4 21-22	683	781		98	Better		
	Use of Apprenticeship Levy %	Annually		21-22	52%	65%		13%	Better		

- Initial areas for local metrics have been identified for New Ways of Working - but still require definition based on what data might be available.
- Additional metrics may be useful.

- Target set for 22/23 is 70%

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NHS

Our Themes

Improving Services & Delivering Outcomes (Our Priorities)

(System Resources Committee)

Our People

(People Committee)

Quality (Safety, Experience and Effectiveness)

(Quality Committee)

Finance and Use of Resources

(System Resources Committee)

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Quality - Assurance

New CQC Inspections and Ratings

Provider	Were previously	Are now
Tetbury Hospital	REQUIRES IMPROVEMENT	GOOD
Winfield	REQUIRES IMPROVEMENT	GOOD
GHC	GOOD	GOOD

Both Tetbury Hospital and the Winfield Hospital have improved their CQC ratings moving from 'Requires Improvement' to 'Good'.

For both hospitals, the CQC noted:

- The service had enough staff to care for patients and keep them safe.
- The service controlled infection risk well
- The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment
- Staff treated patients with compassion and kindness

Primary Care
As reported in the last report one GP practice has been rated 'Requires Improvement' by the CQC. Primary Care colleagues continue to support the practice and hope to visit very soon.

GHC
Following inspection in April and May 2022, the CQC has officially published its report, announcing that GHC NHSFT has been rated as 'Good'.

A number of outstanding features were also highlighted. The Trust was rated Good in four of the five domains, the CQC rated the Trust required improvement for 'safe'.

The Trust reports that work continues around the action plan for Charlton Lane Hospital with good progress.

Quality - Assurance

GHFT & CQC

A letter was sent from the CQC to GHFT prior to release of the inspection report resulting from the Well Led inspection. This letter included concerns around culture with an acceptance and tolerance of poor behavior. Some staff reported a lack of trust, psychological safety and fear of speaking up. A common theme throughout the feedback was one of disconnection.

However, the CQC noted the strong external stakeholder engagement relationships, evidence of system working, with leadership roles to support this. The CQC also commented on the investment in Quality Improvement methodology and extensive rollout of training to support this approach. However, there was often no clear evidence of what improvements or changes had been made as a result.

Workforce

One of the largest threats to the delivery of high-quality services is a lack of workforce across many of our providers. Both 111 and Out of Hours are struggling to recruit and retain staff.

In SWAST, the opportunities created by the Additional Roles Reimbursement Scheme to bring paramedics into Primacy Care, has created a lot of concern that highly skilled paramedics may leave the ambulance service. SWAST are also in a difficult position, like 111, in that they currently have a number of vacancies across their hubs where 999 calls are taken.

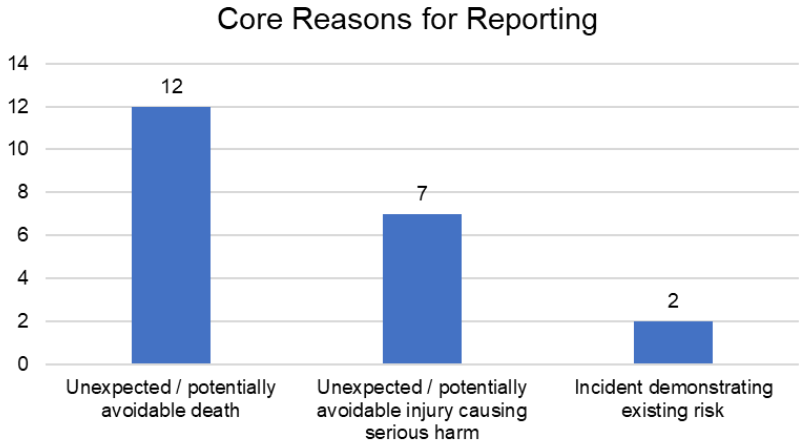
Social Care is in a similar position with a large number of vacancies which can impact on the flow of patients from health care.

However, there are some green shoots appearing. We are now seeing new student nurses choosing Practice Nursing which is encouraging, especially as 53% of practice nurses are now over 55 years old, and so there is a need to focus on future workforce.

Quality - Safety

Serious Incidents in July and August 2022

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.



- **Serious Incidents** were reported in Acute, Mental Health and Ambulance settings during July and August. Sadly 12 of the 21 incidents related to unexpected or potentially avoidable patient death; only when investigations have concluded will this be able to be confirmed. Of the 21 SIs, eight were attributed to delays.

- No new **Never Events** were reporting in July and August.

- With a focus on 'learning' we have decided to reinvigorate **a County-Wide Mortality group** which will be chaired by Dr Andy Seymour (CMO). We are currently working with colleagues from NHS England to better understand how we can use and interpret mortality data to enable us to ensure the group is effective in its work.

- The **Patient Safety Incident Response Framework (PSIRF)** was formally launched on 1 August setting us on a 13-month countdown to implementation. The PSIRF will replace the 2015 Serious Incident Framework. NHS England set out that:

PSIRF is not a different way of desiring what came before –
It fundamentally shifts how the NHS responds to patient safety incidents.

- The ICB Patient Safety Specialist will present to the next Quality Committee on the Framework, the requirements it imposes and the opportunity's it aims to bring.

- PSIRF will be a contractual requirement under the NHS standard contract for both NHS and Non-NHS providers. While it is not mandatory for Primary Care to adopt the Framework, it is recommended good practice.

Quality - Experience

		Apr-22 Provider	May-22 Provider	Jun-22 Provider	
GHT Inpatients	% Positive	88%	87%	87%	
	% Negative	7%	8%	7%	
GHT A&E	% Positive	63%	67%	70%	
	% Negative	27%	23%	20%	
GHC Mental Health	% Positive	81%	81%	83%	
	% Negative	8%	10%	10%	
GHC Community	% Positive	95%	95%	95%	
	% Negative	3%	2%	3%	

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS funded services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The FFT asks a simple question: how likely, on a scale ranging from extremely unlikely to extremely likely, are you to recommend the service to friends and family if they needed similar care or treatment. The last three month's published results can be found below. FFT results for Primary Care (GP practices) for July 2022 have not yet been published.

GP Patient Survey

The results of this year's national GP Patient Survey (GPPS) show high overall levels of patient satisfaction (81%) with Gloucestershire GP practices – well above the national average of 72%. The national picture shows an overall 10% reduction in patient satisfaction since 2021 with a smaller decline in Gloucestershire of 6%. The full 2022 GP Patient Survey results can be found here.

National Cancer Patient Experience Survey

Gloucestershire Hospitals NHS Foundation Trust (GHT) has recorded its best-ever results in the national Cancer Patient Experience survey, with 49 out of 60 questions scoring equal to or greater than the national average response. GHT's published report can be found here.

Healthwatch Gloucestershire

Healthwatch Gloucestershire's latest report (August 2021) focuses on people's experiences of finding and using paid care at home services in the county, highlighting some common issues and areas for improvement. The full report can be found here.

Quality - Effectiveness

The last Clinical Effectiveness Group (CEG) was held on 27th June 2022. We are currently considering the most effective way to organise the Group going forward, giving a wider remit than the group previous had. However, so as not to loose momentum we will hold an interim group in late September. Over the next year this group will transition into a System Effectiveness Group and focus on:

- Understanding the standards we measure ourselves against
- Measure current provision against standards
- Describing variance
- Discussing and reporting why there are variants
- Working towards closing variance
- Challenging system partners to measure the benefit of our work to demonstrate the value
- Achieving the best patient outcomes

The new System Effectiveness Group will first focus on ensuring we achieve the ‘must do’ elements of effectiveness and will build a programme of work that will link more effectively with the Clinical Programme Groups and Primary Care to improve outcomes for the people of Gloucestershire.

In our Quality Strategy we set out our vision for Effectiveness:

Effectiveness

We believe the effectiveness of how individual services run, the way they work together and their impact on quality, should be the main objective of local systems.

- One Gloucestershire aims to do the right thing, at the right time, for the right patient
- We will continue to develop a culture where clinical effectiveness underpins the decisions we make
- Patients know the pathway they’re on is the most effective it can be to achieve the best outcome
- We will utilise evidence, guidelines and standards to identify and implement best practice, working with CPGs on pathway development
- Ensuring our population can access care which is personalised so that ‘what matters to me’ drives decision making

One Gloucestershire
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NHS

Our Themes

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Quality and Safety

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Finance and Use of Resources

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NHS

One Gloucestershire ICS Finance Report (System)

September 2022

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Financial Overview and Key Risks

Overview

- All organisations are forecasting to deliver to a break-even financial position at year-end in line with the plan, however, there are now significant risks to the delivery of a system breakeven financial position. A number of pressures have arisen in the ICS; primarily in GHFT. These combined mean that there is a very high risk to the system forecast of breakeven for 2022/23.

- Within the ICS year-to-date (YTD) deficit position of £6.4m, GHFT has an adverse variance to plan of £6.5m which is due to a number of factors including a high number of staffing vacancies leading to a greater requirement of agency and locum staff, urgent care escalations, loss of out-of-county income and slippage in its sustainability programme. Within GHFT, a Financial Recovery Programme has been put into place, led by the Director of Finance.

- ICS Directors of Finance are revising the System Financial Improvement Plan to include additional actions to help mitigate costs, and additional actions are being identified by ICB and GHC to help mitigate the overall ICS financial position. This will be reported to Strategic Executive and Boards on an ongoing basis, including the implications of options.

- NHS pay award – The government has agreed pay awards which will be backdated to 1 April for relevant staff groups. The impact of the pay award is currently being finalised, with no potential impact included in the financial position to date. The System is working together to fully understand this position and to support mitigating actions to reduce the expenditure run rate.

- In the next two months, there will be a review of actions that can be taken by each organisation to reduce expenditure across the system without impacting on performance. Once complete this review will inform an updated forecast outturn position

- Capital is due to break-even against the budget for the year, with the exception of £362k of new, additional funding to GHFT for Paediatric Mental Health UEC, which will increase the overall capital allocation for the ICS

Financial Overview and Key Risks

Key Financial Issues and Risks

- Risk of under-delivery of savings and efficiency plans and currently projected for GHFT (£7.85m), with GHC (~£1m) and the ICB (£1.1m) still to identify and deliver the entirety of their savings programmes at this stage of the financial year
    - Plans are in place to monitor / mitigate under-delivery with over-delivery of other schemes and / or identification of new schemes
    - Financial recovery of existing schemes not forecast to deliver in full is being managed via a programme approach
    - The ICB's medicines management savings plans are currently showing as amber due to slippage in the realisation of some savings programme; the medicines team are currently developing alternative plans to mitigate this slippage
- Workforce remains a key risk to the financial position across the system with vacancies within GHFT, GHC and the wider care sector. Vacancies are leading to increased use of bank and agency staffing, particularly within GHFT and increased associated costs for agency premiums as well as costs associated with ongoing recruitment and resultant pressures on existing staff when temporary staff cover shifts. Increased use in GHFT is also due to demand pressures in urgent and emergency care especially for registered mental healthcare nurses and system wide action is being undertaken to understand the driver of this need and then look at options to manage this particular pressure.
- NHS England have written to all ICSs to inform them of the implementation of an agency pay cap from September 1st onwards – finance and HR staff in the ICS are currently working through the implications of this for Gloucestershire ICS, and will report on this metric from month 6 onwards, once the pay cap comes into effect.

Financial Overview and Key Risks

Key Financial Issues and Risks

- The annual plan for ESRF is based on the ICS achieving the 104% delivery target, although with a lower trajectory in Q1. After four months, actual delivery is around 101% against a YTD weighted-target of around 101% of 2019/20's activity. Elective Activity with Independent Sector providers is currently being delivered above planned levels, which is contributing to the delivery of Elective Recovery for the ICS, and these additional costs of delivery are currently being funded by underspends in other areas of the ICB. While not currently a financial pressure to the ICB and ICS as a whole, any failure to deliver on ESRF overall in the ICS could make these additional IS costs an unfunded pressure.

  Having received activity data from NHSE up to and including M2, there are discrepancies in activity delivery, with NHSE indicating a lower recovery level than our local data suggest. We are working with the regional team to understand and reconcile the difference.

  In addition, the under delivery of elective activity against out of county contracts has led to a reduction in income for GHFT.

- Ambulance handover delays – the system has significant handover delays and has developed a trajectory based on agreed system actions to reduce the number of handover delays across the course of the financial year. There are ongoing discussions with South West Ambulance NHSFT on the financial implications of the handover delays and sharing of financial risk if delays continue above the trajectory set, there remains a financial risk to the system if handover delays do not reduce to the level of the trajectory.

- Growth and demand pressures in Discharge to Assess bed (D2A), Continuing Healthcare (CHC) and other placements may exceed budget levels leading to an overspend, and the ICB is reviewing other budgets to identify any underspending areas to offset increases in CHC, and undertaking a review of the feasibility of accelerating any efficiency programmes for D2A, CHC and other placements.

- Inflation is exceeding planning assumptions leading to the increased potential for providers (in particular for the cost of care packages both domiciliary and residential) to negotiate increases in contract amounts to cover costs.

Finance and Use of Resources

Finance and Use of Resources - Dashboard

Month 5 2022/23 - August Statement of Comprehensive Income	Year to Date Plan Surplus/ (Deficit) £'000	Year to Date Actual Position Surplus / (Deficit) £'000	Year to Date Variance to Plan Favourable / (Adverse) £'000	Full-Year Plan Surplus / (Deficit) £'000	Forecast Outturn Actual Position Surplus / (Deficit) £'000	Forecast Outturn Variance to Plan Favourable / (Adverse) £'000
Gloucestershire Hospitals NHS Foundation Trust	(1,813)	(8,327)	(6,514)	(0)	0	0
Gloucestershire Health and Care NHS Foundation Trust	(5)	86	91	(0)	(0)	0
Gloucestershire CCG / Integrated Care Board	0	0	0	0	0	0
System Surplus/(Deficit)	**(1,818)**	**(8,240)**	**(6,423)**	**(0)**	**(0)**	**0**

Month 5 2022/23 - August Efficiency Programme	Year to Date Efficiency Plan £'000	Year to Date Efficiency Achieved £'000	Year to Date Variance to Plan Favourable / (Adverse) £'000	Full-Year Efficiency Plan £'000	Forecast Outturn Efficiency £'000	Forecast Outturn Variance to Plan Favourable / (Adverse) £'000	Forecast Outturn as % of Target £'000	High-Level In-Year Risk Rating
Gloucestershire Hospitals NHS Foundation Trust	6,239	5,293	(946)	19,038	11,186	(7,852)	59%	RED - High Risk
Gloucestershire Health and Care NHS Foundation Trust	2,843	4,869	2,026	6,822	6,822	0	100%	GREEN - Low Risk
Gloucestershire CCG / Integrated Care Board	3,770	3,661	(109)	11,097	11,097	0	100%	AMBER - Medium Risk
Total	**12,852**	**13,824**	**972**	**36,957**	**29,105**	**(7,852)**	**79%**	AMBER - Medium Risk ↓ RED - High Risk

Month 5 2022/23 - August Other Metrics	GHFT	GHC	GICB	ICS
Better Payment Pratice Code (total paid within 30 days or due date by value)	94%	94%	99%	97%
Capital Forecast Variance to Plan (Under) / Over Delivery - £000	362	0	0	362
Cash status	Green	Green	Green*	Green

***Green rating for GICB's cash status, as, although organisation was showing as overdrawn at month-end, this was due to cash-in-transit and timing issues.**

Key

Green Arrow Up = favourable variance to plan

Red Arrow Down = adverse variance to plan

Yellow Horizontal Arrow = Breakeven

Elective Services Recovery Fund

ICS-Commissioned Activity	M3 Year to Date - FREEZE Baseline Plan £'000	M3 Actual £'000	M3 Variance £'000	M4 Year to Date - FLEX Baseline Plan £'000	M4 Actual £'000	M4 Variance £'000	Forecast Outturn Baseline Plan £'000	Forecast Actual £'000	Forecast Variance £'000
Cost-Weighted Activity	43,665	43,692	27	60,271	59,268	(1,003)	190,049	190,049	0
Elective Recovery Funding							**19,257**	**19,257**	**0**
Activity % of Baseline by PoD									
Elective Ordinary (EL)	101.3%	88.3%	-13.0%	103.7%	88.5%	-15.3%	104.1%	104.1%	0.0%
Day Case (DC)	106.6%	98.2%	-8.5%	104.2%	95.5%	-8.7%	109.2%	109.2%	0.0%
Outpatient Procedure (OPPROC)	108.9%	119.0%	10.1%	103.2%	110.3%	7.1%	97.9%	97.9%	0.0%
First Outpatient Appointment (OPFA)	103.6%	103.5%	-0.1%	104.3%	105.7%	1.4%	104.0%	104.0%	0.0%
Outpatient Follow-Up Appointment (OPFUP)	96.8%	105.9%	9.2%	96.7%	106.8%	10.1%	91.7%	91.7%	0.0%
Elective Pathway Activity	**96.8%**	**97.7%**	**0.9%**	**97.8%**	**97.1%**	**-0.8%**	**101.6%**	**101.6%**	**0.0%**
Advice and Guidance (A&G)	495.3%	359.7%	-135.6%	499.0%	350.6%	-148.4%	470.5%	470.5%	0.0%
Total ICS-Commissioned Activity	**100.8%**	**100.9%**	**0.1%**	**100.8%**	**100.9%**	**0.1%**	**104.8%**	**104.8%**	**0.0%**

Flex: initial submission of data before reconciliation undertaken and amendments made
Freeze: final submitted version of data following reconciliation and any necessary amendments

- The annual plan for ESRF is based on the ICS achieving the 104% delivery target, although with a lower trajectory in Q1. After four months, actual delivery is around 101% against a YTD weighted-target of around 101% of 2019/20's activity. Clawback arrangements for under-delivery have been suspended for M1-6, and we are awaiting guidance about how the scheme will operate in the second half of this financial year.

- It is important to note that the M4 data is 'flex', so is likely to improve as uncoded activity is accurately reconciled. Additionally, Advice and Guidance data contains some estimation, so has potential to change in either direction.

Savings and Efficiencies

Month 5 2022/23 - August Efficiency Programme	Year to Date Efficiency Plan £'000	Year to Date Efficiency Achieved £'000	Year to Date Variance to Plan Favourable / (Adverse) £'000	Full-Year Efficiency Plan £'000	Forecast Outturn Efficiency £'000	Forecast Outturn Variance to Plan Favourable / (Adverse) £'000	Forecast Outturn as % of Target £'000	High-Level In-Year Risk Rating
Gloucestershire Hospitals NHS Foundation Trust	6,239	5,293	(946)	19,038	11,186	(7,852)	59%	RED - High Risk
Gloucestershire Health and Care NHS Foundation Trust	2,843	4,869	2,026	6,822	6,822	0	100%	GREEN - Low Risk
Gloucestershire CCG / Integrated Care Board	3,770	3,661	(109)	11,097	11,097	0	100%	AMBER - Medium Risk
Total	**12,852**	**13,824**	**972**	**36,957**	**29,105**	**(7,852)**	**79%**	AMBER - Medium Risk ↓ RED - High Risk

- GHFT have undertaken a robust review of scheme delivery which has identified a full year potential under-delivery of £7.85m. Work continues with operational colleagues to recover and/or seek further opportunities
- GHC is reporting a small risk in unidentified non-recurring efficiencies, but these are expected to be identified and delivered before financial year-end
- ICB's £11.1m savings programme is anticipated to deliver against plan, although with certain areas giving cause for an amber risk rating: concerns over the pace and trajectory of delivery of Direct Oral Anticoagulation (DOACs) medications savings, and Continuing Healthcare (CHC) placement and package reviews

Capital: Organisational Positions, Challenges & Opportunities

Finance and Use of Resources

Month 5 2022/23 - August Capital Expenditure	Year to Date Plan £'000	Year to Date Actual Position £'000	Year to Date Variance to Plan (Under) / Over Delivery £'000	Full-Year Plan £'000	Forecast Outturn Actual Position £'000	Forecast Outturn Variance to Plan (Under) / Over Delivery £'000
Gloucestershire Hospitals NHS Foundation Trust	19,114	14,499	(4,615)	67,096	67,458	362
Gloucestershire Health and Care NHS Foundation Trust	1,404	3,968	2,564	27,386	27,386	0
Gloucestershire CCG / Integrated Care Board	0	0	0	1,472	1,472	0
Total System (NHS)	**20,518**	**18,467**	**(2,051)**	**95,954**	**96,316**	**362**

Capital Expenditure Category	£'000	£'000	£'000	£'000	£'000	£'000
Equipment	1,219	1,157	(62)	18,457	17,680	(777)
IT	2,808	2,918	110	10,509	10,435	(75)
Plant & Machinery	0	5	5	0	90	90
New Build	14,172	9,999	(4,173)	42,718	42,011	(707)
Backlog Maintenance	669	237	(432)	4,350	5,536	1,186
Routine Maintenance	505	1,454	949	2,917	2,325	(592)
Net Zero Carbon	0	0	0	500	0	(500)
Fire Safety	145	0	(145)	730	515	(215)
Fleet, Vehicles & Transport	0	0	0	3,167	3,167	0
Forest of Dean	1,000	2,697	1,697	11,500	13,452	1,952
GP Surgery Developments	0	0	0	1,106	1,106	0
Brokerage	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	**20,518**	**18,467**	**(2,051)**	**95,954**	**96,316**	**362**

Funding Sources	£'000	£'000	£'000	£'000	£'000	£'000
System Capital	6,380	7,754	1,374	42,630	42,630	(0)
National Programme	13,553	10,373	(3,180)	24,678	25,041	362
Donations & Government Grants	245	0	(245)	1,281	1,281	0
Lease Liability - IFRS16	0	0	0	25,076	25,076	(0)
Residual Interest	0	0	0	0	0	0
IRFIC	340	340	(0)	817	817	0
CCG Capital Allocation	0	0	0	1,472	1,472	0
Total	**20,518**	**18,467**	**(2,051)**	**95,954**	**96,316**	**362**

- All organisations' capital programmes are forecast to deliver to plan by financial year end, with the exception of £362k of new, additional funding to GHFT for Paediatric Mental Health UEC, which will increase the overall capital allocation for the ICS
- GHC's YTD over-delivery relates to materials purchased early for Forest of Dean scheme
- GHFT's YTD under-delivery has been caused by capital slippage, but the position is expected to recover by year-end

COVID Expenditure

Month 5 2022/23 - August COVID Expenditure	Prior Year Expenditure £'000	Year to Date Actual Position £'000	Forecast Outturn Position £'000	Full-Year Plan £'000
Gloucestershire Hospitals NHS Foundation Trust	15,357	3,010	9,413	7,452
Gloucestershire Health and Care NHS Foundation Trust	2,350	806	1,090	851
Gloucestershire CCG / Integrated Care Board	7,588	0	0	0
Total System (NHS)	**25,295**	**3,816**	**10,503**	**8,303**

System Surplus/(Deficit) COVID Expenditure	Prior Year Expenditure £'000	Year to Date Actual Position £'000	Forecast Outturn Position £'000
Expand NHS Workforce	5,859	1,651	5,419
Existing workforce additional shifts to meet increased demand	3,721	436	1,396
Backfill for higher sickness absence	237	119	119
Remote management of patients	177	0	0
Segregation of patient pathways	2,708	200	530
Decontamination	78	14	14
Additional PTS costs	557	166	504
Long COVID	595	0	0
Remote working for non-patient activities	177	0	0
International quarantine costs	7	0	0
Deployment of final year student nurses	22	0	0
GP Services – Covid expansion fund	1,303	0	0
Hospital Discharge Programme	5,521	0	0
Testing programme	2,962	560	1,681
Vaccination programme	1,371	670	840
Total System (NHS)	**25,295**	**3,816**	**10,503**

- Expenditure on COVID-related costs is forecast to be less than half of that in 2021/22, with a number of programme areas no longer expected to require expenditure in 2022/23, although both providers' forecast expenditure is higher than plan.

One Gloucestershire
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NHS

NHS Gloucestershire ICB Finance Report (Organisation)

September 2022

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Financial Overview and Key Risks

Overview

- NHS Gloucestershire ICB month 5 position is showing a full-year forecast outturn as breakeven which is as per plan, but there remain key pressures and risks within the financial position that are currently being managed, but, should they increase, may challenge the delivery of a balanced financial position.

- NHS pay award – The government has agreed pay awards which will be backdated to 1 April for relevant staff groups. The ICS is currently working through impact of pay awards on organisations and, once the allocation to fund this has been confirmed by NHSE, will identify the scale of any funding gap.

- Mental Health Investment Standard (MHIS) achievement is forecast to be 100%, with spending expected to reach the target level of £95.837m for this financial year.

- Due to the timing of month-end BACS runs and recalls and cash-in-transit, the ICB was showing as overdrawn on its cash position as at 31st August 2022. This is an issue of timing, and is not a reflection of the organisation's overall financial position.

Financial Overview and Key Risks

Emergent pressures

- Inflation rising over and above funded levels on some smaller contracts, assessment of potential risk underway
- Forecast shortfall in Medicines Optimisation savings programme for Direct Oral Anticoagulation medicines (DOACs), requiring Medicines Management Lead to develop further projects around delivering medicines value and explore the possibility of increasing the benefits seen from prior year programmes to the value of at least £1.1m
- Elective Activity with Independent Sector providers is currently being delivered above planned levels, which is contributing to the delivery of Elective Recovery for the ICS, and these additional costs of delivery are currently being funded by underspends in other areas. While not currently a financial pressure, any failure to deliver on ESRF overall in the ICS could make these additional IS costs an unfunded pressure
- Emergent pressures are currently covered by underspends within various areas.

Key Financial Risks

- Medicines management savings may not be realised leading to an overspend against budgets, and medicines management growth might be greater than currently funded in budgets
- Growth and demand pressures in Continuing Healthcare (CHC) and other placements may exceed budget levels, leading to an overspend, but a review of other budget areas is underway to identify potential options to offset increases in CHC, at the same time as a review of the feasibility of accelerating efficiency programmes for CHC and other placements.
- Inflation exceeds planning assumptions leading to the increased potential for providers (in particular for the cost of care packages both domiciliary and residential) to negotiate increases in contract amounts to cover costs.
- The annual plan for ESRF is based on the ICS achieving the 104% delivery target, although with a lower trajectory in Q1. After four months, provisional delivery is circa 101% against a YTD weighted-target of 101% of 2019/20's activity. Clawback arrangements for under-delivery have been suspended for M1-6, and we are awaiting guidance about how the scheme will operate in the second half of this financial year.

ICB Allocation

- The ICB's confirmed allocation as at 31st August 2022 is £877m for M4-12 of the financial year.
- Due to the split between the CCG and ICB in 2022/23, a part of the allocation will show in the CCG and the remainder in the ICB.
- Final allocation for CCG was £277m, when adjusted for a M1-3 underspend that now forms part of the ICB's M4-12 allocation

Organisation	As reported M3 £'000	CCG M1-3 Surplus Adjustment £'000	M5 Additional Allocation £'000	2022/23 Allocation £'000
CCG Allocation M1-3	286,977	-10,017		276,960
ICB Allocation M4-12	862,375	10,017	4,252	876,644
TOTAL ALLOCATION	**1,149,352**	**0**	**4,252**	**1,153,604**

£'000	Description
872,392	**ICB @ M4**
323	Learning Disabilities and Autism
3,443	Virtual Ward
38	Continuity of Carer
29	Perinatal Pelvic Health
56	Mental Health Sustainability Fund (SDF)
80	ICB Retention Resource
12	Armed Forces Out of Hours
30	Prevention Infrastructure
200	COVID Vaccination Programme
41	Strategic System Leads
876,644	**ICB Total M4-12 Funding as at 31st August 2022**

CCG / ICB Statement of Comprehensive Income

Month 5 2022/23 - August Statement of Comprehensive Income	Year to Date Plan £'000	Year to Date Actual Position £'000	Year to Date Variance to Plan Favourable / (Adverse) £'000	Full-Year Plan £'000	Forecast Outturn Actual Position £'000	Forecast Outturn Variance to Plan Favourable / (Adverse) £'000
Acute Services	230,792	231,437	(646)	558,479	558,978	(499)
Mental Health Services	47,253	46,525	728	114,274	113,651	623
Community Health Services	46,696	44,528	2,169	110,587	110,550	36
Continuing Care Services	30,719	28,217	2,503	73,944	73,944	(0)
Primary Care Services	73,627	72,264	1,363	214,605	214,458	147
Delegated Primary Care Commissioning	26,458	25,707	752	26,458	26,458	0
Other Commissioned Services	6,218	5,834	383	18,169	17,669	500
Programme Reserve & Contingency	(1,689)	9,637	(11,326)	9,859	10,817	(958)
Other Programme Services	13,585	10,292	3,294	14,139	13,989	150
Total Commissioning Services	**473,659**	**474,440**	**(781)**	**1,140,514**	**1,140,514**	**0**
Running Costs	6,049	5,268	781	13,090	13,090	0
TOTAL NET EXPENDITURE	**479,708**	**479,708**	**0**	**1,153,604**	**1,153,604**	**0**
ALLOCATION	**479,708**	**479,708**	**0**	**1,153,604**	**1,153,604**	**0**
Underspend / (Deficit)	**0**	**0**	**0**	**0**	**0**	**0**

CCG / ICB Statement of Financial Position

	Closing Position as at 31/08/2022 £'000	Opening Position as at 01/07/2022 £'000
Property, Plant and Equipment	1,421	1,495
Intangible Assets	0	0
Total Non-Current Assets	**1,421**	**1,495**
Trade and Other Receivables	11,543	6,142
Cash and Cash Equivalents	(2,236)	21
Total Current Assets	**9,307**	**6,163**
Total Assets	**10,728**	**7,658**
Trade and Other Payables	(66,634)	(52,886)
Provisions	(4,968)	(5,552)
Total Current Liabilities	**(71,601)**	**(58,438)**
Total Assets less Current Liabilities	**(60,874)**	**(50,781)**
Non-Current Liabilities	0	(143)
Total Non-Current Liabilities	**0**	**(143)**
Total Assets less Total Liabilities	**(60,874)**	**(50,924)**
General Fund	60,874	50,924
Reserves	0	0
Total Equity	**60,874**	**50,924**

ICB Savings and Efficiencies

PROGRAMME	PROJECTS	YEAR TO DATE EFFICIENCY PLAN £'000	YEAR TO DATE EFFICIENCY ACHIEVED £'000	YEAR TO DATE VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FULL-YEAR EFFICIENCY PLAN £'000	FORECAST OUTTURN EFFICIENCY (YTD ACTUALS + FORECAST REMAINING MONTHS) £'000	FORECAST OUTTURN VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FORECAST OUTTURN AS % OF TARGET	HIGH LEVEL IN-YEAR RISK RATING
PRIMARY CARE MEDICATION OPTIMISATION	Direct Oral Anticoagulants (DOACs)	386	185	(201)	2,365	1,550	(815)	65.55%	RED - High Risk
	Primary Care Medicines Savings; Medicines Optimisation (MO) Value Savings; and Medicines Optimisation (MO) Variation Projects	160	347	187	1,450	1,136	(314)	78.38%	AMBER - Medium Risk
	Unidentified Medicines Optimisation Scheme	94	0	(94)	0	1,128	1,128		RED - High Risk
PRIMARY CARE MEDICATION OPTIMISATION - TOTALS		**640**	**532**	**(108)**	**3,815**	**3,815**	**0**	**100.00%**	
CONTINUING HEALTHCARE	Electronic Call Monitoring (ECM)	335	409	74	806	983	176	121.83%	GREEN - Low Risk
	End of Life Care (EoL) - >12 Weeks	340	340	0	518	518	0	100.00%	GREEN - Low Risk
	Placement Review (Top 20 Most Expensive @ 2%)	80	5	(74)	200	24	(176)	12.05%	AMBER - Medium Risk
CONTINUING HEALTHCARE - TOTALS		**755**	**755**	**0**	**1,525**	**1,525**	**0**	**100.00%**	
OTHER	1.1% Contract Efficiency, Running Cost Savings and Additional Efficiencies	2,375	2,375	0	5,757	5,757	0	100.00%	GREEN - Low Risk
OTHER - TOTALS		**2,375**	**2,375**	**0**	**5,757**	**5,757**	**0**	**100.00%**	
2022/23 ICB SAVINGS PROGRAMME - TOTALS		**3,770**	**3,661**	**(108)**	**11,097**	**11,097**	**0**	**100.00%**	AMBER - Medium Risk

RAG Key:

We have applied the following criteria in order to determine the 'In-Year Finance' RAG status of each scheme:

	<75% Delivery
	75% to 95% Delivery
	95% to 100% Delivery

ICB Savings and Efficiencies

Based on Operational Lead updates and latest available data, the ICB's £11.1m savings programme is anticipated to deliver against plan, although with certain areas giving cause for an amber risk rating:

Medicines Optimisation

- There are concerns over the pace and trajectory of delivery of Direct Oral Anticoagulation (DOACs) medications savings, with the project forecasting a £0.8m shortfall against a £2.4m target. During September 2022, further assessment of the progress made within GP Practices will be reviewed by the Medicines Optimisation Team and this will inform understanding of the pace of change and any additional support that is required.

- Ahead of this assessment, the current position is that an additional £1.1m of savings are still to be identified to deliver the total savings required from this area, but there is confidence that these savings can be identified by the end of the financial year.

Continuing Healthcare (CHC)

- Overall delivery of the CHC efficiencies programme continues to give a positive indication that it will achieve planned savings of £1.5m. However, within the individual schemes contributing to the savings delivery there are some inherent risks. The programme leads are closely monitoring the monthly levels of benefits in relation to Electronic Call Monitoring (ECM) and End of Life (EoL) Care Packages to ensure that trends seen to date continue for the remainder of the financial year.

- In respect of the highest 20 care package reviews, there are some uncertainties around the timing of changes, the impact of the changes and if and when a benefit will be realised. Current indications are that any shortfall in this area of savings will be mitigated by ECM and EoL.

Agenda Item 9

Integrated Care Board Meeting
28 September 2022

Report Title	**Urgent and Emergency Care Programme Update**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
	x						
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:						
	ICB Internal	**Date**	**System Partner**	**Date**			
	ICS Strategic Execs	15/09/2022					
Executive Summary	The report provides a high level update on the work to develop the ICB UEC programme and specifically within that, the winter plan.						
Key Issues to note	To brief the ICB on the important work to develop a comprehensive UEC programme and a 'new look' winter plan for 2022/23						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	There is no specific risks relating to this update paper which provides a programme overview only. There are performance risks that are associated with urgent and emergency care which are reported in the Integrated Performance Report.						
Management of Conflicts of Interest	Answer the following questions: • none						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource		**Buildings**				
Financial Impact	The report does not include a financial impact for the ICB						
Regulatory and Legal Issues (including NHS Constitution)	The report does not raise regulatory or legal issues						

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Impact on Health Inequalities	If we are successful in delivering our programme objectives, then services will be improved for all patients, and this will include those with health inequalities, who tend to be higher users of urgent and emergency care services.		
Impact on Equality and Diversity	N/A for this update		
Impact on Sustainable Development	N/A		
Patient and Public Involvement	There is wider strategy for patient and public involvement alongside the UEC strategy development		
Recommendation	The Board is requested to: • Note the update provided • Support the direction of travel for the new look Winter Plan		
Author	Ellen Rule	**Role Title**	Deputy CEO / Director of Strategy and Transformation /
Sponsoring Director (if not author)	As above		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

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One Gloucestershire
Transforming Care, Transforming Communities

Urgent and Emergency Care Update
Gloucestershire Integrated Care Board

September 2022

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Programme Structure:

System Governance:

UEC CPG / ICS Strategic Exec / ICB

TEG / SEG / ICS Exec / ICB / Quality Committee / Partner Boards

UEC CPG / PDG / RSG / ICS Exec / ICB

Transformation –
- Vision & Strategy
- Culture and OD Programme (in response to LGA Peer Review)
- Redesign / Service Improvement Programme through CPG approach

Performance Improvement –
- System Accountability for Delivery – Board Assurance Framework
- Quality and Safety
- UEC Improvement Plan

Planning –
- Demand and Capacity analysis and plan – whole system bed model
- Winter Plan – our Winter Pledge(s), including comms strategy
- Financial accountability and resilience

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Top Three Actions for all Partners :

GHFT:

- Weekly / Daily rhythm - Improve delivery of simple discharges, especially at weekends
- Ambulance handover / flow with a focus on time to triage / time to senior review
- Fully functioning DWA to support timely flow and discharge from ward areas (Pauline Philip scheme)

GHC:

- Alternative pathways – CATU / Falls, with access to SWASFT systems to pull direct from 'stack'
- Decrease AVLOS in CoHos, patient flow improvement work and LOS escalation framework
- Delivery of Homefirst capacity with a target of 50 starts p/w increasing to 70 p/w for winter

Brokerage:

- Manage spot purchase / assessment beds to support flow
- Reduce / decrease no. people on brokerage list
- Review Dom Care contracts to increase capacity / resilience

Primary Care:

- Building resilience across practices through support for recruitment, ARRS, peer support etc.
- Dealing with the national contracts and making them meaningful locally such as enhanced access
- Working on PCN/ILP models, anticipatory care, e.g. frailty models

Social Care:

- Front Door ASC staff presence in ED
- Back Door staff presence in GRH to support timely discharge and work as part of the MDT
- Wider role to support independence / manage community social care needs to reduce admissions

SWASFT:

- Handover actions including red release, HALO, Handover SOP and pitstop
- ED Streaming / Redirection including increasing direct admissions to assessment units
- Alternatives to dispatch including Hear and Treat, See and Treat

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Winter Planning 2022 – Principles / Overview of the approach

- **Focussed** - Build on learning of review of Winter 21/22 and LGA peer review and have (almost) no new schemes, we need to embed / refine / deliver what we have already well and rationalise where possible to ensure scant resources are used wisely, both clinical staff and operational / programme staff to deliver
- **Strategic** - The system level winter plan will be a strategic / high level document with a comms focus, with the intention to be part of the OD approach to be a tool as part of building the awareness of a shared system focus on delivery for winter, and the patient being at the heart of all we do
- **Visible -** Following the publication, we will be looking for partners to support a wide ranging 'cascade' of the material through our organisations, reaching our front line staff as a priority
- **Accountable** - All partners will be asked to sign up to a set of objectives and delivery metrics, including being accountable for delivery of the benefits associated with winter investments (which will be supported by business cases currently in development)
- **Robust** - The strategic plan will be underpinned by the technical detail / measures set out in the new assurance framework document which is currently being completed ready for first submission to region on 26/09/2022 – this includes demand and capacity planning (bed numbers), investment profiling and a comprehensive set of performance measures for all system partners to complete (monthly)

Comms and Branding:

Brochure style, aiming for not more than 20 pages to enable accessible engaging format / content

Concept of making ‘Winter Pledges’ putting people at the heart of our system response to Winter 2022

One Gloucestershire
Transforming Care, Transforming Communities

Forward Plan:

Winter Planning & Assurance key dates:

15/09/2022	Update presentation to Strategic Execs
16/09/2022	First review of Winter business cases at system PDG
23/09/2022	Narrative system responses (first cut) / Assurance template (final version) due
26/09/2022	Assurance Framework submission to NHSEI
28/09/2022	Update on Winter Plan to ICB (note there is no ICB final sign off in the timeline)
30/09/2022	Final cut of narrative system plan - to be circulated for virtual system review / feedback
07/10/2022	Approve final copy for printing
17/10/2022	Plan available to begin roll out / comms cascade
20/10/2022	ICS Strategic execs – sign off final winter supporting business cases / metrics
25/10/2022	HOSC meeting / review of the Winter Plan (in public)

Agenda Item 10

Integrated Care Board Meeting

28 September 2022

Report Title	**Output of Engagement Report**					
Purpose	**For Information**		**For Discussion**		**For Decision**	
			X			
Route to this meeting	ICB to review					
	ICB Internal	**Date**	**System Partner**	**Date**		
	Strategic Execs	18/08/22	GHNHSFT Board	08/09/22		
Executive Summary	**Purpose:** To review the Fit for the Future 2 Output of Engagement Report. **Objectives:** • To provide a reminder of the programme objectives • To provide a reminder of the FFTF2 proposals • To review the FFTF2 engagement activities • To review the FFTF2 engagement quantitative and qualitative responses. • To confirm next steps					
Key Issues to note	• Comprehensive engagement undertaken • Positive support for all proposals • Key themes identified and addressed; of particular note are concerns raised by some staff regarding Stroke at CGH, and our responses. • Importance of this report in decisions regarding next steps					
Key Risks:	A detailed risk log is maintained as part of the programme management approach used to manage the FFTF programme.					
Management of Conflicts of Interest	The programme has been conducted in line with the relevant conflicts of interest policies.					
Resource Impact (X)	**Financial**	x	**Information Management & Technology**			
	Human Resource		**Buildings**			
Financial Impact	Cost risks identified (High Care, DCC, Inter-site transfers) and shared with RSG. Formal process for mitigations work in progress. The financial and economic case will be detailed in the business case.					
Regulatory and Legal Issues (including NHS Constitution)	By their nature, these proposals and recommendations are of interest to a range of stakeholders, some of whom may seek to challenge decisions taken on future service configurations through legal channels.					

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Impact on Health Inequalities	The FFTF2 Integrated Impact Assessment has considered the impact of the service change proposals on people with protected characteristics who live in our health and care community. A summary of the findings are included and full details will be set out in the business case, with the full IIA provided in the Appendices.		
Impact on Equality and Diversity	As above, the full IIA will be summarised and provided as appendices to business case.		
Impact on Sustainable Development	There is no direct impact or detriment on sustainable development identified for the FFTF programme		
Patient and Public Involvement	The report covers our recent FFTF2 public, patient and staff engagement.		
Recommendation	ICB are asked to review the Output of Engagement Report and confirm next steps.		
Author	Micky Griffith	**Role Title**	FFTF Programme Director
Sponsoring Director (if not author)	Ellen Rule, FFTF Programme Executive Lead and Deputy CEO/Director of Strategy & Transformation, NHS Gloucestershire		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
GHFT	Gloucestershire Hospital NHS Foundation Trust
GHC	Gloucestershire Health and Care Foundation Trust
GCC	Gloucestershire County Council
ICB	Integrated Care Board

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One Gloucestershire
Transforming Care, Transforming Communities

NHS

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Output of Engagement Report

Version 1.3

September 2022

Work in Progress: Proposals subject to public involvement

Fit for the Future 2

Developing specialist health services in Gloucestershire

Contents

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Copies of this report

Following internal review, copies of this report will be made available on the on the online participation platform Get Involved in Gloucestershire https://getinvolved.glos.nhs.uk

Print copies of the report will be made available from the NHS Gloucestershire Integrated Care Board Engagement and Experience Team by calling:

Freephone 0800 0151 548

or email: glicb.gig@nhs.net

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To discuss receiving this information in large print or Braille please ring **0800 0151 548.**

To discuss receiving this information in other formats please contact:

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PALS, NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park Gloucester GL3 4FE

Document Control

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Location:	\\glos.nhs.uk\GCCG\Hub\Strat and Planning\Sustainability & Transformation Plan\10. One Place Programme\12. Fit for the Future\Phase 2
Status:	v 1.3

Version	Date	Author/Reviewer	Comments
1.1	05/08/22	Becky Parish	First draft
1.2	09/08/22	Micky Griffith	Review and updates
1.3	20/09/22	Micky Griffith	Feedback from The Consultation Institute

Document Distribution:

Forum/Audience	Date	v#	Comments
ICB Strategic Executives	18/08/22	1.2	
GHNHSFT Board	08/09/22	1.2	
GHNHSFT Council of Governors	22/09/22	1.2	
NHS Gloucestershire Integrated Care Board	28/09/22	1.2	
HOSC	18/10/22	1.3	

1 Executive Summary

1.1 What we engaged on[1]

The Fit for the Future 2 engagement covered ideas[2] for consideration for six services:

- **Benign Gynaecology**: to continue to locate the majority of Benign Gynaecology Day Cases at Cheltenham General Hospital **[3].
- **Diabetes and Endocrinology:** to continue to centralise the dedicated Diabetes and Endocrinology Inpatient beds at Gloucestershire Royal Hospital and provide a Diabetes and Endocrinology Consult service at Cheltenham General Hospital **.
- **Respiratory**: to continue to centralise Respiratory Inpatient beds and establish Respiratory High Care at Gloucestershire Royal Hospital and provide a Respiratory Consult service at Cheltenham General Hospital **.
- **Non-Interventional Cardiology**: To centralise Non-Interventional Cardiology inpatient beds at Gloucestershire Royal Hospital and provide a Cardiology Consult service at Cheltenham General Hospital.
- **Stroke**: to continue the change of location for Hyper Acute Stroke Unit (HASU) and Acute Stroke Unit (ASU) at Cheltenham General Hospital **.
- **Frailty**: rather than a specific service change, we provided information on existing services, ideas for improvements and asked *What do you think are the most important things to be considered in improving Frailty services*?

1.2 Engagement key facts

- Public, patient and staff engagement focussed on six specialist health services: Benign Gynaecology; Diabetes and Endocrinology; Non-interventional Cardiology; Respiratory; Stroke and Frailty/Care of the Elderly.
- Approximately 3,000 Engagement booklets distributed across the county, including at Cheltenham General and Gloucestershire Royal Hospital.
- 50+ engagement events.
- 6 Facebook Live streamed independently hosted events with 9,800 views.
- A comprehensive series of activity for staff including question and answer drop ins and regular newsletters.
- Telephone interviews conducted with members of the public who wanted to share more insights about their personal experience of services.
- Over 1,800 face-to-face conversations with members of the public and staff at engagement events.
- Facebook adverts reached approximately 64,500 individual people. This resulted in 925 people clicking the link through to the Engagement survey.
- Twitter adverts had more than 55,000 impressions with the link to the survey clicked 87 times in total.
- 200+ Fit for the Future 2 (including Easy Read) surveys completed

[1] A copy of the engagement booklets can be found in Appendix 3

[2] Subsequent to the engagement, an options appraisal process has been undertaken and these ideas are now our preferred options and have been submitted to the South West Clinical Senate and NHSE for review.

[3] **Currently under temporary service change

An example of promotional communications is presented below

1.3 Engagement survey quantitative responses

Full details are provided in section 7, but in summary:

- Strong level of support for all service ideas
- Survey respondents answer the questions they are interested in so respondents either skip or indicate no opinion.

Service	Support[4]	Oppose
Benign Gynaecology	92%	8%
Diabetes and Endocrinology	98%	2%
Non-interventional Cardiology	99%	1%
Respiratory	97%	3%
Stroke	84%	16%

[4] Analysis of standard survey

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1.4 Engagement survey qualitative themes

Responses to the engagement focussed on the following themes, these included:

1.4.1 *Public and Patients respondents' themes*

- Support for Centres of Excellence approach
- Travel and Transport
- Car parking
- Ward environment

1.4.2 *Staff respondents' themes*

- Benefits of the Centres of Excellence approach
- Travel and Transport
- Car parking for patients
- Health inequalities
- Interdependencies with other clinical services
- Improved integration with primary and community services

As previously stated, all responses to Frailty/Care of the Elderly are qualitative.

All the individual comments are included in Appendix 1.

1.5 Who got involved?

In terms of the reach of the engagement, demographic information is known about those survey respondents who chose to provide 'About You' information in their survey responses. There is a broad representation of groups in responses to the survey. There is extended reach through some of the targeted activities, which ensured a diverse range of voices had an opportunity to be heard.

During the engagement, participants took the opportunity to access information, ask questions and comment on other health and wellbeing related matters. Access to GP and NHS dental appointments were the most frequently occurring non-FFTF2 matters raised during the engagement period.

A detailed summary of feedback received can be found in Sections 6 & 7. All feedback received can be found in the Appendix 1 to this Report.

2 Introduction

2.1 Purpose of this report

The Fit for the Future (FFTF2) Output of Engagement Report is intended to be used as a practical resource for One Gloucestershire Integrated Care System (ICS) partners; to provide them with information about how the public, patients, community partners and staff feel about the FFTF2 ideas for change. One Gloucestershire is a partnership between the county's NHS and care organisations to help keep people healthy, support active communities and ensure high quality, joined up care when needed.

The NHS partners of One Gloucestershire Integrated Care System are:

- NHS Gloucestershire Integrated Care Board (ICB) (NHS Gloucestershire Clinical Commissioning Group until 30.06.2022)
- Primary care (GP) providers
- Gloucestershire Health and Care NHS Foundation Trust (GHC)
- Gloucestershire Hospitals NHS Foundation Trust (GHT)
- South Western Ambulance Services NHS Foundation Trust (SWAST)

This Report will be shared widely across the local health and care community and will be made available to all on the NHS Gloucestershire website https://www.nhsglos.nhs.uk/ and on the online participation platform Get Involved in Gloucestershire https://getinvolved.glos.nhs.net

One Gloucestershire partners are invited to consider the feedback from the Engagement and indicate how it has influenced their thinking. Full details of the next steps for the Fit for the Future Programme can be found in section 3.6

This Report has been prepared by the One Gloucestershire Communications and Engagement Group. This report is produced in both print and on-line (searchable PDF) formats. For details of how to obtain copies in other formats please turn to the back cover of this Report.

2.2 Making the best use of the information provided

This report is divided into sections.

- **Section 3**: provides background information about the Fit for the Future Programme
- **Section 4**: provides details of our approach
- **Section 5**: describes our engagement activities
- **Section 6**: provides demographic information on those responding to our survey
- **Section 7**: provides quantitative and qualitative feedback on the individual service ideas
- **Section 8**: is an evaluation of the Engagement activity.

There are elements of feedback which will be relevant and of interest to all readers; these can be easily found in the report.

All feedback received can be found in Appendix 1 and includes all comments collated through the Fit for the Future 2 engagement survey.

The theming of the qualitative feedback received through the FFTF2 Engagement survey presented in this report has been undertaken by members of the One Gloucestershire Communications and Engagement Group using Smart Survey.

All feedback received has been read and themes identified; these are presented in section 7.

All qualitative feedback received by representatives of One Gloucestershire partners during the Engagement period is available in the Appendices. The information provided in this report and Appendices will be used by decision makers to 'conscientiously consider'[5] all feedback received.

2.2.1 *Appendices*

Details of the appendices are listed in Section 9.

Following internal review all appendices will be made available on the NHS Gloucestershire website https://www.nhsglos.nhs.uk/ and on the online participation platform Get Involved in Gloucestershire https://getinvolved.glos.nhs.net

We would like to thank everyone who has taken the time to share their views and ideas.

[5] One of the Gunning Principles that have formed a strong legal foundation from which the legitimacy of public involvement is often assessed.

3 Information about the Fit for the Future Programme and Engagement Activities

3.1 Background

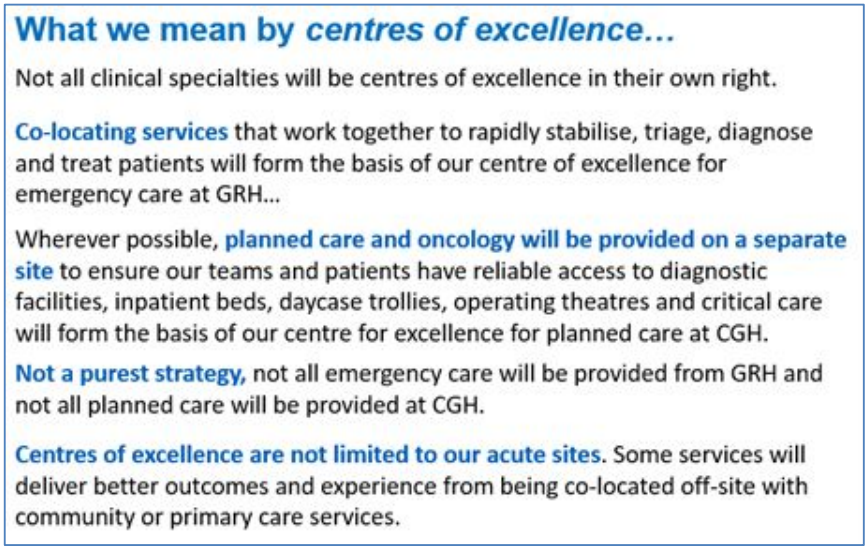
Over the last few years, the NHS in Gloucestershire Fit for the Future (FFTF) programme has been involving local people and staff in looking at potential ways to develop specialist hospital services in Gloucestershire. Through this process the 'centres of excellence'[6] approach has been designed. In FFTF2 the conversation about some of these services is broader, covering both:

- the continued development of the 'Centres of Excellence' approach at Cheltenham General and Gloucestershire Royal Hospitals, including inpatient care; and
- support for people in their own home, in their GP surgery or in the community.

As part of our response to the NHS Long Term Plan and commitment to the public in Gloucestershire, when patients require specialist care, we believe they should receive treatment in centres with the right specialist staff, skills, and equipment by delivering care that is fit for the future.

Our FFTF Programme includes looking at how we can develop outstanding specialist hospital care in the future across the Cheltenham General (CGH) and Gloucestershire Royal (GRH) hospital sites. Our "*Centres of Excellence*" vision for the future configuration of specialist hospital services with GRH focussing more (but not exclusively) on emergency care, paediatrics, and obstetrics and CGH focussing more (but not exclusively) on planned care and oncology. Across the UK and the world, it is recognised that an element of separation between planned and emergency care services can improve care for everyone.

[6] Centres of excellence: bringing staff, equipment, and facilities together in one place to provide leading edge care and create links with other related services and staff.



Through the FFTF Engagement in 2019 and Consultation in 2020; and during earlier conversations about the NHS Long Term Plan in 2018, the NHS in Gloucestershire has been involving staff, patients, local people and the public in looking at a number of services and developing potential 'solutions. The FFTF 2 Engagement is the latest element of the engagement cycle to develop the Gloucestershire response to the NHS Long Term Plan:

- **2018**: Development of our local NHS Long Term Plan (informed by earlier engagement feedback)
- **2018/19**: Countywide public / community partner /staff engagement - What matters to you?
- **2019**: FFTF1 Engagement: developing specialist hospital services in Gloucestershire. Developing potential solutions.
- **2020**: FFTF1 Consultation: developing specialist hospital services in Gloucestershire. Options for change consulted upon and agreed following conscientious consideration of output of consultation. Implementation underway.
- **2022**: FFTF2: developing specialist health services in Gloucestershire: Engagement about ideas for change.

3.2 What the Fit for the Future 2 Engagement was about

The purpose of the Engagement was to discuss and receive views about ideas about the future provision of six specialist hospital services in Gloucestershire:

- Benign Gynaecology (day-case) *
- Diabetes and Endocrinology (inpatients and community) *
- Non-interventional cardiology (inpatients)
- Respiratory (inpatients) *
- Stroke (inpatients) *
- Frailty/Care of the Elderly (inpatients and community)

* Changes already in place as part of Temporary Service Changes

3.3 What the Fit for the Future 2 Engagement was not about

It was not about:

- Saving money. The priority is quality of care and health outcomes
- FFTF1 - the public consultation in 2020, past decisions and the service changes that are now being implemented
- The Accident and Emergency Department in Cheltenham, which remains a 24-hour A&E (nurse led service overnight 8pm to 8am).

3.4 Engagement activity summary

The Fit for the Future 2 public and staff Engagement started on 17 May 2022 and ran until the survey closed on 31 July 2022. Further conversations will continue over the summer.

A range of engagement and communication channels have been used including:

Gloucestershire Hospitals: Facebook Live (@GlosHospitals)	Targeted engagement to address the homogeneity of participants
'Your Say' area on the One Gloucestershire Health website and Get Involved in Gloucestershire online participation platform	GHNHSFT staff FFTF2 events plus presentations and awareness raising at team, divisional and Trust-wide meetings
NHS Information Bus Tour	Public events
A phased communication campaign for GHNHSFT staff using existing channels (CEO briefing etc.), weekly FFTF2 service focus emails, posters across both hospital sites, booklet drops to teams and Q&A sessions.	Presentations to Integrated Locality Partnerships; ILPs are operational and strategic partnership of senior leaders of providers and local government, supporting integration at PCN level
Healthwatch Gloucestershire	Presentations to local councillors
Presentations to PCN clinical leads	Media releases and stakeholder briefings
Media (print and social) advertising	

Full details of the Engagement activities can be found in Section 5.

3.5 Engagement review period

There is an Engagement review period, where Gloucestershire Hospitals NHS Foundation Trust and NHS Gloucestershire Integrated Care Board will carefully consider all the feedback. This Output of Engagement Report will be reviewed by NHS Gloucestershire, Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), NHS England and the Gloucestershire Health Overview and Scrutiny Committee (HOSC).

3.6 Decision regarding next steps

Decisions regarding whether the service change ideas which are the subject of the Fit for the Future 2 engagement are deemed to be a substantial development of the health service in Gloucestershire, or a substantial variation in the provision of those services, will be taken by NHS Gloucestershire Integrated Care Board in partnership with Gloucestershire Health Overview and Scrutiny Committee, taking into account the Output of Engagement Report, the

NHS England Clinical Senate Clinical Review Panel Report and other information that the Integrated Care Board deems necessary to such a decision.

3.7 Process of implementation

If the ideas set out in this Engagement are supported by the Board, and if it were decided based on the information and evidence that no further involvement is required, the current temporary changes would be made permanent immediately. The timescale for other changes would be determined by a number of factors such as estates, staff recruitment and training.

The Fit for the Future Programme implementation structure would remain in place with programme and project managers working with clinical staff within the specialties to develop and then deliver detailed implementation plans. Plans to involve local people in the implementation and evaluation process would be developed.

3.8 Providing feedback

Following internal review, the feedback from the engagement will be published on the online participation platform Get Involved in Gloucestershire https://getinvolved.glos.nhs.uk

4 Our Approach to Communications and Engagement

4.1 Working with others

The planning and delivery of the Fit for the Future engagement has been supported by many external groups:

- The Consultation Institute: We have benefited from advice and guidance throughout membership of the Consultation Institute (tCI) Throughout the last three years tCI have been key partners in developing and assuring our approach to involving people and communities. The Fit for the Future 1 Consultation was Quality Assured by tCI and learning from that, and Fit for the Future 1 Engagement, has been applied to Fit for the Future 2.
- Inclusion Gloucestershire: Assisted with the development of Easy Read materials.
- Healthwatch Gloucestershire (HWG): HWG Readers Panel reviewed an early draft of the full engagement booklet and made suggestions for changes, which were incorporated into the final version. A HWG representative will be a member of the independent Oversight Panel for the second Fit for the Future Citizens' Jury.
- Aneurin Bevan Health Board (ABHB): ABHB facilitated an Information Bus visit to Chepstow Hospital in Monmouthshire to enable residents living close to the Wales England Border, who might access services in Gloucestershire the opportunity to find out more about the engagement.
- District/Borough Councils and Retail partners: Supported the visits of the Information Bus to locations with maximum footfall across the county. Tewkesbury Borough Council also hosted members' seminars to discuss the Fit for the Future 2 engagement.
- Local media: Gloucestershire Live, BBC Radio Gloucestershire and GFM Radio
- Others: Many other groups and individuals have helped to raise awareness of the engagement such as Trust Governors, staff-side representatives, hospital volunteers and community and voluntary sector organisations such as homelessness support charities.

4.2 Equality and Engagement Impact Analysis (EEIA)

Equality, diversity, Human Rights, and Inclusion are at the heart of delivering personal, fair, and diverse health and social care services. All commissioners and providers of health and social care services have legal obligations under equality legislation to ensure that people with one or more protected characteristics[7] are not barred from access to services and decision-making processes.

The FFTF2 engagement has been informed by the experience of managing earlier extensive engagement activities. The approach and detailed plan for communications and engagement was informed by feedback from those engagement activities, including feedback from NHS England Assurance processes.

[7] It is against the law to discriminate against someone because of age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex, sexual orientation. These are called protected characteristics. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

4.3 Integrated Impact Assessment (IIA)

An integrated impact assessment supports decision making by evaluating the impact of a proposal, informing public debate, and supporting decision makers to meet their Public Sector Equality Duty and their duty to reduce inequalities.

In relation to equality, these responsibilities include assessing and considering the potential impact which the proposed service relocation could have on people with characteristics that have been given protection under the Equality Act, especially in relation to their health outcomes and the experiences of patients, communities, and the workforce. With reference to health and health inequalities, the responsibilities include assessing and considering the impact on the whole of the population served by the relevant statutory bodies and identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

The assessment uses techniques such as evidenced based research, engagement, and impact analysis to understand the impact of change on the population, the impact on groups with protective characteristics and the impact on accessibility and quality of services. The aim of the report is to understand and assess the consequences of change whilst maximising positive impacts and minimising negative impacts of the proposed change.

The Fit for the Future (FFTF) programme undertakes the following process to develop its IIA.

1. Undertake a baseline IIA for each service based on the proposals, clinical evidence and potential outcomes prior to the engagement process and include recommendations based on the evidence review to inform an action plan.
2. Update the baseline IIA following public engagement to take account of feedback from the public, patients, staff, and stakeholders. The IIA report contains evidence that decision-making arrangements will pay due regard to equalities and inequalities duties.
3. Where public consultation is undertaken, the PCBC IIA is updated to take account of feedback from the public, patients, staff, and stakeholders.

Our IIA process is made up of 3 factors:

- Equality Impact Assessment
- Health inequalities impact assessment
- Health impact assessment

The ideas presented in the FFTF2 engagement for all groups were found to be either neutral impact, significant positive impact/moderate adverse impact, or significant positive impact.

Our approach to the engagement targeted all groups, ensuring proactive engagement amongst older and disabled residents more likely to be service users and ensuring opportunities for people to have their say were provided in both urban and rural venues through the extensive use of the NHS Information Bus.

4.3.1 *IIA Summary*

The impact assessment for services consolidating at either the Cheltenham General Hospital or Gloucestershire Royal Hospital is often similar including:

- Centralisation of services can improve patient outcomes, continuity of care, length of stay, patient experience and reduces mortality particularly beneficial to patients with protected characteristics including those with long term conditions or co-morbidities which are prevalent in patients with disabilities and those over 65.
- 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 to GRH might have a greater positive impact on these communities
- On the basis that there is a higher proportion of the population in the Gloucester district who are living in deprivation (25%) and who suffer from Type 2 Diabetes (6.8%) there is a potential that patients who access the service from Gloucester will be positively impacted by a movement of services to GRH
- The re-location of services from GRH to CGH will impact some patient and carer travel times either positively or negatively (see section 7 for individual service impacts)
- There is no conclusive evidence to suggest that access to and experience of acute hospital care differs solely based on a person's sex.
- There is currently limited data to determine any impact of the changes for women during pregnancy.
- There is currently limited data to ascertain any impact of the changes for those who are from any particular marital status.
- According to the Stonewall survey, 13% of LGBTQ+ people have experienced some form of unequal treatment from healthcare staff because they are LGBTQ+
- There is currently limited data to ascertain any impact of the changes for those who are from any particular religious background.
- There is limited evidence regarding the impact to those who have undergone gender reassignment, however, impacts may mirror those of sexual orientation.
- Caring responsibilities can have an adverse impact on the physical and mental health, education, and employment potential of those who care, which can result in significantly poorer health and quality of life outcomes.
- Consolidation of the inpatient bed base should provide shorter lengths of stay, faster diagnostics and minimised waiting times which will help carers who have to attend hospital regularly.
- Services centralising at GRH will be located nearer to the highest proportion of homeless people in Gloucestershire. Homeless people are more likely to have long term conditions and multiple conditions which means consolidating and co-locating services will provide support for more complex needs such as these.
- 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. Relocation of services may therefore be beneficial to this group.
- Gloucestershire Hospitals NHS Foundation Trust admission data demonstrates that more people attend GRH than CGH with mental health related issues. Relocating services to GRH may therefore be beneficial to this cohort.

- The consolidation of relevant specialist services improves training and enhanced understanding of patient conditions, leading to better clinical outcomes and improving access to services with fewer cancellations
- Feedback from staff and patients suggests parking can be a challenge at both sites.
- 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.

4.4 Communications: Developing understanding and supporting Fit for the Future engagement

A range of communications and engagement methodologies were used during the Fit for the Future 2 engagement. This section describes the wide-ranging approach taken to promoting the *Fit for the Future 2* engagement and the range of involvement opportunities.

In summary:

4.4.1 *Media releases and stakeholder briefings*

This included:

- launch materials – media release and stakeholder briefing
- media statements reinforcing key messages and involvement opportunities
- a further open stakeholder letter sent to community stakeholders by email including Patient Participation Groups, local authorities, voluntary and community organisations
- Foundation Trust Membership communications promoting the engagement

4.4.2 *Stakeholder briefing*

Stakeholder briefing sent on launch day to core stakeholders including MPs, Chairs and Chief Execs of NHS partners, Gloucestershire County Council leadership including HOSC Chair and members (via democratic services), District Councils, Healthwatch Gloucestershire, VCS Alliance.

4.4.3 *Printed engagement booklets*

Approximately 3,000 booklets were widely distributed to a range of public places including Cheltenham General and Gloucestershire Royal Hospitals and GP surgeries. The booklets included the Freepost survey and information detailing the ways people could get involved.

4.4.4 *Get Involved in Gloucestershire online participation platform*

All engagement materials can be found at: https://getinvolved.glos.nhs.uk/fit-for-the-future-2
Get Involved in Gloucestershire is an online participation space where anyone can share views, experiences and ideas about local health and care services.

4.4.5 *Further engagement to address the homogeneity of participants*

Targeted opportunities for engagement with protected characteristic groups were identified through the Equality and engagement Impact Analysis. An Easy Read version of the engagement booklet and survey were produced and other alternative formats of all

engagement materials were available on request. We have a contract in place with telephone (and face to face) interpreters, incl. BSL and for written translation.

4.4.6 *Social media*

Social media was used extensively to support the engagement and planned activity covered topics such as promotion of how people could get involved, the Information Bus Tour, promotion of the booklet and survey, and promotion of the online Facebook Live clinical discussions.

As part of the social media promotion of the FFTF2 engagement we ran paid for adverts on Twitter and Facebook for four weeks in total, split into two separate two-week blocks.

On Facebook, the combined total for our two adverts reached 64,410 individual people. This resulted in 925 people clicking the link through to the survey.

On Twitter the two adverts had 55,767 impressions, this means that the advert was seen a total of 55,767 times but not necessarily by different people each time. On Twitter the link to the survey was clicked 87 times in total.

4.4.7 *Media Advertising*

As well as the methods described above, the engagement was promoted in local media titles including Gloucester Citizen, Gloucestershire Echo, The Forester, Wilts & Glos Standard, Stroud News & Journal, Cotswold Journal and Gloucestershire Gazette.

Title	Locality	Advert details
Gloucestershire Live	Countywide	Quarter page ads in Echo and Citizen for two weeks, plus digital support, including sponsored advertorial and 100k impressions on MPU/DMPU ads across one month
Forest of Dean and Wye Valley Review	Forest of Dean	Quarter page ad for one-week, small number of digital ads
Forester	Forest of Dean	Quarter page ad for one-week, small number of digital ads
Stroud News and Journal	Stroud and Berkeley Vale	Quarter page for one-week, plus 127,000 impressions on digital (across all Local IQ titles) and sponsored Facebook adverts
Cotswold Journal	Cotswolds	Quarter page for one-week, plus 127,000 impressions on digital (across all Local IQ titles) and sponsored Facebook adverts
Wilts and Glos Standard	Cotswolds (e.g., Cirencester, Tetbury)	Quarter page for one-week, plus 127,000 impressions on digital (across all Local IQ titles) and sponsored Facebook adverts
Gloucestershire Gazette	Stroud/Cotswolds (e.g., Dursley, Wotton-under-Edge)	Quarter page for one-week, plus 127,000 impressions on digital (across all Local IQ titles) and sponsored Facebook adverts

4.4.8 *Staff communication and engagement*

Several programmes of internal communication and engagement were rolled out to support staff at Gloucestershire Hospitals NHS Foundation Trust.

Staff Global Briefings to all staff	Date
Staff Global Briefing - Frailty / Care of The Elderly Briefing	25/05/2022
Staff Global Briefing - Diabetes & Endocrinology	01/06/2022
Staff Global Briefing - Non-interventional cardiology Briefing	08/06/2022
Staff Global Briefing - Respiratory Briefing	15/06/2022
Staff Global Briefing – Stroke	22/06/2022
Staff Global Briefing – Benign Gynaecology	29/06/2022
Staff Global Briefing Staff Forum	17/06/2022 & 04/07/2022

In all briefings relevant upcoming events were mentioned including upcoming Facebook lives, where to find and complete the FFTF2 survey and requests to attend clinical staff meetings to discuss FFTF2 and the staff forum

4.4.8.1 Promotional posters and booklet distribution

Posters advertising the engagement and opportunities to have your say were distributed across the Trust.

Numbers of posters and booklets distributed and locations		
Item	**#**	**Location**
Posters - Staff Rooms	25	GRH staff rooms
	20	CGH staff rooms
FFTF Engagement Booklets	490	CGH waiting rooms
	490	GRH waiting rooms
	20	Sandford Lido
	20	Community venues
	70	Big health event

4.4.8.2 Staff engagement event: Friday 15 July 2022

A drop-in session where staff could join the virtual briefing where the ideas for FFTF2 were summarised, and staff had the opportunity to pose questions and to share their views.

4.4.9 *Other stakeholder communication and engagement*

4.4.9.1 Elected Representatives

Members of Parliament

Regular MP briefings have taken place prior to and during the Fit for the Future 2 engagement period.

Gloucestershire County Council (GCC) Health Overview and Scrutiny Committee (HOSC)

County Council Elected representatives and officers have received information about the Fit for the Future 2 engagement via the GCC Democratic Services Department.

Gloucestershire County Council Health Overview and Scrutiny Committee Members have received regular updates on the FFTF2 programme and engagement. Engagement materials have been available to elected members and staff. The Output of Engagement report will be presented and discussed with HOSC members in October 2022.

District and Borough Councils

District and Borough Council Elected representatives and officers have received information about the FFTF2 engagement via their Democratic Services Departments. FFTF2 Members Seminars, similar to those that took place during FFTF1 were offered to District and Borough Members. Tewkesbury Borough Council Scrutiny Committee responded to the invitation and a presentation and question & answer session was held at Tewkesbury Borough Council Offices in June 2022.

Neighbouring Integrated Care Boards and Welsh Health Boards

The FFTF Programme team have been in contact with neighbouring ICBs at the start of our engagement to encourage them and their residents to participate. We have shared information on the programme scope, exchanging of activity information and agreements to build relationships and share information as the preferred option(s) are finalised.

The overall activity numbers for FFTF2 are considerably lower than FFTF1 and the impact on patients registered outside Glos. is similarly reduced. We also look at patients per GP practice and have contacted the practices direct (those >4 patients impacted).

Integrated Locality Partnerships and PCNs

Presentations and discussions took place with Primary Care, Community and Voluntary Sector colleagues through the 6 Integrated Locality Partnership Boards across the county. These sessions enabled people who work together in local areas to hear about the engagement

REACH Campaign

Information about the FFT2 engagement and how to get involved was sent to REACH representatives on the launch day of the engagement. The REACH (Restore Emergency at Cheltenham General Hospital) campaign was launched by Cheltenham Chamber of Commerce.

5 Public Engagement Activities

5.1 Gloucestershire Media: Live social media partnership (@GlosLiveOnline)

Underpinning the approach to the engagement was a partnership with local media stakeholder Gloucestershire Media. This built on the approach taken in 2020 during the FFTF1 consultation.

Throughout the Covid 19 pandemic the use of video conferencing has proliferated as a means of effective communication and engagement. The advantages are extensive and include:

- The opportunity to reach a greater audience
- The content and events are available in perpetuity/matter of public record
- Opportunity to ask questions and engage in two-way dialogue

Working in partnership with Gloucestershire Live, we broadcast a series of live Q&A sessions throughout the month of June 2022. Working with Gloucestershire Live ensured we reached a greater audience and enabled the sessions to be independently chaired. Each Q&A session was broadcast via Gloucestershire Live's Facebook page as well as Gloucestershire Hospital NHS Foundation Trust's Facebook page.

Each session was led by clinical representation who spoke openly and transparently about the ideas for their service. Additional software was incorporated into the live broadcasts that made public participation simple and straightforward. Questions could be submitted in advance or submitted live during the event. Questions were read out by the chair and responses given.

5.1.1 *Promotion*

The events were heavily promoted by Gloucestershire Live in advance. Methods of promotion included:

- Homepage takeovers of the Glos Live website in advance
- Feature articles both previewing and reviewing content
- Promotional posts on Glos Live's Facebook and Twitter accounts
- Promotional posts via NHS Gloucestershire social media channels

5.1.2 *Impact*

Please click on the links in the table below to visit the session adverts.

Facebook Promo Posts	Total Reach	Total Engagement	Post Clicks	Likes	Comments	Shares
Respiratory	21, 233	1090	758	165	75	15
Frailty	33, 693	2125	1788	156	22	30
Gynaecology	31, 353	1073	955	81	22	11
Stroke	20, 653	1116	974	121	5	11
Diabetes	25, 055	1537	1361	116	28	20
Cardiology	25, 469	1231	1062	114	17	17

Please click on the links in the table below to visit the session adverts.

Twitter Ads (The first out of the 2)	Total Impressions	Likes	Retweets	Comments
Respiratory		9	8	-
Frailty		10	6	-
Gynaecology		3	2	-
Stroke		6	7	1
Diabetes		4	3	
Cardiology		5	5	1

Please click on the links in the table below to visit the session recordings.

Live Q&As	Total Reach	Total Views	Peak Live Views	Total Clicks	Minutes Viewed (Rounded)	Likes	Comments
Live Q&A with Respiratory & Glos Live - Monday 13th June 2022	5K	1.8K	74	1.8K	28	18	4
Live Q&A with Frailty and Glos Live - Tuesday 15th June 2022	4.5K	1.6K	48	1.5K	21	11	12
Live Q&A about Benign Gynaecology Care and Glos Live - Wednesday 16th June 2022(External link)	3.8K	1.3K	36	1.1K	13	4	15
Live Q&A with Stroke services and Glos Live - Friday 17th June 2022	5.6K	1.7K	46	1.3K	17	8	14
Live Q&A with Diabetes/Endocrinology and Glos Live - Wednesday 22nd June	5.8K	1.6K	37	1.3K	22	6	11
Live Q&A with Cardiology services and Glos Live - Friday 24th June 2022	5.7K	1.8K	49	1.3K	20	7	24

Please click on the links in the table below to visit the relevant articles

Articles	Page Views (7 day window)	Average Dwell Time
Respiratory	650	04:03
Frailty	631	04:28
Gynaecology	1000	05:13
Stroke	1100	04:45
Diabetes	2000	04:10
Cardiology	1500	05:23

5.2 Gloucestershire Patient Participation Group Network

All GP practices in England are required to have a patient participation group[8]. The Gloucestershire PPG Network is organised by NHS Gloucestershire. It is designed to provide a space for PPG members from across the county to share their experiences with one another in order for each PPG to learn and continue to provide an effective role in their practice.

NHS Gloucestershire involves PPG members in engagement and consultation work, provides support to PPGs on an individual basis and also provides opportunities for PPGs to learn and develop. In addition, NHS Gloucestershire hosts a quarterly network meeting. However, during the current pandemic this has moved to holding meetings virtually using MS Teams. The PPG Network in May focussed on the Fit for the Future 2.

5.3 NHS Information Bus Tour

The Information Bus aims to facilitate partnership working, offering information and activities which support self-care, health and wellbeing and self-management across the communities of Gloucestershire. The Bus is also used to support engagement with the public to inform service planning and design. An Information Bus Tour to raise awareness of the engagement to gather views and answer questions took place during May, June and July 2022.

[8] https://getinvolved.glos.nhs.uk/ppg-network

Gloucester City Centre, Armed Forces Day 25 June 2022

During the engagement 750 people visited the Information Bus. See Section 5.6 for details of all Information Bus Tour dates.

5.4 Fit for the Future 2 Surveys

Two surveys (standard and Easy Read) were developed by the NHS to support the Fit for The Future engagement.

These were available as print, as FREEPOST return copies in the engagement booklets and also on line at: https://getinvolved.glos.nhs.uk/fit-for-the-future-2

More than 200 Fit for the Future survey responses have been received.

5.5 Engaging people with protected characteristics and others identified in the Integrated Impact Analysis

The engagement took two main routes to reach, gather and record views from people with protected characteristics and others identified in the independent Integrated Impact Analysis:

- promoting the engagement routes and encouraging participation. The engagement survey asks for respondents to provide demographic information (see section 6)
- proactive engagement with targeted groups. The engagement team contacted groups across Gloucestershire using existing well established networks and Your Circle https://www.yourcircle.org.uk/, which is a local online directory to help you find your way around care and support and connect with people, places and activities in Gloucestershire.

5.5.1 *People with disabilities*

There is a good response to the survey from people who indicated they have a disability (including mental health problem or learning disability). During the engagement, members of the engagement team attended Know Your Patch meetings across the county to promote FFTF2 and the Get Involved in Gloucestershire online participation platform. Know Your Patch builds networks for those working with individuals and groups to help people stay independent for longer and to lead full and happier lives. Know Your Patch has a network of organisations in each district in Gloucestershire. These networks meet quarterly for networking and discussion and communicate through email bulletins and updates. These networks help connect VSCE and statutory organisations together for effective partnership working https://knowyourpatch.co.uk/networks/ Information about the engagement was also promoted to the Mental Health and Learning Disability Partnership Boards.

5.5.2 *Over 65s who are more likely to have long term conditions*

There is a good response to the survey from people aged over 65 and, and also from people who indicated they have a disability.

5.5.3 *Frail older people*

The activities described above for over 65s with long terms conditions apply to this group as well. The Information Bus attended an event at Highnam Court organised by Age UK Gloucestershire to promote the engagement.

5.5.4 *Carers*

There is a good response to the survey from people who indicated that (unpaid) they look after, or give any help or support to, family members, friends, or others because of either a physical or mental health need or problems related to old age.

5.5.5 *People living in low-income areas*

There are 12 areas of Gloucestershire in the most deprived 10% nationally for the overall IMD. [9 of the 12 are in Gloucester District Council: GL1, GL2 and GL4 postcode areas, 2 in Cheltenham GL50 and GL51 and 1 in the Forest of Dean GL14.

LSOA	District	National Rank (1 most deprived)
Podsmead 1	Gloucester	621
Matson and Robinswood 1	Gloucester	735
Westgate 1	Gloucester	1,183
Kingsholm and Wotton 3	Gloucester	1,456
Westgate 5	Gloucester	1,579
St Mark's 1	Cheltenham	2,178
Moreland 4	Gloucester	2,221
St Paul's 2	Cheltenham	2,368
Cinderford West 1 *	Forest of Dean	2,729
Tuffley 4 *	Gloucester	2,801
Matson and Robinswood 5	Gloucester	2,948
Barton and Tredworth 4	Gloucester	3,126

The FFTF2 engagement survey collects top level postcode information (first part of the postcode, e.g., GL16 or GL3) to avoid potential for identifying individual survey respondents. Survey response information can be found in section 6.1.

Low income is not a characteristic the survey collects. However, there is information within local data which records indices of deprivation and shows which areas of the county are most likely to be low income areas. Details can be found at https://inform.gloucestershire.gov.uk/deprivation/overview/, which states that:

The Indices of Deprivation 2019 are national measures based on 39 indicators, which highlight characteristics of deprivation such as unemployment, low income, crime and poor access to education and health services. The 2019 indices offer an in-depth approach to pinpointing small pockets of deprivation. Each indicator was based on data from the most recent time point available. Using the latest data available means there is not a single consistent time point for all 39 indicators.

https://inform.gloucestershire.gov.uk/media/2094524/gloucestershire_deprivation_2019_v13.pdf

Employment status is one of the indices of deprivation. Information available on the Inform website the latest available unemployment data for October and November 2020 indicates that Barton and Tredworth ward in the GL1 postcode of Gloucester has the highest claimant rate (Job Seekers Allowance and Universal Credit) in Gloucestershire. https://inform.gloucestershire.gov.uk/media/2102589/unemployment-bulletin-147-oct-20.pdf and https://inform.gloucestershire.gov.uk/media/2103578/unemployment-bulletin-148-nov-20.pdf

5.6 Engagement events activity timeline

Activity	Reach/ Contacts	Date
ICS Non-Executive Directors & Lay Member Network	Approx.30 Non-Executive Directors and Lay Members	12 Apr 2022
GHNHSFT Board of Directors	Approx.15 Non-Executive Directors and Executive Directors	14 Apr 2022
PCN Clinical Directors	Approx.15 PCN Clinical Directors and CCG staff	28 Apr 2022
ICS Executives	Approx.10 CEOs, Executives and system leaders	05 May 2022
NHS Gloucestershire CCG Governing Body	Approx.15 CCH Executives and Governing Body members	05 May 2022
HOSC meeting	13 HOSC members – elected representatives	17 May 2022
Forest of Dean Integrated Locality Partnership (ILP)	Approx. 12 Mixed membership, clinical, community and voluntary sector	18 May 2022
Stroud and Berkley Vale ILP	Approx. 12 Mixed membership, clinical, community and voluntary sector	19 May 2022
Integrated Care System Board	Approx. 20 Board Members	19 May 2022
Countywide Patient Participation Group (PPG) Network	Approx. 40 PPG Members	20 May 2022
Cotswold ILP	Approx. 12 Mixed membership, clinical, community and voluntary sector	24 May 2022

Activity	Reach/ Contacts	Date
Kingfisher Treasure Seekers staff meeting	Approx. 12 staff members	24 May 2022
Glos. CCG Transformation Directorate meeting	Approx.40 CCG Staff	25 May 2022
Information Bus Tewkesbury Morrisons	25 visitors	30 May 2022
ICS Frailty Task & Finish Group	Approx.15 Clinical staff (GHNHSFT, GHCFT and CCG)	30 May 2022
ICS Stroke Task & Finish Group	Approx.15 Clinical staff (GHNHSFT, GHCFT and CCG)	31 May 2022
GHNHSFT Council of Governors	Approx.20 Governors and staff	31 May 2022
University of Gloucestershire – Nursing Students	300+ students (face-to-face / virtual)	1 June 2022
NHS Black and Minority Ethnic commissioning staff group	Approx. 10 colleagues	6 June 2022
Information Bus Stroud Tesco	121 visitors	7 June 2022
Cheltenham ILP	Approx. 12 Mixed membership, clinical, community and voluntary sector	8 June 2022
Tewkesbury ILP	Approx. 12 Mixed membership, clinical, community and voluntary sector	9 June 2022
Information Bus, Cheltenham High Street	57 visitors	11 June 2022
Information Bus, Abbeydale Morrisons	55 visitors	13 June 2022
Respiratory Facebook Live Discussion	Peak live views 74	13 June 2022

Activity	Reach/ Contacts	Date
Information Bus, Cirencester Market Square	140 visitors	14 June 2022
Frailty Facebook Live Discussion	Peak live views 48	14 June 2022
Stow-on-the-Wold, Market Square	36 visitors	15 June 2022
Tewkesbury Health and Wellbeing Event	Approx. 75 visitors	15 June 2022
Benign Gynaecology Facebook Live Discussion	Peak live views 36	15 June 2022
Information Bus, Cheltenham High Street	85 visitors	16 June 2022
Big Health Day (Learning Disabilities), Oxstalls Sports Park	100+ visitors	17 June 2022
Stroke Facebook Live Discussion	Peak live views 46	17 June 2022
Diabetes and Endocrinology Facebook Live Discussion	Peak live views 37	22 June 2022
Information Bus, Lydney Town Centre	17 visitors	23 June 2022
Cardiology Facebook Live Discussion	Peak live views 49	24 June 2022
Information Bus, Gloucester City Centre	77 visitors	25 June 2022
Information Bus, Chepstow Community Hospital	6 visitors	29 June 2022
Primary Care Commissioning Committee	Approx. 20 members	30 June 2022
CPG Leaders forum	Approx.20 Clinical staff (Primary Care, GHNHSFT, GHCFT and CCG)	7 July 2022
GHNHSFT Strategy & Transformation Delivery Group	Approx.25 Clinical, operational and transformation team staff	8 July 2022

Activity	Reach/ Contacts	Date
Frailty & Dementia CPG	Approx.15 Clinical staff (Primary Care, GHNHSFT, GHCFT and CCG)	9 July 2022
Circulatory CPG	Approx.15 Clinical staff (Primary Care, GHNHSFT, GHCFT and CCG)	12 July 2022
Health Overview and Scrutiny Committee	Approx. 15 HOSC members – elected representatives	12 July 2022
Tewkesbury Borough Council Seminar	Approx. 20 elected representatives and officers	12 July 2022
Telephone interviews	7 interviewees	13 July – 4 August 2022
GHNHSFT Staff virtual meeting/ drop-in	Approx. 20 Clinical, admin and operational	15 July 2022
Information Bus, Age UK Event, Highnam	Approx. 50 visitors	17 July 2022
Gloucester ILP	Approx. 12 Mixed membership, clinical, community and voluntary sector	19 July 2022
GHNHSFT Staff-side Committee	Approx.10 Clinical, operational and corporate staff	20 July 2022
GHNHSFT Outpatient Nurses meeting	Approx.8 Clinical staff	21 July 2022

6 Responses to the Engagement - Demographic Information

Demographic information about respondents was collected by the Fit for the Future 2 surveys. Monitoring of equality data requires a two-stage process: data collection and analysis. Gathering good equality data supports legislative requirements in that it aids prevention of discrimination. Therefore, it is really important to provide an explanation that the process is worthwhile and necessary.

The Fit for the Future 2 survey included the following statement:

About You: Completing the "About You" section [of the survey] is optional, but the information you give helps to show that people with a wide range of experiences and circumstances have been involved. Your support with this is really appreciated.

The Fit for the Future Easy Read survey included the following statement:

About You: You don't have to fill in this information, but it will help us know that we have asked a lot of different people what they think about our ideas.

Not everyone who responded to the surveys completed any/all of the demographic questions. However, the data presented in this section indicates that a diverse range of respondents from all protected characteristic groups, and those identified in the Independent Integrated Impact Assessment have provided feedback to the engagement.

The level of support for each proposal from staff and public is included in section 7.

6.1 Demographic Summary

The demographic percentages in the table below are **for those providing information**. However, all service survey responses have been included in our analysis, irrespective of whether demographic information was provided.

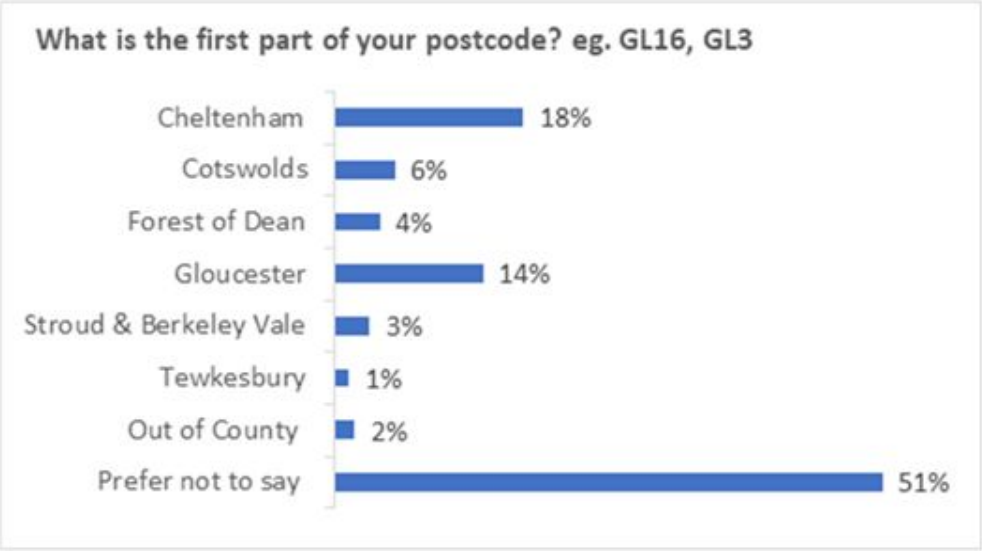
Demographic	All respondents (% of those providing information)	Staff respondents (% of those providing information)
Age	• 46% under 55 years • 43% 56-75 years • 11% over 75 years	• 79% under 55 years • 21% 56-75 years
Gender	• 78% Female • 20% Male • 2% non-binary	• 73% Female • 22% Male • 5% non-binary
Disability	• 37% Yes • 63% No	• 86% Yes • 14% No
Carers	• 39% Yes • 61% No	• 38% Yes • 62% No
Ethnicity	• 3% Asian or Asian British • 3% Mixed • 91% White British • 3% White Other	• 7% Asian or Asian British • 7% Mixed • 82% White British • 4% White Other

Religion	• 2% Buddhist • 63%Christian • 1% Daoist • 1% mixed faith • 1% Muslim • 31% No religion • 1% Other	• 2% Buddhist • 49%Christian • 2% Daoist • 2% mixed faith • 2% Muslim • 41% No religion • 2% Other
Sexual Orientation	• 1% Bisexual • 3% Gay or lesbian • 94% Heterosexual or straight • 2% Other	• 2% Bisexual • 2% Gay or lesbian • 96% Heterosexual or straight
Respondent Type	• 3% A community partner • 54% A member of the public • 43% An employee working in health or social care	• 100% An employee working in health or social care

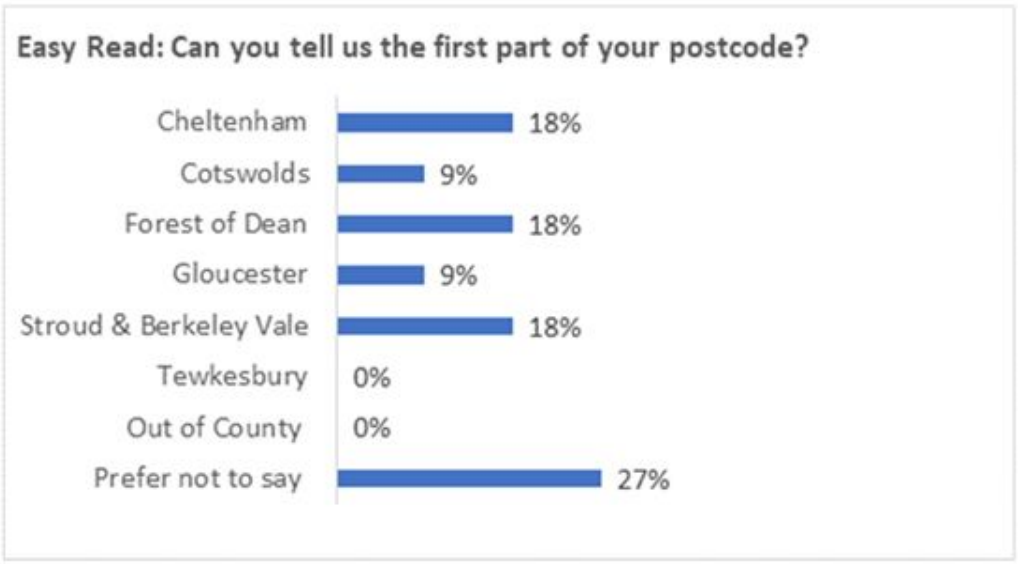
6.2 Location

As stated above, a high proportion of respondents either skipped or preferred not to provide their postcode.

Standard Survey



Easy Read


Easy Read: Can you tell us the first part of your postcode?
Cheltenham
18%
Cotswolds
9%
Forest of Dean
18%
Gloucester
9%
Stroud & Berkeley Vale
18%
Tewkesbury
0%
Out of County
0%
Prefer not to say
27%

6.3 Age

Standard Survey

Which age group are you?			
Answer Choices		Response Percent	Response Total
1	Under 18	0.00%	0
2	18-25	3.25%	4
3	26-35	10.57%	13
4	36-45	8.13%	10
5	46-55	23.58%	29
6	56-65	21.95%	27
7	66-75	20.33%	25
8	Over 75	10.57%	13
9	Prefer not to say	1.63%	2
		answered	123
		skipped	83

Easy Read Survey

Which age group are you:			
Answer Choices		Response Percent	Response Total
1	0 - 18	0.00%	0
2	18-25	0.00%	0
3	26-35	12.50%	1
4	36-45	0.00%	0
5	46-55	37.50%	3
6	56-65	12.50%	1
7	66-75	37.50%	3
8	75+	0.00%	0
9	Not saying	0.00%	0
		answered	8
		skipped	3

6.4 Role

Standard Survey

Are you?			
Answer Choices		**Response Percent**	**Response Total**
1	An employee working in health or social care	38.71%	48
2	A community partner	3.23%	4
3	A member of the public	50.00%	62
4	Prefer not to say	8.06%	10
		answered	124
		skipped	82

Easy Read Survey

Are you?			
Answer Choices		**Response Percent**	**Response Total**
1	Someone who works in health or social care	37.50%	3
2	A member of the public	62.50%	5
3	Not saying	0.00%	0
		answered	8
		skipped	3

6.5 Services Accessed

Standard Survey

Have you accessed any of the following services or support in the last 12 months (please tick all that apply)?

	Answer Choices	Response Percent	Response Total
1	Primary Care (GP)	80.95%	85
2	NHS Community Service (e.g. Community Nursing)	6.67%	7
3	Outpatient Hospital Service	57.14%	60
4	Specialist Inpatient Hospital Service	18.10%	19
5	Voluntary or community support related to your health and wellbeing	13.33%	14
6	Urgent care (e.g. 111, Minor Injury and Illness Unit, A&E)	39.05%	41
		answered	105
		skipped	101

Easy Read Survey

Have you used any of these services or had support from them in the last year?

	Answer Choices	Response Percent	Response Total
1	GP	83.33%	5
2	NHS Community Service (e.g. Community Nurse)	0.00%	0
3	Outpatient Hospital Service	33.33%	2
4	Specialist Inpatient Hospital Service	16.67%	1
5	Voluntary or community support for your health	16.67%	1
6	Urgent Care (A&E, Minor Injuries Unit, 111 Service)	33.33%	2
7	Not saying	0.00%	0
		answered	6
		skipped	5

We asked a follow-up question: Please tell us which hospital, community or voluntary service(s) you have accessed (e.g., respiratory, community nursing, support group). Details of the 62 services can be found in Appendix 1.

6.6 Disability

Standard Survey

14. Do you consider yourself to have a disability? (Tick all that apply)

	Answer Choices	Response Percent	Response Total
1	No	63.11%	77
2	Mental health problem	6.56%	8
3	Visual Impairment	2.46%	3
4	Learning difficulties	2.46%	3
5	Hearing impairment	6.56%	8
6	Long term condition	21.31%	26
7	Physical disability	10.66%	13
8	Prefer not to say	2.46%	3
		answered	122
		skipped	84

Easy Read Survey

Do you have a disability - tick the ones that describe you?

	Answer Choices	Response Percent	Response Total
1	No	28.57%	2
2	Mental health problem	28.57%	2
3	Problems with your sight	0.00%	0
4	Learning difficulties	0.00%	0
5	Problems with your hearing	0.00%	0
6	A health problem you have had for a long time like asthma, diabetes, or something else	71.43%	5
7	Physical disability	14.29%	1
8	Not saying	0.00%	0
		answered	7
		skipped	4

6.7 Carers

Standard Survey

Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age? Please do not count anything you do as part of your paid employment.

	Answer Choices	Response Percent	Response Total
1	Yes	36.36%	44
2	No	57.02%	69
3	Prefer not to say	6.61%	8
		answered	121
		skipped	85

Easy Read Survey

Do you look after, or give any help and support that you don't get paid for, to other people because they are ill or older?

	Answer Choices	Response Percent	Response Total
1	No, I don't	71.43%	5
2	Yes, I do	28.57%	2
3	Not saying	0.00%	0
		answered	7
		skipped	4

6.8 Ethnicity

Standard Survey

Which best describes your ethnicity?

	Answer Choices	Response Percent	Response Total
1	White British	84.80%	106
2	White Other	3.20%	4
3	Asian or Asian British	2.40%	3
4	Black or Black British	0.00%	0
5	Chinese	0.00%	0
6	Mixed	2.40%	3
7	Prefer not to say	7.20%	9
8	Other (please specify):	0.00%	0
		answered	125
		skipped	81

Easy Read Survey

Please can you tell us which o the groups in our list best describes you? This is called ethnicity.

	Answer Choices	Response Percent	Response Total
1	White British	75.00%	6
2	White Other	0.00%	0
3	Asian or Asian British	0.00%	0
4	Black or Black British	0.00%	0
5	Chinese	0.00%	0
6	Mixed	0.00%	0
7	Not saying	25.00%	2
		answered	8
		skipped	3

6.9 Religion or belief

Standard Survey

Which, if any, of the following best describes your religion or belief?			
Answer Choices		**Response Percent**	**Response Total**
1	No religion	29.27%	36
2	Buddhist	1.63%	2
3	Christian (including Church of England, Catholic, Methodist and other denominations)	58.54%	72
4	Hindu	0.00%	0
5	Jewish	0.00%	0
6	Muslim	0.81%	1
7	Sikh	0.00%	0
8	Prefer not to say	7.32%	9
9	Other (please specify):	2.44%	3
		answered	123
		skipped	83

Easy Read Survey

Please tick if you have any of these religions or beliefs			
Answer Choices		**Response Percent**	**Response Total**
1	None	42.86%	3
2	Buddhist	0.00%	0
3	Christian	28.57%	2
4	Hindu	0.00%	0
5	Jewish	0.00%	0
6	Muslim	0.00%	0
7	Sikh	0.00%	0
8	Other	14.29%	1
9	Not saying	14.29%	1
		answered	7
		skipped	4

6.10 Sex and Gender

Standard Survey

Are you?

	Answer Choices	Response Percent	Response Total
1	Male	19.51%	24
2	Female	73.98%	91
3	Transgender	0.00%	0
4	Non-binary	0.81%	1
5	Prefer to self-describe	0.00%	0
6	Prefer not to say	5.69%	7
		answered	123
		skipped	83

Easy Read Survey

Can you say about your gender? Tick the one that describes you.

	Answer Choices	Response Percent	Response Total
1	Male	37.50%	3
2	Female	50.00%	4
3	Transgender	0.00%	0
4	Non-binary	0.00%	0
5	Not saying	12.50%	1
		answered	8
		skipped	3

6.11 Sexual Orientation

Standard Survey

Which of the following best describes how you think of yourself?

	Answer Choices	Response Percent	Response Total
1	Heterosexual or straight	87.80%	108
2	Gay or lesbian	2.44%	3
3	Bisexual	0.81%	1
4	Other	1.63%	2
5	Prefer not to say	7.32%	9
		answered	123
		skipped	83

Easy Read Survey

Can you say how you think of yourself?

	Answer Choices	Response Percent	Response Total
1	Heterosexual or straight	71.43%	5
2	Gay or lesbian	14.29%	1
3	Bisexual	0.00%	0
4	Other	0.00%	0
5	Not saying	14.29%	1
		answered	7
		skipped	4

6.12 Pregnancy

Standard Survey

Are you currently pregnant or have given birth in the last year?			
Answer Choices		**Response Percent**	**Response Total**
1	Yes	0.00%	0
2	No	73.39%	91
3	Not applicable	22.58%	28
4	Prefer not to say	4.03%	5
		answered	124
		skipped	82

Easy Read Survey

Are you pregnant or had a baby in the last year?			
Answer Choices		**Response Percent**	**Response Total**
1	Yes	0.00%	0
2	No	62.50%	5
3	Not saying	0.00%	0
4	This question doesn't apply to me	37.50%	3
		answered	8
		skipped	3

6.13 Interviews

The survey included the following:

If you are interested in participating in a discussion (face to face or virtual) about any of the FFTF2 services, please provide details below (to protect your anonymity, we will separate your contact information from the feedback you have provided in this survey).

27 people responded positively to this question. Each individual was contacted and all those responding were offered the opportunity to be interviewed; this resulted in 7 telephone interviews being conducted.

7 Responses to the Engagement: Individual Services

This section sets out the survey feedback received about each of the services.

The Fit for the Future 2 survey included two types of questions:

1. **Quantitative** questions, which offer a choice for the respondent, for example, Benign Gynaecology: Please tell us what you think about the ideas for Benign Gynaecology:
    - *Strongly support*
    - *Support*
    - *Oppose*
    - *Strongly oppose*
    - *No opinion*
2. **Qualitative** questions which invite the respondent to write a comment,

Please tell us why you think this, e.g., the information you would like us to consider:

As mentioned previously, the qualitative feedback from completed surveys and correspondence has been grouped into themes. In this report, we have addressed the themes from engagement feedback and included some illustrative quotations have been selected from the free-text responses from the survey for each of the proposals and other correspondence received. All free text responses can be found in Appendix 1.

7.1 Benign Gynaecology

The idea that we engaged on was to continue to deliver the majority of Benign Gynaecology Day case surgery at Cheltenham General Hospital.

- **92%** of all respondents either **strongly supported** or **supported** the idea
- **96%** of staff respondents either **strongly supported** or **supported** the idea

7.1.1 *Quantitative Survey responses*[9]

Respondent type and proportion (%)		Strong support	Support	Oppose	Total Support
Not stated	28%	45%	39%	16%	84%
A community partner	4%	50%	50%	0%	100%
A member of the public	37%	39%	56%	5%	95%
An employee working in health or social care	27%	33%	63%	4%	96%
Prefer not to say	5%	50%	33%	17%	83%
Grand Total	**100%**	**40%**	**52%**	**8%**	**92%**

[9] Analysis of standard survey

Easy Read Survey

Answer Choices			Response Percent	Response Total
1	Good idea		71.43%	5
2	Quite good		0.00%	0
3	Not sure		0.00%	0
4	Bad idea		14.29%	1
5	Not saying		14.29%	1
			answered	7
			skipped	4

7.1.2 *Qualitative Survey responses*

A summary of the key themes and some example comments (from staff and the public) are presented below.

7.1.2.1 Public and Patients themes

Theme	Survey comment examples
Reduced cancellations	• It releases women from worry over a long period of time. • Fewer cancellations and shorter waiting
New Day Case unit at CGH	• The day case unit at CGH will be good for this, and having it at a site where there is less likely to be cancellations is good • Privacy and lack of fear of constant cancellation are far more important than the inconvenience of a longer journey • Individual rooms especially for those with disabilities etc.
Centres of Excellence	• If the intention is to make Cheltenham the main day-case site, then it would seem an appropriate to relocate this service to Cheltenham. • The case makes sense • Excellent plan benefits outweigh drawbacks
Travel	• Useful to centralise system but transport will always be a problem if you expect day cases to arrive by 7.30am • I find it incredibly difficult to get to Cheltenham general and I am fit and well with my own transport. GRH is far easier to get to it's all about not having the choice
Patient experience	• Women need to feel they are being seen speedily, by a professional who will listen and expedite treatment, in the near future. • Expertise in one place. Better services. Better access to services.

7.1.2.2 Staff themes

Theme	Survey comment examples
Clinical considerations	• Sensible if the procedure is minor and doesn't involve complications, consideration needs to be given to more complex patients with additional needs, who may require inpatient care. minor surgery suitable for CGH • For day case procedures not expecting overnight stays, I feel this appropriate
New Day Case unit at CGH	• Exciting to be having treatment in the new Day unit being built in CGH rather than the very tired unit in GRH
Reduced cancellations	• Reductions in cancellations are a necessity • Get operations done when no beds • Sounds like a robust plan to consolidate services on a single site and reduce the impact of bed availability on cancellations
Car Parking	• More car parking for our patients is needed

7.1.3 *Addressing themes from engagement feedback*

Feedback received and FFTF2 response
New Day Case unit at CGH
It is welcomed that both staff and the public see the benefits from undertaking Benign Gynaecology Day cases at the new Chedworth Day Surgery Unit (opening Jan 2023)
Reduced cancellations
The negative impact of cancellations on this cohort of patients is recognised by both staff and the public and the positive impact that the reduction in cancellations will have if these proposals are confirmed.
Travel
The negative impact of increased travel, particularly for patients travelling from the Forest of Dean to CGH is clearly recognised. Analysis has indicated that ~ 18% of patients will be negatively impacted, with 82% neutral or positive. For this cohort the impact is only for one day and as it is not the intention to bring all day-case gynaecology to CGH, a smaller number will remain at GRH to offer choice based on circumstances. Finally, if follow up clinics or therapy is required post operatively, this can be carried out at a site closest to the patient's home.

7.2 Diabetes and Endocrinology

The idea we engaged on was to continue to centralise the dedicated Diabetes and Endocrinology Inpatient beds at Gloucestershire Royal Hospital and provide a Diabetes and Endocrinology Consult service at Cheltenham General Hospital.

The ideas under consideration only relate to changing inpatient services. There would continue to be a choice of outpatient appointments at both acute hospital sites, in the community and virtually when appropriate. The idea for the Diabetes and Endocrinology Service is to maintain the centralised inpatient beds at GRH on Ward 9B of the Tower Block and to continue supporting General Medicine patients who are also admitted onto the Ward. All patients who have an acute diabetic or endocrine episode would continue to be admitted to GRH. The service would continue to provide support to other hospital patients, who also happen to have diabetes, but are under the care of other specialties (service areas), on both hospital sites.

- **98%** of all respondents either **strongly supported** or **supported** the ideas
- **100%** of staff respondents either **strongly supported** or **supported** the ideas

7.2.1 *Quantitative Survey responses*[10]

Respondent type and proportion (%)		Strong support	Support	Oppose	Total Support
Not stated	26%	57%	36%	7%	93%
A community partner	4%	50%	50%	0%	100%
A member of the public	38%	44%	56%	0%	100%
An employee working in health or social care	28%	42%	58%	0%	100%
Prefer not to say	5%	40%	60%	0%	100%
Grand Total	**100%**	**47%**	**51%**	**2%**	**98%**

10

Easy Read Survey

Answer Choices			Response Percent	Response Total
1	Good idea		87.50%	7
2	Quite idea		12.50%	1
3	Not sure		0.00%	0
4	Bad idea		0.00%	0
5	Not saying		0.00%	0
			answered	8
			skipped	3

[10] Analysis of standard survey

7.2.2 *Qualitative Survey responses*

A summary of the key themes and some example comments (from staff and the public) are presented below.

7.2.2.1 Public and Patients themes

Theme	Survey comment examples
Innovation	• I think it's good to centralise a specialty in one place however I do think that you need make more use of technology, e.g., virtual monitoring • Self-help, education and support for new patients and healthy eating should be part of any new service approach • Train other NHS staff (Drs, nurses, AHPs & dietitians) to enable triage process. These trained staff can refer on &/or discuss directly (phone/email) with specialist diabetes personnel to determine care plan.
Clinical considerations	• A protocol for treating Addisons Crisis and patients being "red flagged" for urgent treatment • More support needed for long-term diabetics. • I think life style is very important and self-control of healthy eating is a better option than reliance on medication. Healthy exercise is also vital. • The staff need to be trained and competent, to deal with patients who have complex needs.
Centres of Excellence	• This seems to be the most efficient way to organise services, but continued support to patients with diabetes or endocrine conditions located on other wards is essential. • The case made is good • The Centres of Excellence approach should bring patient benefits
Travel	• Having the team under one roof is a good thing, but the transport problem is still there. • The benefits are partially outweighed by transport for some people • I believe there should be inpatient beds available at both Gloucester and Cheltenham sites.
Patient experience	• Would just like any services focusing on patient care.

7.2.2.2 Staff themes

Theme	Survey comment examples
Clinical considerations	• It has several linkages to acute specialties that it should remain at GRH. • Centralising service will improve outcomes, patient care and experience.
Integration	• It is important to integrate care for people with diabetes • Diabetes specialists/teams in the community to offer specialist care. • Patient education is really important especially in the community or primary care • I am concerned that reconfiguration discussions which are 'site centric' overlook the overwhelming need to move diabetes services into the community to point of near exclusivity.
Workforce	• There are not enough Diabetic Community Nurses to cover the whole county. • The Diabetes team is extremely small and therefore centralising services to GRH site makes sense
Car Parking	• Parking needs to be improved massively.

7.2.3 *Addressing themes from engagement feedback*

Feedback received and FFTF2 response
A protocol for treating Addisons Crisis
There are protocols available on the Trust's intranet for treating Addisonian crisis. The previous Trakcare system has an icon available to all patients with specific healthcare needs, of which steroid dependency is one of them. Whenever a patient is started on replacement steroids the icon will be allocated to them on Trakcare. There have been some issues pulling this through onto the new EPR system, but this is being addressed currently.
Diabetes specialists/teams in the community to offer specialist care
Confirm that community D&E outpatient clinics will not be impacted. Although this particular proposal focuses on inpatient care, The Hospital Trust does work in collaboration with Gloucestershire Health and Care to share information and projects being worked on in health care settings across Gloucestershire. ICS Diabetes and Endocrinology Integration Model Project aims to develop a single point of access to manage patients in the community who may not need to go into Acute Trust. Type 2 diabetic patients would be included within the scope of this project, with the objective being that the vast majority of these patients would be seen in a community clinic by default. In order to facilitate this, the ICS have recruited a community Diabetic consultant. CCG Virtual Ward Round Project - The virtual ward project is currently being scoped out by the ICS and focuses upon Diabetic and Endocrine patients who are discharged from the Hospital to reduce readmissions.

Patient education is really important especially in the community or primary care
The ICS run various patient education programs of people with newly diagnosed type 2 diabetes and for people who are starting on insulin. There are also a number of courses covering diet and lifestyle to assist in the prevention of the development of type 2 diabetes. In terms of type 1 diabetes, we do a lot of one-to-one work and also offer a number of options on learning to carbohydrate count, these are mainly online based.
Travel and Transport
The negative impact of increased travel is clearly recognised. Analysis has indicated that ~ 4% of patients will be negatively impacted, with 96% neutral or positive. Our Integrated Impact Assessment would indicate that the benefits (patient outcomes) outweigh the negative travel impact.
Train other NHS staff (Drs, nurses, AHPs, dietitians) to enable triage process.
The future plan is to have two Diabetes link nurses for each ward and ED areas. In addition, there will be updated training every 2 months for healthcare professionals. There is currently and diabetes e-learning available online for staff, which is currently being considered to become mandatory training for all medical staff members. Furthermore, the service already RAG rates patients to determine which inpatients do need to be seen by the specialist team.

7.3 Non-interventional Cardiology

The idea we engaged on was to centralise Non-Interventional Cardiology inpatient beds at Gloucestershire Royal Hospital and provide a Cardiology Consult service at Cheltenham General Hospital.

The ideas we are considering only relate to potential changes to overnight inpatient services. There would continue to be a choice of outpatient appointments at both GRH and CGH, in the community and virtually when appropriate. Our idea is to centralise all Cardiology inpatient beds at GRH and therefore relocate the remaining eight inpatient beds from CGH to GRH.

- **99%** of all respondents excluding staff either **strongly supported** or **supported** the ideas
- **97%** of staff respondents either **strongly supported** or **supported** the ideas

7.3.1 *Quantitative Survey responses*[11]

Respondent type and proportion (%)		Strong support	Support	Oppose	Total Support
Not stated	14%	50%	50%	0%	100%
A community partner	4%	33%	67%	0%	100%
A member of the public	42%	49%	51%	0%	100%
An employee working in health or social care	37%	45%	52%	3%	97%
Prefer not to say	4%	33%	67%	0%	100%
Grand Total	**100%**	**47%**	**52%**	**1%**	**99%**

Easy Read Survey

Answer Choices			Response Percent	Response Total
1	Good idea		71.43%	5
2	Quite good		28.57%	2
3	Not sure		0.00%	0
4	Bad idea		0.00%	0
5	Not saying		0.00%	0
			answered	7
			skipped	4

[11] Analysis of standard survey

7.3.2 *Qualitative Survey responses*

A summary of the key themes and some example comments (from staff and the public) are presented below.

7.3.2.1 Public and Patients themes

Theme	Survey comment examples
Innovation	• Use of technology to reduce referral times, e.g., patient/ GP/ specialist video calls and portable ultrasound and ECG equipment that can be used to provide diagnostic information to specialists
Clinical considerations	• How are patients with other medical issues who also have a need for non-interventional cardiology be treated in CGH? • It seems to make sense to consolidate cardiology beds in one site (GRH). Would be great for additional funding for MRI, CT, services as well as services related to heart failure and genetic heart conditions. • Reduce length of stays. All different specialists under one roof, better for care and training, more likely to get correct specialists.
Centres of Excellence	• I can see the logic in moving the remaining non-interventional beds to be under the care of the centralised inpatient cardiology team. • Concentrating expertise in one hospital is important. • Objectively - absolutely right to optimise cardiac services in one place. Hard sell for past patients who have been treated successfully in Cheltenham, but this should be pushed forward.
Travel	• Transport over the county is appalling • Makes sense but it is the traveling that could be a problem for those without their own
Patient experience	• My first symptoms were over 65 years ago, and I am truly grateful for the NHS support I had since! I still enjoy life.

7.3.2.2 Staff themes

Theme	Survey comment examples
Clinical considerations	• Best located where support services are • Agree cardiology inpatient provisions should be based at GRH • Centralising services on the GRH site will be of great benefit to ongoing cardiac care/services hopefully reduce waiting times for interventions, improving patient outcomes and LOS in the long term and decreasing the need for transfers out of county. • Better pathway to interventional investigations
Interdependencies	• Cardiology should be on the same site as Vascular Services • Cardiology should be based on the site with greatest cover from Vascular and Interventional Radiology

	• I am concerned that this good work in centralising specialist services will be overly reliant on Ambulance Service performance.
Travel	• Travel may cause a difficulty for some people; however, the benefits appear to outweigh the negatives.

7.3.3 *Addressing themes from engagement feedback*

Feedback received and FFTF2 response
Co-location of all cardiology services (FFTF1 and FFTF2)
It is welcomed that both staff and the public see the benefits from centralising all cardiology inpatient services at GRH
Co-location of cardiology with vascular
It is welcomed that staff see the benefits from centralising all cardiology inpatient services at GRH which will be co-located with vascular services.
Travel and Transport
The negative impact of increased travel is clearly recognised. Analysis has indicated that ~ 10% of patients will be negatively impacted, with 90% neutral or positive. Our Integrated Impact Assessment would indicate that the benefits (patient outcomes) outweigh the negative travel impact.

7.4 Respiratory

The idea we engaged on was to continue to centralise Respiratory Inpatient beds and establish Respiratory High Care at Gloucestershire Royal Hospital and provide a Respiratory Consult service at Cheltenham General Hospital.

As a result of the temporary service changes in response to COVID-19, the Hospital Trust's inpatient respiratory services are currently centralised at GRH. The respiratory high care service (initially established as a COVID response), aims to improve the quality of service for the population of Gloucestershire and enable the team to quickly respond to high acuity (very unwell) patients, including those with COVID-19, who need this level of specialist care.

- **97%** of all respondents either **strongly supported** or **supported** the idea
- **100%** of staff respondents either **strongly supported** or **supported** the idea

7.4.1 *Quantitative Survey responses*[12]

Respondent type and proportion (%)		Strong support	Support	Oppose	Strongly oppose	Total Support
Not stated	12%	36%	64%	0%	0%	100%
A community partner	4%	50%	50%	0%	0%	100%
A member of the public	43%	41%	51%	5%	3%	92%
An employee working in health or social care	34%	48%	52%	0%	0%	100%
Prefer not to say	6%	40%	60%	0%	0%	100%
Grand Total	**100%**	**44%**	**53%**	**2%**	**1%**	**97%**

Easy Read Survey

Answer Choices			Response Percent	Response Total
1	Good idea		100.00%	6
2	Quite good		0.00%	0
3	Not sure		0.00%	0
4	Bad idea		0.00%	0
5	Not saying		0.00%	0
			answered	6
			skipped	5

[12] Analysis of standard survey

7.4.2 *Qualitative Survey responses*

A summary of the key themes and some example comments (from staff and the public) are presented below.

7.4.2.1 Public and Patients themes

Theme	Survey comment examples
Innovation	• More opportunities for self-referral and annual pulmonary rehab
Clinical considerations	• Need to ensure that patients on these wards with other health conditions receive good support from other specialties. • If the last 2.5 years has shown this to work and be beneficial, that's a pretty compelling 'inadvertent pilot'!! • Review by same practitioners maintain continuity of care. This gives the patient confidence in their care.
Ward environment	• On the whole this idea should be supported however the wards in Gloucester Hospital are poorly ventilated and understaffed.
Integration	• Lack of community support is a huge problem • Putting respiratory professionals in GP clinics/hubs rather than only in GRH • Community involvement may be needed, and it is important to introduce them as soon as possible, to maintain quality care.
Travel	• Makes good sense and has been 'trialled' through the pandemic, again we need to acknowledge limited resources, and the distance is manageable but could be costly for some.

7.4.2.2 Staff themes

Theme	Survey comment examples
Clinical considerations	• Anyone with a diagnosis of acute respiratory illness having access to relevant teams to avoid A&E attendance, perhaps contact through the direct admission pathway to avoid the emergency department. • Patient transfers from CGH. • Respiratory is a service that has worked well being centralised to GRH site • It seems to make sense to consolidate beds in one site especially with more consultant emergency cover should the patient become acutely unwell
High Care	• Respiratory high care service is a needed service to be able to meet the requirements of acutely unwell respiratory patients. • Evidence from COVID suggests a higher level of respiratory care needed.
Workforce	• The proposal is exciting, there needs to be consideration of the workforce resource required outside of medics and nursing. • The Respiratory service at the Trust is exceptionally well lead and proactive in its outlook and approach.
Integration	• There is further work to be done with improving integration of services across the ICS with further investment for managing

	respiratory conditions and access to services such as pulmonary rehabilitation and care/support in the community. • Curious as to why some respiratory services couldn't be offered at community level.

7.4.3 *Addressing themes from engagement feedback*

Feedback received and FFTF2 response
Respiratory High Care
The business case includes on average 11 respiratory high care monitored beds – demand is highly variable. Extra beds are to have monitors in the side rooms for times of high demand of infection control needs. Additional resources required to develop this service are 2 x Advanced Clinical Practitioners and 1.5 x band 7 physiotherapists. The medical and nursing support can be provided within existing establishments.
Patients who come in for surgery may develop other problems that need respiratory help
This would be covered by the consultant based at Cheltenham, very sick patients could be looked after in intensive care.
Patients needing transfer
At the point that the ED team think that the patient needs to be admitted they would put them on the Acute take list, arrangements would then be made to transfer the patient (via a Trust inter-site ambulance) to Gloucester. The patient would be taken directly to the Acute Medical Unit, avoiding the ED.
Community support
Cheltenham outpatient clinics will not be changed. We are also developing an Acute Respiratory Infection Virtual Ward. This model will be aimed at patients who would otherwise have been admitted to hospital on a <5 LOS bed stays and have a News2 score of <4. This model also supports patients being discharged from hospital to the care of this ward who would otherwise have had to remain in hospital longer.
Travel and Transport
The negative impact of increased travel is clearly recognised. Analysis has indicated that ~ 9% of patients will be negatively impacted, with 91% neutral or positive. Our Integrated Impact Assessment would indicate that the benefits (patient outcomes) outweigh the negative travel impact.

7.5 Stroke

The idea we engaged on is that both the Hyper Acute Stroke Unit and Acute Stroke Unit remain permanently at CGH and the way that patients currently access the service remains the same. The learning over the past two years is that it's easier to manage and deliver a quality service if both units are on the same site (CGH).

- **84%** of all respondents excluding staff either **strongly supported** or **supported** the idea
- **73%** of staff respondents either **strongly supported** or **supported** the idea

7.5.1 *Quantitative Survey responses*[13]

Respondent type and proportion (%)		Strong support	Support	Oppose	Strongly oppose	Total Support
Not stated	12%	36%	46%	9%	9%	82%
A community partner	4%	50%	50%	0%	0%	100%
A member of the public	44%	51%	47%	0%	2%	98%
An employee working in health or social care	35%	36%	37%	0%	27%	73%
Prefer not to say	5%	20%	20%	0%	60%	40%
Grand Total	**100%**	**43%**	**41%**	**1%**	**15%**	**84%**

Easy Read Survey

Answer Choices			Response Percent	Response Total
1	Good idea		100.00%	6
2	Quite good		0.00%	0
3	Not sure		0.00%	0
4	Bad idea		0.00%	0
5	Not saying		0.00%	0
			answered	6
			skipped	5

[13] Analysis of standard survey

7.5.2 *Qualitative Survey responses*

It should be noted that the ideas for stroke received the highest proportion of opposition from survey respondents compared to other services, particularly from staff concerned with the location of stroke at the non-emergency site. Concerns were raised especially regarding co-location with vascular surgery and cardiology.

All survey comments (Appendix 1) were reviewed by the Stroke team and a response is provided below. Arrangements are also underway to arrange meetings between the services.

A summary of the key themes and some example comments (from staff and the public) are presented below.

7.5.2.1 Public and Patients themes

Theme	Survey comment examples
Interdependencies	• Getting a stroke patient to one of these units within the critical 4 hours is another matter given the current demand for ambulances.
Clinical considerations	• I'm very unsure about this. No mention made of thrombectomy • I am concerned that, with the often time critical nature of strokes, the move of in-patient stroke to CGH might lengthen the time before a patient received a necessary thrombolytic agent. • The issues of patient transport need to be addressed, especially walk-ins to GRH which are subsequently transferred to CGH. • Why would you have Stroke based at Cheltenham General when cardiac, interventional radiology and vascular services are all at Gloucestershire Royal Hospital • Happy that CGH has control of stroke admissions. I agree with potential benefits.
Benefits	• Excellent - good analysis of potential drawback • Streamline to get the best optimal service. The better and sooner we treat stroke, the way better the outcomes for patients and their long-term outlook.
Ward environment	• It makes sense to have both the HASU and ASU on the same site, but also that they are separated so as to have the ASU in the quieter area. • Vital to have prompt effective assessment and treatment. Good to have a therapy areas on Woodmancote Ward.
Inter-site transfers	• There will still be transfers required, but there would be anyway if it was all located at GRH. However, as ever the issues of patient transport need to be addressed, especially walk-ins to GRH which are subsequently transferred to CGH. • Same site for both makes sense and if transport between the 2 hospitals if needed is in place, that should cover the unusual cases

Patient experience	• As I've said Cheltonians prefer Cheltenham over Gloucester. • The family should always be involved in all care plans. Because it needs to be an holistic approach.

7.5.2.2 Staff themes

Theme	Survey comment examples
Clinical considerations	• The purpose-built ward at CGH is suitable • I share the concern about receiving the correct treatment, diagnosis and transfers to Cheltenham. • The new model for HASU works well having limited beds and a focus on patients being moved on quickly
Interdependencies	• Stroke services need to be located where ED, Interventional Radiology, Vascular and cardiology are on the main acute site. • Acute stroke is an emergency service, and it should be based at a site where there is 24 hour ED • What happens to overnight Strokes when ACUC moves to GRH, and the medical cover goes with it? • Removing the service from the main ED and delaying crucial intervention such as thrombolysis.
Workforce	• It has hugely helped with staffing and team moral being on the same site. • I point out that, especially for understaffed therapy teams, HASU and ASU being on the same site saves huge amounts of resources as the therapists can help out on each ward depending on staffing and patient demands. • I would also say that the service should have more funding for therapists and assistants and would benefit from an activities coordinator, social work support and complex discharge coordinator
Ward environment	• The current HASU ward is not fit for purpose • Larger clinical area for HASU - more room for beginning rehabilitation of patients • Woodmancote is more modern, lighter and purpose built for Stroke rehabilitation. • Woodmancote is well suited to the therapy needs of patients considering the track hoists and large therapy room and Cheltenham hospital is a good environment for these patients with nice outdoor areas that can be accessed.
Health inequalities	• Stroke services should be at biggest acute hospital in the city where socioeconomic circumstances make stroke most common

7.5.3 *Addressing themes from engagement feedback*

Feedback received and FFTF2 response
Stroke services need to be located where ED, Interventional Radiology, Vascular and cardiology are on the main acute site.
There is currently no interventional radiology input from Gloucester or Cheltenham. The interventional radiology for strokes is carried out at Southmead and there is no intention that that will change. If, and when, GHNHSFT starts providing thrombectomy for strokes, we will revisit our service configurations, but currently and the for the next few years, this is not an issue. The vascular issue is around access to carotid dopplers and carotid endarterectomy for the high TIAs. Surgery is not performed on the same day and best practice is within seven days. The vascular unit at GRH includes patients from Swindon which is acceptable. Cardiology input is for telemetry and tapes and echoes. We will continue to have cardiac investigations on both sites. Furthermore, echoes are never immediate to help guide next steps of treatment. It's not emergency care. We rarely share stroke patients with cardiology. We may occasionally ask for advice on rhythm disturbance, but we have not had a patient that suddenly had a heart attack and needed resuscitating.
Medical cover at CGH
Out of hours there is 24/7 medical registrar cover at CGH. This registrar provides cover for the acute take as well as supporting the stroke service. Once the acute take centralises at GRH the responsibilities of this post will reduce. The medical registrar works closely with the specialist nurses and the Advanced Care Response Team. There is a Consultant Specialist regional on call rota for thrombolysis/thrombectomy queries. At weekends there is a Stroke Consultant on site at GRH from 8am – 12.00
Strokes at GRH
If a patient with stroke symptoms 'walks in' at GRH Emergency Department, they receive a priority assessment and there is immediate communication with the stroke team. If appropriate the patient is transferred to CGH for rapid stroke assessment. There is a consult model in place for GRH, which means that stroke staff will provide advice and support to other specialties (service areas) on the GRH site. There is now an agreed protocol for managing COVID positive stroke patients in CGH.
Ambulance travel times
As with FFTF1, the FFTF2 programme has worked closely with the South Western Ambulance Service NHS Foundation Trust (SWASFT) and Operational Research in Health (ORH) Limited to model the "blue light" ambulance travel impact. The impact has been assessed for both the ambulance incident response times and the Call to Hospital. The findings for HASU are as follows: • The impact to response performance of making the proposed changes are generally small, at 18 seconds for both the C2 mean and C2 90th percentile in Gloucestershire CCG. • Average ambulance utilisation across the model increases by 0.1 percentage points; this is expected as despite travel time to CGH being 3m 37s longer on

average, only 1.2% of transported patients in NHS Gloucestershire are affected by the change.

- The total time from time of call to handover at hospital increases by 7m24s for HASU patients. This measure is impacted by many factors including resource availability, changes in travel times and stacking of vehicles at hospital during handover.
- A series of simulation runs were then carried out, adding additional ambulance deployments at Staverton to identify the additional resources required to mitigate the performance impacts.
- An additional 14 ambulance hours per week at Staverton are needed to restore performance, delivered through the extension of shifts. In terms of scale, this is approximately 10% of the overall additional ambulance hours required for FFTF1.

Ward environment

As part of proposed moves for Cardiology in May 23, the HASU will be able to relocate into the Cardiology ward at CGH, which will provide 21 beds. This ward looks out on to a courtyard garden providing better space for recovery. It will also provide better space for therapy services. Cheltenham has better car parking access for wheelchair users.

Travel and Transport

The negative impact of increased travel is clearly recognised. Analysis has indicated that ~ 15% of patients will be negatively impacted, with 85% neutral or positive. Our Integrated Impact Assessment would indicate that the benefits (patient outcomes) outweigh the negative travel impact.

Inter-site transfers

The Trust currently has a contract with an independent company to provide patient transfers by ambulance. The transfers include transporting patients from the GRH to Hartpury Suite (Cath Lab) at CGH, supporting patient discharge to their place of residence or to other providers and transferring patients between the two hospital sites.

As part of FFTF Phase 1, work was carried out to identify the inter hospital demand to support the centralisation of emergency general surgery and the acute medical take at GRH, and the transfer of vascular services and interventional cardiology services to GRH. This work has been updated to reflect the current experience during the temporary service changes and the proposed service changes within FFTF Phase 2, i.e., the centralisation of respiratory, cardiology, diabetes and endocrinology services at GRH and the centralisation of stroke services at CGH.

7.6 Frailty / Care of The Elderly

The decision was made to include Frailty / Care of The Elderly as part of the FFTF Phase 2 engagement to seek the views of our population regarding the whole frailty pathway.

On the basis that detailed proposals will not be developed at this time the decision has been made to withdraw Frailty/Care of The Elderly from the NHS England clinical review panel process and external scrutiny (as agreed with NHSEI).

The Frailty Clinical Programme Group has led a series of workshops in 2021 with the aim to develop a Frailty Strategy for Gloucestershire. A Task and Finish (T&F) group has been established to undertake a diagnostic review of current service configuration, develop a case for change and a preferred option for the future configuration of frailty services. This includes the Frailty Assessment Unit (at GRH and any proposals for CGH), Frailty and Care of the Elderly ward and bed numbers at CGH and GRH, direct admit pathways and Same Day Emergency Care (SDEC) offer and integration with existing Community Frailty Services and development of any new services. Membership of this group includes clinical and management representatives from GHNHSFT and GHCFT, CCG commissioning leads, GPs, VCSE and lay representation.

The T&F group will receive and review all the feedback received during the Fit for the Future 2 engagement. Themes from the feedback relating to Frailty and Care of The Elderly were grouped into the following areas:

- Hospital services
- Information sharing
- Integration between services
- Out of hospital care
- Prevention agenda
- Responsiveness of services
- Other

As and when service development proposals are progressed these will be assessed with regard to our statutory duties and, where required, will be subject to the standard FFTF assurance process.

8 Evaluation

8.1 Considerations and learning points for future engagement and communication activities

Our approach to evaluating the effectiveness of our engagement and consultation activities locally is to apply a well-known quality improvement methodology, using an iterative process: Plan, Do, Study, Act (PDSA cycle) https://improvement.nhs.uk/documents/2142/plan-do-study-act.pdf

Engagement (and Consultation), Experience and Inclusion Evaluation Framework developed by The Science and Technologies Facilities Council has developed a useful engagement evaluation framework, https://stfc.ukri.org/files/corporate-publications/public-engagement-evaluation-framework/ We have adapted this to support the STUDY element in our Engagement, Experience and Inclusion PDSA Cycle.

Dimension	Definition	Response
Inputs	Engagement (and Consultation), experience and inclusion inputs include the time, skills and money that are invested into delivering engagement activities.	A comprehensive Fit for the Future Communications and Engagement plan was developed to support the engagement activity. This plan set out the approach to communications and engagement. The plan was evaluated using an Engagement and Equality Impact Assessment
Outputs	Engagement (and consultation), experience and inclusion outputs are the activities we undertake and the resources that we create.	Over 50 public and staff engagement events were held. The mix of face-to-face and online events were held. Approximately 3000 information booklets were produced and distributed in local communities. Feedback received did include comments on the Fit for the Future2 process itself. Feedback received was a mixture of positive and negative comments. An example of learning from feedback of this kind from the earlier Fit for the Future 1 engagement and Consultation was to work with Inclusion Gloucestershire to produce and Easy Read version of engagement materials.

Dimension	Definition	Response
Reach	Reach has two main elements: The number of people engaged, this includes attendance at events, completion of surveys, social media interaction etc. The types or diversity of people engaged.	Total face-to-face contacts was more than 1000 individuals. More than 200 Fit for the Future 2 surveys completed. Facebook adverts reached approximately 64,500 individual people. This resulted in 925 people clicking the link through to the engagement survey. Twitter adverts had more than 55,000 impressions with the link to the survey clicked 87 times in total. We do not routinely collect demographic information about individuals participating in events/drop-ins etc. Demographic information was collected through our survey, but these questions were optional and consequently were not always completed. However, the demography of the county is considered during engagement planning and events/meetings targeted to reach a wide range of communities of interest and those groups identified though the independent Integrated Impact Assessment.
Outcomes	Outcomes are the way that audiences respond to the engagement, experience and inclusion activity – completed event evaluation forms, independent observation reports	We have received no criticisms or complaints regarding the engagement approach. The respondents who participated in the follow up telephone interviews with a member of the engagement Team indicated that they valued the approach taken.

Dimension	Definition	Response
Processes	Processes are the way we work to plan, develop and deliver our engagement, experience and inclusion activities. They include our approaches to quality assurance and following good practice.	Inclusion Gloucestershire: Assisted with the development of Easy Read materials. Healthwatch Gloucestershire (HWG): HWG Readers Panel reviewed an early draft of the engagement booklet and made suggestions for changes, which were incorporated into the final version. The Readers Panel completed a second review of a more fully worked up version of the full engagement Booklet – again all feedback was considered. Aneurin Bevan Health Board (ABHB): facilitated an Information Bus visit to Chepstow Hospital in Monmouthshire to enable residents living close to the Wales England Border, who might access services in Gloucestershire the opportunity to find out more about the engagement. Know Your Patch (KYP) Coordinators: KYPs allowed us to share information to promote the engagement. District/Borough Councils and Retail partners: Supported the visits of the Information Bus to locations with maximum footfall across the county. Tewkesbury Borough Council hosted members' seminars to discuss the Fit for the Future 2 engagement. Local media: ran articles promoting the engagement. Paid for advertising was also undertaken. Others: Many other groups and individuals have helped to raise awareness of the engagement such as Trust Governors, staff-side representatives, hospital volunteers and community and voluntary sector organisations.

8.2 ACT - following Fit for the Future 1

The following actions were undertaken following feedback received during the Fit for the Future 1 engagement to support future communications and engagement associated with Fit for the Future Programme:

Inclusion Gloucestershire participants identified the following areas for us to consider to improve engagement further (extract from Inclusion Gloucestershire Engagement Report):

- Less information, less jargon and easy read copies of all information.
- From our experience, people who represent the seldom heard groups tend to need more time and preparation to support them to engage. It would have been helpful to have had at least two weeks research time prior to each area workshops.
- Some people from the BME communities were not able to engage in the workshops due to a language barrier. Going forward it might be more beneficial to liaise with community leaders to hold specific workshops within the BME communities with community support for interpreters. We know that there are many barriers for people from the BME communities accessing health care. For many, they don't know how to ask for the health care that they need or struggle to understand treatment options.
- For One Gloucestershire to go out to community groups such as the Inclusion Hubs for those who need to go at a slower pace and for a wider group of people to be included in the process.

8.3 ACT - following Fit for the Future 2 Engagement

The following actions will be undertaken in response to Fit for the Future 2 to support future communications and engagement, we will:

- Consider the introduction of 'incentives' for participation: financial would be prohibitive on a countywide scale, we have previously tried prize draws but these made no difference to response rates.
- Think about how to maximize impact of postage options, e.g., inclusion of NHS information with other door to door communications distributed by ICS partners, such as District Council "Council Tax News" or "The Local Answer".
- Think about how the input of past, current, and future users of services under engagement and consultation and patient experience can be emphasized more in engagement and consultation materials.
- Using our One Gloucestershire Integrated Care System Citizens' Panel approach investigate 'Sampled' market research as an alternative option to consider in future – but note that sample size of this kind would be a smaller number of responses than general survey response rate.
- Continue to pursue further opportunities to promote participation in less well represented districts.
- Consider additional methods for signposting to outcomes of earlier engagement and consultation activity.
- Continue to work with Inclusion Gloucestershire and others to develop Easy Read documents to a high standard and review methods to increase awareness of Easy Read.

- Consider producing engagement information and surveys for individual services separately; respondents to 'multi-service' engagement are often only interested in one or two services.
- Develop and further raise awareness of ***Get involved in Gloucestershire*** across Gloucestershire with the aim of encouraging local people to register to keep up to date with involvement opportunities.
- Establish a 'lay/public' reference group to be involved with reviewing implementation plans for changes approved by decision makers – * A Working with People and Communities Advisory Group is a new part of the ICS Governance arrangements.
- Continue to recognize the value of analysis of free text/qualitative feedback and actively seek innovations to maximize the impact of this important engagement and consultation data.
- Make available decision-making documents in the public domain on the One Gloucestershire ICS Website and the Get Involved in Gloucestershire online participation space and share these with participants to the engagement (for whom we have contact details).
- Continue to investigate innovative opportunities to communicate with local people, building on the new media online/social media partnerships developed during the FFTF programme to date.

9 Appendices

All appendices can be found at [Fit for the Future 2 | Get Involved In Gloucestershire (glos.nhs.uk)]

Appendix 1a: Survey responses - Public

Appendix 1b: Survey responses - Staff

Appendix 1c: Survey responses – Easy Read

Appendix 1d: Survey responses – Community Partners

Appendix 1e: Survey responses – Prefer not to say

Appendix 2: Glossary

See overleaf

Appendix 3a: FFTF2 Engagement Booklet

Appendix 3b: FFTF2 Easy Read Booklet

Appendix 2: Glossary

ACUC (Acute Medical Take)	The Acute Medicine team coordinates initial medical care for patients referred to them by a GP or the Emergency Departments and decides on whether they need a hospital stay (also referred to as 'the acute medical take')
A&E	Accident and Emergency department (also known as Emergency Department (ED)
Aneurin Bevan Health Board (ABHB)	The local health board of NHS Wales for Gwent, in the south-east of Wales
Addison's crisis	A life-threatening situation that results in low blood pressure, low blood levels of sugar and high blood levels of potassium
BME	Black and minority ethnic
Centres of Excellence (CoEx)	The development of the two main hospital sites. Part of the Fit for the Future Programme
CGH	Cheltenham General Hospital
COVID-19/ Coronavirus	COVID-19 is a new illness that affects lungs and airways. It is caused by a virus called coronavirus.
NHS Gloucestershire Integrated Care Board (ICB)	Previously known as Gloucestershire CCG is responsible for planning and investing in many local health and care services, including the majority of hospital care and stroke services.
Gloucestershire Health & Care NHS Foundation Trust (GHCFT)	Formed in 2019 by the merger of 2gether Trust and Gloucestershire Care Services to provide joined up physical health, mental health and learning disability services
Gloucestershire County Council (GCC)	Responsible for a large number of services, including education, health and transport.
Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)	Provides a wide range of specialist acute services
GRH	Gloucestershire Royal Hospital
Hyper acute stroke unit (HASU)	Provides the initial investigation, treatment and care immediately following a stroke
Healthwatch Gloucestershire	An independent service which exists to speak up for local people on Health and Social Care
Health overview and scrutiny committee HOSC	A committee of the relevant local authority, or group of local authorities, made up of local councillors who are responsible for monitoring, and, if necessary, challenging health plans.
Inclusion Gloucestershire	A charity run by disabled people for disabled people (a user-led organisation) with a vision to help achieve an inclusive society
Integrated Impact Assessment (IIA)	The purpose of the Integrated Impact Assessment is to explore the potential positive and negative consequences of the proposals. It includes a Health Impact Assessment (HIA), Travel and Access Impact Assessment, Equality Impact Assessment (EqIA) (in which the impacts of the proposals on protected characteristic groups and deprived communities are assessed) and Sustainability Impact Assessment.

Integrated Locality Partnerships (ILPs)	Partnerships made up of senior leaders of health and social care providers and local government.
Know Your Patch	Networks based in each district of Gloucestershire for anyone involved in the adult social care field, supporting older and vulnerable people to maintain independence and wellbeing
NHS Long Term Plan (LTP)	Sets out priorities for the NHS over the next ten years
One Gloucestershire Integrated Care System (ICS)	The working name given to the partnership between the county's NHS and care organisations to work in partnership in improving health and care, to help keep people healthy, support active communities and ensure high quality, joined-up care when needed in Gloucestershire
Patient Participation Group (PPG)	A group of patients, carers and GP practice staff who meet to discuss practice issues and patient experience.
PCN Primary Care Networks	Groups of GP practices working closely together - along with other healthcare staff and organisations - providing integrated services to the local population
South West Ambulance Service Foundation Trust (SWASFT)	Provides a wide range of emergency and urgent care services across South West England
The Consultation Institute (tCI)	A not-for-profit organisation specialising in best practice public consultation and stakeholder engagement
VCS Alliance	Acts as an independent voice for the voluntary and community sectors within Gloucestershire

One Gloucestershire
Transforming Care, Transforming Communities

Fit for the Future #2

Output of Engagement Report

Integrated Care Board
28/09/22

@One_Glos
www.onegloucestershire.net

10.1

Session Purpose and Objectives

Purpose:

To review the Fit for the Future 2 Output of Engagement Report.

Objectives:

- To provide a reminder of the programme objectives
- To provide a reminder of the FFTF2 proposals
- To review the FFTF2 engagement activities
- To review the FFTF2 engagement quantitative and qualitative responses.
- To confirm next steps

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Output of Engagement Report - content

- FFTF Background
- Our engagement approach
- Engagement activities
- Responses – demographics
- Responses – services
    - Quantitative
    - Qualitative
        - ➢Engagement themes
        - ➢Addressing themes
- Evaluation

Clinical Strategy…

A single, ground-breaking specialist hospital for Gloucestershire operating out of two campuses, one in Cheltenham and one in Gloucester.

All the specialist care and expertise you need will be right on hand whether you are coming to us for planned surgery, or in an emergency.

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FFTF2 Preferred options…

Gloucestershire Royal Hospital

- Diabetes and Endocrinology (In-Patient)
- Respiratory (In-Patient & High Care)
- Non-Interventional Cardiology (In-Patient)

Cheltenham General Hospital

- Benign Gynaecology (Day Case)
- Stroke (In-Patient)

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FFTF2 Engagement - Key Facts

- 50+ engagement events
- 3,000 Engagement booklets distributed
- 6 Facebook Live streamed
- Over 1,800 face-to-face conversations with members of the public and staff
- 200+ surveys completed
- NHS Information Bus Tour
- Communication campaign for GHNHSFT staff
- Presentations to PCNs, ILPs, CPGs etc.
- Presentations to HOSC and local councillors

Quantitative Feedback

Service	Support		Oppose	
	All	Staff	All	Staff
Benign Gynaecology	92%	96%	8%	4%
Diabetes and Endocrinology	98%	100%	2%	0%
Non-interventional Cardiology	99%	97%	1%	3%
Respiratory	97%	100%	3%	0%
Stroke	84%	73%	16%	27%

Qualitative Feedback - themes

Public and Patients

- Support for Centres of Excellence approach
- Travel and Transport
- Car parking
- Ward environment
- Innovation
- Clinical considerations

Staff

- Benefits of the Centres of Excellence approach
- Clinical considerations
- Travel and Transport
- Car parking for patients
- Health inequalities
- Interdependencies with other clinical services
- Improved integration with primary and community services

Stroke – addressing concerns

84% support (public, patients, staff)

73% support (staff only)

- "Stroke services need to be located where ED, Interventional Radiology, Vascular and cardiology are, on the main acute site"
- Need greater clarity on the medical cover that will be provided at CGH
- Need to define pathway for stroke patients that arrive at GRH
- Need to consider ambulance travel times for patients in West of the county
- Need to consider impact on Inter-site transfers.

Frailty

- Included as part of the engagement to seek the views of our population regarding the whole frailty pathway.
- Detailed service change proposals are not developed so service not subject to NHS England clinical review panel process and external scrutiny
- Frailty T&F group will receive and review all the feedback received. Themes were grouped into the following areas:
    - Hospital services
    - Information sharing
    - Integration between services
    - Out of hospital care
    - Prevention agenda
    - Responsiveness of services

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Next Steps

- Review of Engagement by ICS Exec, GHNHSFT and ICB Boards
- Taken into consideration along with Clinical Senate Review Report
- Plus other information that the ICB deems necessary e.g. The Consultation Institute
- Review of Engagement by HOSC (17/10/22)
- Memorandum of Understanding with HOSC to assist decisions regarding whether the service change proposals are deemed to be a substantial development of the health service in Gloucestershire, or a substantial variation in the provision of those services.
- Decision will be taken by NHS Gloucestershire Integrated Care Board with ICB Partners, and in partnership with Gloucestershire HOSC

Supplementary reading material is sent out separately by way of email as zipped folder A and zipped folder B .

Verbal

Verbal

Gloucestershire Integrated Board

Audit Committee
Part I

Minutes of the meeting held at 9:00am on 14th July 2022

Via MS Teams

Members Present:		
Julie Soutter	JS	NED, Chair
Colin Greaves	CG	NED, Deputy Chair
Marcia Gallagher	MG	Partner Member
In Attendance:		
Christina Gradowski	CGi	Associate Director of Corporate Affairs
Gerald Nyamhondoro	GN	Corporate Governance Officer (taking minutes)
Cath Leech (*Agenda Items 7,9,11)*	CL	Chief Finance Officer
Paul Kerrod (*Agenda Item 6*)	PK	Deputy Head of Local Counter Fraud Service
Andrew Davies (*Agenda Item 10*)	AD	Audit Manager, Grant Thornton
Adam Spires (*Agenda Item 5*)	AS	Partner, BDO
Justine Turner (*Agenda Item 5*)	JT	Audit Manager, BDO
Stephen Edmonds (*Agenda Item 8*)	SE	Finance Programme Manager
Fiona Robertson (*Agenda Item 11*)	FR	Associate Director, Digital Transformation

1.	**Apologies**
1.1	An apology was received from Claire Feehily.
1.2	The meeting was confirmed as quorate.
2.	**Declarations of Interests**
2.1	MG declared that she was the Audit Committee Chair of Gloucestershire Health & Care NHS Foundation Trust (GHC). The other members considered the declarations and concluded that the inclusion of MG in the proceedings was consistent with the terms of reference and that her participation with full rights of members was not prejudicial to the proceedings, or to the Gloucestershire Integrated Care Board (thereafter "the ICB").
3.	**Minutes of the Final Audit & Risk Committee Meeting**
3.1	Minutes of the meeting held on Tuesday 14th June 2022 were approved as an accurate record of the meeting.
4.	**Matters Arising**
4.1	**07.12.21, Item 5.4** Cyber Security Assurance Report. JT stated that the report was not ready at the time of holding the meeting and it would be subsequently circulated to members. **The report was circulated. Item closed.**
4.2	**14.06.22, Item 12.2** Procurement Decisions. CG queried the value of the waiver on GPIT Bridging Contracts. The waiver had a value of £1,100,000 which appeared high. CL clarified that such value was a summation of several smaller values deriving from several contracts. JS requested a breakdown of the relevant waiver to reflect individual contracts and their respective values. **The verbal explanation and breakdown were given to the satisfaction of members. Item closed.**

4.3	**14.06.22, Item 6.2** Statutory 2021-22 Annual Accounts Report. JS raised a concern that the information in the Accounts regarding a certain individual could potentially expose protected information to the public. Members agreed to address the issue as soon as was practicable. **This issue was addressed. Item closed.**
4.4	**14.06.22, Item 7.1** (*of part II*) Declarations of Interest. CGi presented the report and explained the communication processes to advise members and staff of the need to declare interests, including processes and procedures to be followed. CG reiterated that there was a need for him and Mary Hutton (Accountable Officer) to meet and discuss ways of improving performance in this area. **Action: Members and staff were contacted through the Communications department and through the directorates' PAs. Mary Hutton and Colin Greaves met and discussed the matter. Item closed.**
5.	**Internal Audit Reports**
5.1	Progress Report
5.1.1	AS presented the report and stated that the CCG closedown procedures were completed satisfactorily. AS further explained that the auditors also assessed the ICB's readiness to commence business, and this was found to be satisfactory.
5.1.2	AS outlined the mandatory Financial Sustainability Assessment audit which he described as a requirement from National Health Service England (NHSE). A systemwide approach was being agreed, including organisations doing self-assessments which would then be audited and a systemwide consolidation report produced with a foreword on wider best practice. Further guidance from NHSE was awaited.
5.2	Data Security and Protection Toolkit Follow-Up
5.2.1	JT presented the report and explained that the purpose of this follow-up review was to assess whether the recommendations raised as part of the

	2021/22 audit had been implemented. JT stated that the toolkit for year 2021/22 had an overall 'green' rating.
5.2.2	JT added that the Software Asset Register was being reviewed. It was agreed that an update on progress would be made in Q4 prior to submission of the next toolkit. **Action: Justine Turner, Adam Spires and Cath Leech to provide an update in Q4.**
5.3	Cyber Security Assurance Report
5.3.1	JT described the report as a system-wide advisory report on best practice in cyber security reporting to enable organisations and the system to improve their reporting. JT reported that the system had already started making improvements on reporting and this would be an ongoing process. JT added that cyber security mitigation was inherently an ongoing process; therefore, there was continuous need for the development of tools to mitigate threats.
5.3.2	CL concurred and reiterated that cyber security was evolving, and that Gloucestershire had a county wide cyber team. CL added that the slippage in responding to reports was a result of capacity pressure resulting from a small Countrywide cyber team and the increased requirements to respond to growing threats.
5.3.3	JS suggested that it would be helpful if the system's cyber report could be reformatted to show reporting against the ten best practice headings within the internal audit advisory report so that the Audit Committees could see how the system was reporting against best practice. MG agreed with this proposal. JS added that she would discuss this with CF to see if she would also find this helpful. **Action: Julie Soutter to follow up this matter.**
5.4	Internal Audit Plan 2022-23
5.4.1	AS presented the 2022-23 nine-month Internal Audit Plan and members discussed the plan.
5.5	**Resolution: The Audit Committee:**

	• **Noted the Progress report.** • **Noted the Data Security and Protection Toolkit Follow-Up report.** • **Noted the Cyber Security Assurance report.** • **Approved the 9-month Internal Audit Plan for year 2022-23.**
6.	**Counter Fraud Report**
6.1	PK presented the Counter Fraud progress report and explained that the Local Counter Fraud Service (LCFS) had submitted the CCG Counter Fraud Functional Standard Return to the Counter Fraud Authority (CFA). The return rated the ICB against 12 Standards as either being Green (compliant with the standard), Yellow (partially compliant) or Red (non-compliant).
6.2	PK stated that the CCG was overall rated as Green, with one standard covering the risk assessment rated Red. PK added that the component indicating slippage had been added recently, and that the CFA acknowledged that organisations would take time to implement it fully. PK reassured the Committee that work on improving the risk assessment standard from Red was under way and it was hoped to get the Standard to at least Amber by the date of next submission. PK commended the support provided by the Governance Manager in the risk evaluation process.
6.3	PK presented the Counter Fraud Workplan for year 2022-23 to the members and asked for approval of the plan.
6.4	**<u>RESOLUTION</u>: The Audit Committee:** • **Noted contents of the Progress report.** • **Reviewed and approved the year 2022-23 Counter Fraud Workplan.**
7.	**Losses and Special Payments Register**

7.1	CL presented the Register and stated that the CCG (the ICB predecessor organisation) made two Special payments in year 2021-22. The payments related to a complaint made to the Parliamentary and Health Service Ombudsman by a patient. The complaint was upheld by the Ombudsman resulting in two payments totalling £3,250. CL reassured members that new guidance and processes were now in place to mitigate against similar occurrences in future.
7.2	**<u>RESOLUTION</u>: The Audit Committee noted contents of the Losses and Special Payments Register.**
8.	**Losses and Special Payments Procedure**
8.1	SE presented the report and template and explained that a new Losses and Special Payments Procedure and form had been developed for the ICB to ensure compliance with national guidance. SE informed the Audit Committee that the guidance was being circulated to staff.
8.2	**<u>RESOLUTION</u>: The Audit Committee noted the Losses and Special Payments Procedure.**
9.	**Final Accounts Update Months 1-3 (M1-3) 2022-23**
9.1	CL outlined key issues, including timescales, relating to the final set of Accounts and Annual Report for the CCG, and explained that this covered the first quarter of year 2022-23. Submission to the Committee was planned for the September meeting.
9.2	CL added that discussions were ongoing with external auditors regarding the timing of external audit and audit fees. CL updated the Committee on discussions between BDO and the CCG/ICB on the Head of Internal Audit Opinion which was agreed to be extended to a period covering 15 months to 30th June 2023.
9.1	**<u>RESOLUTION</u>: The Audit Committee noted contents of the final Accounts Update for Months 1 – 3 of year 2022-23.**

10.	**External Audit Report**
10.1	AD gave a verbal presentation and updated the Committee to say that the retrospective approval on the payment in Lieu of Notice had now been received which therefore closed the only outstanding item relating to the 2021/22 audit of the CCG accounts.
10.2	AD stated that the arrangements for the CCG M1-3 audit and the ICB M4-12 audit were still being determined.
10.3	**RESOLUTION: The Audit Committee noted the External Audit update.**
11.	**Cyber and Data Security Updates**
11.1	Cyber Security Update
11.1.1	CL and FR presented, and CL explained that the cyber report was a system level report distributed across the partnership.
11.1.2	FR stated that the system was operating at high alert level because of factors such as the war in Ukraine and other national level cyber threats. FR presented some Red risks relating to a range of software and hardware issues associated with patch updates. It was noted that these issues were common across the NHS and were to be prioritised for action using a risk-based approach.
11.2	Data Security Update
11.2.1	CL described information governance as a vehicle for handling information in a confidential and secure manner to meet legal and ethical requirements. CL stated that the information governance framework in the ICB would help: • establish good practice around the handling of information; • promote a culture of awareness;

	• improve compliance with legislation and other mandatory standards. CL reassured that the data security toolkit for the ICB showed compliance with all mandatory requirements.
11.2.2	CL explained that GP Practices were responsible for their own data protection arrangements and all Practices had submitted their toolkits on time. It was noted that the ICB was responsible for funding the Data Protection Officer function for Practices and this was met through a contract with the CSU. JS noted that future Board training on Information Governance was to be discussed.
11.3	**<u>RESOLUTION</u>: The Audit Committee noted contents of the Cyber and Data Security updates.**
12.	**Any Other Business**
12.1	The Chair in consultation with members summarised key issues covered during the meeting and agreed to take these as a verbal report to the next ICB Board meeting.

The meeting ended at 10:25am.

Date and Time of Next Meeting: 8th September 2022 at 09:30am (Hybrid)

Minutes Approved by the Audit Committee:

Signed (Chair):_____ Date:_____

AUDIT COMMITTEE 8TH SEP 2022

ASSURANCE REPORT TO THE ICB BOARD

Part I

Area	Assurance	Actions	Notes
Accounts – M1-3	G	G	All financial targets and deadlines met. Timetable and actions to completion clear with audit dates to be confirmed. Annual Report in draft.
Internal Audit	G	A/G	Progress as planned for mainstream work with some management actions to finalise. HFMA review - terms of reference agreed and self-assessment completed. Further work planned to review supporting evidence and construct forward plan of work to embed HFMA findings. CFO and finance team will meet with Internal Audit to start the review of the HFMA checklist Thursday 22 September.
External Audit	G	G	Progress as planned for the 3-month period. Grant Thornton timetable and staffing TBC
Risk Management & Board Assurance Framework (BAF)	R	R	Some high rated risks carried forward from the CCG. Some detailed work has been undertaken to produce a BAF with CCG high rated risks brought forward to the ICB mapped against the SDP priorities for 22-23. Further work is planned to refine identified risks against the 10 agreed priority areas with a meeting held week commencing 12/09 with senior executives. Further work on BAF needed to align with those risks. Work planned to take place before the next Audit Committee when it will be reviewed, so assurance and actions expected to improve from red.
Information Governance/ Cyber Security	G/R	A	Green for assurance on Information Governance- policies being updated to reflect move to ICB and learning/good practice. Cyber security rated red risk nationally due to Ukraine and guidance following recent cyber attacks (Glos systems not directly affected). Close surveillance and most projects on track to mitigate system weaknesses (e.g. patch updates)
Counter Fraud	G	G	Continued service and close working with ICB staff. Some s/t resource planned to gain compliance with remaining functional standard ahead of next submission to ensure all standards rated Green.
Procurement	A/G	A	Identified improvements to processes required with some implemented already. Further changes to forward management of contracts discussed. The actions from the Lessons Learnt review will be going to Operational Executive with proposed specific actions, lead director and manager where relevant in the next 2 weeks. The Audit Committee will monitor the progress being made with the implementation of the actions.
Financial Management	G	G	No losses or special payments to report or debts written off. Aged debtors report satisfactory.

This is verbal.