

Joint Forward Plan

2023-28

Appendix D

Our Key Milestones and Measures

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The following tables provide detail on how we will measure our delivery of the commitments in our Joint Forward Plan. These include:

- ▶ The aspirations for Gloucestershire we have determined locally based on the needs of our population.
- ▶ Metrics from the [NHS Oversight Framework](#) (marked **OF** in the tables below).
- ▶ Measures from the Core20Plus5 approach to reducing health inequalities for both [adults](#) and [children and young people](#) (marked **Core2Plus5** in the tables below).

1a. Better care at every age

Key metrics to measure success		
Reduce waiting time for assessments for children and young people in key services (such as weight management; eating disorders)		
Maintain 70% of urgent community response cases responded to in 2 hrs (OF)		
Increase percentage of people dying in their preferred place		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Children and Young People	Pilot and evaluate an approach to the integration of mental and physical health services for children in need of protection and those in in care	Pilot from September 2023 to March 2024
	Pilot a new integrated service for children's weight management	Commence December 2023 and evaluate in 2024/25
Ageing Well and Frailty	Provide tailored support to independent care homes that enable people to remain well	Ensure tailored support is in place by April 2024
	Develop a system wide strategy for proactive care that supports people to remain independent at home for longer	Co-produce proposed approach by March 2024
	Continue to deliver 70% 2-hour urgent community response service through community services e.g. Rapid Response.	By March 2024
End of Life	Develop a proposal to provide advice and support for families and carers to adults at end of life through the urgent care hub, and crisis support in people's own homes	Enhance support in the hub by March 2024 and provide out of hours advice by March 2025

1b. Better care for major health conditions

Key metrics to measure success		
Maintain at least 75% of patients receiving a diagnosis / all clear in 28 days of referral on a suspected cancer pathway (OF)		
Reduce the number of patients on the waiting list for cancer treatment beyond 62 days to less than 180 by March 2024 (OF)		
Increase the percentage of patients receiving treatment within 62 days of referral on a suspected cancer pathway		
Increase percentage of cancer cases diagnosed at stages 1 or 2 (Core20Plus5)		
Increase the uptake rates for Cervical, breast and bowel screening (OF)		
Increase the percentage of hypertension patients who are treated to target as per NICE guidance (OF)		
Increase the proportion of people aged between 25 and 84 with a CVD risk score greater than 20% on lipid lowering therapies (OF)		
Diabetes and Respiratory (<i>additional measures to be confirmed</i>)		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Cancer	Improve cancer pathways to reduce the time it takes for patients to get a diagnosis and start treatment	Review specific pathway areas and implement recommendations (e.g. urology, gynae) March 2024
	Work with the public to increase knowledge of cancer signs and symptoms to enable earlier diagnosis	Develop a plan for targeted communication related to specific cancer staging December 2023
Diabetes	Continue to promote services that support people both at risk and who are living with Type 2 diabetes	Evaluate impact of National Diabetes Prevention Programme by March 2024 Ongoing delivery of the Low-Calorie Diet Programme in 2023/24
	Implement wider access to Continuous Glucose Monitoring (Core20Plus5: CYP)	Evaluate impact in March 2024
Respiratory	Develop a proposal to increase uptake and completion of Pulmonary Rehabilitation and the Respiratory Local Enhanced Service (LES) in primary care	Develop proposal by September 2023
CVD and Circulatory	Implement plans to identify and optimise treatment for hypertension	Recruit CVD champions June 2023 Implement plans from September 2023
	Improve treatment provision for patients in the areas of heart failure and stroke	Implement initial plans for stroke and develop future pathway improvement plans (December 2023) Develop proposals for integrated heart failure service (December 2023)

1c. Better care for different groups of people

Key metrics to measure success		
Increase the percentage of pregnant women accessing perinatal mental health services (OF)		
Meet the reduction in stillbirth, neonatal mortality and brain injury rates set out in the LTP (OF)		
Increase the percentage of women on a continuity of carer pathway (<i>including breakdown for BAME communities: Core20Plus5</i>)		
Increase the number of patients accessing IAPT in year by 3% on 22/23 levels by March 2024 (OF)		
Maintain the percentage of patients entering recovery following IAPT at 50% or higher		
Ensure that at least 75% of people on the GP learning disability register over the age of 14 have had an annual health check and health plan in 23/24 (OF)		
Reduce reliance on inpatient care for patients with a learning disability and/or autism per million head of population to meet an overall target of less than 30/million (total population) (OF)		
Improve waiting times for assessment for Autism and ADHD diagnosis		
Reduce inappropriate mental health out of area placements to no more than 50 bed days/ quarter by Q4 2023/24 (OF)		
Maintain the access rates for of children and young people accessing mental health services (OF / Core20Plus5)		
Increase the percentage of people receiving annual health checks who are living with serious mental illness (Core20Plus5)		
Increase access rates to community mental health services for adults and older adults with severe mental illness in line with the mental health transformation programme (OF)		
Increase the percentage of the estimated eligible population receiving a formal dementia diagnosis to 66.7% by March 2024 (OF)		
Reduce the proportion of adults in mental health inpatient settings with a length of stay over 60 days (OF) ” and		
“Reduce the proportion of older adults in mental health inpatient settings with a length of stay over 90 days (OF)		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Maternity and Neonatal	Ensure safe maternity & neonatal services delivery against the recommendations identified in the Ockenden Reports	Ongoing delivery according to action plan
	Review the approach to providing continuity of carer for women and birthing people receiving coordinated care	Review approach by September 2023 Implement changes to March 2024
Learning Disabilities and Autism	Bring together Autism and ADHD pathways for 0-18s and adults over the age of 18	March 2025
	Develop the dynamic keyworker service to support children with learning disabilities and autism at risk of hospital admission	New pathway developed by September 2023
	Act to prevent avoidable deaths through implementing actions from learning from lives and deaths reviews	Annually - ongoing
Mental Health	Continue rollout of the Mental Health in Schools Trailblazer programme to provide early support to schools	September 2023
	Implement a place-based community mental health model particularly for people experiencing severe mental health	Rollout locality teams March 2024
	Implement improvements in the pathway for eating disorders to reduce waiting times	Implementation of training & new pathways December 2023
Dementia	Develop proposals to expand the dementia co-diagnosis approach based on learning from the Forest of Dean	Evaluate Forest of Dean pilot and develop extension proposals September 2023

2a. An empowered and valued workforce

How we will measure success		
Metric		
Reduce vacancy rates as determined by partner organisations		
Reduce staff turnover rates as determined by partner organisations (OF)		
Reduce sickness-related absence rates as determined by partner organisations (OF)		
Reduce expenditure on third party staffing agencies as determined by partner organisations (OF)		
Improve staff survey (across a range of survey questions) as determined by partner organisations (OF)		
Improve Equality, Diversity and Inclusion measures (e.g. WRES , WDES , Staff Survey) as determined by partner organisations		
Maximise our use of the Apprenticeship Levy as determined by partner organisations		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Workforce	Promote international recruitment and continue joint recruitment events	Expand recruitment into key areas e.g. nursing in 2023/24
	Mobilise a campaign to promote Gloucestershire as a destination to live and work, starting with the GP workforce	Campaign to be launched by December 2023
	Carry out retention diagnostics in key service areas and put action plans in place to reduce staff turnover	Carry out in 2 areas (including nursing) in 2023/24 and consider expansion for 2024/25
	Develop options to simplify the sharing of staff including bank and agency	Develop initial options by March 2024
Organisational Development	Promote coaching, talent management and succession planning including regional offers	Continue to promote opportunities during 2023/24
	Continue the development of system leaders including further cohorts of our 'systems thinking' programme and coordinating the One Gloucestershire Leadership Development (OGLDP) alumni programme for the ICS	Deliver planned systems thinking programmes in 2023/24 for cohorts 2, 3 and 4 and deliver the next OGLDP alumni sessions in 2023/24
	Continue development of the reciprocal mentoring scheme and deliver additional inclusion allies training	Deliver planned sessions in 2023/24
Education and Development	Continue to work with partners (including University of Gloucestershire) to shape the offer and facility for health and care training in Gloucester	Ongoing throughout 2023/24
	Increase the number of people that benefit from an apprenticeship across the system	Ongoing throughout 2023/24

2b. A data and digital-led healthcare

Key metrics to measure success		Trajectory/Target	Date
Measures to be developed			
What we are doing to deliver it			
Area	Key Schemes	Milestone	
Delivery Framework	Publish the Digital Strategy setting out our key priorities and deliverables	Publish plan Q2 2023/24 and implement from 2023/24	
Levelling Up	Ensure there is a comprehensive understanding of levels of digital maturity across the NHS in Gloucestershire	Develop plan to improve digital maturity by March 2024	
Data and Information Sharing	Transition to the next version of the Shared Record in Gloucestershire (Joining Up Your Information) and optimise usage	Transition by Quarter 4 2023/24 and optimise in 2024/25	
	Implement a strategy and plan for a Person Held Record to give patients access to the information about them	Development of plan Quarter 2 2023/24	
Population Health Management	Support transformation work in key areas (urgent care and children and young people) through expansion of the linked dataset	Develop proposals for technical architecture to support PHM	

2b. An effective and efficient use of our estate

Key metrics to measure success		Trajectory/Target	Date
Measures to be developed			
What we are doing to deliver it			
Area	Key Schemes	Milestone	
Safe and compliant buildings	Across organisations, prioritise capital (including estates) commitments and deliver against this – including backlog repairs maintenance	Ongoing review and delivery	
Continuation of estates development programme	Support transformation programmes with key estates initiatives including <ul style="list-style-type: none"> ▶ Forest of Dean Hospital ▶ Community Diagnostic Centre ▶ Gloucestershire Hospitals NHS Foundation Trust Strategic Site Development ▶ Primary Care premises 	Community Diagnostic Centre Q3 2023/24 Cheltenham Theatre Q3 2023/24 Gloucester ED works Q2 2023/24 Forest of Dean Hospital Q4 2023/24 Quedgeley Medical Centre Q2 2023/24 New Minchinhampton surgery Q2 2024/2025 New Coleford Primary Care Centre Q2 2025/2026 New Brockworth Surgery Q2 2025/2026	
Fit for the Future	Work across the system to complete Fit for the Future Phase 1 and 2 and ensure benefits are realised	Monitoring of benefits in 2023/24 Programme closure by March 2024	

3a. Accessible and timely planned care

Key metrics to measure success	Trajectory/Target	Date
Eliminate waits for treatment over 65 weeks for elective care (RTT) by March 2024 (OF)	0 (eliminate)	March 2024
Increase Value-Weighted activity output to 109% of 2019/20 levels in 23/24 (OF)	109% of 2019/20	March 2024
Increase the percentage of all outpatient appointments moved or discharged to PIFU	Trajectory and target to be confirmed	
Maintain theatre utilisation at or above 85% for elective theatres throughout 23/2	Maintain theatre utilisation at or above 85%	Throughout 2023/24

What we are doing to deliver it

Area	Key Scheme	Milestone
Waiting Times & Waiting List Management	Through the elective care hub, continue to proactively contact patients waiting for elective treatment to offer support whilst they wait	Overdue follows up in the top 10 target specialties reviewed and contacted March 2024
Outpatient Transformation	Continue to develop advice and guidance to improve access to specialist opinion and ensure patients are treated in the right place at the right time	Review of 'Advice First' in top 12 target specialties completed and improvement actions implemented March 2024
	Optimise follow up appointments to ensure that all appointments add value for the patient making progress towards the national ambition to reduce follow up appointments by 25%	Patient-Initiated Follow-Up (PIFU) rolled out to all major specialties by June 2023
Inpatient and Day Case Services	Increase theatre productivity ensuring that the national ambition to achieve 85% capped utilisation is consistently delivered	Full implementation of theatre productivity recommendations by September 2023
	Move procedures to the most appropriate setting of care including moving to day case as default wherever clinically appropriate	Implementation of ambulatory hip and knee pathway September 2023

3b. Sustainable urgent and emergency care

Key metrics to measure success		
Increase the percentage of emergency attendances at A&E/MIIUs treated and discharged or admitted within 4 hours to 80.4% by November 2023 (OF)		
Maintain 70% of urgent community response cases responded to in 2 hrs (OF)		
Increase available Virtual Ward beds to 223 and increase utilisation to 80% by December 2023 (OF)		
Improve the average Category 2 ambulance response time to 30 minutes by March 2024 (OF)		
Reduce the number of inpatients with No Criteria to Reside (NCTR) to 160 or less by November 2023 (OF)		
Reduce the percentage of inpatients with a length of stay of 21 days or longer to 15% or less by November 2023		
Reduce the inpatient occupancy rate for General & Acute (G&A) beds to 92% or less by November 2023		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Prevention	Ensure that capacity available with the Rapid Response Service is maximised to support people in the community who experience a fall	Review in 2023/24
	Develop a system wide proposal for proactive care services that support people to remain independent at home for longer	Co-produce proposed approach by March 2024
Urgent Community Response	Develop proposals for a Clinical Assessment Service	By Quarter 3 2023/24
	Continue to deliver 70% 2-hour urgent community response service e.g. through use of Rapid Response	Ongoing
Front Door	Review assessment and treatment services at the front door (all hospitals – CGH, GRH, CATU)	Review in 2023/24
	Expand the high intensity users service to ensure coverage of identified need in all areas across the county	By quarter 3 2023/24
Hospital Flow	Carry out a review of internal hospital pathways – including the hospital discharge lounge and early access to diagnostics and/or medications	Ongoing
	Undertake a review and development of the System Control Hub	Review in 2023/24
Virtual Wards	Rollout the virtual ward model to all pathways	Through to March 2024
Discharge Pathway and Intermediate Care	Review the Discharge to Assess bed approach to improve efficiency and reduce demand for bed base options	By March 2024
	Increase capacity within Home First to increase starts for people leaving hospital	By October 2023

3c. Better population health in localities

Key metrics to measure success		
Measures in development through 2023/24		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Development of Integrated Locality Partnerships	In collaboration with system partners, publish an ILP strategy setting out our collective vision for localities in Gloucestershire	Review in 2023/24
	Review ILP membership and support the development of locality governance arrangements	Co-produce proposed approach by March 2024
	Facilitate the coordination of the Strengthening Local Communities Grant to include support to hyper-local projects in localities & develop an approach to evaluation	Across 2023/24

4a. Efficient and accessible diagnostics

Key metrics to measure success		
Reduce the percentage of patients waiting over 6 weeks for a diagnostic test to 15% by March 2024 (5% by March 2025) (OF)		
Increase the number of diagnostics carried out to address backlog in elective care in line with sub-specialty split in the operational plan		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Diagnostics workforce plan	Ensure that we have the right diagnostic capacity to deliver future diagnostic provision as well as training and qualifications for those staff	Develop action plan Q1 2023/24
Diagnostic demand and capacity review	Undertake a review of diagnostic future demand and capacity across Gloucestershire	Endoscopy redevelopment proposals Q1 2023/24 Forest of Dean hospital includes new diagnostic service provision Q1 2024/25
Community Diagnostic Centre	Open the Community Diagnostic Centre at Quayside House to support the delivery of diagnostics and ensure continued accreditation, and continue reviewing our diagnostic services in community hospitals	Go-live Q3 2023/24
Regional Diagnostic Networks	Contribute towards regional diagnostic networks to support efficiencies - imaging, pathology, endoscopy and physiological science networks	Ongoing involvement
	Support regional work on genomics and ensure there is a clear plan for the Gloucestershire contribution to genomic medicine	Over the next 1-3 years continue to transform clinical pathways and service models to embed genomics

4b. A resilient and integrated primary care

Key metrics to measure success		
Increase percentage of regular GP practice appointments within 14 days (OF)		
Increase direct patient care staff in GP practices and PCNs per 10,000 weighted patients (OF)		
Increase units of dental activity delivered as a proportion of all units of dental activity contracted (OF)		
Maintain number of attended GP appointments		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Supporting primary care at scale	Support the delivery of national contracts for primary care (in 23/24) including additional roles recruitment	Through 2023/24
	Develop a plan for integration of primary care and community services within Gloucestershire	Throughout 2023/24

Area	Key Scheme	Milestone
Improving the access and urgent care offer	Support primary care with extended access rollout (PCN 8-8 Monday to Friday and 9-5 on Saturday)	Throughout 2023/24
	Develop the primary care out of hospital offer including same day access hubs and redesign of GHAC (7-day urgent care service)	Throughout 2023/24
	Take on delegated responsibility for pharmacy, optometry, and dentistry from NHS England	From April 2023
Population Health, Improving Quality and Tackling Inequalities	Facilitate the coordination of the QI Improvement Projects to support hyper-local projects in Primary Care Networks & develop an approach to evaluation	Throughout 2023/24

4c. Safe and efficient use of medication

Key metrics to measure success		
Antimicrobial resistance: Reduce total prescribing of antibiotics in primary care (OF)		
Antimicrobial resistance: Reduce proportion of broad-spectrum antibiotic prescribing in primary care (OF)		
Increase referrals to Community Pharmacy Consultation Service in line with operational plan		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Efficiency in prescribing	Deliver medication efficiency and savings across the medicine optimisation programme	Delivery of planned annual savings Q4 2023/24 and Q4 2024/25
	Deliver an over prescribing plan that supports organisations to work together to reduce the amount of over prescribing of medications	Develop overprescribing strategy March 2024
Efficiency in service provision	Continue the rollout of the community pharmacy consultation service to support transfer of low acuity work from primary care to community pharmacies	Promote to Practices until full coverage has been achieved into 2024/25
Safe and Effective Prescribing	Lead work to reduce harm associated with anticoagulants in Gloucestershire	Implement changes in 2023/24 and reduce anticoagulant related harm in 2024/25

Resilient communities and a healthy Gloucestershire

Key metrics to measure success		
Increase GP referrals to the NHS digital weight management service		
Reduce percentage of people smoking in pregnancy		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Healthy Lifestyles and Behaviours	Continue to increase referrals to weight management support including digital weight management – including piloting a project to increase referrals in Inner City Gloucester PCN	March 2024
	Pilot a new integrated service for children's weight management	September 2024
	Continue to expand referrals to stop smoking / tobacco support programmes – including implementing pilot pathways for acute and maternity within the hospital and inpatients in mental health	March 2024 for acute and maternity March 2025 for inpatient mental health
Personalised Care	Recommission the Community Wellbeing Service as a core part of the work within the Personalised Care programme	Identify preferred model by March 2024 and implement the plan to secure the preferred model by September 2025
Active and empowered communities	Work with the VCSE to embed a model of accountable representation to ensure they have a strong voice within the Integrated Care System	Implement the model in 2023/24 and review / improve as needed in 2024/25

Achieving health equity in Gloucestershire

Key metrics to measure success		
Core20Plus5 – Adults: See areas earlier in this document related to continuity of carer rollout; annual health checks for people living with serious mental illness; seasonal flu vaccinations; early cancer diagnosis for stages 1 or 2 and hypertension finding / minimise the risk of myocardial infarction and stroke.		
Core20Plus5 – Children: See areas earlier in this document related to asthma, diabetes, epilepsy, oral health and mental health		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Core20Plus5 – Adults	Make progress in the 5 clinical commitment areas – maternity, severe mental illness, chronic respiratory disease, hypertension and early cancer diagnosis	See earlier sections of this Joint Forward Plan
Core20Plus5 – Children and Young People	Make progress in the 5 clinical commitment areas – asthma, diabetes, epilepsy, oral health and mental health	See earlier sections of this Joint Forward Plan

20% most derived areas	Through the 'enabling a healthy Gloucestershire' programme of work, support capacity building and work in the most 20% of deprived areas in Gloucestershire	Ongoing
Health Inequalities Monitoring and Reporting	Embed an effective approach to monitoring and reporting of health inequalities across the system – incorporating key measures into the Integrated Performance Report	December 2023

A green and sustainable NHS

Key metrics to measure success		
Measures in development through 2023/24		
What we are doing to deliver it		
Area	Key Scheme	Milestone
Oil, Waste and Water Reduction Plan	Develop a proposal for how to phase out oil, waste and water usage cross the estate	Measures in development
Climate Change Adaptation Plan	Develop a proposal to ensure resilience of the NHS to climate change - air pollution, extreme temperatures, flooding/drought and food security	Measures in development
Green Space and Biodiversity	Increase opportunities for people to access and maintain/improve green spaces - & support referrals to nature activities through social prescribing	Measures in development
Single use plastics	Reduce the use of single use plastics (including PPE) across all organisations in the NHS in Gloucestershire	Measures in development
Green Travel Plan	Develop a green travel plan following publication of the NHSE sustainable travel plan and start to implement across organisations	Measures in development



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