

Gloucestershire Integrated Care Board Meeting

To be held at 2.00pm to 4.30pm on Wednesday 31st January 2024

Committee Room, Ground Floor, Shire Hall, Westgate Street, Gloucester, GL1 2TG

Chair: Dame Gill Morgan

No.	Time	Item	Action	Presenter
1.	2.00 – 2.02pm	Welcome and Apologies <i>Apologies: Siobhan Farmer</i>	Information	Chair
		Declarations of Interests The Register of ICB Board members is publicly available on the ICB website: Register of interests : NHS Gloucestershire ICB (nhsqlos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsqlos.nhs.uk)	Information	Chair
2.	2.02 – 2.02pm			
3.	2.02 – 2.04pm	Minutes of the meeting held 29th November 2023	Approval	Chair
4.	2.04 – 2.05pm	Action Log & Matters Arising	Discussion	Chair
Business Items				
5.	2.05 – 2.10pm	Questions from members of the public	Discussion	Chair
6.	2.10 – 2.30pm	Patient Story	Discussion	Jo Tym, Rachael Furmage & Jo Greenwood
7.	2.30 – 2.40pm	Chief Executive Officer Report	Discussion	Mary Hutton
8.	2.40 – 3.10pm	Integrated Finance, Performance, Quality and Workforce Report	Discussion	Mark Walkingshaw Tracey Cox Marie Crofts Cath Leech
Discussion items				
9.	3.10 – 3.50pm	All Age Mental Health and Neurodiversity	Information	Benedict Leigh Douglas Blair
10.	3.50 – 4.10pm	Maternity update	Information	Matt Holdaway Marie Crofts
Information items				
11.1		Chair's verbal report & ARAC assurance report on the Audit Committee meeting held on 7 th December 2023 and approved minutes of the Audit Committee from 4 th October 2023		Julie Soutter
11.2		Chair's verbal report on the Primary Care & Direct Commissioning Committee meeting held on 7 th December and approved minutes from 5 th October 2023		Ayesha Janjua
11.3	4:10 – 4:20pm	Chair's verbal report on the System Quality Committee meeting held on 13 th December 2023, and approved minutes from 19 th October 2023	Information	Prof Jane Cummings
11.4		Chair's verbal report on the Resources Committee meeting held 16 th January 2024 and approved minutes from 17 th November 2023		Prof Jo Coast
12	4.20 – 4.25pm	Any Other Business		Chair

Time and date of the next meeting

NHS Gloucestershire ICB Board Agenda – Wednesday 31st January 2024



The next Board meeting will be held on Wednesday 27th March 2024 – 2.00-4.30pm

Boardroom, Shire Hall

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.

(for reasons of commercial in confidence discussions)

Gloucestershire Integrated Care Public Board Meeting

Held at 2.00pm to 4.30pm on Wednesday 29th November 2023

Churchdown Community Centre, Parton Road, Churchdown, Gloucester GL3 2JH

Members Present:		
Prof Jane Cummings (Chair)	JC	Deputy Chair & Non-Executive Director, NHS Gloucestershire
Mary Hutton	MH	Chief Executive Officer, NHS Gloucestershire ICB
Dr Andy Seymour	AS	Chief Medical Officer, NHS Gloucestershire ICB
Cath Leech	CL	Chief Finance Officer, NHS Gloucestershire ICB
Douglas Blair	DB	Chief Executive Officer, Gloucestershire Health & Care NHS Foundation Trust (GHC)
Deborah Lee	DL	Chief Executive Officer, Gloucestershire Hospitals NHS Foundation Trust (GHFT)
Ellen Rule	ER	Deputy CEO & Director of Strategy and Transformation, NHS Gloucestershire ICB
Prof Jo Coast	JCo	Non-Executive Director, NHS Gloucestershire ICB
Julie Soutter	JS	Non-Executive Director, NHS Gloucestershire ICB
Marion Andrews-Evans	MAE	Chief Nurse, NHS Gloucestershire ICB
Siobhan Farmer	SF	Director of Public Health, Gloucestershire County Council (GCC)
Tracey Cox	TC	Director of People, Culture & Engagement, NHS Gloucestershire ICB
Participants Present:		
Benedict Leigh	BL	Director of Integration, NHS Gloucestershire ICB and Gloucestershire County Council
Christina Gradowski	CG	Associate Director of Corporate Affairs, NHS Gloucestershire ICB
Deborah Evans	DE	Chair, Gloucestershire Hospitals NHS Foundation Trust
Graham Russell	GR	Vice Chair, Gloucestershire Health & Care NHS Foundation Trust
Ingrid Barker	IB	Chair, Gloucestershire Health & Care NHS Foundation Trust
Mark Walkingshaw	MW	Director of Operational Planning & Performance, NHS Gloucestershire ICB
Dr Olesya Atkinson	OA	GP, Primary Care Network (PCN) Representative for Cheltenham
In attendance:		
Ayesha Janjua	AJ	Associate Non-Executive Director, NHS Gloucestershire ICB
Dr Ananthakrishnan Raghuram	AR	Consultant Respiratory Physician and Associate Medical Director Gloucestershire Hospitals NHS Foundation Trust
Becky Parish	BP	Associate Director, Engagement & Experience, NHS Gloucestershire ICB
Dawn Collinson	DC	Corporate Governance Officer, NHS Gloucestershire ICB
Karen Clements	KC	Designate Non-Executive Director, NHS Gloucestershire ICB
Ryan Brunson	RB	Board Secretary, NHS Gloucestershire ICB
Gemma Artz (Agenda Item 7)	GA	Deputy Director, Strategy & Transformation. Clinical Programmes and Healthy Communities and Individuals, NHS Gloucestershire ICB
Lucy White (Agenda Item 7)	LW	Healthwatch Engagement Officer
Jo White (Agenda Item 15)	JW	Associate Director of Primary Care, NHS Gloucestershire ICB

1. Welcome and Apologies

- 1.1 Apologies were received from Dame Gill Morgan, Ann James, Dr Jo Bayley, Martin Holloway, Sarah Scott, Peter Bungard, Paul Atkinson and Councillor Carole Allaway-Martin.

The Chair stated that this would be the last Board meeting for AS, MAE and DL. On behalf of the Integrated Care Board (ICB), thanks were extended to these colleagues for all that they had done for their organisations and collectively for the people of Gloucestershire over the years. Personal thanks would be given later on in the day.

The Chair also warmly welcomed the two new Non-executive directors, Ayesha Janjua, who would be taking over as Chair of the Primary Care and Direct Commissioning (PC&DC) Committee and Karen Clements who would be taking over as Chair of the People Committee. The Chair also welcomed Dr. Ananthakrishnan Raghuram who would be taking over as Chief Medical Officer for the ICB.

1.2 There were five members of the public attending the meeting.

1.3 The meeting was declared to be quorate.

2. Declarations of Interests

2.1 The Register of ICB Board members is publicly available on the ICB website: [Register of interests : NHS Gloucestershire ICB \(nhsqlos.nhs.uk\)](https://www.nhs.uk/our-organisation/our-people/register-of-interests) [Register of interests : NHS Gloucestershire ICB \(nhsqlos.nhs.uk\)](https://www.nhs.uk/our-organisation/our-people/register-of-interests)

There were no declarations of interest for this meeting.

3. Minutes of the Public Board meeting held on 27th September 2023

3.1 The minutes from the Public Board meeting held on the 27th September 2023 were approved as a true and accurate record of the meeting.

4. Action Log and Matters Arising

4.1 **25/01/2023 – Min 6.13,6.15 and 6.16** - The use of electronic cigarettes (vaping) increasingly replacing smoking in adults and children and young people. **This Action was closed as this item was on the Agenda for discussion today (see Item 12).**

4.2 The Chair informed board members that an urgent decision had to be made between the last board meeting held in September and this meeting. MH explained that on 3rd August 2023, the Primary Care and Direct Commissioning (PC&DC) Committee had met to consider a number of financial resilience concerns. After considering those concerns, it had been agreed, that an alternative Primary Medical Services Contract should be developed for a direct award to the Inspire Group Partnership for the Upper Thames Medical Practice. This decision had been made in order to meet a deadline in early November and was now being reported to the Board.

In addition, this had been put through the new triple lock process, operational across the system, whereby each of the organisations in the system had supported the decisions made.

MH reminded members that Alternative Provider Medical Services (APMS) contracts were time limited and were a different model to that of the traditional General Medical Services

(GMS) contract which were in perpetuity. The APMS contract delivered core Primary Care services and it had additional criteria suited to the needs of the local population. This practice large spanning two sites at Cirencester and Lechlade and notification of this award would be published on the ICB website. This matter would also be submitted to the Audit Committee for assurance at their next meeting on 7th December 2023.

5. Questions from members of the public

5.1 There were two questions from a member of the public the two questions were as follows:

1. What assurance and reassurance does Gloucestershire Integrated Care Board have that mental health services commissioned and provided to people from the local Gypsy, Roma and Traveller community meet their needs and are of an : 1. equitable access 2. exceptional experience 3. optimal outcome for this community. What evidence does Gloucestershire Integrated Care Board have that can demonstrate this is the case for this local community?

BL responded to this question.

2. In line with the Nolan Principles, and working in the spirit of the Nolan Principles, what governance arrangements are in place at the Gloucestershire Integrated Locality Partnerships, and, Gloucestershire Primary Care Networks to capture, record and act on any declaration(s) of interest(s) and any conflict(s)?

MH responded to this question.

The full responses to these question and all questions asked of the ICB Board were available on the ICB website [ICB-Board-QA-log-for-web-publication-November-2023-updated-PDF.pdf \(nhs.glos.nhs.uk\)](https://www.nhs.uk/glos/ICB-Board-QA-log-for-web-publication-November-2023-updated-PDF.pdf)

6. Patient Story – Healthwatch – Fibromyalgia

6.1 TC introduced LW who had come to the meeting to bring a patient story about Nicole and her experiences of living with fibromyalgia. TC explained that there would be some information afterwards on the Pain Management Programme which could help answer some of the challenges and issues that Nicole had described.

6.2 LW explained that Nicole lived in Gloucester, she was diagnosed with fibromyalgia in early 2022. Her experience of securing a diagnosis and receiving support since then had not been positive. In particular there were issues around not feeling supported, the initial diagnosis, knowledge of the condition, coping with pain and communication between medical professionals.

- Nicole had been sent to hospital on two occasions with intolerable and inexplicable pain, before tests were performed and she was diagnosed with fibromyalgia, an illness she had not previously been aware of. When Nicole next saw her GP, they were unaware of the hospital's diagnosis, and insisted on running more tests.
- Nicole did not feel her condition had been respected or well-treated by medical professionals. It had not been taken seriously, she was informed by health professionals there was not much that could be done, and she was just issued medication for her pain.

- A promise of physiotherapy had not yet come to fruition with Nicole still remaining on a long waiting list with no contact, which had affected her mental health.
- Having received little support or understanding from her doctor, Nicole was now resigned to not getting the help she needs.

If Nicole could make one recommendation to medical professionals involved in treating people with fibromyalgia, it would be: *“Be more considerate of the illness, and don’t make individuals feel like they’re wasting your time.”*

- 6.3 GA responded that fibromyalgia was complex to diagnose, and the Living Well with Pain Programme had undertaken a comprehensive piece of work with the GL11 postcode area, where people were able to speak openly about their experiences. GA stated that they were aware there are particular challenges with living with chronic primary pain such as Fibromyalgia and it was common for people to feel that their condition was ‘invisible’ and this can lead to feelings of isolation. GA explained that this condition, along with other long term medical conditions, predominantly required non-medical support. The NICE guidelines on Chronic Pain were specifically related to people living with Fibromyalgia and the guideline has been very helpful in supporting clinicians to think differently about how they support people to live well with pain.
- 6.4 GA described how the Clinical Programme Group (CPG) for Pain Management was working hard to improve the communication between primary and secondary care through actions taken under the remit of the holistic assessment workstream in the Living Well with Pain Programme. The ICB had worked to develop strong representation for all system partners, understanding that fibromyalgia was a complex condition and required a personalised approach. A collaborative system approach would bring the best breadth of expertise in helping to support those individuals living with pain.
- 6.5 GA informed members that it was important to note that the G-Care website had been updated since Nicole’s diagnosis so that GPs had better resources and signposting of support for patients. The work of the Pain Programme was driving through the understanding of the condition both with society and with the medical professionals.
- 6.6 AS concurred that this was indeed a difficult condition to diagnose, but there were now clear directions for GPs who could take a variety of avenues to help patients holistically rather than just prescribe medication. The resources and signposting of support available could now be found on G-Care.
- 6.7 There were offers of help for Nicole from Gloucestershire Hospitals NHS Foundation Trust (GHFT), Gloucestershire Health & Care NHS Foundation Trust (GHC) and the ICB around further follow ups into this case, depending on what the patient wanted to pursue and if referrals were still active. LW confirmed she would look into this further and thanked colleagues for their kind offers of help.
- 6.8 **RESOLUTION: The Board members noted the content of the patient story from Healthwatch on Fibromyalgia.**

7. Clinical Programme Group (CPG) Pain Management update

- 7.1 GA presented the Pain Management CPG, explaining that the aim of the CPG was to deliver value and care across pathways. The story above highlighted the whole person experience and so it was really important to think about tackling pain differently, thinking about what was already available to empower patients and clinicians to access that care.
- 7.2 The presentation provided an overview of the clinical programme approach and described some key areas of success, an update on the approach and how this was helping to achieve the strategic aims of the ICS, including prevention, pro-active care and tackling health inequalities in Gloucestershire.
- 7.3 The clinical programme approach (CPA) was successful in achieving whole system improvements across a range of areas. The approach relied on transparency of information sharing and had a fundamental aim of delivering high value care, which incorporated high levels of transparency and data sharing across the system. The approach also required a high level of engagement from clinicians and patients to ensure that the best possible outcomes for the population could be delivered.
- 7.4 Clinical Programme Groups (CPGs) function as systemwide networks of expertise across a specific area or pathway: CPGs:
- Are clinically led, and patient focused.
 - Use the networks and data to inform and identify opportunities for improvement.
 - Use co-design and improvement science to develop tests for change.
 - Use evaluation techniques to understand the impact of the change and 'Plan Do Study Act' (PDSA) cycles to adapt and improve.
 - Continue to strengthen and improve cross-system ownership including working with Integrated Locality Partnerships (ILPs), Primary Care Networks (PCNs), Public Health, voluntary sector partners and the Health and Wellbeing Partnership.
 - Align generalism and specialism to support connections between clinical pathways and cohort specific programmes such as frailty, children, and young people, learning disability and autism.
- 7.5 DB asked whether there was a sense of any overall resources for different disease conditions and whether the system was looking at the overall population need. ER thought that there needed to be a common, toolkit type of approach, similar to that of G-Care, with one "go-to" place which captured all the information in the same format. There was still some way to go towards achieving this.
- 7.7 AS commented that although G-Care was a fantastic resource, it was only as good as the information being inputted. However, there were limited resources for expanding the system and providing a truly comprehensive repository of resources for Gloucestershire. AS considered that it was important to note that the recent re-launch had resulted in G-Care being a far better platform for GPs to use and was definitely more accessible.

7.8 IB queried how the pathways for multiple conditions interplayed for an individual who might have several conditions and how this would connect into the personalisation agenda. He commented what might be important to one person might not be to another and this could result in following quite different routes and following different evidence based pathways for a variety of conditions.

7.9 ER explained that pathways were not rigidly followed, and people would look to being clinically advised around their care throughout the pathway, following best practice. However there were certain conditions, that might dictate otherwise and necessitate a pathway being adhered to more closely.

7.10 **RESOLUTION:**

- **The Board noted the contributions of the Clinical Programme Groups to delivery against key strategic objectives.**
- **The Board agreed continued support regarding the approach and dedication to engagement, by system partners with the Clinical Programme Groups.**

8. Board Assurance Framework

8.1 TC explained to members that the Board Assurance Framework (BAF) had been refreshed this year based on the strategic priorities. Strategic risks had been revisited and a reassessment had been undertaken around the mitigating actions. Pages 32-33 of the pack (sent out prior to the meeting), revealed a summary table that showed the ten strategic risks identified against the six strategic objectives.

8.2 Three risks had been rated as high-risk areas relating to Workforce, Primary Care and Finance. Seven were Amber rated. There was additional work to be undertaken on new risk areas with a fuller explanation of the actions being taken to mitigate those risks. A more in-depth review of the BAF would be undertaken at the next Audit Committee to be held on 7th December 2023.

8.3 TC explained that this was an opportunity for Board members to comment on the new strategic risks aligned to the ICS strategic objectives; was this what members expected to see and were there any other areas of risk that needed to be identified from a BAF perspective. Efforts had been made to acknowledge and cross-reference to the risks of provider partners which was detailed in the BAF.

8.4 JS hoped that there would be sufficient time on the Agenda of the Audit Committee to look at the BAF in detail as there were likely to be a number of things that would benefit from having a more detailed discussion, in order that a more comprehensive BAF could come back to the next board meeting.

8.5 DB thought that BAF 1 and BAF 3 had a fair degree of overlap, and wondered if there might be benefit in bringing these closer together to save duplication.

8.6 DE questioned the current score for Urgent and Emergency Care (UEC) and what the thinking was behind that. She considered that the score was too low, and ER clarified that the BAF

risk had been responded to, as it had been described. The risk was around improvement, capacity, and capability and improvement work rather than an overall assessment of the performance of UEC. There were controls around overall governance and operational oversight in the system which the ICB scored well on, and the reporting and overall improvement work was on track. The ICB was ahead on a number of the metrics, for example No Criteria To Reside.

- 8.7 The way that this particular risk was articulated could be improved and ER was happy to change this wording. DE thought that the BAF could be redrafted to reflect whether the ICB was achieving the desired outcome rather than showing that there were good processes and improvement plans in place. DL commented that this warranted further discussion. The Chair reminded the Board that the BAF would be going to Audit Committee for further consideration and work. It was noted that there was a significant UEC improvement programme in place and progress was being made and there was still some way to go on UEC performance.
- 8.8 DL also mentioned alignment of organisational BAFs. TC responded that there was a check and read across to see what was contained in each partner organisation's BAF. TC confirmed that a summary of partner BAF risks was part of the planned Audit Committee discussions on the BAF.
- 8.9 **RESOLUTION: The Board noted the content of the refreshed Board Assurance Framework.**

9. Chief Executive Officer Report

- 9.1 MH introduced the Chief Executive report.
- 9.2 Influenza Flu Update – There had been a poor uptake in health and social care staff for both the 'Flu and Covid vaccines and staff were being reminded that there was a duty of care to receive their vaccine, especially if they were caring for the young or older people. The Gloucestershire Health & Care NHS Foundation Trust Outreach Team had been contacting specific groups where it was known there were low uptakes of vaccinations.
- 9.3 MH also highlighted the following schemes:
- Social Prescribing Networks were are open to all social prescribers in PCNs and the Community Wellbeing Service, as well as VCSE groups across our county. This network shares knowledge and information on activities/research related to 'green' (nature) and 'blue' (water) and brings community partners/ activity providers into the network space to share information and create cross-sector relationships. This network is hugely successful, owned and run by the social prescribers that attend, meaning it self-sustaining, and had created a number of informal ambassadors across the county.
 - Community Health and Wellbeing Day: to mark Black History Month, various teams at the ICB worked together with the Clinical Programme Groups and the Afro-Caribbean Community-led Engagement Group to organise a Community Health and Wellbeing Day at the All Nations Community Centre. The Afro-Caribbean Community-led Engagement Group were key in shaping the event. Overall, the day was a success, 16 teams shared information and advice, and approximately 100 members of the community attended on the day. 5 referrals were made to the Healthy Lifestyles Programme and 3 referrals were made by the Carers Hub, as well as referrals to other organisations in attendance

- NHS England (NHSE) Annual Assessment of Public and Patient Involvement 2022/23 examined some of the wider work that the ICB was doing in terms of engagement and produced some very positive findings including:
 - clear evidence the ICB is delivering the 10 principles of Engagement. This had been brought to life with examples and highlights from the past year, such as the ICB's engagement with the Healthy Lifestyles South Asian Women's Group.
 - commendation for the ICB's efforts to ensure that information about its services was clear and accessible to the public through the promotion of the NHS 'Accessible Information Standard'.
 - recognition that the ICB 'Insight manager' had been working hard to map and then reach out to underserved communities across the ICS.
 - recognition of the proactive approach the ICB was taking towards engagement of the Health Overview and Scrutiny Committees (HOSC), including the agreement of a Memorandum of Understanding with the local HOSC.

9.4 **RESOLUTION: The Board noted the content of the Chief Executive Report.**

10. Integrated Finance, Performance, Quality and Workforce Report (including Health Outcomes Report)

10.1 MW stated that colleagues would be contacted within the new two weeks to ask for specific feedback on the Integrated Performance Report, specifically as to whether the Report in its current format was meeting the needs of the Board. Responses would be much appreciated as the Report continued to be reiterated and developed for reporting to the Board.

10.2 MW updated on a few of the performance highlights:

- Work continued with Public Health to include comparative information on the Health Outcomes Framework. Feedback was invited on those measures from Board members. It was noted that Gloucestershire on the whole was a relatively healthy county with good life expectancy, but as shown in the report Gloucester City was still a concern to this Board. Those measures would increasingly inform the Board decisions in the future.
- In the latest planning submission, the system had reconfirmed its commitments to delivery against UEC measures within the Winter Plan and also the National Cancer Services commitments (including the Faster Diagnosis Standard and 62-day standard). There was a recommitment to deliver against the key national elective performance standards, particularly for those of the 65 and 78 week waits.
- Referrals into GHFT for suspected Lower GI cancer from Primary Care were now accompanied by Faecal Immunochemical Test (FIT) results in 79% of cases achieving the sixth best performance in the country.
- Additional ICB investment in the adult's and children's Autism and ADHD pathways had been agreed, to increase capacity in line with demand.
- Elective Recovery Fund Performance continued to meet the system target, which would allow the additional investment to come into the system, enabling more people to be treated in a timely way.
- Elective recovery continued to be a challenge but the performance of the system around waiting times continued to be the best in the South West region. Work continued around productivity improvement with opportunities for sustaining elective

recovery which was all credit to the frontline teams in the system, including independent sector partners who had made a real contribution in reducing long waits for the local population.

- Diagnostic turnaround times were concerning, in particular imaging diagnostics associated with cancer referrals. GP tests had not met expected targets for a number of months and were starting to impact cancer access standards.
- An endoscopy task and finish group had made good progress and extra capacity brought in had started to make inroads into some of the long waits but the backlog remained a concern.
- There had been impact on suspected breast cancer due to staffing issues, but plans were in place to recover performance by the end of January 2024.
- There were a number of breaches for elective treatment in September, but good progress had been made in the recovery plans with a focus on Ear Nose & Throat (ENT) and Dermatology.

- 10.3 JS asked whether data could be looked at differently across different cohorts as some children seemed to be on long waiting lists. MW responded that waiting lists were stratified by age. Further information on this could be provided in terms of quality. SF stated that not all data could be cut in the same way, but it would be good to drill down into different cohort groups or protected characteristics.
- 10.4 DL stated that some work had been undertaken on health inequalities in some areas by GHFT and she would be happy to share this with colleagues. DL felt that some of the connections between the outcome measures and other aspects of the report were not being drawn out. MW responded that he and SF had been in discussion about making connections more prominent within the report and welcomed any direct feedback from DL to them.
- 10.5 DE referenced numbers of mortalities for people with Serious Mental Illness (SMI) in terms of assurance and hoped there were workstreams in place to address this issue. MW confirmed that there were programmes around SMI and mortality.
- 10.6 DB commented that thought would need to be given around how regularly the overall - outcomes information should be brought to Board meetings. It was noted that some things would not change very often. He suggested interspacing it with a subset of different things that linked to the priority outcomes, on which the ICB were outliers. MW reported that a shorter dashboard was being created which could be reported more regularly.
- 10.7 DE stated that GHFT was focussed on improving the outcomes of fractured neck of femur and wondered where this featured in terms of frailty work. ER responded that this was sitting in Newton's Urgent Community Response workstream, where falls admission reduction was one of three design trials about to go live. DE felt that it would be good to link some of the Newton work with areas that GHFT had concerns about rather than just taking the headlines.
- 10.8 TC gave a brief update on Workforce:
- There was a potential solution on the horizon regarding Consultant's pay deals
 - £40k was available to help to support care leavers into employment into Health & Social Care, which all Integrated Care Systems (ICS) will be doing.

- Metrics show that vacancy rates were improving with a definite improvement on the position from 12 months ago with a reduction in agency staff.

10.9 MAE updated on Quality:

- Pharmacy Optometry and Dentistry (POD) had been a concern for the ICB taking on these delegated services from NHSE, but region was working closely with the ICB to enable the transition.
- Work was underway in Urgent Care with the Medicines Optimisations Team to examine the excessive demand and patient behaviour around the use of NHS 111 and Out of Hours services.
- Mental Health and Learning Disabilities – the System Quality Group had been pleased with the progress being made on Wotton Lawn and it had been stepped down from ‘enhanced surveillance.’
- Another Rapid Quality Review had been undertaken on Berkeley House whereupon a Quality Improvement Group had been established and Berkeley House had been placed on ‘enhanced surveillance.’
- The latest Care Quality Commission (CQC) report on Maternity in April had been published but not yet shared and the Trust had actively addressed issues raised by the CQC. Recruitment of staff had been good, but until staff were more experienced, then the Cheltenham Unit and Stroud post natal beds remained closed.
- The new Patient Safety Incident Response Framework (PSIRF) would be implemented in March 2024 due to Datix issues, which was a national issue.
- The mortality data was improving but there were concerns around the level of mortality at weekends. AS had been leading the project and RA would be taking over. A System Safety Group had been established to share learning.
- The System Quality Committee agreed to establish Patient Experience sub-group which would be led by Becky Parish.

10.10 CL presented the finance update:

- As at month 7, the ICS was reporting an overspend position as a result of a number of pressures including primary care prescribing, industrial action, increases in pay expenditure within GHFT, continuing health care and inflation above planning assumptions.
- A number of mitigating actions had been implemented within the system which were now impacting on the financial position for the system as a whole. These included the GHFT financial recovery plan, holding non recurrent underspends and looking at bringing forward savings where possible. The system forecast therefore remained at breakeven position for this financial year.
- The capital forecast was breakeven, there remained a risk to the capital limit relating to IFRS16 leases, as the allocation remained outstanding at this point in the year.

10.11 **RESOLUTION: The ICB Board noted the content of the Integrated Finance, Performance, Quality and Workforce Report.**

11. Emergency Preparedness, Resilience & Response (EPRR) Assurance Report

- 11.1 The Emergency Preparedness, Resilience and Response (EPRR) assurance process was an annual NHS mandated process for ensuring that NHS organisations met their statutory EPRR standards as set out in EPRR framework. The process was by submission of evidence to meet the standards and confirm and challenge meetings with partner organisations and the NHS regional team.
- 11.2 MAE assured the Board that the system collaborated very closely with dedicated teams in the system that could work together at any time to address any major incident, whatever that may be.
- 11.3 A new Communicable Disease Plan had been developed across the system and some exercises had been completed, a power outage exercise had been undertaken and the ICB had completed a Business Impact Analysis across all the Directorates and the Business Continuity Plans had been updated.
- 11.4 The ICB was the lead for the system on EPRR (Cat 1) which had created a good deal of additional work, hence the slightly lower rating this year. ICS partners had been assessed and SWAST had been assessed by Dorset ICB. GHFT and GHC were noted as having areas of good practice on Page 7 of the Assurance Report. The ICB was just two marks away from being substantially assured.
- 11.5 A new system will be implemented for the training of on-call staff. Records of training will need to be kept around this. Business Continuity Plans will be exercised in the Spring of 2024. System-wide exercises will take place next year around cyber-attacks, infectious diseases, and major incidents. MAE stated there was a need to review the resources available to EPRR going forward.

RESOLUTION: The ICB Board noted the content of this Report.

12. Smoking and Vaping Consultation Response

- 12.1 SF started by explaining the Government command paper which covered three key policy areas:
1. Creation of a smoke-free generation
 2. Strengthening of support for people to quit smoking
 3. Regulation of vaping

The associated Government consultation focused on the areas of the policy requiring new legislation (smoke-free generation, youth vaping and enforcement). A draft consultation response had been prepared by the Public Health and Communities team, to facilitate the ICB response, thereby adding to the overall support for these proposals. The risks associated with investing the funding available for local stop smoking services will be assessed during planning. It was important to think about certain populations in the county which smoked more than others and how they could be helped in the future.

- 12.2 **RESOLUTION: The ICB Board agreed to:**
- 1. Acknowledged the “Stopping the start: the new plan to create a smoke-free generation” policy paper.**

2. **Agreed to the draft response to the consultation on creating a smoke free generation and tackling youth vaping.**
3. **Acknowledged support of the need for new legislation to:**
 - a) **Raise the age of sale for tobacco products effectively meaning that children aged 14 and younger this year will not ever be able to legally purchase tobacco products creating a smoke-free generation**
 - b) **Regulate the sale of vaping products to make them less affordable, visible and appealing to children.**
 - c) **Strengthen existing enforcement to prevent underage and illicit sales of tobacco and vaping products.**

12.3 Question 16 of the paper asked:

Do you agree or disagree that restrictions on disposable vapes should take the form of prohibiting their sale and supply?

SF stated that she would advise sending in a response of “Don’t Know” as there were two sides to this, hence this decision. RA commented that his oncology colleagues and he were also doing a big piece of work on this topical and important subject.

12.4 **RESOLUTION: The ICB Board approved the decision to send in a “Don’t Know” response from the ICB to the Government, around restrictions on disposable vapes and prohibiting their sale and supply.**

13. **System Quality Committee Terms of Reference**

13.1 JC informed members that The ICB System Quality Committee (SQC) Terms of Reference (TOR) had been slightly updated following discussion held at a System Quality workshop in June 2023. The high-level fundamental changes had been to include an updated governance flowchart, demonstrating the reporting structure into the SQC, page12, and the inclusion of Children’s Social Care. There was a direct line of reporting into the System Quality Group and also direct line of reporting into the Local Maternity and Neonatal System (LMNS). The changes, although minimal, required Board approval.

RESOLUTION: The ICB Board approved the updated System Quality Committee Terms of Reference.

14. **Delivery Plan for Recovering Access to Primary Care**

14.1 JW updated the members on the Delivery Plan for Recovering Access to Primary Care. The paper was primarily addressed improving access through a number of initiatives as part of the national Recovering Access to Primary Care programme which was published in May 2023. The programme aimed to support the increase in demand within Primary Care with a focus on empowering patients, implementing modern General Practice access model, building capacity, and reducing bureaucracy. The ambitions were to tackle the “8.00am rush” to reduce the number of people struggling to contact their practice and to determine how requests would be managed.

- 14.2 This had been put into the recent Contract Variation in August 2023 and it was important to understand that there had not been a specific requirement around access in a GP contract before, and this just asked practices to take steps to ensure that patients who do contact either by attendance, by telephone or online consultation or other electronic way, were given an appropriate response.
- 14.3 What was key about the programme was that it had been requested that ICBs lead the changes throughout their systems, but NHSE will be measuring progress through ICB Public Boards, hence the requirement to bring the paper to the ICB Board today and also with a further update in March 2024.
- 14.4 JW stated that HG was keen to highlight that this was coming at a challenging time for practices in terms of uncertainty around future funding for PCNs and GPs due to contract negotiations still being under way. Practices were also generally experiencing financial challenges which made it difficult for them to implement additional capacity. Locums had become unaffordable and any pressures on practices to make changes also then would become more difficult.
- 14.5 There were also greater challenges in areas of deprivation and so there was a focus on supporting the Core20Plus5 areas and the Primary Care Team was working with providers on the ground to further support those solutions. Despite this, access was really good in Gloucestershire and in September 2023, there were 27% more appointments offered than in September 2019 (pre-Covid) and there was a six-month rolling average of 24% increase, so 9% over the national average, in terms of demand. The demand had been having an impact on practices, the drivers of which were trying to be understood.
- 14.6 There were 23% more same-day urgent appointments than nationally, 13% up nationally, and 73% face to face appointments where nationally it was 71%. Patients were seen on the same day or the next day if there was an urgent need. Patient experience was good but there are 15% of patients who waited over 15 days or over for an appointment. However, this was partly an outcome of the increase in total appointments provided by Gloucestershire practices.
- 14.7 There were many initiatives as part of national delivery plan that had been welcomed, for instance the additional funding for switching to digital telephones and 15 practices will be moved across as part of the programme. There were many other local workstreams that were aligned to the national agenda that complemented this which were listed in the paper.
- 14.8 Locally, some areas had been identified in Section 3 which needed focus such as the 2 week and 4-week appointment data; the cleanliness of the data and understanding drivers for the demand and the appointment data mapping. There was some work around self-referral routes such as Falls, Musculoskeletal, Weight Management, Community Podiatry, Wheelchair and Community Equipment Services. Audiology continued to be a work in progress. Further digitalisation work would carry on to support all those pathways.
- 14.9 The next steps will be to progress the Plan and to bring an update to the March 2024 Board meeting.

14.10 AS commented that it will be the job of the Chief Medical Officer to develop an interface for Primary and Secondary Care to reduce bureaucracy. OA responded that this was where there would be most impact.

14.11 **RESOLUTION: The Board noted the content of the Delivery Plan for Recovering Access to Primary Care.**

15. Urgent and Emergency Care (UEC) Programme Update (Winter & Transformation)

15.1 ER spoke about this year's UEC Winter Plan which was aiming to inform the population how to keep themselves well throughout the winter, using various means such as mailing, radio slots, web resources and various other materials to promote this. The Winter Plan was a comprehensive and informative guide which would guide people where to go for help and was packed with contact telephone numbers and information about hospitals and care sectors across the county.

15.2 ER informed the Board about the Working as One Programme which would be suitably promoted and was also creating positive energy. The Programme will redesign the way care was provided in the One Gloucestershire system by all partners working together to deliver the right care, in the right place at the right time. The Team had set up five workstreams which over the next 18 months would be worked on with a people-focused approach.

15.3 JCo thanked ER for all her work but thought that the document was rather a long one and asked whether there were plans for a shorter document, demonstrating what to do in certain situations. ER agreed with this, noting that people could access certain pieces out of this document via Facebook and use the document as a resource. There was a list on the back of reference guides. ER had requested that the document was shortened which it had been since last year. Members of the Board agreed that this was a good and informative document and referenced several areas they had found useful.

15.4 **RESOLUTION: The ICB Board noted the UEC Programme and Winter & Transformation update.**

16. Committee Updates

16.1 **Chair's verbal report on the Audit Committee meeting held on 4th October 2023 and minutes of meeting held 27th June 2023**

16.1.1 The Board Assurance Framework had been covered today and would be discussed at the next Audit Committee meeting but there were no other updates.

16.2 **Chair's verbal report on the Primary Care & Direct Commissioning Committee meeting held on 5th October 2023 and minutes of meeting held 3rd August 2023**

16.2.1 AJ informed the Board that there was only one item for decision around the Berkeley Place and Prestbury Park practice merger. There had been discussion, but it had been a very intuitive decision considering how closely the practices were already working together and it had been agreed and approved for the merger to go ahead. The Primary Care Infrastructure

Plan had been brought for discussion and an update. The Delivery Plan for Improving Access to Primary Care was also discussed and this had gone through the assurance process.

16.3 Chair's verbal report on the System Quality Committee meeting held on 19th October 2023 and minutes of meeting held 17th August 2023

16.3.1 There had been updates from each of the partner organisations. Wotton Lawn was discussed in that it had been stepped down from Enhanced Surveillance as mentioned previously. Sarah Scott had updated on the LGA Peer Challenge on Adult Social Care. GHFT had updated on maternity. There was a first update from the System Quality Group given by MAE. The Annual Safeguarding Report was discussed and approved as well as approval for the LeDeR Annual Report with lessons learned incorporated in the report. The Individual Funding (IFR) policy had been agreed as well as the policies on Grommets and Dupuytren's.

16.4 Verbal report on the People Committee meeting held on 26th October 2023 and minutes of meeting held 20th July 2023

16.4.1 TC informed the Board that the People Committee had met on 26th October 2023 and there had been a deep dive into retention and the work going on across the system in relation to that. There was an update on the project with the University of Gloucestershire. A number of policies were approved including an update on Reasonable Adjustments policy and the Health Passport for staff. The Zero Tolerance policy had been approved along with the Social Media policy.

16.5 Chair's verbal report on the Resources Committee meeting held on 17th November 2023 and minutes of meeting held 7th September 2023

16.5.1 There had been discussion on the in-year financial position and the work being done to mitigate the pressures. There were also discussions around the medium-term Financial Plan.

RESOLUTION: The ICB Board noted the verbal updates on the Committee meetings provided from the Committee Chairs.

17. Any Other Business

There were no items of Any Other Business.

The meeting concluded at 16.28pm.

Time and date of next meeting

The next Board meeting will be held on Weds 31st January 2024 from 2.00 to 4.30pm



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.

(Commercial in confidence discussions)



Agenda Item 4

NHS Gloucestershire ICB Board (Public Session) Action Log
January 2024

Open actions only

Meeting Date Raised	Reference	Action	Due	Updates	Status
29/11/2023	Min 14.9 Delivery Plan for Recovering Access to Primary Care	The next steps will be to progress the Plan and to bring an update to the March 2024 Board meeting.	March 2024	An update is due as part of the agenda for the March 2024 ICB Board Meeting.	Action to remain open.



Agenda Item 7

NHS Gloucestershire ICB Public Board Meeting

Wednesday 31st January 2024

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 to the Integrated Care Board. This report is provided on a bi-monthly basis to public meetings of the ICB by the Chief executive Officer.		
Key Issues to note	This report covers the following topics: <ul style="list-style-type: none"> Dementia Strategy SEND Inspection Primary Care Network (PCN) of the Year - Cheltenham Young Adults Mental Health Service Update on Go Volunteer Glos Public Sector Equality Duty (PSED) and Equality Delivery System Two (ES2) Operational Planning 2024/2025 and Joint Forward Plan 		
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.		
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	Buildings	
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)	The Public Sector Equality Duty is enshrined in law (Equality Act 2010) Operational Planning and JFP NHSE guidance		

Impact on Health Inequalities	The update on progress being made on producing the Public Sector Equality Duty and Equality Delivery System references work is underway around Domain 1 Commissioned Services, Domain 2 Health and Wellbeing and Domain 3 Inclusive Leadership. PCN of the year showcases work undertaken by Cheltenham PCN that focuses on the health needs of those experiencing health inequalities including people who misuse drugs and alcohol and those with mental health conditions etc.
Impact on Equality and Diversity	The update on progress being made on producing the Public Sector Equality Duty and Equality Delivery System references work is underway around Domain 1 Commissioned Services, Domain 2 Health and Wellbeing and Domain 3 Inclusive Leadership.
Impact on Sustainable Development	N/A
Patient and Public Involvement	The Dementia Strategy involved a series of workshops with participants from health, social care, public health, community and VCSE (voluntary, community and social enterprise) organisations focused on the current strengths in our system, identified gaps in provision and developed priorities. These were reviewed by the “Your Voice Matters Group” comprising people with lived experience of dementia. A public dementia survey was opened between April and June of 2022, designed to raise awareness, and ran alongside Dementia Action Week activities.
Recommendation	The Board is requested to: <ul style="list-style-type: none"> • Note the contents of the CEO 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

Agenda Item 7**NHS Gloucestershire ICB Public Board Meeting**Wednesday 31st January 2024**Chief Executive Report****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 is provided on a bi-monthly basis to Board meetings held in public.

2. Dementia Strategy**2.1 Aim**

The Dementia Strategy aims to promote dementia positive communities and enable the delivery of a personalised proactive approach to support and care at a local community or neighbourhood level that will help prevent, slow or reduce the impact of dementia.

2.2 Developing the Dementia Strategy

We have engaged with our system partners across the Integrated Care Partnership, people living with dementia, their carers and members of the public. A comprehensive Dementia Needs Assessment was completed, mapped to the Dementia Well Framework and highlighted our draft priorities for the revised Strategy.

- 2.3 A series of workshops with participants from health, social care, public health, community and VCSE (voluntary, community and social enterprise) organisations focused on the current strengths in our system, identified gaps in provision and developed priorities. These were reviewed by the “Your Voice Matters Group” comprising people with lived experience of dementia. A public dementia survey was opened between April and June of 2022, designed to raise awareness, and ran alongside Dementia Action Week activities. The Strategy outline was presented to the Gloucestershire Collaborative Partnership Board in February 2023. Alongside this, a service mapping exercise has been carried out, which is helping to identify countywide and locality specific services for those affected by dementia.

Partners we engaged with:

- People living with dementia, their carers and members of the public whose lives are affected by dementia
- Gloucestershire County Council
- Gloucestershire Age UK
- ICS Dementia Steering Group
- ICS Cultural & Diversity Dementia Network
- ICS Dementia Training & Education Strategy
- Carers Hub
- Primary Care

- GHFT
- GHC
- VCSE partners (Mindsong, Dementia Action Alliance, Alzheimer's Society)
- Collaborative Partnership Board.

2.4 **Key objectives:**

- **Preventing** – Raising public awareness of dementia, specifically focusing on reducing risks and prevention; focus on symptoms for Young Onset Dementia
- **Diagnosing** – Improving the Dementia Diagnosis Rate and further development of the co diagnosis model in localities
- **Supporting** – The Dementia Advisor service has been re-commissioned for the next 3 years, so working with the Alzheimer's Society to develop the service offer to better support at neighbourhood level. Improving and building on support to carers.
- **Living** – Building on and connecting people in their local communities, in part through our Gloucestershire Dementia Action Alliance
- **Dying** – Increasing the uptake of advance care planning conversations and completion of ReSPECT (Recommended Summary plan for Emergency Care & Treatment) forms to increase the percentage of people dying in their place of choice.

2.5 The Strategy was considered by the Programme Development Group (PDG) in December and the Strategy received support from system partners. The Dementia Strategy will now go through the ICB governance processes for approval.

3. **Special Educational Needs and Disabilities (SEND) Inspection**

3.1 The Local Area Partnership had its OFSTED and CQC SEND inspection from 27th Nov – 15th Dec 2023. Ofsted and CQC carry out joint inspections of local areas at the request of the Secretary of State for Education under section 20(1)(a) of the Children Act 2004. The purpose of inspection is to:

- provide an independent, external evaluation of the effectiveness of the local area partnership's arrangements for children and young people with SEND
- where appropriate, recommend what the local area partnership should do to improve the arrangements.

3.2 Inspectors evaluate the impact of the local area partnership's SEND arrangements on the experiences and outcomes of children and young people with SEND, including the extent to which:

- children and young people's needs are identified accurately and assessed in a timely and effective way
- children, young people and their families participate in decision-making about their individual plans and support
- children and young people receive the right help at the right time
- children and young people are well prepared for their next steps, and achieve strong outcomes
- children and young people are valued, visible and included in their communities.

3.3 The draft inspection report for Gloucestershire will be provided around mid-January 2024, and the published report will be available around mid-February, the Final Report will be made available to the Board. There are three outcomes of the inspection:

1. The local area partnership's SEND arrangements typically lead to positive experiences and outcomes for children and young people with SEND. The local area partnership is taking action where improvements are needed.
2. The local area partnership's arrangements lead to inconsistent experiences and outcomes for children and young people with SEND. The local area partnership must work jointly to make improvements.
3. There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with SEND, which the local area partnership must address urgently.

4. **Primary Care Network (PCN) of the Year**

4.1 Cheltenham Primary Care Network (PCN) has won a top award for its joined-up work to proactively care for a diverse range of patients across its population. Judges at the Pulse General Practice Awards were impressed by Central Cheltenham PCN which won the PCN of the year category.

4.2 During the last four years the PCN has transformed from six individual practices working in relative isolation to a hub of collaborative working and innovative practice. The 57,000 patients registered at the practices benefit from new additional services provided by 33 members of staff with a wide skill mix.

4.3 The PCN workforce has transformed with the addition of new roles including a PCN Lead Nurse role to support the nurses from across the PCN practices, enabling more peer networking, standardising clinical protocols and nurse training. This is in addition to the specialist care brought into the community such as a diagnostic respiratory service and multidisciplinary team (MDT) diabetes care. These developments have had a positive impact on patient care in the area. By using these different roles in a more creative way the PCN has been able to deliver care to a diverse range of patients particularly those who are substance misusers, children and young people, and those who are nearing the end of life.

4.4 Other initiatives implemented by the PCN include a virtual whiteboard – a digital tool that helps identify patients nearing the end of their lives to uncover any outstanding care needs. In addition the PCN has set up a first contact practitioner (FCP) musculoskeletal (MSK) service, which has been showcased by the Chartered Society of Physiotherapy. The PCN has also helped support a befriending scheme using community volunteers who receive robust training to provide one-to-one support for vulnerable and socially isolated adults.

4.5 There were a number of PCN success stories showcased including a ground-breaking population health management (PHM) project to support children and young people (CYP) at risk of future health and wellbeing problems, offering them bespoke help. More than 50 children are now

receiving tailored care to help prevent long-term mental health problems. They are being proactively contacted by a social prescribing link worker employed to work specifically with children and young people and offered a six-week face-to-face course on mental health resilience, including personalised support with issues such as anxiety or educational difficulties. The course also includes topics such as the importance of going outside, appropriate relationships, having fun, healthy eating, managing emotions, friends and family. For parents this can help with parenting skills, routines and boundaries.

5. Young Adults Mental Health Service

5.1 The ICB recently hosted a visit from Sarah Brown and her colleague Natali Garcia – Gillam from the National Team for Children, Young People & Perinatal Mental Health Services, to showcase our Young Adults Mental Health Service (for 16-25 year olds) as a model of best practice.

5.2 The team visited the Young Glos headquarters at Gloucester docks, which is the shared office space for the Young Adults Service (YAS). The integrated team includes CAMHS & Adult Mental Health Practitioners from Gloucestershire Health and Care NHS Foundation Trust co-located with Young Gloucestershire Youth Workers and Counsellors. The service is countywide and works flexibly with 16-25 year olds to achieve personalised goals to improve their mental health and wellbeing. This includes practical support with housing, budgeting, accessing education and more, counselling and mental health practitioner support, in a community location near to where the young person lives, please see here for more details:
<https://www.youtube.com/watch?v=eMRc2BOToxY>

5.3 On the day, the National Team had a tour of the Young Glos building and met with a number of colleagues from the service to hear all about our local offer and how it was co-produced with Gloucestershire young people. Most importantly we were joined by two young people who came to share their positive experiences of being supported by the Young Adults Service (YAS). We had open and honest conversations about their needs, goals, and the flexible, personalised support they had experienced from passionate and ambitious mental health practitioners, youth workers and counsellors at the YAS. One young person explained about the fundamental difference the support has made to their life;

“For the first time ever, I have been able to look forward and plan for the future, focusing on what I want from life, rather than all my focus being on having a mental illness.”

This young person is starting University in September, which they never thought was possible before being supported by the service.

5.4 The National team congratulated YAS & the ICB on providing “Engagement driven interventions, and a great transformative, strategic piece of work across our local system.”

5.5 Members of the YAS Team and the ICB have been invited to join the National Young Adults Working Group, and the service will be referenced as a best practice example.

6. Update on Go Volunteer Glos

6.1 Through a partnership between Gloucestershire CCG (as was), Gloucestershire County Council, and the Gloucestershire VCS Alliance govoluteerglos.org was launched in June 2023. The creation of this website – the digital home of volunteering in Gloucestershire – was a foundational recommendation from a wide-ranging report understanding the landscape of volunteering across the county. GVG is a vital component of the volunteering infrastructure across the county. It brings together organisations seeking volunteers with people looking for volunteering opportunities – all types of opportunities, not just health and care related.

6.2 **Summary of Progress**

- GVG has demonstrated month-by-month growth throughout its existence: as at 30th November, 1,815 volunteers were signed up, 350 organisations registered, 930 new opportunities posted, and 1821 volunteers signed up to opportunities. For all these factors,
 - The most popular organisations/causes are community and family, wellbeing, and health;
 - The most popular type of roles are practical activities, supporting others, and promotion/fundraising;
 - Alongside the existing manager, a new Project Support Officer has recently been appointed to support the growth of activity;
 - Expanded the employer page to include more case studies;
 - The goal of increasing diversity of volunteers is being well developed, with a considerable proportion of volunteers registered who are younger than the ‘traditional’ older volunteer demographic.

6.3 **Future Plans**

In order to truly be the ‘digital home of volunteering’, the ongoing evolution of GVG is vital. For example, the GVG offer has already been expanded by adding a page especially for ‘Trustees’, encouraging more people to take up this crucial role. Current plans include:

- Need to secure ongoing funding beyond the existing 3 years (i.e. from June 2025) – NHS Gloucestershire ICB will be an integral part of these discussions;
- Running targeted volunteer recruitment campaigns with groups of people who are less represented;
- Undertaking a survey of volunteers to understand impact of volunteering on their lives and wellbeing;
- Creating a space on the website to allow volunteers to directly reach out to the GVG team with questions;
- Developing further resources for organisations to download from GVG.

7. Equality Delivery System 2

7.1 Each year public sector bodies must demonstrate they have met the requirements of the Public Sector Equality Duty (PSED). This process is supported by the Equality Delivery System (EDS), an improvement framework designed to assist organisations in assessing their performance and identifying future improvement actions.

7.2 The PSED includes a requirement that the ICB will publish equality information about both the communities we serve and the staff we employ. It also requires ICBs to have one or more published equality objectives, that are specific and measurable and cover a period of up to four years.

7.3 There is a requirement that we evidence the process we have undertaken to review our performance against the EDS framework and the eleven outcome areas spread across three Domains:

1. *Commissioned or provided services*
2. *Workforce health and well-being*
3. *Inclusive leadership.*

We are required to undertake a self-assessment of our performance and independently verify our position with stakeholders and staff.

7.4 System partners are currently collaborating on a review of Domain one commissioned services concentrating on maternity services from an ED&I perspective. While Domain 2 on health and wellbeing will focus on the ICB health and wellbeing offers and services aimed at those with protected characteristics (each ICS partners is required to concentrate on their own H&WB offers which are pertinent to their staff). Domain 3 looks at inclusive leadership and will concentrate on Board members and system leaders as well as senior managers in relation to their understanding of, and commitment to, equality and health inequalities.

7.5 The Public Sector Equality Duty and Equality Delivery System report will be included in the March ICB Board papers and published on the ICB's website.

8 Operational Planning 2024/2025 and Joint Forward Plan

8.1 The publication of NHS England's annual operational planning guidance has been delayed, with discussions continuing between Government and NHSE. We expect to receive detail of the national planning priorities no sooner than week commencing 29th January. Upon receipt, we will consider this alongside the system work already underway on plans for 2024/2025 (this includes work with all major programmes). These plans are also being informed by the NHS letter published in December which confirmed the continued focus upon delivery against existing performance metrics.

8.2 Submission dates will be finalised upon the publication of guidance, but we expect a high-level submission of key metrics in late February, with the full detailed submission required in March.

8.3 Guidance for the development of the Joint Forward Plan (JFP) has been received and requires relatively minimal changes in approach. Systems are asked to ensure that their JFPs strengthen the links to the relevant ICS Strategy; are clear about the purpose of the JFP; demonstrate that Healthwatch have been involved in the plan's development; and take account of the role of provider collaboratives. All these points will be actively addressed in our One Gloucestershire JFP which will be published by 31st March 2024.

Joint Forward Plan Guidance can be [accessed here](#).



9 Recommendation

9.1 The Board is asked to note the CEO report.



Agenda Item 8

NHS Gloucestershire ICB Public Board Meeting

Wednesday 31st January 2024

Report Title	Integrated Performance Report			
Purpose (X)	For Information		For Discussion	For Decision
			X	
Route to this meeting	N/A			
	ICB Internal	Date	System Partner	Date
Executive Summary	<p>This is the Integrated Performance Report (IPR) for NHS Gloucestershire ICB for January 2024.</p> <p>The report brings information together from the following four areas:</p> <ul style="list-style-type: none"> • Performance (supporting metrics report can be found here) • Workforce (supporting metrics report can be found here) • Finance (ICS and ICB M9 report) • Quality <p>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 areas above and a more detailed breakdown of progress within the remainder of the document.</p> <p>There is a supporting metrics document that lists performance on the individual metrics that can be found here.</p>			
Key Issues to note	Areas of key exceptions have been included at the front of the Integrated Performance Report.			
Key Risks:	<p>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.</p> <p>Our performance also feeds into the NHS Oversight Framework and influences segmentation decisions made by NHS England.</p>			
Original Risk (CxL)	There is a close link between the risks within the BAF and delivery of our objectives through the Integrated Performance Report.			
Residual Risk (CxL)				
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)	<p>The ICB has a statutory duty not to exceed the revenue resource limit set by NHS England.</p> <p>The Integrated Performance Report will be used to inform regional discussions as part of the NHS Oversight Framework.</p>			
Impact on Health Inequalities	See Performance section of the report.			
Impact on Equality and Diversity	See Performance section of the report.			
Impact on Sustainable Development	None			
Patient and Public Involvement	The Integrated Performance Report (Quality section) currently provides information on patient and public feedback.			
Recommendation	<p>The Integrated Care Board are asked to:</p> <p>Discuss the key highlights from the Integrated Performance Report identifying any further actions or development points that may be required.</p>			
Author	<p>Performance: Kat Doherty</p> <p>Workforce: Tracey Cox</p> <p>Finance: Chris Buttery</p> <p>Quality: Rob Mauler</p> <p>PMO: Mark Golledge</p>	Role Title	<p>Senior Performance Management Lead</p> <p>Director for People, Culture & Engagement</p> <p>Finance Programme Manager</p> <p>Senior Manager, Quality & Commissioning</p> <p>Programme Director – PMO & ICS Development</p>	
Sponsoring Director (if not author)	<p>Mark Walkingshaw – Director of Operational Planning & Performance – NHS Gloucestershire ICB</p> <p>Tracey Cox – Director for People, Culture & Engagement – NHS Gloucestershire ICB</p> <p>Cath Leech – Chief Finance Officer – NHS Gloucestershire ICB</p> <p>Marie Crofts – Chief Nursing Officer – NHS Gloucestershire ICB</p>			

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



Integrated Performance Report

January 2024



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Improving Services
& Delivering
Outcomes
(Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality
(Safety, Experience
and Effectiveness)

(Quality Committee)

Finance and Use of
Resources

(System Resources Committee)

Feedback from Committees



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System Resources Committee



Accountable Non-Executive Director	Jo Coast
Meeting Date	17 November 2023

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Performance – Planned Care & Diagnostic Performance	Limited	<p>The Committee heard that the performance against the 65 week wait commitment was subject to ongoing pressures, due mainly to the impact of the further periods of industrial action.</p> <p>The Committee also heard about challenges within endoscopy regarding capacity and performance. In addition, some reporting errors (regarding patients waiting) had been identified which was being rectified but would impact on the data on reporting times. This will double the number of endoscopy patients waiting over 6 weeks.</p>	<p>Continued work to reduce wait times for treatment</p> <p>Endoscopy programme undertaking full demand and capacity modelling with update to be received by the Committee at the next meeting.</p>	Update at next Committee on both of these areas in March 2024
Finance: Including Capital Planning	Limited	<p>Committee considered the approach to capital planning across the system including capital planning principles. This included balancing equity across partners of capital expenditure whilst tackling priority areas.</p> <p>Committee heard that the capital position was £10.9m behind plan due to slippage although expenditure was forecast to catch up. However, there was a risk regarding IFRS16 leases for which the allocation is significantly less than forecast.</p>	<p>Organisations developing capital plans and bringing this into an overarching system plan.</p> <p>Work underway to assess mitigations on IFRS16 leases and impact on the capital budget. System is working with NHSE on this matter.</p>	Update at next Committee on both of these areas in March 2024
Processes in place for evaluation of benefits for schemes	Limited	<p>Committee heard about work being undertaken on evaluation across the system on specific projects.</p> <p>This included the Working as One (Urgent Care) to assess the benefits of the transformation work underway. This included realising the performance benefits but a strategic decision on how we actively manage those benefits.</p>	<p>Committee would receive an update at the next meeting on the partnership approach to the benefits through the Working as One programme.</p>	Update at next Committee on both of these areas in March 2024

Assurance Level	Colour to use in risks/actions below
Not assured	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	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
None	None

People Committee

Accountable Non-Executive Director	Jane Cummings
Meeting Date	26 th October 2023 <small>(updated Jan 2024 – next people meeting scheduled 8th Feb)</small>



Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
On-going threat of industrial action	Limited	Notification of intention for BMA on 6 November to issue a ballot for industrial action for SAS doctors Update: strike action held in Dec 2023 and Jan 2024	Business continuity planning as per usual arrangements	January 2024
Band 2/Band 3 Pay issue	Significant	Further discussions with regional Unison/Unite representatives, agreement still needs to be reached regarding the proposed apportionment of compensatory payments and the methodology used to determine eligibility. Update: Further discussions with regional trades unions representatives on-going. Agreement still needs reached regarding the final elements of the implementation package.	Re-worked proposals to be put forward to Staff Side Update: Awaiting union agreement	March 2024
Inadequate workforce supply & challenges with recruitment and retention of health & social care staff across a variety of roles/ settings	Limited	All organisations continue to focus on a range of recruitment and retention initiatives. Deep dive on retention at October People Committee.	Work continuing on system wide campaign Be in Gloucestershire.	Planning to go live in early 2024.
Loss of Workforce Development Funding (WFD) in 2024/25	Not assured	NHSE have formally notified ICBs there will be no WFD monies in 2024/25. (Historic value has been £310k inc. monies for Training hub). These monies support targeted education and support for staff and key infrastructure roles in the People Team. Update: business case for key infrastructure roles submitted to operational execs – awaiting decision	CPOs across SW have written to Regional People Director to highlight the risks and consequences of loss of funding inc. impact on delivery of NHS Workforce Plan. Mitigation for impact on staffing roles being sought.	January 2024
Loss of Continuing Professional Development Funding (WFD) in 2024/25	Limited	Indication of no further CPD funding for nursing and allied professional staff in 2024/25	Discussion at Education & Training Steering Group on risks and impact.	Impact 2024/25

Assurance Level	Colour to use in risks/actions below
Not assured	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	We are assured appropriate action plans are in place to address any gaps
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Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
None	None

Quality Committee

Accountable Non-Executive Director	Jane Cummings
Meeting Date	13 December 2023



Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Recruitment Figures, Children in Care and Child Death	Significant	A designated doctor for Children in Care (CiC) is now in post and a designated doctor for Child Death started on 3 rd January 2024	The Risk Register to be reviewed due to this positive outcome	January
Berkeley House	Limited	The CQC raised concerns regarding the standards of care at Berkeley House (BH) The BH Quality Improvement Group met on the 8 th of December, where members received updates including a review of progress against the GHC BH Action Plan and feedback from a recent 2 day NHSE specialist team support visit and ICB unplanned out of hours visit.	Berkeley House will enter a period of enhanced surveillance	Ongoing
Migrant Health	Limited	The ICB is involved in the arrival of Afghan nationals into Beachly Barracks in Monmouthshire.	ICB migrant Health team to continue to work with MoD to minimise disruption and support arrivals with healthcare.	Ongoing
Maternity	Limited	A Section 29A notice was received on 8th September in connection with two issues; training compliance for Children’s Safeguarding and the timely closure of clinical incidents.	Maternity have been re-rated as ‘Inadequate’ and issued with a continuing Section 29A notice. Update to be brought to the next Quality Committee.	February

Assurance Level	Colour to use in risks/actions below
Not assured	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”
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Issues referred to another committee

Topic	Committee
None	N/A



Improving Services
& Delivering
Outcomes
(Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality
(Safety, Experience
and Effectiveness)

(Quality Committee)

Finance and Use of
Resources

(System Resources Committee)

Summary of Key Achievements & Areas of Focus



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Our Performance

Key Achievements

- Industrial action in December and January has been successfully navigated, with the system able to prevent cancellations for cancer treatments and support Urgent and Emergency Care to recover quickly in w/c 8th January.
- Elective Recovery Performance continues to meet the national target (103% of 19/20 value weighted activity) despite industrial action causing significant numbers of cancellations. The system position for M1-7 (to October 2023 – latest available validated data) is 104.8%.
- Diagnostic performance has recovered slightly to reach the 23/24 interim operational target of 15% (patients waiting over 6 weeks for diagnostic tests). Diagnostic turnaround times for reporting in histopathology and radiology have both improved, with radiology significantly cutting the number of patients waiting more than 6 weeks for a scan report. Further work to reduce these waiting times is ongoing, with additional resource in place to support.
- The final 'Uptake' position for the Autumn 2023 Covid-19 booster vaccination programme is now available across the 42 ICS in England with Gloucestershire has ranked first ICBs in terms of uptake amongst our eligible population.

Areas of Focus

- Urgent and Emergency Care (UEC) has seen an increase in the reporting of patients with No Criteria to Reside (NCTR) in the period following the latest round of industrial action, in particular patients requiring bed based post-hospital support. Work is being carried out to use more predictive methodology to plan capacity, match demand, and optimise length of stay in this pathway, while also ensuring that patients can return home whenever possible following a hospital stay.
- Patients waiting for treatment beyond 65 and 78 weeks had been declining (717 and 29 in November, down from 838 and 38 in October) but are likely to have been impacted by the latest industrial action, meaning that the target to eliminate these waits by March 2024 is at risk.
- Endoscopy capacity and performance continue to be an area of focus – waiting list initiatives are planned to support immediate performance improvement. Reporting of performance has not included some surveillance patients which is now being rectified, meaning the system is likely to see a significant decline in performance for endoscopy waiting times in the coming months despite additional capacity being made available. The overarching endoscopy programme is undertaking full demand and capacity modelling, while also reviewing workforce, estates and equipment to assist with long term recovery.

Please note: The Workforce report is updated bimonthly.

Our People

Key Achievements

NHS Funding

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

Education and Training: Care Leavers

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

Leadership

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

Temporary Staffing

- GHFT Medical rostering system tender specification drafted

International Recruitment (IR)

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

Areas of Focus

Funding Opportunities

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

Strategy & Planning

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

System-wide Development Programmes

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

International Recruitment

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

Housing Hub / Staff accommodation support

- Finalising and submitting the business case for the housing hub

Programme Delivery

- Ensure agreed programme investments are committed by year end.

Please note: The Quality report is updated bimonthly.

Quality

Key Achievements

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

Areas of Focus

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

Finance

- The ICS finance position as at month 9 2023/24 is:

	Year To Date (£k) (Overspend)/Underspend	Forecast Outturn(£k) (Overspend)/Underspend
GICB	0	3,446
GHFT	2,930	(8,097)
GHC	3,017	3,000
Total Surplus/(deficit)	5,947	(1,651)

- The ICS is forecasting a deficit of £1.651m which is attributable to the December and January industrial action. In year pressures within the ICS, excluding industrial action are being managed and there is ongoing work to mitigate increases to expenditure. There remain a number of financial pressures within the position and industrial action, and section 117 costs are the biggest risks to the position. No assumptions have been made on the cost of any industrial action beyond January.
- Mitigating actions include non-recurrent savings and identification of slippage against programmes and budgets, implementation of additional controls and productivity improvements within GHFT, with some impacting 23/24, and others next year in 24/25 and bringing forward plans for other areas; again, these will have a limited impact on 2023/24 but will lead to earlier delivery in 2024/25.
- The year to date revenue position now reflects the receipt of £6.6m of NHSE funding (GHFT) in respect of industrial action costs to November, as well other financial improvements associated with the H2 re-forecast exercise.
- Year to date capital expenditure has a variance of £10.9m underspend against budget for the year, relating to early year slippage against schemes. Schemes are forecast to recover the slippage by the year end. There is an out-turn risk of up to £4.6m to the capital forecast relating to IFRS 16 finance leases where national funding received is insufficient to cover costs. Work is ongoing across the system to mitigate this risk and to ensure that system capital expenditure remains within the system capital allocation. Some capital funding sources outside of the system capital allocation are yet to be confirmed.
- Agency costs in month 9 remain below the straight line value of the agency cap for the system, and continue to decrease. Actions continue to further reduce the expenditure within both Trusts, however, Industrial Action is one of the factors impacting on this spend.



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Detail of Key Achievements & Areas of Focus



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Urgent & Emergency Care

- The system responded to the industrial action throughout December and January by centralising Urgent and Emergency services at GHFT to ensure robust staffing and patient safety. Urgent care has been prioritised throughout the industrial action rounds, with elective activity also carried out wherever possible. As at the start of w/c 8th January there had been very few cancer cancellations and all were rebooked.
- GHFT has seen an increase in the reporting of patients with No Criteria to Reside (NCTR) in the period following the latest round of industrial action falling behind our trajectory (w/c 8th January, 205 patients against a target of 160); in particular patients requiring bed based post-hospital support (Pathway 2) have been increasing. Work is being carried out to use more predictive methodology to plan capacity, match demand, and optimise length of stay in this pathway, while also ensuring that patients can return home whenever possible following a hospital stay. Increased offers have been put in place across discharge pathways to assist with continued flow and additional packages of care have also been sourced to assist people back home have been put in place (for people on Pathway 1 – non-complex discharges with support at home) and this remains a key area of focus for all partners. This is in addition to the community-based bed capacity commissioned in order to assess the social care needs of patients outside of hospital.
- Latest month (December) ED performance (% patients seen within 4 hours) has improved by 2% to 73.7% across all settings, with ambulance category 2 response times rising to 56.6 minutes on average.
- Levels of demand for an emergency ambulance response have contributed to a deterioration in ambulance handover delays and led to new measures being put in place to keep handover delays to a minimum. New arrangements have been put in place at GRH to support the staffing of a pre-ED cohort areas to assist with ambulance handovers. New escalation arrangements are also in place should there be any delays for patients being handed over beyond 6 hours. Latest performance (w/c 1st January) saw a daily average time lost to handover delays of 132 hours, but this was significantly lower at the end of the week, with the weekend average reducing to 25 hours per day).
- The Working as One programme has continued to progress during this period, taking on learning through the trials currently running and responding to all the pressures on the system. In particular, there continues to be a focus upon admission avoidance and use of alternative service to ED, such as MIUs for urgent treatment, and Rapid Response to assist with maintaining patients at home wherever possible.
- Work is also being undertaken in mental health to support patients, as there are a small number of patients in the community awaiting a mental health bed. The priority remains to avoid out of county placement wherever this is possible.
- The evaluation of the bids for the Integrated Urgent Care Service has been completed, with moderation sessions now running. There was a good response to the Invitation to Tender and a recommendation report will be presented at ICB board on 28th February.

Elective Care

- Following significant disruption to elective recovery by industrial action throughout M1-7 in 2023/24, NHSE have further reduced the national Elective Recovery Fund target to 103% of 2019/20 baseline value weighted activity. As at M7 (October), Gloucestershire ICB has reached 104.8%, with pathways avoided contributing around 3.5% of this value. Our projection is currently that 105% will be achieved for 23/24, however the latest round of industrial action has not yet fed through to the reporting. ERF has been confirmed to continue in 2024/25 as a method to drive recovery nationally – detailed guidance is expected in the near future.
- In November, GHFT have achieved a strong improvement in RTT (66.5% patients waiting under 18 weeks, up by 1.3% on October performance), predominantly due to the absence of industrial action during the month. There has been a reduction in all long waits, with 3,103 Gloucestershire patients now waiting over 52 weeks across all providers. While December data is not yet available, the impact of further industrial action and the Christmas period will be challenging, with long waits likely to increase again, and putting pressure on the target to eliminate 65 week waits by March 2024. GHFT have flagged that without significant additional capacity in ENT and Oral Surgery (the specialties with the largest numbers of 65 week waits – currently 191 ENT and 287 Oral Surgery patients waiting over 65 weeks) this target will be missed.
- Use of Advice and Guidance remains strong, with work ongoing to support specialties where there is an A&G backlog (Haematology and Dermatology). Dermatology is working on an action plan to improve A&G turnaround time, including a reset week (w/c 8th January) with a backlog reduction of 400 anticipated. Further roll out of Cinapsis with Dermatology is underway.
- The Theatre Delivery Board at GHFT has been focussing on the theatre utilisation rate, which had improved to 81% in November (up significantly from the 76% reported in June 2023). An improvement plan is in place to reach 85% including use of bespoke booking on a per surgeon and anaesthetist basis to fully utilise lists as well as forward planning and backward analysis to explore issues encountered on the day. Performance in December declined slightly, likely due to industrial action impact and the festive period causing some workforce pressures.
- Role out of the Patient Initiated Digital Mutual Aid System (PIDMAS) has now gone live, with GHFT contacting ~2400 patients waiting over 40 weeks without an appointment booked to offer the option of exploring alternative providers for their treatment in line with national commitments. A small number of patients have expressed an interest in this option with 20 transfers booked in Oral surgery.
- An updated version of G-Care, which helps support GPs with referrals into secondary care, has now launched and been advertised to GPs. A session at the most recent LMC explored the primary and secondary care interface with principles currently going through an engagement process ahead of a publication in March 2024.

Cancer

- In November, performance against the 28 day Faster Diagnosis (FDS) standards was missed following the deterioration seen first in September. The majority of breaches were in suspected lower gastrointestinal, urological and skin cancers. There has been a reduction in capacity for 2ww endoscopy, and an increase in Lower GI referrals not suitable for straight to test (as a proportion of total activity), which is putting additional pressure on capacity for the service.
- Suspected breast cancer performance also struggled to achieve the two week wait target following issues with the radiography PACS system. This performance deterioration was driven by staffing issues and turnaround times for diagnostic tests; a breast recovery plan is already in place, relying on waiting list initiatives and with performance expected to recover in January 2024; diagnostic turnaround times have improved with additional resource deployed. A newly appointed a diagnostic improvement project manager is now in post to review diagnostic pathways and processes, and highlight bottlenecks and opportunities for streamlining to improve overall FDS performance. This post started in December 2023 and is focusing on imaging pathways in the first instance.
- 31 day first treatment performance in November was 88.9% (against a 96% target) – with the majority of breaches occurring in Skin, Urological and Gynaecological cancers. *Please note, this relates to first treatments only – reporting will be updated to include all treatments including subsequent treatments as per the new standards in the coming months.*
- The 62 day treatment target performance in November for the ICB was 62.0% with the majority of breaches in Urological, Lower GI, Skin, and Gynaecological cancers. *Please note, this relates to GP referrals only– reporting will be updated to include all referral routes as per the new standards in the coming months.*
- Despite good success in reducing the backlog of patients waiting over 62 days throughout 23/24, there is a risk that the target of 180 by March will not now be met due to the impact of industrial action over the festive period.
- Non specific symptom (NSS) referrals in October were at 35 – this under performance is expected due to the consistency of GP referral into cancer pathways prior to the launch of the NSS pathway. The pathway is now fully open to all PCNs, with NSS clinicians having visited all PCNs to promote it. November and December saw an uplift in referrals to the service at 48 and 42 respectively, and this is expected to continue with the roll out of GRAIL (blood testing for cancer symptoms) in 24/25.
- The cancer team are working with the CDC to explore provision of diagnostics for cancer pathways; lung one stop shop and preventative work on early liver risk factors are expected to be included when the CDC opens in Q4 of 23/24.

Primary Care and Dental

- Demand on primary care has continued to increase, with an average of 388,626 appointments delivered each month by GP practices across Gloucestershire in 23/24 to date, an increase of 27.8% on pre-COVID pandemic levels in 2019. The latest available data (November 2023), shows that Gloucestershire practices delivered 409,308 appointments, which includes a 36.1% increase on the volume of same day appointments. 70% of activity is currently delivered face to face.
- Use of Faecal Immunoprecipitation Testing (FIT) in primary care is ahead of trajectory to reach the 80% compliance target by March 2024 – latest data for November shows 79.9% of all Lower GI 2WW referrals are being accompanied by a positive FIT result $\geq 10\mu\text{g/g}$.
- A 'New to Partnership' programme to support GPs at all stages of their partnership journey has been developed by the ICB and Primary Care Training Hub. This is in response to the cessation of NHSE's 'New to Partnership' scheme which closed to new applicants at the end of 22/23. This includes funded time for new partners for a 6–12-month duration, to be used for a variety of activities to support their partnership development, including shadowing, peer support, leadership development, training, and mentoring. In addition, those already in more established partnership roles can still benefit from Peer support, mentoring and training. The programme has recently launched with a good level of interest from GPs.
- A new offer has commenced in Gloucestershire – "First Dental Steps" which forms part of each baby's health and development review at 9 to 12 months of age, undertaken by the health visiting team. Language and learning, safety, diet and behaviour are included as part of the review, together with oral health advice and the provision of a dental pack.
- Following the delegated responsibility for the planning and commissioning of primary, community and acute dental services to ICBs, NHS Gloucestershire has commissioned an additional 152 stabilisation appointments a week and an additional 51 urgent appointments. We are finalising the pathway for access to these appointments now and will advertise accordingly. For patients the initial access point will be NHS 111. In December 40 urgent appointments a week were live on 111 and in first two weeks of January two practices are starting their offer with a further 20 appointments a week available. Further work is underway with the remaining practices who have agreed to deliver the new offers.
- The final 'Uptake' position for the Autumn 2023 COVID-19 booster vaccination programme is now available across the 42 ICS in England. It is good to report that Gloucestershire has ranked first ICBs in terms of uptake amongst our eligible population – 2% better than the next nearest system and 15% better than the national average.

Diagnostics

- Diagnostic performance has been improving over the last few months with overall performance at 13.8% of the waiting list above 6 weeks in November. This meets the 23/24 interim operational target of 15%, with GHFT also meeting this performance threshold at 14.0%.
- Endoscopy is the main driver of the long waits in the system – and a further deterioration in performance in this modality, and impacting diagnostic recovery overall, is expected due to surveillance patients previously being excluded from the national reporting. This is being rectified with impact likely to be seen from January reporting onwards – this is likely to double the number of endoscopy patients reported as waiting over 6 weeks for tests. The issue remains under investigation, with full impact likely to change in response to validation. While these patients may not have been included in national reporting they are visible to GHFT and are being booked in date order alongside other patients on the active list. A task and finish group is reviewing Endoscopy as a whole as full demand and capacity analysis, estates review, equipment review, and workforce review will be required. A five year strategy is in development, and recovery is a priority for operational planning in 24/25. As an interim measure, waiting list initiatives through to March 2024 are planned to support performance improvements.
- Echocardiography performance now stabilised, with people waiting over 6 weeks dropping to 151 in November. The cardiology service have implemented an action plan to mitigate these performance issues and forecasts for the remainder of the year show that the 90% activity required to meet the CDC activity target will be achieved.
- CDC activity is monitored weekly and is positive in most areas with current forecasts positive around reaching the 90% activity threshold required for full CDC funding in 2023/24, and activity increasing in recent weeks. The go live for the CDC building is still on track for the 5th February 2024.
- Radiology reporting has been an area of concern for diagnostic imaging. Despite good performance against access standards, GP referrals and urgent cancer imaging had been missing reporting turn around time targets for a number of months, particularly driven by the PACS system. GHFT have now increased radiology outsourcing, with additional subcontracts coming online, and a business case in development for additional long term consultant appointment. A large reduction in patients waiting over 6 weeks for reporting has already been achieved, with the next target to be to reduce all waits to no longer than 4 weeks.
- Turnaround times for histopathology have also improved, with the service aiming to reduce time samples spend in the laboratory to speed up the overall timeline. The service has also used additional consultant cover to assist with reporting to support hospital consultant staff.

Mental Health

- Improving Access to Psychological Therapies (IAPT) access has increased slightly to 1347 in November which is above the planned target for the first time in two years. Advertising across several different medias has helped to improve the referral rate and the service has also seen a decline in drop outs during November. The recovery rate for IAPT has decreased slightly missing the target for the first time since February 2023 with 49.8% patients reaching recovery (one patient fewer than required to reach 50%) - the service has noted digital contacts have a decreased recovery rate and is investigating.
- There were 33 Out of Area placement days recorded in November, bringing the total YTD to 344. The annual target is 800. This is an improvement on the position in October (77 days recorded) reflecting the focus on ensuring local provision wherever possible.
- Eating disorders – the proportion of patients assessed within target has improved significantly in 23/24 to date. The November position (latest validated data) shows that for adults, 86.6% received treatment within the 16 week target. The CYP service has achieved 100% of referrals beginning urgent treatment within a week, and 47% of routine referrals beginning treatment within 4 weeks. Capacity in the service is an ongoing challenge, with 20% of adolescent patients and 12% of adult patients requiring more than 20 sessions for their treatment. Additional support from VCS organisations (BEAT, TiC+ and ORRI) has continued with high levels of uptake assisting a significant reduction in the back log of patients waiting for treatment. Currently 70 patients are waiting on the adolescent waiting list.
- Perinatal mental health access continues to be ahead of trajectory against operational planning targets with 74 women accessing services in November. YTD access is 682, already reaching the annual target of 672. November waiting times have also improved, with 67.5% of referrals seen within 2 weeks and 98.5% seen within 6 weeks.



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Our People Strategy: Focussed Pillars



Recruitment and Retention

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

Valuing and looking after our people

- The Health and Wellbeing group are developing a system-wide Health & Wellbeing Strategy and the 2024/25 Plan on a Page
- The Health and Wellbeing group are developing a system-wide 'early starter conversation', aimed at staff that have commenced recently in their roles (i.e. within first few months) to remind them of the health and wellbeing services that are available and listening to staff about their early experiences. The intention is that this supports staff retention as a significant minority of staff leave their roles within the first year of employment.

Our People Strategy: Focussed Pillars



Education Training and Development

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

Our People Strategy: Focussed Pillars

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

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

Our People Strategy: Foundation Themes

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

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



Improving Services
& Delivering
Outcomes
(Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality
(Safety, Experience
and Effectiveness)

(Quality Committee)

Finance and Use of
Resources

(System Resources Committee)

Detail of Key Achievements & Areas of Focus



Assurance

Pharmacy, Optometry and Dentistry (POD)

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

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

Urgent and Emergency Care

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

Migrant Health

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

Assurance

Community and Mental Health

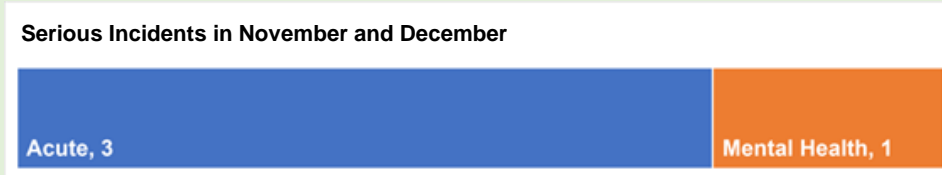
- Following recent CQC concerns regarding the standards of care at Berkeley House (BH), a period of enhanced surveillance continues. At a BH Quality Improvement Group meeting on the 8th of December, members received updates including a review of progress against the GHC BH Action Plan and feedback from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

Maternity

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

Please note: The Quality report is updated bimonthly.

Safety



There were no Never Events reported in November or December.

Serious Incidents include acts or omissions in care that result in: unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm, including those where the injury required treatment.

Near-miss Never Event

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

Learn from Patient Safety Events (LFPSE)

- To support PSIRF NHSE have launched the new LFPSE system. Unfortunately both GHFT and GHC have been affected by an issue with Datix (the provider of their local risk management system). This means they have not yet managed to transition to LFPSE.
- This is a known issue and NHSE SW region are fully aware.

GHFT Daily ‘Huddles’

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

Safety

Patient Safety Incident Response Framework (PSIRF)

- The system remains on track to implement PSIRF on 1st March with GHC and GHFT taking their plans to the respective boards in January.
- Patient Safety Incident Response Plans (PSIRP) will be sent to ICB Quality Committee in February for ratification, along with the ICB Policy.
- Once this has happened then the system will switch over on 1st March. This means that the last SI could be declared on Feb 29th leading to the closedown of the last SI by 28th May.
- Once we have transitioned, the role of assurance will sit with provider boards and not the ICB. Our role will change to be around the assurance of systems and spreading learning across the ICS.


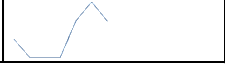
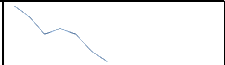
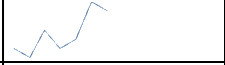
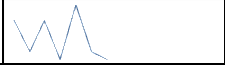


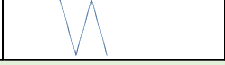
ICB PSIRF Plan and Safety and Learning Group

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

Please note: The Quality report is updated bimonthly.

Experience

Friends and Family Test (FFT) April – October 2023

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

The Friends and Family Test (FFT)

FFT is a feedback tool that supports the fundamental principle that people who use NHS funded services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how. The FFT asks a simple question: how likely, on a scale ranging from extremely unlikely to extremely likely, are you to recommend the service to friends and family if they needed similar care or treatment.

Please note: The Quality report is updated bimonthly.

Effectiveness

System Clinical Effectiveness Group

- Plans remain in place to review the System Clinical Effectiveness Group to encourage wider participation and to widen the scope of the meeting. From a governance perspective, the System Mortality Group will report into the SCEG, which will report to the Quality Committee

System Mortality Group (SMG)

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

SHMI

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

Trust-level data			
As expected SHMI			
94,300	2,510	2,300	1.0924
Provider spells	Observed deaths	Expected deaths	SHMI value



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Resources

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Detail of Key Achievements & Areas of Focus



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ICS Finance Report

Month 9



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Financial Overview & Key Risks

- The year end forecast out-turn is a system overspend of £1,651k against plan. This relates to the unmitigated costs of industrial action in December and January. The system is working on identifying further mitigations to recover this forecast overspend.
- The 2023/24 YTD revenue position is a £5,947k surplus versus plan for the system. This includes the impact of the receipt of funding to cover industrial action between April and November and additional inflation costs, as well as the benefits associated with a number of newly identified underspends. The underlying position remains challenging and a high level of savings and a number of non recurrent financial savings, efficiencies and income, are included in the revenue forecasts.
- Financial challenges across the system include the net cost of industrial action incurred within GHFT for December, pay costs within GHFT, pay award cost pressures within GHFT including GMS services, PFI inflationary indexation charges within GHFT, ICB prescribing cost increases and continuing health care.
- The GHFT YTD position is currently a surplus against plan. However, the position will worsen over Q4 due to £5m non-delivery of Financial Sustainability schemes causing an adverse variance to plan, as well as Industrial Action costs for January and winter costs for January to March, both of which will deteriorate the run rate further.
- The ICS continues to face a number of significant financial pressures across several areas, within this position the work on mitigations, including recovery plans in place, is realising results and these are being worked through into a revised financial forecast for all organisations. In addition the System has implemented System review of investment requests above a specified level.
- The year to date capital expenditure is £10.9m behind plan due to slippage across a number of schemes. Scheme expenditure is forecast to catch up to planned levels by the year end. This includes £4.2m for the 5th Orthopaedic theatre funding which will move from 23/24 to 24/25 There is a risk to achievement of breakeven against the capital resource limit. The system has been notified of its allocation for new IFRS16 leases, £1.3m against an forecast of c£8m. Work is underway to look at mitigations, in addition, there is a national contingency and the System is working with NHSE to maximise the request against this fund.

Financial Overview & Key Risks

Key Financial Issues

- The GHFT year to date position to date is being supported by the impact of actions within their financial recovery plan. Additional measures have been taken and continue to be developed in response to the position to deliver savings in year and in 24/25. These include:
 - GHFT has a programme to improve productivity within theatres and is progressing development of a programme within outpatients
 - Grip and control measures within GHFT, especially within workforce controls
 - Holding year to date underspends within budgets across the system
 - Implementation of the revenue Investments triple lock process across the system
 - Looking at measures to bring forward savings; this is unlikely to impact on 23/24, however, these should reduce the recurrent expenditure going into 24/25
- Workforce is a key driver of financial performance particularly within GHFT. Vacancies, absence, operational pressures and industrial action have led to increased use of bank and agency staffing as well as costs associated with ongoing recruitment and resultant pressures on existing staff when temporary staff cover shifts. Actions by organisations are now starting to show results with an improvement in the run rate of GHC agency spend below the target of 3.7%, as well as a similar trajectory of improvement for GHFT albeit from a higher base position. Each organisation is maintaining workforce systems and controls including changes to processes to bring substantive staff into post quicker, standard operating procedures for agency use plus increases in lead in times to enable better planning of bank and agency use. E-rostering for nursing is in place within both organisations with cross system working ongoing.
- Both GHFT and GHC have international recruitment processes underway. This initiative is now seeing staff in post on a scale whereby the GHFT Registered Nursing establishment is full. The forecast remains to deliver an increase in substantive staffing and a reduction in agency costs in 2024/25. The Trust have also focussed on ways to improve the training of international recruits to increase the pass rate so that staff are then able to move from super numerary roles to fill substantive vacancies.
- GHC continues to monitor agency usage through its Sustainable Staffing Group and has significantly reduced its usage of off framework agency, and seen a sustained reduction in its monthly spend on agency in recent months.

Financial Overview & Key Risks

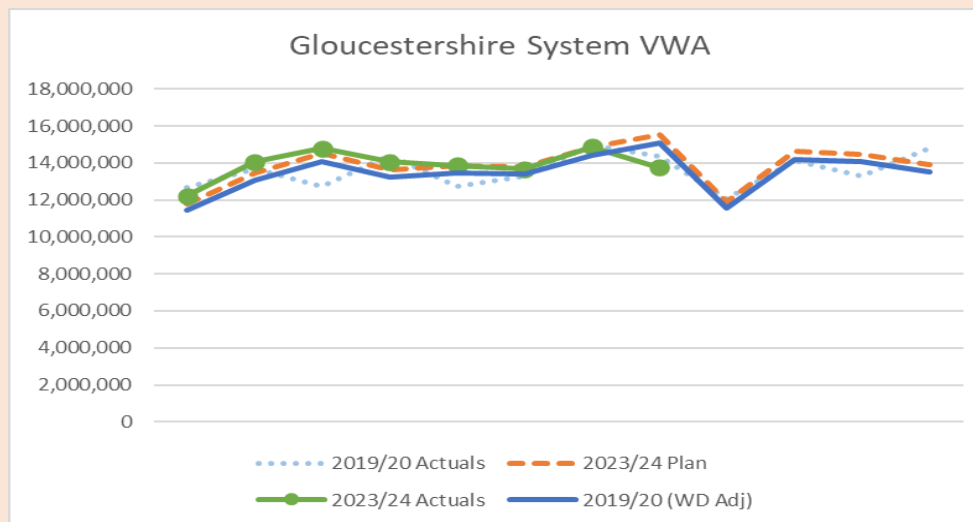
- The System ERF plan is dependent on delivery of elective activity as per the plan. The national target has now been reduced by 4% to 103% to enable systems to cover the cost of industrial action to month 7. Year to date performance for Gloucestershire commissioned ICB activity, based on NHSE Freeze data (M1-7) is 104.8%, including pathways avoided, thus achieving the new revised target of 103%. The projected full year outturn (assuming no further industrial action) is delivery of 105.8%. This is being reviewed following further recent Industrial action.
- Savings and efficiency plans are forecasting full delivery by year end for GHC and the ICB, however GHFT is now forecasting a £7.1m underperformance. This relates to a shortfall against the UEC target, and a system stretch target. There are significant risks within plans and non recurrent savings are being developed to offset the risk of slippage.
- Delivery of recurrent savings plans remains a major risk for the system, a reduction in recurrent savings in 2023/24 will impact on the level of savings required in 2024/25. Transformational savings plans include those for Urgent and Emergency Care which are high risk for the system. In addition, other areas of savings are rated as amber or red as there is currently slippage against schemes within GHFT (divisional schemes in particular), the ICB (CHC and placements savings) and GHC (non recurrent savings schemes).
- The system is developing a more detailed medium term plan following on from the Joint Forward Plan with an underpinning medium term financial plan. The second draft of this was submitted to NHSE on the 29th September and the plan will continue to be developed over the coming months; this process will include more detailed planning for 2024/25 with the aim of delivering breakeven financial plan. The focus within the plan is on both reviewing and reducing the recurrent expenditure (underlying run rate) in 2023/24 going into the future years and the development of savings plans for the period covered.

**International Financial Reporting Standard 16 sets out the principles for the recognition, measurement, presentation and disclosure of leases, in order to report information that faithfully represents lease transactions, and provides a basis for users of financial statements to assess the amount, timing and uncertainty of cash flows arising from leases.*

Financial Overview & Key Risks

Key Financial Risks

- The 23/24 financial plan includes an assumption that Elective Recovery Funding (ERF) will be fully received in 2023/24 and the System has invested in a number of areas within GHFT, including the two new theatres in order to achieve the elective target. Systems have been notified of a 4% reduction in the national ERF target to enable Systems to cover the cost of industrial action and lost activity year to date; this has meant a reduction of 4% to the System target to 103%.
- Available activity for month 9 reporting is based on fixed data for April to October, and flex data (subject to change) for November. This shows YTD performance based on Freeze data (M1-7) is 104.8%, thus achieving the new revised target of 103%, although below the submitted plan of 109%. ICB commissioned freeze activity is at 104.9% of the value weighted fixed target with under delivery by GHFT at (97%) and out of county NHS providers of (90%), offset by Independent Sector providers overperformance of (137%). GHFT is reporting low recovery rates in Day cases and Inpatient spells.



Elective Recovery Fund – Monthly Analysis

ICB Commissioned

		April	May	June	July	August	September	October	November	December	January	February	March
Daycase	Plan	3,914,330	4,501,069	5,028,807	4,604,028	4,473,582	4,697,548	4,688,765	5,152,195	3,970,582	5,024,455	4,919,284	4,657,391
		103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%
	Actual	4,111,577	4,916,615	4,967,582	4,717,304	4,968,867	4,925,282	4,997,078	4,965,202				
		108.2%	112.5%	101.7%	105.5%	114.4%	108.0%	109.8%	99.3%				
Ordinary Admissions	Plan	3,471,884	4,159,717	4,058,871	4,057,142	4,568,542	4,035,398	4,686,083	4,790,338	3,541,755	3,927,528	4,266,579	4,247,887
		103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%	103.0%
	Actual	3,321,904	3,662,950	4,002,086	3,794,095	3,456,677	3,267,876	3,911,393	3,971,000				
		98.5%	90.7%	101.6%	96.3%	77.9%	83.4%	86.0%	85.4%				
Outpatient Attendances	Plan	2,859,077	3,182,719	3,575,068	3,227,214	3,128,736	3,393,327	3,614,362	3,704,566	2,835,780	3,750,121	3,465,307	3,285,441
		103%	103%	103%	103%	103%	103%	103%	103%	103%	103%	103%	103%
	Actual	2,965,809	3,452,530	3,582,281	3,394,670	3,420,518	3,493,987	3,847,866	3,108,772				
		106.8%	111.7%	103.2%	108.3%	112.6%	106.1%	109.7%	86.4%				
Outpatient Procedures	Plan	1,480,803	1,565,800	1,788,801	1,667,295	1,589,302	1,580,663	1,750,976	1,810,966	1,461,667	1,851,566	1,751,072	1,657,348
		103%	103%	103%	103%	103%	103%	103%	103%	103%	103%	103%	103%
	Actual	1,380,666	1,498,326	1,651,840	1,632,265	1,578,215	1,554,569	1,727,424	1,421,688				
		96.0%	98.6%	95.1%	100.8%	102.3%	101.3%	101.6%	80.9%				
TOTAL GLOUCESTERSHIRE SYSTEM	Plan	11,779,080	13,474,687	14,515,719	13,634,552	13,843,992	13,787,302	14,831,223	15,540,035	11,877,916	14,622,079	14,481,651	13,928,137
		103%	103%	103%	103%	103%	103%	103%	103%	103%	103%	103%	103%
	Actual	11,779,955	13,530,422	14,203,788	13,538,334	13,424,277	13,241,715	14,483,760	13,466,663				
	103.0%	103.4%	100.8%	102.3%	99.9%	98.9%	100.6%	89.3%					
	incl.Pathways	106.7%	107.4%	105.0%	106.2%	103.2%	102.1%	103.3%	91.2%				

- The revised target for Gloucestershire System is 103% taking into account Industrial Action from months 1-7.
- At M8 YTD Flex Gloucestershire ICB commissioned VWA is 102.9% of 2019/20 including pathways avoided.
- At M7 YTD Freeze Gloucestershire ICB commissioned VWA is 104.8% of 2019/20 including pathways avoided.
- Pathways avoided are contributing c.4% on top of activity recovery.
- There were 5,664 cancellations due to Industrial Action between April and October, equating to c.£2.6m elective activity lost (based on average tariff). Inclusion of this activity could potentially push the System M7 YTD position up to 107.6%. There were 0 cancellations in November due to IA which did not take place that month.
- The projected full year outturn is delivery of 105.8% (£4.5m) taking into account cancellations due to IA in December and January (c.-£713k).
- Independent Sector providers are delivering YTD higher activity volumes (136.7%) than GHFT (97.3%) and OOC NHS Providers (90.1%).

Finance and Use of Resources - Dashboard

Statement of Net Income & Expenditure Position (£'000)						
Month 9 2023/24 - December	Year to Date Plan Surplus / (Deficit)	Year to Date Actual Position Surplus / (Deficit)	Year to Date Variance to Plan Favourable / (Adverse)	Full-Year Plan Surplus / (Deficit)	Forecast Outturn Actual Position Surplus / (Deficit)	Forecast Outturn Variance to Plan Favourable / (Adverse)
Gloucestershire Hospitals NHS Foundation Trust	(4,344)	(1,414)	↑ 2,930	0	(8,097)	↓ (8,097)
Gloucestershire Health and Care NHS Foundation Trust	149	3,166	↑ 3,017	0	3,000	↑ 3,000
Gloucestershire Integrated Care Board	(0)	(0)	→ (0)	0	3,446	↑ 3,446
System Surplus/(Deficit)	(4,195)	1,752	↑ 5,947	0	(1,651)	↓ (1,651)

Efficiency Programme (£'000)								
Month 9 2023/24 - December	Month 9 Efficiency Plan	Month 9 Efficiency Achieved	Year to Date Variance to Plan Favourable / (Adverse)	Full-Year Efficiency Plan	Forecast Outturn Efficiency	Forecast Outturn Variance to Plan Favourable / (Adverse)	Forecast Outturn as % of Target	High-Level In-Year Risk Rating
Gloucestershire Hospitals NHS Foundation Trust	23,493	21,234	↓ (2,259)	34,721	27,647	↓ (7,074)	80%	AMBER - Medium Risk
Gloucestershire Health and Care NHS Foundation Trust	7,989	7,959	↓ (30)	9,883	9,883	→ 0	100%	AMBER - Medium Risk
Gloucestershire Integrated Care Board	9,856	9,856	→ 0	13,128	13,128	→ 0	100%	AMBER - Medium Risk
Total	41,338	39,049	↓ (2,289)	57,732	50,658	(7,074)	88%	AMBER - Medium Risk

Other Metrics				
Month 9 2023/24 - December	GHFT	GHC	GICB	ICS
Better Payment Practice Code <small>(total paid within 30 days or due date by value)</small>	91%	99%	100%	98%
Capital Forecast Variance to Plan (Under) / Over Delivery - £000	2,305	(1,841)	(750)	(286)
Cash status	Green	Green	Green	Green

Key:
 Green arrow up = favourable variance to plan
 Red arrow down = adverse variance to plan
 Yellow horizontal arrow = breakeven

Savings and Efficiencies

Monthly Efficiency Programme Trend Analysis (£'000)												
	M1 actual	M2 actual	M3 actual	M4 actual	M5 actual	M6 actual	M7 actual	M8 actual	M9 actual	M10 plan	M11 plan	M12 plan
Gloucestershire Hospitals NHS Foundation Trust	2,248	2,248	1,750	2,018	2,272	2,862	1,733	2,235	3,869	2,138	2,138	2,138
Gloucestershire Health and Care NHS Foundation Trust	1,786	1,786	631	631	309	534	723	1,550	9	641	641	641
Gloucestershire Integrated Care Board	1,096	1,096	1,096	1,096	1,096	1,096	1,093	1,093	1,094	1,091	1,090	1,091
System Total	5,130	5,130	3,477	3,745	3,677	4,492	3,549	4,878	4,972	3,870	3,869	3,870

- Savings and efficiencies totalling £57.7m are planned across the system in 2023/24.
- As at month 9 reporting, the year to date delivery is £2,289k behind plan, across the system. The phasing and delivery of a number of schemes within GHFT, is planned to be in H2 of the financial year. The full year forecasts are on plan for each organisation in the system. The risk ratings for each organisation’s full year delivery forecast are:
 - GHC: Medium – Good progress continues to be made on the delivery of savings year to date at month 9. The risk of non delivery of recurring schemes by year end has been reduced following the development of further plans. Non recurring savings are fully identified. The Trust continues to forecast full delivery of its savings plans.
 - GHFT: Medium - £21.2m of savings have been delivered (£14.3m recurrent, £6.9m non-recurrent). GHFT is forecasting delivery of £27.6m. The highest risk items in the original planned position driving the gap of £7.1M are the UEC programme (£4m) and the system stretch target (£1.4M). The total value of amber rated schemes within the forecast is £0.4m, with the remainder RAG rated Green.
 - ICB: Medium – the savings programme amounts to £13.128m for FY 2023/24. The programme has been risk assessed and is anticipated to deliver to plan the total GICB programme for 2023/24. There is slippage in the UEC programme and CHC/placements programmes, offset by over delivery on Primary Care medicines optimisation and other non-recurrent savings.

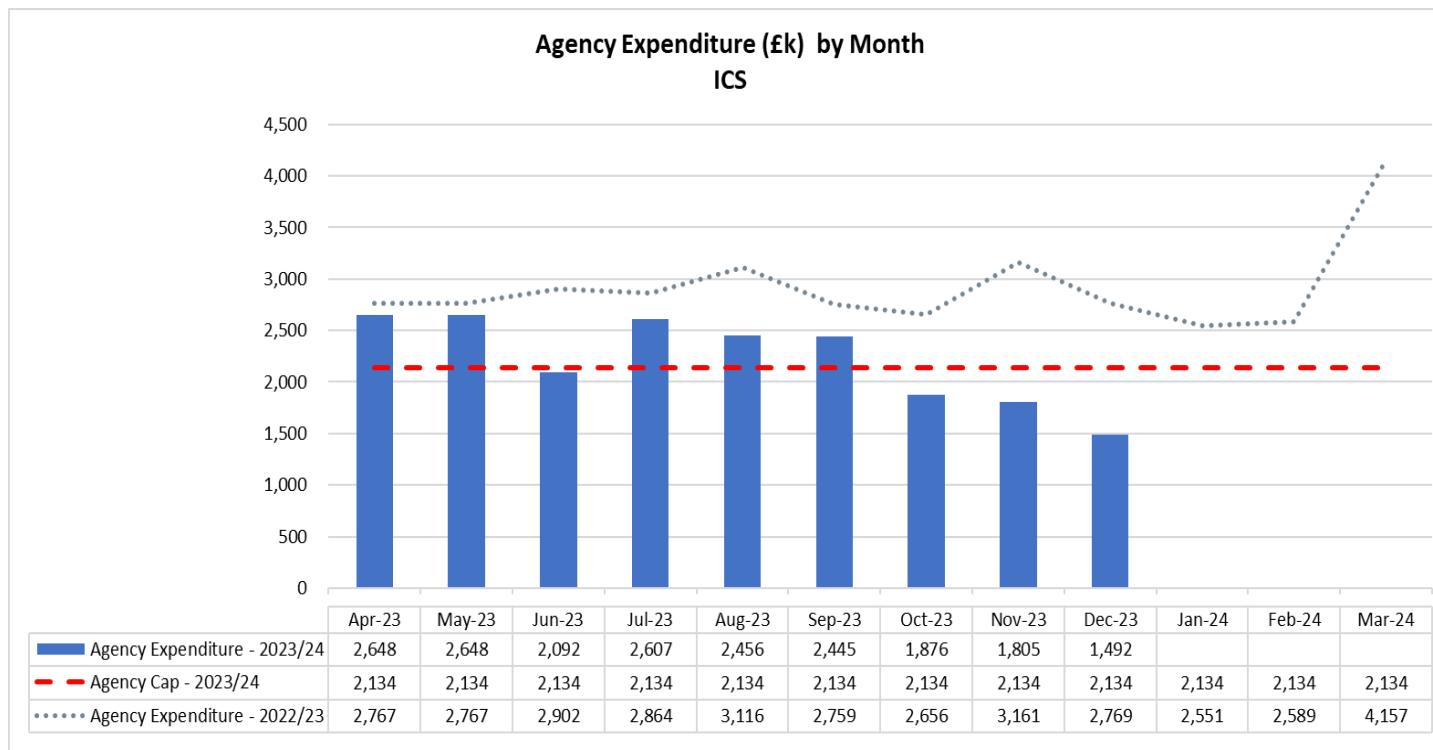
Capital: Organisational Positions, Challenges and Opportunities

Capital Expenditure (£'000)						
Month 9 2023/24 - December	Year to Date Plan	Year to Date Actual Position	Year to Date Variance to Plan (Under) / Over Delivery	Full-Year Plan	Forecast Outturn Actual Position	Forecast Outturn Variance to Plan (Under) / Over Delivery
	15PLANYTD	15ACTYTD		15PLANCY	15FOTCY	
<u>System Capital Allocation</u>						
Gloucestershire Hospitals NHS Foundation Trust	18,523	19,565	↓ 1,042	26,174	26,174	↑ 0
Gloucestershire Health and Care NHS Foundation Trust	9,445	8,644	→ (801)	11,491	11,332	→ (159)
Gloucestershire Integrated Care Board	740	0	→ (740)	1,110	1,110	↑ 0
Total System Capital Allocation	28,708	28,209	→ (499)	38,775	38,616	→ (159)
	15PLANYTD	15ACTYTD		15PLANCY	15FOTCY	
<u>Other Net CDEL sources</u>						
Gloucestershire Hospitals NHS Foundation Trust	18,399	5,737	→ (12,662)	21,314	23,619	↓ 2,305
Gloucestershire Health and Care NHS Foundation Trust	1,033	0	→ (1,033)	1,841	0	→ (1,841)
Total System CDEL (NHS)	48,140	33,946	→ (14,194)	61,930	62,235	↓ 305
	15PLANYTD	15ACTYTD		15PLANCY	15FOTCY	
<u>IFRS16 Lease Capital</u>						
Gloucestershire Hospitals NHS Foundation Trust	1,091	4,928	↓ 3,837	1,478	6,041	↓ 4,563
Gloucestershire Health and Care NHS Foundation Trust	580	0	→ (580)	1,168	963	→ (205)
Gloucestershire Integrated Care Board	2,586	2,586	↑ 0	2,586	2,586	↑ 0
Total System Capital including IFRS16 Leases (NHS)	52,397	41,460	→ (10,937)	67,162	71,825	↓ 4,663

Capital: Organisational Positions, Challenges and Opportunities

- Within the ICS system capital allocation envelope, capital expenditure is showing a year to date underspend as at month 9 of 2023/24. The forecast is for the system capital allocation expenditure to catch up in line with plan by year end, with a minimal forecast underspend.
- GHFT is reporting a forecast capital variance of £7.2m above CDEL versus plan. £2.4m is due to national programme capital, £0.3m in respect of system capital, and £4.5m is the forecast overspend against the IFRS16 plan.
- The System has received notification IFRS16 capital leases funding. There is an overspend risk as the allocation is lower than expected, mitigating actions are being developed including bidding against the national contingency. Any bid will not mitigate the full overspend and mitigations to reduce the IFRS 16 spend and non-IFRS system capital spend are being explored.
- There is a potential underspend of £2.7m on CDC national programme capital. (£1.2m CDC lease and £1.5m other). The £1.5m may reduce depending on the spend GHC have incurred, and a GHFT review into system capital spend to ascertain if anything else can be funded via this route.
- The Trust have had positive discussions with NHSE regarding reprofiling of the 5th Orthopaedic theatre funding which would see £4.2m of the funding move from 23/24 to 24/25 to match the latest expenditure forecast.
- GHC capital spend on Forest of Dean new hospital is £0.5m behind plan year to date. Spend on several maintenance schemes is committed and expenditure will start to catch up with plan. GHC is no longer proceeding with its full Clinical System Project and has lowered its expenditure forecast, and agreed with the National Digitisation Programme it will not receive the associated funding. GHC continues to forecast an IFRS 16 spend of £1.2m despite a reduction in funding for the system. GHC's year end capital forecast has been reduced following a review of the programme to support the system position.

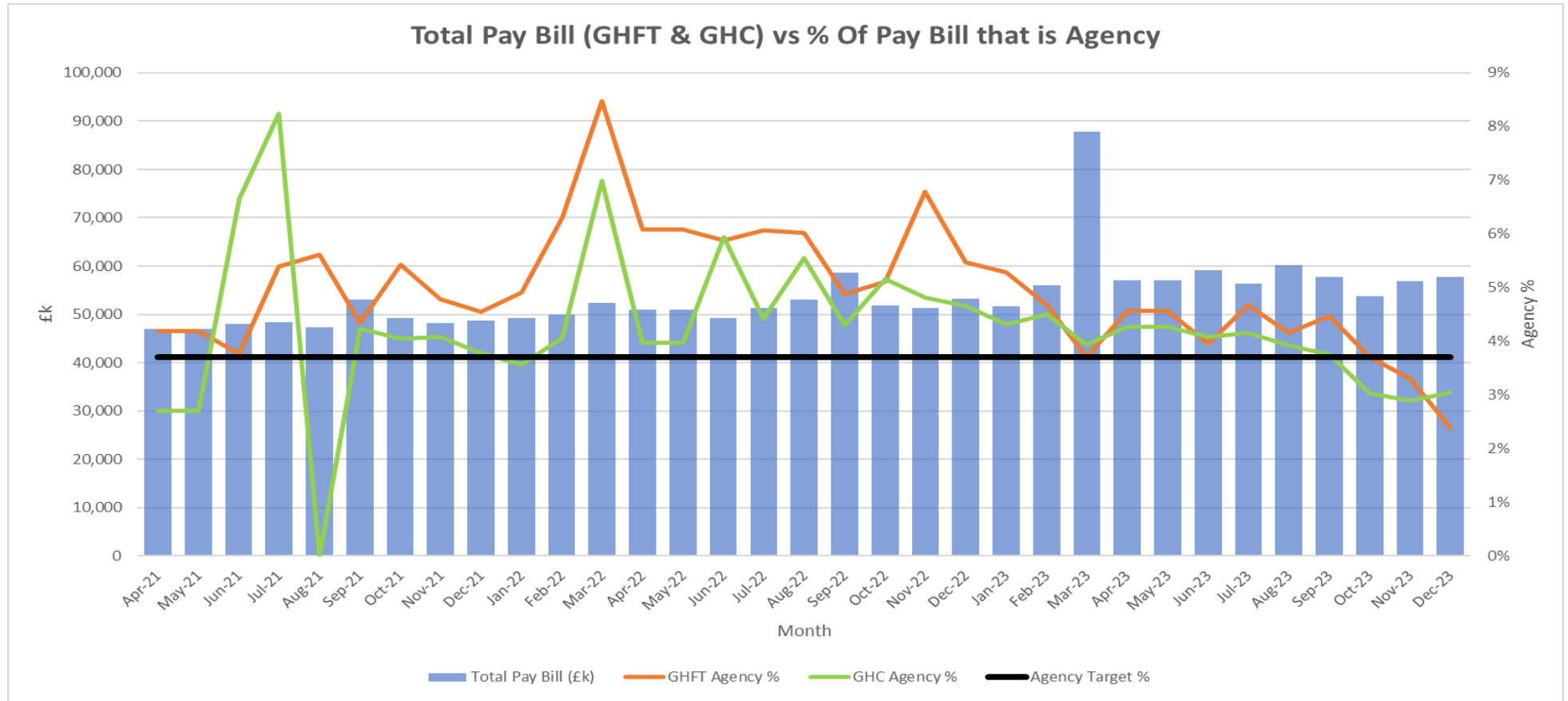
Agency Expenditure vs NHSE Cap



Agency Expenditure 2022/23	£35.057m
Agency Cap 2023/24	£25.609m

- Gloucestershire ICS's agency expenditure limit was calculated as 73% of 22/23 expenditure, resulting in a cap of £25.6m.
- As at month 9, the rate of agency expenditure is below the straight line trend of the agency cap. The forecast against the cap includes a number of assumptions around the impact of actions underway or planned. The forecast remains prudent ahead of winter pressures.
- There has been a clear downwards trend in the use of agency staff. However, this trend continues to be subject to any adverse impact of the above risks.

Agency Spend vs Total Pay Bill



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
GHFT Agency Spend (k)	£ 1,367	£ 1,367	£ 1,250	£ 1,790	£ 1,840	£ 1,604	£ 1,841	£ 1,586	£ 1,517	£ 1,671	£ 2,191	£ 3,105	£ 2,148	£ 2,148	£ 1,949	£ 2,171	£ 2,212	£ 1,977	£ 1,804	£ 2,362	£ 1,984	£ 1,774	£ 1,782	£ 2,296	£ 1,766	£ 1,766	£ 1,616	£ 1,818	£ 1,747	£ 1,744	£ 1,350	£ 1,304	£ 969
GHC Agency Spend (k)	£ 389	£ 389	£ 987	£ 1,241	£ 3	£ 682	£ 619	£ 612	£ 576	£ 539	£ 617	£ 1,092	£ 618	£ 618	£ 953	£ 693	£ 903	£ 782	£ 852	£ 799	£ 785	£ 777	£ 808	£ 1,020	£ 777	£ 777	£ 748	£ 726	£ 709	£ 702	£ 526	£ 501	£ 523
Total Agency Spend (k)	£ 1,756	£ 1,756	£ 2,237	£ 3,031	£ 1,837	£ 2,286	£ 2,459	£ 2,198	£ 2,094	£ 2,210	£ 2,809	£ 4,196	£ 2,767	£ 2,767	£ 2,902	£ 2,864	£ 3,116	£ 2,759	£ 2,656	£ 3,161	£ 2,769	£ 2,551	£ 2,589	£ 3,316	£ 2,543	£ 2,543	£ 2,364	£ 2,544	£ 2,456	£ 2,446	£ 1,876	£ 1,805	£ 1,492



ICB Finance Report

Month 9



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Financial Overview and Key Risks

Overview

- The ICB forecast outturn position is £3.4m surplus. The position reflects the dental underspend, updated prescribing and CHC forecasts and non recurrent slippage in other specific allocations (eg SDF). The position anticipates all allocations will be received including earning an additional £1.7m for ERF above baseline allocation. Continued work is underway to identify mitigating actions to continue to manage the position, as previously agreed, holding non recurrent underspends against programmes and budgets and also identifying any recurrent underspends which will help the underlying financial position
- The ICB month 9 YTD position is showing breakeven against the plan. The position reflects the prescribing cost pressure (£2.7m) and a growing cost pressure relating to Continuing Health Care (£2.9m) and placements (£0.5m) which are largely offset by an underspend of £4.5m within the primary care Pharmacy, Optometry, Dental budgets. In addition to these pressures there remain other, smaller pressures and risks within the financial position that are being managed.
- Prescribing data for 7 months is showing an ongoing upward trend in spend compared to last year (9.9% increase compared to same period last year, 2022/23 had 8.5% growth in overall costs compared to 2021/22). Key drivers in prescribing costs include continuous glucose monitoring devices (due to NICE guidance), growth in diabetes drugs and in direct-acting oral anticoagulants (DOACs) as diagnosis increases. It is expected that the cost of DOACs will reduce in the second half of the year as a result of the introduction of generic Apixaban and associated lower cost, the ICB will continue to benefit from the national DOAC rebate for Edoxaban. It is anticipated that NCSO will remain a pressure in 23/24.
- The Delegated Pharmacy, Optometry, Dental budgets are showing a £4.5m underspend. The underspend is due to contractual under delivery.
- The Continuing Health Care budget is showing a variance of £2.9m adverse to the year to date budget. This is driven primarily by activity growth in CHC residential and domiciliary care and Funded Nursing Care and reflects an increasing trend in the number and cost of packages.

Financial Overview and Key Risks

Overview

- The discharge to assess beds budget is showing a year to date overspend of £1.5m due to slippage in the savings plan. The programme of work within urgent and emergency care to move people to the correct patient pathway on discharge is in place and the Home First service staffing is increasing thus leading to greater capacity within the Home First pathway, leading to delivery of the savings recurrently.
- The Integrated Community Equipment Service is showing a year to date overspend of £0.5m; this is due to a number of factors including demand. The mitigations include procurement savings and improved return and recycle performance, however, these may not impact in this financial year due to delays in the restructuring programme.
- The savings programme amounts to £13.128m for the 2023/24 financial year. There is slippage in the UEC programme and CHC/placements programmes but it is non recurrent savings have been identified to mitigate the risk of any shortfall in order to meet the forecast.
- The ICB and System plan is dependent on delivery of the elective activity as per the plan; the associated Elective Recovery fund is £26.67m which includes £1m secondary care dental ERF. Due to ongoing industrial action, the national target has been reduced by a further 2% to enable systems to cover the cost of industrial action in that period. The revised target for Gloucestershire System is 103% taking into account Industrial Action from months 1-7. At M7 YTD Gloucestershire ICB commissioned activity is 104.8% of 2019/20 including pathways avoided. The projected full year outturn assumed no further industrial action and delivery of 105.8%. This is currently being assessed following the recent industrial action.
- The Mental Health Investment Standard (MHIS) for 23/24 is £106m and is forecast to be met.

ICB Allocation: M09

The ICB's confirmed allocation as at 31st December 2023 is £1,336m.

Description	Recurrent £'000	Non Rec £'000	Total Allocation £'000
M08 Balance Brought Forward	1,254,951	74,363	1,329,314
PCT General Practice Fellowships		365	365
PCT Supporting Mentors		13	13
PCT Independent prescribing programme Sign up fees, clinical, digital		19	19
Secondary Care Dental Adjustments	580		580
HCSW Funding		15	15
CPD Professional Nurse Advocate Programme		10	10
International Recruitment Proposal		350	350
Cancer Performance Improvement		88	88
Net balance of NHS England South West Region investment funding		4,800	4,800
Culture of Care Standards Implementation		57	57
Individual Placement Support (IPS) additional funding (1.8)		49	49
Depreciation Funding		34	34
Hybrid Closed Loop Mobilisation Fund		60	60
DiSC BSBC		30	30
Future Connectivity - Gigabit Pathway Plan Funding (LIP043) - support to upgrade connectivity FY 23/24 for 66 sites (P000125)		104	104
TOTAL IN-YEAR ALLOCATION 23/24 @ M09	1,255,531	80,357	1,335,888

ICB Statement of Comprehensive Income In-Year Position

Statement of Comprehensive Income (£'000)							
Month 9 2023/24 - December	M9 Plan	M9 Actual Position	Year to Date Variance to Plan Favourable / (Adverse)	Full-Year Plan	Forecast Outturn Actual Position	Forecast Outturn Variance to Plan Favourable / (Adverse)	
Acute Services	473,675	471,881	↑ 1,794	630,349	629,390	↑ 959	
Mental Health Services	100,210	99,832	↑ 377	133,523	133,758	↓ (235)	
Community Health Services	87,517	89,438	↓ (1,921)	117,689	118,441	↓ (753)	
Continuing Care Services	49,568	52,426	↓ (2,858)	67,018	71,127	↓ (4,109)	
Primary Care Services	141,812	138,903	↑ 2,909	189,482	188,764	↑ 719	
Delegated Primary Care Commissioning	91,121	91,494	↓ (373)	118,316	119,066	↓ (750)	
Other Commissioned Services	28,861	29,140	↓ (279)	38,028	38,352	↓ (324)	
Programme Reserve & Contingency	15,360	14,871	↑ 489	27,377	19,676	↑ 7,702	
Other Programme Services	1,286	1,425	↓ (139)	1,440	1,502	↓ (62)	
Total Commissioning Services	989,411	989,411	(0)	1,323,223	1,320,076	↑ 3,147	
Running Costs	9,499	9,499	→ 0	12,665	12,366	↑ 299	
TOTAL NET EXPENDITURE	998,910	998,910	(0)	1,335,888	1,332,442	↑ 3,446	
ALLOCATION	998,910	998,910	→ 0	1,335,888	1,335,888	→ 0	
Outside of Envelope	0	0	→ 0	0	0	→ 0	
Underspend / (Deficit)	(0)	(0)	(0)	0	3,446	↑ 3,446	

ICB Savings and Efficiencies

NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB) 2023/24 EFFICIENCIES PROGRAMME - AS AT MONTH 9									
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 OUTTURN 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	Primary Care Medicines Optimisation	1,992	3,060	1,068	2,988	3,860	872	129.17%	GREEN - Low Risk
	Home Oxygen	102	102	0	150	150	0	100.00%	GREEN - Low Risk
PRIMARY CARE MEDICATION OPTIMISATION - TOTALS		2,094	3,162	1,068	3,138	4,010	872	127.78%	
CONTINUING HEALTHCARE (CHC) & PLACEMENTS	Continuing Healthcare / Joint Placements - All Age	1,030	676	(354)	1,547	1,000	(547)	64.64%	RED - High Risk
CONTINUING HEALTHCARE (CHC) & PLACEMENTS- TOTALS		1,030	676	(354)	1,547	1,000	(547)	64.64%	
URGENT EMERGENCY CARE (UEC)	Discharge to Assess Beds (UEC Efficiencies)	2,064	824	(1,240)	3,100	2,140	(960)	69.03%	RED - High Risk
URGENT EMERGENCY CARE (UEC) - TOTALS		2,064	824	(1,240)	3,100	2,140	(960)	69.03%	
OTHER	ICB Recurrent and Non-Recurrent Efficiencies (E.g. 1.1% Efficiency, Running Costs and Additional Efficiencies)	3,574	4,100	526	5,343	5,978	635	111.88%	GREEN - Low Risk
OTHER - TOTALS		3,574	4,100	526	5,343	5,978	635	111.88%	
2023/24 ICB SAVINGS PROGRAMME - TOTALS		8,762	8,762	0	13,128	13,128	0	100.00%	AMBER - Medium Risk

ICB Savings and Efficiencies: Overview

Summary - Gloucestershire Integrated Care Board has a savings programme amounting to £13.128m for the 2023/24. At Month 9, the programme is anticipated to fully deliver for 2023/24; this includes additional identified non recurrent savings (£0.635m) to offset slippage in some programmes. The position includes £0.872m additional Primary Care Medicines Optimisation savings forecast savings delivery, £2.14m Discharge to Assess savings delivery (£0.96m below plan) and £1m Continuing Health Care & Placements savings (£0.547m below plan).

The most significant risks to ICB overall level of savings delivery continue to be savings in relation to Discharge to Asses savings delivery and Continuing Health Care & Placements. Additional savings requirement (£0.635m) have been identified and this helps mitigate the significant risk to the ICB with regards to the savings plan shortfall.

- **Medicines Optimisation (£3.138m requirement)** - £3.8m forecast savings delivery. The forecast savings follows further assessment around appliance related savings schemes as well as additional continuation benefits resulting from changes within direct oral anticoagulation prescribing and this supports the additional in-year savings delivery.
- **Continuing Healthcare (CHC) and Placements** – At month 9, £1.0m savings are forecast against a plan of £1.547m. The year-to-date savings are contributed to by Electronic Call Monitoring and review of packages of care. There are challenges in increasing adult CHC, fast-track & LD review assessments which are required to be increased each month to realize savings from aligning care packages with updated needs assessment. Social care assessment support to deliver increased care package reviews presents a significant risk to the programme.
- **Urgent Emergency Care (£3.1m requirement)** – This programme is focusing reduction of commissioned discharge assessment beds and this is being delivered the urgent care transformation programme. At month 9, there are forecast savings of £2.14m with the recurrent £3.1m benefits delivered during 2024/25 (i.e. £0.86m under-delivery within 2023/24). The programme may be impacted on by winter demand pressure which could in-turn impact on the requirement for spot purchased discharge beds.
- **ICB Recurrent and Non-Recurrent Efficiencies (£5.343m requirement)** –The planned £5.343m programme area is focused on transactional efficiencies and these have been fully delivered at the start of the financial year. Additional savings requirement of £0.6m are also reported and non recurrent savings have now been identified to meet this shortfall supporting the overall delivery of the ICB's £13.128m efficiencies programme.



Agenda Item 9

NHS Gloucestershire ICB Public Board Meeting

Wednesday 31st January 2024

Report Title	Mental Health & Neurodiversity: All Age		
Purpose (X)	For Information	For Discussion	For Decision
Route to this meeting	Various discussions between GHC and ICB staff coordinated by PMO		
Executive Summary	<p>The purpose of this presentation is to provide an update on the transformation work being undertaken across mental health and neurodiversity and the impact this is having on performance across these services. Noting that as an ICS we have made a range of commitments in our Integrated Care Strategy and the Joint Forward Plan on improving the provision of mental health and neuro-diversity services in Gloucestershire. The investments made to these services are drawn out in this presentation and aligned to the three pillars included in our Integrated Care Strategy</p> <ul style="list-style-type: none"> Making Gloucestershire a better place for the future Transforming what we do Improving health and care services today. 		
Key Issues to note	<p>The presentation is structured with an introduction to the pillars; with the work on mental health and neurodiversity services aligned to one of three pillars slides 3-9 Side 10 focuses on the future priorities such as</p> <ul style="list-style-type: none"> Making Gloucestershire a better place for the future - Continue to deliver local schemes reflecting investment into localities and neighbourhoods. Ongoing innovation with partners around access to Mental Health Support for Children and Young People Transforming what we do - Ongoing transformation of community mental health teams to fully embed the “No Wrong Door Model” – mainstreamed into the locality approach; Continuation of Navigation Hub for Children and Young Peoples Service and evaluation of impact Improving health and care services today - Continuing transformation in neurodiversity services including recruitment and pathway reconfiguration; Managing demand into specialist services (CAMHS and Eating Disorders) through strengthening VCSE partnerships to support core pathways <p>Slides 12 – 19 provides a summary of the transformation work and its impact on performance.</p>		

Key Risks: Original Risk (CxL) Residual Risk (CxL)	Each of the schemes and projects will have plans with their own risk registers articulating the risks and mitigation plans to reduce those risk.		
Management of Conflicts of Interest	There are no conflict of interests related to this report		
Resource Impact (X)	Financial		Information Management & Technology
	Human Resource		Buildings
Financial Impact	Each of the schemes and projects have an investment plan covering workforce, IT and estates where relevant.		
Regulatory and Legal Issues (including NHS Constitution)	No specific legal issue has been drawn out from this presentation; however mental health is subject to Mental Health laws.		
Impact on Health Inequalities	This report includes the many schemes put in place to help those with mental health conditions, neurodiversity and eating disorders. Many of those people will be subject to health inequalities for example Stroud Cotswolds PCN & Severn Vale PCN: Young Peoples Mental Health Quality Improvement (QI) Project.		
Impact on Equality and Diversity	The schemes and programmes put in place seek to support adults and young people with mental health conditions, and those with eating disorders or obtaining neurodiversity services.		
Impact on Sustainable Development	Not referenced in this report		
Patient and Public Involvement	References see slide 4. Embedding patient reported outcome measures (PROM), e.g. DIALOG to enable a stronger focus on wellbeing.		
Recommendation	<p>The Committee/Board is requested to:</p> <ul style="list-style-type: none"> Discuss and note the contents of this report 		
Author	GHC Mental Health Team ICB Primary Care Team (localities and PCNs) PMO coordination	Role Title	
Sponsoring Director (if not author)	Douglas Blair, CEO Gloucestershire Health and Care NHS Foundation Trust Benedict Leigh, Director of Integration NHS GICB and Gloucestershire County Council		

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



Mental Health & Neurodiversity: All Age

Douglas Blair / Benedict Leigh



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Part of the One Gloucestershire Integrated Care System (ICS)

Outline and Purpose

- We made a number of commitments in our Integrated Care Strategy and Joint Forward Plan to improving the provision of mental health services and neurodiversity services in Gloucestershire.
- We have made investments into these areas – the purpose of this presentation is to provide an update on transformation work taking place and the impact this is having on performance across these services.
- Our Integrated Care Strategy is built around 3 pillars, reflecting our commitment to prevention and community / neighbourhood based care. This presentation describes our collective contribution to improving mental health services across these three pillars.

1. Making Gloucestershire a better place for the future	2. Transforming what we do	3. Improving health and care services today
<ul style="list-style-type: none"> • 1.1 Supporting self-care and mental wellbeing for children and young people • 1.2 Working in localities and neighbourhoods to promote a focus on prevention and early intervention 	<ul style="list-style-type: none"> • 2.1 Transforming Mental Health Services by improving our community mental health offer • 2.2 Improving mental health support in schools through Mental Health Support Teams (MHSTs) • 2.3 Improving access for young people through testing a new navigation hub 	<ul style="list-style-type: none"> 3.1 Improving the pathway for eating disorders in order to improve access and reduce wait times 3.2 Tackling waiting lists and times for Children & Adolescent Mental Health Services (CAMHS) 3.3 Bringing together Autism & ADHD pathways (under 18s and over 18s) to address wait times

1. Making Gloucestershire a better place for the future

We remain committed to longer-term prevention & self-care for mental health. We are delivering this by:

1.1 Supporting self-care and mental wellbeing for children and young people

- Providing free open-access for all children aged 7-12 across Gloucestershire to [Lumi Nova](#) (a therapeutic digital intervention which is NICE recommended to treat anxiety and low mood) – 354 sign-ups in the first 6 weeks.
- Providing free, trusted help and resources from the co-developed site, OnYourMindGlos with self-referral to NHS commissioned services through Online Support Finder.
- Working with Tic+ to create innovative ways for young people to access mental health support including web and text chat, online groups and parent support lines – supporting +4,000 children and young people per year.
- Working with Young Gloucestershire – a nationally recognised Young Adults Programme, supporting over 750 young people aged 16-25 per year.
- Access to Creative Health programmes for young people e.g. art, activity, and music.



1. Making Gloucestershire a better place for the future

We remain committed to longer-term prevention & self-care for mental health. We are delivering this by:

1.2 Working in localities and neighbourhoods to promote a focus on prevention and early intervention

- Since March 2021, Primary Care Networks (PCNs) have received non-recurrent funding to support Quality Improvement initiatives, which have totalled approx. £3.5million across the last 2.5 years.
- These initiatives are driven by PCNs utilising population health management (PHM) approaches and health inequalities information to identify the local health needs of their population.
- From 2023/24 PCN QI projects were aligned to ICB Priorities, with the topics for projects falling into 3 main areas - one of which was mental health. These projects are showing evidence of impact.



Impact: Stroud Cotswolds PCN & Severn Vale PCN: Young Peoples Mental Health Quality Improvement (QI) Project

- **Purpose:** To provide young people with greater access to support within the GP surgery
- **Who:** Aimed at young people 11-25 with mild to moderate anxiety, depression, self-harm, addiction or unstable housing.
- **What:** referral to mentoring or counselling via PCN care coordinators with collaboration between services.
- **How many:** 105 young people receiving a total of 1342 sessions with either mentors or counsellors
- **Impact:** Referrals to CAMHS has seen a steady decline from the PCN / 82% of those engaged reported feeling better

2. Transforming what we do

We are transforming the way we are delivering health and care services. We are achieving this through:

2.1 Transforming Mental Health Services by improving our community mental health offer

- Implementing Locality Community Partnerships (LCP) across the county by end of March 24 - this is a coproduced model that brings together health, care and VCSE to support adults with complex serious mental illness (SMI).
- This includes realigning community mental health services to Integrated Locality Partnership areas and introducing Mental Health practitioners (15 new roles introduced).
- Introducing a 'No Wrong Door' approach for community mental health services.
- Embedding patient reported outcome measures (PROM), e.g. DIALOG to enable a stronger focus on wellbeing.
- Implementing Open Access Therapeutic Support for people with Complex Emotional Needs – and testing a new approach to Community Rehabilitation with the ambition of supporting recovery for patients with complex psychosis in their locality.



Impact

- We will embed a 4 week wait target – and will allow for 4,000 more contacts in Gloucestershire by end of 24/25.
- Assisting us in improving SMI physical health checks – Improvement this year with 55% now receiving all 6 checks.

2. Transforming what we do

We are transforming the way we are delivering health and care services. We are achieving this through:

2.2 Improving mental health support in schools through Mental Health Support Teams (MHSTs)

- We have introduced 7 Mental Health Support Teams (MHSTs) across Gloucestershire.
- These teams are now supporting over 130 schools – focused on young people who have low mood and anxiety through low-intensity Cognitive Behavioural Therapy (CBT) (locally known as “Young Minds Matter”).
- This coverage includes most of Gloucestershire’s secondary schools.

Impact

- Gloucestershire is delivering the best performing MHSTs in the South West – year on year we are consistently supporting the greatest number of young people per team (over 4,000 since 2019).
- Most treatment now starts within 6 weeks of referral.
- There is now evidence that schools are referring less to CAMHS once the Mental Health Support Team is established.



2. Transforming what we do

We are transforming the way we are delivering health and care services. We are achieving this through:

2.3 Improving access for young people needing support through testing a new navigation hub

- Taking a Quality Improvement approach to developing a Children and Young People's Multi-Agency Navigation Hub Pilot in order to develop learning for a county-wide model.
- This is a multi-agency front door with health, education and social care - allowing early access via one route for young people needing support for the areas shown right
- There are two main elements to the function of the front door:
 - Processing requests for support, triage and
 - Making recommendations as well as consultation for professionals, including contacting families for more information.

Scope of the hub:

- Mental health and emotional wellbeing needs
- Risk of exclusion or support to re-enter the school system (inclusion)
- Early Help support for young people and their families as soon as problems begin to emerge

Impact

- Over 350 referrals from March to December 2023 – early indications suggest a positive impact on CAMHS referrals and timely support.

3. Improving health and care services today

We also recognise there are challenges today that we are actively addressing. We are doing this in the following areas:

3.1 Improving the pathway for eating disorders in order to improve access and reduce wait times

- Introducing a system-wide, end to end pathway across areas. This is about sustainable transformation with a focus on clearing backlogs.
- Developing the pathway to support the significant changes to demand – whilst ensuring co-production features in all areas
- Working with Voluntary, Community and Social Enterprise (VCSE) partners – commissioning wider support for the core pathway e.g. Binge Eating Disorders
- Introducing multidisciplinary triage to improve front-door access for specialist services
- Maintaining all age and open access approach (consistent with guidance).

Impact

- We are now seeing that urgent access KPIs are being consistently met – now with a continued focus on improving routine access times.

Eating Disorder Pathway Stages

- Prevention and Identification, Information, signposting and support
- Community Based Early Help, person and family centred approaches
- Specialist Community Based Assessment and Treatment
- Intensive Treatment
- Recovery Support

3. Improving health and care services today

We also recognise there are challenges today that we are actively addressing. We are doing this in the following areas:

3.2 Tackling waiting lists and times for Children & Adolescent Mental Health Services (CAMHS)

- Increases in referrals were seen during COVID (referrals in 21/22 were 21% more than pre-COVID) but have continued to decrease since 22/23. In 23/24 referrals are down 31% on the same time in the previous year.
- Working as a wider system, NHS services are supporting VCSE colleagues to enable children and young people to access the right services at the right time.
- For young people who arrive at the CAMHS front door but would best benefit from VCSE support, CAMHS is supporting onward referral so young people reach the right destination.
- Whilst Core CAMHS still holds numbers of vacancies, work is being undertaken to recruit into the service (with a recruitment target of 9 WTE by September 2024) and support career progression.



Impact

- More initial assessments are being completed on time and waiting lists have significantly reduced over the last 12 months.
- Further work underway to reduce wait times and appropriately manage demand

3. Improving health and care services today

We also recognise there are challenges today that we are actively addressing. We are doing this in the following areas:

3.3 Bringing together Autism & ADHD pathways (under 18s and over 18s) to address wait times

As a system we have seen a significant increase in demand for neurodiversity services. In response, Gloucestershire has invested to expand and improve services – bringing together autism and ADHD pathways.

For children:

- Recruitment is underway with 7 roles now recruited and 2 more out for advert.
- Children's services (for under 11s) will be combined from September 2024 (moving the ADHD service to GHC from GHFT). Services for 11-18s are already combined.
- Securing psychiatry time is a challenge but agreements in place from February with a view to grow.
- Options for the transition between under 18 and adult services (including referral cut-off ages) are being actively considered with experts by experience with a view to ending duplication on waiting lists and unnecessarily extending waiting times.

For adults:

- Work at the front end of the pathways will combine with a focus on links with primary care and supporting improved referrals.
- Autism & ADHD services will combine over time as staff are dual trained and recruited (up to two years).
- 2 clinical posts appointed to date in the first of four stages of investment

Impact: Early days but we will continue to monitor the impact on these services against trajectories.

Future priorities....

1. Making Gloucestershire a better place for the future

Continue to deliver local schemes reflecting investment into localities and neighbourhoods

Ongoing innovation with partners around access to Mental Health Support for Children and Young People

2. Transforming what we do

Ongoing transformation of community mental health teams to fully embed the “No Wrong Door Model” – mainstreamed into the locality approach

Continuation of Navigation Hub for Children and Young Peoples Service and evaluation of impact

3. Improving health and care services today

Continuing transformation in neurodiversity services including recruitment and pathway reconfiguration

Managing demand into specialist services (CAMHS and Eating Disorders) through strengthening VCSE partnerships to support core pathways



APPENDIX: Transformation Summary



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Part of the One Gloucestershire Integrated Care System (ICS)

2. Transforming what we do

1.1. Improving mental health access for CYP

Summary of what is changing and why it is needed

- We continue to work across and develop our children and young people's mental health system to ensure that young people are receiving the support they need at the right time.
- Our data shows that certain communities are not accessing mental health services at the rates expected compared to their white counterparts.
- We have two projects supporting young people to access mental health services and feeding back to services what the barriers to access may be.

Progress made and future milestones

- Young people community builders now in post, working in parts of Gloucester City.
- Our Community Builders project has officially launched with co-production workshops being held across Gloucester City.

Impact on Performance

- Access Target for Children and Young People's Mental Health Services is set at a rolling 12 month target of 7340. We are currently at 97% of the target.

1. Making Gloucestershire a better place for the future

1.2 PCN QI Project: Stroud Cotswolds & Severn Health PCN

Summary of what is changing and why it is needed

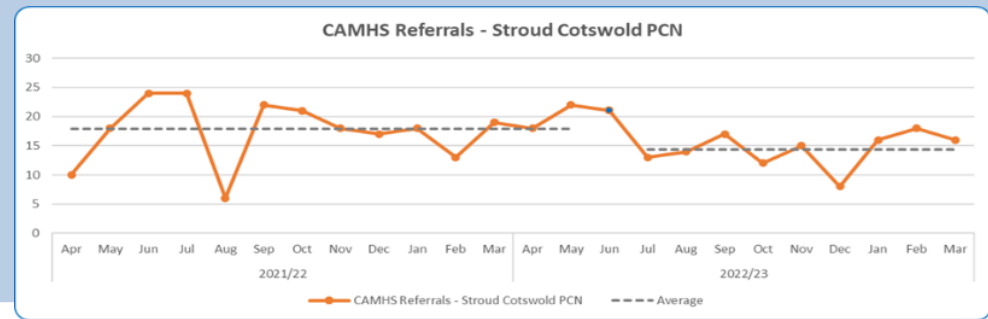
- People's mental health has been worsened by isolation and loneliness especially among young people. Attendance at the PCNs practices for young people's mental health had steadily increased before Covid and had already prioritised due to the waiting list for CAMHS.
- Covid led to a significant increase in self-harm, distress, anxiety, and suicide among adolescents due to lockdown and the fear of Covid.
- Aimed to provide young people with greater access to support, within the GP surgery without waiting too long for appointments.
- This project aims to provide young people with greater access to support, within the GP surgery without waiting too long for appointments.
- Young people aged 11-25 can benefit from this programme. It is intended for those not in crisis, such as mild to moderate anxiety, depression, self-harm, addiction, or unstable housing. As appropriate, young people are referred to mentoring or counselling via PCN care coordinators

Progress made and future milestones

- 50% of all referrals engaged with the QI funded services with a total of 105 young people receiving a total of 1342 sessions with either mentors or counsellors.
- At First assessment 50% identified as being in severe distress (Core YP- Level of Emotional Distress Scale). By final assessment 75% were identifying as 'healthy'
- 75% of patients referred engaged with a support mechanism of their choice, indicating a willingness to get help.
- 82% of those engaged reported feeling better. This shows that the referral services are making a positive impact and are successfully connecting people with the help they need.

Impact on Performance

- At First assessment 50% identified as being in severe distress (Core YP- Level of Emotional Distress Scale). By final assessment 75% were identifying as 'healthy'



2. Transforming what we do

2.1 Community Mental Health Transformation (CMHT)

Summary of what is changing and why it is needed

- A new model for community MH services, coproduced locally as Locality Community Partnerships. Collaborative MDT approach across health, care and VCSE partners to provide personalised care and support offers for people with enduring and/or severe mental illness.
- Commitment to No Wrong Door approach from 24/25 – supported by LCP infrastructure and alignment of GHC community teams to ILP footprint. Will embed a 4ww target and increased number of contacts in community services as per national trajectory – 4,000 more contacts for Gloucestershire by end of 24/25.
- Embedding HCA roles within primary/community offer, hosted by Recovery teams to align approach and efforts to improve performance.
- Open Access Therapeutic Service for Complex Emotional Needs.
- Roll out of ARRS MH Practitioner Roles across PCNs (12 roles currently funded) – considering future phase of roles.
- Community Rehab Offer – recovery orientated support offer, with a focus on personalised care approaches, for those with complex psychosis – within their local community.

Progress made and future milestones

- 3 LCPS live – remaining 3 on track for end of March 24.
- Realigning GHC Adult Comm. MH teams to ILP footprints by April '24.
- Open Access Therapeutic Service for CEN live in February 24.
- DIALOG training across adult community MH teams complete – e-learning in development.
- Trust Care Assessment Policy project underway.
- Coproduced awareness video produced by VCS partners with ArtShape.
- Rehab test and learn pilot live from Feb 24.

Impact on Performance

- **2 or more contacts in comm MH service** - services now all reporting access (hence upward trajectory). System is exceeding the trajectory for access to services across the CMHT programme.
- **SMI physical health checks** have increased significantly since 2022/23. Latest performance is 55.2% of the register receiving all 6 checks (December 2023).

2. Transforming what we do

2.2 Mental Health Support Teams

Summary of what is changing and why it is needed

- Following the Green Paper on supporting children and young people's mental health in schools was published in 2018, Gloucestershire has been successful in being awarded funding for seven Mental Health Support Teams (MHSTs), locally known as Young Minds Matter (YMM) teams.
- This new workforce support children and young people with emerging mental health needs in schools, including low level anxiety and low mood. They also offer consultation to school staff so any children that are presenting with slightly more complex needs can be discussed with a mental health professional.

Progress made and future milestones

- Currently 7 MHSTs in place across the county.
- Funding for an additional team has been confirmed from NHS England, coming online in September 2025.
- Looking at localisation agenda and opportunities to expand the core offer including supporting children and young people who have been excluded and not attending education.

Impact on Performance

- Continue to be the best performing MHSTs in the South West, supporting the most number of children year on year.
- **Average waiting times:**
 - First contact/assessment – 4 weeks
 - Second contact/treatment – 7.7 weeks

2.3 Children and Young People's Multi-Agency Navigation Hub

Summary of what is changing and why it is needed

- We are now moving into third and final PDSA Cycle of the CYP Multi-Agency Navigation Hub Pilot in Gloucester City which aims to get people the right support at the right time by facilitating joined up, multi-agency decision-making with health, education and social care partners.
- This will cover 45 schools across Gloucester City from 1st February 2024.
- This includes Early Help, Education Inclusion, CAMHS, School Nursing, Young Minds Matter, TiC+, Young Gloucestershire and some of our creative health partners such as Music Works and Play Gloucestershire.

Progress made and future milestones

- Since the first PDSA cycle, 380 referrals have been triaged by the Navigation Hub from March - November 2023.
- A workshop which was co-developed with young people was held in December 2023 to celebrate successes to date and look ahead to the future. We are now seeking approval to develop a business case to roll out the model county-wide.

Impact on Performance

- We are currently working on looking at the impact of the initial two PDSA cycles, however early indications show that referrals to CAMHS have reduced and young people are getting more timely support.
- Before Nav Hub pilot, all referrals would typically come to CAMHS, however now with the pilot, approx. 10% of referrals are deemed to need CAMHS specialist input.

3. Improving health and care services today

3.1 Eating Disorder Transformation

Summary of what is changing and why it is needed

- The Pandemic has built a backlog but also drove a persistent increase in demand, with higher volume and increased proportion of Children and Young people. Caseload exhibits greater complexity and comorbidity which can be detrimental to engagement with core treatment pathways
- Pathway improvement focusses on earlier identification and support aiming to reduce demand on the specialist community service front door, as well as better supporting recovery to avoid relapse and enhance patient outcomes
- Development of psychology pathway and stabilisation of medical model in the specialist community service, provides greater capacity to support complex and co-morbid patients in engaging with core treatment pathways
- Development of partner pathway elements e.g. counselling support, self-guided programmes, recovery support. Wraps around core assessment and treatment pathway providing early support and post discharge support

Progress made and future milestones

- Multidisciplinary Triage established to support the achievement of access KPI and for early identification of patients benefitting from access to partner services
- Adult assessment pathway streamlined to speed up access to treatment & improve routine KPI performance
- Small grants process to fund VCS partners to trial early support and recovery support offers
- Recruitment to consultant psychiatrist and senior psychologist posts (subject to MHIS funding allocation)

Impact on Performance

- Consistently achieving access target for **Urgent** Children and Adolescent KPI

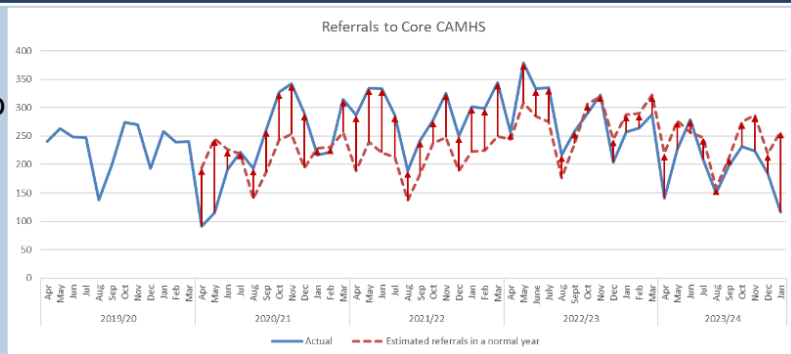


3. Improving health and care services today

3.2 Children & Adolescent Mental Health Services (CAMHS)

Summary of what is changing and why it is needed

- Increases in referrals were seen during COVID. Referrals in 21/22 were 21% more than the pre-COVID average (2016-19).
- Since 2022/23 the trajectory for referrals has been downward. Referrals April 2023 to January 2024 (1,960) are well below the same time last year (2,851).
- We have seen an increase in complexity and numbers of children and young people needing urgent support, which pushes back wait time for routine appointments
- Whilst the service has vacancies, investment in new recruits is being prioritised & a new career development framework is being introduced.
- The plan is to target additional recruitment by 9 WTE by September 2024 to reduce vacancies – with the majority of interviews planned for Spring 2024. Initiatives to ensure non-specialist CAMHS demand will also support the service.



Progress made and future milestones

- Work continues to improve flow and productivity within Core CAMHS.
- System working has improved so young people can be referred directly to TIC+ and Young Gloucestershire from CAMHS front door if these services are more appropriate to support their needs

Impact on Performance

Current waiting times:

- **Initial Assessments** – 73% completed in 4 weeks, hoping to get to 80% by the end of December.
- **Treatment** – longest waiters are 23 months (for those referred today the trajectory aims to be able to see them within 1 year). Those with urgent needs are seen quickly depending on need (allocation within 1 day if required).

3. Improving health and care services today

3.3 Neurodiversity – Adults and Children’s

Summary of what is changing and why it is needed

- Adults Phase 1 to develop responses at the front-end and deal with triage backlog currently underway.
- Adult Phases 2,3,4 (2024/5; 2025/6) capacity increase from existing 1.45 wte ADHD, 3.5 wte ASC to a total of 14 wte working across ASC and ADHD. Developing a specialist workforce that can work with both conditions reducing duplication of effort. Initially to maintain a balance between new demand and activity and prevent increases in waiting – in time to start to reduce waiting times.
- Develop one 0-18 Autism and ADHD Assessment Service, bringing under 11 ADHD assessments from GHT to GHC to offer a consistent approach and reduce the need for children to be seen by two separate services when the conditions are often co-occurring.
- Increase the capacity within the children’s Autism and ADHD Assessment Service to reduce waiting times.

Progress made and future milestones

Adults:

- Reduction of ADHD triage list from 669 to 200 (Jun to Dec 23).
- Intro. new referral form for GPs (subject to LMC approval).
- Successful recruitment for Phase 1 - Recruitment underway for Phase 2.

Children:

- 7 posts recruited to and 2 out to advert, 3 pending
- Locum paediatrician (GHFT) in post to support ADHD assessments - & be part of the Autism Assessment Team.
- Psychiatry input agreed from February 2024
- New service to start from September 2024

Current performance & future plans

- Highest waiting list is currently for children and young people’s autism assessment (1,917 people waiting) where the service has a wait time from referral to first contact of 598 days (Dec '23)
- Longest wait time is for adult ADHD assessment where the longest wait is 1,820 days (1,126 adults awaiting an assessment).
- As recruitment continues and expands into these services we expect this to have a positive impact on wait times – and continue to monitor trajectories.

Agenda Item 10

NHS Gloucestershire ICB Public Board Meeting

Wednesday 31st January 2024

Report Title	Local Maternity and Neonatal System Update		
Purpose (X)	For Information	For Discussion	For Decision
		X	
Route to this meeting	ICB Chief Accountable Officer and Chief Nursing Officer ICB		
Executive Summary	<p>The purpose of this paper is to outline</p> <ul style="list-style-type: none"> • Developments in maternity services both nationally and locally • Assurance that the Local Maternity and Neonatal System (LMNS) have implemented the national Perinatal Quality and Surveillance model and are providing scrutiny and oversight of the quality and safety of maternity services. • Progress made in supporting improvements in both responding to the CQC Inspection ratings and in implementing the Three Year Delivery Plan for Maternity and Neonatal Services to ensure safe and personalised care. 		
Key Issues to note	<p>Over recent years there has been a growing spotlight and focus on the safety and quality of maternity and neonatal services across the UK. The first Ockenden Report was published in Dec 2020. In response to the recommendations in the Ockenden report, a new Perinatal Quality Surveillance Model (2020)¹ was introduced which clearly set out a more formal role for LMNS's in perinatal clinical quality oversight alongside its role in transformation and quality improvement. From July 2022 the Gloucestershire LMNS formally became the maternity and neonatal arm of the Integrated Care Board. Gloucestershire LMNS has been working to fully implement and embed the principles set out in the Perinatal Quality surveillance model.</p> <p>Gloucestershire Hospitals Maternity Services have been inspected and reviewed on three occasions over the last 18 months and the most recent inspection findings were published in November 2023, and the service remains rated as 'Inadequate'</p>		
Key Issues to note	<p>The Trust has a CQC action plan in place to address the areas of concern highlighted by the CQC during their inspections. Following the first CQC inspection the Trust has been working closely with their appointed Midwifery and Obstetric Maternity Improvement Advisors NHS England's 'Three-year delivery plan for</p>		

¹ Perinatal Quality Surveillance Model, 2020, <https://www.england.nhs.uk/wp-content/uploads/2020/12/implementing-a-revised-perinatal-quality-surveillance-model.pdf>

	<p>maternity and neonatal services’ brings together the recommendations and requirements from:</p> <ul style="list-style-type: none"> • The Ockenden Report • The East Kent ‘Reading the Signals’ Report • The NHS Long Term Plan • NHS England’s Maternity Transformation Programme <p>The plan aims to ensure maternity care is safe, personalised, with a focus on equity and equality. The LMNS is currently working collaboratively with GHNHSFT to develop a Single Maternity & Neonatal Action Plan on a shared platform which will bring together all actions and identify priorities in line with the ‘Three year Delivery Plan for Maternity & Neonatal Services’ (2023) and provide oversight for the LMNS.</p>		
Key Risks:	The LMNS has a risk register where all risks and issues are logged.		
Original Risk (CxL) Residual Risk (CxL)			
Management of Conflicts of Interest	There are no conflicts of interests related to this paper		
Resource Impact (X)	Financial		Information Management & Technology
	Human Resource	X	Buildings
Financial Impact	N/A		
Regulatory and Legal Issues (including NHS Constitution)	NHS Constitution ICB Constitution with regard to quality of services Care Quality Commission		
Impact on Health Inequalities	N/A to this paper but the wider work undertaken within the LMNS		
Impact on Equality and Diversity	N/A to this paper but the wider work undertaken within the LMNS		
Impact on Sustainable Development	There is no impact on sustainable development related to this paper		
Patient and Public Involvement	N/A to this paper but the wider work undertaken within the LMNS		
Recommendation	<p>The Board is asked to note the assurances and actions in place specifically:</p> <ul style="list-style-type: none"> • Assurance has been provided in relation to progress being made in implementing the Perinatal and Quality Surveillance model with oversight of quality and safety in line with the Surveillance model. • Current progress in implementing the Three-Year Delivery Plan for Maternity and Neonatal Services. 		
Author	Dawn Morrall, Helen Ford,	Role Title	Assistant Director, Midwifery Deputy Director of Integrated Commissioning and Programme Director, Children, Young People and Maternity
Sponsoring Director (if not author)	Marie Crofts, Chief Nursing 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

LMNS Quality & Safety Oversight Update

1. Introduction

Over recent years there has been a growing spotlight and focus on the safety and quality of maternity and neonatal services across the UK. Reviews of maternity and neonatal care in Morecambe Bay (2015), Shrewsbury & Telford (The Ockenden Report (2020 & 2022)) and more recently East Kent (Reading the Signals (2022)) have highlighted the need for improvements in care in maternity services across the UK. The COVID-19 Pandemic has also had a major effect on the midwifery workforce with national shortages of midwives resulting in major vacancies in services across the country and a national campaign to recruit more midwives into the profession.

The first Ockenden Report was published in Dec 2020. In response to the recommendations in the Ockenden report, a new Perinatal Quality Surveillance Model (2020)² was introduced which clearly set out the role and requirements of Trusts in ultimately having responsibility for the quality of service and Trust Boards in having more oversight and scrutiny of maternity services. The model also set out a role for ICS Local Maternity and Neonatal Service's (LMNS) in perinatal clinical quality oversight alongside its role in transformation and quality improvement. From July 2022 the Gloucestershire LMNS formally became the maternity and neonatal arm of the Integrated Care Board (ICB). Gloucestershire LMNS has been working to fully implement and embed the principles set out in the Perinatal Quality surveillance model.

2. Perinatal Quality, Safety & Surveillance

Gloucestershire's LMNS role in oversight of Quality & Safety of maternity services in Gloucestershire has been evolving and increasing over the past year. Oversight of Quality & Safety, previously undertaken, by the regional Maternity Team is gradually devolving to LMNS's for example, Insights Visits previously led by the regional team will be led and organised by the LMNS with regional colleagues attending.

Gloucestershire LMNS has a well-established Perinatal assurance and surveillance dashboard which brings together a range of sources of intelligence from maternity and neonatal services at Gloucestershire Hospitals Trust. These include Perinatal Mortality and morbidity, key maternal and neonatal outcomes. A recent ICB analysis of perinatal and maternal mortality from 2018-2022 has demonstrated that Gloucestershire rates are in line with national rates. Further external analysis of Gloucestershire Hospitals NHS Trust maternal mortality rate through Mothers and Babies Reducing Risk Through Audits and Confidential Enquiries across the UK (MMBRACE) from 2017-2023 have concluded that the rates are not statistically different from the UK rate.

¹ Perinatal Quality Surveillance Model, 2020, <https://www.england.nhs.uk/wp-content/uploads/2020/12/implementing-a-revised-perinatal-quality-surveillance-model.pdf>

The LMNS is working with ICB business intelligence colleagues to continually improve our dashboard and to identify opportunities to benchmark outcomes with other Trusts, LMNS's across the region and national data and ensure we strive for further improvement.

The Perinatal dashboard is reviewed monthly along with other sources of intelligence, e.g. themes from complaints and incidents, at the LMNS Perinatal Quality and Safety (PQS) Workstream by senior clinicians, commissioners, Maternity and Neonatal Voices Partnership and system colleagues. Areas of concern are escalated to the Gloucestershire LMNS Board (See attached Perinatal Quality & Safety Governance Structure – Appendix 1)) and to the ICB. Areas of concern will also trigger a deep dive to identify themes and areas for improvement.

Gloucestershire has one provider of maternity & neonatal services within its LMNS. To support benchmarking and sharing and learning from safety incidents, a buddying arrangement is in place with Bath, Swindon & Wiltshire (BSW) LMNS. This is a formally agreed arrangement with BSW LMNS with a shared memorandum of understanding. As part of this buddying arrangement Gloucestershire and BSW LMNS's have an agreed process in place for requesting external expert opinion for safety incident reviews and attendance at Perinatal Mortality Review meetings. This arrangement has been established since 2021 and provides objective clinical review, check and challenge as part of the investigation/patient safety review process. Lessons learnt from incidents are shared at a joint Gloucestershire and BSW Safety Forum and across the region at the Southwest Perinatal Quality Safety Surveillance Group (PQSSG).

3. CQC Inspection 2022/23

Gloucestershire Hospitals Maternity Services have been inspected and reviewed on three occasions over the last 18 months and the most recent inspection findings were published in November 2023. The service remains rated as 'Inadequate' with a section 29a now in place.

The key findings included improvements achieved from previous inspection. These were:

- Improved 1:1 care in labour
- Risk assessments completed and appropriately acted on
- Safety checks on emergency equipment were completed
- Improvements in Safeguarding training compliance
- Waiting time for women in triage to meet the 15-minute standard had improved to reduce any delays in care and treatment.

However, inspectors also found:

- Safeguarding training level 3 was not sufficiently provided for all maternity staff
- Incidents were not always investigated in a timely way, which delayed the outcome and opportunity for learning to be shared.

The Trust has a CQC action plan in place to address the areas of concern highlighted by the CQC during their inspections. Following the first CQC inspection the Trust has been working closely with their appointed Midwifery and Obstetric Maternity Improvement Advisors (MIA) who have reviewed the services undertaking an initial diagnostic review and developing a plan of support for the service. The ICB Assistant Director of Midwifery meets monthly with the Midwifery MIA, Regional Chief Midwife and Director of Midwifery to review progress against the midwifery actions. The ICB/LMNS

will continue to work with the MIA and Gloucestershire Hospitals to ensure progressive improvement particularly in relation to oversight and governance internally.

4. Midwifery Staffing

Midwifery staffing shortages have been highlighted as a national issue impacting on the quality and experience of maternity care. The LMNS have been supporting the development of a robust recruitment and retention plan which has helped to successfully reduce the midwifery vacancy levels within the Trust from 15% in 2022/3 to 8% by the end of 2023. The LMNS continues to have oversight of midwifery staffing levels ensuring benchmarking regionally and nationally. The current vacancy rate at GHNHSFT is below the national level. The LMNS has agreed a midwifery staffing establishment utilising a nationally recognised midwifery workforce tool. The staffing establishment at Gloucestershire Hospitals Trust meets staffing levels as set out by Birthrate Plus, a nationally recognised midwifery workforce planning tool.

Significant investment in both midwifery and obstetric staffing from new Ockenden funding has supported additional and new clinical, leadership and governance posts within the maternity service. This investment has strengthened midwifery leadership within the service with the appointment of additional senior midwifery roles these include matron level posts, Consultant Midwife, Public Health, and Safeguarding Leads.

5. National Maternity and Neonatal Three-Year Delivery Plan

NHS England's 'Three-year delivery plan for maternity and neonatal services' brings together the recommendations and requirements from:

- The [Ockenden Report](#)
- The East Kent '[Reading the Signals](#)' Report
- The NHS [Long Term Plan](#)
- NHS England's [Maternity Transformation Programme](#)

The plan aims to ensure maternity care is safe, **personalised**, with a focus on equity and equality. The plan has four main themes:

- Theme 1: Listening to and working with women and families with compassion.
- Theme 2: Growing, retaining, and supporting our workforce.
- Theme 3: Developing and sustaining a culture of safety, learning, and support.
- Theme 4: Standards and structures that underpin safer, more personalised, and more equitable care.

The LMNS is currently working collaboratively with GHNHSFT to develop a **Single Maternity & Neonatal Action Plan on a shared platform** which will bring together all actions and identify priorities in line with the 'Three year Delivery Plan for Maternity & Neonatal Services' (2023) and provide oversight for the LMNS. Current progress on some of the key elements within the four themes is briefly summarised below:

Theme 1 Listening to and working with women and families with compassion.

Since 2021 all women have had access to their own **personalised care & support plans** and from June 2023 this has been replaced with digital access which includes access to information in a wide range of languages. The national 2022 MBRRACE-UK report highlighted that Black women were at almost four times greater risk of maternal mortality and Asian women twice the risk than White women. **Our Equity Needs Analysis and five year Equity & Engagement Action Plan** has been coproduced with our local **Maternity and Neonatal Partnership** and a number of stakeholders.

Progress has been made in improving access to:

- interpreters,
- cultural awareness, and
- anti-racist training and this has led to a number of quality improvement projects.

These are supported and monitored at the LMNS Equity, Diversity and Inclusion Systemwide Workstream.

Our **Maternity and Neonatal Voices Partnership** is well established and are key partners within our ICS. Feedback from women has resulted in improvements in postnatal care on the maternity ward and provision of transitional care on the maternity ward to keep mothers and babies together wherever possible. Engagement and feedback have been gathered from local and ethnically diverse communities to improve understanding and barriers to accessing maternity care. A newly appointed **Maternity & Neonatal Independent Senior Advocate** will work with women and their families to navigate the healthcare system and support women and families where an adverse outcome has occurred.

Theme 2 Growing and retaining the workforce.

The LMNS will continue to have oversight of maternity staffing levels (see above) to ensure that **establishments are in line with national recommendations** and to ensure that all staff have access to the **training and support** needed to provide safe, personalised, and equitable care. Ongoing work to support anti-discrimination in the workplace is an action within the LMNS Equity Action Plan as the experiences of some staff from ethnic minorities had poorer experiences in the workplace than their white British colleagues, although the data was limited. Work is ongoing to coproduce actions to improve race equality for staff in maternity and neonatal services.

Theme 3: Developing and sustaining a culture of safety, learning, and support.

The Senior Leadership Team in GHNHSFT has participated in the national leadership quadrumvirate training programme. This is aimed at improving multi professional working and leadership skills, and the culture within the workforce. Following this training a national maternity culture survey has been completed with GHT maternity staff. An external facilitator has shared the results of the survey and met with groups of GHT maternity staff and coproduced an action plan to improved ways of working. The LMNS are awaiting the results of the survey.

As part of embedding the Perinatal Quality Surveillance model, an 'Insights visit' was led by the LMNS to GHNHSFT Maternity & Neonatal Services in July 2023 with NHSE regional maternity colleagues. This was previously a role undertaken by the regional Maternity Team which has now

been devolved to LMNS's and will be undertaken annually. The Insights Visit provided an opportunity to meet with staff from across the service using appreciative enquiry to understand the things they were proud of and what would be 'even better if'. Feedback from staff engagement meetings was shared with the Trust in August 2023 highlighting areas of good practice, challenges, and opportunities for improvement. Progress was noted against the recommendations from the last Insight Visit in 2022 particularly the completion of the 7 Ockenden IEA's. The Trust continued to be supported by the NHSE Maternity Safety & Support Programme (MSSP). The Trust had a CQC action plan in place and were making good progress against the plan, with safeguarding training and incident closures still to be completed. Immediate action was required regarding moving forward with human resources issues to support a whole workforce on call, and support for staff being called in to work on the delivery suite, who normally work in the community. Visibility of the senior leadership team and communication with staff was also a key theme. Progress will be monitored by the LMNS Board.

Theme 4: Standards and structures that underpin safer, more personalised, and more equitable care.

In the last year the LMNS has a new and expanded role in the oversight of evidence submitted against the 6 elements of the **Saving Babies Lives Care bundle (SBLCB) version 3**. The LMNS are required to verify evidence and monitor progress against compliance. Initial assurance meetings began in September 2023 and are in place quarterly to ensure progressive improvement against the interventions intended to reduce stillbirths and neonatal deaths. The compliance with the SBLCB v3 is one of the Safety Actions required for the Trust to comply with the ten **Maternity Incentive Scheme (MIS)** safety actions. The Trust requires LMNS/ICB sign off all of the safety actions to receive a full reduction in contribution to the Clinical Negligence Scheme for Trusts. The LMNS is currently working through evidence submitted by the Trust against the MIS Safety actions.

6. Data Quality

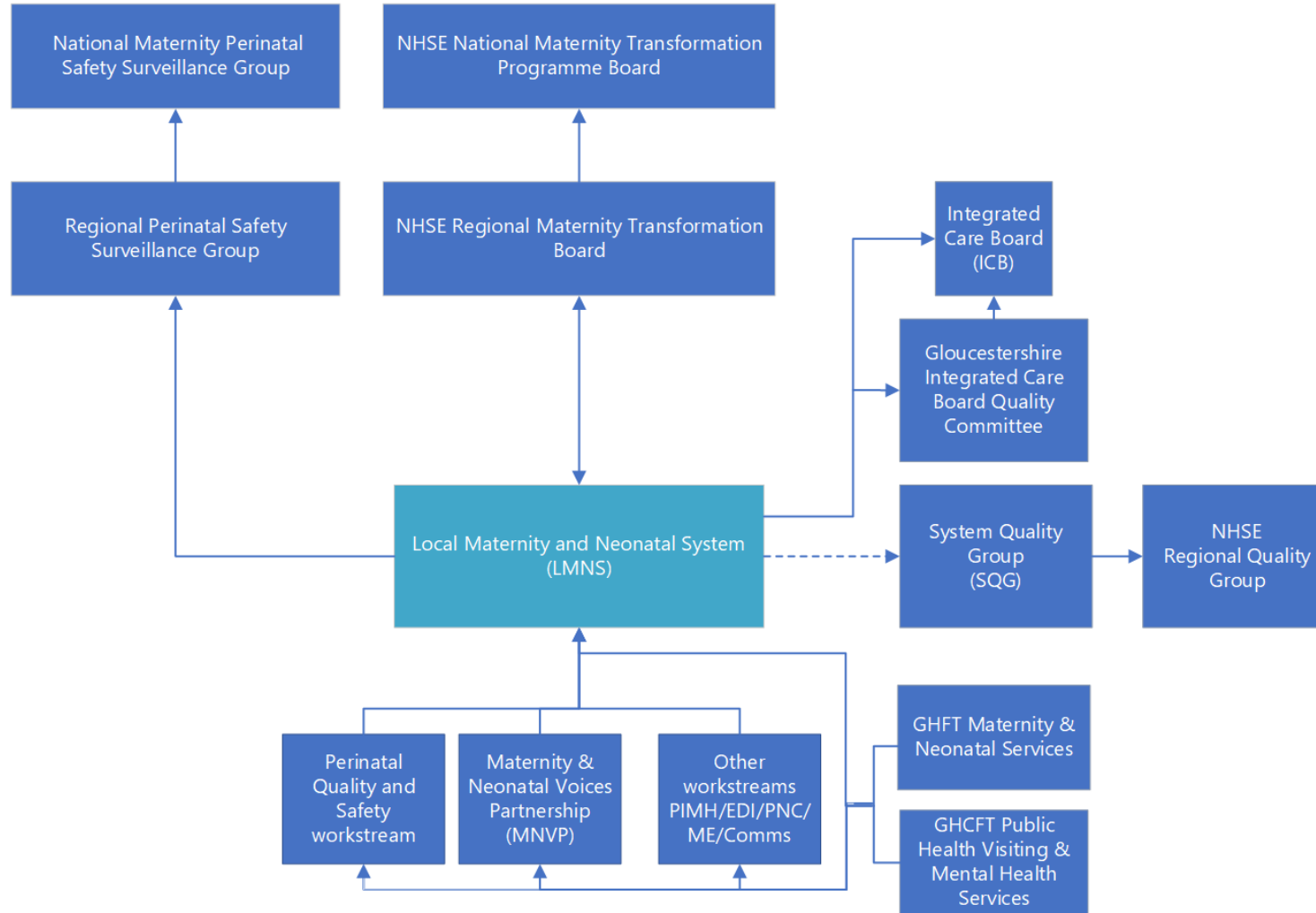
A **new maternity information system** 'Badgernet' was implemented by the Trust in June 2023 as part of the Trusts Digital Maternity Strategy. This has affected data quality for local and national reporting in 2023. This is gradually improving and full compliance with the national Maternity Services Dataset (MSDS) submission has now been achieved by the Trust. The LMNS has been supporting improvements in the data quality and information sharing across the system including sharing of information with Health Visitors and General Practitioners. The LMNS Health Needs analysis identified poorer outcomes in areas of high ethnicity and deprivation across the county. **Improving data quality of ethnicity and indices of multiple deprivation (IMD)** are monitored by the LMNS, and at the request of the LMNS are included in all audits undertaken.

Appendix 1



Gloucestershire
LMNS Reporting Stri

Gloucestershire Local Maternity and Neonatal System (LMNS) Reporting and Governance Structure



NHS Gloucestershire Audit Committee, Part 1

Held at 09.30am on Wednesday 4th October 2023

Hybrid Meeting via MS Teams and ICB Board Room, Shire Hall Gloucester

Members Present:		
Julie Soutter (Chair)	JS	NED
Colin Greaves	CG	NED, Deputy Chair
Marcia Gallagher	MG	Member
In Attendance:		
Andrew Davies	AD	Audit Manager, Grant Thornton LLP
Cath Leech	CL	Chief Finance Officer
David Porter (<i>Agenda Items 11,12</i>)	DP	Head of Procurement
Gerald Nyamhondoro	GN	Corporate Governance Officer (taking minutes)
Justine Turner	JT	Audit Manager, BDO LLP
Ryan Brunsdon	RB	Board Secretary

1. Introduction and Welcome

1.1 The Chair welcomed members and the participants present.

2. Apologies for Absence

2.1 An apology was received from Dr Jo Bayley.

2.2 The Chair confirmed that the Audit Committee meeting was quorate.

3. Declarations of Interests

3.1 There were no interests declared other than those presented by way of Register.

4. Minutes of the Last Audit Committee Meeting Held

4.1 Minutes of the meeting held on Tuesday 27th June 2023 were approved as an accurate record of the meeting.

5. Matters Arising

5.1 **16.03.23, Item 8.5 Risk Management.** Members requested that the CRR be updated in a timely manner for submission before the committee. This was actioned. **Item closed.**

- 5.2 **16.03.2023, Items 18.1 Primary Care Delegation: POD Services**. Members requested that an update or outcome of POD services implementation be added to the agenda of 7th December 2023. **Item remains open.**
- 5.3 **09.05.2023, Item 6.1 Annual Accounts**. CG queried the date associated with the signature appended by the Accountable Officer on the 3-month CCG final report and members requested an amendment. **Item closed.**
- 5.4 **09.05.2023, Item 6.3 Annual Accounts**. JS directed that more information on IFRS16 and associated literature be circulated to members or alternatively be incorporated in a report to be brought before members. **Item remains open.**
- 5.5 **27.06.2023, Item 9.2.3 External Audit: Evaluation of Data Arrangements and Accounting Policy**. JB suggested that data quality arrangements and policy in place should be subject to further review by internal auditors and, if practicable, be incorporated into work plans. Members requested that a report be prepared and be brought before the committee on 7th December 2023. **Item remains open.**
- 5.6 **27.06.2023, Item 14.2 Counter Fraud Report**. PK described how Counter Fraud was working with the Governance Team to reduce and manage fraud, bribery and corruption risks. PK added that such risks had through collaborative effort, been reduced from Red to Amber. JS suggested that options to support further reversal of risks from Amber to Green should be explored and brought before members. **Item remains open.**
- 5.7 **27.06.2023, Item 21.1 Any Other Business**. There was a request that agenda items for future committee meetings should have a forward planner and schedule which should be presented to the members ahead of the meeting. **Item closed.**

The Chair directed that for practical purpose, meeting items would not necessarily follow the order set in the agenda.

6. **Internal Audit Report**

6.1 Progress Update

- 6.1.1 JT presented the Internal Audit reports and gave an update on 2023-24 Internal Audit Plan:
- the auditors were engaging the Primary Care Team in discussions relating to transition of POD services from NHS England to the Gloucestershire Integrated Care Board (thereafter “the ICB”);
 - discussions on the key financial controls audit were proceeding well;
 - the cyber security audit will be across the ICS;
 - preparation of Business Continuity Plan findings was in progress.

JT stated that BDO LLP was working jointly with Paul Kerrod (PK) from Local Counter Fraud Service (thereafter “Counter Fraud”) with a focus on Personal Health Budget (PHB) and updates would be provided as part of the Internal Audit and Counter Fraud updates to the Committee.

6.2 Environmental Sustainability

- 6.2.1 JT presented the BDO briefing note on Environmental Sustainability – Carbon Neutrality & Net Zero Considerations for Audit Committees outlining key themes from their review including good practice observed in other organisations split into three key themes:
- Tone From the Top and Strategy
 - Staff Engagement and Communication
 - Risk and Opportunities
- 6.2.2 CL highlighted that the ICB and its partners were progressing work both individually and jointly on environmental sustainability programmes despite the budgetary constraints. CL added that partners such as Gloucestershire Hospitals Foundation Trust (GHFT) were progressing well in a number of areas such as reducing the use of specific gases in anaesthesia. CL described the joint work with Gloucestershire County Council (GCC) including Climate Leadership Gloucestershire, contributing to the joint sustainability post within GCC and work on sustainable travel.
- 6.2.3 MG suggested discussing working with the University of Gloucestershire to look at student placements to help work within environmental sustainability, CL agreed to explore with the GCC Sustainability lead. JS stated that her husband held a position of influence at the University, and she excused herself from contributing to discussion on this matter.

6.3 Global Risk Landscape

- 6.3.1 JT highlighted the increase in cyber-attacks and emphasised a need for a paradigm shift in risk awareness and prevention. JT described how different risks intersected and amplified one another. JT explained that one risk could trigger a second risk, which could then trigger a third risk thus creating a domino effect.
- 6.3.2 JT highlighted that as organisations relied on global supply chains, small problems in one location could multiply thus triggering larger knock-on effects across borders.

6.4 HealthCare Outlook Report

- 6.4.1 JT identified key issues from the report relating to workforce and the challenges pressures from the Covid pandemic. JT stated that the rapid development of digital and data-driven solutions presented HealthCare organisations with opportunity to improve efficiency and performance.

6.5 Data Security and Protection Toolkit

- 6.5.1 JT described steps and actions taken as part of the auditing of Data Security and Protection Toolkit and areas of good practice identified through the audit. JT also stated that the auditors identified areas requiring improvement and that actions had been undertaken to address these issues.

6.6 Internal Audit Follow-Up Report

6.6.1 JT stated that there were two overdue recommendations, namely PHB and Lessons Learnt from Covid. CG expressed concern over the slow progress made in addressing the two outstanding items. CL highlighted that PHB slippage was exacerbated by workforce constraints, and this was being addressed. JT concurred and stated that it was expected that the overdue recommendations were getting more attention and could be addressed before December 2023.

6.7 Members discussed the reports and rated both assurance and management action Green.

JS requested that the following reports be brought before the Committee on 7th December 2023:

- Continuing HealthCare Update report. **Action: Benedict Leigh (BL).**
- Business Continuity report. **Action: Andy Ewens (AE) to prepare the report.**

RESOLUTION: The Audit Committee:

- **Noted the Internal Audit Progress report.**
- **Noted the Environmental Sustainability report.**
- **Noted the Global Risk Landscape report.**
- **Noted the Global HealthCare Outlook report.**
- **Noted the Data Security and Protection Toolkit report.**
- **Noted the Internal Audit Follow-up report.**

7. External Audit Report

7.1 AD delivered a verbal update and stated that the auditors were covering work on Mental Health Investment Standard (MHIS) and added that succeeding audits would follow a conventional 12-month financial year. AD reassured that Grant Thornton LLP had increased human resource capacity for the succeeding audits and this included hiring a MHIS specialist. Members discussed the matters highlighted during the update and rated both assurance and management action Green.

7.2 RESOLUTION: The Audit Committee noted the External Audit update.

8. Risk Management Report

8.1 RB, CL and JS presented the report. RB presented the Corporate Risk Register (CCR) and the Board Assurance Framework (BAF). CL explained that the ICB was remodelling its risk management tools to reflect the joined-up architecture of the ICS. CL added that the ICB was revising and benchmarking its metrics to reflect the integrated HealthCare landscape.

8.2 JS explained that members were developing new a BAF covering the ICB and the system. JS added that members wanted the risk reporting system to be more user friendly and fit for purpose. RB sought clarity as to whether members still wanted assurance to be presented

using current tools; or whether the Governance Team should focus on developmental tools which would succeed the current tools.

- 8.3 JS responded that whilst members agreed that the current risk management tools may no longer be fit for purpose to reflect strategic risks of a new organisation, some provisional report on key risks should be produced to support ongoing assurance duties. **Action: Tracy Cox (TC), CL, CGi and RB to prioritise the remodelling of risk tools.** MG stated that whilst developing enterprise level risk management tools it would be desirable to give adequate attention to the development of robust financial risk management tools and metrics as these would be an enabler to cash savings and liquidity position. **CL, RB & CGi**
- 8.4 CL responded that attention was being given to such areas and the relocation from Sanger House in favour of the cheaper Shire Hall option was a manifestation of operation of a progressive financial risk management tool .JS requested that arrangements be made for Risk Leads and Risk Owners to come before the Committee on a cyclical basis so that members would discuss with them and support with direction. **Action: RB and CGi to facilitate.** **RB & CGi**
- 8.5 Members rated assurance Amber and management action Amber. JS directed that members and those constituting the task and finish group charged with remodelling of the risk management system should hold a workshop prior to submission of Audit Assurance report to the Board on 29th November 2023. **Action: CGi and RB to organise the workshop.** JS also request that the task and finish group should submit a report before members on 7th December 2023 providing an update on work covered in remodelling risk reporting.

RESOLUTIONS: The Audit Committee:

- **Noted contents of the CRR.**
- **Noted contents of the BAF.**
- **Considered and supported the process for the revised BAF including the scheduling of a dedicated Committee workshop to review the revised BAF prior to submission to the ICB Board on 29th November 2023.**

9. Management of Conflict of Interest

- 9.1 GN presented the report and stated that at the end of the first Quarter (Q1) available statistics showed an average level of compliance within the ICB of 52%. The Governance Team increased support and engagement with non-compliant staff. GN explained that necessary action to increase compliance was taken.
- 9.2 GN explained that the required compliance standard was 95%. Compliance levels at the end of the Q2 were as follows:
- members of the Board 100%;
 - senior staff 98%;
 - junior staff 97%.

The Committee commented the hard work put by the Governance Team. Members rated assurance Green and management action Green.

RESOLUTION: The Audit Committee noted contents of the Management of Conflict-of-Interest report.

13. Losses and Special Payments Register

13.1 No report was presented on this item.

14. Debts Proposed Write-offs

14.1 No report was presented on this item.

15. Aged Debt Report

15.1 CL presented the outstanding debt as of 24th August 2023. CL explained that the outstanding debt as per the Sales Ledger was £299,636 of which £38,399 was NHS and £261,297 was non-NHS. Members discussed the individual items constituting the outstanding debt and the actions required to recover such debt. CL stated that all controls were in place and functioning well and reassured that debts were being followed. Members expressed satisfaction with management action and the low level of risk. Both management action and level of assurance were therefore rated Green.

16.2 RESOLUTION: The Audit Committee noted contents of the Aged Debt report.

11. Procurement Decisions Report

11.1 DP presented the report which related to decision to award a 3-year contract with a value of £572,544 to the Alzheimer's Society for the provision of Dementia Advisor service. DP stated that there was an option to extend the contract for a further 2 years. Members discussed the report and rated assurance Green and management action Green.

11.2 RESOLUTION: The Audit Committee noted contents of the Procurement Decisions report.

12. Waiver of Standing Orders

12.1 DP presented the eight waivers of Standing Orders requested and approved by the ICB Executive. DP explained that the waivers were mostly of low value therefore not significant, with the marginal exception of a Waiver relating to the Owl Centre contract on autism assessments. DP reassured that commissioners would undertake a full, competitive tender process if additional funding was made available. Members examined the ICB's use of waivers and rated assurance Green and management actions Green.

RESOLUTION: The Audit Committee noted the Waivers of Standing Orders.

10. Counter Fraud Report

10.1 CL presented the report and stated that the Counter Fraud Authority (CFA) published its 3-year strategy, and the Local Counter Fraud Service (thereafter “Counter Fraud”) revised its policies to align with the strategy. CL also highlighted the relationship Counter Fraud was forging with the police force. CL stated that Counter Fraud had carried out a comprehensive assessment of commissioning risks.

10.2 CL explained that Counter Fraud worked with the Governance Manager to work through the fraud, bribery and corruption risks and this work reduced the risks from Red to Amber. JS suggested that it was desirable to further mitigate the risks from Amber to Green. Members discussed the report and agreed that it was reasonable to conclude that despite the concerns raised above, overall assurance and management action should be rated Green.

10.3 RESOLUTION: The Audit Committee:

- **Noted contents of the Counter Fraud report.**
- **Approved the revised ICB Counter Fraud, Bribery and Corruption policy.**

16. Any Other Business

16.1 JS stated that the Board and its committees were required to self-assess their performance and the self-assessment tools were being developed in the form of a questionnaire to members. JS requested on update on progress. **Action: CGI to agree final questionnaire with JS and make arrangements for the issue of a questionnaire.**

CGI

The meeting ended at 11:00am.

Date and Time of Next Meeting: 7th December 2023 at 09:30am (Hybrid).

Minutes Approved by the Audit Committee:

Signed (Chair):Julie Soutter Date:4th December 2023

AUDIT COMMITTEE 7th December 2023**ASSURANCE REPORT****Part I**

Area	Assurance	Notes
Internal Audit	Green	EPPR audit report – 4 medium recommendations. Improvement required to meet role as system leader and potential resource implications. Follow up recommendations progressing. POD and PHB – see update reports. Progressing. Other standing reports noted. Audit Chairs to liaise over submission of IA reports to individual organisations where services commissioned as a system to avoid undue delay.
External Audit	Green	Year-end planning progressing. MHIS audit work on track.
Risk Management	Amber	Work continuing to develop a refreshed Corporate Risk Register – excellent dashboards and summary views. Further work required to engage and train risk holders to ensure new registers reflect best practice, incorporate partner risks where relevant and are updated regularly. BAF work to be progressed to reflect new strategic objectives and have improved focus on controls, assurances, actions and updates to aid Committee consideration and overall risk management. Presentation and discussion on Finance risks as first Directorate deep dive, noting good system working on finance risks. Good overall assurance on management actions but significant work remains on risk management.
Conflicts of interest	Green	ICB met target for compliance
Audit Committee Review	Green	First survey conducted across all members with summary results considered. Plan to address how development needs are identified and met. Overall good assurance on committee function.
Counter Fraud	Green	Good assurance on exercise with Procurement on Private Provider contract requirements – minor points only. Functional Standard discussed with further work planned on risk assessment section to achieve green rating. Overall work plan progressing.
Update Reports	Amber Amber Red	POD guidance being worked through and further paper from NHSE awaited. PHB Personal Health Budgets – revised policy going to SQC December with resources in place to strengthen governance. Internal Audit process helpful in moving to policy for approval. EPPR Business Continuity & Emergency Planning Report – 4 Medium recommendations - agreed and progressing. Resourcing implications and improvements required from changed role for ICB as system leader and in the governance, communications and administration. Strong partnerships

		within ICS support system response. Impact of industrial action and move to Shire Hall noted. Risks of capacity & resilience in ICB noted.
Financial Management	Green	Noted debtor reports. No write offs or special payments proposed. ISFE2 update on ledger system changes noted – partners aware and briefed of changes (nationally-led project) with local project manager retained to ensure resilience over period.

NHS Gloucestershire Primary Care & Direct Commissioning Committee, Public Session

Thursday 5th October 2023, 14.00-16.00pm

Board Room at Shire Hall, Westgate Street, Glos GL1 2TG & via MS Teams

Members Present:		
Colin Greaves (Chair)	CG	Non-Executive Director, NHS Gloucestershire
Ayesha Janjua	AJ	Associate Non-Executive Director, NHS Gloucestershire
Dr Andy Seymour	AS	Chief Medical Officer, NHS Gloucestershire
Cath Leech	CL	Chief Finance Office, NHS Gloucestershire
Ellen Rule	ER	Deputy Chief Executive Officer
Prof Jane Cummings	JC	Non-Executive Director, NHS Gloucestershire
Julie Zatman-Symonds (deputising for Marion Andrews-Evans)	JS	Deputy Chief Nursing Officer, NHS Gloucestershire
Participants Present:		
Andrew Hughes	AH	Associate Director, NHS Gloucestershire
Carole Alloway-Martin	CAM	Councillor, Gloucestershire County Council
Christina Gradowski	CGi	Associate Director of Corporate Governance, NHS Gloucestershire
Declan McLaughlin	DM	Head of Primary Care Contracting, NHS Gloucestershire
Helen Edwards	HE	Associate Director of Primary Care & Place, NHS Gloucestershire
Helen Goodey	HG	Director of Primary Care & Place, NHS Gloucestershire
Dr Olesya Atkinson (part meeting)	OA	GP and Clinical Director of Cheltenham PCN
Ryan Brunson	RB	Board Secretary, NHS Gloucestershire
In attendance:		
Charlotte Griffiths	CG	PCN Service Development Manager, NHS Gloucestershire
Katrice Redfearn	KR	PCN Service Implementation Manager, NHS Gloucestershire
Cherri Webb	CW	Primary Care Development & Engagement Manager, Primary Care & Place, NHS Gloucestershire
Libby Gilroy	LG	Administrator, NHS Gloucestershire
Adele Jones (Agenda Item 9)	AJs	Chief Pharmacist for Primary Care, NHS Gloucestershire
Sian Williams (Agenda Item 9)	SW	Community Pharmacy Clinical Lead, NHS Gloucestershire

1. Introduction & Welcome

- 1.1 CG welcomed members and attendees to the meeting.
- 1.2 There was one member of the public in attendance.

2. Apologies for Absence

- 2.1 Apologies were received from Jo White, Jeanette Giles, Marion Andrews-Evans and Nigel Burton.
- 2.2 The meeting was confirmed to be quorate.

3. Declarations of Interest

- 3.1 The Register of ICB Board members is publicly available on the ICB website:
[Register of interests : NHS Gloucestershire ICB \(nhs.glos.nhs.uk\)](https://nhs.uk/our-organisation/nhs-gloucestershire/about-us/our-people/register-of-interests) [Register of interests : NHS Gloucestershire ICB \(nhs.glos.nhs.uk\)](https://nhs.uk/our-organisation/nhs-gloucestershire/about-us/our-people/register-of-interests)
- 3.2 The Chair declared an interest in Item 7 and said he would lead the discussion on Item 7 but he would abstain from voting due to being a patient at Prestbury Park Surgery. OA, as a GP partner of Berkeley Place Surgery, would not be participating in any part of the discussion on Item 7.

4. Minutes of the Previous Meeting of 3rd August 2023

- 4.1 The minutes of the previous meeting held on 3rd August 2023 were approved by the Committee as an accurate record of the meeting, subject to one minor change in Item 8.14 in that a member of the Primary Care Team would organise a site visit to the White House Practice rather than AS. A date had been arranged in the interim by CW and the change was duly made to the minutes of 3rd August 2023 following this meeting.

5. Matters Arising and Action Log

- 5.1 **17/04/23, Item 14.1 – Tewkesbury, Newent & Staunton (TWNS) Primary Care Network (PCN) Evaluation.**

Delayed now until the December 2023 meeting. **Item to remain Open.**

01/06/23, Item 8.12 – Differences in Local & National Reporting.

Work ongoing on data inconsistencies. HE said that data collected through the People Board and seen by ICB Governing Body would be reflected according to national definitions and would give a different perspective in terms of workforce challenges. It was important that the Board were aware and had a realistic understanding of the challenges in Primary Care, which was reflected in the presentation to this Committee by Dr Laura Halden. The Chair said it would be useful for the Board to know how big the gap was here.

Item Closed.

03/08/23, Item 10.7 – Delivery Plan for Recovering Access to Primary Care.

Agenda Item 10 on this meeting. **Item Closed.**

03/08/23, Item 10.8 – Patient Participation Groups.

BP to bring back a report on Patient Participation Groups to a future Committee meeting. This will be brought to the December meeting. **Item to remain Open.**

03/08/23, Item 11.5 – GP Training Risk.

GP training to be noted on the Risk Register at the next iteration. GP training had been noted on the latest Risk Register. **Item Closed.**

6. Questions from the Public

- 6.1 There were no questions from members of the public.

7. Berkeley Place/Prestbury Park Merger

- 7.1 The Chair reported that there had been an Extraordinary Meeting on 14th September 2023, where the merger had been approved in principle and it was now down to the final details having received formal application, for that merger to be implemented.
- 7.2 The Standing Operating Procedure (SOP) had been followed in relation to the application for both practices to merge. A Quality Impact Assessment (QIA) had been conducted and engagement with the public would now go ahead shortly. Members of the public would be able to access services from the same building which would significantly reduce any impact on them.
- 7.3 Both Practices were already in the same building, with Berkeley Place having the largest list size and the intention was always to consider a merger in order to create economies. This was something that all parties had been very keen to pursue.
- 7.4 Some of the resilience issues, however, would be quite challenging and one was around the application that would follow, to change the very large boundary of Prestbury Park Surgery. CW had worked extensively with all parties and it was the intention for the Primary Care Team to present something that would be acceptable, not to put patient access at risk and would help the sustainability of Berkeley Place Surgery once the merger had taken place.
- 7.5 The Chair noted that there had been slight reduction predicted in the General Medical Services (GMS) global sum but this would be minimal. The Chair invited comments from Committee members.
- 7.6 JC mentioned that feedback from representatives of the Patient Participation Group (PPG) and the staff had not been detailed and it would be interesting to understand this, but other than that, the case for merger did look clear to her and there were no particular concerns.
- 7.7 HG informed that so far there had been a great deal of positivity, particularly from staff around job protection and being able to deliver services going forward with the proposed merger taking place.
- 7.8 The Chair recognised that some of the more operational aspects of the merger should be delegated to the Primary Care Operational Group (PCOG) but asked CGi from a governance perspective, how this would work.
- 7.9 CGi said that the Terms of Reference for the Primary Care and Direct Commissioning (PC&DC) Committee would need to be revisited to give examples of what would be delegated to the Primary Care Operational Group (PCOG) so that discussions would not be replicated and to be clear on authoritative duties the Group should carry out. Any specific issues would then be escalated up to the Primary Care and Direct Commissioning (PC&DC) Committee. A meeting was currently being organised to involve Mary Hutton (MH).
- 7.10 One ICB in the South West had abolished their Primary Care and Direct Commissioning (PC&DC) Committee due to problems around Board reporting. Other ICBs had said that more clarity had been needed around separating operational/tactical work, and assurance roles. The Scheme of Reservation and Delegation (SoRD) would also need to be revised. The Chair said there would need to be clarity around decision-making for the Primary Care Operational Group (PCOG).

RESOLUTION: The Committee:

- 1) Approved the request to merge contracts from Berkeley Place Surgery (L84030) and Prestbury Park Practice (L84616);**

2) Delegated the approval of any subsequent application to change the merged practice area to the Primary Care Operational Group (PCOG).

8. Primary Care Infrastructure Plan (PCIP) 2023/2024 delivery

8.1 AH highlighted the current position, direction of travel and key issues from the Primary Care Improvement Plan (PCIP) 2023/2024.

- 8.2
- The established Infrastructure plan currently included premises priorities up to 2026. There was a premises reserve of just over £1.8m annual revenue to fund seven specific new surgery schemes that had a total capital value of around £39m.
 - Five of these schemes had received ICB approval (two this financial year) and were currently proceeding through next steps, e.g. planning, tendering etc.
 - There was also one large scale improvement grant funded project (a refurbishment and extension with total costs around £1m) at Quedgeley which was currently the only live construction project and was due for completion over the next few weeks.
 - Minchinhampton surgery was scheduled to start building works on the 23rd October 2023, taking 12 months to complete, with an opportunity soon to highlight this, with representation from the ICB in the local press.
 - The Brockworth and Coleford schemes were projected to start building around next Spring/early Summer of 2024. Subject to planning and successful tender, it was hoped that the Hucclecote scheme would commence building around Autumn of 2024/Spring 2025. A Business Case for a new Chipping Campden surgery was anticipated in Spring 2024.
 - The Tetbury scheme was currently being appealed by the Developer and the Practice as it did not receive planning permission from the Cotswold District Council. If successful, then construction could go ahead in 2024/early 2025.
 - Collaborative work was being undertaken with the Developer of the Lydney proposal to co-locate two practices in the former Co-op building to agree a commercially viable approach. A Business Case would then be completed by the Practices and submitted for consideration by the Primary Care and Direct Commissioning (PC&DC) Committee, either later this year or early 2024.
 - It was noted that it was almost certain that the Developers would come back to the ICB to ask for further revenue support to deliver schemes, due to continued rising costs. This was estimated to be in total around £200k additional revenue (including Lydney).
 - A PCN services review of the estates implications had been completed and the findings were presented to the Primary Care & Direct Commissioning (PC&DC) Committee in the summer, which identified a total estimated unfunded revenue impact of around £1.2m per year.
 - A review of the Primary Care infrastructure Plan (PCIP) had recently started to identify longer term priorities for potential funding beyond 2026 and up to 2031. This review

was taking place in a very difficult financial environment from an affordability and value for money perspective. Rising construction costs, increased costs of borrowing/investing and an ICS Medium Term Financial Plan (that assumed no additional investment from the overall ICS programme allocations), meant funding would need to be found from the overall delegated Primary Care budget.

- An initial estimate for a prioritised programme indicated that to deliver additional costs for the extra seven schemes, high and medium PCN priorities plus two new schemes (Beeches Green and Overton Park and Yorkleigh), at least a further £1.83m to £2.02m would be needed, depending on final rental rates.
- To take forward the review, there would be a need to prioritise further, think differently and examine how the ICB could lessen any operational impact should it be unable to take forward priorities.

In summary, the ICB would continue to persevere with the delivery of schemes in a volatile period, recognising this was likely to continue in a time of additional financial constraint along with an increased demand for additional space.

- 8.3 The Chair reflected that the situation to be able to deliver was now more difficult due to lack of finances and increased building material costs, as well as having to use third party Developers. Due to all of the above, opportunities would have to be examined across the system very differently and this would have to be done actively in order to move estates along more effectively.
- 8.4 The Chair acknowledged that there were some driving factors here, one of which was on Primary Care being able to deliver as well as it had been doing and implicit in that was that they were provided with the infrastructure in order to achieve this, which included having the access to the necessary Primary Care funds. This was a challenge which the Chair felt had not been represented correctly at the moment at the very highest levels and was something that the Operational Executive and the Board would have to think about.
- 8.5 HG said that due to little or no reinvestment in Primary Care premises over the past few years, things had gone well extremely well due to the incredible work undertaken by AH and DM. In future, service charges and other costs incurred when inhabiting larger premises would need to be considered. New practices would need to be the right size for their populations so that sufficient income was available with which to manage costs. This would need to be responsibly built into all the assumptions and be thoroughly tested for any new buildings in the future.
- 8.6 JC recognised that although great work had been done, that there was no easy answer going forward and strategic thinking would need to be employed around costs and the impact it would have on GPs and Primary Care staff as well as the ICB. JC commended the work done with the great premises having been built in recent times. The Chair spoke about the problem of designing buildings for expanding populations and thought that it would be better to build and design a building with appropriate capacity to be able to build something additional alongside it as that population increased. Certainly, this would be a real challenge for the ICB but investing in Primary Care did have a significant benefit of helping the population to access acute services and there needed to be a balance.

- 8.7 DM said that money needed to be found for both big projects but also involved finding additional rent for existing space. AH said delivery was still possible if financial manoeuvrability could be found over the next five years.

RESOLUTION: *The Committee noted the content of the Primary Care Improvement Plan (PCIP) 2023/2024 mid-year progress report.*

9. Community Pharmacy presentation

- 9.1 Community Pharmacy services had been delegated to the ICB as of April 2023. In Gloucestershire there were 103 community pharmacies in Gloucestershire each with a community pharmacist and an accessible pharmacy team which were well spread geographically throughout the whole of Gloucestershire, offering accessibility at different times and at different locations.
- 9.2 AJs spoke about the important roles that the community pharmacies played in local neighbourhoods and explained the frameworks that they worked under. There was a high representation of pharmacies in areas of deprivation in order to meet those needs.
- 9.3 SW spoke about some of the challenges being faced by the pharmacists:
- Workforce
 - Medicine shortages
 - Increased workload due to an ageing population
 - Closure of Lloyds pharmacies causing short term issues
 - More training needed and clinical placements to increase
 - Every student from University or School of Pharmacy would need to register as an independent prescriber
 - Digital implementation
- 9.4 The community pharmacy budget had been the same since 2019 up until March 2024, at £2.592bn. The proportion coming from clinical services in Gloucestershire was less than in the South West and nationally, so there was some ground to cover in terms of catching up. Contractual frameworks were agreed nationally and pharmacy regulations will be changing this year around reduced contracted hours.
- 9.5 The Community Pharmacy Strategy Group had been established to address some of the challenges moving forward and will look at the dispensing based model being transformed into a more service based model. There had been a proposal to develop a community pharmacy network to understand how the pharmacists and pharmacy technicians were working and how they could be upskilled. The public and staff would have some involvement in what they would like to see from their community pharmacies.
- 9.6 HG said that the population needed access to community pharmacies and she commended AJs and SW for building various relationships to encourage people to maintain contact when there were problems and challenges. The working relationship with Region was good with support for community pharmacists and liaison and communication in the meetings had been good between the ICB and Region, being open and transparent around questions and information and this would be beneficial in bringing any differences more closely together.
- 9.7 In terms of the Lloyds pharmacies, all these had been sold and were smaller, more agile and innovative businesses, but they would still need encouragement and support with access to local and County Council services and Supervised Consumption contracts. A pharmacy

which is thriving now would need to be thriving when they were to enter into the service-based model, which was why AJs and SW would be supporting that transition and to ensure that services would be available for them to thrive with.

- 9.8 CAM queried finance in terms of pharmacy in that GPs had a relatively settled way of earning money through the work they did clinically and asked whether this existed for pharmacists. SW said that community pharmacists only had access to the £2.592bn which was negotiated as a five year deal from 2019 to the end of March 2024. The five year deal had been agreed in a very different financial environment which was why some pharmacies in supermarkets had left due to financial constraints. A new contract will be negotiated after March 2024 and will be critical for all concerned.
- 9.9 The Chair asked whether there were areas in the country where provision could be better or there were areas of concern and if there were, what was being done to address this. SW said that the biggest opportunities lay in deprived areas and SW was looking at the independent prescribers across communities, wanting to get prescribers into Inner City Gloucester. Progress is being made, albeit slowly.

RESOLUTION: *The Committee noted the content of the Community Pharmacy presentation.*

10. Delivery plan for Recovering Access to Primary Care

- 10.1 On 9th May 2023 the Delivery Plan for recovering access in primary care was released by NHS England (NHSE), outlining the plan for Practices and PCNs to support the increase in demand within Primary Care. The plan will focus around four areas:
- Empowering Patients with the ability to self-refer against key pathways
 - Implement 'Modern General Practice Access' by having digital telephony systems in place
 - Building Capacity – Plans being developed at practice level will be monitored
 - Cutting Bureaucracy – System Development Funding (SDF) work is in progress to identify any gaps with a meeting planned on 30th October 2023.
- 10.2 The Programme was being consistently monitored and practices were being supported. Further guidance had been sought from NHS England outlining next steps and the ICB meet with Region monthly to report on progress on the Delivery Plan. There were still challenges, particularly around access and the number of appointments being delivered in general practice.
- 10.3 Progress Update:
- Five out of seven self-referral areas will have a pathway in place by 30 Sept. Areas outstanding will be audiology, wheelchair and community equipment services.
 - The Primary Care Strategy Group will be supporting the expansion of community pharmacy services.
 - 15 practices identified as critical for telephony as they were on analogue had been shared with NHSE and funding had been allocated for changeover to the new digital telephony system using the Better Purchasing Framework. Meetings have been held with those practices to move that forward with the Commissioning Procurement Hub.
 - Three practices had signed up for Intensive levels of support and two practices had signed up for Intermediate support.

- 10.4 OA said it was a recurrent theme that PCNs did not feel confident to recruit to their full budget. A significant underspend was predicted on Additional Roles Reimbursement Scheme (ARRS) roles, which posed a big risk to the system. There were some PCNs who had followed NHS England instructions to recruit to full capacity and some were predicting an overspend for 2024/2025.
- 10.5 HG said the Additional Roles Reimbursement Scheme (ARRS) roles were funded but there were still gaps and there were also running costs for PCNs. A contract would be negotiated which would be much clearer in the long term. The Delivery Plan would indicate there was now a clear Statement of Intent that PCNs would not all spend based on their level of risk.
- 10.6 OA referred to the ICB Chief Medical Officer establishing a local mechanism which would allow general practice and consultant led teams to raise local issues to improve the primary and secondary care interface. There was no current mechanism to flag up issues which was a big concern. Improving the interface was a bold statement and the Chair wanted to know how this would be tackled.
- 10.7 AS said it was an ongoing issue and was probably more at the fore as everything now was digitally driven and things happened so fast. A system other than Datix which was simpler to navigate would be preferable. AS is liaising with other areas to find out more about the most suitable systems which work for them and which the ICB might possibly be able to adopt.
- 10.8 JC queried 104 codes. This was a code that practices put on their clinical systems to stop the release of medical records. This code should be applied where there were safeguarding issues. Practices would have to apply this on individual records but should the exercise not be completed by the end of October this would entail a great deal of work for them.
- 10.9 JC referenced Intermediate and Intensive support being offered and asked if there was any further information about what would sit within those levels. KR said that Intermediate support would be delivered over six months whereas Intensive support would be delivered over a year for PCNs. NHSE Programme leads would come to the practice to deliver these sessions and there were also other webinars and training sessions available for all practice and PCN staff to access.
- 10.10 JC said if this were to be delivered by NHSE Improvement Leads, it might be sensible for the ICB staff to sit alongside so that they could benefit from the sessions. As there were three practices who had signed up for Intensive support it would be good to know if this was an improvement offer that would actually help. **Action: Primary Care Team to organise an update on PCN support sessions to be brought to a future Committee meeting.** PCT
- 10.11 OA referred to practice funding and asked how this might be allocated via a prioritisation criteria, giving an opportunity to think more about Core20PLUS5 areas. CW said this would be an average of £13k per practice. 56 practices had applied with more still applying and there would be enough money for everybody over two years. The Chair recommended that the paper should have more work done to it.

RESOLUTION:

1. **The Committee noted the content of the Recovering Access to Primary Care Report;**
2. **The Committee provided feedback for the ICB Board paper which was to outline the system level plan. Feedback included;**

- ***The Plan needed to be targeted in a particular way to meet the requirements of the Board. Delivery Actions would be needed for the ICB along with a Mitigation Plan.***
- ***Anything that could not be delivered would need further expansion on why this might be the case.***
- ***The Primary Care Team would be reliant on other parts of the ICB and NHSE to drive some of the requirements. An Impact Assessment would be required to cover all bases.***

11. Primary Care Risk Report

- 11.1 This report had been pulled from the ICB Corporate Risk management system 4Risk and had identified those risks assigned to the public session of Primary Care and Direct Commissioning (PC&DC). There was currently one risk on the register rated at a score of red 15. which related to resilience and sustainability in general practice which she wished to highlight.
- 11.2 Partnership numbers were reducing and although certain parts of the county were doing much better in terms of recruitment, this would not create the resilience and sustainability for the partnership-led model. Practices were also experiencing serious financial challenges. A 6% uplift had been announced and was due by the end of October. Most of the 6% would be transferred and would not cover the cost of living increases.
- 11.3 The Chair said that the risk was examined at the Audit Committee and it was still being debated as to whether this should be placed on the Board Assurance Framework (BAF). HG said that Primary Care had been very fortunate so far to not have failed practices due to having a proactive team and pointed out that the cost of a failed practice was not just financial. Resilience was a countrywide challenge at the moment. It was recognised that Primary Care was currently very fragile and that this risk was reflected as being a high level one.

RESOLUTION: *The Committee noted the content of the Primary Care Risk Report.*

12. PCN, General Practice and POD Highlight Report

- 12.1 **Digital Neighbourhood Vanguard Programme:**
- NHSE had shared an offer to PCNs to be part of a programme to become Digital Neighbourhood Vanguard. NHSE/I had selected NSG PCN to become a Digital Neighbourhood Vanguard site.
 - TWNS and Hadwen & Quedgeley (H&Q) PCNs had been selected to have only the AI-based risk stratification licence. Aspen, Berkeley Vale, Severn Health, FOD and St Paul's will be part of the community of practice.
 - If NHSE are able to negotiate additional licenses for the AI-based risk stratification, these PCNs will be prioritised.

12.2 PCN Dashboard:

- The PCN dashboard had been released with data up to 4th September 2023. A PCN Direct Enhanced Service (DES) Assurance Checklist was introduced as part of the audit process to enable Clinical Directors and Business Managers to manage their funding streams.
- The Primary Care Team will send out reminders twice a year for each of the funding streams and the criteria to which they should be used, along with one to one offers to meet them if required.

PCN Service Specifications:

- An Assurance Checklist had been sent out to be signed by each of the PCNs to ensure that they had the correct documentation at practice level, and that they are able to demonstrate decision-making and robust budget management.
- A number of responses had been returned with some still awaited. Work will start with the Local Medical Committees (LMCs) and then there will be a number of deep dives for assurance purposes.

Pharmacy, Optometry and Dental:

- The Primary Care team continued to work with NHSE South West, along with the other ICBs in the South West (SW). The monthly meetings had been very helpful in building relationships amongst colleagues to ensure smooth transition of services to the ICB.
- BDO Accountancy will be undertaking an audit of the Primary Care Team, concerning the transition of Pharmacy, Optometry and Dental (POD) services from April 2023. This will gauge the success thus far and provide pointers for concern and/or improvement as well as assurance.

Primary Care Flexible Staffing Pool:

- The Flexible Pool had now been launched for HCA's (Healthcare Assistants) with HCA's now actively registering to work on the pool. Once the required number of HCAs had signed-up, the pool would officially launch to Practices who would be able to book HCA sessions for their practices in addition to GPs. This will be closely monitored by the ICB.
- The GP flexible pool continued to go from strength to strength with 100 GPs now registered to work in Gloucestershire.
- The Admin/Receptionist flexible pool will build on this success and was expected to go live very soon.
- Funding for the pool was received from NHSE through the Service Development Funding programme and the contract was conducted through an organisation called the National Association of Sessional GPs (NASGP).

Additional Roles Reimbursement Scheme (ARRS):

- The Unclaimed Funds process (formerly Use of the Underspend) was run in conjunction with the Workforce Planning process to support those PCNs wanted to use the underspend. There were six PCNs who decided to bid for funding, totalling £321k and all those PCNs had been notified. If all the additional roles were to be recruited to, then 100% of the funding would be spent, totalling £15.4m.
- There were a number of posts, particularly Care Co-ordinators and Pharmacy technicians where those posts were on the plan but whether PCNs had fully recruited to these was uncertain as PCNs utilised different funding streams to help with the Additional Roles Reimbursement Scheme (ARRS) roles.

RESOLUTION: *The Committee noted the content of the PCN, General Practice and POD Highlight Report.*

13. Primary Care Performance Report

13.1 Data had not yet been released for the Learning Disability (LD) Annual Health checks and the Severe Mental Illness (SMI) Physical Health checks so there would be an update at the next Committee meeting.

13.2 GP appointment highlights:

- 21.6% up on pre-pandemic levels
- Additional demand likely around seeking further advice if on a waiting list
- Evidence for this required by further with data collection at practice level
- 73% of appointments delivered face to face - higher than the national average

Dental:

- The monthly percentage of usual annual contracted Units of Dental Activities (UDAs) submitted and scaled up to 12 months for the South-West, was 69%. Dental continued to be a considerable challenge in terms of availability of appointments.

13.3 JC referenced dispensing and said that Gloucestershire was 12% of the South West. JC wondered whether this was good or bad compared to other areas and whether this was useful information but did not want at the same time to add to the workload by having teams delving deeper into this aspect.

13.4 HG said other areas may have lost dispensing due to mergers or takeovers, but Gloucestershire had maintained a static number of dispensing practices. The Primary Care team could look at benchmarking from a dispensing perspective. It was hoped to provide more qualitative data as this filters through. CL said that as AJs and her team were already conducting work around prescribing and dispensing, then DM would probably not have to undertake a huge amount of work in this area. The Committee would be kept updated on any future available dispensing data.

13.5 OA queried the rise of 21.6% in appointments and being able to benchmark against the South West and the national average and how this would be presented to the ICB because this was disappointing given the 2.1% static inflation pay rise for the last five years and the second highest reduction in partnership numbers in the South West at nearly 19%. This would mean a 5% increase in workload. HG responded that data was still being sought but Gloucestershire were still above the national average, in the top three in the South West.

13.6 The Chair said that the paper itself was fine but there was possibly more work here for the Chief Medical Officer (CMO) or members of the Primary Care team to reflect at strategic level what was happening in Primary Care, taking into account all the reasons above. The ICB would need to know that things did not equate.

13.7 AS said that this was in the context of the National Programme which was about improving access to Primary Care and although this was being done, there was not much that could be done around workforce. The Chair recommended that at Board level this be demonstrated more clearly rather than being just put in a report. Case studies were easier to present and it could be that something could be done at a Board Development session in order to raise awareness where statistics, performance and activity could be discussed with more context to be built into what was driving demand. The Chair said that this was something for the

Chair and the Chief Executive to take to Region. Work done on this issue would be presented at the next Board meeting.

- 13.8 CW noted August 2023 GP appointment data per 10,000 patients:
Gloucestershire – 2466 South West – 2324 National - 2083

This meant that Gloucestershire was higher than the South West and national averages but Gloucestershire had less than average South West Additional Roles Reimbursement Scheme (ARRS) roles. More work is to be done by the Primary Care team on this topic.

RESOLUTION: *The Committee noted the content of the Primary Care Performance Report.*

14. Primary Care Quality Report

- 14.1 There had been a good deal of activity from a vaccination point of view with multiple clinics being run across the county and a good uptake in care homes. The Outreach team had been providing staff and inpatient Covid and influenza vaccinations and the hospital hub had now been set up to offer further staff vaccinations for Covid and influenza.
- 14.2 Patient Safety Incident Response Framework (PSIRF) - GHNHSFT are to implement this from 17th October 2023 and the Primary Care Operational Group (PCOG) will be informed about how primary care will be going to use this. As this was going to be a big change in safety reporting, it was thought it best to see how this would fit with system partners in the acute and community providers.
- 14.3 A very successful General Practice Conference was held last week at Kingsholm which had been well attended and there had been 100% feedback on how valued it had been from colleagues.
- 14.4 A large piece of work had been done with the Medicines Optimisation team on repeat prescriptions which was consuming a lot of appointment uptake in Out of Hours which was time well spent.
- 14.5 Migrant Health - Health Visiting teams were liaising with charitable partners to look at establishing a focussed response to the high numbers of births in the hotel over the last two months. Eight babies had recently been born in hotels.
- 14.6 Contact testing of service users from a hotel in Devon with numerous active TB cases, were showing a 25% positivity rate. The Acute TB Gloucestershire Hospital NHS Foundation Trust (GHFT) team were escalating this through the ICB respiratory group, and the UK Health Security Agency's (UKHSA) decision regarding widening the contact criteria was awaited.
- 14.7 CAM asked whether individuals were vaccinated and JZS said that some were but throughput was a concern and that new arrivals will be vaccinated going forward.
- 14.8 JC asked whether Child Death reviews were still being undertaken in light of the struggles in recruiting a doctor for that role. Assurance was given that doctors did not review their own cases. JZS reported that MAE had now had an application from one paediatrician and was hopeful to also receive one from a neonatologist. The current cases were reviewed by the Child Death Overview Panel (CDOP) and Dr. McIntosh also attended the panel for GPs (although it was recognised that she did not have the paediatric experience). It had also been

agreed that upon the appointments of the new doctors, they would cover outstanding cases and be paid overtime for doing so.

- 14.9 JC understood that the new Patient Safety Incident Response Framework (PSIRF) was not mandated for Primary Care but was for acute community mental health providers. It was right to get this up and running and it would be good to know what discussions had taken place with Primary Care colleagues around the appetite to use it and whether there was an opportunity to use this system across the whole system. This might need review at this meeting in the future or at the System Quality Committee.
- 14.10 AS said that Rob Mauler was the lead for the new Patient Safety Incident Response Framework (PSIRF) and during discussions, it was felt that it would be best to see how it was rolled out in the statutory organisations first and then to see how Primary Care would link into it. AS suggested that this go through the System Quality Committee first and also involve the Local Medical Council (LMC). JC was happy with this arrangement.
- 14.11 JC enquired as to whether any significant Serious Incidents or complaints having been reported from Primary Care services due to the high number of patients being seen in Primary Care compared to those in Secondary Care.
- 14.12 JZS said at the time of writing the report in August, there had been no instances that had come to the attention of the ICB. There had however been once last week, the details of which would be shared in a future report.
- 14.13 JC referenced the Primary Care Savings Projects – there were considerable challenges around the drugs budget and prescribing and there had been a lot of discussion around rising costs of drugs and JC made a point about this being looked at from the value for money angle and not only the cost perspective. If there were improvements in outcomes then this would also reduce costs going forward.
- 14.14 CL said that in terms of looking at the medicines position, the good growth would be analysed (of which Continuous Glucose Monitoring would be a part) and the growth which was not linked to any kind of change such as Continuous Glucose Monitoring, so that focus could be given to growth in other areas. Outcomes and key metrics would be examined by the Diabetes Clinical Programme Group. The focus would be on more recent medicines and not those which were ongoing.
- 14.15 ER said that the cost benefit analysis had already been done and that there was a template set out for the System Level Agreement (SLA). There had been some evidence on a national level that Direct Oral Anticoagulants (DOACs) had had some impact on strokes.
- 14.16 OA referenced patient safety and reporting in Primary Care and said she had recently spoken to Rob Mauler about this and said that she had been informed that Datix was no longer used. The current safety reporting system available to general practices was called Quality Alerts, hosted on CCG Live and utilised a dedicated email address to send quality alerts and only a small number of practices appeared to be using that address. There was a concern about when the new system for patient safety would be available and how practices could raise concerns. JZS will pick this up with Rob Mauler and be taken to the System Quality Committee.

RESOLUTION: *The Committee noted the content of the Primary Care Quality Report.*

15. Pharmacy, Optometry, Dental (POD) Month 4 Finance Report

- 15.1 CL presented the primary care medical services finance report. It was noted that there were pressures in several areas with some offsetting underspends. Work was underway to manage within the budget, however, the risk to deliver this was noted.
- 15.2 Primary Care Dental budgets were showing a year-to-date underspend due to lower activity resulting in more contract clawbacks. The impact of the dental strategy work and associated investments was being included in the financial position and forecast as the strategy developed. The forecast against dental budgets remained at breakeven.
- 15.3 Pharmacy budgets were reported as breakeven, it was noted that there was a small pressure in the clinical waste contract.
- 15.4 Year to date Optometry budgets showed an underspend, although there was an increasing trend in terms of the number of vouchers being seen each month, which would drive an increase in spend and in the year-end forecast.
- 15.5 The Other GPs services budget was underspending and was forecast to underspend at year end, this had been included in the ICBs financial position.
- 15.6 Secondary Care Dental and Community Dental were forecast to break even this year. There was a time lag in receiving monitoring information against these budgets and the forecast would be updated once further monitoring had been received.

RESOLUTION: *The Committee noted the content of the Pharmacy, Optometry, Dental (POD) Month 4 Finance Report.*

16. ICS Transformation Programme and ILPs Highlight Report

- 16.1 A Showcase of Neighbourhood and Locality working was planned for 15th November 2023 with a focus on sharing progress under distinct themes of Children and Young Peoples (CYP) mental health and wellbeing, Proactive Care and ICP Exemplar Themes (smoking, blood pressure and employment).
- 16.2 Presentations to the Chief Executive and Director of Research for the International Foundation for Integrated Care and the Public Health team at GCC had been delivered to increase awareness and links to the work of ILPs.
- 16.3 The ILPs were in an ideal position to support the prevention workstream of the Working as One programme around mildly frail and pre-frail individuals.

17. Any Other Business (AOB)

- 17.1 The Chair said that if there were any issues with Reinforced Autoclaved Aerated Concrete (RAAC) in practices, he would like to have some feedback on this at some point.

The meeting closed at 16.20pm.

Date and Time of next meeting: Thursday 7th December 2023, 14.00-16.00pm.

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.

(Commercial in confidence discussions)

Minutes Approved by:

Signed (Chair): _____ Date: _____

APPROVED

NHS Gloucestershire System Quality Committee

Thursday 19th October 2023, 2.00–5.00pm,

Boardroom & Virtually from Shire Hall, Westgate Street, Gloucester GL1 2TG

Members Present:		
Jane Cummings (Chair)	JCu	Chair, Non-Executive Director, GICB
Hannah Williams (<i>deputising for John Trevains</i>)	HW	Deputy Director of Nursing and Quality at Gloucestershire Health and Care NHS Foundation Trust
Julie Soutter	JSo	Non-Executive Director, Audit Committee Chair, GICB
Marion Andrews-Evans	MAE	Executive Nurse & Director for Quality, GICB
Matt Holdaway	MH	Chief Nurse and Director of Quality, GHNHSFT
Sarah Scott (<i>part-meeting</i>)	SS	Executive Director of Adult Social Care and Public Health, GCC
In attendance:		
Julie Zatman-Symonds	JZS	Deputy Chief Nurse, GICB
Becky Parish	BP	Associate Director, Engagement and Experience, GICB
Dawn Collinson	DC	Governance Administrator, GICB
Jan Marriott	JM	Non-Executive Director and Chair of Quality Committee, GICB
Ryan Brunson	RB	Board Secretary, GICB
Rob Mauler	RM	Assistant Director, Quality Development & Patient Safety, GICB
Siobhan Farmer	SF	Director of Public Health - GCC
Sarah Morton	SM	Professional Head of Adult Physiotherapy, GCC
Paula French (<i>Agenda Item 8</i>)	PF	Senior Commissioning Manager and Transforming Care Programme Lead, GCC
Althia Lyn (<i>Agenda Item 8</i>)	AL	Commissioning Officer, GCC
Richard Thorn (<i>Agenda Item 9, 10, 11 & 12</i>)	RT	Senior Commissioning Programme Manager, GICB

1. Introduction and Welcome

1.1 JCu welcomed members to the System Quality Committee meeting.

2. Apologies for Absence

2.1 Apologies were received from Melanie Munday, Annalie Hamlen, Dr Andy Seymour, Trudi Pigott, Alison Moon, John Trevains and Emily White.

3. Declarations of Interests

3.1 The Register of ICB Board members is publicly available on the ICB website: [Register of interests : NHS Gloucestershire ICB \(nhsqlos.nhs.uk\)](https://www.nhs.uk/our-organisation/our-people/our-boards-and-committees/register-of-interests-nhs-gloucestershire-icb-nhsqlos-nhs-uk) [Register of interests : NHS Gloucestershire ICB \(nhsqlos.nhs.uk\)](https://www.nhs.uk/our-organisation/our-people/our-boards-and-committees/register-of-interests-nhs-gloucestershire-icb-nhsqlos-nhs-uk)

There were no interests declared at this meeting.

There were no Declarations of Interest declared. One amendment was to be made in that JSo's husband had been recorded as being the husband of JCu and this was not correct.

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4. Minutes of the meeting held on 17th August 2023

- 4.1 The minutes from the meeting held on the 17th August 2023 were accurate apart from item 5.5 which referred to JCu and should have reflected that of JSo.

JSo said that it would be useful to see the minutes of the System Quality Group but did not say that it would negate some of the papers coming to the System Quality Committee. Seeing the minutes would give assurance of the overview of what was happening and then if papers needed to come to the Committee, they would do so.

5. Action Log and Matters Arising

- 5.1 After discussion, the Committee agreed to close Actions 9,10,13, 24, 26, 28, 30,31, 32, 34 and 35 as per the Action Log circulated with papers prior to the meeting.

Open Actions:

18/08/2022 – Item 7.16 - Recruitment Figures, CIC. MAE - A designated Doctor for Children in Care (CiC) started 3rd October. Interviews are to take place with a paediatrician and a neonatologist for the Child Death post. AS to update at next meeting. **Action to remain Open.** AS

20/10/2022 – Item 8.1 - Self-harm in Children and Young People JT to update at the December System Quality Meeting. **Action to remain Open** JT

16/02/2023 – Item 11.9 - Quality in Service Level Agreements (SLAs). TP to bring verbal update to December meeting. **Action to remain Open.** TP

12/04/2023 – Item 5.13 - Primary Care quality and metrics. PC resilience dashboard to be adapted to include quality. December update if possible but otherwise early 2024. **Action to remain Open.** JZS

12/04/2023 – Item 6.6 - Quality and outcome reporting for Newton Europe. Work not yet completed with Newton Europe. **Action to remain Open.** JZS

12/04/2023 – Item 6.7 - CQC ICB inspection documents. Documentation and metrics awaited. **Action to remain Open.** TP

12/04/2023 - 8.1 - Delay Related Harm in D2A beds. SS suggested to invite Amanda Jones to a future meeting with a short presentation **SS**

12/04/2023 - Item 12.1 - 2023/24 CQUIN update. Not discussed at October meeting. To be carried forward to December meeting. **Action to remain Open** TP

17/08/2023 – Item 6.17 - Primary Care Funding. Initial conversation has taken place with Gill Morgan, however a bigger discussion with the ICB Board is required. Further feedback to be given. **Action to remain Open.** JCu

17/08/2023 – Item 8.4 - C&YP Services. This meeting is yet to take place between JCu and Ann James. **Action to remain Open.** JCu

17/08/2023 – Item 9.3 - Risk Reporting. HH on Maternity leave. Discussions with MAE to look at best way forward with suggestion that a meeting outside of the System Quality **RM**

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Committee to discuss the system risks, as has potential to take most of the meeting and bring back to the QC for agreement. **Action to remain Open.**

5.2 **Updated System Quality Committee Terms of Reference**

5.2.1 The Terms of Reference for the System Quality Group had been updated to clarify the relationship between the System Quality Committee. Children's Social Care was added into the list of membership.

5.2.2 The System Experience Group had not yet been implemented although this had been planned over a year ago. It was suggested that if suitable mechanisms had been set up to address this elsewhere, it may now not be required. BP and MAE thought it would be helpful to have something set up. SF highlighted that this would fit in with the key purposes of the Integrated Care System (ICS) around looking at inequalities in access, experience and outcomes and would feed into some of the work that she and DB were doing.

BP

6. System Partner Highlight Assurance Reports

6.1 **Gloucestershire Health & Care NHS Foundation Trust (GHC)**

6.1.1 The ICB had stepped Wotton Lawn out of enhanced surveillance. The improvement work would be continuing as planned and reported appropriately.

6.1.2 An improvement approach had been implemented around the management and handling of complaints. This had been in place for over 12 months and had been maintained whilst embedding the new Parliamentary and Health Service Ombudsman (PHSO) standards around the management of complaints and concerns. The endeavours of the Patient Safety Incident Response Framework (PSIRF) team had been of great assistance.

6.1.3 HW highlighted the work being spread out across all inpatient environments in physical health and mental health being led by Charlton Lane, which will aim to reduce the number of falls. It was reported that the lead physiotherapist and Matron at Charlton Lane had been instrumental in the success of this work, having done an amazing job in energising colleagues in other parts to engage. The data quality reporting had reflected some of those improvements.

6.1.4 The Trust had been working to expand the patient safety data set to include more detailed themes, one of which was around the recording of Rapid Tranquillisation (RT) which had been picked up by the Care Quality Commission (CQC) and had been part of the improvement work at Wotton Lawn. Assurance is in place regarding the recording of this but this would need to be evidenced on an ongoing basis and some of the data sets would need to be changed in order to have early identification of anything going awry.

6.1.5 Safeguarding supervision was currently sitting at 62%, largely due to the balance of colleagues being able to attend supervision within their working day against the backdrop of increasing caseloads, staff vacancies, sickness etc. There had been good engagement with colleagues who had shared some good ideas around ease of attendance.

6.1.6 Whilst there was good assurance that care being delivered for the management of pressure ulcers was up to the standard it needed to be, there had been an increase of moderate and above harms once a person had been admitted to one of the caseloads in the community for the specific treatment of that pressure ulcer management. Information

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was being examined to see if colleagues could target additional support from other providers in the county.

- 6.1.7 JSo expressed concern about consistency and a gap between two safety frameworks and queried a Serious Incident and a Never Event in a community setting around dental. HW stated that the list of Never Events was one that was nationally prescribed irrespective of being a community or an acute provider.
- 6.1.8 Whilst transitioning over to the new Patient Safety Incident Response Framework (PSIRF) there had been an incident involving removal of a wrong tooth, which ultimately was not investigated as a Serious Incident after close liaison with the family of the patient. It was decided that it would be subject to a robust investigation with which the family had been engaged in throughout and also in the improvement plan which followed as a result.
- 6.1.9 JSo queried whether under the new PSIRF the removal of a wrong tooth would be classed as a Serious Incident. RM said that he would like to speak to JSo outside the meeting to discuss the changes coming up as although the Never Events would still exist within the new PSIRF, the Serious Incidents would not exist within the next couple of months.

RM

RESOLUTION: *The Committee members noted the verbal update on the Quality and Performance Report from Gloucestershire Health & Care NHS Foundation Trust.*

6.2 Adult Social Care

- 6.2.1 Adult Social Care had invited the Local Government Association (LGA) in to conduct a Peer Challenge (19th - 22nd September 2023). The recommendations the Peer Challenge team had offered had been based on the triangulation of what they read, heard, and seen over the week. Their feedback would be valuable in helping to prepare for the forthcoming CQC inspection.
- 6.2.2 A self-assessment had been produced and had been given political support. It had been recognised that staff had been passionate and value-driven and that there was excellent leadership in place for Adult Social Care who were working well as a team.
- 6.2.3 Work on transitions was also praised along with some of the partners, and the model of practice in the operational social work teams received positive feedback having improved since 2015. Adult Social Care needed to routinely use data and intelligence to inform decisions and also needed to involve service users and carers more frequently in co-production around services. These issues had all been identified in the self-assessment.
- 6.2.4 SS highlighted that mental health social work and occupational therapy would need more work as were listed as risks for Adult Social Care. This was currently being addressed by senior service directors as a high priority prior to the CQC inspection. More is to be done around co-production to involve those who use services and carers around having their input and involvement. SS will request a session at the ICB Board and will run a scrutiny session with members in order to carry this forward into the public domain. SS mentioned that regular updates and assurance will be brought to the Committee due to much of the work being system related.
- 6.2.5 JM was pleased that that the Peer Review overall had gone very well and thanks were extended to SS for her leadership during this exercise.

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SS left the meeting at 3.00pm.

RESOLUTION: *The Committee members noted the verbal update on the Quality and Performance Report from Adult Social Care.*

6.3 Gloucestershire Hospitals NHS Foundation Trust (GHFT)

- 6.3.1 MH updated on the CQC position from a Maternity perspective. A Section 29A was received on 8th September with a continuation of the two issues identified earlier in the year. One was around training compliance for Children's Safeguarding and the other pertained to the timely closure of clinical incidents, with 200 incidents remaining open.
- 6.3.2 The clinical incidents open were of low risk and now at less than 70. Midwifery and obstetric colleagues had been conducting daily huddles to review every incident from the previous 24 hours. The system had been working well and there had been some positive work in Maternity about the management of their incidents and quick closure and swift learning.
- 6.3.3 Due to the Section 29A and "Inadequate" rating Amanda Pearson providing external support, had been working closely with the positive relationship with the wider team of the CQC and had undertaken a Governance Review of Maternity Services which was being worked through. It had thrown a clear lens on governance through Maternity and the work that colleagues needed to undertake, with a clear and objective review of some of the required improvements.
- 6.3.4 It was expected that significant improvement would have occurred by 10th November around the Section 29A, with full compliance by December. The CQC had been invited to spend some time at the Trust as had been done since the "Inadequate" rating both in Maternity and Surgery. It was anticipated that they would see early progress and they would be back for a review in the next few weeks.
- 6.3.5 The seven "must-dos" in the Well-Led review from last year will go to the Trust's Quality and Performance Committee in October and would feed back into this group once they had gone through the necessary channels.
- 6.3.6 A good workshop was held with Good Governance Institute Work colleagues to review and improve the governance system with a follow up next week. The structure was beginning to take shape and portfolios were being reviewed for change. There had been a clear appetite from the Trust to take a multidisciplinary approach to align clinical governance, safety and quality. Following the review a Board Development session will take place where can involve the System Quality Committee during consultation on this.
- 6.3.7 A report was still awaited on Surgery on the unannounced inspection in April. It is likely that there will be some actions from this report and these will be dealt with following due process. It was noted that this report was conducted six months ago and it was a long time for the Trust to wait in order to begin to address the actions. This would be challenging when the report was finally received.
- 6.3.8 B-Braun was discussed at the System Quality Group earlier in the week. Following inspection earlier in the year, this sub-contracted service was "Inadequate" but was now rated as "Requires Improvement". The service will be moving over to a new provider in December 2023. There were 12 "should do" actions to be addressed.
- 6.3.9 MH referred to the CQC Inspection on 20th September 2023 looking at Children's Services, particularly the care of two children in the Children's Inpatient wards. Evidence

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and data surrounding this was sent to the CQC on 18th October 2023 and involved two young ladies had been placed in children's beds due to difficulties in providing them appropriate beds in the community.

- 6.3.10 MAE noted that it would be difficult to find a Trust that was not in the same position as GHNHSFT as there were no placements in the community for some children with specific needs to go to. MH also noted that there were very few Trusts that were compliant in Children's Safeguarding with more clarity required from the CQC in this area, around which nothing had yet been heard.
- 6.3.11 MH referenced the Key Issues and Assurance Report (KIAR) and the Quality Surveillance Report, being the key one for Maternity comprising their most important data. This would be reviewed monthly by the Trust and ensured compliance with the Incentive Scheme. The latest report was sent to the July 2023 Public Board.
- 6.3.12 The other report sent to Board every six months was the Maternity Staffing report. Midwifery staffing remained on the Trust Risk Register with a score of 20 for safety. However, midwifery maternity recruitment had improved with over 25 midwives starting between now and January 2024 with additional international midwives coming on board. Women and families will have greater birthing choices when the Cheltenham midwifery unit is reopened.
- 6.3.13 MH highlighted that the percentage of fractured neck of femur (NOF) cases that were treated within 36 hours had increased, which was well over the national target and an improved position since July 2023. Greater access to services in Trauma & Orthopaedics will be afforded to patients with more ward space and more beds soon, and new theatres projected to come online in February 2024.
- 6.3.14 JSo referenced the learning from Deaths part of the Assurance report regarding there having been some concern about the Summary Hospital-level Mortality Indicator (SHMI) which had been under review. MH confirmed that a substantial section would be included in a Board report or a separate paper would be produced. It was also discussed at the Mortality Group within the ICB. RM said weekend mortality was being investigated by AS and assured the Committee that the SHMI data was within expected control limits.

RESOLUTION: *The Committee members noted the verbal update on the Quality and Performance Report from Gloucestershire NHS Foundation Trust (GHNHSFT).*

6.4 Integrated Care Board (ICB) Quality Report

6.4.1 The following points from the report were highlighted:

- The first People Panel Survey was to go out within the next few weeks. **Action: BP to bring a more substantial report on the People Panel Survey to the December meeting.** **BP**
- JZS reported that a contract had been awarded to Drybrook Surgery to two nurse partners and a GP partner subject to the CQC registration being completed. This was the first in Gloucestershire for two nurse partners, so was very good news. The Parish Council had expressed thanks to all involved for their support for the practice.
- It should be noted that 73% of GP appointments in Gloucestershire were face to face which was higher than the national average. The Additional Roles Reimbursement Scheme (ARRS) roles were not being filled in some parts of the county and the Committee could look at the value that other professions brought to Primary Care and how this could be addressed within the appointment data.

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- There is a national campaign to reduce hospital admissions for those with Urinary Tract Infections (UTIs). Primary Care are raising awareness around this for those newly registered to practice.
- Migrant hotels were seeing a lot more single males which was having an impact in Primary Care in the demand for appointments. The Migrant Health team had seen some staff turnover and their health also needed to be considered.
- The CQC had visited PPG in September but there had been no feedback yet although no new concerns had been raised and an update was expected in the near future. The contract was still to go out to tender.
- MAE said that 100,000 vaccinations had been carried out to date – 39% of those who were eligible. There had however, only been a 19% uptake for those with chronic conditions with more media campaigns to encourage people.
- It was predicted that the type of flu virus this winter will impact younger people with chronic conditions.

6.5 Report from System Quality Group

- 6.5.1
- MAE said that the System Quality Group comprised CQC and Healthwatch. There had been a confidential update and briefing at the recent meeting.
 - There had been a comprehensive report on Wotton Lawn who had been taken off Enhanced Surveillance.
 - The quality monitoring of sub-contractors was discussed
 - MAE gave feedback on the Regional System Quality Group where paediatric audiology services was a focus regarding quality and non-adherence to standards. An audit had been conducted for which there will be a report.
 - The System Quality Group was the arena for areas of escalation and where it would be decided if somewhere should be placed on Enhanced Surveillance.
 - Children with complex needs and their transition into adult services was discussed with some recommendations to consider.
- 6.5.2 JSO queried the System Quality Group minutes which this Committee had yet to see. MAE said the minutes had been done and would be provided.

RESOLUTION: *The Committee members noted the verbal update on the System Quality Group.*

6.6 Countess of Chester Case

- 6.6.1 Nothing more had been heard on this case to report to the Committee which was noted by the Committee members.

7. Annual Safeguarding Report 2022-2023

- 7.1 MAE said that Mel Munday had developed a new format for this year's report, and she would welcome any feedback around the structure and content of the report. It had been a very comprehensive report which emphasised the integrated working across the system. Region had not expected system partners at the last meeting and any questions raised had been answered by the system which proved that work was not done in isolation.
- 7.2 The Adult Safeguarding Nurse was becoming busier with the serious domestic violence being part of their portfolio. A new Designated Nurse for Children will start in November and will help with the substantial workload.

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- 7.3 The Annual Report for the Safeguarding Partnership and Child Death Overview reports are to be published shortly.
- 7.4 JSo said that under assurance, the report mentioned that assurance should be gained about services commissioned from other service providers and was aiming to start quality assurance visits once again, capacity allowing. JSo asked how capacity would allow the re-starting of assurance visits. MAE said that having an extra nurse in the team would allow more capacity and visits would start again in the New Year.

RESOLUTION: *The Committee approved the Annual Safeguarding Report for 2022-2023.*

8. Gloucestershire Learning Disability & Autism LeDeR Programme Annual Report 2022-2023

- 8.1 PF stated that the Gloucestershire Learning Disabilities and Autism LeDeR Annual Report 2022-2023 had been brought to the Committee today to provide assurance and to request sign off, in order that it could be more publicly shared, which was a requirement of the national Learning Disabilities and Mortality Review (LeDeR) programme.
- 8.2 The aims of the Learning Disability & Autism Programme were:
- To help improve health and social care services for people with learning disabilities and autistic people.
 - Reduce health inequalities for people with a learning disability and autistic people.
 - To prevent people with learning disabilities and autistic adults from dying too soon by providing better care.
- 8.3 PF informed the Committee that from July 2023 the policy around reporting of Child Deaths would now follow a separate statutory review process overseen by the Child Death Overview Panels (CDOP). Six child deaths had been returned back to the national process with the agreement of the Board.
- 8.4 Autism had now been added to the National Mortality Review and the LeDeR representative would continue to represent at the local CDOP. It was important to ensure that any changes in the policy would not create gaps around shared knowledge and learning. The numbers for deaths for those living with autism were very small and there was a gap on information and reporting for those deaths.
- 8.5 The Report this year was changed into presentation format to increase accessibility and to make it more interactive so that it could be used as a learning resource. The Committee thought it was really good in this format and found it more straightforward with case studies bringing it to life and making information more meaningful. Inclusion Gloucestershire were also in the process of writing an Easy Read report which would be shared across the system and to NHSE.
- 8.6 During the 2022-2023 year, 48 LeDeR death review notifications were received and at the time of writing the report, 52% of the reviews had been completed. Overall, since the programme had been running, it was running at 83% completion. Out of the 17% remaining, six of those were the CDOP reviews which were handed back July 2023 and the rest were awaiting the outcome of the Coroner, were police investigations or had been advised of 5 months prior to the end date of the reporting period.

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- 8.7 The quality of the reviews was explained. In 2022/2023, 72% of these were graded as receiving Excellent or Good care at the point of death and throughout their life. A further 20% were rated as receiving Good or Satisfactory care. The figure for 2021/2022 in terms of Excellent was 21%. The reviews undertaken were very robust with a Quality Assurance Panel in place which consisted of a broad range of professionals, from all organisations including the Safeguarding team and experts by experience. This year there had also been input from a GP and End of Life clinician.
- 8.8 The Learning Interaction Group was similar to the Quality Assurance Panel as well as the Governance Group that led a Steering Group. This ensured that all the checks were in place as well as co-production with partners at Inclusion Gloucestershire and the ownership of actions taken forward into the system. All learning resources and events were co-produced with the experts by experience and delivered by them along with all the other professionals in the field.
- 8.9 The End of Life and the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form documents were highlighted as having been completed as a marker of positive practice nationally. 88% of completed reviews identified that individuals had a ReSPECT form in place at the time of death and 92% had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place, compared to 64% nationally.
- 8.10 Some of the ReSPECT forms were incomplete or not signed off by GPs and some people did not have one at all at the point of their death. This remained a priority for the work in the LeDeR Programme. The forms were now completed much earlier on in the individual's life so that informed decisions could be made and wishes respected.
- 8.11 Accessible video on various websites, about the benefits of having a ReSPECT form in place, was produced by Inclusion Gloucestershire and the Strategic Health Facilitation team. Local and regional South West audits and reports will come back into the system along with any learning around the forms for those with learning difficulties and autism.
- 8.12 Spotting signs of deterioration remained a key feature of learning from LeDeR reviews. Many signs often went unrecognised by clinicians who also did not have the confidence to escalate at the right time to the relevant health professionals in a timely manner, which in some cases, unfortunately led to a death.
- 8.13 Inclusion Gloucestershire, together with the Intensive Outreach Team were commissioned using short term monies from NHSE to produce an accessible video and simple resources to help those looking after people with learning disabilities and autism to be able to recognise signs of deterioration and how to take appropriate action.
- 8.14 The findings from the 2021/2022 Annual Report and all the learning interaction was presented in a "Dying to Make a Difference" conference presentation in March 2023 aimed at health and care professionals which was well attended. This year some bespoke sessions for health and social care professionals would examine key areas for them and training would be delivered that way to give more impact.
- 8.15 JCu noted that Slide 22 showed some discrepancies between numbers and percentages and AL said she would check this and rectify accordingly.
- 8.16 JCu referenced 92% of people having a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place at the time of death. JCu was concerned as to whether decisions for this had been made appropriately with an advocate or whether it had been decided not to resuscitate during Covid. AL informed the Committee that this was why the South

West audit was taking place. A range of questions would be asked around why decisions were made, who had made them and the rationale for doing so, especially during the pandemic.

- 8.17 PF said a lot of work had been done around the forms and how decisions had been made. All key stakeholders had been involved throughout the process and the audit would support having the assurance about the quality. Positive promotion of plans was high on the agenda but it was equally important that this did not just become a “tick-box” exercise.
- 8.18 AL said that checks were made on whether the Mental Capacity Act was followed and whether the individual had an advocate. This had been discussed at great length in the Quality Assurance process to ensure that any decisions made were appropriate with the support of a suitable advocate. SF said that this demonstrated that when there was good data of particular inclusion groups, this was the kind of thing that could be done to advocate for those equalities of outcomes and was such a good role model for how the approach should be for all inclusion groups.
- 8.19 The Gloucestershire Learning Disability and Autism LeDeR Programme were nationally recognised by NHSE in terms of delivery. It was important that benchmarking data could reflect whether these people were dying in similar ways and ages to the rest of the general population. Strategic change through wider service development and initiatives were starting to take place. Improvement needed to sit across more than one Clinical Programme Group to ensure that these matters sat across a broad range of services within the ICB.
- 8.20 SF said that work was on going to embed some of those principles and more needed to be done around an embedded strategic approach when anything was commissioned so that inclusion groups and deprivation was considered. This would not be a quick fix but was something that SF would like to look at in more depth over the next few months, which would incorporate many more groups of people required their needs to be met.
- 8.21 JCu said the Committee would be reporting back to the Board on this report at the next meeting. The Committee were very positive about the report and about all the work undertaken.

RESOLUTION: *The Committee members approved the Gloucestershire Learning Disability & Autism LeDeR Programme Annual Report 2022-2023.*

9. Individual Funding Request (IFR) Policy

- 9.1 RT said that the IFR policy had been in place for many years. The new policy incorporated changes that were minor and mostly around wording. The changes discussed were as below:
- The triage process had been updated to reflect that triage was now conducted by a single GP rather than a triage panel of the GP
 - The policy should reflect that this Committee was now the System Quality Committee
 - The Chair and Deputy Chair needed to be made clear
 - The Director of Integration was an old reference and should be removed
 - The Chair of the Appeals Panel should be a non-executive member

RESOLUTION: *The Committee members approved the Individual Funding Request (IFR) Policy subject to minor changes.*

10. Commissioning Policies for Approval

10.1 Grommets

10.2 RT explained the changes to the policy which had been made to align with national guidance to take out an extra appointment for audiology which would ease the pressure on the department locally.

10.3 Dupuytren's

10.4 RT explained the changes to the policy. There was no criteria around repeat surgery following initial surgery. A line would be added by RT to clarify this point.

RESOLUTION: *The Committee members approved the Grommets Policy and the Dupuytren's Policy.*

11. Commissioning Policy Development Process

11.1 RT said that a review had been conducted about how policies had been reviewed. The process was examined to see how key things were not missed around the development of policies going forwards and how things could be strengthened.

- Quality and Impact Assessments will be carried out for all policies and there will be clarification about when Business Cases might be required if major changes were to be made.
- There were changes around paperwork, membership of the Policy Review Group and a name change and flow chart.

RT thought the process was stronger and it was hoped that in the future the Committee would be assured that any future policies brought for approval had been through a robust process. The relevant director should sign off any policies brought for future approval to the System Quality Committee.

11.2 **RESOLUTION: *The Committee members noted the update to the Commissioning Policy Development Process.***

12. IFR Annual Report

12.1 This had been seen by members of the Committee and noted.

RESOLUTION: *The Committee members noted the update to the IFR Annual Report.*

13. Meeting Review, Items of Escalation & Any Other Business

13.1 Business Continuity Policy

13.1.1 RB said that this Policy had come to be approval in August 2023 and had been updated by Andy Ewens to include Cyber-attacks. The Annual Emergency Preparedness Resilience Response (EPRR) Assurance had to demonstrate an up to date Business Continuity Policy.

13.1.2 JSo said that the South Western Ambulance Service NHS Foundation Trust (SWAST) Cyber-attack had not come through the Business Continuity route as it had been seen as

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an IT problem somewhere else, which raise the question as to how these were managed as they would potentially have a huge impact on other partners in the ICS systems in respect of how it would affect operations and patients etc.

- 13.1.3 MAE said that what could be taken back to the EPRR Managers Group would be to ask them to provide a look-back review on the SWAST incident locally so that communication could be looked at locally. MAE said that the policy just concerned attacks on the ICB and behind that, IT had their own Business Continuity Plan. JSo was concerned that one of the partners could be affected by a Cyber-attack which may have an impact on the function of the ICB. MAE said that support would be given to partners in this event.

RESOLUTION: *The Committee members approved the Business Continuity Policy subject to an additional caveat or sentence to the effect that the ICB would give support to system partners in the event of a Cyber-attack, along with the inclusion of the Mutual Aid policy.*

- 13.2 There were no items of any other business.

Time and date of the next meeting

Wednesday 13th December 2023, 2.00pm – 4.30pm,
Shire Hall, Gloucester

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.

(Commercial in confidence discussions)

Gloucestershire ICS: System Resources Committee

Minutes from the meeting held on
 Friday 17 November 2023; 11:00 – 13:00

Initials	Name	Job Title	Organisation
Present			
JC	Joanna Coast <i>Chair</i>	Non-Executive Director; System Resources	ICS
CL	Cath Leech	Chief Financial Officer	ICB
JMD	Jaki Meekings-Davis	Non-Executive Director	GHFT
KJ	Karen Johnson	Director of Finance	GHFT
MH	Mary Hutton	Chief Executive	ICB
MW	Mark Walkingshaw	Director of Operational Planning and Performance	ICB
In attendance			
CB	Chris Buttery	Finance Programme Manager	ICB
GN	Gerald Nyamhondoro	Governance Officer	ICB
JS	Julie Soutter	Non-Executive Director	ICB
JY	Jess Yeates	ICS PMO Coordinator	ICB
KD	Kat Doherty	Senior Performance Management Lead	ICB
LH	Louise Holder	Senior Programme Manager, PMO	ICB
MG	Mark Golledge	Programme Director for PMO and ICS Development	ICB
NM	Nicola Moore	Associate Director of Transformation	GHC
RB	Ryan Brunson	Board Secretary	ICB
SA	Stephen Andrews	Deputy Director of Finance	GHC
SR	Shofiqur Rahman	Interim Deputy Chief Finance Officer	ICB
TH	Tom Hewish	System Operational Planning Lead	ICB
Apologies			
AP	Angela Potter	Director of Strategy and Partnerships	GHC
ER	Ellen Rule	Deputy Chief Executive & Director of Strategy and Transformation	ICB
IQ	Ian Quinnell	Director of Strategy and Transformation	GHFT
SBe	Sandra Betney	Deputy Chief Executive & Director of Finance	GHC
SBr	Steve Brittan	Non-Executive Director	GHC

Item	Details	Owner
1.	Introduction, Welcome and Apologies	
	JC welcomed the group and noted the apologies as listed above. Quoracy confirmed with members present at the start of the meeting.	
2.	Declarations of Interest	
	No new declarations were noted.	

3.	<p>Review of minutes from the last meeting, held on Thursday 7 September 2023</p> <p>The minutes from the last meeting were taken as read and approved as a true reflection of the meeting.</p> <p>Action: JY to update the minutes to reflect the first action (no.22) being assigned to JC rather than JS.</p>	JY
4.	<p>Action Log Review</p> <p>The action log was reviewed and updated appropriately.</p> <p>Action 14 - It was agreed that a further update on the financial risk share proposal would come to the Committee. CL advised this has now been signed off, the final version will be circulated to this group. Action to be closed.</p> <p>Action 22 - JS, MG & ER to prepare for the next Board Development session on the follow-up from the Health Economics Session. To be amended to JC rather than JS. This session has taken place. Action to be closed.</p> <p>Action 23 - MG to liaise with the Corporate Governance team to move the risks that do not sit with System Resources Committee. This is in progress with the corporate governance team. Action to remain open and the updates to be presented at a future meeting.</p>	
5.	<p>Matters Arising</p> <p>No matters raised.</p>	
6.	Finance: In Year Recovery - Confidential	
7.	<p>Performance Report</p> <p>MW referred the group to the Integrated Performance Report shared ahead of the meeting.</p> <p>The comparative section on the outcomes report was noted at the start of the meeting. It was acknowledged that this is the initial outcomes report, working with Public Health colleagues. KD noted the link between these items and the System Joint Forward Plan. This report will be included every 6 months.</p> <p>MW noted recovery plans are in place.</p> <p>KD noted the data, including the RAG ratings, within the health outcomes report were being reviewed following the Strategic Executive feedback yesterday. The updated version will be circulated to the group. It was noted the data is received from a range of sources. KD advised the health outcomes report will be included every 6 months.</p>	

	The group advised the locality split was very helpful.	
8.	<p>Planning</p> <p>MW provided an introduction to this section of the agenda.</p> <p>LH, TH & MG presented the slides circulated ahead of the meeting.</p> <p>LH outlined the reason for presenting this item and there are various elements of planning; the Medium-Term Plan, the Joint Forward Plan (JFP) refresh, Operational Planning and the Non-Recurrent Schemes. This presentation explains the link between them and how they are being worked through.</p> <p>It was noted the JFP is the 5-year delivery plan for the system. The refresh being done this year will include a retrospective look at the last 12 months, how well it was done and what we plan to do going forwards.</p> <p>The Operational Plan is a 12-month view and includes more detail around workforce, finance, and performance/activity.</p> <p>The planning approach acknowledges the financial challenges, the performance and quality expectations.</p> <p>It was noted the Planning team are arranging a session with system executives for later in the year to ensure the plans established have the correct balance and content.</p> <p>TH advised the Planning team have designed a template to be sent to programme leads, to capture the narrative required for the Operational Plan, the detail required to update the JFP and continue to support the Medium-Term Financial Plan. It is hoped that this coordinated approach will result in less repeated conversations for Programme leads.</p> <p>TH provided an overview of the timeline being worked towards.</p> <p>MG presented an update on the Non-Recurrent Schemes, noting the challenging position the system is in, in regard to the savings plan.</p> <p>It was noted that engagement with programmes and partners has taken place to identify the list of schemes with non-recurrent funding. MG presented a breakdown of the number of schemes in each category; Schemes that have been funded nationally/regionally but funding is being withdrawn with ICBs expected to pick up the cost, Funding is under £50k, Schemes funded non-recurrently where there is current uncertainty on the allocation for 2024/25 and Decision to be taken on whether the scheme continues.</p> <p>Action: All members to review the appendix (principles) virtually and send feedback to MG.</p>	ALL



9.	Any Other Business	
	No items raised.	