1. Current Context

1.1 Despite us moving on from the traditional winter months, operational pressures remain. An easing of ambulance activity in early March resulted in significant improvements in A & E performance including achieving the 95% standard for the first time in many months; this is of particular relevance to our performance improvement plans given this improvement was not seen over the Christmas and New Year period when operational activity was reduced and flow greatly improved. However, performance remains very volatile with very poor performance regularly appearing on Monday and Tuesday of each week. National support for A & E recovery is being mobilised with Trust’s being asked to review their own local models against a national exemplar site and this work is in hand.

1.2 Delivery of the national performance targets for access to services which includes A&E, 6 week diagnostic waiting times and outpatient referral to treatment times remain a very significant concern. Actions to expedite recovery are described more fully in the Board Performance Report. Cancer two week waiting times have been achieved for two consecutive months and are expected to continue to be met going forward and 31 day and 62 day performance are expected to be achieved from July onwards.

1.3 Finally, the impacts of the new Patient Administration System (PAS) TrakCare continue to be felt. With the aim of expediting recovery and providing greater assurance to the Board, through its committees, the Chief Executive has revised the oversight and governance arrangements. These revisions are set out fully in this month’s SmartCare Programme Board report but will include an Operational Recovery Group and a CEO led Recovery Oversight Board.

2. National

2.1 This month the Chancellor of the Exchequer set out his budget for the forthcoming year. There were two announcements of note, for health services, within his budget. The first was the announcement of £350m of capital to support the transformation plans of local Sustainability and Transformation Plan (STP), this is alongside a further £100m to support introduction of the A & E model of care described above. The Trust has already submitted a bid for £69m of capital to support its own strategic capital plans and is now awaiting confirmation of whether its bid has been prioritised against the capital available and has also submitted a second bid against the targeted A & E capital funds.

2.2 In addition the Chancellor announced £1bn of non-recurrent revenue to support local authorities to address some of the challenges facing social services and impacting on NHS services. Gloucestershire County Council (GCC) expects to receive in the order of an additional £20m over the next three years with c£10m expected in 2017/18. Very positively GCC colleagues have invited all STP partners to contribute to the development and agreement of plans for how this money will be spent. The Chief Executives of NHS England and NHS Improvement have set out their own expectations for the impact of the funding on health services which are described in the attached letter but in summary they are expecting a reduction of 2-3,000 delayed transfers of care within health settings and a consequent improvement of c10% in A & E 4 hour performance – given this Trust’s current performance these expectations are very, very challenging.
On the 31st March NHS England published their document *Next Steps on the Five Year Forward View*. Whilst the initial direction set out in 2016 remains unchanged, this most recent publication has been clearer on the key priorities over the next two years. The four priorities set were

2.4 Delivering financial balance across the NHS  
2.5 Improving cancer and mental health services  
2.6 Improving 4 Hour Performance  
2.7 Improving access to GP and primary care services

These restating of priorities received significant media coverage in response to the apparent de-prioritisation of the 18 week referral to treatment (RTT) target. A summary of the report can be requested from the Trust secretariat or accessed via the NHS Providers website [https://www.nhsproviders.org/news-blogs/news/nhs-providers-comments-on-the-nhs-five-year-forward-view-delivery-plan](https://www.nhsproviders.org/news-blogs/news/nhs-providers-comments-on-the-nhs-five-year-forward-view-delivery-plan). For our Trust RTT remains a very high priority and will be prioritised alongside the national “must-do” priorities not least as many of the underlying issues to address A & E, cancer and financial performance are the same issues that have resulted in a decline of RTT performance.

2.4 Positively for this Trust, a second wave of *Modernising Radiotherapy* capital has been announced and the Trust has been invited to bid. This capital can be used to replace aging radiotherapy equipment such as linear accelerators (the machines that deliver radiotherapy to patients with cancer) and other cancer related equipment. Although we were unsuccessful on the first round, I am hopeful that we will succeed this time around and I am pleased that we have the full support of Alex Chalk MP to progress this initiative.

3 Our System

3.1 Partners have continued to work together on the Gloucestershire STP - *One Gloucestershire – Transforming Care, Transforming Communities* with the focus now moving to implementation and delivery. A key component of the plan is how we deliver urgent and emergency care in the future, through a model much less reliant on acute and hospital based care.

3.2 The vision and emerging models of care for the future have been presented to a number of forums as part of the pre-consultation engagement work and this included a presentation to a meeting of our own Governors, the Health and Care Overview and Scrutiny Committee (HCOSC) and a number of other community groups. The Board and Governors will be briefed more fully on the options emerging that will be consulted on later in the year. Not unusually, there are significant assurance “gateways” that the system plan must proceed through; these are overseen by NHS England and STP partners are actively engaged with NHSE to plan the next steps. The first of these assurance gateways takes place in April 2017.

3.3 In June Gloucestershire County Council will be launching the One You Pledge campaign and the Trust has agreed to become a partner within the “healthy workplace” element of this important initiative. The aim is to encourage our staff to make a pledge around one of five areas and maintain this pledge for four weeks – the areas are exercise, smoking, eating, drinking and stress. Our own Staff Health & Wellbeing Board has been asked to think of creative ways in which we can encourage and support uptake amongst staff in the Trust.

3.4 Nationally there is increasing interest in looking at different ways of organising health systems and their constituent parts to achieve more integrated care, at lower cost and with improved outcomes for patients and their families. Two models being explored are Accountable Care Organisations (ACO) and Accountable Care Systems (ACS). The STP Delivery Board has expressed an interest in understanding more about the risks and benefits of these approaches for Gloucestershire and a first discussion on the issue will take place at the forthcoming Gloucestershire Strategic Forum.
3.5 The anticipated bidding round for University Technical Colleges (UTC) that was scheduled for October 2016 did not go ahead. We understand that this was due to the change in leadership and resulting policy review at the Department for Education. We have continued to develop our proposal in anticipation of the publication of revised dates. We now understand that the next bidding round will be for UTCs, Free Schools and any other types of new schools and we have been told that any announcement on this will take place after Easter 2017, although no specific timeline has been given. We have also been informed that the Department for Education (DfE) will be writing to us imminently to provide details of a contact who will work with us to develop our submission. This is a very positive step as it means that we can engage with DfE prior to submission to address any concerns. This has not happened in previous rounds. We have been asked to consider opportunities for a 11-19 (years of age) offer and will assess this with the DfE once contact has been made. We are currently working towards an application this summer with an announcement expected in autumn 2017 however this is dependent upon the DfE.

4. Our Trust

4.1 The past month has seen the continuation of a very significant focus on developing the Trust’s financial recovery plan and importantly moving from identification of savings opportunities to developing and implementing plans. The support from KPMG has now ended and the Trust is building its own in house expertise and Programme Management Office (PMO). There is still a significant gap in the amount of cost improvement plans (CIP) already well developed and the total CIP required to deliver the Financial Recovery Plan and the focus on identifying new CIP is a significant part of the work being led by the PMO, under the direction of the Finance Director. The Trust has its third formal Financial Special Measures Progress Review Meeting (PRM) on the 4th April when the Chair, Chief Executive and Director of Finance will represent the Board. The main focus of the meeting will be to reach agreement on the Control Total for 2017/18. The Trust is still working to develop a plan which supports a £14.7m deficit position by March 2018 but this is becoming increasingly challenging to maintain.

4.2 I am pleased to announce that the Trust has made a successful appointment to the substantive Director of Finance role and announcements are pending due to the offer being subject to NHS Improvement and ministerial approval. However, the Trust’s own Remuneration Committee has approved the appointment and subject to the caveat above, the candidate is expected to start in mid-June. In the interim Sarah Stansfield, currently Director of Operational Finance will act into the role of Director of Finance and Stuart Diggles will be retained to provide financial turnaround support until the substantive appointee is in post.

4.3 Following the recent Care Quality Commission (CQC) inspection, work continues to address the opportunities for improvement identified by the inspectors. Of particular note is the work, led by front line staff, to improve the proportion of patients attending our Gloucester Emergency Department who are triaged (assessed for priority) within 15 minutes of arrival. This is a key marker of safety within any department and is particularly crucial at times of peak activity. Inspectors observed performance in the range of 40% to 80% during their visit and following the improvement initiative performance has been regularly sustained above 80%. Disappointingly, the draft CQC report is now expected later than originally signalled with receipt expected on the 24th April and planned publication for 23rd May 2017.
4.4 The Trust’s staff continue to excel and many of their efforts have been recognised this month. Ian Ingledew was awarded Oncology Nurse of the Year in the prestigious Nursing Times Awards, in a field of very strong competition. Reflecting the interest in the Trust and its staff, news of this award had reached more than 21,000 people within three days of the announcement via Trust social media. Staff working in maternity services were also recognised for their excellence and innovation and were just one of three teams in England awarded £50,000 to develop an initiative to improving parental experience of maternity services.

4.5 Reflecting the importance of recognising and celebrating success, planning has commenced for this year’s Staff Awards Ceremony which will take place in September. In light of the financial challenges facing the Trust, our organisers have got “creative” in seeking sponsorship to offset the costs of the event this year. We have never needed this sort of boost for staff, as much as we do currently and I am delighted therefore that the event will continue this year.

4.6 The Clinical Senate continues to develop our thinking in respect of the future configuration of services across our two sites. A number of options are emerging that will improve the quality of care we are able to offer to patients requiring urgent and emergency care whilst supporting the developing of “centres of excellence” for those patients requiring planned or more specialist care. Next steps are to evaluate the feasibility of the options looking at factors such as deliverability, cost and patient benefit. Once complete a case will be presented to the Trust Board in May 2017 who will agree which options to take forward for wider consultation in the summer.

4.7 Following an improvement initiative under the auspice of the Emergency Care Programme Board, the Trust has now transitioned Gallery Wing Ward into a reablement ward targeted at those patients who are medically stable for discharge but whose discharge is delayed. The philosophy of the ward is to ensure the continued reablement of patients whilst they are delayed to ensure that they do not deteriorate whilst awaiting discharge. With this goal in mind, the ward is therapy led and managed by the Division of Diagnostic and Specialities rather than Medicine Division as it was previously. I enjoyed a very positive visit just a week after the ward opened and met staff and patients who were all very positive about the changes. In the first week, the team had discharged 38 patients, with 32 of those patients having a revised (typically less dependent) discharge pathway than originally planned with a number of patients going home who were previously expected to go into a community hospital bed.
4.8 Finally, we are in the final stages of the independent Financial Governance Review. The draft report is undergoing factual accuracy checking with key contributors with a view to the Board receiving the report at its May 2017 and meeting with publication of the findings and recommendations shortly afterwards.

Deborah Lee
Chief Executive Officer

April 2017
Dear colleague,

**Action to get A&E performance back on track**

We are writing to thank you and your staff for your work over what has been a highly pressurised winter, and - following the Chancellor’s Budget statement yesterday - to let you know about the action now needed to turnaround A&E performance in 2017. Further detail will be provided in the NHS Delivery Plan being published in three weeks’ time.

Throughout this winter, there have been three consistent themes relating to urgent and emergency care: difficulties in discharging inpatients when they are ready to go home; rising demand at A&E departments, with the fragmented nature of out-of-hospital services unable to offer patients adequate alternatives; and complex oversight arrangements between trusts, CCGs and councils.

To avoid a repeat next winter of this past winter, we need to make concrete changes on all three fronts.

**Freeing up hospital bed capacity**

First, we know that difficulties with discharging emergency inpatients has reduced the effective availability of beds in which to care for both emergency patients presenting in A&E, as well as patients needing planned surgery. It is therefore vital that, together with our partners in local government, we ensure that the extra £1 billion the Chancellor has made available for social care is in part used to free-up in the region of 2000-3000 acute hospital beds. We would ask that you immediately now engage with the senior leadership of your local adult social care departments to discuss how those patients stuck in hospital needing home care or care home places can access those services.

High quality care for all, now and for future generations
It is also, however, indisputable that there are places which have still not adopted best practice to enable appropriate flow, including better and more timely hand-offs between A&E clinicians and acute physicians, discharge to assess, ‘trusted assessor’ arrangements, streamlined continuing healthcare processes, and seven day discharge capabilities. You now need to ensure these happen everywhere, and well before October 2017.

Managing A&E demand

Some estimates suggest that between 1.5 and 3 million people who come to A&E each year could have their needs addressed in other parts of the urgent care system. They turn to A&E because they are unclear about the alternatives or are unable to access them.

You therefore now need to:

- Ensure every hospital implements a comprehensive front-door streaming model by October 2017, so that A&E departments are free to care for the most urgent patients. Yesterday’s Budget has made available an extra £100 million of capital to be deployed in the next six months to support this. Proposals will need agreement with the Department of Health and we will be letting you know proposed allocations of this within the next six weeks.
- Strengthen support to your Care Homes so as to ensure that they have direct access to clinical advice, including where appropriate on-site assessment. We are making available £30 million to support universal roll-out of this model via 111, in order to reduce the risk of care home residents being admitted to hospital.
- Implement the recommendations of the Ambulance Response Programme by October 2017, freeing up capacity for the service to increase their use of Hear & Treat and See & Treat, thereby conveying patients to hospital only when this is clinically necessary.
- Proceed with the standardisation of Walk-In-Centres, Minor Injury Units and Urgent Care Centres, so that the current confusing array of options is replaced with a single type of centre which offers patients a consistent, high quality service.
- Roll out evening and weekend GP appointments, to 50% of the public by March 2018 and 100% by March 2019.
- Increase the number of 111 calls receiving clinical assessment by a third by March 2018, so that only patients who genuinely need to attend A&E, or use the ambulance service, are advised to do this.

Aligned national support and oversight

Given the national importance of improving NHS urgent and emergency care performance, we intend to simplify the focus of the 30% performance element of the Sustainability and Transformation Fund (STF) for 2017/18, so that it will focus on A&E rather than requiring providers to focus on multiple objectives. For individual trusts it will be linked to effective implementation of the actions set out above as well as achieving performance before or in September that is above 90%, sustaining this, and returning to 95% by March 2018.
In order to ensure complete alignment between NHS England and NHS Improvement in supporting and overseeing urgent implementation of the above actions, we have appointed Pauline Philip as the single national leader accountable to us jointly.

Furthermore, from 1\textsuperscript{st} April we are nominating a single, named Regional Director drawn from NHSI and NHSE to support this implementation work and hold accountable both CCGs and trusts through their local STP’s A&E Delivery Boards. Each RD will therefore act with the delegated authority of both NHSI and NHSE in respect of urgent and emergency care.

Thank you for your ongoing leadership on this critical part of what the NHS does for the people of this country.

Yours sincerely

Simon Stevens
CEO, NHS England

Jim Mackey
CEO, NHS Improvement