

Trust Public Board Meeting Agenda

Date: Tuesday, 20 September 2016

Time: 1.45 – 15.45 hrs

Venue: Stroud Subscription Rooms
George Street
Stroud
Gloucester
GL5 1AE

| Item | Ref No. | Subject | Outcome | Presenter | Time |
|---------------------------------------|---------|--|-----------------------|---|-------|
| STANDING ITEMS | | | | | |
| 1 | 01/0916 | Welcome and apologies | To receive | Chair | 13:45 |
| 2 | 02/0916 | Confirmation that the meeting is quorate | To note | Trust Secretary | |
| 3 | 03/0916 | Declaration of Interests | To receive | Chair | |
| 4 | 04/0916 | Minutes of the meeting 19 July 2016 | To approve | Chair | |
| 5 | 05/0916 | Matters Arising Action Log | To note | Chair | |
| 6 | 06/0916 | Questions from the Public | To discuss | Chair | 13.50 |
| 7 | 07/0916 | Chair's Report | To receive | Chair | 14.10 |
| 8 | 08/0916 | Chief Executive's Report | To receive | Chief Executive Officer | 14.15 |
| 9 | 09/0916 | Chief Operating Officer's Report | To receive | Chief Operating Officer | 14.30 |
| CORPORATE | | | | | |
| 10 | 10/0916 | MIUs (i) Engagement Outcome Report (ii) Proposal Paper | To note To approve | Chief Executive Officer/Chief Operating Officer | 14.45 |
| GOVERNANCE, QUALITY AND SAFETY | | | | | |
| 11 | 11/0916 | Board Assurance Framework | To discuss | Director Finance | 15.15 |
| 12 | 12/0916 | Quality and Performance Committee update (plus Committee minutes & Clinical Strategy Approved Q&PC 8/16) | To discuss and note | Chair of Quality and Performance Committee | 15.20 |

| Item | Ref No. | Subject | Outcome | Presenter | Time |
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| 13 | 13/0916 | Quality and Performance report – Month 4 Data | To receive | Director of Nursing, Chief Operating Officer | 15.30 |
| 14 | 14/0916 | Workforce and OD Committee update (plus Committee minutes) | To note and approve | Chair of Workforce and OD Committee | 15.40 |
| 15 | 15/0916 | Finance Committee update (plus Committee minutes) | To note | Chair of Finance Committee | 15.50 |
| 16 | 16/0916 | Finance Report – Month 4 Data | To note | Director of Finance | 16.00 |
| ASSURANCE AND INFORMATION | | | | | |
| 17 | 17/0916 | Audit and Assurance Committee update (plus Committee minutes, Risk Management Strategy & Governance Reporting Framework Proposal) | To discuss and note | Chair of Audit and Assurance Committee | 16.10 |
| 18 | 18/0916 | Forward Planner Review | To approve | Chair | 16.20 |
| 19 | 19/0916 | Any other business | To note | Chair | 16.25 |

The next Public Trust Board Meeting will be held on

Tuesday, 19 November 2016

The Main Place
Old Station Way
Coleford
GL16 8RH

Trust Board Minutes

Date: 19th July 2016

| Board Members | |
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| Ingrid Barker | Chair (Voting Member) (Present for item 02/06/16 onwards) |
| Robert Graves | Non-Executive Director, Vice Chair (Voting Member) |
| Richard Cryer | Non-Executive Director (Voting Member) |
| Susan Mead | Non-Executive Director (Voting Member) |
| Nicola Strother Smith | Non-Executive Director (Voting Member) |
| Jan Marriott | Non-Executive Director (Voting Member) |
| Glyn Howells | Director of Finance/Deputy Chief Executive (Voting Member) |
| Dr. Mike Roberts | Medical Director (Voting Member) |
| Susan Field | Director of Nursing (Voting Member) |
| Candace Plouffe | Chief Operating Officer |
| Tina Ricketts | Director of Human Resources |
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| In attendance | |
| Stuart Bird | Deputy Director of Finance |
| Gillian Steels | Trust Secretary |
| Rod Brown | Head of Planning, Compliance and Partnerships |
| Graham Russell | Non-Executive Director Designate – Observer |
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| Secretariat | |
| Jenny Goode | Executive Assistant |
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| Public/Press | |
| Bren McInerney | Vice Chair Gloucestershire Link & Community Volunteer– from 1.30pm |
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| Ref | Minute |
| 01/0616 | <p>Service User Story – End of Life</p> <p>The Director of Nursing introduced Jules Roberts the Trust's Clinical Lead in End of Life since April 2016 and Jan, carer, whose husband had been supported by the Trust's staff through his terminal illness. Jan's decision to feedback and contribute on their experience followed a link through Healthwatch Gloucestershire. Jan outlined their story and how the support from the nurses and care teams had made a real difference in allowing him to spend his final months as he wanted, at home and with the care that he required.</p> <p>Members queried whether there was anything that could be improved in supporting individuals at this difficult time in their lives. Jan commented that individuals with a terminal diagnosis would benefit from a little time to come to terms with a diagnosis before all the services and resources that could be provided were advised. She commented very positively on the care and humanity shown by the community nurses which had made the treatment less painful. She stressed the importance of doctors providing clear diagnosis which did not give false hope. Members queried if there was</p> |

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| | <p>further support that could be given to family after bereavement, it was recognised that this differed for individuals, but that an additional post bereavement visit might provide support for some, particularly those without close support networks.</p> <p>Jules Roberts outlined the Gold Standard framework in End of Life Care that the Trust was working towards:</p> <ul style="list-style-type: none"> Each person is seen as an individual Each person gets fair access to care Maximising comfort and wellbeing Care is coordinated All staff are prepared to care Each community is prepared to help <p>Members watched a brief film which demonstrated how the Trust was taking this forward. This included commentary from users and some Trust colleagues who emphasised the importance of getting the End of Life care right given that “You only get one chance to get it right”.</p> <p>Following a question regarding the support offered to colleagues to manage the emotional impact of this work it was confirmed there was support for colleagues with a 24 hour counselling service. Additionally, it was confirmed that a longer training video was also available for all clinical colleagues.</p> <p>The Vice-Chair, on behalf of Trust Board, thanked Jan for sharing her story so openly to provide the Trust with the opportunity to better understand and learn from her experiences; and Jules Roberts for the lead she was providing in this important area of the Trust’s work.</p> |
| 02/0616 | <p>Welcome and Apologies</p> <p>The Chair, Ingrid Barker, welcomed colleagues. In particular Graham Russell who would formally commence his NED role on 1 August 2016 and Gillian Steels who had commenced her role as Trust Secretary on 18 July 2016.</p> <p>Apologies for absence had been received from Joanna Scott and Paul Jennings, Chief Executive.</p> <p>In her absence the Chair thanked Joanna Scott for her work performed on behalf of the Trust in her time as NED and reconfirmed that Joanna was leaving the Trust Board with effect from 31st July 2016.</p> |
| 03/0616 | <p>Confirmation the Meeting is Quorate</p> <p>The Chair confirmed that the meeting was quorate.</p> |
| 04/0616 | <p>Declarations of Interest</p> <p>Members were asked to provide relevant updates to their previous declarations of interest where appropriate. It was noted that the Chief Executive had circulated an update to his Register of Interest, no elements were considered as a concern in relation to the agenda for the meeting.</p> |

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| 05/0616 | <p>Minutes of the Meeting Held on 18th May 2016</p> <p>It was clarified that item 04/0516, 6th paragraph, last line, should read “Jan Marriott commented that the current system encourages individuals to specialise and does not reward advanced generalists”</p> <p>With this amendment the Minutes were approved as a true record and signed by the Chair.</p> |
| 06/0616 Head of Planning, Compliance and Partnerships/ Chief Operating Officer | <p>Matters Arising (Action Log)</p> <p>18/0915 – Learning Disabilities Report – it was noted this item was on the agenda and should be marked green.</p> <p>Service User Story TB 21 July – it was confirmed the required follow up to this story should have been marked overdue. Members debated what was required to close the item and agreed the Head of Planning, Compliance and Partnerships should write to the service users explaining the actions taken following their presentation and that the Chief Operating Officer should update the Board in her next report on the actions taken.</p> <p>18/0316 – Strategies Update – the Director of HR highlighted that the Workforce and Organisational Development Strategy and the Communications and Internal Engagement Strategy were included within the Workforce and Organisational Development Strategy and so this item could be closed.</p> |
| 07/0616 | <p>Questions from the Public</p> <p>The Trust Secretary confirmed that no questions had been received.</p> |
| 08/0616 Deputy Trust Secretary | <p>Chair’s Report</p> <p>The Chair took the report as read and updated the Board on her developments since its issue, in particular:</p> <ul style="list-style-type: none"> (i) A joint event at the Friendship Café with the Asian Women’s Group which was organised by the Community Partnerships team. Over 300 people had attended a very effective event. (ii) The Health and Well-being Board’s recent agreement to invite the Chairs of Provider Trusts to its meetings and her attendance at one of their meetings that morning. She commented that the inclusion of Providers, as regular members, at their meetings was to be welcomed and that there were a number of items on their agenda which linked to GCS’s remit, for example Healthy Aging Delivery Plan and the Homeless Healthcare Strategy. It was confirmed the GCS Board dates would be revised to support the Chair’s attendance at these meetings. (iii) Recruitment Process for new Chief Executive – she paid tribute to the organisation of the recent assessment event and the involvement and commitment of stakeholders. She advised that stakeholders involved in the process had commented positively on the event. The Remuneration Committee would meet following the Board to discuss next steps. <p>From within her report she highlighted:</p> <ul style="list-style-type: none"> (i) Her attendance at the launch of the “We are Gloucestershire Campaign” organised by GFirst, Local Enterprise Partnership – a recognition of the Trust’s |

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| | <p>role as a large employer in the County</p> <p>(ii) Post EU Referendum letter to the Press jointly by the Chairs of GCS and 2Gether NHS Foundation Trust reaffirming the Trusts' commitment to tackling stigma and discrimination and promoting social inclusion.</p> <p>The Board NOTED the Chair's Report.</p> |
| 09/0616 | <p>Chief Executive's Report</p> <p>Within the Chief Executive's Report the Deputy Chief Executive drew members' attention particularly to:</p> <ul style="list-style-type: none"> (i) The Trust's work on Listening into Action which had been recognised by the national Listening into Action Organisation who had included 4 stories from the Trust in its digital publication "The best medicine – 100 powerful stories of staff-led change". (ii) The publication of the Annual Report and Accounts for 2015/16. It was noted that a change in presentation of part of the finance report had led to some colleagues misunderstanding the report around Executive remuneration and so the Board confirmed that no bonuses had been paid to Executives during 2015/16). (iii) Sustainability and Transformation Plan (STP) Update. <p>In relation to the STP Nicola Strother Smith highlighted concerns, which were being expressed by Trust Chairs at a national level, relating to the need for recognition of existing Trust Governance including legal frameworks, statutory responsibilities and accountabilities. Members queried if any area had developed a governance model within their STP which responded to these issues but were advised that no STP had resolved the governance concerns to date.</p> <p>Nicola Strother Smith congratulated colleagues on the achievement of accreditation by both the Stroud and Cirencester endoscopy units by the Joint Group on Gastrointestinal Endoscopy (JAG) – two out of only 12 community hospitals nationwide with this accreditation.</p> <p>The Board NOTED the Chief Executive's Report.</p> |
| 10/0616 | <p>Chief Operating Officer's Report</p> <p>The Chief Operating Officer presented key aspects within her report, in particular:</p> <ul style="list-style-type: none"> (i) Ongoing pressures in the system which means that a significant number of the Trust's escalation beds remain open, she noted that the Urgent Care Strategy Board has the removal of these beds as a priority. (ii) That meetings relating to the redesign of the Urgent Care Services had been positive - she agreed to provide a more detailed report on this for the September Board meeting. (iii) Agency costs were being closely monitored but the pressures relating to staff recruitment, particularly in community hospitals could impact negatively on this. <p>The Medical Director queried whether the localities and particularly GPs were being involved in the Urgent Care review. The Chief Operating Officer confirmed the Chief Executive was meeting with the clusters and had already met with the Tewkesbury cluster. The importance of the support of the Gloucestershire Clinical Commissioning Group (GCCG) was stressed.</p> |

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| <p>HR Director</p> <p>Deputy Chief Executive</p> <p>Board/ Strategy Sub group/Trust Secretary</p> | <p>Richard Cryer queried the steps being taken to improve recruitment to the community hospitals and ensure the Agency Spend ceiling was not breached. Members were advised that processes were being developed to attract new graduates by highlighting flexible working practice and protected learning time. The HR Director agreed to provide an update to the Board on this.</p> <p>Nicola Strother Smith expressed concern that GCS Executive Team had sufficient capacity to pursue the STP and other ongoing initiatives as well as the regular operational business. Members were advised that this had been flagged with the GCCG and it was agreed that the Deputy Chief Executive would review reporting, consider where exception reporting could provide sufficient assurance to the Board and develop a proposal for the Audit and Assurance Committee to consider which would then be brought forward to the Board in September. The importance of the delivery of key initiatives being broken into projects of a manageable size, with the focus on planning to achieve delivery at pace was stressed by Sue Mead.</p> <p>Board members reflected on the STP and the need for the priorities within this, and the Board's overall Strategic Priorities, to be considered by the Board. It was noted a sub-group, made up of the Deputy Chief Executive, the Head of Planning, Compliance and Partnerships, Rob Graves and Richard Cryer, was being established to define the Trust's core strategies on a page which would support this work. It was agreed this would be considered at the Strategic Board Session in August.</p> <p>The Board NOTED the Chief Operating Officer's report and confirmed the actions above to take forward issues raised.</p> |
| <p>11/0616</p> | <p>Board Assurance Framework</p> <p>Members considered the Board Assurance Framework and discussed the increased risk rating of Risk 010: "Inability to provide robust assurance that colleagues have the clinical skills to create a workforce with the necessary knowledge and expertise to deliver best care." This reflected to the lack of assurance relating to completion of training, particularly safeguarding. The Chair stressed the need for this issue to be resolved. The HR Director confirmed there were already actions in place to achieve this and that the next report should reflect a stepped change.</p> <p>Members were concerned that Risk 003 "Inability to observe robust record-keeping practices which may impact upon safety and care delivery" remained high. The Director of Nursing advised this risk would not be reduced until a clinical records re-audit was undertaken to ensure it was based on robust assurance.</p> <p>In relation to Risk 004 Richard Cryer commented on the need to also identify surplus capacity to make best use of resources.</p> <p>The Board NOTED the Board Assurance Framework and confirmed the proposed actions planned to mitigate the risks to an acceptable level.</p> |
| <p>12/0616</p> | <p>Quality and Performance Committee update including Minutes 26/4/16</p> <p>Sue Mead, Chair of the Quality and Performance Committee, took the report as read, and highlighted the following points:</p> <p>(i) The Committee's disappointment that the Safety Thermometer Harm Free</p> |

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| <p>Chief Operating Officer</p> | <p>Care had declined for the second month in a row and was now 93.6% (95% threshold). She confirmed that the quality metrics overall remained sound but that a downward decline on this important measure was a concern.</p> <ul style="list-style-type: none"> (ii) That the Trust's bed occupancy rate continued to be a risk to the Trust – 99.4% for April and May 2016. (iii) That the alternatives to 1:8 staffing arrangements continue to be tested at three community hospitals, that the Committee had undertaken a robust debate on understanding any impact on quality of services provided and had received data based confirmation that overall quality was not impacted adversely as a result of the changes. (iv) The Committee expressed disappointment with the poor outcome from the Workforce Race Equality Survey, whilst recognising that the response rate – 12 out of a cohort of 124 – was low. The development of an action plan had been agreed. Members were advised that a celebration event had been planned for October to increase engagement. The need to address issues raised in the survey was stressed by members. The need to consider how BME and other protected characteristics were reflected through the organisation, including the Board, was reflected on. <p>Jan Marriott expressed concern at the high vacancy rates within community hospitals – reflecting on the issues this presented for ensuring key knowledge was in place. Members considered the 1:8 ratios and the need to ensure best use was being made of colleague's time. The Director of Nursing highlighted the difficulties of recruiting nurses at Band 5. The Deputy Chief Executive expressed disappointment that the Board had approved review of the 1:8 staffing arrangements at its meeting in August 2015 but that significant progress had not yet been made in taking this forward. The Director of Nursing confirmed that the focus was on developing a responsive and sustainable model of staffing and meeting the of increased patient acuity and strengthening the skill mix to provide increased flexibility. It was confirmed this was part of ongoing work within the Executive, and the need for pace to take it forward was recognised. Jan Marriott commented on the need to develop a baseline establishment as part of this process. It was agreed the Chief Operating Officer would provide a report on the issue to the next Quality and Performance Committee, reflecting on the CIP (Cost Improvement Plan) savings associated with this change.</p> <p>1.30pm Bren McNerney was welcomed to the meeting.</p> <p>The Board noted the report, received the minutes of the Quality and Performance Committee – April 2016 meeting and were assured of the reported position and actions taken.</p> |
| <p>13/0616</p> <p>HR Director</p> | <p>Workforce and Organisational Development Committee update Workforce and Organisational Development Strategy 2016-17 Communications and Internal Engagement Strategy 2016-17</p> <p>The Committee considered the report and the related strategies. It was noted that confirmation on the Listening into Action accreditation outcome was still awaited. Members considered the Colleague Health and Wellbeing Progress Report Update and following a proposal from Richard Cryer, agreed that psychological wellbeing – covering support for stress and anxiety should be added to the plan. The Workforce Key Performance Indicators were considered and the need to make rapid progress to meet the targets in March 2017 was emphasised. Richard Cryer queried the actions on going to ensure this. The HR Director advised that high impact actions were being put in place to ensure significant rapid progress. The Workforce and Organisational Development</p> |

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| <p>HR Director</p> <p>HR Director/Director of Finance</p> | <p>Committee and Steering Group now had in place revised terms of reference to refocus its work. She confirmed the sickness absence rate was indicating improvements which would be audited to ensure data robustness.</p> <p>Members were positive about the involvement of volunteers in the community hospitals and suggested the Executive should also consider where else they could contribute.</p> <p>Members considered the Workforce and Organisational Development Strategy 2016-17 and the Communications and Internal Engagement Strategy 2016-17. It was confirmed they would be built into the overall Strategy Framework and consideration given to the inter-relation with the External Engagement Strategy.</p> <p>The Board NOTED the Workforce and Organisational Development Committee update, received the approved minutes of the meeting 11 April 2016, and approved the following Strategies:</p> <ul style="list-style-type: none"> Workforce and Organisational Development Strategy 2016-17 Communications and Internal Engagement Strategy 2016-17 <p>(Noting that the latter would be further reviewed when the Communications and External Engagement Strategy was considered to ensure consistency).</p> |
| <p>14/0616</p> <p>Director of Nursing</p> | <p>Quality and Performance Report - Month 2 Data</p> <p>The Director of Nursing presented the report to the Committee and took it as read. She commented that the data to April 2016 had been reviewed by Quality and Performance Committee in June, with this report updating on performance up to 31 May 2016. She highlighted the following aspects:</p> <ul style="list-style-type: none"> • Bed occupancy remained consistently high – creating knock on pressures within the community hospital teams • 2 Serious Incidents Requiring Investigation (SIRI) during May • Appraisals – reported completion rate declined to 70.74% (target 95%) – the importance of teams owning these was highlighted • Friends and Family decline from 51% to 37% - a planned response based around “You said, we did” being put in place to address this • Training Dashboard – highlighting performance against target <p>It was confirmed that NED visits to services were continuing and would be reported at the next meeting.</p> <p>Richard Cryer commented on issues relating to late arrival of patients which impacted on patients and clinical teams, highlighting that transfer issues with Arriva were being raised in a number of forums. The Chair confirmed this from her experience at the Health and Well-being Board.</p> <p>Members reflected on the Friends and Family (FFT) feedback and the appraisal position which were considered to be inter-linked. Members considered other mechanisms used for “taking the temperature” of staff views, noting that feedback from some of these was at variance to the FFT. It was agreed that a range of mechanisms provided breadth and further qualitative information, but that the FFT was of particular importance as it was used to rate the Trust nationally and reviewed by NHS Improvement. Members stressed the importance of acting on the results, but also requested that the methodology be confirmed to ensure the Trust benchmarking was comparing like with like and that links be set in place with the Engagement Strategy with benchmarking.</p> |

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| | <p>The impact of the high bed occupancy was considered, including potential infection control issues and workload, and members asked what could be done to alleviate the matter. The Director of Nursing advised she was meeting with the Gloucestershire Hospitals Foundation Trust and it had been agreed that the issue would be jointly escalated to the Gloucestershire Clinical Commissioning Group (GCCG). It was recognised that to date patients had been retained within the county which was a positive for patients. Members recognised the challenges, and the variance from the CQC best practice standard of <90% occupancy. It was agreed that the escalation to the GCCG was a key process.</p> <p>The Board NOTED that the additional Health & Safety information they had requested had now been added, which provided helpful data for assurance.</p> <p>The Board NOTED the report.</p> |
| 15/0616 | <p>Finance Committee update</p> <p>Rob Graves as Chair of the Finance Committee took members through the key parts of the update, highlighting in particular the review that had been undertaken of the Sexual Health Service, thanking the Head and her team who had presented as well as the Finance team for supporting the comprehensive information pack. He confirmed that the Committee continued to monitor financial performance and the key risks to achieving the budget.</p> <p>Jan Marriott commented on the need for whole system savings and it was confirmed that conversations relating to this were on-going and would be updated to the Board, by the Chief Executive, once they had progressed. It was agreed the STP was the key focus for this.</p> <p>The Board NOTED the report and received the approved the minutes of the Committee held on 13th April 2016.</p> |
| 16/0616 | <p>Finance Report – Month 2 Data</p> <p>The Deputy Director of Finance identified the following key points within the report:</p> <ul style="list-style-type: none"> • At month 2 year to date deficit and full year forecast are both in line with plan. • Agency spend was within the Trust's approved trajectory. <p>He highlighted that based on latest guidance the Trust needed to deliver a surplus to gain access to the Sustainability and Transformational Funding of £1,080k, given this position the Deputy Director of Finance confirmed reporting would enable the Board to monitor performance on this basis. It was flagged that the position would need to reflect the outcome of the resourcing model in relation to movement from the 1:8 staffing model within community hospitals.</p> <p>It was noted that the main risks at month 2 are:</p> <ul style="list-style-type: none"> • QIPP (Quality Innovation Productivity and Prevention) risk share at £900k which is dependent on a system wide admission avoidance. • Agreeing GHFT (Gloucestershire Hospital FoundationTrust) recharges in line with plan – it was confirmed this process was on going. It was confirmed that the mediation outcome on the position for 15/16 was currently being taken forward. Members stressed the importance of the matter being fully resolved and it was confirmed finalisation would be targeted in the next 4 weeks. |

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| | <p>NEDs requested confirmation of any further conditions or spend allocations attached to the STP payment highlighted in item 16/0616 and were advised it was a one off non-recurrent item which did not needed to be mapped to specific expenditure</p> <p>The Board NOTED the financial position and actions being taken to mitigate the identified risks.</p> |
| 17/0616 | <p>Learning Disability (LD) Report</p> <p>The Director of Nursing presented her report, which outlined work to date responding to national agendas. She advised that since May 2015 the LD Steering Group had been changed to mirror other groups' governance and reporting arrangements and it had been revised to be a Learning Disabilities Quality Improvement Group with membership from within GCS. She commented that a lead for LD had been appointed and would take up the post in September. Members recognised the work that Alison Bradshaw had undertaken to date, the Plan to make services better for people who have a learning disability 16/17 and welcomed the new appointment to further develop matters and raise the profile. It was highlighted that the STP did not include Learning Difficulties and members debated, based on this, the need for a separate strategy.</p> <p>Jan Marriott commented that across the county there would be £5m reduction in LD spending which needed to be planned for. Members expressed concern about the impact of this on health inequalities and commented on the need for county-wide activity. The Head of Planning, Compliance and Partnerships suggested that this issue, as a national directive, should be raised with the GCCG. The Director of Nursing advised that relationships had been established with 2Gether and Gloucestershire Voices to support a county wide approach. Richard Cryer welcomed this development.</p> <p>Members noted the planned 2 day CQC Review of Mortality, including LD, and queried the Trust's preparedness. They were advised that the required documentation was being drawn together for submission by 23 July. It was noted that the Trust was one of twelve Trusts participating and that it was an opportunity to demonstrate good practice. The Medical Director commented that he had a concern relating to the remit's inclusion of "deaths in a community setting" because this was not information necessarily held by the Trust as many of these patients would be under the care of their GP.</p> <p>Following discussion, Board:</p> <ul style="list-style-type: none"> (i) Noted the received assurance had been made; (ii) Acknowledged that further work will be progressed once the Safeguarding and Learning Disability Nurse comes into place in September; (iii) Noted the CQC will be visiting the Trust in August 2016 to review its mortality review arrangements (including LD); (iv) Confirmed that a further report should be provided in January 2017; (v) Noted that "Ensuring that people with Learning Disabilities benefit from enhanced community services, have a positive experience of care; and are ably supported within a safe environment" is one of the Trust's Quality Priorities for 2016/17; |
| 18/0616 | <p>Understanding You Report</p> <p>Members considered the 6 monthly report which provided quantitative and qualitative information to provide an in depth analysis of users experiences, noting that it demonstrated progress and achievement against the nine externally focused requirements of the NHS Equality Delivery System. It was confirmed that the greater</p> |

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| <p>Head of Planning, Compliance and Partnerships</p> | <p>focus on deliverables and actions requested when the report had been considered at the Quality and Performance Committee had been incorporated.</p> <p>It was noted that between April 2015 and March 2016 the Trust had 1.4million contacts with service users and that 55% of contacts were with people 65+.</p> <p>Members welcomed the breadth of information provided and the work demonstrated. It was confirmed that the Community Partnership Team will review incidents highlighted under the Equality Delivery System metric to identify trends, recognising that non-white British service users are 5% more at risk of experiencing an incident (241 incidents). It was highlighted that access to dental services had been improved. Members considered translation service issues, including costs and time. It was noted this was currently being tendered to ensure value for money. A member suggested the use of volunteers should be considered.</p> <p>The Board NOTED the report and the actions aimed at addressing inequalities and agreed a 5 page summary should be developed and issued to raise awareness.</p> |
| <p>19/0616</p> | <p>MIIUs Public Engagement Paper</p> <p>It was confirmed the 7 week engagement process had commenced the previous Wednesday and would end on 31 August. The Head of Planning, Compliance and Partnerships advised there had been a good level of response to date. He confirmed that the information had been distributed widely both physically and through digital media, including GP surgeries, 7 staff engagement events and a video on the intranet. Outcomes would be shared with the Health and Care Overview and Scrutiny Committee (HCOSC) on 13 September and be brought back to the Board in September.</p> <p>It was queried whether feedback raised in other ways was being monitored and if issues raised would be addressed with the reports to HCOSC and Board, and this was confirmed. It was noted that a petition had been started in Cirencester. The importance of individuals understanding that it was not a cost saving but was to improve safety and quality was emphasised by members. The Chair confirmed this had been recognised by the HCOSC. The Medical Director stressed that numbers attending during the proposed reduced time periods were low and based on audit of attendances the risks of waiting overnight to access MIIU or GP services the next day were minimal.</p> <p>The Board NOTED the MIIU engagement activity , timetable and booklet.</p> |
| <p>20/0616</p> | <p>Audit and Assurance Committee Report</p> <p>Richard Cryer as Chair of the Audit and Assurance Committee presented the report, confirming that the Annual Report and Accounts had been approved. It was confirmed it had been a clean audit and that KPMG had incorporated some helpful suggestions into the final accounts.</p> <p>The Board commended the Finance Team on their work supporting the timely audit.</p> <p>The Board RECEIVED the report and noted the final Annual Report and Accounts.</p> |
| <p>21/0616</p> | <p>Quality Account</p> <p>It was noted that the 2015/16 Quality Account had been published with NHS Choices on 30th June 2016. Members were advised that positive feedback on the Quality Account had been received from Healthwatch Gloucestershire, Gloucestershire Clinical</p> |

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| | <p>Commissioning Group and the HCOSC.</p> <p>The Board thanked the Head of Planning, Compliance and Partnerships and other colleagues who had contributed.</p> <p>The Board RECEIVED the 2015/16 Quality Account.</p> |
| 22/0616 | <p>Annual Report and Accounts</p> <p>Members formally considered the Annual Report and Accounts and agreed it set out clearly the Board's activities. It was confirmed the AGM was scheduled for 11 October at Kingsholm and the Report would be available then.</p> <p>Reflecting external queries that had been made, following changes in format of the Accounts, it was formally confirmed that no bonuses had been paid to directors.</p> <p>The Board RECEIVED the 2015/16 Annual Report and Accounts.</p> |
| 23/0616 | <p>Agenda Forward Planner</p> <p>The Board reviewed the forward agenda document. It was confirmed a meeting would be arranged within the Forest of Dean within the calendar year if possible. Members considered how frequently the STP should be considered and agreed September and November as currently, but to keep the matter under review.</p> <p>The Director of Nursing pointed out that Clinical and Professional Care Strategy should be amended to read "Clinical Strategy" for September.</p> <p>It was AGREED a revised Forward Planner of dates and venues would be issued.</p> |
| 24/0616 | <p>Any Other Business</p> <p>Bren McInerney commented positively on the way the Trust lived its values through its inclusive, collaborative and engagement approach. He commented that the STP developments were not yet understood within the community.</p> <p>The NEDs commented on the improved quality of papers to support decision making.</p> <p>The Chief Operating Officer suggested it would be helpful to share 3-4 key points from the Board through the CORE in addition to the Chair's blog. It was agreed this would be trialled.</p> <p>The Chair highlighted that training would be provided for Graham Russell and the Trust Secretary to support their induction to the Trust.</p> <p>There being no further business the Chair closed the meeting at 3.30 p.m.</p> |
| | <p>Date of Next Meeting in Public</p> <p>It was agreed that the next meeting of the Board be held on Tuesday 20th September 2016 and will be held at the Stroud Subscription Rooms, George Street, Stroud, Gloucestershire GL5 1AE.</p> |

Chair's Signature:

Date: Date

TRUST PUBLIC BOARD: PUBLIC SESSION - Matters Arising Action Log

Key to RAG rating:



Action completed within agreed original timeframe

Action deferred once, but there is evidence that work is now progressing towards completion

Action on track for delivery within agreed original timeframe

Action deferred more than once

| Minute reference/date | Item | Action Description | Assigned to | Completion Date | Progress Update | Status |
|-------------------------------|---|---|---|--|---|--------|
| Service User Story TB 21 July | Communication needs with deaf and hard of hearing service Users | Further consideration given to exploring other means of communication in line with NHS Accessible Information Standard. | Director of Service Delivery / Director of Nursing/ Head of Planning, Compliance and Partnerships | Complete by July 2016 Revised to be completed Sept 2016 | Head of Planning, Compliance & Partnerships written to service users to explain actions taken. Q&P updated on plans to meet accessibility standard | |
| 18/0915 | Learning Disabilities Report | Six monthly reports required via the Quality and Performance Committee. April 2016 – Quality and Performance Committee – May 2016 – Board. | Director of Nursing | May 2016 | Closed – following report to Board July 2016. | |

| Minute reference/date | Item | Action Description | Assigned to | Completion Date | Progress Update | Status |
|-----------------------|---------------------------|--|---|-------------------------------------|---|--------|
| 12/0316 | Board Assurance Framework | 019 – new risk relating to insufficient numbers of GPs providing medical cover to inpatient wards, this risk to be formally raised to Community Services Commissioning Plan Programme Board. | Chief Operating Officer | July 2016 | Taken forward | |
| 18/0316 | Strategy Update | Task and finish group to set up to further consider the strategy matrix | Director of Finance / Head of Planning, Compliance and Partnerships | July 2016 Revised Date Sept 2016 | Meeting 27 th July 2016. Feedback to be considered by the Audit Committee Sept 2016 | |
| B006/16 (2) | Membership Strategy | Organisational status under review and updates to Board | Chief Executive Officer | November 2016 | CEO to update in his regular reports on status position. Chair to consider NEDS Equality Metrics and review appointment | |
| 10/0516 | Chief Executive Report | All Non-Executive Directors to engage in Quality visits at EJC – programme and process to be agreed | Director of Nursing/Nicola Strother Smith/NEDS | July 2016 Revised September 2016 | Sue Field & Nicola Strother Smith in discussion on programme | |
| 12/0516 | Board Assurance Framework | The COO raised a concern over the comment about lack of nursing and leadership on the risk register as she feels this has been summarised incorrectly. The COO and Director of Nursing to provide proposed rewording to Head of Planning, Compliance and Partnerships. | Chief Operating Officer and Director of Nursing | July 2016 | Completed | |

| Minute reference/date | Item | Action Description | Assigned to | Completion Date | Progress Update | Status |
|-----------------------|--|--|---|-----------------|---|--------|
| 08/0616 | Chair's Report | Updating Board dates | Deputy Trust Secretary | August 2016 | Complete | |
| 10/0616 | Chief Operating Officer's Report | Urgent Care Services Redesign – report to be provided | Chief Operating Officer | September 2016 | In COO report | |
| 10/0616 | Chief Operating Officer's Report | Recruitment Update to be provided | Director of HR | October 2016 | Detailed Report to be submitted to the Workforce and OD Committee in October 2016 | |
| 10/0616 | Chief Operating Officer's Report | Review reporting to consider exception reporting | Deputy Chief Exec | Sept 2016 | Audit Committee updated and to report to Board | |
| 10/0616 | Chief Operating Officer's Report | STP and Board Strategic Objectives with consideration of Strategies on a page. | Board/Strategy Sub Group/ Trust Secretary | September 2016 | At Audit Committee September | |
| 12/0616 | Quality & Performance Committee Report | A report on Responsive Nursing implementation to be provided to the next Quality and Performance Committee, reflecting on the CIP (Cost Improvement Plan) savings associated with this change. | Chief Operating Officer | September 2016 | Within COO Report | |
| 13/0616 | Workforce and Organisational Development Committee | Psychological wellbeing – to be included as a priority in the Trust's Health and Wellbeing Plan | Director of HR | August 2016 | Complete – Health and Wellbeing plan updated - to be monitored through the Workforce & OD Committee | |

| Minute reference/date | Item | Action Description | Assigned to | Completion Date | Progress Update | Status |
|-----------------------|--|--|---|-----------------|---|--------|
| 13/0616 | Workforce and Organisational Development Committee | Consideration from Executive where volunteers could contribute. | Director of HR | Nov 2016 | Volunteer Strategy to be developed which will be reviewed by the Workforce & OD Committee | |
| 13/0616 | Workforce and Organisational Development Committee | Communications and Internal Engagement Strategy to be reviewed once Communication and External Engagement Strategy reviewed. | Director of HR / Director of Finance | Nov 2016 | External and Internal Communication and Engagement strategy to be combined. Updated strategy will be submitted to Board in November 2016 for approval | |
| 14/1616 | Quality & Performance Report | FFT Methodology to be confirmed | Director of Nursing | Sept 2016 | Briefing issued to Board August 2016 | |
| 18/0616 | Understanding You | 5 page summary – to be drawn up for future reports | Head of Planning, Compliance & Partnerships | Dec 2016 | To go to Q&P in Nov. | |

AGENDA ITEM 6

Questions from the Public

Meeting of Gloucestershire Care Services NHS Trust Board
To be held on: 20th September 2016
Location: Stroud Subscription Rooms, George Street, Stroud

Agenda item 7: Chair's report

Working with our Communities

I have drafted a letter to University Technical College Gloucestershire on behalf of the Trust to offer our support for the establishment of a Health University Technical College in the county. We have offered preparatory support around governance, curriculum development, recruitment and communications and marketing. Once established, we envisage working together on apprenticeships and work experience, lecturing, staff development and project development. The creation of this college is of enormous potential value to health care in the area, and an integrated approach between the education sector and healthcare providers offers a great opportunity for the delivery of successful courses. Director of Human Resources Tina Ricketts has been nominated from our Trust to be a member of the project steering group and to be a Trustee of the governing body. A copy of the draft letter of support is appended to this report.

The proposals for the future opening hours of the Minor Illness and Injury Units at our Community Hospitals is an important agenda item for this meeting. Board members have been supporting the public engagement process throughout July and August. I have also attended public drop in sessions, joined the information bus and briefed members of various Leagues of Friends as well as relevant MPs.

The Bishop of Gloucester hosted a garden party where I was able to network with a wide range of key people across the county. I was delighted to make contact with Flo Nyasamo-Thomas, who leads a local African community group and this has resulted in a helpful new contact for the Trust. I look forward to hearing her speak at the Trust's own Black History Month celebration event at the Friendship Cafe in October.

Working with our partners

The Chief Executive and I hold regular meetings with our League of Friends' Chairs. At the recent meeting we learned of the planned retirement of one of the long standing Chairs, David Miller MBE of Stroud League of Friends. David has been Chair of the Stroud League of Friends for many years and is standing down later today at their Annual General Meeting. He has done immensely valuable service for the local community, the hospital and the Trust. I would personally pay tribute to his intelligent, compassionate and informed approach which has enabled him to offer independent critical friendship to the Trust over the years. He will be greatly missed and I hope he will continue to play a role and stay in touch with us.

I was pleased to sit on the interview panel for the Independent Chair for the Sustainability and Transformation Plan process. We appointed Mark Outhwaite, a former NHS CEO, now an independent consultant helping systems, organisations, teams and individuals navigate complex change successfully. He has a wealth of experience and expertise gained from working with a wide range of clients in the public and private sector at all levels of seniority. He is meeting me as part of his induction and I am looking forward to him facilitating the development of the STP in his new role.

I attended the Board meeting of NHS Providers in London. Board members have been separately briefed on this meeting.

Board Developments

The process of recruiting our next Chief Executive is on-going, following the announcement by our current chief executive Paul Jennings of his retirement. Following more than 30 applications, longlisted candidates were invited to an assessment centre on Friday, July 15, and another on Wednesday, August 17, where they had the opportunity to give a presentation to a range of stakeholders, answer questions and undertake other assessment exercises. I am extremely grateful to everyone who came to support the assessment centres. It gave a strong message to candidates about the importance we place on partnership and empowerment.

However, we have not yet identified a preferred candidate for the role and are still reviewing all candidates from the first round of recruitment. A further assessment centre and interview is being held on Thursday, 22 September.

I am committed to finding the best candidate for the role and am sure this Board will agree with me on the critical importance of finding a candidate with both outstanding attributes, and who shares the vision and values of our Trust.

The Board is aware that Graham Russell has been appointed as a Non-Executive Director and his term of office formally began on 1st August. I am also pursuing the approach to Associate NED recruitment agreed at the last board. In order to create greater ethnic diversity on the Board I intend to use this associate role, which is within our local control, to identify and develop a suitable individual who will then be able to step into a full non-Executive Director role at a future point. I am currently in informal discussion with some interested people and will agree a formal process with the Remuneration Committee shortly.

As a result of my holiday, various Non-Executive Directors have represented me at various meetings. I would like to thank Rob Graves for attending the Gloucestershire Strategic Forum workshop and Nicola Strother Smith for attending the recent HCOSC meeting on my behalf.

Re: University Technical College Gloucestershire – Letter of Support

To Whom it may concern,

Gloucestershire Care Services NHS Trust is pleased to provide confirmation of its Board's support and commitment to the establishment of a Health University Technical Collage in Gloucestershire which will specialise in health sciences and technology.

The Trust's aim is to ensure that the health services provided to the people of Gloucestershire are of high quality and easily accessible when needed. To assist with delivering this aim the Trust considers that the establishment of a Health UTC in Gloucester will provide the opportunity for young people in our community to choose a valuable and worthwhile career in the field of health care. A Health University Technical College (UTC) has the potential to raise the quality of health services for the people of Gloucestershire, by creating a sustainable pipeline of new employees with the right skills, knowledge, understanding and attitude to work in the county's health services. This will be achieved by the UTC working collaboratively with local healthcare providers to create enhanced opportunities for young people to experience an education of the highest quality. Through this integrated approach the UTC will engage the students' interests and enthusiasms by offering an inspiring programme that prepares them well for rewarding, highly-skilled occupations in the wider health service.

Gloucestershire Care Services NHS Trust, like neighbouring Trusts have over recent years found it increasingly difficult to recruit to qualified nursing roles and certain Allied Health Professions. These shortages have lead to the need for targeted recruitment campaigns and an increased reliance on the contingent workforce.

How will we support a UTC?

Gloucestershire Care Services NHS Trust (GCS) has already taken a leading role in the development of the UTC proposal and application process. GCS will continue to support the UTC in pre-opening phase as part of the Project Steering Group and once established has given a commitment to be represented as a Trustee on the Governing Body.

In the pre-opening phase GCS will support the UTC in the following ways:

1. **Resources** - Continue to make available the time of our lead director and Head of Communications.
2. **Governance** – The Director of HR will be a member of the project steering group and has been nominated by GCS to becoming a Trustee of the

- governing body. She offers experience in working in a Board level position with a lead in workforce planning, education and development.
3. **Curriculum** - Contributing to the development of the curriculum as a member of the Educational Advisory Group
 4. **Recruitment of Staff** – Contributing to the recruitment process of the UTC Principal and Senior Leadership Team.
 5. **Recruitment of Learners** – GCS will utilise our employees as potential parents / guardians of UTC learners to promote the opportunities the UTC can offer as an alternative to mainstream education.
 6. **Ambassador** - We will continue to act as an ambassador for the UTC within Gloucestershire promoting it to our partner organisations.

Once established GCS will support the UTC in the following ways:

1. **Projects** – We will provide curriculum projects based on real-life scenarios and using actual data and tools from the health service. In order to deliver this, we will identify members of our staff to deliver educational sessions, provide input and guidance to the project development and assess the final project.
2. **Work Experience** – GCS will work with the UTC and our partners to provide meaningful work experience for a range of students at the UTC.
3. **Guest Lectures** – GCS will provide a range of staff to provide lectures linked to curriculum themes and who will also visit the UTC to deliver insight into careers and jobs in health.
4. **Apprenticeships** – GCS will explore with the UTC opportunities for apprenticeships in a range of technical areas of work.
5. **Staff Development** – We would provide staff development opportunities through mentoring with senior leaders in GCS including opportunities for job shadowing.

In summary, we face very real challenges in continuing to deliver high quality healthcare in Gloucestershire as a direct result of skills shortages which are not being addressed within the current system. GCS considers that the establishment of a UTC has potential to address the deficit we face of having sufficient technically skilled staff interested in working in the health service in Gloucestershire. The UTC will also have an important role to play in raising the profile of jobs in the health sector and encourage more young people to think about health as a career choice.

Yours faithfully

Ingrid Barker
Chair

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 20 September, 2016

Location: Subscription Rooms, Stroud

Agenda item 7: Chief Executive's Report

#takethelead

The Trust's annual leadership conference, this year called #takethelead, will be on October 5 at the Cheltenham Chase Hotel. The keynote speaker is Michael West, from the King's Fund, while seminars will promote the Trust's Leadership and Development Framework, embed the Core Values Framework and continue to strengthen the role of Listening into Action as a catalyst for change.

Leadership is a quality that everyone can bring to the workplace, and we have been as clear as we possibly can that this event is open to all colleagues at the Trust, regardless of role or location. At the time of writing this report over half the places have been booked, and there will be continued efforts to ensure that as many teams and localities are represented across as wide a range of roles as possible.

Listening into Action (LiA)

Nine 'Big Ticket' clinically focused teams and five enabling our people schemes have recently completed Wave 3. Although the LiA 7 steps is a 20 week process, work must continue to develop the current teams and schemes after this timeframe, so colleagues feel empowered to further embed and develop LiA, as 'the way we do things around here'. Colleagues continue to highlight new teams and schemes with which they would like to adopt the LiA approach.

To extend and expand the impact that LiA is having and to continue to deliver a fundamental shift on how Trust leadership engage and empower colleagues to deliver ongoing improvements, bespoke sessions have been developed to support 30 new local LiA coaches.

Two days have been identified for Board development and colleague coaching in September 2016.

Board development will include;

- Latest LiA national headlines, impact and potential
- Deeper engagement of the Board around the LiA approach
- Summarise the story so far at the Trust
- How are the Board doing at leading and enabling change at the Trust and what changes will make the biggest difference

- Work on how the Board can together unblock the way for colleagues

Colleague coaching will include;

- Backdrop to LiA and context setting (the LiA 12 month cycle, 7 Steps, impact so far...)
- 30 LiA priorities agreed in advance
- An activity-based walkthrough of the LiA 7 Steps, from mission statements to keeping up momentum
- Q&A / troubleshooting based on their 'in advance' review of the LiA Navigator 7 Steps
- Each activity would involve facilitation and feedback with the Optimise team so that the participants are 'learning by doing'
- Discussions and activity around the Key Success Factors around LiA (the must dos, the should dos, and the 'nice-to-haves')
- Behaviours of LiA leaders

Official Opening of George Whitefield Centre

At the end of February our Homeless Healthcare Team moved out of its former premises at the Vaughan Centre, into the George Whitefield Centre in Great Western Road, opposite the Gloucestershire Royal Hospital.

This is a partnership arrangement with the premises shared with Gloucester City Mission and Gloucester Foodbank, and with other agencies attending on a regular basis. This means the centre is able to provide a broad range of services under one roof and help a wider audience than standalone operations could. Both GCS and City Mission are still working on the building – shower and bathing facilities are due to be installed shortly.

On Monday, 10 October an official opening will be taking place, jointly co-ordinated by our Trust, Gloucester City Mission and the Foodbank and coinciding with World Homeless Day. This will be an opportunity to see the building and hear first-hand about the work of each agency involved.

Annual General Meeting

The Trust's Annual General Meeting (AGM) is being held at Kingsholm Rugby Club, Gloucester, on Tuesday 11 October between 3.30pm and 6pm. It will include an interactive exhibition between 3.30pm and 5pm, focusing on innovations in community services. This will be followed by the formal AGM session.

Everyone is welcome to attend, and help acknowledge the achievements of colleagues from across the Trust during 2015-16. The exhibitions at our AGMs are always varied, interesting and informative. I hope to see colleagues, representatives of partner organisations and members of our communities there to help us tell our story of the last year.

Sustainability and Transformation Plan (STP)

One part of the STP will see the county develop a 'place-based' model of care. This is a local community model of care, with GP practices working within our natural geographic communities at the centre and community, acute and mental health services organised around them.

The approach gives each community the flexibility it requires, while still allowing providers to run services on a sufficient scale to make them efficient and cost-effective.

Discussions are underway with GP colleagues across the county over how best to organise community services to reflect this new approach.

Trust visit by MP Richard Graham

The Trust extended a warm welcome to Gloucester MP Richard Graham, who spent a day with a number of teams on Thursday, August 11. Mr Graham has made a point of spending time with the Trust on a regular basis to keep informed of our work and gauge the mood of the Trust.

As well as meeting with myself and other colleagues in Corporate Services at Edward Jenner Court, he spent time with Children's Services at Quedgeley Clinic, and visited the Dental Access Centre at Southgate Moorings.

Health and Social Care Economy

Annual Planning Round

The planning round, in which the Trust is required to submit its annual plans for activity and finances to NHS Improvement, has been brought forward this year.

This work normally happens between January and March, but has been moved to September to December to help align it to timescales linked to the implementation of the Sustainability and Transformation Plan (STP).

These plans are normally for a year, but NHS Improvement have announced a two year planning round for 2017/18 – 2018/19 in line with national guidance around Sustainability and Transformation Plans.

Forest of Dean Consultation

Preliminary conversations with colleagues and stakeholders regarding services in the Forest of Dean has been ongoing for some time. Gloucestershire Clinical Commissioning Group is now planning formal consultation with the public on health and social care services in the locality, currently scheduled to begin in November.

Black History Month

On Thursday 20 October, the Trust is holding a celebration event at the Friendship Café in Gloucester to commemorate Black History Month, and to recognise and embrace diversity across the county.

The event is open to all colleagues from across the Trust and invitations have gone to Gloucestershire Hospitals NHS Foundation Trust and 2gether NHS Foundation Trust, so as to make this a true healthcare community celebration.

There will be a keynote speaker and a number of interactive sessions, challenging perceptions and behaviours, and encouraging positive actions on equality. We will also hear colleagues' different experiences of delivering healthcare services in Gloucestershire

Attendees will also be treated to a fantastic multi-cultural lunch, freshly prepared by members of the local black and minority ethnic community. Registration is from 9.00am, and the event is expected to finish at 1.30pm.

Media Coverage

MIIU Review

This review is the subject of separate papers at this Board meeting covering the seven-week public engagement process in July and August and the proposals for opening times.

This proposal attracted almost all the Trust's news coverage during the engagement process, as well as public discussion in letters and leader columns, with more than 80 separate articles in the press over the seven weeks from mid-July until the end of August.

I would like to commend the reporting by our local press on this process, which was in the large part balanced, and their efforts to help communities participate by signposting readers to engagement events and online resources.

Other media coverage

Parking at Cirencester Community Hospital is becoming a topic of interest in the local media following the introduction of an automatic number plate recognition scheme into our car park on the site in July. A Facebook by the Wilts and Glos Standard invited people to the site on September 13 to protest. A number of the subsequent comments opposed the idea and were supportive of our colleagues.

We commented to the media to highlight that the Trust is committed to offering free parking at our community hospitals, but also that we require systems which preserve spaces for genuine hospital use.

Communications

Filming is complete for a short video about North Cotswold nurse Jenny Turner, who this year celebrated 60 years as a nurse. This is due to be screened at the Nursing Times annual awards on October 26 at the Grosvenor House Hotel in London.

A screening is also taking place of 'Getting it Right' – a film about end of life care. This will be shown to Trust colleagues at the Sherborne Cinema, in Gloucester, on Wednesday, September 28 from 1pm.

A new campaign 'Starts with One' has been designed in co-ordination with the Healthy Lifestyles Team to train Year Eight students in schools as peer mentors to advocate against smoking.

Films are being produced of colleagues' experiences of having flu as part of this year's campaign to have more of the Trust's workforce vaccinated. Those films will be combined with higher visibility for peer vaccinators to help improve take-up.

The team is working with colleagues in HR on recognition schemes for colleagues, linked to the Core Values. Possibilities include e-Cards which could be sent to colleagues who have demonstrated one of the Core Values particularly well, and lanyard badges for being nominated in a Core Values category in the annual staff awards. Planning has also started on the Celebrating You awards for next year.

Trust Board

Date: 09 September 2016

| | |
|---------------|--|
| Agenda Item: | 09 |
| Agenda Ref: | 09/0916 |
| Author: | Candace Plouffe, Chief Operating Officer |
| Presented By: | Candace Plouffe, Chief Operating Officer |
| Sponsor: | |

| | |
|----------|----------------------------------|
| Subject: | Chief Operating Officer's Report |
|----------|----------------------------------|

This report is provided for: ☒ Discussion ☐ Decision ☐ Approval ☐ Assurance ☐ Information

Executive Summary:

The operational services continue to focus on the key priorities identified by the Board to ensure that Gloucestershire Care Services NHS Trust is delivering the vision and strategic objectives set for the organisation.

Of note this month is the work underway aligned to the Sustainability and Transformation Plan (STP), including the 30,000 place based model, care pathway redesign, urgent care service redesign and the Frailty pilots emerging in localities. This is creating capacity challenges as the Operational services continues to ensure business as usual occurs and performance is maintained, while engaging in this transformative work to ensure success in delivering the STP.

The Trust remains committed to playing its role in the overall performance of the wider system and a number of our services continue to positively contribute to this by ensuring demand is managed, and patient flow is maintained. Work is underway to create a new community "pull" model to reduce admissions into the acute hospital and facilitate timely discharges. This new approach will be vital to reduce the overall pressure in the system while we move into Winter.

There is a continued focus on initiatives that support the delivery of recurrent cost Improvement programmes as well as reduce agency reliance and spend. Key to this becoming a reality is the ownership of these areas of work, and this responsibility is now being embraced by Operational teams, with support service colleagues working alongside the services to deliver the work programmes defined.

Recommendations:

The Board is asked to consider and note the report.

Considerations:

Quality implications:

N/A

Human Resources implications:

N/A

Equalities implications:

N/A

Financial implications:

N/A

Does this paper link to any risks in the corporate risk register:

No

Does this paper link to any complaints, concerns or legal claims

No

| Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)? | P or C |
|---|--------|
| Achieve the best possible outcomes for our service users through high quality care | P |
| Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | P |
| Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire | |
| Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | |
| Manage public resources wisely to ensure local services remain sustainable and accessible | P |
| Which Trust value(s) does this paper Progress (P) or Challenge (C)? | P or C |
| Caring | |
| Open | |
| Responsible | |
| Effective | |

Reviewed by (Sponsor):

Date: 9th September 2016

Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group?

CIP and Agency Usage element discussed in Finance board subcommittee

Explanation of acronyms used:

Contributors to this paper include:

Meeting of Gloucestershire Care Services NHS Trust Board

To be held on: 20th September 2016

Location: Subscription Rooms, Stroud

AGENDA ITEM 09 - CHIEF OPERATING OFFICER'S REPORT

1. Purpose

To provide an update to the Board on operational matters and wider developments across health and social care.

2. Recommendations

3.

Note the contents of the report

4. Discussion of Issues

Delivery of High Quality Services

Community Hospitals

In the month of July the escalation beds within our Community hospitals were closed, however across the system there continues to be a number of nursing home beds and acute sector escalation beds available to support patient flow in times of system surges.

To support a reduction in attendances and admissions at Gloucestershire Hospitals Foundation NHS Trust a pilot is currently underway to “ring fence” a set number of community hospital beds to allow local GPs to directly admit patients. This should support a reduction in bed occupancy within our community hospitals, reduce our Average length of stays, and provide a better patient experience. An outcome report of the success of this pilot will be presented to Quality and Performance board subcommittee in October.

Following the successful pilot earlier in the year, in which a number of wards tested a new model of staffing model, a revised minimum staffing level for each ward has been defined. This new staffing model has been reviewed by the Director of Nursing as well as taken to the Clinical Reference group to ensure patient safety and quality is not compromised.

Key to this new model is the ability to “flex” up should the acuity of the patient warrant the need for additional staff. Our Bank team will support the hospitals in ensuring the minimum staffing level is always achieved, and only when additional workforce is required due to clinical need will the Matron be required to use a “Sitrep” to request more support. All sitreps are reviewed and approved by the Director of Nursing.

As this move to a clinically led staffing model was part of the Cost Improvement programme for 16/17, the recurrent savings realised when it is fully implemented on the 1st October has been determined, as well as the non-recurrent savings required due to the delay in implementation. This has been presented by the Head of Community Hospitals to the CIP Steering Group and will be reported to the October Finance Board Subcommittee.

This new staffing model, along with a proposal to develop a peripatetic nursing relief team, will support the reduction in reliance on agency workforce to fill vacant shifts.

Lastly, an acuity and dependency audit of our patients has occurred during the month of August, and this will be presented to the October Quality and Performance Board Subcommittee. This audit will demonstrate if there has been a change in the patient cohort in our Community hospitals and assist with determining future workforce requirements.

Care Pathway Redesign and Emerging Roles

A key area of work to highlight to the Board, emerging from the Sustainability and Transformation Plan, is care pathway design, which involves a system approach. It is a beneficial; in so much it reviews the pathway from prevention to acute intervention.

The current pathways being reviewed include Respiratory and Dementia, and therefore our integrated respiratory team and our Integrated Community teams are involved.

We are also involved in a Frailty project underway in the South Cotswolds, in which a Community matron will be employed by Primary Care to support proactive management of patients with long term conditions.

These new roles will link closely with our Integrated Care teams but will also see patients who are ambulatory and therefore not in receipt of our district nursing service.

It is a pilot that interests many other localities and we are considering how we can redesign our community nursing services in both the Integrated Community Teams as well as our Specialist nursing services to either provide or compliment these emerging roles in the county.

Urgent Care

Urgent Care Service Review and Redesign

Gloucestershire Care Services NHS Trust has been working with Primary Care in each locality to define a redesigned urgent care pathway for urgent, on the day requests for service. Options being explored have included central triage hubs, new ways to offer urgent home visits, MIUs being used for same day nurse and GP appointments, provision of near

patient testing, and the possibility of observation beds within the community hospitals to avoid attendance in the acute setting.

Further work is required around the urgent care response out of hours, and we await further direction from the Gloucestershire Clinical Commissioning Group on the opportunities this might present.

Alongside this work has been partnership working with Gloucestershire Hospitals NHS Trust on new models of service to reduce both attendances at Accident and Emergency departments, reducing admissions and decreasing length of stays, particularly for our elderly population in the county. Gloucestershire Care Services NHS trust has implemented a pilot called “Home First” in which our clinicians and Service leads have been working on inpatient wards at both Gloucester Royal Hospital and Cheltenham General Hospital to identify those patients who could have been managed at home with community supports and who are now ready to be discharged back to their place of residence.

The learning from this pilot will form a set of actions that will be implemented to create a more robust discharge model that actively seeks to identify and “pull” people back home as soon as possible and links them to appropriate community supports to ensure they are able to be cared for and remain in their community setting.

Lastly, it is important to highlight that the organisation is working collaboratively with local system partners in refining our Winter Plans and Demand / Capacity modelling for 2016/17.

To support this work I will be attending the South Central Winter Escalation Workshop on the 28th September with a focus on

- Exploring escalation processes and understand the implementation and application of triggers;
- Understanding differing actions that need to be taken in relation to levels of escalation;
- Understanding links and implications with escalation processes to the NHS England Onward Care Procedure;
- Sharing learning and best practice across urgent and emergency care systems in South Central;
- Preparing for winter escalation 2016/17

Minor Injury and Illness units

The 7 week public engagement exercise was completed on the 31st August and there are separate reports that detail both the outcome of the engagement as well as an options outcome paper for Board to decide on the new model of service going forward.

Engaging with System Partners

Gloucestershire Care Services NHS Trust continues to be actively engaged in partnership working on a number of initiatives with system partners

Sustainability and Transformation Plan

Work continues on developing Gloucestershire's Sustainability and Transformation Plan: *One Gloucestershire – Transforming Care, Transforming Communities*, with Gloucestershire Care Services NHS Trust engaging in all workstreams, and taking a lead in piloting the place based approach to care.

As noted in previous reports, there has been excellent engagement by our Operational Services, but it is impacting on our capacity as many of these programmes of work gather pace. As part of the development of the Operational Service Delivery Plans, each service is reviewing the current service initiatives underway, with the view to prioritise those which will support the delivery of the STP.

Primary Care

Paul Jennings and I continue to meet with GP practices across the county, as they begin to move into defined clusters.

The Stroud and Berkeley Vale GP clusters are well defined and have their cluster boards meeting regularly, with colleagues from Gloucestershire Care Services, as well as Gloucestershire Hospitals NHS Foundation Trust and 2gether Foundation Trust and Gloucestershire County Council social care. Each cluster has analysed the needs of the population they serve, and are determining their priorities of work to improve the health and well-being of patients we collectively serve.

Tewkesbury cluster is also established with a focus on addressing urgent care needs within this locality. It is anticipated that following this work, further analysis, similar to what has occurred in Stroud and Berkeley Vale will be done to determine future priorities to address collectively.

Two meetings have been held with the North Cotswolds cluster, and as with Tewkesbury the initial focus has been on addressing the urgent care pressure in this part of the county.

A meeting with Gloucester City Primary Care Practice is planned on the 21st September, South Cotswolds on the 6th October, as they also begin to define their clusters.

To support working with Primary care and to ensure full engagement with the place model work, consideration is underway on how to realign the current Integrated Community teams to the newly formed clusters. However it is anticipated that all operational services will need to understand and be able to define how they are linking with the new place model going forward.

5. Financial implications

Cost Improvement Programme (CIP)

Work on our Cost Improvement programme continues to progress in Operations, and a more detailed report on schemes are presented to the finance board subcommittee.

The Executive led CIP Steering Group continues to monitor progress on achievement each month and to gain assurance that appropriate Equality and Quality Impact assessments are completed for those schemes involving significant change.

The process for identifying schemes for 17/18 is also underway to ensure that CIP programme becomes embedded as a continual improvement cycle.

The Finance Board Subcommittee has also agreed to have the Operational Service lead for each area present their current CIP schemes, progress to date as well as current challenges. This is to provide assurance of operational ownership of the CIP programme and ensure engagement is occurring at all levels of the organisation.

Agency Usage

The ceiling for Gloucestershire Care Services NHS Trust for 2016/17 is £2,379,000.

Quarter 1 continues to show an overall underspend against plan of £123k however spend in June was above plan.

The June spend for Nursing was £45k above plan, and for Medical staff, spend was £46k above plan. This was partially offset by an underspend in “other” staff of £32k to leave an overall overspend for the month of £59k.

Not only are high levels of vacancies impacting on agency spend in Community hospitals but there is also a significant number of colleagues on maternity leave.

The Agency usage group has identified a number of actions to continue to reduce the requirement to use agency staff, and as noted earlier a key action will be the recruitment of a relief nursing team for Community hospitals, which can be deployed at short notice to cover short term, unexpected vacancies.

Prepared by: Candace Plouffe

Presented by: Candace Plouffe – Chief Operating Officer

Dated: 09 September 2016

Trust Board

Date: 06 September 2016

| | |
|----------------------|--|
| Agenda Item: | 10 |
| Agenda Ref: | 10/0916 |
| Author: | Candace Plouffe, Chief Operating Officer |
| Presented By: | Candace Plouffe, Chief Operating Officer |
| Sponsor: | Candace Plouffe, Chief Operating Officer |

| | |
|-----------------|---|
| Subject: | Minor Injury and Illness Units Review and Public Engagement Outcome |
|-----------------|---|

This report is provided for: ☐ Discussion ☒ Decision ☐ Approval ☐ Assurance ☐ Information

Executive Summary:

The Trust needs to be able to provide Minor Injury and Illness Units in a way that ensures high quality safe services are provided consistently, and in a way that offers best value.

Following the Board approval to implement a new staffing model that assures CQC compliance, it became apparent that this model was not able to be fully implemented due to ongoing recruitment issues.

A public engagement exercise was undertaken with three operating hour options considered.

- Option 1: All units open 8:00 – 20:00, with a resultant cost pressure of £210k
- Option 2: Cirencester and Stroud units open 8:00 – 23:00, all other units continue with their current opening hours; resultant cost pressure of £460k
- Option 3: Cirencester and Stroud and one Forest of Dean unit open 8:00 – 23:00, all other units open 8:00 – 20:00; resultant cost pressure of £410k

All three options met three agreed requirements:

1. Ability to address the recruitment gap and ensure sufficient and consistent staffing,; and to reduce the over-reliance on bank and agency workforce
2. Offer best value for money, in relation to service utilisation
3. Impact of change on wider system function or anticipated development

All three options proposed present a cost pressure for the organisation, with a range of £210k - £461k as noted above.

A public engagement exercise was carried out for seven weeks following the July 2016 Board approval. The results of which are included here in the first paper.

An analysis of the outcome of the review and engagement exercise has been done considering

- Patient and Public Consideration
- Staffing and Workforce Consideration
- Financial Consideration
- Impact on System Partners
- Impact on System Initiatives

A series of recommendations have been made for the Board to consider.

Recommendations:

The Board is asked to:

Approve a change to the current operating hours of the Minor Injury and Illness Units to address the ongoing operational issues in providing a high quality, safe, consistent and sustainable Minor Injury and Illness service that offers best value to the population of Gloucestershire.

The recommended operating hours, effective from the 1st October is

| | |
|-----------------|--------------|
| Cirencester | 8:00 - 23:00 |
| Stroud | 8:00 – 23:00 |
| Dilke | 8:00 – 23:00 |
| Lydney | 8:00 – 23:00 |
| North Cotswolds | 8:00 – 20:00 |
| The Vale | 8:00 – 20:00 |
| Tewkesbury | 8:00 – 20:00 |

The Trust's analysis supports the continued opening of just one of the Forest of Dean MIU's after 8pm; however, given the ongoing engagement process in the Forest, we **recommend** that the Forest of Dean health and social care engagement exercise consider the location of a Minor Injury and Illness Unit open to 23:00 in the Forest of Dean as part of the wider Urgent Care services provision.

Agree that Gloucestershire Care Services NHS Trust work collaboratively with Gloucestershire Clinical Commissioning group to review the staffing levels and rotas to minimise the cost pressure to the organisation. Any residual cost pressure to be alleviated by considering further integrated work as part of the system-wide urgent care response.

Considerations:

Quality implications:

An Equality and Quality Impact Assessment has been completed for all three options included in the public engagement.

Human Resources implications:

A new service model will allow the closure of the recruitment gap for the Minor Injury and Illness Units, resulting in less reliance on bank and agency usage. Any changes to staffing terms and conditions will require the appropriate organisational change process to be followed.

Equalities implications:

An Equality and Quality Impact Assessment has been completed for all three options included in the public engagement.

Financial implications:

The recommended option will leave the organisation with a residual cost pressure of up to £460k. Agreement with the Gloucestershire Clinical Commissioning Group on how to mitigate and minimise this risk.

Does this paper link to any risks in the corporate risk register:

Yes – risk related to being able to staff Minor Injury and Illness Units sufficiently and consistently to meet CQC requirements

Does this paper link to any complaints, concerns or legal claims

No

Which Trust strategic objective(s) does this paper Progress (P) or Challenge (C)?

P or C

| | |
|---|---|
| Achieve the best possible outcomes for our service users through high quality care | P |
| Understand the needs and views of service users, carers and families so that their opinions inform every aspect of our work | P |
| Actively engage with health and social care partners as well as local communities, in order to deliver seamless, innovative services across Gloucestershire | P |
| Support individuals and teams to develop the skills, confidence and ambition to deliver our vision | |
| Manage public resources wisely to ensure local services remain sustainable and accessible | P |

| Which Trust value(s) does this paper Progress (P) or Challenge (C)? | P or C |
|---|--------|
| Caring | P |
| Open | P |
| Responsible | P |
| Effective | P |

| | |
|-------------------------------|--|
| Reviewed by (Sponsor): | Candace Plouffe, Chief Operating Officer |
|-------------------------------|--|

| | |
|--------------|--|
| Date: | |
|--------------|--|

| |
|---|
| Where in the Trust has this been discussed before, e.g. Committee, Programme Board, Group? |
| Previous Board sessions, both Public and Private |

| |
|--------------------------------------|
| Explanation of acronyms used: |
| |

| |
|---|
| Contributors to this paper include: |
| Julie Goodenough, Head of Community Hospitals Rod Brown, Head of Planning, Compliance and Partnerships |

Review of Minor Injuries and Illness Units in Gloucestershire

ENGAGEMENT OUTCOME REPORT



| | |
|------------------------|--|
| VERSION: | 1.0 |
| DATE OF REPORT: | 6 September 2016 |
| AUTHOR: | Rod Brown, Head of Planning, Compliance and Partnerships |
| LEAD EXECUTIVE: | Candace Plouffe, Chief Operating Officer |

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The author would like to thank the following:

- the Gloucestershire public for engaging with the debate and providing comments and feedback
- colleagues across Gloucestershire Care Services NHS Trust for supporting and championing the Review
- partner organisations, and in particular Healthwatch Gloucestershire, local Leagues of Friends and Village Agents, for helping disseminate the information
- NHS Gloucestershire Clinical Commissioning Group, including for the use of the Information Bus

1. Executive summary

- The need to review the opening times of the seven Minor Injuries and Illness Units (MIUs) across Gloucestershire was prompted by the recommendations of the September 2015 Care Quality Commission (CQC) report into Gloucestershire Care Services NHS Trust (the Trust)
- The Review sought also to:
 - address the challenges of nurse recruitment faced by the Trust, particularly for specialist roles such as Emergency Nurse Practitioners (ENPs);
 - ensure a safe, consistent, reliable MIU service for the people of Gloucestershire which represents best use of public resources: as such, all three options for change proposed by the Review, were identified as requiring additional investment and were therefore not offered as cost-cutting measures
- The Trust sought independent legal advice into its engagement plans, and acted accordingly: in particular, the advice recommended that the Trust should hold widescale discussion about a number of possible options for change. The legal advice was also clear that whilst public opinion should absolutely be considered when making a final decision, opposition to any option ultimately preferred by the Trust should not dissuade action, but would require the Trust to evidence valid reasons for its choice
- Prior to launching a seven week engagement on the options for change, the Trust spoke to key stakeholders including NHS commissioner and provider partners, Healthwatch Gloucestershire, local GPs, councils and MPs
- The engagement reached a wide audience across Gloucestershire, as demonstrated by the 1,170 people who responded to the Review survey. This compares favourably to the 239 surveys received by Gloucestershire Hospitals NHS Foundation Trust in response to its three month “Right Care, Right Time, Right Place” consultation in 2013, and the 352 surveys received by the NHS Gloucestershire Clinical Commissioning Group in response to its “Joining Up Your Care” eight week engagement in 2014

- Other evidence of engagement - 8,000 information booklets were distributed, a Facebook campaign reached 80,966 people of which 1,573 engaged directly, 195 people attended the public engagement events, and 78 attended staff information events
- The option for change preferred by the public was option 2 (to change the hours of the MIIUs in Cirencester and Stroud to 8am-11pm) with 39.1%; second was option 3 (to change the hours of the MIIUs in Cirencester and Stroud to 8am-11pm, and one of the MIIUs in the Forest of Dean to 8am-8pm) with 32.3%. Option 1 (to change the hours of all seven MIIUs to 8am-8pm) received 22.6%, with 6% registering comment but no vote
- A decision on the future opening hours of MIIUs across Gloucestershire will be taken at the Trust Board on 20 September

2. Background to the MIU Review

2.1 The issues

Gloucestershire's Minor Injuries and Illness Units (MIUs) offer timely support to people with urgent, but not life-threatening, healthcare needs. As such, MIUs provide care and treatment for conditions and injuries such as sprains, cuts and wounds, skin problems such as rashes, bites, stings and infections, minor eye injuries, minor fractures and minor head injuries etc. MIUs therefore offer a real alternative to the Emergency Departments in Gloucestershire Royal and Cheltenham General Hospitals, and indeed, provide a more suitable setting for the care and treatment of minor injuries and minor illnesses.

Currently, there are three different opening hours for MIUs across the county as shown below:

Table 1: Current MIU opening times

| Opening hours | MIU site | Locality |
|---------------|--------------------------|------------------|
| 24 hours | Cirencester Hospital | Cirencester |
| | Stroud Hospital | Stroud / Dursley |
| 8am-11pm | Dilke Hospital | Forest of Dean |
| | Lydney Hospital | |
| 8am-8pm | North Cotswolds Hospital | North Cotswolds |
| | Tewkesbury Hospital | Tewkesbury |
| | Vale Hospital | Stroud / Dursley |

In June 2015, the Care Quality Commission (CQC) undertook an independent assessment of Gloucestershire Care Services NHS Trust (the Trust), the organisation which runs these MIUs. This assessment concluded that the MIUs required improvement. This was due to the need to:

- review and take prompt action to ensure that MIUs are consistently staffed by sufficient numbers of suitably qualified, experienced and skilled staff;
- ensure that people arriving at MIUs receive prompt assessment (triage) by an appropriately trained and experienced registered nurse;
- monitor and take appropriate action to ensure that staff receive regular mandatory and essential training;
- monitor and take appropriate action to ensure that equipment, medical devices and medicines are regularly checked;

- develop and improve systems, processes and governance arrangements to assure high-quality, effective and safe care and treatment;
- investigate incident reporting levels, encouraging staff to report incidents, including near misses, and ensuring these are acted upon and lessons learned and disseminated;
- ensure that people seated in MIIU waiting areas can be observed by staff;
- ensure that in Stroud General Hospital, triage takes place in an enclosed and private area to allow private discussion and examination;
- improve monitoring systems and take appropriate action to ensure that MIIU premises and equipment are regularly cleaned;
- improve joint working with out-of-hours GP services to ensure that the care pathway is seamless, and the service convenient and reliable; also work with the local mental healthcare trust and emergency departments to ensure that MIIU staff are supported to assess and select the appropriate care pathway for people presenting with mental health concerns.

Between June 2015 and June 2016, the Trust successfully addressed most of these issues. For example, clinical leadership was significantly strengthened by the introduction of an MIIU Matron role, and this led to enhanced standards of quality and safety. Also, new staffing arrangements were introduced so that initial triage was always undertaken by a fully qualified professional. Similarly, internal control systems and processes were reviewed and improved, in relation to incident management, joint working practices and staff training.

However, there remained four fundamental challenges to the Trust's ability to deliver high-quality, safe services in line with CQC recommendations:

1. **Nurse recruitment.** It was a recommendation of the CQC that MIIUs have at least two qualified nurses on duty at all times, one of whom should be an Emergency Nurse Practitioner (ENP). However, as with most other NHS organisations nationally, the Trust has found it difficult to recruit nurses and particularly those with specialist skills such as ENPs. For this reason, the Trust has sometimes found it impossible to staff the MIIUs, meaning that on occasion, MIIUs have needed to close temporarily at short notice rather than operate unsafely. This is far from ideal, and therefore to address this - in addition to on-going recruitment campaigns - the Trust recognised the potential requirement to change MIIU opening hours. This would enable ENPs and other colleagues to be reallocated from overnight cover where very few people are seen, to daytime shifts where their skills could be better utilised and the role would be more professionally rewarding.

- 2. Value for money.** Although there is an overall increase in the use of MIUs (i.e. attendances increased by 7% in 2015-16 compared to 2014-15, resulting in over 70,000 attendances per year), the numbers of people attending the overnight MIUs remains relatively and consistently low. For example, in 2015-16, there were an average 4.49 attendances per night between 11pm and 8am at both Stroud and Cirencester combined (or 0.25 people per hour per site), compared to 87.06 attendances between 8am and 11pm at both sites combined (or 2.90 people per hour per site). This raised the question of whether overnight cover remained a viable option.

Equally, in the Forest of Dean, there were an average 4.43 attendances per night between 8pm and 11pm at both Lydney and the Dilke combined (or 0.74 people per hour per site), compared to 50.64 attendances between 8am and 8pm at both sites combined (or 2.11 people per hour per site). This suggested that there may be sufficient capacity to meet demand in one MIU in the Forest of Dean after 8pm.

- 3. Right place for care.** Whilst there is no doubt that MIUs offer choice for people with urgent healthcare needs, it is also important to ensure that those people who do attend the Units are in the best place to receive care. To investigate this further, the Trust's Medical Director looked at MIU attendances in 2015-16 outside 8am-8pm. This analysis was then further supported by a series of clinical audits. Together, these assessments concluded that 90% people attending MIUs between 11pm and 8am, were either sufficiently well and could have visited the MIU or seen their GP the following day, or were seriously injured or seriously ill and should have gone immediately to an acute hospital. Therefore, it was concluded that the overnight service in an MIU is not always the best option for local people.
- 4. Recognisable opening times.** As detailed in Table 1 above, there are currently three different operating times for MIUs in Gloucestershire, which is inequitable and can create difficulties for recognition and understanding of what services are available at what times. It was therefore suggested that greater consistency in opening hours countywide could hugely benefit public awareness of service availability.

Given these four challenges, the Trust acknowledged the value in undertaking a full review of MIU opening times across Gloucestershire. In doing so, the Trust also recognised the very clear need to ensure the involvement and participation of local people in the discussion, so that the voice of the Gloucestershire public would be heard, and serve as a key consideration to any future decision on service provision.

2.2 Legal advice

Before taking any action in this matter, the Trust sought independent legal advice from DAC Beachcroft which was received on 8 April and 29 April 2016. The key points of this advice, and the Trust's response, was as follows.

Table 2: Legal advice and Trust response

| Legal advice | Trust response |
|--|---|
| The Trust was reminded of its duty under the terms of The NHS Act 2006 section 24 (1B), to engage and involve the public in relation to any proposed changes to MIIU opening hours: moreover, it was reiterated that this activity should be proportionate to the changes proposed, and as such, a minimum of 30 days engagement with the public and key stakeholders was recommended | The Trust recognised its statutory responsibilities in undertaking proportionate dialogue with the public across Gloucestershire. As such, the Trust chose to undertake a seven week (49 days) public engagement exercise, with extended lead-in time for discussions with key stakeholders (see section 2.4 below) |
| In proposing changes to MIIU opening hours, the Trust was advised not to (i) make a decision without adequate public engagement, or (ii) act to pre-determine the result of the engagement, or (iii) make a decision which makes a subsequent engagement exercise redundant | The Trust took no pre-emptive action to reconfigure its MIIU services until the conclusion of the engagement process. This resulted in the continuation of ad-hoc closures where insufficient numbers of staff were available to provide a safe service at a number of the MIIUs |
| The Trust was advised that a change in MIIU opening hours would not require a full 12 week public consultation which would otherwise be required for substantial variations / changes in services, but there would be an expectation of some public involvement prior to a final decision being made by the Trust. This should include more than information giving i.e. simply informing the public that the Trust is changing MIIU opening hours | The Trust chose to undertake a comprehensive engagement schedule as detailed in section 3 below, in order to secure public involvement. As a core element of this engagement, the Trust also chose to offer the public, three distinct options for future service delivery upon which their views and opinions would be actively canvassed prior to any decision being taken by the Trust Board |

| Legal advice | Trust response |
|--|---|
| <p>In order to meet the necessary threshold for public involvement, it was recommended that there be engagement of the public via the Trust website and with local Healthwatch representatives. Some formal engagement with the Health and Care Overview and Scrutiny Committee was also advised</p> | <p>As is described more fully in section 3 below, the Trust used its public website to carry full details of the MIIU Review, and to enable people to express their opinions on the available options. Equally, both prior to, and throughout, the engagement process, the Trust worked closely with Healthwatch Gloucestershire as well as with the local Health and Care Overview and Scrutiny Committee</p> |
| <p>The Trust was advised to produce a short public document, to be made available in both paper and digital form, that would set out the Trust's proposals, and indicate simply and clearly why the change in MIIU opening hours was deemed desirable and necessary</p> | <p>An eight page information booklet was produced prior to the start of the engagement - this was distributed in both physical and digital forms. It was accompanied in the physical form by a Freepost reply-paid card, as well as an online survey, giving people opportunity to indicate their choice of option, and also to leave their comments</p> |
| <p>The Trust was asked to provide sufficient information to allow people to understand and respond to the proposals</p> | <p>The Trust made a range of information available as part of the engagement. This included details within the information booklet, as well as additional information which was accessible during the public engagement sessions. Furthermore, the Trust responded to any supplementary requests for information which were received. For example, the Trust responded to a detailed request for activity data that was made by Geoffrey Clifton-Brown MP (Cotswolds): this was subsequently published in the Wilts and Gloucestershire Standard on 9 August 2016</p> |

| Legal advice | Trust response |
|---|--|
| <p>The Trust was advised to comply with Equality Act duties</p> | <p>The Trust sought to make the information booklet as widely available as possible so as to reach all local communities. The booklet also encouraged anyone wanting it in an alternative language or form to contact the Trust. For example, the booklet was made available in EasyRead (see appendix 2 below) and cascaded via Inclusion Gloucestershire. The Trust also ran an engagement event at the Friendship Café in Gloucester, a central hub for members of the local black and minority ethnic community.</p> <p>It is also noted that the Proposal Paper which will be presented to the Trust Board on 20 September making the case for change, will be supported by a Quality / Equality Impact Assessment, demonstrating that robust consideration has been given to the potential impact of change upon all local communities and population groups</p> |
| <p>The Trust was advised that responses to the engagement must be properly taken into account when making the final decision. This does not mean that the option finally proposed by the Trust should be withdrawn because of public opposition, but it does require the Trust to have valid reasons for supporting this option</p> | <p>The Trust noted this recommendation, and will ensure that the Proposal Paper which will be presented to the Trust Board on 20 September, will make suitable reference to this outcome report</p> |
| <p>The Trust was advised to publish its final decision as soon as possible after the decision is made, giving reasons</p> | <p>This outcome report is dated 6 September: the Proposal Paper will be presented to the Trust Board on 20 September</p> |

2.3 Options development

Further to the Trust's decision to undertake a review of MIIU opening hours as detailed in section 2.1 above, and following discussions with both the Trust's legal advisors (see section 2.2 above) as well as the Gloucestershire Clinical Commissioning Group, it was agreed to develop a series of options for future operation, and present these to the local public for consideration.

However, given the particular issues of overnight nurse recruitment now made more challenging as a result of the CQC recommendations, as well as the low numbers of people appropriately attending the MIIUs in Stroud and Cirencester between 11pm and 8am, it was concluded that there would not be a "Do nothing" option, as the 24 hour MIIU service was no longer deemed safe, viable or sustainable.

The three options therefore identified were:

- **Option 1:** To change the opening hours of all seven Gloucestershire MIIUs to 8am-8pm
- **Option 2:** To change the opening hours of the MIIUs in Cirencester and Stroud to 8am-11pm
- **Option 3:** To change the opening hours of the MIIUs in Cirencester and Stroud to 8am-11pm, and also the opening hours of one of the MIIUs in the Forest of Dean (either Lydney or the Dilke) to 8am-8pm

These options were fully evaluated prior to inclusion within the Review: this demonstrated that all three proposals would require further annual investment of between £210,000 and £460,000 due to the additional clinical posts required, and changes in staff rotas necessary to meet the minimum safe staffing levels recommended by the CQC. Therefore, the Trust was clear that this Review was not about cost-cutting (it is noted however, that most of the media coverage surrounding this engagement exercise did erroneously refer to it being driven by cost-cutting measures).

It is also noted that in undertaking this Review, the Trust was fully aware of a number of other healthcare reviews being led simultaneously across the county: in particular, those focusing upon the future of urgent care services in Gloucestershire, and a separate project exploring the future of health and social care services in the Forest of Dean. However, due to the need of the Trust to respond promptly and effectively to the CQC report, it was decided that the MIIU Review could wait no longer. Nevertheless, there was recognition that the outcome for the MIIUs could potentially change again at a later date given the findings or recommendations of these other reviews.

2.4 Early engagement

In the months leading up to the MIIU Review, the Trust engaged with key stakeholders in the following three phases:

1. June 2015 – July 2016

From the time of the CQC visit to the launch of the MIIU Review, full and frank conversations were routinely held with:

- the Trust Board;
- the NHS Gloucestershire Clinical Commissioning Group;
- the Trust's regulators (the NHS Trust Development Authority until 31 March 2016, and NHS Improvement thereafter).

These conversations were suitably supported by detailed and comprehensive analyses of potential operating and staffing models, as well as robust assessment of MIIU activity for the previous three years, in order to help identify the best possible options for the future provision of safe, high-quality, consistent and reliable MIIU services.

2. April 2016 – July 2016

In the lead-up to the launch of the Review, the Trust engaged with the following key stakeholders:

- the Health and Care Overview and Scrutiny Committee (HCOSC): on 17 May, the Trust outlined to HCOSC, the rationale for the forthcoming MIIU Review. Subsequently, a full presentation detailing the three options under consideration, together with plans for the public engagement, were clarified at the HCOSC meeting on 12 July, at which HCOSC members also had opportunity to ask questions of the Trust Chair, Chief Executive and Medical Director;
- Healthwatch Gloucestershire: the Trust kept Healthwatch Gloucestershire fully apprised of its intentions to undertake a public engagement exercise in the months prior to the Review;
- Leagues of Friends: discussions were held with all Leagues of Friends across Gloucestershire, although there was particular focus given to Leagues within those localities where change was proposed (namely, Stroud League of Friends, Cirencester League of Friends, Dilke League of Friends and the Friends of Lydney Hospital);

- primary care: the Trust's Medical Director spoke regularly with locality GP leads before the Review's launch. Additionally, the Accountable Officer and Clinical Chair of the NHS Gloucestershire Clinical Commissioning Group formally wrote to all GP Executive Leads on 11 July, to make them fully aware of the Review, and to ask them all to respond to the options within the seven week engagement period;
 - local MPs: in areas where change was suggested by the three options, local MPs were kept briefed by the Trust's Chief Executive, Chair and Chief Operating Officer;
 - other local NHS provider organisations: the Trust's partners, and in particular, Gloucestershire Hospitals NHS Foundation Trust, were given a number of opportunities to discuss potential impact upon their services as a result of the proposed changes to MIU opening times.
3. 12 July 2016

On the day before the Review's launch, the Trust undertook the following:

- a letter, together with an electronic version of the information booklet and an invitation to attend the planned stakeholder engagement sessions (see Table 4 below), was sent by the Trust's Chief Executive to key stakeholders and community leaders. These included, but were not limited to:
 - local district, parish and town Councils, as well as Gloucestershire County Council;
 - local voluntary sector organisations such as Gloucestershire Deaf Association, Inclusion Gloucestershire, Age UK Gloucestershire, Carers Gloucestershire, Barnwood Trust and Gloucestershire Older People's Association;
 - local housing associations including Two Rivers and Wyedean;
 - local Citizen Advice Bureaux;
 - local hospices;
 - local education establishments such as Gloucestershire College, Royal Forest of Dean Campus and Royal Agricultural University;
- a media briefing was held so as to inform local newspapers and radio stations about the planned engagement, and to direct their readers / listeners towards the public engagement events in July and August. The story received significant coverage at this time: moreover, high press interest was sustained throughout the period of the Review.

3. Main engagement activities

3.1 Printed materials

In order to raise awareness and understanding of the rationale for the MIU Review - and to outline the options for change - the Trust developed a detailed information booklet, in line with legal advice (see section 2.2 above). This was an eight page full colour brochure, which was accompanied by a Freepost reply-paid postcard that enabled the public to provide feedback and commentary upon their chosen option.

Initially, 5,000 information booklets and reply-paid cards were printed by the Trust: however, by the third week of the engagement, it became evident that these materials were in high demand, so an additional 3,000 copies of each were produced. By the end of the engagement process, most supplies had been exhausted.

These information booklets and reply-paid cards were made available as widely across Gloucestershire as possible, with the ambition to reach as broad a demographic as possible. A summary of the primary distribution channels is as follows:

- information booklets and reply-paid cards were provided to each of the Trust's seven community hospitals / MIUs. These were displayed in a prominent location at each site, alongside an eight foot promotional banner, which was intended to draw attention to the Review and encourage public participation. The Trust also provided a "postbox" at each of the hospitals so as to enable people to quickly and easily provide their feedback. A number of hospitals, and in particular Cirencester, used their initial supplies very quickly, and these were routinely restocked throughout the engagement period;
- information booklets and reply-paid cards were provided to Gloucestershire County Council in order that they could be distributed via appropriate sites across the county, including public libraries and children's centres (NB a number of District Councils across Gloucestershire provided an additional channel via which booklets and reply-paid cards were circulated);
- the Information Bus, managed by the NHS Gloucestershire Clinical Commissioning Group, stocked information booklets and reply-paid cards throughout the period of the Review: however, these were used most frequently during the engagement events (see section 3.4 below);

- all 84 GP surgeries across Gloucestershire were sent information booklets and reply-paid cards to make available to the public. These were addressed to Practice Managers who were asked to display the materials in their waiting rooms, and to contact the Trust should they use their initial stock. In order to increase awareness of the booklets' availability, the Trust provided graphics for upload to the TV advertising screens sited within 67 GP surgeries: also, information was included in the GP newsletter produced by the NHS Gloucestershire Clinical Commissioning Group;
- Healthwatch Gloucestershire provided much support for the engagement process, and helped by distributing information booklets and reply-paid cards through its established network;
- village and community agents assisted with the circulation of information booklets and reply-paid cards, helping ensure that these reached some particularly "seldom heard, seldom seen" populations including people living in rural and remote areas of the county - village agents in the Forest of Dean were especially active and supportive in this process;
- the Leagues of Friends across Gloucestershire contributed significantly towards raising awareness of the MIU Review. In particular, there was keen support from Stroud League of Friends who helped circulate information booklets and reply-paid cards: also, Dilke League of Friends, who during August, handed out booklets from the Co-op in Cinderford;
- Forest Route Community Transport requested supplies of information booklets and reply-paid cards so as to be able to distribute amongst their users;
- Two Rivers Housing Association also requested information booklets and reply-paid cards in order to make these available to their client base;
- information booklets and reply-paid cards were distributed via a number of high-profile local community leaders, including those representatives who manage the Friendship Café in Gloucester, which is a focal point for black and minority ethnic populations in the city.

It is also noted that the information booklet was available in alternative languages upon request, although no such requests were received. The booklet was also converted into an EasyRead format (see appendix 2 below), and this was circulated via Inclusion Gloucestershire (formally Gloucestershire Voices and PING, Physical Inclusion Network Gloucestershire) which circulated the information to its membership.

3.2 Online presence

So as to extend the reach of the MIU Review, the Trust utilised a range of online channels in order to engage more widely with the local Gloucestershire public. These channels included the following:

- the Trust set up a dedicated email address (MIUReview@glos-care.nhs.uk), which was promoted on the printed information booklet and across all other media and public relations activities, and which served to receive questions and queries relating to the Review;
- the MIU Review information booklet was made available in electronic form - this was cascaded to all key stakeholders on the day prior to the formal public engagement launch (see section 2.4 above): it was also made accessible via the Trust's main website;
- the public was also invited to register its choice on the presented options and leave other comments about the MIU Review using an online survey facility: access to both the survey and information booklet were made easy via a prominent banner on the Trust's main public website which was maintained as a static promotion throughout the period of the engagement process;
- a short film outlining the rationale behind the Trust's decision to undertake the MIU Review was also made available via the organisation's main public website, where it was viewed 222 times – the film was additionally circulated to stakeholders as a source of further information;
- key stakeholders supported the Trust by cascading the electronic information booklet and the link to the survey to their members, and/or by carrying information about the Review on their own website. These stakeholders included:
 - NHS Gloucestershire Clinical Commissioning Group who forwarded the information electronically to all 84 Patient Participation Groups (PPGs) across Gloucestershire
 - Healthwatch Gloucestershire
 - Gloucestershire Rural Community Council
 - Gloucestershire Hospitals NHS Foundation Trust, who forwarded the information to its members (NB the information was also carried within the Gloucestershire Hospitals Trust's staff magazine).

3.3 Social media

During the engagement period, the Trust actively used social media in order to further interact and engage with local people and communities. This included the following:

- an extensive Facebook advertising campaign, raising awareness for the MIIU Review and directing people to the Trust's website in order to register their choice of option and voice their opinions, was run across the seven week engagement.

By 31 August, this campaign had reached 80,966 individual people, having been targeted at people living within a 50 mile radius of Gloucester city centre, and using keywords relating to "hospital", "injury", "illness", "emergency department", "A&E", "urgent care" etc to further define the audience.

From this overall reach, 1,573 people had directly engaged with the advertisement in the form of likes, comments, shares, post clicks and views of the logo's animated GIF (Graphic Interchange Format). This activity would have enabled the reach to grow even further as people shared the link across their own personal networks.

Analytics of this activity show that the Trust's Facebook campaign was mostly popular with women aged 35+;

- the Trust used Twitter routinely throughout the engagement period, utilising the hashtag #MIIRReview, in order to continuously reinforce awareness of the on-going Review, and more specifically, to remind people about forthcoming public engagement events which they could attend (see section 3.4 below);
- the Trust organised and promoted two Twitter chats within the engagement period, wherein the Trust's Chief Executive and Chief Operating Officer made themselves available over two 2-hour periods to answer public enquiries.

3.4 Public engagement events

In order to engage effectively with the local public on a more personalised basis, the Trust arranged a series of open events across the county. These were a mix of the following two approaches:

- drop-in events, where on most occasions (but dependent upon numbers), there was a formal presentation followed by a question and answer session;
- information bus events, whereby the public were welcomed onto the bus to collect information, complete a survey if they so wished, and/or enter into discussion with Trust representatives.

The Trust's Executive Directors including the Chief Executive, Chief Operating Officer, Director of Nursing and/or Medical Director were present at most events, supported by the Trust Chair, as well as the Head of Planning, Compliance and Partnerships, the Head of Community Hospitals, the Community Partnerships and Events Manager and the Community Partnerships and Events Officer.

Events were publicised within the information booklet, and on the Trust website - each was also promoted in the days immediately beforehand using social media and local newspapers.

Table 3: Public engagement events

| Locality | Venue | Form | Date | Numbers |
|-----------------------|--|---------------------------------|--------------------|---------|
| Forest of Dean | Cinderford High Street, Cinderford GL14 2SH | Information bus | Wednesday 13 July | 4 |
| | Lydney Hospital, Lydney GL15 5JE | Friends of Lydney Hospital fete | Saturday 16 July | 40 |
| | Lydney Community Centre | Locality Reference Group | Wednesday 20 July | 25 |
| | The Main Place, Coleford GL16 8RH | Drop-in | Monday 1 August | 3 |
| | Coleford Market Place, Coleford GL16 8AA | Information bus | Thursday 18 August | 15 |
| | Cinderford High Street, Cinderford GL14 2SH* | Information bus | Thursday 25 August | 5 |

**This event was organised after the information booklet had been printed in response to requests from the Cinderford area for another event*

| Locality | Venue | Form | Date | Numbers |
|------------------------|--|-----------------|--------------------|---------|
| Stroud | Stroud Holy Trinity Church, Trinity Road, Stroud GL5 2HX | Drop in | Thursday 28 July | 12 |
| | Stroud Holy Trinity Church, Trinity Road, Stroud GL5 2HX | Drop in | Tuesday 2 August | 4 |
| | Outside Post Office, Silver Street, Dursley GL11 4BN | Information bus | Thursday 4 August | 11 |
| | 11 King Street, Stroud GL5 3BX | Information bus | Monday 22 August | 15 |
| Cirencester | Corinium Museum, Park Street, Cirencester GL7 2BX | Drop in | Wednesday 27 July | 4 |
| | Corinium Museum, Park Street, Cirencester GL7 2BX | Drop in | Tuesday 9 August | 6 |
| | Cirencester Hospital, Tetbury Road, Cirencester GL7 1UY | Information bus | Friday 26 August | 4 |
| Gloucester | Southgate Street, Gloucester GL1 2DH | Information bus | Monday 18 July | 3 |
| | Friendship Café, Gloucester GL4 6PR | Drop-in | Thursday 18 August | 2 |
| Cheltenham | 173 High Street, Cheltenham GL50 1DF | Information bus | Friday 19 August | 3 |
| North Cotswolds | The Square, Stow-on-the-Wold GL54 1AB | Information bus | Monday 8 August | 14 |
| Tewkesbury | Spring Gardens, Oldbury Road, Tewkesbury GL20 5DN | Information bus | Friday 5 August | 5 |

In addition to the above open public events, key stakeholders were also invited to attend a number of “closed” sessions to enable discussions between the Trust’s senior representatives and key partners (see section 2.4 above).

These sessions were as follows:

Table 4: Stakeholder engagement events

| Locality | Venue | Form | Date | Numbers |
|-----------------------|--|---------|----------------------|---------|
| Forest of Dean | The Main Place, Old Station Way, Coleford GL16 8RH | Drop-in | Monday 1 August | 12 |
| Stroud | Stroud Holy Trinity Church, Trinity Road, Stroud GL5 2HX | Drop in | Thursday 28 July | 2 |
| Cirencester | Corinium Museum, Park Street, Cirencester GL7 2BX | Drop in | Wednesday 27 July | 6 |

The discussions at both the public and stakeholder engagement events will be used to inform the MIU Proposal Paper that will be going to the Trust Board on 20 September.

NB The Trust’s learning from these events, which it will use in future engagement exercises, is to increase the number of weekend events and add some evening sessions: however, in the original planning, the Trust felt that there were a sufficient number of alternative channels available to local people other than these face-to-face discussions. However, a number of requests from the public has since led the Trust to re-evaluate this decision.

3.5 Staff engagement

In order to ensure that the Trust's workforce was specifically able to hear about, and respond to, the MIIU Review, the organisation undertook the following actions:

- on 12 July, senior clinical staff representing each of the seven MIIUs attended the MIIU Governance Forum, at which they were given full and open details regarding the Review and engagement process, so that they could subsequently share this information with their locality colleagues. This forum was attended by nine members of staff;
- also on 12 July, a global email was sent to all colleagues across the Trust so as to alert them to the engagement, and to provide them with a direct link to the Trust's website where they could access further information and complete the survey;
- from 13 July to 31 August, eight foot banners, together with the information booklets and reply-paid cards, were prominently displayed in each of the Trust's community hospitals / MIIUs, thereby raising the visibility of the Review with staff, as well as the public;
- also from 13 July until 31 August, the MIIU Review was prominently highlighted on the main banner of the Trust's internal intranet site, directing all colleagues to the public website so that they could read more about the Review and complete the survey;
- similarly, throughout the entire period of the engagement, updates regarding the MIIU Review were routinely included within the Trust's weekly CORE newsletter, sent by global email to all colleagues across the organisation, again enabling staff to directly access information and the survey;
- on 28 July, senior management colleagues from all areas of the Trust were given a presentation about the Review as part of the Trust's routine CORE Network meeting: this was followed by a Question and Answer session. The event was attended by 48 colleagues;
- the Trust also utilised the Trust's communications network to send text messages to all staff with mobile telephones, reminding them about the Review and how information could be accessed;

- in addition to the above activities, staff were also invited to attend one of the eight engagement events that were held across the county, detailed in Table 5 below. These events were hosted by Trust Executive Directors, and gave colleagues the opportunity to ask more detailed questions about the Review and engagement process.

Table 5: Staff engagement events

| Locality | Venue | Date | Attendance numbers |
|-----------------------|--------------------------|----------------------|--------------------|
| Cotswolds | North Cotswolds Hospital | Monday 25 July | 2 |
| Cirencester | Cirencester Hospital | Wednesday 27 July | 3 |
| Gloucester | Dowty's Sports Club | Friday 29 July | 2 |
| Stroud | Stroud Hospital | Tuesday 2 August | 9 |
| | Vale Hospital | Thursday 4 August | 1 |
| Forest of Dean | Dilke Hospital | Friday 12 August | 2 |
| | Lydney Hospital | Monday 15 August | 2 |
| Tewkesbury | Tewkesbury Hospital | Friday 19 August | 0 |

4. Detailed feedback

4.1 Feedback from key stakeholders

In response to the MIU Review, a number of the Trust's key stakeholders chose to submit formal response. Others made a conscious and public decision not to respond as a whole, but rather to elicit their supporters / members to submit their individual responses either via the online survey or using the Freepost reply-paid card.

The formal responses to the MIU Review which are reprinted below, were received from:

- 4.1.1 NHS Gloucestershire Clinical Commissioning Group
- 4.1.2 Gloucestershire Hospitals NHS Foundation Trust
- 4.1.3 Healthwatch Gloucestershire
- 4.1.4 Stroud Town Council
- 4.1.5 Cotswolds District Council
- 4.1.6 Forest of Dean Locality Executive Group (LEG), which comprises local GPs
- 4.1.7 Stroud Locality Executive Group (LEG), which comprises local GPs
- 4.1.8 Friends of Lydney Hospital
- 4.1.9 Stroud League of Friends
- 4.1.10 Stroud Against The Cuts

4.1.1 NHS Gloucestershire Clinical Commissioning Group

Gloucestershire Clinical Commissioning Group (CCG) would like to take this opportunity to acknowledge formally the recent engagement activity organised and undertaken by Gloucestershire Care Services NHS Trust (GCS) with regards to three options for changing the operating hours of the Minor Injuries and Illness Units (MIUs) managed by GCS. Opportunities for face-to-face engagement and feedback have been facilitated by GCS across the county, as well as online and social media platforms.

We note that the engagement period concludes today, 31 August 2016. We very much look forward to discussing with you at the earliest opportunity, the feedback you have received from the public, local community partners and your staff, and considering how the feedback received will influence and inform the Trust's decision making processes.

We will be in touch with you in due course to discuss further your business case and staffing proposals, which we need to consider as a separate matter following any decision regarding future MIU opening times.

4.1.2 Gloucestershire Hospitals NHS Foundation Trust

Thank you for the opportunity to comment on the options for the opening hours of your Minor Injuries and Illness Units, as part of your public engagement process. What follows represents the response from the Gloucestershire Hospitals NHSFT, informed by discussions with our Board, governors and senior leadership team.

On the narrow question that forms the basis of the engagement process, our preferred option is option 1, change the opening hours of all minor injuries units to 8.00am to 8.00pm.

The reasons for this preference are:

- we recognise and share the challenges of nurse recruitment;*
- we accept that appropriately staffing these units overnight does not represent value for money; and*
- that a consistent pattern of opening hours across the minor injuries department will help us to develop unambiguous and clearer messaging for the public.*

Based on the audit of their current usage, it should be possible for this option to be implemented without significantly impacting on the system's ability to meet the national target to see 95% of people in an emergency department within four hours. However, we believe that this will need the system to work in partnership to design a more integrated emergency care model which maximises the contribution made by the minor injuries units during these revised opening hours.

We remain unconvinced that the resources released from implementing this option and the proposed additional investment of between £210k and £460k, represents value for money, and we would be very willing to explore with you and partners whether there are alternative system-wide models which would deliver a better return on our investment.

4.1.3 Healthwatch Gloucestershire

Over a 25 day period in August, Healthwatch Gloucestershire (HWG) asked its members and the public via e-alert, newsletter, social media and GCS leaflets, what they thought of the proposed revised opening hours at the county's MIUs.

Whilst many had responded directly to GCS, HWG received the following responses as shown below:

- Option two seems the most equitable given underlying circumstances. Closure for Cirencester at 8.00pm is unwise and unacceptable to local residents as a lot can happen of a minor emergency nature during the evening.*
- This does not seem a fair choice - we were told that this Government wanted a 7 day a week health service, yet this is a clear cut to local services. Stroud General Hospital should be open 24 hours. I object to any cut, but clearly prefer option 2 to option 1. I consider this cut will lead to more people needing ambulances.*

4.1.4 Stroud Town Council

With reference to your consultation relating to the MIU at Stroud General Hospital, the Town Council objects to the proposals to reduce the opening hours at the unit. The Council is concerned about the impact on local residents who will not be able to access the care they need and, also the impact on provision at A&E departments at other local hospitals that are already overstretched.

The Council also objects to the format of the consultation which is in effect a fait accompli, because there is no option for residents to express a preference for the unit to remain open all night.

In the absence of an option to retain the status quo it would be dishonest to regard the result as a vote of support for reducing the opening hours.

4.1.5 Cotswolds District Council

Thank you for engaging us in the review of Gloucestershire's Minor Injury Units. It has been valuable to have had three public consultation events in the district. We visited the session at the Corinium Museum in Cirencester. We hope that these occasions have informed you about which Options are being supported.

Cotswold District Council understands that whilst the review involves our two Community Hospitals, the argument to close Units overnight concerns only Cirencester Hospital. The North Cotswolds Hospital already closes at 8pm. There has been public reaction to the proposal to close the MIU overnight in Cirencester resulting in a Petition which has gathered over a thousand signatures so far.

We note that the Review has been prompted by the CQC visit to the county. This visit highlighted the need for a safe and appropriate spread of trained staff in the Units. This has made you look at the numbers of patients seen overnight and they are small compared to the day attendance. We can understand that in order to use staff more efficiently, the transfer of experienced nurses to day duty is a logical one - given the national recruitment issue at the moment. You make it clear that it is not a cost cutting exercise when you are putting extra investment into the system. If this leads to a reduction in agency staff being employed, then that can only be a good thing in terms of maintaining a team approach. Nurses working in a casualty situation require special skills, and these skills can be lost by staff operating overnight with so few cases.

Educating the public is essential for directing potential patients to appropriate Units. We understand that there is a free APP which gives advice of where to go and when for a range of conditions. We could assist in 'marketing' this via our website and support you in your efforts to communicate service changes to residents after your decision is made in September. Our district is very rural, and there are different issues in the north compared to the south. Any communications would have to cover the whole patch.

It is clear to us that the Review has elicited an emotive response from the public in Cirencester. The history of the hospital is a long one, and we feel the public sees the current proposal as another nail in the coffin. When the doctors left the Unit, it was seen as a real downgrade. We understand that the reality is that you cannot provide all the technical/diagnostic facilities in every Unit. The point must be made

strongly that the Hospital is not under threat but that it will be operating in a safer and more sustainable way whilst still providing the majority of services. Dr Roberts did a survey of who was attending – most patients could have been seen the next day and more complex cases should have gone to GRH anyway. Again this requires education and we offer to help with this in any way you think appropriate.

Our conclusion is that given the size of Cirencester - 20,000 population - and the evening economy, the best option is to keep the Unit open to 11pm. It can be seen as a compromise on your behalf to the concerns of the public as indicated in the Petition. We feel sure that there is the need for a service to run to 11pm for minor injuries and accidents, and have no doubt that your figures would bear this out.

We therefore support Option 2 and hope that this fits in with your Board's decision.

4.1.6 Forest of Dean Locality Executive Group (LEG)

The Forest Locality discussed the proposals outlined by GCS at our LEG meeting yesterday. The view of the Forest locality is that Option 2 is the best option.

We have come to this decision as we feel it is completely the wrong time to make changes with the community hospital review going on. Any changes now we feel would seriously undermine public trust in the process and make any recommendations of the review difficult to implement in the future.

The locality are concerned that the one public engagement event for Cinderford was 1 day after the announcement and the same day it went into local media. We would ask GCS to look at offering a further event to give people notice to be able to attend.

The Forest locality is working hard on a joined-up patient-centred approach to urgent care and a community hospital review which is sustainable for the future.

4.1.7 Stroud Locality Executive Group (LEG)

We have just discussed MIIUs at our Stroud Locality Executive. We see the economic sense in closing at night. We would urge you at least to look at being open 8- 24.00 in Stroud and 8 to 8 in The Vale.

Our only other comment is that we feel in our area, MIIU could become urgent care hubs, supported by hospital beds for temporary assessment admissions, and we would love to work together with GCS in the spirit of MCPs to really develop local services. We would ask that GCS does not get focussed on organisational profit, but works with us to make care better closer to home. We are all after the same thing, providing excellent local services at a low as possible cost, so if you can give assurances that some charging regimes can be modified to help patients, then I'm sure we could really make community hospitals thrive locally.

As we are a pilot site, I wonder whether you want to discuss working closer with GPs and out-of-hours organisations locally and try and work with choice plus as well as Gloucestershire Hospitals Trust to boost urgent care available locally.

4.1.8 Friends of Lydney Hospital

I confirm the view that the Friends of Lydney Hospital wish to retain the existing opening hours for the MIU at both locations in the Forest (Option 2), but in the event that this is not possible, then we would prefer there to be a standard opening hours regime throughout the county (Option 1).

We do not support Option 3 as we believe that this would cause confusion in the population at large and would result in much media comment about the roles of the two Forest community hospitals at a time when there is a much wider consultation taking place over service provision in the locality.

4.1.9 Stroud League of Friends

Trustees of the League of Friends have met and considered the recently published review document. We feel strongly that the Minor Injury and Illness Service at Stroud General Hospital should continue as a 24 hour service because this presents a very high level of service and care for our local people, with a population of 119,583. This population figure taken from the CCG Annual Review is significantly higher than the populations of all the other Gloucestershire Community Hospitals and approaches the populations of Gloucester 169,681 and Cheltenham 152,503.

Trustees are however aware that from 12 midnight to 8am, the Unit is very quiet, you have difficulty recruiting suitably qualified staff, and the cost of maintaining the required Care Quality Commission staffing ratio is very costly.

In the absence of a 24 hour option, my trustees have no alternative other than to select Option 2 as our preferred option which would mean that Stroud and Cirencester MIUs would provide their fine service from 8am until 11pm, seven days each week.

We would like you to flex slightly the closing time to 12 midnight for two reasons:

- more people use the MIU between 11pm and midnight than in the early hours, and with good publicity this extra hour could relieve pressure on the extremely busy Gloucester and Cheltenham Accident and Emergency Departments;*
- an evening opening time until 12 midnight fits in with the developing preferred preference of the Gloucestershire Clinical Commissioning Group to have Urgent Care Hubs open for 16 hours daily.*

We are of the strong opinion that the decision you are making about closure hours should be deferred until the results of the ongoing Gloucestershire Urgent Care Review are known, as we believe this will be established by the end of October, and the current proposals for closing times are an interim measure until this time. There are significant problems associated with the retendering of the out-of-hours service, and the need to relieve waiting times at Gloucestershire Royal and Cheltenham Hospital A&E which need to be addressed as part of a planned approach. My trustees do not subscribe to the suggestion that a uniform offering allows everyone to know the opening times of Gloucestershire MIUs. People in the Stroud District would need to

know the opening hours of their MIIU, likewise other areas need to know their own opening hours. This will require a public information exercise which could also include the scope of MIIUs in managing minor illness and injury. This should increase usage of the Gloucestershire MIIUs.

Members of the League of Friends are very pleased to be working with your Estates Manager and our Matron to refurbish and develop the excellent MIIU we have in Stroud. We are hoping that this development will encapsulate the developing plans for urgent care in Gloucestershire.

Ideally in the best interest of patients, we would see our present MIIU developing into a 24 hour Urgent Care Centre serving the large population of Stroud and Berkeley Vale. This would receive significant League of Friends and community support. We are happy to take part in any discussions to explore the service provision of this very important service.

4.1.10 Stroud Against The Cuts

We have been troubled by the recent sporadic overnight closures of Stroud (and Cirencester) MIU, and are not reassured by statements in the booklet that the proposed changes in opening hours are related to a “lack of available staff”, and “attendances between 11pm and 8am [being] comparatively few”. We would like to express our strong disappointment that 24 hour opening is not an option for Stroud or Cirencester. We do not believe you have public support for removing services unless you have shown how other local services will fill the gap, or at least until you have explained in detail what impact of a reduction in opening hours you expect on the emerging chaos and crisis in urgent care in Gloucestershire, and what steps have been taken to mitigate this.

*As such, we would like clarity regarding the impact of these changes on other local healthcare services. The booklet states that “this review does recognise that by reducing access to MIUs, there may be some additional minor pressure upon other parts of the urgent care system: this impact has already been discussed with the Trust’s partners”. We believe it is essential that the outcome of these discussions is public. Specifically, we ask: **what have Gloucestershire Care Services and the Gloucestershire Clinical Commissioning Group done to assess the impact of changes to MIU opening hours on Out Of Hours and urgent care services in Stroud and Gloucestershire?***

We note that local Out of Hours provision is already in turmoil, with the service having been closed for 560 hours at The Dilke, and 195 hours here in Stroud in a single year, and South West Ambulance Service Foundation Trust say they “do not believe we can continue to offer this service effectively, and within the current contractual constraints, the trust does not have the resources to improve the service to a level that is satisfactory for ourselves, patients or commissioners” (“Patients faced with closures of out-of-hours GP services”, Gloucestershire Live, May 21st 2016). We further note that the relatively recent downgrading of Cheltenham A&E has predictably contributed to a worsening situation with regard to Gloucestershire Hospitals NHS Trust meeting its target to treat 95% of Accident & Emergency (A&E) patients within four hours, which has been missed every month for a year.

We believe there was a rationale for the Stroud and Cirencester service being open 24 hours in the past, or this would not be the situation prior to this review. Our position is that 24 hour opening is important to ensure universal provision that can catch occasional need and that it

*further provides important reassurance for the local population that care is available nearby if needed. It is clear to us that GCS itself felt 24 hour opening at Stroud was important when opening hours at the Vale Hospital were reduced in 2014, as Susan Field (then Director of Service Transformation) publicly stated at the time that this change was partly about “enabling us to keep the MIU service at Stroud General Hospital running 24 hours a day.” (“Changes to opening times for Minor Injuries Unit at Vale Community Hospital, Dursley”, Gloucestershire Live, 2nd April 2014). **We would appreciate further detail on attendances over this time period and ask for data on full year attendances at Stroud, Cirencester, Lydney and the Dilke as individual MIUs annually from 2010 to 2015.***

We support the sentiment behind David Miller, Chairman of Stroud Hospital League of Friends, endorsement of Option 2 in your review, which would keep Stroud and Cirencester MIUs open for the longest possible hours with least impact on other units, but also his comment in a letter to the Stroud New and Journal: “Ideally we would like to continue opening for 24 hours but if this is unacceptable then at least until midnight.” While we have been encouraging people to sign local petitions to make clear the level or desire for 24 hour opening and support for MIUs, we understand that this has not been included as an option for a reason. Our desire is to make clear our opposition to the erosion of NHS services locally. We note that at time of writing 2,325 people have signed Liberal Democrat County Councillor for Cirencester Cllr Joe Harris’ petition to “Keep Cirencester Hospital open overnight”, and 700 people have signed the Labour Party petition online to “Ensure 24 hour, urgent care is provided at the Minor Injuries Unit at Stroud Hospital” – with around 1,000 more signing the same petition in paper form. Regardless of the reasons and the justification for them, we see these changes in opening hours as a cuts that undermine the NHS principles of universal, comprehensive, easy to access care – and as such we wish to convey our clear opposition to them. We do not wish to endorse options which involve a reduction in opening hours, nor can we support an outcome which preserves Stroud’s MIU at the expense of services in other parts of the county. We wish to communicate our concern that people be expected to travel greater distances, which is expensive at best and out of reach to many who are unable to drive, or to afford taxi fares. We are troubled by the way in which GCS treats increased travel distances by suggesting that because “the two sites [in the Forest of Dean] are less than 9 miles apart”, “there is sufficient capacity to handle demand in just one of the MIUs”, particularly given the difficulties SWASFT is having in meeting Ambulance response time

targets (“More ambulances for Gloucestershire after fallen pensioner, 72, waits 90 minutes after 999 call”, Gloucestershire Echo, 9th June 2016, and “‘Failing’ ambulance response times in Gloucestershire raise serious concerns for county council”, Stroud News and Journal, 7th December 2015), and poor performance of the Non-Emergency Ambulance Service (“Hundreds of complaints after company fails to get patients to appointments on time”, Gloucestershire Live, 6th March 2015).

*We hope our desire for the longest possible opening hours across all MIUs is clear, despite 24 hour opening apparently no longer being possible. Nonetheless, we wish to emphasise our understanding of the importance of appropriate numbers of sufficiently qualified and competent staff. In Stroud Against the Cuts, we have supported the 4:1 campaign that seeks mandatory minimum staffing ratios (4to1.org.uk), and joined Sir Robert Francis in criticising the decision to halt work into safe staffing by the National Institute for Health and Care Excellence (“Francis criticises cessation of NICE work on safe staffing guidance”, 5th June 2015). We appreciate that “qualified nurses and especially Emergency Nurse Practitioners are in short supply nationwide”, but would request that GCS and GCCG make public statements regarding their understanding of the causes of this shortage and policies that can either contribute to help or hinder it in future. We note that, according to the Royal College of Nursing, pay has fallen by at least 14% in real terms thanks to the government's public sector pay freeze. RCN Chief Executive, Janet Davies, says the current shortage of nurses was “a preventable crisis, caused by years of cuts to student nurse commissions and a lack of long-term workforce planning. It could be worsened by the Government's untested gamble with student nurse funding, which our members are clear will have a negative impact on the future supply of graduate nurses” (“The RCN's fight for fair pay will continue as UK governments award inadequate pay uplift”, Royal College of Nursing, 8th March 2016). **We believe that GCS and GCCG should make a clear statement that they oppose the changes to student nurse funding, and the imposition of contracts on healthcare workers outside of collective bargaining in general and specifically with regard to the current junior doctors' contract – both policies which threaten to exacerbate staffing problems.***

We would also like to know precise numbers regarding how many nurses have responded to recruitment offers by GCS in recent years, how many have been interviewed, and how many recruited?

*The Gloucestershire Care Services booklet accompanying the review states that the proposals “are not about cost-cutting, as each option requires additional investment of between £210,000 and £460,000”. We would like to ask what period this additional investment applies to – is it annually or over a longer period? How does it relate to the existing budget for the MIUs in Gloucestershire, and their budget in real terms over the past decade? Most importantly, we would like to ask about the future budget for Gloucestershire Care Services and encourage the Trust to state publicly any concerns about planned funding and demands for ‘efficiency savings’ over the next 5 years. In Stroud Against the Cuts, we fear for the future of local NHS services under the latest round of reorganisation and **demand that Gloucestershire’s ‘Sustainability and Transformation Plan’ is made public as soon as possible, and GCS communicate swiftly any additional potential changes to either MIU provision in the county or services at Stroud Hospital.***

*Finally, we note with disappointment that all the engagement events organised by Gloucestershire Care Services in Stroud have taken place during working hours and in the week, that they occurred with short notice, and that there was no advertising outside Trinity Church either before or indeed during the previous events. **We would like to know how many people in total have attended these events as we believe it to be little more than a handful.***

In summary, we would like responses to the following queries. Please treat these as Freedom of Information requests if necessary:

- 1. a) What has Gloucestershire Care Services done to assess the impact of changes to MIU opening hours on Out of Hours and urgent care services in Stroud and Gloucestershire?*
- 1. b) What has Gloucestershire Clinical Commissioning Group done to ensure a full impact assessment of changes to MIU opening hours on Out of Hours and urgent care services in Stroud and Gloucestershire has been undertaken?*
- 2. Please provide further details on numbers attending the county’s MIUs from 2010 – 2015, broken down for Stroud, Cirencester, Lydney and the Dilke, by hour.*

3. *Please provide precise numbers regarding how many nurses have responded to recruitment offers by GCS in recent years, how many have been interviewed, and how many recruited?*
4. *What period does the “additional investment of between £210,000 and £460,000” cover? Is it annually or over a longer period? How does it relate to the existing budget for the MIUs in Gloucestershire, and their budget in real terms over the past decade?*
5. *Please inform us of how many people in total have attended the engagement events in Stroud.*

We also restate the following requests:

1. *Please make public statements regarding GCS and GCCGs understanding of the causes of the MIU staffing shortage and national policies that can either contribute to help or hinder it in future.*
2. *Please make a clear statement of opposition to the changes to student nurse funding, and the imposition of contracts on healthcare workers outside of collective bargaining in general and specifically with regard to the current junior doctors’ contract.*
3. *a) Please could you state publicly any concerns about planned funding and demands for ‘efficiency savings’ over the next 5 years?*

b) Please make public Gloucestershire’s ‘Sustainability and Transformation Plan, or any aspects of it that relate to Gloucestershire Care Services.

4.2 Other community feedback

In addition to the formal feedback noted in section 4.1 above, the Trust also became aware during its engagement practices of two community-based petitions against the proposed changes. These were:

- a petition against the closure of the overnight service at Cirencester MIIU organised by Cllr Joe Harris, the Liberal Democrat Councillor for Cirencester Park on Gloucestershire County Council, and for St Michael's Ward on Cotswold District Council and Cirencester Town Council. At the time that the MIIU Review closed (midnight, 31 August 2016), there were a recorded 2,399 signatures on this petition, which was run directly through Cllr Joe Harris' website;
- a petition against the closure of the overnight service at Stroud MIIU organised by Debbie Hicks, Vice Chair of the Stroud Constituency Labour Party. At the time that the MIIU Review closed (midnight, 31 August 2016), there were a recorded 854 signatures on this petition, which was run through the Change.org website.

The Trust was open to both of these petitions, and welcomed comments. Indeed, Cllr Joe Harris was scheduled to attend the closed stakeholder event in Cirencester (see Table 4 above) but had to withdraw due to competing priorities - similarly, the Trust's Chief Executive offered to meet Debbie Hicks to receive the petition at the Trust's headquarters, but Ms Hicks subsequently cancelled the appointment. However, all comments which were posted on the respective websites were read by the Trust's Chief Operating Officer on a daily basis in order to inform the MIIU Proposal Paper which will be presented to the Trust Board on 20 September 2016.

In addition to the above two petitions (for which there were also a number of rallies throughout the engagement process), there were also a number of other groups who coordinated to voice their concerns. These included Stroud Against the Cuts who campaigned to "*challenge the MIIU changes across the county but also to highlight the crisis the government is causing in the NHS*". Representatives from Stroud Against the Cuts attended both of the public stakeholder events held in Stroud, where they engaged in constructive dialogue with senior members of the Trust Board.

5. Feedback to the options

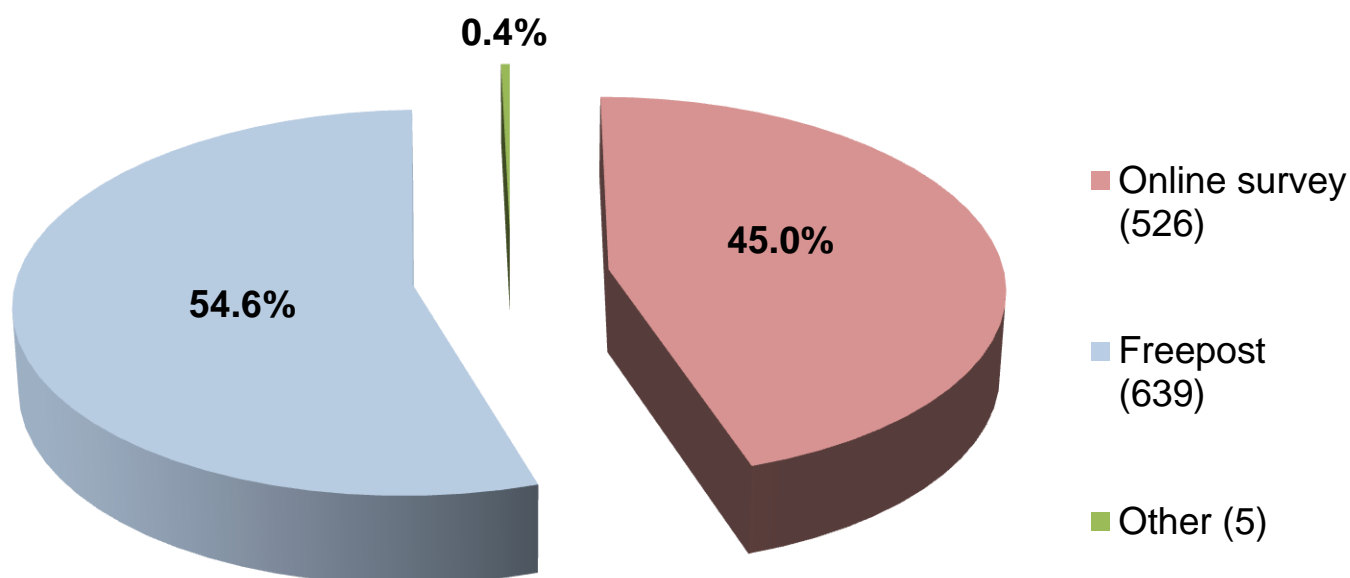
5.1 Analysis of respondents

In total, there were **1,170** individual responses to the Trust's MIIU Review (NB these do not include the organisational responses detailed in section 4 above).

Responses were received via the online survey, or the Freepost reply-paid card or by any other means (predominantly, the dedicated email address or by telephone).

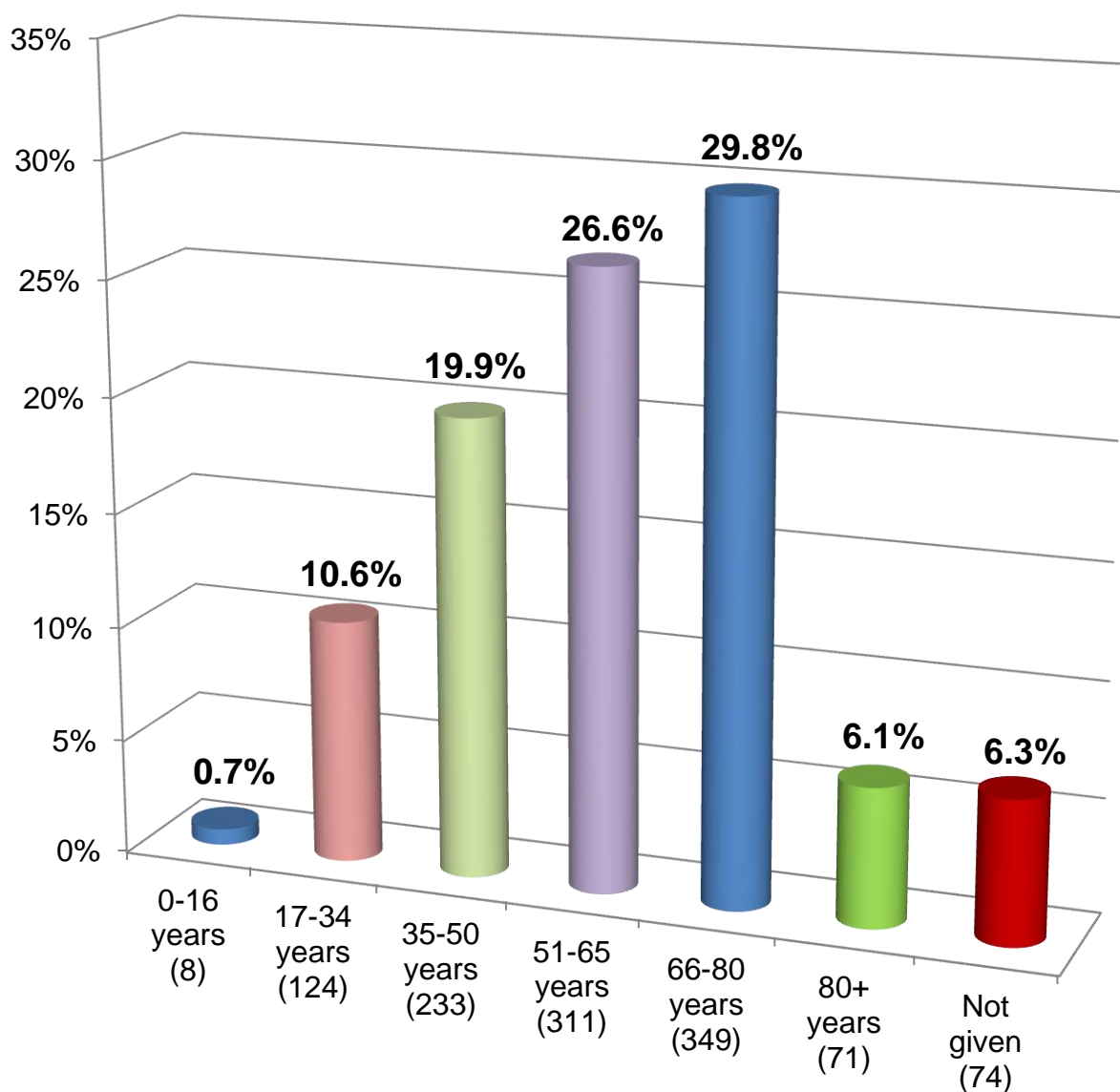
Chart 1 below shows the proportion of response methods used.

Chart 1: Methods of response



The age range of respondents to the MIU Review was as shown in Chart 2 below.

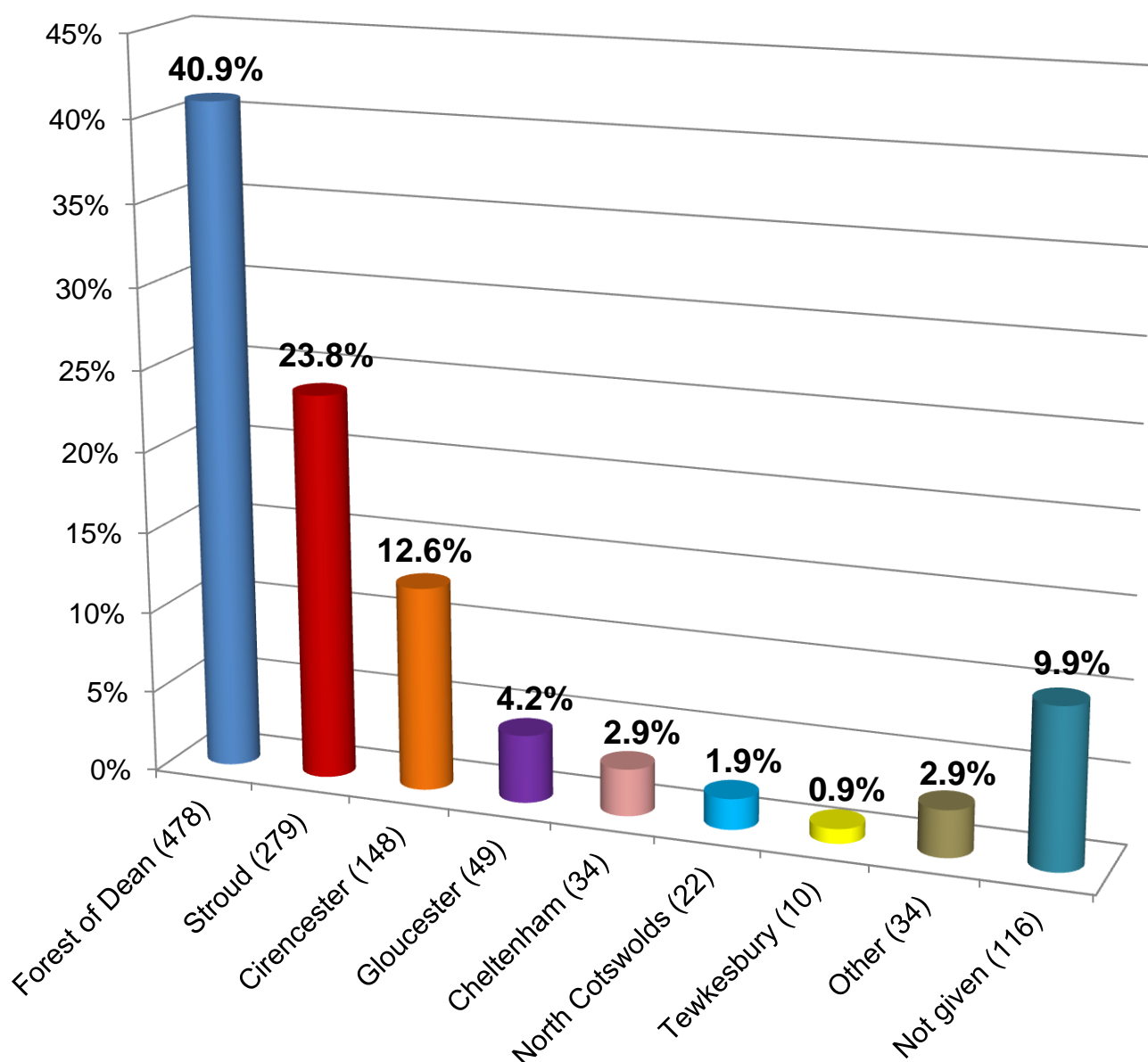
Chart 2: All respondents, categorised by age range



It is noted that proportionally, the age profile of those people who responded to the MIU Review was considerably older than the Gloucestershire average.

The home locations of the respondents to the MIU Review were as shown in Chart 3 below:

Chart 3: All respondents, categorised by home location

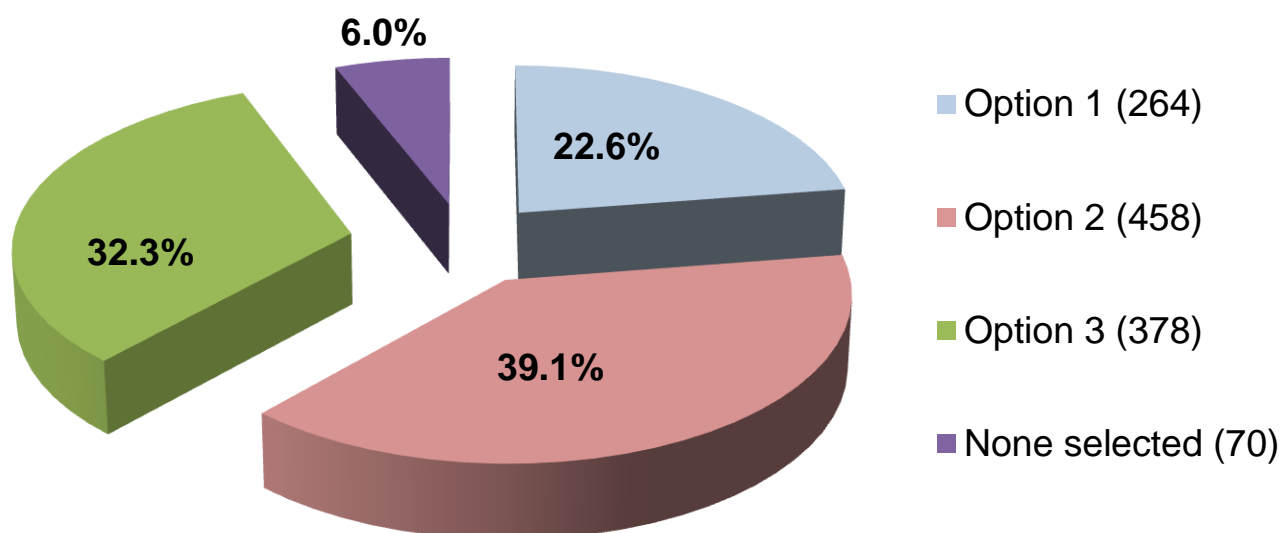


Not unsurprisingly, there was lower response from people living in those areas of the county where no change was proposed. However, of the remaining localities, there was a significantly higher response rate from people living in the Forest of Dean (reflected also in the number of comments received - see Appendix 1 below).

5.3 Options appraisal

The percentage of votes received for the three options was as follows:

Chart 4: Response rates per option



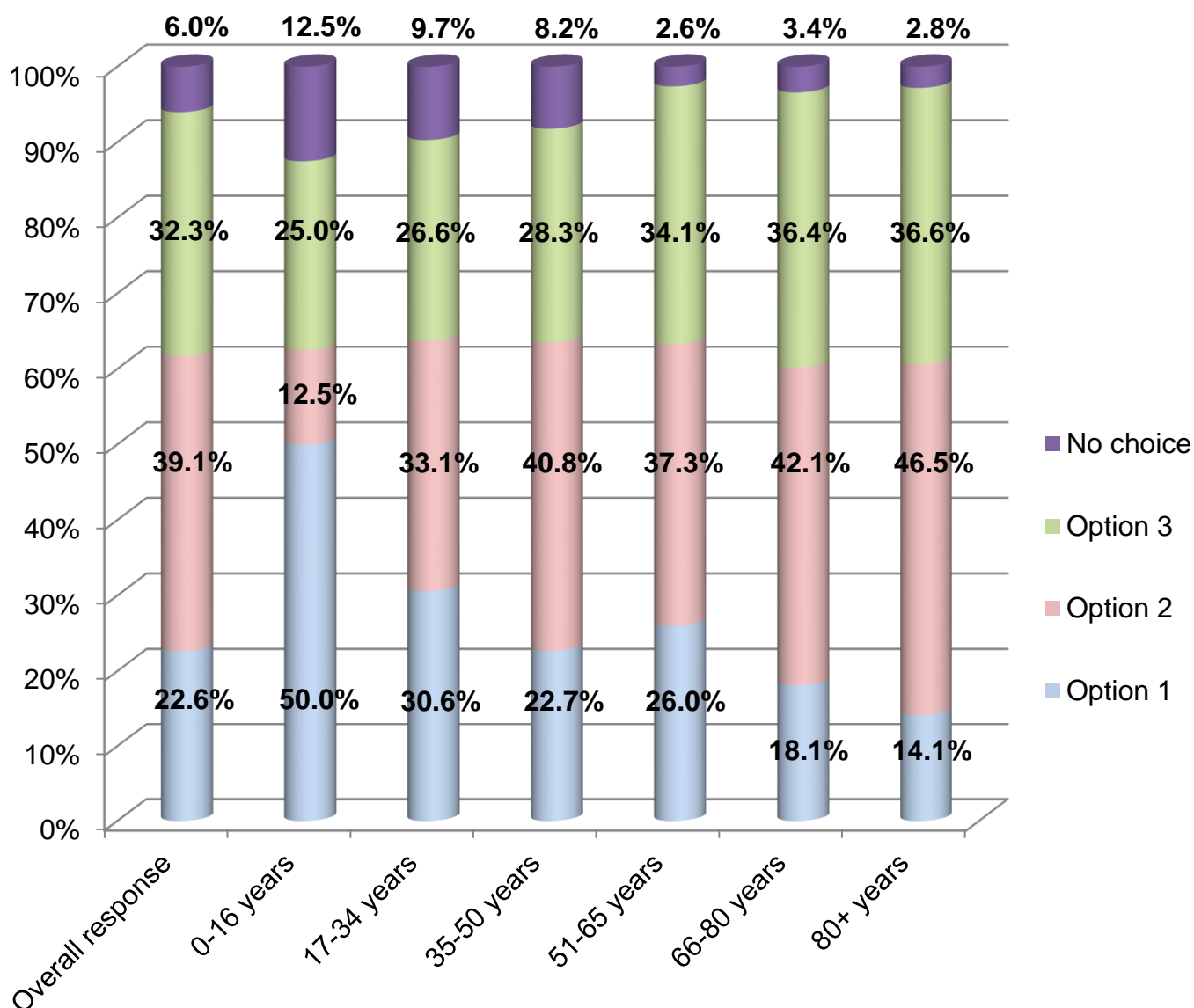
For ease of reference, the options were:

- **Option 1:** To change the opening hours of all seven Gloucestershire MIIUs to 8am-8pm
- **Option 2:** To change the opening hours of the MIIUs in Cirencester and Stroud to 8am-11pm
- **Option 3:** To change the opening hours of the MIIUs in Cirencester and Stroud to 8am-11pm, and also the opening hours of one of the MIIUs in the Forest of Dean (either Lydney or the Dilke) to 8am-8pm

NB As per the legal advice detailed in section 2.2 above, the outcome of this survey does not automatically determine the option which will ultimately be implemented by the Trust: however, the votes received and the comments detailed in Appendix 1 below, will most certainly serve to inform and influence the Trust's decision.

Below is a breakdown of response to the different options by age range, in order to identify any salient trends:

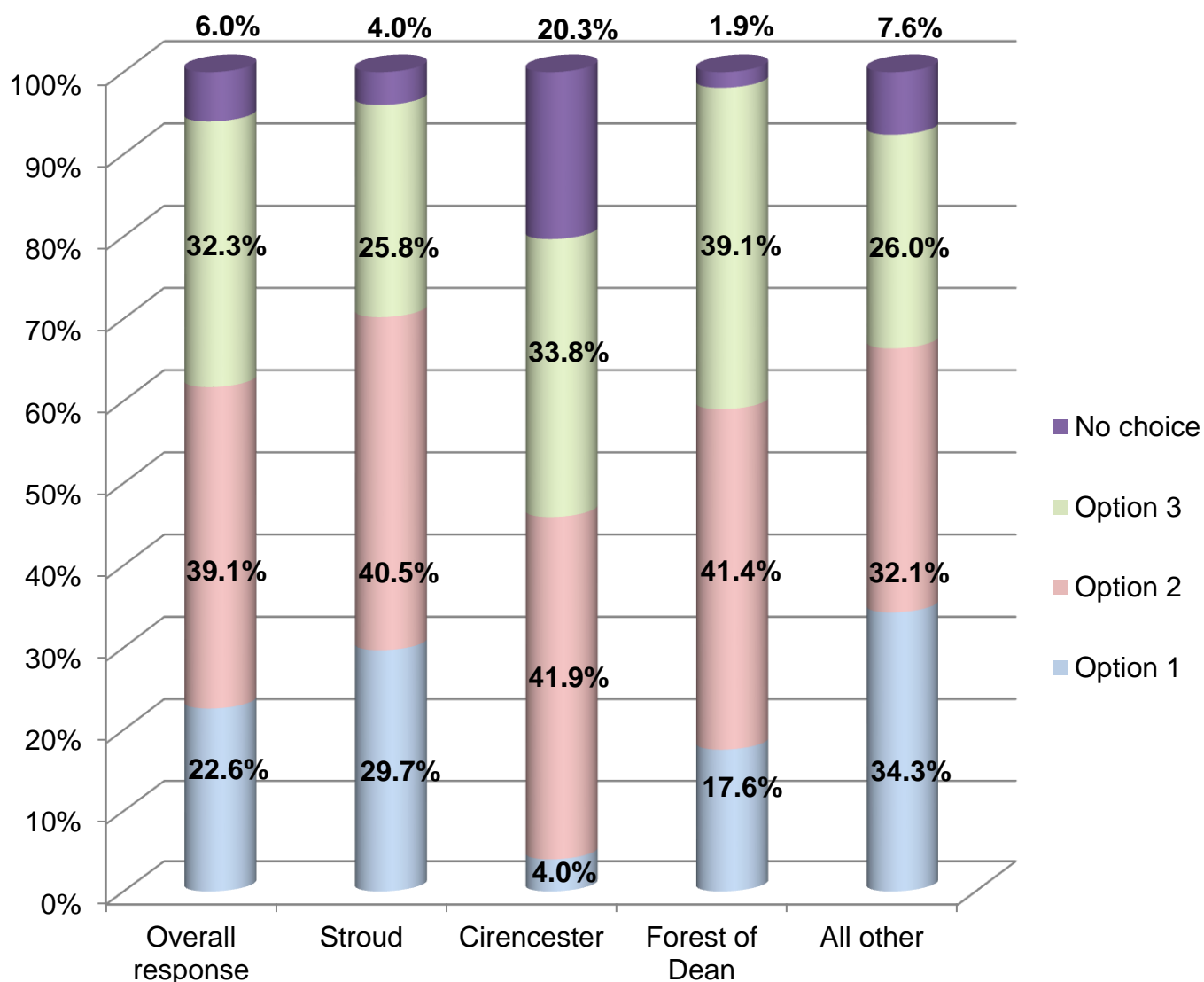
Chart 5: Proportion of favoured options by age range



Although there were significantly fewer responses from people in the lower age ranges as demonstrated in Chart 2 above, it would appear that respondents aged under 34 years have a greater appetite for change, as proportionally, higher numbers voted for option 1. Conversely, people in the older age ranges expressed desire for less change, and therefore were more supportive of option 2 which would result in less impact countywide.

Below is a breakdown of response to the different options by people from different localities, in order to identify any salient differences:

Chart 6: Proportion of favoured options by home location



Residents in both the Forest of Dean, and Cirencester in particular, were proportionally more opposed to option 1 which would affect a greater number of MIUs countywide. Interestingly however, Forest of Dean residents were split in their favour of option 2 which would have no impact upon that locality, and option 3 which would mean one of the Forest MIUs closing at 8pm. People in Cirencester were proportionally much more likely not to record a preferred option, calling for no change to their local MIU.

Appendix 1: Free text comments

The section below captures all of the free text comments received either via the online survey or on the Freepost card as of midnight on 31 August 2016.

The Trust has decided to publish these comments in the same spirit of openness and transparency which it has sought to adopt throughout this engagement process (NB there has been some very minor editing in order to anonymise examples of person-identifiable information and to remove the infrequent use of bad language: however both instances were rare and therefore, most comments are repeated *ad verbum*).

For ease of reading and presentation, these comments have been grouped into five key themes, namely:

- 1) overall agreement with the Review, and therefore support for the move towards alternative MIIU opening hours
- 2) overall disagreement with the Review, and therefore no support for the move towards alternative MIIU opening hours
- 3) support specific for any one of the three given options (subdivided into comments relating to option 1, 2 or 3)
- 4) comments specific to a particular locality (subdivided into comments relating specifically to Stroud, Cirencester or the Forest of Dean)
- 5) miscellaneous comments

It is intended that these themes provide a representative picture of public feelings in respect of this issue, and portray a wider scope of opinion than could otherwise be captured within the objective data analysis in section 5 above.

It is also noted that all these comments are printed independently of the corresponding option choices, and therefore whilst the vast majority make clear their stance, some authorial choices have needed to be made as to the category in which they appear. This is not to create bias, but rather to interpret a comment where it was not entirely certain as to the individual respondent's meaning.

1) **Overall agreement with the Review**

- Outstanding presentation of this matter! If only (Brexit) referendum issues had been presented with such clarity and honesty!
- I think this is very positive. I am pleased that the Minor Injury Units will be open at the busy times
- The CQC are quite right in having two ENPs on for safer practice. People say about "life threatening", a MIIU is not for serious injuries, illness or chest pain! It is for minor injuries and illness, i.e. sore throat, simple rash, bites ...
- I agree it is unreasonable to keep units open all night (though I fear it may result in increased abuse of the ambulance call-out service). People have to accept that current demands on the NHS are not sustainable
- This is clearly a thorough assessment of the situation with the MIIUs. Well done. Please take account of staff views before making a final decision
- Please note that although you are aware of problems, your service score against performance indicators is very impressive, so the performance indicators are not entirely helpful! A worry if a place is now open all the time, in future closes overnight, is that people locally will continue to expect it to be open. However, I agree you really can't run a fully staffed unit overnight for so few customers
- I wish to thank the staff and supervisors at the MIIUs and help and care over my 80 years!!
- Stop wasting money trying to keep these units open for 24 hours a day when there is no Doctor on duty
- The idea of keeping small MIIUs open until 11pm would be great but impractical. There's never a doctor on duty past 8pm anyway
- Rationalise services and invest in patient education to manage their own health
- Public will now understand it is not an A&E, empowering people to make the right choice where to go!
- I understand the need to reduce the opening hours explained in your review booklet. However, I am confused by the statement that choosing either option "requires additional investment of between £210000 and £460000" What is the point of the change if there is no saving or indeed an extra cost?

- Most minor injuries occur before 11pm. Indeed, I had a minor household injury requiring stitching at 9pm one evening in June and the Stroud MIU was first rate in dealing with it (4 stitches). My wife, a nurse, was present throughout and was very impressed
- I don't like to see NHS resources being wasted to meet very low demand. There are much more important things to spend its money on
- As this is an interim arrangement while further review into emergency provision is debated
- It's a no-brainer

2) **Overall disagreement with the Review**

- I do not agree with any of the options given. MIUs perform a valuable service in taking pressure off A&Es, and for people without own transport and should not be cut. I have had to enter a random option as mine is not available, and I would like to make clear that this option does not, in any way, represent my views. Also, I believe that structuring this survey like this renders this consultation legally invalid and will be investigating further
- Your review makes significant omissions which renders the review flawed. The MIUs provide an essential service to the communities which they serve. Injuries at night are likely to be more severe than those at the day (people who can wait will attend the next day). There is no exploration of the severity of injuries at different times of day. Reducing services will mean a 45 minute drive for many people to reach another unit. This will leave vulnerable people even more vulnerable. You have not included typical or average travel times for people if the cuts were to be made. You should consider the option of "No change, make people more aware of the existing opening hours" (road signage, press articles, etc). This would have the benefit of reducing the demand on the over-used A&E services at the main Gloucester and Cheltenham Hospitals (see CQC report on the Gloucestershire Hospitals NHS Foundation Trust for details of critical over-capacity at these units). Your own MIU Review brochure shows the performance of the units are good. This implies there is little reason to change anything. When the CQC looked at the quality of care, I am pretty sure they were not expecting you to attempt to improve it by closing services down! How can closing services improve care services? Your review documentation makes no attempt to evaluate the impact of these changes on clinical outcomes or quality of care. Your review documentation does not consider how much these changes will increase the attendance levels at the main A&E departments in Gloucester and Cheltenham, or how they could possibly cope with that. The issue with staff recruitment should never be used as a reason to remove clinical services. Instead, it should be a reason for management to get a grip of the situation and provide appropriate incentives for people to turn or return to working at these institutions. Please spend your effort addressing the inability of the Trust to properly staff the services it provides, rather than running public consultations about which services to cut. Your report should have considered options for increasing staffing. Your brochure includes extracts from the CQC report published 22 September 2015. However they are very selective extracts. You should have included the positive messages from the CQC: "All wards within community hospitals were well staffed according to safer staffing requirements (requirements for the minimum levels of staff on an adult inpatient ward)." "Staffing levels and skill mix had

not been adjusted in response to increased and activity and a changing profile of presentations" (implying the Trust should have adjusted the mix of staff rather than closing the door). "Importantly, the provider must: ... Review and take prompt action to ensure that MliUs are consistently staffed by sufficient numbers of suitably qualified, experienced and skilled staff" Your report should have discussed why this has not been achieved. Overall, the options provided present a reduction in care, an increase in risk to the public, and are based on issues within the control of the Trust. Please re-consider the reasons for, and impacts of, the proposed changes. Do come up with alternatives that are based on need

- What will happen when everyone goes to A&E? Already Gloucester is full. See this - "Gloucestershire Royal is breach of its NHS licence for missing A&E targets for 12 months on the trot. Read more at <http://www.gloucestershirelive.co.uk/gloucestershire-royal-in-breach-of-its-nhs-licence-because-patients-are-waiting-too-long-at-a-e/story-29565266-detail/story.html>" And they have a fraud case against their senior managers. Have you thought about what will happen if you close the local hospitals at night? And the video of Dr Mike Roberts suggests some people should not be going to the MIUs. But what about the people who should be going? What will they do??
- I have viewed the three proposals and feel that none are acceptable. The claim is that the objective is not to save money. Therefore, to close overnight is just taking the easy option, on the basis that the staffing issues will just go away. The usual "push it into the long grass and forget it for a while", with no consideration of the wider issues now and for the future. It is planning for the future that makes for greater efficiency and genuine savings in the long-term. Continuing with short-termism is just the usual recipe for building problems for the future. Cirencester has and is planned to grow rapidly over the next few years and to reduce facilities at this time, would be short sighted and almost certainly not cost-effective in the long-term. If the issue is staff morale / recruitment, then let's address that issue with more creative thinking. I am no expert in the NHS but surely giving staff the opportunity to study and get involved in the analysis of current research would benefit both staff morale and the NHS. It would be relatively easy to ensure that the work / study being undertaken was such that it could just be stopped the instant a patient arrived on the scene. The most successful and efficient operations, commercial and public, have motivational and creative investment in their staff and business for the long-term. Please can we have more of this from those responsible for the future of the NHS
- Keep "open" all night but have extra staff on the wards who can help out there when there are no minor injury patients. Apply this to all hospitals

- The dissemination of information on this consultative process has been very hit-or-miss. The arguments against leaving things as they are, are conspicuous by their absence
- The information in the video was invidiously thin such that the survey has an egregiously insidious aspect to it. The actual hard data re people attending MIUs would be vastly preferable to averages and that some, or was it many, or was it a few should have gone to A&E or waited till the next day. Have all aspects of Cirencester and Stroud been constant over the last 5 years or more? Is there a planned increase in housing in Cirencester and Stroud? Cirencester and Stroud data was given in that vague way, but the Dilke and Lydney did not seem to have any data! If an MIU is part of a hospital, then surely that would be a wise way of operating MIUs. And an economy of scale could occur. Perhaps there could be a sharing of MIUs - half a week at 1 and half a week at the other? What is the relative cost of someone visiting an MIU or being taken to an A&E - even would they be based in the same hospital? Worrying hint of cost concerns despite the categorical denial in the video - read the information in your own lead-in in the website ! You should have had an option of getting rid of the Tories
- I work during the week and the consultations you organised are all in the week. Only one was at the weekend. The majority of people work Mon - Fri. Please can you organise some more at the weekend so you can hear from the majority
- There is no option for 24 hour opening so this does not represent true choice! This is supposed to be a public consultation document. It is presented as a done deal. 24 hour opening is not even an option. This is a back door way of changing services
- There is no choice to make no changes and to maintain current provision. I do not support any of the options set out. I do not think that this consultation will stand up to judicial review as you are not consulting on all available options
- None of the above. However chosen option 3 in order to complete this survey. Keep the bigger populated towns open 24hrs and review the situation in smaller places
- Could cope with one of the Forest of Dean MIU's changing to 8 - 8, but would leave all the others as is. Only choosing option 2 as a way to have this view registered. Please ignore my option choice
- Not really acceptable that those MIUs open 24 hours currently are having this service reduced - this is unacceptable

- This is not a consultation document, it's 'Hobson's Choice'. Your booklet suggests we would be given the option to make no change to the current provision - yet this is not the case. We have to agree to closing one hospital at 8pm - no other 'choice'. This does not represent a choice! Ambulances already struggle to meet target times within the Forest, this choice is likely to increase the number of calls to 999 or create more strain on Gloucester hospital and increase waiting times further
- Whilst I fully appreciate the operational and financial constraints you are under, changing the way healthcare services are provided should mean distributing more service provision, rather than reducing it
- The MIUs are an invaluable asset, allowing patients to access urgent care and support in their communities; the opening times should not be downgraded
- I would actually prefer to keep full 24 hour opening as it may be rare, but when it does happen, it is usually much better for all involved to be able to be treated quickly and get home again quickly
- This is ridiculous. None of these options are acceptable. Shame
- None of the above are preferred options! The MIU's should remain 24 hours
- None of the options are acceptable, having had to drive to Gloucester A&E out of hours
- None of the above - please stay open 24 hours
- Needs to be open 24 hours
- Should be open 7/24 to serve diverse community
- My tax bill will stay the same, so I want it open 24/7
- This is a short-sighted cost cutting measure which has only one victim – the patient
- How is a non-driver able to get to an A&E department after 11pm if they are in severe pain but not in need of an ambulance or seriously ill?
- I can't believe you are cutting capacity when Gloucester A&E is in crisis
- These should be accessible to all members of community in times of emergency. Gloucester and Cheltenham Hospitals are not easily reached by disadvantaged groups particularly during the night

- We need the MIIU otherwise people will be ringing the ambulance services
- I am fully content with my present service
- Nothing should close...
- Stay open late
- Would have preferred 24 hours
- I would rather that it were 24 hours
- Ideally please keep all open 24hrs
- 24/7 opening time
- 24 hour
- At least one MIIU in the county to stay 24 hrs
- Both Stroud and Cirencester MIIUs need to be open 24/7
- None of the above, would like both Stroud and Cirencester open 24hours
- Open 24 hours is so much better
- Should be left with 24 hour opening
- Would far prefer to keep all MIIUs open 24hrs
- Should be 24 hours with more staff
- Should be open 7/24
- 24 hours please - necessary when you have a young family
- All MIIUs should stay open 24 hours
- Option 4 - keep MIIUs open 24 hours
- Option 4 - 24hr service
- I would like to see a 4th option of 24 hour care available
- 24 hours!
- 24hrs - Thank you

- Do not close MIU at night - bad idea
- Pity closing at night
- We need to keep the services going for as many hours as possible to save unnecessary long journeys and wait times for patients who would otherwise have to travel to Gloucester or Bristol
- I would prefer for Stroud and Cirencester to remain 24 hours but realise that this isn't an option
- The A&E at Gloucester Royal Hospital cannot cope at the moment so how would it deal with the extra patients who would have used the small local hospitals?
- Your minor injuries units allow the major A&E units to handle the really serious problems where delays are magnified!
- It is a device that helps to take the pressure off general A&E, to the benefit of all concerned!
- This is an excellent facility in local communities and reduces the pressure at major A&E centres so should NOT be dismissed. Maybe a few administrative staff could be reduced thus providing more funding for trained nurses
- I choose Option 2 with a heavy heart. Mostly because I believe that Gloucester Royal A&E would have to take in those who are currently seeking help at MIUs in Cirencester and Stroud. A friend of mine recently had to call an ambulance in Stroud and not only did it take 1 hour for the ambulance to arrive while my friend got more and more ashen faced, but for 6 hours staff at Gloucester Royal were unable to find a pillow to bed him comfortably, despite severe breathing problems. It seems Gloucestershire NHS is forced to keep making cuts to services which are likely to cost someone his or her life any time soon. Therefore, ideally there would be no change to the MIUs in Gloucestershire, and Gloucestershire NHS would negotiate better terms and conditions for staff and nurse students. This could make sure that there are sufficient motivated professionals at hospitals and MIUs to carry out essential care for those living in Gloucestershire
- I do not like the idea of any reduction in service, however option 2 seems to be the least worst
- Ridiculous for residents of Fairford to have to go to Gloucester for an emergency ... Or to Swindon who don't have access to patient notes

- Would much prefer for Cirencester and Stroud to be 24hrs
- You have already decided obviously a) not much choice b) midnight would be better c) yet more pressure on Gloucester, can they cope! Who can travel that far, emergency doctors will not cope, and ambulances can't cope now
- Keep all MIUs open for as much as possible because Gloucester Hospital is the worst place to go in the world. The A&E is awful you pay to park it is dirty and you wait forever
- Option 4 keep them all open 24/7 do not reduce any hours - these hospitals are the best. Gloucester A&E is very poor and hard to get to
- Don't play Russian Roulette with people's lives just to save money
- We need you think about children and old people where often they need to be seen quickly
- I think closing the MIUs overnight is ridiculous. I'm a sister in Gloucester Royal Hospital and it is unsafe overnight. Staff morale is low and patient care is being compromised. I would like the people making these decisions to come and sit in Gloucester Royal Hospital Emergency Department for hours because MIUs are closing, to see what impact it is having on patients and staff
- If you have an accident and require urgent attention, you don't want to drive 35-45 minutes and then begin your 4 hour wait. By closing the MIUs earlier, you are putting more pressure on the already very busy larger hospitals. Invest in the outposts of the shire, not take everything away!
- Please keep the emergency service open 24hrs in our local hospitals. I have used them many times and they have helped greatly. The ER at Gloucester Royal is under-staffed and over-subscribed already. This closure will only make it worse. The shortfall in funding nurses/doctors to open the hospitals late will only be pushed on elsewhere. The people needing out of hours emergency care won't go away
- My preference would be for none of the above. It seems ridiculous that south Cotswolds residents will have to either travel to Gloucester or Swindon out of these opening hours, and present at A&E
- Should be open all hours please
- Why change a good thing?!!
- Leave as it is!

- It is vital all MIUs stay open as long as possible
- I disapprove of all 3 of the options. My preference would be all MIUs in Gloucestershire to be 24hr services but failing that I would reluctantly back option 2
- No need to change services. Enough of the cuts
- Change means reduce. Any reduction of opening hours for these MIUs means a heavier load on the already overstretched A&Es. I am therefore not in favour of any reduction
- It's great as it is, leave it, it's been a lifesaver
- If the truth be known, the decision to close was made months ago and to get rid of night porters. Don't treat people with contempt. What's more important, saving lives or saving money
- It's a shame that decision is made to close overnight! Would like it open 24hrs. Gloucester Royal Hospital will be crowded. I know you would not be bothered as it is a different Trust
- There will be an impact on Cheltenham and Gloucester. Please provide resources needed
- A&E departments in hospitals should be ringfenced so only those who should be seen by A&E pass through
- Had to erroneously check one just to register my opinion! No option is acceptable: there will then be nothing at night between GP and an already overstretched A&E at Gloucester frequently dealing with minor injuries in people who don't need to be there
- Any significant reduction in hours will see already overstretched A&E Departments having to treat more patients with no more resources. They are already struggling to cope and more urgent care needs would make the situation worse. A&E should be left for real emergencies, not minor injuries
- None of these options are suitable, you are supposed to be there to help people, they are not numbers on a spreadsheet as your accountants would have you believe. Any decent manager in the private sector would find the money somehow, get your top managers off their backsides, out of their offices and work in A&E for a week, they may even meet patients for the first time

- These units are a vital resource for local communities and provide local care - additionally removing a huge load from overstretched units in the general hospitals
- Has anyone informed the public where to go if they need help outside of these hours? Illness strikes at any time
- After all the years of effort by Melville Watts et al, it is disgusting that these cuts are being made at all! There should be a proper casualty unit at both hospitals (*Stroud and Cirencester*). We deserve better!!!! Cut your salaries, not the hours. Whatever happened to the vocation to care for the sick?
- Option 2 is the lesser of 3 evils. I would prefer the status quo as I have often needed help as I got older
- I am opposed to any cuts in any of these services, and only choose option 2 as the least undesirable
- I have been so impressed with the out-of-hours care - please don't change
- Would prefer an option 4 to stay open
- None of the above. Shame on you for proposing no coverage in the Forest of Dean after 8.00pm. A disgusting state of affairs
- Would actually prefer no change to existing provision
- Extra cover will be needed at Gloucester A&E
- None of the above really. Ensure 24 hour urgent care is provided at minor injuries unit at Stroud
- The availability of a local hospital is very important to those who do not have their own transport
- Opening minor injury units later can reduce pressure on A&E departments and be more sustainable re: travel
- Why can't it stay the same as now. Many people from this area can't get to Gloucester later in the evening

3) **Support specific to options**

i) **Support for option 1**

- It makes more sense for all hospitals to operate on the same hours
- As a staff nurse in the unit, 8am-8pm would be a good shift for working. I believe the change in hours would benefit recruitment and retention of staff
- At present, I finish work at 22.15, many of the staff do not want to work until 11pm. Nurses have families and 11pm is too late especially in the winter. Staff will leave, recruitment is difficult enough with the 22.15 finish. We regularly leave late. If we open until 11pm, we won't get out until midnight if we are busy. Totally unacceptable - listen to staff or you won't have any left
- This would be fair and equitable. Hours could later be modified (increased or decreased) in response to evidence of need. The public will expect proper accountability and transparency with clear evidence that standards will be maintained or improved as necessary. There must be clear information about what to do and where to go outside of these hours
- Unify all MIUUs in Gloucestershire, so the public know where they are
- People are deterred from using MIUUs because they don't know which hours they are open. Better to have them all the same
- Recruitment benefits, staff morale, public awareness, improving public education of MIU units
- Keep all the same, muddly otherwise
- Unless there are more services open at the same time as MIU, they may as well all be open 8-8 as even after this time people don't realise the MIU can be helpful
- For the few people that use the night service, it makes it an expensive service which has been abused over the years
- Continuity
- Money would be saved, more staff available

- I believe that lesser complaints should not go to A&E units, if it can be avoided. However, it is ridiculous to keep a Minor Injuries Unit open all night in order to treat one or two patients. Probably 8am-8pm for all units is sufficient, but I can only comment on Stroud, which has been excellent on the 2 occasions that we have used it - both occasions in the evening, and on both occasions have avoided the necessity of going to A&E for injuries that we could not have treated at home, but could not have waited
- This will overcome any confusion about opening hours and ensure adequate manning levels. An out-of-hours service can be provided by NHS Direct and the ambulance service with the help of paramedics
- Standardise all opening hours 8am-8pm to free staff to cover shifts instead of relying on bank and goodwill!!
- If all MIU's were standardised, we would know when they were open - all the same
- Standardise all MIUs
- Standardise MIUs: everyone will know when opened and closed
- It should be consistent across the county with equal access
- I have lived locally since I was born and feel consistency in opening times across Gloucestershire is most important
- Consistency of service across the whole county
- Consistent and people will pitch up at A&E anyway if they are closed
- Option 1 will give parity of access for all residents (why is option 3 made up of 2 key questions which includes 4 units?)
- If all hospital units are the same there is no confusion - Thank you
- These are minor injuries and illnesses, surely one can wait until the unit is open again or if it more serious and therefore urgent, travel to where the higher level of care can be delivered i.e. Gloucester. The consistency of 8-8 opening around the county seems most fair
- Figures reveal that 'appropriate' usage after 8pm falls dramatically to an almost negligible level. The only downside to option 1 is that the 'inappropriate' usage (i.e. drunks, drugs etc) may increase the burden on the ambulance service

- I have chosen option 1, providing that this system does not stretch the existing staff too far
- This option would increase ease of access across the county for those with transport issues
- By changing to same time for all MIUs, the public will know that the hours are the same to access any of the units. There should also be an MIU in each of Gloucester and Cheltenham to reduce waiting time at the A&E departments
- Option 1 would be fair to all of them
- Better to treat all units the same, then no confusion should arise
- Option 1 would be better than 3
- Option one seems to offer best overall care and use of valuable resources
- Great for patient expectations!
- Probably the best value for money bearing in mind the limited NHS resources which could well become more limited post-Brexit
- As a positive to have the opening times instead of not open etc
- There is no X-ray after 5pm, overnight there is no doctor and very limited medication that can be given out by ENPs. 111 use it as a cheap alternative and send medical patients that have only been assessed over the phone to be seen by nurses who have had very little medical training. A minor injury can wait overnight anything more significant cannot be treated at MIUs and is sent on to GRH by ambulance which is probably what the patient should have done in the first place
- It would save money and make better use of staff resources and skill mix. It would bring service in line with rest of out-of-hours care as community nursing finishes at 8pm and this works well. There would then be a dedicated overnight team. The public would then need to take some responsibility for their care and not expect MIU to fix everything
- Open in the day with more staff
- If this means more staff on in the day so less waiting time
- Skill mix will improve

ii) Support for option 2

- Option 2 would provide 'equality' throughout the county. As a general comment, I believe that it is much better to have these services locally than forcing people to travel to Gloucester or Cheltenham - especially in the case of older people
- 24 hour opening for some MIUs seems excessive and unnecessarily expensive, but opening until 11pm is necessary - only being open until 8pm doesn't allow much time after GP surgeries have closed and this will impact negatively on the use of A&E departments
- Local to myself is Dursley and Stroud. I feel it would be beneficial to stagger closing times. I work in a pharmacy, and recommend the Vale a lot for things we cannot deal with (bites that require antibiotics for example) especially on a Saturday when GP appointments aren't available. I think it would be key for an 11pm closure at Stroud due to everywhere else closing at 8pm, this would be the last option before A&E. Surely it's best to have somewhere for people to go for urgent treatment like this. I fear Stroud closing at 8pm would direct people to Gloucester A&E which would be putting unnecessary pressure on the staff there if the ailment isn't life threatening. Ps, we love all the work you're doing at the NHS
- This makes most sense to me as the service is so little used between 11pm and 8am
- Minor injuries & illnesses are likely to be obvious between 8am and 11pm. Any emergency outside of that time can be seen at Gloucester
- A sensible compromise that mirrors other units and therefore a consistent message re: hours that the service provides
- Other options are too radical a change, and reducing hours to 8pm would mean huge strain on ambulance service and A&E departments and out-of-hours GP services
- I live in Tetbury, where the MIU closes at 4pm. I have used both Cirencester and Stroud MIUs in the evening, and they provide a substantial and valuable service. If the services have to change, then closing at 11pm is the option I choose - with the consequence being that if I have an injury between 23:00 - 08:00, then I telephone an ambulance. Question, is this best use of NHS resource?
- But until 12pm

- An average of 2 MIIU attendees a night is not a good use of staff, money or resources
- Late evening access is important to deal with the more acute needs and to ease any increasing pressure on large A&Es in Gloucester and Cheltenham
- Looking at the charts you have supplied, it looks like very few people attend Cirencester and Stroud MIIUs between the hours of midnight and 8am, so give them shorter hours and save money there
- I understand limited numbers using MIIU makes sense to close at night. It is a worry for people who can't drive and vulnerable to injury out of hours
- Having spoken to Dr Mike Roberts today in Stroud, I think option 2 is the best option for the Stroud MIIU
- I believe that keeping the MIIU in Stroud and Cirencester open until 11pm will be more than adequate for the service users
- I think Option 2 should be trialled for perhaps 12 months before considering Option 1
- I don't think the opening hours should change, but 8am to 11pm would cover most of the customer need
- If it is not possible to have 24 hours opening for Stroud hospital, then I would like to vote for Option 2
- Very important Cirencester and Stroud open until 11pm. Difference of closing times not important, one needs to know local times but anywhere else - in Gloucester or Cornwall - one would expect to have to find out
- With correct signposting, patients should be attending ED departments with emergency problems where they have more provision of staff and resources making it safer for patients. Cirencester and Stroud are the busiest MIIUs in the county, so I agree they need to be open longer than others, but staffing and patient safety means it is not viable to keep Cirencester and Stroud open 24 hours. Therefore I feel 8am til 11pm is adequate provision
- As a Nurse Practitioner myself, I can see the benefits of the services remaining into the later hours at all sites such as the Dilke, Lydney and Cirencester and Stroud

- The Forest of Dean population is increasing due to the amount of new housing developments and needs more provision not less. Communications and public transport are poor making it impossible to access services in Gloucester. Stroud and Cirencester are under-utilised at night, so save money there and keep the Forest facilities open
- I have chosen option 2, because of the possibility of children needing the service between 8.00pm and 11.00pm
- I would prefer the 11.00pm closure, as by that time children should be in bed and the need for emergency care would diminish. A minor injury in a child often appears urgent to both the child and parents, however we know that many childhood injuries often look worse than they are
- To bring Stroud and Cirencester in line with all existing MIU opening hours
- Your evidence shows sufficient need to keep these units open to 11pm
- Providing the data is reliable
- Clearly shows in the accompanying information, that the majority of patients attend all MIUs between 8am-11pm
- I believe that a closing time of 8pm is too early in larger areas such as Cirencester and Stroud, however looking at data 24hrs does not seem cost effective. This saving could be better utilised in the larger A&E departments to reduce waiting times
- Local MIUs are vital to local communities. It is not always possible to find transport further afield in the evening. Please keep these facilities open as late as possible
- I think MIUs should all be 24 hours but if you are cutting the hours, the latest possible time should apply
- Better than closing at 8pm and have used Stroud MIU and got good service
- This seems to be the option with the least disruption

iii) Support for option 3

- I would like one unit in the Forest to be open until 11.00pm to avoid having to visit Gloucester in the evening which is a worry when you are elderly
- An incredible service - highly valued - wonderful staff as a parent - at least one available minimum until 11pm
- I believe that there needs to be at least one MIIU open later than 8pm in the Forest of Dean area, as it is a long way for patients to have to travel to Gloucester if the service is needed. Also keeping at least 1 open would reduce the pressure on A&E at Gloucester Royal after 8pm if at least one was open. However I don't think that there needs to be both sites open past 8pm
- At least 1 MIIU is needed in the Forest of Dean, too far to travel to Gloucester and it will only add problems to the very busy unit in Gloucester Hospital
- I think that it is vital that there is cover from one unit in the Forest until 11pm, I do agree that the two units to stay open until that time is not feasible
- We require opening in the one of the Forest hospitals to be until 23:00 hours
- Please keep one unit in the Forest open until 11.00pm. As an elderly resident, I do not want to go to Gloucester in the evening
- Would prefer to have at least 1 MIIU in the Forest open after 8pm
- We need to hang onto at least one Forest out of hours service
- I think it is important that either Lydney or The Dilke stay open till 11pm
- Please keep at least one Forest MIIU open until 11pm to ensure care without long journey to Gloucester
- It is extremely important that people in the Forest of Dean have access to at least one MIIU that is open until 11pm. It is an essential facility in an area that already has limited resources outside of standard hours
- We need one Forest MIIU to be open late because it is a 25 mile journey from the Forest to Gloucester

- Forest needs a late night option
- Better accessibility for general public and patients
- Injuries do not happen just between 8.00am and 8.00pm. One facility open later in Forest area could be very useful for late injuries
- Open one Forest MliU open until 11pm at least
- It is essential there is an MliU in the Forest during the evening hours
- I think that one of the units in the Forest of Dean should be open until 11pm. If not, people who are in need of attention could face a 60+ mile round trip late at night to get attention. Many people like myself live alone and help is not at hand
- Why is option 2 and option 3 the same for Cirencester and Stroud? Lydney 8am-11pm (or Dilke)
- Means less strain on Gloucestershire's main hospital
- There needs to be an alternative at night to A&E and this option would best provide it
- Prefer to keep open overnight but if not, this is best equal spread. Cirencester serves a wide area of southern Cotswolds. Bad enough that there is no A&E in the south of the county or in the Forest. Closing in the evening would put extra strain on existing A&E services which should concentrate on the real emergencies
- It would cut down on patients having to go all the way to Gloucester to block up A&E. Also if ill, you wouldn't want to travel so far!
- To save money, I think only one in the Forest of Dean should be open until 11pm, but Stroud and Cirencester are far apart and need to be open until 11pm as they serve a different part of the county. My concern is that with Gloucester the only one in the county open 24/7, a lot more ambulances will have to be called out as a third of the population now lives alone with at least half that amount not having anyone to call on to be taken all the way to Gloucester (if not fit to drive themselves)
- Make the service safer and more cost effective
- Hopefully this would mean better staffing in the day and no closures

- It would be helpful to see the number of patients that attend the proposed times to make a more informed decision. Changing the time until 8pm will only put pressure on A&E so need to ensure the Forest has one MIU open until 11pm
- We need at least one open until 11pm in the Forest of Dean as a lot don't drive and this will end up putting more strain on the emergency services as people will be ringing 999 to get to the nearest hospital being Gloucester
- If option 3 is chosen, changes in the Forest will need to be well publicised
- The information re opening times and services available needs to be clarified
- I hope this applies to 7 days each week

4) **Locality specific comments**

i) **Specific to Stroud**

- Would prefer Stroud to stay open longer
- Would be a good use of resources, to change Stroud to 8am-11pm
- Because of the number of houses being built in the area, the MIUs could be called on more often
- Ideally, Stroud should remain open until 12:00midnight as 11pm-12pm is busy and also this would relieve some pressure on Gloucestershire Royal Hospital
- If you forced me to pick, I would pick option 2. I think it is really unfortunate to close Stroud MIU at night. I travel a lot on business and my wife is alone at home with 2 young children. We have made use of the night services at the MIU in Stroud on more than one occasion at the recommendation of the 111 team. She does not drive, so I do not know how she could get to a remote hospital in the case of needing urgent care, but not requiring an ambulance. Care at Stroud MIU has been first rate and the staff excellent. While you say this is not a cost cutting measure, I struggle to see how it is anything but
- We have had good service in the past and would like to keep it thanks
- Members of my family have used this facility on at least 6 occasions that I can think of and find it unthinkable that it should close. What should happen is that the service should be better publicised, so that it is used more, which would subsequently take at least some pressure of A&E. 24-hrs needed in Stroud
- The only occasions members of my family have needed to use the MIU in Stroud have been in the evening. On each occasion, we would otherwise have had to travel to Gloucester for treatment. I think it's vital that these services remain available throughout the evening, and preferably beyond 11pm
- I have ticked option 3 as it is the most humane of all three, but my preferred option would be to keep Stroud open 24/7 and make people more aware they can use it. The government needs to know that local people need and value this constant and excellent service - we need it to be funded

- I think it is important that MIIUs are open later than 8pm in Stroud as that is when many sports groups are training and could be going to MIIU with injuries. Equally, The Vale in Dursley is only open until 8pm and people can go to Stroud if their injury is after that time
- As a parent with small children, this facility is so important. I am often on my own and the thought of having to take two children over to Gloucester, rather than round the corner to my local hospital is awful. I know many of my friends will also miss this service
- Would definitely prefer for Stroud Hospital MIIU to remain as it is now
- I have used this unit (Stroud) in the evening, when driving further would have meant further injury
- Our community rely on the MIIU in their area, please chose option 4 and it leave it as a 24hr service
- I think the opening hours should remain as they are, 24 hours a day
- If it isn't broke, don't fix it
- Stroud Hospital was always there for my children in the 1960's and often under threat of closure, but managed to keep going through the determination of local doctors whom I'm sure did extra duties on a rota in order to achieve this
- It would be a great mistake not to keep our local MIIU open 24 hours
- It is important to provide good quality care locally as many old or very young cannot get to Gloucester out of hours. Really, all night care should be available at Stroud. There is no transport to Gloucester out of hours at night. Also dangerous. Many accidents are not major accidents but need care. This reply is from 2 people. Also people at work in Stonehouse have viewed in dismay at proposed closure times – Thanks
- It would be better to stay open later, perhaps until 12pm as this would cover people on their way home from a night out. This is a highly valued service by our family and other users and we would like to see it open as many hours as possible. It is well used and much appreciated. It is important to recognise that travelling to a larger hospital like Gloucester and the distance involved would be very stressful for young and old patients and we should be looking at the best place to treat them. This would be as close to their homes as possible whatever the time of day or night

- Stroud Hospital is part of a growing town
- Local facility particularly important for the elderly, children and those who do not have their own cars
- But should stay open 24 hours
- 24 hours
- 24 hours
- Keep open 24 hours
- Not everyone has a car available to travel to say Gloucester or Cheltenham. Bus services here do not operate late evening, Sundays or Public Holidays and taxis are very expensive. I feel a local service is essential for the elderly and disabled especially.
- We really value the MIU at Stroud but understand that it is necessary to make better use of the resources at your disposal
- We really value the MIU in Stroud and have used it a lot over the years, but understand the need to cut the overnight provision

ii) Specific to Cirencester

- Whilst recognising the business case and cost issues in providing nursing support, there is concern that the review and consultation has not provided the wider community with the opportunity to help shape services creatively and innovatively which best match its needs; the Gloucestershire Care Services NHS Trust has simply provided three 'closed' and 'narrow' fait accompli options. Fundamentally, it is important for a large town such as Cirencester to have a local hospital; notwithstanding the significant housing and economic growth expected up to 2031 with a strategic site allocated in Cirencester with up to 2,350 houses planned. The community quite understandably wants to see the MIU in Cirencester kept open 24 hours a day, 7 days a week; some are concerned that a reduction in hours could lead to an increase in pressure on A&E services. Regrettably the consultation does not provide reassurance to the public and an increasingly elderly population that in the event of a reduction in hours, there is still medical support and advice throughout the evening either through 111 or the GP out of hours service. We trust the NHS Gloucestershire will work closely with local communities to provide this reassurance
- Option 4 - keep it the same, very important to local people in Cirencester. I fully support this Hospital, it is a great credit to Cirencester
- I'd prefer that the MIU at Cirencester were available to me 24/7 as was the care this evening
- Keep open for 24 hours
- Open 24 hours please - very important when you have a young family
- Remain with current opening times, 24hrs
- Cirencester Hospital needs to remain a 24 hour service if possible
- Keep Cirencester open 24 hours
- Cirencester needs to be open 24 hours
- Remain open 24 hours a day
- Should be 24 hours open
- Stay open late
- To stay open over night

- Cirencester is growing. We need this hospital more than ever now. Please keep it 24 hours
- 24 hrs
- 24 hrs
- 24 hrs
- Keep open 24 hours
- Keep open 24 hours
- 24 hours
- Open 24 hours
- Keep 24hr service
- 24 hours
- Cirencester is a growing town with a lot of young families and elderly people as well. These opening hours will provide us with first medical instance when required faster
- Cirencester is a growing town and needs an MIU. During the day, there can be long waiting times. Evenings/nights are a must! Swindon and Gloucester are too far!
- There is no option listed here to keep Cirencester MIU open 24hrs. Given that the CDC Local Plan 2011-2031 allocates thousands of new homes to Cirencester, it is very worrying that cuts are being made to opening hours. There may be fewer people using the unit now but for those that do it is out of need. There must be a way this facility can stay open overnight. Health needs must be put ahead of economy needs in this instance.
- None of the above are appropriate for Cirencester. According to the draft Local Plan, the population of Cirencester is set to increase by 40% over the next 15 years. It is absurd to even think about reducing the MIU opening times in Cirencester due to the increased demand. Let's have some joined-up thinking, please
- This area is being flooded with houses, roads very heavily congested, transport to Cheltenham, Gloucester, Swindon Hospitals would be life threatening in emergencies

- None of these options are really acceptable for Cirencester. I note that attendance has been reducing over the years. However, this review and resulting options do not seem to take any serious account of the huge proposed increase in population in the town with the 2,500 homes in Chesterton and other housing developments
- This town is growing by the day and you want to shut our hospital
- The population of the Cirencester area is growing rapidly, and the situation should be kept under review
- I would prefer the MIU in Cirencester to remain open 24/7 because with all of the extensive building work being undertaken in the area, there will be an increase in possible usage, and once closed, facilities don't usually reopen
- This unit is very essential. Do you realise just how many houses are being built in the area, therefore how many more people will be living and possibly require your service one day?
- Would prefer of course that Cirencester stays open 24hrs. The town is growing massively, very quickly, and there is growing need to keep it open
- Please consider the huge increase in house building in and around Cirencester that is taking place now and also planning applications pending. Important to have an A&E open as many hours as possible to cater for this population increase
- I live in Cirencester. I suffer from advanced Parkinsonism. I choke and I fall frequently. The local ambulance response times are now dire. Sooner or later I am going to be in desperate need of medical assistance. Without a functional local properly staffed minor injuries unit, sooner or later I and many others in my position will suffer life changing or life ending injuries. The population of Cirencester is aging. Their need for speedy trauma intervention although erratic is real. The decision to close / curtail the facilities at the Cirencester Hospital is based on financial expediency weighed up against historic statistical and actuarial probability. Once closed, institutions tend to stay so despite changes in demographic need
- I am ill with a serious lung condition and need medical help regularly.. it worries me thinking that there may not be a local hospital to attend if needed

- Cirencester - on warfarin, so susceptible to bleeding. Have required to use A&E numerous times, so as to patch me up and/or to enable me to journey onto Gloucester A&E
- I have voted option 2 but I believe it should be open at night. I have recently used this service at 2am with my son having serious breathing difficulties. After receiving 3 nebulisers, he was blue lighted to Gloucester. Without the advice of MIU we may not have been so prompt in getting him admitted
- Spinal stroke - time of the essence so taken then to Cirencester A&E. This is no longer available to future stroke victims
- I don't think any of the services should change, I have used Cirencester on many occasions for both my children and myself and it is an invaluable service
- We have benefited from the service provided by Cirencester MIU on multiple occasions for treatments to myself, my wife and 2 young boys [5 & 6 years]. The local alternative is Swindon Hospital which is already over-subscribed in A&E. This is a critical local resource, with very good service levels, and should preside over any other local projects
- With three children under 10, we would prefer 24hr service to continue obviously!
- Keep open overnight an invaluable service
- Sent to Swindon for X-Ray at 9pm, got home at 4.45am. This is not acceptable. Cirencester is growing by the day!
- There's no option to continue Cirencester as a 24 hour service then, so this is all a bit pointless. Also you should be stating that all minor injury units are now nurse led, with limited x-ray time. So it won't be a full service even if you run it at the reduced 8-8
- Having a young child, the option of going to Cirencester to see out of hours doctors on those worrying occasions is preferable to A&E, so 11pm would offer that up until a time where any other concerns I have I would expect to seek urgent advice
- I have used Cirencester out of hours with my partner and now Cheltenham is only open to 8.00pm Gloucester is too far and difficult to get to, so therefore I would like to see Cirencester remain open

- As my husband's full-time carer, it makes me incredibly nervous and concerned not having a 24 hour unit in the area. Due to his condition, something could happen at anytime of the day and night and although I am fully aware that Cirencester is not an A&E, having that secure clinical setting close by makes our situation a lot more safe and secure
- Has the number of people coming to Cirencester from Wiltshire been considered, because I have seen a lot of people from my town Malmesbury come here?
- I am extremely concerned to read about the proposals to close the Cirencester Minor Injuries unit overnight. I live in Cirencester and have 2 small children. The hospital availability has been so important, particularly in the middle of the night and living locally. The nearest hospitals to Cirencester are Swindon and Cheltenham, both of which are a good 30-40 minute drive away, no use in an emergency or with a sick child. The unit has already been downgraded from an A&E to a MI Unit and I truly believe there will be severe consequences if this service is not available in the middle of the night. Not just in possible deaths from children (lives of small babies with meningitis have been saved due to this unit, and I was dealt with swiftly when I went in with appendicitis and sepsis, which can be fatal), but also from an increase in the use of ambulances. Worried and frantic parents will not hesitate to call one if they are unable to drive or get further afield. None of those options above are very desirable
- Should be 24hrs with more staff especially with all the new houses being built in the area
- I think it is important to have MIU open until 11pm
- We have used Cirencester and been sent home at 8pm due to no staff (having waited 4 hours) and been told to return the next morning and had to wait a further 4 hours. We were not satisfied with the service received
- I've used it a few times out of these hours and it would be difficult to go elsewhere
- I don't see the benefits of staying open till 11pm - especially if there's no x-ray after 17.45pm
- 24 hours
- Stay open late, save lives

- I am concerned with any erosion of services especially with the potential increase in population once all the planned new housing is completed. Hopefully this will be constantly being reviewed and adjusted as and when the situation changes
- I work in Cirencester Hospital and have a number of observations regarding the closures here. 1. If the minor Injuries department closes, it is more than likely the hospital will lose our porters during the night. If that is the case, what plans will be put into place about the rest of the hospital? If there is a death, how will the undertakers be let into the hospital (nursing staff levels at night are low anyway without clinical staff having to open the doors during the night). With no porters, there is also the matter of security. If there is a security breach within the hospital, who is going to know anything about it until it is too late? The wards are all upstairs or on one side of the hospital so if there was a break in downstairs or on the unattended side of the hospital, no one would be able to address the danger to patients and staff. Also, kitchen deliveries are made between 4am and 5am. Would those deliveries be made at different times, and if they are not, will there be cameras put at the kitchen delivery area to reduce the possibilities of thefts of milk and bread coming to the hospital. 2. If the fire alarm goes off in the middle of the night, who would be responsible for organising and or directing the fire crews to the appropriate areas of the hospital? For example, there is a staff accommodation block which is linked to the hospital so would a clinical member of staff have to leave the ward to go up there leaving the wards understaffed in that event? 3. When going through and planning the proposals for the minor injuries units, has the figures and percentages put forward taken into account the vast number of people that come to Cirencester from the Swindon and Wiltshire area? If the Unit was to close at night, it would severely increase the pressure put on Swindon A&E as well as Gloucester and Cheltenham. 4. Whichever proposal goes through, would there be a preliminary period whilst the new times and systems are worked in? Obviously all announcements would be made using every media outlet but how much of a breaking in period would there be if any at all? 5. If someone hasn't seen any of the announcements and turns up to the hospital with Chest Pain because they do not have transport or if they have another serious injury or illness which has caused them to panic and not think logically. Something very tragic could happen at the doorstep and there would be no Porter or MIIU staff to see it

iii) Specific to the Forest of Dean

Both Forest MIUs

- Leave Forest Hospitals as they are
- Leave Forest Hospitals as they are
- Leave Forest Hospitals as they are
- Leave Forest Hospitals as they are
- Leave Forest Hospitals as they are
- Leave Forest Hospitals as they are
- Keep Forest MIUs open
- Keep Forest MIUs open
- Keep the Forest MIUs open
- Keep the Forest units open
- Prefer Lydney and Dilke 8am-11pm
- Keep the Forest MIUs open till 11pm
- Leave all Forest Hospitals as they are
- Keep the Forest going!
- Forest MIUs great
- Keep as it is
- Leave as it is
- Leave Dilke & Lydney 8am - 11pm
- Leave Dilke & Lydney 8am - 11pm
- The Forest is a large area and deserves two hospitals
- The Forest should probably have more MIUs based on the area our two currently cover
- The Forest needs a MIU open 24 hours a day

- Please leave the Forest Hospital opening hours as they are now
- I do not wish this to change from how it is now
- Leave the Forest Hospitals opening hours as they are
- Leave our Hospitals as they are
- Hours to be left as they are
- Leave Forest of Dean Hospitals alone
- Leave Forest of Dean Hospitals alone
- Leave Forest Units as they are
- Keep Lydney and the Dilke Hospital same hours 8am - 11pm
- To keep the Dilke and Lydney Hospital open the same 8-11 hrs
- Keep Lydney and the Dilke open 8am - 11pm
- Keep the Dilke and Lydney at the same hours
- Keep to the present opening hours
- Keep the Dilke and Lydney open the same hours
- Leave Forest Hospitals as they are 8am - 11pm
- Keep the Dilke & Lydney
- We need to keep our local hospitals open
- The Forest should have 24hr cover
- Keep Lydney and Dilke open 8am - 11pm - no changes
- Possible transport difficulties in Forest of Dean
- Keep the Forest hospitals the same (no change in closing times)
- Alternate one month each Lydney 8-11, Dilke 8-8, then Lydney 8-8, Dilke 8-11. This would cover the hours and be more economic
- Lydney and the Dilke MIU's opening hours should remain as open as is feasibly possible. We don't want to lose the MIU facilities

- Keep it as it is as we are so far away from Gloucester
- Dilke and Lydney are the health jewels in the Forest of Dean for the people of the Forest of Dean who are repeatedly given short measure when facilities are decided. Transport to Gloucester is difficult, limited, expensive
- As much of the Forest is very isolated - a visit to the Dilke or Lydney sorts the injury or illness much quicker. They are efficient in both of these. The alternative for my family and friends will be Gloucester A&E which always has hours waiting time and is too busy now!!
- You must leave Forest of Dean times 8am-11pm as it is a vital service
- The MIUUs are important to the people of the Forest, a key element of the community
- The Forest Hospitals were built for Forest people, and as such, we would like them to be open as often and as long as possible
- Cost of transport back from Gloucester after 8pm would be approx £45-£50 - difficult for many rural families
- I had an emergency that needed treatment within 20 mins. I would have died trying to get to Gloucester
- It may take us 4-6 weeks to get to see your own Doctor, or any Doctor can take 7-10 days in the Forest of Dean!
- With restricted health care and the remoteness of the Forest of Dean, I believe it would be detrimental to change the opening hours of both the Dilke and Lydney hospitals
- Both Lydney and Dilke Hospitals must remain open from 8.00am - 11.00pm for all Forest people to attend, Gloucester is too far and may not get there
- Important to keep all services within the local areas as bigger hospitals are always under pressure to meet deadlines
- Would be nice to have the option for Lydney or Dilke to 11pm rather than those further afield. Having two young children, it would be nice to know we have somewhere close to take them rather than travelling miles. Stroud and Cheltenham are a fair distance to travel which does not give peace of mind

- It is a long way from the Forest of Dean to Gloucester in an emergency, nobody knows when they are going to need help
- I would really like the Dilke and Lydney left as they are. I would be most upset if this is just the beginnings of more running down of services to come in fact I'd be mortified as Gloucestershire Royal Hospital is a long way for Foresters to get to
- We have an excellent service in a rural area, please leave it as it is
- I wish opening hours at Lydney and Dilke to remain at 8am - 11pm
- The Forest MIUs are an important facility for the surrounding population, especially out of hours. Keep at least one open till 11pm
- As per your information leaflet, my choice for the Dilke and Lydney MIUs are that there are no changes to the opening hours for either unit. This does not seem to be reflected in the above options and contrary to the information in your leaflet
- Leave the Dilke and Lydney alone as the Forest of Dean population is getting larger and need this service
- Lydney and Dilke need to stay open. It's too far to Gloucester from the Forest of Dean in the case of minor injury
- Remember - all the Doctors in Chepstow and Lydney depend on Lydney Hospital and The Dilke for 'out of hours' help - no one says that! No one will go to the Gwent!
- I am a member of a ladies skittle team and we have used Lydney and Dilke MIU several times after 8pm. Otherwise we would have to go to Gloucester Royal Hospital. A long trek for a minor injury. One of the hospitals should be available up to 11pm. Thank you for the good work at both hospitals
- If the decision is taken to reduce MIU in the Forest of Dean, it will place additional strain on the Ambulance service. A few months ago, I had to call an ambulance at 9.53pm on a Tuesday evening for my mother who was experiencing severe breathing difficulties and an exceedingly high heartbeat. I had to call again at 10.07 pm to find out where the ambulance was and it eventually turned up at 10.15-10.20 pm approx. If the MIU hours were reduced further, I anticipate that we would have had to wait even longer and my mother may no longer be here

- Think Lydney and Dilke is needed to stay. Gloucester is too far if really poorly and might be too late if have to travel to Gloucester
- Having to travel 25 miles to the nearest hospital will be a nightmare
- With 2 x children, I am a facilities user
- Such a long way to Gloucester when you are feeling poorly or young / old patients involved - sat around waiting for sometimes up to 4 hours
- The MIUs in the Forest should both be open until 11pm due to accessibility to the health service after doctors surgeries have closed
- In the Forest, it is essential there is a later opening time for residents here as the closest hospital is in Gloucester. However by keeping all seven opening hours the same, then there is no favouritism of any area as all will be the same which appears to be fairer for all residents in the county
- There needs to be MIU access in all parts of the county until 11pm otherwise people in this area will have to travel unnecessarily to Gloucester or Cheltenham
- Going to Gloucester hospital from my home takes about an hour so Lydney or Dilke is preferable
- Please keep services local and easily available
- Due to the layout of the Forest of Dean area, I feel that both Dilke and Lydney Hospitals should be open until 11pm
- Be careful of taking the choice of MIU attendance away in rural areas - you need to look at ambulance response times to red calls - grim in Forest and Cotswolds, good in the cities. You may take away a place of safety and leave a poor 999 response - which then significantly disadvantages local people. Is equity of access not one of your "core values"? These should be non-negotiable
- Due to the layout of the Forest of Dean, it is my opinion that both Dilke and Lydney hospitals should remain open until 11pm
- Reducing the hours of either the MIUs in the Forest of Dean would cause much stress to people needing ambulance service to go to Gloucester Royal (if Forest of Dean MIUs both closed at 8pm) due to turnaround times. Also this causes stress and un-due pressure on ambulance staff who may miss vital signs in a patient's well being

- The Dilke and Lydney hospitals play a vital role in serving the community of the Forest of Dean. The difficulties of driving into Gloucester with injured/ill children or adults is very stressful and not always that easy or quick. Changing the times and/or making closures is not a sensible option for such remote communities. This would also increase waiting times at Gloucester hospital as well, putting a further strain on an already over burden location (this is from experience)
- Ruardean and other Forest villages will be without 24 hour care within 20 miles. Already difficulties seeing a GP, phone service rotten. People could well die unnecessarily
- The Forest of Dean needs these MIUs. Lydney and the Dilke need longer hours and more staff
- Would prefer no changes, especially in the Forest of Dean where transport is so bad
- The MIUs in Lydney and The Dilke are working well (husband recently used Lydney) and should not be changed. The Forest often receives poor resources/services but this works, so leave it alone!
- It is more convenient to go to Dilke or Lydney than all the way to Gloucester
- If they are only going to be open until 8pm, you may as well just close them all together, because if you need an A&E after 8pm, you would still need to go to Gloucester from the Forest anyway!!
- The Forest of Dean need our MIUs! Gloucester is too far when you have an injury/injured child!
- Lydney and Dilke offer a first class service on the doorstep, otherwise a journey of at least an hour would have to be made to sit and wait for who knows how long??
- Leave the opening hours of the Forest Hospitals the same as now
- Please keep the Forest Hospitals as they are 8-11pm. It is important that we do not have to travel to Gloucester for MIU. Why not open 11am - 11pm?
- But would rather you didn't change ANY of the opening hours for Forest MIUs please!
- Would like to keep to norm and no change at the Forest of Dean MIUs

- In an ideal world, it would be good to keep both Lydney and Dilke open but keeping one available till 8pm is preferable to travelling to overstretched Gloucester Royal Hospital
- Both the Dilke and Lydney should stay open. Your 'options' force people to select to close one. This is different to what is suggested in your booklet and misleading
- The opening hours of the MIUs in the Forest of Dean are a necessity as we are so far from Gloucester at which the A&E is stretched to its limits. As a family, we have been so grateful for our wonderful local MIUs on so many occasions.
- Leave Dilke and Lydney as at present
- Status quo for Lydney and Dilke Hospitals
- Would like Dilke and Lydney MIUs to stay as they are
- People find it very hard to get to Dilke or Lydney from the other area. Changing one or other would not be helpful
- Option 3 will without doubt lead to problems in Forest of Dean
- I live in the Forest of Dean. The Dilke and Lydney Hospitals are invaluable to us. Would not like to see any change if at all possible
- Living in the Forest of Dean, any need for attendance of MIU in evening means a long journey to Gloucester ... OK if you have (a) access to a car (b) someone who can drive if you live alone and you cannot... If this is not possible, then it would mean calling a paramedic to attend you at home....
- As there is always a huge waiting time at Gloucester Accident and Emergency Unit, surely it is even more important to have the local units open for longer to save so many people having to go there. It is also very frightening to have to travel so far from the Forest villages to Gloucester when you are in severe pain. Elderly people need to have local access all hours of the day and night which would also free up the ambulance service
- It is important to keep the MIUs for people in the rest of the county. Gloucester Royal is very busy, also difficult for some people to get to (may not have car or be able to use it)
- Few enough facilities in the Forest as is!

- Option 3 is the least favoured. I believe that the public needs to have an easy to understand option. The opening hours of both Forest hospitals should be the same. MIU's are particularly important for 24 hour and evening shift factories several in Lydney. Also for mothers with young children. The Forest of Dean is increasingly become a tourist area where visitors do not have doctors - some quite extreme cycling in places!
- The Dilke and Lydney hospitals both play a very very important part in our health care in the Forest of Dean. Without these facilities, it would create more delays with the main hospitals in the county, with people struggling for transport to attend Gloucester or Cheltenham. This would create a greater need on the call for ambulances therefore stretching all services even further...
- Given demographics of Forest of Dean and resistance to alternatives, there is a need to maintain existing provision
- The Forest is limited to Hospital choices. In emergency, only 2 roads available to get to Gloucester/Cheltenham
- If an accident happens after 8.00pm, it is difficult to get to Gloucester from Coleford especially if you cannot drive
- We need late hours in the Forest. It's a 20 mile at least journey to Gloucester if anyone needs immediate attention e.g. heart problems, bad cuts and car accidents
- Alternating open hours would suit community best
- Could the opening times not be varied between the MIU's dependent on a survey of actual usage to have the most used needed open at the times of high usage
- Regarding Lydney and Dilke hours changing, why not consider doing the 8pm closing on an alternate basis? E.g. Dilke close at 8pm one week, with Lydney being open until 11pm, and vice versa the following week. Just a thought
- Although we have never needed the MIU's, we really appreciate that they are there and the staff who operate them
- Local services are essential, especially in bad weather with the roads in these rural areas
- What happens in rural areas where people have no transport options?

- Preference is for 8am-11pm Lydney and/or Dilke
- I did not wish to answer option 2 - however I cannot complete the survey unless I give an answer - this is an error. I do not think opening hours should change. Dilke and Lydney hospitals are a vital provision in a rural area. On more than one occasion, we have needed to access urgent medical care in the late evenings. Whilst I dislike the newer appointment booking system, I do feel this service is crucial to patient safety. Recently my 83 year old mother needed antibiotics for a severe urine infection. I know that it would have been impossible to persuade her to go to Gloucester in the evening and so the Dilke was an excellent option
- I work in both MIUs - Dilke/Lydney numbers of patients in both MIUs have increased a lot this year. I do not think the numbers of patients quoted for 8pm-11pm is correct
- These options are unclear! Please leave Lydney and Dilke as they are. Thank you
- Working in Cardiff and away a lot means that this service is vital for me because my doctors open after I leave for work and are closed by the time I return
- Day time opening of all MIUs is important to local people who otherwise have to travel 30 miles and to an extremely busy Gloucester A&E. These units ease the burden for the acute hospitals
- Don't change times. Do not treat anyone without insurance, tourists or other visitors, or residents without proof of living here for less than 5 years
- If I have a minor injury after a certain time, I have to travel 8-10 miles to the nearest unit, by which time it could have worsened - have to go to Gloucester Royal Hospital for anti-venom from adder bites
- Have to travel to Gloucester Hospital (roughly 14 miles) to get anti venom for adder bites when there are two hospitals in the Forest
- The Forest of Dean needs to be used more for the community, so that people do not have to use a very poor bus service and end up missing appointments
- Make the Forest equal to the rest of the county. Emphasis that GP out of hours, NHS Direct A&E still available

Lydney MIIU

- Lydney Hospital is a very valuable asset to the community and would be disappointed to hear of closure/movement
- I feel that it is vitally important that the Unit in Lydney is open until 11pm as this provides a service for many people who live some way from Gloucester and who otherwise would face a long journey late in the evening. And such a journey is likely to exacerbate any health issues that a patient and their family are experiencing
- Lydney hospital serves a wide area of the Forest and is central for communities from Chepstow along the A48, which is a vital trunk road for the Forest. The Forest is also a busy tourist area and we need to have these facilities at hand for any incidents that may occur
- I have used the Lydney MIIU on a couple of occasions over the last couple of years when the children had a minor ailment and we attended both times in the evening due to work commitments. Also GP appointment would have been 2 weeks, far too long to wait. Excellent service, I really valued it and appreciated not having to go approx 20 miles to the Gwent in Newport or 30 miles to Gloucester or 18 miles to Bristol and then wait for hours to be seen. Was seen quickly and efficiently on both occasions
- Keep Lydney open, otherwise it means a trip to Gloucester, and we haven't any means of transport!
- I think Lydney hospital is more easily accessible to a larger percentage of the population in the Forest of Dean area
- Please leave Lydney Hospital open. We are pensioners with grandchildren who at time-to-time - need Lydney Hospital
- I'm for all to stay open, but Lydney for me
- Please keep Lydney Hospital open
- Think Lydney should remain 8am-11pm as serves a wider area and further from a main hospital. If one needs to change - Dilke 8am-8pm as people are nearer to Gloucester Royal Hospital from here if need medical help
- Preferred option would be to change the Dilke to 8am-8pm and keep Lydney 8am-11pm

- As I do not drive, it is easier for me to get to Lydney than any of the others so needs longer opening times
- Lydney - no transport to Dilke
- Population of Lydney warrants an MIU
- The Lydney MIU is important for me as it is the nearest point to receive treatment out of hours
- Lydney Minor Injuries is such an amazing practice and has saved my life with asthma many times as well as stitching up and setting bones!
- Lydney is essential
- Lydney Hospital has always been invaluable to us as it is so near and much easier to get to than Gloucester
- Lydney should be open 8 til 11pm. Gloucester is a long way to go if you need medical help. Phone is not always good enough.
- Prefer Lydney hours to be 8.00am-11.00pm
- I have recently had to go to Lydney minor injuries unit with a really really bad injury to my leg I was lucky enough to be seen by a nurse with plastic surgery experience at 5pm. We need Lydney
- Opening hours at Lydney must be 8am - 8pm. It is a 40 mile round trip from Lydney to Gloucester, not very safe organisational system for offering quality, effective, safe, care and treatment. People lives will be at risk
- My choice would be change the hours of the Dilke

Dilke MIU

- 30 years ago, the Forest of Dean was little known. Now the area close to the Dilke is a haven for tourists and extreme sports. Keep it open 8.00am till 11.00pm!
- Keep the Dilke open
- Keep Dilke open late
- Keep Dilke open, very important for the history of the Forest. Update it - birth unit as well, thank you
- The Dilke is vital to the Forest and must maintain full service
- Need a hospital in the centre of Forest to stay open as late as possible - Dilke is best choice
- The Dilke is central to the Forest and is an important part of our community
- I consider the Dilke Hospital to be the most central within the Forest of Dean and should remain open until 11pm
- The Dilke is the most central to the Forest and surrounding areas so should be open the longest.
- I would prefer the Dilke to remain open later as it is more central for the majority of people to get to
- I feel the Dilke would be a more central choice for retaining these services
- We really need the Dilke Hospital to stay open
- Please do not reduce Dilke hours as this occupies central location in Forest and gives good cover for all our tourist visitors when we are so far from major hospitals. Lydney is not such a central and convenient location
- The MIU at the Dilke should be the one to remain open until 11pm. Travel from Lydney area to Gloucester Hospital is faster than from central Forest of Dean if emergency care is needed, but cross-Forest routes to Lydney are more complex and longer
- Please keep the Dilke Hospital open

- Underlined - the easiest for elderly people like myself living in the Forest of Dean area
- In the Forest we need the 11pm coverage - Dilke Hospital!
- I am also happy with Option 3. However, if this is the preferred option, I think the Dilke should remain open until 11pm and Lydney should have its hours reduced to 8pm. The Dilke MIU is more centrally located in the Forest of Dean area, and there are urgent care units in Chepstow, Ross on Wye and Monmouth as well. Often the Forest is forgotten when making countywide plans as it is the other side of the river, I would urge the commissioners not to forget the Forest community and not penalise them unfairly in preference to the rest of the county
- I think the Dilke service is superb
- No change to current open hours for Dilke
- Please keep the hours and the Hospital used by many
- The Forest of Dean needs at least one hospital open from 8am - 11pm, preferably the Dilke. Gloucester Royal cannot take any more patients
- Gloucester is a long way to travel so need an MIU to stay open till 11.00pm - Dilke is my choice
- We saw the value of the Dilke earlier this year when our daughter was diagnosed with appendicitis at 8pm on a Sunday evening
- Please keep the Dilke Hospital open - it is much more central for all areas of the Forest and is especially needed because of the areas visitors, cyclists and walkers, plus relieving the hours waiting times at Gloucester A&E. Please choose the Dilke
- The Dilke MIU saved my life when I had a cardiac arrest and my wife had the presence to rush me when I became unwell to the Dilke as ambulance response times are poor in the Forest
- The MIU in Dilke should remain open until 11pm and close Lydney at 8pm. This would make more sense as the out-of-hours service with a Doctor is based at Dilke until 11pm. Also older and ill patients do not want to be travelling to Gloucester or Cheltenham where the current A&E service is unable to often cope with demand, I appreciate that some circumstances cannot avoid attending Gloucester, but keep the community hospitals open providing a service like they always have

- We use the Dilke. As a mother with young children, we always seem to need it in the evening, so reducing the hours would mean a 40mile round trip to Gloucester
- My family have used the Dilke many times and it is an exceptional hospital
- The local Hospital is very important to our local community
- My personal preference is for the Dilke
- Leave the Dilke as it is please
- Keep the Dilke Hospital
- Keep the Dilke open the same
- The Dilke needs to be open. It is a big area in the Forest of Dean
- We need the Dilke Hospital to stay open 8am - 11pm
- Leave Dilke hours as they are from 8.00am - 11.00pm otherwise Gloucester is the nearest - over half an hour away!
- The Dilke is an essential resource and to shut it at 8pm would be massively disadvantageous to the local community
- The Dilke needs to be open longer. We need it open till 10pm
- I would like to see the Dilke stay open from 8am-11pm. In my mind the best Hospital in the Forest
- I would like to see the Dilke stay open from 8am-11pm. In my mind the best Hospital in the Forest
- The geography of the Forest would suggest that it would be better to keep the Dilke open to 11pm - this would help the northern reaches of the forest e.g. Newent and Mitcheldean
- To access urgent care in a rural area is bad enough, and impossible if you have to rely on friends or neighbours to convey you to hospital 15 miles away late at night. Calling for an ambulance is being discouraged, and in any case, a non-existent service in the Forest - patients at the Dilke have waited for transfer to Gloucester for three hours meaning that staff on the late shift have to stay until 2am in the morning, 3hrs after their shift has finished. This unit must be kept fully operational

- The Dilke Hospital is very important for us to keep open
- I would like to see the Dilke Hospital stay open as I live in Cinderford
- Please leave our Hospitals alone. We rely on the Dilke. It has been a lifeline to a lot of local people
- The Dilke should not be changed because it provides more cover for the Forest of Dean
- Having 4 young children and living in Cinderford, we use the Dilke hospital a lot and it would be too much to have to travel to Gloucester when there is something wrong with one of my children
- I think the opening hours at the Dilke should be 11pm or later. It's always busy especially at weekends. Gloucester is overcrowded enough and it will be a lot worse if Forest people have to go there instead. There are a lot of people that live in the Forest - why should we go without services to our health to travel miles and wait for hours?
- Each time I have used the Dilke memorial hospital, it has been after 8pm and with small children, this has become more frequent for us as a family. Please keep it open as it is now until 11pm, too many services are being taken away from the Forest of Dean communities already, please do not limit this vital resource
- Due to access and geography, we would wish the Dilke to be open until 11.00pm: however these changes should await the changes proposed by the Clinical Commissioning Group following the outcome of their review of emergency care

5) **Miscellaneous**

- Given the lower numbers attending Lydney and the Dilke, I would have had a fourth option of Stroud and Cirencester till 11.00pm, both Forest of Dean sites until 8.00pm
- Option 4 should be Stroud and Cirencester 24 hours, others 8am to 8pm. Option 5 should be Stroud 24 hours, Cirencester 8am to 11pm, others 8am to 8pm. Best option 4, then 5, then 3
- I do not actually support any of the above, so please do not count mine in your totals, but the form does not allow one to proceed without choosing one of them. You do not give an option to start opening earlier, yet the graphs for Stroud and Cirencester show a rise in attendance at the MIU starts from 6am. A 6am or 7am start would help those who may have waited overnight to catch first buses into Stroud, and also reduce the impact of a queue if not opening until 8am. There is no evidence that such a possibility has been considered
- I think all 7 MIUs should be open from 8am-11pm. If you shorten the opening hours, this will only put more pressure on larger A&E units which are already not meeting their waiting times due to the large number of patients attending!
- I would suggest all seven have a time of 8am to 11pm - this will allow A&E to pass patients to this service, and by doing so help the hospitals meeting the waiting directives for A&E more readily, as there are a number of minor injuries that may be causing congestion in the A&E department
- All hospitals should be 8/11 or 8/8
- All 8-8 and one from each area 8-11 would be fantastic
- Dilke Hospital and Lydney Hospital 8am - 8pm
- Prefer 8am - 10pm
- I would prefer time 6am-11pm to prevent the rush hour in the morning if you had to get to the Royal or Bristol
- Would prefer an option to continue Cirencester 24 hour cover but reduce Stroud to 8am to 11pm, and reduce Lydney or the Dilke to 8am to 8pm
- Why 2nd choice Cirencester and Stroud which are not too far apart

- We found the 3 options too restrictive and would have preferred more options in Forest of Dean
- Don't know enough about the Forest to comment
- Stroud or Cirencester to stay open at night
- I would like to see either Stroud or Cirencester open 24 hours and I think 8pm is too early to close for any MIU
- Opening at 7am would be a better option
- Without any information to show whether there is a daily variation, is not possible to determine if there is merit in another solution which has longer/different hours midweek to weekends. Has this been considered?
- It would have been useful to have information in relation to usage of the MIUs, i.e. the busiest period of usage is x and so on. Decisions should be based on need more than anything else
- No option to close MIU in the day and develop proper out-of-hours centres. Extend hours and make Cheltenham an MIU. Have one Forest hospital
- Unfortunately the only Saturday available in the Forest to visit a consultation, I was away. Working hours did not suit the rest. Thank you for asking opinion. I couldn't vote on an option as much info was missing and to have voted on Option 2, say, to keep hours the same would have meant me voting on another service that does not affect me. I would have liked to have known more about i) how people were travelling to reach an MIU/whether they could reach one instead of the other in the Forest of Dean for example, being rural with a limited bus service; ii) the acute hospital cohort. What was it that stopped the group going directly to a GP or an acute hospital?; Are lives saved and intensive care avoided?; iii) if there were reassurance that ambulance, A&E and GP services will be, not may be it seems, assisted more it would have been easier to vote. 111 are making inappropriate directions to A&E Gloucester; iv) I suspect from a 'business' point of view value for money is more about the staff at MIU working on other things while manning the stations than looking to shorten hours e.g. holding 8-11 pm clinics; assisting lab work; organising CPD; conducting peer review of notes etc, there are any number of things that could be run alongside. I rarely see full use of manpower at a quiet NHS desk, yet that is how quiet time in business and shops is routinely spent
- Need to ensure Cheltenham and Gloucester hospitals increase staff to avoid even longer waiting times there

- I am concerned that not being open from 11pm to 8am, that people who need emergency treatment will be required to travel much farther to get this treatment. My preferred times would be 0700 - 2400 which allows for people who may be injured at work or at home. This is the times when people are awake and accidents happen
- My preference is for either Stroud or Cirencester to be 24 hours and one of the Forest MIUs
- Please keep one of the MIU's open overnight
- Either Stroud or Cirencester should remain open 24hrs. Failing that then option 2 is the least damaging
- Please commit to move the released resource to Gloucester or Cheltenham hospital
- Surely the government should be investing in training more qualified nurses?
- Pay doctors and nurses more to encourage more people to train. Using agency staff costs way too much. We've had brilliant care in Stroud and Gloucester
- I was surprised to read that one of the reasons for reducing the opening hours is because of the lack of nurses. This is a profession that is in high regard with the public and it makes me wonder whether it is the payment and stress within the nursing profession that is the cause for the lack of nurses
- Are the casualty staff also available to work on the wards? When not busy in casualty?
- Prefer to keep open extra hour to midnight
- Ideally should stay open until midnight
- Perhaps 12 midnight would be better than closing at 11pm
- My preference would be open until 12 midnight
- If shift patterns would allow.....0700-2200 would be better
- Please re-consider re-opening Cheltenham General Hospital A&E to a full 24hour service as it used to be, as the Gloucestershire Royal Hospital A&E is at crisis point

- I took my neighbour to Cheltenham A&E: they withheld treatment as it was approaching 8pm - Cheltenham A&E should be 24 hours
- Gloucester Royal is not convenient - Cheltenham General is much easier to reach in an emergency (Cirencester resident)
- Why not work with Gloucestershire Hospitals Trust and co-ordinate services to make all more efficient and alert 111 to divert patients to peripheral hospitals
- Making Gloucester Royal the only 24hr service is fine if there is adequate coverage for the rest of Gloucestershire between 8pm - 8am e.g. more paramedics for triage work, night ambulances stationed around the Forest area and helicopter pads for a major emergency
- Be aware that Cirencester MIU was reported closed last week at midnight and the 111 service sent a patient there
- Staff in MIUs should understand why patients come there and not to Gloucester A&E
- While accepting the economic constraints faced by the NHS, it must not be allowed to forget the needs of the public it serves. The cut proposed might save in staffing but people without transport will instead place an increasing burden on the ambulance service to get emergency help
- Some motivated staff would help - very negative HCA/Clerk. Jobsworth sprang to mind
- As a First Aider in a local youth group, I have in the last 6 months taken 2 young people to hospital after the hours of 8pm. One was to the nearest MIU and the other to A&E in Gloucester (we were in Gloucester at the time), otherwise it would have been our nearest MIU, as we know that we would get seen a lot quicker than going to Gloucester's A&E!! This is evidenced by the fact that when we took the injured young person to the nearest MIU, they had been seen, patched up and were back with the group within half an hour, before we needed to inform parents. When we went to Gloucester, we had to get the parents to drive into Gloucester where we met them & left the young person in their charge - it was much later before they got home!! Not to mention that since Cheltenham's A&E has closed overnight and at weekends, the problems of ambulance response times & A&E waiting times in Gloucester has rapidly increased due to the increased use of Gloucester A&E - know someone, whose 80 year old mother fell in Cheltenham in the early evening on a Sunday breaking her hip - the Rapid Response was there quite quickly but there was little they could do & she was lying on the cold

concrete for over 2 hours before the actual ambulance arrived & then she had to be shipped all the way to Gloucester - totally unacceptable!! Closing MIUs in the late evenings is only going to make incidents like this all the more common, as people will have no option to go to the A&E in Gloucester. Some people will say if it's not that bad as you can get an appointment with the GP in the morning - you try getting an appointment with the GP when you need one!! I Work with someone who had quite a bad chest infection, and the antibiotics he was given by the GP haven't worked, so on Monday we sent him home & he tried to get another appointment - he couldn't get one until today (Thursday) & he has been off work (thankfully for him as he needs to time to get well) all that time!! I tried to get one last month for something quite minor & was told I wouldn't be able to get one for 2 weeks!!

- Sorry but my answer is option 1 as I must give an answer, but where is Moreton MIU in this? Right at the top of the county, 40 minutes from Gloucester on a good day. Currently 8am-8pm and Saturday mornings 7am-11pm would be good.
- Please keep the general public informed - it is their service after all
- Perhaps educational leafletting of households is required, informing people of appropriate use of the different medical facilities available
- I think it is important and necessary to keep the units open until 11pm, dispense with overnight facilities but boost ED facilities at Swindon and Gloucester
- ENP's need to be graded as Band 7's, you may then be able to recruit. Band 6 ENP's are understandably moving on - 2 ENPs needed on duty
- All of my choices are dependent upon the continuation of a good ambulance service. The paramedics are well-trained and excellent at their job. That excellence must be maintained. In rural areas, MIUs matter. Do not reduce their availability unless you are certain (not merely "fairly confident") that access via paramedics to the full A&E service remains possible. If you are to reduce service provision, use the word "reduce", not merely "change"
- Most patients travel from Swindon so need to be included in consultation or more publicity about changes to service are needed in the Swindon area
- GL18 indicates Newent area, therefore, Gloucester Royal Hospital is always first choice. An accident centre in Newent to alleviate pressure at Gloucester Royal would be ideal 8am-11pm

- In my part of the county, Forest of Dean operations are not relevant. South Gloucester facilities need to be factored in, e.g. Yate and Southmead. Parliamentary boundaries do not apply
- Co-location with new 2017 out-of-hours VIP
- A wider GP PN based out-of-hours service may be helpful
- In many respects, the merging of South Gloucestershire to Wotton would be better than Stroud due to accessibility/public transport
- Having lost Tewkesbury out-of-hours (and MIU). This needs to be reinstated because information was not being given out that Tewkesbury was open when it was! Communication is vital and a duty of care and conscience should be given to make out-of-hours clinics much more accessible especially to all people in and around Tewkesbury who can get in more easily to Tewkesbury than to either Cheltenham, Stroud, Cirencester, Forest of Dean, Evesham or Winchcombe. Thank you.
- I recently had to use the services of your minor injuries unit in Cheltenham and they were excellent. Please note that I could not find where minor injuries was in Cheltenham by looking on the Internet it was not listed. I could find addresses for Stroud, Tewkesbury etc. I had to call 111 to find the minor injuries for Cheltenham

Appendix 2: EasyRead information booklet

Gloucestershire Care Services **NHS**
NHS Trust

Review of Minor Injuries and Illness Units in Gloucestershire



What do you think?

Understanding You

Page 1

There are 7 community hospitals in Gloucestershire

North Cotswolds Hospital



Cirencester Hospital



Dilke Hospital



Stroud Hospital



Lydney Hospital



Tewkesbury Hospital



Vale Hospital



Page 2

Each community hospital has a Minor Injuries and Illness Unit which treats people with rashes, bites, cuts, burns, sprains and other minor conditions



The opening times of these Units may change in future







We want your views about our proposed changes



Page 3

Current opening times of Minor Injuries and Illness Units

| | DAYTIME ONLY | DAYTIME AND EVENING | ALL DAY AND NIGHT |
|--------------------------|---|--|--|
| |   AM - PM |   AM - PM |   AM - AM |
| North Cotswolds Hospital | ✓ | | |
| Tewkesbury Hospital | ✓ | | |
| Vale Hospital | ✓ | | |
| Stroud Hospital | | | ✓ |
| Cirencester Hospital | | | ✓ |
| Dilke Hospital | | ✓ | |
| Lydney Hospital | | ✓ | |

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Why may the opening hours change?

- We do not have enough nurses to always provide the best possible care











- The Units are not busy at night

Watch the video on our website www.glos-care.nhs.uk to find out why the times may change



Page 5

What are the possible changes?

| | | |
|---------------------|---|--|
| Option One | Stroud, Cirencester, Lydney and Dilke will change to.... |   AM - PM |
| | Vale, Tewkesbury and North Cotswolds Hospitals will stay the same | |
| Option Two | Stroud and Cirencester will change to... |   AM - PM |
| | Vale, Tewkesbury, North Cotswolds, Dilke and Lydney Hospitals will stay the same | |
| Option Three | Stroud and Cirencester will change to... |   AM - PM |
| | And Dilke OR Lydney will change to... |   AM - PM |
| | Vale, Tewkesbury, North Cotswolds, and Dilke OR Lydney Hospitals will stay the same | |

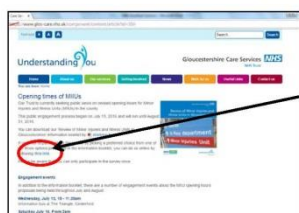
Page 6

Tell us what YOU think

- Post the Freepost card



- Tell us on our website www.glos-care.nhs.uk



Click the survey link!

The last day to have your say is 31 August 2016



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Gloucestershire Care Services **NHS**
NHS Trust

Any questions?



Telephone:
0300 421 8599



Email:
MIIUreview@glos-care.nhs.uk

www.glos-care.nhs.uk

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Meeting of Gloucestershire Care Ser

To be held on: 20th September 2016

Location: Subscription Rooms, Stroud

Agenda item 10 (ii)

1. Purpose

To provide the Board with a summary and recommendations following the review of, and public engagement exercise concerning, the operating hours of the Minor Injury and Illness Units (MIUs).

2. Recommendations

Recommend a change to the current operating hours of the MIUs to address the ongoing operational issues in providing a high quality, safe, consistent and sustainable service that offers best value to the population of Gloucestershire.

The recommended operating hours, effective from the 1st October 2016 are:

| | |
|-----------------|--------------|
| Cirencester | 8:00 - 23:00 |
| Stroud | 8:00 – 23:00 |
| Dilke | 8:00 – 23:00 |
| Lydney | 8:00 – 23:00 |
| North Cotswolds | 8:00 – 20:00 |
| The Vale | 8:00 – 20:00 |
| Tewkesbury | 8:00 – 20:00 |

N.B. This creates a circa. £460k cost pressure on the Trust.

The Trust's analysis supports the continued opening of just one of the Forest of Dean MIUs after 8pm; however, given the ongoing engagement process in the Forest, we recommend that the Forest of Dean health and social care engagement exercise consider the location of a Minor Injury and Illness Unit open to 23:00 in the Forest of Dean as part of the wider Urgent Care services provision.

Recommend that Gloucestershire Care Services NHS Trust work collaboratively with Gloucestershire Clinical Commissioning Group to review the staffing levels and rotas to minimise the cost pressure to the organisation. Any residual cost pressure to be alleviated by considering further integrated work as part of the system-wide urgent care response.

3. Background

Gloucestershire Care Services NHS Trust is commissioned to provide MIU services in our service community hospitals across Gloucestershire.

The MIIUs see adults and children over one year of age who either self-present or are referred by their GP, NHS 111 or the ambulance service.

Treatment is provided for a range of minor injuries and illnesses, including sprains, minor fractures, minor burns, minor head injuries, skin problems such as rashes, stings and minor eye conditions.

Patients who present with serious injury or illness are stabilised as appropriate and arrangements are made to transfer them to the nearest acute hospital.

In June 2015 the Care Quality Commission (CQC) inspection concluded that the MIIUs needed improvement and identified a number of actions that were required. A key area of concern was the robustness of the staffing model within these units.

4. Response to CQC Inspection

In September 2015, following the publication of the CQC inspection report, Gloucestershire Care Services NHS Trust Board addressed the concerns raised by CQC by approving a new staffing model.

This revised staffing model had been agreed by the Board at financial risk. It was recognised that to provide high quality services that are compliant with our regulatory body additional qualified workforce would be required to meet triage requirements as well maintaining performance in relation to the triage and treatment targets as outlined in the current service specification.

In March 2016, the Board noted the progress in recruitment and retention initiatives, but that there continued to be ongoing risk in being able to implement the new model within the current contracted operating hours.

Due to the level of staffing vacancies experienced by the service, MIIUs were subject to frequent unplanned closures when agency staff could not be found to fill gaps in rotas.

There was agreement by the Board that further action was required, and that the organisation should consider a change to opening hours.

Following legal advice, it was agreed by the Board to begin discussions with key stakeholders on appropriate options in relation to opening hours for the MIIUs. These options would then be subject to a public engagement process. This intention was shared with the Health and Social Care Overview Scrutiny committee at their May 2016 meeting. Following discussion with key stakeholders, activity analysis and patient audits a set of proposed staffing models and opening hours options were developed to ensure the following requirements were met:

- Staffing levels are such that all MIUs are CQC compliant during opening hours
- Recognition of differences between working time vs opening time of the MIUs
- Eliminate 12 hour shifts, which are not deemed to be best practice
- Meets the standards identified in 'Unscheduled Care Facilities – Minimum requirements for units which see the less seriously ill or injured' (July 2009)
- Recognise demand into the individual Units

This resulted in the consideration of five operating hour models, which included:

1. No change to current opening times at all MIUs
2. Close Cirencester and Stroud units from 23.00 hours until 08.00 hours, and keep all other MIU opening hours the same.
3. All MIUs close at 20.00hours.
4. All MIUs close at 23.00 hours.
5. Cirencester, Stroud and one Forest unit stay open until 23.00 hours. The North Cotswolds, Tewkesbury, The Vale and one Forest unit close at 20.00 hours

These five options were then evaluated considering three metrics:

1. Ability to address the recruitment gap and ensure sufficient and consistent staffing; and to reduce the over-reliance on bank and agency workforce
2. Offer best value for money, in relation to service utilisation
3. Impact of change on wider system function or anticipated developments

As a result the five operating models were narrowed down to three options and it was these that were included in the public engagement exercise which took place for 7 weeks (10th July - 31st August). These were

Option 1: All units open 8:00 – 20:00 hrs, with a resultant cost pressure of £210k

Option 2: Cirencester and Stroud units open 8:00 – 23:00 hrs, all other units continue with their current opening hours; resultant cost pressure of £460k

Option 3: Cirencester and Stroud and one Forest of Dean unit open 8:00 – 23:00 hrs, all other units open 8:00 – 20:00 hrs; resultant cost pressure of £410k

The option of no change was not taken forward as it did not close the recruitment gap for the organisation and as such was not a viable option to consider, as well as providing poor value for money due to the very low attendance numbers at these times

All three options included in the public engagement met the requirements noted above, and we would highlight the below;

Safety– all three options close the recruitment gap experienced by the organisation in being able to staff the units with substantive workforce, reduce the overall reliance of agency staff and reduce the number of times the units had to be closed at short notice.

Quality – Senior clinicians including the Medical Director conducted a number of detailed clinical audits of patients presenting outside of core hours (8:00-23:00). These audits found that of those presentations between 23:00 and 8:00, 90% of patients were either sufficiently well and could have been seen in a GP setting the following morning, or were too acutely ill and should have presented at an Acute Hospital Emergency Department to avoid delay in urgent treatment.

Access- Detailed analysis of demand has shown that although there continues to be an overall increase in the use of MIU attendances (up by 7% in 2015/16 compared to 2014/15), the number of people attending from 8pm remains low (see Appendix One for full detail). For example, there was an average of 4.49 attendances per night between 11pm and 8am at Stroud and Cirencester combined (or 0.25 people per hour per site), compared to 87.06 attendances at both sites combined 8am-11pm (or 2.90 people per hour per site).

In July 2016, the three options for public engagement were approved by Board and shared with Health and Social Care Overview Scrutiny Committee.

From 13 July 2016 to 31 August 2016, Gloucestershire Care Services NHS Trust undertook a public engagement on the three Board approved options. Details of this public engagement can be found in a separate paper on the Board agenda.

5. Analysis of the Options

Following the public engagement exercise, and with the knowledge that all three options meet the staffing model requirements and address the current recruitment gap an evaluation of each model is detailed below.

Option One: *All minor Injury and Illness units open 8:00 – 20:00*

Patient and Public Consideration

From a patient and public perspective, this option was seen to be the least desirable in the public engagement (22.6%), raising the most concerns about reduction to services in local areas.

Neither the public or local stakeholders indicated that consistent opening hours across all the units was required for the public to understand opening hours of their local service. Rather the view was that local people understood what local services were available to them, and what the operating hours were. When reviewing MIU usage it is evident the greatest users of the “local” MIU is from the population within that surrounding geographical area.

According to previous analysis (Appendix 1) should all units close at 20:00, it is likely to result in, on average, an additional 17.14 patients with minor injuries and illnesses needing to be accommodated by system partners during this timeframe. This is detailed in Table 1 below.

Table 1 Average Number of Contacts per Day by Hour Band by Locality from 20:00 - 8:00

| Hour Band per Day 15/16 | Stroud | Cirencester | Dilke | Lydney | Total |
|-------------------------|-------------|-------------|-------------|-------------|--------------|
| 20:00-20:59 | 1.99 | 1.91 | 1.19 | 0.98 | 6.07 |
| 21:00-21:59 | 1.5 | 1.37 | 0.85 | 0.61 | 4.33 |
| 22:00-22:59 | 0.58 | 0.87 | 0.48 | 0.31 | 2.24 |
| 23:00-23:59 | 0.45 | 0.57 | 0.01 | 0.01 | 1.04 |
| 00:00-00:59 | 0.28 | 0.35 | | | 0.63 |
| 01:00-01:59 | 0.18 | 0.24 | | | 0.42 |
| 02:00-02:59 | 0.14 | 0.19 | | | 0.33 |
| 03:00-03:59 | 0.1 | 0.14 | | | 0.24 |
| 04:00-04:59 | 0.1 | 0.14 | | | 0.24 |
| 05:00-05:59 | 0.09 | 0.16 | | | 0.25 |
| 06:00-06:59 | 0.12 | 0.19 | | | 0.31 |
| 07:00-07:59 | 0.35 | 0.69 | | | 1.04 |
| Total | 5.88 | 6.82 | 2.53 | 1.91 | 17.14 |

During the engagement a number of individuals and key stakeholders raised concerns around the “seasonal variation” of activity in so much the recognition that minor injuries are more likely to occur in daylight hours and that the MIUs would be in higher demand up to 11:00 pm during summer months. Therefore concerns were raised around the additional cohort of patients that would be required to find alternative services such as the two accident and emergency departments at our local acute hospitals.

Staffing and Workforce Considerations

From a workforce perspective, this option would close the current recruitment gap significantly and ensure a robust level of clinicians are available to reduce the over-reliance on bank and agency staff.

Generally, ending shifts early evening rather than late evenings is seen to be more attractive making it easier to both recruit to and retain colleagues.

The new model proposes moving away from the current 12 hour shift pattern currently operating in the 8:00 – 20:00 units. As such queries have been raised by the Gloucestershire Clinical Commissioning Group on the rationale for this, as this does result in additional cost for the service. In addition there was a request for assurance that any changes to shifts would involve appropriate staff consultation.

Financial Considerations

This option creates the lowest cost pressure for the organisation of £210k.

However as noted above, Gloucestershire Clinical Commissioning Group would like us to look into the staff model further, to determine if some of the cost pressure could be mitigated by not changing the current shift pattern in the 8:00 – 20:00 units.

Impact on System Partners

From a wider system impact, it is important to note that Gloucestershire Hospitals Foundation NHS Trust, which provides the Accident and Emergency (A&E) departments at the district hospitals, supported this option. It was their view that consistent times across all units would facilitate the marketing of the service to increase awareness of MIUs as part of the overall urgent care response. No concern was raised on the impact of the additional cohort of patients that may attend the A&E departments for assessment and treatment of minor injuries.

South West Ambulance NHS Trust is the current Out of Hours provider of primary care services and is another key partner that may be impacted on additional activity flow with this option. This would particularly be in relation to minor illnesses. However no formal feedback was received and no concerns were raised during public engagement sessions held at which they were present.

Impact on System Initiatives

It is acknowledged and important to note the two key system initiatives underway that may be impacted by a change to operating hours. This includes the Gloucestershire Urgent Care work as well as the Forest of Dean health and social care services review.

With the county urgent care redesign work underway, changing to this model of opening hours may create a disadvantage for the organisation in being able to contribute and develop a greater role for the MIUs. This is particularly in relation to the potential development of Urgent Care Centres and/or hubs that are being explored by each locality.

It is also evident from the engagement process that the Forest of Dean would wish that the opening hours of the two units in this locality are not changed until after the wider Forest health and social care engagement is

undertaken. This engagement, led by Gloucestershire Clinical commissioning group, is due to start in November/December of this year.

**Option 2 Cirencester and Stroud units open 8:00 – 23:00;
All other units continue with their current opening
hours**

Patient and Public Considerations

From a patient and public perspective, this was the preferred option, (39.1%) as detailed in the public engagement outcome report.

It is important to acknowledge the significant feedback received by both Cirencester and Stroud localities through the engagement as well as the two locality petitions, which were concerned that an option to keep these two units open 24 hours was not available.

As noted earlier in this paper this was not an option proposed as it did not close the recruitment gap for the organisation and as such was not a viable option to consider as well as providing poor value for money due to the very low attendance numbers at these times.

From both the engagement feedback and the petitions, concerns were raised on the impact of the public should the units not be open past 11:00 pm, but as Table 2 below and the engagement information highlighted this would be on average, 4.49 people per night across both units. This level of activity has not changed significantly over the last 2 years.

Table 2: Average Number of Contacts per Day by Hour Band from 23:00 -8:00

| Hour Band per Day 15/16 | Stroud | Cirencester | Total |
|------------------------------------|---------------|--------------------|--------------|
| 23:00-23:59 | 0.45 | 0.57 | 1.04 |
| 00:00-00:59 | 0.28 | 0.35 | 0.63 |
| 01:00-01:59 | 0.18 | 0.24 | 0.42 |
| 02:00-02:59 | 0.14 | 0.19 | 0.33 |
| 03:00-03:59 | 0.1 | 0.14 | 0.24 |
| 04:00-04:59 | 0.1 | 0.14 | 0.24 |
| 05:00-05:59 | 0.09 | 0.16 | 0.25 |
| 06:00-06:59 | 0.12 | 0.19 | 0.31 |
| 07:00-07:59 | 0.35 | 0.69 | 1.04 |
| Total | 1.81 | 2.67 | 4.5 |

Staffing and Workforce Considerations

From a workforce perspective, this option would close the current recruitment gap and reduce the reliance on bank and agency staff.

Colleagues who currently or previously worked in the MIUs have shared this change would be a positive move as the activity levels significantly drop from 23:00 hours.

Within the organisation we currently have two colleagues who only work night shifts within the MIUs. The appropriate organisational change process will need to be undertaken prior to the change in shift patterns. There is the opportunity to offer day and evening shifts for these colleagues, and we are exploring the ability to accommodate these colleagues in our inpatient services should they continue to wish to work night shifts.

Financial Considerations

This option currently creates the greatest cost pressure for the organisation (£460k), due to the enhanced level of qualified workforce required to be CQC compliant.

As noted above, the Gloucestershire Clinical Commissioning Group would like to explore with us opportunities to reduce the costs for the service, recognising the elements that are essential to be able to deliver the service to the service specification detailed.

Impact on System Partners

This option provides the lowest impact on system partners. As noted in Table 2 above, the potential patients who may seek services from either Accident or Emergency department or Out of Hours GP services via NHS 111 during this time frame would on average be 4-5 patients in this 8 hour time frame.

Impact on System Initiatives

As noted earlier the two key system initiatives need to be considered as part of the decision on which option Gloucestershire Care Services NHS trust proceeds with.

This option, with a CQC compliant service and robust staffing model, would strategically place us well in being able to contribute positively to a redesigned urgent care offer for the county.

As individual localities begin to understand what services need to work in better partnership to provide urgent on the day appointments, MIUs have a great potential to be part of the solution.

MIUs have a potential to support primary care with the increasing demand for on the day urgent appointments which then limits the ability for primary care to proactively manage patients with long term conditions as they would like to.

Having the MIUs remain open to 23:00 would potentially allow further work with the Out of Hours provider of services to design a similar integrated response for those patients who need to be seen urgently after their GP surgery is closed.

In relation to the work underway in redesigning the way in which all health and social care services are offered in the Forest of Dean, this option, which would result in no change for the locality would ensure there is no distraction or interference from the current upcoming engagement that is to be launched.

**Option 3 Cirencester, Stroud and 1 Forest of Dean unit 8:00- 23:00;
all other units open 8:00 – 20:00**

Patient and Public Considerations

This option was the second preference (32.3%) as detailed in the public engagement outcome report.

However it is important to note that for the Forest of Dean locality, in which this change has a significant impact, the preference for this option was 39.1%, with Option 2 (no change) the preferred option at 41.4%; and Option 1 (greatest change) at 17.6%

For the Forest of Dean, it is clear that the combined numbers of patients accessing the two units between 20:00 and 23:00 equates to the numbers accessing either Cirencester or Stroud, and is noted in Table 2. This does question the need for two units, both open to 23:00.

Table 3: Average Number of Contacts per Day by Hour Band by Locality from 20:00 - 23:00

| Hour Band per Day 15/16 | Stroud | Circen | <i>Dilke</i> | <i>Lydney</i> | Dilke and Lydney Combined | Total |
|-------------------------|--------|--------|--------------|---------------|---------------------------|-------|
| 20:00-20:59 | 1.99 | 1.91 | <i>1.19</i> | <i>0.98</i> | 2.17 | 6.07 |
| 21:00-21:59 | 1.5 | 1.37 | <i>0.85</i> | <i>0.61</i> | 1.46 | 4.33 |
| 22:00-22:59 | 0.58 | 0.87 | <i>0.48</i> | <i>0.31</i> | 0.79 | 2.24 |
| 23:00-23:59 | 0.45 | 0.57 | <i>0.01</i> | <i>0.01</i> | 0.02 | 1.04 |
| Total | 4.52 | 4.72 | <i>2.53</i> | <i>1.91</i> | 4.44 | 13.68 |

Issues were raised about the geography of the Forest of Dean and transport issues which could have an impact on patients in this locality having to travel further should only one unit be open to 23:00. The majority of the comments were the concerns of having to travel to Gloucester, particularly if both units were closed at 20:00.

With this option, a further decision would need to be made as to which unit would close at 20:00. A large number of comments on which one to close early was provided, with rationale. Suggestions in the public engagement included having this alternate between the two sites, however this would

inevitably create a challenge and potential confusion on marketing and communicating the opening times what the access times for the MIUs in this locality.

Staffing and Workforce Considerations

From a workforce perspective, this option would close the current recruitment gap and reduce the reliance on bank and agency staff.

As noted in Option 1, ending shifts at early evening rather than late evenings are seen to be more attractive making it easier to both recruit to and retain colleagues.

This option would require engagement with the colleagues once it is decide which unit would remain as is, and which would close at the early time of 20:00

Financial Considerations

This option would create a cost pressure of £ 410k, which is slightly lower than the cost pressure from Option 2 (£460k).

Impact on System Partners

The impact on system partners in relation to the Forest of Dean patients would be minimal as it would be MIU services in the local unit up to 23:00 rather than travel to Gloucester Royal Accident and Emergency department.

What was identified in the engagement exercise was that there may be a number of Welsh services which are impacted (i.e. Gwent in Newport), particularly should Lydney MIU be the unit that closes earlier. However as noted in Table 3 above, these would low numbers and potentially 2-3 people should they not wish to travel to the one unit in the Forest of Dean that is open to 23:00

Impact on System Initiatives

A number of concerns were raised by the system partners with implementing either Option 1 or 3 prior to the Forest of Dean engagement on the health and social care offer in that locality. There is potential that this will cause a distraction and negative impact on the work underway.

It may also be that as a result of the upcoming Forest of Dean work that the location and provision of services such as urgent care may change. As such we have been challenged to hold any changes to our MIUs in this locality and to incorporate this into the future engagement exercise due to begin in December 2016.

For the Forest of Dean, the work underway to redesign the county urgent care provision is being incorporated into the locality work on service provision. As such it may be prudent to delineate and integrate all changes into one engagement and change programme, including the change to MIIUs in the Forest of Dean.

6. Financial implications

All options noted above create a recurrent cost pressure for the organisation.

As a result Gloucestershire Clinical commissioning group wishes to work collaboratively with the Operational team to further test our thinking on both the staffing rotas and models.

Despite this further analysis it is unlikely that the gap in funding will be fully bridged, although there is potential that may arise should MIIUs work in a more integrated way with Out of Hours as part of the system-wider urgent care work underway.

7. Recommendations

As a result of the review and engagement exercise there are a number of recommendations for the Board, outlined below.

All recommendations will ensure that the MIIUs are able to deliver high quality, safe, consistent and sustainable services.

Recommend the Board to approve a change to operating hours of the Minor Injury and Illness units, with the Cirencester and Stroud units open 8:00 – 23:00. All other units continue with their current opening hours effective from the 1st October. This gives a cost pressure of £460k.

The Trust's analysis supports the continued opening of just one of the Forest of Dean MIIUs after 8pm; however, given the ongoing engagement process in the Forest, we **recommend** that the Forest of Dean health and social care engagement exercise consider the location of a Minor Injury and Illness Unit open to 23:00 in the Forest of Dean as part of the wider Urgent Care services provision.

Recommend that Gloucestershire Care Services NHS Trust work collaboratively with Gloucestershire Clinical Commissioning Group to review the staffing levels and rotas to minimise the cost pressure to the organisation. Any residual cost pressure to be alleviated by considering further integrated work as part of the system-wide urgent care response.

8. Legal Implications

Legal advice has been sought, as this results in changes to the way the current service is provided.

9. Risk Implications

Implementing any of the options proposed to the Minor Injury and Illness Units operating hours will assist with reducing the current risk in staffing, and over-reliance on bank and agency. As such it will also reduce the risk of unplanned closures of the units, thereby reducing the erosion of public confidence in their ability to access the service.

The recommended option will assist with reducing the strategic risk around the questions concerning the future role of Minor Injury and Illness Units role within the wider system-wide urgent care response for the county.

However the recommended option does pose the greatest financial risk for the organisation, and the Gloucestershire Clinical Commissioning Group wish to explore with us how to mitigate that risk by reviewing the current staffing model and rotas proposed alongside a staff consultation process.

10. Equality and Quality Implications

An Equality and Quality Impact Assessment has been completed on all three options following the public engagement. This has been reviewed at the Clinical Reference group and the outcomes of the discussion will be shared with the Board verbally.

11. Engagement and Communication including Public Involvement

The Trust has a statutory duty to engage and involve the public before making any changes to the operating hours of the Minor Injury and Illness Units. The public engagement exercise undertaken over the 7 week period has ensured we have sufficiently engaged and communicated with the public on this service change.

Following the decision of the Board, this will be communicated to all key stakeholders, including the Gloucestershire Clinical Commissioning Group, Gloucestershire County Council, system partners, colleagues within the organisation and most importantly the public.

Prepared by: Candace Plouffe, Chief Operating Officer

Presented by: Candace Plouffe, Chief Operating Officer

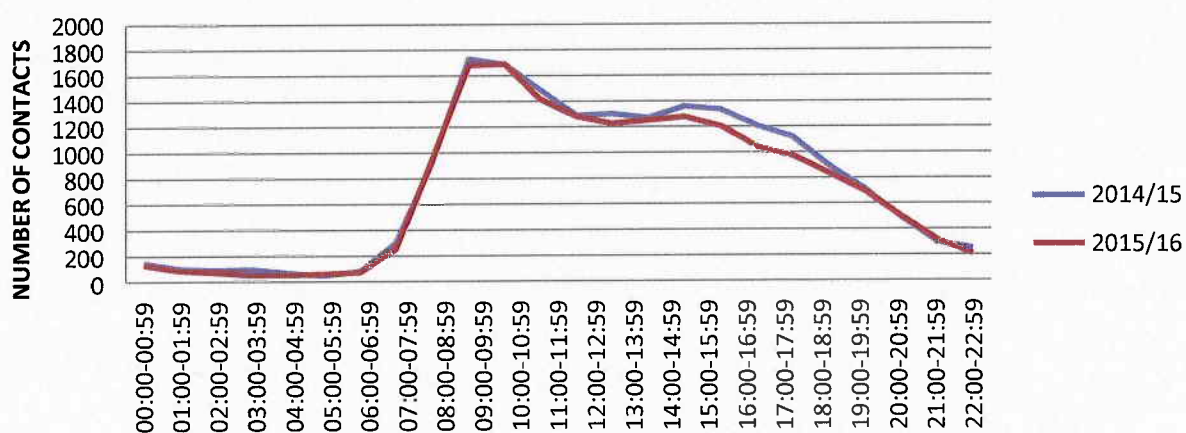
Appendix 1: MIU Activity by hour band

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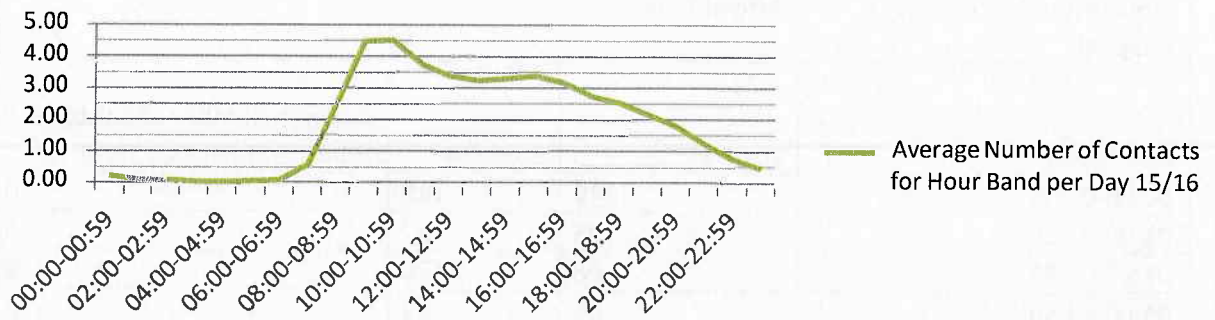
Activity by Hour Band: 14/15 to 15/16 Comparisons

| Cirencester Community Hospital | Arrival Year | | |
|--------------------------------|--------------|---------|--|
| Hour Band | 2014/15 | 2015/16 | Average Number of Contacts for Hour Band per Day 15/16 |
| 00:00-00:59 | 145 | 128 | 0.35 |
| 01:00-01:59 | 98 | 87 | 0.24 |
| 02:00-02:59 | 88 | 70 | 0.19 |
| 03:00-03:59 | 96 | 51 | 0.14 |
| 04:00-04:59 | 67 | 50 | 0.14 |
| 05:00-05:59 | 45 | 60 | 0.16 |
| 06:00-06:59 | 79 | 70 | 0.19 |
| 07:00-07:59 | 300 | 253 | 0.69 |
| 08:00-08:59 | 926 | 953 | 2.61 |
| 09:00-09:59 | 1731 | 1682 | 4.61 |
| 10:00-10:59 | 1689 | 1693 | 4.64 |
| 11:00-11:59 | 1490 | 1416 | 3.88 |
| 12:00-12:59 | 1289 | 1281 | 3.51 |
| 13:00-13:59 | 1301 | 1226 | 3.36 |
| 14:00-14:59 | 1268 | 1250 | 3.42 |
| 15:00-15:59 | 1359 | 1279 | 3.50 |
| 16:00-16:59 | 1335 | 1207 | 3.31 |
| 17:00-17:59 | 1207 | 1046 | 2.87 |
| 18:00-18:59 | 1118 | 973 | 2.67 |
| 19:00-19:59 | 895 | 836 | 2.29 |
| 20:00-20:59 | 713 | 698 | 1.91 |
| 21:00-21:59 | 490 | 499 | 1.37 |
| 22:00-22:59 | 298 | 316 | 0.87 |
| 23:00-23:59 | 249 | 207 | 0.57 |
| Total | 18,276 | 17,331 | 1.98 |

Cirencester MiiU Attendances by Hour Band

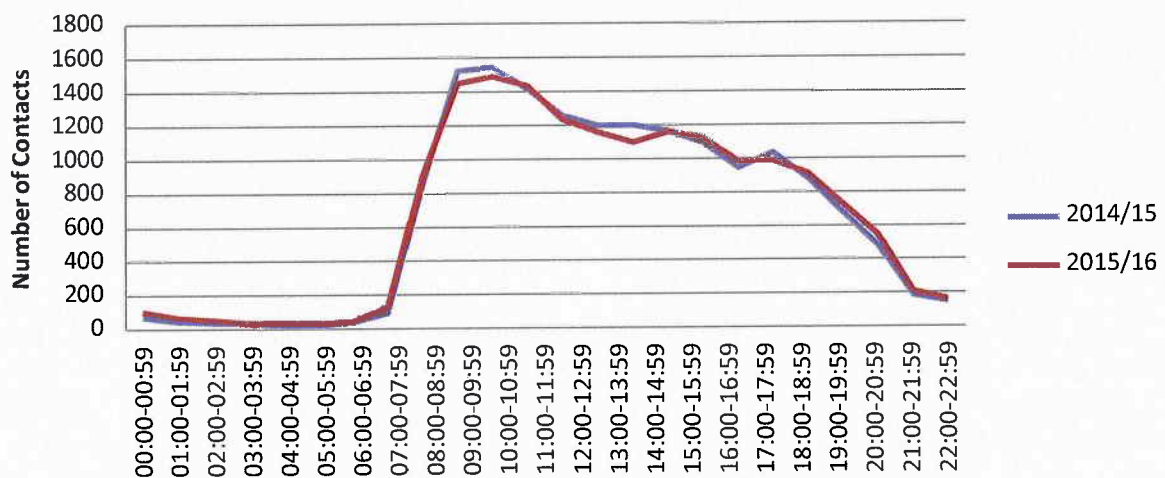


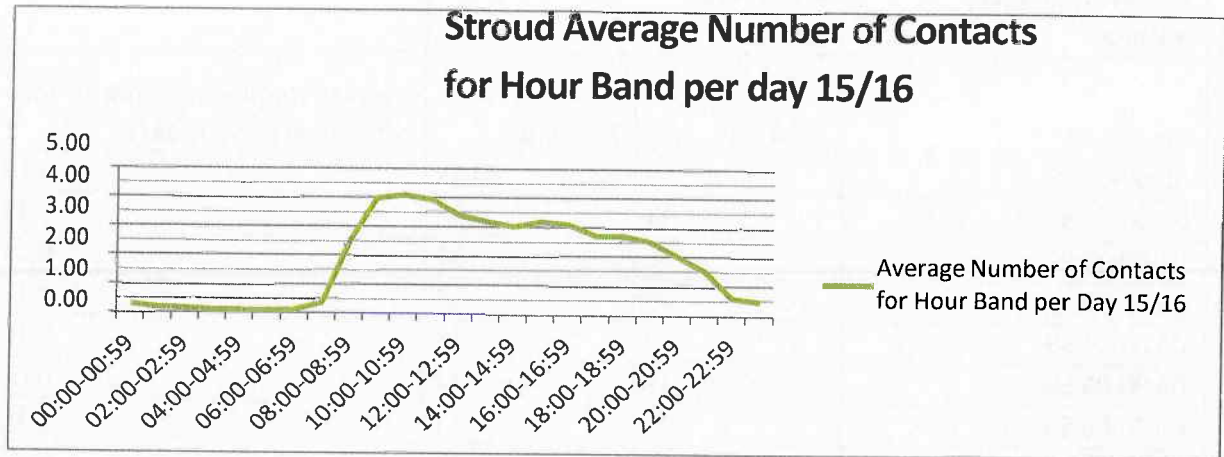
Cirencester Average Number of Contacts for Hour Band per Day 15/16



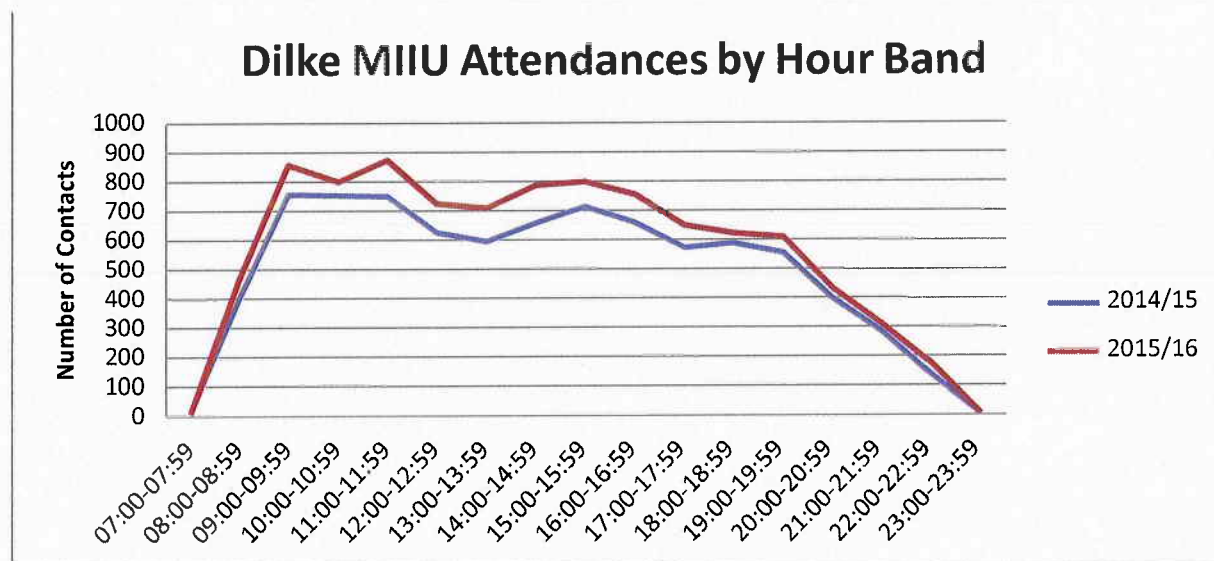
| Stroud Community Hospital | Arrival Year | | |
|---------------------------|--------------|--------------|--|
| Hour Band | 2014/15 | 2015/16 | Average Number of Contacts for Hour Band per Day 15/16 |
| 00:00-00:59 | 69 | 103 | 0.28 |
| 01:00-01:59 | 43 | 67 | 0.18 |
| 02:00-02:59 | 36 | 52 | 0.14 |
| 03:00-03:59 | 35 | 37 | 0.10 |
| 04:00-04:59 | 20 | 38 | 0.10 |
| 05:00-05:59 | 17 | 32 | 0.09 |
| 06:00-06:59 | 38 | 43 | 0.12 |
| 07:00-07:59 | 91 | 128 | 0.35 |
| 08:00-08:59 | 854 | 902 | 2.47 |
| 09:00-09:59 | 1522 | 1449 | 3.97 |
| 10:00-10:59 | 1541 | 1491 | 4.08 |
| 11:00-11:59 | 1418 | 1435 | 3.93 |
| 12:00-12:59 | 1256 | 1235 | 3.38 |
| 13:00-13:59 | 1196 | 1158 | 3.17 |
| 14:00-14:59 | 1199 | 1098 | 3.01 |
| 15:00-15:59 | 1164 | 1159 | 3.18 |
| 16:00-16:59 | 1095 | 1126 | 3.08 |
| 17:00-17:59 | 942 | 983 | 2.69 |
| 18:00-18:59 | 1034 | 987 | 2.70 |
| 19:00-19:59 | 880 | 912 | 2.50 |
| 20:00-20:59 | 679 | 728 | 1.99 |
| 21:00-21:59 | 482 | 548 | 1.50 |
| 22:00-22:59 | 186 | 210 | 0.58 |
| 23:00-23:59 | 149 | 163 | 0.45 |
| <i>Total</i> | <i>15946</i> | <i>16084</i> | <i>1.83</i> |

Stroud MIU Attendances by Hour Band

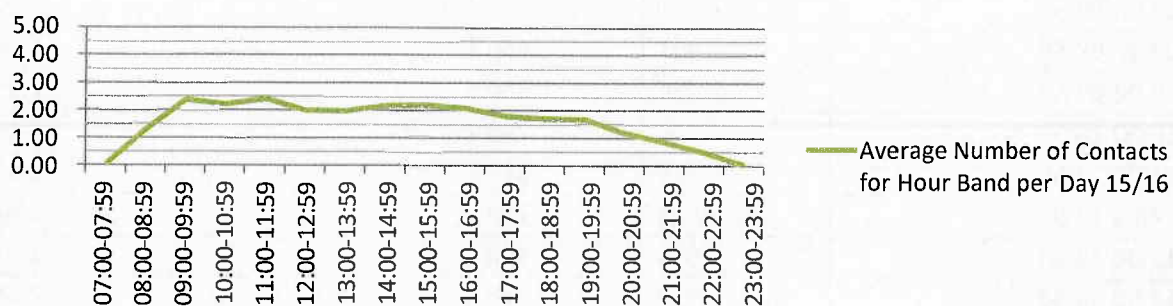




| Dilke Community Hospital | Arrival Year | | Average Number of Contacts for Hour Band per Day 15/16 |
|--------------------------|--------------|-------------|--|
| | 2014/15 | 2015/16 | |
| Hour Band | | | |
| 07:00-07:59 | 10 | 7 | 0.02 |
| 08:00-08:59 | 401 | 468 | 1.28 |
| 09:00-09:59 | 756 | 856 | 2.35 |
| 10:00-10:59 | 752 | 798 | 2.19 |
| 11:00-11:59 | 749 | 873 | 2.39 |
| 12:00-12:59 | 625 | 724 | 1.98 |
| 13:00-13:59 | 594 | 708 | 1.94 |
| 14:00-14:59 | 657 | 786 | 2.15 |
| 15:00-15:59 | 714 | 798 | 2.19 |
| 16:00-16:59 | 658 | 755 | 2.07 |
| 17:00-17:59 | 572 | 649 | 1.78 |
| 18:00-18:59 | 587 | 621 | 1.70 |
| 19:00-19:59 | 554 | 608 | 1.67 |
| 20:00-20:59 | 398 | 433 | 1.19 |
| 21:00-21:59 | 284 | 310 | 0.85 |
| 22:00-22:59 | 135 | 174 | 0.48 |
| 23:00-23:59 | 4 | 5 | 0.01 |
| <i>Total</i> | <i>8450</i> | <i>9573</i> | <i>1.54</i> |

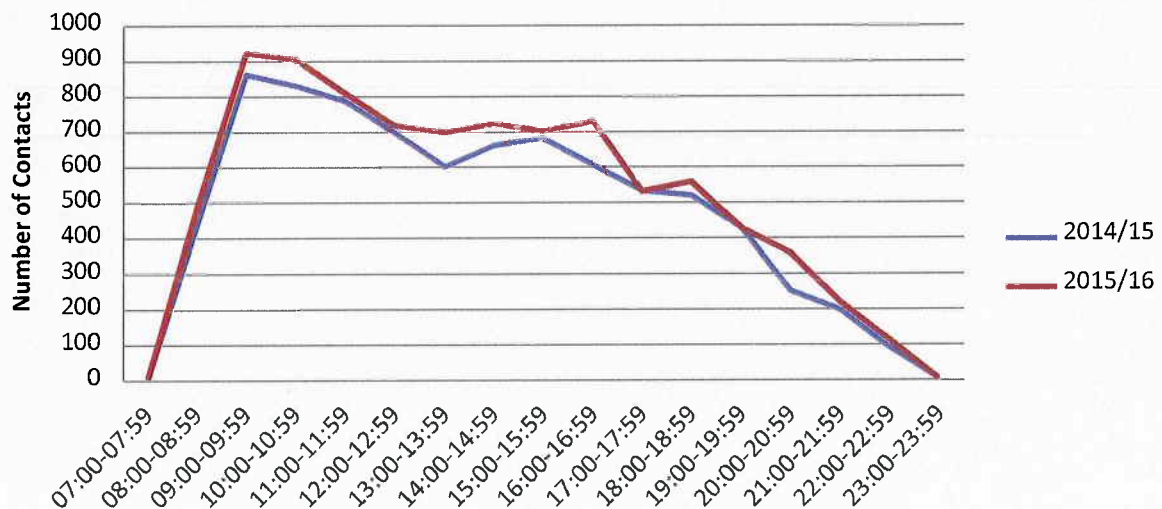


Dilke Average Number of Contacts for Hour Band per Day 15/16

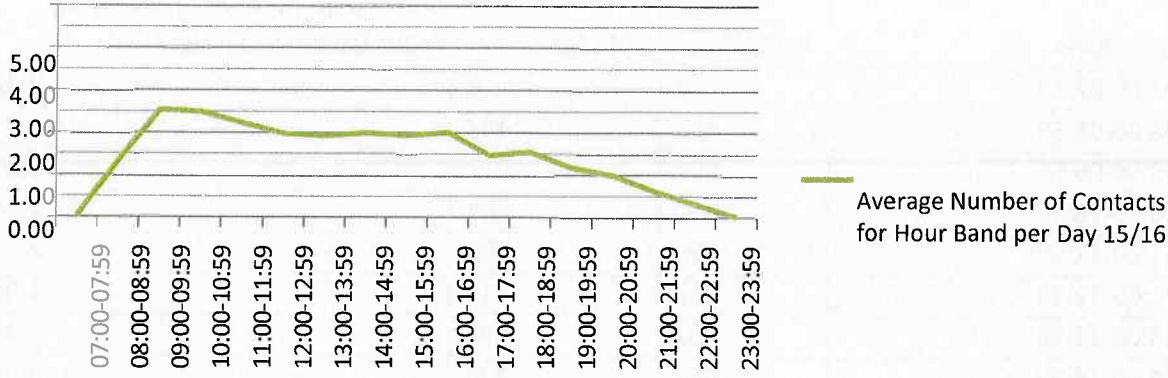


| Lydney Community Hospital | Arrival Year | | |
|---------------------------|--------------|-------------|--|
| Hour Band | 2014/15 | 2015/16 | Average Number of Contacts for Hour Band per Day 15/16 |
| 07:00-07:59 | 3 | 6 | 0.02 |
| 08:00-08:59 | 437 | 487 | 1.33 |
| 09:00-09:59 | 861 | 922 | 2.53 |
| 10:00-10:59 | 830 | 904 | 2.48 |
| 11:00-11:59 | 786 | 809 | 2.22 |
| 12:00-12:59 | 697 | 717 | 1.96 |
| 13:00-13:59 | 601 | 698 | 1.91 |
| 14:00-14:59 | 661 | 723 | 1.98 |
| 15:00-15:59 | 681 | 702 | 1.92 |
| 16:00-16:59 | 606 | 729 | 2.00 |
| 17:00-17:59 | 533 | 531 | 1.45 |
| 18:00-18:59 | 520 | 559 | 1.53 |
| 19:00-19:59 | 430 | 429 | 1.18 |
| 20:00-20:59 | 253 | 358 | 0.98 |
| 21:00-21:59 | 199 | 222 | 0.61 |
| 22:00-22:59 | 91 | 113 | 0.31 |
| 23:00-23:59 | 4 | 3 | 0.01 |
| Total | 8193 | 8912 | 1.44 |

Lydney MIU Attendances by Hour Band



**Lydney Average Number of Contacts
for Hour Band 15/16**

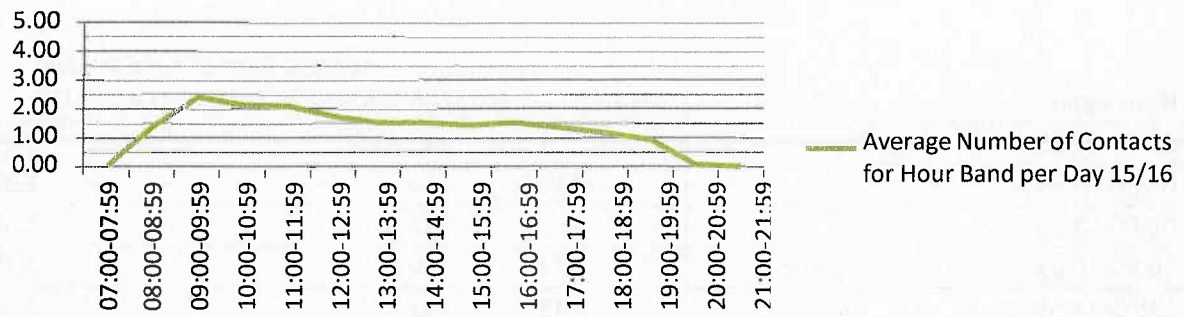


| North Cotswold Community Hospital | Arrival Year | | |
|-----------------------------------|--------------|-------------|--|
| Hour Band | 2014/15 | 2015/16 | Average Number of Contacts for Hour Band per Day 15/16 |
| 07:00-07:59 | 4 | 11 | 0.03 |
| 08:00-08:59 | 430 | 500 | 1.37 |
| 09:00-09:59 | 761 | 873 | 2.39 |
| 10:00-10:59 | 733 | 776 | 2.13 |
| 11:00-11:59 | 645 | 761 | 2.08 |
| 12:00-12:59 | 564 | 629 | 1.72 |
| 13:00-13:59 | 431 | 548 | 1.50 |
| 14:00-14:59 | 464 | 550 | 1.51 |
| 15:00-15:59 | 486 | 521 | 1.43 |
| 16:00-16:59 | 482 | 548 | 1.50 |
| 17:00-17:59 | 401 | 493 | 1.35 |
| 18:00-18:59 | 396 | 426 | 1.17 |
| 19:00-19:59 | 305 | 334 | 0.92 |
| 20:00-20:59 | 22 | 25 | 0.07 |
| 21:00-21:59 | 0 | 1 | 0.00 |
| Total | 6124 | 6996 | 1.28 |

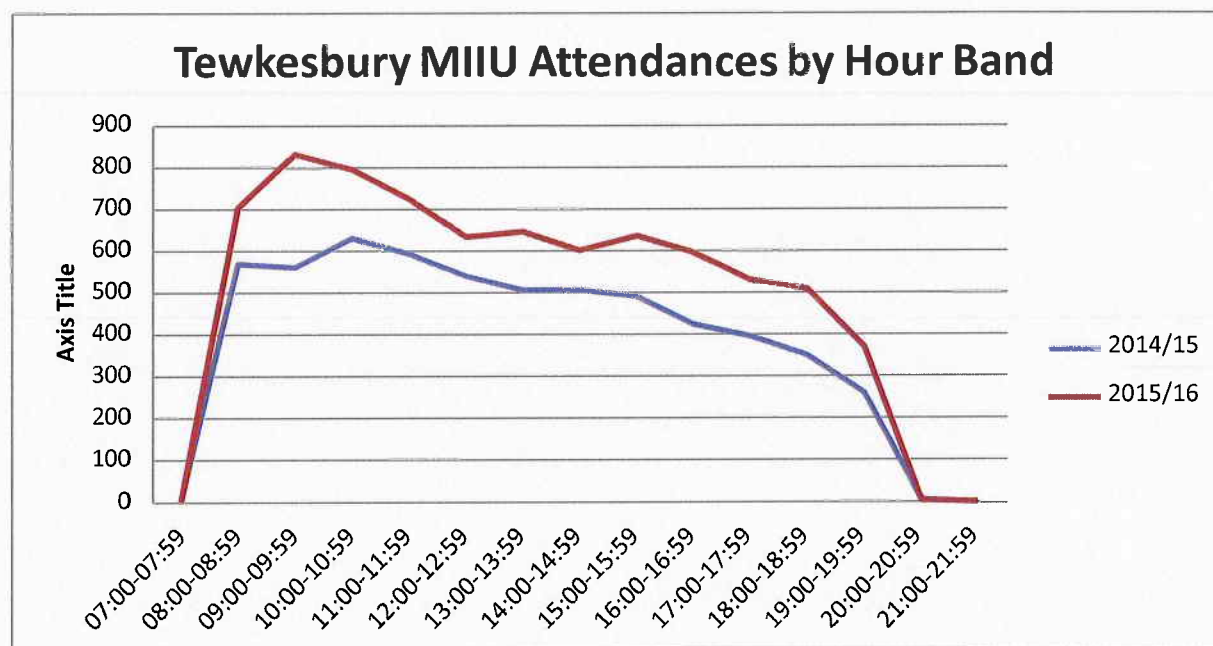
North Cots MIU Attendances by Hour Band



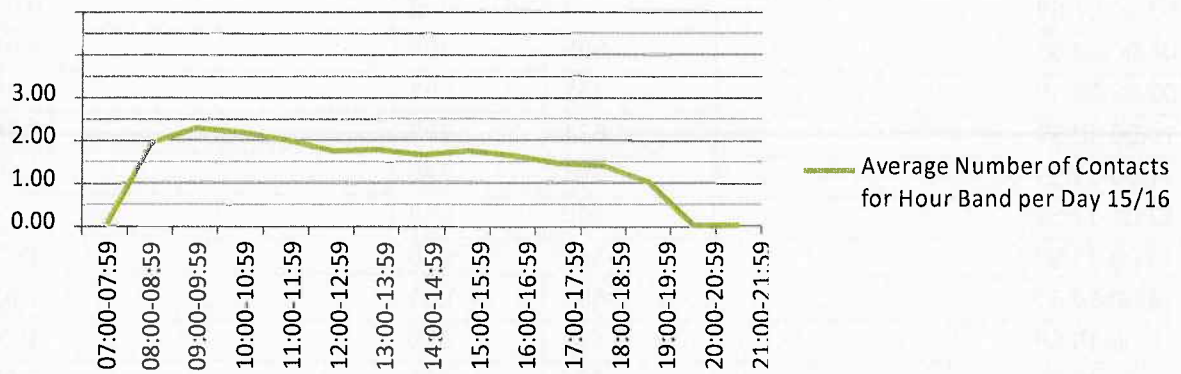
North Cots Average Number of Contacts p e r Day p e r Hour Band 2015/16



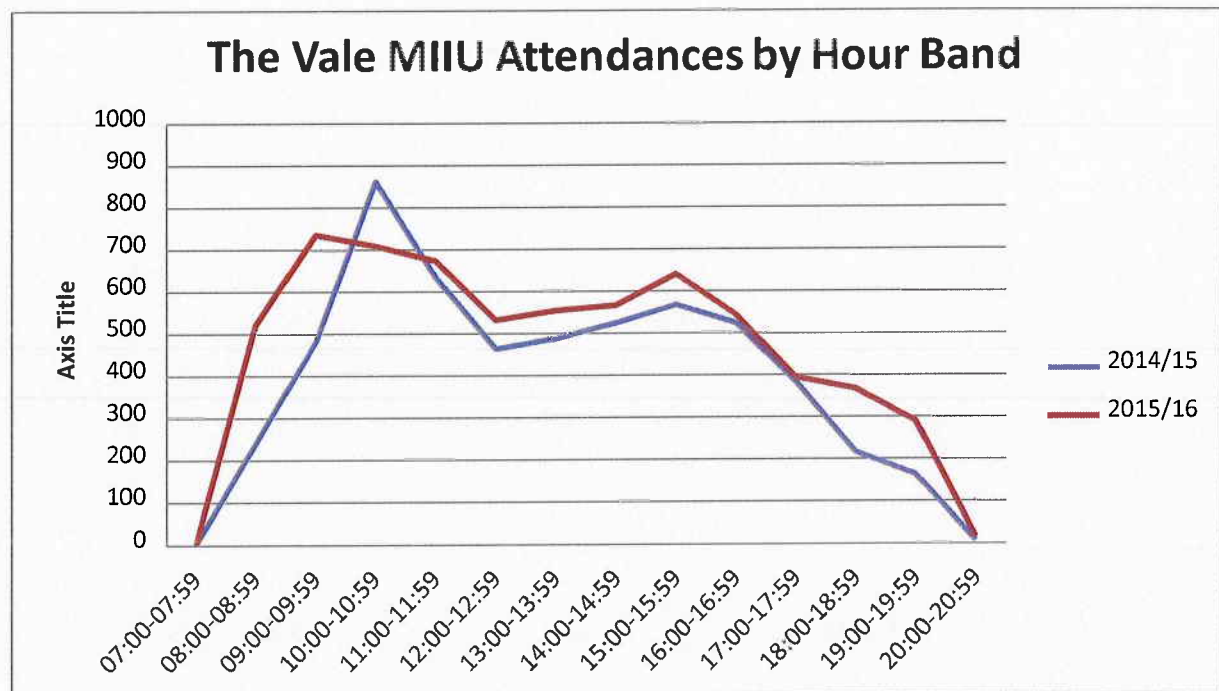
| Tewkesbury Community Hospital | Arrival Year | | Average Number of Contacts for Hour Band per Day 15/16 |
|-------------------------------|--------------|-------------|---|
| | 2014/15 | 2015/16 | |
| Hour Band | | | |
| 07:00-07:59 | 1 | 2 | 0.01 |
| 08:00-08:59 | 569 | 704 | 1.93 |
| 09:00-09:59 | 561 | 831 | 2.28 |
| 10:00-10:59 | 631 | 795 | 2.18 |
| 11:00-11:59 | 593 | 726 | 1.99 |
| 12:00-12:59 | 540 | 634 | 1.74 |
| 13:00-13:59 | 506 | 646 | 1.77 |
| 14:00-14:59 | 507 | 601 | 1.65 |
| 15:00-15:59 | 491 | 636 | 1.74 |
| 16:00-16:59 | 424 | 595 | 1.63 |
| 17:00-17:59 | 395 | 531 | 1.45 |
| 18:00-18:59 | 349 | 508 | 1.39 |
| 19:00-19:59 | 259 | 369 | 1.01 |
| 20:00-20:59 | 6 | 5 | 0.01 |
| 21:00-21:59 | 0 | 1 | 0.00 |
| Total | 5832 | 7584 | 1.39 |



Tewkesbury Average Number of Contacts per Hour Band per Day 15/16



| The Vale Community Hospital | Arrival Year | | |
|-----------------------------|--------------|-------------|--|
| Hour Band | 2014/15 | 2015/16 | Average Number of Contacts for Hour Band per Day 15/16 |
| 07:00-07:59 | 1 | 2 | 0.01 |
| 08:00-08:59 | 239 | 521 | 1.43 |
| 09:00-09:59 | 481 | 735 | 2.01 |
| 10:00-10:59 | 862 | 708 | 1.94 |
| 11:00-11:59 | 634 | 673 | 1.84 |
| 12:00-12:59 | 463 | 532 | 1.46 |
| 13:00-13:59 | 488 | 554 | 1.52 |
| 14:00-14:59 | 524 | 566 | 1.55 |
| 15:00-15:59 | 567 | 640 | 1.75 |
| 16:00-16:59 | 524 | 545 | 1.49 |
| 17:00-17:59 | 384 | 395 | 1.08 |
| 18:00-18:59 | 217 | 367 | 1.01 |
| 19:00-19:59 | 163 | 290 | 0.79 |
| 20:00-20:59 | 6 | 15 | 0.04 |
| Total | 5553 | 6543 | 1.28 |



The Vale Average Number of Contacts per Day per Hour Band 15/16

