



Supplement for

OVERVIEW AND SCRUTINY COMMITTEE - MONDAY, 1 SEPTEMBER 2025

Agenda No	Item
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13.	Updates from Gloucestershire County Council Scrutiny Committees 3 - 82
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Purpose

To receive any updates on the work of external scrutiny bodies:

Gloucestershire Economic Growth Scrutiny Committee – Cllr Angus Jenkinson
Health Overview & Scrutiny Committee – Cllr David Fowles

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Health Overview & Scrutiny Committee	
Tuesday 15 July 2025 at 10.00 am	
Council Chamber - Shire Hall, Gloucester	
AGENDA	

To view this meeting remotely, please visit the Gloucestershire County Council website at: [Home - Gloucestershire County Council Webcasting \(public-i.tv\)](#)

1	Welcome and Apologies To welcome new members to the committee and to note any apologies for absence.	Chair
2	Declarations of Interest Members of the Committee are invited to declare any pecuniary or personal interests relating to specific matters on the agenda. Please see note (a) at the end of the agenda.	Jo Moore: Senior Democratic Services Adviser
3	Terms of Reference (Pages 1 - 2) To note the committee terms of reference (attached).	Jo Moore: Senior Democratic Services Adviser
4	Minutes (Pages 3 - 14) To note and agree the minutes of the Health Overview and Scrutiny Committee meeting held on 11 March 2025, including any outstanding actions from that meeting	Jo Moore: Senior Democratic Services Adviser
5	Public Representations At each meeting of the Health Overview and Scrutiny Committee, there shall be up to 20 minutes set aside for members of the public, (including non-committee members), to make representation at the meeting. The process for submitting a representation at the meeting follows the Gloucestershire County Council Constitution rules for making	Chair

	representation at public meetings. The County Council Constitution states that ‘any person who lives or works in the county or is affected by the work of the County Council, may make written representation on any matter which relates to an item on the agenda for that meeting’. For meetings of the Health, Overview and Scrutiny Committee, notification of the intention to make representation is required three clear working days before the date of the meeting, (excluding the day of the meeting). Where the person making the representation attends the meeting in person, that person will be invited to address the committee, (3 minutes per representative), on the information provided in the written response to the original representation. Please submit any representations for the committee meeting on 15 July 2025 to jo.moore@gloucestershire.gov.uk before 4.00 pm on Wednesday 9 July 2025.	
INFORMATION ITEMS		
6	Introduction to NHS Gloucestershire (Pages 15 - 46) An overview of the work of NHS Gloucestershire in relation to the remit of the committee. The committee to receive presentations from: - a) NHS Gloucestershire Integrated Care Board (ICB) b) Gloucestershire Hospitals NHS Foundation Trust c) Gloucestershire Health and Care NHS Foundation Trust	NHS Gloucestershire
7	Gloucestershire Integrated Care System (GICS) Performance Report (Pages 47 - 56) To receive an update on the performance of the Gloucestershire Integrated Care System (GICS) against NHS constitutional and other agreed standards. For full details of the supporting performance and workforce metrics referred to by the attached report, please see refer to the information here.	NHS Gloucestershire
8	NHS Gloucestershire Integrated Care Board (ICB) Report (Pages 57 - 78) A report from the NHS Gloucestershire Integrated Care Board (ICB), known collectively as NHS Gloucestershire. The report to include updates from Integrated Care System (ICS) partners responsible for overseeing the day-to-day commissioning and provision of NHS services in Gloucestershire.	NHS Gloucestershire



9	Work Plan To note the dates of future meetings (below) and consider items to include on the committee work plan. 14 October 2025 18 November 2025 27 January 2026 10 March 2026 19 May 2026 14 July 2026 13 October 2026 17 November 2026 Effective scrutiny involves effective work programming. This includes planning ahead, selecting appropriate topics for scrutiny and allocating the appropriate time and resources. When suggesting items to include on the committee work plan, members are asked to note the information at the links below and information relating to scheduled forthcoming executive decisions by the County Council and information relating to the Council Strategy. Forthcoming Executive Decision List Council Strategy When proposing items, members are also asked to consider the reasons for and the expected benefits of the scrutiny committee's involvement. Members should also consider which category the item should relate to on the committee agenda: - Overview – an item which involves members learning about a subject, including asking questions of clarifications but does not necessarily lead to any actions or recommendations. Scrutiny – an item which requires members to examine the content of the subject and provide an outcome. Information – reports provided for information. Information reports can be taken as read or presented at the meeting. Questions may be asked at the meeting but should be kept to a minimum. Where it is not possible to provide an answer at the meeting, a written response to be provided after the meeting.	Chair
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Membership – Cllr Iain Dobie (Chair), Cllr Dr Ian Cameron (Vice-Chair), Cllr Leigh Challis, Cllr Dr Richard Dean, Cllr Stuart Graham, Cllr Andrew Gravells MBE, Cllr Sarah Sawyer, Cllr Cr Rebecca Trimnell and Cllr Suzanne Williams

Co-opted Members – Cllr Adrian Bamford (Cheltenham Borough Council); Cllr Martin Brown



(Stroud District Council); Cllr Julia Gooch (Forest of Dean District Council); Cllr Dilys Neill (Cotswold District Council); Cllr Vicky Norledge (Gloucester City Council); Cllr Ian Yates, (Tewkesbury Borough Council)

- (a) **DECLARATIONS OF INTEREST** – Please declare any disclosable pecuniary interests or personal interests that you may have relating to specific matters which may be discussed at this meeting, by signing the form that will be available in the Council Chamber. Completing this list is acceptable as a declaration, but does not, of course, prevent members from declaring an interest orally in relation to individual agenda items. The list will be available for public inspection.

Members requiring advice or clarification about whether to make a declaration of interest are invited to contact Rob Ayliffe; Monitoring Officer/Head of Strategic Planning, Performance & Change. ☎ 01452 328506 e-mail: rob.ayliffe@gloucestershire.gov.uk prior to the meeting.

- (b) **INSPECTION OF PAPERS AND GENERAL QUERIES** - If you wish to inspect minutes or reports relating to any item on this agenda or have any other general queries about the meeting, please contact: Jo Moore, Senior Democratic Services Adviser ☎:01452 324196/fax: 425240/e-mail: jo.moore@gloucestershire.gov.uk

(c) **GENERAL ARRANGEMENTS**

- 1 Substitution arrangements are in place for scrutiny meetings (please refer to the Gloucestershire County Council Constitution for details).
2. Please note that photography, filming and audio recording of Council meetings are permitted subject to the Local Government Access to Information provisions. Please contact Democratic Services (Tel 01452 324203) to make the necessary arrangements ahead of the meeting. If you are a member of the public and do not wish to be photographed or filmed, please inform the Democratic Services Officer on duty at the meeting.

EVACUATION PROCEDURE - in the event of the fire alarms sounding during the meeting please leave as directed in a calm and orderly manner and go to the assembly point. Please remain there and await further instructions.



GLOUCESTERSHIRE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TERMS OF REFERENCE: (taken from the Council's Constitution)

Health Overview and Scrutiny Committee 9 County Councillors 6 Co-opted District Councillors	1. Carry out the scrutiny functions of the County Council delivering the roles set out in Article 8 of the Constitution focussing on health issues from the public's perspective including the use of task groups to carry out its scrutiny functions. To act as a lever to improve the health and those services that impact on the health of local people, working in partnership with other agencies. To address issues of health inequalities between different groups in the community. To determine those matters referred to in Article 11.02.2 of the Constitution (joint committees concerning health service changes). 2. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to exercise the Council's role: • <i>in reviewing and scrutinising matters relating to the planning, provision and operation of health services in the area; and</i> • <i>In commenting on or making a recommendation in relation to proposals for a substantial development or variation to services save that 'referral powers' to the Secretary of State remain with full Council.</i>
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Scrutiny Task Groups

- i. All Scrutiny Task Groups will undertake work in relation to key targets for service areas, the Council's key priorities and issues of public interest or concern.
- ii. Where the commissioning of a Scrutiny Task Group is urgently required, the lead members of the relevant Scrutiny Committee may agree to do so in advance of the next committee meeting.
- iii. Before each Scrutiny Task Group begins its work, the terms of reference will be agreed by the relevant Scrutiny Committee or its lead members.
- iv. The final report of each Scrutiny Task Group will be presented to the relevant Scrutiny Committee, which may as a result, make recommendations to any

GLOUCESTERSHIRE HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TERMS OF REFERENCE: (taken from the Council's Constitution)

Council body or any other public body or third party or, exceptionally, the full County Council.

- v. Unless there are exceptional circumstances, there will be no more than six Scrutiny Task Groups in existence at any one time, in general limited to two Scrutiny Task Groups per Committee.
- vi. Each Scrutiny Task Group may adopt whatever means of operation it deems most effective, bearing in mind the resources available to it.

Declaration of Interests - any Member of the Council who has a disclosable pecuniary interest (within the terms of the Code of Conduct for Members adopted under the Localism Act 2011) in any matter except one that is under consideration by the Council as part of the report of the Cabinet or other appropriate Council body and is not itself the subject of debate, shall inform the meeting and act in accordance with the relevant code of conduct. Any disclosure, withdrawal or dispensation under this rule shall be recorded in the minutes of the meeting concerned.

Membership - all County Councillors, except Members of the Cabinet, are eligible to be members of scrutiny committees. The Annual Meeting of the County Council will determine the membership of the Scrutiny Committees, which must be politically balanced. The County Council has determined that the Health, Overview and Scrutiny Committee, which shall be politically balanced, shall comprise 9 County Councillors plus a co-opted member from each of the 6 district authorities. The Chair and Vice-chair of each Scrutiny Committee will be appointed by full Council and drawn from amongst the County Councillors sitting on each committee.

Meetings - there shall be 6 ordinary meetings of each Scrutiny Committee in each municipal year.

Quorum – a meeting of a Scrutiny Committee cannot take place unless the **greater of three or one-quarter of the whole number** of its members who have voting rights are present.

Work Programme - the work programme for each Scrutiny Committee will be drawn up by each committee taking into account the wishes of the members, including the co-opted Members. The work programme should include any requests from the full Council and the Cabinet for advice on particular issues. If there is a dispute over which Scrutiny Committee should consider a particular issue, the Corporate Overview and Scrutiny Committee will determine who should look at the issue.

Officer attendance - any Scrutiny Committee may scrutinise and review decisions made or actions taken in connection with the discharge of any Council function within the area of its terms of reference. As well as reviewing documentation in fulfilling its scrutiny role, it may require any Member of the Cabinet, the Chief Executive or any Officer to attend the meeting to explain in relation to matters within its remit relating to any particular decision or series of decisions, the extent to which the actions taken implement council policy; or performance.

GLOUCESTERSHIRE HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the Health Overview & Scrutiny Committee meeting held on Tuesday 11 March 2025 at Shire Hall, Gloucester. To listen to the discussion at the meeting, please refer to the Gloucestershire County Council website at the link [here](#)

Present	Cllr Andrew Gravells MBE (Chair)	Cllr Pam Tracey MBE
	Cllr David Brown	Cllr Adrian Bamford
	Cllr Terry Hale	Cllr Dilys Neill
	Cllr Paul Hodgkinson	Cllr Ian Yates

1. APOLOGIES

Apologies were received from: -

Cllr Linda Castle (representing Gloucester City Council)

Cllr Julia Gooch (representing Forest of Dean Council)

Cllr David Drew (it was announced Cllr Drew had recently resigned from his Gloucestershire County Council appointment)

Cllr Susan Williams (as green party representative, Cllr Williams was no longer able to attend the meeting due to her recent transfer to the Conservative Party)

Cllr Alan Preest was unable to attend the meeting due to illness

Other apologies: -

GCC Director of Public Health: Siobhan Farmer (Siobhan was represented at the meeting by Claire Procter, Assistant Director: Public Health and Communities Hub)

Mary Hutton: Chief Executive of Gloucestershire Integrated Care Board

It was confirmed this would be the last committee meeting attended by Chief Executive of the NHS Gloucestershire Integrated Care Board, Mary Hutton, following her announcement to retire after 14 years of service. Chief Executive of the ICB since 2021, and One Gloucestershire Integrated Care System lead officer since 2018, Mary to leave her post in July 2025. Before taking up her ICB role, Mary was Accountable Officer of the NHS Gloucestershire Clinical Commissioning Group (2013-2021) and had worked with the NHS for over 36 years in commissioning, performance and financial management.

Ellen Rule: Deputy Chief Executive of Gloucestershire ICB

It was reported that the meeting would also be the last meeting attended by Deputy Chief Executive, Ellen Rule, following her recent promotion to Chief Executive Officer of the Herefordshire and Worcestershire NHS Trust. The committee congratulated Ellen on the appointment and wished her well.

Chair, Cllr Andrew Gravells, presented Mary and Ellen with floral arrangements. Sparking on behalf of the Health Overview and Scrutiny Committee, Cllr Gravells thanked Mary and Ellen for their dedication to NHS Gloucestershire and for their support to the committee. Cllr Gravells congratulated Sarah Truelove on her forthcoming appointment as Chief Executive of NHS Gloucestershire ICB. It was confirmed Sarah would be taking up her post in the summer.

Cllr David Drew: Vice Chair of the Health and Wellbeing Board

In his absence, Cllr Gravells thanked Cllr David Drew, former Vice Chair of the Committee, for the collaboration and support he has provided to both Cllr Gravells, as Chair, and to the committee.

2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

3. MINUTES

The minutes of the meeting held on 28 January 2025 were confirmed as an accurate record of that meeting.

4. PUBLIC REPRESENTATIONS

No public representations were made at this meeting.

5. NHS WINTER ASSURANCE PLAN 2024-25

5.1 Members received an update on the performance of the NHS Gloucestershire 'Working with you through Winter,' Joint Winter Plan 2024-25.

5.2 Please refer to the link [here](#) to view the NHS Gloucestershire '**Working with you through Winter**,' Joint Winter Plan. The committee was asked to review and evaluate the plan presented to the committee on 15 October 2024. To view the presentation pack published with the agenda for that meeting, please refer to the link [here](#)

5.3 Members were informed that the NHS Gloucestershire Winter Assurance Plan 2024/25 had been developed in response to the 'usual' anticipated winter challenges, in addition to planning for seasonal flu, ongoing recovery work from the impact of Covid 19, and continuing industrial action and workforce challenges experienced across the Gloucestershire Health and Social Care Network.

5.4 The plan had been produced in collaboration with system partners, including Adult Social Care, Gloucestershire Hospitals NHS Foundation Trust, Primary Care, Voluntary Care Sector providers, Gloucestershire Health and Care NHS Foundation Trust, (community physical and mental health), the Southwest Ambulance Service NHS Foundation Trust and Private Sector Providers.

5.5 The focus on the 2024-35 plan had concentrated on the following areas: -

- i. Prevention and early intervention: avoiding the need to attend the Emergency Department wherever possible.
- ii. Supporting the public to access the right support, at the right time, in the right place.

- iii. Developing bespoke content and communications for different groups and communities.
- iv. Supporting professionals with up-to-date accessible information to support quality conversations.

5.6 Members were asked to note the success and outcomes of several NHS public-facing campaigns promoted during the winter months.

These included:

- i. **Stay Well This Winter** – the focus of this scheme was to support and encourage people to take active steps to support health and wellbeing during the winter. A highly engaging campaign, (online, social and as a printed version), was supported by 12 One Gloucestershire Partners, with ‘experts’ from a range of organisations taking forward/promoting key topics. The focus of the topics included: COVID and Flu vaccination, staying warm, eating well, staying active, protecting mental health, looking out for vulnerable family members and friends, support for carers, use of digital tools to support health and what to do at the first sign of illness. A campaign hub provided key advice and a wide range of helpful resources for each topic. Members were informed that the campaign model had been adopted by NHS England at regional level.
- ii. **Click or Call First** – a healthcare signposting campaign. This eye-catching and visual campaign had two key aims: i) promoting and conveying simple messages on how to access step by step urgent care advice (routes into urgent care) and ii) raising the profile of individual services - what the services are and the benefits of using them.
- iii. **Pharmacy First** – patients are now able to receive treatment for seven common health conditions direct from their local pharmacies and without the need for a GP appointment or prescription. NHS Gloucestershire had developed its Pharmacy First campaign ahead of winter to support awareness and access. NHS Gloucestershire had worked with pharmacies across the county to promote bespoke key messages, via film content and social media about each of the seven conditions. Branded posters and leaflets had also been produced to raise awareness through public outlets.
- iv. **No Place Like Home** - highlighting the benefits to the individual, family members and carers of working with health and care professionals of moving people out of hospital in a timely way, when appropriate.

5.7 Members received an overview of the services provided by ‘Kingfishers Treasure Seekers’ at Gloucester Royal Hospital. Offering low-level listening support by allowing people time and space to share their experiences had made a huge impact in developing trusted relationships and from gaining a better understanding

of underlying needs. Between July 2024 and January 2025, Treasure Seekers had supported a total of 2,275 people, including wider family members and staff.

5.8 An overview of the Virtual Ward Programme was also provided. Launched in August 2024, the Virtual Ward was now seen as the ICB's most successful pathway to date, with 124 patients receiving care through a technology-enabled approach over a six-month period.

5.9 Members were informed that in October 2024, the new approach had established a broad support network for Virtual Ward patients, enabling those with higher acuity needs to receive additional care at home, including blood tests and IV treatments. The network, now known as Hospital @ Home played a key role in increasing the complexity of patients managed within the Virtual Ward. The programme was now exploring workforce expansion opportunities to develop Hospital @ Home into a fully operational seven-day service.

5.10 Expanding on the work of the Flu & Covid Virtual Ward, it was confirmed that, following a critical incident declaration made in January 2025, and due to an increased number of flu and COVID cases, the virtual ward programme had collaborated with the Gloucester Health Access Centre (GHAC) to launch a Flu and COVID Virtual Ward. Unlike any of the other virtual wards, this service operated outside of an acute setting, providing a valuable opportunity to test and develop new models of care. Patients can be referred to the Flu and COVID Virtual Ward either through Gloucester Health Access Centre (GHAC)'s existing patient cohort or via Acute Respiratory Infections Hubs.

5.11 In January 2025, Gloucestershire had been one of several Integrated Care Boards (ICBs) in England to declare a critical incident due to the significant pressures on healthcare services within their areas. The Critical Incident Declaration had allowed Gloucestershire to take additional and immediate steps to create capacity in community and hospital services by helping to discharge patients, relieve pressure on emergency departments and free up ambulances and their crews.

5.12 Members reflected on the impact of increased pressures that had affected Gloucestershire's health services during recent months and asked what more could be done to prepare for sudden increases and surges in difficult situations.

5.13 Acknowledging the availability of other services, including services provided by local pharmacies and at community hospitals, members noted the following information that could be relayed to people living within their local communities.

Important messages included: -

- i. If experiencing a minor health issue or need advice on medication, patients can consult a local community pharmacy. Pharmacists are highly qualified healthcare professionals and can advise on whether another local NHS service is required.
- ii. If experiencing ongoing symptoms following self-care or having received advice from a local pharmacy, click or call a GP surgery. If an urgent matter

- and the GP surgery is closed, the patient can call NHS 111. The GP led Gloucester Health Access Centre (GL1 2TZ) is available 7 days a week. Patients are advised to call 01452 336290 to check appointment availability.
- iii. If ill or injured, patients can click or call NHS 111. NHS 111 are able to arrange a call with a clinician, book a GP appointment or alternatively, arrange an appointment at a community minor injury and illness unit, if required.
 - iv. Members were encouraged to promote the services provided at community minor injury and illness units and to advise against patients making inappropriate 999 calls or attending the two Emergency Departments at Gloucester and Cheltenham unless experiencing a life-threatening condition or serious injury.
 - v. Members were asked to work with NHS teams to enable patients to return home from hospital as quickly and as safely as possible, and to explore additional help provided by NHS community services and adult social care teams.

Expanding on some of the campaigns referred to earlier in the meeting, examples of some of key measures introduced by health and care services included:

- vi. All 105 of the county's pharmacies agreeing to expand the range of services they offer under the Pharmacy First Scheme. This allows patients to receive treatment from their pharmacy without the need for a GP appointment or prescription.
- vii. GP surgeries continuing to work together to offer additional appointments during evenings and on Saturdays to support people in obtaining advice from the most appropriate healthcare professional.
- viii. The new Integrated Urgent Care Service (IUCS) support to providing joined up urgent care advice and support across the county 24/7. The service to manage all 111 activity both over the phone and online, as well as provide a doctor led Clinical Assessment Service and out of hours primary care services (at treatment centres or in people's homes, where appropriate).
- ix. Recruiting additional staff across health and social care, including nurses, therapists and medical professionals.
- x. Ensuring services are in place to assess, treat and support older people and people with mental health needs to return home from hospital on the same day, with on-going support if required.
- xi. Ensuring people can be seen by the most appropriate member of the team for the first time, by-passing waiting in Accident and Emergency Departments, (if appropriate), and going straight to an assessment service.
- xii. Reducing the time to discharge people out of hospital and improving decision making by bringing health and social care colleagues together in the Integrated Flow Hub located at Gloucestershire Royal Hospital.
- xiii. Social Workers working in the two large hospitals to help avoid unnecessary hospital stays and to support planning for post hospital care.
- xiv. Making sure arrangements are in place for people to leave hospital safely.
- xv. Ensuring additional staff are working in the 'hospital to home' teams.
- xvi. Increasing access to reablement and domiciliary (home) care staff - providing nursing care for patients and families at home where needed.

- xvii. Development of community hubs dedicated to serious respiratory infections, with patients receiving same day access to care out of hospital while also creating additional capacity for hospitals and ambulance services.
- xviii. Significant expansion of Virtual Wards to support people in the place they refer to as home e.g. trauma, frailty, heart failure and respiratory conditions.
- xix. Improving how closely joined-up community health and care teams/rapid response services work together
- xx. Voluntary and community sector partners providing a follow up service to ensure patients are supported to remain at home after leaving hospital.
- xxi. Making best use of the two large hospital sites to enable planned surgery to continue and reduce the backlog of operations that had built up during the COVID-19 pandemic.

5.14 The committee was informed that the increased volume of respiratory cases in Gloucestershire over the winter was not unique to the county but reflected the national position, with more people requiring hospital treatment than in previous years. This, and the repercussions of an increased number of people contracting norovirus in the county, had resulted in significant and unprecedented challenges for the whole NHS system. It was anticipated that this trend would continue, with early signs that the following year was likely to follow the same pattern. Plans were being developed to prepare for this eventuality, including work to expand the virtual ward programme.

5.15 A huge success for NHS Gloucestershire had been the roll out of its flu and covid vaccination programme. Although vaccinations do not mitigate against seasonal illnesses, they can provide immunity and offer support to a patient's recovery from illness. Cllr Gravells requested that information on the uptake of vaccinations for the county, including comparisons with other areas within the Southwest, form part of next year's plan. The request was noted. **Action by - NHS Gloucestershire**

5.16 Expanding on the facilities and services provided by community hospitals in the county, it was suggested that a review of the work of community hospitals be added to the committee work plan for the new committee to consider at its first meeting in July 2025. This proposal was supported and an item added to the committee work plan. **Action by – Democratic Services Support Officer**

5.17 A member asked about the number of children admitted to hospital with RSV (respiratory syncytial virus) and whether the vaccination programme against RSV could be extended to include children of a younger age. The question was noted with agreement that a written response be provided after the meeting. **Action by - NHS Gloucestershire**

5.18 Another member enquired about the low take up of staff being vaccinated against flu and covid symptoms and asked that this be looked at in advance of the next vaccination programme. It was agreed staff should be encouraged to be vaccinated and the request noted. **Action by - NHS Gloucestershire**

The report was noted.

6. NHS INTEGRATED URGENT CARE (IUC) UPDATE

6.1 The committee received an update on the recently completed '[Working as One Improvement Programme](#)' including work undertaken by 'Newton Europe Consultants' in collaboration with NHS Gloucestershire and Gloucestershire County Council. To view the presentation published with the agenda for the meeting, please refer to the link [here](#).

6.2 For clarification, it was explained that the update didn't relate to a specific area, but more broadly, on making improvements to deliver a programme of transformation and improvement across all urgent and emergency care pathways for the county. A detailed update on services provided at intensive care units (ICU) by the Gloucestershire Health and Care NHS Trust would be added to the committee work plan for consideration at a future meeting. **Action by – Democratic Services Support Officer**

6.3 The "Working as One" Programme was introduced to join up and co-ordinate health and care for the people of Gloucestershire by supporting them to stay healthy, recover quickly following an illness, and ensuring that the right care and treatment was received in the most appropriate place.

6.4 Launched at a system-wide event in September 2023, the objective of the programme was to improve delivery of the urgent care system for Gloucestershire. Focusing on reducing potential challenges to patients, (and health and care workers), from what might be perceived as an overcomplicated system of managing health care, the programme had also looked at making best use of the services available in the community.

6.5 The programme had considered improvements at the 'front door' of the hospital to allow more people to return home as quickly as possible and to providing the necessary support to do so. The work had also looked at ways of reducing 'avoidable' hospital admissions and the length of time people needed to stay in hospital.

6.5 Members enquired how the areas for improvement would be monitored and reported to the committee. Senior officers confirmed that the improvement plan was under continual review and that regular updates would be provided to the committee as part of the NHS Gloucestershire monitoring report process. **Action by - NHS Gloucestershire**

The update was noted.

7. GLOUCESTERSHIRE INTEGRATED CARE SYSTEM (GICS) PERFORMANCE REPORT

7.1 To listen to the discussion at the meeting, please refer to the Gloucestershire County Council website at the link [here](#)

7.2 To view the committee report and presentation documents for this item, please refer to the link [here](#)

7.3 The committee received an update on the performance of the Gloucestershire Integrated Care System (GICS) against NHS constitutional and other agreed standards. For details of supporting performance and workforce metrics, (January 2025), please refer to the link [here](#).

7.4 Cllr Paul Hodgkinson said that he was pleased about the improved performance of the Southwest Ambulance Service but nevertheless remained concern about ambulance response times in rural areas.

7.5 Committee Chair, Cllr Andrew Gravells, referred to a recent meeting that had been arranged on behalf of the committee, involving himself, Cllr Paul Hodgkinson and 4 of the 7 Gloucestershire MPs. A further meeting, involving other local MPs, would be held on 13 March 2025. Cllr Gravells said that the meeting on 27 February 2025 had been a positive meeting, resulting in several useful proposals. Members and MPs acknowledged the benefits of working collaboratively to address local issues.

7.6 Key outcomes from the meeting included:

- i. Concerns about poor ambulance response times/handover delays in Gloucestershire, particularly concerns relating to the safety and wellbeing of residents in rural and hard-to-reach areas, were discussed. It was generally accepted that hard-to-reach rural areas were more likely to be impacted on by slightly longer response times. It was noted that the ambulance handover target was due to reduce from 90 minutes to 45 minutes on 1 April 2025 and that this was not expected to go smoothly from the outset. Work would be ongoing to improve the target.
- ii. Notable factors contributing to the 'Groundhog Day' scenario of key targets being missed in the county included system flow issues at Gloucester Royal Hospital and inappropriate demands and use of ambulances from calls made to the NHS 111 out of hours service.
- iii. It was hoped positive outcomes would evolve from the [NHS 10-year health plan](#), which had recently been out for consultation.
- iv. At the February meeting, MPs had offered to work with and support HOSC to address current issues, including raising concerns with government ministers at MP health briefings at Westminster.
- v. One issue raised during the meeting had been the relocation and deployment of ambulances in the county following the initial call and subsequent impact on handovers at Gloucester Royal Hospital. It was reported that ambulances leaving Gloucester Royal might be called on and deployed to other areas of the South-West rather than returning to their original base or ambulance station. This was seen as a contributory factor to

people experiencing longer than average wait times for an ambulance in rural areas.

- vi. Another proposal made at the meeting was to lobby for the installation of waiting areas/cubicles at hospitals to allow ambulances to make handovers more quickly and to respond to other calls.
- vii. In response to a proposal from Committee Chair, Cllr Andrew Gravells, that contact be made with the Secretary of State for Health and Social Care about the committee's concerns, it was suggested that it might be more effective to contact the Chairs of the other HOSCs within the South-West Region to seek to work collaboratively with Gloucestershire HOSC prior to making contact with the Health Minister.
- viii. It was agreed it would be useful for MPs to meet with HOSC and representatives from the Gloucestershire ICB before lobbying the Health Minister and that a key function of the committee, and of MPs, was to continue to work with the ICB to seek improvements locally. In the meantime, it was important to allow the NHS 10 Year Plan become established.
- ix. MPs reflected on the potential for 'performance related' negative comments impacting on employee and volunteer morale. Everyone agreed performance issues were not necessarily staff related, and a note of appreciation expressed on the work of SWAST and community first responders.
- x. Thanking MPs for their contributions, it was agreed to a) maintain regular contact with MPs, including providing periodical updates on the work of HOSC, and b) arrange to meet again post the county council meeting on 1 May 2025.

7.7 Noting a decline in the performance of dementia diagnosis rates, reported in December 2024 as 65.2% of the estimated population formally diagnosed with dementia, (down from 66.7% the month previously), members enquired whether this was likely to improve and suggested an item be added to the committee work plan for consideration by the new committee. The request was noted, with reassurances that significant work was ongoing to improve dementia diagnosis, including a review of the Memory Assessment Service to help reduce waiting times for assessment. **Action by – Democratic Services Support Officer**

The report was noted.

8. NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB) REPORT

8.1 To listen to the discussion at the meeting, please refer to the Gloucestershire County Council website at the link [here](#)

8.2 To view the committee report and presentation documents for this item, please refer to the link [here](#)

8.3 The report was split into the following sections: -

Section 1: General NHS Gloucestershire Integrated Care Board (ICB) commissioner update.

Section 2: NHS Gloucestershire Integrated Care Board (ICB) commissioner update focussing on NHS primary care (general medical services (GP), community pharmacy, optometry, dentistry).

Section 3: NHS Provider updates from: Gloucestershire Health and Care NHS Foundation Trust (GHC); and Gloucestershire Hospitals NHS Foundation Trust (GHT) and Southwest Ambulance Service NHS Foundation Trust (SWAST).

8.4 As a supplement to the report, Annex 1 provided an update on the NHS Gloucestershire Cancer Action Plan. Cllr Adrian Bamford, representing Cheltenham Borough Council, enquired if this aspect of the report, (cancer action plan update), could be more 'longitudinal' to provide a little more detail. The request was noted.

Action by – NHS Gloucestershire

8.5 Chief Executive of the NHS Gloucestershire Integrated Care Board, Mary Hutton, informed members that there was lots of planned work on addressing inequalities and that this would be reported to the committee at future meetings.

8.6 Responding to Cllr Andrew Gravells on the performance of the new Integrated Urgent Care Service, with particular reference to the out of hours appointment service following its launch in November 2024, Cllr Gravells was informed that the service was performing well and that an update would be provided to the committee at the November meeting.

8.7 Members noted the positive news update that an 'expert multidisciplinary team at Cheltenham General Hospital had performed the first keyhole total pelvic exenteration in the Southwest region on Tuesday 14 January 2025 at Cheltenham General Hospital'.

The report was noted.

9. WORK PLAN

The committee noted the dates of future meetings (set out below) and suggested items to include on the committee work plan.

Prior to the meeting, Cllrs Paul Hodgkinson and David Drew had put forward two proposals as possible items to be included on the committee work plan, the first relating to the care of the elderly in hospital and the second relating to community pharmaceutical arrangements. Responding to the proposals, and in view of the short committee meeting timeline prior to the county council elections in May 2025, it was suggested that the items be considered as proposals for the new committee to consider post the election on 1 May 2025.

15 July 2025

- Access to Primary Care Annual Review
- Work Plan Considerations – the new committee to agree the 2025-36 work plan.

14 October 2025

- NHS Winter Assurance Plan Proposals 2025-26
- NHS Dentistry/Access to Dentistry Update – to include information on dental services for children

18 November 2025

- Integrated Urgent Care Service (IUCS) Review - Gloucestershire Health and Care NHS FT

Other work plan proposals suggested at the meeting included: -

- The work and function of Community Hospitals
- The work and function of the Virtual Ward
- Care of the Elderly, including end of life care in Gloucestershire Hospitals (see above)
- ME (chronic fatigue syndrome) funding
- Dementia Diagnosis performance targets
- Community pharmaceutical arrangements (see above)

CHAIRPERSON

Meeting concluded at 11.30am

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Introduction to the NHS in Gloucestershire

NHS Gloucestershire Integrated Care Board

15 July 2025



One Gloucestershire ICS Context



682,262 population



Over 10,000 staff



5900 professionally qualified clinical staff



1,164 GPs/Nurses/Other patient care roles / 64 GP practices



1 County Council



1 Acute Hospital Trust (2 sites)



1 Integrated Care Board



1 Place Based Partnership



1 Mental Health & Community Trust



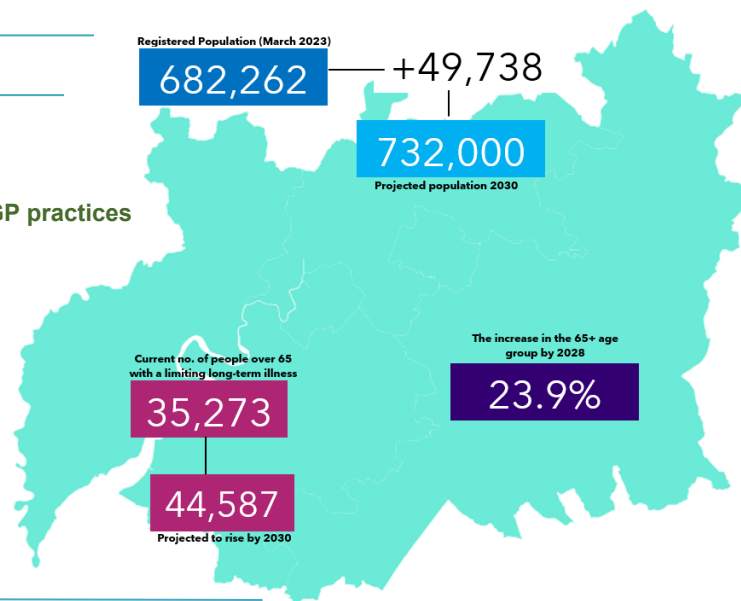
6 Integrated Locality Partnerships (ILP) & 16 Primary Care Networks (PCN)



1 Police & Crime Commissioner and Police Authority



6 District Councils



- Gloucestershire has a population of 682,262 – expected to rise to 732,000 by 2030.
- The proportion of the population aged 75-84 has increased by 20% between 2016 and 2021.
- The number of people over 65 with a long term condition is due to increase to 77,000 by 2030.
- Gloucestershire has a lower proportion of 0-15 year olds and 16-64 year olds and a higher proportion of people aged 65+ (Compared to the England and Wales proportions).
- The county has an average net loss of young people with a net movement of over 300 people aged between 18-30 leaving the county each year.
- There are pockets of both urban and rural deprivation.
- Life expectancy is 7.4 years lower for men and 5.4 years lower for women in the most deprived areas of Gloucestershire than in the least deprived areas.

Integrated Locality Partnership Priorities include...

In each Locality

- Strengthening Local Communities
- Community Capacity Building (NHS Charities Together) e.g. projects around Children and Young People and befriending
- PCN/neighbourhood Quality Improvement

Forest of Dean

- Children and Young People's Mental Health & Obesity
- Substance misuse
- Pre-diabetes
- Health and Wellbeing Hub

Gloucester

- Health Equality in Matson
- Poor Housing and Respiratory
- Coney Hill Community-based approach
- Active Communities
- Health and Wellbeing Hubs (Barton & Tredworth area and Inner City)

Tewkesbury

- Children and Young People's Mental Health & Wellbeing
- Employment
- Hypertension
- Brockworth Community-based approach
- Tewkesbury Proactive Projects inc. frailty

Cheltenham

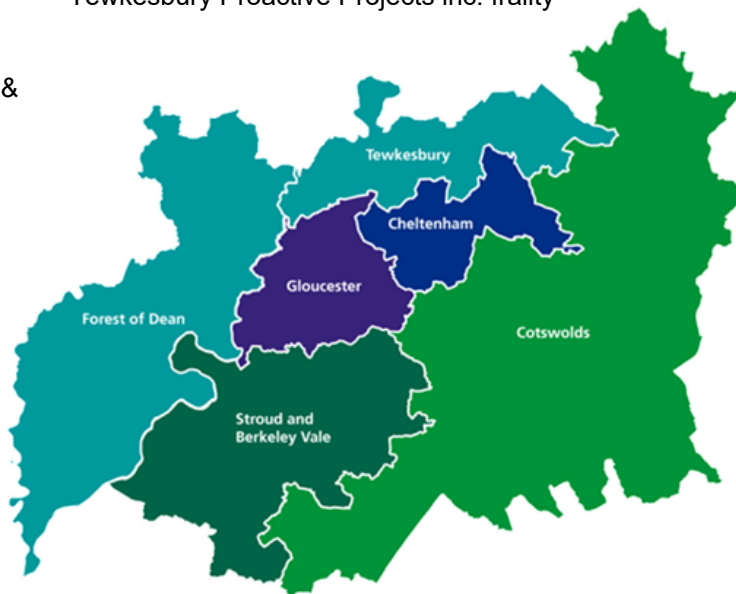
- Children and Young People's Mental Health including Bluebell worker
- Proactive respiratory
- Frailty
- Substance Misuse
- West Cheltenham Health Equality
- Health and Wellbeing hub

Cotswolds

- Life Years Lost in Beeches ward
- Children and Young People's wellbeing: young carers, body image and wellbeing
- Building a better community of support: Social Isolation, Loneliness & Frailty

Stroud and Berkeley Vale

- Children and Young People's Mental Health & Wellbeing
- Frailty & Dementia and carers



System Vision – Integrated Care Strategy (December 2022)

Our vision

Making Gloucestershire the healthiest place to live and work - championing equity in life chances and the best health and care outcomes for all

We will do this by:

1

Building on the strengths of individuals, carers, and local communities to improve resilience

2

Engaging people and communities so they are active participants in their health and wellbeing by listening, collaborating, and strengthening our community engagement

3

Increasing our focus on prevention, the wider determinants of health, promoting independence and person-centred care

4

Providing high quality joined up care as close to people's homes and their communities as possible

5

Valuing and supporting our workforce so they can develop, work flexibly, and thrive at work

6

Working together, recognising the contribution of all our One Gloucestershire partners, including a thriving voluntary and community sector

7

Reducing disparities in outcomes, experience, and access

8

Working together to use our resources wisely, obtaining the greatest value for our population

System Vision – Integrated Care Strategy (December 2022)

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Our Joint Forward Plan

<https://www.nhsglos.nhs.uk/about-us/who-we-are-and-what-we-do/publications/joint-forward-plan/>

- As partners in Gloucestershire we published our Joint Forward Plan (2025-2030) in April 2025.
- The Plan describes our **commitments** to improving health and care in Gloucestershire for our population.
- It also describes our **commitments** to quality and safety, whilst ensuring that we live within our financial means.
- The **commitments** in the plan are being taken forward by 6 **Transformation Portfolios**.

Prevention and
Long Term
Condition Physical
Health (all Age)

All Age MH,
Neurodivergence
& LD and Autism

Working as One
(Urgent Care and
Flow)

Planned Care and
Diagnostics

System Quality
and Sustainability

System Enablers

See Appendix for details of which **commitment** is being taken forward by which Transformation Portfolio

Changes affecting NHS Integrated Care Boards

- **March 2025:** Confirmed Government will legislate to abolish NHS England and fully integrate it into the Department of Health and Social Care. NHS England announce that the running costs of ICBs would also be reduced by around 50%.
- **May 2025:** Draft national guidance – ICB blueprint - designed to give greater clarity on the purpose, roles and responsibilities of future ICBs as strategic commissioners: *'ICBs have a critical, but more focused role to play – working to improve population health, reduce inequalities and improve access to more consistently high-quality care'* central to realising the ambitions that will be set out in the 10 Year Health Plan.

June 2025: Confirmation that Gloucestershire ICB will cluster/merge with Bristol, North Somerset, South Gloucestershire (BNSSG) ICB

The transition process is being overseen by a Joint Transition Committee made up of Executive and Non-Executive Directors drawn from both organisations.

- **Next steps:**
 - Appoint a cluster Chair and Chief Executive
 - Develop an Executive structure for the cluster
 - Detailed work on designing the functions and structures of the new organisation
 - We do not expect to be able to consult staff and teams on structures until August 2025 at the earliest.

Appendix



Delivering our Joint Forward Plan

Our ICS Transformation Portfolios



Portfolio Priority Schemes

Name of the project highlighted in bold.

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Transformation Portfolio	Commitment in the Joint Forward Plan <i>(being taken forward as a project within the Portfolio)</i>
Prevention and Long-Term Conditions Physical Health Portfolio PRO: Rosanna James, Director of Improvement & Partnerships, Gloucestershire Health and Care NHS FT Gemma Artz, Interim Chief Delivery & Transformation Officer, ICB	We will co-design and agree a Partnership Model with the VCSE sector in 2025/26 (VCSE Partnership Model)
	We will undertake improvement work in weight management (adults as well as children and young people) (Weight Management Pathway)
	We will develop our proactive care offer for people living with frailty and dementia, agreeing a clear delivery plan for Integrated Neighbourhood Teams and Neighbourhood Health and Care this year (Neighbourhood Health and Care / Integrated Neighbourhood Teams)
	We will expand the model of proactive care for people with individual long-term conditions – building on work in inner city Gloucester with diabetes, CVD and respiratory conditions and expanding across localities (Integrated Care Model for Long-Term Conditions)

In the plan we also committed to:

- Continue blood pressure testing in the community and support the treatment of patients – aligning to the Integrated Care Strategy unifying theme as well as people with diabetes and high cholesterol.
- Continuing the pilot and evaluate the impact of Early Language Support for Every Child (ELSEC) operating in some schools in Gloucestershire.

Transformation Portfolio	Commitment in the Joint Forward Plan (being taken forward as a project within the Portfolio)
All Age Mental Health, Neurodivergence, Learning Disabilities & Autism Portfolio SRO: Sandra Betney, Deputy Chief Executive & Director of Finance, Gloucestershire Health and Care NHS FT	We will complete the rollout of Community Mental Health Transformation by March 2026 to support people living with severe mental illness (Community Mental Health Transformation)
	We will start work to improve the pathway for people living with Learning Disabilities by improving community provision and reducing the need for inpatient care (Learning Disabilities Pathway)
	We will develop our Mental Health Inpatient Strategy (MH Inpatient Strategy)
	We will take forward work to improve intensive and assertive community treatment for people with serious mental illness (Intensive and Assertive Community Mental Health)
	We will implement improvements in Urgent Emergency Mental Health (Crisis Avoidance) for both adults and children to improve assessment, triage and wait times (Mental Health Crisis Avoidance: All Age)
	We will continue pathway improvement work in Neurodiversity Services across the age range (assessment, diagnosis and support for Autism and/or ADHD) (Neurodiversity Transformation)

In the plan we also committed to:

- Continue to expand Young Minds Matter aligned to schools with our 8th cohort planned for September 2025 and review our early intervention community offer, along with determining next steps for the Multi-Agency Navigation Hub for Children and Young People.

Portfolio Priority Schemes

Name of the project highlighted in bold.

Transformation Portfolio	Commitment in the Joint Forward Plan (being taken forward as a project within the Portfolio)
Urgent Care and Flow (Working as One) SRO: Sarah Branton, Chief Operating Officer, Gloucestershire Health and Care NHS FT Al Sheward, Chief Operating Officer, Gloucestershire Hospitals NHS FT	We will work to ensure that our Urgent Community Response fully meets national requirements as well as improving community pathways relating to falls and high intensity use of services (Development of the Urgent Care Offer)
	We will work with partners to commence a long-term review of intermediate care with a focus on a 'Home First' approach (2 Projects: Sustainable Delivery of Pathway 1 and Pathway 2 & Long-Term Model for Pathway 2)
	We will focus on keeping people safe by ensuring that people only stay in hospital for the time they need to (Coordination of the Discharge Process)
	We will undertake improvements across the minor injury pathway and flow within the hospital (Review Urgent Treatment Centre opportunity for Gloucestershire)
	Please note that the Portfolio is also taking place the following priority: Development of care coordination for urgent care through a Single Point of Access

Portfolio Priority Schemes

Name of the project highlighted in bold.

Transformation Portfolio	Commitment in the Joint Forward Plan (being taken forward as a project within the Portfolio)
Planned Care and Diagnostics SRO: Mark Pietroni, Deputy Chief Executive and Director for Safety and Medical Director, Gloucestershire Hospitals NHS FT Dr Ananthakrishnan Raghuram, Chief Medical Officer, NHS Gloucestershire ICB	We will continue the modernisation of outpatient services, giving more people the chance to manage their appointments and improving utilisation of community clinics (Outpatient Transformation)
	Support development of plans for improved utilisation of our Planned Care estate (Theatre and Outpatients) (System Wide Theatre and Clinic Review)
	Deliver improvements in areas such as pathology – reducing areas of inappropriate testing (Pathology & Radiology Optimisation)

In the plan we also committed to:

- Continuing to redesign pathways that make use of the Community Diagnostic Centre and improving the booking of diagnostics.
- Improving pre and post-referral advice for secondary care treatment and reducing wait times for elective (planned) care.

Page 2 of 2

- Implement plans for a Centre of Dental Excellence in 2025/26, aiming to increase NHS access for patients in more deprived neighbourhoods and support dentistry training provision.
- Continue to implement the Primary Care Access Recovery Plan – a key transformation plan in primary care.
- Publish our updated 'Green Plan' in July 2025, whilst continuing to progress with key initiatives that include working with the Local Authority on Electric Vehicle charging, active and sustainable travel, and ensuring that we consider sustainability across all programmes of work and healthcare services.

Transformation Portfolio

Commitment in the Plan

System Enablers

SRO:

Tracey Cox, Director of People, Culture and Engagement, NHS Gloucestershire ICB

Please note our system enablers brings together a range of supporting functions including workforce, digital and estates.

Our System Enablers Portfolio will coordinate delivery of the following commitments:

Workforce

- Explore and scope of opportunities for sharing of services
- Continue to deliver against the commitments in the NHS equality, diversity and inclusion plan.
- Prioritise staff wellbeing with a particular focus on newly employed staff to support retention and a continued delivery of the People Promise.
- Piloting improvements in rostering and job planning within NHS provider organisations
- Continuing to reduce how much we spend on agency staffing as a system.
- Working closely with University of Gloucestershire to mobilise the Arts, Health and Wellbeing Centre as part of the new city centre campus to increase our learning and development offer for staff and Postgraduate research across the county.

Digital

- Expand the use of technology; exploring digital care plans, expanding functionality and use of the NHS app and enhancing telehealth and virtual ward monitoring
- Work with areas within Gloucestershire Hospitals to improve Electronic Patient Record functionality to reduce time teams spend chasing for information as part of our Working as One Programme.

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Gloucestershire Hospitals

About our Trust

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Who we are and what we do

About us

- Gloucestershire Hospitals NHS Foundation Trust is a provider of local and acute care, delivering good-quality services to over 650,000 people living across the county.
- We provide whole-life care and are here to support our communities to live healthier lives as well as taking care of them when they need us the most.
- We employ almost 9,000 colleagues and together we provide a wide range of inpatient and outpatient services, as well as emergency and planned care at our two main district hospitals: Gloucestershire Royal Hospital and Cheltenham General Hospital.
- We also operate Stroud Maternity and provide outpatient services and clinics from a range of locations within the county and beyond.
- Our Regional Cancer Centre in Cheltenham provides care to over 1m people across parts of Wales, South West and Midlands.
- Gloucestershire Hospitals NHS Foundation Trust was formed on 1 July 2004 following a reconfiguration of health services in Gloucestershire in 2002.
- The Trust is supported by Cheltenham and Gloucester Hospitals Charity.



Our Trust in numbers



Our improvements and challenges

Improvements

- Stroke (Cheltenham)
- Chedworth Surgical Suites (Cheltenham)
- MRI scanners – both sites
- Ambulance Handovers – May ave 23min (122mins Jan 2023 / 56mins Jan 2024)
- Corridor Care
- 52 week waits – 10th best in country
- 85% - 28 Faster Diagnosis Standards
- Recruitment – vacancy rate 7.34%

Challenges

- Estates – parts over 175 years old & £100m backlog maintenance
- Tower – refurbishment and fire systems
- Financial - £42m savings 2025/26
- Maternity – CQC S31 and improvements
- No criteria to reside (NcTR): 218 (Jan 2024) 119 (June 2025) system target = 87
- ED: 63% of patients seen 4-hours
86% of patients seen 8-hours
92% of patients seen 12-hours

Our services

Women & Children

Acute Paediatrics	Neonatology
Community Paediatrics	Obstetrics
Fertility Service	
Gynaecology	
Gynae-Oncology	
Midwifery	

Surgery

AAA Screening	Ear, Nose & Throat	Orthodontics
Anaesthetics	General Surgery	Oral Maxillofacial
Audiology	Medical Photography	Pain
Bariatric	Trauma	Stoma Care
Breast	Ophthalmology	Theatres
Colorectal	Orthoptics	Upper Gastrointestinal
Continence	Ophthalmic Imaging	Urology
Critical Care	Optometry	Vascular
Diabetic Retinal Screening	Orthopaedics	
	Orthotics	

Diagnostics & Specialties

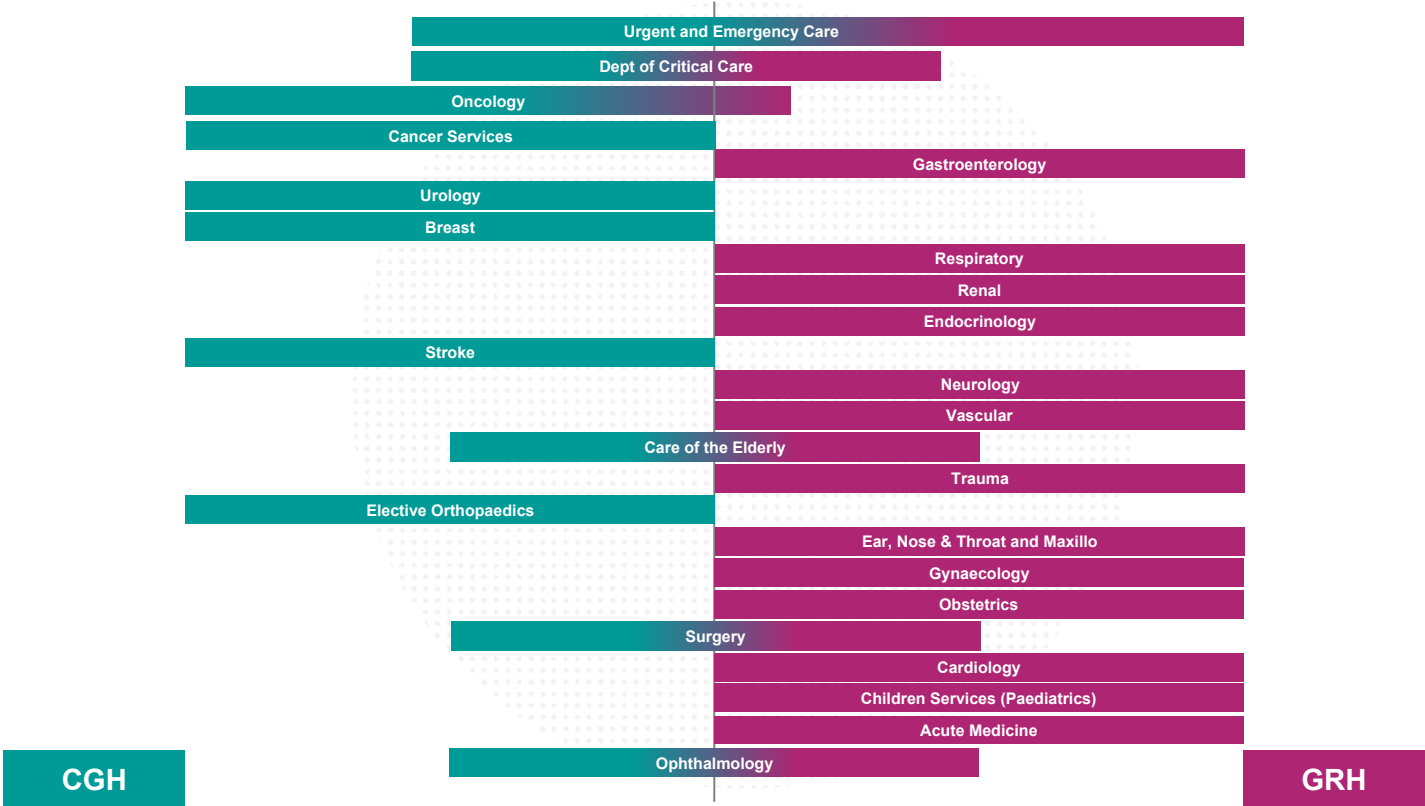
Breast Radiology	Discharge Lounge	Specialist Weight Management
Breast Screening	Lymphoedema-service	Therapy Service (Physiotherapy & Occupational Therapy)
Cancer services	Medical Physics	Radiotherapy
Chemotherapy	Radiology	
Clinical Haematology	Outpatients	
Clinical Health Psychology	Pathology	
Community Diagnostic Centre (CDC)	Pharmacy	
Dietetics	Specialist Palliative Care	

Medicine

Brain Injury Unit	Emergency Department	Neurophysiology
Blood Borne Viruses	Endocrinology	Rehabilitation
Cardiology	Endoscopy	Renal Services
Cardiac Investigations	Frailty	Respiratory
Care of the Elderly	Gastroenterology	Rheumatology
Coronary Care Unit	Hepatology	Stroke
Dermatology	Lung Function	Thoracic & Cardiothoracic
Diabetes	Neurology	Unscheduled Care

Centres of Excellence - Specialist Services

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Thank you

Gloucestershire Health and Care NHS Foundation Trust



working together | always improving | respectful and kind | making a difference

In a typical month...



GHC teams travel
300,000 miles



17,000 calls
to 111



12,000
attendances at
Minor Illness and
Injury Centres

In 2024/25

85+
SITES

175
PHYSICAL HEALTH BEDS

157
MENTAL HEALTH BEDS

407,720
REFERRALS

1,072,352
CONTACTS

6,295
COLLEAGUES

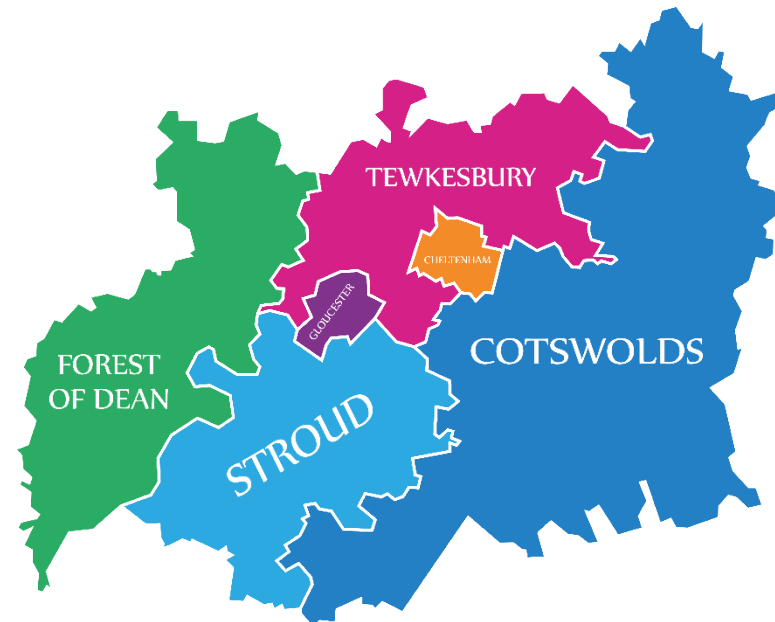
11,000
ADULTS REFERRED TO
TALKING THERAPIES

£340m
BUDGET

17,000
CALLS TO IUC (NHS 111)
PER MONTH

58,000

SCHOOL PUPILS COVERED BY YOUNG MINDS MATTER (63% OF COUNTY TOTAL)



Our services

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MH and LD Urgent Care and Inpatient	PH Urgent Care and Inpatient	Community PH, MH and LD	Children and Young People	Countywide
- Mental Health Inpatient Units - Wotton Lawn, Charlton Lane, Honeybourne and Laurel House - Learning disability inpatient unit - Berkeley House - Crisis Services - S136 Maxwell Centre - Mental Health Liaison Team - Criminal Justice Liaison Service - Approved Mental Health Professional (AMHP) Hub - First Point of Contact Centre - Specialist Community Forensic Team - Supported Discharge Team	- Community Hospitals and Minor Injury and Illness Units in Forest of Dean, Cirencester, Stroud, Vale, North Cotswolds and Tewkesbury. - Rapid Response - IV Therapy - Theatres and endoscopy (with GHFT)	- Integrated Community Teams (ICT) - Assertive Outreach Team (AOT) - Complex Psychological interventions (CPI) - Managing Memory and dementia services - Mental health primary care - Talking therapies - Eating Disorders - Perinatal - Learning Disability Intensive Support Services (LDISS) - Intensive Home Outreach Team (HOT) - Community Learning Disability Team (CLDT) - Complex Emotional need (CEN) - Recovery in Psychosis (GRIP) - Autistic Spectrum Conditions (ASC) - Attention Deficit-Hyperactivity Disorder (ADHD) - Specialist Treatment and Rehabilitation (STAR) - Individual Placement service (IPS) - Evening and Overnight District Nursing Service	- Parenting Support Team - Learning Disabilities Interagency Teams - Young Minds Matter - Core CAMHS - Young Adults (16-25) Team - Childrens ADHD & Autism Assessment Team (CAAAS) - CAMHS VCS (x 11 teams) - CYPS Gloucestershire Lifestyle Opportunity & Wellbeing (GLOW) - Community Nursing Team - Complex Care Team - Occupational Therapy Inc. CYPS Home Safety Team - Physiotherapy - Respiratory Physiotherapy - Persistent Physical Symptoms (PPS) - Speech and Language Therapy (SALT) - Immunisation Service - School Nursing - Health Visiting Team - Children in Care	- Dental - Sexual Health - Sexual Assault Referral Centre - Long Term Conditions - Heart Failure - Cardiac Rehab - Bone Health - Macmillan Next Steps - Respiratory - Pulmonary Rehab - Diabetes – nursing & education - Complex Care at Home - Wheelchair Assessment Service - Integrated Community Equipment Service - Musculoskeletal (MSK) - Lymphoedema - Tissue Viability - Complex leg wound/lower limb - Podiatry - Complex Housing Partnership - Homeless Healthcare - Speech and Language Therapy - Early Stroke Discharge (ESD) Community Neurology Service - Health and Wellbeing College

Integrated Urgent Care Service

NHS 111

Clinical Assessment Service (CAS)

Out of hours primary care

Who we are – key contacts



Graham Russell
Chair



Douglas Blair
Chief Executive



Sandra Betney
Director of Finance and
Deputy Chief Executive



Sarah Branton
Chief Operating Officer



Rosanna James
Director of Improvement
and Partnerships



Neil Savage
Director of HR and OD



Nicola Hazle
Director of Nursing,
Therapies and Quality



Dr Amjad Uppal
Medical Director

Our values

**Working
Together**

**Always
Improving**

**Respectful
and Kind**

**Making a
Difference**

How we compare

- Highest rated Trust in south-west for being **good place to work**, via NHS Staff Survey, but more work to do
- In **top four trusts** in the country for results of Community Mental Health Survey
- Average **speed to answer 111 calls was** 39 seconds in March 2025 compared to 164 seconds in March 2024 (before the service transferred)
- School Aged Immunisation service achieving among the **best uptakes for vaccines in country**
- Currently top Trust in England for follow up **following discharge within 72 hours.**

BUT

- Long lengths of stay for mental health inpatients
- Some hard-pressed services have longer waiting times, in line with national position



What we are focused on

- Our role in supporting the 10 Year Plan locally, in particular move from **hospital to community** and work with primary care, acute trust, local VCSE partners on **neighbourhood health**
- **Length of stay** for inpatient mental health services – in collaboration with others across the region
- Design of the future **Learning Disability Services**
- Continuing improvement of **discharge services**, including Home First and use of our community beds
- **Transforming Care Digitally** – analogue to digital
- Ongoing focus **on recruitment and retention.**

Report Title	Integrated Performance Report (IPR) June 2025	
Purpose of Report	Updates on recent performance as presented to the ICS Strategic Executive.	
Is this for information or decision?	This Report is for information. Supporting Performance and Workforce Metrics – please see full metrics here .	
Authors	Kat Doherty	System Performance Management Lead
Sponsoring Director	Mark Walkingshaw	Director of Operational Planning & Performance – NHS Gloucestershire ICB

Performance report - overview

- The Integrated performance report is presented to NHS Gloucestershire ICB Board bi-monthly (full report across Performance, Quality, Workforce and Finance) with supporting metrics).
- In the months the ICB Board does not meet, ICS Strategic Executive receive an abbreviated report (Performance and Finance), monthly.
- The report aims to capture key indicators across the system that are outlined in our Joint Forward Plan, Operational Plan and address any national and local priorities.
- Latest full ICB Board papers can be found here: [Board Meetings : NHS Gloucestershire ICB](#)
- HOSC will receive the latest full or abbreviated report (whichever was published most recently).

Our Performance

Key Achievements

- Lung Health Checks have commenced in our areas with highest smoking rates - targeted to people more likely to be diagnosed with lung cancer. So far, seven cancers have been found via the lung health check programme, and six of these were at Stage 1. Early identification of lung cancer in particular is critical to patient outcomes, and consistently identifying these cancers at an earlier stage will also reduce the burden on healthcare services over time.
- Gloucestershire Hospitals have been recognised nationally as the sixth most improved trust in terms of reducing long waits in Emergency Departments. In 2023/24, 14% of people attending A&E had a wait of more than 12 hours from arrival, but by March 2025 this had reduced to 10.7%. Performance has remained improved into 205/26 with latest figures showing further reductions to 9.7% of attendees having waits of more than 12 hours in May (against a national average of 9.3%).
- Work on optimising the stroke rehabilitation inpatient pathway has resulted in improved flow through the community rehabilitation setting and a marked reduction in patients in GHFT with length of stay of over 21 days.

Areas of Focus

- Diagnostic waiting performance has declined at the start of 2025/26, with challenge in the echocardiography modality particularly. Work is ongoing to review service demand and capacity, and to address workforce challenges including using locum staff. Scoping of direct access to echocardiography from general practice is in development to help reduce delays.
- Cancer treatment performance against the 31-day target has reduced slightly despite improved overall 62-day performance in April. This is driven by surgical capacity constraint in Urology, Gynaecology and Lower GI specialties. To address the impact of surgical capacity on performance a locum consultant remains in place within the Urology specialty until June 2025, increasing capacity by an additional three lists per week. Specific equipment issues in Lower GI are being addressed. The gynaecological service is developing their non-clinically led hysteroscopy clinic to release clinical time for additional theatre lists and clinics.

Urgent & Emergency Care

- Gloucestershire Hospitals have been recognised nationally as the sixth most improved trust in terms of reducing long waits in Emergency Departments. In 2023/24, 14% of people attending A&E had a wait of more than 12 hours from arrival, but by March 2025 this had reduced to 10.7%. Performance has remained improved into 205/26 with latest figures showing further reductions to 9.7% of attendees having waits of more than 12 hours in May (against a national average of 9.3%).
- May Type 1 performance was 62.7% against a target of 62.3%, and system performance was 77.2% against a target of 75.7% - with the impact of significantly above plan Type 3 activity contributing to the overall performance lift (Type 3 performance was 98.7% in April). The system ranked 13th of 42 systems nationally in terms of 4-hour performance.
- Ambulance response time performance has improved again in May, down to 33.6 minutes from a 36.8 minute average Category 2 response time in April. The interim recovery target for 2025/26 is to reach 30 minutes by March 2026. Category 1 performance remained stable, with a 9.4 minute average response time in May (against a target of 7 minutes).
- Average handover time per patient has improved to 33.6 minutes in May, meeting the planned trajectory for reducing handover times. To support improved patient experience and ambulance response times, Gloucestershire has committed to reducing handover times in 2025/26 to under 30 minutes by March 2026, and to eliminating handovers over 45 minutes by the end of June 2025. This is being supported by whole system working, for example by reducing conveyance with use of alternative services and increasing Hear and Treat, as well as improved processes at the main acute hospital to improve timely handover.
- The majority of operational planning trajectories are on track, though Community Hospital Length of Stay remains slightly above plan at 34.8 days average length of stay in May (target is 34 days). Work has been taking place in the community to improve the stroke inpatient rehabilitation pathway and minimise delays. This has been successful, with more patients moving through the pathway and helping to significantly reduce the number of patients remaining in GHFT over 21 days.
- There has been continued good performance by IUCS for NHS111 call answering times – with 1.8% calls abandoned in May 2025 and an average speed of call answer at 25 seconds (lowest call answering speed since the service commenced).
- Community urgent response (Rapid Response) activity has also continued to rise, with 76% of referrals meeting the 2-hour response time target in 2025/26 to date (above the 70% target).

Elective Care

- There has been significant progress in reducing the longest waits for treatment with the number of people waiting more than 52 weeks cut by almost two thirds in the last twelve months from 3,000 in March 2024 to 274 in March 2025. April saw long waits reduce further, with 218 Gloucestershire patients waiting over 52 weeks at all settings – equivalent to 0.3% of the total waiting list. The total waiting list size has also been reduced by more than 1000 patients (74,019 in April down from 75,292 in March) due to the focus on validation of the waiting list and maintaining activity as the 2025/26 financial year commences.
- System performance against the RTT target is 69.2% in April. The operational plan ask for Gloucestershire is to achieve 72.1% as an interim RTT recovery target by March 2026. This is in line with the national expectation of a 5% improvement in RTT throughout 2025/26. Additionally, the operational plans sets out expectations around the time patients wait for their first appointment – current performance is that 68.1% of patients are waiting under 18 weeks for their first appointment, and the expectation is that this will improve to 73.1% by March 2026. The national recovery plan for elective care sets out the longer-term ambition to meet the 92% RTT standard by March 2029.
- We have expanded provision of elective care from the independent sector, which is also helping to free up capacity at GHFT in specialties with longer waits, particularly Ear, Nose and Throat, Gynaecology and Dermatology. Delayed follow up lists have remained stable, which is an area of focus for GHFT, with the elective care hub validating overdue follow ups to ensure resource is used appropriately.
- Final Elective Recovery Fund performance April 2024 to March 2025 was 119.5% of the 2019/20 cost-weighted activity levels, indicating a nearly 20% increase and meeting the system target of 118%. Uncoded activity came to a total of under £300,000 against more than £200 million delivered.

Cancer

- Faster Diagnosis Standard (FDS) (people receiving a diagnosis or all clear following a cancer referral within 28 days of the referral being made) performance has improved significantly since the dip to 70.4% in January 2025. Latest performance for April 2025 is 81.5% - meeting the new ambition for 80% to be the standard by March 2026.
- We have continued to see excellent compliance with the Faecal Immunoprecipitation Test (FIT) target for Lower GI referrals – across the county latest performance shows over 84% of referrals are accompanied by a valid FIT result, ensuring we are prioritising urgent cases appropriately. Where performance drops the cancer team work with PCNs to implement quality improvement measures to support continued delivery which has been successful in sustaining the overall county performance.
- 31-day treatment performance has declined in April, with 93.1% of patients treated within 31 days of a decision to treat for cancer. There were 49 breaches of the target, the majority occurring in Urological, Gynaecological and Lower GI specialties due to surgical capacity.
- To address the impact of surgical capacity on performance a locum consultant remains in place within the Urology specialty until June 2025, increasing capacity by an additional three lists per week. Specific equipment issues in Lower GI are being addressed, with additional surgical kit for Transanal Endoscopic Microsurgery (TEMs) being purchased. The gynaecological service is developing their non-clinically led hysteroscopy clinic to release clinical time for additional theatre lists and clinics.
- Despite the surgical capacity constraining performance, 62-day treatment compliance has improved in April, with 75.2% of patients receiving treatment within 62 days of referral on any cancer pathway. 38 of 77 breaches in April occurred in the prostate pathway.
- We have seen the gap between the national average for early diagnosis (stage 1 and 2) and Gloucestershire grow smaller, as national performance remains stable and Gloucestershire early diagnosis improves (reaching 52.4% of cancers diagnosed at Stage 1 and 2 in the latest available statistics – 2022). This year we have launched the Lung Health Checks, targeted to people more likely to be diagnosed with lung cancer which will also help in improving our early detection of cancers. So far, seven cancers have been found via the lung health check programme, and six of these were at Stage 1. Early identification of lung cancer in particular is critical to patient outcomes, and consistently identifying these cancers at an earlier stage will also reduce the burden on healthcare services over time.

Primary Care – General Practice and Pharmacy

- In April 2025/26, Gloucestershire ranked 3rd for total rate of appointments across systems nationwide, maintaining high levels of activity that we have seen throughout 2024/25. For the 2024/25 financial year, Gloucestershire GPs delivered 12.8% more appointments than planned and continue to have high levels of patient satisfaction. The most recent national GP Patient Survey results show 79% were satisfied with Gloucestershire GP practices - above the national (England) average of 74%.
- General practice has continued to support the excellent uptake of vaccinations in the county – with recent focus on the Spring/Summer 2025 COVID booster campaign and the HPV “catch up” campaign, which aimed to maximise the uptake of HPV in 16–25-year-olds who missed the routine ‘in-school’ offer. Gloucestershire uptake of the COVID vaccination is expected to reach 65% which maintains performance seen in 2024 and has seen more than 300 additional HPV vaccines delivered and add nearly 1500 vaccines that were missing from records through the catch-up work.
- There has also been consistent increase in the referrals to the Pharmacy First service throughout 2024/25, and strong support through local promotion via social media, posters, leaflets and school contact to maintain activity rates.

Primary care - Dental

- The Dental Strategy Group has completed an annual review and revision of the Dental Commissioning Strategy Plan supported by the ICB team in order to reflect on the developments in 2024/25 and agree the key priorities for 2025/26-2026/27.
- A task and finish group has been set up to mobilise three additional days of Intermediate Minor Oral Surgery (IMOS) capacity in Gloucestershire. The procurement process was completed in early March 2025 and the successful bidder(s) are now working with the ICB, GHFT's Oral surgery and Maxillofacial department and GHC's Community Dental service to identify patients waiting 30-52 weeks for treatment to transfer into the new IMOS clinics as clinically appropriately.
- Expression of Interest requests have been sent to existing NHS dental contractors to begin the procurement of the additional urgent dental activity promised in 2025/26. This will be expanded to other providers if there is not enough interest from NHS dental contractors to meet our nationally set target. The additional cost of this activity has also been factored into the 2025/26 dental underspend investment budget.

Diagnostics

- Throughout 2024/25, diagnostic performance overall has remained relatively stable. In April 2025, there has been an increase in the total over 6 weeks waiters to 2,986 for GHFT (March was 2,336) and to 3,355 for the ICB (March was 2,686) and this has caused performance to decline to 21.5% in GHFT from 17% and decline to 19.8% from 16% in the ICB.
- Modalities driving the decline in performance seen in April are Cystoscopy, Echocardiography and Flexi Sigmoidoscopy, Peripheral Neurophys, and MRI – these tests all saw increases of 40 or more 6 week waits in April. MRI activity had increased, Cystoscopy and Echocardiography activity remained stable, and Peripheral Neurophys and Flexi Sigmoidoscopy saw a decline in activity.
- For Endoscopy, a business case has been approved to support delivery of an additional 2500 endoscopy procedures throughout 2025/26 – this will help to further improve performance and reduce the backlog of patients waiting for these diagnostic tests, building on the consistent reduction in the waiting list seen throughout 2024/25.
- Having seen increases at the end of 2024/25, the size of the waiting list stabilised. The MRI waiting list, which had previously seen steady growth throughout 24/25, has started to reduce, and there has been a decline in the number of people waiting for CT and Non-obstetric ultrasound. However, these reductions are off-set by an increase in the Echocardiography waiting list of 678 people compared to the March position.
- CDC activity continues to deliver at expected levels, however plans for 2025/26 are ambitious and will be challenging to fully meet. The CDC benchmarks well against other sites, particularly for imaging activity levels where activity is delivered 12 hours a day, seven days a week. GHT CDC accounts for 18.2% of diagnostic activity at the trust.
- Review of diagnostic pathways to refine the referral process and ensure the right patients get the right test in the right place in the timeliest way is underway across the system – including scoping increasing opportunities for direct access.

Mental Health

- Adult mental health services continue to see an increasing number of patients year on year, and services are meeting our planned performance trajectories currently.
- The management of patients in our community to minimise use of out of area settings continues to be strong. Out of Area placement days significantly decreased in 2024/25 compared to previous years and Gloucestershire has been held up as the best performer across the South West in this area. There are no patients remaining out of county inappropriately at the end of the month as of April 2025.
- Dementia diagnosis rates had deteriorated as a result of seasonal challenges, with decline in diagnosis rates coinciding with the start of the flu season. With lowest performance dropping to 64.8% in January, there has now been an increase with 65.2% of the estimated population with dementia receiving a formal diagnosis in March 2025. Significant work is ongoing in the system, in particular review of the Memory Assessment Service to reducing waiting times for assessment.
- CYP access continues to be strong across all providers, with latest national data showing access exceeded our target (9395 against the 9045 target in March 2025). Compliance with the 4-week waiting time target has declined for core CAMHS, with 67.3% of referrals receiving their initial appointment within 4 weeks (above the 80% target). Review of patient reasons for cancelled or non-attended appointments is underway to improve the offer to families and reduce non-used appointments.
- Access to perinatal mental health services continues to exceed targets, with a rolling 12-month access rate target of 672. Latest 12-month access is 835 across Gloucestershire. Performance against all timed assessment targets was met in April.
- The Talking Therapies service continues to demonstrate strong reliable improvement rates, achieving 70.4% in April 2025 well above the target of 68%. The reliable recovery rate (for patients meeting caseness at the start of their therapy course – i.e. patients whose clinical anxiety or depression exceeds a defined threshold, as measured by talking therapy outcome measures specific to their symptoms) was 50.3%, meeting the target of 49%. The service has continued to reduce the “in-step” waiting time, i.e. the time between first and second appointment for treatment, in line with national ambitions from a high of over 50% in June 2024 to 26% in March 2025.

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NHS Gloucestershire Integrated Care Board Update

Gloucestershire Health Overview and Scrutiny Committee

15 July 2025



NHS Gloucestershire Integrated Care Board (ICB) Update

Report contents

Section 1 provides a general NHS Gloucestershire Integrated Care Board (ICB) commissioner update.

Section 2 provides an NHS Gloucestershire Integrated Care Board (ICB) commissioner update focussing on NHS primary care (general medical services (GP), community pharmacy, optometry, dentistry).

Section 3 provides NHS Provider updates from: Gloucestershire Health and Care NHS Foundation Trust (GHC); and Gloucestershire Hospitals NHS Foundation Trust (GHT) and South West Ambulance Service NHS Foundation Trust (SWAST).

Section 1: Local NHS Commissioner Update, NHS Gloucestershire ICB

These items are for information and noting. Further detail may be found on the ICB website at: <https://www.nhsqlos.nhs.uk>

1.1 The national 10 Year Plan for Health and the Dash Review Report

On 2 July 2025 the Government published the 10 Year Health Plan providing the blueprint for development of an 'NHS fit for the future'. Below is some important context highlighting how the ICB and partners have placed Gloucestershire in such a strong position.

Through the NHS in Gloucestershire, local people got involved during the Autumn and Winter 2024 and fed into the national conversation on development of the Plan. Hundreds of local residents attended workshops and completed the One Gloucestershire People's Panel Survey.

This also helped to ensure the 5-year Gloucestershire Joint Forward Plan (refreshed for 2025/2026) was aligned and continues to address the priorities of our local population.

Why change is needed

Demand for both health and social care is increasing from a population that is getting bigger, older and increasingly experiencing chronic conditions such as diabetes. Mental ill-health has also placed a growing strain on individuals and services since the pandemic.

As such, the Plan places a real focus on **sickness to prevention**, the shift from **hospital to community**, including development of a neighbourhood health service and sets out a gear shift in the movement from **analogue to digital** to support NHS modernisation.

The Plan is clear that innovation and reform must be front and centre of the approach and that the development and transformation it describes is also about making the NHS sustainable for future generations.

The 10 Year Health Plan – a journey

The 10 Year Health Plan is a journey and whilst the key elements are very much in line with Gloucestershire's existing strategic priorities for the medium to long term, it is also midway through a difficult reset year, operating within a very challenging financial environment. Priorities this year include reducing waiting times, improving access to essential services like cancer care, primary care and mental health support.

Gloucestershire remains committed to the principle of joined up services and support being delivered in neighbourhoods and communities where possible and recognises that some services should be provided from more central locations to ensure quality of care, safety and the best outcomes for patients.

Whilst the approach will continue to be centred on providing the best possible clinical care and health outcomes for local people, Gloucestershire is also committed to reducing waste and duplication of effort and will need to make difficult decisions to live within its financial means.

How the national 10 Year Health Plan fits with our plans in Gloucestershire

The ICB Board and ICS health and care partners will be considering the national 10 Year Health Plan in greater detail. Below are some initial observations in the context of Gloucestershire strategic plans and the direction of travel for local services and support.

It is clear that many of the key challenges and opportunities set out in the national 10 Year Health Plan are major themes in Gloucestershire's 5-year Joint Forward Plan (JFP). The JFP is underpinned by three strategic pillars:

(i) Making Gloucestershire a better place for the future

We know that strong partnerships to support the shift to prevention and good health are critical and it starts early. Placing significant focus on families and the formative years of children and young people is universally recognised in Gloucestershire. Whether it's physical or mental health – healthier young lives means a healthier NHS in the future.

The ICB strongly supports prioritisation in the Plan for mental health services and support in neighbourhoods recognising the substantial increase in need in recent years. The ICB will continue to invest in services for children, young people and adults in schools, communities and at home. For example, the trailblazing Young Minds Matter teams in primary and

secondary schools, are already supporting children and young people across 135 education settings – face to face and online – covering 58,000 people.

Gloucestershire has made progress in developing accessible support in neighbourhoods with mental health practitioners working in community settings, like GP practices where they are needed most and support the Plan's future direction. Advice and support is being joined up through the Gloucestershire 111 offer. The imperative and need to support thousands of people back to health, back to education and employment and back to fulfilling lives is acknowledged.

As the 10 Year Plan describes, the shift from sickness to prevention remains important. Whether that's supporting and incentivising healthy and active lifestyles through community programmes and technology, development of ground-breaking work in social prescribing and creative health, tackling hypertension or improving screening, the ICB will work across organisational boundaries and in neighbourhoods to do this.

Gloucestershire is already supporting a growing emphasis on health and wellbeing hubs, population health and proactive care. For example, through GP surgery patient lists, identifying people who can be supported earlier in areas such as frailty and dementia.

(ii) Transforming what we do

The ICB continues to work locally and nationally to tackle the underlying issues that have prevented real stability and a healthy future for primary care – the bedrock of NHS, including funding. The ICB welcomes the strides already made by primary care teams and Primary Care Networks in Gloucestershire to support neighbourhood health, introduce digital telephony, improve appointment systems and increase access, despite the substantial growth in levels of need.

That greater shift and focus on transforming communities and integrating services is essential and fully supported in Gloucestershire. Local efforts to prioritise long standing health inequalities requires adaptation and wherever possible tailored support and service offer in neighbourhoods and communities. In line with the Plan, the ICB will continue to support integration from the bottom up through the dedicated and innovative work in Primary Care Networks and further develop Integrated Neighbourhood Teams and Services including pharmacy, GP surgery services, nursing, paramedics, health visiting, rehabilitation and therapy services, social care, mental health care, community diagnostics and increased access to dental services.

Gloucestershire has a network of services based in health facilities across the county and in people's homes, working together, many providing care in the evenings, at weekends as well as in the daytime. The ICB and ICS partners, including the voluntary and community sector and communities; will look carefully at how best to develop innovative, joined up and sustainable services for the future with the patient's care and needs at the centre.

The ICB will continue to build virtual wards and invest in community support and technology, helping vulnerable people, including older people and those with chronic long-term conditions, to take an active role in their own health and care, remain independent and supported at home for longer, whilst reducing the need for hospital stays.

By building up the local integrated community based services and caring for people as close to home as possible, this will support acute hospital services to focus on their specialist areas of expertise as key healthcare partners. The innovative Gloucestershire service developments in respiratory care, eye care (highlighted in the 10 Year Health Plan) and heart failure are great examples of what can be done when partners work as one.

The ICB will champion the drive from analogue to digital in all aspects of healthcare. There is already much to celebrate, but it is important to continue to capitalise at pace on the advances in technology, medicine and life sciences. For example, it is known that new technologies can identify and catch health problems earlier, empower patients, improve efficiency and reduce waiting times. Already in Gloucestershire, nearly 8,500 health and social care professionals are using the latest version of Joining Up Your Information, a software system that allows instant, secure access to patient health and social care records.

There is continued growth in the number of local residents using the NHS app. Over the last year it was used to book an average of more than 4,000 GP practice appointments and order around 56,000 repeat prescriptions every month. The Plan sets out how the NHS app will develop to provide a new front door to the health service and give patients greater control and choice over their healthcare.

(iii) Improving health and care services today

The ICB will make best use of the resources available to it in 2025/26 to continue the significant improvements made in reducing waiting lists for operations and procedures, including increased access to diagnostics, and tackle waiting times for mental health services and cancer care.

Along with digital transformation, the local NHS will also continue to improve processes, for example simplifying the patient's care journey, including outpatient appointments.

As the Plan sets out, improving urgent and emergency care means increasing support outside of hospital in the community, developing the NHS app and 111 to help people get the right support, first time and improving joint working and decision making in hospital. The success of the Integrated Flow Hub at Gloucestershire hospitals is proof positive that better decisions can be made which can improve the experience of patients by all working as one.

Organisational development and reform

The 10 Year Health Plan states that NHS Integrated Care Boards (ICBs) will have a crucial role to play in making the ambitions set out in the Plan a reality on the ground with a more focused role as strategic commissioners of local health services. Alongside partners, the ICB will be responsible for improving population health, closing health inequalities and building the new neighbourhood health service.

As NHS Gloucestershire ICB clusters with NHS Bristol, North Somerset and South Gloucestershire ICB this year, there is opportunity to make the most of collective strengths and maintain strong local partnerships and 'place' based arrangements within the overall footprint to support those goals.

The 10 Year Health Plan and soon to be published Dash Review Report sets out reforms to a number of safety, regulatory and representative bodies and structures. This includes

changes intended to 'strengthen and simplify' how the patient voice is heard and acted upon. The ICB will support local partners, such as Healthwatch Gloucestershire affected by these changes, and as an ICB, be clear on how it listens, involves and works with people and communities to improve care.

A partnership approach

The current challenges cannot be solved alone. The ICB will continue to work seamlessly across public health, the NHS (including the Gloucestershire GP collaborative and NHS Trusts), social care and with a broad range of voluntary, community and public sector partners in the knowledge that prevention is better than cure and the health of the NHS and local people is dependent on building healthy communities, a healthy workforce and strong and sustainable services.

The ICB will work tirelessly with vision and purpose to support implementation of the NHS 10 Year Health Plan and strive to ensure that the NHS, beloved by the public and staff alike, is fit for current and future generations.

You can read the full NHS 10 Year Health Plan and the executive summary:

<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

1.2 Partnership with Gloucestershire VCS Alliance

Through the ICB's partnership with Gloucestershire VCS Alliance infrastructure support to the local VCSE sector has been delivered. Over the last year this has included the delivery of a successful and wide-ranging training and development programme, which has delivered nearly 3000 short course training places covering subjects such as AI, digital marketing, social media skills, IT security and much more. Alongside this the partnership has also delivered a Summer Management Programme to 170 delegates across 133 organisations and the Thrive Leadership Programme which has supported 18 leaders across 17 organisations.

This partnership working has also focussed on fundraising support to more than 80 micro and small VCSE organisations. Covering training workshops on fundraising, supporting tender bids, and identifying funding opportunities. This work has generated more than £300,000 for the sector.

1.3 Community Health and Wellbeing Grants

The ICB has been able to invest in 32 Voluntary, Community and Social Enterprise (VCSE) organisations through an open grant round run over winter 2024. Delivery started in January 2025 and the impact of these grants on the health and wellbeing of our population is starting to be seen. One example is Wiggly Charity, which provides inclusive, accessible cookery courses to vulnerable, less advantaged or disabled adults and children. The funding is being used to expand and solidify the Grow with Wiggly project in Gloucester and Cheltenham, which is a farm to fork project whereby they grow vegetables and herbs for the charity's cookery courses. These gardening and cookery projects to develop community capacity, build resilience, and reduce social isolation.

Here are some highlights from Q1:

- Some food has been grown locally to be used in local cookery lessons

- 241kg of surplus food has been donated to other community and charitable organisations
- Over 150 volunteer hours have been taken up
- Provided 8 tailored cookery sessions for parents of children at Kingsholm Primary School
- Two 'waiting list' workshops have been run.
- 53 jars of social sauce made.

This is just a snapshot of one organisation that have been able to utilise this funding to create capacity within their organisation and the local community whilst providing support to people who are experiencing health inequalities in Gloucestershire to create conditions to live healthy lives in a more connected community.

1.4 Maternity services and Maternity health needs assessment

The NHS in Gloucestershire is committed to providing safe, high quality maternity care and extensive work is underway to bring about necessary improvements.

1.4.1 Background

In 2024, there were 5,451 registerable births within Gloucestershire Hospitals Trust, representing a 13.3% decrease from the 2017 total of 6,289.

Maternity services are run by Gloucestershire Hospitals NHS Foundation Trust. The Trust offers four options for birth:

- Obstetric-Led Delivery Suite and Midwifery-led Unit based in the Women's Centre in Gloucestershire Royal Hospital
- Midwife-Led Aveta Birth Unit within Cheltenham General Hospital (temporarily closed for labour and birth since March 2022 due to staffing issues)
- Midwifery Led-Unit at Stroud Maternity Hospital (SMH post-natal beds temporarily closed due to staffing issues since September 2022. The hospital remains open for labour and birth)
- Home birth.

Nationally, in recent years there has been significant scrutiny on the challenges in maternity care, including in Gloucestershire.

An inspection of Gloucestershire Hospitals NHS Foundation Trust by the Care Quality Commission (CQC) in April 2022 led to a rating of 'inadequate' for maternity services, with a Section 29A Warning Notice on safe care, workforce, and governance processes and systems.

The CQC re-inspected the services in April 2023, again rating them as inadequate, with a Section 29A Warning Notice.

In March 2024, Gloucestershire Royal Hospital Maternity Services were rated as 'inadequate' (the formal CQC report was delayed and published in January 2025). Following this, the Trust was served a Section 31 Warning Notice, over concerns related to learning from incidents, the provision of safe care, workforce and governance processes. As part of a separate inspection, Stroud Maternity Hospital was rated as 'requires improvement' by the CQC; the report was published in March 2024.

A BBC Panorama documentary in January 2024 focused on the Trust's maternity services. The programme included three tragic deaths - two babies in 2019 and 2020 and a mother in 2021 - as well as exploring the national and local challenges in recruitment and staffing and staff experiences at the Trust.

As a result of the Panorama documentary in 2024, the Trust proactively commissioned two independent external thematic reviews:

- A Maternal Mortality Review - to identify any themes or learning from maternal Deaths in 2017-2023-this is a review of 7 cases which have previously been investigated
- A Neonatal Mortality Review - to identify any themes or learning from neonatal deaths in 2020-2023 - 44 cases have been reviewed as part of this work.

The reviews were commissioned to demonstrate transparency and openness and as part of the Trust's commitment to continuous improvement and learning. They were also commissioned to understand whether anything could and should have been different for mums and babies at that time. This includes a focus on delivering a safer, stronger and more responsive maternity service for families and teams.

Further information on these reviews, outcomes and learning will be shared with community partners and the public in the autumn. Prior to this the Trust is continuing to reach out to the women and families whose care has been reviewed, to ensure they have the support they require.

1.4.2 Current improvement actions

The Trust is working on improving the service to meet the standards set out within the CQC warning notices. This work is overseen within the Trust at the Maternity Delivery Group and at the ICB led Quality Improvement Group (QIG), which is attended by the CQC.

There has been positive progress in meeting the required actions for the CQC, including the development of an extensive midwifery staffing plan, focusing on the recruitment and retention of midwives and upskilling international midwives to enter the NMC register.

Alongside this, the Trust is progressing with the recruitment of additional Obstetric staff.

Progress reports are regularly shared with the regulator, staff and public.

Other improvements to maternity services include:

- New leadership structure and strengthened governance
- Improved induction process for agency staff
- Electronic access to maternity notes for women and families
- Following national best practice for risk assessment and reducing major bleeding after birth
- Improving blood clot risk assessments
- Strengthening internal Freedom to Speak Up service
- Providing a range of support for staff, including wellbeing and psychological services, peer-to-peer networks.

1.4.3 Changes relating to maternity care - Health Needs Assessment

In recent years a number of national reports have been published focussed on improving maternity care and including recommendations for the NHS. These recommendations and changes in practice are part of a changing picture of maternity care.

Alongside these, the changes in choices women are expressing, the increasing complexity of birth amongst key sections of the population and the increase in caesarean section rates locally and nationally all have a bearing on future provision.

To better understand this, a maternity health needs assessment is underway. The work so far highlights:

- Changes in several areas of care, such as when people are induced (the number of women having an induction has been increasing in Gloucestershire (38.68% in May 2025 compared to 30.80% in April 2022 - the trend is in line with national figures) and a rise in the Caesarean section rate. There have been changes in the number of spontaneous vaginal births, which have been decreasing over time, whilst the number of elective and emergency Caesarean sections have been increasing, both nationally and within Gloucestershire (45.27% in May 2025 compared to 34.99% in April 2022). The change in Caesarean rates has therefore required a change in the resource needed with an increase in obstetric consultant time and an increase in theatre sessions.
- Changes in national demographic trends such as an increasing age of women giving birth, leading to more complexity. In addition, the evidence indicates that between 44.2% to 46.2% of pregnant women have multimorbidity (two or more long-term health conditions).
- Changes in lifestyle choices, such as increasing obesity and working patterns for women.
- Changes in technology, such as improving IVF outcomes.

The health needs assessment involves a review of nationally available data and trends, and the evidence base for what works in terms of quality and safety.

The local NHS regularly gather insight from women living in Gloucestershire, but is keen to increase the diversity of the voices heard, and the number of people involved. To support the development of the needs assessment, the views of women and birthing people, their families, staff and community partners are being gathered.

Three surveys have been developed to help us understand what matters most to women and their families and give people, including staff, the opportunity to share their thoughts about what is important for the future:

- Survey for women, birthing people, who have had a baby in the last 3 years
- Survey for family members, friends and people with an interest in maternity services
- Survey for staff working in services (voluntary sector, primary care, NHS services, children centres, private support)

1.4.4. Next steps

In addition to the surveys, information will continue to be gathered through a number of workshops this summer. Once the needs assessment process is complete, the findings and ideas on how services could be developed, including models of care, workforce implications and costs will be shared. Further engagement or formal public consultation will be carried out as required. It is important that any proposals for future service development are co-designed to ensure local needs are met, and care and outcomes are improved.

The approach being taken above does not change the current position on local hospital facilities (including the temporary service closures due to midwifery staff shortages).

1.5 Publication of the Urgent and Emergency Care (UEC) Plan

The ICB welcomes publication of the national Urgent and Emergency Care Plan that supports the work already being done in Gloucestershire to simplify how people access advice and care, to develop community services and support, reducing the need for hospital care and to improve flow and patient experience within local hospitals.

The launch of the new Integrated Urgent Care Service in the county – bringing together NHS 111, a local doctor led Clinical Assessment Service and the Primary Care Out of Hours service – is already playing a key role in joining up advice and care and ensuring patients get the right support in the right place, 24 hours a day, 7 seven days a week. This includes access to mental health support and advice, which coupled with the well-established Mental Health Liaison Team to prioritise mental health assessments when required within Gloucestershire Royal and Cheltenham General hospitals, means mental health crisis care is being enhanced.

Gloucestershire is making real strides in developing care outside of hospital, including in primary care networks with investment in frailty teams, strengthening integrated health and care neighbourhood teams, community 'see and treat' initiatives with the ambulance service, significant expansion of Virtual Wards, including use of technology, to support people at home with a range of conditions and community hubs dedicated to serious respiratory infections.

The advice and guidance service in Gloucestershire also uses technology to make it easier for GPs and paramedics to get specialist opinion from hospital consultants, including in urgent and emergency care, and support more people close to home.

The ICB recognises that by continuing to develop and improve access to joined up community services and support, capacity can be freed up to support hospitals to care for those who are most unwell. Gloucestershire is working as one across health and care to ensure that the journey in and out of hospital is as smooth as it can be and the ICB is grateful for the positive and supportive approach taken by community partners. Many measures, consistent with the direction set out in the national urgent and emergency care plan, are being put in place to improve ambulance handover arrangements, improve joint working, decision making and access to care in hospital and support people to leave hospital when safe to do so with ongoing care if needed. This includes the Home Assessment Team and community services working in the Emergency Department with specialist paramedics to help avoid hospital stays where possible and reduce waiting times. Social workers are also working alongside teams in the Emergency Department and wards to provide additional support to patients, ensuring they receive the right help to return home from hospital or reducing the need for hospital stays.

The success of the Integrated Flow Hub at Gloucestershire hospitals also shows that better decisions can be made which improve the experience of patients by bringing health and care teams together, including the voluntary and community sector, to work as one. The ICB will now spend time reviewing the plan and planning in detail for winter with partners, to ensure that the county is well placed to make significant progress in the right direction for the benefit of patients.

The national Urgent and Emergency Care Plan can be found here:
<https://www.england.nhs.uk/publication/urgent-and-emergency-care-plan-2025-26/>

1.6 Gloucestershire's Pulmonary Rehabilitation Service receives national accolade

Gloucestershire's Pulmonary Rehabilitation (PR) Service, provided by Gloucestershire Health and Care NHS Foundation Trust (GHC), has been successful in achieving the Royal College of Physicians Pulmonary Rehabilitation Services Accreditation. This national accreditation provides independent and impartial recognition that the service demonstrates high levels of quality against established standards. Accreditation is recommended in the NHS England commissioning standards and supported by the Care Quality Commission.

The GHC PR team have worked relentlessly for over a year, reviewing and updating processes and working through a programme of service and quality improvements. The final hurdle was an on-site visit from the PR Services Accreditation Scheme (SAS) assessors when, after a presentation, the assessors visited PR classes where they talked to patients. GHC Chief Executive Douglas Blair was also in attendance. It has taken considerable dedication and motivation for the PR team to achieve this whilst continuing to provide the PR programme to patients. Only 25 organisations are accredited across England and only one other in the South West region; many sign up but never make it to accreditation.

The ICB and the NHS England South West Respiratory Clinical Network provided funding to the Commissioning Support Unit to support the process. The PR SAS assessors commented that the service has demonstrated 'excellent achievement' in several areas. This accreditation means that patients can feel confident in their pulmonary rehabilitation service and be assured of receiving high quality, safe consistent care.

1.7 Working together to help people with disabilities find housing that meets their needs

The ICB is working with Gloucestershire County Council and the county's housing partners to introduce an Accessible Housing Register (AHR) to help people with disabilities find social housing which meets their needs. The Accessible Housing Register displays how accessible the available properties are, helping home seekers to find the best options for their needs. It also enables housing providers to better match available homes with people who require specialist adaptations or features, such as wider doorways, level access, or ground-floor living spaces.

Each home on the register is assigned a category from A (most accessible) to G (not yet assessed), indicating the level of accessibility. These categories will be displayed alongside property adverts on Home Seeker Plus, Gloucestershire's housing allocation service. The council has worked with several health and housing organisations to introduce the register which will be launched by Gloucester City Homes in the coming months, followed by Stroud District Council, Cheltenham Borough Homes, Two Rivers and The Guinness Partnership.

1.8 Hundreds of families in Gloucestershire using innovative Lumi Nova app

Children across Gloucestershire, and their parents, carers and teachers, are feeling the benefits of an innovative digital approach to tackling anxiety. The Lumi Nova app, which combines Cognitive Behavioural Therapy techniques with an easy to follow challenge game, has been accessed by more than 1,700 children since it was launched for families in

the county. Early data, based on feedback from 255 parents who have downloaded the App, suggests it is having a positive impact on the mental health of children using the game. More than 90% of users reported reliable improvements or no decline after a period spent playing Lumi Nova.

Recommended by NICE and funded by the NHS, Lumi Nova is a fun, quest-style game which helps provide children aged 7 to 12 with skills to face their worries. NHS Gloucestershire is funding free access for families in the county who may find the app useful. The app is suitable for Apple and Android devices and is free to use for anyone living in Gloucestershire.

To access Lumi-Nova visit <https://luminova.app/gloucestershire>

For parents wishing to learn more there is more information on the app here: <https://www.eventbrite.co.uk/e/lumi-nova-discovery-session-for-parents-tickets-705981388337?aff=ebdsoporgprofile>

1.9 Encouraging people to start up conversations during Dementia Action Week 2025

The One Gloucestershire Dementia Team were out and about in communities across the county during Dementia Action Week. The annual initiative takes place in May and aims to encourage people to seek help and support if they, or a loved one, are experiencing signs of dementia.

This year's theme for the week was 'start the conversation, make a difference'. Activities and information were available at a variety of locations across Gloucestershire's districts to help people who believe they might be affected by dementia find out more about getting a diagnosis or learn more about dementia and the services that are available. Organisers stressed the importance of starting conversations and asking questions, whether it's how to reduce your risk of dementia, signs and symptoms, or anything that is causing concern or uncertainty.

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline in brain function. There are many different causes of dementia and many different types. In the UK, one in 11 people over the age of 65 have dementia and the number of people with dementia is increasing because people are living longer. Further information about dementia is available here: <https://www.ghc.nhs.uk/conditions/memory/>

1.10 Public and Patient Engagement update – Supporting Community Groups with Health and Wellbeing.

Following ongoing conversations with underserved communities through the ICBs Insight Manager (ED&I) and visits, often with the Information Bus, to certain communities the following has been delivered:

- A breast cancer awareness session to the Jewish community who are 10 times more likely to carry a BRCA fault – this has initiated more conversations about what else the community could benefit from. Talks to deliver diabetes and mental health sessions are now underway, whilst also capturing their hospital experiences.
- A cervical cancer/screening talk to the Explorers Group at the GL11 community hub. This is a group of people with learning disabilities. The session was greatly enjoyed and the learning disability nurse engaged very well with the group. He will be visiting in June to talk about bowel cancer.

- Regular visits with the Traveller community once a month and have had Healthy Living Service and mental health teams on the Bus. Other ways to further engage with the community including visiting at different times, partnering with other organisations to offer food during visits and visiting other council run sites are being considered.
- At Filipino Day, members of the community recognised the Bus and came on board to say hello, demonstrating that the approach taken to build a relationship with this group is working.
- The Bus attended Polish Heritage Day with the Smoking Sensation team from GHAC and the Liver Team from GHT and Bristol, who offered Hep C tests and liver scans for those eligible. The event was well attended and colleagues spoke/tested many people. The ICB plans to engage further with this community through the Polish Saturday School.

New relationships have been built with Homeward Horizon, a Syrian Refugee community Group, and the Chinese Community in Cheltenham. Initial visits to the group have highlighted that both these communities are worried about diabetes, hypertension, dementia and mental health. The ICB Insights Manager is working to engage with these communities on these topics, ensuring that the information shared is culturally relevant and tailored to their customs e.g. specific dietary information for diabetes.

The Outreach Vaccination Team continue to visit the Ebony Carers Group, a Black Elders group, at the All Nations Community Centre in Gloucester City. Regular visits to this group also highlighted that they were worried about falls, so the Strong and Steady team have visited, sharing information on services across the county and offering demonstrations on how to get up following a fall etc. They are due to return to reinforce some of the key messages and run Functional Fitness MOTs.

Visits to the Syrian Refugee community and Explorers Group has helped identify barriers to accessing the National Diabetes Prevention Programme. The ICB is working with the provider to help address these. Visits to a South Asian ladies group has also identified barriers to accessing mental health support and poor experiences of using 111. Conversations with this group during Dying Matters week also helped increase understanding of what matters in these cultures regarding dying, death and grieving.

The Information Bus - Over the summer the Information Bus has and will be seen at the Telegu Association June Picnic, Prescott Biker Festival and Jamaica Day with various teams including Rethink, Managing Memory, Outreach Vaccination Team, Dying Matters and the liver team. Information Bus visits have focused recently on: cardiac rehabilitation, Making Every Contact Count (MECC), the new cancer build at CGH, blood born viruses, bowel cancer awareness, Carers Hub, Cotswold District Council Strengthening Communities, Cinderford Community Catalysts, Maternal Mental Health. At the Livestock Market in April, 16 new people visited the Health Check Team on the Bus, 10 of whom required a referral to their GP.

One Gloucestershire People's Panel – Panellists (1118 local residents) have recently provided feedback on weight management support. The survey has also been sent to Get Involved in Gloucestershire (GIG) <https://getinvolved.glos.nhs.uk/> Members and the general public. All feedback was used to inform a series of service redesign workshops which took place in May and June 2025.

Countywide Patient Participation Group Network – The April 2025 meeting of the Countywide Patient Participation Group (PPG) Network focussed on: Supervised toothbrushing; Fundraising for Gloucestershire Hospitals Oncology Big Build; Update on future ICB Changes; Recruiting PPG Members. One PPG Member shared details of a new Asthma Lung UK new support group in Gloucester. The May 2025 meeting focussed on a General Medical Services (*GMS) Contract update, and the July 2025 meeting will focus on the results of the national GP Patient Survey.

Shared Care - GP's receptiveness to take on Shared Care is a live issue for the ICB Patient Advice and Liaison Service (PALS), the ICB Engagement Team and the Primary Care Commissioning Team. Currently the particular challenges for people who identify as Transgender in accessing medications such as HRT (often this is repeat prescriptions, rather than 'new' requests) are being investigated. In response to issues raised by patients, primary care clinicians, the LMC, and the ICB are working in partnership to develop an interim specification for Shared Care for Adult Transgender Patients. The ICB Engagement Team have met with the LGBTQ+ Partnership and individual patients to support the development of the specification.

2. Section 2: NHS Gloucestershire ICB primary care commissioning update

These items are for information and noting.

2.1 Improving access to NHS Dental Services

Work continues to improve dental access across the county under the Gloucestershire dental strategy.

There are currently 60 urgent care appointments available on average each week at clinics across the county, including weeknight and weekend clinics, this number continues to increase in order to meet the Government pledge. Patients can access these appointments by contacting NHS 111. They will then be triaged by dental nurses in the local urgent dental care triage team. Appointments can be accessed by people from any part of the county.

Around 230 appointments to support patients by stabilising their dental care needs are now provided on average each week across the county, meaning that patients should not need to travel too far. These sessions may include a full-examination and follow-up dental treatment to support someone's oral health. Patients without a dentist should call NHS 111 to access these appointments.

Dental activity is measured through Units of Dental Activity (UDA). As mandated in the National Dental Recovery Plan (published February 2024) the value of a UDA has been increased. In Gloucestershire, the national minimum of £28 was extended to £30 for dental practices that achieved their contracted terms and those achieving a certain percentage of their contract and who agreed an increase in dental activity. This is in line with the average rate across the South West. The ICB has also commissioned a considerable number of additional UDAs in an area of West Cheltenham.

Dental practices in Gloucestershire are currently achieving 86% of contracted UDAs compared to a South West average of 72%.

The ICB is taking forward plans to create two new primary care dental facilities to provide care to patients who are poorly catered for under the existing model of dental care and who struggle disproportionately with oral pain and diseases, which negatively affects their health and wellbeing. Procurement for both facilities will commence later this year at which point the ICB will be able to provide a further update.

An enhanced Foundation Dentist training funding scheme has been launched which will support establishment of three new dental training practices later this year as well as maintaining the remaining trainers in the county.

The longer-term ambition is to work with the University of Gloucestershire, which plans to offer undergraduate Dental Therapist and Dental Hygienist courses within the county.

2.2 Be a GP in Gloucestershire campaign

A highly engaging online and social media campaign is underway, promoting Gloucestershire as a destination of choice for GPs looking to develop their careers in general practice. Called Be a GP in Gloucestershire, the campaign has been developed in partnership with local GPs and the Gloucestershire Local Medical Committee (LMC) and features newly qualified GPs, salaried GPs and GP partners.

The Be a GP in Gloucestershire webpages are now live <https://www.beingloucestershire.net/gp/> with headline narrative, video content and testimonials, giving users the opportunity to express an interest and 'have a conversation' about working as a GP in Gloucestershire with a link to live vacancies on the Gloucestershire LMC website.

The linked Be in Gloucestershire web pages highlight the benefits of living in Gloucestershire, covering topics such as location, transport links, living environments/housing, education and leisure and recreation.

<https://www.beingloucestershire.net/>

The campaign features targeted advertising on platforms such as LinkedIn, Facebook, Instagram, Google Display and YouTube and will also feature in the BMJ and Guardian online. Social media content includes short promotional videos from local GPs. The campaign will last for an initial six weeks.

2.3 Tailored Support Helps Combat Isolation for Carers in Stroud and Berkeley Vale

GP practice teams have been developing ways of proactively identifying carers in the Stroud and Berkeley Vale area in order to offer them tailored help and support. Following a pilot project, around 1,000 new carers were identified across GP practices over an 18-month period after census data flagged up a lower than expected number of people who identified themselves as carers in the Stroud district.

In the Stroud and Berkeley Vale locality a high number of carers have frailty or care for people who have frailty so reaching out to them proactively means support can be built around their needs. The project is a partnership including Gloucestershire Carers Hub – the locally commissioned service which supports unpaid carers throughout the county providing

a person-centred approach to carers who register or are referred. Registering gives an unpaid carer access to free information, guidance and support, to empower them in their caring role. It can also help them meet other carers and to interact with others in a safe space if they want.

Carers have been involved and listened to about the type of help they would like and they have fed back to that the engagement process felt very empowering for them. Through working with the Carers Hub and talking to carers it is clear that isolation is a big theme for many unpaid carers and some carers don't recognise that they are carers so there's a lot of work yet to be done and this is a good starting point.

Working in collaboration with the Carers Hub, two text messages were designed specifically for carers in the locality. One message was to reach out to unknown carers and the second subsequent message was to support carers and newly identified carers. People were sent support information to coincide with Carers Week – a national campaign to raise awareness of caring, highlight the challenges unpaid carers face and recognise the contribution they make to families and communities.

Carers shared their positive feedback with the Carers Hub saying they were grateful to have been considered by GP practices and proactively contacted. Through the project, carers have been directed to strength & balance/strength-based maintenance activity and groups in the local community many led by Stroud District Council. The uptake of current carer and frailty-related help has increased and individuals have been encouraged to increase physical activity and stay fit and well for longer. It has also raised awareness of support available locally from voluntary, community and social enterprise sector (VCSE) organisations.

Find out more about Gloucestershire Carers Hub here:
<https://peopleplus.co.uk/gloucestershire-carers-hub>

3. Section 3: Local Providers' updates

This Section includes updates from Gloucestershire Hospitals NHS Foundation Trust (GHT); Gloucestershire Health and Care Services NHS Foundation Trust (GHC) and South West Ambulance Service NHS Foundation Trust (SWASFT).

These items are for information and noting.

3.1 Gloucestershire Hospitals NHS Foundation Trust (GHT)

This update is grouped under the two headings: People, Culture and Leadership; Quality, Safety and Delivery.

People, Culture and Leadership

3.1.1 Armed Forces Week

The end of June 2025 was Armed Forces Week. GHT is proud to support the Armed Forces Covenant. This is a commitment taken seriously by the Trust, and real progress has been made in identifying and supporting veterans, serving personnel, reservists and their families.

Patients are now routinely asked if they are part of the armed forces community, both through TrakCare and digital records. The Trust is also a gold award employer, and also offer reservists and cadet instructors up to two weeks of additional leave each year to support their training.

At a time when international stability feels increasingly fragile, the importance of national defence is clear. Reservists play a key role in that effort and bring back valuable experience that enhances the work here in the NHS, particularly in leadership, teamwork and adaptability.

3.1.2 Phlebotomy Industrial Action – update

A delegation of Phlebotomy staff, alongside UNISON representatives, attended the Trust Board on 8 May 2025 where they were able to ask their questions directly to the Board and have those points answered. These have all now been published on the GHT website: Public Questions at Trust Board May 2025

Following the Board meeting, Senior Leadership from the Trust, including the Medical Director and Director for People met with UNISON to try to resolve the current issues. The Chief Executive also wrote directly to the Phlebotomists offering to meet, if they pause their strike action, to allow truly constructive discussions to take place, but the offer was declined.

In June 2025, at the Trust's request, UNISON confirmed their support to submit a job description that aligns with the role the Phlebotomists have been carrying out, so that a job evaluation panel can reconvene. This will follow the agreed process for job evaluation which includes local management input prior to a panel conveying.

The Trust is supportive of undertaking a formal job evaluation panel to review the revised/new job description, person specification and any additional supporting documents the Phlebotomist wish to submit. In line with agreed processes, the Trust has also recommended seeking the involvement of ACAS to conciliate, as their independent expertise will help to find a way forward.

3.1.3 Proud to Care

The Trust has recently published its first "Proud to Care" review of the year, covering the period from April 2024 to March 2025. Despite the many challenges of the past year, the Trust's dedicated staff and volunteers have shown remarkable resilience, commitment and compassion. Their work makes a profound difference every day.

The review showcases the remarkable work carried out across the Trust over the year, highlighting key achievements, innovations and the unwavering commitment of staff to

delivering high-quality care. You can find out more and read the review on the Trust website: Proud-to-Care 2025

Quality, Safety and Delivery

3.1.4 National investigation into maternity and neonatal care

Wes Streeting, Secretary of State for Health and Social Care, announced at the end of June that there would be a national investigation into maternity care and a maternity and neonatal taskforce to share learning and best practice will be established.

The investigation will consist of two parts. The first will urgently investigate up to 10 of the most concerning maternity and neonatal units, to give affected families answers as quickly as possible.

The second will undertake a system-wide look at maternity and neonatal care, bringing together lessons from past inquiries to create one clear, national set of actions to improve care across every NHS maternity service.

The national review will pull together recommendations from inquiries to assess progress and to provide clarity on direction for the NHS.

As a Trust, GHT is determined to learn and change when things go wrong and over the past four years, improvements to our maternity services have been made, but recognise there is more still to do.

Following Panorama in 2024 the Trust asked itself a number of critical questions and commissioned two independent reviews into our neonatal and maternity services, which are planned to be published towards the end of the summer.

Extensive work has taken place over the last several years, to improve services and the care provided, and also to plan well for the future. This has included significant midwifery recruitment in particular and more safety measures.

A critical element is ensuring that improvements made are sustained. It is clear that more challenges remain and relentless focus on them is needed, including governance, culture and staffing levels.

More information can be found on the Government website:

<https://www.gov.uk/government/news/national-maternity-investigation-launched-to-drive-improvements>

3.1.5 Tower update

There are real challenges across GHT hospitals estates, with many areas requiring urgent attention. Some buildings are over 175 years old and date back to 1848 in Cheltenham.

The Tower Block in Gloucester was built in 1975 with an expected life span of 25 years, which means it is now 25 years beyond that and external work is well underway to improve it, but significant improvement needs to be made internally.

Chief amongst these is fire safety and a need to invest heavily in upgrading fire infrastructure, including upgrading the fire alarm systems, fire doors, training and planning, with a focus on the Tower Block. The Trust is also keen to improve the ward environments, including replacing the nurse call systems, and potentially more, as estates improvements progress.

In order to replace the fire systems within the Tower GHT needs to work floor by floor to allow the work to take place. Work is already underway to involve services and staff in the Tower. It is anticipated the works will take three to four years in total to complete.

There has been a renewed focus to ensure all fire exits are clear and accessible and that the clutter that can build up in areas is reduced, as they present a risk to staff and patients. There is also a programme to map each area, review fire evacuation plans and ensure training is up-to-date and that each ward has a nominated fire warden. A joint exercise is also scheduled with the Fire and Rescue Service in September 2025.

3.1.8 New Magnetic Resonance Imaging (MRI) scanner at both hospitals

The Trust has secured a new state-of-the-art MRI scanner, marking a major upgrade in the hospital's diagnostic imaging capabilities at Cheltenham General Hospital. The new MRI system replaces the previous scanner, which had served CGH for over 12 years and was at the end of its life.

Expertly craned into place following meticulous coordination by the Capital team, the scanner installation included vital chiller system updates to ensure optimal performance. The new scanner opened in May 2025 and will restore Cheltenham's MRI capacity to two scanners, significantly enhancing diagnostic precision and supporting high-quality patient care. The new MRI not only offers improved image quality and faster scan times but also enhances MRI capacity across the county.

In early June 2025, the Trust cut the ribbon on the new £2.5 million modular MRI unit at Gloucestershire Royal Hospital. This purpose-built facility is designed to improve patient experience, enhance diagnostic capacity and provide a modern and efficient environment for staff. The unit features the latest MRI technology and reflects the Trust's commitment to delivering timely, safe and high-quality care.

This marks a major milestone in the recovery journey following 18 months of reduced MRI capacity due to estate-related challenges. This will make a real difference to patients as more people will be able to be seen more quickly and importantly, reduce delays for urgent and emergency patients waiting in ED and acute medicine.

3.2 Gloucestershire Health and Care NHS Foundation Trust (GHC)

3.2.1 The Pulmonary Rehabilitation (PR) Service has been congratulated on achieving the Royal College of Physicians Pulmonary Rehabilitation Services Accreditation.

Pulmonary rehabilitation is a structured programme designed to improve the quality of life for individuals with chronic lung diseases through education, exercise, and support. This national accreditation provides independent and impartial recognition that the service demonstrates high levels of quality against established standards. Accreditation is recommended in the NHS England commissioning standards and supported by the Care Quality Commission.

The accreditation assessors commented that the service has demonstrated 'excellent achievement' in several areas. This accreditation means that patients can feel confident in their pulmonary rehabilitation service and be assured of receiving high quality, safe consistent care.

3.2.2 The Gloucestershire Community Neurological Service is now being made a permanent fixture, helping to ensure people can rehabilitate closer to home.

The service is made up of specialist physiotherapists, occupational therapists, psychologists, speech and language therapy and therapy support workers, who work together to assess and support those with a number of conditions including stroke survivors, those with spinal cord injuries and people living with progressive conditions like Motor Neurone Disease and Parkinsons.

Previously care was provided through a variety of different teams, and often involved trips to out of county treatment centres. Now there is a single point of access and improved coordination, making a huge difference to people living with spinal cord injuries, recovering from a stroke or similar conditions, as well as their families.

3.2.3 School Immunisations Service

The School Immunisations Service achieved the highest uptake for flu vaccines in the south west during the 2024/25 academic year. For primary schools the uptake was 73% against a regional figure of 63% and for secondary schools it was 65%, against a regional uptake of 53%. The service also achieved significantly higher uptake than the national average for HPV vaccines given in Year 8, MenACWY given in year 9 and Td/IPC given in Year 9.

3.2.4 Electro-Convulsive Therapy (ECT) Suite commended

GHC's ECT team has been recognised by the Royal College of Psychiatrists ECTAS Awards for their work to improve patient experience.

The Electro-Convulsive Therapy (ECT) Suite was commended for their ECT Cafe which was launched in 2024 to enable patients and carers and NHS colleagues to have collaborative conversations about ECT, to ask questions and share experiences. The Cafe concept was developed by Consultant Psychiatrist Dr Mohammad Ikram and is offered before and during a course of ECT with the aim of breaking the stigma associated with ECT and to demystify the process. Meanwhile, ECT Specialist Mental Health Nurse Olga Edirisuriya was recognised for her outstanding contribution for her work within the field of Electroconvulsive Therapy (ECT).

3.2.5 Gloucestershire Health and Care NHSFT has been recredited as a Veteran Aware Trust.

This recreditation recognises of our continued work in demonstrating the NHS's commitment to the Armed Forces Covenant in identifying and sharing best practice across the NHS as an exemplar of the high-quality standards of care for the Armed Forces community.

The recreditation acknowledges the Trust's commitment to a number of key pledges, including:

- Ensuring that the armed forces community is never disadvantaged compared to other patients, in line with the NHS's commitment to the Armed Forces Covenant

- Training relevant staff on veteran-specific culture or needs
- Making veterans, reservists and service families aware of appropriate charities or NHS services beneficial to them, such as mental health services or support with financial and/or benefit claims
- Supporting the armed forces as an employer.

3.3 South Western Ambulance Service NHS Foundation Trust – Update

3.3.1 Cheltenham cardiac arrest survivor reunited with lifesaving ambulance crew

A Cheltenham man has been reunited with the ambulance crew from South Western Ambulance Service NHS Foundation Trust (SWASFT) and Great Western Air Ambulance Charity (GWAAC) who saved his life nearly two years ago.

Matt Jones, 55, suffered a cardiac arrest at his home on the morning of 27 August 2023. Matt's wife Claire, a trained nurse, immediately called 999 and began performing critical cardiopulmonary resuscitation (CPR).

Emergency crews from SWASFT quickly arrived at the scene to provide life-saving medical care followed by a critical care team from GWAAC. Responding by helicopter, Critical Care Doctor Tim Godfrey and Specialist Paramedics in Critical Care, Matthew Robinson and Mark Kinsella placed Matt into a protective coma before they ground-escorted him by ambulance, to Cheltenham General Hospital.

While in hospital, Matt had three stents fitted and made a full recovery, returning home without complications.

On Tuesday 10 June 2025, Matt and Claire had the opportunity to meet some of the emergency team involved in Matt's care. The reunion took place at GWAAC's airbase at Almondsbury in South Gloucestershire.

3.3.2 SWASFT opens life-saving app alerts to public responders

The South Western Ambulance Service NHS Foundation Trust (SWASFT) has announced that, as of 2 June 2025, trained members of the public registered with the GoodSAM Responder app, will be alerted to nearby cardiac arrest calls received by the 999 ambulance control room.

GoodSAM which stands for Good Smartphone Activated Medics, uses mobile GPS technology to notify the nearest available responder when a cardiac arrest occurs within 500 metres of their location. These responders can then begin cardiopulmonary resuscitation (CPR) in the precious minutes before an ambulance arrives.

SWASFT currently has over 2,000 GoodSAM responders trained in CPR ready to be dispatched via the app to nearby cardiac arrests. This expansion in alerting now means any member of the public, who has a certified Basic Life Support qualification or completed the Resuscitation Council UK Lifesaver online training (Lifesaver learning | Resuscitation Council UK) can register to respond through the app. There is no expectation that a GoodSAM Responder will be carrying any equipment - the most important part is to cut down the time until CPR is started.

3.3.3. Channel 4's 999: On The Front Line is coming to SWASFT

Channel 4's observational documentary series, 999: On The Front Line, will begin filming with the South Western Ambulance Service NHS Foundation Trust (SWASFT) in the autumn.

999: On The Front Line is a powerful observational documentary, produced by Cardiff-based Curve Media for Channel 4's More4. The series offers viewers a unique glimpse into life on the frontline, following ambulance crews as they respond to real-time emergencies. Each episode tells a different story, seen through the eyes of dedicated clinicians.

Curve Media will be filming with frontline clinicians based at Bristol, Bridgwater and Taunton Ambulance Stations. They will also be filming within the Emergency Operations Centre in Bristol, where 999 calls are received.

Curve Media will film with eight crews over a three-week period. 10 one-hour episodes will then broadcast on More4 in 2026.

3.3.4 Community First Responder awarded British Empire Medal in King's Birthday Honours

A dedicated Community First Responder (CFR) from Barnstaple has been recognised in the King's Birthday Honours List with a British Empire Medal (BEM) for his outstanding voluntary service to the local community.

Geoff Edwards, who has volunteered with South Western Ambulance Service NHS Foundation Trust (SWASFT) for 23 years, received the honour "for services to the community in Barnstaple."

Now aged 72, Geoff began volunteering as a CFR in 2002 alongside his full-time job as a trainer with Post Office Ltd. Since retiring, he continues to provide vital support to his community, routinely making himself available for 60 to 65 hours every week to attend emergency calls.

4. Recommendations

This report is provided for information and HOSC Members are invited to note the contents.

Dame Gill Morgan

Chair

NHS Gloucestershire ICB

Mary Hutton

Chief Executive

NHS Gloucestershire ICB

July 2025