

Report to O&S from the HOSC of 14th October 2025 from Cllr Dilys Neill

The first presentation & debate was about the proposal from the South West Ambulance Service NHS Foundation Trust (SWASFT) to phase out the use of members of the fire & rescue service as first responders to medical emergencies. The ambulance service relies on first responders who can often arrive at incidents sooner than an ambulance. The contribution of first responders including community first responders & fire service personnel is enormously valued.

Statistics were presented which showed that it is often the case that when fire service personnel were called, they were not available to respond immediately, unlike community first responders who are available by rota. Firefighters do not carry emergency medical equipment which is often kept at the fire station in a "first response" vehicle & this can cause a delay of a few minutes while the officer gets to the fire station to collect the car. The use of fire fighting personnel is more expensive than using a community first responder as it attracts a call out fee.

For these reasons, the ambulance service are trying to recruit more community first responders & to phase out the use of firefighters.

Fire services from across the region have expressed disappointment at this decision. It would still be possible for those fire officers who would like to, to train as community first responders & to work for both the fire service & the ambulance service.

Winter Plan 2025 -26.

- i. Priority One: Ensuring demand is being met in the most appropriate setting, reducing pressure on acute services.
- ii. Priority Two: Ensuring efficiency in the hospital flow process, with a focus on ambulance response times.
- iii. Priority Three: Developing a long-term model for urgent and emergency care informed by evidence to improve outcomes of the population.

Key ambitions included: -

- i. Reducing ambulance wait times for Category 2 patients, including those with a stroke, heart attack, sepsis or major trauma by over 14% (from 35 to 30 minutes).
- ii. Eradicating last winter's lengthy ambulance handover delays by meeting the maximum 45-minute ambulance handover time standard. This will place 550,000 more ambulances on the road.
- iii. Ensuring a minimum of 78% of patients attending A&E are admitted, transferred or discharged within 4 hours. This will result in over 800,000 people a year receiving more timely care.
- iv. Reduce the number of patients waiting over 12 hours for admission or discharge from an emergency department (ED), compared to the number of patients in 2024/25. This will improve patient safety for the 1.7 million attendances a year that currently exceed this timeframe.

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v. Reduce the number of patients remaining in an emergency department for over 24 hours while awaiting a mental health admission. This will provide faster care for thousands of people in crisis every month.

vi. Preventing delays in patients waiting to be discharged from hospital, starting with the 30,000 patients a year staying 21 days over their discharge-ready-date. This will save up to half a million bed days annually.

vii. Increasing the number of children seen within 4 hours, resulting in thousands of children every month receiving more timely care than in 2024/25 5.5 It was confirmed that a thematic approach to managing seasonal pressures within Urgent & Emergency Care would be taken, based on feedback from last winter's plan. Key themes included preventative measures, workforce management, coordination, communication, and leadership resilience.

5.6 A thorough communications plan would also be introduced to maximise winter preparedness in 2025/26. Key initiatives to include: -

i Stay Well This Winter initiative, offering practical advice on health and wellness during winter

ii. Pharmacy First, allowing treatment for common conditions at pharmacies without GP appointments.

iii. Click or Call First guidance on accessing urgent care services effectively.

iv. No Place Like Home to promote timely hospital discharge with support from healthcare teams.

v. A new joint 'Infection Prevention Management Communications Strategy' aimed to improve immunisation uptake, particularly for vulnerable communities and people.

vi. Targeted winter vaccination campaigns for healthcare staff and high-risk groups.

vii. Ongoing efforts to address access inequalities in vaccination and prepare for future commissioning changes.

viii. Single Point of Access (SPoA) initiative aiming to streamline urgent care access for healthcare professionals.

ix. Frailty Programme – rollout of proactive care models for individuals with moderate to severe frailty, enhancing care coordination.

x. New dementia diagnosis models and future care planning initiatives support better health outcomes.

xi. The Gloucestershire Mental Health Liaison Team was geared to provide timely support for mental health needs in the Emergency Department, improving response times significantly.

xii. Enhanced support for children through direct access to paediatric services and dedicated assessment units to avoid unnecessary ED visits.

xiii. Alignment to the NHS System Transformation Portfolio, with focus on reducing delays, improving outcomes, and ensuring efficient use of resources across urgent emergency care pathways.

Maternity services

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There is a National review of Maternity Services planned. 14 maternity units including Gloucester are being scrutinised

Current services and birth options available in the county include: -

- The Cheltenham (Aveta) Birth Centre at Cheltenham General Hospital Cheltenham Birth Centre is temporarily closed to labour and birth but open for antenatal (pregnancy) appointments.
- Gloucestershire Royal Hospital Maternity Services - all services at the Gloucester Birth Unit and the Central Delivery Suite, both located at the Women's Centre, Gloucestershire Royal Hospital (GRH), are unaffected by this temporary change.
- Stroud Maternity - Stroud Maternity Unit is open for birth plus antenatal (pregnancy) care. Postnatal care is available 12 hours after birth/prior to discharge. Ongoing postnatal support is provided on the Maternity Ward at Gloucestershire Royal Hospital.
- The drop-in service at Stroud Maternity Unit offered feeding support, plus bathing and general support. Community support services were also available in the Stroud area.
- The community midwifery service in Stroud remains unchanged. Parents are offered home visits or an opportunity to attend a postnatal (after birth) clinic run by midwives. Breastfeeding support is also offered at the Unit.
- Home births - planned home births continue to be offered. However, on occasions when there is insufficient staff available to attend a homebirth, this is not always a practical option. This is generally due to the Trust being required to provide a high volume of one-to-one care to birthing people who are in labour at Gloucester Royal Hospital or the Birth Centre at Cheltenham.

Gloucestershire Integrated Care System Report

National rankings for acute and community NHS providers had been published, with local providers achieving above average results. The Gloucestershire Hospitals Foundation Trust had been placed in Segment 2 of the criteria, ranking 17th out of 134 NHS Acute Trusts nationally, while the Gloucestershire Health and Care Trust ranked 21st out of 61 community and mental health trusts.

ii. Access to mental health support for children and young people continued to increase, with access rates performing well above the system operational plan in 2025/26. A further Mental Health Support Team would be deployed in Wave 14 of the programme in 2025, providing early support for children and young people in schools, which had been shown to reduce the need for more intensive interventions later.

iii. Cancer performance continued to meet the planned performance levels for 2025/26 to date, with improvement particularly seen in the 28-day target, (with performance exceeding 80% for each month in 2025/26, and the Hospitals Trust recognised as the highest performing trust in June 2025). It was reported that performance was likely to be

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challenged during forthcoming months due to seasonal increases in demand in Dermatology combined with staff absenteeism.

iv. Members commended reports of improved performance of the majority of cancer performance related targets and welcomed continued focus on the 62-day treatment compliance target, which had improved from the June position of 75.2% (patients commencing treatment within 62 days of a suspected cancer referral) to 78.0% in July 2025.

v. The "62-day target" in cancer treatment is the national standard for commencing treatment within two months (62 days) of an urgent referral or consultant upgrade. The current target is for 85% of patients to begin their first cancer treatment within this timeframe. Alongside this, other targets, such as diagnosing or ruling out cancer within 28 days of an urgent referral and commencing treatment within 31 days of a decision to provide treatment would continue to be monitored closely. vi. In the National GP Patient Survey Results, Gloucestershire had ranked above national averages in most areas. GP patient survey results can be viewed [here](#).

vii. The Autumn COVID-19 booster programme commenced on 1 October 2025, with eligibility replicating the Spring booster campaign (adults aged 75 years and over, residents in a care home for older adults, and individuals aged 6 months and over who are immunosuppressed).

viii. Expansion in urgent dental care appointments was underway, with an average of 140 urgent appointments being offered each week and plans in place to further increase this number by the end of March 2026.

ix. Accident and Emergency (A&E) and Minor Injury and Illness Units MIIU 4- hour performance had been stable throughout 2025/26, with the Gloucestershire Hospitals NHS Foundation Trust (GHFT) seeing 60.8% of patients within 4 hours in August 2025.

x. August ambulance demand continued to be above plan, with the cumulative activity running at 5.4% over contract for 25/26. Monthly response times had improved by more than 3 minutes for urgent incidents, with Category 2 response time performance at 30.3 minutes in August (compared to 33.8 minutes in July), just above the 30-minute interim recovery target. Category 1 average response time for urgent incidents, with Category 2 response time performance at 30.3 minutes in August (compared to 33.8 minutes in July), just above the 30-minute interim recovery target. Category 1 average response time for Gloucestershire had been 9.0 minutes in August, (against a target of 7 minutes). This was a slight improvement on the 9.4 minutes achieved during May to July 2025. Average ambulance handover time per patient had also improved to 25.6 minutes in August (from 27.2 minutes in July),

xi. Continued good performance of NHS 111 call answering times was ongoing. Call numbers had increased, with 18,107 calls made to the service being answered in August. Average speed of call answer was 17 seconds, the fastest time to date since commencement of the contract.

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Work Plan

I have made some suggestions for items to be included in the work plan

- provision of care & support for patients with dementia when they need admission to an acute unit
- Review of the "Safety & Quality Academy" which the Trust operates to promote good practice.
- Review of the use of community hospitals