

Gloucestershire Integrated Care Board Meeting

To be held at 2.00pm to 4.00pm on Wednesday 30th July 2025
Committee Room, Ground Floor, Shire Hall, Westgate Street, Gloucester, GL1 2TG

Chair: Dame Gill Morgan

No.	Time	Item	Action	Presenter
1.	2.00 – 2.02pm	Welcome and Apologies <i>Welcome: Beth Bennett-Britton (GCC), Eve Olivant deputising for Gemma Artz</i> <i>Apologies: Siobhan Farmer, Helen Goodey, Sarah Scott, Gemma Artz</i>	Information	Chair
2.	2.02 – 2.04pm	Declarations of Interest The Register of ICB Board members is publicly available on the ICB website: Register of interests : NHS Gloucestershire ICB (nhs.uk) Register of interests : NHS Gloucestershire ICB (nhs.uk)	Information	Chair
3.	2.04 – 2.06pm	Minutes of the ICB Board held on: <ul style="list-style-type: none"> 28th May 2025 18th June 2025 (<i>Extraordinary Board meeting</i>) 	Approval	Chair
4.	2.06 – 2.10pm	Action Log & Matters Arising - updates	Discussion	Chair
Business Items				
5.	2.10 – 2.15pm	Questions from Members of the Public	Discussion	Chair
6.	2.15 – 2.30pm	Patient Story – Health outreach in local communities	Discussion	Becky Parish Karis Ramsay
7.	20-25mins	Themed Presentation – NHS 10 Year Plan & Our Local Journey	Discussion	Mark Walkingshaw & Becky Parish
8.	2.45 – 2.55pm	Chief Executive Officer Report	Discussion	Sarah Truelove
9.	2.55 – 3.05pm	Board Assurance Framework	Discussion	Tracey Cox
10.	3.05 – 3.20pm	Integrated Finance, Performance, Quality and Workforce Report	Discussion	Mark Walkingshaw, Tracey Cox Marie Crofts Cath Leech
Decision Items				
11.	3.20 – 3.35pm	Domestic Abuse Strategy (<i>from Nicky Maunder Public Health Manager (Domestic Abuse and Multiple Disadvantage)</i>)	Approval	Beth Bennett-Britton
Information items				
12.	3.35 – 3.50pm	Chair's verbal & ARAC report from the <u>Audit Committee</u> held 16 th June and approved minutes from March 2025.	Information	Julie Soutter Karen Clements
		Chair's verbal report on the <u>Primary Care & Direct Commissioning Committee</u> held on 5 th June 2025 and approved minutes from April 2025		Ayesha Janjua
		Chair's verbal report on the <u>System Quality Committee</u> held 25 th June 2025 and minutes from April 2025		Prof Jane Cummings
		Chair's verbal report on the <u>Resources Committee</u> held on 3 rd July and minutes from May 2025		Prof. Jo Coast
		Chair's verbal report on the <u>People Committee</u> held 17 th July 2025 and approved minutes from April 2025		Karen Clements

13.	3.50pm	Any Other Business	Information	Chair
<p style="text-align: center;">Time and date of the next meeting</p> <p style="text-align: center;"><i>The next Extraordinary Board meeting will be held on Wednesday 24th September 2025</i></p> <p style="text-align: center;"><i>Boardroom, Shire Hall</i></p>				

Withdrawal of the press and public

That under the provision of Section 1, sub-section 2 of the public bodies admission to meetings act 1960, the public may be excluded for such a period as the Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

(for reasons of commercial in confidence discussions)

Employee	Role	Department	Active	Year	Interest Type	Interest Description (Abbreviated)	Interest Category	Mitigation
Ananthakrishnan Raghuram	Chief Medical Officer	843 960565 CEO/Board Office	Yes	2025/26	Clinical Private Practice	respiratory outpatients and bronchoscopy/ endobronchial ultrasound- Also member of medical advisory committee local charity with majority lay members that I am chair Raising money for bursaries and equipment for patients with respiratory diseases in Gloucestershire	Direct	I have declared the interest with the board
Ananthakrishnan Raghuram	Chief Medical Officer	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	The charity does not receive any NHS funding and raises money by charitable fund raising events no direct interest- will refuse and remove from discussion if any conflict arises	Direct	I have declared the interest with the board
Ananthakrishnan Raghuram	Chief Medical Officer	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Consultant General and Respiratory medicine	Direct	as above
Ananthakrishnan Raghuram	Chief Medical Officer	843 960565 CEO/Board Office	Yes	2025/26	Outside Employment	Consultant General and Respiratory medicine	Direct	none
Ayesha Janjua	ICB Independent Non-Exec Director	843 960566 Chair & Non Exec's	Yes	-	Declarations of Interest – Other	elected trustee councillor on Royal college of physicians London	Direct	none required
Catherine Leech	Chief Finance Officer	843 960565 CEO/Board Office	Yes	2025/26	Nil Declaration	N/A	N/A	I have no interests to declare for the period leading up to the above date
Douglas Blair	ICB Board Member	ICB Board	Yes	2025/26	Nil Declaration	N/A	N/A	I have no interests to declare for the period leading up to the above date
Gemma Artz	Chief Delivery & Transformation Officer	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Husband works (self-employed basis) as a physiotherapist privately for this physiotherapy clinic in Gloucestershire. Senior Advisor Newton Europe. Attend advisory Board meetings, advise on future development of ICBs/NHS, suggest how their products can be developed, attend Advisory Board meetings, conferences, dinners, introduce people.	Financial	There are currently no services commissioned from this provider, but if through the work of the MSK clinical programme work, a procurement exercise is undertaken that could involve private physiotherapy business then this will be declared and managed appropriately with my line manager.
Gillian Morgan	Independent Chair of the Integrated Care Systems	843 960566 Chair & Non Exec's	Yes	2025/26	Declarations of Interest – Other		Direct Financial	There will be no work with Gloucestershire whilst I remain Chair. If future work is discussed at Board I will declare interest and leave the room.
Jane Cummings	ICB Independent Non-Exec Director	843 960566 Chair & Non Exec's	Yes	2025/26	Declarations of Interest – Other	I am an unpaid Board member of the CLN	Non-Financial Prof	I would not be involved in any decisions to use the CLN
Jane Cummings	ICB Independent Non-Exec Director	843 960566 Chair & Non Exec's	Yes	2025/26	Declarations of Interest – Other	I am an unpaid Board member of the CLN	Non-Financial Prof	I would not be involved in any decisions to use the CLN
Jane Cummings	ICB Independent Non-Exec Director	843 960566 Chair & Non Exec's	Yes	2025/26	Declarations of Interest – Other	I am a senior advisor (management consultant) to Tendable.	Financial	I would not get involved in any potential use of this technology across health and care in the Gloucestershire ICS
Jane Cummings	ICB Independent Non-Exec Director	843 960566 Chair & Non Exec's	Yes	2025/26	Declarations of Interest – Other	I chair the RCN Foundation charity	Non-Financial Prof	Be clear about any potential conflict which may arise and remove myself, with agreement with the Chair from any discussions where a potential conflict may arise
Joanna Bayley	ICB Board Member	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Member of the executive committee of the Gloucestershire GP Collaborative Board.	Non-Financial Prof	Declaration when conflict arise
Joanna Coast	ICB Independent Non-Exec Director	843 960566 Chair & Non Exec's	Yes	2025/26	Outside Employment	UoB has been my main employer since 2015. I am Professor in the Economics of Health & Care, with an academic role comprising research, teaching and academic leadership. General potential Col if University of Bristol is engaged on activities within the ICS and specific Col in relation to any use of the ICECAP suite of wellbeing measures that I have led the development of. I am currently supervising a doctoral student who was previously an employee of the ICS.		Seek approval from line manager. Absent myself from discussions relevant to UoB employment, particularly any use of the ICECAP measures.
Julie Soutter	ICB Independent Non-Exec Director	843 960566 Chair & Non Exec's	Yes	2025/26	Declarations of Interest – Other	Volunteer with therapy dog visiting hospitals (including GHC and GHFT) and other organisations such as schools.	Non-Financial Pers	Volunteering discussed with Chair. Will notify interest at the start of meeting if agenda has potential conflict and follow chair's advice.
Karen Blick (Clements)	Non-Executive Director - Remuneration & People	843 960566 Chair & Non Exec's	Yes	2025/26	Nil Declaration	N/A	N/A	I have no interests to declare for the period leading up to the above date
Kevin McNamara	Board Member	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Chair of Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance (SWAG)	Direct	I will recuse myself from meetings
Mark Pietroni	Partner Board Member	Board	Yes	2025/26	Declarations of Interest – Other	Author	Direct Financial	I will recuse myself from meetings.
Mark Pietroni	Partner Board Member	Board	Yes	2025/26	Declarations of Interest – Other	Wife is a GP is a GP in local Practice.	Indirect Financial	I will recuse myself from meetings.
Mary Hutton	ICB Chief Executive	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Daughter's partner works in Music Works Gloucestershire	Indirect	He is not at Director level agreeing contracts and the ICB have a contracts lead so I have no direct involvement in contracts
Mary Hutton	ICB Chief Executive	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Door Charity. Volunteer as a mentor with young people.	Direct	No direct involvement with any contracting with the Door.
Mary Hutton	ICB Chief Executive	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Daughter works in GHC.	Indirect	Seek approval from line manager.
Sarah Scott	Board Member	843 960565 CEO/Board Office	Yes	2025/26	Outside Employment	Executive Director of Adult Social Care, Wellbeing and Communities		Would have to abstain from discussions or decisions
Sarah Scott	Board Member	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Visiting Professor for the Centre of Public Health and Wellbeing, University of the West of England	Non-Financial Prof	None
Sarah Scott	Board Member	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Executive Director of Gloucestershire County Council	Financial	There are safeguards in place to ensure that the Board of the ICB makes decision that serve the best interests of population of Gloucestershire. The Board of the ICB is a unitary board. Partner members represent the perspective of the LA sector not a particular organisation (see s. 2-3 ICB Constitution) Declaration here. Will inform Chair of the ICB Board and ICB Strategic executive meetings. Will ensure that I declare and absent myself from discussions where I perceive a conflict and the Chair agrees. Have discussed conflict with my Monitoring Officer at the County Council and with Barnwood Trust themselves.
Siobhan Farmer	Partner Board Member	Fixed Term	Yes	2025/26	Declarations of Interest – Other	I have been selected to be a Trustee at Barnwood Trust https://www.barnwoodtrust.org/ This appointment was decided on 28th Nov at their Board and I have today formally signed the agreement. The term is 3 years.	Non-Financial Pers	No conflict of interest as this is a charity that operates outside Gloucestershire.
Tracey Cox	Director of People, Culture and Engagement	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Volunteering and Mentoring role	Non-Financial Pers	I have no interests to declare for the period leading up to the above date
Yvonne (Marie) Crofts	Chief Nursing Officer	843 960565 CEO/Board Office	Yes	2025/26	Nil Declaration	N/A	N/A	

Gloucestershire Integrated Care Public Board Meeting

To be held 2.00 to 5.00pm on Wednesday 28th May 2025

Virtually and at Shire Hall, Westgate Street, Gloucester GL1 2TG

Members Present:		
Dame Gill Morgan	GM	Chair, NHS Gloucestershire ICB
Ayesha Janjua	AJ	Non-Executive Director, NHS Gloucestershire ICB
Cath Leech	CL	Chief Finance Officer, NHS Gloucestershire ICB
Douglas Blair	DB	Chief Executive, Gloucestershire Health and Care NHS Foundation Trust
Gemma Artz	GA	Chief Delivery and Transformation Officer, NHS Gloucestershire ICB
Dr Jo Bayley	JB	Chief Executive, GDoc Ltd.
Prof Jane Cummings	JCu	Non-Executive Director, NHS Gloucestershire ICB
Julie Soutter	JS	Non-Executive Director, NHS Gloucestershire ICB
Karen Clements	KC	Non-Executive Director, NHS Gloucestershire ICB
Marie Crofts	MC	Chief Nursing Officer, NHS Gloucestershire ICB
Mary Hutton	MH	Chief Executive Officer, NHS Gloucestershire ICB
Siobhan Farmer	SF	Director of Public Health, Gloucestershire County Council
Tracey Cox	TC	Director of People, Culture and Engagement, NHS Gloucestershire ICB
Participants Present:		
Ann James	AJa	Executive Director Children's Services, Gloucestershire County Council
Deborah Evans	DE	Chair, Gloucestershire Hospitals NHS Foundation Trust
Dr Emma Crutchlow	EC	GP and Primary Care Network Perspective, NHS Gloucestershire ICB
Graham Russell	GR	Chair, Gloucestershire Health & Care NHS Foundation Trust
Jo Walker	JW	Chief Executive, Gloucestershire County Council
Mark Walkingshaw	MW	Director of Operational Planning & Performance, NHS Gloucestershire ICB
Dr Paul Atkinson	PA	Chief Clinical Information Officer, NHS Gloucestershire ICB
Richard Smale	RS	Interim Director of System Coordination, NHS England, South West
In Attendance:		
Christina Gradowski	CGi	Associate Director of Corporate Affairs, NHS Gloucestershire ICB
Ryan Brunson	RB	Corporate Governance Secretary, NHS Gloucestershire ICB
Dawn Collinson	DC	Corporate Governance Administrator, NHS Gloucestershire ICB
Caroline Smith (Item 6)	CS	Senior Manager, Engagement & Inclusion, NHS Gloucestershire ICB
Will Mansell (Item 6)	WM	The Grace Network, The Voluntary Community and Social Enterprise (VCSE) Sector
Karl Gluck (Item 11)	KG	Head of Integrated Commissioning (Adult Mental Health), NHS Gloucestershire ICB
Andrew Hughes (Item 12)	AH	Associate Director of Major Projects, NHS Gloucestershire ICB
Andrew Strange (Item 12)	AS	Strategy Lead (South), NHS Property Services (NHSPS) Ltd.

Prior to this Board meeting a lunch gathering had been held for Councillor Carole Allaway-Martin, to express appreciation and thanks for her past contributions towards previous ICB Board meetings, for which members had gratefully acknowledged.

1.	<u>Welcome and Apologies</u>	
1.1	The Chair welcomed those present to the meeting. Apologies had been received from Martin Holloway, Prof Jo Coast, Prof Sarah Scott, Helen Goodey, Dr Ananthakrishnan Raghuram, Nina Philippidis and Kevin McNamara. The meeting was declared to be quorate.	
1.2	The Chair welcomed to Jo Walker and to Gemma Artz to the meeting which was declared as quorate.	
2.	<u>Declarations of Interests</u>	
2.1	The Register of ICB Board members is publicly available on the ICB website: Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk) There were no new Declarations of Interest to note for this meeting.	
3.	<u>Minutes of the Public Board meeting held on 26th March 2025</u>	
3.1	The minutes from the meeting held on 26 th March 2025 were approved to be an accurate record of the meeting by the ICB Board members.	
	<u>Resolution:</u> The ICB Board members approved the Public Board minutes from the meeting held on 26th March 2025.	
4.	<u>Action Log and Matters Arising - Updates</u>	
4.1	In view of the list of items on the Board Action Log and the number of actions which related to Board development sessions, these had been separated which would make it easier to see if there would be sufficient time / capacity at forthcoming Board development sessions, over this financial year, to include all the suggested items.	
	<u>Resolution:</u> The ICB Board members agreed to separate actions relating to Board development sessions.	
5.	<u>Questions from Members of the Public</u>	
5.1	There had been four questions from a member of the public (one of which had been withdrawn for further examination), for the Board, with responses provided by Mark Walkingshaw and Tracey Cox. A summary response from the Board was given during the meeting, and in line with protocol, a full and formal written response would be sent to the recipient, and included on the Public Board Questions and Answer section on the website. https://www.nhsglos.nhs.uk/about-us/how-we-work/theicb-board/	
	<u>Resolution:</u> The ICB Board members noted the questions from the member of the public and the responses given during the meeting.	
6.	<u>Impact of Health and Wellbeing grants for people and local communities : Voluntary Sector</u>	

6.1	Will Mansell (WM) presented on the impact of health and wellbeing grants and the voluntary sector. He discussed his personal experience with NHS care following a traumatic brain injury and emphasised the importance of integrating acute care with voluntary community support. Grants having been issued at the end of the previous year, were already showing positive results in the voluntary community sector.	
6.2	The Grace Network supported community health through various initiatives, including providing nutritious meals to children and the elderly, which helped combat obesity and malnutrition. Safe spaces were offered for community interaction and support, delivering activities and services which promoted both physical and mental health.	
6.3	WM informed the meeting that the Grace Network was a significant employer in the region, providing jobs and training opportunities, which contributed to the local economy and individual wellbeing. The Grace Network collaborated with the NHS to deliver community health services, such as the Kitchen Companions programme, providing meals and welfare checks to vulnerable individuals. Support could also be offered to families dealing with health crises.	
6.4	WM presented on a film about Brimscombe Mill, which provided employment for 50 people. WM talked about the social enterprise projects on site, the Run Club, Mike's Bike, the Men's Table and health checks for vulnerable people. With ICB funding, the Grace Network had been able to support local social enterprises to provide important community services.	
6.5	Ann James, Director of Children's Services, expressed interest in collaborating with the Grace Network in order to develop integrated localities networks and allocate resources effectively. WM concluded by thanking the ICB for its continued support in this arena	
	<i>Resolution: The ICB Board members noted the update on the impact of Health and Wellbeing grants for people and local communities involving the voluntary sector.</i>	
7.	<u>Developing the Voluntary Care Sector (VCS) Model</u>	
7.1	SF and GA presented on this item. A strong, thriving VCSE sector was critical to this, to act as a conduit into communities, to enable development of community capacity and to support community activity.	
7.2	The team aimed to create a partnership model with VCSE organisations to strengthen community capacity. This would include funding key organisational costs and infrastructure, as outlined by the NHSE Blueprint. This focused on providing strong support for the sector whereby VCSEs would assess local demographic changes, collect user feedback to inform strategic planning, and ensure spending resources would meet the needs of the local community.	
7.3	The ICB team had collaborated with the National Association for Voluntary and Community Action (NAVCA) to co-lead the design of the infrastructure model. This collaboration was aiming to create a sustainable model for supporting the VCSE sector, with the goal of commissioning and implementing this model by the end of the financial year.	
7.4	WM identified three factors essential for the development of the VCS model: <ul style="list-style-type: none"> • Trust: Encouraging mature discussions that would recognise the realities of projects and partnerships, including both challenges and achievements. • Cost-effective Infrastructure: Initiating with the most affordable, straightforward options, such as local groups and community activities, which would require minimal funding but would reap beneficial results. 	

	<ul style="list-style-type: none"> • Local Contracting: Ensuring that funds were spent locally within the community, effectively supporting those local organisations and initiatives. 	
7.5	GR agreed that trusting relationships were key to successful collaboration. He also thought that most basic parts of life were not expensive, and solutions to problems could often be found in the simplest forms. Lastly, GR agreed that it was really important to work with local contractors and to spend resources in local communities.	
7.6	JW enquired about the Council's engagement with NHSE during ongoing changes and clustering discussions, especially considering the prospective ICB changes and their potential effects on local government operations. JW suggested implementing a co-ordinated strategy to maintain strong relationships, and to ensure that the Council's perspective was properly considered within the ongoing decision-making processes.	
7.7	The Chair acknowledged that strong, long-term relationships were essential to effective decision-making. Successful outcomes required the right people at meetings, collectively, who would have the vision to achieve those good results. The Chair observed that this was at the heart of what the ICB had been wanting to achieve for a very long time.	
	<i>Resolution: The ICB Board members noted the information on the development of the VCS model.</i>	
8.	<u>Chief Executive Officer Report</u>	
8.1	<p><u>ICB Reset</u> MH highlighted the ongoing ICB reset process, recognising the need for clarity around next steps and the importance of maintaining system transformation efforts in Gloucestershire, despite clustering processes.</p> <p><u>Transformation Portfolios</u> MH spoke about the six transformation portfolios, noting the importance of continuing work in areas such as prevention, long-term conditions, and integrated care plans.</p> <p><u>Voluntary Sector Partnership</u> MH highlighted the strong partnership with the voluntary sector which had been noted in the previous agenda items, with the need for sustainable models to support community health initiatives. MH mentioned funding provided for training and sustainability of voluntary sector organisations, observing the importance of these efforts in the overall system strategy.</p> <p><u>Public and Patient Engagement</u> Mention was made of the wide range of public and patient engagement activities, including work that addressed tackling inequalities.</p> <p><u>Training and Sustainability</u> MH reported on the funding provided to support the sustainability of the voluntary sector.</p>	
8.2	The Chair acknowledged that this was Mary Hutton's last formal ICB Board meeting before her retirement on 18th July. The Chair wished to formally recognise and record Mary's contributions to Gloucestershire, particularly having placed Gloucestershire into a very favourable position.	

8.3	The Chair stated that care would be needed around the six portfolios to ensure that other work that was also of importance was not overlooked. The neighbourhood work was longstanding and cut across a number of those portfolios. Quite a large amount of this fitted in with structure, and future configuration of the remodelled ICB.	
8.4	JW raised a query regarding the championing of commitments around the transformation portfolio in Gloucestershire, particularly in the context of clustering with other ICBs. It would be important to ensure that the transformation efforts in Gloucestershire were not diluted or lost during the clustering process.	
8.5	MH responded that areas of importance continued to be worked through with BNSSG, whose own values were also people based, so were well aligned with those of Gloucestershire ICB. Talks so far were progressing well and this alignment was expected to facilitate smoother transitions and collaborations. MH also highlighted the importance of learning from other ICBs to make sure that the work undertaken in Gloucestershire was not lost, but rather effectively integrated.	
	<u>Resolution:</u> The ICB Board members noted the Chief Executive Officer Report.	
9.	<u>Board Assurance Framework (BAF)</u>	
9.1	TC provided an update on the BAF. Key points were as follows: <ul style="list-style-type: none"> • A new risk related to the ICB reset process was added, rated as 16. This risk encompassed concerns about the pace of national guidance, delivery of savings, and engagement and consultation processes with staff. • The risk score for emergency planning and preparedness had been increased due to vacancies which impacted staff training and the ability of the small team to engage in multi-agency planning. • Potential mitigations included supporting the existing team with additional staff and exploring the potential for regional service arrangements. These updates brought the total number of strategic risks to 11. Commentary in the overall BAF had been updated, with key changes highlighted in red. 	
9.2	The Chair reminded members that throughout the clustering process, the Board remained statutorily accountable in the interim, and that JS would be leading a lot of the work around the audit process, to ensure that nothing was overlooked.	
	<u>Resolution:</u> The Board members noted the content of the Board Assurance Framework.	
10.	<u>Integrated Finance, Performance, Quality & Workforce Report (IPR)</u>	
10.1	<u>MW updated on Performance:</u> <ul style="list-style-type: none"> • Urgent and Emergency Care: There are ongoing challenges in maintaining performance, but improvements had been noted in response times and system flow. Increased activity in Minor Injury and Illness Units (MIU) had supported performance. • Cancer Performance: The system continued to achieve faster diagnosis targets and had seen improvements in the 62-day performance, particularly in urology and lower gastrointestinal. Recovery actions were addressing challenges. • Elective Delivery: GHFT was among the highest performing in the country for eliminating long waits for treatment. The system was on track with Elective Recovery Fund (ERF) performance, managing elective spend carefully, including independent sector partners. 	

	MW also noted the initial system delivery stocktake with NHSE colleagues, which showed progress and discussed risks including financial challenges, potential distractions from transition work, and issues related to estates and infrastructure.	
10.2	<p><u>TC updated on Workforce:</u></p> <ul style="list-style-type: none"> • National Pay Awards: Recommendations had been announced for a 3.6% pay award for Agenda for Change staff and a 4% pay award for doctors and dentists. • Apprenticeship Funding Changes: Introduction of a new foundation level apprenticeships targeting young people aged 16 to 21, with funding redirected from Level 7 apprenticeships. This impacted roles such as advanced practitioners and district nurses. • Pay Framework for Very Senior Managers: A new pay framework was introduced, linking pay awards for trust and ICBs to organisational performance as determined by the new Performance Assessment Framework. 	
10.3	<p><u>MC updated on Quality:</u></p> <ul style="list-style-type: none"> • Maternity Services: MC mentioned the helpful maternity reset meetings and the national Maternity Improvement Programme, which concluded that the Acute Trust (GHFT) was in the improvement phase. The focus would be on continuing quality improvement and addressing the Section 31 oversight. • Learning from Patient Safety Events: MC highlighted the inclusion of learning from patient safety events which would be beneficial for general practice. • Enhanced People Support: MC acknowledged the significant work carried out in supporting people relocated to Beachley Barracks, noting the successful assessment and interventions for around 2500 individuals. Many nurses had worked extremely hard whilst undertaking some difficult work at Beachley Barracks. A presentation to all the staff and partners involved had been held by the Commander at the Barracks to thank them for their work. 	
10.4	JB raised the issue of not recognising her GDoc colleagues for their support at Beachley Barracks, who delivered the contract there. JB pointed out that contributions from primary care projects such as the Beacon Service and COVID virtual wards were overlooked in two previous Board meetings. JB requested assurance from the Board for future recognition of these primary care and general practice achievements to ensure they would be considered in any future decision-making processes. The Chair asked JB to provide details to her, noting that the Board was extremely proud of the accomplishments of primary care and of the GPs in Gloucestershire, expressing apologies for any omissions.	
10.5	DB informed Board members about the positive performance improvements in the NHS 111 service. Call abandonment rate in March was 2.6%, a significant improvement from 6% the previous year. Additionally, the average time to answer calls in March was 39 seconds, compared to 164 seconds the previous year. This substantial improvement in service levels was emphasised as a positive message to the people of Gloucestershire.	
10.6	SF brought the Board's attention to the need to measure quality and inequalities within the county at a local level, using a place-based approach to address the specific needs of different areas in Gloucestershire. Additionally, SF highlighted the importance of using local data to inform any policy decisions.	
10.7	The Chair stressed the need for a clear vision and statement about what Gloucestershire was aiming to achieve, regardless of the clustering outcomes, and the importance of having a unified approach to ensure that the goals of the system were met.	

10.8	<p><u>CL updated on Finance:</u></p> <p>CL provided a brief update on the Finance section of the IPR, noting that the financial position remained challenging, she stated that it would be important to maintain financial stability whilst achieving the necessary savings. The system was aiming to deliver a 5-7% savings target. The Chair commended all individuals involved so far in delivering the financial targets, acknowledging the remarkable break-even performance for 2024-2025.</p>	
10.9	<p>JC discussed the discharge ready performance. It was noted that there has been a significant improvement in the percentage of discharge ready patients, particularly at the Gloucestershire Royal Hospital (GRH) site. This improvement had been reflected in the data, showing significantly better performance compared to previous months.</p>	
	<p><u>Resolution:</u> The Board members noted the content of the Integrated Performance Report.</p>	
11.	<p><u>Intensive and Assertive Outreach Plan</u></p>	
11.1	<p>The background to the intensive and assertive outreach plan was explained to Board members with a reminder that they had considered the Intensive and Assertive Outreach Plan at the November 2024 meeting.</p>	
11.2	<p>Following the tragic multiple homicides in Nottingham 2023, the CQC made several recommendations to improve services and safety across mental health teams and organisations. During 2024/25 ICBs and provider NHS Trusts were required by NHS England (NHSE) to 'review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge.' The ICB and GHC have been working together to complete a self-assessment using the ICB Maturity Index Self-Assessment Tool and the outcomes and system opportunities were shared with NHSE in September 24.</p>	
11.3	<p>Since that submission a multidisciplinary task and finish group had been working to develop a detailed action plan, built on clinical and operational service reviews and in line with CQC and NHSE principles, to ensure the local psychosis pathway meets the needs of this patient cohort and responds to the opportunities identified within current service provision. This paper provided a further update to the opportunities and next steps. NHSE required that this plan was taken through GHC and GICB governance processes.</p>	
11.4	<p>The Board sought assurance from GHC that there were robust measures in place to assess and manage risks around individual patients, with mechanisms to escalate and address changes in risk promptly.</p>	
11.2	<p>KG informed the Board that the Assertive Outreach Plan would be focusing on the review and enhancement of services for individuals with serious mental illness, such as schizophrenia, personality disorders, and complex emotional needs. KG outlined key points:</p> <ul style="list-style-type: none"> • There were plans to remodel existing functions into a flexible, Assertive Community Treatment Team, combining elements of traditional Assertive Outreach, community rehabilitation services, and outer area placements. 	

	<ul style="list-style-type: none"> Improved data collection on demographics and service usage would allow for better profiling and swift action-taking. There was an intention to enhance the involvement of people with lived experience through peer support workers and Expert by Experience offers. Increasing training for the workforce on clinical aspects, engagement methods, and legal frameworks would be undertaken. Reviewing the current out-of-hours model would potentially enhance the Assertive Outreach offer. It was proposed to establish a clear, rapid re-access model for individuals who disengaged from services. 	
11.3	DB and GR informed members about the importance of robust risk assessment and management systems, to ensure timely identification and escalation of risks related to individual patients. They acknowledged that whilst absolute assurance of safety was not possible and could not be totally guaranteed, the focus would be on having effective procedures to manage and address risks very promptly.	
11.4	The Chair asked whether there had been any learning from the deaths in Nottingham, to which DB responded that patients would not be discharged if they did not attend their booked appointments.	
11.5	The Plan was subject to formal approval and expected to come on stream towards the end of the year. Further updates and action plans would be developed post the GHC Board meeting, which would be held on 29 th May 2025.	
	<u>Resolution: The Board members noted the content of the Intensive and Assertive Outreach Plan.</u>	
12.	<u>Revised Constitution and Scheme of Reservation and Delegation (SoRD)</u>	
12.1	CG presented on this item and informed the Board that changes had been made to bring the Constitution and SoRD up to date, for approval of the Board at the meeting today.	
12.2	<ul style="list-style-type: none"> The title of Vice Chair was updated to Deputy Chair, to align with the correct terminology. A new role of Senior Independent Member had been introduced. This role involved being a sounding board for the Chair, ensuring the Fit and Proper Person's test was applied to the Chair consistently, and working with the South West Regional Director. The Deputy Chair, Professor, Jane Cummings would be undertaking this role. The title of Director of Strategy & Innovation had been changed to Chief Delivery and Transformation Officer. The term "interim" had been removed as per NHSEs request. Additionally, the SoRD had been updated to include oversight of Specialised Commissioning, together with a stronger statement on commissioning in Pharmacy, Optometry, and Dentistry (POD). 	
	<u>Resolution: The ICB Board members approved the changes made to the Constitution and Scheme of Reservation and Delegation.</u>	
13.	<u>ICS Infrastructure Public Summary</u>	
13.1	AH explained that the Public Summary aimed to succinctly present the Infrastructure Strategy to the public, ensuring clarity on the vision, principles, and strategic considerations involved. The focus was on maintaining compliance and to address challenges around existing estates.	

13.2	The updated Model of Care incorporated considerations for the strategic estates team and public engagement had provided figures and feedback for public understanding, demonstrating the importance of maintaining current assets prior to seeking new investments. The document reinforced the challenge of maintaining compliance particularly in older estates and the need for strategic investment.	
13.3	<p>The public version was focussed on the eight core principles around which work would be organised, as below:</p> <ul style="list-style-type: none"> • <i>Quality</i> - high quality, flexible infrastructure that is safe, compliant and well maintained. • <i>Usership</i> - infrastructure that would be highly utilised and that ICS partners could easily share with standard processes. • <i>Green</i> - Greener infrastructure that would support moving to net zero carbon. • <i>Cost effective</i> – cost efficient estate infrastructure where running costs could be reduced, using spare public sector capacity and disposing of infrastructure that was not required. • <i>New infrastructure</i> – this would support the delivery of key clinical and service strategies, providing necessary capacity for population growth or replacement of buildings that were no longer fit for purpose. • <i>Governance</i> – planning and delivering together by collectively understanding challenges, needs and risks collectively and prioritising shared solutions and being clear about each organisation's responsibility for delivery. • <i>Wider value</i> - delivering wider economic and social value by maximising the impact of infrastructure in neighbourhoods, including how it is designed, commissioned, used and disposed. • <i>Workforce</i> – the infrastructure supports the ICB People Strategy, whereby workforce would be considered around decisions on dis/investment options. 	
13.4	There was recognition around significant resource challenges in addressing backlog maintenance and compliance requirements across the existing infrastructure, which would be an area of focus around future investment.	
	<u>Resolution:</u> The ICB Board members approved the ICS Infrastructure Public Summary paper.	
14.	<u>System Resources Terms of Reference (ToR)</u>	
14.1	<p>The System Resources ToR had been reviewed and updated during the last meeting. Two main changes had been made as below:</p> <ol style="list-style-type: none"> 1. Oversight of Specialised Commissioning had been added to the Committee's responsibilities. 2. Regular updates and oversight of Health Inequalities and Population Health Management had been included to ensure that these topics came to the Committee meetings. 	
	<u>Resolution:</u> The ICB Board members approved the changes to the System Resources Terms of Reference.	
15.	<u>Committee Meeting Updates</u>	

15.1	Chair's verbal report from the <u>Audit Briefing</u>	
15.1.1	JS reported there had been an informal briefing to discuss the progress of the accounts and the expedited audit. There would be a formal meeting to approve the financial statements and receive the audit opinion on 16 th June 2025.	
15.2	Chair's verbal report on the <u>Primary Care & Direct Commissioning Committee</u>	
15.2.1	The Committee had signed off decisions relating to oral surgery and other dental services. There had been a discussion around the new General Practice contract and on changes to the Primary Care Network Directed Enhanced Services (PCN DES). There had been updates on the Community Pharmacy contractual framework.	
15.2.2	The Commissioning and Transformation Support Framework had been discussed with an introduction to a desktop review area, where ICBs could self-assess against four support levels. The Committee planned to continue to work on this at the next meeting in June.	
15.3	Chair's verbal report on the <u>System Quality Committee</u>	
15.3.1	The Committee had discussed updates on issues reported with HBa1c testing, ensuring that these testing issues had been resolved. A decision had been taken to delay the review of the ToR until more was known about future ICB models.	
15.3.2	A report on ED and patient outcomes was discussed and emphasised the need for a system-wide approach. Various quarterly reports had been reviewed, including Safeguarding and Dementia admissions, which had highlighted the need for better support in community settings.	
15.4	Chair's verbal report on the <u>Resources</u>	
15.4.1	The Committee had reviewed and updated the ToR to include oversight of Specialised Commissioning, Health Inequalities and Population Health Management. Recurrent investments made in the last few years were reviewed and discussed, to understand their impact, outcomes, and value for money. The Committee reviewed the Annual Statement on Health Inequalities and specific commitments in the Joint Forward Plan. Regular updates on performance and financial status were provided and discussed.	
15.5	Chair's verbal report on the <u>People Committee</u>	
15.5.1	The impressive performance in reducing the use of agency staffing across the system, had been recognised, which had required significant effort from all involved. The National Digital Staff Passporting Programme cancellation was discussed with exploration of regional manual alternatives. Staff Survey results had been reviewed across the system, focusing on appraisal systems and bullying and harassment issues.	
15.5.2	A decision had been taken not to change the ToR until the wider structural changes arising from changes to ICBs were clearer. The impact of ICB headcount reductions had been discussed around the potential impact on the People Plan and the improvements being driven forward. Additionally, KC and JC had attended a regional EDI session in Exeter, where they discussed the lack of improvement in reported scores, and the need for concrete actions from leadership in order to make meaningful changes.	

	<u>Resolution:</u> The Board noted the verbal updates on the Committee meetings.	
16.	<u>Any Other Business</u>	
16.1	There were no items of Any Other Business to discuss.	
	The meeting concluded at 4.10pm.	

Time and date of next meeting:

The next Extraordinary Board meeting will be held on Wednesday 18th June 2025 from 2.00pm, virtually and in the Committee Meeting Room, Shire Hall, Westgate Street, Gloucester GL1 2TG.

Withdrawal of the press and public

That under the provision of Section 1, sub-section 2 of the public bodies admission to meetings act 1960, the public may be excluded for such a period as the Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

Gloucestershire ICB Extraordinary Board Meeting

2.00pm on Wednesday 18th June 2025

Committee Room, Shire Hall and via Microsoft Teams

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Members Present:		
Dame Gill Morgan (Chair)	GM	Chair, NHS Gloucestershire ICB
Dr Ananthakrishnan Raghuram	AR	Chief Medical Officer, NHS Gloucestershire ICB
Cath Leech	CL	Chief Finance Officer, NHS Gloucestershire ICB
Douglas Blair	DB	Chief Executive, Gloucestershire Health & Care NHS Foundation Trust
Gemma Artz	GA	Interim Chief Delivery and Transformation Officer, GICB
Graham Russell	GR	Chair, Gloucestershire Health and Care NHS Foundation Trust
Jo Bayley	JB	Chief Executive, GDoc
Jo Coast	JCo	Non-Executive Director, NHS Gloucestershire ICB
Dame Jane Cummings	JCu	Non-Executive Director, NHS Gloucestershire ICB
Julie Soutter	JS	Non-Executive Director, NHS Gloucestershire ICB
Jo Walker	JW	Chief Executive, Gloucestershire County Council
Karen Clements	KC	Non-Executive Director, NHS Gloucestershire ICB
Kevin McNamara	KM	Chief Executive Officer, Gloucestershire Hospitals NHS Foundation Trust
Marie Crofts	MC	Chief Nursing Officer, NHS Gloucestershire ICB
Mary Hutton	MH	Chief Executive Officer, NHS Gloucestershire ICB
Siobhan Farmer	SF	Director of Public Health, Gloucestershire County Council
Sarah Scott	SS	Executive Director of Adult Social Care, Wellbeing and Communities, Gloucestershire County Council
Participants Present:		
Deborah Evans	DE	Chair, Gloucestershire Hospitals NHS Foundation Trust
Dr Emma Crutchlow	EC	Primary Care Network Perspective, NHS Gloucestershire ICB
Helen Goodey	HG	Director of Primary Care & Place, NHS Gloucestershire ICB
Paul Atkinson	PA	Chief Clinical Information Officer & Clinical Director, NHS Gloucestershire ICB
Richard Smale	RS	Interim Director of System Co-ordination, NHS England South West
Attendees:		
Christina Gradowski	CGi	Associate Director of Corporate Affairs, NHS Gloucestershire ICB
Dawn Collinson	DC	Governance Administrator, NHS Gloucestershire ICB
Lisa Brown	LB	Head of Business Operations, NHSE
Ryan Brunson	RB	Board Secretary, NHS Gloucestershire ICB
Sarah Truelove	ST	Deputy Chief Executive and Chief Finance Officer, BNSSG
Kat Doherty (Item 5)	KD	Senior Performance Management Lead, Operational Planning, NHS Gloucestershire ICB
Sarah MacDonald (Item 5)	SM	Health Inequalities Improvement Manager, NHS Gloucestershire ICB

1.	<u>Welcome and Apologies</u>	
1.1	The Chair welcomed those present. Apologies were received from Ayesha Janjua, Mark Walkingshaw, Tracey Cox, Ann James and Mark Cooke. Lisa Brown from NSHE was introduced, who was shadowing MH today.	

1.2	The Chair was delighted to announce to board members that Jane Cummings had received an award of Dame of the British Empire (DBE). This award had been much deserved, and the Chair acknowledged Jane's leadership and superb example to her profession, as well as being an amazing Board member. Thanks and congratulations were extended to Jane on her achievement.	
2.	<u>Declarations of Interest</u>	
2.1	The Register of ICB Board members is publicly available on the ICB website: Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk) There were no new Declarations of Interest received for this meeting.	
3.	<u>Final Accounts 2024-2025</u>	
3.1	CL provided an overview of the key statements included within NHS Gloucestershire's accounts covering the period 1 st April 2024 – 31 st March 2025. The financial position as at 31 st March 2025 was a small surplus of £187k. This position remained unchanged from the draft accounts and the auditors anticipated issuing an unqualified opinion on the accounts.	
3.2	The ICB Audit Committee reviewed the accounts and the letter of representation on the 16 th June 2025 and recommended approval of the accounts by the ICB Board. KC and JS praised the finance and auditing teams for their timely work and thanked all involved for their outstanding efforts in bringing all this work together so professionally and collaboratively.	
3.3	The Letter of Representation would be signed by the Chief Executive Officer after the Board meeting had approved the accounts. The letter would be given to the ICB external auditors providing assurance to them that the ICB had prepared accounts in accordance with all guidance, used income and expenditure in line with regulation and disclosed all relevant matters to the auditors which would not influence the accounts.	
3.4	The Chair commended every part of the system for their hard work and successful risk management throughout the year. CL's leadership was specifically praised for contributing to the success of the final accounts.	
	<u>RESOLUTION: The Board approved the final Accounts for Gloucestershire ICB for 2024-2025.</u>	
4.	<u>NHS Gloucestershire ICB Annual Report 2024/2025</u>	
4.1	MH emphasised the importance of the Annual Report in providing assurance and reflecting the statutory duties and responsibilities of the organisation. The Report had been presented to NHSE (NHS England) and internal auditors for comment and feedback. The report included a detailed account of the year's activities, with contributions from various teams such as finance, governance, and communications.	
4.2	A shorter public version of the Annual Report would be produced to ensure accessibility and transparency for the general public. The Chair observed that the ICB's statutory duties would continue during the period of transition. The high quality of the report and the phenomenal amount of work from the governance and communications teams, was recognised in making this engaging and informative, with thanks expressed by the Chair.	
	<u>RESOLUTION: The Board approved the NHS Gloucestershire ICB Annual Report for 2024/2025.</u>	

5.	<u>Gloucestershire Health Inequalities Information Review 2024/2025</u>	
5.1	SF informed the Board that the Review included a dashboard with figures that showed significant progress from the previous year, the data would help to make trends in health inequalities more visible and therefore more accessible and actionable. SR invited any comments or amendments from Board members prior to publishing this review.	
5.2	KD stated that the Review had been put together at quite considerable speed and therefore the timeframe for Review by members was fairly short. It was hoped that this would become a useful tool to examine health inequalities and changes within the county and the findings would be used to direct future work and interventions.	
5.3	The report identified expected inequalities related to deprivation, ethnicity, and age, as well as gender and area-specific disparities. Further detailed analysis would be conducted based on the findings, particularly around gender differences in healthcare engagement and outcomes.	
5.4	DB stressed the importance of actively addressing issues from the Health Inequalities Review. He called for systematic data use to improve services, ensuring findings lead to action. DB also noted efforts to develop a unified model to assess health inequalities.	
5.5	DE recognised the importance of collaborative efforts in addressing health inequalities, and the value of partnering with other organisations on sustainability initiatives to overcome various challenges. There was a need to understand the underlying factors contributing to neonatal death, stillbirth, and adverse birth experiences, often associated with deprivation, body mass index, ethnicity, and socioeconomic conditions. It was necessary to adopt a comprehensive approach to effectively address these issues. The Trust was trying to focus more on health inequalities by examining different pathways.	
5.6	SM queried the disparity between female and male waiting times. SM questioned whether this was due to more women being on the waiting lists, or if women were waiting longer for interventions. SM queried whether the intervention rates were the same for both genders. KD responded that these were all the questions that the team were trying to understand and suggested that women were perhaps more forthcoming than men around engaging with health care. KD acknowledged that whilst this was a hypothesis, further analysis was needed to understand the underlying reasons. SF considered that better use of data would help to make the changes which were needed to target certain areas.	
5.7	MH stated that strong leadership was crucial for progress to be made, citing SF and DB's diligent efforts on seeking to address health inequalities as an example of effective leadership. The Chair thanked the individuals involved in compiling the Review with a note on the importance of robust proof reading processes when reviewing reports.	
	<u>RESOLUTION: The Board approved the Gloucestershire Health Inequalities Information Review for 2024/2025.</u>	
6.	<u>Any Other Business</u>	
6.1	There were no items of Any Other Business for discussion.	
	The meeting concluded at 2.25pm	

Time and date of the next meeting:

Wednesday 30th July 2025 – 4.30-5.30pm
Committee Room, Shire Hall, Gloucester, GL1 2TG

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Withdrawal of the press and public

That under the provision of Section 1, sub-section 2 of the public bodies admission to meetings act 1960, the public may be excluded for such a period as the Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

(Commercial in confidence discussions)

Agenda Item 4
NHS Gloucestershire ICB Board (Public Session) Action Log – July 2025
Future Board Items

No.	Date Raised	Reference	Owner	Action	Due	Updates	Status
39	Sept 24	Min 11.3 – Reporting for the One Plan for Children and Young People in Glos	Ann James	AJ to confirm reporting arrangements for the One Plan for all Children and Young People in Gloucestershire at the next Board meeting.	Nov24	AJ Emailed to confirm closure.	Open
46	Nov 24	Min 10.6 Out of County Placements	Mark Cooke / Richard Smale	MCo to raise the position of Out of County Placements in Gloucestershire at a forthcoming meeting with senior colleagues and report back to the next Board meeting in March 2025.	March 2025	July 2025: No longer an issue and regional colleagues have raised nationally. Agreed for closures from MW & RS. To be Closed.	To Be Closed.
48	Nov 24	Min 12.10 Review of Intensive and Assertive Community Treatment for People with SMI	Siobhan Farmer	SF to bring an information item to the Board at a future meeting, along with a patient story around multiple mental health needs. SF also to recirculate The Kings Fund Report conducted about 18 months ago.	TBC 2025	Liaising about a date for a paper/presentation on multiple mental health needs and also to identify a patient story. The report was sent out with the papers for the March meeting.	Open

Development Session Actions

No.	Date Raised	Reference	Owner	Action	Due	Updates	Status
49	Nov 24	Min 14.13 EPRR	Marie Crofts	EPRR to be placed on a future Board Development session.	December 2025	This will be scheduled for the December 2025 Board Development Session.	Open

50	Jan 25	Min 7.9 Homelessness	Siobhan Farmer	SF and BP to bring a report on Homelessness in the county, to a future Board meeting.	December 2025	The Kings Fund Report into SMD in Gloucestershire also covers homelessness. Forward planned for December.	Open
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Due to file size restrictions, the Patient Story slides will be sent separately via email.

If you do not receive the email with the slides, please contact gerald.nyamhondoro@nhs.net or rachel.carter49@nhs.net.

Fit for the Future: 10 Year Health Plan for England

Summary for ICB Board



Summary

- The [10 Year Health Plan](#) for England was published in early July 2025.
- The Plan describes a **vision for health, based around the 3 shifts and underpinned by 5 enabling areas**.
- Across the plan there are **around 304 commitments**. These are fairly evenly spread between the areas (88 of these commitments have milestone dates).
- There is an overall commitment in the plan to **halving the gap in life expectancy between the richest and poorest areas** – as well as ambitions to increase life expectancy for all.
- There is a **strong commitment in the plan to achieving quality and safety** – including ensuring that organisations and individuals actively listen and act on patient feedback.
- Whilst the plan is less prescriptive on specific metrics/outcomes (15 in total) there is a **focus on continuing to improve productivity year-on-year** by 2% for the next 3 years.
- There is also a **focus on financial sustainability and discipline within the plan** – a commitment to moving to recurrent financial balance by 2029/30 and shifting expenditure from hospital care to Neighbourhood Health and Care Services.

Section of the Plan	Circa # Commitments
2. From Hospital to Community	60
3. From Analogue to Digital	23
4. From Sickness to Prevention	59
5. New Operating Model	18
6. Transparency and Quality of Care	26
7. NHS Workforce Fit for the Future	55
8. Innovation to Drive Reform	37
9. Productivity and a New Financial Foundation	26

Chapter 2: From Hospital to Community

Key commitments in the Plan:

- A **new era for General Practice and Dentistry**, improving access to patients particularly where same day access is needed. This includes 2 new contracts (single Neighbourhood providers & multi-neighbourhood providers).
- **Convening of Neighbourhood Teams** - patient centred, multi-disciplinary teams from across health, social care and voluntary sector. Enabled via a new National Neighbourhood Health Implementation Programme (inviting applications from local systems).
- Enhanced **personalised, patient centred care, particularly for people with long-term conditions (LTCs)** – 95% of people with complex needs to have agreed care plans by 2027, expanded Personal Health Budgets and greater role for community pharmacy in LTCs.
- Delivery of **Neighbourhood Health and Care Centres (NHCs)** in every community setting (circa 40-50 by end of Parliament and 250-300 by 2035) open 12 hours a day / 6 days a week.
- A **change in focus for hospital care including significant shift in outpatient care** - mostly delivered in Neighbourhood Health Centres by 2035, expanded remote consultation & full rollout of patient-initiated follow-ups by 2026 with direct patient request.
- A **redesign of urgent and emergency care** – e.g. expanded Same Day Emergency Care; co-located Urgent Treatment Centres; Mental Health Emergency Departments (MHEDs).



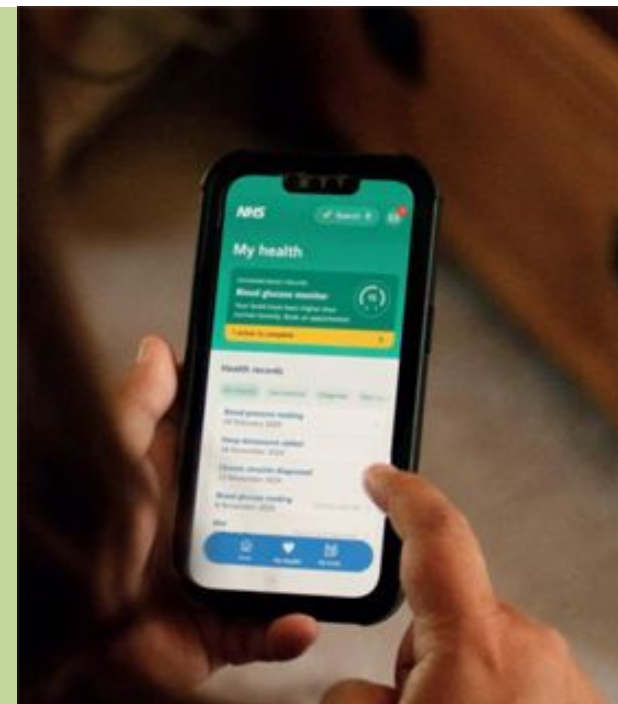
Where we are locally:

- Despite pressures in primary care, the rate of delivery for appointments as well as patient satisfaction with General Practice is generally high in Gloucestershire. We are **prioritising dental access** – having recently approved a Centre of Dental Excellence in the County.
- Our approach to Neighbourhoods builds from a strong position – with **examples across the County of multi-disciplinary working in proactive care to support people living with long-term conditions**. This includes the rollout of the Proactive Care Whiteboard, MDT working in Primary Care Networks and work within Gloucestershire Health and Care to align community teams in support of Neighbourhoods.
- Our Working as One (Urgent Care) Programme are **progressing opportunities to further improve how we deliver urgent and emergency care** whilst there will be opportunities to consider together how we **further transform outpatient delivery** in Gloucestershire.

Chapter 3: From Analogue to Digital

Key commitments in the Plan:

- Patient control over their data and a **Single Patient Record (SPR)** with patient access via the App.
- **Significant expansion of the NHS app by 2028 for patient choice (“front door to the NHS”)** enabling areas such as - patient choice of provider, non-urgent care advice and appt booking, virtual consultations, medicines management, LTC management, vaccination management, remote monitoring and management of child health.
- Continued **support to help people access digital technologies** (through work with community organisations) and app ambassadors to support uptake.
- An **improved way of patients providing feedback** – including through the NHS App and Healthstore that enables patients to access digital tools to manage or treat their conditions.
- Commitment to **reducing bureaucracy and administration for staff** – e.g. introducing single-sign on for NHS applications.
- **Expanded Ambient Voice Technology** for areas such as clinical note taking & discharge summaries.
- A new **national platform for proactive planned care** with the ability to remotely monitor patients, create care plans, visualise and summarise the Single Patient Record and provide support for multi-disciplinary teams.



Where we are locally:

- We have **high ambitions in Gloucestershire around the use of digital technology** to support the delivery of health and care – our Digital Strategy (published in 2022) sets out these ambitions.
- **We are making good progress** – delivering an updated shared care record earlier this year and rolling out new patient portal in the Hospital.
- Commitments in our 5 Year Joint Forward Plan include **exploring digital care plans and expanding NHS app functionality** (with ambitions to mirror the national average for NHS app registrations and increase app utilisation).
- From September 2025 **digital remote monitoring elements of virtual wards and telehealth will be provided by a single technology partner** for Gloucestershire. This supports patients in acute phases of illness or those with long-term conditions to remain at home.

Chapter 4: From Sickness to Prevention

Key commitments in the Plan:

- **Actions to create a smoke free generation** including legislation (via the Tobacco and Vapes Bill) to tackling smoking and vaping (e.g. children turning 16 can never be legally sold tobacco).
- **A “moonshot” for obesity to end the epidemic** including measures to restrict junk food advertising, ban high caffeine energy drinks to under 16s and explore mandatory health food sales reporting on large companies. Expand access to weight loss medication and digital weight management.
- Actions to **encourage the population to adopt healthy lifestyles (part of the obesity commitments)** including a new campaign to support people to move, a more place-based approach to physical activity (with DCMS) and a Health Reward Scheme to incentivise healthier choices.
- **Actions to tackle harmful alcohol consumption** including new labelling standards.
- **A focus on cleaner air** – reviewing the air quality strategy and working with social landlords to fix housing issues (e.g. damp & mould).
- Further work to **support employment and good work** – expanding the Health and Growth Accelerators Model and piloting of employment coaches in Neighbourhood Health Services.
- **Preventative work with young people** – Continuing mental health teams in schools rollout.
- **A genomics population health service** – expand testing and integrate prevention into neighbourhood health and care services.



Where we are locally:

- We have **good foundations locally through the Health and Wellbeing Board (e.g. alignment to HWB Priorities and Exemplar Themes) as well as Enabling Active Communities and Individuals Programme**. Challenges highlighted in the plan are also priorities for us locally (such as smoking and obesity). Gloucestershire County Council through public health lead a number of initiatives in this area.
- Recognising the important role for the voluntary sector, our 5 Year Joint Forward Plan includes commitments to **co-designing a partnership model with the sector that will help to build capacity** to support moving from sickness to prevention.
- We also **committed to undertaking / enabling preventative work** in areas such as weight management (with an emphasis on “left shift”) and moving forward work already underway in smoking, physical activity (e.g. ‘We Can Move’) and rolling out mental health teams in schools.

Chapters 7-9: Enabling Changes

Key commitments in the Plan:

1). A new operating model:

- A smaller centre **combining NHSE and DHSC, fewer ICBs who are positioned and supported to be strategic commissioners** (where feasible coterminous with strategic authorities).
- A new **Foundation Trust model with associated freedoms** as well as **Integrated Health Organisations (IHOs) for the very best FTs** that will be able to hold whole health budgets for defined populations (starting in 2026/27).
- **Jointly developed Neighbourhood Health Plans** (led by Health and Wellbeing Boards) with supporting ICB Population Health Improvement Plans. Integrated Care Partnerships will cease.
- A new **patient choice charter** and **trialling of 'patient power payments'** enabling patients to have a say on payments to providers.

2). Transparency and quality of care:

- Greater focus on **provision of information (including better availability of quality related information including patient outcomes and patient experience)** which describes the impact of healthcare provision.
- A **national independent investigation into Maternity & Neonatal Services** and action plan.
- **Reform of the quality landscape** - including National Quality Board and rationalisation of the safety regulatory landscape (following the Penny Dash review).



Where we are locally:

- Working with Bristol, North Somerset and South Gloucestershire, we are **developing our approach to strategic commissioning in line with commitments in the 10 Year Health Plan.**
- We are **committed to providing safe, high quality maternity care for women and babies and support the national investigation and task force** in order to share learning and best practice. In order to develop a full picture of significant national and local changes, the evidence base for what works, and the choices women are expressing, **we are also carrying out a local maternity health needs assessment.**
- We are **committed as organisations together to further improving the use of patient outcomes and experience information.**

Chapters 5-6: Enabling Changes

Key commitments in the Plan:

1). An NHS workforce fit for the future:

- **New NHS 10 Year Workforce Plan** - fewer staff than predicted in the previous workforce plan, but who achieve more.
- **Improving training and development** for nurses & doctors with skills for the modern age.
- **Improve staff experience & leadership development** - reducing sickness & personalised coaching for all staff alongside a new leadership development framework.

2). Innovation to drive healthcare reform:

- **5 big bets in innovation** – data to deliver impact; AI to drive productivity; genomics and predictive analytics; wearables to make care ‘real time’ and robotics to support precision.
- **Speeding up the research and deployment of innovations** – including changes to NICE

3). Productivity and a new financial foundation:

- **Rigorous financial discipline** – recurrent financial balance & removal of deficit support grant.
- Medium term planning with **sharper incentives** – payments changing depending on quality and testing “year of care” payments.
- **A fairer distribution of funding** by reviewing the funding arrangements across contracts and the overall distribution formula.



Where we are locally:

- **Our 5 Year Joint Forward Plan describes our workforce commitments - aligning well to the 10 Year Plan.** We are working with Uni. of Gloucestershire to mobilise the new city campus to support learning / development and support young people into training / entry level roles.
- **We have a strong financial management** – having both set a system financial budget and delivered break-even as system partners over the last few years. There remain challenges - we are working to identify opportunities to achieve financial balance whilst maintaining a focus on quality / outcomes.
- **Our work on eye health – shifting activity from hospitals to neighbourhood settings was referenced in the 10 Year Plan** as one 14 local examples of innovation. We are committed to building on these examples in line with the 3 shifts.

Our local engagement to support delivery of the plan

Informing the Plan:

- The ICB facilitated the involvement of local people to feed into the national conversation on development of the Plan.
- 100s of residents attended workshops and completed the One Gloucestershire People's Panel Survey.
- This involvement activity also helped to ensure our 5-year Gloucestershire Joint Forward Plan (refreshed for 2025/2026) was aligned and continues to address the priorities of our local population.



Key commitments in the Plan:

- There are many **commitments in the plan to involving people and communities in the design and delivery of health and care services.**
- This includes giving **more opportunities to patients to feedback on the care they have received**, introduce a new **patient choice charter** and providers being rewarded based on how well they improve outcomes for individuals as well as **how they involve people in the design of their whole care** (not just episodes of care).
- **The Dash review also recommends two significant changes to Healthwatch** – the transferring of functions of Healthwatch England to DHSC and local Healthwatch to ICBs and Local Authorities.

Where we are locally: Working with people and communities

- Our approach recognises that some people's involvement may not extend beyond their interest in the treatment, care and support they receive, but for others it will be an important element of their lives and communities.
- We acknowledge people have different characteristics and that all individuals have more than one characteristic – known as 'intersectionality'. We recognize that not all groups or 'communities of interest' share common characteristics.
- We respect the fact that each person's wish to be involved will depend on their own circumstances, which may change at any time. We will have a range of opportunities for people to get involved, which are responsive to individuals' needs and changing circumstances.
- We will tailor our approach accordingly – working with people where they are **For example regular visits to the Livestock Market to engage with the farming community.**

Questions / Discussion

What are the Board reflections on the 10 Year Plan, in particular:

- What are the key strategic issues we need to prioritise?
- What opportunities can we maximise in areas where we are already strong in Gloucestershire - that will enable delivery of the 10 Year Plan?
- Areas that we may need to strengthen / develop our approach to?
- Additional opportunities afforded by the new cluster arrangements?

Agenda Item 8**NHS Gloucestershire ICB Public Board Meeting****Wednesday 30th July 2025**

Report Title	Chief Executive Report			
Purpose (X)	For Information		For Discussion	For Decision
	X			X
Route to this meeting	The various reports provided have been discussed at other internal meetings within the ICB.			
Executive Summary	This report summarises key achievements and significant updates to the Integrated Care Board. This report is provided on a bi-monthly basis to public meetings of the ICB by the Chief executive Officer.			
Key Issues to note	This report covers the following topics: <ul style="list-style-type: none"> • Fit for the Future 10 Year Health Plan for England • ICB Annual Assessment 2024/25 • Partnership with Gloucestershire VCS Alliance • Community Health and Wellbeing Grants • Publication of the Urgent and Emergency Care (UEC) Plan • Gloucestershire's Pulmonary Rehabilitation Service receives national accolade • Working together to help people with disabilities find housing that meets their needs • Hundreds of families in Gloucestershire using innovative Lumi Nova app • Public and Patient Engagement update – Supporting Community Groups with Health and Wellbeing Focus on Primary Care including <ul style="list-style-type: none"> - Improving access to NHS Dental Services - Be a GP in Gloucestershire Campaign - Tailored Support Helps Combat Isolation for Carers in Stroud and Berkeley Vale. 			
Key Risks:	The report references a number of different services, schemes and initiatives with associated risks included on the project / implementation plans. The risk associated with not producing a CEO report that summarises key programmes is relatively small, as there would be other mechanisms to communicate with partners and stakeholders.			
Original Risk (CxL) Residual Risk (CxL)				
Management of Conflicts of Interest	There are no conflicts of interests associated with the production of this report.			
Resource Impact (X)	Financial		Information Management & Technology	
	Human Resource		Buildings	

Financial Impact	The schemes and initiatives included in this report will have associated financial plans that have been approved through established groups and committees.
Regulatory and Legal Issues (including NHS Constitution)	<p>The ICB constitution includes specific requirements for the ICB to engage and involve its local communities in health services and has specific duties with regard to the public sector equality duty.</p> <p>s. 1.4.5(e) The public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35).</p> <p>s.1.4.7(f) section 14Z45 (public involvement and consultation).</p>
Impact on Health Inequalities	N/A
Impact on Equality and Diversity	
Impact on Sustainable Development	N/A
Patient and Public Involvement (PPE)	See the article on ICS Engagement Improvement Framework
Recommendation	<p>The Board is requested to:</p> <ul style="list-style-type: none"> Note the contents of the CEO report.
Sponsoring Director	Sarah Truelove, ICB Chief Executive Officer

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

Agenda Item 8

**NHS Gloucestershire ICB Public Board Meeting
Wednesday 30th July 2025**

Chief Executive Report

1. Introduction

- 1.1 This report summarises key achievements and significant updates by the Chief Executive Officer of NHS Gloucestershire to the Integrated Care Board. This report is provided on a bi-monthly basis to Board meetings held in public.

2. Fit for the Future: 10 Year Health Plan for England

- 2.1 On 3 July 2025, the government published its [10 Year Health Plan](#) for England, setting out ambitions for the NHS over the next 10 years. At 168 pages long, the plan sets out a significant number of policy proposals ambitions.

- 2.2 The 10 Year Health Plan for England sets out the opportunities provided by new technologies, medicines, and innovations to deliver better care for all patients – wherever they live and whatever they earn, delivering better value for taxpayers.

The plan sets out the three big shifts to how the NHS works:

- from hospital to community: more care will be available on people's doorsteps and in their homes
- from analogue to digital: new technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online
- from sickness to prevention: we'll reach patients earlier and make the healthy choice the easy choice.

- 2.3 The Plan includes a plethora of commitments, such as:

- Establishing **Neighbourhood Health Centres** in every community, open 12 hours a day, 6 days a week.
- Training thousands more GPs and improving access to same-day appointments.
- Expanding **mental health emergency departments** and support teams in schools.
- Offering **1 million personal health budgets** by 2030.
- Making all hospitals **fully AI-enabled** within the plan's lifetime.
- Reforming NHS dentistry and increasing access to NHS dental care.
- Introducing **genomic testing** into NHS Health Checks.
- Creating a **digital red book** for children's health records.
- Partnering with supermarkets to promote healthier food choices.

Along with many more commitments around workforce reform, funding models, and patient experience.

- 2.4 Gloucestershire ICB has welcomed the plan as it aligns with much of the work that the ICS has been progressing around prevention, neighbourhood health, primary care and workforce, and patient and public experience, and much more. A more detailed explanation of the 10 year plan and its implications for Gloucestershire are outline in Agenda item 7.

The 10 year plan can be found here:

[Fit for the Future: 10 Year Health Plan for England](#)

3. **ICB Annual Assessment 2024/25**

- 3.1 We have now received the NHS England 2024/25 annual assessment of the ICB. The full assessment is provided as an **appendix to this report**. This assessment confirms that Gloucestershire ICB was in NHS Oversight Framework segment 2 throughout 2024/25. This is defined as follows: *the organisation has good performance across most domains. Specific issues exist.*

- 3.2 The letter highlights many areas of good practice and provides the following summary:
“...the ICB has demonstrated a strong commitment to fulfilling its statutory duties as part of the Gloucestershire system. This is reflected in many ways within the assessment. Examples include strong strategic leadership and governance, as evidenced through the refreshed JFP, along with award-winning recognition of the ICBs effective partnership working and a number of operational delivery successes and the work aligned to digital transformation to ensure Gloucestershire is a healthier place for everyone.

- 3.3 Although, significant progress has been made in improving population health, service quality, and system productivity, along with addressing key priorities. The assessment does highlight areas requiring focus, such as the integration of health teams and service capacity, which are essential to ensure that the health needs of vulnerable populations are met effectively.”

- 3.4 We will continue to work with partners to address those areas identified as part of the assessment during 2025/26, including as part of our response to the 10-Year Health Plan for England.

4. **Partnership with Gloucestershire VCS Alliance**

- 4.1 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.

- 4.2 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.

5. **Community Health and Wellbeing Grants**

- 5.1 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.

6. **Publication of the Urgent and Emergency Care (UEC) Plan**

- 6.1 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.

- 6.2 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.
- 6.3 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.
- 6.4. 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.
- 6.5 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.
- 6.6 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/>

7. **Gloucestershire's Pulmonary Rehabilitation Service receives national accolade**

7.1 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.

7.2 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.

7.3 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.

8. **Working together to help people with disabilities find housing that meets their needs**

8.1 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.

8.2 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.

9 **Hundreds of families in Gloucestershire using innovative Lumi Nova app**

9.1 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.

9.2 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>

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

10.1.1 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.

- 10.1.2 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.

- 10.1.3 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.

- 10.2 **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.

- 10.3 **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.

10.4 **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.

10.5 **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.

11. **Focus on Primary Care:**

11.1 **Improving access to NHS Dental Services**

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

11.2 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.

11.3 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.

11.4 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.

- 11.5 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.
- 11.6 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.
12. **Be a GP in Gloucestershire campaign**
- 12.1 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.
- 12.2 The Be a GP in Gloucestershire webpages are now live at:
<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.
- 12.3 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/>
- 12.4 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.
13. **Tailored Support Helps Combat Isolation for Carers in Stroud and Berkeley Vale**
- 13.1 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.

- 13.2 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.
- 13.3 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.
- 13.4 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.
- 13.5 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>

14. **Recommendation**

- 14.1 The Board is asked to note the CEO report.

To: Sarah Truelove (CEO)

cc. Gill Morgan (Chair)

South West House
Blackbrook Park Avenue
Taunton
TA1 2PX

22 July 2025

Dear Sarah,

Annual Assessment of Gloucestershire ICB in 2024/2025

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as “*The Act*”), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making my assessment I have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my team and I have had with you and your colleagues throughout the year.

This letter sets out my assessment of your organisation’s performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2024/25 financial year.

I have structured my assessment to consider your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of my assessment I have summarised those areas in which I believe your ICB displays good or outstanding practice and could act as a peer or an exemplar to others. I have also included some areas in which I feel further progress and performance improvement is required. Detailing any support or assistance being supplied by NHS England to facilitate improvement.

In making my assessment I have also sought to consider how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan. A key element of the success of Integrated Care Systems will be the ability to balance national and local priorities together and I have aimed to highlight where I feel you have achieved this and where further specific work is required.

I thank you and your team for all your work over this financial year, and I look forward to continuing to work with you in the year ahead.

Yours Sincerely,



Sue Doheny
Regional Director
NHS England – South West

SECTION 1: SYSTEM LEADERSHIP AND MANAGEMENT

NHS Gloucestershire Integrated Care Board (ICB) has demonstrated strong leadership, effective management, and sound governance throughout 2024/25, a year marked by significant transformation. The ICB's commitment has been instrumental in navigating the complex landscape, maintaining momentum on system-wide collaboration, strategic planning, and reducing health inequalities has improved outcomes for the people of Gloucestershire, aligning with the triple aim.

It is positive to see that the refreshed Gloucestershire Joint Forward Plan (JFP) 2025–2030 meets all 17 legislative requirements and sets out the strategic direction for the next five years. This plan reflects system-wide development across the Integrated Care System (ICS), with strong engagement and alignment with the Health and Wellbeing Board (HWB) and the Integrated Care Partnership (ICP). It also outlines the development of a clinical care model underpinned by the principle of a 'left shift'. The regional team and ICS Development will continue to support implementation following the release of the 10-year plan.

It is also encouraging to note feedback obtained during the assessment process, that the refreshed JFP meets all legislative requirements and alignment with the HWB, as confirmed by the Chairs of the Gloucestershire HWB and ICP. The ICB has maintained focus on wider determinants of health, with the 'Employment and Health' theme being recognised as an area of strength. Efforts to re-establishment of the Anchors Network has also been well received by system partners, as confirmed in the feedback as part of the assessment process by the HWB and ICP. Continued investment will be key for long-term sustainability.

The Joint Local Health and Wellbeing Strategy (JLHWS) is fully aligned with the ICS strategy, and structured around three core pillars, placed centrally at the heart of the ICBs approach:

- **Pillar 1: Making Gloucestershire a Better Place for the Future** – Focusses on prevention and wider determinants of health, addressing areas such as physical activity, healthy lifestyles, adverse childhood experiences (ACEs), and housing.
- **Pillar 2: Transforming What We Do** – Supports local integrated working, promotes equity, invests in workforce development, improves quality outcomes, and digital.
- **Pillar 3: Improving Health and Care Services Today** – Focuses on access, reducing waiting times, strengthening urgent and emergency care, and mental health support.

Recognised achievements and in year key developments include:

- The 'We Can Move' initiative and wider ACEs work promoting healthier lifestyles.
- Expansion of mental health services, such as Young Minds Matter and perinatal support.
- Improved coordination of care for Children in Care (CiC), including improvements of timely Initial Health Assessments.
- The 'Working as One' programme reduced hospital length of stay by 21%.
- Continued roll out of a comprehensive frailty programme, in the community, with PCNs.

The annual report highlights robust collaboration across localities, strong links with primary care networks, and shows alignment with the triple aim. Exemplary work on key priorities, such as partnership working, integrated care, and were delegating responsibility. Also, ensures quality of care and ensuring value in service delivery. The ICB remains committed to quality, timely delivery, and financial accountability through notable successes, such as, the improved efficiency through

collaboration with local authorities and investment in staff training and supervision to support workforce development.

It is pleasing to see that the ICB continues to model good governance and quality oversight, seen through examples, such as, monitoring of Hadwen Health's IHAs, appointing an Operational Lead for CiC Services, and the ongoing quality assurance of contracted services. The CQC noted high-quality care of the CiC team and clinical governance led by the System Quality Group (SQG) and Quality Committee. Expert advice and clinical input has been obtained; examples include safeguarding doctors' contributions into the equality action plan.

System-wide transformation is evident through several initiatives, university partnerships enabling over 1,000 community health checks by student nurses. Workforce development initiatives like Black Maternity Matters training. Utilisation of Digital tools, such as the 'Personalised Care Whiteboard' supporting early intervention. Integration of the Permanence Medical Team into GHC. Continued focus on staff wellbeing and development and near-on 1,800 people supported through the National Diabetes Prevention Programme.

Key next steps: To sustain progress and improve outcomes, the ICB should:

- Continue to follow best practice outlined within the JFP and continue to set, monitor and measure trackable outcomes going forward and review progress annually.
- Work with the Local authority to minimise consent and delays in social care processes and enhance collaboration to meet IHA standards.
- Address assessment limitations and strengthen CiC nursing team integration.
- Maintain momentum and invest in long-term health outcomes amid system change.

SECTION 2: IMPROVING POPULATION HEALTH AND HEALTHCARE

It is positive to see that the ICB has driven system-wide improvements in patient safety and care quality. Notable examples include the Implementation of the Patient Safety Incident Response Framework (PSIRF), enhancing the system's ability to learn from incidents and through the approach to integrated care delivery through embedded teams such as the Permanence Medical Team and Hadwen Health, thus contributing to improved outcomes.

Recognised achievements and in year key developments include:

- The Quality Objectives Action Plan (2023–2026), sets out SMART goals for equality, diversity, and inclusion. In addition, the health inequality strategies and the Gloucestershire Health Inequalities Framework is also guiding targeted interventions.
- Community engagement is evident through the One Gloucestershire People's Panel and outreach programmes to include areas of deprivation, which is encouraging.
- Digital innovations such as virtual wards and flexible health assessments are improving access and responsiveness.
- Improved access to primary and dental care is being supported by the Gloucestershire Health Inequalities Framework
- Wider initiatives, such as the Community Diagnostic Centre and Asthma Friendly Schools Programme supporting early diagnosis and reduced admissions.
- Community Mental Health support is driven through initiatives like Young Minds Matter.

Furthermore, it is encouraging to see that equality and diversity awareness materials have been developed for both staff and stakeholders. The ICB has also encouraged inclusive decision-making by engaging local communities and stakeholders, as an example, the Equality Objectives and Action Plan was also shaped by Gloucestershire residents' input, and additionally, collaboration with the Participation and Voice of the Child Ambassadors embedded "Language that Cares" into service design and delivery.

Progress against the 2024/25 operating plan shows development in transitioning care from hospitals to community settings, with the Rapid Response service treating over 87% of referrals at home and 25% increase in GP appointments compared to 2019, is good to see.

During 2024/25, Gloucestershire ICB and system partners have remained committed to national targets and planned trajectories, with progress evidenced across several areas of population health and healthcare.

The annual assessment outlines the Quarter 4, 2024/25 position, the ICB remained in Segment 2 under the NHS Oversight Framework, as detailed within the last Segmentation letter, with noted improvements required within the system, such as, Maternity, Community, Quality and Finance. The system providers Gloucestershire Health and Care NHS Foundation Trust remained in Segment 2 and Gloucestershire Hospitals NHS Foundation Trust (GHFT) has remained in Segment 3, at the time of this review.

Performance against operational priorities shows mixed results, as delivery against the 2024/25 Operational Plan has shown sustained improvement in some areas, whilst noting there is more to do in others, at time of writing this assessment, as per NHS data insights:

Urgent and Emergency Care - Ambulance handover performance varied in year, did not meet target for 5 months, delays peaked in October 2024, but improvement in March 2025 with ambulance handover delays were 8.6 minutes below the SWAST average, as per the Commissioner Report table. Category 2 response times, improvement required in 2025/26, which systems will work on with the regional ambulance service. The A&E 4-hour performance was off plan; March 25 position shows 75.6% vs 75.7% plan and requires further focus.

Elective Care - The system plan 65+ week waits was not reached, ending on 10 vs 0 plan, which is disappointing and an area to keep under control, as requires ongoing focus. However, it was noted that 6 of these patients were out of county providers and other areas; some specialties showed significant improvement. 52+ week waits are improving, March 25 position 247 vs 536 plan, which is encouraging but ongoing monitoring is still required.

Cancer Services - Performance against Faster Diagnosis Standard varied in year, resulted in achieving above plan, in March 25 of 81% vs 79% plan and 62-Day Standards shows a balanced position, in March 25, with 75.2% vs 75.2% plan, requires ongoing monitoring.

Diagnostics - Performance was inconsistent in year, although some improvement was seen in February 2025 for 6+ week waits, is still an area that requires ongoing focus, as the March 25 position resulted in 13.7% vs 9.6% plan.

Primary and Community Care - GP access has improved and exceeds planned targets, and virtual wards showed improvement in Quarter 4, which is pleasing to see. However, focus is required on 2-week access standards to ensure overarching delivery. Dental services, and urgent community response (UCR) reporting require further attention.

Health Inequalities - Hypertension treatment and MMR vaccination coverage remain below expectations, as off plan.

Mental Health - Strong performance in perinatal mental health, CYP access, and out-of-area placements resulted in 0 vs 1 plan, which is positive. However, there is variability in talking therapies, dementia diagnosis (March position 65.3% vs 66.7% plan), individual placement and Support (IPS), which is disappointing. These three areas are not consistently meeting targets, which is concerning, therefore, require improvement and continued focus.

Learning Disabilities and Autism – System annual health checks are above plan, shows strong performance, in March 25, 77.1% vs 75% plan. Whilst there has been a net reduction in adult inpatients; the per million rates for inpatients remains higher than plan, at 39 vs 30.

Maternity Services - The CQC rated the services as inadequate and issued a Section 31a notice, which has resulted additional support from the Maternity Safety Support Programme (MSSP), with input from the Quality Improvement Group, which is in place.

Key next steps: To sustain progress and improve outcomes, the ICB should:

- Enhance delivery across key programme areas in line with national targets.
- Address segmentation-related improvement areas, including elective care backlogs, particularly 65 week waits and the elimination of Tiering.
- Maintain momentum on the MSSP action plan to ensure sustained improvements in maternity care.
- Ensure widespread adoption of lessons learned from areas under improvement regimes.

SECTION 3: TACKLING UNEQUAL OUTCOMES, ACCESS AND EXPERIENCE

The ICB has prioritised reducing health inequalities, aligning with NHS England's national statement on health inequalities. The publication of the Gloucestershire Health Inequalities Framework reflects a system-wide commitment to equity, offering a structured approach to understanding disparities and encouraging partner organisations to adopt similar practices.

Recognised achievements and in year key developments include:

- Launch of the Gloucestershire Health Inequalities Framework, promoting awareness and action across the system.
- Delivery of Targeted Lung Health Checks to approximately 5,000 individuals aged 55–74 through the Gloucester Inner City Primary Care Network, plan to roll-out to other PCNs.
- Enhanced Low Vision Support, enabling around 175 individuals to access specialist eye care assessments at home rather than attending hospital, improving quality of life for those with low vision impairments.
- Development of accessible information and resources, shaped in collaboration with local partners, and the patient voice, ensuring preventative tools are inclusive and effective.
- Improved access to healthcare for Veterans and individuals with Learning Disabilities and Autism, with progress monitored through the Core20PLUS5 programme and the aligned annual review of healthcare inequalities.

Key next steps: To sustain progress and improve outcomes, the ICB should:

- Continue to strengthen system-wide data collection to better understand disparities in access, experience, and outcomes to broaden opportunities and interventions for all.
- Use insights from reviews to identify broader opportunities for targeted interventions.

- Enhance analytical capabilities to support data-driven decision-making.
- Leverage system-wide datasets to evaluate the impact of interventions across sectors such as employment, housing, and education.

SECTION 4: ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

The ICB has demonstrated strong financial leadership and effective resource management throughout 2024/25, balancing its role as both commissioner and system leader. Despite financial pressures, the ICB has maintained a focus on value-based healthcare, productivity, and robust financial governance to support system sustainability, which is encouraging to see. This approach has enabled the ICB to deliver high-quality care while managing financial challenges, reinforcing its commitment to value for money and long-term sustainability.

Recognised achievements and in year key developments include:

- A robust performance tracking system is in place to ensure financial accountability.
- Cost-saving opportunities have been actively identified and implemented to maintain high-quality care within financial constraints.
- Benchmarking and continuous improvement initiatives have enhanced service efficiency and productivity.
- The “Only Order What You Need” campaign has contributed to reduced medicine waste and improved financial performance.

With regards to Finance, the ICB and ICS demonstrated financial governance and oversight by delivering a small surplus against the revenue breakeven plan and staying within its capital ceiling. There was a £2.9m (3.1%) shortfall in delivery of savings and additional non-recurrent savings were used to mitigate £13m under-delivery of recurrent savings. The system stayed within its agency ceiling.

It is encouraging to see the ongoing commitment to monitoring the impact of transformation programmes and ensuring value for money, as outlined in the annual report. These collective efforts demonstrate that investments are delivering measurable benefits, such as reducing unwarranted variation in care and ensuring effective use of resources, while maintaining high standards of patient care.

The ICB has continued to drive digital transformation by promoting research, technology, and innovation to improve care quality and operational efficiency. Progress in digital maturity has enhanced healthcare access and outcomes across Gloucestershire.

Recognised achievements and in year key developments include:

- The System Resources Committee has provided effective challenge and oversight, supporting financial accountability and alignment with value-based care.
- The Engagement Value Outcome programme has improved operational performance, including theatre utilisation, reduced DNAs, and shorter waiting times.
- Adoption of the NHS Federated Data Platform has enhanced outpatient utilisation and supported broader digital transformation.
- The ICB’s exemplary collaboration with the West of England Academic Health Science Network (AHSN), which earned an HSJ award for integrated care and innovation in respiratory care, recognising the successful testing and scaling of local solutions.

- The Research Engagement Network (REN), funded by NHS England, has expanded research participation through partnerships with the University of Gloucestershire and VCSE organisations.
- Cultural competency training and community research champions have strengthened engagement with underrepresented groups through local outreach.
- Evidence-led planning, supported by the Health Inequalities Framework, has informed service design using data intelligence and research.
- Continued adoption of NHS App technology has improved patient access to health records and services, enhancing convenience and transparency.

Key next steps: To sustain progress and improve outcomes, the ICB should:

- Continue identifying cost-saving opportunities to support financial sustainability.
- Continue to manage financial risks and efficient resource use with system partners.
- Use continuous monitoring to evaluate the full impact of initiatives and any improvement.
- Maintain staff and patient engagement efforts to help uncover new opportunities and ensure effective use of services and resources.

SECTION 5: HELPING THE NHS SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

The ICB has made a meaningful contribution to wider system priorities, demonstrating a strong commitment to social value, sustainability, and inclusive economic development. As an anchor institution, the ICB has delivered a range of impactful initiatives.

Recognised achievements and in year key developments include:

- The publication of a comprehensive Green Plan clearly outlines the ICB's commitment to addressing climate change and aligns with NHS net-zero targets to reduce emissions.
- Support for environmental initiatives, including sustainable and active travel, energy-efficient estate improvements, low-carbon respiratory care, electric vehicle infrastructure and encouraging sustainable travel.
- Creation of NHS career pathways for care leavers, alongside a peer support group for care-experienced adults with tailored development offers, aiding equity and inclusion.
- Partnership with education providers to support apprenticeships and career development for young people and disadvantaged groups.
- The Employment and Skills Hub has supported individuals facing employment barriers and was recognised for the commendable work through an NHS Parliamentary Award for its contribution to community health and wellbeing.
- Ongoing collaboration with local authorities and wider sector, such as Voluntary and other community organisations to promote sustainable, community-focused services.

The ICB has also delivered against key priorities and in-year shifts, with pleasing progress shown against a number of priority areas, to include:

- Implementation of the Digital Shared Care Record, which has been accessed over 130,000 times by more than 6,500 professionals since its launch.

- Transition services, such as the Low Vision support services to community settings, improving accessibility in partnership with the Local Optical Committee.
- Launch of a Patient Portal at Gloucestershire Hospitals NHS Foundation Trust to reduce missed appointments and cancellations.
- Remote consultations have accounted for 17.58% of outpatient appointments between April 2024 and February 2025, shows encouraging signs of improving service provision.
- Continued expansion of virtual wards to support recovery at home is ongoing.
- The progress on preventative health programmes, is a key focus and priority for the ICB.

Key next steps: To sustain progress and improve outcomes, the ICB should:

- Continue to broaden initiatives to address wider social determinants of health, such as food security and access to green spaces to further advance health and wellbeing.
- Focus on monitoring and evaluating initiatives to ensure sustainability, value, and adapt responsiveness to the changing population needs and the wider system change.
- Maintain robust engagement across the system with primary, community, acute providers, to include local authorities, and community organisations, to advance environmental sustainability ensuring successful deliver of net-zero and other priorities.
- Continue supporting the development and monitoring of refreshed Green Plans in line with NHS England guidance and the overarching net-zero commitments.

CONCLUSION

This has been a challenging year in many respects, and in making my assessment of the ICBs performance, I have sought to fairly balance my evaluation of how successfully you have delivered against the complex operating landscape in which the ICB is working.

In summary, the ICB has demonstrated a strong commitment to fulfilling its statutory duties as part of the Gloucestershire system. This is reflected in many ways within the assessment. Examples include strong strategic leadership and governance, as evidenced through the refreshed JFP, along with award-winning recognition of the ICBs effective partnership working and a number of operational delivery successes and the work aligned to digital transformation to ensure Gloucestershire is a healthier place for everyone.

Although, significant progress has been made in improving population health, service quality, and system productivity, along with addressing key priorities. The assessment does highlight areas requiring focus, such as the integration of health teams and service capacity, which are essential to ensure that the health needs of vulnerable populations are met effectively.

At the end of Quarter 4, 2024/25 Gloucestershire ICB was in NHS Oversight Framework segment 2, with performance against the 2024/25 Operational Plan showing variation, as detailed within the review, the year-end position identifies examples where challenges remain. Areas align to: Urgent and Emergency Care: Ambulance response times. A&E 4-hour performance. Elective and Cancer Care: RTT 65+/52+ week waits and 62-day cancer standards. Mental Health and, Community Services: Dementia diagnostics, UCR referrals, and inpatient rates for adults with learning disabilities and autism, and financial sustainability continued delivery of recurrent savings and cost reduction plans.

In addition, ensuring focus is maintained on improving maternity services via the MSSP to ensure sustained improvement and safe care. By focusing on these areas, these expectations, amongst

others, were covered in the letter I sent to the ICB on 30 May 2025, regarding the outcome of the 2025/26 system operating plan process.

The year ahead will also require continued focus on cost reduction, system redesign, and delivery. Future integrated care development should continue to focus on placing health and care decisions, as close as possible to those impacted by them, making Gloucestershire the healthiest place to live and work, championing equity in life chances and aiding the best health and care outcomes for all. I look forward to seeing your continued progress and the strengthening of your maturing system.

In addition to delivery against the 2025/26 operational plan the year ahead is going to see ICBs having to deliver plans to reduce their costs, with the recently published ICB blueprint document 'Model Integrated Care Board' marking the first steps in a joint programme of work to reshape the focus, role and functions of ICBs with a view of laying the foundations for delivery of the 10 Year Health Plan.

The ask on you, your teams and your partners is going to be significant as you work to maintain effective oversight of the delivery of 2025/26 plans, build the foundation for neighbourhood health and manage the local changes involved with ICB redesign and cost reductions in both the ICB and provider, including supporting your staff through engagement and consultation.

My team and I will continue to work alongside you, so jointly we become familiar with the new NHS architecture and ways of working, alongside continuing to support and guide you through what is going to be an extremely challenging transformational year.

In the interim, please share my assessment with your ICB leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.

Please see below.

Agenda Item 9.1

NHS Gloucestershire ICB Public Board Meeting
Wednesday 30th July 2025

Report Title	Board Assurance Framework			
Purpose (X)	For Information		For Discussion	For Decision
			X	
Route to this meeting	Risks are reviewed by Directorates and Executives each month.			
	ICB Internal	Date	System Partner	Date
	ICB Operational Executive	20/05/2025		
Executive Summary	<p>The BAF was refreshed last year with the risks aligned to the three pillars, the strategic objectives, and priorities for 2024/25. For each of the sub-committees of the ICB</p> <ul style="list-style-type: none"> • System Quality Committee • Resources Committee • People Committee • Primary Care & Direct Commissioning Committee <p>A cut of the BAF risk and corporate risks related to that committee are included in the committee papers at each meeting. The discussion on those risks appears early in the agenda to set the frame and tone and to ensure that the committee cross checks the risks being discussed at the committee meeting with those that appear on the CRR and BAF.</p>			
	<p>Where modifications need to be made to the risks following the committee meeting these are followed up after the meeting and incorporated within the BAF and CRR. It should be noted that the Audit Committee receives the full BAF and CRR at each of its meeting and provides feedback on the risks, including the controls, assurances, and action plans. The BAF and the CRR were reviewed at the Audit Committee meeting that was held on 16th June and requests were made to update and refresh the BAF ready for the ICB Board meeting in July.</p>			
Key issues	<p>The BAF has been reviewed this July and the changes made to the BAF are marked in RED.</p> <p>The key changes for the BAF report are as follows:</p> <p>There are 14 strategic risks on the BAF including the recently entered risk on the ICB reset (BAF 13), which has been updated.</p> <ul style="list-style-type: none"> • 10 Red rated risks (a decrease from last reported in May where there were 11) • 4 Amber rated risks. 			

9.1

	<p>The following changes have been made:</p> <ul style="list-style-type: none"> • BAF 1 Health Inequalities risk has been reviewed, significant updates have been made to both the actions / mitigations and the Director's report. • BAF2 community and locality focused approach to the delivery of care. Significant updates given on the controls, actions and Director's update. • BAF 3a workforce risk has been reviewed, the controls have been updated. • BAF 3b Equality, Diversity, and Inclusion has been reviewed the Director's Report updated. • BAF 4 Quality risk has been significantly updated with controls, actions and Directors report. • BAF 5. UEC risk has been reviewed and significant updates have been made to the actions and the Director's update. • BAF 6 Risk, the causes of the risk have been updated as has the controls. • BAF 7 Recovery and Productivity risk has been reviewed, there is a comprehensive update via the Director's report. • BAF 8. Mental Health Transformation risk has been reviewed and an update has been given on the actions / mitigations and Director's update. It should be noted that the risk has been transferred to the Chief Nursing Officer as Mental Health now sits within the Quality Directorate, following changes to the Integration Team. This risk is yet to be reviewed and updated. • BAF 9 Financial Sustainability: Financial Sustainability: this risk has been reviewed with an update on actions and Director's update. • BAF 10 Estates Infrastructure: There is an update to the gaps in controls and un updated Director's report. • BAF 11 Emergency Planning Resilience and Response (EPRR) Risk reviewed and due to capacity issues within the EPRR team the risk has been increased from 12 to 16. Actions and the Director's report has been updated in May and confirmation received that there are no further updates. • BAF 12 Risk has been reviewed against GHFT risk as shared IT service/systems and the Director's report is updated. • BAF 13 ICB Reset is a new risk that has been included on the BAF and is currently rated as RED 16. Updates have been made to the controls and actions. 			
Key Risks:	The risk associated with not reporting risks is that key issues may not be identified and/or discussed at committee and board level.			
Original Risk (CxL)	(4x3) 12			
Residual Risk (CxL)	(4x2) 8			
Management of Conflicts of Interest	There have been no conflicts of interest in producing this report. If there are conflicts of interest identified, they should be managed in line with the Standards of Business Conduct Policy.			
Resource Impact (X)	Financial		Information Management & Technology	
	Human Resource		Buildings	
Financial Impact	Risk around finance have been included within this report.			

Regulatory and Legal Issues (including NHS Constitution)	The ICB Constitution requires the ICB to have appropriate arrangements for the management of risk.		
Impact on Health Inequalities	There is a risk pertaining to health inequalities within the BAF see BAF 1.		
Impact on Equality and Diversity	An Equality Impact Assessment is included in the Risk Management Framework and Strategy		
Impact on Sustainable Development	No specific risks relating to sustainable development included in the BAF		
Patient and Public Involvement	There are no risks included in the BAF on Patient and Public Involvement		
Recommendation	<p>The Board is asked to;</p> <ul style="list-style-type: none"> • discuss the system wide strategic risks contained in the BAF • note the report 		
Author	Christina Gradowski	Role Title	Associate Director of Corporate Affairs
Sponsoring Director (if not author)	Tracey Cox, Director of People, Culture and Engagement		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

Strategic Risks – Board Assurance Framework

July 2025 Summary **

Ctrl + Click on Risk ID below to jump to page.

Pillars	ID	Entry Date	Strategic Risk	Last Updated	Lead	Original Score (IxL)	Current Score (IxL)	Target Risk (IxL)	Committee	Note
1: Making Gloucestershire a better place for the future	Strategic Objective 1: Increase prevention and tackle the wider determinants of health and care. Strategic Objective 3: Achieve equity in outcomes, experience, and access.									
	BAF 1	13/11/23	The failure to promote and embed initiatives on health inequalities and prevention.	14/07/2025	Director of Op. Planning & Perf.	12 (4x3)	12 (4x3)	8 (4x2)	Resources ICP System Quality	Current score unchanged.
2: Transforming what we do	Strategic Objective 2: Take a community and locality focused approach to the delivery of care.									
	BAF 2	14/11/23	The risk is that our delivery structures are unable to drive the acceleration required on community and locality transformation. This is also impacted by limited capacity to drive the change.	22/07/2025	Director of Primary Care & Place	12 (4x3)	12 (4x3)	4 (4x1)	System Quality	Current score unchanged.
	Strategic Objective 4: Create a One Workforce for One Gloucestershire.									
	BAF 3a	01/11/22	Failure to provide a compassionate working culture, with the right levels of capacity, capability, training and development and well-being provision that enables us to recruit and retain staff to fully deliver our strategic plans which competes with requirements of the NHS Workforce Plan.	19/07/2025	Director of People, Culture & Engagement	16 (4x4)	16 (4x4)	5 (5x1)	People	Score reduced from 20 to 16.
	BAF 3b	15/02/24	Equality, Diversity, and Inclusion: There is a risk that as a system we fail to deliver on our commitments to having a fully inclusive, diverse, and engaging culture for staff we employ.	19/07/2025	Director of People, Culture & Engagement	12 (4x3)	15 (5x3)	4 (4x1)	People	Current score unchanged.
	Strategic Objective 5: Improve quality and outcomes across the whole person journey.									
	BAF 4	07/11/23	The risk is that the ICB fails to assure safe and effective care delivery and identify opportunities to improve quality and outcomes across the system for patients.	23/07/2025	CNO & CMO	15 (5x3)	16 (4x4)	4 (4x1)	System Quality	Current score unchanged.
3: Improving health and care services today	Strategic Objective 6: Address the current challenges we face today in the delivery of health and care.									
	BAF 5	13/11/23	Risk that the ICB fails to deliver and/or sustain performance and improvement in Urgent and Emergency Care.	08/07/2025	Interim Chief Delivery and Transformation Officer	20 (5x4)	12 (4x3)	8 (4x2)	Resources	Score reduced from 16 to 12.

	<u>BAF 6</u>	15/11/23	Risk of instability and resilience in primary care due to increasing costs and financial risk to delivery of core services. This is alongside high workload with increasing patient demand and reporting requirements as well as existing workforce and estates pressures.	15/07/2025	Director of Primary Care & Place	16 (4x4)	15 (5x3)	5 (5x1)	PCDC	Current score unchanged.
	<u>BAF 7</u>	01/11/22	Failing to deliver increased productivity requirements to meet both backlogs and growing demand.	14/07/2025	Director of Operational Planning & Perf.	12 (4x4)	16 (4x4)	4 (4x1)	Resources System Quality	Current score unchanged.
	<u>BAF 8</u>	01/11/22	Failure to sustain a transformational focus on mental health services hampered by multiple workstreams and lack of sufficient workforce to deliver sustained changes.	21/05/2025	Chief Nursing Officer	12 (4x3)	12 (4x3)	4 (4x1)	People System Quality	Current score unchanged.
	<u>BAF 9</u>	01/11/22	Insufficient resources to meet the delivery our strategic priorities which ensure financial sustainability and deliver improvements in value for money and productivity.	17/07/2025	Chief Finance Officer (CFO)	16 (4x4)	16 (4x4)	8 (4x2)	Audit Resources	Current score unchanged.
	<u>BAF 10</u>	30/01/23	The estates infrastructure of the ICS and insufficient resources hinder our ability to provide a safe and sustainable estate and replacement programmes for equipment and digital infrastructure enabling deliver of high-quality care.	17/07/2025	Chief Finance Officer (CFO)	16 (4x4)	16 (4x4)	8 (4x2)	Audit Resources	Current score unchanged.
	<u>BAF 11</u>	01/11/22	EPRR - Failure to meet the minimum occupational standards for EPRR and Business Continuity.	23/07/2025	Chief Nursing Officer (CNO)	12 (4x3)	16 (4x4)	4 (4x1)	System Quality Audit	Current score unchanged.
	<u>BAF 12</u>	15/02/24	Failure to detect Cyber Security threats and attacks which could result in serious consequences for operating the business of the ICS.	23/07/2025	Chief Clinical Information Officer	20 (5x4)	15 (5x3)	10 (5x2)	Audit	Current score unchanged.
	<u>BAF 13</u>	09/05/25	Risk of failure to meet statutory duties, regulatory and legal requirements during ICB transition and beyond. Risk of not being able to meet the new organisational cost envelope of £18.76	19/07/2025	Director of People / Director of Op Planning	16 (4x4)	16 (4x4)	8 (4x2)	Transition Committee	Current score unchanged.

* NB. The Audit Committee receives all BAF reported risks at each of its meetings throughout the year.

Key Changes since May 2025

1 Actions to mitigate and director's update content added.

2 Actions to mitigate and director's update content added.

3A Actions to mitigate and director's update content added.

3B Director's section updated.

4	This risk has been reviewed and significantly updated
5	Score lowered from 16 to 12. Actions to mitigate risk and Director's section updated.
6	Additional ICB risks aligned with BAF6 added, as well as wording updated within 'due to' section.
7	Director's section updated.
8	This risk will be reviewed in August
9	Actions updated and slight addition to Director's update.
10	Gap in control added. Progress noted on actions in Director's update.
11	This risk has been reviewed and there is no update this month
12	Director's section updated.
13	New risk reviewed. No changes made - details to be provided.

**NB. Target risks aligned to current risk impact.*

BAF 1		Risk of failure to promote and embed a health inequalities and prevention approach.				
Entry date:	13/11/23	Last updated:	14/07/2025		Pillar 1: Making Gloucestershire a better place for the future.	
Owner:	Mark Walkingshaw, Director of Operational Planning and Performance				Strategic Objective 1: Increase prevention and tackle the wider determinants of health and care.	
Committee	ICP, Resources, System Quality				Strategic Objective 3: Achieve equity in outcomes, experience, and access.	
Aligned with System Partner Risk(s):	GHC Risk ID 2 There is a risk of demand out stripping supply for services and/or that services operate in a way which does not meet the needs of the population, potentially reinforcing health inequalities. (Red 12) May 2024				Key Priorities 25/26: Continue to increase the focus on prevention for health and care – for people of all ages; Work with wider partners and communities to enable people to take an active role in their own health and care.	
Aligned with ICB Risk(s):					Reduce unfair and avoidable differences in health and care – including improving outcomes for specific groups of our population.	
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged	Due to:	Impact:
12 (4x3)	12 (4x3)	8 (4x2)	Appetite	Cautious	Long-term, entrenched, and multi-faceted social, economic, and racial inequalities which have profoundly impacted racially minoritized and socially marginalised communities; as well as insufficient resources and capacity to effectively tackle long term entrenched health inequalities arising from the wider determinants of health.	Can result in earlier health deterioration, higher incidence of frailty, greater burden of mental and physical health conditions and ultimately higher mortality - all associated with greater cost to the individual, society and the health and social care system.
Current Controls (to mitigate risk):		Known Gaps in Controls		Current Assurances (of controls effectivity):		Known Gaps in Assurances
1. Prevention Delivery Group and EAC-I oversight. 2. Health inequalities embedded in transformation programmes. This includes activity in Gloucester City ("Core20"), race relations as well as other inclusion health groups ("PLUS") and 5 nationally identified clinical areas. 3. Health inequalities is a standing item at the Planned Care Delivery Board. 4. Integrated Locality Partnerships take a place-based approach to identify priorities for addressing the root cause of health inequalities. 5. System representation at Regional Inequalities Group and links with local and regional networks. 6. Consideration of health inequalities as part of service development and change through application of Equality and Engagement Impact Assessments.		1. Some gaps remain in data quality and data sharing between ICS organisations. 2. Lack of a social value policy to guide proportionate universalism in funding allocations. 3. No routine or consistent collection of evidence or reporting of how successfully interventions are addressing health inequalities. 4. Health Inequalities annual statement does not cover all programme areas and inequalities and requires development to provide review of progress in reducing health inequalities. 5. Equality and Engagement Impact Assessments are not completed routinely in all parts of the system		1. Health inequalities measures built into strategic outcomes framework with Board-level assurance. 2. Six-monthly updates on health inequalities objectives by system organisations and partnerships to ICB Board. 3. Updates on health inequalities objectives by system organisations and partnerships to ICB Board. 4. Regular reporting to System Resources Committee & Strategic Executive. 5. Quarterly activity reporting to NHSE. 6. Oversight by SROs.		1. Coordinated reporting on both longitudinal health inequalities and medium-term control impact (e.g., Core20Plus5). 2. Public reporting of health inequalities now in place but requires iterative development. 3. Monitoring effectiveness and impact of interventions. 4. Governance and accountability structures in development for the prevention and health inequalities agendas.

<div><div><div>7. Health Inequalities annual statement – reviewing the status of specified metrics as defined by NHSE.</div><div>8. Gloucestershire Health Inequalities Framework launched.</div><div>9. Organisational level health inequalities objective-setting tool.</div><div>10. ED&I Insights Manager ensures feedback and experiences of seldom heard communities informs service development & delivery.</div><div>11. Commitment to patient participation in all workstreams.</div></div></div>			
<div>Actions to Mitigate Risk & Implementation Dates</div> <div><div>1. Work with information teams to collate and analyse data related to the Core20PLUS5 for adults and children and young people to inform targeting of resources – roll out of demographic information to be included on all system dashboards. Collaboration with GCC on roll out of system Health Inequalities dashboard (throughout 2025). Internal ICB PowerBI dashboard has been launched covering the majority of indicators required for the national statement on health inequalities. Work is ongoing to develop the dashboard further.</div><div>2. Gloucestershire Health Inequalities Framework and self-assessment tool is being reviewed and developed in collaboration with Health Inequalities SROs and leads/champions. The revised versions will be reviewed by ICB Board in September 2025.</div><div>3. ICS Engagement Improvement Framework to be implemented in 2025/26.</div><div>4. Development of Statement on Inequalities to be iteratively continued, reflecting anticipated updated guidance from NHSE when available.</div><div>5. Health inequality reporting to be taken as a regular standing item to System Resources Committee who are taking on the delegated assurance responsibility from the ICB board around progress to reduce health inequality in the Gloucestershire system.</div><div>6. Equality Impact Assessments are required to be completed and submitted with business cases being considered under the priorities process.</div><div>7. A One Gloucestershire health inequalities community of practice is being developed to ensure that we have a shared understanding and are taking a systematic approach to addressing health inequalities.</div></div>	<div>Directors Updates on Actions to Date (Updated Quarterly)</div> <div><div>1. A second workshop was undertaken with health inequalities "champions" from system organisations and partnerships to review the revised Health Inequalities Self-Assessment Tool and shared strategic objectives for addressing health inequalities. The tool will be amended based on feedback and reviewed by Health Inequalities SROs and the ICB Board in September, with a view to being launched in Autumn 2025.</div><div>2. The second annual Gloucestershire Health Inequalities Information report has been completed and signed off by System Resources Committee and ICB Board. The report will be published in July 2025.</div><div>3. Data analysis to understand inequalities in relation to Talking Therapies access, experience, and outcomes is being undertaken with an initial aim of applying the Intervention Decay Model to the Talking Therapies pathway. This is being overseen and guided by the Consultant Psychological Therapist at GHC and the Adult Mental Health Lead.</div><div>4. Analysis of the elective care waiting list is being undertaken to identify and understand the drivers of inequalities in the waiting list e.g. people living in the Forest of Dean and Gloucester are more likely to be on the waiting list compared to those living in other districts, and women are more likely to experience longer waits compared to males. Initial findings will be presented to System Resources Committee in September 2025.</div><div>5. Gloucestershire ICB are working with the NHS Confederation to develop and test a new Health Inequalities Assurance Framework. Testing will be carried out between August and September, including a testing and review session at System Resources Committee in September.</div><div>6. The Research Engagement Network have developed a Cultural Competency Toolkit aimed at health and care staff to help them when carrying out research, evaluation, and working with people and communities. This is currently being tested with a view to being launched in Autumn 2025.</div></div>		
<div>Relevant Key Performance Indicators</div> <div><div>Health inequalities narrative and system outcome measures to be included in bi-monthly integrated performance report</div><div>Performance against NHS constitutional targets (e.g., RTT, Cancer Wait times, Diagnostic access, UEC waiting and response times.)</div><div>Joint Forward Plan metrics.</div></div>			

NHSE Statement on Inequalities – system annual reporting

BAF 2		Risk that delivery structures are unable to drive the acceleration required on community and locality transformation, this is also impacted by limited capacity to drive the change.				
Entry date:	14/11/2023	Last updated:	22/07/2025		Pillar 2: Transforming what we do.	
Owner:	Helen Goodey, Director of Primary Care & Place				Strategic Objective 2: Take a community and locality focused approach to the delivery of care.	
Committee	System Quality				Key Priorities 25/26: Continue to support improvements in outcomes for people at every stage of life – delivering care that is closer to home and person-centred	
Aligned with System Partner Risk(s):	There are no correlating risks.					
Aligned with ICB Risk(s):	Risk of instability and resilience in general practice.					
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged	Due to:	Impact:
12 (4x3)	12 (4x3)	4 (4x1)	Appetite	Cautious	Multiple and competing demands to transform services, coupled with increased demand for services and challenges in recruitment and retention. Delivery requires prioritisation across GHC and primary care as well as GCC teams to ensure progress delivered in 25/26.	Waiting times and service delivery across primary and community care. The ability for the community providers to meet increasing demand and the ability to deliver transformation is diluted.
Current Controls (to mitigate risk):			Known Gaps in Controls		Current Assurances (of controls effectivity):	
1. Provider-led INT Delivery Group to drive the development of INTs in a systematised way across the county supported by delivery workstreams to ensure INTs deliver care as per the national INT definition. Upwards reporting to INT Oversight Group which in turn reports to ICB Board.			1. Data quality and data sharing between ICS organisations may limit the ability to identify health inequalities with confidence.		1. Reporting through the INT Delivery Group and INT Oversight Group and onwards to ICB Board.	
2. Board agreement to focus initially on cohorts of people living with moderate to severe frailty and health inequalities. Working with BI colleagues to further understand our cohorts and metrics to measure impact made.			2. Sufficient change management resource to deliver sustainable change across the ICS in the time limit required.		2. Ongoing monitoring supported by clear baselining and outcomes measures.	
3. Supported by 25/26 PCN Network Contract Specification - A PCN must contribute to the delivery of multi-disciplinary proactive care for complex patients at greatest risk of deterioration and hospital admission, by risk stratifying patients and offering care in accordance with the guidance. This must be done as part of INTs, with the aim of reducing avoidable exacerbations of ill health, improving quality of care and patient			3. Permission & time for operational staff to actively engage.		3. Delivery supported by enabling subgroups with clear reporting function; digital, PHM and Business Intelligence, Organisational Development and Quality Improvement and Estates.	
					Known Gaps in Assurances	
					1. Further development of the performance and benefits realisation trajectories required in order to systematise approach and evaluation.	

experience, and reducing unnecessary hospital admission.			
4. All PCNs/Neighbourhoods included within the programme.			
5. PCN QI funding focussed on Frailty (moderate to severe) and health inequalities to standardise evidence based good practice and support consistency of outcomes.			
Actions to Mitigate Risk & Implementation Dates		Directors Updates on Actions to Date (Updated Quarterly)	
1. All PCNs/Neighbourhoods included within the programme and members of INT Delivery Group.		1. Provider-led and system-convened INT programme focusing primarily on the Neighbourhood MDTs core component of Neighbourhood Health is supporting building on existing good practice across the county, with greater systematisation where possible.	
2. Bi-annual update to ICB Board scheduled for June 2025 included INT implementation progress and anticipated outcomes, within the update covering progress against all six of the core components of Neighbourhood Health.		2. Baselining exercise across providers has mapped resources in community and primary care teams, and brought in Adult Social care Target Operating Model updates. ICB-led PCN Proactive Frailty and Dementia Care Implementation baseline assessments carried out with all 16 PCNs to understand existing resources and progress to implementation.	
		3. An important next step for the INT Programme will be refocussing the workstreams such as the wider PHM offer, in order to consolidate evaluation of impact and encourage localism within a framework, cognisant of resource constraints.	
		4. Continued system support to align resources to move from pilot projects to a cohesive, system-wide approach which is necessary for transformational change; to systematise INTs as our way of working at neighbourhood.	
Relevant Key Performance Indicators			
III health prevention Outcomes data (November 2023 IPR Report) and Ageing well KPIs.			

BAF 3a		Risk of failure to provide a compassionate working culture, with the right levels of capacity, capability, training and development and well-being provision that enables us to recruit and retain staff to fully deliver our strategic plans which competes with requirements of the NHS Workforce Plan.			
Entry date:	01/11/22	Last updated:	19/07/2025	Pillar 2: Transforming what we do.	
Owner:	Tracey Cox, Director of People, Culture and Engagement			Strategic Objective 4: Create a One Workforce for One Gloucestershire.	
Committee	People			Key Priorities 25/26: Increase staff retention, provide good training and development opportunities of our One Gloucestershire workforce, and build an inclusive and compassionate culture.	
Aligned with System Partner Risk(s):	<p>GHFT SR16: Inability to attract and recruit a compassionate, skilful, and sustainable workforce (Culture & Retention) (Risk rating 20, March 25)</p> <p>GHFT SR17: Inability to attract and recruit a compassionate, skilful, and sustainable workforce (Recruitment & Attraction) (Risk rating 20, March 25)</p> <p>GHC ID3: There is a risk that we fail to recruit, retain, and plan for a sustainable workforce to deliver services in line with our strategic objectives (Risk Rating 16, Nov 24)</p> <p>GHC ID12: There is a risk the Trust does not invest strategically and sufficiently in colleague's development, meaning that colleagues do not develop the new skills or have the ability to undertake the transformational roles needed for the future, do not have a long-term relationship with the trust and that productivity is below target (Risk Rating 16, Nov 24).</p>			<p>Aligned with ICB Risk(s):</p> <p>PCE: 20: Lack of progress on ED&I (Rated 16)</p> <p>PCE 26: Inadequate Workforce Supply (Rated 16)</p> <p>PCE 27: ICS workforce Infrastructure (Rated 16)</p> <p>PCE 38: Workforce impact of NHS reset and organisational change (Rated 16)</p> <p>(Risks 15 and above)</p>	
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Due to:	Impact:
16 (4x4)	16 (5x4)	5 (5x1)	Appetite	Decrease 20 (5x4) to 16 (4x4)	
				High levels of vacancies across key staffing groups. Risks to future staff pipelines e.g. apprentices and graduates in key staffing groups	Increased pressure on existing staff, impacting staff morale and wellbeing, impacting service delivery in key areas and future bank and agency targets
Current Controls (to mitigate risk):		Known Gaps in Controls		Current Assurances (of controls effectivity):	Known Gaps in Assurances
<ol style="list-style-type: none"> Utilisation of all available resources from NHSE monies for Continuing Professional Development and leadership development to support staff training & development. Some leadership learning and development programmes in place. Both Trusts have staff experience improvement programmes. GHFT has a People Promise Leads focusing on identified priority aspects of People Promise elements and best practice. 		<ol style="list-style-type: none"> Lack of an adequately defined and resourced system-wide and medium-term plan for staff relating to leadership development (Mapping of current leadership development approaches and offers completed, options for future being explored in context of limited investment opportunities) 		<ol style="list-style-type: none"> Reporting to the People Board, People Committee, and the Board of the ICB. On-going monitoring of progress on key workforce metrics through Integrated Performance Report. 	
				<ol style="list-style-type: none"> Implementation details relating to supporting delivery of NHS Workforce Plan and impact of operating planning guidance for 2025/26. Reduced funding for workforce transformation in 2024/25 and in 2025/26. Awaiting details of strategic workforce planning assumptions in response to 10-year plan. 	

<ol style="list-style-type: none"> Refresh of system level delivery plan for 2025/26 and refresh of people governance arrangements. Robust organisational plans in place for EDI, retention and temporary staffing spend reduction. Colleague Communications & Engagement. System-wide careers and engagement team (2-year FTC) focused on promoting careers in health and care. Apprentice Strategy developed. Strategic Partnership Board with UoG. 			
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Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
<ol style="list-style-type: none"> People Promise Leads and work programmes in both GHFT and GHC. System wide EDI actions focusing on 3 areas, data, anti-discrimination & recruitment/career progression. Continued focus on agency and temporary staffing spends in response to revised 2.3% target for 2025/26. On-going recruitment activities at organisational level e.g. GHFT's Workforce Sustainability programme aimed at transforming its recruitment process. Roll out of system wide recruitment promotion campaign 'Be in Gloucestershire.' H&WB review complete with a series of system recommendations being taken forward. Continued but reduced focus on System Leadership in 25/26 due to limitation of resources. 	<ol style="list-style-type: none"> Peoples Promise Manager extension in GHFT to 18 months. New starter packs to be implemented for staff. Continued progress on areas where a system approach would be beneficial e.g. pension awareness and menopause policy and resources. System wide EDI conference planned for 3rd July 2025 and collective review of 2025 staff survey results took place at April People Committee. Provider level plans e.g. GHFT Board development programme and GHC Leadership & Culture Programme. Agency spend remains within agreed cap of 3.2% for 2024/25. Recruitment: We Want You project team continues to develop service offer including coaching and work placements. Be a GP in Glos Campaign now scheduled for launch May 25. Regional conversations to establish housing hub have been paused. Housing Officer came into post November 24. Housing needs survey launched. OD Delivery Group to confirm leadership offers for 2025/26.

Relevant Key Performance Indicators
Staff Engagement Score (Annual)
Sickness Absence rates, Staff Turnover % & Vacancy Rates
Bank and Agency Usage
Apprenticeship levy spend and placement numbers

BAF 3b		ED&I: Risk that as a system we fail to deliver on our commitments to having a fully inclusive, diverse, and engaging culture for staff we employ.				
Entry date:	01/03/24	Last updated:	19/07/2025		Pillar 2: Transforming what we do.	
Owner:	Tracey Cox, Director of People, Culture and Engagement				Strategic Objective 4: Create a One Workforce for One Gloucestershire.	
Committee	People					
Aligned with System Partner Risk(s):	GHFT SR17 Inability to attract a skilful, compassionate workforce that is representative of the communities we serve, (Culture & Retention.) (Risk rating 20, March 25)				Key Priorities 24/25: Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.	
	GHC ID4 There is a risk that we fail to deliver our commitment to having a fully inclusive and engaging culture with kind and compassionate leadership, strong values and behaviours which negatively impacts on retention and recruitment. (Risk rating 16, Nov 24)					
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged	Due to:	Impact:
12 (4x3)	15 (5x3)	6 (3x2)	Appetite	Cautious	Insufficient strategic focus and actions that make a real difference to improving diversity and representation of staff across the pay grades including senior positions (clinical and non-clinical); and improves staff experience in the workplace ensuring compassionate leadership and a compassionate culture is in place.	The system does not benefit from cognitive diversity and fails to enhance opportunities to reduce the negative impacts on recruitment, retention, and poor staff workplace experience.
Current Controls (to mitigate risk):		Known Gaps in Controls		Current Assurances (of controls effectivity):		Known Gaps in Assurances
1. One Glos People Strategy priority and commitment to ED&I as an underpinning theme		1. Lack of systemwide targets for:		1. Reporting to the People Board, People Committee & relevant Committees of providers.		1. People Committee requested further system wide focus and commitment to discuss improvement trajectories.
2. Reporting through the ICS People Governance Groups		a. Recruitment.		2. Reporting to the ICB Board.		
3. Monitoring from the Equality and Human Rights Commission on the Public Sector Equality Duties.		b. Movement between pay bands.		3. Audits undertaken by Internal Auditors.		
4. Annual reporting against Workforce Race Equality Standards, Workforce Disability Standards & gender pay gap with corresponding action plans.		c. Insufficient frequency in metrics related to engagement and staff experience.				
5. ED&I Task and Finish group.		d. Significant volume of data but more granular analysis required to support improvement plans.				

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
<ol style="list-style-type: none"> 1. All NHS partners engaged in Equality Delivery System framework. 2. All NHS partners have action plans in response to 6 high impact actions in national EDI Improvement Plan. 3. System wide commitment to support agenda prioritising: <ol style="list-style-type: none"> a. Data collation and presentation, b. anti-discrimination policy and practice & c. recruitment/career progression. 4. Relaunch of SW Regional EDI work programme and action plan being developed with nominated CEO/HRD leads. 5. Continued Board and People Committee focus. 	<ol style="list-style-type: none"> 1. EDS2 briefing and position statement submitted to March Board, followed by publication on ICB website. 2. Individual organisational level action plans progressing focusing on anti-discrimination approaches and reporting of incidents and inclusive recruitment. 3. SW EDI work programme on hold due to NHS rest and level of organisational change. 4. EDI dashboard at provider and system level developed with a focus on priority metrics – shared with providers for internal use and advice on further development. 5. System wide anti-racism conference held on 2nd July 2025 aimed at middle managers with organisations reviewing their EDI plans and approaches on the back of the event. 6. Reviewed 2024 staff survey results at April People Committee. Providers publications of gender, disability and ethnicity pay gap reports.
Relevant Key Performance Indicators	
Workforce Race Equality Standard report (metrics on % of BME staff employed, according to pay band, chance of shortlisting for jobs, entering the disciplinary process and staff survey WRES metrics)	
Workforce Disability Equality Standard report (metrics on % of Disabled staff employed, according to pay band, chance of shortlisting for jobs, entering the disciplinary process and staff survey WDES metrics).	
Gender Pay Audit – gender pay gap includes data on pay gap (mean and median hourly rates).	
Racial Disparity Ratios and Staff Survey results for each organization.	

BAF 4		Risk that the ICB fails to assure safe and effective care delivery and identify opportunities to improve quality and outcomes across the system for patients.					
Entry date:	07/11/23	Last updated:	23/07/2025			Pillar 2: Transforming what we do.	
Owner:	Marie Crofts, Chief Nursing Officer & Ananthakrishnan Raghuram, Chief Medical Officer					Strategic Objective 5: Improve quality and outcomes across the whole person journey.	
Committee	System Quality					Key Priorities 25/26: Increase support for people living with major health conditions – shifting to a more preventative approach and earlier diagnosis.	
Aligned with System Partner Risk(s):	GHFT SR2 Failure to implement the quality governance framework. (Risk rating 16)					Aligned with ICB Risk(s):	Integration 13: Midwifery Staffing Levels.
	GHFT SR 5 Failure to implement effective improvement approaches as a core part of change management (risk rating 16)						Integration 15: Antenatal Screening
	GHFT SR1 Failure to effectively deliver urgent and emergency care services across the Trust and Integrated Care System. (Risk rating 25)						Integration 28: CQC community & mental health inspection reports
	GHC ID 1 There is a risk that failure to: (i) monitor & meet consistent quality standards for care and support; (ii) address variability across quality standards; (iii) embed learning when things go wrong; (iv) ensure continuous learning and improvement, (v) ensure the appropriate timings of interventions. (Risk rating 12) May 2024						Integration 30: Paediatric Palliative Care Support at Home
							Integration 32: Post Partum & Massive Obstetric Haemorrhage
							Integration 34: Antenatal Scanning capacity
							Integration 37: Reputational damage to the ICB and Childrens Continuing Care team of transferring long term complex packages of care to a new provider.
							Integration 39: Lack of clinical oversight for Local Authority led joint packages of care and direct payments
							Integration 43: CCC team in relation to governance and challenge due to key policies and procedures not being in place
							Safeguarding 6: Child Protection Medical Assessments Not Being Undertaken For All Types Of Abuse By GHFT
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged		Due to:	Impact:
15 (5x3)	16 (4x4)	4 (4x1)	Appetite	Zero/Minimal		Lack of robust oversight and intelligence to ensure high quality care is delivered by organisations.	Patients and citizens will be potentially put at risk of harm or suboptimal outcomes and have a poor experience if providers are unable to deliver high quality care.
Current Controls (to mitigate risk):			Known Gaps in Controls		Current Assurances (of controls effectiveness):		Known Gaps in Assurances
1. ID 27: Clinical Leads and Team Manager are completing regular caseload reviews to ensure throughput within CHC and CCC			1. PSIRF processes not yet embedded and review of PSIRP plans needed Triangulation of data across the system through quality dashboards not in place currently.		1. Reporting to the System Quality Committee. 2. Quality Assurance discussions.		1. Lack of triangulation of data through Trust or system quality dashboards 2. PSIRF processes need further embedding and consistency of approach for full assurance

<div><div>2. More robust oversight and governance of CHC and CCC activity</div><div>3. Reporting from and attendance at Provider Quality Committee.</div><div>4. Learning from Case Reviews.</div><div>5. System Quality Group.</div><div>6. System Effectiveness Group.</div><div>7. System IPC Group</div><div>8. System Mortality Group</div><div>9. Rapid Review processes and Quality Improvement Groups for enhanced surveillance</div><div>10. Groups where appropriate for specific service areas challenged.</div><div>11. Weekly safety huddle within ICB now routinely in place.</div><div>12. Internal ICB Quality and Clinical Gov group to bring together triangulated data more formally across the system to promote learning and ensure focus support on challenged areas.</div></div>		<div><div>3. Intelligence gathering through data relating to all aspects of quality.</div><div>4. Quality Improvement groups and enhanced surveillance in challenged areas</div><div>5. SW Regional reporting and assurance meetings</div><div>6. Contract Management Boards.</div><div>7. Regulatory reviews and inspections</div><div>8. Quality Accounts for each provider</div></div>	
<div>Actions to Mitigate Risk & Implementation Dates</div> <div><div>1. Established Quality and clinical gov internal ICB group firmly established which includes reps for all areas of quality governance and areas such as elective/ planned care to triangulate data regarding providers and other stakeholders</div><div>2. CHC/ CCC senior oversight group established to ensure all areas of concern are addressed through the improvement plan</div><div>3. Portfolio priorities to focus on key areas of improvement to drive up quality</div></div>	<div>Directors Updates on Actions to Date (Updated Quarterly)</div> <div><div>1. PSIRF now in place although early days of new approach. Some enhanced measures and reporting in place, beyond PSIRF oversight, with maternity services owing to the level of surveillance and concerns; working with providers to develop their plans to ensure focus on learning.</div><div>2. Internal ICB Quality and Clinical Gov group now brings together triangulated data more formally across the system to promote learning and ensure focus support on challenged areas.</div><div>3. System Mortality: The national NHSE data tool shows that the Summary Hospital-Level Mortality Indicator (SHMI) for Gloucestershire Hospitals has reduced to 1.13. This is a 12-month rolling average covering the previous 12 months up to December 2024. This has remained within expected limits. The CGH out of hospital also now back to normal. The system mortality QIG (with support from regional colleagues and external support from a colleague in another ICB) meets monthly. A regional mortality insights visit has been planned in July 2025. The ICB is overseeing a number of actions looking at improving quality of depth of coding and improving clinical pathways. ICB oversight is through the System Quality processes and mortality remains on the Board assurance framework risk register.</div><div>4. Enhanced surveillance remains in place for maternity services owing to Section 31 notice and Trust remaining on MSSP national oversight programme as needing improvement with particular reference to clinical governance oversight within these services.</div><div>5. Significant challenges within UEC and GHFT risk rated at 25.</div></div>		
<div>Relevant Key Performance Indicators</div> <div><div>Summary Hospital-Level Mortality Indicator (SHMI)</div><div>NHS staff survey safety culture theme score.</div><div>Percentage of patients describing their overall experience of making a GP appointment as Good.</div><div>National Patient Safety Alerts not declared complete by deadline.</div></div>			

Consistency of reporting patient safety incidents.

BAF 5		Risk that the ICB fails to deliver and/or sustain performance and improvement in Urgent and Emergency Care.													
Entry date:		13/11/23		Last updated: 08/07/2025		Pillar 3: Improving health and care services today.									
Owner:		Gemma Artz, Interim Chief Delivery and Transformation Officer					Strategic Objective 6: Address the current challenges we face today in the delivery of health and care.								
Committee		Resources					Key Priorities 24/25: Support improvements in the delivery of urgent and emergency care.								
Aligned with System Partner Risk(s):		<p>GHFT SR1 Failure to effectively deliver urgent and emergency care services across the Trust and Integrated Care System.</p> <p>GHFT SR5 Failure to implement effective improvement approaches as a core part of change management.</p>					Aligned with ICB Risk(s): <p>U&EC 1: Risk of insufficient access to alternative pathways to ED</p> <p>U&EC 3: Workforce & Delivery Priorities</p> <p>U&EC 6: Risk of failure to meet core UEC performance metrics. Risk of failure to meet National Ambulance Response times, Risk of non-delivery of reduction in hospital length of stay & Risk of failure to meet National targets for UEC waits: Emergency Department (ED) and Ambulance Handovers [UEC ED Flow]</p> <p>U&EC 4: Risk of insufficient system Resilience</p>								
Original Score (IxL)		Current score (IxL)		Target Risk (IxL)		Movement		Decrease 16 (4x4) to 12 (4x3)		Due to:		Impact:			
20 (5x4)		12 (4x3)		8 (4x2)		Appetite		Zero/Minimal		Improvement in performance challenges, improvement in delivery to trajectory for several key metrics. Significant delivery required for the remainder of the year.		Continued pressure on our staff, performance commitments and system finance plan. Risk patients will have a poor experience of urgent and emergency care services.			
Current Controls (to mitigate risk):				Known Gaps in Controls				Current Assurances (of controls effectivity):				Known Gaps in Assurances			
<p>1. Strong system wide governance for system operational issues (daily and weekly rhythm including Exec oversight), supported by System Control Centre.</p> <p>2. Strong governance through Patient Flow Delivery Board and contractual oversight for all health provider</p> <p>3. New 'Working as One' Portfolio structure agreed with dual Provider COO SROs. The Portfolio will be governed by a Portfolio Oversight Board with three Programme Boards reporting to it, covering the entire UEC pathway. These boards are now established with clear system-wide leadership.</p> <p>4. Agreed reporting on priority improvements in place.</p>				<p>1. Enhanced outcome and performance reporting across governance structure (to be enabled by digital platform).</p> <p>2. Clarity on the improvement resource whilst also delivering the recurrent £4m savings target for the portfolio</p> <p>3. There is a gap in transformation resource – when compared to previous year - allocation of leadership across the system underway.</p>				<p>1. Ongoing monitoring of system wide priorities including operational planning targets and the High Impact Interventions via the Patient Flow Delivery Board. .</p> <p>2. Reporting to the Board of the ICB on key metrics via Integrated Performance Report.</p> <p>3. NHSEI Reporting.</p> <p>4. High level metrics for Working as One Portfolio in place.</p> <p>5. Portfolio for UEC set up to ensure safe transition from working as one to new system working approach to ensure system oversight and grip</p> <p>6. New governance set up for intermediate care oversight (intermediate care board) and 'front door'</p>				<p>1. Further development of the performance and benefits realisation trajectories required for some measures, with a focus on quality and outcome measures.</p> <p>2. Impact of operational demand on the ability to continue at pace with the Working as One Portfolio.</p> <p>3. Impact of planning round combined with system pressures on staff capacity to deliver</p>			

<div>5. Use of demand and capacity funding, additional capacity funding, discharge and BCF funds to deliver within UEC system flow.</div> <div>6. Full alignment between strategic priorities and operational plan for 25/26</div> <div>7. Annual Resilience (Winter Plan) to be developed and in place to communicate to patients about where to access services during winter.</div>		<div>oversight (community urgent care board) to ensure focus on improvement is maintained.</div>	
<div>Actions to Mitigate Risk & Implementation Dates</div>		<div>Directors Updates on Actions to Date (Updated Quarterly)</div>	
<div><div>1. Oversight of sustainability of the trials and impact from Working as One in place</div><div>2. Three Clear priorities for the Working as One (UEC) Portfolio: Care Co-ordination (Integrated Working), Community Based Urgent Care and Community Based Intermediate Care model.</div><div>3. Portfolio and Programme metrics in place.</div><div>4. Focus on system actions to deliver operational plan commitments including finance, projects identified, system leadership in place. System timeline being refined.</div><div>5. Opportunity from within the portfolio identified, with quantified implementation plan by end July 2025. Workshop series underway through June and July.</div><div>6. Communication and Engagement plan being refreshed. Portfolio workshop day held on 2nd May 2025, with follow up session scheduled for 19th September.</div><div>7. Completion of system winter plan for Executive sign off by end August 2025.</div></div>		<div><div>1. Portfolio in place with agreed leadership, priorities identified and governance in place. Portfolio and Programme metrics for Working as One are in place (Transitioned metrics from 2024/25 with additional targets and reset baselines for 25/26). Workstream measures have been developed, to be refreshed in line with priorities by end July 2025. Action remains open whilst quality and outcome measures are refined, alongside automated reporting. Automated reporting has been developed as a system visibility tool, under review prior to wider roll out across the system alongside development of automated metric dashboard.</div><div>2. A Working as One Workshop was held on 2nd May, focused on empowering system leaders to prioritise, and lead improvements. A follow up workshop was held on 20th June with system leaders, and a wider stakeholder event planned for 19th September. Agreed actions being taken forwards with a focus on understanding the impact on quality, performance, and finance. Impact of shift from integrated to aligned commissioning to be understood, including focus on ambitions for Intermediate Care (which is critical to delivering the financial plan and discharge ready trajectory)</div><div>3. Work underway across the system to consider the release of the urgent and emergency care delivery plan, including clear expectations for winter. Test and learns for winter are being explored to look at early implementation and/or schemes to mitigate winter pressures, consideration will be given to these during July and August.</div></div>	
<div>Relevant Key Performance Indicators</div>			
<div>IPR Reporting for Acute, Winter monitoring and Ambulance Metrics.</div>			

BAF 6		Risk of instability and resilience in primary care due to increasing costs and financial risk to delivery of core services. This is alongside high workload with increasing patient demand and reporting requirements as well as existing workforce and estates pressures.		
Entry date:	15/11/23	Last updated:	15/07/2025	Pillar 3: Improving health and care services today.
Owner:	Helen Goodey, Director of Primary Care and Place			Strategic Objective 6: Address the current challenges we face today in the delivery of health and care.
Committee	Primary Care & Direct Commissioning			Key Priorities 25/26: Support a resilient and accessible primary care for the public and increasing workforce recruitment and retention.
Aligned with System Partner Risk(s):	GHC ID8 There is a risk that the ICS prioritises acute care demand over the demands of Mental Health, Community, Primary Care and Learning Disabilities (Risk rating 9)			
Aligned with ICB Risk(s):	PC&P 7: Financial Challenges within Primary Care PC&P 10: Primary Care Sustainability PC&P 13: Primary Care & Secondary Care Interface PC&P 16 - Community Pharmacy Sustainability - including delivery of Pharmacy First PC&P 24 - Identified unfunded activity in General Practice PCE 13: New to Primary Care Fellowship Funding PCE 37: Decline in GP Numbers			
Original Score (1xL)	Current score (1xL)	Target Risk (1xL)	Movement	Unchanged
16 (4x4)	15 (5x3)	4 (4x1)	Appetite	Cautious
				<p>Due to:</p> <p>Practices are facing financial challenges due to the increase in costs associated with staffing, energy, goods and supplies as well as a significant increase in patient demand due to the changing nature of general practice, therefore impacting increasing workloads.</p> <p>Practices are increasingly unable to afford to replace staff and are having to consider ways to reduce costs at a time when they are holding more risk due to extended wait times for secondary care.</p> <p>There is also a general concern regarding workforce resilience and retention across all roles within primary care and estates constraints to delivery.</p> <p>The general practice national collective action, which commenced on the 1st of August 2024, following the BMA ballot results to proceed with a gradual introduction of a possible 10 BMA Actions to move primary care to a new normal was nationally 'paused' after the release of the new General Practice Contract for 2025/26 following national negotiation. The GPC also received written confirmation that a whole new contract will be agreed within this governments parliamentary term. Elements of collective action such as safe working limits and resolution of unfunded work is being picked up as part of business as usual.</p> <p>Community Pharmacies are also experiencing cost of living pressures similar to general practice but also due to drug shortages and pricing. Community Pharmacy Collective Action took place on the 16th September 2024. The National Pharmacy Association undertook a ballot which received near a unanimous vote in favour of national Community Pharmacy Collective Action, however similar to general practice, this has nationally been 'paused' following the release of the new Community Pharmacy Contractual Framework, additional funding (a 19% increase on 23/24 funding levels) and a national write off of historic margin overspend. However, it has been recognised nationally that there is still a shortfall in funding. We await new contracting information, the Government is advising they will start 26/27 negotiations in Sept 2025.</p>
				<p>Impact:</p> <p>It is still unclear what financial hardships practices will experience (including the impact of national insurance changes) and therefore remains the potential that this could result in contract hand backs and foreclosure of loans on premises. If GPs are made bankrupt, they are unable to hold a medical services contract, therefore the local population could have no contract holder for medical services or premises to operate from, leading to significant instability.</p> <p>This is also impacting on delivery of services with waiting times increasing for patients to see primary care professionals, poor morale, and hence higher turnover of staff. There is also a wider risk to the system of increased demand on other services if primary care is unable to deliver core services due to complete saturation or through taking steps to manage down capacity, this will also have an impact on patient care and experience.</p> <p>Risk to ability of Community Pharmacy to deliver core services (83% of NHS income) and other clinical services (17% of NHS income) including Pharmacy First, Blood Pressure Monitoring, Contraception etc, Impact to patients and to wider system, particularly GP providers. Potential risk of pharmacy closures and impact to patients and practices nearby.</p>

Current Controls <i>(to mitigate risk):</i>	Known Gaps in Controls	Current Assurances <i>(of controls effectiveness):</i>	Known Gaps in Assurances
<ol style="list-style-type: none"> 1. Primary Care Team continues to provide on-going support to practices, to identify mitigations and provide resilience funding where appropriate. 2. Resilience and Sustainability of General Practice Sub Group (to the PC strategy group) taking place when required. 3. A Standard Operating Procedure (SOP) for practices requiring financial assistance and support is in place to ensure a fair and consistent approach with good governance. 4. Finance Training Package procured and cohorts complete. 5. There is a monthly review of practices to assess the issues that have arisen and where additional support may be needed. 6. A Primary Care Workforce Strategy is in place and is being implemented with a vast array of projects and initiatives including supporting new roles ARRs, recruitment and retention schemes, open days, and campaigns. 7. Workforce data is analysed on a monthly basis to ascertain early any problems with staffing and support is provided to practices where required. 8. Partners Survey to understand current position on retirements. 9. Primary Care Audit undertaken to understand what is driving increased demand. 10. A Primary Care Strategy is in place with associated plans. 11. General Practice Action Plan submitted to region at the end of June as part of Operational Planning requirements. 12. Undertaking a General Practice Commissioning & Transformation Support Tool review for regional submission to provide robust assurance. 13. A Secondary Care/Primary Care Interface Group (senior leads level) in place and reviewing delivery of the national 4 key areas of focus. 	<ol style="list-style-type: none"> 1. The level of action general practice will follow post the new GP contract and national 'pause' of collective action, especially around unfunded work. 2. National Insurance bill rejected by the House of Commons, following the House of Lords support. 	<ol style="list-style-type: none"> 1. The Primary Care Operational Group receives regular reports on practice resilience and the schemes and initiatives to support practices including workforce reports. 2. The Primary Care and Direct Commissioning Committee receives those reports from PCOG and provides oversight and scrutiny 3. The Primary Care Resilience and Sustainability subgroup has been established to further develop the ICB response to struggling practices 4. Working with the LPC to understand Community Pharmacy issues and a number of community pharmacy events held to date to support the community pharmacy voice within primary care across the system 	<ol style="list-style-type: none"> 1. Volume of shared care and additional 'discretionary' activity, are both unknown.
Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)		
<ol style="list-style-type: none"> 1. Further Admin and Reception Staff Training Events planned on conflict resolution and customer service. 2. Primary Care Induction Sessions - supporting knowledge and training of those new to general practice 3. Working with ICS 'We Want You' Programme to support promotion of Primary Care roles to secondary school age children. 4. Collaborating with Gloucestershire College on T-Level Placements & working on bespoke apprenticeship opportunities with practices. 	<ol style="list-style-type: none"> 1. Newly qualified GPs now claimable via ARRs with additional funding. 2. Working closely with the LMC to understand the potential impact to general practice capacity, due to the sustainability challenges. 3. Regularly surveying practices to understand impact to capacity, particularly urgent on the day care. 4. Resilience and Sustainability Sub - focussed on understanding the impact on general practice and ensuring we are developing action plans to support mitigations. 5. Financial Awareness Training undertaken for all partners and practice managers. 		

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| <ol style="list-style-type: none"> 5. Working with the LPC to understand Community Pharmacy issues and successful Community Pharmacy Events held in November 2024 & February 2025 to support the community pharmacy voice within primary care across the system 6. Community Pharmacy Strategy Group and Dental Strategy Group in place with LPC & LDC attendance. | <ol style="list-style-type: none"> 6. A meeting for all four contractor group committees with the ICB has taken place to discuss constraints and opportunities to delivering primary care in the county and further meetings are being set up. 7. New GP Contract for 2025/26 nationally agreed and in place. 8. National Collective Action has been put on 'Pause' and GPC have received written confirmation that a whole new contract will be agreed within this governments parliamentary term. Local Collective Action Task & Finish Group now stood down but understand elements of collective action such as safe working limits and resolution of unfunded work is expected to remain and will be picked up by the Primary Care Team. 9. New Community Pharmacy Contractual Framework for 25/26 released alongside additional national funding which has seen a 19.7% increase on 23/24 funding, as well as a national write off of historic margin overspend (noting there is still an identified shortfall in funding to community pharmacy). 10. General Practice Action Plan submitted to region at the end of June as part of Operational Planning requirements. 11. Undertaking a General Practice Commissioning & Transformation Support Tool review for regional submission to provide robust assurance. 12. Identifying practices which may require support, through local intelligence and triangulation of data, to have targeted conversations. Practice level support offer being worked up. 13. Peer Ambassador in place. |
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Relevant Key Performance Indicators

Reporting on Access to Primary Care and Quarterly surveys and data relating to primary care.

BAF 7					Risk of failing to deliver increased productivity requirements to meet both backlogs and growing demand.	
Entry date:	01/11/22	Last updated:	14/07/2025		Pillar 3: Improving health and care services today.	
Owner:	Mark Walkingshaw, Director of Operational Planning and Performance				Strategic Objective 6: Address the current challenges we face today in the delivery of health and care.	
Committee	System Quality, Resources				Key Priorities 25/26: Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.	
Aligned with System Partner Risk(s):	GHC 3 There is a risk of demand for services beyond planned and commissioned capacity.				Due to:	Impact:
Aligned with ICB Risk(s):					Waiting list backlogs built up during COVID as elective services were stood down for long periods of time. On-going workforce pressures in key diagnostic and treatment specialties make recovery more difficult. There has also been a growth in 2ww referrals across a number of big cancer specialties such as Lower GI and Urology which has diverted elective capacity towards seeing and treating them at the expense of routine patients.	Some elective specialties have a level of long waiters >52 weeks but there are specific specialties with most numbers e.g. ENT, T&O and OMF. The total waiting list size is also bigger than pre-covid. Clearance of non-admitted patients generates additional admitted patients, and the shape of the waiting list curve is such that waves of long waits come through at different times making PTL management challenging in nature. The increase in cancer work for specialties such as Lower GI and Urology has made it difficult to maintain routine elective activity and so these patients continue to wait longer than we would want. Prioritisation of waiting lists for cancer and urgent P1-2 categories often pushes the P4 routine waits further and further back. Follow up patients are also often very delayed for the appointments and largely go unnoticed as they are not reported in any national waiting time target but pose a significant risk of harm especially in specialties such as Ophthalmology or cancer follow ups.
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged		
12 (4x3)	16 (4x4)	4 (4x1)	Appetite	Cautious		
Current Controls (to mitigate risk):					Known Gaps in Controls	Current Assurances (of controls effectivity):
<ol style="list-style-type: none"> Clinical technical and administrative validation and prioritisation of system waiting lists plus regular proactive contact with patients to notify them of delays and what to do if clinical condition changes. Elective waiting list prioritised with P codes to ensure patients are booked in priority order. Weekly check and challenge meetings in place at GHFT to focus on longest waits by specialty and instigate immediate remedial actions. Elective care hub undertaking patient level contact, validation sprints, and link to social prescribers as well as escalation of any patients with a worsening condition to the relevant specialty. 					<ol style="list-style-type: none"> Stratification of waiting list based on other health and socioeconomic factors under development. Specific plans for improving C&YP access to elective services in development. Elective recovery plans for Gloucestershire patients treated at out of county NHS providers subject to further development. 	<ol style="list-style-type: none"> Performance Reporting to the Planned Care Delivery Board, System Resources Committee and the ICB. Elective recovery planning and oversight provided by the Planned Care Delivery Board (PCDB) with escalation via Programme Delivery Group and ICS Execs as required. Monthly elective care delivery meetings with NHSE in place.
					Known Gaps in Assurances	
					<ol style="list-style-type: none"> Limited data available for monitoring of Gloucestershire patients waiting at out of county providers and associated recovery plans. Lack of visibility of delayed follow ups at ICB contract, performance, and quality meetings. 	

<p>4. Additional elective activity commissioned with Independent Sector providers both for new referrals and transfer of long waiters from GHFT where required. New providers entering the market via the Provider Selection Regime (PSR) process.</p> <p>5. Additional capacity commissioned with GHFT in key long waiting specialties as part of annual planning process using ERF funding stream.</p> <p>6. Work continues with primary care through the Referral Optimisation Steering Group (ROSG) to manage referral demand into secondary care. Increase in A&G services and access to Cinapsis as well as progress with "Advice First" approach and RAS role out. Expanded GP education programme and G-Care pathway content.</p> <p>7. System interface group established to oversee improvements in the interface between primary and secondary care.</p> <p>8. Operational and transformational delivery monitored by system Planned Care Delivery Board. Reallocation of ERF slippage undertaken here.</p> <p>9. Regular analysis of waiting lists in place to ensure equity of access, waiting times and outcomes for our most deprived populations and ethnic minority groups. Weekly check and challenge meetings at GHFT to micromanage long waiters in place.</p> <p>10. Clinical harm reviews undertaken for all long waits.</p> <p>11. Ring fencing of elective capacity extended through bed reconfigurations and new daycase facility and theatres in CGH.</p> <p>12. New payment models introduced at GHFT to support willingness of staff to undertake additional weekend activity.</p>	<p>4. Lack of specialty specific plans to address the delayed follow up backlogs and associated clinical risk.</p> <p>5. Longer term sustainability plans needed in some key specialties and diagnostic modalities.</p>	<p>4. Reporting to NHSE/I on forecast month end long-waiters weekly. Any elective cancellations reported to NHSE/I. System waiting times monitored through the WLMDS tableau report. Regular Elective Recovery COO and Performance Directors meetings with NHSE for the region.</p> <p>5. Regular contract and performance management governance structures in place to review performance and associated recovery plans with all independent sector providers. Visibility of waiting times through WLMDS returns.</p>	
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Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
<p>1. Operational plans for 25/26 submitted. Delivery underway and being monitored.</p> <p>2. Specific additional capacity investments agreed and being implemented.</p> <p>3. Elective and diagnostic portfolio plan in place with associated savings plan.</p> <p>4. Independent sector budgets and activity plans agreed which support delivery of waiting times and contribute to system breakeven financial position.</p> <p>5. Patient Engagement Portal phased implementation underway.</p> <p>6. Roll out of FDP within GHFT to improve productivity and efficiency.</p> <p>7. Use of robotic automation in booking processes identified and due for implementation by April 2025.</p> <p>8. Elective and Diagnostic Portfolio developed to support delivery of transformation programmes including IP/DC/theatres, outpatients, waiting list management, referral optimisation and diagnostics.</p> <p>9. Primary/secondary care interface group established and work programme underway.</p>	<p>1. Priority schemes identified in long wait specialties, including ENT, OMF, Orthopaedics, Spines, Endoscopy and Angiography to support waiting time achievement through 25/26. Transfers underway to IS for longest waiters in ENT and Orthopaedics underway.</p> <p>2. Levels of activity for one of our newly accredited Independent Sector Providers (ISP) have been very high and far exceed the available budget creating a significant financial risk. An Activity Management Plan is going to be established to try and mitigate the financial risk.</p> <p>3. The ICB is still negotiating a small number of Indicative Activity Plans with ISPs but there has been push back from some providers about the planned reduction in activity and budget. There is a risk that one or more of these providers may submit a formal challenge to NHSE if agreement cannot be reached.</p> <p>4. GHFT have recently joined the national GIRFT programme to reduce short notice theatre cancellations and late starts.</p> <p>5. The ICB has accredited one more elective care provider (Modality Healthcare) within the last month. The ICB is currently reviewing its' accreditation process as this is currently very resource intensive. There are still two other providers going through the accreditation process. Activity plans will be set after 3 months to try and contain expenditure.</p>

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6.

GHFT primary care liaison role is working well and hugely appreciated by GP practices. Numerous interface and pathway issues have been resolved (or have plans to). Interface workshop held with all ISPs and liaison roles identified in each organisation to act as a single point of contact for GPs
7.

Significant increase in patients waiting for Echocardiography and delays to implementation of additional capacity are contributing to a worsening DM01 performance picture, with over 1800 patients waiting over 6 weeks in this modality.

Relevant Key Performance Indicators	
Elective recovery as a % of 2019/20.	Long waiters' performance.
ERF achievement.	% of diagnostic tests completed within 6 weeks.
Early diagnosis rates for cancer.	Faster Diagnosis Standard (% patients receiving diagnosis or all clear within 28 days of referral.
% of patients with cancer receiving first definitive treatment within 31 and 62 days	RTT performance

BAF 8		Risk of failure to sustain a transformational focus on mental health services hampered by multiple workstreams and lack of sufficient workforce to deliver sustained changes.				
Entry date:	01/11/22	Last updated:	17/01/2025		Pillar 3: Improving health and care services today.	
Owner:	Marie Crofts, Chief Nursing Officer				Strategic Objective 6: Address the current challenges we face today in the delivery of health and care.	
Committee	People				Key Priorities 25/26: Improve mental health support across health and care services.	
Aligned with System Partner Risk(s):	GHC ID3 There is a risk of demand for services beyond planned and commissioned capacity, which cannot be managed through usual mechanisms, resulting in services not meeting the expectations of our community. (Risk rating 16)				Aligned with ICB Risk(s): Integration 06: Tier 4 Eating Disorder Beds	
	GHC ID4 There is a risk that we fail to recruit, retain, and plan for a sustainable workforce to deliver services in line with our strategic objectives. (Risk rating 16)					
	GHC ID9 There is a risk that national economic issues impact on the funding settlement available for healthcare, meaning care is not adequately funded to improve and develop to meet needs. (Risk rating 6)					
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged	Due to:	Impact:
12 (4x3)	12 (4x3)	4 (4x1)	Appetite	Cautious	Number of vacancies across CAMHS and adult mental health services and difficulties in recruiting to vacant posts.	Waiting list for treatment remains high for children and adult's Urgent referral to treatment times have improved and routine waits have reduced but there are a number of people waiting over a year.
Current Controls (to mitigate risk):			Known Gaps in Controls		Current Assurances (of controls effectivity):	
1. Eating Disorder Programme including system wide prevention through to crisis workstreams established.			1. No significant gaps identified as a monthly system-wide multi-agency meeting is well established and any and all matters of programme management around and performance against the trajectories within the action plan for eating disorders are progressed. If the programme is of trajectory, then the matter is escalated.		1. Clinical Leads and Team Manager of the Eating Disorder Service are completing regular caseload reviews to ensure throughput.	
2. CAMHS recovery plan including within service provision and system wide to support improvements.			2. No significant gaps identified as a monthly meeting is in place with CAMHS and a system wide multiagency meeting monitors progress bi-monthly.		2. Waiting times for urgent and non-urgent referrals are reducing for eating disorders.	
3. Neurodevelopmental business case and plan in place. Project team established to oversee recommissioning of ADHD/ASC pathway.			3. No significant gaps in the Adult Mental Health Transformational programme.		3. There is in place a significant recruitment and retention plan to tackle issues around capacity.	
4. Adult Community Mental Health Transformational programme: Transformation programme has officially finished as of end of Q4 23/24. The process of transferring to BAU is in progress. Service specification has been drafted for key transformational changes. 6-month extension to programme management agreed. ICB PM resources			4. ICB PM resource that supported CMHT will now be used to support UEC mental health programme which was previously reported as a gap.		4. Robust governance arrangements in place for community mental health with experts by experience included.	
					5. Neurodevelopment Project Team established between GHC/ICB to oversee development of new pathways including working on shared care issues between primary/secondary care.	

released to support UEC MH programme/Right Care Right Person.	<div><div>5.</div><div>CYP MH Lead for ICB currently away. Programmes that sat with her (Eating Disorders) have been transferred to Adult MH commissioning but from end of Feb 25 there will be limited capacity in team to support programme.</div></div> <div><div>6.</div><div>Shared care arrangements for ADHD prescribing between primary/secondary care.</div></div>		
<div>Actions to Mitigate Risk & Implementation Dates</div>		<div>Directors Updates on Actions to Date (Updated Quarterly)</div>	
<div><div>1.</div><div>Ongoing monitoring of the mitigations and engagement with service review around increasing demand upon the GHC CYP and Adults ED disorders service, due to an increase in referrals.</div></div> <div><div>2.</div><div>Regular reporting to the Children's Mental Health Board and Adult Mental Health Board.</div></div> <div><div>3.</div><div>SEND inspection complete and ICB SEND programme board established.</div></div> <div><div>4.</div><div>Work is progressing in this area.</div></div>		<div><div>1.</div><div>The significant work on SEND and across services for children has started to show results, with improving services and greater impact. We are continuing to focus on waiting lists and on appropriate provision. Partnership with the VCS and with education are delivering excellent results. SEND Strategy approved by GCC and ICB Board in March 2025</div></div> <div><div>2.</div><div>Both TIC and Young Gloucestershire contract proposals approved by Operational Executive during February in line with SFIs/ procurement policy. Update with timeline</div></div> <div><div>3.</div><div>Embedding the community transformation for adult mental health remains a challenge, particularly in the context of significant national policy changes in relation to system partners. Work with police colleagues on a local RCRP implementation model is developing well but remains a work in progress.</div></div> <div><div>4.</div><div>A newly established all age Mental Health, Learning Disability, Neurodivergent Board – system level, with an Executive Chair ICB CNO.</div></div> <div><div>5.</div><div>Agreed portfolios in Mental Health, Learning Disability and Neurodivergence, agreed work priorities ensuring that the portfolios are appropriate resourced and monitored.</div></div> <div><div>6.</div><div>Data and intelligence challenges remain, particularly in the area of understanding demand changes and modelling future impact.</div></div>	
<div>Relevant Key Performance Indicators</div>			
<div>Improving Access to Psychological Therapies</div>			
<div>Eating Disorder Access</div>			
<div>Perinatal mental health -% seen within 2 weeks</div>			
<div>CYP access</div>			
<div>CMHT Access</div>			
<div>APHC for SMI</div>			

BAF 9		Risk of having insufficient resources to meet the delivery our strategic priorities which ensure financial sustainability and deliver improvements in value for money and productivity.		
Entry date:	01/11/22	Last updated:	17/07/2025	Pillar 3: Improving health and care services today.
Owner:	Cath Leech, Chief Finance Officer			Strategic Objective 6: Address the current challenges we face today in the delivery of health and care.
Committee	Audit, Resources			
Aligned with System Partner Risk(s):	GHC: 6 There is a risk that funding constraints impact the ability of commissioners to commit to long term transformation of services to meet the needs of the population (Risk Rating 12)			
	GHFT: SR9 Failure to deliver recurrent financial sustainability (Risk rating 20)			
Aligned with ICB Risk(s):	F&BI X - The ICB does not meet its breakeven control total in 2054/26 (noted that these risks are to be updated on ICB risk management system).			Due to:
	F&BI X - The ICS does not meet its breakeven financial duty in 2025/26			
	F&BI X - The ICS is not able to develop a breakeven plan for 2025/26 and is unable to deliver its control total in 2025/26			Impact:
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
16 (4x4)	16 (4x4)	8 (4x2)	Appetite	Open
Due to:				
Impact:				
Underlying revenue deficit position within the system as a whole and the system is unable to achieve breakeven recurrent position				
Increased requirement to make savings leading to inability to make progress against ICS strategic objectives.				
Capital costs growth meaning that the system is unable to remain within its capital resource limit.				
Increasing demand for services, increased inflation, ongoing impact of the covid pandemic on a wide range of services and staff and new service requirements.				
Lack of delivery of recurrent savings and productivity schemes.				
Recruitment & retention challenges leading to high-cost temporary staffing.				
Publication of new NICE TAs with significant resource implications and benefits being seen in the longer term.				
Inefficient systems and processes within the system leading to inherent inefficiencies in the way we do things leading to increased cost.				
Decrease in productivity within the system.				
Impact of industrial action leading to additional costs and a loss of elective activity leading to reduced elective recovery funding				
The impact of staffing reductions within the system and the impact of organisational changes.				
Current Controls (to mitigate risk):		Known Gaps in Controls		Current Assurances (of controls effectivity):
1. Governance in place in each organisation and System-wide Financial Framework in place		1. Longer term strategic plan which delivers sustainably for the system is in development and the supporting financial strategy for the ICS in development.		1. Reporting into Board of the ICB and relevant Committee for each organisation including Strategic Executives.
2. Monthly review of whole-system financial position by Directors of Finance, Strategic Executives with reporting into relevant Committee for ICB, GHFT, GHC.		2. Methodology on realisation of productivity leading to cashable benefits not in place.		2. Monthly monitoring of organisational financial positions in place within organisations and monthly monitoring by Resources Steering Group of overall position.
				Known Gaps in Assurances
				1. Gaps in knowledge of continuation of some funding sources in future years leading to uncertainty in planning plus changing requirements in year leading to financial risk.

<div><div>3. Financial plan aligned to commissioning strategy.</div><div>4. ICS single savings plan in place managed by PMOs & BI teams across the system forming part of the monthly finance review process.</div><div>5. Contract monitoring in place.</div><div>6. Robust cash systems monitoring early warnings.</div><div>7. System Plan in place and further development in progress.</div><div>8. Regular attendance at Monthly Capital Meeting with NHS England and raising issues relating to inflation and wider risks within the system resulting from a slower capital programme.</div></div>	<div><div>3. Uncertainty around future organisational form and structure with loss of clarity on roles and responsibilities.</div><div>4. Capacity of teams through the system to deliver programmes of work required to transform system is limited particularly in times of ongoing urgent care escalation.</div><div>5. Monitoring of workforce numbers is incomplete currently across the system.</div></div>	<div><div>3. Capital monitoring is produced monthly and reported to organisational Committees and Boards including the ICB. Reporting is reviewed jointly by Directors of Finance with a view to managing and maximising the value of the capital resource limit across the system.</div><div>4. Annual internal audit reviews on key financial controls.</div></div>	
Actions to Mitigate Risk & Implementation Dates		Directors Updates on Actions to Date (Updated Quarterly)	
<div><div>1. GHFT internal financial improvement plan in place, control review is ongoing. Reporting through to the GHFT Finance Committee.</div><div>2. System savings plan for new year and longer term in implementation and development, monitoring of progress and delivery by individual organisation and at system level each month to Executives.</div><div>3. Portfolio governance developed and in place with prioritisation of key programmes of work focussed on the delivery of benefits with significant focus on trajectories and the actions required to enable recurrent cashable savings in addition to the quality and operational benefits. Support from the PMO on overall approach in place. Portfolio reporting to Strategic Executives on a rolling basis.</div></div>		<div><div>1. Work underway within GHFT on changes in productivity since 2019/2020 key areas of focus identified and programmes in outpatients and theatres progressing, impact being brought into elective recovery programme.</div><div>2. Portfolio governance developed and in place, support from the PMO working with programmes to identify gaps in project management resource to delivery prioritised programmes.</div><div>3. Work on the medium-term plan including financial plan underway. Work being aligned with BNSSG and will follow national framework once issued.</div><div>4. Workforce monitoring for budgeted and worked WTE progressing with monthly reporting and monitoring within organisations and to the system in development, initial reporting at M3 planned.</div><div>5. Bi-weekly meetings with CEOs and DoFs to monitor progress of plans and progress for 2025/26 and 2024/25 financial position.</div></div>	
Relevant Key Performance Indicators			
Delivery of Full year efficiency target			
Achievement of Elective Services Recovery Fund Target			
Delivery of in-year breakeven financial position			

BAF 10		Risk that the estates infrastructure of the ICS and insufficient resources hinder our ability to provide a safe and sustainable estate and replacement programmes for equipment and digital infrastructure enabling deliver of high-quality care.		
Entry date:	30/01/23	Last updated:	17/07/2025	
Owner:	Cath Leech, Chief Finance Officer			
Committee	Audit, Resources			
Aligned with System Partner Risk(s):	GHFT: SR10: Inability to access level of capital required to ensure a safe and sustainable estate and infrastructure that is fit for purpose and provides an environment that colleagues are proud to work in. (Risk score 16)			
Aligned with ICB Risk(s):	N/A			
Original Score (1xL)	Current score (1xL)	Target Risk (1xL)	Movement	Unchanged
16 (4x4)	16 (4x4)	8 (4x2)	Appetite	Open
<div><div>Pillar 3: Improving health and care services today.</div><div><div>Strategic Objective 6: Address the current challenges we face today in the delivery of health and care.</div><div>Key Priorities 25/26: Increase recruitment and retention of our One Gloucestershire workfoThree and build an inclusive and compassionate culture.</div></div></div>				
Due to:			Impact:	
<ul style="list-style-type: none">- Increasing inflation on capital costs.- Inefficient systems and processes within the system leading to inherent inefficiencies in the way we do things leading to increased cost.- High level of backlog maintenance within GHFT (c£72m) and ageing estate leading to increases in maintenance work both planned and unplanned.- Additional capital allocations are not always cash backed leading to an impact on the cash position for the system and a potentially reduced ability to take full advantage of additional allocations.- Revenue costs of primary care rents increasing significantly leading to a slowdown in the development of replacement premises for surgeries which have estate issues or where the population served has increased significantly.- Compliance issues relating to fire, water, and electrical safety within the GHFT estate.			<ul style="list-style-type: none">- Capital allocation “buys less” as a result of increasing inflation and System may be unable to live within its capital resource limit.- Inability to reduce the level of high-risk backlog maintenance, to replace equipment when due or to refurbish facilities across the system in a timely manner leading to down time for unplanned maintenance and reduced productivity across the system.- Inability to progress with primary care estate developments leading to GP surgeries with insufficient space to accommodate staff required to deal with increased numbers of patients and/or GP surgeries with estates issues that impact on operational performance.- Operational performance within the Gloucester Royal and Cheltenham sites impacted due to both unplanned estates issues and significant planned estates work.	
Current Controls (to mitigate risk):		Known Gaps in Controls		Current Assurances (of controls effectiveness):
<div><div>1. Governance in place in each organisation.</div><div>2. Monthly review of whole-system financial position by Directors of Finance with reporting into relevant Committee for ICB, GHFT, GHC.</div><div>3. Regular attendance at Monthly Capital Meeting with NHS England and raising issues relating to inflation and wider risks within the system resulting from a slower capital programme.</div></div>		<div><div>1. Longer term strategic plan which delivers sustainably for the system.</div><div>2. Capacity of some teams to deliver the programmes of work required.</div></div>		<div><div>1. Reporting into Board of the ICB and relevant Committee for each organisation.</div><div>2. Monthly capital monitoring is produced and reported to organisational Committees and Boards including the ICB. Reporting is reviewed jointly by Directors of Finance with a view to managing and maximising the value of</div></div>
		Known Gaps in Assurances		
		<div><div>1. Gaps in knowledge of continuation of some funding sources in future years leading to uncertainty in planning plus changing requirements in year leading to financial risk.</div><div>2. System review of risks relating to estates to provide a forward look to enable better</div></div>		

<div><div>4. Capital and Estates Infrastructure meeting in place and taking forward actions from the draft infrastructure strategy.</div><div>5. EPRR in place, to support any critical infrastructure failures within provider organisations.</div><div>6. Mature Provider estates planning forums to manage risk and capital planning oversight.</div><div>7. Revised primary care infrastructure plan developed.</div><div>8. This risk will form part of the ICB infrastructure plan.</div></div>		<div>the capital resource limit across the system.</div>	<div>planning to manage estates issues and risks.</div>
<div>Actions to Mitigate Risk & Implementation Dates</div> <div><div>1. ICS Health Infrastructure Plan (HIP) close to completion and due to go to ICB Board 31/5/25.</div><div>2. 5-year capital plan developed, and longer term look as part of the infrastructure strategy</div><div>3. Disposals across the system identified and included in the capital plan.</div><div>4. Developing a 'library' of GHFT & ICS estates schemes, some with supporting Strategic Outline Case and feasibility studies to ensure GHFT is well placed to respond to NHSE national capital programmes.</div><div>5. 2025/26 capital programme agreed including bids in progress to national team for critical infrastructure and constitutional standards improvement with focus on mitigating highest risks.</div></div>	<div>Directors Updates on Actions to Date (Updated Quarterly)</div> <div><div>1. Capital and Estates Infrastructure meeting in place – Terms of Reference refreshed. GHFT CEO chairing the meeting.</div><div>2. ICB Health Infrastructure Plan (HIP) approved by ICB Board on the 31/15/25.</div></div>		
<div>Relevant Key Performance Indicators</div> <div>Delivery of in-year breakeven capital financial position.</div>			

BAF 11		Risk of failure to meet the minimum occupational standards for EPRR and Business Continuity.			
Entry date:	01/11/24	Last updated:	07/04/2025	Pillar 3: Improving health and care services today.	
Owner:	Marie Crofts, Chief Nursing Officer			Strategic Objective 6: Address the current challenges we face today in the delivery of health and care.	
Committee	System Quality			Key Priorities 24/25: There is no exact correlation with the strategic objectives 2022-23 but this is a key priority for the ICB.	
Aligned with System Partner Risk(s):	GHFT SR12 Failure to detect and control risks to cyber security (Risk Rating 20) GHC 8 Cyber There is a risk of inadequately maintained and protected the breadth of IT infrastructure and software resulting in a failure to protect continuity/ quality of patient care etc (Risk Rating 20)			Aligned with ICB Risk(s):	
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged	Due to:
12 (4x3)	16 (4x4)	4 (4x1)	Appetite	Zero/Minimal	Impact:
				Lack of oversight, the ICB being rated as 'partially compliant' and new resource in the EPRR team taking time to embed.	Unable to fulfil our responsibilities as a Category One responder, and effectively lead a robust, effective and coordinated system response to a major incident.
Current Controls (to mitigate risk):		Known Gaps in Controls		Current Assurances (of controls effectiveness):	Known Gaps in Assurances
1. EPRR on-call manager training. 2. EPRR exercises. 3. Oversight of EPRR through the Local Health Resilience Partnership. 4. ICB EPRR Policy and Business Continuity Policy 5. ICB EPRR Training Needs Analysis		1. Insufficient internal debriefs have been performed for exercises that the ICB has participated in or that lessons learned have not been embedded. 2. Lack of progress on the implementation of the cyber security exercise action plan points relating to the joint working and processes required with the cyber and EPRR teams. 3. Lack of take up of strategic training offered and lack of attendance and representation at local and regional exercises. 4. Band 7 EPRR T&E Manager Has left the organisation and with the current recruitment freeze across the organisation we are unable to recruit to the post at present. This means the training needs analysis is not updated as regularly and training events for staff are less frequent. 5. Loss of on-call staff as a result of natural churn or impending organisational change will significantly affect the ICB's ability to respond to an incident.		1. Reporting to Quality Committee. 2. NHS England system assurance review and provider assurance process against national standards. 3. BDO Internal Audit Report (November 2023) moderate assurance for design and effectiveness. 4. Peer review and sharing good practice through the new SW EPRR Collaborative group	1. BDO Internal Audit Report which rated the ICB as moderate for design opinion and moderate for design effectiveness, with four medium recommendations (November 2023). NHS System Assurance all but two of the Partners has achieved a submitted standard of at least "Substantially Assured" with one (PPG) achieving Fully Assured. A great deal of work has been undertaken to improve E-Med's score and they have moved to "Substantially Assured" from "Non-Compliant" last year. The ICB itself has seen its overall rating remain static and again whilst a self-assessment of "fully compliant" was submitted, we have been rated as "partially assured" by NHSE).

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
<ol style="list-style-type: none"> 1. Sign off of the ICB T&E Strategy through Ops Exec and then System Quality Committee – mid April 2025 2. Full roll out and further testing of the new mass notifications system for incident alerts – end of March 2025 3. Recruit to the post of EPRR T&E Coordinator (which will become vacant 3rd April) – May 2025 4. There are some further long-term discussions to be had with system partners about revisiting the work undertaken that proposed a system wide EPRR Function. 5. Additional support with administration and training exercises has been made available via the Governance Team 6. As BNSSG and Gloucestershire ICBs cluster there will be opportunities to share resources 	<ol style="list-style-type: none"> 1. All on call managers and senior managers have access to a clearly defined work programme which enables all of these staff to achieve and maintain minimum National Occupational Standards. More work needs to be undertaken to ensure all staff take up training opportunities. 2. The ICB, as part of the EPRR work plan for business continuity, is currently undertaking a three-month programme ensuring departments review and update their departmental Business Continuity Management (BCM) plans /Business impact analysis with local departmental walkthrough /discussion of what they would do for a loss or partial loss of service. 3. Board Development Session is planned for later in the year to reiterate Cat 1 responder duties and responsibilities and update. 4. A new Business Continuity Policy has been developed and signed off at System Quality Committee in February. This includes enhanced steps for monitoring and evaluating BCPs across the organisation. In addition, the EPRR Manager has met with some departmental leads re BCPs and updated the departmental leads list. The ICB EPRR Policy has also been reviewed and signed off by System Quality Committee. 5. A new ICB Training and Exercise Strategy has been produced and is due to be approved by System Quality Committee in April. The policy contains a detailed training prospectus for all incident response and EPRR functions across the organisation and commits the organisation to running and participating in a certain number of exercises per year. 6. EPRR team now attend Cyber Ops meetings and have been working with the Digital team in terms of delivering a cyber workshop and exercise event in June 2025. 7. Significant work has been underway to capture lessons identified in the January System Critical Incident response. The learning will be embedded in the review of the ICB Incident Response Plan and Health Community Response Plans. A report on the CI incident will go to Ops Exec and then Patient Delivery Board. 8. With admin support in the team, the EPRR team have already created a folder structure to collate evidence for this year's NHSE EPRR Core Standards assurance and evidence is being uploaded through the year to meet the September deadline. 9. The loss of the T&E Manager in the EPRR team affects our ability to appropriately train and develop staff with a response role. In addition, our contribution to the multi-agency planning for Ex Pegasus and other system exercise events is significantly hampered.
Relevant Key Performance Indicators	
N/A	

BAF 12		Risk of failure to detect Cyber Security threats and attacks which could result in serious consequences for operating the business of the ICS.					
Entry date:	15/02/24	Last updated:	23/07/2025			Pillar 3: Improving health and care services today.	
Owner:	Paul Atkinson, Chief Clinical Information Officer					Strategic Objective 6: Address the current challenges we face today in the delivery of health and care.	
Committee	Audit Committee					Key Priorities 25/26: Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.	
Aligned with System Partner Risk(s):	GHFT SR12 Failure to detect and control risks to cyber security. (score Amber 15) Key threats include malware, phishing, and potential physical breaches, with the National Cyber Security Centre emphasising the increasing sophistication of cyber-attacks on the NHS. (14th November 2024)					Aligned with ICB Risk(s):	
	GHC ID 8 Cyber There is a risk that we do not adequately maintain and protect the breadth of our IT infrastructure and software resulting in a failure to protect continuity/ quality of patient care, safeguard the integrity of service user and colleague data and performance/monitoring data (score 28 November2024)						
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged			
20 (5x4)	15 (5x3)	10 (5x2)	Appetite	Zero/Minimal			
Due to:						Impact:	
Cyber-attacks from organised groups targeting the NHS. These attacks can take the form of: <ul style="list-style-type: none">MalwarePhishing (via email to staff)Password access through data breaches. Firewall vulnerabilities and application exploits						<ul style="list-style-type: none">Loss of access to systems and associated downtime, with potentially limited ability to recoverDemands for money to recover data (ransomware attacks) Increased clinical risk due to delivering healthcare without access to patient records	
Current Controls (to mitigate risk):		Known Gaps in Controls		Current Assurances (of controls effectivity):		Known Gaps in Assurances	
<ol style="list-style-type: none">Cyber Security action plan in place, reviewed annually. Gaps in security and investment identified.Monitoring systems in place via dedicated countywide NHS cyber security team hosted by GHFT.Backup systems and disaster recovery in place and regularly updated.Rolling cyber security delivery programme to improve position.Investment in cyber tools and software.Regular phishing tests and firewall tests (planned system hacks.)Regular security updates and patches.		<ol style="list-style-type: none">Insufficient in-house expertise in cyber security team.Disaster recovery planning around support systems (out of IT control) not consistently in place.Operating model of cyber-technical & cyber-governance currently not optimal.Volume of cyber-security issues requiring resolution.ICS-wide incident response processes not fully operational.		<ol style="list-style-type: none">External audit completed by BDO identified no new/unknown risks or issues. Next audit scoping in progressExternal penetration testing conducted annually by GHC and ICB and findings managed.GHFT/CITS penetration test completed in June and findings being managedAnnual ICB board cyber development completed at February 2025 session and associated online training to follow.GHFT reduced their BAF risk score from 20 to 15 to reflect work undertaken to mitigate cyber risk.		<ol style="list-style-type: none">Annual schedule and scope of penetration testing for coming years to be agreed.Not all third-party suppliers provide multi-factor authentication in line with national policy.Risks associated with software supply chain difficult to evaluate.	

<div>8. Monitoring and reporting via ICS Digital Executives and the ICB Audit Committee; ICS Cyber Operational Group.</div> <div>9. NHS national monitoring (alerts) and NCSC alerts.</div> <div>10. Mandatory training and communications and engagement with users on prevention.</div>		
<div>Actions to Mitigate Risk & Implementation Dates</div> <div><div>1. Board level awareness of risk and issues.</div><div>2. Rationalisation of detection and prevention tooling.</div><div>3. Introduction of targeted monitoring and alerting across key systems and entry points.</div><div>4. Contract monitoring third party suppliers to ensure that there is sufficiently robust data security and protection software and safeguards in place as well as reporting.</div><div>5. Removal of all end-of-life software and hardware.</div></div>	<div>Directors Updates on Actions to Date (Updated Quarterly)</div> <div><div>1. Progress continues to be made towards protecting from cyber-attack however the external environment means the threat continues to evolve and is likely to remain. Gloucestershire's cyber security strategy has been through organisation reviews and was approved at ICB board in March. A delivery programme arising from that is in development currently.</div><div>2. Good progress continues to be reported by our NHS ICS cyber service on removal of end-of-life software and hardware, building our asset registers and monitoring.</div><div>3. A cyber incident exercise was completed at the end of June, facilitated by NHS England and was well supported with representation from across the ICS. The report arising is going through review and action plan being developed.</div></div>	
<div>Relevant Key Performance Indicators</div>		
<div>N/A</div>		

BAF 13	Risk of failure to meet statutory duties, regulatory and legal requirements during ICB transition and beyond. Risk of not being able to meet the new organisational cost envelope of £18.76				
Entry date:	19/05/25	Last updated:	19/07/2025	Pillar 1: Improving health and care services today	
Owner:	Tracey Cox / Mark Walkingshaw				Strategic Objective: Improving health and care services today
Committee	Operational Executive				
Aligned with System Partner Risk(s):	This particular risk is to the ICB but due to the nature of the risk could be aligned to a significant number of partner risks due to organisation wide change.				Key Priorities 25/26: <i>Creating a financially secure health and care system.</i> Aligned with ICB Risk(s): N/A
Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged	<div>Due to:</div> <ul style="list-style-type: none"> - Delays in national guidance, views, and schemes e.g. VR and MARS. - Pace of change does not allow enough time for due consideration to employment law. - Delays in national, regional, and local change to unlock the transfer of some services out of ICBs negatively impacts the deliverability of the savings required. - Receiving organisations lack the capacity, maturity, or desire for transferred services. - Pace required for transfer doesn't allow sufficient time to develop appropriate service specifications and/or comply with procurement regulations. - Greater clarity is needed on how joint arrangements under s 65Z5-65Z7 – 2006 Act will operate to allow for arrangements for delegation and joint exercise of statutory functions that can take place within clustered ICBs. - Current NHSE guidance requires that local authority partners must support mergers which may delay merger of ICBs until local government changes are enacted. - The requirements force suboptimal decision making that increases the overall cost of delivering healthcare. <div>Impact:</div> <ul style="list-style-type: none"> - Delay to the deliverability of the cluster, prior to merger - Ability to meet the savings required within the agreed timescales is challenging and will be difficult to attain - There is a negative impact on the patient care as the organisation find it challenging to meet performance and service requirements while simultaneously delivering the changes required nationally - Reduced self-determination. - Staff morale, motivation and productivity is negatively affected. - Experienced and well qualified staff may choose to opt for redundancy or leave the organisation meaning that some of the organisational history and expertise is lost and staff will leave to find other jobs, leaving gaps in teams and difficulty redeploying the work to fewer staff.
(16) 4 x 4	(16) 4 x 4	(8) 4 x 2	Appetite	Seek	

Current Controls <i>(to mitigate risk):</i>	Known Gaps in Controls	Current Assurances <i>(of controls effectivity):</i>	Known Gaps in Assurances
<div>1. RET/CEO/Chairs meeting.</div> <div>2. Weekly executive ICB transition meetings.</div> <div>3. Gloucestershire and BNSSG Transition Working Group established.</div> <div>4. Lead seconded into Transition programme.</div> <div>5. Sharing HR and Governance in Glos ICB and BNSSG resources to manage the change process.</div>	<div>1. No national VR/CR scheme details as of yet.</div> <div>2. No regional or national Blueprint.</div> <div>3. National agreement on Cluster arrangements not yet received.</div>	<div>1. Positive feedback from NHS on initial draft of preferred options.</div>	<div>1. Formal Transition Committee set up arrangements have been made.</div>
Actions to Mitigate Risk & Implementation Dates		Directors Updates on Actions to Date (Updated Quarterly)	
<div>1. Joint transition working Group in place.</div> <div>2. Development of a Glos/BNSSG joint Transition Committee arrangements have been made to set this up with non-executive members as well as Executive directors.</div>		<div>1. New BAF Risk.</div>	
Relevant Key Performance Indicators			
% of savings to be made by Q3/4			

Risk scoring:

Impact	Likelihood				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

The five levels of risk appetite with appropriate descriptors are as follows that can be applied to the system wide strategic risks and input into the 4Risk system. To note suggested risk appetite scores included.:

1. ZERO - Minimal	<ul style="list-style-type: none"> Avoidance of risk is a key organisational objective Our tolerance for uncertainty is very low We will always select the lowest risk option We would not seek to trade off against achievement of other objectives
2. Cautious	<ul style="list-style-type: none"> We have limited tolerance of risk with a focus on safe delivery Our tolerance for uncertainty is limited We will accept limited risk if it is heavily outweighed by benefits We would prefer to avoid trade off against achievement of other objectives
3. Open	<ul style="list-style-type: none"> We are willing to take reasonable risks, balanced against reward potential We are tolerant of some uncertainty We may choose some risk, but will manage the impact We are prepared to take limited risks where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.
4. Seek	<ul style="list-style-type: none"> We will invest time and resources for the best possible return and accept the possibility of increased risk In the right circumstances, we will trade off against achievement of other objectives We will pursue innovation wherever appropriate. We are willing to take decisions on quality / workforce and reputation where there may be higher inherent risks but the potential for significant longer-term gains We outwardly promote new ideas and innovations where potential benefits outweigh the risks
5. Bold	<ul style="list-style-type: none"> We will take justified risks. We expect uncertainty We will choose the option with highest return and accept the possibility of failure We are willing to trade off against achievement of other objectives

Agenda Item X**NHS Gloucestershire ICB Board, Public Session**Wednesday 30th July 2025

Report Title	Integrated Performance Report			
Purpose (X)	For Information		For Discussion	For Decision
			X	
Route to this meeting	N/A			
	ICB Internal	Date	System Partner	Date
Executive Summary	<p>This is the Integrated Performance Report (IPR) for NHS Gloucestershire ICB for July 2025.</p> <p>The report brings information together from the following four areas:</p> <ul style="list-style-type: none"> • Performance (supporting metrics report can be found here) • Workforce (supporting metrics report can be found here) • Finance (ICS and ICB M03 reports) • Quality <p>The report includes assurance pages from each of the relevant ICB Committees relating to their part of the IPR, a headline summary from each of the areas above and a more detailed breakdown of progress within the remainder of the document.</p> <p>There is a supporting metrics document that lists performance on the individual metrics that can be found here.</p>			
Key Issues to note	Areas of key exceptions have been included at the front of the Integrated Performance Report.			
Key Risks:	<p>The Integrated Performance Report (IPR) provides an overall summary of the current position of health and social care in Gloucestershire. Issues in delivery will have an impact on our ability to deliver against the priorities for the health and care system that we have committed to.</p> <p>Our performance also feeds into the NHS Oversight Framework and influences segmentation decisions made by NHS England.</p> <p>There is a close link between the risks within the BAF and delivery of our objectives through the Integrated Performance Report.</p>			
Original Risk (CxL)				
Residual Risk (CxL)				
Management of Conflicts of Interest	None			

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Resource Impact (X)	Financial	X	Information Management & Technology	X
	Human Resource	X	Buildings	X
Financial Impact	See financial section of the report.			
Regulatory and Legal Issues (including NHS Constitution)	<p>The ICB has a statutory duty not to exceed the revenue resource limit set by NHS England.</p> <p>The Integrated Performance Report will be used to inform regional discussions as part of the NHS Oversight Framework.</p>			
Impact on Health Inequalities	See Performance section of the report.			
Impact on Equality and Diversity	See Performance section of the report.			
Impact on Sustainable Development	None			
Patient and Public Involvement	The Integrated Performance Report (Quality section) currently provides information on patient and public feedback.			
Recommendation	<p>The Integrated Care Board are asked to:</p> <p>Discuss the key highlights from the Integrated Performance Report identifying any further actions or development points that may be required.</p>			
Author	<u>PMO:</u> Jess Yeates <u>Performance:</u> Kat Doherty <u>Workforce:</u> Tracey Cox <u>Finance:</u> Shofiqur Rahman <u>Quality:</u> Rob Mauler	Role Title	ICS PMO Coordinator Senior Performance Management Lead Director for People, Culture & Engagement Interim Deputy CFO Senior Manager, Quality & Commissioning	

Sponsoring Director (if not author)	Performance: Mark Walkingshaw	Role Title	Director of Operational Planning & Performance
	Workforce: Tracey Cox		Director for People, Culture & Engagement
	Finance: Cath Leech		Chief Finance Officer
	Quality: Marie Crofts		Chief Nursing Officer

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

Integrated Performance Report

July 2025



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Improving Services
& Delivering
Outcomes
(Our Performance)

(System Resources Committee)

Our People

(People Committee)

Quality
(Safety, Experience
and Effectiveness)

(Quality Committee)

Finance and Use of
Resources

(System Resources Committee)

Feedback from Committees



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System Resources Committee

Accountable Non-Executive Director	Jo Coast
Meeting Date	3 July 2025

Improving Services & Delivering Outcomes (Our Performance) (System Resource Committee)	Our People (People Committee)
Quality (Safety, Experience and Effectiveness) (Quality Committee)	Finance and Use of Resources (System Resource Committee)

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Portfolio Delivery (incl. Urgent Care & Prevention Portfolios)	LIMITED	Committee received an update on the work of the Transformation Portfolios and monitoring delivery in 25/26. Two Portfolios were prioritised for discussion – Urgent Care and Prevention & Long-Term Conditions Portfolio. Committee noted the collaborative work being undertaken in both Portfolios but identified current challenges in delivering the full extent of savings in the plan within both the Portfolios in 25/26.	Rollout of Portfolio Reporting (aligned to the 25/26 Plan). Continued work within both Portfolios to support delivery of the Plan (including financial plan) for 25/26.	August 2025 Ongoing
Performance	LIMITED	Update received on performance with a specific focus on lung health checks, diagnostic waiting times and cancer. The Committee heard that work had commenced on lung health checks to support early identification of cancers. Diagnostic wait times (particularly echocardiography) and 31 day cancer performance were two areas of priority focus.	No further actions at this stage but continue to monitor delivery in year through the Committee.	Ongoing
Finance	LIMITED	Update provided on financial outlook for 25/26. The system remained on a breakeven forecast position for the year but there are significant challenges in achieving the planned c£90m savings (whilst YTD delivery is slightly ahead of plan, the phasing of savings is weighted towards the second half of the year).	Continue to monitor delivery in year through the Committee including the “system savings” planned for 25/26 (which sit alongside Provider Cost Improvement Programme).	Ongoing
Medium Term Plan (incl. Financial Plan)	LIMITED	Committee heard an update on the work taking place (aligned with BNSSG) on development of the Medium-Term Plan (including Medium Term Financial Plan). This work involved 3 areas of work - population analysis; activity and cost modelling and commissioning intentions/transformation. This would build on the existing Joint Forward Plan.	Awaiting national framework / guidance but this reflected a commitment in the 10 Year Health Plan. Work will continue over the summer on the 3 workstreams to inform the development of the plan.	December 2025

Assurance Level	Colour to use in risks/actions below
Not assured	We are not assured as to the adequacy of current action plans. If red, commentary is needed in “Next Actions” to indicate what will move the matter to “full assurance”
Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
Two corporate risks regarding financial plan delivery are being referred to Audit Committee to request that they be incorporated into the overarching financial risk.	Audit Committee

People Committee

Accountable Non-Executive Director	Karen Clements
Meeting Date	17 April 2025

Improving Services & Delivering Outcomes (Our Performance) <small>(System Resources Committee)</small>	Our People (People Committee)
Quality (Safety, Experience and Effectiveness) <small>(Quality Committee)</small>	Finance and Use of Resources <small>(System Engagement Committee)</small>

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Staff Survey results	SIGNIFICANT	The committee received staff survey reports from GHFT, GHC, ICB, GCC and General Practices. Organisations have robust action plans and processes to address issues that have been raised through the surveys.	Organisations to progress with their actions plans and identify areas for system-wide potential collaboration	March 2026
Revised Governance Arrangements for People Committee	SIGNIFICANT	The committee received draft proposals for a streamlined workforce governance model, removing a layer (steering groups). These were approved by the committee.	Implement new governance model (remove Steering Groups) Review ToRs, and particularly membership, for the People Programme Board and the People Committee	April 2025 End Q1 25/26
Risk register	LIMITED	The committee reviewed the risks and discussed a potential new risk in relation to NHS organisational change and the impact of that on work programmes and long-term workforce planning.	Receive model ICB and assessing details of local impact	Q1 to Q3 25/26

Assurance Level	Colour to use in risks/actions below
Not assured	We are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
None	

Quality Committee

Accountable Non-Executive Director	Jane Cummings
Meeting Date	25 June 2025

Improving Services & Delivering Outcomes
(Our Performance)
Quality Committee

Our People
People Committee

Quality
(Safety, Experience and Effectiveness)
Quality Committee

Finance and Use of Resources
Finance Committee

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Child Protection Medical Assessments (CPMA)	LIMITED	An external report on CPMA was discussed, highlighting timely access to CPMA, along with ongoing efforts to address concerns.	A comprehensive CPMA action plan will be created and presented to the Vulnerable Patients Group in July for sign off.	Action Plan presented in July. Update to Quality Committee in August.
Summary Hospital Level Mortality Indicator (SHMI)	SIGNIFICANT	SHMI has now reduced to 109.2, which returns the Trusts to be within control limits.	An ICB/NSHE insights visit is planned for 9 th July.	Expected to formally close the QIG following the visit.
Complaints management at GHNHSFT	LIMITED	GHFT presented an update on complaints management and the use of new tools and processes, including the use of AI, to improve the quality of responses. The Trust are focused on learning from complaints and have now reduced the backlog which led to the ICBs initial concerns.	The ICB will set up a system meeting to review how the improvements made by GHFT might be replicated in GHC and the ICB.	July.
Phlebotomy	LIMITED	Current industrial action by phlebotomists is having an impact on Primary Care and leading o confusion for patients.	Chief Medical Officer to collect data on issues.	July.

Assurance Level	Colour to use in risks/actions below
Not assured	We are not assured as to the adequacy of current action plans. If red, commentary is needed in "Next Actions" to indicate what will move the matter to "full assurance"
Limited	We are assured appropriate action plans are in place to address any gaps
Significant	We have a high level of confidence in delivery of existing mechanisms / objectives
Full	Delivered and fully embedded

Issues referred to another committee

Topic	Committee
None	

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Summary of Key Achievements & Areas of Focus



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Our Performance

Key Achievements

- The results of this year's national GP Patient Survey (GPPS) show high overall levels of patient satisfaction (80%) with Gloucestershire GP practices - well above the national (England) average of 75%. The annual survey assesses patients' experiences of healthcare services provided by GP practices across a range of topics, from confidence and trust in healthcare professionals, satisfaction with levels of care to ease of making appointments, how requests were dealt with and suitability of appointment times.
- Ambulance handover performance has continued to improve, remaining on target to our system improvement trajectory (30.9 minute average handover time in June against a 31.8 minute target) and supporting continued improved performance for Category 2 average response time (33.2 minutes in June 2025).
- Long waits for elective care have reduced further, with 182 patients waiting over 52 weeks as of the end of May 2025. 83 of these patients were waiting at GHFT with the remaining at out of county or independent sector providers. The specialties with the highest number of over 52 weeks are T&O, Ophthalmology, Oral Surgery and Urology.

Areas of Focus

- The Resident Doctor industrial action due to commence at the end of July has the potential to have a significant impact upon elective recovery. The system will work together in the normal way to mitigate these impacts and ensure disruption to patient care is minimised.
- Cancer treatment performance against the 31-day target remains challenged due to surgical capacity constraint in Urology, Gynaecology and Lower GI specialties. To address this, work plans and demand and capacity modelling are being reviewed, with additional resource plans being worked up where necessary. The gynaecological service has received funding for two hysteroscopists to support nurse-led hysteroscopy clinic to release clinical time for additional theatre lists and clinics.
- Echocardiography performance remains a significant challenge to the recovery of the overall Diagnostic performance. Waiting list sizes have risen significantly and there are currently 1800 people waiting over 6 weeks for a test. Recruitment to this service remains challenging and alternatives are being explored including provision of additional capacity through insourcing.

Please note: The Workforce report is updated bimonthly.

Our People

Key Achievements

Strategy & Planning

- Q1 ops planning monitoring meeting with NHSE booked for 31st July – awaiting June data to review with system partners pre meeting.

Education & Training

- Cohort 2 of the L4 Project management apprenticeship due to commence in July. Cohort 1 of the L3 data technician- working smarter with AI- commencing for ICB in July (N=16 learners).
- We Want You careers engagement team finalist in the Circle 2 Success regional finals in the early careers and apprenticeship outreach award.
- The first supported internship for the ICB was successfully completed in June 2025.
- 4 work experience students have been on placement with the ICB.

Retention

- Stay & Thrive event to support existing international educated staff booked on 14th October. To increase delegate capacity two identical sessions will be run in the morning and afternoon with stalls, speakers and inspirational stories.
- ICS AHP preceptor study day being held on 16th October.

System-wide Development Programmes

- The third ICS leadership conference, took place on 2nd July, the focus of which was anti-racism leadership in practice facilitated by Tracie Jolliff.
- System workshop held to discuss the first-time leadership programme objectives and delivery format

EDI

- An Inclusion Allies programme is being planned for delivery in Q3/Q4

Health & Wellbeing

- Following the release of the HWB review several stakeholder workshops have taken place with more planned over next few months to design a new Target Operating Model.

Staff Housing Hub project

- Interim report published recommending to the people board the project either enhances its scope or is decommissioned. Decision taken to decommission.

Areas of Focus

Strategy & Planning

- Two potential scaling people services options being scoped.
- System wide redeployment draft MOU to be reviewed alongside new regional redeployment policy and process.
- Focus on delivery with partners on 25/26 ops plan targets.

Education & Training

- Developing Trac application support webinars for school leavers/young people applying for NHS roles.
- Supporting T-Level and apprenticeship growth opportunities within Primary Care.
- 3rd cohort of functional skills training recruiting for a Sept/Oct start across the ICS with the adult education team.
- Higher Development Award for AHP project aiming to go live with first cohort September.

Retention

- Pilot Legacy Mentor full evaluation to be finalised and shared with Trusts.
- Health and Social Care Support Worker appreciation event(s) being planned for existing staff in Oct 25 – date TBC.

System-wide Development Programmes

- Refocus delivery options of the ICS first-time line-managers programme in 25/26 to achieve objectives and align with organisational programmes

Health & Wellbeing

- Develop the Target Operating Model by end of September 2025

Staff Housing hub

- Close down the project in a controlled manner and produce a lessons learned report.

EDI

- Agree delivery approach for Inclusion Allies – using internal/external support

Quality

Please note: The Quality report is updated bimonthly.

Key Achievements

Standardised Hospital - Level Mortality Indicator

- The SHMI has now remained within control limit for two consecutive months. Local monthly data showing that the improvements are being sustained.
- A mortality insight visit (with representation from NHS England, the ICB and GHFT, along with ICB Non-Executive directors) will take place on 9th July.

Nurse on Tour

- Outreach work in Farming Communities – Attendance at Cirencester Livestock Market with Nurse on Tour (41.6% of people seen had hypertension, 8.33%. Pre-diabetes detection, plus noticeable mental health concerns)
- The team also visited GE Aerospace to carry out preventative healthcare checks for their staff on Wednesday 18th June and arrangements have been made to take the Infobus to Moreton-in-Marsh Show on September 6th where the 'Know your Numbers' team will provide health checks.

Areas of Focus

Non-Emergency Patient Transport

- Our Non-Emergency Patient Transport provider has reported issues with demand peaks which have affected patient journeys. We are currently working with the provider to understand these peaks and ensure all patient journeys go ahead as planned.

Southwest Patient Safety Specialists

- The ICS is due to present at the October SW Patient Safety Specialist Network. GHC, GHFT and the ICB Patient Safety Specialists will be developing a session to highlight our progress and share learning across the region.

Child Protection Medical Assessment Process

- A comprehensive CPMA action plan is to be created to support ongoing improvement work.

Maternity

- The Maternity Service remains on increased surveillance - monthly monitoring continues via the Quality Improvement Group (QIG). The QIG is monitoring progress against areas of concern identified by CQC and in addition to the NHSE Maternity Safety Support Programme (MSSP) actions identified at the Maternity Reset meeting in April 2025.

Finance

Key Messages: Month 3

Statement of Net Income & Expenditure Position (£'000)

Month 3 2025/26 – June	Month 3 Plan Surplus / (Deficit)	Month 3 Actual Position Surplus / (Deficit)	Month 3 Variance to Plan Favourable / (Adverse)	Full Year Plan Surplus / (Deficit)	Forecast Outturn Actual Position Surplus / (Deficit)	Forecast Outturn Variance to Plan Favourable / (Adverse)
Gloucestershire Hospitals NHS Foundation Trust (GHFT)	(8,677)	(8,658)	19	0	(0)	(0)
Gloucestershire Health and Care NHS Foundation Trust (GHC)	(198)	17	215	0	0	0
Gloucestershire Integrated Care Board (ICB)	0	(0)	(0)	0	(0)	(0)
System Surplus / (Deficit)	(8,874)	(8,642)	234	0	(0)	(0)

- The system, and each organisation within it, set a breakeven plan for 2025/26. The plan contains significant risk and a high level of savings, c£90m. At month three, the year-to-date revenue position is a positive variance to plan of £234k, due to profiling of some non recurrent benefits and the year end forecast is breakeven.
- Year to date savings delivery is slightly behind plan, in addition, the phasing of savings is weighted towards the second half of the year, reflecting planned implementation but this creates an extra risk if there is further delay in implementation. Work is underway to identify areas of slippage to mitigate against both in year cost pressures and delays to implementation and realisation of savings schemes.
- The pay awards for medical and dental and agenda for change have been announced and are higher than the plan values, the estimated pressure is c£0.6m across the system.
- Pay pressures are being seen within GHFT in both medical and nursing spend, actions are in train in the Trust to mitigate the additional costs. Agency costs for both GHFT and GHC are above planned levels in June. GHC are still below their YTD cap having had costs below cap in the first two months of the year. Bank costs at both GHFT and GHC are above the national cap level and also above last year's figures for the first three months. GHC's overall pay costs remain in budget.
- Year to date capital expenditure is £5.7m behind plan due to slippage in some schemes. The full year forecast is for expenditure to be £1.6m below plan, this is due to one specific scheme which has been paused whilst additional work is undertaken.

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Detail of Key Achievements & Areas of Focus



ICP Dashboard

	Significantly better than the national average		Significantly better than the county average
	No significant difference to the national average		No significant difference to the county average
	Significantly worse than the national average		Significantly worse than the county average

				Cheltenham	Cotswolds	Forest Of Dean	Gloucester	Stroud	Tewkesbury	Gloucestershire (against national)
Overarching	0.1	Life Expectancy	Life expectancy at birth (male)	79.7	81.4	79.3	77.9	81.0	81.1	80.0
	0.2	Life Expectancy	Life expectancy at birth (female)	84.1	84.6	83.6	81.8	83.9	84.6	83.8
	0.3	Premature mortality	Under 75 mortality rate from all causes rate per 100k	314.9	253.6	311.6	405.3	281.4	283.1	308.4
	0.4	Infant mortality	Infant mortality rate	2.8	2.4	4.5	4.9	3.3	3.8	3.7
Pillar 1: Health and Wellbeing Board	1.1	Physical Activity	% of physically inactive adults	17.0	19.3	19.3	18.8	14.1	19.1	17.8
	1.2	ACEs	% of Children reporting 'When you are worried about something, is there a trusted adult you can go to for help?'	86.8	86.1	85.0	81.7	81.5	86.8	84.3
	1.3	Mental Wellbeing	Emergency hospital admissions for intentional self-harm RATE per 100k	67.8	103.4	75.7	127.2	87.7	85.6	92.2
	1.4	Social Isolation & Loneliness	% of adults who feel lonely often/always	N/A	N/A	N/A	N/A	N/A	N/A	6.3
	1.5	Healthy Weight	% Year 6: Prevalence of obesity (including severe obesity),	17.9	16.3	23.0	22.5	18.1	20.5	19.9
	1.6	Early Years and Best Start in Life	Infant mortality rate	2.8	2.4	4.5	4.9	3.3	3.8	3.7
	1.7	Housing	% of households which are overcrowded in terms of bedrooms	1.9	1.2	1.8	3.5	1.6	1.4	2.0

Updated metrics indicated with *

ICP Dashboard

	Significantly better than the national average		Significantly better than the county average
	No significant difference to the national average		No significant difference to the county average
	Significantly worse than the national average		Significantly worse than the county average

				Cheltenham	Cotswolds	Forest Of Dean	Gloucester	Stroud	Tewkesbury	Gloucestershire (against national)
Pillar 2: Transforming what we do	2.1	Health equity	Inequality in life expectancy at birth (male)	11.3	1.4	5.4	11.8	4.1	7.6	8.2
	2.2	Health equity	Inequality in life expectancy at birth (female)	9.6	1.7	2.8	8.1	4.1	5.9	6.6
	2.3	Health equity	Excess under 75 mortality rate in adults with severe mental illness	N/A	N/A	N/A	N/A	N/A	N/A	538.2
	2.4	Health equity	% School Readiness	69.1	73.3	69.0	65.6	67.2	71.7	68.2
	2.5	Employment exemplar theme	Gap in the employment rate between learning disability and overall employment rate	N/A	N/A	N/A	N/A	N/A	N/A	76.4
	2.6	Employment exemplar theme	Proportion of employee jobs with hourly pay below the living wage	16.7	15.4	24.7	17.0	17.1	13.2	16.7
	2.7	Smoking exemplar theme	Smoking Prevalence in adults (18+) - % (three year average)	12.7	7.3	12.9	14.3	11.9	9.5	11.7
	2.9	Blood pressure exemplar theme*	% of patients 18+ with GP recorded hypertension & bp reading in last 12m is below the age appropriate treatment threshold.	64.6	66.3	64.0	60.8	68.0	62.5	64.1
	2.10	Blood pressure exemplar theme*	% patients with no GP recorded CVD and a QRISK score of 20% or more currently treated with lipid lowering therapy.	56.2	59.1	58.6	62.1	58.9	56.4	58.9

Updated metrics indicated with *

Please note:

Indicators 2.9-2.10 show Locality (population based on registered GP practice) rather than District level data

Improving Services & Delivering Outcomes

ICP Dashboard

	Significantly better than the national average		Significantly better than the county average
	No significant difference to the national average		No significant difference to the county average
	Significantly worse than the national average		Significantly worse than the county average

				Cheltenham	Cotswolds	Forest Of Dean	Gloucester	Stroud	Tewkesbury	Gloucestershire (against national)
Pillar 3: Improving Health and Care Services Today	3.1*	Improve access/ reduce backlogs	Numbers/breakdown of waiting lists by locality – rate per 1000	89.6	95.9	103.4	88.8	85.8	86.9	90.6
	3.2	Improve access to primary care	Primary care: GP headcount per 100k population	82.4	88.9	70.6	81.2	88.5	78.5	82.7
	3.3	Improve support for people with mental health conditions	% SMI register health check uptake	82.6	74.3	81.1	76.5	84.2	80.1	79.8
	3.4*	Support Improvements in delivery of UEC	A&E attendances – rate per 1000	20.76	11.43	12.56	20.82	11.63	14.19	16.61
	3.5*	Support Improvements in delivery of UEC	Emergency admissions – rate per 1000	9.29	7.80	10.03	10.88	8.32	8.11	9.35
	3.6*	Support Improvements in delivery of UEC	Long lengths hospital stay (proxy of availability of out of hospital support – rate per 1000).	0.41	0.34	0.48	0.33	0.37	0.41	0.38
	3.7	Improve access to care: Cancer	% of cancers diagnosed at Stage 1 and 2, 2020	54.0	53.7	54.1	52.6	46.8	54.2	52.4

Please note:

Indicators 3.1-3.6 show Locality (population based on registered GP practice) rather than District level data
Indicator 3.7 is under review to develop an outcome indicator that has more timely updates

Updated metrics indicated with *

ICP Dashboard – narrative

3.1: Numbers/breakdown of waiting lists by locality – rate per 1000

Cotswolds and Forest of Dean both have a higher rate of people waiting for elective treatment than other areas in the county; the Forest of Dean was also highlighted in the Health Inequalities information review as having a higher age standardised rate of people on the elective waiting list – this is being reviewed in more detail with an initial report to go to System Resources Committee in September.

3.4 and 3.5: A&E attendances – rate per 1000 population and Emergency admissions – rate per 1000 population.

The trend in rate of attendance and admission across localities remains consistent to the previous update (June 2025 compared to March 2025) with higher attendances seen from urban centres Gloucester and Cheltenham. Locality rates of attendances at Type 1 emergency departments have decreased in the latest data (June 2025 compared to March 2025). This could be due to seasonal variation or changes in urgent and emergency care pathways (such as increased utilisation of direct attendances at same day emergency care settings for example). Overall numbers of attendances at GHFT have not decreased (and are 855 above plan in June) so there may be population or data quality issues driving this change (i.e. higher numbers of patients from out of county or with no address recorded attending the department).

3.6: Long lengths hospital stay – rate per 1000.

There has been an overall reduction in long length of stay by 25% (June 2025 compared to March 2025 data). This has been driven by significant focus on the stroke pathway by the UEC programme to improve throughput and reduce waiting times for inpatient stroke rehabilitation, in conjunction with overall focus on the Clinical Vision of Flow and reducing discharge delays in the acute hospital.

ICP Dashboard: Indicator full description & source

No.	Indicator	Full indicator name and hyperlinked to source where available	Latest Data/Time period
0.1	Life Expectancy	Life expectancy at birth (male)	2021-2023
0.2	Life Expectancy	Life expectancy at birth (female)	2021-2023
0.3	Premature mortality	Under 75 mortality rate from all causes	2021-2023
0.4	Infant mortality	Infant mortality rate	2021-2023
1.1	Physical Activity	Percentage of physically inactive adults	2023/2024
1.2	Adverse Childhood Experiences	Percentage of Children and Young People reporting 'When you are worried about something, is there a trusted adult you can go to for help?'	2024
1.3	Mental Wellbeing	Emergency hospital admissions for intentional self-harm (Directly Standardised Rate)	2023/2024
1.4	Social Isolation & loneliness	Percentage of adults who feel lonely often/always	2021/2-2022/23
1.5	Healthy Weight	Year 6: Prevalence of obesity (including severe obesity)	2023-24
1.6	Early Years and Best Start in Life	Infant mortality rate	2020-2022
1.7	Housing	Percentage of households which are overcrowded in terms of bedrooms	2021
2.1	Health equity	Inequality in life expectancy at birth (male), 2021-2023	2021-2023
2.2	Health equity	Inequality in life expectancy at birth (female), 2021-2022	2021-2023
2.3	Health equity	Excess under 75 mortality rate in adults with severe mental illness	2020-2022
2.4	Health equity	School Readiness: percentage of children achieving a good level of development at the end of Reception,	2023/2024
2.5	Employment exemplar theme	Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate	2022/2023
2.6	Employment exemplar theme	Proportion of employee jobs with hourly pay below the living wage	2024
2.7	Smoking exemplar theme	Smoking Prevalence in adults (18+) (three year average)	2021-2023
2.9	Blood pressure exemplar theme	Percentage of patients 18+ with GP recorded hypertension & bp reading in last 12m is below the age appropriate treatment threshold.	To December 2024
2.10	Blood pressure exemplar theme	Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy	To December 2024

ICP Dashboard: Indicator full description & source

No.	Indicator	Full indicator name and hyperlinked to source where available	Latest Data/Time period
3.1*	Improve access to care and reduce backlogs	Rate of people on waiting list (WLMDs).	June 2025
3.2*	Improve access to care – primary care	Primary care: GP headcount per 100k population (General Practice Workforce - NHSD) – <i>note quality concerns have been raised with this metric – exploring with BI and primary care</i>	May 2024
3.3	Improve support for people with mental health conditions	SMI physical health check uptake	March 2024
3.4*	Support Improvements in delivery of Urgent and Emergency Care	A&E attendances - Rate per 1000 population	June 2025
3.5*	Support Improvements in delivery of Urgent and Emergency Care	Emergency admissions - Rate per 1000 population	June 2025
3.6*	Support Improvements in delivery of Urgent and Emergency Care	Long lengths of hospital stay over 21 days rate per 1000 population	June 2025
3.7	Improve access to care: Cancer	Percentage of cancers diagnosed at Stage 1 and 2, 2020	2020

ICP notes and caveats

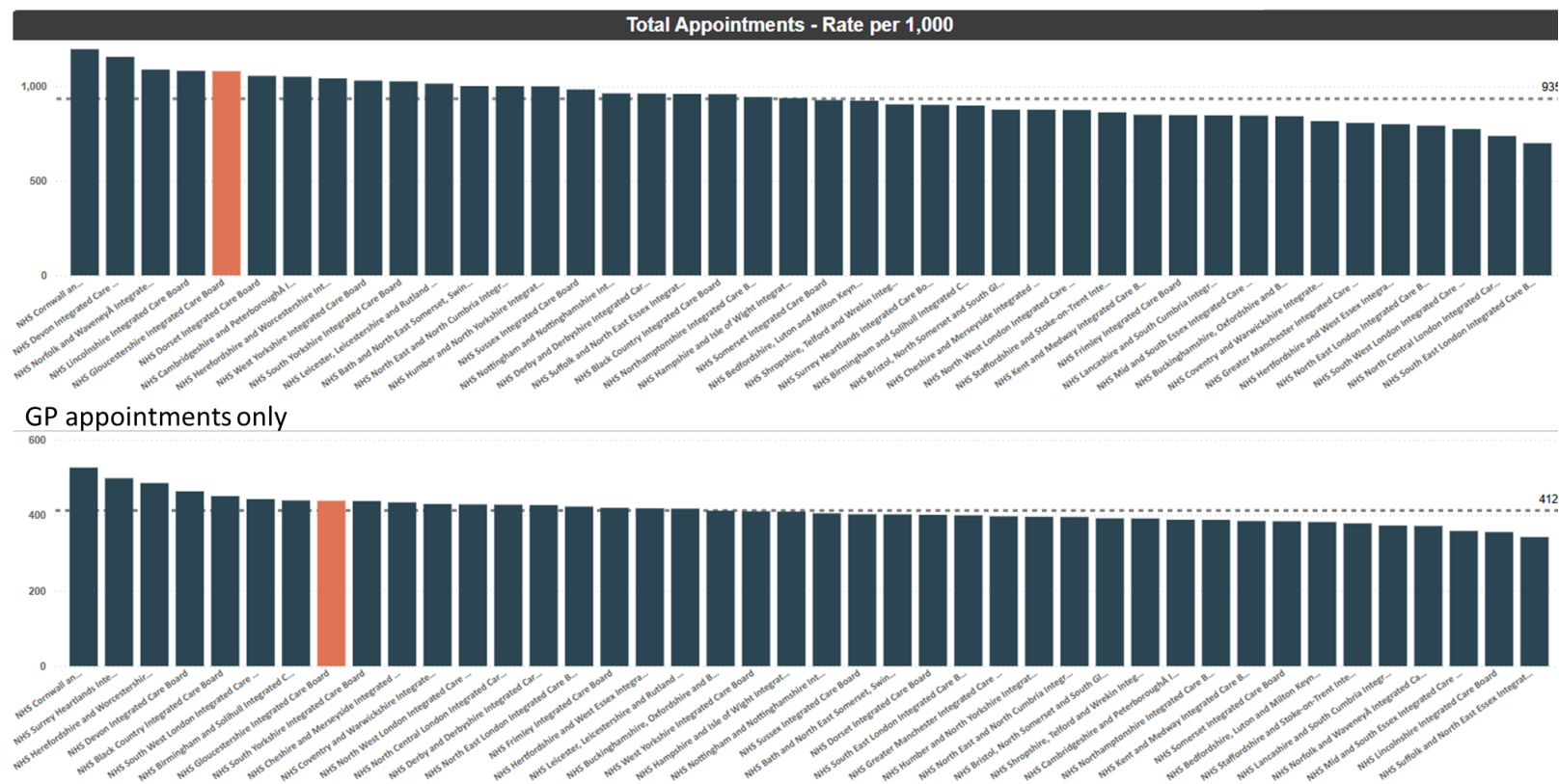
In Gloucestershire, the preferred method of determining whether something is significantly better/worse than the national/county average is overlapping confidence intervals. This gives us 95% confidence that the difference is not due to chance.

OHID's fingertips tool generally uses the method of confidence intervals overlapping the reference value. This difference in methodology means the colour coding used in this pack may not correspond with that presented in OHID's fingertips tool.

Primary Care – General Practice

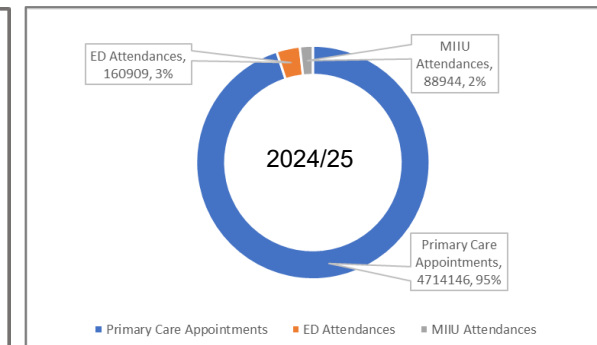
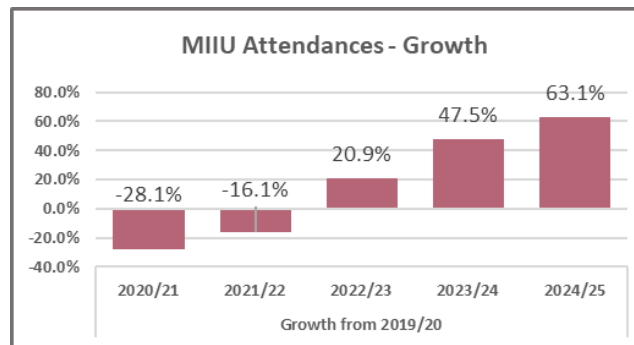
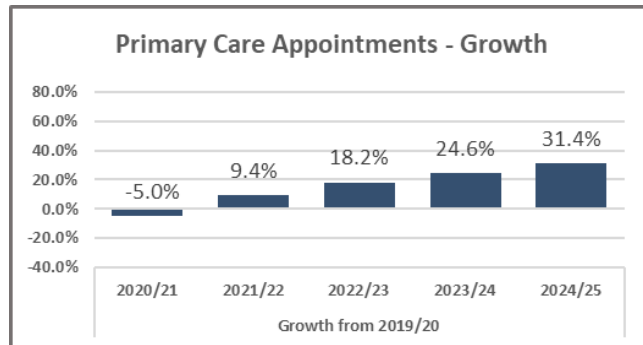
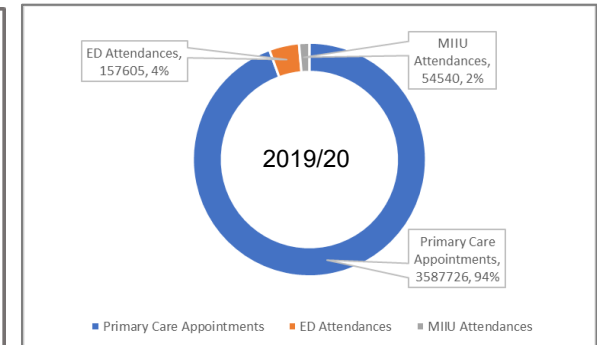
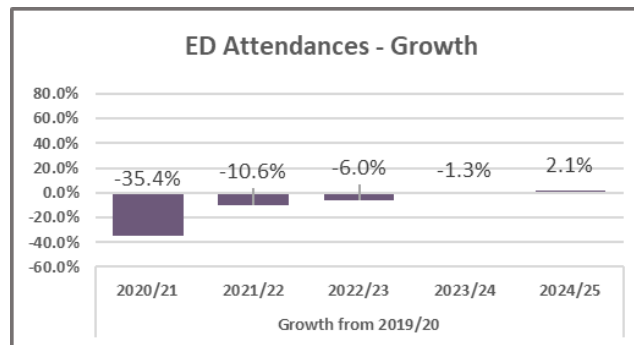
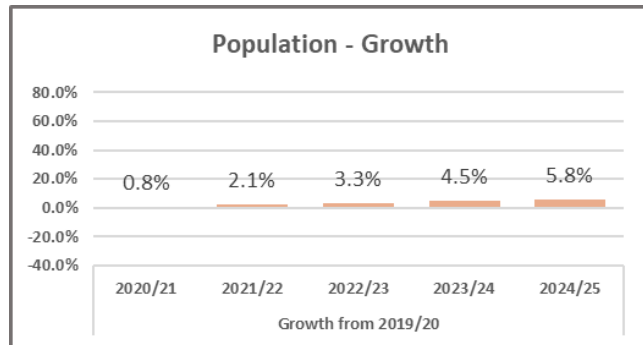
- The annual GP Patient survey results for 2025 were published on the 10th July, with Gloucestershire respondents overall rating services better than the national average. 80% had a good overall experience of their GP practice (compared to a national average of 75%) with PCN breakdown showing a range between 62%-89%. Of the 6 PCNs that were below the county average, 4 of these were also below the national average. 75% had a good overall experience of contacting their GP practice, (compared to a national average of 70%), with a much wider range according to PCN – this ranged from 27% to 84%.
- 371,898 appointments were delivered in general practice in May 2025, 156,554 of which were delivered on the same day (as the patient contacted the practice) – 42.1%. 64% were carried out face to face (similar to the national average of 63.7%) and 11.0% were carried out by video conference (higher than the national average of 7.6%). 72.5% of appointments were within 14 days of booking in May, which is below the national position of 82% - however this rises to 83.3% when considering only the 8 appointment categories typically delivered within 14 days.
- Gloucestershire ICB is one of seven ICBs selected for the National General Practice Pilot, the two Gloucestershire PCN Test Sites are Cheltenham Central & Rosebank. The two PCN Test Sites have undertaken five audit weeks successfully, to inform their baseline data for the pilot. Areas for intervention and quality improvement include focus on continuity of care, access, frailty and proactive care. Dr Claire Fuller and Professor Tim Briggs next National Visit to Gloucestershire ICB is in October 2025 which will include ongoing discussion on the primary secondary care interface work in Gloucestershire with system partners present which they have commended.
- The % of patients who have had a lower gastrointestinal urgent suspected cancer referral accompanied by a faecal immunochemical test result remains on target with May 2025 showing 80.2% of referrals were accompanied by test results. This helps to ensure that the patients at highest risk of a cancer diagnosis have quick access to onward diagnostics and also reduces unnecessary invasive procedures for other patients.
- Vaccination uptake and promotion of national immunisation campaigns continues to be an area of strength for primary care in Gloucestershire. Final figures for the COVID Spring Booster campaign show that Gloucestershire's uptake was 64.16% - Gloucestershire ranked second amongst the 41 ICBs in England – 12% above the national average. Performance across all PCNs was strong, with all PCNs exceeding 50% uptake and our highest performing PCNs exceeding 70% uptake.
- From 25/26 Quality improvement projects in general practice are focussing on a consistent frailty and dementia model, taking into account Health Inequalities and building on the work already taking place across the system on frailty and promoting early dementia diagnosis and supporting people with this condition.

Primary Care – General Practice benchmarked activity



- Gloucestershire general practice activity continues to benchmark well compared to systems nationally, with 25/26 to date showing 5th highest provision of general practice appointments (per 1000 registered patients) and 8th highest activity for GP delivered appointments.

Primary Care – General Practice activity growth



General practice activity has grown at a rate five times the population growth since 2019/20. Emergency department and MIU activity saw significant impacts of COVID-19 on demand which has since rebounded – with MIU growth particularly high compared to the 2019/20 baseline for the last two years. Primary care activity includes both planned and unplanned activity.

Primary care - POD

Dental

- Expansion in urgent dental care appointments over and above the baseline is currently underway, with expressions of interest from five areas received. The ICB has successfully secured agreements with these providers to provide the necessary capacity to achieve our 2025/26 target of 11,464 additional appointments and the necessary contract variation processes have begun.
- Mobilisation of Intermediate Minor Oral Surgery (IMOS) Waiting List Initiative is underway with the successful bidder now working with the ICB, GHFT's Oral surgery and max fax 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 appropriate.
- A Procurement Project Group has now been set up for the Gloucester City New Centre of Dental Excellence and Dental Access Centre – a second market engagement event is taking place this month alongside development of the invitation to tender for potential providers, and an online questionnaire to encourage stakeholder engagement.

Pharmacy

- Delivery of Pharmacy First continues to be strong, Contraceptive Services & Hypertension Case Finding in line with op plan.
- The Gloucestershire Pharmaceutical Needs Assessment has previously identified Podsmead as a deprived area requiring additional access to pharmacy services, so it is very positive news to report a new pharmacy is due to open in the area on the 21st July.
- The Community Pharmacy Independent Prescribing Teach & Treat Programme has been receiving expressions of interest from pharmacies in the county for Phase 4 of the programme. 11 are going forward to take part in the programme which will boost Community Pharmacy independent prescribing provision in Gloucestershire in readiness for a nationally directed independent prescribing service expected to be rolled out in March/April 2026.

Urgent & Emergency Care

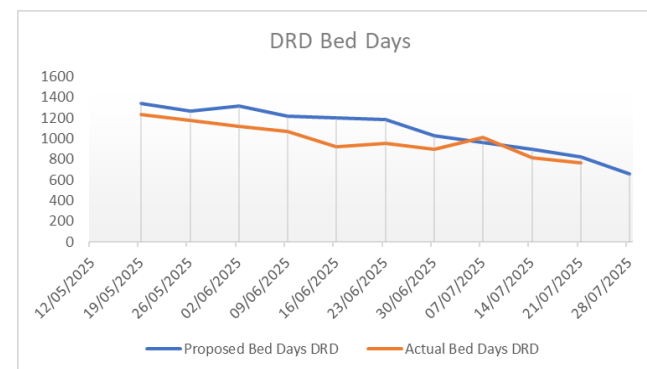
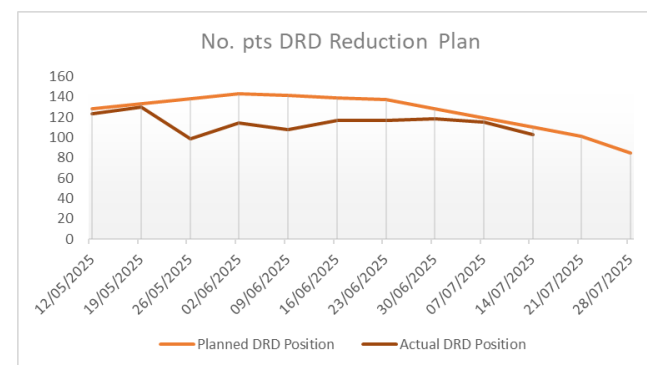
- June has seen an increase in ambulance demand however monthly performance targets have remained stable. Ambulance response time performance was 33.2 minutes (compared to 33.6 minutes in May), remaining above the interim recovery target for 2025/26 of 30 minutes. Category 1 average response time was 9.4 minutes in May and June (against a target of 7 minutes).
- Average handover time per patient has improved to 30.9 minutes in June, 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.
- 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 2025/26 with latest figures showing further reductions to 8.3% of attendees having waits of more than 12 hours in June (GHFT improving their ranking from 66/111 providers in May to 60/111 in June).
- June Type 1 performance in A&E 63.1% against a target of 62.5%, and system performance was 77.2% against a target of 75.7% across all urgent care sites - 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 10th of 42 systems nationally in terms of 4-hour performance across the county.
- There has been continued good performance by IUCS for NHS111 call answering times – with 1.4% calls abandoned in June 2025 and an average speed of call answer at 25 seconds which maintains the performance of May 2025.
- Community urgent response (Rapid Response) activity has also continued to rise, with 89.6% of referrals meeting the 2-hour response time target in 2025/26 to date (above the 70% target).
- GHFT recently hosted a Clinical Vision of Flow day, which saw strong attendance from clinicians and other hospital staff. The event emphasised the significance of flow and prompt decision-making within the system to enhance Urgent and Emergency Care, as well as broader healthcare across the county. The day was positively received, and there are plans to build on this momentum to further advance flow support.

Urgent & Emergency Care – plan focus

National validated data:

	Jun-24	Jun-25	Plan (June 2025)
Cat 2 response time (minutes)	40.8	33.2	30
Ambulance Handover average time (minutes)	79.0	30.9	31.8
Attendances within 4 hour (Type 1)	58.4%	63.1%	62.5%
Attendances within 4 hour (System)	74.3%	77.4%	75.9%
12 hour (% ED attendances)	12.8%	8.3%	9.1%
21 day Length of stay (average number of patients)	156.3	106.2	N/A
	May-24	May-25	Plan (May 2025)
LOS post DRD (average days excluding 0)	13.0	9.2	9.0

- UEC operational plan metrics are broadly on target, with local data showing that average stay following discharge ready date (DRD) is now at 7.4 days (ahead of the July plan for 8 days) and the number of patients DRD are falling in line with the revised system trajectory.
- Improvements in DRD have been as a result of focus on all long stays which are subject to system review after day 21 (and now reducing this to day 14 due to the success in reducing long length of stay post DRD).
- The improvements in long length of stay (around a 50% reduction compared to the same period last year), have reduced the occupancy in the acute hospital, increasing flow through the hospital.



Elective Care

- System performance against the RTT target is 68.7% in May (latest validated position) against national average performance of 61.1%. 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 70.2% of patients are waiting under 18 weeks for their first appointment (as at the end of June 2025), 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.
- Long waits for elective care have reduced further, with 182 patients waiting over 52 weeks as of the end of May 2025. 83 of these patients were waiting at GHFT with the remaining at out of county or independent sector providers. The specialties with the highest number of over 52 weeks are T&O, Ophthalmology, Oral Surgery and Urology. The latest unvalidated position (end of June) is that 62 patients at GHFT are waiting over 52 weeks (note this is all patients at GHFT and does not include Gloucestershire patients waiting at other providers).
- Capped theatre utilisation at GHFT was 81.2% in June, with GHFT in the upper half of providers for this metric. GHFT have a good position for late starts and early finished and have also recently joined the national GIRFT programme to reduce short notice theatre cancellations and late starts further supporting their improvement work in this area. This has resulted in an average of an additional 153 cases treated per month.
- 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.
- Elective activity has significantly grown in the independent sector which is a financial risk due to the end of the elective recovery funding scheme. The ICB is currently working to ensure activity plans are viable and sustainable across the system.
- The Resident Doctor industrial action due to commence at the end of July has the potential to have a significant impact upon elective recovery. The system will work together in the normal way to mitigate disruption to patient care.

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 and continues to exceed our operational planning trajectory with April performance at 81.5% and May performance at 82.0%. Unvalidated local data forecast June 28-day performance to be above 85%.
- The focus for cancer services remains on improving the 28-day performance for patients who go on to receive a diagnosis of cancer – while it is likely that these patients may have a longer diagnostic pathway than cases where cancer is ruled out, continuing to optimise the diagnostic pathway, particularly pathology turnaround times and radiology reporting times will ensure more timely diagnoses and quicker treatment. Work is also continuing across all first outpatient bookings to reduce time down from 14 days to 7 – with all specialties expecting to be able to support this by September 2025. Capacity for cancer pathways is being increased: a successful bid to the cancer transformation fund has been made to support two nurse hysteroscopists who will run Nurse Led clinics in gynaecology – in line with national planning expectations. In Urology, the specialty is recruiting two additional posts to support with vetting of referrals to streamline the diagnostic pathway.
- 31-day treatment performance remained stable in May, with 93.1% of patients treated within 31 days of a decision to treat for cancer (performance was also 93.1% in April). There were 53 breaches of the target, the majority occurring in Urological and Gynaecological specialties due to surgical capacity. There have also been capacity constraints on oncology outpatient clinics resulting in delays for some patients. Performance is expected to be impacted throughout June.
- Surgical capacity constraints are being addressed by reviewing job plans and workforce across affected specialties, and considering additional locum capacity (in Urology and Lower GI particularly). Two locum posts have been agreed for Gynaecology and will commence in July and August.
- Capacity for surgery in Lower GI has also impacted 62-day performance. 62-day treatment compliance has stabilised with May performance at 72.5% (patients commencing treatment within 62 days of a suspected cancer referral). This misses the national target of 75% (interim recovery target) but meets our operational plan trajectory (66.3%). *Local data shows that 62-day performance has improved further and is forecast at 75% for June 2025.*

Diagnostics

- Throughout 2024/25, diagnostic performance overall has remained relatively stable. However, since April 2025 there has been an increase in the total over 6 weeks waiters with 3972 people waiting over 6 weeks across all modalities at the end of May 2025 (for any diagnostic provider). This represents a rise of 617 over 6 week waits compared to April – of which 466 were in the echocardiography modality. The total people waiting for echocardiography is now 2779, of which 1804 have been waiting over 6 weeks.
- Additional capacity for echocardiography has been scoped as recruitment to this service remains challenging. Alternatives are being explored including provision of additional capacity through insourcing.
- Other specialties impacting performance include Cystoscopy, which has seen the waiting list grow by 20% compared to April (482 people waiting), with no increase in activity, and Flexi Sigmoidoscopy, which has seen increases in the waiting list to 412 from 374 in April, due to a drop in activity in 205/26 to date when compared to 2024/25 monthly averages. This is likely due to halting of endoscopy additional capacity funded through elective recovery funds in 2024/25. An endoscopy 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, and reverse the performance deterioration seen at the start of this year.
- Imaging waiting lists had been increasing at the end of 2024/25, but since April, CT and Non-obstetric ultrasound have seen a decline in the number of people waiting. However, the recovery of MRI has stalled, with the waiting list growing despite increases in activity. In May, there has been an increase in over 6 week waits to 732 in MRI (additional 52 compared to April 2025). This is due to constrained capacity due to equipment failure.
- CDC activity continues to deliver at expected levels overall but with variance across some modalities. Endoscopy capsule sponge mobilisation has been delayed meaning the forecast activity will be challenging to deliver across the remainder of the year. Echocardiography activity is significantly below plan, associated with the wider staffing challenges in this modality. MRI activity is around 10% under plan at the CDC (as at Month 3 of 25/26) and there are discussions ongoing with radiology to identify opportunities to increase activity.

Mental Health

- Dementia diagnosis statistics nationally show a significant deterioration for Gloucestershire from an estimated diagnosis rate of 65.2% to 62.7% in May 2025 - this is a data quality issue, with missing data from the national reporting due to a clinical system migration in one practice – June reporting will be reviewed to ensure the issue has been resolved. Work on the dementia pathway is continuing in the system with primary care QI projects also supporting increased dementia diagnosis in line with operational plan expectations.
- CYP mental health service access and Perinatal mental health service access remains strong and continues to track above our operational plan, with CYP access 5.8% above plan and Perinatal mental health 1.2% above plan. Perinatal referral to assessment times continue to meet all targets. CYP referral to assessment performance has been challenged over the last few months with 59% people receiving their assessment within 4 weeks in May 2025. Recovery actions are in place, including increasing weekend clinic capacity, with performance expected to recover over the summer months.
- Following a dip in performance at the start of 2025, urgent referrals for eating disorder performance (CYP) is now meeting the target for treatment to start within 1 week – with 100% of cases meeting this expectation in April and May.
- The Talking Therapies service continues to demonstrate strong reliable improvement rates, achieving 72.8% in May 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 50.2%, meeting the target of 50%.
- Work is underway to streamline crisis contact through NHS111 as opposed to a separate service. Communications for the public are under development and additional clinical lead posts have strengthened the offer from the First Point of Contact centre to support people in crisis.
- The Open Access Therapy Service (OATS) has now been running for a year with group attendees seeing significant reduction in GP and crisis contacts. Evaluation of the service is ongoing to determine the feasibility of replication in other areas.
- The management of patients in our community to minimise use of out of area settings continues to be strong. Despite four inappropriate out of area admissions in May 2025, two were quickly discharged within the month, with 24 total days reported. This remains a reduction in more than 50% compared to the same point in 2024/25 for total bed days in 2025/26.

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Please note: The Workforce report is updated bimonthly.

Our People Strategy: Focussed Pillars

Retention

- The ICS Stay and Thrive whilst working in Gloucestershire: A System-Wide career progression and well-being event will be held on Tuesday, 14th October 2025 at Gloucester Guildhall. Two identical sessions will be run (am/pm) to support the learning, growth, and career development of internationally educated colleagues across Gloucestershire. The event will be an empowering space to gain practical tools, foster new connections, and celebrate the strengths and contributions of internationally educated colleagues – it will include:
 - Information Marketplace – a variety of stalls offering key resources, insights, and support opportunities
 - Main Conference – covering Workplace Culture and Communication, Inspiring Career Stories and Career Support
 - Networking Time – to connect with peers, mentors, and professionals across the system
- The Staff Accommodation (Housing) Hub is halfway through its 18-month pilot and an interim report was submitted to the People Board in relation to activity, progress and results to date. The service has struggled to gain traction and although a few staff had been directly supported, a recommendation was made to either enhance the scope of the project to include international recruit pastoral care or decommission the pilot in a controlled manner. The decision made by the partners was to decommission the pilot. The project will therefore have a managed shutdown and a lessons learned report will be produced.

Valuing and looking after our people

- The HWB review has been concluded. The review highlights the importance of HWB services in supporting staff and improving the quality of care provided to patients and service users. By addressing the identified gaps and exploring opportunities for collaboration, the ICS can enhance the effectiveness and efficiency of its HWB services. Two workshops have been held exploring the vision of a Staff HWB service and planning the development of a Target Operating Model (TOM) for a more integrated and collaborative service. The aim is to have a TOM developed by end of September and three detailed workshops have been scheduled to do this design work.



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Our People Strategy: Focussed Pillars

Education, Training and Development

- Second cohort of the level 4 Associate Project Management apprenticeship will be commencing in July 2025. This is a closed cohort for Gloucestershire with Corndel training provider.
- First cohort of the L3 Data technician- Working smarter with AI- for the ICB starting in July 2025 with Corndel training provider.
- Exploring a closed Gloucestershire cohort for L3 and L5 leadership and management apprenticeships to run in September 2025
- Third cohort of functional skills training to commence in September across the ICS with the Adult Education team.
- Continued career conversations with a range of individuals seeking support and guidance on application processes, personal statements, and career choices, Working with DWP, Young Gloucestershire and other external partners on a coordinated package of support, to include a series of TRAC application support webinars over the summer
- Higher Development Award pilot project for AHP's preparing for launch of the first cohort in September 2025 in partnership with SGS College
- Work experience portal nearing completion to centralise and create a "One front door" point of contact across the system for work experience.



Our People Strategy: Focussed Pillars

Nos of learners on programme:

Level	Apprenticeship Course	Learners
2	Healthcare support worker (HCSW)	46
3	Senior healthcare support worker (SHCSW)	90
5	Assistant practitioner (health)	10
5	Nursing Associate (SNA)	1
5	Nursing Associate (NMC 2018) (SNA)	211
6	Biomedical scientist	1
6	Diagnostic radiographer	1
6	Dietitian	2
6	Occupational therapist	9
6	Occupational therapist (integrated degree)	4
6	Operating department practitioner	11
6	Operating department practitioner (integrated degree)	8
6	Physiotherapist	4
6	Physiotherapist (integrated degree)	3
6	Podiatrist	5
6	Podiatrist (integrated degree)	3
6	Registered nurse degree (NMC 2018)	59
6	Speech and language therapist	1
6	Therapeutic radiographer	2
6	Therapeutic radiographer (integrated degree)	2
All 2s		46
All 3s		90
All 5s		222
All 6s		115
Total		373

Data from 23/24 and 24/25 for GHC, GHFT, GMS, ICB

Please note: The Workforce report is updated bimonthly.

Education, Training and Development: Apprenticeship update

- There has been a decline in the number of HCSW and SHCSW in 24/25 – linked to the B2/3 pay award. Organisations are exploring ways to increase numbers particularly for internal workforce career progression (GHC).
- There has been a decline in the number of SNA's due to financial constraints (lack of vacancies), workforce planning and the employment of overseas nursing staff. Where this role fits within the workforce, particularly in the community hospital setting (GHC) has been problematic to increasing NA numbers.
- All organisations encourage SNA as a route to full registration (2+2 model)
- Interest remains high for AHP degree apprenticeships with on average 40 applicants per 1 post. Backfill costs are a limiting factor as well as lack of B5 vacancies. Many roles are specialist B6 roles meaning there is a lack of entry points into the profession (GHC). (National picture also shows a lack of B5 posts in therapies)
- Appetite for degree apprenticeships does not match demand therefore inhibiting social mobility and ability to “grow your own”. Support workforce are leaving due to lack of career progression opportunities.
- Organisations do not currently collect progression data, and this is not collected nationally so it is difficult to demonstrate how many learners progress from support worker to registered professional.
- There are limited numbers of social care support workers pursuing higher apprenticeship degree training options due to lack of awareness and lack of supervision.
- There is significant levy funding available to support with apprenticeship training with increased efforts from apprenticeship teams to explore apprenticeships as a pipeline solution.
- The We Want You Careers engagement team have demonstrated significant interest in health and care roles amongst young people.

Please note: The Workforce report is updated bimonthly.

Our People Strategy: Foundation Themes

Leadership and Culture

- One Gloucestershire Leadership Conference -2nd July 2025 : Anti-racist Leadership Practice in Action
- The third One Gloucestershire Leadership conference was held at Kingsholm Rugby club on July 2nd. The event was attended by 104 delegates with representatives from health organisations, the local authority, voluntary sector, police and fire.
- The feedback was exceptionally positive with almost all delegates finding the conversation inspiring, empowering and challenging (in a positive way). Participants indicated a desire to be part of a sustained change effort to be more anti-racist and “move the dial” to end discrimination. A detailed evaluation report has been produced.
- Organisational leaders are now taking steps to re-evaluate their respective EDI plans in light of the event

First-time Leaders Development Programme

- System partners convened a workshop to work through implementation of the ICS first-time leader programme. Partners agreed that bringing managers/leaders together across the system to enhance collaborative working was essential, however, running a separate development programme entails significant additional effort and therefore finding other ways to bring colleagues together would serve the objectives and could better align with existing organisationally run programmes.



Our People Strategy: Foundation Themes

Please note: The Workforce report is updated bimonthly.



Arts Health & Wellbeing Centre

- University of Gloucester's new City Centre campus is due to open for under graduates in Education, Psychology and Social work, in last week of August 2025 with access to the AHCW expected by September.

Development of Learning Offers

- Through the AHCW we are developing some pilot learning offers. These modules build on some of NHS Gloucestershire's key strengths and cover areas such as Personalised Care and strengths-based working, Introduction to Creative health, Social prescribing and asset-based community development and de-mystifying research.

Postgraduate Developments – Professional Doctorate

- UoG is now offering a new Professional Doctorate in Health and Social Care Leadership. AHCW grant will fund 3 professional doctorates with the 1st cohort being advertised to commence in September 2025

Research & Evaluation Training for ICS staff

- 4 cohorts and 45 health and care professionals have now completed the Research, Service Evaluation and Clinical Audit module (Level 7, 15 CATS). This module can contribute to either the Master's in Advanced Clinical Practice or the Master's in Advanced Professional Practice. We are currently advertising for the 5th cohort to commence September 2025

Equality, Diversity and Inclusion

- A cultural competency tool kit is being developed in conjunction with the Research Engagement Network (REN). The REN includes five VCSE organisations and the tool kit will support health and care professionals in undertaking research and development work with people and communities.

International Recruitment & Pastoral Support

- 47 eligible International social care staff have been successful recruited against the project target of 50, as the project nears completion, a project evaluation is being planned.

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Assurance

Maternity & Neonatal

- The Maternity Service remains in the improvement phase of the MSSP with a further reset meeting planned for July/Aug 2025. The Trust also reports all progress monthly to the CQC. Midwifery staffing has significantly improved with recruitment to establishment. Obstetrics staffing levels are currently on the risk register and Obstetric MIA is supporting a business case for further increase to Obstetric staffing in addition to the 3 new Consultant Obstetric posts.
- The LMNS has refreshed priorities for 25/26 to focus on completing actions from the Maternity & Neonatal 3 Yr Delivery Plan 2023-26, the Equity & Equality Action Plan and is undertaking a Health Needs Assessment of maternity services to inform future services. Stillbirth, neonatal and maternal death external reviews have now been completed. Learning and actions have been identified, and a perinatal action plan will monitor progress. These reviews are planned to go to GHFT Trust Board in September.

Maternity & Neonatal Voices Partnership

- Glos LMNS is currently working with BNSSG to support gaps in provision of MNVP strategic, neonatal and engagement leads. A self assessment has been undertaken and a paper for a new model for MNVP across the BNSSG/Glos cluster will be submitted to Exec Board for approval.

Nursing Updates

- We are continuing with the ongoing roll out of the lower limb pathway including combined education with GHT/GHC and Primary Care. Discussions are also underway to look at in-person training for ring pessaries in collaboration with the Primary Care Training Hub. We are also focusing on education with a session to be given as part of Continence Awareness Week 2025, with the Lead Continence/Urodynamic Nurse Specialist to Primary Care and Care Sector.

Please note: The Quality report is updated bimonthly.

Assurance

Pharmacy, Optometry and Dentistry (POD)

- Monthly meetings continue with Commissioning Hub with POD and ICB Quality, Safeguarding, pharmacy, and PALS representatives. Points of discussion from previous meeting include Patient Group Directives quality assurance, roles and responsibilities, intelligence sharing, General Pharmaceutical Council (GPhC) visits, which raised 3 specific complaints/queries and 1 safeguarding concern. These will be managed by the GPhC.

Community and Mental Health

- GHC - The overall positive experience rating from patient surveys is 94% which is an improvement from the last 2 months and back in line with the yearly average.
- Berkeley House - all the requirements of the S31 notice have now been met and monthly reports continue. To support the application to the CQC for the removal of restriction against the S31 notice GHC will fidelity test the standards and provide the evidence to the regulator that we have sustained improvement in the 5 areas.

Integrated Urgent Care Service (IUCS)

- Overall position positive, work on key areas continues, including increasing the rate of selection of the Top of the DoS and Pharmacy First. Friends and Family remains in a good position with 91% positive response.

Migrant Health

- With the closure of Beachley Barracks earlier in the year, the numbers of asylum seekers in county in Initial Accommodation has decreased to approximately 190 across 2 hotel. Trends suggest that activity coming into Initial Accommodation does not always immediately mirror numbers of people arriving in small boats, and there can be several months lag in processing. In county we have a hotel in Gloucester and one in Cheltenham. The Gloucester site (established March 2022) is currently housing 22 females and 54 males who are registered with 2 surgeries in the city. The new Cheltenham site (established April 2025) houses 107 adult single males with GP registrations across 6 surgeries.

Safety

Patient Safety Incident Investigations

- Under PSIRF organisations are prompted to respond proportionally. This might be through new SWARM huddles or After-Action Reviews. For the most complex events, organisations can open a Patient Safety Incident Investigation (PSII). In May and June 2025 11 PSIIs have been opened; three for GHC, seven for GHFT and one for PPG Emerson's Green Hospital which involved a Gloucestershire patient.

Quality Alert

- We received eight Quality Alerts during May and June. These alerts add to recurring themes:
 - **Failed Discharges and Post-Discharge Care:** Several incidents highlight issues with patient discharges, including inadequate risk assessments, lack of timely follow-up plans, and insufficient communication between healthcare teams.
 - **Communication Gaps in Urgent Cases:** Reports emphasise delays in communication, such as late notifications of critical test results and lack of direct alerts for urgent responses.
 - **Diagnostic Errors and Oversights:** Concerns include misdiagnoses or missed diagnoses.
 - **Patient Safety and Respect for Wishes:** Issues surrounding patient safety include delayed actions, lack of Respect form sharing, and overriding patient/family wishes.

Each Quality Alert is reviewed by the ICB and is sent to the provider concerned, who investigates the issues and responds directly.

Safety

Please note: The Quality report is updated bimonthly.

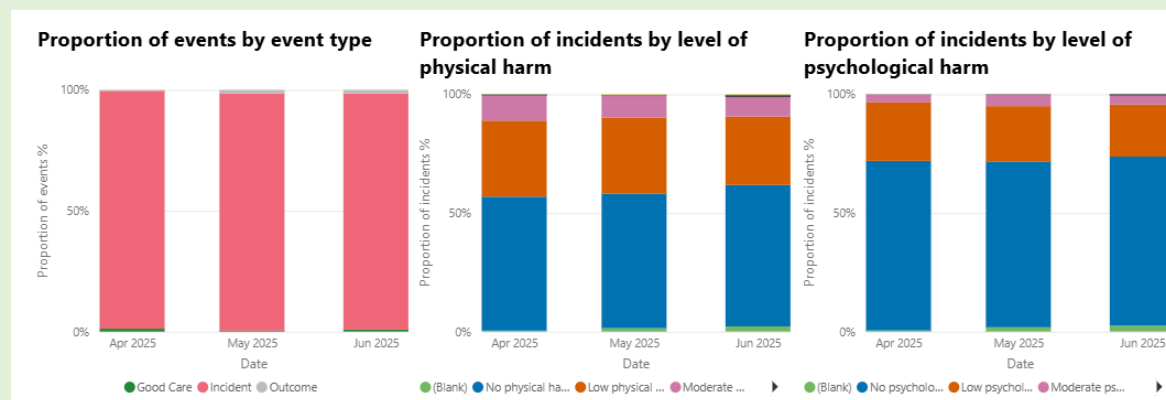
Primary Care Patient Safety Strategy

NHS England recently launched the new [Primary Care Patient Safety Strategy](#). We are continuing our work to understand how this can be effectively implemented in Primary Care

Learn from Patient Safety Events (LFPSE)

NHS England have updated the tool that will eventually enable ICBs to look at whole system LFPSE data. While it cannot yet be used for planning or official statistics (due to lack of data validation) it is starting to show what might be possible in the future.

The charts below show the breakdown of incident numbers, proportion by type, and split out by physical and psychological harm.



Use of LFPSE has now been included in the GP contract. General Practice must now register and maintain an LFSPE account, which will increase the data flows.

LFPSE is intended to primarily be a nation 'machine learning' to inform future provision

Please note: The Quality report is updated bimonthly.

Experience

Friends and Family Test (FFT) April – January 2025 (latest available data)

		Apr-24 Provider	May-24 Provider	Jun-24 Provider	Jul-24 Provider	Aug-24 Provider	Sep-24 Provider	Oct-24 Provider	Nov-24 Provider	Dec-24 Provider	Jan-25 Provider	Feb-25 Provider	Mar-25 Provider	
GHT Inpatients	% Positive	92%	92%	93%	94%	93%	92%	93%	93%	94%	94%			
	% Negative	4%	3%	4%	3%	3%	4%	3%	3%	3%	2%			
GHT A&E	% Positive	79%	78%	76%	79%	81%	77%	76%	79%	77%	84%			
	% Negative	14%	16%	16%	14%	13%	15%	16%	14%	15%	10%			
GHC Mental Health	% Positive	86%	80%	94%	81%	89%	86%	81%	90%	90%	82%			
	% Negative	6%	9%	3%	10%	7%	5%	11%	6%	5%	10%			
GHC Community	% Positive	95%	93%	86%	94%	95%	94%	94%	94%	94%	94%			
	% Negative	2%	3%	8%	2%	2%	3%	2%	3%	3%	2%			

< Best performance in 24/25 to date

The Friends and Family Test (FFT)

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

Please note: The Quality report is updated bimonthly.

Effectiveness

Mortality Focus - Mortality data from NHS England runs six months behind and now covers the period up to January 2025.

There are three key metrics we pay close attention too:

- The **Crude Mortality rate** is not adjusted for age, sex or other demographic factor and so caution must be taken when looking at it in isolation. Crude percentage mortality for elective admissions is currently at 0.7%, against the English average of 0.6%. For non-elective it is currently at 3.0%. This is below the English average of 3.4%.
- The **Summary Hospital-Level Mortality Indicator (SHMI)** has remained inside control limits for three consecutive months. The latest official data shows that the Trust's SHMI has now dropped to 1.09 for the 12 months to January 2025. Local monthly data (which extends into Feb) shows that it has now stabilised at just 1. (0.86 for Feb)
- **In Hospitals deaths** are relatively low at 66% compared to the England rate of 68%.
- SHMI for **Out of Hospital deaths** following an admission to Cheltenham has been a cause for concern. Local monthly data now shows that the Trust has reduced the variation and Out of Hospital Deaths is now within monthly control levels.

Metric	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Crude Mortality	2.7%	2.7%	2.9%	2.9%	2.9%	2.9%	2.8%	2.8%	2.9%	2.8%	2.8%	2.80%	2.70%	2.70%	2.70%	2.70%	
Overall SHMI (12 month)	1.124	1.135	1.144	1.149	1.137	1.158	1.15	1.156	1.175	1.173	1.168	1.164	1.147	1.137	1.127	1.09	
Monthly SHMI	125.89	120.69	106.56	123.61	111.15	129.28	106.04	122.81	134.17	114.79	107.99	107.14	98.39	106.91	98.5	98.74	86.35

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ICS Finance Report

Month 3 2025/26 – June 2025



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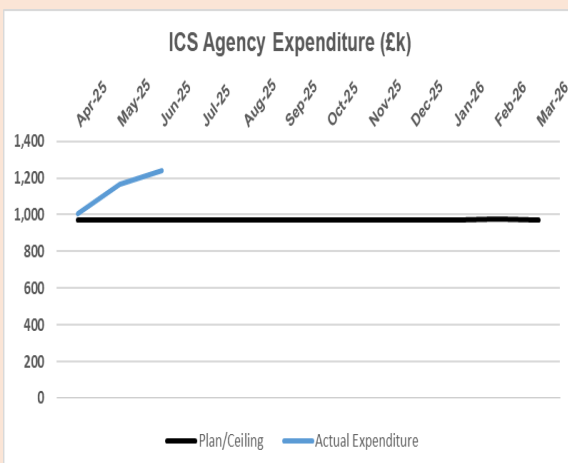
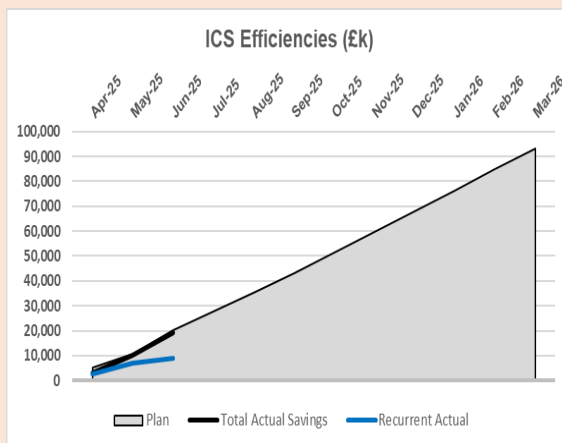
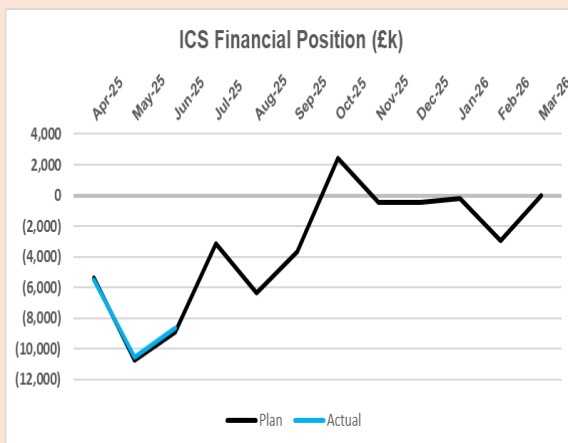
Key Financial Performance Indicators : Dashboard (1)

	Month 3 Actual			Month 3			Previous Month
	GHC	GHFT	GICB	Actual	Plan	Variance	Variance
Overall System Financial Performance							
Year to Date (£m)	0.02	(8.66)	(0.00)	(8.64)	(8.87)	0.23	0.15
Year End Forecast (£m)	0.0	(0.0)	0.0	0.0	0.0	0	0.0
Efficiency Plan Status							
Year to Date Delivery (£m)	3.0	0.8	2.3	6.1	5.4	0.7	0.7
Year to Date Delivery (%)	235%	43%	100%	113%	100%	13%	13%
Forecast Outturn Delivery (£m)	15.26	45.65	32.23	93.14	93.14	0.0	0.00
Forecast Outturn Delivery (%)	100%	100%	100%	100%	100%	0%	0%
System Capital							
YTD spend against total CDEL (£m)	1.38	3.32	0.00	4.70	10.43	5.73	4.40
FOT spend against total CDEL (£m)	12.22	54.04	11.58	77.84	79.41	1.57	2.20

Key Financial Performance Indicators : Dashboard (2)

	Month 3 Actual		Month 3		Over / (Under)	Previous Month
	GHC	GHFT	Actual	Plan		
Workforce						
Year to Date Agency expenditure (£m)	1.0	2.5	3.5	1.9	1.6	0.2
Forecast Outturn Agency expenditure (£m)	4.0	7.7	11.7	11.7	0.0	0.0
YTD Agency spend as % of total Staff costs	1.4%	1.8%	1.6%	1.5%	0.1%	0.0
Liquidity (Cash)						
Year to Date Cash Balance v Plan (£m)	44.0	29.0	73.0	80.5	(7.5)	(7.5)
Forecast Outturn Cash Balance v Plan (£m)	39.4	41.9	81.3	81.2	0.1	0.0
Other Key Financial Indicators						
Better Payment Practice Code (no. organisations not complying with 95% payment volume and value targets)					0	1

ICS Financial Performance Overview: Analysis (1)



Key risks to delivery of the financial plan:

- ICB changes: risk to delivery of plan due to staffing changes
- ICB changes: cost of change is not funded
- Delivery of the system savings plan, including recurrent element.
- Pay pressures: pay award, pay run rates incl. agency, industrial action
- Demand growth within services

System Financial Position

The year-to-date position is a small variance of £234k versus plan and a forecast of breakeven for the system, however, there is a significant risk to delivery of this position, the focus in this year needs to be on maintaining the level recurrent savings and managing costs effectively.

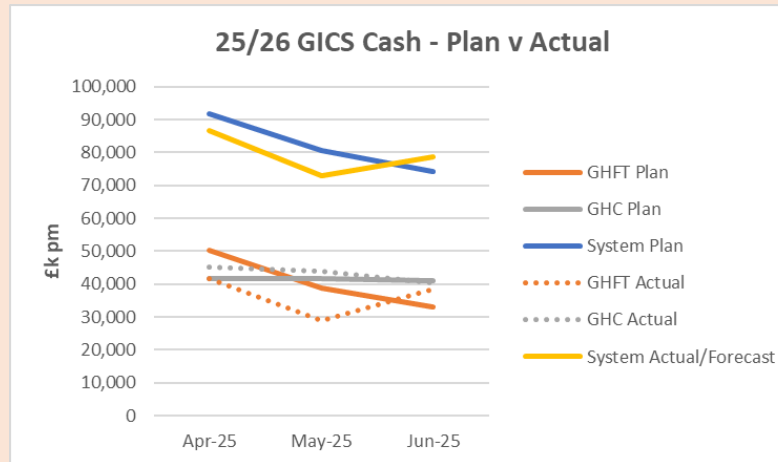
The System plan includes c £90m of savings, c65% of these are recurrent. There was under delivery on recurrent savings in 2024/25 resulting in a worsening of the underlying financial position, it is essential that the system focusses on delivery of recurrent savings and works through the risk management associated with savings plans and processes required to realise cashable benefits where scheme metrics are showing positive progress against plan.

Savings plans include a number where the schemes themselves are yet to be identified, organisations are working through these currently, non recurrent mitigations are being worked through by all organisations.

Other risks to the position include planning risks, however, the risk relating to the ICB changes is significant both in terms of the risk of slowed delivery through staff changes and also the cost of the change for which there is no funding within the plan. The overall cost pressure resulting from the pay award is estimated to be c£0.6m. The impact of industrial action will need to be monitored and managed within the year.

Agency: M3 agency expenditure was £1,239k. Agency expenditure is currently above capped levels. Organisations are working through reasons for this and putting in place actions to address these.

ICS Financial Performance Overview: Analysis (2)



Full Year Charge Against Capital Allocation (£m)

System Capital Allocation	60.8
Nationally Funded Schemes	20.1
Gross Capital Expenditure	80.9
Less Donations, Grants, PFI funding	(1.5)
Total CDEL	79.4

System Capital Allocation	(59.4)
Nationally Funded Schemes	(19.9)
Gross Capital Expenditure	(79.3)
Less Donations, Grants, PFI funding	1.5
Total CDEL	(77.8)

Forecast Variance to Capital Allocation	1.6
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Better Payment Practice Code (BPPC)

Target = 95%

Organisation	YTD Volume		YTD Value	
	%	Achieved ?	%	Achieved ?
GHC	90.7%	N	95.9%	Y
GHFT	97.7%	Y	96.9%	Y
GICB	95.5%	Y	99.7%	Y
System Average	96.1%	Y	96.5%	Y

Capital

The variance of £1.6m to forecast relates to the constitutional standards bid for urgent care at GHFT, a part of this business case has been paused whilst further work is undertaken and is now unlikely to progress in this financial year.

Cash

The year-to-date system cash position has a £4.6m favourable variance to plan. Cash forecasts are under regular review by organisations given the challenging financial position.

Cash cover is 18 days and 45 days for GHFT and GHC respectively.

Better Payment Practice Code

Overall, the system has hit its target in respect of YTD volume and value of invoices paid.

GHC are now hitting target on YTD Value and have improved their YTD Volume achievement by 0.8% since last month.

System Financial Risks: Overview

Key Financial Risks	Mitigating Actions	Estimated Value £'m	Risk Rating	Mitigated Risk Rating
There is a risk of slippage or non-identification of savings, leading to a worsening of the financial position.	Organisational savings monitored via internal governance, plus overall savings, including system savings, monitored monthly through the Programme Delivery Group and Strategic Executive meetings. Portfolio monitoring of programme transformation including benefits realisation now in place	15.0		
Entry into the market of new independent sector providers is leading to an increase in activity with new providers who have low waiting times, there is no budget for this activity.	Indicative activity plans will be set for new entrants as soon as contract terms allow, this will be followed by activity management plans, however, this is still new activity, and options are aimed at mitigating a proportion of the overspend	3.0		
NICE TAs relating to weight management issued within the last 18 months; There is a risk of a significant increase in prescribing in primary and secondary care including independent sector providers accredited by other ICBs	Pathway for weight management in development by the ICS for both primary and secondary care and medicines formulary. Contract management measures in development to ensure that providers are adhering to quality and contractual standards	3.0		
New NICE TAs are in progress, specifically relating to dementia treatments. There is a risk that if approved will lead to large financial costs for all ICBs both in terms of drug and service costs.	The potential impact on services and costs is being reviewed to assess the most appropriate service model, the system is responding to consultations as they are issued.	TBC		
The pay awards are higher than the planned 2.8%, it's highly likely that the costs will exceed the funding	The ICS is assessing the pay award impact of the and identifying non recurrent slippage to mitigate	0.6		

System Financial Risks: Overview

Key Financial Risks	Mitigating Actions	Estimated Value £'m	Risk Rating	Mitigated Risk Rating
Primary Care: high risk of contract hand back due to growing operational & financial pressures. Indicative direct costs £0.6m-c£1m per practice.	Monitoring and active working with practices by the primary care team to gain early information and enable work with practices is underway to identify issues early and work with practices on mitigating actions which can include investment in training and additional support.	£2.0		
Publication of new MH White paper will lead to the need for significant additional investment	Circa £1m of additional costs in respect of more staff to deal with new processes outlined in paper.	£1.5		
There is a risk that as the ICB changes progress that staff will leave and not be replaced, programmes of work will therefore be impacted leading to slowed delivery and reduced financial control.	The ICB has put in place regular communications to staff to ensure they are well informed and also programmes to support both health and wellbeing and specific skills development	unknown		
There is a risk that the redundancy costs associated with ICB transition will not be funded nationally. The cost of change is currently unknown as until redundancy schemes and consultations are started the ICB will not know who will be eligible. A range of scenarios is currently being worked through	Discussions are underway by all ICBs with NHSE to understand whether there will be any funding to cover the cost of change	unknown		

System Savings Delivery Summary

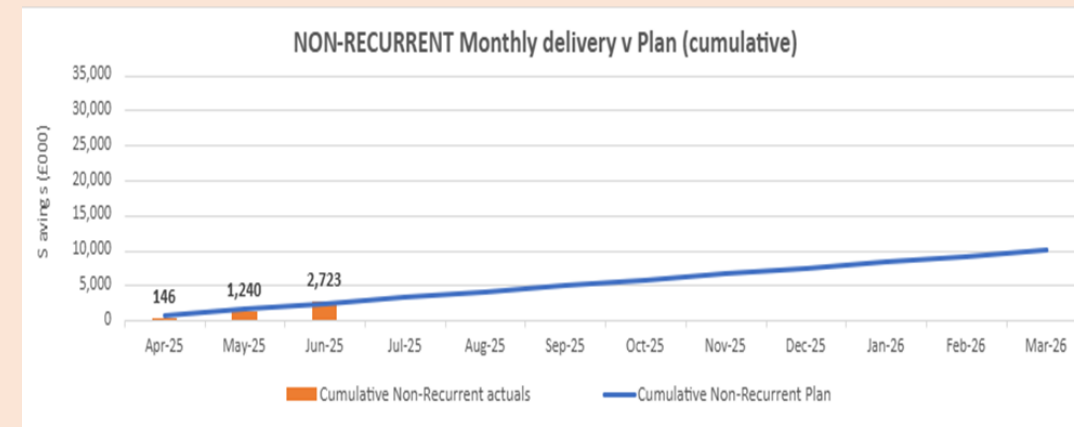
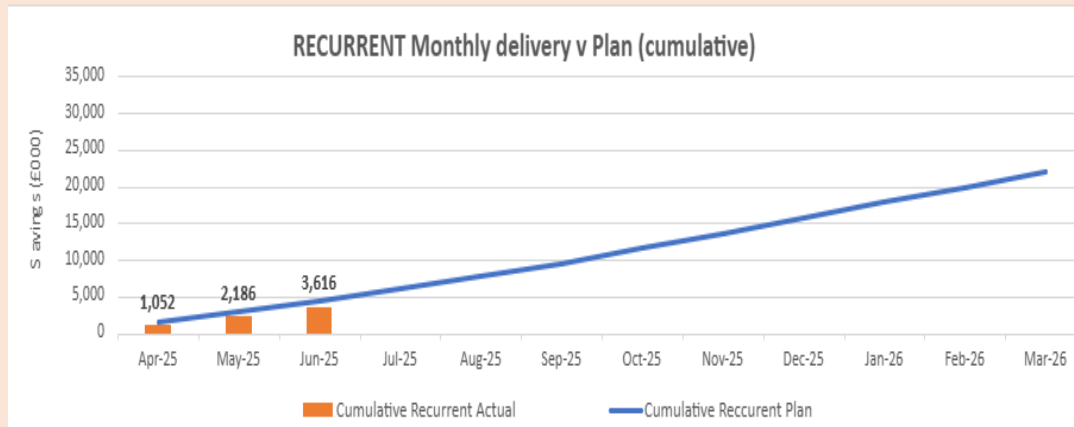
MONTH 3

GLOUCESTERSHIRE SYSTEM SAVINGS SUMMARY

Organisation	PLAN	M3 POSITION								
	Savings requirement	Forecast Savings	Forecast Variance	High	Medium	Low	Recurrent	Non-Recurrent	Unidentified	Identified Schemes Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Gloucestershire Hospital's NHS Foundation Trust	41,775	41,775	-	19,934	2,475	19,366	25,200	16,575		41,775
Gloucestershire Health & Care NHS Foundation Trust	15,255	15,255	-	5,407	5,164	4,684	10,086	5,169	5,315	9,940
ICB	19,588	19,588	-	613	2,799	16,176	15,935	3,653	250	19,338
System-Held	12,647	12,647	-	4,611	1,250	6,786	6,611	6,036	-	12,647
Gloucestershire System Financial Savings Plan - 2025/26	89,265	89,265	-	30,565	11,688	47,012	57,832	31,433	5,565	83,700
Percentage (%) of Unidentified									6.2%	
Percentage (%) of Forecast identified										93.8%
Percentage (%) of Forecast - Risk Rating				34.2%	13.1%	52.7%				
Percentage (%) of Recurrent v Non-Recurrent							64.8%	35.2%		

- The system currently has £5.5m (6.2%) of savings without a clearly defined plan, these are classified as unidentified
- The urgent care portfolio is working through risk management and mechanisms to realise cashable savings and steps to realise savings in a staged manner.

System Efficiencies: Recurrent Performance



System Savings

System savings include those linked to urgent care, planned care and sharing of services. These savings are being driven by each of the relevant portfolios. Savings plans for urgent care are in development and some are in implementation, these plans are classified as high risk. At month 3 there is still need to identify £1.741m of Planned care savings / mitigation schemes necessary to enable the level of required in-year 'System' savings to be delivered. Sharing of services is in scoping.

ICB

The ICB is forecasting to deliver its savings by year end, However, there are risks to delivery, particularly those relating to organisational change. Some of the information to help plan the changes for the changes is not yet available and timescales therefore have slipped. It is anticipated that savings will be delivered recurrently, however, in year savings are at risk.

GHC

GHC has delivered £3.559m of recurring efficiencies year to date which is ahead of plan by £1.5m. Non recurrent savings delivered are £1.126m, behind plan by £0.615m. The CIP Management Group are actively seeking non-recurrent savings to mitigate under delivery on recurrent schemes

GHFT

YTD efficiencies total £8.1m, £231k short of their planned figure. They are forecasting to hit their plan for the year of £41.8m. Although currently forecasting full delivery, there is a significant risk around the level of red rated schemes in the plan, valued at £19m. "FSP sprints" are being used to help progress schemes.

Cash Management: Provider Cash Holdings

Gloucestershire Health And Care NHS Foundation Trust	Current Month
Cash and cash equivalents at end of period	40,370
Operating Expenses	(6,883)
Employee Expenses	(21,008)
Add back depreciation and amortisation	804
Add back all I&E impairments/(reversals)	0
Movement in credit loss allowance on receivables and financial asset	0
Number of days in current month	30
Operating Expenditure Days	45

Gloucestershire Hospitals NHS Foundation Trust	Current Month
Cash and cash equivalents at end of period	38,362
Operating Expenses	(22,779)
Employee Expenses	(44,471)
Add back depreciation and amortisation	2,978
Add back all I&E impairments/(reversals)	0
Movement in credit loss allowance on receivables and financial asset	5
Number of days in current month	30
Operating Expenditure Days	18

System Cash Holding (£'000)			
	Apr-25	May-25	Jun-25
GHFT Plan	50,167	38,917	33,183
GHC Plan	41,698	41,580	40,953
System Plan	91,865	80,497	74,136
GHFT Actual/Forecast	41,587	29,018	38,362
GHC Actual/Forecast	45,025	43,989	40,370
System Actual/Forecast	86,612	73,007	78,732
Above/(Below) Plan	(5,253)	(7,490)	4,596

One of the system measures of effective cash management is the number of days cash cover for operating expenditure. A reasonable system target is 30 days cover.

The GHFT cash balance represents 18 days cash cover for operating expenditure, holding £38m at month end. This is an improvement on the 13 days of cash cover at month 2

GHC cash at the end of the month is £40m, which is slightly below plan due to outstanding NHS receivables but providing 45 days of cash cover,

System Capital Funding: Performance

in £000's	GHFT	GHC	PRIMARY CARE	ICB	SYSTEM
DIGITAL	9,721	3,380		1,626	14,727
MEDICAL EQUIPMENT	8,743	1,780			10,523
NEW BUILD	3,944	1,496			5,440
FLEET, VEHICLES & TRANSPORT	356	250			606
ESTATES	9,545	4,021			13,566
BACKLOG MAINTENANCE	6,528	1,879			8,407
NET ZERO		2,643			2,643
OTHER/DONATION FUNDED	(784)		1,400	7,510	8,126
NBV OF ASSET DISPOSALS		(3,265)			(3,265)
Total Charge against Capital Allocation (incl. IFRS 16)	38,053	12,184	1,400	9,136	60,773
NAT PROGRAMME			1,048		1,048
NAT PROGRAMME - DIGITAL DIAGNOSTICS	336				336
NAT PROGRAMME - CANCER LINAC	2,916				2,916
NAT PROGRAMME - ESTATES SAFETY	9,710				9,710
NAT PROGRAMME - RETURN TO CONSTITUTIONAL STANDARD	4,270				4,270
OTHER	1,807				1,807
Gross Capital Spend Total	57,092	12,184	2,448	9,136	80,860
Less Donations and Grants Received	(1,274)				(1,274)
Less PFI Capital (IFRIC12)	(533)				(533)
Plus PFI Capital On a UK GAAP Basis (e.g. Res. Interest)	353				353
Total Capital Departmental Expenditure Limit (CDEL)	55,638	12,184	2,448	9,136	79,406

System level capital figures, and categorisations are sourced from the monthly organisational returns.

Total capital funding available to the system will change during the course of the financial year if new programme funding may become available.

Capital Schemes, key capital schemes include IT Hardware (£3.1)m, Roche Pathology MES (£2.0m) and Electrical Infrastructure upgrade (£4.4m) for GHFT.

New build building (3m) and Backlog maintenance (£1.4m) are two of the larger schemes at GHC. Asset disposals include 3 plots in Lydney, Ambrose House and The Dilke.

Other Capital Expenditure

Backlog maintenance forms the largest proportion of the Estates Safety plan at £7.8m, with an additional £1m for Fire Safety. £2.2m of the constitutional standards funding relates to the UTC scheme, which has now been withdrawn, leaving Gynae SDEC (£922k) as the largest individual scheme in this category.

System Capital Expenditure: Performance

YTD (£k)					
	GHFT	GHC	PRIMARY CARE	ICB	SYSTEM
	3,229	1,377	0	0	
Total Charge against Capital Allocation (incl. IFRS 16)	3,229	1,377	0	0	4,606
	263	0	0	0	
Gross Capital Spend Total	3,492	1,377	0	0	4,869
	(175)	0	0	0	
Total Capital Departmental Expenditure Limit (CDEL)	3,317	1,377	0	0	4,694
Plan	8,161	2,266	0	0	10,427
Over / (Under) Plan	(4,844)	(889)	0	0	(5,733)
FOT (£k)					
	GHFT	GHC	PRIMARY CARE	ICB	SYSTEM
	36,604	12,217	1,400	9,136	
Total Charge against Capital Allocation (incl. IFRS 16)	36,604	12,217	1,400	9,136	59,357
	18,897	0	1,048	0	
Gross Capital Spend Total	55,501	12,217	2,448	9,136	79,302
	(1,463)	0	0	0	
Total Capital Departmental Expenditure Limit (CDEL)	54,038	12,217	2,448	9,136	77,839
Plan	55,638	12,184	2,448	9,136	79,406
Over / (Under) Plan	(1,600)	33	0	0	(1,567)

System

Capital schemes are £5.7m behind plan year to date and forecast to underspend by £1.6m at year end; this relates to the constitutional standards urgent care bid where an element has been paused.

GHC

Capital spend to date is £1.3m which is £889k behind plan (£700k on New Build- Buildings), GHC are forecasting full spend against budget by the end of the year.

GHFT

Year to date GHFT are underspending by £4.8m to plan. This is spread across a range of schemes including Equipment for clinical theatres and critical care (£730k), CGH electrical substation (£579k) and Backlog maintenance (£592k).

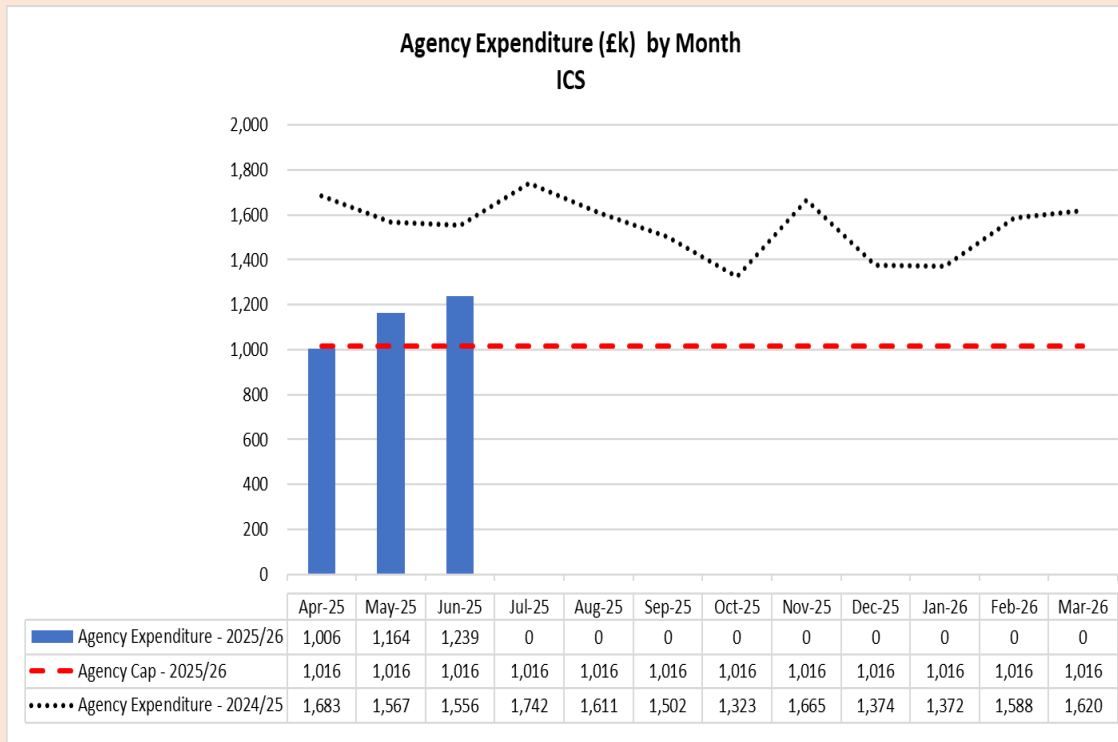
The variance of £1.6m on GHFT's forecast position is largely driven by the constitutional standards for urgent care where one part of the bid has been paused to allow for further work. The remainder of the national bids are progressing.

£239k of previously unreported disposals (£238k of IT disposals) are included for the first time in M3.

ICB

The ICB and Primary Care expenditure is due to take place later in the year and the ICB is forecasting to fully utilise the allocation by year end.

System Workforce: Agency Spend vs Cap



GHC

June's agency spend exceeded the cap levels, however, the year-to-date position is £85k below the cap. Mental Health nurses and support to nursing staff are the areas with the recent increases. The Trust is reviewing recent increases. Overall pay costs are below budget

Off framework shifts for June totalled 25 out of total agency shifts of 682. The Trust has strong processes to ensure all requests for agency go through appropriate governance, including use of off framework agencies.

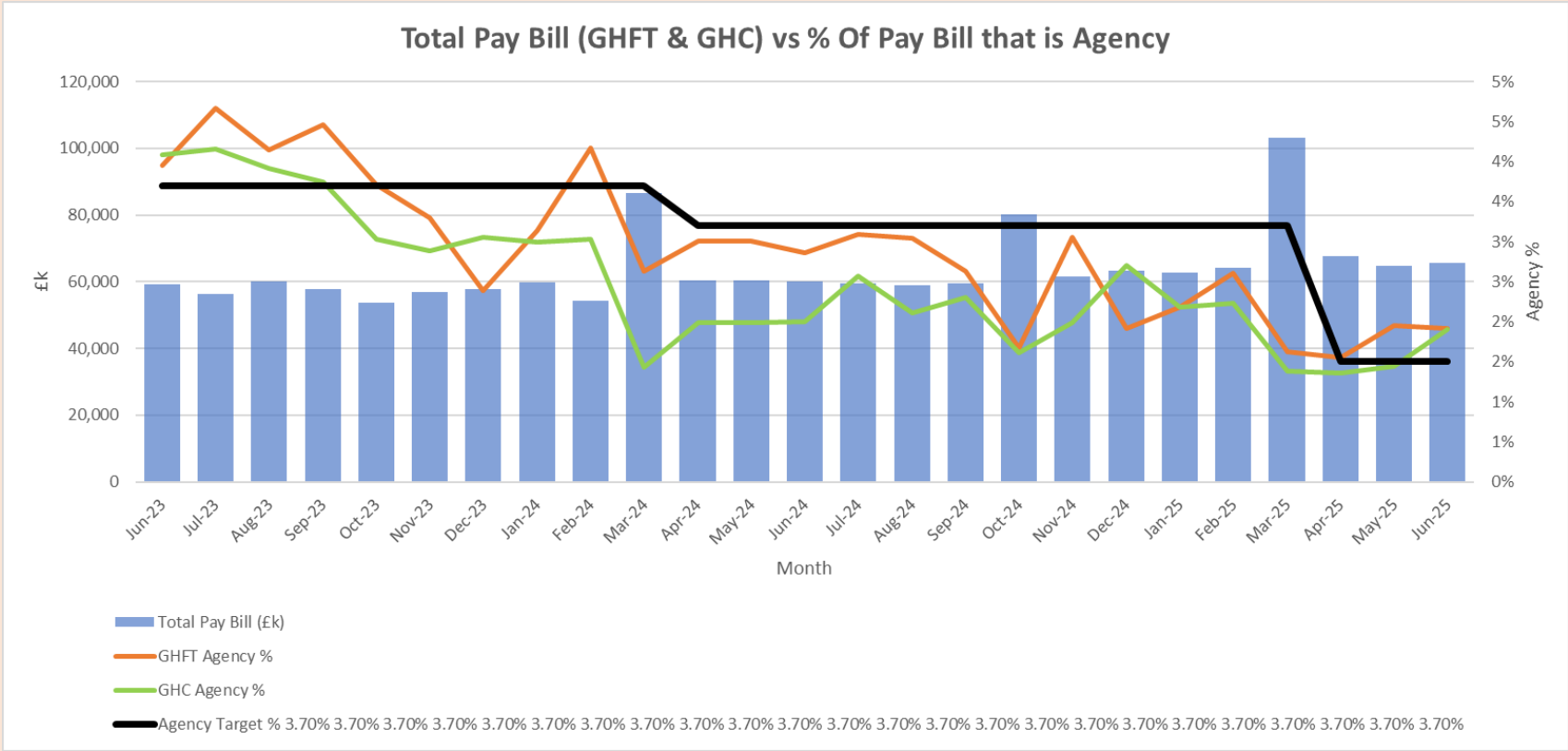
GHFT

Agency spend at GHFT has reduced in month 3, but remains with a cumulative spend of £447k above the national cap. Actions include:

- Medical e-rota has been rolled out and is being used to reduce locum spend
- Rate card in place for RN and medics agency in place
- Substantive recruitment to long term vacancies covered by locums/agency staff is underway

The Trust has processes in place to ensure agency requests are approved alongside wider workforce controls overseen by the Workforce Impact Group.

System Workforce: Agency Spend



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
GHFT Agency %	4%	5%	4%	4%	4%	3%	2%	3%	4%	3%	3.0%	3.0%	2.9%	3.1%	3.0%	2.6%	1.7%	3.1%	1.9%	2.2%	2.6%	1.6%	1.6%	2.0%	1.9%
GHC Agency %	4%	4%	4%	4%	3%	3%	3%	3%	3%	1%	2.0%	2.0%	2.0%	2.6%	2.1%	2.3%	1.6%	2.0%	2.7%	2.2%	2.2%	1.4%	1.4%	1.4%	1.9%

System Workforce: Bank Spend vs Cap

Bank spend in year has remained above both the national cap level and spend levels in 2024/25.

GHC

For the first three months of the year GHC have a bank cap of £4,486k, spend to date has been £5,843k. And spend increased by over £480k in June.

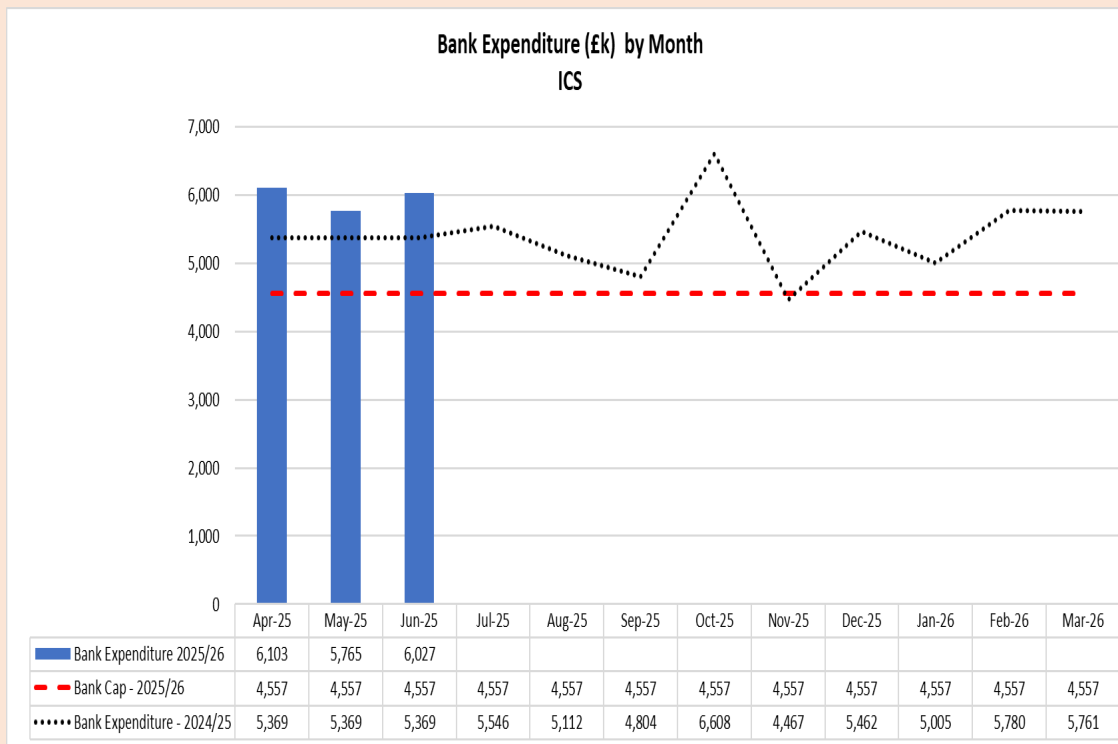
The majority of GHC's overspend on Bank relates to the Medical & Dental Staff group.

GHC have plans in place to reduce bank expenditure over the course of the year.

GHFT

YTD GHFT have a bank cap of £9,009k, and like GHC have exceeded their limit in all three months at the start of the year. The has resulted in spend £3,043k above the national cap YTD. Costs have reduced month on month so far (down over £200k each month).

Work is underway to look at measures to reduce spend looking at good practice elsewhere.



ICB Finance Report

Month 2 2025/26 – June 2025



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Financial Overview and Key Risks

- The ICB month 3 position is a forecast outturn position of breakeven as per plan. However, the position contains a significant amount of risk as it is predicated on delivery of a high level of savings. In addition, the recently announced pay award exceeds the funding within budgets; this is currently being worked through and the mechanisms to mitigate overspend.
- The ICB will be undergoing a significant amount of change in the coming year, the cost of the changes and associated funding are not yet known, and these risks post a significant risk to the delivery of both the operational and financial plan for the organisations
- Contracts with NHS out of county providers and independent sector providers are close to being finalised. Contracts have been set in line with guidance from NHS England and, where relevant, indicative activity plans (IAP) are being agreed with providers with the aim of managing activity. However, providers that are new to the market and recently accredited, by any ICB, do not have an IAP initially and activity relating to these is a significant financial risk to the ICB.
- A prescribing forecast of breakeven is included within the position: Prescribing data for Month 1 has now been received, however it is too early to model scenarios.
- The Mental Health Investment Standard (MHIS) for 25/26 is £114.43m and is forecast to be on target.

ICB Allocation – M03

- The ICB's confirmed allocation as at 30th June 2025 is **£1.513m**.

Description	Recurrent £'000	Non-Recurrent £'000	Total Allocation £'000
BALANCE BROUGHT FORWARD	1,410,633	100,801	1,511,434
NHSE Widening Access Demonstrator Support Funding		490	490
Digitising Social Care (DISC) Implementation Support Funding		35	35
Autumn Statement Funding Allocations for Talking Therapies		662	662
Breathlessness For Community Diagnostics Centre		4	4
Return of underspend for Collaborative Commissioning Hub (CCH) 24-25		21	21
Transfer of allocation relating to SCD from AF	70		70
Recurrent Occupational Health Transfer	2		2
PCT Independent Prescribing Pathfinder Programme – April & May 2025/26		67	67
Migrant Health Contingency Accommodation		16	16
Pre-referral Advice and Guidance GP Enhanced Service Q1		217	217
TOTAL IN-YEAR ALLOCATION 25/26 @ M03	1,410,705	102,313	1,513,018

ICB Statement of Comprehensive Income

Statement of Comprehensive Income (£'000)						
Month 3 2025/26 - June	M3 Plan	M3 Actual Position	Year To Date Variance to Plan Favourable / (Adverse)	Full-Year Plan	Forecast Outturn Actual Position	Forecast Outturn Variance to Plan Favourable / (Adverse)
Acute Services	174,661	175,771	↓ (1,110)	701,250	700,904	↑ 346
Mental Health Services	36,551	35,852	↑ 699	147,971	149,355	↓ (1,384)
Community Health Services	33,156	32,071	↑ 1,085	132,522	131,633	↑ 889
Continuing Care Services	27,731	27,230	↑ 501	111,861	111,972	↓ (111)
Primary Care Services	81,450	80,723	↑ 727	339,307	339,405	↓ (98)
Delegated Primary Care Commissioning	0	0	→ 0	0	0	→ 0
Other Commissioned Services	11,390	11,085	↑ 305	45,560	45,483	↑ 77
Programme Reserve & Contingency	18,107	20,360	↓ (2,253)	23,713	23,523	↑ 190
Other Programme Services	200	153	↑ 46	798	707	↑ 91
Total Commissioning Services	383,245	383,245	(0)	1,502,982	1,502,982	0
Running Costs	2,509	2,509	→ 0	10,036	10,036	(0)
TOTAL NET EXPENDITURE	385,754	385,754	(0)	1,513,018	1,513,018	(0)
ALLOCATION	385,754	385,754	→ 0	1,513,018	1,513,018	→ 0
Outside of Envelope	0	0	→ 0	0	0	→ 0
Underspend / (Deficit)	0	(0)	(0)	0	(0)	(0)

ICB Savings and Efficiencies Overview

- **Working as One / UEC** – (High risk) - £4m System savings requirement in 2025/26 (continuation of savings programme from 2024/25). Plan development work is progressing. 7 schemes are identified to support these savings. There is significant risk that the Portfolio will not achieve the required efficiency savings in 2025/26 as the full scope and decision timescales that affect savings realisation have not yet completed.
- **CHC / Placements** (High risk) – There have been and continue to be shortfalls in capacity, both within the ICB and GCC to carry out additional adult CHC reviews and re-assessments and this presents an ongoing financial risk to review assessments. PHB clawbacks continue to overdeliver for a third straight month, these are non-recurrent savings.
- **Planned care** (High risk) – 2025/26 overall System savings of £4.7m are required which includes £2.58m within the ICB / System financial savings plan with the balance being within GHNHSFT's financial savings plan. At month 3 c£1.741m of savings remain unidentified with some initial schemes falling out of the plan following assessment. Work is underway to assess other areas of opportunity with dedicated work underway.
- **Medicines savings** - (Medium risk) - £5 million savings requirement in 2025/26. This includes continuation from 24/25 schemes, new schemes for 25/26 and the continued Rivaroxaban price reduction continuation. Further development is progressing on new schemes implementation to support in-year cashable savings. In addition, switching from Edoxaban to a better value DOAC is also being implemented and monitored. Monitoring and review and month 3 indicates that delivery is currently on track in respect of in-year savings.
- **ICB running cost reduction** (High risk) –£3.7m of the ICB savings plan. Due to delays in the transition timescales, the risk associated with these savings has increased. In addition, funding for the cost of change for the ICB is unlikely to be available from NHS England. The ICB has a vacancy freeze in place and savings area being delivered through this route. In addition, non pay costs are being reviewed to look at reductions that can be delivered

ICB Savings Summary: Month 03

NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB) 2025/26 EFFICIENCIES PROGRAMME - AS AT MONTH 3									
PROGRAMME	PROJECTS	YEAR TO DATE EFFICIENCY PLAN £'000	YEAR TO DATE EFFICIENCY ACHIEVED £'000	YEAR TO DATE VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FULL YEAR EFFICIENCY PLAN £'000	FORECAST OUTTURN EFFICIENCY (YTD ACTUALS + FORECAST REMAINING MONTHS) £'000	RAG	FORECAST OUTTURN VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FORECAST OUTTURN AS % OF TARGET
PRIMARY CARE MEDICATION OPTIMISATION	Primary Care Medicines Optimisation - Continuation schemes	534	534	0	2,135	2,135		0	100.00%
	Primary Care Medicines Optimisation - Rivaroxaban	550	549	(1)	2,200	2,200		0	100.00%
	Primary Care Medicines Optimisation - 25/26 New schemes	166	165	(1)	665	665		0	100.00%
PRIMARY CARE MEDICATION OPTIMISATION - TOTALS		1,250	1,248	(2)	5,000	5,000		0	100.00%
CONTINUING HEALTHCARE (CHC) & PLACEMENTS	CHC	625	1,109	484	2,500	2,500		0	100.00%
	LD & Autism	19	0	(19)	75	75		0	100.00%
	Childrens Placements	75	30	(45)	300	300		0	100.00%
	S117 Placements	75	12	(64)	300	300		0	100.00%
CONTINUING HEALTHCARE (CHC) & PLACEMENTS- TOTALS		794	1,150	356	3,175	3,175		0	100.00%
OTHER - RECURRENT	Contracts	804	804	0	3,209	3,209		0	100.00%
	Corporate Savings	314	315	1	3,755	3,755		0	100.00%
	Unidentified Savings	63	0	(63)	250	302		52	120.80%
OTHER RECURRENT EFFICIENCIES - TOTALS		1,181	1,119	(62)	7,214	7,266		52	100.72%
PROCUREMENT SAVINGS	Home Oxygen	38	39	2	150	150		0	100.00%
	Virtual Ward & Telehealth procurement	49	0	(49)	196	144		(52)	73.47%
PROCUREMENT SAVINGS - TOTALS		87	39	(48)	346	294		(52)	84.97%
OTHER - NON-RECURRENT	Other non-recurrent	963	776	(187)	3,853	3,853		0	100.00%
OTHER NON-RECURRENT EFFICIENCIES - TOTALS		963	776	(187)	3,853	3,853		0	100.00%
2024/25 ICB SAVINGS PROGRAMME - TOTALS		4,274	4,332	58	19,588	19,588		0	100.00%
SYSTEM	Gloucestershire System efficiencies	3,037	2,007	(1,030)	12,647	12,647		0	100.00%
GLOUCESTERSHIRE SYSTEM-HELD EFFICIENCY SAVINGS - TOTALS		3,037	2,007	(1,030)	12,647	12,647		0	100.00%
2024/25 ICB + SYSTEM-HELD SAVINGS - TOTALS		7,311	6,339	(972)	32,235	32,235		0	100.00%

System Savings Summary: Month 03

NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD - SYSTEM EFFICIENCIES 2025/26 EFFICIENCIES PROGRAMME - AS AT MONTH 3									
PORTFOLIO	PROJECTS	YEAR TO DATE EFFICIENCY PLAN £'000	YEAR TO DATE EFFICIENCY ACHIEVED £'000	YEAR TO DATE VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FULL YEAR EFFICIENCY PLAN £'000	FORECAST OUTTURN EFFICIENCY (YTD ACTUALS + FORECAST REMAINING MONTHS) £'000	RAG	FORECAST OUTTURN VARIANCE TO PLAN FAVOURABLE / (ADVERSE) £'000	FORECAST OUTTURN AS % OF TARGET
UEC / Working as One (Savings plan to be allocated across projects - split to be advised)	Working as One - Coordination for Urgent Care through a Single Point of Access	667	0	(667)	4,000	4,000		0	100.00%
REVIEW OF INVESTMENTS	Review of Recurrent Investments: Urgent Care and Flow Portfolio	-	0	0	125	125		0	100.00%
URGENT EMERGENCY CARE SAVINGS - TOTALS		667	0	(667)	4,125	4,125		0	100.00%
PLANNED CARE & DIAGNOSTICS	Planned Care & Diagnostics	886	585	(301)	2,461	2,461		0	100.0%
REVIEW OF INVESTMENTS	Review of Investments - Planned Care	0	0	0	125	125		0	100.0%
OTHER ELECTIVE SAVINGS - TOTALS		886	585	(301)	2,586	2,586		0	100.00%
FURTHER NON-RECURRENT SAVINGS	Other Non-Recurrent Measures	1,422	1,422	0	5,686	5,686		0	100.0%
FURTHER NON-RECURRENT SAVINGS - TOTALS		1,422	1,422	0	5,686	5,686		0	100.0%
REVIEW OF INVESTMENTS	Review of Recurrent Investments: Prevention & LTC Portfolio	63	0	(63)	250	250		0	100.0%
REVIEW OF INVESTMENTS - TOTALS		63	-	(63)	250	250		0	100.0%
2024/25 SYSTEM SAVINGS PROGRAMME - TOTALS		3,037	2,007	(1,030)	12,647	12,647		0	100.00%

Agenda Item 11**NHS Gloucestershire ICB Public Board Meeting**Wednesday 30th July 2025

Report Title	Gloucestershire Tackling Domestic Abuse Strategy 2025 – 28			
Purpose (X)	For Information		For Discussion	For Decision
				X
Route to this meeting	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:			
	ICB Internal	Date	System Partner	Date
	Gloucestershire Domestic Abuse Local Partnership Board (LPB) includes representatives from Gloucestershire ICB	Oct 2024 – Jun 2025	Gloucestershire Domestic Abuse LPB – has overseen development at all stages (ensuring adherence to statutory requirements).	Oct 2024 – Jun 2025
	Gloucestershire ICS: Strategic Executive Meeting – provided feedback, which has been incorporated	15 May 2025	Adult Social Care and Communities Scrutiny Committee – provided feedback, which has been incorporated	4 Mar 2025
			Gloucestershire Safeguarding Adults Board	25 Feb 2025
			Gloucestershire Safeguarding Children Partnership	31 Jan 2025
			OPCC – consulted throughout and will undergo governance to approval formal adoption.	TBC
			Police – consulted throughout and will undergo governance to approval formal adoption.	TBC
			District councils – consulted throughout and will undergo governance to approval formal adoption.	TBC

11

Executive Summary	To approve adoption of the Gloucestershire Tackling Domestic Abuse Strategy 2025-28.
Key Issues to note	<ul style="list-style-type: none"> Part 4 of the Domestic Abuse Act 2021 introduced a number of statutory duties on the county council, including convening an LPB (which Gloucestershire ICB is a key partner), completing a local needs assessment, and produce a local domestic abuse strategy that is informed by the needs assessment and is developed in consultation with the LPB. The previous domestic abuse strategy ended 2024,¹ and a refresh has been underway for the past several months. A needs assessment was completed in 2024², which shows that domestic abuse recorded crimes in Gloucestershire increased by 32% from 2021/22 to 2022/23, remaining similar from 2022/23 to 2023/24. Crimes recorded as domestic abuse account for 19% of all crimes reported to Gloucestershire Constabulary; an increase from the 13% seen in the 2021 to 2024 needs assessment. In October and November 2024, several workshops were held in to gain feedback on themed areas of focus, including housing, children & young people, communities, and health (with representatives from the ICB). These workshops invited contributions from strategic and operational partners across the county on their support to the response to domestic abuse at a county, district, community, and individual level. The new strategy considers progress made locally since the last local strategy was published in 2021, including reflections on achievements to date, areas of improvement as identified in the latest needs assessment, a refresh to the objectives and underlying outcomes to make further progress on these priority areas. It has been informed through: <ul style="list-style-type: none"> Latest available local and national intelligence, research, evidence and guidance on best practice. The Gloucestershire Needs Assessment 2024. The voice of local survivors via a countywide consultation. Engagement with the LPB. Engagement with key partners and stakeholders, including the ICS Strategic Executive Meeting. A public survey through the council's Have Your Say portal³. Feedback from our engagement with key partners and stakeholders, and through the public survey has been incorporated into the final version. The development of the draft strategy has been overseen by the LPB (which includes ICB representation). The finalised strategy is being taken to the county council's cabinet for formal approval to adopt (cabinet is meeting 23 July), and subject to that approval and subsequent call-in, the next steps are to engage the district councils and our key partners so the strategy can be approved and adopted through their own governance process. This item is part of that process. Implementation of the strategy will be supported through an underlying dynamic delivery plan, and performance will be monitored by the LPB.

¹ <https://www.gloucestershire.gov.uk/media/2110605/gcc-domestic-abuse-strategy.pdf>

² <https://www.gloucestershire.gov.uk/media/1lqb4dl2/full-da-needs-assessment-2024-final.pdf>

³ <https://haveyoursaygloucestershire.uk/engagementhq.com/>

Key Risks: Original Risk (CxL) Residual Risk (CxL)	As this is a county-wide strategy, risks cannot be quantified. However key risks are: <ul style="list-style-type: none"> As the county council has a statutory duty, if the strategy is not published, it will be in breach of that statutory duty. Failure to adopt the Tackling Domestic Abuse Strategy will result in a system wide gap across the county in the response to tackling domestic abuse. If Gloucestershire ICB does not adopt the strategy, it may inaccurately reflect its commitment to this agenda. 			
Management of Conflicts of Interest	The strategy outlines the county's response to tackling domestic abuse (and is a statutory requirement of the county council, as the tier one authority, under the Domestic Abuse Act 2021), there has been no conflict in this process/project. The document sets out our strategic priorities, and the objectives and outcomes to help achieve these. It has had input from across the partnership and has been informed by the voice of victims, survivors and the wider community.			
Resource Impact (X)	Financial		Information Management & Technology	
	Human Resource		Buildings	
Financial Impact	<p>Funding to support community-based domestic abuse support is allocated through the county council's domestic abuse budget. The county council also receives grant funding to support its statutory duties under the Domestic Abuse Act in relation to the provision of support in safe accommodation.</p> <p>Whilst the endorsement of the draft strategy does not commit the ICB to the allocation of additional funding or resources, should additional resources be required to deliver the underlying delivery plan, funding decisions will be sought through the LPB members' appropriate decision-making routes.</p> <p>It should be noted that the ICB already commits funding to community-based domestic abuse support through its contributions to GDASS (Gloucestershire Domestic Abuse Support Service, the core service to all victims) and PRG (Positive Relationships Gloucestershire, the adults' perpetrator behaviour change programme).</p>			

Regulatory and Legal Issues (including NHS Constitution)	<p>Domestic Abuse Act 2021 – statutory requirement that the county council, as the tier one local authority, produces a strategy that outlines the response to tackle domestic abuse.</p> <p>Victims and Prisons Act 2024 – a new statutory requirement for local policing bodies, local authorities and ICBs to collaborate in the commissioning of community support services in England for victims of domestic abuse, sexual abuse, and serious violence. Timescales for implementation of this statutory duty are unknown, but guidance is expected in 2025.</p> <p>Whilst this item relates to the approval of the strategy which outlines our countywide response to tackling domestic abuse, there are a number of statutory responsibilities & guidance (some specifically for the health system) when considering domestic abuse:</p> <ul style="list-style-type: none"> • Ask and Take Action 2019 - need for all frontline staff in public services to be trained to make enquiries into domestic abuse to ensure they are Making Every Contact Count. • Findings from the Pathfinder Project 2020 – highlighted health professionals should seek to create opportunities to speak to patients without the presence of others to facilitate disclosures of abuse. • Domestic Abuse Act 2021 - Domestic Abuse Related Death Reviews analysis frequently cites health professionals as those with the best chance of taking action. • Health and Care Act 2022 – addresses the needs of domestic abuse victims in 5 year Joint Forward Plans. • NICE Quality Standard for Domestic Abuse – specific guidance for health professionals which should be part of good clinical practice. • DOH & Social Care 2022, Women's Health Strategy for England - highlights health impacts of violence and abuse, including domestic abuse.
Impact on Health Inequalities	<p>Domestic abuse not only causes direct harm but also exacerbates existing health disparities, particularly among marginalised communities. Domestic abuse can lead to a wide range of physical and mental health issues, and certain groups are more likely to experience both domestic abuse and poor health outcomes due to systemic inequalities. It can be a cause and consequence of broader social determinants of health and also make it harder to escape abusive situations worsening long-term outcomes. The strategy, which sets out the county's response to tackling domestic abuse, including prevention and early intervention, multi-agency working, workforce development, high quality service provision for victims and their families and working to break the cycle of perpetrator behaviour.</p>

Impact on Equality and Diversity	<p>A county council Equalities Impact Assessment has been completed. Approval of the strategy does not have a negative impact on any protected characteristic groups or additional vulnerable groups.</p> <p>While domestic abuse affects more women than men, it can impact anyone of any gender at any age and from any community. The strategy's vision states that everybody in our county can live free from abuse and harm. Its objectives and actions will include specific steps to understand and address barriers that exist for victims or perpetrators, from different groups and communities, wanting to access services or support.</p> <p>The strategy outlines the county's response to providing domestic abuse support within domestic abuse safe accommodation (e.g., the refuge) and the wider community response. It ensures the needs of all victims/ survivors of domestic abuse and their families, both within safe accommodation and within the community are considered.</p>		
Impact on Sustainable Development	Unknown		
Patient and Public Involvement	<p>June 2024 - several targeted surveys were conducted by the LPB's consultation officer to gain feedback for the needs assessment from survivors, perpetrators, professionals, and the community. These surveys gathered views and opinions on understanding, experiences and perceptions of domestic abuse, and awareness and experiences of accessing support. This ensures the voice of the survivor is at the heart of the activities undertaken to address domestic abuse in the county.</p> <p>May - June 2025 - the draft strategy was published on the council's Have Your Say engagement portal, with an accompanying survey to gather feedback from the public on the county's vision to tackle domestic abuse, its strategic priorities, and the objectives and outcomes to help achieve these. All feedback submitted was reviewed and, where appropriate, incorporated into the finalised strategy. A summary of this was included with the Cabinet report.</p>		
Recommendation	<p>The Board is requested to:</p> <ul style="list-style-type: none"> Approve the Gloucestershire Tackling Domestic Abuse Strategy 2025-28 and commit to supporting its vision, objectives and outcomes, and support delivery of actions through the dynamic delivery plan (via its membership of the LPB). 		
Author	Nicky Maunders	Role Title	Public Health Manager (Gloucestershire County Council)
Sponsoring Director (if not author)	Siobhan Farmer, Director of Public Health		

Glossary of Terms	Explanation or clarification of abbreviations used in the paper
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust

GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise
LPB	Gloucestershire Domestic Abuse Local Partnership Board
OPCC	Gloucestershire Office of the Police and Crime Commissioner



PARTNERSHIP MEMBERS

Partner logos to be added

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This document contains live links to online documents. When you see this symbol it means there’s an active link you can click on.

Any terms highlighted in blue are defined in the glossary – see Annex 3.

01

FOREWORD



Over 2.1 million people a year in England and Wales experience domestic abuse¹.

It can impact individuals regardless of their gender, ethnicity, age, sexuality, **socio-economic background** and religion and can result in a range of negative and harmful effects on health, wellbeing and outcomes in life. Domestic abuse affects the whole family, and prevention and responses must recognise the immediate impacts which domestic abuse may have on an individual or family, as well as its long-term consequences.

In addition to the personal effects, domestic abuse is estimated to cost society in England and Wales £66 billion annually, with considerable costs to the economy, health services, criminal justice responses and most significantly the human cost, with physical and emotional harms incurred by victims estimated to cost £47 billion annually².

In Gloucestershire, many different services, both **statutory** and **voluntary**, work to support families and individuals affected by domestic abuse. These services engage with the complex and often chronic nature of domestic abuse and collaborate to challenge it. The **Gloucestershire Domestic Abuse Local Partnership Board** (DA LPB) looks to strengthen and coordinate our responses across all services in the county. We work strongly as a partnership to ensure that those at **risk** of, or experiencing, domestic abuse in Gloucestershire have the support and service provision that they need.

No person should experience domestic abuse, and through this strategy and its clear commitments, we will work together to prevent abuse from happening. Aiming to strengthen our service provision, learning from latest research and understanding what works best enables us to continually improve our effectiveness in tackling domestic abuse across the county. Most importantly, we will listen to those with **lived experience** to help shape our local approach.

This strategy builds on the achievements from the previous 2021-2024 strategy that has seen:

- + The development of a consultation network to embed survivor voice into the work of the partnership
- + The ongoing commissioning and development of specialist services to support victims and their children, including a focus on the statutory duty to provide support within safe accommodation
- + The ongoing development of and investment in interventions that tackle perpetrator behaviour
- + The continued approach to assessing local data and need to ensure a focus on addressing gaps in provision and approach
- + The development of awareness raising approaches to encourage understanding and reporting, as well as challenging societal attitudes

- + The development of local policy, research into best practice, and training roll out across the county

We recognise that a collaborative approach to developing and delivering our priorities is fundamental to preventing and responding to domestic abuse in the most effective way. Successful delivery will require strong leadership, commitment and engagement from partner organisations. By working collaboratively, we can come together to end any acceptance of domestic abuse and create lasting change that will make our community a safer place to live.

SIOBHAN FARMER

CHAIR – GLOUCESTERSHIRE DOMESTIC ABUSE
LOCAL PARTNERSHIP BOARD, DIRECTOR OF PUBLIC HEALTH,
GLOUCESTERSHIRE COUNTY COUNCIL

RUTH SAUNDERS

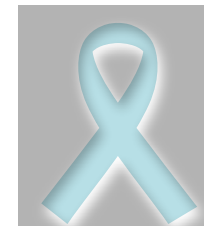
VICE CHAIR – GLOUCESTERSHIRE DOMESTIC ABUSE
LOCAL PARTNERSHIP BOARD, DIRECTOR OF COMMUNITIES,
GLOUCESTER CITY COUNCIL

¹ Domestic abuse prevalence and trends, England and Wales -
Office for National Statistics (ons.gov.uk) year ending March 2023

² The economic and social costs of domestic abuse - GOV.UK (www.gov.uk)

01

SUPPORTING STATEMENTS



To be added

02

INTRODUCTION

INTRODUCTION



³ Domestic Abuse Act 2021 (legislation.gov.uk)

⁴ <https://news.npcc.police.uk/resources/vteb9-ec4cx-7xgru-wufu-5vvo6>

⁵ As defined by the Equalities Act

The Gloucestershire Domestic Abuse Strategy 2025-2028 continues to prioritise a local focus on tackling domestic abuse, stalking, so-called honour based abuse, forced marriage and child to parent abuse, building on the achievements of Gloucestershire's multi-agency response and strategic approach which has been in place since 2014.

National prevalence data on domestic abuse remains high and Gloucestershire recognises the continued need to focus on underreported crimes, acknowledging the devastating impact they have on the individual, their family, community and wider society. There is a continued commitment to work together from statutory partners and the wider community and voluntary sector, which upholds the principles of a **coordinated community response** to tackling domestic abuse.

The development of this strategy reflects our local commitment to ensuring an ongoing, robust response to domestic abuse, and fulfils the statutory requirement set out in the Domestic Abuse Act 2021³. This statutory duty requires all local authorities to develop a strategy that outlines their local response to providing support within domestic abuse **safe accommodation**. The Gloucestershire DA LPB has requested that this strategy also considers a wider response to domestic abuse, ensuring the needs of all victims/survivors of domestic abuse and their families, both within safe accommodation and within the community, are considered.

The scope of this strategy will consider domestic abuse for victims aged 16 and over as well as children of any age who are considered as victims in their own right due to witnessing or experiencing the effects of domestic abuse³.

In recognition of the statutory definition of domestic abuse, and considering the strategic approach locally to addressing Violence against Women and Girls (VAWG), this strategy will also prioritise a focus on tackling:



DOMESTIC ABUSE



+ STALKING (BOTH WITHIN AND OUTSIDE OF THE CONTEXT OF DOMESTIC ABUSE)



+ HONOUR BASED VIOLENCE



+ FORCED MARRIAGE



+ CHILD TO PARENT ABUSE

In addition, this strategy recognises that our approach to tackling domestic abuse, and the above associated issues, needs to be aligned to the sexual violence agenda. As such, we will ensure a clear link is in place with the Sexual Violence Partnership Board, considering opportunities for joint working where necessary and providing a clear partnership approach to tackling Violence against Women and Girls in Gloucestershire. The tackling Violence against Women and Girls agenda more broadly aligns

to Governments priorities of halving Violence against Women and Girls within the next decade, with at least 1 in every 12 women becoming a victim of Violence against Women and Girls per year.⁴ This partnership approach therefore ensures we have local structures to address this Government priority, alongside our local approach of tackling domestic abuse in all its forms, regardless of gender.

Also, in recognition of the duty to collaborate within the Victim and Prisoners Act 2024, the approach of this strategy will also align with the county approach to tackling serious violence.

Locally we recognise the gendered nature of these crimes in line with the Government response to tackling Violence against Women and Girls. We do, however, ensure our local community based response to domestic abuse is accessible to all, regardless of gender and other **protected characteristics**⁵. In Gloucestershire, domestic support is provided in single gender domestic abuse accommodation in line with statutory guidance but there is a mix of provision in the county to ensure there is a safe accommodation offer available for all genders. In addition, the strategy and its implementation will remain responsive to national legislation, policy and statutory guidance, particularly in relation to the current Government's commitment to tackling Violence against Women and Girls.

02

INTRODUCTION

INTRODUCTION

The Gloucestershire DA LPB has collaboratively produced this strategy and its priorities, ensuring input from across the partnership and building on the previous strategy (2021-2024), local needs assessment as well as national strategy and legislation. In addition, the strategy has been informed by the voice of the victim/survivor and the wider community, ensuring our local responses place the victim at the centre of service delivery and that the ongoing work of the DA LPB keeps the victim/survivor voice at its core.

The Gloucestershire DA LPB was established in 2021 in response to the Domestic Abuse Act 2021. The DA LPB consists of three tiers: LPB Strategic Group, LPB Operational Group and the LPB Consultation Network that facilitates the collation of survivor voice. Each has

their own set of aims and objectives to drive forward Gloucestershire's approach to tackling domestic abuse. The role of the LPB is to oversee all activity in relation to the development, implementation and review of the domestic abuse strategy for Gloucestershire.

For governance purposes, this board reports into [Safer Gloucestershire](#) and also links to the Health and Wellbeing Board, Gloucestershire Adult Safeguarding Board and Gloucestershire Safeguarding Children's Partnership. In addition, close links are in place with the Gloucestershire Sexual Violence Partnership and the county's approach to the Serious Violence Duty.

03

GLOUCESTERSHIRE'S VISION FOR DOMESTIC ABUSE

GLOUCESTERSHIRE'S VISION FOR DOMESTIC ABUSE



OUR VISION

For Gloucestershire to be a county where there is zero tolerance towards domestic abuse, **where everybody can live free from abuse and harm**, with victims/survivors and their children having access to the right support at the right time.

For domestic abuse to be everybody's business, where a collaborative approach creates lasting change across our systems and communities, **where the voice of the victim is at the heart of our response.**



OUR AMBITION TO END DOMESTIC ABUSE

Long-term, our ambition is for Gloucestershire to be an area free from domestic abuse where adults and children are no longer at risk of harm. This strategy forms part of our overall progress in achieving this for the future.

OUR PRINCIPLES

01



WE WILL RESPOND
TO OUR LOCAL NEED BASED ON A
NEEDS ASSESSMENT AND LESSONS
LEARNT FROM **DOMESTIC ABUSE
RELATED DEATH REVIEWS.**

02



WE WILL ENSURE
THE VOICE OF THE VICTIM IS AT
THE HEART OF OUR RESPONSE

03



WE WILL WORK COLLABORATIVELY
TO PROMOTE A CONSISTENT RESPONSE
TO DOMESTIC ABUSE ACROSS OUR
AGENCIES AND COMMUNITIES



04

OBJECTIVES
AND OUTCOMES

CROSS CUTTING OBJECTIVES

The work of the Gloucestershire DA LPB includes a number of objectives that link across all the priority areas of this strategy. These objectives set out how the partnership will implement the strategy and what activities will be considered across the breadth of the countywide response to tackling domestic abuse, stalking, so-called honour based abuse, forced marriage and child to parent abuse.

OBJECTIVE A:

To ensure all members⁶ of the DA LPB develop plans to support the implementation of the strategy and respond effectively to areas of development identified in the needs assessment.

KEY **METRICS** FOR
CROSS CUTTING OBJECTIVES:

- + Number of engagements and population reach for social media campaign activity
- + Number of victims/survivors engaged with via the consultation network
- + Number of engagements with the new DA LPB website

OUTCOMES:

- + Agencies, both individually and in partnership, have action plans that outline and complement the implementation of the strategy against key thematic areas.
- + Thematic working groups are in place that support partnership delivery of actions to implement the strategy.

.....
⁶ See annex 2



04

STRATEGIC OBJECTIVES

OBJECTIVES:
B AND COBJECTIVE **B:**

To ensure the voice of the victim/survivor and community is prioritised in all areas of the strategy implementation, ensuring our responses are informed by those with lived experience.

OUTCOMES:

- + An annual consultation plan that ensures victim/survivor voice is gathered at key points, such as the commissioning of services and planning for awareness raising activity, and consultation activity that supports each priority area of the strategy.
- + A consultation network that engages and reaches out into '**seldom heard**' **communities** and groups, supporting making connections between the community and support services.
- + Representation of victim/survivor voice at partnership board meetings and ensuring a feed into any partnership sub-groups.
- + A consultation network is continually developed that provides a broad platform to reach and engage victims/survivors, communities, professionals and perpetrators in capturing and understanding authentic voice and local need.
- + Ongoing engagement work is carried out to build relationships with services, communities and local people to ensure seldom heard groups are informed about and invited to contribute to the consultation work.

OBJECTIVE **C:**

To develop an ongoing plan of communication and awareness that focuses on all areas of the strategy to enhance both local and public knowledge.

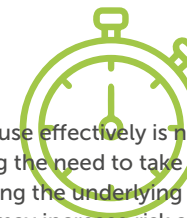
OUTCOMES:

- + A communications strategy that is rolled out across the partnership with an active communications sub-group to drive countywide activity that provides an agreed approach to awareness raising and the support available locally.
- + A rolling communications plan is in place that outlines annual awareness raising activity planned across the partnership.
- + A public facing website is developed that enables easy access to up to date information on support available locally.
- + A resource bank is developed that enables easy access to information and communication resources for partners to use when raising awareness to their key demographic groups.

04



PRIORITY 1: PREVENTION AND EARLY INTERVENTION



Responding to domestic abuse effectively is not just about focusing on high risk victims, but also recognising the need to take a **population-based approach**, understanding and addressing the underlying causes of domestic abuse and determining which factors may increase risk and how those might be mitigated. By tackling the underlying causes of the risk of domestic abuse, such as learned behaviour from growing up in a family where domestic abuse was accepted, we can help to lessen the impacts of abuse on the individual victim. This ensures that communities and society are strengthened to support people experiencing domestic abuse to be safe, well and resilient.

Alongside prevention, it is also critical that where abuse is already being experienced, professionals can intervene early to prevent an escalation in both risk and the impact domestic abuse can have.

KEY METRICS FOR PRIORITY 1:

- + Number of students completing the pupil wellbeing survey and reporting an experience of unhealthy relationships and/or abuse within the home
- + Number of schools engaged with GHLL
- + Number of community engagement events attended by specialist services
- + Number of young people engaged with STREET
- + Number of young people and youth organisations engaged with during consultation activity

“

I WISH AS A TEEN I HAD **ACCESS TO HEALTHY RELATIONSHIP AWARENESS OR SERVICES**, I HAD NO IDEA ABOUT...

(Survivor consultation)

”

04



PRIORITY 1: PREVENTION AND EARLY INTERVENTION



OBJECTIVE 1A:

To ensure the continued understanding and assessment of the way in which domestic abuse presents within Gloucestershire and the exploration of mechanisms to respond to its root causes.

OUTCOMES:

- + A full domestic abuse **needs assessment** is undertaken every three years to define and monitor domestic abuse, honour-based abuse, forced marriage and child to parent abuse.
- + A review of current services and approaches across the county is completed that supports prevention and acknowledges best practice responses nationally, considering all levels of prevention and opportunities to intervene as early as possible.
- + Clear, consistent local datasets are gathered from **commissioned services** on a regular basis to ensure local need is understood and local approaches are informed by robust data.
- + An improved understanding of 'honour-based abuse and forced marriage in the county and plans to improve reporting and ensure appropriate supports are in place.
- + An agreed approach to child to parent abuse is in place, based on local research and any published Government guidance.
- + Strong links with the Gloucestershire Combatting Drugs Partnership are in place, with any local links between domestic abuse and substance misuse understood, and prevention opportunities considered.
- + Consideration around how the DA LPB can support wider work connected to online abuse and exploitation and a plan is in place to outline the agreed contribution.

“

I WAITED 11 YEARS TO **GET THE STRENGTH TO REPORT AND MADE TO FEEL OTHERS [WERE] WORSE OFF THAN ME**, I DON'T DISPUTE THAT BUT I ALSO NEED HELP

(Survivor Consultation)

”

04



PRIORITY 1: PREVENTION AND EARLY INTERVENTION



OBJECTIVE 1B:

To ensure the continued provision of evidence based healthy relationships education and interventions that promote healthy relationship behaviours amongst young people.

OUTCOMES:

- + Continued support of Gloucestershire Healthy Living and Learning (GHLL)⁷ to ensure schools are provided with support in their delivery of Relationships and Sex Health Education.
- + Ongoing exploration of the role commissioned specialist domestic abuse services can play in supporting schools in their delivery of Relationships and Sex Health Education.
- + Continued monitoring of national approaches to Relationships and Sex Health Education to ensure local implementation.
- + Continued use of the Pupil Wellbeing Survey⁸ to assess local need amongst the student population.

- + Clear local approach to relationship abuse experienced by children and young people is in place, with a review of guidance and the role of STREET⁹ (and/or any future commissioned service) within the approach completed, with clear consideration around awareness raising and the voice of young people in shaping the local approach.
- + Clear approach is in place between children's services and specialist domestic abuse providers to ensure a joined up approach to healthy relationships work is in place for children in care and care leavers, noting their unique experiences and how these may impact their understanding of healthy relationships.

⁷ <https://www.ghll.org.uk/>

⁸ <https://www.gloucestershire.gov.uk/inform/children-and-young-people/pupil-wellbeing-survey-formerly-online-pupil-survey/>

⁹ <https://ygtglos.org.uk/street/>



04



PRIORITY 1: PREVENTION AND EARLY INTERVENTION

OBJECTIVE 1C:

To ensure those experiencing domestic abuse, stalking, honour based abuse, forced marriage and child to parent abuse can access support at an early stage, preventing the risk of escalation (secondary prevention) and reducing exposure to the harmful consequences of domestic abuse.

OUTCOMES:

- + Specialist commissioned services have clear and robust plans to increase community engagement (including support to those from protected characteristic groups) to increase early intervention opportunities.
- + All members of the DA LPB promote **routine enquiry** and increase multi-agency referrals into specialist victim services.
- + All members of the DA LPB have a considered approach to **DA champions** within their services to support in awareness raising and advice in the workplace.
- + Projects looking at the county response to victims/survivors facing **multiple disadvantage** ensure prevention and early intervention are built into plans.

04



PRIORITY MULTI-AGENCY WORKING DOMESTIC PATHWAY



STRATEGIC PRIORITIES

To fully address domestic abuse, a clear and robust multi-agency response is required. There is a need to ensure agencies and professionals effectively share information, risk assess and collaborate in their response to victims/survivors, perpetrators and their families, with clear pathways into specialist support. The Coordinated Community Response, an approach that Gloucestershire has adopted, provides a framework and is considered best practice in responding to domestic abuse.

KEY METRICS FOR PRIORITY 2:

- + Number of referrals into specialist services based on referring agency
- + Number of awareness sessions arranged by specialist services.
- + Number of referrals into multi-agency processes such as [MARAC](#).
- + Number of professionals engaged as part of services promotion activity



**LIAISING WITH OTHER
AGENCIES WORKING WITH [AN
INDIVIDUAL] AND ARRANGING
MULTIDISCIPLINARY TEAM
MEETINGS IF REQUIRED**

(Professional Consultation)



04

STRATEGIC PRIORITIES



PRIORITY 2: MULTI-AGENCY WORKING AND PATHWAY DEVELOPMENT



OBJECTIVE 2A:

To further embed clear pathways to support to ensure a consistent approach to victims/survivors of domestic abuse and their families.

OUTCOMES:

- + Options for joint working protocols and co-location of domestic abuse specialists in key agencies who respond regularly to domestic abuse are considered and embedded.
- + Members of the DA LPB have audit processes within their services to review their referral pathways and ensure clear awareness of process and procedure amongst staff.
- + Options to increase capacity across the partnership for multi-agency processes such as **Multi Agency Risk Assessment Conferences (MARAC)/Stalking Clinic/ Multi-Agency Tasking and Coordination (MATAC)** meetings¹⁰ have been considered and a clear plan to address issues is in place.
- + An awareness plan is in place to promote awareness raising of the local stalking service
- + Awareness plans are in place following the recommissioning of specialist domestic abuse services in 2025 and 2026.
- + Commissioned specialist services run regular service awareness sessions to improve local knowledge of service provision amongst professionals and awareness of referral routes.
- + Robust links are in place between the DA LPB and Suicide Prevention Partnership¹¹, with mechanisms in place that ensure a joined up approach to recognising suicide risk in domestic abuse and plans to support awareness raising and support.

¹⁰ <https://www.gloucestershire.police.uk/police-forces/gloucestershire-constabulary/areas/gloucestershire/about-us/about-us/commitment-to-being-an-anti-discriminatory-organisation/our-approach-to-violence-and-intimidation-against-women-and-girls/>

¹¹ <https://www.gloucestershire.gov.uk/health-and-social-care/public-health/our-work-with-partners/gloucestershire-suicide-prevention-partnership/>



04

STRATEGIC PRIORITIES



PRIORITY 2: MULTI-AGENCY WORKING AND PATHWAY DEVELOPMENT



OBJECTIVE 2B:

To ensure a local approach to the domestic abuse joint justice plan¹² to improve multi-agency working between police and Crown Prosecution Service.

OUTCOMES:

- + Completed local self-assessment for the domestic abuse joint justice plan.
- + A local action plan is in place that fulfils requirements of the domestic abuse joint justice plan.

¹² <https://www.cps.gov.uk/sites/default/files/documents/publications/Domestic-Abuse-Joint-Justice-Plan-NPCC-and-CPS.pdf>



“

WE DEAL WITH A RANGE OF INCIDENTS ON A DAILY BASIS, NO MATTER HOW MUCH TRAINING WE RECEIVE, **WE CANNOT BE EXPECTED TO BE EXPERTS IN DOMESTIC ABUSE MATTERS ALONGSIDE EVERYTHING ELSE** WE DO [CASE FOR MULTI-AGENCY WORKING].

(Professional Consultation)

”

04



PRIORITY 3: WORKFORCE DEVELOPMENT



To provide a robust, countywide response to domestic abuse, we need to ensure professionals across all organisations are skilled in identifying and responding effectively to those vulnerable to domestic abuse, both within the community and the workplace.

KEY METRICS FOR PRIORITY 3:

- + Number of training sessions provided
- + Number of professionals trained
- + Positive feedback rates from training delivered
- + Number of agencies who develop a workplace policy and pledge to support their staff
- + Number of businesses engaged
- + Number of engagements with the new DA LPB website

“

**PROFESSIONALS NEED TO BE
ABLE TO RECOGNISE THE SIGNS.**
MY EX WOULD OPENLY ABUSE
ME IN FRONT OF PROFESSIONALS
AND NOBODY TRIED TO ASSIST OR
INTERVENE.

(Survivor Consultation)

”

04

PRIORITY 3: WORKFORCE DEVELOPMENT

OBJECTIVE 3A:

To ensure professionals across all agencies have access to a range of training appropriate to their role, including specialist training where possible, that enables them to feel confident and competent in their response to domestic abuse, stalking, so-called honour based abuse, forced marriage and child to parent abuse.

OUTCOMES:

- + Investment in the revised county training pathway is secured to ensure opportunities for multi-agency training are realised and ensure an increase in skills connected to risk assessment and safeguarding.
- + Roll out of training pathway and processes for regular evaluation are in place with ongoing development of training that is responsive to local need.
- + Learning from Domestic Abuse Related Death Reviews is regularly cascaded across the partnership.
- + **DA Matters¹³ training** and the champions' network across Gloucestershire Constabulary is fully embedded into police training practices.
- + Professionals are able to recognise domestic abuse and how it may present across a range of protected and intersectional characteristics, for example, people with physical and learning disabilities, people who are LGBTQ+ and people from minoritised backgrounds.
- + Member agencies of the DA LPB have assessed the level of training required for their staff and embedded appropriate roll out of training based on need.

STRATEGIC PRIORITIES



OBJECTIVE 3B:

To ensure workplaces and businesses across the county take a proactive approach to addressing domestic abuse and stalking that impacts their employees, ensuring clear policies and procedures are in place.

OUTCOMES:

- + An engagement plan with local employers is in place that encourages the development of policies and procedures that support the response to staff who may be victims of abuse, and to ensure an awareness of the pathways to support in the county.
- + Members of the DA LPB demonstrate a clear commitment as to how they will support staff from within their own organisations, with consideration given to the adoption of a formal pledge that outlines the organisational response to internal victims of abuse.



WHEN YOU HAVE SIGNIFICANT INJURIES YOU ARE NOT IN A POSITION TO ALWAYS MAKE DECISIONS AND [STAFF] NEED TO TAKE SOME INITIATIVE IN STARTING CONVERSATIONS...

(Survivor Consultation)



04



PRIORITY 4:

HIGH QUALITY SERVICE PROVISION FOR VICTIMS AND THEIR FAMILIES



The provision of high quality domestic abuse services and support is central to any local response to victims/survivors and their families. Service provision needs to be accessible to all victims and be available at the right time to secure their immediate safety and support their longer term recovery from abuse. Services should be informed by the service user voice to ensure everyone who requires support feels empowered to access it. Services must be flexible to changing demand and need, ensuring appropriate solutions that acknowledge the wide ranging impact domestic abuse can have.

This objective not only provides a focus on commissioned specialist services but aims to ensure that all statutory and voluntary sector organisations who are members of the DA LPB provide a high quality service in response to domestic abuse, stalking, so-called honour based abuse, forced marriage and child to parent abuse.

Any services commissioned to deliver support within safe accommodation as part of the county council's statutory duties under part 4 of the Domestic Abuse Act 2021 are required to meet one of the quality standards set out in

the statutory guidance Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services.¹⁴ The county council annually reviews the compliance of these providers to ensure they meet the required standards.

KEY METRICS FOR PRIORITY 4:

- + Investment made in specialist services
- + Number of people supported through safe accommodation and community services
- + Positive outcome rates from specialist services
- + Number of children identified as victims of domestic abuse via **Operation Encompass**
- + Number of agency delivery plans developed to improve their service offer
- + Number of agencies who have developed/refreshed their organisations policy for responding effectively to domestic abuse
- + Positive feedback rates on police **Rapid Video Response** model
- + Police response times to reported incidents of domestic abuse

“

THERE'S A **HUGE GAP IN SERVICES FOR CHILDREN** WHO HAVE EXPERIENCED DOMESTIC ABUSE

(Professional consultation)

”

¹⁴ <https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services#annex-b-mhclg-quality-standards>



04



PRIORITY 4:

HIGH QUALITY SERVICE PROVISION FOR VICTIMS AND THEIR FAMILIES



OBJECTIVE 4A:

To ensure the ongoing collaboration between local authorities to effectively fulfil the statutory duty of providing support within domestic abuse safe accommodation and to work effectively across the Gloucestershire multi-agency housing response to improve outcomes for domestic abuse victims/survivors and their children.



“THE LONG IMPACTS OF DOMESTIC ABUSE ARE SOMETIMES FORGOTTEN.”

(Survivor Consultation)



OUTCOMES:

- + Partnership investment is made available to increase the provision of high quality domestic abuse safe accommodation across all tenures, that is accessible to all, including protected characteristic groups and consideration of ‘by and for’ approaches.
- + Domestic abuse funding from Government is used to ensure specialist domestic abuse support is available for victims/survivors and their children accessing domestic abuse safe accommodation.
- + Further opportunities are considered to support the collaboration between local authority housing teams and housing providers within the county.
- + Further development of the **Domestic Abuse Housing Champions Network** to facilitate peer support, and shared learning.
- + Consideration to support the local implementation of national best practices approaches to domestic abuse safe accommodation, e.g. **Whole Housing Approach, Domestic Abuse Housing Association accreditation.**
- + Options for support in domestic abuse safe accommodation for those with **no recourse to public funds** are considered, researched and commissioning possibilities explored.
- + Further links with **Registered Housing Providers** are developed enabling specialist support and safeguarding to victims of domestic abuse and their children within social housing.
- + Current service provision is reviewed against the Supreme Court ruling on the meaning of “man”, “woman”, and “sex” in the Equality Act 2010, to ensure that the needs of all victims and perpetrators can be met by local service provision.¹⁵

¹⁵ <https://commonslibrary.parliament.uk/research-briefings/cbp-10259/social-housing>



04



PRIORITY 4: HIGH QUALITY SERVICE PROVISION FOR VICTIMS AND THEIR FAMILIES

STRATEGIC PRIORITIES



MORE FUNDING IS REQUIRED
FOR **THE SAFETY** OF ALL VICTIMS
AND DEPENDANTS

(Victim Engagement Survey)



OBJECTIVE 4B:

To ensure the ongoing development and delivery of high quality domestic abuse specialist community based support for all victims/survivors and their families that ensures the availability of the right support at the right time (including the provision of specialist support for stalking, so-called honour based abuse, forced marriage and child to parent abuse).

OUTCOMES:

- + A collaborative commissioning approach is in place that supports the requirements of the Victims and Prisoners Act 2024.
- + A local plan is in place that considers the support needs of victims/survivors with no recourse to public funds.
- + A shared plan is in place amongst commissioned victims' services that considers their approach to **intersectionality**, ensuring engagement across all protected characteristic groups.
- + A review of the council's trauma recovery pilots delivering therapeutic support to adults and children accessing safe accommodation is completed. Options for broadening the service offer to all victims/survivors accessing community based support is included in the review.
- + Ongoing review of local 'by and for' services by domestic abuse services commissioners and considerations are given to the potential for domestic abuse support that engages with the 'by and for' sector.
- + An agreed approach for responding to child to parent abuse in Gloucestershire, including strategic ownership for activity, is in place.
- + Current service provision is reviewed, alongside both local and national funding options, considering longer-term support provision and increasing service continuity for victims/survivors and their children who move through services.
- + Current service provision is reviewed against the Supreme Court ruling on the meaning of "man", "woman", and "sex" in the Equality Act 2010, to ensure that the needs of all victims and perpetrators can be met by local service provision.¹⁶

¹⁶ <https://commonslibrary.parliament.uk/research-briefings/cbp-10259/social-housing>



04



PRIORITY 4: HIGH QUALITY SERVICE PROVIDED FOR VICTIMS AND THEIR FAMILIES

OBJECTIVE 4C:

To ensure the ongoing development and delivery of high quality domestic abuse specialist community based services that support children as victims in their own right.



OUTCOMES:

- + Mechanisms are in place that respond to the recommendations of the Children and Young People's Needs Assessment 2023, exploring funding and commissioning opportunities.¹⁷
- + Oversight of the local approach to Operation Encompass is in place, working collaboratively with the Gloucestershire Safeguarding Children Partnership¹⁸ (GSCP).

¹⁷ <https://www.gloucestershire.gov.uk/media/gaqdyp33/cyp-impacted-by-da-in-gloucestershire-2023-final.pdf>

¹⁸ <https://www.gloucestershire.gov.uk/gscp/>



“

I FEEL THAT OUR SUPPORT IN COUNTY IS POOR, IT IS DIFFICULT TO ACCESS AND THERE ALWAYS SEEMS TO BE HURDLES TO JUMP TO GET THE RIGHT HELP AND SUPPORT AND THEN WHEN I HAVE FOUND IT **THE PROFESSIONAL IS LACKING THE CORRECT TRAINING TO SUPPORT THE FAMILY.**

(Survivor Consultation).

”

04



PRIORITY 4: HIGH QUALITY SERVICE PROVIDED FOR VICTIMS AND THEIR FAMILIES

OBJECTIVE 4D:

To ensure a continued focus on addressing domestic abuse and co-presenting multiple disadvantage, recognising the long term approach to tackling multiple disadvantage in Gloucestershire.

OUTCOMES:

- + Research into the links between domestic abuse and suicide risk is completed and a local approach is developed to ensure appropriate responses across all agencies (considering the current approach to domestic abuse related death reviews).
- + Membership of the **Making Every Adult Matter Network**¹⁹ is fully utilised, using their two year approach to enhance support for vulnerable adults.

¹⁹ <https://meam.org.uk/the-meam-approach/>

²⁰ <https://www.gloucestershire.gov.uk/gsab/>



OBJECTIVE 4E:

To ensure all members of the DA LPB continue to develop their approach to victims/survivors and their families, building on best practice and areas for local development identified through the needs assessment and victim/survivor voice input.

OUTCOMES:

- + **Community Safety Partnerships** have a plan in place that considers the needs of each local community and supports the implementation of the strategy from a place based perspective.
- + Members of the DA LPB have in place agency improvement plans that focus on ensuring high quality support and services are provided across the system.
- + Local approaches to address **societal inequality** are explored and a plan is in place that details how the DA LPB can contribute.
- + Increased links with the Gloucestershire Safeguarding Adults Board²⁰ are in place that explore the concerns relating to older victims of abuse and how to respond effectively.

04



PRIORITY 5: WORKING TO BREAK THE CYCLE OF PERPETRATOR BEHAVIOUR

To break the cycle of domestic abuse and create lasting change, we will address perpetrator behaviour, holding individuals to account, and ensure that facilitates the development of healthy relationship behaviours, and the impact of perpetrator behaviours on families as a whole.

STRATEGIC PRIORITIES



TO SUPPORT TO COMBAT
SIMILAR; **THERE HAS BEEN
PERPETRATORS - OTHER
SEEKING PROSECUTION.**

(Professionals Consultation)



OBJECTIVE 5A:

To ensure the ongoing development and delivery of local domestic abuse specialist support for perpetrators of domestic abuse and other harmful relationship behaviours, that addresses this and creates lasting positive change, and works towards ending domestic abuse.

KEY METRICS FOR PRIORITY 5:

- + Number of referrals into Positive Relationships Gloucestershire (PRG)
- + Number of positive completions of the PRG programme
- + Investment made into perpetrator interventions
- + Number of arrests/charges/preventative orders applied for
- + Number of young people supported through STREET in relation to harmful behaviours

OUTCOMES:

- + Continued partnership investment is made available to provide specialist community based perpetrator services (currently Positive Relationships Gloucestershire (PRG)²¹), reflecting demand and ensuring accessibility across communities.
- + Opportunities to access local and national funding are sought to increase perpetrator interventions and explore options to pilot new interventions such as those for stalking, child to parent abuse and high risk behaviour change.
- + Regular evaluation processes are in place that ensure positive outcomes from perpetrator interventions and that practice is continually developed in line with lessons learnt and national best practice.

²¹ <https://www.fearfree.org.uk/refer/gloucestershire/>

04

STRATEGIC PRIORITIES



PRIORITY 5: WORKING TO BREAK THE CYCLE OF PERPETRATOR BEHAVIOUR

OBJECTIVE 5B:

To ensure a multi-agency, joined up approach to addressing perpetrator behaviour that enables all agencies to identify and respond appropriately to perpetrator behaviour, including a robust criminal justice response.

OUTCOMES:

- + Multi-agency plans are in place that ensure professionals are skilled in identifying perpetrator behaviour, conducting routine enquiry and making onwards referrals into local and/or national interventions.
- + Ongoing development and roll out of the MATAC process is in place to tackle the highest risk domestic abuse offenders in the county.
- + Continued focus on a proactive approach to policing to increase arrest rates and opportunities for criminal justice interventions.
- + Funding opportunities have been explored to provide **out of court disposal specialist interventions** for domestic abuse offenders where appropriate and informed by the risk posed.
- + Long term action plans are in place around multi-agency approaches to addressing perpetrators with multiple disadvantage.

“

... HAVE DONE TRAINING ON THIS BUT I DON'T FEEL IT WAS ANYWHERE NEAR IN DEPTH ENOUGH TO BE EFFECTIVE OR SAFE... [PERPETRATORS] WOULD NEED TO BE ABLE TO RE-EVALUATE EVERYTHING THEY KNOW ABOUT INTERACTIONS WITH OTHER PEOPLE AND TO WANT TO CHANGE...MY EXPERIENCE IS THAT THEY REPEAT, AND USUALLY WORSE WITH THE NEXT PARTNER.

(Professionals Consultation).

”

05

SUPPORT IN **SAFE ACCOMMODATION**

SUPPORT IN SAFE ACCOMMODATION

Under the Domestic Abuse Act 2021, the county council as a **tier 1 local authority** has a statutory duty to provide support to victims/survivors of domestic abuse and their children residing within 'domestic abuse safe accommodation'. Safe accommodation includes²².

- + **REFUGE ACCOMMODATION**
- + **SPECIALIST ACCOMMODATION** (INCLUDING DEDICATED SPECIALIST SUPPORT FOR PEOPLE WITH PROTECTED CHARACTERISTICS SUCH AS A DISABILITY)
- + **DISPERSED ACCOMMODATION** WHICH INCLUDES SELF-CONTAINED ACCOMMODATION
- + **SANCTUARY SCHEMES** (WHICH PROVIDE ENHANCED PHYSICAL SECURITY MEASURES TO A HOME OR THE PERIMETER OF THE HOME)
- + **SECOND STAGE (OR 'MOVE-ON') ACCOMMODATION** (TEMPORARY ACCOMMODATION WHEN INTENSIVE SUPPORT IS NO LONGER NEEDED BUT A LEVEL OF SUPPORT IS STILL BENEFICIAL)

To support the delivery of the local authority statutory duties in the Domestic Abuse Act 2021, the county council receives funding (previously from the Ministry of Housing, Communities & Local Government) as a grant, and from 2025/26 this is included in the Local Authority Settlement). Some of this funding is passed to the

tier two local authorities (the six district councils) as they hold the housing function and are better placed to commission some of the support in safe accommodation. The county council also works with its local partners to consider and prioritise the funding allocated to address the support needs of domestic abuse victims and their children in safe accommodation.

The following activity commenced during the previous strategy, and these will continue and develop, where appropriate, under the new strategy to provide support as part of the response for victims/survivors:

- + The ongoing expansion of the **Places of Safety model**
- + **Support in Refuge accommodation** (Stroud Beresford Women's Refuge)
- + **Domestic abuse support in safe accommodation** through Gloucestershire Domestic Abuse Support Service (GDASS)
- + **Domestic abuse training within the housing sector**
- + **Domestic Abuse Housing Champions Network**
- + **Strategic activities relating to meeting the council's statutory duties** e.g. development and refreshes/reviews of the needs assessment, strategy and delivery plan, and commissioning activity

- + **Operational activities relating to meeting the council's statutory duties** e.g. consultation work and project work to inform strategic decisions
- + **Pilot of a therapeutic support service** for adult victims/survivors of domestic abuse in safe accommodation (Healing and Empowerment)
- + **Pilot of a therapeutic support offer** for children and young people accessing domestic abuse safe accommodation
- + **Funding for a pilot of short stay supported accommodation** for those who have experienced domestic abuse and/or Violence Against Women and Girls and have experience of multiple disadvantage (Respite Rooms)
- + **Supporting district council Domestic Abuse Housing Association (DAHA) accreditation**

Further consideration will be given as to how this funding will be used in future years to continue to strengthen the local approach to support within safe accommodation.

²² <https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services>



06

HOUSING AND HOMELESSNESS

HOUSING AND HOMELESSNESS

People who are homeless because of domestic abuse have an automatic priority need, so local authorities must arrange suitable accommodation for them in certain circumstances, such as while their case is being assessed. In Gloucestershire, this duty rests with the district councils, and each district has its own housing, homelessness and rough sleeping strategies where the accommodation needs of survivors of domestic abuse are considered through the implementation of appropriate solutions. These can be found as follows:



GLOUCESTER HOUSING HOMELESSNESS AND ROUGH SLEEPING STRATEGY



CHELTENHAM HOUSING HOMELESSNESS AND ROUGH SLEEPING STRATEGY



STROUD HOMELESSNESS PREVENTION STRATEGY



TEWKESBURY HOUSING STRATEGY



FOREST OF DEAN HOUSING STRATEGY



COTSWOLDS PREVENTING HOMELESSNESS STRATEGY



Click on the above titles to access the links

It should be noted that at the time of writing, government has published the English Devolution White Paper²³, expecting two-tier areas to develop proposals for reorganisation to create unitary authorities. As such, the strategy will be updated to reflect any impact or change that may result.

²³ <https://www.gov.uk/government/publications/english-devolution-white-paper-power-and-partnership-foundations-for-growth/english-devolution-white-paper#executive-summary303jO4YRHO0h6l5keqrQ%3D&reserved=0>



07

DELIVERY PLAN

DELIVERY PLAN

To accompany this strategy there will be a delivery plan that supports the implementation of our vision, priorities and objectives. The Gloucestershire DA LPB will be responsible for producing a dynamic and evolving delivery plan which will evidence our activity and progress in meeting our strategic objectives and the impact being made on the needs identified in the Domestic Abuse Needs Assessment 2024. The Gloucestershire DA LPB will be responsible for agreeing the prioritisation and setting of timescales for the activity within the delivery plan. The plan will be closely monitored through the LPB governance structure.

In addition, the DA LPB will consider appropriate metrics to monitor the impact of the strategy and the activities undertaken.

08

NEEDS ASSESSMENT

DOMESTIC ABUSE NEEDS ASSESSMENT

The county domestic abuse needs assessment is completed every three years, with an annual refresh that focuses on the provision of domestic abuse safe accommodation, as part of the statutory duty set out within the Domestic Abuse Act 2021.

The scope of the needs assessment in Gloucestershire was widened to not only cover domestic abuse beyond the provision of safe accommodation, but to also include stalking, so-called honour based abuse, forced marriage and child to parent abuse.

The Gloucestershire Domestic Abuse Needs Assessment 2024²⁴ reviews data for years 2021/2022, 2022/2023 and 2023/24. A range of agencies provided data to contribute the needs assessment.



²⁴ <https://www.gloucestershire.gov.uk/media/1lqb4dl2/full-da-needs-assessment-2024-final.pdf>

4.4%
OF ADULTS AGED
**16-74 EXPERIENCED
DOMESTIC ABUSE IN
THE LAST YEAR**

THIS
EQUATES
TO
2.1
MILLION PEOPLE

**DOMESTIC ABUSE
IMPACTS AROUND**



6 IN 100 WOMEN



& 3 IN 100 MEN
EXPERIENCING DOMESTIC ABUSE IN
THE LAST YEAR

THERE ARE **APPROXIMATELY**


2 
**DOMESTIC
HOMICIDES
PER WEEK**
IN ENGLAND AND WALES

4.4%  **& 2.4%** 
OF WOMEN OF MEN
WILL HAVE EXPERIENCED
STALKING IN THE LAST YEAR

09

GLOUCESTERSHIRE DATA ...

THERE IS A CLEAR LINK BETWEEN DOMESTIC ABUSE AND DEPRIVATION: RESIDENTS IN GLOUCESTERSHIRE ARE **6X** MORE LIKELY TO REPORT DA IN THE MOST DEPRIVED 10% OF AF IN ENGLAND THAN THE LEAST DEPRIVED **20%**. IT IS KNOWN THAT HOWEVER THAT DOMESTIC ABUSE IN MORE AFFLUENT PARTS OF THE COUNTY IS UNREPORTED.

19% 
OF ALL **CRIME REPORTED**
TO GLOUCESTERSHIRE POLICE
IS **DOMESTIC ABUSE**

38%
OF ALL **VIOLENT**
OFFENCES REPORTED TO
GLOUCESTERSHIRE POLICE
IS **DOMESTIC ABUSE**

25-34
YR OLDS

HIGHEST RATE OF
DOMESTIC ABUSE
LOCALLY IS
WITHIN THE
AGE GROUP 25-34
31.4 DOMESTIC
ABUSE CRIMES PER
1000 OF THE
25-34 POPULATION)

DOMESTIC ABUSE
RATE: 23/24

15.8
CRIMES PER
1,000
OF THE **POPULATION**

71% 28%
71% OF LOCAL DOMESTIC
ABUSE **VICTIMS ARE FEMALE.**
28% ARE **MALE**

86% 13%
86% OF DOMESTIC ABUSE
PERPETRATORS ARE MALE.
13% ARE **FEMALE**

28%
OF REFERRALS INTO **CHILDREN**
SOCIAL CARE ARE DOMESTIC
ABUSE RELATED

STALKING RATE:
3.39 **CRIMES PER**
1,000 **OF THE**
OF GLOUCESTERSHIRE

76% 
OF **STALKING VICTIMS**
ARE **FEMALE** AND
30% **AGED 25-34**

83% 
OF **STALKING**
OFFENDERS ARE **MALE**

09

GLOUCESTERSHIRE DATA...

DOMESTIC ABUSE IN GLOUCESTERSHIRE

46 REFERRALS

TO MARAC (HIGH RISK VICTIMS) PER

10,000

OF THE FEMALE POPULATION IN GLOUCESTERSHIRE, COMPARED WITH **48 REFERRALS NATIONALLY**

91

DOMESTIC ABUSE VICTIMS WHO APPROACHED THE GLOUCESTERSHIRE REFUGE WERE UNABLE TO BE ACCOMMODATED IN 2023/24

FROM 1 APRIL 2021-31 MAR 2024:

80

DOMESTIC ABUSE VICTIMS WERE **HOUSED IN PLACES OF SAFETY**

152

DOMESTIC ABUSE VICTIMS **WERE NOT** ABLE TO BE ACCOMMODATED IN PLACES OF SAFETY AND OTHER OPTIONS HAD TO BE EXPLORED

FROM APRIL 2021-OCTOBER 2023:

113

CHILDREN ON AVERAGE PER MONTH WERE CONSIDERED IN MARACS AS CONNECTED TO VICTIMS OF HIGH RISK DOMESTIC ABUSE



THE MOST **COMMON ISSUES** WITH ACCESS TO DOMESTIC ABUSE SAFE ACCOMMODATION IN THE COUNTY ARE RELATED TO:



NO RECOURSE TO PUBLIC FUNDS



EXPERIENCES OF **MULTIPLE DISADVANTAGE**



LACK OF **AVAILABLE SPACE**



LACK OF **MOVE ON ACCOMMODATION**



ACCOMMODATION THAT MEETS THE NEEDS OF **PROTECTED CHARACTERISTIC GROUPS**

IN **2023/24** GLOUCESTERSHIRE DOMESTIC ABUSE SUPPORT SERVICE (GDASS) RECEIVED OVER

11,000 REFERRALS

19%

OF REFERRALS ARE FOR **HIGH RISK CASES**

IN **2023/24** POSITIVE RELATIONSHIPS GLOUCESTERSHIRE (PRG) RECEIVED OVER

250 REFERRALS

FOR **PERPETRATORS OF DOMESTIC ABUSE** FOLLOWING AN ASSESSMENT

IN **2023/24** OPERATION ENCOMPASS HAD A DROP FROM 2,399 IN 2021

1,974 REFERRED

CHILDREN REFERRED THROUGH OPERATION ENCOMPASS WERE **PRIMARILY AGED**

6 - 10 YEARS

10.1

NEEDS ASSESSMENT: OVERARCHING AREAS OF DEVELOPMENT



ONGOING IMPROVEMENT OF POLICE RESPONSE TO DOMESTIC ABUSE



CONSISTENT TRAINING FOR ALL PROFESSIONALS



AWARENESS RAISING to increase knowledge and challenge societal norms



CONSIDER THE RESPONSE TO VICTIMS of domestic abuse who present with experiences of multiple disadvantage



DOMESTIC ABUSE and wider deprivation and societal inequalities



EARLY IDENTIFICATION AND INTERVENTION to support early collection across all agencies



PLACE BASED APPROACH to addressing domestic abuse, recognising diverse communities across the county



DOMESTIC ABUSE AND SUPPORT

10.2 | NEEDS ASSESSMENT: THEMED AREAS OF DEVELOPMENT

NHS Gloucestershire ICB Public Board-30/07/25

ACCOMMODATION
BASED

EXPLORING OPPORTUNITIES
to increase the Target Hardening and Sanctuary Scheme during recommissioning DAHA Accreditation

FURTHERING COLLABORATIVE WORK with neighbouring authorities on the Managed Reciprocal Scheme

PROVISION OF MOVE ON ACCOMMODATION

ACCOMMODATION BASED SUPPORT

IMPROVE CONSISTENCY
in responses from homeless services across the county

**WHOLE HOUSING
APPROACH**

INCREASE CAPACITY
of Domestic Accommodation

DEVELOPMENT OF SERVICES THAT OVERCOME BARRIERS RELATED TO:

- + no recourse to public funds
- + experiences of multiple disadvantage
- + Specialist support for protected characteristic groups

ENGAGEMENT

with protected characteristics groups (consideration of 'by and for' approach)

INCREASED FOCUS
on economic abuse

INCREASING
referrals from multi-agency partners across the system

COMMUNITY BASED SUPPORT

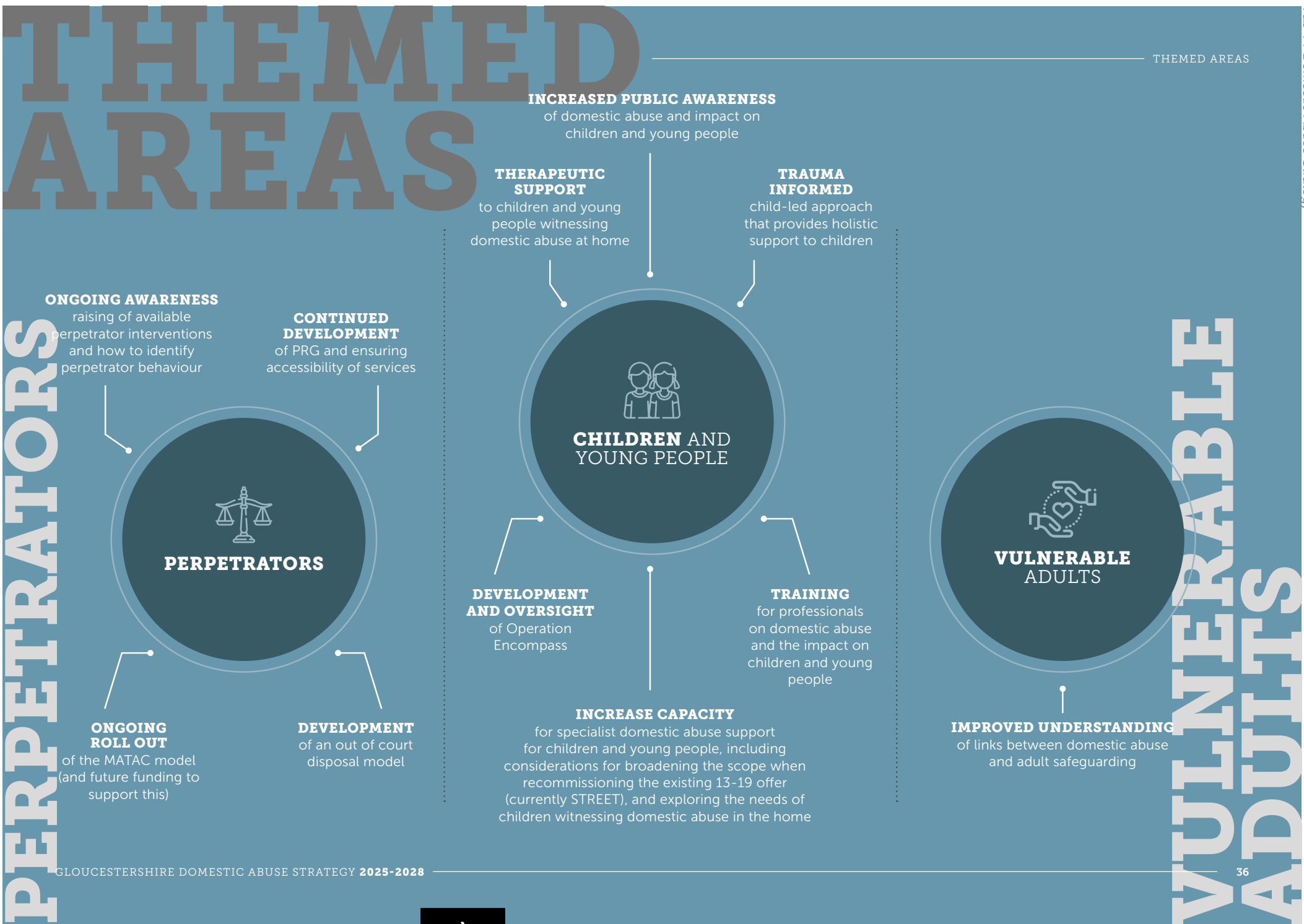
CAPACITY
broadening the range of support offered e.g. more group work programmes, system focus to consider ways to improve overall response to victims accessing services and support, e.g. quicker police response times

EXPLORATION of options for longer term/step-down support that is victim focused, with increases in practical support

MULTI AGENCY ENGAGEMENT
and increasing referrals

CONSIDERATION
of 'by and for' Services

COMMUNITY
BASED



THEMED AREAS

THEMED AREAS

STALKING

DEVELOPMENT
of stalking
perpetrator services

CLEAR PATHWAYS
of support are in place



INCREASED TRAINING
and awareness
of stalking

A NEED TO IMPROVE
local understanding



AGREE OWNERSHIP
of child to parent abuse
agenda strategically

CONSIDERATION
around full pathway for child
to parent abuse including
risk assessment, support
services and training



REVIEW LOCAL PROVISION
and consider options to address gaps

CHILD TO PARENT ABUSE

VOICE OF THE VICTIM/SURVIVOR

The voice of the victim/survivor is essential to the development of the local strategy to tackle domestic abuse. Only those with a lived experience are able to provide first-hand knowledge of how our local systems, pathways and services work and how they could be improved to ensure victims/survivors of domestic abuse are effectively supported at all levels. Understanding lived experience is how we can ensure our decision making and activity to tackle domestic abuse remains victim/survivor-focused, placing the victim/survivor at the centre of our thinking and response.

In order to support this, the Gloucestershire DA LPB has appointed a Domestic Abuse and Sexual Violence Consultation Officer, whose role ensures the voice of victims/survivors is regularly represented at all partnership meetings and within individual projects. In addition, a consultation network has been built to engage across the whole of Gloucestershire's communities supporting this work.

As part of the 2024 needs assessment, a bespoke piece of consultation was conducted to inform the development of this Domestic Abuse Strategy for 2025-2028, ensuring it is informed not only by local need, but by what victims/survivors and the community tell us need to be the partnership's priorities over the next four years.

VOICE OF THE VICTIM/SURVIVOR

The results from this consultation supported the key findings from the Gloucestershire Domestic Abuse Needs Assessment 2024, but also identified the following thematic areas:



VICTIM/SURVIVOR FOCUSED SUPPORT

Support locally that is victim/survivor focused. Recognising the needs of individual victims/survivors and ensuring support is able to respond effectively to those needs. This included reflections on a need to secure longer term support, specific support to address economic abuse, personalised support packages and a need to ensure victims/survivors felt believed and listened to.

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VOICE OF THE VICTIM/SURVIVOR



SPECIALIST DOMESTIC ABUSE SUPPORT

Identified the demand on specialist services; the need for support to be tailored to the client's needs, consideration for the factors impacting engagement and ensuring specialist domestic abuse support is accessible. This included reflections on a need for therapeutic recovery support, services that are accessible to all protected characteristic groups, a need for more staff within commissioned services to support overall capacity and flexible approaches to engaging with victims/survivors.



PROFESSIONAL RESPONSE

The merit of multi-agency working and the need for it when supporting the complexities of domestic abuse. Professional response can lead to identification, disclosure and/or engagement with support. This include reflections on a need for professionals to be well trained, conduct robust risk management, create safe environments for victims/survivors and provide consistent approaches.



HOUSING

Identified the demand on housing services, the complex nature of domestic abuse and fleeing your home and the impact it can have on multiple areas of your life. The importance of the response and support available from housing services was apparent and housing services need to be fully supported to achieve this. This included reflections on the need to ensure there are more safe accommodation options, specialist support for those with specialist needs and consistent responses from homelessness teams.



AWARENESS RAISING AND TRAINING

A need for improved knowledge and understanding of domestic abuse and the sources of support available to enable early identification and intervention, and therefore improve the response to domestic abuse. There was a call for learning opportunities to be easily accessible, consistent and offered widely across all districts, ages and sectors. This included reflections on the need to challenge societal views and improve knowledge and understanding of both professionals and the community.



FAITH, RELIGION AND CULTURE

Importance of understanding domestic abuse within different cultures, faiths, and religions to improve awareness, identification, and response, to safely manage risk and ensure accessibility to services and support that are faith aware and culturally competent. This included reflections on the need to reduce the stigma of reporting, increase community engagement and ensure cultural education is in place.



INCREASED SUPPORT FOR PERPETRATORS

A need for a robust offer of support for perpetrators that meets demand, meets the needs of perpetrators and carefully assesses risk. This included reflections on the need to increase accessibility of services, robust risk management and the need to increase provision that prevents escalation of abusive behaviours.

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THE GLOUCESTERSHIRE APPROACH TO COMMISSIONING DOMESTIC ABUSE SUPPORT



There is strong partnership working and joint commissioning across the public sector organisations in the county and through the DA LPB. Gloucestershire County Council takes a partnership approach to commissioning domestic abuse support services, working with statutory partners: Gloucestershire Integrated Care Board (ICB), Gloucestershire Office of the Police and Crime Commissioner (OPCC) and the district councils.

The current services (see below) that provide specialist support to those affected by domestic abuse across the county, were primarily commissioned under the Gloucestershire Domestic Abuse Framework (which

ended in 2023). This specialist support includes services for victims, Places of Safety, services to address perpetrator behaviour, young people, early identification and workforce development, and stalking.

Now that the framework has ended and building on the strong partnership and joint commissioning already present across the county, these specialist services will be recommissioned outside of the framework model. This will be based on local and national funding opportunities and via local governance arrangements.

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SPECIALIST DOMESTIC ABUSE SUPPORT SERVICES IN GLOUCESTERSHIRE

The below reflects commissioned services at the time of writing the strategy and may be subject to change throughout its lifetime.

GLOUCESTERSHIRE DOMESTIC ABUSE SUPPORT SERVICE (GDASS)

GDASS is a specialist countywide domestic abuse support service provided by GreenSquareAccord. It is commissioned by Gloucestershire County Council with additional investment from the OPCC and the ICB.

The core service provides:

- + Support to all victims of domestic abuse aged 16+, female, male and LGBTQ+ victims with staff specialisms identified covering all protected characteristic groups
- + Support across all risk levels:
 - o Helpdesk support
 - o Standard/Medium risk: Floating Support and Group Work for women and men

- o High Risk: Independent Domestic Violence Advisors (IDVAs²⁴), including IDVAs with specialist knowledge e.g. Health and Court IDVAs, or working in specific settings e.g. the criminal justice system.
- o Support service to the Multi-agency Safeguarding Hub (MASH)
- o Support to victims accessing domestic abuse safe accommodation
- + Support to victims in the context of the whole family
- + Awareness raising and training for professionals in Gloucestershire
- + Community awareness raising and engagement
- + Information, tools, and resources accessible through a public facing website

²⁴ <https://safelives.org.uk/about-domestic-abuse/domestic-abuse-response-in-the-uk/>

PLACES OF SAFETY SCHEME

Places of safety are commissioned by Gloucester City Council (as the host local authority for the Housing Partnership Team which acts on behalf of the district councils and the county council, the OPCC and the ICB) and delivered by GreenSquareAccord. The current contract includes an expansion of the capacity of Places of Safety from 12 to 24 units, with the potential scope to expand to 36 units during lifetime of the contract.

Places of Safety operates as a dispersed domestic abuse safe accommodation scheme and provides accessible, affordable and suitable self-contained individual properties for all victims of domestic abuse including single victims, family units, victims with disabilities and/ or additional support needs. This accommodation is temporary, and support is provided by Places of Safety to support victims in securing suitable move on accommodation

Domestic abuse support within Places of Safety is delivered as part of the GDASS contract.

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SPECIALIST DOMESTIC ABUSE SUPPORT SERVICES IN GLOUCESTERSHIRE

TARGET HARDENING AND SANCTUARY SCHEME

The Maintaining Safety in the Home service (Target Hardening and Sanctuary Scheme) is commissioned by the district councils and the OPCC. The scheme is currently delivered countywide by Safe Partnership, it provides:

- + A range of measures for maintaining victim safety at home by way of additional security measures e.g. alarms, locks, lighting.
- + The provision of a safe room with telephone in a property where there is very high risk of DA and/or stalking.

STROUD BERESFORD WOMEN'S REFUGE

The women's refuge in Gloucestershire is provided by the Stroud Beresford Group, a charity that has been providing support in the county for over 40 years. The refuge is independently funded, with some regular support from the county council's domestic abuse grant funding towards the

cost of domestic abuse support within the refuge and support from the district councils.

The refuge provides support to women and their children, offering safe accommodation (nine bed spaces) alongside a range of services that help build skills, confidence and self-esteem.

GLOUCESTERSHIRE DOMESTIC ABUSE HEALING AND EMPOWERMENT SERVICE

Trauma recovery pilot providing support to adult survivors of domestic abuse accessing domestic abuse safe accommodation using domestic abuse grant funding (for support in safe accommodation). The pilot will be used to evaluate the benefits and demand for trauma recovery support and to inform future consideration for wider provision of trauma recovery provision for all adult survivors.

POSITIVE RELATIONSHIPS GLOUCESTERSHIRE (PRG)

PRG is a specialist countywide service that provides a range of interventions to challenge beliefs and address the behaviours of domestic abuse perpetrators aged 18 years and above. The service is currently provided by FearFree, it is commissioned jointly by the county council, OPCC and ICB. The service provides:

- + A 25 week accredited domestic violence prevention programme. This is a behavioural change group programme for perpetrators of domestic abuse.
- + 1:1 behavioural change work with any perpetrators of domestic abuse who are not eligible for domestic violence prevention programme group programme, including female perpetrators of domestic abuse, LGBTQ+ perpetrators, as well as male perpetrators who could not attend group work programmes, for example due to work commitments or learning difficulties etc.
- + Healthy relationships early interventions group work
- + Partner safety work to ensure victims remain safe as perpetrators attend the programme
- + Relapse prevention support for service users completing the domestic violence prevention programme.

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SPECIALIST DOMESTIC ABUSE SUPPORT SERVICES IN GLOUCESTERSHIRE

SAFE TEENAGE RELATIONSHIPS EDUCATION AND EMPOWERMENT TEAM (STREET) GLOUCESTERSHIRE

A countywide service that provides a range of prevention activity, targeted support, group work programmes and support to safeguard young people aged 13-19. The service is currently provided by Victim Support, it is commissioned by the county council with additional funding from the OPCC.

The service provides:

- + Support to young people aged 13-19 affected by domestic abuse through:
 - o Experience of teenage relationship abuse
 - o Witnessing and affected by domestic abuse in the home
 - o Displaying harmful behaviours in their own relationships
- + Young Person's Violence Advisor (YPVA) support and 1:1 domestic abuse support
- + Group work programmes:
 - o Recovery Toolkit
 - o Dating Detox

GLOUCESTERSHIRE STALKING ADVOCACY SERVICE (GSAS)

A countywide service that provides support to high risk victims of stalking across Gloucestershire, working in conjunction with GDASS, Victim Support and Gloucestershire Constabulary. The service is currently provided by FearFree, commissioned by the OPCC to provide support that includes provision for Independent Stalking Advocacy Caseworkers (ISACs).

NON-SPECIALIST DOMESTIC ABUSE SERVICE PROVISION

Victims/survivors of domestic abuse can access domestic abuse support from a whole range of providers across Gloucestershire e.g. Housing Teams/Homelessness services, GPs, other health provision including mental health services, Children's Social Care, Adult Social Care, Education settings, Department for Work and Pensions, counselling services, other commissioned specialist services e.g. Via, Nelson Trust. These providers are engaged with the domestic abuse agenda, have a good awareness of domestic abuse, proactively seek to identify domestic abuse and work with victims and their families to understand risk and address the issues presenting or will make onward referrals as needed to specialist domestic abuse support services.



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PLANNED REVIEW OF THE DOMESTIC ABUSE STRATEGY

The Gloucestershire Domestic Abuse Strategy will be in place for years 2025-2028 in line with government requirements.

To support the continued delivery of the Gloucestershire Domestic Abuse Strategy, the local needs assessment will be completed in full every three years, with an annual review of local domestic abuse accommodation and support services in line with the statutory requirements as part of the Domestic Abuse Act 2021. In addition, the DA LPB will develop a rolling delivery plan to track partnership activity in response to the strategy and its outcomes.

15 ANNEX

DOMESTIC ABUSE ACT 2021

ANNEXES

STATUTORY DEFINITION

The Domestic Abuse Act 2021²⁵ provided a statutory definition of what amounts to “domestic abuse”, which is defined as:

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if—

- (a) A and B are each aged 16 or over and are personally connected to each other, and
- (b) the behaviour is abusive.

Behaviour is “abusive” if it consists of any of the following—

- (a) physical or sexual abuse;
- (b) violent or threatening behaviour;
- (c) controlling or coercive behaviour;
- (d) **economic abuse**;
- (e) psychological, emotional or other abuse;

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

The Act also defined how the two people can be “personally connected”, which is when any of the following apply:

- (a) they are, or have been, married to each other;
- (b) they are, or have been, civil partners of each other;
- (c) they have agreed to marry one another (whether or not the agreement has been terminated);
- (d) they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- (e) they are, or have been, in an intimate personal relationship with each other;
- (f) they each have, or there has been a time when they each have had, **a parental relationship** in relation to the same child;
- (g) they are relatives.

The Act also introduced children (those under 18 years) as victims of domestic abuse who:

- (a) sees or hears, or experiences the effects of, the abuse, and
- (b) is **related** to A or B.

STATUTORY DUTIES

The Domestic Abuse Act also introduced duties on local authorities (in Gloucestershire this is the county council, the tier one authority, and the council receives funding to support these duties) to:

- + **Convene a multi-agency Domestic Abuse Local Partnership Board** – to oversee the delivery of activities to meet the statutory duties under the Act.
- + **Complete a local needs assessment** – which specifically explores the local need for support services within safe accommodation.
- + **Develop a local domestic abuse strategy** – the provision of which must be – that is informed by the needs assessment.
- + **Commission domestic abuse support services** – that utilise the assessment and strategy to support decision making on admissions to refuges and their children in domestic abuse safe accommodation.
- + **Monitor and report to government** – and to the public.

The Statutory guidance (Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services²⁶) states that where reasonably practicable, tier two authorities must comply with the requirements of the Act. The statutory guidance also requires that where necessary, support is provided by the tier one authority to the tier two authorities, and passed down to the tier two authorities.

²⁵ Domestic Abuse Act 2021 (legislation.gov.uk)

²⁶ <https://www.gov.uk/government/publications/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services>

CORRECT AT THE TIME OF WRITING

GLOUCESTERSHIRE DOMESTIC ABUSE LOCAL PARTNERSHIP BOARD MEMBERSHIP

STRATEGIC GROUP

(Chaired by Director of Public Health, Gloucestershire County Council with vice chair Director of Communities, Gloucester City Council)

Crown Prosecution Service (CPS)

Department for Work and Pensions (DWP)

District Councils –

Cheltenham Borough Council, Cotswold District Council, Forest of Dean District Council, Gloucester City Council, Stroud District Council, Tewkesbury Borough Council, including:

+ Community Safety Partnerships

+ Housing

Gloucestershire Constabulary

Gloucestershire County Council, including:

+ Adults Safeguarding

+ Adults Social Care

+ Children Safeguarding

+ Children’s Social Care

+ Children and Families Commissioning

+ Education

+ Public Health

Gloucestershire Fire and Rescue

Gloucestershire Health and Care NHS Foundation Trust

Gloucestershire Hospitals NHS Foundation Trust

Gloucestershire Integrated Care Board (ICB)

Gloucestershire Office for Police and Crime Commissioner (OPCC)

National Probation Service (NPS)

OPERATIONAL GROUP

(Chaired by Public Health Consultant - Domestic Abuse, Gloucestershire County Council)

Crown Prosecution Service (CPS)

Department for Work and Pensions (DWP)

District Councils –

Cheltenham Borough Council, Cotswold District Council, Forest of Dean District Council, Gloucester City Council, Stroud District Council, Tewkesbury Borough Council including:

+ Housing

Domestic abuse commissioned services:

+ GDASS

+ Healing and Empowerment

+ PRG

+ STREET

+ Stroud Refuge

Gloucestershire Constabulary

Gloucestershire County Council, including:

+ Adults Safeguarding

+ Adults Social Care

+ Children Safeguarding

+ Children’s Social Care

+ Children and Families Commissioning

+ Education

+ Gloucestershire Healthy Living and Learning (GHLL)

+ Libraries

+ Public Health

+ Restorative Gloucestershire

Gloucestershire Fire and Rescue

Gloucestershire Health and Care NHS Foundation Trust

Gloucestershire Hospitals NHS Foundation Trust

Gloucestershire Integrated Care Board (ICB)

Specialist/ other services:

+ Crimestop

+ Nelson T

+ Places of safety

+ Via

+ Family (expand)

+ Victim Services

+ Stalk

Gloucestershire Office for Police and Crime Commissioner (OPCC)

CONSUMER NETWORK

(Led by Community Safety Partnership Office for Police and Crime Commissioner)

Victims and survivors (including representation from ethnic groups)

Community Leaders

Housing providers

Health providers

Local authorities

Frontline

Voluntary and community groups

15 ANNEX:

ACHIEVEMENTS FROM GLOUCESTERSHIRE DOMESTIC ABUSE STRATEGY 2021-2024

The below provides a summary of some of the key achievements from the Gloucestershire Domestic Abuse Strategy 2021-2024. It does not provide an exhaustive list of all activity, but demonstrates the range of activity undertaken to support the implementation of the strategy.

- + The consultation network was established in order to ensure the voices of those with lived experience of domestic abuse can be gathered and help influence the work of the Domestic Abuse Local Partnership Board. A range of bespoke pieces of consultation have been conducted to support development of new work streams within the partnership and to influence the commissioning of specialist services. This has included:
 - o Consultation on the needs of children as victims of domestic abuse.²⁷
 - o Consultation to support the recommissioning of the Places of Safety service.
 - o Engagement with community groups to ensure representation across a range of groups in the county.
 - o Consultation to support the commissioning of a pilot therapeutic service for victims of domestic abuse.
- + Ongoing assessment of local need and research into best practice approaches that has supported the development of new work streams, including (non exhaustive list):
 - o Needs assessment on children and young people impacted by domestic abuse, developing recommendations for future service development accepted by lead commissioners.

- o Annual assessment of need into safe accommodation access across Gloucestershire, supporting the development of intervention and commissioning of services.
- o Evaluation and research into healthy relationships work in schools.
- o Research into child to parent abuse with recommendations to drive activity in response.
- + Development of local policy and training roll out across the county including:
 - o Policy guidance for employers on how to support staff experiencing domestic abuse, stalking and sexual violence, including an employers' pledge within the constabulary to respond to police victims of domestic abuse.
 - o Training for frontline professionals on identifying and responding to domestic abuse, including how professionals should assess risk.
 - o Roll out of DA Matters training within Gloucestershire Constabulary and establishment of a champions network.
 - o Roll out of training into police perpetrated domestic abuse.
 - o Training into new criminal offences introduced as part of the DA Act 2021 and stalking.
 - o Rural domestic abuse champions network established in the rural districts of the county.
 - o New training for hairdressers ('Cut it Out') in identifying and responding to domestic abuse led by GDASS.
 - o Development of the Gloucestershire Domestic Abuse Training Pathway.

- + Ongoing commissioning and development of specialist services to support victims and their children, including:
 - o Places of Safety scheme providing individual properties as safe accommodation to victims who need to flee their own home.
 - o Establishment of a domestic abuse specialist embedded services, policing and housing.
 - o Investment in a new domestic abuse perpetrator programme.
 - o Establishment of a new pilot service to provide therapeutic support to victims of domestic abuse with safe accommodation.
 - o Investment in the Gloucestershire Adult Abuse Service.
 - o Investment in the MATAC programme for identifying and responding to the highest risk offenders.
 - o Investment in a new refugee support service.
- + Ongoing commissioning of specialist services, including Death Reviews, including a new Domestic Homicide Review pilot run by the Domestic Abuse Service.
- + The development of a new strategy and subgroup to lead on awareness raising activity. Awareness campaigns focus on stalking, understanding supporting family and friends, and local services.

²⁷ Gloucestershire Domestic Abuse Strategy 2021-2024

15 ANNEX: DEFINITIONS

A - C

By and for – services run by and for the communities they serve, such as for Black and minoritised women, deaf and disabled women and LGBT+ survivors.

Child to parent abuse - there is currently no agreed definition for the type of harm or abuse where children display harmful behaviours towards parents/caregivers. However, in recent a consultation (outcomes not yet published, [Defining child to parent abuse](#) - GOV.UK), government indicated that this would apply to those aged under 16 yrs.

Commissioning services – care, support etc, funded by a public authority, such as a local authority or the NHS, through a contractual arrangement with a provider.

Community Safety Partnerships - bring together local partners to formulate and implement strategies to tackle crime, disorder and antisocial behaviour in their communities. [Find out more about the Gloucestershire CSPs here.](#)

Coordinated community response – a collaborative approach that brings together various agencies and organisations to address a specific issue, like domestic abuse, by working together to keep survivors safe, hold abusers accountable, and prevent further harm.

D - E

Domestic abuse champion - someone who acts as a point of contact within their organisation, raising awareness, promoting domestic abuse related campaigns, and signposting to sources of support.

DAHA accreditation - the UK benchmark for how housing providers should respond to domestic abuse in the UK. [Find out more here.](#)

Domestic Abuse Housing Champions Network

– a forum that draws together Champions from across the housing sector in Gloucestershire and provides specialist and peer support to help embed best practice and culture change within teams and organisations.

Domestic Abuse Local Partnership Board (DA LPB)

– works to strengthen and coordinate responses to domestic abuse across all services in the county both for accommodation based, and community based support to victims. This includes working together to improve the outcomes for people in the county experiencing domestic abuse, holding individuals to account, and providing support to facilitate the development of healthy relationship behaviours.

Domestic abuse related death reviews – multi-agency reviews following the death of someone (including by suicide) that has occurred as a result of domestic abuse. Previously called Domestic Homicide Reviews (DHRs).

Economic abuse – means any behaviour that has a substantial adverse effect on the victim's ability to acquire, use or maintain money or other property, or obtain goods or services.

F - H

Forced marriage – a form of domestic abuse where;

- + One or both people do not or cannot consent to the marriage, and pressure or abuse is used to force them into the marriage.
- + When anything is done to make someone marry before they turn 18, even if there is no pressure or abuse.

Honour based abuse – a form of domestic abuse which is motivated by the abuser's perception that a person has brought or may bring 'dishonour' or 'shame' to themselves, their family or the community.

I - K

Intersectionality - the overlap of various social identities, such as disability, gender, race, sexuality etc. that may contribute to the systemic oppression or discrimination experienced by an individual.

L - P

Lived experience – the knowledge, insight, and expertise gained from having experienced a particular situation, offering a unique perspective that can inform policies, practices and services.

Making it an Adult Matter Network – a network of 50 areas across England working to improve services and systems for people experiencing multiple disadvantage and co-ordinating sharing their learning in the way.

Metric – a measure of measuring progress or activity under the Domestic Abuse Strategy.

Multi Agency Assessment Team (MARAC)

– where information is shared to assess risk domestic abuse victims face and to safeguard them. It also links with others to ensure the perpetrator's behaviour is managed.

Multi-Agency Tackling Abuse Team (MATAC)

– identifies the most serious and abusive of domestic abuse, and co-ordinates agency interventions to prevent re-offending.

Multiple disadvantage – a combination of factors such as substance misuse, mental health issues, and homelessness that will have a cumulative negative impact on an individual's life. Further context can be found [here](#).

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ANNEX: DEFINITIONS

Needs assessment – identifies the health issues and needs of the population, and the resources needed to address them, using a variety of methods to inform public health planning and resource allocation.

No recourse to public funds (NRPF) – an immigration status which some migrants are subject to, and can cause barriers to victims of domestic abuse accessing support.

No recourse to public funds (NRPF) – an immigration status which some migrants are subject to, and can cause barriers to victims of domestic abuse accessing support.

Operation Encompass – the mechanism of informing schools of domestic abuse incident reported to police so schools can ensure support is in place for the child (ren).

Out of court disposal specialist interventions – a method of resolving an investigation when the offender is known and when that offender admits the offence. This can only be used in limited circumstances and it should reduce re-offending by enabling restorative and reparative justice.

Population-based approach – aims to improve the health and wellbeing of the entire population, rather than focusing solely on individual cases.

Protected characteristics – specific attributes, as defined by the Equality Act 2010, that the law protects against discrimination, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation..

Q - T

Rapid Video Response – victim-focused approach to reports of domestic abuse which uses technology to allow a victim to speak to officers. [Read more about this new approach by the police in the county.](#)

Registered Housing Providers – also known as Registered Social Landlords or Housing Associations, and provide affordable homes.

Related – a child is related to a person if the person is a parent of, or has parental responsibility for, the child, or the child and the person are relatives.

Risk – following the disclosure of domestic abuse, a victim's risk (either standard, medium and high) is assessed. The assessment is used to determine what support is appropriate for the victim based on their risk level, e.g., referral to MARAC, IDVA support, or types of support that might be required. In Gloucestershire, the [DASH \(Domestic Abuse, Stalking, and Honour-Based Violence\) risk assessment](#) is used.

Routine enquiry – frontline staff routinely ask all their service users, clients, customers etc. about their experiences of abuse, regardless of whether there are any signs or suspicions of abuse.

Safe accommodation –

- + Refuge accommodation.
- + Specialist accommodation (including dedicated specialist support for people with protected characteristics such as a disability).
- + Dispersed accommodation which includes self-contained accommodation.
- + Sanctuary Schemes (which provide enhanced physical security measures to a home or the perimeter of the home).

+ Second stage (or 'move-on') accommodation (temporary accommodation when intensive support is no longer needed but a level of support is still beneficial).

Safer Gloucestershire – countywide Community Safety Partnership.

Seldom heard communities – those who are often underrepresented in hearing their voices and perspectives, including professionals and decision makers.

Societal inequalities – the unequal distribution of resources, opportunities, and privileges among different individuals or groups within a society, leading to inequalities.

Socio-economic background – combination of social and economic factors such as income, education, and social class, which can significantly influence a person's life chances and opportunities.

Stalking – any unwanted, obsessive behaviour that causes fear or violence or serious alarm.

Stalking Clinics – provide meetings.

Statutory services – government or the county council provide.

Tier one local authorities – in England have two tiers of local government, the tier one authority is the county council.

Tier two local authorities – in England have two tiers of local government, the tier two authority is the city council.

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ANNEX: DEFINITIONS

U - Z

Voluntary services – those provided freely and without expectation of payment, often by individuals or organisations, to benefit others or the community.

Whole Housing Approach - a framework for addressing the housing and safety needs of victim/survivors in a local area and brings together under one umbrella all the main housing tenure types alongside the housing options and support initiatives needed to help people experiencing domestic abuse to either maintain or access safe and stable housing. [Find out more here.](#)





ACKNOWLEDGEMENTS

We want to thank all those victims/survivors who shared their stories with us through our engagement sessions. We are indebted to the Gloucestershire Domestic Abuse Strategy Group for their energy, enthusiasm and commitment to developing this strategy. Special thanks go in particular to the Domestic Abuse and Sexual Violence (DASV) Strategy Group and the County Council Domestic Abuse Public Health Team for their time, expertise and knowledge in supporting this process.

FURTHER INFORMATION

For further information about any aspect of this strategy please contact publichealth@gloucestershire.gov.uk

NHS Gloucestershire ICB Audit Committee Part 1 Meeting

Held at 09.30am on Thursday 6th March 2025

Hybrid Meeting via MS Teams and in Wilson Room, Shire Hall, Gloucester

Members Present:

Julie Soutter	JS	Non-Executive Director, GICB (Chair)
Karen Clements	KC	Non-Executive Director, GICB (Deputy Chair)
Dr Jo Bayley	JB	Chief Executive Officer, GDOC
Bilal Lala	BL	Non-Executive Director, GHC
Marie-Annick Gournet	MAG	Non-Executive Director, GHFT

Participants:

Andrew Davies	AD	Engagement Manager, Grant Thornton LLP
Cath Leech	CL	Chief Finance Officer, GICB
Justine Turner	JT	Audit Manager, BDO LLP
Paul Kerrod	PK	Deputy Head, Counter Fraud Service, GHFT
Christina Gradowski	CGi	Associate Director of Corporate Affairs, GICB

In Attendance:

Ryan Brunsdon	RB	Board Secretary, ICB
Gerald Nyamhondoro	GN	Corporate Governance Officer
Dawn Collinson	DC	Corporate Governance Administrator, GICB
Kelly Matthews (Agenda Item 8)	KM	Programme Delivery Director, GICB
Mark Golledge (Agenda Item 8)	MG	Programme Director - PMO & ICS Development, GICB
Jess Yeates (Agenda Item 8)	JY	ICS PMO Coordinator, GICB
Paul Atkinson (Agenda Item 11)	PA	Chief Clinical Information Officer, ICB

1. Introduction and Welcome

- 1.1 JS welcomed members and attendees.

2. Apologies for Absence

- 2.1 Apologies were received from Adam Spires (AS).
- 2.2 JS confirmed that the Audit Committee meeting was quorate.

3. Declarations of Interests

- 3.1 JB declared that as of December 2024, she was now the Clinical Director of the West Forest Primary Care Network (PCN) and was an independent member for the ICB with responsibility for Primary Care. JB also declared an Interest in that GDOC had expressed an interest in the Special Allocation Service (SAS).

- 3.2 JS declared that her husband was no longer on the Board of Governors at the University of Gloucestershire, and so this interest would need to be removed from the Conflicts of Interest Register
4. **Minutes of the Last Audit Committee Meeting Held on 5th December 2024**
- 4.1 The minutes of the meeting held on 5th December 2024 were approved as an accurate record.
5. **Matters Arising & Action Log**
- 5.1 **24/06/24: Action No 32 - Item 10.2.2 POD Recommendations. March Update:** Chair of PC&DC still reviewing and to produce a short summary report for JS on some of the Governance improvements. **Action Open.**
- 5.2 **24/06/24: Action No 33 - Item 11.3.2 Social Media Policy. March Update:** Social Media Policy had been approved. **Action Closed.**
- 5.3 **24/06/24: Action 35 – Item 12.4.1 System Level Risk Management Approach. March Update:** This action can be closed and incorporated within Action 40. **Action Closed.**
- 5.4 **05/09/24: Action No 39 - Item 6.6.2 Patient Safety Incident Reporting Framework (PSIRF) Report. Awaiting EPRR manager to supply intranet training pages. March Update:** A new Policy written by the EPRR Manager had been approved at the System Quality Committee and taken to the Board. Further information re training progress to be reported at the June Audit Committee meeting. **Action Open.**
- 5.5 **05/09/24: Action No 40 - Item 8.1.2 Risk Management. March Update:** CGi had met with the team, and this would now be reported through Quality rather than Integration. **Action Open.**
- 5.6 **05/09/24: Action No 41 - Item 8.4.3 Report from the Integrated Commissioning Directorate Team on Risk and Assurance. March Update:** Information requested for June 2025 meeting. **Action Open.**
- 5.7 **05/12/24: Action No 46 – Item 6.4.1 DSPT. March Update:** To be included within Part 2 of the Audit Committee for March. **Action Closed.**
- 5.8 **05/12/24: Action No 47 - Item 7.2 Audit Committee date for June. March Update:** GN had contacted members and rearranged the Audit Committee meeting to 16th June. This has now been actioned. **Action Closed.**
- 5.9 **05/12/24: Action No 48 – Item 8.2.1 Review of Risk 37. March Update:** Reputational damage or harm to children risk. Service under review currently. To be reported at next meeting. **Action Open.**
- 5.10 **05/12/24: Action No 49 – Item 10.2 Amendment of Terms of Reference (ToR). March Update:** ToR amended and taken to the ICB Board for approval. **Action to be Closed.**
- 5.11 **05/12/24: Action No 50 – Item 12.2 Counter Fraud Policy. Counter Fraud Policy now updated. Guidance still awaited. Paul Kerrod to ensure this will appear on Progress Report for Counter Fraud. Action Closed.**

- 5.12 **05/12/24: Action No 51 – Item 13.1.2 Review of Provider Selection Regime risk.**
March Update: Risk revised downwards to a score of 6. **Action Closed.**
- 5.13 **05/12/24: Action No 52 – Item 19.1 Specialist Commissioning.** **March Update:**
Report to be taken to Resources Committee on 6 March 2025. Specialist Commissioning Agreement to be taken to Board in March 2025 and to be a Standing Item at future Resources Committee meetings. **Action Closed.**
- 5.14 Primary Care Assurance Framework Process – 2024/2025 Internal Audit Approach Proposal
- 5.15 The purpose of this paper was to set out the South West Collaborative Commissioning Hub (CCH) proposal for a collaborative approach to Pharmacy, Optometry and Dental (POD) internal audit work across the seven South West ICBs in 2024/2025.
- 5.16 CGi informed members that these papers had been approved by Primary Care Operational Group (PCOG) and Primary Care & Direct Commissioning Committee (PCDC) and had been presented to the Audit Committee for information, from an assurance perspective around the governance and controls in place for the audit programme for POD.

RESOLUTION: The Audit Committee noted and were assured by:

- 1. The prior approval of the papers on the collaborative approach for POD by PCOG and PC&DC;**
- 2. The appropriate governance, controls and checks being in place for the audit programme for POD.**

6. External Audit

- 6.1 AD explained :
- The Audit Plan had not changed significantly from those in previous years, although there had been a slight change around risk.
 - Detailed planning and interim work had been completed with support from the ICB and early sampling had been sent out.
 - Some of the processes around detailed contract testing had been established, to enable swift turnaround by the ICB due to the year-end timetable being one week earlier than last year.
 - It was the intention to conduct some early cross work on POD planned in April
 - The detailed project plan was now in place and completion timelines had been shared with the Finance Team.
 - The Mental Health Standards Review was progressing and nearing completion so would be issued ahead of deadline within the next week or so.

The key risks of the Audit Plan were highlighted by AD, and the Auditors Annual Report would go to the June Committee with the fee in line with the agreed contract.

- 6.2 The Chair referred to page 52 of the pack which detailed revised standard and the National Audit Office (NAO) where additional work may be requested after the audit opinion which could require an additional fee. AD confirmed that this was not relevant to the ICB and had been placed in for information purposes.
- 6.3 The External Audit Plan was given an overall Green rating for Assurance and Management Actions.

RESOLUTION: The Audit Committee noted the update report on the External Audit Plan.

7. Internal Audit Reports

7.1 Internal Audit Progress Report and Sector Update

- 7.1.1 JT presented a verbal update and stated that work had commenced in preparation for Specialist Commissioning Due Diligence with the final audit to be scoped shortly. There were a range of different reports in the sector update and the National Quality Board had written a paper on Principles for assessing and managing Risks across the Integrated Care System (ICS).

7.2 Key Financial Systems

- 7.2.1 JT presented the report and explained that the processes were continuing as previously, being very good in this area. The Chair expressed appreciation to the Finance Team who had given an excellent performance in demonstrating significant assurance that all the main financial systems and controls were designed and operating as they should.

7.3 Conflicts of Interest (COI)

- 7.3.1 JT presented the report explaining that this had been a focussed review on processes around Declarations of Interest (DOI), looking at Integrated Locality Partnerships (ILPs) and a particular procurement on Integrated Care. The Auditors reported a substantial opinion on both control design and operational effectiveness. The Audit had found two low rated findings which had been discussed with the Director of Primary Care and Place. Auditors had been happy around the rationale for removing two senior directors from decisions.

- 7.3.2 JB noted that Gloucestershire had experienced difficulties relating to a specific procurement relating to COI management and asked whether the Committee was assured that the processes in place would prevent such instances from recurring. The Chair was keen that any issues arising were reflected in a review of processes and the COI management for the Urgent and Emergency Care (UEC) contract award in November 2024, was particularly robust in that instance, with the Chair being happy that those lessons learned had been implemented.

- 7.3.3 CGi said that Ellen Rule had commented on all the areas of good practice undertaken around COI. The Governance Statement provided information on ways that staff really understood this. Recently there had been an increase in the numbers of referrals around COI than had been seen before, which would indicate that the situation had improved recently, with more people prepared to ask questions and to attend the plentiful training in the ICB. The Chair extended thanks to GN who administered the COI policy and registers and noted that the Audit had achieved significant assurance on design and effectiveness.

7.4 Internal Audit Follow Up Report

- 7.4.1 JT presented the report whereby three actions had been marked as complete in the period, with two overdue and one not having met the action date. Areas marked as complete were around the Working as One (WaO) programme achieved significant assurance on design and effectiveness. Lessons learned had been shared with the

System Improvement Group and partners. The WaO programme had fully transitioned into workstreams, being led by the system with Newton Europe having completed their contract.

- 7.4.2 The Equality, Diversity and Inclusion (EDI) action had been completed, with enhanced analysis. JT expressed thanks and commented that she could not recall previously having received something written so comprehensively, and in so much depth.

7.5 Mental Health Act (MHA) Compliance in Acute Hospital Trusts Report

- 7.5.1 JT said this was for information only for this Committee and thought that the System Quality Committee (SQC) would appreciate perhaps reviewing this topic. JB asked whether the scope of this could be extended to all providers connected with the MHA for assurance purposes and also noted deprivation of liberty as being part of the Mental Capacity Act (MCA). KC queried whether other programmes across the system were offering assurance or compliance with other key requirements such as Child Protection.

- 7.5.2 CGi said that there was a policy, procedures and training on the MCA. Items did go to the SQC for ratification and presentation, with CGi working closely with Simon Tomlinson (Gloucestershire County Council (GCC)) on this.

RESOLUTION: The Audit Committee:

- **Noted the Progress Report and Sector Update report.**
- **Noted the Key Financial Systems report.**
- **Noted the COI Audit report**
- **Noted the Internal Audit Follow-Up report.**
- **Noted the MHA Compliance in Acute Hospital Trusts report.**

Head of Internal Audit Opinion – draft

JT updated the Committee on the draft Head of Internal Audit opinion which will show a Moderate opinion as last year. NHS England (NHSE) had a deadline of Friday 14th March 2025 for all ICBs to have submitted an early draft of the internal audit opinion.

7.6 GICB Draft Internal Audit Plan 2025/2026

- 7.6.1 This draft Audit Plan had been proposed by internal audit and had been reviewed by Executives. JT explained that this was a risk-based focussed on ICB risks on the Board Assurance Framework (BAF) along with potential future risks. JT mentioned page 167 of the pack where audits were examined over the next three years to map those across strategic risks. A number of the risks overlapped and there was audit coverage in all areas.
- 7.6.2 JT asked for the Committee's approval for the draft Internal Audit Plan for 2025/2026, it was noted that there would be flexibility during the year should other issues arise.
- 7.6.3 BL referred to Health Inequalities and Prevention, saying this was very important and queried whether this could be work that could be brought forward from 2026/2027. JT explained that a review of Health Inequalities had been presented at the previous Audit Committee, so had already been examined.

- 7.6.5 The Chair and members were happy with the progress reports and follow-ups and issued an overall Green rating for Assurance.

RESOLUTION: The Audit Committee approved the GICB Draft Internal Audit Plan for 2025/2026.

8. Risk Management Report

8.1 Board Assurance Framework (BAF)

- 8.1.1 The Chair noted that the BAF had been presented to the last Board at the end of January 2025, with a few items of update; however, there were still some areas that had not been updated since January 2025. The BAF was due to be updated by RB and CGi by the end of March, ready for the next Board meeting.
- 8.1.2 CGi explained that the BAF was always updated where a strategic risk related to a specific business area and it had been to the SQC on 5th February 2025, and to PCDC on 6th February 2025. Directors still added strategic risks which they thought significant onto the BAF which scored below 12.
- 8.1.4 The Chair expressed disappointment in BAF 5 not having been updated, especially since the Audit Committee had requested it to be updated in December 2024. It was unfortunate that the BAF was now six months out of date, especially from a risk and learning perspective, given that there had been a Critical Incident in January 2025, which had seriously affected UEC and multiple partners. It was important that the BAF reflected this serious strategic risk, and that the Committee Chairs had an up to date a BAF as possible when discussing it on their agendas. The Audit Committee obtained assurance from Committee discussions, that they had looked at their most recent BAF and discussed the risks associated with it.
- 8.1.5 The other request had been to assess the risk associated with it which had been at a score of 12 (it was 12 in September prior to the Critical Incident). There had been a feeling that some of the partners would have rated that more highly than 12.
- 8.1.6 CGi explained that the BAF 5 had been sent a couple of times for updating around UEC but unfortunately, due to staff sickness, this had not been updated.
- 8.1.7 JB brought to the Committee's attention that BAF 6 was to be updated to reflect the British Medical Association (BMA) recently standing down GP collective action. JB made a retrospective Declaration of Interest for GDOC (see Item 3.1). JB reflected that looking at BAF 10, that there were some risks to the system relating to Primary Care estates not mentioned. JB wondered whether for assurance, that the Primary Care provider side of the risk could be more fully captured in the BAF.
- 8.1.8 CL said that there were significant backlog critical infrastructure issues within the Gloucestershire Hospitals NHS Foundation Trust (GHFT) estate and there was a Primary Care programme where significant investment had been made over the rolling programme since 2013 in the Primary Care estate. Looking at the overall strategic risk for estates, the GHFT one was far in excess to that of Primary Care and had the biggest impact, but CL said she would review the risk, nonetheless.

8.2 Corporate Risk Register (CRR)

- The ICB had a total of 13 rated 20 risks which were the highest scored risks for the organisation.
- There were a total of 113 risks appearing on the Corporate Risk Register (CRR) since November 2024.
- There had been a decrease in 24 risks since the last Audit Committee on the CRR. Eight risks had been included for closure.

8.2.1 RB stated that the CRR was a live document with new risks needing to be added into the system around the 2025/2026 control total and savings plans that would be noted on the Risk Register after today. The highest number of risks still remained with the Integration Directorate noting that some of those risks would be moving the quality directorate. The CRR showed 9 risks with a consequence score of five, which were the highest ones for the ICB.

8.2.2 Specific risk updates had been included from the last meeting in December as well as some of the risks captured from some of the other Committees, which were detailed towards the bottom of the report.

8.2.3 RB had met with Paul Kerrod last week, with a suggestion that from the new financial year, a review would be taken of the whole Counter Fraud register to check for any risks rated 12 or above.

8.2.5 The Chair said that the Integration risks could be further explored in a future deep dive.

8.2.6 The Chair noted that some of the older risks needed to be reviewed at some point. The report could be used to ask the leads responsible about the risks.

8.3 Risk Closure Report

8.3.1 There were eight risks presented for closure. The report had been circulated and there were no further comments or recommendations made by the Committee.

8.4 Transformation and Urgent Care Comprehensive Risk Assessment

8.4.1 MG said that there were three main risks relating to the Strategy and Transformation Directorate. The process for review of those risks was through the Senior Managers meeting, where the risks were reviewed, updated and reported up through the CRR and discussed at System Resources Committee. Although the score for the Critical Incident had been reduced down, this continued to be monitored. There were ongoing discussions with the local authority around local government reorganisation and the potential impact this could have on transformation work.

8.4.2 KM spoke about the Urgent Care risks of which there were 5 on the Risk Register. One former risk around Recovery from Covid was proposed to be removed.

8.4.3 Systemwide governance had been established enabling good transition away from the WaO programme, with the introduction of a Patient Flow Delivery Board having been established in November 2024. This would hold oversight of the programme with robust governance across community based urgent care, hospital flow decision making and intermediate care, in line with the workstreams. There was confidence in the transition of the governance from WaO with actions in place around change capacity, with a focus going forward on sustainability of impact.

- 8.4.4 In terms of risk change, the score had been reduced for alternative Emergency Department (ED) pathways, which had dropped from a score of 16 in December, to a score of 12 in 2025. Establishing the Integrated Urgent Care Service (IUCS) had brought stability and the service had been meeting the mobilisation metrics desired. There was a Year 1 Development Plan, but after three months the service was already on target which had driven the risk score down. A stable and positive response to the Critical Incident had been seen from the alternative pathways throughout January.
- 8.4.5 Learning from the Critical Incident and the use of data and intelligence was factored into the action response. Whilst improvements had been seen in performance, until the system had been sustainably held, the approach was that the risk score would not be reduced. The portfolio and programme planning for next year would be to prioritise sustainability and sustainable delivery, especially during the winter months.
- 8.4.6 The Chair observed that building sustainability and resilience, was a key part of the risk and the rating of it for the BAF from a strategic perspective. KM reported that despite massive improvements from transformation being seen around Length of Stay (LOS), the front door remained severely challenged with a desire to see sustainable delivery aligning in all the metrics before lowering the score on the BAF.
- 8.4.7 KM recognised that further discussions were needed to be able to deliver a consistent approach for system organisations. The Critical Incident debrief reflected relationships with Primary Care and risk management across all partners was being addressed. The Chair felt the Audit Committee take assurance from this and around building a sustainable model, with possible potential for higher scores to be lowered across the system due to appropriate mitigations being in place. This was not always easily demonstrated on the BAF but attending Audit Committees, did offer the ability to gain a better insight into some of the issues behind the BAF itself.
- 8.4.8 MG reflected that work was being done around six transformation portfolios would help progress things further and taking the same approach as that of Urgent Care and Flow would enhance strategic thinking over the next year around risks to transformation delivery and to the performance and productivity outcomes. This would take some time to embed due to portfolios being at varying stages. MG said that JY did a huge amount of work with him and KM to ensure that there was a robust process in place around risk management within the Directorate.
- 8.4.9 The overall risk Assurance rating from members for Risk Management remained at Amber, with a rating of Green for Management Actions.

RESOLUTION: The Audit Committee:

- 1. Noted the Board Assurance Framework (BAF).**
- 2. Noted the Corporate Risk Register (CCR).**
- 3. Approved the closure of the eight risks on the Risk Closure report.**
- 4. Noted the update on Transformation and Urgent Care Comprehensive Risk Assessment.**

9. Conflicts of Interest (COI)

- 9.1 GN presented on COI compliance levels measured against the 95% compliance standard :

Compliance levels in Q4 were currently as follows:

- Members of the Board 100%;

- Members and decision-making staff (band 8a and above) 99%;
- Junior staff (Band 7 and below) 99%;
- The average compliance level of members and all staff was 99%.

9.2 The Governance team advised members and staff on issues of managing interests relating to acceptance of gifts and hospitality. The Team maintained a Gift & Hospitality Register for the purpose of monitoring interests. Eight declarations had been made up to Quarter (Q4) of the year 2024-2025. The Register highlighted a culture of low appetite for accepting gifts and less inclination to accept offers of hospitality.

9.3 GN pointed out that on 1st April 2025, the Register during business hours in the morning, would be non-compliant and then compliance would need to be swiftly reinstated. The Chair gave a Green Assurance rating.

RESOLUTION: The Audit Committee noted the report on Managing Conflicts of Interest.

10. Draft Annual Governance Statement

10.1 CGi advised that additional information provided on SharePoint had been made available on the day that Audit papers were distributed. Therefore this governance statement would be updated where required to align with updated guidance and emailed to Audit Committee members as a final version, before submission to the Communications team for inclusion in the Annual Report.

10.2 More recently a Board Development session has been organised to review the ICB governance, processes and performance reporting, within the context of the Insightful Board Guidance for ICBs, which had now scheduled for April 2025. The Chair asked whether the guidance paper for the Insightful Board had been circulated.

Action: CGi to circulate the Insightful Guidance paper to members of the Committee and bring this item back to the June Committee meeting.

CGi

RESOLUTION: The Audit Committee noted the update on draft Annual Governance Statement.

11. IT Policies

11.1 PA advised that there was a shared function with GHFT that provided a good deal of the ICBs functions and facilities. The policies had been adapted for the ICB. It was noted that these policies applied to the ICB and not to primary care. Primary Care was different in that it was governed by the ICB GP Practice document.

11.2 JB wondered whether having those restrictions about acceptable use created a duty on the ICB to check compliance with members of staff. PA said he had not come across enforcement anywhere but thought the clauses were useful if a problem around acceptable use were to arise. The Chair gave a Green assurance rating.

12.1

RESOLUTION: The Audit Committee approved the following policies:

- Acceptable Use of IT Systems and Equipment
- IT Forensic Readiness
- Portable IT Equipment and Removable Media
- BO591 AC1 – IT Access Control
- BO591 AC2 – Registration and De-Registration
- BO591 AC3 – Password Usage Management
- BO591 AC4 – Physical Access to IT Equipment and Systems
- BO591 AC5 – Disposal of Equipment

12. Counter Fraud Progress Report – March 2025

- 12.1 PK updated on the Economic Crime and Corporate Transparency Act 2023. Guidance on how to implement this was awaited from the Counter Fraud Agency (CFA) and formed part of the work plan. PK drew attention to Appendix 1 the draft Counter Fraud, Bribery and Corruption Workplan 2025/2026. This would comprise 30 days of proactive work and 10 days of reactive work.
- 12.2 Section 5 of the report which identified the local proactive exercise currently under consideration for adoption throughout the year. The first area was Due diligence around the recruitment of agency staff which was relevant as one of the live investigations concerned a member of agency staff. Salary overpayments was another area of consideration along with Duplicate Invoices. The Counter Fraud Risk Register is to be reviewed and this could highlight some areas to be adopted for local proactive exercises.
- 12.3 Appendix 2 – Summary of Counter Fraud Investigations comprised two live investigations one of which related to a member of agency staff and was ongoing. The second one having been reported to the Committee on a number of occasions, related to a case currently with the Crown Prosecution Service (CPS) for a charging decision. PK would keep the Committee updated on progress.
- 12.4 Appendix 3 – Single Tender Waiver Benchmarking Report 2023/2024. PK explained that this was an annual exercise which enabled the organisation to benchmark performance against peers regionally and nationally. It was hosted by an outside provider who produced the report in accordance with CFA guidance. The report had been seen by CL who had noted this included both Trusts and ICBs, which moving forward could distinguish between the two. The report had been include for members' information.
- 12.5 The Chair was concerned about the 59% rate of compliance e-learning on Counter Fraud which was mandatory and asked about mechanisms for chasing staff at the end of February to ensure compliance by the end of March. This was now on ESR and so registered whether staff had completed the training. **Action: CL to issue a reminder to staff around mandatory Counter Fraud training to improve compliance.**
- 12.6 The Chair liked the Single Tender Waiver Benchmarking Report, and thought the lower numbers related to ICBs and the higher ones to Trusts. The Chair felt it would be helpful for David Porter to have a look at this as when looking at the Procurement Report on an annual basis, especially around Single Tender Waivers and Retrospective Waivers from an assurance perspective about procurement controls and frameworks. The Chair gave a Green Assurance rating for the Counter Fraud Progress Report.

CL

12.1

RESOLUTION: The Audit Committee noted and approved the Counter Fraud Progress Report for 2025/2026.

13. Summaries of Procurement Decisions and Activity

13.1 There was nothing to report under this item.

14. Register of Waiver of Standing Orders

14.1 CL stated she was happy to take any questions to David Porter. It was noted that there was an error in the date of the first one listed, which should have been September 2025.

14.2 The Cotswold Frailty Service was quite a large waiver and CL explained that this was due to it being re-assessed in the county and so the waiver had been extended whilst this exercise was being undertaken. The Chair said it would be useful to look at some of the waivers, which were quite substantial, and their categorisations. A Green Assurance rating was given.

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

15. Draft Annual Accounts Timetable

15.1 This timetable was very similar to those of previous years. The draft Accounts were due at 9:00 am on 25th April and the audited signed accounts by 9.00 am on 23rd June, a week earlier, so timescales were slightly tighter for both the accounts and audit, which the Chair recognised was hard for everyone involved in this work.

RESOLUTION: The Audit Committee noted the draft Annual Accounts Timetable.

16. Losses and Special Payments Register

16.1 There was nothing to report under this item.

17. Aged Debt and Write Off Report

17.1 As of today the outstanding debt as per the Sales Ledger showed NHS debtors at £1.1m and was currently at £220k and for Non-NHS it was £363k, which was a significant reduction. CL said that the ICB had written off two debts totalling to just over £4k. One related to a Counter Fraud claim with evidence showing that this would not be recovered, and the other related to a Death in Service claim. Details around the recovery of bad debts would be shown in the Accounts. The Chair was happy with the report. A Green rating was issued for Assurance.

RESOLUTION: The Audit Committee noted the current level of invoices on the Sales Ledger of NHS Gloucestershire ICB, and the actions being taken to recover the outstanding debts.

18. Forward Planner

- 18.1 The Chair had indicated that she would like meetings to be arranged at regular intervals between the NEDs and Auditors and this had been done, but was not yet on the Forward Planner. Meetings had been scheduled for March and September. The Chair indicated that she would be happy to meet up with the Auditors in the interim should this be required.

19. AOB

- 19.1 There were no items of Any Other Business raised for discussion.

The meeting concluded at 11.10pm

Date and Time of Next Meeting: Monday 16th June 2025 – 9.30-11.45am

Minutes approved by the Audit Committee:

Signed (Chair): Karen Clements
Date: Monday 16th June 2025

AUDIT COMMITTEE 16th June 2025 draft**ASSURANCE REPORT****Part I**

Area	Assurance	Notes
External Audit	Green	Year-end timetable one week earlier than last year – proved challenging for everyone. Good result under difficult timetables. VFM report – good work and improvement noted. Unqualified opinion on accounts expected. Risks, materiality and audit recommendations and management responses discussed. Improvement recommendations on recurrent savings identification. Service Auditor Reports (separate agenda item) - noted ICB controls operate effectively over externally provided services Annual Report – good. Commended.
Internal Audit	Green	Progress report and sector update noted. Head of Internal Audit opinion – moderate assurance as last year. Key Financial Systems audit - achieved significant assurance on design and effectiveness. Advisory reports – Specialised Commissioning due diligence - no areas of concern; Assurance reports - ICS System working decision making – moderate design and effectiveness; Indicative Head of Internal Audit opinion – moderate 25/26 reports – Advisory Data Security & Protection Toolkit
Risk Management	Amber	BAF – noted updates as presented to Board at least meeting. Work is continuing on BAF and risk reporting, recognising transition impact on system risk. Agreed closure of risks presented to committee. Work continuing on mapping and reviewing Integration directorate risks assigned to new directorates. EPRR risks referred to SQC for more detailed discussion including transition impact. Assurance remains at amber to reflect work on transition, improvement and sustainability
Counter Fraud	Green	Annual report and Counter Fraud Functional Standards Return – green assurance. Noted good working with ICB governance staff on risk. Progress report 25/26 noted.
System-wide Critical Incident Debrief Report	N/A	Report on system-wide debrief following critical incident declared 8-13 th January 2025. Recommendations noted. This is coming back to the next meeting.
Procurement – Decisions and Waivers	Green	Annual summary report expected Sep meeting. Decisions and Register of Waivers noted.
Financial Management and systems	Green	Risks noted with timing of implementation of ISFE2 ledger system for 30/9.

NHS Gloucestershire Primary Care & Direct Commissioning Committee Meeting

Thursday 3rd April 2025 - 14.00-17.00pm
Via MS Teams and Boardroom, Shire Hall

Members Present:

Ayesha Janjua (Chair)	AJ	Non-Executive Director, NHS Gloucestershire ICB
Cath Leech	CL	Chief Finance Officer, NHS Gloucestershire ICB
Ellen Rule (<i>deputising for Mary Hutton</i>)	ER	Deputy Chief Executive/Director of Commissioning, NHS Gloucestershire ICB
Prof Jane Cummings	JC	Non-Executive Director, NHS Gloucestershire ICB
Dr Ananthakrishnan Raghuram	AR	Chief Medical Officer, NHS Gloucestershire ICB

Participants Present:

Becky Parish	BP	Associate Director Engagement and Experience, NHS Gloucestershire ICB
Dr Emma Crutchlow	EC	GP and Primary Care Network Perspective, NHS Gloucestershire ICB
Helen Edwards	HE	Deputy Director of Primary Care and Place (Localities), NHS Gloucestershire ICB
Jo White	JW	Deputy Director of Primary Care & Place (Primary Care Development), NHS Gloucestershire ICB
Dr Laura Halden	LH	Clinical Chair of Gloucestershire Primary Care Training Hub
Lucy White	LW	Healthwatch Gloucestershire

In Attendance:

Charlotte Griffiths	CG	Senior Programme Manager, Primary Care & Place, NHS Gloucestershire ICB
Dawn Collinson	DC	Corporate Governance Administrator, NHS Gloucestershire ICB
Jeanette Giles	JG	Head of Primary Care Contracting, NHS Gloucestershire ICB
Katrice Ewers	KE	Primary Care Network Service Implementation Manager, NHS Gloucestershire ICB
Meryl Foster	MF	Senior Programme Manager, Primary Care & Place, NHS Gloucestershire ICB
Ryan Brunson	RB	ICB Board Secretary, NHS Gloucestershire ICB
Sian Williams	SW	GP Clinical Pharmacist, NHS Gloucestershire ICB

1. Introduction & Welcome

- 1.1 The Chair welcomed members to the Primary Care & Direct Commissioning (PC&DC) Committee. The meeting was declared to be quorate.

2. Apologies for Absence

- 2.1 Apologies were received from Mary Hutton, Andrew Hughes, Carole Allaway-Martin, Nigel Burton Christina Gradowski, and Marie Crofts. The meeting was declared to be quorate.

3. Declarations of Interest

- 3.1 The Register of Integrated Care Board (ICB) Board members is publicly available on the ICB website: [Register of interests: NHS Gloucestershire ICB \(nhs.uk\)](https://nhs.uk/primary-care-direct-commissioning/register-of-interests)
[Register of interests : NHS Gloucestershire ICB \(nhs.uk\)](https://nhs.uk/primary-care-direct-commissioning/register-of-interests)
 JCu declared an Interest as being a patient at Leckhampton Surgery.

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Minutes of the PC&DC Committee, Thursday 3rd April 2025

4. **Minutes of the Previous Meeting held 6th February 2025**

- 4.1 The minutes of the meeting held on 6th February 2025 were approved as an accurate record subject to two minor changes requested to the resolution at the bottom of 7.1 around the dental urgent care proposal.

5. **Action Log and Matters Arising**

- 5.1 **Action 41 – Primary Care Quality metrics. April 2025:** Update to be given at the June meeting. **Action to remain Open.**
- 5.2 **Action 45 – GP Premises Development. April 2025:** GHC Team presented the process for booking rooms at its Community Hospital sites. **Action to be Closed.**
- 5.3 **Action 49 – Waste Disposal. April 2025:** To be followed up by RB/AJ after the meeting. **Action Open.**
- 5.4 **Min 50 – Decarbonisation. April 2025:** Bid has gone in for this and to go to Board Development end of April. **Action to be Closed.**
- 5.5 **Action 51 – National GP Pilot. April 2025:** On Agenda today. **Action to be Closed.**
- 5.6 **Action 52 – Service Development Funding (SDF). April 2025:** Summary on SDF to be brought back with the implications of the planning guidance to the June meeting by JW. **Action Open.**
- 5.7 **Action 53 – Community Diabetes Consultant. April 2025:** Work in progress with the Diabetes CPG following up. Further information to follow. **Action Open.**

6. **Tier 2 Intermediate Minor Oral Surgery (IMOS) Services Update - Confidential**

- 6.1 JW explained to the Committee that the Primary Care Operational Group (PCOG) had noted the paper and recommended to PC&DC to:

1. Confirm the ICB agreed model for Option 1, as described in Paragraph 2.7 of Appendix 1 and Part 4 of this paper:

Option 1 – Continue with Phase 2 for all end dated contracts but have further discussion regarding those contracts that are tied up in CDS or block contracts where activity and budget cannot be easily identified.

2. Note for Recommendation - In Gloucestershire, 2 contracts for Oral Surgery had historically been aligned to block contracts:

The GHC contract provision had a defined contract value, which clarified the IMOS and Sedation contract value and contracted periods.

The overall Tetbury Elective Care Contract had some IMOS provision and the ICB's Primary Care Team were currently trying to establish the activity and budget attributable to IMOS.

- 6.2 HE said that further investment had been made this financial year to increase IMOS capacity. The service at Gloucestershire Health & Care NHS Foundation Trust (GHC) had increased from one day a week to five days a week and the end date for that would align to these end dates. Two new providers had been procured across three geographical plots to provide activity within primary care, enabling support for the long

waiting lists for GHC and the Acute Trust. The Dental Strategy Group were fully sighted on this.

Resolution: *The Committee members noted the PCOG paper and approved the Option 1 model for the Tier 2 Intermediate Minor Oral Surgery Services.*

7. Community Pharmacy Primary Care Network Leads (CPPCNLs) 2025/2026 Funding and 2024/2025 underspend proposal

7.1 The purpose of the paper was to recommend the continuance of the Community Pharmacy Primary Care Network Leads (CPPCNLs) in 2025/26. Over recent years CPPCNLs had been a positive and beneficial addition to the Primary Care Network (PCN) workforce, enabling the ICB to deliver new/improved primary care initiatives.

7.2 JW proposed continuing the funding for community pharmacy PCN leads using the underspend from 2024-2025. There was also the proposal from some money available from NHSE, to have a new ICB fixed-term Community Pharmacy Advisor post for 12 months but due to recent announcements regarding ICBs running costs, JW said she would prefer to examine this further before coming to any decision on this role and therefore would propose just the first part of this paper. **Action: JW said she would examine the underspend for the Community Pharmacy Advisor post further for more details and report back to the June Committee meeting.**

JW

7.3 It was noted that there was one Community Pharmacy lead per PCN. LH queried whether funding was in place for the now 16 PCNs, given the recent Forest of Dean split, and it was confirmed to be the case. It was assumed funding would be monitored around outcomes for the funding in the current financial year.

Resolution: *The Committee members approved the continuation of the funding for Community Pharmacy PCN leads using the underspend from 2024-2025, noting that this was just the first part of the paper presented.*

8. Language & Translation Contract for Pharmacy, Optometry and Dental (POD) Services

8.1 JW gave a background to the contract and discussed the need to extend the Language and Translation contract for POD services for 12 months to allow for a full procurement exercise. The value of the service was c£20k for patient groups who were potentially vulnerable and/or within health inequality groups, including those from refugee and asylum seeker backgrounds. In scale and financial value, although the contract was small, it was important to enable patients to access primary care services and to support health equality priorities.

8.2 The Chair said it was important to not show prejudicial bias and to follow procurement guidelines of the ICB commissioning principles to find a provider who could adequately meet the service requirements of any contract. BP asked if this could apply to British Sign Language (BSL) as there was a contract with a small local voluntary community sector organisation, (the Gloucestershire Deaf Association) for all other BSL work in the county. BP suggested to JW that Caroline Smith was expert in these types of contracts, should any further advice be required.

Resolution: *The Committee members noted the report and recommended that the ICB should present the Language and Translation contract to the Operational Executives for their agreement on how this contract should be taken forward.*

12.2

9. Gloucestershire ICB proposal to deliver additional Urgent Dental appointments

- 9.1 HE presented the proposal around the regional delivery approach of Gloucestershire's share of the additional national 700,000 urgent dental appointments target, which had been supported by the Dental Strategy Group and the Local Dental Committee.
- 9.2 Since the Summer of 2023, Gloucestershire ICB had proactively launched and procured additional urgent care appointments to better manage demand. This had equated to small numbers of additional appointments being commissioned from existing NHS providers, expressing interest in new flexible commissioning urgent care models offered by the ICB.
- 9.3 A question was asked as to whether appointments not used would be funded. HE said a sum of £105 would be for an appointment delivered, so sessions not attended, would be paid for (£45) but would not generate the activity. Sessional activity would be monitored on a monthly basis and reports would be delivered to NHSE on the individual appointment basis by the FP17 (Form for Primary Care) and on sessional activity commissioned.
- 9.4 CL said that contracts were being examined, and the funding would be needed for those non-recurrent contracts, which would be incorporating some urgent care appointments.

Resolution: The Committee members approved the proposed recommendation and funding mechanism for the delivery of additional urgent dental care appointments in Gloucestershire.

10. Board Assurance Framework (BAF) and Corporate Risk Register

- 10.1 RB gave a verbal update and said the Committee had a total of eight risks assigned with a score of 12 or above. The number of 20 rated risks had now reduce to three. Two risks had seen a reduction in score; one was around potential national GP collective action, and one was around Willow Tree Surgery, marked Commercial In Confidence in the Risk Register, and would therefore be kept separate from public papers.
- 10.2 BAF 6 had been updated since the last ICB Board at the end of March and text had been annotated in red so that members could see the update. The score had been reduced from 20 to 15. BAF 2 remained the same as it was in March. It was noted by JW that quite a large amount of the narrative had been updated on BAF 6 and on BAF 2. Four closures had gone through the Audit Committee with work continuing on the others. It was noted that although financial challenges still remained, good progress had been made by the Primary Care Team on closing down some of those longstanding risks.
- 10.3 The Chair asked about practices at financial risk and whether numbers were increasing; whether practices came on and off the list of those needing help, or whether they were the same practices. JW said that although financial training had helped, it was unknown how the National Insurance and minimum wage increases would affect practices. Different practices needed help at various times, and it was difficult to manage small businesses during periods of uncertainty.

Resolution: The Committee members noted the verbal updates on the BAF and Corporate Risk Registers.

11. GP Collective Action Update

- 11.1 JW updated on this saying that this standing item could be stood down from future meetings:
- Nationally Collective Action had been paused and could be moved into Primary Care managing business as usual.
 - There was still potential pressure from unfunded work, such as shared care which had been a challenge, but would be managed as part of business as usual.
- 11.2 LH had concerns regarding patient safety and cost effectiveness in terms of two or three practices managing this on behalf of primary care as an enhanced service and queried the feasibility. The possibility of other areas having piloted shared care was queried and thought given that this could potentially be delivered via community clinics run by GPs in extended roles. The Chair agreed that patient safety was a priority and if the model was to be GP-led in practices, then the patient safety issue would certainly have to be considered.
- 11.3 The commissioning gaps would need to be examined locally in the interim, in order to prevent any potential patient experience impacts.
- 11.4 BP informed the Committee that the ICB had been reaching out to the transgender community, with a really constructive meeting held in Stroud to talk about the development of shared care services. The PALS team had recently stepped in to help those in urgent need of medications which had been sourced through various GP practices in the county. The ADHD community would also need to be included in future conversations.

Resolution: The Committee members noted the update on Collective Action and agreed for the time being, to informally remove it from future PC&DC agendas, recognising that it could be reinstated should the need arise.

12. National General Practice Pilot Update

- 12.1 Representatives from Gloucestershire had received a second national to discuss the General Practice Pilot.
- The pilot was focusing on various projects such as continuity of care, access, AI tools, and digital telephony data.
 - There was a significant budget for implementing digital tools, and the pilot would aim to test these tools for future use.
 - There was now pressure to ensure success to demonstrate the value of the investment to government ministers.
 - Multi-practice PCNs were finding it more complex to align on projects, compared to single-practice PCNs.
 - The pilot involved extensive data collection, which was being analysed to finalise delivery plans and measures were still being agreed to include staff and patient surveys to assess the pilot's impact.

Resolution: The Committee members noted the update on the National General Practice pilot.

13. General Practice

13.1 New GP Contract

CG provided an overview of the GP contract changes for 2025-2026, including increased investment, changes to patient online access, and the introduction of a new enhanced service for Advice and Guidance.

13.2 Primary Care Network Directed Enhanced Service (PCN DES)

CG detailed the changes to the PCN DES for 2025-2026, including updates to the Additional Roles Reimbursement Scheme (ARRS), the capacity and access improvement payment, and enhanced access requirements.

13.3 Community Pharmacy Contractual Framework (CPCF)

13.4 SW summarised the recent updates to the CPCF, highlighting the increased funding, new services, and regulatory changes aimed at improving sustainability, quality and representation. The Chair indicated that further, more detailed discussions might be needed with the Chair and CEO of the Board outside the meeting around the challenges facing community pharmacies.

Action: RB and AJ to discuss escalations to the Board and an explanation of the approach would be sent to Committee members for future reference.

RB/AJ

13.5 Commissioning and Transformation Support (CATS) Framework

13.6 JG explained that the CATS framework was a desktop review exercise where the ICB completed a template covering seven areas, including strategic leadership and primary care clinical leadership. The ICB would self-assess against four support levels, ranging from no primary care clinical leads to integrated primary care clinical leadership.

- JG suggested setting up a working group to review the areas covered within the framework to determine who should complete the spreadsheet. The working group would include primary care, workforce, governance, finance, and digital teams.
- The completed template would generate a report in the form of an action plan with priorities to be shared with the Operation Executive Group and the Committee, helping understand the ICB's capacity and capabilities to support improvements and transformation and would also feed into the Operational Planning processes for next year.

Practice Intervention Support Approach:

- JG mentioned that the ICB primary care team would benchmark local performance and intelligence against the National GP dashboard, available from April. This would include monitoring local challenges, patient feedback, and Care Quality Commission (CQC) feedback.
- Practices identified as outliers will be prioritised for reviews and improvement interventions based on this triangulated data.

13.8 JW thought it would be important to do this exercise once, but to do it well thus offering assurance where it was required. JW welcomed any suggestions/ideas from the Committee members.

Resolution: The Committee members noted the updates on General Practice.

14. Primary Care Highlight Report

14.1 The Primary Care Highlight Report detailed:

12.2

- **LD Annual Health Checks:** Achieved 78.9% of people on the Learning Disability register having an annual health check, surpassing the national target of 75%.
- **SMI Physical Health Checks:** Achieved 73.3%, exceeding the national target of 60% and the operational plan target of 67.5%.
- **Special Allocations Service (SAS):** Progressing with procurement and setting up an interim service. Currently managing 6 patients not registered on the scheme.

HE updated on the Dental and Workforce element of the Highlight Report:

- There had been an increase in the number of practices offering training places to post-foundation dentists. Currently, there were three training practices, with the likelihood of three more being approved by September 2025. This was significant for retaining the workforce in the county.
- HE also mentioned a market engagement event relating to the plans for the Centre of Excellence and an Access Centre in Gloucester City. The intention was to go to procurement in June this year.

Resolution: The Committee members noted the information on the Primary Care Highlight Report.

15. **Primary Care Quality Performance Report**

JW mentioned the performance report in relation to the two-week wait indicator and the need to develop responses for exceptions. The importance of having a narrative that explained the scores and the measures taken to address them was noted. These points were part of a broader discussion on performance metrics and the need for clear explanations to address any concerns or questions that may arise from the data.

Resolution: The Committee members noted the information on the Primary Care Quality Performance Report.

16. **Finance Report**

The finance report provided the following key points:

- The ICB as a whole was forecasting a break-even position, with a potential small surplus. This included the primary care position.
- The report was based on data up to January 2025, as the meeting was heading towards the year-end.
- This financial stability was considered a significant achievement, given the current challenging financial environment.

Resolution: The Committee members noted the update on the Finance Report.

17. **General Practice Boundary Review Update**

17.1 The discussion about GP practice boundaries focused on the review process initiated due to housing developments around the county. Several practices requested changes to their boundaries, which led to the realization that these changes could impact other practices. The review aimed to address all requests simultaneously to ensure comprehensive coverage and avoid piecemeal adjustments.

Key points discussed:

- Criteria for boundary changes were established during the PCOG meeting to guide decision-making.

- The review included requests for boundary expansions, reductions, and mixed changes.
- The decision was made to focus on changes within the county boundary, avoiding cross-boundary adjustments due to push back from other ICBs and complexities around budget allocations.

Action: The final recommendations based on the criteria for Practice boundaries are to be presented at the next Committee meeting.

JW

Resolution: The Committee members noted the update on the General Practice Boundary Review.

18. PCOG Feedback

- 18.1 The feedback on PCOG (Primary Care Operational Group) was that it was working quite well for operational discussions, in that discussions were more operational, allowing for detailed conversations and decisions to be made there, which were then brought to PC&DC for further consideration. This approach also helped to effectively manage the governance cycle.

Resolution: The Committee members noted

19. Any Other Business and Items of Escalation

- 19.1 There was only one item of escalation and JCu provided feedback that the revised format of the meeting was working very well.
- 19.2 The meeting formally closed at 4.55pm.

Date and Time of next meeting: Thursday 5th June 2025, 14:00 – 17:00, at Shire Hall, Westgate Street, Gloucester GL1 2TG

Withdrawal of the press and public

That under the provision of Section 1, sub-section 2 of the public bodies admission to meetings act 1960, the public may be excluded for such a period as the Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

(Commercial in confidence discussions)

NHS Gloucestershire System Quality Committee Meeting

Wednesday 23rd April 2025, 2.00–4.30pm

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

Members Present:

Prof Jane Cummings (Chair)	JCu	Chair and Non-Executive Director (NED), GICB
Dr Ananthakrishnan Raghuram	AR	Chief Medical Officer, GICB
Hannah Williams	HW	Deputy Director of Nursing, Therapy and Quality, GHC
Julie Soutter	JSO	Non-Executive Director, Audit Committee Chair, GICB
Marie Crofts	MC	Chief Nursing Officer, GICB
Nicola Hazle	NH	Director of Nursing, Therapies and Quality, GHC
Rosi Shepherd	RS	Non-Executive Director, GHC
Suzie Cro	SC	Deputy Director of Quality Programme, Director Nursing and Midwifery Excellence, GHFT

Participants Present:

Christina Gradowski	CGi	Associate Director of Corporate Affairs, GICB
Emily White	EW	Director Quality, Performance & Strategy, GCC
Katie Hopgood	KH	Consultant in Public Health, GCC
Mel Meller	MMe	Clinical Commissioning Manager, Integrated Commissioning, GICB
Mel Munday	MMu	Associate Director Integrated Safeguarding, GICB
Rob Mauler	RM	Assistant Director, Quality Development & Patient Safety, GICB
Sarah Morton	SM	Primary Care Network (PCN) Perspective
Trudi Pigott	TP	Deputy Director of Clinical Quality, GICB

In Attendance:

Dawn Collinson	DC	Corporate Governance Administrator, GICB
Dr Charles Candish (Item 10)	CC	Associate Medical Director, Hospital Mortality Group, GHFT
Andrew Bruce (Item 11)	AB	Senior EPRR Manager, GICB
Jane Haros (Item 12)	JH	Deputy Director of Nursing-Integrated Commissioning (Health Care & Communities), GICB

1. Introduction and Welcome

- 1.1 The Chair welcomed members to the meeting. The meeting was confirmed to be quorate.

2. Apologies for Absence

- 2.1 Apologies were received from Ryan Brunsdon, Annalie Hamlen, Sarah Scott, Matt Holdaway and Emma Crutchlow.

3. Declarations of Interest

- 3.1 The Register of ICB Board members is publicly available on the ICB website: [Register of interests : NHS Gloucestershire ICB \(nhs.glos.nhs.uk\)](https://nhs.uk/register-of-interests) [Register of interests : NHS Gloucestershire ICB \(nhs.glos.nhs.uk\)](https://nhs.uk/register-of-interests).

JCu declared an interest in Item 15.1 (the Hybrid Closed Loop (HCL) Commissioning Policy) and requested that JS cover this for her.

JS declared an interest in Item 7.2.2 (GHC's Infection, Prevention and Control (IPC) policy) in that she owned a Pets As Therapy (PAT) dog.

4. Minutes of the last meeting held Wednesday 5th February 2025

- 4.1 The minutes from the last meeting held on 5th February 2025 were approved as an accurate record.

5. Action Log and Matters Arising

- 5.1.1 **Action 78 – Care Home Data. April Update:** Report had been shared by EW and RB to circulate this to Committee members following the meeting. There is to be an update on how risks will be managed at the next SQC and Audit Committee meetings in June. **Action Closed.**
- 5.1.2 **Action 83 – Pharmacy Manufacturing Unit. April Update:** To be reported on until issue resolved. **Action Open.**
- 5.1.3 **Action 88 - Out of County Children's placements. April Update:** Paper to be provided from EW as this is still a risk which needs articulation around funding. **Action Open.**
- 5.1.4 **Action 92 - ADHD and Autism Risk. April Update:** Paper to be provided on current situation. **Action: To be scheduled for a forward Agenda. Action Closed**
- 5.1.5 **Action 95 – Migrant Health. April Update:** Update to be provided at future meeting **Action Open.**
- 5.1.6 **Action 96 – Quality Assurance Framework (QAF) for Older People's Services. April Update:** Under development and report to be brought to a future agenda. **Action Closed.**
- 5.1.7 **Action 99 - Section 140 Policy. April Update:** Still being progressed with an aim to get policy agreed by June. EW to follow up with Karl Gluck. **Action Open.**
- 5.1.8 **Action 100 – Risk Score for Purchase of Equipment. April Update:** This is being followed up with an update coming to the June meeting. **Action Closed.**
- 5.1.9 **Action 101 - Delay Related Harm Report. April Update:** Update at today's meeting. **Action Closed.**
- 5.1.10 **Action 102 - Pressure Ulcers. April Update:** HW and TP to follow up in a meeting. MC and NH will be looking at this as a systemwide issue through the portfolio. **Action Closed.**
- 5.1.11 **Action 105 – GHFT Complaints Process: April Update:** Quality Governance transformation review to be reported on. **Action: Put on Agenda for June meeting. Action Closed.**
- 5.1.12 **Action 106 – Histology Backlog: April Update:** On Agenda today. **Action Closed.**

5.1.13 **Action 108 – Insulin needles issue: April Update:** The Committee discussed the issue of diabetes needles previously breaking off. HW informed that GHC has stopped using the problematic needles and were now using only authorised ones. **Action Closed.**

5.1.14 **Matters Arising : HbA1c Testing Issues (Action 107)**

5.1.15 SC provided an update on the HBA1C testing issues, stating that the numbers affected were smaller than initially thought. Assurances had been given that the team was working with clinical colleagues and GPs to address the issues and retest affected patients. AR would check the dates, and the numbers of patients involved.

6. Risk Report and Board Assurance Framework (BAF) Update

6.1 CGi presented the risk report, saying that there were 31 risks assigned to this Committee, highlighting the need to remap some of those risks to MC, particularly those relating to mental health and maternity, to ensure alignment.

6.2 Two risks had been reduced, including those relating to GP safeguarding and alternative pathways to reflecting improvements in these areas. The Committee members agreed to review the risks in detail, and update the Risk Register accordingly, to ensure that all risks were accurately documented and managed.

6.3 JS enquired about obstetric staffing, and MC noted ongoing vacancies where capacity issues had led to a higher risk register score. The team had collaborated with the Maternity Improvement Advisor, and a forthcoming report would give an update on obstetric staffing to support remedial actions for an improvement plan. Increased Caesarean section rates had been affecting the availability of obstetricians. Various risks on the register would be reviewed by CGi, MC and NH.

Resolution: The Committee noted the content of the Risk Report and BAF update.

7. System Partner Highlight Assurance Reports

7.1 Gloucestershire Hospitals NHS Foundation Trust (GHFT) Exception reporting

7.1.1 SC presented the GHFT Assurance Report:

- The Anaesthesia Clinical Services accreditation had been achieved.
- Paediatric Audiology was now rated as low risk.
- Launch of Carer's Charter on 19th February.
- A second formal Care Quality Commission (CQC) engagement meeting had been held, focusing on staff and people.
- No new outstanding CQC inspections awaited, just one outstanding inspection report which had rated services as good.
- Emergency Department and Fire Training compliance had improved.
- Level 3 Safeguarding training remains under review, for simplification.
- A Norovirus outbreak closed was closed on 15th April after internal management. Early warning scores continue to be monitored.
- National patient safety alert about medical equipment on bed rails was still not fully compliant. Overall the Complaints process had shown a significant improvement.
- Corridor care and boarded patients issues were being addressed.
- Mutual aid had been requested from Bristol for chemotherapy patients, due to the Pharmacy Unit closure.

7.2 Gloucestershire Health and Care Exception reporting

7.2.1 NH presented the GHC Assurance Report:

- Skin integrity: Oversight being maintained for those at risk from low and moderate harm.
- Datix incidents: Improving that position, and closing down incident reporting to ensure good governance management.
- Guardian of Safe Working Report: 4 exception reports and 4 breaches.
- Friends and Family Test: High response rates indicating positive experiences.
- Complaints: There had been a slight increase in formal complaints, particularly from the Integrated Urgent Care Service (IUCS), which were being closely monitored.
- Section 31: Regular data submission to the Care Quality Commission (CQC) continued, and ongoing improvement work monitored through the enhanced oversight group chaired by TP.
- Safeguarding: There had been positive feedback from positive feedback from Non-Executive Director (NED) and quality visits.
- Learning from Deaths: The Quarter 3 (Q3) summary indicated no deaths judged to have been caused due to problems in care. NH emphasised the importance of correlating data in order to identify specific groups of people who might need targeted interventions, to prevent hospital admissions and improve outcomes.

7.2.2 JS asked for an update on GHC's Infection, Prevention and Control (IPC) policy, which had been due for revision. HW informed members that the policy had been rewritten, and this should not present any future problems. HW recalled a case of a former patient who was at end of life and had not been allowed to have her pet bird come onto the ward due to regulations at that time. This obstacle had been overcome, by taking the patient outside to see her pet bird, thus having this important wish granted.

7.2.3 MC thought the community workforce nursing caseloads for Band 6's were high and queried the percentage of deferred visits. HW explained that work in more detail was being undertaken to examine the type and locality of these visits and also to examine those caseloads for Band 6 staff who had Specialist Practice Qualifications (SPQs).

7.2.4 MC said she had looked at the appraisal and supervision rates and noted that these had increased dramatically. NH said a lot of work had been done around clinical supervision in recording this and appraisals, which would continue. The Chair commended the pleasing and positive differences in the way the information for GHC was being reported.

7.3 ICB Quality Reporting (Primary Care)

7.3.1 This report was straightforward with no further questions or queries at the meeting from Committee members.

7.4 Adult Social Care Quality Report

7.4.1 EW provided an update on the adult social care quality report, which would evolve further, saying that this highlighted the prevention strategy for older people to address and to mitigate the long-standing risks. There was information around what the target model should look like, in terms to moving to a more preventative model in the future, which would involve care and support in the community.

7.4.2 There was a query around whether there was an empty bed base and whether care homes used the capacity tracker to keep sight of these. EW said this was still used and reported

on, but relied on individual providers to report into it. The Chair noted that a fair amount of data had come in from Newton Europe previously, on the Working as One programme, and data would also show on the Intermediate Care portfolio.

- 7.4.3 There was a query around the modern slavery allegations in Adult Social Care. EW said this related to staff being potential victims and as care providers, Adult Social Care had been experiencing some reports, and were working through these.

7.5 Verbal Report from System Quality Group and draft minutes

- 7.5.1 TP informed that there was an Enhanced Oversight Group which meet every 4 weeks and also holds a system call every 2 weeks to discuss any Berkeley House issues in a timely manner, due to some impending discharges coming through.

Resolution: The Committee noted the content of the System Partner Highlight Assurance Reports.

8. System Quality Committee Terms of Reference (ToR) Review

- 8.1 The Chair said there was a statutory responsibility in the ICB to improve quality and said that the meetings for the System Quality Committee would continue until such time as the law changed, or instructions were received that the role was no longer required. With this in mind, the Chair and the Committee agreed to hold off the ToR discussion until the Committee were in a better position to be able to review them.
- 8.2 CGi informed the Committee that the first of a series of workshops between NHS England (NHSE) and Browne Jacobson, lawyers, had been centrally planned about the statutory duties of the ICB and what would be legally permissible. CGi would be attending a workshop on 7th May 2025.

Resolution: The Committee approved holding back discussions around the System Quality Terms of Reference until such time as members were able to review them.

9. Pharmacy Manufacturing Unit Report (action 83)

- 9.1 SC provided an update on the Pharmacy Manufacturing Unit, stating that the unit was currently closed due to water contamination issues identified during routine surveillance. The team was working on an action plan to address these issues and collaborating with the hospital IPC team to address the situation. The Action Plan had also been submitted to the inspectors and senior management for review.
- 9.2 SC mentioned that the closure has impacted some patients, leading to delayed and rearranged appointments. The team was working on mitigating the impact by seeking mutual aid from Bristol. Chemotherapy re-bookings were a high priority and longer-term, the team would be considering the possibility of relocating the unit to a modular facility, to address the issues which related to the old and ageing estate.

Resolution: The Committee noted the update on the Pharmacy Manufacturing Unit Report.

10. Delayed Related Harm (DRH) Report

- 10.1 CC presented on this topic explaining that the focus was on harm caused by delays to admission when certain cohorts of patients presented in the Emergency Department (ED).

This was part of a broader effort to address rising Summary Hospital-level Mortality Indicator (SHMI) rates over the past two years.

- 10.2 The following actions and recommendations had been suggested:
- Moving to a 12-month rolling data model for better data interpretation.
 - A clinical deep dive into the December 2024 data, to better understand the patient cohort and their needs.
 - Emphasis on reducing ED attendance for frail elderly patients, who often did not benefit from hospital admission.
- 10.3 CC spoke about next steps:
- Addressing delay-related harm required a system-wide approach, including better community support and improved hospital flow.
 - Additional analysis of December 2024 data, alongside ongoing monitoring of the 12-month rolling data.
- 10.5 JS asked whether this kind of scrutiny was being undertaken by other providers and if so, was there any way of find out where the ICB benchmarked in delay-related harm. CC was unaware what others were doing around this but was more conversant around SHMI levels in other Trusts, who had experienced similar problems to those in Gloucestershire. Further collaboration on delay-related harm would therefore be a good area to explore.
- 10.6 AR said delay-related harm would be taken to the Regional Mortality Group to go through what had been learnt. Comparable data from Canada noted that at the 8 hour point, there seemed to be a change for patients, leading to increased mortality figures. A deep dive in December would therefore address this. There was also an assumption which should be disabused, in that hospitals were safe places, when there may well be alternatives which could potentially be more beneficial for certain cohorts of patients.

AR summarised the three main points of importance:

1. To ensure that the patients being admitted to ED, were suitable to be there.
2. Work out what was happening with the flow within the hospitals.
3. Patients admitted should be encouraged to stay fit and active throughout their stay.

- 10.7 CC summarised the main points on delay related harm:
- The system-wide weekend mortality audit which had been presented recently, showed that 30% of those frail elderly patients admitted, could have been guided towards other routes for their care.
 - Reducing attendance of these patients was crucial with flow issues needing to improve in order to keep these patients out of ED, which was not a good place to be for those with cognitive impairment.
 - Actions were being taken to improve the flow so that patients were not sitting in ED for longer periods of time
 - Data was unavailable as to the origins of the patients in ED in December, but they were mostly conveyed by ambulance, coming from their own homes.
 - CC assured that in the six months since absorbing the medical take to Gloucester, that the SHMI rates had not increased and no detriment to the system had occurred.
 - CC said he would be happy to be able to influence some of the future decision-making by the system.
 - JH said that some of the work being done by her team would probably make a difference to that cohort of patients who could be supported at home.

Resolution: The Committee noted the update on the Delay Related Harm Report.

11. Emergency Preparedness, Resilience and Response (EPRR) Quarterly Report

- 11.1 AB provided an update on EPRR, explaining the risk assessment process and the collaboration with the local Health Resilience Partnership (HRP). The Committee discussed the importance of mutual aid arrangements and the need to review the Critical Incident Report.

Action: AB to review the mutual aid plan to ensure its effectiveness and identify any areas for improvement. AB

Action: AB to submit the Critical Incident Report to the Audit Committee for future review and discussion. AB

Resolution: The Committee noted the update on the EPRR Quarterly Report.

12. Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) Dementia Admissions Audit

- 12.1 The Dementia Admissions audit had reviewed the experiences of dementia patients admitted to GHFT, aiming to understand their acute care journey and identify areas for improvement. The audit had conducted by a project team that included Mel Meller, Jane Haros, Steve, Shelley King (Clinical Lead for Dementia), and colleagues from GHFT.

- 12.2 The audit revealed that 23% of people aged over 65 years with a dementia diagnosis had undergone an emergency admission in the past 12 months. One of the key recommendations was the need for a community service that offered urgent support for people with dementia. This service would help manage their needs more effectively and potentially reduce the need for emergency admissions.

- 12.3 The audit also recommended limiting the number of bed moves for patients with dementia to improve their overall care experience, and reduce levels of confusion and distress.

- 12.4 The Committee discussed the findings and recommendations, noting that this topic linked in closely with that of the Delay Related Harm item on the agenda. The importance of implementing the suggested improvements was recognised to enhance the care for people living with dementia, and to reduce mortality following hospital discharge in those more elderly patients.

- 12.5 The discussion reflected that long stays in ED affected self-esteem and self-care and that those more vulnerable patients should be fast-tracked out of ED as soon as possible, or to reduce the chances of those patients arriving at ED in the first instance. Further work would be continuing in this space.

Resolution: The Committee noted the update on the GHFT Dementia Admissions Audit.

13. Safeguarding Children in Care Report and Child Protection Medical Assessments (CPMAs)

- 13.1 MMu highlighted the progress made on the high-risk Domestic Abuse project, as part of the Safeguarding Children in Care Report and the ongoing challenges being faced by the team, due to capacity issues.

- 13.2 There was a discussion around risks:

- Work was taking place with heads of Safeguarding across the South West to examine statutory responsibilities of ICBs due to the changes announced.
- The Designated Nurse was retiring in June, and there was currently no agreement to replace her, thus creating a risk.
- There had been an increase in the number of statutory safeguarding reviews in the last quarter, particularly for adult safeguarding, and as this was recognised as being a good learning opportunity for the team going forward as they had not previously been involved with these.

Action: MMu to document and outline the risks and statutory requirements for Safeguarding as an ICB, in light of the forthcoming organisational changes.

MMu

- 13.3 The report highlighted the ongoing efforts to protect and support children in care. The discussions and recommendations from the report aimed to enhance the quality of care and ensure that safeguarding measures were effective and up to date. If there was any feedback on the report, then Committee members should contact MMu with more detailed comments.

Resolution: The Committee noted the Safeguarding Children in Care Report update.

145. Policies for Approval

14.1 Hybrid Closed Loop (HCL) Commissioning Policy

- 14.1.1 MC referenced the absence of a Quality and Engagement Impact Assessment. CGI explained that the format on policies had been changed and unless there were any particular complications on particular policies, these would now be very straightforward. The Committee after discussing this policy, were happy that it reflected the current direction of travel, given the challenges and resources available, and agreed to approve the policy.

Resolution: The Committee approved the HCL Commissioning Policy.

14.2 Patient Safety Incident Response Framework (PSIRF) Policy

- 14.2.1 RM's update on the PSIRF policy changes included the removal of outdated wording, and the addition of clearer directions from NHSE around Primary Care. The wording in cross system learning responses had also been revised. The Committee approved these changes.

Resolution: The Committee approved the revised changes to the PSIRF policy.

14.3 Gloucestershire Health & Social Care Framework Contract Policy

- 14.3.1 CGI explained this new policy and the discussion focused on governance, quality markers, clinical leads, and transparent pricing. The policy was presented today for approval and to ensure proper framework and due diligence for care packages. The policy also included a spot Health & Social Care Framework Contract Policy should this be required outside the framework.

- MC noted that her incorrect title in the policy would need to be amended.

12.3

- NH raised a question about the review and audit plan for this new policy. It was confirmed that reviews would be built into the process and be monitored through the Review Panel.
- The policy had previously been signed off by the Operational Executive.

Resolution: The Committee approved the Gloucestershire Health & Social Care Framework Contract policy.

15. Quality Governance - Quality Improvement Group (QIG) Updates

15.1 Maternity

15.1.1 MC mentioned that Maternity was still under Enhanced Surveillance but said that an outstanding Serious Incident (SI) of two years had finally been closed by NHSE. Two workstreams had been stepped down and were no longer within the QIG and two more were nearing completion. The QIG had been refocussed to conduct deep dives rather than to have to examine all areas.

15.1.2 The Maternity Neonatal Voices Partnership (MNVP) which was about having women's voices heard, had a number of small roles available. There was currently no lead for the MNVP, and an interim solution proposed had not been approved by the Operational Executive. This had been raised at the South West Perinatal Programme Group meeting yesterday. Having that voice was really important and the Maternity Incentive Scheme (MIS) would not be compliant without a MNVP lead in place. The Regional lead did say that there may be some wording that could be put around this due to the ICBs being reset.

Action: MNVP to be noted as a risk on the Risk Register.

MC

15.2 Summary Hospital-level Mortality Indicator (SHMI)

15.2.1 This topic was covered earlier in the meeting under Item 10.

Resolution: The Committee noted the verbal updates on Maternity and SHMI.

16. Meeting Review, Items for Escalation to the Risk Register and Any Other Business

16.1 There were no further items of escalation and so the Chair concluded the meeting, noting that the Committee had made good progress, and had taken part in good discussions. The Chair thanked those present for their contributions and participation.

The meeting concluded at 17.20 hrs.

Date and Time of next meeting: Wednesday 25th June 2025 – 2.00-5.00pm in Shire Hall and via MS Teams.

12.3

Withdrawal of the press and public

That under the provision of Section 1, sub-section 2 of the public bodies admission to meetings act 1960, the public may be excluded for such a period as the Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

(Commercial in confidence discussions)

NHS Gloucestershire ICB System Resources Committee

Meeting Held at 2:00pm on Thursday 1st May 2025

Via MS Teams and ICB Board Room, Shire Hall Gloucester

Members Present

Prof. Jo Coast (chair)	JC	Non-Executive Director, ICB
Ayesha Janjua	AJ	Non-Executive Director, ICB
Christian Hamilton (<i>deputising for Mark Walkingshaw</i>)	CH	Associate Director of Commissioning, Elective Care, ICB
Cath Leech	CL	Chief Finance Officer, ICB
Gemma Artz	GA	Interim Chief Delivery and Transformation, ICB
Julie Soutter	JS	Non-Executive Director, ICB
Mary Hutton	MH	Chief Executive Officer, ICB

Participants Present:

Chris Buttery	CB	Interim Finance Programme Manager, ICB
Jason Makepeace	JMa	Non-Executive Director, GHC
Karen Johnson	KJ	Director of Finance, GHFT
Mark Golledge	MG	Programme Director- PMO & ICS Development, ICB
Sandra Betney	SB	Director of Finance, GHC
Sarah Macdonald (<i>Item 10</i>)	SM	Health Inequalities Improvement Manager, ICB
Shofiqur Rahman	SR	Associate Director of Financial Management, ICB

In Attendance:

Ryan Brunsdon	RB	Governance Manager and Board Secretary, ICB
Dawn Collinson	DC	Corporate Governance Administrator, ICB
Amy Ward (<i>Item 8</i>)	AW	ICS Project Manager, ICB

1. Introduction and Welcome

- 1.1 The Chair welcomed members and others present.

2. Apologies for Absence

- 2.1 Apologies were received from Mark Walkingshaw, Will Cleary-Gray and Jacki Meekings-Davis. The Chair confirmed that the System Resources Committee meeting was quorate.

3. Declarations of Interest

- 3.1 There were no Declarations of Interest (DOI) received other than those presented by way of the Register.

4. Minutes of the System Resources Committee Meeting Held on 6th March 2025

- 4.1 Minutes of the meeting held on 6th March 2025 were approved as an accurate record of the proceedings. JS asked for the timings to be noted correctly for forthcoming meetings on the minutes.

5. Action Log & Matters Arising

5.1 Action Log

- 5.1.1 **16/01/2024, Action 30. Investments & Benefits Review. May 2025:** On Agenda today. **Item to be Closed.**
- 5.1.2 **07/11/2024, Action 43. System Resource Committee Workshop: Feedback and Next Steps. May 2025:** **Action remains open.**
- 5.1.3 **09/01/2025, Action 46. Performance Report.** This is around RTT. **May 2025:** This item is to be forward planned, date to be confirmed. **Action remains open.**
- 5.1.4 **09/01/2025, Action 47. Performance Report. May 2025:** Item included within the papers **Item to be closed.**
- 5.1.5 **06/03/2025, Action 49. Digital Risk. May 2025:** An Exec discussion is to be held on this risk and item will go on July agenda for a deep dive. **Action to remain Open.**
- 5.1.6 **06/03/2025, Action 50. Health Inequalities. May 2025:** Included within the agenda for both May and July meetings. **Action to be closed.**

6. Terms of Reference Review

- 6.1 The Committee reviewed the Terms of Reference, which were scheduled for the annual assessment. AJ proposed incorporating Health Inequalities Reporting and Specialised Commissioning documentation into the Terms of Reference. JS noted that revisions might be necessary within the next six months, given the changes in organisational responsibilities and committee composition.

RESOLUTION: The Committee agreed to revise the Terms of Reference, and seek approval at the next Board meeting.

7. Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

- 7.1 MG requested comments on the BAF, especially those to be included in the review for the Board Report for the public Board meeting in late May. Additionally, there would be a review of the Corporate Risk Register, which currently listed four risks. In mid-April, an update confirmed that all risk scores remained unchanged and ongoing actions aligned with the goals of the plan.
- 7.2 JS stressed the importance of updating the Director's report for BAF 5 before the Board meeting in May. JS felt this update should highlight the impact of the ICB organisational changes and address risks relating to Urgent and Emergency Care (UEC).
- 7.3 Additionally, JS referred to BAF 9 and 10 regarding the estates infrastructure and expressed doubt about whether these issues would be updated in time for the next Board meeting or if the issues were already being debated.
- 7.4 After discussion and input from MH, it was concluded that the risks associated with organisational changes in the ICB and some partner organisations could impact delivery,

performance, and finance. Consequently, this was identified as a very high BAF risk due to potential disruption.

GA

Action: Review and update BAF 5 to reflect the risks to delivery, performance, and finances and also include a new BAF risk related to organisational changes in the ICB and some partner organisations.

- 7.5 JC requested that dates being attributed to the changes to any BAF scores, indicating when each had occurred, would be helpful. JS thought this related to “Last Updated” at the top of the sheet, saying that this was what she took as being the accurate information for the Audit Committee. RB confirmed that this was the process he followed when working on updating the BAF.

RESOLUTION: The System Resources Committee noted the updates given on the BAF and CRR.

8. Review of Recurrent Investments

8.1 **Context:**

A number of recurrent investments had been made over the last few years into services across Gloucestershire. There was a desire to understand whether these investments had delivered the impact expected, in order to ensure that they had been delivering the best outcomes for the population, and value for money in the current financial context.

A list of investments since 2019 had been compiled as a starting point for this review. Directorates across the ICB had engaged with the list to ensure it was accurate and this engagement was still underway.

To streamline the process, investments had only been added to this list where they had been funded recurrently at a value of £250,000 or over. This had returned a list of 58 investments, at a total value of £32.3m. This list had been shared, but further work was underway to confirm the actual contract values.

Points Raised

GA noted that other related contracts under £250k may require review, along with those potentially overlooked, to identify opportunities. Additionally, there may be service lines within a portfolio, where potential opportunities had been lost, due to the absence of recurrent investment agreements in recent years.

GA also highlighted that for some schemes it has been / may be difficult to extract the necessary performance information to assess the impact of the scheme and therefore this should be noted as part of the work.

AW said she had prepared the slides prior to being aware of these points and thanked GA for observing those, for future note.

8.2 **Next Steps:**

AW mentioned that some investments could already be part of an ongoing savings or transformation plan. It would be essential for portfolio leads and ICB commissioners to identify and prioritise any remaining investments.

Reviews may lead to one of these three recommendations:

1. Scheme was demonstrating impact and should continue with existing resource.
2. Scheme was demonstrating impact but the original modelling for the scheme was different to original intentions, which could require remodelling, resulting in it being

continued or re-shaped with reduced resource.

3. Scheme not appearing to demonstrate impact and therefore should be placed on list for potential consideration for de-commissioning. [*De-commissioning policy to be developed.*]

8.3 Discussion:

- **Investment Review:** Engage with portfolio leads to verify the list of recurrent investments and prioritise for review. Consider those receiving services and the decommissioning process.
- **Benefits and Resources:** Ensure the review process for recurrent investments would include an assessment of additional benefits and the potential need for increased resources.
- **Investment Data Efficiency:** Evaluate the capacity of recurrent investments to deliver efficiencies, productivity gains, or cost-saving measures. Need for good monitoring with reporting on savings coming from the Portfolio Review Group on a monthly basis.
- **Investment Data Gaps:** Address any data gaps identified during the review of recurrent investments, to ensure accurate assessment.
- **Investment Grouping:** Consider grouping related investments that fall under the threshold for a more comprehensive review. Find things that were delivering savings not being captured which could be turned into cash-releasing savings. Rather than disinvesting, find out where potential savings had disappeared to.
- **Investment Efficiencies:** Some projects may have links with others, which may offer opportunities to think about efficiencies through scale.

RESOLUTION: The System Resources Committee noted the presentation on the Review of Recurrent Investments.

9. Delivering the System Plan: 2025/2026 and Beyond

- 9.1 MG presented the system plan for 2025-2026, explaining the need for delivery and performance and the portfolios having the ability to deliver on financial and performance commitments, including prioritisation of resource allocation and clarity around project scope, oversight and governance.
- 9.2 **Resource Allocation:** There was a discussion on the importance of prioritising resource allocation to deliver on major projects and transformation schemes. AJ raised concerns about resource capacity given the current workforce climate.
- 9.3 **Cash-Releasing Savings**
 JS observed the need to deliver cash-releasing savings, particularly in the context of the Working as One project, which had under-delivered on financial savings in the previous year and wished to have some assurance as to how that would be done differently this year to ensure savings would be realised.
- 9.4 KJ responded by saying that there had been an oversight in noticing that the system had broken even last year. However, it was challenging to link this to the Working as One (WaO) programme which, despite its difficulties, had delivered increased flow in the Trust than that seen in previous years, leading to a greater resource efficiency. KJ acknowledged the programme's complexity, but this was balanced with its longer-term potential for savings. There was commitment between the joint Senior Responsible Officers (SROs), with conversations around how they could ensure that capacity was in place, enabling the required savings to be drawn out. A workshop would send out a clear

message around the sum of £4m plus, to be saved, with clear themes and timelines to be identified.

- 9.5 **Performance Metrics:** The plan outlined specific metrics for each portfolio, which would be tracked through the Integrated Performance Report (IPR) in order to monitor progress. Some of these metrics were already contained in the Joint Forward Plan.
- 9.6 **Transformation Priorities:** The system plan identified key transformation priorities which would need examination.

Region had asked for a list of these in order to be able to provide support on major transformation and reconfiguration areas. These projects were critical for achieving the financial and performance goals in future years.

- 9.7 MH stated that the national priority was finance and performance delivery. Staff were focused on immediate system benefits, putting future plans on hold. Pathways needed to be more efficient without incurring double running costs. It was challenging to prioritise plans knowing new instructions were imminent.
- 9.8 **Plan Reporting:** JC suggested linking the overview of reporting the de-prioritisation of investments, with increasing activities, providing a comprehensive view of the portfolio. SB noted that portfolios included both programmes and projects, which might complicate standard high-level reporting. Not everything would be a priority area and duplication on deep dives also needed to be considered. MG agreed that the reporting should be kept streamlined and simple.

Action: JC and MG to discuss overall reporting of the System Plan 2025/2026, JC/MG offline.

RESOLUTION: The System Resources Committee noted the presentation on the System Plan for 2025/2026.

10. Health Inequalities Annual Statement

- 10.1 SM introduced the Annual Statement for Health Inequalities which described the importance of using data to identify groups that were at risk of poor access to healthcare, poor experiences of healthcare services, or outcomes from it, and deliver targeted action to reduce healthcare inequalities. The Statement asked relevant NHS bodies to gather data and report on indicators that aligned to NHSE's five strategic priorities for addressing health inequalities, and the Core20PLUS5 approach for adults, children and young people.
- 10.2 The report used a health inequalities dashboard developed in Power BI by Joe Blackford to present trends over time, allowing for more detailed analysis of local data. This included comparisons by locality, Primary Care Network (PCN) GP practice, deprivation decile, ethnic group, and gender.
- 10.3 A detailed analysis of non-elective admissions for myocardial infarction showed significant variations by ethnic group and deprivation decile, highlighting areas for further exploration. The report would be circulated for feedback, shared with system SROs for health inequalities, and published alongside the Annual Report. Further expansion of the dashboard and identification of key areas for detailed analysis were planned.

RESOLUTION: The System Resources Committee noted the presentation on the Health Inequalities Annual Statement.

11. ICS & ICB Performance Report

11.1 The Performance Report discussed in the meeting included several key points:

General Overview: The report indicates that most performance indicators were either stable or improving. Specific areas of focus included urgent care, cancer treatment, and elective care.

Urgent Care and Flow: Indicators for Urgent Care were improving, with initiatives in place to boost capacity and productivity.

Cancer Treatment: Performance in cancer treatment was improving, with ongoing initiatives to address challenges in major cancer specialties.

Elective Care: The Forest of Dean locality had a rate significantly above the county average for people waiting for elective treatment, which was being investigated further.

RESOLUTION: The System Resources Committee noted the ICS & ICB Performance Report.

12. ICS & ICB Finance Report

CL provided updates on the performance and finance reports, noting positive indicators and the achievement of a surplus position for the system. The importance of delivering cash-releasing savings and maintaining financial stability was emphasised.

Financial Position: The system achieved a surplus of £565,000, with individual surpluses from the ICB (£187,000), GHC (£312,000), and GHFT (£67,000).

Underlying Position: The underlying recurrent position worsened significantly due to cost pressures and non-delivery of savings, with a deficit of £106 million.

Savings Plan: The plan included £90 million in savings, with nearly 50% classified as high risk.

Capital Programme: The capital plan included a contingency and several bids for additional funding, such as constitutional standards, estate safety, and primary care improvements.

Risks: Key risks included inflation, pay awards, new NICE Technology Appraisals (TAs), demand growth, restructuring impacts, and cash management challenges.

Estates Safety: NHSE and the national team approved plans for estates going forward. The GHFT estates split was incorrect and would be updated (Buildings 4021 and Backlog 1879). AJ asked about the risk to primary care estates. CL said some areas were converting space, but some premises remained unfit, causing ongoing issues.

RESOLUTION: The System Resources Committee noted the update on the ICS and ICB Finance Report.

13. Any Other Business

131 There was no other business to discuss.

The meeting ended at 4.52pm.

Date and Time of Next Meeting: Thursday 3rd July 2025 – 2.00-5.00pm

Minutes Approved by: System Resource Committee Signed (Chair): Prof Jo Coast Date: Thursday 3 rd July 2025

APPROVED

12.4

NHS Gloucestershire ICB People Committee

Thursday 17th April 2025, 15.00 – 17.00pm

**Virtually and in the Board Room at Shire Hall, Westgate Street,
Gloucester, GL1 2TG**

Members Present:

Karen Clements (<i>Chair</i>)	KC	Non-Executive Director, Committee Chair
Tracey Cox	TC	Director of People, Culture and Engagement, ICB
Dr Ananthakrishnan Raghuram	AR	Chief Medical Officer, ICB
Prof Jane Cummings	JC	Non-Executive Director, ICB
Mary Hutton (<i>part meeting</i>)	MH	Chief Executive Officer, ICB
Marie Crofts	MC	Chief Nursing Officer, GICB

Participants Present:

Neil Savage	NS	Director of HR & Organisation Development, GHC
Sophie-Elizabeth Atkins	SEA	People Programme Manager, ICS
Zack Pandor	ZP	Strategic Workforce Transformation Programme Manager, ICS
Eleanor Hutchison	EH	Head of HR, Gloucestershire County Council (GCC)
Claire Radley	CR	Director for People and Organisational Development, GHNHSFT

In attendance:

Dawn Collinson	DC	Governance Administrator, ICB
Kate Usher	KU	Head of Primary Care Workforce Development, ICB

1 Introduction & Welcome

- 1.1 KC welcomed those present to the meeting.

2 Apologies for Absence

- 2.1 Apologies were received from Nikita Davis, Deborah Evans (DE), Sumita Hutchison (SH), and Sarah Scott (SS)
- 2.2 It was confirmed that the meeting was quorate. KC expressed appreciation for all the hard work which continued, in the extremely challenging and unsettling circumstances, especially for colleagues in the ICB who were trying to manage this sudden and unprecedented organisational change.

3 Declarations of Interest

- 3.1 No new declarations of interest were noted for this meeting.

4 Minutes of the Previous Meeting

- 4.1 The minutes of the previous meeting held on Thursday 16th January 2025 were approved as an accurate record of the meeting.

5 Action Log & Matters Arising

12.5

5.1 Action Log

- 5.1.1 **16.05.2024, Item 8.9 – ICS Programme Priorities. April update:** Areas of focus and projects being worked on for 2025/2026. Chair recommended closure for interim, and item to be brought back to the Committee once changes were known. **Item is requesting closure.**
- 5.1.2 **18.07.2024, Item 8.10 – Apprenticeship Strategy. April update:** Progress report and revised apprenticeship dashboard to be brought to future People Board. **Item is requesting closure.**
- 5.1.3 **18.07.2024, Item 9.13 – Workforce Planning. April update:** To organise a follow up meeting to discuss the emerging risk of short term versus long term workforce planning. TC confirmed that this was on the future work plan for a Board Development session but would need to wait for a slot to be confirmed. **Item is requesting closure.**
- 5.1.4 **18.07.2024, Item 9.13 – We Want You Update. April update:** Item remains on forward plan for ICB Board Development sessions. **Item is requesting closure.**
- 5.1.5 **17.10.2024, Item 9.1 – Review of Terms of Reference (ToR). April update:** ToR included in April agenda. **Item is requesting closure.**
- 5.1.6 **17.10.2024, Item 9.1 – Review of Terms of Reference (ToR).** To discuss proposed changes to the format of future committee meetings and report back. **April update:** ToR included in April agenda. **Item is requesting closure.**
- 5.1.7 **16.01.2025, Item 6.3 – People Function Summary Report.** To provide an update on staff survey results at the next Committee meeting. **April update:** Item to be discussed at April committee meeting. **Item is requesting closure.**
- 5.1.8 **16.01.2025, Item 6.7 – People Function Summary Report.** Explore and discuss models around passporting staff across different organisations and bring an update to a future Committee meeting. **April update:** CR informed that all organisations signed their MOU following national guidance. **Item is requesting closure.**
- 5.1.9 **16.01.2025, Item 7.12 – Workforce Intelligence Report. April Update:** metrics were shared after last committee meeting. **Item is requesting closure.**
- 5.1.10 **16.01.2025, Item 9.1 – Connect to Work update.** Further session/reflective practice/ lunch and learn, to build on momentum and make connections across the system to take this work forward. **April Update:** To progress in May following recruitment. **Item to remain open.**

6. Integrated Care System (ICS) People Function Summary Report

- 6.1 **National picture on Staff Survey Results:** TC highlighted key issues from the national view of staff survey results, which overall was fairly stable. Areas of concern related to increasing violence experienced by staff from members of the public had increased, as well as unwanted sexual behaviour. Disappointingly, it was noted that EDI measures had not improved nationally.

Immigration and Visas: TC shared updates on changes to immigration and visa policies, noting the challenges for health and care staff from overseas and the

potential impact on the system. Whilst reliance on overseas workers had decreased compared to several years ago, they still represented an important supply pipeline for both health and social care.

Digital Staff Passport Programme: ZP provided an update on the cancellation of the national Digital Staff Passport programme, with a need now to develop a local solution to enable the facilitation staff movement.

- **Local Solution:** This could involve creating protocols and manual systems to ease the transition process for staff. A local working group would be examining next steps which would ultimately improve productivity and efficiency, as well as potentially offering more flexibility for doctors moving between the two Trusts.
- **Regional Collaboration:** ZP mentioned the possibility of collaborating with regional partners to develop a solution that enabled staff to move between different organisations across the South West region.
- It was felt that we should be an early adopter of the new workforce solution replacement system for ESR with a working group examining this, recognising that priorities were competing for completion with very limited resources and capacity available.

RESOLUTION: *The People Committee noted the content of the ICS People Function Summary Report.*

7. **Workforce Intelligence and Programme Highlight Report**

- 7.1 **Oliver McGowan Training:** NS explained the Oliver McGowan training and funding criteria, saying he would keep the Committee updated as further details were made available. Additional funding this year was being provided to those systems who had achieved 30% of Tier 1 and Tier 2 staff training.

Apprenticeships: SA highlighted the decline in apprenticeship uptake in Gloucestershire and the commitment to support apprenticeships across the system, including new cohorts for project management and leadership.

System-Wide Events: SA highlighted several upcoming system-wide events, including a leadership event focused on EDI, a support workers celebration event, and a stay and thrive event for internationally educated nursing.

ICS Staff Housing Survey: SA noted the completion of the ICS Staff Housing Survey, with about 50 responses, and the ongoing analysis of the results.

EDI and Domestic Abuse: SA highlighted the prevalence of domestic abuse among internationally educated colleagues and the need to prioritise this issue as a system.

The Chair had attended an EDI event recently where a good deal of interest had been shown in the dashboard. Some requests to view this were likely to come in from other areas from a learning perspective.

Action: SA to circulate the EDI dashboard to the committee members when it is finalised.

SA

12.5

Metrics and Reporting: An overview was provided of key metrics, including leaver, vacancy, and sickness rates, and temporary staffing usage, noting areas of focus and improvement.

The Chair and MC noted that there had been an impressive reduction in the use of agency staff, and it was observed that the quality of care was often significantly better from those staff who were permanent, as opposed to agency, as permanent staff knew the system better and ultimately contributed to cost savings in the longer term across the system. SA informed that Midwifery had recruited successfully and reduced their vacancies down to nearly zero. Reduction targets for GHFT would continue for agency staffing next year.

RESOLUTION: *The People Committee noted the performance position in the Workforce Intelligence & Programme Highlight Report.*

8. **Operational Planning 2025/2026 and Joint Forward Plan**

- 8.1 **Operational Plan Submission:** SA discussed the submission of the 2025-2026 Operational Plan. A financially balanced position had been put forward and focussed on reducing temporary staffing and increasing substantive staff. Overall there had been a slight reduction in establishment. GHFT did include GMS posts this time which had been new for this year, and which could potentially change the Integrated Performance Report (IPR).

Primary Care Workforce: Potential changes around some of the Additional Roles Reimbursement Scheme (ARRS) roles were noted, with the impact on the total primary care workforce, as yet, unknown.

Operational Plan Risks: SA identified key risks related to workforce shortages, financial constraints, recruitment, staff health and well-being, and short-term decision-making, which would impact long-term workforce pipelines.

CR reported on the 150 Whole Time Equivalent (WTE) staff that had to be reduced linked to the national requirement to reduce the growth in non-clinical and non-patient facing roles by 50%, most of which was in corporate service areas. GHFT was examining ways to do this without impacting on service delivery.

AR spoke about community resources and observed that e-rostering would help to capture information about where clinicians were working. The system should be trying to map out where resources were best used and where the challenges in productivity lay if headcount were to be reduced. This had been done in respiratory and was working.

Action: ND to circulate the joint forward plan pages from SA relating to workforce priorities to the Committee members following the meeting.

ND

RESOLUTION: *The People Committee noted the Operational Plan submission and the key areas of focus within the Joint Forward Plan.*

9. **Overview of Organisational Staff Survey Results**

- 9.1 TC noted that there would be opportunities for joining up work especially on EDI despite each organisation having its own Action Plan. KU, EH, CR and NS presented their respective organisations' NHS staff survey results, highlighting key

findings, areas of improvement, and next steps, demonstrated within the papers circulated prior to the meeting.

- 9.2 Primary Care Staff Survey Results - KU stated that each Practice or PCN where there were more than 11 participants for the staff survey, would be given their own Practice or Primary Care Network (PCN) in-depth report. If there were less than 11, they would be reliant upon the ICB report so that people who had submitted a staff survey, would not be identifiable. This would show key themes and actions. The Training Hub would also look at what they could do to support training in key areas.

Action: KU to provide a detailed analysis of the staff survey results, particularly focusing on the "We have a Voice that Counts" element and report back to a future meeting.

KU

Action: KU to investigate the reasons for the reduction in nurse participation in the Primary Care Staff Survey and report back to a future meeting.

KU

- 9.3 GCC Staff Survey Results - It was noted that unlike the NHS Staff survey there was not a specific question for staff on whether they had been sexually harassed during the last year. TC said that it was the 2nd year this question had been included, with senior staff dismayed by the level of prevalence exhibited. EH said she would pass this reflection back to the OD team for potential future inclusion as people had expressed that this had similarly been their experience.

- 9.4 It was observed GCC progress charts on unwarranted behaviour were showing Red, but this had reduced so queried about showing Green – to be re-examined. Health and Wellbeing at Work in GCC - outcomes not good. This may coincide with reasonable adjustments which would reflect scores more positively. Performance Management - It was noted that GCC's results were generally better than those of the ICB.

- 9.5 GHC Staff Survey Results
Nationally, results show little notable change in the nine theme scores across England. All of the 7 People Promise scores remained broadly similar in 2024 compared to 2023.
Colleagues rated GHC 9th nationally for recommendation as a place to work amongst all Mental Health, Learning Disability and combined providers.

- 9.6 Despite the positive picture, there was much scope for improvement. The results identified hot spots for the trust and for particular focus:

Harassment, discrimination and violence at work: Whilst the trust had been addressing this with the Anti-Abuse Road Map, the Leadership and Culture Programme success would be critical to make improvements in this area.

Staff engagement/speaking up: The trust was breaking down barriers to raising concerns, to ensure that colleagues felt safe about speaking up/raising concerns in the workplace.

Managing conflicting demands: Ongoing work to support colleagues to consider working practices to help staff better manage conflicting demands.

Teamwork: Guidance/toolkits were available to help managers and teams in creating shared objectives and improving team effectiveness.

Improving clinical supervision: Support for a working group to consider/identify improvements to clinical supervision.

Health & Wellbeing & Flexible Working: Individual Service / Team analysis plus three local top actions for 2025.

NS shared the timeline and next steps were demonstrated prior to the preparation of the next Staff Survey for GHC in September/October 2025.

- 9.7 **GHFT Staff Survey Results** – This year the Acute Trust was the fifth most improved nationally against a backdrop of more than half of the Trusts using Picker which had deteriorated. This felt like a positive reflection on the work having been done. 47 questions had been better than last year and so the Trust was now much closer to the national average scores.
- 9.8 **Recommend as a Place to Work:** The Chair recognised that scores were low for this question at GHFT and asked about how improvements could be assessed and changes made, to drive this forward more positively.
- 9.9 CR informed Matt Holdaway was leading a piece of work on the management of clinical governance in an entirely different way and CR was also involved. Everything currently was held centrally and the position needed to change to enable the organisation to take learning, in collaboration with the Freedom to Speak Up Guardian (FTSU). The work ultimately would have a big impact on organisational culture because this was fundamental in giving staff control over improvements in their areas and for them to be able to have the time and space in which to learn.
- 9.10 GHFT has rolled out master classes on a Restorative Justice and Learning Culture, with 800 staff members participating. Case studies were being used, and responses were being examined.
- 9.11 JC queried the understanding of what variation looked like in a place of work or service, of a group of staff working within that service. CR explained that GHFT had developed a cultural heat map which aided identification of particular teams and staff areas which may require support and intervention. The heat map would also look at areas where people started and left within 12 months.
- 9.12 AR recognised the phenomenal amount of improvement work having been done at the trust in recent years. AR felt it would be helpful to focus on areas where people stayed longer, and CR said this could be done through a buddying system which could be instigated more often at the trust. CR would take this back to the trust.
- 9.13 The Chair recognised that it was desirable for staff to want not only to work for the trust but to also deliver good outcomes for patients and it was about having a balance to keep the focus on that aim.
- 9.14 **ICB Staff Survey Results** - The ICB achieved a 77% response rate, slightly above the national average. The ICB scored highly for Recommend as a Place to Work, placing it at the top amongst all ICBs nationally.
- 9.15 **Areas of Strength:**
Health and Well-being: Staff reported positively on the ICB's commitment to health and Well-being.
Learning and Development: Opportunities for learning and development were well-received.
Work-life Balance: Staff appreciated the work-life balance provided by the ICB.
Areas for Improvement:
Appraisals: Despite efforts to revamp the appraisal process, staff felt it did not help identify clear objectives for their work.

Bullying and Harassment: This remained a significant concern, with staff reporting on-going issues despite major efforts to address it.

Three-Year Trend:

The ICB had generally performed above average across the seven people promise elements, with slight drops in "A Voice that Counts" and "Always Learning".

Next Steps:

Focus on supporting staff resilience and wellbeing during organisational changes. Continue efforts to address bullying and harassment and a further of the appraisal process.

- 9.16 The Chair recognised those areas which needed improvement, it would be good to look at learning and whether collaboration would help in certain areas, to enable best practice, rather than starting from the beginning.
- 9.17 The Chair said that if staff were working in an organisation where they did not feel confident, then a period of downsizing in an organisation could be reflected in specific groups of people who might leave. This should be borne in mind from an HR perspective. TC said there was a commitment to ensuring there was an impact assessment particularly on ED&I as part of the change process and organisations would need to be able to hold themselves to account on that issue.

RESOLUTION: *The People Committee noted the information on the organisational Staff Survey results.*

10. Revised Governance Arrangements for People Committee

- 10.1 TC spoke about the need to refresh the people governance arrangements, streamline the structure, and develop a clear forward work plan for the People Programme Board. Steering Groups had been in place since 2022, but a refreshed approach was needed for this year. Much of the work originally was linked to NHSE funding for specific projects which had now significantly reduced and there were now too many duplicative groups without clear purpose and focus.

10.2 Proposed Structure:

- **People Committee:** To continue meeting quarterly, providing oversight and strategic direction.
- **HRDs and Deputies Forum:** To meet monthly in an informal setting to discuss ongoing issues without formal actions.
- **ICB People Programme Board:** A refreshed board with a clear forward work plan, focusing on key priorities and avoiding duplication.

Key Responsibilities:

- Act as a shared system-wide space for collective responsibility on the cultural agenda across Gloucestershire.
- Provide joint oversight of progress on workforce elements of the operational plan and financial recovery plan.
- Oversee key transformational projects, though some projects like shared services may require separate governance arrangements.
- **Membership:** Proposed membership to include representatives from various organisations and roles ensuring comprehensive oversight and input.
- **Next Steps:** Develop a clear forward work plan for the People Programme Board and circulate the updated governance proposals for feedback.

- 10.3 **Action: TC circulate the updated governance proposals for Committee feedback.** TC

RESOLUTION: The People Committee noted the proposed revised governance arrangements in place for the People Committee.

11. Feedback on Committee Survey and agreement of Terms of Reference (TOR)

- 11.1 It was decided by the Committee to defer making any decisions on this item in order to avoid potential duplication due to the current organisational changes.

RESOLUTION: The People Committee deferred any decisions on the Committee Survey and Terms of Reference in view of current organisational changes.

12. People Committee Risk Register and Board Assurance Framework (BAF) Update

- 12.1 ZP informed that one risk had increased due to the loss of key roles, specifically the AHP workforce role and the advanced practice lead role. This was a result of the business case not being prioritised as part of the Planning round process.
- 12.2 ZP said that due to reduced representation from the Gloucestershire Care Providers Association (GCPA) due to funding cuts, this would impact the independent social care sector's voice in discussions. The Chair said this was more of a concern than a risk at this stage, but this may become an issue to be resolved once decisions had been made regarding organisational changes, therefore this item was not currently listed on the Risk Register.
- 12.3 The NHS reset changes, when implemented, would affect particular groups of staff and ZP wondered if this needed to be flagged. There were a number of programmes nationally and locally which would cease and there would not be capacity to continue.
- 12.4 AR said that there were difficult times to come, and the focus would need to be on what could be done quickly and said he would be happy to set aside some time in order to try to work on what needed to be done. MC agreed with this to be able to support and help. The Chair said that it felt as though there were an emerging risk in that the People mid-term strategy was no longer able to deliver. MC agreed that it was difficult to understand risk if the future functions of the ICB in terms of quality, safety and oversight had not been fully clarified.
- 12.5 The Chair felt that the Board could be informed that there was an emerging risk here to the medium-term People Plan and it was not yet known what things could be continued with providers or across the system and so the impact was currently unclear on resourcing models etc. There would be impact on roles, clinical matters and recruitment and retention which if paused, would fall back into the unacceptable position as before.
- 12.6 SA asked CR if any ore risks had been added to GHFT's Risk Register due to the numbers involved and CR said this had not yet been done due to governance meetings needing to take place, but discussions had been held around risk.
- 12.8 JC realised that this was as yet unknown but thought that not flagging some of these things as potential risks whether real or potential, would be ethically wrong. ICBs had statutory responsibilities to approve quality in their systems and this would remain until such time as the law changed. This would appear to be virtually impossible if the necessary staff were not in place, or did not have the time to manage the impending changes. JC was of the opinion that it should be stated that

there would be a clear impact on staffing and workforce plans (this would likely happen in all the Committees). As an ICB, as the risks emerged, then this could be used to potentially influence what happened nationally, if it were not already too late to do so without having to spend an inordinate amount of time on it.

BAF3A – was noted on the Register as being “*Risk of failure to provide a compassionate working culture at the right levels of capacity, capability, training and development*” which had unfortunately actually materialised and also went against the seven components of the People Promise.

NS said this could be a risk and/or an issue. There were still things that were unknown and thought this situation was very reminiscent of Covid in terms of assessment, re-grouping and reviewing and was a very moveable feast. The situation would imperfectly capture the articulation, and would be a dynamic in nature over the next 12 months.

Action: KC and TC to discuss risk further following the meeting.

KC/TC

RESOLUTION: *The People Committee having discussed the risks pertaining to the People Plan, which were close to being materialised, agreed that these should now be articulated and reported to members of the ICB Board.*

13. Any Other Business

13.1 There was no other business to discuss.

The meeting ended at 16:56pm.

Date and Time of next meeting: Thursday 17th July 2025 at 2pm in Shire Hall.

Minutes Approved by: People Committee Signed (Chair): Karen Clements Date: 17 th July 2025
