Gloucestershire Integrated Care Board Meeting

To be held at 1.30pm to 3.00pm on Wednesday 24th September 2025

Committee Room, Ground Floor, Shire Hall, Westgate Street, Gloucester, GL1 2TG

Chair: Professor Dame Jane Cummings

No.	Time	Item	Action	Presenter
1.	1.30 – 1.31pm	**Welcome and Apologies** *Apologies: Ann James, Dr Jo Bayley, Mark Cooke, Mark Walkingshaw*	Information	**Chair**
2.	1.31 – 1.32pm	**Declarations of Interest** 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)	Information	**Chair**
3.	1.32 – 1.33pm	**Minutes of the ICB Board held on 30th July 2025**	Approval	**Chair**
4.	1.33 – 1.35pm	**Action Log & Matters Arising**	Discussion	**Chair**
		Business Items		
5.	1.35 – 1.40pm	**Questions from Members of the Public**	Discussion	**Chair**
6.	1.40 – 1.50pm	**Chief Executive Officer Report.**	Discussion	**Sarah Truelove**
7.	1.50 – 2.00pm	**Board Assurance Framework**	Discussion	**Tracey Cox**
8.	2.00 – 2.20pm	**Integrated Finance, Performance, Quality and Workforce Report**	Discussion	**Christian Hamilton** **Tracey Cox** **Marie Crofts** **Cath Leech**
		Approval Items		
9.	2.20 – 2.30pm	**Winter Planning Board Framework Statement**	Approval	**Gemma Artz** **Eve Olivant**
		Information items		
10.	2.30 – 2.40pm	**Chair's verbal & ARAC report from the Audit Committee** held 11th September 2025 and minutes from the June Committee. Including the **Procurement Policy for Approval** **Chair's verbal report on the System Quality Committee** held 28th August 2025 and minutes from the June Committee **Chair's verbal report on the Resources Committee** held 4th September 2025 and minutes from the July Committee	Information & Approval	**Julie Soutter** **Prof Jane Cummings** **Prof. Jo Coast**
11.	2.40pm	**Any Other Business**	Information	**Chair**

Time and date of the next meeting

The next Board meeting will be held on Wednesday 26th November 2025

Boardroom, Shire Hall

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	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	local charity with majority lay members that I am chair Raising money for bursaries and equipment for patients with respiratory diseases in Gloucestershire The charity does not receive any NHS funding and raises money by charitable fund raising events	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	no direct interest- will recuse and remove from discussion if any conflict arises	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
Ananthakrishnan Raghuram	Chief Medical Officer	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	elected trustee councillor on Royal college of physicians London	Direct	none required
Ayesha Janjua	ICB Independent Non-Exec Director	843 960566 Chair & Non Exec's	Yes	-				
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.	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	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.	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 approach 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 am an unpaid Board member of the CLN	Non-Financial Prof	I would not be involved in any decisions to use the CLN approach 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 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	Clinical Director of the West Forest Primary Care Network (PCN)	Direct	I will consult my line manager and the Governance team for guidance and also declare interest at meetings where relevant.
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 conflicst arise
Joanna Bayley				2025/26	Declarations of Interest – Other	Director of MDDUS and its subsidiary MSL	Direct	Declare interest and recuse self from discussions where a conflict arises.
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 CoI if University of Bristol is engaged on activities within the ICS and specific CoI 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.	Direct	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	
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)
Sarah Truelove	Chief Executive Officer	843 960565 CEO/Board Office	Yes	2025/26	Declarations of Interest – Other	Husband is CFO with Avon and Wiltshire Mental Health Partnership	Indirect	No involvement or engagement in contracts that might involve the Gloucestershire ICB and agreed further discussion with the governance team or the Chair as appropriate as issues arise to consider how to manage if potential conflict arises. 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/ Thyis 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	

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	No conflict of interest as this is a charity that operates outside of Gloucestershire.
Yvonne (Marie) Crofts	Chief Nursing 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

Gloucestershire Integrated Care Public Board Meeting

To be held 2.00 to 4.00pm on Wednesday 30th July 2025

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

Members Present:		
Dame Gill Morgan	GM	Chair, NHS Gloucestershire ICB
Sarah Truelove	ST	Chief Executive Officer, NHS Gloucestershire ICB
Ayesha Janjua	AJ	Non-Executive Director, NHS Gloucestershire ICB
Amanda Jones (*deputising for Sarah Scott)*	AJo	Director of Adult Social Care Operations, Gloucestershire County Council
Dr Ananthakrishnan Raghuram	AR	Chief Medical Officer, NHS Gloucestershire ICB
Beth Bennett-Britton *(deputising for Siobhan Farmer)*	BB	Public Health Consultant, Gloucestershire County Council
Cath Leech	CL	Chief Finance Officer, NHS Gloucestershire ICB
Douglas Blair	DB	Chief Executive, Gloucestershire Health and Care NHS Foundation Trust
Eve Olivant *(deputising for Gemma Artz)*	EO	Director of System Flow, NHS Gloucestershire ICB
Prof Jo Coast	JC	Non-Executive Director, NHS Gloucestershire ICB
Prof Dame 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
Kevin McNamara	KM	Chief Executive, Gloucestershire Hospitals NHS Foundation Trust
Marie Crofts	MC	Chief Nursing Officer, NHS Gloucestershire ICB
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
Helen Goodey	HG	Director of Primary Care and Place, NHS Gloucestershire ICB
Jo Walker	JW	Chief Executive, Gloucestershire County Council
Mark Cooke	MCo	Managing Director for Strategy, Oversight and Regulation, NHS England (NHSE) South West
Mark Walkingshaw	MW	Director of Operational Planning & Performance, NHS Gloucestershire ICB
Dr Paul Atkinson	PA	Chief Clinical Information Officer, NHS Gloucestershire ICB
In Attendance:		
Dawn Collinson	DC	Corporate Governance Administrator, NHS Gloucestershire ICB
Becky Parish	BP	Associate Director Engagement & Experience, NHS Gloucestershire ICB
Gerald Nyamhondoro	GN	Corporate Governance Officer, NHS Gloucestershire ICB
Ryan Brunsdon	RB	Corporate Governance Secretary, NHS Gloucestershire ICB
Julie Symonds (Item 6)	JSy	Deputy Director of Nursing and Quality, NHS Gloucestershire ICB
Karis Ramsay (Item 6)	KR	Clinical Learning & Development Matron, NHS Gloucestershire ICB

Prior to the meeting, colleagues held a luncheon to thank Dame Gill Morgan for her service as Chair. Her professionalism, dedication, and commitment to ICB values had demonstrated a lasting impact on both colleagues and the people of Gloucestershire, and although Dame Gill would be missed, her legacy would continue to inspire those who had worked alongside her.

1. Welcome and Apologies

1.1 The Chair welcomed those present to the meeting. This was the first official meeting with Sarah Truelove as Chief Executive Officer for the ICB. Apologies had been received from Siobhan Farmer, Sarah Scott, Gemma Artz, Dr Jo Bayley and Christina Gradowski.

1.2 The meeting was declared to be quorate.

There were two members of the public present.

2. Declarations of Interests

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. Minutes of the ICB Board

3.1
- The Public Board minutes from 28th May 2025 were approved to be an accurate record of the meeting.
- The Extraordinary Board minutes from the meeting held on 18th June 2025 were approved to be an accurate record of the meeting.

Resolution: The ICB Board members approved the Public Board minutes from the meeting held on 28th May 2025 and the Extraordinary Board minutes from 18th June 2025.

4. Action Log and Matters Arising - Updates

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, making 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. Updates had also been provided on Board actions.

5. Questions from Members of the Public

5.1 There were two questions from a member of the public which were read out by TC. The questions were responded to during the meeting, details of which can be found in the link below:

https://www.nhsglos.nhs.uk/about-us/how-we-work/theicb-board/

Resolution: The ICB Board members noted the questions from the member of the public and the responses given during the meeting.

6. Patient Story – Health Outreach in Local Communities

6.1 KR and BP informed the Board on a project delivering health checks to farmers at a recent Cirencester livestock market using the mobile health information bus. The Board members were able to watch an explanatory BBC film clip. The initiative had improved healthcare access for busy farmers, offering on-site checks for blood pressure, Body Mass Index (BMI), and diabetes, which had been very well received. Farmers had appreciated the convenience of not having to book GP appointments, whilst engaging at the market had also helped reduce healthcare stigma.

6.2 Key barriers identified:

- Limited time,
- Difficulty obtaining GP appointments, delaying access to healthcare
- Inflexible scheduling,
- Travel distance,
- Poor phone or IT connectivity in rural areas,
- Reluctance to seek help,
- Belief that professionals may not understand farming life.

6.3 Mental health issues are significant in the farming community, with high rates of anxiety, loneliness, and suicide risk. Barriers included stigma, isolation, and concerns about gun licensing. Statistics from the Royal Agricultural Benevolent Institution, indicated that 47% of farmers suffered from anxiety and 50% of those at Cirencester livestock market reported mental health issues.

6.4 BP proposed improving healthcare access for farmers through a rural health education programme for general practice and increased outreach at livestock markets and country shows. The project's findings applied beyond Gloucestershire, as similar issues affected rural communities nationwide.

6.5 The Boards discussion covered the following:

- Broaden support to all self-employed individuals, not just farmers.
- Share Gloucestershire's best practices with other regions, including coastal communities, to address issues early and prevent crises.
- Integrate rural health initiatives in Gloucestershire with South West efforts through Regional networks
- Coordinate with the University of Lincoln on related national projects.
- Work with colleagues to enhance and examine appointment access.
- Provide therapy dog for Royal Agricultural University students in September to support wellbeing.

Action: BP to disseminate the list of challenges faced by the farming community in accessing health and well-being services to the relevant people in the organisation and ask them to consider how they might address these challenges. **BP**
Resolution: The ICB Board members noted the Patient Story around Health Outreach in Local Communities.

7. Themed Presentation on NHS 10-Year Plan and Local Journey

7.1 MW introduced this agenda item saying that the new national 10-year Health Plan would provide many opportunities for the Gloucestershire system as well as many challenges. GM was keen that the process around considering its implications for our system could start for the ICB following the launch of the Plan

7.2 The aim today was to provide an overview of the key elements of the Plan, describe the ICB's position from a local perspective, outline its starting point, and discuss potential system opportunities and methods for integration.

7.3 PA discussed the digital transformation aspects of the 10-year plan, including the push towards using the NHS app as the main access point for healthcare services. PA emphasised the need to balance digital access with traditional methods, to ensure inclusivity within communities.

7.4 MW spoke about investing in preventative services and engaging with communities to improve health outcomes, along with the strong partnerships in Gloucestershire and the need to build on existing initiatives. Structural changes and enabling factors in the 10-year plan included better workforce planning, innovation support, and financial discipline. There would be a need for aligned plans and shared learning within the clustering arrangements with BNSSG.

7.5 BP explained the importance of involving patients and communities in the design and delivery of healthcare services. BP mentioned the potential impact of the Dash review on Healthwatch and the need for continued engagement with the public.

7.6 Board members discussed the challenges and opportunities of implementing the 10-year plan in Gloucestershire, recognising partnership, targeted interventions, and maintaining the focus on local priorities. MW invited feedback from Board members, saying this would be welcomed should anybody wish to comment following the meeting.

Resolution: The ICB Board members noted the information on the NHS 10-Year Plan.

8. Chief Executive Officer (CEO) Report

8.1 ST highlighted three areas from her first CEO Report:

Neighbourhood Health:
The need to shift from hospital to community care and from sickness to prevention was noted. ST recognised the strong building blocks already in place and the significance of partnerships, especially with general practice and the voluntary, community, and the social enterprise (VCSE) network.

ICB Annual Assessment Letter 2024/25:
ST drew the Board's attention to the fact that although there would be no formal assessment for ICBs this year, the letter received from the Regional team highlighted strong performance and areas on which to maintain focus, especially during the transitional phase. These included the integration of health teams and service capacity.

Urgent and Emergency Care (UEC) Plan:
ST mentioned the publication of the UEC plan, recognising ongoing work in the system and the need to integrate this into the Winter Plan.

8.2 **Following Comments:**

- The Chair was pleased to announce the appointment of Tom Beasley, from the VCSE, as Vice Chair of the Health and Wellbeing Board and the Integrated Care Partnership, noting its symbolic and practical significance for partnership work.
- JW commented that local government reorganisation would present a unique opportunity to focus on communities and neighbourhoods more jointly, building on existing work. There was also potential for collaboration in digital maturity and

data-informed approaches. Due to the lack of mention of housing in the 10-year plan, and it was suggested mapping the strengths of Gloucestershire and Bristol, North Somerset and South Gloucestershire (BNSSG) ICB, as part of the clustering of the organisations.

- KM raised points about the Winter Plan, stating the requirement for integrated planning, learning from past actions, and ensuring rigorous application of effective measures. KM suggested including a commentary from Chief Executives and the GP collaborative when the plan returned to the Board for further discussion at a future date.

Resolution: The ICB Board members noted the Chief Executive Officer Report.

9. Board Assurance Framework (BAF)

9.1 TC provided an update on the BAF, noting changes in risk scores (see below) and the addition of a new risk related to the transition process. TC said it would be important to maintain focus on governance during the transition period.

9.2 Update on BAF scores:

- Workforce risk (BAF 3a): Score reduced from 20 to 16 due to improvements in workforce metrics.
- UEC risk: Score reduced from 16 to 12 reflecting progress and improvements.
- Transition risk: Now listed at a score of 13 and would be regularly updated to reflect ongoing uncertainty.

Action: KM suggested that the estates infrastructure risk, along with the EPRR risk, could benefit from a deeper review at the appropriate sub committees, particularly to understand what the estates infrastructure risk meant for the system **CL**

Resolution: The Board members noted the update on the BAF.

10. Integrated Finance, Performance, Quality & Workforce Report (IPR)

10.1 *MW updated on Performance:*
The following highlights were noted:

- Increased focus on primary care in the reporting, including benchmarking of appointment provision.
- Enhanced attention to urgent care metrics, especially discharge and flow, in preparation for winter.
- Impact of resident doctors' industrial action, commending provider and ICB teams for their responses, and MW flagged potential further industrial action from nursing unions.
- Pressure on cancer performance, particularly the 31-day target due to surgical capacity in Urology and lower gastrointestinal cancer, with action plans in place.
- Echocardiography (ECG) performance - actions being taken included additional recruitment and capacity to address backlogs.

10.2 *TC updated on Workforce:* A focus on strengthening apprenticeship routes for both entry-level and existing staff through apprenticeship training, with ongoing work through the People Board to maximise apprenticeship levy utilisation.

- Announced success in two bids: one for a System wide T level coordinator role (2.5 years). The second of one of ten sites nationally as a Widening Access Demonstrator site, aiming to support 1,000 people from deprived communities into

pre-employment, work, or training by March 2026. (100 people across Gloucestershire). This was part of the Get Britain Working initiative.

- Highlighted the upcoming opening of the Arts, health and Wellbeing Centre in University of Gloucestershire's City Centre campus, which help strengthen our focus on research across the county and would offer education and training opportunities, including taster sessions in areas where Gloucestershire excels, such as creative health, personalised care, social prescribing, and asset-based community development.

10.3 *MC updated on Quality:*

- Continued enhanced oversight group for maternity services, focusing on six national high-impact areas and moving toward a joint Local Maternity and Neonatal System (LMNS) with BNSSG.
- Reported 11 patient safety incidents requiring investigation in May and June, with learning to be shared through the System Quality Group (SQG).
- Reviewed quality alerts and emphasised addressing delay-related harm as a system priority, with joint Senior Responsible Owner (SRO) leadership on the System Quality portfolio.

AR updated on the Standardised Hospital Mortality Indicator (SHMI)

- The SHMI in Gloucestershire had improved and was now within normal limits for at least four consecutive months, following significant efforts in care review and coding quality. A regional Mortality Insights visit had recognised the progress made.
- AR confirmed that the latest SHMI figure was 1.07, reflecting this improvement and stated that whilst mortality was an endpoint, the focus should remain on the quality of care, with ongoing work to address delay-related harm through Urgent Care and other pathways of care , reporting up to System Mortality, System Quality, and the Board.

10.4 JS asked about the current measles, mumps and rubella (MMR) vaccination uptake in Gloucestershire, noting national concerns about low uptake, despite the report stating primary care vaccination was an area of strength. MC responded that Gloucestershire generally had high vaccination rates and a strong system for ensuring uptake, but did not have the exact MMR percentage to hand. **Action: MC to provide figures on MMR uptake at a future meeting.** **MC**

10.5 JW noted that the dashboard for Gloucester frequently indicated red or pink status, particularly in the areas of health equity, excess under-75 mortality, and deaths among adults with severe mental illness. JW enquired about any measures being taken to address these issues and how the system's efforts related to reducing these indicators.

10.6 MW acknowledged the need to better link dashboard indicators with system actions. The health inequalities framework included targeted actions for each area, but reporting should clarify these connections. System-wide and organisational plans were in place. **Action: MW to provide a more focused report on Gloucester and the Forest of Dean, outlining specific actions to address disparities and giving clearer responses, to prevent fragmentation.** **MW**

10.7 DB added that whilst the dashboard was useful for tracking outcomes, it was important to remember that these were averages and there could also be inequalities within other localities. It was also noted that some measures changed slowly, and that combining public health and health service data was important in order to gain a full understanding. MC stated that the System Quality Group was collecting data to explore improvements, particularly in post-screening interventions.

10.4 *CL updated on Finance:*
CL provided an update on the financial position, noting a small underspend year-to-date and the need to focus on delivering savings and managing cash flow. There were risks around agency costs and capital expenditure. A contingency in capital was under review by the system, and a meeting was planned to take stock and decide how to use it..

10.5 CL also stated that a draft system cash protocol had been developed to manage cash collectively and was being reviewed, as NHSE would require cash to be managed as a system, should any provider encounter difficulties. CL emphasised the importance of controlling spend, focusing on recurrent savings in order to prevent one or more organisations running out of cash.

10.6 KM asked CL about the timing and process for reviewing organisational cash positions, especially given pressures building towards year-end and the need for co-ordinated governance. CL confirmed that a deep dive on each organisation's financial position would be conducted during August with the intention to share findings in early September. It was clarified that NHSE would be taking a taking a hard line on cash, but capital cash requests were an exception, especially for allocations not yet cash-backed.

Resolution: The Board members noted the content of the Integrated Performance Report incorporating the Finance update.

11. Gloucestershire Domestic Abuse Strategy 2025-2028

11.1 This paper had been written by Nicky Maunder, Public Health Manager, Gloucestershire County Council (Domestic Abuse and Multiple Disadvantage). It was presented to the Board today by BB to take forward for their approval.

11.2 The Domestic Abuse Act 2021 introduced a number of statutory duties on the County Council, including convening a Local Partnership Board (LPB), completing a local needs assessment, and producing a local domestic abuse strategy, informed by a needs assessment and developed in consultation with the LPB. The previous Domestic Abuse Strategy ended in 2024, and a refresh had been underway for the past several months.

11.3 Whilst the endorsement of the draft Strategy did 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 would be sought through the LPB members' appropriate decision-making routes.

11.4 Progress since 2021 included increased awareness, reporting, investment in support services, expanded safe accommodation, trauma recovery pilots, and ICB-funded roles for advisers and trainers in health services.

11.5 Priorities going forward were to implement a co-ordinated training strategy, address emerging risks such as child-to-parent and adolescent abuse, and to maintain a holistic, partnership approach. Extensive engagement with victims and survivors had informed the Strategy, supported by a dedicated Consultation Officer.

11.6 The strategy outlined the county's response to providing domestic abuse support within domestic abuse safe accommodation (e.g., the refuge) and the wider community response. It ensured the needs of all victims/ survivors of domestic abuse and their families, both within safe accommodation and within the community were considered.

11.7 Five retained priorities: prevention and early intervention, multi-agency working and pathway development, workforce development, high-quality service provision, and breaking the cycle of perpetrator behaviour. A launch event and detailed delivery plan were planned for the autumn in order to galvanise the partner approach.

11.8 JC asked for reassurance that commissioning domestic abuse services "outside the framework" and based on local and national funding opportunities, would not make these services less of a priority, seeking clarification on what this meant in practice.

11.9 BB explained that a new single provider framework offered greater flexibility to add services as funding increased, such as from the domestic abuse grant or other sources. BB clarified there was no plan to reduce or withdraw local services. BB also noted that the domestic abuse grant was now part of baseline local authority funding, and the framework could accommodate additional services if more funds, like those from the Victims and Prisoners Bill, were to become available.

11.10 JW briefly mentioned the Child Protection Medical Assessment (CPMA) Action Plan and queried this, as she had not been aware of any issue . **Action: JW to be provided with a copy of the CPMA Action plan and offered a briefing on the issue outside the Board meeting.** **MC**

RESOLUTION: The Board members approved the adoption of the Gloucestershire Domestic Abuse Strategy 2025-2028.

12. Committee Meeting Updates

12.1. Chairs verbal and ARAC Report from the Audit Committee held 16th June and approved minutes from March 2025.

12.1.1 Minutes were taken as read and there were no other matters raised.

12.2 Chairs verbal report on the Primary Care and Direct Commissioning Committee held on 5th June 2025 and approved minutes from April 2025

12.2.1 Minutes were taken as read and there were no other matters raised.

12.3 Chairs verbal report on the System Quality Committee held on 25th June 2025 and approved minutes from April 2025

12.3.1 Minutes were taken as read and there were no other matters raised.

12.4 Chairs verbal report on the System Resources Committee held on 3rd July and minutes from May 2025

12.4.1 Minutes were taken as read and there were no other matters raised.

12.5 Chairs verbal report on the People Committee held 17th July 2025 and approved minutes from April 2025

12.5.1 The Chair for the People Committee noted that the Committee meeting held on the 17th July was keen to better understand the intent of the phrase "train to task rather than train to role" used in the NHSE 10-year plan. This would be explored with NHSE by Tracey Cox, but others involved in the detail of the 10-year plan, were requested to be aware of this.

Resolution: The Board noted the verbal updates on the Committee meetings.

13. Any Other Business

13.1 There were no items of Any Other Business to discuss.

The meeting concluded at 4.10pm.

Time and date of next meeting:

The next Board meeting will be held on Wednesday 24th September 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.

Agenda Item 4

NHS Gloucestershire ICB Board (Public Session) Action Log –September 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 to email that is confirmed to be closed.	**Open**
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**
49	July 2025	**Min 6.5 Health Outreach in Local Communities**	**Becky Parish**	BP to disseminate the list of challenges faced by the farming community in accessing health and well-being services to the relevant people in the organisation and ask them to consider how they might address these challenges	**Sept 2025**	Karis Ramsay has given an explanation of the challenges faced by the farming community over-leaf. Recommend to close this action.	**To be Closed**
50.	July 2025	**Min 9.2 Board Assurance Framework**	**Cath Leech**	KM suggested that the estates infrastructure risk, along with the EPRR risk, could benefit from a deeper review at the appropriate sub committees, particularly to understand what the estates infrastructure risk meant for the system	**Nov 2025**	There was a deep dive risk session held at the Audit Committee on 11th September which focused on the Finance and BI Risk Register which included estates, further discussion about this risk system wide would be planned for at the November Resource Committee with system partners. Recommended to be closed.	**To be Closed**
51	July 2025	**Min 10.4 IPR Quality Report**	**Marie Crofts**	MC to provide figures on MMR uptake at a future meeting.	**Sept 2025**	MC to provide a verbal update at the board meeting.	**Open**
52	July 2025	**Min 10.6 IPR Quality Report**	Mark Walkingshaw	MW to provide a more focused report on Gloucester and the Forest of Dean, outlining specific actions to address disparities and giving clearer responses, to prevent fragmentation.	**Nov 2025**	TBC	**Open**

53	**July 2025**	**Min 11.6 Domestic Abuse Strategy**	**Marie Crofts**	JW to be provided with a copy of the CPMA Action plan and offered a briefing on the issue outside the Board meeting.	**August 2025**	MC confirmed the CPMA Action Plan had been sent to JW. Recommend to close.	**To be closed**

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**

24th July 2025, Min 6.5 (action 49 update)

- Time was identified as the biggest barrier that farmers face in terms of accessing healthcare. I have increased the number of visits to the Livestock Market offering health checks, mental health and wellbeing discussions too. The numbers have been consistently good with hypertension, pre-diabetes, diabetes and even one young gentleman having a stroke on the NHS information bus-he was blue lighted to Swindon Hospital and is making progress in his recovery. We are also working alongside StowAg to take the NHS bus there on 10th October which is World Mental Health Day. A recent study by leading rural charity, Farm Safety Foundation, revealed that **91% of farmers rank poor mental health as biggest issue the agricultural industry is facing.**
- Getting a GP appointment is hard was the next barrier faced by farmers. This is due to a multitude of issues and some of them are not ones than non-farming individuals face eg: no signals in fields/rural areas, weather, dealing with livestock etc. I am working with Cherri Webb in a bid to look at piloting 'flagging farmers occupations' in general practice in Cotswolds (100% rural by population) and Forest of Dean (95% rural by population) and reducing the barriers farmers face if/when attempting to get a GP appointment. Possibility of trailing 'Farmer's Walk in Days' and/or more flexible appointment times for farmers to facilitate their lifestyle and pressures.

- Third barrier that farmers face is they often feel health care professionals don't understand the farming ways of life and its pressures. Once I have a pilot set up for Cotswolds/FoD we can look to piloting a Primary Care rural education programme.

Agenda Item 6

NHS Gloucestershire ICB Public Board Meeting

Wednesday 24th September 2025

Report Title	**Chief Executive Report**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
	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: - **Financial Delivery Risk** - **Neighbourhood Health** - **Launch of the Arts Health and Wellbeing Centre in City Campus** - **Transition Committee Terms of Reference**						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	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.						
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 report highlights the financial risk for the system and the commitment to take mitigating actions to address this by all partners.						
Regulatory and Legal Issues (including NHS Constitution)	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. s. 1.4.5(e) The public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35). s.1.4.7(f) section 14Z45 (public involvement and consultation).						
Impact on Health Inequalities	Development of neighbourhood health services will have a particular focus on reducing health inequalities. The work to develop voluntary services integration is foundational to achieving this.						
Impact on Equality and Diversity	This will specifically be considered as part of the analysis of drivers of health inequalities in the system.						

Impact on Sustainable Development	The planning process will consider this as an integral part of developing sustainable services.
Patient and Public Involvement (PPE)	The report highlights further engagement work that is planned for the autumn to inform the development of the systems medium term plans.
Recommendation	**The Board is requested to:** • **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 6

NHS Gloucestershire ICB Public Board Meeting
Wednesday 24th September 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. Financial Delivery Risk

2.1 During August the Chief Finance Officers for the NHS bodies in the system carried out a series of deep dives to assess the progress and risks associated with delivery of the financial plan that was approved as part of our wider operational plan for 25/26. This showed significant progress but risk of delivery of between 1-2% of our budget. The key issues are:

- Pace of delivery of savings at Gloucestershire Hospitals where the profile required increases as we enter quarters 3 and 4
- Increased costs from new providers entering the system, particularly providers of ADHD diagnosis
- Difficulties in discharge from specialist placements leading to increased costs.

2.2 We have agreed a range of further mitigating actions including collectively commissioning an external peer review to ensure we are taking learning from elsewhere and that we have all the necessary governance and processes in place to support delivery.

2.3 Delivering within our collective resources is an important foundation for all the transformation that we aim to deliver in the system. We have started our detailed planning process for the next five years to deliver on the ambitions set out in the 10 Year Health Plan. We can see that our populations health needs are changing and that our services will not be sustainable unless we respond to those changing needs. We will be bringing further updates to the Board as those plans develop and we will be carrying out further engagement with the public building on previous engagement including that which was carried out locally to support the development of the 10 Year Health Plan.

3. Neighbourhood Health update

3.1 Neighbourhood Health is a national priority within the NHS 10-Year Plan, focusing on proactive, community-based care to prevent avoidable health deterioration. Approaches

in Gloucestershire over many years align well with the principles of Neighbourhood Health and give us strong foundations on which to build.

3.2 Gloucestershire submitted an application to join the National Neighbourhood Health Improvement Programme in August. Although the application was not successful in Wave 1, the process was valuable in consolidating existing work and reaffirming system-wide commitment. The application, supported by all Primary Care Networks (PCNs) across the county, alongside system partners, proposed a phased implementation starting in areas of highest deprivation.

3.3 Despite not being selected for the national programme, Gloucestershire remains committed to advancing Neighbourhood Health. Key areas of focus include:

- **Frailty**: Significant investment has been made in developing Integrated Neighbourhood Teams and quality improvement initiatives with a particular focus on people living with moderate to severe frailty and the co-diagnosis of dementia.
- **Long-Term Conditions**: Existing clinical programmes will be further developed with a focus on multi-morbidity and proactive risk stratification.
- **Voluntary Sector Integration**: Work with NAVCA and local partners aims to strengthen infrastructure and sustainability of grassroots voluntary organisations, ensuring they are integral to neighbourhood models.
- **Digital Innovation**: The virtual ward and hospital-at-home models will be leveraged to enhance care for digitally enabled populations.
- **Integrated Locality Partnerships (ILPs)**: These long-established partnerships across the county are well placed to continue to play a central role in shaping and delivering the neighbourhood health model.

3.4 **Next Steps:** The system will focus on formalising and systematising its approach to Neighbourhood Health, including exploring neighbourhood hubs. Further development work will be undertaken to define care models for non-frail adults with multi-morbidity.

4. Launch of the Arts Health and Wellbeing Centre in City Campus

4.1 We are pleased to announce the launch of the Arts Health and Wellbeing Centre, a groundbreaking collaboration between the University of Gloucestershire and the local NHS. This innovative facility is dedicated to promoting health and wellbeing through creative and inclusive approaches, addressing social isolation, improving mental health, and fostering community wellbeing. It will serve as a hub where research in health and care, use of immersive spaces, learning, and creativity intersect, supporting the NHS's commitment to prevention and community-based care. The Centre will also enhance training and workforce development, providing an exceptional environment for educating the next generation of health and care professionals. We are excited about the potential

for new research in creative health, furthering our commitment to reducing health inequalities and ensuring access for all.

Current initiatives include a £390,000 investment in the provision of small grants for research, innovation and practical evaluation. We have also started a collaborative partnership between the Western Forest Programme, the AHWC Immersive Suite, and local VCSE organisations to research the impact of nature on the wellbeing of young people and to address barriers to accessing local forest spaces.

5. Transition Committee Terms of Reference (BNSSG ICB & GICB)

5.1 In order to facilitate and steer a smooth transition towards a clustered ICB (w.e.f 1 April 2026) and eventually a formal merger; Gloucestershire ICB and Bristol, North Somerset and South Gloucestershire ICB (BNSSG) have established a joint committee, accountable to both ICB boards, titled the Transition Committee. The terms of reference for this committee were drafted in accordance with section 65Z5 of the National Health Service Act 2006 (as amended by the Health and Care Act 2022) and in accordance with the ICBs' Constitutions.

5.2 This Committee will exist until the ICBs' transition through the phases of clustering and until merger takes place, at which point the need for the committee's continuation and remit will be reviewed. ICB Boards will continue to operate to manage the business of each ICB in accordance with both constitutions. The Committee has a role in steering both organisations towards creating a new ICB guided by the ICB Blueprint Model.

5.3 The Transition Committee Terms of Reference sets out the purpose, remit, authority and accountability of the committee, along with its membership, quoracy and reporting arrangements. The ToRs can be amended by the ICB boards in accordance with their constitutions and schemes of reservation and delegation. The ToR were consulted on and feedback received including from ICS partners in Gloucestershire and BNSSG. The Boards of BNSSG ICB and Gloucestershire ICB approved the ToR outside the ICB Board meeting for reasons of expediency, allowing a September meeting of the Transition Committee. The ToR will be published as part of each ICB's Corporate Governance Handbook.

5.4 The Transition Committee will meet on a monthly basis and will report to both ICB Boards.

6. Recommendation

6.1 The Board is asked to note the CEO report.

Agenda Item 7.1

NHS Gloucestershire ICB Public Board Meeting

Wednesday 24th September 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		ICS Strategic Executive	18/09/2025			
Executive Summary	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 • System Quality Committee • Resources Committee • People Committee • Primary Care & Direct Commissioning Committee 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.						
	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 11th September. At that meeting there was a detailed discussion about system risks including estates and cyber risks, which were captured in the BAF. The Committee noted the system wide EPRR event Ex Eyrie which focused on cyber risks affecting ICB partners and discussion in other forums such as Strategic Executive about risks around finance, estates and workforce..						
Key issues	The BAF has been reviewed this September and the changes made to the BAF are marked in RED. The key changes for the BAF report are as follows: • There are 14 strategic risks on the BAF including the recently entered risk on the ICB reset (BAF 13), which has been updated.						

	• 10 Red rated risks (a decrease from last reported in May where there were 11) • 4 Amber rated risks. The following changes have been made: • BAF 1 Health Inequalities risk has been reviewed, significant updates have been made to both the actions / mitigations and the Director's report. • BAF2 the risk to community and locality transformation in terms of delivery structures has been reviewed and updated Director's report • BAF 3a Workforce Risk has been updated with additional controls and a Director's report significantly updated • BAF 3b Equality, Diversity, and Inclusion has been reviewed an additional action is included and 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 current controls, gaps in controls and updates to the actions and Director's report. • BAF 6 Primary Care risk of lack of resilience and in sustainability has been reviewed and a comprehensive update has been made to the controls, gaps in controls, assurance, detail on new actions being taken and an updated Director's report. • 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 needs to be rearticulated and aligned to current challenges around mental health. It should be noted that the risk was transferred to the Chief Nursing Officer as Mental Health now sits within the Quality Directorate, following changes to the Integration Team. The BAF would have been considered at Strategic Executive meeting on 18th September and Marie Crofts and Douglas Blair to work on rearticulating this risk and agreeing the controls, assurances and actions. • BAF 9 Financial Sustainability: Financial Sustainability: this risk has been reviewed the 'due to' and Director's report has been updated. • 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 has been reviewed; there are significant updates on gaps in controls and assurances, actions and the Director's report. • BAF 12 Risk has been reviewed following the Audit Committee meeting held on 11th September where risks were discussed in depth, the risk has been increased from 15 to 20 taking account of the challenges around the Transition to a new ICB and the learning and actions from Ex Eyrie – system wide cyber event. • BAF 13 ICB Reset has been reviewed is currently rated as RED 16. Updates have been made to the 'due to' and 'impact', gaps in controls and assurances, actions and to the Director's report.

Key Risks: Original Risk (CxL) Residual Risk (CxL)	The risk associated with not reporting risks is that key issues may not be identified and/or discussed at committee and board level. (4x3) 12 (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	The Board is asked to; • 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
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Strategic Risks – Board Assurance Framework **

September 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.	**16/09/2025**	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.	**08/09/2025**	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.	**14/09/2025**	Director of People, Culture & Engagement	**16** (4x4)	**16** (4x4)	**5** (5x1)	People	*Current score unchanged.*
	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.	**14/09/2025**	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.	**17/09/2025**	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.	**16/09/2025**	Interim Chief Delivery and Transformation Officer	**20** (5x4)	**12** (4x3)	**8** (4x2)	Resources	*Current score unchanged.*

	BAF 6	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.	10/09/2025	Director of Primary Care & Place	**16** (4x4)	**15** (5x3)	**5** (5x1)	PCDC	*Current score unchanged.*
	BAF 7	01/11/22	Failing to deliver increased productivity requirements to meet both backlogs and growing demand.	16/09/2025	Director of Operational Planning & Perf.	**12** (4x4)	**16** (4x4)	**4** (4x1)	Resources System Quality	*Current score unchanged.*
	BAF 8	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.	17/09/2025	Chief Nursing Officer	**12** (4x3)	**12** (4x3)	**4** (4x1)	People System Quality	*Current score unchanged.*
	BAF 9	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.	31/08/2025	Chief Finance Officer (CFO)	**16** (4x4)	**16** (4x4)	**8** (4x2)	Audit Resources	*Current score unchanged.*
	BAF 10	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.	31/08/2025	Chief Finance Officer (CFO)	**16** (4x4)	**16** (4x4)	**8** (4x2)	Audit Resources	*Current score unchanged.*
	BAF 11	01/11/22	EPRR - Failure to meet the minimum occupational standards for EPRR and Business Continuity.	16/09/2025	Chief Nursing Officer (CNO)	**12** (4x3)	**16** (4x4)	**4** (4x1)	System Quality Audit	*Current score unchanged.*
	BAF 12	15/02/24	Failure to detect Cyber Security threats and attacks which could result in serious consequences for operating the business of the ICS.	17/09/2025	Chief Clinical Information Officer	**20** (5x4)	**15** (5x3)	**10** (5x2)	Audit	*Current score unchanged.*
	BAF 13	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	01/09/2025	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 July 2025

1	This risk has been reviewed and updated in terms of gaps in controls, assurances, actions and Director's report.
2	Director's update section has been completed
3A	Risk has been reviewed and significant updates provided for controls, actions and Director's section updated.
3B	Risk have been reviewed and a new action to mitigate the risk and Director's section updated.

4	Risk reviewed. Directors update has been updated.
5	Risk has been reviewed and significant updates provided for controls, gaps in controls, actions and an updated Director's report.
6	Significant updates in most sections of risk.
7	Director's section updated.
8	This risk has been transferred from Integration to the Quality Directorate and needs to be re-articulated.
9	'Due to' added and Director's section updated.
10	Director's section updated.
11	Risk has been reviewed and updates have been made to controls, actions and the Director's report.
12	Risk reviewed. Updates have been made to the actions and Director's report.
13	Significant updates in most sections of this risk.

**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:**	**17/09/2025**
Owner:	**Mark Walkingshaw, Director of Operational Planning and Performance**		
Committee	**ICP, Resources, System Quality**		
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**		
Aligned with ICB Risk(s):			

Pillar 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.*

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.*

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
12 (4x3)	**12** (4x3)	**8** (4x2)	**Appetite**	**Cautious**

Due to:

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.

Impact:

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):*

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.

Known Gaps in Controls

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.
6. Health Inequalities Improvement Manager is leaving the organisation in late September.

Current Assurances *(of controls effectivity):*

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.
7. Capacity has been identified to cover some of the Health Inequalities Improvement Manager's workload e.g. development and launch of Gloucestershire health inequalities framework and self-assessment tool.

Known Gaps in Assurances

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.

7. Health Inequalities annual statement – reviewing the status of specified metrics as defined by NHSE. 8. Gloucestershire Health Inequalities Framework launched. 9. Organisational level health inequalities objective-setting tool. 10. ED&I Insights Manager ensures feedback and experiences of seldom heard communities informs service development & delivery. 11. Commitment to patient participation in all workstreams.			

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
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.	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.
2. Gloucestershire Health Inequalities Framework and self-assessment tool has been developed in collaboration with Health Inequalities SROs and leads/champions.	2. The Gloucestershire Health Inequalities Framework and Self-Assessment Tool is currently being reviewed by Health Inequalities SROs and will be launched in late September 2025, with the first round of tools to be completed by system organisations and partnerships by the end of December 2025. An overview will be taken to ICB Board in January 2026.
3. ICS Engagement Improvement Framework to be implemented in 2025/26.	3. The second annual Gloucestershire Health Inequalities Information report has been completed and signed off by System Resources Committee and ICB Board. The report was published in July 2025.
4. Development of Statement on Inequalities to be iteratively continued, reflecting anticipated updated guidance from NHSE when available.	4. 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.
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.	5. 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 ?
6. Equality Impact Assessments are required to be completed and submitted with business cases being considered under the priorities process.	6. Analysis of diagnosed and undiagnosed hypertension is being carried out to identify disparities by PCN/GP Practice and health inequalities groups. We will collaborate with the Programme Manager to review findings and identify further actions.
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.	7. Gloucestershire ICB worked with the NHS Confederation to develop and test a new Health Inequalities Assurance Framework for ICBs. An overview of the framework was presented to System Resources Committee in September.
8. Gloucestershire County Council have launched a health inequalities dashboard on Power BI, which sits alongside the Joint Strategic Needs Assessment (JSNA).	8. 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.

	9. An information session has been arranged with Public Health colleagues to demonstrate the Power BI health inequalities dashboard for ICB staff, particularly those in BI and CPGs. The session will take place on the 2nd October 2025.

Relevant Key Performance Indicators
Health inequalities narrative and system outcome measures to be included in bi-monthly integrated performance report
Performance against NHS constitutional targets (e.g., RTT, Cancer Wait times, Diagnostic access, UEC waiting and response times.)
Joint Forward Plan metrics.
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:**	**08/09/2025**
Owner:	**Helen Goodey, Director of Primary Care & Place**		
Committee	**System Quality**		
Aligned with System Partner Risk(s):	*There are no correlating risks.*		
Aligned with ICB Risk(s):	***PC&P16: Community Pharmacy Sustainability***		

Pillar 2: *Transforming what we do.*

Strategic Objective 2: *Take a community and locality focused approach to the delivery of care.*

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*

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
12 (4x3)	**12** (4x3)	**4** (4x1)	**Appetite**	**Cautious**

Due to:	Impact:
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):*	**Known Gaps in Assurances**
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. 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. 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	1. Data quality and data sharing between ICS organisations may limit the ability to identify health inequalities with confidence. 2. Sufficient change management resource to deliver sustainable change across the ICS in the time limit required. 3. Permission & time for operational staff to actively engage.	1. Reporting through the INT Delivery Group and INT Oversight Group and onwards to ICB Board. 2. Ongoing monitoring supported by clear baselining and outcomes measures. 3. Delivery supported by enabling subgroups with clear reporting function; digital, PHM and Business Intelligence, Organisational Development and Quality Improvement and Estates.	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 funding focussed on Frailty (moderate to severe) and health inequalities to standardise evidence based good practice and support consistency of outcomes. Implementation supported by programme team alongside providers.			

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. 2. Bi-annual update to ICB Board includes INT implementation progress and anticipated outcomes, within the update covering progress against all six of the core components of Neighbourhood Health.	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. ICB-led PCN Proactive Frailty and Dementia Care Implementation baseline assessments carried out with all 16 PCNs alongside GHC colleagues to understand existing resources and progress to implementation. 3. INT Programme refocussing the workstreams for example 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. 5. Neighbourhood Health governance in development locally, and at time of writing awaiting outcome of application to National Neighbourhood Health Implementation Programme. The system collaboratively developed application was supported by all PCNs, GP Collaborative, LPC, VCSE Alliance, GCC and NHS organisations. Irrespective of the outcome our development in this area continues in line with 10Year Plan ambitions.

Relevant Key Performance Indicators
Ill 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:**	**14/09/2025**
Owner:	**Tracey Cox, Director of People, Culture and Engagement**		
Committee	**People**		
Aligned with System Partner Risk(s):	**GHFT SR16:** *Inability to attract and recruit a compassionate, skilful, and sustainable workforce (Culture & Retention)* ***(Risk rating 20, March 25)*** **GHFT SR17:** *Inability to attract and recruit a compassionate, skilful, and sustainable workforce (Recruitment & Attraction)* ***(Risk rating 20, March 25)*** **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)*** **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).***		

Pillar 2: *Transforming what we do.*

Strategic Objective 4: *Create a One Workforce for One Gloucestershire.*

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 ICB Risk(s):	**CNQ11: Obstetric Staffing** **Trans 07: Workforce & Delivery of Priorities** **PCE 26: ICS Workforce Supply** **PCE 27: ICS Workforce Infrastructure**

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
16 (4x4)	**16** (5x4)	**5** (5x1)	**Appetite**	**Cautious**

Due to:	**Impact:**
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**
1. Utilisation of all available resources from NHSE monies for Continuing Professional Development and leadership development to support staff training & development. 2. Some leadership learning and development programmes in place. Most of these are focused within the respective organisations. 3. 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.	1. 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 proposed in context of limited investment opportunities. 2. One Gloucestershire People Strategy now two years old and needs refreshing in light of NHS 10-year plan and new workforce plan (expected later this year.)	1. Reporting to the People Board, People Committee, and the Board of the ICB. 2. On-going monitoring of progress on key workforce metrics through Integrated Performance Report.	1. Implementation details relating to supporting delivery of NHS Workforce Plan and impact of operating planning guidance for 2025/26. 2. Awaiting details of strategic workforce planning assumptions in response to 10-year plan. 3. New NHS Leadership and management framework drafted, expected formal publication in Autumn 2025.

4. Refresh of system level delivery plan for 2025/26 and refresh of people governance arrangements. **5.** Robust organisational plans in place for EDI, retention and temporary staffing spend reduction. **6.** Colleague Communications & Engagement. **7.** System-wide careers and engagement team (2-year FTC) focused on promoting careers in health and care. **8.** Apprentice Strategy developed. **9.** Strategic Partnership Board with UoG.			

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. People Promise Leads and work programmes in both GHFT and GHC. **2.** System wide EDI actions focusing on 3 areas, data, anti-discrimination & recruitment/career progression. **3.** Continued focus on agency and temporary staffing spends in response to revised 2.3% target for 2025/26. **4.** 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.' **5.** H&WB review complete with a series of system recommendations being taken forward. **6.** Continued but reduced focus on System Leadership in 25/26 due to limitation of resources.	**1.** 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 sessions are being held in 2025/26. **2.** System wide EDI conference held on the 2nd July 2025 with follow-up actions being planned at operational level. A 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. **3.** Agency controls remain in place to support delivery of 2025/26 reduction requirements but currently off plan. **4.** Recruitment: We Want You project team continues to develop service offer including coaching and work placements. Be a GP in Glos Campaign launched in June 25. **5.** Regional conversations to establish housing hub have been paused. Housing Officer came into post November 24. Housing needs survey launched - Following mid-project review which indicated low take-up, decision has been made by people board to close this project. **6.** OD Delivery Group have agreed to pause development of leadership offers until later this year (25/26) pending publication of new NHS Leadership and Management Framework.

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:**	**14/09/2025**
Owner:	**Tracey Cox, Director of People, Culture and Engagement**		
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)** **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)**		

Pillar 2: *Transforming what we do.*
Strategic Objective 4: *Create a One Workforce for One Gloucestershire.*
Key Priorities 24/25: *Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.*

Aligned with ICB Risk(s):	**PCE 20:** Lack of Progress on ED&I

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
12 (4x3)	**15** (5x3)	**6** (3x2)	**Appetite**	**Cautious**

Due to:	**Impact:**
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 2. Reporting through the ICS People Governance Groups 3. Monitoring from the Equality and Human Rights Commission on the Public Sector Equality Duties. 4. Annual reporting against Workforce Race Equality Standards, Workforce Disability Standards & gender pay gap with corresponding action plans. 5. ED&I Task and Finish group.	1. Lack of systemwide targets for: a. Recruitment. b. Movement between pay bands. c. Insufficient frequency in metrics related to engagement and staff experience. d. Significant volume of data but more granular analysis required to support improvement plans.	1. Reporting to the People Board, People Committee & relevant Committees of providers. 2. Reporting to the ICB Board. 3. Audits undertaken by Internal Auditors.	1. People Committee requested further system wide focus and commitment to discuss improvement trajectories.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
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: 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 – Temporarily paused. **5.** Continued Board and People Committee focus.	**1.** EDS2 briefing and proposed approach for 25/26 to be presented to ICB's Operational Executive. **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. **7.** System-wide Inclusion Allies programme (cohort 3) agreed between partners, to be delivered in November / December 2025.

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 organisation.

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:**	**16/09/2025**
Owner:	**Marie Crofts, Chief Nursing Officer & Ananthakrishnan Raghuram, Chief Medical Officer**		
Committee	**System Quality**		
Aligned with System Partner Risk(s):	**GHFT SR2** *Failure to implement the quality governance framework.* **(Risk rating 16)** **GHFT SR 5** *Failure to implement effective improvement approaches as a core part of change management (risk rating 16)* *GHFT SR1 Failure to effectively deliver urgent and emergency care services across the Trust and Integrated Care System.* **(Risk rating 25)** **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**		

Pillar 2: *Transforming what we do.*	
Strategic Objective 5: *Improve quality and outcomes across the whole person journey.*	
Key Priorities 25/26: *Increase support for people living with major health conditions – shifting to a more preventative approach and earlier diagnosis.*	
Aligned with ICB Risk(s):	**CNQ10:** *Antenatal Screening* **CNQ 25:** *Reputational damage to the ICB and Childrens Continuing Care team of transferring long term complex packages of care to a new provider.* **CNQ 30:** *CYP Speech & Language* **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
15 (5x3)	**16** (4x4)	**4** (4x1)	**Appetite**	**Zero/Minimal**

Due to:	**Impact:**
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 effectivity):*	**Known Gaps in Assurances**
1. ID 27: Clinical Leads and Team Manager are completing regular caseload reviews to ensure throughput 2. Reporting from and attendance at Provider Quality Committee. 3. Learning from Case Reviews. 4. System Quality Group. 5. System Effectiveness Group. 6. System IPC Group 7. System Mortality Group 8. Rapid Review and Quality Improvement	1. New PSIRF will turn on the previously mentioned Patient Safety System Group. 2. Colleagues leading the work on the System Safety, Effectiveness and Experience groups will be meeting to ensure new groups are aligned. 3. Until groups are in place and functional existing control methods will continue as a risk mitigation. 4. Triangulation of data across the system through quality dashboards not in place currently.	1. Reporting to the System Quality Committee. 2. Quality Assurance discussions. 3. Intelligence gathering through data relating to all aspects of quality. 4. Contract Management Boards. 5. Regulatory reviews.	1. There are gaps in some of the controls as stated and while there is a sound governance system in place for oversight, we will not have full assurances until we assess if the controls around PSIRF and alignment of groups (System Safety, Effectiveness and Experience groups) are working.

9. Groups where appropriate for specific service areas challenged. **10.** Weekly safety huddle within ICB now routinely in place. **11.** 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. First meeting has taken place and TORs drafted.			

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. NHSE supporting with development of the System Effectiveness Group by highlighting good practice from other systems. **2.** System Safety and Learning Group to be instigated by 31st December. **3.** Established Quality and clinical gov internal ICB group now in place **4.** System Quality Group to deep dive into what actions can be taken to reduced excess deaths of those with SMI and LD. Task and finish group to be established to gather data and report back by November 2025	**1.** PSIRF now in place. Some enhanced measures and reporting in place, beyond PSIRF oversight, with maternity services and other areas of concerns when necessary. Working with providers to develop their plans for 26/27 and identity and thematic learning for the system. . **2.** 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. This includes updates on planned care and areas of concern raised by CPG's. **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 was undertaken 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. **4.** Monthly Enhanced Oversight Group (EOG) remains in place for maternity services owing to Section 31 notice and focused areas highlighted by the national Maternity Safety Support Programme (MSSP) at their last visit in April. **5.** Significant challenges within UEC and GHFT risk rated at 25.

Relevant Key Performance Indicators
Summary Hospital-Level Mortality Indicator (SHMI)
NHS staff survey safety culture theme score.
Percentage of patients describing their overall experience of making a GP appointment as Good.
National Patient Safety Alerts not declared complete by deadline.
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:**	**16/09/2025**
Owner:	**Gemma Artz, Interim Chief Delivery and Transformation Officer**		
Committee	**Resources**		
Aligned with System Partner Risk(s):	**GHFT SR1** *Failure to effectively deliver urgent and emergency care services across the Trust and Integrated Care System.* **GHFT SR5** *Failure to implement effective improvement approaches as a core part of change management.*		

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: Address the current challenges we face today in the delivery of health and care.

Key Priorities 24/25: Support improvements in the delivery of urgent and emergency care.

Aligned with ICB Risk(s):	**Trans02: Operational & Workforce Pressure to drive Transformation**

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Decrease **16** (4x4) to **12** (4x3)
20 (5x4)	**12** (4x3)	**8** (4x2)	**Appetite**	**Zero/Minimal**

Due to:	Impact:
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**
1. Strong system wide governance for system operational issues (daily and weekly rhythm including Exec oversight and CEO escalation), supported by System Control Centre. 2. Strong governance through Patient Flow Delivery Board and contractual oversight for all health provider 3. ~~New~~ Working as One Portfolio structure ~~agreed~~ in place with dual Provider COO as system SROs, Portfolio Oversight Board in place with reporting lines from UEC Community Transformation Programme Board and Intermediate Care Board. ~~The Portfolio will be governed by a Portfolio Oversight Board with three Programme Boards reporting to it, covering the entire UEC pathway~~. ~~These~~ All boards are now established with clear system-wide leadership. 4. Agreed reporting on priority improvements in place.	1. Enhanced outcome and performance reporting across governance structure (to be enabled by digital platform). 2. Clarity on the improvement resource to deliver the full portfolio ambition at system level for quality, performance and finance (~~, whilst also delivering the~~ recurrent £4m savings target for the portfolio) 3. There is a gap in transformation resource – when compared to previous year - allocation of leadership across the system underway. 4. The risk to maintaining ambulance handover delay reduction, 4hr and 12hr ED performance if DRD <100 is not sustained whilst essential enabling works take place at GHFT.	1. Ongoing monitoring of system wide priorities including operational planning targets and the High Impact Interventions via the Patient Flow Delivery Board and Portfolio Oversight Board. 2. Reporting to the Board of the ICB on key metrics via Integrated Performance Report. 3. NHSEI Reporting. 4. High level metrics for Working as One Portfolio in place. 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 6. New governance set up for intermediate care oversight (intermediate care board) and 'front door' oversight (community urgent care board) to ensure focus on improvement is maintained. 7. Winter plan and revised system escalation policy in progress to ensure satisfactory triggers and escalation to maintain DRD<100.	1. Further development of the performance and benefits realisation trajectories required for some measures, with a focus on quality and outcome measures. 2. Impact of operational demand on the ability to continue at pace with the Working as One Portfolio. 3. Impact of planning round combined with system pressures on staff capacity to deliver

5. Use of demand and capacity funding, additional capacity funding, discharge and BCF funds to deliver within UEC system flow. **6.** Full alignment between strategic priorities and operational plan for 25/26 **7.** Annual Resilience (Winter Plan) to be developed and in place to communicate to patients about where to access services during winter.			

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. Oversight of sustainability of the trials and impact from Working as One in place **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. **3.** Portfolio and Programme metrics in place. **4.** Focus on system actions to deliver operational plan commitments including finance, projects identified, system leadership in place. System timeline being refined. **5.** Opportunity from within the portfolio identified, with quantified implementation plan by end July 2025. Working groups in place flor priority areas ~~Workshop series underway through summer, with workshop scheduled for 19th September.~~ **6.** Communication and Engagement plan being refreshed. Portfolio workshop day held on 2nd May 2025, with follow up session scheduled for 19th September. **7.** Completion of system winter plan for Executive sign off by end August 2025.	**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 for weekly operational oversight. Additionally, first draft of automated reporting for portfolio KPIs has been shared with portfolios, under review prior to wider roll out across the system alongside development of automated metric dashboard. **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. Change priorities are agreed at system level; detailed proposals are working through relevant decision-making process. 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) **3.** Winter Plan to be shared at Board in September 2025. Temporary Changes and/or phased implementation in the portfolio are proposed to support in 2025/26. ~~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.~~

Relevant Key Performance Indicators
IPR Reporting for Acute, Winter monitoring and Ambulance Metrics.

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:**	**10/09/2025**
Owner:	**Helen Goodey, Director of Primary Care and Place**		
Committee	**Primary Care & Direct Commissioning**		
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 24** - *Identified unfunded activity in General Practice.*		

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
16 (4x4)	**15** (5x3)	**4** (4x1)	**Appetite**	**Cautious**

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 25/26: *Support a resilient and accessible primary care for the public and increasing workforce recruitment and retention.*

Due to:

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.

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.

There is also a general concern regarding workforce resilience and retention across all roles within primary care and estates constraints to delivery.

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 are being picked up as part of business as usual and noted as a specific risk on the corporate risk register.

There are additional requirements expected of General Practice as part of the contract from the 1st October 2025, which may add additional pressure.

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, with 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.

There have been two community pharmacy closures recently, impacting practices, patients and nearby community pharmacies.

Impact:

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.

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.

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.

Current Controls *(to mitigate risk):*	**Known Gaps in Controls**	**Current Assurances** *(of controls effectivity):*	**Known Gaps in Assurances**
1. Primary Care Team continues to provide on-going support to practices, to identify mitigations and provide resilience funding where appropriate. **2.** Primary Care Performance Reporting in place to monitor variation – including new Secretary of State metrics for General Practice. **3.** Resilience and Sustainability of General Practice Sub Group (to the PC strategy group) taking place when required. **4.** 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. **5.** Finance Training Package procured and cohorts complete. **6.** There is a monthly review of practices to assess the issues that have arisen and where additional support may be needed. **7.** 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. **8.** Workforce data is analysed on a monthly basis to ascertain early any problems with staffing and support is provided to practices where required. **9.** Partners Survey to understand current position on retirements. **10.** Primary Care Audit undertaken to understand what is driving increased demand. **11.** A Primary Care Strategy is in place with associated plans. **12.** General Practice Action Plan submitted to region at the end of June as part of Operational Planning requirements. **13.** Primary Care Delivery Plan in place. **14.** Undertaking a General Practice Commissioning & Transformation Support Tool review for regional submission to provide robust assurance. **15.** A Secondary Care/Primary Care Interface Group (senior leads level) in place and reviewing delivery of the national 4 key areas of focus. **16.** Primary Secondary Care Interface assessed and audited as part of the National General Practice Pilot and rated top ICB.	**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.** Impact of National Insurance - bill rejected by the House of Commons, following the House of Lords support.	**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. **5.** Joint Contract Group Meetings held with LMC, LPC, LDC, LOC & ICB.	**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)**
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	**1.** Large number of roles now claimable under ARRs including newly qualified GPs. **2.** Continue to work closely with the LMC to understand the potential impact to general practice capacity, due to the sustainability challenges.

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.
5. Working with the LPC to understand Community Pharmacy issues and a number of successful Community Pharmacy Events held 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.
7. Joint Contract Group Meetings held with LMC, LPC, LDC, LOC & ICB
8. The ICB Primary Care Team are continuing to work with any practices who contact with concerns around their financial viability.
9. A new standard operating procedure is being produced in relation to GP practice variations.
10. Working with the SW CCH Hub regarding potential community pharmacy closures.
11. Dashboards in place for Primary Care (General Practice & POD) to monitor trends.
12. ICB working with practices to understand their readiness for the 1st October contract changes.
13. Undertaking a General Practice Commissioning & Transformation Support (CATS) Tool review for regional submission to provide robust assurance.

3. Regularly surveying practices to understand impact to capacity, particularly urgent on the day care.
4. Financial Awareness Training undertaken for all partners and practice managers.
5. Meetings for all four contractor group committees with the ICB taking place to discuss constraints and opportunities to delivering primary care in the county and further meetings are being set up.
6. New GP Contract for 2025/26 nationally agreed and in place, additional requirements due from the 1st October online consultations, 8am-6.30pm, all 3 elements of GP Connect, You and Your Practice Patient Charter, online patient facing services).
7. 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. Elements of collective action such as safe working limits and resolution of unfunded work is expected to remain and are being picked up by the Primary Care Team.
8. 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).
9. General Practice Action Plan submitted to region at the end of June as part of Operational Planning requirements. Primary Care Delivery Plan in place.
10. Undertaking a General Practice Commissioning & Transformation Support Tool review for regional submission to provide robust assurance.
11. Identifying practices which may require support, through local intelligence and triangulation of data, to have targeted conversations. Jointly working with BNSSG to take a Practice Level Support (PLS) cohort through the Group Based Learning Session with the NSHE Delivery Partner.
12. Peer Ambassador in place.
13. Two new community pharmacies recently opened.

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:**	16/09/2025
Owner:	**Mark Walkingshaw, Director of Operational Planning and Performance**		
Committee	**System Quality, Resources**		
Aligned with System Partner Risk(s):	**GHC 3** *There is a risk of demand for services beyond planned and commissioned capacity.*		
Aligned with ICB Risk(s):	**Trans 08:** Operational System Resilience		

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
12 (4x3)	**16** (4x4)	**4** (4x1)	**Appetite**	**Cautious**

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 25/26: *Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.*

Due to:

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.

Impact:

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.

Current Controls *(to mitigate risk):*

1. 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.
2. Weekly check and challenge meetings in place at GHFT to focus on longest waits by specialty and instigate immediate remedial actions.
3. 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.

Known Gaps in Controls

1. Stratification of waiting list based on other health and socioeconomic factors under development.
2. Specific plans for improving C&YP access to elective services in development.
3. Elective recovery plans for Gloucestershire patients treated at out of county NHS providers subject to further development.

Current Assurances *(of controls effectivity):*

1. Performance Reporting to the Planned Care Delivery Board, System Resources Committee and the ICB.
2. Elective recovery planning and oversight provided by the Planned Care Delivery Board (PCDB) with escalation via Programme Delivery Group and ICS Execs as required.
3. Monthly elective care delivery meetings with NHSE in place.

Known Gaps in Assurances

1. Limited data available for monitoring of Gloucestershire patients waiting at out of county providers and associated recovery plans.
2. Lack of visibility of delayed follow ups at ICB contract, performance, and quality meetings.

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. 5. Additional capacity commissioned with GHFT in key long waiting specialties as part of annual planning process using ERF funding stream. 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. 7. System interface group established to oversee improvements in the interface between primary and secondary care. 8. Operational and transformational delivery monitored by system Planned Care Delivery Board. Reallocation of ERF slippage undertaken here. 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. 10. Clinical harm reviews undertaken for all long waits. 11. Ring fencing of elective capacity extended through bed reconfigurations and new daycase facility and theatres in CGH. 12. New payment models introduced at GHFT to support willingness of staff to undertake additional weekend activity.	4. Lack of specialty specific plans to address the delayed follow up backlogs and associated clinical risk. 5. Longer term sustainability plans needed in some key specialties and diagnostic modalities.	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. 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.	

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. Operational plans for 25/26 submitted. Delivery underway and being monitored. 2. Specific additional capacity investments agreed and being implemented. 3. Elective and diagnostic portfolio plan in place with associated savings plan. 4. Independent sector budgets and activity plans agreed which support delivery of waiting times and contribute to system breakeven financial position. 5. Patient Engagement Portal phased implementation underway. 6. Roll out of FDP within GHFT to improve productivity and efficiency. 7. Use of robotic automation in booking processes identified and due for implementation by April 2025. 8. Elective and Diagnostic Portfolio developed to support delivery of transformation programmes including IP/DC/theatres, outpatients, waiting list management, referral optimisation and diagnostics. 9. Primary/secondary care interface group established and work programme underway.	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 has now ceased as GP referrals to IS have increased and is causing a financial risk. 2. Indicative activity plans have been set for all ISPs. A maximum £100k value has been set for new ISP accreditations going forward. Mitigations are underway to try, and control IS spend especially where new providers have entered the market. No new service specifications to be added to IS contracts going forward. 3. The elective and diagnostic portfolio has been refreshed to align with the 10-year plan and look at the three big transformation areas that will be required. Work continues to identify savings, but this is proving difficult to deliver cash out savings alongside GHFT CIP plans. 4. GHFT have recently joined the national GIRFT programme to reduce short notice theatre cancellations and late starts. Specialty specific plans are now in place. 5. 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 6. Echocardiography continues to be a significant performance issue and is the largest contributor to our poor DM01 position along with endoscopy. GHFT continue to try and find solutions, but progress is slow due to

	procurement timetable and inability to recruit susbstantive staff. MRI replacement schemes now complete brining new capacity online which is already supporting a recovery of MRI waiting times.

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. (*This risk will be reviewed by MC with DB and rearticulated to align to current challenges around MH)***

Entry date:	**01/11/22**	**Last updated:**	**17/09/2025**
Owner:	**Marie Crofts, Chief Nursing Officer**		
Committee	**People**		
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)** **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)**		

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 25/26: *Improve mental health support across health and care services.*

Aligned with ICB Risk(s): **CNQ 29: Social Supervisors**

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
12 (4x3)	**12** (4x3)	**4** (4x1)	**Appetite**	**Cautious**

Due to:	Impact:
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):*	**Known Gaps in Assurances**
1. Eating Disorder Programme including system wide prevention through to crisis workstreams established. **2.** CAMHS recovery plan including within service provision and system wide to support improvements. **3.** Neurodevelopmental business case and plan in place. Project team established to oversee recommissioning of ADHD/ASC pathway. **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	**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. **2.** No significant gaps identified as a monthly meeting is in place with CAMHs and a system wide multiagency meeting monitors progress bi-monthly. **3.** No significant gaps in the Adult Mental Health Transformational programme. **4.** ICB PM resource that supported CMHT will now be used to support UEC mental health programme which was previously reported as a gap.	**1.** Clinical Leads and Team Manager of the Eating Disorder Service are completing regular caseload reviews to ensure throughput. **2.** Waiting times for urgent and non-urgent referrals are reducing for eating disorders. **3.** There is in place a significant recruitment and retention plan to tackle issues around capacity. **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.	**1.** No gaps in assurance.

released to support UEC MH programme/Right Care Right Person.	5. 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. 6. Shared care arrangements for ADHD prescribing between primary/secondary care.		

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. 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. 2. Regular reporting to the Children's Mental Health Board and Adult Mental Health Board. 3. SEND inspection complete and ICB SEND programme board established. 4. Work is progressing in this area.	1. 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. Partnerships with the VCS and with education are delivering excellent results. SEND Strategy approved by GCC and ICB Board in March 2025 2. Both TIC and Young Gloucestershire contract proposals approved by Operational Executive during February in line with SFIs/ procurement policy. Update with timeline 3. 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. 4. A newly established all age Mental Health, Learning Disability, Neurodivergent Board – system level, with an Executive Chair ICB CNO. 5. Agreed portfolios in Mental Health, Learning Disability and Neurodivergence, agreed work priorities ensuring that the portfolios are appropriate resourced and monitored. 6. Data and intelligence challenges remain, particularly in the area of understanding demand changes and modelling future impact.

Relevant Key Performance Indicators
Improving Access to Psychological Therapies
Eating Disorder Access
Perinatal mental health -% seen within 2 weeks
CYP access
CMHT Access
APHC for SMI

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:**	**31/08//2025**
Owner:	**Cath Leech, Chief Finance Officer**		
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):	**CNQ 26:** Financial governance between ICB and Local Authority for Childrens continuing care **Trans 03**: Project Delivery & Benefits Realisation **F&BI 08:** Oracle fusion Implementation risk **F&BI 16:** 2025-26 ICB Control Total **F&BI 17:** 2025-26 ICS Control Total		

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
16 (4x4)	**16** (4x4)	**8** (4x2)	**Appetite**	**Open**

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 25/26: *Creating a financially sustainable health and care system.*

Due to:	**Impact:**
- 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 organisational changes impacting on delivery of plans.	- 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.

Current Controls *(to mitigate risk):*	**Known Gaps in Controls**	**Current Assurances** *(of controls effectivity):*	**Known Gaps in Assurances**
1. Governance in place in each organisation and System-wide Financial Framework in place **2.** Monthly review of whole-system financial position by Directors of Finance, Strategic Executives with	**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 monitoring of organisational financial positions in place within organisations and monthly	**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.

reporting into relevant Committee for ICB, GHFT, GHC. 3. Financial plan aligned to commissioning strategy. 4. ICS single savings plan in place managed by PMOs & BI teams across the system forming part of the monthly finance review process. 5. Contract monitoring in place. 6. Robust cash systems monitoring early warnings. 7. System Plan in place and further development in progress. 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.	2. Methodology on realisation of productivity leading to cashable benefits not in place. 3. Uncertainty around future organisational form and structure with loss of clarity on roles and responsibilities. 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. 5. Monitoring of workforce numbers is incomplete currently across the system.	monitoring by Resources Steering Group of overall position. 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. 4. Annual internal audit reviews on key financial controls.	

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. GHFT internal financial improvement plan in place, control review is ongoing. Reporting through to the GHFT Finance Committee. 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. 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.	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. 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. 3. Work on the medium-term plan including financial plan underway. Work being aligned with BNSSG and will follow national framework once issued. 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. 5. Meetings with CEOs, DoFs and relevant portfolio leads to review progress of plans and the 2025/26 financial position and identify actions to move forward and mitigate the position.

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:**	**31/08//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 (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
16 (4x4)	**16** (4x4)	**8** (4x2)	**Appetite**	**Open**

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 25/26: *Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.*

Due to:	**Impact:**
- 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.	- 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 effectivity):*	**Known Gaps in Assurances**
1. Governance in place in each organisation. **2.** Monthly review of whole-system financial position by Directors of Finance with reporting into relevant Committee for ICB, GHFT, GHC. **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.	**1.** Longer term strategic plan which delivers sustainably for the system. **2.** Capacity of some teams to deliver the programmes of work required.	**1.** Reporting into Board of the ICB and relevant Committee for each organisation. **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	**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. **2.** System review of risks relating to estates to provide a forward look to enable better

4. Capital and Estates Infrastructure meeting in place and taking forward actions from the draft infrastructure strategy. **5.** EPRR in place, to support any critical infrastructure failures within provider organisations. **6.** Mature Provider estates planning forums to manage risk and capital planning oversight. **7.** Revised primary care infrastructure plan developed. **8.** This risk will form part of the ICB infrastructure plan.		the capital resource limit across the system.	planning to manage estates issues and risks.

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. ICS Health Infrastructure Plan (HIP) close to completion and due to go to ICB Board 31/5/25. **2.** 5-year capital plan developed, and longer term look as part of the infrastructure strategy **3.** Disposals across the system identified and included in the capital plan. **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. **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.	**1.** Capital and Estates Infrastructure meeting in place – Terms of Reference refreshed. GHFT CEO chairing the meeting. **2.** ICB Health Infrastructure Plan (HIP) approved by ICB Board on the 31/15/25. **3.** Medium term capital planning refresh planned for q3 2025/26

Relevant Key Performance Indicators
Delivery of in-year breakeven capital financial position.

BAF 11 — Risk of failure to meet the minimum occupational standards for EPRR and Business Continuity.

Entry date:	**01/11/24**	**Last updated:**	**16/09//2025**
Owner:	**Marie Crofts, Chief Nursing Officer**		
Committee	**System Quality**		
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)**		

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

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 ICB Risk(s): **EPRR02:** EPRR Resourcing

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
12 (4x3)	**16 (4x4)**	**4** (4x1)	**Appetite**	**Zero/Minimal**

Due to:	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 effectivity):*	**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. 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. 2. Lack of take up of strategic training offered and lack of attendance and representation at local and regional exercises. 3. 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 impacting on compliance with National Occupational Standards. 4. 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 and is having an impact on	1. Reporting to Quality Committee. 2. NHS England system assurance review and provider assurance process against national standards. 3. BDO Internal Audit Report (August 2025) moderate assurance for design and effectiveness. 4. Peer review and sharing good practice through the 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 (August 2025). NHS System Assurance all but two of the Partners has achieved a submitted standard of at least "Substantially Assured" The ICB itself has seen its overall rating remain static and again whilst a self-assessment of "fully compliant" was submitted, in 2024 we were rated as "partially assured" by NHSE.

	support to incidents and willingness to cover rota gaps **5.** Directorate ownership of BCPs is not robust with a number of services and departments missing the submission deadline for BCPs, BIAs and evidence of annual testing. This is highlighted in the recent BDO internal audit report.		

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. Recruit to the post of EPRR T&E Coordinator (which will become vacant 3rd April) – May 2025 **2.** Strengthen the ICB BC policy to include further detail on the requirement to test BCPs annually and for assurance to be provided to EPRR on staff awareness of BC arrangements. **3.** 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. **4.** Additional support with administration and training exercises has been made available via the Governance Team **5.** As BNSSG and Gloucestershire ICBs cluster there will be opportunities to share resources **6.** Improve notification to Directorate Leads on non-compliance with EPRR training, ensuring Execs are provided details of those in their directorate who are out of date on training and not taking up opportunities.	**1.** 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. **2.** 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. **3.** 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. **4.** 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. **5.** 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. **6.** 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:**	**16/09/2025**
Owner:	**Paul Atkinson, Chief Clinical Information Officer**		
Committee	**Audit Committee**		
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)* **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)	**20** (5x4)	**10** (5x2)	**Appetite**	**Zero/Minimal**

Pillar 3: *Improving health and care services today.*

Strategic Objective 6: *Address the current challenges we face today in the delivery of health and care.*

Key Priorities 25/26: *Increase recruitment and retention of our One Gloucestershire workforce and build an inclusive and compassionate culture.*

Aligned with ICB Risk(s): N/A

Due to:	Impact:
Cyber-attacks from organised groups targeting the NHS. These attacks can take the form of: - Malware - Phishing (via email to staff) - Password access through data breaches. Firewall vulnerabilities and application exploits	- Loss of access to systems and associated downtime, with potentially limited ability to recover - Demands 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
1. Cyber Security action plan in place, reviewed annually. Gaps in security and investment identified. 2. Monitoring systems in place via dedicated countywide NHS cyber security team hosted by GHFT. 3. Backup systems and disaster recovery in place and regularly updated. 4. Rolling cyber security delivery programme to improve position. 5. Investment in cyber tools and software. 6. Regular phishing tests and firewall tests (planned system hacks.)	1. Insufficient in-house expertise in cyber security team. 2. Disaster recovery planning around support systems (out of IT control) not consistently in place. 3. Operating model of cyber-technical & cyber-governance currently not optimal. 4. Volume of cyber-security issues requiring resolution. 5. ICS-wide incident response processes not fully operational.	1. External audit completed by BDO identified no new/unknown risks or issues. Next audit scoping in progress 2. External penetration testing conducted annually by GHC and ICB and findings managed. 3. GHFT/CITS penetration test completed in June and findings being managed 4. Annual ICB board cyber development completed at February 2025 session and associated online training to follow. 5. GHFT reduced their BAF risk score from 20 to 15 to reflect work undertaken to mitigate cyber risk.	1. Annual schedule and scope of penetration testing for coming years to be agreed. 2. Not all third-party suppliers provide multi-factor authentication in line with national policy. 3. Risks associated with software supply chain difficult to evaluate.

7. Regular security updates and patches. **8.** Monitoring and reporting via ICS Digital Executives and the ICB Audit Committee; ICS Cyber Operational Group. **9.** NHS national monitoring (alerts) and NCSC alerts. **10.** Mandatory training and communications and engagement with users on prevention.			

Actions to Mitigate Risk & Implementation Dates	Directors Updates on Actions to Date (Updated Quarterly)
1. Board level awareness of risk and issues.	**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.
2. Rationalisation of detection and prevention tooling.	**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.
3. Introduction of targeted monitoring and alerting across key systems and entry points.	**3.** Following the system cyber event SW NHSE who helped to facilitate the Ex Eyrie Cyber Event produced a report with 13 recommendations which are currently being reviewed for implementation.
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.	**4.** The ICB Audit Committee received an update on the Cyber Security Event called Ex Eyrie at its meeting on 11th September and the ICB Operational Executive has received a report.
5. Removal of all end-of-life software and hardware.	**5.** In view of the risks around the transition and learning and actions from the Cyber Security event the current risk score has been increased to 20.
6. A system cyber event on 25th June. Ex Eyrie took place on 25th June at the Dowty Club and was a success with 50 participants attending representing the local health system. System partners are taking back the learning from this event on Cyber to update their incident response plans and business continuity plans.	

Relevant Key Performance Indicators
N/A

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 £19.00 per head of population.**

Entry date:	**19 [/05/25**	**Last updated:**	**01/09/2025**
Owner:	**Tracey Cox / Mark Walkingshaw**		
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.		

Pillar 1: **Improving health and care services today**

Strategic Objective: **Improving health and care services today**

Key Priorities 25/26: *Creating a financially secure health and care system.*

Aligned with ICB Risk(s):

PCE 38: Workforce impact of ICB Reset / NHS Organisational change

F&BI 15 – ICS Restructure

Original Score (IxL)	Current score (IxL)	Target Risk (IxL)	Movement	Unchanged
(16) 4 x 4	(16) 4 x 4	(8) 4 x 2	Appetite	Seek

Due to:

- 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 formal merger of ICBs until local government changes are enacted.
- The requirements force suboptimal decision making that increases the overall cost of delivering healthcare.
- Additional on-cost to decommission CSU services and increase in cost for continued provision under alternative arrangements.

Impact:

- 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.
- As the timeline is delayed in 2026-27 more staffing gaps appear in teams and directorates leading to gaps in service delivery and delayed reporting.

Current Controls *(to mitigate risk):*	**Known Gaps in Controls**	**Current Assurances** *(of controls effectivity):*	**Known Gaps in Assurances**
1. RET/CEO/Chairs meeting. **2.** Weekly executive ICB transition meetings. **3.** Gloucestershire and BNSSG Transition Working Group established. **4.** Lead seconded into Transition programme. **5.** Sharing HR and Governance in Glos ICB and BNSSG resources to manage the change process.	**1.** No national VR/CR scheme details as of yet. **2.** No regional or national Blueprint. **3.** No regional or national Model Constitution and committee guidance for Clustered ICB. **4.** No national guidance for 'priority transfer' service. (e.g. Continuing Healthcare) **5.** There was a delay in the formal appointment of the Chair and CEO designate.	**1.** National agreement on Cluster arrangements now received. **2.** Transition Committee terms of reference developed with first meeting held on the 10th September 2025.	**1.** Formal Transition Committee set up arrangements have been made. **2.** NHSE SW currently unable to sign off VR schemes.

Actions to Mitigate Risk & Implementation Dates	**Directors Updates on Actions to Date (Updated Quarterly)**
1. Joint transition working Group in place. **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. **3.** Weekly organisational change group set up. **4.** Governance Group newly set up and working through potential options for cluster governance. **5.** Weekly regional NHSE Transition meetings.	**1.** Work in progress to co-design new ICB design. **2.** Work in progress to deliver plans to shift functions outside scope of model ICB.

Relevant Key Performance Indicators
% of savings to be made by Q3/4

34

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	• 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	• 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	• 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	• 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	• 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 8

NHS Gloucestershire ICB Board, Public Session

Wednesday 24th September 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	This is the Integrated Performance Report (IPR) for NHS Gloucestershire ICB for September 2025. The report brings information together from the following four areas: • Performance (supporting metrics report can be found here) • Workforce (supporting metrics report can be found here) • Finance (ICS and ICB M05 reports) • Quality 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. There is a supporting metrics document that lists performance on the individual metrics that can be found here.						
Key Issues to note	Areas of key exceptions have been included at the front of the Integrated Performance Report.						
Key Risks: **Original Risk (CxL)** **Residual Risk (CxL)**	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. Our performance also feeds into the NHS Oversight Framework and influences segmentation decisions made by NHS England. There is a close link between the risks within the BAF and delivery of our objectives through the Integrated Performance Report.						
Management of Conflicts of Interest	None						

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)	The ICB has a statutory duty not to exceed the revenue resource limit set by NHS England. The Integrated Performance Report will be used to inform regional discussions as part of the NHS Oversight Framework.			
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	The Integrated Care Board are asked to: **Discuss the key highlights from the Integrated Performance Report** identifying any further actions or development points that may be required.			
Author	**PMO:** **Jess Yeates** **Performance:** **Kat Doherty** **Workforce:** **Tracey Cox** **Finance:** **Shofiqur Rahman** **Quality:** **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** **Workforce:** **Tracey Cox** **Finance:** **Cath Leech** **Quality:** **Marie Crofts**	**Role Title**	Director of Operational Planning & Performance Director for People, Culture & Engagement Chief Finance Officer 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

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Integrated Performance Report

September 2025

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Supporting Performance and Workforce Metrics – see supporting document here.	

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Feedback from Committees

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)

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System Resources Committee

Accountable Non-Executive Director	Jo Coast
Meeting Date	4th September 2025

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Performance	**LIMITED**	Update received on performance with a specific focus on health inequity in relation to Referral to Treatment (RTT) waiting lists. This included a focus on IMD, age, gender and ethnicity. A specific focus on performance around echocardiography backlog with work underway with the Trust to seek to resolve this.	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 saving. Savings were behind schedule in some organisations with additional pressures from pay and non pay costs.	Actively monitoring delivery in year through the Committee including the "system savings" planned for 25/26 (which sit alongside Provider Cost Improvement Programmes).	Ongoing
Medium Term Plan	**LIMITED**	Committee was updated on the work underway on development of the Medium Term Plan following publication of the NHS Planning Framework. This included ICB development of a Strategic Commissioning Plan, Provider Integrated Delivery Plans and the Health and Wellbeing Board would lead development of neighbourhood health and care plans. Planning principles had been developed with BNSSG that would guide the approach. The Committee discussed its role in actively informing / reviewing / challenging the planning work.	Local launch event planned for 18th September Further work on dynamic population model to understand the changing nature of population health locally Portfolios would be asked to develop / refresh Portfolio plans over September and October (informed by commissioning intentions drafted by NHS Gloucestershire ICB)	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
None.	

4

People Committee

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

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Widening Access Demonstrator Programme	**SIGNIFICANT**	The committee received information in relation to a successful bid for £490k funding for a widening access demonstrator programme aimed at securing employment opportunities in supporting deprived communities in Gloucestershire.	Plans to establish the team and plan and deliver the programme	Project delivery completion expected by March 2026
Staff Housing Hub Pilot Project	**SIGNIFICANT**	The committee received a mid-term report on the staff housing hub pilot, indicating challenges with delivery and limited uptake, recommending the pilot be decommissioned.	Formally decommission the pilot and produce a closure report.	September 2025
Model ICB Workforce	**LIMITED**	The committee received emergent (national and regional) thinking in relation to the future of the workforce function in the context of the model ICB and a potential shift of responsibilities to providers and region.	National model is confirmed and local services are reorganised accordingly.	TBC
NHS 10-Year Plan workforce implications	**LIMITED**	The committee received a briefing on the workforce elements contained within the 10 Year NHS plan. Whilst the plan contains many aspirational commitments, the detail will be published in the future alongside an updated workforce strategy. The previous published national workforce plan was dismissed as unworkable.	Await detail national workforce plan and develop local workforce plans based on that	TBC

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	

5

Quality Committee

Accountable Non-Executive Director	Jane Cummings
Meeting Date	28 August 2025

Issues identified at the Committee

Key Area	Assurance	Committee Update	Next Action(s)	Timescales
Delay Related Harm	**LIMITED**	The Committee highlighted concerns around Delay Related Harm, focused around Urgent and Emergency Care.	This topic will be prioritised with agreement that it will become a standing agenda item focusing on engaging all relevant system partners.	Standing Item to be introduced from October committee.
Summary Hospital Level Mortality Indicator (SHMI)	**SIGNIFICANT**	AR was pleased to report to the Committee that the official SHMI had remained within control limits for the past four months at 1.083, with local data confirming ongoing improvement.	The Quality Improvement Group (QIG) had agreed to stand down enhanced oversight, as all criteria set out at the start had been met. This decision was to be processed through the System Quality Group (SQG) and minuted as a system agreement.	SQG in September
Maternity Service Governance	**LIMITED**	The most recent national Maternity Service Support programme (MSSP) visit to GHFT had identified outstanding concerns related to governance within maternity services alongside 5 other areas of focus.	In order to exit the programme GHFT will be required to evidence a clear and robust governance structure, and an effectively operating framework A further visit from the MSSP is scheduled to take place in late September.	September
Child Protection Medical Assessments	**LIMITED**	Detailed action plans for the CPMA follow-up were included in the meeting papers, with separate plans for the ICB and GHFT, as some of the recommendations were organisation specific and some involved the Gloucestershire Safeguarding Children's Partnership. (GSCP)	Robust governance in place would be reported to the Committee, the GHFT Quality and Performance (Q&P) Committee, and the GSCP Executive Partnership	October

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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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)

Summary of Key Achievements & Areas of Focus

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Improving Services & Delivering Outcomes

Our Performance

Key Achievements

- National rankings for acute and community NHS providers have been published, with local providers achieving above average results. Gloucestershire Hospitals Foundation Trust has been placed in Segment 2, ranking 17th out of 134 NHS Acute Trusts nationally, while Gloucestershire Health and Care Trust ranked 21st out of 61 community and mental health trusts.
- Access to mental health support for children and young people continues to increase, with access rates well above the system operational plan in 2025/26. A further Mental Health Support Team will be deployed in Wave 14 of the programme this year, providing early support for children and young people in schools, which has been shown to reduce the need for more intensive interventions later.
- Cancer performance has continued to meet the planned performance levels for 2025/26 to date, with improvement particularly seen in the 28-day target (where performance has exceeded 80% each month in 2025/26, and GHFT were the highest performing trust in June 2025). Performance is likely to be challenged in the coming months due to seasonal increases in demand in Dermatology combined with staff absences.

Areas of Focus

- Echocardiography performance remains a significant challenge to the recovery of the overall Diagnostic performance. Waiting list sizes have risen significantly and a shortfall of approximately 100 scan slots per month has been identified through demand and capacity modelling. Recruitment to this service remains challenging and alternatives are being explored including provision of additional capacity through insourcing and incentives for substantive recruitment.
- Primary care activity increases have been reviewed and are broken down by age and benchmarked to the national picture showing that multiple appointments by older age groups are the primary driving force behind the changes seen over the last five years. Further work is ongoing to understand the breakdown of conditions and other contributing factors.
- The proportion of patients breaching 12 hours in the Type 1 departments has continued to fall, with 8.9% patients breaching this target in August. Despite this, Urgent and Emergency Care performance has fallen behind the operational plan trajectory (for 4-hour Emergency Department access) due to lower MIIU activity and continued challenge in improving the Type 1 4-hour position.

Our People (Workforce)

Our People

Please note: The Workforce report is updated bimonthly.

Key Achievements

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.

Recruitment & 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.
- International social worker recruitment project achieved target of 50 recruits

System-wide Development Programmes
- Organisational follow-up to Anti-racism conference held in July
- Agreed to pause work on system-wide first-time leadership and management programme pending publication of the national leadership and management framework (due Autum 2025)

EDI
- An system-wide Inclusion Allies programme is being planned for delivery in November / December 2025.

Health & Wellbeing
- Scoping workshop have been held, with a focus on Mental Health and Psychological services. Agreed to cancel future target operating model design workshops pending review of HWB priority areas.

Staff Housing Hub project
- Service decommissioned and closure report drafted.

Areas of Focus

Strategy & Planning
- Two potential scaling people services options being scoped.
- 25/26 operational planning has commenced – confirmation of multiyear plan with year one detailed and 3-5 year with reducing detail (exact ask not yet received). Guidance expected in September with current draft submission being November 2025 and final submission December 2025.

Education & Training
- Widening Access Demonstrator (WAD) funding secured for a pre-employment initiative for young people in the most deprived areas of Gloucestershire.
- Industry Placement Coordinator Role (IPCO) funding secured for 28 months to expand and develop T-Leve industry placements across the system.
- L3 Data technician- working smarter with AI apprenticeship launched for the ICB. L4 Data Analyst apprenticeship launched for GHFT.
- Virtual work experience pilot to begin

Recruitment & Retention
- Health and Social Care Support Worker appreciation event being planned for Spring 2026.
- International recruitment for independent social care project evaluation (due Dec 2025)

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 and nee NHS Leadership and Management framework

Health & Wellbeing
- Replan HWB priority areas for system wide collaboration

EDI
- Promote Inclusion Allies programme within the organisations

Quality – Safety, Experience and Effectiveness

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 five consecutive months. Local monthly data showing that the improvements are being sustained. As a result, the Quality Improvement Group (QIG) process will be concluded in September.

IUCS

- Complaints remain below national average, and a significant milestone has been reached with the call answer time KPI being achieved.

National GP Patient Survey Results

- Gloucestershire above the national average in most areas.
- NHS Gloucestershire acknowledges 'dedication and commitment' of practice staff as national GP patient survey results are published – read more here.

Areas of Focus

IUCS

- Clinical callback performance is below target, with delays impacting quality. The IUCS group is focusing on improvement, with more detailed analysis planned.

ICB PALS and Complaints

- Highest recorded contacts in July and August 2025 (424) handled by ICB PALS Team; who were also nominated for a staff award this summer!

Nursing Visits

- 10th September 2025 is Back British Farming Day, we continue to support our local farmers in Gloucestershire with health checks at a place convenient to them. This initiative also continues to support student nurses from the University of Gloucestershire to be exposed to the importance of preventative medicine and how to reduce barriers in healthcare to individuals from harder to reach communities.

- 10th October is World Mental Health Day. The Farm Safety Foundation recently highlighted that 91% of farmers agreed that poor mental health is the biggest hidden problem facing the industry today. The NHS information bus will be at StowAg (farming supplies shop) to undertake physical health checks and to provide a safe space to discuss their mental health and wellbeing with a Royal Agricultural Benevolent Institution mental health trained professional.

Finance and Use of Resources

Finance

Key Messages: Month 05

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

Month 05 2025/26 – August	Month 05 Plan Surplus / (Deficit)	Month 05 Actual Position Surplus / (Deficit)	Month 05 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)	(6,147)	(8,167)	(2,020)	0	0	0
Gloucestershire Health and Care NHS Foundation Trust (GHC)	(232)	89	322	0	0	0
Gloucestershire Integrated Care Board (ICB)	0	1,708	1,708	(0)	(0)	(0)
System Surplus / (Deficit)	**(6,379)**	**(6,370)**	**10**	**(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 five, the year-to-date revenue position is breakeven, however, within this GHFT are showing an overspend offset by underspends in GHC and the ICB.
- The year end forecast remains at breakeven, however, there is a significant risk of non-delivery. GHFT have initiated internal recovery actions in specific directorates and for a number of areas such as workforce earlier in the year and extended recovery actions across the organisation in month 4. There are a number of other actions being instigated in month 5 in addition including a peer review. Key areas driving the overspend are slippage in savings delivery, pay expenditure levels, including agency and bank, and some smaller non pay overspends. The ICB and GHC are also undertaking additional actions to support the position.
- Year to date savings delivery is behind plan, in addition, the phasing of savings is weighted towards the second half of the year, but this creates an extra risk if there is further delay in implementation. Reviews of key savings schemes has been undertaken in early September to progress implementation of plans and realise some of these savings in year.
- Work is underway to identify areas of slippage to mitigate against both in year cost pressures and delays realisation of cashable savings schemes. The focus remains on moving forward recurrent realisation of savings schemes and identifying areas which are slowing delivery
- Year to date capital expenditure is £7.0m behind plan due to slippage in some schemes. The full year forecast is for expenditure to be £0.9m below plan, this is due to one specific scheme which has been paused whilst additional work is undertaken.

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Transforming Care, Transforming Communities

NHS

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)

Detail of Key Achievements & Areas of Focus

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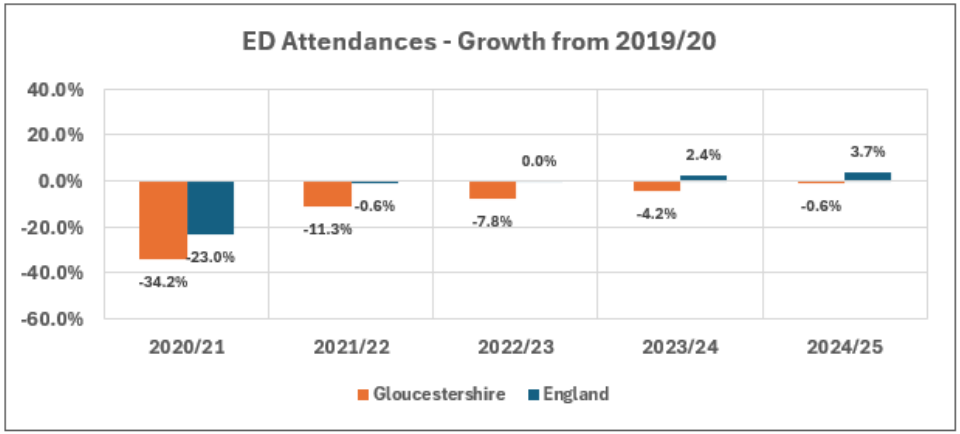
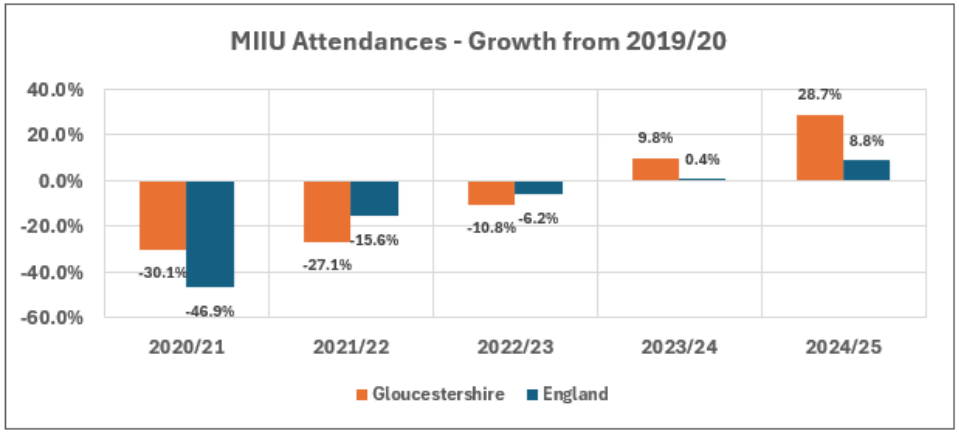
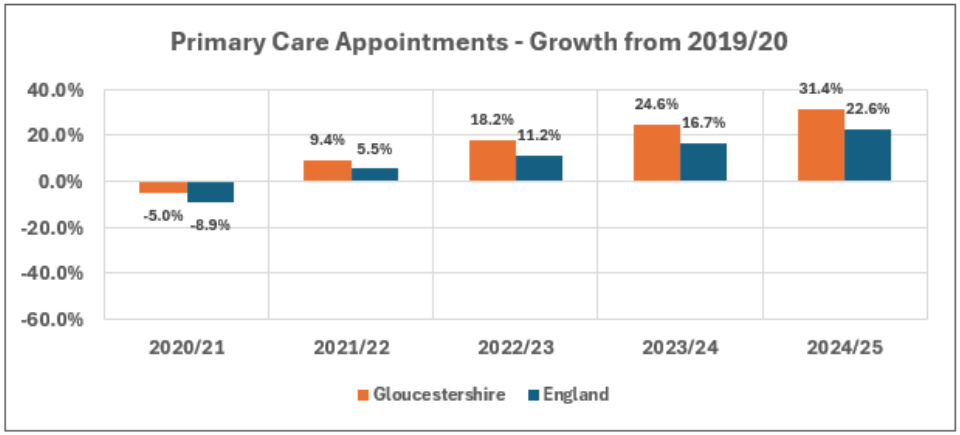
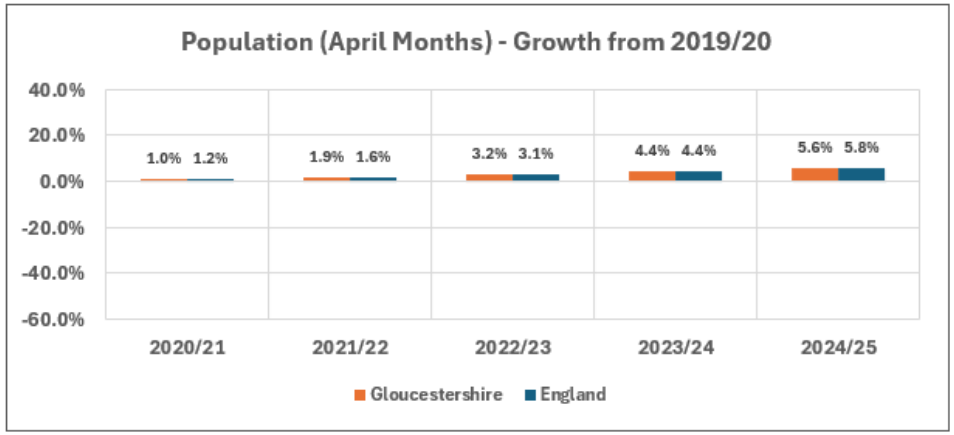
Improving Services & Delivering Outcomes

Primary Care: General Practice Activity Deep Dive









Gloucestershire primary care activity growth is larger than the national average, despite similar changes in the population. There is lower ED attendance growth comparatively, with higher MIIU activity increases.

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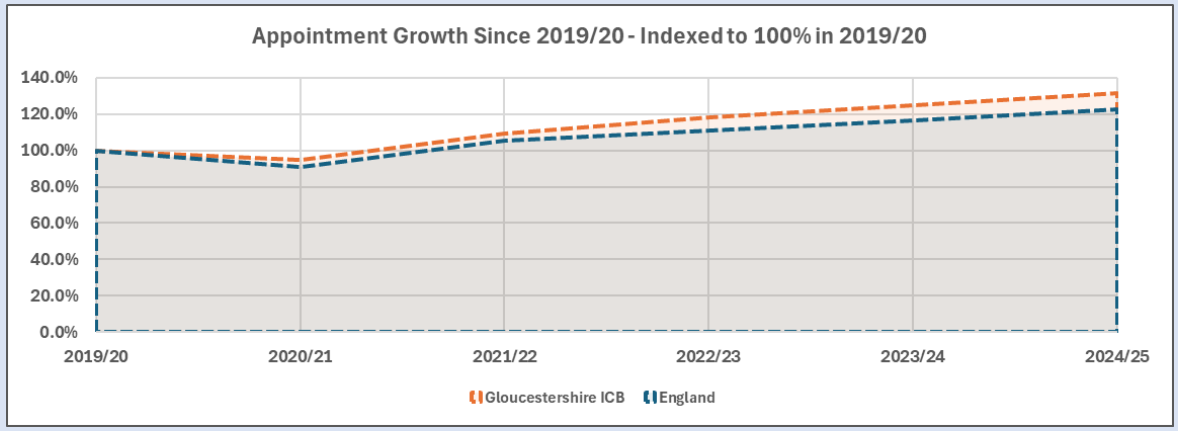
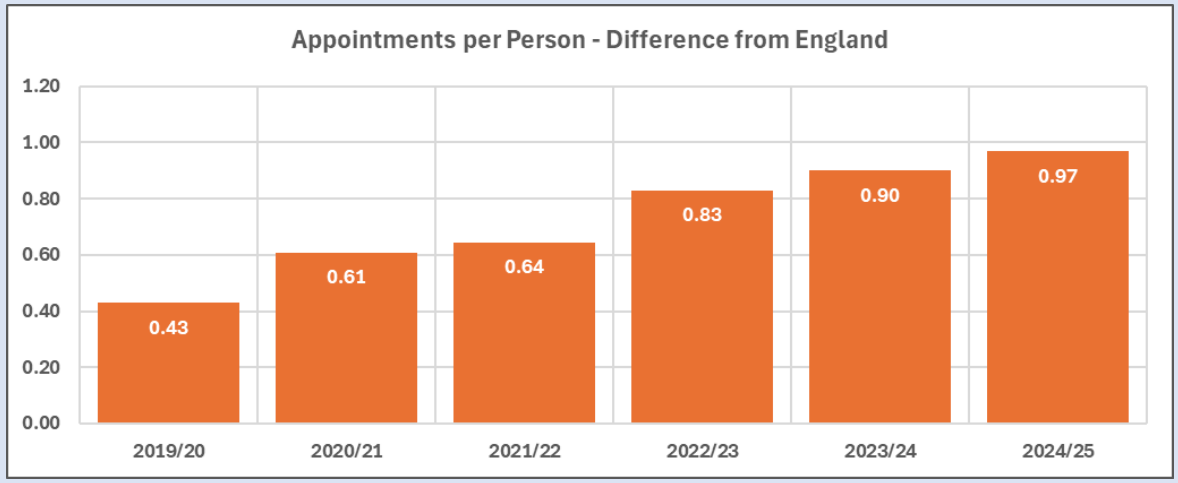
Improving Services & Delivering Outcomes

Primary Care: General Practice Activity Deep Dive

Primary care activity growth compared to England average



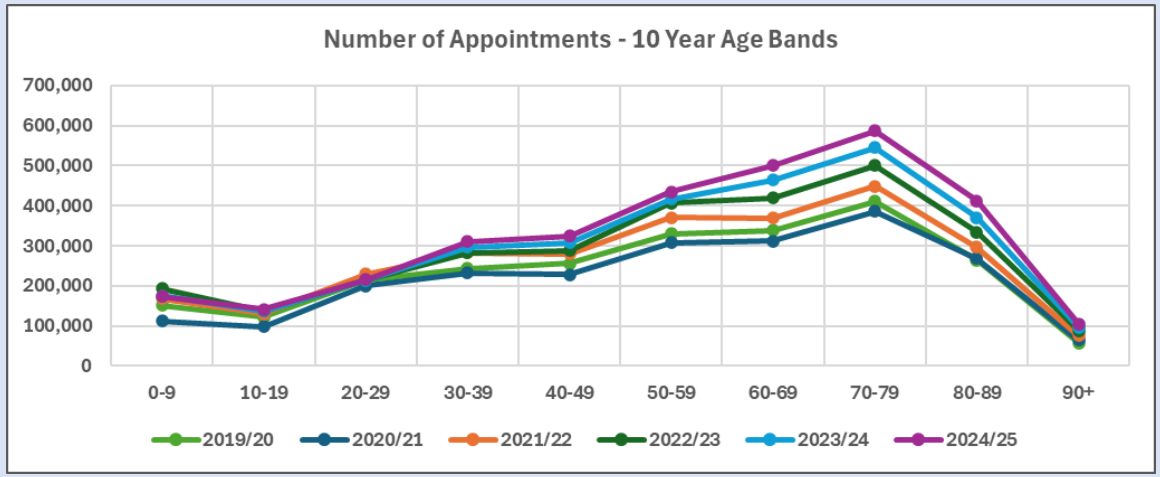


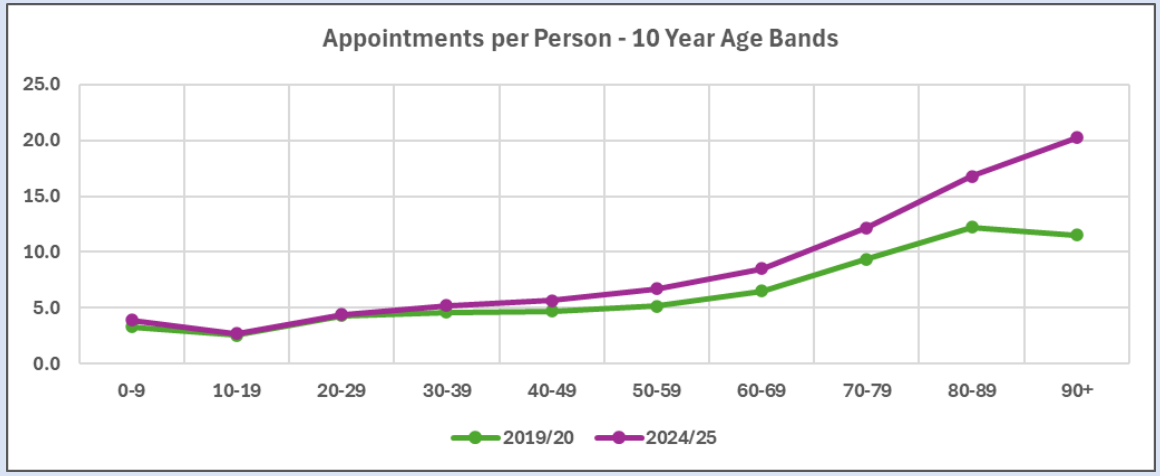
- The gap between England and Gloucestershire has been growing year on year with regard to increases in appointment volumes.
- Patients in Gloucestershire now have an average of nearly one more appointment per year than the England average.

Improving Services & Delivering Outcomes

Primary Care: General Practice Activity Deep Dive

General practice – appointments by age



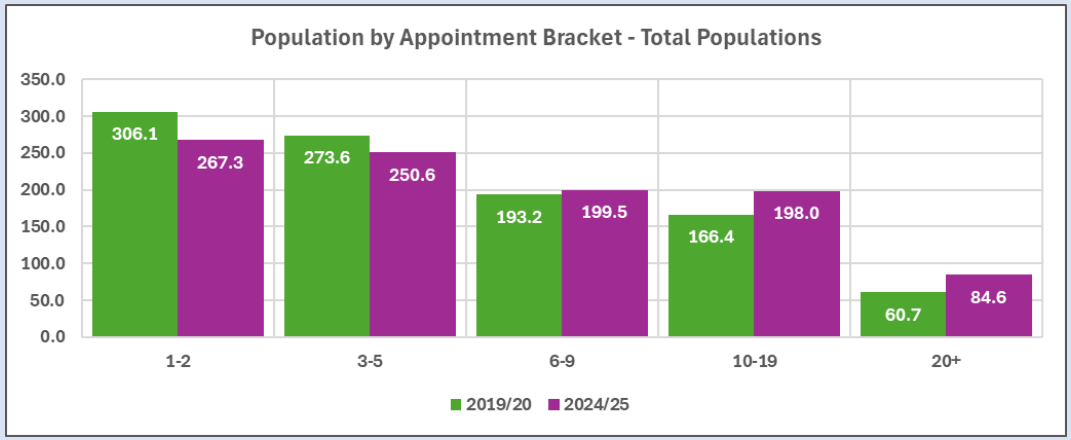


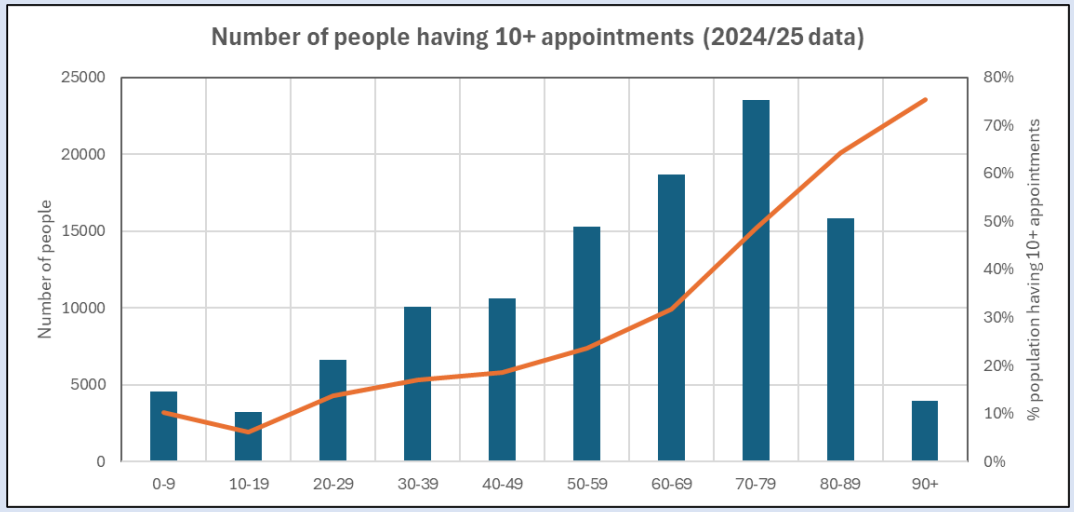
- Volume of appointments has grown most in the 70-79 age group, with increases seen across all age bands.
- When changes in population are accounted for, growth is predominantly seen in the over 40 age bands.
- Proportional growth increases as age increases, with appointments per person for those ages over 90 nearly doubling in this time period.

Improving Services & Delivering Outcomes

Primary Care: General Practice Activity Deep Dive

Appointment frequency in general practice





- Fewer people have not seen a GP in the last 12 months in 2024/25 than in 2019/20 (data not shown).
- The activity increase across primary care appears primarily driven by increases in people seeing GPs multiple times – specifically more than 10 times in the last 12 months.
- This increase is most notably seen in the over 70 population.
- Numbers of people in Gloucestershire who had 10 or more appointments in 2024/25 are shown in the second chart – the proportion of the population having more than 10 appointments increases consistently with age.

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Improving Services & Delivering Outcomes

Primary Care: General Practice

- The new contract has been published with £889m of additional funding across the core practice contract and the Network Contract Directed Enhanced Service (DES) for practices nationally.
- 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 and will include ongoing discussion on the primary secondary care interface work in Gloucestershire – which has been nationally commended.
- The ICB Project Team for the Quality Improvement work in Frailty and Dementia have completed the baseline assessment process and are developing bespoke implementation plans with each PCN, working in collaboration with GHC.
- 410,180 appointments were delivered in general practice in July 2025. As outlined in the focus section, overall growth in primary care activity continues to outpace population growth and growth in primary care nationally – the registered population has increased by 6.7% since 2019/20, while appointment activity has increased by 26.1% (19/20 monthly average compared to 2025/26 monthly average).
- The General Practice Action Plan was submitted to the South West Regional team at the end of June as part of the mid year Operational Planning commitments. It has been nationally announced that the 2026/27 Operational Planning Round will have earlier timescales this year - draft submissions due in November, final submission in December - with Primary Care and Neighbourhoods being one of the five key pillars.
- The Autumn COVID-19 booster programme will commence on the 1st October 2025, with eligibility as per the Spring booster campaign (adults aged 75 years and over, residents in a care home for older adults, and individuals aged 6 months and over who are immunosuppressed).

Improving Services & Delivering Outcomes

Primary Care: POD

Pharmacy

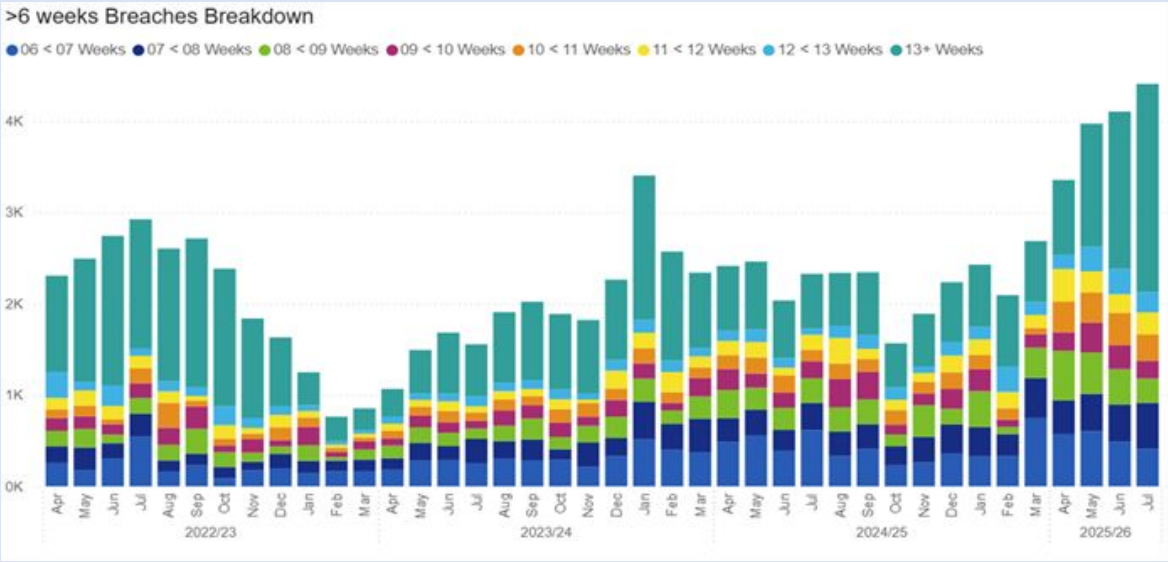
- Delivery of Pharmacy First continues to be strong, with increased contacts and Contraceptive Services & Hypertension Case Finding in line with the operational plan. Seasonal increase in demand, particularly for insect bites has been seen in July 2025.
- The Waitrose Honeybourne Way Jhoots branch had a sudden closure on 22/8/25. Local communications have been provided to practices and patients and the ICB is working with the South-West Commissioning Hub to agree next steps.
- A new pharmacy is due to open on 1st September 2025 in Stonehouse High Street that will further support the residents and surrounding areas that have new housing developments.

Dental

- Expansion in urgent dental care appointments over and above the baseline is currently underway, with 140 urgent appointments offered on average each week currently and plans in place to increase this number further by the end of March 2026.
- The Big Brush Club programme, commissioned by the NHS in partnership with local authorities and delivered by dental provider At Home Dental, has been introduced in areas across South-West England where tooth decay rates are highest. So far, the programme has reached over 6,000 children aged three to five, across 113 schools and nurseries across the South-West. By establishing good brushing habits early, the programme helps to reduce oral health inequalities among children.
- The Intermediate Minor Oral Surgery (IMOS) Waiting List Initiative has now been mobilised resulting in reductions to GHFT's Oral surgery waiting list. Patients waiting for treatment to transfer into the new IMOS clinics as clinically appropriate will continue to be identified.
- ICB and GCC continue collaborative development of the Gloucester City Dental Access Centre which will comprise of seven treatment rooms at Quayside House. The Centre will provide daytime, evening and weekend urgent care appointments for patients alongside appointments to stabilise dental health with follow-up appointments where needed. These appointments will be accessible via NHS 111. The provider will also be expected to apply to be a Dental Foundation training practice, meaning it will provide mentorship and support to a newly qualified dentist working there. Subject to successful contract negotiations and building works, it is anticipated that the Centre will be up and running by summer 2026.

Improving Services & Delivering Outcomes

Diagnostics: DM01 Performance (to July 2025)



- Gloucestershire is seeing increasing numbers of patients on the total DM01 waiting list despite rising activity levels.
- 13-week breaches have increased throughout 2025/26, predominantly driven by breach increases in Echocardiography, with some smaller increases seen in Colonoscopy and Flexi Sigmoidoscopy.

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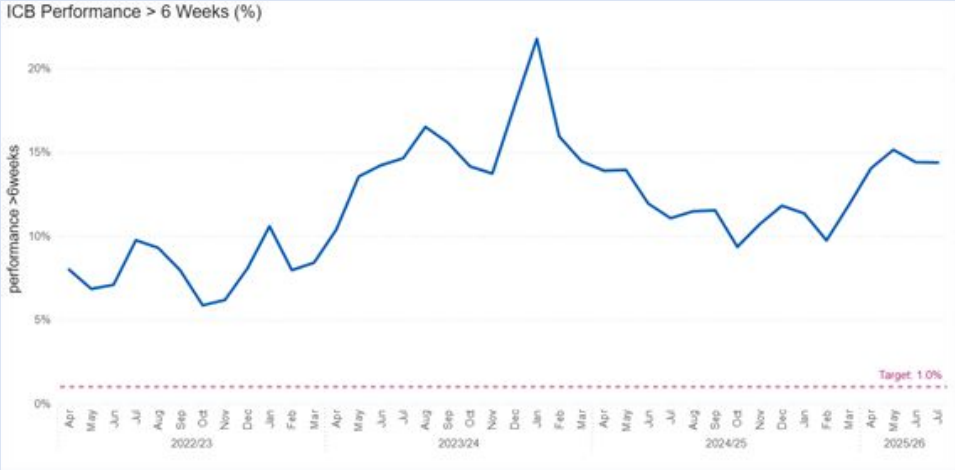
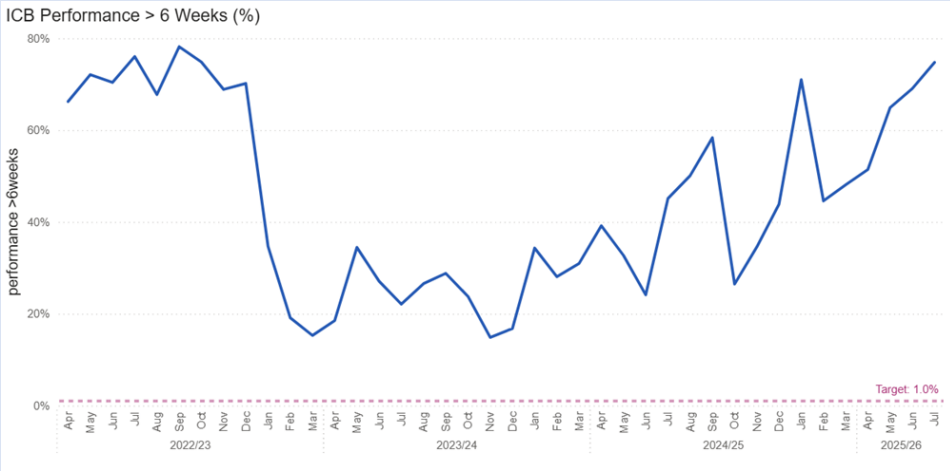
Improving Services & Delivering Outcomes

Diagnostics: DM01 Performance Echocardiography Impact

ICB Performance (all modalities excluding Echo)



ICB Performance (Echocardiography)



- Overall DM01 performance is 24.5% in July 2025 for all tests across the ICS (% of people waiting more than 6 weeks for a diagnostic test).
- If Echocardiography is excluded, this drops to 14.4% - over 10% performance improvement despite Echocardiography accounting for less than 5% of the total diagnostic activity included in the DM01 return.
- Echocardiography makes up 17% of the current total diagnostic waiting list (as at end of July 2025).

Improving Services & Delivering Outcomes

Diagnostics

- Throughout the 2025/26 financial year 2025 there has been an increase in the total over 6 weeks waiters for diagnostic tests, with 4,407 people waiting over 6 weeks across all modalities at the end of July 2025 (for any diagnostic provider). This represents a total rise of 303 over 6 week waits compared to June – echocardiography, colonoscopy and flexi sigmoidoscopy saw the largest increases in 6-week waits. (Waiting list for Echocardiography is now over 3000 people, with over 70% waiting more than 6 weeks).
- The Echocardiography service is currently modelling a shortfall of approximately 100 scan slots per month, with additional demand from changes to clinical guidelines in cardiology and oncology for echocardiography provision. Recruitment remains challenging due to national workforce shortages however, a new Echo support worker and locum echocardiographer are now in place increasing capacity by 50 slots/ week in the CDC. A framework for insourcing additional capacity is in development.
- Endoscopy capacity continues to be challenging due to workforce and theatre constraints. A consultant locum post is currently out to recruitment, and non-pay costs for the service have increased significantly making continued performance improvement a challenge.
- CDC activity continues to deliver at expected levels overall but with variance across some modalities. A Fibroscan technician is now in post, so activity can commence for this test. Endoscopy capsule sponge mobilisation has been delayed meaning the forecast activity will be challenging to deliver across the remainder of the year but will go live from the end of 2025. Echocardiography activity is significantly below plan as outlined above, associated with the wider staffing challenges in this modality. A benefits realisation for the CDC has shown significantly higher usage by patients from IMD1 (most deprived population) in line the plan for the location of the service to improve access to services and reduce health inequalities.
- Imaging performance - Two MRI scanners have been replaced in the last six months at GHFT, leading to constraints within the service and capacity challenges, however these have now been completed and a positive impact on performance is expected. Imaging turnaround times have significantly improved, with 10-day turnaround in CT for cancer reaching 82% compliance in August 2025 (up from 18% in April 2025).

Improving Services & Delivering Outcomes

Elective Care

- Long waits for elective care have reduced further, with 137 patients waiting over 52 weeks as of the end of July 2025. 37 of these patients were waiting at GHFT with the remaining at out of county or independent sector providers. For those waiting over 52 weeks at GHFT, over 80% have a date booked for their treatment, in comparison to an average of 37% for the whole South West region. The operational plan target for this year is to reach a position of no more than 1% of the waiting list waiting over 1 year – current performance is meeting this at 0.2%).
- Gloucestershire ICB achieved 68.0% RTT performance in July 2025, placing it among the top-performing systems in the South West region. This exceeds the regional average of 65.4%, indicating strong progress toward the national recovery trajectory. The Operational plan aims for 72.56% RTT by March 2026, aligning with national goal of 5% improvement from the December 2024 position. The system position is worsening against the planned trajectory currently, likely due to the validation sprint which has led to a drop in total waiting list size (66,306 in July 2025, down from 74,019 in April 2025). Modelling suggests that RTT performance will improve substantially in the coming months and end the year meeting our planned commitments (subject to support with new independent sector capacity in ENT, Gynaecology, and Dermatology).
- As of July 2025, 70.8% of patients waited under 18 weeks for their first appointment highlighting delays in initial treatment steps. The target is to improve this to 73.1% by March 2026.
- Capped theatre utilisation at GHFT was 81.8% in July, with GHFT in the upper half of providers for this metric. GHFT have a good position for late starts and early finishes 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.
- 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.

Improving Services & Delivering Outcomes

Urgent and Emergency Care

- A&E and MIIU 4-hour performance has been stable throughout 2025/26 to date, with Gloucestershire Hospitals NHS Foundation Trust (GHFT) seeing 60.8% of patients within 4 hours in August 2025. MIIU performance was 98.6%. Due to lower MIIU activity levels, overall system performance declined in August to 76.0% (down from 76.8% in July) – system operational plan trajectory for August was to reach 76.4%, meaning that the system is off plan for the first time this financial year. Patients breaching 12 hours in ED have reduced in August – with 8.9% patients recorded over 12 hours in department, down from 9.9% in July.
- August ambulance demand continued to be above plan, with the cumulative activity currently running at 5.4% over contract for 25/26. Monthly response times have improved by more than 3 minutes for urgent incidents, with Category 2 response time performance at 30.3 minutes in August (compared to 33.8 minutes in July), just above the 30-minute interim recovery target. Category 1 average response time for Gloucestershire was 9.0 minutes in August (against a target of 7 minutes) – slightly improved on the 9.4 minutes achieved from May – July this year. Average ambulance handover time per patient has improved again to 25.6 minutes in August (from 27.2 minutes in July), meeting the planned trajectory for improvement.
- There has been continued good performance by the IUCS for NHS111 call answering times – with 1.4% calls abandoned in August 2025. Call numbers have increased, with 18,107 calls to the service answered in August. Average speed of call answer was 17 seconds which is the fastest time to date since commencement of the contract.
- The Urgent and Emergency care portfolio continue to progress improvement work with three main priority areas:
  - Ensuring Urgent and Emergency care needs are met and delivered in the most appropriate setting
  - Ensuring efficiency of the hospital flow process
  - Development of a long-term model for Urgent and Emergency Care
- This includes system planning for winter, as well as the development of a system Single Point of Access for community care, developing and maximising the Urgent Community Response, improving and developing the Care Transfer Hub to support discharge and flow in the acute and community hospitals, and building on the ongoing work on Neighbourhood Health – particularly work on supporting frailty and integrated neighbourhood teams.

Improving Services & Delivering Outcomes

Cancer

- There has been significant improvement in the Faster Diagnosis Standard (FDS) (people receiving a diagnosis or all clear following a cancer referral within 28 days of the referral being made) performance which continues to exceed our operational planning trajectory, with July's performance at 84.0%. This is a slight decline on June's performance (85.5%), which was the highest provider performance in the country, however performance has been above 80% throughout 2025/26 to date. This is likely to be challenged in the next few months due to seasonal increases in the Dermatology cancer pathway in particular.
- Performance improvement has been driven by several initiatives, with particular impact seen from the "Days Matter" initiative which focussed on Urology in particular. This approach is being embedded in the cancer programme's ongoing continuous improvement work to ensure momentum continues beyond the focussed 90 days. Work is also continuing across all first outpatient bookings to reduce time down from 14 days to 7 as a target.
- 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 July, with 93.0% of patients treated within 31 days of a decision to treat for cancer (performance was 93.3% June 2025). Surgery capacity is the primary driver of breaches of the 31-day target, with additional ringfenced capacity for cancer surgery planned to support performance improvement.
- 62-day treatment compliance has improved from the June position of 75.2% (patients commencing treatment within 62 days of a suspected cancer referral) to 78.0% in July 2025. The 62-day target is now primarily influenced by the recognised challenges to the diagnostic pathway and surgical capacity issues as detailed. Surgical capacity particularly within Urology, continues to challenge further recovery of the 62-day standard – 31/68 breaches in July were in the Urology (prostate) pathway. Work is continuing to improve diagnostic times and increase surgical capacity where possible.
- There have been performance improvements in the Non-site Specific (NSS) cancer pathway, where referrals have increased. 78 referrals were made in July 2025 (compared to an average of ~50/month in Q1 2025/26). The average 28-day performance for this pathway has improved, with 71.4% of patients receiving their diagnosis or all clear within 28 days in July, compared to the previous year average of 45%.

Improving Services & Delivering Outcomes

Mental Health

- CYP mental health service access and Perinatal mental health service access remains strong and continues to track above our operational plan, with CYP access 10% above plan and Perinatal mental health 3% above plan (as at June 2025). This compares well against the national benchmarked position (CYP access 104% of national plan, and perinatal mental health at 105% of national plan).
- An additional Mental Health Support Team (MST) will be rolled out in 2025/26, with the investment for Wave 14 including additional resource to support the High Intensity CBT pathway within the model. This has demonstrated a positive impact in its pilot phase for those children and young people with more complex or persistent challenges, reducing reliance on Child and Adolescent Mental Health services.
- Inpatient length of stay has reduced in line with the operational plan trajectory however, although use of out of area settings for mental health care continues to be low, there has been an increase in July and August, with July's reported month end position showing two patients inappropriately out of area.
- Dementia diagnosis statistics nationally show a significant deterioration for Gloucestershire 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 shows that the rate has recovered to 65.6%, with July rising again to 66% (just below the 66.7% national standard). 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, and this area is a key priority for Neighbourhood health work.
- The Talking Therapies service continues to demonstrate strong reliable improvement rates, achieving 69.1% in July 2025, which was 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 50.7%, which meets the target of 50%. Access to Talking Therapies is being reviewed to look at challenges for disabled people as well as variation in access rates by different demographics to understand how the service can be made more accessible to our population.

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NHS

Improving Services & Delivering Outcomes (Our Performance)

(System Resources Committee)

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(People Committee)

Quality (Safety, Experience and Effectiveness)

(Quality Committee)

Finance and Use of Resources

(System Resources Committee)

Detail of Key Achievements & Areas of Focus

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Please note: The Workforce report is updated bimonthly.

Our People (Workforce)

Our People Strategy: Focussed Pillars

Retention

- Stay and Thrive event update - 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 though it's 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. A planning workshop was held to scope the Target Operating Model design work, subsequently, the plan is being updated to ensure the widest range of factors are taken into account when (re)designing a HWB model.
- A further collaborative workshop was held involving HWB stakeholders from the NHS providers and an action plan is being developed. The plan will be phased between short-term collaboration opportunities and those areas that require more stakeholder engagement and effort to deliver a collaboration in.

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Our People (Workforce)

Our People Strategy: Focussed Pillars

Education, Training and Development

- Third cohort of the level 4 Associate Project Management apprenticeship will be commencing in October 2025. This is a closed cohort for Gloucestershire with Corndel training provider.
- A closed Gloucestershire cohort for L3 team leader and L5 Operations Manager apprenticeships to run in September 2025
- Third cohort of functional skills training to commence in September across the ICS with the Adult Education team.
- Mobilisation of the Widening Access Demonstrator (WAD) project. £490,000 has been secured from DHSC to deliver a pre-employment programme aimed at our most deprived communities within Gloucestershire. Target of 100 young people (aged 16-30) into a positive destination to include work experience, apprenticeships, T-Levels, further/higher education etc, with 12 securing long term employment in either the NHS (80%) and social care (20%).
- Career conversations with a range of individuals seeking support and guidance will continue for those individuals within the WAD target areas. Those outside of the Wad target areas will be supported by wider system partners (e.g. Kings Trusts, DWP, Step Forwards). There are currently 10 care leavers receiving bespoke employability support from the WWY team.
- Virtual work experience pilot to begin in September with 2 nominated secondary schools in the County.
- T-Level industry Placement Coordinator officer (IPCO) role has been secured for Gloucestershire for a total of 28 months from October 2025. This role will expand and develop T-Level placements across the system and facilitate T-Levels to be embedded into the workforce pipeline plans of organisations.

Please note: The Workforce report is updated bimonthly.

Our People (Workforce)

Our People Strategy: Focussed Pillars

Education, Training and Development- Apprenticeship update

Levy information from GHC, GHFT and ICB combined

- There has been an increase in ICB staff enrolling onto apprenticeships in 2025 with learners enrolling onto the L4 Associate Project Management, L3 Data Technician- working smarter with AI and L3 Pharmacy technician. GHFT have levy transferred funds for the L4 APM and the L3 Data technician for the ICB.
- GHFT are running a cohort of the L4 Data Analyst apprenticeship with Corndel
- Levy funds:- GHC and the ICB have had zero levy returned to the treasury in the last financial year. GHFT had on average approx. £50K of returned levy each month
- Levy spend has remained consistent over the last financial year. There is an increase in levy transfers seen. This is consistent with the increase in levy transfer requests received from system partners.
- The removal of apprenticeship funding for L7 apprenticeships will impact senior leadership development.
- Funding will still be available for some L7 apprenticeships- Advanced clinical practitioner, Specialist community public health nurse (SCPHN), District nurse (Community Specialist Practice Qualification), Clinical associate in psychology (CAP), Population health intelligence specialist (PHIS), subject to eligibility criteria.

Please note: The Workforce report is updated bimonthly.

Our People (Workforce)

Our People Strategy: Foundation Themes

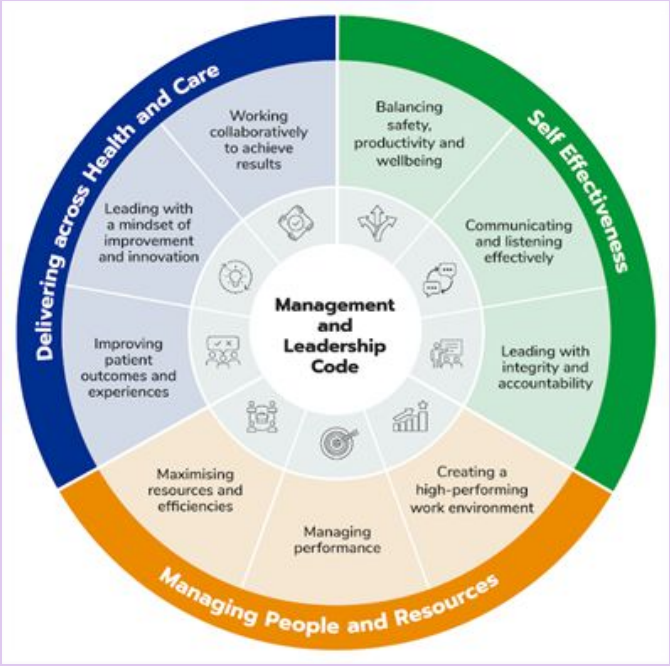
Leadership and Culture

One Gloucestershire Leadership Conference -2nd July 2025 : Anti-racist Leadership Practice in Action

- Organisational leaders are evaluating their respective EDI plans following the event. Within the ICB follow-up meetings have been held with participants, several suggestions to extend the insights from the day were put forward and follow-up is planned.

First-time Leaders Development Programme

- NHS England have been updating the NHS leadership and management framework (current model is the Healthcare Leadership Model), the new framework (see graphic) is due to be launched October, along with a refreshed code of conduct. Local programmes (organisational or system-wide) will need to be reviewed and refreshed taking the new framework into account and will likely be in 25/26.



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.
- We are planning to deliver a third cohort of Inclusion Allies in November / December, two cohorts were held in 2023/24. These are being promoted across all ICS partners, and we are reaching out to previous participants to be involved in supporting the third cohort.

Please note: The Workforce report is updated bimonthly.

Our People (Workforce)

Our People Strategy: Foundation Themes

City Campus and Arts Health & Wellbeing Centre

- University of Gloucestershire's undergraduate students commence at the new City Centre campus on 15th September 2025 with 600 students residing in student accommodation within Gloucestershire city. A visit took place to Oxford Brookes University to experience their immersive suite which has been established for 3 years as a simulated learning environment for health and care professionals.

Development of Learning Offers

- The first workshop will be held in the Arts, Health & Wellbeing Centre (AHWC) on 9th September 2025 'Demystifying Research' with all other workshops fully booked. Plans are not taking place to design and publicise learning offers for 2026. All learning offers have been co-created with VCSE partners and health and care professionals. The ICB and UoG have approved a business case to provide Creative Health clinics from January 2026 to 2029 within the AHWC. This work is being led by the Creative Health Consortia.

Postgraduate Developments – Professional Doctorate

- Following advertisement, UoG and the ICB have offered 3 funded places for the new Professional Doctorate in Health and Social Care Leadership. Two of these places are for ICB staff and the other from GHFT. All are Allied Health Professionals and commence in October 2025.

Research & Evaluation Training for ICS staff

- 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. The 5th cohort is due to commence in September 2025 with 15 health and care professionals, Including those from social care which is good news.

International Recruitment & Pastoral Support

- 53 International social care staff have been successful recruited against the project target of 50 and within the allocated budget (£350k), further requirement activity has now stopped and a project evaluation is underway, due to complete by December 2025

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NHS

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Quality – Safety, Experience and Effectiveness

Assurance

Maternity & Neonatal

- The Maternity Service remains in the improvement phase of the MSSP with a further Review & Reset meeting planned for September. This has now been delayed until November as the Trust continues the Improvement phase of the programme. The Maternity service remains CQC rated Inadequate with section 29a and section 31 in place and a further full CQC inspection commenced Monday 8th September and is ongoing at time of report. The service reports updates on progress monthly to the CQC. Midwifery staffing has significantly improved with recruitment up to establishment. Obstetrics staffing levels area concern and are currently on the risk register. Obstetric Maternity Improvement Advisor is supporting the service with a business case for further increase of 4WTE to Obstetric staffing in addition to the 3 new Consultant Obstetric recruited over the summer.
- The LMNS has refreshed priorities for 25/26 to focus on completing actions from the Maternity & Neonatal 3 Year Delivery Plan 2023-26, the Equity & Equality Action Plan and is undertaking a Health Needs Assessment of maternity services to inform maternity services future model. 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 have been published and will be presented to GHFT Trust Board on 11th September.

Maternity & Neonatal Voices Partnership

- A new MNVP model has been approved by Execs to be externally hosted by Evolving Communities. Recruitment will commence 22nd September.

Please note: The Quality report is updated bimonthly.

Quality – Safety, Experience and Effectiveness

Assurance

Pharmacy, Optometry and Dentistry (POD)

- Q1 POD Quality report now received by the ICB.
- 11 GPhC inspections for Gloucestershire ICB have been undertaken in Q1. Standards were not met in 3 out of the 11 pharmacies. Principles not met included governance, staff, and services, including medicines management. Action plans and monitoring are now in place via the CCH.
- Pharmacy - there have been no new patient safety investigations in Q1. One investigation from Q4 2024/25 remains outstanding which the SW CCH QPE team are following up.
- No new quality issues, risks, concerns or patient safety incidents relating to ICB community optometry or dental services were notified to the SW CCH QPE team in Q1.
- There were four full CPAF visits in Gloucestershire ICB. These were all face-to-face visits led by the SW CCH primary care contracts team.

Community and Mental Health

- GHC - The overall positive experience rating from patient surveys is 93% which remains an improvement from the start of the year and is back in line with the yearly average.
- There remains a high number of complaints open (52, of which 22 received in July) but they remain on target with 61% closed in 3 months.
- Berkeley House - all the requirements of the S31 notice have now been met. The CQC carried out a comprehensive inspection of Berkeley Houe during July, which included a review of the conditions of the Section 31 restriction. We continue to provide monthly submissions against the restriction whilst it is in place.

Please note: The Quality report is updated bimonthly.

Quality – Safety, Experience and Effectiveness

Assurance

Nursing Updates

- Gloucestershire's Education & Training Standards for Managing Lower Limb Wounds is being rolled out across the county. This is tailored education with external stakeholders, GHC, GHFT including e-learning, bite sized lunch and learns, and in person practical sessions on bandaging and doppler assessments.

- New MDI inhaler Trixeo Aerosphere for use in Gloucestershire for patients with COPD. This combination inhaler (ICS/LABA/LAMA) has a 99.9% reduction in global warming potential (GWP) vs current propellants. Working with external stakeholder and Gloucestershire ICB's Sustainability Lead, and the ICB Medicine Management team to co-ordinate an education session for Primary Care to focus on COPD and reduced carbon footprint.

Integrated Urgent Care Service (IUCS)

- Overall position positive, strong performance compared to other areas, complaints received remains stable and lower than the national average. Incidents have increased due to ongoing misalignment of DoS and Cheltenham MIIU – work ongoing to resolve this. Key area of focus and concern is around the timeliness of clinician callbacks, which remains below target, impacting quality and safety. Further data and improvement focus planned.

Migrant Health

- A planned protest took place in Cheltenham in August. Numbers were relatively low with no arrests made and no violent incidents. The further hotel has remained unaffected thus far.
- Planning has begun to offer MenA,C, W.Y vaccinations to all eligible people in addition to the already offered DTP and MMR

Please note: The Quality report is updated bimonthly.

Quality – Safety, Experience and Effectiveness

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).
- While reporting will eventually be via the Learn from Patient Safety Events (LFPSE) service, Trusts currently report these via the old Strategic Executive Information System (STEIS).
- In July and August 9 PSIIs were opened. While all incidents are treated and reviewed individually, three of the PSIIs involved potential delays.
- GHFT has also now reported two Never Events in the last six months, both of which involved implants in theatres. Under the PSIRF framework the Trust is responsible for proportionate oversight in terms of response to these events. However, the ICB is working with the Trust to understand any themes arising from these incidents.

Quality Alert

- We received seven Quality Alerts during July and August. These alerts covered several areas, but with the majority raising issues about the quality and accuracy of discharge summaries.
- Each Quality Alert is reviewed by the ICB and is sent to the provider concerned, who investigates the issues and responds directly.

Please note: The Quality report is updated bimonthly.

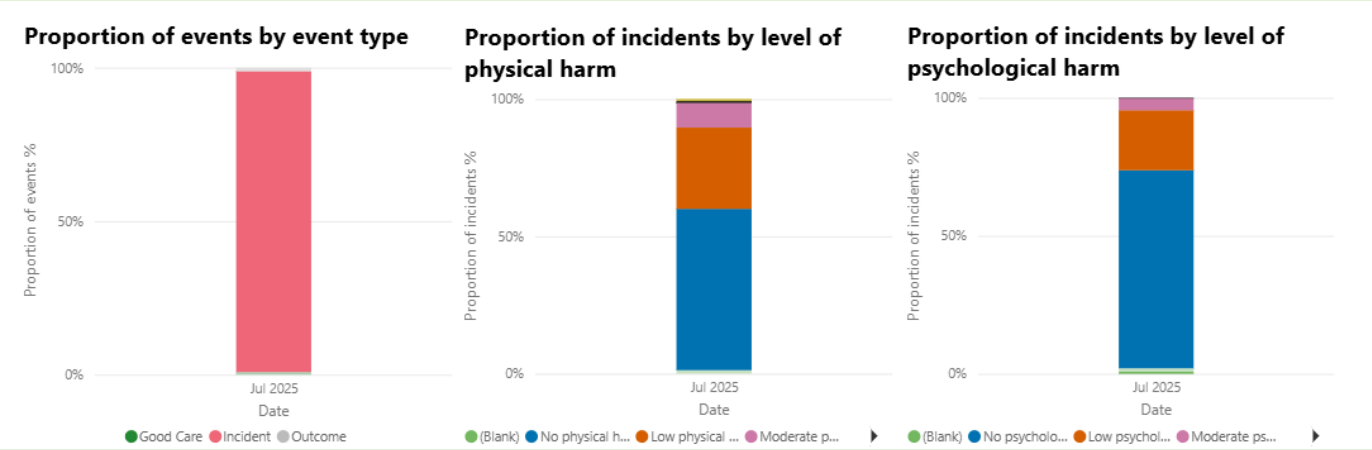
Quality – Safety, Experience and Effectiveness

Safety

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 primarily intended to be a national ‘machine learning’ tool to inform future provision

Please note: The Quality report is updated bimonthly.

Quality – Safety, Experience and Effectiveness

Experience

Friends and Family Test (FFT) Q1 2025/26 (latest available data)

		Apr-25 Provider	May-25 Provider	Jun-25 Provider	Jul-25 Provider	Aug-25 Provider	Sep-25 Provider	Oct-25 Provider	Nov-25 Provider	Dec-25 Provider	Jan-26 Provider	Feb-26 Provider	Mar-26 Provider	
GHT Inpatients	% Positive	94%	93%	80%										
	% Negative	3%	3%	13%										
GHT A&E	% Positive	78%	82%	83%										
	% Negative	15%	11%	10%										
GHC Mental Health	% Positive	85%	89%	83%										
	% Negative	7%	3%	10%										
GHC Community	% Positive	93%	94%	93%										
	% Negative	2%	3%	3%										

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.

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Quality – Safety, Experience and Effectiveness

Effectiveness

- **Mortality Focus** - Mortality data from NHS England runs six months behind and now covers the period up to March 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 remined inside control limits for five consecutive months. The latest official data shows that the Trust's SHMI has now dropped to 1.04 for the 12 months to March 2025. Local monthly data (which extends into May) shows that it has now stabilised at just 1.02
  - **In Hospitals deaths** are relatively low at 66% compared to the England rate of 69%.
- While SHMI had been a significant cause for concern, the improvements overseen by a Quality Improvement Group (QIG) process have now shown significant impact, and as a result, mean that the QIG will be concluded in September.

Metric	Source	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May
Crude Mortality	NHSE MPT	2.8%	2.8%	2.9%	2.8%	2.8%	2.80%	2.70%	2.70%	2.70%	2.70%	2.70%	2.70%		
Overall SHMI (12 month)	NHSE MPT	1.15	1.156	1.175	1.173	1.168	1.164	1.147	1.137	1.127	1.09	1.08	1.04		
Overall SHMI (12 month)	HED	114	115.11	117.89	118.46	117.46	117.41	114.14	114.08	113.96	111.31	109.2	105.8	105.1	102.91
Monthly SHMI	HED	106.04	122.81	134.17	114.79	107.99	107.14	98.39	106.91	98.5	98.74	86.35	94.05	96.66	94.72

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ICS Finance Report

Month 05 2025/26 – August 2025

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Finance and Use of Resources

Key Financial Performance Indicators : Dashboard (1)

	Month 5 Actual			Month 5			Previous Month Variance
	GHC	GHFT	GICB	Actual	Plan	Variance	
Overall System Financial Performance						Surplus / (Deficit)	
Year to Date (£m)	0.09	(8.17)	1.71	(6.37)	(6.38)	**0.01**	**(0.24)**
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)	6.9	12.1	11.1	30.1	35.4	**(5.2)**	**(3.6)**
Year to Date Delivery (%)	109%	72%	92%	85%	100%	**(15%)**	**(13%)**
Forecast Outturn Delivery (£m)	15.26	45.65	32.24	93.14	93.14	**0.0**	**0.00**
Forecast Outturn Delivery (%)	100%	100%	100%	100%	100%	**0%**	**0%**
System Capital						(Over) / Under	
YTD spend against total CDEL (£m)	2.26	5.38	0.00	7.66	17.39	**9.74**	**7.50**
FOT spend against total CDEL (£m)	12.51	54.43	11.58	78.53	79.41	**0.88**	**1.23**

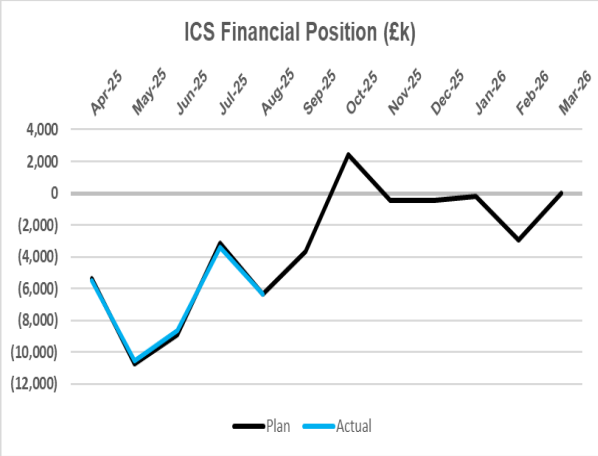
Finance and Use of Resources

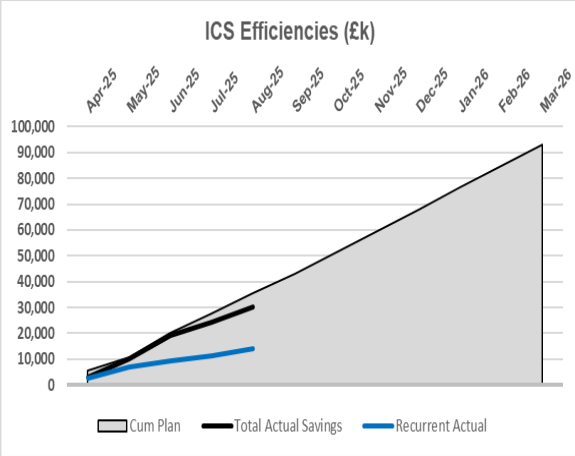
Key Financial Performance Indicators : Dashboard (2)

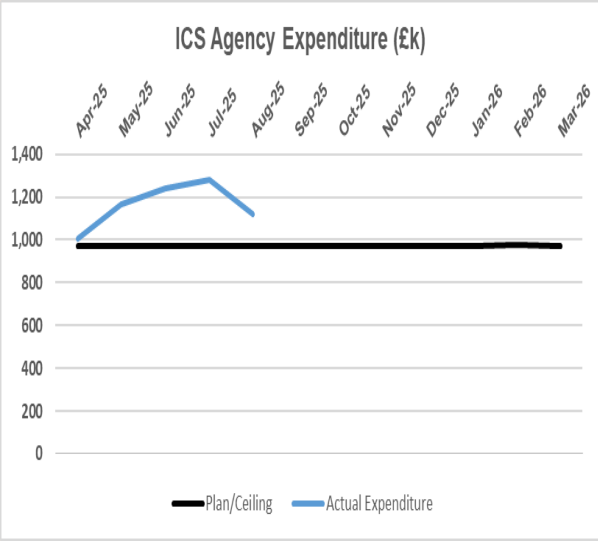
	Month 5 Actual		Month 5			Previous Month
	GHC	GHFT	Actual	Plan	Over / (Under)	
Workforce						
Year to Date Agency expenditure (£m)	1.4	4.4	5.8	3.9	1.9	0.8
Forecast Outturn Agency expenditure (£m)	4.0	7.7	11.7	11.7	0.0	0.0
YTD Agency spend as % of total Staff costs	1.4%	2.0%	1.8%	1.5%	0.3%	0.3%
Liquidity (Cash)						
Year to Date Cash Balance v Plan (£m)	46.2	49.0	95.2	99.0	(3.9)	(3.9)
Forecast Outturn Cash Balance v Plan (£m)	39.4	41.9	81.2	81.2	0.0	0.0
Other Key Financial Indicators						
Better Payment Practice Code (no. organisations not complying with 95% payment volume and value targets)					1	1

Finance and Use of Resources

ICS Financial Performance Overview: Analysis (1)







Key risks to delivery of the financial plan:

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

System Financial Position

The system plan contains significant risk and a high level of savings, c£90m. At month five, the year-to-date revenue position is breakeven, however, within this GHFT are showing an overspend offset by underspends in GHC and the ICB.

The focus for all organisations is on maintaining recurrent savings and managing costs within budget with recovery actions underway within GHFT. Recovery actions include an external peer review, additional pay controls, non-pay reviews and a number of other measures.

GHC and the ICB are also undertaking reviews to identify any additional actions they can undertake including non-pay reviews. The ICB put a vacancy freeze in place prior to the start of 25/26.

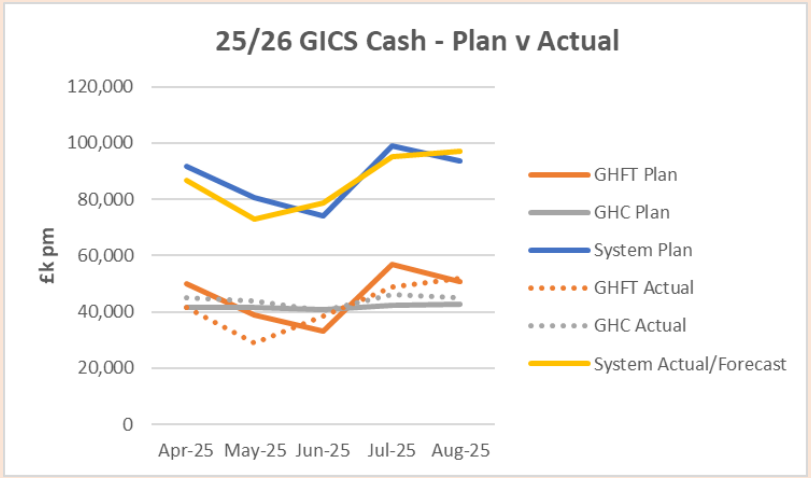
Other risks to the position include the risk relating to the ICB changes, this is significant both in terms of the risk of slowed delivery through staff reductions and also the cost of the change for which there is no funding within the plan. The impact of industrial action will need to be monitored and managed within the year.

The ICB has seen high growth within variable contracts leading to overspends in elective activity and ADHD and autism assessments. Indicative activity plans are in place for contracted activity and are being implemented for non-contracted activity in order to manage this position, these actions will help to mitigate additional expenditure in the year

Agency: M5 agency expenditure was £1,118k. This is currently above capped levels. This is driven by GHFT spend, who are working through reasons for this and reviewing the drivers of the agency spend and the controls in place to address these.

Finance and Use of Resources

ICS Financial Performance Overview: Analysis (2)



Better Payment Practice Code (BPPC)
Target = 95%

Organisation	YTD Volume %	YTD Volume Achieved ?	YTD Value %	YTD Value Achieved ?
GHC	90.7%	N	95.9%	Y
GHFT	97.9%	Y	90.9%	N
GICB	96.6%	Y	99.7%	Y
System Average	**96.4%**	Y	**92.7%**	N

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	(60.0)
Nationally Funded Schemes	(20.0)
Gross Capital Expenditure	**(80.0)**
Less Donations, Grants, PFI funding	1.5
Total CDEL	**(78.6)**
Forecast Variance to Capital Allocation	**0.8**

Cash

The year to date system cash position has a £3.5m favourable variance to plan, with both GHFT and GHC showing favourable positions. Cash forecasts are under regular review by organisations given the challenging financial position.
Cash cover is 24 days and 51 days for GHFT and GHC respectively. Cash is a key indicator of financial performance, reduced savings delivery or overspending leads to reduced cash balances

Better Payment Practice Code

Overall, the system is currently above target to pay invoices by volume, but below target in respect of YTD value of invoices paid. This position has worsened slightly since M4 driven by GHFT's achievement by Value having worsened for the second month running. As such, this has brought down theirs and the overall System performance (YTD Value performance was 93.5% in M4).

Capital

The variance of £0.8m 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.

Finance and Use of Resources

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	2.0		
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	2.0		
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		

Finance and Use of Resources

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, enable work with practices is underway to identify issues early and work with practices on mitigating actions (e.g. investment in training and extra support).	£1.0		
Publication of new MH White paper will lead to the need for significant additional investment c£1.5m over a period, in year risk is lower	Circa £1m of additional costs in respect of more staff to deal with new processes outlined in paper.	TBC		
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		
Winter pressures may lead to escalation and the need for additional capacity, whether staffing, domiciliary care or other support	Winter plan developed jointly by NHS and LA and going through organisational governance. Learning from previous winter taken forward in workstreams including staffing rotas, vaccinations etc	TBC £1.0 -£2.0		

Finance and Use of Resources

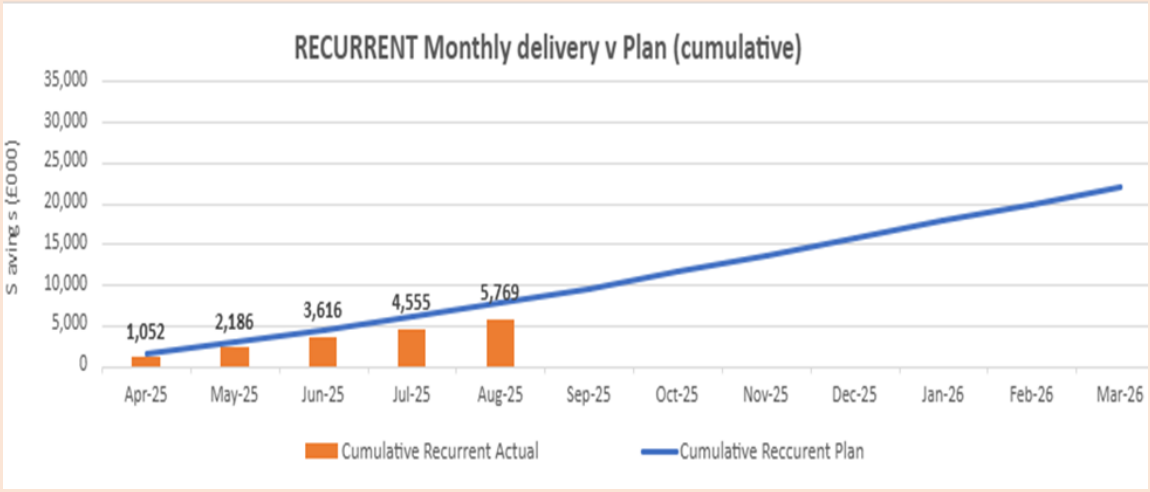
System Savings Delivery Summary

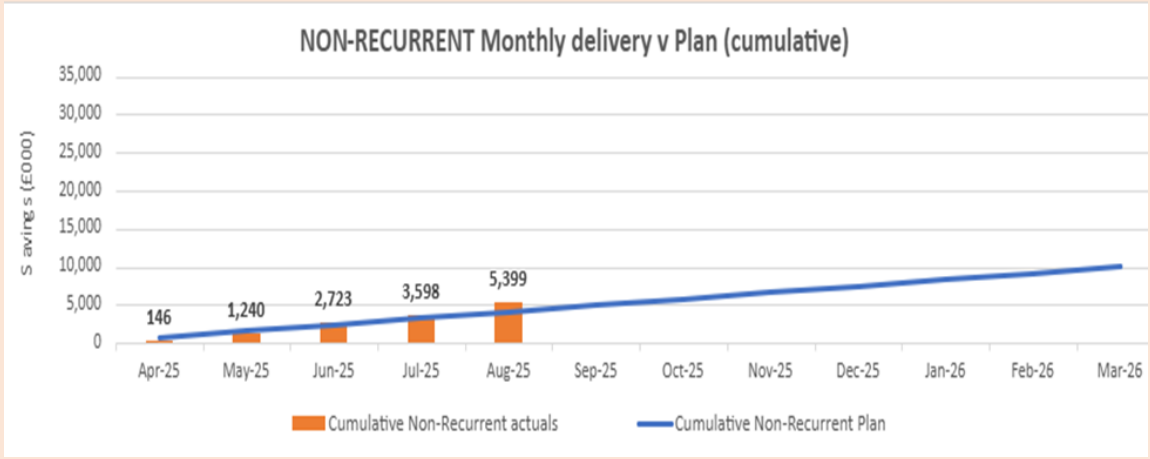
GLOUCESTERSHIRE SYSTEM SAVINGS SUMMARY

	PLAN	M5 POSITION								
Organisation	Savings requirement	Forecast Savings	Forecast Variance	High	Medium	Low	Recurrent	Non-Recurrent	Opportunity / Unidentifed	Identified Schemes Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Gloucestershire Hospital's NHS Foundation Trust	41,775	41,775	0	16,845	3,063	21,867	23,045	18,730	16,845	24,930
Gloucestershire Health & Care NHS Foundation Trust	15,255	15,255	0	6,910	6,256	2,089	10,086	5,169	8,346	6,909
ICB	19,588	19,588	0	790	2,002	16,796	15,648	3,940	427	19,161
System-Held	12,647	12,647	0	2,584	1,000	9,063	3,002	9,645	2,070	10,577
Gloucestershire System Financial Savings Plan - 2025/26	**89,265**	**89,265**	0	**27,129**	**12,321**	**49,815**	**51,781**	**37,484**	**27,688**	**61,577**
Percentage (%) of Unidentified	-								31.0%	
Percentage (%) of Forecast identified										69.0%
Percentage (%) of Forecast in Delivery									61.0%	
Percentage (%) of Forecast - Risk Rating				30.4%	13.8%	55.8%				
Percentage (%) of Recurrent v Non-Recurrent							58.0%	42.0%		

Finance and Use of Resources

System Efficiencies: Recurrent Performance





Within the overall plan there is c£90m of savings, 65% of these are recurrent. Under delivery on recurrent savings will cause a pressure in year and worsen the underlying financial position. Work is progressing on implementing programmes to realise cashable benefits where scheme metrics are showing positive progress against plan and work to manage risks.
Organisations are working through non recurrent mitigations.
System Savings (urgent care, planned care & sharing of services)
These savings are being driven by portfolios. Savings plans for urgent care are in moving to implementation and it is anticipated that there will be part year delivery in 2025/26.
ICB
The ICB is forecasting to deliver its savings by year end. A key risk is for those relating to organisational change. Some of the information to help plan the changes for the changes is not yet available and timescales have slipped. It is anticipated that savings will be delivered recurrently, in year savings are at risk.

GHC
GHC has delivered £4.286m of recurring efficiencies year to date which is ahead of plan by £0.57m. Non recurrent savings delivered are £2.624m, just ahead of plan. The CIP Management Group are actively seeking non-recurrent savings to mitigate under delivery on recurrent schemes

GHFT
YTD efficiencies total £12.1m, £3.2m 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 £16.8m. During September, the Director Of Finance and Chief Operating Officer will be working with closely with divisions to deep dive into their high-risk schemes.

Finance and Use of Resources

Cash Management: Provider Cash Holdings

Gloucestershire Health And Care NHS Foundation Trust	Current Month
Cash and cash equivalents at end of period	45,108
Operating Expenses	(7,394)
Employee Expenses	(20,667)
Add back depreciation and amortisation	810
Add back all I&E impairments/(reversals)	0
Movement in credit loss allowance on receivables and financial assets	0
Number of days in current month	31
Operating Expenditure Days	51

Gloucestershire Hospitals NHS Foundation Trust	Current Month
Cash and cash equivalents at end of period	51,887
Operating Expenses	(25,277)
Employee Expenses	(46,084)
Add back depreciation and amortisation	2,953
Add back all I&E impairments/(reversals)	0
Movement in credit loss allowance on receivables and financial assets	1
Number of days in current month	31
Operating Expenditure Days	24

System Cash Holding (£'000)	Jun-25	Jul-25	Aug-25
GHFT Plan	33,183	56,875	50,930
GHC Plan	40,953	42,158	42,554
System Plan	**74,136**	**99,033**	**93,484**
GHFT Actual/Forecast	38,362	49,006	51,887
GHC Actual/Forecast	40,370	46,158	45,108
System Actual/Forecast	**78,732**	**95,164**	**96,996**
Above/(Below) Plan	**4,596**	**(3,869)**	**3,511**

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 24 days cash cover for operating expenditure, holding £52m at month end. This is an improvement on the 22 days of cash cover at month 4.

GHC cash at the end of the month is £45.084m which is £2.5m above plan. GHC's BPPC performance at month 5 is 95.4% of invoices paid by value within 30 days, above the 95% BPPC target. Their operating expenditure days has reduced by one day since last month

Finance and Use of Resources

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 STANDARDS	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 are included in the plan, however, there is risk that some will be delayed.

Other Capital Expenditure
Backlog maintenance forms the largest proportion of the Estates Safety plan at £7.8m, with an additional £1m for Fire Safety. 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.

Finance and Use of Resources

System Capital Expenditure: Performance

YTD (£k)	GHFT	GHC	PRIMARY CARE	ICB	SYSTEM
	5,263	2,264	0	0	
Total Charge against Capital Allocation (incl. IFRS 16)	**5,263**	**2,264**	**0**	**0**	**7,527**
	335	0	0	0	
Gross Capital Spend Total	**5,598**	**2,264**	**0**	**0**	**7,862**
	(217)	0	0	0	
Total Capital Departmental Expenditure Limit (CDEL)	**5,381**	**2,264**	**0**	**0**	**7,645**
Plan	**12,449**	**4,939**	**0**	**0**	**17,388**
Over / (Under) Plan	**(7,068)**	**(2,675)**	**0**	**0**	**(9,743)**

FOT (£k)	GHFT	GHC	PRIMARY CARE	ICB	SYSTEM
	36,997	12,512	1,400	9,136	
Total Charge against Capital Allocation (incl. IFRS 16)	**36,997**	**12,512**	**1,400**	**9,136**	**60,045**
	18,931	0	1,048	0	
Gross Capital Spend Total	**55,928**	**12,512**	**2,448**	**9,136**	**80,024**
	(1,497)	0	0	0	
Total Capital Departmental Expenditure Limit (CDEL)	**54,431**	**12,512**	**2,448**	**9,136**	**78,527**
Plan	**55,638**	**12,184**	**2,448**	**9,136**	**79,406**
Over / (Under) Plan	**(1,207)**	**328**	**0**	**0**	**(879)**

System
Capital schemes are £9.7m behind plan year to date, and forecast to underspend by £0.9m at year end; this relates to the constitutional standards urgent care bid where an element has been paused.

GHC
Capital spend to date is £2.21m which is £1.9m behind plan but is expected to be fully spent by year end.

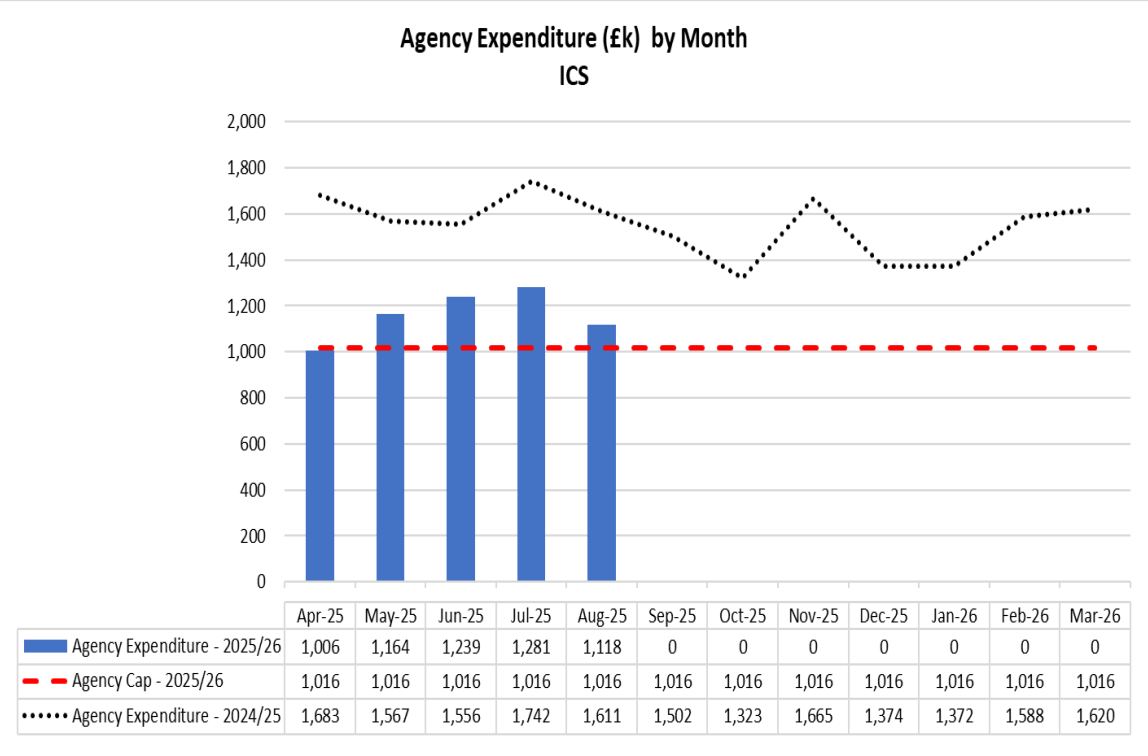
GHFT
Year to date GHFT are underspending by £7.0m to plan. This is spread across a range of schemes including Electrical Infrastructure Upgrade (£1m), CGH electrical substation (£797k), Digital Infrastructure (£442km) and MEF Contingency (£425k).

The variance of £1.2m 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.

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.

Finance and Use of Resources

System Workforce: Agency Spend vs Cap



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Agency Expenditure - 2025/26	1,006	1,164	1,239	1,281	1,118	0	0	0	0	0	0	0
Agency Cap - 2025/26	1,016	1,016	1,016	1,016	1,016	1,016	1,016	1,016	1,016	1,016	1,016	1,016
Agency Expenditure - 2024/25	1,683	1,567	1,556	1,742	1,611	1,502	1,323	1,665	1,374	1,372	1,588	1,620

GHC

Agency spend to date is £1.421m which is £0.23m below plan. Off framework shifts for August totalled 32 out of total agency shifts of 557. In month spend was £216k, the lowest monthly spend of this financial year.

The Trust has strong processes in place to ensure that all requests for agency go through appropriate governance, in particular the use of off framework agencies.

GHFT

Agency spend at GHFT has decreased in M5, following a peak in M4 due to the industrial action. However, in month spend was still the second highest monthly spend in this financial year. So far this year, GHFT have spent above their plan and the national cap in each month.

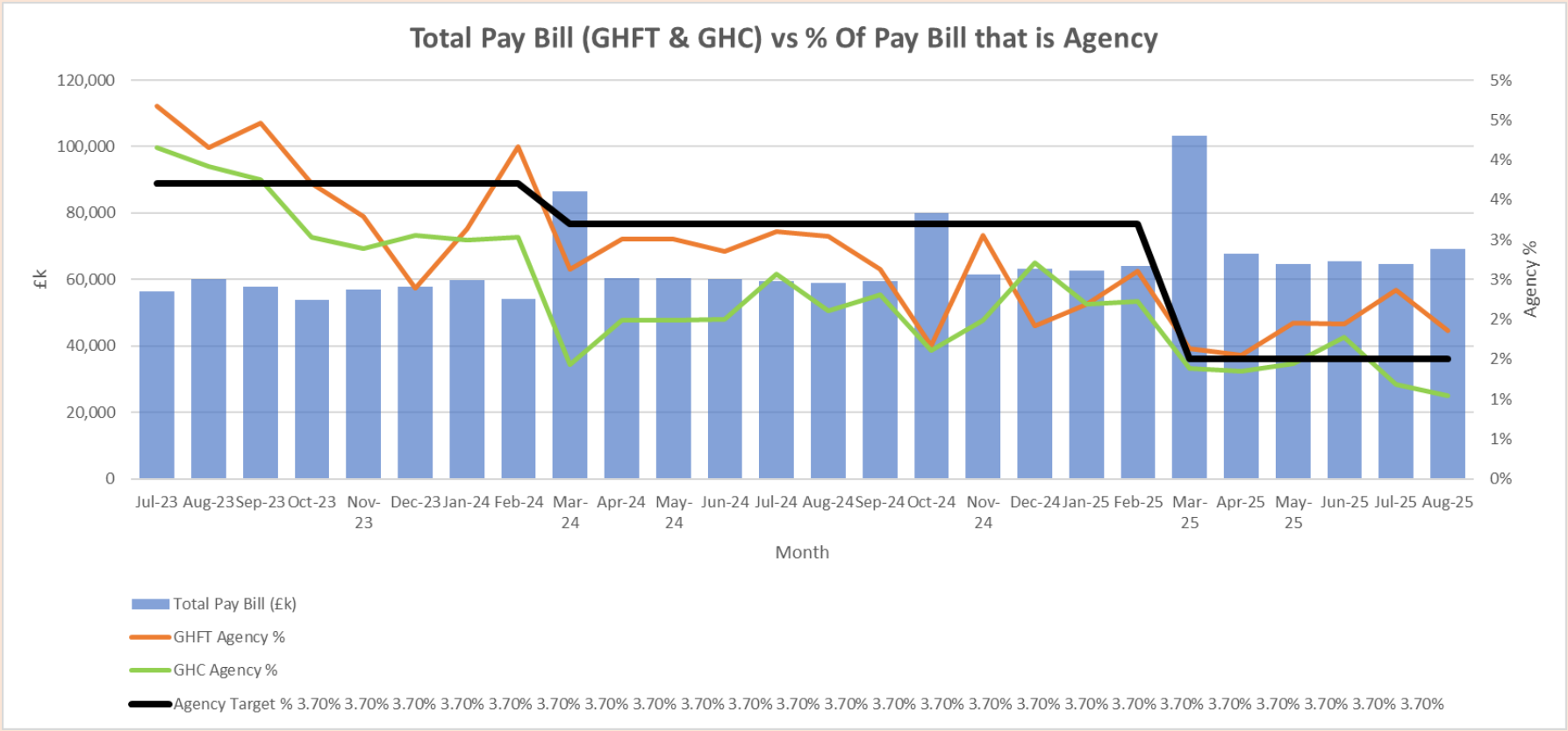
Actions include

- 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.

Finance and Use of Resources

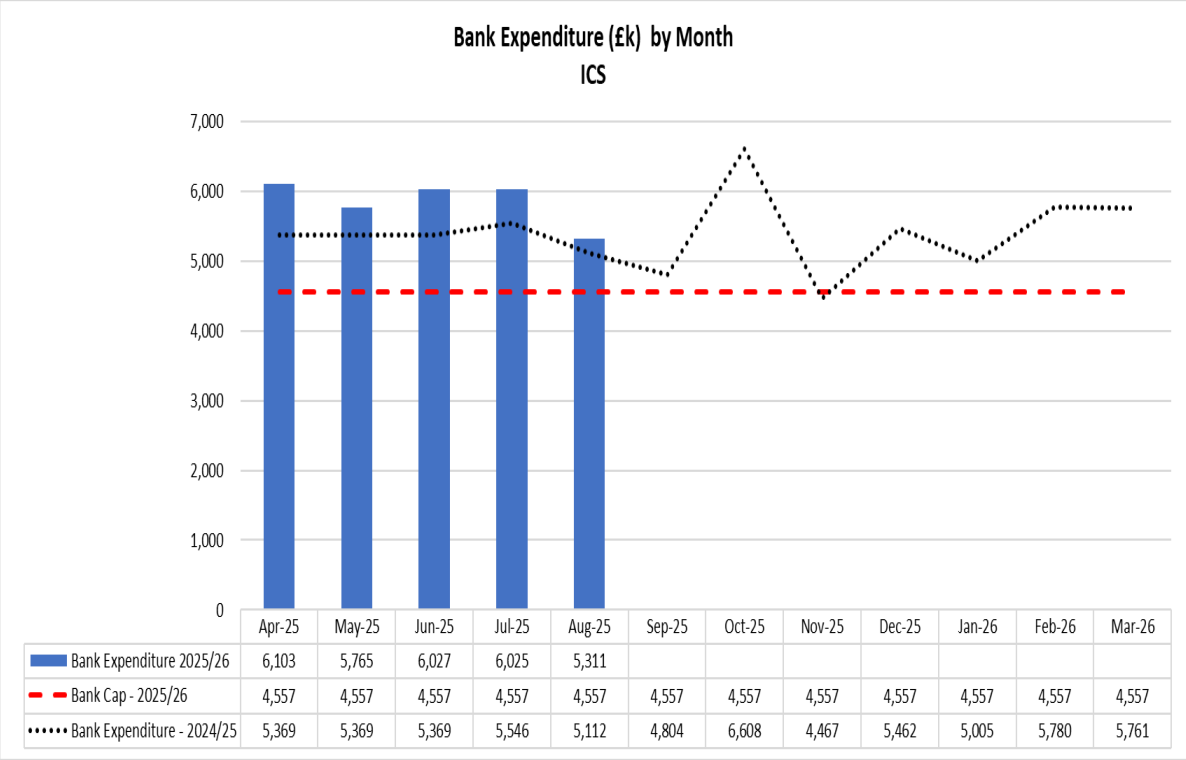
System Workforce: Agency Spend



	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	Jul-25	Aug-25
GHFT Agency Spend (k)	£ 1,747	£ 1,744	£ 1,350	£ 1,304	£ 969	£ 1,323	£ 1,515	£ 1,561	£ 1,306	£ 1,179	£ 1,171	£ 1,252	1208	1043	921	1259	819	937	1116	1268	709	881	866	1029	902
GHC Agency Spend (k)	£ 709	£ 702	£ 526	£ 501	£ 523	£ 533	£ 538	£ 389	£ 377	£ 388	£ 385	£ 490	403	459	402	406	555	435	472	352	297	283	373	252	216

Finance and Use of Resources

System Workforce: Bank Spend vs Cap



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Bank Expenditure 2025/26	6,103	5,765	6,027	6,025	5,311							
Bank Cap - 2025/26	4,557	4,557	4,557	4,557	4,557	4,557	4,557	4,557	4,557	4,557	4,557	4,557
Bank Expenditure - 2024/25	5,369	5,369	5,369	5,546	5,112	4,804	6,608	4,467	5,462	5,005	5,780	5,761

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

GHC

Following last month's large drop in Bank expenditure, GHC have continued to make reductions, though they are still above their national cap level and spend in the same month of 2024/25. 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

From the M4 peak of £4.5m spent on Bank, M5 has improved, bringing spend down to £3.8m. However, their national cap is for just over £3.0m per month, and their spend in the same month last year was £3.6m.

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

One Gloucestershire
Transforming Care, Transforming Communities

NHS

ICB Finance Report

Month 05 2025/26 – August 2025

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Finance and Use of Resources

Financial Overview and Key Risks

- The ICB month 5 position is a forecast outturn position of breakeven as per plan. However, the position contains a significant amount of risk.
- The ICB will be undergoing a significant amount of change in the coming year, an estimate of the range of the cost of the change to the staffing structure has been calculated and is significant. The ICB cannot afford to fund the cost of change in 2025/26 and are in discussion with NHSE. This has meant that the change period is elongated which is impacting on staff in the organisation. This represents a risk in terms of the organisations ability to deliver its operational and financial plans.
- An overspend of £2 million is forecast against independent sector provider planned care. While activity plans have been agreed with all established providers, cost pressures are being driven by patient choice and the transfer of long-wait patients from GHFT.
- The demand for ADHD assessments remains exceptionally high, contributing to a projected overspend of £2.1 million. The ICB is actively working to establish contracted activity levels with key providers to manage these pressures.
- A breakeven prescribing forecast is currently reflected in the position. Month 3 prescribing data has now been received, showing a 1.5% cost reduction compared to the same period last year. However, due to volatility of prescribing data it remains too early to model future scenarios with confidence.
- The Mental Health Investment Standard (MHIS) for 25/26 is £129.849m and is forecast to be on target.

Finance and Use of Resources

ICB Allocation – M05

- The ICB's confirmed allocation as at 31st August 2025 is **£1.535m**.

Description	Recurrent £'000	Non-Recurrent £'000	Total Allocation £'000
BALANCE BROUGHT FORWARD	**1,423,238**	**103,899**	**1,527,137**
Armed Forces reimbursement for access ICB OOH service		11	11
CDC Funding		142	142
Maternity and Neonatal Voice Partnership		44	44
Primary Care Transformation Independent Prescribing Pathfinder		2	2
Primary Care Transformation PCN Test Sites		1,143	1,143
Primary Care Transformation Hypertension Case Finding		327	327
Primary Care Transformation Contraception Consultations		73	73
Primary Care Transformation Pharmacy First Clinical Pathways		1,006	1,006
DISC Implementation Support		18	18
ICS REN 2025/2026 Cohorts 1&2		70	70
Hybrid Closed Loop Q1		91	91
Transfer of Low Volume Activity Delegated Specialised Commissioning		4,889	4,889
TOTAL IN-YEAR ALLOCATION 25/26 @ M05	**1,423,238**	**111,715**	**1,534,953**

Finance and Use of Resources

ICB Statement of Comprehensive Income

Statement of Comprehensive Income (£'000)							
Month 5 2025/26 - August	M5 Plan	M5 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	293,899	299,103	↓	(5,205)	705,880	708,007	↓	(2,127)
Mental Health Services	60,476	61,566	↓	(1,090)	146,607	149,746	↓	(3,139)
Community Health Services	56,456	54,586	↑	1,870	134,069	132,292	↑	1,777
Continuing Care Services	46,938	45,505	↑	1,434	113,089	114,022	↓	(933)
Primary Care Services	75,029	74,868	↑	160	192,019	192,115	↓	(96)
Delegated Primary Care Commissioning	61,581	61,519	↑	62	147,434	147,434	→	0
Other Commissioned Services	18,798	18,196	↑	602	45,483	44,666	↑	817
Programme Reserve & Contingency	25,641	23,911	↑	1,730	34,625	31,070	↑	3,554
Other Programme Services	330	223	↑	107	751	605	↑	146
Specialised Commissioning	2,037	0	↑	2,037	4,889	4,889	→	0
Total Commissioning Services	**641,185**	**639,478**	↑	**1,707**	**1,524,846**	**1,524,846**		**(1)**
Running Costs	4,211	4,211	→	0	10,107	10,107	→	0
TOTAL NET EXPENDITURE	**645,397**	**643,689**	↑	**1,707**	**1,534,953**	**1,534,953**		**0**
ALLOCATION	**645,397**	**645,397**	→	**0**	**1,534,953**	**1,534,953**	→	**0**
Outside of Envelope	**0**	**0**	→	**0**	**0**	**0**	→	**0**
Underspend / (Deficit)	**0**	**1,708**	↑	**1,707**	**(0)**	**(0)**		**(0)**

Finance and Use of Resources

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 still progressing, and it is becoming clearer that it is unlikely that the full level of planned cashable savings can be delivered in 2025/26. Further review is progressing, however a shortfall of £1.7m is now forecast. 7 schemes are identified to support these savings. Pathway 2 intermediate bed savings are starting to show some YTD benefits.

- **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.

- **Planned care** (High risk) – In 2025/26 a system savings requirement of £3.25m was planned (presented as £1.75m within ICB/System and £1.5m within GHNHSFT). The ICB/System plan also includes £711k of other elective savings, forecast to deliver. At month 5, ICB / System savings are also forecasting delivery of Ophthalmology cap (£1m) and additional elective recovery fund (£0.75m). Work is underway to assess other areas of opportunity

- **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 to a better value DOAC is also being implemented and monitored. Monitoring indicates that delivery is 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.

Finance and Use of Resources

ICB Savings Summary: Month 05

NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB)
2025/26 EFFICIENCIES PROGRAMME - AS AT MONTH 5

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	891	891	0	2,135	2,135		0	100.00%
	Primary Care Medicines Optimisation - Rivaroxaban	916	916	0	2,200	2,200		0	100.00%
	Primary Care Medicines Optimisation - 25/26 New schemes	276	276	0	665	665		0	100.00%
PRIMARY CARE MEDICATION OPTIMISATION - TOTALS		**2,083**	**2,083**	**0**	**5,000**	**5,000**		**0**	**100.00%**
CONTINUING HEALTHCARE (CHC) & PLACEMENTS	CHC	1,043	1,408	365	2,500	2,500		0	100.00%
	LD & Autism	31	9	(22)	75	75		0	100.00%
	Childrens Placements	125	109	(16)	300	300		0	100.00%
	S117 Placements	125	12	(113)	300	175		(125)	58.33%
CONTINUING HEALTHCARE (CHC) & PLACEMENTS- TOTALS		**1,324**	**1,538**	**214**	**3,175**	**3,050**		**(125)**	**96.06%**
OTHER - RECURRENT	Contracts	1,336	1,336	0	3,209	3,209		0	100.00%
	Coporate Savings	522	522	0	3,755	3,755		0	100.00%
	Unidentified Savings	104	74	(30)	250	427		177	170.80%
OTHER RECURRENT EFFICIENCIES - TOTALS		**1,962**	**1,932**	**(30)**	**7,214**	**7,391**		**177**	**102.45%**
PROCUREMENT SAVINGS	Home Oxygen	64	64	0	150	150		0	100.00%
	Virtual Ward & Telehealth procurement	80	18	(62)	196	144		(52)	73.47%
PROCUREMENT SAVINGS - TOTALS		**144**	**82**	**(62)**	**346**	**294**		**(52)**	**84.97%**
OTHER - NON-RECURRENT	Other non-recurrent	1,604	1,460	(144)	3,853	3,853		0	100.00%
OTHER NON-RECURRENT EFFICIENCIES - TOTALS		**1,604**	**1,460**	**(144)**	**3,853**	**3,853**		**0**	**100.00%**
2025/26 ICB SAVINGS PROGRAMME - TOTALS		**7,117**	**7,095**	**(22)**	**19,588**	**19,588**		**0**	**100.00%**
SYSTEM	Gloucestershire System efficiencies	4,974	4,073	(901)	12,647	12,647		0	100.00%
GLOUCESTERSHIRE SYSTEM-HELD EFFICIENCY SAVINGS - TOTALS		**4,974**	**4,073**	**0**	**12,647**	**12,647**		**0**	**100.00%**
2025/26 ICB + SYSTEM-HELD SAVINGS - TOTALS		**12,091**	**11,168**	**(22)**	**32,235**	**32,235**		**0**	**100.00%**

Finance and Use of Resources

System Savings Summary: Month 05

NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD - SYSTEM EFFICIENCIES 2025/26 EFFICIENCIES PROGRAMME - AS AT MONTH 5									
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	1,666	0	(1,666)	4,000	2,333		(1,667)	58.33%
REVIEW OF INVESTMENTS	Review of Recurrent Investments: Urgent Care and Flow Portfolio	55	0	(55)	125	125		0	100.00%
URGENT EMERGENCY CARE SAVINGS - TOTALS		1,721	0	(1,721)	4,125	2,458		(1,667)	59.59%
PLANNED CARE & DIAGNOSTICS	Planned Care & Diagnostics	829	872	43	2,461	2,461		0	100.0%
REVIEW OF INVESTMENTS	Review of Investments - Planned Care	55	0	(55)	125	125		0	100.0%
OTHER ELECTIVE SAVINGS - TOTALS		884	872	(12)	2,586	2,586		0	100.00%
FURTHER NON-RECURRENT SAVINGS	Other Non-Recurrent Measures	2,369	3,144	775	5,686	7,546		1,860	132.7%
FURTHER NON-RECURRENT SAVINGS - TOTALS		2,369	3,144	775	5,686	7,546		1,860	132.7%
REVIEW OF INVESTMENTS	Review of Recurrent Investments: Prevention & LTC Portfolio	-	57	57	250	57		(193)	22.8%
REVIEW OF INVESTMENTS - TOTALS		0	0	57	250	57		(193)	22.8%
2025/26 SYSTEM SAVINGS PROGRAMME - TOTALS		4,974	4,016	(901)	12,647	12,647		0	100.00%

Agenda Item 9

NHS Gloucestershire ICB Public Board Meeting

Wednesday 24th September 2025

Report Title	**One Gloucestershire's Urgent and Emergency Care (UEC) 25/26 Operational Delivery & Winter Surge Plan**						
Purpose (X)	**For Information**		**For Discussion**		**For Decision**		
	X				**X**		
Route to this meeting							
	ICB Internal	**Date**			**System Partner**	**Date**	
	Strategic Executive Group Strategic Escalation Group Strategic Escalation Group	21/08/2025 09/09/2025 16/09/2025			Strategic Executive Group Strategic Escalation Group Strategic Escalation Group	21/08/2025 09/09/2025 16/09/2025	
Executive Summary	As we approach Winter 25/26, we have an opportunity to drive significant improvements in our urgent and emergency care (UEC) services across Gloucestershire. The purpose of the paper is to outline our operational delivery plan and approach for the remainder of 25/26 in line with the new National UEC Recovery plan, including winter surge. All system partners in Gloucestershire have submitted responses against a set of KLOE derived from the National UEC plan 25/26 including, but not exclusively the Core 7 requirements. We have worked closely with vaccination leads across the system to integrate and align our UEC winter plan with our system approach to vaccination to provide one comprehensive plan for Gloucestershire.						
Key Issues to note	ICB board are asked to note the questions within the Board Assurance Document required by NHSE 30th September during revision of the UEC operational delivery and winter surge plan.						
Key Risks: Original Risk (CxL) Residual Risk (CxL)	To provide mitigation to the risk outlined in BAF 5- Risk that the ICB fails to deliver and/or sustain performance and improvement in Urgent and Emergency Care-Risk Score 12 September 2025						
Management of Conflicts of Interest	N/A						
Resource Impact (X)	**Financial**		**Information Management & Technology**				
	Human Resource	x	**Buildings**				
Financial Impact	N/A						

Regulatory and Legal Issues (including NHS Constitution)	N/A		
Impact on Health Inequalities	Noted within the paper.		
Impact on Equality and Diversity	N/A		
Impact on Sustainable Development	N/A		
Patient and Public Involvement	Input and feedback from the UEC clinical programme group-patient reference group into the outputs and system learning from last winter and critical incident.		
Recommendation	**ICB Board are asked to** • **Approve the Gloucestershire ICS- UEC operational and winter surge plan.** • **Approve sign off of the Board Assurance Document for return to NHSESW 30th September 2025.**		
Author	**Eve Olivant**	**Role Title**	**Director of System Flow**
Sponsoring Director (if not author)	**Gemma Artz, Interim Chief Delivery and Transformation 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

One Gloucestershire's Urgent and Emergency Care 25/26 Operational Delivery & Winter Surge Plan

Version	**3**
Author	**Eve Olivant - Director of System Flow**
Sponsor	**Gemma Artz - Interim Chief Delivery and Transformation Officer**
Approved By	**ICS Strategic Executives**
Review Date	**As required**

Version Control

Version Number	Summary of Change	Date
0.11	Final Draft	**14/08/2025**
1	Submission to Strategic Executive Board	**21/08/2025**
2	Submission to Strategic Escalation Group	**09/09/2025**
3	Submission to Strategic Escalation Group with additions	**16/09/2025**

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Introduction

1. Purpose of our Plan

As we approach Winter 25/26, we have an opportunity to drive significant improvements in our urgent and emergency care (UEC) services across Gloucestershire. This plan will respond to the National 25/26 UEC Plan[1], while recognising the remarkable progress that system partners have made so far. It also takes into account the additional expectations set out by NHS England, the valuable learning from winter 2024/25, and the evolving needs of our population.

The purpose of our plan is to outline our operational delivery plan for the winter season, with a focus on fostering collaborative working across all system partners. The plan highlights our key priorities, the actions already taken to build resilience, and outlines how we will adapt as we assess the likely impact of this year's winter. Through a whole-system response, we aim to address the challenges faced by the NHS this winter and improve UEC delivery for our patients, staff, and communities.

2. The Drivers for Change

Nationally, the drivers for change are multifaceted. Firstly, the current performance of UEC services do not meet the standards expected by patients or the front-line staff who work tirelessly to provide care. The NHS has long struggled to meet essential benchmarks such as the 18-minute response time for Category 2 ambulance calls, and A&E departments have consistently failed to meet the 95% target for patients waiting four hours or less. Public satisfaction with these services continues to decline, as evidenced in the British Social Attitudes Survey[2], with communities losing trust in the system.

The pressures on our UEC system have intensified in recent years, with the number of people relying on these services rising by 90% since 2010/11. This surge is not solely due to an aging population or increasing long-term health conditions. The challenges associated with working in a seamless manner across the NHS, social care, and community services has led to unnecessary delays, longer waiting times, and, at times, unsafe patient experiences.

During the peak of Winter 24/25, Gloucestershire, declared a system wide Critical Incident (CI) due to an inability to sustain adequate patient flow to ensure delivery of safe services across multiple patient pathways. The unprecedented demand following the festive period highlighted systemic weaknesses, including extreme capacity issues, delayed ambulance offloads, and pressures on critical care capacity. The system was unable to maintain safe flow across the entire UEC pathway, leading to difficulties in patient discharge and a surge in flu-positive cases. This event underlined the urgent need to improve UEC services across the system, not just in times of crisis, but as part of everyday operations.

3. Responding to the Challenges

This plan represents a comprehensive response to the challenges faced in Gloucestershire's UEC services. System-wide collaboration between healthcare providers - including NHS trusts, primary care, social services, community care, ambulance services and the voluntary care sector - will be essential for delivering a coordinated and effective response. Improving patient flow, ensuring timely ambulance offloads, and optimising hospital discharges will require close working relationships across all partners, and a shared commitment to addressing the root causes of delay related harm.

[1] NHS England. *Urgent and emergency care plan 2025/26*, Published June 2025.
[2] The Nuffield Trust and The King's Fund. *Public satisfaction with the NHS and social care in 2024: Results from the British Social Attitudes survey.* Published April 2025.

Building on the lessons learned from last year's Critical Incident, this plan incorporates the subsequent recommendations and actions required at system level, including a more robust process for stress-testing winter plans in advance. We will enhance our data analytics capabilities to more accurately predict and respond to rising demand. Clear communication protocols have been established to avoid delays in response, and we have streamlined governance processes between UEC and EPRR functions to ensure efficient decision-making.

Ultimately, the health and wellbeing of both our patients and staff must remain at the heart of everything we do. We aim to ensure that patients receive high-quality, timely care, while also supporting and empowering the dedicated professionals providing that care. Improving the working environment for staff will help reduce burnout and will contribute to the improvement of care quality. This plan is not only about preparing for the winter ahead; it is about fundamentally improving the delivery of urgent and emergency care in Gloucestershire for the long-term benefit of our patients, staff, and communities.

Winter 2024/25 – Lessons Learned and Critical Incident Recommendations

Winter 2024/25 saw sustained and escalating pressures across the Gloucestershire system, culminating in the formal declaration of a systemwide critical incident on 8th January 2025. A complex interplay of factors contributed to this escalation: high community transmission of flu and associated staff absences, surging demand across 999, 111, and ED, and limited operational headroom due to festive period pressures. Despite early planning, the rate and intensity of system deterioration exceeded modelled expectations, with several key indicators - such as ambulance handover delays, increasing inpatient bed deficits, and ED overcrowding - reaching intolerable thresholds by the end of December. The system entered the festive bank holiday period already overstretched, with the week commencing 15th December marking a clear and persistent climb in pressure that was not sufficiently deescalated by mitigation actions.

A structured debrief was conducted in February 2025, engaging partners from acute, community, social care, commissioning, SWAST, Integrated Urgent Care Service (IUCS), and public health. The debrief identified that while plans had been developed, they were not consistently stress-tested or implemented with sufficient pace and scale. Multiple risks had been evident in advance - including the likely poor uptake of flu vaccinations, workforce vulnerabilities, and the impact of the Christmas/New Year calendar - but were not translated into early, coordinated action. The system lacked agility, particularly during the in-between weekends and holiday peaks, and was hampered by difficulties in mobilising additional staffing and discharge solutions at pace. There was also inconsistency in interpreting and acting upon Operational Pressures Escalation Levels (OPEL), in an agile manner at provider and service line level across the system.

Key recommendations from the debrief embedded for Winter 25/26:

1. **Winter Plan Stress Testing.** For ICB systems to implement a robust process for testing winter plans to include strategic representation from all system departments. This process should be set in good time ahead of winter and include rigorous stress testing on worst case scenarios, to include all elements of preparation, response and recovery.
2. **Post Incident Data Analysis as BAU.** To build into business as usual the good practice from post incident data analysis. Tactical escalation group (TEG)/ Strategic Escalation Group (SEG) to examine the relevant data in the manner it has been assessed post incident to support early identification of rising tide incident.
3. **Governance Framework During Incidents.** Agree, clarify and train a process around the governance during a critical incident. Consider building on the BAU processes rather than changing it.
4. **Strategic Review of Communications Messaging.** Review communications

messaging for advantages and disadvantages from previous incidents, consulting each system department for likely impacts and agree set messaging options

5. **Public Debrief on Communications Impact.** Consider a debrief of Communications officers involved in the critical incident and explore ways of gathering data from the members of the public who received the messaging and how it affected behaviours.
6. **Dedicated Data Analysis Capability.** Consider appointing a data analyst, or staff members to have responsibility for data analysis, to generate a single operating picture from which strategic command decisions can be based.
7. **On-Call Roster Redesign.** Review of on call roster design and process to reduce the likelihood of excessive working hours for executive managers across response, recovery and strategic thinking requirements. Consider good practice from SWAFST's on call process
8. **Critical Incident Risk Management as BAU.** Examine the benefits of the enhanced risk management processes that are put into place during Critical Incident response and find appropriate ways to implement them in business-as-usual patient discharge processes with a view to improving efficiencies in this area.
9. **Examine Efficiency Gains During Critical Incidents.** Working group to examine good practice of where efficiencies are made during a critical incident to become more efficient and what can be adopted in BAU to increase day to day efficiencies
10. **Clear OPEL Actions and Implications.** Review of the System Wide Escalation Policy and required responses pre winter 25/26 and how OPEL transposes into departments and teams. Create action cards/plans for each OPEL level to enable each team are able to understand what the implications and actions are at each OPEL level across the system.

The experience of Winter 2024/25 has reinforced the need to plan earlier, escalate earlier and ensure a timely proactive response from all system partners. While the system ultimately responded with cohesion and commitment during the peak, the lessons from this period have driven material improvements in our planning, structures, and escalation pathways for Winter 2025/26.

Public Health and IPC Predictions

Winter 2024/25 was marked by overlapping infectious disease outbreaks that drove extreme and sustained pressure across the health and care system. High flu admissions, concurrent waves of RSV, norovirus, and COVID-19, and a later vaccination campaign all compounded one another to stretch system capacity. These pressures played a significant role in pushing the system toward the critical incident declared in early January.

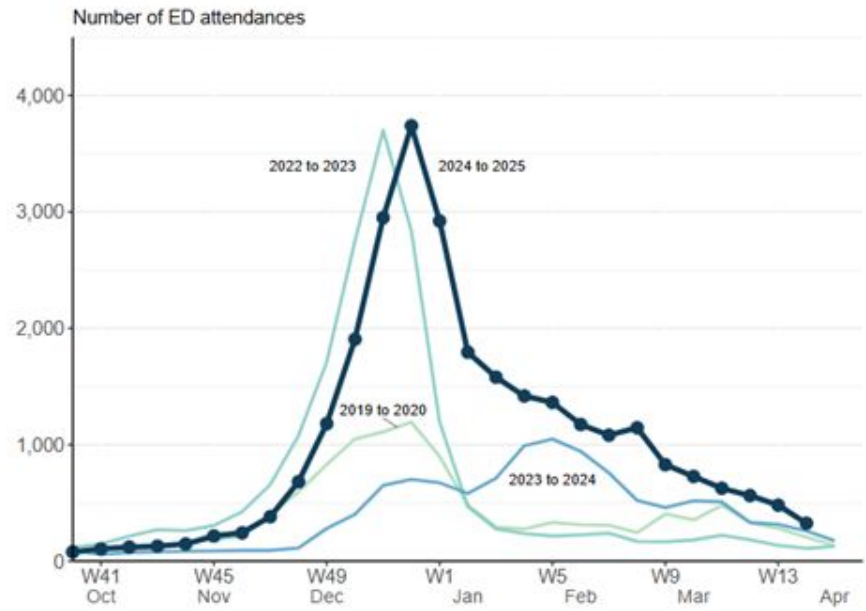
NHS England data confirms the scale of pressure[3]: in the first week of January 2025, there was an average of 5,408 patients in hospital with flu each day, including 256 in critical care - 3.5 times higher than the same week in 2024 (1,548). Alongside this, COVID-19 hospital occupancy averaged over 1,100 patients daily, and norovirus cases reached 626 inpatients per day, a 50% increase compared to the previous year (424). RSV was also significantly elevated, particularly in paediatric settings, with 72 children hospitalised daily on average - a 47% increase from 49 the previous year. These concurrent pressures, occurring just after the festive period when system resilience was already depleted, underscored the need for earlier and more integrated public health and infection control (IPC) forecasting.

[3] NHS England. *News Article:* *Busiest year on record for emergency services as winter flu pressure rages on.* Published January 2025.

Lessons from Last Winter: Surveillance-Informed Understanding (UKHSA)[4]

The 2024/25 flu season was marked by earlier onset, higher cumulative activity, and a prolonged decline, compared with the previous two seasons. Influenza A(H1N1) pdm09 activity began to rise in mid-November and peaked in late December (week 52), driving sharp increases in illness in children and then elderly groups. This was followed by a secondary wave of influenza B, which began circulating in January and extended the season well into March. These dynamics resulted in higher overall influenza activity than in both 2023/24 and 2022/23, though mortality remained lower than in 2022/23.

Figure 3. Weekly ED attendances for ILI by season, England, 2019 to 2025



Hospitalisation and ICU/HDU rates were also elevated. In England, flu-attributable excess mortality was estimated at 7,757 deaths, higher than the previous season (3,555) but still lower than 2022/23 (15,867). Paediatric deaths also increased, with 53 recorded in 2024/25 compared to 34 in 2023/24. Primary care consultation rates and hospital admissions from flu were consistently higher than the last two seasons across all nations, especially during peak activity. Importantly, the flu epidemic pattern differed by setting: hospitals showed a single wave due to older age groups dominating admissions, while community surveillance systems observed biphasic activity because of the influenza B rise in younger age groups in late winter.

Despite a well-matched vaccine, uptake in adults fell below 2023/24 levels. For example, coverage in older adults (65+) ranged from 70-75%, but for working-age adults with clinical risk factors it was only 25-40%. Children's uptake was comparable to the previous year, with coverage between 30% and 68% depending on age group and setting. Vaccine effectiveness ranged from 30-70%, with notably higher protection in children and younger adults. UKHSA modelling estimated that the vaccination programme averted between 96,000 and 120,200 hospital admissions in England alone.

This evidence reinforces the need for a multi-pathogen, age-specific surveillance and vaccination strategy going into 2025/26. It also highlights that even moderate vaccine effectiveness and uptake can yield significant system-wide benefits when deployed at scale and with strategic timing.

[4] UK Health Security Agency. *Official Statistics,* *Influenza in the UK, annual epidemiological report: winter 2024 to 2025*. Published May 2025.

In response, the system has committed to embedding public health intelligence into both **tactical and strategic levels** of winter planning:

- **Enhanced vaccination coordination** across flu, COVID-19, and RSV, with improved early access and targeted outreach in low-uptake populations.
- **Real-time surveillance dashboards** linked to escalation frameworks, allowing for earlier intervention as thresholds are breached.
- **Infection & Prevention Control (IPC) escalation protocols** aligned with multiple concurrent threats, rather than pathogen-specific responses.
- **Outbreak simulation** within the ICS; system-wide winter stress testing exercises to model realistic concurrent pathogen scenarios.
- **Investment in anticipatory comms**, particularly around hygiene, vaccine importance, and self-management, to mitigate demand surges.

As a system, we recognise that Winter 2024/25 was shaped not by one severe wave, but by multiple, concurrent, and moderately severe pressures occurring simultaneously. Our learning from last year - combined with predictive modelling and international surveillance - is enabling us to proactively strengthen IPC, vaccination uptake, and system resilience. These insights are being embedded across all layers of planning and will form a core part of our Delivery and Surge plan for Winter 2025/26.

Winter 25/26 – Local challenges

As part of winter planning for Gloucestershire in 2025/26, it is essential that as a system we are able to ensure that the system is able to support the delivery of a number of bed capacity changes across the system in order to improve the longer -term quality and safety of patient's experience. This will require a phased capacity change approach that is embedded with operational plans at provider and service line level.

Operational delivery of this will be managed through a phased bed capacity change programme, monitored via a systemwide bed capacity tracker. This approach will ensure that changes are coordinated, visible across all partners, and form a central component of our winter surge planning, enabling the system to maintain flow while accommodating the necessary estate and efficiency changes. The assessment and impact of changes in real time will be subject to rigorous oversight and review at weekly system wide tactical escalation meetings to enable immediate and proactive mitigation to any presenting risks.

Approach to Winter Assurance 25/26

In recent years, our Winter Assurance process (appendix A) has matured significantly, moving from a largely reactive and provider-specific planning approach to a far more integrated, strategic, and system-wide model. This evolution has been driven by our recognition that winter pressures do not occur in isolation - they impact every part of the health and care system, from preventative and primary care through to acute, community, mental health, and social care services. In response, we have developed a whole-system assurance process that is built around shared ownership, thematic planning, and aligned leadership across partners. The thematic approach introduced in 24/25 helped bring focus to critical cross-cutting areas such as workforce resilience, discharge and flow, staff wellbeing, and emergency preparedness, enabling coordinated planning efforts and better resilience across the system.

Learning from the 24/25 winter period has underlined the importance of predictive data modelling in enabling earlier and more effective interventions. For 25/26, we are strengthening our use of modelling tools to support risk identification, using up-to-date intelligence on admissions, bed occupancy, workforce trends, and public health indicators to anticipate pressure points and inform proactive system responses. This data-led approach gives us the

foresight needed to deploy mitigations early and ensure system readiness before pressures escalate.

Crucially, our assurance process is now being extended across a longer operational timeline, beginning earlier in December to capture system readiness in the weeks before the festive season, and continuing through an extended recovery window throughout January. This ensures we do not lose focus immediately after the holiday period but remain vigilant during the pre-festive surge in activity, which is traditionally a period of significant operational strain in Gloucestershire.

At the heart of this model is a commitment to continual weekly review and refinement, enabling us to adapt in real-time as new pressures or challenges emerge. This iterative approach is essential to maintaining resilience throughout the winter period. Weekly system-wide touchpoints, alongside shared data dashboards and thematic check-ins, ensure that all partners will remain aligned, responsive, and able to escalate or de-escalate actions as needed. As our assurance processes continue to evolve, this cycle of planning, delivery, reflection and adaptation remains central to our ability to manage winter effectively, safeguarding patients, supporting staff, and maintaining flow across our entire health and care system.

Alignment to our System Transformation Portfolio (Working as One)

Gloucestershire system has a transformation and improvement portfolio in place, with agreed priority areas to improvement urgent and emergency care across the full pathway. The objectives of the portfolio fully aligned to the winter plan:

- To systematically reduce the risk of delay related harm across the urgent and emergency care pathway.
- To improve outcomes for people maximising the potential for maintaining and/or returning to independence.
- To reduce duplication improving the experience for people and staff.
- To focus on value for money within our urgent and emergency care offer that meets the needs of our people and communities whilst promoting population health.
- To deliver the aspirations set out in our Joint Forward, Operational and Finance Plan (in line with the 3 shifts identified in the 10-year plan).

The priority areas of work within the Portfolio are summarised below.

Priority One: Ensure demand is being met in the most appropriate setting, reducing pressure on acute services.	
Coordination for Urgent Care through a Single Point of Access	Development of the Urgent Care Offer
Priority Two: Ensure efficiency in our hospital flow process.	
Sustainable Delivery of Pathway 1 and Pathway 2	Coordination of the Discharge Process
Priority Three: Develop our long-term model for urgent and emergency care informed by evidence to improve outcomes for our population.	
Long Term Model for Pathway 2	Review the opportunity from Urgent Treatment Centres

The priorities within the improvement plan are integrated into our winter plan, with temporary

and/or system changes planned for some of the areas in 25/26 (subject to required decision making) to contribute towards winter response. These proposals are blended into our winter plan in the relevant area.

Inclusive Scope – Adults, Children and Young People

This delivery plan explicitly covers urgent and emergency care for all age groups and patient groups, ensuring that the needs of adults, children & young people (CYP), people with mental health needs, and those with learning disabilities are addressed. Each action area has been developed with input from clinicians and specialists across the care spectrum, and services are being adapted to be both age-appropriate and accessible to all patient groups.

Adult services: The majority of the plan's actions (e.g., frailty teams, virtual wards, SDEC, discharge services) are aimed at adults, particularly frail older patients who represent a large portion of UEC demand. These initiatives will improve outcomes by reducing unnecessary and prolonged hospital stays, enabling timely step-down care, and supporting safe care in community settings. Adults experiencing a mental health crisis will benefit from expanded 24/7 crisis response, enhanced liaison psychiatry in ED, and strengthened pathways between acute, community, and specialist mental health services. For adults with a learning disability or autism, reasonable adjustments - including specialist liaison support, accessible communication, and tailored care planning - will be embedded into UEC pathways to reduce distress, improve experience, and ensure timely clinical decision-making.

Children & Young People: The plan places a particular focus on improving UEC for CYP as a distinct group. The national UEC plan highlights the importance of "seeing more children within 4 hours" in emergency settings, and Gloucestershire is committed to this goal. Specific measures include dedicating paediatric-trained staff in ED during evenings/weekends, direct pathways for patients with illnesses to the Paediatric Assessment Unit (PAU) where clinically appropriate and streamlined transfer pathways to the regional children's hospital where needed. NHS 111 will be supported by paediatric nurses to advise parents on minor conditions, reducing avoidable ED attendances. We will also coordinate with primary care to ensure urgent access for children – for instance, same-day GP appointments for children with high fever, to reduce families resorting to A&E. For CYP in mental health crisis, the Children and Adolescent Mental Health Services (CAMHS) urgent care model will ensure rapid access to crisis support, avoiding long waits in general ED environments. CYP with learning disabilities or autism will be supported through tailored care plans, specialist input, and reasonable adjustments to ensure safe, timely, and person-centred care.

By embedding these considerations across all pathways, the plan ensures that no group is overlooked. Our UEC system will be responsive to the urgent care needs of adults, CYP, people experiencing mental health crises, and those with learning disabilities, with performance metrics tracked for each (e.g., 4-hour wait times for both physical and mental health presentations, length of stay data for learning disability patients, and pathway compliance for all). This inclusive approach ensures equity of access, timeliness of care, and improved patient outcomes across our population.

Key UEC Objectives

The following section outlines the core 7 objectives from the national UEC plan (June 2023/updated 2025 priorities) and summarises how each system partner in Gloucestershire will contribute to delivering or supporting those objectives, the delivery matrix (appendix B) identifies detailed actions at partner and service line level.

Category 2 Ambulance Response <30 Minutes

Reduce ambulance wait times for Category 2 patients – such as those with a stroke, heart attack, sepsis or major trauma – by over 14% (from 35 to 30 minutes)

Our system will adopt a coordinated, multi-agency approach to improving Category 2 ambulance response times over the winter period, recognising that timely intervention is critical for conditions such as stroke, heart attack, sepsis, and major trauma. Central to this will be the use of the Systemwide OPEL Escalation Policy, enabling early identification of performance risks through real-time monitoring and the deployment of predefined action cards. This approach ensures that all partners - including acute, community, ambulance, and integrated urgent care services - have a shared understanding of the operational landscape and are prepared to act in a coordinated way.

Operational delivery will be supported by three-times-daily sharing of Category 2 mean response time data across all system partners, creating transparency and enabling immediate adjustments to operational priorities when performance deteriorates. Proactive liaison with regional colleagues will ensure that Southwest intelligence and escalation updates are shared promptly, allowing for early mobilisation of mutual aid or capacity optimisation measures. Escalation conversations between the acute trust and SWAST will be facilitated where needed to align hospital flow improvements with ambulance availability, ensuring a balanced approach to resource management.

In addition to escalation and oversight, the system will prioritise front-end triage and diversion where clinically appropriate, making full use of NHS 111, the Integrated Urgent Care Service (IUCS), Community Rapid Response and district nursing teams to reduce unnecessary ED conveyances. Same-day emergency care (SDEC) units will be utilised to receive eligible direct admit patients, bypassing ED to reduce overall journey time from patient contact to definitive care and enabling GP's and community healthcare practitioners to gain speciality advice and guidance via Cinapsis. In parallel, virtual wards and community urgent care pathways will be promoted to keep patients safely out of hospital where this is clinically appropriate, thereby protecting ambulance turnaround times and enabling quicker redeployment of vehicles back into the community.

Ambulance Handover Delays <45 Minutes

Eradicate last winter's lengthy ambulance handover delays by meeting the maximum 45-minute ambulance handover time standard, helping get 550,000 more ambulances back on the road for patients

Eradicating lengthy ambulance handover delays is a system-wide priority for Gloucestershire, with a clear commitment to meeting and sustaining the national standard. This will be delivered through robust operational processes, strong governance, integrated escalation frameworks, and close collaboration across the urgent and emergency care pathway to protect patient safety, improve system flow, and minimise the risk of corridor care.

Ambulance handover breaches will be closely monitored by the System Control Centre via XCAD, enabling early identification of delays. Real-time escalation protocols are triggered when delays approach the 30-minute threshold, mobilising additional staff, creating extra space, and accelerating discharge activity to release capacity across the system. This data-

driven approach is underpinned by the Ambulance Handover SOP, the Systemwide OPEL Escalation Policy, and the NHSE Long Waits SOP, ensuring risks are detected early, escalated appropriately, and supported by timely breach reporting with senior oversight.

Daily operational system calls at 9.30, review ambulance arrivals, ED capacity, inpatient bed availability, and community discharge readiness, synchronising activity across all partners. Tactical system wide escalation meetings support immediate escalation of emergent risk and capacity challenges. Direct escalation channels between the acute trust and SWAST ensure operational leaders are aligned and empowered to take joint action when pressures build, with early liaison to regional colleagues for intelligence sharing and escalation support.

Our embedded Hospital Ambulance Liaison Officer (HALO) model supports the national Release and Rescue Standard (THP 45). HALO teams work alongside operational control centres, ED staff, and ambulance crews to coordinate timely offloads, identify alternative care pathways, and escalate capacity risks in real time.

To reduce demand on ED and prevent unnecessary conveyance, the system has expanded alternative pathways for ambulance crews and urgent care services. This includes:

- Increased provision of multi-disciplinary colleagues within the Emergency Operations Centre (EOC), including mental health practitioners, paramedic practitioners, and urgent community response (UCR) teams, supporting crews to manage higher-acuity patients in the community.
- Use of Cinapsis to connect crews directly with acute senior decision-makers, enabling remote assessment and admission avoidance.
- Integration of frailty services and GHC single point of access (SPA) to coordinate rapid community support or direct admission to same-day emergency care (SDEC).
- Commissioning of out-of-hours and overnight home care capacity to prevent admission for patients who can be safely supported at home.

The Call Before Convey scheme offers paramedics a single route into community urgent care services via the IUCS, enabling treatment at home and avoiding unnecessary ED attendance. The First Point of Contact Centre facilitates rapid referral into crisis, mental health, and learning disability services, ensuring vulnerable patients are connected to the right support without delay.

We have strengthened out-of-hours validation for NHS 111 dispositions to ensure patients are directed to the most appropriate care setting. Clinical Assessment Service (CAS) GPs oversee all cases requiring validation, supported by urgent care clinicians 24/7, achieving a consistent >90% validation rate within 60 minutes. Integration between IUCS, CAS, and community services ensures low-acuity cases are redirected away from ED, protecting capacity for the sickest patients. Category 2 call segmentation and enhanced validation of ambulance cases are continuing to be embedded to ensure the sickest patients are prioritised for immediate conveyance, while lower-acuity cases are managed safely in the community.

Meeting the minimum 30-minute standard for ambulance handover delay is dependent on whole-system collaboration to maintain flow out of ED. Community, mental health, and social care partners play a critical role in enabling timely transfers from ED into downstream services. This includes:

- Maximising step-up capacity both for pathway 1 and pathway 2
- Extended hours for integrated discharge teams to facilitate transfers outside of core working hours.
- Use of the Integrated Flow Hub (IFH) for real-time coordination of available capacity, care packages, and rapid assessment services in both physical and mental health care.

By combining targeted front-door interventions, strengthened alternative pathways, and

proactive system flow coordination, Gloucestershire is maintaining a sustained focus on reducing ambulance handover times.

≥78% A&E Patients to be Seen within 4 Hours

Ensure a minimum of 78% of patients who attend A&E (up from the current 75%) are admitted, transferred or discharged within 4 hours, meaning over 800,000 people a year will receive more timely care

The Gloucestershire system is taking a multi-faceted, whole-system approach to achieving and sustaining the 4-hour Emergency Care Standard (ECS), with the ambition of increasing performance from 75% to at least 78%. This requires both front-door improvements and optimised patient flow throughout our system.

The "No Criteria to Admit" (NC2A) standard is fully embedded in daily operations, ensuring that admission decisions are clinically justified and that patients are transferred or discharged at the earliest safe opportunity. The Integrated Flow Hub and Community Assessment Teams (CAT) provide real-time visibility of patient status and support early identification of those who could be safely managed in community or ambulatory care settings. Multi-disciplinary teams (MDTs) review cases regularly to access safe alternatives to inpatient admission, supported by OPEL escalation frameworks, Clinical Validators, and senior clinical oversight.

Frailty pathways have been strengthened to ensure that patients living with frailty are identified and managed as early as possible in their care journey. Digital tools such as Cinapsis and the Electronic Frailty Index (eFI) enable rapid flagging of high-risk patients across primary care, community services, and hospital settings. Frailty services are accessible via the GHC Single Point of Access (SPA) and linked to Community hospital pathways and the Community Assessment & Treatment Unit (CATU) for admission avoidance. Specialist frailty teams are embedded at the front door to expedite assessment, decision-making, and early wraparound support, with community and social care partners fully integrated into these pathways.

We will maximise the use of Same Day Emergency Care (SDEC) services, rapid assessment units, and specialist assessment pathways to provide timely access to diagnostics and clinical decision-making without requiring prolonged ED stays. Out-of-hospital services, including Urgent Community Response (UCR), virtual wards, and expanded MIIU capacity, will be closely aligned with acute services to manage patients safely outside the ED environment. Primary care will prioritise urgent same-day access for patients most at risk of ED attendance, while NHS 111/IUCS will continue to provide clinical validation and referral to alternative pathways to reduce unnecessary presentations. Attendances to ED by primary care without a referral will be monitored via business intelligence and feedback to primary care at primary care network and surgery level.

Patient-facing digital platforms such as Cinapsis, Your Circle, and Service Finder ensure that patients and carers can access timely, reliable information, particularly during peaks in demand. Many primary care practices now use MiDoS to enable non-clinical staff to safely signpost patients or book directly into the right service appointment type. Linked to the NHS Directory of Services, MiDoS ensures consistent information, reduces duplication, and supports optimal patient streaming — helping to prevent unnecessary ED attendances.

Clinical capacity and skill mix have been aligned to meet the increased seasonal demand of winter. Lead clinician staffing levels are supported by redeployment processes that target areas of highest need, such as discharge hubs, ED, and frailty assessment areas. Social care staff are embedded in reablement locality teams to ensure continuity of care and rapid response to deterioration. Predictive demand analysis within the winter assurance documentation (appendix A) highlights resourcing gaps in real time, enabling rapid intervention.

Performance against the 4-hour standard is driven through daily operational discipline. A 09:30 system-wide position call takes place seven days a week to identify emerging issues, problem-solve across partners, and focus on enabling discharges before midday to relieve ED congestion. Weekly Tactical Group meetings act as an escalation route for unresolved issues, with further escalation to Strategic Groups if necessary. System-wide escalation processes ensure risks to P1 capacity are identified early, actions instigated and mitigated in real time.

Reduce 12-Hour Trolley Waits in ED (<10% Occurrence)

Reduce the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so this occurs less than 10% of the time. This will improve patient safety for the 1.7 million attendances a year that currently exceed this timeframe

Reducing and ultimately eliminating 12-hour waits is a core patient safety priority for winter 2025/26. Evidence shows that prolonged stays in the Emergency Department (ED), particularly over eight hours, are associated with increased mortality and morbidity and delay related harm. Our aim is to ensure that less than 10% of patients experience a 12-hour waits, compared to 2024/25 levels, by embedding a proactive, whole-system approach to early escalation, discharge management, and patient flow optimisation.

Internal GHFT ED and divisional escalation policies will ensure that performance is monitored in real time, enabling timely interventions such as rapid triage, streaming to appropriate pathways, transfers to inpatient wards, activation of escalation capacity, and deployment of additional clinical decision-makers at the front door to meet internal professional standards. The Integrated Flow Hub and live ward dashboards provide visibility of bed availability, discharge readiness, and dependent actions, allowing operational teams to pre-empt bottlenecks and trigger wider system escalation before breaches occur.

Patients at risk of breaching the 12-hour standard are flagged for immediate senior review. Multi-disciplinary teams (MDTs) prioritise these patients for onward movement, removing delays linked to diagnostics, specialty reviews, or transfer arrangements. Rapid escalation pathways for high-acuity cases ensure that patients requiring urgent admission are prioritised for bed allocation, meeting internal professional standards.

To prevent ED congestion, we maintain close integration between acute, community, and mental health teams to ensure downstream delays are minimised. Early discharge planning begins at the point of admission, with specialist teams mobilised to expedite patient transfers from ED to definitive care. Integrated discharge teams operate extended hours, supported by rapid-response social care services, the voluntary care sector (VCS) in ED, and trusted assessor models to expedite timely discharge to alternative care settings.

Home First principles are embedded to prioritise discharge to home, supported by the rapid mobilisation of care packages and support from the VCS. Community partners provide critical step-down capacity, virtual ward offers, and alternative care pathways to support timely discharge when inpatient beds are limited. Mental health teams are embedded within the escalation process to ensure patients with acute mental health needs can be transferred to the right setting without delay.

Delays are reviewed daily, with breach reports completed in line with the NHSE Long Waits SOP. These are escalated through the Systemwide OPEL Escalation Policy, which triggers cross-system actions such as accelerating discharges, reallocating workforce, or temporarily reassigning inpatient beds to relieve ED pressure. Learning from breach reviews is fed into operational improvement plans, creating a continuous feedback loop to drive performance improvement.

Through the combined use of predictive intelligence, robust escalation processes, integrated discharge planning, and system-wide coordination our approach will ensure delays are actively managed and monitored, with the ultimate aim of eradicating unnecessary 12-hour waits during the peak winter period.

Mental Health Crisis – No 24+ Hour ED Waits

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

Reducing extended ED waits for mental health patients requires both proactive diversion from the Emergency Department and rapid escalation when delays occur. The Systemwide Escalation SOP and Mental Health OPEL framework will be used to identify emerging risks early, with action cards setting out clear responsibilities, timescales, and escalation routes. The NHSE Long Waits SOP ensures that all breaches are logged, reported, and subject to senior oversight.

Patients at risk of breaching the 24-hour ED wait threshold will be prioritised for immediate senior review, with system-wide Multi-Disciplinary Team's (MDT) convened for complex cases. These MDTs bring together mental health, acute, community, ambulance, and social care services to make real-time decisions on assessment, clinical pathways, and the most appropriate care setting.

For patients suitable for diversion from ED, alternative crisis response services will be activated. These include dedicated mental health liaison services, crisis housing, and urgent community-based assessment teams. Pre-hospital triage will be strengthened through closer integration with 999, 111, and police partners, enabling individuals to be directed to appropriate care without defaulting to ED when it is not clinically required.

Close operational links between acute, community, and mental health teams will ensure that inpatient bed availability is managed dynamically, and that patients can be transferred from ED to the right setting without delay. Where step-down or alternative placements are required, mental health and social care teams will coordinate rapid access to available capacity.

Tackling Discharge Delays (21-Day+ LOS Reduction)

Tackle the delays in patients waiting to be discharged – starting with the nearly 30,000 patients a year staying 21 days over their discharge-ready-date, saving up to half a million bed days annually

Reducing the number of patients remaining in hospital for more than 21 days beyond their discharge-ready date will be driven through intensive review and escalation processes. Delay Related Harm meetings take place regularly to assess each case, agree immediate actions, and capture learning to improve future discharge processes. Twice-weekly line-by-line reviews will be led by the Director of System Flow, ensuring that all long-stay patients at 14 plus days are visible at a system level and that barriers to discharge are addressed quickly.

The revised Systemwide Escalation Policy will be applied where discharge delays require additional cross-system action, enabling the mobilisation of resources such as increased domiciliary care, interim placements, or specialist rehabilitation beds. The Integrated Flow Hub will remain the central coordination point for managing flow, ensuring that discharge priorities are agreed across partners and that actions are implemented promptly.

Weekend and out-of-hours discharges will be actively pursued through extended availability of discharge coordination teams, transport services, and pharmacy provision. Home-first models

will be prioritised wherever possible, supported by rapid community response teams and appropriate reablement services. This approach will ensure patients are discharged to the right setting at the right time, improving flow, reducing avoidable harm, and maximising acute bed availability.

Improve Timely Care for Children & Young People (CYP)

Increase the number of children seen within 4 hours, resulting in thousands of children every month receiving more timely care than in 2024/25

Gloucestershire is committed to improving urgent and emergency care access for children and young people (CYP) by ensuring that their needs are embedded within all aspects of winter planning. Dedicated paediatric streaming pathways will be maintained, including direct referral to Paediatric Assessment Units (PAUs) and rapid transfer to regional children's hospitals where required. Paediatric-trained staff will be available in ED during peak hours, ensuring timely assessment and decision-making for this patient group.

NHS 111 services will be supported by paediatric clinicians to provide telephone triage, clinical validation, and advice, enabling children with minor illnesses or injuries to be managed at home or in community settings where safe to do so. Same-day GP access will be prioritised for children with acute presentations, reducing unnecessary ED attendances. Out-of-hospital urgent care capacity, including MIIUs and urgent treatment centres, will be equipped to see children where clinically appropriate, improving accessibility and reducing reliance on ED.

Mental health crisis support for CYP will also be strengthened, with rapid access to CAMHS urgent care pathways and crisis services, preventing prolonged waits in ED. Performance against the 4-hour emergency care standard for children will be tracked and reported alongside adult performance to ensure parity of focus and improvement. By integrating primary care, acute, community, and mental health services, we will deliver a responsive, age-appropriate urgent and emergency care offer for children and young people throughout the winter period.

Delivery and Surge Plan: Key Actions for Winter 2025/26

The actions set out in this section form a critical part of Gloucestershire's Delivery and Surge Plan for Winter 2025/26, in line with National UEC Plan requirements. As outlined in the guidance, systems are expected to develop, test, and finalise collective winter plans, with board-level sign-off across all partner organisations by summer 2025. These plans will then be stress-tested in September 2025, with ongoing oversight and targeted improvement support provided throughout the winter period. The following actions reflect a coordinated, whole-system approach, aligning NHS, social care, and voluntary sector capacity to meet the challenges of the peak winter period while protecting patient safety and flow across the entire UEC pathway.

Boosting prevention and vaccination

Improve vaccination rates

The Gloucestershire system is taking a coordinated, whole-system approach to boosting vaccination uptake across flu, COVID-19, and RSV for the Autumn/Winter 2025 season. Our strategy is built on early planning, integrated operational delivery, targeted public health messaging, and continuous performance monitoring, ensuring that every eligible patient group is reached through multiple, convenient access points.

Coordinated Planning and Delivery

Flu and COVID vaccination plans have been coordinated across the Integrated Care Board (ICB), acute trusts, community services, primary care networks, and the School Aged Immunisation Service (SAIS). This includes clear delivery models for each cohort, accounting

for differences in eligibility between the vaccines, and ensuring operational alignment wherever co-administration is possible. The ICB holds oversight of the full vaccination programme, with delivery progress monitored through the Maximising Immunisation Uptake Group (MIUG) and embedded into wider winter planning governance. This coordination allows for proactive adjustments during the delivery phase if uptake is below target, including rapid mobilisation of additional clinics and outreach.

Targeted Cohort Interventions

Specific uptake targets have been set for each priority cohort, including 2 and 3-year-olds, pregnant women, frontline health and care workers, and clinical at-risk groups. For children, SAIS will deliver an in-school vaccination programme complemented by a community-based "catch-up" offer for those absent on the day or home-schooled. For adults, a mixed model of delivery will be used, incorporating mass vaccination sites, GP-led clinics, community pharmacy provision, hospital opportunistic vaccination (e.g., inpatients, outpatient appointments, and discharge lounges), and targeted outreach in underserved communities. Immunosuppressed patients will receive vaccination offers within clinical settings, with enhanced communication and engagement from specialist teams to ensure uptake.

Maximising Accessibility and Reducing Inequalities

Our Accessibility and Inclusivity (A&I) Outreach team will deliver vaccinations and Making Every Contact Count (MECC) intervention in a variety of community settings, focusing on underserved or hesitant groups. This is supported by tailored communications in multiple formats and languages, using trusted local channels to address vaccine confidence and practical barriers. Community pharmacy and voluntary sector partners will extend reach into rural and hard-to-reach populations, while mobile units will be deployed for geographically isolated communities and targeted engagement events.

Operational Readiness and Flexibility

System partners have reviewed lessons learned from previous campaigns, adapting booking systems, consent processes, and clinic flows to improve efficiency and reduce drop-offs. Extended hours, weekend clinics, and opportunistic vaccination during other healthcare contacts will be used to maximise uptake. Contingency planning includes readiness to respond to severe weather disruption, industrial action, or vaccine supply delays, with reserve capacity that can be deployed at short notice. Data from the FDP dashboards will be reviewed in real time, allowing targeted interventions in areas or cohorts with below-expected uptake.

Public Health Messaging and Engagement

A multi-channel communications campaign will be delivered, incorporating national NHS assets and locally tailored content. Messaging will be cohort-specific, informed by public insight, and delivered through trusted community voices. Channels will include local radio, social media (including video content), targeted direct communications (texts, letters), and on-site engagement in workplaces, schools, and community hubs. Messaging will focus not only on the health benefits of vaccination but also on the convenience and safety of the process, addressing known hesitancy drivers.

Through this integrated, data-driven, and patient-centred approach, the Gloucestershire system aims to exceed national vaccination targets, protect the most vulnerable populations, and reduce avoidable demand on urgent and emergency care services during the peak winter months.

Expanding out-of-hospital urgent care capacity

Increase the number of patients receiving care in primary, community and mental health settings

The system is committed to significantly expanding the breadth, accessibility, and responsiveness of urgent care services outside of hospital settings. This work is critical in reducing pressure on acute sites, improving patient experience, and providing the right care in the right place, first time. Our approach focuses on increasing capacity across urgent community response, same-day emergency care, virtual wards, and urgent primary care access, ensuring these services are fully integrated with NHS 111, SWAST, acute trusts, and social care.

Implementation of All Core Components of Urgent Community Response (UCR)

All providers are focussed on delivering the nationally mandated 2-hour UCR model, operating 7 days a week, with multi-disciplinary teams including nurses, paramedics, therapists, and support staff. UCR teams have access to diagnostics, prescribing, and equipment to enable safe management of patients at home or in their place of residence. Referral routes are embedded across NHS 111, SWAST, acute front-door services, and primary care. Visibility of UCR capacity is available via SHREWD and Cinapsis, enabling direct booking and reducing avoidable ED conveyances. Integration with frailty services ensures older people in crisis receive a rapid response, avoiding admission where safe to do so. The system is committed to improving its step-up access to support those who require short term bedded care to receive this outside of the acute setting where safe to do so.

Therapist and Reablement Assistance

Therapy services are aligned with urgent community pathways, providing rapid access to physiotherapy, occupational therapy, and reablement to support timely discharge and admission avoidance. Social care reablement teams are co-ordinated with NHS therapy teams to ensure seamless recovery planning, with equipment provision and home adaptations completed as early as possible where required.

Home Care Rapid Reablement

Through the Home First pathway, home care and reablement teams can receive patients directly from ED, SDEC, acute and community hospitals. Brokerage teams track care commissioning requests in real-time, ensuring timely package of care arrangements. Out-of-hours and weekend care capacity is commissioned to maintain flow outside of core hours and support community step up and admission avoidance.

Identification and Proactive Support for Avoidable Returns

System dashboards are used to identify patients at risk of repeat ED attendance or re-admission, drawing data from NHS 111, GP OOH, and acute discharge records. UCR, primary care, and voluntary sector partners undertake targeted follow-up, including medication reviews, wound care, and support with housing or social issues to prevent escalation.

In addition, The High Intensity User (HIU) Project with Social Prescribers support people in their journey when they are struggling with life. They also have training in health coaching approaches and motivational interviewing, as well as other relevant training such as attachment theory in adulthood and Trauma Informed Relational Practice.

Same Day Emergency Care (SDEC) and Ambulatory Pathways

SDEC units are operational across all acute sites, offering dedicated pathways for a wide range of conditions and specialties. These include respiratory illness, frailty, oncology, stroke, gynaecology, paediatrics, surgery, trauma and orthopaedics, urology, head and neck, non-ambulatory medicine, ambulatory medicine, renal, general medicine, cardiac presentations, and general surgery. This comprehensive model ensures that patients can receive rapid

assessment, diagnosis, and treatment on the same day, avoiding unnecessary admissions wherever safe and appropriate. Referrals are accepted from ambulance crews, NHS 111, and GPs and community clinicians. Diagnostics and senior clinical decision-making are available on the same day to facilitate treatment and discharge without admission or book patients to return for scheduled treatment where safe to do so.

Virtual Wards in the Community and at Home

Virtual ward capacity continues to expand, with current provision for general medicine, frailty, acute respiratory infections, and heart failure, alongside development for other long-term conditions. Patients are monitored daily via in-person visits and remote monitoring, with escalation pathways to acute care when required. Admission routes include NHS 111, SWAST, primary care, and acute front-door teams.

Cold Weather Contingency Planning

Adverse Weather Contingency plans include deployment of 4x4 vehicles, provision of local accommodation for staff, and prioritisation of home visits for the most vulnerable during severe weather.

System Coordination and Escalation

Daily operational calls review capacity across SWAST, acute site, community, mental health and social care services. The system OPEL escalation framework will be used to trigger surge capacity, extend service hours, and mobilise additional workforce where necessary.

The expansion of out-of-hospital urgent care capacity is central to our winter readiness and system resilience. By optimising the use of our IUCS, UCR, SDEC, virtual wards, and reablement services, and by embedding robust escalation and coordination processes, we will ensure that patients can receive timely, high-quality care in the most appropriate setting. As part of or UEC transformation portfolio delivery we are committed to implementing a minimum viable product to provide a true 'Single Point of Clinical Access' (SPOA)[5] for winter 25/26. These measures will not only help reduce pressure on emergency departments and acute beds but will also support safer, faster discharge, minimise avoidable conveyances, and improve patient outcomes.

Reduce Mental Health inpatient stays

Mental health teams leading from the front

Gloucestershire is taking a proactive approach to reducing mental health inpatient stays, ensuring that admissions are only used when clinically necessary and that discharges are timely, safe, and well-supported. This work is led by mental health teams embedded across the system, working closely with acute, community, ambulance, and social care partners to maintain patient flow, prevent unnecessary admissions, and enable step-down to community-based care at the earliest opportunity.

Crisis Alternatives and Admission Avoidance

Specialist mental health crisis and outreach teams operate seven days a week, providing rapid assessment, triage, and intensive community support to prevent avoidable ED attendances and inpatient admissions. Dedicated crisis vehicles and mental health professionals embedded in emergency control rooms enable timely coordination with acute providers, police, and ambulance services. These teams actively de-escalate crises, manage risk, and facilitate direct referrals to community alternatives such as Crisis Resolution Home Treatment Teams and mental health liaison services. For children and young people, CAMHS outreach and crisis intervention teams provide targeted early intervention, linking with schools, primary care, and

[5] NHS England. Single point of access (SPoA): Guidance to support winter resilience 2024/25. Published August 2024. Updated May 2025.

family support networks to reduce escalation to inpatient care.

Reducing Length of Stay and Supporting Flow

Once admitted, mental health inpatients benefit from coordinated Multi-Disciplinary Team (MDT) reviews with discharge planning initiated from day one. Strong processes are in place for rapid identification of discharge barriers and escalation of complex cases. Pathway reviews — including liaison with physical health teams — ensure that co-morbidities are addressed and holistic care is provided. Early discharge planning is embedded through joint working between inpatient units, social care, housing providers, and specialist support services, enabling safe and timely transition to community care.

Eliminating Out-of-Area Placements and Expediting Complex Discharges

The system maintains very low out-of-area placement (OAP) usage, with a commitment to eliminate any commissioned OAP beds in line with national ambitions. For patients requiring specialist secure provision or bespoke placements, brokerage and commissioning teams work closely with mental health leads to secure appropriate accommodation quickly. Executive oversight of OAPs, coupled with ongoing crisis pathway development, ensures timely return to in-county care.

Reducing Readmissions and Sustaining Recovery

High-Intensity User (HIU) teams connect safeguarding and complex patient teams with community resources to prevent repeat crises. Both CAMHS and adult community teams maintain proactive contact with recently discharged patients, offering follow-up care, therapy, and practical support to reduce relapse risk. ASC mental health supported accommodation and embedded housing support workers further enhance the system's ability to sustain recovery outside hospital settings.

By combining rapid crisis response, assertive inpatient flow management, strong community alternatives, and integrated discharge planning, Gloucestershire's mental health teams are leading from the front in reducing inpatient stays, improving patient experience, and ensuring that care is delivered in the least restrictive setting possible.

Enhancing discharge and community capacity

Set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings

Our system approach to enhancing discharge and community capacity focuses on maximising timely flow from acute, community, and mental health settings into the most appropriate next stage of care, ensuring patients do not remain in hospital longer than clinically necessary. This will be supported by robust daily processes, proactive surge planning, and the effective use of both physical and workforce capacity across the ICS.

Daily Pathway 0 and Pathway 1–3 Discharge Targets

We will embed clear daily performance expectations for both Pathway 0 (patients returning home without the need for further support) and Pathway 1–3 discharges (patients requiring rehabilitation, reablement, or ongoing care). Acute providers are using digital predictor tools to forecast expected discharges, monitor real-time performance, and trigger operational escalation where targets are at risk. Discharge planning is tracked daily using integrated dashboards, with individual wards reviewing expected discharges and addressing delays immediately.

For Pathway 0, safety huddles are used to review all patients with discharge-ready status, ensuring that transport, medication, and any outstanding clinical actions are completed without delay. For Pathway's 1-3, daily MDT meetings, linked into the Integrated Flow Hub, will enable the system to dynamically manage capacity in community hospitals, intermediate care units,

and home-based care services, clear targets and escalation triggers will be identified via the revised System Escalation policy to ensure early action to mitigate rises in patients waiting post discharge ready date.

Winter Surge Capacity

The system is focussed on ensuring we have the right capacity to meet patients and people's needs this winter, with plans currently under review to optimise our pathway 2 offer before winter and continue to improve our pathway 1 offer and increase the percentage of patients who are able to return home following hospital treatment. We will be utilising rapid deployment of step-down capacity, proactive workforce planning to ensure adequate staffing cover, and 24/7 access to essential discharge enablers such as transport, therapy, and equipment provision. Local authority partners are integral to this planning, ensuring community and social care provision aligns with acute and community discharge requirements.

The system prioritises a Home First approach, maximising the opportunity for discharge to the patient's own home whenever it is safe to do so. The system has an improvement plan in place to increase the number of home first starts available to optimise return to independence which ensures that all patients receive planning for discharge home and are only admitted to a bedded setting where absolutely necessary.

Reducing the Longest Delays

We have targeted improvement workstreams aimed at eliminating delays for patients who have been medically optimised for discharge but remain in hospital due to complex needs. These are addressed through Delay Related Harm meetings, which take place across the system to review each case line-by-line, escalate barriers, and assign actions. High-intensity reviews focus on the longest length-of-stay patients, with escalation to senior leadership where required. This process is supported by shared ICS dashboards that highlight patients at risk of prolonged stays, enabling early intervention.

Effective Use of Capacity Across the System

Daily operational calls bring together acute, community, mental health, local authority, brokerage, and voluntary sector partners to review demand, capacity, and flow across all care settings. The Integrated Urgent Care Service (IUCS) and wider system partners are committed to delivering a SPOA prior to winter 25/26 which will improve access and coordination of care in the community, maximising our ability to access alternative care pathways and manage care closer to home where it is safe to do so.

Discharge and capacity management is reviewed in real-time utilising, utilising SHREWD analysis to ensure timely decision-making and appropriate escalation of emerging risks across the patient pathway. The System wide escalation policy review will include a specific trigger and response surge criteria for delays in patient length of stay post discharge ready date by discharge pathway to enable a more proactive response to earlier signs of capacity and flow risks.

Using data and digital optimisation to improve flow

The Gloucestershire system is committed to continuing to build comprehensive suite of digital tools, shared dashboards, and predictive modelling to drive real-time operational decision-making, proactively manage flow, and improve patient outcomes. These investments ensure that system leaders have an accurate, live view of demand, capacity, and risk across acute, community, mental health, primary care, and social care services, enabling earlier intervention, more targeted escalation, and faster resolution of delays.

Integrated Flow Hub – Real-Time Patient Tracking

The IFH monitors key quality metrics such as discharge readiness, dependent actions, and

delays, with escalation protocols in place for complex discharges and long-stay patients. Data is reviewed daily in multi-disciplinary forums, enabling proactive allocation of resources and rapid deployment of additional capacity where required. This ensures that patients waiting over standard times for discharge are identified early, reviewed against clear criteria, and supported through targeted actions to reduce harm.

SHREWD and OPEL-Enabled Oversight

The SHREWD platform, used across the system in alignment with the national Operational Pressures Escalation Levels (OPEL) framework, provides a live operational overview of demand, capacity, and flow pressures. Aggregated non-identifiable data is displayed via a single dashboard, enabling senior decision-makers to monitor system status in real time and act quickly to emerging risks. SHREWD supports both urgent and elective flow by identifying pinch points, informing surge planning, and ensuring alignment of operational responses across all sectors. The platform is embedded within acute, community, and mental health services, creating a unified data-led escalation approach.

Predictive Modelling and Forecasting

The system is making extensive use of modelling to forecast patient numbers, incidents, and Category 2 ambulance means, alongside other key demand indicators. This predictive capability allows for proactive staffing, capacity adjustments, and surge planning weeks in advance, particularly during winter peaks. Live dashboards remain adaptable throughout the day, supporting rapid reallocation of resources as situations evolve.

Optimised Patient Tracking and Discharge Planning

Digital discharge tools, including the GHFT patient flow whiteboard and IFH dashboards, are being used to improve visibility of patient journeys from admission to discharge. These tools help forecast discharge volumes, match patients to appropriate community or home-based care packages, and track completion of essential discharge actions. The system is also progressing the use of AI to generate Estimated Dates of Discharge (EDD) for patients at risk of long length of stay, enabling early MDT intervention within the first 72 hrs of admission and earlier referral to onward care pathways where required to maximise independence and reduce delay related harm.

Primary Care and Population Health Analytics

Risk stratification technology, including the Brave AI platform and the countywide Personalised Proactive Whiteboard, is being deployed to identify at-risk patients earlier, enabling targeted anticipatory care and reducing avoidable admissions. These tools allow Primary Care Networks (PCN) to identify and support patients with frailty, diabetes, obesity, COPD, and other long-term conditions, thereby reducing the likelihood of deterioration that could lead to ED attendance or emergency admission.

Continuous Improvement and Data-Driven Governance

Performance dashboards for brokerage, discharge coordination, and pathway utilisation are reviewed regularly to inform training needs, unblock barriers, and adjust commissioning activity. The system is also exploring how digital data can better support contract management and market-shaping decisions, ensuring that service provision aligns with emerging trends and patient needs.

Through this integrated digital and data approach, Gloucestershire is building a resilient, intelligence-led operational model that supports early intervention, improves patient flow, and ensures that escalation and surge responses are both timely and targeted.

Communications Plan

System communication leads have begun to develop the annual Winter Communications Plan for 2025/2026. A summary of key campaign areas can be found below:

Click or Call First

- Gloucestershire's Click or Call First campaign has been praised by NHS England for its look, feel and simplicity of messaging. Its aim is to guide people to the most appropriate healthcare options to meet their needs.
- It was originally developed in consultation with Healthwatch Gloucestershire, Inclusion Gloucestershire and GP Practice Patient Participation Groups.
- The campaign has print, online and social media assets with headline messages covering:
    - the main routes into urgent care, including step by step advice and support through 111 (the 24/7 integrated urgent care service)
    - how individual services can help and how to access them direct e.g. Pharmacy, GP surgeries, including Gloucester Health Access Centre, and Community Minor Injury and Illness Units.
- Communication leads have reviewed and updated all Click or Call First asset messaging based on the key findings from the Campfire public insight project/report. This includes feedback from members of the public and parents through focus groups on services - awareness and the service offers.
- A key priority for this year is communication planning in the run up to known periods of peak service use or escalation e.g. early January. This includes availability, targeting and timing of content.
- The social media toolkit will be updated for 2025/26, building on the success of YouTube advertising and the enhanced reach of stories on Meta. This will include new formats and the development of a new suite of escalation posts, including Reels and words only options, to allow for rapid deployment during pinch points.
- Communication leads are also using the Campfire research to develop the content and assets below. This will ensure Gloucestershire's communication approach is planned, but also flexible and agile depending on the prevalence of specific health conditions and outbreaks.

Targeting specific health conditions and being ready early for outbreaks

- Aligned to the above Click or Call First campaign, communications leads are this year developing additional campaign assets based on specific health conditions
- The assets will use clinical and public insight to determine headline messages and 'staggered' care advice based on symptoms
- These materials, and also Gloucestershire's successful Pharmacy First assets, will provide a flexible approach to guiding the public to the right care options based on the prevalence of specific conditions, and seasonal IPC related outbreaks, over the winter season
- The ambition is for Gloucestershire to have access to a full range (a branded suite) of communication assets, at any time, covering specific conditions and care and service offers.

Stay Well This Winter

- Gloucestershire will build on last year's Stay Well This Winter campaign, which involved a range of statutory and non-statutory partners fronting campaign topics to support prevention and admission avoidance
- It covers key areas such as boosting your immunity (including vaccination), staying warm, eating well, staying active, looking after your mental health, supporting vulnerable people and those who care for them and the cost-of-living impact supported by Citizens Advice

- The campaign has a comprehensive range of print and social media assets and is supported by an online campaign hub with advice and resources
- It uses specific partner communication channels and networks to reach target audiences and to amplify campaign messages
- Based on the success of last year's campaign - its features and considerable reach - the approach is being rolled out regionally this year by NHS England and ICBs.

Each campaign above will make use of various channels, including online and social media, where geographic and demographic targeting can be used where appropriate to ensure messages reach specific audiences.

Winter Readiness and Next Steps

Our winter response will be delivered through the KLOE documentation embedded within this plan (appendix B), supported by an enhanced assurance and surge action framework utilising predictive demand analysis (appendix A). This combination provides a clear line of sight from strategic objectives to operational delivery, ensuring that decision-making is timely, data-led, and aligned across all partners. Weekly reviews through established tactical forums will enable us to track progress, respond rapidly to emerging pressures, and maintain the close, coordinated system working that is essential to sustaining flow and safety during the busiest months of the year.

We will operate in line with our updated System OPEL Escalation Policy, due for board approval ahead of winter. This revision aligns with the OPEL 2024/25 National Framework[6] and incorporates learning from recent Critical Incident and Business Continuity Incident activity, ensuring our escalation procedures are evidence-based, operationally tested, and clearly understood at every level of the system.

Testing and refinement will be a continuous process. Two local table-top exercises will take place in October to test our plan resilience, identify any remaining gaps, and confirm readiness ahead of the winter season. These will be complemented by our participation in regional and national preparedness exercises, ensuring that local nuances and geographies are integrated into broader system responses. Real-time feedback loops will run throughout winter, enabling us to embed lessons as they emerge rather than waiting until the season's end.

This plan is not static; it is a living framework that will adapt as conditions change. Our collective commitment is to remain proactive, agile, and resilient - protecting patient safety, maintaining operational flow, and supporting our workforce through sustained pressures.

[6] NHS England. *Integrated operational pressures escalation levels (OPEL) framework 2024 to 2026.* Published December 2024.

Appendices

Appendix A: Winter Assurance Document Template

Systemwide Assurance_Blank Ter

Appendix B: Delivery Matrix including Vaccination plan (Tab 2)

UEC Delivery and Surge Matrix_V8.xlsx

Glossary of Acronyms and Definitions

A&E	Accident & Emergency Department. The hospital department providing urgent and emergency treatment for serious injuries or illnesses.
AI	Artificial Intelligence. Used for predictive modelling, demand forecasting, or operational decision-support tools.
AMU	Acute Medical Unit. a hospital ward where patients with acute medical conditions receive rapid assessment and treatment.
AOT	Assertive Outreach Team. mental health service supporting people with severe and enduring mental illness in the community.
ARI	Acute Respiratory Illness. sudden onset respiratory conditions requiring urgent medical attention.
ASC	Adult Social Care. Local authority services that provide support for adults with care and support needs, including home care, residential care, and reablement.
BAU	Business as Usual. Standard operational activity outside of escalation or surge measures.
BCF	Better Care Fund. programme to join up health and social care services.
BCI	Business Continuity Incident. an event disrupting normal service delivery requiring contingency measures.
BCP	Business Continuity Plan. documented plan for maintaining services during disruption.
BCP	Business Continuity Plan. documented plan for maintaining services during disruption.
CAMHS	Child and Adolescent Mental Health Services. Specialist services for children and young people experiencing mental health difficulties.
CAS	Clinical Assessment Service. A team of clinicians providing telephone triage and advice to support NHS 111 and urgent care pathways.
CATU	Community Assessment & Treatment Unit. Provides rapid assessment and treatment in a community setting to avoid unnecessary hospital admissions.
CGH	Cheltenham General Hospital. one of the acute hospital sites in Gloucestershire.
CI	Continuous Improvement. A structured approach to improving services through iterative changes, measurement, and review.
Cinapsis	Digital advice and guidance platform connecting clinicians for rapid consultation and decision-making.
COPD	Chronic Obstructive Pulmonary Disease. A long-term lung condition causing breathing difficulties, often managed in both primary and secondary care settings.
COTE	Care of the Elderly. hospital wards or services specialising in older adult care.
COVID	Coronavirus Disease. An infectious disease caused by the SARS-CoV-2 virus.
CRHTT	Crisis Resolution and Home Treatment Team. mental health team providing intensive home-based support as an alternative to admission.
CYP	Children and Young People. Refers to the 0–25 age group in planning and service delivery.
DRD	Discharge Ready Date. The date on which a patient is deemed medically optimised for discharge from hospital, meaning their acute care is complete and they no longer require an inpatient bed.
ED	Emergency Department. A hospital-based service providing assessment and treatment for urgent and emergency conditions (also referred to as A&E).
EDD	Expected Discharge Date. The planned date a patient is expected to leave hospital, agreed early in their admission to support discharge planning.

EFI	Electronic Frailty Index. digital tool for identifying patients living with frailty.
EOC	Emergency Operations Centre. Coordinates ambulance dispatch and other emergency responses.
EPRR	Emergency Preparedness, Resilience and Response. NHS and partner organisations' arrangements for responding to major incidents and emergencies.
ESR	Electronic Staff Record. NHS HR and payroll system.
FAS	Frailty Assessment Service. specialist service assessing older or frail patients to avoid unnecessary admission.
FDP	Full Delivery Plan. A comprehensive plan detailing actions, timelines, and resources required for delivery.
GCC	Gloucestershire County Council. local authority providing social care and public health services.
GHC	Gloucestershire Health and Care NHS Foundation Trust. Provides community health, mental health, and learning disability services in Gloucestershire.
GHFT	Gloucestershire Hospitals NHS Foundation Trust. Provides acute hospital services in Gloucestershire.
GP	General Practitioner. A doctor who provides primary care services.
GRH	Gloucestershire Royal Hospital. main acute hospital in the county.
HALO	Hospital Ambulance Liaison Officer. Coordinates ambulance arrivals and handovers at hospital sites.
HDU	High Dependency Unit. Provides a higher level of care than a general ward, for patients who need close monitoring.
HIU	High Intensity User. Patients who frequently access urgent and emergency care services.
ICB	Integrated Care Board. The statutory NHS organisation responsible for planning and funding health services in an Integrated Care System area.
ICS	Integrated Care System. Partnerships of health and care organisations working together to plan and deliver joined-up services.
ICU	Intensive Care Unit. A specialist hospital ward providing continuous, intensive monitoring and life support for critically ill patients.
IFH	Integrated Flow Hub. A central coordination function managing patient flow across acute, community, and social care.
IMT	Incident Management Team. group coordinating response during incidents.
IPC	Infection Prevention and Control. Measures to prevent the spread of infections in healthcare settings.
IUCS	Integrated Urgent Care Service. Combines NHS 111 and GP out-of-hours services into a single urgent care offer.
JCVI	Joint Committee on Vaccination and Immunisation. UK advisory body on vaccination.
KLOE	Key Lines of Enquiry. A framework used for assessing and assuring service delivery, often used in NHS operational reviews and winter planning.
LOS	Length of Stay. The duration of a patient's admission in hospital.
MDT	Multi-Disciplinary Team. A group of professionals from different specialities working together to plan and deliver care.
MECC	Making Every Contact Count. An approach where health and care professionals use routine interactions to promote healthy lifestyle choices.
MIIU	Minor Injuries and Illness Unit. Provides urgent care for minor injuries and illnesses, avoiding the need for ED attendance.
MOPEL	Mental Health OPEL. escalation framework for mental health capacity pressures.

NHSE	NHS England. The national body responsible for overseeing the NHS in England.
OAP	Out-of-Area Placement. When a patient is placed in a hospital or care setting outside their home area due to capacity or specialist need.
OOH	Out of Hours. Health services provided outside normal working hours, including GP services, urgent care, and community nursing.
OPEL	Operational Pressures Escalation Levels. A national framework to describe and manage pressure in urgent and emergency care systems.
OPTICA	Optimising Patient Transfers, Improving Care and Access. A local operational programme aimed at improving hospital discharge and patient flow.
PAU	Paediatric Assessment Unit. Provides rapid assessment and short-term care for children.
PCN	Primary Care Network. group of GP practices working together with community partners.
PICU	Paediatric Intensive Care Unit. specialist unit providing critical care for children.
RSV	Respiratory Syncytial Virus. A common respiratory virus that can cause serious illness in infants and older adults.
SAIS	School Aged Immunisation Service. Provides vaccinations to children and young people within school or community settings.
SDEC	Same Day Emergency Care. Clinical pathways that allow patients to be assessed, diagnosed, and treated without being admitted overnight.
SEG	System Escalation Group. Oversees escalation decisions across the ICS during periods of pressure.
SHREWD	Single Health Resilience Early Warning Database. A system for real-time monitoring of healthcare system status.
SOP	Standard Operating Procedure. A set of step-by-step instructions for routine or emergency processes.
SPCA	Single Point of Clinical Access. A central hub for clinical referrals and triage into urgent and community services.
SPOA	Single Point of Access. Central contact point for coordinating referrals and patient access to services.
SWAST	South Western Ambulance Service NHS Foundation Trust. Provides emergency and urgent ambulance services across the South West.
TEG	Tactical Executive Group. Oversees the tactical-level coordination of health and care services during incidents or high-pressure periods.
THP	Timely Handover Process. A national programme focused on improving ambulance handover times and returning vehicles to operational readiness.
UCR	Urgent Community Response. A service providing rapid crisis care in the community within two hours.
UEC	Urgent and Emergency Care. NHS services that respond to people with serious or life-threatening health needs.
UKHSA	UK Health Security Agency. A government agency responsible for public health protection and infectious disease response.
UTC	Urgent Treatment Centre. walk-in facility for urgent but non-life-threatening conditions.
VW	Virtual Ward. technology-enabled remote monitoring allowing patients to be cared for at home.
XCAD	eXpected Capacity and Demand system. A tool used for real-time monitoring of hospital capacity and demand.

Gloucestershire ICB Quality Impact Assessment

Project/Scheme/Change Name:	Gloucestershire ICS Winter Plan
Date:	29/08/2025
Project/Scheme/Change Lead:	System Wide Deputy Chief Operating Officers
Project/Scheme Senior Sponsor:	Eve Olivant -Director of System Flow

Brief Scheme/Change Overview:

As part of planning for additional winter activity, increase in patient demand for access to services and in line with the 25/26 UEC NHSE recovery plan, Gloucestershire is required to have a comprehensive system wide delivery plan to manage demand and capacity and to ensure the safety and quality of patient care and treatment through unscheduled care pathways is maintained. The Winter plan encompasses all aspects of system wide urgent/unscheduled care delivery including, SWAST, Acute, community, VCSE, social and primary care patient pathways. The plan has been designed in alignment with the ICB UEC transformation portfolio with key schemes identified for delivery before or during winter. **NB This QIA should be read in conjunction with the winter plan KLOE, surge actions and vaccination KLOE for detailed evidence of mitigations at provider and service line level against defined risks.**

Are there any specific locations impacted?

Cheltenham	x	Cotswolds	x	Forest of Dean	x	Gloucester	x	Stroud & Berkeley	x	Tewkesbury	x

Stakeholders identified as affected by the proposal:	ICB, GHFT, GHC, Primary Care, GCC, SWAST, VCSE, patients, carers and the public.	**Engagement work completed or planned for the proposal (including engagement with stakeholders):**	The winter plan has been developed in collaboration with all partners. Submissions have been received from all provider organisations including SWAST and GCC to form a collaborative plan. The plan has been reviewed at ICB Strategic Execs prior to onward progression to ICB board in September

Risk Matrix

Impact			LIKELIHOOD				
			1 Low	2 Medium Low	3 Medium	4 Medium High	5 High
Catastrophic	5	High	Very High	Very High	Very High	Very High	Very High
Significant	4	Medium	High	Very High	Very High	Very High	Very High
Moderate	3	Medium	Medium	High	High	High	High
Minor	2	Low	Medium	Medium	Medium	Medium	Medium
Limited	1	Low	Low	Low	Low	Low	Low

		Brief description and evidence of impact	Risk Rating: Consequence	Risk Rating: Likelihood	Risk Rating: Risk Score	Mitigation	Risk Rating: Mitigated Consequence	Risk Rating: Mitigated Likelihood	Risk Rating: Mitigated Risk Score	Quality Indicators/How will you measure this
		Describe any potential Patient / Staff / System safety benefits or issues that may arise from the implementation of this overall programme.								
Patient Safety (Patient/staff safety)	Potential Positive impacts/aims	The completion of a full winter plan that recognises the asks of the NHSE 25/6 UEC plan including detailed completion against all KLOE by all system partners with additional surge actions to improve patient safety during times of demand surge and our 25/26 vaccination uptake plan.								
		The progression of the UEC transformation portfolio priority workstreams up to and during winter in order to achieve at minimum- a minimal viable product for a SPOA, improving patient access to the right care, at the right time by the right service and the first phase of our system transition to a care transfer hub model which will ensure discharge planning and admission avoidance from ED attendance will improve the optimisation of home based discharge reduction in pathway 2 utilisation and greater return to independence.								
		Fully embedded systemwide learning from the winter Critical incident 24/25 which will underpin the additional asks of the system in order to maintain patient safety in times of business continuity OPEL 4 and Critical Incident.								
		A fully inclusive winter plan which takes a whole population approach to additional demand planning including mental health, children and young people and learning disability. Both operational surge planning and vaccination KLOE detail the approach to all ages and ability.								
		The combined approach of a cross system winter and vaccination uptake plan aligned with the UEC transformation portfolio development will ensure that risk to the delivery of the 25/26 operational plan for UEC is mitigated.								
		Full winter communications campaign based on learning from previous winters and the 24/25 critical incident in order to optimise redirection to appropriate services -signpost available offers and to encourage self care .								
	Potential Negative risks/impacts	The Risk to patient safety as a result of inability to maintain Category 1 and 2 ambulance response times, ambulance handover delays and ED 4 and 12 hr performance standards causing delay to treatment	4	4	16	Delivery of the surge response actions detailed for GHFT and GHC physical and mental health including the IUCS, mobilisation of additional primary care capacity for predicted peak surge and use of SWAST REAP escalation. Additional support into ED from the VCSE and treasure seekers.	3	3	9	Daily review of the national ambulance and Emergency care standards.
		The risk to patient safety as a result of bed occupancy > 98 % across acute, community and independent sector capacity resulting in the use of escalation capacity and temporary escalation spaces (TES), limiting the safety and quality of treatment due to delay in accessing beds and workforce dilution to provide timely care.	3	5	15	Delivery of surge response actions for GHFT, GHC, brokerage and adult social care in alignment with the 24/25 OPEL framework and system escalation policy.	3	2	6	Daily review of acute and community bed occupancy, virtual ward occupancy, weekly review of average LOS, no. of patients waiting beyond their DRD for discharge. Brokerage and adult social care pending /active sourcing lists
		The risk to patient safety as a result of delay related harm caused by a lack of discharge pathway capacity across Pathways 1-3	3	5	15	Completion of GHFT, GHC, Brokerage and social care surge actions for both physical and mental health in alignment with the 24/26 OPEL framework and system escalation policy including specific thresholds, triggers and actions for DRD related delay	3	4	12	Daily review of DRD across all pathways 1-3 including front door flow and back door delays. National discharge LOS post DRD reporting, BCF and operational planning metrics.
		The risk to patient safety as a result of increased respiratory or infectious disease leading to increased nosocomial infection; impacting patient flow and urgent care capcity, morbidity and mortality	5	4	20	Vaccination KLOE in line with the national recovery plan, IPC related social media and communications strategy for winter. Delivery of all partner and provider IPC actions as per local and national policy. Use of predictive public health data in planning of winter response and vaccination uptake.	3	4	12	Review of NHSE and public health data and analytics before and throughout winter, review of vaccination KPI against plan
		The risk to patient safety due to inability to access urgent primary care appointments resulting in delayed diagnosis and potential delay to treatment	2	4	8	Utilisation of additional GHAC capacity at times of known predicted surge including additional bank holiday cover, GHC and IUCS surge actions as per KLOE step up of additional communications via social media and local news to support re direction and access information to appropriate services.	2	3	6	Review of primary care OPEL for those PCN using, monitoring of appointment capacity, primary care attendance to MIIU and ED.
	Overall Assessment	Positive: x / Negative / Neutral								
		Any Additional Rationale: Changes in surge and demand across any aspect of the unscheduled care pathway may have unintended consequences in other aspects of the pathway for example an increase in primary care demand and redirection away from GP services may increase impact and delay to treatment in other parts of the pathway e.g. ED and MIIU. The whole system approach to winter planning with a clear overview of all actions takes this into account so that measures can be taken to proactively mitigate impact. across the system.								

		Brief description and evidence of impact	Risk Rating: Consequence	Risk Rating: Likelihood	Risk Rating: Risk Score	Mitigation	Risk Rating: Mitigated Consequence	Risk Rating: Mitigated Likelihood	Risk Rating: Mitigated Risk Score	Quality Indicators/How will you measure this
		Detail the impact the project may have on the clinical effectiveness of patient care. Are the planned changes or service re-design in line with the most up-to-date guidance ensuring the business case is evidence- based?								
	Potential Positive impacts/aims	Improve planning and delivery of core urgent care services using predictive demand modelling across all aspects of the patient pathway through completing of comprehensive assurance documentation for known surge periods- note this year assurance will cover the entire of December and January								
		Inclusion of specific surge actions by both provider and key service line to address increase in demand and subsequently capacity-surge actions have been assessed by all partners for cross cutting impacts.								
		Specific winter schemes identified to improve discharge pathway decision making and optimal pathway attribution utilising a home first approach to discharge via the Integrated flow hub oversight via Integrated flow hub deliver group.								
		All system plans have been produced with the aim of achieving national standards for UEC time to treatment, including reduction of CAT 2, mean , reduced handover delays, improved 4hr and 12hr breach performance reduction in LOS across all pathway P0-3, improved admission avoidance and community step offers, reduction in long term care admission and improved primary care oversight focussing on prevention.								
		Oversight of clinical governance via system wide clinical advisory group to ensure that clinical and patient safety risk is reviewed and mitigated at a system level -oversight by ICB CMO								
		Specific winter schemes identified to improve front door admission avoidance and redirection utilising additional senior clinical decision makers when indicted via system escalation-oversight via UEC portfolio over sight board								

			Risk Rating							
		Brief description and evidence of impact	Consequence	Likelihood	Risk Score	Mitigation	Mitigated Consequence	Mitigated Likelihood	Mitigated Risk Score	Quality Indicators/How will you measure this
Clinical Effectiveness	Potential Negative risks/impacts	The risk to clinical effectiveness due to a lack of physical or workforce related capacity resulting in the ability to provide core services	3	4	12	Completion of winter planning surge actions by all partners in relation to increasing service capacity, including additional workforce resilience plans and use of temporary staffing where absolutely necessary. Completion of winter planning OPEL and system escalation policy actions as indicated.	2	4	8	Daily review of bed occupancy, OL334 and XCAD ambulance reporting, review of shrewd indicators across all pathways.
		The risk of reduced clinical effectiveness and increase in service demand impacting on delivery of the 25/26 operational plan for UEC with potential adverse impact on the elective recovery plan due to unplanned cancellation and decreased surgical capacity	4	4	16	Completion of winter planning surge actions by all partners in relation to increasing service capacity, including additional workforce resilience plans and use of temporary staffing where absolutely necessary. Completion of winter planning OPEL and system escalation policy actions as indicated.	3	4	12	Daily review of bed occupancy, OL334 and XCAD ambulance reporting, review of shrewd indicators across all pathways. Weekly review of performance against plan via TEG attendance at regional performance and oversight meetings for UEC, mental health and Planned care.
		The risk to clinical effectiveness caused by increased demand and workforce dilution impacting on the ability to maintain core service provision across all aspects of the patient unscheduled care pathway resulting in delay to treatment and poorer quality service provision	3	5	15	Completion of winter planning surge actions by all partners in relation to increasing service capacity, including additional workforce resilience plans and use of temporary staffing where absolutely necessary. Completion of winter planning OPEL and system escalation policy actions as indicated.	3	3	9	Daily review of staffing levels at organisational and system levels against predicted and known demand. Weekly review of predicted demand across all core services to enable actions to be put in place to mitigate. Use of Shrewd indicators demonstrating demand and capacity
	Overall Assessment	Positive: x / Negative / Neutral Any Additional Rationale:								
Patient Experience (Provides personalised patient experience)		How will the service development improve the patient experience? How will the patient experience of the new service be monitored?								
	Potential Positive impacts/aims	Our winter communications scheme aims to support the public with service availability for health and social care and the voluntary and charitable sectors in order to improve and enhance patient experience								
		This years winter plan takes account of Healthwatch audit feedback carried out early last winter within the acute hospitals trust, our critical incident recommendations and winter de-brief from 24/25 have been review by the UEC CPG and patient clinical reference group. HOSC have received a March 2025 overview of the lessons learnt from winter 24/25 and will receive winter 2025 plans in the October 2025 session.								
		We will continue to respond to patient complaints and concerns, key operational KPI and service KPI throughout the winter period to provide evidence based feedback to staff and the public regards our service offers.								
		Winter schemes are all aligned to delivery of national objectives within the NHSE 25/26 UEC plan and the 24/25 OPEL escalation framework to ensure that safety, quality and experience remain our system priority through out winter.								
	Potential Negative risks/impacts	The risk to patient experience caused by increased demand for services resulting in potential delay to diagnosis and treatment	3	4	12	Completion of surge and escalation actions as per the winter plan, national 24/25 OPEL framework and system escalation policy, escalation to CAG as indicated. Revised System Escalation Policy and Tactical Escalation Group, Strategic Escalation Group for governance to monitor and respond to performance and impact dynamically.	2	3	6	Daily review of the emergency care access standards via DPC, review of compliments complaints and user feedback via partner and ICB forums.
		The risk to patient experience caused by receiving care in a temporary escalation space resulting in the inability to suitably provide privacy and dignity and optimal care and treatment	2	4	8	Completion of surge and escalation actions as per the winter plan, national 24/26 OPEL framework and system escalation policy, escaltion to CAG as indicated. Revised System Escalation Policy and Tactical Escalation Group, Strategic Escalation Group for governance to monitor and respond to performance and impact dynamically.	2	3	6	Daily review of occupancy and service capacity across all components of the patient pathway utilising shrewd. Review of FFT, complaints and user feedback. Use of predictive demand modelling via holiday assurance
		The risk to patient experience as a result of dilution of workforce and excessive workforce demand resulting in delay to treatment and reduced time to administer care.	3	3	9	Completion of surge and escalation actions as per the winter plan, national 25/26 OPEL framework and system escalation policy, escltion to CAG as indicated. Revised System Escalation Policy and Tactical Escalation Group, Strategic Escalation Group for governance to monitor and respond to performance and impact dynamically.	2	2	4	Daily review of staffing levels at organisational and system levels against predicted and known demand. Weekly review of predicted demand across all core services to enable actions to be put in place to mitigate via TEG. Use of Shrewd indicators demonstrating demand and capacity enabling response as per the OPEL framework.
	Overall Assessment	Positive: x / Negative / Neutral Any Additional Rationale:								
Well-lead		How will the service development impact on staffing?, What are the leadership and governance structures that support the change?								
	Potential Positive impacts/aims	System ICB winter director identified, organisational leads identified at deputy executive level to ensure a joined up approach to risk mitigation across the system and further inform provider and partner winter plan continuous development-weekly oversight via TEG								
		The completion of the additional holiday period demand an capacity assurance (see Winter plan appendices) will provide the system with workforce and resilience plans in advance of known pressure periods to ensure key services can meet demand and maintain patient safety								
		UEC meeting cadence including daily system calls, weekly tactical (silver level) review meetings with escalation to strategic level as required will be stepped up/down in accordance with the Winter plan, System escalation policy and OPEL framework to ensure a clear governance architecture, with early thresholds for action and risk mitigation clearly identified and enacted								
		The completion of the winter plan in adherence to the NHSE UEC 25/6 plan ensuring board sign off in September will enable wider stakeholder engagement across provider organisations, social care and primary care-commitment in place to share the Winter plan with the LMC, GP collaborative and HOSC.								
		Oversight and delivery of the UEC transformation portfolio requirements for winter will offer staff the opportunity to innovate and develop services in line with national best practice.								
		Opportunity via Portfolio based schemes to test new ways of working, improve staff development and service delivery								
	Potential Negative risks/impacts	The risk to staff resilience as a result of increased service demand pressure negatively impacting recruitment and retention in core urgent care services, increased sickness absence, fatigues and burn out	3	5	15	In conjunction with the winter plan 24/25 OPEL framework and system escalation policy, predictive staffing capacity against predicted demand will be ascertained from all key services throughout the winter period and reviewed weekly at TEG with escalation to executive leads as required. Staff wellbeing and resilience to be monitored by leads and direction to well being support resources utilised as part of staff communications. Where required referrals to occupational health can be made to support staff with managing any impact of increased service demand pressure during winter or ensuring annual leave is well spread for breaks to reduce risk of staff burnout.	3	4	12	Daily review of staffing levels at organisational and system levels against predicted and known demand. Weekly review of predicted demand across all core services to enable actions to be put in place to mitigate. Use of Shrewd indicators demonstrating demand and capacity
		The risk of workforce instability due to potential changes relating to portfolio scheme progression which may require change in role/responsibility/location of work resulting in workforce uncertainty and potential risk to retention.	2	3	6	Workforce and OD requirements have been identified as a key enabler for the UEC transformation portfolio; the risk to workforce is subject to oversight by portfolio oversight board with the ICB executive director for people and OD as SRO	2	2	4	Weekly joint SRO meetings with all workstream SRO - escalation and oversight via Portfolio oversight board-feedback form staff -vacancy and staff sickness reporting.
		The risk to leadership capacity as a result of the ICB merger and workforce reduction plan to meet the national mandate for all ICB's	3	5	15	Executive transition committee in place to manage and mitigate risk and ensure identification of emerging risk via the transition period	3	4	12	Oversight of Transition arrangements via core ICB governance structures including startegic executive and ICB board.
		The risk to leadership capacity and capability as a result of increased demand and operational pressure resulting in compromised resilience, fatigue and burn out	3	5	15	Regular oversight of workforce and leadership oversight and resilience via TEG and aligned to UEC portfolio oversight board-risk register in place. Proactive on call cover arrangemnets including buddy systems and shadow on call across providers where required BCI plans to mitigate eg IUCS.	2	4	8	Regular review and support mechanisms via TEG and portfolio oversight board risk register.
	Overall Assessment	Positive: x / Negative / Neutral Any Additional Rationale: Progression of the UEC transformation portfolio work, delivery of the winter plan and and the impact of ICB transition is difficult to quantify in terms of risk and workforc impact at present -this risk will need to be reviewed contunually as we progress through the remiander of 25/26.								

		Brief description and evidence of impact	Consequence	Likelihood	Risk Score	Mitigation	Mitigated Consequence	Mitigated Likelihood	Mitigated Risk Score	Quality Indicators/How will you measure this
		How will the service impact on public health and the environment? Long-term viability of services, including workforce, financial, and environmental sustainability.								
Sustainable	Potential Positive impacts/aims	Delivery of the GHFT Tower capacity changes will enable essential maintenance works to be carried out improving the safety of the acute hospital estate								
		Our targeted communications and vaccination campaign will aim to prevent illness and improve public awareness of service availability and self care encouraging the public to remain well over winter.								
		The development of a whole system approach to winter planning, utilising national frameworks for best practice will ensure that all urgent and unscheduled care services are able to maintain sustainable levels of service capacity to ensure that the population receives safe and timely care with minimal impact on elective recovery.								
		All partners have been asked to provide high level costings for any additional surge plans, activity or capacity not funded in baseline budgets to enable a clear understanding of potential financial impact and mitigation against non delivery of the 25/26 financial plan to be managed.								
		Proposed capacity changes within the community and independent sector bedded setting will improve the quality of reablement offer to our frail and elderly population with more complex needs.								
	Potential Negative risks/impacts	The risk of system ability to maintain core urgent care services as per the national emergency care standards as a result of increased demand and reduction in bedded and non bedded capacity	4	3	12	Delivery of the Winter plan surge and KLOE actions adhereance to the national 25/26 OPEL framework and system escaltion policy. Progression of the UEC transformation programme delivery of a minimal viable product for SPOA and care transfer hubs for winter, mainatining DRD reduction trajectory via incraesed pathway 1 utlisation and reduction in P2 utilisation.	3	3	9	Daily review of system demand and capacity via DPC utlising SHREWD, weekly review of Emergency care standards via TEG
		The risk of financial impact as a result of additional surge actions instigated that will require either capital or revenue not currently identified in baseline budgets and the inability to deliver the UEC transformation portfolio savings target	4	5	20	Delivery of the Winter plan surge and KLOE actions, adherence to the national 25/26 OPEL framework and system escaltion policy. Progression of the UEC transformation programme delivery of a minimal viable product for SPOA and care transfer hubs for winter, mainatining DRD reduction trajectory via incraesed pathway 1 utlisation and reduction in P2 utilisation. Submission of high level costings for surge actions to inform advanced planning and mitigation.	3	4	12	Monitoring via Financial governance structure across all partners. Oversight by DOF at UEC portfolio oversight board.
									0	
	Overall Assessment	Positive: x; Negative: ; Neutral:								
		Any Additional Rationale:								

Quality Team sign off					
Name	Holly Howell	Title	Quality Manager	Date	04/09/2025
ICB Quality & Clinical Governance Group sign off				Date	
CNO and/or CMO sign off				Date	

Recommendation	Approved		Not approved		Further information required	
Additional notes/rationale						

Risk of 16 or higher	Additional / specific sign off name or group	TEG, Tactical Escalation Group	Date	02/09/2025
Additional notes/rationale/confirm which Risk Register this will sit on	Highest Risk is a 12 which matches what is on the Board Assurance Framework around UEC			

Winter Planning 25/26

Board Assurance Statement (BAS)

Integrated Care Board (ICB)

Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the ICB's Board has oversight that all key considerations have been met. It should be signed off by both the ICB Accountable Officer and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Integrated Care Board's (ICB) name.

This section gives ICBs the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025.**

Integrated Care Board:	Gloucestershire ICB

Section A: Board Assurance Statement

Assurance statement	**Confirmed (Yes / No)**	**Additional comments or qualifications (optional)**
Governance		
The Board has assured the ICB Winter Plan for 2025/26.	Y	
A robust quality and equality impact assessment (QEIA) informed development of the ICB's plan and this has been reviewed by the Board.	Y	
The ICB's plan was developed with appropriate levels of engagement across all system partners, including primary care, 111 providers, community, acute and specialist trusts, mental health, ambulance services, local authorities and social care provider colleagues.	Y	
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Y	Regional stress test completed 10th September. Local Stress test event scheduled 17th October.
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Y	Gemma Artz -Chief Delivery and Transformation officer
Plan content and delivery		
The Board is assured that the ICB's plan addresses the key actions outlined in Section B.	Y	
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Y	
The Board is assured there will be an appropriately skilled and resourced system control centre in place over the winter period to enable the sharing of intelligence and risk balance to ensure this is appropriately managed across all partners.	Y	

ICB CEO/AO name	**Date**	**ICB Chair name**	**Date**

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. Vaccination programmes across all of the priority areas are designed to reduce complacency, build confidence, and maximise convenience. Priority programmes include childhood vaccinations, RSV vaccination for pregnant women and older adults (with all of those in the 75-79 cohort to be offered a vaccination by 31 August 2025) and the annual winter flu and covid vaccination campaigns.	Y	
2. In addition to the above, patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses should receive targeted care to encourage them to have their vaccinations, along with a pre-winter health check, and access to antivirals to ensure continuing care in the community.	Y	
3. Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible.	Y	Full compliance will be achieved via the roll out of the frailty whiteboard programme across primary care and the ICB UEC transformation portfolio developments within community urgent care services. Whilst these programmes of work take place a risk remains that patients may attend or be conveyed to ED who may be suitable for home or community-based care-In this instance front door community and integrated flow hub teams will support rapid admission avoidance support.
Capacity		
4. The profile of likely winter-related patient demand across the system is modelled and understood, and individual organisations have plans that connect together to ensure patients' needs are met, including at times of peak pressure.	Y	
5. Seven-day discharge profiles have been shared with local authorities and social care providers, and standards agreed for P1 and P3 discharges.	Y	We continue to hold a degree of risk regarding our 7-day service offer; plans are in place to mitigate this risk,

		prioritising core UEC service delivery and working flexibly across system multidisciplinary teams as part of the UEC transformation portfolio outputs. Triggers and thresholds for P1-3 discharge are being developed as part of the ICB System Escalation policy revision and will be in place by November 2025.
6. Action has been taken in response to the Elective Care Demand Management letter, issued in May 2025, and ongoing monitoring is in place.	Y	
Leadership		
7. On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Y	Stress testing of peak holiday period demand and capacity assurance including workforce has taken place throughout the year and been refined to mitigate workforce risk. However high levels of short-term sickness across frontline clinical and operational teams that exceed planned contingency presents a risk to compliance.
8. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Y	Gloucestershire is fully compliant with the OPEL 24/25 national reporting framework.

Winter Planning 25/26

Board Assurance Statement (BAS)

NHS Trust

Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the CEO and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Trust's name.

This section gives Trusts the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter Plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025.**

Provider:	Double click on the template header to add details

Section A: Board Assurance Statement

Assurance statement	**Confirmed (Yes / No)**	**Additional comments or qualifications (optional)**
Governance		
The Board has assured the Trust Winter Plan for 2025/26.		
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.		
The Trust's plan was developed with appropriate input from and engagement with all system partners.		
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.		
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.		
Plan content and delivery		
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.		
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.		
The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025.		

Provider CEO name	**Date**	**Provider Chair name**	**Date**

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. There is a plan in place to achieve at least a 5 percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.		
Capacity		
2. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.		
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.		
4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.		
5. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.		
Infection Prevention and Control (IPC)		
6. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.		
7. Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.		
8. A patient cohorting plan including risk-based escalation is in place and		

	understood by site management teams, ready to be activated as needed.		
Leadership			
9.	On-call arrangements are in place, including medical and nurse leaders, and have been tested.		
10.	Plans are in place to monitor and report real-time pressures utilising the OPEL framework.		
Specific actions for Mental Health Trusts			
11.	A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.		
12.	Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.		

AUDIT COMMITTEE 11th September 2025

ASSURANCE REPORT - Part I

Area	Assurance	Notes
External Audit	Green	Debrief with Finance Team planned. Assurance on data migration onto new finance system ISEF2 (live 1/10/25) being looked at – nationally and locally. Acknowledged risks around new system implementation and training
Internal Audit	Green/Amber	Progress report and sector update noted. Some follow up delayed due to transfer integrated commissioning Some changes to audit plan for 25/26 to reflect risks around transition arrangements and new contracts processes Annual Benchmarking Report and Global Risk Report –noted ICS system working audit report – Moderate design and effectiveness. Good discussion on system risk management and working with partners through transition to develop and maintain good governance practice Business Continuity and Emergency Planning Audit Report - Moderate design and effectiveness. Noted good work from those involved and resource impact of transition. Good progress already on implementation of recommendations. Green for overall risk rating. Amber for assurance on actions/processes/controls impacted by transition and uncertainty
Risk Management	Amber	Work continuing on BAF and risk reporting, recognising transition impact and need to develop risk management for new organisation. Internal Audit work may help support joint working. Corporate Risk Register reviewed. Discussed transition risks and pace of change, recognise possibility for gaps between top-down identified and operational emerging risks. BAF – as presented to Board at last meeting. Discussed updates to BAF to be presented at Board, including capacity and H&W impacts of period of change and ongoing uncertainty. Agreed closure of risks presented to committee and discussed further work on some high rated risks. Finance, Digital and BI risks and assurance discussed with directorate representatives including digital strategy update Risk rating Amber overall. Assurance remains at Amber to reflect ongoing level of uncertainty and work on transition
Counter Fraud	Green	Update report received.
Conflict of Interest	Green	Update report received
Policies	Green	Approved updates to: FOI; GDPR Individual Rights; Data Security & Protection; Confidentiality & Safe Haven; Individual Rights SOP; Procurement; Standards of Business Conduct
System-wide Critical Incident Debrief Report	Amber	Report noted. Ongoing need to embed learning across system, with recent incidents identifying further improvements. Winter Plan stress testing to take place. Noted impact of transition and resources on small team and delivery training. Recognition of value across system.
Procurement	Green	Reports noted on Decisions and Register of Waivers. Annual Report for Procurement received and noted.
Financial Management and systems	Green/Amber	Reports received on Losses and Special Payments and Aged Debtors. Risks noted of implementation of ISFE2 ledger system for 1/10 go live. AMBER risk rating due to continuing uncertainty over access, testing, training, support and delivery.

NHS Gloucestershire ICB Audit Committee Part 1 Meeting

Held at 09.30am on Thursday 16th June 2025
Hybrid Meeting via MS Teams and in Board Room, Shire Hall, Gloucester

Members Present:		
Karen Clements (Chair)	KC	Non-Executive Director, GICB
Julie Soutter	JS	Non-Executive Director, GICB
Dr Jo Bayley	JB	Chief Executive Officer, GDOC
Bilal Lala	BL	Non-Executive Director, GHC
Participants:		
Andrew Davies	AD	Engagement Manager, Grant Thornton LLP
Adam Spires	AS	Partner, BDO LLP
Cath Leech	CL	Chief Finance Officer, GICB
Grace Hawkins	GH	Public Sector Audit Director, Grant Thornton LLP
Justine Turner	JT	Audit Manager, BDO LLP
Mary Hutton	MH	Chief Executive Officer, GICB
Paul Kerrod	PK	Deputy Head, Counter Fraud Service, GHFT
Ryan Brunsdon	RB	Board Secretary, ICB
Shofiqur Rahman	SR	Deputy Chief Finance Officer, GICB
In Attendance:		
Dawn Collinson	DC	Corporate Governance Administrator, GICB
Ginette Beale	GB	Value for Money Manager, Grant Thornton LLP
Gerald Nyamhondoro	GN	Corporate Governance Officer

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1. Introduction and Welcome

1.1 KC welcomed members and attendees. The meeting was deemed to be quorate.

2. Apologies for Absence

2.1 Apologies were received from Christina Gradowski (CGi).

3. Declarations of Interests

3.1 There were no Declarations of Interest (DOI) made. JB noted that she was up to date with her Conflicts of Interest at ICB level.

4. Minutes of the Audit Committee Meeting held on 6th March 2025

4.1 The minutes of the Audit Committee meeting held on 6th March 2025 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. **June 2025:** Statement sent to the Chair from the PC team and Chair of PCDC. **Action Closed.**

5.2 **05/09/24: Action No 39 - Item 6.6.2** Patient Safety Incident Reporting Framework (PSIRF) Report. **June 2025:** There were concerns about the statutory responsibilities for EPRR and the level of training required as to how assurances would be met. To be discussed further. JB felt that the wording should be altered to reflect resources being challenged. **Action Open.**

5.3 **05/09/24: Action No 40 - Item 8.1.2** Risk Management. **June 2025:** During the period of transition, we will be working closely with BNSSG (cluster partner) seeking to align risk management process. **Action Closed.**

5.4 **05/09/24: Action No 41 - Item 8.4.3** Report from the Integrated Commissioning Directorate Team on Risk and Assurance. **June 2025:** JS was unsure where all the risks within the Integration Directorate were going and suggested cross-referring at the System Quality Committee. After review, this action can be closed at the next meeting. **Action Open.**

5.5 **05/12/24: Action No 48 – Item 8.2.1 June 2025:** Review of Risk 37 (Children at Risk) service still under review. To be reported at next meeting. **Action Open.**

5.6 **06/03/25: Action No. 53 – Item 10.2 June 2025:** CGi to circulate the Insightful Guidance paper to members of the Committee. **Action Open.**

5.7 **06/03/25: Action No. 54 June 2025:** Reminder was sent round in staff briefing. **Action Closed.**

6. Annual Report (incorporating Governance and Health Inequalities Reports)

6.1 RB informed the Committee that the Annual Report would be presented to the Board on 18th June 2025 for approval. The external auditors had requested changes to some of the wording within the Governance Statement and an updated version would be sent out later today following any questions or comments, which would be appreciated as soon as possible.

6.2 BL referenced some clarification within the Health Inequalities (HI) review, noting that there were comparatives between 2023 and 2025 on page 6 of the report, but the order of magnitude was quite different between the two timeframes, the latter being 2-3 times the former and queried why this was. RB replied that he would send BL's comments to the team who had produced the report and would get back to him as soon as possible. **Action: RB to seek clarification on BL's behalf around the timeframe on Health Inequalities in the Annual Report and report back to BL.** **RB**

RESOLUTION: The Audit Committee Recommended the 2024-25 Annual Report & HI Report for approval by the Board.

7. Going Concern Assessment

7.1 CL discussed this with the Committee, informing that following review of the evidence indicating that the going concern basis was appropriate, no issues had arisen which would deem this inappropriate. The ICB's accounts had been prepared on a going concern basis. It was noted that JS had raised this matter with CL during the Audit Briefing on 8th May 2025, and had been satisfied with the wording from NHS England (NHSE).

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RESOLUTION: The Audit Committee noted the information on the Going Concern Assessment.

8. 2024-2025 Annual Accounts

8.1 SR summarised the 2024-2025 annual accounts, and highlighted the following key points:

- The 2024/25 year end position was a surplus of £187K, with no changes following the audit. The surplus position consisted of a running cost surplus of £170k and a programme allocation surplus of £17k.
- The narrative updates included the going concern note and events after the end of the reporting period.
- The ICB received an allocation of £1.46bn, including programme delegated and running costs.
- The brought forward surplus was £20.983m, with the current year's surplus added to it, resulting in a cumulative surplus of £21.17m.
- The cash balance for the year was £4K, and the Better Payment Practice Code (BPPC) target of 95% was achieved in both value and numbers for the year.
- Events after the end of the reporting period included the government's announcement regarding ICB changes and the NHSE and Department of Health care merger, with significant reductions in their running cost base.
- The accounts were scheduled for approval by the Board on 18th June 2025.

8.2 MH extended thanks to the finance team and auditors for their hard work. The accounts and auditors' reports had been excellent and pointed to a good deal of work having been achieved in such a short timescale JS expressed her thanks to both teams for their considerable efforts in enabling such good accounts to be produced.

RESOLUTION: The Audit Committee noted the 2024-2025 Annual Accounts and recommended these be presented for the approval at the next ICB Board meeting.

9. Service Author Reports

9.1 CL said that a number of Service Author reports had been received, the first being on dental services, which had indicated that the controls were operating adequately. CL also noted a qualified opinion on the Practitioner Data Services report due to issues with new starters and segregation of duties.

9.2 CL explained that the ICB did not hold the contracts for these services, (they were managed by NHSE) but the ICB relied on these reports to understand the controls in place. CL highlighted that the ICB had its own controls to mitigate issues identified in the reports and that the external auditors also reviewed these reports.

9.3 CL stated that NHSE had not responded to ICB's previous attempts to gather information on national issues. JS acknowledged the importance of knowing more about national contracting but accepted the situation. CL explained that NHSE's commercial division held and managed the contracts, with the ICB relying on service auditor reports for control insights. Any specific issues would be handled by regional teams and user groups.

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RESOLUTION: The Audit Committee noted the information on the Service Auditor Reports.

10. External Audit

10.1 *Value for Money Work:*
GB discussed the value for money work, focusing on financial sustainability, governance, and improving economy, efficiency, and effectiveness. The ICB delivered a surplus against the break-even plan and met savings targets, though challenges remained for future savings. One improvement recommendation was made to increase the amount of recurrent savings. Governance arrangements were found to be appropriate, with regular board assurance framework reviews and financial position reporting.

10.2 *Financial Statements Audit:*
An update was provided on the financial statements audit. The audit concluded with an unmodified opinion, and the work was completed smoothly with high-quality draft accounts and supporting papers. The audit included additional work due to the ICB being a sampled component within the National Audit Office's (NAO) whole of government accounts. Materiality was adjusted slightly, based on expenditure, and the NAO changed the reporting threshold for triviality. Two significant risk areas, common to all ICBs, were identified: management override of control and cut-off of expenditure, with no significant issues found.

10.3 *Unadjusted Mis-statements:*
AD highlighted the consideration of unadjusted mis-statements, particularly around prescribing and pharmacy accruals. The accruals were found to be overstated, which would have increased the surplus should these have been adjusted. The NAO confirmed that such mis-statements would not impact the regularity opinion unless due to management override of control, which had not occurred.

10.4 *Audit Fee:*
The audit fee was reported as per the audit plan. Overall, the external audit process had been very thorough with positive outcomes and an enthusiastic collaborative effort between the Audit and Finance teams. CL thanked AD and the team for the joint working.

10.5 BL queried the £2.5m overstatement of accruals, seeking more details on pharmacy accruals and future considerations. CL clarified that pharmacy fees were a new responsibility for the ICB, and Pharmacy, Optometry, and Dental (POD) had been recently delegated. Prescribing was 2.2 months behind, with forecasts based on historical data conducted by the ICB. CL mentioned an anomaly in February that had affected accruals, leading to higher overall accruals this year. BL accepted the explanation, having acknowledged the ICB's new POD responsibilities.

RESOLUTION: The Audit Committee noted the information on the External Audit.

11. Internal Audit

11.1 *Progress Report:*
JT informed the Committee that the papers showed a slightly amended Internal Audit Progress Report. The system working decision-making report was out in draft and would be seen shortly, with management decisions being discussed with CL and the finance team.

11.2 *Specialised Commissioning Report:*
This advisory report covered governance, financial arrangements, quality agenda, and contracting arrangements for Specialised Commissioning across the South West. The report noted positive arrangements and areas which required further attention, particularly around information governance.

11.3 *Internal Opinion on Assurance:*
AS provided a moderate assurance opinion overall, based on the year's audit work, follow-up status, financial position, and regulatory interventions. The report summarised all work completed during the year, and included year-on-year comparisons and compliance with global internal audit standards.

11.4 *Follow-Up Report:*
The follow-up report indicated that most actions were complete, with one medium recommendation still overdue related to personal health budgets. JT acknowledged progress but noted the need for finalising Standard Operating Procedures (SOPs) and flowcharts for joint workstreams.

11.5 *Thought Leadership and Fraud Track Papers:*
AS had included a Thought Leadership piece on NHS Green Plan guidance and a fraud track paper, both for informational purposes.

11.6 The decision on closing governance improvements was discussed. JS mentioned that she had been working with RB to follow up on updates from the Primary Care & Direct Commissioning (PC&DC) Committee, and would be happy to close the governance improvements section recommendations if a statement had been prepared. JS noted that the internal audit report was positive, having been rated green for design and effectiveness, and expressed satisfaction with this report.

RESOLUTION: The Audit Committee noted the content of the internal audit report and agreed to close the recommendations on Governance improvements.

12. Risk Management (Corporate Risk Register (CRR) and Board Assurance Framework (BAF)

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12.1 Risk Report: RB provided an overview of the risk report, highlighting that there were 35 red-rated risks for the ICB, which was an increase of four since the December Audit Committee

Audit Committee Assigned Risks: RB informed that the Audit Committee had a total of 12 assigned risks that directly reported to the Committee.

High Score Risks: RB informed the Committee that two risks previously rated at a high score of 25, had since been downgraded to a score of 16 and 15.

Risk Closures: RB noted that six risks had been proposed for closure. New Strategic Risk: There was a new strategic risk included in the BAF around the reset of the ICB structure, which had been presented to the Board in May 2025.

12.2 Risk Discussion:

- *Integration Directorate Risks*: JS raised concerns about the integration risks rated at 25 and their current status. It was noted that these risks would be discussed at the next System Quality Committee.
- *Emergency Preparedness, Resilience and Response (EPRR) and Medical Assessments Risks*: JS suggested discussing the EPRR risk and the medical assessments risk related to Child Protection at the next System Quality Committee meeting.
- *BAF 13 Ownership:* JS noted the need to identify an executive lead for BAF13. To be followed up by RB and CGi and be included in future reports.
- *People Committee:* KC highlighted the need for guidance on risks relating to staffing levels and the delivery of the People Promise, considering the restructuring and cost-saving targets.

12.3 JS suggested that the different directorates could attend future meetings to discuss how they were managing their own risks, possibly the first team coming along to the September meeting. **Action: Risk directorate forward plan to be reviewed and invited on a timetabled basis to each audit committee** **RB**

12.4 MH informed that there would be a Transition Committee set up, which would have the opportunity to oversee the transition process for the ICB. MH said the ICB would be expected to continue delivering on finance, performance, and governance, and that the situation would become clearer when the cluster arrangements were known.
JS thanked RB for his work on risk management.

<u>RESOLUTION</u>: The Audit Committee agreed that the identified risks highlighted for closure on the Risk Register, could now be officially closed.

13. <u>Verbal Update on Managing Conflicts of Interest</u>

13.1 GN reported a compliance rate of 86% for non-decision makers and 83% for decision makers, against a target of 95%. While initially high, compliance had slowed, possibly due to the ICB restructuring. GN stressed that Board members and executives must declare their interests, especially with the upcoming publication of the updated register which often received scrutiny from members of the public.

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13.2 There had been no declarations of gifts and hospitality this quarter, though some colleagues had sought advice in this area. GN noted pharmacists' transparency and compliance, citing the Association of British Pharmaceutical Industry Register, giving an example of a pharmacist who had declared receiving a small fee for having conducted a presentation.

13.3 JB queried the monitoring of pharmacist compliance. GN confirmed that pharmacists worked closely with Mark Gregory to monitor declarations. JB pointed out that whilst the current rate of declarations was good, there was no way to verify if all interests were being declared. JB suggested being cautious about how compliance was described, acknowledging the inherent limitations of the self-declaration system. JS thanked GN for his work on Conflicts of Interest.
Action: GN to send the Conflict of Interest link and reminder out to Executive Directors and Board members following the meeting to ensure compliance. **GN**

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

14. System Wide Critical Incident Debrief Report

14.1 This topic was delayed today with two actions arising as below:

Action: System Wide Critical Incident Debrief Report to be placed on the next Audit Committee agenda for September 2025. **RB**

Action: JS suggested following up Emergency Preparedness, Resilience and Response (EPRR) at the System Quality Committee. **JS**

15. Draft Counter Fraud, Bribery and Corruption Annual Report 2024/2025

15.1 PK presented the annual report, which was a compilation of all progress reports over the year. This had been brought today for approval of the Audit Committee.

15.2 PK discussed the annual Counter Fraud report submitted to the NHS Counter Fraud Authority. This year, all 12 components had been rated green, including risk assessment, which had previously struggled to achieve this. PK thanked RB for his assistance in improving the risk assessment component of the report.

15.3 PK reported three ongoing investigations, one of which was currently awaiting a charging decision from the Crime Prosecution Service (CPS). Due to the long delay the Head of Investigation of the Counter Fraud Authority had requested a meeting with the CPS in order to address this.

15.4 JS referred to a note on page 500 of the pack in that she wished to further understand the improvements and their applicability to the ICB's work to avoid overpayments. **PK/JS**
Action: PK and JS to discuss improvement processes in Counter Fraud offline.

RESOLUTION: The Audit Committee approved the draft Counter Fraud, Bribery and Corruption Annual Report 2024/2025.

16. Summaries of Procurement Decisions

16.1 CL said that there were two decisions on the appendices listed. There was a requirement to document all ICB decisions relating to the procurement of health care services and supply arrangements and the Audit Committee had been provided with

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these for information as part of the ICB assurance process. There were no further questions at the meeting on this paper.

RESOLUTION: The Audit Committee noted the information relating to the ICB's procurement decisions. The Audit Committee were happy to give assurance and oversight regarding the procurement decisions.

17. Register of Waiver of Standing Orders

17.1 CL stated the report was as standard, with waivers detailed in the appendix. JS had expected to see an Annual Report which had been promised each June, summarising quarterly data on high-value waivers. CL explained team sickness had impacted capacity and said a report would be forthcoming for the September meeting, which JS said would be helpful.
Action: DP to bring a report on the Application of Waivers of Standing Orders to the September Audit Committee meeting. **DP**

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

18. Losses and Special Payments Register

18.1 SR reported that there had been two small losses, but no debt write-offs had been made.

RESOLUTION: The Audit Committee noted the information regarding the Losses and Special Payments Register.

19. Aged Debts

19.1 SR mentioned that there were no debt write-offs during the period in question. He also provided a summary of the major sales ledger, which showed a total of £660k, broken down into £176k for NHS debtors and £584k for non-NHS debtors. There were no anticipated issues with the NHS debtors and SR mentioned an erroneous payment offer having been made which was being considered after a payment had been made in error.

RESOLUTION: The Audit Committee noted the information regarding Aged Debts

20. Update on the implementation of ISFE2 Ledger System

20.1 SR provided an updated go live date for the ISFE2 system of 1st October 2025, with a Project Board set up to oversee the transition. Training and support sessions will be planned in line with national timetables for July and August 2025. Key risks and challenges included the potential departure of key staff prior to implementation.

JS raised concerns about managing the impact of the transition and the work required for closing balances and transferring to the new system. CL acknowledged the significant amount of work involved and mentioned that the new ledger system was expected to be more efficient and effective, despite the timing challenges. It had been hoped to have a go-live date of 1st April rather than having to consolidate two ledgers . The balances would be going over from the old leger to the new ledger, but not the transactions and thus the audit next year would require greater planning, requiring auditors to build in more testing.

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It had been flagged to NHSE that unless an organisation merged, some functions would need to carry on twice and it would not be feasible to have one team doing two sets of accounts. Other functions would also need to be addressed and were being worked through. There would need to be a non-recurrent budget in order to manage this within a clustered organisation. This was a risk and was no ideal, but the team were working on this as best they could.

BL enquired about the decision not to transfer current year transactions to the new ledger, and CL explained that this decision was not a local decision, rather this was decided by NHSE.

Action: CL to give regular updates on the leger transfer process to the Audit Committee with a report in September. **CL**

<u>RESOLUTION</u>: The Audit Committee noted the information on the implementation of the ISFE2 Ledger System.

21. Forward Planner

21.1 JS said she would like to discuss this further with CGi and RB given the current situation around the organisational restructuring. **Action: JS to discuss with CGi and RB to adjust scheduling and reduce impact on Directorates whilst maintaining assurance responsibilities.** **JS/CGi/RB**

RESOLUTION: The Audit Committee noted the information and action to be taken on the Forward Planner.

22. Any Other Business

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

The meeting concluded at 11.15am

Next Meeting: Thursday 4th September 2025 from 9.30-11.30am, Board Room, Shire Hall and via MS Teams.

Minutes approved by the Audit Committee: Audit Committee

Signed (Chair): Julie Soutter
Date: 11th September 2025

APPROVED

NHS Gloucestershire Integrated Care Board

Procurement Policy

1 October 2025 to 30 September 2027

Version	1
Policy ID No	
Author	Associate Director Procurement
Sponsor	Director Operational Planning and Performance
Approved By	Operational Executive ICB Board
Approval Date	TBD
Review Date	TBD

This document may be made available to the public and persons outside of the ICB as part of the ICB's compliance with the Freedom of Information Act 2000.

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Procurement Policy

1 Preface

This policy sets out the framework as to how NHS Gloucestershire Integrated Care Board ('the ICB') procurement decisions should be undertaken. Managers and staff, at all levels, are responsible for ensuring that they are viewing and working to the current version of this procedural document. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches that of the live version on the ICB website.

All ICB procedural documents are published on the ICB website and communication is circulated to all staff when new procedural documents or changes to existing procedural documents are released. Managers are encouraged to use team briefings to aid staff awareness of new and updated procedural documents. All staff are responsible for implementing procedural documents as part of their normal responsibilities and are responsible for ensuring they maintain an up-to-date awareness of their contents.

1.1 Summary Points

This document outlines how the ICB will make decisions regarding the procurement of the goods, generic services and health care services that it commissions.

The objective of this document is to ensure that in relation to the procurement of healthcare services the ICB acts with a view to:

- Securing the needs of the people who use the services.
- Improving the quality of the services.
- Improving efficiency of the services.
- Ensuring that services provided are accessible.
- Ensuring its procurement activities are undertaken transparently, fairly, proportionately, and where appropriate through integrated service delivery.

And in relation to the procurement of all goods, generic services and health care services, the ICB complies with the law, regulations and published guidance and its own standing orders.

1.2 NHS Gloucestershire ICB Values

This Policy is aligned with NHS Gloucestershire ICB Values:

- Compassionate and Caring
- Inclusive and Equitable
- Accountable and Transparent
- Innovative and Curious

The appropriate use of procurement ensures a robust process framework exists within which the ICBs values can be achieved, including in relation to the ICBs obligations regarding acting with integrity through appropriate expenditure of public money, through embracing diversity in relation to the commissioning of services, and striving for excellence in how services are commissioned within NHS Gloucestershire.

2 Relevant to / Target Audience

The procurement policy applies to all staff within the ICB and specifically to the decision-making bodies who make commissioning decisions regarding new, alternative or renewal of contracts for goods or services. This policy is to be read alongside the ICBs Standing Financial Instructions and Scheme of reservation and delegation.

Governance Handbook: NHS Gloucestershire ICB

SECTION A - Introduction

3 Procurement and Purpose

Procurement is the act of obtaining or buying goods or services and covers all spend undertaken within the Integrated Care Board (ICB). Spend within the ICB is wide ranging and may be the purchase of information technology hardware, legal services, healthcare services or human resource, but every element of spend is regulated by the internal Standing Financial Instructions, internal policies and external regulations and guidance.

The principal aim of procurement undertaken by NHS organisations is to deliver essential goods and services and improve patient outcomes, while increasing value from every pound spent. The ICB will ensure it uses the most appropriate mechanism (procurement process) and legislation available to secure goods, resources, services and works.

The purpose of this policy is to outline the procedures to be followed when obtaining goods or services on behalf of the ICB, either by outlining the processes, or by providing links to further information and support.

This Procurement Policy will ensure that all procurements undertaken:

- Complies with relevant national legislation, policy, and guidance, the ICB Constitution, Standing Orders, Schemes of Reservation and Delegation and Standing Financial Instructions.
- Acts with a view to deliver against the needs of the local population.

- Treats providers in a transparent, proportionate, and non-discriminatory manner with equality of treatment a core requirement.
- Provides the best possible value for money.
- Maintains high standards of public trust and probity in its use of public funds.
- Uses best practice as standard and is aligned to the ICB Procurement Standard Operating Procedures (SoP).
- Complies with long and short-term objectives of the ICB.
- Does not engage in anti-competitive behaviour.
- Providers and suppliers understand their obligations under UK Data Protection Legislation (UK GDPR and Data Protection Act 2018)
- Embeds social justice into commercial decision-making by integrating ethical considerations, fairness, and social impact assessments into the decision-making process.

It is noteworthy that the ICB understands and manages security and IG risks to information, systems and networks supporting the operation of essential functions that arise because of dependencies on external suppliers.

This policy sets out existing legal framework for procurement by public bodies in the UK and will be updated in line with any changes to UK legislation.

In all cases, procurement decisions will be taken within the parameters and limitations of the existing legal framework. Alongside this, the ICB recognises the general progression toward greater integration of services in the context of integrated models of care and will ensure that any such developments as they relate to procurement will be considered and integrated into ICB procurement practices as necessary.

Note: The Procurement SoP will operationalise the policy and this will cover areas of innovation, adoption and adaptation, stakeholder management, conflict of interest management, declaration of interest management stakeholder engagement management, be it via the PSR, PCR or the Procurement Act, it will also determine how we look to embed commercial intelligence throughout the ICB.

4 Scope of the Procurement Policy

This policy applies to all spend (goods, services, people, clinical and non-clinical) undertaken on behalf of the ICB. All services commissioned, including those delegated to the ICB and / or yet to be delegated fall in scope of this policy.

This policy must be followed by all personnel working for, or on behalf of the ICB, staff on temporary or honorary contracts, students, independent contractors, sub-contractors, and representatives from other external bodies.

5 Definitions

This document is a policy. Any abbreviations used in the document will be written in full in the first instance.

6 Roles and Responsibilities

The Director Operational Planning and Performance is the responsible officer for this policy and the contracting and procurement functions.

The ICBs procurement function is supplied by a small team of directly employed ICB procurement staff and the NHS South, Central & West Commissioning Support Unit (SCW). Relevant advice and training will be provided by competent individuals supporting any procurement.

All ICB staff are responsible for consulting with either the ICBs procurement team or the SCW CSU procurement function in matters contained within this policy. This includes due consideration of matters affecting equality and diversity and ensuring that the services that are being procured are accessible. Section D (Additional Considerations) identifies tools to support decision making such as Data Protection Impact Assessment (DPIA), Equality Health Impact Assessment (EHIA), Quality Impact Assessment (QIA) and section 8.7 the consideration of delivering a Greener NHS, working towards a 'net zero' national health service.

When jointly commissioning / securing services on behalf of the ICB (or wider Gloucestershire Integrated Care System (ICS), all ICB staff must engage with all partners involved prior to launching the procurement process.

Please seek advice as early as possible from the ICB procurement team if you are uncertain which procurement regulations apply and need to be followed. A member of the procurement team and / or the SCW procurement team should be involved as early as possible in the commissioning process to ensure they have a full understanding of the requirements.

In addition, please seek advice as early as possible from the Data Protection Officer or IG advisor to understand the necessary IG requirements. For IT / Cyber requirements please seek advice from ICBs Digital team

There is a need and a requirement for multiple skills and resources to commission / procure services therefore, to support embedding a team multi-disciplinary approach, taking advantage of the skills and capacity across directorates within the ICB, it is essential that the ICB sets lines of responsibility and accountability for the commissioning of the services being secured.

SECTION B – Procurement Direction and Influences

7 Public Procurement Legislation and Policy Influences

Procurement within the NHS is governed by various pieces of legislation, policy and guidance which are to be considered when executing the ICBs statutory duties, such as:

Legislation

- Section 75 of the Health and Care Act 2022 – 'Co-operation by NHS bodies and local authorities'.
- Health Care Services (Provider Selection Regime) Regulations 2023
- The Public Contracts Regulations 2015 (PCR 2015) which are amended by The Public Procurement (Amendment etc.) (EU Exit) Regulations 2020 (PPAR 2020).
- Public Services (Social Value) Act 2012
- Health and Care Act 2022
- The Procurement Act 2023
- Equality Act 2010.
- National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (as amended)

Policy / Guidance

- Cabinet Office Guidelines and Procurement Policy Notes
- Crown Commercial Service Guidance
- NHS Constitution
- Strategy and Guidance documents from regulatory bodies such as NHS England and the Department of Health and Social Care
- Commissioning decisions made by the ICB.
- Relevant case law as it develops through the judicial system.
- NHSE: Managing Conflicts of Interest in the NHS

The ICB is required to follow two separate procurement regimes:

a) A specific regime for healthcare services (see s7.1 – Provider Selection Regime (PSR) and
b) A regime for all other procurements (see s7.2 – Procurement Act 2023).

Procurement exercises for health care services which commenced before 1 January 2024 must conclude under the Public Contract Regulations 2015. The Public Contracts Regulation 2015 were replaced on 24 February 2025 for new procurements (excluding healthcare services) by the Procurement Act 2023.

New procurements commencing post 24 February 2025 (excluding the Provider Selection Regime) must be conducted by reference to the Procurement Act only.

Please seek advice from the ICBs procurement team if you are uncertain which procurement regulations apply.

7.1 NHS Provider Selection Regime (PSR)

The Provider Selection Regime (PSR) has been in force from 1 January 2024 and is set out in the Health Care Services (Provider Selection Regime) Regulations 2023. The PSR sets rules for procuring healthcare services in England by organisations termed Relevant Authorities. Relevant Authorities are:

- NHS England
- Integrated care boards (ICBs)
- NHS trusts and NHS foundation trusts
- Local authorities and combined authorities.

The PSR replaces the:

- Public Contracts Regulations 2015, when procuring health care services.
- National Health Service (Procurement, Patient Choice, and Competition) Regulations 2013.

The PSR does **not** apply to the procurement of goods or non-health care services (unless as part of a mixed procurement), irrespective of whether these are procured by Relevant Authorities. The PSR is introduced by regulations made under the Health and Care Act 2022. In keeping with the intent of the Act, the PSR has been designed to:

- Introduce a flexible and proportionate process for deciding who should provide health care services.
- Provide a framework that allows collaboration to flourish across Systems.
- Ensure that all decisions are made in the best interest of patients and service users.

7.2 Procurement Act 2023

The Procurement Act 2023 came into force from 24 February 2025 for non-healthcare procurements. The Procurement Act 2023 replaces the Public Contracts Regulations 2015 (detailed below), the Concessions Contract Regulations 2016 and the Utilities Contract Regulations 2016.

The key benefits of the Procurement Act include:

- Creating a simpler yet more flexible commercial system whilst ensuring that ICB procurement activity remains compliant with regulations.
- Provides opportunity to open up ICB public procurements to new entrants such as small businesses and social enterprises so that they can compete and win more public contracts.
- Enables tougher action to be undertaken on underperforming suppliers and exclude those suppliers who pose unacceptable risks.
- Embeds transparency throughout the commercial lifecycle so that the spending of taxpayers' money can be properly scrutinised.

The Procurement Act condenses the 7 procurement procedures highlighted at section 13.2 into the following 3 procedures:

a) **Open Procedure (a one stage process).** This is a single stage procedure whereby any interested party can submit a tender and the ICB will decide whom to award the contract to on the basis of that tender.
b) **Competitive Flexible (Multi-stage procurement process).** This provides flexibility for the ICB to design a competitive tendering procedure where it considers appropriate for the purpose of awarding the public contract.

There are some circumstances where the ICB can only use the competitive flexible procedure; these include:

- Where it wishes to limit the number of suppliers before inviting tenders.
- When procuring a dynamic market
- When reserving a public contract to supported employment providers or public service mutuals.

Note: Framework contracts can be established under either the open procedure or the competitive procedure.

c) **Direct Award (including urgency requirements).** A public contract is awarded without a competitive tendering procedure, and the public contract is placed directly with the supplier of the ICBs choosing. Under the Procurement Act, a transparency notice must be published before a contract is directly awarded. The function of the transparency notice is to inform stakeholders that a contracting authority intends to directly award a contract and ensure that there is transparency relating to this decision. It provides an opportunity for interested parties to consider the justification for direct award.

Guidance Documents

The Cabinet Office has developed comprehensive guidance documents that cover all aspects of the Procurement Act 2023 and are intended to provide technical guidance and help with interpretation and understanding. These can be accessed from the following link: https://www.gov.uk/government/collections/procurement-act-2023-guidance-documents

The guidance documents should be read in conjunction with the Procurement Act 2023 and its associated regulations and are aimed at procurement practitioners and commercial policy leads across the ICB and its partners.

7.3 Public Contracts Regulations 2015 (PCR 2015)

The Public Contracts Regulations 2015 (the 2015 Regulations) detail the required processes for conducting public procurement non-Healthcare services procurements through to 24 February 2025, or for healthcare services procurements formally

commenced prior to 1 January 2024.

Providers raising a complaint against the 2015 Regulations will sometimes look to resolve a complaint / challenge via correspondence with the ICB (see s16) and / or if the provider remains unsatisfied with the outcome, they may decide to issue court proceedings. There are general time limits that a provider can issue court proceedings as specified in regulation 92 but generally proceedings must be started within 30 days beginning with the date when the provider first knew or ought to have known that grounds for starting the proceedings had arisen.

7.4 Integrated Working

The ICB is a member of the Gloucestershire Integrated Care System (ICS). Although the ICB remains accountable in law for its own public procurement decision making, there are times where an integrated approach to procurement with other ICS members will be appropriate. This could be with the ICB as either a lead or associate Contracting Authority. Where the ICB is an associate to other ICS members' procurement activity, it will remain incumbent on the ICB to ensure that its procurement obligations are fulfilled.

7.5 The Health and Care Act 2022

The Health and Social Care Act 2022 establishes a legislative framework to support ICB collaboration and partnership working to integrate services for patients. The Act enables the ICB and its partners to consider and determine the best system arrangements adopting a population health approach aimed at improving the health and wellbeing of the local population; integration within the NHS (between different NHS organisations) and integration between the NHS and local government (and wider partners).

7.6 Equality Act 2010

The main Public Sector Equality Duty (PSED) is comprised of three areas / functions, set out in section 149(1) of the Equality Act 2010 ('the Act'):

The ICB will, in the exercise of its procurement functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

'Due regard' itself is broadly defined in the following ways:

- Decision-makers must be made aware of their duty to have due regard to the identified needs.
- The Duty must be fulfilled both before and during consideration of a particular policy and involves a "conscious approach and state of mind".

- It is not a question of ticking boxes, the Duty must be approached in substance, with rigour and with an open mind, and a failure to refer expressly to the Duty whilst exercising a public function will not be determinative of whether due regard has been had.
- Duty is non-delegable.
- Duty is continuing.
- It is good practice for an authority to keep a record showing that it has considered the identified needs.

7.7 Public Services (Social Value) Act 2012

The Public Services (Social Value) Act 2012 places requirements on commissioners to consider the economic, environmental, and social benefits of their approaches to service provision and procurement. Social Value when incorporated effectively, will help to reduce health inequalities, drive better environmental performance, and deliver more value from procured products and services.

Commissioners should consider social value during the needs assessment and service design phase before any procurement starts so they can inform the shape of the procurement, and the design of the services required. In particular, the Act requires commissioners to make the following considerations at the pre-procurement stage:

- How what is proposed to be procured might improve the economic, social, and environmental well-being of the relevant area.
- How, in conducting a procurement process, it might act with a view to securing that improvement.
- Whether to undertake a consultation on these matters.

In addition commissioners are required to include a minimum 10% weighting attributed to the evaluation criteria as detailed in Procurement Policy Note 06/20 – 'taking account of social value in the award of central government contracts'.

For NHS Commercial guidance on applying social value in the procurement of NHS goods and services see: NHS England » NHS Social Value Playbook

7.8 Greener NHS – Delivering a 'Net Zero' National Health Service

When considering service redesign and procurement the process should also consider the health service's commitment to 'delivering a 'Net Zero' National Health Service. Net Zero has been embedded in legislation, through the Health and Care Act 2022. This places a duty on the ICB to contribute towards statutory emissions and environmental targets.

The ICB has developed a Green plan (see: https://intranet.nhsglos.nhs.uk/wp-content/uploads/2023/07/One-Gloucestershire-ICS-Green-Plan-2022-2025.pdf which headlines the ambition for the ICB when considering procurement and its supply chain. This recognises the positive impact that can be leveraged from a collaborative approach to procurement, to ensure social, responsible, and environmental commitments are at the heart of decision making that will drive towards a net zero procurement and supply chain by 2030. The ICB will have an

ethical approach at the centre of our procurement decisions, recognising that our need to procure to deliver our health service should never be at the detriment of others and commissioners will work to ensure that is the case. The ICB will look to:

- Drive the supply chain to net zero.
- Use our spend as a positive influence in our community.
- Promote a fair, diverse, and inclusive supply chain.

8 Fraud, Bribery and Corruption

The ICB is committed to reducing and preventing fraud, bribery and corruption in the NHS and ensuring that funds stolen by these means are put back into patient care. During the development of this policy document, consideration has been given to how fraud, bribery or corruption may occur in this area. We have ensured that our processes will assist in preventing, detecting, and deterring fraud, bribery and corruption and consider what our responses to allegation of incidents of any such acts would be.

In the event that fraud, bribery or corruption is reasonably suspected, and in accordance with the Local Counter Fraud, Bribery and Corruption Policy, a referral will be made to the ICB's Local Counter Fraud Specialist for investigation. The ICB reserves the right to prosecute where fraud, bribery or corruption is suspected to have taken place. In cases involving any type of loss (financial or other), the ICB will take action to recover those losses by working with law enforcement agencies and investigators in both criminal and/or civil courts.

Procurement is a particularly high-risk area in terms of fraud and bribery. It is important that all ICB staff are aware of the risks and can recognise and report fraudulent activity. All staff should also be aware that the ICB has a zero-tolerance approach to Fraud and Bribery as highlighted within the Fraud, Bribery and Corruption Policy.

8.1 Fraud Act 2006

The Fraud Act 2006 created a criminal offence of Fraud and defines three ways of committing it:

- Fraud by false representation (e.g., an external fraudster purporting to be a genuine supplier to arrange payment to a bank account).
- Fraud by failing to disclose information (e.g., a company director failing to disclose criminal convictions); and
- Fraud by abuse of position (e.g., an employee creating fictitious suppliers with payments to their own bank accounts)

In these cases, an offender's conduct must be dishonest, and their intention must be to make a gain or cause a loss (or the risk of a loss) to another.

8.2 Bribery Act 2010

The Bribery Act 2010 defines bribery as the giving or taking of a reward in return for acting dishonestly and/or in breach of the law. There are four main classifications of bribery:

- Bribing another person.

- Being bribed.
- Bribing a foreign public official; and
- Failure to prevent bribery (Corporate offence).

Any offering, promising, giving, requesting, agreeing to, receiving, or accepting of any bribe is strictly forbidden by any employee when conducting business on behalf of the ICB or when representing the ICB in any capacity and is contrary to the Bribery Act 2010.

Any suspicions or concerns of acts of fraud, bribery or corruption can be reported confidentially to the NHS Gloucestershire ICB Local Counter Fraud Specialist (Tel: 0300 422 2726) or the NHS Counter Fraud Authority (NHSCFA) online via https://cfa.nhs.uk/report-fraud or the NHSCFA Fraud and Corruption Reporting Line on 0800 0284060. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

The Economic Crime and Corporate Transparency Act (ECCTA) is a UK law aimed at enhancing transparency in the corporate sector and strengthening the nation's business environment. It was passed in 2023 and includes changes to Companies House and the legal framework to combat economic crime and fraud. One of its key aims is to improve the accuracy and trustworthiness of information on company registers.

Key aspects of the ECCTA:

- **Enhanced Transparency:**
  The Act aims to improve the transparency of UK companies and other legal entities by giving Companies House more power to tackle economic crime.

- **Data Quality:**
  The Act includes provisions to improve the accuracy and trustworthiness of information on company registers, including powers to query and challenge information, new rules for registered office addresses, and new objectives for the registrar.

- **Combating Economic Crime:**
  The Act introduces new measures to combat economic crime, such as the "failure to prevent fraud" offence and the expansion of powers for Companies House.

- **Company Law Changes:**
  The Act introduces changes to UK company law, including a new role for Companies House in tackling economic crime and supporting economic growth.

- **Phased Implementation:**
  The reforms are being implemented in a phased manner to allow for the development of resources, systems, and secondary legislation to support the

changes.

There is also the Data Security and Protection Toolkit, and any concerns or advice needed in this area should be raised with the Digital Team lead.

SECTION C – Practical processes and guidance

9 Procurement Approach / Decision to Tender

9.1 ICB Constitution and applicable financial thresholds

Where the ICB wishes to award a contract for goods or services, it must consider which of the relevant pieces of legislation is applicable and the value of that contract opportunity to determine the appropriate procurement approach. Attention should also be given to the ICB Constitution (Constitution and Standing Orders : NHS Gloucestershire ICB. All procurement activity will be undertaken in accordance with Standards of Business Conduct including conflicts of interest – section 6 of the NHS Constitution.

Procurement routes to market

The tables below summarises the potential routes to market in accordance with the potential value of the contract (calculated over the full term of the contract) and the requirements of the PCR 2015 Regulations, Procurement Act 2023 and other relevant legislation for non-healthcare contracts and Healthcare Services (Provider Selection Regime) Regulations 2023 for healthcare contracts. In certain circumstances the procurement route specified below might not be appropriate. In such circumstances written approval must be sought from the Chief Finance Officer.

Non-Healthcare:

Total Contract Value Threshold for Non-Healthcare contract (inclusive of VAT)	Minimum Type of Procurement Required	Applicable Governance/legislation
Up to £5k (inclusive of VAT)	No formal requirement for external procurement process	ICB Constitution: which describes the authority for approval of single tender waivers. This process can be found in the ICBs Standing Financial Instructions (SFIs)

Between £5k and £10k (inclusive of VAT)	Quotations should be obtained from at least 2 suppliers / individuals. (Single Tender Waiver should only be used in exceptional circumstances and must be reported to Audit Committee)	Procurement Policy: which describes the award of contract without competition. NHSE: Managing conflicts of interest in the NHS.
Between £10k and £50k (inclusive of VAT)	Quotations should be obtained from at least 3 suppliers / individuals. (Single Tender Waiver should only be used in exceptional circumstances and must be reported to Audit Committee)	
Between £50k and £214,904 (inclusive of VAT)	Competitive tender required. (Single Tender Waiver should only be used in exceptional circumstances and must be reported to Audit Committee) The ICB can consider an open (advertised) or closed (framework or local approved supplier list) approach to market.	
Above £214, 904 (inclusive of VAT)	Full open (advertised) or closed (framework) tender required. Advice and guidance from the Procurement Team, including if full tender cannot be undertaken.	Procurement Act 2023 effective from 24 February 2025 NHSE: Managing conflicts of interest in the NHS.

Healthcare Contracts:

Total Contract Value of Healthcare contract/s	**Minimum Type of Procurement Required**	**Applicable Governance/legislation**
No set threshold values.	Route to market to be determined on a case-by-case basis in consultation with the procurement team. Transparency Notices published in Find Tender Service as required according to route to market (see Appendix 2).	Healthcare Services (Provider Selection Regime) Regulations 2023 Health and Care Act 2022 ICB Constitution: which describes the authority for approval of single tender waivers. This process can be found in the ICBs Standing Financial Instructions (SFIs) NHSE: Managing conflicts of interest in the NHS.

9.2 Decision whether to competitively tender

The tables above and the additional guidance within this policy should be applied in the first instance to indicate the correct approach to procurement in any event that be it under the Provider Selection Regime (Healthcare) or Procurement Act 2023 (Goods and Services). In relation to healthcare contracts, there is no 'one size fits all' approach, and regard will have to be given in each instance to how the ICB can best meet the needs of the population, ensuring that the quality of services and the efficiency with which they are provided is improved (for example in terms of whether a new contract that would attract procurement law obligations needs to be awarded, or whether the ICB's requirements can be met in other.

This will need to be routinely considered as part of the commissioning process and the rationale behind any decision, whether, to competitively tender a contract should be fully documented, having obtained advice in all such instances from the Procurement Team. Such decisions should be transparent and must be signed off by the relevant ICB committee(s).

In instances of particular urgency where it is necessary to award a contract without competitive tendering, and there is not time to follow the standard governance and approval process, it will be necessary to seek approval from the appropriate officer within the ICB adhering to the ICBs SFIs and to ensure that advice is obtained from the procurement and / or legal teams in accordance with the relevant scheme of delegation, in the form of a signed waiver document.

The ICB approval of the procurement strategy and readiness to proceed shall be managed through the ICB governance processes and shall include preparedness, contract value and contract length plus any extensions.

9.3 Engaging the Procurement Team

A member of the procurement team should be involved as early as possible in the commissioning process to ensure they have a full understanding of the requirements of the service and to advise on the procurement process, considering best practice and timelines as required.

10 Route to Market

A variety of procurement and tendering options are available by which the ICB can secure the required service. The advice of the procurement team should be sought to ensure that the appropriate route is selected when procuring healthcare and non-healthcare services, in compliance with all relevant legal and regulatory requirements.

SECTION D – Provider Selection Regime (Healthcare procurements Only)

11 Provider Selection Regime (Healthcare procurements Only)

The Provider Selection Regime (PSR) applies to all new healthcare procurements commenced after 1 January 2024. NHSE has provided statutory guidance that sits alongside the PSR regulations to support the ICB / commissioners understand and interpret the regime. Commissioners must note that, under the PSR regulations, the

threshold for PSR to apply is £0 (zero). A summary of key aspects of the PSR is detailed below.

The ICB can follow three provider selection processes to award contracts for health services. These are:

1) **Direct Award processes (A, B and C):** These involve awarding contracts to providers when there is limited or no reason to seek change from the existing provider; or to assess providers against one another, because:

   A. The existing provider is the only provider that can deliver the health care services (direct award process A)
   B. Patients have a choice of providers, and the number of providers is not restricted by the ICB (direct award process B)
   C. The existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (direct award process C).

2) **Most Suitable Provider process:** This involves awarding a contract to providers without running a competitive process, because the ICB can identify the most suitable provider.

3) **Competitive process:** This involves running a competitive process to award a contract including the formulisation of framework agreements.

Direct Award processes A and B must be used where they apply. Where these processes are not mandated, commissioners may choose whether to use Direct Award process C, the Most Suitable Provider process, or the Competitive process, subject to the specific conditions of those processes (for example Direct Award process C cannot be used if services are changing considerably, as defined in the regulations).

Accreditation of Independent Sector Healthcare Providers: The ICB is required to follow PSR when procuring health care services, in accordance with NHS England Provider Selection Regime statutory guidance and Patient Choice Guidance

In relation to Accreditation of providers, the ICB will follow the Direct Award B process as this facilitates the effective operation of choice by ensuring that prospective providers, including those that do not have a contract with an ICB or NHS England, have an opportunity to be included on the list of providers from which patients are offered a choice of provider. The ICB will undertake all the necessary due diligence activities to assess whether the provider is qualified to offer the services and be awarded a contract. The ICB/Commissioners are advised to liaise with the procurement team to seek advice on following the relevant assessment / criteria that are required to comply with the process.

11.1 Making decisions under the Provider Selection Regime: The regime will need to be applied as part of the commissioning process whenever contracts

for healthcare services are coming to an end, changing considerably, or being awarded for the first time. A decision flow chart and overview of the decision-making approach to PSR process is provided at Appendix 1 to support commissioner understanding of the processes.

Commissioners will need to comply with defined processes in each of the provider selection routes to market to evidence their decision-making, including record keeping and the publication of transparency notices. As such advice from the procurement team should always be sought when considering the most appropriate route to market as early as possible.

11.2 Key and Basic Selection Criteria

If commissioners decide to follow the Direct Award C, Most Suitable Provider or Competitive process as a viable route to market then 'key criteria' and 'basic selection criteria" need to be considered, as detailed below:

Key Criteria
Quality and Innovation
Value
Integration, Collaboration, and service sustainability
Improving access, reducing health inequalities and facilitating choice
Social Value

All the key criteria must be considered. The relative importance of the criteria is not pre-determined and there is no prescribed hierarchy or weighting for each criterion with the exception of Social Value which must be a minimum of 10% weighting. The total percentage of the key criteria should equal 100%.

The relevant authority must also assess providers against the basic selection criteria, and it is expected not to award a contract to a provider that does not meet these. These may relate to:

Basic Selection Criteria
The provider's ability to pursue a particular activity e.g., membership of professional organisation or hold a specific authorisation.
Economic and financial standing e.g., minimum turnover, indemnity insurance
Technical and professional ability e.g., level of experience, not having conflicting interests

Furthermore, the relevant authority should not award a contract to a provider that meets the exclusion criteria.

11.3 Transparency Requirements

The PSR is designed to encourage transparency and consequently commissioners will need to be transparent in their decision making to ensure that there is proper scrutiny and accountability of decisions made about NHS services. Appendix 2

provides a summary of the transparency steps required for each of the provider selection processes.

11.4 Mixed Procurements

The PSR must not be used for the procurement of goods or non-healthcare services alone. However, when a contract comprises a mixture of in-scope health care services and out of scope services or goods the ICB may use the PSR to arrange those services when both of the below statements are true:

- The main subject matter of the procurement is health care services. This means that the health care service element must be more than 50% of the value of the contract.

  and

- The ICB is of the view that the other goods or services could not reasonably be supplied under a separate contract. This means that the ICB is of the view that procuring the health care services and the other goods and services separately would, or would be likely to, have a material adverse impact on the ICB's ability to act in accordance with the procurement principles.

11.5 Modifications of contracts and framework agreements during their term

There will be situations where contracts or framework agreements need to be modified to reflect / account for changes to services / circumstances during their term. Depending on circumstance, permitted modifications can be made without following a new provider selection process, but in some cases will require the publication of transparency notices. Appendix 3 provides a process flow chart to support commissioners.

Modifications are permitted if one of the following parameters is met:

- Clearly and unambiguously provided for in the original contract.
- Solely a change in the identity of the provider
- Made in response to external factors beyond the control of the ICB and the provider, such as changes in patient or service user volume in indexing; but do not render the contract materially different in character.
- Attributable to the ICB, it does not render the contract materially different in character, and the change in the lifetime value of the contract, compared to its value when it was entered into, is UNDER £500k or represents less than 25% of the original contract.
- Attributable to the ICB, it does not render the contract materially different in character, and the change in the lifetime value of the contract, compared to its value when it was entered into, is OVER £500k and represents less than 25% of the original contract value.
- Made to a contract that was originally awarded under the Direct Award Process A or Direct Award Process B, and the modification does not render the contract materially different in character.

Modifications are NOT permitted when:

- The change is attributable to a decision made by the ICB, and
- If the changes render the contract materially different, or
- Where the changes are over £500,000 and represent over 25% of the original contract value.

The provision for modification should not be used to circumvent PSR regulations when a contract ends and a new one is awarded. ICB staff should seek procurement team advice.

11.6 Standstill Period and Receiving Representations

A standstill period must be observed once a notice of intention to make an award to a provider under Direct Award process C, the Most Suitable Provider process, or the Competitive Process has been published (see process chart at Appendix 4). This includes concluding a framework agreement or awarding a contract based on a framework agreement following a mini competition.

The standstill period follows a decision to select a provider and must end before the contract can be awarded. It gives time for any provider who might otherwise have been a provider of the services to which the contract relates to make representations if unhappy with the decision; and for the ICB to consider those representations and respond as appropriate. The ICB where possible will ensure that decisions are reviewed by individuals not involved in the original decision. Where this is not possible, the ICB will ensure that at least one individual not involved in the original decision is included in the review process.

The standstill period must last for a minimum period of eight (8) working days (ending at midnight on the eighth day) and any provider representation must be made during this period. If any representations are received during this period, then the standstill period will remain open until the ICB provides any requested information, considers the representations, and makes a further decision.

The end of the standstill period must be at least five (5) working days after the ICB has communicated its decision to the provider. The minimum five (5) working days' notice allows providers that remain unsatisfied about the response given by the ICB to their representations to seek the involvement of a PSR review panel. The PSR National review panel will provide independent expert advice to the ICB with respect to the review of PSR decisions during the standstill period.

Where the PSR National review panel accepts a representation for review, it will endeavour to consider it and share advice, or a summary of its advice, with the provider and the ICB within 25 working days. However, this timeframe is indicative and contingent on the engagement and timely responses of the provider and the ICB throughout the review process.

The PSR review panel may consider whether the ICB complied with the Regulations and may provide advice to the ICB. Following consideration of advice, the ICB will make an informed decision about how to proceed. The procurement team will support

commissioners during the standstill period, receiving a representation and associated processes and when communicating the ICB's decision outcome aligned to PSR regulations. The decision outcome may include:

- Entering a contract or concluding the framework agreement as intended.
- Going back to an earlier step in the selection process,
- Abandoning the provider selection process, and
- Starting a new process.

11.7 Abandonment

The ICB may decide to abandon any procurement under PSR at any time before an award is made (and not award a contract or conclude a framework under that provider selection process), providing this decision is transparent, fair and proportionate.

After deciding to abandon a process, the ICB is expected to notify providers that are aware they were being considered for the award of a contract or framework agreement (for example, in response to a tender under the competitive process).

The ICB must also submit for publication a notice of their decision on the Find a Tender Service (FTS). This notice must be submitted within 30 days of the decision to abandon process or if the decision was made during the standstill period, then within 30 days after the end of the standstill period.

The ICB must also keep a record of their reasoning for abandoning a provider selection process, including a clear decision-making record that has been approved by the relevant signatories within the ICB and in accordance with the ICB's Standing Financial Instructions (SFI).

11.8 Record Keeping

The ICB must keep records of their considerations throughout the award process. These records may be requested for review prior or post contract award. Records must include:

- The relative importance of each of the key criteria and the rationale for their relative importance and how the basic selection criteria were assessed.
- Name and address of the provider.
- The decision-making process followed to select a provider.
- The rationale for the decision
- For mixed procurements, how the procurement meets the requirements for mixed procurement.
- Details of the individual/individuals making the decision
- Any declared or potential conflicts of interest for individuals involved in decision making and how these were managed.

All contracts and awards made will be held on the ICBs Contract register. Please note that there is a requirement to ensure suppliers / providers security and data protection requirements are included as records. This includes Data Security and

Protection status and completion date, plus any IT / cyber certification.

11.9 Urgent Requirements

There are limited circumstances where the ICB may need to urgently award or modify contracts to address immediate risks to patient or public safety.

These circumstances include where:

- A new service needs to be arranged rapidly in an unforeseen emergency or local, regional or national crisis (for example, a pandemic)
- Urgent quality or safety concerns pose risks to patients or the public and necessitate rapid changes.
- An existing provider is suddenly unable to provide services under an existing contract (for example, it becomes insolvent or suddenly lacks critical workforce) and a new provider needs to be found.

In urgent situations, the ICB may make the following decisions without following normal PSR guidelines:

- Re-award contracts held by the existing provider(s)
- Award contract(s) for new services.
- Award contract(s) for considerably changed services.
- Make contract modifications (without limitation)

An urgent award or modification must only be made by the ICB when all the below apply:

- The award or modification must be made urgently.
- The reason for the urgency was not foreseeable by and is not attributable to the ICB.
- Delaying the award of the contract to conduct a full application of the regime would likely pose a risk to patient or public safety.
- The ICB must not use the urgent award or contract modification provisions if the urgency is attributable to the ICB not leaving sufficient time to make procurement decisions and run a provider selection process i.e. poor planning is not an acceptable reason for using these provisions.

Utilising an urgent modification or award under PSR does not negate the need for full ICB governance and in these circumstances you:

- Are expected to limit the contract term or contract modification term to that which is strictly necessary. This is advised to be long enough to address the urgent situation and to conduct a full application of the PSR for that service at the earliest feasible opportunity. For this reason, it is imperative that you alert the procurement team of your intentions immediately so that the long-term procurement activity can be planned and resourced appropriately.
- Are expected to utilise a contract term of no longer than 12 months and, if longer, you must justify and record this decision.

- Must keep records of your decision-making, including the justification for using an urgent award and a clear decision-making record that has been approved by the relevant signatories within the ICB and in accordance with the ICB's Standing Financial Instructions (SFI).
- Must be transparent about your decision by issuing an urgent award notice or urgent modification notice via the Find a Tender portal.

SECTION E – Public Contract Regulations 2015 and Procurement Act 2023 (Non-Healthcare Procurements)

12 a) Public Contract Regulations 2015 (Goods and Non- Healthcare Service Procurements)

Public sector procurement is subject to national procurement rules and regulations, and procurement activity must be conducted consistently, accurately, and effectively. Public Contract Regulations 2015 are no longer valid from 24 February 2025. They must only be considered and/or applied to procurement processes that have not been concluded by the 23 February 2025.

All procurement processes that commence from the 24 February 2025 must be in accordance with the Procurement Act 2023 (for goods or non-healthcare services) or the Provider Selection Regime 2023 (for healthcare services).

If the ICB / Commissioner chooses to use a Framework that commenced prior to the Procurement Act 2023, (i.e. the Framework was set up under the Public Contracts Regulations 2015), that is still a live Framework, they must continue to apply the Public Contracts Regulations 2015.

For these procurement processes that still fall under the Public Contracts Regulations 2015, the ICB / Commissioner is advised to liaise with the procurement team.

13 b) Procurement Act 2023 (Procurement Regulations 2024), Non-healthcare Procurement

The Act which was introduced on the 24 February 2025 considers and reflects value for money, competition and objective criteria in decision-making. Therefore, it is important for the ICB to have regard to delivering value for money, maximising public benefit, acting with transparency, acting with integrity as well as consideration to the particular barriers facing SMEs and what can be done to overcome them.

Public sector procurement is subject to national procurement rules and regulations, and it is therefore critical that procurement activity is conducted consistently, accurately, and effectively. Where commissioners wish to purchase Supplies, Services or Works which are over the relevant public procurement thresholds they must also consider the definitions of Supplies, Works and Services that are as follows:

- “Supplies" contracts are essentially those for the supply (including purchasing, leasing, and installation where appropriate) or hire of products.
- "Works" is the execution and/or design of works, working being defined as "the outcome of building or civil engineering, works taken as a whole that is sufficient of itself to fulfil an economic and technical function".
- "Services" includes, for example, services such as maintenance of equipment, transportation, consultancy, technical services, etc.

The procurement procedures available for use under the Act are detailed at section 11. Other key areas of the Act include:

Estimating Value of Contracts and Procurement Threshold

The Procurement Act requires the ICB to estimate the value of contracts, in accordance with a methodology set out in Schedule 3, and restricts manipulation of the estimated value of a contract in order to avoid requirements in the legislation. By following the methodology, the ICB can estimate the value of a contract and thereby determine whether the contract is above or below the relevant thresholds as detailed in Schedule 1 (key thresholds summarised below):

Type of contract	Thresholds (including VAT): 1 January 2024 to 31 December 2025
Utility works contract	£5,372,609
Utility contract that is not a works contract, a defence and security contract or a light touch contract	£429,809
Concession works and services contract	£5,372,609
Works contract	£5,372,609
Contract for the supply of goods or services (which may be mixed contracts that contain some works elements) to a sub-central government authority not within any other row	£214,904

Light Touch Contracts

Light touch utilities contract	£884,720
Light touch concession contract	£5,372,609 (1 January 2024 to 31 December 2025)
All other light touch contracts	£663,540

Mixed Procurements

The ICB may need to be able to award contracts that are not always 100% goods, 100% services or 100% works. Contracts can therefore comprise a mixture of two or more different categories. Section 5 of the Act sets out the rules on determining when a mixed contract will become a public contract. This is because a mixed contract may comprise two or more elements that, if procured separately, would have different applicable thresholds. Section 5 also provides clarity on applying the rules on thresholds to situations where a contract contains mixed elements, where at least one is above, and one is below the relevant thresholds.

Frameworks

Frameworks that are public contracts are most likely to be awarded following a competitive tendering procedure and will either be deemed as a standard framework or an open framework. The Procurement Act 2023 (Act) defines a framework as a 'contract between the ICB and one or more suppliers that provides for the future award of contracts by the ICB to the supplier or suppliers.' (section 45(2)). This means that a framework sets out the provisions under which future contracts for the supply of goods, services and/or works are to be awarded.

The Act defines an open framework as a 'scheme of frameworks that provides for the award of successive frameworks on substantially the same terms' (section 49(1)). Calling off against a Framework must be in accordance with the process and terms set out within the Framework. When the ICB awards a call-off contract using a Framework, the relevant notices defined in Appendix 7 must be followed, with the exception of a tender notice, which is not required.

Conflict of Interest

The Procurement Act 2023 (Act) requires the ICB, when carrying out a 'covered procurement', to have regard to a number of objectives, which include acting, and being seen to act, with integrity (section 12(1)(d) of the Act). The integrity of a procurement may be compromised if it is influenced by external or private interests. Alongside the procurement objectives, the Act includes specific provisions dealing with conflicts of interest when carrying out a covered procurement (Part 5 of the Act).

A conflict of interest arises in a procurement context where there is a conflict between the interests of a person acting in relation to a procurement and those of the procurement itself. These conflicts of interest need to be managed effectively to ensure that the public can trust the ICB to carry out public procurement responsibly and impartially. It also helps to encourage suppliers to participate in procurements, providing confidence that they will be treated fairly and that there will be genuine competition.

When conflicts of interest are not identified and effectively mitigated, there can be far-reaching consequences. It can lead to accusations of fraud, bribery and corruption, legal challenges and the undermining of public confidence in the integrity of public institutions. The Act requires the ICB to identify and keep under review actual and potential conflicts of interest. The ICB must also mitigate conflicts of interest and address circumstances which are considered likely to cause a reasonable person to wrongly believe there to be a conflict or potential conflict of interest ('perceived conflict of interest'). ICB staff are required to complete conflicts of interest and declaration of interest training as part of the statutory and mandatory training package.

Modifying a Competitive Procurement

During the course of a competitive tendering procedure, it may be necessary to make amendments or clarifications to information in the tender notice or associated tender documents to deal with circumstances that were not anticipated. Modifications during a procedure may be necessary for a number of reasons. For example, it could be that a supplier has raised a clarification question which requires an amendment to the associated tender documents, or something was omitted from the tender notice. Any modifications must be made in accordance with section 31.

Transparency Notices

The Act places an increased focus on the ICB to be transparent when undertaking procurement activities to ensure that procurement information is publicly available not only to support competition, but to provide the public with insight into how their money is spent. A table of all the transparency notices covered under the Act and when publication is required is detailed in Appendix 2.

Award of Contract without competition (Direct Award)

A Direct award is when a public contract is awarded without a competitive tendering procedure and the public contract is placed directly with the supplier of the ICBs choosing. There are limited circumstances in which the ICB is permitted to award a public contract to a supplier without first running a competitive tendering procedure. Consequently, a competitive tendering procedure is the default position for most public procurements. The ICB may only directly award a public contract when section 41 (and one or more of the justifications in Schedule 5), section 42 or section 43 apply.

Under the Procurement Act 2023 (Act), a transparency notice must be published before a contract is directly awarded. The function of the transparency notice is to inform stakeholders that the ICB intends to directly award a contract and ensure that there is transparency relating to this decision. It provides an opportunity for interested parties to consider the justification for direct award.

14 Form of Contract

The ICB will ensure that the appropriate standard form national contract is used for all contracts for NHS funded health and social care services that the ICB let. Where non-healthcare contracts are awarded then the standard appropriate version of the NHS Terms and Conditions for the Supply of Goods and/or Services should be used,

with the exception of procedures through an existing framework contract. Note: The ICB should ensure that the appropriate security and data protection obligations are included.

15 Award of Contract

The ICB will approve the award of contracts in accordance with the ICBs Scheme of Delegation as set out in the ICB Constitution and the ICBs Standing Financial Instructions.

The contract award recommendation will include the contract term plus any extension period to be approved by the appropriate Committee of the ICB Board.

For all relevant procurement procedures conducted under the PCR Regulations 2015, Provider Selection Regime and the Procurement Act 2023 the ICB will operate a standstill period, reflecting best practice and will align to the respective procurement regulations between announcing the contract award decision and entering into the contract. For clarity, the minimum standstill period for the respective procurement regulations is detailed below:

- PCR Regulations 2015 – A minimum of 10 calendar days after intention to award a contract is sent electronically to bidders e.g., via an e-Tendering Portal.
- Provider Selection Regime – A minimum of 8 working days after intention to award a contract is published.
- Procurement Act 2023 – A minimum of 8 working days beginning with the day on which a contract award notice is published in respect of the contract. Note: The ICB will need to factor in all of the bank holidays in England, Wales, Scotland and Northern Ireland when calculating the standstill period.

If in doubt on how long to allow for a standstill period, please seek advice from the procurement team.

16 Complaints and Dispute Procedure

The ICB's approach to contestability means that it may pursue a wide range of routes to secure new and existing services. The ICB has developed the processes that will be followed within the ICB that enable any potential dispute relating to a procurement process or outcome from any procurement to be resolved in an open and transparent manner. The ICB will utilise a dispute resolution process to address and resolve any complaint in relation to competition and procurement received from either:

- Bidders/contractors
- A member of the public

This will first require writing to the ICB Chief Executive Officer, as described in the dispute resolution process.

In regard to the ICB receiving any Provider Selection Regime representations it has been agreed that those representations received by NHS Gloucestershire ICB will

be reviewed by designated member of the ICB Board (Audit Committee Chair). If the provider remains unsatisfied following the review the provider can then make representation to the NHSE Independent Patient Choice and Procurement panel.

SECTION F - Additional Considerations

17 Data Protection Impact Assessment

Where any new service is required, it will be necessary for a data protection impact assessment (DPIA) to be completed. The project lead should liaise with the information governance lead and / or Data Protection Officer to complete a DPIA prior to selection of provider which should be updated once the provider is identified. DPIAs are completed to ensure the ICB understands and manages security and Information Governance risks to information, systems and networks supporting the operation of its functions that arise as a result of dependencies on external suppliers.

This includes the ability to:

- Understand the general risks suppliers may pose to ICB essential function(s).
- Know the extent of your supply chain that supports your essential function(s), including sub-contractors.
- Understand which contracts are relevant and you include appropriate security and data protection obligations in relevant contracts.
- Awareness of all third-party connections and have assurance that they meet your organisation's security and IG requirements.
- The approach to security and data protection incident management considers incidents that might arise in your supply chain.
- Have confidence that information shared with suppliers that is necessary for the operation of your essential function(s) is appropriately protected from well-known attacks and known vulnerabilities.
- Know international data transfers to suppliers are covered by a legal protection.

Please seek advice as early as possible from the Data Protection Officer or IG Consultant to understand the necessary IG requirements. For IT / Cyber requirements please seek advice from the Digital Team lead

17.1 Equality Health Impact Assessment

With any new service, compliance with the Public Sector Equality Duties 2011 will be demonstrated through a robust Equality Health Impact Assessment (EHIA) process, ensuring that due regard is given to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it. The ICB EHIA template can be found here: Equality Impact Assessment: NHS Gloucestershire ICB

17.2 Quality Impact Assessment

A Quality Impact Assessment should form part of any service commissioning process, especially when there is likely to be a change to the way in which a service is delivered or a change in provider. As with both tools above, a similar process should be completed for a quality impact assessment. The project lead should liaise with the ICB Quality Team.

17.3 Code of Conduct and Conflicts of Interest

In addition to the register of interests held by the ICB, the ICB needs to be able to recognise and manage any actual or potential conflicts of interest (COIs) which arise in relation to any procurement undertaken. Conflicts could arise where the ICB commissions healthcare / non-healthcare services, in which a member of the ICB has a financial, or other interest be it a direct or indirect interest. Measures should be taken to identify and manage COIs at every stage of procurement to ensure and protect the integrity of the process. The procurement team will refer to the advice and guidance published by NHS England.

Clear records that show an audit trail of how COIs have been identified and managed as part of a procurement process will be kept, including:

- Declaration of conflict of interest for bidders / contractors
- Declaration of interests for ICB members and employees
- Register of procurement decisions and contracts awarded.

17.4 Voluntary and Community Sector / Small and Medium Enterprises Support

The ICB will aim to support and encourage voluntary and community sector and small and medium enterprise suppliers in bidding for contracts. The procurement team will work with service commissioners to ensure that procurement processes promote equality and do not discriminate on the grounds of age, race, gender, culture, religion, sexual orientation, or disability.

17.5 NHSE Integrated Support and Assurance Process (ISAP)

The ICB must consider this process for all novel and complex contracts. The ultimate decision on whether the ISAP should apply to a complex contract is at NHS England's discretion. Therefore, Commissioners should engage with their regional NHSE team as early as possible to establish whether a procurement or other arrangement would benefit from going through the ISAP. If ISAP is applicable a rigorous assurance process will be followed, with support of the procurement team working alongside NHSE.

17.6 NHSE Consultancy spending approval criteria for providers

The ICB must consider the process and guidance when looking to commission consultancy services. Consultancy contracts over £50,000 (including irrecoverable VAT and other costs e.g., expenses) will require prior approval from NHSE. The approval process only applies to contracts that are accounted for as revenue

expenditure and does not currently apply to contracts accounted for as capital expenditure.

For further information and/or guidance on the process to be followed please contact the NHSE regional team or email england.consultancy@nhs.net direct.

17.7 Accessible Procurement

The ICB has a keen awareness of its accessibility and disability obligations as both an employer and a commissioner of services. When procuring digital systems the ICB will use NHS England's Digital Technology Assessment Criteria (DTAC). The DTAC is a national standard assessment that should be used when introducing any new digital technology into the NHS and includes usability and accessibility assessments such as Web Content Accessibility Guidelines compliance.

17.8 IR35 and Employment Assessment

The ICB has a responsibility to ensure appropriate procedures are in place to meet with HMRC requirements regarding, amongst other things, appropriate payment of tax. This is particularly relevant to procurement when the ICB engages with self-employed individuals, individuals via their own limited company (known as a Personal Services Company) or a partner in a partnership. HMRC introduced the Check Employment Status for Tax (CEST) service in 2017 to help employers (or hirers) and workers to determine how the work being done should be dealt with for tax purposes.

The following link provides further details to support:

https://www.gov.uk/government/publications/check-employment-status-for-tax-cest-2019-enhancement/check-employment-status-for-tax-cest-usage-data

Characteristics that may result in being inside IR35 legislation include the following:

- Having to work under direct supervision or control of the end client.
- Having to work at a set location or to set hours.
- Having to formally request leave or seek permission for absence.
- Having an hourly, daily, or weekly rate of pay
- Being paid for overtime, or to correct unsatisfactory work.
- Is unable to provide a substitute, i.e., the work must be carried out by the contractor.
- Is able to be moved from task to task or to another location without arranging a new contract.

Characteristics that may result in being outside IR35 legislation include the following:

- Not having to work under direct supervision or control of the end client.
- Having control over how / where / when to complete the work.
- Has no access to holiday pay or sickness benefits.
- A fixed fee is agreed by the employer for the work, regardless of how long it takes to complete.

- Financial risk e.g., having to correct errors in their own time and at their own expense.
- Being able to propose a substitute agent or person to complete the work.

17.9 Integrated Care - Working with People and Communities

The ICB acknowledges that integrated care provides an opportunity to collaborate with partners to improve services and how money is spent. Commercial procurement due diligence activities may provide an opportunity for the ICB to meet its public involvement / legal duties and the new 'triple aim' of better health and wellbeing, improved quality of services and the sustainable use of resources. Therefore, the ICB will consider, where appropriate, when looking to procure goods and services the following:

- Health needs assessment
- Stakeholder engagement activities
- Provider market engagement activities
- Undertaking consultation / public consultation where required
- Addressing health inequalities by understanding communities' needs and developing service specifications leading to proposed solutions with them.
- Opportunities for collaboration with partners – including local authorities, social care providers, Patient Participation Groups and voluntary, community and social enterprise organisations.

18 Training and Awareness

No mandatory training is required to comply with this policy. However, all ICB staff and others working with the ICB will need to be aware of this policy and its implications. It is not intended that staff generally develop procurement expertise, but they will need to know when and how to seek further support.

All commissioning staff throughout the ICB should know enough about procurement to know to seek help when they encounter related issues; they must also be able to give clear and consistent messages to providers and potential providers about the ICBs procurement intentions in relation to service developments. Awareness of procurement issues will be raised through organisational development and training sessions as necessary by the procurement team.

Decision makers such as procurement evaluation panel members will have access to appropriate levels of training regarding procurement matters commensurate with their responsibilities. This will include general awareness of regulatory obligations and how to seek further support, advice, and guidance.

Each evaluation panel will receive evaluation and moderation training prior to starting the process. If training has not been undertaken the individual will not be involved in the evaluation and moderation process.

SECTION G – Policy Governance

19 Consultation

This policy was completed following consultation with the relevant internal stakeholders and groups including required ICB committees.

20 Recommendation and Approval Process

This policy is to be scrutinised by the ICB Board and Audit Committee.

21 Communication / Dissemination

Following approval ICB staff will be made aware of the policy through the ICB website and the weekly staff communication briefing.

22 Implementation / Document Review Frequency

This policy is a revision of an existing policy and requires no specific implementation over and above the communication and dissemination highlighted in section 18 (Training and Awareness).

Audits of the procurement function will periodically be commissioned as appropriate to ensure compliance with this policy.

Any areas of concern or non-compliance identified in any review must result in the production of an action plan. This will be reviewed by the appropriate committee/group. Actions will be recorded in the committee/group minutes.

This policy will be reviewed every two years or earlier if appropriate, to reflect any changes to legislation or guidance that may occur. Necessary changes throughout the year will be issued as amendments to the policy. Such amendments will be clearly identifiable to the section to which they refer, and the date issued.

One Gloucestershire
Transforming Care, Transforming Communities

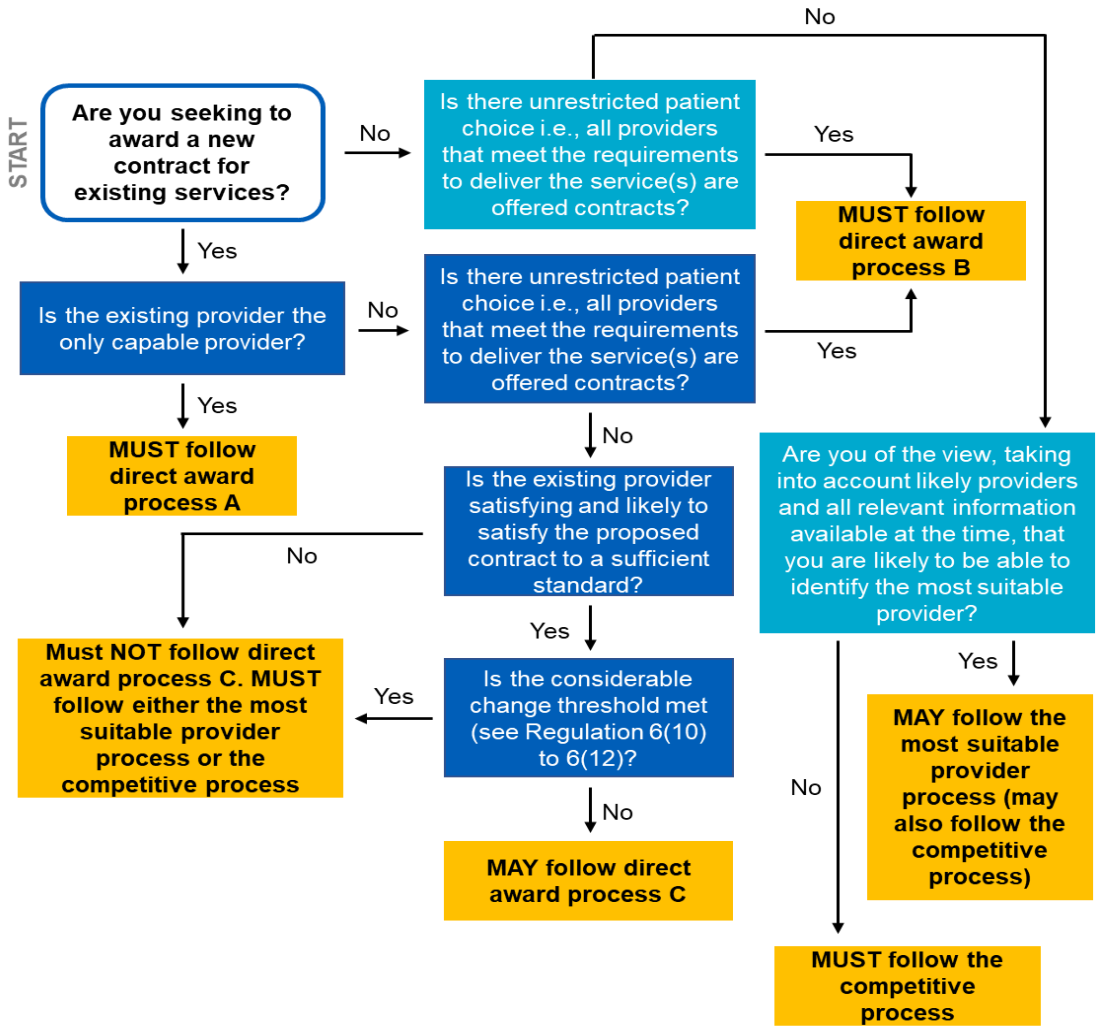
NHS Gloucestershire

Appendix 1: Provider Selection Regime – Decision Flow Chart

Getting to the Right Decision

NEED TO PROCURE A HEALTHCARE SERVICE?

The procurement team and / or SCW will support all procurements on a case-by-case basis.



Overview of decision-making approach to PSR process

Direct Award A	Continuation of existing arrangements –there is no realistic alternative to the existing provider (for example for Type 1 and 2 urgent and emergency services). Not used to establish framework agreement. **Must** be used if applicable. Transparency award notice published within
Direct Award B	The ICB wishes to provide or currently provides an 'unrestricted patient choice' service (for example, consultant led elective care services). The number of providers cannot be restricted. Providers utilise Expression of Interest process. Contracts issued to all eligible providers. **Must** be used if applicable. Transparency award notice published within 30 days of contract award.
Direct Award C	Existing provider for the healthcare services, and their contract is ending – ICB decides by assessing key decision-making criteria that the provider is doing a sufficiently good job (satisfying original contract and is likely to satisfy new contract to a sufficient standard) and the service is not changing considerably (change is over £500,000 and is over 25% of the original lifetime value of the contract). Not required to follow Direct award processes A or B above. Cannot be used to establish a framework. Key and Basic Selection criteria to be considered. 8 working day standstill period must be observed. Multiple transparency notices published.
Most Suitable Provider	Identifying the most suitable provider when the decision-maker wants to use a new provider or for new/considerably changed arrangements and considers that it can identify the most suitable provider without a competitive process. Thorough knowledge of the provider landscape is crucial and goes beyond just knowing provider base. Not required to follow Direct Award process A or B and does not wish or cannot follow Direct Award Process C. Cannot be used to establish a framework. Key and Basic Selection criteria to be considered. 8 working day standstill period must be observed. Multiple transparency notices published, including allowing interested providers to ask to be considered as the 'most suitable provider'.
Competitive Process	Competitive procurement process. Not required to follow Direct Award process A or B. Does not wish to or cannot follow Direct Award process C and does not wish to use or is unable to identify the most suitable provider using the Most Suitable Provider route. Competitive route is required to establish a framework. Key and Basic Selection criteria to be considered. No financial thresholds. 8 working day Standstill period must be observed. Multiple transparency notices published.

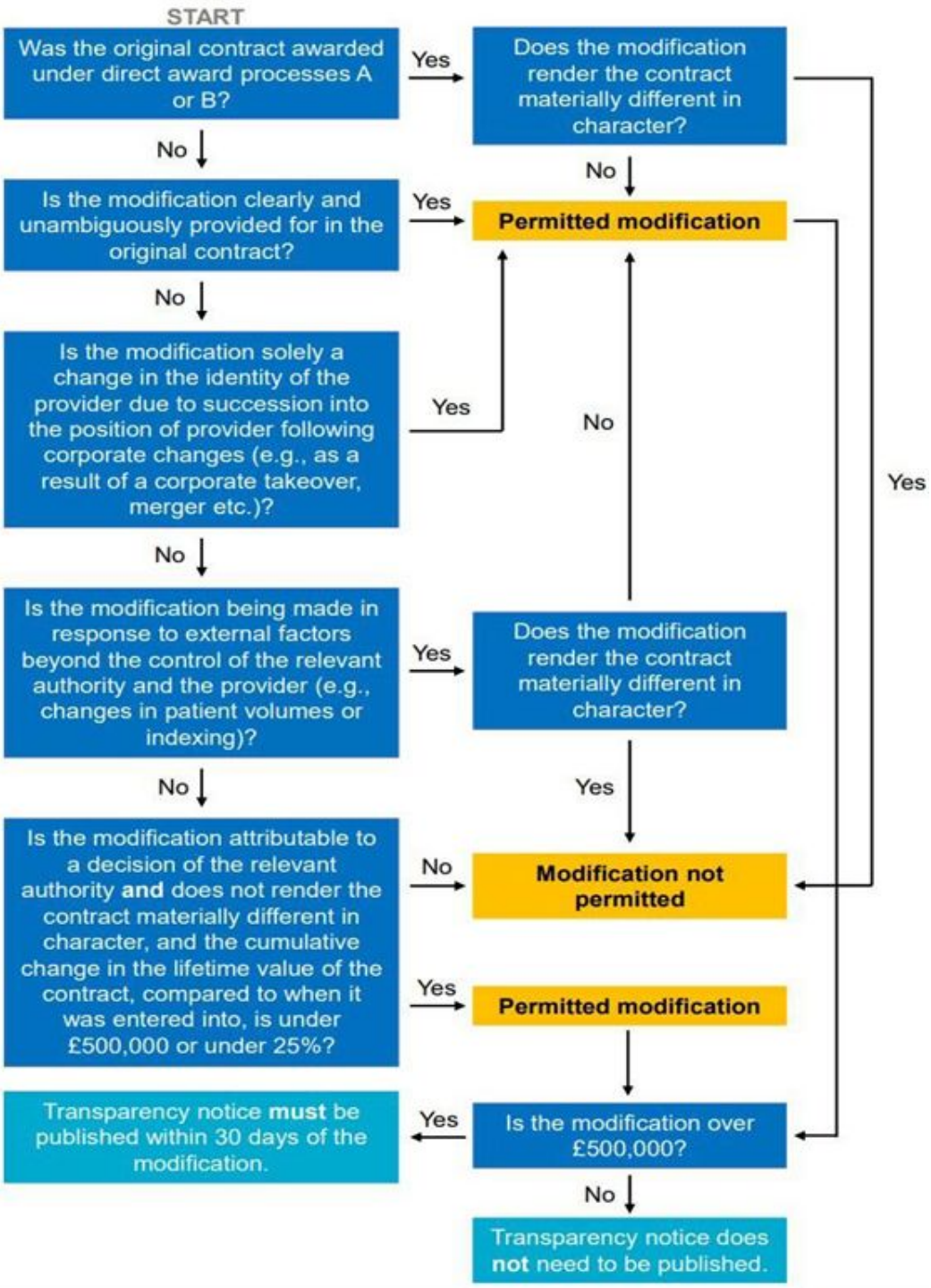
Appendix 2: Summary of the Transparency steps under the Provider Selection Regime

PSR Process	A	B	C	MSP	Competitive
Details on intended approach (PIN)				Notice published at least 14 calendar days before assessing providers	Optional
Contract Notice for procurement					On FTS website
Internal record of decision-making process & rationale					
Responding to unsuccessful bidders					
Intention to Award			On FTS website	On FTS website	On FTS website
Standstill & Resolution period (If representation received within 5 working days standstill period remains open until resolution)			8 working day Standstill Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome	8 working day Standstill Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome	8 working day Standstill Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome
Confirmation of Award (CAN)	Within 30 days	Within 30 days	Within 30 days	Within 30 days	Within 30 days
Contract Modification	Within 30 days of modification	Within 30 days of modification	Within 30 days of modification	Within 30 days of modification	Within 30 days of modification

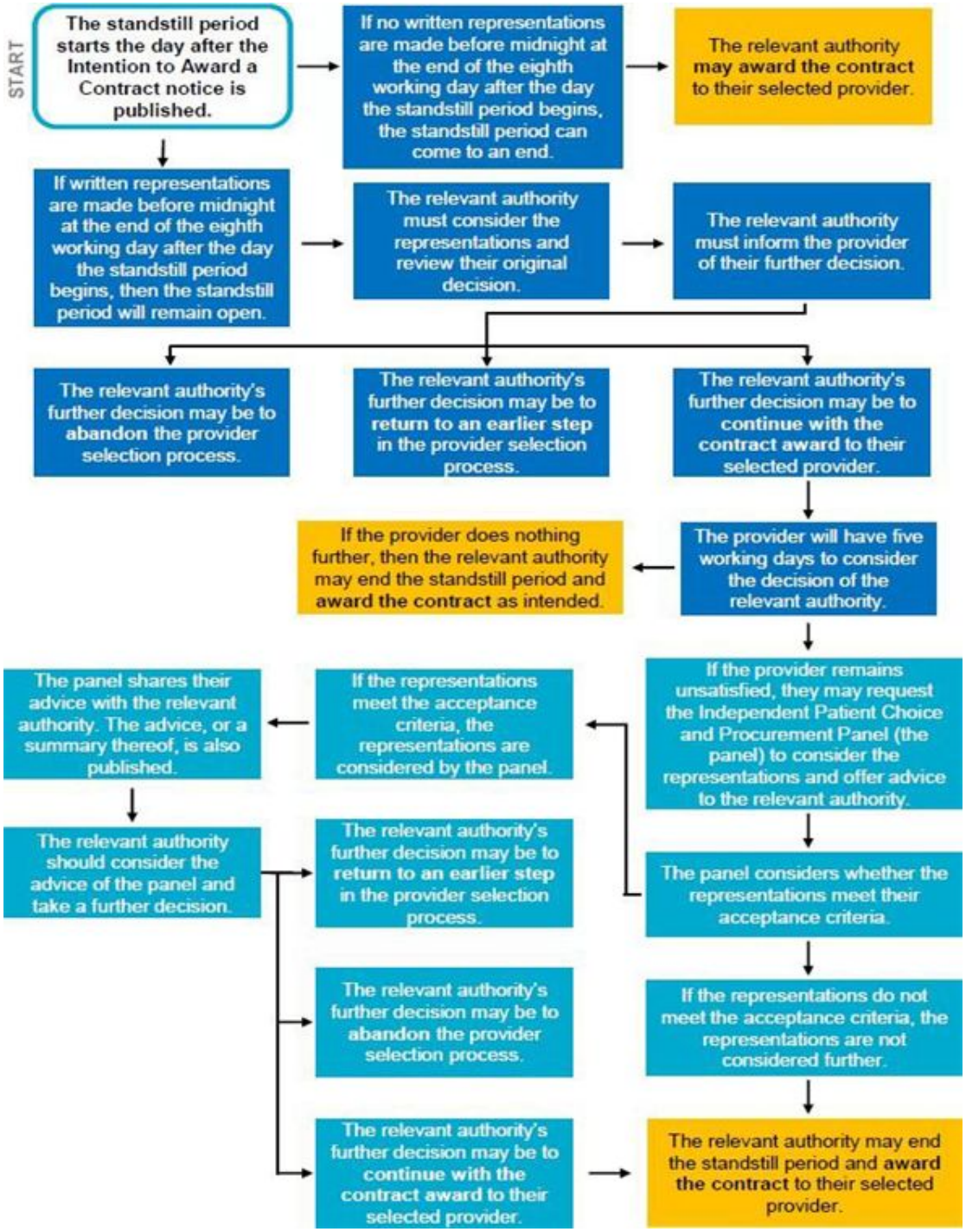
Notice required
Internal Record
Outcome Letter

39

Appendix 3: PSR Contract Modifications Flow Chart



Appendix 4: Provider Selection Regime – 'Standstill Process' Flow Chart



Appendix 5: Procurement Process Table (non-healthcare)

The procurement team will support all procurements on a case-by-case basis. ICB commissioning leads are to contact the procurement team in all cases to understand whether substantive procurement support is required.

CONTRACT THRESHOLD VALUE	PROCUREMENT PROCESS
Up to £5k Total Contract Value	No Formal Requirement (Spot purchase)
Between £5k and £10k Total Contract Value	2 Formal Quotations to be obtained. (Single Tender Waiver signed by CEO required if quotations cannot be obtained)
Between £10k and £50k Total Contract Value	3 Formal Quotations to be obtained. (Single Tender Waiver signed by CEO required if quotations cannot be obtained)
Between £50k and £214,904 (inc. VAT) Total Contract Value	Competitive tender required. (Single Tender waiver signed by CEO required if competitive tender cannot be undertaken) The ICB can consider an open (advertised) or closed (framework or local approved supplier list) approach to market.
Above £214,904 (inc. VAT) Total Contract Value	Full open (advertised) or closed (framework) tender required. (Advice and guidance from the ICB Procurement team, including if the view is that a full tender cannot be undertaken) Legislation: Procurement Act 2023 from 24/02/25

Appendix 6: Procurement Act 2023 – Table of Transparency Notices

The following table sets out the publication requirements that apply to notices that should be 'published when required' on the central digital platform (Find A Tender Service). Exemptions to publication may apply so please seek advice and guidance from the procurement team as appropriate.

Notice Name / Reference	Publication Requirement
Pipeline notice (UK1)	Mandatory (for organisations where spend is £100m+ PA) 12-month forward-look at planned procurements. £2m+ value
Preliminary market engagement notice (UK2)	Mandatory where pre-market engagement is anticipated or has taken place (or, explain in the tender notice reason for not publishing)
Planned procurement notice (UK3)	Optional and best practice advises the market of an upcoming procurement. A qualifying planned procurement notice can reduce tender timescales to 10 days
Tender Notice (UK4)	Mandatory when undertaking an open or competitive flexible procedure (including to establish a framework and award a contract under an existing dynamic market) or a regulated below- threshold procedure
Transparency Notice (UK5)	Mandatory when undertaking a direct award (publish prior to award)
Contract Award Notice (UK6)	Mandatory communicates the outcome of the procurement and (commences standstill prior to awarding a contract open or competitive flexible procedure)
Contract Details Notice (UK7)	Mandatory details of the awarded contract (including the redacted contract, for public contracts £5m+ and KPI information)

Notice Name / Reference	Publication Requirement
Contract Payment Notice (UK8)	Mandatory details of payments over £30,000 made under a public contract (quarterly)
Contract Performance Notice (UK9)	Mandatory report: a. annual KPI scores for public contracts valued £5m+ poor supplier performance / breach of contract (within 30 days of event)
Contract Change Notice (UK10)	Mandatory prior to a qualifying modification taking place (copy of modified contract for public contracts over £5m)
Procurement Termination Notice (UK12)	Mandatory where, after publishing a tender or transparency notice, the process is terminated without awarding a contract
Dynamic Market Notice (UK13 TO16)	Mandatory when advertising, establishing, changing or terminating a dynamic market
Payments Compliance Notice (UK17)	Mandatory details of contracting authority performance against 30-day payment terms (twice annually)
Contract Termination Notice (UK11)	Mandatory when a public contract ends

NHS Gloucestershire System Quality Committee Meeting

Wednesday 25th June 2025, 2.00–4.30pm
Boardroom & Virtually from Shire Hall, Westgate Street, Gloucester GL1 2TG

Members Present:		
Dame Jane Cummings Chair)	JCu	Chair and Non-Executive Director (NED), GICB
Dr Ananthakrishnan Raghuram	AR	Chief Medical Officer, GICB
Julie Soutter	JS	Non-Executive Director, Audit Committee Chair, GICB
Marie Crofts	MC	Chief Nursing Officer, GICB
Hannah Williams	HW	Deputy Director of Nursing, Therapy and Quality, GHC
Nicola Hazle	NH	Director of Nursing, Therapies and Quality, GHC
Matt Holdaway	MH	Chief Nurse and Director of Quality, GHFT
Rosi Shepherd	RS	Non-Executive Director, GHC
Participants Present:		
Rob Mauler	RM	Assistant Director, Quality Development & Patient Safety, GICB
Sarah Morton (Part meeting)	SM	Professional Head of Adult Physiotherapy, GHC
Annalie Hamlen	AH	Senior Nurse Quality and Integrated Commissioning, GICB
Becky Parish	BP	Associate Director Engagement and Experience, GICB
Julie Zatman-Symonds	JZS	Deputy Director of Nursing & Quality, GICB
Katie Hopgood	KH	Consultant in Public Health, GCC
Emma Crutchlow	EC	GP and Chair of GP Collaborative, GICB
In Attendance:		
Dawn Collinson	DC	Corporate Governance Administrator, GICB
Ryan Brunsdon	RB	Governance Manager & Board Secretary, GICB
Jo Mason-Higgins (Agenda Item 7)	JMH	Head of Claims, Complaints and Patient Safety Investigations, GHFT

1. Introduction and Welcome

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

1.2 The Chair informed the Committee that Gloucestershire County Council (GCC) had written to advise that Benedict Leigh (BL) would be taking over representation at this Committee at some stage in the future. Forthcoming meeting invitations were sent to BL following the meeting.

2. Apologies for Absence

2.1 Apologies were received from Sam Foster, Mel Munday and Christina Gradowski.

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 (nhsglos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk).

3.2 RS declared that she was Chief Nurse for NHS Bristol, North Somerset and South Gloucestershire (BNSSG) ICB.

4. Minutes of the last meeting held Wednesday 23rd April 2025

4.1 The minutes from the last meeting held on 23rd April 2025 were approved subject to Item 5.1.13, where the wording around diabetic needles was requested to be changed, with HW's agreement.

5. Action Log and Matters Arising

5.1 **Action 83 – Pharmacy Manufacturing Unit. June Update:** Update given at June meeting. **Action Closed.**

5.2 **Action 88 - Out of County Children's placements. June Update:** Update to be provided from EW at a future meeting. **Action Open.**

5.3 **Action 95 – Migrant Health. June 2025:** Update provided during June meeting. **Action Closed.**

5.4 **Action 99 - Section 140 Policy - June 2025:** Policy not finalised for June meeting. **Action Open.**

5.5 **Action 109 – Emergency Preparedness, Resilience and Response (EPRR) Quarterly Report. June 2025:** Local Health Resilience Partnerships **(**LHRP) Mutual Aid agreement in date and seemingly fit for purpose. It had not been activated to the knowledge of the EPRR manager, prior to him joining the ICB. **Action Closed.**

5.6 **Action 110 – Critical Incident Report Review. June 2025:** Included as part of the Audit Committee papers and agenda on 16th June 2025. **Action Closed.**

5.7 **Action 112 – Safeguarding Children. June 2025:** MM had provided a detailed Statutory Functions for Safeguarding and Children in Care document for the ICB Chief Executive Officer (CEO), to be shared upon request. **Action Closed.**

5.8 **Action 113 – Maternity Neonatal Voices Partnership (MNVP) 2025:** A paper to address training and potential risks is shortly to be taken to an Operational Executive meeting. Action: Gloucestershire and Bristol, North Somerset, and South Gloucestershire (BNSSG) ICBs to link to give cluster perspective. **Action Open.**

6. Corporate Risk Register (CRR) and Board Assurance Framework (BAF) Updates

6.1 RB informed that BAF 7 had seen an increase in score from 12 to 16. There were 28 risks on the CRR, with 12 assigned to the ICB. This was a decrease of three risks since the April meeting. No new risks had been assigned to the Committee for June. Some risks had seen a decrease in score since April, including midwifery staffing levels, which had reduced from 20 to 9.

6.2 It had been noted that concerns had been raised regarding recruitment for a position within the EPRR team and its potential effect on mandatory training. This matter would be addressed in an upcoming paper at an Operational Executive meeting. The Audit Committee had reviewed the Risk Register, discussing the cross-referencing of risks to ensure appropriate management.

Resolution: The Committee noted the update on the CRR and BAF.

7. System Partner Highlight Assurance Reports

7.1 *Gloucestershire Hospitals NHS Foundation Trust (GHFT) Exception reporting*

7.1.1 MH provided the following update:

Maternity Services: Progress was reported against Section 31 actions with full compliance expected by July. Trusts subject to maternity investigations were still to be announced.

Pharmacy Manufacturing Unit: The unit remained closed due to contamination issues. Patients were receiving therapy through other means, and a harm review had shown no significant harm to patients.

Phlebotomist Industrial Action: Phlebotomist industrial action continued, but mitigations were in place to ensure blood tests were taken appropriately and in a timely manner.

Safeguarding Training: A review of the training provision was underway to improve accessibility and compliance of Level 3 Safeguarding training, which remained problematic.

Urgent and Emergency Care (UEC): Improvements had been seen in UEC, resulting in better flow through the department, leading to reductions in ambulance handover delays and 12-hour waits. This positively impacted patients waiting over 8 hours, reducing potential harm associated with such delays.

7.1.2 MH informed members that whilst midwifery staffing levels had greatly improved, obstetric staffing remained challenging due to high clinical workloads. Obstetricians' capacity for wider improvement work and new governance processes was limited. Numbers of Caesarean sections and induced labours had also increased. However, more trainees were expected in the autumn, and a business case for a long-term workforce plan was being developed.

7.1.3 MC made some observations following MH's update:

- MC acknowledged the significant work done to address the issue of boarded patients, noting the positive progress made in this area.
- MC highlighted the ongoing challenge with safeguarding training, which had been an issue for two years. She emphasised the need to understand the blockers preventing improvement and to address these to ensure better compliance and effectiveness.
- MC enquired about a Never Event mentioned in the report, seeking details on the incident and the actions taken to embed learning from it. MH responded that there had been a second Never Event related to theatres, these events had involved two wrong site implants and that the team would be re-establishing quality improvement work with the theatre team, to prevent any recurrence.

7.1.4 JMH explained the process of After Event Reviews (AERs) for moderate harm or significant incidents discussed at the daily Incident Response Safety Huddle (IRSH). AERs had started to be held immediately after the IRSH instead of waiting for the weekly Patient Safety Review Panel, resulting in three or four AERs in the last month. This method would help to capture early learning and involve those directly affected. However, AERs were not conducted for every moderate-plus harm incident; rather, each case was evaluated individually.

7.1.5 *Summary Discussion and Suggestions:*

- Embedding of clear and effective processes for AERs.
- Structured approach and involvement of appropriate staff to gain valuable insights and improvement of patient safety.
- Implement learning and take prompt actions to prevent future incidents – this may involve reviewing and changing the process.
- Identification of any obstacles, facilitating an efficient and robust process.
- Consistent approach by all, with a transparent culture where any concerns could be openly raised.

7.1.6 EC and AR discussed the implications of the phlebotomist strike on primary care and the measures in place to manage blood tests. EC noted that primary care was facing challenges due to patient confusion regarding the locations for blood tests. AR emphasised the need for data collection to understand the workload and its effects on patient care (particularly the volume of blood tests originating from general practice versus hospital-led tests). The data would be valuable for evaluating the impact on patient care, and informing the appropriate response.

7.1.7 *Complaints Process Improvement Presentation:*
JMH presented slides on the work done to improve the Complaints process, focusing on access, timeliness, quality, learning from complaints, and overall efficiency. She highlighted the use of Artificial Intelligence (AI) to streamline the process, and MC acknowledged the importance of interpersonal connections in resolving complaints.

7.1.8 JZS discussed the potential of AI in picking up clinical and pathway themes. She mentioned that the AI complaint handling agent was able to read complaints, categorise them into early resolution, standard, or complex processes, and identify specific themes such as communication, patient care, and appointments. This AI tool helped streamline the administrative steps and allowed for a more efficient focus on the quality of responses and learning from complaints.

7.1.9 BP mentioned the potential for collaboration between Gloucestershire Health and Care NHS Foundation Trust (GHC) and the Integrated Care Board regarding the complaint handling agent. It was thought that it would be beneficial for the teams to come together to discuss this further.
Action: BP to contact JMH to arrange a meeting to explore the alignment and potential integration of the complaint handling agent across GHC and the ICB. **BP**

7.2 *Gloucestershire Health and Care (GHC) Exception reporting*

7.2.1 NH provided an update:

Safeguarding Compliance: NH mentioned that GHC was currently showing 89% compliance with safeguarding.

Learning from Deaths: NH reported that the Quarter 4 Learning from Deaths summary was presented to the Board in May, with all 14 care review records completed and no specific problems having been identified in the care provided.

Patient Incidents: In April, GHC had reported one new patient safety incident investigation and one after-action review.

Rapid Tranquilisation: There had been a further reduction in rapid tranquilisation incidents and consistent local oversight, with the Behavioural Support team actively involved.

Open Incidents on Datix: The efforts to address high levels of open incidents on Datix, were discussed, with active collaboration between the Patient Safety and Operations teams, leading to month-on-month improvement.

Safe Staffing: NH reported ongoing reviews of safe staffing across community hospitals and inpatient settings, linking this with the Enhanced Therapeutic Observations and Care (ETOC) programme.

Friends and Family Test: This continued to show a 92% positive experience rate.

Formal Complaints: There had been 23 reported formal complaints had been received in April, with a high proportion related to the Integrated Urgent Care Service (IUCS).

NED Quality Visits: Information related to NED quality visits, were detailed in the appendices.

7.2.2 EC raised a question about how communication was handled during investigations into suicide deaths, emphasising the importance of involving system partners such as general practice and other relevant services, to avoid working in silos. It was suggested that a system-wide approach should be taken to ensure comprehensive investigations and learning.

7.2.3 HW responded that GHC's process involved the person's general practitioner (GP), social worker, and any voluntary agencies involved. She also mentioned the role of the Suicide Prevention Lead in Public Health. HW offered to discuss specific instances offline with EC to give assurances that the process was working effectively.

7.2.4 MC mentioned restraint data in the context of ethnicity and the use of restrictive practices. MC highlighted the need to focus on the disparities in the use of restraint among people from Black African Caribbean backgrounds, noting that this was a national issue however the figures in the report for GHC showed significantly high restraints in this population. MC spoke about the importance of addressing these inequalities at the System Quality Group to ensure that the data was used to inform improvements in practice. NH agreed that this was a really important topic which was starting to be more widely discussed.

7.2.5 MC referenced open incidents and felt it would be important to have a timeline around these. NH agreed that completing any incidents through to closure was an indicator of good governance. Incoming data had revealed an increase in the Trust's open incidents over the last 18-24 months, which needed to be addressed with Operational colleagues.

7.2.6 SM mentioned the NED Quality visit in the GHC papers and comments about the Community Neurology Service. Ongoing discussions with commissioners had been noted, relating to fixed-term funding. SM believed funding had since become substantive and wanted to highlight this. HW clarified that at the time of the report, funding was still unconfirmed. However, a recent conversation with the service lead had indicated that temporary funding had been extended, showing an improvement in the situation compared to its previous state.

7.2.7 KH raised a question about the trend of increasing skin integrity incidents and the associated data. HW responded, explaining that many patients, who were often at end of life, and whose ability to heal was affected, were referred to them with existing high-category pressure ulcers. GHC's data was in line with other community trusts and there were multiple health factors contributing to this increase. HW offered to chat offline with KH to provide more details if required.

7.3 *ICB Quality Report (Primary Care) Exception Reporting*

7.3.1 JZS provided an overview of the Nurse on Tour team's activities, highlighting their recent work at the Cirencester livestock market and the 80-90 health assessments having been conducted. The high use of Additional Roles Reimbursement Scheme (ARRS) roles in Gloucestershire was mentioned and the ongoing work taking place to ensure the new primary care matrix did not disadvantage the region.

7.3.2 EC mentioned the development of the GP Collaborative, a new board aimed at giving a unified voice to GPs in the county. EC said the first summit was scheduled to discuss the strategy for primary care and improve communication with system partners.

7.3.3 BP provided updates on engagement with underserved communities including communities such as the biker and traveller communities needed help to improve access to health services and KH expressed willingness for the Council to become involved if this would be helpful in the future.

7.4 *Adult Social Care Exception Reporting*

7.4.1 The report had been included within the papers but was not discussed as there had been no representation from GCC at the meeting today. If there were to be any feedback from members on the report, this should be sent to RB for onward forwarding to Emily White.

7.5 *Verbal Report from System Quality Group and draft minutes*

7.5.1 MC indicated that the draft minutes had been included in the meeting pack and would take it that members had read these. There were no questions or further discussions to note on this topic from the Committee members.

Resolution: The Committee noted the content of the System Partner Highlight Assurance Reports.

8. Quality Governance

8.1 *Quality Improvement Group (QIG) - Maternity*

MC provided an update on the Maternity Enhanced Oversight Group, which was focusing on the six focused actions from the Maternity Safety Support Programme and good progress was reported in addressing the Section 31 actions.

8.2 *QIG – Summary Hospital-level Mortality Indicator (SHMI)*

- AR was pleased to say that the SHMI had shown improvement, with the latest figures indicating a decrease to 109.2, and the monthly internal figure being in the high 80s.
- A deep dive into specific issues such as fractured neck of femur, sepsis, and respiratory failure had been conducted, ensuring that there had been no patient safety issues.
- Efforts had been made to improve coding accuracy, particularly in capturing co-morbidities, greatly contributing to the improved SHMI figures.
- The coding improvements had primarily focused on the acute unit and discharge summaries, ensuring that conditions such as respiratory failure had been accurately coded.
- The medical examiner's data was being collected to ensure robust and accurate processes around the reporting of deaths.
- The focus was now on identifying factors and making changes to improve care for patients, particularly in those areas which had demonstrated significant differences in outcomes.

8.3 *Enhanced Surveillance*

It was noted by NH that progress had been made in addressing the Section 31 restrictions and the ongoing work to support discharges. Ongoing monthly updates and plans would be included in the Quality dashboard as from June. The wider review of the learning disabilities pathway and the engagement and consultation process was also discussed.

Resolution: The Committee noted the content of the Quality Governance reports.

9. Child Protection Medical Assessment External Report

9.1 The GHFT and ICB paper on the CPMA external report was discussed. Timely access to CPMAs was recognised as an issue which the external independent report commissioned had addressed with recommendations for GHFT; the ICB and the GSCP. The concerns remain on both the ICB and GHFT Risk Registers, scoring higher on the ICB risk register. MH highlighted the importance of mediation and joint learning for future progress and change.

9.2 During the discussion concerns were raised about the length of time taken from the final report being received, and an action plan developed. The Committee agreed that the best way forward would be the formulation of a comprehensive CPMA Action Plan which the Chair requested be put together by MC and MH. It would be important for this action to be swiftly enacted, given the importance of the subject matter. MH confirmed that the CPMA Action Plan would be presented to the Vulnerable Patients Group in July for sign-off.

Action: MH and MC to develop a comprehensive "one paper, one plan" action plan for CPMAs, to include timelines, responsible owners, and Red-Amber-Green **MH/MC**

(RAG) ratings, which will ultimately be shared with system partners. Updates to be brought to the Committee.

Resolution: The Committee noted the update on the CPMA External Report.

10. Migrant Health

10.1 JZS provided an update on migrant health, noting the current number of asylum seekers in the county and the work being done to support their health needs. She also highlighted the increase in Tuberculosis (TB) cases in the South West and the importance of maintaining focus on screening and treatment. AR informed that as he is an expert in this area, he had volunteered to work with the new TB lead in the South West to address the increasing cases and to ensure that robust screening and management processes were in place.

Resolution: The Committee noted the update on Migrant Health.

11. Policies for Approval

11.1 Cobalt Patient Safety Incident Response Framework (PSIRF)

11.1.1 It was noted that this Policy had already been to the Board and was presented for ratification. The policy was well-received, and no objections were raised.

Resolution: The Committee approved the Cobalt PSIRF Policy.

11.2 Adult Continuing Health Care (CHC) Disputes Resolution Policy

11.2.1 It was noted that the Policy had already been reviewed by the Operational Executives, ensuring alignment with other areas. Changes were listed. There were no additional comments raised during the meeting regarding this Policy.

Resolution: The Committee approved the CHC Disputes Resolution Policy.

11.3 Prevent Policy

11.3.1 This Policy had been updated to ensure alignment with the latest guidance and additions. It had been reviewed and approved by the Operational Executives. There were no extra issues or concerns raised about the Policy.

Resolution: The Committee approved the Prevent Policy.

12. Meeting Review, Items for Escalation to the Risk Register and Any Other Business

12.1 The Committee discussed the next meeting date, noting that it would fall during the August Bank Holiday week. The Chair requested that all members notify RB of any absences in good time, enabling the meeting to be rescheduled if necessary.

The meeting concluded at 16.45pm

Date and Time of next meeting: **Thursday 28th August 2025 – 2.00-5.00pm in Shire Hall and via MS Teams.**

NHS Gloucestershire ICB System Resources Committee

Meeting Held at 2:00-4.00pm on Thursday 3rd July 2025

Via MS Teams and ICB Board Room, Shire Hall Gloucester

Members Present		
Prof. Jo Coast (Chair)	JC	Non-Executive Director, GICB - Chair
Ayesha Janjua	AJ	Non-Executive Director, GICB
Cath Leech	CL	Chief Finance Officer, GICB
Julie Soutter	JS	Non-Executive Director, GICB
Mary Hutton	MH	Chief Executive Officer, GICB
Mark Walkingshaw	MW	Director of Operational Planning & Performance, GICB
Participants Present:		
Jason Makepeace	JMa	Non-Executive Director, GHC
Jaki Meekings-Davis	JMd	Non-Exeutive Director, Gloucestershire Hospitals Foundation Trust (GHFT)
Kat Doherty	KD	Senior Performance Management Lead, GICB
Mark Golledge	MG	Programme Director- PMO & ICS Development, GICB
In Attendance:		
Dawn Collinson	DC	Corporate Governance Administrator, GICB
Ryan Brunsdon	RB	Governance Manager and Board Secretary, GICB
Haydn Jones *(Agenda Item 6 & 7)*	HJ	Associate Director - Business Intelligence (BI), GICB
Kelly Matthews *(Agenda Item 6)*	KM	Programme Delivery Director, GICB
Shofiqur Rahman *(Agenda Item 7)*	SR	Deputy Chief Finance Officer, GICB
Paul Atkinson *(Agenda Item 9)*	PA	Chief Clinical Information Officer, GICB
Una Rice *(Agenda Item 9)*	UR	Associate Director - Digital Transformation, GICB

APPROVED

1. Introduction and Welcome

1.1 The Chair welcomed those present, and introductions were made.

2. Apologies for Absence

2.1 Apologies were received from Sandra Betney (SB), Karen Johnson (KJ), Rosanna James (RJ), Gemma Artz (GA) and Will Cleary-Gray (WCG). The Chair confirmed that the System Resources Committee meeting was quorate.

2.2 It was noted that the meeting today was shortened by one hour due to work commitments.

2.3 The Chair reminded members that anything confidential should be raised for purposes of the minutes.

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 (nhsglos.nhs.uk) Register of interests : NHS Gloucestershire ICB (nhsglos.nhs.uk).

3.2 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 1st May 2025

4.1 Minutes of the meeting held on 1st May 2025 were approved as an accurate record of the meeting.

5. Action Log & Matters Arising

5.1 **Action Log**

5.1.2 **07/11/2024, Action 43.** System Resource Committee Workshop: Feedback and Next Steps. **July 2025:** Work underway on developing Medium Term Financial Plan (MTFP) by end of Sept 2025. The recommendations from the workshop will be fed into the MTFP, both this year and in future years. **Action Closed.**

5.1.3 **09/01/2025, Action 46.** Performance Report - Referral To Treatment (RTT). **July 2025:** Date for a deep dive is to be confirmed. However some of the RTT waiting list work will be included within the Health Inequalities review. **Action Open.**

5.1.4 **06/03/2025, Action 49.** Digital Risk. **July 2025:** Included within the June agenda. **Action Closed.**

5.1.5 **01/05/25, Action 51.** Review Board Assurance Framework (BAF) 5 Risk. **July 2025:** BAF 5 reviewed and discussed after May Committee and prior to ICB Board in May. Risk updates can be found within the papers and text highlighted in red. **Action Closed.**

5.1.6 **01/05/25, Action 52.** System Planning. **July 2025:** Discussions have taken place, and this is to be included within the June agenda under items 6 and 7. **Action Closed.**

6. Monitoring Delivery of 2025-2026 Plan (inc. Transformation Portfolios)

6.1 ***Delivery of the 2025/2026 Plan***

6.1.1 MG explained that this presentation would be split into three parts:

- MG to give an overview of the work underway on portfolio reporting;
- KM and MG to give an overview of the Prevention portfolio work;
- KM to discuss the Working As One (WAO) portfolio work to deliver the commitments in the Plan.

6.1.2 MG outlined reporting for all six portfolios, two of which were active, and implementation for the other four was pending. Some savings, such as Provider Cost Improvement programmes, were outside the portfolios' scope this year. CL and KD would be covering the Finance and Performance reports.

6.1.3 JS raised concerns about achieving the financial savings target, especially the recurrent savings, noting it would be more difficult this year, following previous under-delivery. With the six-month mark approaching and the areas interlinked, JS sought clarity on how this year's approach would ensure success.

6.1.4 MG stated that total required savings were £92–93m across several organisations with technical adjustments. JC asked about the portfolio share; CL confirmed it was about £10m. Some provider savings, such as some £3m in Planned Care at GHFT, overlapped with portfolio targets, showing interdependency between organisations.

6.1.5 MG noted that the metrics used by this year's delivery schemes, such as the Working As One (WAO) programme, may differ from those in the Operational or Joint Forward Plans. As JS pointed out, assurance was needed for overall delivery.

6.1.6 MG spoke about the rolling out of metrics reporting where a discussion around capacity had taken place within the organisation. The BI team had been helping with various strands of work. Resourcing requirements around staffing would need further consideration.

6.1.7 System savings arrangements were in situ, and the Finance team had been co-ordinating with the portfolios to track progress against savings commitments in the plan for this year. Monitoring and tracking for projects where no direct cashable savings could be made, would continue.

6.1.8 AJ asked if actions were being taken on metrics trending downward but not yet marked as Red, and whether those metrics would be benchmarked or simply monitored for system progress.

6.1.9 MG indicated that the portfolios were at various stages of development and would continue to be reviewed throughout the year, particularly around those metrics posing greater challenges further on in the year. The Medium Term Plan would also incorporate benchmarking, which would involve further capacity considerations.

6.2 ***Prevention and Long Term Conditions (LTCs)***

6.2.1 MG said good progress has been made for three priority portfolio programmes that were commitments in the Joint Forward Plan (Slide 9):

- Voluntary Community & Social Enterprise (VCSE) Partnership Model Development
- Integrated Care Model for individual LTCs (Diabetes, Cardiovascular Disease (CVD), Chronic Kidney Disease (CKD) and Respiratory
- Adults Weight Management Pathway

6.2.2 A £250k cashable savings target had been set for the Prevention portfolio this year, but delivery was at risk due to delays in Complex Care and minimal savings from the Acute Respiratory Infection (ARI) hubs. Options are to be discussed offline with Executives to address this issue.

6.2.3 JC requested clarification regarding where the originally identified savings had been allocated, and referred to the areas mentioned by MG earlier. MG stated that the plan for this year had included £500k in cashable savings from reviewing recurrent investments. These savings had been distributed across various portfolios: £250k assigned to the Prevention portfolio, £125k to WAO Urgent Care, £125k to Planned Care, and £250k had been intended for mental health. Due to the requirements of the Mental Health Investment Standard (MHIS) however, the latter amount needed to be reinvested, leaving no available savings, thus resulting in the delivery risk.

6.2.4 JS queried in year savings being realised by examining ongoing recurrent investments, and as these were already underway, savings might only be observed next year, potentially as a result of staggered contracts. It was clear, after discussion, that savings would only materialise in full going forward, next year. The Chair also recognised that this was high risk, confirmed also by MG, who observed that there was a good deal of risk overall, contained in the Financial Savings Plan this year.

6.3 ***Working As One (WAO) – Urgent Care and Flow***

6.3.1 KM demonstrated slides on this topic, (which were circulated by RB following the meeting) and discussed the WAO portfolio, with key highlights:

- A series of workshops had been conducted with senior leadership and wider teams, including external advisors;
- Improvements had been noted in trusted relationships but a decrease in confidence had been noted in delivering financial savings;
- Next steps included progressing baseline and scoping for priority areas and reviewing business cases by the end of July;
- The financial savings target was £4.125m, with a focus on reducing bedded care and duplication in care co-ordination processes. Key Performance Indicators (KPIs) were monitored fortnightly;
- Key risks included aligning workforce planning with financial savings, and ensuring effective communication and engagement, recognising the skill mix across the system.

6.3.2 JS queried the confidence around being able to make the £4.125m savings and recognised the challenge of having to find £118k per week. JS expressed concern in that it was unknown as to where the transformation portfolios were at the moment in terms of meeting that target for WAO and knowing how far off the system was in meeting the target was difficult, in terms of looking at risk management from an Audit and Board perspective.

6.3.4 KM recognised the difficulties in providing assurance around how much the unknown recurrent position would be realised in-year. Changes in workforce would likely have to go through a staff consultation which again, would add further risk to the position, but would ultimately make for a stronger recurrent position going forward.

6.3.5 CL noted that improvements in flow had saved bed days and enabled some bed reductions, although significant financial savings were still pending. Decisions on when to move forward with changes would be discussed at the Strategic Executive meeting in July. Discharge to Assess (D2A) beds, had already realised direct cashable savings. Risk appetite was an area in which more conversations were needed quite urgently, due to metrics now coming together.

6.3.6 AJ asked to what extent the portfolios looked across frailty and falls and KM explained that Prevention and LTCs were represented on the Portfolio Board to ensure that everything read across. The challenge was the degree of sustainable impact, which was being monitored, and the risk conversation would incorporate the confidence around making changes. The maturity of some of the wider work would help inform some of that conversation.

RESOLUTION: The Committee noted the updates on the delivery of the 2025-2026 Plan.

7. Medium Term Plan (including Financial Plan)

7.1 CL explained that the Medium Term Plan would be aiming to formalise the Joint Forward Plan with a focus on sustainable health services, performance, and financial stability. It would be influenced by the 10-year Plan and underpinned by three-year revenue allocations and four-year capital allocations.

7.2 Additional work was being done to understand the population and its implications. This included using linked data and potentially overlaying a dynamic population model from Bristol, North Somerset, and South Gloucestershire (BNSSG) ICB. The Plan would involve two phases: baselining current commissioning and productivity, followed by developing a detailed plan incorporating financial models and transformation plans. The goal was to complete this by December 2025.

7.3 The local approach included iterative steps: population analysis, Joint Forward Plan reviews, financial modelling, and prioritising transformation plans. The significant amount of modelling required in a short timeframe was noted as a challenge. Existing models would be built upon, and the work would be iterative to manage workload. The impact of the ICB changes on staff capacity and the cost of change without a clear funding source, were highlighted as risks.

7.4 JC enquired about the extent to which medium-term planning was related to Gloucestershire versus BNSSG. CL clarified that the allocation was specific to Gloucestershire, and planning would be aligned to the needs of Gloucestershire, as each ICB remained a separate statutory organisation. There would be efforts to align approaches and work closely with BNSSG to ensure efficiency.

7.5 MG said the Joint Forward Plan would eventually evolve to incorporate commissioning intentions rather than having to produce two separate documents, although this was still in very early stages.

7.6 JMa said this looked to be a huge amount of work with little benefit, and queried whether this work needed to be done by two separate ICBs. He wondered whether the next few months could be better utilised to align data warehouses, and conducting modelling approaches towards Phase 2 in 2026.

7.7 CL noted limited options, highlighting that a Joint Forward Plan already guided the next five years and the ICB would build on this foundation, including the portfolio approach and necessary transformation programmes. The system needed to restore financial sustainability, so the ICB may need to take additional steps regarding commissioning decisions.

7.8 Much of the work would be iterative and necessitate ongoing evaluation to determine best value. Pragmatism would be important about what was sufficient for current progress and which tasks should begin in earnest next year.

7.9 JC questioned the tight timeline for the Plan. MH explained that although a merger with BNSSG was considered for next year, it would likely be delayed, so both organisations would stay separate for another year. Auditors would require evidence of value for money from both Gloucestershire and BNSSG, making two separate Plans necessary, until the merger were to take place.

RESOLUTION: The System Resources Committee noted the update on the Medium Term Plan.

8. System Resource Committee Risk Report

8.1 MG extended thanks to RB for working on the paper for this and gave updates:

- The Committee currently had seven corporate risks assigned to them with a score of 12 or above. This was an increase of three risks since the May Committee.
- The Board Assurance Framework (BAF) presented today was the one taken to the May Board. If members had any comments today, these could be incorporated for the July Board.

8.2 The three new risks were for prescribing, medicines savings and maternity. It was proposed that these be taken to the Audit Committee for incorporation into the overall financial risk being held as an organisation.

8.3 Two Corporate Risk Register scores had risen: one due to resource challenges from transformation schemes and changes in ICB affecting team capacity, as staff were redirected to priority projects. The other risk related to difficulties in delivering benefits and information support, especially in BI and information flows. These risks would also be taken to the Audit Committee.

8.4 JS observed that the next Audit Committee would be meeting on 11th September and requested advance notice of any BAF updates presented to the Board in July. Members of the Governance Team had been looking at statutory responsibilities and risks associated which required mapping to each of the Committees and Board, enabling assurances around governance during the ICB's transition. JS thought that this document would be useful to come back to each Committee when it was ready, hopefully by the end of the summer, when some of the transition work had been undertaken.

RESOLUTION: The System Resources Committee noted the information on the System Resource Committee Risk Report.

9. ICS Digital Strategy & Risk Mitigation

9.1 The Strategy included managing legacy systems and ensuring that future procurements would come with lifetime updates and support, to avoid technical debt.

9.2 A methodology based on a scoring matrix would be applied to prioritise digital projects. This process would involve consultation with all partners in the ICS digital teams. Nine key areas of work were identified as top priorities. These areas would need to be resourced first, with other projects addressed on a "best-efforts" basis.

9.3 Any new digital project requests would be assessed using the same scoring methodology, to ensure transparency and aid effective management of resources.
Efforts were being made to align digital priorities with the five portfolios model. This included attending portfolio development group meetings. to integrate digital needs with broader system priorities.

9.4 The technical infrastructure area remained challenging, with the broad ambition to be broken down into specific targets and business cases to secure necessary resources.

9.5 JMa recognised the importance of communal efforts across organisations within the ICS to share knowledge and capacity. This collaboration was crucial for moving forward together. JMa highlighted the need to address legacy systems, such as public-facing portals which had served their purpose well, but may now be outdated.

9.6 JMa also spoke about the importance of gracefully decommissioning legacy systems to reduce cyber risks and align with newer, more efficient solutions. JMa advocated a balanced approach, to include both the decommissioning of outdated systems, and building up new, successful digital initiatives.

RESOLUTION: The System Resources Committee noted the update on the ICS Digital Strategy and Risk Mitigation.

10. Specialised Commissioning (Standing Item)

APPROVED

10.1 MW reported that new delegated arrangements commenced at the beginning of April under the principal commissioner model. This involved the NHSE specialised commissioning team working from the hub for the seven South West systems directed by the joint committee.

10.2 MW noted that the impact of the NHS England (NHSE)/Department of Health and Social Care (DHSC) transition programme was as yet unknown on this team, but noted that the ICB was working on the basis that this arrangement would continue, albeit with required efficiencies (as it would be a model of supporting ICBs at scale).

10.3 MW stated that the ICB had, as a system, collaborated with the Specialised Commissioning team to develop a strategic Medium Term Plan, address cost pressures and investments, align high-cost Drugs and Pharmacy programmes with local Medicines Management, and review productivity and efficiency programmes. These efforts had identified potential savings of £5–5.5m, particularly in severe asthma, renal, and head injury pathways.

RESOLUTION: The System Resources Committee noted the update on Specialised Commissioning.

11. ICS and ICB Performance Report

11.1 MW introduced the report prior to KD sharing further details. MW noted that the new National Oversight Framework had been published last week, outlining how NHSE would assess providers and ICBs, using agreed metrics to drive improvement and to quickly identify those organisations needing extra support.

11.2 The ICB had been reviewing metrics to provide data for national league tables expected later this month. GHFT and GHC were scheduled to receive segmentation scores in 2025/2026, whilst the ICBs, during this period of transition, would not.

11.3 In terms of national areas of performance focus, MW reported issues which continued to dominate performance in the following areas:
Urgent and Emergency Care (UEC): Accident and Emergency (A&E), handover delays and corridor waits.
Elective Care: 52 week waits and Referral To Treatment (RTT) - alongside diagnostics and cancer.

11.4 MW updated the Committee on financial pressures from higher-than-planned independent sector activity and new national guidance, including Indicative Activity Plans (IAPs) and Activity Management Plans (AMPs). It was noted that these national changes had been introduced in order to support systems in achieving financial balance. In response to JS's request for more information, MW stressed the need for consistent practices across all providers, maintaining 18-week wait time performance and supporting patient choice.

MW explained that the implementation of IAPs for all providers had meant a reduced level of activity for some procedures where there were already very low waiting times. Due to the specific procedures involved, this had particularly impacted the IAPs for independent sector providers, leading over time to some increases in waiting times. However, it was emphasised that waiting times would still be within the 18-week standard and that patients would continue to have a choice of provider.

11.5 KD reported that the lung health checks had recently identified seven cancers, six of which had been at Stage 1. This early detection was expected to reduce the need for major surgeries and long-term treatments in the future.

APPROVED

11.6 There had been significant pressure from the Getting It Right First Time (GIRFT) programme to improve cancer performance, particularly in urology. The target was a 5% improvement in the next few months, which was challenging, given the historical 2% improvement over three years.

11.7 Diagnostic performance, especially echocardiography, was a major concern. The waiting list was growing, and the current capacity was insufficient to meet demand. Innovative solutions were being explored, but progress so far had been slow.

11.8 Efforts were being made to enhance primary care reporting by providing more comprehensive data on activity levels. This aimed to highlight the significant volume of patients seen in primary care compared to other system areas.

11.9 The findings from the Health Inequalities Report were being integrated, focusing on elective waiting lists and system-wide visibility of UEC activity.

RESOLUTION: The System Resources Committee noted the ICS and ICB Performance Report updates.

12. ICS and ICB Finance Report

12.1 CL summarised the Finance Report as below:

12.2
- **Overall Financial Position**:
- The system remained on a break-even forecast.
- **Savings**: There were significant challenges in achieving the planned savings.
- **Weight Management**: The introduction of new drugs and private providers entering the market posed financial risks.
- **Pay wards**: Funding had been received, reducing the risk, but assessments were ongoing.
- **GHFT Pay Run Rate**: The pay run rate for GHFT was higher than budgeted, with year-to-date overspending.
- **Independent Sector Providers**: There was a risk of around £3m, due to higher-than-expected activity levels.
- **Capital and Cash Management**:
- The capital plan was on track, but cash management remained under close scrutiny, particularly for GHFT.
- **ICB Change**:
- The ongoing ICB changes were impacting staff focus and the delivery of the financial plan. The cost of change and redundancy funding remained uncertain.

12.3 JC queried the £2.2m capital investment for an Urgent Treatment Centre (UTC) and asked if this was to be repurposed somewhere else. CL explained that there were several allocations within capital, one of which was the main one in Capital Departmental Expenditure Limit (CDEL).

12.4 CL explained that this year, the ICB was approved to bid for extra capital tied to constitutional standards. GHFT quickly assembled several bids, including one for a new Urgent Treatment Centre (UTC) as part of the Urgent Care portfolio. It was decided that additional work was needed to align the revenue business case with overall performance, so this bid had been was withdrawn and as this involved national capital, it was not able to be repurposed by the ICB.

12.5 JC queried the National Institute for Health and Care Excellence (NICE) technology appraisals (TA) guidance for dementia treatments and asked if these were likely to be instigated during this financial year. CL said that a few appraisals had been done by NICE in this area, none of which had met the standards to become NICE TAs. This would amount to a service change and the

diagnostics that would go with that. There was a certain amount of uncertainty and a concern and remained a "watching brief" risk.

RESOLUTION: The System Resources Committee noted the update on the ICS and ICB Finance Report.

13. Any Other Business or Items of Escalation

13.1 There was no other business to discuss.

13.2 The meeting concluded at 3.55pm.

Date and Time of Next Meeting: Thursday 4th September 2025 – 2.00-4.00pm

Minutes Approved by: System Resource Committee Signed (Chair): Prof Jo Coast Date: Thursday 4th September 2025

APPROVED