

**Report to March 2024 Meeting of CBC Overview and Scrutiny Committee****Summary of 12 March 2024 Meeting of GCC Health Overview and Scrutiny Committee**

A full recording of this meeting is available in the [“Online meetings”](#) section of the GCC website. The public information pack which includes all presentations is also available on this website. The minutes are not yet available, so this paper is based solely on notes I took at the time.

**1. Scrutiny Items –****1.1 Maternity Services Update**

This report was divided into 3 sections:

**a) Response to Panorama Documentary**

A BBC Panorama documentary was broadcast on Monday 29 January. It focused on GHT’s maternity services. In particular on three tragic deaths of a mother and two babies. It did mention the national and local challenge in recruitment but only tangentially and it failed to indicate the context of 6000 birth per annum. These deaths took place in the period 2019-2021 and the report pointed out 9 actions taken in response to the external investigation commissioned following these deaths, including closing the Aveta unit for birthing. The documentary claimed that GHT’s death rate was twice the national average. However, the national panel of experts (MBBRACE) who are tasked with reviewing the data from all Trusts disagreed indicating that they considered rates to be on the national average and that taking such a small sample (of 3 individual cases) was inappropriate.

**b) National Maternity Survey**

The CQC published the results of this survey in February. GHT scored well in areas such as partner involvement but poorly in relation to advice given with induced labour and advice about feeding the baby. Full results available on CQC website.

**c) Stroud Maternity Unit (1) & Aveta Birthing Unit (2)**

(1) The six postnatal beds have been closed since September 2022 and midwifery staff have been centralised at Gloucestershire Royal Hospital (GRH) to ensure safe staffing levels, and, in particular, one-to-one care in labour and birth. The report indicated that there is still more to do to ensure safe staffing levels are achieved to enable the reopening of post-natal beds in Stroud.

(2) With the aim of ensuring safe staffing levels for the maternity service overall GHT closed the Aveta Unit in CGH to labour and new births in 2022. This has enabled maternity services to centralise midwives at GRH and thereby to ensure it could achieve the one-to-one care that the CQC indicated was a key safety standard in labour and new births. Following the 2 closures the CQC have acknowledged that 99% of new births now receive the care required. GHT indicated their aim was now to get to 100%.

GHT’s new CEO (Kevin McNamarra) concluded by stating that GHT was committed to reopening the 2 units as soon as possible but that Aveta birthing services would reopen before the Stroud beds. He declined to give a timescale.

## **1.2 NHS Gloucestershire Winter Sustainability Plan 2023-24 – A Review**

This turned out to be more a review of what parts of the plan had, in the end been able to be implemented rather than a review of how effective the plan had been overall.

A report reviewing the effectiveness of the plan and looking at which elements had worked well, and which had not was promised for a future meeting.

## **2. Information Items – see presentations for full details:**

### **2.1 Gloucestershire Local Medical Committee (LMC) – An Overview**

Dr Hodges, LMC Chair gave an overview of the work of his committee and a report on the current pressure in the primary care system including data on the massive increase in demand for services at this point in the care system. Over the last 15 years, GP numbers have declined slightly but each registered patient is being seen twice as often, i.e. roughly twice as many appointments are being provided. Allied to this funding has fallen way below need putting huge strain on budgets, but more particularly strain on all staff not just GPs themselves but also practice nurses, physios and clinical pharmacists.

He painted a picture of a service and system on its knees.

### **2.2 Gloucestershire Integrated Care System (ICS) Performance Report**

- In the previous report no patients had been waiting for CT & MRI at GHT more than 6 weeks which ranked GHT in first place nationally but now 15% of patients are waiting over the 6-week target. There are also still issues with waits for gastroscopy and colonoscopies.
- Patients waiting for planned care have increased again with only 64.8% hitting the referral to treatment (RTT) target and over 65 week waiters back up to 814 patients..
- ED & MIU performance against the 4-hour target has dropped to 71.9% in January but remained slightly better than the national average and ambulance response times are still significantly improved compared to the same period last year with Cat 2 at 38.9 mins and average daily time lost because of handover delays at 74.8 hours.
- Demand for primary care services remains very high and is still increasing with 398,761 appointments carried out in November, the latest month for which figures are available.
- Waits for mental health services for children and young people remain high across all providers.
- More positively the 2 weeks wait and faster diagnostic cancer waiting times targets are now being met but the 62-day referral to treatment target has again been missed (in line with almost all acute trusts) mainly due to 153 patients on Urology pathways.

## **2.3 NHS Gloucestershire Integrated Care Board (ICB) Update – this report is now divided into 3 sections**

- Section 1 an update on national and local commissioning issues
- Section 2 an update on primary care issues from the commissioner perspective
- Section 3 an update from the 3 provider Trusts; Gloucestershire Health and Care NHS Foundation Trust (GHC), Gloucestershire Hospitals NHS Foundation Trust (GHT) and South Western Ambulance Service NHS Foundation Trust (SWAST)
- Of note for Cheltenham was the opening at CGH of two new theatres. Combined with the opening of the new Chedworth Surgical Unit last year, at a total cost of £17.2m, it will mean that up to 2,500 more day surgery patients being treated each year at CGH.

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