

HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting of the Health Overview & Scrutiny Committee held on Tuesday 12 October 2021 at Shire Hall, Gloucester.

Present : - Health Overview and Scrutiny Committee (HOSC)

Cllr Andrew Gravells MBE (Chair)	Cllr Dilys Barrell
Cllr David Drew (Vice-Chair)	Cllr Stephen Andrews
Cllr David Brown	Cllr Ray Padilla
Cllr Gill Moseley	Cllr Jill Smith
Cllr Alan Preest	Cllr Terry Hale
Cllr Stephen Hirst	Cllr Suzanne Williams
Cllr Robert Vines	

Officers: NHS Gloucestershire Clinical Commissioning Group (GCCG)

Mary Hutton – Accountable Officer and ICS Lead
Dr Andy Seymour – Clinical Chair
Mark Walkingshaw - Deputy Accountable Officer/Director of Commissioning
Jeannette Hudson - Deputy Director Commissioning (Urgent Care)
Ellen Rule – Director of Transformation and Service Redesign
Becky Parish – Associate Director Engagement and Experience

South West Ambulance Service Foundation Trust (SWASFT)

Stephanie Bonser
Kevin Dickens
Rhys Hancock

Gloucestershire Hospitals NHS Foundation Trust (GHT)

Deborah Lee – Chief Executive
Simon Lanceley - Director of Transformation
Prof Mark Pietroni - Director for Safety, Medical Director

Gloucestershire Health and Care NHS Foundation Trust (GHC)

Paul Roberts – Chief Executive
Ingrid Barker – Chair

Gloucestershire County Council (GCC)

Cllr Carole Allaway Martin, Cabinet (Adult Social Care Commissioning)
Cllr Tim Harman, Cabinet (Public Health and Communities)
Cllr Kathy Williams, Cabinet (Adult Social Care Delivery)

Healthwatch Gloucestershire (HWG) – Nikki Richardson

1. APOLOGIES

Apologies were received from Cllr Helen Fenton, (representing Stroud District Council), Cllr Helen Molyneux, (representing Forest of Dean District Council), Cllr Stephan Fifield (GCC), and Cllr Linda Cohen (GCC).

Cllr Terry Hale substituted for Cllr Fifield. Cllr Suzanne Williams substituted for Cllr Cohen. There were no other substitutions.

Apologies were also received from Angela Potter, (Gloucestershire Health and Care NHS Foundation Trust).

2. DECLARATIONS OF INTEREST

Cllr Stephen Andrews, (Cotswold District Council representative), declared a non-prejudicial interest in the items on the agenda relating to his work as a volunteer first responder with SWAST, (Southwest Ambulance Service NHS Foundation Trust).

3. MINUTES

The minutes of the meeting held on 13 July 2021 were agreed and confirmed as a correct record of that meeting.

4. REPRESENTATIONS

No representations were made at the meeting.

Cllr Andrew Gravells, (Chair), proposed that the process for considering public representations at Health Overview and Scrutiny Meetings be reviewed at a future meeting.

5. SOUTH WEST AMBULANCE SERVICE NHS FOUNDATION TRUST PERFORMANCE UPDATE

Representatives from the South West Ambulance Service NHS Foundation Trust (SWASFT) updated the committee on current activities, issues and performance. Stephanie Bonser, Kevin Dickens and Rhys Hancock gave a detailed introduction to the report before responding to questions.

The committee noted ambulance incident numbers, (including Category 1 and 2 ambulance response times), for the South West region during the period August 2020 to September 2021. Category 1 refers to the triage category for ambulance emergency response times for the most seriously unwell patients in the region, including those in cardiac arrest. Category 2 refers to the triage category for patients with a more clinically stable condition but still require an emergency response. At the time of the meeting, the Category 1 mean response time target for the purpose of performance standards was 7 minutes. The Category 2 mean response time target was 18 minutes.

Members were informed that the Trust had experienced significantly higher than normal activity levels during the period following the easing of Covid-19 lockdown measures in May 2021. Weekly incidents had been recorded at over 20,000 incidents for the 18 consecutive weeks between 3 May and 5 September 2021. An increase in tourism activity across the region, particularly over the summer months, had been a notable factor in the increased number of emergency incidents.

Referring to detailed graphs included in the report, it was noted that the Category 1 performance for the South West had been broadly in line with the national target, with the majority of patients receiving a response within 10 minutes. Category 2 performance, however, remained a significant challenge with performance levels falling below the national target.

One of the key factors influencing performance since the easing of government lockdown measures had been the unprecedented demand on the ambulance service experienced during August and September 2021. By means of explanation, it was noted that, over the previous 2 years, there had only been 2 weeks during which the Trust had experienced above 20,000 incidents in one week, both of which had fallen over the Christmas and New Year period in 2019, when activity is traditionally expected to be higher than normal.

In terms of activity illustrated by Clinical Commissioning Group area, (recorded as comparisons between data recorded in September 2019 and corresponding weeks in 2020), it was reported that each area had experienced a significant increase, with Gloucestershire showing an increase of almost 24%. This was further highlighted by data recorded for Gloucestershire in September 2021 and reports of an average of 2383 incidents per week, again a significant increase.

Another significant factor affecting performance was the impact of handover delays at hospital emergency departments. Increased pressure points in the system continued to have a direct impact on the resources available to respond to the number of emergency calls received. Capacity challenges and flow within hospitals continued to impact on their ability to accept ambulance patients in a timely manner, with the national handover standard being 15 minutes. SWAST continued to work extremely closely with the commissioners and senior teams of the Acute Hospitals Trust (GHT) in order to help manage the flow of patients into hospital emergency departments, (system health and social care partners are also working closely on flow out of hospital beds to home or onward care and support), with the explicit aim of increasing ambulance availability wherever possible and deliver the best service to patients.

With ever increasing pressures placed on the NHS, an increased number of handover delays and the challenges this created resulted in a significant impact on performance over the past few months. Members were reassured of reports of SWAST working alongside the Gloucestershire Hospital Trust and the Hospital Ambulance Liaison Officer (HALO) at Gloucestershire Royal, (responsible for advising the emergency team of the number of expected ambulances), to resolve current issues. The Hospital Ambulance Liaison Officer, (HALO), was also assisting

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to support ambulance crews by signposting ambulances to alternative departments, including medical assessment units.

In addition, SWAST and GHT had created a patient cohort area within the Emergency Department, enabling SWAST clinicians to oversee clinical care treatment until a hospital bed became available. It was explained that paramedic crew can provide cohort care for up to 4 suitable patients, allowing the release of emergency ambulances to respond to other emergency calls.

It was acknowledged that the impact of COVID 19 on the SWAST had been both significant and varied, not least with the increasing difficulty of not being able to predict activity or forecast demand in line with lockdowns, restrictions and public behaviour.

Members were advised of some of the actions that had been taken by the ambulance service in response to the pandemic. These included: -

- a) SWAST declaring a critical incident on 16 March 2020. This had allowed the Trust to focus its resources on operational delivery, both in the Clinical Hub and in frontline resourcing;
- b) All non-essential meetings and training were suspended to allow clinicians to complete telephone triage or frontline ambulance work;
- c) All staff were provided with Personal Protective Equipment which had included personal issue Powered Respirator Hoods;
- d) All staff were provided with lateral flow test kits for use before operational shifts and to ensure protection against cross contamination.
- e) Lateral flow testing was carried out by SWAST crews on (Gloucestershire) patients prior to their arrival at hospital. This allowed for early detection of infection;
- f) County Coordination Centres had been set up to monitor and manage COVID infection and isolation amongst staff and provide early swabbing and advice;
- g) All SWAST staff were offered early COVID vaccinations in conjunction with Gloucester Hospital Trust staff (both Pfizer and Astra Zeneca vaccines), including all non-frontline staff and University students;
- h) Staff had been redeployed to assist with the deep cleaning of vehicles to reduce downtime to frontline crews

As part of the Trust's wider response to the pandemic, the five fire and rescue services based within the south west, including Gloucestershire, continued to support SWAST by deploying fire fighters to drive ambulances and to work alongside SWAST clinicians. This aspect of work was known as Operation Braidwood. Fire fighters involved in Operation Braidwood already had blue light driving skills, had undertaken additional training and held a skills passport to ensure they were able to safely support the transport and delivery of patient care, working alongside SWAST crews. The period of support commenced provided by the fire service commenced in November 2020, during which time Gloucestershire Fire and Rescue Service fire fighters covered over 600 frontline shifts; responded to 2280 incidents and delivered over 4000 hours of direct patient contact time. The current

agreement between SWAST and the 5 Fire and Rescue Services in the South West will continue to the end of 2021.

The work of volunteers, (community first responders), was recognised at the meeting, as was the support provided by Gloucester Rugby Club.

In noting the report, a number of questions were asked at the meeting. The responses provided are summarised below: -

- 1) An on call demand team is responsible for the daily assessment of the resources required in each area of the region. The assessment determines how and where resources are deployed;
- 2) The number of emergency calls and the number of abandoned emergency calls are carefully monitored;
- 3) SWAST had an excellent take up of staff receiving the Covid-19 vaccination with 98% of staff vaccinated;
- 4) Significant effort had been invested in considering how best to locate patients, particularly, in rural and remote locations. Encouragement to describe patient locations using 'What 3 Words' had been effective;
- 5) Use of social media and media releases was an effective way of relaying messages to the public;
- 6) Recruitment measures were constantly in place and under review;
- 7) Concerns relating to the condition and availability of defibrillators were noted. The committee was informed that the majority of defibrillators were no longer secured by locks, to ensure easy accessibility;
- 8) The expansion of the consultant led Cinapsis service at Gloucestershire Royal (GRH) and Cheltenham General (CGH) Hospitals has had a significant impact on enabling patients to be diverted away from the emergency department and treatment offered in alternative departments/settings; **Action:** A more detailed presentation on the Cinapsis service to be presented to the committee at a future meeting;
- 9) The location of ambulance stations has no real impact on the response of ambulances to emergency calls in rural locations. Ambulances are generally not located at ambulance stations when responding to calls;
- 10) The recent fuel crisis had no impact on the ambulance service. Emergency supplies and listed as a priority service at dedicated fuel stations ensured the ambulance service operated as normal;
- 11) The roll out of new ambulances in one area of the region has enabled the decommissioning of vehicles in other areas with an increased number of new and replacement vehicles overall.

Members welcomed the detailed update and were generally reassured by the measures in place to alleviate some of the pressures currently experienced by SWAST and by ambulance services across the country.

It was, nevertheless, acknowledged by members and by representatives of SWAST and the Gloucestershire Clinical Commissioning Group (GCCG) that the data referred to by the performance reports did not always reflect the very serious pressures and challenges to both SWAST and GHT

Whilst it was with great pride to note that, until recently, Gloucestershire ambulance service represented the best performing service in the South West, it was also acknowledged that the NHS overall continued to be affected by the impact of the COVID-19 coronavirus. Ongoing challenges and the need to declare 'critical incidents' due to extreme pressures on SWAST was a reality that was very much a concern to both the ambulance service and to the NHS in the delivery of services to the public.

The committee thanked SWAST for the update and for the services they continued to provide in the extreme circumstances presented to them at this current time. Members to receive ongoing regular updates as part of the regular reports to the committee.

6. GLOUCESTERSHIRE NHS URGENT AND EMERGENCY CARE WINTER SUSTAINABILITY PLAN (2021-22)

Jeannette Hudson, Deputy Director of Commissioning: Urgent and Emergency Care for the Gloucestershire Clinical Commissioning Group, gave an update on the Gloucestershire NHS Urgent and Emergency Care Winter Sustainability Plan (2021-22).

The purpose of the plan is to ensure that the Gloucestershire Health and Social Care System is able to provide resilient health and social care services throughout the year, with a particular focus upon the winter months.

The Gloucestershire Winter Sustainability Plan 2021/22 has been developed this year against the challenges created by the ongoing impact of the Covid-19 Pandemic, in addition to the normal anticipated winter challenges of planning for Seasonal Flu and Respiratory Syncytial Virus (RSV) and the significant workforce challenges across Health and Social Care.

The current plan was developed by working closely with system partners across the Integrated Care System, including Gloucestershire Clinical Commissioning Group, (GCCG), Gloucestershire County Council (GCC) Adult Social Care Services, Gloucestershire Hospitals NHS Foundation Trust (GHT), Primary Care, E-Zec Medical, (Patient Transport Provider), Gloucestershire Health and Care NHS Foundation Trust (GHC), South Western Ambulance Service NHS Foundation Trust (SWAST) and other private sector providers.

The key aims of the Gloucestershire plan, include:

- a) Ensuring the resilience of all key services.
- b) Maintaining patient flow across acute, community and social care.
- c) Continuing dual focus upon 'Front Door' attendance/admission avoidance and 'Back Door' flow.
- d) Continuing to maintain strong service delivery in Primary and Community Care.

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- e) Expanding and improving mental health services and services for people with Learning Disabilities/Autism.
- f) Continuing to meet Covid-19 requirements and guidelines.
- g) Taking action to mitigate key staffing pressures.
- h) Supporting the health and wellbeing of health and social care staff.
- i) Implementing the seasonal flu vaccination programme alongside delivery of the Covid-19 vaccination and booster programmes.
- j) Delivering 'NHS111 First' and maximising the contribution of clinical triage and assessment.
- k) Maximising 'Hear and Treat' and 'See and Treat' initiatives within the Ambulance service.
- l) Minimising Ambulance handover delays.
- m) Continuing to expand the use and support provided by the Voluntary Sector.
- n) Continuing to work closely in partnership with Gloucestershire Adult Social Care services to ensure that those who are medically fit for discharge are not delayed in leaving hospital.

Outlining some of key lessons learned in response to the Covid-19 Pandemic, members were advised of the key risks and anticipated issues likely to affect the delivery of services during the winter months. These included: -

- 1) Situations where demand exceeds capacity: to be mitigated by system-wide demand and capacity planning and agreed system schemes/investments.
- 2) Workforce pressures across Health and Social Care: to be mitigated by additional workforce investments, mutual aid and targeted recruitment campaigns.
- 3) Risks related to increased Covid-19 cases: including the challenges presented with increased patients, changes to guidance and the challenges of around IPC (Social distancing, PPE, additional cleaning). Such risks impact on capacity within health and social care and within the workforce.
- 4) Difficulties in maintaining operational performance standards: situations where demand significantly outstrips capacity can significantly impact on maintaining performance, including minimising ambulance handover delays and time waiting in Emergency Departments.
- 5) Repatriation of patients: strong arrangements are in place to ensure close working with neighbouring systems and to repatriate patients from neighbouring systems and to ensure close liaison with NHS Wales.
- 6) NHS 111/Out of Hours and Primary Care activity increase: NHS 111 and Out of Hours (OOH) and performance has resulted in significant challenges for both services throughout the pandemic. These challenges continue as activity increases by 20% for NHS 111 and 10-20% for Out of Hours Services. For Primary Care, it was reported that that GP Practices in Gloucestershire had experienced significant pressures but continued to offer

a high proportion of face to face as well as virtual appointments, and were performing well against access standards.

- 7) Temporary Reduced Hospital Capacity: Gloucestershire Royal Hospital (GRH) was currently undergoing renovations of its Gallery Wing. This is a therapy led ward with a focus on facilitating the discharge of patients clinically well enough to leave hospital but unable to return home due to requiring onward care/ support in the community either from Health or Social Care.
- 8) Evidence of acuity increasing due to patients deconditioning: It was noted that a project team was in place to consistently monitoring data for trends including patients' average acuity levels, rates of escalation and compliance, to ensure services provide the most effective and efficient model of care.

Additional activities included:

- 9) Influencing patient behaviour in order to ensure services are accessed appropriately and alternatives to attending hospital are maximised.
- 10) Applying learning throughout and protecting all aspects of our communities e.g. Care Homes.
- 11) Mobilising schemes in a timely way and responding rapidly to potential scenarios as they develop over winter – with a particular focus upon workforce challenges.
- 12) Providing ongoing additional support for people in the shielded and vulnerable categories, coupled with these services needing to be delivered through virtual means.
- 13) Responding to the demands of needing to provide increased levels of mental health support.
- 14) Preparing for the anticipated increased winter pressures, including any potential Covid-19 waves and/or seasonal flu peaks,
- 15) Delivering the flu vaccination programme and meeting associated timescales.
- 16) Delivering the Covid vaccination programme and meeting associated timescales.
- 17) Responding to an anticipated increase in Children's RSV.
- 18) Responding to the potential impact of Flu, RSV and/or Covid on ICU/DCC and bed base.

The committee noted the report, including the steps to be taken to progress the plan. These included: -

- 1) Finalising the plan and supporting business cases.
- 2) Progressing additional recruitment for key schemes and subsequent implementation in line with agreed milestones.
- 3) Aligning reporting and governance arrangements.
- 4) Continuing the review of system pressures and responses.
- 5) Continually evaluating the impact of key initiatives.
- 6) Influencing and building on changes to patient behaviours.
- 7) Redirecting resources to meet emerging demands in line with agreed escalation plans.

Responding to questions, it was confirmed that the Covid-19 booster vaccination would be administered from October 2021 onwards, allowing for a 6 month gap between the booster and the second vaccination. In addition, there would be a particular focus on the roll out of the flu vaccination.

Cllr Dilys Barrell referred to the aim of 'maintaining patient flow across acute, community, and social care'. Cllr Barrell enquired how transitions would be made between health, community, and social care settings and noted recent problems in relation to ambulance response times. Cllr Barrell enquired if there were any other areas of difficulty and how they would be managed? In response, Professor Mark Pietroni informed the committee that he could not remember a time when there had been so much coordinated activity in services working together. Although, there had been some initial technical issues with the Cinapsis system, these had now been resolved. The focus now was recruiting more staff to take the calls being received.

Cllr Barrell empathised with the current challenges in managing resources and asked what plans were in place to mitigate the impact of Covid-19 on staffing pressures? She also asked what measures were in place to retain staff in acute and community settings?

In response, it was confirmed some members of staff were, without doubt, tired and experiencing stress. An independent package of wellbeing support was available for those members of staff most affected. Work plans were also in place to support individuals suffering from stress related issues. Members were assured there was a great deal of effort being invested in addressing staff related concerns. Whilst it was difficult to mitigate some of the pressures, a great deal of time and effort had been attributed to taking care of colleagues and staff.

Cllr Barrell referred to comparisons between GRH and CGH data and enquired about issues potentially affecting CGH at night when unable to accept some of the

more serious hospital admissions. Cllr Barrell asked if GRH was able to cope adequately and if measures were being taken to mitigate any problems?

It was acknowledged that CGH was extremely busy at night-time, particularly during the period 9 to 10pm. There were also significant back-logs in ambulance admissions at night-time. However, it was quite unrealistic to consider opening CGH Emergency Department overnight without the necessary staffing resources to support such a move. Staffing pressures were currently in a worse position than at any other time, for which it would be essential for the CCG to be innovative at addressing the problems in the best possible way. One consideration was to consider introducing non-medical work-forces. The committee acknowledged the value and importance of demand and capacity planning.

Acknowledging concerns about constituents living in the Forest of Dean District not being able to make face to face appointments at GP surgeries, it was suggested that the committee might find it useful to consider a presentation on Primary Care at a future meeting and this was agreed. A request was made to include the impact of patients not receiving the Primary Care they required on other sectors of the Health Service Action **Action by - Gloucestershire CCG**

The report was noted with an undertaking that the winter plan would be reviewed at a joint meeting of the Gloucestershire Health Overview and Scrutiny Committee and GCC Adult Social Care and Communities Committee on 8 March 2022.

9. GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST (GHT) ESTATE UPDATE

Simon Lanceley, from Gloucestershire Hospitals NHS Foundation Trust, (GHT) gave an update on the £100m investment on transforming services and providing better patient care at Cheltenham General and Gloucestershire Royal Hospitals. Building works on the £44.5m programme started in August (2021) and are due to be completed in Summer 2023. Other improvement works, totalling £55.5m across both sites will run in parallel.

The investment will enable GHT to provide the next generation of care at Cheltenham General and Gloucestershire Royal Hospitals and establish ground-breaking specialist services across both sites. At Cheltenham General Hospital, the focus will be on planned care modelled on the outstanding services already provided by the hospital's cancer service, in particular, the Oncology Department. At Gloucestershire Royal Hospital, the focus will be to establish specialist services with a focus on urgent and emergency care.

Green funding will assist in reducing carbon emissions at both sites and help make both hospitals more sustainable for the future. Members welcomed the decision to include a range of green technologies as part of the investment, including heating system upgrade and pipe insulation, installation of solar panels on roofs and installation of a new battery storage system to the hospitals' electrical distribution network.

Improvements at Cheltenham General Hospital include:

- 1) Two new operating theatres opposite the Oncology Centre providing capacity to treat an additional 3,000 patients a year
- 2) A new purpose-built Day Surgery Unit enabling a greater number of day case operations
- 3) Extensive refurbishment of the Radiology Department and installation of new CT scanners, MRI scanner and greatly enhanced patient environment meaning emergency patients accessing the town's A&E will benefit from faster, more accurate and better diagnostic tests such as X-rays and MRI scans
- 4) A new CT scanner and improved patient area in radiotherapy enhancing further the Oncology Department's outstanding reputation
- 5) The establishment of a new Interventional Radiology room (spoke) to provide specialist support to Urology and Oncology services.

Improvements at Gloucestershire Royal Hospital include:

- 1) A significant extension and redesign of the Emergency Department to improve patient flow along with improved Mental Health provision
- 2) The extension of the Acute Medicine Initial Assessment (AMIA) area which provides an improved same day emergency care provision
- 3) The extension of the Acute Medical Assessment Unit. This will increase the bed space by 17 beds and enable the centralisation of acute medicine at GRH
- 4) The conversion of non-clinical space within Gallery Wing to create a new 24 bed ward
- 5) Establishing surgical robotics across oesophagus, stomach and gall bladder patients (upper gastrointestinal tract) with a multi-speciality programme commencing shortly
- 6) The establishment of a pioneering hub to house image guided interventional surgery which will make Gloucestershire amongst the best in the country for providing the full range of interventional radiology (using Imaging equipment (X-rays and Ultrasound)) to guide surgical procedures across a range of specialities).

Detailing the financial background to the investment, it was explained that a significant proportion of the funding, £39.5m, had been awarded by NHS England and the Department of Health and Social Care under the One Gloucestershire Integrated Care System (ICS). To help realise the full potential of the building works programme, the Hospitals Trust had invested an additional £5m from its capital allocation.

Responding to questions on the feasibility of investing in a new single hospital for Gloucestershire, members were informed that the current investment, part of the Fit for the Future Programme, formed part of the Trust's vision to 2030. The £100m investment was designated to the building works already underway and was an insufficient amount to fund the development of a new hospital for the county. Investment in both sites to continue until 2030, after which time, a new vision, (for

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the period 2030 to 2050), would be agreed, at which time, there would be no reason not to consider proposals for a single site hospital.

For more information on the proposed changes to Gloucestershire Royal and Cheltenham General Hospitals, please visit

www.gloshospitals.nhs.uk/changes-to-our-hospitals

8. NHS GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP (GCCG) PERFORMANCE REPORT

The committee received an overview on the performance of the local NHS based on a range of national priorities and other agreed local standards. The report included an update on ambulance response times in Gloucestershire by the South West Ambulance Service Foundation Trust (SWAST), including the impact of the COVID-19 Pandemic.

9. ONE GLOUCESTERSHIRE INTEGRATED CARE SYSTEM REPORT (ICS)

The committee received an update on the work of the One Gloucestershire Integrated Care System (ICS) Partnership in response to the Covid-19 emergency. Partners include: NHS Gloucestershire Clinical Commissioning Group; Primary Care (GP) Providers; Gloucestershire Health and Care NHS Foundation Trust; Gloucestershire Hospitals NHS Foundation Trust and South West Ambulance Service NHS Foundation Trust.

Members noted the progress being made in working towards the further integration of health services, (subject to the progression of the Health and Care Bill 2021-22), to enable the Integrated Care System to commit to a formal partnership in April 2022.

Guidance released in August 2021 proposed the legal establishment of an Integrated Care Board (ICB), including the development of a list of statutory CCG functions to be conferred on the Integrated Care Board and enable the development of the Constitution. It was announced that Dame Gill Morgan had been named, (by NHS England), as Chair designate for the Gloucestershire Integrated Care Board. The Board will be responsible for the day to day running of the NHS, locally and for developing a plan to meet the healthcare needs of Gloucestershire. Work will be undertaken to ensure the smooth closure of the CCG, in parallel with establishing the ICB from 1 April 2022.

The committee was asked to consider Appendix 1 of the report, (Memorandum of Understanding Pro-forma), relating to the proposed continuation of temporary service change to Minor Injury and Illness Units.

County wide Minor Injury & Illness Units (MIIU) were reviewed as an Emergency (temporary) Service Change on 1st April 2020, (as part of GHC's response to the first phase of the COVID-19 Pandemic), and again in September 2020. Appendix 1 proposed that the current status of MIIU opening hours and model of delivery,

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(hybrid of walk-ins and bookable appointments), remain in place, support by the provision of a clinical MIIU telephone triage.

The committee noted the Memorandum of Understanding at Appendix 1 to the report and agreed and confirmed the proposed continuation of temporary service changes to Minor Injury and Illness Units.

The committee also considered Appendix 2 to the report, (Memorandum of Understanding Pro-forma), relating to a proposed service variation to Lung Function and Sleep Services.

The Lung Function and Sleep Service (LF&SS) provides investigation, monitoring and testing for respiratory diseases, (problems with the upper airway, the lungs, the chest wall and the ventilatory control system); non-invasive ventilation, (the use of breathing support administered through a full face or nasal mask) and identification and treatment for sleep disordered breathing conditions. In addition, the service delivers investigation, testing and assessment of the digestive or gastrointestinal (GI) system.

Members were advised of the proposal to provide the majority of outpatient diagnostic testing at CGH and an inpatient service, supporting other patients staying overnight at the hospital that require Lung Function diagnostic testing, at GRH. The service at Gloucester would help support lung cancer patients when attending GRH for Endobronchial Ultrasound investigations in Endoscopy.

The committee noted the Memorandum of Understanding at Appendix 2 to the report and agreed and confirmed the proposed changes to Lung Function and Sleep Services.

The report was noted.

10. GCCG CLINICAL CHAIR/ACCOUNTABLE OFFICER REPORT

Mary Hutton, (GCCG and One Gloucestershire Integrated Care System), referred to the NHS Gloucestershire Clinical Commissioning Group (GCCG) Clinical Chair and Accountable Officer Report. The report was noted.

11. WORK PLAN

The committee noted the dates of future meetings.

16 November 2021 (this meeting was rescheduled and will now be held on 30 November 2021)

11 January 2022

8 March 2022 (joint meeting with the Adult Social Care and Communities Scrutiny Committee to review the Winter Plan)

17 May 2022

12 July 2022

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13 September 2022
15 November 2022

Ingrid Barker, Chair of Gloucestershire Health and Care NHS Foundation Trust, advised members of the date of the Gloucestershire Health and Care NHS Foundation Trust's Annual Meeting with HOSC as 28 October 2021 at 10.00am. The meeting will be a remote access meeting.

CHAIRPERSON

Meeting concluded at 12.35pm