

HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of the meeting of the Gloucestershire Health Overview & Scrutiny Committee held on Tuesday 12 January 2021.

This meeting was held as a remote access meeting and can be viewed via YouTube link on the Gloucestershire County Council website. To view the meeting, please open the link [here](#)

Present:

Cllr Brian Robinson (Chair)	Cllr Robert Vines
Cllr Paul Hodgkinson (Vice-Chair)	Cllr Suzanne Williams
Cllr Brian Oosthuysen	Cllr Martin Horwood
Cllr Nigel Robbins OBE	Cllr Dilys Neill
Cllr Terry Hale	Cllr Collette Finnegan
Cllr Stephen Hirst	Cllr Steve Lydon
Cllr Pam Tracey MBE	Cllr Jill Smith

Officers: **NHS Gloucestershire Clinical Commissioning Group (CCG)/
One Gloucestershire Integrated Care System (ICS)**

Mary Hutton – Accountable Officer and ICS Lead
Dr Andy Seymour – Clinical Chair
Ellen Rule – Director of Transformation and Service Redesign
Becky Parish – Associate Director Engagement and Experience
Caroline Smith – Senior Management: Engagement and Inclusion

Gloucestershire Hospitals NHS Foundation Trust

Deborah Lee – Chief Executive
Peter Lachecki – Chair
Simon Lanceley- Director of Transformation

Gloucestershire Health and Care NHS Foundation Trust

Paul Roberts – Chief Executive
Ingrid Barker – Chair

Gloucestershire County Council

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

South West Ambulance Service Foundation Trust

Stephanie Bonser - County Commander

Gloucestershire Healthwatch - Gill Bridgland

1. APOLOGIES

Apologies were received from Cllr Helen Molyneux, (representing Forest of Dean District Council).

No substitutions were made at the meeting.

2. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

3. MINUTES

The minutes of the meeting held on 17 November 2020 were confirmed as a true record of that meeting.

4. PUBLIC REPRESENTATIONS

No public representations were made at the meeting.

Chairman, Cllr Brian Robinson, referred to the public representation statement made by Mr Marco Taylor at the committee meeting on 17 November 2020 relating to changes to community phlebotomy services in the South Cotswolds.

Cllr Robinson also referred to an email received from Mr Taylor after the meeting, questioning the accuracy of some of the statements made by the NHS CCG. Cllr Robinson advised the committee that the NHS CCG had since confirmed that the statements made at the scrutiny committee meeting on 17 November 2020 were valid.

An email to this effect, including the comments made by Mr Taylor and the response by the NHS CCG were shared with the committee prior to the meeting and attached to the minutes of this meeting.

Members noted that an update on community phlebotomy services would be presented at the committee meeting on 2 March 2021.

5. SOUTH WEST AMBULANCE SERVICE PERFORMANCE UPDATE

The committee received an update from Stephanie Bonser, (County Commander for the South Western Ambulance Service NHS Foundation Trust), on the performance of the South Western Ambulance Service (SWAST). The data briefing note presented at the meeting is attached to the minutes and can be viewed here.

The County Commander confirmed that activity in the Gloucestershire area had increased during the 12 month period from January to December 2020, (in response to the impact of the COVID-19 emergency). Activity had decreased slightly during the initial lockdown, increased slightly from June, and was currently showing a significant increase since December 2020. It was confirmed that, after a slight reduction from an average of 8.2 minutes for the Category 1 average response target in November 2020, there had been a significant challenge on response targets since December. Increased pressure on service crews has resulted in handover delays. Category 2 response targets had also been affected during this time, with an average response time of 22.4 minutes against a target average of 18.

Prior to December, response times for the 12 month period commencing October 2019, had reported performance averages against Category 1 response targets, (life threatening injuries and illnesses/target average of 7 minutes), as fairly steady, whilst performance averages against Category 2 response targets, (emergency calls/target average of 18 minutes), and Category 3 response targets, (urgent calls/target average of 90% within 120 minutes), had improved during the last 3 months.

Collaboration with Gloucestershire Fire and Rescue Service, (GFRS), from November 2020 had resulted in crews attending 428 incidents. The work of paramedics, trained first responders, community response managers and the rigorous hygiene and infection control of ambulance crews, aimed to ensure minimal impact on the welfare and care of patients during the COVID-19 emergency, including admissions to Gloucestershire Royal Hospital. The Trust continued to adhere to Government guidelines in order to protect its staff, patients and members of the public.

An update on performance against agreed national standards was included in the GCCG performance report to the committee, (this item was considered at item 8 of the agenda).

Responding to concerns about ambulance response times in rural areas, (prior to and after the pandemic), it was acknowledged that, whilst this would always present a challenge, the position was comparable to other rural areas nationally. Rota planning and projections of where calls from rural locations were most likely would continue to assist in managing the issue. A decision a few years ago, to place an extra ambulance crew in the Cotswolds District, had not made a significant impact.

Other questions related to the need to review performance response time averages; the relationship between SWAST and GFRS; and the vaccination roll out to ambulance crews. In response to the questions, it was confirmed that performance averages would be reviewed if the national average continued to increase; the relationship between community first responders and GFRS crew had been excellent during the pandemic, (it was recognised that it was important to continue this relationship going forward); vaccinations were being offered to all front line paramedics and community first responders.

Enquiring about the level of training provided to community first responders, (and GFRS crew), members were assured that the training was very good and continued to be built on as the service requirements changed to meet new and more challenging requirements.

Responding to questions on what proportion of front line SWAST staff had been vaccinated against the coronavirus, it was reported that the number of vaccinations in the South West region was comparable with other regions nationally. It was suggested that an update on the vaccination roll-out programme be included in the ICS lead report at the next meeting and a presentation made to the committee later in the year. The presentation to include comparisons with other areas, including examples of good practice. **Action by – GCCG/SWAST**

The committee noted the information and requested regular updates at future meetings. It was later suggested a presentation be made to the new committee after the County Council election in May. **Action by Jo Moore** Since the meeting, a request has been made for SWAST to give an update at the committee meeting on 13 July 2020.

6. FIT FOR THE FUTURE CONSULTATION (OUTPUT PRESENTATION)

The committee received an update on the NHS Fit for the Future Consultation from the Gloucestershire NHS Clinical Commissioning Group, (representing One Gloucestershire Integrated Care System), on the proposals for the ICS Consultation on the development of specialist hospital services at Cheltenham General Hospital (CGH) and Gloucestershire Royal (GRH) Hospital. The consultation forms part of the Gloucestershire Fit for the Future Programme and long term vision of ensuring Gloucestershire is placed at the forefront of healthcare delivery nationally. The consultation ran from 22 October 2020 until 17 December 2020.

Details of the consultation are available on the NHS One Gloucestershire website and can be viewed [here](#)

Details of the interim output of consultation report (published on 11 January 2021) can be viewed [here](#)

Responding to comments about the limited time for members to consider the interim output report, it was explained that the proximity of the closing date of the consultation, (on 17 December 2020), to the date of the meeting had made it difficult to publish the information with the agenda. Members were advised that there would be other opportunities, including the Health Overview and Scrutiny Committee meeting on 2 March 2021, to express their views.

The purpose of the Fit for the Future Consultation is to seek views on the future provision of five specialist hospital services in Gloucestershire, comprising:-

- a) Acute Medicine – the coordination of initial medical care for patients referred to the Acute Medical Team by a GP or an Emergency Department and where decisions are made on whether patients require a hospital stay;

- b) Gastroenterology inpatient services - medical care for stomach, pancreas, bowel or liver problems;
- c) General Surgery conditions relating to the gut, (specifically, emergency general surgery, planned lower gastrointestinal (GI) (colorectal) and day case upper and lower GI surgery);
- d) Image Guided Interventional Surgery (IGIS) including vascular surgery;.
- e) Trauma and Orthopaedic inpatient services, including diagnosis and treatment of conditions relating to the bones and joints.

Noting concerns about consulting during a pandemic and the challenges of having to adhere to government guidelines, it was confirmed that the Fit for the Future Consultation included a broad range of communication channels, involving;

- a) The distribution of approximately 5,000 consultation booklets;
- b) The distribution of 297,000 door-to-door leaflets, generating 1700 plus requests for information;
- c) Over 75 consultation events;
- d) More than 1000 socially distanced face-to-face contacts with the public, plus 350 staff;
- e) Facebook postings involving a reach of over 140,000 people, 1,500 engagements, and over 1,000 clicks on the consultation link;
- f) 35 plus tweets, generating 30,000 plus impressions and almost 800 engagements;
- g) 700 plus Fit for the Future surveys completed

Feedback to the consultation was received in two ways; from the responses to the Fit for the Future Survey (Main Survey and Easy Read Survey), and from other correspondence and written responses, including an alternative survey set up by REACH to inform their response to the proposals. The responses can be viewed on the REACH website at <https://www.reachnow.org.uk/>

Feedback from the completed surveys and from other correspondence has been grouped into a series of themes, comprising: Access, Capacity, Diversity, Efficiency, Environment, Facilities, Interdependency, Integration, (with primary and community services), Patient Experience, Staff Experience, Quality, Resources, Transport and Workforce.

An overview of the quantitative FFTF survey responses are detailed below:

Acute Medicine

Preferred option: to develop a 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital;

- 67.61% (Easy read: 72.09%) strongly supported or supported the proposal
- 24.83% (Easy read: 18.6%) strongly opposed or opposed the proposal

Emergency General Surgery

Preferred option: to develop a 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital;

- 68.31% Fit for the Future survey respondents strongly supported or supported the proposal. Easy read survey respondents: 66.67% strongly supported or supported the proposal
- 23.44% Fit for the Future survey respondents strongly opposed or opposed the proposal. Easy read survey respondents: 22.99% strongly supported or supported the proposal

Planned Lower GI (colorectal) surgery

Preferred option: to develop a 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH);

- 79.1% Fit for the Future survey respondents strongly supported or supported the proposal. Easy read survey respondents: 72.84% strongly supported or supported the proposal.
- 7.83% Fit for the Future survey respondents strongly opposed or opposed the proposal. Easy Read survey respondents: 14.81% strongly opposed or opposed the proposal.

Where should planned Lower GI (Colorectal) General Surgery take place?

- 50.76% Fit for the Future survey respondents chose Cheltenham General Hospital (27.50% Easy Read respondents chose Cheltenham General Hospital).
- 20.27% Fit for the Future survey respondents chose Gloucestershire Royal Hospital. 27.50% Easy Read respondents chose Gloucestershire Royal Hospital.
- 30.30% Fit for the Future survey respondents had no opinion. 45% Easy Read respondents had no opinion.

Planned day case, Upper and Lower GI

Preferred option: to develop a 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH);

- 73.49% Fit for the Future survey respondents strongly supported or supported the proposal. (Easy read respondents: 67.47% strongly supported or supported the proposal.

- 8.52% Fit for the Future survey respondents strongly opposed or opposed the proposal. Easy read respondents: 13.25% strongly opposed or opposed the proposal.

Image Guided Interventional Surgery (IGIS) including Vascular Surgery

Preferred option: to develop a 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital;

- 66.54% Fit for the Future survey respondents strongly supported or supported the proposal. Easy read respondents: 76.54%) strongly supported or supported the proposal.
- 15.39% Fit for the Future survey respondents (Easy read: 9.88%) strongly opposed or opposed the proposal. Easy read respondents: 9.88% strongly opposed or opposed the proposal.

Vascular Surgery

Preferred option: to develop a 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital;

- 60.27% Fit for the Future survey respondents strongly supported or supported the proposal. Easy read respondents: 68.35% strongly supported or supported the proposal.
- 19.97% Fit for the Future survey respondents strongly opposed or opposed the proposal. Easy read respondents: 15.19% strongly opposed or opposed the proposal.

Gastroenterology inpatient services

Preferred option: to develop a 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital;

- 71.96% Fit for the Future survey respondents strongly supported or supported the proposal. Easy read respondents: 68.35% strongly supported or supported the proposal.
- 6.67% Fit for the Future survey respondents strongly opposed or opposed the proposal. Easy read respondents: 10.13% strongly opposed or opposed the proposal.

Trauma and Orthopaedics (T&O) inpatient services

Preferred option: Develop two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital

- 76.02% Fit for the Future survey respondents strongly supported or supported the proposal
- 10.53% Fit for the Future survey respondents strongly opposed or opposed the proposal

The easy read survey for this option was divided into two questions: -

Trauma: Support: 70.51% Oppose: 12.82% Not sure: 16.67%

Orthopaedics: Support: 73.08% Oppose: 14.10% Not sure: 12.82%

Observations from the survey concluded that:

- Proportionally more people from Cheltenham completed the survey
- More women than men completed the survey (55% / 39%)
- There was a good age range of respondents from the under 18 and over 75 year groups
- Between a quarter and a third of the responses came from staff
- Over 20% of the responses came from people who considered themselves to have a disability
- Over a quarter of the respondents were 'unpaid' carers
- 15% of respondents were not white British

Targeted consultation activities targeted people from Black, Asian and Minority Ethnic (BAME) communities; people living with long term conditions such as cardiovascular disease, obesity or diabetes; people living with a disability, (including physical impairments; learning disability; sensory impairment; and mental health conditions); people with long-term medical conditions; Adult Carers and Young Carers; Homeless people; Gypsy/Traveller Communities and LGBTQ people.

Acknowledging the challenges of consulting during a pandemic and responding to concerns about the reliability of the data included in the output report, the committee was advised that, to pause the consultation at this time, was not an option. The investment in the work already undertaken during the previous 3 years was quite extensive and would need to be repeated, if the consultation was halted at this stage in the process.

Responding to questions, including the request that the consultation be paused to allow the NHS to concentrate on the coronavirus pandemic, it was suggested members, (having considered the output report in more detail), submit any further questions after the meeting. Members were reminded that at the committee meeting on 22 October 2020, there had been a full discussion on the timings of the consultations

Expressing their appreciation to everyone who had participated in the consultation, NHS professionals agreed that the responses to questions, (including any questions received after the meeting), would be included in an update to the committee on 2 March 2021. **Action by – NHS CCG**

Chairman of the Committee, Cllr Brian Robinson, believed it was important to maintain the momentum and for the committee to support the consultation process, in spite of the pandemic. The majority of members agreed with this viewpoint and welcomed the news that some of the new methods of communication had been well received.

The committee noted the next stages of the consultation, involving: -

January 2021 – Citizens Jury Sessions (8 independent 2 hour sessions)
January 2021 – Refreshment of the Integrated Impact Assessment
February 2021 – Confirmation of Recommended solution for General Surgery
January/Feb 2021 – Consultation review period/implementation planning
January/Feb 2021 – Decision Making Business Case Preparation
March 2021 – Final Decision making
April 2021 onwards – Implementation (pending the outcome of decisions to implement change in March 2021)

The committee to receive a further update at the committee meeting on 2 March 2021.

7. NEW FOREST OF DEAN COMMUNITY HOSPITAL CONSULTATION (OUTPUT PRESENTATION)

The committee received an update from the NHS Clinical Commissioning Group on the NHS Gloucestershire Integrated Health and Care System (ICS) Consultation regarding the delivery of services proposed for the new community hospital in the Forest of Dean District. The consultation commenced on 22 October 2020, ending on 17 December 2020.

Analysis of the responses to the consultation can be viewed in an Output of Consultation Report, published on the NHS website on 11 January 2021. The report can be viewed [here](#)

Based on the responses from previous stages of the consultation, it was confirmed that the new hospital would be located in Cinderford, replacing the Dilke Memorial Hospital and Lydney and District Community Hospital.

Members were reminded that the purpose of this consultation had been to seek feedback on the following aspects: -

- i. Number of hospital beds required to meet the needs of the local population;
- ii. Outpatient services, including consultation, treatment and group rooms and additional areas for online consultations for the provision of outpatients services;
- iii. Urgent care facility;
- iv. Diagnostic services, including x-ray, ultrasound and blood-testing (phlebotomy); purpose-built endoscopy unit and space for mobile units, such as Chemotherapy Bus and Breast Screening Service;
- v. Parking for approximately 150 vehicles; agreement on the location of a bus stop, (on or adjacent to the site);

- vi. Flexible meeting space for access by health and care organisations plus wider voluntary sector organisations

Thanking everyone who had participated in the survey, Caroline Smith from the CCG informed the committee that there had been a good response to the consultation. From first analysis, there appeared to be a range of mixed views, particularly in respect of the proposals relating to inpatient care and urgent care for the South of the Forest. The consultation had followed a different timescale to the Fit for the Future Consultation, with no further plans for a Citizens Jury. (A Citizens Jury had been used during an earlier stage in the consultation process).

It was confirmed that a 'consultation review period' would now take place. If supported by the NHS Clinical Commissioning Group's Governing Body at its meeting on 28 January 2021, the proposals would be included in a service specification, for which the Gloucestershire Health and Care NHS Foundation Trust would be required to produce a formal business case, setting out the design specification and financial plan for the new building, along with the arrangements for the operation of the new hospital going forward. Final approval of the proposals would be required from the Board of the Gloucestershire Health and Care NHS Foundation Trust in March 2021.

Responding to concerns about the replacement of the existing hospitals and the perceived loss of facilities in certain parts of the Forest, members were advised that the inadequacy of the ageing buildings and the need for modern, fit for purpose, facilities had been accentuated during the Covid-19 pandemic emergency. Noting the concerns, including concerns raised by members of the public, the committee was advised that, all considerations would be considered in balance with recent learning and the need to provide improved facilities.

Referencing several questions submitted direct to the NHS CCG earlier that day, (from a member of the public), it was agreed that the CCG would provide written responses to the questions, (plus any other questions), after the meeting. Committee members were advised to submit further questions, (having considered the Interim Output of Consultation Report in more detail), to jo.moore@gloucestershire.gov.uk after the meeting. **Action by – GCCG**

Responding to a suggestion that a workshop be set up to consider ongoing concerns about the provision of services to residents located in the South of the Forest, the CCG explained that there was no time to delay the progress of the work currently underway. Furthermore, it was essential, (in order to meet the challenges of responding to the Covid-19 pandemic), to maintain the momentum. People living in the South of the Forest were assured that their concerns would be considered during the forthcoming review of responses submitted during the recent consultation.

Seeking the support of the committee, the Chairman, (along with the majority of members), noted the report and requested further updates before any final decisions were made regarding the South of the Forest.

To note: Having since reviewed the feedback from the consultation and after careful consideration of developments in local healthcare and health needs for the area, the GCCG has now confirmed the range of services to be commissioned at the new Forest of Dean Community Hospital. In a formal announcement made at the end of January 2021, it was confirmed that that hospital would be run by the Gloucestershire Health and Care NHS Foundation Trust, with services primarily provided by GHC staff, by healthcare professionals from the Gloucestershire Hospitals NHS Foundation Trust and by local GPs. The new hospital is anticipated to open in 2023.

8. GLOUCESTERSHIRE CLINICAL COMMISSIONING GROUP PERFORMANCE UPDATE

The committee received an update on the performance of the NHS Gloucestershire Clinical Commissioning Group, (GCCG), including notification that NHS CCG oversight assessments published in November 2020 had rated Gloucestershire CCG as 'Good' against NHS Constitutional and other agreed standards.

With the exception of A&E and Ambulance Category 1 response times, performance against key standards continued to follow national trends. It was confirmed that there had been a significant decline in overall A&E performance nationally during the 12 month period to November 2020, (attributed to the recent surge in Covid-19 cases and in response to national lockdown measures). Locally, 4 hour performance targets remained a concern. Ongoing pressures in the availability of acute hospital bed spaces was making it increasingly challenging to meet the required standards.

Across all other standards, both the national and GCCG position showed general improvement. Members noted, however, that the impact of the second wave of COVID-19 was likely to have a negative impact on performance during December 2020 and January 2021.

With no significantly large increase in COVID-19 admissions evident during the initial months of the pandemic, this position had changed in recent months, with admissions rising steeply at the end of October 2020. Workload pressures continued throughout November and December, with notable repercussions from the impact of increased COVID-19 admissions and occupancy at Gloucestershire Royal Hospital. Current reports indicated continuation of this challenging situation, particularly in terms of bed occupancy and hospital flow.

To relieve some of the pressures on hospital admissions, efforts had been made to treat some patients experiencing COVID-19 symptoms at home as part of the Home First programme and from the Virtual COVID-19 Ward. Both provisions took into account the risks to staff when looking after COVID-19 patients in non-hospital environments. COVID secure arrangements and regular monitoring to detect early signs of deterioration in patients receiving treatment at home were important considerations. The roll out of the COVID-19 vaccination to NHS staff, (reported in an update to the committee under item 10 of the agenda), was proving very successful.

Earlier in the meeting, it had been reported that ambulance service activity in the Gloucestershire area had increased in the 12 month period between January and December 2020, (during the pandemic). Although activity had decreased slightly during the initial lockdown, there had been a significant increase in activity since December 2020, with notable increased pressure on ambulance service crews and in the frequency of handover delays. An update on SWAST service performance activity to be presented at the 13 July 2021 meeting.

Expanding on the extraordinary response by Gloucestershire ICS during the pandemic, NHS professionals commended the work and commitment of NHS staff. Dr Andy Seymour said it was a privilege to work with staff and colleagues in the fight against the virus. Supported by new and innovative pathways, it was hoped the performance of the Gloucestershire ICS would continue to hold strong during this challenging time.

The committee commended the work of NHS staff and the support of care workers and volunteers in the local communities for the extraordinary being taken to protect the residents of Gloucestershire.

Highlighting one of the more successful outcomes for Gloucestershire, it was reported that, whilst delivery of some cancer services had struggled nationally, Gloucestershire had continued to provide a good level of cancer care throughout the pandemic. Conducting remote consultations had been an important shift in maintaining cancer services. Another factor was to offer supported self-management recovery programmes for those completing treatment. Acknowledging the impact of the pandemic on patients' emotional wellbeing and mental health, it had been proposed that a new working group be established to consider ways of providing psychological care for cancer patients.

The performance report was noted.

9. ONE GLOUCESTERSHIRE INTEGRATED CARE SYSTEM (ICS) LEAD REPORT

The committee received an update on the work of the One Gloucestershire Integrated Care System (ICS) Partnership in its response to the Covid-19 emergency. Partners included: 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.

Advising the committee that the partnership was taking a business as usual approach, it was reported that the challenges of increasing COVID-19 infection rates was placing extreme pressures on the work of the ICS and the delivery of NHS services locally.

Focussing on the progress of the Gloucestershire vaccination roll out, members were informed that the initial stages of the roll out had been very positive. Primary Care Networks were involved in the delivery of the vaccine, with local GPs and community NHS teams administering vaccinations to priority groups from mid December. The programme was due to expand to include other priority groups later

in the month. The rate at which vaccinations were being administered across the county was anticipated to increase as additional vaccine supplies became available.

GP practice teams, NHS community services and volunteers were praised for the efficiency in which they had kick-started the programme in Gloucestershire. At the time of the meeting, a network of 10 community vaccination centres were in place, positioning Gloucestershire at the forefront of the community vaccination response and well placed to benefit from increased vaccine supplies.

The report was noted.

10. GCCG CLINICAL CHAIR/ACCOUNTABLE OFFICER REPORT

Mary Hutton, (representing GCCG and One Gloucestershire Integrated Care System), introduced the NHS Gloucestershire Clinical Commissioning Group (GCCG) Clinical Chair and Accountable Officer Report.

Expanding on the county's response to the coronavirus pandemic, members were informed that the close partnership working arrangements that existed had, in the first wave of the crisis, responded well to the consistently high demands placed on the delivery of services from increasing COVID-19 infection rates. There were, however, real concerns that the demand for NHS services would increase significantly in January.

Updating members on the progress of the Gloucestershire COVID-19 vaccination programme, the CCG announced that anecdotal evidence reflected a very positive initial roll out for the county. Delivered via the Gloucestershire Hospital Foundation Trust (GHFT) and at 10 community based Primary Care Network sites, 25,000 vaccinations had been administered by 31 December 2021. The majority of vaccinations had been administered to the 80 plus age group, in addition to health and social care workers and to staff and residents from over 49 Care Homes in Gloucestershire.

Recent updates indicated that the roll out continued to be delivered at great pace, in spite of changes to delivery of the second dose of the vaccine. Responding to concerns about the decision to defer delivery of the second dose to enable more people receive their first vaccination, the NHS CCG explained that the decision was supported by strong scientific evidence and on the advice of the Chief Medical Officer. It was confirmed that no more second doses would be administered in Gloucestershire at this present time. Administering vaccinations to the residents and staff at care homes was a priority.

Enquiring whether supply issues might hinder the roll out of the vaccine in Gloucestershire, members were reassured that the county had good supplies. This could, however, start to level out over the next few weeks as other parts of the country began to step up the delivery of their programmes.

Responding to questions, Deborah Lee, Chief Executive of the Gloucestershire Hospitals NHS Foundation Trust, outlined some of the limitations that restricted the

publication of data relating to the number of vaccinations being administered locally. She explained that the release of information locally was subject to national guidelines and government approval.

When asked if some NHS employees had refused the vaccination, the CCG confirmed that this had not been an issue in Gloucestershire and that only a small number of staff had been cautious about receiving the vaccination. This was primarily due to allergies and known reactions.

The committee commended the speed and efficiency of the Gloucestershire vaccination programme and acknowledged the huge support that had been provided by the voluntary sector and from the Gloucestershire Fire and Rescue Service. Noting the planned approach to administering the vaccine, members were informed that the vaccination would be cascaded to other priority groups as quickly as possible. This included people who were unable to leave their homes.

The report was noted.

11. WORK PLAN

In addition to the regular updates to the committee, it was suggested that the committee add the following items to the work plan for consideration at future meetings: -

1. Contract Patient Transport – Update
2. Phlebotomy Services in the South Cotswolds – Update
3. SWAST – Presentation to the new Committee
4. It was suggested that the committee consider a summary of the work of the committee under the current council with suggestions going forward for the new committee post the May 2021 local elections, and this was agreed.

Updating the committee on the review of Gloucestershire County Council's scrutiny arrangements introduced in 2019, members were informed that an email would be sent to the members of this and the other scrutiny committees, seeking their views on the scrutiny structure going forward. The review to seek the views of all county councillors, co-opted scrutiny members, district councils, GCC Corporate Leadership Team, plus representatives from partner organisations and other stakeholders.

CHAIRPERSON

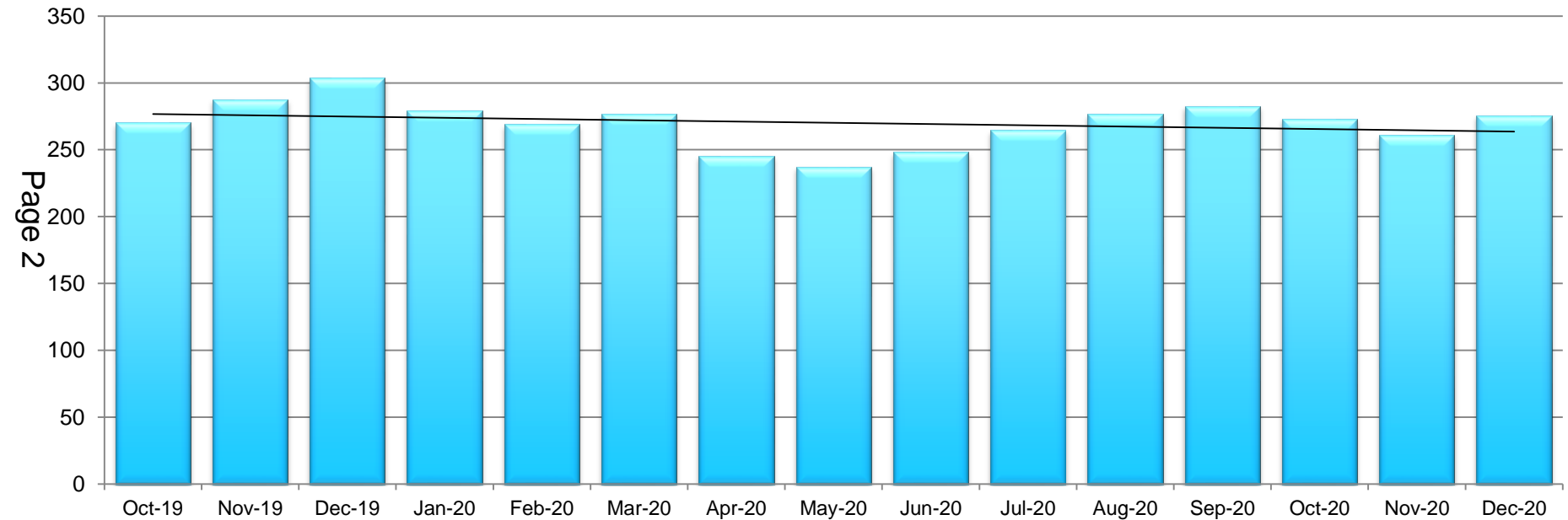
Meeting concluded at 12.15 pm



Workload



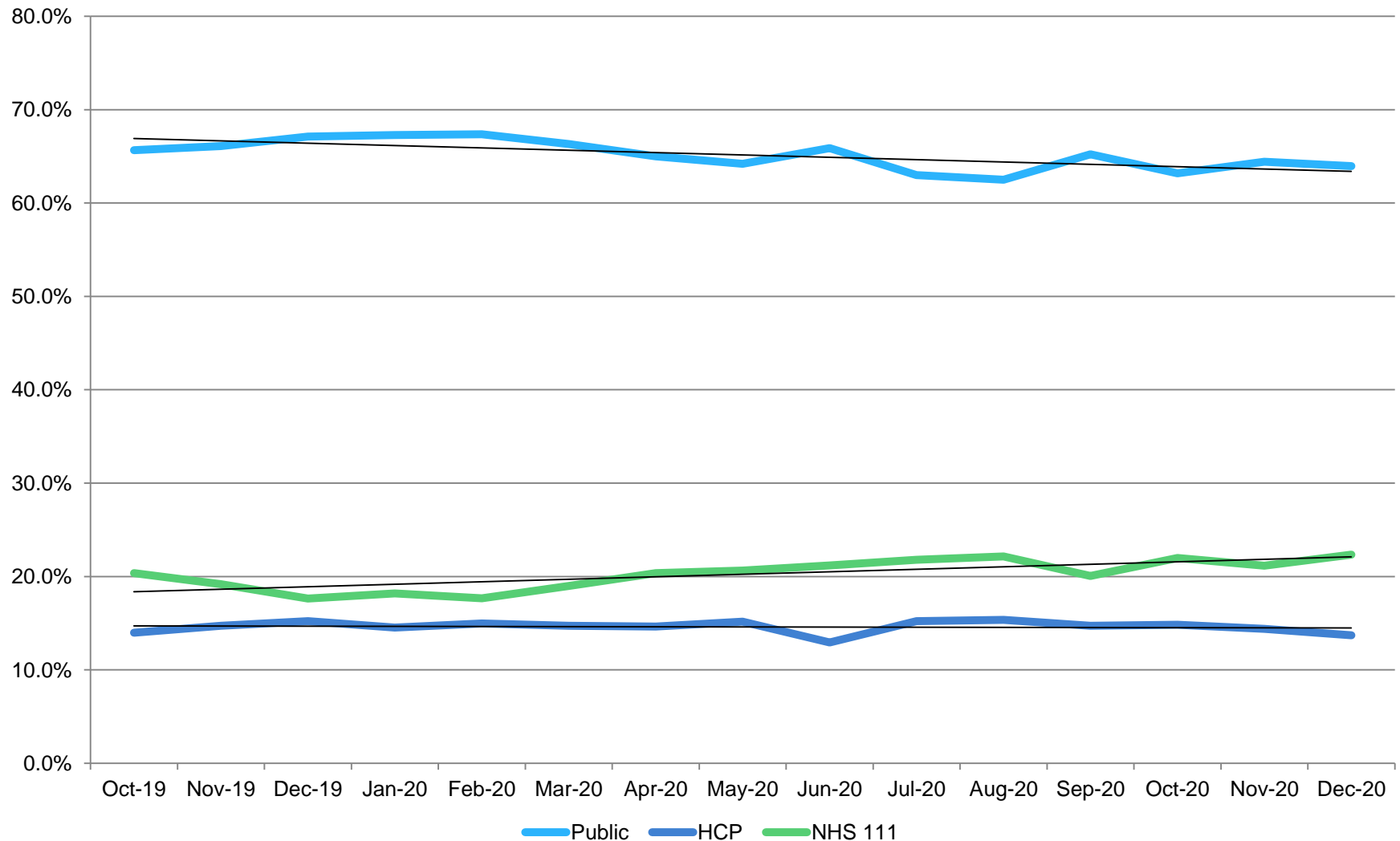
Average Number of Ambulance Incidents per Day



Workload



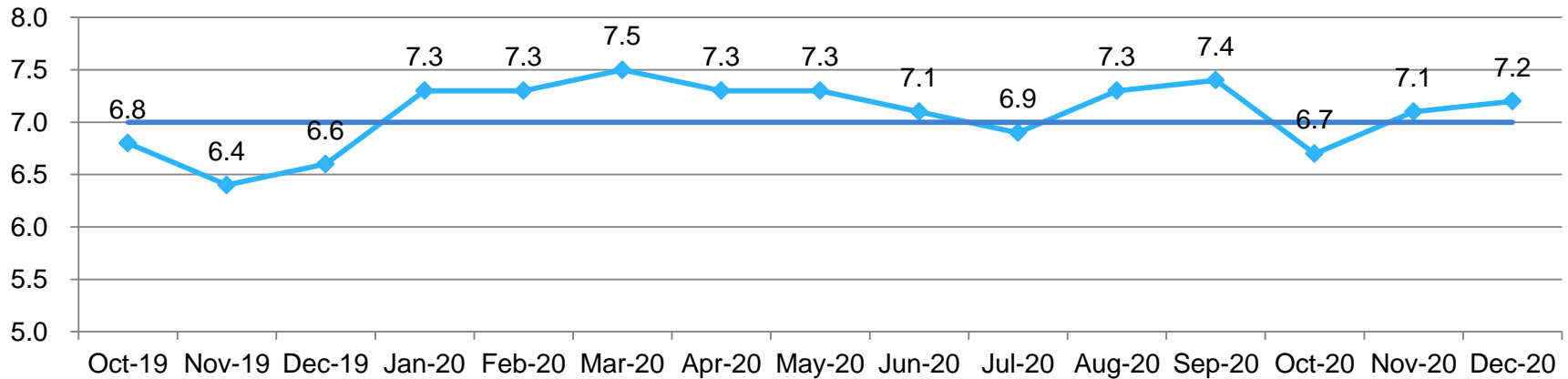
Source of Ambulance Incidents



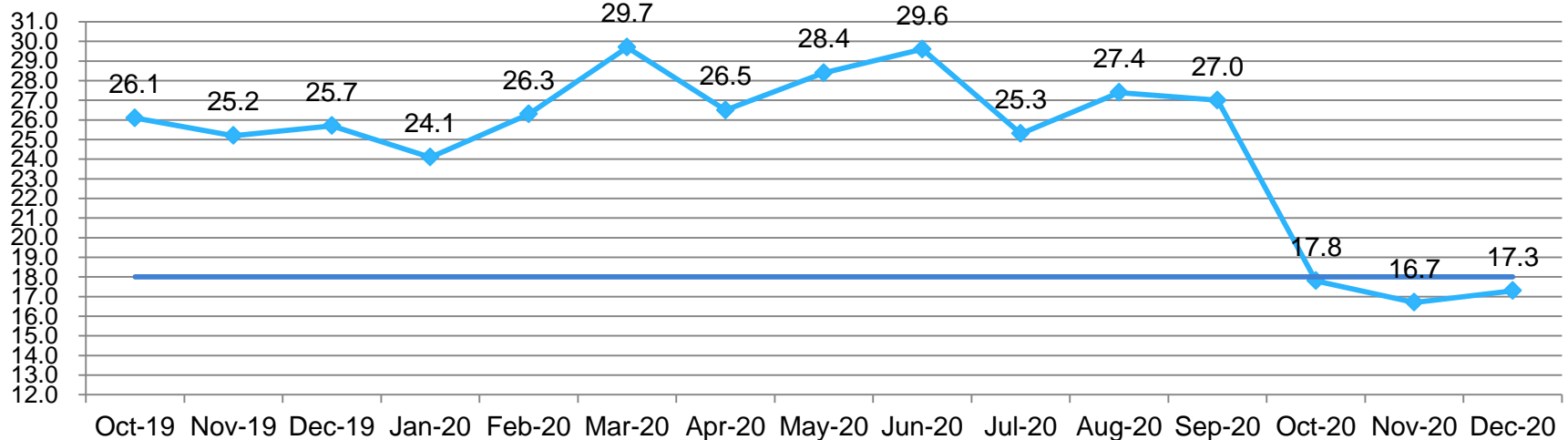
Response



Category 1



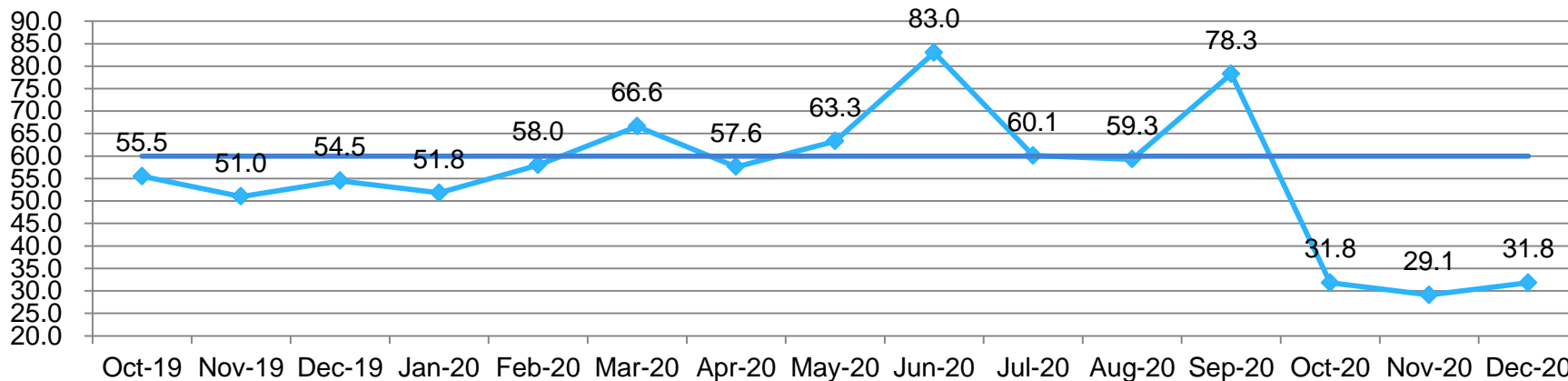
Category 2



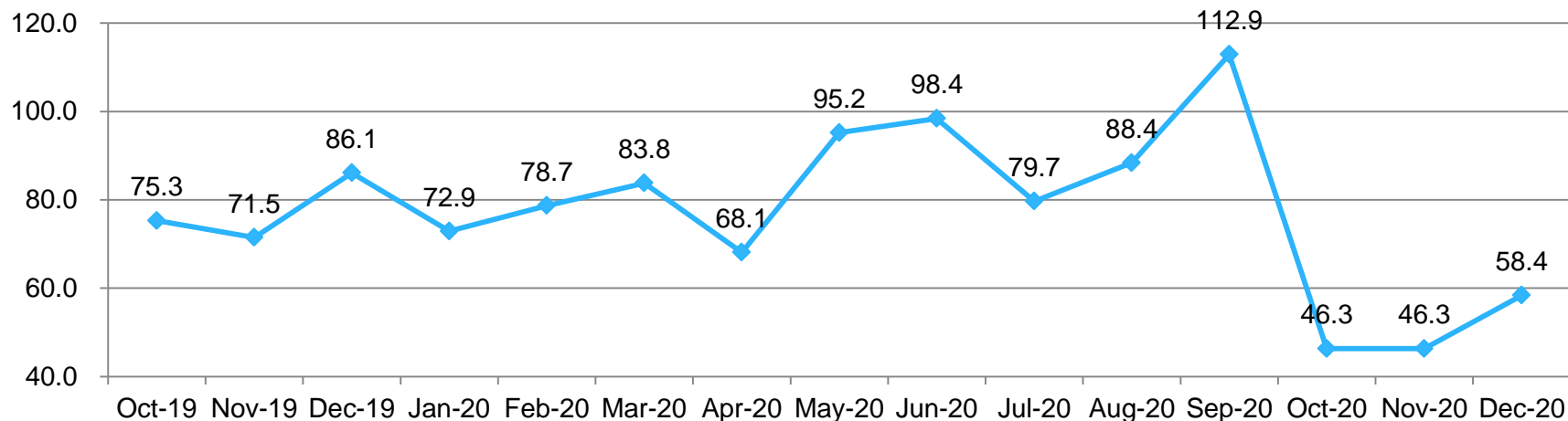
Response



Category 3



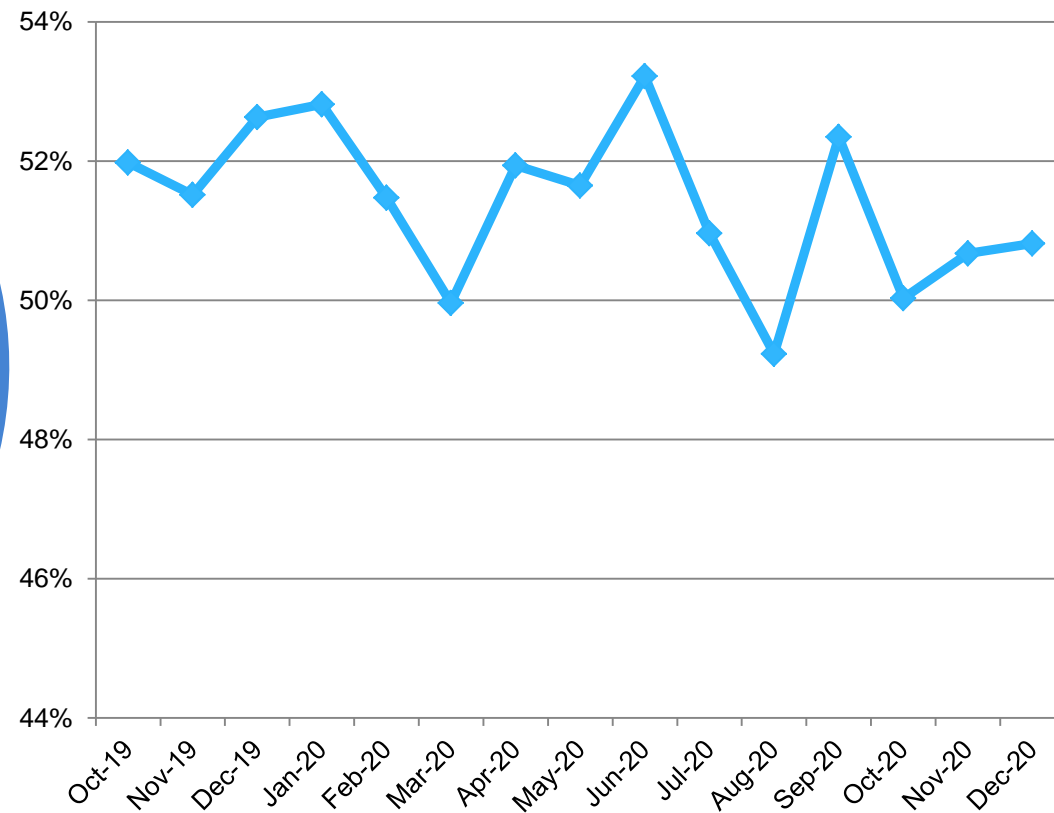
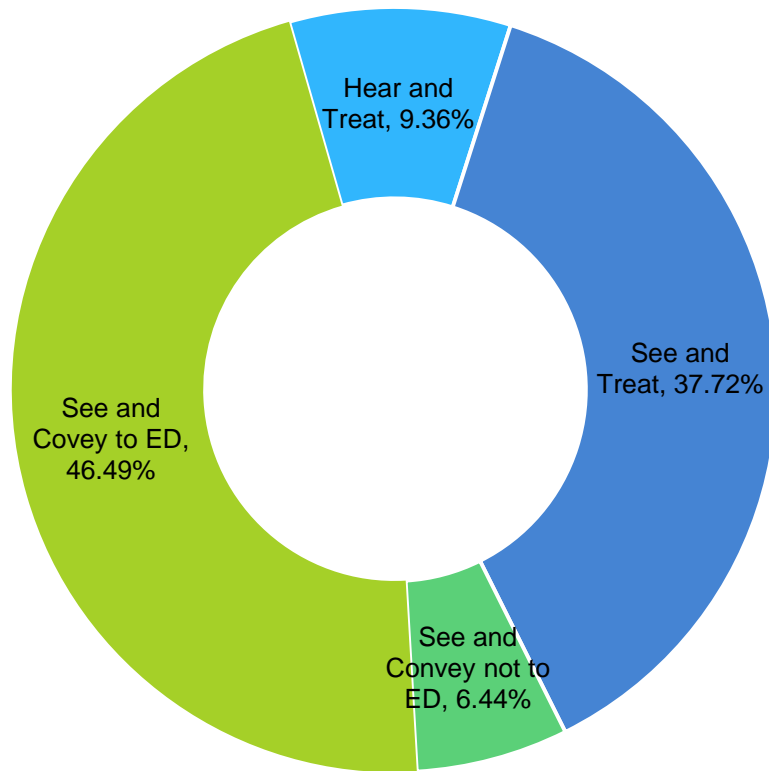
Category 4



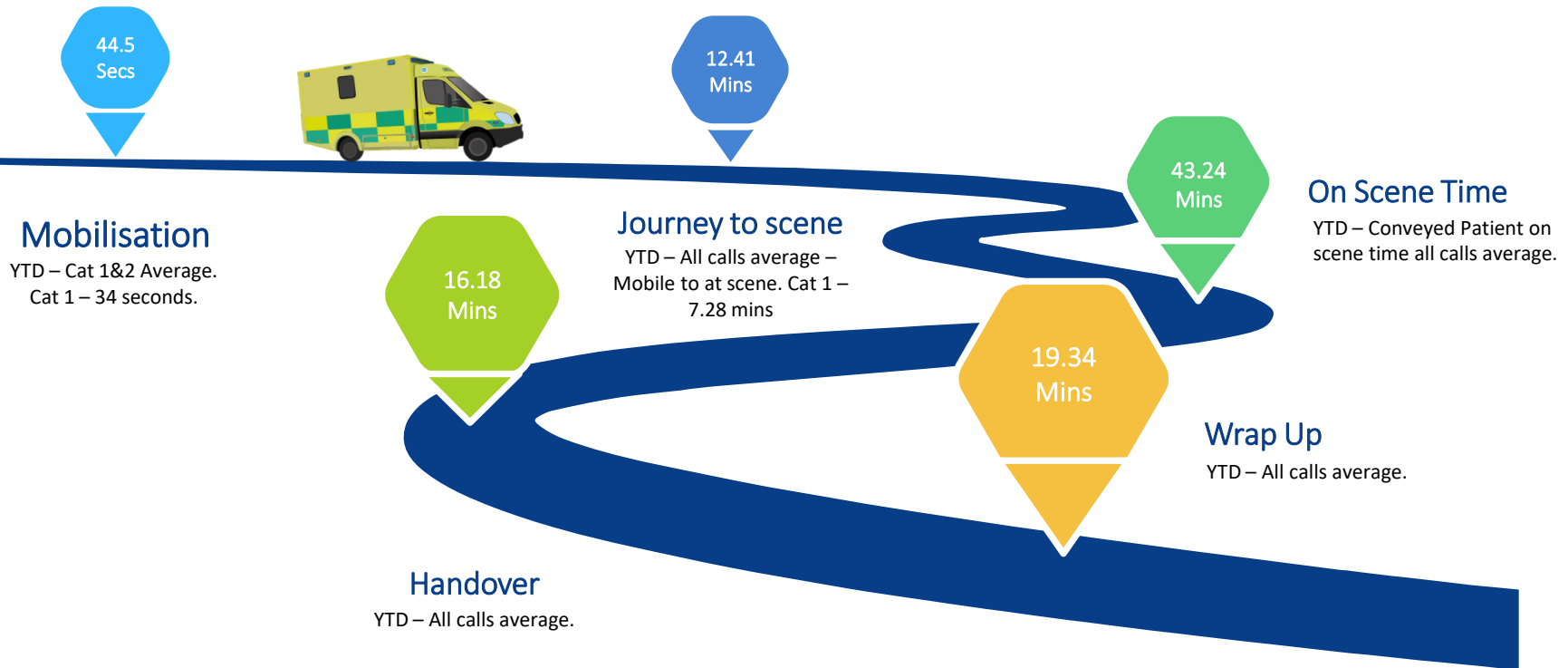
Outcomes



**% of Ambulance Incidents Resolved
Without a Conveyance to an Emergency
Department**



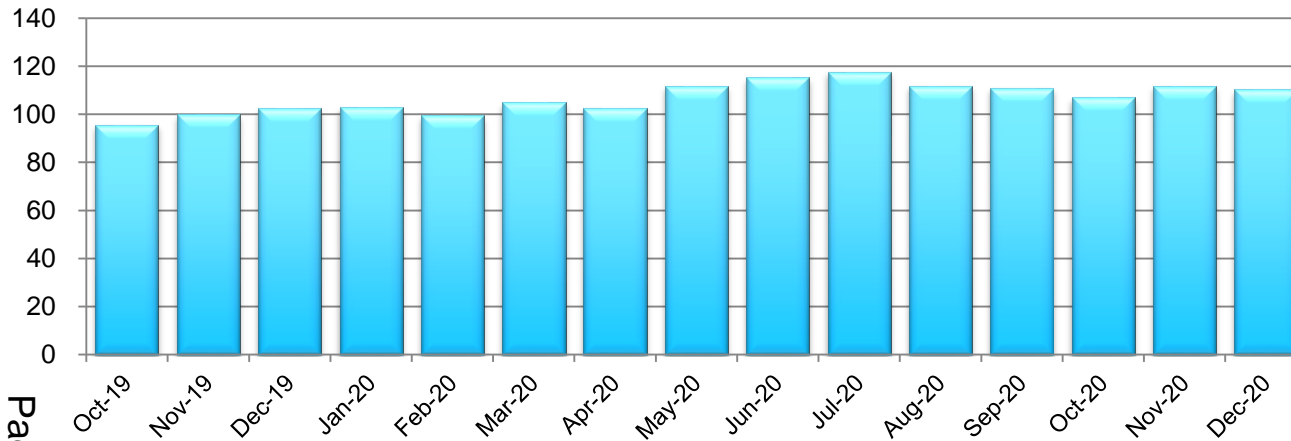
Conveyed Patient Performance



Handover Pressure - GRH

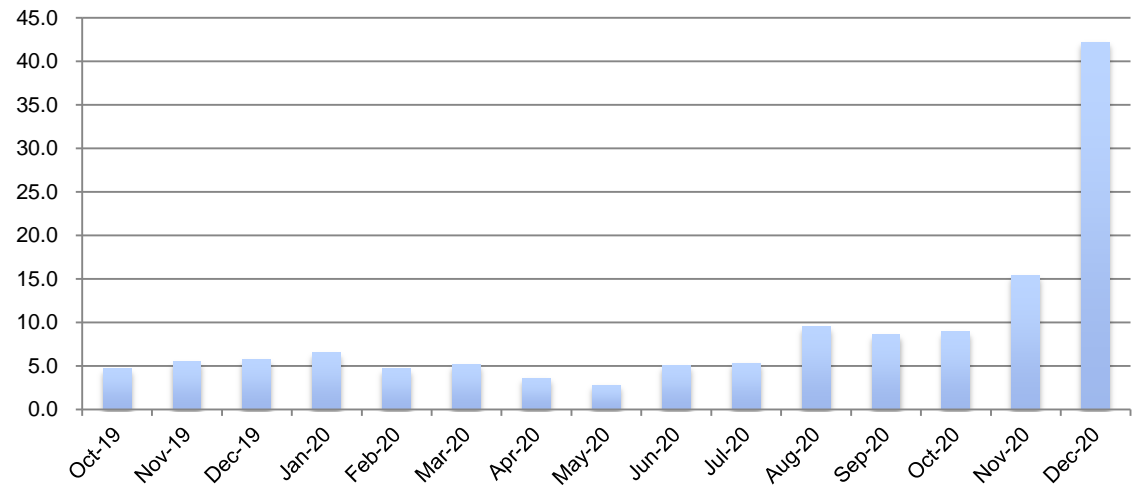


Average Number of Handovers per Day



7
DAY SWAST HALO

Time Lost to Handover Delays in Excess of 15 Minutes (Hours)



- Daily Dialogue with senior Management
- Increased operational commander presence
- Staff engagement
- Shared clinical risk evaluation
- Out of contract Inter-GHFT Sites transfers
- Regional Escalation and Reporting

Collaboration with GFRS

SINCE NOVEMBER 2020.....



107
SHIFTS COVERED

617
PATIENT CONTACT HOURS

428
INCIDENTS ATTENDED

2
ASSISTED ROSC



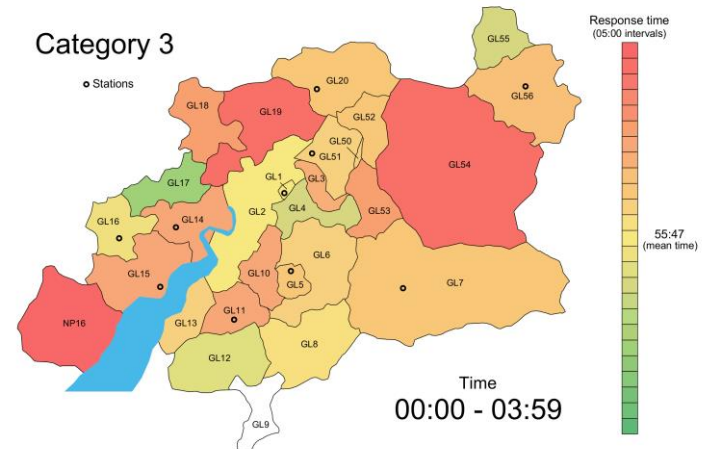
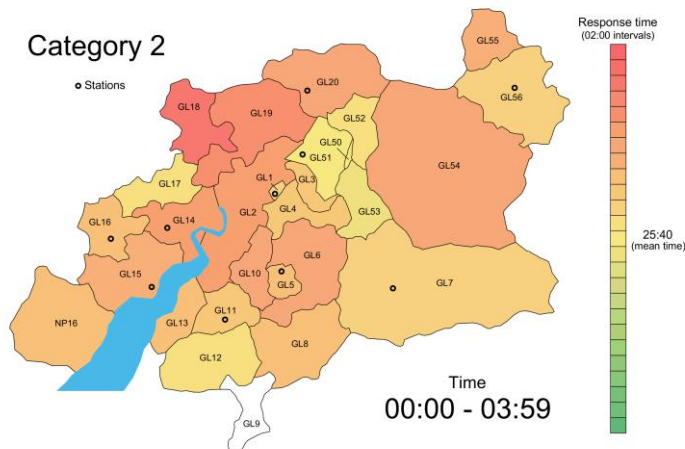
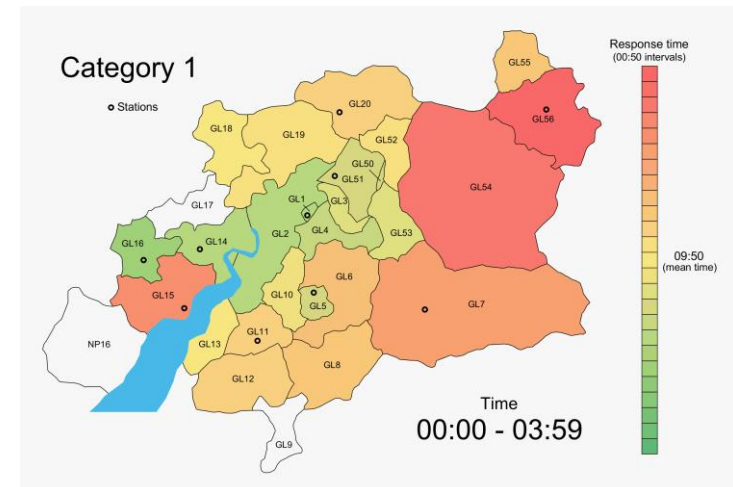
Gloucestershire
Fire and Rescue Service
Working together for a safer Gloucestershire

Postcode Performance



Review of Performance per GL Postcode.

- Targeted CFR and staff responder recruitment
- Review of estates and standby points
- Developing a community engagement plan
- Recognition of rural / urban barriers to performance.



Gloucestershire CFRs



Gloucestershire has 13 CFR lifting schemes in action.

During an eight-week trial involving 17 groups across the South West waiting times for non-injury falls patients were cut by 12.5%.

Of the incidents attended by a CFR 77% did not need support from a paramedic, saving 148 hours of frontline resource time.

Trust Volunteer Strategy

We aspire to offer an additional 2,000 volunteering placements over the next five years, 1,000 in Community First Responder roles and 1,000 across the Public Engagement, Youth, Charity and other volunteering roles across the organisation..

Targeted Recruitment

Review of postcode performance has enabled an action plan to be developed to recruit to areas to increase performance, therefore improving patient experience.

Increase in staff responders to provide local clinician support to improve intervention and clinical quality in a timely manner.



People / Resources



+10
ADDITIONAL PARAMEDICS

+22
ADDITIONAL ECAS



+4
AMBULANCE NURSES



+630.5
DCA HOURS

The right resource
for the right patient
in the right time to
deliver the right
care.



+140
PSV HOURS



-321
RRV HOURS



NHS
South Western
Ambulance Service
 NHS Foundation Trust



Chain of Survival



Read Kellie's story
 Learning CPR saves lives

"Save a life learn CPR"

For more information about learning CPR or the campaign, please go to <https://www.sawast.nhs.uk/welcome/campaign/savinglives/learn-cpr> or scan this code

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CPR Community Education

Engagement into our communities with partner agencies to prioritise local education of sudden cardiac arrest and the important of CPR.

The basics save lives.



COVID Response



7 DAY

COUNTY COORDINATION CENTRE CREATED
AND STAFFED

310

STAFF WITH COVID SYMPTOMS SWABBED

474

STAFF ISOLATIONS

842

FIT TESTS CARRIED OUT



1

POWERED HOOD - LEVEL 3 PPE TO ALL STAFF

?

STAFF BOOKED IN FOR OR HAD COVID VACCINE

424

ANTIBODY TESTS

18,564

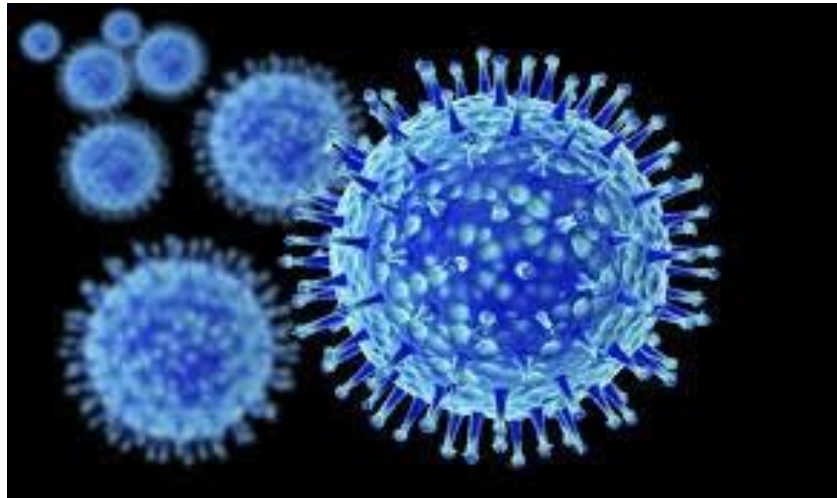
LOST HOURS DUE TO COVID RESTRICTIONS

Flu Vaccine



99%

STAFF OFFERED FLU VACCINE



84%

STAFF VACCINATED

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