

## Agenda Item No. 8

### Update from Individual Health Overview and Scrutiny Committees

**Great Western Ambulance Joint Health Scrutiny Committee**  
29<sup>th</sup> January 2010

**Author:** Chair, Great Western Ambulance Joint Health Scrutiny Committee

#### **Purpose**

To enable individual Health Overview and Scrutiny Committees to advise the Joint Committee of any work they are undertaking in relation to ambulance services and the outcomes of such work.

#### **Recommendation**

The Great Western Ambulance Joint Health Scrutiny Committee is requested to:

**Note the written and verbal updates provided by Health Overview and Scrutiny Committees and determine whether the Joint Committee requires any further action.**

### **1.0 Reasons**

1.1 Recommendation 5 of the Great Western Ambulance Joint Health Scrutiny Committee's "*Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee, February - October 2008*" required that a standing agenda item be included at each meeting of the Joint Committee to enable individual Health Overview and Scrutiny Committees (HOSCs) to provide an update on any work they are undertaking in relation to ambulance services and the outcomes of such work.

### **2.0 Detail**

2.1 The rationale for this recommendation was to ensure that the Joint Committee was kept informed of any local work that is being carried out by individual HOSCs. This will enable the Joint Committee to identify any issues that may benefit from its involvement and will reduce the likelihood of duplication of work occurring between the Joint Committee and individual HOSCs.

2.2 Submissions from those local authority HOSCs which are undertaking any such work are included in the appendices to this report for the information of Members.

- 2.3 Members from each local authority HOSC may also wish to provide the Joint Committee with a verbal update.
- 2.4 Members are requested to consider the updates provided by HOSCs and determine whether any further action is required by the Joint Committee in relation to any of the issues raised.

### **3.0 Background Papers and Appendices**

#### *Appendices*

Appendix A: South Gloucestershire Health Scrutiny Select Committee -  
Extract of Minute, 2<sup>nd</sup> December 2009

Appendix B: Wiltshire Health and Adult Social Care Select Committee, –  
Activity in relation to GWAS

## Appendix A

### SOUTH GLOUCESTERSHIRE HEALTH SCRUTINY SELECT COMMITTEE

#### EXTRACT MINUTE – 2<sup>ND</sup> DECEMBER 2009

#### **AMBULANCE RESPONSE TIMES AND PATIENT HANDOVERS (Agenda Item 14)**

David Warman, Interim Assistant Director of Commissioning, NHS South Gloucestershire introduced the report to update the Committee on the Great Western Ambulance Service (GWAS) NHS Trust performance against its national performance targets and update on actions/work to reduce Ambulance handover delays locally. He was accompanied by John Oliver of GWAS.

The following issues were discussed:

The Category B (not life threatening) performance target to respond to 95% of calls within 19 minutes was not being met due to resource issues. The Community First Responder (CFR) scheme would help address this and was being widely promoted.

With regard to questions around the sufficiency of CFR funding, Ann Jarvis, Director of Service Development stated that she was not aware of CFR funding being an issue. The PCT had a block contract with GWAS which covered all activity, and it was up to GWAS to decide how it applied the funds to different services.

In response to the issues around patient handovers at Frenchay Hospital, the Interim Assistant Director of Commissioning confirmed that an audit had taken place. There was now ownership at every level. When a problem arose a manager was called in to “unlock” the problem, which meant the clinicians could continue to care for the patients without the additional worry of sorting out administration or logistical problems.

In response to concerns about CFRs and whether their introduction might improve response times but have a negative impact on service quality as they were not fully trained paramedics, John Oliver from GWAS reassured the Committee that this was not an issue. CFRs were dispatched at the same time as an ambulance to Category A calls with the sole intent on providing life-saving first aid to the patient before the ambulance was able to get there. CFRs were not sent to Category B calls.

A new Director of Operations started in the summer and was focussing on reducing sickness rates. Figures would be available for the next report to the Committee in a few months time.

**RESOLVED:**

- 1** That the NHS representatives be thanked for the report and responses to questions, and the content be noted.
- 2** That a further report be received in six months time.

## Appendix B

### Wiltshire Health and Adult Social Care Select Committee (HASC):

#### Activity in relation to GWAS:

1. **Periodical meetings** are arranged with representatives from GWAS, NHSW and the HASC to consider Wiltshire locality issues. The purpose of these meetings is to review performance and action plans, and to offer assistance where appropriate. The next meeting is scheduled for 14<sup>th</sup> January 2010.
2. **Joint Scrutiny Task Group for District level response times.** Cllr Pip Ridout, (HASC Vice Chairman and our substitute for the Joint Committee), will be the representative from Wiltshire on this Task Group. The first meeting is scheduled for 13<sup>th</sup> January 2010.
3. **NHS Wiltshire.** Our Committee receives 'update reports' from NHS Wiltshire. At our last meeting on 19 November 2009, this included a section on the Great Western Ambulance Service. An extract from the Agenda Item is shown below, along with an extract from the minutes.

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Extract from:

Agenda item 08

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#### HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE 19<sup>TH</sup> NOVEMBER 2009



*Update from NHS Wiltshire  
November 2009*

[...]

#### 6. Great Western Ambulance Service

Performance at end October 2009 for 2009/10 was:

	Trust	Wiltshire locality
Category A - 75% within 8 minutes	75.3%	75.6%
Category A - 95% within 19 minutes	95.6%	94.9%
Category B - 95% within 19 minutes	91.8%	93.2%
Category C - 95% within 19 minutes	90.8%	93.6%

The Trust is putting in place a number of initiatives to improve ambulance performance in Wiltshire including:

- Increasing the number of staff in the Emergency Operations Centre (+10 staff). 97% of all calls are now answered within 5 seconds and the speed of vehicle allocation has improved;
- Increased front-line staffing (+22 staff) which has improved crew mobilisation times and reduced the number of "dropped" shifts;
- The introduction of HCP ambulances across GWAS including two daily running within Wiltshire to deal with the HCP workload.
- Updated vehicle deployment plan including new stand-by points in Salisbury and ongoing work to secure further standby locations.
- Increased provision of ambulance car vehicle cover in Devizes, Marlborough, Malmesbury, Warminster and Amesbury from January 2010. These cars will be in addition to the existing two-person ambulance vehicle (and the existing ambulance car in Devizes) deployed in each of these locations.
- Improved sickness absence rates at 5.1% (the lowest rate in the Trust);
- Introduction of airwave communication for all vehicles so that there are no now "black-spots" in communication;
- Improved responder schemes including staff-responder scheme (volunteer scheme for staff who are the paid overtime if called out); co-responder scheme (with Wiltshire Fire and Rescue) with additional provision planned for Calne (24/7 Scheme 1/11/2009), Wootton Bassett, Westbury (24/7 Scheme 1/12/2009), Melksham and Ludgershall; and community first-responder schemes (volunteer scheme for members of the public) with 26 existing schemes in Wiltshire and further schemes proposed for Chippenham, Bromham, Colerne, Redlynch, Mere, and Little Chevrell.

Alison Knowles  
Director - Strategy & Communications  
NHS Wiltshire  
9 November 2009

[...]

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**Extract from:**

**MINUTES of a MEETING held at COUNTY HALL, TROWBRIDGE on 19<sup>TH</sup> NOVEMBER 2009**

**38. Chairman's Announcements**

[...]

The Joint Ambulance Scrutiny Committee was to form a task group with representatives from Forest of Dean, Cotswold and Wiltshire Councils to consider poor response times within the 3 areas. It would discuss ways in which to improve them. Cllr Pip Ridout would be the Wiltshire representative from Wiltshire Council. Any other members of the

Committee interested in attending the task group should contact the Chairman.

[...]

**44. NHS Wiltshire (NHSW) Update**

[...]

Update on Great Western Ambulance Service Performance

Responder schemes with specific reference to the Community First Responder (CFR) Scheme were discussed as initiatives that improved ambulance performance. A brief summary of the work of the CFR Scheme was provided by Dominic Morgan (Great Western Ambulance Service). Further information on the Scheme can be found at:

[http://www.wiltshirepct.nhs.uk/Newsroom/PressReleases/CFR\\_Leaflet.pdf](http://www.wiltshirepct.nhs.uk/Newsroom/PressReleases/CFR_Leaflet.pdf)