

Joint Great Western Ambulance Overview and Scrutiny Committee

Friday 30th October 2009

Wiltshire Council, County Hall, Trowbridge

MINUTES

Present:

Councillors:

Cllr Andrew Gravells (Gloucestershire County Council) – Chairman, Cllr Adrian Inker (Bath and North East Somerset Council), Cllr Anthony Clarke (Bath and North East Somerset Council), Cllr Lesley Alexander (Bristol City Council), Cllr Sylvia Townsend (Bristol City Council), Cllr Jenny Smith (Bristol City Council), Cllr Ron Allen (Gloucestershire County Council), Cllr Sheila Jeffery (Cotswold District Council), Cllr Sandra Grant (South Gloucestershire Council), Cllr Sue Hope (South Gloucestershire Council), Cllr Andy Perkins (South Gloucestershire Council), Cllr Ann Harley (North Somerset Council), Cllr Anne Kemp (North Somerset Council), Cllr Reyna Knight (North Somerset Council), Cllr Andrew Bennett (Swindon Borough Council), Cllr Christine Crisp (Wiltshire Council), Cllr Mike Hewitt (Wiltshire Council), Cllr Ian McLennan (Wiltshire Council).

Others:

Elizabeth Power (Gloucestershire County Council), Sam Mangon (Gloucestershire County Council), Andrew Bennett (Swindon Borough Council), Sally Smith (Swindon Borough Council), Shana Johnson (Bristol City Council), Jill Tompkins (Bath and North East Somerset LINK), Anna Farquhar (Wiltshire Involvement Network), Jill Crook (NHS Gloucestershire), Jonathan Lofthouse (Great Western Ambulance Service), David Whiting (Great Western Ambulance Service), Caroline Pickford (Wiltshire Council), Kim Morrissey (Great Western Ambulance Service), Simon Maggs (Great Western Ambulance Service), David Coates (Great Western Ambulance Service), Kevin Dickens (Great Western Ambulance Service), Caerrie Braber (NHS North Somerset), Claire Beynon (NHS South Gloucestershire), Mark Durnford (Bath and North East Somerset), Becky Parish (NHS Gloucestershire), Victoria Eld (Great Western Ambulance Service), John Oliver (Great Western Ambulance Service), Rosemarie Phillips (Swindon Link).

Apologies:

Cllr Sharon Ball (Bath and North East Somerset), Cllr Andy Perkins (South Gloucestershire Council), Cllr Michael Bray (Swindon Borough Council), Cllr Peter Mallinson (Swindon Borough Council).

100 Declarations of Interest (Agenda Item 2)

Cllr Knight declared a personal interest as the Chairman of the Jubilee Day Care Centre.

101 Public Question Time (Agenda Item 3)

No questions were received from the public.

102 Chairman's Update (Agenda Item 4)

The Chairman expressed a warm welcome to those attending from Bath & North East Somerset Council and Wiltshire Council who had now appointed representatives on the Joint Committee.

The Chairman requested that Wiltshire Council write to the previous Wiltshire County Council members of the Joint Committee thanking them for their past participation.

The Chairman thanked Cllr Ann Harley for chairing the previous meeting held on 31st July 2009.

103 Minutes of the Meeting held 31st July 2009 (Agenda Item 5)

It was noted that, in relation to Item 94 (Great Western Ambulance NHS Trust Integrated Business Plan), Simon Davis was not present at the meeting as indicated.

Resolved:

- 1. That the minutes of the meeting held on 31st July 2009 be approved as a correct record subject to the amendments agreed by the Committee.**

104 Update on the various CFR Schemes (Agenda Item 6)

Kim Morrissey, Simon Maggs and Kevin Dickens, Community First Responder Managers from the Great Western Ambulance Service covering Avon, Wiltshire and Gloucestershire provided a presentation to the Committee.

The presentation provided an overview of the role of Community Response Team, the vision for the future and how the community could provide support.

A copy of the presentation can be found at:

Ensuing discussion included:

- Locations of static defibrillator sites across Avon, Gloucestershire and Wiltshire;
- That public access defibrillators (piloted by Great Western Ambulance Service (GWAS)) – were placed in secure boxed locations across Wiltshire. Accessibility of the box was via a 999 phone call;
- CFR's were a valuable resource to GWAS;
- Location sites for defibrillators included: holiday parks, public transport locations, shopping centres, airports and prisons amongst other areas.
- There was no age limit to becoming a CFR but volunteers were required to be a minimum of 18 years old.
- Approximately 50% of volunteers were women and many used the role of the CFR as a stepping stone to becoming full time employees of GWAS.
- The relationship between CFRs and the Fire Service. Work had taken place with Hampshire Fire Service and continued with other Fire Services.
- How GWAS worked with private owners of defibrillators. A license was not required to purchase a defibrillator although equipment was usually inclusive of registration documents which in many instances were not completed;
- Whether contact information could be circulated to Councillors to allow them to contact CFR Managers to pursue ways of working together further and with proposed location site for public access defibrillators. Contact details were provided by the CFR Managers in attendance as detailed below:
kim.morrissey@gwas.nhs.uk (Avon)
kevin.dickens@gwas.nhs.uk (Gloucestershire)
simon.maggs@gwas.nhs.uk (Wiltshire)
- That CFRs were only contacted within working hours. CFRs were required to sign on and off duty and would therefore only be contacted when on duty.
- How coverage could be improved in Gloucestershire. The Chief Executive for GWAS clarified this was being investigated.
- That areas within the Cotswolds would benefit from CFRs. The GWAS Chief Executive acknowledged this and confirmed that, with the help of the community, was working to address this.
- That sheltered housing complexes, sports centres and football grounds amongst other sites would be good locations for static defibrillators.
- Static defibrillators provided by GWAS did not require servicing for approximately 7 years after purchase. Any servicing costs thereafter would be met by the purchaser of the unit although

applications could be made for financial contributions from GWAS where an appropriate need existed.

- What partnerships existed in the Winchcome area. The Fire Service was approached 18 months ago but did not engage. GWAS were now working with the Town Council.
- That GWAS could work to recruit CFRs from the MOD. Relationships did exist with the military and schemes were in place in Lynham, Shrivenham and Boscom Down. GWAS did not usually request CFR's work cross border but would investigate this option further.

The GWAS Chief Executive and Chairman of the Committee thanked the CFR Managers for their presentation.

105 Item 7 – STEMI presentation (Agenda Item 7)

David Coates, GWAS Clinical lead for reperfusion, provided a presentation on the steps to transport patients to specialist hospitals for primary angioplasty.

A copy of the presentation can be found via the following link:
<http://194.72.162.210/documents/dscgi/ds.py/View/Collection-1898>

Ensuing discussion included:

- The GWAS region had good coverage regarding goal achievement on PPCI (the service in some other areas was not available).
- The target for the South West was for 95% of patients to receive appropriate PPCI care.
- Bristol Heart Institute covers North Somerset, Bristol and South Gloucestershire.
- Jill Crook - NHS Gloucestershire confirmed as a member of the cardiac and stroke network that extensions to the service delivery hours proposed were likely to change.
- Discussions were still taking place on the number of 24/7 sites required to meet demand.
- Patient numbers would not justify a 24/7 service in all hospitals.
- Each site allows for patient transfer times which were currently set as no more than 150mins (previously 120mins).
- Although the priority would always be patient care a set budget existed and decisions on priority spend would always need be made based on the available budget. The Chairman commented that the Joint Committee may wish to take its own view of this to the SHA.
- The average number of STEMI patients equated to approximately 8 to 10 patients per month.
- There were no patients transferred outside of the area under the current scheme.

The Chairman thanked David Coates for his presentation.

106 Review of Issues arising from Board Performance Report, September 2009. (Agenda Item 8)

Members of the Committee were asked to note and comment as appropriate on the Board Performance Report (as presented to the Great Western Ambulance NHS Trust Board in October 2009) and Activity and Performance Commissioners' monthly report 2009/10.

Ensuing discussion included:

- The Chief Executive acknowledged formatting issues were present in the Activity and Performance Commissioners monthly report.
- Target and plan – there had been different plan trajectories for delivery. The trajectory may change again although the year end forecast would remain unchanged.
- The Chairman requested explanation of Item A8 (Minute Target Performance) as outlined in the Commissioner's Monthly Report. The Chief Executive clarified that all ambulance services in England had been asked to consistently code their emergency transfers as per category A. GWAS had complied with this and slight improvements were shown.
- Handover delays (at A&E) over 15 minutes – the Chairman requested a further breakdown of waiting times across all hospitals serviced by GWAS. John Oliver or Victoria Eld to provide.
- Jill Crook, NHS Gloucester, confirmed that financial penalties were being considered across the South West although it was hoped this would not be required. This was being lead by the Lead Commissioner who was looking to provide consistency across all new contracts in April 2010.
- The Chairman acknowledged that some of the recommendation made 12 months ago to the Lead Commissioner had been implemented.
- Acknowledgment was made that the Forest of Dean, Cotswold and Kennet (now part of Wiltshire Council) areas appeared the poorest performing in relation to response times. A suggestion was made for one member from each of the 3 areas to meet with GWAS outside of the meeting to work together to find ways of improving performance.

Resolved:

- 1. To note the report.**

2. **That members from Forest of Dean, Cotswold and Wiltshire (previously Kennet district) would meet with the Chief Executive of GWAS to form a Task and Finish Group in November/December 2009 to find ways of improving performance and provide the Committee with a report on the outcome of the Group meeting at its next meeting in January 2010.**

107 Progress in addressing recommendations made by the Joint Committee in 'Interim Report and Recommendations', October 2008 (Agenda Item 9)

Members were requested to note the update by GWAS on progress made towards recommendations contained in the JHOSC report and to determine whether any further action was required by the Committee.

Ensuing discussion included:

- Clarification that each area of performance was showing improvement.
- GWAS were hitting national targets in A8 and A19 and on B19 (hard targets). It was felt that there was a lot more work to do but that GWAS were making progress.
- The GWAS Chief Executive confirmed he would share the outcome of Board meetings as a verbal update at future Committee meetings. The Chairman requested that this update should include information on how improvements were achieved, i.e examples of where improvements had taken place and how.
- An Improvement Plan is available to view via the GWAS internet site which clearly outlines the actions required to provide the improvements for 2009/10.
- Specific note was drawn to Recommendation 20 of the report where it was confirmed that an all points bulletin after each shift was now circulated to all staff.
- Members queried whether PCTs were able to offer different resources within their areas. It was suggested that individual authorities should liaise with their own PCTs to investigate further.

Resolved:

1. **To note the report.**

108 Update from Individual Health Overview and Scrutiny Committees (Agenda Item 10)

The Committee was asked to note the report from the Chairman of the Committee which provided details of relevant work undertaken by individual Health Scrutiny Committees in relation to ambulance services.

Resolved:

- 1. To note the written update.**

109 Review of the Role of the Joint Committee (Agenda Item 11)

The Committee was asked to review the role of the Joint Committee and to determine whether future meetings should continue.

Resolved:

- 1. That the Committee will continue to meet on a quarterly basis.**
- 2. That GWAS would supply the monthly activity and performance statistics by the tenth working day of each month.**

110 CQC Report on Ambulance Service (Agenda Item 12)

The Committee was asked to note the update on the recent publication of the Care Quality Commission Annual Health Check rating for 2008-09 for GWAS, which included the improvements undertaken by the trust.

Resolved:

- 1. That the Committee note the report.**

111 Work Programme (Agenda Item 13)

Members were requested to note the work programme provided and to agree on future priorities for the Committee.

The Chairman requested Benchmarking data should be made available and added to the Committee Agenda for January 2010.

The Chairman requested that the agenda and related paperwork should be made available to members of the Committee no later than 10 days before each Committee meeting.

Resolved:

1. That the Committee note the work programme.

112 Date of Future Meetings (Agenda Item 14)

Future meeting dates were confirmed as:

29th January 2010

23rd April 2010

Venues for both dates were to be arranged.

113 Urgent Business (Agenda Item 15)

None.