

Agenda Item No. 7

Update from Individual Health Overview and Scrutiny Committees

Great Western Ambulance Joint Health Scrutiny Committee 17th September 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 1 – South Gloucestershire Health Scrutiny Select Committee – Draft extract minute

SOUTH GLOUCESTERSHIRE HEALTH SCRUTINY SELECT COMMITTEE

DRAFT EXTRACT MINUTE

7TH JULY 2010

19 SIX MONTHLY REPORT ON THE GREAT WESTERN AMBULANCE SERVICE (GWAS) NHS TRUST (Agenda Item 14)

Lizanne Harland, Service Development Manager – Urgent and Emergency Care introduced the report on GWAS performance against its national performance targets and on actions being taken locally to reduce ambulance handover delays. The Manager updated the figures contained in the report with performance for May 2010:

Category A8 – 78.8%

Category A19 – 96.24%

The Manager also provided figures specifically for South Gloucestershire. 2009-10:

Category A8 – 68.5%

Category A19 – 95.6%

Category B – 87.9%

April 2010:

Category A8 – 71.5%

Category A19 – 95.7%

The Manager reported that in terms of telephone responses GWAS was now the best ambulance service in the country. 65% of all calls had an ambulance despatched before the caller had even spoken to the operator. For Category B calls, GWAS was due to meet its target in November 2010.

There were also additional targets around patient and public involvement.

During the ensuing discussion the following points were covered:

- In reply to how calls were escalated, the Manager confirmed that work was currently being undertaken. In most cases as soon as a call was made an ambulance was despatched to the location, however, if during the call it was determined that the matter was less urgent then the priority was scaled down accordingly and the initial ambulance might be reallocated to a more serious call.
- In reply to a question on page 31 and the introduction of an electronic handover recording system, the Manager explained that this was about to go live at Gloucestershire Royal Hospital and would then be rolled out across the area. The system would provide accurate information on patient handovers because at the time of a handover both the hospital staff and ambulance personnel had to access the system and confirm that the handover had occurred. Also, the ambulance crew

had to access the system again when they had cleaned down and were ready for redeployment.

- In response to a comment that more work was needed in South Gloucestershire around performance against the A8 and A19 targets, and whether there were sanctions for consistent dips in performance, the Manager said that the PCT was looking at these and monthly meetings were held with GWAS. There were issues with performance in South Gloucestershire and North Somerset, largely due to the rural nature of the areas. For consistent dips in performance NHS Gloucestershire (the lead commissioning PCT) could issue an Exception Report, which might result in a remedial action plan to rectify the breach or performance failure. It was a stepped process. From the issuing of the first Exception Report in respect of a Provider breach of a Remedial Action Plan, the coordinating commissioning PCT could instruct the commissioners to withhold up to 2% of all the monthly sums payable by the commissioners up to a maximum of 10%. The coordinating commissioning PCT could also instruct commissioners to permanently withhold these sums on the issuing of a second Exception Report. She said that GWAS was issued with an Exception Notice at the end of June.
- In response to a question around staff training the Manager reported that all GWAS staff had received training on dementia, and other conditions such as asthma and Transient Ischemic Attacks (TIAs) or mini strokes.
- In response to questions on Community First Responders, the Manager reported that the Trust was currently reviewing how to get the most benefit from them and it would provide details on the number of incidents attended and outcomes. She said the PCT was also working hard to determine demand for ambulance services in the area to see if services needed be provided in a different way, and it had recently launched its “Well Aware” campaign to all households, details of which would be circulated to the Committee outside of the meeting. The Chair added that it would also be helpful if all councillors could publicise the existence of Community First Responders via their parish/town councils.
- In reply to a question around emergency planning and the preparations for the flu pandemic last year, the Chief Executive said the PCT had learnt a lot around processes for vaccinations, how it would manage an outbreak and surge plans were now in place to deal with future emergencies. This work would be referred to when the Winter Planning round started again.

RESOLVED:

1. That the Manager be thanked for the report and the content be noted.
2. That further details be provided to the Committee on the number of incidents attended to by Rapid Response Cars/Community First Responders and the outcomes.
3. That details of the Well Aware campaign be provided to the Committee outside of the meeting.

4. That a further performance report be received by the Committee in six months time.