

## **Agenda Item No. 5**

### **Great Western Ambulance Service NHS Trust (GWAS) Joint Health Overview and Scrutiny Committee Friday 28<sup>th</sup> January 2011 South Gloucestershire Council, Thornbury**

#### **Present**

##### Councillors:

Andrew Gravells (Gloucestershire County Council) – Chair; Sharon Ball (Bath & North East Somerset Council); Anthony Clarke (Bath & North East Somerset Council); Adrian Inker (Bath & North East Somerset Council); Ron Allen (Gloucestershire County Council); Sheila Jeffery (Cotswold District Council (Gloucestershire County Council)); Sue Hope (South Gloucestershire Council); Andy Perkins (South Gloucestershire Council); Andrew Bennett (Swindon Borough Council); Mike Hewitt (Wiltshire Council).

##### Others:

John Oliver (GWAS); Tim Stockings (GWAS); Paul Birkett-Wendes (GWAS); Mandy Rumble (RUH Bath); James Rimmer (RUH Bath); Becky Parish (NHS Gloucestershire); Linda Prosser (NHS Gloucestershire); Lizanne Harland (NHS South Gloucestershire); Andy Brand (Care Quality Commission); Albert Weager (Gloucestershire Local Involvement Network (LINK)); Margaret Adams (South Gloucestershire LINK); Romaine de Fonseca (Bristol City Council); Elizabeth Power (Gloucestershire County Council); Ros Low (Wiltshire Council); Claire Rees (South Gloucestershire Council); and one member of the public.

#### **Apologies**

##### Councillors:

Lesley Alexander (Bristol City Council); Sylvia Townsend (Bristol City Council); Jenny Smith (Bristol City Council); Sandra Grant (South Gloucestershire Council); Christine Crisp (Wiltshire Council); Ian McLennan (Wiltshire Council).

#### **145 Declarations of Interest (Agenda Item 2)**

Councillor Perkins declared a personal interest generally by virtue of his former employment by the Royal United Hospital Bath (RUH) and University Hospitals Bristol NHS Trust (UHB); and Linda Prosser being a former work colleague.

#### **146 Public Question Time (Agenda Item 3)**

There were no questions from the public.

#### **147 Chair's Update (Agenda Item 4)**

The Chair, Councillor Gravells, welcomed everyone to the meeting and announced that following today's meeting he wished to stand down as Chair.

It was proposed by Councillor Gravells and seconded by Councillor Inker that Councillor Anthony Clarke be appointed as Chair of the Committee from the next meeting in June.

The Chair reported that today was Councillor Inker's last meeting as he was not standing for re-election in May. He said that Councillor Inker would be sorely missed and wished him all the best for the future. In response Councillor Inker said that he had enjoyed his time doing health scrutiny in Bath & North East Somerset and across the wider area. Looking forward he hoped to become more involved in the work of the LINK, and Healthwatch (once it was established).

The Chair reported on the departure of Dave Whiting, Chief Executive of GWAS, who had recently accepted a new role with the Yorkshire Ambulance Trust. He said he was sorry to see him go and suggested that a letter be sent to him (with a copy to the SHA, the Chair of GWAS and the Yorkshire Ambulance Trust) to thank him for his involvement with the JOSOC and wish him all the best for the future.

**RESOLVED:**

- 1 That Councillor Clarke be appointed as Chair of the Committee from the next meeting in June 2011.
- 2 That a letter be sent to Dave Whiting (with a copy to the SHA, the Chair of GWAS and the Yorkshire Ambulance Service) to thank him for his involvement with the JOSOC and wish him all the best for the future.

**148 Minutes of the meeting held on 17<sup>th</sup> September 2010 (Agenda item 5)**

It was agreed that Minute 139, Resolution 5 should be amended to read "police forces".

Matters arising:

In response to questions from Councillor Jeffery regarding minute 139, 6<sup>th</sup> paragraph, it was confirmed that GWAS was in the process of recruiting 30 new full-time paramedics. It was unlikely that the full 30 would be in place by the end of this financial year, but it was hoped they would be by the end of 2011. In response to further questioning from the Chair about how many of the 30 were already in place and why there were difficulties with recruitment, it was reported that new paramedics were now educated to degree level and existing paramedics had to go through a conversion programme, which was an ongoing process. There was also recruitment in the open market, with some qualified paramedics being recruited from other trusts. In addition to this there was also the usual outflow from GWAS, for example as staff moved away or changed their careers. It was agreed to provide a short note on this outside of the meeting.

In reply to a question from Councillor Bennett on the co-responder scheme it was reported that further engagement with local communities was needed and the sign up arrangements with the police were complex. It was agreed that further detail would be provided outside of the meeting.

In relation to Minute 139, Resolution 6, Councillor Jeffery thanked GWAS for the work undertaken to date around responding to people interested in becoming a Community First Responder (CFR) and asked that she continued to be kept in the picture.

**RESOLVED:**

- 1 That a short note to explain the paramedic recruitment process and co-responder training in each area of GWAS be circulated to members outside of the meeting.
- 2 That the minutes (as amended) be approved as a correct record.

**149 RUH, Bath A&E Handover – Sharing good practice (Agenda Item 6)**

Mandy Rumble and James Rimmer (RUH Bath) gave a presentation on Reducing Ambulance Handover Delays at the RUH. A copy of the slides has been placed in the minute book.

During the ensuing discussion the following points were raised:

In response to a question from Councillor Hewitt on the validation of handover times, trusts following different practices and what happened at Salisbury Hospital, Tim Stockings (GWAS) reported that there was always a validation process and Salisbury Hospital followed the same procedure as the RUH. The overall aim was for all A&E departments to have a screen which enabled crews to log when they arrived and departed. However, this was proving difficult because of trusts having different IT systems.

In response to a question from the Chair on why the procedure at the RUH could not be rolled out to all trusts, it was reported by Tim Stockings that “Auto arrive”, whereby a GPS device in the ambulance automatically recorded its arrival time at the hospital was now in place at all trusts. However, there were local issues, for example related to the geography of some hospital sites and the device being triggered some distance away from the ambulance actually arriving at A&E and the patient being “handed over”. To try to address this GWAS was talking to the GPS company about how to ensure that it triggered as close to A&E departments as possible.

James Rimmer added that the SHA’s definition of the point of handover was when the ambulance’s handbrake was on. He added that wherever possible the aim was to have a systemised process, but also the ability for crews to record their own handover times so that data could be validated.

In response to a question from Councillor Hope on the GWAS monthly A&E handover summary and how the RUH had more A&E admissions than most of the other trusts but still had better handover times, Linda Prosser (NHS Gloucestershire) reported that the most significant point to remember was that in the case of the RUH, it as the provider trust took responsibility for the problem. All OSCs and primary care trusts should encourage all providers to take responsibility for handover delays. Councillor Inker added that B&NES and its surrounding communities taking responsibility was key. He said there was a degree of frustration in the JOSC that other trusts had not improved upon their performance and asked whether other trusts had visited the RUH? In response James Rimmer said that partnership working and local ownership were crucial to the success at the RUH. Mandy Rumble added that other local trusts had visited the RUH and further visits were due to take place, along with information sharing via the Urgent Care Network.

The Chair suggested that the JOSC write to all local trusts to report that it had received this presentation from the RUH and it would be interested to hear what their A&E departments were doing to address handover delays.

In response to a question from Councillor Perkins about how much of the improvement at the RUH was attributed to process changes versus IT data systems, James Rimmer said that it was around 80:20, there was good evidence to say that trusts needed to measure the right things and to enable this there had to be believable and reliable metrics.

In reply to a question from Councillor Bennett, Mandy Rumble said that it was not difficult to measure the time when you got a patient into a bed, but it had been a cultural change for staff. The Trust had been very clear that the completion of a handover was when a patient was off a trolley and into a bed. In an ideal situation the ambulance staff would then access a handover screen. The RUH was piloting one screen at the moment, which was working well, but more screens were needed.

In response to a question from Albert Weager on whether the success at the RUH was attributable to the large size of the A&E Department, Mandy Rumble said that size was not the driver of success, the process in place could be applied to any size A&E Department.

**RESOLVED:**

- 1 That the representatives from the RUH be thanked for the presentation and the content be noted.
- 2 That a letter be sent on behalf of the JOSC to other local NHS trusts to advise them of the presentation from the RUH and invite them to a future meeting to report on how they were addressing handover issues.

- 150 **Monthly Performance Information comprising (Agenda Item 7):**
- A. Commissioners' Monthly Report for activity in December 2010**
  - B. Board Performance Report – December 2010**
  - C. Hospital Handover times – December 2010**

In response to a question from Councillor Hope on the poor Category A 8 Minute performance in South Gloucestershire in December 2010 (last table on page 18 of the agenda pack refers), Tim Stockings (GWAS) cited the bad weather at this time. Councillor Hope disputed this explanation as she felt South Gloucestershire had been no more affected by the bad weather than surrounding areas.

In reply to Councillor Hope and in response to a concern from Councillor Jeffery regarding continued poor performance in the Cotswolds, Paul Beckett (GWAS) said that during December 2010 there was a very high demand for the service and this in combination with the bad weather led to a dip in response times across the whole GWAS area. In relation to the Cotswolds, GWAS was equally as disappointed as local members and it aimed to improve performance. He added that GWAS had also been working hard in the Kennet area to improve performance, where the development of good community working was particularly important due to the inaccessibility of the area in terms of the 8 minute response time. GWAS had held a number of open days to try to encourage more people to be CFRs, but the numbers who attended were quite low. However, it had also recently established a scheme with the military whereby military personnel volunteered their time and the training courses had just started.

In addition to this Lizanne Harland (NHS South Gloucestershire) reported that during December there were 300 additional calls to the ambulance service from across Bristol, North Somerset and South Gloucestershire (BNSSG), as well as a 50% rise in the demand for primary care. An audit was currently being undertaken, and the current issues with industrial relations and sickness leave were also factors that needed to be taken into account. In relation to CFRs, work was taking place for provision to be extended in South Gloucestershire.

In response to a question from the Chair on liaison with the fire authority and how it might be able to help with response times, Paul Beckett said that it was more difficult for the fire service to provide support because they had a minimum number of fire fighters that had to be on a pump when it was called out.

The Chair asked that GWAS, in consultation with the local commissioning organisations, produce a short paper to confirm the work that had taken place in South Gloucestershire, the Cotswolds and Kennet, the achievements, and what work was still to be undertaken. Lizanne Harland confirmed that she would assist with the South Gloucestershire element of the report.

Margaret Adams reported that the South Gloucestershire LINK's E-Bulletin included a feature on CFRs, including details of the areas where they were most needed.

In response to a couple of anecdotal points from Councillor Hope regarding an alleged 12 hour breach at Frenchay Hospital, and a South Gloucestershire patient being taken by ambulance to Bourton-on-the-Water, Lizanne Harland said she was not aware of a 12 hour breach, but she would investigate this further. She said there had been an issue with the electronic handover screens in November and there were great pressures on the Trust during late December and early January due to the winter weather and flu. However, she added that Frenchay A&E would be looking at the model in place at the RUH, which was pleasing.

Tim Stockings added that the patient experience was key and on the whole most of the hospitals in the GWAS area performed well. He agreed with the comments that there were particular issues in late December and early January, and he added that the Trust had seen real spikes in flu amongst staff that mirrored the general public. However, he believed GWAS was doing the best it could to get patients into hospital and receive the best clinical care.

Councillor Bennett referred to a recent advertising campaign run by the South West Ambulance Service Trust (SWAST) and asked whether GWAS did anything similar. In response Tim Stockings reported that GWAS did liaise with SWAST and undertook similar schemes.

Linda Prosser (NHS Gloucestershire) reported that in future it might be helpful if NHS Gloucestershire, as the Lead Commissioner, produced the performance report in liaison with the other local commissioners in the area and GWAS, and then the JOSC would be able to hold the commissioners to account. It was agreed that this would be a good way forward.

**RESOLVED:**

- 1 That the performance data be noted.
- 2 That a short paper to confirm the work that had taken place in South Gloucestershire, the Cotswolds and Kennet, the achievements, and what work was still to be undertaken, be provided by GWAS and the commissioning organisations outside of the meeting.
- 3 That in future performance reports be produced and presented by the Lead Commissioner (NHS Gloucestershire) in consultation with GWAS and the other commissioning organisations in the area.

**151 Update from HOSCs (Agenda Item 8)**

Councillor Hope summarised the discussions the South Gloucestershire Health Scrutiny Select Committee had had with NHS South Gloucestershire, emphasising the importance of future commissioning continuing the ongoing

work that had been done in developing a pathway for falls, the “111” pilots, and in re-educating the public perception of when to call an ambulance.

Tim Stockings (GWAS) advised that significant changes were in the pipeline in terms of the how the ambulance service would be expected to perform. The Chair requested that a paper detailing the changes be presented at the next meeting.

**RESOLVED:** That a paper detailing the significant changes in terms of how the ambulance service would be expected to perform in the future be presented to the JOSC at its next meeting.

**152 Report from the LINK Joint Working Group (Agenda Item 9)**

Information on new Clinical Quality Indicators for A&E would be circulated to members, additionally the Gloucestershire LINK report on the Emergency Department at the Gloucestershire Royal Hospital.

**153 Short Life Group Update report (Agenda Item 10)**

Councillor Jeffery provided an update on the work of the Group and highlighted a problem, in that the CFR training due for January 2011 did not take place. There appeared to be an issue in respect of GWAS providing adequate follow-up for people who had expressed an interest in CFR training.

**RESOLVED:**

- 1 That the recommendations of the Short Life Working Group be agreed.
- 2 That a further meeting be arranged between GWAS and Councillor Jeffery to further discuss CFR training in Bourton-on-the-Water.

**154 Recruitment Process (Agenda Item 11)**

**RESOLVED:** That the item be noted.

**155 Work Programme (Agenda Item 12)**

**RESOLVED:** That the Work Programme be agreed.

**156 Dates of future meetings (Agenda Item 13)**

The date of the next meeting is **Friday 10<sup>th</sup> June 2011**.

**157 Urgent Business**

An update was provided on the situation regarding proposed industrial action by GWAS staff. Talks would be held on 31<sup>st</sup> January between both sides and facilitated by ACAS, to try and find a resolution.

Linda Prosser (NHS Gloucestershire) proposed that the new Chair of the JOSC be involved in discussions about future commissioning - this was welcomed by members.

Members thanked Councillor Gravells for the efficient way in which he had chaired the Committee over the last four years, and wished him well for the future.

The meeting closed at: 1.20pm

Chair: .....

Date: .....