

**GREAT WESTERN AMBULANCE SERVICE  
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**MINUTES OF MEETING HELD  
10:00AM ON FRIDAY 14 OCTOBER 2011  
AT  
WILTSHIRE COUNCIL**

**Members of the Committee:**

**Councillors Present:**

Cllr Anthony Clark (Chairman) - Bath & North East Somerset Council, Cllr Sharon Ball, Bath & North East Somerset Council, Jenny Smith – Bristol City Council, Cllr Sylvia Townsend – Bristol City Council, Cllr Ron Allen – Gloucestershire County Council, Cllr Sheila Jeffery – Cotswold District Council (Glos. County Council), Cllr Terry Hale – Gloucestershire County Council, Cllr Nick Pennycott, North Somerset Council, Cllr Janet Biggin – South Gloucestershire Council, Cllr Mike Hewitt – Wiltshire Council, Cllr Ian McLennan – Wiltshire Council, Cllr Peter Hutton – Wiltshire Council (substitute for Cllr Christine Crisp).

**Apologies:**

Cllr Eleanor Jackson - Bath & North East Somerset Council, Cllr Lesley Alexander - Bristol City Council, Cllr Bob Garner – North Somerset Council, Cllr Reyna Knight – North Somerset Council, Cllr Sue Hope – South Gloucestershire Council, Cllr Ian Scott – South Gloucestershire Council, Cllr Fionuala Foley – Swindon Borough Council, Cllr Christine Crisp – Wiltshire Council (substitute was Cllr Peter Hutton).

**Also in attendance:**

Liam Williams – Great Western Ambulance Service, John Oliver – Great Western Ambulance Service, Romaine de Fonseca – Bristol City Council, Ros Low – Wiltshire Council, Sharon Smith – Wiltshire Council, Jill Crooks – Wiltshire Gazette & Herald, Linda Prosser – NHS Gloucestershire

**1. Apologies for Absence**

Apologies were received from Cllr Eleanor Jackson, Cllr Lesley Alexander, Cllr Bob Garner, Cllr Reyna Knight, Cllr Sue Hope, Cllr Ian Scott, Cllr Fionuala Foley and Cllr Christine Crisp.

**2. Declarations of Interest**

There were no declarations of interest received.

### **3. Public Question Time**

There were no questions received.

### **4. Chair's Update**

The Chair confirmed that he had attended an awards ceremony in Bath regarding frontline ambulance teams. Following a request received the Chairman confirmed that details of the award winners would be circulated.

He had also attended the AGM of GWAS where a local MP had proposed that smaller ambulance services be linked with the police authority. This had not received much support.

The decision of GWAS not to pursue Foundation Status was also raised and would be discussed later in the agenda.

### **5. Minutes of the Previous Meeting.**

The minutes of the previous meeting were approved as a correct record.

### **6. Organisational Change at GWAS**

This item was brought forward on the agenda to accommodate the late arrival of the NHS Gloucester representative.

An update report was provided with the agenda confirming that GWAS was to explore the possibility of partnership working with another organisation to ensure continued improvements to patient care following a decision by the Trust Board not to pursue an independent application for Foundation Trust status due to viability.

Prior to the meeting taking place a media release statement was circulated to the Committee providing further development in this area which included that South Western Ambulance Service NHS Foundation Trust (SWAST) had been identified as GWAS' preferred partner to explore a possible creation of a single ambulance trust providing services in the south west by October 2012.

A period of due diligence would now commence which would include a consultation period with the public and OSCs would continue to be involved in the process throughout.

In order to support this work the Chief Executive of SWAST had been appointed interim Chief Executive for GWAS from 1 November and the current Deputy Chief Executive and Director of Finance and Performance of SWAST appointed acting Chief Executive at SWAST.

Clarification was provided that further information contained with the agenda highlighted the good performance overall of GWAS to ensure continued

quality of care which would remain a focus during the due diligence process to be undertaken.

The benchmarking information available to GWAS had raised concerns over the financial or clinical services that SWAS offered and this would also be further investigated through the due diligence process. The Committee was also reminded, however, that the ambulance service was monitored by the Care Quality Commission (CQC) and that SWAS were considered a high performing organisation.

Ensuing discussion included concern by the Committee that patients could be negatively affected by the partnership arrangements with SWAS due to the significant size of the area to be serviced and that reassurance should be provided that the quality of service would not be affected.

Upon seeking details of timescales to be worked towards, clarification was provided that a new Project Manager had also been appointed, was due to commence employment on Monday 17 October and would, as part of his role, be responsible for pulling together timelines. As detailed earlier, OSCs would be further updated throughout the due diligence process.

With the concerns of the Committee in mind in relation to the retention of a good local service the Chairman proposed that an invitation be extended to the newly appointed Project Manager to attend the next meeting of the Committee to ensure early engagement with scrutiny and that representatives from SWAS also attend the meeting.

**Resolved:**

- i) To note the updates provided; and**
- ii) To request that the newly appointed Project Manager and representatives from SWAS attend the next meeting of the Committee to provide an update on developments in relation to the preferred partnership with SWAS.**

**7. Monthly Performance Information**

Representatives from NHS Gloucestershire were in attendance to present monthly performance information for the Committee's consideration details of which were included with the agenda as follows:

- A presentation on Commissioners Report for October 2011;
- Trust Activity and Performance; and
- Hospital Handover Summary

Upon commencement of the presentation NHS Gloucestershire confirmed the need to ensure continued delivery of outcomes as a strong partner in terms of the partnership proposals as detailed above and that this would be demonstrated as the performance indicators and targets would highlight.

Clarification was provided that the new currencies of measurement for ambulance services included two new quality indicators which were 'hear and treat' (whereby the service provided is delivered over the phone) and 'see and treat' (where patients were seen by a professional at home).

As part of a continued drive to encourage a sense of community service, providers wished to measure and see a reduction in the number of patients taken to hospital. Although figures were provided for consideration, there was currently no benchmark available to ascertain the performance status in this area.

The issue of patient transfer and, specifically, the return journey of those patients taken to facilities, was further raised and clarification provided that the PTS would be the relevant service to provide this facility. In addition for those patients not eligible for PTS there were other options applicable.

Members also noted that there was a greater variance of performance in key areas, such as Gloucestershire where ambulances in both directions from Wales to Gloucester impacted on performance figures. This was being monitored by GWAS.

Members were also reminded that vehicles were positioned based on demand which used both historical data and information provided on a minute by minute basis. This resulted in a clear mechanism to ensure 'nearest and quickest' ambulance attendance.

**Resolved:**

**To note the update information provided.**

## **8. National Audit Office Report on VFM**

The Committee was asked to note the update report provided which gave a brief update on some of the National Audit Office key findings and recommendations arising from the 'Transforming NHS ambulance services' report published in June 2011.

In presenting the report, clarification was provided that much work was being undertaken to ensure a reduction in the number of dual resource despatch to ensure this was only done where absolutely necessary. Members were also asked to note that although the NAO had identified an historically high sickness level among frontline ambulance staff, GWAS had been identified as having the lowest level of frontline staff sickness.

**Resolved:**

**To note the update report provided.**

## **9. Ambulance Quality Indicators**

A presentation on ambulance quality indicators which arose from central government at the end of 2010 was presented for consideration. The 11 quality indicators for England's ambulance services would be used to measure patient experience and outcomes.

The indicators, which were reported on a monthly basis by all English ambulance services, were accessible through the internet and allowed for the data of each of the indicators to be viewed in varying forms. This included the re-contact rate of each NHS Trust where GWAS was performing well.

The percentage of FAST positive stroke patients potentially eligible for stroke thrombolysis arriving at a hyperacute stroke centre within 60 minutes remained around 65%, GWAS was investigating the remaining 35% outside of this standard to aspire to further improve on the figure.

A second part of the 2 part indicator for stroke patients included a 'care bundle' indicator where GWAS achieved a 100% and therefore the Trust was doing well in this area.

Of the estimated 20,000 999 calls managed by GWAS, approximately 400 of these were evaluated. The Trust was therefore working towards expanding its evaluation of the quality of care to provide better evidence in the future. This included the 'End of Life' care where patients wishes via a registration system to ensure these are followed.

Ensuing discussion included concerns of the potential relocation of the Helicopter pad at Filton and what lessons may have been learnt following the riots earlier this year including Bristol.

Clarification was provided that the priority of the Trust would be to ensure patient care remained the focus and that plans were in place with partner organisations, such as the police and fire authority, to ensure access to patients remained viable whilst securing the safety of ambulance crew members.

**Resolved:**

**To note the update provided.**

## **10. Update on GWAS Estates**

An update report on the implementation of the GWAS Estates Strategy was provided following approval of the GWAS Trust Board in May 2011.

The update included that a programme to implement the strategy and now been established and resourced with three initial key projects within the programme. These were:

Bristol estate review  
Trust-wide offices review  
Trust-wide operations centre review

Upon questions raised by members of the Committee, clarification was provided that a site visit would be facilitated for those members wishing to visit the Bristol estate as concerns were raised as to the impact any potential removal of services may have on other NHS departments.

The Committee were reminded that the purpose of the strategy was to ensure the needs of the population were met. The strategy would continue to develop although operation centres, for example, would be addressed and reviewed step by step to ensure offices were also clearly aligned to the needs of future partners.

**Resolved:**

**To note the update provided.**

#### **11. Update from HOSCs**

The Committee was asked to note the update provided and the following additional information:

Wiltshire Council was undergoing a review of the Scrutiny structure which was expected to be concluded in February 2012.

Cotswold District Council had formed a working group to review response times within the area. As a result a focus on the use of defibrillators had been agreed which were now being rolled out within the area.

**Resolved:**

**To note the updates provided.**

#### **12. Report from Joint Working Group**

An update on the work of the Joint Working Group was provided for consideration.

**Resolved:**

**To note the update provided.**

#### **13. Work Programme**

The Committee were asked to agree the priorities for the Committees future meetings.

**Resolved:**

**To note the programme provided and agree the priorities detailed.**

**14. Dates of Future Meetings**

The next meeting of the Committee will be held on 24 February 2011. The Committee agreed that future agendas will include details of the next 3 meetings scheduled and related briefings for Councillors.

**Resolved:**

**That the next meeting of the GWAS JH Select Committee would be held on Friday 24 February 2011.**

**15. Urgent items**

There were no urgent items for consideration.

(Duration of meeting: 11:00am – 1:15pm)