

**GREAT WESTERN AMBULANCE SERVICE**  
**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**MINUTES OF MEETING HELD**

**Friday 15 June 2012**

**Civic Offices, Euclid Street, Swindon**

**Councillors Present:**

**Bath and North East Somerset Council**

Cllr Anthony Clarke (Chairman) and Cllr Eleanor Jackson

**Bristol City Council**

Cllr Lesley Alexander, Cllr Jenny Smith, Cllr Sylvia Townsend

**Gloucestershire County Council**

Cllr Terry Hale and Cllr Ron Allen

**South Gloucestershire Council**

Cllr Sue Hope and Cllr Ian Scott

**Swindon Borough Council**

Cllr Claire Ellis

**Wiltshire Council**

Cllr Mike Hewitt

**Apologies:**

Cllr Sharon Ball – Bath and North East Somerset Council

Cllr Christine Crisp – Wiltshire Council

**Also in attendance:**

Romayne de Fonseca, Scrutiny Officer, Bristol City Council

Sally Smith, Scrutiny Officer, Swindon Borough Council

Liam Williams, John Oliver and Victoria Eld, GWAS

Linda Prosser, NHS Gloucestershire

Sue Watkinson, Juliette Hughes and Christine Morgan, North

Bristol NHS Trust

Jill Crooks, Wiltshire Gazette and Herald  
Claire Thompson and James Rimmer, University Hospitals Bristol  
NHS Trust  
Trevor Wave and Jennie Kingston, SW Ambulance Service  
Foundation Trust.  
Albert Weager, JWG Chair.

## **1. Declarations of Interest (Agenda Item 2)**

Councillor Ron Allen made a non-prejudicial declaration of interest as he was a Governor on the Gloucestershire NHS Foundation Trust.

Councillor Eleanor Jackson made a non-prejudicial declaration of interest as she was a member of the Sirona Care and Health Community Interest Company.

## **2. Public Question Time (Agenda Item 3)**

There were no questions received.

## **3. Chairman's Update (Agenda Item 4)**

The Chair reported that hospital handover times continued to be an issue and that this would be discussed under agenda item 6.

## **4. Minutes (Agenda Item 5)**

The minutes of the meeting held on 24 February 2012 were approved as a correct record, subject to it being noted:

Minute 5 – Incident in Wiltshire. Information relating to the investigation could not be shared with the Joint Scrutiny Committee until the Coroner's inquest had been completed.

Minute 5 – hospital handover times. Officers confirmed that information had been circulated.

Officers confirmed that the Bristol Scrutiny Officers should be contacted in relation to any agenda items for these meetings.

Minute 9 - Estates Review Strategy. A discussion had taken place regarding the proposals, in particular the possible closure of the central Bristol ambulance station, although no decisions would be made until the GWAS public Board meets in July.

## **5. Monthly Performance (Agenda Item 6)**

Officers presented the outturn performance information for 2011/12, ending on March 31<sup>st</sup>. Overall, performance had been good. 3% activity had been planned for and 3.3% had been achieved and officers confirmed that this would be absorbed within the contract value.

'See and Treat' had been successful in reducing the number of people being conveyed to A and E, although this was easier to achieve in an urban setting.

Committee members agreed that it would be useful to have information relating to the number of complaints received and how they are handled and resolved.

Officers agreed to check the position with Gloucestershire Fire Services with regards to the Fire Brigade Union allowing their staff to become first responders.

## **Hospital Handover Summary**

The Chair advised that this issue had been raised previously and there were concerns that the figures were not improving, particularly in the University Hospitals Bristol NHS Foundation Trust and the North Bristol NHS Trust. As a result, these two organisations had been invited to this meeting to give an update on progress.

University Hospitals Bristol NHS Foundation Trust (James Rimmer, Chief Operating Officer and Claire Thompson, Divisional Manager)

There were two key reasons for delays:

- Process – due to delays or inefficiencies in the system.
- Capacity – where the hospital is unable to take over clinical responsibility due to the lack of physical space.

Work that was being undertaken to improve handover figures focussed upon:

- Discharge – recognition of ‘back door’ as the key to maintaining flow.
- Ambulatory Care – to include maximising the use of existing pathways and the creation of an Ambulatory Care Unit.
- Assessment and admission – improving assessment and input at the ‘front door’
- Joint work – improve joint working between other organisations such as North Bristol NHS Trust, GWAS and the Primary Care Trust.

It was confirmed that security was on site 24 hours a day and that the hospital had a zero tolerance policy and received good support from the police with a high track record on prosecutions. There were increased peaks of activity at the weekend and these were monitored and staffed accordingly.

In response to a query highlighted as a result of the Link visit to Bristol Royal Infirmary in relation to handover times, officers confirmed that, whilst some crews had received training, not all had and further joint training and meetings were planned to ensure that the systems in place were utilised effectively.

The policy was not to discharge patients between 11pm and 7am and this was monitored closely. Only a very small number of patients were discharged between these hours and that was only with their agreement and understanding.

North Bristol NHS Trust (Sue Watkinson, Juliet Hughes and Christine Morgan)

Significant delays in ambulance handover times had been reported at Frenchay Hospital. There were concerns over the data validation and this has been changed this year with data now being validated on a daily basis. This has seen a decrease at Frenchay for over 45 minutes from 20% to 8%, although 8% is still considered to be too high.

Initial Assessment Nurses (IAN) were appointed in April and their role was to ensure that assessments were taken and beds allocated as soon as possible.

A joint escalation plan had been developed for North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust, along

with GWAS to ensure that actions were robust enough across the City in times of crisis.

Complaints had significantly decreased and compliments increased and communication and escalation were key to ensuring patient flow. A lot of work was being undertaken behind the scenes looking at the 'back door' to ensure a clear pathway for patients.

It was confirmed that breaks taken by ambulance crews were closely monitored to ensure that clinical effectiveness was maintained. Work was undertaken with every patient at Frenchay with regards to them going home as ambulances were not used to transport patients home.

The Trust was very well equipped to deal with people with mental health problems and a team of mental health nurses were available who would liaise with the appropriate teams.

Arrival screens can only be accessed by GWAS staff and part of the role of the IAN nurse was to ensure that the information was completed by paramedics. Understanding of the system has increased and particular efforts had been made over the last two years to ensure that the data was valid and up to date.

The only reason now for any delays in patient handover would be lack of physical space – there should be no other reason for delay.

The re-admission rates were the lowest in the country and, in comparison with RUH Bath, see more patients and have less staff and less cubicles.

Linda Prosser (NHS Gloucestershire) informed the meeting that as lead commissioner, NHS Glos meets with the other primary care trusts, and where there is a clear resource issue this would be addressed. However, in this case the problem is systemic and therefore needs to be addressed through collaboration throughout the entire process.

**Resolved:**

**That the presentations be noted.**

**That a copy of each presentation be circulated to Members of the Committee.**

**That a report be submitted to a future meeting on the number and type of complaints received and how they are handled and resolved.**

## **6. Organisational Change at GWAS (Agenda Item 7)**

Jennie Kingston and Trevor Ware attended the meeting and explained that the Co-Operation and Competition Panel had completed their review and had concluded that there was no reason as to why this acquisition should not go ahead. The process now was that the South Western Ambulance Service NHS Foundation Trust (SWASFT) would approve the final version of the business case in July, external scrutiny to be completed by November with the acquisition completed early 2013.

There would be the one Board and the headquarters would remain in Exeter. Recruitment was currently taking place for prospective members to the Foundation Trust and membership would be in accordance with the constitution. TUPE would apply to all staff with a period of consultation taking place from 1<sup>st</sup> January 2013.

It was confirmed that SWASFT would be happy to continue attending this JOSC, and indeed are of the opinion that the JOSC is an effective way of ensuring a joined up debate.

The detail was still being worked through and it was agreed that a progress report be submitted to the next meeting.

### **Resolved:**

**That the report be noted.**

**That a progress report be submitted to the next meeting.**

**That the JOSC will continue to meet after the acquisition of GWAS by SWASFT**

## **7. Estates Review Strategy Update (Agenda Item 8)**

This information would become public once the report had been submitted to the GWAS Public Board in July.

The key themes were:

- Constant review of headquarters in light of the acquisition
- Emergency Centre Review – overall reduction in the number of sites
- Ambulance Service Estates – where ambulances were best deployed taking into account demand of patients and ability to respond in a timely fashion.

**Resolved:**

**That the verbal update be noted.**

**That the visit to the central Bristol premises be rearranged.**

#### **8. Update from HOSCs (Agenda Item 9)**

Members noted the minutes submitted from the South Gloucestershire Health Scrutiny Select Committee of 18<sup>th</sup> April 2012 and from the Gloucestershire Health, Community and Care Overview and Scrutiny Committee in May 2012.

**Resolved: Members noted the report and submitted minutes.**

#### **9. Report from Joint Working Group (Agenda Item 10)**

The Chair thanked the members of the Local Involvement Networks for their input and for the excellent and insightful report they had submitted.

**Resolved:**

**That the reports be noted.**

#### **10. Work Programme (Agenda item 11)**

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

The following reports would be considered at the next meeting:

Issues arising from the Monthly Performance Report.  
Joint Working Group report.  
Update from HOSCs  
GWAS Work Programme.  
Commissioning arrangements.  
Organisational Change at GWAS – update report  
Estates Review Strategy update  
Report on Complaints

### **11. Dates of Future Meetings (Agenda Item 12)**

#### **Resolved:**

The next meeting of the Committee will be held on 19 October 2012 at Bath and North East Somerset Council commencing at 11am.

### **12. Urgent items (Agenda Item 13)**

There were no urgent items for consideration.