Great Western Ambulance

Joint Health Scrutiny Committee

Interim Report & Recommendations

January 2009

Gloucestershire County Council

North Somerset Council

Bristol City Council

Wiltshire County Council

South Gloucestershire Council

Swindon Borough Council

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Chairman's Foreword

It gives me pleasure to present this report on behalf of the Great Western Ambulance (GWAS) Joint Health Scrutiny Committee.

Over the last eight months Elected Members and officers from six local authorities, seven primary care trusts, trade unions, members of the public from across seven local authority areas and of course staff and senior managers from the Great Western Ambulance NHS Trust have come together to better understand how we can all ensure that ambulance services in our region meet the needs of local people both now and in the future.

What has become clear is that providing the 'right care, at the right time and in the right place' is a key priority not only for healthcare organisations in the GWAS region but particularly for their staff. The Committee has been extremely impressed by the hard work, commitment and dedication of operational GWAS staff and their colleagues in the primary and acute sector.

Since the Committee has been in existence, it has been reassuring to see that the performance of GWAS, particularly in relation to life threatening calls has continued to steadily improve. In addition, all NHS organisations seem to be taking greater responsibility for ensuring that urgent care services in our area are fit for purpose.

There are areas for improvement, many of which are already being addressed by GWAS and their partners and some that could benefit from additional involvement from the Joint Committee and our respective local authorities.

I hope that this report demonstrates the progress that has been made to date by GWAS in improving its performance, as well as the benefits of the effective working relationships that have been formed between elected members and the NHS in the region. I am sure that GWAS, PCTs and local authorities will act on all of the recommendations outlined in this report and I look forward to receiving updates on progress over the next few months.

I would like to take this opportunity to thank everyone involved in the Joint Committee and their perseverance in making sure that this unique venture has been a success. The work of the Committee would not have got off the ground and continued through to this Report, without the enthusiastic participation of the two Scrutiny Officers who did the bulk of the work. Emma Powell from Swindon Borough Council and Richard Thorn from Gloucestershire County Council are entitled to feel very proud of their achievements here.

It is hard enough to get Councillors from one Council to agree to anything, to get Councillors from six to agree is little short of miraculous, and their behind the scenes work across several Councils, and at the highest levels, helped us enormously.

The Recommendations in this Report are for your serious consideration, and I will ensure that they are reviewed at regular intervals, and not allowed to fade into oblivion on some dusty shelf somewhere.

With best wishes

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1. Executive Summary

This report summarises the findings of the Great Western Ambulance Joint Health Scrutiny Committee following an initial review of the performance of the Great Western Ambulance NHS Trust (GWAS), particularly in relation to ambulance response times.

Readers may find the Glossary attached at Appendix 1 useful to understand some of the National Health Service (NHS) terms used in this report.

An Introduction to the Joint Committee

The Great Western Ambulance Joint Committee was formed in February 2008 under powers provided by the Health and Social Care Act 2001.

The Committee involved members from six out of the seven local authority Health Overview and Scrutiny Committees that have powers to scrutinise the planning, design and delivery of services provided by GWAS.

The aim of the Committee is to scrutinise the services provided by GWAS in order to understand the challenges facing the Trust and to facilitate improvements.

The Committee has received verbal and written evidence from a wide range of stakeholders. This report summarises the initial recommendations of the Committee arising from evidence heard over the last 8 months.

Great Western Ambulance NHS Trust Key Facts and Figures

GWAS provides an emergency healthcare response across the old Avon area, Gloucestershire and Wiltshire. Gloucestershire Primary Care Trust (PCT) is the lead commissioner of services on behalf of the seven PCTs in the GWAS region.

Performance in responding to 999 Calls

Ambulance services have to meet the following national targets regarding response times:

- Category A (life threatening cases) - 75% must be responded to within 8 minutes and a vehicle capable of transporting the patient arrive at the scene within 19 minutes of a request being made in 95% of cases
- Category B (serious but not immediately life threatening) – The Trust must respond to 95% of calls within 19 minutes of the receipt of the call.

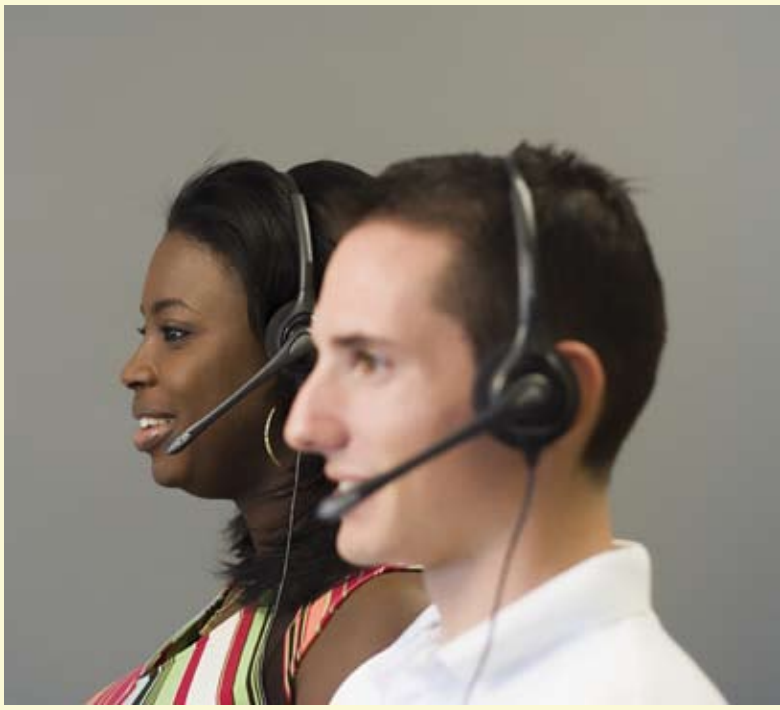
In addition, ambulance services must set a local target for responding to not immediately serious or life threatening calls:

- Category C (not immediately serious or life threatening) – 95% of all calls must be responded to within 60 minutes of the receipt of the call, however, if the call is made by a health professional this time can be extended up to 4 hours.

One of the reasons for the establishment of the Joint Committee was to scrutinise the steps being taken by GWAS and its commissioners to ensure that these targets and the efficiencies therein are realised.

The GWAS Board and senior managers monitor the performance of GWAS, along with Gloucestershire PCT as lead commissioner, individual PCTs and NHS South West (the Strategic Health Authority).

In April 2008, new national standards were introduced where the time taken to respond to a call is measured from the point it is registered on the ambulance Trust's switchboard. Previously, the clock 'started' once key information was taken from the caller. This equates to a reduction of approximately 90 seconds to respond to a call. The introduction of the 'Call Connect' standard has impacted on GWAS performance. Figures show that for the year to date (as of the end of August 2008) the Trust is not meeting any of the national response time targets (although it should be noted that for the month of August the Trust did meet the Category A19 transport time target).



However, the Trust and commissioners have taken various steps to improve performance and minimise the impact of Call Connect. Performance has steadily improved Trust-wide but there are still significant variations in performance at a PCT/ local authority and district level.

As part of its review, the Committee has identified several issues for further investigation or development, if not already being progressed by the Trust. A key concern is in relation to the disparity between response times for Category A calls in rural and urban areas. The Committee feels that it is important that the Trust explores the development of a maximum waiting time target for rural areas to drive up performance in this area.

It must also be emphasised that ambulance response times cannot be considered in isolation. The handover of patients at hospital is one such issue that has an enormous impact on response times and has to be addressed by the local NHS community as a whole. Significant work is already taking place to reduce delays and to avoid the need to convey patients to hospital in the first place but the Committee is of the view that this is a key issue that underpins the quality of service received by patients and must be a priority for all NHS organisations.

Recommendations

1. That the Joint Committee continues to closely monitor performance in relation to:

   - Category A and B response times
   - Sickness absence levels
   - The use of agency providers.

2. That GWAS and PCTs work together to raise public awareness of the different responses that may be provided by the ambulance service and that opportunities are explored to use local authority communication networks to spread key messages about the Ambulance Service.

3. That GWAS, PCTs and local authorities work together to produce information regarding the changing face of the ambulance service specifically for elected members and health professionals.

4. That all local authorities work with GWAS to explore options to increase awareness and encourage recruitment of the Community First Responder scheme within their local communities based on areas of greatest need.

5. That individual PCTs make their local Health Overview & Scrutiny Committee (HOSC) aware of work that is taking place to review the commissioning of urgent care services in their area and actively engage HOSCs in commissioning decisions.

6. That GWAS monitors the demand for Rapid Response Vehicles and traditional double-crewed ambulances in order to determine whether there is a shortfall in resources, specifically in relation to double-crewed ambulances, and to develop a strategy to address this issue.

7. That PCTs work with GWAS to explore the feasibility of introducing a maximum time in which 100% of Category A calls, regardless of whether the incident is in a rural or urban area, must be responded to. The Committee suggests an initial target of 20 minutes, which is reviewed on a continuous basis. This is in addition to the Category A(8) target that requires 75% of life threatening calls to be responded to in 8 minutes.

8. That PCTs, acute trusts and GWAS and NHS South West explore the feasibility of introducing financial penalties for Hospital Trusts for breaches of patient handover targets and report the findings back to the Joint Committee by February 2009 at the very latest.

9. That the Joint Committee continues to closely monitor performance in relation to patient handovers.

10. That North Somerset Council, Bristol City Council, and South Gloucestershire Council continue to work with their local PCTs and acute trusts to monitor performance at Weston and Frenchay hospitals respectively and to keep the Joint Committee informed of progress and that relevant parts of individual HOSC minutes are forwarded to the Joint Committee for its information.

Commissioning & Funding

Services from GWAS are commissioned by 7 PCTs. Gloucestershire PCT acts as the lead commissioner and manages the contract and performance on behalf of the region. All PCTs have a role in monitoring performance at a local level.

It is important to note that commissioning decisions should be informed not only by meeting national performance targets but also to ensure that all patients receive the highest quality of care with the best possible outcomes. This includes tailoring care to the needs of the patient.

All PCTs in the region appear to be engaged with GWAS in the development of local as well as region-wide urgent care pathways. Work is also underway to develop a new commissioning model for ambulance services which the Committee believes should consider the needs of the current and future population.

There is no national funding basis for ambulance services and locally PCT contributions are based on historical contributions that were made to the legacy organisations. A summary of PCT contributions as at January 2008 is attached at Appendix 4.

The lack of national benchmarking also makes it difficult to determine whether GWAS is funded at a similar level to comparable trusts. In addition, it is not possible to accurately determine whether PCTs are receiving value for money and making an appropriate contribution depending on their population, geography and emergency care model. As such, the Committee is of the view that the Government should explore the development of a national funding basis or tariff for the provision of ambulance services.

Gloucestershire PCT and GWAS are undertaking work to carry out national benchmarking and to identify the cost drivers for ambulance services. This will compliment the work that is taking place to determine the appropriate models of care for different areas within the GWAS region how this will inform commissioning decisions in the future. The Committee requests that it is kept informed of progress.

Developing the Workforce

The Committee has been extremely impressed with the commitment and dedication of GWAS staff to deliver a high quality service to the public. Staff have been through a significant amount of change over recent years and it is important to recognise the good work that they do and not lose sight of this.

The Committee has identified some areas of concern regarding the development of the workforce including staff sickness levels, establishment levels, the appraisal process, the diversity of the workforce, the delivery of statutory and mandatory training and communication with staff.

All of these issues are being addressed by the Trust but it is important to recognise that improvements in response times will only be possible if staff understand and support the vision of the Trust and it is essential that these issues are tackled as soon as possible.

The Views of Other Stakeholders

The Committee felt that it was important to seek the views of other stakeholders regarding ambulance services in their area including public and patient representatives and Members of Parliament (MPs).

The main issues raised by MPs were in relation to steps being taken to reduce ambulances queuing outside hospitals, the response provided in rural areas and whether the formation of GWAS in 2006 has realised the benefits that were projected.

Members of the public were generally positive about the service provided by GWAS, although some concerns were raised regarding the time taken to respond to non-urgent calls and the impact this can have on patients. In addition, Local Involvement Network (LINk) and Great Western Ambulance External Reference Group members felt that much more work was needed to raise awareness of the services provided by the Trust amongst the public. The need for closer partnership working between these groups and the Joint Committee was identified.

Other Issues

The initial review of the Joint Committee focussed on response time performance. However, other issues have been considered over the last 8 months, which the Committee will continue to monitor. These include, infection control, the clinical review of air ambulance support, engagement with Local Involvement Networks, the Healthcare Commission's Annual Healthcheck and whether the projected outcomes of the PricewaterhouseCooper report in relation to the potential benefits of merging Avon, Gloucestershire and Wiltshire ambulance services have been achieved.

The future role and remit of the Committee will also be subject to a review that will take into account the recommendations contained in this report.

Conclusions

The members of the Joint Committee have learnt a great deal about the role and responsibilities of GWAS over a relatively short period of time. By taking a joined-up approach to scrutiny, it was hoped that elected members would be more effective in holding GWAS and its commissioners to account in ensuring that a high quality service is delivered to our local communities.

The Joint Committee was intended to supplement and not replace the role of local Health Overview and Scrutiny Committees in reviewing local issues.

The Committee has been successful in gaining a much better understanding of the challenges facing the Trust and can now play a more active role in supporting the Trust to move forward in meeting nation targets and improving services across the region.

Recommendations:

11. That individual Health Overview and Scrutiny Committees consider requesting an update from their PCT regarding the development of local urgent care strategies with a view to ensuring that:
    - The needs of local communities are being met
    - Local people have the opportunity to comment on proposals
    - Key messages are communicated locally to inform expectations
12. In order to ensure the best outcomes for patients, as well as the achievement of national performance targets, it is recommended that GWAS and commissioners develop measures to monitor the quality and effectiveness of care and the patient's experience of the service. The Committee requests a progress report at its first meeting of 2009.
13. That GWAS and PCTs continue to engage the Committee and individual Health Overview and Scrutiny Committees where appropriate in the development of funding models for ambulance services. It also requests GWAS and Gloucestershire PCT to carry out further detailed benchmarking against other Ambulance Services to gauge how it performs against other Services, both operationally and financially. It requests sight of this benchmarking information by the first quarter of 2009 at the very latest.
14. That the Committee writes to the Secretary of State for Health requesting that work takes place at a national level to explore options to establish a national funding basis for ambulance services so that all Ambulance services are funded on a like for like basis.
15. That GWAS considers the possibility of holding 'recruitment days' to identify potential candidates for current and future vacancies.
16. That the Chair of each Health Overview & Scrutiny in the GWAS region be requested to arrange for details of arrangements within their own local authority to promote positive action, to be forwarded to the Director of HR & organisational Development within GWAS to enable the sharing of good practice.
17. That GWAS develop links with Diversity Teams within other public sector organisations, such as NHS organisations the Police, Fire and Rescue Service and local authorities to identify shared opportunities to promote career opportunities and good practice amongst under-represented groups.
18. That GWAS considers producing a quarterly or six monthly update for all stakeholders, including HOSCs, regarding performance and new developments or issues within the Trust.
19. That GWAS continues to actively engage with front line staff to find out what information they want and how they want to receive it and that the results are reported back to the Joint Committee.
20. That GWAS explores putting arrangements in place to ensure that all operational staff receives a briefing from a Clinical Team Leader, even if it is not their own, on every shift
21. That the Joint Committee considers investigating whether the establishment of GWAS in 2006 has realised the projected financial and patient outcome benefits of merging Avon, Gloucestershire and Wiltshire Ambulance Services as outlined in the PricewaterhouseCooper options appraisal report.
22. That the Committee produces a summary of evidence relevant to the Core Standards that is made available to all HOSCs within the region to inform their individual commentaries.
23. That the Joint Committee produces its own commentary for the 2008/09 Annual Healthcheck in relation to GWAS and that this function is included in the Committee's revised Terms of Reference.
24. That the Joint Committee should send a copy of this report to all LINks in the GWAS region and remind LINks of the need to 'remember' ambulance services when identifying their priorities for the coming year.
25. That the Joint Committee considers how best to facilitate closer partnership working with the Great Western Ambulance External Reference Group and LINks within the GWAS region as part of the review of its Terms of Reference.
26. That a copy of this report is sent to all HOSCs in the GWAS region to ensure that they are aware of the outcomes of the Joint Committee's review and to seek their support for the continued operation of the Joint Committee.

2. An Introduction to the Joint Committee

The Health and Social Care Act 2001 required local authorities to put arrangements in place to scrutinise the planning, design and delivery of healthcare services in their area. Under the legislation and accompanying Regulations, local authority Health Overview & Scrutiny Committees (HOSCs) may form discretionary Joint Committees with other local authorities to scrutinise healthcare issues that cross boundaries.

The Great Western Ambulance Joint Health Overview & Scrutiny Committee

The Great Western Ambulance Joint Health Scrutiny Committee was established in February 2008. The aims and objectives of the Committee are:

"To scrutinise the services provided by the Great Western Ambulance Service NHS Trust (the Trust) in the locations covered by the Joint Scrutiny Committee in order to understand the challenges facing the Trust and facilitate improvements.
To provide a single scrutiny function to deal with strategic developments and consultations on service change."

The Committee has the same statutory powers as an individual local authority HOSC to require information from NHS organisations, including attendance at meetings, and to make recommendations.

Membership of the Committee comprises of three elected members from six out of the seven local authorities within the area served by GWAS. Bath & North East Somerset Council chose not to be formal members of the Committee but have been kept informed of the work of the Committee and invited to attend meetings as observers.

The Committee has been supported by Scrutiny Officers from Gloucestershire County Council, Swindon Borough Council and Wiltshire County Council.

The Committee was formed for the following reasons:

- To establish a single body to scrutinise the performance of the Great Western Ambulance NHS Trust and its partners
- To reduce duplication between individual local authority HOSCs and to maximise the use of resources
- To facilitate an in-depth review of ambulance services and to improve the understanding of elected members of the planning, design and delivery of urgent care services
- To provide a single forum for the discussion and review of issues affecting all local authorities within the GWAS region
- To increase the influence of local authority health overview and scrutiny committees in the development of ambulance services

A copy of the Committee's Terms of Reference is attached at Appendix 3.

Review Methodology

The Committee has met six times since February 2008 and alternated the venue of meetings between the participating local authorities. Evidence has been gathered using the following methodology:

- Verbal and written evidence from stakeholders during Committee meetings
- Visit to Acuma House, GWAS Control Room
- Workshop with public and patient involvement representatives
- Invitation for written evidence extended to Local Involvement Networks, PCTs, MPs within the GWAS region
- Informal meetings between the Chairman of the Committee and key stakeholders including MPs, paramedics, trade union representatives and senior managers from GWAS and Gloucestershire PCT

3. Great Western Ambulance NHS Trust Key Facts & Figures

The Great Western Ambulance (GWAS) NHS Trust was formed in 2006 following the merger of Avon, Gloucestershire and Wiltshire Ambulance Trusts in 2006.

The Trust provides an emergency healthcare response across the old Avon area, Gloucestershire and Wiltshire (including Swindon). Gloucestershire Primary Care Trust (PCT) is the lead commissioner of services on behalf of the 7 PCTs in the GWAS region.

The Trust's vision:

Our vision is that the Great Western Ambulance NHS Trust will provide a consistent and comprehensive assessment of the urgency of health need and an appropriate and prompt 24/7 response

The Trust's strategic goals are:

1. Strategic transformation – to be a key player in the development of urgent and mobile healthcare
2. Excellence in emergency care provision
3. To be a provider of high quality clinical care
4. The creation of a skilled, flexible and professional workforce with the competencies to meet the needs of the case mix we serve
5. To be a competitive and effective organisation
6. Effective partnership and stakeholder engagement
7. The implementation of effective I.T. to support service redesign and delivery
8. To create effective leadership

Detailed information about the strategic and operational objectives of the Trust is available from the GWAS website (See Appendix 2 for more details) but below is a summary of the key facts and figures that have informed the work of the Joint Committee. It should be noted that the Trust covers a relatively small geographic area in comparison to other ambulance trusts in England.

- Operational area of 3000 square km
- Serves a population of 2.2 million, which is expected to grow by 11% by 2026
- Serves urban areas around Bath, Bristol, Swindon and Gloucester and Cheltenham. Rest of the area consists of scattered market towns and widely dispersed rural communities with low population density
- 1,478 staff (as at March 2008)
- 300 volunteer Community First Responders
- 29 operational sites
- 3 communications centres (1 centre takes 999 calls)
- 3 Air Support Units
- 300 vehicles of all types
- 7 Major Incident Support Units
- Budget of £68.99 million in 2007/08 and expenditure of £67.54 million
- Over 216,000 999 calls responded to in 2008/09
- Over 315,000 Patient Transport Service journeys
- In 2006/07 the Healthcare Commission rated the Trust as 'weak' for Quality of Services and 'weak' for Use of Resources as part of its Annual Healthcheck. This improved slightly in 2007/8 with the Trust achieving a rating of 'weak' for quality of services and 'fair' for use of resources. The table on page 12 shows how GWAS performed in the 2007/8 Healthcare Commission assessment compared to other Ambulance Services:

Trust name	Quality of Service rating	Use of resources rating
North East Ambulance Service	Excellent	Good
West Midlands Ambulance Service	Excellent	Fair
South Western Ambulance Service	Good	Good
London Ambulance Service	Good	Good
South East Coast Ambulance Service	Good	Good
South Central Ambulance Service	Good	Fair
East Midlands Ambulance Service	Good	Fair
North West Ambulance Service	Fair	Fair
Yorkshire Ambulance Service	Weak	Fair
Great Western Ambulance Service	Weak	Fair
East of England Ambulance Service	Weak	Weak

4. Performance in responding to 999 calls

National Targets

The main way in which ambulance service performance is measured is through national targets on the time taken to arrive at 999 calls:

- Category A (life threatening cases) - 75% must be responded to within 8 minutes and a vehicle capable of transporting the patient arrive at the scene within 19 minutes of a request being made in 95% of cases
- Category B (serious but not immediately life threatening) – The Trust must respond to 95% of calls within 19 minutes of the receipt of the call.

In addition, ambulance services must set a local target for responding to not immediately serious or life threatening calls:

- Category C (not immediately serious or life threatening) – 95% of all calls must be responded to within 60 minutes of the receipt of the call, however, if the call is made by a health professional this time can be extended up to 4 hours.

New national Call Connect standards were introduced on 1st April 2008. This means that response times are measured from the point when the call hits the telephone switchboard, reducing the time available to respond to a call by an average of 90 seconds.

Other areas of clinical care quality are also measured. For example, the National Service Framework for Coronary Heart Disease also sets a target for suspected heart attack patients to reach hospital within half an hour of their call.

For the purposes of this review, the Joint Committee has focussed on Category A and Category B response times.

Role of the Joint Committee

One of the main reasons for the establishment of the Joint Committee was due to collective concerns regarding the performance of GWAS in relation to Category A and B response times.

However, it has not been the role of the Committee to manage the performance of GWAS but to hold the Trust and its commissioners to account in relation to steps being taken to improve performance.

How is performance monitored?

The Committee has received detailed performance management data from GWAS on a monthly basis including district response times, although these are not national performance indicators.

Performance is monitored via weekly conference calls between GWAS, Gloucestershire Primary Care Trust and NHS South West. Monthly meetings are also held between GWAS and Gloucestershire PCT and a detailed monthly report is provided to the GWAS Board.

Individual Primary Care Trusts are responsible for monitoring and managing performance at a local level with GWAS and their acute trusts regarding hospital turnaround times.

National Benchmarking

In terms of performance compared to other ambulance trusts in England:

In 2007/8 10 out of the 12 Ambulance Services in England achieved the Category A(8) target. Great Western Ambulance and Yorkshire Ambulance NHS Trusts did not meet this target

For 2007/8 for Category A(8) GWAS performance is ranked 12th out of 12 ambulance trusts

For 2007/8 for Category A(19) GWAS performance is ranked 12th out of 12 ambulance trusts

For 2007/8 for Category B GWAS performance was ranked 11th out of 12 ambulance trusts

For Category A(8) average annual performance in the GWAS region does not appear to have improved between 2004/5 and 2007/8 (in 2004/5 performance was 72.7% in 2007/8 it was 72.2%). There is some improvement in Category A19 and Category B over the same period.

Category A and B Performance

Since the establishment of the Committee in February 2008, performance in relation to Category A(8) has steadily improved across the Trust as a whole.

Category	Jan 08	Feb 08	March 08	07/08	Target
A(8)	76%	77.7%	77.9%	72.2%	75%
A(19)	95%	94.66%	94.8%	93%	95%
B(19)	88%	88.89%	90.1%	85.8%	95&

GWAS Performance Prior to Call Connect

The introduction of Call Connect standards in April 2008 has had an adverse impact on performance across the Trust as a whole.

Category	April 08	May 08	Jun 08	Jul 08	Aug 08	08/09	Target
A(8)	72.7%	71.6%	68.7%	72.4%	74%	72%	75%
A(19)	94.4%	94.5%	93.3%	94.10&	96%	94%	95%
B(19)	88.7%	87.10%	82.6%	84.9%	88%	86%	95%

GWAS Performance Post-Call Connect (as at August 2008)

It is also interesting to look at Category A(8) performance across the three sectors over the same period:

Category	April 08	May 08	Jun 08	Jul 08	Aug 08	08/09
Avon	77%	74%	69%	75%	77%	75%
Gloucestershire	71%	73%	72%	75%	73%	73%
Wiltshire	66%	66%	66%	66%	69%	66%

Sector Performance (as at September 2008)

GWAS has taken steps to minimise the impact of Call Connect including:

The introduction of 'drive zones' for urban, semi-rural and rural areas in Avon & Gloucester. The Sectors are divided into '6 minute' and '17 minute' drive zones with a resource placed on stand-by in each. The rationale is that the unit can respond to an incident inside the relevant drive zone in 8 minutes for the '6 minute' drive zone and 19 minutes in the '17 minute' drive zone, meeting Category A performance targets. The drive zones are determined by levels of activity to make the best use of the resources available.

- The introduction of a centralised control room and new computer aided dispatch system
- The use of risk adverse prioritisation software which prompts call handlers to ask callers a series of questions prior to identifying the level of response required
- Ensuring greater accuracy in response time data by using technology that automatically registers when a vehicle is within 200 metres of the scene of an incident
- The use of satellite navigation systems in all vehicles
- The establishment of clinical teams of 11 staff, lead by a Clinical Team Leader across the Trust resulting in an increase in the hours available for ambulance activity.
- Recruiting additional paramedics, Emergency Care Practitioners, Emergency Care Assistants, and Community First Responders to increase available resources
- Making use of private agency providers of vehicles and crews to provide additional resilience, particularly for large events and in areas with high sickness absence
- Taking steps to reduce sickness absence across the Trust
- Ensuring flexibility in the location and number of vehicles in a given area to ensure that resources can be allocated to meet demand
- A direct dial number to the GWAS Control Room has been established for health professionals to request an ambulance. This reduces the number of triage questions that call handlers are required to ask.

Evidence heard by the Committee has identified several general areas for development:

- The Committee has heard evidence that, where in place, the drive zones are successful. However, there is a still a need to determine whether the overall level of resources available within a geographic area can realistically meet demand. PCTs need to work closely with GWAS to determine the needs of their communities and whether additional resources are required to provide a satisfactory response
- There is still significant differences in performance between the Avon, Gloucestershire and Wiltshire sectors
- The additional recruitment of staff is welcomed but the lead-time for training, particularly for paramedics, means that staffing levels will continue to be below target for up to 18 months. This inevitably impacts on the Trust's reliance on agency providers. The Committee is satisfied that such providers have to meet strict national criteria but will continue to monitor usage levels.
- Concerns have been raised by trade unions that the training provided to Emergency Care Assistants is not fit for purpose. It is not the role of the Committee to become involved in industrial issues but reassurance is required that suitably competent staff are being dispatched to life threatening and urgent calls
- It is acknowledged that the increased use of Rapid Response Vehicles provides increased flexibility in providing an initial response. However, the Committee would like to emphasise that this investment should be complimented by a sufficient number of double-crewed ambulances that can convey patients to hospital. Evidence from Unison suggests that the inability of RRVs to treat multiple casualties has caused delays for other emergency services where they have had to assist a single crewed unit to attend to several patients and to wait for ambulances to arrive to convey patients to hospital

- Sickness absence remains high, impacting on the morale of staff and the resources available to meet demand. Addressing this issue is a high priority for the Trust but the Committee will continue to closely monitor progress
- Unison have also raised concerns that many members of staff feel under extreme pressure to meet response targets and that their individual performance is under intense scrutiny, despite many issues such as traffic or the distance to travel to an incident, which are out of their control
- Concerns have been raised that a vehicle may be recorded as having arrived at a scene of an incident due to the automatic message that is relayed to the control room even if the vehicle is still trying to locate the exact address and the crew may not necessarily be with the patient. However, it appears that this method of recording provides far more consistency than the previous system where crews had to manually press a button to inform the Control Room of their arrival
- Category B(19) performance remains almost 10% below target. The Committee has concerns that without significant additional investment, the gap between Category A and B performance will continue to grow due to the required prioritisation of already limited resources towards life threatening calls. To date, the Committee's review has largely focussed on Category A performance and this is an issue that the Committee must address in the future.
- GWAS and PCTs need to work together to ensure that all GPs are aware of the Control Room 'hotline' that they can use to request an ambulance and bypass some of the triage questions that Control Room staff are required to ask when answering a 999 call
- Local authorities and their partners also have an essential role in supporting local people to promote their own health and well being, reducing the likelihood of them requiring emergency healthcare. This work should already be taking place as part of Local Area Agreements (LAAs) and the Committee would encourage individual HOSCs to consider what work is taking place in their area regarding this issue.

Recommendations

1. That the Joint Committee continues to closely monitor performance in relation to:
   - Category A and B response times
   - Sickness absence levels
   - The use of agency providers.

Issues for Rural Areas

- A large proportion of the region served by GWAS is rural with low-density populations. This inevitably has an impact on performance due to the distances involved between some areas and the nearest hospital.
- It must be emphasised that the Trust's performance is measured in terms of response times across the GWAS area as a whole and there are currently no separate targets to respond to incidents in rural areas.
- There is significant disparity in performance between different PCT areas. For example in June 2008 68.7% of all Category A calls were responded to within 8 minutes across the Trust as a whole but performance in individual PCT areas ranged from 82.0% in Swindon to 57.6% in Wiltshire.

- When examining response times as a District Council or Unitary Authority level, year to date performance for 2007/08 in urban areas such as Bristol, Swindon, Gloucester and Cheltenham for category A(8) meets and in some cases by far exceed the target of 75%. Performance in more rural Districts such as Kennet, North Somerset, North Wiltshire and Cotswold over the same period is below 60%.

Some PCTs have also raised concerns that continued underperformance in rural areas may result in increased inequality of access to emergency care, particularly if efforts to improve Trust-wide performance are concentrated in urban areas.

As well as providing a prompt response in rural areas, there must also be a focus on ensuring that all patients receive a high standard of care and that the best possible outcomes are achieved. This means that care should be tailored to the needs of the patient and that an appropriate response should be provided in the first instance to reduce delays in the provision of treatment. This may not always be in the form of an ambulance that conveys the patient to hospital.

The Committee has welcomed activity that is already taking place to address this issue including:

- The implementation of 'drive zones' for urban, semi-rural and rural areas that reduce the time taken by a vehicle to an incident in comparison to previous stand-by points.
- The use of volunteer Community First Responders (CFRs) to provide a first response in appropriate circumstances and links that are already being explored with local authorities to promote the role. A standard governance framework and training programme has also been developed for CFRs.
- The development of a co-responder scheme using retained fire fighters in the Gloucestershire and Wiltshire Sectors through joint working with the Fire and Rescue Services. Avon does not have retained fire fighters and does not participate in the scheme.
- Placement of defibrillators in the community.
- Recruitment of over 100 Emergency Care Practitioners to provide treatment to patients with urgent but not life threatening conditions at home.
- Basing Emergency Care Practitioners in local minor injury units or primary care centres to assess and treat patients, often avoiding the need to go to hospital.
- The review and development of urgent care pathways with PCTs to reduce the number of patients being unnecessarily transported to hospital.
- Work has been carried out with North Somerset PCT to analyse the average travel times from local postcodes to local acute trusts to inform commissioning decisions.
- Clinical desks are working to support staff to assess and treat patients in the community.
- Increasing the use of single crewed Rapid Response Vehicles (RRVs) to provide an initial response to assess and treat patients in appropriate circumstances.
- The Trust has the use of an air ambulance in each sector, including a new air ambulance for the Avon Sector that is based in Filton that was launched in June 2008 to address a gap in air support provision.

Evidence heard by the Committee has suggested some areas for further development, many of which are already being progressed by GWAS and PCTs:

- There are areas within the region that would benefit from additional Community First Responders to be dispatched in appropriate circumstances and local authorities may be able to assist with using their communication networks to increase awareness of the role. Wiltshire County Council, Cotswold District Council, Forest of Dean District Council and Stroud District Council are already working with GWAS to explore options to promote the CFR scheme. The Committee would encourage all local authorities to follow this example. The Committee would also encourage local authorities to promote the role to their own frontline staff, who are often well placed to provide an emergency response in communities where they are based.
- Whether clinical staff who are due to retire or recently retired could be targeted to become Community First Responders in areas of need.
- The Committee has received monthly performance data regarding compliments and complaints received by the Trust. Many of the complaints made by members of the public, MPs and health professionals are in relation to delays. Although, only a small number of complaints are received (a total of 91 as at the end of July 2008) verbal evidence provided by the Trust suggests that some of these complaints may be due to unrealistic expectations regarding the type of response that the Trust is required to provide. This could include the timescales for a response to a non-urgent call. This suggests that members of the public and health professionals may benefit from some education about the role of the ambulance service and the type of response they can expect.
- Local authorities and PCTs have an important role in working with GWAS to raise public awareness of the changing face of the ambulance service. This includes educating elected members and health professionals.
- PCTs need to continue to work closely with GWAS and other stakeholders such as local authorities, Health Overview & Scrutiny Committees and Local Involvement Networks (LINks) to understand the health needs of patients in their area, particularly at a District and sub-District level to inform commissioning.
- The Committee is aware of the rationale in the development of the Category A(8) target to increase the likelihood of a patient receiving life saving treatment in sufficient time. It is vital that the Trust, its commissioners and partners strive to achieve this target in rural areas. However, there may be benefits in exploring the development of local response targets for rural areas to provide a level below which performance must not fall to support improvements in performance. As at May 2008, 96.5% of all Category A(8) calls were responded to within 18 minutes. This suggests that if a maximum waiting time were to be set for rural areas, a target of 20 minutes would be a realistic goal. The Committee would expect this target to be reviewed on a continuous basis and that any breaches of this target are robustly investigated to learn lessons for the future.
- Although RRVs can provide increased flexibility regarding the type of response that is provided, the Committee has concerns that RRVs may be dispatched in circumstances where there is a high likelihood that the patient will require onward conveyance to a primary care or acute treatment centre. The committee is concerned that the focus on RRVs could result in a shortfall in double-crewed ambulances, which in turn may lead to delays in getting people to the most appropriate treatment. It is important that the Trust monitors demand on RRVs and traditional ambulances carefully in order to determine whether there is a shortfall in resources, specifically in relation to double-crewed ambulances, and to develop a strategy to address this issue.
- Any future review of GWAS's Estate should explore options to provide a base for vehicles at local primary care centres within local areas. In addition, local authorities should be encouraged to work with GWAS to explore options to provide suitable facilities for standby points where appropriate

Recommendations:

2. That GWAS and PCTs work together to raise public awareness of the different responses that may be provided by the ambulance service and that opportunities are explored to use local authority communication networks to spread key messages about the Ambulance Service.
3. That GWAS, PCTs and local authorities work together to produce information regarding the changing face of the ambulance service specifically for elected members and health professionals.
4. That all local authorities work with GWAS to explore options to increase awareness and encourage recruitment of the Community First Responder scheme within their local communities based on areas of greatest need.
5. That individual PCTs make their local Health Overview & Scrutiny Committee (HOSC) aware of work that is taking place to review the commissioning of urgent care services in their area and actively engage HOSCs in commissioning decisions.
6. That GWAS monitors the demand for Rapid Response Vehicles and traditional double-crewed ambulances in order to determine whether there is a shortfall in resources, specifically in relation to double-crewed ambulances, and to develop a strategy to address this issue.
7. That PCTs work with GWAS to explore the feasibility of introducing a maximum time in which 100% of Category A calls, regardless of whether the incident is in a rural or urban area, must be responded to. The Committee suggests an initial target of 20 minutes, which is reviewed on a continuous basis. This is in addition to the Category A(8) target that requires 75% of life threatening calls to be responded to in 8 minutes.

Patient Handovers and the Impact on Performance

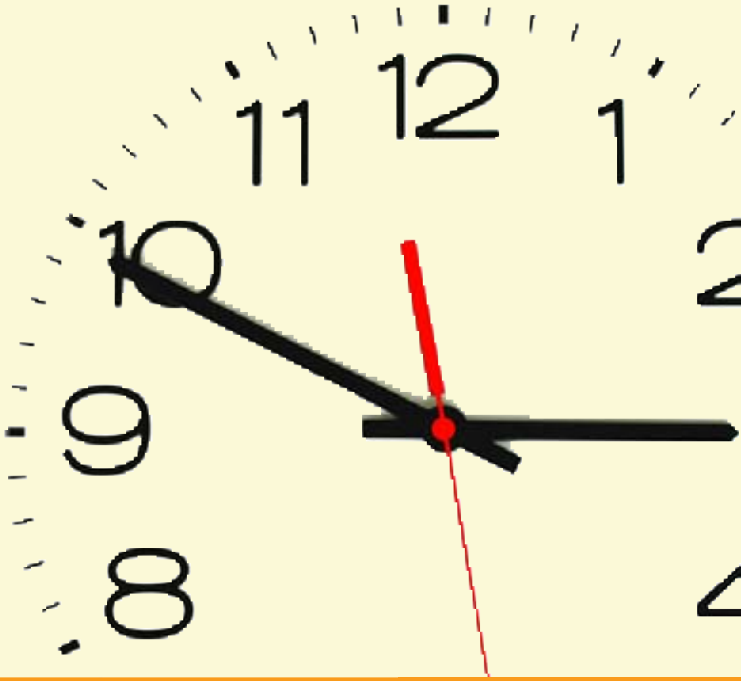
GWAS aims to ensure that patients receive the right care, at the right time and in the right place. For many patients, it is not necessary to be transported to hospital and alternative urgent care pathways have been developed as a result such as assessment and referral by ECPs to primary care or immediate treatment in the community.

Evidence presented to the Committee suggests that the whole health economy in the GWAS region is working towards reducing inappropriate admissions to hospital and ensuring that treatment is tailored to the needs of the patient.

NHS South West's Operating Framework for 2008/09 also includes a local priority to, "eliminate ambulance handover delays to ensure that all patients are transferred within 15 minutes of arrival".

However, the impact of delayed handover of patients at hospital remains a key issue for GWAS. The Trust has agreed a local target with PCTs and acute trusts that patient handovers should not exceed a total of 45 minutes. Any breach of the 45-minute target is reported to the senior management of the relevant acute trust and to the Strategic Health Authority.

Some patient handovers at several acute trusts in the region, including Weston and Frenchay still exceed the 45-minute target and in a small number of can last between 3 to 4 hours, limiting the number of ambulance units available.



This issue is of significant concern to the Joint Committee and several local authority Health Overview and Scrutiny Committees, such as North Somerset, have also been closely monitoring steps being taken to reduce delays at hospitals within their area.

Detailed action plans have been agreed between the Trust, relevant PCTs and acute trusts to tackle this issue. Actions taken include:

- Revised guidance and clinical instructions for handovers agreed and issued to GWAS and emergency departments
- Increased monitoring by the GWAS Control Room regarding delays and communication with crews and acute trusts to resolve problems
- Handover performance reported to the GWAS Board and daily reports to Lead Commissioner

The Strategic Health Authority (SHA) has also supported a peer review across the region.

PCTs have emphasised that it is important that all NHS partners own this target to increase the efficiency of care pathways as a whole. This includes reducing the number of patients that require admission to hospital in the first place and better managing the discharge and transfer of patients from hospital.

The Committee has discussed the feasibility of charging acute trusts for breaches in patient handover targets. Officers from Gloucestershire PCT and GWAS are of the view that such an initiative would result in limited benefits and would be complex to establish and enforce. However, there are some examples within the region of similar schemes being developed. For example, Gloucestershire PCT has recently proposed a scheme to withhold payment to acute trusts following a case of MRSA. Hospitals would also be rewarded for good performance. This suggests that principle of charging acute trusts for poor performance regarding patient handovers may assist to improve performance and could be explored based on the experiences of other similar NHS schemes both locally and nationally.

This is an issue that the Committee feels is fundamental to improving not only response times but also the quality of service provided to patients. The activity that has taken place to date is welcomed but the Committee will continue to closely monitor this issue over the coming months to ensure that sufficient improvements in turnaround times are being achieved. In addition, individual HOSCs also have a role to play in monitoring performance at a local level.

Recommendations:

8. That PCTs, acute trusts and GWAS and NHS South West explore the feasibility of introducing financial penalties for Hospital Trusts for breaches of patient handover targets and report the findings back to the Joint Committee by February 2009 at the very latest.
9. That the Joint Committee continues to closely monitor performance in relation to patient handovers.
10. That North Somerset Council, Bristol City Council, and South Gloucestershire Council continue work with their local PCTs and acute trusts to monitor performance at Weston and Frenchay hospitals respectively and to keep the Joint Committee informed of progress and that relevant parts of individual HOSC minutes are forwarded to the Joint Committee for its information.

5. Commissioning and Funding

Commissioning

Ambulance services in the region are commissioned as follows:

- There are seven Primary Care Trusts (PCTs) that commission services from the Great Western Ambulance Trust.
- Gloucestershire PCT is the lead commissioner with the role of co-ordinating the commissioning process and reducing the number of interfaces that the service provider is required to have with primary care trusts when negotiating contracts. The PCT also takes the lead for performance management
- Individual PCTs are responsible for monitoring performance locally and ensuring that there local primary care urgent care strategies are integrated with GWAS services

The Committee has received verbal or written evidence from the majority of PCTs that commission services from GWAS. It is clear that PCTs are working closely with GWAS to ensure that services meet the health needs of patients in their area. This may mean that different models of care are in place in different geographical areas served by GWAS. In addition, PCT Boards are closely monitoring GWAS's performance to ensure that this meets their contractual obligations.

It is also pleasing that GWAS is now seen as a key NHS partner in the delivery of urgent care pathways and involved in the development of community services to reduce the need to convey patients to hospital in inappropriate circumstances. The Joint Committee suggests that individual Health Overview and Scrutiny Committees should ensure that they are engaged in the development of such strategies at a local level to ensure that the needs of local people are being met.

The Committee is aware that work is taking place to review the commissioning model for ambulance services in the region. It is important that this work takes into account not only the current needs of local people but also can meet the demands of our expanding and increasingly aging population. The Committee will continue to engage with GWAS and PCTs over the next few months to monitor this work.

The Committee would also encourage GWAS and PCTs to consider whether the use of drive zones could be further extended as part of the new commissioning model that is being developed and whether this model could include responses by other health professionals in the community as part of the partnership approach to the delivery of urgent care. The key question is whether separate targets should be developed to monitor when an initial response has been provided by an alternative NHS organisation rather than GWAS because this is the most appropriate pathway of care for the patient.

Recommendations:

11. That individual Health Overview and Scrutiny Committees consider requesting an update from their PCT regarding the development of local urgent care strategies with a view to ensuring that:
    - The needs of local communities are being met
    - Local people have the opportunity to comment on proposals
    - Key messages are communicated locally to inform expectations
12. In order to ensure the best outcomes for patients, as well as the achievement of national performance targets, it is recommended that GWAS and commissioners develop measures to monitor the quality and effectiveness of care and the patient's experience of the service. The Committee requests a progress report at its first meeting of 2009

Funding

GWAS is funded as follows:

- The block funding that is provided to PCTs does take into account an allocation for emergency ambulance services but this is not calculated according to a national formula or tariff. This allocation is not ring fenced and it is for individual PCTs to prioritise how this funding is spent
- The majority of funding comes from PCTs with a small amount of funding from central government
- Similarly the allocation of funding that is made by PCTs to GWAS is not based on a national or local tariff but on the contributions that were in place prior to the establishment of the Trust.
- PCT contributions vary from 8.09% to 27.36%. A summary of PCT contributions as at January 2008 is attached at Appendix 4.

At the end of July 2008, GWAS was overspent by £753,000. The main reason for the overspend appears to be due to staff overtime and the use of agency providers in order to produce sufficient operational hours within A&E operations to meet national performance targets. The Trust had produced a revised 'Performance Improvement Plan' that identifies the level of productive staff time required to meet the targets. This approach is likely to incur additional costs of between £600,000 and £850,000 per month. GWAS is currently in negotiations with PCTs to discuss the extent to which these additional costs will be covered.

Little work has taken place nationally or locally to benchmark the funding received by ambulance services or the contributions made by PCTs taking into account cost drivers such as the density of the population or travel times. As such it has been difficult to determine whether the funding received by GWAS is comparable to similar ambulance trusts or how to determine an appropriate level of funding by individual PCTs.

Analysis carried out by one PCT suggests that some PCTs may be currently receiving a slightly greater level of activity than they are paying for and some slightly less. In addition, some PCTs have provided additional funding on top of their block contract to commission additional ECPs in their area.

In addition, it is important to note that it is difficult to compare the funding received by individual ambulance trusts without taking into account the geography of the area they serve, the location of their population and the model of care that the wider health community is seeking to provide.

Gloucestershire PCT is leading on work to carry out benchmarking with other commissioners regarding the funding of ambulance services. Initial findings suggest that GWAS receives a comparable level of funding to other ambulance trusts but more detailed work is required to investigate how PCT allocations should be calculated to ensure that they are receiving value for money. GWAS is also carrying out similar work in conjunction with other ambulance trusts. Information on benchmarking was shared with the Chairman on a strictly confidential basis at a meeting with officers from Gloucestershire PCT and GWAS. The information gave us a useful insight into the finances of GWAS, but much more work is needed before it can be shared with the Committee.

Both pieces of benchmarking work are at an early stage but the Committee is encouraged that PCTs and GWAS are exploring this issue alongside revised models of care and would request that the Committee is kept informed of progress once this work is at a more advanced stage.

The Committee was also surprised that there is no national tariff or funding basis for ambulance services to ensure consistency in funding and service delivery across the country. As such, the Committee would welcome a standard funding basis for ambulance services and would encourage the government to progress this issue as a matter of urgency.

Recommendations:

13. That GWAS and PCTs continue to engage the Committee and individual Health Overview and Scrutiny Committees where appropriate in the development of funding models for ambulance services. It also requests GWAS and Gloucestershire PCT to carry out further detailed benchmarking against other Ambulance Services to gauge how it performs against other Services, both operationally and financially. It requests sight of this benchmarking information by the first quarter of 2009 at the very latest.

14. That the Committee writes to the Secretary of State for Health requesting that work takes place at a national level to explore options to establish a national funding basis for ambulance services so that all Ambulance services are funded on a like for like basis.

6. Developing the Workforce

It is recognised that GWAS's most valuable resource in delivering a high quality service to local communities is its workforce. The Committee has been extremely impressed by the commitment, dedication and resilience of the Trust's operational staff.

The Committee has received evidence from a wide range of sources regarding the support, learning and development provided by GWAS to its staff including:

- Evidence from the Great Western Ambulance Unison Branch
- Results of the 2007/08 Great Western Ambulance Staff Survey
- Regular performance data regarding sickness absence, recruitment, learning and development
- A range of written and verbal evidence from the Clinical Director, GWAS regarding the skill mix of staff and content of training
- The GWAS 5 Year Workforce Plan
- Visit to Acuma House the GWAS Control Room in Almondsbury

Below is a summary of some of the issues that have arisen as a result of the Committee's review in relation to GWAS's workforce.

Sickness Absence

Levels of sickness absence have gradually reduced during the course of the review. As at June 2008, sickness absence levels for 2008/09 was 5.2% compared to a target of 4.5%.

Given the significant implications on resilience, staff morale and performance the Committee expects the Trust to continue to take a robust approach to the monitoring and management of sickness absence. The Committee will also continue to monitor performance.

Establishment Levels

Establishment levels have also increased during the course of the review. The long lead times for the completion of initial training for paramedics at the University of West England does mean that the Trust will effectively be under full establishment for at least a further 12 months. Agency providers meet any shortfall in operational hours. The use of such providers is common to all ambulance services in the UK and the Trust has assured the Committee of its intention to reduce its reliance as new members of operational staff achieve accreditation. The Committee will continue to monitor usage levels over the coming year to ensure that the use of agency providers does decrease.

Some NHS organisations in the region, such as Swindon & Marlborough NHS Trust, have been successful in holding 'recruitment days' where potential candidates can find out about vacancies, apply for posts and be interviewed on the same day. The Trust may wish to explore holding a similar event in the future as an alternative approach to reaching full establishment and to identify a 'bank' of potential candidates to avoid to need for costly and lengthy recruitment campaigns.

Recommendation

15. That GWAS considers the possibility of holding 'recruitment days' to identify potential candidates for current and future vacancies.

Diversity of the Workforce

As at July 2008, the diversity of the workforce is currently 1.7% compared to a target of 4.72% for 2008/09. The Trust's Equality & Diversity objectives set out a recruitment plan of actively engaging and promoting the Trust for job and career opportunities with under represented groups.

It is disappointing that resources to enhance the diversity of the organisation have been diverted to concentrate on A&E operational requirements to deliver weekly extraction analysis of the workforce. As a result, little progress has been made in meeting diversity targets. The Committee feels that improving the diversity of the organisation should be an integral part of any recruitment activity and this does not appear to be happening.

As with any public sector organisation, it is essential that GWAS's workforce represents the communities that it serves, to increase confidence, credibility and ultimately service delivery by having a good mix of skills, knowledge and expertise amongst staff. The Committee would encourage GWAS to liase closely with the Diversity Teams within other public sector organisations such as local authorities, the police, NHS organisations and fire and rescue services to identify shared opportunities to promote career opportunities and good practice. For example, Wiltshire Police and Wiltshire Fire and Rescue recently attended the first Swindon Gay Pride Event to raise awareness of careers within their respective organisations with the lesbian, gay, transgender and bisexual community.

Recommendation

16. That the Chair of each Health Overview & Scrutiny in the GWAS region is required to arrange for details of arrangements within their own local authority to promote positive action to be forwarded to the Director of HR & organisational Development within GWAS to enable the sharing of good practice.

17. That GWAS develop links with Diversity Teams within other public sector organisations, such as NHS organisations, the Police, Fire and Rescue Service and local authorities to identify shared opportunities to promote career opportunities and good practice amongst under-represented groups.

Appraisals

The Committee has continued to express concerns that despite being part of the Healthcare Commission's annual performance regime and identified as a key priority within the 2007/08 Staff Survey that some members of staff are still to receive an appraisal. Evidence provided by Unison also identified this issue as a key source of concern for its members.

As at the end of July 2008, appraisals had not been completed for 295 staff despite a target for 100% completion by May 2008.

Although the Committee understands the difficulties of balancing operational demands with staff abstractions to prepare and carry out appraisals, the personal development of staff and review of performance can only improve the service provided by the organisation as a whole. Senior managers must emphasise the importance of the completion of timely appraisals and ensure that Clinical Team Managers build sufficient time into rosters for appraisals on an ongoing basis.

Mandatory Training

The delivery of mandatory training has been compromised by operational demands. However, the delivery of such training is vital and GWAS has recognised that alternative methods of delivery for mandatory training are required to reduce the impact on operational capability such as the development of workbooks with self assessment modules that road staff can complete whilst on standby. Completion of such workbooks would be monitored via the appraisal process.

In addition, an abstraction plan has been agreed with the Operations Team to enable training to be delivered to staff in relation to conflict resolution and manual handling, as well as essential clinical training.

The GWAS Board approved these proposals in September 2008 and the Committee will continue to monitor progress in relation to this issue.

Communication

The 2007/08 Staff Survey, evidence from Unison and anecdotal evidence from GWAS staff through the local media suggests that some members of staff continue to feel extremely pressurised, under valued and ill-informed regarding the development and direction of the Trust.

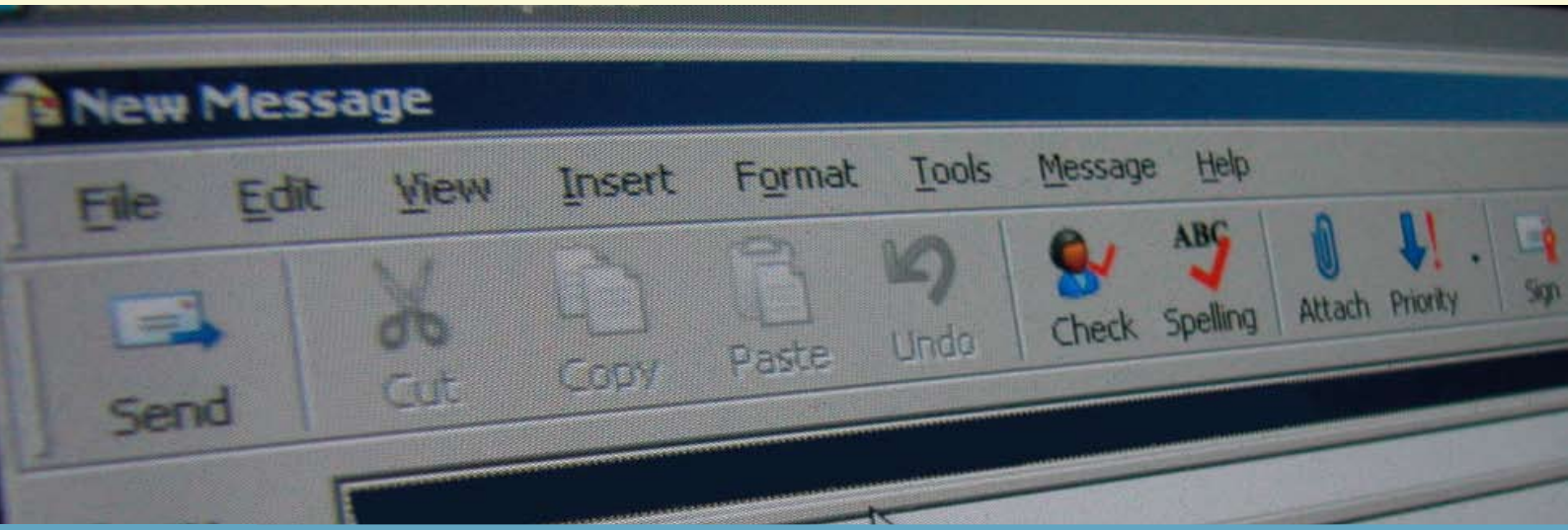
Communication with operational staff does appear to have improved, for example through the use of Clinical Team Leaders and roadshows by senior managers. Members were also impressed that Control Room staff had daily briefings regarding performance and any key issues that they should be aware of, as well as 'real time' data regarding performance indicators.

However, some members of staff feel that there is an over reliance on the use of email and the Trust's intranet which is not always accessed on a regular basis by road crews. In addition, some Clinical Team Leaders do not always see some members of their team for several days. This is resulting in a lack of support for staff and a lack of two-way communication.

Effective communication with staff is a challenge for all organisations and the Committee welcomes the efforts that have taken place to date to address this issue. However, some of the evidence heard by the Committee suggests that there is still much to do. The Committee would strongly encourage GWAS to regularly ask staff how they want to receive information and to review the effectiveness of communication on an ongoing basis. In addition, Clinical Team Leaders should be encouraged to ensure that their staff can access support, information and advice from an alternative Team Leader if they are not rostered on shift.

Recommendation

18. That GWAS considers producing a quarterly or six-monthly update for all stakeholders, including HOSCs, regarding performance and new developments or issues within the Trust.
19. That GWAS continues to actively engage with front line staff to find out what information they want and how they want to receive it and that the results are reported back to the Joint Committee.
20. That GWAS explores putting arrangements in place to ensure that all operational staff receives a briefing from a Clinical Team Leader, even if it is not their own, on every shift.



7. The Views of Other Stakeholders

As part of its review, the Committee has sought the views of a wide range of stakeholders. Much of the evidence gathered is referred to in the relevant sections of this report. However, the Committee felt that it would be useful to summarise some of the views of other stakeholders regarding ambulance services in our area.

Members of Parliament

The Chairman of the Committee wrote to all MPs in the GWAS region explaining the role of the Committee and inviting them to suggest any issues that they felt would benefit from further review by the Committee.

Some of the issues raised included:

- The effectiveness of single crewed responses
- Whether the merger of Avon, Gloucestershire and Wiltshire Ambulances Services has met the initial business plan model to improve waiting times, improve the outcomes for patients, make financial savings and allocate money back into frontline services
- Delayed handovers of patients at hospital
- The accountability of ambulance trusts to their local communities
- The disparity in performance between urban and rural areas

Members of the Public

The Committee held a workshop for public and patient involvement representatives from the GWAS External Reference Group, Local Involvement Networks (LINks) across the GWAS region and Community First Responders.

Those attending were asked to consider three questions:

- How satisfied are you with ambulance services in your area?
- Is there anything you would like to change about ambulance services in your area?
- Are there any issues that you think the Committee should consider in more detail?

The main issues raised in the workshop are summarised below.

How satisfied are you with ambulance services in your area?

- Generally those attending the workshop were satisfied with the quality of ambulance services in their area
- Response times in more urban areas have improved over the last year
- The commitment and professionalism of front line staff was praised
- There is evidence of increased partnership working between the ambulance service, local authorities and other NHS organisations
- Most people attending the workshop were aware of the use of drive zones and standby points and it was agreed that these were an effective tool to improve performance
- The increased training and development available for staff was welcomed
- The ability to assess, treat and/or refer patients in the community was seen as a positive step to reduce unnecessary admissions to hospital
- Improved technology and equipment on ambulances is seen as a benefit
- Recognition of the importance of air ambulance support and welcoming the addition of a third air ambulance based in Bristol

- There is an understanding that the performance of the ambulance service is often dependent upon other organisations such as the performance of acute trusts, GPs and local authority adult social care

Question 2: Is there anything you would like to change about ambulance services in your area?

- There has been significant negative publicity in the local press regarding the ambulance service which results in success not always being celebrated and this impacts on staff morale
- Response times in more rural areas are not meeting national targets – there were concerns that these targets are not realistic for rural areas given the large distances that have to be travelled
- There were concerns regarding delays in handing over patients at hospital and the impact that this has on the ability of the ambulance service to respond to other calls. Although people attending the workshop were aware that work is taking place across the NHS to address this issue, it was felt that more needs to be done
- There is a need to improve public awareness and understanding about the role of the ambulance service and to educate the public about how they can access non-urgent treatment locally to avoid unnecessary calls to the ambulance service
- Develop engagement between the Trust and LINks
- Making use of local communities to convey the message about ambulance services and non-urgent care e.g. local authority, town and parish councillors; local authority staff; LINks
- There was an emphasis on the importance of local knowledge, both in terms of deployment and crews responding to an incident being based in the local area
- There is a need to look at the 'bigger picture' in terms of unplanned care and to consider ambulance services as just one element of a much larger package of care that is available

Question 3: Are there any issues that you think the Committee should consider in more detail?

- Raising public awareness regarding:
- The role and changing face of the ambulance service
- Where to access non-urgent treatment in local communities
- What to expect when you dial 999
- Developing the relationship between the Great Western Ambulance External reference Group and LINks to ensure a 2 way exchange of information
- Continued monitoring of activity to reduce delays in patient handovers at hospital
- The role of the Patient Transport Service
- The service model in rural areas, including how to manage the expectations of the public and whether the Category A(8) target is realistic

In addition, several members of the public have written to the Chairman of the Committee. Below is a summary of some of the issues they have raised regarding ambulance services in their area:

- An ex-member of staff said that he felt that some front line staff do not feel valued by the management of GWAS and that the overriding focus is on meeting performance targets. In addition, staff feel under an enormous amount of pressure due to the limited number of resources on duty at any one time and that many members of staff would consider leaving the service because they are unhappy in their role.
- The sometimes significant delays for a response to a non-life threatening incident and the impact this can have on patients, particularly those who are elderly and frail
- A LINk member commented that on the few occasions that they have used the ambulance service that they have received a prompt and efficient response
- A Community First Responder said that he thought that the public get an excellent service and there is a real emphasis on support in the community. He also felt that he would like to see the First Responder Schemes develop into providing a greater range of skills. He thought that there is a need to improve the promotion of the Trust and to celebrate its successes
- The Gloucestershire Local Involvement Network praised the closer liaison between the Out of Hours Service and ambulance service and the use of ECPs to improve services for the public. Concerns were raised regarding the response rate in rural areas and the need to listen to and respond to the public, keeping them informed of service development changes, protocols and procedures as they happen. The LINk suggested that the Joint Committee should consider the effectiveness of the Patient Transport Service (PTS) and patient handovers at hospital as part of its review in the future.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8. Other Issues

When developing the Terms of Reference for the Joint Committee, members agreed that it should focus primarily on the strategic performance of the Great Western Ambulance NHS Trust, particularly in relation to response times and associated issues that impact on performance.

However, during the course of the review, members have heard evidence regarding many other issues that contribute to the overall service provided by the Trust to our local communities.

As a result, the Joint Committee would like to briefly identify several issues that although not strictly within the Terms of Reference of the review, are inextricably linked to the performance of GWAS.

Outcomes of the Department of Health Improvement Agency Recommendations

In July 2007, the National Ambulance Improvement Team from the Department of Health were invited by GWAS to carry out a review. The final report made numerous recommendations and the report was a catalyst for the formation of the Joint Committee.

GWAS produced an action plan to address the issues raised in the report and provided an update to the Committee in July 2008 regarding progress.

The Joint Committee has explored many of the issues raised in the Department of Health's Report. The Committee will continue to monitor progress against these recommendations over the coming months.

Air Ambulance Provision

In May 2008, GWAS announced a clinical review of the air ambulance resources utilised by the Trust. The review is being carried out by clinicians to determine the level of clinical skills that are required as part of air ambulance support. Once the review is complete, there will be a need to compare the recommendations with current provision.

The Trust has been providing regular updates to the Joint Committee regarding the progress of the review. In addition, Wiltshire County Council are closely monitoring the review as concerns have been raised in the local media regarding the future of the service in Wiltshire. GWAS have confirmed that the air ambulance is not under threat as a result of the review.

The Joint Committee has requested that the outcomes of the review are presented at a future meeting.

Outcomes of the Merger of Avon, Gloucestershire and Wiltshire Ambulance Services

GWAS was formed in 2006 following the merger of Avon, Gloucestershire and Wiltshire Ambulance Services.

The decision to merge the services was partly informed by an options appraisal that was carried out by PricewaterhouseCooper. This report projected savings that could be reinvested in frontline services of between £731,000 and £831,000 in 2006/07 rising to between £1.16million and £1.6 million in 2009/10 and in each subsequent year.

In addition, the report considered the current and future benefits to patients, patient safety and value for money.

Several MPs in the region suggested that the Joint Committee should consider whether the establishment of GWAS has realised the benefits that were predicted when the decision was made to merge the three legacy organisations. This is an issue that the Committee may wish to investigate as part of its future work programme.

Recommendation:

21. That the Joint Committee considers investigating whether the establishment of GWAS in 2006 has realised the projected benefits of merging Avon, Gloucestershire and Wiltshire Ambulance Services as outlined in the PricewaterhouseCooper options appraisal report.

Infection Control

GWAS has implemented several measures that are worthy of note in relation to infection management and control. This includes the roll out of 'make ready teams' to deep clean vehicles, the delivery of the NHS core learning infection control package to over 200 staff and a contract with Royal United Hospital NHS Trust for infection control advice, audit and training.

Annual Healthcheck

It is important that the evidence gathered by the Joint Committee is used to inform the comments made by Health Overview and Scrutiny Committees in the region in relation to the service provided by GWAS as part of the Healthcare Commission's 2008/09 Annual Healthcheck.

Recommendation

22. That the Committee produces a summary of evidence relevant to the Core Standards that is made available to all HOSCs within the region to inform their individual commentaries.

23. That the Joint Committee produces its own commentary for the 2008/09 Annual Healthcheck in relation to GWAS and that this function is included in the Committee's revised Terms of Reference.

Lone Working

The increase in the number of single crewed Rapid Response Vehicles and ECPs inevitably requires a robust lone working policy. The Committee has not looked at this issue but concerns were raised by Unison that staff could potentially be put at risk by the merger of the Clinical Desk that monitors lone workers with the main Control Room.

The Committee requests that GWAS investigate this issue to ensure that staff are being adequately protected.

Engagement with Local Involvement Networks

The Committee was impressed that GWAS has established an External Reference Group to ensure that patients and the public can be involved in the design and development of services.

Effective engagement with the seven Local Involvement Networks (LINks) across the GWAS region presents a significant challenge to the Trust. It is important that LINks take active steps at an early stage to engage with the Trust and to ensure that LINk members have a good understanding of ambulance services within their region.

The "Ambulance Services: Have Your Say" Workshop that was held by the Joint Committee with members of the external Reference Group and Local Involvement Networks (LINks) in September 2008 highlighted the need for continued closer working with the Joint Committee. The Joint Committee also has a unique role in working with all of the HOSCs and LINks in the GWAS region to share information, knowledge and expertise. It is suggested that the Joint Committee considers how to facilitate closer partnership working with LINks and the External Reference Group as part of the review of its Terms of Reference.

Recommendation

24. That the Joint Committee should send a copy of this report to all LINks in the GWAS region and remind LINks of the need to 'remember' ambulance services when identifying their priorities for the coming year.

25. That the Joint Committee considers how best to facilitate closer partnership working with the Great Western Ambulance External reference Group and LINks within the GWAS region as part of the review of its Terms of Reference.

Investigation by the Healthcare Commission

The Healthcare Commission made recommendations in August 2008 following the investigation of an incident in May 2007 that ended in the death of a woman involved in a road traffic accident. The ambulance took 42 minutes to attend the scene at Cirencester in Gloucestershire.

- The Commission recommended:
- There should be a clear system for investigating all incidents, learning lessons and monitoring the resulting changes in practice
- Establishing a programme of regular workshops and team meetings that are open to control room and operational staff to discuss performance issues and lessons to be learnt
- Implementation of a new control room structure to provide clarity to staff about line management, roles and operational issues

Since the incident, the Trust has introduced a new ambulance dispatch system, a centralised control room, implemented 'drive zones' for operational response, initiated a review of its air support, introduced a new staff sickness policy and developed a fleet replacement plan. The Trust is also working towards the final recommendation to ensure that all staff receive an annual appraisal and receive all appropriate training

The Commission will review progress in February 2009. Many of these issues link into those already considered by the Committee and we will continue to monitor progress.

Future Role of the Committee

The Joint Committee has achieved a great deal since its establishment in February 2008. Many lessons have been learnt and the future role of the Committee will be the subject of a separate report that will be produced at the end of October 2008.

However, it is important that all local HOSCs are aware of the outcomes of this review and that they are actively involved in discussions regarding the future role of the Committee.

Recommendation:

26. That a copy of this report is sent to all HOSCs in the GWAS region to ensure that they are aware of the outcomes of the Joint Committee's review and to seek their support for the continued operation of the Joint Committee.

9. Conclusions to Date & Next Steps

One of the objectives of this review was for elected members to develop a better understanding of the role and responsibilities of the Great Western Ambulance NHS Trust and its relationship with the wider NHS family.

The Joint Committee was formed partly because local HOSCs felt that they could not effectively carry out their scrutiny function in isolation due to the large geographic area served by GWAS, the complex commissioning arrangements and the practical difficulties in engaging with an organisation that operates in such a large area.

The Joint Committee has developed a good knowledge of the service that is delivered by GWAS and how it is commissioned. Members have scrutinised measures being taken by the Trust and commissioners to improve performance in relation to response times in some detail and have been pleased that progress is being made to meet these targets. However, there is still much to do to ensure that the Trust achieves its vision of providing a consistent and comprehensive assessment of the urgency of health need and an appropriate and prompt 24/7 response.

The significant learning curve that has been achieved by the Committee has ensured that GWAS and PCTs are now being effectively held to account on behalf of our communities in relation to the delivery of ambulance services across the GWAS area. It must be emphasised that local HOSCs still have a valuable role to play in scrutinising the planning, design and delivery of services within their local area. However, the formation of a Joint Committee has enabled scrutiny at a strategic level to investigate issues that impact on all local authorities in the GWAS region.

The Committee must now build on these foundations to continue to work with the Trust and its partners to actively support further improvements in performance. It is also important that the Trust sees the Joint Committee as a partner in the development of services and brings issues to its attention that it feels would benefit from member involvement to ensure that the scrutiny process is dynamic and worthwhile.


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Appendix 1 Glossary of Terms

Call Connect Standard	National standard introduced in April 2008 where the time taken to respond to a call is measured from the point it is registered on the Ambulance Trust's switchboard.
Category A(19)	National performance indicator against which ambulance services in England must ensure that, where required, that a vehicle capable of transporting a patient to hospital must arrive at the scene of 95% of all life threatening calls within 19 minutes
Category A(8)	National performance indicator against which ambulance services in England must arrive at the scene of the incident in 75% of all life threatening calls within 8 minutes
Category B(19)	National performance indicator against which ambulance services in England must ensure that a vehicle capable of transporting the patient to hospital must arrive at the scene of the incident within 19 minutes of a request being made in 95% of serious but not immediately life threatening calls
Category C	Local performance indicator where 95% of all not immediately serious or life threatening calls must be responded to within 60 minutes of the receipt of the call, however, if the call is made by a health professional this time can be extended up to 4 hours.
CFR	Community First Responder
Drive zone	Designated geographical area inside which an ambulance vehicle can be placed on stand-by and respond to an incident inside the relevant drive zone within a specific period of time to meet national performance targets.
ECA	Emergency Care Assistant
ECP	Emergency Care Practitioner
GWAS	Great Western Ambulance Service NHS Trust
HOSC	Health Overview & Scrutiny Committee
LAA	Local Area Agreement
LINk	Local Involvement Network
MP	Members of Parliament
MRSA	Methicillin-resistant Staphylococcus aureus (type of bacterium)
NHS	National Health Service
PCT	Primary Care Trust
PPI	Public and Patient Involvement
PTS	Patient Transport Service
RRV	Rapid Response Vehicle
SHA	Strategic Health Authority


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Appendix 2 References

Further details in relation to all of the evidence sources referred to below are available from:

Emma Powell
Scrutiny Unit
Swindon Borough Council
Swindon
SN1 2JH

01793 463412 or epowell@swindon.gov.uk

Verbal Evidence

Verbal evidence provided to the Great Western Ambulance Joint Health Scrutiny Committee at Committee meetings between February 2008 and September 2008 by the following:

• Rachel Pearce, Director of Corporate Development,	Great Western Ambulance NHS Trust
• Steve West, Director of Operations,	Great Western Ambulance NHS Trust
• Dr Ozzie Rawstorne, Clinical Director,	Great Western Ambulance NHS Trust
• Tim Lynch, Chief Executive,	Great Western Ambulance NHS Trust
• Tamar Thompson, Interim Chief Operating Officer,	Great Western Ambulance NHS Trust
• Victoria Eld, Head of Communications,	Great Western Ambulance NHS Trust
• Chris Marsden, Public and Patient Involvement Manager,	Great Western Ambulance NHS Trust
• Keith Scott, Associate Director Operations,	Great Western Ambulance NHS Trust
• John Porter, Interim Director of HR,	Great Western Ambulance NHS Trust
• Kerry Pinker, Head of HR,	Great Western Ambulance NHS Trust
• Hazel Braund, Director of Communication, Performance and Planning,	Gloucestershire Primary Care Trust
• Jan Stubbings, Chief Executive,	Gloucestershire Primary Care Trust
• Ian Whittern, Branch Chairman,	Great Western Ambulance UNISON Branch
• Steve Smart, Branch Secretary,	Great Western Ambulance UNISON Branch
• Corrine Edwards, Assistant Director of Service Improvement,	Bath and North East Somerset Primary Care Trust

Informal Meetings Between the Chairman of the Committee, Scrutiny Support Officers and:

- Branch Secretary and Chairman of the Great Western Ambulance Unison Branch, 8th May 2008
- John Penrose MP, 23rd September 2008
- Director of Finance, Gloucestershire PCT and Director of Finance, Great Western Ambulance NHS Trust, 24th September 2008

Site Visits

Visit by Members of the Committee to Acuma House, Almondsbury, 23rd July 2008

"Ambulance Services: Have Your Say Workshop" 26th September 2008

Members of the Committee heard evidence from the following groups at a private workshop session:

- Members of the Great Western Ambulance External Reference Group
- Members of Local Involvement Networks

Written evidence considered by the Great Western Ambulance Joint Health Scrutiny Committee

- 5 Year Workforce Plan, Great Western Ambulance NHS Trust, April 2008
- Actions in response to Department of Health Recommendations, May 2008
- Agency and Overtime Summary, Great Western Ambulance NHS Trust, September 2008
- Air Ambulance Arrangements, Great Western Ambulance NHS Trust, May 2008
- Ambulance Services in Rural Areas Task Group Report, Health Overview and Scrutiny Committee, Gloucestershire County Council, September 2008
- Annual Review 2007/08, Great Western Ambulance NHS Trust, September 2008
- Clinical Plan 2007-2010, Great Western Ambulance NHS Trust, August 2007
- Community First Responder Scheme Project Update, Great Western Ambulance NHS Trust, July 2008
- Community First Responders Summary, Great Western Ambulance NHS Trust, April 2008
- Developing Ambulance Rusts for the Future – A review of the Ambulance Trust Configuration in the Avon, Gloucestershire and Wiltshire SHA Area, PricewatershouseCooper, June 2005
- District Response Times April 2008-September 2008, Great Western Ambulance NHS Trust
- Great Western Ambulance NHS Trust News Release, 21st August 2008
- Great Western Ambulance Service Performance on Ambulance Response Times in North Somerset, Board Paper, North Somerset PCT, July 2008
- Healthcare Commission News Release, 21st August 2008
- Investment by PCT Summary, Gloucestershire Primary Care Trust, August 2008
- Managing Our Performance Reports February 2008-September 2008, Great Western Ambulance NHS Trust
- Operational Plan 2007/08, Great Western Ambulance NHS Trust
- Operational Structure Diagram, Great Western Ambulance NHS Trust, September 2008
- Operations Directorate A&E Business Plan (Part 1) 2008/09, Great Western Ambulance NHS Trust

- PALS Update, Great Western Ambulance NHS Trust, September 2008
- PCT Contributions Compared to Activations, Gloucestershire Primary Care Trust, August 2008
- Performance Improvement Plan, Great Western Ambulance NHS Trust, July 2008
- Private Ambulance Validation Sheets, Great Western Ambulance NHS Trust, September 2007
- Response to Ambulance Services in Rural Areas Task Group Report, Great Western Ambulance NHS Trust, September 2008
- Response to Ambulance Services in Rural Areas Task Group Report, Gloucestershire Primary Care Trust, September 2008
- Staff Skills Mix: Staffing by Grade and Sector, Great Western Ambulance NHS Trust, April 2008
- Staff Skills Mix: Staffing of Main Roles in GWAS, Great Western Ambulance NHS Trust, April 2008
- Strategy & Objectives 2007/08, Great Western Ambulance NHS Trust
- Summary of Key Issues Arising from "Ambulance Services@ Have Your Say Workshop", Scrutiny Officer Swindon Borough Council, September 2008
- Summary of Stakeholders Responses, Scrutiny Officer Swindon Borough Council, September 2008
- Support Services Contact Details, Great Western Ambulance NHS Trust, July 2008
- The Role and Management of Community First Responders, Healthcare Commission, December 2007
- Turnaround Times Improvement Plan: Frenchay Hospital, Great Western Ambulance NHS Trust, July 2008

Correspondence

- Ambulance Services: Have Your Say Response Form from the Gloucestershire LINK, September 2008 (Ref MOP5)
- Ambulance Services: Have Your Say Response Form, September 2008 (Ref MOP3)
- Ambulance Services: Have Your Say Response Form, September 2008 (Ref MOP4)
- Email from a member of the public to Councillor Gravells, 19th July 2008 (Ref MOP 1)
- Email to Councillor Gravells from Martin Horwood MP (Cheltenham), 22nd August 2008
- Email to Councillor Gravells from Parmjit Dhanda MP, 22nd September 2008
- Email to Councillor Gravells from, David Drew MP (Stroud, Gloucestershire), 10th August 2008
- Emails between Councillor Gravells and John Penrose MP's Researcher, July-August 2008
- Letter to Councillor Gravells from a member of the public, 1st September 2008 (Ref. MOP2)
- Letter to Councillor Gravells from Chief Executive of Bristol PCT, 10th September 2008
- Letter to Councillor Gravells from Chief Executive of North Somerset PCT, 7th August 2008
- Letter to Councillor Gravells from Chief Executive of South Gloucestershire PCT, 27th August 2008
- Letter to Councillor Gravells from Chief Executive of Wiltshire PCT, 11th August 2008
- Letter to Councillor Gravells from Dr Andrew Murrison MP (Westbury), 19th August 2008
- Letter to Councillor Gravells from Geoffrey Clifton-Brown MP (The Cotswolds), 15th August 2008
- Letter to Councillor Gravells from Dawn Primarolo MP (Bristol South), 25th September 2008

Websites

www.hpc-uk.org/index.asp

www.healthcarecommission.org.uk

www.gwas.nhs.uk

www.cfps.org.uk

www.glospct.nhs.uk

Appendix 3

Joint Great Western Ambulance Overview and Scrutiny Committee

Terms of Reference [Agreed 29th February 2008]

Mission Statement:

To scrutinise the services provided by the Great Western Ambulance Service NHS Trust (the Trust) in the locations covered by the Joint Scrutiny Committee in order to understand the challenges facing the Trust and facilitate improvements. To provide a single scrutiny function to deal with strategic developments and consultations on service change.

Problem Statement:

Following the merger of three Trusts covering Avon, Gloucestershire and Wiltshire eighteen months ago, the Great Western Ambulance Service NHS Trust has struggled to achieve target response times in a number of the geographical areas it covers. The individual committees that make up the Joint Scrutiny Committee have all expressed concern that patients are not receiving the level of service they should expect and that too high a percentage of emergency calls are not attended within the national target time, thus potentially affecting patient's chances of survival and recovery.

The performance ratings for the Trust reflect these problems, but the Joint Scrutiny Committee is also concerned that the performance ratings for the commissioning Primary Care Trusts have also suffered.

Legal Framework:

The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 state in paragraph 7:

"(1) Two or more local authorities may appoint a joint committee (a "joint overview and scrutiny committee") of those authorities and arrange for relevant functions in relation to any (or all) of those authorities to be exercised by the joint committee subject to such terms and conditions as the authorities may consider appropriate."

Centre for Public Scrutiny guidance states that two or more HOSCs may choose to form a discretionary joint committee under s.7 and s.8 of the Health and Social Care Act 2001 as part of the power to review and scrutinise issues around the planning and delivery of health services in their area.

Scope:

The joint scrutiny committee, during the course of its review, will:

- Scrutinise the Trusts response at a strategic level to the recent Department of Health report that highlighted a number of areas for concern.
- Scrutinise the action plan drawn up by the Trust to address the concerns raised in the report.
- Monitor target response times on a Trust wide monthly basis. Performance management information will be circulated to members outside of Joint Committee meetings
- Hear evidence from the Primary Care Trusts, in particular Gloucestershire Primary Care Trust as lead commissioner in order to understand how they set commissioning plans and how they are helping the Trust to improve target times.
- Scrutinise the capacity of the Trust to achieve improvements with existing resources and establish a timeframe for improvement.
- Scrutinise the Trust's engagement with stakeholders, partners and the public in developing proposals for future service provision.
- Make recommendations to the Great Western Ambulance Service NHS Trust and the commissioning Primary Care Trusts accordingly at any point during the scrutiny process.

- Seek the views of the Patient & Public Involvement Forum for Great Western Ambulance Trust, and relevant Local Involvement Networks after 1st April 2008, in relation to its overall performance and service delivery
- Evaluate the effectiveness of the Joint Committee on an annual basis in January to identify key outcomes, points of learning, to review the relevance of the Terms of Reference and to determine the future of the Committee. The first review to take place in January 2009.
- All participating local authorities retain the right to refer specific issues to their HOSC for scrutiny. Similarly, all participating HOSCs may scrutinise an issue relating to the Great Western Ambulance Trust without referring it to the Joint Committee but it is good practice to notify the Chair of the Joint Committee or the supporting officers of the issue under review.
- Individual HOSCs may refer an issue to the Joint Committee. The Chair, will determine whether the issue should be presented to the Joint Committee for consideration. The Joint Committee will advise the referring HOSC in writing of action taken in response to the referral, or the reasons why action has not been taken
- If necessary, form the basis of a Statutory Committee, as outlined in the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, to consider any proposed cross-boundary substantial variations in service proposed by the Great Western Ambulance Trust or its commissioners

The joint scrutiny committee will not:

- Scrutinise processes for the management of staff.
- Scrutinise individual patient cases.
- Scrutinise concerns that are area specific, although PCTs will be expected to inform each OSC about performance in their area.
- Scrutinise issues affecting only one local authority area without seeking approval of the relevant HOSC
- Carry out any scrutiny without informing the Chief Executive of the Trust about its intentions.

Specific issues to be addressed:

The mechanisms for improvement, in particular the actions to be taken by the Trust in response to the Department of Health report and monitoring of progress.

Development and consultation on plans to implement new services in order to improve response times and provide modern services to the population.

Timescales for service improvement and resource allocation to enable the Trust to achieve this.

Understanding how the Trust is monitored by the South West Strategic Health Authority and the Healthcare Commission and how it contributes to the process of service improvement.

Desired Outcomes:

The Joint Scrutiny Committee understands and agrees the Great Western Ambulance Trust's plans for performance improvement.

The Joint Scrutiny Committee is able to satisfy itself that the Ambulance Trust is signed up to the commissioning PCTs plans and timetables for strategic change.

Improvements to services are delivered.

A procedure for public consultation on any service changes is agreed.

People Involved:

Each participating local authority will nominate 3 members of their HOSC to sit on the Joint Committee. Substitutes may attend if required.

Further to the agreement of ALL of the participating local authorities, it is proposed that political proportionality is waived.

The Chair will be appointed at the first meeting of the Joint Committee for a period of 12 months. In the absence of the Chair, a member of the Joint Committee will be appointed to act as Chair. The Chair will not receive a Chair's allowance.

Members of the Joint Scrutiny Committee:
Bristol City Council

Gloucestershire County Council

Swindon Borough Council
Members of the Committees in South Gloucestershire and North Somerset Councils if they agree to participate in the process

A 15 minute public forum will be held at the start of every Joint Committee meeting.

Administrative Support:

Officers supporting the Joint Scrutiny Committee:

Emma Powell – Swindon Borough Council

The support that will be provided to the Committee includes:

- Production of agendas and papers for Joint Committee meetings and briefings
- Circulating Committee paperwork by email to Scrutiny Officers
- Liaison with witnesses providing evidence to the Committee
- Producing minutes for Joint Committee meetings and briefings
- Liaising with host councils regarding the venue and requirements for Joint Committee meetings
- Updating the Chairs of HOSCs not participating in the Joint Committee regarding outcomes of Committee meetings
- Providing a single point of contact for the Trust, PCTs and NHS South West regarding issues within the Terms of Reference of the Committee

This support does NOT include:

- Printing and posting Committee papers and other information to Committee Members. Papers will be sent by email to Scrutiny Officers within participating local authorities and printing and postage costs met by each individual council
- Posting Committee papers on individual local authority websites. This will be the responsibility of each Scrutiny Officer

Swindon Borough Council will meet the cost of supporting the Joint Committee, in terms of officer time.

Timeframe:

It is intended that in the first instance the Joint Scrutiny Committee will meet as often as necessary in order to understand the problems and constraints which have led to the Trust's inability to meet target response times in some areas. This is likely to require meetings every 6 weeks.

However, Members are agreed that when the current pressures on services are resolved the Committee will meet quarterly with the provision to call extra meetings if required.

Meetings will be rotated across participating councils, with the host council providing a venue for the meeting and providing refreshments. The host will meet the costs of holding the meeting.

Members of the Committee:

• Councillor Andrew Gravells,	Gloucestershire County Council (Chair)
• Councillor Lesley Alexander,	Bristol City Council
• Councillor Sylvia Townsend,	Bristol City Council
• Councillor Bill Payne,	Bristol City Council
• Councillor Margaret Edney,	Cotswold District Council (Member of Gloucestershire County Council Health Overview and Scrutiny Committee)
• Councillor Brian	Oosthysen, Gloucestershire County Council
• Councillor Sandra Grant,	South Gloucestershire Council
• Councillor Sue Hope,	South Gloucestershire Council
• Councillor Andy Perkins,	South Gloucestershire Council
• Councillor Ann Harley,	North Somerset Council
• Councillor Anne Kemp,	North Somerset Council
• Councillor Reyna Knight,	North Somerset Council
• Councillor Ray Ballman,	Swindon Borough Council
• Councillor Andrew Bennett,	Swindon Borough Council
• Councillor Peter Mallinson,	Swindon Borough Council
• Councillor John English,	Wiltshire County Council
• Councillor Judy Seager,	Wiltshire County Council
• Councillor Roy While,	Wiltshire County Council

Appendix 4

Best Case Commissioning Positioning With GWAS as at 28 January 2008 (see covering note)

GAS LDP Proposal v5 Reformatted by PCT and BTFE elements left as part of the call on funds in 2008/9

- Note: Avon sub-PCT split added by PCT (KB) per 7/8 contract and contract shares

	GLOS	Wiltshire	Swindon	Bristol	N.Smst	S Gloucs	BaNES	Avon	Total	
2007/8 Contract Value (Baseline)	**14,418**	**10,945**	**4,310**	**9948**	**4278**	**4754**	**4280**	**23260**	**52,933**	
Increases for 2008/9										
2008/09 baseline adjustments agreed with PCTs										
Net CMS adjustment									**0**	
Full Year Effect of Investment to Deliver 75% in 2007/8										
Additional Required £000's	**250**	**251**	**0**	**0**	**0**	**0**	**0**	**0**	**501**	
Full Year Effect of Investment to Deliver 75% Call Connect Target										
Additional Required £000's	**274**	**192**	**82**	**64**	**27**	**30**	**27**	**149**	**697**	
2007/08 activity growth										
7/8 activity growth cost £000s (50% marginal tariff)	**335**	**157**	**108**	**80**	**34**	**38**	**34**	**187**	**787**	
2008/09 activity growth										
8/9 activity growth cost £000s (50% marginal tariff)	**216**	**164**	**65**	**149**	**64**	**71**	**64**	**349**	**794**	
2008/09 inflation										
Cost of Net National Award (2.3%) £000s	**358**	**270**	**105**	**236**	**101**	**113**	**101**	**548**	**1,281**	
2008/09 national cost pressures £000's										
Vehicle design - higher specification	64	48	19	44	19	21	19	103	**234**	
Technician development	82	62	24	56	24	27	24	132	**300**	
Infection control extension	100	72	28	86	37	41	37	200	**400**	
PCTs each achieve national targets	0	Wilts	0		N.Sms			N.Sms	o/s	Relevant PCTs to discuss separately
CMS Implementation	43	32	13	30	13	14	13	69	**157**	
Call Connect	381	289	114	263	113	126	113	615	**1,400**	
2008/09 local cost pressures £000's										
Comms team	**Not funded as cost pressure by Commissioners**									
Director IT	**Not funded as cost pressure by Commissioners**									

Movement Summary

Using 50% marginal rate for growth	GLOS	Wiltshire	Swindon	Bristol	N.Smst	S Gloucs	BaNES	Avon	Total
Baseline	14,418	10,945	4,310	9,948	4,278	4,754	4,280	23,260	52,933
Baseline BTFYE	524	443	82	64	27	30	27	149	1,198
Activity growth @ 50% marginal tariff	551	321	172	229	99	110	99	536	1,581
Other locally funded costs	1,027	774	304	714	307	341	307	1,667	3,773
Total 2008/9	**16,520**	**12,483**	**4,868**	**10,955**	**4,711**	**5,235**	**4,713**	**25,612**	**59,484**
2007/8 baseline	**14,418**	**10,945**	**4,310**	**9,948**	**4,278**	**4,754**	**4,280**	**23,260**	**52,933**
2.3% uplift on 2007/8 baseline	**332**	**252**	**99**	**229**	**98**	**109**	**98**	**535**	**1217**
Net Growth after uplift	**1,770**	**1,287**	**459**	**778**	**335**	**372**	**335**	**1,817**	**5,334**
Total 2008/9	**16,520**	**12,483**	**4,868**	**10,955**	**4,711**	**5,235**	**4,713**	**25,612**	**59,484**
Net Growth as Percentage	**12.3%**	**11.8%**	**10.7%**	**7.8%**	**7.8%**	**7.8%**	**7.8%**	**7.8%**	**10.1%**

This information about Great Western Ambulance Interim Report is available on the internet at www.swindon.gov.uk/yourcouncil/yourcouncil-overviewandscrutiny intro/healthscrutiny.htm It can be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department.

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