GREAT WESTERN AMBULANCE SERVICE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
AGENDA

Date & Time: Friday 22nd February 2013 at 11.00 am
(Pre-meeting for Members and L A Officers only at 10.00 am.)
Venue: Shire Hall, Westgate Street, Gloucester GL1 2TG

Members of the Committee:

- Councillor Anthony Clarke, Bath & North East Somerset Council (Chair)
- Councillor Sharon Ball, Bath & North East Somerset Council
- Councillor Eleanor Jackson, Bath & North East Somerset Council
- Councillor Lesley Alexander, Bristol City Council
- Jenny Smith, Bristol City Council
- Councillor Sylvia Townsend, Bristol City Council
- Councillor Ron Allen, Gloucestershire County Council
- Councillor Terry Hale, Gloucestershire County Council
- Councillor Sheila Jeffery, Cotswold D C (Glos. County Council) Gloucestershire County Council
- Councillor Sarah Pomfret, South Gloucestershire Council
- Councillor Sue Hope, South Gloucestershire Council
- Councillor Ian Scott, South Gloucestershire Council
- Councillor Claire Ellis, Swindon Borough Council
- Vacant seat, Swindon Borough Council
- Vacant seat, Swindon Borough Council
- Councillor Chris Caswill, Wiltshire Council
- Councillor Christine Crisp, Wiltshire Council
- Councillor Peter Colmer, Wiltshire Council

Contact Officers:
Romayne de Fonseka, Bristol City Council, 0117 9222770, romayne.de.Fonseka@bristol.gov.uk or Norman Cornthwaite, Bristol City Council, 0117 9222390, norman.cornthwaite@bristol.gov.uk

Web site addresses:
Bath & North East Somerset Council - www.bathnes.gov.uk
Bristol City Council – www.bristol.gov.uk
Gloucestershire County Council – www.gloucestershire.gov.uk
South Gloucestershire Council -www.southglos.gov.uk
Swindon Borough Council – www.swindon.gov.uk
Wiltshire Council – www.wiltshire.gov.uk

AGENDA

1.	**Apologies for Absence** To receive and note any apologies from Members of the Committee.
2.	**Declarations of Interest** Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.
3.	**Public Question Time** See explanatory note below. Please contact the Officers whose names and numbers appear at the top of this agenda if you need further guidance.
4.	**Chair's Update** To receive any information from the Chair. There will not normally be any discussion on this item.
5.	**Minutes of the Meeting Held on 19th October 2012** To approve the Minutes of the Meeting for signature by the Chair.
6.	**Monthly Performance Information Comprising:** **A. Commissioners' Monthly Report** (To follow) **B. Trust Activity and Performance** **C. National Ambulance Quality Indicators** **D. Hospital Handover Summary.** (GWAS and NHS Gloucestershire) To comment.

7.	**Violence towards Accident and Emergency Staff** (GWAS) To comment.
8.	**The 111 System** (To follow) (NHS Gloucestershire) For information.
9.	**Commissioning Arrangements Plan** (To follow) (NHS Gloucestershire) For information.
10.	**Air Ambulance - presentation** (GWAS) For information.
11.	**Estates Review Strategy Update** (GWAS) To comment
12.	**Acquisition of GWAS - update** (GWAS)
13.	**Update from HOSCs** (All) To comment.
14.	**Work Programme** To agree future meetings of the Committee.
15.	**Dates of Future Meetings** Proposed date of next meeting: Friday 21st June 2013 - commencing at 11.00 am. To be hosted by South Gloucestershire Council.
16.	**Urgent Business**

*****PLEASE NOTE THAT LUNCH WILL NOT BE PROVIDED*****

Date of Dispatch: 14th February 2013

Public Question Time

Up to 15 minutes will be allowed at the start of all Joint Committee meetings for questions to the Chair from members of the public about the work of the Committee. Questions must be relevant, clear and concise. Because of time constraints, Public Question Time is not an opportunity to make speeches or statements. Prior notice of a question

to the Scrutiny Officers supporting the Joint Committee is desirable, particularly if detailed information is needed.

Access Arrangements
Car parking has been booked in the Councillor's Car Park at the rear of Shire Hall, this is not a big car park so may not be enough room for everyone but there are car parks nearby.
Location map is at:
http://www.gloucestershire.gov.uk/CHttpHandler.ashx?id=2248&p=0.

Venues for these meetings will be provided by rotation by each council in turn and should always be wheelchair accessible. If you would wish to attend the meeting but have any special requirement to enable you to do so please contact the Scrutiny Officer for the council that is hosting the meeting as soon as possible prior to the date of the meeting.

If you would like to receive any of the pages contained in this agenda in a larger print size, please contact your own council's Scrutiny Officer.

GREAT WESTERN AMBULANCE SERVICE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday 19th October 2012 – The Guildhall, Bath

Councillors Present:

Bath & North East Somerset Council
Cllr Anthony Clarke (Chairman), Cllr Sharon Ball and Cllr Eleanor Jackson

Bristol City Council
Cllr Lesley Alexander and Jenny Smith

Gloucestershire County Council
Cllr Ron Allen, Cllr Terry Hale and Cllr Sheila Jeffery

South Gloucestershire Council
Cllr Sue Hope and Cllr Ian Scott

Wiltshire Council
Cllr Peter Colmer

Apologies:
Cllr Sarah Pomfret, South Gloucestershire Council
Cllr Desna Allen, Wiltshire Council
Cllr Christine Crisp, Wiltshire Council

Also in attendance:
Neil Chavalier, Executive Officer, GWAS
Linda Prosser, NHS Gloucestershire
Albert Weager, JWG Chair
Russ Pearce and Trevor Webb, South West Ambulance Service Trust
Lauren Rushen, Scrutiny Officer, Bath and North East Somerset Council
Mark Durnford, Democratic Services Officer, Bath and North East Somerset Council

2. Declarations of Interest

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

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

3. Public Question Time

There were no questions received.

4. Chair's Update

The Chair reported that he had contacted North Somerset Council regarding their withdrawal from the Joint Committee and as yet had not received a response. He added that he would attempt to contact them again over the coming months.

Cllr Sharon Ball wished to take this opportunity to thank all the staff that had helped her recently after suffering a broken leg.

5. Minutes - 15th June 2012

The minutes of the meeting held on 15th June 2012 were approved as a correct record and signed by the Chair.

6. Monthly Performance Information

Neil Chavalier introduced this report to the Committee. He informed them that August had been a demanding month which had seen an 8% increase in calls coupled with a high amount of sick leave within the service. He added that despite this the service was on trajectory with its performance levels.

Regarding the Red 8 performance figures he stated that GWAS was currently achieving a figure of 77.7% on its target of 75% and was attempting to improve its rural performance. In addition to this he said the service was looking to increase the number of community responders and publicly accessible defibrillators.

He commented that a reduction in the number of hand over delays was being seen.

Cllr Sue Hope commented that she appreciated that some areas of the authority were difficult to reach and asked if any funding was available regarding the installation of defibrillators.

Neil Chavalier replied that they were working with the British Heart Foundation on this matter and that some funding might be possible.

Cllr Sue Hope commented that she had heard that North Bristol NHS Trust (NBT) had a fines process in place in relation to hand over delays and asked for some further information.

Neil Chavalier replied that within their Service Level Agreements it states that fines will be incurred after a delay of 20 minutes. He added that the fine would cover the cost of the paramedic's time any additional resources that were incurred. He also wished to inform the Committee that since April there had been a month on month decline in delays.

Cllr Sue Hope asked if GWAS were going to respond to the latest transport consultation in relation to Southmead.

Neil Chavalier replied that a response was being constructed and that he would be happy to share it with the Committee when it was complete.
Cllr Sheila Jeffery asked what actions were taken to combat the amount of staff who were absent from work during August because of sick leave.

Neil Chavalier replied that 17 members of staff were absent during August and that overtime was allocated to other staff members alongside agency staff who were brought in to cover non-emergency work.

The Chair asked if any members of the St. John's Ambulance were currently used as community responders.

Neil Chavalier replied that there was a strong use of the St. John's Ambulance within Gloucestershire and that he would like to replicate this within other authorities.

The Committee noted the report.

7. Report on Complaints Received by GWAS

Neil Chavalier introduced this report to the Committee. He commented that the public's expectation of the 999 service may need to be addressed so that they are aware that life threatening incidents take priority. He added that there was to be a publicity campaign in advance of the introduction of the non-urgent phone number 111 in March 2013.

The Chair wished to acknowledge that there were less upheld complaints this year.

Cllr Terry Hale asked if they anticipated any problems when introducing the 111 number.

Linda Prosser replied that she did not as it was to be introduced nationally and she would be happy to bring further information to the next meeting of the Committee. She added that should a member of the public call the wrong number, either 999 or 111 the call would be transferred to the correct call centre.

The Chair commented that he would like to receive this information every 6 months – 1 year, even if it was offline.

Cllr Eleanor Jackson suggested that at a future meeting of the Committee could receive a report on incidents when ambulance crews themselves were threatened with violence.

Neil Chavalier replied that he would welcome the Committee to receive such a report.

The Committee noted the report.

8. Quality Report

Linda Prosser apologised to the Committee for the absence of the Quality Report on this occasion.

Cllr Sheila Jeffery asked if it could be circulated to the Committee.

Neil Chavalier replied that it could.

9. Update on commissioning arrangements (Verbal update)

Linda Prosser informed the Committee that the arrangements for Gloucestershire had been authorised around a month ago and that it was anticipated that over the next six weeks the other authorities' arrangements would be in place. She added that on completion of the SWAST acquisition of GWAS it was hoped that a Clinical Commissioning Group (CCG) would lead on negotiations for the northern cluster.

Jenny Smith asked if there was to be any consultation on the role of the northern cluster lead commissioner.

Linda Prosser replied that a plan could be brought to the next meeting of the Committee.

10. Organisational change – update (Verbal report)

Russ Pearce from SWAST addressed the Committee. He informed them that in regard to the proposed acquisition of GWAS they had finalised their takeover model in June and had submitted it to be monitored in August. He added that further parts of the process were due to take place in November and that he was hopeful that legal completion would be achieved by February 1st 2013.

Cllr Ian Scott asked for clarification on whether any member of the Committee could become a member of the new Board or if there would be too much of a conflict of interest.

Russ Pearce replied that he would send a response to the Democratic Services Officer for him to circulate.

Albert Weager asked with regard to Patient & Public Involvement (PPI), what were their thoughts on meeting in the localities.

Russ Pearce replied that SWAST had 2,000 aspiring members and that he expected both PPI local activities and the relationship with this Committee to remain in place.

Cllr Sheila Jeffery asked what benefits would there be in becoming a member os SWAST.

Russ Pearce replied that by becoming a member it would enable them to be informed, involved and influential by receiving their newsletter. He added that members may also have the opportunity take up a Governor position.

Cllr Jackson stated that she had not yet seen any literature on this matter. She asked if any leaflets would be deposited at Dr's surgeries.

Russ Pearce replied that they had now reached the point in the transaction where they could begin to do some advertisements. He added that 8 PPI events had already been planned to explain the proposal and that leaflets could be provided to Dr's surgeries.

The Chair on behalf of the Committee wished them well in the remainder of the process.

11. Estates Review Strategy Update (Verbal update following the meeting of the GWAS Board in July)

Cllr Ian Scott wished to state that he had anticipated receiving a written report on this item considering that the GWAS Board meeting had taken place in July.

Neil Chavalier apologised to the Committee for the lack of a written on this occasion. He informed them that the Board had elected certain parts of the Strategy to be progressed and that a decision was only made this week to release certain information into the public domain.

He explained that a 5% saving was required to be made by the Board and that a review had been carried out as to how that could be achieved. Following the review a decision was made to close the control centre in Devizes by March 31st 2013. The decision is anticipated to save £700,000.

He informed them that this would mean all Wiltshire 999 calls would be received in the Bristol call centre.

He added that it was not a decision the Board had taken lightly

Cllr Peter Colmer stated that he was strongly concerned about this decision as no prior consultation had been carried out with the local Council.

Cllr Ron Allen commented that if there were any similar plans for Gloucestershire that they would want to be informed.

Neil Chavalier replied that advice had been sought from the Primary Care Trust (PCT) and the Strategic Health Authority (SHA) and it was deemed not to be a public facing service.

The Chair commented that would respond to GWAS in writing regarding this decision.

Cllr Sue Hope commented that she did not feel that the PCT should be making a decision on whether to consult or not.

Linda Prosser commented that they could address the relevant Health Overview & Scrutiny Committee (HOSC) on the matter.

Albert Weager commented that the decision would affect Swindon Ambulances as well as Wiltshire.

Neil Chavalier replied that there was to be no change in the provision of ambulances based at Devizes and that he would arrange for a written report to be taken to the Swindon and Wiltshire HOSC's as soon as possible.

Jenny Smith asked how the staff would be redeployed.

Neil Chavalier replied that all the despatching staff had been offered the chance to transfer to Bristol. He added that the Police had indicated that some staff could be retained on site to handle the new incoming 111 calls.

Cllr Lesley Alexander asked if a provision would be retained in the centre of Bristol.

Neil Chavalier replied that it would and that 2 - 3 sites were under consideration. He added that the Regional Training Centre in Chippenham was for sale but assured the Committee that the ambulance station would remain on site.

The Chair commented that he would like this matter to be reported upon again at the next meeting of the Committee and stressed the need for it to be a written report.

12. Update from HOSCs

There were none.

13. Report from Joint Working Group

The Chair thanked Albert Weager for his report.

The Committee noted it.

14. Work Programme

The Chair stated that the following reports should be debated at the next meeting of the Committee:

Violence towards Accident & Emergency Staff
Estates Review Strategy Update
The 111 System
Commissioning Arrangements
Presentation on the Air Ambulance

15. Dates of Future Meetings

The Committee noted that the proposed date of next meeting was Friday 22nd February 2013, 11.00 am in South Gloucestershire.

Cllr Eleanor Jackson requested that the venue should be accessible by public transport.

16. Urgent Business

There was none.

Agenda Item No. 6

Review of Issues Arising from Performance Information

Great Western Ambulance Joint Health Scrutiny Committee
22nd February 2013

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To present Members with performance information, including handover times/delays broken down by hospital

Recommendation

The Great Western Ambulance Joint Health Scrutiny Committee is requested to:

Consider the appended information and identify any issues requiring further clarification or discussion with the Great Western Ambulance NHS Trust or NHS Gloucestershire as lead commissioners.

1.0 Reasons

1.1 The Great Western Ambulance Joint Health Scrutiny Committee had previously resolved to review the monthly "Managing Our Performance" Report that was presented to the Great Western Ambulance NHS Trust Board. This report has subsequently been revised and renamed.

2.0 Detail

2.1 Performance information is attached. The attached information outlines GWAS performance, broken down by sector, PCT and local authority.

2.2 Also attached is a breakdown of handover times/delays by hospital. This provides more detailed localised information which Committee members may find helpful.

South Western Ambulance Service NHS
NHS Foundation Trust

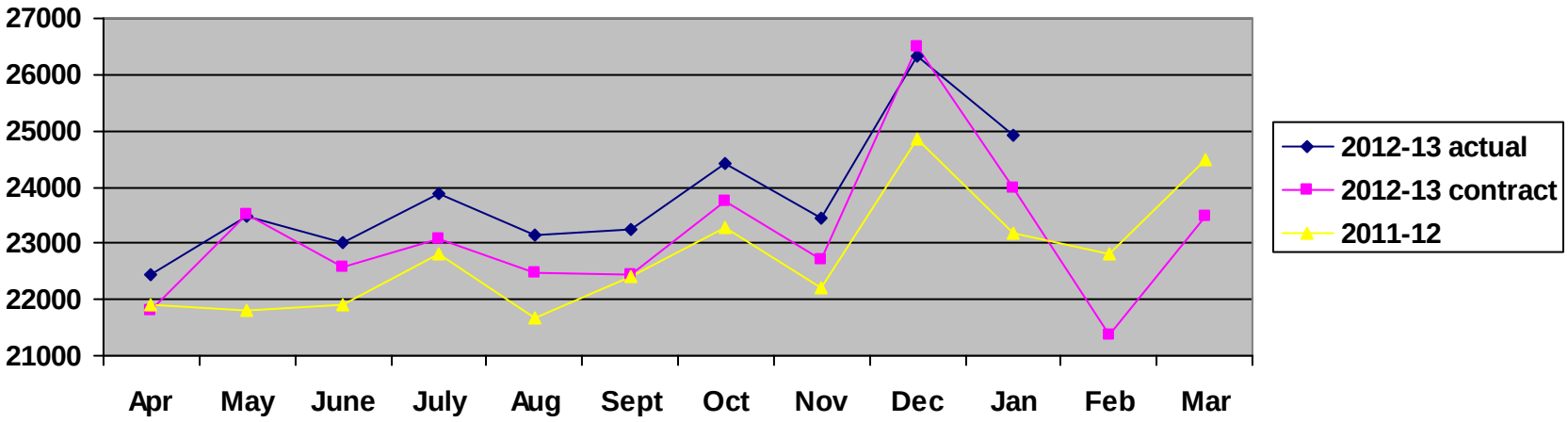
Monthly activity and performance report

The following pages provide information about activity and performance for response to incidents by Great Western Ambulance Service – since 1 February 2013 known as the North Division of South Western Ambulance Service NHS Foundation Trust

Information is provided to the end of January 2013, and was the latest available for submission with the agenda.

Overall activity

Total incidents with response

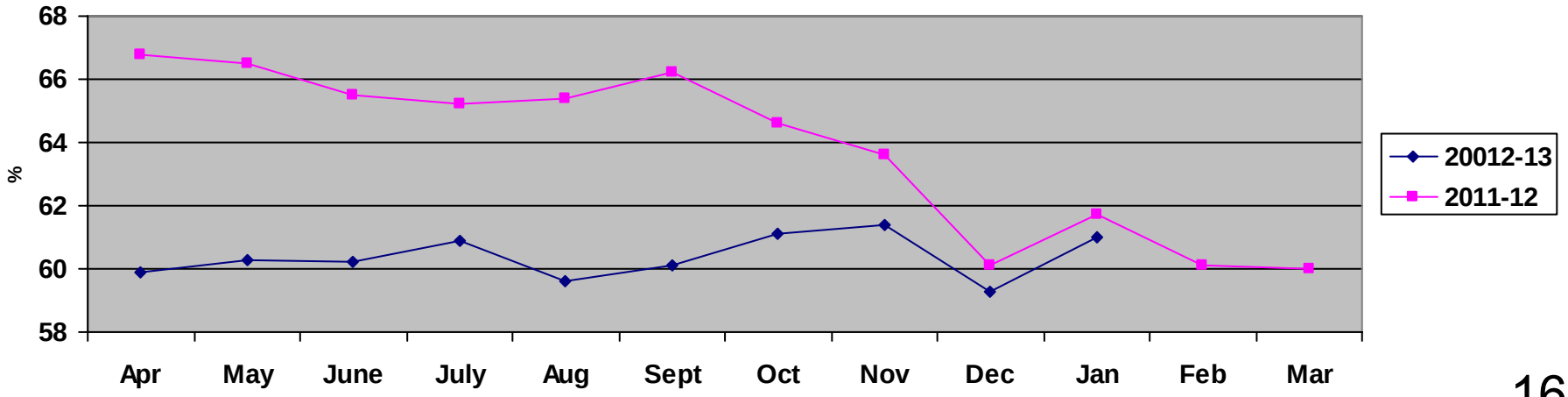


Year-to-date totals:

2012-13 actual	-	238,347*
2012-13 contract	-	232,815
2011-12	-	226,010

* +2.4% on 2012-13 contract, +5.5% on 2011-12

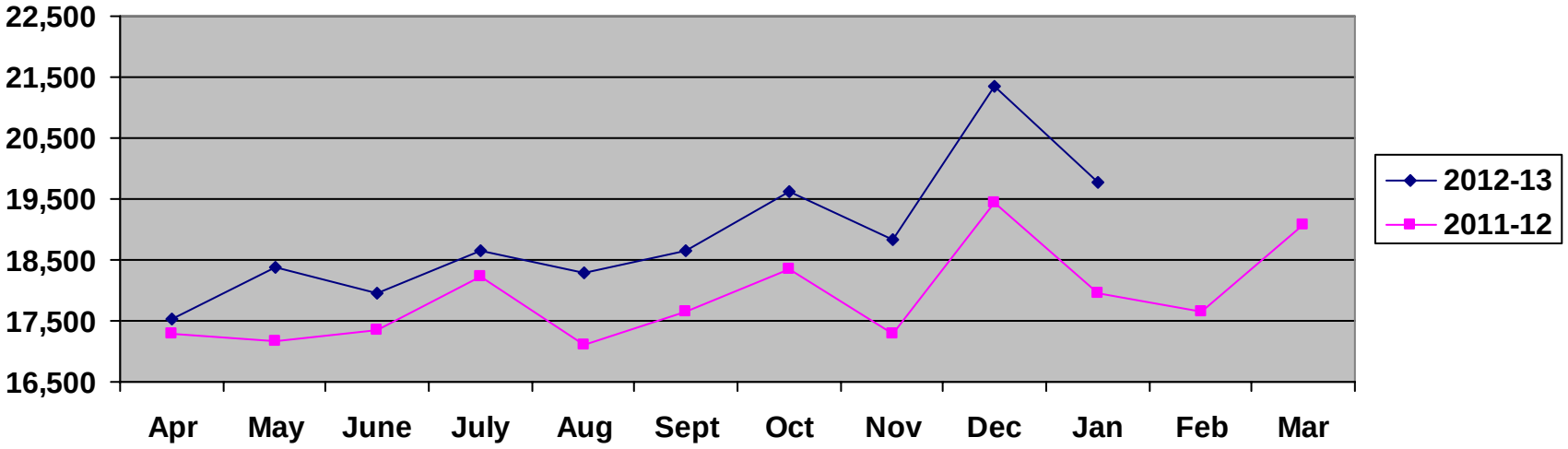
Conveyance rate (proportion of incidents resulting in patient being transported to hospital)



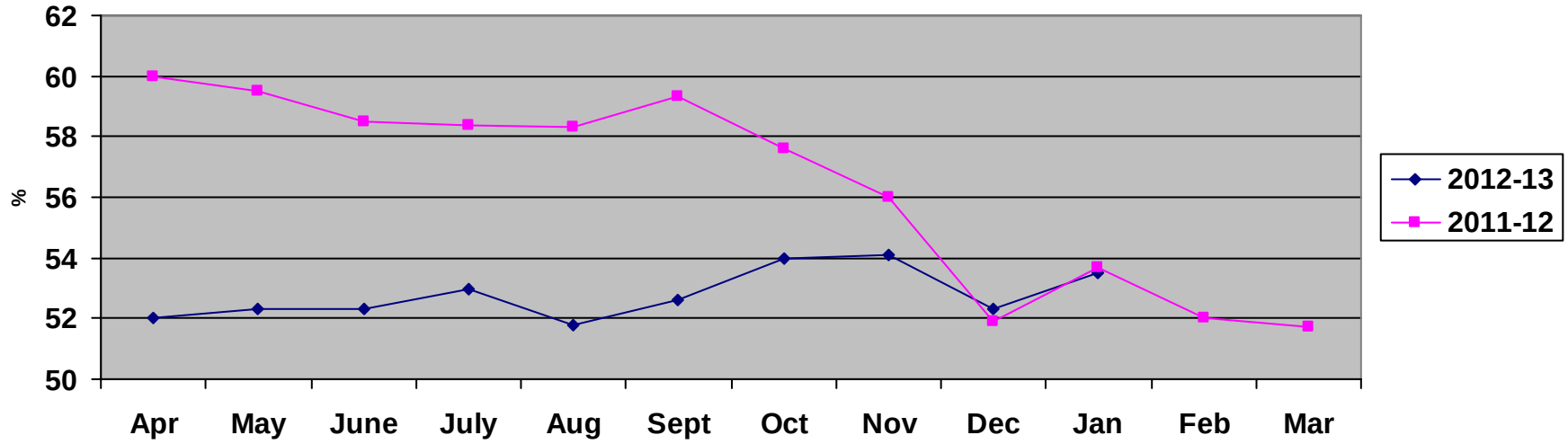
Year-to-date has seen 1,846 fewer patients being taken to hospital (1.3% lower) compared to 2011-12.
The ability to manage more patients without taking them to hospital is one of the key performance measures for ambulance services – eg by treating over the phone or face-to-face (hear-and-treat, see-and-treat) or by onward referral to another healthcare provider.

The above data includes all GWAS activity, including those calls from healthcare professionals or hospital to request an ambulance to convey patients. Therefore, the following data excludes those calls (ie includes purely 999 calls from the public) – giving a more realistic picture of conveyance rates.

Incidents with response (excluding healthcare professional calls and hospital transfers)

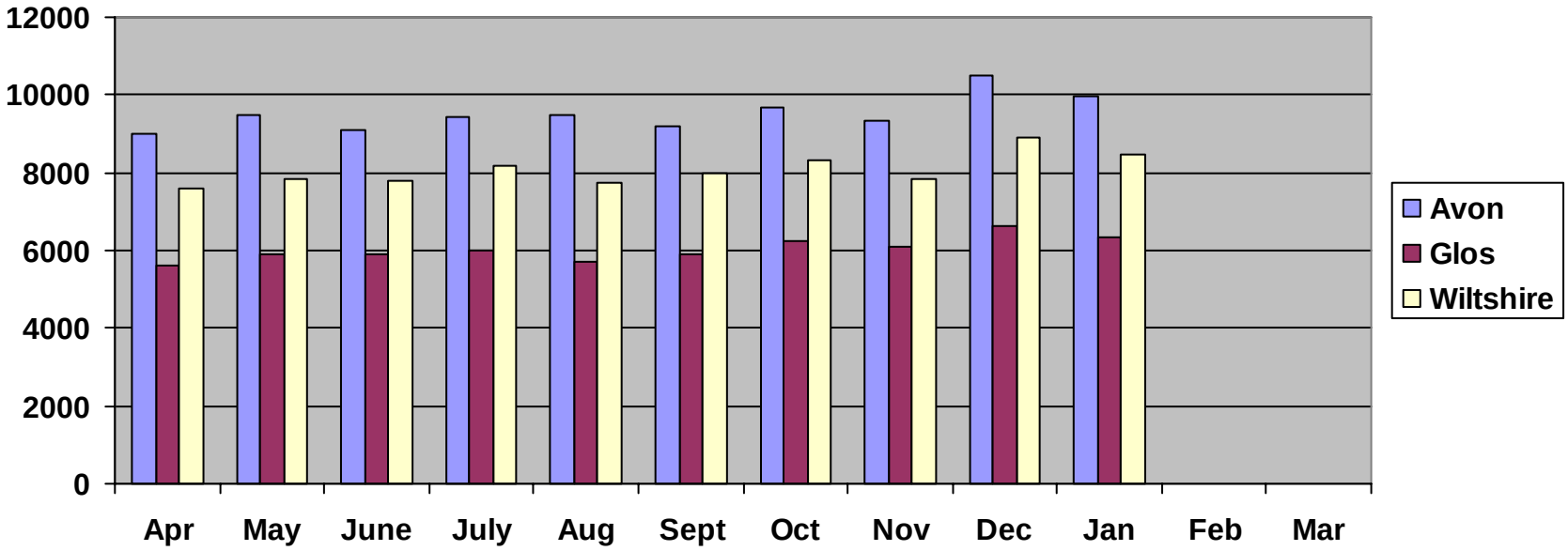


Conveyance rate

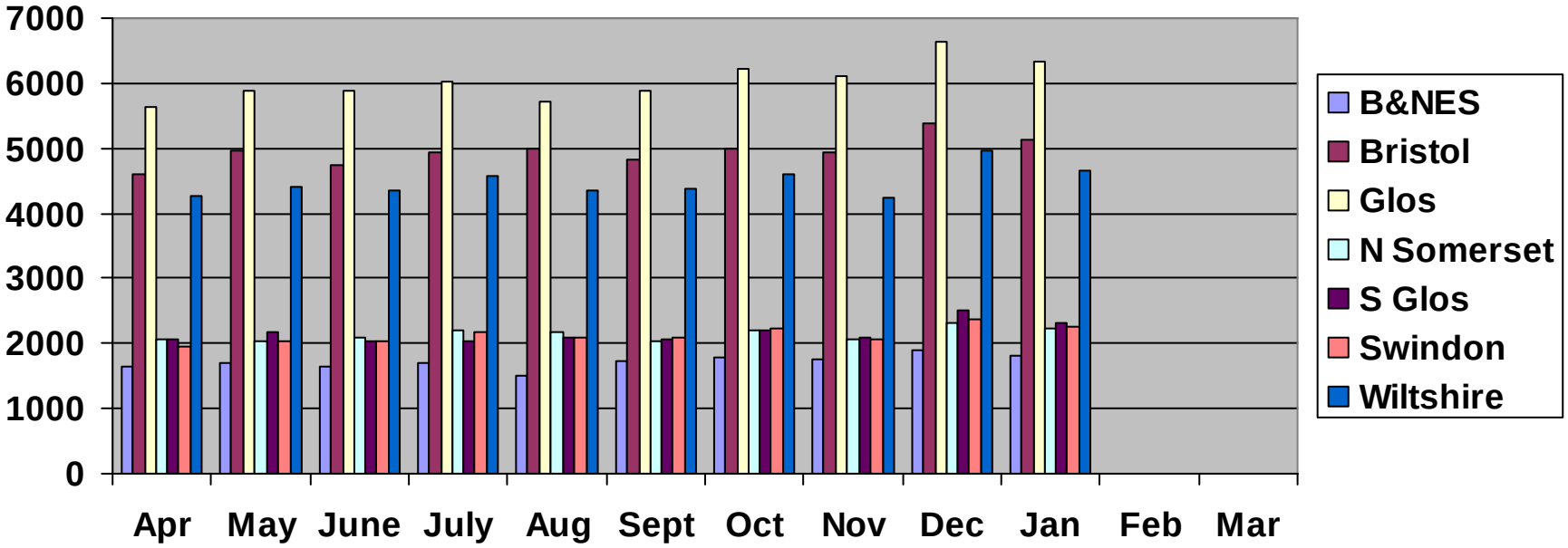


Year-to-date has seen 2,014 fewer patients being taken to hospital (2% lower) than in 2011-12.

Total incidents with response – by sector

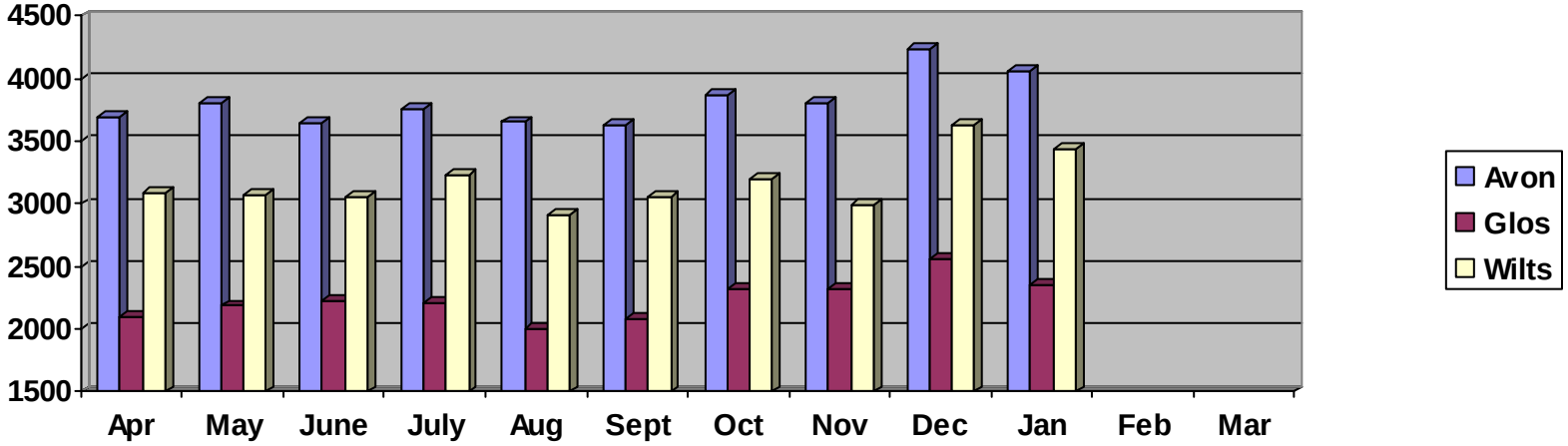


Total incidents with response – by PCT/Council



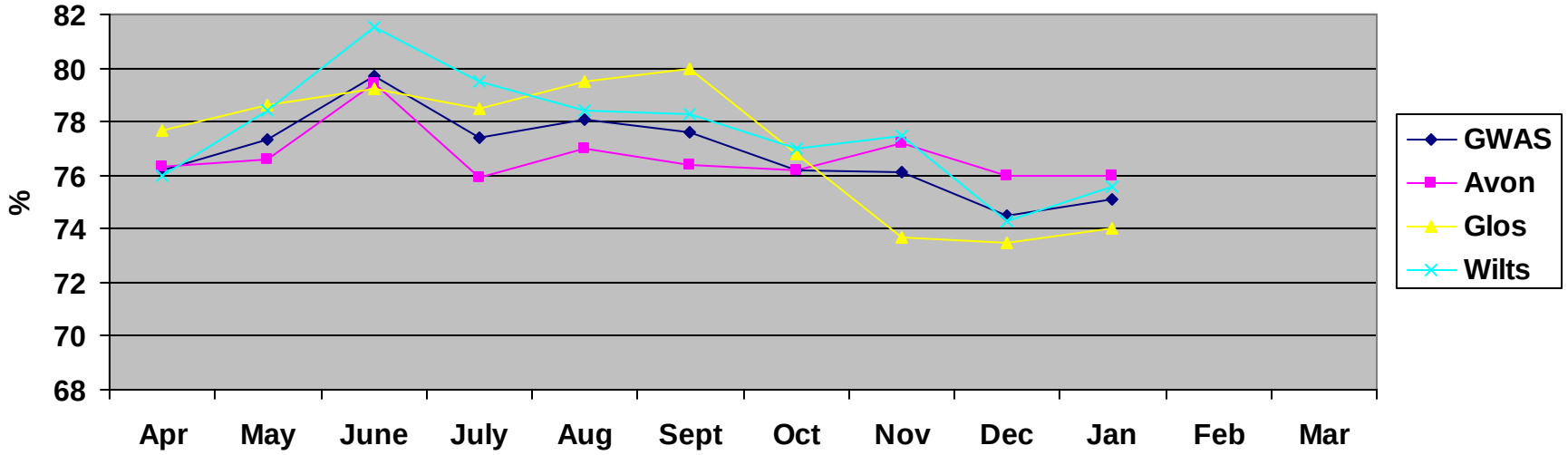
Red (Category A) 8-minute activity/performance 2012-13 – by sector

Responses



Year-to-date total GWAS number of Red calls responded to – 92,795 (inc 566 out of area)

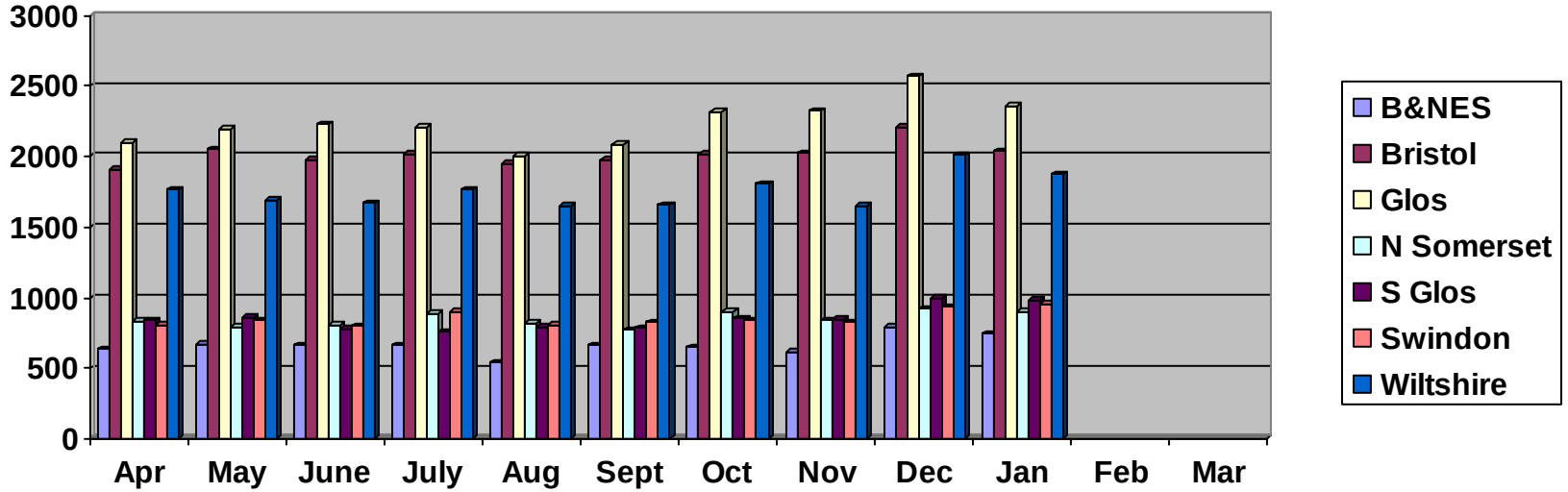
Performance



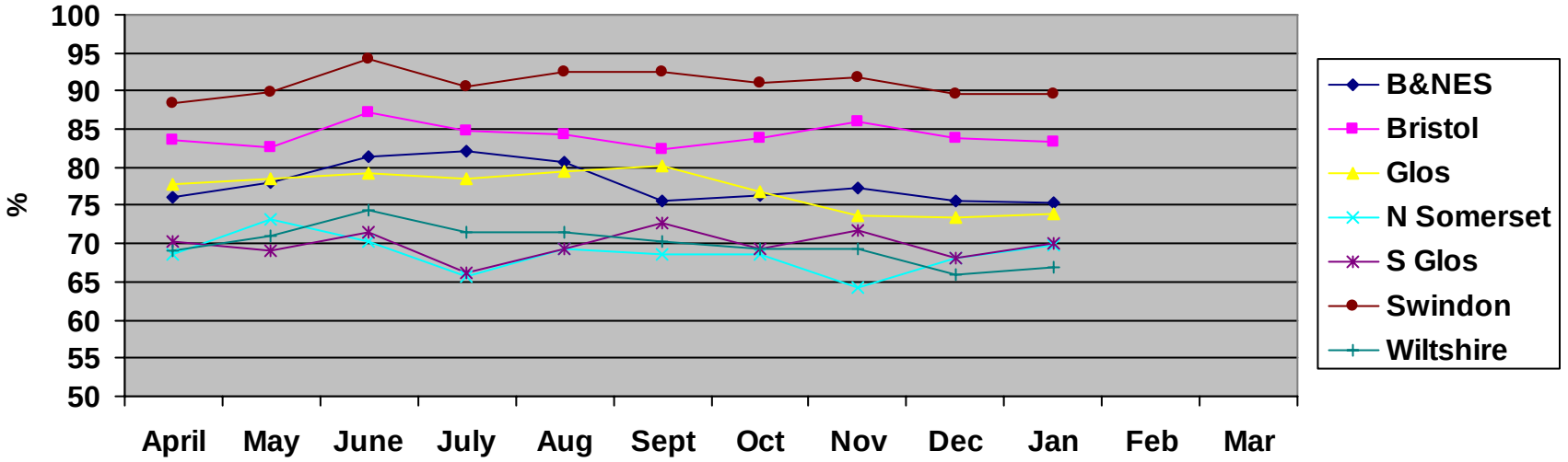
Year-to-date Red8 performance (target – 75%): GWAS - 76.8%
Avon - 76.7%
Glos - 77.0%
Wilts - 77.7%

Red (Category A) 8-minute activity/performance 2012-13 – by PCT/Council

Responses



Performance

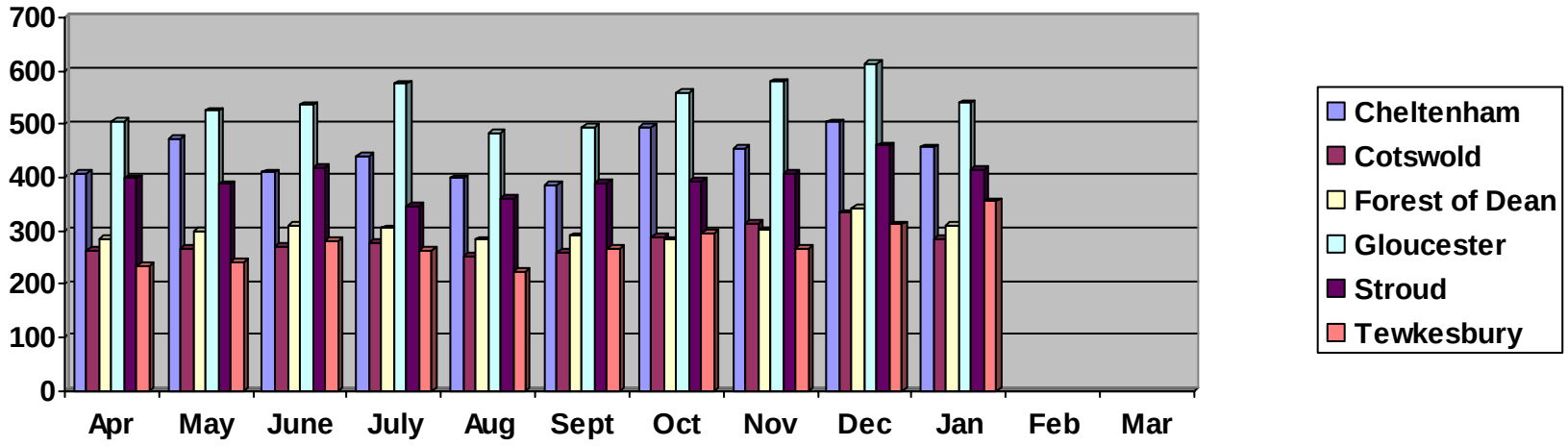


Year-to-date Red8 performance:

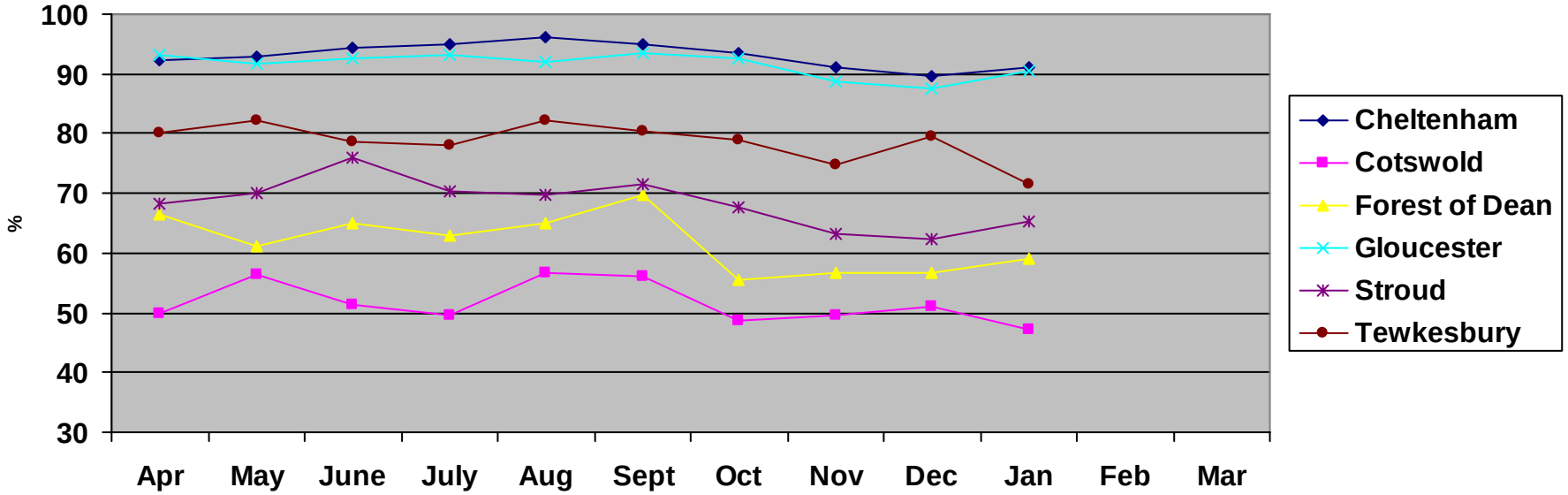
B&NES	-	77.8%	N Somerset	-	68.6%	Swindon	-	90.9%
Bristol	-	84.2%	S Glos	-	69.8%	Wiltshire	-	69.8%
Glos	-	77.0%						

Gloucestershire is the only county in the GWAS area to retain a two-tier system of local government. The following data therefore shows Red8 activity and performance broken down by district council areas in Gloucestershire.

Responses



Performance



Year-to-date Red8 performance:

Cheltenham	-	93.0%	Forest of Dean	-	61.8%	Stroud	-	68.3%
Cotswold	-	51.5%	Gloucester	-	91.4%	Tewkesbury		78.3%

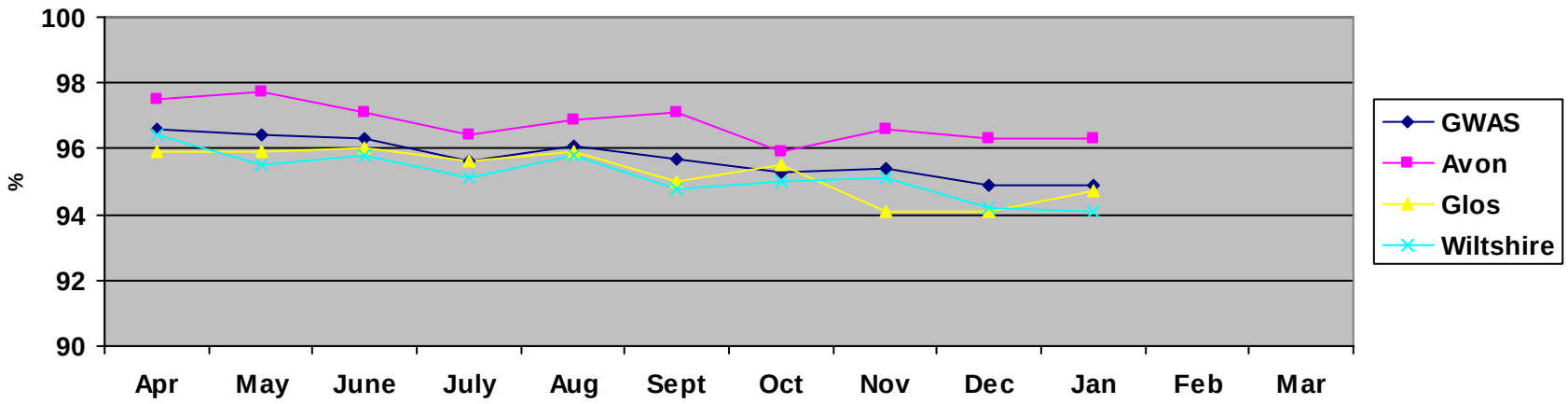
Red incidents responded to within 10 minutes

In the past, Joint HOSC members concerned about the trust's ability to respond to Red incidents within 8 minutes in particular locations have sought reassurance that patients are not being put at risk due to excessive waits for an ambulance response.

To that end, the following data shows the number of incidents in which GWAS has a response on scene within 10 minutes.
The figures are shown by PCT/council and are for January 2013 as well as the 2012-13 year-to-date (Apr12-Jan13)

PCT	Red 10 Performance	No of compliant incidents	Red 10 Performance	No of compliant incidents
	Jan 13		YTD	
Bath & North East Somerset	85.3%	633	86.8%	5748
Bristol	91.5%	1860	93.4%	18781
Gloucestershire	84.0%	1981	86.1%	19249
North Somerset	80.4%	724	80.1%	6787
South Gloucestershire	82.1%	803	83.3%	7066
Swindon	95.3%	904	96.6%	8223
Wiltshire	78.1%	1459	80.6%	14111
GWAS	84.8%	8385	86.5%	80158

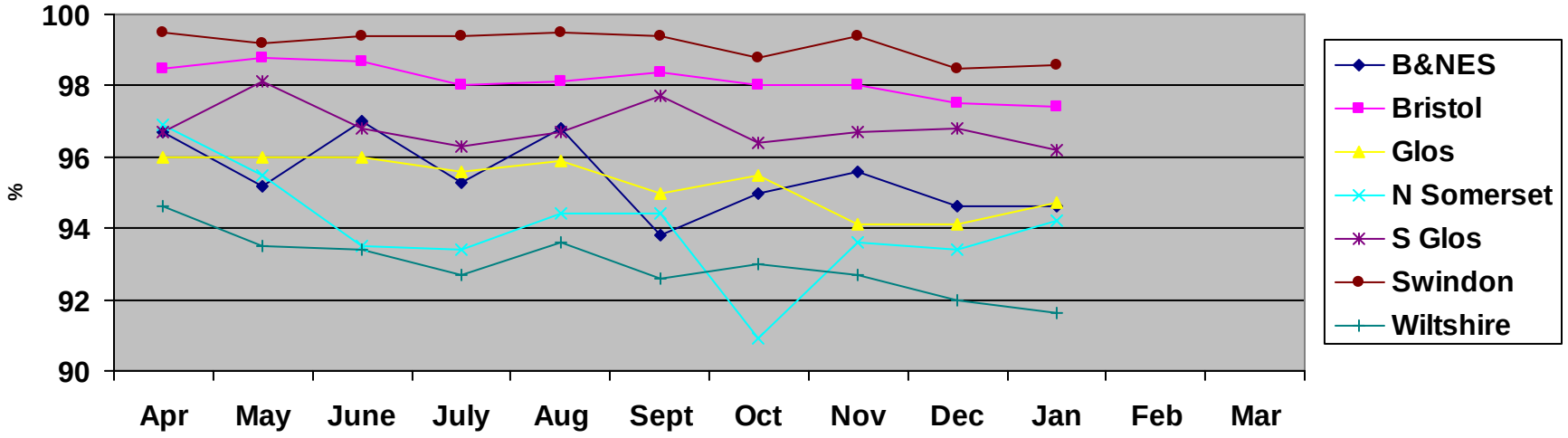
Red19T performance 2012-13 – by sector



Year-to-date Red19T performance (target – 95%):

GWAS - 95.7% Avon - 96.8% Glos - 95.2% Wiltshire - 95.2%

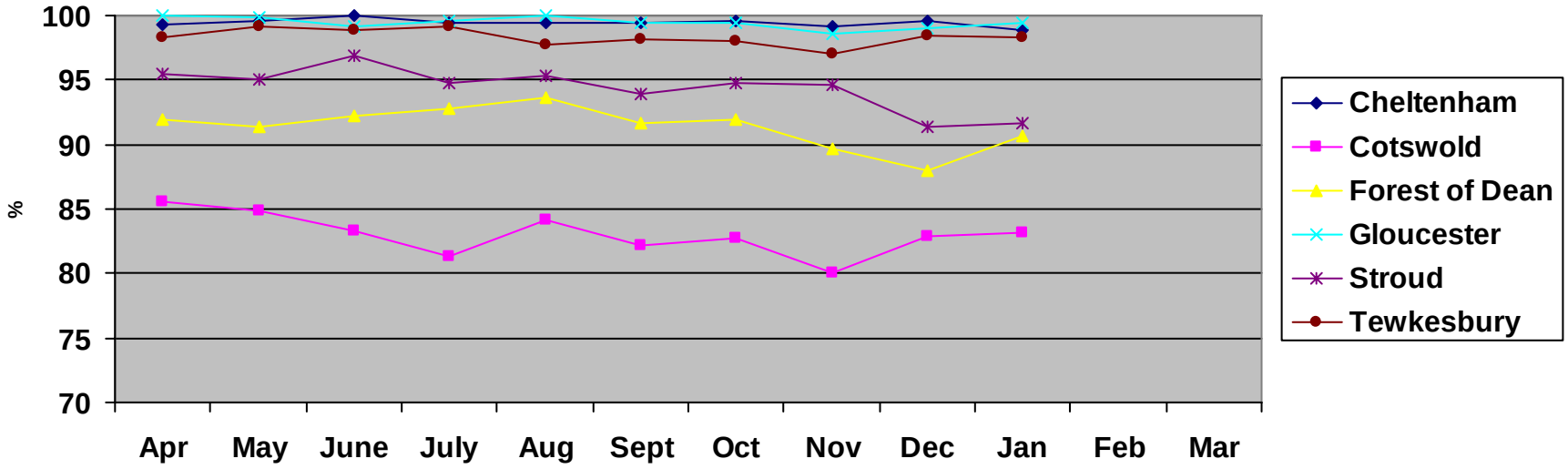
Red 19T performance 2012-13 – by PCT/Council



Year-to-date Red19T performance:

B&NES	-	95.4%	N Somerset	-	94.0%	Swindon	-	99.2%
Bristol	-	98.1%	S Glos	-	96.8%	Wiltshire	-	93.0%
Gloucestershire	-	95.2%						

Red 19T performance 2012-13 – by Glos District Councils



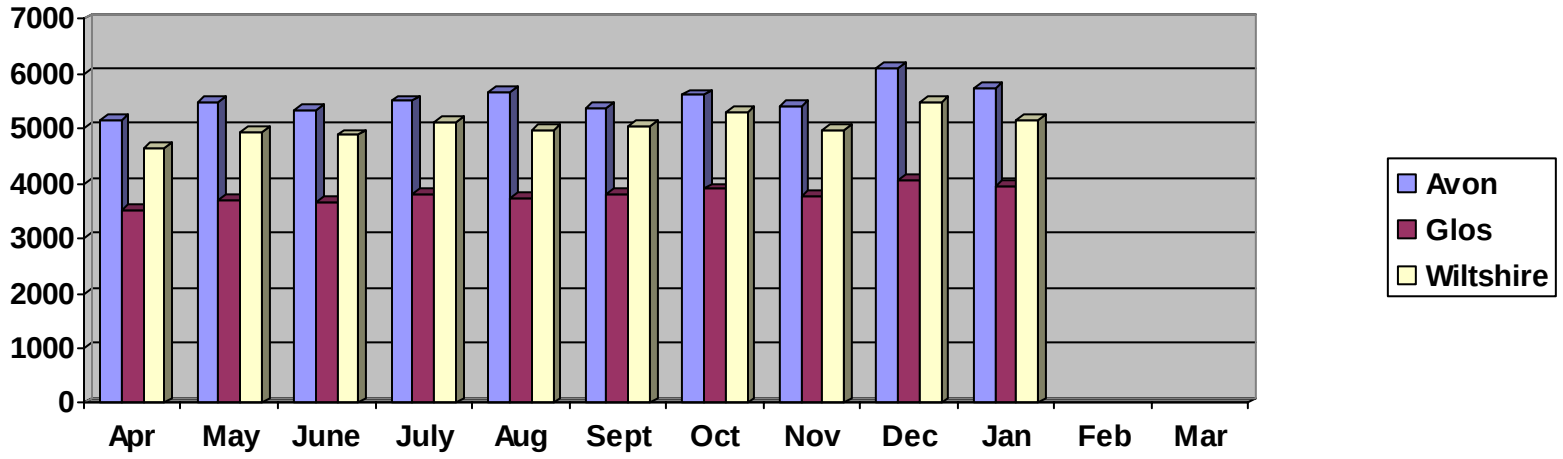
Year-to-date Red19T performance:

Cheltenham	-	99.5%
Cotswold	-	82.9%

Forest of Dean	-	91.3%
Gloucester	-	99.4%
Stroud	-	94.3%
Tewkesbury	-	98.3%

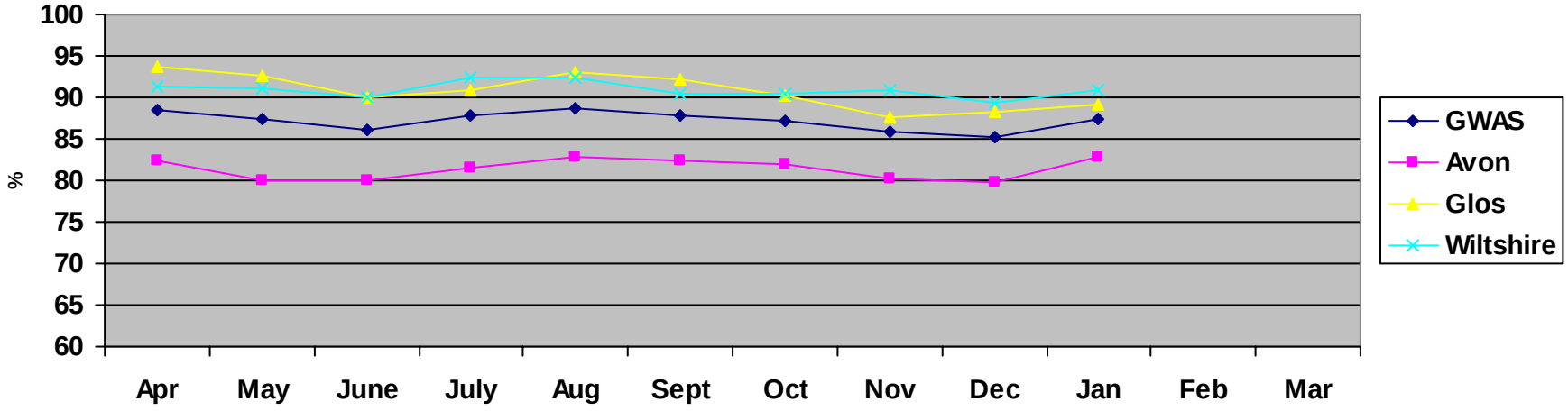
Green activity/performance 2012-13 – by sector

Responses



Year-to-date total GWAS number of Green calls responded to – 144,849 (inc 1043 out of area)

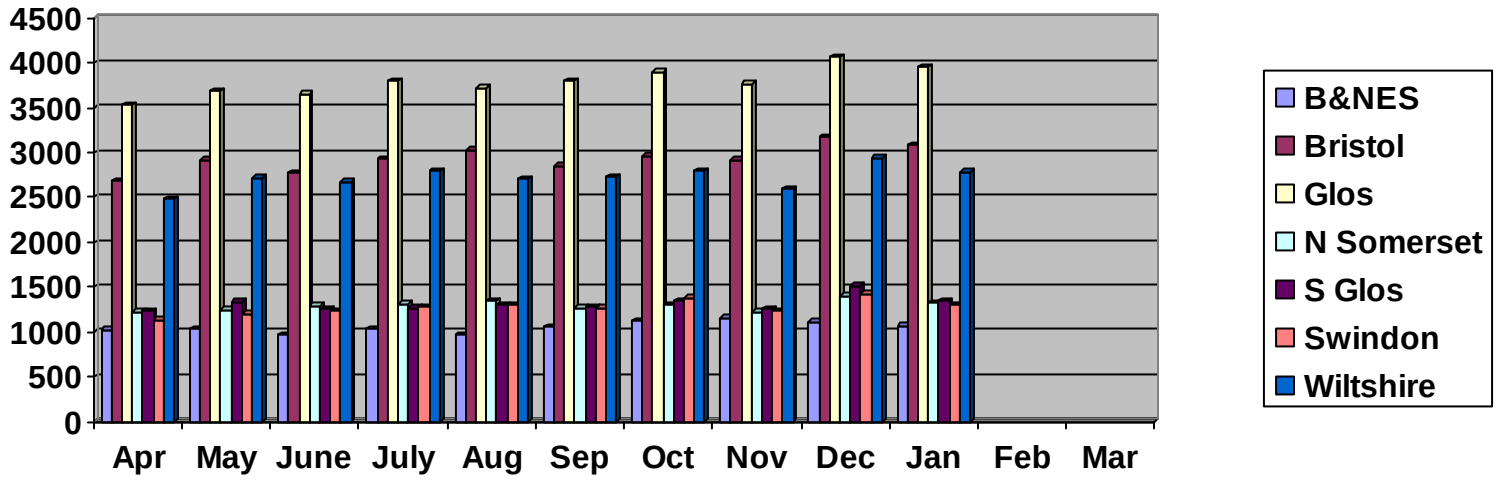
Performance



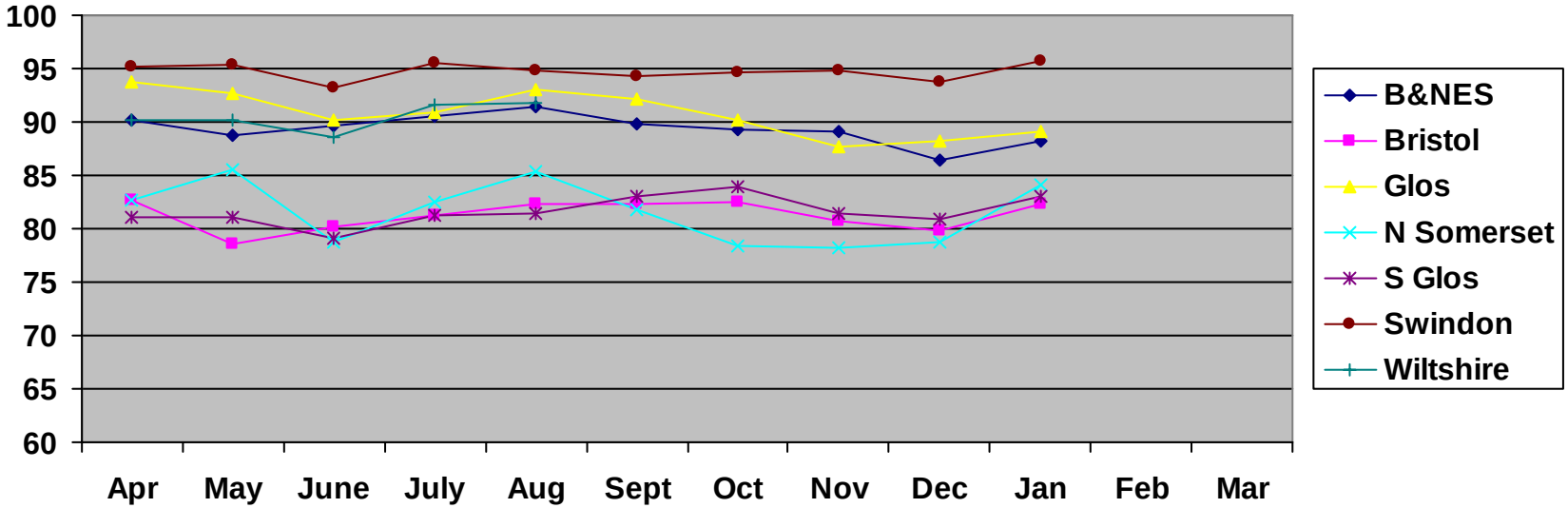
Year-to-date Green performance (target – 90%):GWAS - 87.2%
Avon - 81.4%
Glos - 90.7%
Wilts - 90.9%

Green activity/performance 2012-13 – by PCT/Council

Responses



Performance



Year-to-date Green performance:

B&NES	-	89.3%	N Somerset	-	81.6%	Swindon	-	94.7%
Bristol	-	81.3%	S Glos	-	81.7%	Wiltshire	-	89.7
Glos	-	90.7%						

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Ambulance Quality Indicators (AQIs)

Since April 2011, the way ambulance services are assessed has changed; before this date, speed of response was the only way their performance was measured. While this ensured a significant concentration of effort and resources in reaching patients quickly after they dialled 999, it failed to take into account the increasing range of services and clinical skills ambulance staff now provide.

Therefore, a range of ambulance quality indicators (AQIs) now provide a fuller insight into the work of a modern ambulance service, giving a more comprehensive picture of how individual trusts are performing.

That said, speed of response is still an important factor in reaching those patients calling 999 with an immediately life-threatening incident – and time to respond to these calls therefore remains as one of the AQIs. This measure is the only indicator which

The AQIs are made up of two sets of data – one measuring clinical performance and outcomes for particular types of clinical emergencies, the other measuring how ambulance trusts provide the service to their patients.

The clinical outcome measures are:

- Cardiac arrest – the number of patients having a return of spontaneous circulation (ROSC) on arrival at hospital, and those who survive and are subsequently discharged from hospital;
- STEMI (ST-elevation myocardial infarction – a particular type of heart attack) – the proportion of patients receiving the appropriate care 'bundle' by ambulance clinicians as well as those taken to the appropriate specialist centre for further treatment;
- Stroke – the proportion of patients receiving the appropriate care 'bundle' by ambulance clinicians as well as those taken for further treatment.

System indicators measure:

- Speed of response to Red 999 calls – immediately life-threatening emergencies;
- Timeliness – how quickly 999 calls are answered and the time for patients to receive treatment;
- The proportion of patients being treated without the need to go to a hospital A&E department (over the phone, by ambulance clinician on scene or by being taken to somewhere other than A&E);
- The proportion of those patients who re-contact the 999 service within 24 hours;
- The proportion of 999 calls abandoned;
- The number of patients calling 999 for whom there is a frequent caller procedure in place.

The data on the following pages provides an overview of these indicators using the latest information available. Data for clinical indicators runs three months behind that for system indicators, due in part because some of the indicators measure patient survival up to discharge from hospital, which could be several weeks/months after the ambulance service involvement.

Ambulance Quality Indicators		Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Position Apr 2012	Position May 2012	Position June 2012	Position July 2012	Position August 2012	Position September 2012	Position October 2012	Position November 2012	Position December 2012
Red 1 Performance				78.2	75.33	74.77	78.94	76.29	74.7	70.2			3rd	6th	6th	2nd	6th	8th	9th
Red 1 95th Percentile				13.3	13.19	14.16	13.23	13.19	41.0	14.5			4th	5th	5th	4th	4th	8th	5th
Red 2 Performance				79.8	77.50	78.31	77.5	76.24	76.2	74.9			2nd	4th	3rd	3rd	7th	5th	3rd
A8 Performance		76.2	77.3								6th	4th	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A19 Performance		96.6	96.4	96.3	95.57	96.09	95.7	95.21	95.4	94.9	6th	6th	7th	7th	7th	7th	8th	8th	7th
CO1.1	Call Abandonment Rate (% of calls abandoned before answering)	0.8	0.7	0.6	0.6	0.5	0.47	0.6	0.7	0.5	7th	3rd	2nd	3rd	3rd	2nd	4th	6th	2nd
CO1.2	Re-Contact Rate Following Discharge of Care (unplanned re-contact with the ambulance service within 24 hours of discharge of care by clinical telephone advice)	10.7	8.9	11.0	11.0	12.5	11.7	12.2	9.8	11.2	5th	4th	4th	4th	4th	4th	4th	4th	4th
CO1.2	Re-Contact Rate Following Discharge of Care (unplanned re-contact with the ambulance service within 24 hours of discharge of care following treatment at scene)	4.0	3.9	4.2	3.8	3.9	3.6	4.1	3.7	4.3	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd
CO1.8	Time to Answer Emergency Calls - Median time spent between call connect and call answer (seconds)	1.0	1.0	2.0	1.0	1.0	2.0	2.0	2.0	2.0	2nd	2nd	3rd	2nd	2nd	3rd	3rd	3rd	3rd
CO1.8	Time to Answer Emergency Calls - 95th percentile of times from call connect and call answer (seconds)	7.0	6.0	5.0	7.0	5.0	6.0	7.1	8.0	9.0	3rd	2nd	2nd	3rd	3rd	4th	4th	4th	3rd
CO1.8	Time to Answer Emergency Calls - 99th percentile of times from call connect and call answer (seconds)	57.0	45.0	37.0	43.0	30.0	37.0	45.0	47.0	47.0	6th	2nd	3rd	3rd	3rd	2nd	4th	3rd	2nd
CO1.9	Time to Treatment (time to arrival of ambulance dispatched health professional for immediate life threatening (cat A) calls - Median time spent to arrival of a qualified health professional (mins)	5.3	5.2	5.3	5.4	5.32	5.36	5.43	5.5	5.5	7th	4th	5th	4th	6th	4th	6th	6th	2nd
CO1.9	Time to Treatment (time to arrival of ambulance dispatched health professional for immediate life threatening (cat A) calls - 95th percentile of times to arrival of a qualified health professional (mins)	13.6	13.5	14.3	14.5	14.3	14.42	14.56	15.0	15.4	2nd	2nd	3rd	3rd	3rd	2nd	3rd	3rd	1st
CO1.9	Time to Treatment (time to arrival of ambulance dispatched health professional for immediate life threatening (cat A) calls - 99th percentile of times to arrival of a qualified health professional (mins)	20.2	21.2	21.2	22.2	21.35	22.03	21.53	22.6	22.3	3rd%	3rd	2nd	3rd	3rd	2nd	2nd	3rd	1st
CO1.10	Ambulance calls closed with telephone advice or managed without transport to A&E departments (where clinically appropriate) - calls closed with telephone advice	7.8	7.3	7.2	5.7	7.2	7.4	7.6	7.4	7.5	2nd	3rd	4th	6th	4th	3rd	3rd	2nd	4th
CO1.10	Ambulance calls closed with telephone advice or managed without transport to A&E departments (where clinically appropriate) - incidents managed without the need for transport to A&E	48.2	48.4	48.1	48.6	48.7	47.7	46.2	46.7	48.8	1st	2nd	2nd	2nd	2nd	2nd	2nd	2nd	2nd

National Positions taken from DH data
- league based on 12 Ambulance trusts.

1st to 3rd
4th to 8th

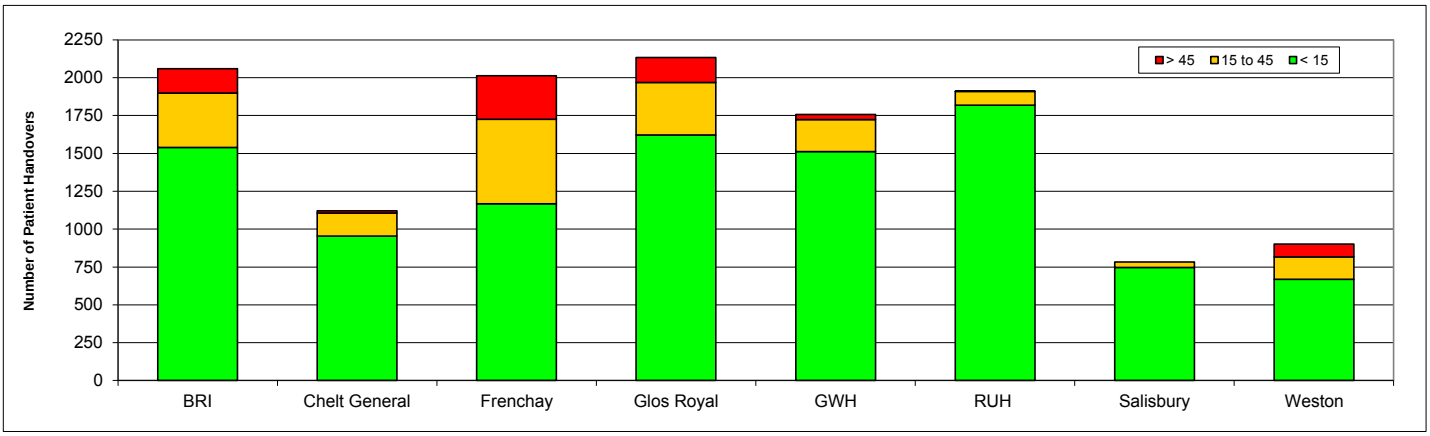
Ambulance Clinical Indicators	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Position Jan 2012	Position Feb 2012	Position March 2012	Position April 2012	Position May 2012	Position June 2012	Position July 2012	Position August 2012	Position September 2012
Outcomes from ROSC - Return of Spontaneous Circulation - Proportion of those who were resuscitated who had return of spontaneous circulation on arrival at hospital	18.1%	22.4%	20.8%	25.7%	24.0%	34.3%	25.9%	33.6%	29.2%	9th	8th	8th	6th	8th	1st	5th	4th	5th
Outcomes from ROSC - Return of Spontaneous Circulation - Proportion of patients in the Utstein comparator group who had return of spontaneous circulation on arrival at hospital	42.9%	42.9%	16.7%	31.3%	55.0%	80.0%	50.0%	87.5%	53.3%	10th	6th	10th	10th	5th	1st	4th	1st	4th
Outcomes from Acute ST-evaluation myocardial infarction (STEMI) - Proportion receiving thrombolysis within 60 minutes	N/A	N/A	N/A	N/A	N/A	N/A	N/A											
Outcomes from Acute ST-evaluation myocardial infarction (STEMI) - Proportion receiving primary angioplasty within 150 minutes	97.4%	92.7%	87.2%	91.4%	93.2%	95.3%	88.4%	84.8%	100.0%	2nd	5th	6th	6th	5th	2nd	9th	9th	1st
Outcomes from Acute ST-evaluation myocardial infarction (STEMI) - Proportion with STEMI infarction who received an appropriate care bundle	95.2%	100.0%	94.7%	100.0%	91.3%	91.7%	92.1%	96.2%	92.3%	1st	1st	1st	1st	3rd	2nd	1st	2nd	2nd
Outcomes from Stroke for Ambulance Patients - Proportion of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyperacute stroke unit within 60 minutes	61.2%	58.1%	66.7%	60.0%	67.7%	62.9%	57.0%	76.5%	62.4%	7th	8th	4th	8th	7th	6th	8th	9th	5th
Outcomes from Stroke for Ambulance Patients - Proportion of suspected stroke patients assessed face to face who received an appropriate care bundle	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	1st	1st	1st	1st	1st	1st	1st	1st	1st
Outcomes from Cardiac Arrest - Survival to discharge - Proportion of patients who were discharged from hospital alive following resuscitation by ambulance service following a cardiac arrest	5.3%	11.8%	6.7%	10.9%	8.7%	12.0%	9.3%	16.8%	8.3%	8th	1st	5th	2nd	3rd	2nd	3rd	1st	7th
Outcomes from Cardiac Arrest - Survival to discharge - Proportion of patients who were discharged from hospital alive following resuscitation by ambulance service following a cardiac arrest (Utstein comparator group)	13.3%	7.1%	12.5%	25.0%	35.0%	33.3%	35.7%	56.3%	20.0%	8th	9th	7th	2nd	1st	1st	3rd	1st	8th

***Note - National figures for highs/lows exclude Isle of Wight Ambulance Service**
National Positions taken from August data from DH - league based on 11 Ambulance trusts (excl Isle of Wight)

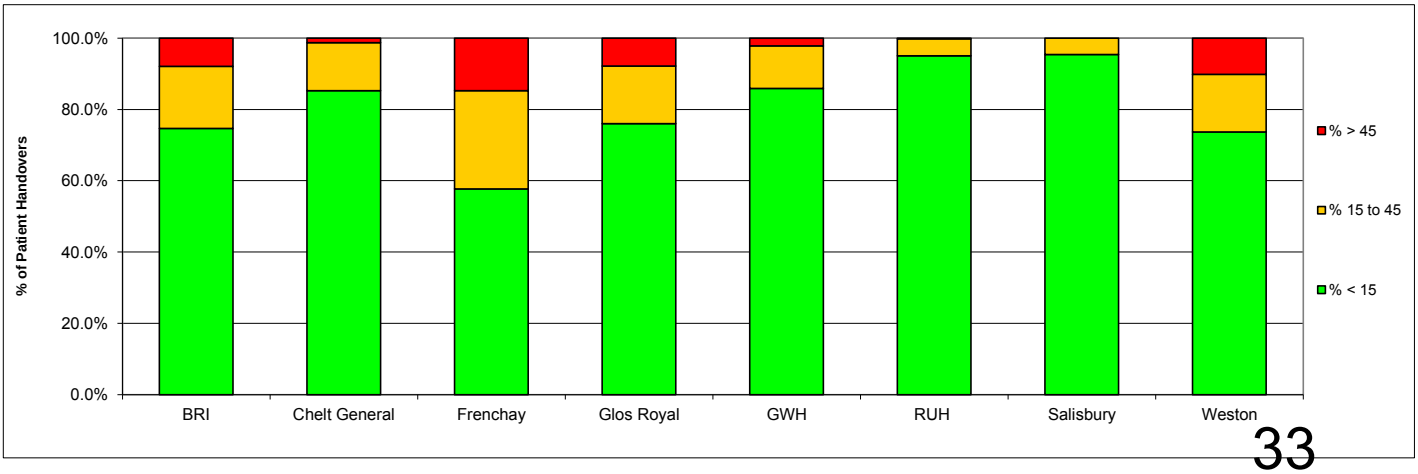
1st to 3rd
4th to 8th
9th to 11th

* Footnote:
The number of patients who had resuscitation commenced/continued by ambulance service following a cardiac arrest may differ in the Return of Spontaneous Circulation Indicator and the Survival indicator because outcome data may not have been obtained or provided from acute trusts for all patients conveyed to hospital by the ambulance service.

Acute Hospital	<= 15:00	15:00 - 19:59	20:00 - 24:59	25:00 - 29:59	30:00 - 34:59	35:00 - 39:59	40:00 - 44:59	45:00 - 59:59	1 - 2 Hrs	2 - 3 Hrs	3 - 4 Hrs	> 4 Hrs	Total 15 Mins and Over	Total 45 Mins and Over	Total
Bristol Royal Infirmary	1539	124	75	64	32	38	27	63	84	13	3		523	163	2062
Cheltenham General Hospital	955	83	30	16	8	11	3	11	3				165	14	1120
Frenchay Hospital	1168	274	73	70	54	50	37	77	165	44	11	1	856	298	2024
Gloucester Royal Hospital	1622	130	80	47	39	21	29	53	96	17			512	166	2134
Great Western Hospital	1513	115	44	24	12	7	8	18	17		2	1	248	38	1761
Royal United Hospital	1818	86	1	1	2	1		1	2				94	3	1912
Salisbury District Hospital	746	23	5	5	2		1						36	0	782
Weston General Hospital	669	63	20	24	15	14	11	18	46	22	3	3	239	92	908
Overall Total	10030	898	328	251	164	142	116	241	413	96	19	5	2673	774	12703



Acute Hospital	% < 15:00	% 15:00-19:59	% 20:00 - 24:59	% 25:00 - 29:59	% 30:00 - 34:59	% 35:00 - 39:59	% 40:00 - 44:59	% 45:00 - 59:59	% 1-2 Hours	% 2-3 Hours	% 3-4 Hours	% > 4hrs	% 15 Mins and Over	% 45 Mins and Over	Total
Bristol Royal Infirmary	74.6%	6.0%	3.6%	3.1%	1.6%	1.8%	1.3%	3.1%	4.1%	0.6%	0.1%		25.4%	7.9%	100%
Cheltenham General Hospital	85.3%	7.4%	2.7%	1.4%	0.7%	1.0%	0.3%	1.0%	0.3%				14.7%	1.3%	100%
Frenchay Hospital	57.7%	13.5%	3.6%	3.5%	2.7%	2.5%	1.8%	3.8%	8.2%	2.2%	0.5%	0.0%	42.3%	14.7%	100%
Gloucester Royal Hospital	76.0%	6.1%	3.7%	2.2%	1.8%	1.0%	1.4%	2.5%	4.5%	0.8%			24.0%	7.8%	100%
Great Western Hospital Swindon	85.9%	6.5%	2.5%	1.4%	0.7%	0.4%	0.5%	1.0%	1.0%		0.1%	0.1%	14.1%	2.2%	100%
Royal United Hospital Bath	95.1%	4.5%	0.1%	0.1%	0.1%	0.1%		0.1%	0.1%				4.9%	0.2%	100%
Salisbury District Hospital	95.4%	2.9%	0.6%	0.6%	0.3%		0.1%						4.6%	0.0%	100%
Weston General Hospital	73.7%	6.9%	2.2%	2.6%	1.7%	1.5%	1.2%	2.0%	5.1%	2.4%	0.3%	0.3%	26.3%	10.1%	100%
SWAST North Average	79.0%	7.1%	2.6%	2.0%	1.3%	1.1%	0.9%	1.9%	3.3%	0.8%	0.1%	0.0%	21.0%	6.1%	100%



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South Western Ambulance Service NHS
NHS Foundation Trust

Joint Health Overview & Scrutiny Committee Meeting

22 February 2013

Title:	Report on violence towards ambulance staff
Prepared by:	John Oliver, External Communications Manager
Presented by:	Neil Le Chevalier, Executive Officer
Main aim:	To update Joint HOSC members about the levels of violence and aggression towards ambulance service staff and measures the service has in place to deal with these
Recommendations:	To note the contents of the report
Previous Forum:	N/A

Violence and aggression towards ambulance staff

1. Background

1.1 At the last meeting of the Joint HOSC, members received a report on how the trust handles complaints and concerns from patients on the care they received from ambulance personnel.

1.2 For this meeting, committee members requested information about ambulance crews being subject violence or aggression. This report therefore provides data for such attacks on staff (for the full year 2011-12) as well as sets out the arrangements the trust has in place to minimise such incidents and deal with them when then do occur.

2. Overview

2.1 By the nature of their work, emergency ambulance crews regularly encounter patients in highly stressful situations and often as a solo responder in the first instance. While crews are trained to recognise and deal with such situations, there are occasions when they are placed in danger and sometimes become victims of violent or abusive behaviour. Like all NHS trusts, SWASFT operates a zero tolerance policy towards attacks on its staff, whether physical or non-physical.

Where such incidents do occur, staff have clear guidance about how these should be reported and how they will be dealt with.

2.2 All NHS trusts report all incidents to NHS Protect. For 2011-12 (the last full year for which data is available, GWAS reported a total of 205 assaults against its staff, broken down as follows:

Physical assaults reported for 2011-12

Physical assault is defined by the NHS as:

"The intentional application of force against the person without lawful justification resulting in physical injury or person discomfort."

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Avon	3	1	1	1	5	4	2	3	2	1	1	0	**24**
Glos	1	1	0	0	0	0	3	0	2	2	1	2	**12**
Wilts	4	1	1	1	1	0	0	1	1	0	2	0	**12**
TOTAL	**8**	**3**	**2**	**2**	**6**	**4**	**5**	**4**	**5**	**3**	**4**	**2**	**48**

The total of 48 reported cases of assaults against staff occurred in 45 incidents recorded by NHS Protect, as some involved more than one member of staff. This annual total has remained broadly the same in recent years (44 in 2009, 43 in 2010). Of the 48 individual cases in 2011-12, 29 were reported by staff to police, of which five resulted in criminal sanctions.

Non-physical assaults reported for 2011-12

Non-physical assault is defined by the NHS as:

"The use of inappropriate words or behaviour causing distress and/or constituting harassment."

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**TOTAL**
Avon	3	6	6	7	8	12	6	10	10	12	11	1	**92**
Glos	3	3	4	4	3	2	2	1	4	3	0	1	**30**
Wilts	0	4	4	1	3	4	2	6	5	1	2	3	**35**
TOTAL	**6**	**13**	**14**	**12**	**14**	**18**	**10**	**17**	**19**	**16**	**13**	**5**	**157**

2.3 While the trust's position is that there are absolutely no circumstances where it is acceptable for members of staff to be assaulted or abused in the course of their work, it is important to put the above figures into context of the number of staff and the number of incidents they deal with each year. The 48 reported instances of assault were among a total workforce of approximately 1,800. Also, given that in 2011-12, the trust responded to over 273,000 emergency calls, the number resulting in staff being victims of assault is thankfully low.

2.4 Nevertheless, the trust has robust measures in place to prevent assaults on staff and, in the event they do occur, to support affected staff. Central to this is the trust's Violence and Aggression at Work Policy. This policy includes information and advice on:

- Reasons for aggression
- Training – staff undergo conflict resolution training which provides them with the tools and techniques for identifying and dealing with a range of situations that could result in violence or aggression towards them.
- Preventative measures – identifying a range of steps available to staff to reduce the likelihood of a situation becoming violent, including ultimately the option of withdrawing care from a patient if the member of staff believes they are in personal danger.
- Reporting a violent or abusive incident
- Support for staff who have been subject to a physical or non-physical assault
- Legal action against anyone accused of an assault
- Potential sanctions – where an assault has taken place as a particular address, the trust may consider placing an alert on its system against that address. In the event of future responses to the address, crews will be notified en route that the alert is in place.

3. Recommendation

3.1 The Joint HOSC is invited to note the contents of the report

John Oliver
External Communications Manager

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South Western Ambulance Service NHS
NHS Foundation Trust

Joint Health Overview & Scrutiny Committee Meeting

22 February 2013

Title:	Air ambulance briefing
Prepared by:	John Oliver, External Communications Manager
Presented by:	Neil Le Chevalier, Executive Officer
Main aim:	To update Joint HOSC members on how air ambulance help provide patient care
Recommendations:	To note the contents of the report
Previous Forum:	N/A

Air ambulance briefing

1. Background

1.1 Air ambulances play an important and high-profile role in ensuring patients suffering out-of-hospital emergencies receive rapid, high-quality clinical care. However, they receive no funding from central government or via the NHS, so operate as charities and rely almost entirely on fundraising and other support from the communities they serve.

1.2 The South Western Ambulance Service (SWASFT) North Division – previously GWAS – has two air ambulance charities based within its operational area, while cover is also provided by a third air ambulance charity based in the Midlands. This report provides an overview of how the trust links with those charities and how their resources are deployed to 999 emergencies

2. Overview

2.1 For every 999 call received, South Western Ambulance Service (SWASFT) looks to provide the Right Care in the Right Place at the Right Time. Among the many resources the trust can call on, air ambulances – and the clinicians on board – are an important part of that mix.

2.2 Although operating as independent, stand-alone charities, air ambulances are utilised and dispatched by their local NHS ambulance service. Within the main clinical hub (control room) of SWASFT's North Division (formally GWAS), a special operations desk monitors all incoming 999 calls to identify early on those that may require specialist resources beyond the core response of rapid-response cars and/or road ambulances.

2.3 Where the nature of the call indicates that a response by an air support unit (ASU) is required, this could be due to one of several reasons:

- Location of the incident – For patients suffering medical emergencies in remote locations, particularly in rural areas, it may be difficult to access them by road. A helicopter will often be the most appropriate resource.
- Transporting the patient quickly and/or over longer distances – Patients suffering particular types of medical emergency may need to be conveyed quickly to hospital and a helicopter's flying time is often a fraction of the drive time for a road ambulance (although whether or not the receiving hospital has a helipad to receive these patients clearly has to be factored into the decision). Alternatively, patients may need to be conveyed further afield to specialist treatment centres rather than simply to the nearest A&E, for example those needing to go to major trauma centres, stroke units, specialist heart units, burns units, etc. Clearly a helicopter is a valuable asset in these situations, able to transport patients greater distances quickly.
- Getting vital critical care to patients – Both helicopters based in the SWASFT North Division now have paramedics trained in critical care on board, as well as, increasingly, critical care doctors. These clinicians have enhanced skills and training in providing essential, life-saving care in an out-of-hospital setting, in effect taking the hospital A&E department to the patient. This may be for patients suffering severe trauma injuries, cardiac arrest or other immediately life-threatening emergencies. On these occasions, the critical care clinicians from the ASU may attend by helicopter or by rapid-response vehicle – the overriding consideration is to get the clinical skills to the patient, not necessarily the helicopter itself.

2.4 Across the SWASFT region, there are a total of six air ambulance bases, two of which are in the trust's North Division. For both of these, the on-board paramedics are employed and paid by SWASFT, while the charities are responsible for the fund-raising necessary to maintain and operate the helicopter:

- Great Western Air Ambulance – GWAA was formed in 2006, taking to the air for the first time two years later from its base at Filton, north Bristol. Despite the recent closure of the airfield, landowner BAE Systems has assured the charity that they will be able to continue operating from the site and negotiations on the provision of a new base on another part of the site are ongoing. In addition to a pilot and critical-care paramedic, the responding crew often includes a doctor– a team of volunteer doctors, many working in A&E or critical care roles in local acute hospitals, bring additional critical-care skills to patients. The GWAA responds to approximately 1,400 emergency calls a year – around 600 of these in the helicopter with the rest involving clinical crews using rapid-response cars operated from the airbase.

  As a charity, the GWAA needs to raise more than £1.3million a year to keep its existing helicopter operational – every flight costs an average of £600 and fuel is £15/minute. However, the current helicopter (a 1960s Bolkow 105) is old and not ideally suited as an air ambulance (but was all the charity could afford at the time). Therefore, GWAA is looking to raise an additional £250,000 – on top of its ongoing fundraising – to be able to lease a more modern, faster Eurocopter 135 helicopter.
- Wiltshire Air Ambulance – Flying since 1990, the Wiltshire Air Ambulance is the only air ambulance in England that operates jointly as a police helicopter, giving it greater flexibility to operate at night. However, that joint arrangement is scheduled to end in late 2014, when the current contract finishes and the police look to move to a regional helicopter service. Despite that, the Wiltshire Air Ambulance charity has committed to continue operating in its own right and is confident it can step up its fundraising for the inevitable increase in operating costs from its own dedicated helicopter.

  Based in Devizes, the aircraft can reach anywhere in Wiltshire within 11 minutes – a valuable contribution to the 'Golden Hour' of critical patients receive the vital help they need within the first hour of their emergency. Also, in 2012-13, several of the paramedic team on board the helicopter underwent additional training funded by GWAS to become critical-care paramedics – the extra skills ensuring they are able to provide enhanced care and treatment to patients pre-hospital, increasing still further their chances of survival.

The charity is currently continuing to raise the £700,000 a year it needs as its contribution to operating the helicopter as a joint air ambulance. However, the move to its own aircraft would see that fundraising target rise to more than £1.5million annually.

2.5 In addition to the two air ambulance bases in the SWASFT North Division, the trust also has access to a helicopter from neighbouring Midlands Air Ambulance charity covering much of Gloucestershire from a base at Strensham, just over the county border in Worcestershire. This helicopter does not have trust paramedics on board and is controlled and dispatched by West Midlands Air Ambulance but still provides a valuable service to communities in the north and east of Gloucestershire.

Mutual aid arrangements are also in place with other neighbouring air ambulances, including the Hampshire Air Ambulance based at Thruxton, very close to the Wiltshire border.

2.6 One of the benefits of SWASFT's acquisition of GWAS was the ability to offer greater resilience and support across the larger area served by the new organisation – including greater co-operation between all the air ambulance helicopters and charities throughout the region. Other air ambulance resources available across the SWASFT region are one covering Dorset and Somerset, two in Devon and one in Cornwall.

3. Recommendation

3.1 The Joint HOSC is invited to note the contents of the report

John Oliver
External Communications Manager

South Western Ambulance Service NHS
NHS Foundation Trust

Joint Health Overview & Scrutiny Committee Meeting

22 February 2013

Title:	Estates update
Prepared by:	John Oliver, External Communications Manager
Presented by:	Neil Le Chevalier, Executive Officer
Main aim:	To update Joint HOSC members on plans to manage the trust's estate more cost-effectively
Recommendations:	To note the contents of the report
Previous Forum:	N/A

Estates update

1. Background

1.1 In May 2011, GWAS announced it was embarking on a review of its estate – comprising of over 30 buildings – with a view to ensuring as much of the trust's money as possible went into providing frontline services rather than maintaining ageing buildings. Since then, Joint HOSC members have received regular updates on the first phase of the review, work on which continued throughout the process of integrating GWAS into South Western Ambulance Service NHS Foundation Trust (SWASFT).

1.2 This report provides an update on the current situation for various elements of the first phase, including progress to date and likely next steps.

1.3 Following the completion of SWASFT's acquisition of GWAS on 1 February 2013, an integrated estates strategy will be developed – based on the previous SWASFT and GWAS strategies – reflecting the geography of the larger area and the requirements of the enlarged SWASFT.

2. Overview

2.1 The three key areas of work pursued in the first phase of the GWAS estates review are:

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

2.2 Trust-wide operations centre review – At the end of September 2012, the GWAS Board approved the business case for reducing the number of emergency operations centres (EOCs) across the trust area from three to two. The business case identified the closure of the Wiltshire EOC in Devizes as the best option for achieving this and engagement with affected staff began almost immediately.

The previous Joint HOSC meeting occurred shortly after that Board decision – which then had to be communicated to affected staff in the first instance – meaning arrangements for ensuring members were suitably briefed on developments were less than satisfactory. As a result of feedback from the meeting, GWAS proactively offered to attend the next meeting of the Wiltshire Health Select Committee to brief members on the decision and offer reassurance that it would not lead to a diminution of ambulance services in Wiltshire. A copy of the report presented to that meeting – held on 15 November 2012 – is attached to this report as **Appendix A**. The resolution of the committee was:

"That the comments of the Committee regarding the closure of the Devizes Emergency Operations Centre, be noted."

Closure of the Wiltshire EOC remains on course to be completed by the end of March 2013, with activity carried out by staff at that facility transferring to the EOC north of Bristol (an accredited international centre of excellence). Over half of affected staff in Devizes are also transferring, ensuring trained, skilled and knowledgeable staff will continue to dispatch responses to 999 clinical emergencies to patients in Wiltshire. The trust continues to support those who have taken the decision not to transfer – including several towards the end of their working career choosing to retire.

2.3 Bristol estate review – The central Bristol ambulance station and adjacent office premises are at the end of their economic life and represent over half of the £2million-plus maintenance costs the trust would need to spend to bring its estate up to modern acceptable standards.

Therefore, the trust continues to work with Bristol City Council towards disposing of the site and relocating to an alternative site in the centre of Bristol, where a modern, fit-for-purpose facility – more economically and environmentally suitable – will be built. Work is progressing on identifying a suitable site, as well as discussions with other landowners who own parcels of land in the site to be disposed of.

2.4 Trust-wide offices review – The lease on the main GWAS HQ building (Jenner House in Chippenham) expires in December 2013. While it is likely GWAS would

have vacated the building if it had remained a stand-alone organisation, the acquisition by SWASFT is clearly affecting those staff still based in the building. The enlarged SWASFT is now in consultation with staff on new organisational structures, which is likely to result in Jenner House staff relocating to Exeter, relocating to alternative office accommodation still in the former GWAS region (most likely in the Bristol area) or leaving the organisation.

In August 2012, GWAS announced that land and surplus office space adjacent to the existing ambulance station in Chippenham would be disposed of. The site has been actively marketed, attracting considerable interest from a number of developers. It is anticipated we will be in a position to announce the sale of the site in the near future.

3. Recommendation

3.1 The Joint HOSC is invited to note the contents of the report

John Oliver
External Communications Manager

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South Western Ambulance Service NHS
NHS Foundation Trust

Joint Health Overview & Scrutiny Committee Meeting

22 February 2013

Title:	Update on acquisition of GWAS by SWASFT
Prepared by:	John Oliver, External Communications Manager
Presented by:	Neil Le Chevalier, Executive Officer
Main aim:	To update Joint HOSC members on the completion of the formal acquisition of GWAS by SWASFT
Recommendations:	To note the contents of the report and use it to inform any debate during the meeting to consider any changes to existing scrutiny arrangements.
Previous Forum:	Ongoing updates throughout the process at previous Joint HOSC meetings

Acquisition of GWAS by SWASFT

1. Background

1.1 In August 2011, the Board of GWAS took the decision that the trust was not in a position to become an independent foundation trust, so instead would look to identify a partner to achieve FT status – with the strong preference expressed at the outset that the partner would be another NHS ambulance service. In October 2011, South Western Ambulance Service NHS Foundation Trust was named as the preferred partner, since when the two organisations worked to ensure the resulting partnership was achieved smoothly and with no loss of operational focus.

1.2 Joint HOSC members were among key stakeholders to receive regular updates on progress of the acquisition throughout the process – with briefings at meetings as well as letters to the Chairman at key milestones. This brief report summarises the conclusion of the acquisition and how the enlarged trust will move forward in the immediate future.

2. Overview

2.1 In the first week of January 2013, Secretary of State for Health Jeremy Hunt gave his approval for the acquisition of GWAS by SWASFT, paving the way for a single ambulance service to serve the whole South-west of England. His approval led to a ministerial signature on the formal GWAS Dissolution Order, resulting in all GWAS staff, resources and services transferring to SWASFT on Friday 1 February 2013, from which time GWAS ceased to exist as an organisation.

2.2 A key aspect of the planning and preparation work around the integration was to ensure no reduction in 'business-as-usual' activity and it is pleasing to note that both organisations continued to meet all performance standards throughout this period – and this has been maintained in the subsequent days of the enlarged organisation.

2.3 Similarly, from 1 February, the emphasis has been on ensuring that externally people using the service notice no change – their 999 call is responded to in exactly the same way wherever they live in the south-west.

2.4 Internally, consultation with staff is continuing. Consultation in the weeks leading up to the new organisation was around proposed structures of teams and directorates in the new trust. From 4 February, SWASFT has begun consultation with individuals affected by change on their roles and location. This consultation period will be concluded by June 2013, with new organisational structures being introduced from 1 July 2013.

3. Recommendation

3.1 The Joint HOSC is invited to note the contents of the report and to use it to inform any debate during the meeting to consider any changes to existing scrutiny arrangements.

John Oliver
External Communications Manager

Agenda Item No. 13

Update from Individual Health Overview and Scrutiny Committees

Great Western Ambulance Joint Health Scrutiny Committee
22nd February 2013

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To enable individual Health Overview and Scrutiny Committees to advise the Joint Committee of any work they are undertaking in relation to ambulance services and the outcomes of such work.

Recommendation

The Great Western Ambulance Joint Health Scrutiny Committee is requested to:

Consider any verbal or written updates provided by Health Overview and Scrutiny Committees and determine whether the Joint Committee requires any further action.

There is one written update attached at Appendix 1.

1.0 Reasons

1.1 Recommendation 5 of the Great Western Ambulance Joint Health Scrutiny Committee's *"Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee, February - October 2008"* required that a standing agenda item be included at each meeting of the Joint Committee to enable individual Health Overview and Scrutiny Committees (HOSCs) to provide an update on any work they are undertaking in relation to ambulance services and the outcomes of such work.

2.0 Detail

2.1 The rationale for this recommendation was to ensure that the Joint Committee was kept informed of any local work that is being carried out by individual HOSCs. This will enable the Joint Committee to identify any issues that may benefit from its involvement and will reduce the likelihood of duplication of work occurring between the Joint Committee and individual HOSCs.

2.2 If any submissions from those local authority HOSCs which are undertaking any such work have been submitted, these will be included in the appendices to this report for the information of Members.

2.3 Members from each local authority HOSC may also wish to provide the Joint Committee with a verbal update.

2.4 Members are requested to consider any updates provided by HOSCs and determine whether any further action is required by the Joint Committee in relation to any of the issues raised.

3.0 Background Papers and Appendices

Appendix 1 - South Gloucestershire Public Health and Health Scrutiny Committee, Extract Minute 23 January 2013 (draft minute)

Appendix 1

South Gloucestershire Public Health and Health Scrutiny Committee
Extract Minute 23 January 2013 (draft minute)

Ambulance Handover Report (Agenda Item 11)

Councillor Ian Scott rejoined the meeting and returned to the Chair.

Jo Underwood, Programme Director introduced the report which briefed the Committee on ambulance handover delays and fines during 2012-13.

Issues discussed included:

In relation to staff training to use the handover screens it was reported that there had been a concerted effort to ensure staff using the screens were properly trained, which was demonstrated by the improvements that had been seen at Frenchay.

To ensure consistency they had agreed a process for using the screens across all the hospital trusts that the Great Western Ambulance Service attended.

In response to whether there was a handover standard for patient discharges it was reported that this came under the patient transport contract and it was believed to be a four hour window, but more work was due to be undertaken on this.

In relation to the CCG's view on fines, the GPs said that fines were part of the system whether they liked it or not. The effectiveness of fining was debatable but in the absence of accurate data in 2011-12 the system was brought in. They did not wish to do the same next year.

In answer to a point about whether the problems illustrated the need for more beds, it was reported that the issue was how well beds were used throughout the whole system. Patients needed to be dealt with more promptly at the front end of urgent care (non 999) and appropriate care be put in place. GPs were currently analysing attendances at Emergency Departments to ensure they

were appropriate. Also, the Frenchay ED was able to directly refer patients back to primary care, via one of the appointments which each practice had to set aside each day, although further work was needed to improve the uptake of this.

RESOLVED:

1. That the content of the report be noted.
2. That further updates be considered by the GWAS Joint Health Scrutiny Committee and/or this Committee in due course.

Agenda Item No. 14

Work Programme

Great Western Ambulance Joint Health Scrutiny Committee
22nd February 2013

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To agree the next stages of the work programme for the Great Western Ambulance Joint Health Scrutiny Committee.

Recommendation

The Great Western Ambulance Joint Health Scrutiny Committee is requested to:

- Agree the future items on the Work Programme and authorise the Chair and support officers to make arrangements for the delivery of the Work Programme
- Consider whether to rename, and revisit and refocus the terms of reference of the Joint Committee in light of the acquisition of GWAS by SWASFT
- Note the agreed date and hosting arrangements for the forthcoming meetings on Friday 21st June 2013.

1.0 Reasons

1.1 In order to facilitate the preparation of meetings, the Great Western Ambulance Joint Health Scrutiny Committee has agreed to develop a work programme that outlines its priorities.

2.0 Detail

2.1 At the last meeting on 19th October 2012, Members agreed a work programme up to the 22nd February 2013.

2.2 Members are requested to note the proposed date of the next meeting as Friday 21st June 2013. The meeting is to be hosted by South Gloucestershire.

2.3 Members are requested to confirm work programme priorities for the next meeting of the Committee. Members are reminded that subsequent to the acquisition of GWAS by South West Ambulance Services Foundation Trust, the Joint Scrutiny Committee may wish to rename itself, and revisit and refocus its terms of reference.

2.4 A draft Work Programme is attached, which includes the standing items that are reported to every meeting of the Committee.

3.0 Background Papers and Appendices

Appendices

Appendix A - Great Western Ambulance Joint Health Scrutiny Committee Work Programme 2012/13/14

Appendix A

Work Programme

Great Western Ambulance Joint Health Scrutiny Committee Work Programme 2012/13/14

Please note:

- Where possible, pre-meeting will be held before all formal Committee meetings. These will be held in private.
- Members are reminded that the Work Programme is a live document and will be reviewed at every Committee meeting to ensure that it remains relevant and to plan future meetings.

Friday 22nd February 2013 at 11.00am at Gloucestershire Council

Agenda Item	**Witnesses Required**
Monthly Performance Information, and response times for district councils. (including National Ambulance Quality Indicators and Hospital Handover Summary)	Representative from GWAS Representative from NHS Gloucestershire
Violence towards A&E staff	GWAS
The 111 System	NHS Glos
Acquisition of GWAS - update	GWAS
Commissioning Arrangements Plan	NHS Glos
Air Ambulance - presentation	GWAS
Report from Joint Working Group	Local LINK rep and/or Chair of JWG
Estates Review Strategy - update	GWAS
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	All

GWAS Joint Health Scrutiny Committee Work Programme	Scrutiny Officer

Friday 21st June 2013 at South Gloucestershire Council

Agenda Item	**Witnesses Required**
Monthly Performance Information, and response times for district councils. (including National Ambulance Quality Indicators and Hospital Handover Summary)	Representative from GWAS Representative from NHS Gloucestershire
Report from Joint Working Group	Local LINK rep and/or Chair of JWG
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	All
GWAS Joint Health Scrutiny Committee Work Programme	Scrutiny Officer