

Bath & North East
Somerset Council



Gloucestershire
COUNTY COUNCIL

Wiltshire Council
Where everybody matters

GREAT WESTERN AMBULANCE SERVICE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Date & Time: 19th October 2012 at 11.00 am (Pre-meeting for Members and L A Officers only at 10.00 am.)

Venue: Bath and North East Somerset Council, Brunswick Room (located immediately behind the main reception), The Guildhall, High Street, Bath, BA1 5AW

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 Desna Allen, Wiltshire Council
- Councillor Christine Crisp, Wiltshire Council
- Councillor Peter Colmer, Wiltshire Council

Contact Officers:

Romayne de Fonseca, 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 15th June 2012**
To approve the Minutes of the Meeting for signature by the Chair.
6. **Monthly Performance Information Comprising:**
 - A. **Commissioners' Monthly Report**
 - B. **Trust Activity and Performance;**
 - C. **Hospital Handover Summary.**(GWAS and NHS Gloucestershire)
To comment.

7.	Report on Complaints Received by GWAS (GWAS) To comment.
8.	Quality Report (To follow) (NHS Gloucestershire) To comment.
9.	Update on commissioning arrangements (Verbal update) (NHS Gloucestershire) For information.
8.	Organisational change – update (verbal report) (SWAS / GWAS) For information.
9.	Estates Review Strategy Update (verbal update following the meeting of the GWAS Board in July) (GWAS) To comment.
10.	Update from HOSCs (All) To comment.
11.	Report from Joint Working Group (Albert Weager) To comment.
12.	Work Programme To agree future meetings of the Committee.
13.	Dates of Future Meetings Proposed date of next meeting: Friday 22 nd February 2013 - commencing at 11.00 am. Venue to be confirmed.
14.	Urgent Business

Date of Dispatch: 11th October 2012

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

Parking: There is no parking available at the Guildhall. The nearest available car parks are located in Manvers Street or Bath Sport and Leisure Centre on North Parade. Park and Ride facilities are also located at Newbridge, BA1 3NB (suitable for those travelling on the A4 and A431), Lansdown, BA1 9BJ (suitable for those travelling on A420 and A46/M4) and Odd Down, BA2 8PA (suitable for those traveling on the A367).

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
MINUTES OF MEETING HELD

Friday 15 June 2012

Civic Offices, Euclid Street, Swindon

Councillors Present:

Bath and North East Somerset Council

Cllr Anthony Clarke (Chairman) and Cllr Eleanor Jackson

Bristol City Council

Cllr Lesley Alexander, Cllr Jenny Smith, Cllr Sylvia Townsend

Gloucestershire County Council

Cllr Terry Hale and Cllr Ron Allen

South Gloucestershire Council

Cllr Sue Hope and Cllr Ian Scott

Swindon Borough Council

Cllr Claire Ellis

Wiltshire Council

Cllr Mike Hewitt

Apologies:

Cllr Sharon Ball – Bath and North East Somerset Council

Cllr Christine Crisp – Wiltshire Council

Also in attendance:

Romayne de Fonseca, Scrutiny Officer, Bristol City Council

Sally Smith, Scrutiny Officer, Swindon Borough Council

Liam Williams, John Oliver and Victoria Eld, GWAS

Linda Prosser, NHS Gloucestershire

Sue Watkinson, Juliette Hughes and Christine Morgan, North

Bristol NHS Trust

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

1. Declarations of Interest (Agenda Item 2)

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

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

2. Public Question Time (Agenda Item 3)

There were no questions received.

3. Chairman's Update (Agenda Item 4)

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

4. Minutes (Agenda Item 5)

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

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

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

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

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

5. Monthly Performance (Agenda Item 6)

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

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

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

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

Hospital Handover Summary

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

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

There were two key reasons for delays:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resolved:

That the presentations be noted.

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

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

6. Organisational Change at GWAS (Agenda Item 7)

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

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

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

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

Resolved:

That the report be noted.

That a progress report be submitted to the next meeting.

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

7. Estates Review Strategy Update (Agenda Item 8)

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

The key themes were:

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

Resolved:

That the verbal update be noted.

That the visit to the central Bristol premises be rearranged.

8. Update from HOSCs (Agenda Item 9)

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

Resolved: Members noted the report and submitted minutes.

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

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

Resolved:

That the reports be noted.

10. Work Programme (Agenda item 11)

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

The following reports would be considered at the next meeting:

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

11. Dates of Future Meetings (Agenda Item 12)

Resolved:

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

12. Urgent items (Agenda Item 13)

There were no urgent items for consideration.

Agenda Item No. 6

Review of Issues Arising from Performance Information

Great Western Ambulance Joint Health Scrutiny Committee
19th October 2012

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.



Great Western Ambulance Service **NHS**

NHS Trust

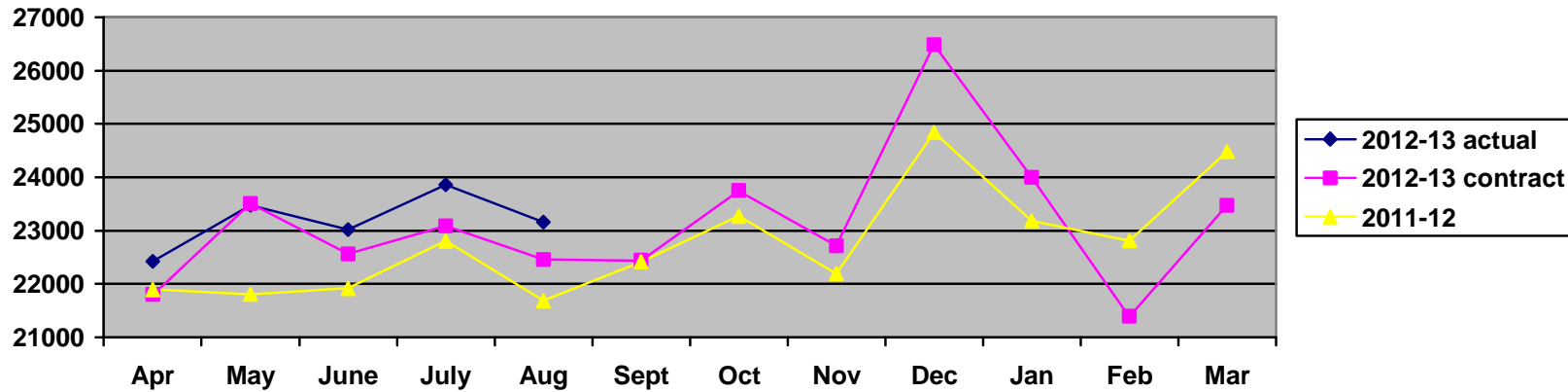
Introduction

The following pages provide information about Great Western Ambulance Service activity and performance for response to incidents.

Information is provided to the end of August 2012, and was the latest available for submission with the agenda.

Overall activity

Total incidents with response

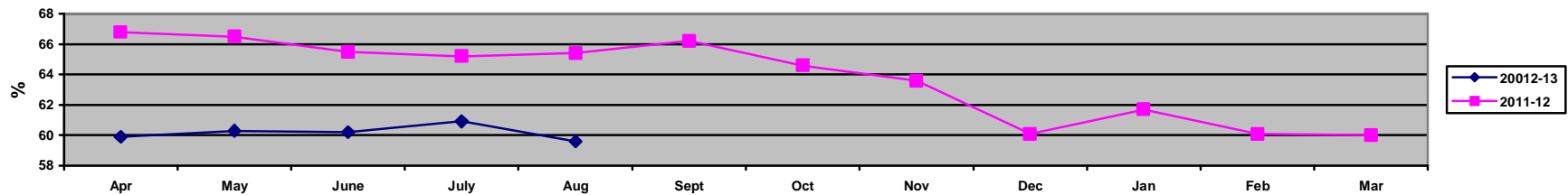


Year-to-date totals:

2012-13 actual	-	115,944*
2012-13 contract	-	113,421
2011-12	-	110,102

* +2.2% on 2012-13 contract, +5.3% on 2011-12

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

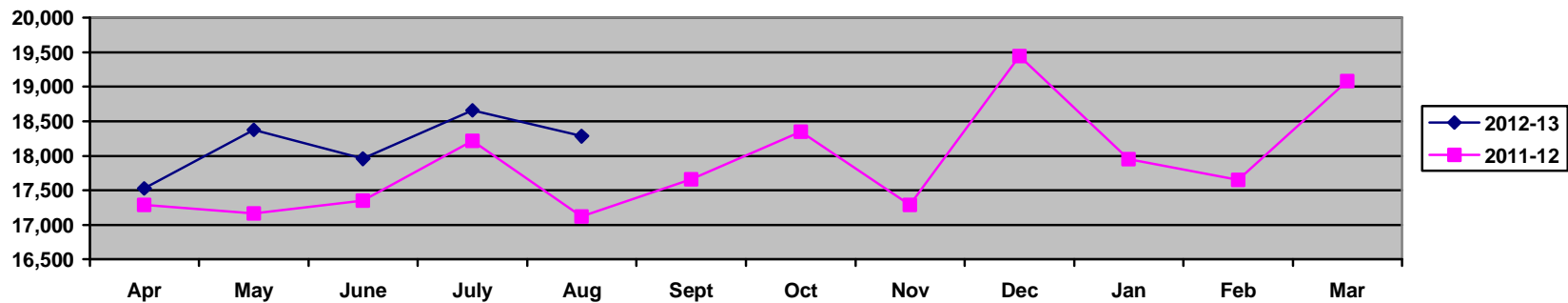


Year-to-date has seen 2,749 fewer patients being taken to hospital (3.8% lower) compared to 2011-12.

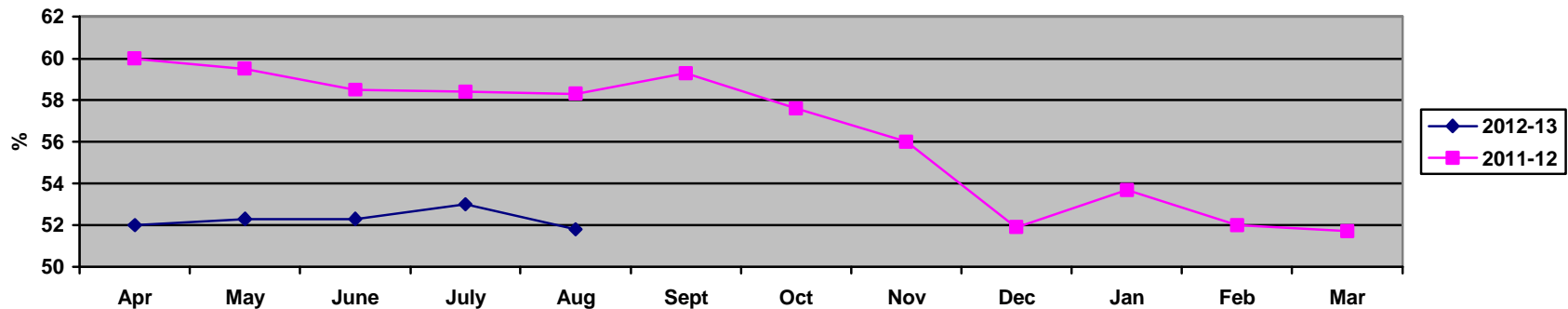
The ability to manage more patients without taking them to hospital is one of the key performance measures for ambulance services – eg by treating over the phone or face-to-face (hear-and-treat, see-and-treat) or by onward referral to another healthcare provider.

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)

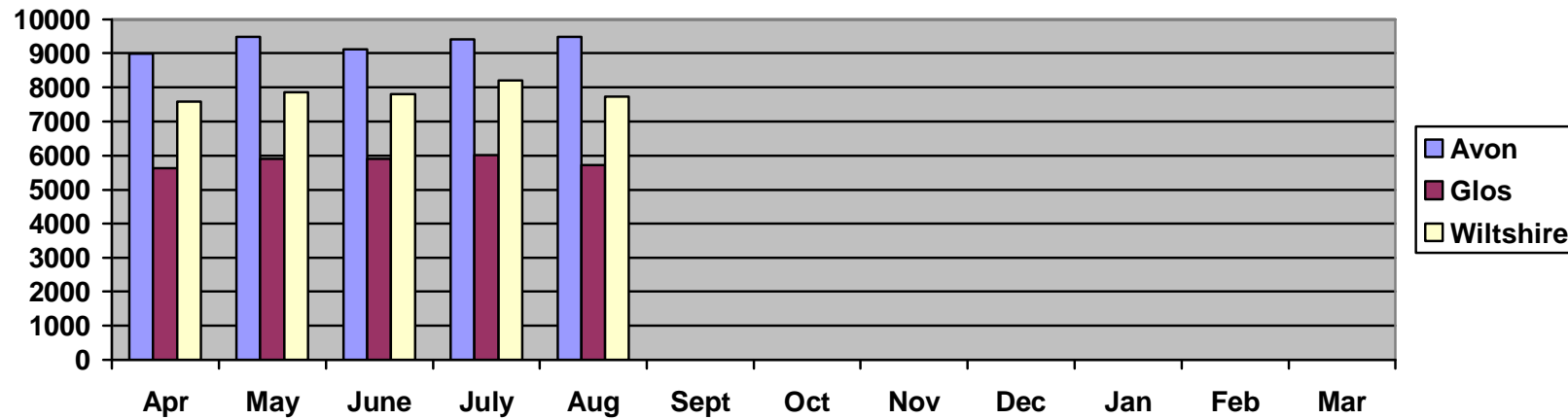


Conveyance rate

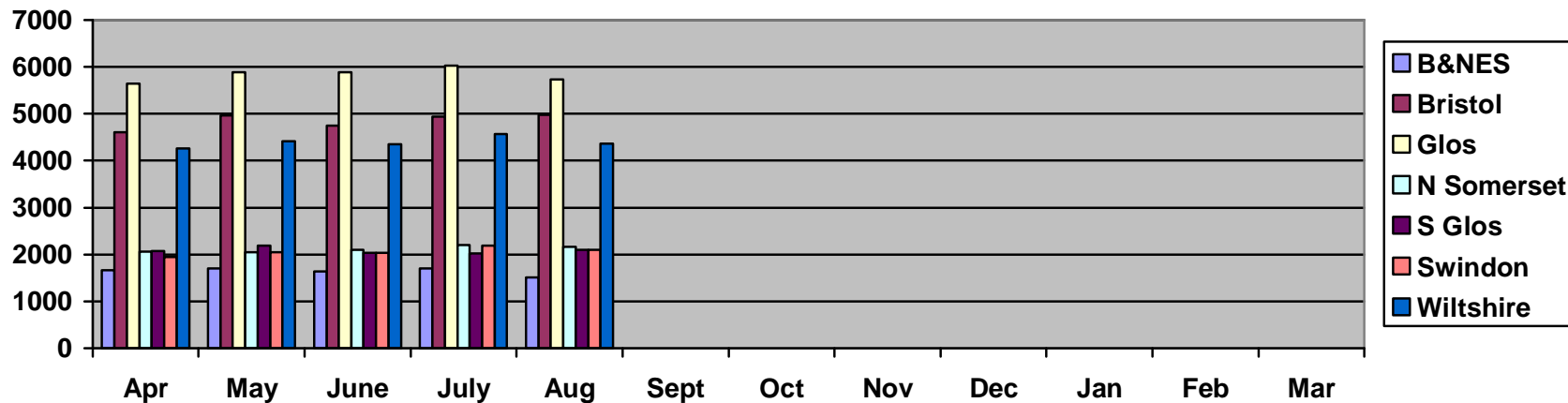


Year-to-date has seen 3,369 fewer patients being taken to hospital (8.1% lower) than in 2011-12.

Total incidents with response – by sector

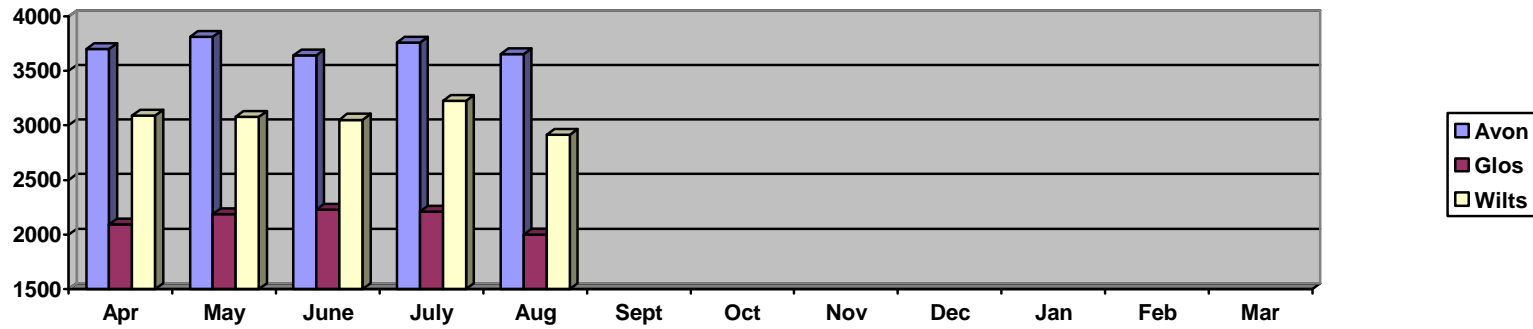


Total incidents with response – by PCT/Council



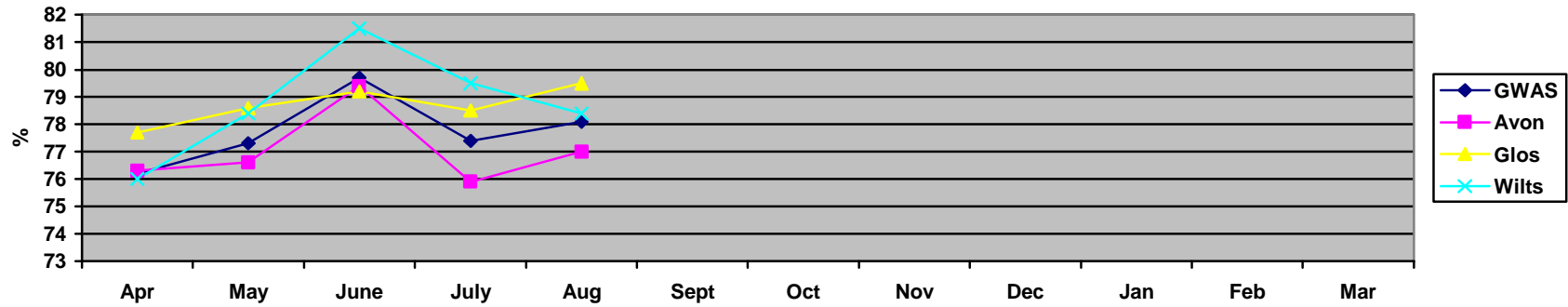
Red (Category A) 8-minute activity/performance 2012-13 – by sector

Responses



Year-to-date total GWAS number of Red calls responded to – 44,964 (inc 291 out of area)

Performance

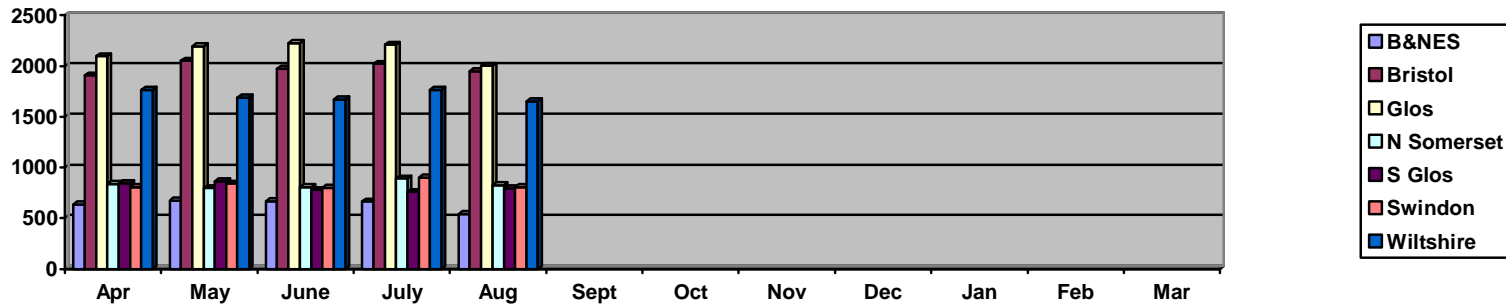


Year-to-date Red8 performance (target – 75%):

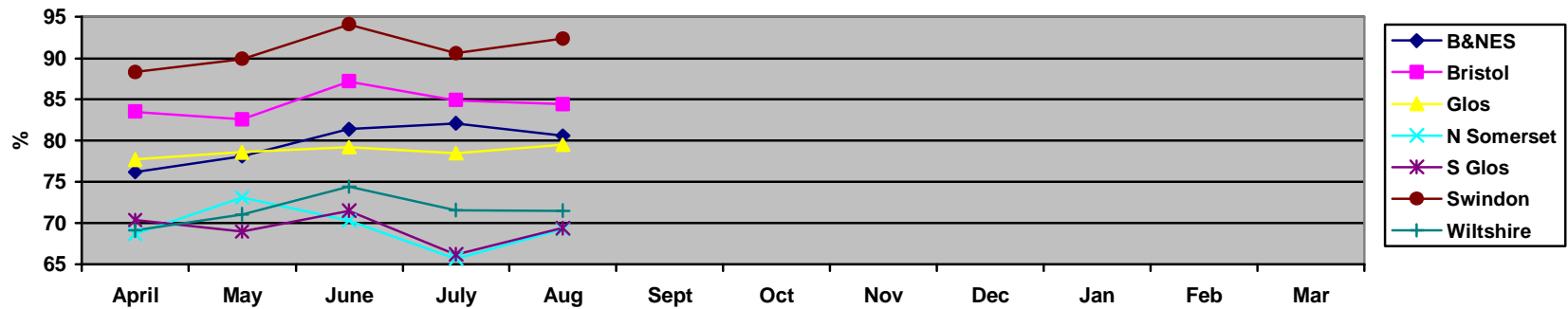
GWAS	-	77.7%
Avon	-	77.0%
Glos	-	78.7%
Wilts	-	79.0%

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

Responses



Performance

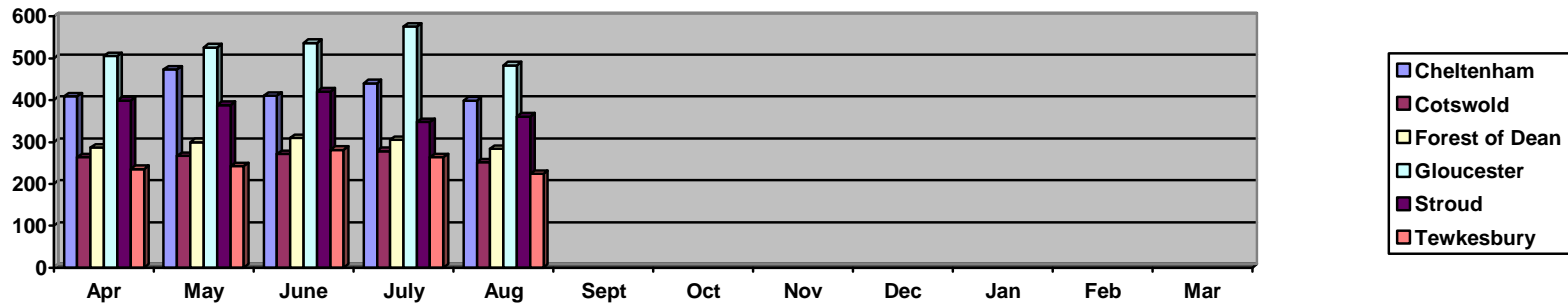


Year-to-date Red8 performance:

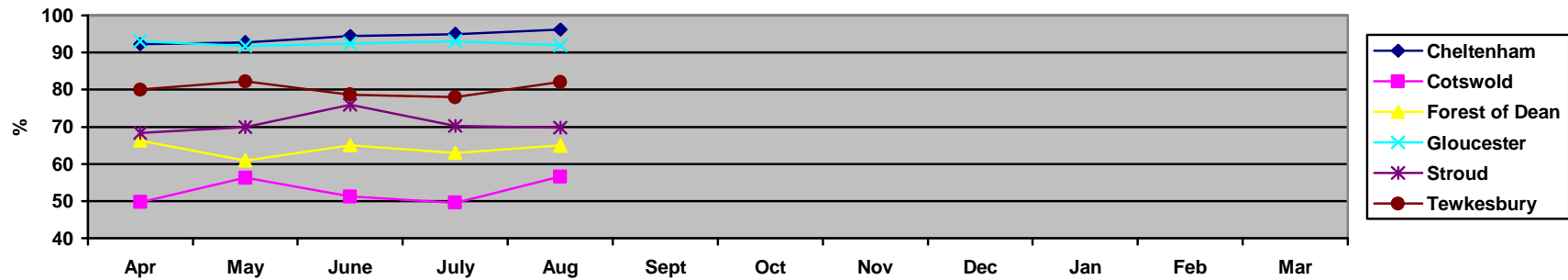
B&NES	-	79.7%
Bristol	-	84.5%
Glos	-	78.5%
N Somerset	-	69.3%
S Glos	-	69.3%
Swindon	-	91.0%
Wiltshire	-	71.5%

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



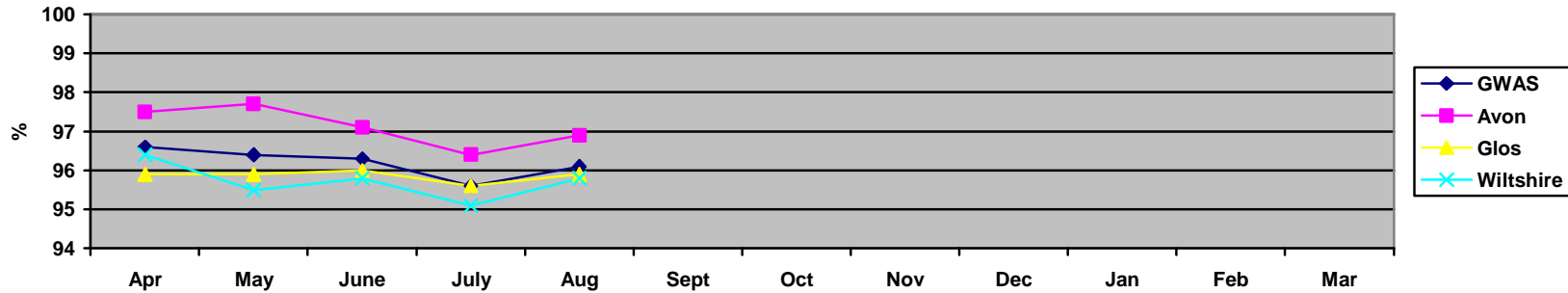
Performance



Year-to-date Red8 performance:

Cheltenham	-	94.1%
Cotswold	-	52.7%
Forest of Dean	-	64.1%
Gloucester	-	92.5%
Stroud	-	71.0%
Tewkesbury	-	80.1%

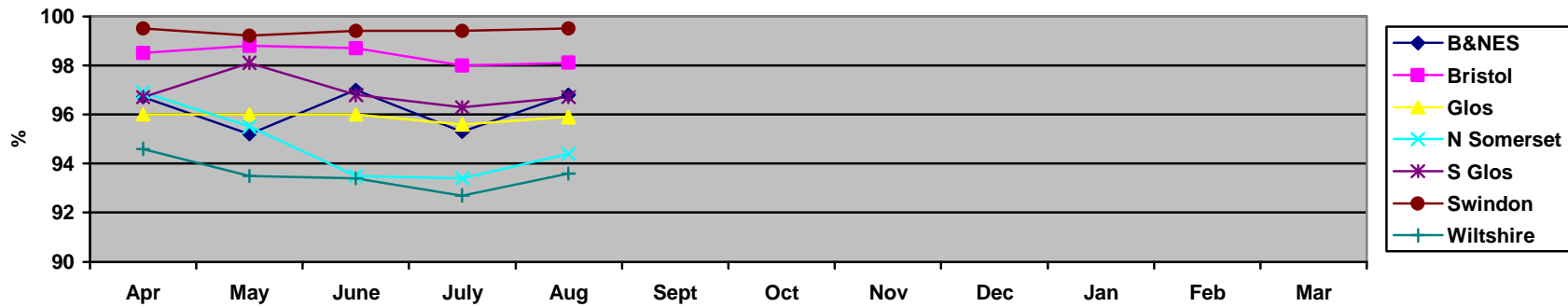
Red19T performance 2012-13 – by sector



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

GWAS - 96.2% Avon - 97.1% Glos - 95.8% Wiltshire - 95.7%

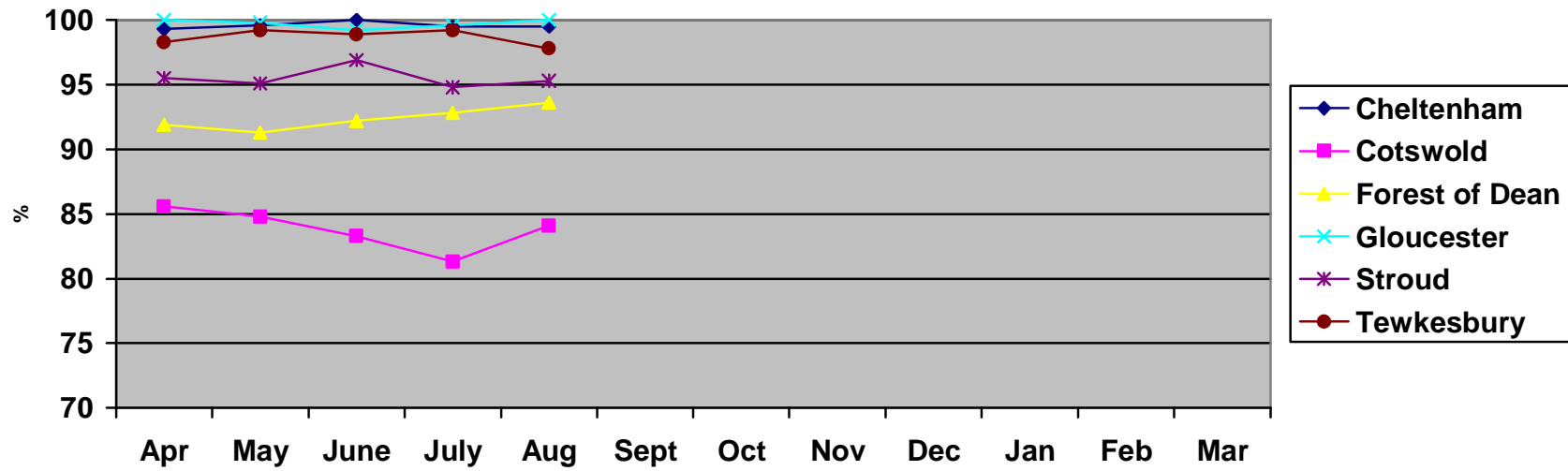
Red 19T performance 2012-13 – by PCT/Council



Year-to-date Red19T performance:

B&NES	-	96.2%	S Glos	-	96.9%
Bristol	-	98.4%	Swindon	-	99.4%
Gloucestershire	-	95.8%	Wiltshire	-	93.6%
N Somerset	-	94.7%			

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

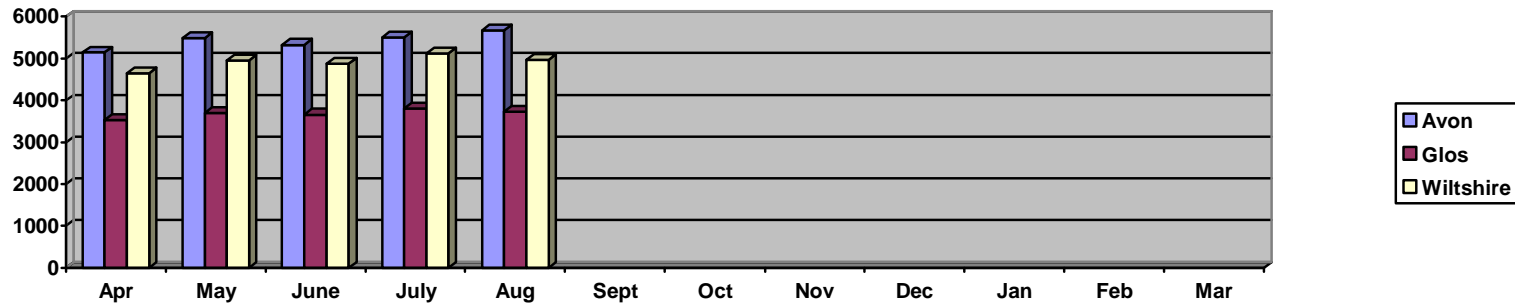


Year-to-date Red19T performance:

Cheltenham	-	99.6%
Cotswold	-	83.8%
Forest of Dean	-	92.4%
Gloucester	-	99.7%
Stroud	-	95.6%
Tewkesbury	-	98.7 %

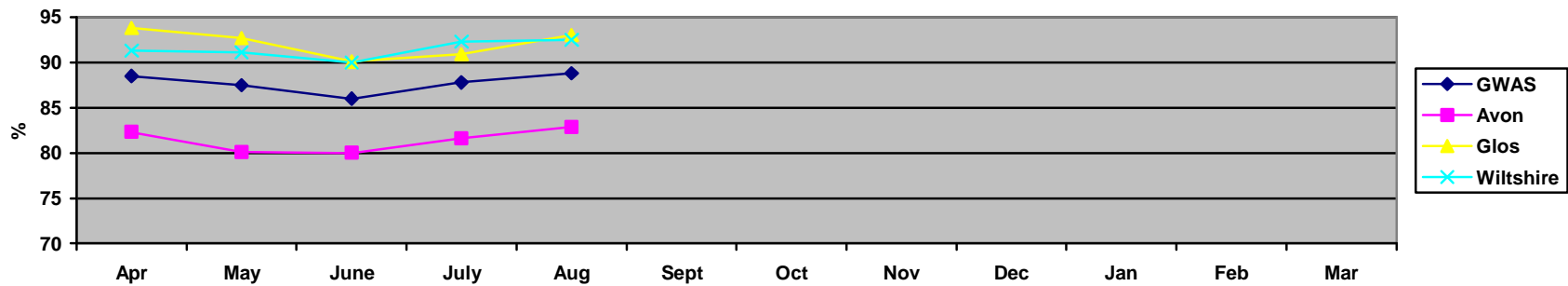
Green activity/performance 2012-13 – by sector

Responses



Year-to-date total GWAS number of Green calls responded to – 70,662 (inc 557 out of area)

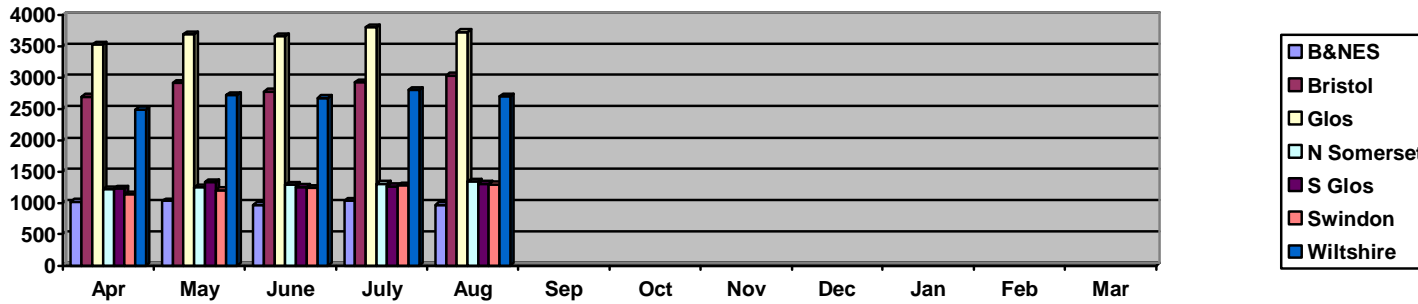
Performance



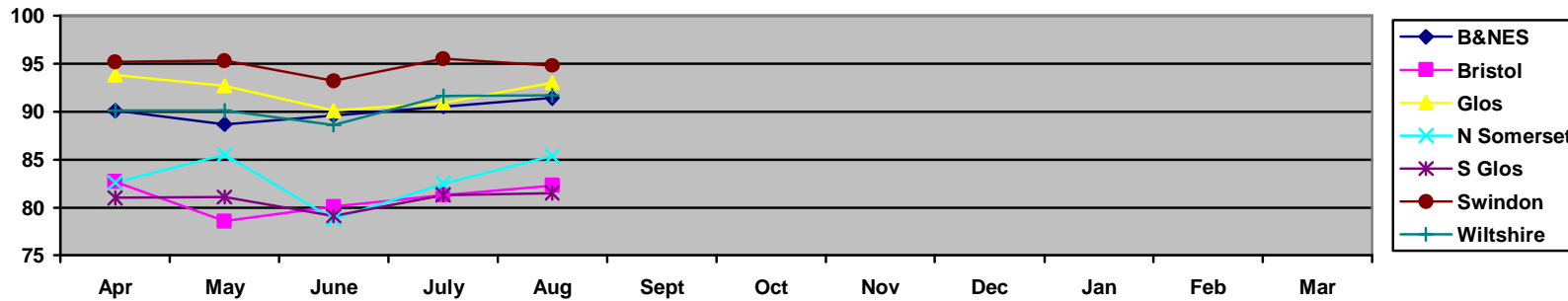
Year-to-date Green performance (target – 90%):	GWAS	-	87.7%
	Avon	-	81.4%
	Glos	-	92.1%
	Wilts	-	91.5%

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

Responses



Performance



Year-to-date Green performance:

B&NES	-	90.0%
Bristol	-	81.0%
Glos	-	92.1%
N Somerset	-	83.0%
S Glos	-	80.8%
Swindon	-	94.8%
Wiltshire	-	90.4%

Red incidents responded to within 10 minutes

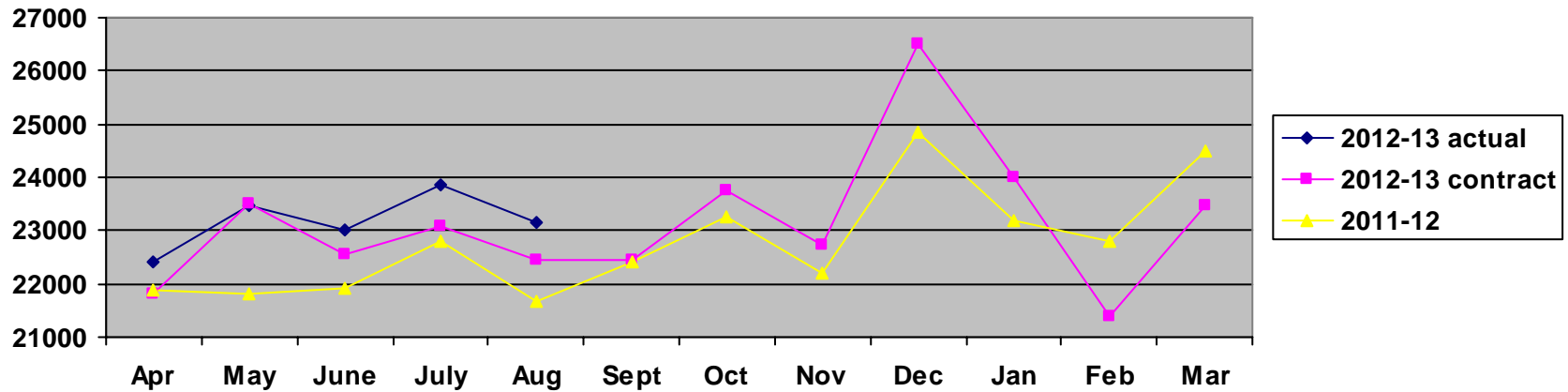
In the past, Joint HOSC members concerned about the trust's ability to respond to Red incidents within 8 minutes in particular locations have sought reassurance that patients are not being put at risk due to excessive waits for an ambulance response.

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 August 2012 as well as the 2012-13 year-to-date (Apr-Aug)

PCT	No of compliant incidents		No of compliant incidents	
	Red 10 Performance		Red 10 Performance	
	Aug-12		YTD	
Bath & North East Somerset	86.5%	467	86.6%	2750
Bristol	90.9%	1773	92.2%	9133
Gloucestershire	85.3%	1706	86.1%	9242
North Somerset	78.3%	644	78.8%	3270
South Gloucestershire	78.2%	622	80.2%	3231
Swindon	96.1%	773	96.2%	3988
Wiltshire	78.7%	1302	80.8%	6902
GWAS	84.7%	7301	85.8%	38598

Overall activity

Total incidents with response

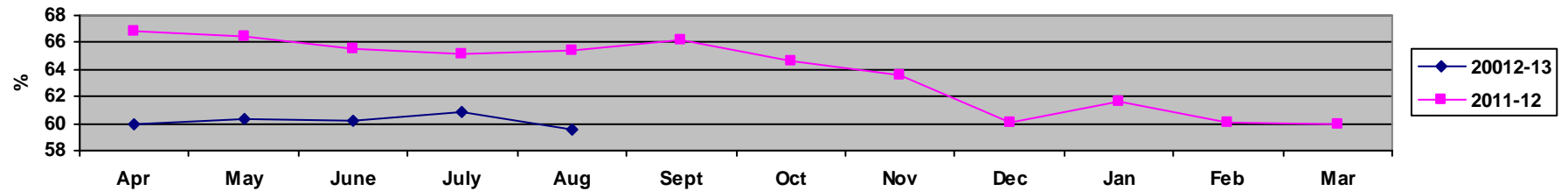


Year-to-date totals:

2012-13 actual	-	115,944*
2012-13 contract	-	113,421
2011-12	-	110,102

* +2.2% on 2012-13 contract, +5.3% on 2011-12

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

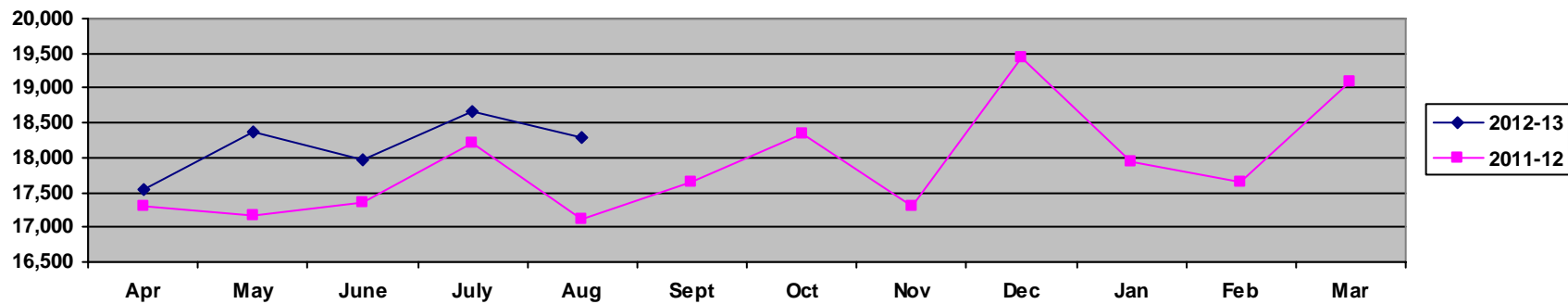


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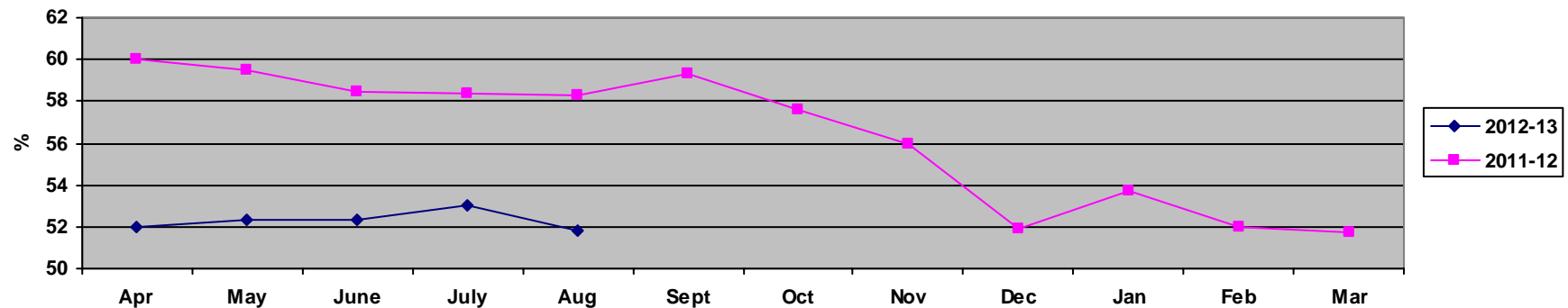
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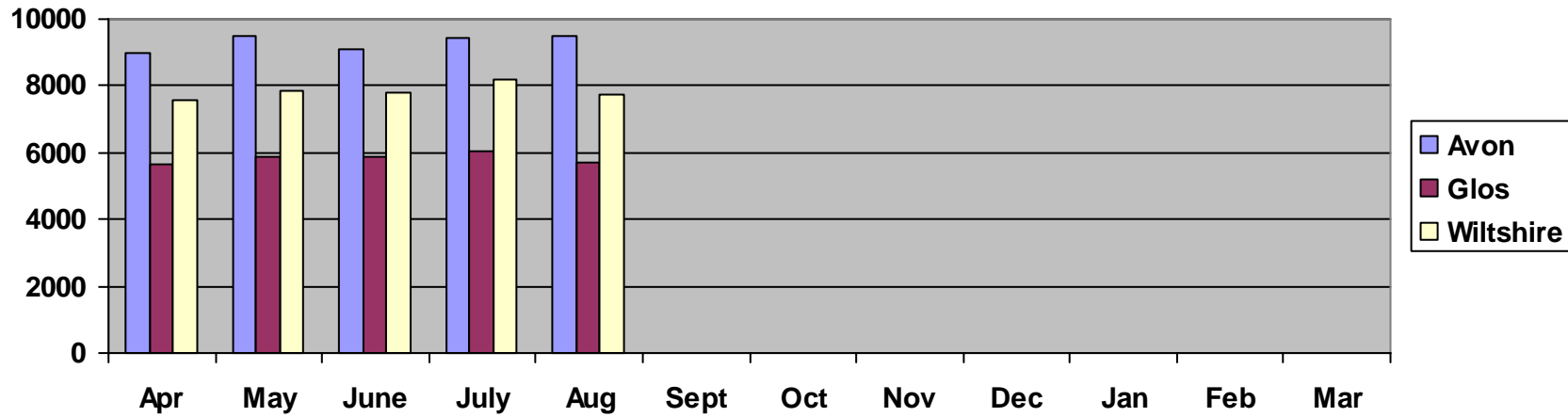


Conveyance rate

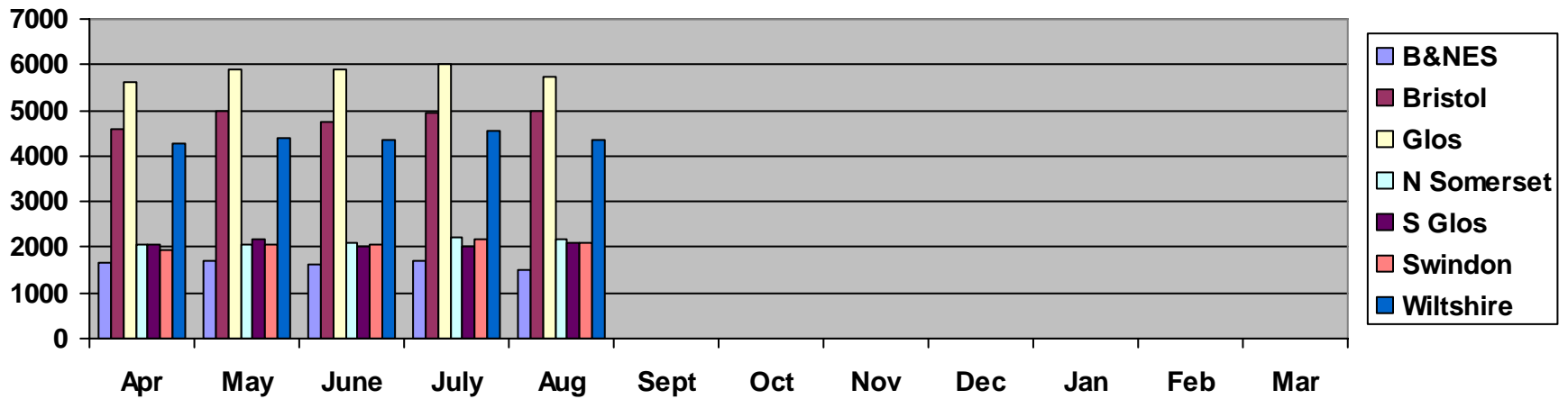


Year-to-date has seen 3,369 fewer patients being taken to hospital (8.1% lower) than in 2011-12.

Total incidents with response – by sector

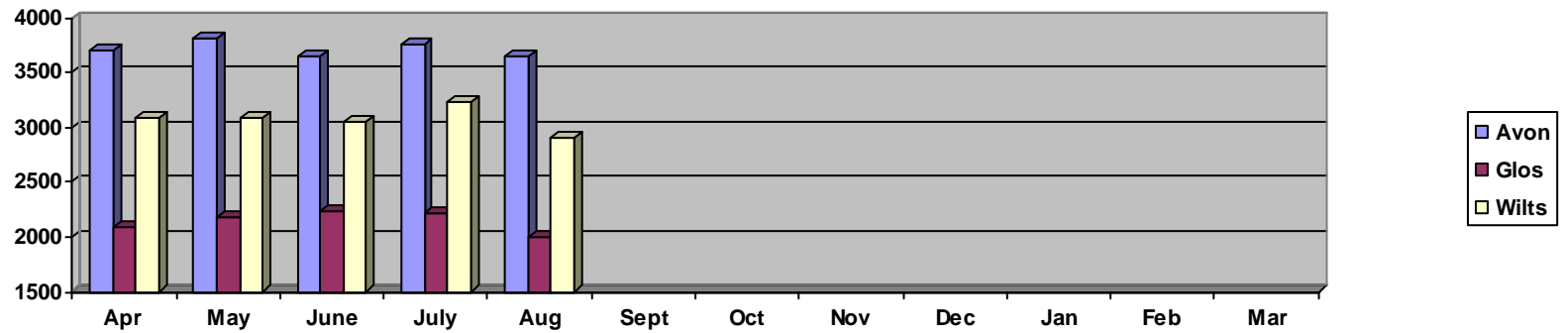


Total incidents with response – by PCT/Council



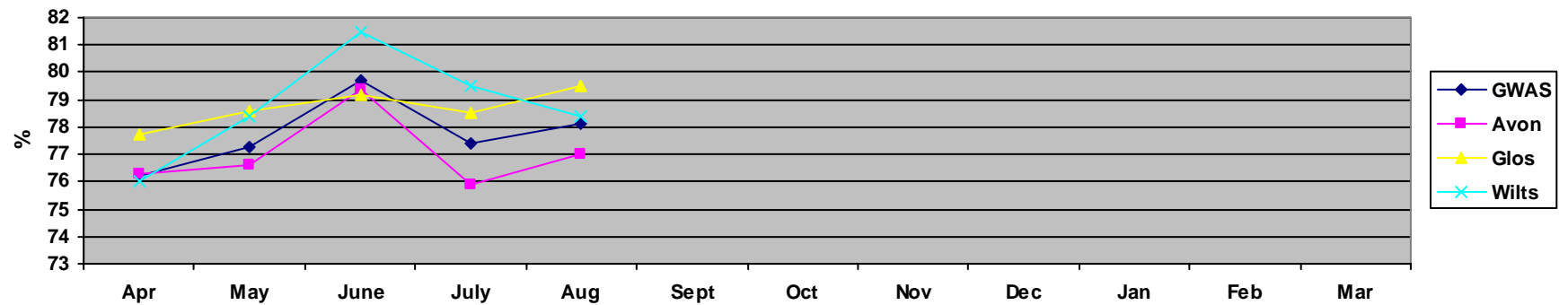
Red (Category A) 8-minute activity/performance 2012-13 – by sector

Responses



Year-to-date total number of Red calls responded to –44,964 (inc 291 out of area)

Performance

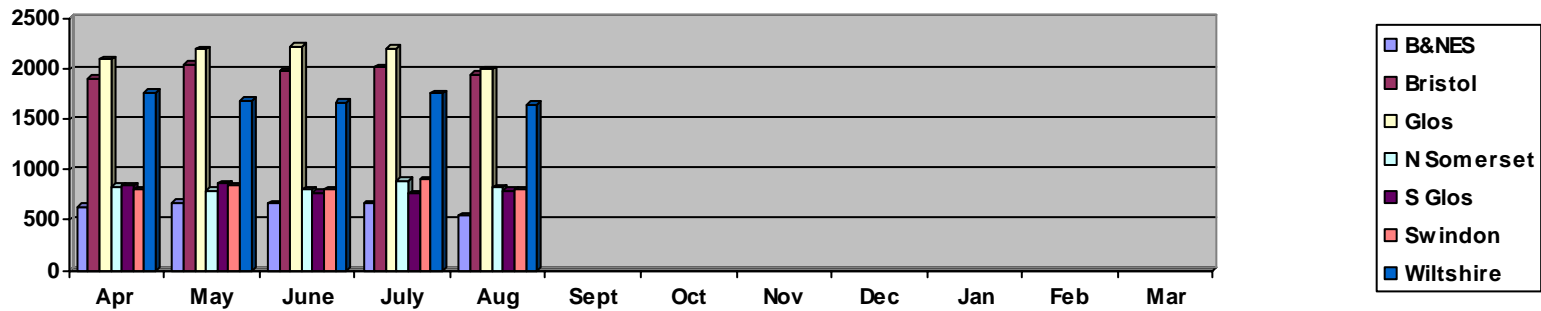


Year-to-date Red8 performance (target – 75%):

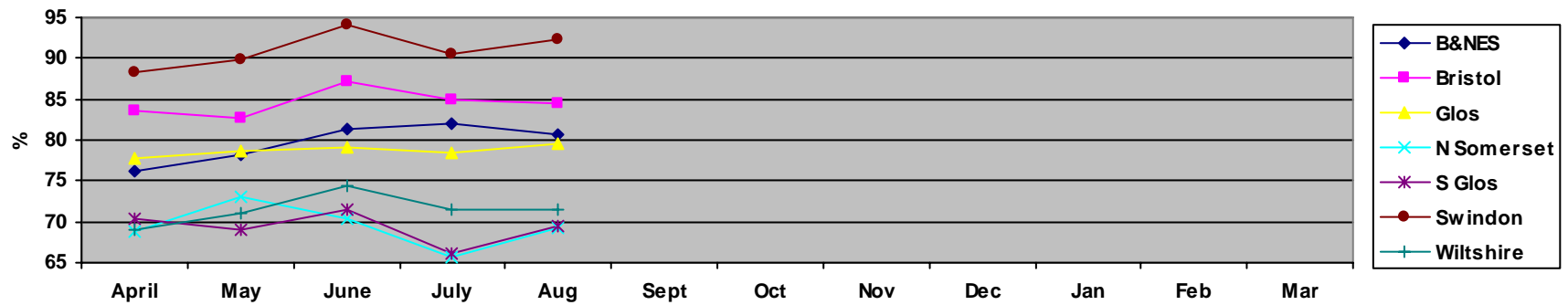
GWAS	-	77.7%
Avon	-	77.0%
Glos	-	78.7%
Wilts	-	79.0%

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

Responses



Performance

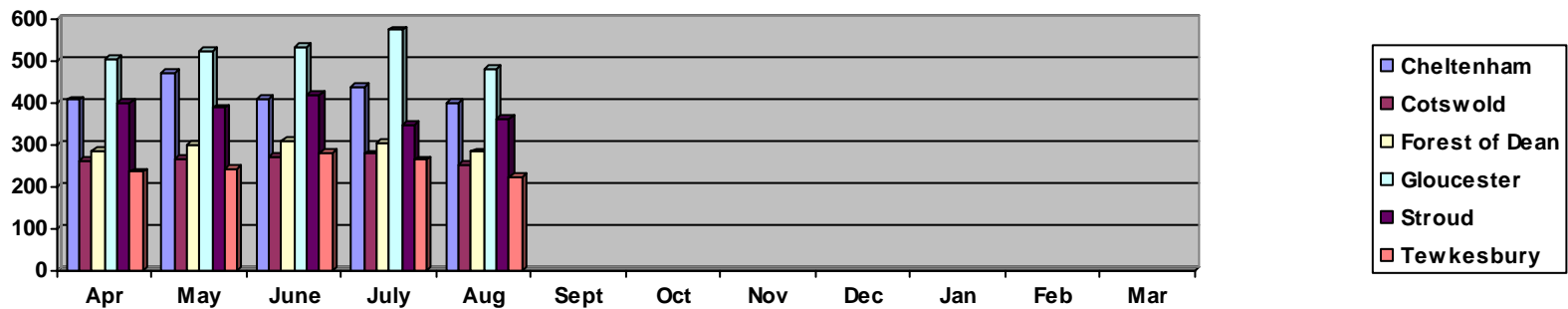


Year-to-date Red8 performance:

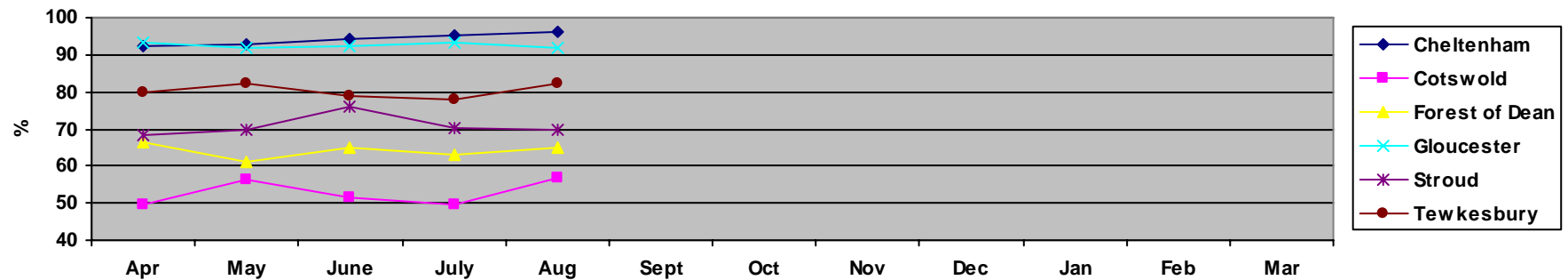
B&NES	-	79.7%
Bristol	-	84.5%
Glos	-	78.5%
N Somerset	-	69.3%
S Glos	-	69.3%
Swindon	-	91.0%
Wiltshire	-	71.5%

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



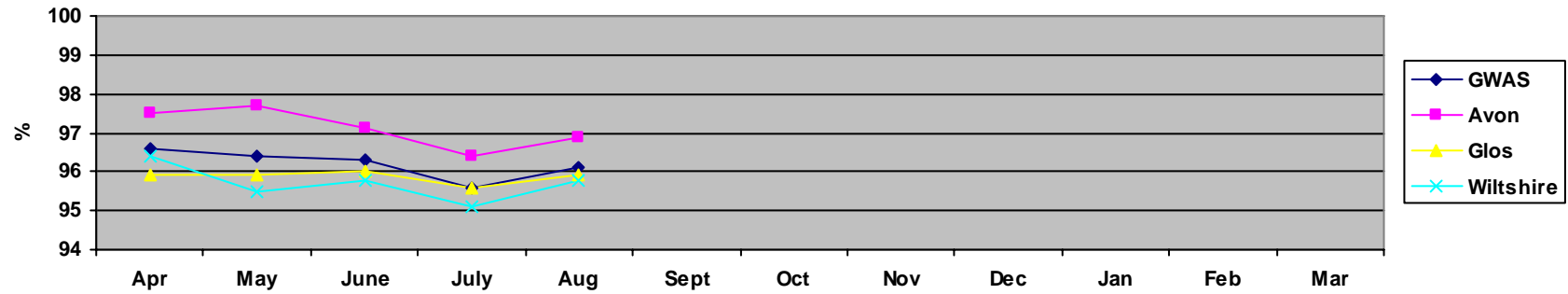
Performance



Year-to-date Red8 performance:

Cheltenham	-	94.1%
Cotswold	-	52.7%
Forest of Dean	-	64.1%
Gloucester	-	92.5%
Stroud	-	71.0%
Tewkesbury	-	80.1%

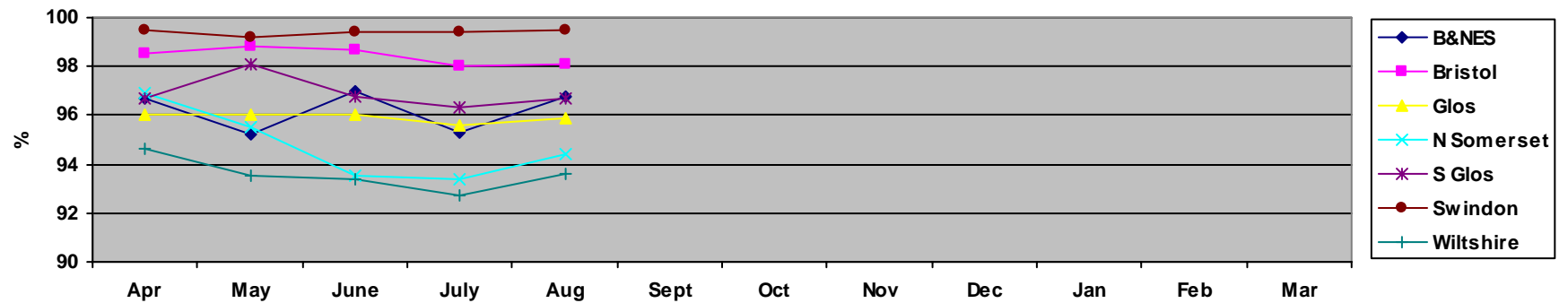
Red19T performance 2012-13 – by sector



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

GWAS - 96.2% Avon - 97.1% Glos - 95.8% Wiltshire - 95.7%

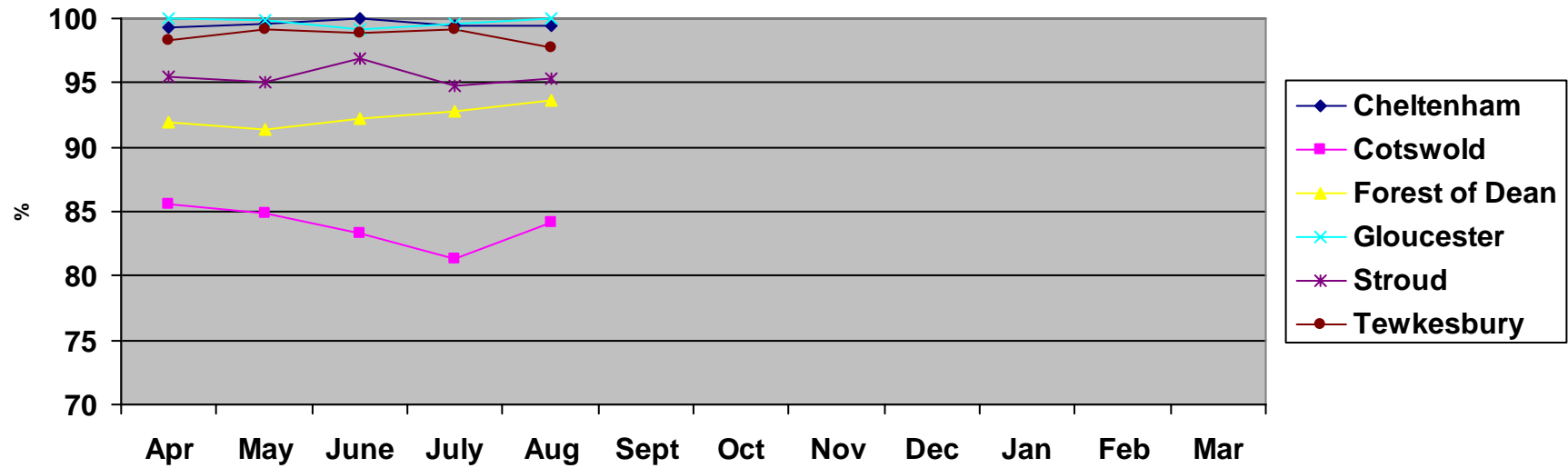
Red 19T performance 2012-13 – by PCT/Council



Year-to-date Red19T performance:

B&NES	-	96.2%	S Glos	-	96.9%
Bristol	-	98.4%	Swindon	-	99.4%
Gloucestershire	-	95.8%	Wiltshire	-	93.6%
N Somerset	-	94.7%			

Red 19T performance 2012-12 – by Glos District Councils



Year-to-date Red19T performance:

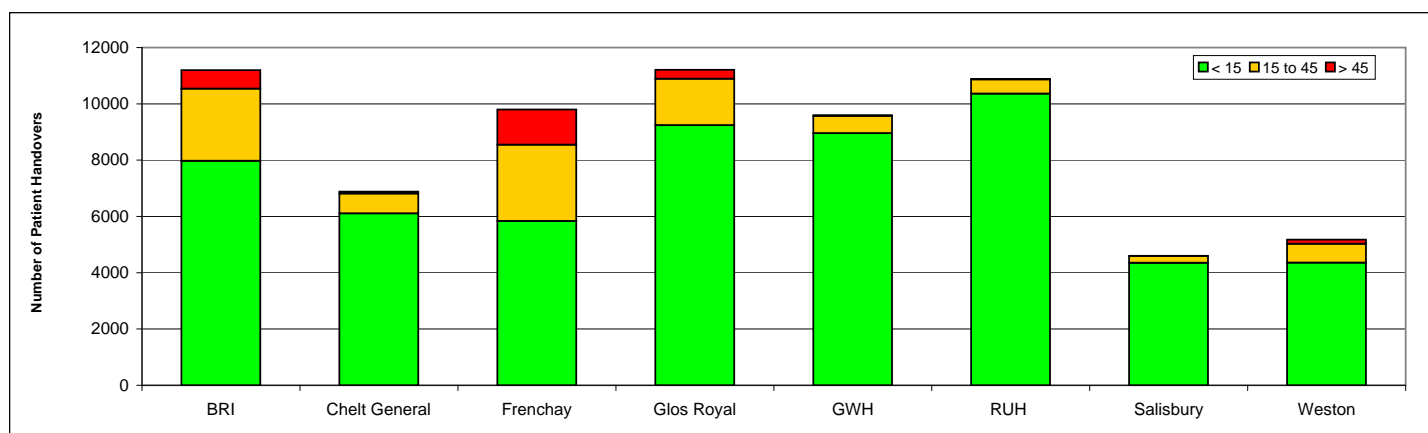
Cheltenham	-	99.6%
Cotswold	-	83.8%
Forest of Dean	-	92.4%
Gloucester	-	99.7%
Stroud	-	95.6%
Tewkesbury	-	98.7 %

Green activity/performance 2012-13 – by sector

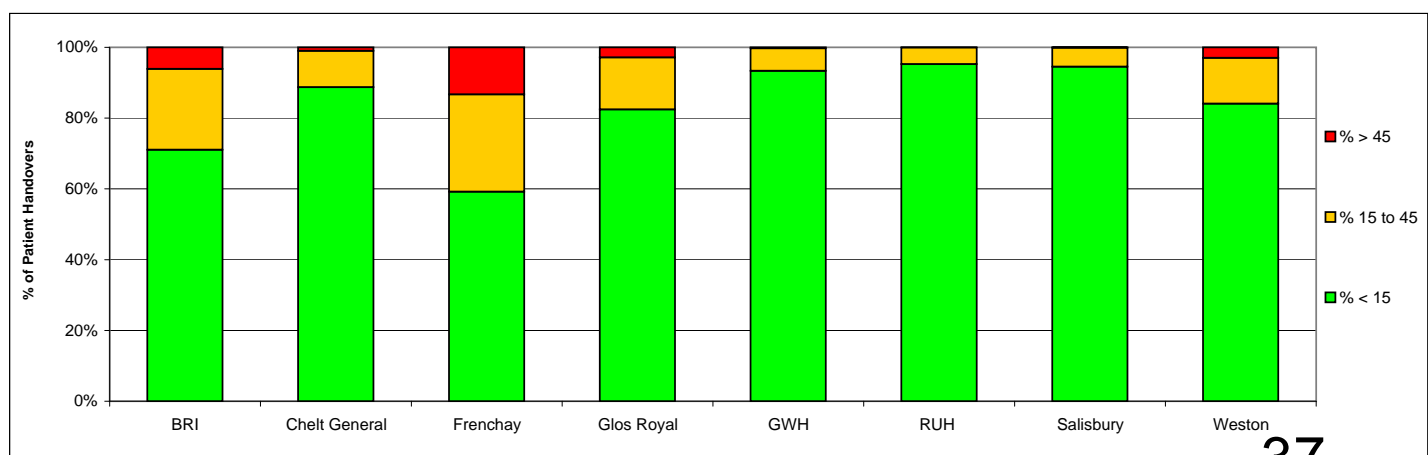
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GWAS A&E HANDOVER SUMMARY - April to September 2012 (6 month period)

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	7976	1098	567	358	230	171	137	215	364	84	18	6	3248	687	11224
Cheltenham General Hospital	6106	360	161	72	62	28	23	42	27	1			776	70	6882
Frenchay Hospital	5836	1260	455	365	260	211	159	391	675	186	35	23	4020	1310	9856
Gloucester Royal Hospital	9243	750	325	206	146	131	92	148	162	8			1968	318	11211
Great Western Hospital	8959	458	56	37	24	16	21	20	3		1		636	24	9595
Royal United Hospital	10362	493	3	7	4	1	1	5	2				516	7	10878
Salisbury District Hospital	4348	188	30	8	7	11	4	4					252	4	4600
Weston General Hospital	4356	360	110	78	54	38	32	63	77	10	3	1	826	154	5182
Overall Total	57186	4967	1707	1131	787	607	469	888	1310	289	57	30	12242	2574	69428



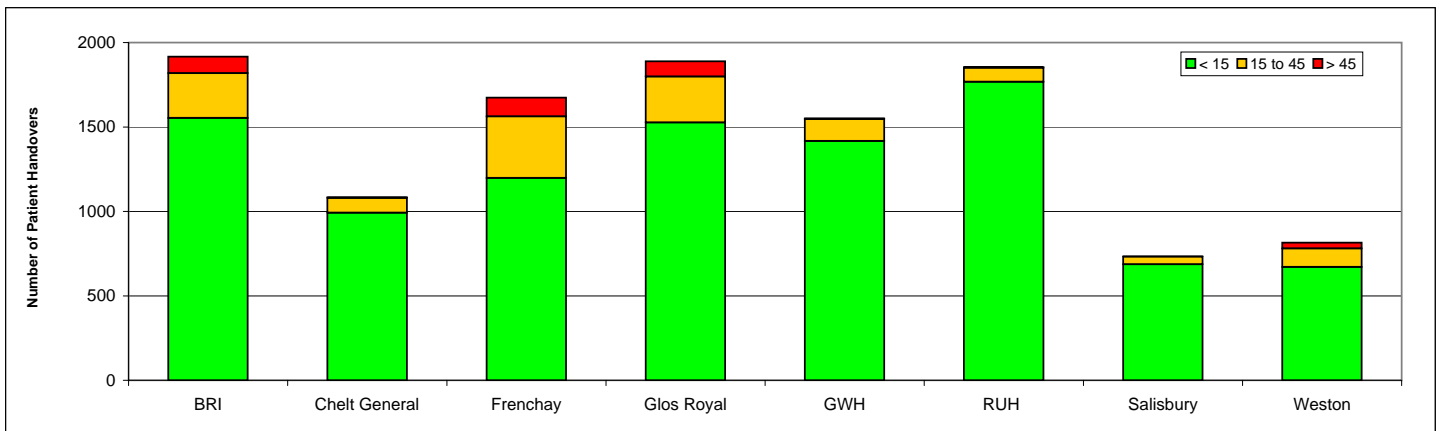
Acute Hospital	% < 15:00	% 15:00-19:59	% 20:00 - 24:59	% 25:00 - 29:59	% 30:00 - 34:59	% 35:00 - 39:59	% 40:00 - 44:59	% 45:00 - 59:59	% 1-2 Hours	% 2-3 Hours	% 3-4 Hours	% > 4hrs	% 15 Mins and Over	% 45 Mins and Over	Total
Bristol Royal Infirmary	71.1%	9.8%	5.1%	3.2%	2.0%	1.5%	1.2%	1.9%	3.2%	0.7%	0.2%	0.1%	28.9%	6.1%	100%
Cheltenham General Hospital	88.7%	5.2%	2.3%	1.0%	0.9%	0.4%	0.3%	0.6%	0.4%	0.0%			11.3%	1.0%	100%
Frenchay Hospital	59.2%	12.8%	4.6%	3.7%	2.6%	2.1%	1.6%	4.0%	6.8%	1.9%	0.4%	0.2%	40.8%	13.3%	100%
Gloucester Royal Hospital	82.4%	6.7%	2.9%	1.8%	1.3%	1.2%	0.8%	1.3%	1.4%	0.1%			17.6%	2.8%	100%
Great Western Hospital Swindon	93.4%	4.8%	0.6%	0.4%	0.3%	0.2%	0.2%	0.2%	0.0%		0.0%		6.6%	0.3%	100%
Royal United Hospital Bath	95.3%	4.5%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%				4.7%	0.1%	100%
Salisbury District Hospital	94.5%	4.1%	0.7%	0.2%	0.2%	0.2%	0.1%	0.1%					5.5%	0.1%	100%
Weston General Hospital	84.1%	6.9%	2.1%	1.5%	1.0%	0.7%	0.6%	1.2%	1.5%	0.2%	0.1%	0.0%	15.9%	3.0%	100%
GWAS Average	82.4%	7.2%	2.5%	1.6%	1.1%	0.9%	0.7%	1.3%	1.9%	0.4%	0.1%	0.0%	17.6%	3.7%	100%



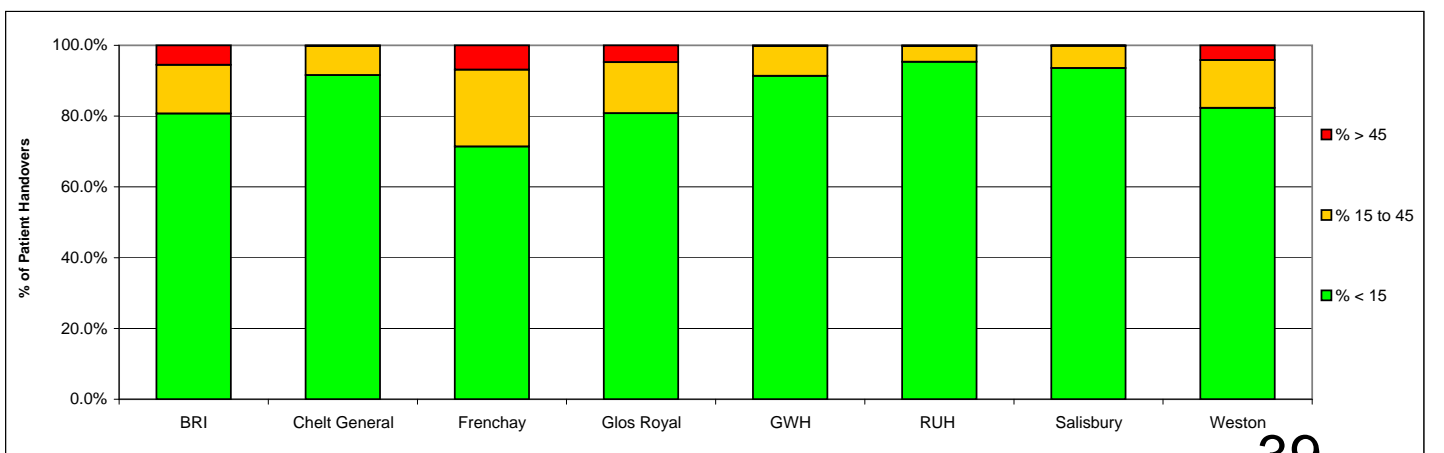
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GWAS MONTHLY A&E HANDOVER SUMMARY - September 2012

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	1554	115	49	40	25	24	12	24	63	11	4	4	371	106	1925
Cheltenham General Hospital	992	47	20	13	5	3	1	2					91	2	1083
Frenchay Hospital	1198	213	55	39	22	18	18	43	55	13	3	1	480	115	1678
Gloucester Royal Hospital	1527	119	55	29	23	23	23	35	50	5			362	90	1889
Great Western Hospital	1417	88	14	12	7	6	4	3					134	3	1551
Royal United Hospital	1768	79	1	3				3					86	3	1854
Salisbury District Hospital	687	45			1			1					47	1	734
Weston General Hospital	671	41	23	22	11	4	9	13	21				144	34	815
Overall Total	9814	747	217	158	94	78	67	124	189	29	7	5	1715	354	11529



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	80.7%	6.0%	2.5%	2.1%	1.3%	1.2%	0.6%	1.2%	3.3%	0.6%	0.2%	0.2%	19.3%	5.5%	100%
Cheltenham General Hospital	91.6%	4.3%	1.8%	1.2%	0.5%	0.3%	0.1%	0.2%					8.4%	0.2%	100%
Frenchay Hospital	71.4%	12.7%	3.3%	2.3%	1.3%	1.1%	1.1%	2.6%	3.3%	0.8%	0.2%	0.1%	28.6%	6.9%	100%
Gloucester Royal Hospital	80.8%	6.3%	2.9%	1.5%	1.2%	1.2%	1.2%	1.9%	2.6%	0.3%			19.2%	4.8%	100%
Great Western Hospital Swindon	91.4%	5.7%	0.9%	0.8%	0.5%	0.4%	0.3%	0.2%					8.6%	0.2%	100%
Royal United Hospital Bath	95.4%	4.3%	0.1%	0.2%				0.2%					4.6%	0.2%	100%
Salisbury District Hospital	93.6%	6.1%			0.1%			0.1%					6.4%	0.1%	100%
Weston General Hospital	82.3%	5.0%	2.8%	2.7%	1.3%	0.5%	1.1%	1.6%	2.6%				17.7%	4.2%	100%
GWAS Average	85.1%	6.5%	1.9%	1.4%	0.8%	0.7%	0.6%	1.1%	1.6%	0.3%	0.1%	0.0%	14.9%	3.1%	100%



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Great Western Ambulance Service **NHS**

NHS Trust

Introduction

This report provides an update on the numbers and types of complaints within the trust during the 2011-12 financial year.

Great Western Ambulance Service NHS Trust (GWAS) is committed to providing a high quality, patient focussed ambulance service. Understanding the patient experience and listening to the views and feedback of people who use any of the services provided is a key element through which shortfalls and areas of necessary improvement can be identified.

It is recognised that the level of service provided may not always meet the expectations of patients, members of the public or other healthcare professionals. When this happens, GWAS takes a proactive approach to listening to individual patient and public feedback and using it to develop and improve services for those individuals and others.

A flowchart showing the process the trust adopts in dealing with complaints is attached as Appendix 1,

COMPLAINTS

The trust handles complaints by talking to complainants, attempting to understand their issues and providing a responsive, patient-focused service when investigating and responding. The trust endeavours to provide a full explanation to all its complaints, take appropriate remedial action if required and, in line with our values, ensure an open and honest approach to learning from patient feedback.

The data reported within this section reflects the complainant's initial perception in making their complaint. The data does not reflect if complaints are upheld, or if the outcome of the investigation identifies a different underlying root cause.

From 1 April 2011 to 31 March 2012, GWAS received 383 complaints. Of these, 337 complaints were from patients or members of the public, 25 were from healthcare professionals and 21 from Members of Parliament. During this period GWAS had a 35.8% increase in complaints compared with 282 complaints received between April 2010 and March 2011. A particular peak was experienced in November 2011, the result of a significant change in despatch procedures introduced at that time. This is reviewed later in this report. The full year activity is illustrated in chart 1 below.

Chart 1- Comparative total number of complaints 2010-11 / 2011-12

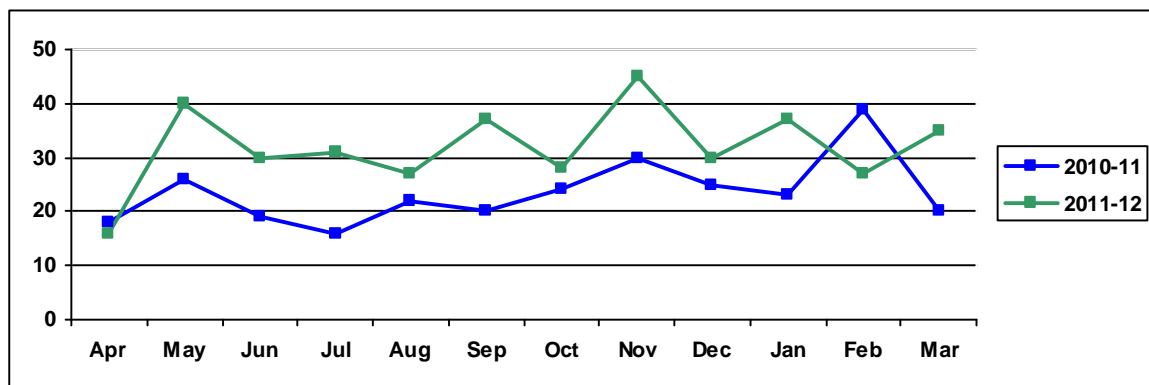


Chart 2 below shows the comparative data by service line for Q4 2010-11 and for each quarter in 2011-12.

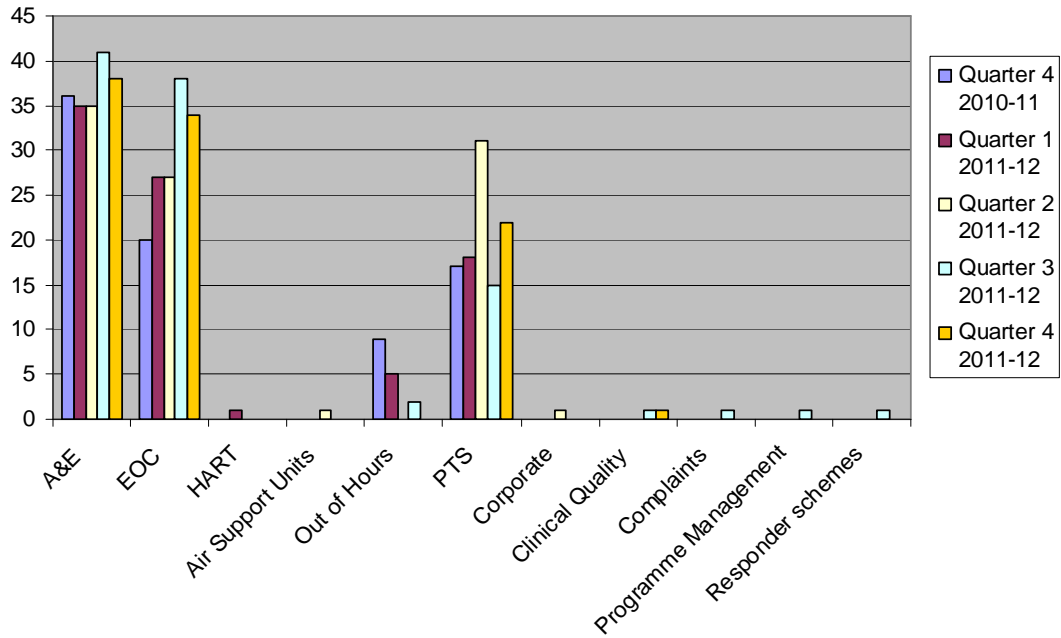
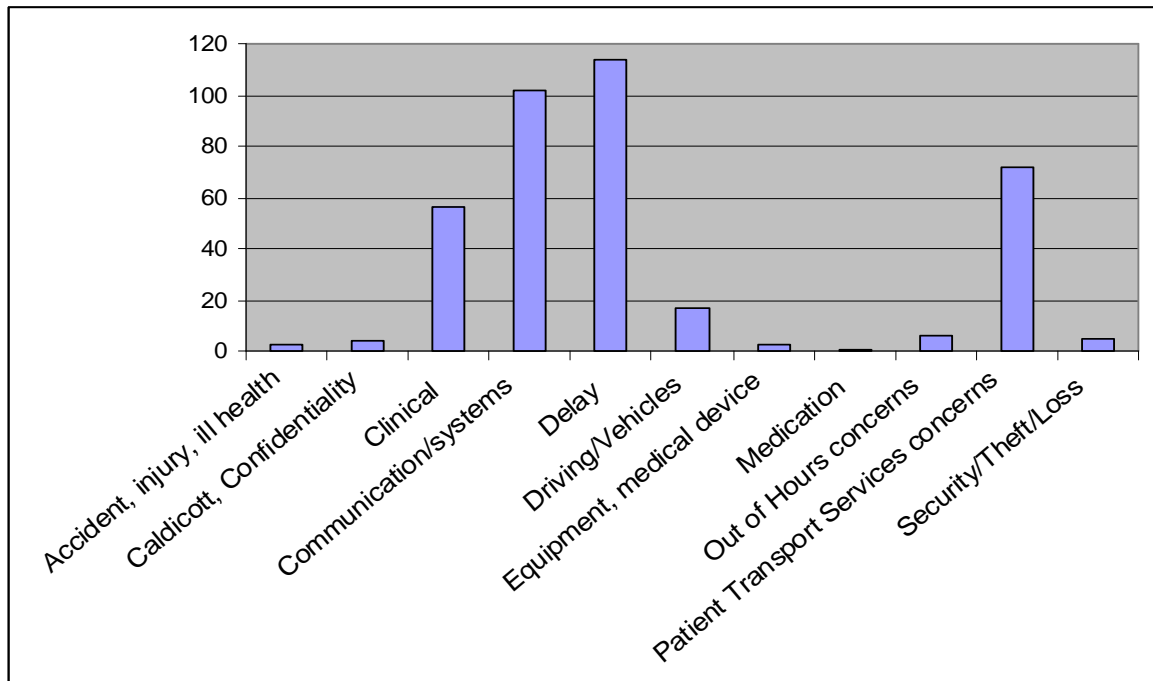


Chart 3 summarises the type of complaints reported during 2011-12 by complaint type.



Ombudsman referrals

There were nine Ombudsman referrals made during 2011-12. Six of these referrals were not pursued by the Ombudsman and the remaining complaints were being reviewed and/or referred for further investigation.

Breakdown of Complaints by Themes and Sector – 2011-2012

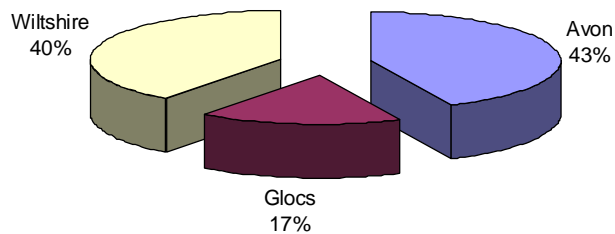
A&E Services

Sector	Complaints	Responses	Percentage
Avon	64	110,135	0.05%
Gloucestershire	26	68,901	0.03%
Wiltshire	59	91,637	0.06%

The total number of A&E responses (where a clinician was on scene & including cross boundary responses) in 2011-12 was 270,673. This equated to one complaint in every 1,816 responses.

In 2011-12 the trust received 149 complaints regarding the A&E service.

59 of these complaints were regarding the Wiltshire sector, 64 the Avon sector and 26 the Gloucestershire sector.



Breakdown of A&E Complaints

Complaints by category for 2011-12:

The supporting detailed breakdown by geographical area follow;

Avon (A&E service) This table shows the Avon complaints broken down into complaint categories under the 'A&E service' top themes. The table clearly indicates that Avon's largest cause of complaint is attitude/behaviour/care of A&E staff.	Attitude/behaviour/Care - A&E staff	29
	Inadequate patient assessment	8
	Treatment/Procedure-incorrect	6
	Other incidents – examples include: treatment/procedure - lack of clinical assessment, delay in conveying to hospital, failure in referral process, equipment malfunction/failure, communication failure, etc.	21
	Totals:	64

Gloucestershire (A&E services) This table shows the Gloucestershire complaints broken down into complaint categories under the 'A&E Service' top theme. The table indicates that Gloucestershire's largest cause of complaint is attitude/behaviour/care of A&E staff.	Attitude/behaviour/Care A&E staff	12
	Other incidents – examples include: breach of patient records or information, failure in referral process, inadequate patient assessment, delay in meeting agreed pick up times, etc	14
	Totals:	26

Wiltshire (A&E Service) This table shows the Wiltshire complaints broken down into complaint categories under the 'A&E service' top themes. The table indicates that attitude/behaviour/care of A&E staff and inadequate patient assessment is the largest cause for complaint in Wiltshire.	Attitude/behaviour/Care - A&E staff	20
	Inadequate patient assessment	9
	Other incidents – examples include: failure to refer, admit to hospital, delay in conveying to hospital, lack of clinical assessment, etc	40
	Totals:	59

Attitude

Communications is a common theme in complaints, particularly relating to operational staff. Complaints often state that crews "did not listen" or "did not understand". Other complaints are that crews did not take them seriously, showed no empathy or were rude.

The way crews are perceived by others, particularly in an emergency situation, are being addressed as part of the ongoing educational packages provided to staff and through the provision of specific guidance entitled "Good Clinical Practice and Behaviour" which has been distributed to all operational staff and to all new starters.

During February 2012 a full year analysis has been undertaken on complaints related to staff attitude which involves a review of trends. In addition, any member of staff identified as having two complaints or incidents of concern reported against them will be identified by the Head of Complaints and Incidents and will be discussed with the respective Locality General Manager/Head of Service requesting action and feedback; this will be followed up by a letter from the Director of Nursing should a third complaint or incident of concern be identified.

Clinical Care

Clinicians are sometimes perceived not to be carrying out clinical observations and assessments on patients, which has resulted in complaints against clinicians. Clinical care concerns continue to be addressed through use of clinical instructions, individual case reviews, reflective studies, refresher training and ongoing supervision & monitoring of individual staff members.

As a result of previous complaints, the recognition of life extinct procedure has been revised with new guidance available to staff, in particular regarding incidents involving children and those with police or coroner involvement.

Protocols for our call handlers have been reviewed to better identify stroke cases at an early stage. Dispatch protocols have been strengthened to ensure compliance with safeguarding children procedures and also protocols for death of a child.

Emergency Operations Centre (EOC)

In 2011-12 the EOC received 131 complaints across all three sectors. The total number of EOC 999 calls taken during this period was 292,767 which equates to one complaint to every 2,234 emergency 999 calls taken.

In the EOC the main causes of complaint were control delays resulting from no vehicle resource being available; delays resulting from incorrect Medical Priority Dispatch System (MPDS) assessment; delays due to ambulances not being sent due to clinical telephone advice and/or delays in mobilisation.

Complaints related to Emergency Operations Control and A&E response delays were the highest cause of complaint in 2011-12 compared to the top trend of complaints made against the attitude of staff in Q1 and Q2. The results for all three EOC's are highlighted in the table below. It is clear from the individual sector reports, and all three EOCs combined that the largest number of complaints GWAS received relate to a lack of ambulance availability due to demand outstretching resources. The trust has acknowledged this and in the light of no additional resources being added to the fleet, is managing the situation through using Medical Priority Dispatch System; which is a priority triage tool. Lower acuity calls are then further clinically triaged. Fail safes have recently been put in place to limit the times that some lower acuity calls requiring attendance have to wait for a clinical response.

Breakdown of EOC complaints - top themes

Control - delay resulting from incorrect AMPDS assessment	18
Control - ambulance not sent due to Clinical Telephone Advice	14
Control - delay in mobilisation	13
Control - no vehicle resource available	24
Other incidents – examples include: communication failure with other healthcare provider, inappropriate advice, inappropriate triage of call, attitude/behaviour of control staff, sent to wrong address	62
Totals:	131

Delays/Non-conveyance

As has already been highlighted within this report, there was a noticeable rise in complaints during November 2011. This was as a result of delays or no response being sent in relation to Green calls where the call has been referred to the Clinical Support Desk or NHS Direct. The Patient Safety Review Group reviewed three reports in February 2012 related to complaints arising from Green calls, management of falls and response times over six hours. The group agreed that more in depth work is required to understand the categorisation and allocation of resources. Representatives from EOC were requested to lead on the work through the EOC Quality Group. An initial assessment has been reported to the Quality Committee and further work in this area is underway and future reporting will be made to both the Patient Safety Review Group and the EOC Quality Group.

A number of measures and strategies have been put in place to address the impact of matching resource to demand, particularly in the A&E redesign project. The project incorporates a number of areas and we are working closely with the acute trusts to improve the time it takes for ambulances to become available at hospitals to improve the patient experience throughout.

The trust will also be undertaking two non-conveyance audits, one in conjunction with other national ambulance services (National Ambulance Non-conveyance Audit - NANA) which will:

- Examine the nature of category red and green calls that ambulance services currently do not convey, including the level of assessment undertaken and any transfer of care through senior clinical advice/support, referral processes or information sharing.
- Examine re-contact rates to non-conveyed patients during a 24 hour period, including the nature of subsequent calls and their outcome.
- Review current ambulance service policy in relation to non-conveyance.

An audit of the agreed sample of non-conveyed patients has been undertaken and submitted to the National group and the Final National Audit report is due in June 2012. The second audit focused on a questionnaire survey of non-conveyed patients. The questionnaire was developed and reviewed with Bristol Community Health and a sample size of circa 800 patents was surveyed from August and September 2011. The findings of this survey were reported to the Quality Committee in February 2012.

It is acknowledged that public understanding of call prioritisation by ambulance services is low and that they expect an ambulance to be responded with blue lights and sirens for every 999 call. This level of expectation is currently higher than the service is resourced to deliver which often results in complaints.

As part of a strategy to continue to deliver a quality service, investment has continued to be made to ensure that staff recruitment and training keeps pace with natural staff turnover to ensure that the establishment is maintained. Investment has also been made to update the Trusts fleet of vehicles and equipment to ensure that the trust produces the appropriate number of operational resources to match demand. A number of measures and strategies have been put in place to better match resource to demand with the aim and focus remaining the need to provide patients with the most efficient and effective clinical care and treatment.

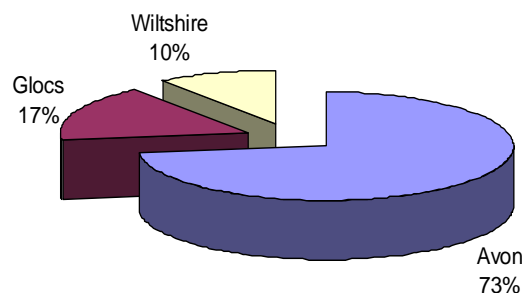
Where appropriate, tutorials and one to one briefing sessions are held with all staff involved in complaints. These sessions are designed to give the staff member an opportunity to reflect on the complaint, acknowledge where things may have gone wrong, and recognise how they can improve in the future. Those staff members who recognise they require support or further training in specific areas are supported to attend further training.

Following some complaints regarding delays in response, EOC operational instructions have been issued. These instructions can contain reminders to staff, instructions on how specific calls should be dealt with and also inform staff of any changes. The EOC operational instruction have proved very effective and beneficial to staff.

Patient Transport Services (PTS)

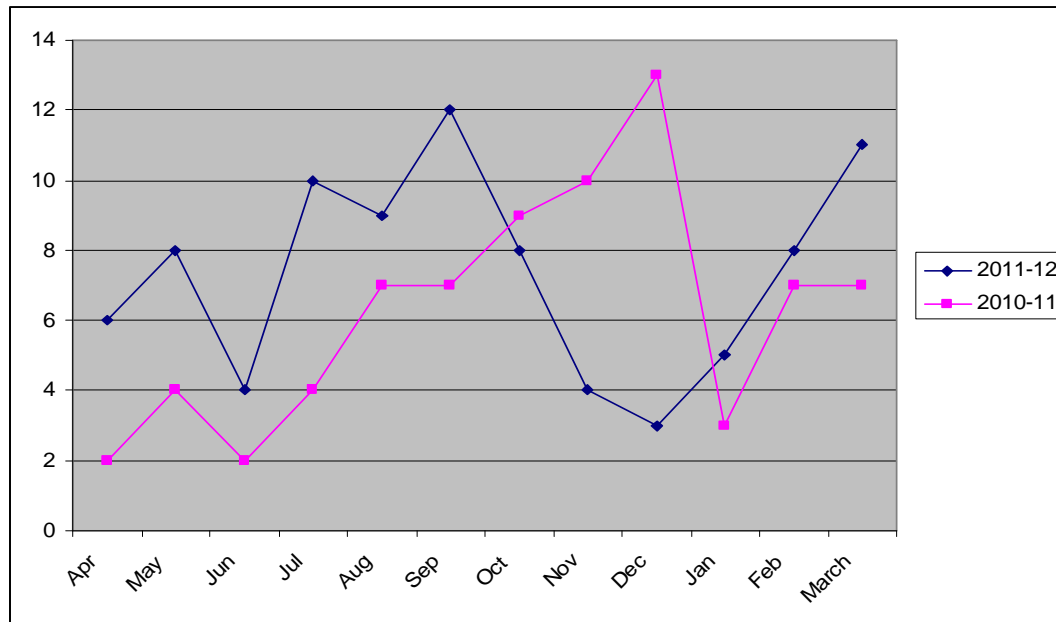
In 2011-12 PTS received 88 complaints across all sectors of the trust. Avon received 64 complaints, Gloucestershire 15 and Wiltshire nine.

Complaints regarding timeliness and late arrivals comprise of 40% for PTS complaints. 11% of complaints were due to attitude/behaviour of PTS crews. 9% of complaints were due to transport not arriving. The other PTS complaints was made up of incidents such as booking issues, cancellations, patients injured whilst in care of the crew, patient dignity, driving incidents, inappropriate vehicles, equipment/wheelchair issues, escort issues, damage to property and delays .



The total number of completed PTS journeys during 2011-12 was 212,984 which equates to one complaint to every 2,420 patient journeys.

Number of PTS complaints for 2011-12 compared to 2010-11



In 2011-12 complaints regarding timeliness and late arrivals constituted 40% of PTS complaints. Complaints relating to timeliness are often made as the contractual time windows, agreed between GWAS and our commissioners do not reflect the expectations of patients and their relatives or carers. Work is in progress to offer alternative options to consider for the period 2012/13.

Although PTS receive a high number of complaints compared to other areas of the Trust, when put into context to the number of patient journeys, complaint numbers are relatively low. This is reflected in the results from the PTS patient surveys that have been undertaken and previously reported to the Board.

Primary Care Out of Hours Service (OOH), Gloucestershire

In 2011-12, Gloucestershire OOH received seven complaints. The total number of Out of Hours contacts in 2011-12 was 133,517 which equates to one complaint to every 19,073 Out of Hours patient contacts. 30% of the complaints were regarding clinical incidents ie: inappropriate treatment/lack of treatment. The other 70% of the complaints were regarding inadequate patient assessment, attitude of staff, incorrect triaging of calls and timeliness – delays in attending home visits.

Other Service Areas

There were other complaints reported related to other specialities – see below:

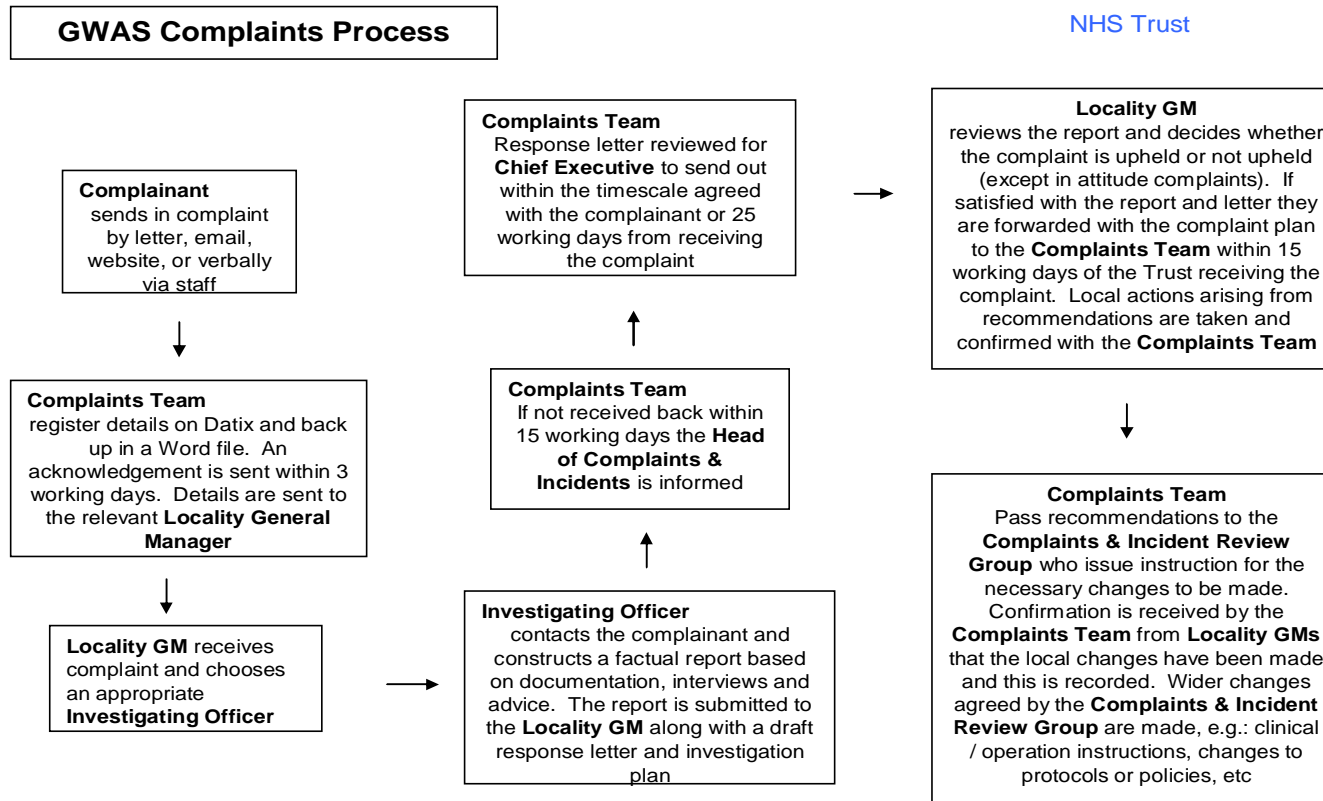
Air Support Units	1
Complaints, Incidents, PALS	1
Corporate	3
HART	1
Programme Management	1
Responder schemes	1
Totals:	8

Examples include: issues with responses to requests for copies of information, reasoning for air ambulance crew decision to land, information breach and attitude of staff.

Appendix 1

Great Western Ambulance Service

NHS Trust



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Agenda Item No. 10

Update from Individual Health Overview and Scrutiny Committees

Great Western Ambulance Joint Health Scrutiny Committee 19th October 2012

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 updates provided by Health Overview and Scrutiny Committees and determine whether the Joint Committee requires any further action. No written updates have been submitted.

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

None.



**LOCAL INVOLVEMENT NETWORK (LINK)
Joint Working Group (JWG)
UPDATE FOR THE JOINT OVERVIEW AND SCRUTINY COMMITTEE (JOSC)**

October 2012

The responses of the Commissioners and Providers to the JWG 'Enter and View' report have been received and each LINK is posting the report on their own websites.

The report has also been sent to Sir Ian Carruthers, Chief Executive, NHS South of England and Dame Barbara Hakin, National Director Commissioning Development NHS Commissioning Board

Alison Scott, Assistant Director, Business Development at GWAS met with the JWG in September, seeking their views regarding their current Patient Transport Service, finding out what is valued and where they could make changes

A handwritten signature in black ink that reads 'Albert Weager'.

Albert Weager (Chair)
10th October 2012

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Work Programme

Great Western Ambulance Joint Health Scrutiny Committee
19th October 2012

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 for 2012/13.

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
- Note the agreed date and hosting arrangements for the forthcoming meetings in February and 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 15th June, Members agreed a work programme up to the 19th October 2012.
- 2.2 Members are requested to note the proposed dates of the next two meetings as Friday 22nd February 2013 and Friday 21st June 2013. The meetings are to be provisionally hosted

by South Gloucestershire and Gloucestershire, however this will be confirmed at a later date.

- 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 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

Appendix A

Work Programme

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

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 19th October 2012 at 11.00am at Bath and North East Somerset Council

Agenda Item	Witnesses Required
To consider any issues arising from the Monthly Performance Report, and response times for district councils. (also included will be a full breakdown of handover times/delays by hospital)	Representative from GWAS Representative from NHS Gloucestershire
Report on Complaints received by GWAS	
Quality Report	NHS Glos
Update on Organisational change at GWAS	Representative from GWAS
Update on Commissioning Arrangements (NHS Glos)	
Report from Joint Working Group	Local LINK rep and/or Chair of JWG
Estates Review Strategy - update	GWAS
Update from local authority	All

Health Overview and Scrutiny Committees (HOSCs)	
GWAS Joint Health Scrutiny Committee Work Programme	Scrutiny Officer

Friday 22nd February 2013

Friday 21st June 2013