

**Great Western Ambulance Joint Health Overview & Scrutiny Committee**

**Friday 23<sup>rd</sup> May 2008 at 11:00**

**County Hall, Wiltshire County Council, Bythesea Road, Trowbridge**

**Draft Minutes**

**Present**

**Councillors:** Andrew Gravells (Chairman) (Gloucestershire County Council), Lesley Alexander (Bristol City Council), Sandra Grant (South Gloucestershire Council), Roy While (Wiltshire County Council), Andrew Bennett (Swindon Borough Council), Margaret Edney (Cotswold District Council), Bill Evans (Gloucestershire County Council), Sue Hope (South Gloucestershire Council), Reyna Knight (North Somerset Council), Peter Mallinson (Swindon Borough Council), John English (Wiltshire County Council), Judy Seager (Wiltshire County Council)

**Others:** Keith Scott, Associate Director Operations (Great Western Ambulance Trust), John Porter, Interim Director of HR, (Great Western Ambulance Trust), Simon Harper, Head of Scrutiny, (Gloucestershire County Council), Emma Powell, Scrutiny Officer (Swindon Borough Council), Jo Howes, Scrutiny Officer (Wiltshire County Council), Becky Parish, (Gloucestershire Primary Care Trust), Jude Williams, Scrutiny Officer (Bristol City Council), Debbie Freeman, Scrutiny Officer (North Somerset Council), Ian Whittern, Branch Chairmanman, (Great Western Ambulance UNISON Branch), Steve Smart, Branch Secretary, (Great Western Ambulance UNISON Branch)

**Public Gallery:** Victoria Eld, head of Communications, (Great Western Ambulance Trust), Chris Marsden, Head of PALS and PPI (Great Western Ambulance Trust), Caroline Pickford, (Wiltshire County Council), Gill Crooks (Gazette & Herald), Margaret Adams (Wiltshire Local Involvement Network),

**20. Apologies for Absence**

Councillor Sylvia Townsend  
Councillor Bill Payne  
Councillor Anne Harley  
Councillor Ann Kemp  
Councillor Paula Winchcombe  
Councillor Margaret Nolder  
Councillor Andy Perkins  
Councillor Ray Ballman

## **21. Declarations of Interest**

Councillor Reyna Knight, Chairman, Jubilee Daycare Centre

## **22. Public Forum**

No members of the public had asked to speak.

## **23. Chairman's Opening Remarks**

The Chairman advised the Committee that Jo Howes, Scrutiny Officer, was leaving Wiltshire County Council and that this would be her last meeting. He thanked Jo for all of the work she has done in the short time that the Committee has been in existence and expressed his gratitude on behalf of all members of the Committee.

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

The minutes of the previous meeting held on 18<sup>th</sup> April 2008 were agreed as an accurate record. The Chairman expressed his thanks to Councillor Sylvia Townsend for Chairmaning the meeting at short notice.

There was a query regarding the new Call Connect targets that were introduced on 1<sup>st</sup> April 2008 and the average amount of time that is spent obtaining information from a caller on the telephone. Keith Scott, Associate Director of Operations from the Great Western Ambulance NHS Trust, advised Members that under Call Connect the Trust has 8 minutes to respond to a Category A call from the moment a call is received at the switchboard. On average, 1 minute and 6 seconds is spent obtaining basic information from the caller.

There was a query on page 4 of the minutes in relation to the reasons for poorer performance in the Wiltshire Sector compared to the Gloucestershire and Avon Sectors. KS clarified that new 6 minute and 17 minute drive zones have only recently been introduced in Wiltshire, having been implemented in the other sectors first. Performance is expected to improve in line with that of the other sectors.

There was a further query in relation to page 6 of the minutes seeking clarification on situations where Community First Responders (CFRs) would be likely to withdraw from a call. IW explained that this might happen when a CFR does not feel safe or where they feel that they do not have sufficient skills to competently treat the patient. KS added that a standard working framework has been introduced for CFRs across the Trust, which includes

training, equipment and governance arrangements. Fixed defibrillator units and co-responders from the Fire Service and Military are also included in the scheme. The Trust is also planning to involve Clinical Team Leaders in supporting CFRs where possible. There is a CFR Co-ordinator in each Sector.

The Chairman expressed his disappointment that information that was requested by the Committee at the last meeting had not been provided by the Trust. KS confirmed that this information would be circulated to Members within the next week.

**It was resolved to:**

**Approve the minutes of the meeting held on 18<sup>th</sup> April 2008.**

**Request that GWAS circulate the information requested at the meeting held on 18<sup>th</sup> April 2008 within the next week.**

**24. The Views of Great Western Ambulance Staff Unison Members regarding the operation of the Trust**

The Chairman welcomed Ian Whittern, Branch Chairman of the GWAS UNISON Branch, and Steve Smart, Branch Secretary, to the meeting. It was requested that GWAS provide the contact details for other trade unions that operate within the Trust so that representatives can be invited to a future meeting.

IW and SS were asked to advise the Committee of their members' key concerns regarding the performance of GWAS. These included:

- The GWAS UNISON Branch has 600 members (approximately half of the workforce). Branch representatives have regular meetings with the Trust. Surveys are carried out with members and systems are in place to communicate issues between representatives. The Branch recognises that not all staff share the same views but try to achieve mutual resolution of issues with the Trust. Relationships with the Trust are generally good although some issues have been ongoing for some time.
- Concerns have been raised by staff from the Avon & Somerset Constabulary and the Avon Fire & Rescue Service that they are increasingly waiting for protracted periods of time at the scene of incidents for a GWAS ambulance to arrive. In some cases, the Police have transported patients to hospital contrary to Independent Police Complaints Commission (IPCC) guidelines. It is suggested that this is largely as a result of delayed patient handovers at hospitals. UNISON is aware of an incident where emergency services waited for more than an hour for an ambulance to respond to a cardiac incident.
- There is a perception that staffing levels within GWAS have not been increased to match a 10% year on year increase in calls, including increased urgent calls from GPs. As a result, there is not always the

capacity to meet all calls. This is an issue for all ambulance services, not just GWAS.

- UNISON members feel that increased investment in Emergency Care Practitioners (ECPs) and single crewed Rapid Response Vehicle has been at the expense of double-crewed ambulances that are essential to convey patients to hospital. This is particularly an issue in rural areas where the time to convey a patient to hospital can be significantly increased as a result of an initial response by a single-crewed. IW suggested that deploying the same model in urban and rural areas is not effective and increased emphasis on double-crewed ambulances in rural areas is required.
- There are concerns that although GWAS has not made any proposals to close rural ambulance stations, any such proposals in the future would not be supported by UNISON on the basis that this would exacerbate this issue. KS clarified that there is no station closure programme within GWAS but a review of the estate is due to commence within the next 2-3 months.
- An increased number of people moving from urban to rural areas, but still expecting the same level of service that they would receive in an urban area, may be resulting in an increase in the number of calls

There was a query in relation to staff morale. IW responded that morale in the Avon and Wiltshire Sectors was low due to factors including changes to meal breaks and working arrangements and a failure of the Trust to accommodate requests for flexible working. UNISON does not have any representatives in the Gloucestershire Sector but there is anecdotal evidence that morale is at a similar level. UNISON is currently dealing with 27 grievances.

There was a discussion regarding the effectiveness of communication with operational staff. IW explained that the majority of information is communicated via email or the GWAS intranet system. Many road staff find it difficult to find time to access these systems, particularly as staff no longer receive paid breaks and often choose to leave the station rather than log onto a computer in the station. There is also a reliance on Clinical Team Leaders to cascade information. Team Leaders are meant to see staff at least once every 2 weeks but IW reported that this is not always the case. IW suggested that the model used by the Fire Service where the Team Leader is always on duty with their team makes it easier to cascade information.

Members sought clarification on the issue of unpaid breaks. IW explained that under the national 'Agenda for Change' initiative, unpaid breaks have been introduced. Staff in Gloucestershire have one 30 minute break, in Avon two 30 minute breaks and one 45 minute break in Wiltshire per 12 hour shift. KS confirmed that the majority of staff have opted for these arrangements following consultation with staff and the trade unions and that this complies with the European Working Time Directive. He added that all ambulance stations are fully equipped for rest breaks. Where it is not possible for staff to return to a station for their break, arrangements have been made to use facilities at appropriate standby points.

There was a query regarding concerns raised by UNISON in a recent press release in relation to the adequacy of training provided to Emergency Care Assistants (ECAs). IW explained that the ECA role is being piloted in the South West Ambulance Service and GWAS are also participating in the pilot but in the view of UNISON have not fully engaged. A survey of ECAs and other members of staff by the South West Ambulance Service suggested that the ECA role was unfit for purpose at the present time and an independent body is carrying out a review of the role. ECAs are being deployed in GWAS and but require supervision, making it difficult to treat more than 1 patient at the same time. UNISON is aware of occasions where Fire Service staff have been tasked with administering treatment to a patient due to their superior levels of competence.

There are also concerns that staff are being put at risk by merging the clinical desk that monitors lone workers with the main Control Room.

There was a discussion regarding the reasons for staff sickness. IW explained that within the NHS, staff are exposed to infectious illnesses on a daily basis and are more likely to be ill as a result. Staff are discouraged from coming into work when ill, particularly if there is a risk of passing on the illness to vulnerable patients. Ambulance staff carry out a lot of manual handling and industrial injuries are common as a result. It was also noted that stress manifests itself in many ways, including physical symptoms such as fatigue.

There was a query as to why there were higher sickness absence rates in Avon compared to the other sectors. IW suggested that this might be linked to changes in working practices causing stress and the lack of 'Easyglide Chairmans' that assist lifting and carrying patients. KS advised the Committee that GWAS has been reviewing the market for devices for lifting and handling patients and have purchased 30 new Accident and Emergency ambulances, which include 'Easyglide Chairmans'.

IW explained that private ambulance providers are used by GWAS to fill gaps in capacity. KS clarified that a number of private providers are used by GWAS all of which meet specified criteria. The private providers do not use the GWAS livery or staff uniforms. All private ambulances are deployed using the GWAS computer aided dispatch system. All have mobile phones to stay in contact with the Control Room and handheld Terrafix Units are shortly being introduced which enable communication with the Control Room and operates as a satellite navigation system.

Members asked if there is any follow-up action if a unit does not meet the required target response time. IW explained that an automatic system is used to record when a unit has arrived within 200 metres of an incident, which may not necessarily mean that staff are actually with the patient. If a unit does not meet the target, the control room will follow up with staff the reasons for the delay. An IT system called Lightfoot is used to monitor performance across the Trust, including team and individual members of staff response times. IW is aware of instances where staff have taken some risks to meet response times.

IW advised the Committee that the Trust had stopped the delivery of mandatory training to staff but this is due to start again shortly. This has been as a result of the difficulties caused by abstracting staff for training on ensuring that performance is maintained.

In addition, not all staff have received an appraisal and some Team Leaders are not trained to carry out appraisals. The main issue is the lack of available time to release staff from operational duties to prepare and attend their appraisal. John Porter, Interim Director of HR, explained that the Trust has a target that 100% receive an appraisal and between 70-75% of staff have received one in the last year.

There was a query regarding how GWAS monitors the views of staff. JP explained that a Staff Survey had recently been carried out and received a 41% response rate. An action plan has been developed to address issues raised as a result of the Survey.

The Chairman thanked IW and SS for their careful and considered responses to the Committee's questions and noted that the community respects and values the work of GWAS staff.

**It was resolved that:**

**GWAS would provide contact details for trade unions in addition to UNISON that operate within the Trust.**

**GWAS would provide a briefing note in relation to mandatory training, including the type of training that the Trust is required to deliver, what training is currently being delivered, what training has been postponed and the reasons why and the number of staff that have received their mandatory training.**

**GWAS would provide details of private ambulance providers, how they are deployed, performance information and cost effectiveness**

**GWAS would provide a copy of the Staff Survey results and action plan that has been developed in response.**

**GWAS provide details regarding the number of Clinical Team Leaders who have not been trained to carry out appraisals.**

## **25 Review of Issues Arising from 'Managing Our Performance' Report April 2008**

The Chairman invited Members to raise any questions in relation to the April 2008 'Managing Our Performance' report that is produced for the GWAS Trust Board.

Page 8 – Hospital Handover Times

A query was raised as to why Salisbury District Hospital has such good patient handover performance in comparison to some other hospitals in the GWAS region. KS explained that performance is linked to demand, the number of patients conveyed to a hospital and the systems in place within the hospital to accept patients. The Strategic Health Authority (SHA) is leading on improving patient handover times and sharing best practice in the South West. In the case of a delay, the majority of patients remain on the ambulance but some are cared for by paramedics on a trolley in the hospital building. Patients are taken to the most appropriate treatment centre depending on their needs, which also includes primary care. The time at which an ambulance arrives at a hospital is recorded by pressing a button on the Terrafix system. Audits are carried out on a regular basis to compare the GWAS and hospital's record of handover times.

The Chairman asked whether GWAS has considered asking hospital trusts for reimbursement for delays. KS commented that cross charging would create additional bureaucracy and that this is an issue for Primary Care Trusts, acute trusts and ambulance services to address in partnership with the SHA.

Page 13 – Out of Hours Standards

The Trust is still investigating why there was an increase of 3000 calls in March. It may be that the number of out of hours calls increased over the Easter weekend.

Page 14 – Finance

There was a query regarding where the Trust gets its income. KS explained that Primary Care Trusts (PCTs) in the GWAS region contribute different amounts of funding depending on their population. Some have contributed additional funding for additional resources in their area. Gloucestershire PCT is the lead commissioner.

Page 18 – Staff Training

There was a query about the funding of trainee paramedics attending university. KS explained that GWAS pays for training and trainee paramedics attend a series of supervised placements throughout their training. The Trust expects to be operating at full establishment by November 2008.

Page 31 – Conveyance and Referrals

There was a query regarding safeguards that are in place during the transition between the old and new IT systems for recording child protection and vulnerable adult referrals. KS advised the Committee that he would arrange for a written response to be circulated to Members in response to this question.

Page 32 – Referrals to Clinical Desk

KS advised the Committee that he would arrange for information regarding the timescales for the new clinical desk to be operational to be circulated to Members.

Page 36 – Complaints and Compliments

Members requested more detailed information regarding complaints including:

- More detailed data regarding the nature of complaints
- A breakdown of complaints that have been upheld/ not upheld
- Geographic spread

Chris Marsden, PALS and PPI Manager explained that a new system for the recording of complaints has recently been introduced and the May Performance Report will include more detailed data regarding the number of complaints that have been upheld. The commonality of complaints are monitored so that appropriate action can be taken. The Clinical Director has recently visited several GP surgeries to ensure they understand the new GWAS processes. In addition, some complaints are as a result of a lack of awareness by the public of the response times that should be expected for different types of incident. This is a public education issue that requires addressing.

Page 38 – Public and Patient Involvement

It was requested that the contact details of the external reference group are forwarded to the Scrutiny Officer.

District Response Times

The Chairman thanked GWAS for providing a breakdown of district response times and asked that this information be provided to Members on a monthly basis.

**It was resolved that:**

**GWAS would provide information regarding safeguards that are in place during the transition between the old and new IT systems for recording child protection and vulnerable adult referrals.**

**GWAS would provide information regarding the timescales for the new clinical desk to be operational.**

**GWAS would provide more detailed information regarding complaints received by the Trust including whether they were upheld, the nature of the complaint and geographic spread.**

**GWAS would provide the contact details for the external reference group to the Scrutiny Officer that is referred to on Page 38 of the April 2008 'Managing Our Performance' Report.**

**GWAS would continue to provide a breakdown of district response times on a monthly basis.**

**26. Review of Air Ambulance Clinical Support Models**

The Chairman referred to the Briefing Note provided by GWAS regarding the clinical review of the air ambulance resources utilised by the Trust.

Victoria Eld, Head of Communications, explained that the review is a clinical review being carried out by clinicians to determine the level of clinical skills that is required at each of the air ambulances used by the Trust. KS added that the review is as a result of increasing requests to carry out direct transfers to specialist units. The review will only consider clinical provision across the GWAS region and not funding issues at this time. Once the review is complete, there will be a need to compare the recommendations with current provision.

VE explained that the Trust is writing to the local media emphasising that the review is only in relation to clinical skills and does not represent a threat to operations. The Chairman commented that given the widespread coverage in the local media, that the public must urgently be reassured that there is no threat to their local air ambulance service and requested that the Committee is kept informed regarding the progress of the review.

## **2.7 Dates of Future Meetings**

**It was resolved that:**

**Future meetings would be held at 11.00 on:**

- **25<sup>th</sup> July 2008**
- **26<sup>th</sup> September 2008 (venue to be arranged)**
- **31<sup>st</sup> October 2008 (venue to be arranged)**
- **5<sup>th</sup> December 2008 (venue to be arranged)**

**Date of Next Meeting – 25 July 2008 at South Gloucestershire Council,  
Thornbury**