Great Western Ambulance Joint Health Overview & Scrutiny Committee

Friday 25th July 2008 at 10:30

Council Chamber, Council Offices, South Gloucestershire Council, Castle Street, Thornbury, BS35 1HF

Draft Minutes

Present

Councillors: Andrew Gravells (Chairman) (Gloucestershire County Council), Lesley Alexander (Bristol City Council), Bill Payne (Bristol City Council), Margaret Edney (Cotswold District Council), Bill Evans (Gloucestershire County Council) (sub), Sue Hope (South Gloucestershire Council), Reyna Knight (North Somerset Council), Sylvia Townsend (Bristol City Council), Andy Perkins (South Gloucestershire Council), Ray Ballman (Swindon Borough Council), Peter Mallinson (Swindon Borough Council), Janet Biggin (South Gloucestershire Council) (sub)

Others: Emma Powell, Scrutiny Officer (Swindon Borough Council), Caroline Pickford, Scrutiny Officer (Wiltshire County Council), Richard Thorne, Scrutiny Officer (Gloucestershire County Council), Hazel Braund (Gloucestershire Primary Care Trust), Tim Lynch, Chief Executive Officer, (Great Western Ambulance Service NHS Trust), Steve West, Director of Operations (Great Western Ambulance Service NHS Trust), Dr Ossie Rawstorne, Clinical Director (Great Western Ambulance Service NHS Trust), Corrine Edwards, Assistant Director of Service Improvement (Bath and North East Somerset Primary Care Trust), Norman Cornthwaite (Bristol City Council), Shana Johnson (Bristol City Council)

Public Gallery: Victoria Eld, Head of Communications, (Great Western Ambulance Trust), Mandy Stokes, Corporate Development Directorate (Great Western Ambulance Trust), Margaret Adams (South Gloucestershire Local Involvement Network)

28. Apologies for Absence

Councillor Brian Oosthysen, Gloucestershire County Council
Councillor Sandra Grant, South Gloucestershire Council
Councillor Ann Harley, North Somerset Council
Councillor Anne Kemp, North Somerset Council
Councillor Andrew Bennett (Swindon Borough Council)
Councillor John English, Wiltshire County Council
Councillor Judy Seager, Wiltshire County Council
Councillor Roy While, Wiltshire County Council
Councillor Paula Winchcombe, Wiltshire County Council (sub)

29. Declarations of Interest

Councillor Andy Perkins declared that his wife is an employee of the University Hospitals Bristol NHS Foundation Trust.

30. Public Forum

No members of the public asked to speak.

31. Chairman's Opening Remarks

The Chairman extended thanks to South Gloucestershire Council for hosting the meeting. He also asked Tim Lynch to pass on the Committee's thanks to the Managers at Acuma House for facilitating the visit to the Almondsbury Control Centre on 23rd July 2008.

Feedback from the visit was then invited from Councillor Townsend who explained that the team were about to move into a new control room. Staff work 12hr shifts with regular breaks, and there is a low turnover of staff and sickness absence. Operationally, the 'real time' performance monitoring showed that 100% of 999 calls were answered within 5 seconds, which exceeds the national target of 95%. Callers information is entered directly onto a 'risk averse' software package, (*Advanced Medical Priority Dispatch system AMPDS*), which determines the priority and course of action. GWAS aspires to deliver the right treatment in the right place at the right time.

[A copy of notes summarising the visit to Acuma House on 23rd July 2008 are attached to these minutes as Appendix 1.]

32. Minutes of the Previous Meeting and matters arising

32a. Minutes of the Meeting held on 23rd May 2008

The minutes of the previous meeting held on 23rd May 2008 were agreed as an accurate record.

32b Summary of Information Requested from the Great Western Ambulance NHS Trust. (GWAS).

The Chair thanked GWAS for provided detailed information in response to requests made by the Committee at the last meeting. Members were asked to raise any queries as a result of the report that had been circulated with the agenda, which summarised this information.

<u>Page 13 - Mandatory Training:</u>
Dr Ossie Rawstorne (OR) explained that mandatory training includes equality and diversity training, conflict resolution, manual handling, health and safety and major incident awareness.

For Agency staff, the Provider as the employer is responsible for ensuring the training and employment rights for these personnel.

OR confirmed that some elements of this training are compulsory nationally via the Healthcare Commission and that this training is mandatory for all staff as a result. There was a discussion regarding the low take up rate for mandatory training as outlined in the June 2008 'Managing Our Performance' Report and the results of the 2007 Staff Survey that suggest that only 19% of staff received health and safety training in 2007 compared to 48& in 2006. The Trust declared non-compliance with this element of the 2007/08 Annual Healthcheck. The 2008/09 training plan is currently being revised due to operational pressures. The Education Team and OR are working together to be more innovative in the way that this training is delivered, for example, health and safety training in the classroom takes 6 people away from duty, whereas on-site training and standing down one ambulance might be better. Also, Major incident Awareness training might be best delivered in an operational environment.

Page 14 - Private Ambulance Providers: GWAS currently outsources approximately 4000 hrs per week to 'Agency' staff. This is an ongoing and Managed Service through a direct contract with five or six providers. The very large number of outsourced hrs (equating to some 100 FTE) is partly due to backfilling permanent staff undergoing training. It should reduce as the current, unique, training program is fulfilled, and sickness levels reduce. However, it may take 18 months before it reaches a tick over position and 'Agency' personnel will still be needed to cover peak periods. The cost of using agency staff was questioned and GWAS agreed to provide anonymised data.

There is a National Industry Standard covering the maintenance of ambulances, and it is the responsibility of the providers to attain this. The Vehicle and Operators Services Agency (VOSA) also oversees this, and GWAS carries out inspections on an ad hoc basis.

Pages 14 to 16 - Staff Survey Results: Members expressed concern that many of the responses to the 2007 Staff Survey were below the national average. The survey is produced and carried out by the Healthcare Commission as part of the Annual Healthcheck process. The GWAS Management Team have developed an action plan in response to the concerns raised by the survey, which includes Continuing Professional Development, and working with staff groups. They are also considering designing an Ambulance Service specific survey. It was noted that staff have been through a significant period of change and some of the results may reflect this.

There was a discussion regarding the frequency of staff working longer than their contracted hours. It was noted that it was not uncommon for pre-hospital care staff to work longer hours due to the nature of their role. All hours worked are recorded on PROMIS and an alert is triggered if over a 13-week period, an employee is getting close to exceeding the Working Time Directive (WTD). Assurance was given that staff with secondary employment had to declare this, gain approval, and sign to say it would not contravene the Working Time Directive.

The survey showed 1% of staff who responded to the survey had experienced violence from other members of staff. However, GWAS have checked and found no 'staff on staff' incidents recorded.

Pages 18/19 – Handover Times: The standard target for patient handover is 45 minutes. Any breach is reported to the senior management of the relevant acute trust and to the Strategic Health Authority. GWAS have an internal target to complete patient handover within 20 minutes. It is important that all NHS partners own this target to increase the efficiency of care pathways as a whole.

Work is continuing to embed Emergency Care Practitioners (ECP) working alongside Minor Injury Units (MIU). This is in place in Clevedon, expected to come to fruition in Gloucestershire in October, and being planned for Wiltshire (date not yet known). It was noted that these schemes benefit the whole health community by enabling staff with different specialisms to support each other and to develop their own skills.

Pages 21 to 23- Wiltshire Air Ambulance: OR confirmed that the start of the Clinical Review had been delayed until 5 August, and it was indications were that it would be completed in 3 months, although there is no fixed date for the completion of this work. The Review aims to ensure that all air ambulances in the region have appropriately trained staff. It was emphasised that the outcomes of the Clinical review will have no impact on signing a contract with the Police Aviation Service in relation to the Wiltshire Air Ambulance. The limitation to a 2 year extension is due to financial governance. Wiltshire County Council Leader, Jane Scott, had taken a personal interest in the issue and has asked Tim Lynch to keep her personally informed of the outcome of the review. It was noted that this Committee would continue to monitor this issue.

Pages 25/27– Clinical team Leaders: Tim Lynch (TL) explained that 80 Clinical Team Leaders (CTLs) have been recruited across the Trust. They are operational staff who have received further training to also act as clinical manager for the team. Non-operational managers with up to date paramedic registration can also be deployed if required, which is welcomed by operational staff.

Page 26 - Unscheduled Care 'Network': This is a management system for NHS organisations to plan services together, to inform commissioning and service delivery. The focus is on developing the whole care pathway. Public and patient involvement in relation to proposed changes to services arising from the network us the responsibility of individual Primary Care Trusts (PCTs), which will also consult the relevant Health Overview and Scrutiny Committees (HOSCs).

Page 27 – Co-Location of ambulance station at RUH:

There is a mid term strategy to develop resources near the RUH. GWAS plans to review ambulance resource bases over the next 18 months with a view to providing a resource close to major hospitals in the region.

General
The AMPDS system used in Almondsbury Control centre can cause frustrations for GPs and other health care professionals due to the long lists of questions. 'Protocol 35' bypasses some of these, and GPs can also use the 'GP Emergency line'. However, if they dial 999 it will be in the same queue and system as other 999 calls.

It was resolved:

- **To approve the minutes of the meeting held on 23rd May 2008.**

- **That Emma Powell to circulate the action plan that has been developed with Frenchay Hospital regarding patient handovers**

- **GWAS to provide information on:**
  - **Latest position on the take up/provision of Statutory Training and 08/09 target (as outlined in the July 'Managing Our Performance' Report)**
  - **Number of staff who have opted out of the Working Time Directive.**
  - **Average number of Hours worked by staff.**
  - **Number of outsourced 'Agency' hrs. to enable regular monitoring, plus anonymised cost information.**
  - **An Organisational Chart outlining the structure of operational teams and a wider organisational chart**

33. The Role of Primary Care Trusts in Monitoring the Performance of the Great Western Ambulance NHS Trust

HB confirmed that Gloucestershire Primary Care Trust (PCT) had co-ordinated an invitation to all seven PCTs that commission services from GWAS to attend today's meeting, but only Bath and Gloucester representatives were present. As this was a main agenda item, the Chair felt the non-attendance by the other five PCTs was discourteous and that he would write to their Chief Executives expressing the disappointment of the Committee.

In response to queries arising from the 'Primary Care Trust Briefing' paper, the following explanations were provided by PCTs and GWAS.

Page 36 - Response Times and Targets
There are no local targets and members felt PCTs should be setting different targets for Rural and Urban areas. People in rural areas should be able to know what response times to expect, and the minimum level that a response should not fall below.

HB explained that when developing targets, it is important to consider the needs of the local population whole care pathway, and the role of the ambulance service in contributing to the care pathway. In an ideal situation local indicators would be developed, as it is unlikely that the same level of response can be provided in every area but PCTs must be realistic and commission services that are deliverable.

CE added that PCT Boards are currently focussing on understanding what is needed to ensure that current national targets are met consistently. TL explained that the introduction of new technology, better communications and the development of the Community First Responder scheme will help to drive continued improvements in performance. TL invited Members to visit the new control room at Almondsbury in October 2008, once the new systems have become embedded.

The Chair asked what needed to be done to deliver national targets, and what the Committee to do to help?

TL said it was not purely a financial issue, and that pragmatic help was valuable. For example, Wiltshire members were supportive in publicising the role of Community First Responders. The improved intellectual understanding of the Committee was helpful as it could now appreciate the staged work programme that was underway.

Page 37 - Investment by PCTs

HB circulated a summary of the relative costs for Great Western Ambulance Service 2008/09 by PCT. The graph shows the demand placed on services by different populations and the associated increased cost to GWAS.

PCTs contribute different amounts of funding and it is unclear what services they receive for base and extra contributions. As host Commissioner Gloucester PCT were asked to provide a summary of this information within the next seven days.

Tim Lynch (TL) explained that when GWAS came into being they inherited a system based on 'Three Commissioning Colleges', with no standard baseline. GWAS is now working with PCTs to review activity, demography and the development of care pathways to build better cost models for the future. This is being tested in Wiltshire and the results will be shared with the Committee at a future meeting.

Only a small amount of central funding goes to the emergency services. There are no national tariffs for Ambulance services as there are for acute NHS Trusts, and current benchmarking based on calls per member of staff and Reference costs, is recognised as weak. However, funding needs to be tied to PCT commissioning so benchmarking will improve.

The Chair voiced concern that lack of any scientific costing formula made it difficult to consider whether PCTs were under/over funding and that a national

benchmark is needed. The Chair will discuss this issue further with Gloucestershire PCT and report back to the Committee.

TL explained that North Somerset PCT provided additional funding for 4 Emergency Care Practitioners (ECPs) to be based at Clevedon Health Centre to better assess and treat patients in the community, reducing the number of inappropriate admissions to hospital.

Hazel Braund (HB) explained that PCTs consider their population's health needs and the unscheduled care network looks at each element of service change. Gloucestershire has a consultation with the public, and the Joint Strategic Needs Assessment (JSNA) looks at future demographic and geographic changes needs. They are looking at new Community Hospital Services to avoid acute admissions.

Corrine Edwards (CE) reinforced this message adding that in Bath and North East Somerset they mirror this with schemes such as 'care closer to home' and 'urgent care', more details of which can be found in the PCT's Board papers. The role of GWAS needs to be included within the pathway.

Page 38 - Patient Handovers
HB explained that the handover problems were not just an Acute Sector problem, although PCTs are monitoring acute trusts very closely. Delays in patient handovers need to be addressed by reducing the number of patients that require admission to hospital in the first place, better managing the discharge of patients from hospital and the transfer of patients. There was a discussion as to whether charging acute trusts for breaches in patient handover targets. HB commented that she did not think that charging would be helpful in this circumstance.

Page 39 - Patient Pathways There was a discussion regarding how the effectiveness of patient pathways is measured and monitored. HB explained that PCTs monitor the number of patients admitted to hospital and the number of new cases managed in the community. The health community as a whole is trying to reduce the number of patients conveyed to hospital. Data on conveyance rates is contained within the GWAS 'Managing Our Performance' Report. As PCTs introduce new care pathways, audits of their effectiveness are carried out which include patient feedback and satisfaction. Feedback from other health professionals, such as GPs is also extremely useful information.

It was resolved that:

- **The Chair would write to the Chief Executives and Chairs of the non- attending PCTs to express the displeasure of the Committee that they failed to send an appropriate representative to the meeting.**

- **HB will refer back to Gloucestershire PCT to confirm the timescales for the development of local response time targets.**

- **Following consultation with all of the commissioning PCTs, Gloucestershire PCT to provide a summary of how much each PCT contributes to GWAS, and what services they receive for this remuneration.**

- **The Chair to progress discussions with Gloucestershire PCT and the Strategic Health Authority regarding a national benchmark for costing Ambulance Services.**

- **Emma Powell to arrange a visit to the new Control Room at Acuma House, Almondsbury in October 2008.**

34. Review of Issues Arising from 'Managing Our Performance' Report June 2008.

In response to queries arising from the June 2008 'Managing our Performance' paper, TL and SW provided the following explanations.

Page 6 – Accident and Emergency- Key Milestones:
Category B has a milestone to introduce additional an ambulance in Gloucester by January 09. SW confirmed that additional transport capability is required in the Gloucester sector generally to improve performance regarding the B19 target.

There was a discussion regarding the monitoring of response times in Wiltshire. SW confirmed that GWAS would continue to provide reports to the Committee breaking down performance to District level. As discussed previously, GWAS is working with PCTs to understand the model of services that will be commissioned in the future and this work is being piloted in Wiltshire. The results will be shared with the Committee at a future meeting. SW agreed to share the Operational Plan and Performance Improvement Plan with the Committee, which includes details on improving performance in Wiltshire but commented that national targets are unlikely to be met in Wiltshire as a standalone area in 2008/09.

Page 12 – Finance
The Trust Board acknowledges it has an overspend, and planning is in place to reverse this. However, sickness trajectory (5.5%) is not on target, which is impacting on spending. Abstractions of newly recruited Emergency Care Practitioners (ECPs) for the next 3 months will also place demands on resources. Additional resources have also been required in order to meet the demands of Call Connect.

Page 29 - Health and safety
TL explained that 'RIDDOR' refers to the Reporting of Injuries Diseases and Dangerous Occurrences. These are incidents resulting in more than 3 days sickness absence.

Page 31 – RAF Medical Technician Conversion and Paramedic training

GWAS is working with the RAF to up skill their clinical staff to NHS Standards. After receiving training from GWAS, the staff complete a year long placement with GWAS.

Page 38 – Clinical Desks
A new system has been introduced for Vulnerable Adult referrals (and Child Protection) but it is too early to assess results.

11 paramedics have not been trained in deliver pre-hospital thrombolysis. TL explained some of these are paramedics who have transferred to GWAS from other areas where this training is not delivered as standard. This training is now part of the Foundation Training for all new paramedics.

It was resolved that:

- **GWAS to provide copies of the Operational Plan and Performance Improvement Plan**

35. Future Work Plan.

The Future Work Plan was agreed

36. Dates of Future Meetings

The Chair thanked TL, SW, OR, HB and CE for their courteous and informative responses to the questions raised by the Committee.

Future meetings to be held at 11.00 on:

- 26th September 2008 at Civic Offices, Swindon Borough Council
- 31st October 2008 at Weston-super-Mare Campus, North Somerset Council
- 5th December 2008 Shire Hall, Gloucestershire County Council

APPENDIX 1

Great Western Ambulance Joint Health Scrutiny Committee

Visit to Acuma House, Almondsbury 23rd July 2008

Seven Members of the Great Western Ambulance (GWA) Joint Health Scrutiny Committee visited the GWA Control Room based at Acuma House, Almondsbury on 23rd July 2008.

Members met with Nick Matson, Associate Director of Operations and other members of his team and were given the opportunity to ask any questions before being given a tour of the Control Room. Below is a summary of the key issues arising from the visit.

Role of Acuma House

- Acuma House answers all 999 calls in the GWA region, dispatches resources for Avon and dispatches all 3 air ambulances
- Dispatch for Gloucestershire and Wiltshire is carried out at Quedegely and Devizes respectively. Staff have access to real time data from Almondsbury and provide call handling resilience
- Staff are due to move into a new Control Room in the same building in mid-August. The old control room will be refurbished, in preparation for the Patient Transport Service moving to Almondsbury

Staffing

- There are 2 supervisors on duty at any one time
- Staff work 12 hour shifts with regular screen breaks
- There is a low turnover of staff and clear career progression in the Control Room
- Sickness levels are generally quite low but have increased slightly in recent months
- Staff receive 6 weeks intensive training, including techniques to obtain accurate information from often distressed callers

Call Handling and Prioritisation of Calls

- Calls are automatically forwarded to staff. When not taking a call, staff monitor the progress of recent calls and take action if necessary e.g. calling a patient back to advise of a delay
- There is a national target to answer 95% of all 999 calls in 5 seconds. Real time performance is displayed on a screen in the control room. During our visit, performance was at 100%
- A software package prompts call handlers of the information required from callers and prioritises the call (Category A to C) based on Department of Health guidance. An appropriate response can then be dispatched. Paper processes are in place if the system fails
- There are a number of situations that are automatically treated as a Category A response e.g. chest pains
- Following an initial assessment by the software, a small number of calls are forwarded to NHS Direct. This will only affect Category C calls. NHS Direct can provide advice and consider all of the treatment pathways that are available. NHS Direct has a direct line to the GWA control room if it appears that an ambulance is required. Callers may also request an ambulance.

- Community First Responders will only be dispatched to certain types of incident
- GWA has been accredited as a 'Centre of Excellence' by the academy that owns and operates the software system
- There is a process is place for dealing with persistent repeat callers who abuse the 999 system. In appropriate cases this may involve escalating the issue with the individual's GP
- Call handlers can access 'Language Line' if an interpreter is required
- 3% of all calls are audited with approximately 98% of calls complying with national standards

Inter-hospital Transfers

- All inter-hospital transfers are agreed by prior notice
- There is a Protocol in place that is currently under review

Patient Handovers at Hospital

- A Capacity Management IT System is being introduced which will enable GWA and all hospitals to monitor the number of beds available, patient movement within hospital and available GWA resources.
- Issues with ambulances queuing outside a hospital are often resolved at a senior level. The new system will enable staff in A&E departments to more easily identify potential problems before they arise
- If an ambulance has been waiting at a hospital for more that 20 minutes, the dispatch supervisor contacts the crew to determine the cause of the delay and can escalate any issues with the hospital
- Hospitals can request that GWA divert patients to an alternative hospital but the final decision rests with GWA
- Some hospitals have arrangements in place for 'direct admissions', avoiding the need to go to A&E. This is often the case with patients with a long-term condition or by prior arrangement by a patient's GP

Awareness of the Role of GWA

- There was a discussion about the challenges of raising public awareness of the response they should expect when they dial 999 and request an ambulance e.g. Emergency Care Practitioner (ECP) or Rapid Response Vehicle, may not be taken to hospital etc.
- There is a need to ensure that vulnerable people, such as the elderly, feel comfortable dialling 999 in an emergency

General Staff Issues

- Arrangement are not currently in place for operational staff, such as paramedics, to return to work on 'alternative duties' after a period of absence due to sickness. An individual's return to work is managed by Occupational Health and the relevant line manager
- Alternative duties are offered to pregnant women
- A fitness test is not part of the recruitment process for operational staff, although all staff must pass a medical
- The retirement age for all staff is 65. Operational staff may ask for redeployment or to reduce their hours/ job-share as they approach retirement

Transformation of GWA

- Ambulance services are increasingly becoming the clinical hub of the health service, as they are often the first point of contact for patients

- GWA aspires to provide the right treatment, at the right time, at the right place, which means developing services over and above sending an ambulance and conveyance to hospital. ECPs and Clinical Desks enables enhanced clinical care to be provided at the scene of an incident, avoiding the need to go to hospital in more minor cases
- Options are being explored to increase the use of ECPs based in primary care centres, particularly in rural areas
- A new deployment plan is currently being developed for Wiltshire based around drive zones

Ambulance Maintenance

- Ambulances are serviced every 6 weeks
- 'Make Ready teams' have been introduced in some stations to clean and restocking ambulances. Previously this was the responsibility of ambulance crews and frees up their time to respond to calls

Tour of the Control Room

- Members were shown the software that is used to record details of calls, the questions that are put to callers and how the response is monitored

ACTIONS:

1. **Scrutiny Officer to request a list of all ambulance stations in the GWAS region**
2. **Scrutiny Officer to request data regarding a) the proportion of calls that are transferred to NHS Direct per annum and b) the number of calls that are returned to GWA by NHS Direct per annum**
3. **Scrutiny Officer to request that a copy of the 'Continuous Improvement: The Future' statement that was at all work stations in the Control Room to be circulated to Members of the Committee**

Emma Powell
Scrutiny Officer