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Great Western Ambulance Joint Health Overview & Scrutiny Committee

Friday 30th January 2009 at 10.00

**Gloucestershire County Council, Committee Room 2, Shire Hall,
Gloucester, GL1 2TG**

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), Brian Oosthuysen (Gloucestershire County Council), Sue Hope (South Gloucestershire Council), Sylvia Townsend (Bristol City Council), Andrew Bennett (Swindon Borough Council), Peter Mallinson (Swindon Borough Council), Roy While (Wiltshire County Council), John English, Wiltshire County Council, Councillor Andrew Bennett (Swindon Borough Council)

Others: Emma Powell, Scrutiny Officer (Swindon Borough Council), Caroline Pickford, Scrutiny Officer (Wiltshire County Council), Alison Enever, Scrutiny Officer (B&NES Council), Dr Ossie Rawstorne (Great Western Ambulance NHS Trust (GWAS), Keith Scott, Locality Manager (GWAS), Ian Whittern (Chairman of GWAS Unison branch), Mervyn Monks, (Great Western Ambulance External Reference Group and South Gloucestershire LINK), Hazel Braund (NHS Gloucestershire), Bryony Brown (NHS Wiltshire), Norman Cornthwaite (Bristol City Council), Debbie Freeman, Scrutiny Officer (North Somerset Council), Margaret Adams (Great Western Ambulance External Reference Group and Bristol LINK), Jo Bolton Scrutiny Officer (Gloucestershire County Council), Councillor Adrian Inker (Bath & North East Somerset Council), Rosmarie Phillips (Swindon Local Involvement Network)

60. Apologies for Absence

Councillor Judy Seager, Wiltshire County Council
Councillor Sandra Grant, South Gloucestershire Council
Councillor Andy Perkins, South Gloucestershire Council
Councillor Ann Harley, North Somerset Council
Councillor Anne Kemp, North Somerset Council
Councillor Reyna Knight, North Somerset Council
Councillor Ray Ballman, Swindon Borough Council

61. Declarations of Interest

No declarations of interest were made.

62. Public Forum

Mr Albert Weager, Gloucestershire LINK and Great Western Ambulance External Reference Group asked:

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“It is likely that for 2009/10 LINKs members from across the GWAS region will formally associate as a joint task group to consider matters of common interest and pursue these interests in appropriate ways, commenting and reporting likewise. Should this likelihood become a reality will the Joint OSC consider allowing for this in its terms of reference with a view to co-opting one member (with designated deputy) onto the Joint OSC.”

The Chairman advised that this issue would be discussed under Agenda Item 6.

Mr Albert Weager, Gloucestershire LINK and Great Western Ambulance External Reference Group asked:

“Continuous Professional Development is an essential dynamic of all dedicated professionals. Where such CPD can be clearly identified, within GWAS, as being of relevance to the public, will the Joint OSC consider asking service commissioners and providers to make funding available where there is a demonstrated need for this.”

Dr Ossie Rawstorne, GWAS, explained that the Trust is supportive of providing opportunities and funding to staff for CPD, as well as delivering statutory and mandatory training.

Mrs Rosmarie Phillips, Swindon Local Involvement Network asked:

“What training do paramedics receive to identify and respond to medical alert bracelets?”

Dr Ossie Rawstorne, Clinical Director (Great Western Ambulance NHS Trust) explained that staff receive training on how to identify and respond to medical bracelets and other forms of medical alert. Training also makes reference to clinical directives and work has been taking place with the NHS South West End of Life Strategy Group to develop systems to flag a patient who has an advanced directive in place. This is an important workstream that will continue to develop over the next two years.

62. Opening Remarks by the Chairman

The Chairman welcomed members to the meeting. He advised members that Richard Thorn, Scrutiny Officer from Gloucestershire County Council has now left the local authority. On behalf of Members, he thanked Richard for his hard work in supporting the Committee.

63. Minutes of the Meeting Held 30th October 2008

The minutes of the previous meeting held on 30th October 2008 were agreed as an accurate record.

GWAS have not supplied Agency figures as requested in Minute 55. Keith Scott reassured the committee that Anthony Marsh, Interim Chief Executive, has made a commitment to reduce the use of agency staff and that the missing figures will be provided by e-mail for circulation.

It was resolved that

- **GWAS will provide monthly figures regarding agency and overtime expenditure.**

64. Response to the Great Western Ambulance Joint Health Scrutiny Committee's "Interim Report & Recommendations"

One hard copy of the report has been supplied to each Council, and it is also available electronically on

http://www.swindon.gov.uk/great_western_ambulance-2.pdf

South Gloucestershire Council Health Scrutiny Committee will be discussing the report at their meeting on 11th February. All other authorities have been supportive of the report.

Responses to (Report) recommendations from Gloucestershire PCT and GWAS made in October 2008 Report (Appendix 2)

- Recommendation 1
Members voiced concern about the NHS Gloucestershire response regarding the value of any additional performance monitoring.

Monitoring the Performance Improvement Plans (PIP) was seen as being important and that to do this statistics would be needed. They had been used by the Joint Committee in coming to its recommendations, and would also be used to show when things were going wrong. Now was not a good time to stop supplying figures.

Hazel Braund explained that GWAS was a relatively small Trust and should not be diverted away from its patient focus. Reassurance was given that the PCT was not wishing to withhold any figures.

Keith Scott went on to say that each of the 3 Localities had a plan in the PIP and that he was happy to share these with the HOSCs.

Ian Whittern informed the committee that, from a Unison perspective, the new computerised dispatch system was causing problems for end users and that this could impact on response times. Staff in response vehicles are receiving very little information at the outset of a call. More information was relayed en-route, but lone drivers then had to pull over to review it. If an address had a Warning flag this information used to be automatically supplied, but now it was not available to the responder. Originally there was too much information (about 10 texts),

but this has now been streamlined so that only pertinent information was sent. The Chairman recommended that this needed to be discussed with GWAS and set out the resolution below.

- Recommendation 7.
The Chairman explained that the suggested target of a 20-minute response time to Category A8 calls for 100% of all calls, regardless of whether the incident is in a rural or urban area, was designed to open the debate on this controversial issue. GWAS and the lead PCT did not like the target, and it was now for the Committee to discuss.

Members commented that this response was disappointing as the suggestion had come out of the work of the Gloucestershire Task Group, and that Anthony Marsh (CEO) had said he would put effort into raising rural response rates. If this target was not accepted, then it begged the question about what was GWAS going to do about raising performance in rural areas?

Hazel Braund urged members to consider the whole of the response on page 4, which included reference to individual PCTs possibly deciding to invest additional resources with GWAS to improve performance in particular areas. As the lead commissioner, NHS Gloucestershire was not able to impose on local PCTs. It was for them to make their own decisions.

Hazel Braund welcomed the suggestion that Cotswold and Forest of Dean have discussions with NHS Gloucestershire and the Practice Based Commissioning group.

Benchmarking GWAS and PCT spend on ambulance services has been asked for before, but proved problematic.

- Recommendation 8.
Hazel Braund informed the Committee that, as lead Commissioners, Jan Stubbings (Chief Executive NHS Gloucestershire) had written to all the Trusts regarding Handover Times and their contractual agreement. The PCT will continue to assess whether imposing a financial penalty is beneficial.

A discussion then followed regarding the future management of GWAS and the possibility of a consortium taking over. As much of the information was unconfirmed, the Chairman will contact Sir Ian Carruthers for clarification. Keith Scott confirmed that the advert for the Chief Executive Officer position had now gone out.

It was resolved that:

- **The GWAS performance report is retained as an item on the agenda, but that the Committee will only review this in detail**

where there is concern regarding a specific performance indicator

- **Ian Whittern and Keith Scott discuss the problems being experienced with the new system and forward a report within the next two weeks, detailing the problems and how they are to be resolved, to Emma Powell (Scrutiny Officer) for circulation. This matter will then be taken up with GWAS and the Lead commissioner.**
- **Each HOSC has discussions with their PCT to identify what services are commissioned in their area, and ask for more resources to be input where necessary.**
- **GWAS bring financial benchmarking information to the next Joint Committee Meeting in April 2009.**
- **Andy Gravells to contact Sir Ian Carruthers to seek clarification about the possibility of a consortium being interested in running GWAS.**

65. Approval of the Committee's Revised Terms of Reference

The Chairman proposed that the Committee appointed a representative from the seven Local Involvement Networks within the GWAS region to serve as a non-voting member of the Joint Committee. It was proposed that the representative could be drawn from the membership of the local authority area where each meeting of the Joint Committee is being held i.e. a representative from the Bristol LINK in April, North Somerset in July and Wiltshire in October. It was agreed that the Chairman would write to all of the LINKs in the GWAS region outlining this proposal and inviting the LINKs to appoint a representative to serve on the Joint Committee.

Emma Powell drew special attention to:

1. Agenda Item 6 point 2.12
Each HOSC seeking own Council approval of revised Terms of Reference.
(see *resolution below*)
2. The Revised Terms of Reference at Appendix 3 which clarified:
 - Scrutiny Support (Administrative)
 - Establishment of Task Groups

Bath & North East Somerset Council have decided to join the Joint Committee, subject to the formal approval of the Bath & North East Somerset Health Scrutiny Panel. The Chairman formally welcomed Councillor Adrian Inker to the group.

It was resolved that:

- **That the revised Terms of Reference be approved (Final version of the Terms of Reference are attached at Appendix 1)**

- **That the Chairman would write to all of the LINKs in the GWAS region, inviting the LINKs to appoint a single representative to serve as a non-voting co-optee on the Joint Committee**
- **Each HOSC to decide for themselves whether they need to take the revised terms of reference back to their Local Authority**
- **That Councillor Adrian Inker to advise the Chairman of whether Bath & North East Somerset Health Scrutiny Panel approve the proposal the join the Joint Committee. If the proposal is approved, Councillor Adrian Inker to advise the Chairman of the nominated representatives from Bath & North East Somerset Council**

66. Overview of Air Ambulance Services

Dr Ossie Rawstorne introduced the 'Clinical Review of Air Ambulance Services in the Great Western Ambulance Services NHS Trust Area' report circulated with the agenda. This will be put to the GWAS Board today.

The review was prompted by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report 'Trauma: Who Cares?' and, whilst progress had already been made in this area, it needed to be moved forward. Discussions aimed at maximising clinical benefit, were based on the work of the Department of Health's Air Ambulance Working Group.

It should be noted that there is not a lot of hard evidence directly linked to the air ambulance service, and that much of the findings are based on a consensus of expert opinions.

In response to questions raised by members, the following points were made:

- The Charity supporting the Filton Air Ambulance is changing its model, with the advantage that it will be able to fly 7 days a week instead of current 5. This will not impact on the Wiltshire Air Ambulance.
- The statistics about average mission times in the report do exclude Police activity. The police do preventative work and including this in the figures would skew the results, which currently show medical activity only.
- The Charity decides if a service provides Helicopter Emergency Medical Services (HEMS) flights. A secondary role, of transfers and retrieval, is increasing and discussions are being held for the charities to take a view on this. Assurance was given that an emergency would take precedence.
- The Gloucester Air Ambulance is utilised in the West Midlands and funding is applied proportionally to cover these flights.
- Historically, the tasking and mobilisation of ambulances has been different in the South to the other areas. Tasking Criteria is to be equalised. The Chairman raised concerns that Gloucestershire was losing out as the statistics showed it had less activity than the other

sectors. Dr Rawstorne felt that comparisons would be more appropriate when consistent criteria were being applied.

- Where services were not 'as they should be' it was for a mixture of financial, staffing (qualified), and organisational reasons. There is a proposal to establish a working group to look at this, and it is anticipated that it will meet barriers.
- To improve staff qualifications, Critical Care Practitioner (CCP) courses are being offered. This is in its infancy and is challenging, so the best way to support staff is being considered.
- There is a proposal for Air ambulances to cross boundaries, much as they do at present, and 'buy in' to this from the charities is being sought.
- Recommendation 12, re negotiations between charities, GWAS and Police to support night time HEMS across GWAS.

There are 3 models being considered:

1. Have a Critical Care function within Road vehicles- not felt to be the best.
2. Have more formal arrangements with the Police helicopters to assist.
3. For Wiltshire Air ambulance to extend its flight range - This depends on the Charity.

The overall aim is to provide nighttime flying across ALL of GWAS. Nighttime flying is defined by daylight hours and visibility, and Pilot qualification. Police are able to reconnoitre landing sites in advance. The Air Ambulance can do retrieval at night, but yes, it is dependant on pilots training and equipment on the ambulance.

- Use of 'Instrument Flying Rules' (IFR) was uncertain.
- The 5, 10 and 5 minute flight zones in the report are indicative only, and some areas will come within neighbouring authority zones e.g. Dorset.
- Crewing arrangements. It is a weakness of the Wiltshire AA that it has a solo clinician. The consensus of opinion is that it would be desirable for it to have two.

Mervyn Monks referred to the Bristol Evening Post, 28 January 2009 report. The charity supporting the Filton Air Ambulance has set an appeal target of £1.3m to keep the service flying. Disappointingly, only £15,000 has been raised so far and this is mainly from large companies.

The Chairman thanked Dr Rawstorne for his introduction to the report and responses to questions.

It was resolved:

- **Councillor Peter Mallinson be invited to speak to a pilot regarding use of IFR, consideration of amount of work being done on boundaries, and about transportation of blood in police helicopters. Councillor Mallinson is asked to report back to the next committee.**

- Gloucestershire County Council concerns, about their low level of activity compared to other sectors, is put on its March HOSC agenda

67. Issues Arising from January 2009, 'Managing Our Performance' Report

Members commented that the statistical (*trajectory*) report was very large and not in an easily digestible format, but that receiving information at District Level was very important.

Response times

The Category A8 performance had dipped in December, but recognition was given that this followed a national trend. Keith Scott confirmed this, adding that there had been a lot of staff sickness and an unprecedented increase in activity. The latest figures were:

Category	This week	Last Month
A8	75.15%	68.6%
A19	97.1%	95.2%
B	95.3%	91.6%
C	95.3%	92.1%

Staff Training and Sick absence

Keith Scott was pleased with the extra investment in training, which was showing now in the improved figures. They have recruited 41 members of staff, and have changed some team structures. New Emergency Care Assistants are going through training and will finish in April.

Sickness levels are higher than would like, but are on the way down. To improve morale, Anthony Marsh (CEO) is visiting all the bases.

Conveyance to Primary Care Destinations (page 9)

GWAS is working closely with MIUs and target figures will be requested

In answer to a question about what support was available to GWAS when under severe pressure, Keith Scott said they could call on neighbouring Trusts and, if necessary, St John's ambulance, the Red Cross and other voluntary organisations.

Missing and doubtful figures

Page 7 - December figures are missing from the two data tables (Conveyance rates and Clinical Desk referrals).

Page 10 – The Vacancy against Establishment figures look unrealistic e.g. 1/3rd vacancy rate in A & E Ops). These will be verified.

It was resolved that:

Keith Scott

- **Convey the congratulations of the Joint Committee to GWAS.**
- **Asks Dr Rawstorne for targets for Conveyance to Primary Care Destinations**
- **Verifies the Vacancy figures (p10) and supplied missing figures (p7)**

68. Work Programme

The Draft Work Programme for 2009 was discussed:

It was resolved that:

- **The Draft Work Programme for 2009 was adopted by the Committee.**
- **Benchmarking is added to the Work Programme**
- **'light touch answers' be supplied for savings from the Avon Gloucestershire and Wiltshire Ambulance services merger. (para 2.4)**
- **The Role of Patient Transport Service is added to the end of the April agenda (subject to time being available).**

69. Appointment of a Chair for 2009.

Councillor Andrew Bennett nominated Councillor Andrew Gravells for the role of Chairman for 2009. This was seconded.

It was resolved that:

- **Councillor Andrew Gravells to be appointed as Chairman of the Great Western Ambulance Joint Health Scrutiny Committee for 2009**

70. Dates of Future Meetings

It was resolved that:

- **The future dates of Committee meetings were agreed as follows:**
 - **24th April 2009 at 11.00 at The Council House, Bristol City Council**
 - **31st July 2009 at 11.00 at the Campus, Weston-Super-Mare, North Somerset Council**
 - **30th October at 11.00 County Hall, Wiltshire County Council**

71. Any Other Business

Councillor Andrew Bennett thanked the Chairman for his Chairmanship of the Joint Committee.

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Ian Whittern offered to attend any local HOSC meeting.

Margaret Adams (LINK) had received a letter from the South West Ambulance branch of Unison on the subject of Patient Transport Service (PTS). The PPI section were worried about tendering out privately for PTS. A patient needed expertise when using transported and there was concern that this would not be provided.

It was resolved that:

- **Members thanks to Andy Gravells for his Chairmanship of the joint committee, be formerly recorded**
- **Local HOSCs wishing to invite Ian Whittern to their meeting make contact through Emma Powell (Scrutiny Officer).**
- **NHS South Gloucestershire talk to Margaret Adams about PTS tendering**

Appendix 1

Great Western Ambulance Joint Health Scrutiny Committee

Terms of Reference (Revised January 2009)

Mission Statement

To collectively scrutinise the planning, design and delivery of services provided by the Great Western Ambulance NHS Trust (GWAS) to:

- Hold GWAS to account for its performance on a Trust-wide basis
- To review and develop policy that affects all local authority areas served by GWAS
- To scrutinise the impact of the services provided by GWAS on all local communities served by the Trust

Rationale

Local authority Health Overview and Scrutiny Committees (HOSCs) have statutory powers to scrutinise the provision of healthcare services to their local communities. HOSCs have an important role in:

- Involving local people and community organisations in scrutiny activity
- Developing a dialogue with service providers and other stakeholders outside the council
- Taking up issues of concern to local people
- Reviewing whether goals are being achieved
- Examining what can be done to solve problems and enhance performance and achievement

Where health services are delivered by a single provider across a number of local authority areas, as is the case with ambulance services provided by the Great Western Ambulance NHS Trust, it is recognised that there are benefits of the relevant local authorities coming together to scrutinise the planning, design and delivery of these services in partnership.

This will ensure:

- A co-ordinated approach to the scrutiny process
- A common understanding of issues affecting all local authorities within the GWAS region
- A single forum for the discussion and review of issues affecting all local authorities within the GWAS region
- An identified body to respond to proposals to vary or develop services that have been determined to be a “substantial variation” by two or more local authority HOSCs

Legal Framework

The Health and Social Care Act 2001 provides local authority Health Overview and Scrutiny Committees to scrutinise the planning, design and development of local health services.

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

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

Aims and Objectives

The Great Western Ambulance Joint Health Scrutiny Committee will meet to scrutinise matters relating to:

- The performance of the Great Western Ambulance NHS Trust against national and local performance indicators
- Any issue in relation to the planning, design or deliver of healthcare services by the Great Western Ambulance NHS Trust that impacts on two or more local authorities within the area served by the Trust
- Proposals by the Great Western Ambulance NHS Trust or Gloucestershire Primary Care Trust as lead commissioner to vary or develop ambulance services where two or more local authority Health Overview and Scrutiny Committees have found the proposal to constitute a “substantial variation”.

To have specific responsibility (but not limited to):

- The scrutiny of performance against national and local response time targets
- The scrutiny of performance against other national and local targets
- The scrutiny of the strategic direction of the planning, design and delivery of healthcare services provided by the Great Western Ambulance NHS Trust
- The scrutiny of the commissioning of ambulance services within the area served by the Great Western Ambulance NHS Trust

The remit of the Great Western Ambulance Joint Health Scrutiny Committee excludes:

- The scrutiny of any matters relating to the planning, design and delivery of healthcare services provided by the Great Western Ambulance NHS Trust that impacts on a single local authority, without first seeking the approval of the relevant local authority
- The scrutiny of individual cases
- The scrutiny of the management of staff

Task Groups

The Joint Committee may establish a Task Group comprising of at least two members to carry out an in depth review of a specific issue. A named lead officer will administer each Task Group, with additional support by other local authority scrutiny officers as appropriate.

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As part of its decision as to whether to establish a Task Group, the Joint Committee will consider any funding implications.

Scrutiny by Individual HOSCs

Individual HOSCs retain the right to scrutinise any matter relating to the planning, design or delivery of ambulance services within their area.

It is requested that individual HOSCs advise the Joint Committee of their intention to carry out such a review in order to:

- Prevent duplication
- Identify whether the issue also impacts on other local authorities
- Identify any support that could be provided by the Joint Committee

The final decision to scrutinise an issue remains with the individual HOSC.

The Joint Committee will ensure that copies of its agenda, minutes and work programme are sent to the Chairs of all individual HOSCs.

Membership

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

- Bristol City Council
- Gloucestershire County Council
- North Somerset Council
- South Gloucestershire Council
- Swindon Borough Council
- Wiltshire County Council

The Joint Committee shall be entitled to appoint a number of non-voting co-optees.

The Chair will be appointed for a period of 12 months and will be reviewed in February 2009. In the absence of the Chair, a member of the Joint Committee from the local authority at which the meeting is being hosted will be appointed to act as Chair. The Chair will not receive a Chair's allowance.

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

Administrative Support

Scrutiny officers from the participating local authorities will support the Joint Committee. The Scrutiny Officer from Swindon Borough Council will be the lead officer to co-ordinate support arrangements.

Support arrangements will be reviewed on a regular basis.

Funding

Participating local authorities are not required to make a financial contribution for the support of the Joint Committee.

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Individual local authority Scrutiny Officers will be responsible for printing papers for their members.

The venue of meetings of the Joint Committee will be rotated amongst the participating local authorities. The host local authority will meet the costs of providing hospitality.

The Joint Committee will monitor on a quarterly basis, whether any local authority in supporting the Joint Committee has incurred any additional costs.

Frequency of Meetings

The Joint Committee will meet on a quarterly basis. Additional meetings may be arranged if required.

Attendance at Meetings and Provision of Information

As outlined in the Health and Social Care Act 2001, NHS organisations are obliged to respond to requests for information made by the Joint Committee and to attend meetings of the Joint Committee if required.

This duty also extends to scrutiny reviews being carried out by individual HOSCs.

Review of Terms of Reference

The effectiveness of the Joint Committee and its Terms of Reference will be reviewed on an annual basis. The next review will place in October 2009.