

BOROUGH OF POOLE

**JOINT HEALTH SCRUTINY COMMITTEE – SOUTH WESTERN AMBULANCE
SERVICE NHS FOUNDATION TRUST (SWASFT)**

24 JANUARY 2019

The Meeting commenced at 2pm and concluded at 3.30pm.

Present:

Borough of Poole:

Councillors Jane Newell, Xena Dion (substitute in respect of a vacancy) and Marion Pope

Bournemouth Borough Council

Councillors David d’Orton-Gibson

Dorset County Council

Councillors Kevin Brookes and Peter Oggelsby

Also in attendance:

Nick Reynolds, Dorset County Commander, SWASFT

Craig Martin, Deputy Integrated Urgent Care Commander, SWASFT

Vanessa Read, Director of Nursing and Quality, Dorset CCG

Sue Sutton, Deputy Director, Urgent and Emergency Care, Dorset CCG

Michael Gravelle, Assistant Director of Finance, Dorset CCG

Ann Harris, Health Partnerships Officer, Dorset County Council

Jan Thurgood, Strategic Director – People Theme, Borough of Poole

The Committee was informed that Councillor Elaine Atkinson had stood down from membership of the Committee and from the Chair and there was therefore a vacancy. Councillor Xena Dion attended as substitute for this meeting.

JHS1.19 ELECTION OF CHAIRMAN

RESOLVED that Councillor Jane Newell be elected as Chairman.

JHS2.19 ELECTION OF VICE CHAIRMAN

RESOLVED that Councillor Marion Pope be elected as Vice Chairman.

JHS3.19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bobbie Dove and Laurence Fear (Bournemouth Borough Council).

JHS4.19 DECLARATIONS OF DISCLOSABLE PECUNIARY INTEREST

There were no declarations of disclosable pecuniary interest.

JHS5.19 MINUTES

For clarification at Minute JHS 6.17, it was explained that although the financial aspirations of SWASFT was not to operate at a financial loss, it was not a 'profit making' organisation as suggested within the minutes.

Subject to the above, the minutes of the meeting on 23rd January 2017 were confirmed as a correct record.

JHS6.19 TERMS OF REFERENCE

The Committee reviewed its terms of reference as originally set out and the list of general responsibilities. It was accepted that a significant time had now passed during which very useful work had been done. Over that period of time there had also been a marked improvement in performance in term of NHS '111' operations and this was now reflected in the latest Care Quality Commission ('CQC') assessments.

JHS7.19 PRESENTATION FROM SWASFT

The Committee received a presentation from the Dorset County Commander of SWASFT setting out the aspirations of the service for delivery of Ambulance Response Standards and explaining how the Ambulance service connected with the wider Dorset health service system and its localities.

The presentation began by setting out a context for the service in terms particularly of response rates to incidents across the range of urgency categories. Although priority was still having to be given to high priority cases there was clear improvement in results. Numbers of qualified paramedics in post were also set out together with details of newly qualified paramedics and support staff. It was reported that a recent national recruitment campaign in New Zealand had successfully attracted a number of new personnel and was having an effect on performance.

A number of other measures were described including a new system to support ambulance dispatch decisions and better arrangements for managing the 'stacking' of non-priority calls. There were also improvements in resources available through additional and new vehicles and through deployment of specific measures such as the 'Raizer' chairs which considerably assisted the process of raising patients from the floor and which had been of particular assistance in the Dorset area.

The Committee also considered how the strategic deployment of resources was organised across the County of Dorset and assessed the impact of incidents on those resources. The Committee particularly noted the effect on response time caused by ambulances engaged in conveying patients and as result of extended waiting and handover times once ambulances reached hospitals.

The Business Case was set out for the Committee and presented in terms of People; Fleet and Funding and the implementation of the proposals was already reported to be having an effect on improvement of service performance. There was also increasing focus on community engagement and patient focus and various initiatives supporting this were described and set out. This was in parallel with personal development and training of staff, sharing of best practice and working closely with local medical practices and GPs.

The representatives from SWASFT and from the Dorset Clinical Commissioning Group ('CCG') responded to questions from Members. In response to questions, there was discussion about recruitment and retention of staff and a turnover of trained paramedics was occurring due in part to their skill set being sought in other organisations (hospitals; prisons; Primary Care; etc). This was something that was being urgently addressed with the objective of endeavouring to ensure that paramedics had a clear and valued role. There were also questions about the level of mental health training provided and this too was reported to be recognised as a key area for development as an ever increasing percentage of ambulance responses became related to mental health issues.

Members referred to the 'Summary of Findings' section in the CQC report and raised questions about specific areas identified for improvement. Members were reminded that the report was a Trust-wide assessment rather than focussed on Dorset alone and that this meant that many of the specific areas for improvement identified were outside Dorset. Strong assurances were provided that issues within Dorset had been addressed and the understanding was that this also applied across the region. Though important in isolation, many of these were small isolated local matters that had now been resolved. The identified items were, however, all included within an action plan maintained by SWASFT and monitored by the CCG.

Overall, there was a firm view reported that the increasing resources now being applied across the service and supported with additional funding would improve performance and provide an effective system for managing demand and addressing the pressures facing the service. The Dorset CCG as co-ordinating commissioner for SWASFT had negotiated on behalf of all relevant CCGs an uplift in the Trust's funding linked to improving the timeliness of responses to calls ranked as medium priority. The Dorset CCG would be closely monitoring the impact of this increased investment.

JHS8.19 NHS '111' SERVICE CQC RE-INSPECTION

The Committee also considered the CQC report about the NHS '111' service and were presented with the summary of the inspection findings. Performance against addressing these subjects was described.

Members declared themselves satisfied with the direction of travel towards adopting the recommendations of the CQC.

JHS9.19 DECISION AND WAY FORWARD

Having carefully considered the data presented and listened carefully to the additional information provided at the meeting and to the responses to questions

from Members, the Joint Committee expressed its satisfaction with the direction of progress.

This part of the Joint Committee's work was therefore concluded.

The Committee particularly noted, going forward, that the Dorset CCG had awarded a new contract to an alliance of local providers led by 'Dorset HealthCare' under the title of 'Integrated Urgent Care Service' to come into effect from April 2019. It was explained that the new service was intended to improve all-round access to urgent NHS care and advice when it was needed whilst at the same time helping to reduce admissions to hospital.

The Joint Committee was of the view that the introduction of the new service, its effect on provision and what it can produce for the public should be kept under review. It was suggested that this be highlighted as a scrutiny priority for both of the two new Dorset Councils with the opportunity to review delivery and performance after the initial six months of implementation.

Under the new arrangement 'Dorset HealthCare' would be lead provider, working with The Royal Bournemouth and Christchurch Hospitals, Poole Hospital, Dorset County Hospital, South Western Ambulance Service and Dorset's GPs.

CHAIRMAN