

Managing our Performance



Performance Report for Board Meeting on
Thursday 26 June 2008

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Summary of Key Performance Indicators

Performance				
	Plan	Actual		
A8 Call Connect	75%	71.6%	✘	↓
A19 Call Connect	95%	94.5%	□	↑
B19 Call Connect	95%	87.1%	✘	↓
Conveyance	66%	65%	✔	↑
Call to needle *	68%	55.5%	✘	↓

* Call to needle data is YTD to March 2008

Finance				
	Plan	Actual		
I&E (+) surplus/(-) deficit				
Capital CBL £m				

Staff				
	Plan	Actual		
Sickness absence	5%	5.7%	□	↓
Turnover	<8%	10%	□	↓
Headcount	1395	1323	✔	↑
Appraisal	100%	80%	✘	↑

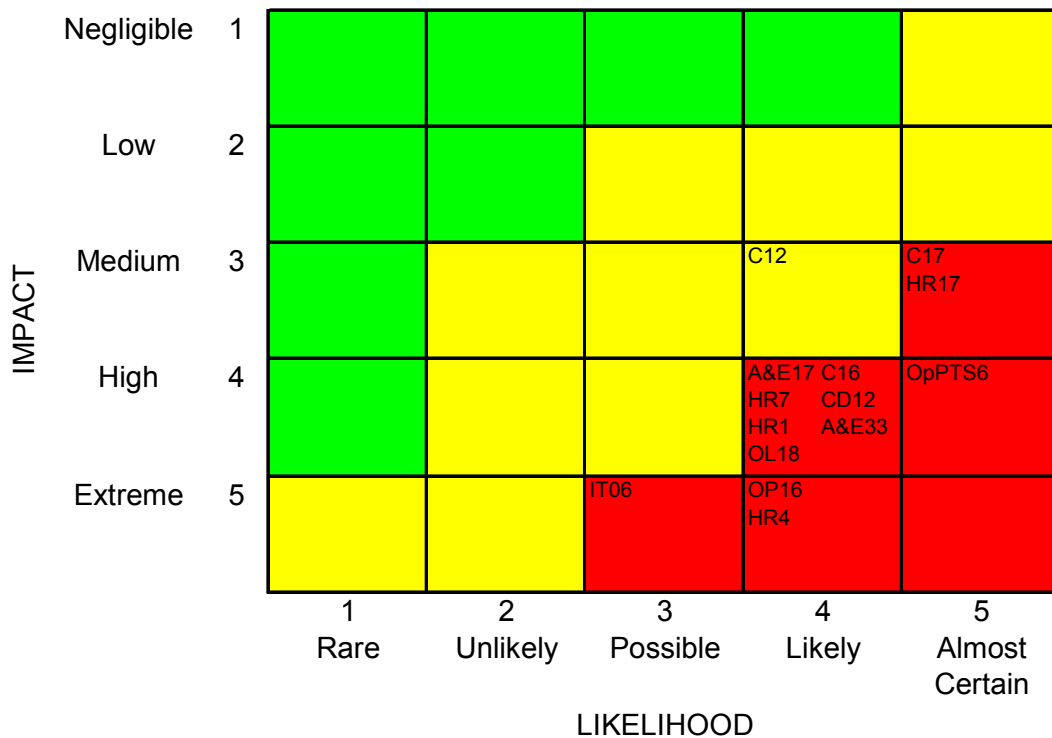
* data is up to end of March

Fitness for purpose				
	Plan	Actual		
S4BH compliance	40/40	38/40	□	↔
ALE compliance*	10/10	1/10	□	↔
NHSLA compliance	40/50	29/50	□	↑
IGT compliance	54/54	50/54	□	↔

Traffic light symbols		
Worse than plan	Red	✘
Nearly on plan	Amber	□
Better than plan	Green	✔

Direction symbols	
Better performance than last month	↑
Same performance as last month	↔
Worse performance than last month	↓

Significant Risks



*			May	April
BAF1	OP16	Failure to achieve Call Connect	20 ↔	20
BAF 1	OpPTS6	Instability of PTS control room staffing due to control room move	20 ↔	20
BAF 4	HR4	Delivery of mandatory training, low uptake with inability to release staff	20 ↔	20
BAF5	HR7	Inability to fully utilise ESR, delays with payroll	16 ↔	16
BAF 8	CD12	Unsatisfactory relationship with stakeholders	16 ↔	16
BAF 10	C16	Inappropriate pats left at home v inappropriate pats transferred to hospital	16 ↔	16
BAF 1	HR1	Ineffective sickness management	16 ↔	16
BAF 5	A&E17	No overall Business Continuity Plan (departmental only)	16 ↔	16
BAF 4	OL18	Bariatric patients increasing potential of injury	16 ↔	16
BAF1	A&E33	Delivery of training impacting on implementation of CAD	16 ↔	16
	HR 25	Inability to recover manual handling training records leading to delayed management of claims	16	New
BAF 10	C17	Lack of control of quality standards of third parties	15 ↔	15
BAF 4	HR17	Possible delay attending patients at home due to CAD alerts	15 ↔	15
BAF 6	IT06	Network faults with BT configuration	15 ↔	15
BAF1	C12	Impact of hospitals not achieving thrombolysis target on GWAS targets	12 ↓	20

* - BAF reference to 2007/2008 assurance framework. Reference to 2008/2009 assurance framework subject to final approval of integrated business plan.

Accident and Emergency

Operational response standards to be delivered

Ambulance Trusts are required to meet a number of response standards appertaining to emergency calls; these standards vary according to the clinical need of the patient:

The response categories and targets are as follows:

- Category 'A8' (life threatening) – The Trust must respond to 75% of all calls within 8 minutes.
- Category 'A19' (life threatening) – The Trust must respond to 95% of all calls within 19 minutes of the request for transport.
- Category 'B19' (serious but not immediately life threatening) – The Trust must respond to 95% of all calls within 19 minutes of the receipt of the call.
- Category 'C' (not considered serious, but requires an ambulance response) – 95% of all calls must be responded to within 60 minutes of the receipt of the call, however, if the call is made by a health professional this time can be extended up to 4 hrs.

As from 1 April 2008, the measurement of the timing for all calls will start when the call reaches the telephone switch, known as 'Call Connect' rather than at the point the patient's details have been taken.

The following table outlines the Trust's performance against these standards for 2008/09.

Key Components	07/08 Year End	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	08/09 Year End Target
Cat A Call Connect 8 Min	59.40%	72.7%	71.60%											72.00%	75%
Cat A Call Connect 19T Min	93.10%	94.4%	94.50%											94.60%	95%
Cat B Call Connect 19 min	85.80%	88.7%	87.10%											87.80%	95%
Cat C call Connect 60 min	82.60%	86.6%	82.80%											84.70%	95%

This is in relation to the number of:

Incidents with activation (where a call is received, an ambulance despatched but is not necessarily required at the incident)

Key Components	07/08 Year End	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	08/09 Year End Target
Actual Incidents with Activation	227526	18907	20176											39083	
Planned Incidents with Activation	221670	19007	19321											38328	234352
Difference in Activations	5856	-100	855											755	
Percentage Difference	2.57%	-0.53%	4.43%											1.97%	

Incidents with a response (where a call is received, an ambulance despatched and attends the incident)

Key Components	07/08 Year End	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	08/09 Year End Target
Actual Incidents with Response	216813	17993	19148											37141	
Planned Incidents with Response	210874	18106	18389											36495	223317
Difference in Responses	5939	-113	759											646	
Percentage Difference	2.74%	-0.62%	4.13%											1.77%	

Key Milestones

A revised Performance Improvement Plan (PIP) has been produced; this plan is being proactively managed, by the Senior Management Team, with the Executive Team in the role of Programme Board.

Category A

- Appoint Senior Manager for each control room and Service Delivery Managers for each control room – July 08
- Improve drive zone management – July 08
- Extend call handling to the Gloucestershire control room giving greater call handling capacity – Aug 08
- Recruit additional call handlers and dispatchers – Aug 08
- Ensure crews are mobile within 30 seconds of receipt of detail for 95% of the time – July 08
- Increase night RRV cover in Bristol – June 08
- New CAD goes live, providing additional functionality and quicker dispatch - October 08
- ECP cohorts go-live- Cohort 1 July 08; Cohort 2 October 08
- Implement various ECP schemes (3) – Nov 08

Category B

- Review the current 17 minute drive zones – July 08
- Reduce handover and wrap up times to an average of 25 minutes – Sept 08
- Extend the number of facilitated standby points – Dec 08
- Introduce additional ambulance to Gloucester – Jan 09
- Action plans and trajectories regarding hospital turnarounds revised to move towards no waits over 15 minutes - March 09.
- Implement Agency resource plan – June 08

Support Actions

- Plans are in place to reduce operational sickness to 5% - Sept 08
- Increase the use of minor injury units – Dec 08
- Improve Hear & Treat and See & Hear processes – March 08

Progress against Milestones

The following have been achieved or implemented during the reporting period

- Additional Staff have been recruited (May 08) into the control room, these are currently in training.
- The time to answer 999 calls has been reduced to an average of 5 seconds – May 08
- Emergency Care Assistants (ECAs) cohort 5 went live in June 2008
- Trust wide absence management group established – May 08
- Call handling overflow to Wiltshire control room completed – June 08
- Lightfoot management information now available in house – May 08
- Interim General Managers appointed – June 08

Key Issues and Actions

- There are approximately 18 vacancies; comprehensive recruitment plans are in place for all grades of staff, trainee Paramedics and Paramedics are being recruited externally.
- Vehicle turnaround times at hospitals continue to present a challenge and impact on performance levels. Progress is being made with Acute Trust partners with joint action plans being produced, incorporating trajectories for improvement for each site.
- Sickness levels are excessive, causing a number of dropped shifts; project group has been established to manage sickness.

Performance Charts

The following charts show the performance of the Trust, details as follows:

Chart 1 This chart shows the actual number of activations against planned

Chart 2 This chart shows the actual number of responses against planned

Chart 3 The table shows the time taken to handover patients for May 08; these are hospitals regularly used by the Trust. The time is measured from the arrival time of the vehicle until the patient is handed over to another healthcare professional.

Chart 4 Graph showing the handover times for the month of May 08.

Chart 1

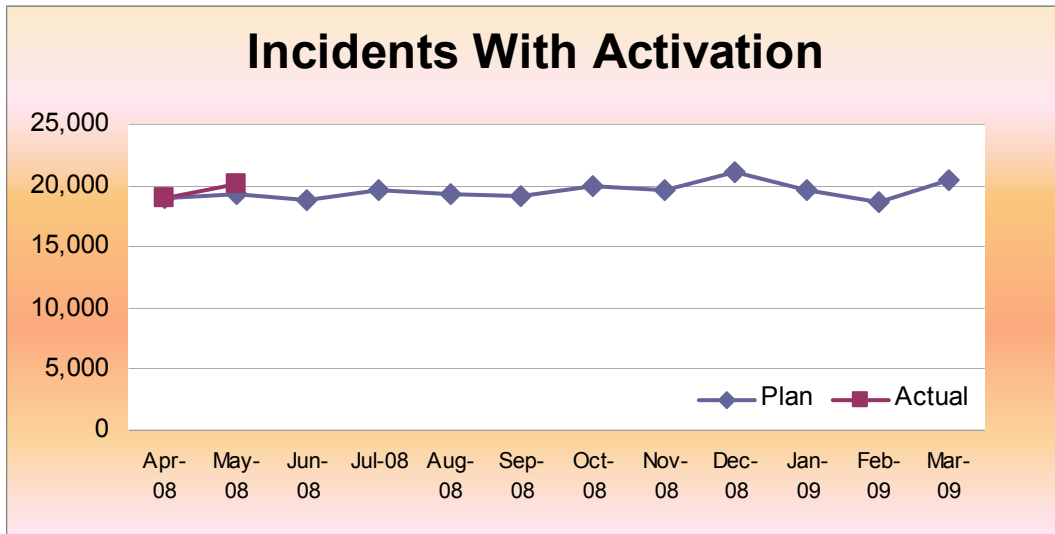


Chart 2

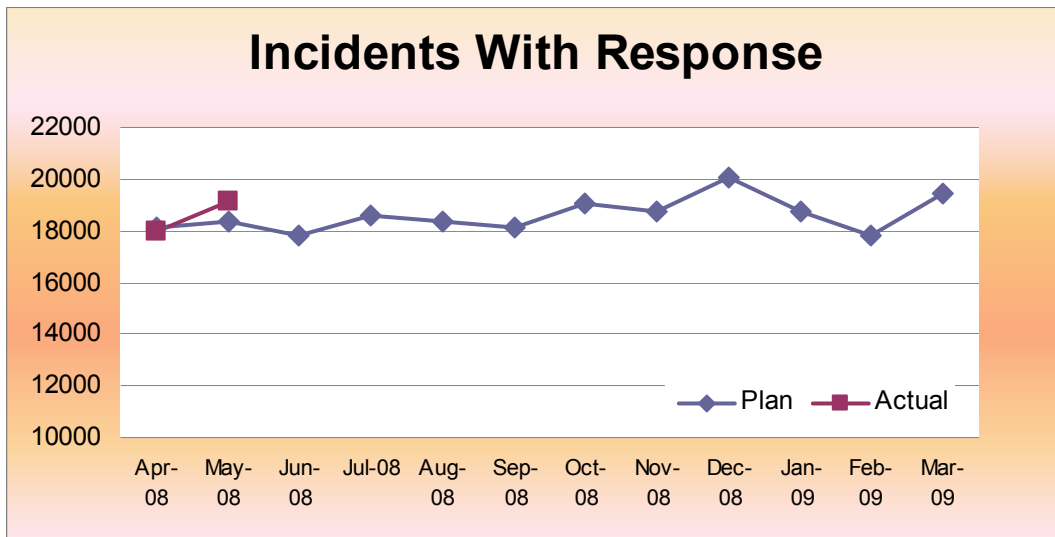


Chart 3

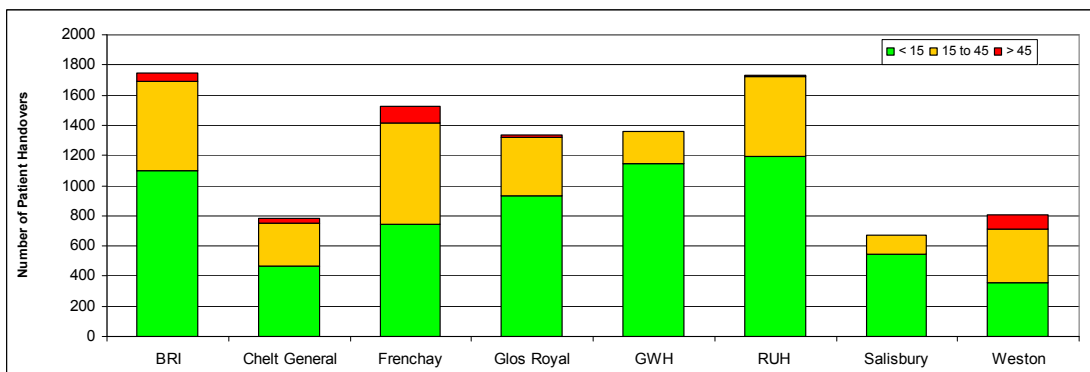


Chart 4

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	Total 15 Mins and Over	Total 45 Mins and Over	Total
Bristol Royal Infirmary	1099	295	144	76	38	27	11	34	21				646	55	1745
Cheltenham General Hospital	468	128	71	39	14	19	10	16	16	1			314	33	782
Frenchay Hospital	740	251	170	123	65	38	25	53	52	7			784	112	1524
Gloucester Royal Hospital	934	194	104	42	23	13	8	9	10				403	19	1337
Great Western Hospital Swindon	1143	134	51	13	14	2	5						219	0	1362
Royal United Hospital Bath	1196	285	148	48	28	8	8	5	4	1			535	10	1731
Salisbury District Hospital	542	66	33	13	11	3	3	2					131	2	673
Weston General Hospital	354	126	94	57	39	22	17	42	46	6			449	94	803
Overall Total	6476	1479	815	411	232	132	87	161	149	15			3481	325	9957

Out of Hours

Operational standard to be delivered

Out of Hours call taking standards are defined nationally in the Carson Report and are:

Call Taking

- <5% of all calls abandoned
- <1% of callers should receive an engaged signal
- Call answering 95% in 60 seconds

The “National Quality Requirements in the Delivery of Out of Hours Services” (Department of Health 2004) sets three levels of compliance in meeting the standards for Call Triage and Home Visiting which are:

- Fully compliant - >95%
- compliant – 90-95%
- Not compliant - <90%

Call Triage

- A call must be made to the patient by the triage clinician within 20 minutes of their original call.

Home Visits

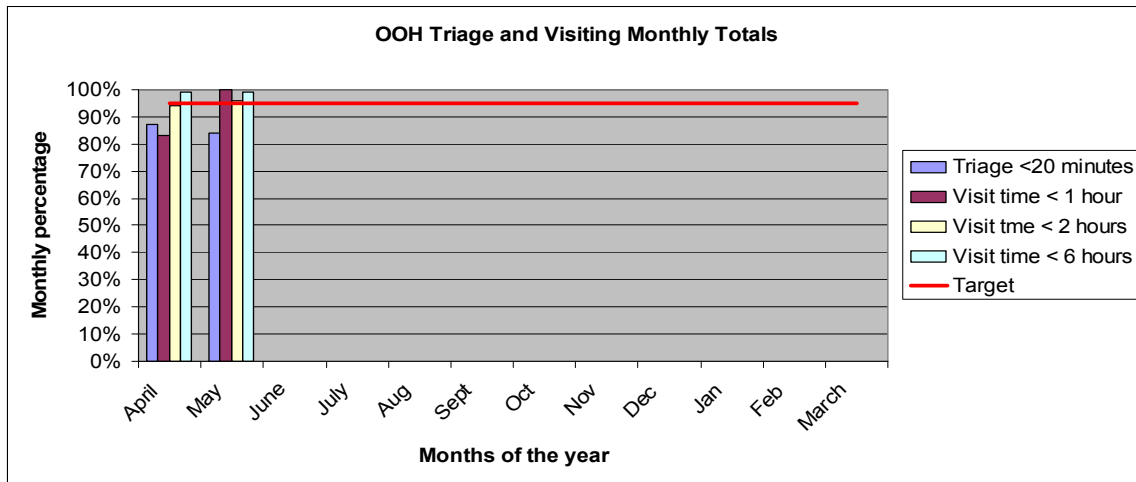
- Emergency visit – patient must be visited within 1 hr
- Urgent visit – patient must be visited with 2 hrs
- Routine visit – patient must be visited within 6 hrs

The following table and attached graph show GWAS performance against these standards:

2008/2009

Key Components	07/08 Year End	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	Jul-08
Total number of calls received	108,547	7,139	11,035											18,174	
Calls abandoned	7.3%	4%	3.8%											4%	5%
Calls Engaged	0%	0%	0%											0%	<.1%
Percentage of calls answered <60 Secs	89%	94%	94%											94%	95%
Triage <20 minutes	79%	87%	84%											86%	95%
Visit time < 1 hour	94%	83%	100%											92%	95%
Visit time < 2 hours	94%	94%	96%											95%	95%
Visit time < 6 hours	98%	99%	99%											99%	95%

The table shows the Trust's Out of Hours performance for triage and home visits.



Key Milestones

There is an action plan in place to achieve the performance against the national standards by July 2008. Plans include:

- Gloucestershire Out of Hours control to merge with Emergency Control, this will help ensure an integrated approach to services and maximise resources by August 2008.
- Re design call triage process to ensure consistency of approach, and standardisation to all patients by September 2008.
- Utilisation of Emergency Care Practitioner's (ECP's) to support Out of Hours home visits by September 2008.
- Dispatchers in Gloucestershire to extend their role to dispatch both OOH and emergency resources as appropriate to meet patient's need by August 2008.
- The integration of Gloucester Emergency Duty Team(EDT) and Emergency Domicillary Team(EDOMT) into the Out of Hours Hub by June 2008.
- The integration of Wiltshire road crews to the clinical desks by May 2008.

Progress against Milestones

- Gloucestershire Out of Hours successfully moved into the control room.
- The redesign of call triage, utilisation of ECP's and the extension of the dispatch role, is now a combined project running until September 2008.
- It is planned for EDT and EDOMT to move into the hub as above.
- The information has been shared with Wiltshire crews in order that they access the clinical desk.

Key Issues and Actions

- We did not achieve the standard for triage and a detailed analysis of the triaging of calls by doctors is continuing to identify best practice and used as a learning tool. All Out of Hours Doctors have been contacted regarding triage.
- We did not achieve the standard for call answering however, this was 1% below the set standard and due to volume of calls for the two bank holidays in the month of May.

Key Milestones

In order to deliver the finance targets the following targets are required to be achieved:

- Achievement of financial balance throughout the year.
- Cash Releasing Savings are delivered throughout the year
- The Trust continues to have a strong balance sheet
- Ensure that Debtors and Creditors are maintained at a stable level
- Capital resources are spent against plan and reported accordingly
- The Trust achieves its Better Payment Practice Code targets
- The Trust achieves its Rate of Return and External Financing Limit

Progress against Milestones

The following section outlines the current progress against the key milestones for 2008/09.

INCOME AND EXPENDITURE

The Trust is assuming that it will deliver a breakeven position for the year 2008/09. However month 2 is reporting an adverse variance of £351,700 as per appendix 1. The forecast outturn for 2008/09 is breakeven if the financial and operational risks detailed below are mitigated.

Expenditure between month 1 and month 2 is lower by £120,000 which reflects the slow down in agency and overtime usage in May. Appendix 2 shows the monthly trend for pay and non pay.

The number of whole time equivalents worked (WTE) increased between April and May by 5 WTE as shown in Appendix 3.

The performance of each directorate is detailed below:

Accident & Emergency Division (A&E)

A&E is overspent by £155,000 as at month 2. This is based on the budget profile agreed by the board which assumed a recurrent increase for A&E developments funded by PCTs of £1,000,000 profiled evenly across the year and non recurrent A&E support of £1,400,000 profiled across the first 6 months of the financial year. If the current trend continues then the A&E directorate will not have enough resource to cover the year to date overspend by the end of July.

The overspend has materialised from covering sickness, extractions for training and maternity leave which are over and above the funded establishments. If the levels of sickness cannot be reduced and the training extraction not closely monitored this will cause the current agency and overtime trends to continue throughout the year leading to a significant overspend against budget.

The Trust is finalising a revised 'performance improvement plan' identifying the level of 'productive staff time' required to meet the national targets, and recover the underperformance to date. The plan will also identify the likely cost of this approach, and

the level of financial risk associated with control of the sickness, training and maternity issues identified above.

Further review of Trust reserves will be undertaken to identify additional resource to support this position. Given the size of the potential overspend it will be essential that absence levels are reduced as much as possible while sustaining performance as the Trusts reserves will not be able to cover this level of overspend. If absence levels are not controlled then this overspend will increase significantly.

At month 2 there were no other significant variances on the A&E budget.

Patient Transport Services (PTS)

At month 2 PTS is overspent by £158,600. Pay is under spent by £20,000 but non pay is overspent by £179,000 due to a significant increase in the use of taxis. Urgent review is being undertaken in this area to ascertain the reasons for increased demand and how this compares to the historical 'block' income levels that currently underpin the proposed service level agreements.

Negotiations are in progress with Gloucestershire trusts to bridge an emerging funding gap and corresponding discussions will need to occur with the Bristol Hospitals in order to control the current overspend.

To contain the overspend, the actions available to the Trust will be to manage activity within the proposed service level agreements or achieve additional resources to fund the increase in costs and activity. Internal focus will need to be directed at cost control and efficient use of the PTS vehicles and use of external agencies.

The Financial projections currently assume these actions will be taken and this trend will not continue, however if action is not taken and the if current trends continue, then the forecast overspend for the directorate is £500,000 overspent given the current expenditure profile.

Urgent Care

Out of Hours is around £60,000 underspent for the year. The underspend relates to skill mix savings against the funded establishment. Whilst the approach of recruiting permanent staff for this service has been cost effective, there is increased financial risk in relation to sickness and maternity costs. The financial projection assumes a continuing underspend in this area.

Support Services

At month 2 Fleet and Logistics are around £110,000 underspent however Information Technology (IT) is overspent by £78,000. The underspend on Fleet and Logistics relate to vacancies against the funded establishment and lease costs. The overspend on IT relates to the use of agency staff. The forecast outturn of this directorate is £100,000 underspent. Urgent review of the pressure areas in this directorate will be undertaken to develop an action plan to ensure that the underspend in this area can be sustained while enhancing the service delivery.

Trust Corporate

At month 2 corporate costs show a £168,000 overspend due to an over establishment of staff on Training and Personnel some of which is being covered by agency usage.

Urgent review of this area will be undertaken to ascertain whether this can be managed back into balance. The forecast for HQ is breakeven for the year end if the current risks can be managed.

Other

It is assumed that the Trust will receive funding from the Department of Health for the current planned impairment of £1,000,000 which arises from the sale of the Chippenham Ambulance Station site.

Forecast Outturn for 2008/09

As per Appendix 1 the Trust is assuming breakeven for 2008/09 however it will need to ensure that operational action is taken to reduce the agency and overtime costs to a level which is affordable while ensuring that core standards are delivered. If the level of expenditure continues passed without any reduction in absence levels, then the Trust will need to seek additional resources in order to support the current activities. The overspends on PTS and HQ will need to be reviewed immediately and actions put in place to mitigate the current cost pressures. Further savings throughout the organisation will need to be found to offset any further overspends.

DELIVERY OF CASH RELEASING SAVINGS (CRES)

As at month 2 the CRES plan has been achieved as shown in Appendix 4. Given the current pressures that the Trust is experiencing additional savings may well be required over and above the current target. The level of savings needed and the areas which will be focussed on will be determined over the next month and reported back to the board.

CAPITAL EXPENDITURE PERFORMANCE

To date the Trust has spent £317,000 on capital schemes as shown in appendix 5. The Trust is forecasting that it will achieve its capital resource limit which assumes the sale receipt of the Chippenham College site. Any changes to the assumptions with this sale will be reflected in the current capital plan and reported accordingly to the board.

CASHFLOW

As at month 2 there are no issues to be reported on the Trusts current cashflow as shown in Appendix 6.

BALANCE SHEET

As at month 2 there are no issues to be reported on the Trusts balance sheet as shown in Appendix 7. The changes in the balance sheet represent the current Income and Expenditure position, capital expenditure and the changes in the current assets. There have been no significant changes to provisions.

EXTERNAL FINANCING LIMIT

The Trust is forecasting that it will achieve its external financing limit for 2008/09.

RATE OF RETURN ON CAPITAL

The Trust is forecasting that it will achieve a rate of return on capital of 3.5%

BETTER PAYMENT PRACTICE CODE PERFORMANCE (BPPC)

The Trust has not achieved the BPPC target of 95% for number and value of invoices paid within 30 days for NHS and non NHS invoices as at the end of May 2008 as shown in appendix 8. A review of the invoices that have failed the target is being undertaken to verify the reasons for the failure enabling actions to occur so the poor performance can be reversed.

Key Issues and Actions

The following section outlines the issues and actions required to deliver the statutory financial duties of the Trust.

Overspend in A&E Pay

The overspend on A&E will be dependent on sickness levels, the level of training extractions, maternity leave and the effectiveness of rota management. Failure to improve on these areas will result in additional hours being covered by high cost agency and overtime. Weekly monitoring of expected extractions will be undertaken to ensure that funded establishments are not exceeded and close attention will be focussed on team rota management.

If current expenditure trends continue then a review of current provisions will need to be undertaken to ascertain how much can be released from the balance sheet. An analysis of provisions will be reported to the next Board.

If expenditure levels continue to exceed all internal resources then the Trust will need to seek additional resources from commissioners.

PTS and Corporate

The current overspends in PTS and HQ needs to be urgently reviewed and actions developed to bring the current expenditure trends down. Failure to manage these overspends will result in the trust overspending

Income

Further risks to the financial plan relate to income. Discussions continue with purchasers in respect of A&E contracts. Further pressures could arise on PTS given that SLAs are yet to be agreed by the receivers of the service in Gloucestershire.

Impairment

As described above the Trust is assuming that the current planned impairment on the Chippenham Ambulance Station, estimated at £1,000,000 will be funded from the Department of Health. If this funding is not released then the Trust will need to find additional savings to cover the impairment.

Review of 2007/08 Provisions

A review of provisions from 2007/08 which as yet have not been fully utilised will be undertaken in order to gain a view of the amounts that can be brought back into the 2008/09 financial position. The board will be kept up to date with how many provisions are being unwound throughout the financial year.

PCT Capital Plan

A full review of the capital plan is to be undertaken so that expenditure is incurred throughout the year and not left to the end of the financial year. Monthly reports will be taken to the board on the current capital expenditure plan.

Better Payment Practice Code Performance

A review of the BPPC performance will be undertaken to identify the areas which are failing the target. Action will be taken to ensure that gaps in performance are removed so that the target can be exceeded.

Appendix 1

Great Western Ambulance Service NHS Trust

Income & Expenditure Account

For period ended May 2008

	Manpower			Annual Budget £'000	Cumulative YTD			Forecast Outturn	
	Budget	Actual	Variance		Budget	Actual	Variance Adv / Fav [() / +] £'000	Actual	Variance Adv / Fav [() / +] £'000
	wte	wte	wte		£'000	£'000	£'000	£'000	£'000
Income									
A&E Income	-	-	-	59,485.2	10,234.8	10,234.7	(0.1)	60,485.2	1,000.0
Miscellaneous Income	-	-	-	1,514.0	252.3	251.8	(0.5)	1,514.0	-
OOH Income	-	-	-	3,433.8	572.3	572.3	0.0	3,433.8	-
PTS Income	-	-	-	8,003.9	1,334.0	1,351.9	17.9	8,003.9	-
Trust Income	-	-	-	72,437.0	12,393.4	12,410.6	17.3	73,437.0	1,000.0
Expenditure									
Operational Expenditure									
A&E - Distribution	138.10	123.63	14.47	4,728.0	788.0	731.5	56.5	4,728.0	-
- Production	863.00	847.64	15.36	36,417.2	6,454.4	6,696.5	(242.1)	37,517.2	(1,100.0)
PTS	189.39	165.29	24.10	5,967.9	994.6	1,153.2	(158.6)	6,467.9	(500.0)
OOH	47.54	41.40	6.14	3,643.6	607.3	541.2	66.1	3,343.6	300.0
Total Operational Expenditure	1,238.03	1,177.96	60.07	50,756.7	8,844.3	9,122.4	(278.2)	52,056.7	(1,300.0)
Support Services									
Fleet	17.50	18.07	(0.57)	7,683.9	1,280.7	1,239.8	40.8	7,583.9	100.0
Logistics	31.00	24.26	6.74	1,159.3	193.2	122.3	71.0	1,159.3	-
IT	16.00	9.00	7.00	3,030.9	505.2	583.1	(77.9)	3,030.9	-
	64.50	51.33	13.17	11,874.2	1,979.0	1,945.2	33.8	11,774.2	100.0
HQ									
Chairman & Non Executives	6.00	6.00	-	48.6	8.1	10.5	(2.4)	48.6	-
Chief Executive and Executive Directors	8.20	7.80	0.40	803.0	133.8	142.6	(8.7)	803.0	-
Clinical Directorate	10.64	6.85	3.79	530.3	88.4	81.0	7.4	530.3	-
Communications Dept	6.00	3.64	2.36	206.3	34.4	50.7	(16.3)	206.3	-
Corporate Development	8.89	11.51	(2.62)	1,017.2	157.6	170.8	(13.2)	1,017.2	-
Finance, Estates & Procurement	15.41	10.76	4.65	4,312.4	666.4	652.1	14.2	5,312.4	(1,000.0)
Personnel	37.20	44.09	(6.89)	1,906.0	317.7	466.3	(148.7)	1,906.0	-
Reserves	-	-	-	-	-	-	-	(1,000.0)	1,000.0
Total HQ	92.34	90.65	1.69	8,823.7	1,406.3	1,574.0	(167.7)	8,823.7	-
Total Expenditure	1,394.87	1,319.94	74.93	71,454.6	12,229.7	12,641.7	(412.0)	72,654.6	(1,200.0)
Surplus/(Deficit) before Financing	1,394.87	1,319.94	74.93	982.4	163.7	(231.0)	(394.8)	782.4	(200.0)
Profit/Loss on disposal	-	-	-	-	-	-	-	-	-
Interest	-	-	-	(44.7)	(7.5)	(50.5)	43.1	(244.7)	200.0
TDR	-	-	-	1,027.1	171.2	171.2	0.0	1,027.1	(0.0)
Total Financing	-	-	-	982.4	163.7	120.7	43.1	782.4	200.0

Appendix 2

Great Western Ambulance Service NHS Trust

Trust Expenditure Analysis

For Period Ended May 2008

	Apr-08		May-08		Cumulative YTD		
	£'000	£'000	£'000	£'000	Budget	Actual	Variance Adv / Fav [() / +] £'000
PAY EXPENDITURE							
Operations Expenditure							
A&E - Distribution	356.1	368.2	754.4	724.2		30.2	
- Production	3,216.1	3,014.7	6,067.1	6,230.8		(163.6)	
PTS	347.1	307.6	674.9	654.7		20.1	
OOH	227.0	310.6	572.8	537.6		35.2	
Total Pay Operations Expenditure	4,146.2	4,001.1	8,069.3	8,147.3		(78.1)	
Support Services							
Fleet	66.1	46.5	83.1	112.7		(29.6)	
Logistics	62.5	58.9	191.6	121.5		70.1	
IT	61.3	99.1	100.6	160.4		(59.8)	
	189.9	204.6	375.3	394.6		(19.3)	
HQ Expenditure							
Chairman & Non Executives	4.2	6.4	8.1	10.5		(2.4)	
Chief Executive and Executive Directors	47.0	61.5	127.2	108.4		18.8	
Clinical Directorate	25.7	27.6	61.5	53.2		8.3	
Communications Dept	22.1	19.2	32.3	41.3		(9.0)	
Corporate Development	46.8	42.8	82.4	89.6		(7.2)	
Finance, Estates & Procurement	34.8	53.4	83.7	88.3		(4.6)	
Personnel	168.2	152.9	229.5	321.1		(91.6)	
Total Pay HQ Expenditure	348.8	363.7	624.7	712.5		(87.8)	
Total Trust Pay	4,684.9	4,569.4	9,069.2	9,254.3		(185.1)	
NON PAY EXPENDITURE							
Operations Expenditure							
A&E - Distribution	16.6	(9.3)	33.6	7.3		26.3	
- Production	134.2	331.6	387.2	465.7		(78.5)	
PTS	244.1	254.4	319.8	498.5		(178.7)	
OOH	0.9	2.7	34.5	3.6		30.9	
Total Non Pay Operations Expenditure	395.8	579.4	775.0	975.1		(200.1)	
Support Services							
Fleet	484.9	642.2	1,197.5	1,127.1		70.4	
Logistics	0.3	0.5	1.7	0.8		0.9	
IT	255.1	167.6	404.6	422.7		(18.1)	
	740.3	810.3	1,603.8	1,550.6		53.1	
HQ Expenditure							
Chairman & Non Executives	-	-	-	-		-	
Chief Executive and Executive Directors	10.3	23.8	6.6	34.1		(27.5)	
Clinical Directorate	17.8	10.0	26.9	27.8		(0.9)	
Communications Dept	5.7	3.7	2.1	9.4		(7.3)	
Corporate Development	30.5	50.7	75.2	81.2		(6.0)	
Finance, Estates & Procurement	228.9	335.0	582.7	563.9		18.8	
Personnel	54.6	90.6	88.2	145.2		(57.0)	
Total Non Pay HQ Expenditure	347.8	513.8	781.7	861.6		(79.9)	
Total Trust Non Pay	1,483.9	1,093.1	3,160.4	3,387.3		(226.9)	
Total Trust Expenditure	6,168.8	5,662.5	12,229.7	12,641.7		(412.0)	

Appendix 3 - Trust Manpower Analysis

Great Western Ambulance Service NHS Trust

Trust Manpower Analysis

For Period Ended May 2008

	Manpower		YTD Budget WTE	YTD Variance WTE
	Apr WTE	May WTE		
Operations:				
Distribution	129.13	123.63	138.10	14.47
Fleet	18.10	18.07	17.50	(0.57)
Logistics	20.65	24.26	31.00	6.74
Out of Hours	41.82	41.40	47.54	6.14
Production	833.15	847.64	863.00	15.36
PTS	171.77	165.29	189.39	24.10
Total Operations	1,214.62	1,220.29	1,286.53	66.24
HQ				
Chairman & non executives	6.00	6.00	6.00	-
Chief executive and executive directors	7.80	7.80	8.20	0.40
Clinical directorate	6.31	6.85	10.64	3.79
Communications department	5.44	3.64	6.00	2.36
Corporate development	11.51	11.51	8.89	(2.62)
Finance, IT, estates and procurement	18.57	19.76	31.41	11.65
Personnel	44.61	44.09	37.20	(6.89)
Total HQ	100.24	99.65	108.34	8.69
Trust Total	1,314.86	1,319.94	1,394.87	74.93

Appendix 4 – Cash Releasing Savings Target Performance

COST IMPROVEMENT PROGRAMMES Great Western Ambulance Trust

	Risk: High(H), Medium(M), Low(L).	Year to Date			Forecast Outturn		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
List Programmes with savings in-year							
Control room reorganisation	L	30	30	0	200	200	0
Savings in uniforms	L	30	30	0	190	190	0
Restructure of fleet	L	30	30	0	160	160	0
Internal audit	L	10	10	0	40	40	0
External audit	L	1	1	0	20	20	0
Service reconfiguration - A&E	L	130	130	0	790	790	0
Service reconfiguration - Out of hours	L	20	20	0	100	100	0
Service reconfiguration - PTS	M	50	50	0	290	290	0
Procurement	M	50	50	0	300	300	0
Reduction in non pay expenditure for contingency	L	60	60	0	350	350	0
				0			0
				0			0
				0			0
High Risk Schemes	H	0	0	0	0	0	0
Medium Risk Schemes	M	100	100	0	590	590	0
Low Risk Schemes	L	311	311	0	1,850	1,850	0
Unidentified	U	0	0	0	0	0	0
TOTAL COST IMPROVEMENT PROGRAMMES		411	411	0	2,440	2,440	0

Appendix 5

GREAT WESTERN AMBULANCE NHS TRUST

CAPITAL EXPENDITURE 2008/09

	Apr-08	May-08	YTD
Vehicles:			
A&E Vehicles	18,021	129,224	147,245
IT:			
IT CAD		74,238	74,238
IT Call Connect		24,141	24,141
IT Infrastructure	14,905		14,905
IT Other			-
Building Backlog Maintenance	98	6,420	6,518
Building Energy Efficiency			-
Equipment			-
			-
Estates:			
Consultancy Chippenham Station	7,018	11,050	18,068
Consultancy Acuma House	2,434		2,434
Consultancy GTEC Gloucester	875		875
Other	21,599	7,018	28,617
Total	64,950	252,091	317,041

Appendix 6

Great Western Ambulance Service NHS Trust

Cashflow by month 2008/09

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Full yr
	Actual	Actual	F'cast	F'cast	F'cast	F'cast	F'cast	F'cast	F'cast	F'cast	F'cast	F'cast	F'cast
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
<i>Cash book exchequer balances</i>													
Brought forward	3,920	2,130	2,819	2,461	3,026	3,822	3,650	7,972	7,333	6,791	5,850	5,387	3,920
<i>Receipts:</i>													
Receipts: A&E	4,685	4,801	5,036	5,036	5,036	5,036	5,036	5,036	5,036	5,036	5,036	5,036	59,850
PTS	623	814	657	657	657	657	657	657	657	657	657	657	8,004
Other/Miscellaneous	772	2,128	260	238	185	195	6,195	189	207	202	175	202	10,945
Interest received	33	17	17	10	10	10	10	10	10	10	10	10	158
Receipts subtotal	6,113	7,760	5,970	5,941	5,888	5,898	11,898	5,892	5,910	5,905	5,878	5,905	78,956
<i>Payments :</i>													
Payroll	2,318	2,312	2,356	2,500	2,500	2,580	2,750	2,750	2,750	2,800	2,700	2,700	31,015
Superannuation	524	540	540	550	550	550	650	750	750	750	750	750	7,655
PAYE/NI	1,272	1,320	894	900	900	900	1,250	1,350	1,350	1,350	1,350	1,350	14,185
Provisions utilised												2,370	2,370
Capital Payments	325	282	231	425	328	425	425	380	340	445	340	555	4,500
Trade Creditors	3,465	2,617	2,306	1,000	812	1,100	1,500	1,300	1,260	1,500	1,200	136	18,195
PDC/dividend payment	-	-	-	-	-	514	1,000	-	-	-	-	514	2,027
Bank charges	1	-	1	1	2	2	1	1	1	1	1	2	14
Payments subtotal	7,903	7,071	6,327	5,376	5,092	6,070	7,576	6,531	6,451	6,846	6,341	8,377	79,961
Carried forward	2,129	2,819	2,461	3,026	3,822	3,650	7,972	7,333	6,791	5,850	5,387	2,915	2,915
Exceptional items:													
Disposal of Fixed assets							5,000						
Impairment funding income							1,000						
Repayment of PDC re impairment funding							(1,000)						
							5,000						

Appendix 7

Great Western Ambulance Service NHS Trust

Balance Sheet as at 31st May 2008

	31st March 2008 £k	31st May 2008 £k	Movements £k
FIXED ASSETS			
Fixed assets	33,101	33,414	313
CURRENT ASSETS			
Stocks & work-in-progress	249	248	(1)
Debtors	7,561	5,811	(1,750)
Cash	3,921	2,805	(1,116)
	<u>11,731</u>	<u>8,864</u>	<u>(2,867)</u>
CREDITORS: Amounts falling due within one year	(7,820)	(5,630)	2,190
NET CURRENT ASSETS/(LIABILITIES)	<u>3,911</u>	<u>3,234</u>	<u>(677)</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	37,012	36,648	(364)
Provisions for Liabilities & Charges	(3,333)	(3,322)	11
TOTAL ASSETS EMPLOYED	<u><u>33,679</u></u>	<u><u>33,326</u></u>	<u><u>(353)</u></u>
FINANCED BY:			
TAXPAYERS' EQUITY			-
Public Dividend Capital	29,994	29,994	-
Accumulated I & E	484	132	(352)
Revaluation Reserve	3,180	3,179	(1)
Donated Assets Reserve	21	21	-
TOTAL TAXPAYERS' EQUITY	<u>33,679</u>	<u>33,326</u>	<u>(353)</u>

APPENDIX 8

Great Western Ambulance Service NHS Trust

Better Payment Practice Code report

For Period Ended May 2008

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
NHS														
Number	Paid within target	148	72											220
	Total number paid	156	84											240
%	Paid within target	94.9%	85.7%											91.7%
Value	Paid within target	1,164	482											1,646
	Total number paid	1,217	585											1,802
%	Paid within target	95.6%	82.4%											91.3%
NonNHS														
Number	Paid within target	2,113	1,645											3,758
	Total number paid	2,275	1,773											4,048
%	Paid within target	92.9%	92.8%											92.8%
Value	Paid within target	2,824	1,748											4,572
	Total number paid	3,154	2,249											5,403
%	Paid within target	89.5%	77.7%											84.6%

Human Resources, Organisational and Workforce Development

Operational standard to be delivered

Sickness absence levels of < 4.5%

Annual Turnover of < 8%

100% staff receiving an appraisal in each 12 month period

Headcount target to achieve 1395 by September 2008

Key Component	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
Sickness Absence	5.70%												< 4.5%
Absence Target	6.80%	6.40%	6.00%	5.60%	5.30%	5.00%	5.00%	5.00%	5.00%	4.80%	4.60%	4.50%	
Staff Turnover - in month	1.20%	1.00%											< 8.0%
Staff Turnover - in year	10.50%	10.00%											< 0.67%
Workforce Headcount	1515	1526											1532
Actual WTE	1319.5	1323.4											
Planned WTE	1395	1395	1395	1395	1395	1395	1395	1395	1395	1395	1395	1395	
Diversity Figures	1.70%	1.7	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.10%	1.1%	4.72%

Key Milestones

Appraisal: 100% completion by 30 May 2008

Sickness Absence: Levels below 5% in Operations by 30 September 2007

Levels below 4.5% across Trust by end of March 2009

Workforce: Achieve full establishment by end of September 2008

Progress against Milestones

Sickness Absence

Sickness absence trends continue to fall and continue to be below the trajectory set across the Trust.

Absence reporting KPIs are now in place including absence rates, completion of return to work interviews and absence management actions taken.

Workforce Headcount

Current WTE is 1323.4 against the planned 1395.

Workforce

The workforce team is working with the Operations Directorate specifically on the A&E staffing resources. This work aims to inform and support the turnaround and recovery plan for Call Connect and Performance by forecasting all staffing resource within the A&E teams through to March 2009. The forecasting takes into account all planned recruitment and maps the extraction rate for training as well as accounting for all possible absences.

The plan will be approached in four phases:

1. Data Cleansing of A&E operational staff; ensuring that all available staff resources are accurately identified as being operational in all the A&E teams.
2. Setting out the resource plan against the recruitment plan and predicting the absence ratio of the staffing resource through to March 2009.
3. Identifying where capacity should meet service demand and where development activity can be implemented in terms of training extraction. This will also identify where operational capacity needs to be pump primed.
4. The implementation of a single processes and focused direction for managing recruitment, attendance, training and communications.

Recruitment

Current Vacancies

A&E Ops	11.9
A&E Support	11.5
EMDC	11.5
PTS	31.7
Support Functions	6.5

Recruitment plans are being progressed for all roles.

PTS, EMDC and HQ/Support

There are 61.2 WTE being recruited including 26 Intermediate Care Assistants.

Recruitment – A&E Operations:

Recruitment across A&E Operations continues to be a key priority, and we are on track to reach the agreed establishment by September 2008.

ECA recruitment is progressing well with Cohort 6 now coming live, Cohort 7 scheduled to start in late-June and Cohort 8 recruitment under way.

Offers have been made for all four vacant Clinical Team Leader posts in Avon.

Appraisals

Following staff feedback in the 2007 Staff Survey, Appraisal was identified as a key area that needed to be addressed in the Trust.

In February 2008, a programme began with the aim that 100% of those staff available to receive an appraisal would complete the process by the end of March 2008. The deadline was extended to 31st May 2008 by which time 80% of staff had completed an appraisal. Completion has not been reported for 295 staff (down from 390 last month).

A number of appraisals have been completed but not copied to HR. Work still ongoing to capture all of this information.

Work is now underway to review KSF profiles across the Trust and link this to 2008/09 Appraisals to be completed from November 08 to March 09.

Turnover

Turnover has been expressed in two ways; rolling year and monthly. It is necessary to in this way in order to monitor and address and significant issues or trends in year.

Diversity

The Equality and Diversity Steering group met on 20th May 2008; the first meeting for this year. It has set out the objectives for the Trust for 2008/09. The objectives have been set to achieve the Healthcare Commission Standards and to achieve the ALE 2 objective of having public members of the Trust in readiness for Foundation Trust Status.

Occupational Health

The RUH Bath took over the provision of Occupational Health services in April 2008.

The single telephone number for all enquiries has been established and has now been published and cascaded to employees.

The agreement between the Trust and RUH allows for quarterly reporting of OH information. The first report is due in July 2008.

Key Issues and Actions

There are currently 17 members of staff within A&E on long term sickness absence, all of which are being closely monitored and efficiently managed.

Health and Safety

Operational standard to be delivered

Maintain Accident Frequency Rate below the national average = 5.8

Reduce RIDDOR reportable incidents by 5% on 2007 figures

Maintain all station incidents below 3. (1 – Excellent, 3 – Minimum compliance with legal requirements)

Monitor levels of violence and abuse, manual handling and stress incidents to manage trends.

Identify all H&S risks and record arrangements as required under Management of HASAW Regulation 3

Key Component	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target
Accident Frequency Rate		9.3	11.8	7	1.8								5.8
RIDDOR incidents	2	3	4	6	0								6
Number of violence and abuse incidents	14	11	9	7	4								
Number of manual handling incidents	11	5	6	2	2								
Number of stress incidents	0	0	0	0	0								

Key Milestones

- Inspection regime – Robust inspection regime of locations based on 4 x site visits per year with detailed feedback to local managers.
- Introduce action lists for operational managers to own and action local risks following planned Health and Safety visits.
- Meeting standards in respect of the LCFMS role. Action plan to be developed by Oct 2008.
- Ensure Local Risk Registers are in place and current. Review of existing Risk Registers to be completed by September 2008 with an action plan to be developed post review.

Progress against Milestones

Inspection regime

Location inspections. Target 90 Actual 65

Action lists for managers

All H&S visits now include detailed feedback on to responsible manager.

Current round will include progress chasing to ensure deficiencies are either rectified or put on local risk register.

LCFMS

Local LSMS manager now trained and appointed.

Review of V&A arrangements including policy, training, monitoring and equipment commenced 12.06.08. Sponsored by Clinical Director.

Risk Registers

Local inspections have started to assess availability and suitability of local risk registers with feedback to local managers to develop appropriate action plans.

Risk Assessments

Local inspections have started to assess availability and suitability of local risk registers. Head of H&S to conduct a review of existing equipment risk assessments and feed back to EPAG.

Key Issues and Actions

Inspection regime

Mandatory training for Safety Advisors and development training to improve their H&S and training skills has created a shortfall in inspections. A full team of advisors is available again and a target has been set to bring visits back on target by the end of August.

LCFMS

LSMS commences survey of Trust compliance with standards in June 2008. Will report findings and action plan in Oct 2008 to the Health & Safety Committee.

Significant issues in respect of V&A/MH stress issues.

Manual Handling Group last sat in February and is reconvening in June. Part of the Group's initial remit will be to set a maximum 8 week intervals to analyse Manual Handling incidents and report to HS&E Committee and EPAG. Chairman of EPAG has undertaken to ensure attendance from Operations members.

V&A working group is working to the Clinical Director's remit and will report its preliminary findings to him by the end of June. The NHS CEO group has mandated a work stream to look into V&A. The Head of Health and Safety sits on that work stream and will feed back into the Trust's working group.

Education and Development

Operational standard to be delivered

Statutory training

All Trust staff to receive statutory training (1-day) by December 2008

Pre-registration training

29 Intermediate Care Assistants (ICA) to complete basic training by August 2008 as per Workforce Plan

72 Emergency Care Assistant (ECA) to complete basic training by December 2008 as per Workforce Plan

RAF Medical Technician Conversion and Paramedic training: 24 to complete IHCD Technician conversion, placement and subsequent paramedic training annually, from May 2008

280 Ambulance Practitioners to complete 5-day Professional Practice Skills (PPS) by March 2009 as per Workforce Plan

Paramedics: 60 existing staff to complete IHCD paramedic training by March 2009 as per Workforce Plan. Foundation Course commencement in partnership with University of West of England (UWE) from April 2008 at 20 per year (non-employed student paramedics)

Post-registration and CPD training

Develop total of 94 ECPs (WTE) by 2013, as per Workforce Plan

Develop 87 ECPs (total) by March 2009, 10 to enter the ECP programme annually commencing September 2008

Develop 51 further paramedic staff as mentors (Practice Placement Educators) by March 2009 (using regional CPD funding)

Management and Leadership training: support all Clinical Team Leaders (CTLs) through role-specific management training.

Provide 15 places on the Chartered Institute of Management Cert/Diploma programme per financial year.

Statutory training	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Completed in month	69	39										
Year to date	69	72										
	4.90%	5.14%										
Target	117	234	262	452	642	832	1022	1212	1402			
	8.30%	16.70%	18.70%	32%	46%	59%	73%	86%	100%			
Places provided (uptake)	200	170										
	34.50%	1.70%										
Pre-Registration training	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ICA - Completed in month	0	0										
ICA – Year to date	0	0										
	(n/a)	(n/a)										
ICA – Target	0	0	0	0	27	27	27	27	27	27	27	27
	(n/a)	(n/a)										
ICA – Places provided (uptake)	0	0	16	16	16							
	(n/a)	(n/a)	59%	59%	59%							
ECA- Completed in month	0	8										
ECA – Year to date	0	7										
	(n/a)											
ECA – Target	0	18	36	36	54	54	54	72	72	72	72	72
	(n/a)	25%	50%	50%	75%	75%	75%	100%	100%	100%	100%	100%
ECA – Places provided (uptake)	0	17										
	(n/a)	23.60%										
DMETA 1- Completed in month	0	0										
DMETA 1 – Year to date	0	0										
	(n/a)	(n/a)										
DMETA 1 – Target	0	0	12	12	12	12	12	12	12	12	12	24
	(n/a)	(n/a)	50%	50%	50%	50%	50%	50%	50%	50%	50%	100%
DMETA 1 – Places provided (uptake)	0	0										
	(n/a)	(n/a)										
DMETA 2- Completed in month	0	0										
DMETA 2 – Year to date	0	0										
DMETA 2 – Target	0	0	0	0	0	12	12	12	12	12	12	12
	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	100%	100%	100%	100%	100%	100%	100%
DMETA 2 – Places (Uptake)	0	0										
	(n/a)	(n/a)										
Ambulance Practitioner Part 1 (3-day) - Completed in month	0	0										
Part 1 -Year to date	0	0										
Part 1 -Target	0	0	20	40	40	60	100	140	160	200	240	280
	(n/a)	(n/a)	7.10%	14.20%	14.20%	21.40%	35.70%	50%	57.10%	71.40%	85.70%	100%
Part 1 –Places (Uptake)	0	0										
	(n/a)	(n/a)										
Part 2 (2-day)-Completed in month	0	0										
Part 2 -Year to date	0	0										
Part 2 -Target	0	0				20	40	40	60	100	140	160
	(n/a)	(n/a)				7.10%	14.20%	14.20%	21.40%	35.70%	50%	57.10%
Part 2 –Places (Uptake)	0	0										
	(n/a)	(n/a)										
Paramedic- Completed in month	0	4										
Paramedic – Year to date	0	4										
Paramedic – Target	0	4	4	24	24	44	44	44	64	64	64	64
	(n/a)	6.25%	6.25%	37.50%	37.50%	68.70%	68.70%	68.70%	100%	100%	100%	100%
Paramedic – Places (Uptake)	0	4										
	(n/a)	100%										
Post-Registration and Continued Professional Development	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ECP- Completed in month	0	0										
ECP – Year to date	0	0										
ECP – Target	0	0		27	27	27	55	55	55	55	55	55
	(n/a)	(n/a)		49%	49%	49%	100%	100%	100%	100%	100%	100%
ECP – Places (Uptake)	0	0										
	(n/a)	(n/a)										
Mentorship training Completed in month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Year to date												
Target: via PPS training (Practitioners) 3 day block	0	28	20	0	20	40	40	20	20	40	40	40
Target: Paramedics only, via Ext CPD funding (1 day per month over 3 months)												
Places (Uptake)	0	0	17									
	(n/a)	(n/a)										
CIM Cert/Diploma in Management (1 day per month over 10 months)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Key Milestones

Statutory training to be delivered to all Trust staff.

Pre-registration training to be delivered against the requirements of the Trust Workforce Plan.

Post-registration training to be delivered against the requirements of the Trust Workforce Plan.

Continuous Professional Development scheme to be developed in, conjunction with the Trust appraisal process.

Management and leadership development to be implemented and expanded.

Progress against Milestones

Uptake of statutory training for the month of May has been disappointingly low which reflects the tension between the delivery of operational performance and the extraction of staff for training. This has been identified as a key risk for the organisation and alternatives methods of delivery are being explored.

Emergency Care Assistants (ECAs): During May, 16 places were taken up for an 18 capacity course. Of these, 8 have now completed (passed) their clinical and driving training and commence in post on 16th June. This leaves 9 to complete driver training (and hence available in post) on 4th July.

The DMETA military institution has undergone a change (it is now known as the Joint Medical Command (JMC) and the Trusts provision has transferred to RAF medical staff only. An RAF paramedic course is planned to commence on July 7th, 2008 at Swindon Academy. Although attrition on this programme has been high, this is now improving. Discussions are underway on how provision of this training may change following the HPC validation visit and possible IHCD course changes beyond September 2008.

The 5 day Ambulance Practitioner Programme, again delivered in partnership with the University of the West of England commenced as planned on June 9th, (20 students).

Paramedic training, delivered in partnership with the University of the West of England, is ongoing with 20 further students planned to commence on June 30th, 2008 and 22nd September (see item 4 above). All remaining courses planned for the year are fully allocated, leaving one planned IHCD course remaining, currently unallocated.

The ECP programme in conjunction with the University of the West of England is progressing as planned. Ten new students are planned to commence on September 15th, 2008.

As part of the drive to increase the number of clinical mentors, the department has provided access to courses at the University of the West of England (UWE) and Oxford Brookes University (OBU) for paramedics staff who volunteer to become mentors. This provision has been financed externally by the Strategic Health Authority (SHA) and Lifelong Learning Network (LLLN)

The Trust is also facilitating access to the UWE mentorship module as an embedded component of the Professional Practice Skills (PPS) course, now being offered to ambulance practitioners.

Further management and leadership training for Clinical Team Leaders (CTLs) has been provided in the form of three 1-day modules (capability, absence and disciplinary management). There are 20 Clinical Team Leaders who have yet to complete these modules. It is hoped to complete this provision during the third and fourth quarters of the year.

Key Issues and Actions

The strategic objective of 100% completion by year end is highly unlikely. It is recommended that a review of the delivery of this training takes place as a high priority project.

A Health Professions Council (HPC) team has visited to validate IHCD paramedic training against the HPC Standards of Education & Training (June 10th & 11th). Their report is expected by July 11th, 2008. An entry has been made on the Trust risk register in respect of possible conditions that the HPC may set for IHCD courses running from September 2008.

Due to the timescales involved between July and September, the training team is analysing the course structure in anticipation of HPC conditions and recommendations. A full action plan will follow receipt of the HPC report.

The Trust has successfully bid for MPET funding and has been granted a sum of £280,000 for the financial year 2008-09. The money has been allocated to increase the number of paramedics through the transition to higher education programmes, thereby improving the service to our client populations.

The training department has produced an activity forecast spreadsheet, which demonstrates all planned training activity, with weekly details of staff extraction to March 2009. This will help inform both operational planning and training activity for the year ahead.

Lack of recruitment of Intermediate Care Assistants (ICAs) led to a smaller than anticipated number for training of 16 in total.

Clinical

Operational standard to be delivered

- Call to needle target: 68% <60minutes from initial call
- Conveyance Rate: 63% or less by March 2009
- Conveyance to Primary Care: Increase proportion of responses transported to MIU/WIC
- Clinical Desk Referrals: Increase proportion of responses from which referral to Clinical Desk takes place.

Performance against Trajectory for Thrombolysis

Thrombolysis 2007/08AGW

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
AGW total eligible thrombolysis	44	52	41	40	51	32	45	39	45	40	24	32	485	
AGW % < 60 mins call-needle	52.3	55.8	48.8	62.5	56.8	50	55.5	61.3	57.8	62.5	50	37.5	54.6	68
Trust total pre-hospital thrombolysis	17	19	12	10	12	8	16	15	19*	17	10	12	167	
Trust % PHT < 60 mins call-needle time	88.2	94.7	75	80	100	87.5	62.5	80	78.9	76.5	60	91.7	79.6	92
AGW % total eligible thrombolysis as PHT	38.6	36.5	29.3	25	24	25	35.5	38.4	42.2	42.5	41.7	37.5	34.4	40.0

GWAS Pre-hospital thrombolysis (PHT) trajectory 2008

% Total eligible thrombolysis as PHT:

Key Component	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Planned	30%	33%	34%	34%	35%	36%	36%	38%	42%			
Achieved	42.5	41.7	37.5									
YTD	33.8	34.2	34.4									

Thrombolysis year to Date by Trust:

Key Components	UBHT	NBT	RUH	GWH	WGH	GHT	TOTAL (1)	SDH	TOTAL (2)
total eligible thrombolysis	10	82	119	146	21	107	485	43	528
% < 60 mins call-needle (n)	90 (9)	70.7 (58)	32.8 (39)	59.6 (87)	81 (17)	51.4 (55)	54.6 (265)	48.8 (21)	54.2 (286)
Total pre-hospital thrombolysis (PHT)	10	30	54	31	9	33	167	14	181
% PHT < 60 mins call-needle time (n)	90 (9)	96.7 (29)	59.3 (32)	83.9 (26)	100 (9)	84.8 (28)	79.6 (133)	57.1 (8)	77.9 (141)
% total eligible thrombolysis as PHT	100	36.5	45.3	21.2	42.9	30.8	34.4	32.6	34.3

Colour Code:-

- Green = 68% or above achieved within 60 mins.
- Amber = 58% or above achieved within 60 mins.
- Red = below 58% achieved within 60 mins.

Notes:

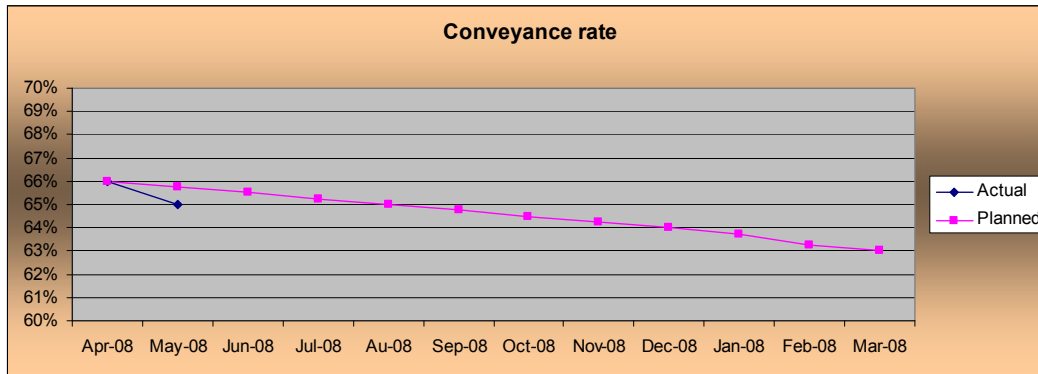
1. The data presented here covers April 2007 to March 2008.
2. These figures use the Avon, Gloucestershire & Wiltshire Cardiac Network Figures as a baseline. Where a data matching exercise has taken place bilaterally between GWAS and an Acute Trust, the figures have been amended accordingly.
3. Salisbury District Hospital sits outside the AGW Cardiac Network, yet is within GWAS. Thus in the Year to Date trust by Trust table, Total (1) refers to AGW and total (2) to GWAS.
4. The capturing and processing of data will generally mean that reporting is around two months in arrears.

Conveyance rate

Reflects patients assessed and treated on-scene following an ambulance response.

Conveyance Rate 2008-09

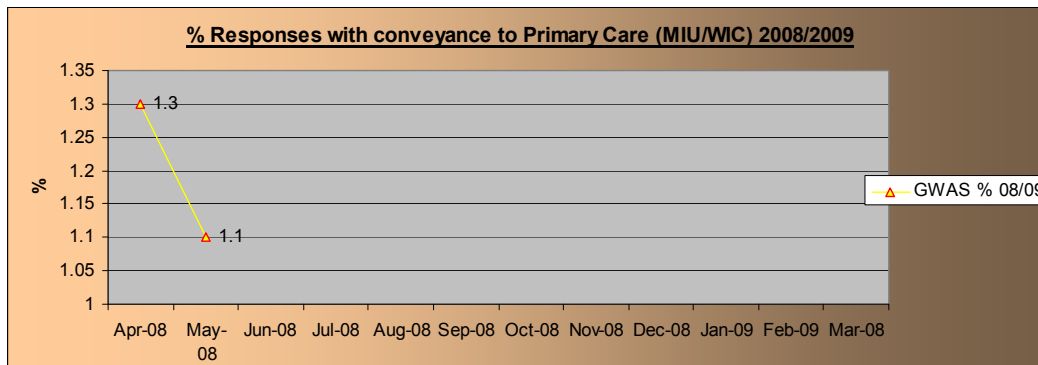
Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Avon	69%	68%											68%	
Gloucestershire	61%	62%											61%	
Wiltshire	67%	64%											66%	
GWAS	66%	65%											66%	63%



Conveyance to Primary Care

Patients transported to non-acute hospitals (WIC,MIU etc.) as proportion of responses

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Avon	0.55%	0.48%											0.51%
Gloucestershire	1.79%	1.58%											1.68%
Wiltshire	1.97%	1.52%											1.74%
GWAS	1.31%	1.08%											1.19%



Clinical Desk Referrals

Patients referred to the Clinical desk by an ambulance clinician following response (Expressed as percentage of total incidents with a response).

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Avon	1.10%	1.43%											1.26%
Gloucestershire	2.1%	1.22%											1.66%
Wiltshire	0%	0.71%											0.71%
GWAS	1.3%	1.36%											1.33%

Key Milestones

Thrombolysis

Accurate data submitted to MINAP¹ by acute trusts on behalf of GWAS

Exception reporting system for 'missed' PHT and delayed (>60mins) PHT.

Development of autonomous thrombolysis for GWAS clinicians

Reduce episodes of ECG transmission failure in supported PHT.

Conveyance & Referrals to Clinical Desk

- A trajectory for conveyance rates in 2008/09 has been agreed with the starting point set at the average of Q4 2007/08 (66.4%) and a target of 63% to be achieved by March 2009. This reflects the position agreed between GWAS and the Commissioning PCTs in the 2008/09 Service Level Agreement.
- Access to advice and referral pathways via the clinical desk across all sectors 24 hours a day and seven days a week.
- Awareness of the role of the clinical desk, its availability and procedures for accessing the desk amongst operational clinicians.

Progress against Milestones

Thrombolysis

Accuracy of data will be improved by a new post of Cardiac and Stroke Audit Facilitator has been funded by the Avon, Gloucestershire, Wiltshire & Somerset (AGWS) Cardiac Network. The post will be held by GWAS. A key role for the postholder will be the co-ordination and reporting of thrombolysis data, ensuring accurate MINAP submissions.

See below on exception reporting & development of autonomous thrombolysis

The service level agreement with Medtronic now ensures a prompt corrective response to any episodes of ECG transmission failure.

In addition: A monthly thrombolysis briefing update and action plan continue to be circulated to all acute trust CEOs.

The YTD call-to-needle time in GWAS (AGW) is 54.6% within 60 minutes.
The proportion of PHT in February was 37.5%, year to date 34.4%

The annual MINAP report 'How the NHS Manages Heart Attacks' will be published at the end of June. The figures published for GWAS are entirely dependent upon acute trust data submissions. Nationally, it has now been agreed that for 2008-9 Ambulance Trusts will be able to input and edit their own data. The Cardiac and Stroke Audit Facilitator will take on a MINAP co-ordinating role when appointed.

¹ Myocardial Infarction National Audit Project

Conveyance & Referrals

- The proportion of responses resulting in a referral to the clinical desks continues to grow.
- To increase awareness of the desk, the discharge of care documentation has now been printed and circulated to front line staff..
- Also a short referral training module delivered in part by the Triage Clinicians has been included within the 2008/09 CPD programme for all front-line clinical staff. The first cohort has completed this and further dates are planned for spring and summer 2008
- The new referrals system for Child protection and vulnerable adults has been developed and is operational. In order to safeguard these vulnerable patients, the old system has been maintained until the new system is fully functional. An audit has been initiated during May to assess the quality of the referral process.

Key Issues and Actions

Thrombolysis

Current exception reporting suggests that no single factor is responsible for missed PHTs. However the lack of paramedic attendance at eligible thrombolysis calls is still reported by acute trusts as a significant contributor to delay. The Triage Clinicians have been asked to provide tasking advice to the dispatchers whenever possible to ensure that paramedics attend chest pain calls.

There are currently 11 GWAS paramedics not qualified to deliver prehospital thrombolysis. The Reperfusion Lead has agreed with the Operations Directorate to prioritise the release of these individuals to undertake further training as operational demands allow. Dates are being arranged by the relevant SDMs

Conveyance Rate

- The current CPD programme has been delayed by the prioritisation of operational performance in April. It will resume in May subject to agreement on a revised educational plan which minimises adverse impact on operational availability.

Conveyance to Primary Care destinations

- Work continues to review and revise the criteria for MIUs and WICs acceptance of 999 patients. This work will be accelerated with the appointment of a new Paramedic Clinical Lead who will commence in June.
- A trajectory will be produced to increase the proportion of patients taken to MIUs when the revised criteria have been agreed with the relevant units.

Referrals to Clinical Desks

- The clinical desks in Almondsbury and Gloucester have now been operational for some months. The Gloucester desk is operating for 24 hours on most days of the week and the Almondsbury desk for 12 hours every day.

Corporate Development

Operational standard to be delivered

Standards for Better Health – All standards compliant by end March 2009. Significant lapses in no more than four standards.

Key Components	Lead	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Sig lapse	08/09 Year End Target
C1a - Incident reporting	RP															
C1b - Safety Action bulletins	RP															
C2 - Child protection arrangements	OR															
C4a - Infection control	OR															
C4b - Medical device management	SW															
C4d - Med management	OR															
C4e - Waste management	KH															
C5a - NICE appraisals	OR															
C5b - Superv and leadership	JS															
C5c - Clinical skills	JS															
C5d - Clinical audit	OR															
C6 - Coop with HC partners	RP															
C7a - Governance	RP															
C7b - Openness and honesty	RP															
C7c - Risk Management	RP															
C7e - Discrimination	RP															
C8a - Whistleblowing	JS															
C8b - PDP's	JS															
C9 - Information governance	RP															
C10a - Employment checks	JS															
C10b - Professional registration	JS															
C11a - Recruitment	JS															
C11b - Mandatory training	JS															
C11c - Personal development (TNA)	JS															

Key Components	Lead	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Sig lapse	08/09 Year End Target
C12 - Research governance	OR															
C13a - Dignity and respect	SW															
C13b - Consent	OR															
C13c - Confidentiality	OR															
C14a - Information about complaints	TL															
C14b - Complaint management	TL															
C14c - Fair process	TL															
C16 - Patient information	TL															
C17 - PPI	TL															
C18 - Access to services	RP															
C20a - Safe environment	JS															
C20b - Privacy & confidentiality	SW															
C21 - Clinical environment	SW															
C22a/c - Health promotion/inequalities	RP															
C23 - NSF and service planning	RP															
C24 - Major incident plans	SW															

Auditors Local Evaluation – As a minimum achieve level 3 compliance in Financial Management, Financial Standing and Value for Money.

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	08/09 Year End Target	
1 Financial Reporting															
1.1 Production of annual accounts	Not yet known														
1.2 Promotion of external accountability					Audit										
2 Financial Management - Level 3															
2.1 Medium term financial strategy	L2	L3	L3												
2.2 Performance against budgets	L2	L3	L3												
2.3 Management of asset base	L2	L3	L3												
3 Financial Standing - Level 3															
3.1 Spending within available budgets	Not yet known														
4 Internal Control															
4.1 Management of business risks	L2	L3	L3												
4.2 Maintain system of internal control	L2	L3	L3												
4.3 Promote and ensure probity/propriety	L2	L3	L3												
5 Value for Money - Level 3															
5.1 Securing strategic/operational objectives	L2	L3	L3												
5.2 Stakeholder engagement	L2	L3	L3												
5.3 Performance management	L2	L3	L3												
5.4 Demonstrate value for money	L2	L3	L3												

NB: Having achieved level 2 for ALE the target is now set for the achievement of level 3, hence the reported status change

New National Targets – A positive response to each question in each of the five indicators:

- Emergency response to stroke and ischaemic attack
- Infection control
- Obesity - compliance with NICE guideline 43
- Participation in audits
- Self harm - compliance with NICE and JRCALC guidelines to give a total of 21 positive responses.

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	08/09 Year End Target
Emergency Response to stroke and ischaemic attack	4/4	4/4	4/4											
Infection Control	6/6	6/6	6/6											
Obesity: Compliance with NICE guidance 43	1/1	1/1	1/1											
Participation in audits	4/4	4/4	4/4											
Self harm: Compliance with NICE and JRCALC guidelines	6/6	6/6	6/6											

Connecting for Health – Achieve compliance with the 54 Information Governance Toolkit requirements at level two and 44 of the standards at level three.

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	08/09 Year End Target
Information Governance (IG) Management														
Training	L2	L3	L3											
Third party contracts	L2	L3	L3											
Information Security Assurance														
Encryption	L2	L3	L3											
Data Mapping	L2	L3	L3											
Confidentiality and Data Protection Assurance														
Consent	L2	L3	L3											
Subject Access	L2	L3	L3											
Clinical Data Assurance														
Clinical Records Audit	L0	L2	L2											
Secondary Use Assurance/Data Quality														
Strategy/Policy/Plan	L1	L2	L2											
Corporate Records Management														
Audit 4 key areas	L0	L2	L2											

NB: Having achieved level 2 for the majority of IGT the target is now set for the achievement of level 2 in all areas and the achievement of level 3 in identified areas, hence the reported status change Reporting for IGT is on an exception basis.

NHSLA Risk Management Standard – Compliance with a minimum of 40 of the 50 criteria at level 1 by September 2008.

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	08/09 Year End Target
Governance														
Risk awareness training	Red	Red	Green											
Risk management processes	Red	Green	Green											
Responding to external recommendations	Red	Red	Red											
Competent and Capable Workforce														
Induction programme	Red	Red	Red											
Training and development plan	Red	Red	Red											
Training needs analysis	Orange	Orange	Orange											
Safe Environment														
Moving and handling policy	Red	Orange	Orange											
Slips, Trips and Falls	Red	Orange	Orange											
Inoculation Incidents	Red	Orange	Orange											
Stress Policy	Red	Orange	Orange											
Clinical Care														
Conveyance Policy	Red	Red	Orange											
Community Responder Schemes	Red	Orange	Orange											
Paediatric Care Policy	Red	Red	Orange											
Reperfusion Policy	Red	Red	Orange											
Learning from Experience														
Clinical Guidelines Policy	Red	Orange	Green											

Reporting for NHSLA is on an exception basis

Key Milestones

By end May 2008 - achieve compliance with S4BH C8b PDP's
 By end December 2008 - achieve compliance with S4BH C11b
 Maintain compliance with all other standards with no significant lapses occurring in year.

Compliance with ALE level 3 by January 2009.
 Maintain the new national targets position.

Fully compliant with Information Governance Toolkit level 2 requirements. Compliant with selected standards at level 3.

Compliance with a minimum of 40 of the 50 NHSLA Risk Management Standards by end July 2008. Compliance at level 1 with all standards by end March 2009 with progress towards level 2.

Progress against Milestones

Action plans in place to achieve compliance with S4BH C8b and C11b.
 Compliance with all standards will be monitored through the performance framework at Senior Management meetings.

An action plan has been drafted for achievement of level 3 compliance with ALE which was recommended by the Board in May.

The plan will be confirmed on receipt of final report from the Audit Commission. Progress with actions will be monitored through the performance framework at Senior Management meetings and the Audit and Risk Committee.

Action plan in place to improve against the C4H Information Governance Toolkit requirements. Action plan monitored through the Information Governance Steering Group.

Trajectory in place to achieve compliance with NHSLA level 1 requirements. Progress is monitored through monthly progress meetings and the performance framework at Senior Management meetings. The achievement of ALE level 2 has had a positive impact on compliance with the risk management processes required of the NHSLA Risk Management Standards. The Trust is on track to achieve compliance in four of the five areas.

Key Issues and Actions

By the end of May 2008 80% of Trust staff had received an appraisal. There is now a project plan in place to introduce KSF profiles for all roles within the Trust and providing the opportunity to undertake an appraisal for all Trust staff.

Reported position for 2007/2008:

Quality of Services		Use of Resources			
Existing national targets	Not met	WEAK	Financial Reporting	Not yet known	FAIR
New national targets	Fully met		Financial Management	Level 2	
Standards for Better Health	Almost met		Financial Standing	Not yet known	
			Internal Control	Level 2	
			Value for Money	Level 2	

Complaints, Compliments

Operational standard to be delivered

100% complaints received are acknowledged in 2 working days

100% of complaints received are responded to within 25 working days

Reduction in complaints rates

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Compliments received	19	20										
Complaints received from patients/public	18	30										
Acknowledged within 2 working days	18	30										
Still within time, but investigation not yet completed	12	13										
Responded to within 25 working days	5	16										
Exceeded the deadline but completed	0	1										
Exceeded the deadline and not completed	1	0										
Upheld by General Manager	3	10										
Not Upheld by General Manager	2	6										
Complaints received from healthcare professionals*	9	12										
Complaints received from MPs*	0	2										
A&E complaint rate	1:2701 responses	1:1197 responses										
OOH/Urgent care complaint rate	1:1713 patient contacts	1:1498 Patient Contact										
PTS complaint rate	1:6234 patient journeys	1:4814 patient journeys										

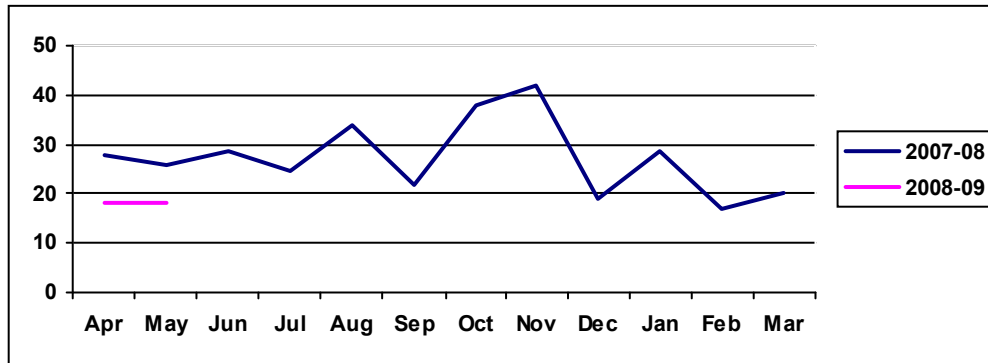
* Complaints received by other healthcare professionals and MPs are not subject to the same reporting deadlines as those received from patients/public.

Key Milestones

- Establish formal feedback and reporting process into the Operations Steering Group (OSG)
- Use of Datix to record and monitor all complaints received.
- All investigating officers to receive root cause analysis training.

Progress Against Milestones

Patient/Public Complaints



The Trust continues to receive fewer complaints in May 2008 than in the same month last year although May has seen an increase from April.

Reporting into the Operations Steering Group has commenced to ensure key actions arising from complaints are implemented.

All complaints are now logged on Datix, enabling more effective monitoring of timeframes.

The Trust is investigating the delivery of root cause analysis training through on line programmes to minimise the impact on operational staff.

Key Issues and Actions

Complaints received		Reason for complaint	
A&E	Total	21	
	Patient/public	16	7 Delay
			6 Attitude
			1 General Concerns
			1 Clinical Care
	Health professional	4	1 Driving
2 Delay			
MP	1	2 Clinical Care	
OOH /Urgent care	Total	5	1 Delay
	Patient/public	4	1 Attitude
			1 Clinical Care
			2 Delay
Health professional	0		
MP	1	1 Attitude	
PTS	Total	16	
	Patient/public	7	4 Timeliness
			2 Control
			1 Care
	Health professional	8	6 Delay
			1 Control
1 Care			
MP	1	1 Delay	
EMDC	Total	2	
	Patient/public	2	2 Delay Answering
	Health professional	0	
	MP	0	
Headquarters	Total	0	
	Patient/public	0	
	Health professional	0	
	MP	0	

There has been an increase in the number of complaints relating to delays during the month of May. The Trusts Performance Improvement Plan sets out a programme of initiatives to improve on response times.

The Patient Transport Service has received a number of complaints in relation to timeliness and delay. The cause of this increase has been identified as the transfer of the PTS bookings to the new Cleric system where a number of problems with bookings occurred during the transfer period.

Patient and Public Involvement

Operational response standards to be delivered

Improve stakeholder engagement

Events attended during June:

Events attended in June
3 rd June – Health Forum, Bream Community Centre
10 th June – Avonsafe Older Peoples Group, Kingswood, Bristol
12 th June – Avonsafe, Yate Fire Station
17 th June – External Reference Group, Jenner House

Key Milestones

Development of External Reference Group

Attendance and input into the Joint HOSC

Development of public information, including clinical leaflets and the website

Feedback surveys

Progress against Milestones

The second meeting of the External Reference Group has taken place at which the Transformation Programme was presented.

Work continues on the production of a range of public information leaflets that will also be available on the website

A new website is under construction and design.

Key Issues and Actions

Forthcoming Commitments

Group	Venue	Date of Meeting	Purpose	Attending for GWAS	Actions, Papers required by
BREHP	Vassell Centre, Fishponds, Bristol	18-Jun-08		TBC	
LINKS Steering Group	Westgate Street, Gloucester	20th June 2008			
North Somerset	Council Offices, Weston Super Mare	10/7/2008 at 10.00am	Report on local response times, staffing issues and performance ratings	TBC	26/6/2008 at 12 noon

Major IT Projects

Operational standard to be delivered

Key Components	07/08 Year End	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	08/09 Year End Target
New CAD	75%	80%	85%											85%	100%
Interim PTS	60%	75%	80%											80%	100%
New PTS	0%	0%	0%											0%	75%
ESR	95%	95%	95%											95%	100%
Nat EPRF	15%	15%	15%											15%	see note
Interim EPRF	0%	5%	5%											5%	100%
ARP	50%	50%	55%											55%	90%
Operational Telephony	50%	60%	75%											75%	100%

Key Milestones

- New CAD system in use for training
- New Avon/Marybush high bandwidth circuit for Interim PTS commissioned
- Details received for Interim PTS configuration
- ARP project board established & work re-started
- Operational Telephony to integrate Devizes complete

Progress against Milestones

- Main iCAD Training system complete & in use
- iCAD BC/DRS system delivered to GTEC for Intergraph configuration
- iCAD Workstations set up in new room
- Operational telephony for Devizes complete
- Interim PTS work for Marybush Lane in progress

Key Issues and Actions

- GTEC operational telephony – Site “lick off” meeting planned for end of June
- National EPRF is stopped due to Fujitsu Alliance withdrawing from NPfIT
- ARP interim Avon voice for EMDC under way, planning meeting scheduled for early June
- EMDC PBX expansion planning in progress
- New PTS Draft OBS received & commented on

Estates

Operational standard to be delivered

The Department of Health requires all NHS organisations to have a 5 year plan to improve the quality of its buildings, known as its back log maintenance plan. The achievement against that plan is monitored on a monthly basis.

The Department of Health requires that all NHS organisations have a long term plan to improve the energy efficiency of its buildings annually.

2007 / 2008

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Backlog Maintenance expenditure £K		12											5	0
Energy Efficiency – no. buildings not compliant	30	30											30	22

Key Milestones

Backlog Maintenance - Revised Plan, informed by 6 facet survey and Ops Strategy is in place.

Consultants have been appointed to develop the projects. Easton Bevans are taking forward various projects on behalf of the Trust .

Energy Efficiency – Consultants to be appointed to carry out detailed surveys.

The Board will receive an Estates Annual Report in July 2008.

Progress against Milestones

Backlog Maintenance - Briefs for projects are being prepared. Consultants developing detailed schemes.

Energy – Proposals for specialist advice being sought. Appointing by July 08.

Key Issues and Actions

Backlog Maintenance - Programme addresses high risks including Fire, Legionella and other Health & Safety issues

Energy Efficiency – Rebased programme considers Operations Strategy. Specialist consultants to advise on payback periods and draw up detailed proposals.