


Great Western Ambulance Service   
NHS Trust

## Managing our Performance

---



Performance Report for Board Meeting on  
Thursday 27 March 2008

## Contents

<b>Summary of Key Performance Indicators .....</b>	<b>3</b>
<b>Significant Risks .....</b>	<b>4</b>
<b>Accident &amp; Emergency .....</b>	<b>5</b>
<b>Out of Hours .....</b>	<b>11</b>
<b>Finance.....</b>	<b>14</b>
<b>Human Resources and Organisational and Workforce Development.....</b>	<b>20</b>
<b>Health and Safety .....</b>	<b>24</b>
<b>Education and Development .....</b>	<b>26</b>
<b>Clinical .....</b>	<b>29</b>
<b>Corporate Development.....</b>	<b>34</b>
<b>Complaints and Compliments.....</b>	<b>37</b>
<b>Major IT Projects .....</b>	<b>40</b>
<b>Estates .....</b>	<b>42</b>
<b>Glossary.....</b>	<b>43</b>

## Summary of Key Performance Indicators – February 2008

Performance			
Cat A8	77.8%	✓	↑
Cat A19	94.7%	□	↑
Cat B 19	88.9%	✘	↑
Call connect	66.5%	✓	↑
Non conveyance	34%	✓	↑
Call to needle *	55.2%	✘	↑

\* Call to needle data is YTD to December 2007

Finance			
I&E (+) surplus/ (-) deficit	643k	✓	↓
Capital CBL £m	2.9	✓	↑

Staff			
Sickness absence	7.5%	✘	↓
Turnover	0.7%	✓	↑
Headcount	1490	✘	↑
Statutory training			

Fitness for purpose			
S4BH compliance	<sup>38/44</sup>	□	↔
ALE compliance	L2	□	↔
NHSLA compliance	<sup>22/50</sup>	□	↔
IGT compliance	L2	□	↑

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

IMPACT	Negligible	1					
	Low	2					
	Medium	3					CD19
	High	4				A&E17 OL18 A&E2 HR21 HR17	A&E28 A&E15 C12 C16 HR1 HR7
	Extreme	5			IT06	HR2 OP16 A&E29 C17	
			1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
			LIKELIHOOD				

BAF 1	C12	Failure to achieve call to needle targets	16
BAF 10	C16	Inappropriate pats left at home v inappropriate pats transferred to hospital	16
BAF1	OP16	Failure to achieve Call Connect	20
BAF 1	HR1	Ineffective sickness management	16
BAF5	HR7	Inability to fully utilise ESR	20
BAF 4	A&E29	Release of staff for mandatory training	20
BAF 1	A&E 2	Vacancies - failure to recruit	16
BAF 4	HR2	A4C paramedic and technician banding	20
BAF 5	A&E17	Incomplete business continuity plans	16
BAF 4	OL18	Bariatric patients increasing potential of injury	16
BAF 4	HR17	Inadequate process to record violence and abuse incidents	16
BAF1	HR21	Insufficient recruitment of ECA's	16
	IT06	Network faults with BT configuration	15
<b>New</b>	<b>C17</b>	<b>Lack of control of quality standards of third parties</b>	<b>20</b>
	<b>CD19</b>	<b>CAD Data quality – inability to accurately separate out GP Urgent</b>	<b>15</b>
	<b>A&amp;E28</b>	<b>Failure to achieve control room modernisation to agreed dates</b>	<b>16</b>

## Accident & 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, details 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.

Note: For all the above categories the clock starts when we have the telephone number, patient's address and the chief nature of their complaint e.g. breathing difficulties.

From the 1<sup>st</sup> April 2008 a new category 'A' standard comes into force, known as 'Call Connect'. This means that the Trust must respond to 75% of all Category 'A' calls within 8 minutes; the difference being that the time starts when the call hits the telephone switch. Typically, it has taken ambulance services 60 seconds to obtain the patient's details and for the clock to start, this time will now be included within the 8 minutes. The following table outlines the Trust's performance against these standards for 2007/08.

### 2007 / 2008

Key Targets	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
Cat A 8 min	70%	71%	68%	69%	68%	70%	70.4%	73.2%	73.8%	76%	77.71%		75%
Cat A 19T min	93%	92%	92%	91%	93%	93%	91.7%	93.6%	93.3%	95%	94.66%		95%
Cat B 19 min	87%	87%	85%	85%	83%	82%	82.4%	86.2%	85.5%	88%	88.89%		95%
Cat C 60 min	91%	91%	83%	82%	81%	79%	76.4%	79.3%	79%	83%	81.95%		95%
Cat A Call Connect	56%	58%	56%	55%	54%	55%	58.8%	60.1%	61.5%	65%	66.48%		75%

## Key Milestones

Category 'A' performance for GWAS has remained above the national standard since week ending December 2007. Category 'A' 19 performance remains close to target.

- ✓ Cat A8 = **77.71%** against a target of **75%**
- ✓ Cat A19 = **94.66%** against a target of **95%**

The Trust also achieved progress against the other operational key performance targets with increased performance in;

- Cat A Call Connect – 66.48% (trajectory 67%)
- Cat B 19 – 88.89% (trajectory 92.5%)
- Cat C 60 – 81.95% (95% target)

Whilst performance has improved and is becoming stable, especially against the A8 target, there continues to be room for further improvement particularly in our progress towards the call connect target and the B19 target. The main factors still affecting performance in February 08 were:

- Vacancies across the Trust.
- Continuing issues with Hospital Handover delays.
- Staffing and processes in the control room.

## Progress against Milestones

- Cat A performance consistently above trajectory.
- Vacancy factor reducing.
- Second cohort of ECPs now operational.
- Both Clinical desks functioning in Avon and Gloucestershire sectors.
- Revised Standby facilities in Avon Sector implemented.
- New DMA drive zones agreed in all Sectors.
- Cohort 3 ECA's (10 staff) commenced duties.
- Action plans and trajectories regarding hospital turnarounds produced and agreed.
- Peer reviews undertaken at Weston Area Health Trust, United Bristol Healthcare Trust and North Bristol Trust, with action plans to follow, which encompasses ambulance turn around performance.
- Promis - computerised staff management system introduced.
- Action plan produced for the Call Connect improvements in the control room.

Note: A full list of the Performance Improvement Plan (PIP) actions and progress against the actions is contained in chart 4.

## Key Issues and Actions

- To maintain the rate of improvement in performance over the coming months in line with the agreed trajectory
- Comprehensive recruitment plans are in place to fill the gaps which exist due to front line staff vacancies. The delivery of this project is monitored on a weekly basis as part of the Performance Improvement Plan. Recruitment plans are in place for all grades of staff and there have been innovative approaches to attract staff to Emergency Care Assistant roles including education programmes for our existing Ambulance Technicians to become Paramedics. 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.

## Key Initiatives In Progress

- Replacement of the Computer Aided Dispatch (CAD) system
- Recruitment and the changes to working practices in the emergency control rooms
- Review of community responder schemes

## Performance Charts

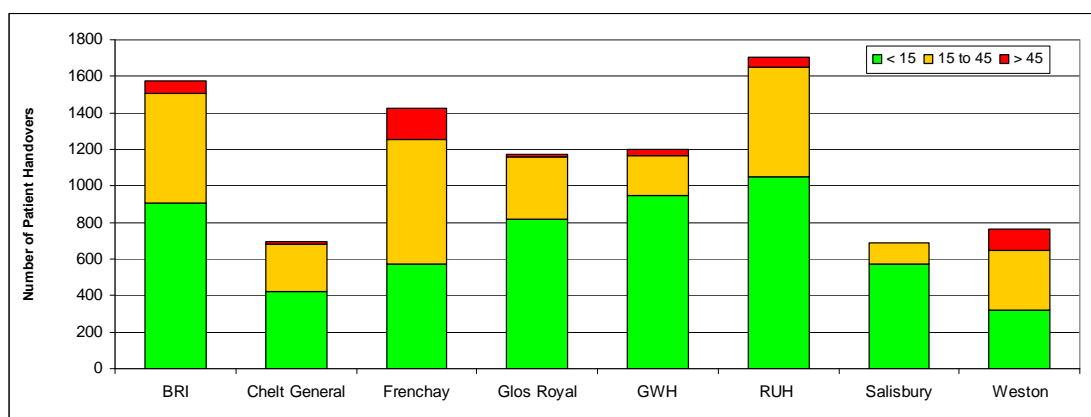
The following charts show the performance of the Trust, details as follows:

- Chart 1 Time taken to handover of patients at the 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 2 This is a graph with a pictorial view of the handover times.
- Chart 3 These charts show performance against our trajectory; there are 8 charts in total, showing A8, A19, Call Connect A8, B19, C, number of incidents that we have responded to, number of incidents that we have activated a vehicle to and operational whole time equivalent employees compared with the budget establishment.

**Chart 1**  
**Handover of patients**

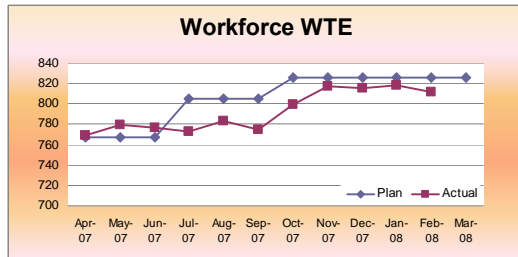
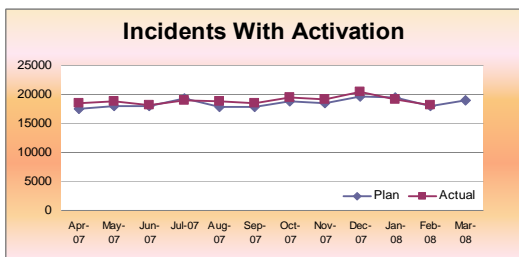
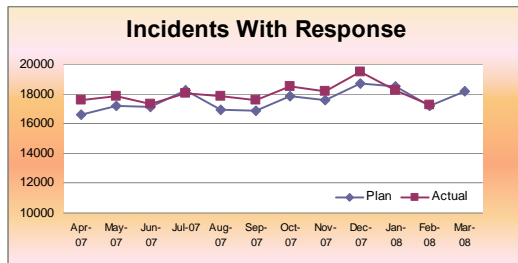
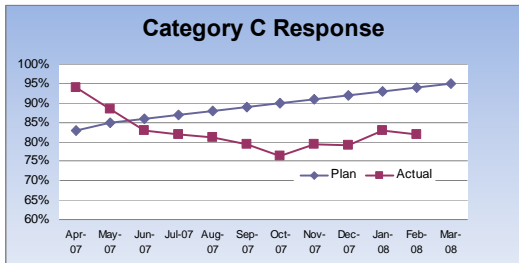
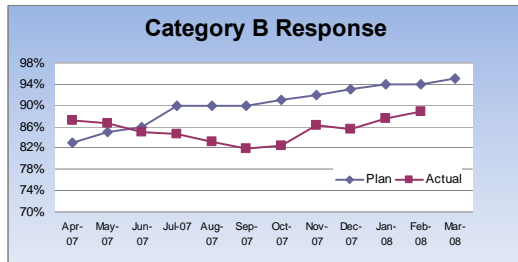
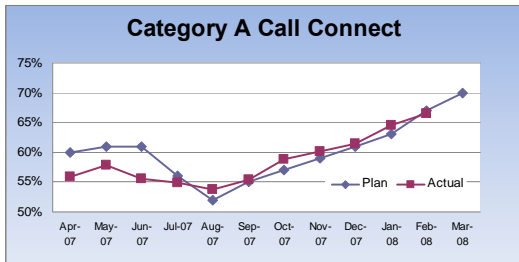
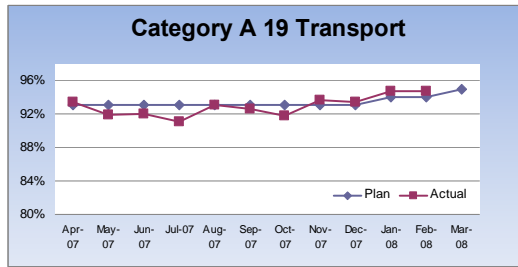
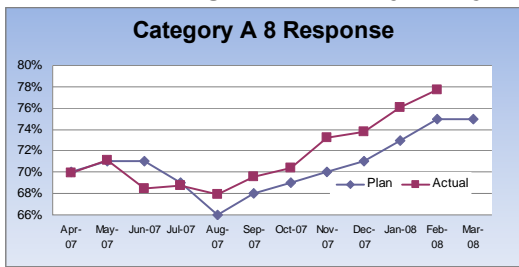
Acute Hospital	< 15:00	15:00-19:59	20:00 - 24:59	25:00 - 29:59	30:00 - 34:59	35:00 - 39:59	40:00 - 44:59	45:00 - 59:59	1-2 Hours	2-3 Hours	3-4 Hours	> 4hrs	Total 15 Mins and Over	Total 45 Mins and Over	Total
Bristol Royal Infirmary	909	278	143	84	38	34	18	34	30	8	2	1	670	75	1579
Cheltenham General Hospital	423	119	64	37	12	11	15	8	9				275	17	698
Frenchay Hospital	572	245	163	107	75	57	33	83	84	8	1		856	176	1428
Gloucester Royal Hospital	820	174	89	41	15	6	11	10	9				355	19	1175
Great Western Hospital Swindon	945	101	62	31	15	7	6	15	16	2			255	33	1200
Royal United Hospital Bath	1052	320	149	77	29	18	6	19	33	4			655	56	1707
Salisbury District Hospital	575	66	30	11	5	2		2					116	2	691
Weston General Hospital	321	105	86	47	41	24	25	42	60	13	5	2	450	122	771
<b>Overall Total</b>	<b>5617</b>	<b>1408</b>	<b>786</b>	<b>435</b>	<b>230</b>	<b>159</b>	<b>114</b>	<b>213</b>	<b>241</b>	<b>35</b>	<b>8</b>	<b>3</b>	<b>3632</b>	<b>500</b>	<b>9249</b>

**Chart 2**  
**Handover times**





### Chart 3 Performance against our trajectory



## Chart 4

The following is an extract from the Performance Improvement Plan (PIP); it provides an update on the various initiatives.

Initiative	Impact date	Current Cat A	Current Cat A	Call Connect
Geographic deployment plan	Aug-07	0.5%	0.5%	0.5%
Vacancies filled	Sep-07			0.5%
Mobile data Glos	Sep-07	0.6%		0.4%
New deployment plan nearest and quickest	Sep-07	0.5%		0.5%
First Cohort 29	Sep-07	2.0%	3.1%	2.0%
Resources matched to demand	Oct-07	0.2%		0.2%
New team structure complete	Oct-07	1.0%		1.0%
Managed call distribution	Oct-07		1.2%	0.5%
Review estates/establish stand by facilities	Nov-07	0.6%		0.6%
Separate 999 call handling	Nov-07		0.6%	1.0%
Centralise call handling in Avon	Dec-07			1.0%
Single IT systems/interim CAD	Dec-07	0.2%		0.2%
Process map handover	Dec-07	0.1%		0.1%
Agreed community escalation plan	Dec-07	0.1%		0.1%
Implement Clinical Desk/SPA	Dec-07	0.2%	0.6%	0.2%
Implement individual/team KPIs	Jan-08			0.3%
Implement individual/team KPIs	Jan-08	0.2%		0.2%
New team structure complete	Jan-08	0.2%		0.2%
Vacancies filled	Jan-08	0.2%		0.2%
Implement individual/team KPIs	Jan-08	0.2%		0.2%
Implement individual/team KPIs	Jan-08	1.0%		1.0%
Implement individual/team KPIs	Jan-08	0.1%	1.9%	0.1%
Increase call handling establishment	Feb-08			2.0%
Dispatch desk redesign	Feb-08	0.2%		0.2%
Dispatch Assistant introduction	Feb-08	0.2%		0.2%
Trust wide Resource Centre operational	Feb-08	0.2%		0.2%
Separate response/transport plan	Feb-08	1.1%	1.7%	1.1%
Implement Caller Line Identity	Mar-08			1.0%
New CAD	Apr-08			1.0%
New CAD	Apr-08	0.2%	0.2%	0.4%
Additional ECPs	Sep-08	1.0%		1.0%
Implement Capacity Management System	Sep-08	0.3%		0.3%
LDP bid to cross charge for lost hours	Sep-08	0.1%		0.1%
Second Cohort 30	Sep-08	2.7%		2.7%
Clinical education CPD programme	Sep-08	0.2%	4.3%	0.2%
Clinical education CPD	Dec-08	0.4%		0.4%
Treat and refer guidelines	Dec-08	0.2%		0.2%
Extra ECPs live	Dec-08	0.2%	0.8%	0.2%
Individual clinical audit/PDP	Mar-09	0.1%	0.1%	0.1%
Educate extra paramedics improve skill mix	Mar-10	0.2%	0.2%	0.2%
Total		15.2%	15.2%	22.5%

Comment	R/A/G Status
Initial Plan Complete	G
EMDs in post	G
Complete	G
Initial Plan Complete. Resource issues affecting ability to execute plan.	A
First Cohort now operational - Complete	G
Rotas adjusted to demand, will require a review in the Wilts sector	G
All teams introduces and operating	G
Complete	G
In progress with several improvements achieved. Meeting with estates planned for w/c 10 March 08	A
Complete	G
Complete	G
Complete	G
Complete	G
Complete	G
Plans on track	G
Plans on track	G
Plans on track	G
Short of 30 Paras/Techs ECAs, 13.5 ECPs and 5 CTLs. Actively recruiting at all levels.	R
Plans on track	G
Plans on track	G
Plans on track	G
4.5 call taker and 4 support desk vacancies. Recruitment in progress to meet establishment.	A
Plans on track	G
Complete	G
Complete	G
Complete	G
Complete	G
Project in progress, project manager in place, scheduled for go-live in July 08	G
All ECPs recruited and in training	G
In progress	G
Funding agreed	G
All ECPs recruited and in training	G
Plans in progress. Insufficient training capacity and ability to release staff	A
Plans in progress. Insufficient training capacity and ability to release staff	A
In progress	A
All ECPs recruited and in training	G
National EPRF slippage	A
Initial planning underway	G

## Out of Hours

### **Operational standard to be delivered**

Following the introduction of the new GP contract, the Trust provides an Out of Hours urgent care service in the Gloucestershire sector.

Out of Hours standards are defined nationally in the Carson Report covering call handling, triage and home visiting service delivery. The national standards for this service are as follows:

### **Call Taking**

Out of normal doctors surgery hours the calls are diverted to the GWAS urgent care centre. In terms of these calls:

- There must be less than 5% of all calls abandoned
- Less than 1% of callers should receive an engaged signal

### **Call Triage**

Once the call is received, it is logged on a computer system for a triage clinician (usually a doctor) to contact the patient/caller and assess their condition. The Triage doctor has the options of providing telephone advice, referring to different care pathways or arranging a home visit by a doctor. The triage standard is:

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

### **Home Visits**

If the triage clinician deems that a visit to the patient is necessary (usually home address) then this is arranged according to their clinical need, the options are:

- 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

## Out of Hours standards

The following table shows GWAS performance against these standards:

2007 / 2008

Key Components													YTD	Target
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Abandoned Calls	10%	7%	6%	8%	7%	7%	4.6%	3.9%	11.9%	3.7%	4.5%		7.7%	< 5%
Engaged Calls	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		0%	< .1%
Triage < 20 mins	74%	81%	80%	82%	85%	87%	82%	72%	62%	79%	85%		78%	95%
Visit time < 1 hour	100%	100%	100%	94%	88%	93%	90%	89%	100%	100%	100%		95%	95%
Visit time < 2 hour	91%	90%	95%	96%	92%	95%	94%	91%	92%	94%	95%		93%	95%
Visit time < 6 hour	97%	97%	99%	99%	98%	98%	99%	99%	97%	97%	100%		98%	95%
Calls answered < 60 secs	81%	87%	89%	86%	86%	86%	92%	94%	79%	94%	93%			95%

In January, all standards apart from the triage time were met.

### Key Milestones

- Clinical desk commenced operations in both Avon and Gloucestershire, the purpose of these desks are to provide additional support to operational staff to help ensure that patients receive the most appropriate treatment, and utilise the full range of community services available.
- Gloucestershire Out of Hours control room to merge with Emergency Control, this will help ensure an integrated approach to services and maximise resources.
- Re design call triage process to ensure consistency of approach, and standardisation to all patients.
- Utilise Emergency Care Practitioner's (ECP's) to support out of hours home visits.
- Dispatchers in Gloucestershire to extend their role to dispatch both OOH and emergency resources as appropriate to meet patient's need.

### Progress against Milestones

- Clinical desk commenced operational delivery Dec 07 and will be fully resourced from March 2008. This is 95% complete.
- Control room reconfiguration delayed. Now back on track and due to be delivered by March 2008. This is 90% complete.
- The redesign of call triage, utilisation of ECP's, and the extension of the dispatch role, is now combined into a project which runs from January to September 2008. A Project Initiation Document has been approved by the Programme Board in December 2007.

## **Key Issues and Actions**

- An Action Plan has been produced to ensure that contingencies are in place to cover staff absence and that appropriate supervision is available within the out of hours service, to cover bank holidays and pressure points at weekends. This action plan will be used to performance manage the service against national standards.
- An options appraisal for call triage, to ensure the Trust meets the performance standards is to be produced.
- A detailed analysis of the triaging of calls by doctors is to be undertaken; this will be used to identify best practice, and used as a learning tool. This work is to commence in March 2008.

## Finance

### Operational standard to be delivered

Finance KPIs are aligned with NHS Finance reporting requirements. These are Breakeven Duty, Trust Borrowing Limit, External Financing Limit, Rate of Return on Capital and compliance with Public Sector Payment Policy.

2007 / 2008

Key Components													YTD	Target
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Financial Balance – £m (-) deficit / (+) surplus	75	75	75	130	18	14	87	701	205	-384	-354	811	643	1454
Capital Borrowing Limit - £m	0.00	0.00	0.00	0.00	0.00	0.00	0	0	0.7	0.7	2.2	2.9	2.2	2.90
External Finance Limit - £m	0.00	0.00	0.00	0.00	0.00	0.00	0	0	0	0	0	-2.3	0	-2.3
Rate of return on capital - %	3.50	3.50	3.50	3.50	3.50	3.50	3.5	3.5	3.5	3.0	3.0	3.0	3.00	3.50
Public Sector Payment Policy – % compliance (Non NHS, Value)	91.0	91.0	91.1	91.4	91.5	91.7	92.3	92.1	92.1	92.3	91.9	93.0	91.9	95.00

### Key Milestones

At the end of month ten the Trust is projecting a year end position of surplus of £1,454,000 on a budget of £65,963,000. This incorporates the Trust holding a contingency of £305,000.

The under-spend of £643,000 results from expenditure ahead of income to accelerate call connect performance by the Trust in January and February 2008. Other key elements include the release of provisions of £500,000 in respect of reconfiguration costs, £410,000 non-recurring income from Gloucestershire PCT and an underlying under spend of £470,000 which occurred over earlier months and is predominately due to staff vacancies. Whilst front line vacancies are mainly covered by overtime and agency staff, this was less the case for non frontline vacancies. This level of under-spending has decreased during the year as vacancies have been filled as part of the recruitment programme.

An in year overspend on non-pay expenditure is being off-set by the under-spends on pay budgets. A detailed review of non pay is taking place to assist in 08/09 budget setting.

The Trust is due to receive additional non-recurring income support of £1.2m in order to assist with the achievement of Call Connect ambulance performance targets. This is due to be received in March. These funds are planned to be expended between January and March this financial year

The Trust confirmed revisions to the Capital Budget to the November Trust Board in private. The Trust is forecasting to spend £3m of the approved capital plan this financial year with the balance of 07/08 commitments due in 08/09.

This revision reflects the delayed implementation dates for the new CAD system and lead time for procurement of replacement vehicles. It can be noted that the purchase of frontline vehicles to a higher specification than originally budgeted will have an impact on capital budgets and revenue costs in 2008/09.

The Trust anticipates being within its External Financing Limit in 2007/08, and expects to hold excess cash as a result of delay in expected expenditure on capital and provisions.

The trust expects to have a rate of return on capital of 3.0%. This is lower than the 3.55 target due to higher than planned cash balances anticipated at the year end.

The Trust is achieving around 92% compliance with Public Sector Payment Policy. The Finance Department has been centralised and the Trust anticipates this will assist in continue improving performance against this target.

The Trust anticipates being able to repay £1,454,000 of the deficit it has brought forward during 2007/08.

### **Progress against Milestones**

CRES plan delivered for 2007/08.

Break even delivered in months 1, 2, 3, 4, 5, 6, 7, 8, and 9, planned additional expenditure in month 10 and 11, in anticipation of income in month 12.

Confirmed actions to repay £1,454,000 of the brought forward deficit during 2007/08

### **Key Issues and Actions**

Maintaining breakeven position to year end.

Embedding new financial systems

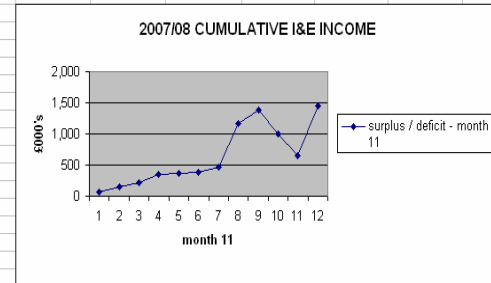
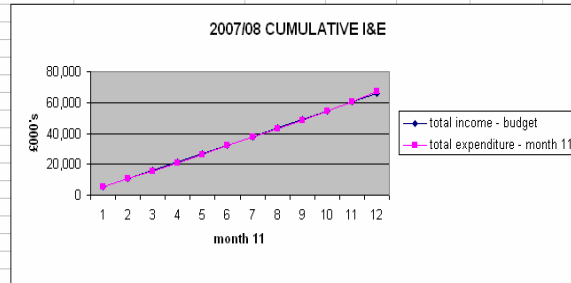
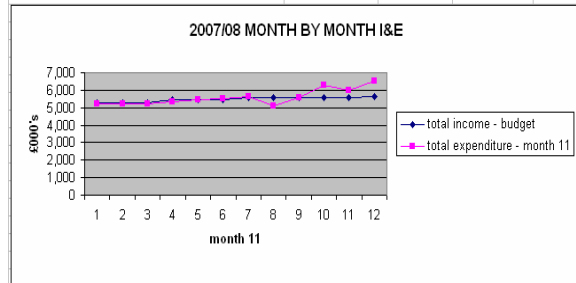
Identify cash releasing efficiency schemes of up to 3% ahead of 2008/09

To enhance the detail of the Medium Term Financial Strategy (MTFS)

Progress tender action for single a payroll provider.

BY MONTH	Sub Code	Plan £000s	Forecast Output £000s	Variance £000s	YTD Actual £000s	BY MONTH	April £000s	May £000s	June £000s	July £000s	August £000s	September £000s	October £000s	November £000s	December £000s	January £000s	February £000s	March £000s	
total income - budget		65,963	0	0	0	total income - budget	5,309	5,308	5,308	5,470	5,470	5,470	5,602	5,602	5,602	5,602	5,602	5,618	
total income - month 11		65,963	68,555	0	61,227	total income - month 11	5,309	5,308	5,308	5,470	5,473	5,538	5,708	5,806	5,798	5,878	5,632	7,328	
total expenditure - budget		65,963	0	0	0	total expenditure - budget	5,309	5,308	5,308	5,470	5,470	5,470	5,602	5,602	5,602	5,602	5,602	5,618	
total expenditure - month 11		65,963	67,101	0	60,584	total expenditure - month 11	5,234	5,233	5,233	5,340	5,455	5,524	5,621	5,104	5,592	6,262	5,986	6,517	
surplus / deficit - month 11		0	1,454	0	643	surplus / deficit - month 11	75	75	75	130	18	14	87	701	206	(384)	(354)	811	

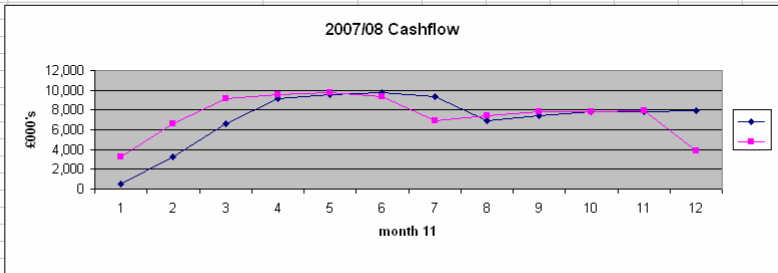
CUMULATIVE	Sub Code	Maincode 01 Plan £000s	Maincode 01a Forecast Output £000s	Maincode 01b Variance £000s	Maincode 01c YTD Actual £000s	CUMULATIVE	Maincode 02 April £000s	Maincode 03 May £000s	Maincode 04 June £000s	Maincode 05 July £000s	Maincode 06 August £000s	Maincode 07 September £000s	Maincode 08 October £000s	Maincode 09 November £000s	Maincode 10 December £000s	Maincode 11 January £000s	Maincode 12 February £000s	Maincode 13 March £000s	SIGN
total income - budget						total income - budget	5,309	10,617	15,925	21,395	26,865	32,335	37,937	43,539	49,141	54,743	60,345	65,963	
total income - month 11						total income - month 11	5,309	10,617	15,925	21,395	26,868	32,406	38,114	43,919	49,717	55,595	61,227	68,555	
total expenditure - budget						total expenditure - budget	5,309	10,617	15,925	21,395	26,865	32,335	37,937	43,539	49,141	54,743	60,345	65,963	
total expenditure - month 11						total expenditure - month 11	5,234	10,467	15,700	21,040	26,495	32,019	37,640	42,744	48,336	54,598	60,584	67,101	
surplus / deficit - month 11						surplus / deficit - month 11	75	150	225	355	373	387	474	1,175	1,381	997	643	1,454	





Balance Sheet	Sub Code	Opening Balance (1st April 2007) £000s	Closing Balance (31st March 2008) £000s	Full year Movement in Balances £000s	YTD Balance at End of Current Month £000s	YTD Movement in Balances £000s	
<b>FIXED ASSETS:</b>							
Intangible assets	100	112	113	1	113	1	+
Tangible assets	110	30,932	32,968	2,036	33,003	2,071	+
Investments	120	0	0	0	0	0	+
<b>TOTAL FIXED ASSETS</b>	<b>130</b>	<b>31,044</b>	<b>33,081</b>	<b>2,037</b>	<b>33,116</b>	<b>2,072</b>	<b>+</b>
<b>CURRENT ASSETS:</b>							
Stocks and work in progress	140	143	143	0	143	0	+
Debtors falling due within 1 year	150	8,442	1,775	(6,667)	4,928	(3,514)	+
Debtors falling due after one year	160	1,342	0	(1,342)	1,342	0	+
Investments - Other	170	0	0	0	0	0	+
Cash at bank in OPG accounts	180	406	3,918	3,512	5,072	4,666	+
Other cash at bank and in hand	190	88	0	(88)	0	(88)	+
<b>Total Cash at bank and in hand</b>	<b>200</b>	<b>494</b>	<b>3,918</b>	<b>3,424</b>	<b>5,072</b>	<b>4,578</b>	<b>+</b>
<b>TOTAL CURRENT ASSETS</b>	<b>210</b>	<b>10,421</b>	<b>5,836</b>	<b>(4,585)</b>	<b>11,485</b>	<b>1,064</b>	<b>+</b>
<b>CREDITORS:</b>							
DH working capital loan principal repayments falling due within one year	220	0	0	0	0	0	-
DH capital loan principal repayments falling due within one year	230	0	0	0	0	0	-
NHS Creditors falling due within one year	240	(351)	(396)	(45)	(929)	(578)	-
Other creditors falling due within one year	250	(3,133)	(3,732)	(599)	(7,057)	(3,924)	-
<b>Total amounts falling due within one year</b>	<b>260</b>	<b>(3,484)</b>	<b>(4,128)</b>	<b>(644)</b>	<b>(7,986)</b>	<b>(4,502)</b>	<b>-</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	<b>270</b>	<b>6,937</b>	<b>1,708</b>	<b>(5,229)</b>	<b>3,499</b>	<b>(3,438)</b>	<b>+/-</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>280</b>	<b>37,981</b>	<b>34,789</b>	<b>(3,192)</b>	<b>36,615</b>	<b>(1,366)</b>	<b>+</b>
<b>CREDITORS:</b>							
DH working capital loan principal repayments falling due after more than one year	290	0	0	0	0	0	-
DH capital loan principal repayments falling due after more than one year	300	0	0	0	0	0	-
NHS creditors falling due after more than one year	310	0	0	0	0	0	-
Other creditors falling due after more than one year	320	0	0	0	0	0	-
<b>Total amounts falling due after more than one year</b>	<b>330</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>
<b>PROVISION FOR LIABILITIES AND CHARGES</b>	<b>340</b>	<b>(5,103)</b>	<b>(1,021)</b>	<b>4,082</b>	<b>(3,658)</b>	<b>1,445</b>	<b>-</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>350</b>	<b>32,878</b>	<b>33,768</b>	<b>890</b>	<b>32,957</b>	<b>79</b>	<b>+</b>
<b>FINANCED BY</b>							
<b>TAXPAYERS EQUITY:</b>							
Public dividend capital	360	32,321	29,994	(2,327)	29,994	(2,327)	+
Revaluation reserve	370	1,783	3,546	1,763	3,546	1,763	+/-
Donated asset reserve	380	75	75	0	75	0	+
Government Grant Reserve	390	0	0	0	0	0	+
Other reserves	400	0	0	0	0	0	+/-
Income and expenditure reserve	410	(1,301)	153	1,454	(658)	643	+/-
<b>TOTAL TAXPAYERS EQUITY</b>	<b>420</b>	<b>32,878</b>	<b>33,768</b>	<b>890</b>	<b>32,957</b>	<b>79</b>	<b>+</b>

month 11	Sub	e 01	e 01A	e 01B	Maincode 01C	Maincode 02	e 03	e 04	e 05	e 06	e 07	e 08	e 09	e 10	e 11	e 12	e 13	
	Code	Plan £000s	Forecast Outturn £000s	Variance £000s	YTD Actual £000s	April £000s	May £000s	June £000s	July £000s	August £000s	Septemb er £000s	October £000s	Novemb er £000s	Decemb er £000s	January £000s	February £000s	March £000s	
Opening Balance	610	492	494	2		494	3,213	6,581	9,152	9,610	9,730	9,400	6,891	7,404	7,872	7,800	7,945	+
Closing Balance	620	1,777	3,874	2,242		3,213	6,581	9,152	9,610	9,730	9,400	6,891	7,404	7,872	7,800	7,945	3,874	+



<b>T05 (Equivalent of TAC11)</b>				
<b>BETTER PAYMENT PRACTICE CODE</b>				
<b>Month 11</b>				
Note 7.1 Better Payment Practice Code - measure of		<b>Maincode 41</b>	<b>Maincode 42</b>	<b>SIGN</b>
<b>compliance</b>	<b>Sub Code</b>	<b>YTD Number</b>	<b>YTD Value £000s</b>	
<b>Non-NHS Creditors</b>				
Total bills paid in the year	<b>100</b>	19,777	21,500	+
Total bills paid within target	<b>110</b>	18,030	19,768	+
Percentage of bills paid within target	<b>120</b>	91	92	%
<b>NHS Creditors</b>				
Total bills paid in the year	<b>130</b>	1,357	4,344	+
Total bills paid within target	<b>140</b>	1,199	3,845	+
Percentage of bills paid within target	<b>150</b>	88	89	%
	<b>Sub Code</b>	<b>Maincode 03</b>	<b>SIGN</b>	
<b>The late payment of commercial debts (interest) Act 1998</b>		<b>YTD £000s</b>		
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	<b>160</b>	0	+	
Compensation paid to cover debt recovery costs under this legislation	<b>170</b>	0	+	

## Human Resources and Organisational and Workforce Development

### Operational standard to be delivered

Sickness absence levels of < 4.5%  
 Turnover at < 8%  
 Appraisal at 100%

2007 / 2008

KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Sickness Absence	7.0%	7.4%	7.8%	7.8%	7.6%	6.8%	7.2%	6.2%	7.1%	7.5%			7.2%	< 4.5%
Staff Turnover	1.0%	1.6%	0.5%	1.6%	0.9%	1.0%	0.4%	0.7%	0.8%	0.6%	0.7%		10.6% *	< 8%
Appraisals & PDPs	Not known											5%	100%	
Workforce Headcount	1406	1393	1410	1424	1418	1454	1467	1476	1480	1484	1490		N/A	1532
Diversity Figures	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%		1.1%	4.72%

\*annualised turnover

### Key Milestones

#### 1. Sickness Absence:

Avon Sector	Wiltshire Sector	Gloucestershire Sector
9.1% (June)	7.6% (June)	5.9% (June)
10.3% (July)	6.1% (July)	5.2% (July)
11.2% (August)	6.5% (August)	3.6% (August)
9.8% (September)	6.5% (September)	3.4% (September)
10.2% (October)	6.7% (October)	3.9% (October)
7.8% (November)	7.2% (November)	3.5% (November)
8.6% (December)	7.6% (December)	4.7% (December)
8.8% (January)	8.0% (January)	5.7% (January)

We are continuing to work hard in attempts to reduce our sickness absence levels across the Trust.

#### A&E Operations Sickness Absence:

Sickness absence continues to be managed proactively by line managers and HR Advisors, in conjunction with the respective Occupational Health Departments.

It has been recognised in the Wiltshire Sector that the sickness absence figure has slowly increased over recent months. Whilst it is not clear from the combined percentage whether this rise can be attributed solely to A&E, action is being taken to address the situation, which is felt is a short term absence issue, rather than a rise in long term cases. A Service Delivery Manager within the sector is currently concentrating on short term absence management to ensure the Management of Attendance Policy is being implemented consistently and accurately. The HR Advisor has now completed meetings with all Clinical Team Leaders to provide support in applying the policy and managing the absence within their teams.

The process for collating and recording sickness information across A&E Operations is being reviewed, with the aim of extending the use of the "SR2" to both Gloucestershire

and Wiltshire. It is envisaged that this will produce more reliable and consistent management data in a timely way.

During February 2008 there have been 2 Ill Health Dismissals and more than 12 staff have been successfully managed back to work.

#### PTS, EMDC and HQ/Support Sickness absence

Sickness absence within these areas continues to be managed by the line managers and HR Advisors. There are currently 9 people off long term sick in PTS of whom 3 are due to leave (through either retirement or dismissal). There are 4 people in the EMDC/Urgent care off on long term sick, of whom 3 are on notice. There are 2 people in the support services on long term sick. All short term sickness absence is managed by the line managers with the support of the HR Advisors. It is reviewed on a weekly basis.

### **2. Appraisals and PDPs:**

Appraisal is one of our critical objectives in relation to compliance with the Standards for Better Health requirements. A paper submitted to the Executive Team for discussion and approval on 4 February stated that our intention is to ensure that all HQ and Support Staff (approx 15% of our total workforce) have received an appraisal by the end of March 2008, with the remaining staff (Operations, EMDC, PTS) receiving appraisals later in the year.

Following a review, this target has now been revised and our aim is now to ensure that 100% of those staff available to receive an appraisal will complete the process by the end of March 2008. Significant efforts have been and continue to be made to deliver against this tight timescale, especially within Operations. This is, however, a challenging target, and there are difficulties to overcome in terms of releasing staff from operational roles in order to allow them to prepare for, and complete, the appraisal process.

The current status is that over 5% of appraisals have now been completed and details of a further 20% of staff that have appraisals planned have been notified to HR; it is known that further appraisal dates are scheduled but these have not yet been notified to HR.

The KSF & Appraisal policy was approved by the JCNC and, since mid-February, 65 managers have subsequently received training in the revised appraisal process. Planning is also underway for the 2008/09 appraisal cycle, to include KSF profiles for all roles within the trust.

### **3. Turnover:**

To enable a direct comparison with the target figure, the year to date turnover in the KPI table above is now expressed as an annualised figure. Whilst we are above our target for turnover, the national ambulance average is approximately 8%. The staff survey results will help us to assess staff satisfaction levels, and develop an action plan aimed at improving our retention.

The turnover rate has also been broken down over recent months, and on this basis it can be seen that it is improving:

- a. For the 6 months September 2007 to February 2008, the annualised turnover is 8.6%.
- b. For the 3 months December 2007 to February 2008, the annualised turnover is 8.4%

#### **4. Workforce Headcount:**

We are working hard to fill vacancies at all levels of the operational and non-operational establishment including EMDC, ECA, Paramedic, CTL and ECP.

#### **5. Diversity:**

A data cleansing exercise has recently taken place, and all equality and diversity data held on ESR should be updated over the coming months.

### **Progress against Milestones**

#### **Recruitment:**

##### PTS, EMDC and HQ/Support

Concentration has been placed on recruiting to the EMD role, and during March a further 5.5 WTE positions have been offered with more recruitment planned.

An Associate Director for Programme and Performance Management has been appointed, and will join the Trust in April.

##### Recruitment – A&E Operations:

In Avon, there are currently 6 CTL vacancies. 2 internal candidates and 1 external candidate are being interviewed for these remaining vacancies on 12 March 08. Recruitment is ongoing to fill the remaining vacancies.

Further assessments are scheduled for qualified staff, i.e. Paramedics and Trainee Paramedics.

To date, 14 ECA offers have been made for Cohort 5, and it is anticipated that the remaining 4 places on Cohort 5 will be filled with existing staff who are currently undertaking their C1 driver training. We have a bank of approximately 20 further successful candidates, with a further 30 interviews/assessments due to take place by 7<sup>th</sup> March. In view of this, it is anticipated that we will appoint a full cohort of candidates to cohort 6.

A further cohort of 10 ECPs will commence training in April.

#### **Policy development and implementation:**

The following policies have now been fully approved and are live for use throughout the organisation:

- Appraisal & KSF
- CRB
- Dignity and respect
- Career breaks
- Alcohol and drug misuse
- Other employment
- Occupational stress management
- No smoking
- Maternity leave and pay
- Capability
- Facilities agreement (JCNC)
- Relocation
- Disciplinary

Management of Attendance  
Counter fraud and corruption  
Flexible working  
Lease vehicle  
Recruitment & selection  
Grievance  
Public interest disclosure

**Development of a standard GWAS contract:**

A standard GWAS contract has been agreed by Policies and Facilities group and will go to the next JCNC meeting for full approval.

A contract update was issued to all staff in February 2008, to cover recent legal and Trust changes, and to bring us in line with the Standards for Better Health requirements in terms of contractual provision.

**Occupational Health Tender:**

Work continues on the process of tendering for an Occupational Health and related support services contract, to replace the 11 legacy contracts in place. Tender presentations have taken place, and the new contract will take effect from 1 April 2008.

**Key Issues and Actions**

The Trust currently has 2 employment tribunal claims against it, all of which are being proactively managed by the HR team in conjunction with the solicitor. During February, 2 Employment Tribunal claims against the Trust were withdrawn.

## Health and Safety

### Health, Safety & Environmental Performance Indices

2007 / 2008

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Ill health							0	0	0				0
Major Injuries							0	0	0				0
3 day + injuries							1	0	0				1
Actual Physical Assaults	1	2	1	2	2	2	2	3	1	2	0		16
Riddor Reportable Incidents *	5	2	4	7	5	4	7	3	6	1	0		44
Manual Handling													
<i>Lifting</i>					7	2	0	2	3	2	0		16
<i>Moving patient</i>					1	5	1	4	4	5	0		20
<i>Slips, trips, falls</i>					2	4	10	2	8	2	1		29
<i>Physical strain</i>					3	1	4	2	2	2	0		14
<i>Sharps</i>					3	2	0	0	2	0	1		8
Manual handling Sub total					16	14	15	10	19	10	4		

Figures are as supplied by the Datix Manager

#### Actual physical assaults.

Review of incidents for January indicates 3 not 2 assaults.

24.01- Patient grabbed thigh whilst being conveyed in ambulance.

07.01 - Punched by patient in carry chair

06.01 - Hit in mouth whilst walking patient.

#### RIDDOR

Note that the RIDDOR figures have been updated from previous reports.

For 2007 60 RIDDOR reports have been identified in the Avon with 16 other possible RIDDORs still being investigated.

For 2008 1 has been confirmed and 5 others are being investigated.

The H&S team has not yet been able to identify the RIDDORs for Gloucs/Wilts. Work has commenced in auditing incident reports to identify any potential RIDDORs.

#### Accident Frequency Rate

(Current Health Sector AFR = 5.8)

Accident Frequency Rate (AFR) = total number of injuries x 100,000 ÷ total hours worked. (Based on the HSE method of calculation)

Jan

21 x 100,000 ÷ 448903.8

AFR = 4.68



## Key Milestones

### **RIDDOR**

To establish accurate records for RIDDOR reportable incidents.

### **Violence and Aggression**

To establish accurate information on violence and aggression and thorough scrutiny of alerts to ensure that it is current, accurate and available to front line staff.

### **Benchmarking**

To benchmark against other, similar organizations.

## Progress against Milestones

### **RIDDOR**

The Avon sector figures are near completion. It is not possible to posit a close out time for Wilts or Gloucs.

### **Violence and aggression.**

Current alerts are now available on CAD.

Historical issues are being checked via Datix, although the H&S department does not have access to all incidents. Other departments should check their records to make sure there is nothing hidden there.

### **Benchmarking.**

The initial AFR has dropped although the number of harm incidents has not dropped by the same proportion. This reflects the doubling of the figures submitted for hours worked.

## Key Issues and Actions

### **Fire**

We still await the fire officer's return visit to Swindon.

A new round of fire inspections has started, undertaken by the Trust's external contractor.

## Education and Development

### Operational standard to be delivered:

Percentage of entire workforce having received generic one-day statutory training

Jan 2008 / 2009												
Statutory, mandatory training												
Date	Jan '08	Feb '08	Mar '08	Apr '08	May '08	Jun '08	Jul '08	Aug '08	Sep '08	Oct '08	Nov '08	Dec '08
Current month	55	77	34									
YTD	166	243	277									
Target	117 (8.3%)	234 (16.7%)	351 (25%)	468 (33.4%)	585 (41.8%)	702 (50%)	819 (58.5%)	936 (66.8%)	1053 (75.2%)	1170 (83.5%)	128 7 (92%)	1400 (100%)
Actual	11.8%	17.3%	19.7 %									

Italicised figures for March are based on bookings received from non-clinical staff (n=10) and courses attended by both clinical and non-clinical staff (n=24), as of 11<sup>th</sup> March 2008

A review of the current training programme for clinical staff has been undertaken and a revised programme will commence in May. There is an ongoing tension in releasing staff for training and meeting and maintaining our operational performance.

Places remain open to non-clinical staff, with circa 283 who have not completed or booked a place. Some 132 places are available at a range of locations across the Trust during March

In February 103 places were offered, with only 77 places taken up; therefore only 25% of the available training places were unused. This is a significant improvement on the previous month but represents a shortfall of 40 people trained in month in order to train all staff over a 12 month period. A revised trajectory for the statutory and mandatory training is being developed.

### Key Milestones

1. Mandatory and essential training
2. Paramedic Training
3. ECA training
4. DMETA training
5. Training Records
6. Management and Leadership training
7. Practice Placement Education and Mentorship

## Progress against Milestones

Jan 2008 / 2009																
Foundation training																
Date	Jan '08	Feb '08	Mar '08	Apr '08	May '08	Jun '08	Jul '08	Aug '08	Sep '08	Oct '08	Nov '08	Dec '08	Jan '09	Feb '09	Mar '09	Apr '09
ECAs- Completed in month	13	0														
ECAs – in training	0	0														
DMETA (Phase 1) – Completed in month	0	8														
DMETA (Phase 1) – In training	8	8														
Paramedics - Completed in month	0	0														
Paramedics – in training	22	25														
ECPs - Completed in month	0	0														
ECPs – in training	53	53														

1. Mandatory training sessions are scheduled for the next few months, with emphasis being placed on encouraging non-clinical staff to take up available places. Clinical updates for operational accident and emergency clinicians have been scheduled and some bookings have been received.
2. The provision of 4 iterations of the IHCD paramedic programme remains on track, with 20 learners per iteration. This programme will continue to be delivered by GWAS in conjunction with the University of the West of England. An additional 4 learners will complete their paramedic training with West Midlands Ambulance Service, within year. Twenty one students have completed their theoretical training in February and are currently undertaking their clinical training. It is anticipated the majority of the 21 will be qualified as Paramedics this month. The next iteration is planned to start in April with all 20 places being allocated.
3. Four iterations of the ECA foundation course are scheduled for the year, with 18 places per iteration. Some 41 candidates have completed training within year, to date.
4. The DMETA programme continues, with interviews currently underway for the 4<sup>th</sup> iteration. Some 13 candidates have qualified as Technicians within year, with a further 8 due to qualify early April.
5. Work is ongoing to transfer learning records to the Oracle Learning Module of the Electronic Staff Records system. Until OLM becomes functional records are also being maintained in a parallel learning management database.
6. A further 4 dates have been offered to team leaders for ACAS training in leadership and management issues. These sessions are planned for late April and early May. In addition the Certificate in Management studies accredited through the Chartered Management Institute is planned to commence in early May.
7. Nominations are being received from Service Delivery Managers for staff to attend the Mentorship programme offered by Oxford Brookes University. Three iterations are scheduled to undertake the theoretical component in May, June and July. This programme aims to equip staff with the skills to support and guide students and junior staff in their learning and development in the clinical environment. This is of particular importance in underpinning our commitment to

support placements for students from both Coventry University and the University of the West of England undertaking Foundation Degrees and Honours Degrees in paramedical studies

### **Key Issues and Actions**

Alternative approaches are being developed to deliver training for staff which has greater resilience in the event of operational demands limiting or halting extraction of clinical staff to attend programmes. It is unlikely that alternative approaches will eliminate the need for classroom time but it may be possible to reduce it.

Two individuals have accepted posts as Learning and Development Officers; they are due to join the Trust at the beginning of April.

## Clinical

### Performance Now and Then

#### 1. Performance against Trajectory for Thrombolysis

Thrombolysis 2007/08 AGW	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				389	
AGW % < 60 mins call-needle	52.3	55.8	48.8	62.5	56.8	50	55.5	61.3	57.8				55.5	68
Trust total Pre-hospital thrombolysis (PHT)	17	19	12	10	12	8	16	15	19				128	
Trust % PHT < 60 mins call-needle time	88.2	94.7	75	80	100	87.5	62.5	80	78.9				80.5	92
AGW % total eligible thrombolysis as PHT	38.6	36.5	29.3	25	24	25	35.5	38.4	42.2				32.9	40.0

#### GWAS PHT trajectory 2008

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Planned</b>	30%	33%	34%	34%	35%	36%	36%	38%	42%	*	*	*
<b>Achieved</b>												
<b>YTD</b>												

Thrombolysis year to date by trust	UBHT	NBT	RUH	GWH	WGH	GHT	TOTAL (1)	SDH	TOTAL (2)
total eligible thrombolysis	6	63	95	126	18	81	389	31	420
% < 60 mins call-needle	83.3	68.2	36.8	58.7	77.8	54.3	55.5	51.6	55.2
total Pre-hospital thrombolysis (PHT)	6	21	43	24	9	25	128	9	137
% PHT < 60 mins call-needle time	83.3	95.2	65.1	83.3	100	84	80.5	66.7	79.6
% total eligible thrombolysis as PHT	100	33.3	45.3	19	50	30.1	32.9	29	32.6

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. 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. Up to March 2008, data matching exercises have been carried out with Gloucestershire Hospitals Trust and the Royal United Hospital.
2. 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.
3. Thus far three acute trusts have submitted data for January 2008. The capturing and processing of data will generally mean that reporting is around two months in arrears.
4. The % of total thrombolysis delivered as prehospital thrombolysis is 32.6% (year to date up to and including December). The trajectory figure for January 2008 is 30%. Performance data against this trajectory will be provided in subsequent reports.

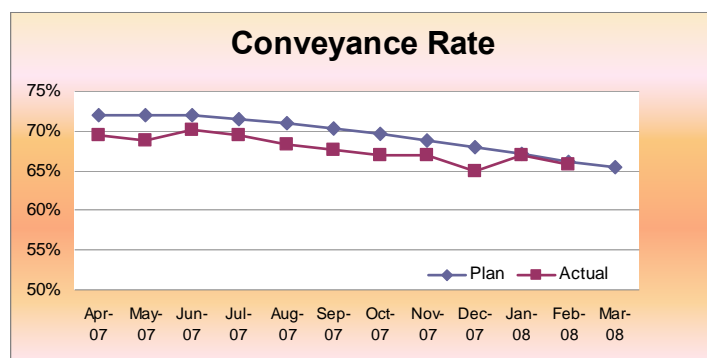
## 2. Conveyance rate

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

### Conveyance Rate 2007-08

	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	YTD
Avon	71.4%	70.0%	71.6%	71.0%	69.83%	68.91%	70%	68%	70%	71%	69%	*	70%
Gloucestershire	66.9%	65.2%	67.3%	65.7%	62.75%	63.61%	62%	59%	60%	62%	60%	*	63%
Wiltshire	68.4%	69.6%	70.1%	70.4%	70.06%	68.63%	66%	63%	58%	65%	66%	*	67%

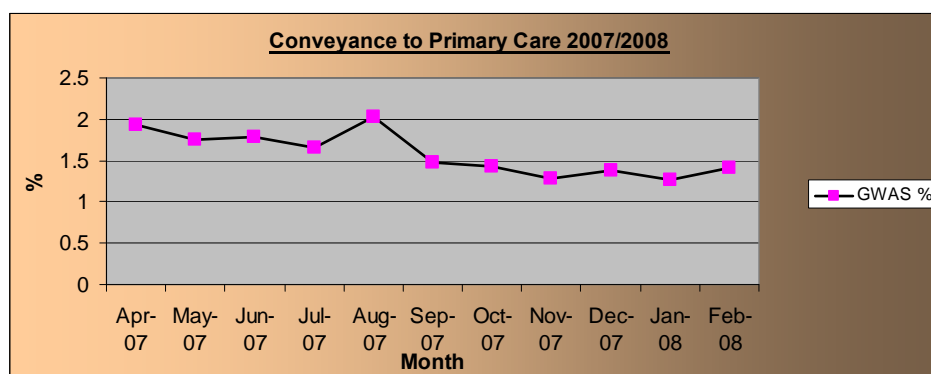
GWAS	69.5%	68.7%	70.1%	69.5%	68.2%	67.6%	67%	64%	65%	67%	66%	*	68%
------	-------	-------	-------	-------	-------	-------	-----	-----	-----	-----	-----	---	-----



### 3. Conveyance to Primary Care

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

Conveyance to Primary Care 2007/2008													
	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	YTD
Avon %	0.52	0.71	0.45	0.45	0.68	0.66	0.40	0.49	0.62	0.54	0.84		0.55
Glos %	3.26	2.50	2.83	3.23	3.39	2.98	2.72	2.88	2.75	2.12	2.24		2.86
Wiltshire%	3.22	2.94	3.23	2.39	3.30	1.61	2.18	1.40	1.59	1.90	1.76		2.37
GWAS %	1.93	1.76	1.78	1.65	2.03	1.47	1.43	1.29	1.38	1.27	1.42		1.59



### 4. Clinical Desk Referrals

Patients referred to the Clinical desk by an ambulance clinician following a response.

Referrals to Clinical Desk 2007/2008					
	Dec-07	Jan-08	Feb-08	Mar-08	YTD
Avon %		0.5	1.0		0.78
Glos %		0.3	0.6		0.44

Wiltshire%		0	0		0
GWAS %		0.3	0.6		0.5

## Key Achievements

### Conveyance

- The training package for RRV staff has been produced and potential options for training are being examined. Further discussions with the operations directorate and the training department as to when the workshop day could be appropriately facilitated are part of the next stage of project work.
- 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.

### Referrals

- The clinical desk is partially operational and performance data can now be collected
- 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.

### Thrombolysis

A monthly report and action plan are circulated to all acute trust CEOs. The action plan is updated on a regular basis. Recent achievements include:

- Improved data collection and verification through bilateral meetings with acute trust audit leads.
- The GWAS training plan for 2008 shows an anticipated increase in operational paramedics to around 400 in September 2008. All paramedic training now includes training in PHT
- Training to 'mop-up' the small number of paramedics not qualified in PHT (e.g. those recruited from non-thrombolysing trusts such as London) commenced on 17<sup>th</sup> January 2008.
- Update training to improve the confidence of paramedics in PHT and to allow some to deliver PHT autonomously also commenced on 17<sup>th</sup> January 2008. this is a rolling programme which will take approximately 12 months to complete
- The upgrade of all LP12s in Wiltshire to the GPRS transmission system, to reduce the risk of transmission failure, has commenced.
- A Service Level Agreement between GWAS & Medtronic UK will include the maintenance of all Lifenet Receiving Stations in the Trust's area of operation



## **Challenges Ahead**

### **Conveyance Rate**

The clinical desks are still not running at full operational capacity due to recruitment difficulties. However, the clinical desk has seen a dramatic rise in the number of crew referrals. This rate of improvement should begin to impact on the conveyance rate in due course although we are still at trajectory.

### **Conveyance to Primary Care destinations**

Work is under way to review and revise the criteria for MIUs and WICs acceptance of 999 patients.

### **Referrals to Clinical Desks**

Publicity in March should produce a further impact on the number of crew referrals. It is important that the system can be successfully used at this stage. This may well lead to some capacity constraints on the ability of the desks to accept referrals and we are monitoring this in conjunction with the Urgent Care Manager.

### **Thrombolysis Training**

A careful balance needs to be maintained around the need to provide paramedics with ongoing professional development in the clinical skills required for PHT, and the need to maintain operational cover. This will need to be managed in the light of both operational and clinical performance requirements.

### **Thrombolysis Data**

Call to needle performance data is now revised on a regular basis as a result of bilateral Trust by Trust verification meetings. This is intended to ensure that data submitted to MINAP\* by Acute Trusts on behalf of GWAS is consistent and accurate. GWAS remains dependent upon its Acute Trust partners for data submissions to MINAP.

\* Myocardial Infarction National Audit Project

## Corporate Development

### Operational standard to be delivered

- Compliance with Standards for Better Health requirements of the Department of Health.
- Achievement of Level 2 of the Auditors Local Evaluation.
- Achievement of Level 2 of the NHS Connecting for Health Information Governance Toolkit
- Maintaining Level 1 of the NHS Litigation Authority Risk Management Standard.

**2007 / 2008**

**Target**

Key Components	Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
Standards for Better Health														
C1a - Incident reporting	RP													Compliant
C1b - Safety Action bulletins	RP													Compliant
C2 - Child protection	OR													Compliant
C4a - Infection control	OR													Compliant
C4b - Medical device	SW													Compliant
C4d - Med management	OR													Compliant
C4e - Waste management	KH													Compliant
C5a - NICE appraisals	OR													Compliant
C5b - Superv and leadership	JS													Compliant
C5c - Clinical skills	JS													Compliant
C5d - Clinical audit	OR													Compliant
C6 - Coop with HC partners	RP													Compliant
C7a - Governance	RP													Compliant
C7b - Openness and honesty	RP													Compliant
C7c - Risk Management	RP													Compliant
C7e - Discrimination	RP													Compliant
C8a - Whistleblowing	JS													Compliant
C8b - PDP's	JS													Compliant
C9 - Information governance	RP													Compliant
C10a - Employment checks	JS													Compliant
C10b - Prof registration	JS													Compliant
C11a - Recruitment	JS													Compliant
C11b - Mandatory training	JS													Compliant
C11c - Personal development (TNA)	JS													Compliant
C12 - Research governance	OR													Compliant
C13a - Dignity and respect	OR													Compliant
C13b - Consent	OR													Compliant
C13c - Confidentiality	OR													Compliant
C14a - Information about complaints	TL													Compliant
C14b - Complaint management	TL													Compliant
C14c - Fair process	TL													Compliant
C16 - Patient information	TL													Compliant
C17 - PPI	TL													Compliant
C18 - Access to services	RP													Compliant
C20a - Safe environment	JS													Compliant
C20b - Privacy & confidentiality	SW													Compliant
C21 - Clinical environment	SW													Compliant

C22a - Health promotion	RP													Compliant
C22c - Health inequalities	RP													Compliant
C23 - NSF and service planning	RP													Compliant
C24 - Major incident plans	SW													Compliant

### 2007 / 2008

Key Components	Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target	
Auditors Local Evaluation															
Financial Reporting	KH	*Awaiting audit results													Level 2
Financial Management	KH													Level 2	
Financial Standing	KH	*Awaiting audit results												Level 2	
Internal Control	RP													Level 2	
Value for Money	RP													Level 2	

### 2007 / 2008

Key Components	Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
Information Governance														
Clinical Information Assurance	OR													Level 2
Confidentiality and Data Protection requirements	OR													Level 2
Corporate Information Assurance	RP													Level 2
Information Governance Management	RP													Level 2
Information Security Management	KH													Level 2

### 2007 / 2008

Key Components	Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
Risk Management Standard														
Governance	RP													Level 1
Competent and capable workforce	JS													Level 1
Safe Environment	JS													Level 1
Clinical Care	OR													Level 1
Learning from Experience	RP													Level 1

### Key Milestones

By end March 2008 achieve compliance with

- S4BH C8b – PDP's
- S4BH C9 – Information Governance
- S4BH C11b – Mandatory training
- S4BH C20a – Safe environment

By end March achieve a minimum level 2 against each of five standards in ALE.

By end March achieve level 2 with a minimum of 18 key standards of the 44 requirements of CfH Information Governance Toolkit to report compliance with Statement of Compliance.

Demonstrate progress with achievement of compliance with NHSLA standards in preparation for assessment during third quarter of 2008/09.

### Progress against Milestones

Good progress is being maintained in achieving compliance against the remaining non compliant standards by end March 2008.

C8b and C11c are now amber with a number of actions in train to ensure compliance and progress is being actively monitored with weekly reporting on progress to the executive and senior management teams.

Sufficient evidence to support a statement of compliance for C9 and C20a is now available.

The Standards for Better Health declaration submission is currently underway in preparation for Board sign off on 24 April 2008 ahead of the final submission date of 30 April 2008.

External audit have undertaken a review of the evidence presented to support the achievement of Level 2 with ALE (Financial Management, Internal Control and Value for Money). No significant issues have yet been raised.

All actions required to ensure compliance with the C4H Statement of Compliance have been achieved and significant progress made with the remaining elements of information governance requirements. The Information Governance Toolkit submission is underway in preparation for the deadline of 31 March 2008.

Review meetings to progress NHSLA requirements continue.

### **Key Issues and Actions**

C11b continues to be a challenge. A course of action to manage the delivery of mandatory and other training whilst maintaining the delivery of service is currently being formulated. The outcome is that the Trust will not be compliant for 07/08. The current trajectory will ensure that the Trust is compliant by March 09.

There remains insufficient assurance to report compliance with the management of complaints in relation to non compliance with response standards. Action continues to address this issue.

The PPI Forum have confirmed that there has been a lapse in C17 in relation to the involvement of PPI members at public trust board meetings. The lapse has been assessed for its significance and was reported to the Audit Committee in March.

A trajectory to ensure compliance with the NHSLA standards will be developed during April and monitored by the executive and senior management teams.

## Complaints and Compliments

### Operational standards

Complaints are to be acknowledged within 2 working days and responded to by the chief executive within 25 working days.

**Patient/Public Complaints** 1<sup>st</sup> April 2007 to 29<sup>th</sup> February 2008

Complaints received	309
Acknowledged within 2 working days	297
Responded to within 25 working days	109
Exceeded the deadline	176
Exceeded the deadline but completed	147
Exceeded the deadline and not completed	29
Still within time, but investigation not yet completed	17

New complaint handling procedures are in place to address outstanding complaints that have exceeded the response standard.

### Complaint by Business Unit

Business Unit	Complaints	Complaint rate	
		Accident & Emergency	249
Out of Hours/Urgent Care	19	1 per 4071 OOH Patient Contacts	
Patient Transport Services	63	1 per 6434 PTS Patient Journeys	

### Complaint From

Patient/Public	309
Health professional	82
Member of Parliament	56

### Complaint Subject

Clinical Care	46
Attitude	64
Delay	128
Driving	7
PTS	63
Out of Hours	19
Other	4

### Compliments

Received	267
----------	-----

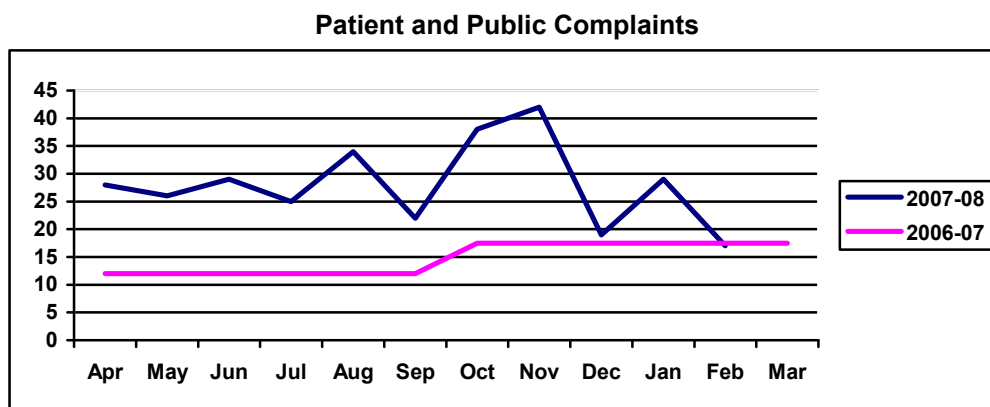
## Key Milestones

Since 1<sup>st</sup> April 2007 the number of complaints received has increased and it is expected that the total year figure will be approximately double that of last year. The reasons for this have been changes in operational practice such as:

- call categorisation and the public not always understanding the 'managed responses' that the Trust now provides,
- greater emphasis on 'See & Treat' which may be more appropriate to patient needs,
- in addition demand continues to grow

However, it should be noted that in previous years only formal letters of complaint were registered as complaints whereas now we accept complaints by phone, web site, email, and via staff as well as the traditional written complaint.

Please note in the following graph that the 2006-07 figures could not be accurately broken down per month and have therefore been averaged out over the first and second half of the year.



## Progress Against Milestones

Organisational learning from experiences, both adverse and positive, takes place through investigation and review. Serious complaints are referred to the Adverse Incident Report Group.

Changes to the service which have been highlighted in complaints and which continue make a big difference to patient care include:

- Introduction of the Clinical Desks allowing a more tailored response to calls
- An immediate response to Category C calls where the patient is in a public place
- Use of drive zones
- Increasing public awareness of the value of first responder schemes –particularly in rural areas

## Issues and Actions

In relation to the main complaint headings:

- **Delay** – As operational performance throughout the Trust continues to improve against national standards we expect related complaints to reduce.

- **Attitude** – Ongoing education and training should reduce this type of complaint.
- **Clinical Care** – all complaints of a clinical nature are referred to the Clinical Effectiveness Committee where they are reviewed.

The complaints team is working with operational managers to establish clarity of data and improved turnaround of investigation times. Improved quality of investigations is expected following the agreement of mandatory training of all operational managers in root cause analysis.

The complaints and PALS team will benefit from full use of Datix for recording and administering complaints which will commence on 1<sup>st</sup> April 2008 and allow more joined up working with other departments.

Access to the CAD has been arranged which will help complaint staff to quickly get data on a particular complaint to furnish general managers and investigating officers with supporting information, without distracting other staff from their duties.

As of the new financial year, General Managers will be asked to decide whether complaints are upheld or not, except those relating to staff attitude.

## Major IT Projects

### Operational standard to be delivered

IT Scheme progress is assessed by the Head of IT and reviewed by the IT Steering Group on a monthly basis.

#### 2007 / 2008

Key Components - % completion	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
National Radio Procurement (ARP)	25	25	30	35	35	35	35	35	35	35	40		40	50
National Electronic staff record	35	35	35	40	40	50	50	60	70	85	90		90	95
Call Connect capability	75	75	100										100	100
Inter-connection of existing comms centres	33	33	50	75	90	100							100	100
Computer aided dispatch replacement	20	25	30	35	45	45	45	45	50	55	55		55	75
PTS Information System replacement Glos/Wilts	15	20	50	80	85	85	85	90	90	100			100	100
PTS Information System replacement Avon											15		15	50
SPFIT - CfH Development of Electronic patient record.	10	10	10	10	10	10	10	10	10	10	15		15	15

#### 2006 / 2007

Key Components - % completion	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
National Radio Procurement (ARRP)						10	15	15	20	20	25	25		
National Electronic staff record										20	30	35		
Call Connect capability						10	30	40	60	60	70	75		
Inter-connection of existing comms centres						10	10	33	33	33	33	33		
Computer aided dispatch replacement						0	10	10	10	10	20	20		
PTS Information System replacement						0	0	10	10	10	10	15		
SPFIT - CfH Development of Electronic patient record.							5	5	5	5	10	10		

### Key Milestones

- Hardware order raised for Avon PTS system & training accounts being set up
- Hardware for CAD system replacement received
- Server for CAD commissioned
- CAD training system available mid April
- Interim ARP Voice services agreed

### Progress against Milestones

- ESR is operational but there will be delays in the next phase "readiness" testing which requires our 3 systems to be amalgamated.
- ARP ICCS testing delayed by DoH, revised plan being prepared
- ARP Interim Voice service – survey complete & space allocated
- Avon PTS – this years target revised upwards to 50% as full information now received & work on target
- Server installed and loaded with CAD software. Anticipate achievement of year end target.

### Key Issues and Actions

- ARP Interim arrangements require new cabling in control centres. DoH to confirm detail & advise plans



- Wiltshire Microwave links now ordered & work in progress. Chippenham tower needed safety inspection before work could start
- EPR draft information received from SPfIT LSP, dates still unclear
- This years ESR target revised downwards to 95% pending slot for amalgamating the sector data

## Estates

### Operational standard to be delivered

2007 / 2008

Key Components													YTD	Targ et
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Risk Adjustment - Backlog Maintenance	167	167	167	167	167	167	167	167	122	122			122	72
Energy Efficiency	30	30	30	30	30	30	30	30	30	30			30	28

### Performance Now and Then

Backlog Maintenance - Prioritised plan in place and being actioned. Revised plans, informed by the 6 Facet Survey and Operations Strategy, to be in place for 1<sup>st</sup> April 2008. Measure of the Backlog Maintenance will be 're-based' to reflect the 6 Facet Survey from the 1<sup>st</sup> April 2008.

Historically investment in maintenance and energy conservation has been low. Energy Efficiency prioritised action plans, informed by the 6 Facet Survey and the Operations Strategy have been identified in outline, with detailed plans due to be in place from 1<sup>st</sup> April 2008.

### Backlog Maintenance

Backlog Maintenance works are in progress and are projected to reduce at year end to £72k. The programme will be rebased following analysis of the 6 Facet Survey and an Action Plan produced and prioritised taking into account the Operations requirements.

### Energy Efficiency

Of the Trust's 38 properties, 30 are graded at C, requiring investment in energy conservation measures. 2 properties are planned to be upgraded in the current year, Salisbury and Chippenham.

### Key Achievements

Backlog Maintenance - Completion of high risk fire maintenance works. Energy efficiency installation of double glazing to Salisbury Resource Centre (not re-graded until further energy measure are complete)

### Challenges Ahead

Backlog Maintenance - Ensure Action Plans are correctly prioritised to meet operational requirements, reduce risks and provide value for money.

Energy Efficiency – Introduce rolling month measure of energy usage from July 2008 to record progress.

## Glossary

### **Agenda for Change (A4C)**

A nationally mandated policy that sets new terms and conditions for all staff in the NHS with the exception of doctors, dentists and those in a Board appointment.

**A&E - Accident and Emergency Services** (this includes casualty departments, Minor Injury Units and Walk-In Centres).

### **Baseline**

Starting position from where we base plans.

### **Cat A Calls - Category A Calls**

Emergency ambulance response for a potentially life threatening situation.

### **Door to Needle Time**

The time from arrival at hospital to the time that the clot busting drug is given.

### **Fit for Purpose**

An approach and framework that clearly demonstrates the necessary competence, capacity and leadership to deliver planned activity or change.

### **HR - Human Resources**

Activity that supports effective management of staff , personnel and linked organisational policies or procedures

### **IWL - Improving Working Lives**

A range of strategies for all NHS employers to use, to support the improved recruitment and retention of staff.

### **LDP - Local Delivery Plan**

A local plan for the health service combining financial, workforce and activity. It shows how National and local targets will be delivered over the next three years

### **MRSA - Methicillin resistant Staphylococcus aureus**

A bacterial infection which is resistant to antibiotics.

### **NHS Direct**

24 hour National health information line.

### **NPFIT - National Programme for IT**

The central team responsible for delivering the national IT priorities.

### **NSFs - National Service Frameworks**

Long-term strategies which lay down national standards for example chronic diseases or conditions affecting large numbers of the population e.g. Mental Health, Coronary Heart Disease, Diabetes.

### **PCTs - Primary Care Trusts**

NHS organisations that oversee and deliver community hospital and public health services.

### **OOH - Out of hours**

Provision of GP services out of normal surgery hours.

### **Thrombolysis**

Treatment to help dissolve a clot blocking an artery.

### **Unscheduled Care**

Unplanned care for patients usually in an emergency situation.

### **Variance**

Difference between the expected position and actual position.

*Managing our Performance* is a monthly report for Board members of Great Western Ambulance Service NHS Trust.