

Managing our Performance



Performance Report for Board Meeting on
Thursday 24 April 2008

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Summary of Key Performance Indicators – March 2008

Performance			
Cat A8	77.9%	✓	↑
Cat A19	94.8	□	↑
Cat B 19	90.1	✘	↑
Call connect	66.7	✓	↑
Conveyance	64%	✓	↑
Call to needle *	56%	✘	↑

* Call to needle data is YTD to January 2008

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

Finance figures tbc 16/4/08

Staff			
*Sickness absence			
Turnover	0.6	✓	↑
Headcount	1494	✘	↑

* Sickness absence tbc 16/4/08

Fitness for purpose			
S4BH compliance	35/39	✘	↓
ALE compliance*	L2	✓	↑
NHSLA compliance	22/50	□	↔
IGT compliance	L2	✓	↑

* subject to QA

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				HR21			
	Medium	3						CD19 C17	
	High	4			C12	A&E17 A&E28 A&E2 A&E15	C16 OL18 HR1 HR2 HR7	C16 OpPTS6	
	Extreme	5			IT06	OP16 A&E29 HR4			
			1	2	3	4	5		
			Rare	Unlikely	Possible	Likely	Almost Certain		
			LIKELIHOOD						

			March	February
BAF1	OP16	Failure to achieve Call Connect	20	↔
BAF5	HR7	Inability to fully utilise ESR	16	↓20
BAF 4	A&E29	Release of staff for mandatory training	20	↔
BAF 4	HR2	Outstanding A4C issue on paramedic and technician banding	16	↓20
BAF 10	C17	Lack of control of quality standards of third parties	15	↓20
BAF 1	OpPTS6	Instability of control room staffing due to control room move	20	NEW
BAF 4	HR4	Delivery of mandatory training	20	↑6
BAF 8	CD12	Unsatisfactory relationship with stakeholder	16	↑9
BAF 10	C16	Inappropriate pats left at home v inappropriate pats transferred to hospital	16	↔
BAF 1	HR1	Ineffective sickness management	16	↔
BAF 1	A&E 2	Vacancies - failure to recruit	16	↔
BAF 5	A&E17	No overall Business Continuity Plan (departmental only)	16	↔
BAF 4	OL18	Bariatric patients increasing potential of injury	16	↔
BAF 4	HR17	Inadequate process to record violence and abuse incidents	20	↑16
BAF 1	A&E28	Failure to achieve control room modernisation to agreed dates	16	↔
BAF 6	IT06	Network faults with BT configuration	15	↔
BAF 5	CD19	Inaccurate reporting of Cat C calls	15	↔
BAF 1	C12	Failure to achieve call to needle targets	12	↓16
BAF1	HR21	Insufficient recruitment of ECA's	8	↓16

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 1st 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 an average of 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													Target	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	07/08 Year	75%
Cat A 8 min	70%	71%	68%	69%	68%	70%	70.4%	73.2%	73.8%	76%	77.71%	77.9%	72.2%	75%
Cat A 19T min	93%	92%	92%	91%	93%	93%	91.7%	93.6%	93.3%	95%	94.66%	94.8%	93.1%	95%
Cat B 19 min	87%	87%	85%	85%	83%	82%	82.4%	86.2%	85.5%	88%	88.89%	90.1%	85.8%	95%
Cat C 60 min	91%	91%	83%	82%	81%	79%	76.4%	79.3%	79%	83%	81.95%	82.7%	82.6%	95%
Cat A Call Connect	56%	58%	56%	55%	54%	55%	58.8%	60.1%	61.5%	65%	66.48%	66.7%	59.4%	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 = **77.9%** against a target of **75%**
- ✓ Cat A19 = **94.8%** against a target of **95%**

Note: Category 'A8' performance in the Avon sector was 75.2% for 2007/08

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

- Cat A Call Connect – 66.7% (trajectory 70%)
- Cat B 19 – 90.1% (95% target)
- Cat C 60 – 82.7% (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 and the B19 targets. The main factors still affecting performance in March 08 were:

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

Progress against Milestones

General Operations

- Category 'A8' performance consistently above trajectory.
- Vacancy factor reducing (now circa 25 operational vacancies as per the end of year).
- Second cohort of Emergency Care Practitioners (ECPs) now operational.
- Third Cohort of ECPs recruited, training starts in April 08
- Cohort 3 Emergency Care Assistants (ECA's) commenced duties.
- Introduced a new vehicle deployment system using 6 & 17 minute drive zones
- Action plans and trajectories regarding hospital turnarounds produced and agreed.

Emergency Medical Dispatch Centres (EMDC)

- Introduction of call management monitoring software
- Call answering performance for 999 calls increased from 60.7% in the beginning of March to 88.6% in the first week of April 08.
- Both clinical desks functioning in Avon and Gloucestershire sectors.
- Project plan produced and being delivered against for the Call Connect improvements in the control room.
- EMD Assistants (cohort 1) went live in March 08

- EMD Assistants (cohort 2) recruited, go live in May 08
- EMD Supervisors recruited, go live in April 2008

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 during 2008/09
- 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

- To report on Call Connect clock start from 1 April 2008
- 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
- Implementation of additional resources in line with the LDP investment

Performance Charts

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

Chart 1 The table shows the time taken to handover patients for March 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 2 This is a graph with a pictorial view of the handover times for the month of March 08.

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

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	1105	291	131	58	23	17	8	15	13				556	28	1661
Cheltenham General Hospital	369	105	68	40	22	13	9	17	13	2			289	32	658
Frenchay Hospital	577	233	166	132	82	37	26	70	77	13	1	1	838	162	1415
Gloucester Royal Hospital	782	202	110	64	35	19	20	37	45	2			534	84	1316
Great Western Hospital Swindon	1043	138	53	25	21	10	5	10	3				265	13	1308
Royal United Hospital Bath	1076	315	156	73	49	20	13	26	27	13			692	66	1768
Salisbury District Hospital	549	54	29	17	5	4	1	1	2				113	3	662
Weston General Hospital	319	134	74	53	30	17	12	32	90	21	4		467	147	786
Overall Total	5820	1472	787	462	267	137	94	208	270	51	5	1	3754	535	9574

Chart 2

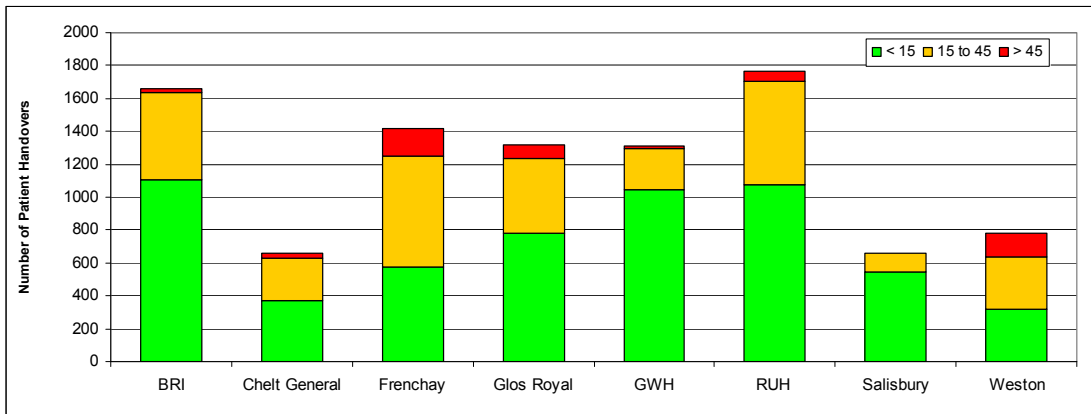


Chart 3

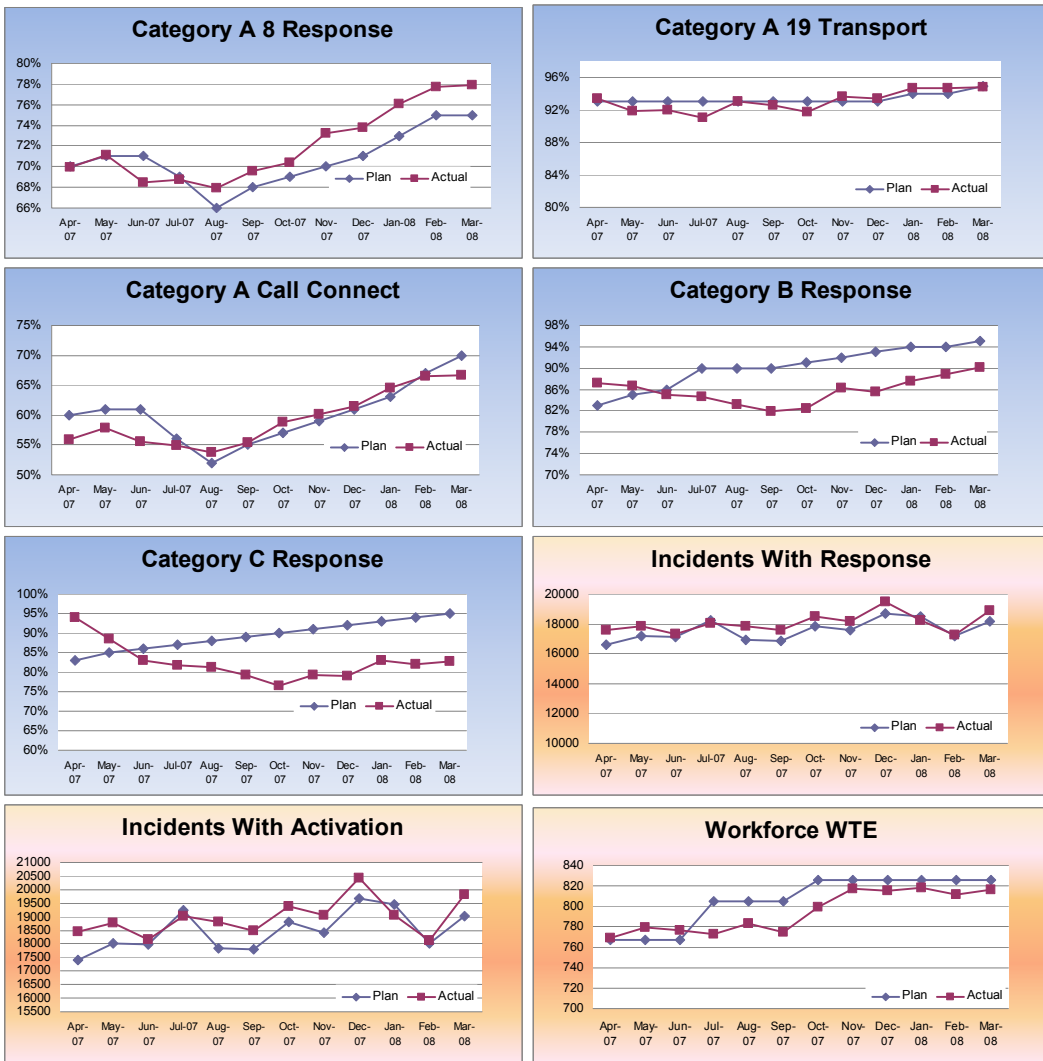


Chart 4

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

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	Jul-08			1.0%
New CAD	Jul-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%

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. Further work required with Estaes Department	A
Complete	G
Complete	G
Complete	G
Complete	G
Complete	G
Complete	G
Plans on track	G
Plans on track	G
Plans on track	G
Circa 25 staff sort at the end of March 08	R
Plans on track	G
Plans on track	G
Plans on track	G
Recruitment completed, staff fully operational in May 08	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
Completed	G
In progress	G
Funding agreed	G
Complete	G
Plans in progress. Insufficient training capacity and ability to release staff	R
Plans in progress. Insufficient training capacity and ability to release staff	R
In progress	A
Next ECP training Course Scheduled for April 08, further course planned Sept 08	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													2007/08	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%	9.1%	7.3%	< 5%
Engaged Calls	0%	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%	84%	79%	95%
Visit time < 1 hour	100%	100%	100%	94%	88%	93%	90%	89%	100%	100%	100%	75%	94%	95%
Visit time < 2 hour	91%	90%	95%	96%	92%	95%	94%	91%	92%	94%	95%	97%	94%	95%
Visit time < 6 hour	97%	97%	99%	99%	98%	98%	99%	99%	97%	97%	100%	98%	98%	95%

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.
- In March there was an increase of 3,000 calls for the month which was unprecedented and not predicted. This resulted in the Trust not achieving the triage, visit within an hour and abandoned calls standard. An investigation to ascertain why this increase had occurred is underway.

Finance

Interim month 12 financial performance

The figures presented to the Board are a draft set of figures as the final accounts process is still in progress. The Trust will be submitting draft accounts to the External Auditors on the 1st May 2008 by which time a final pre-audited financial position will have been completed. A final month 12 position will be presented to the May Board and it will be envisaged that the audited accounts presented to the 12th June Audit Committee will reflect the same financial position.

Operational standard to be delivered

The financial key performance indicators 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. The performance against these targets is shown in the following table.

2007 / 2008

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Interim Position M12
Financial Balance – £m (-) deficit / (+) surplus	75	75	75	130	18	14	87	701	205	-384	-354	858	1500
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	2.90
External Finance Limit - £m	0.00	0.00	0.00	0.00	0.00	0.00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
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	3.50
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	88.0	90.0

Key Milestones

The Trust is working towards achieving the forecasted position of a £1.5m surplus, the capital borrowing limit will not have been exceeded and the external financing limit will have been achieved. The Trust has achieved 89% compliance on number of invoices paid within 30 days and 90% compliance on the value of invoices paid within 30 days. The performance is under the target of 95%. An action plan will be developed to ensure that the target can be achieved in 2008/09.

Progress against Milestones

The Trust's Cash Releasing Savings plan has been delivered for 2007/08.
 Planned surplus achieved for 2007/08
 Capital Borrowing Limit not exceeded
 Confirmed actions to repay £1,454,000 of the brought forward deficit during 2007/08
 External Financing Limit has not been exceeded

Key Issues and Actions

Enhance Financial Management throughout the organisation
 Develop a performance framework for the delivery of efficiency schemes of 3% for 2008/09
 Improve the performance of the Public Sector Payment Policy Target

To enhance the detail of the Medium Term Financial Strategy (MTFS)
Progress tender action for single a payroll provider.

Human Resources and Organisational and Workforce Development

Operational standard to be delivered

Sickness absence levels of < 4.5%
 Annual turnover of < 8%
 100% staff receiving an appraisal

2007 / 2008

KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD/Annualised	Target
Sickness Absence*	7.0%	7.4%	7.8%	7.8%	7.6%	6.8%	7.2%	6.2%	7.1%	7.5%	5.4%		7.1%	< 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%	0.6%	10.3%	< 8%
Appraisals & PDPs	Not known										5%	44%	49%	100%
Headcount	1406	1393	1410	1424	1418	1454	1467	1476	1480	1484	1490	1494	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%	1.1%	4.72%

*March figures not yet available

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)
6.3% (February)	6.1% (February)	3.7% (February)

We are continuing to work hard in attempts to reduce our sickness absence levels across the Trust. A Trust-wide sickness absence taskforce has now been established, which will aim to ensure that standards and processes are consistent in all areas of the Trust, and to bring rigour to the reporting mechanisms and management information available regarding absence.

All operational sickness absence in excess of 5% has a significant impact, as 5% absence is the maximum that the rotas have been structured to absorb. In line with this, the Operations Directorate have set a target of reducing all absence within Operations to 5% by September, and as a Directorate we will be doing all that we can to support the achievement of this target. The overall trajectory remains at 4.5%

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.

HR Advisors continue to provide appropriate support to Clinical Team Leaders in applying the policy and managing absence within their teams.

Whilst it was recognised that the sickness absence figures slowly increased at the end of 2007 going into the beginning of 2008, it was not clear from the combined percentages shown above whether these rises could be attributed solely to A&E operational absence. Despite this, a continued focus on absence management across A&E has continued, and following a review of the process for collating and recording sickness information across A&E Operations, the use of the 'SR2' has been extended to both Gloucestershire and Wiltshire. It is envisaged that this will now produce more reliable and consistent management data for all 3 sectors in a timely way.

During March 2008 more than 12 staff who were previously on long term sick leave 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 in PTS on long term sick of whom 3 are on notice of termination of contract and a further 3 are due to return to work in April 08. There are 2 people in the HQ/support functions and 1 in the EMDC off on long term sick. Return to work and sickness absence review training was also held for PTS Team Leaders during March to support the management of short term sickness absence.

2. Appraisals and PDPs

Appraisal is one of our critical objectives in relation to compliance with the Standards for Better Health requirements (standard 8b).

In our struggle to achieve the Standards, we set a target that 100% of those staff available to receive an appraisal would 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. With such a challenging target, however, there have been difficulties to overcome in terms of releasing staff from operational roles in order to allow them to prepare for, and complete, the appraisal process.

In addition to issues around release, there are over 100 staff who are not available for appraisal including c.30 on maternity leave and c. 50 on long-term sickness. Additionally, we have taken the decision not to appraise the 13 staff currently training as paramedics to ensure they can concentrate on their training and, more importantly, as it is felt that their objectives and development needs will be better defined post training

Taking account of those staff not receiving appraisals, the current status is:

	Before 1/4/08	On or after 1/4/08	TOTAL
Appraisal Scheduled	765 (56%)	142 (10%)	907 (67%)
Appraisal Held	665 (49%)	47 (4%)	712 (53%)

Figures accurate as at 10/4/08

Appraisal work is continuing across the Trust, and a number of managers are yet to confirm the appraisal work they have completed on appraisals.

We are hoping that if we continue to build on the substantial work already undertaken across the Trust and continue to demonstrate this level of activity and completion of appraisals throughout April, we will meet the Health Care Commission's expectations for this standard by the end April 08.

3. Turnover

Whilst we are exceeding our target in terms of turnover, it can be seen that the difference is not significant. We will be looking to the staff survey results (released this month) to provide an insight into measures we could take to further reduce our turnover.

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. The operational vacancy factor is now c20 WTE, representing a significant improvement over the course of the year.

Since the implementation of the practitioner role we are now examining all the teams in A&E to determine recruitment and training priorities.

The total number of appointments made during the course of this year (headcount) is 266, of which c 40% were in A&E Ops, c 20% were in the EMDC and c 40% were in PTS, HQ and Support.

5. Diversity

A data cleansing exercise has recently taken place, and all equality and diversity data held on ESR will be updated by the end of the first quarter.

Workforce diversity figures have been collated in categories for reporting, publishing and compliance purposes. The data has been taken from the current information held in ESR and NHS Jobs; the data will be up dated once the cleansing exercise has been completed. The categories covered are:

- Gender
- Ethnic origin
- Disability
- Age
- Job Applications
- Disciplinary and Grievance cases

All the data has been published on the Trust's intra and internet sites.

Progress against Milestones

Recruitment

PTS, EMDC and HQ/Support

Recruitment activity remains high, with currently 16 separate roles for 32 WTE currently being advertised. We will be shortly starting a recruitment campaign for PTS Ambulance Care Assistant and Intermediate Care Assistant roles.

Recruitment – A&E Operations

Recruitment across A&E Operations continues to be a key priority.

Assessments and interviews are in the process of taking place for qualified staff, i.e. Paramedics and Trainee Paramedics and recruitment is ongoing to fill all remaining vacancies.

To date, 18 candidates have been appointed to ECA Cohort 6 (which goes live in July 08), and we have a bank of successful candidates who are currently being allocated to Cohort 7 (which goes live in September 08). It has been recognised that we are receiving more successful candidates from the Wiltshire and Avon areas, and in view of this plans are underway to target an ECA recruitment campaign in the Gloucestershire area with the aim of increasing our pool of candidates for this sector.

A further cohort of 10 ECPs will commence training in April. As a result of this recruitment, there are just 5 WTE ECP vacancies remaining. Recruitment for qualified ECPs will continue in order to try to fill some of these remaining vacancies, and a further trainee ECP cohort is planned for August/September 08.

Occupational Health Tender

The new Occupational Health Service has been awarded to the Royal United Hospital in Bath. The new service will be called GWAS Occupational Health Service and it offers occupational health, counselling and physiotherapy, as well as emergency out of hours care. The contract is for 12 months in the first instance, from the 1 April 2008, and will be managed by one of the HR Managers. Data will be reviewed every quarter to support the management of attendance and to ensure the contractual requirements are being met. Communication aimed at promoting this new service has gone to staff via the newsletter and posters. It is hoped that having one harmonised service in place will significantly improve the Occupational Health support available to staff, and will enable the Trust to be more proactive in managing absence and supporting attendance.

Key Issues and Actions

The Trust currently has 3 employment tribunal claims against it, all of which are being proactively managed by the HR team in conjunction with the solicitor.

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	0
Major Injuries							0	0	0			0	0
3 day + injuries							1	0	0			0	1
Actual Physical Assaults	1	2	1	2	2	2	2	3	1	2	1	2	21
Riddor Reportable Incidents	5	2	4	7	5	4	7	3	6	1	0	2	46
Manual Handling													
<i>Lifting</i>					7	2	0	2	3	2	1	0	17
<i>Moving patient</i>					1	5	1	4	4	5	2	2	24
<i>Slips, trips, falls</i>					2	4	10	2	8	2	1	1	30
<i>Physical strain</i>					3	1	4	2	2	2	0	1	15
<i>Sharps</i>					3	2	0	0	2	0	1	2	10
Manual handling Sub total					16	14	15	10	19	11	5	6	

Actual physical assaults

- 18.02 – Bitten by patient. Salisbury.
- 11.03 – Punched by patient. Bath
- 11.03 – Punched by patient. Trowbridge.

Sharps

- 05.02 – Stood on needle. Staverton
- 08.03 – Needle sticking out of sharps box. Swindon
- 11.03 – Unprotected razor in ambulance bag. Chippenham

RIDDOR

Current DATIX shows 2 x RIDDORs for March. Both Manual Handling related. Time loss is yet to be confirmed.

Accident Frequency Rate

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 ÷ 218028
AFR = 9.63
- Feb - 8 x 100,000 ÷ 223811.06
AFR = 3.5.
- Mar - 11 x 100000 ÷ 225515.62
AFR = 4.8

(Current Health Sector AFR = 5.8)

Care should be taken when viewing the recent monthly AFR as there continues to be a significant time lag in reporting incidents into DATIX. However the accident rate does appear to be decreasing.

STATION RATING

Routine H&S visits score locations against mandatory H&S criteria. The scoring system reflects the values in the GWAS Risk Management System. The higher the score the poorer the performance.

By adding together the sub-scores for each H&S field an overall rating for each station can be achieved.

Currently the average score is approx 2.5 which is acceptable.

The chart shows those locations against the average. Any score over three indicates an overall performance rated at unacceptable or worse.

The current location H&S visit score matrix is

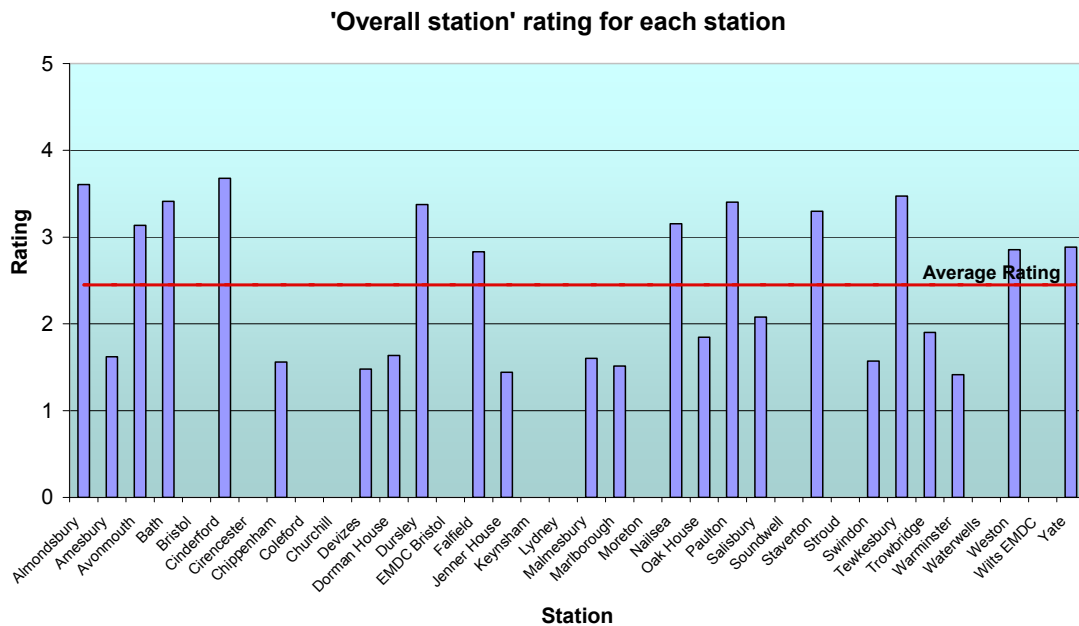
1 = Excellent

2 = Good

3 = *Acceptable level – see comments under benchmarking re KPI*

4 = Should be better

5 = Poor



Not all stations have been recorded due to IT difficulties. Figures will be available in subsequent reports.

These averages are based on the overall average of all visits since Oct 07.

A comprehensive break down of individual areas (e.g. fire, PPE, DSE) by location is available from the H&S dept.

Key Milestones

RIDDOR

To establish accurate records for RIDDOR reportable incidents and report to HSE within prescribed timescales.

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 organisations.

Pending the work of the CEF a grading of 3 (acceptable level) will be used as the KPI mark for H&S issues measuring those that fall below that level based on the visit cycle of one visit per quarter.

Body Armour and Stab Resistant Vests.

At the request of the Clinical Director a review into risk assessments related to body armour and "stab vests" is being undertaken by a committee chaired by the Head of H&S and including operations staff and Staff Representatives. This review will incorporate the current work stream being undertaken by the Chief Executive's Forum through NARASAF with which the Head of H&S for GWAS is involved.

Progress against Milestones

RIDDOR

Almost without exception GWAS RIDDOR incidents are 3 day absences associated with manual handling operations. These are not routinely being identified within the 10 day reporting time. Reporting processes have been strengthened and cross checks with DATIX indicate that the current figures are now more reliable than before.

Violence and aggression

I.T. issues have delayed the work of establishing historic information. It is believed that the old Avon information is now available and has been collated. Gloucestershire sector information has been collected from old manual forms and is being entered onto a spreadsheet. Everything over 12 months old has been reviewed and updated. It is doubtful that Wilts information will be identifiable.

Agreement has been made with Somerset Partnership NHS & Social Care Trust that they will provide GWAS with LSMS until our own employee has passed the relevant exam (due June 08).

Benchmarking

The Chief Executive's forum has sponsored a work stream to provide benchmarking figures for ambulance services. Currently our AFR figure has been significantly above the HSE figures for Health and Social Services, although initial statistics indicate that it is now moving down.

Key Issues and Actions

Fire

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

Latest round of inspections have been completed.

Education and Development

Operational standard to be delivered

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	27	<i>177</i>								
YTD	166	243	270	<i>177</i>								
Target	117 (8.3%)	234 (16.7%)	351 (25%)	<i>117 (8.3%)</i>	234 (16.7%)	351 (25%)	468 (33.4%)	585 (41.7%)	702 (50.1%)	819 (58.5%)	936 (64.5%)	1053 (75.2%)
Actual	11.8%	17.3%	19.2 %	12.6%								

Italicised figures for April are based on allocation of places to non-clinical staff and non operational clinical staff.

In March 172 places were offered, with only 27 places taken up; therefore just under 16% of the available training places were unused.

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
8. Ambulance Practitioner Programme

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	0 (0)													
ECAs – in training	0	0	8 (18) ^a													
DMETA (Phase 1) – Completed in month	0	8	0 (0)													
DMETA (Phase 1) – In training	8	8	8 (12)													
Paramedics - Completed in month	0	0	21 (22)													
Paramedics – in training	22	25	4 (4)													
ECPs - Completed in month	0	0	0 (0)													
ECPs – in training	53	53	53 (53)													

^a Cohort 5 of the ECA programme has a total of 16 candidates. The first 8 commenced their driving course at the end of March (reported above). All 16 will undertake the clinical element in April, with the remaining 8 completing their driver training on completion of the clinical element.

Figures in brackets relate to planned cohort size.

1. Mandatory training sessions is being targeted at non clinical staff and non operational clinical staff. Individuals have been allocated to courses rather than waiting for bookings to be made by individuals in an attempt to increase attendance with the least amount of impact on operational activity
2. Four learners undertaking paramedic training with West Midlands Ambulance Service will complete their theoretical training in early April prior to undertaking their hospital placement immediately after. The latest intake of 20 students commenced their paramedic course at the University of the West of England on 7th April 2008
3. The first 8 candidates of cohort 5 of the ECA programme have commenced their driver training in March with the remaining 8 joining them in April for the theoretical element of their training..
4. Eight candidates are due to complete their Technician programme in April. Pre entry assessments for earlier cohorts to undertake the paramedic programme are being scheduled.
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
8. Proposals for the educational programme to support the development of the Ambulance Practitioner role are to be considered imminently by the Senior Management and Executive Teams. It is proposed that the provision be delivered by the University of the West of England, with a completion date between October 2008 and October 2009 depending upon the option agreed by the Senior Management and Executive Teams. It is anticipated that the programme can commence in May 2008. Once the approach is agreed, the projections and actual uptake will be reported monthly.

Key Issues and Actions

A review of the mode of delivering learning and development opportunities to staff, which has greater resilience in the event of operational demands limiting or halting extraction of clinical staff to attend programmes. Proposals are due to be presented to the Senior Management and Executive Teams.

Clinical

Operational standards to be delivered

- Call to needle target: 68% <60minutes from initial call
- Conveyance Rate: 65% or less by March 2008
- 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.

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	40			429	
AGW % < 60 mins call-needle	52.3	55.8	48.8	62.5	56.8	50	55.5	61.3	57.8	62.5			56.2	68
Trust total Pre-hospital thrombolysis (PHT)	17	19	12	10	12	8	16	15	19	17			145	
Trust % PHT < 60 mins call-needle time	88.2	94.7	75	80	100	87.5	62.5	80	78.9	76.5			80	92
AGW % total eligible thrombolysis as PHT	38.6	36.5	29.3	25	24	25	35.5	38.4	42.2	42.5			33.8	40.0

GWAS Pre-hospital thrombolysis (PHT) trajectory 2008

% total eligible thrombolysis as PHT

	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											
YTD	33.8											

Thrombolysis year to date by trust	UBHT	NBT	RUH	GWH	WGH	GHT	TOTAL (1)	SDH	TOTAL (2)
total eligible thrombolysis	7	71	102	137	21	91	429	31	460
% < 60 mins call-needle (n)	85.7 (6)	70.4 (50)	35.3 (36)	59.1 (81)	81 (17)	56 (51)	56.2 (241)	54.8 (17)	56 (258)
total Pre-hospital thrombolysis (PHT)	7	25	47	29	9	28	145	9	154
% PHT < 60 mins call-needle time (n)	85.7 (6)	96 (24)	61.7 (29)	82.7 (24)	100 (9)	85.7 (24)	80 (116)	77.8 (7)	79.9 (123)
% total eligible thrombolysis as PHT	100	35.2	46	21.2	42.9	30.8	33.8	29	33.5

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 January 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.

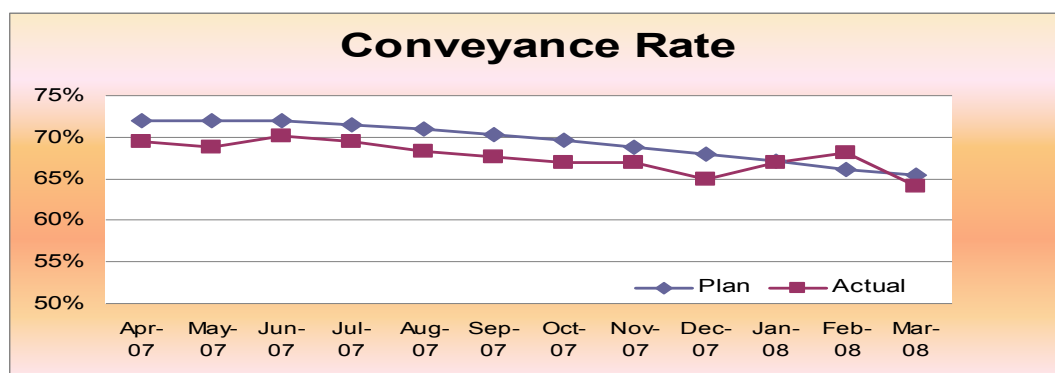
2. Conveyance rate

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%	71%*	67%	70%
Gloucestershire	66.9%	65.2%	67.3%	65.7%	62.75%	63.61%	62%	59%	60%	62%	62%*	57%	63%
Wiltshire	68.4%	69.6%	70.1%	70.4%	70.06%	68.63%	66%	63%	58%	65%	68%*	65%	67%

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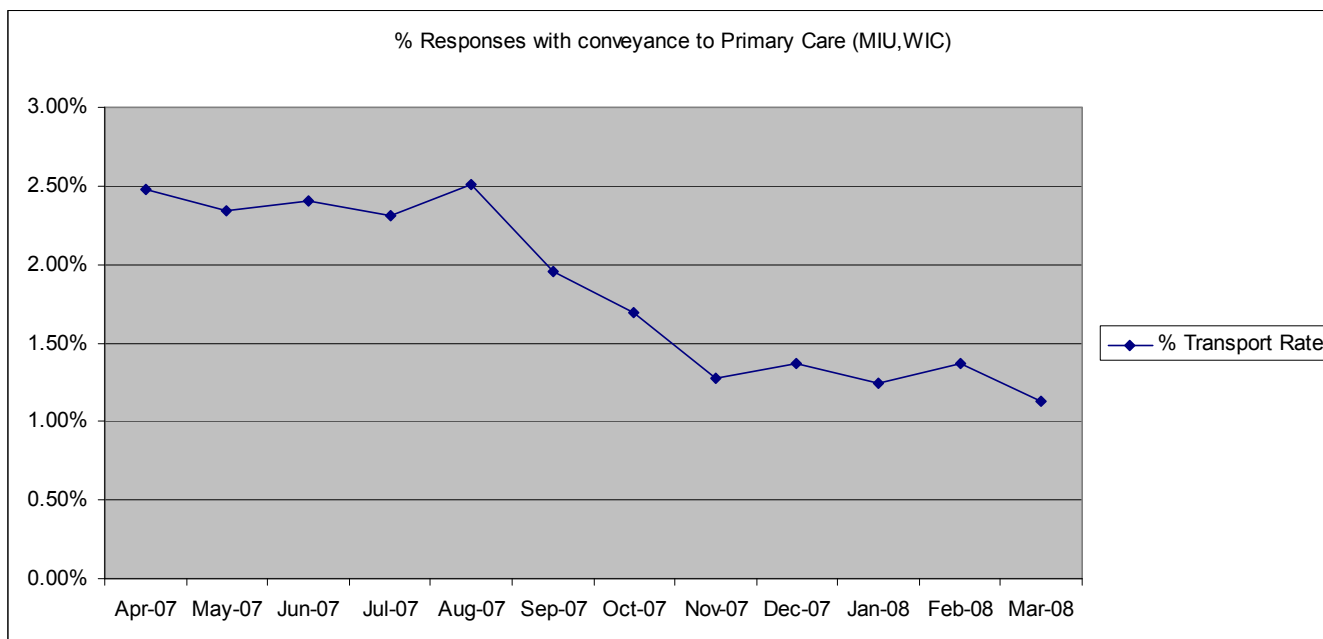


*Please note revision of February figures

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 %	0.50	0.79	0.46	0.54	0.67	0.50	0.64	0.46	0.59	0.48	0.77	0.55	0.58
Glos %	3.99	3.07	3.85	4.76	4.0	3.51	3.08	2.86	2.69	2.08	2.10	1.85	3.13
Wiltshire%	4.56	4.39	4.57	3.36	4.59	3.31	2.43	1.40	1.60	1.92	1.75	1.35	2.88
GWAS %	2.48	2.34	2.40	2.31	2.51	1.95	1.70	1.28	1.37	1.24	1.37	1.13	1.83



Please note revised data due to review of CAD query by informatics team.

4. Clinical Desk Referrals

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

Referrals to Clinical Desk 2007/2008					
	Dec-07	Jan-08	Feb-08	Mar-08	YTD
Avon %		0.5	1.0	1.2	0.9
Glos %		0.3	0.6	1.8	0.9
Wiltshire%		0	0	0	0
GWAS %		0.3	0.6	1.0	0.7

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

- 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

- The YTD call-to-needle time in GWAS has improved to 56.0% within 60 minutes
- The proportion of PHT in January was high at 42.5% with an overall call-to-needle target at 62.5%.
- A monthly report and action plan are circulated to all PCT and acute trust CEOs and GWAS board members.
- A new post of Reperfusion Lead has been created within GWAS. The post-holder will lead the implementation of the Thrombolysis Action Plan to improve Call-to-Needle performance.
- Improved data collection and verification through bilateral meetings with acute trust audit leads has led to the availability of more up to date performance data.
- A new Service Level Agreement between GWAS & Medtronic UK will ensure ongoing maintenance and support for all equipment used to record, transmit & receive ECGs

Conveyance & Referrals

- The trajectory agreed in the 2007/08 LDP process has been achieved.
- The discharge of care documentation has been agreed and is awaiting printing.

¹ Myocardial Infarction National Audit Project

- 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 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.

Key Issues and Actions

Thrombolysis Training

- A careful balance is required 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 be addressed by close co-operation between clinical, educational and operational managers in order to achieve both operational and clinical performance targets.
- The Education & Development Department has used the opportunity created by the current pause in training of operational staff to provide thrombolysis update training for paramedics who are managers, new entrants to the service or who are returning from long term absence.

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.
- The rate of improvement in the % of thrombolysis as PHT is not yet matched by the rate of improvement in call-to-needle performance. This suggests that some PHT call-to-needle times are excessive. These incidents will be investigated, in order to identify and overcome any barriers to improved performance.

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

- Overall the conveyance rate to Primary Care destinations appears to have fallen. This is most marked in Wiltshire and may reflect the changed configuration of MIU provision in that county. It is also marked in Gloucestershire where no significant change to provision has taken place, suggesting that other factors may be operating.
- Work is under way to review and revise the criteria for MIUs and WICs acceptance of 999 patients.

- Further work to investigate the reasons for falling conveyance to Primary Care destinations in Gloucestershire and Wiltshire will be undertaken following the appointment of a Paramedic Clinical Lead.

Referrals to Clinical Desks

- The Clinical Desks have not yet been fully publicised to operational clinicians due to continuing staffing difficulties. These are being addressed by active recruitment into vacancies and the creation of 'bank' triage clinicians from amongst GWAS ECPs.

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 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

Compliance has been confirmed for all but three of the standards.

C8b and C11c remain amber whilst final collation of evidence is undertaken.
C11b will be reported as non compliant.

The Standards for Better Health declaration submission is presented to the Trust Board at 24th April 2008 for sign off prior to the submission date of 30th 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). At the feedback meeting held on 17th April 2008 the Audit Commission confirmed the Trust had achieved Level 2 subject to quality assurance.

The Information Governance Toolkit submission presented to the Trust Board on 27th March 2008 was submitted by the required deadline.

Review meetings to progress NHSLA requirements continue.

Key Issues and Actions

The Trust will not be compliant with C11b – mandatory training for 07/08. There is an action plan in place and the current trajectory is for the Trust to be compliant by March 09.

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 standard to be delivered

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

Patient/Public Complaints 1st April 2007 to 31st March 2008

Complaints received	330
Acknowledged within 2 working days	318
Responded to within 25 working days	128
Exceeded the deadline	202
Exceeded the deadline but completed	173
Exceeded the deadline and not completed	29
Still within time, but investigation not yet completed	10

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

Patient/Public Complaint by Business Unit

Business Unit	Complaints	Complaint Rate
Accident & Emergency	265	1 per 847 A&E Responses
Out of Hours/Urgent Care	19	1 per 4,688 OOH Patient Contacts
Patient Transport Services	69	1 per 7,758 PTS Patient Journeys

Complaint Received From

Patient/Public	330
Health professional	91
Member of Parliament	57

Patient/Public Complaint Subject

Clinical Care	52
Attitude	67
Delay	135
Driving	7
PTS	69
Out of Hours	19
Other	4

Patient/Public Compliments

Received	297
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Key Milestones

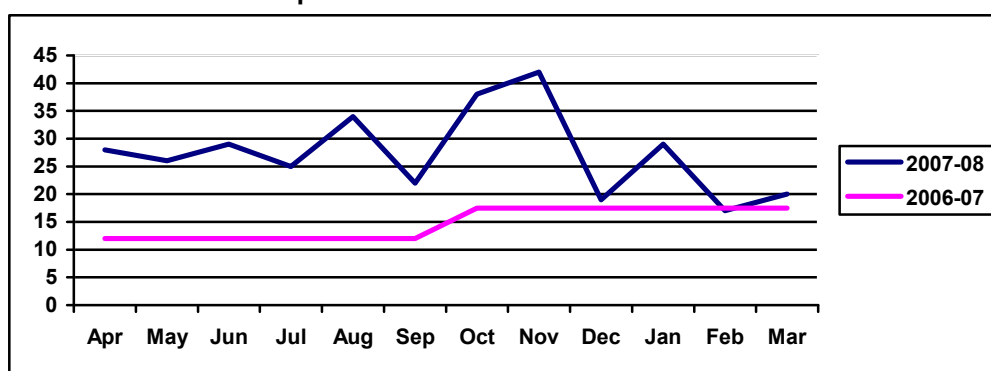
Since 1st April 2007 the number of complaints received has increased and the reasons for this have been changes in operational practice such as:

- call categorisation and the public not always understanding the 'managed responses' that the Trust now provides,
- greater emphasis on 'See & Treat' which aims to be more appropriate to patient needs,
- demand on our services 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.

Patient and Public Complaints



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 driven by complaints and which continue to make a 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 to organise resources in such a way as to minimise response times
- Increasing public awareness of the value of community first responder schemes – particularly in rural areas- to provide immediate help in a life-threatening event

Key Issues and Actions

Complaints arise when patients and their carers feel they have not received the care they deserve. Many people simply want an apology and steps taken to ensure the problem is not repeated. 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 within a culture focussed on improving patient care 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.

Investigating officers have struggled to complete investigations and return their reports within the 25 day deadline, resulting in 202 exceeding the standard. All 39 outstanding complaints received within the year 2007-08 will have received a response by 30th April 2008.

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 use of Datix for recording and administering complaints commenced from 1st April 2008 will allow more joined up working with other departments and improve the accuracy and quality of the reporting function.

Access to the CAD is now helping complaints staff to quickly get data on a particular complaint to furnish general managers and investigating officers with supporting information.

General Managers are now being asked to decide whether complaints are upheld or not, except those relating to staff attitude.

A co-ordinator is being appointed, initially for a 6-month period, to look at complaints of a clinical nature and to link the investigation with ways in which the Trust can improve its care to patients. Other benefits of this role will include strengthening reporting mechanisms and improving the timeliness and quality of investigations.

Patient & Public Involvement

Following the abolition of Patient & Public Involvement Forums on 31st March 2008, the Trust has commenced the process of recruiting members to an external reference group to increase user involvement. Forum members have gathered knowledge and experience over several years which the trust would not wish to lose. The Executive Team has now agreed arrangements and for members of the reference group to sit on internal committees to give user views and help the trust in becoming more patient focussed. They will also become involved in the Trust's Transformation Programme.

The Trust's dialogue with democratically elected representatives who sit on Overview & Scrutiny Committees has improved as six of the seven Local Authority Councils within the area covered by GWAS have come together to form a joint committee allowing the Trust to use its executive capacity to greater effect. It is hoped the seventh Council, Bath & North East Somerset, will join the joint committee soon.

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														YTD	Target
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
National Radio Procurement (ARP)	25	25	30	35	35	35	35	35	35	35	40	50	40	50	
National Electronic staff record	35	35	35	40	40	50	50	60	70	85	90	95	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	75	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	60	15	50
SPFIT - CfH Development of Electronic patient record.	10	10	10	10	10	10	10	10	10	10	15	15	15	15	

Key Milestones

- Main Server hardware for CAD system installed at set up with Intergraph
- Desk Hardware for CAD system received & set up as required
- Avon PTS training ready for service

Progress against Milestones

- ESR ready for next phase which will be "readiness" testing & requires our 3 systems to be amalgamated. Installation work for interim ARP Voice services is in progress
- ARP work re-started & Avon installation being planned
- Installation work for interim ARP Voice services is in progress
- Avon PTS hardware installation work complete ahead of schedule, configuration in progress & working on reduced network bandwidth. Desk services to be installed at commissioning

Key Issues and Actions

- New Avon PTS Network connection in delivery scheduled for 14/04/08

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 it's 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	Targ et
Risk Adjustment - Backlog Maintenance expenditure £K	167	167	167	167	167	167	167	167	122	122	122	17	17	72
Energy Efficiency – no. buildings not compliant	30	30	30	30	30	30	30	30	30	30	30	30	30	28

Key Milestones

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 1st April 2008. Measure of the Backlog Maintenance will be 're-based' to reflect the 6 Facet Survey from the 1st 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 1st April 2008.

Progress against Milestones

Backlog Maintenance - Completion of high risk fire maintenance works. Works completed for 2007/08, total expenditure £150k. Energy efficiency installation of double glazing to Salisbury Resource Centre (not re-graded until further energy measure are complete).

Key Issues and Actions

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. No progress on the two properties planned for 07/08 – alternative location for Chippenham being investigated and Salisbury work delayed due to review of the refurbishment works. Energy specialists to advise on detailed programme and pay back periods. Rebased programme developed and agreed at Estates Group – to be submitted to the Board for approval.

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.