Great Western Ambulance Service NHS

NHS Trust

Managing our Performance
_____

Performance Report for Board Meeting on
Thursday 28 February 2008

Contents

Summary of Key Performance Indicators – January 2008

Performance			
Cat A8	76.0%	✓ (green)	↑
Cat A19	94.7%	□ (orange)	↑
Cat B 19	87.6%	✗ (red)	↑
Call connect	64.5%	✓ (green)	↑
Non conveyance	33%	✓ (green)	↓
Call to needle			

Finance			
I&E (+) suplus/ (-) deficit	997k	✓ (green)	↓
Capital CBL £m	2.9	✓ (green)	↔

Staff			
Sickness absence	7.1%	✗ (red)	↓
Turnover	0.6 %	✓ (green)	↓
Headcount	1484	✗ (red)	↑
Statutory training			

Fitness for purpose			
S4BH compliance	38/44	□ (orange)	↔
ALE compliance	L2	□ (orange)	↔
NHSLA compliance	22/50	□ (orange)	↔
IGT compliance	L2	□ (orange)	↑

Traffic light symbols		
Worse than plan	Red	✗ (red)
Nearly on plan	Amber	□ (orange)
Better than plan	Green	✓ (green)

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

Significant Risks

Negligible 1	🟩	🟩	🟩	🟩	🟨
Low 2	🟩	🟩	🟨	🟨	🟨
Medium 3	🟩	🟨	🟨	🟨	🟥
High 4	🟩	🟨	🟨	A&E17 OL18 A&E2 A&E21 A&E15 HR21 HR17	C12 C16 HR1 HR7
Extreme 5	🟨	🟨	IT06	HR2 OP16 A&E29	🟥

IMPACT (vertical axis) / LIKELIHOOD (horizontal axis)

1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
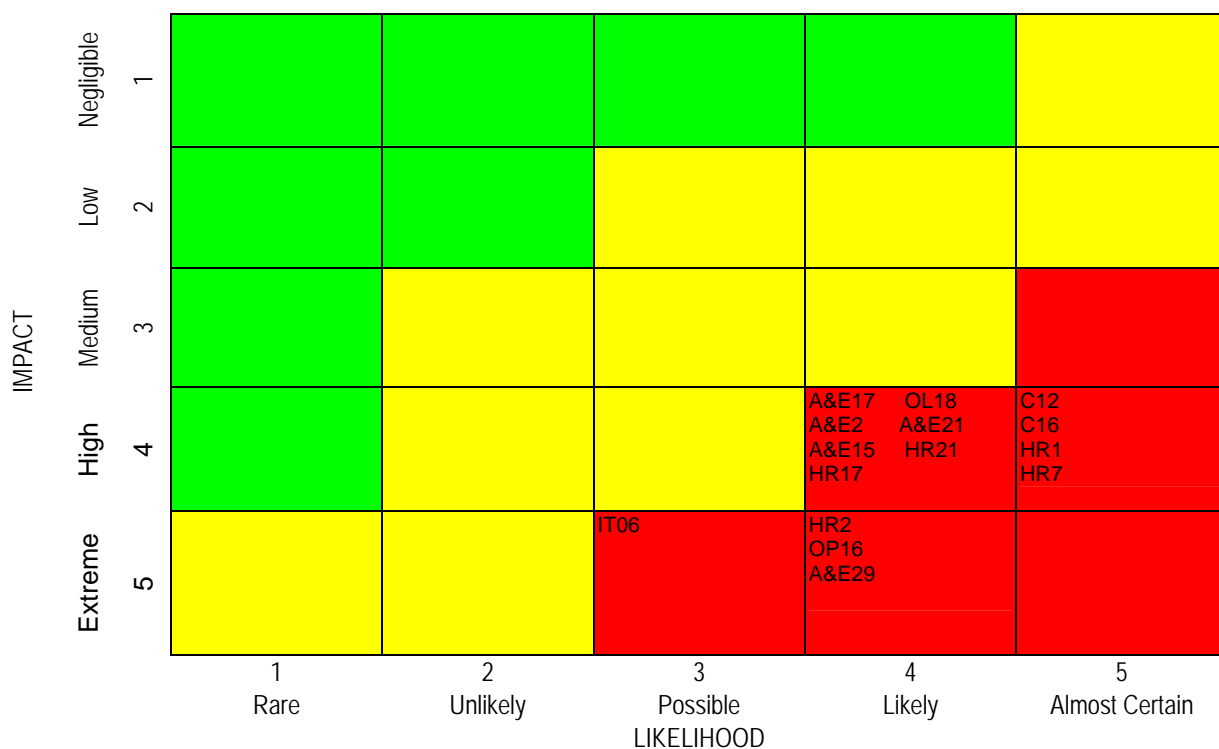
BAF 1	C12	Impact of hospitals not achieving thrombolysis target on GWAS targets	20
BAF 10	C16	Inappropriate pats left at home v inappropriate pats transferred to hospital	20
BAF1	OP16	Failure to reach trajectories	20
BAF 1	HR1	Ineffective sickness management	20
BAF5	HR7	Capacity to manage ESR Project	20
BAF 4	A&E29	Release of staff for mandatory training	20
BAF 1	A&E 2	Vacancy factor- no's staff	16
BAF 4	HR2	A4C paramedic and technician banding	16
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
	A&E15	Acute hospital delays/turnaround impacting on ambulance performance	16
BAF1	A&E21	Inconsistent resource management across GWAS	16
BAF1	HR21	Insufficient recruitment of ECA's	16
New	IT06	Network faults with BT configuration	15

Accident & Emergency

Operational standard to be delivered

Category A Calls (8 minutes) – This indicator measures performance in response of 'immediately life threatening' or Category A calls. 75% of Category A calls should be met within eight minutes. Clinical evidence shows that achievement of the target could save as many as 1,800 lives each year in people under 75 years suffering acute heart attacks,

2007 / 2008

Key Components	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%			75%
Cat A 19T min	93%	92%	92%	91%	93%	93%	91.7%	93.6%	93.3%	95%			95%
Cat B 19 min	87%	87%	85%	85%	83%	82%	82.4%	86.2%	85.5%	88%			95%
Cat C 60 min	91%	91%	83%	82%	81%	79%	76.4%	79.3%	79%	83%			95%
Cat A Call Connect	56%	58%	56%	55%	54%	55%	58.8%	60.1%	61.5%	65%			75%

Key Milestones

Category A performance in January remained above trajectory at **76%** this exceeded national performance standards of **75%** for the first time in 2007/2008 (as per trajectory). January saw the Trust improve its operational performance by delivering to national standards for "Life threatening calls"

- ✓ Cat A8   = **76%** against a target of **75%**

- ✓ Cat A19 = **95%** 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 - 65% (2% above trajectory)

- ➢ Cat B 19 – 88% (2.5% improvement on previous month)

- ➢ Cat C 60 – 83% (4% improvement on previous month)

Whilst performance has improved and is becoming more stable, 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 January 08 were:

- Continuing issues with Hospital Handover delays.
- Vacancies across the Trust.

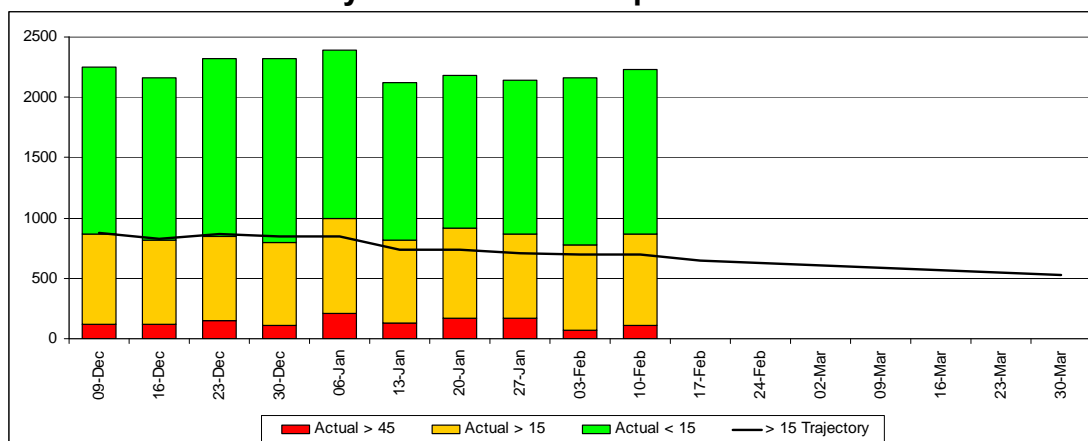## Progress against Milestones

- Cat A performance consistently above trajectory
- Vacancy factor reducing
- Second cohort of ECP now operational
- Both Clinical desks functioning in Avon and Gloucestershire sectors.
- Revised Standby facilities in Avon Sector implemented
- New DMA drive zones agreed in Avon Sector
- Cohort 3 ECA's (10 staff) commenced duties.
- 3 qualified Paramedics and 7 Trainee Paramedics appointed (all start Feb 08)
- Action plans and trajectories regarding hospital turnarounds produced and agreed.
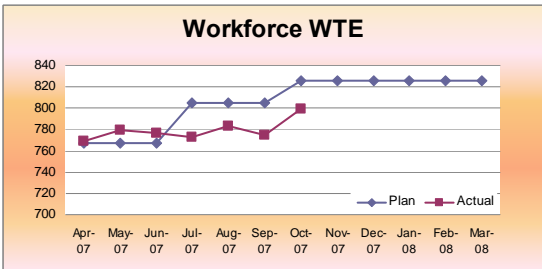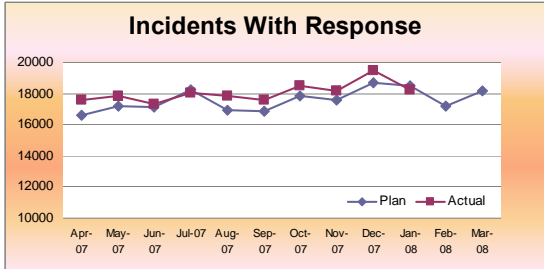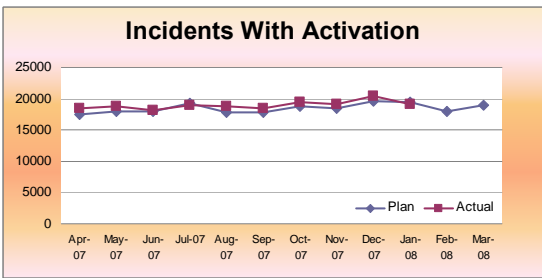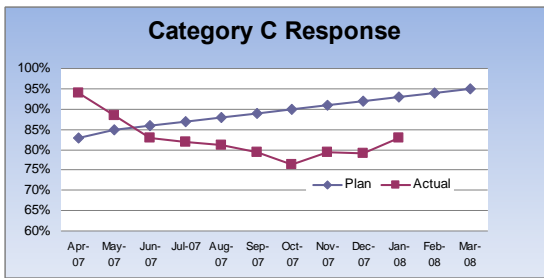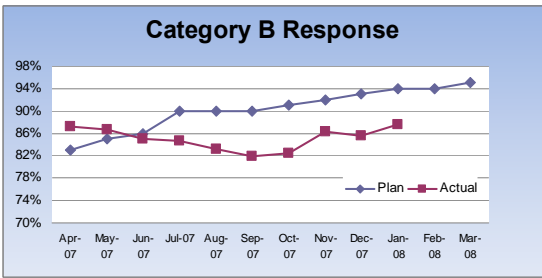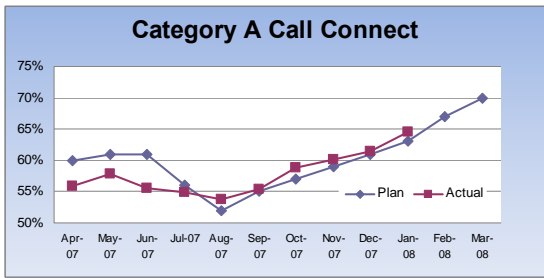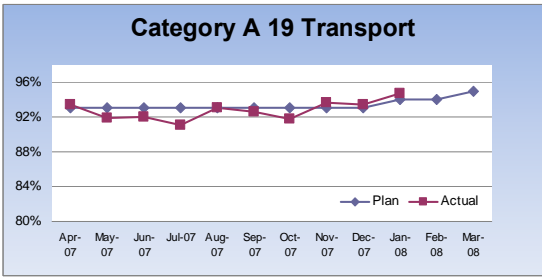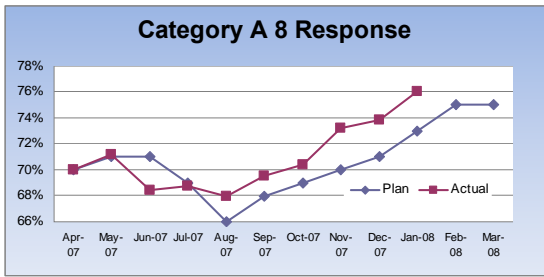
Key Issues and Actions

- To maintain the rate of improvement in performance over the coming months in line with the agreed trajectory

- To accommodate mandatory training requirements during the final quarter.

- 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 is taken a number of different routes from bringing in new staff to the Emergency care Assistant roles to providing education programmes for our own Ambulance Technicians to become Paramedics. In addition to this qualified Trainee Paramedics as well as Paramedics are being recruited from externally.

- Hospital turnaround times continue to tie up resources and impact on performance levels. Progress is being made with our Acute Trust partners with a trajectory for reducing hospital delays being introduced with each Acute Trust to focus efforts and monitor progress.

Hospital turnaround times are measured at all acute trusts on a daily basis with agreed escalation plans in place to manage significant delays. Detailed information below:

Patient Handover Delays at A & E - at hospital time to handover time

Charts showing performance progress against trajectories for operational KPIs

Category A 8 Response

Category A 19 Transport

Category A Call Connect

Category B Response

Category C Response

Incidents With Activation

Incidents With Response

Workforce WTE

Action	Date				Comment	RAG
Resources matched to demand	Oct-07	0.2%		0.2%	Rotas adjusted to demand. Resource issues mean there are still gaps in rotas.	A
New team structure complete	Oct-07	1.0%		1.0%	All but 1 teams implemented. Resource issues continues to affect the effectiveness of teams	A
Managed call distribution	Oct-07		1.2%	0.5%	Complete	G
Review estates/establish stand by facilities	Nov-07	0.6%		0.6%	In progress with several improvements achieved. All actions cannot be completed within planned timescales	A
Separate 999 call handling	Nov-07		0.6%	1.0%	Complete	G
Centralise call handling in Avon	Dec-07			1.0%	Complete	G
Single IT systems/interim CAD	Dec-07	0.2%		0.2%	Complete	G
Process map handover	Dec-07	0.1%		0.1%	In progress	A
Agreed community escalation plan	Dec-07	0.1%		0.1%	In progress	A
Implement Clinical Desk/SPA	Dec-07	0.2%	0.6%	0.2%	Plans on track for December launch	G
Implement indivudual/team KPIs	Jan-08			0.3%	Plans on track	G
Implement indivudual/team KPIs	Jan-08	0.2%		0.2%	Plans on track	G
New team structure complete	Jan-08	0.2%		0.2%	Plans on track	G
Vacancies filled	Jan-08	0.2%		0.2%	Short of 30 Paras/Techs ECAs, 11.5 ECPs and 12 CTLs. Actively recruiting at all levels.	A
Implement indivudual/team KPIs	Jan-08	0.2%		0.2%	Plans on track	G
Implement indivudual/team KPIs	Jan-08	1.0%		1.0%	Plans on track	G
Implement indivudual/team KPIs	Jan-08	0.1%	1.9%	0.1%	Plans on track	G
Increase call handling establisment	Feb-08			2.0%	11 vacancies. 9 staff undergong induction and initial training - due to go live mid March 08 - Recruitment in progress to meet establishment.	A
Dispatch desk redesign	Feb-08	0.2%		0.2%	Plans on track	G
Dispatch Assistant introduction	Feb-08	0.2%		0.2%	2 vacancies. Recruitment in progress.	G
Trust wide Resource Centre operational	Feb-08	0.2%		0.2%	Promis system to launch in January. Full CRO model ion place for 1st April	A
Separate response/transport plan	Feb-08	1.1%	1.7%	1.1%	Plans on track	G
Implement Caller Line Identity	Mar-08			1.0%	Complete	G
New CAD	Apr-08			1.0%	Project underway. Delay in approval / startup means implementation will be approx. June 08	R
New CAD	Apr-08	0.2%	0.2%	0.4%		
Additional ECPs	Sep-08	1.0%		1.0%	All ECPs recruited and in training	G
Implement Capacity Management System	Sep-08	0.3%		0.3%	In progress	G
LDP bid to cross charge for lost hours	Sep-08	0.1%		0.1%	Plans on track	G
Second Cohort 30	Sep-08	2.7%		2.7%	All ECPs recruited and in training	G
Clinical education CPD programme	Sep-08	0.2%	4.3%	0.2%	Plans in progress. Insufficient training capacity and ability to release staff	A
Clinical education CPD	Dec-08	0.4%		0.4%	Plans in progress. Insufficient training capacity and ability to release staff	A
Treat and refer guidelines	Dec-08	0.2%		0.2%	In progress	A
Extra ECPs live	Dec-08	0.2%		0.2%	All ECPs recruited and in training	G
Individual clinical audit/PDP	Mar-09	0.1%	0.1%	0.1%	National EPRF slippage	A
Educate extra paramedics improve skill mix	Mar-10	0.2%	0.2%	0.2%	Initial planning underway	G
Total		15.2%	15.2%	22.5%		

Out of Hours

Operational standard to be delivered

Out of Hours standards reflect the patients' experience and are defined nationally in the Carson Report covering call handling, triage and home visiting service delivery.

2007 / 2008

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Abandoned Calls	10%	7%	6%	8%	7%	7%	4.6%	3.9%	11.9%	3.7%			7.7%	< 5%
Engaged Calls	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%			78%	95%
Visit time < 1 hour	100%	100%	100%	94%	88%	93%	90%	89%	100%	100%			95%	95%
Visit time < 2 hour	91%	90%	95%	96%	92%	95%	94%	91%	92%	94%			93%	95%
Visit time < 6 hour	97%	97%	99%	99%	98%	98%	99%	99%	97%	97%			98%	95%

In January all bar visit time < 2hours. Standards and triage < 20 minutes were met.

Key Milestones

- Clinical desk commenced operations in both Avon and Gloucestershire.
- Gloucestershire Out of Hours control room to merge with Emergency Control
- Re design call triage process
- Utilise ECP's to undertake out of hours home visits.
- Dispatchers in Glos to dispatch both OOH and emergency resources.

Progress against Milestones

- Clinical desk commenced operational delivery Dec 07, fully resourced from Feb 08 90% complete
- Control room merger delayed. Operations pulled back on track will be delivered by Feb 08. 70% complete.
- Final three key milestones are part of a project which runs from Jan 08 to September 08. PID approved by programme Board Dec 07.

Key Issues and Actions

- An Action Plan has been produced by the General Manager (Urgent Care) and the local manager to ensure that contingencies are in place to cover staff absence and that appropriate supervision is available in the room to manage the problems seen over the holiday period and also during normal weekend and evening working. This action plan will be produced in early February 08 and used to performance manage delivery against.
- Options for triage of calls to ensure the Trust meets the performance targets needs to be produced and a method agreed and implemented to deliver this.
- A detailed analysis of the triaging of calls by doctors is to be produced and this is to be shared with them both in a 1:1 environment as well as a group. This way

good practice can be propagated and poor practice removed. This work is to commence in March 08.

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		
Financial Balance – £k (-) deficit / (+) surplus	75	75	75	130	18	14	87	701	205	-384	997	1454
Capital Borrowing Limit - £m	0.00	0.00	0.00	0.00	0.00	0.00	0	0	0	0	0.00	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
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	3.00	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	92.3	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 £997,000 results from expenditure ahead of income to accelerate call connect performance by the Trust in January 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, 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

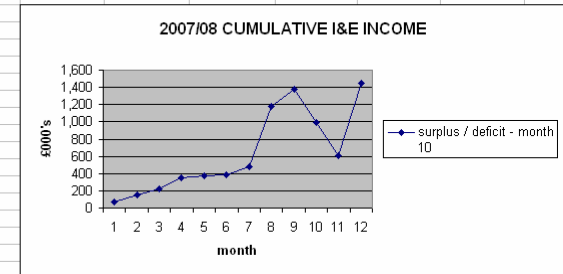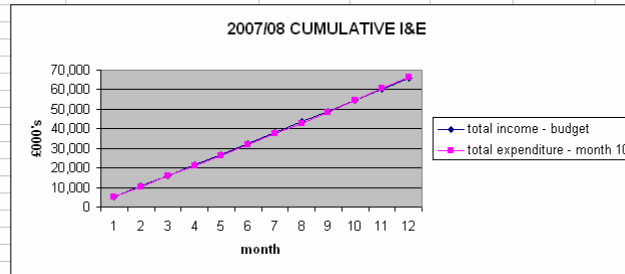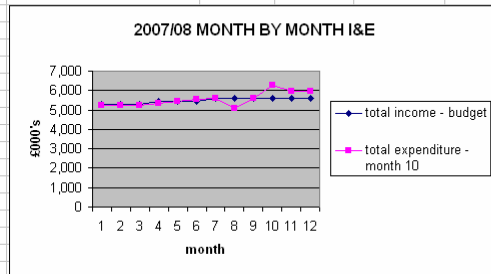Maintaining breakeven position to year end.
Embedding new financial systems
Identify cash releasing efficiency schemes of up to 3% ahead of 2008/09
To enhance the detail of the Medium Term Financial Strategy (MTFS)
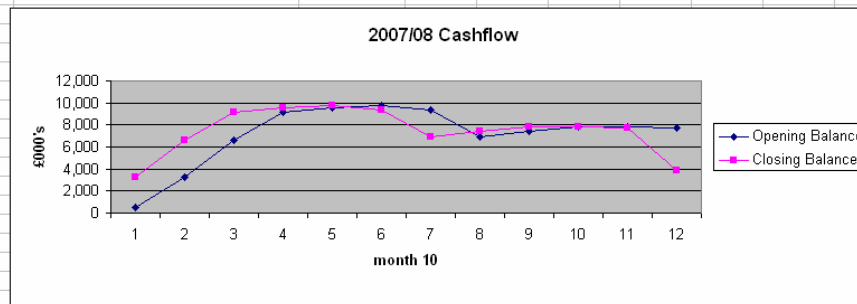Progress tender action for single a payroll provider.

BY MONTH	Sub Code	Maincode 01 Plan £000s	Maincode 01a Forecast Outturn £000s	aincode 01 Variance £000s	Maincode 01c YTD Actual £000s	BY MONTH	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
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 10		65,963	67,748	0	55,595	total income - month 10	5,309	5,308	5,308	5,470	5,473	5,538	5,708	5,805	5,798	5,878	5,602	6,827
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 10		65,963	66,294	0	54,598	total expenditure - month 10	5,234	5,233	5,233	5,340	5,455	5,524	5,621	5,104	5,592	6,262	5,986	5,986
surplus / deficit - month 10		0	1,454	0	997	surplus / deficit - month 10	75	75	75	130	18	14	87	701	206	(384)	(384)	841

CUMULATIVE	Sub Code	Maincode 01 Plan £000s	Maincode 01a Forecast Outturn £000s	aincode 01 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
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 10						total income - month 10	5,309	10,617	15,925	21,395	26,868	32,406	38,114	43,919	49,717	55,595	61,197	68,024
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 10						total expenditure - month 10	5,234	10,467	15,700	21,040	26,495	32,019	37,640	42,744	48,336	54,598	60,584	66,570
surplus / deficit - month 10						surplus / deficit - month 10	75	150	225	355	373	387	474	1,175	1,381	997	613	1,454

2007/08 MONTH BY MONTH I&E

2007/08 CUMULATIVE I&E

2007/08 CUMULATIVE I&E INCOME

T03 (Equivalent of TAC02)
BALANCE SHEET as at 31 MARCH 2008
month 10

	Sub Code	Maincode 01 1st March 200 £000s	Maincode 01a 1st March 200 £000s	Maincode 01b ment in Bala £000s	MONTH END BALANCES Maincode 02 April £000s	Maincode 03 May £000s	Maincode 04 June £000s	Maincode 05 July £000s	Maincode 06 August £000s	Maincode 07 Septembe £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
FIXED ASSETS:																
Intangible assets	100	113	113	0	113	113	113	113	113	113	113	113	113	113	113	113
Tangible assets	110	32,969	30,932	2,037	31,355	31,106	30,857	30,927	30,758	31,941	31,708	31,475	31,292	31,828	30,826	32,969
Investments	120	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL FIXED ASSETS	130	33,082	31,045	2,037	31,468	31,219	30,970	31,040	30,871	32,054	31,821	31,588	31,405	31,941	30,939	33,082
CURRENT ASSETS:																
Stocks and work in progress	200	143	143	0	143	143	143	143	143	143	143	143	143	143	143	143
NHS Debtors	201	563	7,072	(6,509)	4,757	3,290	1,790	1,790	1,880	2,460	2,884	2,884	2,884	2,884	2,884	563
Other debtors	202	1,212	2,712	(1,500)	2,712	1,212	1,212	1,212	1,212	1,212	1,212	1,212	1,212	1,212	1,212	1,212
Total Debtors	210	1,775	9,784	(8,009)	7,469	4,502	3,002	3,002	3,092	3,672	4,096	4,096	4,096	4,096	4,096	1,775
Investments - Other	230	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cash at bank in OPG accounts	231	3,874	494	3,380	3,213	6,581	9,152	9,291	9,730	9,400	6,891	7,404	7,871	7,056	7,727	3,874
Other cash at bank and in hand	232	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash at bank and in han	240	3,874	494	3,380	3,213	6,581	9,152	9,291	9,730	9,400	6,891	7,404	7,871	7,056	7,727	3,874
TOTAL CURRENT ASSETS	250	5,792	10,421	(4,629)	10,825	11,226	12,297	12,436	12,965	13,215	11,130	11,643	12,110	11,295	11,966	5,792
CREDITORS:																
DH working capital loan principal	255	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DH capital loan principal repayme	257	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NHS Creditors falling due within c	260	(396)	(396)	0	(396)	(546)	(746)	(746)	(929)	(929)	(929)	(929)	(929)	(929)	(929)	(396)
Non-NHS creditors falling due wit	261	(3,688)	(3,088)	(600)	(3,168)	(3,247)	(3,901)	(3,980)	(4,139)	(4,683)	(5,075)	(5,154)	(5,233)	(5,384)	(5,391)	(3,688)
Total amounts falling due with	262	(4,084)	(3,484)	(600)	(3,564)	(3,793)	(4,647)	(4,726)	(5,068)	(5,612)	(6,004)	(6,083)	(6,162)	(6,313)	(6,320)	(4,084)
NET CURRENT ASSETS/(LIABI	270	1,708	6,937	(5,229)	7,261	7,433	7,650	7,710	7,897	7,603	5,126	5,560	5,948	4,982	5,646	1,708
TOTAL ASSETS LESS CURREN	300	34,790	37,982	(3,192)	38,729	38,652	38,620	38,750	38,768	39,657	36,947	37,148	37,353	36,923	36,585	34,790
CREDITORS:																
DH working capital loan principal	305	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DH capital loan principal repayme	307	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NHS creditors falling due after mo	310	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-NHS creditors falling due aft	311	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total amounts falling due afte	312	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PROVISION FOR LIABILITIES A	320	(1,021)	(5,103)	4,082	(5,103)	(4,951)	(4,844)	(4,844)	(4,844)	(4,628)	(4,158)	(3,658)	(3,658)	(3,658)	(3,658)	(1,021)
TOTAL ASSETS EMPLOYED	330	33,769	32,879	890	33,626	33,701	33,776	33,906	33,924	35,029	32,789	33,490	33,695	33,265	32,927	33,769
FINANCED BY																
TAXPAYERS EQUITY:																
Public dividend capital	400	29,995	32,322	(2,327)	32,322	32,322	32,322	32,322	32,322	32,322	29,995	29,995	29,995	29,995	29,995	29,995
Revaluation reserve	410	3,546	1,783	1,763	2,455	2,455	2,455	2,455	2,455	3,546	3,546	3,546	3,546	3,546	3,546	3,546
Donated asset reserve	420	75	75	0	75	75	75	75	75	75	75	75	75	75	75	75
Government Grant Reserve	430	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other reserves	440	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Income and expenditure reserve	450	153	(1,301)	1,454	(1,226)	(1,151)	(1,076)	(946)	(928)	(914)	(827)	(126)	79	(351)	(689)	153
TOTAL TAXPAYERS EQUITY	460	33,769	32,879	890	33,626	33,701	33,776	33,906	33,924	35,029	32,789	33,490	33,695	33,265	32,927	33,769

month 10	Sub Code	e 01 Plan £000s	e 01A Forecast Outturn £000s	e 01B Variance £000s	Maincode 01C YTD Actual £000s		Maincode 02 April £000s	e 03 May £000s	e 04 June £000s	e 05 July £000s	e 06 August £000s	e 07 September £000s	e 08 October £000s	e 09 November £000s	e 10 December £000s	e 11 January £000s	e 12 February £000s	e 13 March £000s
Opening Balance	610	492	494	2		Opening Balance	494	3,213	6,581	9,152	9,610	9,730	9,400	6,891	7,404	7,872	7,800	7,728
Closing Balance	620	1,777	3,874	2,097		Closing Balance	3,213	6,581	9,152	9,610	9,730	9,400	6,891	7,404	7,872	7,800	7,728	3,874

2007/08 Cashflow

T05 (Equivalent of TAC11)
BETTER PAYMENT PRACTICE CODE
month 10

Better Payment Practice Code - measure of compliance	Sub Code	Maincode 01 YTD Number	Maincode 02 YTD Value £000s	SIGN
Non-NHS Creditors				
Total bills paid in the year	100	16,439	14,589	+
Total bills paid within target	110	15,006	13,460	+
Percentage of bills paid within target	120	91	92.3	%
NHS Creditors				
Total bills paid in the year	130	1,246	3,971	+
Total bills paid within target	140	1,098	3,486	+
Percentage of bills paid within target	150	88	87.8	%

The late payment of commercial debts (interest) Act 1998	Sub Code	Maincode 03 YTD £000s	SIGN
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	160	0	+
Compensation paid to cover debt recovery costs under this legislation	170	0	+

Operational standard to be delivered

Sickness absence levels of < 4.5%
Turnover at < 5%

2007 / 2008

KPI	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Avge YTD	Target
Sickness Absence	7.0%	7.4%	7.8%	7.8%	7.6%	6.8%	7.2%	6.2%	7.1%				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%			0.9%	< 5%
Appraisals & PDPs														
Workforce Headcount	1406	1393	1410	1424	1418	1454	1467	1476	1480	1484			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%	4.72%

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)

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. Clinical Team Leaders are actively managing short term absence within their teams in accordance with the Management of Attendance Policy. HR Advisors are providing individual and tailored support to CTLs, where appropriate, so they can feel confident in managing the absence within their teams. During January 08 there have been 2 Ill Health Dismissals, 1 successful redeployment, and more than 10 staff have been successfully managed back to work from long term sick leave. A continued focus remains on actively managing and supporting those staff who remain on prolonged sick leave.

In the Avon sector, an HR Advisor continues to work on absence management on a full time basis, supporting operational managers to tackle absence within their teams. The absence levels within the Avon sector have, up until very recently, been consistently within the trajectory. However, over the new year period we have experienced some difficulty in maintaining this good progress, and this has unfortunately continued. Renewed efforts are being made to bring the Avon sector sickness absence levels back to within trajectory, through the use of additional management capacity to progress absence cases, and through increased liaison with the Occupational Health team in the hopes of bringing some of the longer term cases to a close. Nonetheless, absence levels

compared to the same week in the previous year remain extremely low (on average around 400 hours per week lower than the same week last year).

PTS, EMDC and HQ/Support Sickness absence
Sickness absence within these areas continues to be managed by the line managers and HR Advisors, with the majority of the sickness absence being caused by short term absence. All absence cases are closely managed, and it is anticipated that approximately 5 staff will shortly leave the organisation through a combination of ill-health retirement, dismissal, and early retirement.

2. **Appraisals and PDPs:**

This is one of our critical objectives in relation to compliance with the Standards for Better Health requirements. A paper was submitted to the Executive Team for discussion and approval on 4 February, and following this a plan is being developed to monitor and manage appraisal compliance across the organisation. Our intention is to ensure that all Staff have received an individual appraisal by the end of March 2008. The significant barrier to appraisal compliance remains releasing staff from operational roles in order to allow them to prepare for, and complete, the appraisal process. Following the HCC visit, we have agreement to use a team based model of appraisals if this is more appropriate in the our first year.

The Trust's policy and process is in place, and is currently going through re-approval through the JCNC. To support the continued implementation of this policy, training and support for both managers and employees will be rolled out across the organisation from February onwards.

3. **Turnover:**

The turnover rate remains low, which is excellent. Exit interviews are carried out with all members of staff, and further information on staff satisfaction levels will be available via the NHS staff survey.

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:**

The current recorded figure of diversity in the workforce is 1.1%; however it is not felt that this figure is accurate due to disclosure information and updating the three Electronic Staff Records following the transfer into the system. The target figure of 4.72% reflects the diversity statistics of the populations in Avon, Gloucestershire and Wiltshire. The Equality and Diversity Single Strategy will go to the JCNC on 12 February for consultation. It is hoped that promoting the Ambulance service as a choice of career with young people and those from ethnic backgrounds will improve the profile of the Trust as and employer of choice.

It is planned to run a data cleansing and up-dating of staff personal information exercise in February and March. A letter and questionnaire will be sent out to all staff; the questionnaire will include diversity details which will enable the Trust to have more up to date data on the workforce.

Equality and Diversity data will need to be prepared for the Trusts Annual Report, for example:
- Numbers of staff who have undertaken training by race, disability, age, gender religion or belief
- Numbers of staff who have had appraisals by race, disability, age, gender religion or belief
- Grievances and Disciplinaries by race, disability, age, gender religion or belief

The Healthcare Commission visited the Trust on 28 January 08 to undertake a review of our Race Equality Standards. It was a valuable review and whilst the Trust recognises we have some way to go, it will also be a good opportunity to highlight the areas of good work and practice. The outcome of the review is expected on 19 February 2008.

Progress against Milestones

Recruitment:

PTS, EMDC and HQ/Support
Following recruitment in the EMDC a new number of new starters have joined the organisation and are currently in their training period, with further recruitment planned to fill outstanding vacancies, and to appoint supervisors.

There are 12 vacancies within HQ/Support Services, all of which we are currently working to fill.

A&E Operations
As previously stated, the priority remains on recruiting to fill existing vacancies across all 3 sectors and recruitment streams remain open for all operational vacancies.

Within the Wiltshire Sector, appointments have been made to the remaining CTL vacancy and the Community First Responder Manager post.

92 Trainee ECP applications have been received, with assessments and interviews planned for February in order to appoint in time for an April start date. Assessments for ECAs have taken place throughout January, with the intention of making 18 appointments to commence training in March. Further ECA assessments are scheduled to take place throughout February in order to create a bank of successful candidates who can be appointed to planned cohorts throughout the year.

Paramedic and Trainee Paramedic recruitment continues, with further interviews and assessments scheduled for February.

Policy development and implementation:

Work is continuing on developing and releasing a full suite of HR policies for use across the organisation. A number of policies are now live and following the JCNC on 12 February we should have completed this important piece of work, and have a full suite of HR policies available for use within the organisation.

Development of a standard GWAS contract:

This project is nearing completion, and it is anticipated that by the end of February there will be one standard GWAS contract for use within the Trust.

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 provider will be appointed by the end of February, with the contract taking effect from 1 April 2008.

Key Issues and Actions

The Trust currently has 4 employment tribunal claims against it, all of which are being proactively managed by the HR team in conjunction with the solicitor. Throughout January, 2 Employment Tribunal claims against the Trust were withdrawn.

Education and Development – Feb 08

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	79										
YTD	166	245										
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%	17.5%										

January figures indicate numbers completing, February figures indicate bookings to date and are therefore subject to variation

The monthly figure provided reflects the overall percentage of staff (of all role types) having completed the generic one-day statutory and mandatory training course, the content of which was reported last month.

In January 186 places were made available, with only 55 places taken up; therefore 70% of the available training places were unused. Action has been taken to ensure take up such as; escalating the issue to SMT & ET with a message to managers that this mandatory; developing more open learning modules to cover these subjects to aid the tension of releasing operational staff; programmes are being delivered in modules and repeated on different days and times to ensure flexibility.

This reflects a similar position earlier in the fiscal year, outlined below.

	Conflict Resolution			CPR / Moving & Handling		
	Places	Uptake	Unused	Places	Uptake	Unused
Apr-07	132	45 (34%)	87(66%)	114	28 (25%)	86 (75%)
May-07	226	96 (42%)	130 (58%)	144	71 (49%)	73 (51%)
Jun-07	104	19 (18%)	85 (82%)	98	17 (17%)	81 (83%)
Jul-07	186	0 (0%)	0 (100%)	166	0 (0%)	0 (100%)
Aug-07	0			0		
Sep-07	0			0		
Oct-07	0			0		
Nov-07	0			0		
Dec-07	0			0		

Key Milestones

1. Mandatory training schedules
2. Transition to higher education for senior clinicians (AfC Band 5 and above)
3. ECP training
4. Paramedic Training
5. ECA training

6. DMETA training
7. Training Records
8. Management and Leadership training
9. 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															
ECAs – in training	0															
DMETA (Phase 1) – Completed in month	0															
DMETA (Phase 1) – In training	8															
Paramedics - Completed in month	0															
Paramedics – in training	22															
ECPs - Completed in month	0															
ECPs – in training	53															

1. Mandatory training schedules are now running for all staff, as are the clinical updates for relevant staff. There is a steady flow of bookings for currently available courses, with further dates to be released once current places are approaching capacity. In order to ensure all staff have received mandatory training every 12 months will require 117 people taking up the training each month. This is clearly ambitious and unlikely to be successful, therefore an alternative model will need to be explored

2. The Foundation Degree in Paramedic Science offered by the University of the West of England was validated by the Health Professions Council on 12th January. The target remains for the first iteration to commence in April 2008.

3. Developmental work is ongoing to convert the existing ECP programme to a 2 year BSc in line with national benchmarking. The target of offering the revised programme to the April 2008 iteration of ECP candidates.

4. 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.

5. Four iterations of the ECA foundation course are scheduled for the year, with 18 places per iteration.

6. Interviews are currently taking place to recruit to the fourth iteration of the DMETA programme. Briefing days have taken place prior to the selection process and the attrition rate will continue to be monitored.

7. 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.

8. The Charted Management Institute programmes are due to commence during February 2008

9. Twenty clinicians have completed the theory component of the mentorship course with Oxford Brookes University, they are due to receive their award next month after successful completion of a written assignment. A further 10 students will attend the programme in May, with 40 commencing the mentorship programme with the University of the West of England in the summer.

    Twenty paramedic students from the University of Coventry commence clinical placements with the Trust on Monday 4th February 2007. Each student has been allocated a named mentor who has undertaken the recent mentorship programme.

Key Issues and Actions

Work has commenced to explore the possibility to deliver much of the statutory and mandatory training by distance learning materials. This approach could considerably reduce the amount of classroom time, and therefore, extraction necessary to deliver the programme. It is unlikely that this approach will eliminate the need for classroom time but is likely to reduce it considerably.

Two individuals have been interviewed and offered posts as Learning and Development Officers; we are currently awaiting their acceptance of the offers made.

A formal proposal has been submitted to the Executive Team to restructure the Learning and Development Team. The restructuring will provide increased management capacity in the form of 2 learning and Development Managers, 1 with responsibilities for clinical learning and 1 for non-clinical learning. It is anticipated that the post can be filled quickly once approved by the Executive Team.

Health and Safety – Feb 08

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				16
Riddor Reportable Incidents *	Nil	Nil	1	1	3	0	1	0	1				7
Manual Handling													
Lifting					7	2	0	2	3				11
Moving patient					1	5	1	4	4				11
Slips, trips, falls					2	4	10	2	8				19
Physical strain					3	1	4	2	2				8
Sharps					3	2	0	0	2				6
Manual handling Sub total					16	14	15	10	19				

Slips and trips Significant upturn during December. May be expected at this time of year due to weather and underfoot conditions

Actual physical assaults.
17/12 – Patient on stretcher lashed out, hitting operative in face
02/12 Operative punched I chest by drunk who had got into passenger seat and was refusing to leave.

Sharps.
02/12 – Patient handed over a used epi-pen. Operative jabbed own thumb.
02/12 I.M. needle left in drugs bag. Scratched finger

RIDDOR
We are recording 1 x RIDDOR for a paramedic in Trowbridge who claims to have felt pain in a leg and booked off sick the next day. PROMIS does not show any accident.

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

24 x 100,000 ÷ 216059.65

AFR = 11.1 (Current Health Sector AFR = 5.8)

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
Dedicated clerical support has been allocated to reviewing all potential RIDDOR incidents. Thus far in Avon alone 50 incidents have been identified that should have been reported.

Violence and aggression.
A review of conflict resolution training has commenced with the training dept. Feedback will be arranged from incidents so that refresher training can be more focussed.

The alert system has been reviewed and the reporting arrangements strengthened. Initial alerts will be refocused into their component parts, clinical, demand management and V&A in line with NHS Confederation developments.

Benchmarking.
An initial AFR has been established. It is approximately twice that of NHS/Social Services on the latest HSE statistics. Given the level of under reporting that can be postulated the real figure is likely to be higher. It should be remembered that under reporting is an issue throughout most organizations.

Key Issues and Actions

Fire
We still await the fire officer's return visit to Swindon.
Fire in the NHS is receiving more attention in the media. Radio 4 last week devoted a program to it. Fire Officers are expressing concern. We might reasonably expect unannounced visits from the Enforcement Officer. It might be wise to give fire issues more prominence and focus on the basics like good housekeeping and keeping fire doors shut.
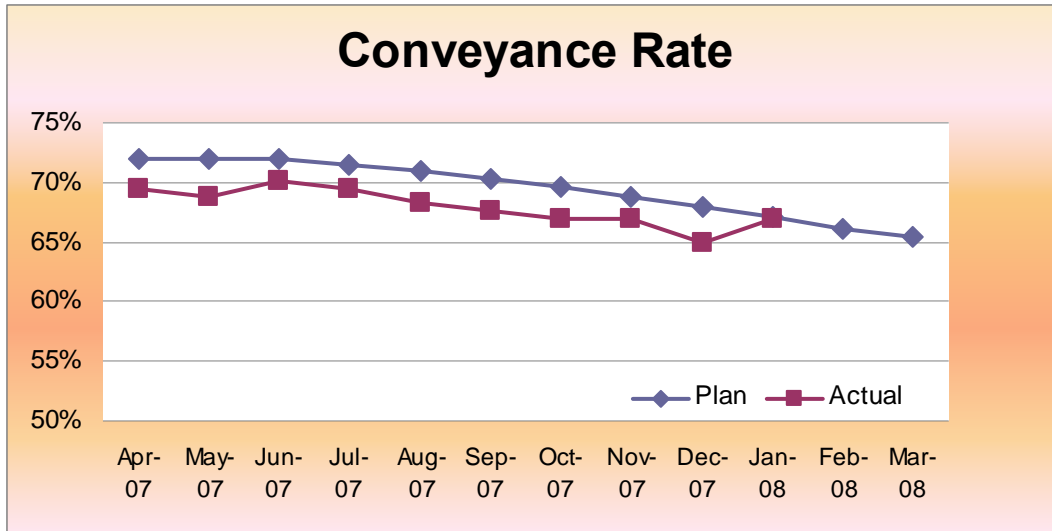
Performance Now and Then

1. 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%	*	*	70%
Gloucestershire	66.9%	65.2%	67.3%	65.7%	62.75%	63.61%	62%	59%	60%	62%	*	*	63%
Wiltshire	68.4%	69.6%	70.1%	70.4%	70.06%	68.63%	66%	63%	58%	65%	*	*	67%

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

Conveyance Rate

2. 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			0.55
Glos %	3.26	2.50	2.83	3.23	3.39	2.98	2.72	2.88	2.75	2.12			2.86
Wiltshire%	3.22	2.94	3.23	2.39	3.30	1.61	2.18	1.40	1.59	1.90			2.37
GWAS %	1.93	1.76	1.78	1.65	2.03	1.47	1.43	1.29	1.38	1.27			1.59
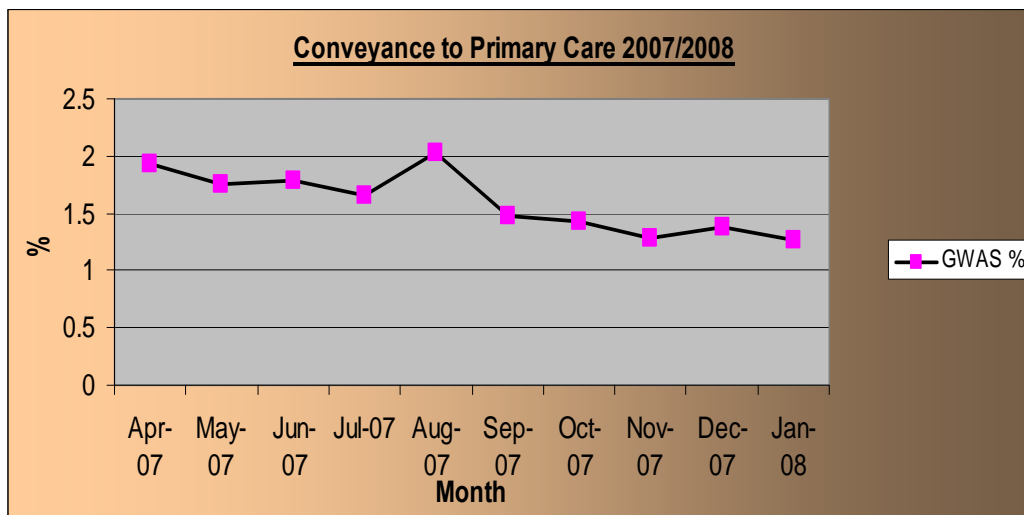
3. Clinical Desk Referrals

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

Referrals to Clinical Desk 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 %										0.5			0.5
Glos %										0.3			0.3
Wiltshire%										0			0
GWAS %										0.3			0.3

4. Performance against Trajectory for Thrombolysis

Thrombolysis 2007/08	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
AGW total eligible thrombolysis	40[1]	43[1]	30[1]	32	47	31	41[2]						264	550
AGW % < 60 mins call-needle	57.5	60.5	53.3	59.3	55.3	58	51.2						56.4	68
Trust total Pre-hospital thrombolysis (PHT)	18*	21*	10	9*	14*	7*	14*	15	14*				120*	220
Trust % PHT < 60 mins call-needle time	100	83	50	50	100	100	66	75	77				82	92
AGW % total eligible thrombolysis as PHT	45.0	48.8	33.3	28.1	29.8	22.6	34.1						35.2	40.0

* Some call to needle times require confirmation and are excluded from analysis.
[1] GHFT data incomplete
[2] UBHT,RUH,WGH & GHFT data incomplete

GWAS PHT trajectory 2008

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

Key Achievements

Conveyance

- A training package for a referrals workshop has been produced. This has been targeted at RRV staff.

- 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 operational and performance data can now be collected

- A new referrals system for Child protection has been developed and will be operational by beginning of March.

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:

- Data collection is improving, thanks to stronger reciprocal relationships with acute trust audit leads. Data matching meetings are being set up with acute trusts one by one, to ensure consistency and accuracy of MINAP submissions

- Further to this, the GWAS Clinical Audit Manager now has access to the Central Cardiac Audit Database

- 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 17th January 2008.

- Update training to improve the confidence of paramedics in PHT and to allow some to deliver PHT autonomously also commenced on 17th January 2008. this is a rolling programme which will take approximately 12 months to complete

- Funding has been made available to upgrade all LP12s in Wiltshire to the GPRS transmission system, to reduce the risk of transmission failure

Challenges Ahead

Conveyance Rate

A delay has arisen in establishing the clinical desks at full 24 hour capacity until March due to recruitment difficulties. This has delayed the impact of the desks on further reductions in conveyance rates, though these remain 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

During March the Clinical Desks will be publicised to ambulance clinicians and in conjunction with the planned educational programmes this will manifest as a rapid increase in referrals. 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 Data

GWAS cannot report on call to needle performance overall without reference to data supplied by acute trusts to the AGW Cardiac Network. GWAS has no independent access to in-hospital thrombolysis data. Consequently, Trust by Trust data verification meetings are being facilitated by the Clinical Audit Manager, to improve the consistency and flow of data between Acute Trusts, GWAS and the AGW Cardiac Network.

Internal GWAS data continues to arrive up to four months after the PHT has taken place. Figures are continually revised upwards as data arrives. A process has been introduced whereby PHT records should be 'fast tracked' to the clinical office for audit.

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

Healthcare Commission Action Plan		
Key Components	**Lead**	
Total no of actions	RP	87
Completed with supporting evidence		55
Completed no supporting evidence		9
Slipped		14
On target		9

2007 / 2008   **Target**

Key Components	Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Standards for Better Health														
C1a - Incident reporting	RP	green	green	orange	orange	green	green	green	green	green	green			Compliant
C1b - Safety Action bulletins	RP	green	green	green	green	green	green	green	green	green	green			Compliant
C2 - Child protection	OR	green	green	green	green	green	green	green	green	green	green			Compliant
C4a - Infection control	OR	green	green	green	green	green	green	green	green	green	green			Compliant
C4b - Medical device	SW	red	red	red	red	green	green	green	green	green	green			Compliant
C4c - Decontamination	OR	green	green	green	green	green	green	green	green	green	green			Compliant
C4d - Med management	OR	green	green	green	green	green	green	green	green	green	green			Compliant
C4e - Waste management	KH	green	green	orange	orange	red	orange	orange	orange	orange	green			Compliant
C5a - NICE appraisals	OR	green	green	green	green	green	green	green	green	green	green			Compliant
C5b - Superv and leadership	JS	green	green	green	green	green	green	green	green	green	green			Compliant
C5c - Clinical skills	JS	green	green	green	green	green	green	green	green	green	green			Compliant
C5d - Clinical audit	OR	green	green	orange	green	green	green	green	green	green	green			Compliant
C6 - Coop with HC partners	RP	green	green	green	green	green	green	green	green	green	green			Compliant
C7a - Governance	RP	green	green	green	green	green	green	green	green	green	green			Compliant
C7b - Openness and honesty	RP	green	green	green	green	green	green	green	green	green	green			Compliant
C7c - Risk Management	RP	green	green	green	green	green	green	green	green	green	green			Compliant
C7e - Discrimination	RP	red	red	orange	green	green	green	green	green	green	green			Compliant
C8a - Whistleblowing	JS	green	green	green	orange	orange	red	red	orange	green	green			Compliant
C8b - PDP's	JS	red	red	red	orange	orange	red	red	red	red	orange			Compliant
C9 - Information governance	RP	red	red	orange	orange	red	orange	orange	orange	orange	orange			Compliant
C10a - Employment checks	JS	green	green	green	green	green	green	green	green	green	green			Compliant
C10b - Prof registration	JS	green	green	green	green	green	green	green	green	green	green			Compliant
C11a - Recruitment	JS	green	green	green	green	green	green	green	green	green	green			Compliant
C11b - Mandatory training	JS	red	red	red	red	red	orange	orange	green	orange	green			Compliant
C11c - Personal development (TNA)	JS	green	green	green	orange	orange	red	red	red	orange				Compliant
C12 - Research governance	OR	red	red	orange	green	green	green	green	green	green	green			Compliant
C13a - Dignity and respect	OR	green	green	green	green	green	green	green	green	green	green			Compliant
C13b - Consent	OR	red	red	orange	green	green	green	green	green	green	green			Compliant

Key Components	Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Target
C13c - Confidentiality	OR	G	G	G	G	G	G	G	G	G	G			Compliant
C14a - Information about complaints	TL	G	G	G	G	G	G	G	G	G	G			Compliant
C14b - Complaint management	TL	G	G	G	G	G	G	G	G	G	O			Compliant
C14c - Fair process	TL	G	G	G	G	G	G	G	G	G	G			Compliant
C16 - Patient information	TL	G	G	G	G	G	G	G	G	G	G			Compliant
C17 - PPI	TL	R	R	G	G	G	G	G	G	G	O			Compliant
C18 - Access to services	RP	G	G	G	G	G	G	G	G	G	G			Compliant
C19 - Prompt and equitable access	SW	G	G	G	G	G	G	G	G	G	G			Compliant
C20a - Safe environment	JS	R	R	O	O	R	O	O	O	G	G			Compliant
C20b - Privacy &confidentiality	SW	G	G	G	G	G	G	G	G	G	G			Compliant
C21 - Clinical environment	SW	G	G	G	G	G	G	G	G	G	G			Compliant
C22a - Health promotion	RP	G	G	G	G	G	G	G	G	G	G			Compliant
C22b - Public Health report	RP	G	G	G	G	G	G	G	G	G	G			Compliant
C22c - Health inequalities	RP	G	G	G	G	G	G	G	G	G	G			Compliant
C23 - NSF and service planning	RP	G	G	G	G	G	G	G	G	G	G			Compliant
C24 - Major incident plans	SW	G	G	G	G	G	G	O	G	G	G			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					R	O	O	O	O			Level 2
Financial Management	KH	R	R	R	O	O	O	O	O	O	O			Level 2
Financial Standing	KH	*Awaiting audit results					R	O	G	G	G			Level 2
Internal Control	RP	R	R	O	O	G	G	G	G	G	G			Level 2
Value for Money	RP	R	R	O	O	O	O	O	O	O	O			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	O	O	O	O	O	O	O	G	G	G			Level 2
Confidentiality and Data Protection requirements	OR	O	O	O	O	O	O	O	O	O				Level 2
Corporate Information Assurance	RP	R	R	R	R	R	R	R	O	O	G			Level 2
Information Governance Management	RP	O	O	O	O	O	G	G	G	G	G			Level 2
Information Security Management	KH	O	O	O	O	O	O	O	G	G	G			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	R	R	O	O	G	G	G	G	G	G			Level 1
Competent and capable workforce	JS	R	R	R	R	R	R	R	O	O	O			Level 1
Safe Environment	JS	R	R	O	O	O	G	G	G	G	G			Level 1
Clinical Care	OR	R	R	O	O	R	G	G	G	G	G			Level 1
Learning from Experience	RP	R	R	R	O	O	G	G	G	G	G			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 has been made in achieving compliance against the standards by end March 2008. C8b and C11C are now amber with a number of actions in train to ensure compliance. Information on appraisals has been given to all CTLs who have been asked to complete an initial appraisal or complete a team appraisal by the end March 2008. The training needs analysis is due for completion by the end February.

Key Issues and Actions

A lack of evidence to support compliance has been identified in six areas during the year. These include:

S4BH C1a – Incident reporting
S4BH C4e – Waste management
S4BH C5d – Clinical audit
S4BH C8a – Whistleblowing
S4BH C11c – Training needs analysis
S4BH C24 – Major Incident Plan

A review of these standards identified the following reasons for the lack of evidence:

S4BH C1a – Incident reporting – a delay in the implementation of the web based risk management software resulting in a delay in the ability to provide analysis reports.
S4BH C4e – Waste management – reliance on policies from the legacy Trusts. A Trust wide approved policy has now been approved.
S4BH C5d – Clinical audit – a temporary vacancy in the clinical directorate resulting in a backlog with the mandatory audit returns.
S4BH C8a – Whistleblowing - reliance on policies from the legacy Trusts. A Trust wide approved policy has now been approved
S4BH C24 – Major Incident Plan – a number of testing arrangements has taken place.

The lapses in these standards have been assessed and presented to the board in January

2 standards have been highlighted as amber in February. Compliance against response standards for complaints has meant that there is insufficient assurance that the Trust is now compliant. Action is in place to ensure that all complaints are responded within time.
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 will be assessed for its significance and reported to the Audit Committee in March.

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 1st April 2007 to 31st January 2008

Complaints received	292
Acknowledged within 2 working days	282
Responded to within 25 working days	96
Exceeded the deadline	130
Exceeded the deadline but completed (31/12/07)	85
Exceeded the deadline and not completed (31/12/07)	45
Still within time, but investigation not yet completed	11

Good progress is being made to clear outstanding complaints that have exceeded the above response standard.

Complaint From

Patient/Public	292
Health professional	77
Member of Parliament	51
Incident Report	61

Complaint Subject

Clinical Care	45
Attitude	62
Delay	122
Driving	7
PTS	57
Out of Hours	18
Other	3

Compliments

|	
Received	257

Key Milestones

Since 1st 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,

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.

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
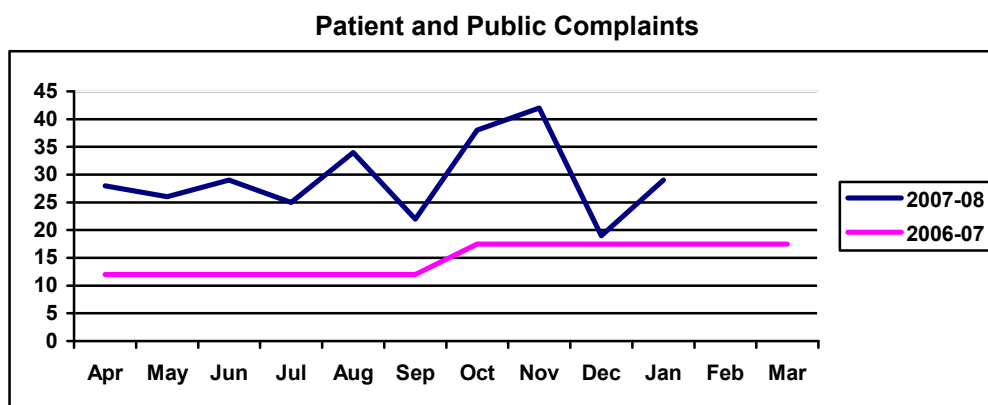
Progress Against Milestones

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 highlighted in complaints and which will make a big difference to patient care include:

- Drive zones
- An immediate response to Category C calls where the patient is in a public place

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.
- **PTS** – The non-urgent service has the everyday problems of short notice staff absence and use of temporary staff, traffic congestion to a planned service and the roll-out of a new registration and planning system has also caused teething problems.
- **Clinical Care** – Where clinical problems arise the Trust takes the opportunity to learn and continue to improve its care to the patient. The complaints team work with the clinical department to identify opportunities for improving our services.

The complaints team is working with operational managers to establish monthly discussions on complaints received to identify areas where we need to improve procedures and practice. This will ensure value to the Trust through organisational learning.

A series of recommendations have been put to the Executive team. There are five key areas of timely and meaningful complaint resolution that we are aiming to improve.
- Greater accessibility of the complaints service
- More effective complaint management throughout the process
- Improved quality of the investigations
- More meaningful responses
- Greater learning from complaints and use of that information to bring about improvement to services.

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

Access to the CAD is being 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.

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			35	50
National Electronic staff record	35	35	35	40	40	50	50	60	70	85			70	100
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			50	75
PTS Information System replacement Glos/Wilts	15	20	50	80	85	85	85	90	90	100			90	100
PTS Information System replacement Avon														10
SPFIT - CfH Development of Electronic patient record.	10	10	10	10	10	10	10	10	10	10			10	15

2006 / 2007

Key Components - % completion	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Total	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
- Wiltshire PTS transferred to new system
- Hardware order raised for new CAD

Progress against Milestones

- ESR is still progressing well, but there may be delays in the next phase "readiness" testing which requires our 3 systems to be amalgamated
- ARP work now re-starting. ICCS testing being planned for February

Key Issues and Actions

- Revised ARP completion dates for GWAS are now early 2009. Interim arrangements are now being planned to enable GWSAS to take advantage of an interim "voice" solution.
- Wiltshire Microwave links need to be replaced due to OFCOM radio frequency changes. This work is being funded by DoH.
- Avon PTS added to Project list
- EPR 2008 target revised to 15%..

Estates

Operational standard to be delivered

2007 / 2008

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
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 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.

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.