

AGENDA

Meeting: Great Western Ambulance Service
Joint Health Overview & Scrutiny Committee

Place: Council Chamber, Monkton Park, Chippenham, SN15 1ER

Date: Friday 14 October 2011

Time: 11.00 am

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Bath & North East
Somerset Council



Gloucestershire
COUNTY COUNCIL



North
Somerset
COUNCIL



South Gloucestershire
Council



SWINDON
BOROUGH COUNCIL



Wiltshire Council
Where everybody matters

GREAT WESTERN AMBULANCE SERVICE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Date & Time: 14th October 2011 at 11.00 am

Venue: Wiltshire Council, Monkton Park, Chippenham, SN15 1ER.

Members of the Committee:

- Councillor Anthony Clarke, Bath & North East Somerset Council (Chair)
- Councillor Sharon Ball, Bath & North East Somerset Council
- Councillor Eleanor Jackson, Bath & North East Somerset Council
- Councillor Lesley Alexander, Bristol City Council
- Jenny Smith, Bristol City Council
- Councillor Sylvia Townsend, Bristol City Council
- Councillor Ron Allen, Gloucestershire County Council
- Councillor Sheila Jeffery, Cotswold D C (Glos. County Council)
- Councillor Gordon Shurmer, Gloucestershire County Council
- Councillor Bob Garner, North Somerset Council
- Councillor Reyna Knight, North Somerset Council
- Councillor Nick Pennycott, North Somerset Council
- Councillor Janet Biggin, South Gloucestershire Council
- Councillor Sue Hope, South Gloucestershire Council
- Councillor Ian Scott, South Gloucestershire Council
- Councillor Fionuala Foley, Swindon Borough Council
- Councillor tba, Swindon Borough Council
- Councillor tba, Swindon Borough Council
- Councillor Christine Crisp, Wiltshire Council
- Councillor Mike Hewitt, Wiltshire Council
- Councillor Ian McLennan, Wiltshire Council

Contact Officers:

Romayne de Fonseca, Bristol City Council, 0117 9222770, romayne.de.Fonseka@bristol.gov.uk or Norman Cornthwaite, Bristol City Council, 0117 9222390, norman.cornthwaite@bristol.gov.uk

Web site addresses:

Bath & North East Somerset Council - www.bathnes.gov.uk

Bristol City Council – www.bristol.gov.uk

Gloucestershire County Council – www.gloucestershire.gov.uk

North Somerset Council – www.n-somerset.gov.uk

South Gloucestershire Council -www.southglos.gov.uk

Swindon Borough Council – www.swindon.gov.uk

Wiltshire Council – www.wiltshire.gov.uk

AGENDA

1. **Apologies for Absence**
To receive and note any apologies from Members of the Committee.
2. **Declarations of Interest**
Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.
3. **Public Question Time**
See explanatory note below. Please contact the Officers whose names and numbers appear at the top of this agenda if you need further guidance.
4. **Chair's Update**
To receive any information from the Chair. There will not normally be any discussion on this item.
5. **Minutes of the Meeting Held on 10th June 2011**
To approve the Minutes of the Meeting for signature by the Chair.
6. **Monthly Performance Information Comprising:**
 - A. **Commissioners' Monthly Report for October 2011;**
 - B. **Trust Activity and Performance;**
 - C. **Hospital Handover Summary.**To comment and note.

7.	Organisational change at GWAS To comment and note.
8.	National Audit Office report on VFM To comment and note.
9.	Ambulance Quality Indicators Presentation.
10.	Update On GWAS Estates Strategy To comment and note.
11.	Update from HOSCs To comment and note.
12.	Report from Joint Working Group To comment and note.
13.	Work Programme To agree the priorities for future meetings of the Committee.
14.	Dates of Future Meetings Proposed date of next meeting:
15.	Urgent Business

Date of Dispatch: 6th October 2011

Public Question Time

Up to 15 minutes will be allowed at the start of all Joint Committee meetings for questions to the Chair from members of the public about the work of the Committee. Questions must be relevant, clear and concise. Because of time constraints, Public Question Time is not an opportunity to make speeches or statements. Prior notice of a question to the Scrutiny Officers supporting the Joint Committee is desirable, particularly if detailed information is needed.

Access Arrangements

The Venue is wheelchair accessible and an infrared receiver hearing system is provided. If you would wish to attend the meeting but have any special requirement to enable you to do so please contact the Scrutiny Officers whose names and numbers appear at the top of this agenda as soon as possible prior to the date of the meeting.

If you would like to receive any of the pages contained in this agenda in a larger print size, please contact the Scrutiny Officers whose name and numbers appear at the top of this agenda.



Agenda Item No. 5

GREAT WESTERN AMBULANCE SERVICE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON FRIDAY 10th JUNE AT BRISTOL CITY COUNCIL AT 11.00 AM

Members of the Committee:

- P Councillor Anthony Clarke, Bath & North East Somerset Council
(Chair)
- A Councillor tba, Bath & North East Somerset Council
- A Councillor tba, Bath & North East Somerset Council
- P Councillor Lesley Alexander, Bristol City Council
- P Jenny Smith, Bristol City Council
- P Councillor Sylvia Townsend, Bristol City Council
- P Councillor Ron Allen, Gloucestershire County Council
- P Councillor Terry Hale, Gloucestershire County Council (for Cllr
Shurmer)
- P Councillor Sheila Jeffery, Cotswold D C (Glos. C C)
- A Councillor Gordon Shurmer, Gloucestershire County Council
- P Councillor Reyna Knight, North Somerset Council
- A Councillor tba, North Somerset Council
- A Councillor tba, North Somerset Council
- P Councillor Janet Biggin, South Gloucestershire Council
- P Councillor Sue Hope, South Gloucestershire Council
- P Councillor Ian Scott, South Gloucestershire Council
- A Councillor tba, Swindon Borough Council
- A Councillor tba, Swindon Borough Council
- A Councillor tba, Swindon Borough Council
- A Councillor Christine Crisp, Wiltshire Council
- A Councillor Mike Hewitt, Wiltshire Council
- A Councillor Ian McLennan, Wiltshire Council

Also in attendance:

Rod Barnes - GWAS
Keith Scott - GWAS
John Oliver - GWAS
Patrick Mulcahy - GWAS
Juliette Hughes - NBT
Dr Kirsten Jones - NBT
Sue Watkinson - NBT
Jan Bergman - UHBT
Jim O'Connell - UHBT
Linda Prosser - NHS Gloucestershire
Albert Weager - Gloucestershire LINK
Ros Low - Wiltshire Council
Lauren Rushen - Bath and North East Somerset Council
Romaine de Fonseca - Bristol City Council
Norman Cornthwaite - Bristol City Council

GWAS

1.6/11 APOLOGIES FOR ABSENCE

Apologies were received from Councillors Crisp, Hewitt, McLellan and Shurmer.

GWAS

2.6/11 DECLARATIONS OF INTEREST

The following declarations of interest were received and noted:

Councillor Knight - Portishead Day Centre

Councillor Townsend - UHBT Foundation Governor

GWAS

3.6/11 CHAIR'S UPDATE

The Chair advised the Committee that he had visited GWAS HQ and met the new Chief Executive, and discussed a number of issues with him.

GWAS

4.6/11 MINUTES OF MEETING HELD ON 28th JANUARY 2011

RESOVED - that the Minutes of the Meeting held on 28th January 2011 be agreed as a correct record and signed by the Chair.

**GWAS
5.6/11**

MONTHLY PERFORMANCE INFORMATION (Agenda Item No. 6)

The Committee considered and debated this report.

Rod Barnes, Keith Scott and John Oliver were in attendance for this item.

Councillor Hope reminded the Committee that at the previous Meeting it had been agreed that the Lead Commissioner (NHS Gloucestershire) would present the Commissioner's Report (Minute No. 150 refers). In response Linda Prosser confirmed that for future Meetings NHS Gloucestershire would produce a covering report and present the item to the Committee.

Councillor Knight noted that the figures for North Somerset are included in the figures for Avon and requested that the figures for North Somerset be shown separately. In response Linda Prosser stated that whilst figures for each Council could be produced, the Trust can only be held to account for its performance at Trust level.

During the debate and questioning that followed the following points were highlighted:

- Handovers times to be provided (subsequently received)
- The handover times for each hospital are not available at present but can be provided for future meetings
- As there has been changes to call categorisations some figures are not available at present
- The term transport refers to a vehicle sent and the patients treated at the scene; conveyance refers to

patients taken to hospital

- The Committee should concentrate on scrutinising poor performance and a commentary in the report would help with this
- GWAS is concentrating on recruiting Community First Responders where they are required and the recruitment is sustainable
- Keith Scott to provide a list of CFRs and locations

RESOLVED - (i) that the report be noted; and

(ii) that the Lead Commissioner (NHS Gloucestershire) to provide covering report and commentary for future meetings.

**GWAS
6.6/11**

GWAS QUALITY ACCOUNT (Agenda Item No. 7)

The Committee considered and debated this report.

Patrick Mulcahy was in attendance for this item.

During the debate and questioning that followed the following points were highlighted:

- GWAS provides the GP Out of Hours Service for Gloucestershire; GWAS consider they provide a good service with added value; each area commissions its own GP Out of Hours Service
- In response to a 999 call GWAS may send a single vehicle which is backed up by an ambulance; all vehicles have a standard list of equipment that is carried
- The work being done on providing defibrillators was noted
- The improvement in performance of GWAS was noted

- RESOLVED - (i) that the report be noted; and**
- (ii) that Members comments are to be used as the response from Committee.**

**GWAS
7.6/11**

A & E HANDOVER TIMES - NBT AND UHBT ACUTE TRUSTS (Agenda Item No. 8)

Juliette Hughes, Dr Kirsten Jones and Sue Watkinson (NBT); Jan Bergman and Jim O'Connell (UHBT) were in attendance for this item.

NBT

Sue Watkinson provided a verbal update highlighting the following: the Trust works closely with UHBT across the City; they have a scoring system for beds which reflects how busy they are and the number of ambulances with patients; if they become too busy ambulances can be diverted to other hospitals; Bristol, North Somerset and South Gloucestershire work closely together; GP admissions are also factored into the system; a lot of work is put into smoothing demand and managing the service effectively; the discharge of patients is very important and work is being done across the area to ensure the discharge of patients from hospitals as soon as it can be achieved; handover times are being improved; electronic systems ensure the recording of accurate times; the Trust is ensuring that good practice is being followed.

Dr Kirsten Jones stated that they did not want ambulances to be kept waiting; there was now greater engagement by the Trust in meeting targets; but it was more important to meet the needs of patients rather than just meet targets; the new hospital at Southmead will have a well designed ambulance handover bay.

Juliette Hughes stated that there was a need to ensure the accuracy of the data recording and work closely with GWAS to validate the data; times for handovers have to be accurate; NBT have acquired more trolleys for patients but there is a need to ensure that patients are not left in

corridors as this is a bad patient experience.

UHBT

Jim O'Connell stated that his Trust works closely with NBT; they do operate a divert system especially when things are difficult in the winter; they focus on the flow of patients from admission to discharge; they focus on patients who have been in hospital for more than 14 days; they also have care protocols for the assessment and treatment of patients; the Trust is using best practice to improve the issue.

Jan Bergman stated that improvements to the A & E Service was a key priority for the Trust; a new consultant has been appointed and other staffing resources have also been put into the service; new protocols have also been introduced; there has been improvements to capacity, flow and management; reduced lengths of stay in hospital are being achieved; a new Medical assessment Unit is being built and will improve services; 7 day staffing is being improved; the ward matron system is also being improved.

RESOLVED - that the verbal updates be noted.

**GWAS
8.6/11**

UPDATES FROM HOSC's (Agenda Item No. 9)

RESOLVED - that the report be noted.

**GWAS
9.6/11**

LINK JOINT WORKING GROUP REPORT (Agenda Item No. 10)

RESOLVED - that the report be noted.

**GWAS
10.6/11**

COMMISSIONING PLAN 2011 - 13 (Agenda Item No. 11)

Linda Prosser gave a presentation on this item.

It was noted that there is a range of non urgent services provided by the NHS.

RESOLVED - that the report be noted.

**GWAS
11.6/11**

GWAS ESTATES STRATEGY (Agenda Item No. 12)

Rod Barnes introduced this report and summarised it for the Committee.

During the debate and questioning that followed the following points were highlighted:

- There will be full consultation on changes to the estate
- Estimates are being prepared for demolition/rebuilding of old properties but cannot be made public
- The possibilities of sharing facilities is being considered
- The population in the area is growing and the Trust is working with Local Authorities and other partners to ensure the provision of health facilities
- There is a need to make sure that the strategy is self financing but it is not intended to sell any sites
- There are a number of work streams that need to be completed so the initiative is likely to take more than a year to complete

RESOLVED - the report be noted.

**GWAS
12.6/11**

**GWAS APPLICATION FOR FOUNDATION TRUST STATUS
(Agenda Item No. 13)**

Rod Barnes introduced the report and summarised it for the Committee.

Although only 2 Ambulance Trusts have been awarded Foundation Trust Status all 11 Trusts have applied but there are issues about gauging performance against targets. No Trusts have yet been refused Foundation Status.

RESOLVED - (i) that the report be noted; and
(ii) that the Committee receive further update(s) in due course.

**GWAS
13.6/11**

WORK PROGRAMME

RESOLVED - that the work Programme be agreed.

**GWAS
14.6/11**

NEXT MEETING

RESOVLED - that the next Meeting of the GWAS JHSC be held on Friday 14th October 2011 at 11.00 am at Wiltshire Council, Monkton Park, Chippenham.

(Meeting ended at 1.40 pm.)

CHAIR

Agenda Item No. 6

Review of Issues Arising from Performance Information

Great Western Ambulance Joint Health Scrutiny Committee
14th October 2011

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To present Members with monthly performance information, including handover times/delays broken down by hospital

Recommendation

The Great Western Ambulance Joint Health Scrutiny Committee is requested to:

Consider the appended information and identify any issues requiring further clarification or discussion with the Great Western Ambulance NHS Trust or NHS Gloucestershire as lead commissioners.

1.0 Reasons

1.1 The Great Western Ambulance Joint Health Scrutiny Committee had previously resolved to review the monthly “Managing Our Performance” Report that was presented to the Great Western Ambulance NHS Trust Board. This report has subsequently been revised and renamed as the “Board Performance Report”.

2.0 Detail

2.1 Performance information is attached. The attached information outlines GWAS performance by month, broken down by sector, PCT and local authority.

2.2 Also attached is a breakdown of handover times/delays by hospital. This provides more detailed localised information which Committee members may find helpful.

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Gloucestershire

excellence

JHOSC: GWAS

Commissioners report

October 2011

excellence¹⁵

Activity



Gloucestershire

- Total number of incidents to date is 110,068 – a 2% increase on the 2010-11 figure, 1% lower than the contracted 3% increase
- This activity rate varies by PCT as seen on the following pages. It is too early to draw conclusions from these differences
- Graphs are repeated removing calls from Healthcare professionals and Inter-facility transfers, thus showing just calls from the public

Activity cont

- P11-12: This sets out the activity at the new currencies of measurement by PCT
- These 'hear-and-treat' and 'see-and-treat' activities now also form two of the new quality indicators by which ambulance services are measured nationally.
- P13-15: Those incidents where GWAS does convey patients, comparing the current year with last.
- The year-to-date conveyance rate of 59% is an improvement compared to the same period in 2010-11.

Performance

- P16: The 8-minute and 19-minute response standards to these most serious medical emergencies are still in place.
- For April-August GWAS is exceeding the national performance standard of 75% for Red (previously known as Category A) calls.
- Similarly, GWAS is exceeding the 95% threshold of the secondary 95% standard
- Green calls – previously known as Category B and C – not part of the national performance requirements but still in local contracts is being met

Performance cont

- P17-19: The following charts provide activity and performance at Authority level
- The 8-minute performance for Red calls ranges from 89.8% (Swindon) to 67.0% (South Glos). Further work is ongoing into reasons for differences, beyond usual factors
- P20-22: GWAS as a whole is also meeting the secondary Red 19-minute standard
- At authority level there is less variation in performance levels – from 99.1% (Swindon) to 93.9% (Wiltshire) the majority are close to or exceeding the 95% threshold
- Handover delays remain a challenge

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TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS

ACTIVITY:

All Incidents with Response:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	20,749	22,380	21,475	21,977	21,378	21,361	22,603	21,622	25,214	22,844	20,355	22,605	107,959
2011/12 Contract	21,372	23,051	22,118	22,636	22,020	22,001	23,282	22,271	25,971	23,528	20,966	23,284	111,197
2011/12 Actual	21,888	21,790	21,906	22,806	21,678	*	*	*	*	*	*	*	110,068
Variance from Contract	516	-1,261	-212	170	-342	*	*	*	*	*	*	*	-1,129
Variance from Contract %	2.4%	-5.5%	-1.0%	0.8%	-1.6%	*	*	*	*	*	*	*	-1.0%
Variance from 2010/11	1,139	-590	431	829	300	*	*	*	*	*	*	*	2,109
Variance from 2010/11 %	5.5%	-2.6%	2.0%	3.8%	1.4%	*	*	*	*	*	*	*	2.0%

Incidents with Transport:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	13,944	14,785	14,232	14,395	14,145	14,407	15,121	14,551	16,423	15,232	13,681	15,242	71,501
2011/12 Actual	14,624	14,506	14,350	14,877	14,178	*	*	*	*	*	*	*	72,535
Variance from 2010/11	680	-279	118	482	33	*	*	*	*	*	*	*	1,034
Variance from 2010/11 %	4.9%	-1.9%	0.8%	3.3%	0.2%	*	*	*	*	*	*	*	1.4%

Conveyance Rates (Transports over Responses):

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	67.2%	66.1%	66.3%	65.5%	66.2%	67.4%	66.9%	67.3%	65.1%	66.7%	67.2%	67.4%	66.2%
2011/12 Actual	66.8%	66.6%	65.5%	65.2%	65.4%	*	*	*	*	*	*	*	65.9%
Variance from 2010/11 %	-0.6%	0.8%	-1.2%	-0.4%	-1.2%	*	*	*	*	*	*	*	-0.5%



TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS

ACTIVITY excluding card 33 & 35 (Card 33 & 35 are Healthcare Professional & Interfacility Transfers)

Incidents with Response:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	16,595	18,031	17,062	17,624	17,169	16,952	17,982	16,919	20,030	17,709	15,672	17,736	86,481
2011/12 Actual	17,289	17,154	17,338	18,217	17,114	*	*	*	*	*	*	*	87,112
Variance from 2010/11	694	-877	276	593	-55	*	*	*	*	*	*	*	631
Variance from 2010/11 %	4.2%	-4.9%	1.6%	3.4%	-0.3%	*	*	*	*	*	*	*	0.7%

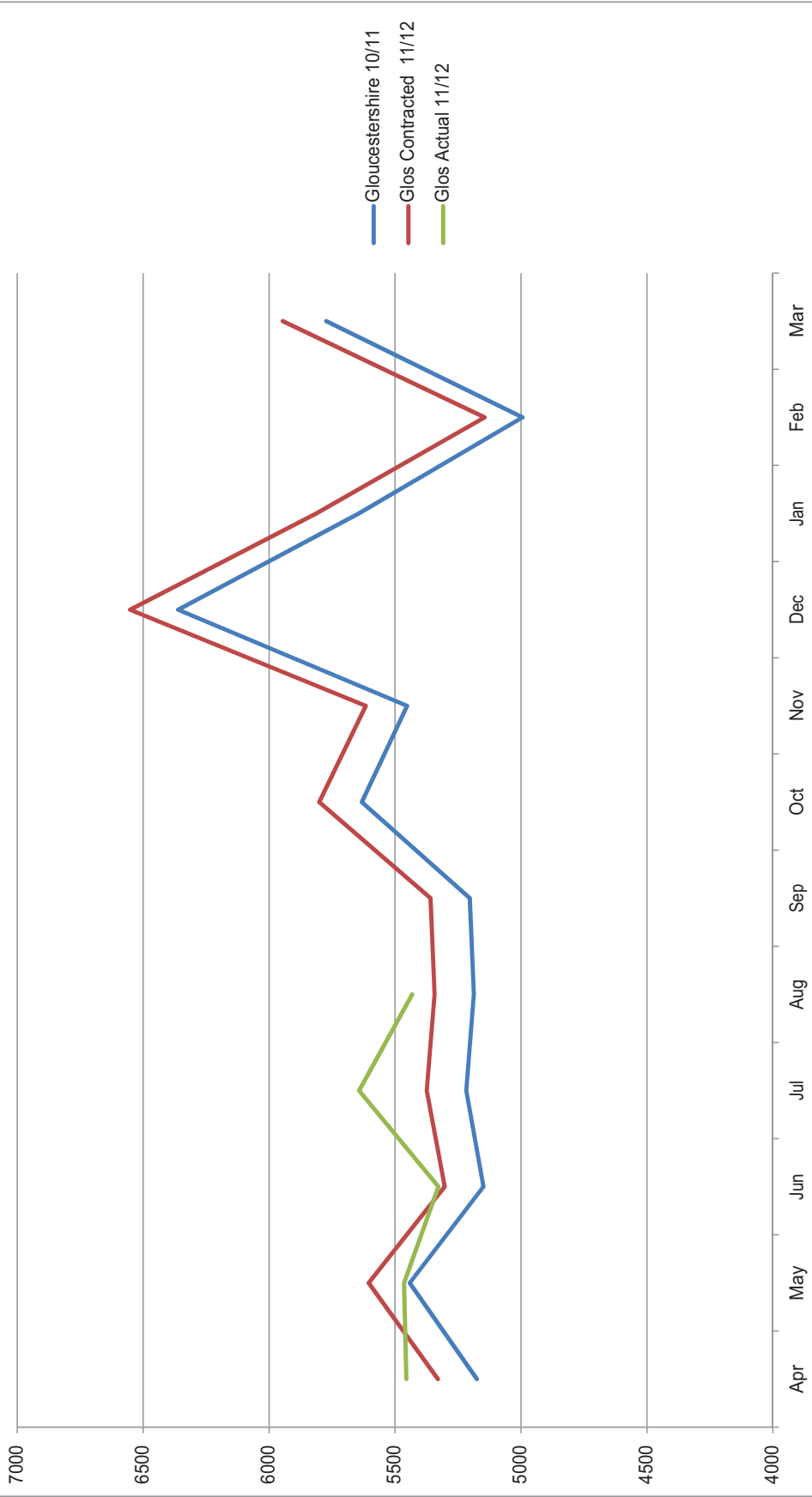
Incidents with Transport:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	9,999	10,702	10,065	10,341	10,179	10,264	10,795	10,220	11,690	10,489	9,341	10,724	51,286
2011/12 Actual	10,383	10,220	10,150	10,641	9,978	*	*	*	*	*	*	*	51,372
Variance from 2010/11	384	-482	85	300	-201	*	*	*	*	*	*	*	86
Variance from 2010/11 %	3.8%	-4.5%	0.8%	2.9%	-2.0%	*	*	*	*	*	*	*	0.2%

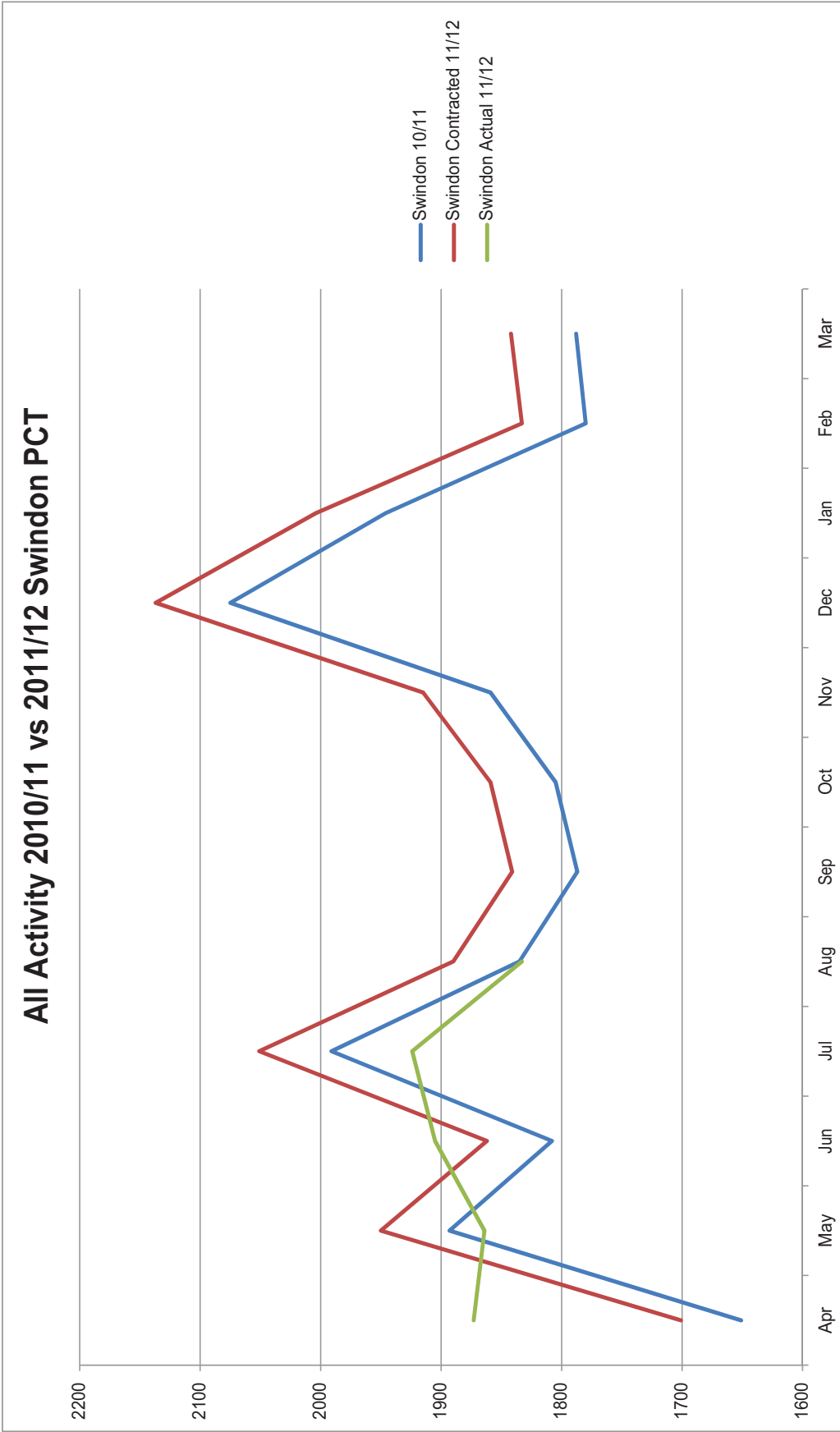
Conveyance Rates (Transports over Responses):

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	60.3%	59.4%	59.0%	58.7%	59.3%	60.5%	60.0%	60.4%	58.4%	59.2%	59.6%	60.5%	59.3%
2011/12 Actual	60.1%	59.6%	58.5%	58.4%	58.3%	*	*	*	*	*	*	*	59.0%
Variance from 2010/11 %	-0.2%	0.2%	-0.4%	-0.3%	-1.0%	*	*	*	*	*	*	*	-0.3%

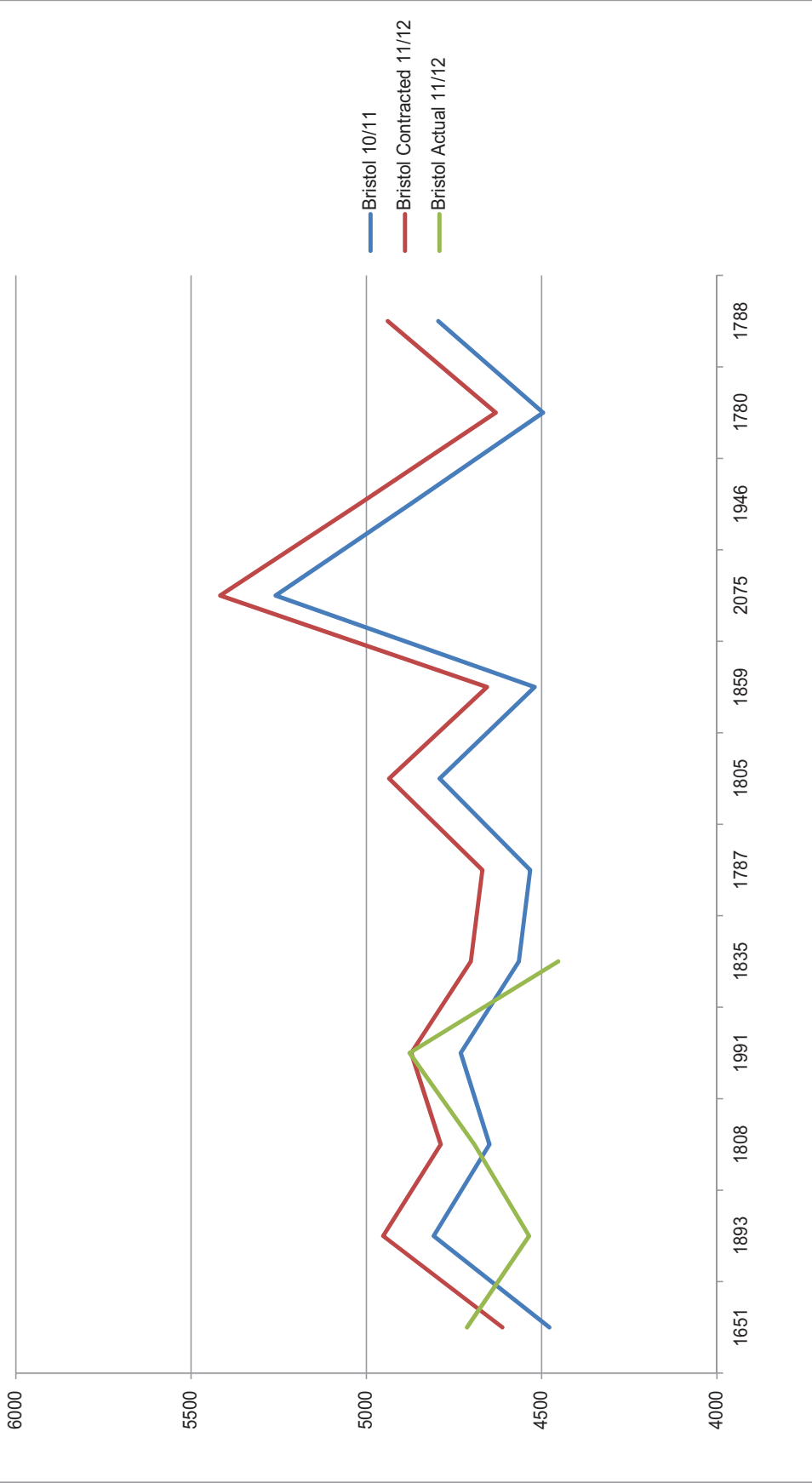
All Activity 2010/11 vs. 2011/12 Gloucestershire PCT



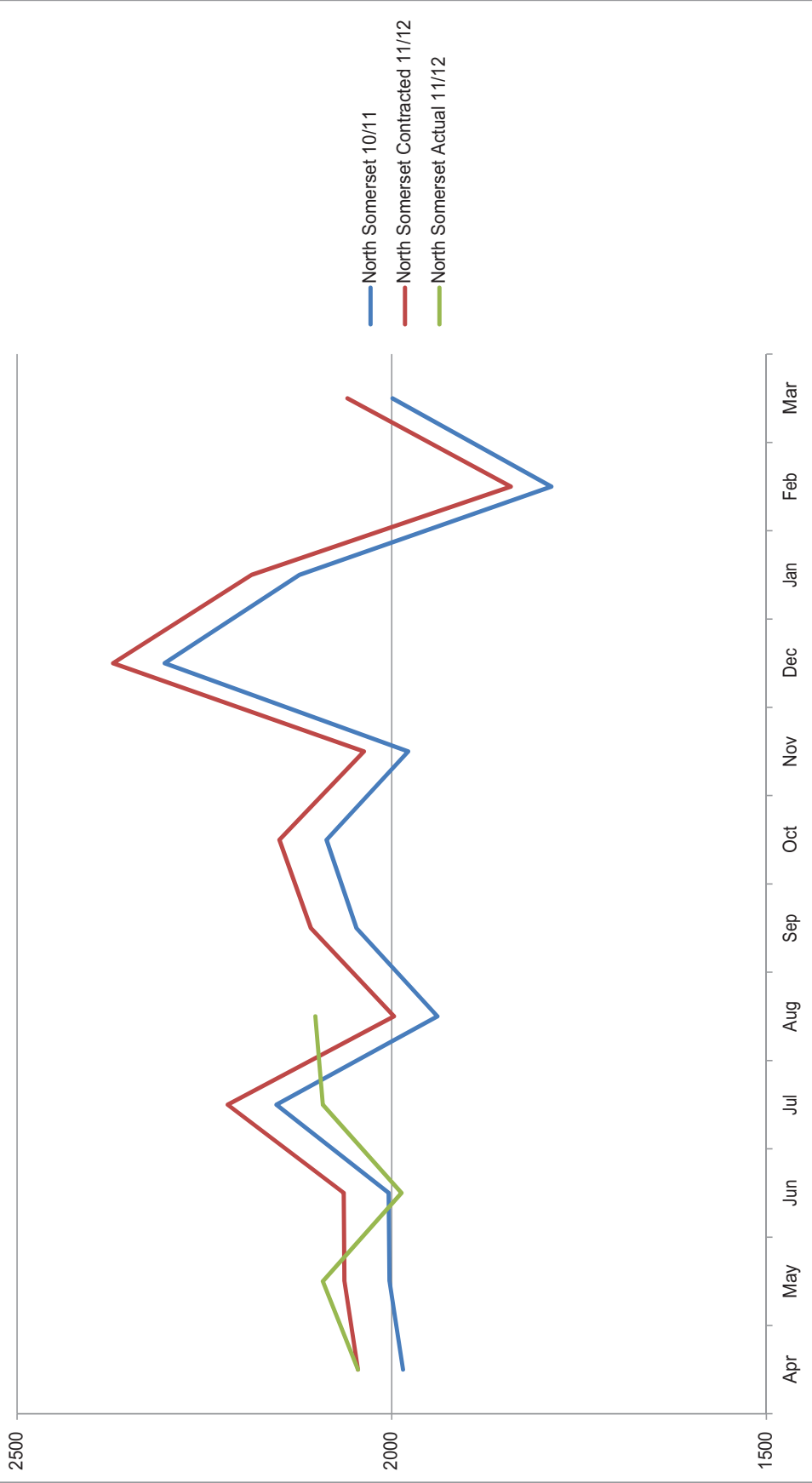
All Activity 2010/11 vs 2011/12 Swindon PCT



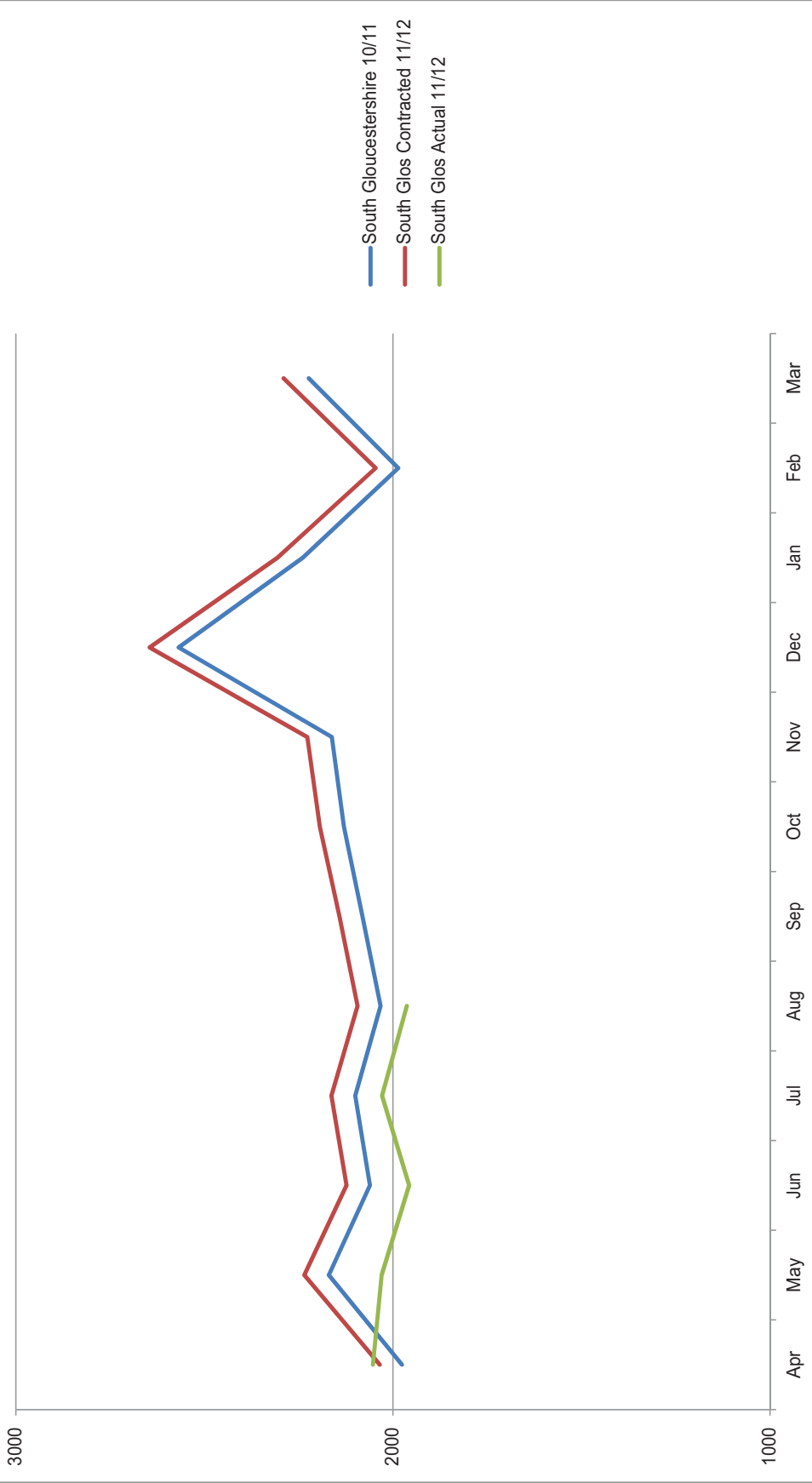
All Activity 2010/11 vs. 2011/12 Bristol PCT



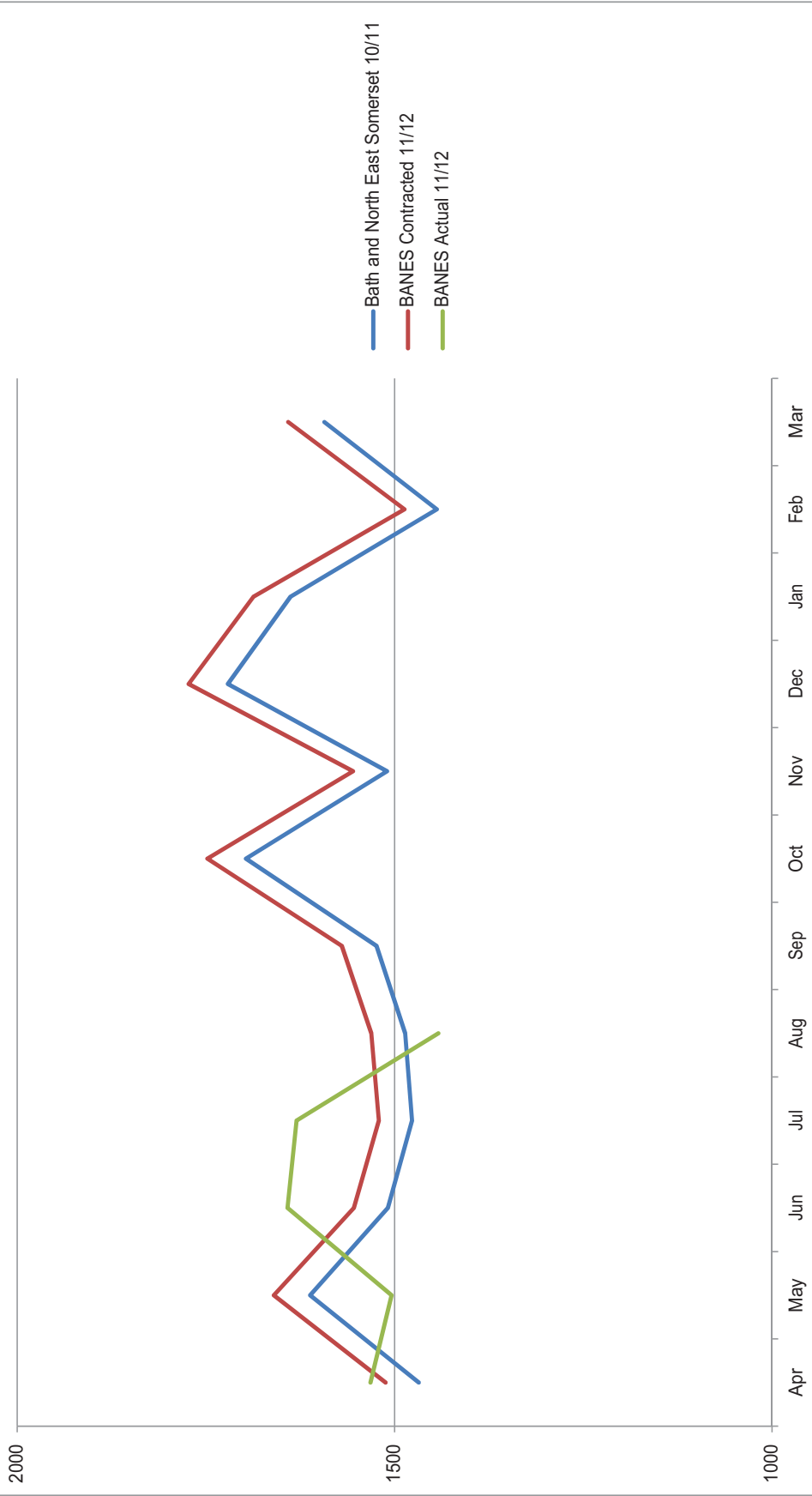
All Activity 2010/11 vs. 2011/12 North Somerset PCT



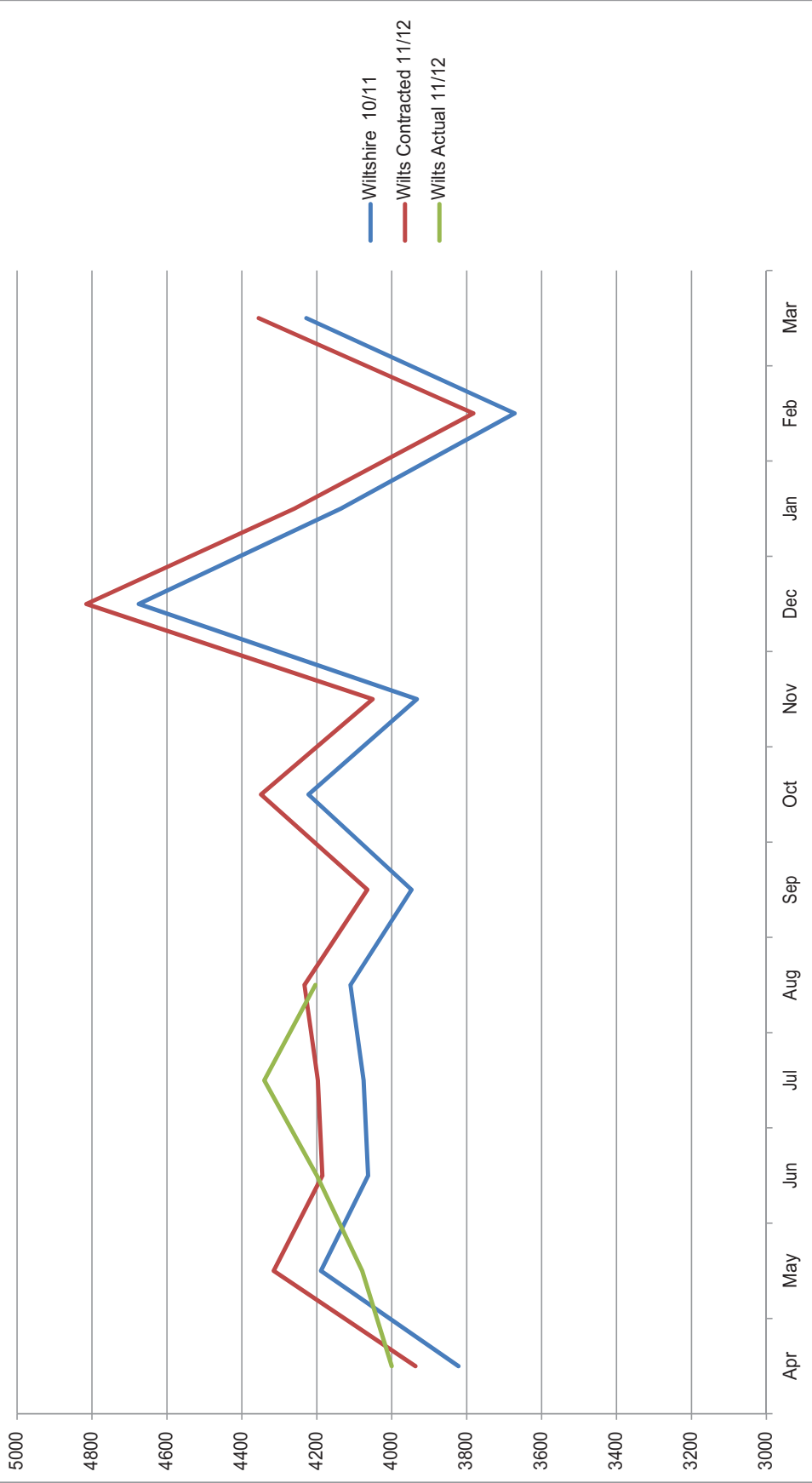
All Activity 2010/11 vs. 2011/12 South Gloucestershire PCT



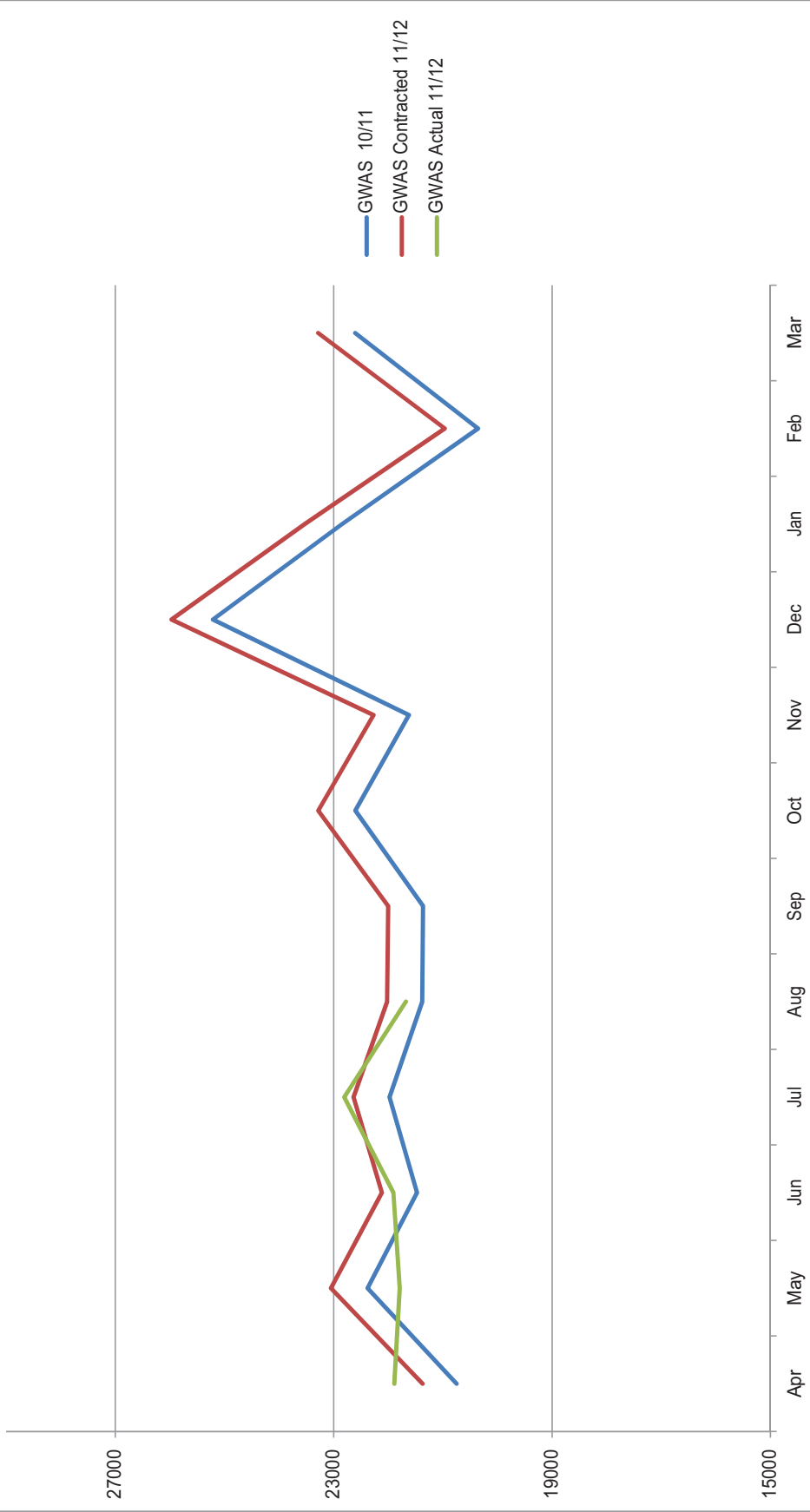
All Activity 2010/11 vs. 2011/12 BANES PCT



All Activity 2010/11 vs. 2011/12 Wiltshire PCT



All Activity 2010/11 vs. 2011/12 GWAS

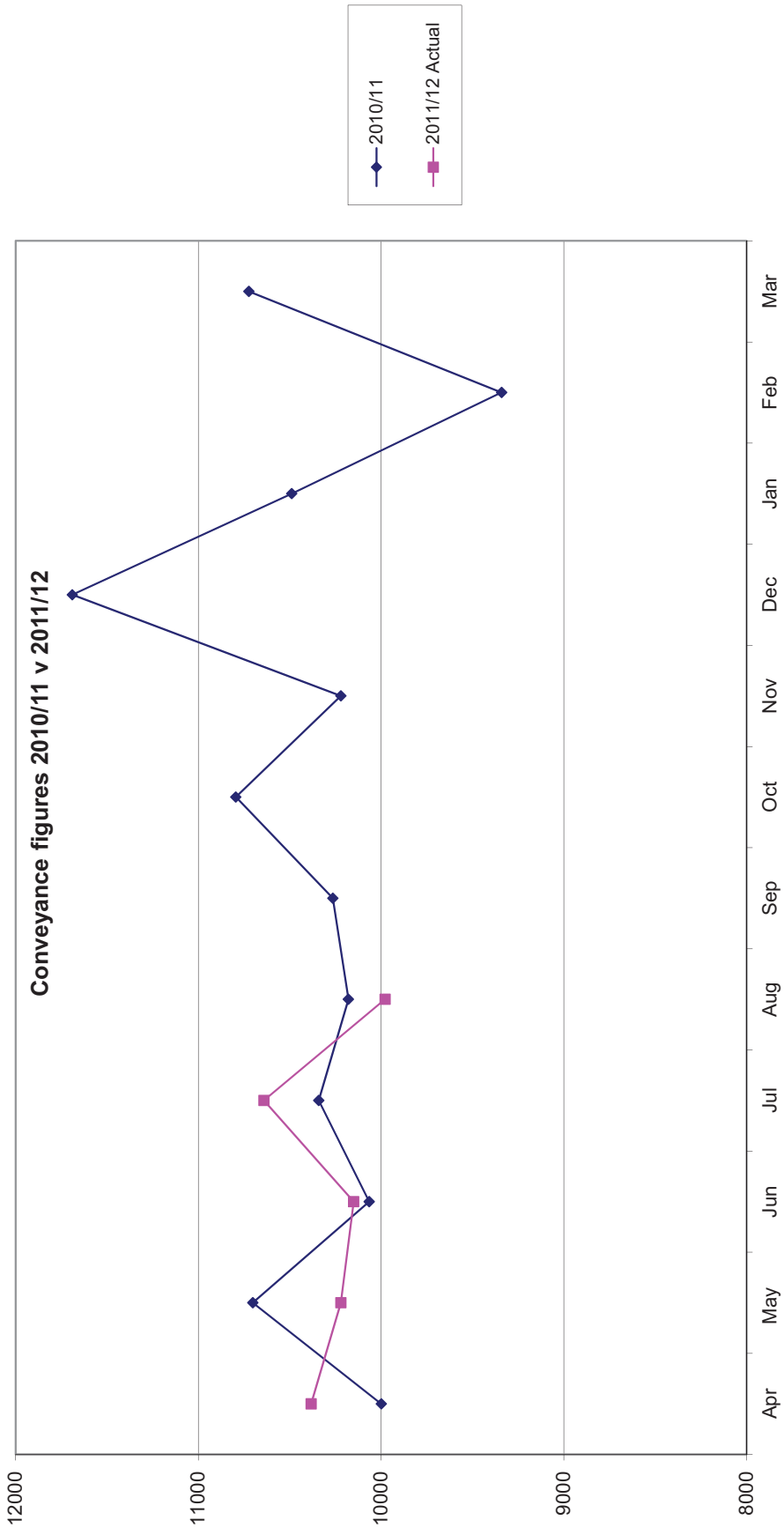


Activity by PCT

PCT	Outcome	April	May	June	July	August	September	October	November	December	January	February	March	Grand Total
PCT	hear & treat	93	133	123	127	121								597
	see & treat	1,696	1,628	1,946	1,735	1,672								8,377
	Type 1&2 A&E	3,122	3,198	3,041	3,249	3,122								15,720
	other destination	541	515	515	521	510								2,602
	assist	5	5	11	16	15								52
Gloucestershire	Total	5,455	5,464	5,328	5,643	5,432								27,322
Swindon	hear & treat	33	56	57	68	78								294
	see & treat	638	641	647	657	657								3,240
	Type 1&2 A&E	1,040	996	1,036	1,064	928								5,064
	other destination	161	168	163	133	168								793
	assist	3	2	5	3	2								15
Swindon	Total	1,873	1,864	1,905	1,924	1,833								9,399
Bristol	hear & treat	215	194	212	221	184								1,026
	see & treat	1,471	1,431	1,454	1,651	1,465								7,472
	Type 1&2 A&E	2,198	2,152	2,270	2,295	2,203								11,118
	other destination	828	758	756	705	598								3,645
	assist	4	4	2	9	4								23
Bristol	Total	4,713	4,536	4,692	4,877	4,453								23,271
North Somerset	hear & treat	54	81	78	67	65								345
	see & treat	525	561	542	564	528								2,720
	Type 1&2 A&E	1,210	1,236	1,152	1,251	1,276								6,125
	other destination	256	212	215	209	232								1,124
	assist	1	2	2	4	4								13
North Somerset	Total	2,045	2,092	1,987	2,092	2,102								10,318
South Gloucestershire	hear & treat	61	53	54	57	58								283
	see & treat	514	515	560	548	517								2,654
	Type 1&2 A&E	997	932	938	1,045	1,029								5,001
	other destination	480	469	405	378	358								2,090
	assist	1	4	3	2	4								14
South Gloucestershire	Total	2,053	2,030	1,957	2,029	1,963								10,032
Bath and North East Somerset	hear & treat	29	34	35	28	37								163
	see & treat	444	399	483	466	394								2,186
	Type 1&2 A&E	913	912	983	973	879								4,660
	other destination	145	158	141	162	132								738
	assist	1	2	2	3	4								12
Bath and North East Somerset	Total	1,532	1,505	1,644	1,632	1,446								7,759
Wiltshire	hear & treat	94	102	101	135	125								557
	see & treat	1,314	1,358	1,491	1,474	1,491								7,128
	Type 1&2 A&E	2,209	2,239	2,179	2,362	2,182								11,171
	other destination	383	379	429	366	405								1,962
	assist	5	5	3	8	5								26
Wiltshire	Total	4,005	4,083	4,203	4,345	4,208								20,844
Other/Unknown	hear & treat	1	5	1	2	1								10
	see & treat	64	70	50	72	76								332
	Type 1&2 A&E	33	35	33	52	45								198
	other destination	97	88	85	101	98								469
	assist	69	66	72	72	72								351
Other/Unknown	Total	264	264	241	299	292								1,360
GWAS	hear & treat	590	660	661	705	669								3,275
	see & treat	6,666	6,603	6,873	7,167	6,800								34,109
	Type 1&2 A&E	11,722	11,748	11,632	12,291	11,864								99,057
	other destination	2,891	2,747	2,709	2,575	2,501								13,423
	assist	89	90	100	117	110								506
GWAS	Total	21,888	21,790	21,906	22,806	21,678								110,068

Activity (excluding card 33 and 35) by PCT

PCT	Outcome	April	May	June	July	August	September	October	November	December	January	February	March	Grand Total		
	hear & treat	91	129	122	127	120								589		
	see & treat	1,616	1,550	1,572	1,664	1,887								7,989		
	Type 1&2 A&E	2,276	2,301	2,133	2,336	2,218								11,264		
	other destination	234	209	217	215	224								1,098		
	xccsst	2	4	4	5	7								22		
	Total	4,219	4,193	4,048	4,347	4,156									20,963	
	hear & treat	33	58	57	68	78									294	
	see & treat	597	611	617	630	636									3,091	
	Type 1&2 A&E	888	838	867	870	772									4,235	
	other destination	24	30	36	26	31									147	
xccsst	-	-	-	-	-									1		
Total	1,542	1,537	1,578	1,594	1,517									7,768		
	hear & treat	211	189	212	219	183									1,014	
	see & treat	1,416	1,384	1,384	1,595	1,401									7,180	
	Type 1&2 A&E	1,830	1,802	1,912	1,902	1,821									9,267	
	other destination	475	399	425	377	302									1,878	
	xccsst	-	-	-	-	-									-	
	Total	3,932	3,774	3,933	4,083	3,707									19,439	
	hear & treat	53	77	77	66	65									338	
	see & treat	487	536	498	529	495									2,555	
	Type 1&2 A&E	916	951	880	984	953									4,684	
	other destination	127	110	96	99	107									539	
xccsst	-	-	-	-	-									3		
Total	1,593	1,674	1,552	1,679	1,621									8,119		
	hear & treat	60	52	53	95	57									278	
	see & treat	484	487	535	514	488									2,508	
	Type 1&2 A&E	847	814	757	858	825									4,101	
	other destination	152	148	138	123	92									653	
	xccsst	-	-	-	-	-									-	
	Total	1,543	1,501	1,483	1,551	1,462									7,540	
	hear & treat	28	33	35	28	37									161	
	see & treat	420	378	467	447	376									2,088	
	Type 1&2 A&E	673	683	727	702	637									3,422	
	other destination	75	73	70	91	69									378	
xccsst	-	-	-	-	-									1		
Total	1,196	1,167	1,299	1,269	1,119									6,050		
	hear & treat	91	100	99	133	125									548	
	see & treat	1,227	1,257	1,388	1,371	1,382									6,625	
	Type 1&2 A&E	1,608	1,614	1,625	1,781	1,689									8,297	
	other destination	131	131	155	131	124									672	
	xccsst	-	-	-	-	-									3	
	Total	3,057	3,102	3,267	3,418	3,301									16,145	
	hear & treat	1	5	1	2	1									10	
	see & treat	64	67	48	71	75									325	
	Type 1&2 A&E	10	14	7	20	10									61	
	other destination	62	61	67	67	68									325	
xccsst	72	63	54	100	84									373		
Total	209	210	177	260	238									1,094		
	hear & treat	568	643	656	699	666									3,232	
	see & treat	6,321	6,270	6,509	6,821	6,440									32,361	
	Type 1&2 A&E	9,048	9,017	8,908	9,453	8,905									45,331	
	other destination	1,280	1,161	1,204	1,129	1,017									5,791	
	xccsst	74	67	60	109	93									403	
	Total	17,291	17,158	17,337	18,211	17,121									87,118	
		hear & treat	1,543	1,501	1,483	1,551	1,462									7,540
		see & treat	28	33	35	28	37									161
		Type 1&2 A&E	420	378	467	447	376									2,088
		other destination	75	73	70	91	69									378
xccsst		-	-	-	-	-									1	
Total		1,196	1,167	1,299	1,269	1,119									6,050	
hear & treat		91	100	99	133	125									548	
see & treat		1,227	1,257	1,388	1,371	1,382									6,625	
Type 1&2 A&E		1,608	1,614	1,625	1,781	1,689									8,297	
other destination		131	131	155	131	124									672	
xccsst	-	-	-	-	-									3		
Total	3,057	3,102	3,267	3,418	3,301									16,145		
	hear & treat	1	5	1	2	1									10	
	see & treat	64	67	48	71	75									325	
	Type 1&2 A&E	10	14	7	20	10									61	
	other destination	62	61	67	67	68									325	
	xccsst	72	63	54	100	84									373	
	Total	209	210	177	260	238									1,094	
	hear & treat	568	643	656	699	666									3,232	
	see & treat	6,321	6,270	6,509	6,821	6,440									32,361	
	Type 1&2 A&E	9,048	9,017	8,908	9,453	8,905									45,331	
	other destination	1,280	1,161	1,204	1,129	1,017									5,791	
xccsst	74	67	60	109	93									403		
Total	17,291	17,158	17,337	18,211	17,121									87,118		



Conveyance Rates by PCT

Incidents with a response

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	5,455	5,464	5,328	5,643	5,432	*	*	*	*	*	*	*	27,322
Swindon	1,873	1,864	1,905	1,924	1,833	*	*	*	*	*	*	*	9,399
Bristol	4,713	4,538	4,692	4,871	4,453	*	*	*	*	*	*	*	23,271
North Somerset	2,045	2,092	1,987	2,092	2,102	*	*	*	*	*	*	*	10,318
South Gloucestershire	2,053	2,031	1,957	2,021	1,963	*	*	*	*	*	*	*	10,032
Bath and North East Somerset	1,532	1,504	1,642	1,631	1,442	*	*	*	*	*	*	*	7,750
Wiltshire	4,000	4,078	4,200	4,340	4,204	*	*	*	*	*	*	*	20,823
Other/Unknown	217	221	195	271	249	*	*	*	*	*	*	*	1,153
Total	21,888	21,790	21,900	22,800	21,678	*	*	*	*	*	*	*	110,068

Incidents with transport

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	3,664	3,702	3,557	3,773	3,633	*	*	*	*	*	*	*	18,331
Swindon	1,201	1,164	1,198	1,197	1,098	*	*	*	*	*	*	*	5,857
Bristol	3,026	2,910	3,020	3,000	2,801	*	*	*	*	*	*	*	14,763
North Somerset	1,466	1,448	1,368	1,460	1,500	*	*	*	*	*	*	*	7,251
South Gloucestershire	1,478	1,461	1,344	1,423	1,388	*	*	*	*	*	*	*	7,095
Bath and North East Somerset	1,058	1,070	1,124	1,133	1,011	*	*	*	*	*	*	*	5,398
Wiltshire	2,589	2,617	2,600	2,720	2,588	*	*	*	*	*	*	*	13,124
Other/Unknown	142	134	126	163	151	*	*	*	*	*	*	*	716
Total	14,624	14,500	14,350	14,877	14,178	*	*	*	*	*	*	*	72,535

Conveyance Rate

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	67.17%	67.75%	66.76%	66.86%	66.92%	*	*	*	*	*	*	*	67.1%
Swindon	64.12%	62.45%	62.94%	62.21%	59.79%	*	*	*	*	*	*	*	62.3%
Bristol	64.21%	64.15%	64.49%	61.51%	62.90%	*	*	*	*	*	*	*	63.4%
North Somerset	71.69%	69.22%	68.85%	69.79%	71.79%	*	*	*	*	*	*	*	70.3%
South Gloucestershire	71.99%	71.97%	68.68%	70.13%	70.76%	*	*	*	*	*	*	*	70.7%
Bath and North East Somerset	69.06%	71.14%	68.45%	69.63%	70.11%	*	*	*	*	*	*	*	69.7%
Wiltshire	64.73%	64.16%	62.05%	62.81%	61.51%	*	*	*	*	*	*	*	63.0%
Other/Unknown	65.44%	60.63%	64.62%	60.15%	60.64%	*	*	*	*	*	*	*	62.1%
Total	66.8%	66.6%	65.5%	65.2%	65.4%	*	*	*	*	*	*	*	65.9%

Conveyance Rates by PCT excluding Card 33 & 35

Incidents with a response

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	4,221	4,191	4,050	4,350	4,151	*	*	*	*	*	*	*	20,972
Swindon	1,543	1,530	1,570	1,590	1,510	*	*	*	*	*	*	*	7,775
Bristol	3,933	3,770	3,930	4,090	3,710	*	*	*	*	*	*	*	19,448
North Somerset	1,593	1,670	1,551	1,670	1,620	*	*	*	*	*	*	*	8,119
South Gloucestershire	1,544	1,500	1,480	1,550	1,460	*	*	*	*	*	*	*	7,544
Bath and North East Somerset	1,197	1,160	1,290	1,270	1,110	*	*	*	*	*	*	*	6,053
Wiltshire	3,057	3,100	3,260	3,410	3,300	*	*	*	*	*	*	*	16,147
Other/Unknown	201	201	176	251	225	*	*	*	*	*	*	*	1,054
Total	17,289	17,150	17,330	18,210	17,110	*	*	*	*	*	*	*	87,112

Incidents with transport

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	2,512	2,511	2,354	2,554	2,440	*	*	*	*	*	*	*	12,377
Swindon	912	860	903	896	803	*	*	*	*	*	*	*	4,382
Bristol	2,305	2,201	2,337	2,270	2,120	*	*	*	*	*	*	*	11,245
North Somerset	1,043	1,061	977	1,083	1,060	*	*	*	*	*	*	*	5,224
South Gloucestershire	1,000	962	895	981	918	*	*	*	*	*	*	*	4,756
Bath and North East Somerset	748	750	797	794	706	*	*	*	*	*	*	*	3,801
Wiltshire	1,736	1,744	1,770	1,910	1,790	*	*	*	*	*	*	*	8,960
Other/Unknown	127	117	109	144	130	*	*	*	*	*	*	*	627
Total	10,383	10,220	10,150	10,640	9,978	*	*	*	*	*	*	*	51,372

Conveyance Rate

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	59.51%	59.91%	58.12%	58.67%	58.84%	*	*	*	*	*	*	*	59.0%
Swindon	59.11%	56.44%	57.19%	56.14%	52.86%	*	*	*	*	*	*	*	56.4%
Bristol	58.61%	58.30%	59.42%	55.63%	57.22%	*	*	*	*	*	*	*	57.8%
North Somerset	65.47%	63.31%	62.99%	64.50%	65.43%	*	*	*	*	*	*	*	64.3%
South Gloucestershire	64.77%	64.05%	60.35%	63.21%	62.75%	*	*	*	*	*	*	*	63.0%
Bath and North East Somerset	62.49%	64.73%	61.35%	62.52%	63.09%	*	*	*	*	*	*	*	62.8%
Wiltshire	56.79%	56.20%	54.42%	55.86%	54.29%	*	*	*	*	*	*	*	55.5%
Other/Unknown	63.18%	58.21%	61.93%	57.37%	57.78%	*	*	*	*	*	*	*	59.5%
Total	60.1%	59.6%	58.5%	58.4%	58.3%	*	*	*	*	*	*	*	59.0%



TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS

PERFORMANCE:

Category RED 8 Minute Target Performance:

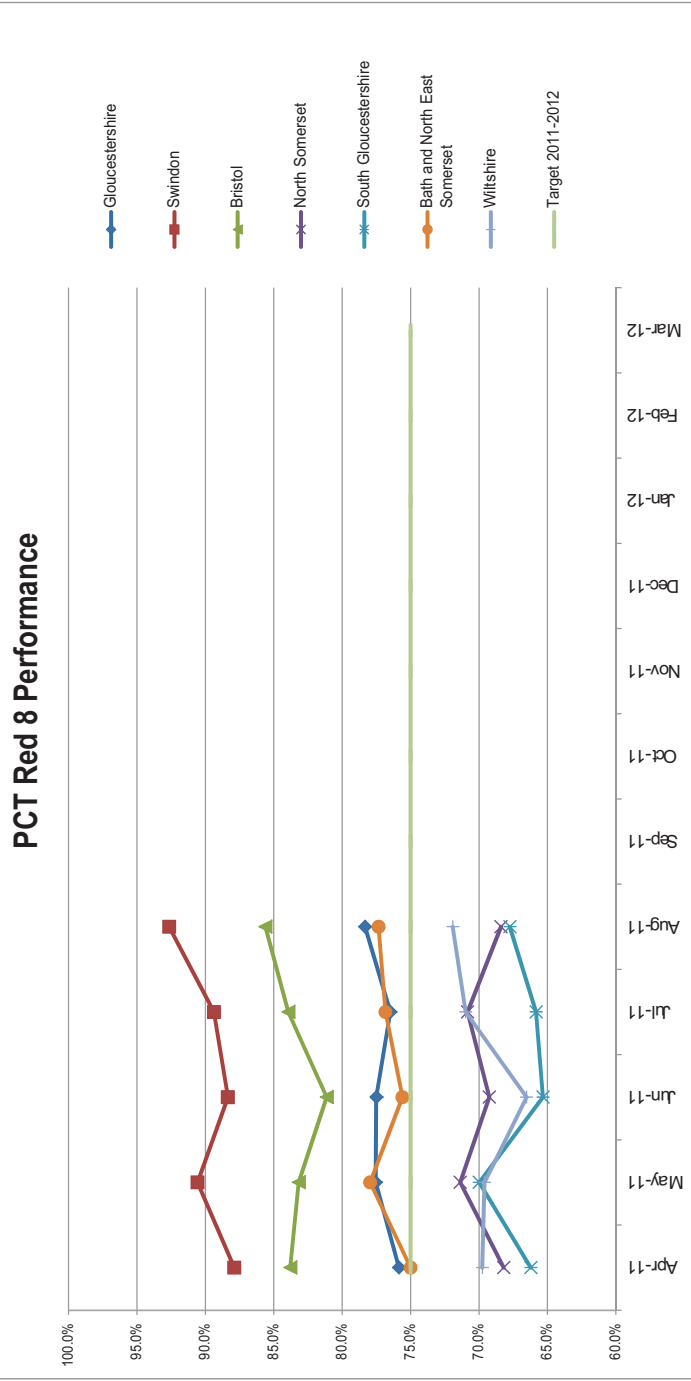
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	77.79%	77.45%	75.80%	76.79%	75.08%	74.24%	74.87%	73.86%	64.67%	72.26%	73.91%	77.81%	74.3%
2011/12 Target	75.50%	76.60%	75.00%	76.50%	75.50%	76.50%	76.00%	75.50%	70.00%	75.00%	75.50%	77.00%	75.4%
2011/12 Actual	75.47%	76.91%	74.73%	76.40%	77.58%	*	*	*	*	*	*	*	76.2%
Variance from Target	0.0%	0.3%	-0.3%	-0.1%	2.1%	*	*	*	*	*	*	*	0.8%
Variance from 2010/11	-2.3%	-0.5%	-1.1%	-0.4%	2.5%	*	*	*	*	*	*	*	1.9%

Category RED 19 Minute Target Performance: *

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	95.98%	96.46%	95.85%	95.28%	95.59%	95.72%	95.19%	95.21%	93.20%	93.44%	94.96%	95.35%	95.1%
2011/12 Target	95.79%	96.50%	95.80%	96.00%	96.50%	97.00%	97.00%	96.25%	92.75%	96.00%	96.50%	97.00%	96.0%
2011/12 Actual	95.71%	96.38%	95.57%	96.00%	96.28%	*	*	*	*	*	*	*	96.0%
Variance from Target	-0.1%	-0.1%	-0.2%	0.0%	-0.2%	*	*	*	*	*	*	*	0.0%
Variance from 2010/11	-0.3%	-0.1%	-0.3%	0.7%	0.7%	*	*	*	*	*	*	*	0.9%

Category GREEN Performance: *

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2011/12 Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
2011/12 Actual	91.6%	90.7%	89.1%	88.2%	90.6%	*	*	*	*	*	*	*	90.0%
Variance from Target	1.6%	0.7%	-0.9%	-1.8%	0.6%	*	*	*	*	*	*	*	0.0%



RED 8 Minute Performance by PCT

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	2,025	1,99£	1,92£	1,994	1,874	*	*	*	*	*	*	*	9,813
Swindon	685	732	704	734	68C	*	*	*	*	*	*	*	3535
Bristol	1796	1802	1892	194£	1752	*	*	*	*	*	*	*	9191
North Somerset	783	80C	735	823	84£	*	*	*	*	*	*	*	3989
South Gloucestershire	743	723	773	79£	71C	*	*	*	*	*	*	*	3745
Bath and North East Somerset	520	54£	586	60C	512	*	*	*	*	*	*	*	2767
Wiltshire	1521	154£	164£	1647	1567	*	*	*	*	*	*	*	7924
Other/Unknown	47	40	51	59	35	*	*	*	*	*	*	*	232
Total	8,120	8,187	8,30£	8,602	7,97£	*	*	*	*	*	*	*	41,196

RED 8 Min Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	75.9%	77.5%	77.5%	76.5%	78.3%	*	*	*	*	*	*	*	77.1%
Swindon	87.9%	90.6%	88.4%	89.4%	92.6%	*	*	*	*	*	*	*	89.8%
Bristol	83.8%	83.2%	81.1%	83.9%	85.6%	*	*	*	*	*	*	*	83.5%
North Somerset	68.2%	71.4%	69.3%	70.8%	68.4%	*	*	*	*	*	*	*	69.6%
South Gloucestershire	66.2%	70.0%	65.3%	65.8%	67.7%	*	*	*	*	*	*	*	67.0%
Bath and North East Somerset	75.0%	78.0%	75.6%	76.8%	77.3%	*	*	*	*	*	*	*	76.5%
Wiltshire	69.8%	69.6%	66.5%	71.0%	71.9%	*	*	*	*	*	*	*	69.7%
Other/Unknown	17.0%	17.5%	19.6%	30.5%	20.0%	*	*	*	*	*	*	*	21.6%
Total	75.5%	76.9%	74.7%	76.4%	77.6%	*	*	*	*	*	*	*	76.2%

Percentage of Total Responses being Red Responses by PCT

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	37%	37%	36%	35%	34%	*	*	*	*	*	*	*	36%
Swindon	36.6%	39.3%	37.0%	38.1%	37.1%	*	*	*	*	*	*	*	37.6%
Bristol	38.1%	39.7%	40.3%	40.0%	39.3%	*	*	*	*	*	*	*	39.5%
North Somerset	38.3%	38.2%	37.0%	39.3%	40.3%	*	*	*	*	*	*	*	38.7%
South Gloucestershire	36.2%	35.6%	39.5%	39.2%	36.2%	*	*	*	*	*	*	*	37.3%
Bath and North East Somerset	33.9%	36.5%	35.7%	36.8%	35.5%	*	*	*	*	*	*	*	35.7%
Wiltshire	38.0%	37.9%	39.1%	37.9%	37.3%	*	*	*	*	*	*	*	38.1%
Other/Unknown	21.7%	18.1%	26.2%	21.8%	14.1%	*	*	*	*	*	*	*	20.1%
Total	37%	38%	38%	38%	37%	*	*	*	*	*	*	*	37%

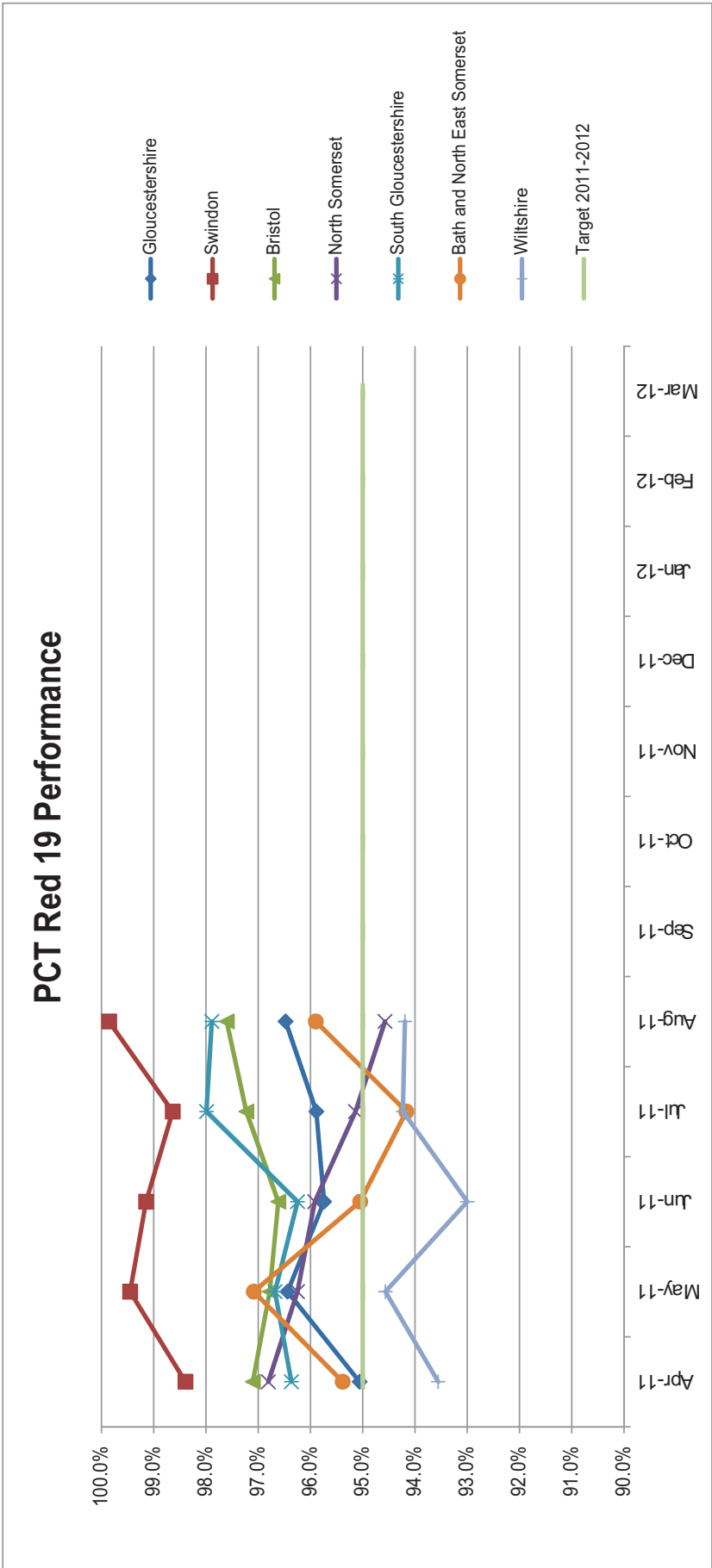
RED 8 Minute Performance by District Council / Unitary Authority

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	1,796	1,802	1,892	1,94£	1,75£	*	*	*	*	*	*	*	9,191
South Gloucestershire	743	723	773	796	710	*	*	*	*	*	*	*	3745
North Somerset	783	800	735	823	848	*	*	*	*	*	*	*	3989
Bath and North East Somerset	520	549	586	600	512	*	*	*	*	*	*	*	2767
Forest of Dean	300	274	251	257	246	*	*	*	*	*	*	*	1328
Cotswold	256	247	225	256	257	*	*	*	*	*	*	*	1241
Tewkesbury	256	221	227	237	204	*	*	*	*	*	*	*	1145
Cheltenham	398	375	375	393	390	*	*	*	*	*	*	*	1931
Gloucester	468	521	494	488	444	*	*	*	*	*	*	*	2416
Stroud	347	357	353	362	333	*	*	*	*	*	*	*	1752
Wiltshire	1521	154£	164£	1647	1567	*	*	*	*	*	*	*	7924
Swindon	686	732	705	735	681	*	*	*	*	*	*	*	3539
Other/Unknown	46	40	50	58	34	*	*	*	*	*	*	*	228
Total	8,120	8,187	8,30£	8,60£	7,97£	*	*	*	*	*	*	*	41,196

RED 8 Min Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	83.8%	83.2%	81.1%	83.9%	85.6%	*	*	*	*	*	*	*	83.5%
South Gloucestershire	66.22%	69.99%	65.33%	65.83%	67.75%	*	*	*	*	*	*	*	67.0%
North Somerset	68.20%	71.38%	69.25%	70.84%	68.40%	*	*	*	*	*	*	*	69.6%
Bath and North East Somerset	75.00%	77.96%	75.60%	76.83%	77.34%	*	*	*	*	*	*	*	76.5%
Forest of Dean	68.00%	60.58%	67.73%	61.87%	63.41%	*	*	*	*	*	*	*	64.4%
Cotswold	44.53%	57.89%	53.33%	49.22%	57.20%	*	*	*	*	*	*	*	52.4%
Tewkesbury	78.91%	72.85%	74.01%	76.37%	77.45%	*	*	*	*	*	*	*	76.0%
Cheltenham	89.95%	92.27%	92.80%	93.13%	94.36%	*	*	*	*	*	*	*	92.5%
Gloucester	91.03%	93.09%	91.50%	91.62%	90.54%	*	*	*	*	*	*	*	91.6%
Stroud	66.86%	68.91%	66.29%	67.68%	71.17%	*	*	*	*	*	*	*	68.2%
Wiltshire	69.76%	69.60%	66.52%	70.98%	71.92%	*	*	*	*	*	*	*	69.7%
Swindon	87.76%	90.57%	88.23%	89.25%	92.51%	*	*	*	*	*	*	*	89.7%
Other/Unknown	17.39%	17.50%	20.00%	31.03%	20.59%	*	*	*	*	*	*	*	21.9%
Total	75.5%	76.9%	74.7%	76.4%	77.6%	*	*	*	*	*	*	*	76.2%



RED 19 Minute Performance by PCT

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	2,025	1,99£	1,92£	1,994	1,874	*	*	*	*	*	*	*	9,813
Swindon	685	732	704	734	68C	*	*	*	*	*	*	*	3,535
Bristol	1796	180£	189£	194£	175£	*	*	*	*	*	*	*	9,191
North Somerset	783	80C	735	82£	84£	*	*	*	*	*	*	*	3,989
South Gloucestershire	743	72£	77£	79£	71C	*	*	*	*	*	*	*	3,745
Bath and North East Somerset	520	54£	58£	60C	51£	*	*	*	*	*	*	*	2,767
Wiltshire	1521	154£	164£	1647	1567	*	*	*	*	*	*	*	7,924
Other/Unknown	47	40	51	59	35	*	*	*	*	*	*	*	232
Total	8,120	8,187	8,30£	8,60£	7,97£	*	*	*	*	*	*	*	41,196

RED 19 Min Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	95.1%	96.4%	95.7%	95.9%	96.5%	*	*	*	*	*	*	*	95.9%
Swindon	98.39%	99.45%	99.15%	98.64%	99.85%	*	*	*	*	*	*	*	99.09%
Bristol	97.10%	96.78%	96.62%	97.23%	97.60%	*	*	*	*	*	*	*	97.1%
North Somerset	96.81%	96.25%	95.92%	95.14%	94.58%	*	*	*	*	*	*	*	95.7%
South Gloucestershire	96.37%	96.68%	96.25%	97.99%	97.89%	*	*	*	*	*	*	*	97.0%
Bath and North East Somerset	95.38%	97.09%	95.05%	94.17%	95.90%	*	*	*	*	*	*	*	95.5%
Wiltshire	93.56%	94.57%	93.00%	94.23%	94.19%	*	*	*	*	*	*	*	93.9%
Other/Unknown	76.60%	77.50%	74.51%	79.66%	57.14%	*	*	*	*	*	*	*	74.1%
Total	95.7%	96.4%	95.6%	96.0%	96.3%	*	*	*	*	*	*	*	96.0%

Percentage of Total Responses being Red Responses by PCT

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	39%	37%	37%	38%	36%	*	*	*	*	*	*	*	37%
Swindon	41%	39%	39%	37%	37%	*	*	*	*	*	*	*	39%
Bristol	40%	37%	41%	41%	38%	*	*	*	*	*	*	*	40%
North Somerset	39%	40%	37%	38%	44%	*	*	*	*	*	*	*	40%
South Gloucestershire	38%	33%	38%	38%	35%	*	*	*	*	*	*	*	36%
Bath and North East Somerset	35%	34%	39%	41%	34%	*	*	*	*	*	*	*	37%
Wiltshire	40%	37%	40%	40%	38%	*	*	*	*	*	*	*	39%
Other/Unknown	24%	15%	22%	25%	16%	*	*	*	*	*	*	*	20%
Total	39%	37%	39%	39%	37%	*	*	*	*	*	*	*	38%

RED 19 Minute Performance by District Council / Unitary Authority

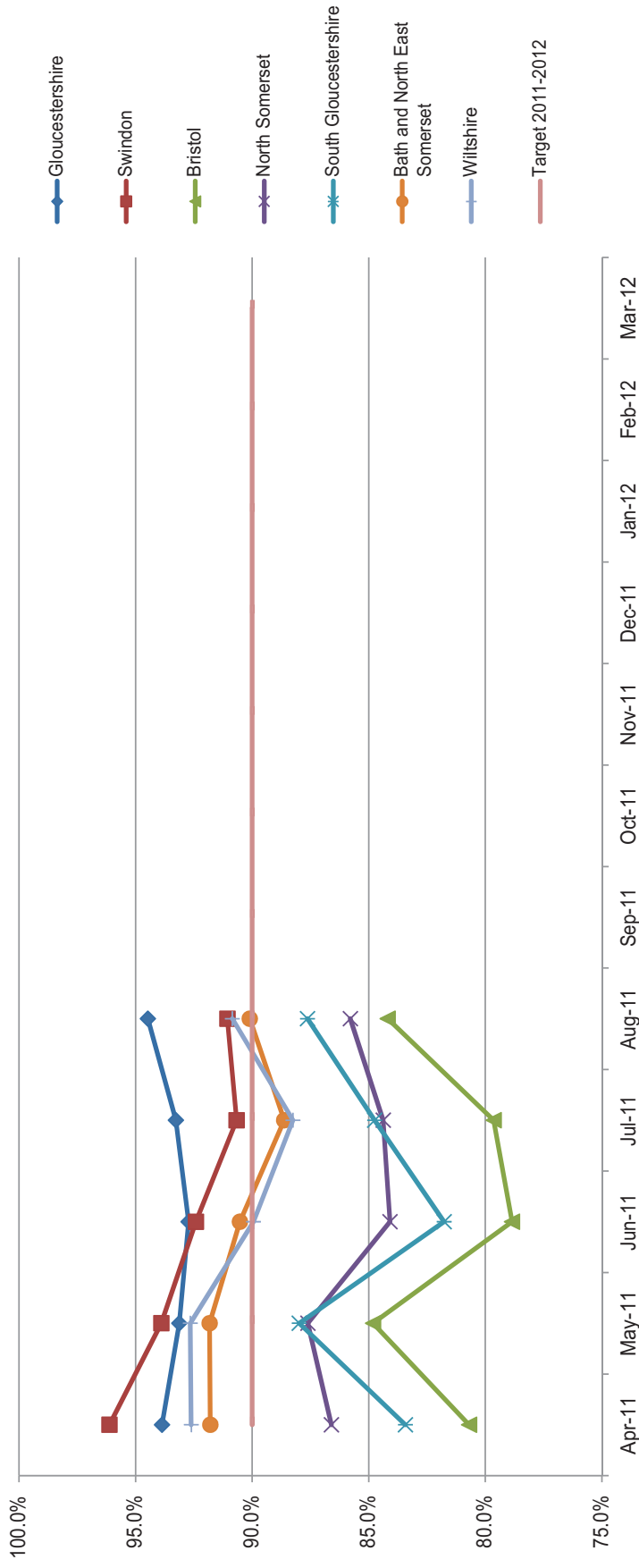
RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	1,796	1,802	1,892	1,945	1,752	*	*	*	*	*	*	*	9,191
South Gloucestershire	743	723	773	796	710	*	*	*	*	*	*	*	3,745
North Somerset	783	800	735	823	848	*	*	*	*	*	*	*	3,989
Bath and North East Somerset	520	545	586	600	512	*	*	*	*	*	*	*	2,767
Forest of Dean	300	274	251	257	246	*	*	*	*	*	*	*	1,328
Cotswold	256	247	225	256	257	*	*	*	*	*	*	*	1,241
Tewkesbury	256	221	227	237	204	*	*	*	*	*	*	*	1,145
Cheltenham	398	375	375	393	390	*	*	*	*	*	*	*	1,931
Gloucester	468	521	494	489	444	*	*	*	*	*	*	*	2,416
Stroud	347	357	353	362	333	*	*	*	*	*	*	*	1,752
Wiltshire	1521	1545	1643	1647	1567	*	*	*	*	*	*	*	7,924
Swindon	686	732	705	735	681	*	*	*	*	*	*	*	3,539
Other/Unknown	46	40	50	58	34	*	*	*	*	*	*	*	228
Total	8,120	8,187	8,305	8,602	7,975	*	*	*	*	*	*	*	41,196

RED 19 Min Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	97.1%	96.8%	96.6%	97.2%	97.6%	*	*	*	*	*	*	*	97.1%
South Gloucestershire	96.37%	96.68%	96.25%	97.99%	97.89%	*	*	*	*	*	*	*	97.0%
North Somerset	96.81%	96.25%	95.92%	95.14%	94.58%	*	*	*	*	*	*	*	95.7%
Bath and North East Somerset	95.38%	97.09%	95.05%	94.17%	95.90%	*	*	*	*	*	*	*	95.5%
Forest of Dean	93.00%	95.62%	96.02%	92.22%	94.31%	*	*	*	*	*	*	*	94.2%
Cotswold	80.86%	84.21%	82.67%	89.06%	87.16%	*	*	*	*	*	*	*	84.9%
Tewkesbury	99.61%	97.74%	94.71%	97.89%	99.51%	*	*	*	*	*	*	*	97.9%
Cheltenham	99.50%	99.73%	99.47%	99.49%	99.49%	*	*	*	*	*	*	*	99.5%
Gloucester	99.57%	99.81%	99.60%	99.18%	99.55%	*	*	*	*	*	*	*	99.5%
Stroud	92.80%	96.36%	95.18%	93.65%	95.80%	*	*	*	*	*	*	*	94.7%
Wiltshire	93.56%	94.57%	93.00%	94.23%	94.19%	*	*	*	*	*	*	*	93.9%
Swindon	98.40%	99.45%	99.01%	98.50%	99.71%	*	*	*	*	*	*	*	99.0%
Other/Unknown	76.09%	77.50%	76.00%	81.03%	58.82%	*	*	*	*	*	*	*	75.0%
Total	95.7%	96.4%	95.6%	96.0%	96.3%	*	*	*	*	*	*	*	96.0%

PCT Green Performance



GREEN Performance by PCT

GREEN Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	3428	3464	339£	3644	3551	*	*	*	*	*	*	*	17,485
Swindon	1188	1132	120C	119C	115£	*	*	*	*	*	*	*	5,863
Bristol	2917	2734	280C	292£	2701	*	*	*	*	*	*	*	14,080
North Somerset	1262	1292	1251	126£	125£	*	*	*	*	*	*	*	6,326
South Gloucestershire	1310	1307	118£	123£	125£	*	*	*	*	*	*	*	6,288
Bath and North East Somerset	1012	95£	105£	102£	930	*	*	*	*	*	*	*	4,982
Wiltshire	2479	253£	2557	2691	263£	*	*	*	*	*	*	*	12,896
Other/Unknown	94	111	83	105	120	*	*	*	*	*	*	*	513
Total	13,690	13,52£	13,53C	14,08£	13,597	*	*	*	*	*	*	*	68,433

GREEN Performance

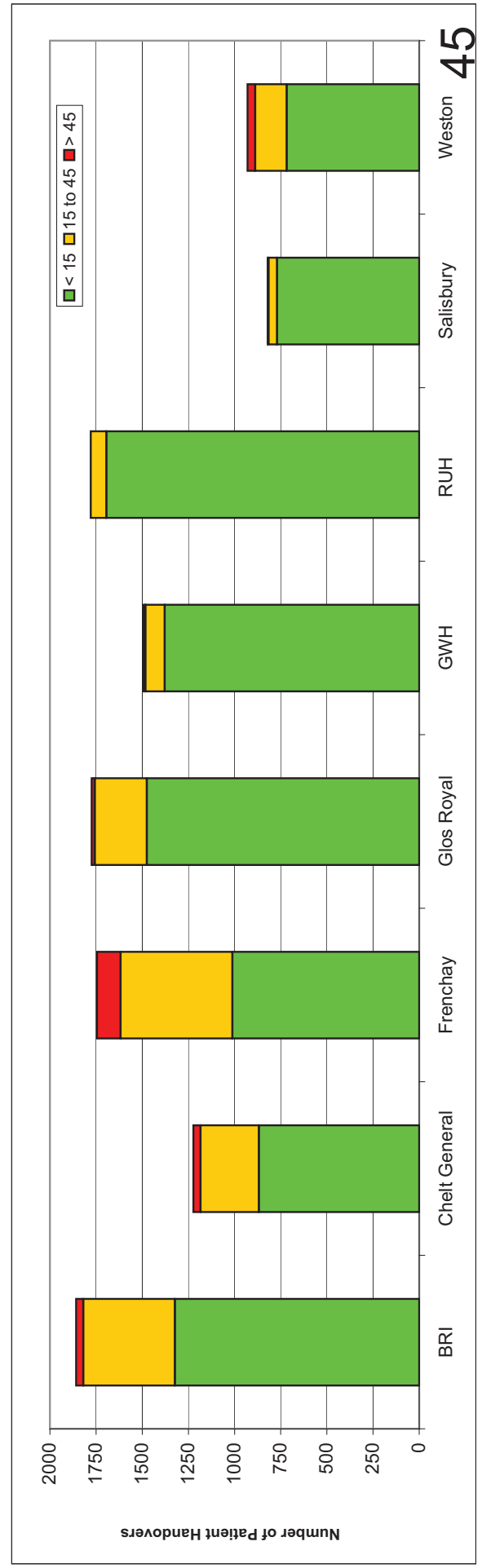
	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	93.9%	93.1%	92.7%	93.3%	94.5%	*	*	*	*	*	*	*	93.5%
Swindon	96.13%	93.90%	92.42%	90.67%	91.07%	*	*	*	*	*	*	*	92.8%
Bristol	80.70%	84.82%	78.86%	79.64%	84.19%	*	*	*	*	*	*	*	81.6%
North Somerset	86.61%	87.62%	84.09%	84.38%	85.79%	*	*	*	*	*	*	*	85.7%
South Gloucestershire	83.44%	87.99%	81.77%	84.75%	87.63%	*	*	*	*	*	*	*	85.2%
Bath and North East Somerset	91.80%	91.83%	90.53%	88.63%	90.11%	*	*	*	*	*	*	*	90.6%
Wiltshire	92.62%	92.66%	89.95%	88.26%	90.86%	*	*	*	*	*	*	*	90.8%
Other/Unknown	89.36%	86.49%	87.95%	93.33%	87.50%	*	*	*	*	*	*	*	88.9%
Total	89.2%	90.3%	87.3%	87.4%	89.7%	*	*	*	*	*	*	*	88.8%

Percentage of Total Responses being Green Responses by PCT

Green Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Gloucestershire	62.84%	63.40%	63.78%	64.58%	65.37%	*	*	*	*	*	*	*	64.0%
Swindon	63.43%	60.73%	62.99%	61.85%	62.90%	*	*	*	*	*	*	*	62.4%
Bristol	61.89%	60.27%	59.68%	60.04%	60.66%	*	*	*	*	*	*	*	60.5%
North Somerset	61.71%	61.76%	62.96%	60.61%	59.61%	*	*	*	*	*	*	*	61.3%
South Gloucestershire	63.81%	64.38%	60.55%	60.77%	63.83%	*	*	*	*	*	*	*	62.7%
Bath and North East Somerset	66.06%	63.50%	64.31%	63.13%	64.49%	*	*	*	*	*	*	*	64.3%
Wiltshire	61.98%	62.10%	60.88%	62.00%	62.70%	*	*	*	*	*	*	*	61.9%
Other/Unknown	43.32%	50.23%	42.56%	38.75%	48.19%	*	*	*	*	*	*	*	44.5%
Total	62.55%	62.08%	61.76%	61.77%	62.72%	*	*	*	*	*	*	*	62.17%

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 Hrs	2 - 3 Hrs	3 - 4 Hrs	> 4 Hrs	Total 15 Mins and Over	Total 45 Mins and Over	Total
Bristol Royal Infirmary	1323	255	109	50	40	23	19	23	15	1			535	39	1858
Cheltenham General Hospital	868	162	69	38	21	15	11	22	17				355	39	1223
Frenchay Hospital	1012	248	151	76	61	40	29	53	70	5			733	128	1745
Gloucester Royal Hospital	1475	145	58	38	23	13	5	11	6				299	17	1774
Great Western Hospital	1378	51	23	17	6	4	4	3	8				116	11	1494
Royal United Hospital	1694	84		1									85	0	1779
Salisbury District Hospital	770	30	8	3	2	1	2	2	2				50	4	820
Weston General Hospital	718	80	39	17	11	12	11	20	18	4			212	42	930
Overall Total	9238	1055	457	240	164	108	81	134	136	10			2385	280	11623



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Great Western Ambulance Service **NHS**

NHS Trust

Joint HOSC Meeting

To be held on Friday 14 October, 2011 at 11am
At Wiltshire Council Monkton Park offices, Chippenham

Key in title here

1 Purpose

To update members on trust plans to seek a partnership rather than pursue an independent application for foundation trust status.

The following report details the position as at time of submission to the Joint HOSC – any subsequent developments will be outlined verbally at the meeting.

Paper supplied – 5 October, 2011



UPDATE FOR JOINT HOSC ON PARTNERSHIP/FT ARRANGEMENTS

In August, GWAS announced it was exploring the possibility of partnering with another organisation as the best way of continuing to improve patient care for the future.

The decision, supported by NHS South West and lead commissioner NHS Gloucestershire, was taken by the trust Board, which came to the conclusion that it was not viable for GWAS to continue to pursue an independent application to become an NHS foundation trust.

All NHS trusts are required to become foundation trusts and are facing financial challenges, needing to become more efficient while simultaneously improving patient care.

The announcement included GWAS's preference that the partnership would be with another ambulance trust, while acknowledging that the process would need to follow very clear rules that govern co-operation and competition in the NHS.

Expressions of interest have been sought from all English ambulance trusts and South Western Ambulance Service subsequently publicly declared its interest in exploring a partnership with GWAS. This is the only ambulance service to do so. Discussions between GWAS and the SHA have been ongoing since then to determine the most appropriate way of taking the partnership process forward.

This will require us to take into account the views of the Competition and Co-operation Panel, which advises on competition in the NHS.

Therefore, the current situation is that progress towards securing an agreement on a preferred partner is continuing – GWAS Chairman Peter Carr hopes to conclude this and be able to make a further announcement before the end of October.

Alongside this work, GWAS is also in the final stages of arranging an interim chief executive for the next 12 months, following Martin Flaherty's return to his substantive post with London Ambulance Service. Again, the expectation is for an announcement on this to be made during October.

In the meantime, Dr Ossie Rawstone – Medical Director and Chief Operating Officer – will act as interim CEO until the longer term replacement is announced.

In addition, Kieran Lappin has joined GWAS as Director of Finance, replacing Rod Barnes, who has left to take up a similar post with Yorkshire Ambulance Service.

GWAS will, of course, ensure members are updated outside this meeting as and when further announcements are made.



Great Western Ambulance Service **NHS**
NHS Trust

Joint HOSC Meeting

To be held on Friday 14 October, 2011 at 11am
At Wiltshire Council Monkton Park offices, Chippenham

Key in title here

1 Purpose

To provide members with clarification of issues raised in a recent National Audit Office report looking at value-for-money within ambulance services.

Paper supplied – 5 October, 2011



MEASURING COST-EFFECTIVE IN AMBULANCE SERVICES – UPDATE REPORT FOR JOINT HOSC

Background

In June 2011, the National Audit Office published *Transforming NHS ambulance services* – a report looking at the cost-effectiveness of ambulance trusts individually and collectively, in comparison with expectations on them in the form of performance standards and activity levels.

This brief update for Joint HOSC members highlights some of the NAO report's key findings and recommendations and provides an insight into some of the activity taking place within GWAS that address the issues raised.

Key findings and recommendations

- *Performance over the last decade has been driven by response time targets and not outcomes*

Prior to April 2011, the sole measure of ambulance performance was its speed of response. The category A 8-minute response time target – one of the most demanding in the world – has undoubtedly ensured more patients suffering life-threatening conditions have survived, while also meeting public expectations for a fast response.

However, it was recognised that speed of response in isolation of any measure of clinical outcomes created a narrow view of what constituted 'good' performance, while also led to ambulance services over-allocating resources to incidents – deploying multiple vehicles then standing down the surplus.

Therefore, the introduction in April of a new range of indicators is now starting to produce a better, more rounded picture of ambulance service performance. Members are receiving an update on these new indicators in another agenda item for this meeting.

- *There is scope for improved efficiency as evidenced by variations between ambulance services in costs per call, the way resources are deployed to meet demand, the take-up of different approaches to responding to calls and reliance on overtime.*

The report highlighted GWAS as having the highest cost per call at £216. Clearly an element of this is the fact that GWAS is the smallest of England's 11 standalone ambulance services (the Isle of Wight is part of NHS Hampshire) – the trust has to have the same level of governance and other 'fixed cost' items as

larger trusts. Also, in terms of cost per incident, GWAS sat more in the middle of the pack (less than Yorkshire, East of England and South Central) at £235.

The growing use of 'hear-and-treat' and 'see-and-treat' – assessing and treating patients over the phone or on scene without the need to convey to hospital – was identified by the NAO as a key area whereby ambulance services could help the NHS as a whole save up to £280million/year. This ability to provide care for patients without the need to take them to A&E is one of the quality indicators in place since April – for the April-July year-to-date data, GWAS was in the top three ambulance services, in that 43.5% of incidents attended did not result in the patient having to go to A&E.

One of the issues highlighted by the NAO report in identifying comparative cost effectiveness among ambulance services was the fact that there was often no consistency in the information requested/provided. An example of this was in the comparison of the percentage of incidents in which ambulance services sent more than one resource in response.

GWAS was identified as the trust most often dispatching dual or multiple resources to incidents (on 62% of occasions). However, the GWAS data included those incidents where a static defibrillator or community first responder was dispatched (and which would therefore have to include a professional ambulance clinician response as well). Other ambulance services only included data where two or more ambulance service vehicles were dispatched. Directly comparative data shows GWAS as far more in the middle of the pack.

In terms of extensive use of overtime, the NAO report identified that historically high sickness levels among frontline ambulance staff, as well as the ability to match staff availability with demand, meant ambulance services currently rely on overtime at a combined cost of almost £80million/year.

GWAS was identified as having the lowest level of frontline staff sickness – 5% - among ambulance services.

Also, in terms of matching staff resources to demand, the trust last year introduced a new operating model based on extensive analysis of 999 demand. This has allowed us to better match the level of resources to the level of demand – not simply in actual numbers but also ensuring more of the right resource is available in the right place at the right time.

In addition, the trust's continuing investment in paramedic training of its existing technician/practitioner level staff means it will soon be in a position to ensure a paramedic on every vehicle responding to 999 calls – thereby increasing the potential for treating more patients on scene.

- *A lack of alignment of objectives between urgent and emergency care providers, including ambulance services, means that work remains to achieve cost-effective integrated emergency care.*

The NAO identified that more than 20% of patient handovers at hospital A&E departments take longer than the recommended 15 minutes – resulting in more ambulances being unavailable to respond to 999 emergencies as they are queuing outside hospitals.

GWAS continues to work with its acute hospital partners to reduce handover delays within its areas – such as by the introduction of handover screens in every A&E department to give hospital staff a clearer picture of how many patients are currently waiting to be handed over from ambulance care and how long they have been waiting.

In addition, commissioners are now including financial incentives in hospital and ambulance service contracts to encourage smoother turnaround times.

- *The ability to improve performance is limited by a lack of data on patient outcomes and a lack of comparative information that can be used to benchmark performance.*

The new ambulance quality indicators include clinical outcomes – among them, for the first time, a measurement of the proportion of patients experiencing a cardiac arrest in a non-hospital setting who go on to survive and are ultimately discharged from hospital.

Other clinical measures give an indication of how successfully ambulance services are in responding to and treating patients suffering particularly clinical emergencies – stroke and STEMIs. For the first time, these are being displayed and updated monthly by all ambulance services in the form of a web-based clinical dashboard.

This dashboard shows activity and performance for all ambulance trusts – it is important to note that the majority of these new indicators (apart from the 8-minute and 19-minute response standards) – are not ‘targets’, in that they do not have a pass-or-fail threshold. Instead they will, over time, develop into a fuller picture of comparative information by which ambulance trusts can be benchmarked.



Agenda Item No. 9



Great Western Ambulance Service

NHS Trust



Ambulance Quality Indicators

David Coates
Clinical Development Manager
Joint HOOSC - 14th October 2011



Ambulance Quality Indicators

- **End of 2010, UK Government announced a shift in the focus from time targets to quality of care.**
- **11 new ambulance quality indicators for England's ambulance services.**
- **Used to measure patient experience and outcomes.**

Ambulance Quality Indicators

- Outcome from STEMI
- Outcome from cardiac arrest – return of spontaneous circulation
- Outcome from cardiac arrest – survival to discharge
- Outcome following stroke
- Proportion of calls closed with telephone advice or managed without transport to A&E (where this is clinically appropriate)
- Unplanned re-contact from the patient within 24hrs of discharge of care
- Call abandonment rate
- Time to answer calls
- Patient experience
- Red 8 minute and 19 minute response times
- Time-to-treatment by ambulance dispatched health professional for Red calls.

Ambulance Quality Indicators

Version: 3.14

Overview
Trust View
Month View
Compare
Charts
Glossary
Narrative

Help

Ambulance Clinical Quality Indicators
July 2011



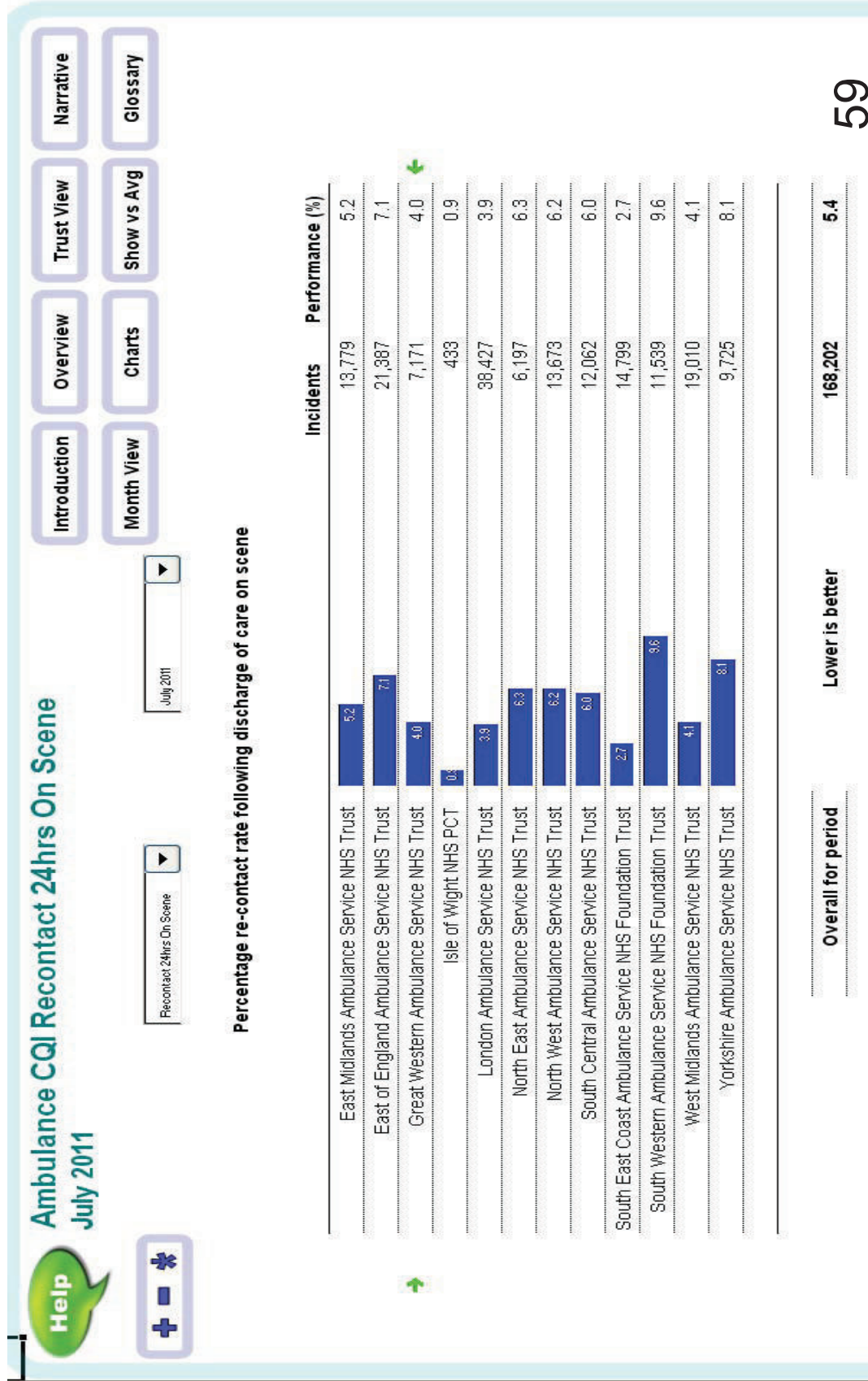
Click a region to go to that Trusts data



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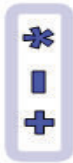
Ambulance Quality Indicators



Ambulance Quality Indicators



Ambulance CQI Stroke - 60
April 2011



Stroke - 60

April 2011

- Introduction
- Overview
- Trust View
- Narrative
- Month View
- Charts
- Show vs Avg
- Glossary

Percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyperacute stroke centre within 60 minutes of call

	Incidents	Performance (%)
East Midlands Ambulance Service NHS Trust	86	52.3
East of England Ambulance Service NHS Trust	116	46.6
Great Western Ambulance Service NHS Trust	66	65.2
Isle of Wight NHS PC-T	22	0.0
London Ambulance Service NHS Trust	478	64.0
North East Ambulance Service NHS Trust	164	90.9
North West Ambulance Service NHS Trust	186	83.9
South Central Ambulance Service NHS Trust	175	62.3
South East Coast Ambulance Service NHS Foundation Trust	366	65.6
South Western Ambulance Service NHS Foundation Trust	421	53.9
West Midlands Ambulance Service NHS Trust	209	77.0
Yorkshire Ambulance Service NHS Trust	418	72.2

60

Overall for period: 2,707 incidents, 66.2% performance. Higher is better.



Ambulance Quality Indicators

Stroke

- Call to hospital door within 60mins
- Clinical Performance Indicator ‘care bundle’ for stroke:
 - FAST positive
 - Blood pressure
 - Blood glucose level



Ambulance Quality Indicators

Stroke

- April call to hospital door within 60mins
performance = 65%
- No 'target'
- Improvement plan – root cause analysis
- Ambulance clinicians to report on patient care record reason why call to hospital door greater than 60mins.



Ambulance Quality Indicators

- Monthly total: cardiac arrest, plus STEMI, plus stroke = about 400 patients.
- Per month GWAS manages about 20000 public 999 calls.
- Expand quality indicators to increase the evidence of the quality of our care.
- End of Life – preferred place of death



Ambulance Quality Indicators

Thank you



Great Western Ambulance Service **NHS**

NHS Trust

Joint HOSC Meeting

To be held on Friday 14 October, 2011 at 11am
At Wiltshire Council Monkton Park offices, Chippenham

Key in title here

1 Purpose

To update members on the trust's Estates Strategy, including any potential impact from the announcement on the planned partnership arrangement.

Paper supplied – 5 October, 2011



GWAS Estates Strategy Implementation – Joint HOSC update October 2011

As previously reported, Great Western Ambulance Service Trust Board approved the Estates Strategy on 26 May 2011. The Estates Strategy sets out the ambitions and priorities of the trust alongside the challenges of the current estates portfolio.

In broad terms the strategy will:

- Enhance the quality and responsiveness of patient services;
- Prepare the trust for expected increased demand;
- Improve working conditions for staff;
- Improve infection control and safety of services provided through integration of fleet maintenance and deep cleaning facilities;
- Support the Government's Spending Review and QIPP agenda to get best value for money, reducing overheads and ensuring the trust estate is as cost efficient as possible;
- Reduce the trust's carbon footprint.

There are a number of legacy sites and facilities with the estates portfolio that date back to before the creation of Great Western Ambulance Service. In some cases there is a duplication of facilities across the GWAS area. A programme to implement the strategy has been established and resourced. There are three initial key projects within the programme.

They are:

1. Bristol estate review

The project will explore opportunities to provide effective patient care across the greater Bristol area maximising the use and location of estates assets in the area. Through a review of existing buildings (including office and ambulance station sites) and strategic location of trust services, opportunities to achieve economies of scale and improve standards of facilities across an ageing estate will be explored.

The project aims to achieve an estates solution for the greater Bristol area that meets current and future needs for the provision of patient care, improving working conditions for staff and reducing the environmental impact of sites. Specifically for patients this will provide an assurance that the trust can place the right mix of responding vehicles and the most appropriately skilled clinicians in locations that meet the needs and demands of the community. Future housing and employment site developments will be taken into consideration to ensure that the trust can meet the changing demands of the greater Bristol area as it grows.

This project will begin with a review of what GWAS currently has, including where it is located, how it serves to meet demand, patient care and compares to a benchmark of

standards for facilities. A projection of what is needed both now and in the future forms the basis of that review.

The trust has a vision to create new standards of excellence in emergency and urgent care. Key to the delivery of this will be modelling analysis that will look at the impact of where trust facilities, vehicles and clinicians could be best placed within the greater Bristol area to achieve the best mix of location, facilities, affordability and ability to respond to patient demand and deliver excellent patient care where and when it is required.

It should be noted that financial savings made as a part of this project will be reinvested in the delivery of emergency and urgent care by the ambulance service.

2. Trust-wide offices review

The project will review existing office accommodation across the trust, identify the needs and requirements to support the delivery of high quality services to patients and the public, meeting demand now and in the future. This project will focus on the offices and facilities occupied by non-operational services and senior operational managers. Offices provided within operational ambulance stations (typically for operational management roles) fall outside of the scope of this review.

The trust currently provides offices at nine locations across the GWAS area. Due to the multiple locations of office facilities, much officer time is spent travelling between office locations; this is costly in terms of time and travelling expenses. There is a general lack of appropriate meeting space across the offices and a review of training facilities will need to be included.

This project will identify and review current facilities and usage. Current and future need will be explored and possible options identified. An options appraisal will examine a number of possible solutions / alternatives to the current arrangements.

3. Trust-wide operations centre review

This project will review the provision of all operations centres within the trust, managing both emergency and non-emergency calls and dispatch. The project will work towards a model that will support cost-effective delivery of high-quality services to patients and the public, and meet the needs of the trust and the community now and in the future.

The review will include all call handling, dispatch and call resolution for Accident and Emergency, Patient Transport Services and Out of Hours giving consideration to potential demands and opportunities created by the 111 project.

Members of the public will not experience any change to the current 999 service that is provided by GWAS. Calls will be answered in the normal way and the most appropriate vehicle and clinician dispatched to respond to the call.

The trust is currently maintaining three emergency operations centres (EOCs), a separate Patient Transport Service (PTS) control room and the Gloucestershire Out-of-Hours (OoH) control function is incorporated into the Gloucestershire EOC resulting in the operation of four separate locations.

When considering future options, the following will to be taken into consideration:

- Potential for increased efficiency and reductions in management overhead requirements by reducing the total number of locations;
- Improved responsiveness and flexibility to cater for variations in demand, including projected growth in call volumes and possible major incidents, through the ability to allocate resources flexibly and at short notice to meet changes in demand;
- The provision of a new clinical delivery model, following intelligent dispatch of resources and dispatch desk remodelling;
- Responding to patient needs quickly, equitably and appropriately day or night;
- In order to be considered as a potential provider of the 111 service there will be a need to increase capacity, efficiency and effectiveness of control rooms;
- Resilience, through implementation of effective backup and contingency arrangements.

Stakeholder engagement

Each of the projects will impact on GWAS staff, with real potential to result in significant change. External stakeholders, including members of the public, will have an interest in the outcomes and impacts of the projects. Discussions have taken place with the Strategic Health Authority to ensure that the gateway process for managing significant service change is followed throughout the implementation of the strategy.

Engagement of stakeholders is being managed on a project-by-project basis with the strategic overview at programme level. In all cases there is an ambition that the programme will be as open as possible in the review of provision and will keep regular communication and involvement with the most effected and most interested parties.

Regular updates will be shared with the Joint Overview and Scrutiny Committee as appropriate. Where specific projects have a greater significance to a particular geographical level, updates will be provided to the relevant overview and scrutiny committee.

The recent announcement that the trust is seeking a partner has prompted a review of this programme of work. Conversations with potential partners have concluded that the drivers and pressures highlighted in the estates strategy remain. The work to implement the estates strategy will continue as the trust continues to work towards a partnership.

Planned timescales

Project initiation documents for each of the projects were approved in September. The programme board requested that the timescales for both the Bristol estate review and the trust-wide offices review be revisited. This work was originally scheduled to begin quarter one and quarter two of the 2012-13 year. A revised timetable and the resource implications will be presented to the programme board in October.

The trust-wide review of operations centres is the most advanced of the three projects. It is anticipated that the programme board will present a recommendation and outline business case to trust Board by the end of November 2011.

Once the trust has approved the timescales, this information will be used to finalise the engagement timeline and the information will be shared with partners.

Update from Individual Health Overview and Scrutiny Committees

Great Western Ambulance Joint Health Scrutiny Committee
14th October 2011

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To enable individual Health Overview and Scrutiny Committees to advise the Joint Committee of any work they are undertaking in relation to ambulance services and the outcomes of such work.

Recommendation

The Great Western Ambulance Joint Health Scrutiny Committee is requested to:

Consider any written and verbal updates provided by Health Overview and Scrutiny Committees and determine whether the Joint Committee requires any further action.

1.0 Reasons

1.1 Recommendation 5 of the Great Western Ambulance Joint Health Scrutiny Committee's *"Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee, February - October 2008"* required that a standing agenda item be included at each meeting of the Joint Committee to enable individual Health Overview and Scrutiny Committees (HOSCs) to provide an update on any work they are undertaking in relation to ambulance services and the outcomes of such work.

2.0 Detail

2.1 The rationale for this recommendation was to ensure that the Joint Committee was kept informed of any local work that is being carried out by individual HOSCs. This will enable the Joint Committee to identify any issues that may benefit from its involvement and will reduce the likelihood of duplication of work occurring between the Joint Committee and individual HOSCs.

2.2 Submissions from those local authority HOSCs which are undertaking any such work are included in the appendices to this report for the information of Members.

- 2.3 Members from each local authority HOSC may also wish to provide the Joint Committee with a verbal update.
- 2.4 Members are requested to consider the updates provided by HOSCs and determine whether any further action is required by the Joint Committee in relation to any of the issues raised.

3.0 Background Papers and Appendices

Appendix 1: Update from B&NES Wellbeing Policy Development and Scrutiny Panel

Appendix 1

Update to GWAS Joint Scrutiny Committee from B&NES Wellbeing Policy Development and Scrutiny Panel

The Wellbeing Policy Development and Scrutiny Panel are due to receive an update from the Great Western Ambulance Service given by Paul Birkett-Wendes (GWAS General Manager for Wiltshire locality) and John Oliver (GWAS External Communications Manager) at their meeting on the 7th October.

This update will mainly focus on Ambulance Quality Indicators (AQI) for the GWAS area and a specific update on the number of 999 calls received in the Bath & North East Somerset area.

The Panel will also receive a verbal update on the recent announcement by the Great Western Ambulance Trust to establish a partnership arrangement.

Date: 29th September 2011

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LOCAL INVOLVEMENT NETWORK (LINK)**Joint Working Group (JWG) for Ambulance Services****UPDATE FOR THE JOINT OVERVIEW AND SCRUTINY COMMITTEE (JOSC)****October 2011**

The JWG met in July and September 2011. The speaker at the July meeting was Dave Coates, Emergency Care Practitioner (ECP) Great Western Ambulance Services (GWAS), who talked about the Emergency Pathways across the GWAS area. He specifically talked about the Stroke Pathway and the Cardiac Care pathway. Members found the presentation very interesting and informative. They noted there was some variance in critical timings across the area.

The speaker at the September meeting was Marija Kontic, Chief Project Manager for the GWAS Emergency Departments Arrival Screens project. Members learnt that Arrival Screens are now present in the eight acute hospitals in the GWAS area. The screens are designed to give advanced information to Emergency Departments on incoming patients and to provide a detailed, accurate measurement of handover times.

At a previous meeting, JWG members had expressed their concerns about the variance in handover times at acute Hospitals. Members discussed the Arrival Screens presentation and agreed to undertake a piece of work which would be centred on the screens and the processes around them.

Albert Weager
Chair LINK JWG for ambulance services

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Work Programme

Great Western Ambulance Joint Health Scrutiny Committee
14th October 2011

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To agree the next stages of the work programme for the Great Western Ambulance Joint Health Scrutiny Committee for 2011/12.

Recommendation

The Great Western Ambulance Joint Health Scrutiny Committee is requested to:

- Agree the future items on the Work Programme and authorise the Chair and support officers to make arrangements for the delivery of the Work Programme
- Agree the proposed date and hosting arrangements for the forthcoming meeting in February.

1.0 Reasons

- 1.1 In order to facilitate the preparation of meetings, the Great Western Ambulance Joint Health Scrutiny Committee has agreed to develop a work programme that outlines its priorities.

2.0 Detail

- 2.1 At the last meeting on 10th June 2011, Members agreed a work programme up to the 14th October 2011.
- 2.2 Members are requested to confirm the date of the next meeting. The proposed date is 24th February 2012.
- 2.3 Members are requested to confirm work programme priorities for the next meeting of the Committee.
- 2.4 A draft Work Programme is attached, which includes the standing items that are reported to every meeting of the Committee.

3.0 Background Papers and Appendices

Appendices

Appendix A - Great Western Ambulance Joint Health Scrutiny Committee
Work Programme 2011/12

Appendix A

Work Programme

Great Western Ambulance Joint Health Scrutiny Committee Work Programme 2011/12 (Updated 3rd October 2011)

Please note:

- Where possible, a 45 minute pre-meeting will be held before all formal Committee meetings. These will be held in private.
- Members are reminded that the Work Programme is a live document and will be reviewed at every Committee meeting to ensure that it remains relevant and to plan future meetings.

**Friday 14th October 2011 at Wiltshire Council, Monkton Park,
Chippenham**

Agenda Item	Issues to be Considered	Witnesses Required
To consider any issues arising from the Monthly Performance Report, and response times for district councils. (also included will be a full breakdown of handover times/delays by hospital)	<ul style="list-style-type: none"> • To consider the latest data regarding key performance information • To raise any issues with officers from GWAS and Gloucestershire PCT • To determine whether any further action is required by the Joint Committee 	<ul style="list-style-type: none"> • Representative from GWAS • Representative from Gloucestershire PCT
Report from Joint Working Group		<ul style="list-style-type: none"> • Local LINK rep and/or Chair of JWG
(prov) Briefing: Organisational change and leadership in GWAS	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Representative from GWAS
Report from Audit Commission	<ul style="list-style-type: none"> • Requested by Chair 	<ul style="list-style-type: none"> • Linda Prosser, NHS Glos
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	<ul style="list-style-type: none"> • To enable individual HOSCs to advise the Joint Committee of any work they are 	<ul style="list-style-type: none"> • N/A

	undertaking and the outcomes of such work	
GWAS Joint Health Scrutiny Committee Work Programme	<ul style="list-style-type: none"> To review the Committee's work programme to ensure that it remains relevant 	<ul style="list-style-type: none"> Scrutiny Officer

February 24th 2012 (host to be confirmed)

Agenda Item	Issues to be Considered	Witnesses Required
To consider any issues arising from the Monthly Performance Report, and response times for district councils. (also included will be a full breakdown of handover times/delays by hospital)	<ul style="list-style-type: none"> To consider the latest data regarding key performance information To raise any issues with officers from GWAS and Gloucestershire PCT To determine whether any further action is required by the Joint Committee 	<ul style="list-style-type: none"> Representative from GWAS Representative from Gloucestershire PCT
Report from Joint Working Group		<ul style="list-style-type: none"> Local LINK rep and/or Chair of JWG
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	<ul style="list-style-type: none"> To enable individual HOSCs to advise the Joint Committee of any work they are undertaking and the outcomes of such work 	<ul style="list-style-type: none"> N/A
GWAS Joint Health Scrutiny Committee Work Programme	<ul style="list-style-type: none"> To review the Committee's work programme to ensure that it remains relevant 	<ul style="list-style-type: none"> Scrutiny Officer

GWAS Quality Indicators 2011/12

(NB CI - may have data quality issues in as trusts align themselves to the new indicator)

Indicator	Category A Calls					Abandonment					Re-Contact Rate					Frequent Callers					Time to answer call (sec)														
	England Average	Best Performing	GWAS	Rank	Rank vs. last month	England Average	Best Performing	GWAS	Rank	Rank vs. last month	England Average	Best Performing	GWAS	Rank	Rank vs. last month	England Average	Best Performing	GWAS	Rank	Rank vs. last month	England Average	Best Performing	GWAS	Rank	Rank vs. last month										
	Proportion of calls responded to within 8 minutes					Proportion of calls abandoned before being answered					Proportion of patients who re-contacted following discharge of care, by telephone within 24 hours					Proportion of calls from patients for whom a locally agreed frequent caller procedure is in place					Proportion of patients who re-contacted following treatment and discharge at the scene, within 24 hours														
April	76.8%	77.0%	75.5%	10	↔	97.2%	98.3%	97.7%	7	↔	1.4%	0.1%	1.2%	6	↔	16.5%	0.8%	14.1%	6	↔	5.1%	0.7%	4.5%	6	↔	0.7%	0.0%	0.1%	2	↔	1.9	0.0	1.0	2	↔
May	76.8%	79.7%	77.0%	7	↔	97.3%	99.4%	98.5%	9	↔	1.0%	0.1%	1.0%	9	↔	15.0%	1.2%	7.2%	3	↔	5.2%	0.6%	2.6%	3	↔	0.7%	0.1%	0.1%	2	↔	2.0	0.0	1.0	2	↔
June	75.3%	76.4%	74.9%	10	↔	96.8%	98.3%	96.0%	7	↔	1.4%	0.1%	1.2%	4	↔	15.2%	0.4%	8.8%	3	↔	5.6%	1.4%	3.1%	2	↔	0.6%	0.1%	0.1%	1	↔	2.0	0.0	1.0	2	↔
July	76.4%	77.7%	76.0%	8	↔	Awaiting validation of data					14.4%	2.6%	8.4%	5	↔	14.4%	2.6%	8.4%	5	↔	5.4%	0.9%	4.0%	4	↔	0.7%	0.1%	0.1%	1	↔	1.9	0.0	1.0	2	↔
August	77.4%	80.8%	77.6%	4	↔	1.1%	0.0%	0.8%	5	↔	13.9%	3.9%	9.1%	4	↔	13.9%	3.9%	9.1%	4	↔	6.2%	2.6%	3.3%	2	↔	0.7%	0.1%	0.1%	2	↔	1.8	0.0	1.0	3	↔

Indicator	Time to answer call (sec)					Time to treatment for Cat A calls (mins)					Closed without Transport																			
	England Average	Best Performing	GWAS	Rank	Rank vs. last month	England Average	Best Performing	GWAS	Rank	Rank vs. last month	England Average	Best Performing	GWAS	Rank	Rank vs. last month	England Average	Best Performing	GWAS	Rank	Rank vs. last month	England Average	Best Performing	GWAS	Rank	Rank vs. last month					
	95th Percentile					Median					99th Percentile					Proportion of incidents managed without need for transport to Accident and Emergency department														
April	13.9	1.0	3.0	5	↔	17.0	1.0	7.0	10	↔	5.6	4.2	5.6	6	↔	23.6	18.2	22.1	6	↔	4.4%	9.5%	2.9%	11	↔	32.6%	48.3%	42.2%	3	↔
May	14.0	1.0	6.0	4	↔	50.6	6.0	85.0	11	↔	5.4	4.0	5.4	6	↔	22.3	6.0	19.9	4	↔	4.6%	12.7%	5.3%	6	↔	33.4%	49.0%	46.1%	3	↔
June	19.3	1.0	11.0	5	↔	63.3	13.0	90.0	10	↔	5.4	4.0	5.5	7	↔	22.8	6.0	22.2	6	↔	4.7%	15.4%	4.5%	7	↔	34.4%	50.4%	43.0%	4	↔
July	15.3	1.0	5.0	5	↔	56.1	7.0	70.0	9	↔	5.6	5.0	5.4	6	↔	23.6	17.5	21.4	6	↔	4.8%	14.8%	5.6%	6	↔	34.3%	52.5%	43.3%	3	↔
August	16.4	1.0	1.5	2	↔	57.9	6.0	50.0	5	↔	5.5	4.7	5.4	5	↔	23.8	18.1	21.2	4	↔	4.9%	12.7%	5.8%	5	↔	34.2%	54.1%	45.9%	3	↔

Rank vs. last month Key
↔ Better than Last Month
↔ Same as Last Month
↔ Worse than Last Month

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