Wiltshire Council
Where everybody matters

AGENDA

Meeting:	Great Western Ambulance Service Joint Health Overview & Scrutiny Committee
Place:	Swindon Borough Council, Civic Offices, Euclid Street, Swindon, SN1 2JH
Date:	Friday 15 June 2012
Time:	**11.00 am**

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GREAT WESTERN AMBULANCE SERVICE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Date & Time: 15th June 2012 at 11.00 am (Pre-meeting for Members and L A Officers only at 10.00 am.)
Venue: Swindon Borough Council, Civic Offices, Euclid Street, Swindon, SN1 2JH.

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 Terry Hale, Gloucestershire County Council
- Councillor Sheila Jeffery, Cotswold D C (Glos. County Council) Gloucestershire County 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, Wilshire Council

Contact Officers:
Romayne de Fonseka, 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 24th February 2012** To approve the Minutes of the Meeting for signature by the Chair.
6.	**Monthly Performance Information Comprising:** **A. Commissioners' Monthly Report** **B. Trust Activity and Performance;** **C. Hospital Handover Summary.** To comment and note.
7.	**Organisational change at GWAS**

	To comment and note.
8.	**Estates Review Strategy Update** Verbal report
9.	**Update from HOSCs** To comment and note.
10.	**Report from Joint Working Group** To comment and note.
11.	**Work Programme** To agree the priorities for future meetings of the Committee.
12.	**Dates of Future Meetings** Proposed date of next meeting: Friday 19th October 2012 – Bath and North East Somerset Council - commencing at 11.00 am.
13.	**Urgent Business**

Date of Dispatch: 7th June 2012

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.

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Agenda Item No. 5

GREAT WESTERN AMBULANCE SERVICE

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES OF MEETING HELD

Friday 24 February 2012

New Council Chamber, Town Hall, Weston-super-Mare

Meeting Commenced: 11.05 a.m. Meeting Concluded: 1.25 p.m.

Members of the Committee:

Councillors Present:

Bath and North East Somerset Council

Cllr Anthony Clarke (Chairman), Cllr Sharon Ball , Cllr Eleanor Jackson

Bristol City Council

Cllr Lesley Alexander, Cllr Jenny Smith, Cllr Sylvia Townsend

Gloucestershire County Council

Cllr Sheila Jeffery (Cotswold)

North Somerset Council

Cllr Reyna Knight, Cllr Nick Pennycott, Cllr Sonia Russe (substitute for Cllr Bob Garner)

South Gloucester Council

Cllr Sue Hope

Swindon Borough Council

Wiltshire Council

Cllr Christine Crisp, Cllr Mike Hewitt, Cllr Ian McLennan

Apologies:

Cllr Janet Biggin – South Gloucester Council, Cllr Ian Scott – South Gloucester Council
Cllr Ron Allen – Gloucestershire County Council, Cllr Terry Hale – Gloucestershire County Council
Cllr Bob Garner – North Somerset Council

Also in attendance:

Romayne de Fonseka, Scrutiny Officer, Bristol City Council
Liam Williams, Director of Nursing GWAS
Bridgid Musslewhite, Project Director, NHS South West
John Oliver External Communications Manager, GWAS
Linda Prosser, NHS Gloucestershire
Joanna Pyke, North Somerset Council

1. Declarations of Interest (Agenda Item 2)

None

2. Public Question Time (Agenda Item 3)

There were no questions received.

3. Chairman's Update (Agenda Item 4)

There were no updates.

4. Minutes (Agenda Item 5)

The minutes of the meeting held on 14 October 2011 were approved as a correct record, subject to it being noted:

Minute 11: third paragraph states Cotswold District Council this should read Gloucestershire County Council,

Minute 10: Bristol Estates review GWAS agreed to bring a report to a future meeting following concerns raised by a member of the Committee.

5. Monthly Performance (Agenda Item 6)

Representatives from NHS Gloucestershire were in attendance to present the monthly performance information for the Committee's consideration. Details included:

GWAS performance by month, broken down by sector, PCT and Local Authority.

Handover times/delays by hospital.

Issues raised during debate:

Concern was raised regarding Cotswold (Red 8 min performance) 51%, page 19 of 24. It was explained that targets were established nationally for the whole area. Rural areas were particularly difficult to meet. Cotswold was the third most sparsely populated area in the country. The Operations Centre constantly monitored and reviewed where resources were best placed to respond to demand. This includes first responses, who make the area safe but do not show up in these figures. GWAS remained committed to close the urban/rural gap as far as able.

The Chairman requested that a report be submitted to a future meeting regarding the outcomes for individuals attended comparing 8 minute response to 10 minute response.

Reference was made to a particular incident in Wiltshire. It was confirmed that this was being investigated by GWAS. It was suggested that GWAS should ensure that the local population should be re-assured that GWAS was doing all that was possible with the available resources. It was agreed that when the investigation was completed the Chairman would be informed and the information would be shared with the Joint Scrutiny Committee.

Reference was made to ‘see and treat’ and ‘hear and treat’. Hear and treat was not geographically based – a patient would be triaged via telephone conversation and appropriate action taken. See and treat – a clinician attends the patient for a face to face assessment.

Concerns were raised regarding the use of private ambulances. It was clarified that the PCT contract with GWAS was for emergency services. There was a separate contract for Patient Transport Services. This could be subcontracted to private companies by the NHS.

It was confirmed that GWAS did have vehicles and equipment to deal with morbidly obese patients. Further information on the bariatric upper limit would be provided.

Hospital handovers: In response to concerns regarding Frenchay Hospital a number of actions were agreed. It was considered that hospitals should be fined for the delays in handover to recompense GWAS. The Committee offered its support to GWAS and asked that information be supplied at a local level.

Resolved:

That the report be noted.

That NBT and UHB to be asked to provide updates on progress on reducing A&E handover time to the next meeting.

That a report be submitted to a future meeting regarding the outcomes for individuals attended comparing 8 minute response to 10 minute response.

6. Organisational Change at GWAS (Agenda Item 7)

The Committee received a presentation regarding the proposed acquisition of GWAS (Great Western Ambulance Service) by SWASFT (South Western Ambulance Service Foundation Trust). The presentation included:

The Current position
Why GWAS was proposing the change
How GWAS reached the decision

Why SWASFT would make a good partner
Benefits
Who is involved
Overall objectives
SWASFT acquisition pledges
Position so far
Key facts
Next steps
Sharing Plans

Issues raised during debate:

GWAS gave absolute assurances that the future ambulance service would remain locally focussed.

Concerns were raised regarding the influx of tourists during the tourist season. Members were assured that the services was commissioned to meet the needs of the population. SWASFT and GWAS were used to dealing with this. It was suggested that under key facts 1 the number of visitors should also be included under GWAS.

The service was commissioned on an activity basis not population basis.

There would be SWAST presence in each area to retain a local presence. Locality Managers had already been appointed.

In response to a query regarding governance it was explained that GWAS would become part of the SWASFT Foundation Trust. There would be a Council of Governors and work was ongoing on how governors would be elected. The constitution was being reviewed to ensure equity across the whole of the geographical area.

Resolved: that the presentation be noted.

7. Update from HOSCs (Agenda Item 8)

Issues were raised regarding Community First Responders and the need to ensure a good consistent presence. GWAS was working with the British Heart Foundation on this initiative.

8. Report from Joint Working Group (Agenda Item 9)

The Committee received a verbal update from the Joint Working Group.
The Working Party was working with GWAS regarding GWAS's Quality Account. They were also involved with Bristol, South Gloucester and North Somerset PCT's regarding the Patient Transport Service contract, and looking at handover times at hospitals. A report would be submitted to a future meeting of the Joint Scrutiny Committee.

Resolved:

That the report be noted.

9. Work Programme (Agenda Item 10)

The Committee were asked to agree the priorities for the Committees future
meetings.

The following reports would be considered at the next meeting:

Update on Estates Review Strategy
Accident and Emergency Handovers at BRI and Frenchay
Update of the proposed SWASFT acquisition of GWAS

Resolved:

That the report be noted.

10. Dates of Future Meetings (Agenda Item 11)

Resolved:

The next meeting of the Committee will be held on 15 June 2012 – Swindon Borough Council; Friday 19 October – Bath and North East Council. Both meetings commencing at 11.00 a.m.

11. Urgent items (Agenda Item 12)

There were no urgent items for consideration.

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Agenda Item No. 6

Review of Issues Arising from Performance Information

Great Western Ambulance Joint Health Scrutiny Committee
15th June 2012

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To present Members with outturn performance information for 2011/12, 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.

2.0 Detail

2.1 Performance information is attached. The attached information outlines GWAS performance, 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.

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	264,563
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	272,500
2011/12 Actual	21,891	21,803	21,919	22,807	21,682	22,415	23,270	22,193	24,844	23,186	22,812	24,478	273,300
Variance from Contract	*519*	*-1,248*	*-199*	*171*	*-338*	*414*	*-12*	*-78*	*-1,127*	*-342*	*1,846*	*1,194*	*800*
Variance from Contract %	*2.4%*	*-5.4%*	*-0.9%*	*0.8%*	*-1.5%*	*1.9%*	*-0.1%*	*-0.4%*	*-4.3%*	*-1.5%*	*8.8%*	*5.1%*	*0.3%*
Variance from 2010/11	*1,142*	*-577*	*444*	*830*	*304*	*1,054*	*667*	*571*	*-370*	*342*	*2,457*	*1,873*	*8,737*
Variance from 2010/11 %	*5.5%*	*-2.6%*	*2.1%*	*3.8%*	*1.4%*	*4.9%*	*3.0%*	*2.6%*	*-1.5%*	*1.5%*	*12.1%*	*8.3%*	*3.3%*

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	176,158
2011/12 Actual	14,622	14,507	14,351	14,876	14,176	14,848	15,037	14,120	14,921	14,311	13,712	14,679	174,160
Variance from 2010/11	*678*	*-278*	*119*	*481*	*31*	*441*	*-84*	*-431*	*-1,502*	*-921*	*31*	*-563*	*-1,998*
Variance from 2010/11 %	*4.9%*	*-1.9%*	*0.8%*	*3.3%*	*0.2%*	*3.1%*	*-0.6%*	*-3.0%*	*-9.1%*	*-6.0%*	*0.2%*	*-3.7%*	*-1.1%*

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%	66.6%
2011/12 Actual	66.8%	66.5%	65.5%	65.2%	65.4%	66.2%	64.6%	63.6%	60.1%	61.7%	60.1%	60.0%	63.7%
Variance from 2010/11 %	*-0.6%*	*0.7%*	*-1.2%*	*-0.4%*	*-1.2%*	*-1.8%*	*-3.4%*	*-5.5%*	*-7.8%*	*-7.4%*	*-10.6%*	*-11.1%*	*-4.3%*

Great Western Ambulance Service NHS
NHS Trust

TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS

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

Incidents with Response:

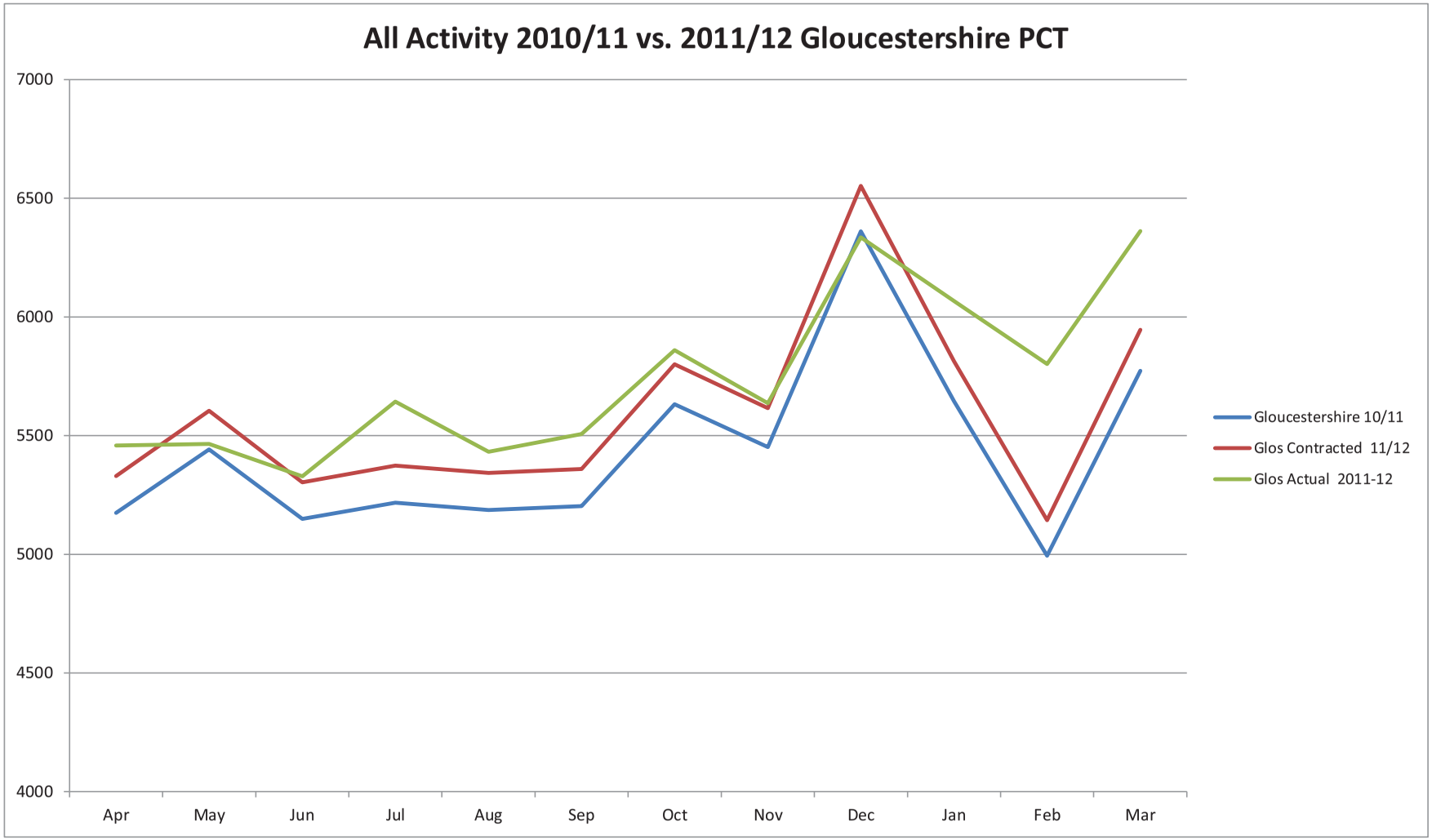
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	16,595	18,031	17,062	17,624	17,169	16,952	17,982	16,919	20,030	17,709	15,672	17,736	209,481
2011/12 Actual	17,292	17,166	17,349	18,218	17,118	17,660	18,351	17,294	19,445	17,955	17,650	19,085	214,583
Variance from 2010/11	*697*	*-865*	*287*	*594*	*-51*	*708*	*369*	*375*	*-585*	*246*	*1,978*	*1,349*	*5,102*
Variance from 2010/11 %	*4.2%*	*-4.8%*	*1.7%*	*3.4%*	*-0.3%*	*4.2%*	*2.1%*	*2.2%*	*-2.9%*	*1.4%*	*12.6%*	*7.6%*	*2.4%*

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*	124,809
2011/12 Actual	*10,381*	*10,220*	*10,149*	*10,640*	*9,977*	*10,476*	*10,567*	*9,687*	*10,098*	*9,644*	*9,175*	*9,866*	120,880
Variance from 2010/11	*382*	*-482*	*84*	*299*	*-202*	*212*	*-228*	*-533*	*-1,592*	*-845*	*-166*	*-858*	*-3,929*
Variance from 2010/11 %	*3.8%*	*-4.5%*	*0.8%*	*2.9%*	*-2.0%*	*2.1%*	*-2.1%*	*-5.2%*	*-13.6%*	*-8.1%*	*-1.8%*	*-8.0%*	*-3.1%*

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%	59.6%
2011/12 Actual	60.0%	59.5%	58.5%	58.4%	58.3%	59.3%	57.6%	56.0%	51.9%	53.7%	52.0%	51.7%	56.3%
Variance from 2010/11 %	*-0.2%*	*0.2%*	*-0.5%*	*-0.3%*	*-1.0%*	*-1.2%*	*-2.4%*	*-4.4%*	*-6.4%*	*-5.5%*	*-7.6%*	*-8.8%*	*-3.2%*


All Activity 2010/11 vs. 2011/12 Gloucestershire PCT
7000
6500
6000
5500
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4500
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Apr
May
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Feb
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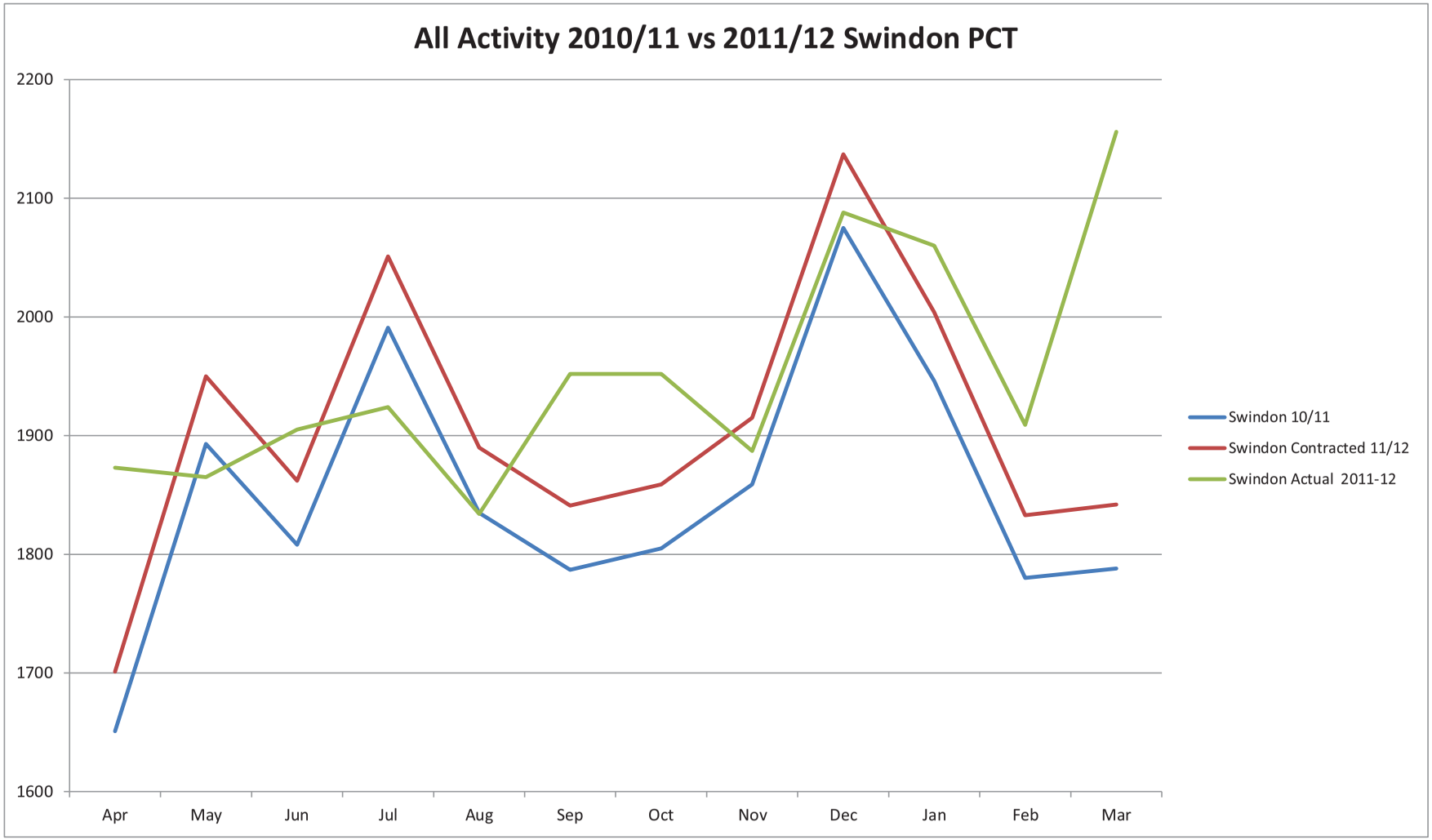
Gloucestershire 10/11
Glos Contracted 11/12
Glos Actual 2011-12


All Activity 2010/11 vs 2011/12 Swindon PCT
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2100
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1700
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Apr
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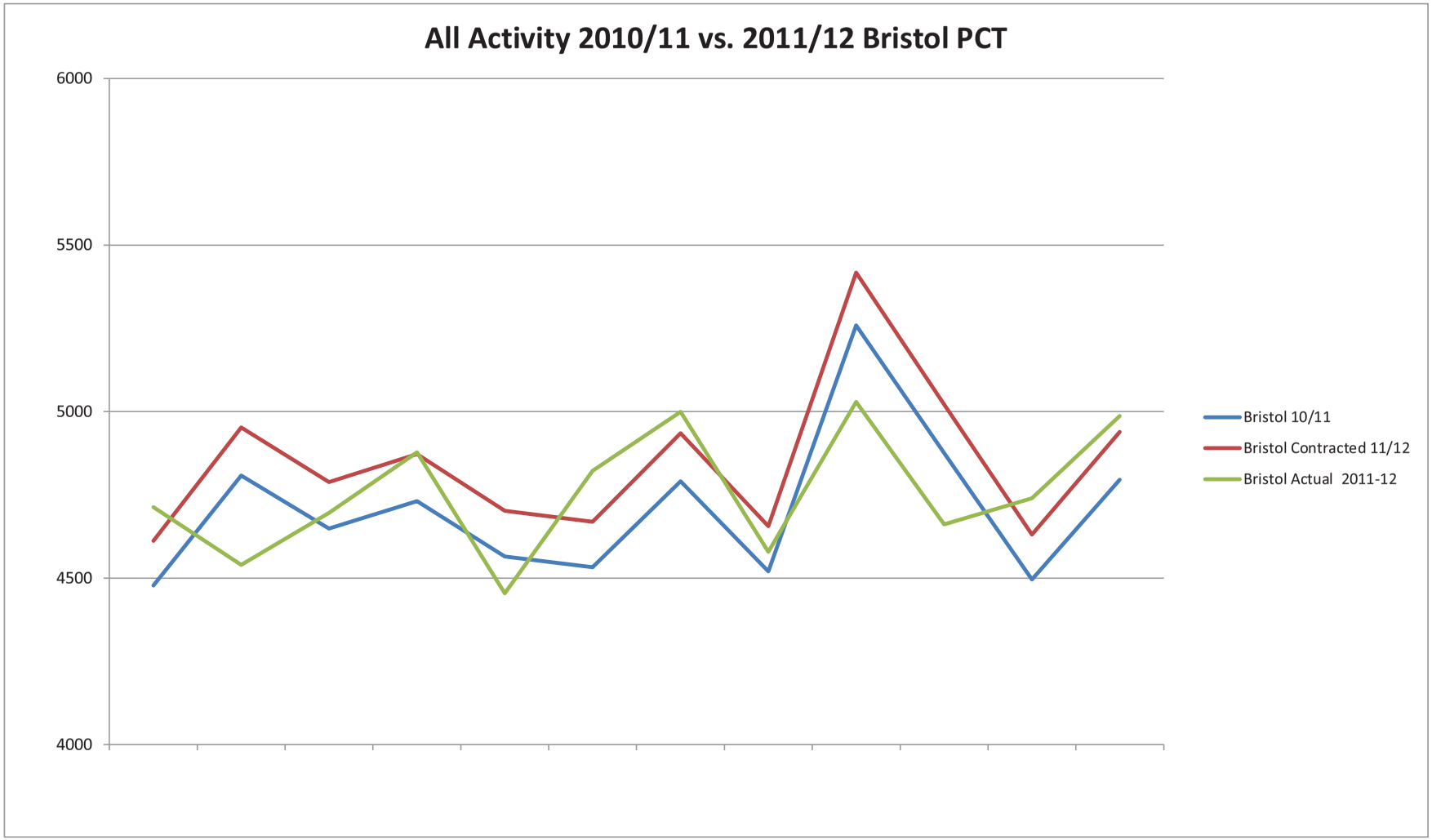
Swindon 10/11
Swindon Contracted 11/12
Swindon Actual 2011-12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5500
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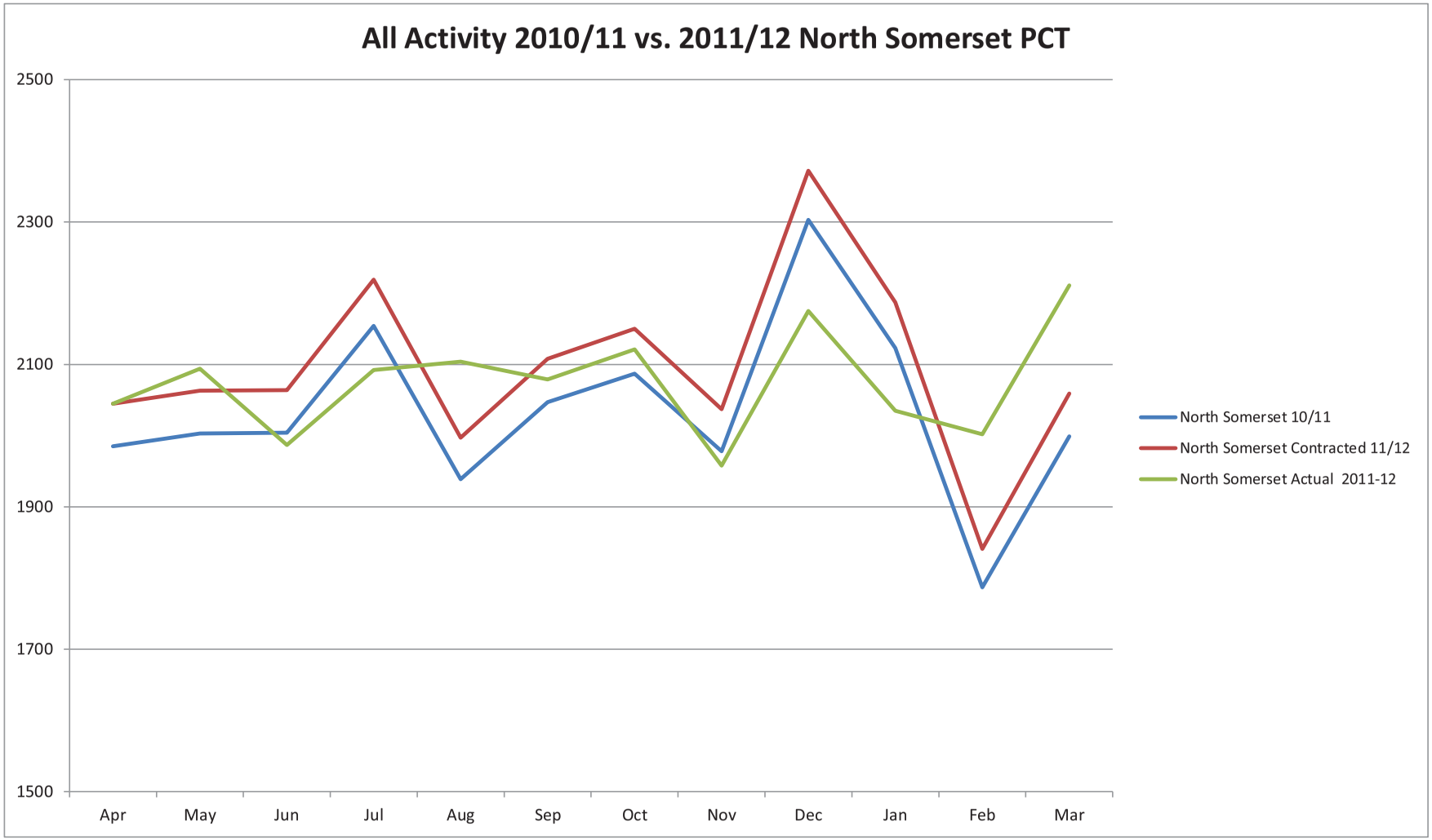
4000
Bristol 10/11
Bristol Contracted 11/12
Bristol Actual 2011-12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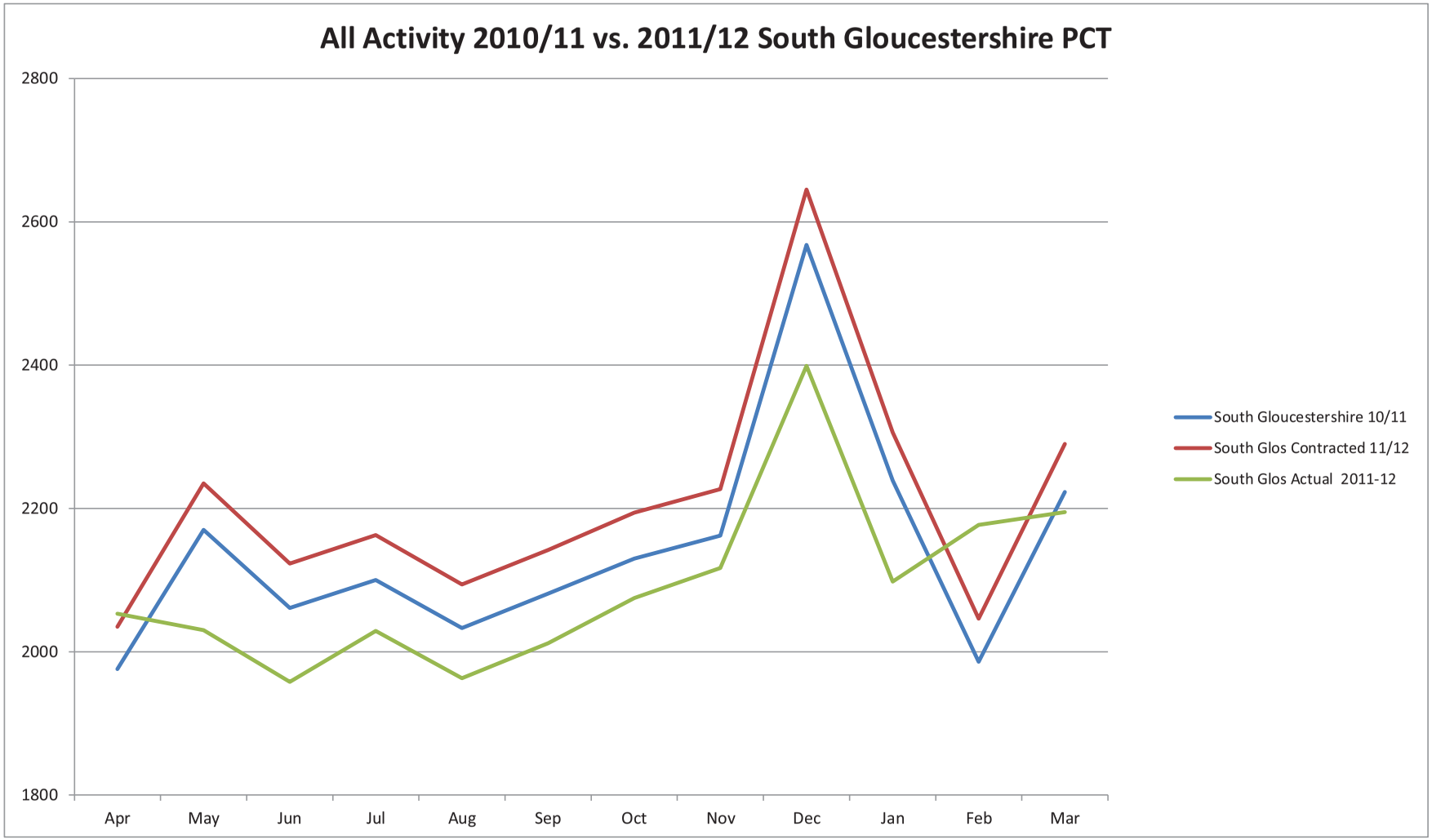
North Somerset 10/11
North Somerset Contracted 11/12
North Somerset Actual 2011-12


All Activity 2010/11 vs. 2011/12 South Gloucestershire PCT
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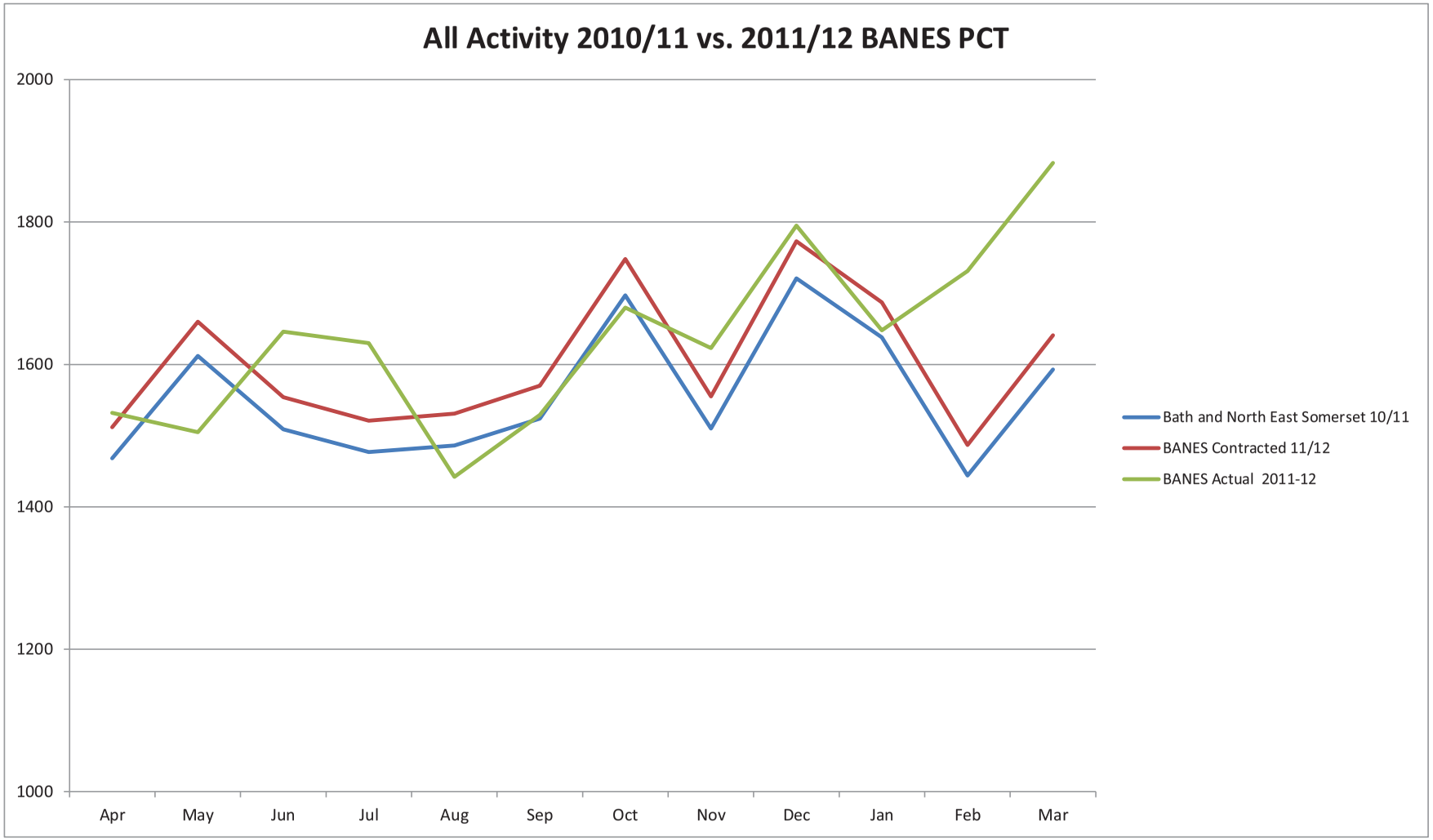
South Gloucestershire 10/11
South Glos Contracted 11/12
South Glos Actual 2011-12


All Activity 2010/11 vs. 2011/12 BANES PCT
2000
1800
1600
1400
1200
1000
Apr
May
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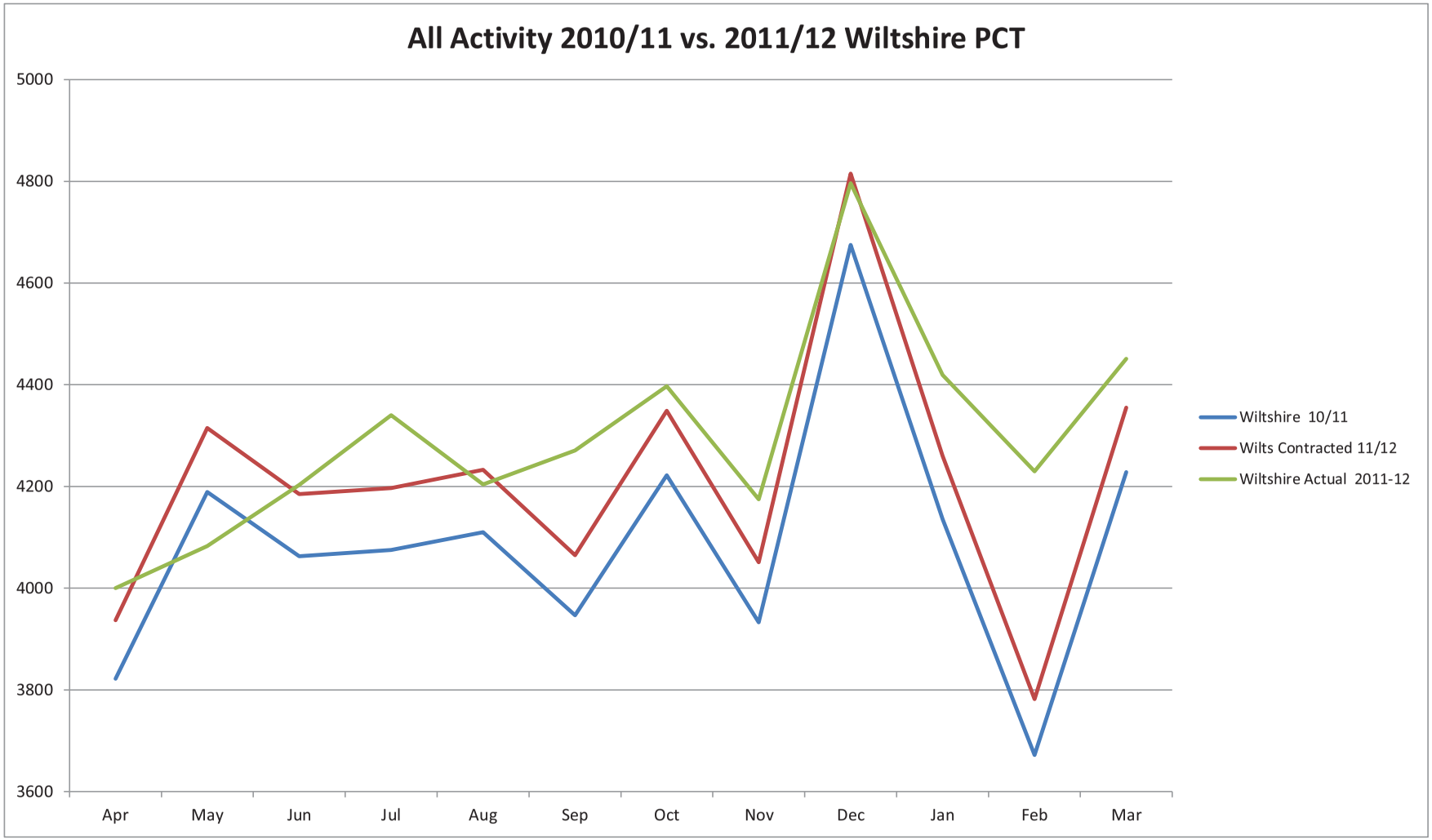
Oct
Nov
Dec
Jan
Feb
Mar
Bath and North East Somerset 10/11
BANES Contracted 11/12
BANES Actual 2011-12


All Activity 2010/11 vs. 2011/12 Wiltshire PCT
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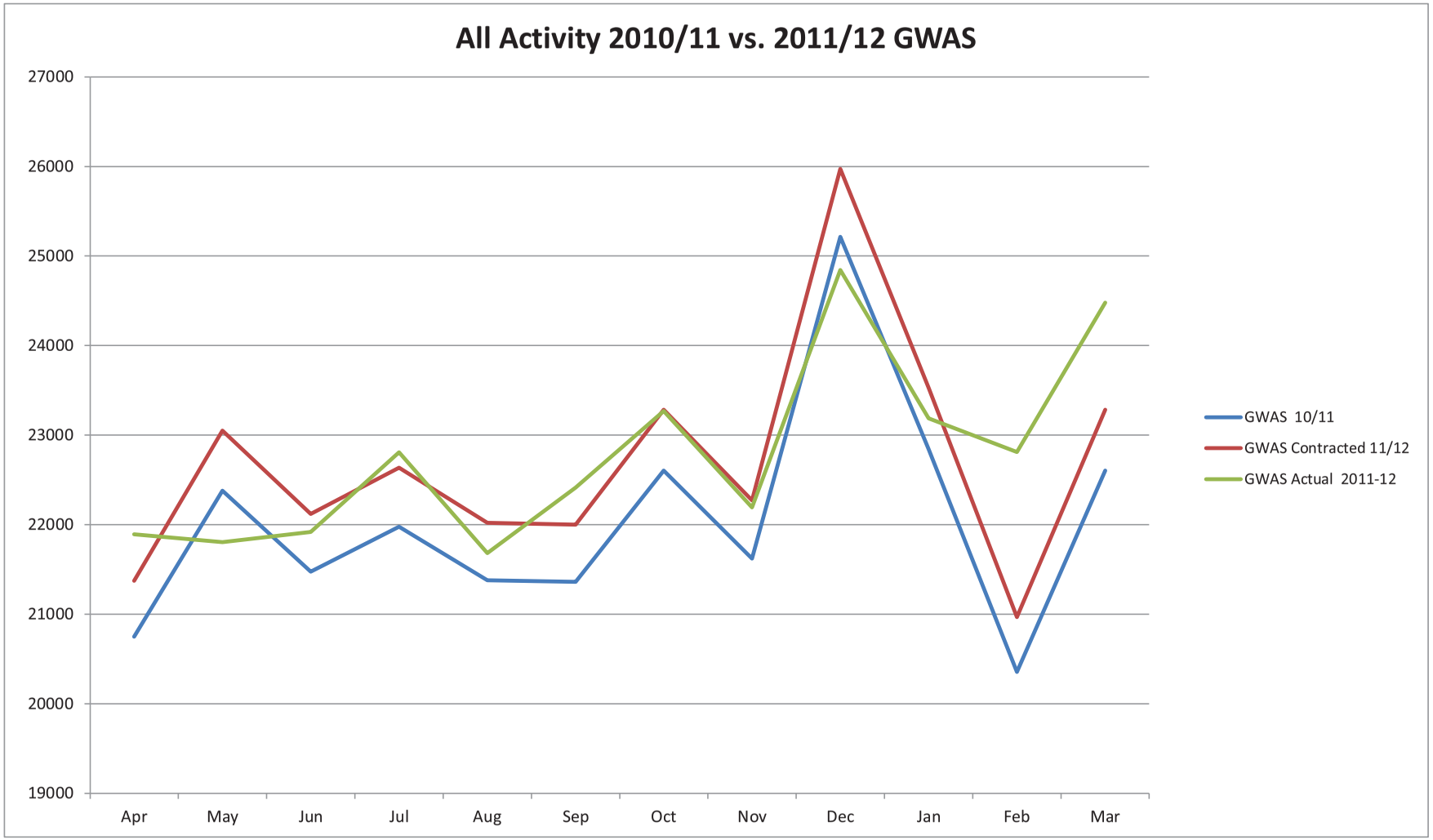
4400
4200
4000
3800
3600
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Wiltshire 10/11
Wilts Contracted 11/12
Wiltshire Actual 2011-12


All Activity 2010/11 vs. 2011/12 GWAS
27000
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24000
23000
22000
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20000
19000
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May
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Aug
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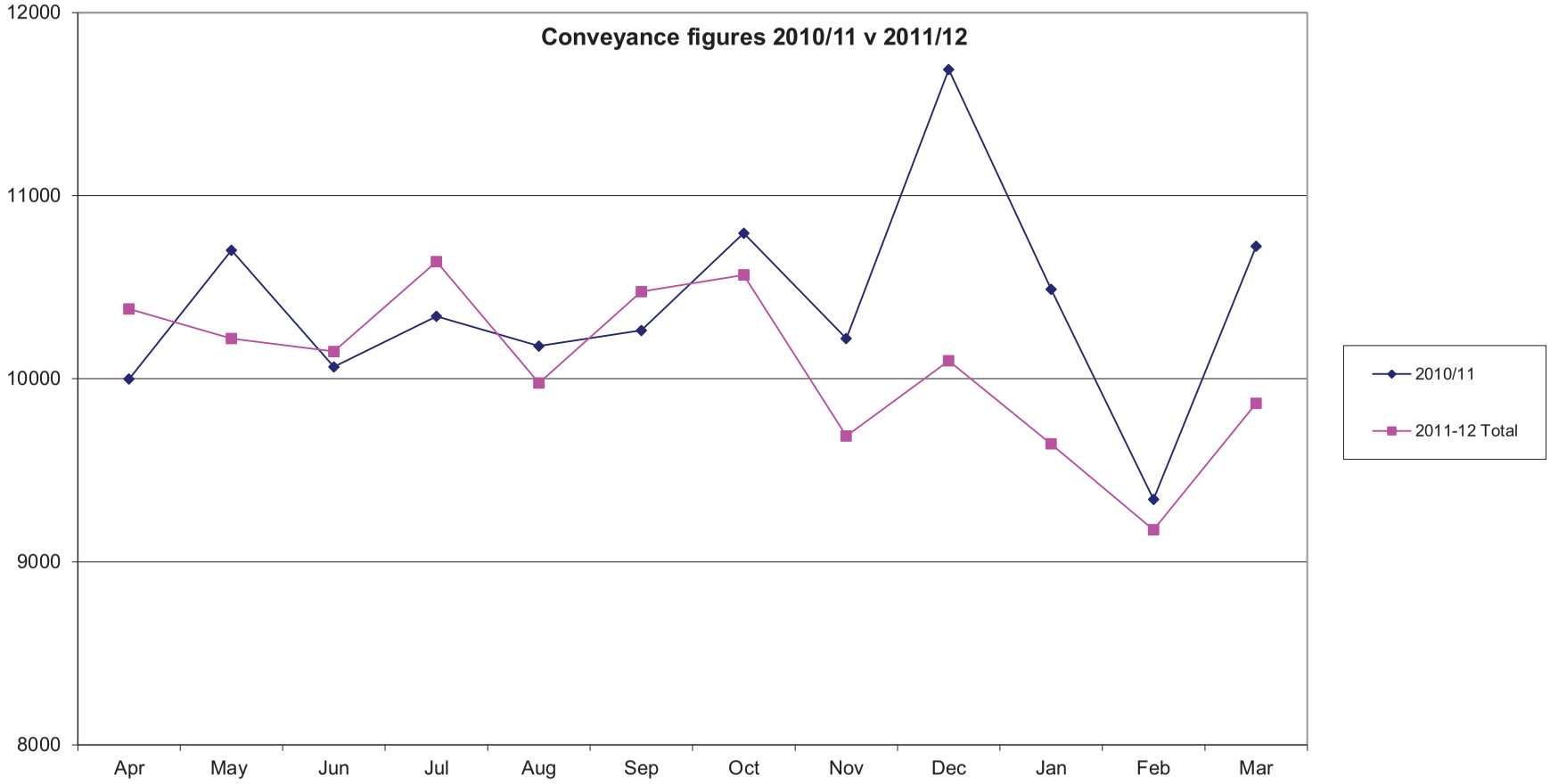
Oct
Nov
Dec
Jan
Feb
Mar
GWAS 10/11
GWAS Contracted 11/12
GWAS Actual 2011-12

Activity by PCT

Outcome	April	May	June	July	August	September	October	November	December	January	February	March	Grand Total
hear & treat	76	110	107	106	101	103	132	224	244	186	218	274	1,886
see & treat	1,718	1,651	1,665	1,762	1,692	1,606	1,767	1,701	2,184	2,053	1,906	2,117	21,822
type 1&2 A&E	3,109	3,178	3,028	3,244	3,111	3,316	3,499	3,228	3,416	3,252	3,231	3,467	39,171
other destination	553	521	534	526	518	466	496	474	488	463	439	472	5,950
xassist	1	5	5	5	7	7	6	9	4	8	8	12	78
Total	**5,458**	**5,465**	**5,329**	**5,643**	**5,432**	**5,507**	**5,860**	**5,637**	**6,336**	**6,067**	**5,802**	**6,362**	**68,898**
hear & treat	28	50	51	68	61	63	69	74	67	67	91	351	901
see & treat	644	651	694	659	657	665	695	662	815	727	727	797	8,353
type 1&2 A&E	1,035	991	1,032	1,061	927	1,037	1,039	997	1,030	1,098	986	1,055	12,268
other destination	166	173	167	136	169	189	140	154	151	148	125	353	1,880
xassist		1											1
Total	**1,873**	**1,865**	**1,905**	**1,924**	**1,814**	**1,952**	**1,952**	**1,887**	**2,068**	**2,060**	**1,909**	**2,156**	**23,405**
hear & treat	222	193	213	210	175	276	281	329	413	322	430	485	3,549
see & treat	1,467	1,437	1,407	1,669	1,478	1,517	1,692	1,501	1,679	1,615	1,604	1,685	18,711
type 1&2 A&E	2,186	2,144	2,260	2,280	2,197	2,148	2,352	2,073	2,363	2,107	2,074	2,386	26,570
other destination	838	766	786	719	604	681	734	676	554	617	692	681	8,268
xassist													-
Total	**4,713**	**4,540**	**4,666**	**4,878**	**4,454**	**4,822**	**4,999**	**4,579**	**5,029**	**4,661**	**4,740**	**4,987**	**57,098**
hear & treat	52	76	74	65	64	71	98	309	187	104	147	346	1,138
see & treat	527	570	546	566	531	495	530	468	533	533	542	667	6,488
type 1&2 A&E	1,206	1,211	1,147	1,244	1,269	1,259	1,279	1,150	1,301	1,199	1,086	1,391	14,562
other destination	260	217	199	216	219	254	217	251	204	198	227	255	2,707
xassist		1	1		1							2	5
Total	**2,045**	**2,094**	**1,987**	**2,092**	**2,104**	**2,079**	**2,121**	**1,958**	**2,175**	**2,035**	**2,002**	**2,711**	**24,903**
hear & treat	61	53	54	55	54	67	75	98	155	120	192	358	1,104
see & treat	611	614	660	551	617	677	607	680	772	636	730	661	7,277
type 1&2 A&E	995	991	920	1,039	1,028	1,021	1,060	1,051	1,173	1,014	978	1,080	12,909
other destination	386	472	325	384	359	347	339	386	299	328	336	304	4,415
xassist												1	1
Total	**2,053**	**2,030**	**1,958**	**2,029**	**1,963**	**2,012**	**2,075**	**2,117**	**2,399**	**2,098**	**2,177**	**2,395**	**25,106**
hear & treat	25	32	26	28	30	30	57	78	114	56	90	122	691
see & treat	450	403	405	467	401	439	477	460	604	528	602	665	5,901
type 1&2 A&E	910	911	980	970	876	893	1,006	901	979	971	949	1,016	11,361
other destination	147	159	146	164	135	166	140	141	97	89	90	100	1,574
xassist						1			1				2
Total	**1,532**	**1,505**	**1,646**	**1,630**	**1,442**	**1,529**	**1,680**	**1,623**	**1,795**	**1,648**	**1,731**	**1,883**	###### ##
hear & treat	69	82	87	121	106	123	165	384	203	196	232	263	1,801
see & treat	1,342	1,384	1,509	1,491	1,514	1,456	1,596	1,449	1,862	1,614	1,604	1,784	18,385
type 1&2 A&E	1,206	1,217	1,175	1,357	1,171	1,303	1,304	1,188	1,377	1,286	1,102	1,294	15,994
other destination	386	391	434	371	411	389	362	355	357	322	332	315	4,405
xassist				2		1	3	1	2	4	2	1	20
Total	**4,003**	**4,084**	**4,205**	**4,342**	**4,207**	**4,274**	**4,400**	**4,178**	**4,801**	**4,422**	**4,232**	**4,457**	###### ##
hear & treat	1	4		1	1	1	2	3	1	1	1	7	23
see & treat	51	61	46	62	60	58	49	57	76	73	68	61	727
type 1&2 A&E	14	19	15	28	18	25	21	35	21	20	20	23	257
other destination	70	86	71	71	77	93	61	64	75	67	79	73	862
xassist	76	70	61	107	94	64	90	55	48	34	51	62	772
Total	**214**	**220**	**193**	**269**	**246**	**240**	**183**	**214**	**221**	**195**	**219**	**227**	**2,641**
hear & treat	536	600	612	654	614	731	874	1,099	1,379	1,079	1,321	1,396	###### ##
see & treat	6,714	6,671	6,934	7,227	6,855	6,813	7,348	6,950	8,525	7,779	7,768	8,380	87,754
type 1&2 A&E	###### ##	###### ##	###### ##	###### ##	###### ##	###### ##	###### ##	###### ##	###### ##	###### ##	###### ##	###### ##	143,512
other destination	2,902	2,765	2,741	2,587	2,506	2,584	2,470	2,431	2,235	2,232	2,260	2,341	30,051
xassist	76	75	68	116	103	75	91	69	53	49	62	77	888
	###### ##	21,803	21,919	22,807	21,682	22,415	23,270	22,193	26,844	23,186	22,812	24,478	273,360

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	76	110	107	106	103	102	132	224	243	189	218	274	**1,884**
	see & treat	1,636	1,569	1,590	1,691	1,606	1,536	1,661	1,617	2,058	1,933	1,783	1,994	**20,674**
	Type 1&2 A&E	2,264	2,296	2,124	2,332	2,210	2,408	2,511	2,243	2,377	2,339	2,236	2,401	**27,741**
	other destination	246	213	226	219	231	193	189	162	149	141	126	156	**2,251**
	xassist	2	4	4	5	7	5	5	9	4	9	8	9	**71**
Gloucestershire	**Total**	**4,224**	**4,192**	**4,051**	**4,353**	**4,157**	**4,244**	**4,498**	**4,255**	**4,831**	**4,611**	**4,371**	**4,834**	**52,621**
	hear & treat	28	50	51	68	81	61	69	74	91	87	91	150	**901**
	see & treat	603	621	624	632	636	619	653	628	770	683	682	750	**7,901**
	Type 1&2 A&E	883	833	863	867	771	867	824	824	801	848	759	837	**9,977**
	other destination	29	35	40	29	32	36	27	24	22	23	16	20	**333**
	xassist			1										**1**
Swindon	**Total**	**1,543**	**1,539**	**1,579**	**1,596**	**1,520**	**1,583**	**1,573**	**1,550**	**1,684**	**1,641**	**1,548**	**1,757**	**19,113**
	hear & treat	218	189	213	208	174	275	278	328	428	319	405	484	**3,519**
	see & treat	1,412	1,389	1,387	1,612	1,414	1,458	1,574	1,428	1,573	1,535	1,492	1,548	**17,822**
	Type 1&2 A&E	1,819	1,794	1,904	1,890	1,816	1,933	1,886	1,659	1,853	1,644	1,590	1,652	**21,440**
	other destination	484	408	433	388	307	329	389	366	248	323	351	383	**4,409**
	xassist													-
Bristol	**Total**	**3,933**	**3,780**	**3,937**	**4,098**	**3,711**	**3,995**	**4,127**	**3,781**	**4,102**	**3,821**	**3,838**	**4,067**	**47,190**
	hear & treat	52	72	74	64	63	71	93	108	136	104	147	145	**1,129**
	see & treat	498	545	501	531	499	456	496	420	494	485	486	583	**5,994**
	Type 1&2 A&E	913	946	877	977	946	937	962	841	937	856	753	838	**10,783**
	other destination	130	115	98	106	113	101	100	89	79	79	103	94	**1,207**
	xassist			1	1	1		1			1		2	**7**
North Somerset	**Total**	**1,593**	**1,678**	**1,551**	**1,679**	**1,622**	**1,565**	**1,652**	**1,458**	**1,646**	**1,525**	**1,489**	**1,662**	**19,120**
	hear & treat	61	52	53	54	53	66	75	98	154	117	149	157	**1,089**
	see & treat	484	487	535	517	493	556	568	587	719	584	635	641	**6,806**
	Type 1&2 A&E	845	813	749	852	824	829	834	791	914	779	736	764	**9,730**
	other destination	154	149	146	129	93	93	103	103	78	121	118	134	**1,421**
	xassist											1		**1**
South Gloucestershire	**Total**	**1,544**	**1,501**	**1,483**	**1,552**	**1,463**	**1,544**	**1,580**	**1,579**	**1,865**	**1,601**	**1,639**	**1,696**	**19,047**
	hear & treat	25	31	26	28	30	30	56	77	112	59	89	121	**684**
	see & treat	425	382	479	448	383	408	441	445	567	489	556	590	**5,613**
	Type 1&2 A&E	670	682	723	701	634	662	732	662	710	709	657	740	**8,282**
	other destination	77	74	74	92	72	98	78	64	32	26	25	33	**745**
	xassist				1		1		2	1	1			**6**
Bath and North East Somerset	**Total**	**1,197**	**1,169**	**1,302**	**1,270**	**1,119**	**1,199**	**1,307**	**1,250**	**1,422**	**1,284**	**1,327**	**1,484**	**15,330**
	hear & treat	68	82	86	121	106	123	165	184	202	195	209	252	**1,793**
	see & treat	1,253	1,280	1,405	1,386	1,404	1,345	1,457	1,311	1,707	1,447	1,454	1,440	**16,889**
	Type 1&2 A&E	1,606	1,607	1,624	1,777	1,664	1,701	1,700	1,613	1,703	1,598	1,510	1,624	**19,727**
	other destination	133	138	157	135	129	143	118	120	83	57	68	63	**1,344**
	xassist				2	1	3	3	2	2	4	1	1	**19**
Wiltshire	**Total**	**3,060**	**3,107**	**3,272**	**3,421**	**3,304**	**3,315**	**3,443**	**3,230**	**3,697**	**3,301**	**3,242**	**3,380**	**39,772**
	hear & treat	1	4		1	1	1	2	3	1	1	1	7	**23**
	see & treat	53	58	47	61	59	55	48	53	73	70	63	61	**701**
	Type 1&2 A&E	9	14	7	21	10	18	14	25	12	11	13	18	**172**
	other destination	63	61	66	66	68	82	58	61	68	62	76	66	**797**
	xassist	72	63	54	100	84	59	49	49	44	27	43	53	**697**
Other/Unknown	**Total**	**198**	**200**	**174**	**249**	**222**	**215**	**171**	**191**	**198**	**171**	**196**	**205**	**2,390**
	hear & treat	529	590	610	650	611	729	870	1,096	1,367	1,071	1,309	1,590	**11,022**
	see & treat	6,364	6,331	6,568	6,878	6,494	6,433	6,898	6,489	7,961	7,226	7,151	7,607	**82,400**
	Type 1&2 A&E	9,009	8,985	8,871	9,417	8,875	9,355	9,463	8,658	9,307	8,784	8,254	8,874	**107,852**
	other destination	1,316	1,193	1,240	1,164	1,045	1,075	1,062	989	759	832	883	949	**12,507**
	xassist	74	67	60	109	93	68	58	62	51	42	53	65	**802**
GWAS	**Total**	**17,292**	**17,166**	**17,349**	**18,218**	**17,118**	**17,660**	**18,351**	**17,294**	**19,445**	**17,955**	**17,650**	**19,085**	**214,583**


Conveyance figures 2010/11 v 2011/12
12000
11000
10000
9000
8000
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
2010/11
2011-12 Total

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	5,458	5,465	5,329	5,643	5,432	5,507	5,860	5,637	6,336	6,067	5,802	6,362	68,898
Swindon	1,873	1,865	1,905	1,924	1,834	1,952	1,952	1,887	2,088	2,060	1,909	2,156	23,405
Bristol	4,713	4,540	4,696	4,878	4,454	4,822	4,999	4,579	5,029	4,661	4,740	4,987	57,098
North Somerset	2,045	2,094	1,987	2,092	2,104	2,079	2,121	1,958	2,175	2,035	2,002	2,211	24,903
South Gloucestershire	2,053	2,030	1,958	2,029	1,963	2,012	2,075	2,117	2,399	2,098	2,177	2,195	25,106
Bath and North East Somerset	1,532	1,505	1,646	1,630	1,442	1,529	1,680	1,623	1,795	1,648	1,731	1,883	19,644
Wiltshire	4,000	4,083	4,203	4,340	4,204	4,271	4,397	4,175	4,796	4,419	4,230	4,451	51,569
Other/Unknown	217	221	195	271	249	243	186	217	226	198	221	233	2,677
Total	21,891	21,803	21,919	22,807	21,682	22,415	23,270	22,193	24,844	23,186	22,812	24,478	273,300

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	3,701	3,557	3,773	3,634	3,799	3,960	3,710	3,907	3,823	3,676	3,970	45,174
Swindon	1,201	1,164	1,199	1,197	1,096	1,226	1,188	1,151	1,181	1,246	1,091	1,208	14,148
Bristol	3,025	2,910	3,026	2,999	2,801	3,029	3,066	2,749	2,917	2,724	2,726	2,867	34,839
North Somerset	1,466	1,448	1,367	1,460	1,509	1,513	1,498	1,381	1,505	1,398	1,313	1,417	17,275
South Gloucestershire	1,478	1,463	1,345	1,423	1,389	1,369	1,394	1,387	1,472	1,342	1,314	1,355	16,731
Bath and North East Somerset	1,057	1,070	1,125	1,135	1,011	1,059	1,146	1,065	1,076	1,061	1,039	1,116	12,960
Wiltshire	2,589	2,617	2,607	2,726	2,585	2,690	2,667	2,541	2,731	2,607	2,415	2,606	31,381
Other/Unknown	142	134	125	163	151	163	118	136	132	110	138	140	1,652
Total	14,622	14,507	14,351	14,876	14,176	14,848	15,037	14,120	14,921	14,311	13,712	14,679	174,160

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	67.13%	67.72%	66.75%	66.86%	66.90%	68.98%	67.58%	65.82%	61.66%	63.01%	63.36%	62.40%	65.6%
Swindon	64.12%	62.41%	62.94%	62.21%	59.76%	62.81%	60.86%	61.00%	56.56%	60.49%	57.15%	56.03%	60.4%
Bristol	64.18%	64.10%	64.44%	61.48%	62.89%	62.82%	61.33%	60.03%	58.00%	58.44%	57.51%	57.49%	61.0%
North Somerset	71.69%	69.15%	68.80%	69.79%	71.72%	72.78%	70.63%	70.53%	69.20%	68.70%	65.58%	64.09%	69.4%
South Gloucestershire	71.99%	72.07%	68.69%	70.13%	70.76%	68.04%	67.18%	65.52%	61.36%	63.97%	60.36%	61.73%	66.6%
Bath and North East Somerset	68.99%	71.10%	68.35%	69.63%	70.11%	69.26%	68.21%	65.62%	59.94%	64.38%	60.02%	59.27%	66.0%
Wiltshire	64.73%	64.10%	62.03%	62.81%	61.49%	62.98%	60.65%	60.86%	56.94%	59.00%	57.09%	58.55%	60.9%
Other/Unknown	65.44%	60.63%	64.10%	60.15%	60.64%	67.08%	63.44%	62.67%	58.41%	55.56%	62.44%	60.09%	61.7%
Total	66.8%	66.5%	65.5%	65.2%	65.4%	66.2%	64.6%	63.6%	60.1%	61.7%	60.1%	60.0%	63.7%

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	4,224	4,192	4,051	4,353	4,157	4,244	4,498	4,255	4,831	4,611	4,371	4,834	52,621
Swindon	1,543	1,539	1,579	1,596	1,520	1,583	1,573	1,550	1,684	1,641	1,548	1,757	19,113
Bristol	3,933	3,780	3,937	4,098	3,711	3,995	4,127	3,781	4,102	3,821	3,838	4,067	47,190
North Somerset	1,593	1,678	1,551	1,679	1,622	1,565	1,652	1,458	1,646	1,525	1,489	1,662	19,120
South Gloucestershire	1,544	1,501	1,483	1,552	1,463	1,544	1,580	1,579	1,865	1,601	1,639	1,696	19,047
Bath and North East Somerset	1,197	1,169	1,302	1,270	1,119	1,199	1,307	1,250	1,422	1,284	1,327	1,484	15,330
Wiltshire	3,057	3,106	3,270	3,419	3,301	3,313	3,440	3,228	3,692	3,298	3,241	3,374	39,739
Other/Unknown	201	201	176	251	225	217	174	193	203	174	197	211	2,423
Total	17,292	17,166	17,349	18,218	17,118	17,660	18,351	17,294	19,445	17,955	17,650	19,085	214,583

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	2,510	2,354	2,554	2,445	2,606	2,704	2,412	2,529	2,488	2,368	2,565	30,047
Swindon	912	868	903	896	803	903	851	848	823	871	775	857	10,310
Bristol	2,304	2,202	2,337	2,278	2,123	2,262	2,275	2,025	2,101	1,967	1,941	2,035	25,850
North Somerset	1,043	1,061	976	1,083	1,060	1,038	1,063	930	1,016	936	856	933	11,995
South Gloucestershire	1,000	962	895	981	918	922	937	894	992	900	854	898	11,153
Bath and North East Somerset	747	756	797	794	706	760	810	728	742	736	682	773	9,031
Wiltshire	1,736	1,744	1,779	1,910	1,792	1,843	1,819	1,732	1,783	1,654	1,579	1,684	21,055
Other/Unknown	127	117	108	144	130	142	108	118	112	92	120	121	1,439
2011-12 Total	10,381	10,220	10,149	10,640	9,977	10,476	10,567	9,687	10,098	9,644	9,175	9,866	120,880

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	59.47%	59.88%	58.11%	58.67%	58.82%	61.40%	60.12%	56.69%	52.35%	53.96%	54.18%	53.06%	57.1%
Swindon	59.11%	56.40%	57.19%	56.14%	52.83%	57.04%	54.10%	54.71%	48.87%	53.08%	50.06%	48.78%	53.9%
Bristol	58.58%	58.25%	59.36%	55.59%	57.21%	56.62%	55.12%	53.56%	51.22%	51.48%	50.57%	50.04%	54.8%
North Somerset	65.47%	63.23%	62.93%	64.50%	65.35%	66.33%	64.35%	63.79%	61.73%	61.38%	57.49%	56.14%	62.7%
South Gloucestershire	64.77%	64.09%	60.35%	63.21%	62.75%	59.72%	59.30%	56.62%	53.19%	56.21%	52.10%	52.95%	58.6%
Bath and North East Somerset	62.41%	64.67%	61.21%	62.52%	63.09%	63.39%	61.97%	58.24%	52.18%	57.32%	51.39%	52.09%	58.9%
Wiltshire	56.79%	56.15%	54.40%	55.86%	54.29%	55.63%	52.88%	53.66%	48.29%	50.15%	48.72%	49.91%	53.0%
Other/Unknown	63.18%	58.21%	61.36%	57.37%	57.78%	65.44%	62.07%	61.14%	55.17%	52.87%	60.91%	57.35%	59.4%
Total	60.0%	59.5%	58.5%	58.4%	58.3%	59.3%	57.6%	56.0%	51.9%	53.7%	52.0%	51.7%	56.3%

Great Western Ambulance Service NHS
NHS Trust

TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS

PERFORMANCE:

Category RED 8 Minute Target Performance:

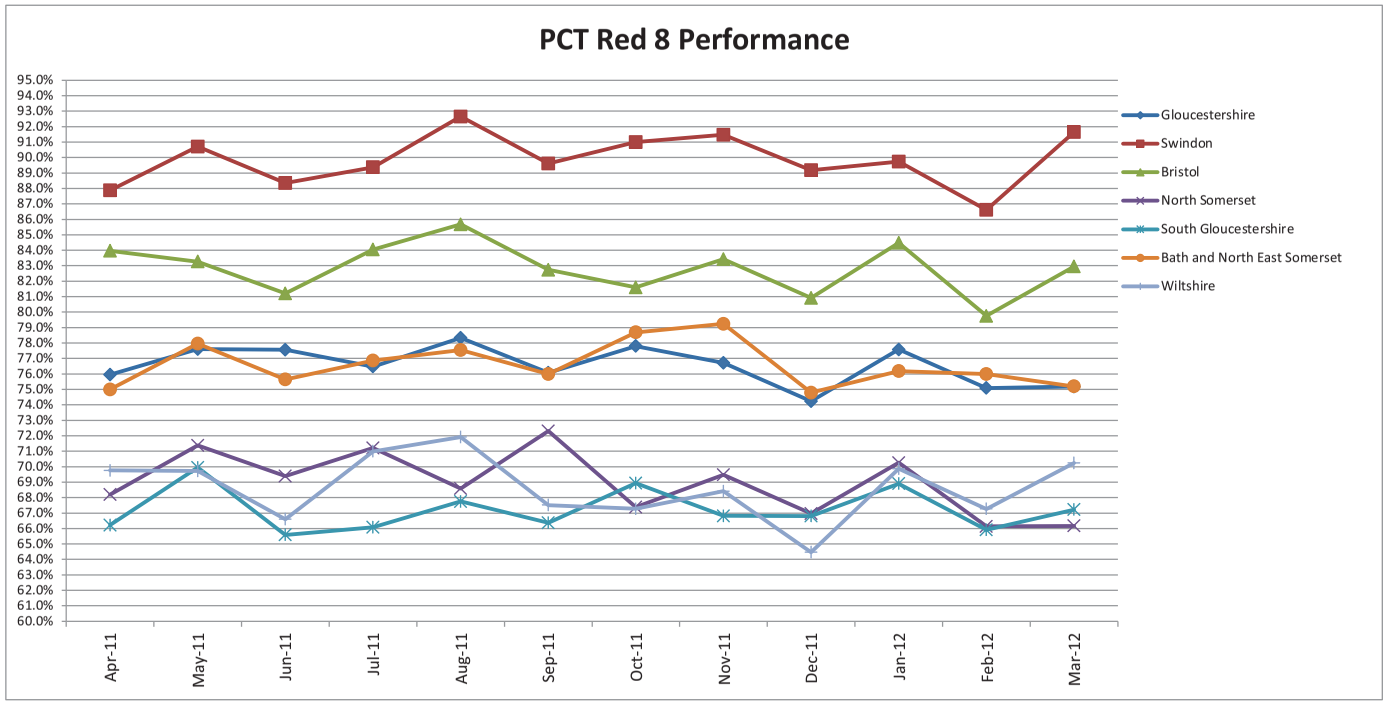
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	77.79%	77.45%	75.80%	76.79%	75.08%	74.24%	74.87%	73.86%	64.67%	72.26%	73.91%	77.81%	74.3%
2011/12 Target	75.50%	76.60%	75.00%	76.50%	75.50%	76.50%	76.00%	75.50%	70.00%	75.00%	75.50%	77.00%	75.0%
2011/12 Actual	75.53%	76.98%	74.81%	76.49%	77.62%	75.55%	75.87%	75.86%	73.30%	76.78%	73.65%	75.53%	75.6%
Variance from Target	0.0%	0.4%	-0.2%	0.0%	2.1%	-0.9%	-0.1%	0.4%	3.3%	1.8%	-1.9%	-1.5%	0.6%
Variance from 2010/11	*-2.3%*	*-0.5%*	*-1.0%*	*-0.3%*	*2.5%*	*1.3%*	*1.0%*	*2.0%*	*8.6%*	*4.5%*	*-0.3%*	*-2.3%*	*1.3%*

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%	94.7%
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	95.79%	96.48%	95.83%	96.11%	96.32%	95.39%	95.55%	95.74%	94.90%	95.66%	94.58%	94.86%	95.6%
Variance from Target	0.0%	0.0%	0.0%	0.1%	-0.2%	-1.6%	-1.5%	-0.5%	2.2%	-0.3%	-1.9%	-2.1%	-0.5%
Variance from 2010/11	*-0.2%*	*0.0%*	*0.0%*	*0.8%*	*0.7%*	*-0.3%*	*0.4%*	*0.5%*	*1.7%*	*2.2%*	*-0.4%*	*-0.5%*	*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	94.0%	93.9%	92.9%	92.3%	95.5%	91.7%	91.4%	91.2%	86.6%	92.2%	88.2%	89.9%	91.7%
Variance from Target	4.0%	3.9%	2.9%	2.3%	5.5%	1.7%	1.4%	1.2%	-3.4%	2.2%	-1.8%	-0.1%	1.7%


PCT Red 8 Performance
95.0%
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Apr-11
May-11
Jun-11
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Jan-12
Feb-12
Mar-12
Gloucestershire
Swindon
Bristol
North Somerset
South Gloucestershire
Bath and North East Somerset
Wiltshire

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	1,996	1,925	1,994	1,874	1,994	2,068	1,950	2,355	2,288	2,148	2,393	25,010
Swindon	685	732	704	734	680	780	800	762	869	867	792	850	9255
Bristol	1796	1805	1894	1949	1752	1894	1978	1804	2153	1940	1971	2100	23036
North Somerset	783	800	735	823	850	780	840	819	905	854	812	875	9876
South Gloucestershire	743	722	773	796	710	797	808	880	958	836	889	897	9809
Bath and North East Somerset	520	549	587	601	512	583	643	549	714	655	679	766	7358
Wiltshire	1521	1549	1644	1648	1567	1607	1656	1684	1967	1732	1659	1757	19991
Other/Unknown	47	40	51	59	35	60	34	53	66	59	58	54	616
Total	8,120	8,193	8,313	8,604	7,980	8,495	8,827	8,501	9,987	9,231	9,008	9,692	104,951

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	76.0%	77.6%	77.6%	76.5%	78.3%	76.1%	77.80%	76.72%	74.23%	77.58%	75.09%	75.18%	76.5%
Swindon	87.9%	90.7%	88.4%	89.4%	92.6%	89.6%	91.0%	91.5%	89.2%	89.7%	86.6%	91.6%	89.9%
Bristol	84.0%	83.3%	81.2%	84.0%	85.7%	82.7%	81.6%	83.4%	80.9%	84.5%	79.8%	83.0%	82.8%
North Somerset	68.2%	71.4%	69.4%	71.2%	68.6%	72.3%	67.4%	69.5%	67.0%	70.3%	66.1%	66.2%	68.9%
South Gloucestershire	66.2%	69.9%	65.6%	66.1%	67.7%	66.4%	68.9%	66.8%	66.8%	68.9%	65.9%	67.2%	67.2%
Bath and North East Somerset	75.0%	78.0%	75.6%	76.9%	77.5%	76.0%	78.7%	79.2%	74.8%	76.2%	76.0%	75.2%	76.5%
Wiltshire	69.8%	69.7%	66.6%	71.0%	71.9%	67.5%	67.3%	68.4%	64.5%	69.9%	67.3%	70.2%	68.6%
Other/Unknown	17.0%	17.5%	19.6%	30.5%	20.0%	23.3%	8.8%	13.2%	10.6%	18.6%	13.8%	14.8%	17.5%
Total	75.5%	77.0%	74.8%	76.5%	77.6%	75.6%	75.9%	75.9%	73.3%	76.8%	73.6%	75.5%	75.6%

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%	35%	35%	37%	38%	37%	38%	36%
Swindon	36.6%	39.2%	37.0%	38.1%	37.1%	40.0%	41.0%	40.4%	41.6%	42.1%	41.5%	39.4%	39.5%
Bristol	38.1%	39.8%	40.3%	40.0%	39.3%	39.3%	39.6%	39.4%	42.8%	41.6%	41.6%	42.1%	40.3%
North Somerset	38.3%	38.2%	37.0%	39.3%	40.4%	37.5%	39.6%	41.8%	41.6%	42.0%	40.6%	39.6%	39.7%
South Gloucestershire	36.2%	35.6%	39.5%	39.2%	36.2%	39.6%	38.9%	41.6%	39.9%	39.8%	40.8%	40.9%	39.1%
Bath and North East Somerset	33.9%	36.5%	35.7%	36.9%	35.5%	38.1%	38.3%	33.8%	39.8%	39.7%	39.2%	40.7%	37.5%
Wiltshire	38.0%	37.9%	39.1%	38.0%	37.3%	37.6%	37.7%	40.3%	41.0%	39.2%	39.2%	39.5%	38.8%
Other/Unknown	21.7%	18.1%	26.2%	21.8%	14.1%	24.7%	18.3%	24.4%	29.2%	29.8%	26.2%	23.2%	23.0%
Total	37%	38%	38%	38%	37%	38%	38%	38%	40%	40%	39%	40%	38%

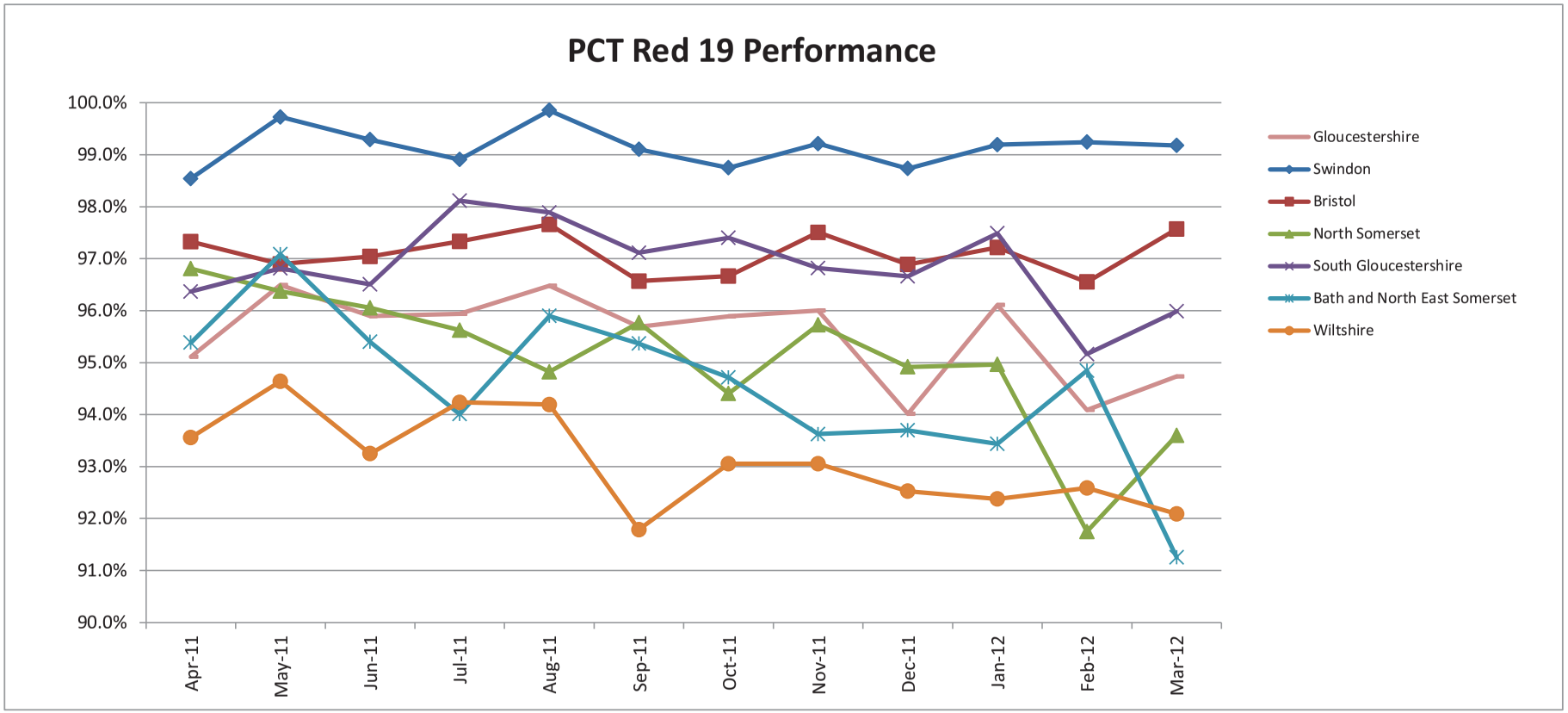
RED 8 Minute Performance by District Council / Unitary Authority

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	1,805	1,894	1,949	1,752	1,894	1,978	1,804	2,153	1,940	1,971	2,100	23,036
South Gloucestershire	743	722	773	796	710	797	808	880	958	836	889	897	9809
North Somerset	783	800	735	823	850	780	840	819	905	854	812	875	9876
Bath and North East Somerset	520	549	587	601	512	583	643	549	714	655	679	766	7358
Forest of Dean	300	274	252	257	246	282	296	288	304	313	296	316	3424
Cotswold	256	247	225	256	257	250	236	233	314	282	264	292	3112
Tewkesbury	256	221	227	237	204	246	219	222	252	281	268	301	2934
Cheltenham	398	376	374	393	390	402	394	359	428	427	439	485	4865
Gloucester	468	521	494	489	444	497	538	464	588	562	526	562	6153
Stroud	347	357	353	362	333	317	385	384	469	423	355	437	4522
Wiltshire	1521	1549	1644	1648	1567	1607	1656	1684	1967	1732	1659	1757	19991
Swindon	686	732	705	735	681	781	800	764	870	870	792	851	9267
Other/Unknown	46	40	50	58	34	59	34	51	65	56	58	53	604
Total	8,120	8,193	8,313	8,604	7,980	8,495	8,827	8,501	9,987	9,231	9,008	9,692	104,951

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	84.0%	83.3%	81.2%	84.0%	85.7%	82.7%	81.60%	83.43%	80.91%	84.48%	79.76%	82.95%	82.8%
South Gloucestershire	66.22%	69.94%	65.59%	66.08%	67.75%	66.37%	68.94%	66.82%	66.81%	68.90%	65.92%	67.22%	67.2%
North Somerset	68.20%	71.38%	69.39%	71.20%	68.59%	72.31%	67.38%	69.47%	66.96%	70.26%	66.13%	66.17%	68.9%
Bath and North East Somerset	75.00%	77.96%	75.64%	76.87%	77.54%	75.99%	78.69%	79.23%	74.79%	76.18%	75.99%	75.20%	76.5%
Forest of Dean	68.00%	60.58%	67.46%	61.87%	63.41%	61.70%	60.47%	61.11%	58.55%	61.02%	64.19%	61.71%	62.4%
Cotswold	44.92%	57.89%	53.33%	49.22%	57.20%	49.20%	47.88%	57.08%	48.41%	47.16%	48.86%	46.23%	50.4%
Tewkesbury	79.30%	72.85%	74.45%	76.37%	77.45%	72.36%	81.74%	77.48%	72.22%	81.14%	71.64%	75.08%	76.0%
Cheltenham	89.95%	92.29%	93.05%	93.13%	94.36%	93.53%	95.43%	92.20%	92.06%	94.15%	92.48%	94.85%	93.2%
Gloucester	91.03%	93.09%	91.50%	91.62%	90.54%	91.15%	91.82%	90.73%	92.69%	92.53%	87.83%	89.15%	91.2%
Stroud	66.86%	69.19%	66.29%	67.68%	71.17%	67.19%	69.61%	68.49%	63.33%	71.16%	65.92%	64.53%	67.5%
Wiltshire	69.76%	69.72%	66.61%	71.00%	71.92%	67.52%	67.27%	68.41%	64.46%	69.86%	67.27%	70.23%	68.6%
Swindon	87.76%	90.71%	88.23%	89.25%	92.51%	89.50%	91.00%	91.23%	89.08%	89.43%	86.62%	91.54%	89.7%
Other/Unknown	17.39%	17.50%	20.00%	31.03%	20.59%	23.73%	8.82%	13.73%	10.77%	19.64%	13.79%	15.09%	17.9%
Total	75.5%	77.0%	74.8%	76.5%	77.6%	75.6%	75.9%	75.9%	73.3%	76.8%	73.6%	75.5%	75.6%


PCT Red 19 Performance
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Mar-12
Gloucestershire
Swindon
Bristol
North Somerset
South Gloucestershire
Bath and North East Somerset
Wiltshire

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	1,996	1,925	1,994	1,874	1,994	2,068	1,950	2,355	2,288	2,148	2,393	25,010
Swindon	685	732	704	734	680	780	800	762	869	867	792	850	9,255
Bristol	1796	1805	1894	1949	1752	1894	1978	1804	2153	1940	1971	2100	23,036
North Somerset	783	800	735	823	850	780	840	819	905	854	812	875	9,876
South Gloucestershire	743	722	773	796	710	797	808	880	958	836	889	897	9,809
Bath and North East Somerset	520	549	587	601	512	583	643	549	714	655	679	766	7,358
Wiltshire	1521	1549	1644	1648	1567	1607	1656	1684	1967	1732	1659	1757	19,991
Other/Unknown	47	40	51	59	35	60	34	53	66	59	58	54	616
Total	8,120	8,193	8,313	8,604	7,980	8,495	8,827	8,501	9,987	9,231	9,008	9,692	104,951

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%	96.5%	95.9%	95.9%	96.5%	95.7%	95.89%	96.00%	94.01%	96.11%	94.09%	94.73%	95.5%
Swindon	98.54%	99.73%	99.29%	98.91%	99.85%	99.10%	98.75%	99.21%	98.73%	99.19%	99.24%	99.18%	99.14%
Bristol	97.33%	96.90%	97.04%	97.33%	97.66%	96.57%	96.66%	97.51%	96.89%	97.22%	96.55%	97.57%	97.1%
North Somerset	96.81%	96.38%	96.05%	95.63%	94.82%	95.77%	94.40%	95.73%	94.92%	94.96%	91.75%	93.60%	95.0%
South Gloucestershire	96.37%	96.81%	96.51%	98.12%	97.89%	97.11%	97.40%	96.82%	96.66%	97.49%	95.16%	95.99%	96.8%
Bath and North East Somerset	95.38%	97.09%	95.40%	94.01%	95.90%	95.37%	94.71%	93.62%	93.70%	93.44%	94.85%	91.25%	94.4%
Wiltshire	93.56%	94.64%	93.25%	94.24%	94.19%	91.79%	93.06%	93.05%	92.53%	92.38%	92.59%	92.09%	93.1%
Other/Unknown	76.60%	77.50%	74.51%	79.66%	57.14%	68.33%	55.88%	66.04%	69.70%	79.66%	67.24%	70.37%	70.9%
Total	95.8%	96.5%	95.8%	96.1%	96.3%	95.4%	95.5%	95.7%	94.9%	95.7%	94.6%	94.9%	95.6%

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%	38%	37%	36%	37%	41%	43%	41%	96%
Swindon	41%	39%	39%	37%	37%	44%	44%	41%	42%	45%	44%	48%	101%
Bristol	40%	38%	41%	41%	38%	42%	41%	40%	41%	40%	44%	44%	99%
North Somerset	39%	40%	37%	38%	44%	38%	40%	41%	39%	40%	45%	44%	98%
South Gloucestershire	38%	33%	38%	38%	35%	38%	38%	41%	37%	37%	45%	40%	95%
Bath and North East Somerset	35%	34%	39%	41%	34%	38%	38%	36%	41%	40%	47%	48%	97%
Wiltshire	40%	37%	40%	40%	38%	41%	39%	43%	42%	42%	45%	42%	99%
Other/Unknown	24%	15%	22%	25%	16%	25%	14%	25%	26%	24%	30%	26%	54%
Total	39%	37%	39%	39%	37%	40%	39%	39%	40%	40%	44%	43%	97%

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	1,805	1,894	1,949	1,752	1,894	1,978	1,804	2,153	1,940	1,971	2,100	23,036
South Gloucestershire	743	722	773	796	710	797	808	880	958	836	889	897	9,809
North Somerset	783	800	735	823	850	780	840	819	905	854	812	875	9,876
Bath and North East Somerset	520	549	587	601	512	583	643	549	714	655	679	766	7,358
Forest of Dean	300	274	252	257	246	282	296	288	304	313	296	316	3,424
Cotswold	256	247	225	256	257	250	236	233	314	282	264	292	3,112
Tewkesbury	256	221	227	237	204	246	219	222	252	281	268	301	2,934
Cheltenham	398	376	374	393	390	402	394	359	428	427	439	485	4,865
Gloucester	468	521	494	489	444	497	538	464	588	562	526	562	6,153
Stroud	347	357	353	362	333	317	385	384	469	423	355	437	4,522
Wiltshire	1521	1549	1644	1648	1567	1607	1656	1684	1967	1732	1659	1757	19,991
Swindon	686	732	705	735	681	781	800	764	870	870	792	851	9,267
Other/Unknown	46	40	50	58	34	59	34	51	65	56	58	53	604
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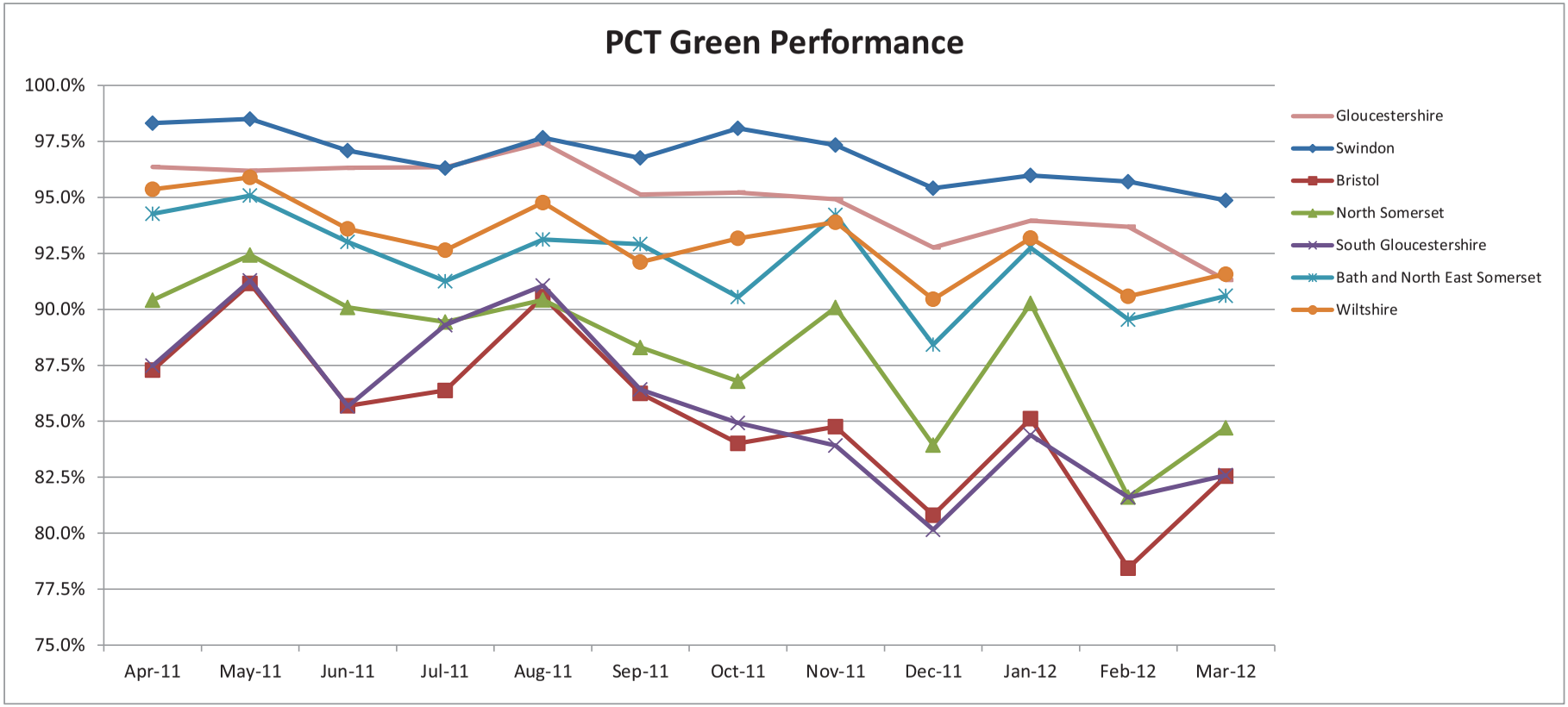
RED 19 Min Performance

	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	97.3%	96.9%	97.0%	97.3%	97.7%	96.6%	96.66%	97.51%	96.89%	97.22%	96.55%	97.57%	97.1%
South Gloucestershire	96.37%	96.81%	96.51%	98.12%	97.89%	97.11%	97.40%	96.82%	96.66%	97.49%	95.16%	95.99%	96.8%
North Somerset	96.81%	96.38%	96.05%	95.63%	94.82%	95.77%	94.40%	95.73%	94.92%	94.96%	91.75%	93.60%	95.0%
Bath and North East Somerset	95.38%	97.09%	95.40%	94.01%	95.90%	95.37%	94.71%	93.62%	93.70%	93.44%	94.85%	91.25%	94.4%
Forest of Dean	93.00%	95.62%	96.03%	92.22%	94.31%	95.39%	89.53%	92.36%	90.13%	94.89%	90.20%	92.72%	93.0%
Cotswold	81.25%	84.21%	82.67%	89.45%	87.16%	82.40%	84.75%	85.41%	82.80%	82.98%	77.65%	81.16%	83.4%
Tewkesbury	99.61%	97.74%	95.15%	97.89%	99.51%	98.37%	98.63%	98.20%	96.83%	99.29%	97.76%	98.34%	98.1%
Cheltenham	99.50%	99.73%	100.00%	99.49%	99.49%	99.75%	100.00%	99.72%	96.96%	99.30%	98.86%	96.70%	99.1%
Gloucester	99.57%	99.81%	99.60%	99.18%	99.55%	99.60%	99.44%	99.78%	99.15%	99.64%	99.05%	99.82%	99.5%
Stroud	92.80%	96.64%	95.18%	93.65%	95.80%	93.06%	96.88%	95.83%	93.39%	95.74%	93.52%	94.05%	94.7%
Wiltshire	93.56%	94.64%	93.25%	94.24%	94.19%	91.79%	93.06%	93.05%	92.53%	92.38%	92.59%	92.09%	93.1%
Swindon	98.54%	99.73%	99.15%	98.78%	99.71%	99.10%	98.75%	99.08%	98.74%	99.08%	99.24%	99.18%	99.1%
Other/Unknown	76.09%	77.50%	76.00%	81.03%	58.82%	67.80%	55.88%	66.67%	69.23%	80.36%	67.24%	69.81%	71.2%
Total	95.8%	96.5%	95.8%	96.1%	96.3%	95.4%	95.5%	95.7%	94.9%	95.7%	94.6%	94.9%	95.6%


PCT Green Performance
100.0%
97.5%
95.0%
92.5%
90.0%
87.5%
85.0%
82.5%
80.0%
77.5%
75.0%
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Gloucestershire
Swindon
Bristol
North Somerset
South Gloucestershire
Bath and North East Somerset
Wiltshire

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	3431	3464	3399	3644	3551	3506	3786	3678	3979	3771	3646	3957	43,812
Swindon	1188	1133	1200	1190	1154	1172	1152	1125	1219	1193	1117	1306	14,149
Bristol	2917	2735	2803	2929	2702	2929	3021	2775	2876	2721	2769	2887	34,064
North Somerset	1262	1294	1251	1268	1253	1299	1279	1139	1270	1181	1191	1334	15,021
South Gloucestershire	1310	1308	1186	1233	1253	1215	1267	1237	1441	1262	1288	1298	15,298
Bath and North East Somerset	1012	956	1059	1029	930	945	1037	1071	1080	993	1052	1117	12,281
Wiltshire	2479	2534	2559	2691	2636	2661	2739	2489	2827	2683	2570	2694	31,562
Other/Unknown	94	111	83	105	120	119	102	109	112	105	112	117	1,289
Total	13,693	13,535	13,540	14,089	13,599	13,846	14,383	13,623	14,804	13,909	13,745	14,710	167,476

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	96.4%	96.2%	96.3%	96.4%	97.4%	95.1%	95.22%	94.92%	92.76%	93.95%	93.69%	91.31%	94.9%
Swindon	98.32%	98.50%	97.08%	96.30%	97.66%	96.76%	98.09%	97.33%	95.41%	95.98%	95.70%	94.87%	96.8%
Bristol	87.28%	91.15%	85.69%	86.38%	90.56%	86.24%	84.01%	84.76%	80.81%	85.12%	78.44%	82.54%	85.2%
North Somerset	90.41%	92.43%	90.09%	89.43%	90.42%	88.30%	86.79%	90.08%	83.94%	90.26%	81.61%	84.71%	88.2%
South Gloucestershire	87.48%	91.28%	85.67%	89.29%	91.06%	86.42%	84.93%	83.91%	80.15%	84.39%	81.60%	82.59%	85.7%
Bath and North East Somerset	94.27%	95.08%	93.01%	91.25%	93.12%	92.91%	90.55%	94.21%	88.43%	92.75%	89.54%	90.60%	92.1%
Wiltshire	95.36%	95.90%	93.59%	92.64%	94.76%	92.11%	93.17%	93.89%	90.45%	93.18%	90.58%	91.57%	93.1%
Other/Unknown	93.62%	91.89%	87.95%	94.29%	88.33%	84.03%	89.22%	88.07%	83.04%	80.95%	83.93%	87.18%	87.6%
Total	92.8%	94.4%	91.9%	91.9%	94.0%	91.2%	90.7%	91.3%	87.8%	90.9%	87.6%	88.5%	91.0%

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	62.86%	63.39%	63.78%	64.58%	65.37%	63.66%	64.61%	65.25%	62.80%	62.16%	62.84%	62.20%	63.6%
Swindon	63.43%	60.75%	62.99%	61.85%	62.92%	60.04%	59.02%	59.62%	58.38%	57.91%	58.51%	60.58%	60.5%
Bristol	61.89%	60.24%	59.69%	60.05%	60.66%	60.74%	60.43%	60.60%	57.19%	58.38%	58.42%	57.89%	59.7%
North Somerset	61.71%	61.80%	62.96%	60.61%	59.55%	62.48%	60.30%	58.17%	58.39%	58.03%	59.49%	60.33%	60.3%
South Gloucestershire	63.81%	64.43%	60.57%	60.77%	63.83%	60.39%	61.06%	58.43%	60.07%	60.15%	59.16%	59.13%	60.9%
Bath and North East Somerset	66.06%	63.52%	64.34%	63.13%	64.49%	61.81%	61.73%	65.99%	60.17%	60.25%	60.77%	59.32%	62.5%
Wiltshire	61.98%	62.06%	60.89%	62.00%	62.70%	62.30%	62.29%	59.62%	58.94%	60.72%	60.76%	60.53%	61.2%
Other/Unknown	43.32%	50.23%	42.56%	38.75%	48.19%	48.97%	54.84%	50.23%	49.56%	53.03%	50.68%	50.21%	48.2%
Total	62.55%	62.08%	61.77%	61.77%	62.72%	61.77%	61.81%	61.38%	59.59%	59.99%	60.25%	60.09%	61.28%

Great Western Ambulance Service NHS

NHS Trust

April 2012 Performance – comparing 8 minute to 10 minute response compliance

Area	Performance Red8 percentage compliant incidents	Performance Red8 actual number of compliant Incidents	Performance at 10 minutes from call connect - percentage	Performance at 10 minutes from call connect - numbers
GWAS	76.2%	6799	86.66%	7733
Bath & North East Somerset PCT	76.2%	484	85.67%	544
Bristol PCT	83.5%	1593	93.76%	1789
Gloucestershire PCT	77.7%	1627	87.15%	1824
N. Somerset PCT	68.7%	574	81.32%	679
South Gloucestershire PCT	70.4%	592	84.43%	705
Swindon PCT	88.3%	706	95.62%	765
Wiltshire PCT	69%	1213	80.42%	1413

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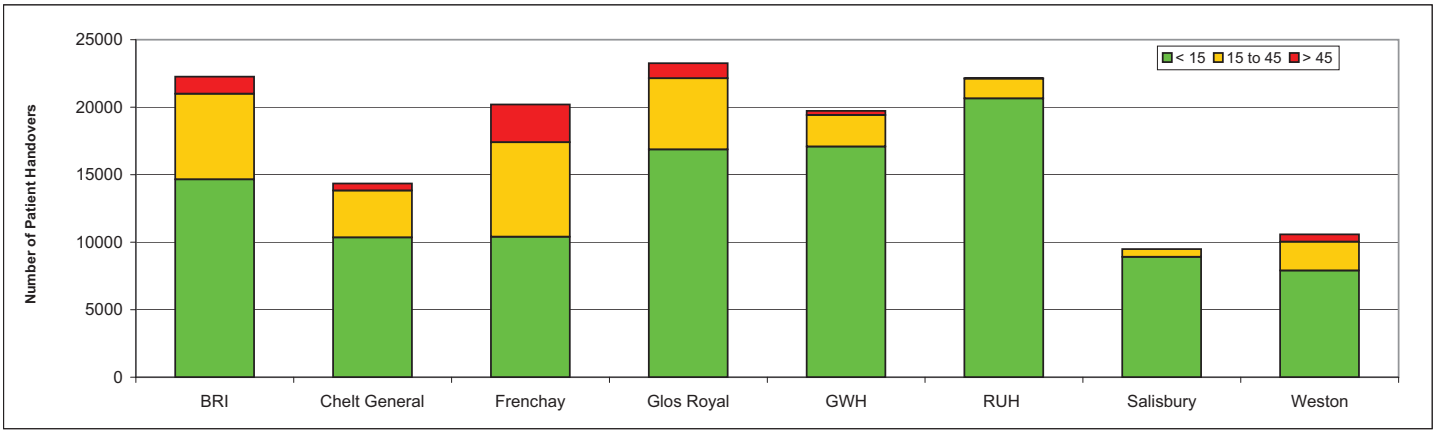
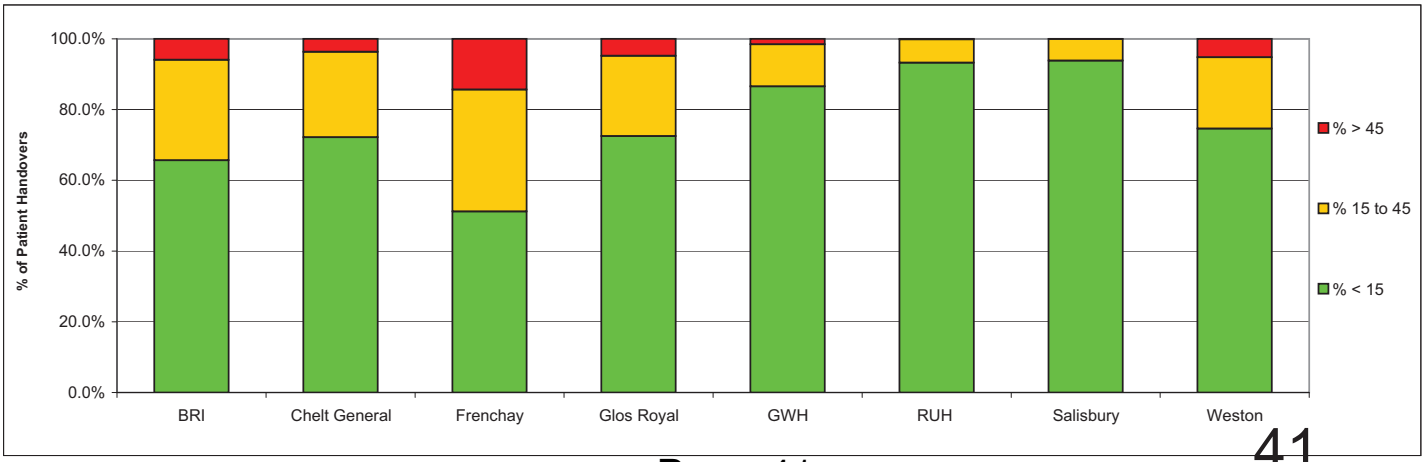
GWAS ANNUAL A&E HANDOVER SUMMARY - 01 April 2011 to 31 March 2012

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	14656	2787	1415	820	544	405	363	463	691	124	32	11	7655	1321	22311
Cheltenham General Hospital	10359	1653	740	437	265	223	153	287	217	15	5	1	3996	525	14355
Frenchay Hospital	10407	2486	1641	1079	766	577	450	1013	1503	280	71	46	9912	2913	20319
Gloucester Royal Hospital	16876	2383	1107	710	476	328	270	553	520	40	4	3	6394	1120	23270
Great Western Hospital	17080	1491	295	233	148	110	67	166	131	8	1	1	2651	307	19731
Royal United Hospital	20656	1304	85	34	18	11	7	20	9				1488	29	22144
Salisbury District Hospital	8912	519	24	15	10	5	5	4	1				583	5	9495
Weston General Hospital	7903	995	462	260	160	145	114	206	270	62	6	6	2686	550	10589
Overall Total	106849	13618	5769	3588	2387	1804	1429	2712	3342	529	119	68	35365	6770	142214



Acute Hospital	% < 15:00	% 15:00-19:59	% 20:00 - 24:59	% 25:00 - 29:59	% 30:00 - 34:59	% 35:00 - 39:59	% 40:00 - 44:59	% 45:00 - 59:59	% 1-2 Hours	% 2-3 Hours	% 3-4 Hours	% > 4hrs	% 15 Mins and Over	% 45 Mins and Over	Total
Bristol Royal Infirmary	65.7%	12.5%	6.3%	3.7%	2.4%	1.8%	1.6%	2.1%	3.1%	0.6%	0.1%	0.0%	34.3%	5.9%	100%
Cheltenham General Hospital	72.2%	11.5%	5.2%	3.0%	1.8%	1.6%	1.1%	2.0%	1.5%	0.1%	0.0%	0.0%	27.8%	3.7%	100%
Frenchay Hospital	51.2%	12.2%	8.1%	5.3%	3.8%	2.8%	2.2%	5.0%	7.4%	1.4%	0.3%	0.2%	48.8%	14.3%	100%
Gloucester Royal Hospital	72.5%	10.2%	4.8%	3.1%	2.0%	1.4%	1.2%	2.4%	2.2%	0.2%	0.0%	0.0%	27.5%	4.8%	100%
Great Western Hospital Swindon	86.6%	7.6%	1.5%	1.2%	0.8%	0.6%	0.3%	0.8%	0.7%	0.0%	0.0%	0.0%	13.4%	1.6%	100%
Royal United Hospital Bath	93.3%	5.9%	0.4%	0.2%	0.1%	0.0%	0.0%	0.1%	0.0%				6.7%	0.1%	100%
Salisbury District Hospital	93.9%	5.5%	0.3%	0.2%	0.1%	0.1%	0.1%	0.0%	0.0%				6.1%	0.1%	100%
Weston General Hospital	74.6%	9.4%	4.4%	2.5%	1.5%	1.4%	1.1%	1.9%	2.5%	0.6%	0.1%	0.1%	25.4%	5.2%	100%
GWAS Average	75.1%	9.6%	4.1%	2.5%	1.7%	1.3%	1.0%	1.9%	2.3%	0.4%	0.1%	0.0%	24.9%	4.8%	100%



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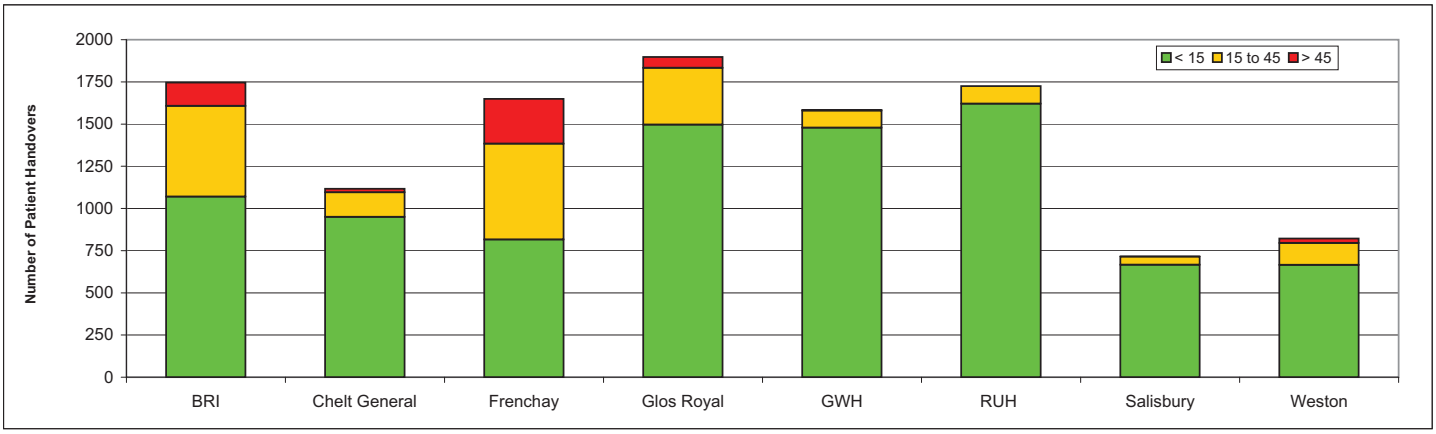
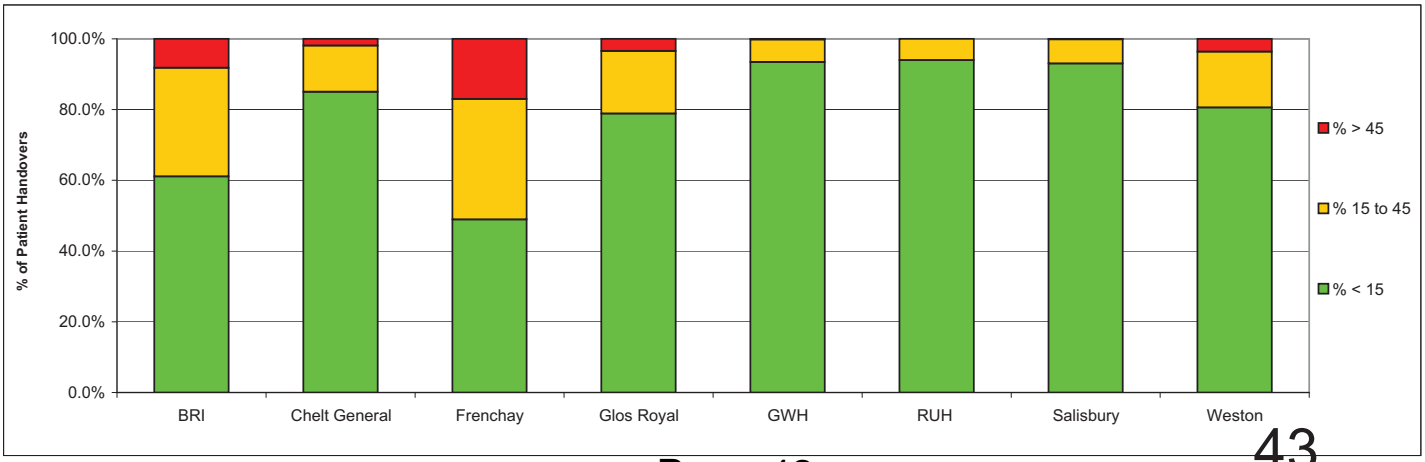
GWAS MONTHLY A&E HANDOVER SUMMARY - April 2012

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	1070	222	112	82	49	37	36	42	75	21	4	1	681	143	1751
Cheltenham General Hospital	950	63	44	10	16	8	5	13	8				167	21	1117
Frenchay Hospital	816	200	116	97	59	48	48	93	145	27	7	12	852	284	1668
Gloucester Royal Hospital	1497	153	65	42	38	25	13	31	32	2			401	65	1898
Great Western Hospital	1479	89	5	2	3		2	3					104	3	1583
Royal United Hospital	1621	104											104	0	1725
Salisbury District Hospital	666	34	6	1	2	4	2	1					50	1	716
Weston General Hospital	665	82	16	11	9	8	4	9	13	5	2	1	160	30	825
Overall Total	8764	947	364	245	176	130	110	192	273	55	13	14	2519	547	11283



Acute Hospital	% < 15:00	% 15:00-19:59	% 20:00 - 24:59	% 25:00 - 29:59	% 30:00 - 34:59	% 35:00 - 39:59	% 40:00 - 44:59	% 45:00 - 59:59	% 1-2 Hours	% 2-3 Hours	% 3-4 Hours	% > 4hrs	% 15 Mins and Over	% 45 Mins and Over	Total
Bristol Royal Infirmary	61.1%	12.7%	6.4%	4.7%	2.8%	2.1%	2.1%	2.4%	4.3%	1.2%	0.2%	0.1%	38.9%	8.2%	100%
Cheltenham General Hospital	85.0%	5.6%	3.9%	0.9%	1.4%	0.7%	0.4%	1.2%	0.7%				15.0%	1.9%	100%
Frenchay Hospital	48.9%	12.0%	7.0%	5.8%	3.5%	2.9%	2.9%	5.6%	8.7%	1.6%	0.4%	0.7%	51.1%	17.0%	100%
Gloucester Royal Hospital	78.9%	8.1%	3.4%	2.2%	2.0%	1.3%	0.7%	1.6%	1.7%	0.1%			21.1%	3.4%	100%
Great Western Hospital Swindon	93.4%	5.6%	0.3%	0.1%	0.2%		0.1%	0.2%					6.6%	0.2%	100%
Royal United Hospital Bath	94.0%	6.0%											6.0%	0.0%	100%
Salisbury District Hospital	93.0%	4.7%	0.8%	0.1%	0.3%	0.6%	0.3%	0.1%					7.0%	0.1%	100%
Weston General Hospital	80.6%	9.9%	1.9%	1.3%	1.1%	1.0%	0.5%	1.1%	1.6%	0.6%	0.2%	0.1%	19.4%	3.6%	100%
GWAS Average	77.7%	8.4%	3.2%	2.2%	1.6%	1.2%	1.0%	1.7%	2.4%	0.5%	0.1%	0.1%	22.3%	4.8%	100%



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Great Western Ambulance Service NHS Trust

Date:	15 June 2012
Title:	Proposed Acquisition of GWAS
Submitted by:	GWAS

1. Purpose

1.1 To update the Joint Health Overview and Scrutiny Committee on the progress of the proposed acquisition of Great Western Ambulance Service NHS Trust by South Western Ambulance Service NHS Foundation Trust (SWASFT).

2. Background

2.1 This proposed acquisition will be the first of its kind for ambulance services; it does not represent a change to the delivery of services, it is a change to the management of those services.

2.2 Should the proposed acquisition be approved, all services currently provided by GWAS will be delivered by SWASFT. Once acquired GWAS will cease to exist.

2.3 Staff, assets and liabilities will transfer from GWAS to SWASFT.

3. Governance

3.1 The project for the proposed acquisition and divestment of GWAS is overseen by a project board of the NHS South of England. This project board includes representatives from GWAS and NHS commissioners, SWASFT as the acquiring organisation are also present at these meetings.

3.2 Within GWAS, a Transaction Project Board has been established to support the achievement of a suitable 'barrier' within GWAS between the work related to the acquisition and divestment project and business as usual. This is because the Chief Executive of SWASFT has been appointed as the Interim Chief Executive of GWAS and therefore a potential conflict of interest exists. The Transaction Project Board fulfils an assurance role, overseeing the GWAS responsibilities related to the acquisition. This Project Board is Chaired by non-executive director Liz McLoughlin. Liam Williams, Director of Nursing, is the lead executive.

4. Timescale

4.1 Previous reports and presentations indicated that transfer was proposed to take place late in 2012 and it was noted that this was subject to third party approval processes. The milestones in relation to the approvals processes have now been revisited as the result of indications that some approvals are likely to take longer than originally scheduled.

4.2 A revised projection in relation to the transfer of GWAS services to SWASFT is now early 2013. The precise timing of the transfer is dependent on the time taken by third parties in considering and approving this transaction.

4.3 This change to the projected timetable is not due to any inherent concerns or problems with the project. As this is the first acquisition of this type in the ambulance service sector, the approval bodies will need to closely examine the proposals without previous experience and this may impact on the timeframe.

4.4 Key timetable dates:

Milestone	**Date**
Engagement with GWAS staff and external stakeholders	On-going
Cooperation and Competition Panel Stage One complete and decision on whether Stage Two Review is necessary	14 June 2012
(possible CCP Stage Two Review)	(15 June 2012 – 5 October 2012)
Monitor Review of the acquisition and its impact on SWASFT	August – November 2012
Department of Health Approval of Transaction	October 2012
SWASFT Final Decision on Acquisition	29 November 2012
Wind up activities for GWAS	December 2012
Completion	1 January 2013

5. Project Progress

5.1 Key staff from SWASFT and GWAS are working together to draw up plans and proposals for how services in GWAS and SWASFT can be integrated. This integration planning work will address the key tasks that will need to be delivered to assure continued delivery of services in the GWAS area after the acquisition of services by SWASFT.

5.2 A key driver in the project advancing the proposed acquisition of GWAS by SWASFT is meeting local needs through continued delivery of high quality services and high standards of patient care, where they are required when they are required.

5.3 SWASFT are in the process of preparing a business case that will reflect not only the financial case for the acquisition but clearly set out the broader benefits, including benefits related to continued improvements in patient care. GWAS staff are working to ensure that all relevant information and knowledge specific to GWAS communities is informing this work.

5.4 The Cooperation and Competition Panel are currently at Stage One of their review of the proposed acquisition. Choice, co-operation and competition in the NHS are important elements of the NHS reform programme, which places patients at the heart of driving change in the NHS - directly through choice of service provider, and indirectly through influencing and shaping commissioning.

5.5 The CCP will examine the costs and benefits of the proposed acquisition to patients and taxpayers. The CCP will consider the effect of the proposed acquisition on patient choice

and competition for emergency and urgent care, patient transport and primary care services in south west England and any other relevant surrounding areas.

5.6 The CCP will meet on June 14 and take a view on the information that they have been provided about this proposed acquisition. As this is the first proposed acquisition of its kind for the ambulance service, the CCP could take their review to Stage Two and take more time to consider the proposals.

6. Communications and Engagement

6.1 The proposed acquisition and divestment represents a change in the management of the delivery of a service as opposed to a change in service. As such the requirements under the NHS Act (2006) do not extend to formal public consultation.

6.2 GWAS fully recognises the importance of keeping the public, local stakeholders and members of staff informed during the progress of the project. A full communications and engagement strategy is being followed. Regular updates are being provided through a variety of channels to ensure a transparent and informative approach.

6.3 Appendix One sets out a summary of the communications and engagement undertaken by GWAS to date.

6.4 There is a formal requirement to consult with the seven Local Involvement Networks in the GWAS area (LINks). The requirement of Schedule 4 of the NHS Act 2006 (under Section 242 1b) is to consult with the LINks on the implications of the proposed acquisition, specifically the dissolution of GWAS.

6.5 The LINks were invited to complete a structured set of consultation questions by the end of May 2012. Responses from the LINks will form a key part of the engagement and consultation information contained within the divestment case.

7. Common Themes

7.1 As a part of the engagement process informing key stakeholders about the proposed acquisition, GWAS has identified common themes that have been shared with colleagues at SWASFT and NHS South of England.

The key points that have been raised and the responses we have given are as follows:

How will continued delivery of services to local communities be assured in the future?
There should be no detriment to the delivery of local services – it is the ownership and management of services that will change. An NHS organisation will still provide emergency 999 services. There will continue to be local availability of ambulances and local frontline staff providing ambulance services. A larger trust will still be bound by national ambulance performance standards and engagement with key stakeholders across the geographical area will continue. As a Foundation Trust the new organisation will also have local members and a Council of Governors to represent local issues and concerns as they arise.

How accessible will the managers and decision makers be once SWASFT run the services? In SWASFT, managers and key decision-makers are highly accessible to external stakeholders and to staff and this will continue in the bigger trust.

How will local knowledge be protected?
There should be no detriment to the delivery of local services – it is the ownership and management of services that will change. Under the new trust there will still be local availability of ambulances and local frontline staff will continue to provide those ambulance services.

8. Member Recruitment

8.1 A key part of a Foundation Trust is Membership and a Council of Governors elected from that membership. The current SWASFT constitution covers the current SWASFT geographical area. SWASFT Trust Board and the Council of Governors will give consideration to a revised constitution to reflect the extended SWASFT geographical area including the current GWAS communities.

8.2 It is common place for FT membership recruitment to be delivered by aspirant Foundation Trusts ahead of any final decision and approval for FT status. The same will be true in relation to the proposed acquisition with respect to the recruitment of members from the GWAS area. Expressions of interest for residents of GWAS communities who wish to become members of the wider SWASFT Foundation Trust will be welcomed. This work will begin in June 2012.

8.3 A new membership application form will be available from 14 June 2012, initially via LINks from across the combined GWAS and SWASFT regions. Expressions of interest in membership can also be made via the SWASFT website at www.swast.nhs.uk where there is a link to a membership application form. There are various public engagement events already planned across both the GWAS and SWASFT regions and details will be updated regularly on both trust websites.

8.4 Information in relation to the proposed constitution and opportunities for membership of SWASFT for residents in the GWAS area will be shared when the revised constitution has been approved.

9. Further information

9.1 Further information on the transaction is available via the SHA website: http://www.southofengland.nhs.uk/what-we-do/consultations/ This also includes links to the transaction information on the GWAS and SWASFT websites.

9.2 A programme of communications and engagement will continue. More information about the transaction project can be found on the GWAS website at www.gwas.nhs.uk/the-future.htm

9.3 An email address has been set up to receive questions that staff and members of the public may have in relation to the transaction. Queries should be sent through to feedback@gwas.nhs.uk

APPENDIX ONE

GWAS Transaction Project Communications and Engagement log
August 2011- May 2012

Date	Audience	Method
22.08.11	National Ambulance Advisor to DH briefed by GWAS CEO	Phone conversation
23.08.11	GWAS Senior Managers	CE briefing
	PCT cluster chiefs	Briefing by NHS Gloucestershire on key messages and embargoes press notice
	GWAS HQ staff	Verbal briefing by execs
	Ambulance service CEOs	Email from GWAS CEO
	GWAS EOC staff and other GWAS HQ staff	Verbal briefing by local senior manager
	Operational GWAS staff	Verbal briefing by local senior managers – cascaded from senior briefing
	Trust unions	Verbal briefing and press notice shared
	Joint Overview and Scrutiny Committee (JOSC)	Chair phoned by Chair
	Media (all local and relevant trade contacts)	Press notice issued under embargo for 24.08.12
	Ambulance heads of communications	Press notice shared
	PCTs communications leads & PPI leads	Press notice shared
	Acute and mental health trusts' communications & PPI leads	Press notice shared
	MPs	Press notice shared by email with a message to say that a letter will follow
	Health Overview and Scrutiny Committee (HOSC) chairs (inc JOSC)	Press notice shared by email with a message to say that a letter will follow
	Local Involvement Network (LINk) chairs, inc Joint Working Group LINk (JWG LINk).	Press notice shared by email with a message to say that a letter will follow
	Ambulance service CEs, JOSC chair, HOSC chairs, LINk chairs, JWG LINk chair, MPs, acute trust CE's, mental health trust CEs, PCT CE's, CQC, members of the trust External Reference Group (ERG), fire and rescue services, police services	Letter posted to announce GWAS looking to partner with another organisation
	GPs	PCTs emailed a letter to all GP practices and clinical commissioning groups on behalf of GWAS
	All GWAS staff	Special bulletin sent to all staff by email and with request for managers to display on notice boards
26.08.11	All GWAS staff	Article in trust Weekly Briefing to reassure staff and provide a bit more detail about the decision and next steps
30.09.11	All GWAS staff	Special bulletin to update staff on formal expression of interest by SWAST
14.10.11	All GWAS staff	Special bulletin to update staff on SWAST as

		preferred partner
14.10.11	Ambulance service CEs, JOSC chair, HOSC chairs, LINk chairs, JWG LINk chair, MPs, acute trust CE's, mental health trust CEs, PCT CE's, CQC, members of the trust ERG, fire and rescue services, police services	Letter posted to announce partnership with SWAST
14.10.11	Media (all local and relevant trade contacts)	Press notice issued under embargo for 14.10.11
02.11.11	South West NHS PPI leads	PPI network verbally updated on the project and its progress by GWAS member
04.11.11	Trust ERG	ERG meeting – verbal update on the project and its progress by GWAS
25.11.11	All GWAS staff	Launch of dedicated staff newsletter to keep staff up to date
07.12.11	Trust unions	JCNC verbally updated on the project and its progress by member exec
08.12.11	LINk JWG	JWG meeting - verbal update on the project and its progress by GWAS
15.12.11	Media	Public engagement line for Jill Crooks
16.12.11	All GWAS staff	Introduction of transaction board and team
06.01.12	All GWAS staff	End of due diligence process and description of key milestones
12.01.12	PPI and patient experience leads for ambulance services	QGARD patient experience meeting – verbal update by GWAS member
06.01.12	Exec Directors, Senior Manager Leads	Transaction Powerpoint presentation for HOSC/LINks meetings
13.01.12	Jack Lopresti MP – Filton And Bradley Stoke	Meeting with Ken Wenman – not specifically on the transaction but update provided
17.01.12	Gloucestershire HOSC	GWAS invited to update the group at their meeting
17.01.12	Gloucestershire Citizen/Echo	Reporter with follow on question from Gloucestershire HOSC about redundancies. Statement provided.
18.01.12	Gloucestershire LINk	GWAS invited to update the group at their meeting
18.01.12	Gloucestershire Echo	SWAST response to Glos Echo questions
19.01.12	Media	Glos Echo article
20.01.12	Claire Perry MP – Devizes	Meeting with Ken Wenman – not specifically on the transaction but update provided
25.01.12	Trust Board	Transaction update by Dr S Rawstorne
26.01.12	Exec Directors, Senior Manager Leads	Schedule of HOSC and LINk meetings
27.01.12	Exec Directors, Senior Manager Leads	Transaction communications strategy document
27.01.12	BaNES HOSC	GWAS invited to update the group at their meeting
31.01.12	Exec Directors, Senior Manager Leads	SWAST Integration workshop
01.02.12	All GWAS Staff	HQ staff briefing
03.02.12	All GWAS Staff	Partnership update – Integration workshop
07.02.12	Forest Health Forum	GWAS invited to update their meeting
08.02.12	South Glos HOSC	GWAS invited to update their meeting
08.02.12	GWAS Transaction Project Board	Presentation on PPI legislation
09.02.12	Wiltshire LINk	GWAS invited to update their meeting – KW attending as other items on agenda refer to

		GWAS
10.02.12	All GWAS Staff	Partnership update – OR departure and feedback from staff re. Integration workshop
16.02.12	Exec Directors, Senior Manager Leads	Core brief – guide for GWAS Transaction
16.02.12	GWAS Directors and NHS Gloucestershire	Update on acquisition at Contract Mgt meeting.
21.02.12	LINk JWG for ambulance services	GWAS invited to update their meeting
22.02.12	MPs	Letter to update
23.02.12	North Somerset HOSC	GWAS invited to update their meeting
24.02.12	All GWAS Staff	Partnership update – feedback from staff re. Integration workshop
29.02.12	Wiltshire HOSC	GWAS invited to update their meeting
05.03.12	Peter Carr	Response letter from MPs Neil Carmichael, Jack Lopresti, Liam Fox, Geoffrey Clifton-Brown
06.03.12	All GWAS Staff	HQ staff briefing
08.03.12	HOSC/LINk Chairs	Letter from Peter Carr with update and key milestones
30.03.12	ERG/Chairman & Governors of SWASFT	Meeting invitation for 11.04.12 to discuss issues around FT status
03.04.12	All GWAS Staff	HQ staff briefing
03.04.12	Ken Wenman	Letter of thanks from Bristol LINk
29.03.12	LINks members	Meeting invitation for 25.04.12 consultation launch
05.04.12	MPs	Letter to update
13.04.12	Geoffrey Clifton-Brown	1-1 between Geoffrey Clifton-Brown and Peter Carr
16.04.12	ERG members	Letter to update
19.04.12	HOSC chairs	Letter to update
24.04.12	LINk members	Letter to update
25.04.12	LINk members	LINks consultation event, Angel Hotel in Chippenham
01.05.12	All GWAS Staff	HQ staff briefing
04.05.12	MPs	Letter from Peter Carr to invite to briefing session
10.05.12	NHS Southwest	Email to Rachel Gibbons and Jonathan Cramp for SHA SoS briefing
17.05.12	Chair of LINks Joint Working Group	Letter from Peter Carr with SWASFT invitation to attend a JWG meeting

GLOSSARY

BANES	Bath and North East Somerset
CE	Chief Executive
CEO	Chief Executive Officer
CQC	Care Quality Commission
DH	Department of Health
ERG	External Reference Group
GWAS	Great Western Ambulance Service
GP	General Practitioner
Glos	Gloucestershire
HQ	Headquarters
HOSC	Health Overview and Scrutiny Committee
JOSC	Joint Overview and Scrutiny Committee
JWG	Joint Working Group

JCNC	Joint Consultation and Negotiation Committee
LINk	Local Involvement Network
M&A	Mergers & Acquisitions
MP	Member of Parliament
PCT	Primary Care Trust
PPI	Patient and Public Involvement
PP	Powerpoint presentation
QGARD	Quality Governance and Risk Directors Group
SWAST	South West Ambulance Service
SW NHS	South West National Health Service

Agenda Item No. 9

Update from Individual Health Overview and Scrutiny Committees

Great Western Ambulance Joint Health Scrutiny Committee
15th June 2012

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 A: South Gloucestershire Health Scrutiny Select Committee - Extract minute from meeting of 18th April 2012

Appendix B: Gloucestershire Health, Community and Care Overview and Scrutiny Committee – Extract from report to GCC Overview and Scrutiny Management Committee – May 2012

Appendix A

SOUTH GLOUCESTERSHIRE HEALTH SCRUTINY SELECT COMMITTEE

18TH APRIL 2012

MINUTE 122: NORTH BRISTOL NHS TRUST - PATIENT FLOWS FROM THE EMERGENCY DEPARTMENT (AGENDA ITEM 12)

Sue Watkinson, Director of Operations and Juliet Hughes, Matron at NBT gave a presentation on ambulance handover delays at the Emergency Department (ED). A copy of which has been placed in the minute book.

The following points were made:

Frequency of patients arriving by helicopter – it was confirmed that they were not always major trauma cases, sometimes patients could only be transported by helicopter because of the accessibility of the location where they were taken ill.

Challenges:

- The Trust had seen a real change in activity in the last six months. Traditionally most emergencies were received by 12 noon, but this was now much less with 15% being seen up to 12 noon. More patients now arrived between 5 and 7pm, and there could be up to 30 patients arriving in the ED in a four hour period. The later arrivals had led to an increase in length of stay by ½ a day because diagnoses had to take place later in the day or the following day. This equated to 60-70 beds.
- NBT had been designated a Major Trauma Centre (MTC) from 1st April 2012. Since then it had received 25 major trauma cases, of which 18 had been discharged to a district hospital. To prepare for the MTC designation the Trust had created two additional Intensive Care Unit beds and additional surgical space, and it was felt that the designation had not been a significant issue for the Trust.
- In September last year there was an increase in delayed discharge and repatriations (where patients had been

transferred from another hospital for a specialist service at NBT and then needed to return to their local hospital). At one point there had been 63 patients waiting to be repatriated, but this had now significantly reduced.

- There were issues with waits for Continuing Healthcare assessments.
- The Trust had increased the number of Hot Clinics that it offered, but it needed to keep working with GPs to ensure they had up to date information and referred patients appropriately.
- The Chief Executives and Directors of GWAS and NBT had recently met to discuss the challenges and next steps.
- They had undertaken a two week 24/7 robust audit, involving primary care, GWAS, ED, accountants and patients. The questions put to patients included when were they last seen by a healthcare professional and whether they tried to get a GP appointment? As soon as the audit report was available it would be shared with the Committee. To date the results demonstrated that there were issues across the health community.
- Internally GWAS and NBT processes needed further work, for example there needed to be joint responsibility for handovers to ensure that they were all completed properly.
- The ED had been visited twice by the Emergency Intensive Support Team, and it concluded that the procedures and processes in place were some of the best it had seen.
- Additional Initial Assessment Nurses (IANs) had been recruited for every shift and most were now in post. The IANs supported GWAS to ensure that patients were assessed within 15 minutes of arrival in the ED.
- There had been issues with patient throughput when GPs had to go through the Common Approach portal, but they had now reinstated GPs being able to directly refer patients.
- Statistics were now more accurate. Very recently a different system had been developed, which meant that clerical staff now assisted with the inputting of patient arrival times.
- When patients were not in a bay it was still important for them to be treated and not be left waiting.
- Flows downstream of the ED still required some work. The Healthy Futures team had commissioned a piece of work to further investigate this issue across all BNSSG trusts.

During the discussion the following points were covered:

In relation to the information provided by the Trust, a member asked if the Committee could have further information on the Common Approach, bed numbers at Southmead and Hot Clinics.

In reply to a question about GWAS clearing screens following a handover, it was reported that the handover practice needed to be standardised across the patch. Currently the handovers were monitored by the ED counter signing paperwork. Once a handover had been completed the ambulance crew had 15 minutes to clear. One issue with the screens was that they showed all the ambulances travelling to the hospital even if they were not heading for the ED. The Trust was working with the software company in order to address this.

In relation to patients arriving at ED when it would have been more appropriate for them to see their GP, it was reported that GPs across South Gloucestershire had been funded to provide additional emergency slots, which NHS South Gloucestershire could provide further information on outside of the meeting.

In conclusion there was disappointment that after first hearing about problems with patient handover at Frenchay ED some years ago there were still issues today. A further report on the success of the initiatives to address the problem was requested for a future meeting.

RESOLVED:

1 That the NBT representatives be thanked for the presentation and the content be noted.
2 That a further report on the steps that had been taken to resolve the problems with ambulance handover delays be presented to the Committee at a future date.
3 That the ED audit report be provided to the Select Committee when it was available.
4 That further information on emergency GP slots be provided by NHS South Gloucestershire outside of the meeting.

Appendix B

Extract from Gloucestershire Health, Community and Care Overview and Scrutiny Committee report to GCC Overview and Scrutiny Management Committee – May 2012

Monitor Intervention at Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)

OSMC will know that performance against A & E targets has been of concern to the committee for some time. On 2 May 2012 Monitor (Independent Regulator of NHS Foundation Trusts) used its regulatory powers of intervention to ensure that the Trust makes effective improvements to the delivery of emergency care and addresses all underlying issues that have caused the poor performance. It should be noted that the Care Quality Commission has no outstanding concerns about the outcomes of patient care at the Trust.

OSMC will recall from the committee's last report that the Trust had already engaged with the intensive support team from the Department of Health on this matter. It is also receiving data design and systems support from Newton Consulting. This work has identified four barriers to delivering sustainable A & E performance – staffing, space, flow, demand. The Trust's programme plan is structured around these four work streams.

Members know from their own experience that demand is a key issue, and that it is important that members of the public know about the alternatives to visiting A & E. The committee was informed that the Trust was working on making waiting times available online, both for A & E and the Minor Injuries Units (MIUs), so that people can make an informed decision before attending. The opening hours for the walk-in centres in Springbank and Hesters Way in Cheltenham and the Eastgate Centre in Gloucester have been increased, and it will be important to ensure that people are aware of this and use them as an alternative to A&E. This Council, with Gloucester City and Cheltenham Borough, may like to consider how the messaging around this can be supported through its own range of contacts with the public.

Members were concerned about the readmission rates to the acute hospitals, but it was not clear whether this was related to the

desire to increase flow through the hospital by discharging patients too soon. It is clear that timely discharges are a factor and there is a lot of joint work being undertaken to improve performance in this area. As has already been stated the committee will be receiving an update on DTOC at its July 2012 meeting.

It was interesting to note that performance has improved this month; however the Trust has to be able to sustain this improvement before Monitor will withdraw. The Chair of the Trust informed the committee that in her view Monitor would be unlikely to withdraw its intervention until the Trust has demonstrated that it can sustain improvement through the winter period i.e. Christmas 2012.

The committee will receive regular information on progress through the NHSG performance reports. If the situation merits it a stand alone report will be requested.

(For information: The GHNHSFT Board report can be downloaded here http://bit.ly/Kyr2CY.)

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Local Involvement Network

Joint Working Group

'Enter and View' Visits

To

Emergency Departments of

Acute Hospitals in the

Great Western Ambulance Service

Trust Area

1. Background Information

Local Involvement Networks (LINks) were set up in April 2008 as part of the legislation in the Local Government and Public Involvement in Health Act 2007. One of the primary functions of LINks is to collect views from patients, carers and the public about health and social care services in their local authority area. These views are passed on to the Commissioners, Providers and Regulators of the services, to help improve or change these services. The Joint Working Group (JWG) was formed by members of the seven LINks in the GWAS area to work together to look at ambulance services.

Sir Ian Carruthers OBE, Chief Executive of the South West Strategic Health Authority stated that 'patient delays and ambulance handover waits have the potential to impact on patient care as well as wasting valuable NHS resources. Throughout the year, delays can be experienced by both patients and ambulance crews but historically, these delays increase during the winter months as pressure builds in acute settings *(NHS South West: Ensuring timely handover of patient care – ambulance to hospital October 2009, Foreword by Sir Ian Carruthers OBE)*. Sir Ian also pointed out that it is vital for NHS organisations to work together to develop systems and processes that manages patient care in an effective systematic way to ensure timely handovers thereby reducing unnecessary waits across the system.

New A&E Clinical Quality Indicators were introduced in April 2011 by the Department of Health (Gateway Ref 15322). Quality Indicator [6] refers to '*time from arrival to start of full initial assessment, which includes a brief history, pain and early warning scores (including vital signs), for all patient arriving by emergency ambulance'*.

For patients conveyed by the ambulance service to an Emergency Department as a result of a 999 call, the 'arrival time' is the time the ambulance crew enters the Emergency Department and confirms arrival using the Emergency Department ambulance arrival screen. A hospital representative is required to corroborate this time on the ambulance patient care record.

The 'handover clock' begins when the ambulance clinician confirms arrival within the Emergency Department. The recommended standard is that clinical handover i.e. responsibility for the patient, should happen within 15 minutes of the arrival time.

Following arrival in the Emergency Department, a hospital representative is provided with a brief summary of the patient's condition. Using this information the hospital representative directs the ambulance crew to an appropriate care location (Emergency Department trolley). The ambulance crew transfers the patient to the designated hospital trolley and provides a comprehensive clinical report to the nurse responsible for that trolley. Responsibility for the patient has now transferred to the hospital. This is deemed as 'handover time' and is

confirmed using the Emergency Department ambulance arrival screen and corroborated by the nurse receiving the patient.

The ambulance 'wrap up period' begins once handover has been confirmed. The recommended standard is that ambulance wrap up should be completed within 15 minutes of handover time.

Following handover, the ambulance clinicians are required to complete any outstanding documentation, replenish used equipment and carry out any infection control procedures. An exclusion to the 15 minutes wrap up time may be claimed in exceptional circumstances e.g. incident debrief.

Once wrap up requirements have been completed the ambulance clinician enters 'clear' to their vehicle screen. The time between 'handover' and 'clear' is recorded as the wrap up period.

The Arrival Screens (Capacity Management System) were introduced in all eight hospitals in the GWAS area following a period of working together of the acute trusts who had agreed they needed more information concerning in-bound ambulances and their expected time of arrival. The screens were installed during August 2011 following a trial in May 2011 at Weston General Hospital, Gloucester Royal Hospital and the Royal United Hospital, Bath. Each Acute Trust provided its own screen, with GWAS taking responsibility for providing the software and ensuring that the screens were compatible with their existing CAD system. The screens enable real-time monitoring of the pressure experienced by acute hospitals, both in terms of their overall bed pressure, and by the individual access points related to that hospital. The main benefit of the screens is that waiting times are reduced which results in better patient care and better performance for hospitals.

2. Purpose of the Visits

For some considerable time, the members of the LINks Joint Working Group (JWG) have been concerned about the ambulance turnaround times for patients at hospitals in the Great Western Ambulance Service (GWAS) area. Figures for the period 2009 to 2011 for the total number of ambulances arriving at the Emergency Department and the percentage of ambulances with a handover period of greater than 15 minutes are illustrated in the following tables. Average attendances by GWAS greater than 15 minutes were 34.8% in December 2009, 18.5% in June 2010, 22.6% in June 2011 and 26.6% in December 2011.

Total number of Ambulances arriving at Emergency Departments

	Bristol Royal Infirmary	Cheltenham General Hospital	Frenchay Hospital	Gloucester Royal Hospital	Great Western Hospital	Royal United Hospital	Salisbury Hospital	Weston General Hospital	TOTAL
June 2009	1865	821	1583	1402	1467	1860	811	762	10571
December 2009	1843	1158	1562	1804	1669	1995	814	873	11718
June 2010	1593	1007	1414	1597	1531	1706	709	861	10418
July 2011	1858	1223	1745	1744	1494	1779	820	830	11593
October 2011	1949	1251	1791	2072	1673	1942	820	941	12439
November 2011	1779	1168	1639	1941	1540	1806	812	845	11530
December 2011	1960	1253	1758	2025	1714	1886	841	895	12332
Number of cubicles at time of visit	11	10	8	9	16	18	10	18	

Percentage of Ambulances with a Handover Period of Greater than 15 minutes

	Bristol Royal Infirmary	Cheltenham General Hospital	Frenchay Hospital	Gloucester Royal Hospital	Great Western Hospital	Royal United Hospital	Salisbury Hospital	Weston General Hospital	
June 2009	30.8	36.1	44.2	31.1	19.3	20.3	13.9	40.1	
December 2009	37.5	47.1	42.3	53.7	26.6	6.7	11.7	61.2	
June 2010	27.1	22.1	38.4	31.9	14.9	5.2	5.8	10.5	
July 2011	28.8	29.0	42.0	16.9	7.7	4.8	6.1	22.8	
October 2011	38.3	31.4	50.4	29.1	14.5	4.6	7.1	25.3	
November 2011	32.6	28.3	48.4	29.3	12.9	7.1	6.0	17.8	
December 2011	37.9	20.4	63.4	24.4	14.3	8.4	5.4	25.3	
Number of cubicles at time of visit	11	10	8	9	16	18	10	18	

The members of the JWG were aware that a number of processes had been implemented to improve the turnaround times, in particular the installation of new Arrival Screens in the Emergency departments in the eight hospitals in the GWAS area.

Following a presentation on September 12th 2011 to the JWG by Marija Kontic, Project Manager Great Western Ambulance Services (GWAS), highlighting the use of the newly installed 'Arrival Screens', it was agreed that the each LINk should make an 'Enter and View' visit to the Emergency department of its local Acute Hospital(s) to observe handover processes associated with the Arrival Screens and assess the benefits to patients. It was agreed that the Authorised Representatives may talk to hospital and ambulance staff about their experiences in using the Arrival Screens at the Acute hospitals in the GWAS area.

The visits took place between October 2011 and March 2012 and were carried out by LINk members who were Authorised 'Enter and View' Representatives of the relevant LINk. Each hospital was advised of the proposed visit and that it would be undertaken by two named LINk Authorised Representatives *(see appendix One).*

3. Results of the Visits

An agreed list of questions was used for each visit *(see Appendix Two).*

3.1 The first part of the questionnaire contained questions about the Emergency Departments, the staffing levels and any additional rooms within the department. The results are shown in the table below.

	Bristol Royal Infirmary	Cheltenham General Hospital	Frenchay Hospital	Gloucester Royal Hospital	Great Western Hospital	Royal United Hospital	Salisbury Hospital	Weston General Hospital	
A&E Open 24/7	yes	yes	yes	yes	yes	yes	yes	yes	
Number of cubicles	11	10	8	9	16	18	10	18	
Additional waiting area for ambulance patients	Yes Long corridor	No	Yes	No	Yes 4-5 patients	No	No	No	
Is there a separate children's area?	N/A	Yes	Yes	Yes	No	Yes	Yes	Yes	
Is there a resuscitation area	Yes 6	Yes	Yes 7	Yes 4 beds	Yes 4	Yes 4	Yes 3	Yes 5	
Number of Doctors on duty per day	varied	5/6	5	2	7	2	2	3	
Is this throughout a 24 hour period?	No 8am – 10pm	Yes	Yes	Yes	No 8am – 7pm	No	No 8.30am - midnight	No	
Number of ED Consultants on duty	2	1	2	2	2 1 w/ends	3	1	No 8am – 10pm	
Number of Nurses on duty	11	12	8	7	varies	23	6	8	
Number of nurse practitioners	16	1	0	1	6 minimum	4	1	1	
Average number of patients per day arriving in ambulances (Dec 2011) **	63	41	56	65	55	61	27	29	
Ratio of number of patients per day (Dec 2011) per cubicle	5.7	4.1	7	7.2	3.4	3.4	2.7	1.6	

** Based on an assumption of one patient per ambulance

3.2 The second part of the Questionnaire concentrated on the use of Arrival Screens in Emergency Departments, and other observations from the LINk members

For all of the hospitals visited, the patient journey to the Emergency Department was recorded on the Arrival Screens in the following way:

- At the start of the patient journey in a GWAS ambulance, information regarding the patient is automatically logged into the system by the staff. This gives the receiving hospital an estimated time of arrival and clinical information.

- At a predetermined point as the ambulance approached the hospital, the tracking system automatically registers the imminent arrival of the ambulance onto the Arrival Screen. It shows the priority of the patient as advised by the ambulance crew. It also shows the Ambulance Call Sign, Job Number, notes about the patient, Estimated Time of Arrival at the Emergency Department and Handover Time.

Out of area ambulances do not show on the Arrival Screens and require a manual handover. Two hospitals had a second Arrival Screen, which are linked to another ambulance service.

The questions asked at all sites were:

- What is the procedure for use of the Arrival Screen?
- Is the Arrival Screen the responsibility of a particular member of staff? If so, who?
- Who meets the patient on their arrival?

The answers to these questions and relevant observations are shown in the following sections. The full reports can be seen in *appendix three*

Bristol Royal Infirmary (BRI)

Ambulance staff pass the screen on way into the department and check the patient in.

There is no particular staff member assigned to the screen. It is anyone on duty at the time. At the time of the visit, a staff member from GWAS was helping to use the screen on a part time basis.

A shift coordinator (Band 6/7) meets the stretcher/patient.

The LINk members noted that although all GWAS vehicles are shown on the Arrival Screens, ambulance cars arriving at BRI are not booked in with arrival and departure times. This also applied to patients taken direct to the wards e.g., heart conditions and some GP admissions.

The screens arrived in the department without any prior notice or training. The matron considers that all staff, including some GWAS staff need considerable training on the use and benefits of the arrival ~Screen. The suggestion was that the department does not have enough staff to have a dedicated person watching the screen.

The agreed handover time is that as soon as the BRI staff relieve the GWAS of their patient they should enter the time on the screen but they do not always do this until their paperwork has been completed. This causes a time lag and shows up against the fifteen minute requirement.

Cheltenham General Hospital

Ambulances arriving at the department entrance take patients to the trolley space which is close to the nurses' station with the Arrival Screen. One crew member remains with the patient, whilst the other one goes to the nurses' station to book the patient in.

There is a Dedicated Nurse Coordinator assigned to look at the Arrival Screen who remains at her post.

Dedicated Triage Nurse meets the patient

Ambulances from outside the GWAS area are not able to access the Arrival Screen so manually report to the nurses' station. At the time of the visit, an ambulance arrived from West Midlands Ambulance area and the ambulance crew waited five minutes to be booked in. The ED staff did not notice the crew was there until it was pointed out by the Authorised Representatives.

Frenchay Hospital

On arrival in the Emergency Department, one of the ambulance crew will 'tick' the Emergency Department IPT box on the Arrival Screen.

Great Western Ambulance personnel take the responsibility for 'ticking' the boxes on the Arrival Screen. North Bristol Trust Frenchay Emergency Department would like it to be a joint responsibility. The arrival screens were supplied by GWAS and solely their responsibility at this moment in time.

At present, the Charge Nurse meets the patient on arrival. In future, it will be the Initial Assessment Nurse (IAN).

It was observed that it took 4 minutes for one patient to be brought in following the time arrival on the screen. It was also noted that the ambulance crew did not ring the door alarm bell before entering, according to procedure, in order to warn the Charge Nurse that a patient was being brought through. This could have led to a further delay if the Charge Nurse was occupied elsewhere. The care of the patient was immediately handed over to the IAN but the box on the arrival screen was not ticked indicating handover was still in progress.

Validation of the handover times at present cannot be taken as accurate. There is a gap between recorded handover in the ED and actuality, It is believed that ambulance crews, once at Frenchay, can grab a hot drink and clean the ambulance before going back to operational duties.

Gloucester Royal Hospital

At the time of the visit the ambulance staff had to walk past the Nurses Station and Arrival Screen and go to the main Reception area to book the patient in. As the reception can be and often are in discussion with 'walk-in' patients, the crew had to wait until they are free before the patient can be booked in. This procedure has been now been altered and the ambulance staff now book the patient in at the nurses station

The nurse in charge is responsible for the Arrival Screens but at the time of the visit, did not remain at post the whole time but left the screens unattended to do other things in the department.

Any nurse, who is available, will meet the patient.

Great Western Hospital Swindon

.An example of the information on the screen was '89 year old male with shortness of breath, arrival time 6 minutes. The arrival screen has been received positively by the staff as it helps with the more efficient organisation of ED They are shortly to install a second screen that will provide easier access for the ambulance crew, who also have to signal their arrival on the screen.

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The nurse in charge takes responsibility to ensure a cubicle or resuscitation room is ready for the patient. The aim of the Emergency Department is always to keep one area free.

The nurse in charge does the initial assessment

At the time of the visit, the Authorised Representatives were advised that the ED will have, in the next two weeks, a new electronic 'capacity management system' installed for 999 re-routing. This will record pressures on ED every two hours. It will mainly support ambulances in outlying areas, where an alternative hospital may be more convenient. It is recognized that the priority should be to admit a patient to their local hospital wherever possible. A patient in a hospital out of area creates a number of administrative and social difficulties.

There is a separate ambulance holding area where the patients are cared for by ambulance staff. This area is used at least once a day when the ED reaches its capacity. There is room for 4-5 patients in this area.

Royal United Hospital Bath (RUH)

Ambulance crews log-on to screen on arrival with patient in department (1 screen for each ambulance service). The crews log onto the screen when the patient is handed over to a nurse.

The RUH Co-ordinator and ambulance crew take the patient to a cubicle. The Co-ordinator meets the patient

Historically there have been discrepancies between hospitals' recording of ambulance turn-around time and the times recorded on the ambulance service's IT systems. Both sets of records are still generated but the turn-around times recorded were moderated jointly by the hospital and ambulance Trust at regular meetings to ensure a single and agreed set of records for official performance

Salisbury District Hospital

As soon as the patient arrives, a crew member immediately acknowledges this on the screen so there is a record of arrival time. When the crews leave, they chart the departure time.

Great Western Ambulance Service is responsible for the screens input. The patient is usually met by a band 6 nurse or Sister.

Salisbury Hospital Emergency Department has recently been refurbished. The horizontal 'white board' in the centre console of Majors as it means staff has access to patient information that the public cannot see. It was noted at the time of the visit that none of the

cubicles had their curtains drawn, so patients could be seen by everyone passing by. At one point, a lady in an open backed gown wandered up the central area looking lost.

Weston General Hospital

Dispatch send the information to the screens, then GWAS staff update when arrive at the hospital.
Hospital staff do not have anything to do with the system at all. They do not look at the screen, they do not have time, the screen is not in the main working area.

GWAS personnel are responsible for the screens

Reception and triage nurse meet the patient

The Arrival Screen is located near the entrance corridor for ambulance patients and some yards from the control area. The sister in charge admitted they rarely have time to look at it the screen as it was too far from their work area and lacked details. It was clear that it would not be possible to have another screen in the control area as ambulance staff would need to come in and use it. Paramedics told members the details of any patients needing immediate treatment were phoned through to the Emergency Department. Both the GWAS staff and hospital staff were satisfied with how the system was working.

Comparative Information for December 2009 and December 2011

December 2009	Bristol Royal Infirmary	Cheltenham General Hospital	Frenchay Hospital	Gloucester Royal Hospital	Great Western Hospital	Royal United Hospital	Salisbury Hospital	Weston General Hospital	
Number of cubicles at time of visit	11	10	8	9	16	18	10	18	
Average number of patients per day arriving in ambulances	59	37	50	58	54	64	26	28	
Percentage of ambulances with a handover time of greater than 15 mins	37.5	47.1	42.3	53.7	26.6	6.7	11.7	61.2	
Ratio of number of patients per cubicle per day	5.3	3.7	6.2	6.4	3.4	3.5	2.6	1.5	

DECEMBER 2011	Bristol Royal Infirmary	Cheltenham General Hospital	Frenchay Hospital	Gloucester Royal Hospital	Great Western Hospital	Royal United Hospital	Salisbury Hospital	Weston General Hospital	
Number of cubicles at time of visit	11	10	8	9	16	18	10	18	
Average number of patients per day arriving in ambulances	63	41	56	65	55	61	27	29	
Percentage of ambulances with a handover time of greater than 15 mins	37.9	20.4	63.4	24.4	14.3	8.4	5.4	25.3	
Ratio of number of patients per cubicle per day	5.7	4.1	7	7.2	3.4	3.4	2.7	1.6	

4. Findings

1. There was clear evidence of good relations and close working together between the GWAS staff and all the hospital staff in the Emergency departments

2. There is a variance across the GWAS area in the way the arrival screens are used

3. The use of the arrival screens has improved the patient journey in several of the hospitals but not in others.

4. In several hospitals effective use of the arrival screens does not seem to have been promoted by the hospital trusts

5. The advantages of using the arrival screens does not seem to have been fully appreciated by the hospital staff

6. All the hospitals except Great Western Hospital have a separate area for children.

7. The number of cubicles available in the Emergency Departments in comparison with the average number of ambulances arriving each day is variable across the GWAS area and may well contributes to the difficulties in meeting the ambulance turnaround targets in some places

8. Bristol Royal Infirmary staff appear to have little interest in the screens, although it is thought this is due to lack of knowledge and training

9. LINk members reported that, at Bristol Royal Infirmary the Rapid Response vehicles and Emergency Care Practitioners attract handover breaches because their vehicles are automatically registered on the Arrival Screens but do not appear to be cleared on departure

10. In both Cheltenham General Hospital and Gloucester Royal Hospital there has been a considerable improvement in the turnaround times in spite of increased attendances at the Emergency departments. The use of the arrival screens appears to have contributed to this improvement

11. Frenchay Hospital the screens are the sole responsibility of the GWAS staff although it appears the North Bristol Trust would like a different arrangement

12. Since the visit to the Great Western Hospital, a Capacity Management System has been installed, allowing for ambulances to be rerouted to another hospital if their patient capacity has been reached

13. The screen is sited in the wrong place at Great Western Hospital. The area is cramped resulting in not enough room for staff to use it. It is understood a second screen is being considered

14. Weston Hospital staff are not using the Arrival Screens possibly because they are sited in the wrong place

5. Recommendations

The members of the JWG would recommend that:

1. A full audit of the use of the arrival screens should be carried out by the GWAS and hospital trust staff.

2. The siting of the screens is important and consideration should be given to re-siting the screens in some of the Emergency Departments.

3. The advantages of the arrival screens should be promoted to the staff in the hospitals where they are only being used by the GWAS staff

4. Additional training should be available for staff in the hospitals who are not using the screens correctly.

5. All the emergency departments should use the arrival screens to full capacity as they Improve the patient journey and the ambulance turnaround times

6. Where the ratio of number of patients to number of cubicles is high, e.g., Frenchay Hospital, consideration should be given to increasing the number of cubicles available

6. References/Bibliography

Dept of Health: A&E Clinical Quality indicators Gateway Reference 15321NHS South West: Ensuring timely handover of patient care – ambulance to hospital October 2008

Dept of Health: A&E Clinical Quality Indicators Implementation Guidance Gateway Reference 15321 Publication Date 17 Dec 2010

Dept of Health: A&E Clinical Quality Indicators Data Definitions Gateway Reference 15322 Publication Date 17 Dec 2010

Appendices

Appendix One

The LINks Authorised 'Enter and View' Representatives

Bristol Royal Infirmary
Margaret Adams
South Gloucestershire Local Involvement Network
Gill Maw
Bristol Local Involvement Network

Cheltenham General Hospital
Judy Gazzard and Albert Weager
Gloucestershire Local Involvement Network

Frenchay Hospital
Mike Garett and Wei Song
South Gloucestershire Local Involvement Network
Gill Maw
Bristol Local Involvement Network

Gloucester Royal Hospital
Judy Gazzard and Albert Weager
Gloucestershire Local Involvement Network

Great Western Hospital Swindon
Keith Smith, Val Vaughan and John Green
Swindon Local Involvement Network

Royal United Hospital Bath
Jill Tompkins and Veronica Parker
Accompanied by Mike Vousden, Scout Enterprises (Host)
Bath and North East Somerset Local Involvement Network

Salisbury District Hospital
Phil Matthews and Anne Keat
Wiltshire Local Involvement Network

Weston General Hospital
Nikki Edwards and Tony Hawkings
North Somerset Local Involvement Network

Appendix Two

Local Involvement Networks (LINk) Joint Working Group (JWG)
ENTER AND VIEW VISIT TO EMERGENCY DEPARTMENT 2011/12

Venue:	**Date and Time of Visit:**

Further questions to be answered	
What is the layout of the Emergency Department	Draw diagram if possible
How many cubicles are there?	
Is there a waiting area for ambulance patients in addition to the cubicles?	
Is there a separate children's area?	
Is there a resuscitation area?	
How many doctors are on duty today?	
Is this throughout a 24 hour period?	
If not, when does it change	
How many ED consultants are on duty?	
How many nurses are on duty today?	
How many are nurse practitioners with extra ED training?	

Questions about the Arrival Screens	
What is the procedure for use of the Arrival Screens?	
Is the Arrival Screens the responsibility of a particular member of staff? If so, who?	
Who meets the patient on their arrival?	

Appendix Three

Enter and View to Emergency Department
Bristol Royal Infirmary
Monday 5th March 2012

LINk Personnel – M Adams (South Glos LINk) and G Maw (Bristol LINk)

Matron in Charge – Bernie Greenland

We were greeted by Matron who took us to her office and answered all our questions with courtesy and general helpfulness.

Although she had been told about the Screens which we were there to view they had arrived in her department without prior notice nor any training. She now had Alex Finlay from GWAS on a part time basis but is of the opinion that all her staff need considerable training – and it would appear that so to do some of the GWAS Employees. Perhaps this further training would help the staff to appreciate the clinical benefit of the screen.

When we viewed the screen we found that ALL GWAS VEHICLES are listed for arrival but CARS do not enter arrival and departure times and vehicles going direct to wards do not go through A & E e.g., Heart Attacks go directly to Heart Department and some GP admissions go directly to wards. This means that these vehicles show 'Uncleared' on Arrival Screens but do NOT go through A & E. Whilst we were there the screen showed three outstanding cases that were not A & E responsibility. There was an ambulance crew attending a patient and the male crew member came and corrected the screen but there were ten breaches shown against hospital records and this was totally wrong. There needs to be an up-date of the system or the records will never agree.

The agreed handover timing is that at soon as BRI staff relieve GWAS of their patient they should then enter that time on screen but they don't always do this until their paperwork has been completed and this causes a time-lag and shows up against the hospital requirement of fifteen minutes.

Matron suggested that noting how many vehicles were on the way and the condition of the patient was helpful BUT does not have a dedicated person watching the screen. The suggestion was that they do not have enough staff for it in this very busy department.

As well as the full Emergency Department they have an MIU where they have eight static trolleys as well as an Observation Ward mainly used for patients prior to discharge to make sure they are fit to go home. This has eight spaces.

The Department is due for a complete up-date in June and we have been invited back to view just prior to it being opened.

Local Involvement Networks (LINk) Joint Working Group (JWG)

ENTER AND VIEW VISIT TO EMERGENCY DEPARTMENT 2011/12

Venue: Bristol Royal Infirmary	**Date and Time of Visit:** **5th March 2012 1.00pm – 2-30pm**

Further questions to be answered	
What is the layout of the Emergency Department	Draw diagram if possible
How many cubicles are there?	11
Is there a waiting area for ambulance patients in addition to the cubicles? *There is a long L-shaped corridor capable of taking many GWAS trolleys – They do have need sometimes to use GWAS staff to*	
~~Is there a separate children's area?~~ *Send the patients to release ambulances*	
Is there a resuscitation area? *It is large and has in situ x-ray for help of patients*	Yes 6 spaces
How many doctors are on duty today? *Plus housemen*	2 Consultants 1 Registrar
Is this throughout a 24 hour period? *Consultants work 8am to 4pm and 4pm to 10pm*	No
If not, when does it change Consultant off department but on call after 10pm	After 10pm
How many ED consultants are on duty?	See above
How many nurses are on duty today?	
How many are nurse practitioners with extra ED training? *Daytime 11 Reg and 1 assistant. Night duty 10 Reg and 1 assistant*	11/10

Questions about the Arrival Screens
What is the procedure for use of the Arrival Screens? *Ambulance staff pass the screen on way in*
Is the Arrival Screens the responsibility of a particular member of staff? If so, who? *No particular person – anyone on duty*
Who meets the patient on their arrival? *Whichever member of staff they are taken to but there is a shift co-ordinator (Band 6/9) who meets the stretcher*

Gloucestershire Local Involvement Network (LINk)

Visit to Cheltenham General Hospital Emergency Departments

To look at the impact of the new Arrival Screens on Ambulance Handover times

The Visits

The visits were carried out by two Gloucestershire LINk Authorised Representatives, Albert Weager, Chair of the JWG, and Judy Gazzard, a member of the Gloucestershire LINk Stewardship Board, to the Emergency Departments at Cheltenham General Hospital on Wednesday afternoon 26th October

Questions about the Layout of the Emergency Department?

What is the Layout of the Emergency Department? There are ten cubicles, divided into a four and a six in two separate areas plus a resuscitation room and a resuscitation triage room
Is there a waiting area for ambulance patients in addition to the cubicles? Ambulances arrive at the department entrance and take patients to the trolley space which is close to the nurses station/Arrival Screen. One crew member remains with the patient, whilst the other one goes to the nurses station to book the patient in
Is there a separate children's area? Yes
Is there a resuscitation area? There is a resuscitation room as well as a resuscitation triage room immediately on the right just inside the front door
How many doctors are on duty today? The variation for doctors was from two during the midnight-3.00am time, and then gradually increasing throughout the day so that by 4.00pm there are seven doctors on duty
How many consultants are on duty? There was one consultant on call throughout the 24 hour period
How many nurses are on duty today and how many are nurse practitioners with extra ED training? There were twelve nurses and one nurse practitioner on duty at the time of the visit

Questions about Arrival Screens

What is the procedure for use of the Arrival Screens? Information appears on the screen when the ambulance collects a patient, advising the estimated time of arrival. This only applies if the patient is from the GWAS area. Patients arriving from areas outside of the GWAS area do not show on the screen. The screen informs the Emergency Department of the condition of the patient which enables the emergency Department of the condition of the patient which enables the necessary preparation to be made eg resuscitation.
Who takes responsibility? There is a dedicated nurse coordinator assigned to look at the Arrival Screen at CGH. She remained at her post even when all staff were responding to a crisis. A member of the ambulance crew went straight to the Nurses Station to be booked in.
Who meets the patient on their arrival? The duty staff nurse meets the patient after he or she has been booked in
Additional Information The handover process was very smooth and slick

Conclusion

It is clear that the use of Arrival Screens has contributed to a considerable improvement in the patient pathway and the ambulance turnaround time. This was because patients are usually handed over promptly to the clinical staff rather than remaining in the care of the ambulance staff. The Arrival Screen also gave the clinical staff prior information on the nature of the 'emergency'. This was particularly evident in Cheltenham where a 'crash' team had been assembled before the ambulance arrived.

Bristol and South Glos Local Involvement Network

Visited North Bristol NHS Trust to view the Emergency Department (ED) Frenchay Hospital, Bristol on Monday 13th February 2012 at 1.00pm

Visitors: Gill Maw Bristol LINk, Wei Song SouthGlos LINk, Mike Garett SouthGlos LINk

Introduction

We met with Juliette Hughes, Matron and Lizanne Hartland, South Glos PCT and had a discussion on how the Emergency Department [ED] works at Frenchay Hospital

Interview Questions

What is the Layout of ED?

When a patient is brought in to the ED they are seen immediately by the Charge Nurse who makes the decision as to which area they are to be taken, Resuc, Major or See and Treat [the walking wounded]

The Charge Nurse's office has oversight of most of the ED. Apart from the Resuc., Major, See and Treat areas there is an 11 bed Observation area where patients can be kept in for a specified time, overnight if necessary, before being discharged. Close by is the X Ray department and a fracture / plastering unit.

Patients that are brought in by non GWAS ambulances, such as St John's or from outside the GWAS area are not notified in advance to the ED. They have to be ready for such emergencies.

Is there a waiting area for ambulance patients in addition to the cubicles?

The ED has 15 cubicles – 7 for Resuc. And 8 for Majors. If patients arrive and these are full, arrangements are made for these patients to be found a space. When patients are queued up they are held within eyesight and easy reach of those responsible. To be left in a corridor is a very last resort

Is there a separate children's area?

In the main reception area there is a designated childrens zone. There is a resuc. Area which can be used for children, this area doubles up for adults should the need arise. Many children are brought in to the ED by parents who do not want to have to wait for an ambulance to arrive.

Is there a resuscitation area?

There are 4 major high dependency beds allocated

How many doctors are on duty today?
It will depend on demand, normally there are 2 consultants [A&E specialists], 1 registrar and 4 junior doctors.

How many consultants are on duty?
Again this depends on demand, generally during the 24 hour period there are 2 during the day and 1 at night

How many nurses are on duty today and how many are nurse practitioners with extra ED training?
There are 8 nurses on duty [Mon 13th Feb]. For the future Frenchay ED is aiming to get an IAN [Initial Assessment Nurse]. An acting-up IAN was on duty on the day of the visit.
We understood that there were no nurse practitioners at Frenchay. There are two at Southmead in Minors – this grade was not funded at Frenchay. Frenchay had 2 Band 7s trained to EMP and all Band 6s and other Band 7s had Advanced Skills – other Bands have extra training.

Questions about Arrival Screens

What is the procedure for use of the Arrival Screens?
The Arrival Screens indicate the expected arrival of a patient by ambulance. It will show the priority of the patient as advised by the ambulance crew. It will also show the Ambulance Call Sign, Job No, Notes about the patient, Estimated Time of Arrival at the ED and Handover Time.
On arrival in the ED one of the ambulance crew will "tick" the ED IPT box.

Who takes responsibility?
It is GWAS personnel who take the responsibility for "ticking" the boxes on the Arrival Screen. NBT Frenchay ED would like it to be a joint responsibility. The Arrival Screens are supplied by GWAS and solely their responsibility at this moment in time.

Who meets the patient on their arrival?
At present it is the Charge Nurse, in future it will be the IAN [Initial Assessment Nurse] as well.

Additional information
We were informed that Frenchay ED receives on average 70 ambulances per day.
Handover times, nationally, are expected to be within 15 minutes from arrival, at Frenchay it is said to be more like 20 – 25 minutes. Validation of handover times at present cannot be taken as accurate. There is a gap between recorded handover of patients at ED and actuality, it is felt, because ambulance crews once at Frenchay can grab a hot drink and clean the ambulance out before getting back in to full operational duties again.

On the day of the visit, we noted that four ambulances were on their way. The first one arrived during our visit and it was observed that the time of arrival had clicked up on the screen, but it was

approximately 4 minutes before the patient was brought in. It was also noted that the crew did not ring the door alarm bell before entering, according to procedure, in order to warn the Charge Nurse that a patient was being brought through. This could have led to a further delay if the Charge Nurse was occupied elsewhere. The care of this patient was handed over immediately to the acting-up IAN who began assessment but the ambulance crew did not tick the appropriate box on the screen to signify handover was complete. Therefore during our observation, it appeared therefore that the handover was still in progress. We felt this was misleading and an unfair representation of the situation.

It was noted that there was a 10% reduction in handover times at the RUH in Bath with the introduction of Pathways.
An Intensive Support Team when inspecting Frenchay ED, for the length of stay of patients, said that apart from some recommendations the ED is “fabulous”

Conclusion

We were impressed by the efficiency of the staff and by the cleanliness of the Emergency Department. With the possibility of the introduction of Pathways the ED could become as efficient at handover times as the RUH Bath

Completed by : Mike Garett [SouthGlos LINk] & Gill Maw [Bristol LINk]
Date: 29/02/2012

The Visits

The visit was carried out by two Gloucestershire LINk Authorised Representatives, Albert Weager, Chair of the JWG, and Judy Gazzard, a member of the Gloucestershire LINk Stewardship Board, to the Emergency Departments at Gloucester Royal Hospital on Monday morning 28th October.

Questions about the Layout of the Emergency Department?

What is the Layout of the Emergency Department? There are eight cubicles, three resuscitation cubicles and one major incident room. They are all in one place with a staff base in the middle of the area
Is there a waiting area for ambulance patients in addition to the cubicles? Ambulances arrive at the entrance to the emergency department and take the patient into the trolley bay. One member of the crew stays with the patient whilst the other member of the crew reports to reception
Is there a separate children's area? Yes
Is there a resuscitation area? The resuscitation area is immediately on the left just inside the front door and contains three cubicles
How many doctors are on duty today? The number of doctors on duty varied throughout the 24 hour period. There were two doctors on duty at the time of the visit but it was clear that there were more that could be call upon quickly if needed
How many consultants are on duty? There were two consultants on duty at the time of the visit and one on duty throughout the 24 hour period
How many nurses are on duty today and how many are nurse practitioners with extra ED training? There were seven nurses and one nurse practitioner on duty at the time of the visit

Questions about Arrival Screens

What is the procedure for use of the Arrival Screens? Information appears on the screen when the ambulance collects a patient, advising the estimated time of arrival. This only applies if the patient is from the GWAS area. Patients arriving from areas outside of the GWAS area do not show on the screen. The screen informs the Emergency Department of the condition of the patient which enables the emergency Department of the condition of the patient which enables the necessary preparation to be made eg resuscitation.
Who takes responsibility? The nurse in charge was responsible for the Arrival Screen however at the time of the visit, did not remain at post the whole time but left the screens unattended to do other things in the department
Who meets the patient on their arrival? The patient is met by whichever nurse is available
Additional Information Because a member of the ambulance crew has to report to reception, there is the potential to build in a delay in handing over the patient

Conclusion

It is clear that the use of Arrival Screens has contributed to a considerable improvement in the patient pathway and the ambulance turnaround time. This was because patients are usually handed over promptly to the clinical staff rather than remaining in the care of the ambulance staff. The Arrival Screen also gave the clinical staff prior information on the nature of the 'emergency'.

Swindon LINk

Swindon Local Involvement Network

Invited visit to the Emergency Department (ED) Great Western Hospital (GWH), Swindon on Wednesday 23rd November 2011 at 9.30am

Visitors: Keith Smith, Val Vaughan, John Green

Introduction

The visitors were welcomed by Liz Daly of Head of Patient Experience, Great Western Hospitals NHS Foundation Trust and introduced to Leighton Day, Deputy General Manager of ED. The visitors explained the main purpose of the visit was to view the Ambulance Arrival Screens. Also they had some questions about the organisation of the ED.

Leighton introduced the visit by informing us that between 170 and 200 people attended ED every day. This included between 40 – 50 ambulance arrivals, 90% of which were Great Western Ambulance Service (GWAS) ambulances. The busiest days of the week were Monday, Friday and Saturday.

Interview Questions

What is the Layout of ED?

The ED is divided into 2 main areas, Minor Area and Major Area.

The Minor department deals with mainly walk-in patients, such as patients with broken arms, bad cuts, dislocations. The patient is assessed, treated and discharged.

The Major Area is for patients who usually need to lie down, need treatment and are likely to remain in hospital. Ambulances mostly transport patients with major needs.

The ED is set out in such a way that all cubicles can be viewed from a central nurses' station. There are 16 cubicles in Major area.

Is there a waiting area for ambulance patients in addition to the cubicles?

There is a separate ambulance holding area. ED is reluctant to use it, but every day at some point the department reaches capacity. The ambulance waiting area is staffed by ambulance personnel. There is room for 4-5 additional patients in this area. GWH recognises the need for rapid turn-around of ambulances. There is an agreement that should there be more than one ambulance team in the holding area then one crew will supervise all the patients, thus allowing ambulances to get back on the road quickly.

The ED reports there are very few long delays, those described as more than 30 minutes. ED reports that it knows its ambulance crews well which has led to good relationships between the services. If ED becomes full up with patients waiting there is an escalation programme, which involves other sections of the hospital working with ED to admit patients onto the ward. ED will not move patients until they are stabilised. Always, their first priority is to the patient.

Is there a separate children's area?

No. ED plans to create one next year. In the meantime the needs of children are prioritised. Those children that need to be admitted are stabilised and moved as quickly as possible to the Paedriatric ward. ED staff have extended CP training.

Is there a resuscitation area?

Yes. There are 4 resuscitation areas in the Major section. One resuscitation room is always ready.

How many doctors are on duty today?

There are 4 junior doctors and 3 middle doctors. The number on duty varies according to need. Their shift times are staggered. ED knows when peak times are likely to be.

The Minors department is staffed by emergency nurse practitioners with a doctor on back-up from 8am to 8pm.

How many consultants are on duty?

There are two consultants on duty in the day time and one consultant at the week-end between 8am and 7pm. The consultants are supplemented with speciality doctors, including 2 specialists in chest pain and a senior cardiology specialist as well as a paediatrician.

How many nurses are on duty today and how many are nurse practitioners with extra ED training?

The number of nurses on duty varies according to need. There are never fewer than 6 specially trained nurse practitioners on duty.

Questions about Arrival Screens

What is the procedure for use of the Arrival Screens?

Who takes responsibility?

The ambulance crew sends details of the patient to control. Control inform ED of the new job, detailing which crew is on its way, how long it will take to arrive, from what the patient is suffering. For example on the screen that we saw was: **'89 year old male with shortness of breath, arrival time 6 minutes.'** The nurse-in-charge takes responsibility to ensure a cubicle or resuscitation room is ready for the patient. The aim of the ED is always to keep one area free.

Who meets the patient on their arrival?

The nurse-in-charge does the initial assessment.

Additional information

The Arrival Screen has been received positively by the staff as it helps with the more efficient organisation of ED. They are shortly to install a second screen that will provide easier access for the ambulance crew, who also have to signal their arrival on the touch screen.

In the next two weeks ED will have a new electronic *'capacity management system'* installed, for 999 re-routing. This will record pressures on ED every two hours. This is mainly to support ambulances in outlying areas, where an alternative hospital may be more convenient. GWH and the ED recognise that the priority should be to admit a patient to their local hospital wherever possible. A patient in a hospital out of area creates a number of administrative and social difficulties.

Most patients, even if they require a specialist centre, will usually be brought to GWH first to be stabilised.

Occasionally patients who self - present with a major problem will take priority over an ambulance. The ED has to be prepared for any eventuality.

Conclusion

The visitors were given a detailed and very open opportunity to see the ED in action. All questions were answered fully and frankly. The Deputy Manager agreed that they were not yet reaching the national targets of 15 minutes consistently. Their average is around 18 minutes. However, they are not complacent and are working hard to achieve better times. To have an ambulance sitting waiting outside ED when someone is in urgent and desperate need is not acceptable. The needs of the patient are paramount.

Completed by Swindon LINk participant Keith Smith
on behalf of Val Vaughan and John Green for Swindon Local Involvement Network

LINk Visit to A&E Department at the Royal United Hospital, Bath

16 January 2012

Members of the Bath & North East Somerset Local Involvement Network carried out an informal visit to the A&E Department of the Royal United Hospital Bath on 16 January 2012 at 1.30pm.

The LINk Members taking part in the visit were Jill Tompkins and Veronica Parker, and they were accompanied by Mike Vousden, the Manager of the "Host" organisation that provides support to the LINk. Although the LINk has a statutory power to Enter and View premises in which NHS care is provided, it had decided not to invoke this power on this occasion, but rather to make this an informal visit by agreement with the Trust.

Three members of staff of the Department met LINk Members for the visit:

Fiona Bird (Specialty Manager);
John Sexton (Clinical Practice Facilitator);
Heidi Cox (Administration & IT Manager).

As agreed with the Joint LINks Group covering the Great Western Ambulance area, the visiting team concentrated mainly on the pro-forma questionnaire agreed for use by all the LINk teams visiting A&E Departments. The information thus gathered is shown in the following table.

The team also sought information on a number of related issues –

1. In the past, there have been discrepancies between hospitals' recording of ambulance turn-around time and the times recorded on the ambulance service's IT systems. It was explained to the LINk visitors that both sets of records were still generated, but that the turn-around times recorded were moderated jointly by the hospital and ambulance Trust at regular meetings to ensure a single and agreed set of records for official performance monitoring purposes.
2. Information was sought on the provision made in the A&E Department for patients with mental illness who needed care. It was explained that close liaison and monthly meetings occurred between the hospital and the Avon & Wiltshire Mental Health Partnership Trust. During normal working hours, two mental health nurses were available on the Department, and outside those hours the Mental Health Crisis Team were available to help.

Questionnaire	
What is the layout of the Emergency Department?	See attached plan
How many cubicles are there?	"Majors" – 18 "High Care" – 6 "Resusc." – 4 "Minors" - 13
Is there a waiting area for ambulance patients in addition to the cubicles?	No, only corridor nearly all patients are taken directly from A&E entrance to cubicles.
Is there a separate children's area?	Yes
Is there a resuscitation area?	Yes – 4 bays
How many doctors are on duty today?	Total across day: 3 x Consultants 2 x Registrars + SHO's
Is this throughout a 24 hour period?	No, varies with time of day
If not, when does it change	8.00am, 2.00pm, 6.00pm, 12.00pm, with overlapping shift pattern.
How many ED consultants are on duty?	*see above*

How many nurses are on duty today?	23 (across 3 shifts)
How many are nurse practitioners with extra ED training?	4 (across 3 shifts)

Questions about the Arrival Screens	
What is the procedure for use of the Arrival Screens?	Ambulance crews log-on to screen on arrival with patient in Dept.(1 Screen for each ambulance service). Met by Co-0rdinator and crew take patient to cubicle, and when patient handed-over to nurse, crews log this on screen.
Is the Arrival Screens the responsibility of a particular member of staff? If so, who?	RUH Co-ordinator and Ambulance Crew
Who meets the patient on their arrival?	Co-ordinator

WILTSHIRE INVOLVEMENT NETWORK

ENTER AND VIEW VISIT TO EMERGENCY DEPARTMENT

Venue: Salisbury Hospital	**Date and Time of Visit: 6th February 2012 10.30**

Questions to be answered	
What is the layout of the Emergency Department Recently refurbished, the department consists of a central Majors area, with Minors, a resuscitation area, a good waiting area and a short stay emergency unit, allowing for patients to spend longer recovering and then to be discharged.	Draw diagram if possible
How many cubicles are there? There are 10 cubicles in Majors, 6 in Minors, 3 in Resus and 8 in SSEU	A total of 27
Is there a waiting area for ambulance patients in addition to the cubicles?	No
Is there a separate children's area?	Yes
Is there a resuscitation area? There are 3 resus cubicles.	Yes
How many doctors are on duty today? There were 2 doctors on duty and consultant cover from 8.30 to midnight.	3
Is this throughout a 24 hour period? There can be 4 doctors during busy periods.	2-4
If not, when does it change	This depends on

	the needs of the department
How many ED consultants are on duty? Normally 1 consultant with 1 for SSEU	1+1
How many nurses are on duty today? 5 trained staff and 1 health care assistant.	6
How many are nurse practitioners with extra ED training? In minors	1

Questions about the Arrival Screens	
What is the procedure for use of the Arrival Screens? Ambulance control put details on line which show on the screen in the department so that A&E knows there is a patient on the way, giving details of the patient's condition. As soon as the patient arrives, a crew member immediately acknowledges this on the screen so there is a record of arrival time, and when the crew leave they chart the departure time.	
Is the Arrival Screens the responsibility of a particular member of staff? If so, who? Great Western Ambulance Service is responsible for the screens input.	
Who meets the patient on their arrival? The patient is usually met by a band 6 nurse or sister.	

Additional comments:

A&E in Salisbury is a pleasant well laid out department with several aspects which, on our 'enter and view' visit, we felt deserved mentioning:

- Access for ambulances bringing patients in is good, which must surely make things easier for crews to off load stretchers with injured patients.

- The bereavement room is an excellent idea and a very important asset for a busy A&E department
- We like the 'private room' concept as too often in busy units this tends to get forgotten, and grieving could feel in the way.
- The 'white board' situated, horizontally, in the centre console of Majors is excellent, as it means only staff have sight of it, whereas too often everyone sees all the names and details, of patients being treated.
- There is very little in Salisbury A&E that one could fault, but it was noted that several patients, in their cubicles, had no curtains drawn, so could be seen by everyone passing by. At one point a lady in an open backed gown wandered up the central area looking a little lost. This is more an observation than a criticism because it is appreciated that things move quickly in a busy department. All in all an enjoyable visit.

North Somerset LINk

Enter & View Visit to Weston General
on 13th January 2012
Report – Tony Hawking

Nikki Edwards and I met Nick wood, Chief Operating Officer who showed us around the new Emergency Department. Patients who arrived by ambulance had a separate entrance and were taken direct to the triage area. From there they would be placed in a cubicle for major cases or moved to the minor case area or even to the adjacent GP Unit. The Department was not very busy when we were there but there was an air of efficiency and staff were also happy in their jobs.

The main purpose of the visit was to see if the new handover screens were working. The screen was situated near the entrance corridor for ambulance patients and was some yards from the control area. A GWAS paramedic showed us how the screen worked and it was obvious that the timing of activity was clearly recorded. However, the sister in charge admitted that they rarely had time to look at the screen as it was too far from their work station and lacked detail. It was clear that it would not be possible to have another screen in the control area when ambulance staff would need to come and operate it. The paramedics said that if it was vital for a patient to receive immediate treatment they would phone in and provide full details. Both the paramedics and sister were satisfied with the way the system was working.

Weston also had a similar screen set up by South West Ambulance. This was better in that it provided more detail about the patient but was still not used regularly by Hospital staff.

The Emergency Department had 18 cubicles, and some other waiting area increasing this to 25. An Emergency Department Consultant was available from 9am-10pm and on call at other times. Several doctors were available and there are 8 nurses at all times. The corridor's where ambulance patients would wait was separate from the walk-in patients.

There was a problem for ambulances as they would have to wait at busy times. The main reason was several shortages of beds so patients could not be moved onto a ward. Also, Weston seemed to have far more older patients who needed to be kept under observation for a few hours or who could not be released so quickly. Nick Wood has recently arrived from Truro hospital which has over 600 beds but their A&E through put is only half of Weston where there are 230 beds. If there is a major emergency there were special plans prepared to ensure that the injured could be quickly dealt with. In the recent M5 crash, Weston was prepared to receive extra cases but they were all dealt with at Taunton.

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Agenda Item No. 11

Work Programme

Great Western Ambulance Joint Health Scrutiny Committee
15th June 2012

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 2012/13.

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
- Note the agreed date and hosting arrangements for the forthcoming meeting in October 2012.

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 24th February, Members agreed a work programme up to the 15th June 2012.

2.2 Members are requested to note the date of the remaining meeting in 2012. The meeting is to be held on 19th October

2012, and will be hosted by Bath and North East Somerset Council.

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 2012/13

Appendix A

Work Programme

Great Western Ambulance Joint Health Scrutiny Committee Work Programme 2012/13

Please note:

- Where possible, 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 15th June 2012 at Swindon Council

Agenda Item	**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) NB. To include a report regarding the outcomes comparing 8 minute to 10 minute response (requested by members)	Representative from GWAS Representative from Gloucestershire PCT
A&E Handovers – NBT and UHB	James Rimmer, Chief Operating Officer, UHB, Claire Thompson, Divisional Manager of Medicine, UHB. Sue Watkinson, Director of Operations, NBT
Update on Organisational change at GWAS (requested by members)	Representative from GWAS

Report from Joint Working Group (To comprise the LINK report on ED Enter and View visits)	Local LINK rep and/or Chair of JWG
Estates Review Strategy - update	Representative from GWAS
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	All
GWAS Joint Health Scrutiny Committee Work Programme	Scrutiny Officer

Friday 19th October 2012 at Bath and North East Somerset Council

Agenda Item	**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)	Representative from GWAS Representative from Gloucestershire PCT
Report from Joint Working Group	Local LINK rep and/or Chair of JWG
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	All
GWAS Joint Health Scrutiny Committee Work Programme	Scrutiny Officer