

Bath & North East  
Somerset Council



Gloucestershire  
COUNTY COUNCIL



Wiltshire Council  
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## GREAT WESTERN AMBULANCE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE AGENDA (AMENDED)

**Date & Time:** 29<sup>th</sup> January 2010 at 11.00 am

**Venue:** Council Chamber, Guildhall, High Street, Bath, BA1 5AW.

### Members of the Committee:

- Councillor Andrew Gravells, Gloucestershire County Council (Chair)
- Councillor Adrian Inker, Bath & North East Somerset Council
- Councillor Anthony Clarke, Bath & North East Somerset Council
- Councillor Sharon Ball, Bath & North East Somerset Council
- Councillor Lesley Alexander, Bristol City Council
- Councillor Sylvia Townsend, Bristol City Council
- Jenny Smith, Bristol City Council
- Councillor Ron Allen, Gloucestershire County Council
- Councillor Sheila Jeffery, Cotswold D C (Glos CC)
- Councillor Sandra Grant, South Gloucestershire Council
- Councillor Sue Hope, South Gloucestershire Council
- Councillor Andy Perkins, South Gloucestershire Council
- Councillor Ann Harley, North Somerset Council
- Councillor Anne Kemp, North Somerset Council
- Councillor Reyna Knight, North Somerset Council
- Councillor Andrew Bennett, Swindon Borough Council
- Councillor Michael Bray, Swindon Borough Council
- Councillor Peter Mallinson, Swindon Borough Council
- Councillor Christine Crisp, Wiltshire Council
- Councillor Mike Hewitt, Wiltshire Council
- Councillor Ian McLennan, Wiltshire Council

### Contact Officers:

Romayne de Fonseca, Bristol City Council, 0117 9222770,  
[romayne.de.Fonseka@bristol.gov.uk](mailto:romayne.de.Fonseka@bristol.gov.uk) or Norman Cornthwaite, Bristol  
City Council, 0117 9222390, [norman.cornthwaite@bristol.gov.uk](mailto:norman.cornthwaite@bristol.gov.uk)

**Web site addresses:**

Bath & North East Somerset Council - [www.bathnes.gov.uk](http://www.bathnes.gov.uk)

Bristol City Council – [www.bristol.gov.uk](http://www.bristol.gov.uk)

Gloucestershire County Council – [www.gloucestershire.gov.uk](http://www.gloucestershire.gov.uk)

South Gloucestershire Council -[www.southglos.gov.uk](http://www.southglos.gov.uk)

North Somerset Council – [www.n-somerset.gov.uk](http://www.n-somerset.gov.uk)

Swindon Borough Council – [www.swindon.gov.uk](http://www.swindon.gov.uk)

Wiltshire Council – [www.wiltshire.gov.uk](http://www.wiltshire.gov.uk)

**AGENDA**

**Part 1 (Public Items)**

**1. Apologies for Absence**

**2. Declarations of Interest**

Members are reminded that at the start of the meeting they should declare any know 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**

**5. Minutes of the Meeting Held 30<sup>th</sup> October 2009**

To approve the minutes of the meeting.

**6. Monthly Performance Information for December 2009**

This will comprise:

- Commissioners Monthly Report
- Board Performance Report

(also included will be a full breakdown of handover times/delays by hospital, as per outstanding item from last meeting)

**7. Benchmarking of GWAS – Performance and Financial Data**

To consider the above.

<b>8.</b>	<b>Update from HOSCs</b> To note the above.
<b>9.</b>	<b>Short Life Group on Rural Response Times</b> To note the progress
<b>10.</b>	<b>GWAS Declaration against Core Standards</b> To comment on the above
<b>11.</b>	<b>Future Draft Strategic Direction and Clinical Strategy of GWAS</b> To comment on the above
<b>12.</b>	<b>Work Programme</b> To agree the priorities for future meetings of the Committee.
<b>13.</b>	<b>Dates of Future Meetings</b> Proposed dates for 2010: 23 <sup>rd</sup> April 2010 – venue South Gloucestershire ? July 2010 - venue – Swindon? ? October 2010 – venue – Gloucestershire?
<b>14.</b>	<b>Urgent Business</b>

**Date of Dispatch: 22<sup>nd</sup> January 2010**

### **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 (except for confidential matters and specific planning applications). 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.*

**Venue – Council Chamber, Guildhall, High Street, Bath, BA1 5AW.**

A map is available at

<http://maps.google.co.uk/maps?f=q&hl=en&geocode=&q=ba1+5aw&ie=UTF8&z=16&iwloc=addr&om=1>

**Joint Great Western Ambulance Overview and Scrutiny Committee**

**Friday 30<sup>th</sup> October 2009**

**Wiltshire Council, County Hall, Trowbridge**

**MINUTES**

**Present:**

**Councillors:**

Cllr Andrew Gravells (Gloucestershire County Council) – Chairman, Cllr Adrian Inker (Bath and North East Somerset Council), Cllr Anthony Clarke (Bath and North East Somerset Council), Cllr Lesley Alexander (Bristol City Council), Cllr Sylvia Townsend (Bristol City Council), Cllr Jenny Smith (Bristol City Council), Cllr Ron Allen (Gloucestershire County Council), Cllr Sheila Jeffery (Cotswold District Council), Cllr Sandra Grant (South Gloucestershire Council), Cllr Sue Hope (South Gloucestershire Council), Cllr Andy Perkins (South Gloucestershire Council), Cllr Ann Harley (North Somerset Council), Cllr Anne Kemp (North Somerset Council), Cllr Reyna Knight (North Somerset Council), Cllr Andrew Bennett (Swindon Borough Council), Cllr Christine Crisp (Wiltshire Council), Cllr Mike Hewitt (Wiltshire Council), Cllr Ian McLennan (Wiltshire Council).

**Others:**

Elizabeth Power (Gloucestershire County Council), Sam Mangon (Gloucestershire County Council), Andrew Bennett (Swindon Borough Council), Sally Smith (Swindon Borough Council), Shana Johnson (Bristol City Council), Jill Tompkins (Bath and North East Somerset LINK), Anna Farquhar (Wiltshire Involvement Network), Jill Crook (NHS Gloucestershire), Jonathan Lofthouse (Great Western Ambulance Service), David Whiting (Great Western Ambulance Service), Caroline Pickford (Wiltshire Council), Kim Morrissey (Great Western Ambulance Service), Simon Maggs (Great Western Ambulance Service), David Coates (Great Western Ambulance Service), Kevin Dickens (Great Western Ambulance Service), Caerrie Braber (NHS North Somerset), Claire Beynon (NHS South Gloucestershire), Mark Durnford (Bath and North East Somerset), Becky Parish (NHS Gloucestershire), Victoria Eld (Great Western Ambulance Service), John Oliver (Great Western Ambulance Service), Rosemarie Phillips (Swindon Link).

**Apologies:**

Cllr Sharon Ball (Bath and North East Somerset), Cllr Andy Perkins (South Gloucestershire Council), Cllr Michael Bray (Swindon Borough Council), Cllr Peter Mallinson (Swindon Borough Council).

**100      Declarations of Interest (Agenda Item 2)**

Cllr Knight declared a personal interest as the Chairman of the Jubilee Day Care Centre.

**101      Public Question Time (Agenda Item 3)**

No questions were received from the public.

**102      Chairman's Update (Agenda Item 4)**

The Chairman expressed a warm welcome to those attending from Bath & North East Somerset Council and Wiltshire Council who had now appointed representatives on the Joint Committee.

The Chairman requested that Wiltshire Council write to the previous Wiltshire County Council members of the Joint Committee thanking them for their past participation.

The Chairman thanked Cllr Ann Harley for chairing the previous meeting held on 31<sup>st</sup> July 2009.

**103      Minutes of the Meeting held 31<sup>st</sup> July 2009 (Agenda Item 5)**

It was noted that, in relation to Item 94 (Great Western Ambulance NHS Trust Integrated Business Plan), Simon Davis was not present at the meeting as indicated.

**Resolved:**

- 1. That the minutes of the meeting held on 31<sup>st</sup> July 2009 be approved as a correct record subject to the amendments agreed by the Committee.**

**104      Update on the various CFR Schemes (Agenda Item 6)**

Kim Morrissey, Simon Maggs and Kevin Dickens, Community First Responder Managers from the Great Western Ambulance Service covering Avon, Wiltshire and Gloucestershire provided a presentation to the Committee.

The presentation provided an overview of the role of Community Response Team, the vision for the future and how the community could provide support.

A copy of the presentation can be found at:

Ensuing discussion included:

- Locations of static defibrillator sites across Avon, Gloucestershire and Wiltshire;
- That public access defibrillators (piloted by Great Western Ambulance Service (GWAS)) – were placed in secure boxed locations across Wiltshire. Accessibility of the box was via a 999 phone call;
- CFR's were a valuable resource to GWAS;
- Location sites for defibrillators included: holiday parks, public transport locations, shopping centres, airports and prisons amongst other areas.
- There was no age limit to becoming a CFR but volunteers were required to be a minimum of 18 years old.
- Approximately 50% of volunteers were women and many used the role of the CFR as a stepping stone to becoming full time employees of GWAS.
- The relationship between CFRs and the Fire Service. Work had taken place with Hampshire Fire Service and continued with other Fire Services.
- How GWAS worked with private owners of defibrillators. A license was not required to purchase a defibrillator although equipment was usually inclusive of registration documents which in many instances were not completed;
- Whether contact information could be circulated to Councillors to allow them to contact CFR Managers to pursue ways of working together further and with proposed location site for public access defibrillators. Contact details were provided by the CFR Managers in attendance as detailed below:  
[kim.morrissey@gwas.nhs.uk](mailto:kim.morrissey@gwas.nhs.uk) (Avon)  
[kevin.dickens@gwas.nhs.uk](mailto:kevin.dickens@gwas.nhs.uk) (Gloucestershire)  
[simon.maggs@gwas.nhs.uk](mailto:simon.maggs@gwas.nhs.uk) (Wiltshire)
- That CFRs were only contacted within working hours. CFRs were required to sign on and off duty and would therefore only be contacted when on duty.
- How coverage could be improved in Gloucestershire. The Chief Executive for GWAS clarified this was being investigated.
- That areas within the Cotswolds would benefit from CFRs. The GWAS Chief Executive acknowledged this and confirmed that, with the help of the community, was working to address this.
- That sheltered housing complexes, sports centres and football grounds amongst other sites would be good locations for static defibrillators.
- Static defibrillators provided by GWAS did not require servicing for approximately 7 years after purchase. Any servicing costs thereafter would be met by the purchaser of the unit although

applications could be made for financial contributions from GWAS where an appropriate need existed.

- What partnerships existed in the Winchcome area. The Fire Service was approached 18 months ago but did not engage. GWAS were now working with the Town Council.
- That GWAS could work to recruit CFRs from the MOD. Relationships did exist with the military and schemes were in place in Lynham, Shrivenham and Boscom Down. GWAS did not usually request CFR's work cross border but would investigate this option further.

The GWAS Chief Executive and Chairman of the Committee thanked the CFR Managers for their presentation.

## **105 Item 7 – STEMI presentation (Agenda Item 7)**

David Coates, GWAS Clinical lead for reperfusion, provided a presentation on the steps to transport patients to specialist hospitals for primary angioplasty.

A copy of the presentation can be found via the following link:  
<http://194.72.162.210/documents/dscgi/ds.py/View/Collection-1898>

Ensuing discussion included:

- The GWAS region had good coverage regarding goal achievement on PPCI (the service in some other areas was not available).
- The target for the South West was for 95% of patients to receive appropriate PPCI care.
- Bristol Heart Institute covers North Somerset, Bristol and South Gloucestershire.
- Jill Crook - NHS Gloucestershire confirmed as a member of the cardiac and stroke network that extensions to the service delivery hours proposed were likely to change.
- Discussions were still taking place on the number of 24/7 sites required to meet demand.
- Patient numbers would not justify a 24/7 service in all hospitals.
- Each site allows for patient transfer times which were currently set as no more than 150mins (previously 120mins).
- Although the priority would always be patient care a set budget existed and decisions on priority spend would always need be made based on the available budget. The Chairman commented that the Joint Committee may wish to take its own view of this to the SHA.
- The average number of STEMI patients equated to approximately 8 to 10 patients per month.
- There were no patients transferred outside of the area under the current scheme.



The Chairman thanked David Coates for his presentation.

**106 Review of Issues arising from Board Performance Report, September 2009. (Agenda Item 8)**

Members of the Committee were asked to note and comment as appropriate on the Board Performance Report (as presented to the Great Western Ambulance NHS Trust Board in October 2009) and Activity and Performance Commissioners' monthly report 2009/10.

Ensuing discussion included:

- The Chief Executive acknowledged formatting issues were present in the Activity and Performance Commissioners monthly report.
- Target and plan – there had been different plan trajectories for delivery. The trajectory may change again although the year end forecast would remain unchanged.
- The Chairman requested explanation of Item A8 (Minute Target Performance) as outlined in the Commissioner's Monthly Report. The Chief Executive clarified that all ambulance services in England had been asked to consistently code their emergency transfers as per category A. GWAS had complied with this and slight improvements were shown.
- Handover delays (at A&E) over 15 minutes – the Chairman requested a further breakdown of waiting times across all hospitals serviced by GWAS. John Oliver or Victoria Eld to provide.
- Jill Crook, NHS Gloucester, confirmed that financial penalties were being considered across the South West although it was hoped this would not be required. This was being lead by the Lead Commissioner who was looking to provide consistency across all new contracts in April 2010.
- The Chairman acknowledged that some of the recommendation made 12 months ago to the Lead Commissioner had been implemented.
- Acknowledgment was made that the Forest of Dean, Cotswold and Kennet (now part of Wiltshire Council) areas appeared the poorest performing in relation to response times. A suggestion was made for one member from each of the 3 areas to meet with GWAS outside of the meeting to work together to find ways of improving performance.

**Resolved:**

- 1. To note the report.**

2. **That members from Forest of Dean, Cotswold and Wiltshire (previously Kennet district) would meet with the Chief Executive of GWAS to form a Task and Finish Group in November/December 2009 to find ways of improving performance and provide the Committee with a report on the outcome of the Group meeting at its next meeting in January 2010.**

**107 Progress in addressing recommendations made by the Joint Committee in 'Interim Report and Recommendations', October 2008 (Agenda Item 9)**

Members were requested to note the update by GWAS on progress made towards recommendations contained in the JHOSC report and to determine whether any further action was required by the Committee.

Ensuing discussion included:

- Clarification that each area of performance was showing improvement.
- GWAS were hitting national targets in A8 and A19 and on B19 (hard targets). It was felt that there was a lot more work to do but that GWAS were making progress.
- The GWAS Chief Executive confirmed he would share the outcome of Board meetings as a verbal update at future Committee meetings. The Chairman requested that this update should include information on how improvements were achieved, i.e examples of where improvements had taken place and how.
- An Improvement Plan is available to view via the GWAS internet site which clearly outlines the actions required to provide the improvements for 2009/10.
- Specific note was drawn to Recommendation 20 of the report where it was confirmed that an all points bulletin after each shift was now circulated to all staff.
- Members queried whether PCTs were able to offer different resources within their areas. It was suggested that individual authorities should liaise with their own PCTs to investigate further.

**Resolved:**

1. **To note the report.**

**108 Update from Individual Health Overview and Scrutiny Committees (Agenda Item 10)**

The Committee was asked to note the report from the Chairman of the Committee which provided details of relevant work undertaken by individual Health Scrutiny Committees in relation to ambulance services.

**Resolved:**

- 1. To note the written update.**

**109 Review of the Role of the Joint Committee (Agenda Item 11)**

The Committee was asked to review the role of the Joint Committee and to determine whether future meetings should continue.

**Resolved:**

- 1. That the Committee will continue to meet on a quarterly basis.**
- 2. That GWAS would supply the monthly activity and performance statistics by the tenth working day of each month.**

**110 CQC Report on Ambulance Service (Agenda Item 12)**

The Committee was asked to note the update on the recent publication of the Care Quality Commission Annual Health Check rating for 2008-09 for GWAS, which included the improvements undertaken by the trust.

**Resolved:**

- 1. That the Committee note the report.**

**111 Work Programme (Agenda Item 13)**

Members were requested to note the work programme provided and to agree on future priorities for the Committee.

The Chairman requested Benchmarking data should be made available and added to the Committee Agenda for January 2010.

The Chairman requested that the agenda and related paperwork should be made available to members of the Committee no later than 10 days before each Committee meeting.

**Resolved:**

1. That the Committee note the work programme.

**112 Date of Future Meetings (Agenda Item 14)**

Future meeting dates were confirmed as:

29<sup>th</sup> January 2010

23<sup>rd</sup> April 2010

Venues for both dates were to be arranged.

**113 Urgent Business (Agenda Item 15)**

None.

## Agenda Item No. 6

### Review of Issues Arising from Performance Reports

**Great Western Ambulance Joint Health Scrutiny Committee**  
29<sup>th</sup> January 2010

**Author:** Chair, Great Western Ambulance Joint Health Scrutiny Committee

#### **Purpose**

To present Members with:

- the Commissioners Monthly Report (December 2009)
- the Board Performance Report (November 2009)
- Handover times/delays broken down by hospital for December 2009

#### **Recommendation**

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

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

#### **1.0 Reasons**

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

#### **2.0 Detail**

- 2.1 The Commissioners Monthly Report (December 2009) outlines GWAS performance by month, broken down by sector, PCT and local authority. This is attached at Appendix 1.
- 2.2 The Board Performance Report (November 2009) is attached at Appendix 2.
- 2.3 Attached at Appendix 3 is a full breakdown of handover times/delays by hospital. This is being provided in response to a request by members at the last meeting of the JO SC, as the Board Performance Report only indicates average handover time.

### **3.0 Background Papers and Appendices**

#### *Appendices*

Appendix 1: Commissioners Monthly Report (December 2009), Great Western Ambulance NHS Trust

Appendix 2: Board Performance Report (November 2009), Great Western Ambulance NHS Trust

Appendix 3: Breakdown of handover times/delays by hospital for December , Great Western Ambulance NHS Trust



**Great Western Ambulance Service**



NHS Trust

## ACTIVITY & PERFORMANCE

COMMISSIONERS' MONTHLY REPORT 2009/10



ACTIVITY & PERFORMANCE  
COMMISSIONERS' MONTHLY REPORT 2009/10

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**TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS**

**ACTIVITY:**

**Incidents with Response:**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	17,985	19,135	18,490	19,251	18,751	18,814	19,883	19,474	22,163	*	*	*	173,946
2009/10 Contract	18,214	19,840	19,124	19,902	19,265	19,470	20,673	20,123	23,616	*	*	*	180,227
2009/10 Actual	19,747	21,086	20,642	21,623	21,072	20,683	22,493	21,570	23,647	*	*	*	192,563
Variance from Contract	1,533	1,246	1,518	1,721	1,807	1,213	1,820	1,447	31	*	*	*	12,336
Variance from Contract %	8.4%	6.3%	7.9%	8.6%	9.4%	6.2%	8.8%	7.2%	0.1%	*	*	*	6.8%
Variance from 2008/09	1,762	1,951	2,152	2,372	2,321	1,869	2,610	2,096	1,484	*	*	*	18,617
Variance from 2008/09 %	9.8%	10.2%	11.6%	12.3%	12.4%	9.9%	13.1%	10.8%	6.7%	*	*	*	10.7%

**Incidents with Transport:**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	11,619	12,107	11,751	12,212	11,886	12,033	13,057	12,958	14,476	*	*	*	112,099
2009/10 Contract	11,968	12,470	12,104	12,578	12,243	12,394	13,449	13,347	14,910	*	*	*	115,462
2009/10 Actual	13,304	14,027	13,477	13,777	13,706	13,793	14,901	14,354	15,611	*	*	*	126,950
Variance from Contract	1,336	1,557	1,373	1,199	1,463	1,399	1,452	1,007	701	*	*	*	11,488
Variance from Contract %	11.2%	12.5%	11.3%	9.5%	12.0%	11.3%	10.8%	7.5%	4.7%	*	*	*	9.9%
Variance from 2008/09	1,685	1,920	1,726	1,565	1,820	1,760	1,844	1,396	1,135	*	*	*	14,851
Variance from 2008/09 %	14.5%	15.9%	14.7%	12.8%	15.3%	14.6%	14.1%	10.8%	7.8%	*	*	*	13.2%

**Conveyance Rates (Transports over Responses):**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	64.6%	63.3%	63.6%	63.4%	63.4%	64.0%	65.7%	66.5%	65.3%	*	*	*	64.4%
2009/10 Actual	67.4%	66.5%	65.3%	63.7%	65.0%	66.7%	66.2%	66.5%	66.0%	*	*	*	65.9%
Variance from 2008/09 %	2.8%	3.3%	1.7%	0.3%	1.7%	2.7%	0.6%	0.0%	0.7%	*	*	*	1.5%

**PERFORMANCE:**

**Category A 8 Minute Target Performance:**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	72.63%	71.54%	68.62%	72.36%	73.91%	66.55%	63.79%	65.30%	60.85%	68.81%	66.87%	71.15%	68.4%
2009/10 Target	74.00%	76.00%	75.50%	76.25%	76.25%	75.75%	76.25%	76.25%	75.25%	75.75%	75.75%	75.25%	75.0%
2009/10 Actual	75.90%	76.94%	75.71%	72.73%	75.92%	75.75%	74.69%	74.88%	69.91%	*	*	*	74.6%
Variance from Target	1.9%	0.9%	0.2%	-3.5%	-0.3%	0.0%	-1.6%	-1.4%	-5.3%	*	*	*	-0.4%
Variance from 2008/09	3.3%	5.4%	7.1%	0.4%	2.0%	9.2%	10.9%	9.6%	9.1%	*	*	*	6.2%

**Category A 19 Minute Target Performance: \***

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	94.69%	94.82%	93.45%	94.11%	95.54%	92.11%	91.86%	93.28%	91.90%	95.34%	94.47%	95.66%	93.9%
2009/10 Target	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.4%
2009/10 Actual	95.89%	96.45%	95.66%	95.27%	95.46%	95.68%	95.16%	95.18%	93.18%	*	*	*	95.3%
Variance from Target	0.5%	1.0%	0.3%	-0.1%	0.1%	0.3%	-0.2%	-0.2%	-2.2%	*	*	*	-0.1%
Variance from 2008/09	1.2%	1.6%	2.2%	1.2%	-0.1%	3.6%	3.3%	1.9%	1.3%	*	*	*	1.4%

**Category B 19 Minute Target Performance: \***

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	88.59%	86.89%	82.64%	84.93%	88.23%	83.38%	85.06%	88.06%	86.04%	91.75%	89.71%	91.47%	87.2%
2009/10 Target	93.40%	94.40%	94.40%	94.65%	94.65%	94.65%	94.90%	94.90%	94.90%	95.15%	95.15%	95.40%	95.0%
2009/10 Actual	92.33%	92.90%	92.34%	91.04%	91.73%	92.14%	89.71%	89.74%	86.36%	*	*	*	90.9%
Variance from Target	-1.1%	-1.5%	-2.1%	-3.6%	-2.9%	-2.5%	-5.2%	-5.2%	-8.5%	*	*	*	-4.1%
Variance from 2008/09	3.7%	6.0%	9.7%	6.1%	3.5%	8.8%	4.7%	1.7%	0.3%	*	*	*	3.7%

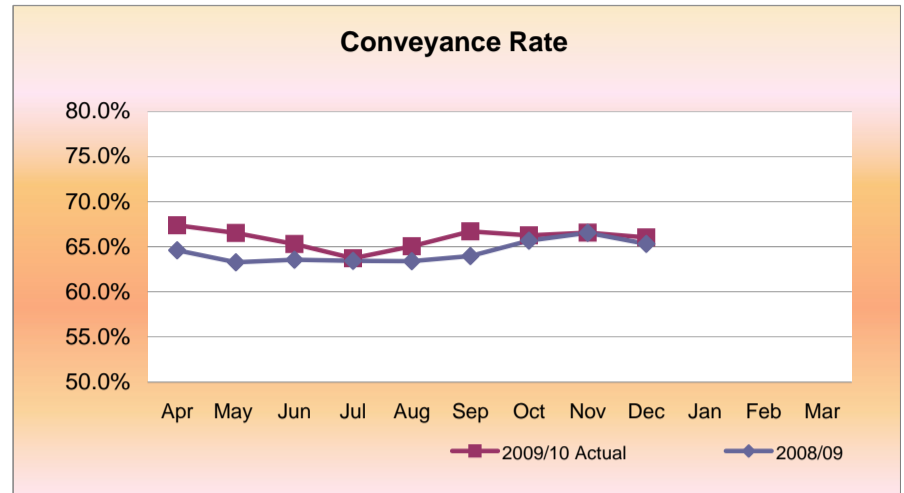
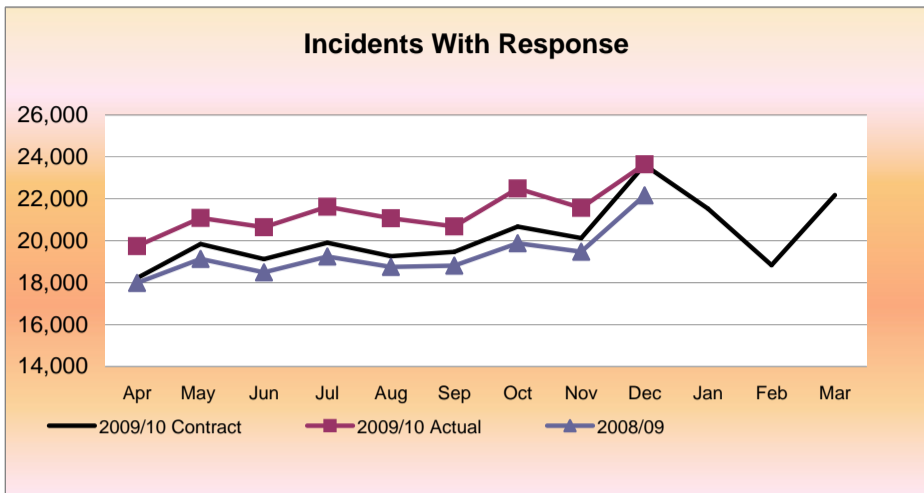
**Category C Performance: \***

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	88.4%	85.8%	79.7%	82.8%	87.4%	83.5%	80.6%	85.5%	85.4%	92.5%	92.9%	92.1%	86.7%
2009/10 Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
2009/10 Actual	92.2%	92.4%	93.0%	91.6%	90.3%	90.8%	86.4%	85.9%	81.1%	*	*	*	89.1%
Variance from Target	-2.8%	-2.6%	-2.0%	-3.4%	-4.7%	-4.2%	-8.6%	-9.1%	-13.9%	*	*	*	-5.9%
Variance from 2008/09	3.7%	6.5%	13.3%	8.8%	2.9%	7.2%	5.9%	0.4%	-4.3%	*	*	*	2.4%

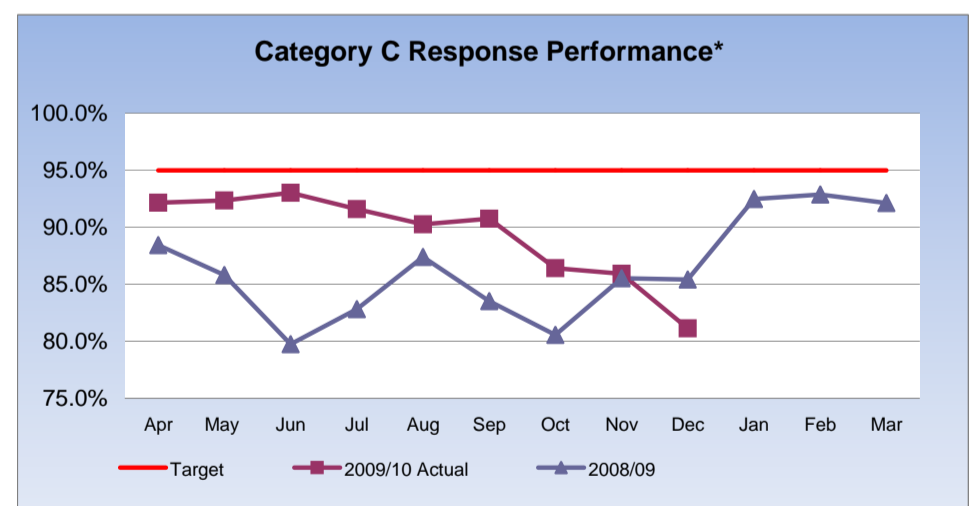
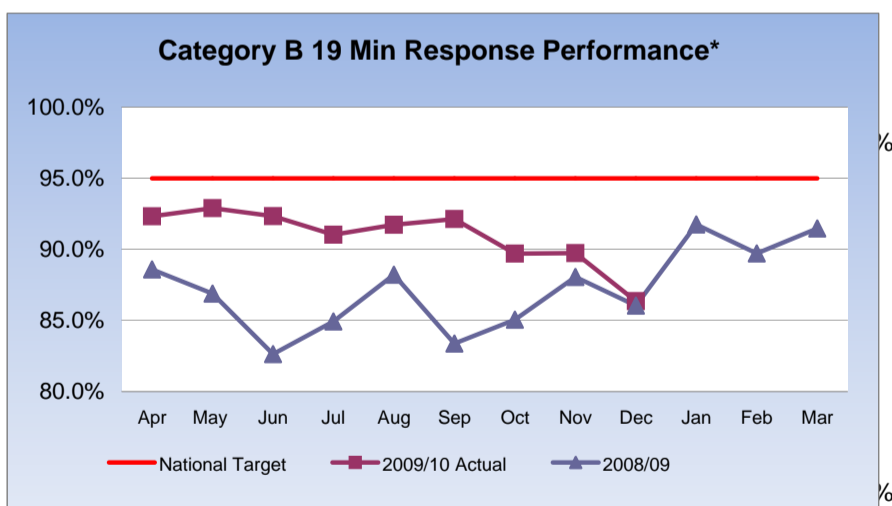
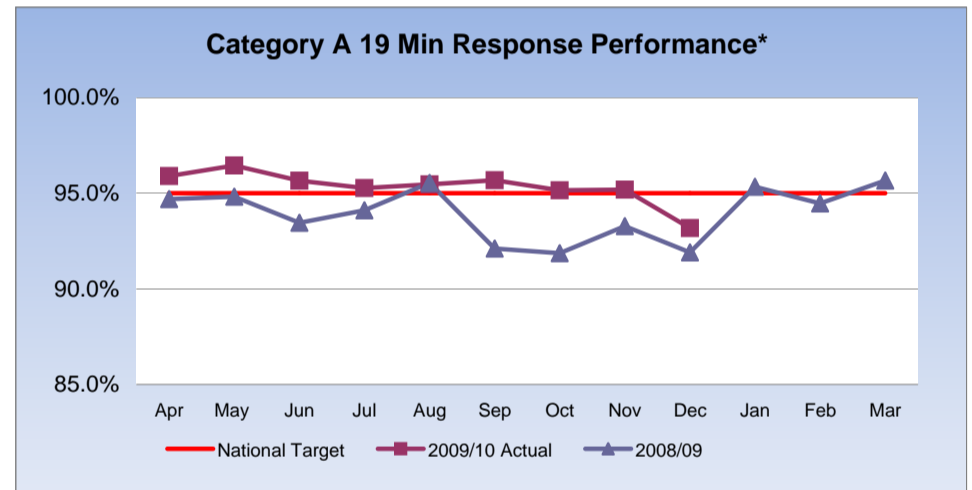
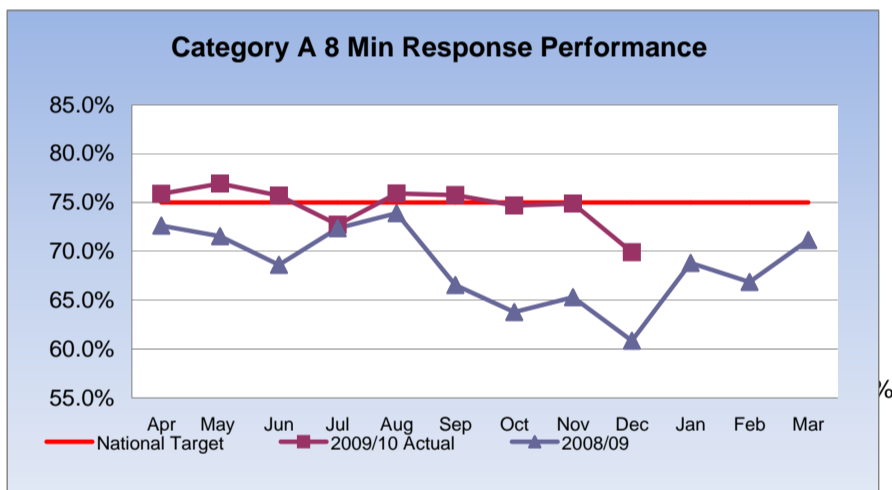


**TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS**

**ACTIVITY:**



**PERFORMANCE:**

















**Total Number of Responses by Sector**

<i>Current Year</i>	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	YTD
Avon	12164	12615	12406	12947	12349	12237	13188	12641	13946	*	*	*	114,493
Gloucestershire	7065	7280	6978	7246	7242	7274	7829	7631	8405	*	*	*	66,950
Wiltshire	9368	10359	9995	10580	10384	10249	11235	10763	11785	*	*	*	94,718
Other/Unknown	72	119	196	237	230	198	224	264	252	*	*	*	1,792
<b>Total</b>	<b>28,669</b>	<b>30,373</b>	<b>29,575</b>	<b>31,010</b>	<b>30,205</b>	<b>29,958</b>	<b>32,476</b>	<b>31,299</b>	<b>34,388</b>	*	*	*	<b>277,953</b>

<i>2008/09</i>	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	YTD
Avon	10445	11178	10726	11271	11086	11038	11666	12048	12843	*	*	*	102,301
Gloucestershire	6055	6313	6246	6514	6463	6547	6565	6467	7767	*	*	*	58,937
Wiltshire	8012	8594	8380	9023	8489	8686	9524	9238	10657	*	*	*	80,603
Other/Unknown	97	65	85	83	94	60	45	72	73	*	*	*	674
<b>Total</b>	<b>24,609</b>	<b>26,150</b>	<b>25,437</b>	<b>26,891</b>	<b>26,132</b>	<b>26,331</b>	<b>27,800</b>	<b>27,825</b>	<b>31,340</b>	*	*	*	<b>242,515</b>

<i>Variance Year on Year</i>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Avon	16.5%	12.9%	15.7%	14.9%	11.4%	10.9%	13.0%	4.9%	8.6%	*	*	*	11.9%
Gloucestershire	16.7%	15.3%	11.7%	11.2%	12.1%	11.1%	19.3%	18.0%	8.2%	*	*	*	13.6%
Wiltshire	16.9%	20.5%	19.3%	17.3%	22.3%	18.0%	18.0%	16.5%	10.6%	*	*	*	17.5%
Other/Unknown	-25.8%	83.1%	130.6%	185.5%	144.7%	230.0%	397.8%	266.7%	245.2%	*	*	*	165.9%
<b>Total</b>	<b>16.5%</b>	<b>16.1%</b>	<b>16.3%</b>	<b>15.3%</b>	<b>15.6%</b>	<b>13.8%</b>	<b>16.8%</b>	<b>12.5%</b>	<b>9.7%</b>	*	*	*	<b>14.6%</b>

**Total Number of Responses by PCT**

<i>Current Year</i>	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	YTD
Bath and North East Somerset	2,090	2,276	2,065	2,209	2,021	2,148	2,528	2,357	2,411	*	*	*	20,105
Bristol	6,446	6,878	6,700	7,006	6,702	6,379	7,022	6,610	7,334	*	*	*	61,077
Gloucestershire	7,065	7,280	6,978	7,246	7,242	7,274	7,829	7,631	8,405	*	*	*	66,950
North Somerset	2,652	2,617	2,649	2,673	2,686	2,763	2,737	2,705	3,003	*	*	*	24,485
South Gloucestershire	2,765	2,843	2,770	2,957	2,673	2,792	3,100	2,976	3,240	*	*	*	26,116
Swindon	2,202	2,464	2,450	2,478	2,502	2,436	2,575	2,636	3,057	*	*	*	22,800
Wiltshire	5,377	5,894	5,767	6,202	6,147	5,963	6,459	6,120	6,686	*	*	*	54,615
Other/Unknown	72	121	196	239	232	203	226	264	252	*	*	*	1,805
<b>Total</b>	<b>28,669</b>	<b>30,373</b>	<b>29,575</b>	<b>31,010</b>	<b>30,205</b>	<b>29,958</b>	<b>32,476</b>	<b>31,299</b>	<b>34,388</b>	*	*	*	<b>277,953</b>

<i>2008/09</i>	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	YTD
Bath and North East Somerset	1,800	1,851	1,756	1,931	1,876	1,831	1,950	2,065	2,273	*	*	*	17,333
Bristol	5,406	5,937	5,815	5,966	5,838	5,813	6,411	6,412	6,662	*	*	*	54,260
Gloucestershire	6,055	6,313	6,246	6,514	6,463	6,547	6,565	6,467	7,767	*	*	*	58,937
North Somerset	2,196	2,373	2,234	2,468	2,501	2,353	2,369	2,489	2,758	*	*	*	21,741
South Gloucestershire	2,563	2,612	2,442	2,613	2,508	2,608	2,645	2,870	3,131	*	*	*	23,992
Swindon	1,928	2,128	2,050	2,142	2,115	2,111	2,420	2,298	2,547	*	*	*	19,739
Wiltshire	4,563	4,869	4,809	5,169	4,731	5,005	5,393	5,149	6,117	*	*	*	45,805
Other/Unknown	98	67	85	88	100	63	47	75	85	*	*	*	708
<b>Total</b>	<b>24,609</b>	<b>26,150</b>	<b>25,437</b>	<b>26,891</b>	<b>26,132</b>	<b>26,331</b>	<b>27,800</b>	<b>27,825</b>	<b>31,340</b>	0	0	0	<b>242,515</b>

<i>Variance Year on Year</i>	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bath and North East Somerset PCT	16.1%	23.0%	17.6%	14.4%	7.7%	17.3%	29.6%	14.1%	6.1%	*	*	*	16.0%
Bristol PCT	19.2%	15.8%	15.2%	17.4%	14.8%	9.7%	9.5%	3.1%	10.1%	*	*	*	12.6%
Gloucestershire PCT	16.7%	15.3%	11.7%	11.2%	12.1%	11.1%	19.3%	18.0%	8.2%	*	*	*	13.6%
North Somerset PCT	20.8%	10.3%	18.6%	8.3%	7.4%	17.4%	15.5%	8.7%	8.9%	*	*	*	12.6%
South Gloucestershire PCT	7.9%	8.84%	13.43%	13.16%	6.58%	7.06%	17.20%	3.69%	3.48%	*	*	*	8.85%
Swindon PCT	14.2%	15.79%	19.51%	15.69%	18.30%	15.40%	6.40%	14.71%	20.02%	*	*	*	15.51%
Wiltshire PCT	17.8%	21.05%	19.92%	19.98%	29.93%	19.14%	19.77%	18.86%	9.30%	*	*	*	19.23%
Other/Unknown	-26.5%	80.6%	130.6%	171.6%	132.0%	222.2%	380.9%	252.0%	196.5%	*	*	*	154.9%
<b>Total</b>	<b>16.5%</b>	<b>16.1%</b>	<b>16.3%</b>	<b>15.3%</b>	<b>15.6%</b>	<b>13.8%</b>	<b>16.8%</b>	<b>12.5%</b>	<b>9.7%</b>	*	*	*	<b>14.6%</b>

**Total Number of Responses by District Council/Unitary Authority**

<i>Current Year</i>	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	YTD
Bristol	6,446	6,878	6,700	7,006	6,702	6,379	7,022	6,610	7,334	*	*	*	61,077
South Gloucestershire	2,765	2,843	2,770	2,957	2,673	2,792	3,100	2,976	3,240	*	*	*	26,116
North Somerset	2,652	2,617	2,649	2,673	2,686	2,763	2,737	2,705	3,003	*	*	*	24,485
Bath and North East Somerset	2,090	2,276	2,065	2,209	2,021	2,148	2,528	2,357	2,411	*	*	*	20,105
Forest of Dean	934	923	863	899	1,046	937	1,021	950	1,186	*	*	*	8,759
Cotswold	950	925	987	936	885	966	1,033	939	1,131	*	*	*	8,752
Tewkesbury	824	927	852	908	844	848	928	927	1,044	*	*	*	8,102
Cheltenham	1,493	1,455	1,455	1,472	1,453	1,465	1,654	1,592	1,730	*	*	*	13,769
Gloucester	1,631	1,770	1,662	1,745	1,806	1,763	1,932	1,842	1,936	*	*	*	16,087
Stroud	1,233	1,280	1,159	1,286	1,208	1,295	1,261	1,381	1,378	*	*	*	11,481
Kenet	933	840	978	967	979	1,030	1,070	982	1,100	*	*	*	8,879
North Wiltshire	1,397	1,644	1,620	1,757	1,671	1,576	1,818	1,667	1,929	*	*	*	15,079
Swindon	2,175	2,439	2,417	2,453	2,480	2,397	2,572	2,628	3,006	*	*	*	22,567
West Wiltshire	1,772	1,898	1,693	1,992	1,979	1,875	2,086	1,966	2,073	*	*	*	17,334
Salisbury	1,275	1,512	1,476	1,486	1,518	1,482	1,485	1,505	1,584	*	*	*	13,323
Other/Unknown	99	146	229	264	254	239	229	272	303	*	*	*	2,035
<b>Total</b>	<b>28,669</b>	<b>30,373</b>	<b>29,575</b>	<b>31,010</b>	<b>30,205</b>	<b>29,955</b>	<b>32,476</b>	<b>31,299</b>	<b>34,388</b>	*	*	*	<b>277,950</b>

<i>2008/09</i>	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	YTD
Bristol	5,406	5,937	5,815	5,966	5,838	5,813	6,411	6,412	6,662	*	*	*	54,260
South Gloucestershire	2,563	2,612	2,442	2,613	2,508	2,608	2,645	2,870	3,131	*	*	*	23,992
North Somerset	2,196	2,373	2,234	2,468	2,501	2,353	2,369	2,489	2,758	*	*	*	21,741
Bath and North East Somerset	1,800	1,851	1,756	1,931	1,876	1,831	1,950	2,065	2,273	*	*	*	17,333
Forest of Dean	795	894	835	905	871	862	846	828	965	*	*	*	7,801
Cotswold	790	829	872	978	918	883	957	843	1,034	*	*	*	8,104
Tewkesbury	733	778	766	762	825	857	820	750	951	*	*	*	7,242
Cheltenham	1,271	1,303	1,277	1,322	1,277	1,331	1,357	1,265	1,614	*	*	*	12,017
Gloucester	1,376	1,454	1,451	1,465	1,502	1,493	1,494	1,593	1,806	*	*	*	13,634
Stroud	1,090	1,055	1,045	1,082	1,070	1,121	1,091	1,188	1,397	*	*	*	10,139
Kenet	708	796	664	781	756	725	882	851	959	*	*	*	7,122
North Wiltshire	1,245	1,357	1,450	1,467	1,319	1,440	1,456	1,423	1,707	*	*	*	12,864
Swindon	1,911	2,105	2,029	2,121	2,096	2,101	2,397	2,281	2,533	*	*	*	19,574
West Wiltshire	1,525	1,528	1,559	1,655	1,515	1,573	1,763	1,657	1,986	*	*	*	14,761
Salisbury	1,085	1,188	1,136	1,266	1,141	1,267	1,292	1,218	1,465	*	*	*	11,058
Other/Unknown	115	90	106	109	119	73	70	92	99	*	*	*	873
<b>Total</b>	<b>24,609</b>	<b>26,150</b>	<b>25,437</b>	<b>26,891</b>	<b>26,132</b>	<b>26,331</b>							

**Total Number of Patients Transported by Sector**

<i>Current Year</i>	<i>Apr-09</i>	<i>May-09</i>	<i>Jun-09</i>	<i>Jul-09</i>	<i>Aug-09</i>	<i>Sep-09</i>	<i>Oct-09</i>	<i>Nov-09</i>	<i>Dec-09</i>	<i>Jan-10</i>	<i>Feb-10</i>	<i>Mar-10</i>	<i>YTD</i>
Avon	5855	6164	5795	6004	5894	5932	6446	6186	6803	*	*	*	55,079
Gloucestershire	3322	3362	3231	3291	3394	3409	3645	3468	3910	*	*	*	31,032
Wiltshire	4233	4675	4501	4621	4604	4574	5003	4871	5184	*	*	*	42,266
Other/Unknown	37	60	91	110	113	89	127	142	154	*	*	*	923
<b>Total</b>	<b>13,447</b>	<b>14,261</b>	<b>13,618</b>	<b>14,026</b>	<b>14,005</b>	<b>14,004</b>	<b>15,221</b>	<b>14,667</b>	<b>16,051</b>	*	*	*	<b>129,300</b>

<i>2008/09</i>	<i>Apr-08</i>	<i>May-08</i>	<i>Jun-08</i>	<i>Jul-08</i>	<i>Aug-08</i>	<i>Sep-08</i>	<i>Oct-08</i>	<i>Nov-08</i>	<i>Dec-08</i>	<i>Jan-09</i>	<i>Feb-09</i>	<i>Mar-09</i>	<i>YTD</i>
Avon	5327	5566	5346	5487	5402	5370	5700	5888	6197	*	*	*	50,283
Gloucestershire	2670	2836	2821	2881	2879	2966	3111	2990	3674	*	*	*	26,828
Wiltshire	3890	4034	3838	4127	3904	3977	4517	4349	4751	*	*	*	37,387
Other/Unknown	54	28	39	45	48	38	24	30	32	*	*	*	338
<b>Total</b>	<b>11,941</b>	<b>12,464</b>	<b>12,044</b>	<b>12,540</b>	<b>12,233</b>	<b>12,351</b>	<b>13,352</b>	<b>13,257</b>	<b>14,654</b>	*	*	*	<b>114,836</b>

**Variance Year on Year**

	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>YTD</i>
Avon	9.9%	10.7%	8.4%	9.4%	9.1%	10.5%	13.1%	5.1%	9.8%	*	*	*	9.5%
Gloucestershire	24.4%	18.5%	14.5%	14.2%	17.9%	14.9%	17.2%	16.0%	6.4%	*	*	*	15.7%
Wiltshire	8.8%	15.9%	17.3%	12.0%	17.9%	15.0%	10.8%	12.0%	9.1%	*	*	*	13.0%
Other/Unknown	-31.5%	114.3%	133.3%	144.4%	135.4%	134.2%	429.2%	373.3%	381.3%	*	*	*	173.1%
<b>Total</b>	<b>12.6%</b>	<b>14.4%</b>	<b>13.1%</b>	<b>11.9%</b>	<b>14.5%</b>	<b>13.4%</b>	<b>14.0%</b>	<b>10.6%</b>	<b>9.5%</b>	*	*	*	<b>12.6%</b>

**Total Number of Patients Transported by PCT**

<i>Current Year</i>	<i>Apr-09</i>	<i>May-09</i>	<i>Jun-09</i>	<i>Jul-09</i>	<i>Aug-09</i>	<i>Sep-09</i>	<i>Oct-09</i>	<i>Nov-09</i>	<i>Dec-09</i>	<i>Jan-10</i>	<i>Feb-10</i>	<i>Mar-10</i>	<i>YTD</i>
Bath and North East Somerset	1,064	1,102	1,037	1,091	1,009	1,083	1,240	1,169	1,187	*	*	*	9,982
Bristol	2,974	3,154	2,970	3,057	2,977	2,933	3,232	3,076	3,450	*	*	*	27,823
Gloucestershire	3,322	3,362	3,231	3,291	3,394	3,409	3,645	3,468	3,910	*	*	*	31,032
North Somerset	1,307	1,344	1,277	1,334	1,354	1,359	1,396	1,363	1,517	*	*	*	12,251
South Gloucestershire	1,416	1,527	1,404	1,460	1,421	1,488	1,656	1,588	1,653	*	*	*	13,613
Swindon	958	1,103	1,068	1,045	1,027	1,043	1,105	1,173	1,310	*	*	*	9,832
Wiltshire	2,369	2,609	2,540	2,637	2,709	2,597	2,820	2,688	2,870	*	*	*	23,839
Other/Unknown	37	60	91	111	114	92	127	142	154	*	*	*	928
<b>Total</b>	<b>13,447</b>	<b>14,261</b>	<b>13,618</b>	<b>14,026</b>	<b>14,005</b>	<b>14,004</b>	<b>15,221</b>	<b>14,667</b>	<b>16,051</b>	*	*	*	<b>129,300</b>

<i>2008/09</i>	<i>Apr-08</i>	<i>May-08</i>	<i>Jun-08</i>	<i>Jul-08</i>	<i>Aug-08</i>	<i>Sep-08</i>	<i>Oct-08</i>	<i>Nov-08</i>	<i>Dec-08</i>	<i>Jan-09</i>	<i>Feb-09</i>	<i>Mar-09</i>	<i>YTD</i>
Bath and North East Somerset	996	987	910	982	943	975	1,040	1,103	1,138	*	*	*	9,074
Bristol	2,649	2,867	2,760	2,743	2,758	2,739	2,937	2,945	3,066	*	*	*	25,464
Gloucestershire	2,670	2,836	2,821	2,881	2,879	2,966	3,111	2,990	3,674	*	*	*	26,828
North Somerset	1,216	1,258	1,229	1,294	1,271	1,211	1,296	1,326	1,415	*	*	*	11,516
South Gloucestershire	1,310	1,300	1,229	1,339	1,247	1,290	1,339	1,465	1,568	*	*	*	12,087
Swindon	913	989	952	1,000	984	928	1,132	1,044	1,083	*	*	*	9,025
Wiltshire	2,133	2,197	2,104	2,252	2,100	2,203	2,473	2,351	2,674	*	*	*	20,487
Other/Unknown	54	30	39	49	51	39	24	33	36	*	*	*	355
<b>Total</b>	<b>11,941</b>	<b>12,464</b>	<b>12,044</b>	<b>12,540</b>	<b>12,233</b>	<b>12,351</b>	<b>13,352</b>	<b>13,257</b>	<b>14,654</b>	*	*	*	<b>114,836</b>

**Variance Year on Year**

	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>YTD</i>
Bath and North East Somerset PCT	6.8%	11.7%	14.0%	11.1%	7.0%	11.1%	19.2%	6.0%	4.3%	*	*	*	10.0%
Bristol PCT	12.3%	10.0%	7.6%	11.4%	7.9%	7.1%	10.0%	4.4%	12.5%	*	*	*	9.3%
Gloucestershire PCT	24.4%	18.5%	14.5%	14.2%	17.9%	14.9%	17.2%	16.0%	6.4%	*	*	*	15.7%
North Somerset PCT	7.5%	6.8%	3.9%	3.1%	6.5%	12.2%	7.7%	2.8%	7.2%	*	*	*	6.4%
South Gloucestershire PCT	8.1%	17.46%	14.24%	9.04%	13.95%	15.35%	23.67%	8.40%	5.42%	*	*	*	12.63%
Swindon PCT	4.9%	11.53%	12.18%	4.50%	4.37%	12.39%	-2.39%	12.36%	20.96%	*	*	*	8.94%
Wiltshire PCT	11.1%	18.75%	20.72%	17.10%	29.00%	17.88%	14.03%	14.33%	7.33%	*	*	*	16.36%
Other/Unknown	-31.5%	100.0%	133.3%	126.5%	123.5%	135.9%	429.2%	330.3%	327.8%	*	*	*	161.4%
<b>Total</b>	<b>12.6%</b>	<b>14.4%</b>	<b>13.1%</b>	<b>11.9%</b>	<b>14.5%</b>	<b>13.4%</b>	<b>14.0%</b>	<b>10.6%</b>	<b>9.5%</b>	*	*	*	<b>12.6%</b>

**Total Number of Patients Transported by District Council/Unitary Authority**

<i>Current Year</i>	<i>Apr-09</i>	<i>May-09</i>	<i>Jun-09</i>	<i>Jul-09</i>	<i>Aug-09</i>	<i>Sep-09</i>	<i>Oct-09</i>	<i>Nov-09</i>	<i>Dec-09</i>	<i>Jan-10</i>	<i>Feb-10</i>	<i>Mar-10</i>	<i>YTD</i>
Bristol	2,974	3,154	2,970	3,057	2,977	2,933	3,232	3,076	3,450	*	*	*	27,823
South Gloucestershire	1,416	1,527	1,404	1,460	1,421	1,488	1,656	1,588	1,653	*	*	*	13,613
North Somerset	1,307	1,344	1,277	1,334	1,354	1,359	1,396	1,363	1,517	*	*	*	12,251
Bath and North East Somerset	1,064	1,102	1,037	1,091	1,009	1,083	1,240	1,169	1,187	*	*	*	9,982
Forest of Dean	424	425	400	389	478	439	451	426	528	*	*	*	3,960
Cotswold	466	446	486	458	451	450	501	440	549	*	*	*	4,247
Tewkesbury	372	414	381	404	404	391	427	441	475	*	*	*	3,709
Cheltenham	737	705	697	706	703	716	810	768	839	*	*	*	6,681
Gloucester	765	835	771	822	842	837	922	833	953	*	*	*	7,580
Stroud	558	537	496	512	516	576	534	560	566	*	*	*	4,855
Kennet	432	403	447	416	451	466	492	452	463	*	*	*	4,022
North Wiltshire	612	701	693	734	715	648	797	704	822	*	*	*	6,426
Swindon	945	1,090	1,054	1,035	1,017	1,025	1,103	1,168	1,287	*	*	*	9,724
West Wiltshire	699	764	714	756	810	759	814	801	816	*	*	*	6,933
Salisbury	626	741	686	731	733	724	717	731	769	*	*	*	6,458
Other/Unknown	50	73	105	121	124	109	129	147	177	*	*	*	1,035
<b>Total</b>	<b>13,447</b>	<b>14,261</b>	<b>13,618</b>	<b>14,026</b>	<b>14,005</b>	<b>14,003</b>	<b>15,221</b>	<b>14,667</b>	<b>16,051</b>	*	*	*	<b>129,299</b>

<i>2008/09</i>	<i>Apr-08</i>	<i>May-08</i>	<i>Jun-08</i>	<i>Jul-08</i>	<i>Aug-08</i>	<i>Sep-08</i>	<i>Oct-08</i>	<i>Nov-08</i>	<i>Dec-08</i>	<i>Jan-09</i>	<i>Feb-09</i>	<i>Mar-09</i>	<i>YTD</i>
Bristol	2,649	2,867	2,760	2,743	2,758	2,739	2,937	2,945	3,066	*	*	*	25,464
South Gloucestershire	1,310	1,300	1,229	1,339	1,247	1,290	1,339	1,465	1,568	*	*	*	12,087
North Somerset	1,216	1,258	1,229	1,294	1,271	1,211	1,296	1,326	1,415	*	*	*	11,516
Bath and North East Somerset	996	987	910	982	943	975	1,040	1,103	1,138	*	*	*	9,074
Forest of Dean	354	371	365	359	359	371	407	366	462	*	*	*	3,414
Cotswold	335	374	383	411	385	408	454	429	537	*	*	*	3,716
Tewkesbury	321	336	338	333	338	369	368	332	419	*	*	*	3,154
Cheltenham	581	640	587	620	601	640	695	616	800	*	*	*	5,780
Gloucester	630	703	716	700	751	691	721	766	862	*	*	*	6,540
Stroud	449	412	432	458	445	487	466	481	594	*	*	*	4,224
Kennet	353	386	313	348	352	359	415	387	445	*	*	*	3,358
North Wiltshire	550	572	597	606	550	588	645	652	699	*	*	*	5,459
Swindon	901	975	943	992	970	921	1,122	1,033	1,074	*	*	*	8,931
West Wiltshire	663	642	622	651	601	644	698	794	*	*	*	6,059	
Salisbury	567	597	572	647	597	612	669	614	736	*	*	*	5,611
Other/Unknown	66	44	48	57	65	46	34	44	45	*	*	*	449



Great Western Ambulance Service **NHS**  
NHS Trust

## **Board Performance Report November 2009**

This report presents the performance of the Trust against its 2009/2010 Business Plan and consists of:

- An overview of how Great Western Ambulance Service is performing against national targets and internal Trust indicators
- Detailed information relating to exceptions to national target and indicator performance

Commentary, and where appropriate graphical representation, of deviations in performance is provided with detail of remedial action being taken to bring performance back to agreed tolerance levels.

Red – variance from target/plan requiring exception actions

Amber – variance from target/plan requiring management actions

Green – variance within tolerance levels to be maintained

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**Aim: Timely access to services**

Objective: Achievement of all accident and emergency performance standards – A8, A19, B19

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
<b>Accident &amp; Emergency</b>						
Volume of responses:						
% of Category A			36%	33.4%	↓	
% of Category B			34.2%	37.4%	↑	
% of Category C (excluding uncategorised calls)			29.6%	28.9%	↑	
Activity (emergency incidents with response)	233,425 + 4% = 242,762	20,123	21,570	168,916	↑	242,762 + 8% = 262,183
Responses to Category A calls within 8 minutes	75%		74.9%	75.3%	↑	75%
Responses to Category A calls within 19 minutes	95%		95.2%	95.6%	↔	95%
Responses to Category B calls within 19 minutes	95%		89.7%	91.5%	↔	95%
Call answering (999 calls)	95% in 5 seconds		97.7%	97.5%	↑	95%
Handover delays over 15 minutes (at A&E departments) (average time for month)	< 15 mins		14.49	14.33	↑	
Wrap up time (average time for month)	< 15 mins		17.26	17.15	↓	
Total hours lost on turnaround (in excess of 30 minutes)			754	5694.2	↑	
Contribution by indirect resources (Community, fire, staff and charity responder schemes)			13.9%	11.1%	↑	

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
Out of Hours Service						
Total number OOH calls received			11,427	89,957	↑	
Calls abandoned	< 5%		2.5%	3%	↑	< 5%
Calls engaged	< 1%		0%	0%	↔	< 1%
Percentage of calls answered under 60 seconds	95% in 60 seconds		97%	96%	↑	95% in 60 seconds
Triage under 20 minutes	> 95%		95%	96%	↓	> 95%
Triage under 60 minutes	> 95%		99%	99%	↓	> 95%
Emergency Visit under 1 hour	95%		100%	100%	↔	95%
Urgent Visit under 2 hours	95%		95%	94%	↑	95%
Routine Visit under 6 hours	95%		95%	97%	↓	95%

The Urgent Home Visits are at 94% for YTD, this is due to a higher conversion of urgent rather than routine home visits. Actions are in place to review and monitor this

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
Patient Transport Services						
Activity		20,500	21,193	178,454	↓	313,000

**Aim: Provision of high quality clinical care**

Objective: Achievement of reperfusion standard and introduction of clinical performance indicators

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
% under 60 minutes call to needle time	68%		(Oct 09) 85.75%	(Apr – Oct 09) 68.6%	↓	70%
Conveyance rate	65%	65%	66.6%	65.9%	↓	65%
Conveyance rate to other destinations (eg MIU, WIC)			0.37%	0.60%	↓	
Number of formal complaints received			33	175	↑	n/a
Formal complaints acknowledged within 3 working days	100%	100%	100%	100%	↔	100%
Formal complaints responded to within 25 working days (or agreed extension):	100%	100%	23	159	↑	100%
Not completed within time			0	3		
Number of serious untoward incidents			1	14	n/a	
Number of patient safety incidents *			0	75	n/a	

Narrative: September and October thrombolysis data still excludes RUH data which as of 7<sup>th</sup> December is still unavailable. It should be noted that patient safety incidents have not been uploaded to NRLS for October and November. Therefore the ytd figure is from 01 April 09 – 30 September 09

**Aim: Develop a highly skilled, professional and flexible workforce**

Objective: Implement a staff survey action plan to address key developmental areas

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
Staff – WTE	902	885.0	10.4	896.2	16.3	
A&E	171.7	157.8	8.0	160.9	9.6	
EOC	44.5	35.7	0.0	35.7	-1.0	
OOH	180.4	187.4	8.0	186.3	5.8	
PTS	227.7	184.9	5.2	182.7	0.3	
Support staff						
<b>Total</b>	<b>1526.3</b>	<b>1450.8</b>	<b>31.6</b>	<b>1461.8</b>	<b>31.1</b>	
Staff – Turnover	10%					
A&E			1.3%	7.2%	↑	
EOC			14.3%	11.8%	↑	
OOH			24.7%	31.6%	↑	
PTS			11.5%	7.2%	↓	
Support staff			6.2%	17.9%	↑	
<b>Total</b>			<b>5.4%</b>	<b>9.9%</b>	↑	
Sickness	5%					
A&E			6.1%	6.1%	↑	
EOC			4.8%	4.5%	↑	
OOH			4.1%	2.6%	↑	
PTS			5.5%	4.4%	↓	
Support staff			4.8%	3.7%	↓	
<b>Total</b>			<b>5.7%</b>	<b>5.3%</b>	↑	
Training hours A&E field operations (hrs)	49,400	5405.5	4910.5	16,698	↓	26,565
Training hours general (hrs)		5457.5	5023.5			
Number of staff completed mandatory training (Face to face)	90%	0%	0%	54.5%	↑	85%
Number of staff completed mandatory training (Workbook)* * from November 2008 – three year cycle	90%	3.3%	1.9%	89.6%	↓	90%
Number of staff undertaken an appraisal (from April 2009)	80%	6.7%	0.5%	51.8%	↓	80%
Number of RIDDOR reportable incidents	52	<4.3	2	27	↑	
Accident frequency rates	9.3%	<0.75%	8.6	8.15	↓	
Number of violence and aggression incidents	143	<12	15	101	↑	
Number of manual handling incidents	90	<7.5	6	73	↓	



Number of stress incidents	4.5	<0.35	0	0	→	
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Narrative:

**Training Hours A&E Field Operations**

Variance is due to sickness, withdrawals, no shows and change in enrolment priority.

**Training Hours A&E/Mandatory Training (Face to Face/SME)**

None planned for the period Oct – Dec due to commencement of Paramedic programme for Practitioners at UWE. Programme recommences January 2010.

**Training Hours General**

These hours comprise of ECA & ICA Foundation, Induction & Emergency Driving, driving assessments (practical and theory), FPOS Urgent Care and TIA sessions. The shortfall is due to employees not attending and course cancellations.

**A&E staffing levels**

It is anticipated that staffing levels for A&E will be at the year end target by January 2010.

**EOC staffing levels**

Within EOC there is recruitment activity underway to recruit 8 EMD's, 1 Dispatcher and 2 Dispatch Assistants.

**Staff turnover**

Overall YTD staff turnover is on target at 9.9% . Whilst turnover in some areas appears high this inflated figure is due to turnover in areas of the organisation that have lower staffing numbers. This is not a cause for concern.

**Sickness absence**

During the month of November two services recorded absence levels of above the 5% target. These were A&E at 6.1% and PTS at 5.5%. Whilst A&E remains above the target it has shown a reduction of 0.6% on October. Whilst PTS shows a figure of 5.5% for the month of November the YTD figure is still below the 5% target standing at 4.4%.

During November two workshops were held with approximately 30 attendees covering the trusts new Management of Attendance Policy.

Sickness absence continues to be a challenge but is being managed in accordance with the trusts Management of Attendance Policy. Contact is maintained when staff are off sick return to work interviews are held and review meetings arranged when triggers have been hit.

**Aim: To become a competitive and effective organisation**

Objectives: Financial balance

Governance – achievement of Auditors Local Evaluation

Full compliance with Care Quality Commission Standards

Development and implementation of full Foundation Trust programme

		Annual Plan	Month 8 Plan	Month 8 Actual	Variance to plan	Previous month variance
Income and Expenditure Surplus / (Deficit)	£000's	0	0	0	0	0
Cash releasing efficiency savings	£000's	4,902	2,983	2,119	-864	-661
Capital Resource Limit	£000's	4,106	3,168	1,115	2,053	1,571
Better Payment Practice Code – Number	%	95	95	97.4	2.4	2.4
Better Payment Practice – Value	%	95	95	89	-6	-7
External Finance Limit	£000's	1,410	0	0	0	0
Rate of Return on capital	%	3.5	3.8	4.2	0.7	1.1

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
Compliance with all ALE KLOEs at Level 2	97			54	↔	97
				13	↑	
				4	↑	
				26TBA		
Compliance with all 42 Standards for Better Health	42			41	↔	41
Compliance with all 50 NHSLA risk management standards	50			42	↑	50

Attainment of a minimum of 70% compliance with information governance toolkit requirements	70%			70%	↔	70%
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Narrative: the majority of actions to demonstrate the trust is managing its resources are satisfied but more work is required with longer term financial planning. Actions are in place to address this.

**Aim: Develop effective partnership and stakeholder engagement**

Objective Improvement of the reputation of the Trust and the development of effective working relationships and partnerships

Description		Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
Newspapers	Daily			37	514		
	Weekly			36	189		
Broadcasts	TV			1	13		
	Radio			13	55		
Other	Websites			36	442		
	Magazines			0	8		
Stakeholder activity	Station visits			0	24		
	HOSC meetings			1	6		
	External Reference Group			0	5		
	LINKs			2	8		

KPI's under development

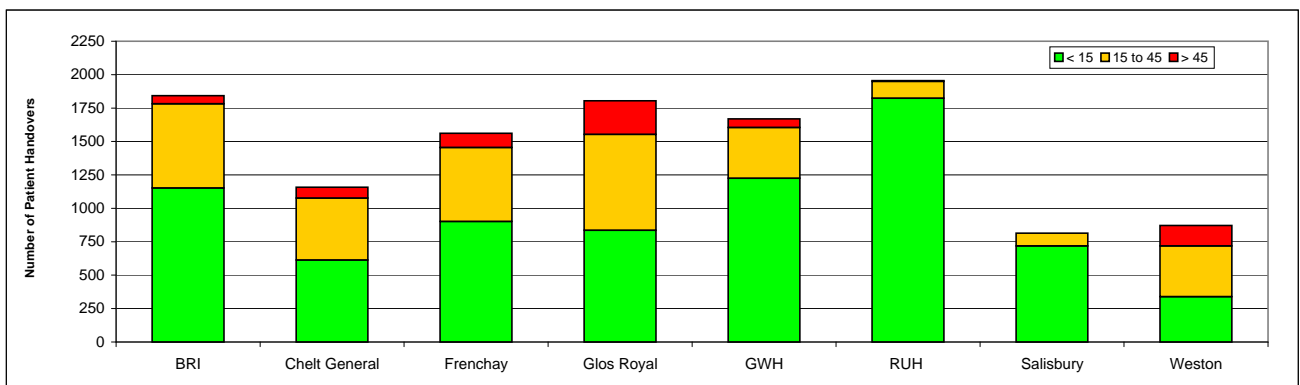
Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
% of urgent calls						
Total front line hours planned						
Total front line hours delivered (including agency)						
Total front line hours abstracted						
% under 150 minutes call to balloon time						
% Category C calls passed to NHSD						
% Category C calls triaged by clinical desk						
% Responses referred to clinical desk						
Vehicle availability						

Estates						
IT						

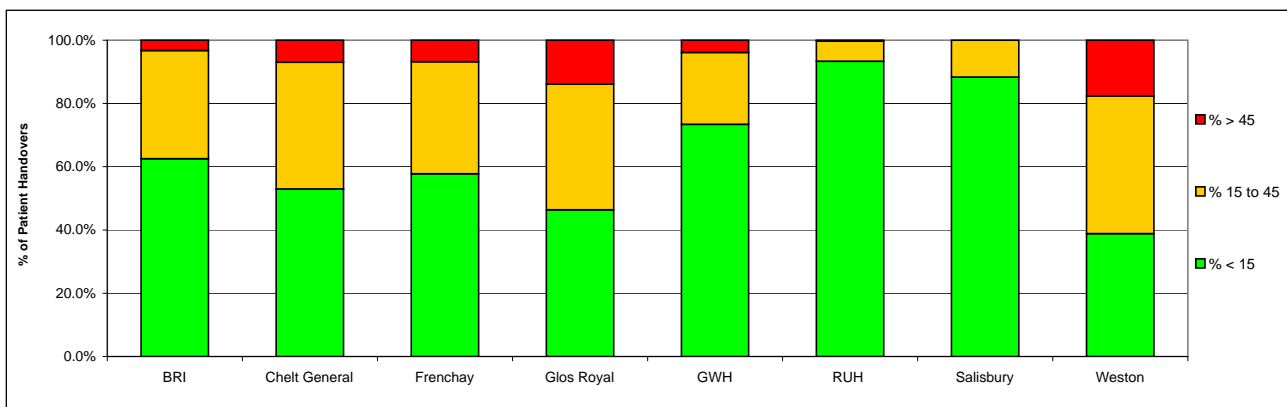
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**GWAS MONTHLY A&E HANDOVER SUMMARY - DECEMBER 2009**

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	1152	302	167	88	27	20	26	31	28	2			691	61	1843
Cheltenham General Hospital	613	196	105	62	40	33	28	44	35	2			545	81	1158
Frenchay Hospital	902	206	147	109	43	28	20	57	49	1			660	107	1562
Gloucester Royal Hospital	836	271	165	111	63	58	49	85	148	18			968	251	1804
Great Western Hospital	1225	177	94	50	14	18	26	33	31	1			444	65	1669
Royal United Hospital	1824	65	32	19	4	3	2	2	4				131	6	1955
Salisbury District Hospital	719	48	28	8	8	2	1						95	0	814
Weston General Hospital	339	121	96	64	42	28	29	58	83	12	1		534	154	873
<b>Overall Total</b>	<b>7610</b>	<b>1386</b>	<b>834</b>	<b>511</b>	<b>241</b>	<b>190</b>	<b>181</b>	<b>310</b>	<b>378</b>	<b>36</b>	<b>1</b>		<b>4068</b>	<b>725</b>	<b>11678</b>



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	62.5%	16.4%	9.1%	4.8%	1.5%	1.1%	1.4%	1.7%	1.5%	0.1%			37.5%	3.3%	100%
Cheltenham General Hospital	52.9%	16.9%	9.1%	5.4%	3.5%	2.8%	2.4%	3.8%	3.0%	0.2%			47.1%	7.0%	100%
Frenchay Hospital	57.7%	13.2%	9.4%	7.0%	2.8%	1.8%	1.3%	3.6%	3.1%	0.1%			42.3%	6.9%	100%
Gloucester Royal Hospital	46.3%	15.0%	9.1%	6.2%	3.5%	3.2%	2.7%	4.7%	8.2%	1.0%			53.7%	13.9%	100%
Great Western Hospital Swindon	73.4%	10.6%	5.6%	3.0%	0.8%	1.1%	1.6%	2.0%	1.9%	0.1%			26.6%	3.9%	100%
Royal United Hospital Bath	93.3%	3.3%	1.6%	1.0%	0.2%	0.2%	0.1%	0.1%	0.2%				6.7%	0.3%	100%
Salisbury District Hospital	88.3%	5.9%	3.4%	1.0%	1.0%	0.2%	0.1%						11.7%	0.0%	100%
Weston General Hospital	38.8%	13.9%	11.0%	7.3%	4.8%	3.2%	3.3%	6.6%	9.5%	1.4%	0.1%		61.2%	17.6%	100%
<b>GWAS Average</b>	<b>65.2%</b>	<b>11.9%</b>	<b>7.1%</b>	<b>4.4%</b>	<b>2.1%</b>	<b>1.6%</b>	<b>1.5%</b>	<b>2.7%</b>	<b>3.2%</b>	<b>0.3%</b>	<b>0.0%</b>		<b>34.8%</b>	<b>6.2%</b>	<b>100%</b>



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## Agenda Item No. 7

### **Benchmarking of Great Western Ambulance Service – Performance and Financial Data**

***Great Western Ambulance Joint Health Scrutiny Committee***  
**29<sup>th</sup> January 2010**

**Author:** Chair, Great Western Ambulance Joint Health Scrutiny Committee

#### **Purpose**

To enable the Joint Health Scrutiny Committee to consider the attached performance comparative data.

#### **Recommendation**

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

Consider the attached performance comparative data and to raise any issues as required.

### **1.0 Detail**

- 1.1 The attached information provides comparative performance data which allows members to consider the figures relating to Great Western Ambulance Service in the context of other ambulance services across the country.
- 1.2 Members are requested to consider the information provided and determine whether any further action is required by the Joint Committee in relation to any of the issues raised.

### **2.0 Background Papers and Appendices**

#### *Appendices*

Appendix A – Benchmarking Data for Ambulance Services

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## Benchmarking data for Ambulance services

## Performance ratings for Ambulance Trusts 2008-09

Trust name	08/09 overall quality score	08/09 financial management score	08/09 core standards score (as a provider of services)	08/09 existing commitments score (as a provider of services)	08/09 national priorities score (as a provider of services)
East Midlands Ambulance Service NHS Trust	Fair	Good	Almost Met	Fully Met	Fair
East of England Ambulance Service NHS Trust	Fair	Fair	Partly Met	Partly Met	Good
<b>Great Western Ambulance Service NHS Trust</b>	<b>Weak</b>	<b>Fair</b>	<b>Almost Met</b>	<b>Not Met</b>	<b>Weak</b>
London Ambulance Service NHS Trust	Fair	Excellent	Fully Met	Partly Met	Fair
North East Ambulance Service NHS Trust	Good	Good	Fully Met	Fully Met	Good
North West Ambulance Service NHS Trust	Fair	Good	Almost Met	Partly Met	Fair
South Central Ambulance Service NHS Trust	Weak	Good	Fully Met	Not Met	Weak
South East Coast Ambulance Service NHS Trust	Fair	Good	Fully Met	Almost Met	Fair
South Western Ambulance Service NHS Trust	Good	Good	Almost Met	Almost Met	Excellent
West Midlands Ambulance Service NHS Trust	Fair	Good	Fully Met	Fully Met	Fair
Yorkshire Ambulance Service NHS Trust	Weak	Good	Partly Met	Not Met	Excellent

2008-09 Response data

Cat A calls within 8 mins

	Cat A calls within 8 mins		Cat A calls within 19 mins		Cat B calls within 19 mins	
	Total number of incidents with emergency response	Response within 8 minutes	Total number of incidents with ambulance vehicle arriving	Response within 8 minutes	Total number of incidents with ambulance vehicle arriving	Response within 8 minutes
<b>England</b>	<b>1,940.7</b>	<b>74.3</b>	<b>1,934.7</b>	<b>96.9</b>	<b>2,553.3</b>	<b>91.0</b>
South Western	108.1	78.0	90.8	99.0	5.5	96.2
Isle of Wight	5.5	77.0	319.6	98.6	158.5	95.6
East Midlands	174.8	76.0	199.3	98.0	284.8	95.4
North East	90.8	75.7	174.7	97.3	237.1	95.0
London	319.7	75.5	158.7	96.9	213.9	94.6
West Midlands	199.3	75.4	320.9	96.5	148.4	94.2
South East Coast	159.1	75.2	4.8	96.4	261.9	93.3
East of England	190.0	74.6	202.1	96.1	204.9	90.6
North West	322.9	74.3	189.0	95.8	166.5	88.0
South Central	89.8	72.6	107.8	95.8	346.8	87.6
Yorkshire	203.1	69.4	89.5	94.5	<b>96.6</b>	<b>87.4</b>
<b>Great Western</b>	<b>77.6</b>	<b>68.4</b>	<b>77.5</b>	<b>94.0</b>	428.4	84.5

**GWAS April 09 to September 09**

	<b>Cat A calls within 8 mins</b>		<b>Cat A calls within 19 mins</b>		<b>Cat B calls within 19 mins</b>	
	Total number of incidents with emergency response	Response within 8 minutes	Total number of incidents with ambulance vehicle arriving	Response within 8 minutes	Total number of incidents with ambulance vehicle arriving	Response within 8 minutes
<b>Great Western</b>	-	75.5%	-	95.7%	-	92.1%

**Emergency and urgent (1) patient journeys per 100 incidents by ambulance service, 2004-05 to 2008-09, and by category of call by ambulance service for 2008-09**

Ambulance Service	2004-05	2005-06	2006-07	2007-08	All emergency and urgent journeys	2008/09		
	All emergency journeys	All emergency journeys	All emergency journeys	All emergency and urgent journeys		Category A	Category B	Category C
	<b>73</b>	<b>73</b>	<b>70</b>	<b>72</b>	<b>73</b>	<b>78</b>	<b>69</b>	<b>75</b>
North East	81	80	75	79	79	82	72	86
North West	77	79	77	80	83	85	80	84
Yorkshire	78	78	75	79	80	85	75	80
East Midlands	78	79	73	71	70	71	65	77
West Midlands <sup>(3)</sup>	66	67	60	71	70	79	68	66
East of England	68	66	65	65	64	70	58	65
London	74	75	76	76	79	82	77	80
South East Coast	74	66	64	67	70	77	64	70
South Central	66	65	62	62	66	70	59	74
Great Western	77	75	70	68	66	70	60	71
South Western	64	63	62	64	65	68	59	69
Isle of Wight	70	67	63	76	80	75	75	89

Source: Form KA34

## Emergency and urgent calls<sup>(1)</sup> by ambulance service, 2004-05 to 2008-09

thousands

Ambulance Service	Emergency Calls			Emergency and Urgent Calls <sup>(1)</sup>	
	2004-05	2005-06	2006-07	2007-08	2008-09
<b>England</b>	<b>5,623.8</b>	<b>5,960.1</b>	<b>6,333.4</b>	<b>7,225.5</b>	<b>7,477.2</b>
North East	279.7	291.8	362.0	398.0	405.0
North West	779.7	832.0	887.0	1,009.8	1,033.6
Yorkshire	522.6	552.6	555.5	627.0	671.7
East Midlands	473.2	459.7	523.3	631.9	667.5
West Midlands <sup>(2)</sup>	607.7	668.0	666.8	772.2	796.1
East of England	543.3	581.1	625.6	718.3	733.2
London	1,153.9	1,231.6	1,288.8	1,389.7	1,423.5
South East Coast	460.3	493.0	494.4	554.8	580.1
South Central	330.0	336.6	356.1	446.5	432.4
Great Western	200.9	219.8	232.5	278.8	289.6
South Western	259.5	280.5	328.1	380.6	423.7
Isle of Wight	13.0	13.4	13.3	18.1	20.8

Source: Form  
KA34

<sup>(1)</sup> For 2007-08 urgent calls were included (previous years relate to emergency calls only), therefore comparisons of absolute numbers between 2007-08 and previous years are not possible.

<sup>(2)</sup> On the 1st October 2007 Staffordshire Ambulance Service NHS Trust merged with West Midlands Ambulance Service NHS Trust. For comparability, data for these two trusts have been merged for all previous years.





## Agenda Item No. 8

### Update from Individual Health Overview and Scrutiny Committees

**Great Western Ambulance Joint Health Scrutiny Committee**  
29<sup>th</sup> January 2010

**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:

**Note the 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**

#### *Appendices*

Appendix A: South Gloucestershire Health Scrutiny Select Committee -  
Extract of Minute, 2<sup>nd</sup> December 2009

Appendix B: Wiltshire Health and Adult Social Care Select Committee, –  
Activity in relation to GWAS

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## Appendix A

### SOUTH GLOUCESTERSHIRE HEALTH SCRUTINY SELECT COMMITTEE

#### EXTRACT MINUTE – 2<sup>ND</sup> DECEMBER 2009

#### **AMBULANCE RESPONSE TIMES AND PATIENT HANDOVERS (Agenda Item 14)**

David Warman, Interim Assistant Director of Commissioning, NHS South Gloucestershire introduced the report to update the Committee on the Great Western Ambulance Service (GWAS) NHS Trust performance against its national performance targets and update on actions/work to reduce Ambulance handover delays locally. He was accompanied by John Oliver of GWAS.

The following issues were discussed:

The Category B (not life threatening) performance target to respond to 95% of calls within 19 minutes was not being met due to resource issues. The Community First Responder (CFR) scheme would help address this and was being widely promoted.

With regard to questions around the sufficiency of CFR funding, Ann Jarvis, Director of Service Development stated that she was not aware of CFR funding being an issue. The PCT had a block contract with GWAS which covered all activity, and it was up to GWAS to decide how it applied the funds to different services.

In response to the issues around patient handovers at Frenchay Hospital, the Interim Assistant Director of Commissioning confirmed that an audit had taken place. There was now ownership at every level. When a problem arose a manager was called in to “unlock” the problem, which meant the clinicians could continue to care for the patients without the additional worry of sorting out administration or logistical problems.

In response to concerns about CFRs and whether their introduction might improve response times but have a negative impact on service quality as they were not fully trained paramedics, John Oliver from GWAS reassured the Committee that this was not an issue. CFRs were dispatched at the same time as an ambulance to Category A calls with the sole intent on providing life-saving first aid to the patient before the ambulance was able to get there. CFRs were not sent to Category B calls.

A new Director of Operations started in the summer and was focussing on reducing sickness rates. Figures would be available for the next report to the Committee in a few months time.

**RESOLVED:**

- 1** That the NHS representatives be thanked for the report and responses to questions, and the content be noted.
- 2** That a further report be received in six months time.

**Wiltshire Health and Adult Social Care Select Committee (HASC):**

**Activity in relation to GWAS:**

1. **Periodical meetings** are arranged with representatives from GWAS, NHSW and the HASC to consider Wiltshire locality issues. The purpose of these meetings is to review performance and action plans, and to offer assistance where appropriate. The next meeting is scheduled for 14<sup>th</sup> January 2010.
2. **Joint Scrutiny Task Group for District level response times.** Cllr Pip Ridout, (HASC Vice Chairman and our substitute for the Joint Committee), will be the representative from Wiltshire on this Task Group. The first meeting is scheduled for 13<sup>th</sup> January 2010.
3. **NHS Wiltshire.** Our Committee receives 'update reports' from NHS Wiltshire. At our last meeting on 19 November 2009, this included a section on the Great Western Ambulance Service. An extract from the Agenda Item is shown below, along with an extract from the minutes.

Extract from:

Agenda item 08

**HEALTH & ADULT SOCIAL CARE SELECT COMMITTEE  
19<sup>TH</sup> NOVEMBER 2009**



*Update from NHS Wiltshire  
November 2009*

[...]

**6. Great Western Ambulance Service**

Performance at end October 2009 for 2009/10 was:

	<b>Trust</b>	<b>Wiltshire locality</b>
<b>Category A - 75% within 8 minutes</b>	75.3%	75.6%
<b>Category A - 95% within 19 minutes</b>	95.6%	94.9%
<b>Category B - 95% within 19 minutes</b>	91.8%	93.2%
<b>Category C - 95% within 19 minutes</b>	90.8%	93.6%

The Trust is putting in place a number of initiatives to improve ambulance performance in Wiltshire including:

- Increasing the number of staff in the Emergency Operations Centre (+10 staff). 97% of all calls are now answered within 5 seconds and the speed of vehicle allocation has improved;
- Increased front-line staffing (+22 staff) which has improved crew mobilisation times and reduced the number of "dropped" shifts;
- The introduction of HCP ambulances across GWAS including two daily running within Wiltshire to deal with the HCP workload.
- Updated vehicle deployment plan including new stand-by points in Salisbury and ongoing work to secure further standby locations.
- Increased provision of ambulance car vehicle cover in Devizes, Marlborough, Malmesbury, Warminster and Amesbury from January 2010. These cars will be in addition to the existing two-person ambulance vehicle (and the existing ambulance car in Devizes) deployed in each of these locations.
- Improved sickness absence rates at 5.1% (the lowest rate in the Trust);
- Introduction of airwave communication for all vehicles so that there are no now "black-spots" in communication;
- Improved responder schemes including staff-responder scheme (volunteer scheme for staff who are the paid overtime if called out); co-responder scheme (with Wiltshire Fire and Rescue) with additional provision planned for Calne (24/7 Scheme 1/11/2009), Wootton Bassett, Westbury (24/7 Scheme 1/12/2009), Melksham and Ludgershall; and community first-responder schemes (volunteer scheme for members of the public) with 26 existing schemes in Wiltshire and further schemes proposed for Chippenham, Bromham, Colerne, Redlynch, Mere, and Little Chevrell.

Alison Knowles  
Director - Strategy & Communications  
NHS Wiltshire  
9 November 2009

[...]

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**Extract from:**

**MINUTES of a MEETING held at COUNTY HALL, TROWBRIDGE on 19<sup>TH</sup> NOVEMBER 2009**

**38. Chairman's Announcements**

[...]

The Joint Ambulance Scrutiny Committee was to form a task group with representatives from Forest of Dean, Cotswold and Wiltshire Councils to consider poor response times within the 3 areas. It would discuss ways in which to improve them. Cllr Pip Ridout would be the Wiltshire representative from Wiltshire Council. Any other members of the

Committee interested in attending the task group should contact the Chairman.

[...]

**44. NHS Wiltshire (NHSW) Update**

[...]

Update on Great Western Ambulance Service Performance

Responder schemes with specific reference to the Community First Responder (CFR) Scheme were discussed as initiatives that improved ambulance performance. A brief summary of the work of the CFR Scheme was provided by Dominic Morgan (Great Western Ambulance Service). Further information on the Scheme can be found at: [http://www.wiltshirepct.nhs.uk/Newsroom/PressReleases/CFR\\_Leaflet.pdf](http://www.wiltshirepct.nhs.uk/Newsroom/PressReleases/CFR_Leaflet.pdf)



## Agenda Item No. 9

### Short Life Group on Rural Response Times – Update paper

**Great Western Ambulance Joint Health Scrutiny Committee**  
29<sup>th</sup> January 2010

**Author:** Chair, Great Western Ambulance Joint Health Scrutiny Committee

#### **Purpose**

To update the Joint Health Scrutiny Committee on the progress of the Short Life Group.

#### **Recommendation**

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

- Comment on the **draft** Terms of Reference attached at Appendix 1, bearing in mind that the Group has not yet had the opportunity to meet and to discuss and agree these.
- Note the attached CFR update at Appendix 2.

### **1.0 Reasons**

- 1.1 The Great Western Ambulance Joint Health Scrutiny Committee meeting on 30<sup>th</sup> October 2009 agreed to establish a short life group to explore ways of improving performance in rural areas. The areas that were identified as being of particular concern, and would therefore form the remit of the work of the group, were Forest of Dean, Cotswold and Kennet (now part of Wiltshire Council).
- 1.2 The Committee agreed that one member from each of the three areas would participate in the Group, together with the appropriate officers from GWAS. The Committee requested that the Group provide a progress update to the next Committee meeting, on 29<sup>th</sup> January 2010.

### **2.0 Detail**

- 2.1 It was not possible to identify a suitable date for the Group to meet prior to the Christmas break, due to diary commitments. The first meeting was therefore scheduled to take place on January 13<sup>th</sup> but unfortunately adverse weather conditions led to this having to be cancelled at short notice. An alternative date is now being sought.

- 2.2 The proposed draft Terms of Reference for the Group is attached at Appendix 1. Members are reminded that the Group has not yet had the opportunity to discuss, amend and formally agree these.
- 2.3 Attached at Appendix 2 is a CFR update provided by GWAS, for information.

## **Background Papers and Appendices**

### *Appendices*

Appendix 1 – Draft Terms of Reference for Short Life Group on Rural Response Times

Appendix 2 – CFR Update – Indirect Resources Plan



## **Draft Terms of Reference Short Life Group on Ambulance Rural Response Times**

### **Authority**

The meeting has been established following a proposal at the Joint Overview & Scrutiny Committee (JHOSC)

### **Membership**

Membership of the group will consist of the following:

Keith Scott, Locality Director  
Simon Maggs, CFR Manager (Wiltshire)  
Kevin Dickens, CFR Manager (Gloucestershire)  
Terry Hale, Gloucestershire HOSC  
Sheila Jeffery, Gloucestershire HOSC  
Pip Ridout, Wiltshire HOSC

Other members of GWAS or the Joint HOSC will be asked to attend as required.

### **Frequency**

The group will meet on a monthly basis until the work has been completed.

### **Duties**

The purpose of the Group is to review Category A8 performance (this may need to be expanded to include other categories) in Cotswold, Forest of Dean and Kennet (within Wiltshire) in partnership with the Joint Health Overview & Scrutiny Committee (JHOSC). Action areas will be agreed from the first meeting.

The following are the desired outcomes from this short life working group:

- For joint understanding of ambulance response standard performance in rural areas.
- Joint understanding of the role of Emergency Care Practitioners (ECPs), Static Defibrillators, Public Assess Defibrillators, Co Responders, Community First Responders (CFRs), Charity Responders and Retained CFR schemes.

- Joint understanding of what improvements can be made to response standards in the rural areas.
- Have an agreed action plan that can be shared with the JHOSC.
- Joint understanding on how members of the JHOSC and the District Councils can be of assistance to the ambulance service to move the agreed action plan forward.

### **Reporting**

The group will report back to the Joint Overview & Scrutiny Committee (JHOSC)

### **Administrative arrangements**

GWAS will have responsibility to record the meetings and to produce updates for the Joint Overview & Scrutiny Committee (JHOSC)

Date: 17/11/09

Signed:

Chair:

### INDIRECT RESOURCES PLAN

Ref No	Locality	Initiatives	Sub Sections	Progress
1	Avon	Static defibrillators	Mall-Cribbs Causeway x 2	Trying to make contact since April 2009. Letter sent 17 December – still awaiting response.
			Asda - Longwell Green	Confirmed early in New Year that they will have defibs in their three stores at Longwell Green, Bedminster and Cribbs Causeway; work now in progress
			Bedminster Bristol Bus station	Declined to have a defib
			Bristol Zoo	Bristol Zoo confirmed they already have one. Now sourcing a further one for this site.
2	Avon	Volunteer Community First Responder Schemes	New CFR Scheme located in Clutton	Preliminary work ongoing. There is a scheme at Norton Marlward
			New CFR Scheme located in Pilning	CFR and staff responder at Pilning. Further work ongoing.
			New CFR Scheme located in Wick	CFR staff responder at Wick trying to recruit additional members
			New CFR Scheme located in Sneyd Park	2 CFRs at Westbury on Trym, which covers this area.
			New CFR Scheme located in Long Ashton	1 CFR recruited and waiting to go live. Awaiting CRB clearance – submitted 14/10/09 – HR chased.

3	Avon	Co Responder scheme/ Retained ambulance	Liaise with Avon Fire & Rescue Service in the introduction of the Hampshire Co Responder model	The trust is now reviewing various models which are being trialled. Preferred models are being compiled.
4	Glos	Static defibrillators	Regents Arcade, Cheltenham x2	Security staff received training in November 2009. Equipment installed and all relevant information has been recorded on the CAD.
			The Quays Shopping Centre, Gloucester x2	Security staff received training in November 2009. Equipment installed and all relevant information has been recorded on the CAD.

Ref No	Locality	Initiatives	Sub Sections	Progress
			Sedbury Nursing Home, Sedbury	A meeting has been organised with Care Homes across Glos which takes place later in January where other nursing homes will also be discussed.
			Beechwood Arcade, Cheltenham x2	A meeting is being organised in January to facilitate the same process as the Regent Arcade and The Quays shopping centre.
			Cheltenham Doctors Surgery x2	SPOTDOC which covers the majority of Cheltenham's home visits in weekday afternoons is keen to take on board this initiative of carrying AED during their visits. A meeting has been organised for later this month.
			Gloucester Doctors Surgery x2	Rosebank Surgery is not as simple as SPOTDOC as they do not have one designated GP doing home visits in the afternoon. All the GPs visit their own patients so it is not practicable to offer this package.
			Bishops Cleeve School	Equipment now installed following a presentation evening held in November by Rotarians, GWAS and St John Ambulance. Equipment was presented to the school by Olly Morgan, Gloucester and England rugby player. This received local press coverage and the British Heart Foundation will also be including it in their national publication 'Saving Lives'
			Gloucester City Council	They have approached the trust to locate an AED in the reception area of their main Council Offices.

Ref No	Locality	Initiatives	Sub Sections	Progress
			Winchcombe School	Rotarians, GWAS and St John Ambulance have agreed to support an AED at Winchcombe comprehensive school. This location is used 7 days a week as well as school days for events in the local community. The AED and training will be funded by the Rotarians.
5	Glos	Volunteer Community First Responder Schemes	Introduction of Stroud District Council Warden response scheme in Cam, Dursley, Nailsworth, Berkeley, Sharpness, Painswick, Wotton under Edge and Kingswood	This initiative with Stroud DC is continuing to work well. We will be installing further PDA cradles into the remaining community warden cars.
			New CFR scheme located in Blockley	This CFR unit is now live and is benefiting patients in the Blockley community.
			New CFR scheme located in West Subedge	This CFR unit is now live and is benefiting patients in the Weston Sudedge community.
			Improve CFR scheme located in Bourton on the Water	Reviewing the type of scheme that we use in this area, following poor uptake of CFRs
			New CFR schemes located in Moreton-in-Marsh, Chipping Campden and Mickleton	Moreton-in-the-Marsh - the CFR unit is now live and is benefiting patients in the Moreton-in-the Marsh community. Chipping Campden & Mickleton – the Assistant Chief Executive of the Gloucestershire Rural Community Council is keen to support CFRs in these areas. An article will appear in their publication later this month advertising for volunteers in these communities.



Ref No	Locality	Initiatives	Sub Sections	Progress
			<p>Improve CFR schemes in Newent and surrounding communities:</p> <p>Newent Dymock Kempley</p>	<p>Newent – CFR scheme in this area. We are reviewing the feasibility of a 24/7 model. Dymock/Kempley - CFR units are now live and are benefiting patients in these communities.</p>
			New CFR scheme located in Cirencester and local communities	CFR units are now live and are benefiting patients in the these communities
			New CFR scheme located in Bussage	Work ongoing in this area
			New CFR scheme located in Winchcombe	Following support from Winchcombe Town Council, an information evening was held where interested members of the community received a presentation on community responding. Following this, 14 people completed application forms to become community responders. A training course has been organised and will be delivered mid February 2009.
			General improvement to membership in all schemes	Training courses have taken place throughout the last 12 months to underpin our existing units across Gloucestershire.
6	Glos	Co Responder scheme/ Retained ambulance	<p>Liaise with Gloucestershire Fire &amp; Rescue Service in the introduction of the Hampshire Co Responder model</p> <p>Fairford &amp; Lechlade</p>	<p>The trust is now reviewing various models which are being trialled. Preferred models are being compiled.</p> <p>A trial is currently in progress, in partnership with St John, operating 24/7 using a GWAS vehicle, This scheme is being evaluated.</p>

Ref No	Locality	Initiatives	Sub Sections	Progress
7	Wilts	Static defibrillators	Order of St Johns Trust Care Home - Amesbury	Contact made with Home Manager, who referred to Regional Manager but no contact made to date. Contact now been made with St John Ambulance to see if they can progress this further.
			Order of St Johns Trust Care Home - Malmesbury	Contact made with Home Manager, who referred to Regional Manager but no contact made to date. Contact now been made with St John Ambulance to see if they can progress this further.
			Order of St Johns Trust Care Home - Marlborough	Contact made with Home Manager, who referred to Regional Manager but no contact made to date. Contact now been made with St John Ambulance to see if they can progress this further.
			Order of St Johns Trust Care Home - Westbury	Contact made with Home Manager, who referred to Regional Manager but no contact made to date. Contact now been made with St John Ambulance to see if they can progress this further.
8		Volunteer Community First Responder Schemes	New CFR scheme located in Chippenham	Up and running September 2009
			New CFR scheme located in Bromham	Up and running October 2009
			New CFR scheme located in Colerne	Up and running October 2009
			New CFR scheme located in Peasedown St John	Ongoing. Nothing to report

Ref No	Locality	Initiatives	Sub Sections	Progress
			New CFR scheme located in Redlynch	Whiteparish CFR schemes have been recruiting in area for the last year through parish council adverts and open days. We are still unable to recruit.
			New CFR scheme located in Mere	Fire co-responding. Posters put up for CFR volunteers. No responses to date
			New CFR scheme located in Chisledon	Some interest expressed. Paperwork sent out. Awaiting return.
			New CFR scheme located in Little Chevrell	Posters put up in the village. No interest expressed.
			New CFR scheme located in Shrivenham/Watchfield	Contact made with Dr Blair from Army Academy at Shrivenham. He will canvass volunteers. Awaiting update.
9	Wilts	Co Responder scheme/ Retained ambulance	Liaise with Wiltshire Fire & Rescue Service in the introduction of the Hampshire Co Responder model	The trust is now reviewing various models that are being trialled. The preferred models are being compiled.
			Calne 24/7 Retained type CFR scheme	The Calne scheme has been operational for the past 3 months. During this period they have attended 77 life threatening calls, reaching 72 within 8 minutes. The details of the scheme now require finalising.
			Westbury 24/7 Retained type CFR scheme	This is in the early stages, however, is operational and making an impact. Further development required.

Note:- The above dates and schemes are subject to there being cooperation from other organisations and being able to recruit sufficient volunteers (CFRs).

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\* Please enter your NHS code and click search. Then please 'select' the name of your organisation and click continue below:

This is the information that we have for your organisation.

If this information is incorrect please contact the Care Quality Commission at [forms@ccq.org.uk](mailto:forms@ccq.org.uk)

Organisation Name:

Chief Executive's First Name:

Chief Executive's Surname:

Chief Executive's Email:

Organisation Code:

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

General guidance on how to complete the declaration form

You might find it helpful to print the following instructions (using the print function of your browser) so you can refer to them easily while you are completing the declaration form.

We have also published a guidance document titled "your guide to the core standards assessment 2009/10 "which you may find useful. This can be located by using the following link:

<https://www.cqc.org.uk>

This guidance covers:

How the declaration form is laid out  
Guidance related to each section  
FAQs

How the declaration form is laid out

The declaration form is divided into the following sections

1. General statement of compliance
2. Domain pages for core standards
3. Sign off

For the majority of sections there are multiples pages which require completion. You can save the form at any point, but you will not be able to submit a section until all questions are completed and you will not be able to submit the entire form until all sections have submitted.

Please note that for 2009/10 you are not required to submit commentaries from third parties.

General Guidance

The declaration you make will be the basis of your score for the assessment of core standards.

Your core standards declaration should cover the period from April 1st 2009 to October 31st 2009.

Please note, as in 2008/09, you will not be asked to make a statement on the Hygiene Code, nor is there a specific developmental standards assessment as part of the 2009/2010 periodic review.

When making your declaration you must consider whether your trust's board (or an appropriate officer with delegated authority from the board) has received reasonable assurance that the organisation has been compliant with the core standard for the period of 1st April 2009 - 31st October 2009 and that no significant lapses have occurred.

When making your declaration you may find it helpful to keep a record or file of the evidence that your board considered when reaching its judgment.

Section 1. General statement of compliance

The general statement is an opportunity for trusts to place in context the detail of the domain pages. Each trust should use the general statement of compliance to present a summary of its declaration. It is important for the statement to be consistent with the detail presented in the rest of the declaration.

Section 2. Domain pages for core standards

This is the main body of the declaration form. Each standard your trust is required to declare against will be set out here, organised under the domain headings.

Initial questions: For each part standard you must categorise your trust under one of the following headings:

Compliant: a declaration of compliant should be used where a trust's board determines that it has reasonable assurance that it has been meeting a standard, without significant lapses for the period of 1 April 2009 to 31 October 2009.

**Not met:** a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there have been one or more significant lapses in relation to a standard during the stated period.

**Insufficient assurance:** a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been one or more significant lapses during the stated period. However, in circumstances where a trust is unclear about compliance for the stated period but has good evidence about the occurrence of a significant lapse during the stated period that a declaration of "not met" may be more appropriate.

For each standard, the boards of trusts need to decide whether any identified lapses are significant or not. In making this decision, we anticipate that boards will consider any potential risks to patients, staff and the public, and the duration and impact of the lapse. The declaration should not be used for reporting isolated, trivial or purely technical lapses in respect of the core standards.

**Subsequent questions if you declare 'not met' or 'insufficient assurance':** If you declare 'not met', or 'insufficient assurance' for a particular standard, you must complete the subsequent questions in the declaration form which relate to action plans. Please note you are not required to complete these if you have declared compliant and therefore you will not be able to input data.

**Start date -** This is the date from which the significant lapse occurred or the insufficient assurance was identified. The actual date should be given, even if this was before 1 April 2009.

**Date at which you expect to have assurance of compliance -** this is the date from which the board was or will be reasonably assured that it is fully compliant with the standard. This date should reflect the details within the action plan and can be dated after the end of the 2009/2010 assessment year. If non compliance will not have been resolved by the end of the year (31 March 2010), then the "end date of non compliance" should not be entered as 31 March 2010, but the appropriate later date.

**Description of the issue -** a short description of the significant lapse or why the trust does not have reasonable assurance.

**Action plan -** a short summary of what action has been or is planned to be taken to rectify the issue by the stated end date of non compliance

We will also ask you for additional information where:

in your 2008/2009 declaration the standard was declared as 'not met' or insufficient assurance' and in your 2008/2009 declaration the corresponding action plan had an end date on or before 31st October 2009 and the standard has again been declared as 'not met' or 'insufficient assurance' for 2009/2010

You will need to describe the circumstances for this second consecutive declaration of non-compliance in light of the action plan. You will not be able to access or be required to complete this text box unless the above criteria has been met.

Some standards are not included as part of the core standards assessment and you are therefore not required to declare against them. They are assessed separately elsewhere in the periodic review for 2009/2010. These standards are:

C7d - this relates to financial management and will be measured through the quality of financial management assessment for which we will rely on the findings of the Audit Commission or Monitor.

C7f - this relates to existing performance requirements and will be measured through the existing commitments and national priorities assessment.

C19 - this relates to access to services with nationally agreed timescales and will be measured through the existing commitments and national priorities assessment.

In addition two standards have been judged to be not applicable to ambulance trusts for the 2009/2010 core standards assessment and as such will only be shown on the declaration form for other trust types. The two standards are

C15a and C15b - regarding provision of food for patients.

You will also not be required to declare against standards related to healthcare-associated infections as from the 1 April 2009, all NHS organisations to which the Health and Social Care Act 2008 Code of Practice for the Prevention and Control of Healthcare Associated Infections applies were registered with the Care Quality Commission. Standards C4a and C4c are therefore covered by our registration of trusts in 2009/10.

Trusts should note that a declaration for standard C21 will be required. However, element two of core standard C21 will not be assessed for all NHS provider trusts in 2009/10 as element two is also covered by our registration of trusts in 2009/10 with regard to the Code of Practice for the Prevention and Control of Healthcare Associated Infections.

### Section 3. Sign off

The Care Quality Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors), should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance for the core standards
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above

#### Frequently Asked Questions

- Q1. What do you mean by reasonable assurance and significant lapse?
- Q2. Why can I not access all the sections of the form?
- Q3. How do I delegate to someone who isn't listed in the delegate list?
- Q4. How do I nominate someone to complete the form?
- Q5. How can I print a section of the form?
- Q6. How can I print all the form in one step?
- Q7. How can I print the form in the format it would appear as submitted, so that it does not show all the not applicable questions?
- Q8. Some of the standards seem to be missing, why is this?
- Q9. What are the key dates with regard to the declaration form?
- Q10. I am still having trouble with the webform, where can I get further help?
- Q11. Where can I find further information on the core standards assessment for 2008/2009?
- Q12. How do I submit my declaration form?
- Q13. I need to resubmit my form, what do I do?
- Q14. My pdf shows standards and questions which are not relevant to my trust - what should I do?
- Q15. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

- Q1. What do you mean by reasonable assurance and significant lapse?

#### Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal. Our expectation is that each trust's objectives will include compliance with the core standards. This will be managed through the trust's routine processes for assurance.

Trusts' boards should consider all aspects of their services when judging whether they have reasonable assurance that they are meeting the published criteria for assessment. Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (for example, where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the requirements of the standards.

#### Significant lapse

Trusts' boards should decide whether a given lapse is significant or not. In making this decision, we expect that boards will consider the extent of risk of harm this lapse posed to people who use services, staff and the public, or indeed the harm actually done as a result of the lapse. The type of harm could be any sort of detriment caused by lapse or lapses in compliance with a standard, such as loss of privacy, compromised personal data or injury, etc. Clearly this decision will need to include consideration of a lapse's duration, its potential harmful impact and the likelihood of that harmful impact occurring. There is no simple formula to determine what constitutes a 'significant lapse'. This is, in part, because our assessment of compliance with core standards is based on a process of self-declaration through which a trust's board states that it has received 'reasonable assurance' of compliance. A simple quantification of the actual and/or potential impact of a lapse, such as the loss of more than ?1 million or the death of a patient or a breach of confidentiality, for example, cannot provide a complete answer.

Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the duration of the lapse and the range of services affected, the numbers exposed to the increased risk of harm, the likely severity of harm to those exposed to the risk (taking account their vulnerability to the potential harm, etc).

Note that where a number of issues have been identified, these issues should be considered together in order to determine whether they constitute a significant lapse.

- Q2. Why can I not access all the sections of the form?

Some sections are only relevant to specific trust types. For instance the "Board of governors' comments" section is only accessible to mental health



and acute trusts. Additionally some questions are dependent on your declaration, for instance if you declare "not met" or "insufficient assurance" we require you to submit details.

You will only have access to those sections relevant to your trust type and your declaration.

Q3. How do I delegate to someone who isn't listed in the delegate list?

You can only delegate to those people who have been nominated to complete the form. If you wish to nominate an additional individual please complete the registration form which is available within the forms website.

Q4. How do I nominate someone to complete the form?

If you are a "Lead" and wish to nominate another person within your organisation as a nominated lead or to delegate completion of the form, you must complete the registration form available through the online forms system at using your standard log in details

Once selected the registration form will prompt you to nominate and supply the name and e-mail address of a colleague you wish to delegate access to the declaration form.

You then have to indicate whether you wish this individual to be a "Lead" or a "Completer". A 'Lead' is able to fill in the form or delegate the form to other registered users in their trust to complete. A 'Lead' has the final review of the form and is able to submit the data. A 'Completer' can fill in the form or relevant sections of it but is unable to delegate access to the form or able to submit the completed form.

Please ensure you select the 'complete' option in order to submit your nomination.

It is possible to have more than one registered lead for your organisation, if you require this please ensure you use the duplicate allocation option on the registration form.

Information will be sent to each registered lead explaining how they can access the online declaration form. Nominated leads will not be able to access their online declaration form until their registration has been submitted.

Q5. How can I print a section of the form?

On the summary page of the form select the "pdf" button for the part of the form you wish to print. This then enables you to print just that section of the form. It will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q6. How can I print all the form in one step?

You are able to print the declaration form as one document through the "Available forms" section of the myform website. Select the "pdf" button which is relevant to the form you wish to print, this then enables you to print the declaration form as one rather individual sections. Please note it will print out all the questions relevant to that question, not just the ones applicable to your trust.

Q7. How can I print the form in the format it would be appear as submitted, so that it does not show the questions that are not applicable?

In previous years, prior to submission, you were only able to print a "pre-submitted" version of the PDF form using the "view printable version in PDF" link. The pre-submitted version of the PDF shows all the questions, including those which are not applicable to the trust. The questions are hidden from view on the online form. This function is still available this year.

However, there is an additional section titled "draft submission form", which will become available once you start filling in the declaration form. Clicking on this link will open a PDF form based on the information provided on the online form so far. The version of the PDF provided in this section will hide any questions not applicable to the trust based on the information provided so far.

Once the submit button is pressed the form is frozen and the final PDF only shows those questions which are applicable and the answers selected. This final PDF can be accessed by selecting the "view printable version in PDF" link.

Q8. Some of the standards seem to be missing, why is this?

Some standards are not included in the declaration, as separate assessments for them are being undertaken elsewhere in our overall assessment process or where these have been judged to not be applicable to the trust type. Please see the "Domain pages for core standards" section of this guidance for more information.

Details can be found in the published criteria documents available at the follow link:

<http://www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10/corestandards.cfm>

Q9. What are the key dates with regard to the declaration form?

On the 26th October 2009 the declaration form will be made available on our website for trusts to start entering their data. Nominated leads will not be able to access the online declaration form until their registration has been submitted.

From the 23rd November 2009 trusts will be able to submit their completed declarations. Regional teams will carry out a set of checks against each submitted declaration. We aim to complete these checks, and to inform each trust of the outcome, within three working days of receiving the declaration.

The final date for submission of the 2009/2010 declarations is 12:00 noon on the 7th December 2009. Failure to submit a declaration by the deadline may result in your trust being penalised.

By 31st December 2009 we expect all trusts to have published their declarations. If a trust does not make the declaration publicly available, we will publish it on our website indicating that it has not been shared with the local community.

Q10. I am still having trouble with the webform, where can I get further help?

If you are still having difficulties with the declaration webform please contact our helpline on 03000 61 61 61 or [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk).

Q11. Where can I find further information on the core standards assessment for 2009/2010?

Our guidance documents for the core standards assessment for the 2009/2010 periodic review can be found at:

<http://www.cqc.org.uk/guidanceforprofessionals/healthcare/nhsstaff/periodicreview2009/10/corestandards.cfm>

Q12. How do I submit my declaration form?

Each section of the declaration form needs to be completed and the "finish" button selected, changing the status of the section to "finished". The "submit" button is then available on the main page of the web form and the form can be submitted.

Q13. My pdf shows standards and questions which are not relevant to my trust - what should I do?

The pre submitted pdf shows all questions including those, which are not applicable to the trust and are hidden from view on the online form. This is set up so that the "pre-submit" version of the pdf showed all questions in order that it could be consider in it's entirety in hard copy before being populated. The hidden questions which do not apply to the trust and do not appear on the webform should be ignored.

Once the submit button is pressed the form is frozen and the final pdf only shows those questions which are applicable and the answers selected.

Q14. I've changed my declaration from not met to met, however the text I entered still appears on the form and the pdf - what should I do?

The text entered will disappear once the submit button is pressed, the text will remain visible until this point. This is to prevent trusts accidentally changing their declaration and losing all the data they have previously entered. This information will not be submitted as part of your declaration and will not show on the final declaration form / pdf.

You can print off a pdf version of the form as it will display once submitted. Please see FAQ 7 for more information on how to do this

Q15. I need to resubmit my form, what do I do?

All trusts will be allowed to request a resubmission between the above dates, but to ensure that we treat all trusts fairly, we will not authorise requests for resubmission after midday on 7th December 2009.

The rules for requesting a resubmission of your declaration are published on our website. We advise you to refer to these rules before submitting your declaration, and before submitting a request for resubmission. These are available at:

<https://www.cqc.org.uk>

A request for resubmission needs to be made by your trust's registered lead using the appropriate online form, which is available at:

<https://webforms.cqc.org.uk/open/survey.php?sid=527842482>

If we have authorised a request for resubmission, your trust must resubmit its declaration within five working days of the authorisation, or by midday on Monday 14th (whichever is earlier).

**General statement of compliance**

\* Please enter your general statement of compliance in the text box provided. There is no word limit on this answer.

The Board of Great Western Ambulance Service NHS Trust confirms that the information provided for each standard within this self assessment is an accurate representation of the trusts current position in respect of compliance with these standards.

The Board has received reasonable assurance of the actions being taken to address areas of non compliance and that the trust continues to make progress with the action necessary to achieve compliance with all the core standards by 31 March 2010.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Safety domain - core standards (C1a - C3)**

Please declare your trust's compliance with each of the following standards:

\* C1a: Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

 **compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C1b: Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

 **compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C2: Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C3: Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

**Safety domain - core standards (C4a - C4e)**

Please declare your trust's compliance with each of the following standards:

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C4a: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

- compliant
- not met
- insufficient assurance

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.



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\* C4b: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.

not met

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

30-09-2009

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

In the 2008/2009 declaration the trust described that an operational group led by a Locality Director was to be established to review the recommendations of an external audit undertaken on medical device management in the trust to implement appropriate remedial action to return the Trust to compliance on this standard.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

The actions planned to return the trust to compliance on this standard were fully implemented by 30 September 2009.

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

The trust has not been compliant with this standard for the whole period 01 April 2009 to 31 October 2009 as the actions identified to return the trust to full compliance were not fully implemented until 30 September 2009.

The trust considers it is now fully compliant with this standard.

C4c: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

- compliant
- not met
- insufficient assurance

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C4d: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

- compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)



Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C4e: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

not met

Start date of non-compliance or insufficient assurance

01-04-2008

Date at which you expect to have assurance of compliance

31-03-2010

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

The trust is not yet fully compliant with the segregation and disposal requirements of revised waste management legislation. The Trust will introduce the correct colour coding of waste streams and ensure that staff are given guidance on the segregation of the different waste categories. In order to change the colour coding the Trust has to engage with other NHS organisations to agree arrangements at all sites - this engagement process has commenced and will be completed by the end of January 2010. New waste contracts are being prepared and will be tendered in early 2010 for implementation in March / April 2010.

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

The trust is currently working with healthcare partners to implement the necessary arrangements to ensure compliance with this aspect of the legislation. Once these arrangements are in place the trust considers it will be fully compliant with this standard. The Trust has already ensured that all sites are registered with the Environment Agency, and that waste audits of both our sites and contractors are undertaken. Waste folders are kept on all sites and staff given guidance regarding the paperwork required including information on the EWC codings for all waste streams.

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

As described above the trust is not yet fully compliant with the segregation and disposal requirements of revised waste management legislation. Internal arrangements have been put in place to ensure the trust complies with these requirements. However, external arrangements necessary to be fully compliant are not yet finalised. The trust is working with healthcare partners to implement the necessary arrangements to ensure compliance with this aspect of the legislation by 31 March 2010. The change process requires full consultation internally and externally and this is in progress.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Clinical and cost effectiveness domain - core standards (C5a - C6)**

Please declare your trust's compliance with each of the following standards:

\* C5a: Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C5b: Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C5c: Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.

**O compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C5d: Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.

**O compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C6: Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

**O compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Governance domain - core standards (C7a - C9)**

Please note some core standards do not appear on the declaration form as they are assessed through other components of the annual health check:

Standard C7f is assessed through the existing commitments & national priorities component of the annual health check.

Standard C7d is assessed through our quality of financial management component which uses information from assessments undertaken by the Audit Commission and Monitor.

Standards C7f and C7d are not applicable to the Health Protection Agency, NHS Direct or NHS Blood and Transplant.

Please declare your trust's compliance with each of the following standards:

\* C7a and C7c: Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C7b: Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C7e: Healthcare organisations challenge discrimination, promote equality and respect human rights.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 March 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C8a: Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C8b: Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

**compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C9: Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

**compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

**Governance domain - core standards (C10a - C12)**

Please declare your trust's compliance with each of the following standards:

\* C10a: Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C10b: Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)



We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C11a: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C11b: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C11c: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.

**compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C12: Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

**compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Patient focus domain - core standards (C13a - C14c)**

Please declare your trust's compliance with each of the following standards:

\* C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C13b: Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C13c: Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C14a: Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C14b: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C14c: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

**Patient focus domain - core standards (C15a - C16)**

Please declare your trust's compliance with each of the following standards:

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\* C15a: Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

- compliant  
 not met  
 insufficient assurance

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

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\* C15b: Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

- compliant  
 not met  
 insufficient assurance

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C16: Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list



**Accessible and responsive care domain - core standards (C17 - C18)**

Some core standards do not appear on the declaration form as they are assessed through other components of the annual health check.

Standard C19 is assessed through the existing commitments & national priorities component of the annual health check.

Please declare your trust's compliance with each of the following standards:

\* C17: The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

**O compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C18: Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

**O compliant**

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Care environment and amenities domain - core standards (C20a - C21)**

Please declare your trust's compliance with each of the following standards:

\* C20a: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C20b: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C21: Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

There are no further questions in this section. Please press either the Save and Quit button or the Finish button to return to the main section list

Please note some standards may not appear on the declaration form as they are not applicable to your trust type. Please refer to the guidance for further information.

**Public health domain - core standards (C22a - C24)**

Please declare your trust's compliance with each of the following standards:

Start date of non-compliance or insufficient assurance

C22a Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations.

- compliant
- not met
- insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

\* C22a and C22c: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C22b: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C23: Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

We note from your 2008/09 declaration form that your action plan was due to be completed by 31 October 2009. Please provide details regarding why you continue to declare not met or insufficient assurance for this standard for 2009/10. There is no word limit on this answer.

\* C24: Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.

compliant

Start date of non-compliance or insufficient assurance

Date at which you expect to have assurance of compliance

Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)

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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list

**Electronic sign off page**

The Care Quality Commission recommends that all members of the trust board, including the non-executive directors (for foundation trusts this should be the board of directors) should sign off the declaration in the space provided below. Here, sign off is achieved by recording the name(s) and position(s) of the individual(s) concerned. We do not require scanned signatures.

As a minimum, we require the declaration to be signed off by an appropriate officer(s) with delegated authority from the board.

The completion of the sign off page will be taken as verification that the individual(s) who are recorded as signing off the declaration have reviewed the contents of the declaration form and are certifying that:

- the general statement of compliance, and information provided for each standard, are a true representation of the trust's compliance
- they are signing off the declaration form on their behalf and with delegated authority on behalf of all members of the trust board as referred to above.

**Electronic sign off - details of individual(s)**

	Title:	Full name:	Job title:
1	Mr	David Whiting	Chief Executive
2	Mr	Anthony FitzSimons	Chairman
3	Mr	Rod Barnes	Finance Director
4	Dr	Steven Rawstone	Clinical Director
5	Mr	Jonathan Lofthouse	Director of Operations and Service Delivery
6	Ms	Kerry Pinker	Director of Human Resources and Organisational Development
7	Mr	Leo Doyle	Non Executive Director
8	Mr	John Newman	Non Executive Director
9	Mr	Christopher Davidson	Non Executive Director
10	Mr	Gerard Barclay	Non Executive Director
11	Mrs	Elizabeth McLoughlin	Non Executive Director
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There are no further questions in this section. Please press either the Save and Quit button or the Submit button to return to the main section list





# Great Western Ambulance Service **NHS**

NHS Trust

## **Joint HOSC Meeting**

To be held on Friday, 29 January 2010 at 11am  
at The Guildhall (Bath), Bath and North East Somerset  
Council

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## **Draft Strategic Direction, 2010-2015**

### **1 Purpose**

To provide members of the Joint HOSC with an early indication of how GWAS is looking to develop its model of patient care over the next five years.

David Whiting  
Chief Executive Officer  
Great Western Ambulance Service

Date paper was supplied – 15 January, 2010

# Draft Strategic Direction – 2010-15

## Introduction

The purpose of this paper is to set out the emerging strategic direction and clinical priorities of Great Western Ambulance Service (GWAS) for 2010-15.

GWAS is seeking early engagement and feedback from key stakeholders to help shape the final strategy which will be approved by the GWAS trust board in March 2010.

## STRATEGIC DIRECTION

### Context

The developing strategy takes account of health policy and key national and regional policy directives including:

- *The Next Stage Review; Our NHS, Our Future* (2008);
- *High Quality Care for all* (2008) ;
- *Our Vision for Primary and Community Care* (2008);
- *Transforming Community Services* (2008);
- *Taking Healthcare to the Patient - Transforming NHS ambulance services* (2005).

### Values

These will reflect the principles, and values contained within the NHS Constitution published in January 2009, and will focus on the following NHS values:

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

## STRATEGIC AIMS

At the heart of our strategic direction is the desire to improve the quality of the services we provide; deliver improved services through innovative practice; improve efficiency & productivity and play an integral role with health partners in the prevention of disease and chronic illness. Clinical outcomes and improving patient experience form a key strand of our strategy.

We recognise that delivering high quality, cost effective services cannot be achieved in isolation, therefore the effectiveness and quality of our future partnerships with health and social care and other key partners will be imperative in delivering improvements within the area served by GWAS and across the South West.

### Strategic Aims

- Improving clinical quality & effectiveness
- Improving patient outcomes and patient experience
- Delivering response time reliability
- Improving efficiency & productivity
- Supporting prevention of illness / diseases

## **STRATEGIC OBJECTIVES**

### **Improving clinical quality & effectiveness**

- Develop a clinical system and pathways
- Develop a Research & Development capability
- Provide excellent leadership and development
- Improve clinical outcomes and access to services

### **Improving customer satisfaction and patient experience**

- Effective engagement with stakeholders and users of our services
- Continuously improve patient satisfaction and experience
- Ensure we are an employer of choice and attract talent

### **Delivering response time reliability**

- Improve response standards and reduce variability
- Reconfigure service delivery models to meet the needs of patients

### **Improving efficiency & productivity**

- Improve quality, efficiency & productivity and reduce costs
- Ensure effective management of trust assets
- Reduce environmental impact of the trust
- Supporting prevention of illness / diseases

### **Supporting prevention of illness / diseases**

- Improve public health through community education and engagement

## **CLINICAL PRIORITIES**

Our clinical priorities focus on the priorities within the next stage review and regional priorities for the South West:

- Cardiac arrest
- Heart attack
- Stroke
- Major trauma
- Long term conditions

The clinical strategy also recognises priorities in relation to emergency Paediatric care and management of common emergencies that make up the majority of the calls received by the ambulance service; these include:

- Asthma
- Diabetes
- Falls
- Mental health
- Clinical cases managed by PTS – i.e. renal care

## **DELIVERING OUR AIMS**

This section outlines how the trust intends to organise its business to ensure delivery of the strategic aims and objectives.

## **Core Business Areas**

In delivering the key strategic aims and clinical priorities, the trust will focus on the following core business areas:

- **Accident & Emergency Care\*\*** (Call management [triage / advice / referral], Response, Treatment and Transport)
- **Urgent Care** (Emergency Operations Centres [EOC] and operations)
- **Patient Transport Services** (Non-emergency services)
- **Out of Hours services**

## **Supporting delivery**

The output of safe, high quality, evidence based patient care across these themes can only be delivered through systematic approaches to:

- Re-shaping clinically focused service delivery models
- Clinical leadership & support
- Increased clinical skills
- Remote clinician support
- Technology supporting clinical delivery
- Clinical pathway development
- Focus on management of infection control
- Effective audit & research
- Effective, integrated partnership working

## **SERVICE STRATEGY - Core Business Areas**

### **Accident & Emergency Care**

The trust will continue to build upon the quality of the front line service and develop the service model to manage more effectively the needs of patients and to provide the most appropriate clinician and treatment in the most appropriate setting.

The trust will continue to develop a services based around Hear & Treat (telephone triage and referral) and the response model will continue to focus on developing the skills of solo Paramedics to deliver more care in the home (See & Treat) and suitably skilled ambulance resources to offer both emergency treatment and urgent transport where required.

The key priorities for the A&E service and Emergency Operations Centres (EOCs) will be:

- Increased reliability in the achievement of response standards and reducing variation in delivery;
- Improving the speed of answering 999 calls;
- Increasing the provision and quality of telephone advice to patients / callers;
- Increasing the clinical capacity within EOCs to provide decision support for clinicians;
- Ensuring the most appropriate resource and skill set is sent to patients requiring help;
- Improving patient satisfaction, clinical outcomes and reducing mortality rates;
- Patients suffering from major trauma, stroke or MI are conveyed to the most appropriate centre;
- Reducing the number of avoidable attendances at A&E by ambulance, through management and treatment of more patients at home;
- Improving the clinical outcomes of patients and improving patient satisfaction.

The key A&E service developments will be:

- Developing a service delivery model based around the clinical needs of patients;
- Ensuring every vehicle has a minimum skill mix of paramedic;
- Delivery of appropriate skill mix within operating model based on clinical information;
- Increasing clinical skills of staff to manage serious trauma;

- Ensuring Paramedics have appropriate skills to support the management of patients in the community setting (See & Treat);
- Ensuring effective configuration and deployment of practitioner resources to improve access to alternative care pathways;
- Maintain development of community based responder groups and co responding schemes and improve access to publicly accessible defibrillation.

### **Future Service Delivery Model**

The future operational service delivery model would remain a front loaded design and comprise of a three-tier approach:

- Solo response tier primarily focusing on the initial response to Category A and serious Category B incidents;
- Emergency Ambulance tier focusing on the response to Category A and serious Category B incidents and transportation to acute hospitals or transfer to a specialist centre;
- Urgent / Transport tier mostly focused at GP admissions/Cat C/transfer work – comprising of a solo Practitioner tier (ECP or Paramedic with additional skills) and dedicated Urgent Transport Tier;
- Critical care tier to support NSR developments by providing emergency and critical care transfers between acute hospitals and specialist centres and potential for a dedicated retrieval / transfer service.

The model is supported by:

- A network of community first response and co responder schemes providing an initial response and treatment to a range of Category A calls;
- A network of BASICs support providing additional clinical skills for serious incidents.
- Clinical support from Air Support Units (ASU) providing a response, stabilisation and transfer capability;
- A Hazardous Area Response Team (HART) providing both a clinical response capability and CBRN / HART capability;
- Maintenance of Make Ready – deep cleaning and logistics teams;
- Increased access to public access defibrillators;
- A strategy to provide emergency aid skills and resuscitation training for the public.

### **Urgent Care Services**

Urgent care as opposed to Accident & Emergency care is defined as: the range of responses that health and care services provide to people who require – or who perceive the need for – urgent advice, care, treatment or diagnosis. Service users and patients who access such services should expect 24/7 consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response. GWAS will continue to manage urgent care calls through its Clinical Desk, including Category C calls via the 999 system requiring telephone advice, referral to an alternative health provider or requiring a face-to-face consultation with an emergency care practitioner (ECP).

These changes in our Emergency Operations Centres (EOC) will support field based practitioners by more targeted tasking to relevant patients, providing access to referral care pathways and appropriate transport when required utilising the Urgent transport tier.

The key Urgent care developments will include:

- Develop capacity and capability of the Clinical desk function to offer more telephone support to patients requiring advice;
- A range of health professionals including Nurses, Clinical Specialists and ECPs operating within the EOC environment;
- Introduction of a capacity monitoring and pathway access system, including a regional directory of services to ensure patients can access the most appropriate care pathway, first time;

- Develop access to more urgent care pathways in partnership with PCTs and health partners.

### **Patient Transport Services**

There is also opportunity for closer integration with the A&E service in the delivery of a 999 response in rural areas, by equipping certain high dependency ambulances with additional resuscitation equipment and ensuring connectivity with the A&E service.

Greater flexibility and productivity will be derived as a result of using technology to more effectively plan journeys and a system of managing transport eligibility developed in partnership with customers / commissioners.

Increased productivity and flexibility of resource will enable the development of a high dependency service capable of supporting activity increases in either the emergency or non-emergency service, responding to major incidents, or delivering a first response to Category A patients.

The model will be dependant upon local customer needs, but based on the following approach:

- Solo staffed cars – transporting fully mobile patients;
- Small ambulances providing a ‘shuttle’ service in urban areas – staffed by one or two operatives;
- Core dual crewed ambulance with stretcher capability.

### **Out of Hours (OoH) Service**

The trust currently operates an OoH service from its Gloucestershire EOC site, providing a call answering and triage service linked in to an OoH GP-led home visiting service.

This is an area of business that the trust wishes to grow and will actively seek aligned services that could compliment its current OoH business.

The key OoH priorities will include;

- Maintaining standards of service delivery.
- Improving the quality of services and user satisfaction.
- Seeking additional business to compliment OOH and emergency & urgent care services.

### **Supporting Strategies**

A range of supporting strategies are being developed to ensure delivery of the clinical priorities and strategy and ensure services are provided in a quality and cost effective manner. These strategies include:

- Estates
- ICT
- Fleet & Logistics
- Supply Chain
- HQ & Support Functions

### **Workforce Developments**

Development of the workforce and organisational development is essential in ensuring staff have the relevant skills and knowledge to deliver future services to patients. The key workforce priorities over the next 5 years

### **A&E Service**

- A Paramedic on every response car and emergency ambulance by 2013.
- All A&E ambulances staffed by a Paramedic supported by an Emergency Care Assistant (ECA)
- All Paramedics developed to diploma level education by 2015.
- All new Paramedics developed through a HEI / university programme from 2010.

- Introduction of a Critical Care Paramedic role on specific core ambulances to manage major trauma cases.
- To maintain establishment of Emergency Care Practitioners to work both as part of the Accident and Emergency service and across the wider health community, focusing on See and Treat / Treat and Refer.

### **Emergency Operations Centres & Urgent Care Services**

The key workforce priorities over the next 5 years:

- Maintain effective, flexible call answering capacity to delivery best practice standards;
- Introduce clinical roles within EOCs to support field based clinical decision making;
- Introduce clinical specialist roles to support management of patients with specific needs – i.e. Mental Health specialist advice, utilising Nurses, ECPs and other clinical specialists on the Clinical Desk function.

### **Patient Transport Service**

The key workforce priorities over the next 5 years:

- Development of a high dependency service, with a role capable to working across traditional A&E and PTS – providing a discharge role and supporting the transportation of Category C / HPC patients;
- Develop a high dependency role to provide initial life saving skills, in line with the Emergency Care Assistant (ECA) role, providing greater service flexibility;
- Developing a customer care focus within all PTS roles;
- Developing greater capability in booking, planning, and communication centre roles to improve the decision making and quality of service provided.

**15 January 2010**

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**Work Programme**

***Great Western Ambulance Joint Health Scrutiny Committee***  
**29<sup>th</sup> January 2010**

**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 2009/10.

**Recommendation**

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

- Agree the future items on the Work Programme and authorise the Chair and support officers to make arrangements for the delivery of the Work Programme
- Agree a date and hosting arrangements for the July meeting

**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 30<sup>th</sup> October 2009, Members agreed a work programme up to the 23<sup>rd</sup> April 2010.
- 2.2 Members are requested to confirm work programme priorities for the next meeting of the Committee on 23<sup>rd</sup> April 2010. Please note that South Gloucestershire Council has kindly offered to host this meeting.
- 2.3 Members are requested to identify a suitable date in late July (in order to maintain the three month cycle of meetings) and a host authority. Suggested dates are Friday 16<sup>th</sup> or Friday 23<sup>rd</sup> July.
- 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 2009/10

## Appendix A

### Work Programme

#### Great Western Ambulance Joint Health Scrutiny Committee Work Programme 2009/10 - Updated 9<sup>th</sup> December 2009

Please note:

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

**Friday 29<sup>th</sup> January 2010 at 11.00 at (at The Guildhall, Bath)**

Proposed Outcome	Issues to be Considered	Witnesses Required	Evidence Required
To consider any issues arising from the Monthly Performance Information for December 2009, and response times for district councils. (also included will be a full breakdown of handover times/delays by hospital, as per outstanding item from last meeting)	<ul style="list-style-type: none"> <li>• To consider the latest data regarding key performance information</li> <li>• To raise any issues with officers from GWAS and Gloucestershire PCT</li> <li>• To determine whether any further action is required by the Joint Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Representative from GWAS</li> <li>• Representative from Gloucestershire PCT</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioners Monthly Report (December 2009), GWAS</li> <li>• Board Performance Report (November 2009) GWAS</li> <li>• Handover times/delays by hospital</li> </ul>
Update from local authority Health Overview and Scrutiny	<ul style="list-style-type: none"> <li>• To enable individual HOSCs to advise the</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Extracts of minutes from local authority HOSCs</li> </ul>

Committees (HOSCs)	Joint Committee of any work they are undertaking and the outcomes of such work		
Benchmarking of GWAS – Performance Data	To consider comparative performance data which allows members to see the figures relating to GWAS in the context of other ambulance services across the country.		<ul style="list-style-type: none"> <li>Benchmarking data from GWAS (received from Alison Scott, GWAS)</li> </ul>
GWAS Declaration against Core Standards	<ul style="list-style-type: none"> <li>To consider the GWAS Declaration to the CQC against the Core Standards</li> </ul>	Victoria Blake, GWAS	<ul style="list-style-type: none"> <li>Declaration (received from Victoria Eld, GWAS)</li> </ul>
Report back from Task and Finish Group on Rural Response Times	<ul style="list-style-type: none"> <li>To comment on draft Terms of Reference</li> </ul>		Draft TOR
Update on CFRs		John Oliver, GWAS	Progress report on CFR plan (from Keith Scott, GWAS)
Future Strategic Direction of GWAS 2010-2015		David Whiting, GWAS	Paper form David Whiting
To review the Committee's work programme	<ul style="list-style-type: none"> <li>To review the Committee's work programme to ensure that it remains relevant</li> </ul>	Scrutiny Officer	GWA Joint Health Scrutiny Committee Work Programme 2009/10

Friday 23rd April 2010 at 11.00 at (at South Gloucestershire Council, venue to be confirmed)

Proposed Outcome	Issues to be Considered	Witnesses Required	Evidence Required
To consider any issues arising from the Monthly Performance Report (March 2010), and response times for district councils.	<ul style="list-style-type: none"> <li>• To consider the latest data regarding key performance information</li> <li>• To raise any issues with officers from GWAS and Gloucestershire PCT</li> <li>• To determine whether any further action is required by the Joint Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Representative from GWAS</li> <li>• Representative from Gloucestershire PCT</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly Performance Report (March 2010), GWAS</li> <li>• District Response Times</li> </ul>
Report back from Short Life Group Group on Rural Response Times			
GWAS Draft Integrated Business Plan (Item referred from meeting of 31/7/2009)			
Outcomes of the merger of Avon Gloucester and Wiltshire Ambulance Services (Item referred from meeting of 31/7/2009)			
To review the Committee's	<ul style="list-style-type: none"> <li>• To review the</li> </ul>	<ul style="list-style-type: none"> <li>• Scrutiny Officer</li> </ul>	GWA Joint Health Scrutiny

work programme to ensure that it remains relevant	Committee's work programme to ensure that it remains relevant		Committee Work Programme 2010/11
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	<ul style="list-style-type: none"> <li>To enable individual HOSCs to advise the Joint Committee of any work they are undertaking and the outcomes of such work</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Extracts of minutes from local authority HOSCs</li> </ul>

**July 2010 (date to be agreed) at (hosting arrangements to be agreed)**

<b>Proposed Outcome</b>	<b>Issues to be Considered</b>	<b>Witnesses Required</b>	<b>Evidence Required</b>
To consider any issues arising from the Monthly Performance Report (June 2010), and response times for district councils.	<ul style="list-style-type: none"> <li>To consider the latest data regarding key performance information</li> <li>To raise any issues with officers from GWAS and Gloucestershire PCT</li> <li>To determine whether any further action is required by the Joint Committee</li> </ul>	<ul style="list-style-type: none"> <li>Representative from GWAS</li> <li>Representative from Gloucestershire PCT</li> </ul>	<ul style="list-style-type: none"> <li>Monthly Performance Report (June 2010), GWAS</li> <li>District Response Times</li> </ul>
To review the Committee's work programme to ensure that it remains relevant	<ul style="list-style-type: none"> <li>To review the Committee's work programme to ensure</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

	that it remains relevant		
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	<ul style="list-style-type: none"> <li>To enable individual HOSCs to advise the Joint Committee of any work they are undertaking and the outcomes of such work</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>Extracts of minutes from local authority HOSCs</li> </ul>

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